



**2019**  
**Williamson County**  
Community Health Assessment

Community  
Assessment for Public  
Health Emergency  
Response (CASPER)

Williamson County and Cities  
Health District

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Williamson County and Cities Health District

# 1 ACKNOWLEDGEMENTS

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### 3 BACKGROUND

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According to the Centers for Disease Control and Prevention (CDC), a Community Health Assessment (CHA) “identifies key health needs and issues through systematic, comprehensive data collection and analysis.” The CHA provides a foundation of data to be used for evidence-based goal-setting and decision-making for communities, prioritizes health problems, and assists in the development and implementation of the Community Health Improvement Plan (CHIP). Guided by National Association of County and City Health Officials’ (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework, Williamson County and Cities Health District (WCCHD), a task force of community organizations, and three hospital systems collaborate to develop a Williamson County CHA every three years. The previous assessment was developed in 2015 and published May of 2016. WCCHD began the process of collecting and synthesizing data for the 2019 Williamson County CHA in spring 2018. Findings from the 2019 Williamson County CHA will inform future community health improvement planning and guide the work of organizations and stakeholders in their efforts to create healthier communities and systems of care.

The 2019 Williamson County CHA integrates multiple data collection methods to provide a diversified and thorough approach, ensuring validity and representativeness of published results. Data collection methods include:

1. Community Health Survey,
2. Coalition Facilitated Activities,
3. Community Focus Groups,
4. Stakeholder Focus Groups,
5. Key Informant Interviews, and
6. Community Assessment for Public Health Emergency Response (CASPER).

A county-wide Community Health Survey kicked off the first phase of data collection in May of 2018. The purpose of the electronic and paper survey was to understand resident perspectives on health and health-related needs. Residents identified health issues such as obesity, behavioral health, and chronic disease as important health issues of concern. WCCHD conducted facilitated activities at each community meeting to gain feedback from community coalitions and stakeholders from April to June 2018. Additionally, from July to September of 2018, the CHA Task Force conducted multiple community focus groups, which consisted of eight to ten individuals each, to capture lived experiences and voices among residents. When deciding where to hold focus groups, the CHA Task Force identified populations that were either underrepresented or at risk for worse health outcomes. Both stakeholders and community residents identified awareness of community resources, access to healthcare and transportation, affordable housing, and meeting basic household needs as main topics of concern.

To augment these data collection methods, WCCHD and the CHA Task Force decided to conduct a Community Assessment for Public Health Emergency Response (CASPER) on October 12-13, 2018 to obtain household-level data about the health status, behaviors, and needs of Williamson County residents. A CASPER is an epidemiological technique designed to provide quick, reliable and accurate household-based information about community needs (Centers for Disease Control and Prevention (CDC), 2012). The CASPER supplements other CHA data collection methods by providing additional, household-level data regarding key issues in the county. This information helps identify root causes of challenges (e.g., access and barriers to healthcare, transportation, community resources, and services) faced by Williamson County residents. WCCHD initially scheduled the CASPER for September 14-15, 2018; however, due to potential bad weather conditions, the CASPER was postponed to October 12-13, 2018.

The main goal of the CASPER was to gather public health information at the household level, to prioritize health problems, and assist in the development of the 2019 CHA in Williamson County. The CASPER consisted of four objectives:

1. To assess awareness of resources and services in Williamson County;
2. To explore health behaviors regarding obesity, mental health, and chronic disease in Williamson County;
3. To evaluate access and barriers to healthcare, transportation, and community resources in Williamson County; and
4. To describe the types of medical needs and equipment used in Williamson County.

## 4 APPROVAL

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WCCHD did not pursue Institutional Review Board (IRB) approval for the CASPER. According to the U.S. Department of Health & Human Services' Office for Human Research Protections, the CASPER is considered "Not Research." The CASPER was not designed for the purpose of developing generalizable knowledge, but to develop public health knowledge that is specific to the Williamson County community, for the purpose of informing local policy and response efforts (U.S. Department of Health and Human Services, 2016).

## 5 METHODS

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According to the CDC's CASPER Toolkit, the CASPER uses "a two-stage cluster sampling design in which 30 clusters are selected and then 7 interviews are completed in each of the 30 clusters" (Centers for Disease Control and Prevention (CDC), 2012). The goal for the CASPER is to complete 210 interviews within the sampling frame and the data collected is used to generate estimates. WCCHD chose the boundaries of Williamson County as the sampling frame. Next, thirty clusters or census blocks are selected within the frame based on the estimated number of housing units in each cluster. The higher the number of housing units in the cluster, the greater

the probability the cluster has of being chosen. In the second stage, seven households in each of the 30 clusters are randomly selected using a systematic random sampling method. Responses from the sampled households are weighted to produce generalizable estimates to the assessment area. Detailed information about methods can be found in CDC's CASPER Toolkit.

## 5.1 FIRST STAGE: GENERATING CLUSTERS

WCCHD partnered with Austin Public Health to identify the thirty clusters through the ArcGIS CASPER Solution. The ArcGIS CASPER Solution organizes the CASPER steps into a set of wizard-driven tasks. The software first selected thirty clusters: 28 clusters were identified once and one cluster was identified twice (Appendix B: Cluster CASPER Map). The geo-enrich option was selected to use 2017 Total Housing Units instead of 2010 Census Total Housing Units. Clusters were chosen with a  $N^{\text{th}}$  housing unit between 1 and 120.

## 5.2 SECOND STAGE: ON THE FIELD

WCCHD partnered with Williamson County GIS to identify a house in each cluster as a random start for the survey. This house was identified by generating a random point using ArcGIS and identifying the closest housing unit to that random point.

Interview teams consisted of participants from WCCHD, Austin Public Health, Texas State University, Texas A&M University, and Williamson County Medical Reserve Corps. Interview teams participated in a morning orientation about CASPER sampling and methodology, interview techniques, CASPER logistics, and safety at the command post. Interview teams were instructed to go to every  $N^{\text{th}}$  housing unit to systematically select the seven housing units to interview. The  $N^{\text{th}}$  housing unit is the total number of housing units in the cluster divided by seven (the number of needed surveys). For example, if a cluster contained 28 housing units, teams would survey every 4<sup>th</sup> housing unit.

Interview teams were directed to follow the roadway left through the cluster, noting the roadway and cluster boundary. When facing the front of the house, the next house would be on the left-hand side of the original house. Teams were instructed to make three attempts at each selected household before selecting another replacement (i.e., moving on to another unit). Due to field limitations, clusters with a " $N^{\text{th}}$ " housing unit larger than 20 were given a new " $N^{\text{th}}$ " by dividing the original " $N^{\text{th}}$ " housing unit by seven again. For example, if a cluster had an original " $N^{\text{th}}$ " housing unit of 120, the new " $N^{\text{th}}$ " housing unit would be 120 divided by 7 or 17.

Interview teams headed to interview single-family homes and mobile homes first prior to proceeding to apartment buildings. For apartment buildings, interview teams were asked to drive to the first building to the left of the apartment entrance after entering the complex and to go to every " $N^{\text{th}}$ " building to systematically select the 7 housing units to interview. The " $N^{\text{th}}$ " building is the total number of buildings in the apartment complex divided by seven (surveys).

For example, at an apartment complex with 21 buildings, teams would survey every 3<sup>rd</sup> building. At every “N<sup>th</sup>” building, the number of apartment units would first be estimated by counting the apartments on the first floor and multiplying by the number of floors. Teams then used a number generator (Random.org) to randomly select a number between one and the estimated number of apartments. Interview teams would count the units clockwise until the team got to their desired unit. Step-by-step sampling methodology is Appendix K: Sampling Instructions.

### 5.3 LIMITATIONS

WCCHD staff approached management in all apartment complexes prior to the CASPER (Appendix H: Letter to Apartment Manager). Certain apartment managers denied access to their complexes. Condominiums and apartment complexes with either security gates or locked front entrances were deemed inaccessible. Households that were not safe, had no trespassing or soliciting signs, purple posts, or beware of dog signs were deemed inaccessible.

### 5.4 QUESTIONNAIRE

WCCHD developed English and Spanish versions of a paper questionnaire consisting of 28 questions, respectively (Appendix E: English Questionnaire and Appendix F: Spanish Questionnaire). The questionnaire was based on themes identified through previous data collection methods such as access to healthcare and transportation, awareness of services and resources, healthy eating and physical activity, and chronic diseases. Williamson County GIS developed the Survey123 electronic survey. Interview teams were asked to survey households using paper and Survey123 electronic data collection concurrently.

## 6 DATA ENTRY AND ANALYSIS

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### 6.1 DATA ENTRY

Teams were asked to use their own cell phones or provided tablets to administer Survey123. Teams that went out to the furthest clusters from the command post were given mobile WiFi hotspots. Teams encountered limitations related to the tablets provided. Some of the tablets ran out of battery power, and some tablets were not equipped with internet. Interview teams either submitted offline surveys after returning to the command post or re-entered paper surveys into Survey123. Interview teams entered 174 out of the 182 completed surveys (95.6%) into Survey123, and most interviewers ultimately used cell phones to enter this data.

To compare accuracy of paper and electronic data collection, WCCHD staff re-entered 182 paper surveys into Survey123. The paper survey was considered the master copy. However, if a paper survey had a blank field, WCCHD would refer to the electronic survey for that question. The re-entered paper surveys were then validated against the field-entered electronic surveys.

Through this quality assurance (QA) process, WCCHD identified 250 data entry errors by field teams out of 7,491 data entry fields in the 174 completed surveys, an error rate of 3.3%. Interviewer initials and survey number fields were not included as data entry fields.

## 6.2 DATA ANALYSIS

After the QA process, Williamson County GIS imported the weighted spreadsheet into the ArcGIS CASPER Solution to run quick reports of the data. WCCHD used EpiInfo to conduct a weighted cluster analysis. WCCHD weighted data based on the total number of housing units in the sampling frame, the number of housing units interviewed in each cluster, and the number of clusters selected. The estimated percent and projected number of households with a particular response in the assessment area were reported for each question. WCCHD calculated the unweighted and weighted frequencies, unweighted and weighted percentages, projected number of households, and the 95% confidence intervals of the weighted percentages.

# 7 RESULTS

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The thirteen CASPER field teams conducted 182 interviews, generating a completion rate of 86.7% (Appendix A: Data Tables 1). Of the 345 cooperating households with an eligible and consenting respondent, 52.8% of the interviews were completed. Of the 837 randomly-selected households in Williamson County, 21.7% were contacted.

## 7.1 HOUSEHOLD CHARACTERISTICS

Of households interviewed, 83.0% of households were single family homes, 15.4% were multiple unit homes such as duplexes, apartments, and 1.6% were mobile homes (Table 2). Of respondents, 67.6% identified as White/Caucasian, 10.4% as Asian/Asian American, 9.3% as other race, 4.9% as multiple races, 3.8% as African American/Black, and 1.1% as Native American/Alaska Native (Table 3). One out of five respondents (20.9%) identified as Hispanic/Latino. The percentage of households with an adult that does not speak English was 4.9% (95% CI: 4.9-5.1), with 77.8% (95% CI: 80.2-81.7) of those households citing Spanish as their primary language spoken (Table 4).

Survey respondents tended to be less White/Caucasian (67.6%), less Black/African American (3.8%), and more Asian/Asian American (10.4%) compared to the general Williamson County population (White: 74.7%, Black: 6.6%, and Asian: 6.9%). Percentage of survey respondents that identified as not Hispanic/Latino (76.9%) was mostly representative of the non-Hispanic/Latino population in the county (75.4%). Percentage of survey respondents that identified as Hispanic/Latino (20.9%) was slightly lower than in the county (24.6%).

<b>Race/ethnicity of survey respondents compared to population, 2018 Williamson County CASPER</b>		
	<b>Percent of survey respondents</b>	<b>Percent of Williamson County population</b>
<b>Race</b>		
White/Caucasian	67.6%	74.7%
Asian/Asian American	10.4%	6.9%
Other	9.3%	7.4%
Multiple races	4.9%	3.7%
African American/Black	3.8%	6.6%
Native American/Alaska Native	1.1%	0.7%
Native Hawaiian/Pacific Islander	--	0.1%
Don't Know	1.1%	--
Refused	1.6%	1.6%
<b>Ethnicity</b>		
Not Hispanic / Latino	76.9%	75.4%
Hispanic / Latino	20.9%	24.6%
Don't Know	0.5%	--
Refused	1.6%	--
<i>Population Data Source: Healthy Communities Institute, 2018</i>		

## 7.2 HOUSEHOLD AWARENESS OF SERVICES AND RESOURCES

Prior to the CASPER, 65.5% of households were not aware of Williamson County and Cities Health District (Table 5). Almost one-quarter (23.1%) of households reported that they had received services from a local organization in the past three months. Households received the most assistance from Lonestar Circle of Care (11.8%), followed by the emergency room (9.9%), and food pantry (6.1%) (Table 6).

## 7.3 HOUSEHOLD BASIC NEEDS

Almost seventeen percent (16.9%) of households indicated they have worried or stressed about meeting basic needs in the past three months (Table 7). Households reported having problems meeting needs such as groceries/meals (73.7%), followed by healthcare (43.4%), clothing (41.6%), and insurance (39.5%) (Table 8).

## 7.4 HOUSEHOLD ACCESS TO TRANSPORTATION

An estimated 3.9% of households had problem(s) getting transportation in the past six months (Table 9). The main barriers to transportation access were “don’t know how to use the bus system” (36.7%), “not having a car” (36.7%), and “no bus in my area” (26.5%) (Table 10).

## 7.5 HOUSEHOLD ACCESS TO HEALTHCARE

Regarding healthcare access, 6.2% of households had problem(s) getting healthcare in the past six months (Table 11). Of those households, most reported dental care (68.2%) and primary care (52.9%) as services they have problems getting (Table 12). Additionally, over half of households reported that their share of the cost (deductible/co-pay) was too high (60.5%), followed by not having health insurance (52.9%), and having insurance that didn't cover what they needed (30.6%) (Table 13).

About 1 in 6 (15.6%) households reported that a member of their household has sought help for mental, emotional, or behavioral health in the past six months (Table 14). Of those households, most reported that they sought help from a mental health practitioner (67.8%), followed by a primary care physician (46.2%), and the emergency room (33.3%) (Table 15).

## 7.6 HOUSEHOLD PHYSICAL ACTIVITY

Almost thirty-two (31.7%) percent of households reported that they performed physical activity 4-6 days per week during the past week, followed by 1-3 days per week (30.6%), 0 days per week (18.6%), and 7 days per week (16.7%) (Table 16). In addition, households reported that they are most physically active at gyms/fitness centers (29.9%), parks/trails (18.8%), and at home (18.6%) (Table 17). Approximately 19% of households reported having barriers or challenges that prevent physical activity (Table 18). Of those households, over half (55%) reported that injury/illness/disability prevents them from being physically active, and almost a third (30%) reported that lack of time prevents them from being physically active (Table 19).

## 7.7 HOUSEHOLD HEALTHY EATING

A large majority of households (86.2%) purchase their groceries at retail grocery stores, such as HEB and Whole Foods (Table 20). The most common reason that households choose to purchase groceries at their place of choice was convenient location (51.3%), followed by low cost prices (13.9%), and the place serving as a "one-stop shop" (11.3%) where they can also purchase non-food items (Table 21).

Almost 1 in 10 (9.7%) households reported having barriers that prevent them from eating healthy (Table 22). Of those households, most reported that eating healthy is "too expensive" (59.8%), followed by having "lack of interest" (24.2%), and "lack of time" (19.7%) (Table 23).

## 7.8 HOUSEHOLD TOBACCO USE

Over 1 in 5 (21.6%) households reported that a member of their household uses tobacco products, which may include vaping and e-cigarettes (Table 24).

## 7.9 HOUSEHOLD SLEEP SATISFACTION

Most respondents (85.1%) reported some level of satisfaction (moderately satisfied, satisfied, or very satisfied) with their household's current sleep pattern, with 40.4% reporting they are "satisfied" (Table 25). However, 14.9% of households reported some level of dissatisfaction (dissatisfied or very dissatisfied) with their household's current sleep pattern, with 8.2% reporting they are "dissatisfied."

## 7.10 HOUSEHOLD MEDICAL DIAGNOSES

Households reported on chronic disease diagnoses made by a doctor, nurse, or healthcare professional. Diagnoses include: hypertension / heart disease (29.1%), asthma / COPD / emphysema (21.1%), immunosuppression (arthritis) (19.7%), cancer (17.4%), diabetes (14.4%), psychosocial/mental illness (9.3%), stroke (6.2%), and dementia/Alzheimer's (0.5%) (Table 26).

## 7.11 HOUSEHOLD MEDICAL NEEDS

Most households (58.8%) reported taking daily medication (other than birth control or vitamin) (Table 27). Approximately 10% use a wheelchair/cane/walker, 5.6% receive other special care, 3.2% receive home healthcare, and 0.5% rely on oxygen supply.

## 7.12 HOUSEHOLD QUALITY OF LIFE SATISFACTION

Over half of respondents (54.4%) reported they are "very satisfied" with their household's quality of life in Williamson County (Table 28). Almost thirty-seven percent (36.7%) reported they are "satisfied" and 6.0% reported they are "moderately satisfied". Only 2.4% of respondents reported some level of dissatisfaction (dissatisfied or very dissatisfied) with their household's quality of life in Williamson County.

# 8 DISCUSSION AND RECOMMENDATIONS

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Based on key findings from the CASPER, the report proposes the following recommendations for WCCHD, stakeholders, and key decision makers in Williamson County:

**1. Increase community awareness of WCCHD through social media, outreach and marketing, and engagement in community initiatives through the WilCo Wellness Alliance.**



Since many households have never heard of Williamson County and Cities Health District, increased community outreach and engagement is strongly recommended. This is especially important to provide preventative healthcare (e.g. vaccinations, sexually transmitted infection (STI) testing, disease screening) to households who struggle with healthcare affordability and/or not having health insurance. Through the WilCo

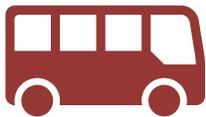
Wellness Alliance, WCCHD should continue to partner and collaborate with organizations that provide direct services to community residents.

**2. Fund organizations that provide services and resources for individuals that cannot afford basic needs, primarily groceries and meals, healthcare (especially, dental and vision care), clothing, and health insurance.**

The CDC defines poverty as “a person or group of people who lack human needs because they cannot afford them.” Struggling to meet basic needs is an indication of poverty, which adversely affects health. People experiencing poverty are more vulnerable due to greater exposure to risks and decreased access to health services (World Health Organization, n.d.). One in six (17%) households in Williamson County reported feeling worried and stressed about affording basic needs, primarily groceries and meals, as well as healthcare, clothing, and insurance. Stakeholders and community organizations should provide additional basic needs assistance to those experiencing poverty. Additionally, households reported dental care and primary care as services that are the most challenging to access. Barriers to healthcare access include expensive co-pay/deductibles, having no health insurance, and not having full coverage insurance. These barriers should be addressed when reforming health insurance, creating a system of healthcare that is affordable, reliable, and comprehensive.

**1 out of 6 households**  
*felt worried or stressed about affording basic needs*

**3. Explore transportation alternatives (e.g., providing rideshare vouchers to and from services) and improve public transportation options (e.g., increasing the number of bus routes in rural areas, and providing more instruction navigating the bus system).**



Only about 4% of households had problems getting transportation in the past six months in the county; however, access to (public) transportation has been a major concern for both community residents and stakeholders. Having a reliable and accessible means of transportation plays a significant role in accessing healthcare, obtaining basic needs such as buying fresh groceries and healthy meals, and receiving community resources and services. Transportation barriers to healthcare access may cause delayed care, delayed medication use, and missed appointments (Syed, Gerber, & Sharp, 2013).

**4. Focus programs and pass policies that address chronic disease risk factors such as increasing healthy food and physical activity access, improving mental health and wellness, and reducing tobacco use.**

According to the World Health Organization, sedentary lifestyle, unhealthy diet, poor sleep, and tobacco use increase the risk of developing chronic diseases (World Health Organization, n.d.). Nearly 20% of households do not partake in any physical activity, with over half reporting

injury/illness/disability as a barrier and a third reporting lack of time as a barrier. Programs and services should address these barriers by developing and executing interventions that aim to increase physical activity among populations who are sedentary, disabled, or have special needs.

In addition, almost 60% of households with healthy eating barriers reported that healthy eating is too expensive. Food pantries should partner with existing community organizations to distribute food at their locations through mobile distributions and transport food to serve rural areas with limited access to healthy food options. Policy makers should focus attention on food deserts that still exist in Williamson County. Moreover, community organizations and stakeholders should promote Aunt Bertha, also known as Williamson County Community Resources (<http://www.wilco.org/CommunityResources>), the county's platform for connecting its partners and neighbors in need with health care, mental health services, housing, food, and other community resources.

Improving sleep among the 15% of households that reported dissatisfaction with their sleep pattern is also an important action to reduce the risk of poor health outcomes. Additional assessment of sleep patterns is needed to identify specific barriers and develop solutions.

**1 out of 5  
households**  
*use tobacco products  
(including e-cigarettes)*

Lastly, almost 22% of households reported using tobacco, indicating a need for tobacco-cessation activities, such as smoke-free policies and funded tobacco cessation programs. This percentage is higher than the reported 13% of adults who are current smokers in Williamson County (Behavioral Risk Factor Surveillance System, 2016). No city in Williamson County has passed a comprehensive smoke-free ordinance. No in-person coordinated cessation program currently exists in the county.

**5. Improve coordinated system of care for those with multiple chronic diseases and/or mental illness.**

The most commonly reported chronic diseases were hypertension/heart disease, asthma/COPD/emphysema, and immunosuppression (arthritis). Some respondents reported that their household was diagnosed with one more than one of these diseases, indicating that a comprehensive healthcare approach should be taken for individuals with co-morbidities. About 3 in 10 households reported more than one of these diseases (33.8%). Since 1 in 10 households have a member diagnosed with a psychosocial/mental illness, and 16% of households have recently sought help for mental, emotional, or behavioral health, steps should be taken to connect this population to affordable and accessible services. While most households reported seeking help from a mental health practitioner or primary care physician, more than a third reported getting mental health assistance in the emergency room, which involves higher costs and delays long-term care.

**1 out of 10  
households**  
*have a member diagnosed  
with psychosocial / mental  
illness*

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# 10 APPENDICES

## 10.1 APPENDIX A: DATA TABLES

**Table 1: Questionnaire response rate, 2018 Williamson County CASPER**

Questionnaire Response	Rate	Percent
Completion <sup>1</sup>	182/210	86.7%
Cooperation <sup>2</sup>	182/345	52.8%
Contact <sup>3</sup>	182/837	21.7%

Notes: <sup>1</sup> Percent of questionnaires completed in relation to goal of 210  
<sup>2</sup> Percent of questionnaires completed in relation to all households where contact was made  
<sup>3</sup> Percent of questionnaires completed in relation to all households where contact was attempted

**Table 2: Household structure, 2018 Williamson County CASPER**

Housing Structure Type	Frequency (n=182)	Percent
Single family home	151	83.0%
Multiple unit (duplex, apartment, etc.)	28	15.4%
Mobile home	3	1.6%

**Table 3: Race/ethnicity of survey respondents, 2018 Williamson County CASPER**

Race	Frequency (n=182)	Percent of survey respondents
White/Caucasian	123	67.6%
Asian/Asian American	19	10.4%
Other	17	9.3%
Multiple races	9	4.9%
African American/Black	7	3.8%
Native American/Alaska Native	2	1.1%
Don't Know	2	1.1%
Refused	3	1.6%
<b>Ethnicity</b>		
Not Hispanic / Latino	140	76.9%
Hispanic / Latino	38	20.9%
Don't Know	1	0.5%
Refused	3	1.6%

**Table 4: Language spoken other than English, 2018 Williamson County CASPER**

Any adult in household that does not speak English?	Unweighted		Weighted	
	Frequency (n=182)	Percent	Projected number of households	Percent (95% CI)
<b>No</b>	173	95.10%	189,218	95.0% (94.9 - 95.1)
<b>Yes</b>	9	4.90%	9,959	5.0% (4.9 - 5.1)
Spanish	7	77.8%	8,062	81.0% (80.2 - 81.7)
American Sign Language	1	11.1%	948	9.5% (9.0 - 10.1)
Don't Know	1	11.1%	948	9.5% (9.0 - 10.1)

**Table 5: Household awareness of WCCHD, 2018 Williamson County CASPER**

<i>Ever heard of WCCHD?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent	Projected number of households	Percent (95% CI)
No	121	66.5%	130,097	65.3% (65.1 - 65.5)
Yes	57	31.3%	64,574	32.4% (32.2 - 32.6)
Don't Know	4	2.2%	4,505	2.3% (2.2 - 2.3)

**Table 6: Self-reported household use of services, 2018 Williamson County CASPER**

<i>In the past 3 months, have you/household received services from?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Never Received Services	138	75.8%	148,229	74.4% (74.2-74.6)
Received Services	39	21.4%	46,048	23.1% (22.9-23.3)
Lone Star Circle of Care	18	9.9%	23,474	11.8% (11.7-11.9)
Emergency Room	14	7.7%	19,728	9.9% (9.8-10)
Food Pantry	6	3.3%	12,093	6.1% (6.0-6.2)
Bluebonnet Trails Community Services	5	2.7%	5,058	2.5% (2.5-2.6)
School-based Programs	5	2.7%	4,742	2.4% (2.3-2.5)
Financial Assistance Programs	2	1.1%	2,608	1.3% (1.3-1.4)
Other	3	1.6%	3,003	1.5% (1.5-1.6)
Utility Assistance Programs	2	1.1%	1,897	1.0% (0.9-1.0)
WCCHD	1	0.5%	948	0.5 (0.5-0.5)
Don't Know	4	2.2%	3,952	2.0% (1.9-2.1)
Refused	1	0.5%	948	0.5 (0.5-0.5)

*Notes: Nine respondents that received services selected more than one response*

**Table 7: Self-reported household basic needs that cause worry/stress, 2018 Williamson County CASPER**

<i>In the past 3 months, have you/household worried or stressed about meeting basic needs?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent	Projected number of households	Percent (95% CI)
No	153	84.1%	164,574	82.6% (82.5 - 82.8)
Yes	28	15.4%	33,655	16.9% (16.7 - 17.0)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)

**Table 8: Self-reported household basic needs that cause worry/stress, 2018 Williamson County CASPER**

<i>What basic needs do you/household worry/stress about?</i>	Unweighted		Weighted	
	Frequency (n=28)	Percent of households	Projected number of households	Percent (95% CI)
Groceries/meals	19	67.9%	24,802	73.7% (73.2 - 74.2)
Utilities	10	35.7%	10,196	30.3% (29.8 - 30.8)
Healthcare	9	32.1%	14,606	43.4% (42.9 - 43.9)
Insurance	8	28.6%	13,278	39.5% (38.9 - 40.0)
Clothing	8	28.6%	13,990	41.6% (41.0 - 42.1)
Prescriptions	6	21.4%	5,849	17.4% (17.0 - 17.8)
Transportation	4	14.3%	9,485	28.2% (27.7 - 28.7)
Childcare	4	14.3%	3,952	11.7% (11.4 - 12.1)
Rent/mortgage	2	7.1%	2,055	6.1% (5.9 - 6.4)
Don't Know	1	3.6%	948	2.8% (2.7 - 3.0)

*Notes: Twenty-two respondents selected more than one response*

**Table 9: Self-reported household access to transportation, 2018 Williamson County CASPER**

<i>Did you/household have problem(s) getting transportation in the past six months?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent	Projected number of households	Percent (95% CI)
No	174	95.6%	191,431	96.1% (96.0 - 96.2)
Yes	8	4.4%	7,746	3.9% (3.8 - 4.0)

**Table 10: Self-reported household transportation barriers, 2018 Williamson County CASPER**

<i>What problem(s) did you/household have getting transportation?</i>	Unweighted		Weighted	
	Frequency (n=8)	Percent of households	Projected number of households	Percent (95% CI)
Don't know how to use bus	3	37.5%	2,845	36.7% (35.7 - 37.8)
No car	3	37.5%	2,845	36.7% (35.7 - 37.8)
No bus in my area	2	25.0%	2,055	26.5% (25.6 - 27.5)
Have to share car	2	25.0%	1,897	24.5% (23.6 - 25.5)
Gas prices	2	25.0%	1,897	24.5% (23.6 - 25.5)
Unsafe roads	1	12.5%	948	12.2% (11.5 - 13.0)
Other	1	12.5%	948	12.2% (11.5 - 13.0)

Notes: Three respondents selected more than one response

**Table 11: Self-reported household access to healthcare services, 2018 Williamson County CASPER**

<i>Did you/household have problem(s) accessing healthcare services in the past six months?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
No	169	92.9%	185,819	93.8% (93.2 - 93.4)
Yes	12	6.6%	12,409	6.2% (6.1 - 6.3)
Don't Know	1	0.5%	948	0.5% (0.5 - 0.5)

**Table 12: Self-reported problematic healthcare services, 2018 Williamson County CASPER**

<i>What services did you/household have problem(s) getting?</i>	Unweighted		Weighted	
	Frequency (n=12)	Percent of households	Projected number of households	Percent (95% CI)
Dental	8	67%	8,457	68.2% (67.3 - 69.0)
Primary	6	50%	6,560	52.9% (52.0 - 53.7)
Mental	2	17%	2,055	16.6% (15.9 - 17.2)
Vision	2	17%	2,055	16.6% (15.9 - 17.2)
Specialty	2	17%	2,055	16.6% (15.9 - 17.2)
Cancer	2	17%	1,897	15.3% (14.7-15.9)
Refused	1	8%	1,107	8.9% (8.4 - 9.4)

Notes: Eight respondents selected more than one response

**Table 13: Self-reported household barriers to accessing healthcare services, 2018 Williamson County CASPER**

<i>What problem(s) prevented you/household from accessing healthcare services?</i>	Unweighted		Weighted	
	Frequency (n=12)	Percent of households	Projected number of households	Percent (95% CI)
My/our share of cost (deductible/co-pay) was too high	7	87.5%	7,509	60.5% (59.7 - 61.4)
No health insurance	6	75.0%	6,560	52.9% (52.0 - 53.7)
Insurance didn't cover what I/we needed	4	50.0%	3,794	30.6% (29.8 - 31.4)
Didn't know where to go	1	12.5%	1,660	13.4% (12.8 - 14.0)
Would not take my/our insurance or Medicaid	1	12.5%	948	7.6% (7.2 - 8.1)
Refused	1	12.5%	1,107	8.9% (8.4 - 9.4)

*Notes: Six respondents selected more than one response*

**Table 14: Self-reported help for mental, emotional, or behavioral health, 2018 Williamson County CASPER**

<i>Have you/household ever sought help for mental health in the past six months?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
No	157	86.3%	168,052	84.4% (84.2 - 84.5)
Yes	25	13.7%	31,125	15.6% (15.5 - 15.8)

**Table 15: Self-reported household service/assistance for mental, emotional, or behavioral health, 2018 Williamson County CASPER**

<i>Where did your you/household seek help from?</i>	Unweighted		Weighted	
	Frequency (n=25)	Percent of households	Projected number of households	Percent (95% CI)
Mental health practitioner (counselor, family therapist, or social worker)	15	60.0%	21,103	67.8% (67.3-68.3)
Primary Care Physician	8	32.0%	14,369	46.2% (45.6-46.7)
Emergency Room	4	16.0%	10,354	33.3% (32.8-33.8)
Lone Star Circle of Care	2	8.0%	7,588	24.4% (23.9-24.9)
Bluebonnet Trails Community Services	4	16.0%	4,110	13.2% (12.8-13.6)
Faith Community	3	12.0%	3,557	11.4% (11.1-11.8)
Other	3	12.0%	2,845	9.1% (8.8-9.5)
Psychiatric Hospital	2	8.0%	1,897	6.1% (5.8-6.4)
Peer support	2	8.0%	1,897	6.1% (5.8-6.4)
School	1	4.0%	948	3.0% (2.9-3.3)
Don't Know	2	8.0%	1,897	6.1% (5.8-6.4)

*Notes: Nine respondents selected more than one response*

**Table 16: Self-reported household physical activity, 2018 Williamson County CASPER**

<i>How many days were you/household physically active during the past week?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
0 days	31	17.0%	37,037	18.6% (18.4 - 18.8)
1-3 days	58	31.9%	60,844	30.6% (30.4 - 30.8)
4-6 days	57	31.3%	63,215	31.7% (31.5 - 31.9)
7 days	31	17.0%	33,180	16.7% (16.5 - 16.8)
Don't Know	5	2.7%	4,900	2.5% (2.4 - 2.5)

**Table 17: Self-reported household physical activity location, 2018 Williamson County CASPER**

<i>Where are you/household most physically active?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Local gyms or fitness centers	57	31.3%	59,500	29.9% (29.7 - 30.1)
Parks or trails	31	17.0%	37,369	18.8% (18.6 - 18.9)
Home	29	15.9%	36,974	18.6% (18.4 - 18.7)
Worksite or office place	27	14.8%	26,857	13.5% (13.3 - 13.6)
Neighborhood	20	11.0%	19,997	10.0% (9.9 - 10.2)
Other	8	4.4%	7,588	3.8% (3.7 - 3.9)
Not physically active	5	2.7%	5,438	2.7% (2.7 - 2.8)
School track	3	1.6%	3,557	1.8% (1.7 - 1.8)
Don't Know	2	1.1%	1,897	1.0% (0.9 - 1.0)

**Table 18: Self-reported household physical activity barriers, 2018 Williamson County CASPER**

<i>Do you/household have barriers that prevent physical activity?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
No	146	80.2%	161,239	81.0% (80.8 - 81.1)
Yes	36	19.8%	37,938	19.0% (18.9 - 19.2)

**Table 19: Self-reported household barriers that prevent physical activity, 2018 Williamson County CASPER**

<i>What are the barriers/challenges that prevent you/household from being physically activity?</i>	Unweighted		Weighted	
	Frequency (n=36)	Percent of households	Projected number of households	Percent (95% CI)
Injury/Illness/Disability	18	50.0%	20,866	55.0% (54.5 - 55.5)
Lack of time	12	33.3%	11,382	30.0% (29.5 - 30.5)
Other	6	16.7%	5,691	15.0% (14.6 - 15.4)
Lack of interest	3	8.3%	3,557	9.4% (9.1 - 9.7)
Too expensive	3	8.3%	2,845	7.5% (7.2 - 7.8)
Don't know where to go	1	2.8%	948	2.5% (2.4 - 2.7)
No transportation	1	2.8%	948	2.5% (2.4 - 2.7)
Unsafe neighborhood	1	2.8%	948	2.5% (2.4 - 2.7)

*Notes: Eight respondents selected more than one response*

**Table 20: Self-reported household source of groceries, 2018 Williamson County CASPER**

<i>Where does you/household get most groceries?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Retail grocery store (HEB, Whole foods)	161	88.5%	171,687	86.2% (86.1 - 86.4)
Superstore (Walmart, Costco)	17	9.3%	23,380	11.7% (11.6 - 11.9)
Ethnic food store (La Hacienda, H-mart)	1	0.5%	1,107	0.6% (0.5 - 0.6)
Farmer's market	1	0.5%	948	0.5% (0.5 - 0.5)
Don't know	2	1.1%	2,055	1.0% (1.0 - 1.1)

**Table 21: Self-reported household reason for source of groceries, 2018 Williamson County CASPER**

<i>What is the main reason you/household gets your groceries from there?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Convenient location	97	53.3%	102,165	51.3% (51.1 - 51.5)
Price / low cost	27	14.8%	27,711	13.9% (13.8 - 14.1)
One stop shop	17	9.3%	22,526	11.3% (11.2 - 11.5)
Selection of foods	14	7.7%	19,127	9.6% (9.5 - 9.7)
Freshness of foods	10	5.5%	10,512	5.3% (5.2 - 5.4)
Healthy food options	8	4.4%	8,283	4.2% (4.1 - 4.3)
Other	8	4.4%	7,904	4.0% (3.9 - 4.1)
Don't Know	1	0.5%	948	0.5% (0.5 - 0.5)

**Table 22: Self-reported household healthy eating barriers, 2018 Williamson County CASPER**

<i>Do you/household have barriers that prevent healthy eating?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
No	163	89.6%	179,907	90.3.0% (90.2 - 90.5)
Yes	19	10.4%	19,270	9.70% (9.6 - 9.8)

**Table 23: Self-reported household barriers that prevent healthy eating, 2018 Williamson County CASPER**

<i>What are the barriers/challenges that prevent you/household from eating healthy?</i>	Unweighted		Weighted	
	Frequency (n=19)	Percent of households	Projected number of households	Percent (95% CI)
Too expensive	11	57.9%	11,524	59.8% (59.1 - 60.5)
Lack of interest	4	21.1%	4,663	24.2% (23.6 - 24.8)
Lack of time	4	21.1%	3,794	19.7% (19.1 - 20.3)
Other	3	15.8%	2,845	14.8% (14.3 - 15.3)
Don't know	1	5.3%	948	4.9% (4.6 - 5.2)

Notes: Four respondents selected more than one response

**Table 24: Self-reported household tobacco use (including vaping and e-cigarettes), 2018 Williamson County CASPER**

<i>Do you/household use tobacco products?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
No	143	78.6%	151,469	76.1% (76.9 - 76.2)
Yes	35	19.2%	43,044	21.6% (21.4 - 21.8)
Don't Know	2	1.1%	2,608	1.3% (1.3 - 1.4)
Refused	2	1.1%	2,055	1.0% (1.0 - 1.1)

**Table 25: Self-reported household satisfaction with current sleep pattern, 2018 Williamson County CASPER**

<i>How satisfied are you/household's current sleep pattern?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Very Satisfied	38	20.9%	38,302	19.2% (19.1 - 19.4)
Satisfied	71	39.0%	80,366	40.4% (40.1 - 40.6)
Moderately Satisfied	49	26.9%	50,869	25.5% (25.4 - 25.8)
Dissatisfied	16	8.8%	16,361	8.2% (8.1 - 8.3)
Very Dissatisfied	8	4.4%	13,278	6.7% (6.6 - 6.8)

**Table 26: Self-reported household medical diagnoses, 2018 Williamson County CASPER**

<i>Ever been told that you/household have?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
<b>Asthma / COPD / Emphysema</b>				
No	142	78.0%	153,335	77.0% (76.8 - 77.2)
Yes	36	19.8%	42,048	21.1% (20.9 - 21.3)
Don't Know	1	0.5%	948	0.5% (0.5 - 0.5)
Refused	3	1.6%	2,845	1.4% (1.4 - 1.5)
<b>Cancer</b>				
No	151	83.0%	158,836	79.8% (79.6 - 79.9)
Yes	25	13.7%	34,650	17.4% (17.2 - 17.6)
Don't Know	3	1.6%	2,845	1.4% (1.4 - 1.5)
Refused	3	1.6%	2,845	1.4% (1.4 - 1.5)
<b>Dementia / Alzheimer's</b>				
No	177	97.3%	193,565	97.2% (97.1 - 97.3)
Yes	1	0.5%	948	0.5% (0.5 - 0.5)
Don't Know	2	1.1%	2,766	1.4% (1.3 - 1.4)
Refused	2	1.1%	1,897	1.0% (0.9 - 1.0)
<b>Diabetes</b>				
No	153	84.1%	164,795	82.7% (82.6 - 82.9)
Yes	23	12.6%	28,691	14.4% (14.3 - 14.6)
Don't Know	4	2.2%	3,794	1.9% (1.9 - 2.0)
Refused	2	1.1%	1,897	0.95% (0.9 - 1.0)
<b>Hypertension / Heart Disease</b>				
No	133	73.1%	136,515	68.5% (68.3 - 68.7)
Yes	44	24.2%	57,919	29.1% (28.9 - 29.3)
Don't Know	3	1.6%	2,845	1.4% (1.4 - 1.5)
Refused	2	1.1%	1,897	1.0% (0.9 - 1.0)
<b>Immunosuppression (Arthritis)</b>				
No	147	80.8%	157,049	78.9% (78.7 - 79.0)
Yes	32	17.6%	39,282	19.7% (19.6 - 19.9)
Don't Know	1	0.5%	948	0.5% (0.5 - 0.5)
Refused	2	1.1%	1,897	1.0% (0.9 - 1.0)
<b>Psychosocial / Mental Illness</b>				
No	158	86.8%	175,070	87.9% (87.8 - 88.0)
Yes	18	9.9%	18,416	9.3% (9.1 - 9.4)
Don't Know	4	2.2%	3,794	1.9% (1.9 - 2.0)
Refused	2	1.1%	1,897	1.0% (0.9 - 1.0)
<b>Stroke</b>				
No	172	94.5%	184,002	92.4% (92.3 - 92.5)
Yes	7	3.8%	12,330	6.2% (6.1 - 6.3)
Don't Know	2	1.1%	1,897	1.0% (0.9 - 1.0)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)

**Table 27: Self-reported household medical needs, 2018 Williamson County CASPER**

<i>Do you/household need?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
<b>Daily medication (other than birth control or vitamin)</b>				
No	76	41.8%	80,177	40.3% (40.0 - 40.5)
Yes	104	57.1%	117,103	58.8% (58.6 - 59.0)
Refused	2	1.1%	1,897	1.0% (0.9 - 1.0)
<b>Dialysis</b>				
No	181	99.5%	198,229	99.5% (99.5 - 99.6)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)
<b>Home health care</b>				
No	175	96.2%	191,826	96.3% (96.2 - 96.4)
Yes	6	3.3%	6,402	3.2% (3.1 - 3.3)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)
<b>Oxygen supply</b>				
No	173	95.1%	190,483	95.6% (95.5 - 95.7)
Yes	1	0.5%	948	0.5% (0.5 - 0.5)
Don't Know	7	3.8%	6,797	3.4% (3.3 - 3.5)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)
<b>Wheelchair/cane/walker</b>				
No	167	91.8%	178,390	89.6% (89.4 - 89.7)
Yes	14	7.7%	19,839	10.0% (9.8 - 10.1)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)
<b>Other special care</b>				
No	170	93.4%	187,084	93.9% (93.8 - 94.0)
Yes	11	6.0%	11,144	5.6% (5.5 - 5.7)
Refused	1	0.5%	948	0.5% (0.5 - 0.5)

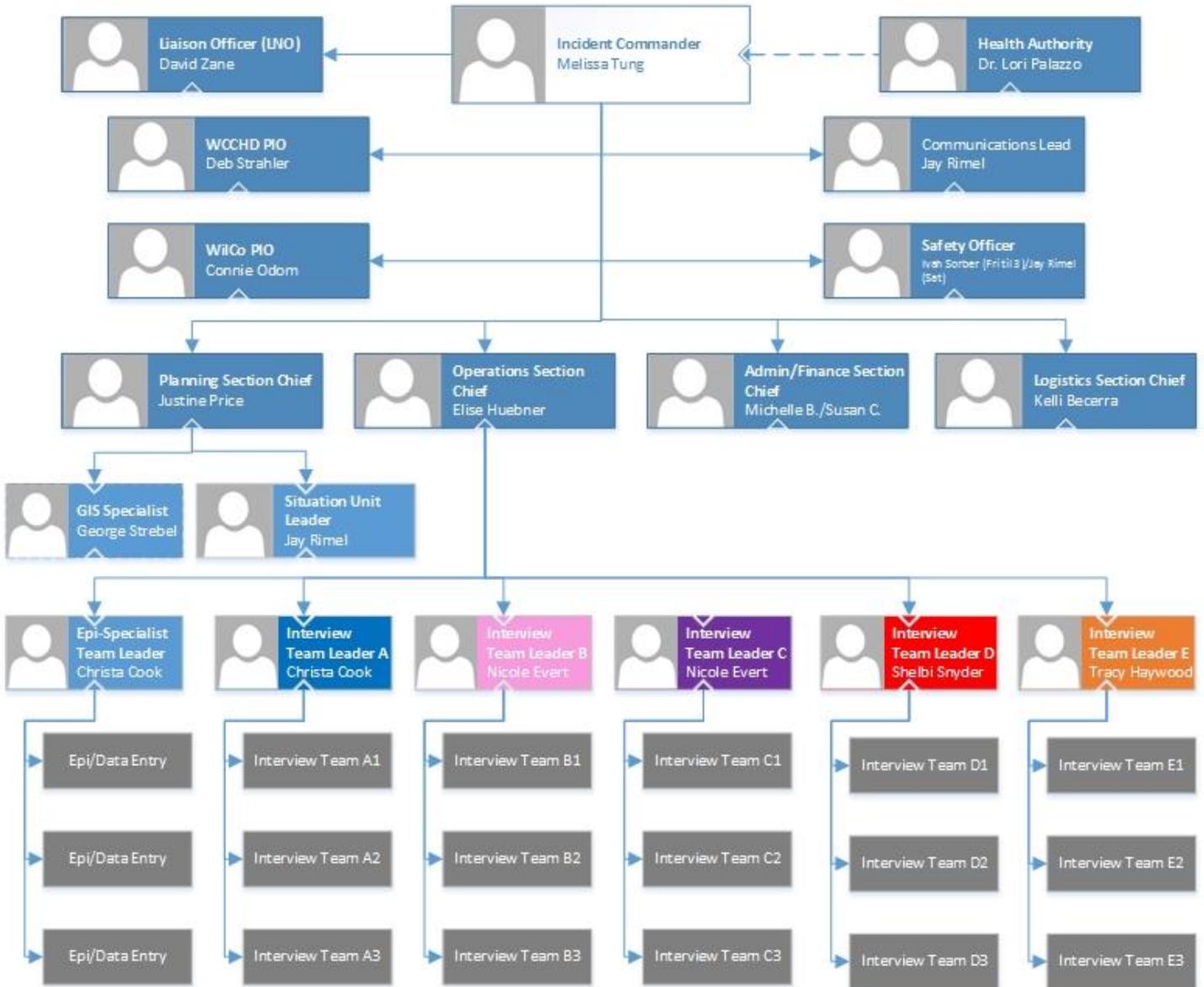
**Table 28: Self-reported household satisfaction with quality of life, 2018 Williamson County CASPER**

<i>How satisfied are you/household's quality of life in Williamson County?</i>	Unweighted		Weighted	
	Frequency (n=182)	Percent of households	Projected number of households	Percent (95% CI)
Very Satisfied	98	53.8%	108,409	54.4% (54.2 - 54.7)
Satisfied	67	36.8%	73,142	36.7% (36.5 - 36.9)
Moderately Satisfied	11	6.0%	11,935	6.0% (5.9 - 6.1)
Dissatisfied	2	1.1%	1,897	1.0% (0.9 - 1.0)
Very Dissatisfied	3	1.6%	2,845	1.4% (1.4 - 1.5)
Don't Know	1	0.5%	948	0.5% (0.5 - 0.5)



# 10.3 APPENDIX C: ORGANIZATION CHART

## Functional Organizational Chart 2019 WilCo CHA CASPER October 12-13, 2019



## **Command Staff Duties:**

### **Incident Commander:**

- Determine objectives or goals
- Establish priorities
- Determine specific objectives
- Establish ICP

### **Public Information Officer (PIO)**

- Develops and releases information about the project to media and other appropriate agencies
- Answers public inquiries
- Lead for managing media inquiries, manages social media accounts, takes and collects photos throughout the project
- Take pictures and group picture

### **Safety Officer**

- Develop and recommend safety measures
- Anticipate hazards and develop mitigation strategies
- Completes ICS form 208/ safety plan
- Gives safety briefing at the beginning of every operational period

### **Liaison Officer**

- Provides interagency coordination when there is more than one agency involved in the operation. Ex: APH, WILCO Sheriff or Fire Department

### **Communications Lead**

- Develops communications plan
- Ensures all communications are operational
- Distributes communication equipment to personnel

### **Planning Section Chief**

- Responsible for managing all information relevant to the incident by collecting, evaluating, processing, and disseminating for use.
- Leads check-in process, documents events in the Incident Action Plan (IAP); documentation specialist - takes notes during debriefs and hot wash, back-up for fielding calls about directions, emergency situations

### **GIS Specialist**

- Produce maps for all clusters and operational areas, identifying potential hazards, points of interest, (gas stations, restaurants, rest area opportunities, etc.)
- Support SITL with updating status reports as necessary

### **Situation Unit Leader**

- Maintains incident status information. Posts on maps or status boards as appropriate
- Collects and reports on situation for the field
- Prepares for future operations

### **Operations Section Chief**

- Manages all tactical operations
- Overall responsibility for all interview and epi teams

### **Admin/Finance Section Chief**

- Manages all financial aspects of the incident
- Assists with purchases pre-event – as needed

### **Logistics Section Chief**

- Procures and distributes all incident related resources and supplies, for example, pens, clipboards, radios, coolers, etc.
- Ensures accountability for all non-expendable supplies, for example radios, coolers
- Provides meals by coordinating with finance
- Responsible for transportation plan

### **Epi- Specialist Team Leader**

- Lead on electronic/paper questionnaire, and data entry

### **Interview Team Leader**

- Leads for tracking/communication with teams while in the field, completes tracking forms on personnel from each team; ensures teams are being healthy and safety conscious
- Gathers information from field teams, provides information to Incident Commander and Liaison Officer about number of surveys completed, issues in the field, etc.

## 10.4 APPENDIX D: SCHEDULE

<b>Wednesday, October 10, 2018</b> <ul style="list-style-type: none"><li>• WCCHD press release / Next Door App sent to media (<i>Deb &amp; Connie</i>)</li><li>• Order Jason's Deli and Tacos (<i>Shelbi</i>)</li><li>• Have all documents for cluster folders ready (<i>Melissa</i>)</li><li>• Email volunteers information for October 12-13 (<i>Elise</i>)</li><li>• Purchase snacks, plates, napkins, ice, drinks, etc. (<i>Shelbi</i>)</li></ul> <b>3:00 p.m. – 4:00 p.m. – Final Planning Meeting</b> <ul style="list-style-type: none"><li>• Final planning meeting, cluster folders and goody bag stuffing party at command post (<i>Command Staff</i>)</li><li>• Have Go Kits and Sign in sheets ready (<i>Kelli</i>)</li><li>• Practice Radios (<i>Jay</i>)</li><li>• Have all tablets and hot spots prepared and ready to go (<i>Kelli/Shelbi/Elise</i>)</li></ul>
<b>Thursday, October 11, 2018</b> <b>2:30 p.m. – 5:00 p.m. – Just in Time Training (JIT) Practice and Command Center Set-up</b> <ul style="list-style-type: none"><li>• Set-up command center for CASPER (<i>Command Staff</i>)</li><li>• Practice JIT training (<i>Command Staff</i>)</li></ul>
<b>Friday, October 12, 2018 (8am - 7pm)</b> <i>We are expecting approximately 45-60 volunteers, including command staff</i>
<b>7:30 a.m. – 8:00 a.m. Command Staff Arrival/Check-in</b> <ul style="list-style-type: none"><li>• Command staff arrives at command post</li><li>• Pick up breakfast (<i>Shelbi</i>)</li></ul> <b>8:00 a.m. – 8:30 a.m. – Volunteer Arrival/Check-In</b> <ul style="list-style-type: none"><li>• Teams arrive and check-in – (<i>Lead – Justine and David Zane</i>)<ul style="list-style-type: none"><li>○ Sign-in, complete waivers (Equipment release, liability forms, media release)</li><li>○ Volunteers get vest and name tag</li><li>○ Download Survey123 on phone or tablet</li><li>○ WCCHD Team Lead get radio and tablet - Materials Check List (<i>Kelli</i>)</li><li>○ Volunteers eat breakfast</li></ul></li><li>• Teams identify team lead and partner<ul style="list-style-type: none"><li>○ Team leads located in designated areas at Command Post (<i>Christa, Nicole, Tracy, Shelbi</i>)</li></ul></li></ul> <b>8:30 a.m. - 11:30 a.m. – Just in Time Training</b> <b>Agenda:</b> <ul style="list-style-type: none"><li>• 8:30 a.m. – 8:45 a.m. - Welcome &amp; Brief Introductions &amp; Thank you! (<i>Melissa</i>)</li><li>• 8:45 a.m. – 9:15 a.m. - CASPER Overview and Goals and Organizational Structure (<i>Melissa</i>)</li><li>• 9:15 a.m. – 9:45 a.m. - Sampling Methodology and Maps (<i>Justine</i>)</li><li>• 9:45 a.m. – 10:00 a.m. - Interviewing 101 / Interviewing Team (<i>Nicole</i>)</li><li>• 10:00 a.m. – 10:30 a.m. - Paper and Electronic Questionnaire and Methods (<i>Elise</i>) <i>During practice portion of this section, teams will find partner and practice questionnaire, all of planning team should be available to assist with questions during this time</i><ul style="list-style-type: none"><li>○ <b>SWITCH OUT SURVEYS!</b></li></ul></li><li>• 10:30 a.m. – 10:55 a.m. – Logistics (<i>Kelli</i>) and Radio (<i>Jay</i>)</li><li>• 10:55 a.m. – 11:25 a.m. – Safety / ICS Safety Checklist (<i>Williamson Co. Sherriff's Office</i>); Ivah (<i>Friday</i>)</li><li>• 11:25 a.m. – 11:30 a.m. - Demobilization Expectations &amp; Parting Words and Thoughts (<i>Melissa</i>)</li></ul>

**11:30 a.m. – 12:30 p.m. – Group Picture & Meet with Team Lead & Lunch**

- 11:30 a.m. – 11:40 a.m. - Group picture - *(Deb)*
- 11:40 a.m. – 12:00 - Meet with Team Lead \*\*\*\*\**During last 30 minutes of lunch – Team leads (Christa, Nicole, Tracy, Shelbi + support from command staff) ensure each team member has completed their information on field team tracking forms\*\*\*\*\**
- Lunch: 12:00 p.m. – 12:30 p.m. - *(Jason’s Deli provided by WCCHD – to be picked up by Shelbi at 10:30 a.m.)*

**12:30 p.m. – 6:15 p.m. – Teams in the Field <<Go to furthest clusters in the afternoon>>**

- 12:30 p.m. – 12:35 p.m. – Provide/Read safety briefing document for teams *(Ivah)*
- 12:35 p.m. – 6:15 p.m. - Field teams depart command post to identify clusters/attempt interviews *(Command Staff)*

**6:15 p.m. – 7:00 p.m. – Debrief, Check-out**

- 5:45 p.m. – 6:15 p.m. – Teams drive back to basecamp to arrive no later than 6:15 p.m.
- 6:15 p.m. – 7:00 p.m. – Debrief, check-out *(Volunteers provide team leads ETA for ending destination)*
  - Quick Team Hotwash *(Team leads)*
  - Team leads ensure all teams text once arriving at ending destination *(3x attempts to reach the volunteers, then call)*

**Saturday, October 13, 2018 (9am - 5pm)**

*We are expecting approximately 45-60 volunteers, including command staff*

**8:30 a.m. – 9:00 a.m. Command Staff Arrival/Check-in**

- Command staff arrives at command post
- Pick up breakfast *(Shelbi)*

**9:00 a.m. – 9:30 a.m. – Volunteer Arrival/Check-In**

- 9:00 a.m. – 9:30 a.m. - Teams arrive and check-in *(Lead – Justine and David Zane)*

**9:30 a.m. – 12:30 p.m. – Teams in the Field <<head to furthest clusters>>**

- 9:30 a.m. – 9:45 – Update and Safety briefing *(Jay)*
- 9:45 - 12:00 p.m. – Field teams depart command post to identify clusters and attempt interviews *(Command staff support)*
- 12:00 p.m. - 12:30 p.m. – Field teams depart

**12:30 p.m. – 1:30 p.m. – Lunch & Contact Information gathering**

- Lunch: 12:30 p.m. – 1:30 p.m. - *(Jason’s Deli provided by WCCHD – to be picked up by Kelli at 11:30 a.m.)*

**1:30 p.m. – 4:15 p.m. – Teams in the Field <<head to closer clusters>>**

- 1:30 p.m. - 4:15 p.m. – Field teams depart command post to identify clusters and attempt interviews *(Command Staff)*
- 3:45 p.m. - 4:15 p.m. – Field teams depart clusters

**4:15 p.m. – 5:00 p.m. – Debrief, Hot-wash, Check-out**

- 3:45 p.m. – 4:15 p.m. – Teams drive back to basecamp to arrive no later than 4:15 p.m.
- 4:15 p.m. – 4:30 p.m. - Debrief and hot-wash *(Jay)*
- 4:15 p.m. – 5:00 p.m. – Teams check-out *(Volunteers provide team leads ETA for ending destination)*
  - Team leads ensure all teams text once arriving at ending destination *(3x attempts to reach)*
  - Give certificate of appreciation *(Planning Team)*

## 10.5 APPENDIX E: ENGLISH QUESTIONNAIRE

To be completed by team BEFORE the interview		
Q1: Date (MM/DD/YY):	Q2: Cluster Number:	Q3: Survey Number:
Q4: Team Name:	Q5: Interviewer Initials:	
Answer to the following question should be completed by observation:		
Q6: Type of structure: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit (duplex, apartment, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____		
First, we are going to ask you about basic household information.		
Q7: How many people live in your household? _____ (→Q8) <input type="checkbox"/> DK (→Q9) <input type="checkbox"/> R (→Q9)		
Q8: How many people living in your household are ( <i>List number.</i> ) Less than 2 years old? ____ 2-17 years old? ____ 18-24 years old? ____ 25-44 years old? ____ 45-64 years old? ____ More than 65 years? ____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q9: What is your race? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Native American / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q10: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R		
Q11: Is there any adult in your household that does not speak English? <input type="checkbox"/> Yes (→Q11a) <input type="checkbox"/> No (→Q12) <input type="checkbox"/> DK (→Q12) <input type="checkbox"/> R (→Q12)		
Q11a: What language(s) do the adults in your household speak? ( <i>Open-ended response.</i> ) <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Now, we would like to ask you about your household's awareness of services and resources in the county.		
Q12: Prior to today, have you or a member of your household heard of Williamson County and Cities Health District (also known as WCCHD)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R		
Q13: In the past 3 months, have you or a member of your household ever received services from? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> WCCHD <input type="checkbox"/> Lone Star Circle of Care <input type="checkbox"/> Food pantry <input type="checkbox"/> Emergency room <input type="checkbox"/> Bluebonnet Trails Community Services <input type="checkbox"/> Financial assistance programs <input type="checkbox"/> Utility assistance programs <input type="checkbox"/> School-based programs <input type="checkbox"/> Have never received services <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q14: In the past 3 months, did you or a member of your household worry or stress about having enough money to meet basic needs, such as paying rent/mortgage, paying utilities, buying groceries and meals? <input type="checkbox"/> Yes (→Q14a) <input type="checkbox"/> No (→Q15) <input type="checkbox"/> DK (→Q15) <input type="checkbox"/> R (→Q15)		
Q14a: What basic needs do you or a member of your household worry or stress about? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> Rent/mortgage <input type="checkbox"/> Groceries/meals <input type="checkbox"/> Clothing <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Healthcare <input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
We would now like to ask you about you and your household's access to healthcare & transportation in the county.		
Q15: In the past 6 months, did you or a member of your household ever have a problem getting transportation? <input type="checkbox"/> Yes (→Q15a) <input type="checkbox"/> No (→Q16) <input type="checkbox"/> DK (→Q16) <input type="checkbox"/> R (→Q16)		
Q15a: What problem(s) did you or a member of your household have getting transportation? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> No bus in my area <input type="checkbox"/> Bus is too far <input type="checkbox"/> Don't know how to use bus system <input type="checkbox"/> No car <input type="checkbox"/> Have to share a car <input type="checkbox"/> Unsafe roads <input type="checkbox"/> Gas prices <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q16: In the past 6 months, did you or a member of your household ever have a problem getting healthcare (dental, vision, primary care)? <input type="checkbox"/> Yes (→Q16a) <input type="checkbox"/> No (→Q17) <input type="checkbox"/> DK (→Q17) <input type="checkbox"/> R (→Q17)		
Q16a: What healthcare service did you or members of your household have problem getting? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> Dental <input type="checkbox"/> Mental, Emotional, Behavioral Health <input type="checkbox"/> Vision <input type="checkbox"/> Cancer <input type="checkbox"/> Primary <input type="checkbox"/> Specialty <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q16b: What problem(s) prevented you or a member of your household from getting healthcare? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> Couldn't get an appointment <input type="checkbox"/> Language barrier <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> No health insurance <input type="checkbox"/> Insurance didn't cover what I/we needed <input type="checkbox"/> No way to get there <input type="checkbox"/> Would not take my/our insurance or Medicaid <input type="checkbox"/> The wait was too long <input type="checkbox"/> My/our share of cost (deductible/co-pay) was too high <input type="checkbox"/> No medical home <input type="checkbox"/> Discomfort in asking for help <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q17: In the past six months, have you or a member of your household ever sought help for mental, emotional, or behavioral health? <input type="checkbox"/> Yes (→Q17a) <input type="checkbox"/> No (→Q18) <input type="checkbox"/> DK (→Q18) <input type="checkbox"/> R (→Q18)		
Q17a: Where did you and or a member of your household seek help? Select all that apply. ( <i>Read all options.</i> ) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Mental health practitioner (counselor, family therapist, or social worker) <input type="checkbox"/> Peer support <input type="checkbox"/> School <input type="checkbox"/> Faith Community <input type="checkbox"/> Lone Star Circle of Care <input type="checkbox"/> Bluebonnet Trails Community Services <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> R		

**We would now like to ask you about you and your household's behavior regarding healthy eating & physical activity.**

Q18: How many days during the past week have you or a member of your household performed physical activity where your heart beats faster and your breathing is harder than normal for 30 minutes or more? *(Read all options.)*

- 0 days 1-3 days 4-6 days 7 days DK R

Q19: Where are you or a member of your household most physically active? Select one answer. *(Read all options.)* Parks or trails

- Local gyms or fitness centers Home Local mall School track Neighborhood  
Work site or office place Other, specify \_\_\_\_\_ Not physically active DK R

Q20: Are there barriers or challenges that prevent you or members of your household from being physically active? Yes (→Q20a)

- No (→Q21) DK (→Q21) R (→Q21)

Q20a: What barriers or challenges prevent you or members of your household from being physically active? Select all that apply.

- Read all options* Lack of time Injury/Illness/Disability Don't know where to go No transportation Unsafe neighborhood Too expensive Lack of interest Other, specify \_\_\_\_\_ DK R

Q21: Where does your household get most of your groceries? Select only one option. *(Read all options.)*

- Retail grocery store (HEB, Whole Foods, etc.) Superstore (Walmart, Costco, etc.) Ethnic food store (La Hacienda, HMart, etc.)  
Farmer's market Corner store/gas station Food pantry Other, specify \_\_\_\_\_ DK R

Q22: What is the main reason your household gets your groceries from there? Select only one option. *(Read all options.)* Price/

- low cost Convenient location Freshness of foods Healthy food options Selection of foods (e.g., prepared foods, organic, local product, culturally appropriate foods, etc.) 1 stop shop (e.g. able to purchase meat, produce, diapers, paper goods, etc. at one place) Other, specify \_\_\_\_\_ DK R

Q23: Are there barriers or challenges that prevent you or members of your household from eating healthy?

- Yes (→Q23a) No (→Q24) DK (→Q24) R (→Q24)

Q23a: What barriers or challenges prevent you or members of your household from eating healthy? Select all that apply. *(Read all*

- options.)* Lack of time Don't know where to go No transportation Too expensive No healthy restaurants No healthy grocery stores Lack of interest Other: specify \_\_\_\_\_ DK R

**We would now like to ask you about chronic diseases that affect you and your household.**

Q24: Do you or a member of your household use tobacco products (including vaping and e-cigarettes)? Yes No DK R

Q25: How satisfied are you with you and your household's current sleep pattern? Select only one option. *(Read all options.)* Very

- dissatisfied Dissatisfied Moderately satisfied Satisfied Very satisfied DK R

Q26: Have you or a member of your household ever been told by a doctor, nurse, or healthcare professional that you have:

- |   |   |
|---|---|
| Asthma/COPD/Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | Hypertension/Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R    |
| Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R                | Immunosuppression (Arthritis) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R |
| Dementia/Alzheimer's <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R  | Psychosocial/mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R   |
| Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R              | Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R                        |

Q27: Do you or a member of your household need:

- Daily medication (other than birth control or vitamin) Yes No DK R  
Dialysis Yes No DK R  
Home health care Yes No DK R  
Oxygen supply Yes No DK R  
Wheelchair/cane/walker Yes No DK R  
Other special care Yes No DK R

Q28: How satisfied are you with your household's quality of life in Williamson County? Select only one option. *(Read all options.)*

- Very dissatisfied Dissatisfied Moderately satisfied Satisfied Very satisfied DK R

**Thank you for taking the time to complete this survey. Your answers will allow us to better serve you in the future.**

Legend: DK: Don't Know; R: Refused

## 10.6 APPENDIX F: SPANISH QUESTIONNAIRE

ATo be completed by team BEFORE the interview		
Q1: Date (MM/DD/YY):	Q2: Cluster Number:	Q3: Survey Number:
Q4: Team Name:	Q5: Interviewer Initials:	
La respuesta a la siguiente pregunta debe completarse por observación:		
Q6: Tipo de estructura: <input type="checkbox"/> Familia sola <input type="checkbox"/> Unidad múltiple (dúplex, apartamento, etc.) <input type="checkbox"/> Casa rodante <input type="checkbox"/> Otro _____		
En primer lugar, vamos a preguntarle acerca de la información básica del hogar.		
Q7: ¿Cuánta gente vive en su hogar? _____ (→Q8) <input type="checkbox"/> DK (→Q9) <input type="checkbox"/> R (→Q9)		
Q8: ¿Cuántas personas que viven en su hogar tienen (List number.) menos de 2 años? ___ 2-17 años? ___ 18-24 años? ___ 25-44 años? ___ 45-64 años? ___ Mas de 65 años? ___ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q9: Cuál es su raza? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> Afro-americano / negro <input type="checkbox"/> Asiático/Asiático-americano <input type="checkbox"/> Nativo americano/Nativo de Alaska <input type="checkbox"/> Nativo de Hawaii/isleño del Pacífico <input type="checkbox"/> Blanco/caucásico <input type="checkbox"/> Otro _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q10: ¿Eres hispano o Latino? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R		
Q11: ¿Hay algún adulto en su hogar que no hable inglés? <input type="checkbox"/> Sí (→Q11a) <input type="checkbox"/> No (→Q12) <input type="checkbox"/> DK (→Q12) <input type="checkbox"/> R (→Q12)		
Q11a: ¿Qué idioma (s) hablan los adultos en su hogar? (respuesta de composición abierta.) <input type="checkbox"/> inglés <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Ahora, quisiéramos preguntarle sobre la conciencia de su hogar de los servicios y de los recursos en el condado.		
Q12: Antes de hoy, ¿ha oído usted o un miembro de su familia del distrito de salud del Condado de Williamson y de las ciudades? (También conocido como WCCHD)? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R		
Q13: En los últimos 3 meses, ¿ha recibido usted o algún miembro de su hogar algún servicio? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> WCCHD <input type="checkbox"/> Lone Star Circle of Care <input type="checkbox"/> el almacén de distribución de alimentos <input type="checkbox"/> la sala de emergencias <input type="checkbox"/> Bluebonnet Trails Community Services <input type="checkbox"/> programas de asistencia financiera <input type="checkbox"/> programas de asistencia de utilidad <input type="checkbox"/> programas basados en la escuela <input type="checkbox"/> Nunca han recibido servicios <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q14: En los últimos 3 meses, ¿usted o un miembro de su hogar se preocupó o estrés en tener suficiente dinero para satisfacer las necesidades básicas, tales como pagar el alquiler/hipoteca, pagar servicios públicos, comprar comestibles y comidas? <input type="checkbox"/> Sí (→Q14a) <input type="checkbox"/> No (→Q15) <input type="checkbox"/> DK (→Q15) <input type="checkbox"/> R (→Q15)		
Q14a: ¿Qué necesidades básicas usted o un miembro de su hogar se preocupan o tensionan alrededor?? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> alquiler/hipoteca <input type="checkbox"/> comestibles/comidas <input type="checkbox"/> ropa <input type="checkbox"/> utilidades <input type="checkbox"/> Transportación <input type="checkbox"/> al cuidado de los niños <input type="checkbox"/> atención médica <input type="checkbox"/> seguro <input type="checkbox"/> recetas <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Ahora quisiéramos preguntarle sobre usted y el acceso de su hogar a la salud y al transporte en el condado.		
Q15: En los 6 meses pasados, ¿usted o un miembro de su familia alguna vez tuvo un problema para obtener el transporte? <input type="checkbox"/> Sí (→Q15a) <input type="checkbox"/> No (→Q16) <input type="checkbox"/> DK (→Q16) <input type="checkbox"/> R (→Q16)		
Q15a: ¿Qué problema (s) ha tenido usted o un miembro de su hogar para obtener transporte? Seleccione todo que se aplican (Lea todas las opciones.) <input type="checkbox"/> No hay autobuses en mi área <input type="checkbox"/> Bus está demasiado lejos <input type="checkbox"/> No sé cómo utilizar el sistema de autobuses <input type="checkbox"/> No coche <input type="checkbox"/> Tiene que compartir un coche <input type="checkbox"/> Caminos inseguros <input type="checkbox"/> precios de gas <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q16: En los 6 meses pasados, ¿hizo usted o un miembro de su casa alguna vez tienen un problema consiguiendo la asistencia médica? (dental, visión, atención primaria)? <input type="checkbox"/> Sí (→Q16a) <input type="checkbox"/> No (→Q17) <input type="checkbox"/> DK (→Q17) <input type="checkbox"/> R (→Q17)		
Q16a: ¿Cuál es el servicio de salud que usted o los miembros de su hogar tienen problemas para conseguir? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> Dental <input type="checkbox"/> Salud Mental, Emocional, o Conductual <input type="checkbox"/> Visión <input type="checkbox"/> Cáncer <input type="checkbox"/> Primaria <input type="checkbox"/> Especialidad <input type="checkbox"/> Otro, especifique _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q16b: ¿Qué problema(s) le impidieron a usted o a un miembro de su hogar recibir atención médica? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> No podía conseguir una cita <input type="checkbox"/> Barrera del idioma <input type="checkbox"/> No sabía a dónde ir <input type="checkbox"/> No seguro médico <input type="checkbox"/> El seguro no cubría lo que necesitábamos <input type="checkbox"/> No hay manera de llegar <input type="checkbox"/> No tomaría mi/nuestro seguro o Medicaid <input type="checkbox"/> La espera era demasiado larga <input type="checkbox"/> Mi/nuestro parte del coste (deducible/copago) era demasiado alta <input type="checkbox"/> no hay hogar médico <input type="checkbox"/> malestar al pedir ayuda <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		
Q17: En los seis meses pasados, ¿usted o un miembro de su hogar alguna vez buscó ayuda para la salud mental, emocional o conductual? <input type="checkbox"/> Sí (→Q17a) <input type="checkbox"/> No (→Q18) <input type="checkbox"/> DK (→Q18) <input type="checkbox"/> R (→Q18)		
Q17a: ¿Dónde usted y o un miembro de su hogar buscaron ayuda? Seleccione todo que se aplican. (Lea todas las opciones.) <input type="checkbox"/> La sala de emergencias <input type="checkbox"/> Doctor de atención primaria <input type="checkbox"/> Profesional de salud mental (Consejera, terapeuta familiar o trabajadora social) <input type="checkbox"/> Soporte de peer <input type="checkbox"/> Escuela <input type="checkbox"/> Comunidad de fe <input type="checkbox"/> Lone Star Circle of Care <input type="checkbox"/> Bluebonnet Trails Community Services <input type="checkbox"/> Hospital psiquiátrico <input type="checkbox"/> Otro, especifique: _____ <input type="checkbox"/> DK <input type="checkbox"/> R		

**Ahora quisiéramos preguntarle sobre usted y el comportamiento de su hogar con respecto a la alimentación sana y a la actividad física.**

Q18: ¿Cuántos días durante la semana pasada usted o un miembro de su hogar realizaron actividad física donde su corazón late más rápido y su respiración es más dura de lo normal por 30 minutos o más? Lea todas las opciones.  
 0 días  1-3 días  4-6 días  7 días  DK  R

Q19: ¿Dónde está usted (o un miembro de su hogar) más físicamente activo? Seleccione una respuesta. (Lea todas las opciones.)  
 Parques o senderos  gimnasios o centros de fitness  Hogar  El centro comercial  pista de la escuela  El barrio  Sitio de trabajo u oficina  Otro, especifique: \_\_\_\_\_  No físicamente activo  DK  R

Q20: ¿Existen barreras o desafíos que impiden que usted o los miembros de su hogar sean físicamente activos?  Sí (→Q20a)  No (→Q21)  DK (→Q21)  R (→Q21)

Q20a: ¿Que barreras o desafíos que impiden que usted o los miembros de su hogar sean físicamente activos? Seleccione todo que se aplican. Lea todas las opciones.  Falta de tiempo  Lesión/enfermedad/incapacidad  No sé a dónde ir  No transportación  vecindario inseguro  Demasiado caro  Falta de interés  Otro, especifique: \_\_\_\_\_  DK  R

Q21: ¿De dónde obtener su hogar la mayoría de sus comestibles? Seleccione sólo una opción. Lea todas las opciones.  
 tienda de comestibles al por menor (HEB, Whole Foods, etc.)  Hipermercado (Walmart, Costco, etc.)  Tienda de alimentos étnicos (La Hacienda, HMart, etc.)  Mercado agrícola  tienda de la esquina/gasolinera  almacén de distribución de alimentos  Otro, especifique \_\_\_\_\_  DK  R

Q22: ¿Cuál es la razón principal por la que su hogar obtiene sus comestibles desde allí? Seleccione sólo una opción. (Lea todas las opciones.)  Precio/bajo costo  Ubicación conveniente  fresca de los alimentos  Opciones de alimentos saludables  Selección de alimentos (por ejemplo, alimentos preparados, orgánico, producto local, alimentos culturalmente apropiados, etc.)  1-stop shop (por ejemplo, capaz de comprar la carne, el producto, los pañales, las mercancías de papel, el etc. en un lugar)  Otro, especifique: \_\_\_\_\_  DK  R

Q23: ¿Existen barreras o desafíos que le impiden a usted o a los miembros de su hogar comer sano?  
 Sí (→Q23a)  No (→Q24)  DK (→Q24)  R (→Q24)

Q23a: ¿Qué barreras o desafíos le impiden a usted o a los miembros de su hogar comer sano? Seleccione que se aplican. (Lea todas las opciones.)  Falta de tiempo  No sé a dónde ir  No transportación  Demasiado caro  No hay restaurantes saludables  No hay tiendas de comestibles saludables  Falta de interés  Otro: especifique: \_\_\_\_\_  DK  R

Ahora quisiéramos preguntarle sobre las enfermedades crónicas que le afectan a usted y a su hogar.

Q24: ¿Usted o un miembro de su hogar utilizan productos de tabaco (incluyendo vaping y cigarrillos electrónicos)?  
 Sí  No  DK  R

Q25: ¿Qué tan satisfechos están con usted y el patrón de sueño actual de su hogar? Seleccione solo una opción. (Lea todas las opciones.)  Muy insatisfecho  Insatisfecho  Moderadamente satisfechos  Satisfecho  Muy satisfecho  DK  R

Q26: ¿Alguna vez le han dicho a usted o a un miembro de su hogar un médico, una enfermera o un profesional de la salud que usted tiene:

Asma/COPD/Enfisema  Sí  No  DK  R

Cáncer  Sí  No  DK  R

Demencia/Alzhéimer  Sí  No  DK  R

Diabetes  Sí  No  DK  R

Hipertensión/Cardiopatía  Sí  No  DK  R

Immunosuppression (Artritis)  Sí  No  DK  R

Enfermadad mental/psicosocial  Sí  No  DK  R

Apoplejía  Sí  No  DK  R

Q27: ¿Usted o un miembro de su familia necesitan:

Medicación diaria (que no sea el anticonceptivo o la vitamina)  Sí  No  DK  R

Diálisis  Sí  No  DK  R

Atención médica domiciliaria  Sí  No  DK  R

Suministro de oxígeno  Sí  No  DK  R

Silla de ruedas/caña/andador  Sí  No  DK  R

Otro cuidado especial  Sí  No  DK  R

Q28: ¿Qué tan satisfecho está usted con la calidad de vida de su hogar en el Condado de Williamson? Seleccione sólo una opción. (Lea todas las opciones.)  Muy insatisfecho  Insatisfecho  Moderadamente satisfecho  Satisfecho  Muy satisfecho  DK  R

**Gracias por tomarse el tiempo para completar esta encuesta. Sus respuestas nos permitirán servirle mejor en el futuro.**

Legend: DK: Don't Know; R: Refused

## 10.7 APPENDIX G: LETTER TO RESIDENTS

WCCHD Board of Health:

Marlene McMichael, Chair, Williamson County  
Edward Strout, Cedar Park  
Mary Faith Sterk, Georgetown  
Ehab Kwar, Hutto  
Dr. Luis Egelsee, Leander/Liberty Hill  
Selcia Sanchez-Adame, Round Rock  
Carole Bachmayer, Taylor  
Joanne Land, Williamson County

Virginia L. Headley, PhD, Interim Executive Director



Friday, September 14, 2018

Dear Williamson County Resident:

The Williamson County and Cities Health District (WCCHD) is working to better understand the public health needs, health behaviors, and access to community resources among residents of the county. To do this, WCCHD is conducting door-to-door surveys of Williamson County residents on Friday, September 14 and Saturday, September 15, 2018.

WCCHD public health teams will travel to neighborhoods across Williamson County to ask selected households about health outcomes and behaviors related to the top health issues in the county. The information from the surveys will be used for future public health and emergency planning efforts.

The survey will not be used to collect any personally-identifying information from residents. All public health volunteers will be wearing WCCHD vests and will have identification cards.

Your participation in the survey is voluntary, and you may decline to participate if approached by interviewers.

If you have any questions about this door-to-door survey, please contact the WCCHD Quality and Strategic Management Program at: (512) 248-7624.

Sincerely,

Lori Palazzo, MD  
Medical Director / Local Health Authority  
Williamson County and Cities Health District

## 10.8 APPENDIX H: LETTER TO APARTMENT MANAGER

WCCHD Board of Health:

Marlene McMichael, Chair, Williamson County  
Edward Strout, Cedar Park  
Mary Faith Sterk, Georgetown  
Ehab Kawar, Hutto  
Dr. Luis Egelsee, Leander/Liberty Hill  
Selicia Sanchez-Adame, Round Rock  
Carole Bachmayer, Taylor  
Joanne Land, Williamson County



Virginia L. Headley, PhD, Interim Executive Director

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Friday, October 12, 2018

Dear Apartment Manager:

The Williamson County and Cities Health District (WCCHD) is working to better understand the public health needs, health behaviors, and access to community resources among residents of the county. To do this, WCCHD is conducting door-to-door surveys of Williamson County residents on Friday, October 12 and Saturday, October 13, 2018.

WCCHD public health teams will travel to neighborhoods across Williamson County to ask selected households about health outcomes and behaviors related to the top health issues in the county. The information from the surveys will be used for future public health and emergency planning efforts.

The survey will not be used to collect any personally-identifying information from residents. All public health volunteers will be wearing WCCHD vests and will have identification cards.

Your apartment complex has been randomly chosen to be surveyed. Your resident's participation in the survey is voluntary, and he/she may decline to participate if approached by interviewers.

If you have any questions about this door-to-door survey, please contact the WCCHD Quality and Strategic Management Program at: (512) 248-7624.

Sincerely,

Lori Palazzo, MD  
Medical Director / Local Health Authority  
Williamson County and Cities Health District

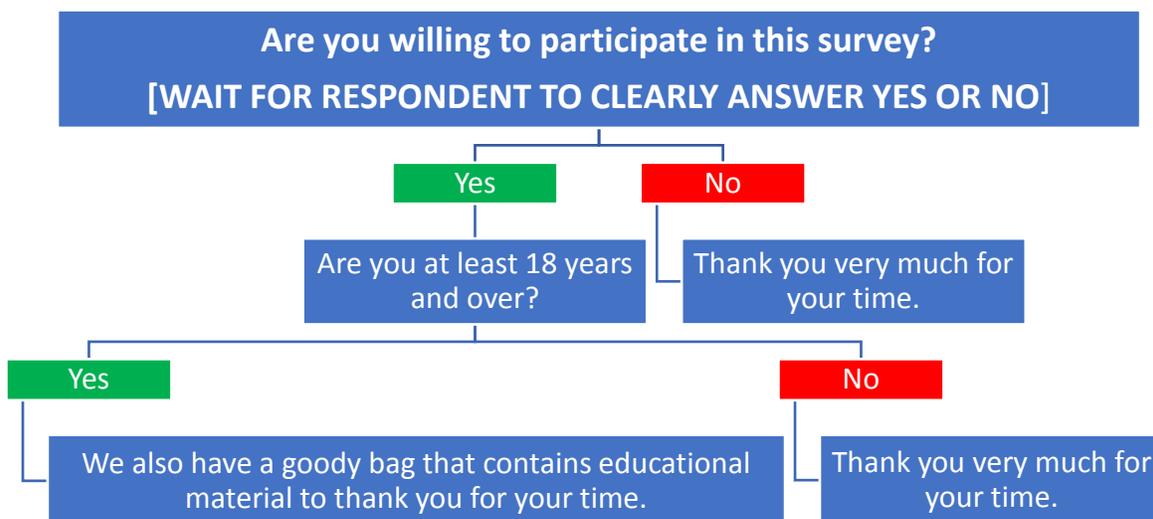


**Reminders:**

- Grab LHA letter, goodie bag, clip board, survey, pen/pencil from vehicle
- Wear vest and identification card
- Remove sunglasses (hats ok to keep on, but ensure eyes are visible)

**KEY ELEMENTS IN THE INTRODUCTORY SCRIPT**

- Hello, we are \_\_\_\_\_ and \_\_\_\_\_ with the Williamson County and Cities Health District – Williamson County's public health department.
- We are conducting a public health assessment to learn more about people's access to health resources and services, healthcare, and health conditions in Williamson County. The information you provide will be used to improve the health of the county.
- Your house is one of many that have been randomly chosen to be in this survey. If you agree to participate, we will ask you some questions about your house and the people who live there. We will ask questions regarding access to health resources/services in the county, health behaviors in regards to healthy eating, physical activity, and seeking help for mental health, and health conditions (such as cancer and heart disease).
- The survey should take no more than 10-15 minutes to complete.
- We will keep your answers private. You can refuse to take part in the survey or refuse to answer any of the questions. Nothing will happen to you or your household if you choose not to take part in the survey. Do you have any questions about this survey? If so, you can ask anyone here right now.



**CALL YOUR TEAM LEAD IF YOU HAVE QUESTIONS!**

## 10.10 APPENDIX J: SPANISH INTRODUCTORY SCRIPT



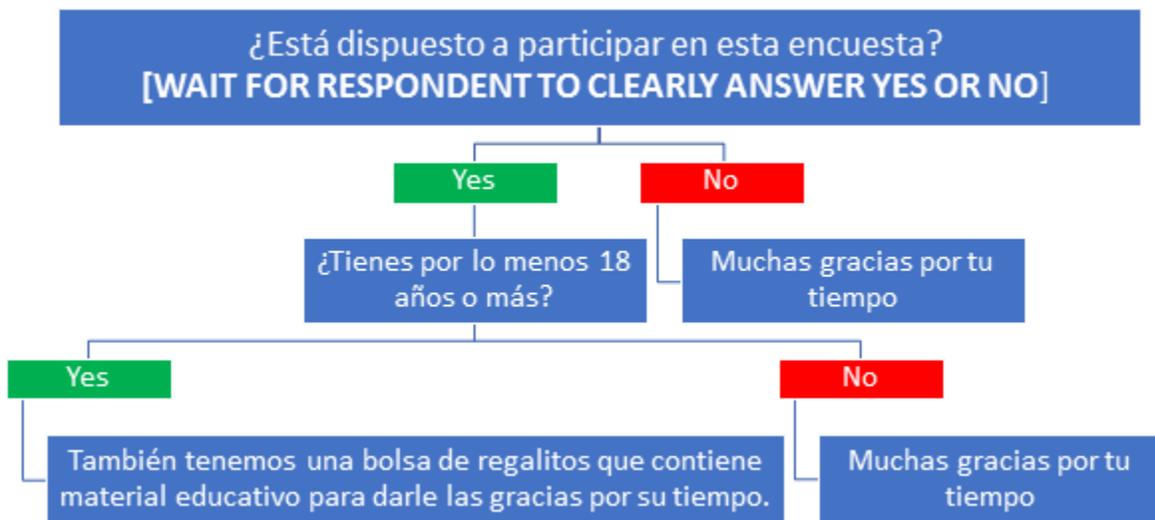
**ESPAÑOL**

### Reminders:

- **Grab LHA letter, goodie bag, clip board, survey, pen/pencil from vehicle**
- **Wear vest and identification card**
- **Remove sunglasses (hats ok to keep on, but ensure eyes are visible)**

### **ELEMENTOS CLAVES EN LA INTRODUCCIÓN**

- Hola, estamos \_\_\_\_\_ y \_\_\_\_\_ con el Condado de Williamson y las ciudades del distrito de salud – Departamento de salud pública del Condado de Williamson.
- Estamos llevando a cabo una evaluación de salud pública para aprender más sobre el acceso de las personas a los recursos y servicios de salud y condiciones de salud en el Condado de Williamson. La información que usted proporcione será usada para mejorar la salud del condado.
- Su casa es uno de los muchos que han sido elegidos al azar para estar en esta encuesta. Si usted está de acuerdo en participar, le haremos algunas preguntas sobre su casa y la gente que vive allí. Haremos preguntas sobre el acceso a los recursos/servicios de salud en el condado, comportamientos de salud en lo que respecta a la alimentación saludable, actividad física, y la búsqueda de ayuda para la salud mental, y las condiciones de salud (como el cáncer y las enfermedades cardíacas).
- La encuesta no debe tardar más de 10-15 minutos en completarse.
- Mantendremos sus respuestas confidenciales. Usted puede rehusarse a participar en la encuesta o rehusarse a responder a cualquiera de las preguntas. No le ocurrirá nada a usted ni a su familia si decide no participar en la encuesta. ¿Tiene alguna pregunta acerca de esta encuesta? Si es así, puedes preguntarle a cualquiera aquí ahora mismo.

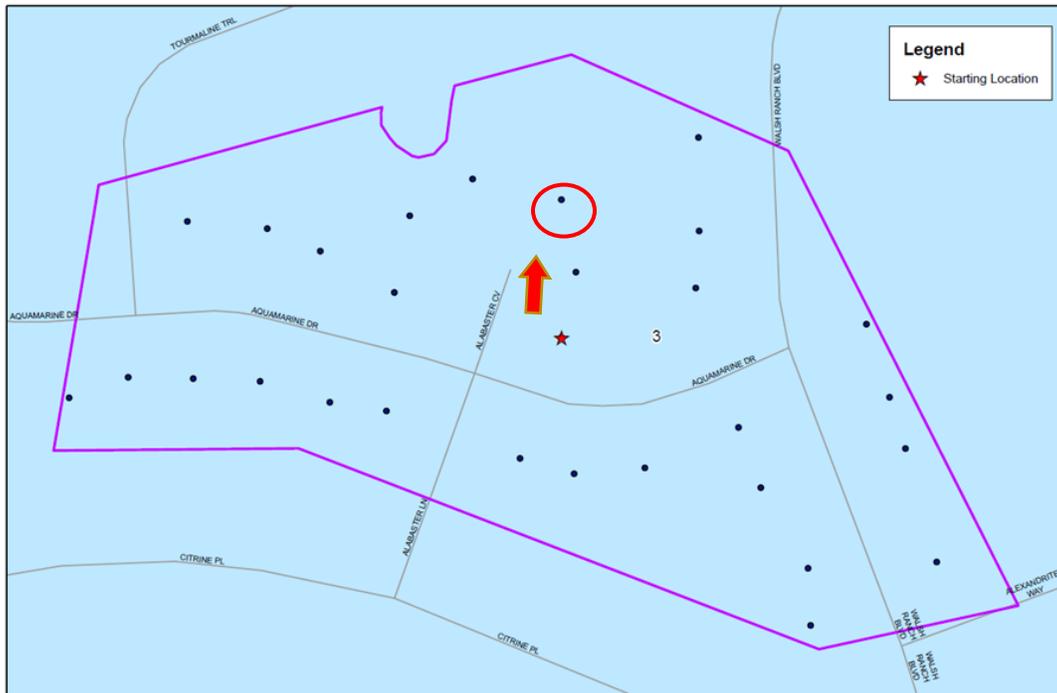


**CALL YOUR TEAM LEAD IF YOU HAVE QUESTIONS!**

## 10.11 APPENDIX K: SAMPLING INSTRUCTIONS

### Sampling Instructions – Selecting Housing Units in a CLUSTER

1. Enter your assigned cluster.
2. Drive to your identified starting point ★ Starting Location . This is house number 1. (*Call your Team Supervisor to inform that you have arrived.*)
3. Drive to the “Nth” house following the roadway **LEFT** through the cluster. Note roadway and cluster boundary. When facing the front of the house, the next house will be on the left hand side of that house.
4. Complete top portion of tracking form and document street address in the “notes” section of tracking form.
5. Complete top of the questionnaire, remember to complete the cluster and survey number.
6. Approach house and read introduction and consent script.
7. Interview the “Nth” house (see map below). Remember to read questions exactly as they are written. Be careful not to “put words into respondent’s mouth.” This process must be as standardized across all interview teams as possible.
8. Check through questionnaire to ensure all questions have been completed before leaving the house.
9. Complete a referral form, if needed.
10. Hand out the goody bag to the interviewee.
11. Complete the tracking sheet on every house you approach. On each blue cluster map, note on every house you approach: .
12. After completing your first interview, call your Team Lead to provide an update on how the interview went and any issues encountered.
13. Travel through the cluster in a serpentine method – walk up one side of the street and then turn and walk down the other side in such a manner that every house within the selected cluster is passed. You will follow this pattern until you complete seven interviews in your cluster (14 interviews for Cluster 12).
14. All teams are to report back at the command center at the scheduled time.



CLUSTER #: 3  
SURVEYS: 7  
HOUSING UNITS: 23  
NTH HOUSE: 3  
START ADDRESS: 3909 ALABASTER CV ROUND ROCK, TX 78681

0 60 120 240 360 Feet  
N  
2019 CHA CASPER: Cluster 3

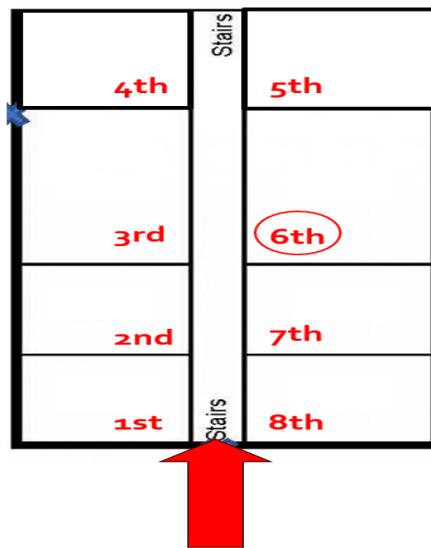
*For this cluster above, N = 3, so a team would approach every 3<sup>rd</sup> house to sample.*

## How to interview apartments?

1. Head to houses, duplexes, and condos first. If you cannot complete all seven interviews among houses, duplexes, and condos, *then* head to apartments in assigned cluster.
2. Drive to the first building to the **LEFT** of the apartment entrance after entering the complex. This is apartment building number 1.
3. Drive to the "Nth" building following the roadway **LEFT** through the cluster, just like you would with houses. Continue moving in that direction to every Nth building.



4. Enter the apartment building and begin counting the units with the first apartment on the LEFT. Count units clockwise until you get to your desired unit (the randomly-selected number).



*If your randomly-selected number was "6," you would start at the first apartment unit on the left and count clockwise until you reach the sixth apartment.*

5. If your apartment map does not have randomly-selected units indicated on the map, it's because we could not estimate how many units were in each building. In this case, teams should:
  - a. Estimate the number of units in their Nth building by counting the apartments on the first floor and multiplying by the number of floors.
  - b. Use the random number generator (Random.org) to randomly select a number between 1 and the estimated number of apartments.

**What if there is “no answer” at a selected house?**

Log the house address in the “notes” section of the tracking form so you know where to return. Move on to the next Nth house. After reaching seven houses for interview or “no answer,” return to any “no answer” houses for a second attempt in the same order as before. If there is no answer on the second attempt, mark it on the tracking form and move on the next cluster. After completing the next cluster, return to this cluster and make a third attempt. If there is still no answer on the third attempt, mark it on the tracking form and select a replacement by moving left of the “no answer” house, counting the next house as “2” and going to the Nth house for a replacement interview.

**What if the selected house is “inaccessible”?**

If a selected house is “inaccessible” (defined on the Survey Tracking Form), record this on the Survey Tracking Form. To select the next Nth house, continuing in the same direction.

**Do not conduct interviews at businesses, nursing homes or assisted living facilities.**

**Safety Tips:** Safety is our **TOP** priority! If you feel unsafe at any time, remove yourself from the area. Contact your Team Supervisor. Wear your seat belt! Drive safely! Be aware of your surroundings and look out for local hazards!

**When In Doubt, Call Your Team Supervisor For Instructions!**

# 10.12 APPENDIX L: HOUSEHOLD TRACKING SHEET

## CASPER Tracking Form

County: ..... Cluster # (i.e., 1-30): ..... # of Households in Cluster: ..... Interviewer: .....

Date of Interview: ..... / ..... / .....

**Instructions: Use one tracking form per cluster.** Check where appropriate, but try to choose only one best option for each of the four categories. Go as far down the list as possible for each site you visit. Use neighbors to find information if no resident is available. Each sampled housing unit represents one housing structure (if you visit a structure more than once to attempt an interview, do not count it as a new sampled housing unit, but record the number of attempted visits under the "No Answer" category).

Sampled Housing Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>1) TYPE OF DWELLING</b>																	
No housing structure	<input type="checkbox"/>																
Mobile Home	<input type="checkbox"/>																
Single Family Home	<input type="checkbox"/>																
Duplex	<input type="checkbox"/>																
Apartment	<input type="checkbox"/>																
Other	<input type="checkbox"/>																
<b>2) ACCESS</b>																	
House is Accessible	<input type="checkbox"/>																
House Inaccessible (unsafe structure)	<input type="checkbox"/>																
House inaccessible (locked gate)	<input type="checkbox"/>																
House Inaccessible (stray dogs/other animals)	<input type="checkbox"/>																
House Inaccessible (no trespassing sign)	<input type="checkbox"/>																
House inaccessible (safety issues)	<input type="checkbox"/>																
<b>3) NO ANSWER</b>																	
Vacant (no sign of anyone possibly living there)	<input type="checkbox"/>																
No answer (no one opens the door )	<input type="checkbox"/>																
Number of attempted visits																	
<b>4) INTERVIEW</b>																	
Language Barrier	<input type="checkbox"/>																
Refused to Participate	<input type="checkbox"/>																
No adult over 18 years old	<input type="checkbox"/>																
Interview begun, not finished	<input type="checkbox"/>																
Interview Completed	<input type="checkbox"/>																
Survey # (i.e., 1-7) from Completed Questionnaire:																	

## CASPER Tracking Notes

County: ..... Cluster # (i.e., 1-30): ..... Interviewer: ..... Date of Interview: ..... / ..... / .....

**Instructions:** Use this page to keep notes on which houses had any unusual issues or special requests.

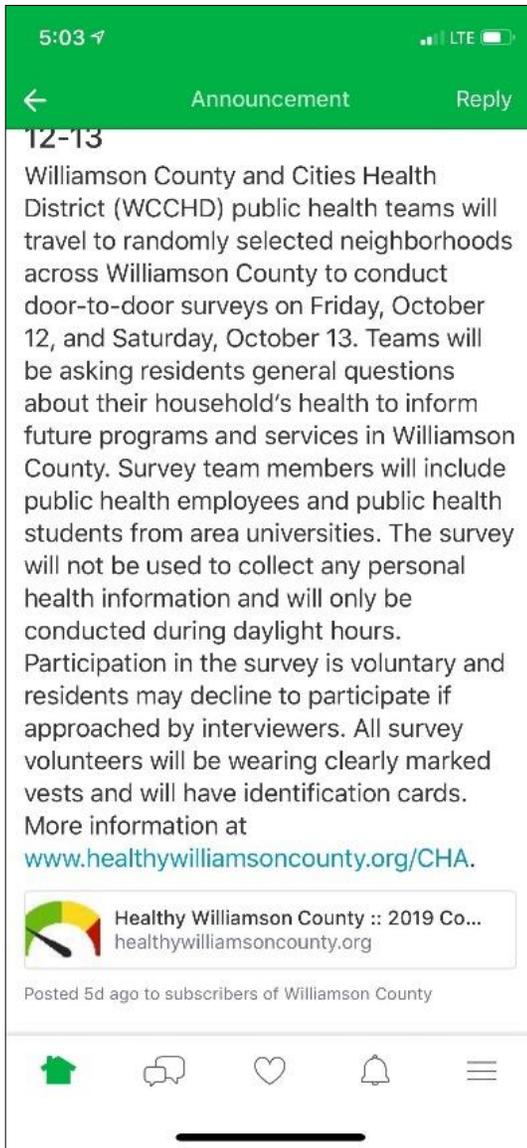
Sampled Housing Unit:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.

10.13 APPENDIX M: GOODY BAGS



## 10.14 APPENDIX N: SOCIAL MEDIA AND PRESS RELEASE



Next Door Post



Press Release

# VOLUNTEERS NEEDED FOR COMMUNITY HEALTH ASSESSMENT (CASPER) SURVEYING!

 **September  
14th-15th**

Williamson County and Cities Health District and other partners will be conducting door to door surveying throughout the county to collect community health information. Volunteers will be needed to assist in this survey collection process. This is an excellent opportunity to gain experience in community surveying and data collection!



To learn more and sign-up to volunteer, visit [www.healthywilliamsoncounty.org/cha](http://www.healthywilliamsoncounty.org/cha)



CASPER Recruitment Flyer



## Williamson County and Cities Health District

Published by Debra Strahler [?] · October 13 at 9:51 AM · 🌐

DAY 2! Public Health in Your Neighborhood - WCCHD public health teams will travel across Williamson County Fri. Oct. 12 and Sat. Oct. 13. Teams will be asking residents general questions about their household's health to inform future programs and services in Williamson County. The survey will not be used to collect any personal health information and will only be conducted during daylight hours. Participation in the survey is voluntary and residents may decline to participate if approached by interviewers. All survey volunteers will be wearing clearly marked vests and will have identification cards. Learn more about the Community Health Assessment at [www.healthywilliamsoncounty.org/CHA](http://www.healthywilliamsoncounty.org/CHA).



Facebook Post



Newspaper Clipping

10.15 APPENDIX O: CASPER TEAM PICTURE

