Texas Healthy Communities Program

Community Assessment Guide

TEXAS Health and Human Services | **Texas Department of State Health Services**

FY 2021

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Overview

What is the Texas Healthy Communities Program?

The Texas Healthy Communities (TXHC) Program promotes public health practices proven to reduce risk factors for chronic diseases by helping communities assess their existing environments. Assessments aid communities in implementing environmental, policy, or system changes at the local level using eight community-based policy, systems, and environmental change indicators. The program is offered at no cost to communities that choose to participate to improve where their citizens live, work, and play.

Why should my community participate?

The program assessment engages community leaders at both city and county levels, which creates a public sense of pride when a community is recognized as a Texas Healthy Community, increases chronic disease awareness and education, and promotes healthier worksites, schools, and communities. When community liaisons create a task force of stakeholders to collect data, they become aware of their community's own strengths and weaknesses because of conducting the assessment. The assessment allows for a better understanding of the capacity to become a healthier community and motivates stakeholders to develop and implement a strategic plan for system and environmental changes that support healthy behaviors.

How is the assessment conducted?

Local liaisons work with area organizations and stakeholders to form a workgroup or task force to conduct the assessment, with assistance from TXHC Program staff as needed. Assessment information is gathered and documented collaboratively by this workgroup. Once all information has been collected, the TXHC Program staff evaluate the community's progress toward each indicator based on the information provided. The program assigns a score to the assessment which determines how that community will be recognized. Awards will be presented to communities that achieve Honorable Mention, Bronze, Silver, or Gold recognition levels beginning in Fiscal Year (FY) 2021. Communities have the option to be presented with

their award during a city council or county commissioner court meeting by a DSHS staff representative.

What outcomes have been seen?

Since 2014, 32 communities have participated in the TXHC assessment and have earned recognition at the Gold, Silver, Bronze, and Honorable Mention levels. The TXHC Program has stimulated interest among communities to assess their status of implementation of system and environmental changes that can help reduce the burden of chronic disease. Local leaders have acknowledged an increase in awareness of community activities around chronic disease because of the assessment process. Local business leaders are also joining community efforts to achieve recognition. Due to these assessments, communities have identified gaps in their services and have sought to implement appropriate evidence-based programs, policies, and environmental changes to eliminate gaps.

Examples of efforts communities have implemented after the assessment process include establishing and promoting bicycling stations; spearheading worksite wellness programs with major employers in the area; and helping improve awareness of healthy opportunities and choices through local media campaigns.

Texas Healthy Communities Indicators

1. PHYSICAL ACTIVITY

Physical activity areas and opportunities are designated, safe, accessible, and promoted throughout the community (17 points)

2. HEALTHY FOOD ACCESS

Healthy food options are accessible, affordable, and promoted to all members of the community (12 points)

3. HEALTHY WORKSITES

Worksite wellness programs are in place for most employees (16 points)

4. ENVIRONMENTAL HEALTH

Efforts are made to improve indoor and outdoor air quality (15 points)

5. HEALTHCARE QUALITY AND ACCESS

Healthcare sites in the community utilize quality improvement programs to support prevention of chronic disease, improve maternity care, and improve access to affordable services for older adults (15 points)

6. HEALTHY AGING

The community supports healthy aging and provides resources and services for older adults (10 points)

7. MENTAL HEALTH

Reduce the incidence and increase awareness of mental health and substance use issues (12 points)

8. EMERGENCY PREPAREDNESS

Provide access to training and information on emergency preparedness as it relates to chronic disease management (15 points)

TOTAL POSSIBLE POINTS: 112

The Assessment Process

1. Assessment Review and Work Group Development

The local liaison(s) review/s the assessment questions and assessment toolkit. Program staff suggests recruiting stakeholders involved in the different indicator areas that will assist in data collection. The local liaison decides how the workgroup will function.

2. Data Collection

TXHC Program staff works with the local liaison to provide technical assistance and support informing a work group or task force to conduct the assessment. The assessment information is gathered and documented collaboratively by the work group.

3. Submission and Review

The liaison will submit the assessment to the TXHC Program via the Performance Monitoring and Tracking System (PMATS), an online data collection portal. Program staff will review the assessment by identifying gaps and provide feedback to the liaison before the final assessment results are submitted. If necessary, technical assistance is provided to locate information and meet indicator criteria to improve community scores.

4. Grading

Based on the data entered by the liaisons in the data collection portal, the TXHC Program will review and grade the contents to determine the community recognition level. Grades will be calculated as a percent, with 112 points equaling 100 percent. Awards will be determined using the following scale:
Gold recognition = 90 - 100%
Silver recognition = 80 – 89%
Bronze recognition = 70 – 79%
Honorable Mention = 69% or lower

5. Recognition

The liaison will receive a summary of the community assessment, final score, notice of an award, and recommendations for meeting indicator criteria in future assessments. The TXHC Program provides a press release template for workgroup members' various organizations. Liaisons have the option to schedule a time for the presentation of their award to their communities at their city council meeting or county commissioners court proceedings. A member of the DSHS TXHC Program will present the award. Liaisons are encouraged to seek local media coverage and reach out to stakeholders to spread the news of the accomplishment, and to bring attention to chronic disease prevention and management.

6. Sustainability

As a result of conducting the assessment, the work group will have a better understanding of the capacity to become a healthier community. The TXHC Program provides ongoing technical assistance and support for capacity building and coalition development. Additionally, program staff will provide data and other relevant resources to assist in developing and implementing evidence-based strategies to improve scores that create healthier communities. As part of any sustainable program, state and local government, public health agencies, and community leaders should be engaged to mobilize resources for health promotion and chronic disease management and prevention.

COMMUNITY PROFILE

Rationale

The community profile provides a snapshot of the communities' demographics. Data entered here will be used as the denominator for several metrics throughout the following indicators.

Definitions

Low socioeconomic status: A household is defined as "low income" if the income is 80% or less of the area's median income.[1]

Rural: Consists of all territory, population, and housing units located outside of urbanized areas and urban clusters.

Urbanized area: An Urbanized Area (UA) has an urban nucleus of 50,000 or more people. Individual cities with a population of 50,000 may or may not be contained in these UAs. UAs have a core (one or more contiguous census block groups or BGs) with a total land area less than two square miles and a population density of 1,000 persons per square mile. They may contain adjoining territory with a minimum of 500 persons per square mile and encompass a population of at least 50,000 people.

Urban cluster: An urban cluster also has a core as identified above with a total land area of less than two square miles and a population density of 1,000 persons per square mile. They may contain adjoining territory with a minimum of 500 persons per square mile and encompass a population of at least 2,500 but less than 50,000 persons.[2]

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[1] "Glossary of CPD terms/U.S. Department of Housing and Urban Development." (2019), www.hud.gov/program_offices/comm_planning/library/glossary/l.

[2] "Urban and rural/United States Census Bureau." (2018), https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html.

Health System: A multihospital or a diversified single hospital system. A multihospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization.

Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25% of their owned or leased non-hospital pre-acute or post-acute health care organizations.

Advanced Life Support Vehicles: A level of care provided by pre-hospital emergency medical services. Advanced life support consists of invasive life-saving procedures including the placement of advanced airway adjuncts, intravenous infusions, manual defibrillation, electrocardiogram interpretation, and much more. Advanced life support certifications and licenses include emergency medical technician - intermediate (EMT-Intermediate) and paramedic. Count the number of ALS Emergency vehicles that drive or fly patients to hospital emergency care in your area.

Food Desert: tracts of a community with little to no access to fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets, and healthy food providers.

Public Recreation Center: a building that is open to the public where meetings are held, sports are played, and there are activities available for young people and adults; Any publicly owned, leased, operated or maintained property that provides space and equipment for recreational activities, such as community centers and playing fields that are available to the membership of a club or the general public.

Helpful Resources

U.S. Census Bureau:
www.census.gov/quickfacts/fact/table/US/PST045216

Tobacco Use:
https://dshs.state.tx.us/tobacco/

Obesity:
https://www.dshs.state.tx.us/Obesity/Data/

Cancer:
https://www.cancer-rates.info/tx/

Certified Farmers Markets:
http://www.gotexan.org/LocateGOTEXAN/CertifiedFarmersMarkets.aspx

Food Deserts:
https://www.ers.usda.gov/data-products/food-access-research-atlas/

Community Profile Questions

Question
Five largest employers
Total population
Total population located in low socioeconomic status (SES) zip codes
Total population aged 65 and older
Total population living in urban areas
Total population living in rural areas
Population with the highest prevalence of tobacco use
Population with the highest prevalence of obesity
Population with the highest prevalence of hypertension
Population with the highest mortality rate of heart attack
Population with the highest mortality rate of stroke
Population with the highest incidence of invasive cancer
Number of hospitals (include all hospitals in this count)
Number of health systems

Question
Number of birthing facilities
Number of school districts
Number of schools
How many of the five largest employers have an onsite food service area?
How many of the five largest employers have onsite vending machines?
Number of public recreation centers
Number of farmers' markets
Number of EMS Agencies
Number of Advanced Life Support vehicles
Total ZIP codes (list actual zip codes here)
Total number of low socioeconomic status ZIP codes
Which ZIP codes are identified as low SES status?
Number of incorporated communities (not including largest city)?
Are there areas designated as food deserts?

INDICATOR 1: PHYSICAL ACTIVITY

Rationale

Physically active people have less risk for developing chronic diseases, including cardiovascular disease (CVD), high blood pressure, diabetes, and certain cancer types (including colon, breast, and endometrial cancers). The second edition of the *Physical Activity Guidelines for Americans*, published by the US Department of Health and Human Services, recommends children and adolescents (6-17) obtain one hour or more of moderate-vigorous physical activity daily and adults (18-64) obtain two and one-half hours per week of moderate physical activity or one hour and 15 minutes of vigorous physical activity per week. Vigorous physical activity by youth that results in sweating or breathing hard for at least 20 minutes per day on three or more days per week is considered by the CDC to be an indicator for preventing chronic disease.[3]

The following criteria are evidence-based strategies that use local policies and environment to encourage citizens to be more physically active daily.

- There is strong evidence for creating and enhancing access to places for physical activity combined with informational outreach activities.

- Urban planning, transportation, and infrastructure changes to promote physical activity are currently under review.

- Community-wide campaigns involving many community sectors in highly visible, broad-based, multi-component approaches are strongly recommended for increasing physical activity.

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[3] "Physical activity guidelines for Americans - Current guidelines." (2019), https://health.gov/paguidelines/second-edition/.

Definitions

Active living plan: An active living plan (ALP) is a working document designed to inform and support community leaders to take action and make changes that will increase physical activity in their communities. It is designed to support the goals of other health promotion and disease prevention plans by providing the information, resources, strategies, and tools that will help local health officials and other community leaders to set goals and implement plans that will make it easier for more people to become more physically active. The active living plan must include recommendations from the following nine sectors: Business and Industry; Community, Recreation, Fitness, and Parks; Education; Faith-Based Settings; Healthcare; Mass Media; Public Health; Sport; Transportation, Land Use, and Community Design.[4]

Active Transport: Active Transport initiatives are designed to encourage and support youth to engage in active transportation to school. Active Transport to School initiatives can take several forms, including Safe Routes to School, Walking School Bus, Bike to School Day, etc. They may involve urban-design elements and practices, land-use policies and practices to improve conditions for active transport, and non-infrastructure activities, such as walking programs. This strategy can be implemented at elementary, middle, and high schools.[5]

Campaigns: Health communication and marketing campaigns that promote positive behavior change are a cornerstone of public health and behavioral science. Designing and implementing quality campaigns on a tight budget and in an urgent timeframe is a challenge that most health communication professionals share.

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[4] "Active Texas 2020." (2009), https://sph.uth.edu/content/uploads/2012/06/Active-Texas-2020-full.pdf.

[5] "DNPAO state program highlights: Active transport to school." (2011), https://www.cdc.gov/obesity/downloads/ActiveTransporttoSchool.pdf

Campaigns are interventions that involve many community sectors; include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education); and may also address other disease risk factors.

Campaign Types: Television, Radio, Billboard, Print, Social Media (ex. Twitter or Facebook), etc.

Funded Community: The entity funded by DSHS/Texas Healthy Communities Program. Partnerships with other organizations on awareness campaigns are accepted and encouraged, all campaign efforts involving the funded community will count for this assessment. *Funded Communities are required to include a disclaimer statement on all campaign materials unless instructed otherwise. Example: "Funded by the Texas Department of State Health Services" or "Made possible with funding by the Texas Department of State Health Services."

Helpful Resources

National Physical Activity Plan:
http://www.physicalactivityplan.org/theplan/about.html

Active Texas 2020:
https://sph.uth.edu/content/uploads/2012/06/Active-Texas-2020-full.pdf

Physical Activity Recommendations:
https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html

Sidewalk/Biking Trail Policies:
Walk-friendly assessment/planning tools: http://walkfriendly.org/apply/

https://www.huduser.gov/portal/sites/default/files/pdf/Creating-Walkable-Bikeable-Communities.pdf

Example ALPs:
http://www.fitcitysa.com/wp-content/uploads/2017/05/Active_Living_Plan.pdf

http://www.activeangelina.com/dl/AngelinaCountyALP.pdf

Implementing Physical Activity Strategies:
https://www.cdc.gov/physicalactivity/community-strategies/index.htm

Park Prescription Programs:
https://www.naturerockstexas.org/

https://www.parkrx.org/parkrx-toolkit

https://www.nrpa.org/parks-recreation-magazine/2018/april/developing-a-park-prescription-program-for-your-community/

Rural Areas:
https://www.baylor.edu/publichealth/index.php?id=961864

Developing Effective Coalitions:
https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main

Active Transport to School:
http://www.cdc.gov/obesity/downloads/ActiveTransporttoSchool.pdf

http://www.saferoutesinfo.org/

https://www.saferoutespartnership.org/resources/webinar/regional-planning-and-health

http://www.walkbiketoschool.org/

Physical Activity:
https://salud-america.org/7-case-studies-on-successful-physical-activity-campaigns/
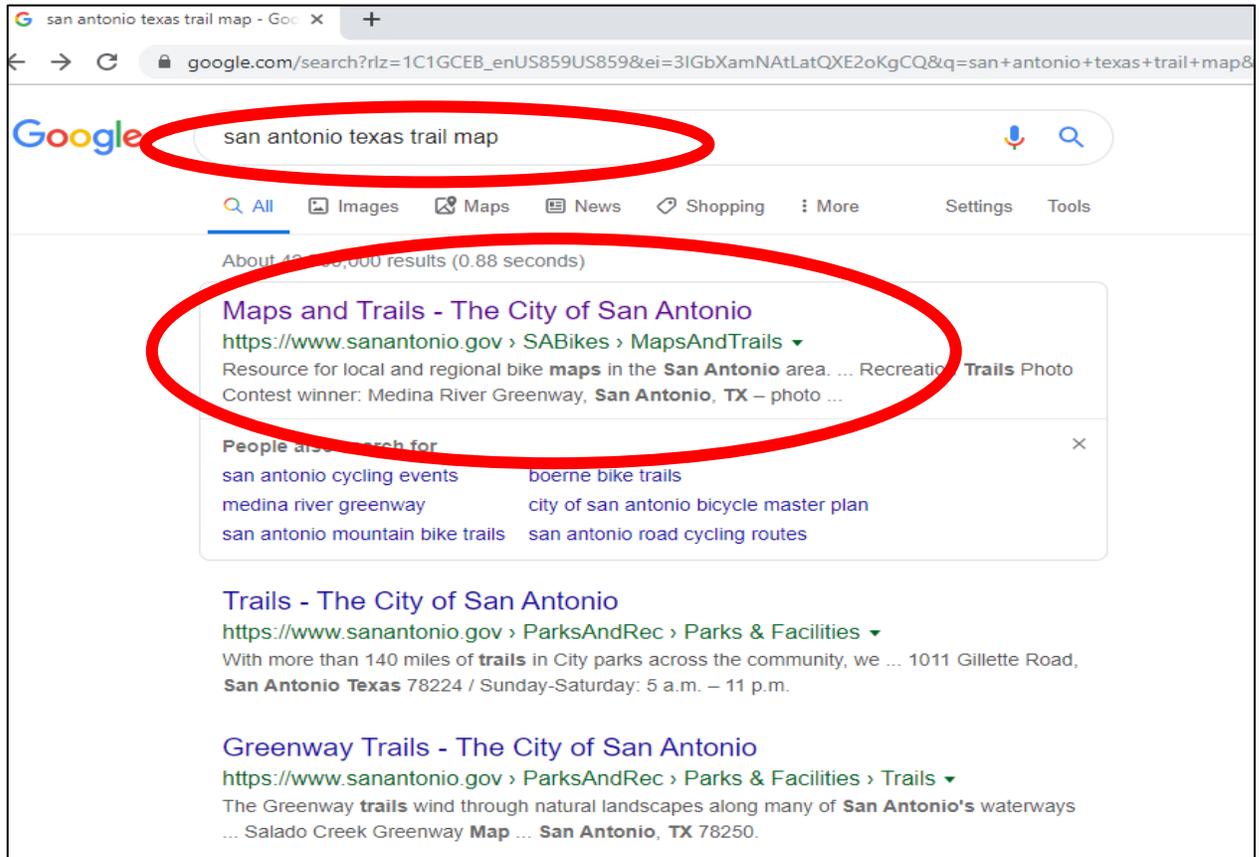
https://newsarchive.heart.org/churches-are-increasingly-adding-health-and-fitness-to-ministry-outreach/

Walking/Biking Trail Maps:
Trail maps should be easy for a community member of any age or ability to locate and understand. Examples of easy access:

- Displayed and/or printed and available at the community's chamber of commerce, city information center, public libraries, tourist destinations, etc.

- Available on a free city/local app

- Simple online search – someone should be able to type the location and "trail map" into a search engine and be able to access a map almost immediately. In the example below, after conducting a search of "San Antonio Texas trail map" a list of clear and concise trail maps can be located within three clicks. No Google Maps screenshots will be accepted.

Acceptable Trail Maps:

https://www.sanantonio.gov/Portals/0/Files/SABikes/WalkRunRoutes/RunsWalks_WEB.pdf

https://www.sanantonio.gov/Portals/0/Files/Parks/pdf/OPSchnabel_map.pdf

https://www.sanantonio.gov/Portals/0/Files/SABikes/BikeRoutes/SABikeRides_WEB.pdf

Physical Activity Questions

Question	Scoring Criteria	Possible Score
Is a map (or list of maps) of the community's walking and/or biking trails and recreational areas easily located and readily available to the public?	Yes w/ attachment = 1pt	1pt
Is the map in color?	Yes w/attachment = 1pt	1pt
Does the map (or list of maps) clearly differentiate between walking versus biking trails?	Yes w/attachment = 1pt	1pt
Does the map clearly identify at least two types of landmarks along/near the trail, such as restrooms, water fountains, parking, playground, etc?	Yes w/attachment = 1pt	1pt
If there are policies *approved and in place* for including sidewalks in new developments, please attach them. Reference material should identify the page(s) and paragraph the policy meeting this measure can be located.	Approved policy w/ attachment = 1pt Metropolitan Planning Organization (MPO) plans/drafts w/ attachment = .5pts	1pt

Question	Scoring Criteria	Possible Score
If there are policies *approved and in place* for including biking trails in new developments, please attach them. Reference material should identify the page(s) and paragraph the policy meeting this measure can be located.	Approved policy w/ attachment = 1pt MPO plans or drafts w/ attachment = .5pts	1pt
If your community has a revised Active Living Plan (ALP) containing the following, please attach it. For plan to qualify please use the following checklist: Are all **nine** required sectors represented in the plan? Has the plan been reviewed and approved by the City Council within the last five years (not required but recommended)? **For FY2021 only**: If your community has an ALP with the **eight** sectors represented, please attach it. For the plan to qualify please use the following checklist: Are all eight required sectors represented in the plan? Has the plan been reviewed and approved by the City Council within the last five years (not required but recommended)?	ALP w/ attachment = 4pts ALP w/ proof of governing body approval = 5pt **FOR FY2021 Assessment Only:** ALP w/ attachment = 3 pts ALP w/ proof of governing body approval = 4pts	5pts* **OR** 4pts

Question	Scoring Criteria	Possible Score
Does your community have an active physical activity coalition?	Yes = 2pts	2pts
How many school districts have schools providing active transport (walking, biking, other self-powered wheels) programming during the current school year?	50% = 1pts 100% = 2pts	2pts
In the last year, how many campaign types has the funded organization used to encourage use of outdoor/indoor recreation areas?	Campaign Types: 1-2 = 1 pt 3+ = 2pts	2pts
	Total Points	**17pts**

*Maximum points available only if all nine required sectors of the National Physical Activity Plan are represented in ALP

INDICATOR 2: HEALTHY FOOD ACCESS

Rationale

Being overweight or obese contributes to increased risk for cardiovascular disease, stroke, and up to 13 types of cancer. Incidence of being overweight or obese are on the rise. Over 33% of Texans were found to be obese in 2017.[6]

The following criteria are evidence-based strategies that use policies and elements in the community environment to make it easier for individuals living in the community to make healthy food choices.

- Addressing good nutrition as part of a multi-component intervention aimed at nutrition, physical activity, and cognitive change is recommended. This can best be accomplished through a multi-sector, collaborative approach.
- An increase in the quantity and accessibility of healthy food products can contribute to a wider adoption of good nutrition habits.
- Community level policies can have a significant impact on the adoption of protective health behaviors and are more likely to impact a greater number of residents in an equitable manner than individual health behavior change programs.

Definitions

Measures of food access: A low-income area where a significant number or share of residents are far from a supermarket, where "far" is more than one mile in urban areas and more than 10 miles in rural areas.

Food hub: Any locally grown food distribution point that is not a traditional food store or eatery. School garden clubs can be counted if all the following criteria are met: all students can participate at no cost; participation occurs

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[6] "Texas behavioral risk factor surveillance system(BRFSS): Body mass index – obese." (2017), http://healthdata.dshs.texas.gov/CommunitySurveys/BRFSS.

during regular school hours; students cultivate and have an opportunity to taste the produce they grow.

Examples of food hubs:

- Community gardens

- School-based gardens

- Food banks and food pantries

All gardens <u>must have been planted or harvested to be counted</u>. Planned/proposed gardens that may/will happen cannot be included for this assessment.

Campaigns: Health communication and marketing campaigns that promote positive behavior change are a cornerstone of public health and behavioral science. Designing and implementing quality campaigns on a tight budget and in an urgent timeframe is a challenge that most health communication professionals share.[7]

Campaigns are interventions that involve many community sectors; include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education); and may also address other disease risk factors.

Campaign Types: Television, Radio, Billboard, Print, Social Media (ex. Twitter or Facebook), etc.

Funded Community: The entity funded by DSHS/Texas Healthy Communities Program. Partnerships with other organizations on awareness campaigns are accepted and encouraged, all campaign efforts involving the funded community will count for this assessment. *Funded Communities are required to include a disclaimer statement on all campaign materials unless instructed otherwise. Example: "Funded by the Texas Department of State Health Services" or "Made possible with funding by the Texas Department of State Health Services."

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[7] "Awareness campaigns." (2019), https://www.cdc.gov/diabetes/campaigns/index.html

Helpful Resources

The USDA Food Desert Tool: https://www.ers.usda.gov/data/fooddesert identifies census tracts that qualify as food deserts.

The USDA Food Environment Atlas: http://www.ers.usda.gov/data-products/food-environment-atlas.aspx is a similar tool that can identify the following data at the census tract level:

- Access and proximity to grocery store

- Store availability

- Restaurant availability and expenditures

- Food assistance

- State food insecurity

- Food prices and taxes

- Local foods

- Health and physical activity

A Look Inside Food Deserts:
https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/healthequity/hec_food_desert_final_11_02_.pdf

TDA Certified Famers Markets:
http://www.gotexan.org/LocateGOTEXAN/CertifiedFarmersMarkets.aspx

Community Commons Map Development Tool:
https://www.communitycommons.org/collections/Maps-and-Data

School Garden Development Best Practices:
https://envirocenter.org/wp-content/uploads/School-Garden-Development-Best-Practices-1.pdf

https://www.clickorlando.com/news/local/2020/04/29/similar-to-wartime-victory-gardens-americans-are-growing-pandemic-gardens-heres-a-few-tips-to-get-started/

Texas Department of State Health Services, Women, Infants and Children Program (WIC):
https://www.dshs.texas.gov/fch/transition/WIC-Transition.aspx

https://texaswic.org/

Texas Behavioral Risk Factor Surveillance:
https://www.dshs.texas.gov/chs/brfss/

Guide to Community Preventative Services: Systematic Reviews and Evidence-based Recommendations, U.S. Task Force on Community Preventive Services; https://www.thecommunityguide.org/

Texas A&M AgriLife Extension Services County Offices List:
https://counties.agrilife.org/

Produce Prescription Programs:
https://www.wholesomewave.org/who-we-are/

https://snaped.fns.usda.gov/library/materials/fruit-and-vegetable-prescription-programr-fvrxr

https://www.cityhealth.org/healthy-food-procurement

Healthy Food Access Questions

Question	Scoring Criteria	Possible Score
Of the food deserts in your community, how many have a TDA-certified farmers' market, uncertified farmers' market, food hub, or other access point for healthy food?	>0 = 4pts	4pts
How many of the farmers' markets in your community accept vouchers (WIC, SNAP, WIC Farmers Market Nutrition Program, etc.)?	>0 = 4pts	4pts
How many school districts have established school gardens? (Note: Garden location may be on or offsite of a school property.)	>0 = 2pts	2pts
In the last year, how many campaign types has the funded organization used to increase awareness of farmers' markets, food hubs, or other healthy food access points available in your area?	>0 = 2pt	2pt
	Total Points	12pts

INDICATOR 3: HEALTHY WORKSITES

Rationale

Worksites include public and private places of employment. The following criteria are evidence-based strategies for promoting physical activity, healthy eating, and other health promoting behaviors at worksites.

- Comprehensive multi-sector programs which include worksites and worksite wellness programs are recommended strategies for promoting physical activity. Worksite programs to control overweight and obesity are recommended and can include educational, behavioral and social, and policy and environmental approaches to support behavior change.

- Enhancing access to healthy foods at worksites is under review.

- Worksite wellness programs that combine assessment of health risks with feedback and other health education is recommended.

Definitions

Employer: an individual, partnership, association, corporation, governmental body, unit or agency or any other entity, whether organized for profit or not, who or that employs one or more persons on a salary, wage, commission or other basis of compensation. Example: Austin Independent School District

Worksite/Workplace: a location where any of the work is performed. Example: Austin High School

Value-Based Benefit Design: VBBD systematically addresses the way health benefits are structured and utilized by employees. Its focus is broader than just the insurance design and includes other types of incentives. Altering the design of your insurance benefits based on value-based insurance design (VBID) is just one of the value- based strategies being utilized by employers today. Oftentimes, VBID is paired with other programs—such as wellness programs--to maximize the likelihood that

consumers make positive behavioral changes, which lead to better health and curbed health care costs for employers and employees alike.

Each model is coupled with inducements to encourage appropriate health-seeking behavior. Although there are incentives such as copay reductions or waivers, premium reductions, and health saving contributions, not all incentives are financial. http://dshs.texas.gov/wellness/valueBasedDesign/

Health Communications: regular and consistent communication is a vital component of the overall organizational commitment to employee health. Employees are key stakeholders and should be informed of the program's purpose; the actions taken; the reasons for and results of those actions. Consistency comes from repetition and uniform presentation from all levels of the organization and over time will create a culture of health. Materials and messages should be culturally competent, that is, understood by and applicable to individuals from different cultures, race or ethnicities, or languages; relevant, and at a sufficient level of health literacy.[8]

Caregiver: A person who gives care to people who need help taking care of themselves. Examples include the elderly, people who have chronic illnesses or people who have disabilities. Caregivers may be health professionals, family members, friends, social workers, or members of the clergy. They may give care at home or in a hospital or other health care setting. For the purposes of this assessment, parents are not considered caregivers unless their child has a chronic illness or a disability.

Employee Assistance Program (EAP): Employer-sponsored services designed to help employees manage a range of issues including mental health, substance abuse, financial, legal, and family problems (EASNA, 2020). EAPs generally provide a certain number of short-term counseling sessions for individuals and family members and connect employees to further resources to assist with these issues. EAPs are typically provided at

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[8] https://www.cdc.gov/workplacehealthpromotion/planning/communications.html

no cost to the employee and services may be provided via telephone, web-based communication, or in person[9].

Helpful Resources

Healthier Worksite Initiatives:
https://www.cdc.gov/workplacehealthpromotion/model/index.html

https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/current-practices-worksite-wellness.pdf

Health Communications:

https://www.cdc.gov/workplacehealthpromotion/planning/communications.html

School Employee Wellness:
https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/school_employee_wellness/nacdd_schoolemployeewellness.pdf

Work Well Texas:
http://www.wellness.state.tx.us/

Healthy Food Options Criteria:
https://www.cdc.gov/obesity/strategies/food-serv-guide.html

Healthy Vending Machine Policy Criteria/examples:
https://www.cdc.gov/obesity/stateprograms/pdf/healthy_vending_machine_initiatives_in_state_facilities.pdf

https://www.sanantonio.gov/Portals/0/Files/health/HealthyLiving/VendingToolKit10_2012-updated1-22-13.pdf

https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/resource/healthyvending.pdf

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[9] https://easna.org/research-and-best-practices/what-is-eap/

Mother-Friendly Worksites:
http://texasmotherfriendly.org/home

Caregiver Support:
https://nebgh.org/wp-content/uploads/2017/11/NEBGH-Caregiving_Practical-Guide-FINAL.pdf

https://respectcaregivers.org/wp-content/uploads/2017/05/AARP-ReAct-MASTER-web.pdf

EAPs:
https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html

https://www.cdc.gov/workplacehealthpromotion/health-strategies/depression/interventions/programs.html

Healthy Worksites Questions

Question	Scoring Criteria	Possible Score
Of the five largest employers, how many use Value-Based Benefits Design to negotiate health benefits that promote prevention practices?	1 = 0pt 2-3 = .5pt 4-5 = 1pt	1pt
How many offer opportunities onsite for physical activity?	1 = 0pt 2-3 = .5pt 4-5 = 1pt	1pt
How many use health communications?	1 = 0pt 2-3 = .5pt 4-5 = 1pt	1pt
How many are designated as Mother-Friendly?	>0 = 2pts	2pts
How many have insurance plans that utilize health risk assessments (HRA) and provide feedback only to employees on results? (Must provide feedback on HRA results to receive points)	1 = 0pt 2-3 = .5pt 4-5 = 1pt	1pt
How many offer and promote tobacco cessation resources?	1 = 0pt 2-3 = .5pt 4-5 = 1pt	1pt
How many have chronic disease self-management classes available to all employees through insurance plans, wellness programs, or other means?	1 = 0pt 2-3 = 1pt 4-5 = 2pt	2pts

Of the five largest employers who have an onsite food service area (defined as an area where employees serve themselves or are served from a counter) how many offer healthy food options?	0% = 0pt 50% = .5pt 100% = 1pt	1pt
Of the five largest employers who have onsite vending machines, how many have policies in place that promote healthy food choices?	0% = 0pt 50% = .5pt 100% = 1pt	1pt
How many have automated external defibrillators (AEDs) in place?	1=0pt 2-3=.5pt 4-5=1pt	1pt
How many support caregiver needs?	1 = .5pt 2-3 = 1pt 4-5 = 2pt	2pts
How many have an Employee Assistance Program (EAP)?	1 = .5pt 2-3 = 1pt 4-5 = 2pt	2pts
	Total Points	**16pts**

INDICATOR 4: ENVIRONMENTAL HEALTH

Rationale

Ground-level ozone, the main part of smog, and particle pollution are just two of the many threats to air quality and public health in the United States. Particle pollution — also called particulate matter (PM) — is made up of visible and microscopic particles of solids or liquids that are in the air. These particles may include dust, dirt, soot, smoke, and drops of liquid. Some common sources of particle pollution are tobacco smoke, factories, cars and trucks, and construction sites. Particle pollution can affect anyone, but it aggravates people with some conditions more than others. People most likely to experience health effects caused by particle pollution include people with heart or lung diseases (asthma), older adults, babies and children. For someone with asthma, particle pollution can make symptoms worse.[10]

Tobacco use is a cause of heart disease and stroke and can increase blood pressure. Tobacco use is also the leading preventable cause of cancer in the United States. Exposure to environmental tobacco smoke (ETS), also known as secondhand smoke, is a preventable cause of significant illness and death. ETS can cause cardiovascular disease (heart disease and stroke), lung cancer, sudden infant death syndrome, more frequent and severe asthma attacks, and other serious health problems. Exposure to ETS can increase the risk of heart attack by 25-35%.[11] Policies to reduce smoking indoors reduces exposure to ETS; they can also result in both a reduction in the number of cigarettes smoked each day and an increase in the number of smokers who quit. Smoke-free policies also challenge the perception of smoking as a normal behavior. This can influence how adolescents view smoking, resulting in reduced smoking rates in youth.

Establishing and enforcing a city-wide, 100% smoke-free ordinance will establish social norms and will eliminate exposure to secondhand smoke.

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[10] "Air quality: particle pollution." (2019), https://www.cdc.gov/air/particulate_matter.html.

[11] "Secondhand smoke and smoke-free homes." (2018), https://www.epa.gov/indoor-air-quality-iaq/secondhand-smoke-and-smoke-free-homes.

Studies that evaluated the effect of smoking bans in workplaces observed an average reduction in exposure to components of ETS (e.g., nicotine vapor) of 72%. Smoking bans were more effective in reducing ETS exposures than were smoking restrictions. Smoking bans were effective in a wide variety of public and private workplaces and healthcare settings. Their effectiveness should extend to most indoor workplaces in the United States. Studies evaluating smoking bans also observed reductions in the amount smoked.[12]

In addition, according to the Clean Air Task Force, adult exposure to diesel pollution contributes to 27,000 heart attacks, 14,500 hospitalizations and 2.4 million lost work days each year. Newer diesel engines operate more cleanly than in the past, but many older diesel engines that emit far more air pollution are still on the road. Diesel emissions contain numerous pollutants, including soot, nitrogen oxides, and carbon monoxide. Diesel soot from school buses has also been associated with reduced lung function and increased incidences of pneumonia and asthma attacks in children.[13]

The following criteria are evidence-based strategies for improving indoor and outdoor air quality:

- Preventing initiation that focus on youth and young adults through local coalitions and programs including school-based youth and parent programs.

- Promoting quitting smoking among adults and youth through public awareness campaigns in tobacco use cessation and nicotine addiction treatment.

- Enact or strengthen community anti-idling policies.

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[12] "Smoke free policies improve health." (2018), https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/index.htm

[13] "Asthma in the U.S." (2011), https://www.cdc.gov/vitalsigns/asthma/

Definitions

Campaigns: Health communication and marketing campaigns that promote positive behavior change are a cornerstone of public health and behavioral science. Designing and implementing quality campaigns on a tight budget and in an urgent timeframe is a challenge that most health communication professionals share.[14]

Campaigns are interventions that involve many community sectors; include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education); and may also address other disease risk factors.

Campaign Types: Television, Radio, Billboard, Print, Social Media (ex. Twitter or Facebook), etc.

Funded Community: The entity funded by DSHS/Texas Healthy Communities Program. Partnerships with other organizations on awareness campaigns are accepted and encouraged, all campaign efforts involving the funded community will count for this assessment. *Funded Communities are required to include a disclaimer statement on all campaign materials unless instructed otherwise. Example: "Funded by the Texas Department of State Health Services" or "Made possible with funding by the Texas Department of State Health Services."

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[14] "Awareness campaigns." (2019), https://www.cdc.gov/diabetes/campaigns/index.html

Helpful Resources

DSHS Tobacco Prevention and Control Program:
https://dshs.texas.gov/tobacco/

Community Tobacco Prevention and Control Toolkit:
http://www.kdheks.gov/tobacco/download/Young_Lungs_at_Play_Toolkit_20
18.pdf

CDC Smoking and Tobacco Control:
http://www.cdc.gov/tobacco/

Vaping:
https://www.dshs.texas.gov/vaping/

https://catchinfo.org/modules/e-cigarettes/

Smoke-free car pledge programs:
https://no-smoke.org/at-risk-places/cars/

https://www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-
kidscarssmoke-2017.pdf

http://www.cinchcoalition.org/respiratory-health/

Anti-Idling policies:
https://www.cdc.gov/policy/hst/hi5/cleandiesel/

https://www.epa.gov/ports-initiative/terminal-operators-and-fleet-owners-
best-practices

https://www.epa.gov/sites/production/files/documents/CompilationofStateId
lingRegulations.pdf

https://www.tceq.texas.gov/airquality/mobilesource/vehicleidling.html

https://sustainableamerica.org/blog/new-anti-idling-toolkit-take-action-in-
your-community/

Environmental Health Questions

Question	Scoring Criteria	Possible Score
Does the largest city in your community have a smoke-free ordinance (No smoking in restaurants or worksites)?	Yes = 3pts	3pts
If the largest city has a smoke-free ordinance, does it include public outdoor spaces?	Yes = 1pt	1pt
If the largest city has a smoke-free ordinance, does it include no smoking in bars in restaurants and bars not in restaurants?	Yes = 1pts	1pts
If the largest city has a smoke-free ordinance, does it include electronic smoking devices (vaping)?	Yes = 2pts	2pts
If the largest city has a smoke-free ordinance, does it include no smoking in vehicles transporting children?	Yes = 1pt	1pt
How many incorporated areas (**not** including the largest city) in your community have smoke-free ordinances? Ordinance must include worksites and restaurants at minimum.	50% = 1pts 100% = 2pts	2pts
In the last year, how many campaign types has the funded organization used to increase awareness of the Quitline and/or nicotine cessation resources? (City proclamations will not be considered for this question).	Campaign Types: 1-2 = .5 pts 3+ = 1pt	1pt
Have these nicotine prevention and cessation promotional campaigns targeted population groups with the highest rates of tobacco use (as identified in the community profile)?	Yes = 2pts	2pts

Of all the employers in your community with a fleet larger than five vehicles, how many have an anti-idling policy in place?	1-2 = .5pt 3-5 = 1pts 6+ = 2pts	2pts
	Total Points	**15pts**

INDICATOR 5: HEALTHCARE QUALITY & ACCESS

Rationale

Healthcare quality is the extent to which health care services provided to individuals and patient populations improve desired health outcomes.[15] The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems.[16] The Texas State Census for 2010 identified approximately 2.3 million people between the ages of 65-84 years of age.[17] It is projected by 2050 that population will increase to 6.8 million. The aging population with unique needs require services and supports that not only address the need but emphasize enrichment in quality of life.

Healthcare sites include community clinics, hospitals, physician offices, group practices, rehabilitation facilities, etc. (any site where healthcare services are offered). The following criteria are evidence-based strategies for improving prevention and control of chronic disease and related risk factors that recognize healthcare sites as sources for patient education, screening, and quality care.

- Participation in nationally recognized quality improvement programs that include monitoring, assessing, and improving practices related to CVD and stroke prevention and treatment.

- Availability and use of 12 lead ECG's on ALS EMS vehicles. Emergency Centers (EC) that can receive 12 lead ECG information on incoming

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[15] "What is quality of care and why is it important?" (2019), https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/.

[16] "How can we improve patient care?" (2002), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1705904/

[17] "Texas population projections 2010 to 2050." (2019), https://demographics.texas.gov/Resources/publications/2019/20190925_PopProjectionsBrief.pdf.

patients can take immediate and appropriate action when the patient arrives at the EC.

- Prioritizing stroke at the highest level of response and maintaining rapid call to delivery times will ensure citizens receive the best care available.

- Participation in state recognized programs that provide maternity care practices in local birthing facilities with developed policies, education of staff and outlined provisions for discharge for breastfeeding mothers.

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[18] "Awareness campaigns." (2019), https://www.cdc.gov/diabetes/campaigns/index.html

Helpful Resources

American Heart Association Target: BP Program:
https://targetbp.org

Navigating the Data Platform - https://vimeo.com/403099849/7971668a55

How to Submit Data for Target: BP - https://vimeo.com/403099937/7d3e59b7a6

Upload Your Recognition Data Gaining Access - https://vimeo.com/426407511/364a5d18da

Upload Your Recognition Data Filling in the Templates - https://vimeo.com/426407544/e36cf73680

Upload Your Recognition Data Using the Platform Upload Tool - https://vimeo.com/427489118/18e27ba239

DSHS Regional EMS Field Offices:
http://www.dshs.state.tx.us/emstraumasystems/regions.shtm

http://txemsa.com/ems-in-texas/

Texas Ten-Step:
http://texastenstep.org/

Engagement Opportunities:
https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/age-well-live-well-be-connected

https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/partners-communities/community-collaboratives

https://hhs.texas.gov/services/health/food-fitness/texercise

Free/charitable clinic locator:
https://www.nafcclinics.org/find-clinic

Dental Resources:
https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm

https://dentallifeline.org/texas/

Programs of All-Inclusive Care of the Elderly (PACE):
https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace

Vision Care:
https://www.afb.org/blindness-and-low-vision/visionaware

https://www.acb.org/blind-low-vision-resources

https://www.nfb.org/programs-services

https://www.tsl.texas.gov/tbp/dirc.html

https://texas.preventblindness.org/vision-care-financial-assistance-information

https://www.cdc.gov/visionhealth/data/state-profiles/texas.htm

https://www.cdc.gov/visionhealth/programs/vision-toolkit.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvisionhealth%2Fprograms%2Fvision-eye-health-tool.html

Texas Health and Human Service's Deaf and Hard of Hearing Services:
https://hhs.texas.gov/services/disability/deaf-hard-hearing

Assisted Listening Devices:
https://hhs.texas.gov/services/disability/deaf-hard-hearing/hearing-aid-information

Healthcare Quality and Access Questions

Question	Scoring Criteria	Possible Score
How many healthcare organizations have adopted Target: BP?	1 =.5pt 2-3 =1pt 4-5 =1.5pts 6+ =2pts	2pts
How many advanced life support vehicles have 12-lead ECG capability?	100% = 1pt	1pt
Do EMS protocols specifically prioritize suspected stroke at the highest dispatch level?	Yes = 1pt	1pt
How many **birthing facilities** in your community are designated as Texas Ten Step?	50%= 1pt 100% = 2pts	2pts
Provide the number of free or low-cost services in your community for older adult oral care.	1=.5pt 2+ =1pt	1pt
Provide the number of free or low-cost services in your community for older adult vision care.	1=.5pt 2+ =1pt	1pt
Provide the number of free or low-cost services in your community for older adult hearing health needs and care.	1=.5pt 2+ =1pt	1pt

In the last year, how many campaign types has the funded organization used to increase awareness of the signs and symptoms of heart attack and the importance of calling 911?	Campaign Types: 1-2 = .5 pts 3+ = 1pt	1pt
Have these public awareness campaigns targeted population groups with the highest rates of heart attack (identified in the community profile)?	Yes = 2pts	2pts
In the last year, how many campaign types has the funded organization used to increase awareness of the signs and symptoms of stroke and the importance of calling 911?	Campaign Types: 1-2 = .5 pts 3+ = 1pt	1pt
Have these public awareness campaigns targeted population groups with the highest rates of stroke (as identified in the community profile)?	Yes = 2pts	2pts
	Total Points	**15pts**

INDICATOR 6: HEALTHY AGING

Rationale

In 2014, the Administration on Aging and the Census Bureau reported that the number of Americans age 65 and older increased 32.2% from 2000 to 46.2 million. Within that same time, Texas's older adult population increased 49.5% from nearly 2.1 million to just fewer than 3.1 million.[19] According to the Texas Demographic Center, Texas has been the number one state leading population growth for the past decade and it has the third largest population of adults aged 65 and older. This population and issue area will only continue to grow in importance over the years and local communities must be ready to meet the unique needs of this population. High-level importance should be placed on services and supports that not only address needs but emphasize enrichment in a person's quality of life.

The following strategies can be used to assist older adults in your community to age well and live well:

- Promote evidence-based programs with a focus on healthy behaviors and chronic disease management.
- Enact or strengthen policies for communities to be active places where residents of all ages, including those 50 and older, can participate fully.
- Increase awareness of opportunities for older adults to participate in community life.

Helpful Resources

Area Agencies on Aging and Aging:
https://hhs.texas.gov/services/aging/care-people-60

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[19] "Older population and aging." (2019), https://www.census.gov/topics/population/older-aging.html

Disability Resource Center:
https://hhs.texas.gov/services/aging/long-term-care/aging-and-disability-resource-center

Age-Friendly Community Action Plan and Example:
https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/how-to-create-a-community-action-plan.html

https://www.aarp.org/content/dam/aarp/livable-communities/livable-documents/documents-2018/action-plans/san-antonio-texas-action-plan-2018.pdf

Brownsville: Joined: 2014 | Population: 183,046 | Interview | "How To" | Survey

Dallas: Joined: 2014 | Population: 1.34 million | Survey

Fort Worth: Joined: 2014 | Population: 812,238 | Survey | Action Plan

AARP:
http://www.aarp.org/ppi/issues/livable-communities/

211 Texas: 2-1-1 Texas website allows users to search by region and type of service needed to connect community members with the resources they need. It can also be used to get an overview of available resources in the community.
www.211texas.org

Rural Areas:
https://nashp.org/toolkit-state-strategies-to-support-older-adults-aging-in-place-in-rural-areas/

Texas Health and Human Services' Age Well Live Well: The AWLW campaign works with communities and stakeholders to create local community collaborative that develop plans, create awareness and host programs to support healthy aging.
www.AgeWellLiveWell.org

https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/age-well-live-well-be-connected

https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/partners-communities/community-collaboratives

Physical Activity/Healthy Eating:
www.Texercise.com

Falls Prevention:
https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/2017-Evidence-Based-Falls-Programs-Infographic.pdf

https://www.ncoa.org/resources/program-summary-a-matter-of-balance/

Chronic Disease Self-Management:
https://www.cdc.gov/arthritis/marketing-support/1-2-3-approach/docs/pdf/provider_fact_sheet_cdsmp.pdf

https://www.ncoa.org/healthy-aging/chronic-disease/chronic-disease-self-management-programs/

Mature Driver Program (MDP): The MDP is a statewide, prevention program dedicated to keeping older drivers, 55 and older, safer on the road and in the car.
https://www.facebook.com/maturedriversprogram/

www.roadwiserx.com

www.car-fit.org

www.aarp.org/auto/driver-safety

https://mycardoeswhat.org

www.safecar.gov

www.aarp.org/auto/driver-safety/we-need-to-talk

www.seniordriving.aaa.com

Isolation: www.nationalacademies.org/isolationandloneliness

https://time.com/5071129/children-seniors-daycare-onegeneration/

https://thelegacyseniorcommunities.org/the-importance-of-intergenerational-activities-for-seniors-and-kids/

https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/civic/americas-best-intergenerational-communities-aarp.pdf

Boy Scouts Public Health Merit Badge

https://filestore.scouting.org/filestore/Merit_Badge_ReqandRes/Public_Health.pdf

Healthy Aging Questions

Question	Scoring Criteria	Possible Score
Does the largest city in your community have an age-friendly community action plan?	Yes w/ attachment= 5pts	5pts
Are there initiatives to identify and offer activities to older adults who may be isolated in the community?	Yes = 1pt	1pt
What percentage of public recreation centers offer activities and programs for older adults?	25% = .5 pts 50% = 1pt 75-100% = 2pts	2pts
Of the public recreation centers offering programs for older adults, is fall prevention included? Is chronic disease self-management (CDSM) included?	Fall prevention only = 1pts CDSM only = 1 pts Both = 2pts	2pts
	Total Points	**10pts**

INDICATOR 7: MENTAL HEALTH

Rationale

The Texas Statewide Behavioral Health Strategic plan estimated that about 1 million adults have a serious mental illness in Texas. Of those subset, over half of them are living with a serious and persistent mental illness that requires long-term support and treatment. Rates of substance use disorders (SUD) are similarly alarming, with an estimated 1.6 million adults living with SUD in Texas. Very often, individuals are living with a co-occurrence of a mental health disorder and a substance use disorder. [20] Researchers have found that adults with mental illness receive over half of the total opioid prescriptions in the U.S. every year.[21]

According to the Centers for Disease Control and Prevention (CDC), prescription opioid-related deaths in Texas rose from 617 in 2016 to 646 in 2017. Although the incidence rate (2.3/100,000) is lower than the national average, the current trend in overdose deaths is still increasing each year. The bulk of these deaths have occurred in those aged 25-34 years old.[22] The opioid crisis (all-inclusive) cost Texas $20 billion annually. Texarkana, Amarillo, Odessa, and Longview are Texas cities that are listed in the national top 25 cities for opioid misuse.[23]

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[20] "Texas statewide behavioral health strategic plan." (2017), https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf.

[21] "Prescription opioid use among adults with mental health disorders in the United States." (2017), The Journal of the American Board of Family Medicine July 2017, 30 (4) 407-417; DOI: https://doi.org/10.3122/jabfm.2017.04.170112

[22] "2017 drug overdose death rates." (2019), https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2017.html

[23] "Dose of reality: Prevent prescription painkiller misuse in Texas." (2019), http://doseofreality.texas.gov/

Definitions

Buprenorphine is a synthetic opioid that is FDA-approved in treatment of pain and opioid dependence. Buprenorphine has unique pharmacological properties that help lower the potential for misuse, diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings, and increase safety in cases of overdose. Buprenorphine is an opioid partial agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as heroin and methadone.

Buprenorphine's opioid effects increase with each dose until at moderate doses they level off, even with further dose increases. This "ceiling effect" lowers the risk of misuse, dependency, and side effects. Also, because of buprenorphine's long-acting agent, many patients may not have to take it every day.[24] Federal regulations by the Drug Enforcement Administration require prescribers to complete and submit a waiver to prescribe buprenorphine on an outpatient basis. Qualified prescribers include physicians, physician assistants, and nurse practitioners, all of whom are recommended to complete an approved training for best treatment practices in opioid dependence.

Positive behavior program:
§ 37.0013. (a) Each school district and open-enrollment charter school may develop and implement a program, in consultation with campus behavior coordinators employed by the district or school and representatives of a regional education service center, that provides a disciplinary alternative for a student enrolled in a grade level below grade three who engages in conduct described by Section 37.005(a) and is not subject to Section 37.005(c). The program must:

(1) Be age-appropriate and research-based;

(2) Provide models for positive behavior;

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[24] "Buprenorphine." (2019), https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine

(3) promote a positive school environment;

(4) Provide alternative disciplinary courses of action that do not rely on the use of in-school suspension, out-of-school suspension, or placement in a disciplinary alternative education program to manage student behavior; and

(5) Provide behavior management strategies, including:

(A) Positive behavioral intervention and support;

(B) Trauma-informed practices;

(C) Social and emotional learning; Texas Compilation of School Discipline Laws and Regulations Page 89

(D) A referral for services, as necessary; and

(E) Restorative practices.

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Campaigns are interventions that involve many community sectors; include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education); and may also address other disease risk factors.

Campaign Types: Television, Radio, Billboard, Print, Social Media (ex. Twitter or Facebook), etc.

Funded Community: The entity funded by DSHS/Texas Healthy Communities Program. Partnerships with other organizations on awareness campaigns are accepted and encouraged, all campaign efforts involving the funded community will count for this assessment. *Funded Communities are required to include a

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[25] "Awareness campaigns." (2019), https://www.cdc.gov/diabetes/campaigns/index.html

disclaimer statement on all campaign materials unless instructed otherwise. Example: "Funded by the Texas Department of State Health Services" or "Made possible with funding by the Texas Department of State Health Services."

Helpful Resources

Buprenorphine Waiver Training:

https://www.getwaiveredtx.com/

https://www.asam.org/education/live-online-cme/waiver-training

https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver

Practitioners with Buprenorphine Waiver:

https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator

Naloxone Resources:

https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio

Positive Behavior Program Information:

https://safesupportivelearning.ed.gov/sites/default/files/discipline-compendium/Texas%20School%20Discipline%20Laws%20and%20Regulations.pdf

Mental Health First Aid:

https://www.mentalhealthfirstaid.org

https://www.mentalhealthfirstaid.org/population-focused-modules/public-safety/

https://www.mentalhealthfirstaid.org/population-focused-modules/schools/

https://www.mentalhealthfirstaid.org/population-focused-modules/

Suicide Prevention:

https://suicidepreventionlifeline.org/

https://www.ruralhealthinfo.org/toolkits/suicide?utm_source=racupdate&utm_medium=email&utm_campaign=update091819

https://www.mentalhealth.va.gov/suicide_prevention/docs/Toolkit_Safe_Firearm_Storage_CLEARED_508_2-24-20.pdf

Opioid Abuse Prevention:

https://www.texasattorneygeneral.gov/initiatives/opioid-crisis

Mental Health Questions

Question	Scoring Criteria	Possible Score
How many physicians in your community have had Buprenorphine Waiver training?	1-2 = 1pt 3-4 = 2pts 5+ = 3pts	3pts
In the last year, how many campaign types has the funded organization used to increase awareness of opioid abuse/overdose prevention and/or naloxone?	Campaign Types: 1-2 = 1pt 3+ = 2pts	2pts
In the last year, how many campaign types has the funded organization used to prevent suicide and/or promote the suicide prevention lifeline?	Campaign Types: 1-2 = 1pt 3+ = 2pts	2pts
How many school districts in your community have a positive behavior program in place that provides a disciplinary alternative for a student enrolled in a grade level below grade three?	>0 = 1pt	1pt
How many law enforcement agencies (excluding DPS) in your community have provided The National Council for Behavioral Health's Mental Health First Aid for Public Safety training for staff?	>0 = 2pts	2pts
How many school districts in your community have provided the National Council for Behavioral Health's Mental Health First Aid in Schools training for staff and/or parents?	>0 = 2pts	2pts
	Total Points	**12pts**

INDICATOR 8: EMERGENCY PREPAREDNESS

Rationale

Since emergencies will occur, preplanning is necessary. An urgent need for rapid decisions, shortage of time, and lack of resources and trained personnel can lead to chaos during an emergency. Time and circumstances in an emergency mean normal channels of authority and communication cannot be relied upon to function routinely. The stress of the situation can lead to poor judgment resulting in severe losses. In addition, people with chronic conditions can face special health challenges during emergencies and disasters.

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[26] "Awareness campaigns." (2019), https://www.cdc.gov/diabetes/campaigns/index.html

Helpful Resources

Chronic Conditions and Emergency Preparedness:
https://www.cdc.gov/chronicdisease/resources/infographic/emergency.htm

https://www.redcross.org/content/dam/redcross/training-services/scientific-advisory-council/253901-03%20BRCR-Older%20Adults%20Whitepaper%20FINAL%201.23.2020.pdf?deliveryName=DM22183_USCDC_944

Disaster planning:
https://txready.org/

https://gov.texas.gov/organization/disabilities/emergency_management

Emergency Response Action Plan:
https://www.ready.gov/business/implementation/emergency

https://dallascityhall.com/departments/officeemergencymanagement/DCH%20Documents/DERT%20Newsletters/DERT%20Resource%20Manual%20Revised%20MS%20(4)%20030116.pdf

Texas Department of Public Safety Regions:
https://www.emat-tx.org/page-1075358

Stop the Bleed:
https://www.dhs.gov/stopthebleed

https://www.bleedingcontrol.org/

https://www.ktsm.com/news/education/texas-schools-are-learning-how-to-stop-the-bleed/

Active Shooter Training:
https://www.ready.gov/active-shooter

http://www.avoiddenydefend.org/

https://www.readyrating.org/Resource-Center/Active-Shooter/acat/1/tag/active-shooter-training

Emergency Preparedness Questions

Question	Scoring Criteria	Possible Score
Does the largest city in your community have an emergency response action plan?	Yes w/ attachment= 3pts	3pts
If the largest city in your community has an emergency response plan, does it include steps for chronic disease management?	Yes = 1pt	1pt
If the largest city in your community has an emergency response plan, does it include steps for older adults?	Yes = 1pt	1pt
In the last year, how many campaign types has the funded organization used to increase awareness of preparedness steps for people living with chronic diseases, such as asthma, diabetes, cancer, etc.?	Campaign Types: 1-2 = 1pt 3+ = 2pts	2pts
In the last year, how many campaign types has the funded organization used to increase awareness of mosquito-borne disease?	Campaign Types: 1-2 = 1pt 3+ = 2pts	2pts
In the last year, how many campaign types has the funded organization used to increase awareness of flu prevention resources?	Campaign Types: 1-2 = 1pt 3+ = 2pts	2pts

In the last year, how many campaign types has the funded organization used to increase awareness of "Stop the Bleed" courses?	Campaign Types: 1-2 = 1 pts 3+ = 2pts	2pts
Of the five largest employers in your community, how many require active-shooter response training?	1 = 0pt 2-3 = 1pt 4-5 = 2pts	2pts
	Total Points	**15pts**