

St David's
FOUNDATION
SOUTH AUSTIN MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT
STRATEGIC IMPLEMENTATION PLAN
2013 – 2015

This report was prepared by:



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**St. David’s Foundation
South Austin Medical Center
Strategic Implementation Plan
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I. Introduction

History and Description of the Institution

St. David's Foundation, an exempt hospital for federal tax purposes, serves as a joint owner of St. David's Healthcare and strives to improve community health by investing its share of the proceeds from its hospitals back into the community. From its beginning in 1924, St. David's Healthcare has grown to include seven hospitals (four "medical facilities"), five surgery centers, urgent care clinics, and free-standing emergency centers reaching from Georgetown to Kyle. St. David's Foundation has made it its mission to fund innovative programs that strive to address the current health issues facing the underserved and uninsured in Central Texas. In 2013, the Foundation gave more than \$46 million to the community through grants to numerous agencies, local safety net clinics, and the St. David's Dental Program.

St. David's Foundation focuses its community investments in six specific areas. The Foundation establishes goals for each area and seeks proposals from grant partners to make a significant impact on those being served.

The six focus areas are:

Healthy Aging: supports programs that help maintain aging in place for older adults.

Healthy Futures: provides funds for healthcare workforce development and health services research.

Healthy Living: promotes health and wellness through improved nutrition and physical activity.

Healthy Minds: supports behavioral health programs in schools, health clinics and community non-profits.

Healthy People: improves access to healthcare for low income Central Texans.

Healthy Smiles: offers free dental services to children in six school districts and families at safety net clinics.

In addition to grants, St. David's Foundation operates direct programs to help serve specific needs in its community. These programs include:

St. David's Dental Program offers free dental care to children at elementary schools in Central Texas, as well as adults referred by the area clinics. St. David's also funds dental care for the Health Alliance for Austin Musicians (HAAM). Each of St. David's nine dental vans is equipped with two dental exam rooms, digital x-rays and computer workstations. The vans are staffed by licensed dentists, hygienists and dental assistants.

St. David's Neal Kocurek Scholarships Program awards scholarships to students in Travis, Hays, Williamson, Bastrop and Caldwell counties who are pursuing a degree in healthcare at Texas colleges. Scholarships range from \$2,000 per year for community colleges to \$7,500 per year, or up to eight years of undergraduate and graduate education as well as medical school.

Health's Angels addresses the growing needs of the aging population in central Texas. The mission is to bring together individuals and community partners to improve the lives of older adults and their caregivers through education, volunteerism and philanthropic support. By marshaling people and resources, Health's Angels provides help for thousands of older adults in our community and members serve as public service ambassadors, participating in a number of group volunteer activities with partner organizations, educational presentations and networking events.

II. Strategic Implementation Plan for South Austin Medical Center

The St. David's Foundation embraced the new Affordable Care Act requirements to conduct community health needs assessments in the geographies of its medical facilities and create strategic implementation plans for each facility. St. David's augmented its area-based, collaborative, comprehensive community health planning efforts in Travis and Williamson Counties by leading similar assessments for Bastrop and Hays Counties and consolidating an assessment of community health needs across all communities in the medical facilities' geographies. The community health needs assessment (CHNA) process was data-led, evidence-based, and reflective of key community partnerships.

III. Targeted Geography and Vulnerable Populations

Geography

The Foundation looked at the county of residence for each patient of South Austin Medical Center to determine the geography of the community of patients served by South Austin Medical Center.

**Percent Patients by County of Residence for South Austin Medical Center
July 1, 2012 – June 30, 2013**

	St. David's South Austin Medical Center
Hays County	10%
Bastrop County	13%
Travis County	67%
Williamson County	1%

There has been major growth in the South Austin Medical Center target geographic region in the last 10 years and there is a wide variation in the region in terms of both population density and population characteristics.

When possible, the social, economic, and health data in this report are provided for the Austin-Round Rock metropolitan statistical area (MSA), and Texas overall. The Austin-Round Rock MSA is comprised of the five-county region including Bastrop, Caldwell, Hays, Travis, and Williamson Counties. Data for all five counties are provided on an individual basis.

Total Population, 2000 and 2010

Geographic Location	2000 Population	2010 Population	% Change 2000 to 2010
Texas	20,851,820	25,145,561	+20.6%
Bastrop County	57,733	74,171	+28.5%
Hays County	97,589	157,107	+61.0%
Travis County	812,280	1,024,266	+26.1%
Williamson County	249,967	422,679	+69.1%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, Census 2000 and Census 2010

Vulnerable Populations

Target populations for South Austin Medical Center's Strategic Implementation Plan are identified through the Community Health Needs Assessments (CHNAs) for Hays, Bastrop, Williamson and Travis Counties. The target populations focus on medically-underserved and vulnerable groups of all ages, including:

- Low income, uninsured
- Youth
- Seniors
- Hispanics

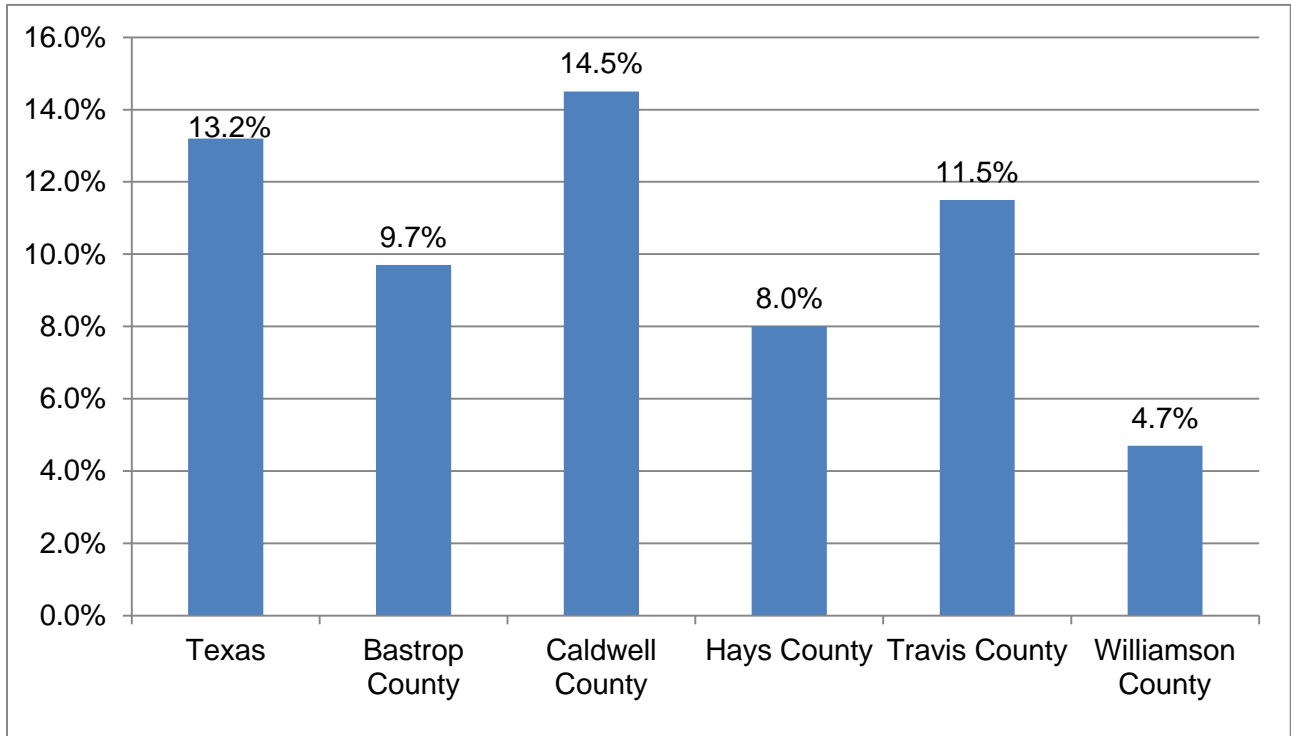
Target Key Findings

The following provides a brief overview of key findings that emerged from the 2013 CHNAs:

Economic Issues:

There were economic Issues of concern in many communities.

% Families Under Federal Poverty Level



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 5-Year Estimates, 2007-2011

Built Environment

Transportation:

There were noted concerns regarding limited transportation options for those living in rural communities outside of the metropolitan center. As one key informant noted:

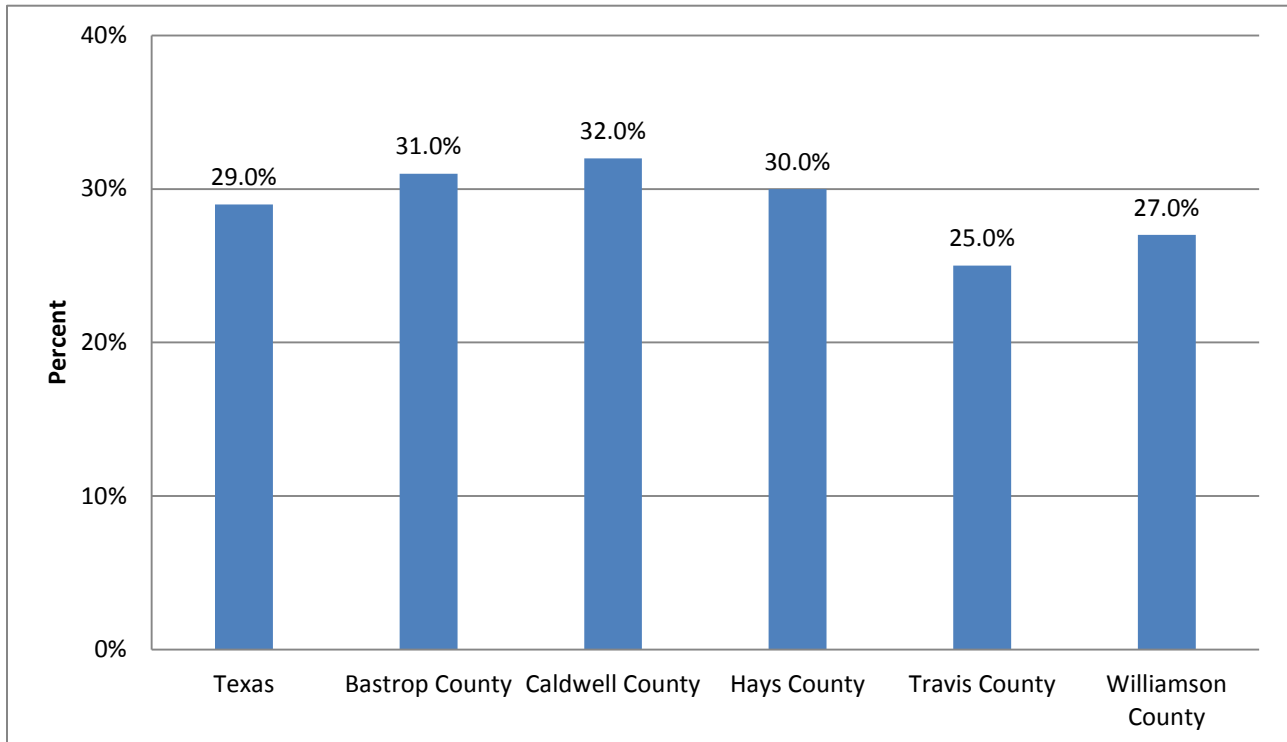
“Some patients drive 35 miles to go to [medical] services. Transportation is a problem for a lot of the people we serve, and others who live in outlying areas. There’s no strong community transit system”-----Hays County Key Informant Interviewee

Obesity - Healthy Living

The percent of obese adults in Bastrop, Caldwell, and Hays Counties is higher than the State of Texas overall.

“People can’t walk because there are no sidewalks... There are no resources to get out and exercise”- Hays County Key Informant Interviewee

% Obese Adults, 2009



DATA SOURCE: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, as cited by County Health Rankings, 2009

Chronic Disease

Heart disease and cancer are the leading causes of death and premature death in the region and in the state. Although chronic disease was not discussed as top of mind in assessment interviews, chronic conditions were mentioned as linked to concerns about obesity.

- In South Austin Medical Center service area, age-adjusted death rates for heart disease and cancer are highest in Bastrop County and lowest in Williamson County.
- Diabetes and asthma each affect about 10% of adults in the region.

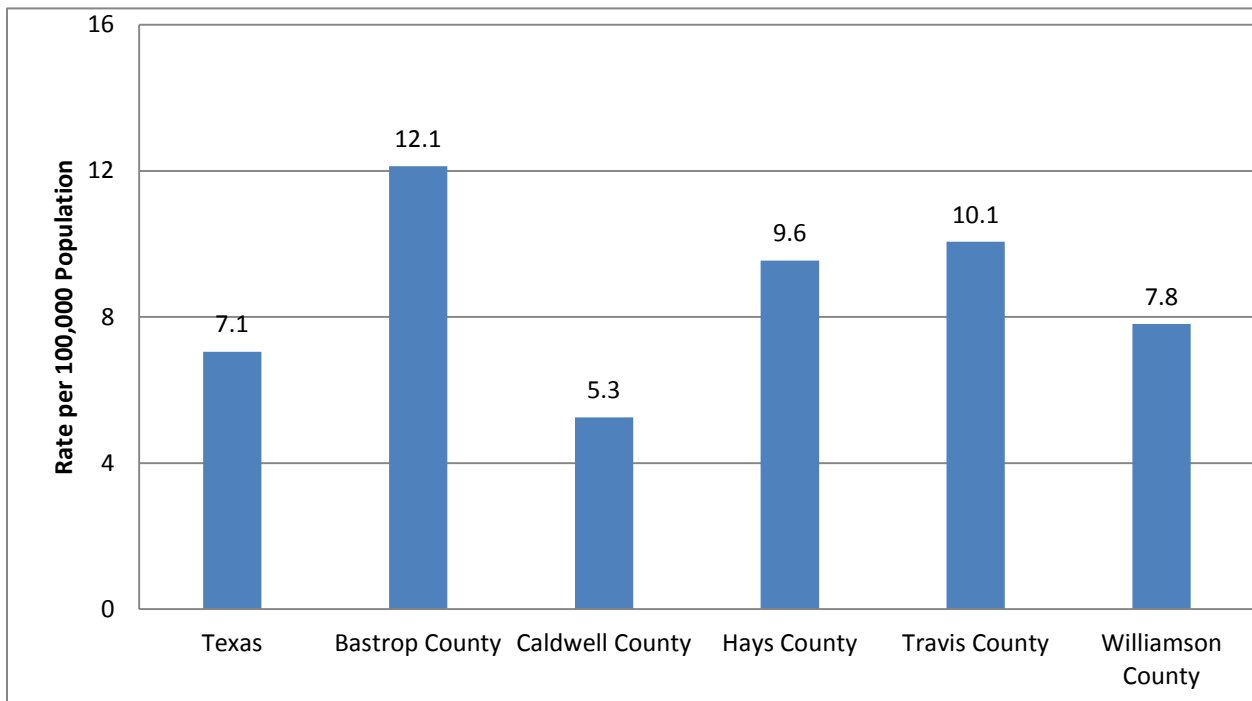
Behavioral Health - Healthy Minds

Though high levels of stress and the need for more mental health services were reported, access to these services was also reported as limited. Moreover, the potential for substance abuse and the need for these services in Travis, Williamson, Hays, and Bastrop Counties is high, given that there is a higher rate of access to liquor stores in these counties as compared to the access rate in Texas overall.

“We are under a lot of stress and need more mental health services, but we never talk about this topic.” – Travis County focus group participant

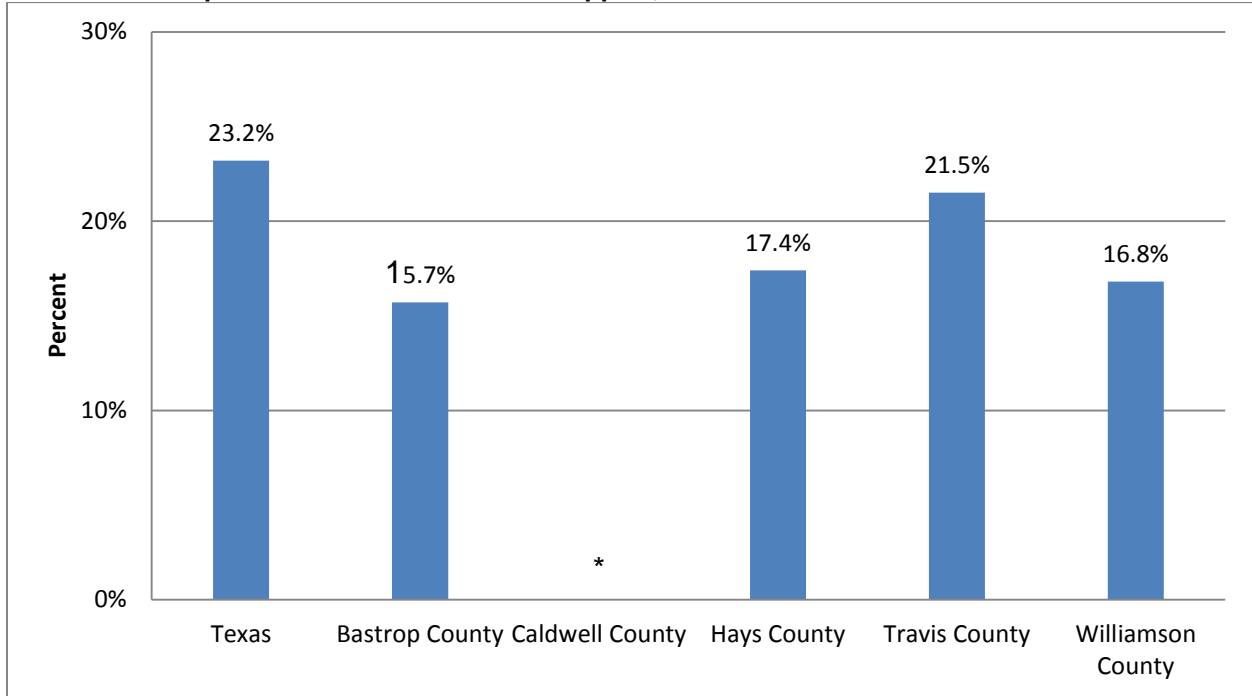
“There seems to be a lack of [mental health] care for children. I noticed it systematically during the fires. Counseling services aren’t available to youth in schools.”—Bastrop County key informant interviewee

Rate of Liquor Stores Access per 1000 population



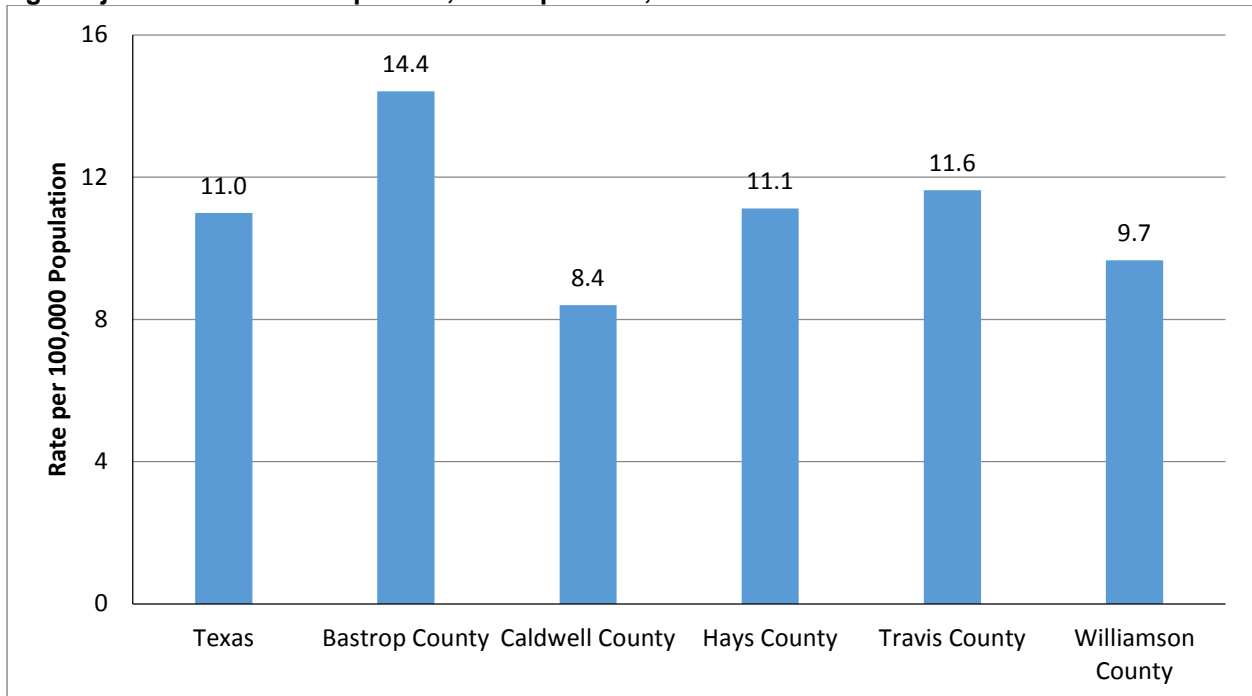
DATA SOURCE: US Census Bureau, County Business Patterns, 2011

% Without Adequate Social and Emotional Support, 2005-2011



DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011

Age Adjusted Suicide Rate per 100,000 Population, 2006 to 2011



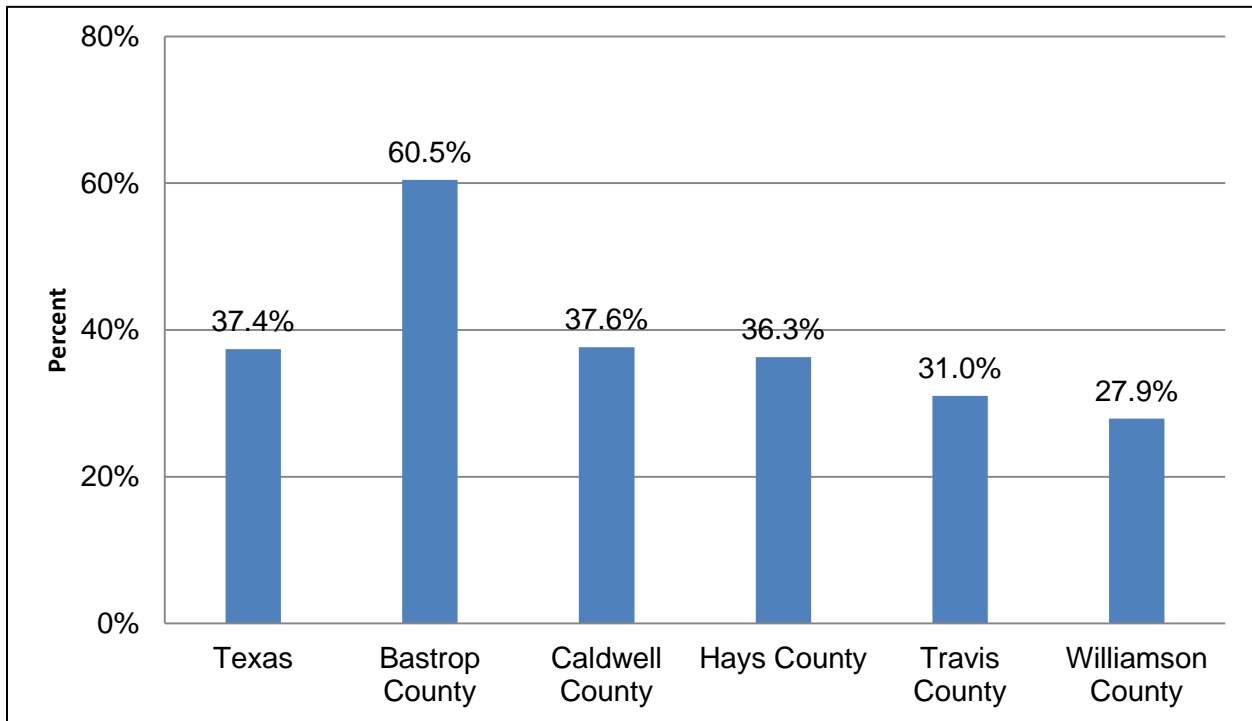
DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, 2006-2010

Oral Health - Healthy Smiles

Oral Health is an essential aspect of overall health; however, access to oral health services is an important concern to many in the target service area.

“Adults don’t have access to oral health. We’re not taking new patients right now because we’re booked up, which leads to ER issues as well.”—Hays County key informant interviewee

Percent of Adults with No Dental Exam in Past 12 Months by Texas and County, 2011



DATA SOURCE: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2011

Elder Care - Healthy Aging

Elders in the South Austin Medical Center service area report concerns ranging from transportation challenges, to social isolation, to specific health issues including influenza, falls, and Alzheimer’s.

“Many seniors are isolated. They may not have friends or family available. They depend on CARTS to give them the only transportation access they may have. They shouldn’t be driving but sometimes they do.”—Bastrop County key informant interviewee

Health Care Workforce - Healthy Futures

There are positive perceptions of the quality of healthcare in the region, but there are concerns about access to these resources, specifically regarding the availability of specialty care. Key areas of need for specialty care providers include:

- Oral health providers
- Mental health providers

“There are various doctors in the area but not for specialty care. For that you probably have to travel to Austin. Not an abundance in Bastrop area. Most people have the same doctor.”—Bastrop County key informant interviewee

Ratio of Population to Providers

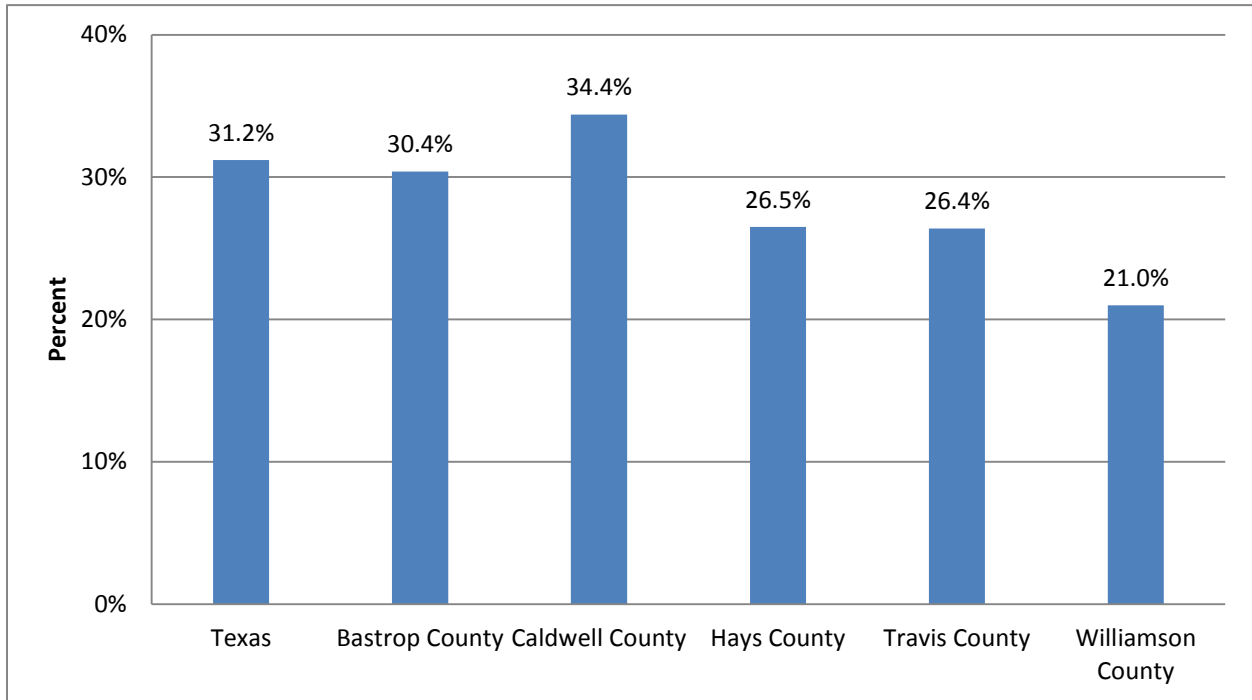
Geographic Location	Dentist Ratio	Behavioral Health Provider Ratio
Texas	2,200:1	579:1
Bastrop County	5,116:1	809:1
Caldwell County	4,611:1	861:1
Hays County	3,179:1	421:1
Travis County	1,705:1	239:1
Williamson County	2,097:1	*

DATA SOURCE: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2010-2011; Central Health Texas Region 7 RHP Plan, original source from TX Department of State Health Services Supply and Distribution Tables for State-Licensed Health Professions in Texas.

**Williamson County data not provided in the RHP plan since it is not included in the plan's geographic area.*

The rate of uninsured in the St. David's service area is generally lower than that of the State of Texas overall except for Caldwell County; however, the high rates of uninsured in the area overall are significant.

% Uninsured Age 18-64 Years Old



DATA SOURCE: US Census Bureau, Small Area Health Insurance Estimates, 2011

Access to Health Care - Healthy People

Important issues that surfaced in this area were:

- Availability and accessibility of health care facilities and resources
- Emergency room overuse
- Challenges of navigating a complex health care system
- Lack of coordination and communication with and among providers
- Health insurance and cost-related barriers
- Specialty care availability

IV. Methods (Overview of the CHNAs)

The 2013 Community Health Needs Assessments (CHNAs) utilized participatory and collaborative approaches to look at health in its broadest context. The assessment process included synthesizing existing data on social, economic, and health indicators in the region as well as information from community dialogues and workshops conducted with community residents, and interviews with community stakeholders. Community dialogues and key informant interviews were conducted with individuals from across the four counties (Hays, Bastrop, Travis, and Williamson) that comprise the South Austin Medical Center patient geography, and with a range of people representing different audiences, including community leaders, education, health care, and social service organizations focusing on vulnerable populations.

CHNAs

1. **Bastrop and Hays Counties CHNA** – Sponsored by St. David's Foundation
Secondary data review and 10 key informant interviews
2. **Travis County CHNA** – Sponsored by Austin/Travis County Health and Human Services with St. David's as partner
Secondary data review, 4 community forums, 14 focus groups, and 28 interviews
3. **Williamson County CHNA** – Sponsored by WilCo Wellness Alliance with St. David's hospitals as participating organizations
Secondary data review, community forums and workshops

See Appendix A: Community Participants in CHNA Process

Summary of Community Needs

Over the months of January through April of 2014, St. David's Foundation leadership worked with an external consultant to review the key findings of the CHNAs, identify related priorities for the Strategic Implementation Plan, and develop goals, objectives, strategies, timelines, indicators, and evaluation methods to track progress.

The group reviewed progress towards goals and objectives of prior years, as well as the current data collected through the CHNAs, to help envision and define priority areas for the future. Based on this foundation, priority areas were identified and goals were defined. Health Resources in Action, Inc. (HRiA), a nonprofit public health consulting firm out of Boston, MA, worked with the Strategic Implementation Planning team to create objectives for each goal and drafted strategies to operationalize these objectives and ensure alignment with the CHNAs. Outcome indicators and a timeline were established for each priority area.

V. Needs

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs. These needs informed the priorities, goals, objectives, and strategies of the South Austin Medical Center Strategic Implementation Plan.

Need Areas:

1. **Access to Care/Health Services**
2. **Behavioral and Mental Health**
3. **Oral Health**
4. **Elder Health**
5. **Health Care Workforce Shortage**
6. **Obesity Prevention**

These major findings from the CHNAs align well with the six established priority areas of St. David's Foundation as demonstrated in the following detailed Strategic Implementation Plan.

All areas highlighted by the CHNAs are being addressed by the 2013-2015 Strategic Implementation Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

Priority #1: Healthy People

Strategic Objective (Goal): Improve access to health care for low income Central Texans.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Increase access to primary care services via grants to nonprofit clinics supporting cost of care for the unfunded, specifically Travis, Williamson, Hays and Bastrop.	2013-2015	Deborah Durham	Increase primary care visits at grant partner safety-net clinics from baseline BASELINE: 35,497
2. Increase access to specialty care services (e.g. retinopathy, endocrinology) via grants to nonprofit clinics.	2014-2015	Deborah Durham	Increase specialty care visits at grant partner programs from baseline BASELINE: 252
3. Increase access to care via grants to nonprofit clinics, specifically for case management/patient navigation to reduce burden of navigating health system.	2013-2015	Deborah Durham	Increase number of patients receiving case management/patient navigation services at grant partner clinics from baseline BASELINE: 2,192
4. Increase access by providing funding to vision and hearing programs that address unmet medical needs of low-income individuals (e.g. glasses and hearing aids).	2013-2015	Deborah Durham	Increase number of clients receiving medical devices (glasses and hearing aids) from baseline BASELINE: 9,465
5. Provide funding for mobile clinics that serve schools in underserved areas in Travis, Williamson, Hays and Bastrop counties to address transportation and capacity barriers.	2014-2015	Deborah Durham	Increase number of schools served from baseline BASELINE: 39
6. Provide funding assistance (e.g. medications and medical supplies) to charity clinics, specifically in Williamson, Bastrop, Hays, and Travis counties.	2015	Deborah Durham	Provide charity clinics with funding for medications and/or medical supplies <i>(New Strategy)</i>

Strategic Objective (Goal):			
Improve access to health care for low income Central Texans.			
7. Provide funding to support infrastructure capacity for nonprofit clinics and collaborations serving primarily low-income individuals (e.g. staffing, capital expansion, Health IT capacity, etc.) in all four counties.	2013-2015	Deborah Durham	Continue to fund appropriate capital/non-recurring projects BASELINE: \$7,973,537 (2012 invested across Focus Areas)
Monitoring/Evaluation Approach: (data sources and how used/tracked)			
<ol style="list-style-type: none"> 1. Grant partner reports – metrics reviewed by SDF staff 2. Grant partner reports – metrics reviewed by SDF staff 3. Grant partner reports – metrics reviewed by SDF staff 4. Grant partner reports – metrics reviewed by SDF staff 5. Grant partner and internal Mobile Dental Program reports – metrics reviewed by SDF staff 6. Grant partner reports – metrics reviewed by SDF staff; Inventory monitoring where applicable 7. Communication with grant partners to identify needs and appropriate funding opportunities <p><i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David's Contribution</i></p>			
FINANCIALS			
St. David's Contribution: Refer to Appendix B.			

Priority #2: Healthy Minds

Strategic Objective (Goal): Support behavioral health programs in schools, health clinics, and community-based non-profits.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Increase availability of services by funding community-based behavioral health programs for highly prevalent conditions (e.g. anxiety and depression).	2013-2015	Kim McPherson	Increase number of patients receiving services from community-based behavioral health programs from baseline BASELINE: 2,950
2. Increase availability of services by funding school-based behavioral health programs targeting at-risk students (Bastrop, Hays, Williamson, and Travis).	2013-2015	Kim McPherson	Increase number of students receiving school-based behavioral health services from baseline BASELINE: 1,632
3. Increase integration of services by funding integrated behavioral health programs in primary care clinics (all four counties).	2013-2015	Kim McPherson	Maintain number of patients served in integrated behavioral health programs in place at primary care clinics BASELINE: 2,003
4. Explore funding the development of a crisis mental health center in Travis County.	2014-2015	Kim McPherson	Determine viability of crisis mental health center with community stakeholders <i>(New Strategy)</i>
Monitoring/Evaluation Approach: (data sources and how used/tracked)			
1. Grant partner reports – metrics reviewed by SDF staff 2. Grant partner reports – metrics reviewed by SDF staff 3. Grant partner reports – metrics reviewed by SDF staff 4. Communication with grant partners and other community stakeholders to identify needs and appropriate funding opportunities <i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David's Contribution</i>			
FINANCIALS			
St. David's Contribution: Refer to Appendix B.			

Priority #3: Healthy Smiles

Strategic Objective (Goal):			
Offer access to dental services to children and families in Central Texas.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Increase access to dental services for adults via grants to nonprofit dental providers (Hays, Travis).	2013-2015	Deborah Durham	Increase dental visits to nonprofit dental providers from baseline BASELINE: 4,890
2. Increase access to dental services for children through the internally operated mobile, school-based St. David’s Dental Program.	2013-2015	Madge Vasquez & Patrice Kistenmacher	Increase dental visits to St. David’s dental program from baseline BASELINE: 10,779 visits
Monitoring/Evaluation Approach: (data sources and how used/tracked)			
<ol style="list-style-type: none"> Grant partner reports – metrics reviewed by SDF staff Program monitoring and evaluation conducted by SDF Data Analytics staff <p><i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David’s Contribution</i></p>			
FINANCIALS			
St. David’s Contribution: Refer to Appendix B.			

Priority #4: Healthy Aging

Strategic Objective (Goal): Support programs that help maintain aging in place for older adults.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Reduce caregiver burden by providing funding support to grant partner and related community collaborators to offer evidence-based caregiver training programs (e.g. fall prevention, dementia, chronic disease self-management) in the 4 counties.	2013-2015	Michael Wilson	Increase number of participants in trainings from baseline BASELINE: 386
2. Increase access to geriatric health services by providing funds to organizations who primarily serve older adults (e.g. End of Life care and speech Therapy).	2013-2015	Michael Wilson	Increase number of elder patients receiving geriatric health services from baseline BASELINE: 46
3. Provide services to homebound older adults to assist them in aging in place via grants to nonprofit service providers (Bastrop Williamson, Travis,) – e.g. meals, transportation, home health care, home maintenance, financial management, ramps, etc.	2013-2015	Michael Wilson	Increase number of clients served by grant partners from baseline BASELINE: 10,145
4. Provide community members with membership/volunteer opportunities to assist older adults in the region through the internally operated Health's Angels program.	2013 - 2015	Evelyn Diamond	Sustain membership/volunteer program BASELINE: 140
5. Explore feasibility of expanding adult day capacity in Williamson and Travis counties.	2015	Michael Wilson	Determine viability of adult day expansion with community stakeholders <i>(New Strategy)</i>

<p>Strategic Objective (Goal): Support programs that help maintain aging in place for older adults.</p>
<p>Monitoring/Evaluation Approach: (data sources and how used/tracked)</p> <ol style="list-style-type: none"> 1. Grant partner reports – metrics reviewed by SDF staff 2. Grant partner reports – metrics reviewed by SDF staff 3. Grant partner reports – metrics reviewed by SDF staff 4. Attendance lists at events; Regular communication with members/volunteers 5. Communication with grant partners and other community stakeholders to identify needs and appropriate funding opportunities <p><i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David's Contribution</i></p>
<p>FINANCIALS</p>
<p>St. David's Contribution: Refer to Appendix B.</p>

Priority #5: Healthy Futures

Strategic Objective (Goal): Provide funds for health care workforce development and health services research.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Support recruitment and retention of medical providers in community-based clinics through funds for Health Corp Loan Repayment (e.g. physicians, dentists, psychiatrists, nurse practitioners).	2013-2015	Michael Wilson	Increase number of loan repayment program participants from baseline BASELINE: 28
2. Provide support for increasing the supply of medical professionals (e.g. Nurse practitioners, mental health professionals) to address shortages via grants to colleges, universities, and other institutions for capital and operating expenses.	2013-2015	Michael Wilson	Increase amount provided to institutions BASELINE: \$692,000 <i>Baseline excludes \$4 M one-time capital investments to start programs or create endowments that won't need to be repeated</i>
3. Increase the supply of medical professionals via the internally operated Neal Kocurek scholarships and mentorship program for high school graduates pursuing health-related careers.	2013-2015	Tina Prentice	Increase number of scholarships awarded from baseline BASELINE: 37
Monitoring/Evaluation Approach: (data sources and how used/tracked) <ol style="list-style-type: none"> Grant partner reports – metrics reviewed by SDF staff Grant partner reports – metrics reviewed by SDF staff Student Data forms and transcripts submitted after each semester <p><i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David's Contribution</i></p>			
FINANCIALS			
St. David's Contribution: Refer to Appendix B.			

Priority #6: Healthy Living

Strategic Objective (Goal): Promote health and wellness through improved nutrition and physical activity.			
Strategic Initiatives (Strategies) (3-6 total):	Due Date (Timeline): Year 1,2,3	Assign To (Person(s) Responsible)	Outcome Indicators (Targets) 1 per strategy
1. Support programs for children and families that address nutrition and physical activity (e.g.: health promotion and behavior change/modification programs) via grants.	2013-2015	Becky Pastner	Maintain number of program participants BASELINE: 11,992
2. Invest in new built environment opportunities that promote physical activity in high-need areas of Central Texas (focus on Travis county and explore expansion into Bastrop, Williamson, Hays).	2013-2015	Becky Pastner	Develop new built environment project (trail, playground, etc.) in area identified as high-risk for obesity
3. Support maintenance of current and creation of new distribution points for healthy food in identified food deserts in Central Texas (e.g. farmers markets, grocery stores, etc.) via grants to community partners and community collaboration.	2014-2015	Becky Pastner	Determine feasibility of new distribution points for healthy foods
4. Collaborate with school districts on implementing cost-effective nutrition and physical activity strategies that capitalize on prior investments (e.g. commercial kitchens, cafeteria redesign, playground markings to promote active learning.) via education, research, funding and convening around best practices.	2015	Becky Pastner	Develop action plan with Central Texas school districts with high rates of obesity <i>(New Strategy)</i>

<p>Strategic Objective (Goal): Promote health and wellness through improved nutrition and physical activity.</p>
<p>Monitoring/Evaluation Approach: (data sources and how used/tracked)</p> <ol style="list-style-type: none"> 1. Grant partner reports – metrics reviewed by SDF staff 2. Children's Optimal Health obesity maps to identify areas of need 3. Children's Optimal Health obesity maps to identify areas of need; Travis County CHA-CHIP activities related to healthy food Access – reported quarterly 4. Communication with grant partners and other community stakeholders to identify needs and appropriate funding opportunities <p><i>Generally, baselines are calculated based on the proportion of the output (e.g. patients, services) made possible by St. David's Contribution</i></p>
<p>FINANCIALS</p>
<p>St. David's Contribution: Refer to Appendix B.</p>

Appendix A: Community Participants in CHNA process

Stakeholder Interviewees for Bastrop County

Dave Marsh
General Manager
Capital Area Rural Transportation System (CARTS)

Terry Orr
Mayor
City of Bastrop

Andrea Richardson
Executive Director
Bluebonnet Trails Community Services

Aida Sustaita
Crisis Services Coordinator
Family Crisis Center

Donald Williams
Executive Director of Community Services/Communication
Bastrop Independent School District

Stakeholder Interviewees for Hays County

Rob Campbell
Pastor
Cypress Creek Church

Bill Carpenter
Hill Country MHDD Centers (mental health and substance abuse treatment providers)

Sam Huenergardt
Chief Executive Officer
Central Texas Medical Center/Live Oak Partners

Robert Milks
Practice Manager, Kyle and San Marcos
CommuniCare Health Centers

Ruth Roberts
Director, Student Health Services
Hays Independent School District (HISD)

Steering Committee for Austin/Travis County CHNA

Bobbie Barker

Vice President of Grants and Community Programs, St. David's Foundation

John Michael-Cortez

Manager of Community Involvement, Capital Metro

Ashton Cumberbatch

VP of Advocacy and Community Relations, Seton Healthcare Family

Vince Delisi

City of Austin

David Evans

*Assistant Division Manager
Austin/Travis County Health and Human Services Department
Chief Executive Officer, Austin/Travis County Integral Care*

Sherri Fleming

County Executive, Travis County Health and Human Services & Veterans Services

Christie Garbe

Chief Communications and Planning Officer, Central Health

Jennifer Golech

Capital Metro

Stephanie Hayden

*Assistant Director of Community Services
Transportation Planner, Capital Metro
Austin/Travis County Health and Human Services Department*

Philip Huang

Health Authority, Austin/Travis County Health and Human Services Department

Shannon Jones

*Chair of Steering Committee and Deputy Director
Austin/Travis County Health and Human Services Department*

Harold (Bill) Kohl

*Professor, University of Texas Health Science Center at Houston
School of Public Health Austin Regional Campus*

Blanca Leahy

*Research and Planning Division Director
Travis County Health and Human Services & Veterans Services*

Cheryl Perry

Professor and Regional Dean, University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus

Carlos Rivera

Director, Austin/Travis County Health and Human Services Department

WilCo Wellness Alliance Community Health Improvement Steering Committee

Name	Organization
Katie Arnold, MPA	<i>Williamson County and Cities Health District</i>
Angela Atwood	<i>Family Eldercare</i>
Nelson Avery, MD	<i>Texas A&M University - College of Medicine</i>
Matt Balthazar	<i>Seton Healthcare Family</i>
David Bastis, MPH	<i>Williamson County and Cities Health District</i>
Ernie Bovio	<i>Scott & White University Medical Center Round Rock</i>
Sarah Brackmann	<i>Southwestern University</i>
George Brightwell, MBA	<i>Community Member</i>
Barbara Brightwell	<i>Georgetown Health Foundation</i>
Hugh Brown, FACHE	<i>St. David's Georgetown Hospital</i>
Jim Burdine, BS, MPH, DrPH	<i>Texas A&M University - School of Rural Public Health</i>
Melissa Cammack, MS, CHES	<i>Williamson County and Cities Health District</i>
Wayne Cavalier, JD	<i>Williamson County and Cities Health District – Board of Health</i>
Yannique Champion, MBA, BSN, RN, BC-NE	<i>Seton Medical Center Williamson</i>
Rick Danko, DrPH	<i>Texas A&M University- School of Rural Public Health</i>
Jim Donovan, MD	<i>St. David's Georgetown Hospital</i>
Kelly Drake, MPH	<i>Texas A&M University - School of Rural Public Health</i>
Tamarah Duperval-Brownlee, MD, MPH, FAAFP	<i>Lone Star Circle of Care</i>
Patti Ellisor, RN, MSN, MHA, CNAA	<i>St. David's Round Rock Medical Center</i>
Gracie Fitch	<i>Williamson County and Cities Health District</i>
Jessica Funke	<i>Texas A&M University - School of Rural Public Health</i>
Kimberly Garrett, CPRP	<i>City of Georgetown</i>
Judge Dan Gattis	<i>Williamson County</i>
Cynthia Guerrero, MEd	<i>Williamson County and Cities Health District</i>
Rob Hardy, FACHE, CMPE	<i>Williamson County and Cities Health District - Board of Health</i>
Grant Hills	<i>Community Member</i>
Cindy Hudson, DNSc, RN, PHCNS-BC-CNE	<i>Texas A&M University - College of Nursing</i>

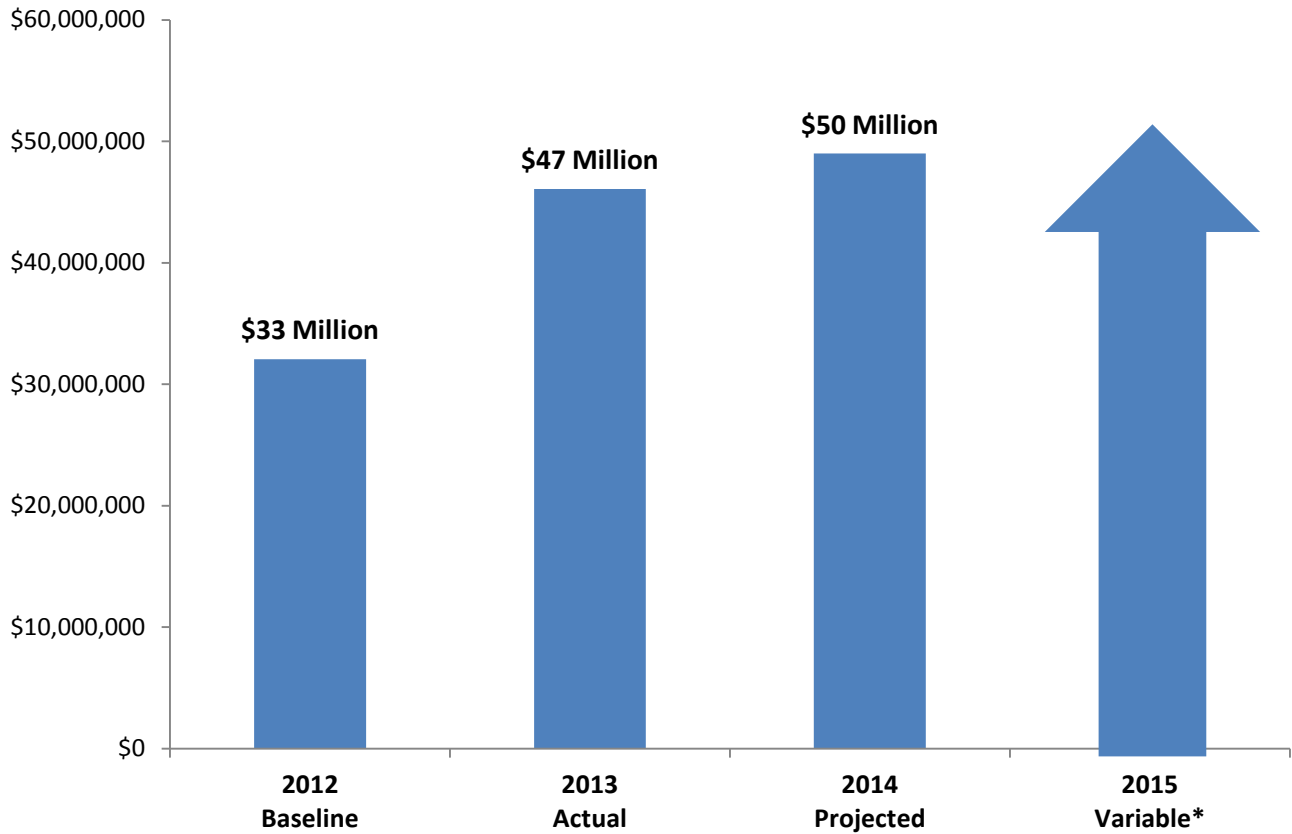
St. David's Foundation-South Austin Medical Center Strategic Implementation Plan 2013-2015

Name	Organization
Leslie Janca	<i>The Georgetown Project</i>
Mark Janes, MD	<i>Bluebonnet Trails Community Services</i>
Denise Kablaitis, RN, MSN	<i>Hutto ISD</i>
Doug Kurkul, MPA	<i>Chamber of Commerce - Round Rock</i>
Andre Lai	<i>Bluebonnet Trails Community Services</i>
Tiffany Lunt, MD	<i>Texas A&M University - College of Medicine</i>
Deborah Marlow, RS	<i>Williamson County and Cities Health District</i>
Anita Martinez	<i>Williamson County and Cities Health District</i>
Mary McKenna, BSN, RN	<i>Georgetown ISD</i>
Linda Frasher Meigs	<i>Children's Mental Health Advocate</i>
Lola Okunade, MD	<i>Lone Star Circle of Care</i>
Vickie Orcutt, MSW	<i>Family Eldercare</i>

Appendix B: Financial Projections

St. David's Foundation

TOTAL STRATEGIC IMPLEMENTATION PLAN BUDGET Estimated Growth



*Although the 2015 Budget has not yet been approved, preliminary budget projections include an increase from the 2014 budget.

Appendix C: St. David's Foundation Board of Trustees

Kathleen Angel	Robena Jackson
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Karen Cole	Lynn Sherman
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C. W. Hetherly	Jerry E. Turner
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Community Health Access Committee

Carolyn Bartlett	Susie Jastrow
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Karen Cole	D. Scott Thomas, Jr.
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