



2020-2022

WILLIAMSON COUNTY AND
CITIES HEALTH DISTRICT

STRATEGIC PLAN

Year 1 Progress Report



Acknowledgements

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Executive Summary

This report provides an update on progress made in Year 1 (January 1 to December 31, 2020) of the 2020-2022 WCCHD Strategic Plan. The progress report incorporates feedback and lessons learned from WCCHD. The Strategic Plan details the goals, objectives, and strategies to improve WCCHD’s top three area of focus. The three areas of focus are as follows:



A. Community Outreach









B. Health Equity







C. Employee Satisfaction, Retention, and Professional Development

Because of Covid-19 response, WCCHD was not able to implement many action steps in the Strategic Plan. However, some progress has since been made during the last half of the year.

Key Performance Indicators: The Strategic Plan consists of 32 short-term indicators used to measure performance. Two indicators (6%) were achieved. Twelve indicators (38%) improved compared to their previous value. One indicator (3%) measured the same as their previous value. Thirteen indicators (41%) were not started. Three indicators (9%) did not improve compared to their previous value.

 Improved over baseline	 Not Improved over baseline	 Same as baseline	 Not started	 Completed	 Not updated	TOTAL
12 (38%)	3 (9%)	1 (3%)	13 (41%)	2 (6%)	1	32

 Strategies: As of December 2020, WCCHD has made progress on 17 strategies (41%) and not started on 24 out of 41 strategies (59%).

	 Not Started	 In Progress	 Achieved	TOTAL
Community Outreach	6	7	0	13
Health Equity	10	6	0	16
Employee Satisfaction, Retention, and Professional Development	8	4	0	12



A. Community Outreach Action Plan

A.1. Goal	WCCHD engages community leaders and residents to address the Top Five Health Priorities.	Year 1 Progress	
A.1.1 Objective	By 2022, WCCHD will increase community input and capture voices of underserved communities regarding Public Health Services provided and the Top Five Health Priorities.	🚩	DESCRIPTION
A.1.1.1. Strategy	By Q4 2020, WCCHD will provide training for WCCHD staff on identifying and engaging with key partners.	▶	MarCom has explored Customer Relationship Management (CRM) platforms and completed the RFP process. DLT has selected a CRM platform that will be implemented in February of 2021. Once the CRM platform is implemented, MarCom will host trainings and begin developing strategies to engage the community.
A.1.1.2. Strategy	By Q3 2021, WCCHD will establish a process to routinely capture community voice for agency decision-making (e.g. forums, events at other clinic sites, focus groups, English and Spanish surveys at WCCHD events) and invite residents and organizations to co-create solutions to improve their health and wellness (e.g. city leaders, businesses, faith-based organizations).	▶	WCCHD will capture more community voices in 2021 during Community Health Assessment (CHA) activities and through efforts made by the Williamson County Accountable Communities for Health Initiative.
A.1.1.3. Strategy	By Q4 2022, WCCHD will strengthen partnerships with key partners (e.g. Chambers of Commerce, physician groups, grass root organizations, businesses, faith-based organizations, Commissioner’s Court, city council, city managers, universities, transportation providers, food pantries, school districts, low-income apartment facilities, senior centers/meals on wheels, and hospital networks) relevant to health priority topics.	▶	Despite Covid-19, WCCHD continues to strengthen partnerships through various methods. EHS participates in a food retail collaborative annually. WCCHD holds bi-weekly calls with city and school officials to discuss Covid-19 status. MarCom continues to actively promote the Healthy Williamson County coalition and work with sectors to improve health.
A.1.1.4. Strategy	By 2022, WCCHD will expand network of partners for prevention and treatment related services in Health Equity Zones and identified areas of need (e.g. investigate opportunities to participate in a collaborative referral network, pursue	✖	Strategy has not been started due to Covid-19 response.

	opportunities to hire and train community health workers, incorporate behavioral health counselor into WCCHD services, promote and market Aunt Bertha and the Community Calendar).		
Key Performance Indicators (KPIs)	A.1.1.2. <i>Partnerships (# of new MOUs and # of new partnered grant applications)</i> Baseline: 0 Goal: 5 Data Source: WCCHD	✓	<i>Partnerships</i> 5 new MOUs and 7 new applications
	A.1.1.3. <i>Opportunities for Community Voice (# of total proactive opportunities by WCCHD (e.g. # of focus groups), # of individuals engaged (e.g. # of focus group participants))</i> Baseline: 0 Goal: 5 opportunities, XXX individuals Data Source: WCCHD	✗	<i>Opportunities for Community Voice</i> Not started
	A.1.1.4. <i>Aunt Bertha Sessions and Searches</i> Baseline: 6,024 sessions; 17,641 searches Goal: 9,036 sessions; 26,462 searches <i>Data Source: Aunt Bertha, October 1, 2018-September 30, 2019</i>	⬆	<i>Aunt Bertha Sessions and Searches</i> 37012 searches, Oct 1, 2019 to Sept 30, 2020
	A.1.1.4. <i>Healthy Williamson County Community Calendar</i> Baseline: 694 page views Goal: 1,388 page views <i>Data Source: Google Analytics, October 1, 2018 to September 30, 2019</i>	⬇	<i>Healthy Williamson County Community Calendar</i> 444 page views, Oct 1, 2019 to Sept 30, 2020

A.2. Goal	WCCHD is the trusted health authority within the community.	Year 1 Progress	
A.2.1 Objective	By 2022, WCCHD will establish a collaborative, unified outreach program that ensures a comprehensive response, with a focus on Health Equity Zones and identified areas of need.	⌘	DESCRIPTION
A.2.1.1. Strategy	By Q4 2020, WCCHD will establish clear organizational and divisional outreach goals and establish consistent organizational and public health messaging.	▶	Establishing clear goals and messaging will be an ongoing process depending on current and post-pandemic needs.
A.2.1.2. Strategy	By Q4 2020, WCCHD will develop a brand strategy that positions WCCHD as a valued, effective, trusted leader in the community.	▶	Brand strategy is being developed for Public Health Accreditation Board reaccreditation.
A.2.1.3. Strategy	By Q4 2021, MCE will develop an outreach training curriculum (e.g. presentation development, public speaking, health promoting/marketing, digital marketing) that will be annually delivered to all WCCHD employees.	✗	Strategy has not been started due to Covid-19 response.

A.2.1.4. Strategy	By Q2 2022, MCE will establish a sustainable outreach program (e.g. training Division Directors on outreach calendar, developing Standard Operating Procedures).	✗	Strategy has not been started due to Covid-19 response.
KPIs	A.2.1.2. <i>Trust levels in targeted Health Equity Zones and identified areas of need Williamson County</i> Baseline: TBD Goal: TBD Data Source: TBD	✗	<i>Trust levels in targeted Health Equity Zones and identified areas of need Williamson County</i> Not started
	A.2.1.3. <i>Percent WCCHD Employees Trained via Curriculum</i> Baseline: 0% Goal: 100% Data Source: WCCHD	✗	<i>Percent WCCHD Employees Trained via Curriculum</i> Not started
	A.2.1.4. <i>Percent Outreach Process Revamped</i> Baseline: 0% Goal: 100% Data Source: WCCHD	✗	<i>Percent Outreach Process Revamped</i> Not started

A.2.2. Objective	By 2022, WCCHD will consistently provide services (e.g. Clinical Services, PESS, WIC, health promotion and education) via mobile units, permanent structures, and/or in shared spaces within targeted Health Equity Zones and identified areas of need.	⌘	DESCRIPTION
A.2.2.1. Strategy	By 2020, WCCHD will evaluate trust levels in targeted Health Equity Zones and identified areas of need.	▶	QSM is considering methods of evaluating trust levels through the 2022 Community Health Assessment.
A.2.2.2. Strategy	A.2.2.2. By Q4 2021, WCCHD will explore assigning staff to provide outreach in the areas they reside or work in Williamson County.	✗	Strategy has not been started due to Covid-19 response.
A.2.2.3. Strategy	By Q4 2022, WCCHD will propose appropriate service delivery avenues/vehicles to address identified areas of need.	✗	Strategy has not been started due to Covid-19 response.
A.2.2.4. Strategy	By Q4 2022, WCCHD will expand services into existing shared spaces (e.g. libraries, churches, food banks, community resource centers) and community events (e.g. Poppy Festival, Christmas Stroll).	▶	WCCHD has provided Covid-19 testing and is providing Covid-19 vaccination services for different populations across the county. Clinical Services continue to promote telemedicine services through social media. PESS continues to maintain services and address social determinants of health needs. WIC continues to provide services through their new WIC bus.

A.2.2.5. Strategy	By Q4 2022, WCCHD will track referrals to primary care physicians through Aunt Bertha and eClinicalWorks.	✗	Strategy has not been started due to Covid-19 response.
KPIs	A.2.2.1. <i>Trust levels in targeted Health Equity Zones and identified areas of need Williamson County</i> Baseline: TBD Goal: TBD Data Source: TBD	✗	<i>Trust levels in targeted Health Equity Zones and Williamson County</i> Not started
	A.2.2.5. <i>Access to primary care physicians (Primary Care Provider Rate)</i> Baseline: 1,510:1 Goal: 1,030:1 (Top US Performer) Data Source: <u>County Health Rankings, 2018</u>	☑	<i>Access to primary care physicians (Primary Care Provider Rate)</i> 1,460:1, County Health Rankings, 2020
	A.2.2. <i>Partnerships (# of MOUs, # of events participated in, and # of partnered grant applications)</i> Baseline: 0 Goal: 5 Data Source: WCCHD	☑	<i>Partnerships</i> 5 new MOUs and 7 new applications
	A.2.2.5. <i>Aunt Bertha and eClinicalWorks Referrals</i> Baseline: TBD Goal: TBD Data Source: Aunt Bertha, eClinicalWorks	✗	<i>Aunt Bertha and eClinicalWorks Referrals</i> Not started









Next Steps


In 2021, WCCHD hopes to re-build relationships with physician groups and universities to provide practitioners, clinicians, and new graduates an opportunity to rotate through the local public health system. WCCHD Division Directors are revisiting division goals and objectives to establish clear organizational and divisional outreach goals. WCCHD will capture community voices through focus groups and community health surveys for the 2022 Williamson County Community Health Assessment.



B. Health Equity Action Plan

B.1. Goal	WCCHD encourages equitable and inclusive opportunities for healthy lifestyles.	Year 1 Progress	
B.1.1. Objective	By 2022, WCCHD will improve upon health indicators for each of the Top Five Health Priorities in each Health Equity Zone.	🚩	DESCRIPTION
B.1.1.1. Strategy	Beginning in Q1 2020, WCCHD will consistently participate in TACCHO's Legislative Committee to support health equity legislation.	▶	Texas Association of County and City Health Officials (TACCHO) is working with legislators to establish tax credits for healthy eating establishments in food deserts and rural Texas.
B.1.1.2. Strategy	By Q4 2020, at least one WCCHD employee from every division will regularly attend a working group in the Healthy Williamson County coalition.	✘	Strategy has not been started due to Covid-19 response.
B.1.1.3. Strategy	By Q4 2022, WCCHD will implement strategies assigned to WCCHD in the CHIP. <ul style="list-style-type: none"> Building a Resilient Williamson County Action Plan – EEP Social Determinants of Health Action Plan (Housing, transportation, workforce development) – MCE and QSM Access to and Affordability of Health Care Action Plan (Dental Care) – CS and PESS 	▶	Refer to the 2020-2022 Williamson County Community Health Improvement Plan Year 1 Progress Report for additional information.
B.1.1.4. Strategy	In Q4 2022, WCCHD will review WCCHD's vision, mission, and values to incorporate health equity.	✘	Strategy has not been started due to Covid-19 response.
Key Performance Indicators (KPIs)	<p>Behavioral Health, Stress, and Well-being <i>Access to mental health providers</i> Baseline: 1,110:1 Goal: 1,010:1 (Texas Value) Data Source: <u>County Health Rankings (CHR), 2018</u></p> <p>Chronic Disease Risk Factors <i>Access to healthy food (Low-Income and Low Access to a Grocery Store)</i> Baseline: 8% Goal: 7% Data Source: <u>U.S. Department of Agriculture, 2015</u></p> <p><i>Adults 20+ who are Sedentary</i> Baseline: 19.8% Goal: 17.3% (Prior Value) Data Source: <u>Centers for Disease Control and Prevention (CDC), 2016</u></p>	<p>🟢</p> <p>✘</p> <p>🟢</p>	<p><i>Access to mental health providers</i> 900:1, CHR, 2020</p> <p><i>Access to healthy food (Low-Income and Low Access to a Grocery Store)</i> No update</p> <p><i>Adults 20+ who are Sedentary</i> 19.1%, 2017</p>

<p><i>Food Insecurity Rate</i> Baseline: 12.5% Goal: 10% Data Source: <u>Feeding America, 2017</u></p> <p><i>Obesity (Adults 20+ Who are Obese)</i> Baseline: 29.8% Goal: 28% Data Source: <u>CDC, 2016</u></p> <p><i>Diabetes (Adults 20+ with diabetes)</i> Baseline: 8.8% Goal: 7.8% (Prior value in 2015) Data Source: <u>CDC, 2016</u></p> <p>Social Determinants of Health <i>Housing affordability (Renters spending 30% or more of household income on rent)</i> Baseline: 44.9% Goal: 40% Data Source: <u>American Community Survey (ACS), 2013-2017</u></p> <p><i>Access to public transportation (Workers using Public Transportation)</i> Baseline: 0.8% Goal: 5.5% (Healthy People 2020 Target) Data Source: <u>ACS, 2013-2017</u></p> <p><i>Households that are Asset Limited, Income Constrained, Employed (ALICE)</i> Baseline: 26.7% Goal: 20% Data Source: <u>United for ALICE, 2016</u></p> <p>Access to and Affordability of Healthcare <i>Dentist Rate</i> Baseline: 1,850:1 Goal: 1,790:1 (Texas Value) Data Source: <u>CHR, 2018</u></p> <p><i>Adults with Health Insurance (5-year)</i> Baseline: 85.5% Goal: 100% (HP2020 Target) Data Source: <u>ACS, 2012-2016</u></p>	<p> <i>Food Insecurity Rate</i> 11.2%, 2018</p> <p> <i>Obesity (Adults 20+ Who are Obese)</i> 31.1%, 2017</p> <p> <i>Diabetes (Adults 20+ with diabetes)</i> 8.4%, 2017</p> <p> <i>Renters spending 30% or more of household income on rent</i> 44.6%, 2014-2018</p> <p> <i>Access to public transportation</i> 0.8%, 2014-2018</p> <p> <i>Households that are ALICE</i> 33.1%, 2018</p> <p> <i>Dentist Rate</i> 1,810:1, 2018</p> <p> <i>Adults with Health Insurance (5-year)</i> Not updated</p>
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B.2. Goal	WCCHD staff use cultural competency to address health inequities in the county.	Year 1 Progress	
B.2.1. Objective	By 2021, all WCCHD staff will complete comprehensive training in health equity and cultural competence and understand the factors that contribute to health inequities among residents.		<i>DESCRIPTION</i>








B.2.1.1. Strategy	By Q2 2020, WCCHD will identify a health equity curriculum that is focused on Williamson County and is appropriate to WCCHD.	▶	QSM is reviewing scopes of work to identify a health equity curriculum.
B.2.1.2. Strategy	By Q2 2020, WCCHD will identify a cultural competency curriculum that is focused on Williamson County and is appropriate to WCCHD.	▶	EHS has developed a food safety cultural competency curriculum that is reviewed during weekly staff meetings. Prior to Covid-19, HR was considering holding an in-person cultural competency training. However, HR is currently looking at other virtual options for training.
B.2.1.3. Strategy	By Q3 2020, WCCHD will develop and/or implement health equity curriculum that is focused on Williamson County and is appropriate to WCCHD.	▶	QSM is reviewing scopes of work to identify a health equity curriculum.
B.2.1.4. Strategy	By Q3 2020, WCCHD will develop and/or implement cultural competency curriculum that is focused on Williamson County and is appropriate to WCCHD.	✗	Strategy has not been started due to Covid-19 response.
B.2.1.5. Strategy	By Q4 2020, WCCHD employees will attend an in-person cultural competency training/workshop annually.	✗	Strategy has not been started.
B.2.1.6. Strategy	By Q4 2020, WCCHD employees will attend an in-person health equity training/workshop annually.	✗	Strategy has not been started.
B.2.1.7. Strategy	By Q2 2021, HR will incorporate health equity and cultural competency training into the workforce development plan.	✗	Strategy has not been started.
B.2.1.8. Strategy	By Q4 2021, all WCCHD employees will identify their role in health equity as part of their professional development plan upon first year of hire.	✗	Strategy has not been started.
KPIs	<i>B.2.1. Staff Knowledge of Health Equity (Staff could explain the conditions that impact health to co-workers; Staff are familiar with the major health inequities affecting residents in the community we serve.)</i> Baseline: 60% of WCCHD staff agree or strongly agree Goal: 75% Data Source: WCCHD BARHII Organizational Assessment, August 2019	✗	<i>Staff Knowledge of Health Equity</i> Not started






B.2.2. Objective	By 2022, WCCHD will have a three-year plan of action to address health equity and cultural competency in their programs and services.	⚡	<i>DESCRIPTION</i>
B.2.2.1. Strategy	By Q4 2020, WCCHD's QM Committee will identify a comprehensive, evidence-based evaluation tool to assess all major projects and division operations for equity impact, using a standard set of criteria.	▶	Chair of QM Committee is researching evaluation tools.
B.2.2.2. Strategy	By Q1 2021, WCCHD divisions will use evaluation tool to evaluate all major projects and division operations for equity impact, using a standard set of criteria.	✗	Strategy has not been started due to Covid-19 response.



B.2.2.3. Strategy	By Q2 2021, WCCHD divisions will develop action plan using feedback from the evaluation tool and upload action plan into AchieveIt.	✘	Strategy has not been started.
B.2.2.4. Strategy	By Q4 2022, WCCHD divisions will implement action plan to address health equity in their programs and services and track progress in AchieveIt.	✘	Strategy has not been started.
KPIs	<i>B.2.2.4. Percent of divisions that have a three-year plan of action</i> Baseline: 0% of Divisions Goal: 100% of Divisions Data Source: AchieveIt	✘	<i>Percent of divisions that have a three-year plan of action</i> Not started
	<i>B.2.2. Cross-divisional Collaboration (Staff collaborate with other WCCHD programs to address conditions that impact health; Management supports cross-divisional collaborations to address health inequities)</i> Baseline: 50% of WCCHD staff agree or strongly agree Goal: 75% Data Source: WCCHD BARHII Organizational Assessment, August 2019	✘	<i>Cross-divisional Collaboration</i> Not started

Next Steps

In 2021, WCCHD will continue the process to develop health equity and cultural competency training.

C.2.1.1. Strategy	By Q4 2020, WCCHD will develop a salary audit every year to ensure consistency across classifications.		HR established a salary audit schedule and identified positions to annually review.
C.2.1.2. Strategy	By Q2 2021, WCCHD will develop a standard set of criteria to ensure equitable salary/classification adjustments.		Strategy has not been started.
C.2.1.3. Strategy	By Q3 2021, WCCHD will investigate potential alternative incentives and present to BOH for approval.		Strategy has not been started.
C.2.1.4. Strategy	By Q3 2022, WCCHD will develop an external salary study schedule.		Strategy has not been started.
C.2.1.5. Strategy	By Q4 2022, WCCHD will begin conducting an external market salary study (with at least three employers with similar positions and economic climates) for all WCCHD positions.		Strategy has not been started.
KPIs	<i>C.2.1. Internal and External Salary Studies Completed</i> Baseline: 0% Goal: 100% Completed Data Source: WCCHD HR		<i>Internal and External Salary Studies Completed</i> Not started
	<i>C.2.1. Employee Retention Rate</i> Baseline: 75% Goal: 5% increase over baseline Data Source: WCCHD Human Resources, Jan 1, 2017 to Dec 31, 2019		<i>Employee Retention Rate</i> 83%, 2020

C.3. Goal	Professional development opportunities are offered equitably across WCCHD	Year 1 Progress	
C.3.1. Objective	By 2022, WCCHD will offer all employees with a personalized, mission-driven, and budget-supported professional development plan upon first year of hire to advance the public health workforce.		<i>DESCRIPTION</i>
C.3.1.1. Strategy	By Q4 2020, HR will identify components of the professional development plan (e.g. 1. participate on at least one cross-divisional project, committee, and/or task force, 2. opportunities for professional certifications, 3. role in promoting health equity, 4. leadership training, and 5. conflict resolution).		Strategy has not been started.
C.3.1.2. Strategy	By Q4 2021, DLT will work with HR to develop professional development plans with defined opportunities for employees.		Strategy has not been started.
C.3.1.3. Strategy	By Q4 2022, DLT will annually evaluate objectives from each employee's individualized professional development plan.		Strategy has not been started.
KPIs	<i>C.3.1. Professional Development Plan Created and Offered Annually</i> Baseline: 0% Goal: 100% of staff offered Professional Development Plan Data Source: Perform		<i>Professional Development Plan Created and Offered Annually</i> Not started
	<i>C.3.1. Professional Development Plan Staff Completed</i>		

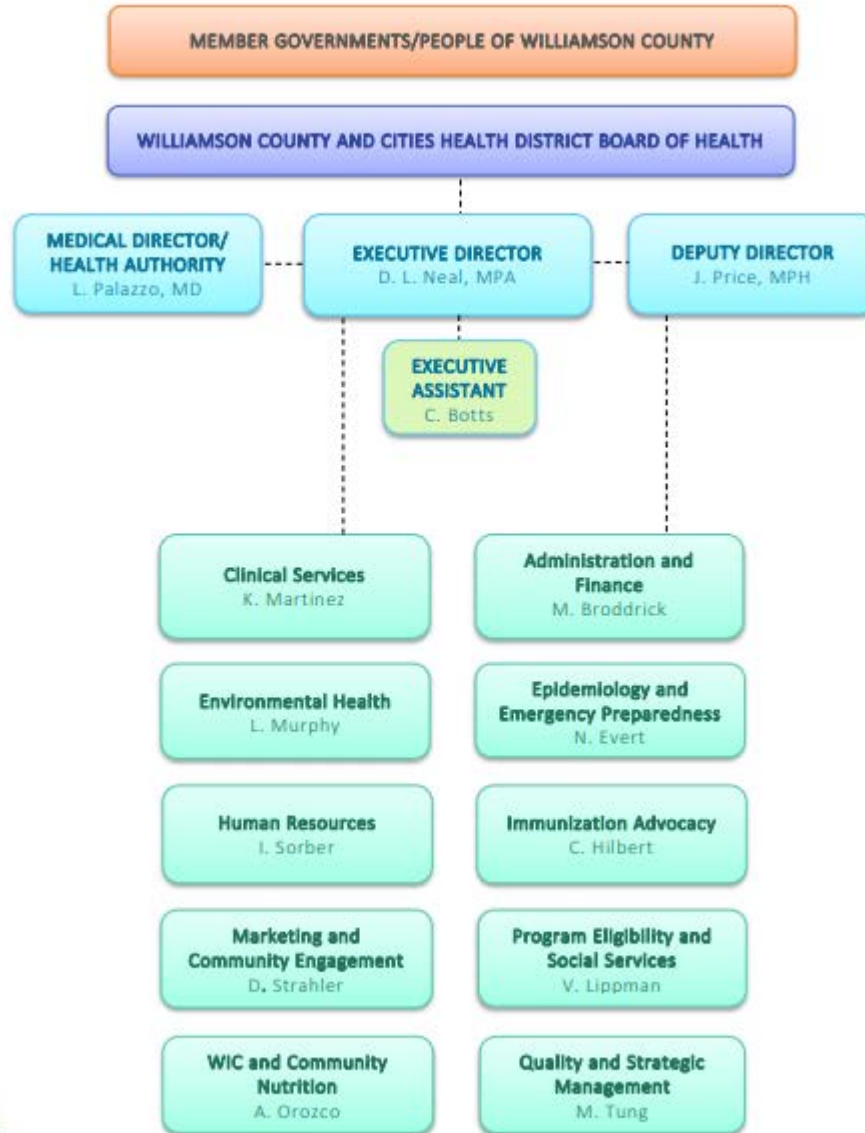
	<p>Baseline: 0% Goal: 100% of staff completed Professional Development Plan Data Source: Perform</p> <p><i>C.3.1. Employee Retention Rate</i> Baseline: 75% Goal: 5% increase over baseline Data Source: WCCHD Human Resources, Jan 1, 2017 to Dec 31, 2019</p>	 	<p><i>Professional Development Plan Staff Completed</i> Not started</p> <p><i>Employee Retention Rate</i> 83%, 2020</p>
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Next Steps

In February 2021, WCCHD will implement the PERFORM staff evaluation system and begin discussions of development of cross-divisional goals for staff.

Appendix A: WCCHD Organizational Chart

Williamson County and Cities Health District Organizational Chart



January 2020

