Use Travis County teen birth data to highlight need for services or other supports.

Use what are racial equity impacts each time our team plans service delivery/event changes — require this conversation.

Grow programming for youth that supports them through sexual health education, life planning, and healthy relationships so all youth in Travis County have access to the services they need and want.

Target rent and utility assistance to people who are marginalized the most.

Visit the communities we serve to experience and feel life in those places. This way we can communicate our messages better.

How to address a broader distribution of wealth, increase opportunities for people under poverty level.

Work with community to solve the root causes of health inequity.

Advocate for more truly affordable housing, seek more resources for diets to obtain healthy affordable food, and promote as much as possible the current programs. Be a part of groups or organizations that are striving to make change in our community.

Commit to work on using a social justice framework when tackling health equity issues in combination with traditional frameworks, and encourage those I work with to do the same.

I commit to keep working with our community partners to create access to high quality and affordable early care and education so that every child in our community is school-ready by kindergarten.

Engage in movements in the community to help foster strong partnerships.

Visit the communities and places we serve so we can communicate better our messages.

Commit to using a health equity lens to develop its strategic plan.

Encourage access for everyone, spreading the word! Improve visibility. Communication matters.

Build stronger ties with the marginalized communities through first workers, continue informing the community about access to options and opportunities using the first workers platform partners.

Continue to provide compassionate care to all.

Share resources between nursing programs so we can break down silos and share best practices regarding our equity work.

Consider/listen to clients' needs and request regarding service provision.

I can collaborate with community programs and identify at-need areas and plan to implement services where they are needed most.

Inform and encourage council to improve healthy conditions and underserved community access to healthy food, basic health, etc., by working with major organizations and legislature.

Meet with community partners, hold focus groups with community to learn/share their needs.

Hire and retain diverse staff beyond the minimum qualifications.

Make technology for inclusion and equity.

Establish myself as a community resource expert for the PAC program.

Gather information about resources for families that are available from APH plus COA and make the info available in the Office of Vital Records lobby.

I will commit to making a handout of APH resources.

I want to pay more attention to marginalized communities in the data collection and analysis so it is more representative and equitable.

Provide as much education, knowledge, and resources for the public about STD/STI preventatives.

Share resources that help with food, housing, and school.

Austin Public Health

2026-2031 Strategic Plan



Strategic Plan

October 2026 - September 2031

Photo Caption: This art installation at Austin Public Health (APH) is made up of ribbons with individual statements written by APH staff. The ribbons share the actions that staff have committed to as next steps for improving health equity. It serves as a reminder of our commitments to our community and that we do not work alone. Although our individual contributions may at times feel small, when combined, our efforts can add up to something much greater–just as the individual ribbons to this installation do. Illustration and photo: Connie McCracken

Some of the anonymous commitments staff wrote on the ribbons in this art installation are shared throughout this strategic plan and all staff commitments written as of January 2026 are in Appendix B.

Plan Adopted on: October 2026

Austin Public Health

PHAB Center for Innovation

Contents

Letter from the Director . . . 4
Keep Austin Healthy: About Austin Public Health . . . 5
2026-2031 Strategic Plan Fact Sheet . . . 8
How We Serve Austin and Travis County . . . 11
Strategic Priorities . . . 14
- Strategic Priority 1: Trusted Public Health Authority . . . 15
- Strategic Priority 2: Easier Assistance Navigation . . . 17
- Strategic Priority 3: Clear Health Information . . . 19
- Strategic Priority 4: Adaptable Workforce . . . 21
- Strategic Priority 5: Emergency Preparedness . . . 22

Plan Alignment . . . 23
Putting the Plan Into Action . . . 26
How We Developed This Plan . . . 30
Appendices . . . 37
- Appendix A: Detailed 2026 Strategic Planning Initiative . . . 38
- Appendix B: Ribbon Project . . . 43

Record of Revisions . . . 59

This is a living document that will be updated as needed until September 2031. Annual Work plans will be developed each year of this plan and published here.

For questions about this plan, please contact:

Austin Public Health
512-972-5000
PHAB.strategyhub@austintexas.gov

> "Empower the community to fight for the safe and healthy environment that everyone deserves."

Letter from the Director



Dear Austin and Travis County Community,

I am pleased to share Austin Public Health's 2026-2031 Strategic Plan. This plan sets our direction for the next five years and reflects our responsibility to prevent disease, promote health, and protect the well-being of all. It also affirms how we will do that work: in partnership with the community, with a continued commitment to equity, and with clear accountability for results.

This plan is the product of a thoughtful and collaborative process. Through a varied set of community engagement opportunities from discovery dialogues to community comment boxes, we listened for what is working, what barriers remain, and what APH must strengthen to meet the needs of Austin and Travis County. I truly appreciate everyone who gave their time, insight, and honest feedback. Your voice and perspective were important in shaping our path forward together.

This plan centers community partnerships, and that means more than seeking input during a planning process. It means building and sustaining trusted relationships, designing services with the people most affected by our decisions, communicating clearly, and following up on what we heard. APH must now begin translating these shared priorities into action. We are committed to transparency and accountability, so we will regularly report our progress and ask for community feedback to learn together and adjust as community needs or conditions change.

Our commitment to equity remains crucial to this work. Health justice is one of our core values and must be reflected in all that we do. It defines how we continue to show up for Austin and Travis County. It demands that we work to reduce unfair and avoidable barriers to health, improve access to services and information, and strengthen the systems that support consistent, high-quality, and community-centered public health practice. Equity is not a separate initiative; it is a standard we apply across our operations and a responsibility we carry into every decision.

Public Health Leadership calls APH to be a visible, trusted, reliable partner. The priorities in this plan commit us to making services easier to navigate, modernizing our data systems and operations, fostering an adaptable and supported workforce, and strengthening our ability to prepare for, respond to, and recover from emergencies and disasters. These priorities position APH to protect essential services, respond to emerging challenges, use public resources responsibly, and deliver measurable value to the communities we serve.

This plan belongs to all of us, and its success will depend on continued partnership, engagement, and shared accountability. Together, we are building a stronger future for Austin and Travis County.

Sincerely,

Adrienne Sturrup
Director, Austin Public Health

Keep Austin Healthy: About Austin Public Health



Austin Public Health (APH) serves as the local health department for Austin and Travis County. We are legally mandated to provide essential public health services to residents and visitors in this region. APH exists to prevent disease, promote health, and protect the well-being of all. Grounded in our core values of health justice, community-centered partnerships, and public health leadership, APH serves Austin and Travis County in five mandated community-specific foundational areas and eight required capabilities detailed in Figure 1.

Since 2016, APH has met the national standards established by the Public Health Accreditation Board (PHAB) for accredited public health departments, ensuring that our programs and services are delivered with industry-standard quality.

As the local health department, we lead the path forward for Austin and Travis County's public health system, weaving together the public, private, and community organizations who play an essential role in the system to keep Austin and Central Texas healthy.

Our Local Tapestry at a Glance

Central Texas is one of the longest inhabited regions in North America with evidence of Indigenous peoples over 20,000 years;[1] from the Nahuatl and Coahuiltecan tribes to the Mission Indians, the Tonkawa on Red Mountain, the Comanche, the Lipan and Mescalero Apache, the Huichol, the Cherokee, the Delaware, the Chickasaw, the Black Seminole, the Choctaw, the Caddo and the Karankawa and all peoples with historical ties to the origin of Central Texas. Today, there are three federally recognized tribes in Texas – the Alabama Coushatta Tribe of Texas, the Kickapoo traditional tribe, and the Texas Band of Yaqui Indians. This region's springs continue to be used for ceremony and celebrations within this vibrant and diverse urban intertribal Native community.

We value the guidance this community provides in creating the Austin of today in the face of their experience of colonial violence and displacement. Austin-Travis County's demographics and population health trends interlace these historical roots with the growth of a variety of communities made up of different cultures, languages, identities, generations, and abilities. As new and historical neighborhoods are shaped and reshaped, our population's health is also defined by growing and emerging health disparities and gaps in quality of life. Public health has an obligation to the Native community and all communities who are impacted by these disparities and gaps to ensure health justice for our whole population. Public health's commitment to health justice has improved Austin-Travis County's health over the years but there are still disparities and gaps that must improve.

To learn more about demographics and health trends that shape our region, see the 2025 Community Health Assessment (CHA) and 2023 Critical Health Indicators.

[1] Gault School of Archaeological Research: www.gaultschool.org

The tapestry and environment of this region are rapidly changing, and the capacity of the public health system also fluctuates and must adapt to maintain essential public health services. APH continuously assesses changing needs including new and returning public health threats and redefines its path forward every five years with a new strategic plan. Reflecting Austin's distinctive character and strong sense of community, we inform our plan with community and public health system partner voices, City of Austin and Travis County planning processes, and public health data on the unique demographic, environmental, social, economic, and population health trends across Austin and Travis County.

This 2026-2031 APH Strategic Plan defines the strategic priorities for our department, sets time-bound and measurable goals for each of those priorities, and guides the development of the Annual APH Work Plans, detailing the milestones we will achieve and services we provide. The work plans will be developed each year of this five-year strategic plan, providing the steps for how we will work on this plan and achieve our vision for everyone in Austin and Travis County to have an optimal quality of life, health, and well-being free from racism, poverty, and oppression.

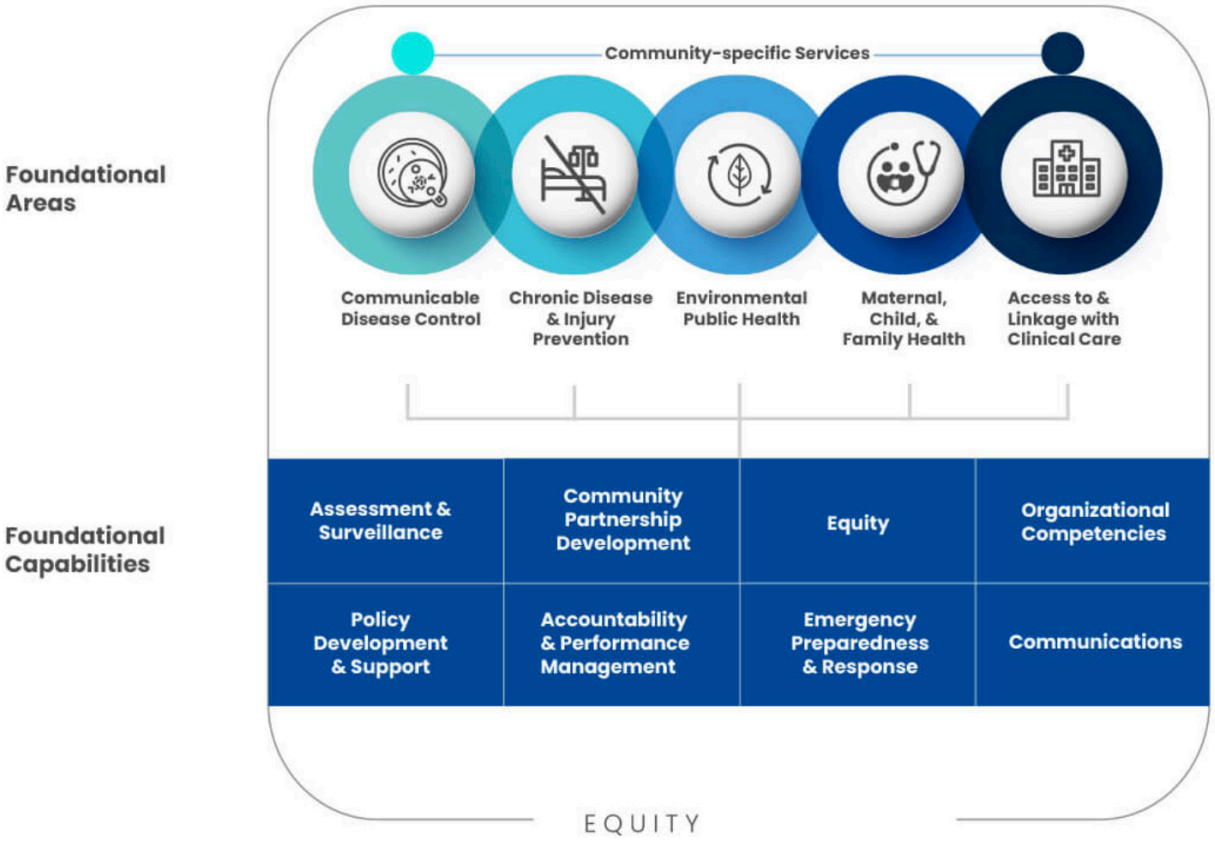


Figure 1. Basic areas and capabilities required for a public health agency. Source: PHAB

2026-2031 Strategic Plan Fact Sheet



Austin Public Health (APH) serves Austin and Travis County, home to more than 1.3 million multi-age, multicultural, multilingual residents with varied identities and abilities. The region continues to grow and evolve rapidly, creating an ever-changing landscape of public health needs. See the 2025 Community Health Assessment (CHA) to learn about the populations we serve.

Mission: Prevent disease, promote health, and protect the well-being of all.

Vision: Everyone in Austin and Travis County will have an optimal quality of life, health, and well-being free from racism, poverty, and oppression.

Core Purpose

- Prevent illness, injury, and disease;
- Promote community-wide wellness, preparedness, resilience, and self-sufficiency;
- Protect the community from environmental and health hazards; and
- Strengthen collaborations and build new partnerships to advance health in all policies.

Core Values

- **Health justice:** Health is a human right, and we must challenge the systemic conditions that reduce access to wellbeing and perpetuate cycles of disparities.
- **Community-centered partnerships:** Building and sustaining trusted relationships with the people and organizations in our community enables collaborative opportunities to create innovative solutions for evolving community needs and population health outcomes.
- **Public Health Leadership:** We work together with subject matter experts and community champions to set a clear and proactive agenda that not only empowers our communities as equal stakeholders in their health outcomes but also strengthens both the community's and APH's abilities to defend and steward the public's health.



Strategic Priority 1

- Be the visible, recognized, and trusted authority on public health in Austin and Travis County.

Strategic Priority 2

- Partner with health, safety, social service, and other community providers in Austin and Travis County to make assistance easier to navigate.

Strategic Priority 3

- Modernize APH data systems and operations to clearly communicate public health information to the public and quickly assess health needs for evidence-informed public health services.

Strategic Priority 4

- Foster an adaptable public health workforce for Austin and Travis County that elevates diverse expertise and is ready for adverse events.

Strategic Priority 5

- Prepare Austin and Travis County to prevent, respond to, and recover from public health emergencies and disasters.

> "One goal I want to work towards is to provide educational videos in multiple languages on what is needed to pass health inspections and then maintain and incorporate it into everyday processes."

How We Serve Austin and Travis County



Public health plays an important role in supporting people at every stage of life, from babies to seniors and across all neighborhoods . As communities grow and change, APH provides important data, community supports, and free or low-cost services to help keep everyone safe and healthy:

Mothers, Pregnancy, and Early Childhood

- Official birth certificates
- Home visits for Black moms during pregnancy and baby's first year
- Postpartum health screenings, supportive guidance, and connection to community services
- Specialized support at breastfeeding clinic and training center
- Healthy foods, personalized nutrition education, and breastfeeding support
- Injury prevention education on infant safe sleep, child passenger safety (car seats), and drowning prevention
- Childcare provider trainings & resources
- Early childhood development resources and information
- Child immunizations (ex: Measles)
- Respiratory disease prevention & control
- Maternal and infant health surveillance

Youth & Adolescents

- Health education and outreach for middle and high school–aged youth
- High-school aged career development and internships
- School immunizations
- Leadership development, peer to peer support and youth advisory councils
- Design for healthier schools
- Respiratory disease prevention & control

Adults & Families

- Chronic disease health screenings
- Physical activity & health education classes
- Respiratory disease prevention & control
- Flu, hepatitis, and COVID-19 immunizations
- HIV/STI testing, treatment, and surveillance
- Tuberculosis testing, treatment, and surveillance
- Navigation of social services and connection to social support (food, utility assistance, bus passes, self sufficiency case management, extreme weather assistance, etc.)
- Education about safely storing firearms
- Workplace health

Older Adults & Seniors

- Health screenings
- Physical activity & health education classes
- Immunizations
- Improved walkways and infrastructure for injury prevention in older adults

- Transportation resources
- Respiratory disease prevention & control

Community Supports

- Official death certificates and burial permits for events in City limits
- One-stop-shop health fairs with support from partners for health-related services
- Planning and assessments for early childhood, community health, HIV, and aging residents
- Food permits and inspections for restaurants and mobile food vendors
- Food-borne illness reporting and investigation
- Permitting and safety inspections for pools, spas, or interactive water features
- Surveillance of pest traps and lab testing to guide control and community outreach for wildlife diseases
- Emergency preparedness, response, and recovery for extreme weather, disease outbreaks and other hazards
- Disease surveillance and investigation
- Heat surveillance
- Investments in community nonprofits for social services
- Resources for community violence intervention
- Monitoring nonprofit vendor contract services



Strategic Priorities



Strategic Priority 1: Trusted Public Health Authority

Be the visible, recognized, and trusted authority on public health in Austin and Travis County.

Foundational Capabilities: A, B, C, D, and H

Goal 1.1

By 2031, apply public health leadership to 100% of City of Austin plans, increasing promotion of improved health outcomes in applicable City of Austin decisions.

Goal 1.1 Milestones:

- Build relationships and expand capacity for all City of Austin departments to use relevant Community Health Assessment (CHA) findings, community knowledge and Community Health Improvement Plan (CHIP) priorities to inform planning, policy development, and investments to support population health.
- Establish a process for nominating applicable experts from across the department to participate in health-related City of Austin initiatives to provide public health leadership and data that assesses the public health impact of initiatives before and after implementation.
- Proactively present community health and epidemiological

Key

Strategic Priority: Focus area for the department necessary to accomplish the vision and mission.

Goal: An essential, measurable result the department works towards to improve in a specific strategic priority. Goals do not capture all activities supporting a strategic priority.

Milestone: Activities the department conducts to achieve a goal. All milestones will be detailed in the Annual Work Plans.

Foundational Capabilities

A. Policy Development and Support

B. Communications

C. Equity

D. Assessment and Surveillance

E. Community Partnership Development

F. Organizational Competencies

G. Accountability and Performance Management

H. Emergency Preparedness and Response

information and guidance to City of Austin commissions, Travis County Commissioner's Court, and the Public Health Committee to alert community leaders on significant health trends in Austin, Travis County, and Central Texas.

- Incorporate guidance on health impacts, coordinate resources, and provide health tools and education on City of Austin climate projects and policies across multiple industries to help high-risk populations prepare for and safely recover from climate extremes and hazards.

Goal 1.2

By 2030, implement a unified APH awareness process that consistently and clearly communicates APH programs and services to help Austin and Travis County communities, particularly those most impacted by health disparities, better access and understand the value of public health services.

Goal 1.2 Milestones:

- Create a department-wide communications pathway supporting APH programs to increase visibility of programs and communicate successes, timely information, and available services across trusted community channels.
- Reduce language and communication barriers by consistently interpreting and translating resources to improve connection with communities proficient in languages other than English.
- Expand existing health outreach initiatives with customized information to reach more communities impacted by health disparities.
- Expand capacity across APH for communications capabilities, technology, contractual resources, and sustainable funding necessary to support cross-department public information, accessible content, language access, community outreach, and emergency communication.

> “Checking with friends, coworkers, and community on their health and well-being. Offer help or any information or services I may know of.”

Strategic Priority 2: Easier Assistance Navigation

Partner with health, safety, social service, and other community providers in Austin and Travis County to make assistance easier to navigate.

Foundational Capabilities: C, E, and F



Goal 2.1

By 2031, 80% of APH customer satisfaction survey respondents will report that APH helpedconnect them to services or resources, addressing at least one additional health or safety need.

Goal 2.1 Milestones:

- Pilot the Austin–Travis County Care Coordination Initiative to connect healthcare, public health, and community-based services for our most vulnerable residents. By improving the timely exchange of information and closing gaps in care and referrals, the Initiative will support better medical decision-making, more coordinated public health services, and ensure that individuals and families receive the resources they need across the continuum of care.
- Map all APH relationships with health, safety, social service and all community providers to easily identify available assistance.

> "I am a lactation counselor with the WIC program [and] I plan on continuing to support mom[s] and their new babies with resources. Engage in conversations with other departments. Stay open minded and positive."

- Routinely use the APH and City tools that identify health disparities in Austin and Travis County to adjust reach and impact of APH programs and services in high-need areas and bring services to populations that face barriers to using them.

Goal 2.2

By 2028, create an APH community engagement standard and governance structure that routinely gathers and responds to input from Austin and Travis County residents to deepen community relationships, reduce disparities and strengthen APH services for safer, healthier communities.

Goal 2.2 Milestones:

- Standardize APH customer satisfaction and community feedback collection to ensure all community feedback is captured, reviewed, acted on, and responded to consistently.
- Develop an APH Community Engagement guide to help programs successfully plan and follow up on community engagement events and needs, supporting APH in making decisions with impacted communities.
-

> "Think outside the box to meet community needs. Be more empathetic. Build trust with the community."

> "Partner with communities, continue equity work, elevate community voice, challenge inequitable policies, elevate public health impact, social determinants of health, and language access."

Strategic Priority 3: Clear Health Information

Modernize APH data systems and operations to clearly communicate public health information to the public and quickly assess health needs for evidence-informed public health services.

Foundational Capabilities: A, B, C, D, F, and G

Goal 3.1

By 2031, establish necessary roles, skills, training, or technology in 100% of APH programs for public health informatics[1] and data modernization[2] capabilities to support equitable data collection, rapid data analysis, transparency, and accountable reporting.

Goal 3.1 Milestones:

- Build and sustain public health informatics roles within APH programs that integrate data, computer science, and technology to support improved health outcomes.
- Sustain a department-wide data governance program with designated stewards for all data, documented metadata, data quality standards, and annual reviews of data management and quality.
- Modernize and integrate priority APH data systems and processes to improve secure access, interoperability, data quality, and timely use of information across programs.

Goal 3.2

By 2029, report to the public 100% of APH strategic goals and key performance indicators' progress, as well as priority community health information to increase transparency and accountability.

> "Encourage access for everyone, spreading the word! Improve visibility. Communication matters."

1. Public health informatics is practical use of information technology, computer science, and data analytics to support public health practice, track disease, and improve community health outcomes (U.S. Centers for Disease Control and Prevention).
2. Modernizing data, technology, and workforce capabilities to strengthen public health surveillance, research, and decision making (U.S. Centers for Disease Control and Prevention).

Goal 3.2 Milestones:

- Create an APH Impact digital interface that features APH's Strategic Plan, measures, and stories demonstrating program/funding impact and also provides a centralized location for finding major reports on health information, trends, and disparities across Austin and Travis County.
- Complete the APH Performance Improvement project to strengthen APH's performance management system and routinely review how progress is measured.

> "Ensure ALL public buildings provide the same health code standards plan review (safety and sanitation)."



Strategic Priority 4: Adaptable Workforce

Foster an adaptable public health workforce for Austin and Travis County that elevates diverse expertise and is ready for adverse events.

Foundational Capabilities: C, F, G, and H

Goal 4.1

By 2029, train 75% of staff in at least one identified skill outside of their regular responsibilities to strengthen continuation of foundational public health operations and emergency response.

Goal 4.1 Milestones:

- Update APH's Workforce Development Plan to include training, mentorship, and stretch or acting role assignments for all APH staff.
- Expand APH's Public Health Academy curriculum to include continuing education requirements on cultural humility for all APH staff.
- Revise APH's recruitment practices to reduce promotion barriers, increase promotion opportunities, explore development of career ladders, and develop a workforce that is representative of populations served by APH.
- Maintain annual public health preparedness training for all APH staff and Incident Command System trainings for all APH Supervisors and Managers.
- Provide APH staff with learning opportunities and collaborative spaces on emerging public health issues (e.g., climate and health).

> "Follow the data to where it leads. Face the facts..."

Strategic Priority 5: Emergency Preparedness

Prepare Austin and Travis County to prevent, respond to, and recover from public health emergencies and disasters.

Foundational Capabilities: B, C, E, F, and H

Goal 5.1

By 2031, integrate a virtual Emergency Operations Center environment across all APH divisions, linking community partners, emergency management, geographic information system software, and data platforms to strengthen Austin and Travis County's public health emergency preparedness and response.

Goal 5.1 Milestones:

- Implement the City of Austin's Virtual Emergency Operations Center across APH.
- Institutionalize climate-related preparedness across APH programs, equipping high-risk populations and the programs that support them with knowledge and skills that build resilience to extreme climate events.

Goal 5.2

By 2031, increase APH's community outreach to populations at increased risk of harm from hazards and expand and maintain formal agreements with organizations that serve them, strengthening preparedness and readiness for medical countermeasure dispensing operations.

Goal 5.2 Milestones:

- Dispense medical countermeasures more equitably during emergencies using predictive geographic information system software.
- Improve accuracy of reaching medically vulnerable (e.g., persons with critical or serious mental or physical medical conditions) Austin-Travis County communities by applying geographic information to the City's Medical Emergency Registry.
- Improve accuracy and equity of identifying points of dispensing medical countermeasures during emergencies by combining predictive mapping with community input to validate and refine proposed dispensing locations.

The milestones for each strategic priority are some of the key activities that will be completed. Full details of all milestones, metrics, responsible staff, funding, technology, contractual resources, and department key performance indicators will be described in the Annual APH Work Plan that will be developed for every fiscal year (October to September). See the Monitoring, Evaluation, and Learning Cycle in this Plan for more information.

Plan Alignment



APH's strategic planning process intentionally used a standard strategic planning alignment methodology to ensure this plan connects with other relevant APH, city, state, and national initiatives. The following descriptions show alignment with other key APH and City plans:

Community Health Improvement Plan Alignment

APH informed the APH 2026-2031 Strategic Plan with findings from the 2025 Community Health Assessment (CHA) and discussions from the 2026 CHA Summit, where community members and partner organizations shared their views. This foundation helped shape both the 2026–2031 Strategic Plan and the 2026 Community Health Improvement Plan (CHIP), which were developed at the same time. The APH Strategic Planning Initiative Core Planning Team participated in the CHIP planning meetings to observe the CHIP decision process and incorporate decisions into the development of the APH strategic priorities and goals.

The 2026 CHIP includes four main priorities: economic stability, housing stability, food security, and mental health and substance use. This APH Strategic Plan supports those priorities in Strategic Priorities 1, 2, and 3 by bringing public health partners together, improving data systems, and working to reduce disparities in both health access and health outcomes. APH also advocates for health in all City of Austin policies, including those related to economic stability, housing, mental health, and substance use.

City of Austin and Travis County Planning Alignment

As our governing entity, the City of Austin's Citywide Strategic Plan (CSP) guides all City departments including APH. The CSP's goals and values reaffirm APH's mission and vision and shape APH's strategic priorities, goals, and key performance indicators. APH specifically aligns with the CSP strategic anchors of community trust & relationships, proactive prevention, equity, and affordability. Our strategic priorities and goals cut across multiple CSP goals,

> "Be present for each individual interaction and listen with an open heart and creative mind; learn by data, lived experience, and formal education. Be willing to change."

especially in areas of Public Safety and Community Health and Sustainability. By aligning with the CSP, this plan supports the long-term goals of Imagine Austin and helps the region respond to population growth and changes in the built environment. To ensure the APH 2026 Strategic Planning Initiative maintains alignment with City planning and reporting requirements, we regularly engage our governing entity both through APH executive leadership updates to our Assistant City Manager and through the City's Quarterly Strategy and Performance Forums started in 2025

A full list of initiatives this plan aligns with is shown in Appendix A.

> "I will work to ensure people/communities who are disproportionately affected by HIV receive the life-saving services they need to thrive."

Putting the Plan Into Action



All APH staff own and drive the implementation of this plan, and the strategic priorities and goals are intentionally designed to engage all programs. Cross-department teams lead each goal and will track the progress on accomplishing each of the milestones. For every year of this plan, an Annual APH Workplan ("Workplan") will be developed to detail all milestones and activities for the year, their responsible staff, measures of progress, funding sources, technology, contractual resources, and targets for APH key performance indicators. Each Workplan follows the fiscal year from October 1 to September 30. The following Monitoring, Evaluation, and Learning Cycle tracks progress for this Plan and its subsequent Annual Workplans to allow for continuous improvement, proactive adjustments to our overall strategy, and regular engagement with staff, community, and partners.

Monitoring, Evaluation, and Learning Cycle

APH commits to this plan remaining useful, clear, and up to date. APH will begin developing the upcoming year's Workplan alongside the annual budget process. Workplans capture all APH activities specific to the Strategic Plan goals, strategic priorities, and/or department performance measures. A dashboard for each goal will provide a visual snapshot of goal team progress to allow leadership to easily track and assess all goal-related milestones. These dashboards will be monitored periodically each year by the respective goal teams. The Executive Leadership Team will evaluate quarterly each of the dashboards with the goal teams, and progress will be shared twice a year in All-Staff Strategic Report communications. These evaluations provide moments for leadership and staff to pause from daily implementation and look at broader external and internal conditions impacting our strategic progress. A flyer with updates will be physically posted at APH locations and reported to the public on the strategic APH Impact webpage. In addition to data, video and audio recordings of community impact stories showing how our work impacts the lived experiences of our communities will be included in reviews and updates as feasible. The goal due dates in this plan have been intentionally staggered over the next 5 years based on progress to date, the anticipated resources needed, and to allow time to measure

> "Work with community to solve the root causes of health inequity."

implementation post-completion

Annually, APH plans to hold routine staff, community, and partner engagement sessions for discussing what is working well, what needs improvement and what emerging areas need to be added to this strategic plan and its related Work Plans. Development of the Work Plan each year will be supported by the APH decision-making tool to inform new or changed milestones and activities by the populations who are most impacted, ensuring APH is doing the best job possible for all of the communities we serve.

We maintain a consistent timeline each year to support accountability and trust with staff, community, and partners. See Figure 2.

Alignment with APH's Performance Management and Quality Improvement

The APH Performance Management System is the focus of Goal 3.2 and supports routine progress measurement of the strategic priorities and goals in this plan. As part of the Monitoring, Evaluation, and Learning Cycle, the goal teams and the Executive Leadership Team incorporate

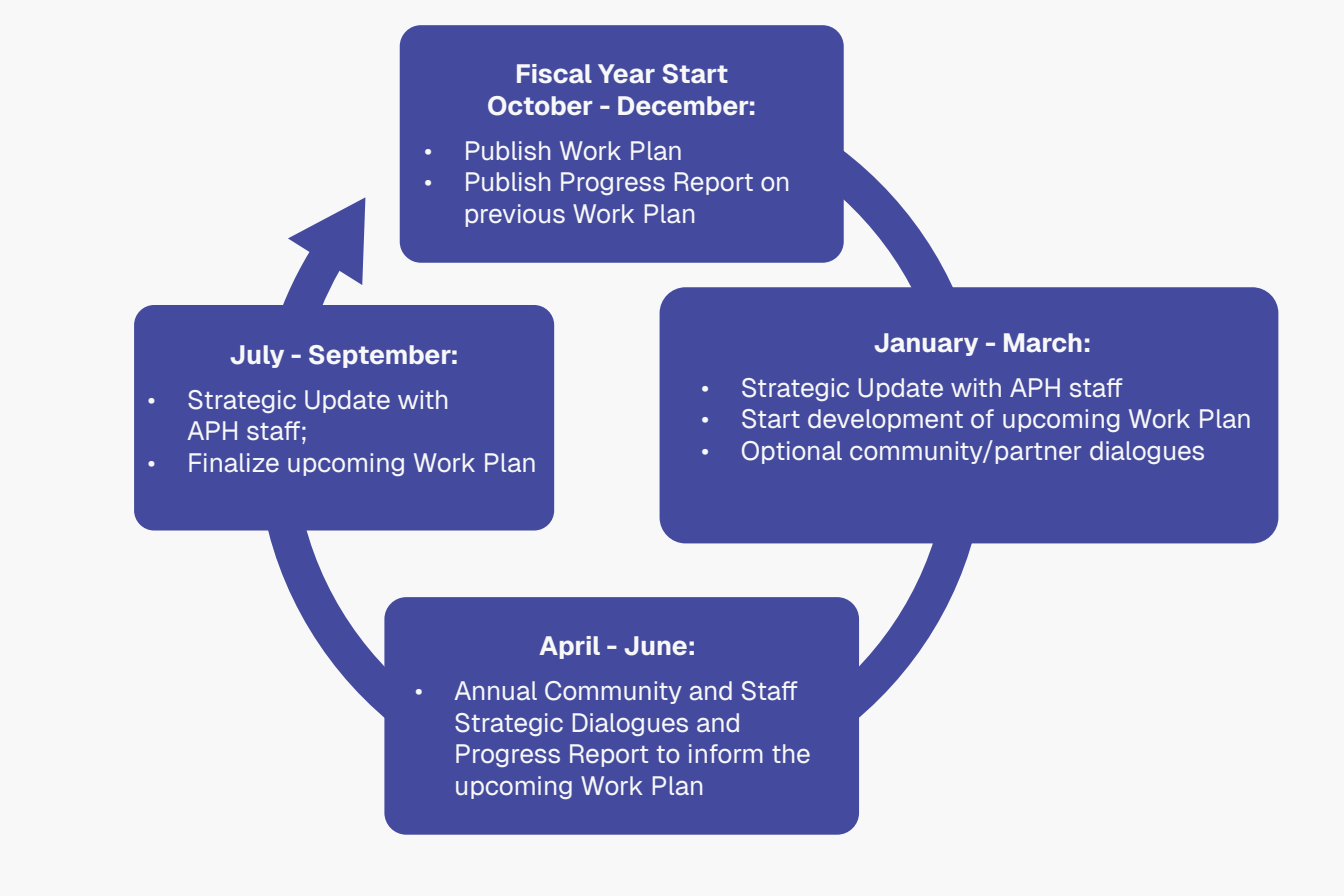
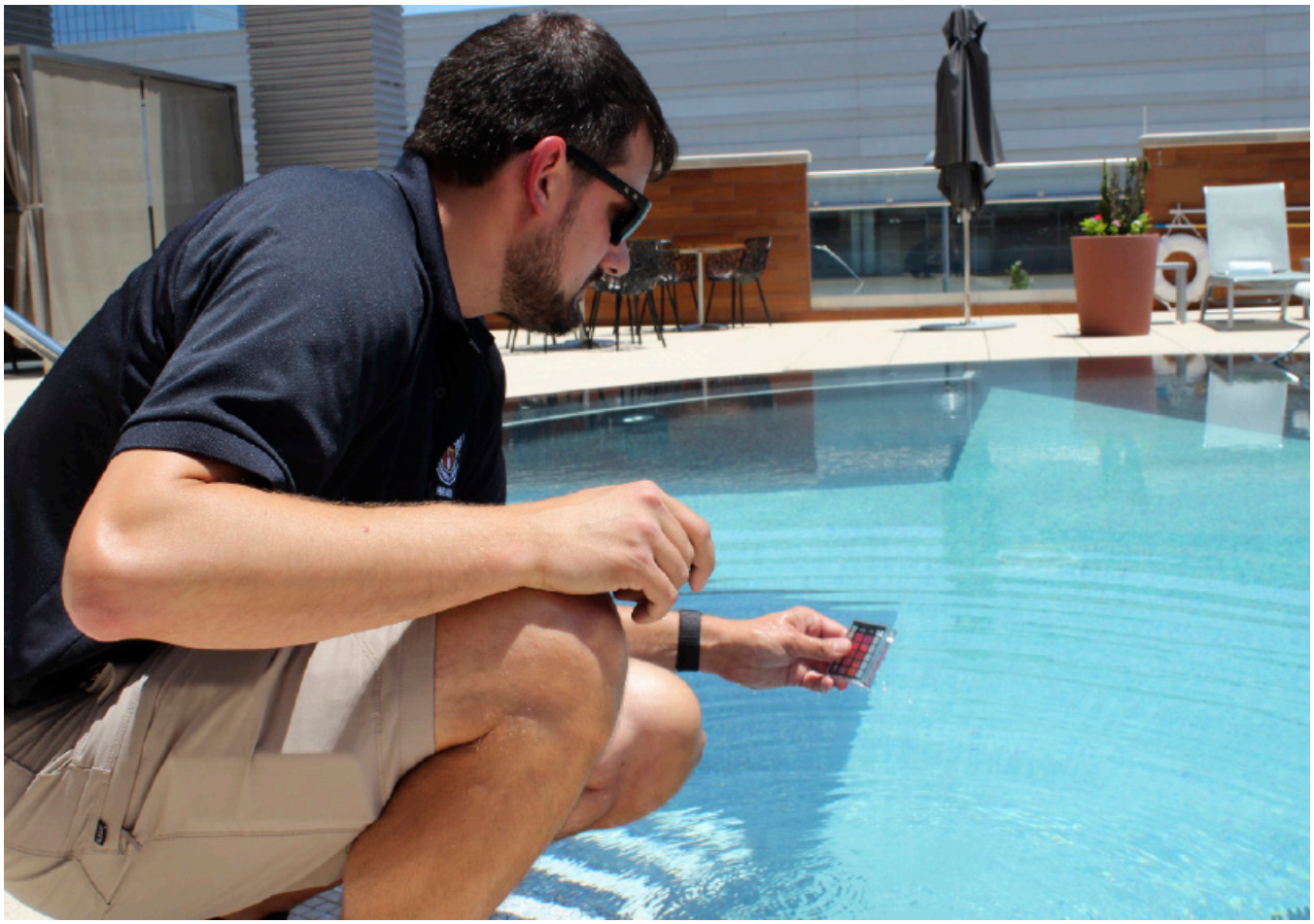


Figure 2: Annual APH Strategic Plan Monitoring, Evaluation and Learning Cycle Timeline

relevant performance measures and key performance indicator data in the dashboards to measure progress and review necessary adjustments. Opportunities for continuous quality improvement (CQI) will be brought to APH's CQI Committee to support implementation planning and execution. Performance reporting, both for citywide and department evaluations, is done quarterly in the City of Austin's reporting database.



How We Developed This Plan



APH's 2026 Strategic Planning Initiative

In 2025, APH started the strategic planning process for 2026-2031. APH's 2026 Strategic Planning Initiative aimed to create the plan with the majority of APH staff and develop a plan that both unified the department and kept APH agile enough to meet evolving public health changes. Throughout the Initiative, more than half of APH staff participated in creating the plan.

Phase 1: Setting Up the Process

APH began by forming a Core Planning Team that included the Public Health Infrastructure Unit Program Manager, the Performance Improvement Specialist, and the Strategic and Accreditation Manager. By December 2025, APH announced the 2026 APH Strategic Planning Initiative to all staff.

APH organized the work with an Initiative Roadmap that explained how the plan would be built, who would be involved, and the order of each of the six total phases. The first five phases focused on building the plan, while Phase 6 would happen over the next five years during implementation. During Phase 1, the Core Planning Team and the Executive Leadership Team worked together to shape the planning process and choose the best methods to explore APH's current challenges and opportunities. After the Initiative officially launched, APH invited volunteer and leader-selected staff from across the department to join the Strategic Planning Collaborators Group and guide the planning as a team of cross-departmental advisors. This team met monthly during the Initiative.

> "Reduce barriers for stakeholders / impacted community members to engage in meaningful ways with APH planning."

> "Participate in more community outreach for under-served communities, provide more resources in various languages, advocate for health equity across all communities."

Phase 2: Learning About APH and the Community

In Phase 2, the Core Planning Team completed an environmental scan that analyzed important information and health data for Austin and Travis County using reports like the City of Austin's recent Quality of Life studies, the 2025 CHA, and other national, state, city, and department plans.

The team found five major challenges:

APH systems and workforce are strained, making it hard to use data and respond quickly.

Chronic diseases are still a big problem, especially due to social and environmental issues.

Behavioral health issues such as mental health and substance use are rising, and many of the affected people struggled to access help.

Equity gaps still exist, especially in communities of color and neighborhoods facing more hardship.

Emergencies made many of these problems even worse, showing where APH and the City need stronger systems. These challenges often caused APH to shift into emergency response mode, which made it harder for staff to keep up with regular services and long-term solutions.

To better understand these issues, APH used Appreciative Inquiry and NOISE (Needs, Opportunities, Improvements, Strengths, Exceptions) methods during Discovery Dialogue sessions to draw insight from staff, community, and partners. The Core Planning Team held virtual and in-person sessions, set up comment boxes at all APH sites, and spoke with organizations that serve communities not well represented in earlier outreach efforts, such as Native American communities, immigrant communities, and uninsured or under-insured communities. Themes were identified across all information gathered and grouped into four categories: community and population health, internal processes and capacity, service delivery and partnerships, and learning and accountability.

> "Advocate for more truly affordable housing, seek more resources for diets to obtain healthy affordable food, and promote as much as possible the current programs. Be a part of groups or organizations that are striving to make change in our community."

The Core Planning Team, along with staff and leadership, developed these themes into new priorities and goals, building on APH's strong community relationships, passionate workers, and many trusted services. Themes demonstrated that staff imagined a future where APH works closely with communities to design services, everyone knows the value of public health, and health equity is a central part of everyday operations. Staff said they needed clearer communication, more modern tools, support for helping the community access services more easily, and more support and training. The community valued existing services but saw opportunities to combine services into one stop locations, learn from peer organizations, and build stronger partnerships with neighborhood and community-based organizations.

Phase 3: Crafting the Strategic Priorities and Goals

After identifying the common themes, APH invited all staff to join five Plan Build Sessions. In these sessions, staff reviewed APH's mission, vision, and purpose and developed core values. The Core Planning Team used a scorecard system to vote on the most important themes. This voting, combined with leadership guidance, resulted in the top five Strategic Priorities:

Strategic Priority 1: Trusted Public Health Authority;

Strategic Priority 2: Easier Assistance Navigation;

Strategic Priority 3: Clear Health Information;

Strategic Priority 4: Adaptable Workforce;

Strategic Priority 5: Emergency Preparedness.







To help APH work towards these priorities, the Executive Leadership Team created goals and milestones that were then reviewed and refined by subject matter experts.

Phase 4: Validating and Refining

The Core Planning Team used the findings from Phases 1 and 2 to draft the APH 2026-2031 Strategic Plan. The Plan went through multiple leadership and staff reviews to validate and refine the final components. The APH Communications Unit provided design and editing expertise.

Phase 5: Final Publication

Phase 5 covered the internal and external publication of the final Strategic Plan, ensuring that we sufficiently alerted the public and all staff about the strategic priorities, goals, milestones, and the Monitoring, Evaluation, and Learning Cycle. See Appendix A to learn more about the 2026 Strategic Planning Initiative and what we learned from the gathered input.

> “Listen to others. Be considerate of what someone else may be feeling. Stand up for those who need help. Educate people who may not know. Put yourself in someone else’s shoes.”

Acknowledgments



We extend our sincere gratitude to the staff, community members, and partner organizations who dedicated their time, expertise, and insights to shape this strategic plan. Your contributions have been invaluable in developing a roadmap that strengthens our department's ability to operate efficiently, set clear priorities, and achieve meaningful progress.

We especially acknowledge the following for their outstanding contributions:

Austin Public Health Staff

Special thank you to the Core Planning Team, the Strategic Planning Collaborators Group, staff who reviewed the draft plan, the Executive Leadership Team, and the Communications Unit and Communications Review Committee for designing and reviewing the plan.

Community and Partners

Special thank you to the Community Health Assessment partners, the Native American Cultural Center, and clients at APH service sites who responded to our comment boxes.

The collective effort and dedication of everyone involved has been instrumental in creating a strategic plan that will guide Austin Public Health in its mission to prevent disease, promote health, and protect the well-being of all.

> "Think outside the box to meet community needs. Be more empathetic. Build trust with the community."

Appendices



Appendix A: Detailed 2026 Strategic Planning Initiative

Phase 1: Set Up & Launch

APH began by forming a Core Planning Team that included the Public Health Infrastructure Unit Program Manager, the Strategic and Accreditation Manager, and the Performance Improvement Specialist. They looked at past APH planning efforts, best practices, and advice from leadership to create a process that was clear, useful, and represented community and APH staff needs. By December 2025, APH announced the 2026 APH Strategic Planning Initiative to all staff, and in January 2026 they held a Launch and Learn webinar to explain the process.

APH organized the work with an Initiative Roadmap that explained how the plan would be built, who would be involved, and the order of each of the six total phases. The first five phases focused on building the plan, while Phase 6 would happen over the next five years during implementation.

Phase 2: Data Gathering and Input

Desk Review and Environmental Scan Findings

The Core Planning Team began with initial research of all relevant and existing information and data, including federal, state, and city cross-sector data and plans as well as active department assessments and initiatives. The full list included the following:

- 2024 Public Health Workforce Interests and Needs Survey
- Public Health Academy Evaluation
- Bay Area Regional Health Inequities Initiative Assessment
- Austin Citywide Strategic Plan
- Imagine Austin
- 2025 Community Health Assessment
- 2026 Community Health Improvement Plan (in development)
- City of Austin Quality of Life Studies
- Age-friendly Austin Action Plan
- Fast Track Cities – APH Plan
- Travis County Plan for Children's Mental Health and Substance Misuse, 2021

- Success by 6 Strategic Plan – Success by 6: A 2,000-Day Journey
- 2 Gen Plan – 2 Gen Coalition on Economic Advancement: 2024-2027 Strategic Plan
- Food Plan - Austin/Travis County Food Plan
- Climate Plan – Austin Climate Equity Plan
- All Hazards Plan – APH All Hazards Plan Version 3.1
- PHAB Standards and Measures Version 2022
- Transit Plan – 2035 Cap Metro Transit Plan
- DMI Plan – APH DMI Strategic Plan

The desk review of these materials identified the five following baseline findings on the current state of Austin/ Travis County health and quality of life and APH operations:

System challenges are limiting our impact. Our data systems, processes, and referral networks don't work well together, and staff are dealing with burnout and unclear roles. This makes our work less efficient, harder to track, and less focused on equity.

Chronic disease remains the dominant burden, and it is driven by socioeconomic, political, and environmental conditions that influence population well-being.

Behavioral health demand is rising at all stages of life –mental health and substance use and abuse needs are increasing across ages, disproportionately affecting youth, LGBTQ+ residents, and Black and Hispanic communities but people find it challenging to access the available resources.

Equity gaps are persistent across chronic disease, maternal health, behavioral health, and emergency impacts and remain place-based and racialized making isolated programs less impactful and systems solution necessary.

Emergencies magnify existing weaknesses; recent emergencies in Central Texas demonstrated where vulnerable communities are being missed, but preparing for the next emergency, whether climate or health related, requires continuous workforce stability, data agility, and alignment across all City operations.

This results in a current state where strategic efforts within APH and across the City of Austin struggle to implement solutions for widespread wellbeing and better health outcomes without sustained workforce capacity and working data systems. Community trust and residents often rely on a smaller group of known public servants that informally coordinate services so that they reach communities that need them most. However, this silos data undermines accountability, overworks staff and slows real-time decision-making. Increasingly, APH services are forced into crisis and emergency response roles as the strain on reactive services increases, raising costs and shrinking APH's capacity to respond effectively.

To enhance this baseline information, the Core Planning Team conducted a hybrid environmental scan using Appreciative Inquiry and NOISE (Needs, Opportunities, Improvements, Strengths, Exceptions) methodologies in Discover Dialogue sessions. All staff were invited to participate in virtual, in-person or asynchronous sessions that were facilitated by trained APH-facilitation staff who volunteered to support the sessions. Comment boxes were set up at all APH service sites to gather input from APH clients. Particular attention for gathering input was focused on populations that were underrepresented in the background research. These populations included Native Americans, immigrants of Southeast Asian and Middle Eastern Diasporas, caregivers, persons with disabilities, persons who are unhoused, and veterans. Through dialogue sessions with community organizations serving these specific populations and setting up strategic plan comments boxes at special events serving these populations, we collected input from clients and these priority populations in addition to the front-line and supervisor staff and partner organizations supported by the City of Austin. The data collected was categorized into 1.) Community and population health; 2.) Internal processes and capacity; 3.) Service delivery and partnerships; and 4.) Learning and accountability.

Through discovery of organizational assets, dreaming of who APH wants to be in the future, and identifying needs, opportunities, improvements, strengths and exceptions with staff at four Discovery Dialogue sessions, we expanded our initial research with the following summary of findings:

Organizational Assets

APH relies on deep, long-term collaborations and relationships at key points of community interaction

Strengthening APH policies, training, staffing, and service design to be centered on reducing differences in unfair, avoidable, or solvable barriers among various populations that are at high risk of preventable diseases and health conditions, for the well-being of the whole population.

Dedicated and passionate staff, especially front-line staff like Community Health Workers who are the bridges between local government and community, drive results.

Dream Future APH

Communities co-design health services and define success, with APH providing subject matter expertise, act on changes, and facilitate and convene the necessary players to achieve the defined success.

Integrated, user-friendly systems improve access, transparency, and efficiency.

Equity is standard practice and success is judged by outcomes, not volume.

APH shifts from grant dependency to stable, predictable financing that safeguards people and programs.

Needs

Clearer communication about APH services and the value they provide. Bottom-up leadership with staff from all levels of the organization engaged in making decisions.

Modern systems, processes and documentation to retain historical knowledge and reach communities where they are.

Improved access to services offered by APH, City of Austin departments and partner organizations.

Opportunities

Co-locating, combining and offering services and resources in a one-stop service model or platform will help residents address a growing variety of needs.

Learning from others and peer networks.

Because staff are the greatest asset, more support for staff through development, processes and clearer direction can help reduce work overload and burnout.

APH has established community connections and trusted messengers, but partnerships require deeper integration and more consistent engagement. Improvements:

Using more advanced technology and systems could help with transitions in care which lack advocacy and support for patients, leaving the onus on patients to figure out the safety net system, public health system and other social services and processes.

Investing in and fostering workforce growth to elevate staff expertise and empower staff to innovate and make decisions when appropriate without feeling bogged down by supervision.

Progress and projects stall when changes in people operating them occur so documentation, transparency and knowledge management are essential to maintain and complete projects.

Diversifying funding and developing community-centered funding models can create multiple layers of protection during major funding shifts and reduce the risk that programs and services end when a single funding source expires.

Strengths

Staff demonstrate remarkable capability to ebb and flow based on demands, rising to the occasion in times of crisis.

The services offered –health screenings, immunizations, food assistance, health education etc.—are appreciated by community members and make a difference in alleviating a variety of challenges residents are experiencing.

APH, private health facilities, and community organizations supporting Austin/Travis County collect relevant and important data to inform what the health challenges are in our community.

Exceptions

In times of emergency, collaboration throughout APH and across the City happens swiftly and effectively but outside of emergency situations, silos creep in and taking the extra step to find synergies across services and needs becomes less important.

While the Austin/Travis County public health stakeholders are making it standard practice to identify, hear from, and reach under-served populations, residents still experience discrimination and misaligned cultural competency by service providers.

Community voices are sought out and heard but following up with community about how their input was translated into action is rarely done.

Prioritizing Findings

After identifying the common themes, APH invited all staff to join five Plan Build Sessions. In these sessions, staff reviewed APH's mission, vision, and purpose and developed core values. The Core Planning Team used a scorecard system to vote on the most important themes. This voting, combined with leadership guidance resulted in the top five Strategic Priorities identified in the plan.

To help APH track these priorities, the Executive Leadership Team created goals, milestones, and measures that were then reviewed and refined by subject matter experts.

Phases 3 – 4: Drafting, Validating and Refining

Based on the findings from Phases 1 and 2, the Core Planning Team drafted the APH 2026-2031 Strategic Plan customizing the PHAB Strategic Plan template as needed. The Plan went through multiple reviews with a variety of staff at various levels from across the department (including members of the Strategic Planning Collaborators Group) and APH leadership including our Assistant City Manager as our Governing Entity to validate and refine the final strategic priorities, goals, milestones and implementation approach. The APH Public Information Office provided design and editing expertise to create the final document.

Phases 5 – 6: Final Publication and Implementation

Phase 5 covered the internal and external publication of the final Strategic Plan, ensuring that we sufficiently alerted and trained all staff on the strategic priorities, goals, milestones and Monitoring, Evaluation, and Learning Cycle. After the plan was shared with staff, we ran a public awareness campaign via various media platforms to make sure the public had the opportunity to learn about our direction and strategy for the next five years.

Phase 6 is the ongoing Monitoring, Evaluation and Learning Cycle used for the next five years.

Appendix B: Ribbon Project

Below are all of the anonymous ribbon statements written by APH staff from the start of the APH Public Health Academy to January 2026.

1. I commit to expanding EHS's language access plan to include guidance documents, online resources, applications, and inspection forms for all languages spoken by our clients and customers.
2. Language access for all.
3. Educate and assist those who need help with alternative food ideas.
4. One goal I want to work towards is to provide educational videos in multiple languages on what is needed to pass health inspections and then maintain and incorporate it into everyday processes.
5. Be more active in politics and food legislation.
6. Participate in communities such as HOA to help bring equity-based services to our community and better determine areas where money is needed.
7. Collaborate with Austin Public Health leaders to provide easier access to health education through flyers and guidance documents and volunteer in health clinics.
8. Offer one educational visit per year as a replacement to a routine inspection. This allows managers the chance to have a planned meeting with their inspector and ask questions. Hopefully it will reduce common violations and correct ongoing issues/ upcoming changes initiated by management.
9. Provide additional zip code-based permitting support to encourage folks to open businesses that sell or distribute healthy foods in the identified food desert regions of the city.
10. Make community service a main part of Austin Youth Development, serve the 78741 community.
11. Use my voice to strengthen the role and importance of the equity council at APH to understand what public health is all about.
12. Vote early and often.
13. I can contact my council representative to tell them my ideas about housing for low-income people and to support more affordable housing programs and funding in the city of Austin.

14. I will work to ensure people/ communities who are disproportionately affected by HIV receive the life-saving services they need to thrive.
15. Build stronger ties with the marginalized communities through first workers. Continue informing the community about access to care and options using the first workers platform/partners.
16. Language access for everyone, spreading the word, improve visibility with communication materials.
17. Empower the community to fight for the safe and healthy environment that everyone deserves.
18. Commit to using a health equity lens to develop its strategic plan.
19. Use Travis County teen birth data to highlight need for services or other supports.
20. Use what are racial equity impacts each time our team plans service delivery/event changes — require this conversation.
21. Grow programming for youth that supports them through sexual health education, life planning, and healthy relationships so all youth in Travis County have access to the services they need and want.
22. Target rent and utility assistance to people who are marginalized the most.
23. Visit the communities we serve to experience and feel life in those places. This way we can communicate our messages better.
24. How to address a broader distribution of wealth, increase opportunities for people under poverty level.
25. Work with community to solve the root causes of health inequity.
26. Advocate for more truly affordable housing, seek more resources for diets to obtain healthy affordable food, and promote as much as possible the current programs. Be a part of groups or organizations that are striving to make change in our community.
27. Commit to work on using a social justice framework when tackling health equity issues in combination with traditional frameworks and encourage those I work with to do the same.
28. I commit to keep working with our community partners to create access to high quality and affordable early care and education so that every child in our community is school-ready by kindergarten.
29. Engage in movements in the community to help foster strong partnerships.

30. Visit the communities and places we serve so we can communicate better our messages.
31. Commit to using a health equity lens to develop its strategic plan.
32. Encourage access for everyone, spreading the word! Improve visibility. Communication matters.
33. Build stronger ties with the marginalized communities through first workers, continue informing the community about access to options and opportunities using the first workers platform partners.
34. Continue to provide compassionate care to all.
35. Share resources between nursing programs so we can break down silos and share best practices regarding our equity work.
36. Consider/listen to clients' needs and requests regarding service provision.
37. I can collaborate with community programs and identify at-need areas and plan to implement services where they are needed most.
38. Inform and encourage council to improve healthy conditions and underserved community access to healthy food, basic health, etc., by working with major organizations and legislature.
39. Meet with community partners, hold focus groups with community to learn/share their needs.
40. Hire and retain diverse staff beyond the minimum qualifications.
41. Make technology for inclusion and equity.
42. Establish myself as a community resource expert for the PAC program.
43. Gather information about resources for families that are available from APH plus COA and make the info available in the Office of Vital Records lobby.
44. I will commit to making a handout of APH resources.
45. I want to pay more attention to marginalized communities in the data collection and analysis so it is more representative and equitable.
46. Provide as much education, knowledge, and resources for the public about STD/STI preventatives.
47. Share resources that help with food, housing, and school.
48. I commit to long-term change and prevention by doing planning work with a social justice framework and whole systems thinking. I commit to respond to the immediate crisis of homelessness with a response that addresses all aspects of social determinants of health and not just immediate needs but also needs that lead to housing stability.

49. Become a better advocate for financial resources this and future budget seasons. Advocate for the system change towards healthy lifestyles.
50. Learn more about programs APH offers that provide equitable access.
51. Engage Austin friends and family in the city budget process so their voices are magnified and heard.
52. Advocate for new services to be coordinated with other city departments at the next Dove Springs public health facility.
53. Help educate APH staff on the benefits of attending the biannual convention.
54. Develop a resource for staff providing community resources to persons in health crises. Be vulnerable, be a self-care advocate to everyone, support my team in a way that allows them to think outside the box to develop new perspectives to old problems.
55. Take the second course of the Equity and Data Services and use knowledge learned in practice.
56. Active listening. Data collection that illuminates disparities, then reporting and sharing those data-driven stories.
57. To teach and to find ways to get resources to those in need to relieve stress, improve mental health, and allow folks to improve their love of health.
58. Educate and provide more resources to restaurant owners in other languages if needed.
59. Discover and pass out informative food safety documents in different languages to food establishments for educational purposes.
60. Share as many resources as possible.
61. I will make sure the public is aware of all the services we offer to help them.
62. Make sure all emergency plans have actionable equity considerations.
63. I will make a better effort at recognizing mental health issues.
64. Educate the community and maintain relationships where they need help the most.
65. Educate the community consistently.
66. Volunteer and advocate for expansion of mental and medical services. Vote for leaders who care more about people than profits.
67. Encourage others to advocate for equity. Lead by a positive example in corporate servitude. Collectively, let's remove barriers to healthy living. Equality is freeing! Love to love and hate to hate!
68. Stay open — listen, speak up, work for equity and justice, look at the big picture, keep learning, contribute, give back, vote, organize, educate.

69. I would like to see more people having these equity conversations through a class lens/framework. I will engage in these conversations as much as possible inside and outside of work. I believe the class lens curves solidarity between all of us regardless of race.
70. Inform our customers with better close to Ms. Marshal so just services are available, stay connected and follow up with clients, stay informed.
71. Continue to learn and use social media to educate and reach target audiences in sexual health.
72. I commit to being vehemently anti-racist and advocate for building community capacity through research.
73. Keep informed about resources, opportunities, and ATX to be a more comprehensive human to my fellow citizens and the space for us to share together.
74. Provide up-to-date and accurate descriptive resources to the community on an ongoing basis. Talk with team about idea of using Human Impact Partners Health Equity Guide as a framework for working with community partners on a new planning grant.
75. Educate myself on available support services promoting health equity.
76. Partner with communities, continue equity work, elevate community voice, challenge inequitable policies, elevate public health impact, social determinants of health, and language access.
77. I commit to add a health equity lens to all immunizations outreach events — community need driven, instead of demand driven.
78. More community education with contacts already established, CUC/ARC/Seton over testing algorithm.
79. To advocate for my staff and see their desired solutions for patients through to completion.
80. Help to build and increase the capacity of Austin's non-profit community to meet the healthcare needs of vulnerable people.
81. As we look at systems data, community engagement, and process improvement, center racial equity frameworks at the beginning of the process.
82. Let Haitian people living in Austin know which services they can access.
83. I will work toward making sure the community has the info they need.
84. WIC for South create ideas that will benefit our participants needing help and share those ideas with higher ups.

85. WIC Northwest going to learn about all the departments of APH, would like to know about all the resources out there to share with the community, become an APH resource dictionary.
86. To obtain a better knowledge of services COA provides.
87. Increase number of vaccines given to bypass in Austin.
88. Knock on doors in the community, hand out NSU services and resources.
89. To allow people from all walks of life learn about APH sexual health services without fear or shame.
90. Always work from an equity lens first, don't let it be an afterthought, encourage others to do the same.
91. Implementation of meeting with HIV PC members individually to address barriers and create an environment of support and appreciation to the community HIV Planning Council.
92. Volunteer my time and skills!! Participate in company led community initiatives - Advocate for policies that benefits community and local businesses!!
93. Provide education/share knowledge.
94. ATX is rich in resources. We need to do better in connecting the community to them - create ambassador program - invest in people - empower the workforce.
95. Explore opportunities within the city for creating a food forest. Look into helping at a school to introduce a gardening class or community garden.
96. Ensure ALL public buildings provide the same health code standards plan review (safety and sanitation).
97. Listening to ALL coworkers. Purchasing items/supplies for city with the best interest of the city in mind.
98. Provide answers without referring to someone else/volunteer in communities.
99. Mobile STD testing. Mobile vaccine clinics. Health screenings. Resources. Referrals.
100. I will continue to make myself available to my Spanish speaking community and explain in detail what services we offer within my department.
101. Have community members identify population centers in need of STI testing.
102. Thoughtful data collection + analysis. Emergency response coordination with community collaboration.
103. Consult directly with the young people!
104. Continue to highlight health disparities and make the information accessible for action.

105. Attend more COA community events to help my community.
106. Bridge cultural barriers, identify gaps in our division.
107. Don't forget my roots.
108. Host a student intern.
109. Have more meetings with front staff. Have more clinic hours outside normal hours.
110. COA/APH medical delivery for vulnerable populations (medication, patient care). Funding for more general funded positions for outreach positions. Collaborate with outside vendors for private sector funding/nonprofit funding.
111. Follow-up in health care education. Soft hand-offs for different services + education units. Cross departmental communication.
112. Push to educate council on the current situation and how to make it better!
113. Help people who need it. Meet new people.
114. More staff and educational resources.
115. Expanding resources outside traditional work hours - community events, healthcare, education. Expanding the city's social media - Have more exposure to programs.
116. Create revenue-generating platforms. Funding for outreach positions. Collaborate with private sector/nonprofits.
117. Teach these training to city council.
118. Communicate with other departments to learn more resources.
119. Attend HOA meeting board to speak on outreach in our neighborhood.
120. Engage with our communities and lift them up!
121. Speak up, respect everyone, smile, listen, work together.
122. Reach out and check in on friends. Engage with neighbors and coworkers.
123. Change government procedures, inform others of equity, provide services for the disadvantaged, have a relationship with your community, find ways to develop more resources, encourage green solutions.
124. Engage with community, teach someone something new.
125. Help immigrants with what they need.
126. More marketing for health equity unit! Word of mouth.
127. Communication. However you communicate in whatever language that is. I will give you the information you need.
128. Pass out equity health number: 5129725560
129. Seek opportunities to align social service funding of CHA-CHIP. Have

equity line call potential CHA/CHIP community forums.

130. Work with every patient on access to the- (illegible)
131. Add equity number for resources needs to community.
132. Confronting root causes. Share power within my communities. Educate myself and others about disparities. Engage in movements. Implement plans for change. Share the air/space with everyone. Change the conversation. Promote love and positive energies. Volunteer with communities. Work together to provide a better outcome in life.
133. Translate the mobile app into Spanish to help the Spanish-speaking community start their businesses.
134. Work more with the community! Champion positive change. Participate in discussions on equitable opportunities.
135. Improve health education in patients so all aspects of health improve, not just focusing on the infection (TB) that I am helping treat.
136. Work on more community involvement + volunteer in the Del Valle neighborhood community relationships.
137. Learn more about services already offered by the COA & find out how I can contribute, help, or expand services. Specifically more about community gardens.
138. Be present for each individual interaction and listen with an open heart and creative mind; learn by data, lived experience, and formal education. Be willing to change.
139. Volunteer more in community organizations serving low-income neighborhoods; be an activist for social justice, donate to social justice causes, explore G.A.R.E. resources. Pose sales at RBJ clinic.
140. Support, educate, encourage, T. DeLoach Blackland Neighborhood Center.
141. Keeping myself up to date on social justice and using it not only in a work environment, but also on a personal level.
142. Meet and hear the community, seek to understand their needs, see others, and inform our work through community voice.
143. Understand cultural differences in food preparation practices and educate patients about identifying areas where they are more likely to be exposed to certain pathogens.
144. As an APH nurse who focuses on vaccine preventable diseases, I will continue to engage with citizens, asking them what barriers they have experienced, what concerns they may have around vaccines and providing

education and resources available to them within their community, as well as online (credible websites).

145. To work to address environmental barriers to health.
146. Request funds for diabetes medications.
147. Advocate for expanded healthcare for all.
148. I will continue to help people. Continue to advocate for extended clinic hours. Ask clients we serve what would make them more comfortable seeking our services or what we could do to be more effective and useful in their community.
149. Reach out to community members to learn more about their experience in Austin and other areas.
150. Think outside of the box to meet community needs. Be more empathetic. Build trust with the community.
151. Continue social justice framework of public health by addressing root causes of health inequities. Health in all policies. Partner with other city departments such as transportation, Parks and recreation, Planning, Housing to address social determinants of health.
152. Increase access to medical/ educational materials in patients native languages.
153. Continue to reaccess and reallocate resources to areas more in need of services as demographics change within the community.
154. Assessing community health needs - Working with community groups/ partners.
155. Be mindful about how people's health can be affecting their situation and think about resources that can be preventative. Take a more broad scope in resources provided.
156. Cut through the crap and decorum. Be real. Punch up towards the powerful - NOT your neighbor.
157. I am a good friend, sister, daughter, and I help my community. I strive for a better world where everyone feels valued. I am looking into volunteer for programs like meals on wheels since I'm getting ready to retire. I want to give back because I feel so fortunate and blessed, my life though with all the struggle is good and I want that for everyone.
158. Prevent the spread of communicable diseases in the Travis county through vaccination.
159. Advocate more!
160. Compassion, accessible, role model, empathy, "out in the community", advocate, volunteer, bless others and always help each other.
161. The power to influence change and maintain it.

162. Teach moms the importance of balanced nutrients and emphasize their role to raise their kids healthy.
163. Help educate mothers on overcoming challenges through similar experiences and point them out to helpful resources to overcome their situation.
164. Continue being an advocate for mental health; civil servant in my community and in my organization.
165. Checking with friends, coworkers, and community on their health and well-being. Offer help or any information or services I may know of.
166. Support and promote all APH and COA services.
167. Patient-centered approach to health service.
168. Encourage that all are allowed to receive mental health treatment.
169. Consider all angles/factors when speaking to my clients. Do not take things at face value.
170. To practice empathy with all that I meet.
171. Consider someone's "story". Stories make up the person.
172. Communicate with and understand those who aren't like me. Learn of their needs and actually get them support especially with my access to health.
173. I am willing to help those that need help! Speak, educate, be there.
174. Continue to be positive/love one another/have that listening ear!
175. Listen. Communicate. Make changes. Use voice to help others.
176. Always use accessible language.
177. Helping the Spanish-speaking community.
178. Charitable feeding organization/ insure it is safe to eat and share knowledge on resources out there.
179. I will always remember this class where I learned so much.
180. I will improve my knowledge of the available services and programs in our community so that I can pass this information on to my participants to help improve their quality of life.
181. Amplify the voices of CHWs for emergency response and preparedness operations.
182. Support each other.
183. Supported more community more opportunities to education and have more connections.
184. Continue serving families and being a helper. Continue helping those in need.
185. Ensure moms and babies are connected to support services.
186. Actively seek out additional resources and services to provide to clients.

More actively promote the services I know about or are currently available.

187. Take the time to share resources with every client.
188. I will enforce with compassion and empathy.
189. Do more outreach events so the community is aware of all services available. Put in the effort to break language barriers at food establishments.
190. Be a little bit kinder to yourself and to everyone else than necessary.
191. Treat all people with respect.
192. More active in community: join groups and meetings.
193. Dual masters in Public Health and Public Policy with an integration of TM/CAM.
194. Operate from a system of love, compassion, and empathy and forgiveness. Learn from other cultures and communities to understand health and cultural needs. Collaborate with community members getting them funding. Operating outside of a capitalistic framework and sharing skills/ resources without expectation of payment or personal gain.
195. I will cook better and healthier meals for my family and engage in healthier practices like exercise and walking my dog and advocate in my neighborhood to refer neighbors to Austin Public Health resources, programs, and materials.
196. Involve community members in creating educational materials.
197. Continue to promote screening services in our communities.
198. If the plan doesn't work, change the plan but never the goal.
199. I would serve with providing a collective action. I would reach out to the church outreaches I participate in with inquiring what that certain community needs help with, and providing available resources.
200. Collaborating with community in data analysis. How can we look at the data in a way that tells the stories of real people and experiences in our community?
201. Ask family and friends to contact their city council rep and demand health equity!
202. Spread awareness to those in need of available resources they may not be aware of.
203. Promote APH activity (new) of select job shadowing opportunities for community throughout young adult to older adulthood.
204. Be a voice for the underserved communities - connect them with resources!
205. PAY ATTENTION.

206. Stay engaged with Austin community.
207. SEARCH FOR INTERSECTIONS OF MY WORK WITH SDOH; LISTEN.
208. NETWORK AND ADVOCATE.
209. Share the knowledge and organize community as a movement toward S.J.
210. Continue to prioritize the medically vulnerable.
211. Reduce barriers for stakeholders / impacted community members to engage in meaningful way with APH panning / grant funded initiatives that are intended to support those communities.
212. Will create more awareness about the services we provide and process document as soon as possible from my side.
213. Continue to teach people how to obtain the documents they need. Be they an unhoused person, immigrant, or just a person who doesn't know all the laws and requirements. Also show how to get access to programs that help pay for these vital documents.
214. Continue to serve all people with respect and dignity while letting them choose the best healthcare for their individual experience.
215. Educate and provide resources to pursue equity for all.
216. Work towards policy building that promotes social justice.
217. Participate in more community outreach for underserved communities, provide more resources for community members in various languages, advocate for health equity across all communities.
218. Listen to others. Be considerate of what someone else may be feeling. Stand up for those who need help. Educate people who may not know. Put yourself in someone else's shoes.
219. Get input from communities we serve. Make services more accessible. Be more transparent with the work we do.
220. Make sure city dollars are helping the most people through contract oversight.
221. Not to go numb to the challenges / struggles of our WIC families. They are the ones living it.
222. Share the Knowledge and organize community as a movement towards social justice.
223. Search for intersections of my work with SDOH; Listen.
224. Pay attention.
225. Stay engaged with Austin community.
226. Network + advocate.
227. I commit to guide APH's 2-26-2031 strategy to be more focused on the social justice approach to public

health so we can address root causes.

228. Continue to treat the contracts the same. Look at the humanity behind the contract.
229. Free healthcare for all.
230. Raise more money for community health programs.
231. Encourage big name grocery stores to commit and invest resources to reduce food deserts.
232. Contract interpreters to assist us in helping communicate to clients.
233. Spread awareness on resources that are available through the city of Austin, even outside of work.
234. Advocate for clients to have equal access to care.
235. Be present in voting and meeting to make sure people of power are pushing for change. Push for technology advances that help translate information that's needed for many languages. Show tools to users like google translate to make communication easier.
236. Continue to ask questions to leadership, to help move towards systemic / social change.
237. Conduct wider community assessments to identify needs to better address them in a wider scope. This will ensure direct services are more specific to community needs.
238. Volunteer at the food bank or meals on wheels.
239. Continue to build solid external partnerships to create and implement a firearm surrender protocol for domestic violence criminal cases and protective orders.
240. I would like to change our policy on providing PEP to the community by calling in prescriptions to their pharmacy opposed to making them drive to an inconvenient office when transportation is an issue.
241. I commit to making Austin a healthier place to live through education, especially for those facing health disparities.
242. Push for understanding between operators and officers when there is a misunderstanding.
243. As a COA contract monitor, I will continue to help partners improve.
244. I commit to being an advocate for others, and viewing services for people through an intersectional lens.
245. I will partner with communities, local and distant, to provide information and services to families.
246. Educate public on needed and helpful resources!
247. Making the health resources and opportunities more accessible to the community in which my department serves.

248. Continue to focus on the whole person and their community when connecting them to resources.
249. Show more empathy, compassion, pride, respect, kindness and equity outreach.
250. Stay engaged and inform policy, identify resources, advocate, and influence.
251. Working for APH WIC. I will try and educate clients on resources and ways to get help.
252. Push community resources and numbers.
253. Commit to share need to improve process. Lean toward social justice.
254. Todos merecemos una vida sana, no importa quienes somos, ni de donde venimos! todos cabemos (We all deserve a healthy life, no matter who we are or where we come from! There's room for everyone!)
255. Advocate for those in need.
256. I'm committed to provide the best access to a healthy food, how? Teaching the community families about nutrition, healthy foods, and other programs. Always with the best attitude and knowledge to guide them.
257. Fund community driven initiatives, build community capacity, be kind.
258. Treat everyone with kindness and respect, and be a voice for others, no matter where they come from.
259. Provide ideas that can hopefully reach the right people in power to affect change.
260. Be able to educate myself so I can be able to serve the communities and people I want to serve that much better. Whether its actual competence or anything else to make myself better.
261. Keep remining people of their power.
262. I am going to keep giving resources and help meet my clients where they are at and how I can help them best. Print out and show them the websites for what resources they may need.
263. Be open minded, to listen, be considering. Be vocal when it's uncomfortable. Treat others how you want to be treated.
264. Advocate for adequate resources across all aspects + care for our TB patients including: ability to order imaging needed without cost to the patient // financial support during mandatory isolation periods // administrative help to relieve burden on clinical staff.
265. I will continue to advocate for change and connect families to resources + programs in our community. I will check in with others to see what support is needed.
266. Support Asian American immigrants get more resources. Keep doing what I am doing now. Be a great CHW for

our communities. LOVE is the power! Get my LMSW in 2027. Get my LCSW in 2029.

267. Be the change I want to see.
268. Celebrate the wins! Check in with my community (coworkers, clients, neighbors, myself). Keeping us all accountable in love and public health.
269. Empower black / brown / women / LGBTQIA through medical services.
270. In HR, we guide the workforce in understanding current policies. I hope I can help revise / reshare those policies to where they reflect the culture and values of the workforce. I want to be part of a committees to review policies to make sure they are still fair and equitable.
271. "Seguiré llevando los recursos a la comunidad y me aseguraré que su calidad de vida mejore ofreciendo un servicio individual." (I will continue to bring resources to the community and ensure that their quality of life improves by offering individualized service.)
272. Provide quality education - Engage with the community - Listen and understand - provide trustworthy resources - more community health workers.
273. Educate my neighborhoods about our WIC program and what they can provide and educate them about our youth program.
274. Providing more outreach in my community about services that APH provides.
275. Provide education!
276. Recognize bias. Think about it, identify where that bias came from.
277. "Ayudar mucho mas a las personas que no hablan inglés. A veces batallan mucho para llenar aplicaciones o no saben usar computadoras y no reciben la ayuda necesaria." (We need to provide much more help to people who don't speak English. Sometimes they struggle to fill out applications or don't know how to use computers and don't receive the necessary support.)
278. Utilizing language interpretation services as much as possible. Advocating more for a patient when they are in desperate need of an appointment. Having conversations that promote people making connection between all the issues that we face.
279. Be more open to learn about people who look different from me. Actively participate in Equity initiatives at APH / local level.
280. Advocating for the community i.e. allowing their voices to be heard.

281. Engage in more conversations regarding Health equity and social justice.
282. Work to inform others.
283. Seek truth. Talk with others. Lead with empathy. Share resources. Be intentional with words.
284. It takes all of us working together. Connect with other sectors.
285. Volunteering, donating, being more active in my community petitions / protests.
286. Follow the data to where it leads. Face the facts. Look for solutions and signs in the places you expect.
287. I am a lactation counselor with the WIC program I plan on continuing to support mom and their new babies with resources. Engage in conversations with other departments. Stay open minded and positive.

Record of Revisions

Austin Public Health maintains a record of changes to this plan. The date of the revision, section/pages revised, and a brief revision description are provided below. All revisions are reviewed by the Accreditation and Strategic Manager and approved by the Department Director.

Revision Number	Section/Pages Revised & Description of Revisions Made	Date	Person Responsible

Offer one educational visit per year as a replacement to a routine inspection. This allows managers the chance to have a planned meeting with their inspector and ask questions. Hopefully it will reduce common violations and correct ongoing issues/upcoming changes initiated by management.

Provide additional zip code-based permitting support to encourage folks to open businesses that sell or distribute healthy foods in the identified food desert regions of the city.

Make community service a main part of Austin Youth Development, serve the 78741 community.

Use my voice to strengthen the role and importance of the equity council at APH to understand what public health is all about.

Vote early and often.

I can contact my council representative to tell them my ideas about housing for low-income people and to support more affordable housing programs and funding in the city of Austin.

I will work to ensure people/communities who are disproportionately affected by HIV receive the life-saving services they need to thrive.

Build stronger ties with the marginalized communities through first workers. Continue informing the community about access to care and options using the first workers platform/partners.

Language access for everyone, spreading the word, improve visibility with communication materials.

Empower the community to fight for the safe and healthy environment that everyone deserves.

Commit to using a health equity lens to develop its strategic plan.

Use Travis County teen birth data to highlight need for services or other supports.

Use what are racial equity impacts each time our team plans service delivery/event changes — require this conversation.

Grow programming for youth that supports them through sexual health education, life planning, and healthy relationships so all youth in Travis County have access to the services they need and want.

Target rent and utility assistance to people who are marginalized the most.

Visit the communities we serve to experience and feel life in those places. This way we can communicate our messages better.

How to address a broader distribution of wealth, increase opportunities for people under poverty level.

Work with community to solve the root causes of health inequity.

Advocate for more truly affordable housing, seek more resources for diets to obtain healthy affordable food, and promote as much as possible the current programs. Be a part of groups or organizations that are striving to make change in our community.

Commit to work on using a social justice framework when tackling health equity issues in combination with traditional frameworks, and encourage those I work with to do the same.

I commit to keep working with our community partners to create access to high quality and affordable early care and education so that every child in our community is school-ready by kindergarten.

Engage in movements in the community to help foster strong partnerships.

Visit the communities and places we serve so we can communicate better our messages.

Commit to using a health equity lens to develop its strategic plan.

Encourage access for everyone, spreading the word! Improve visibility. Communication matters.

Build stronger ties with the marginalized communities through first workers, continue informing the community about access to options and opportunities using the first workers platform partners.

Continue to provide compassionate care to all.

Share resources between nursing programs so we can break down silos and share best practices regarding our equity work.

Consider/listen to clients' needs and requests regarding service provision.

5-yr-strategic-plan-final-sign

Final Audit Report 2026-11-03

Created:	2026-11-03
By:	Connie McCracken (Connie.McCracken2@austintexas.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-J4yCiBt18BTRMUx_hKmoMlwGdiX2V4L

"5-yr-strategic-plan-final-sign" History

Document created by Connie McCracken (Connie.McCracken2@austintexas.gov)
2026-11-03 - 7:45:13 PM GMT

Document emailed to Karen Gonzalez (karen.gonzalez@austintexas.gov) for signature
2026-11-03 - 7:45:55 PM GMT

Email viewed by Karen Gonzalez (karen.gonzalez@austintexas.gov)
2026-11-03 - 7:46:32 PM GMT

Document e-signed by Karen Gonzalez (karen.gonzalez@austintexas.gov)
Signature Date: 2026-11-03 - 9:58:04 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE

Agreement completed.
2026-11-03 - 9:58:04 PM GMT

Adobe Acrobat Sign