



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, April 14, 2021 1:00 p.m.

Via toll-free videoconference¹

Members of the public may observe and participate in the meeting by using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1487626106?pwd=bTdZmFiekJ4UDdZOXlvOU00N3dJUT09>

Password: 847363

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 148 762 6106

A member of the public who wishes to make comments during the **Public Communication** portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on April 14, 2021**. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Public Communication will be conducted in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA²

1. Review and approve the minutes of the March 10, 2021 meeting of the Strategic Planning Committee. (*Action Item*)

2. Receive an update from the Central Health Equity Policy Council's Pandemic Equity Committee. *(Informational Item)*
3. Receive an update on the FY2021 Systems Planning Priority related to dialysis. *(Informational Item)*
4. Receive an update on the Central Health dashboards associated with service level reporting for Fiscal Year 2021. *(Informational Item)*
5. Receive an update from staff regarding COVID-19 responses. *(Informational Item)*
6. Confirm the next Strategic Planning Committee meeting date, time, and location. *(Informational Item)*

¹ By Emergency Executive Order of the Governor issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.

² Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Committee.

The Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session.

A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.



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**CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE**

April 14, 2021

AGENDA ITEM 1

Review and approve the minutes of the March 10, 2021 meeting of the Strategic Planning Committee.

MINUTES OF MEETING –MARCH 10, 2021
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, March 10, 2021, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:01 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present via video and audio: Chair Bell, Manager Brinson, Manager Valadez, and Manager Motwani.

Board members present via audio and or video: Manager Museitif and Manager Greenberg.

Absent: Manager Jones

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 1:01 p.m. Anais Cruz announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

1. **Review and approve the minutes of the February 10, 2021 meeting of the Strategic Planning Committee.**

Clerk’s Notes: Discussion on this item began at 1:03 p.m.

Manager Motwani moved that the Committee approve the minutes of the February 10, 2021 meeting of the Strategic Planning Committee.

Manager Greenberg seconded the motion.

Chairperson Bell	For
Manager Jones	Absent
Manager Brinson	For
Manager Valadez	For
Manager Motwani	Abstain

2. **Receive an update on the FY2021 Systems Planning Priority related to disparities in chronic conditions and demographic enrollment trends within Central Health’s patient population.**

Clerk’s Notes: Discussion on this item began at 1:04 p.m. Ms. Sarita Clark-Leach, Director of Analytics and Reporting, and Mr. JP Eichmiller, Senior Director of Strategy and Information Design, presented on Fiscal Year 2021 Demographic Enrollment Trends and Patient Health Disparities. Mr. Eichmiller began by discussing the Fiscal Year 2021 demographic enrollment trends. He noted that this is a systems planning priority, which requires understanding and analyzing the changes in enrollment. Which is the first time Central Health is attempting to do this work. Central Health was able to collect year-over-year changes in the MAP, MAP Basic, and Sliding Fee Scale addresses. This gives Central Health the ability to look at snapshots of the different populations over time. This enrollment analysis will show some similar demographic patterns, such as in the health disparities; however, Central Health is not ready to provide any direct correlation or causation at this time. Ms. Sarita Clark-Leach presented on the Health Disparities portion of the presentation, which included health disparities in MAP and MAP Basic populations, prevalence of disease, hypertension disparities, diabetes disparities, and strategies to combat health disparities.

3. Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF).

Clerk's Notes: Discussion on this item began at 1:47 p.m. Ms. Sarah Cook, Senior Director of Strategy and Planning, presented an update on the Community Healthcare Initiative Fund. Ms. Cook began by giving background information on the Community Healthcare Initiatives Fund. In June of 2020, Mike Geeslin, President & CEO, brought the Budget and Finance Committee a proposal in which he described some of the complications that were arising from the various funding requests that the Board was asked to field. He suggested that Central Health come up with a process to handle, evaluate, and systematically and equitably treat those funding requests. At that time, Mr. Geeslin suggested the working title for this allocation of funding be the Community Healthcare Initiative Fund. The Board approved this, and towards the end of the budget process in Fiscal Year 2021 a percent of a percent of the increase in the effective tax rate was dedicated to this initiatives fund. The Community Healthcare Initiatives Fund proposes that it support projects that have a meaningful impact on health, medical, and/or hospital care that benefit low income uninsured and underinsured residents of Travis County and that align with the annual budget resolution. Lastly, Ms. Cook asked questions of the Committee, which included confirming commitment to the fund, revisiting its intent and scope, and first year questions. Ms. Cook announced that an update with the feedback that was received today would be brought back to the full Board at a later date.

4. Receive an update on the Central Health Board reporting dashboards and strategic objectives.

Clerk's Notes: Discussion on this item began at 2:28 p.m. Ms. Sarita Clark-Leach, Director of Analytics and Reporting; Mr. JP Eichmiller, Senior Director of Strategy and Information Design; and Ms. Ashley Levulett, Strategy Data Analyst, presented an External Dashboard update. Mr. Eichmiller began by discussing background information on the dashboards. He noted that in early 2020 staff brought forward a dashboard menu to the Board and outlined various data points that could be developed into dashboards and then publicly published. This included data on enrollment and utilization, as well as demographics of enrolled residents, and the total population in the County. Lastly, this included current and historical maps of provider locations, which are broken down by service line. Mr. Eichmiller noted that the purpose of this work is to better inform the public, stakeholders, and employees of Central Health about the work being done and who is being served. Ms. Levulett then presented the Central Health external dashboards, enrollment and clinic utilization dashboard, and lastly a Central Health provider network dashboard.

5. Confirm the next Strategic Planning Committee meeting date, time, and location.

Manager Greenberg moved that the Committee adjourn.

Manager Valadez seconded the motion.

Chairperson Bell	For
Manager Jones	Absent
Manager Brinson	For
Manager Valadez	For
Manager Motwani	For

The meeting was adjourned at 2:36 p.m.

Charles Bell, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



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CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

April 14, 2021

AGENDA ITEM 2

Receive an update from the Central Health Equity Policy Council's Pandemic Equity Committee.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date 4/14/2021

Who will present the agenda item? (Name, Title) Megan Cermak, Director of Public Health Strategy, Policy, and Disaster Response

General Item Description Update on Central Health Equity Policy Council Pandemic Equity Committee

Is this an informational or action item? Informational

Fiscal Impact None

Recommended Motion (if needed – action item) Informational item

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) The Central Health Board of Managers prioritized the ongoing pandemic response in the FY21 budget.
2) The pandemic has disproportionately affected Travis County residents of color and those who are under/uninsured.
3) The CHEP Council Pandemic Equity committee has identified recommendations for re-entry/recovery and future disaster planning and response centered on equity.
4)
5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Powerpoint

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No



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Central Health Equity Policy Council

Pandemic Equity Committee



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Central Health Equity Policy Council

- Council launched in 2015
- More than 80 community partners
- Addressing health disparities in Travis County
- Pandemic Equity Committee was formed in December 2020
 - The Committee was formed in an effort to bring local solutions to state/national problems.



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Pandemic Equity Committee

Brandon Wollerson - Texas Health Action

Catalina Berry - American Heart Association

Emily Zhang - American Heart Association

Iliana Gilman - Health Management Associates

Kristin duBay Horton - Mission Capital

Matthew Jeans - UT Austin Graduate Student

Nora Comstock - Community Advocate

Patricia Hayes - PVH Consulting

Raul Alvarez - Community Advancement Network

Vanessa Sarria - Cardea Services

Vince Cobalis - Asian American Quality of Life Commissioner



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Introduction

The COVID-19 pandemic has highlighted the inequities that People of Color and others marginalized populations experience daily.

We would like to partner on opportunities to center re-entry/recovery and disaster planning and response on equity.

By centering equity, we will provide solutions and support the most vulnerable, which improves conditions for all of Austin's residents.



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The Process

Interviews from the front lines:

- CommUnity Care (CUC) frontline staff
- LGBTQIA+ healthcare providers
- Leaders of the Emergency Operations Center (EOC) Directors of the Social Services Branch
- Asian American Resource Center
- City of Austin Human Resources and Equity Departments
- Private tour of the EOC

Interviews from Community Health Workers:

- Cardea Services
- CUC/ Central Health



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The Process

Recommendations from community coalitions:

- Austin Latino Coalition
- Black Leaders Collective

Data driven:

- Epidemiologists from Austin Public Health and Department of State Health Services
- Calls to Austin 211 and data from the Community Advancement Network dashboards

Informed by:

- Industry leaders - ex. Robert Wood Johnson Foundation



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Recommendations

Following months of research including informational interviews and gathering of expert knowledge, the Committee recommends several changes for immediate implementation in the:

- Disaster preparedness
- Disaster response
- Post-disaster healing



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Disaster Preparedness

1. Include equity and public health crises in the City of Austin Emergency Operations Plan and make this an evergreen document.
2. Improve data collection to more quickly respond to People of Color and other marginalized populations.



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Disaster Response

3. Designate a community voice who will be activated at the beginning of a disaster to inform the process at the highest level of the Incident Command System and the Emergency Operations Center. This person will be determined by the groups who are involved with revising and continuously updating the Plan and who represents People of Color and other marginalized communities.
4. Engage behavioral scientists through Central Health, Austin Public Health, and the Emergency Operations Center to inform unified public-facing education and communications.



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Post-Disaster Healing

5. Develop and implement a community-wide plan to address trauma and call for healing during re-entry and recovery.
6. Provide support for victims of domestic violence and families.



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Next Steps

- Gather support from community based organizations, community coalitions, and commissions
- Submit findings and recommendations to City Council and County Commissioner's Court
- Follow up meetings with electeds
- Prioritization and recognition for action taken



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**CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE**

April 14, 2021

AGENDA ITEM 3

Receive an update on the FY2021 Systems Planning Priority related to dialysis.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date April 14, 2021

Who will present the agenda item? (Name, Title) Megan Clark, Jessie Patton-Levine, Frank Preketes, Dr. Tessa Novick

General Item Description Dialysis Program Update

Is this an informational or action item? Informational only

Fiscal Impact n/a

Recommended Motion (if needed – action item) n/a

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Routine dialysis is not currently available to many Central Health enrollees.
- 2) Emergent-only dialysis access results in higher mortality and lower quality of life.
- 3) Central Health data shows a high and increasing need for routine dialysis.
The Board of Managers prioritized specialty care service improvements for FY2021 including nephrology and has built components to support a dialysis program in recent years including enrollment assistance and expanded nephrology clinic services.
- 4) Central Health is developing a facility and home-based dialysis bridge program for implementation in late FY2021.
- 5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Back-up presentation

Estimated time needed for presentation & questions? 30 min

Is closed session recommended? (Consult with attorneys.) no

Form Prepared By/Date Submitted: Jon Morgan 4.6.2021



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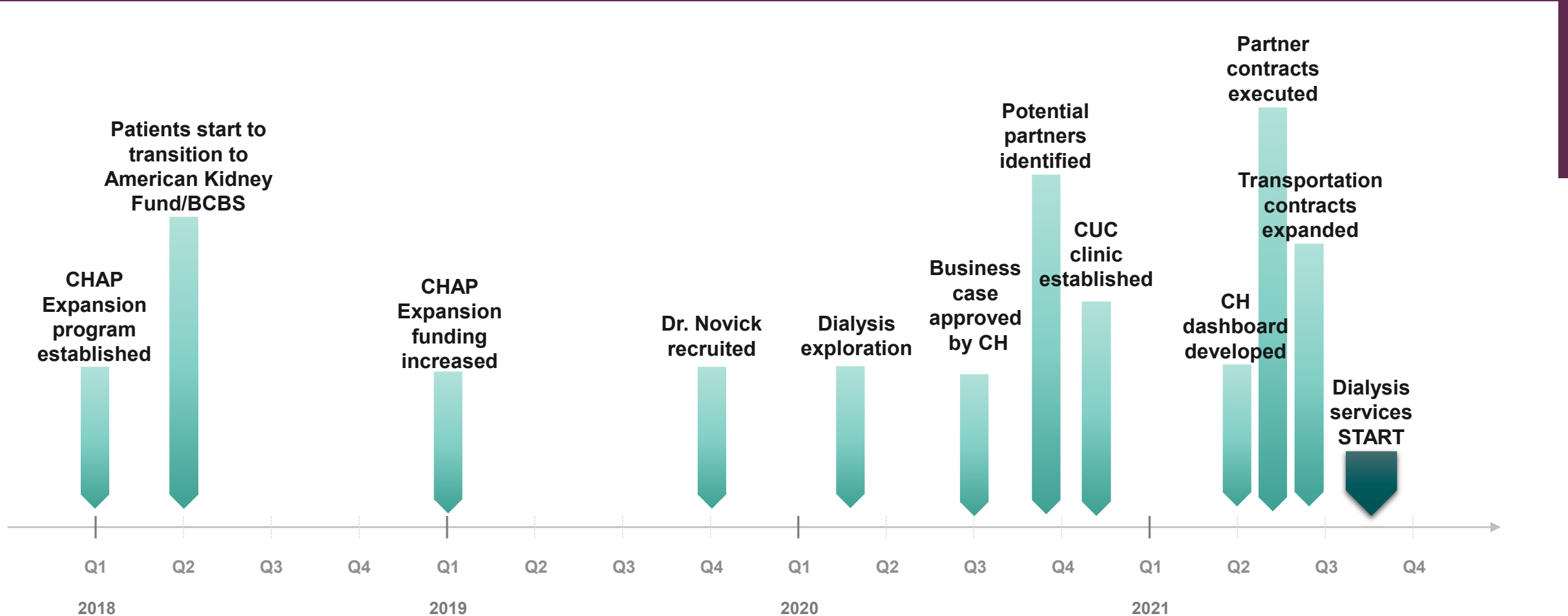
Central Health Transitional Dialysis Program

Megan Clark, Services Delivery Operations Manager

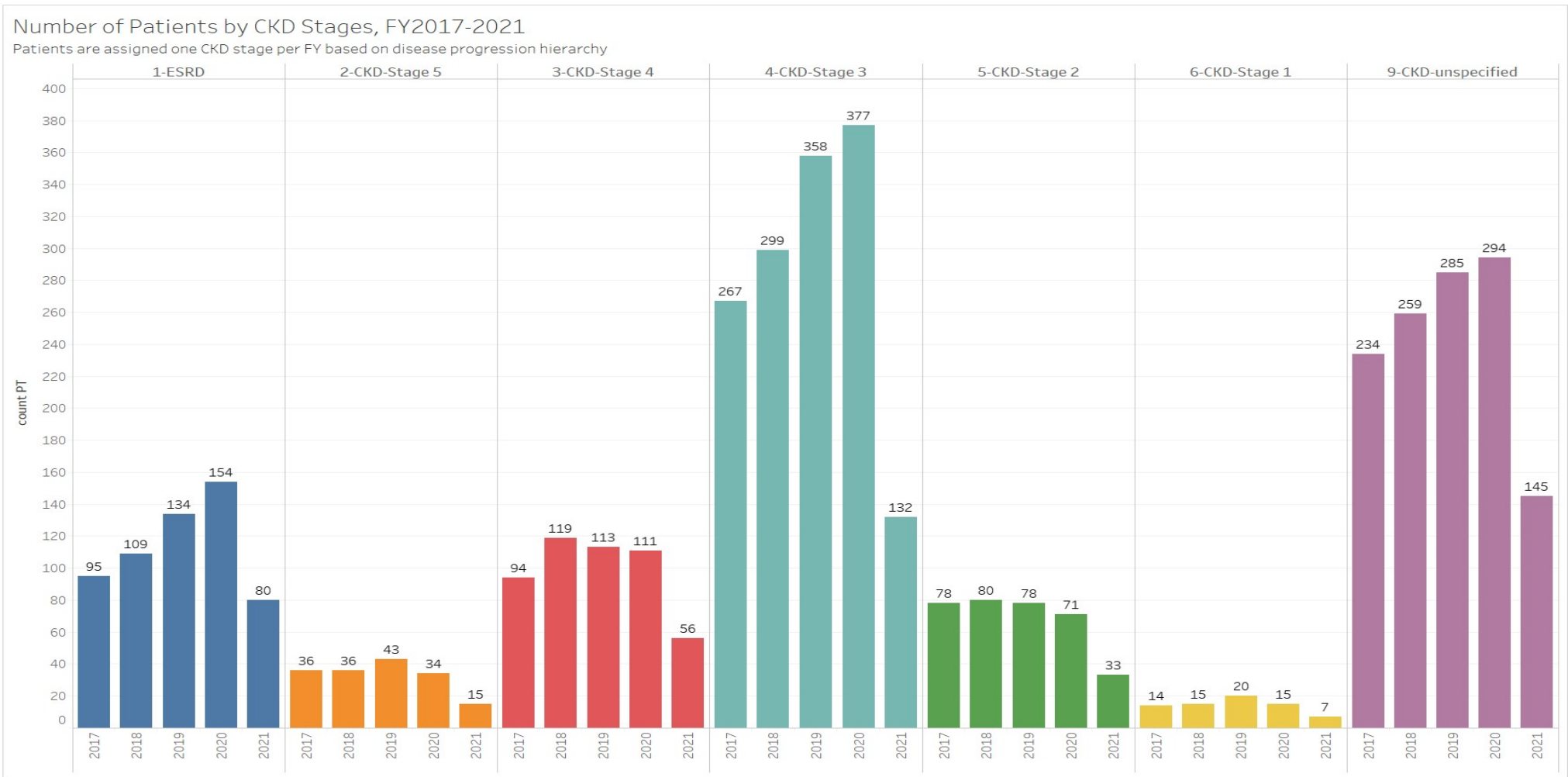
Frank Preketes, Project Manager Senior

Jessie Patton-Levine, Senior Epidemiologist

Timeline



Chronic Kidney Disease Patients, FY2018-2021



Nephrology Care

- **Nephrology Specialty Services**
 - Seton McCarthy
 - CommUnityCare (Sept 2020)
 - Tessa Novick, MD, MSW, MHS (recruited in partnership with CH)
- **Wrap around services**
 - Dietician
 - Pharmacy
 - Case Management (CH and Primary Care)
 - Enrollment into other coverage programs



Dialysis

- **Texas**

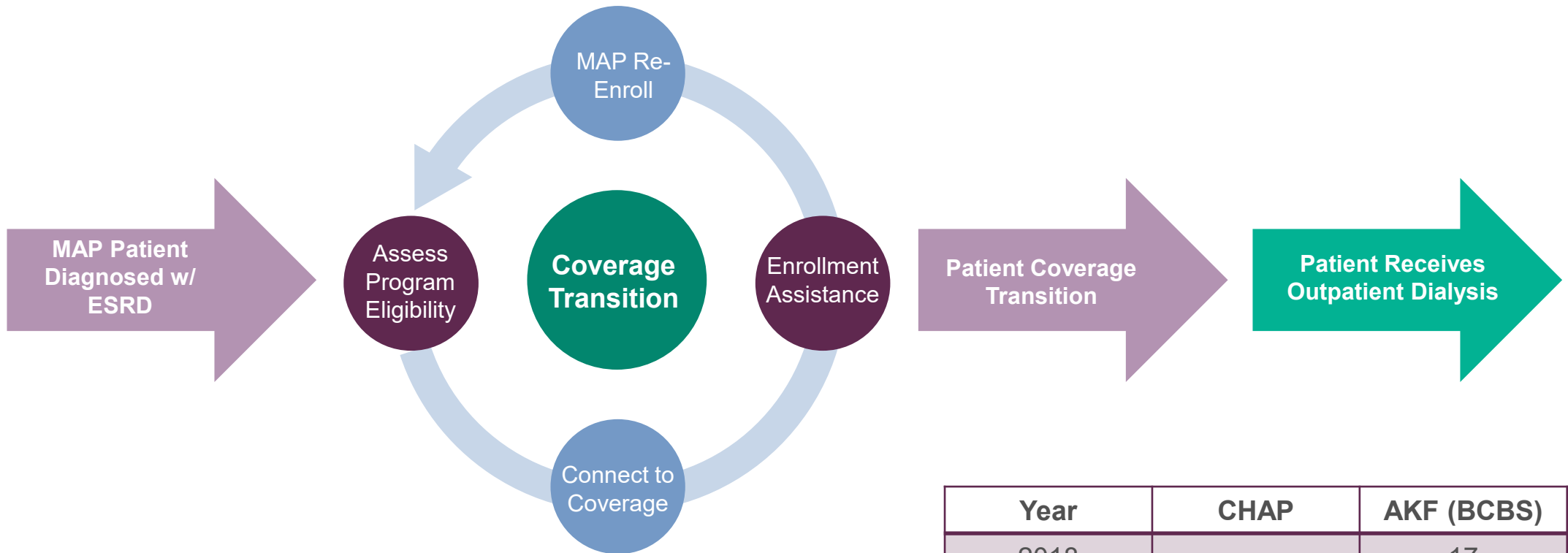
- In the state of Texas, the only method for **undocumented individuals who are uninsured to receive dialysis is through the emergency room.**
 - Note: Special programs have been created to overcome this challenge (i.e. CHAP, American Kidney Fund, etc.)
- According to a study, **hospital costs in Texas in 2017 for uninsured hemodialysis visits were about \$21.8 million.**

- **MAP Population**

- Not a MAP benefit
- Only option is for MAP members to utilize the ER for compassionate dialysis and treatment of other chronic conditions
- Due to high utilization of ER, some patients are given dialysis access points
- **Patients are transitioned to other coverage programs in order to receive dialysis services**
 - Medicare
 - CHAP (Sendero)
 - American Kidney Fund (AKF)



Transition of Coverage



Year	CHAP	AKF (BCBS)
2018		17
2019	< 5	21
2020	12	25
2021 SEP	5	< 5



Quality and Psychosocial Impact

- 5 year relative mortality rate for patients who rely on **emergency only hemodialysis is 14-fold greater compared to those who receive standard hemodialysis**¹
- Emergency only dialysis **patients spend tenfold more time in the hospital** and less time in the outpatient setting¹
- **Study that interviewed undocumented immigrants with kidney failure indicated**²:
 - Participants were likely to wait until **symptoms were severe enough to put them at risk for death**, rather than present earlier and risk being turned away
 - Weekly hospital admissions **impede the ability to work**
 - **Recurrent fear of dying** that took hold each week as their symptoms began to accumulate and they awaited admission for emergent-only
 - Overwhelming distress their families experienced as they **watched a loved one cope with symptom accumulation and fear of dying each week**
 - Expressed appreciation for their care; **they would not have access to this life-sustaining treatment in their countries of origin**



CKD and ESRD Patient Dashboard

- **Goals:**
 - To monitor MAP/MAP BASIC members with CKD or ESRD
 - To assist Medical Management staff with case management of members
- **Active MAP/MAP BASIC members with a diagnosis of CKD or ESRD**
 - Use diagnosis data from all data sources to identify CKD/ESRD patients
 - CKD Stages 1-5, ESRD and CKD unspecified



CKD and ESRD Patient Dashboard

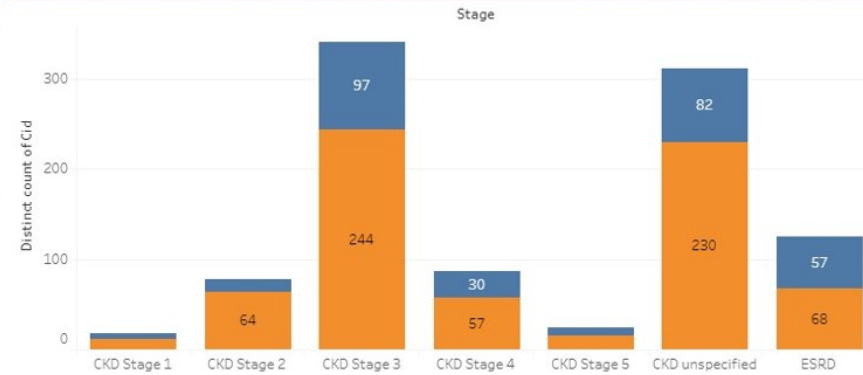
Dialysis Population

PHI - For Internal Use Only!

Nephrology Patient List by Kidney Failure Risk Score Rank - PHI

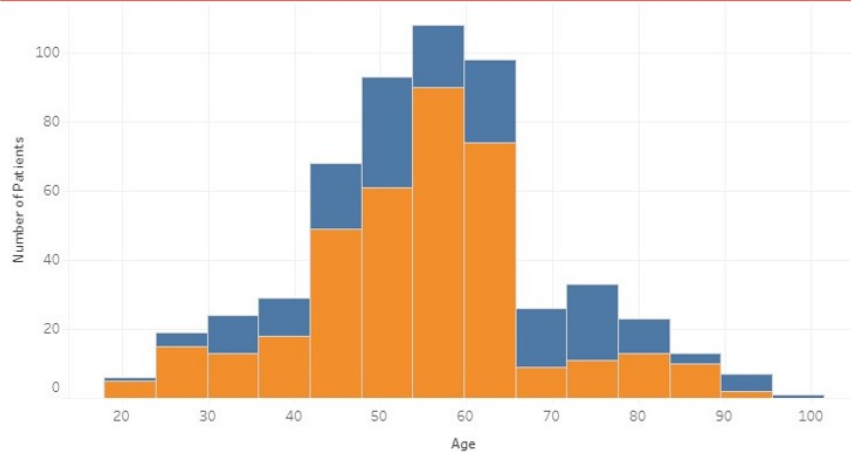
MRN	Last Name	First Name	Stage	Coverage End Date	Anticipated..	Access	Language	Home Phone
1								
2								
2								
4								
5								
6								
7								
8								
8								
8								
8								
12								
12								
14								
14								
16								

Diagnosis Breakdown

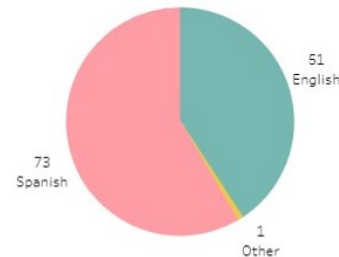


- Citizenship
- Undocumented
 - US, LPR
- Stage
- (All)
 - CKD Stage 1
 - CKD Stage 2
 - CKD Stage 3
 - CKD Stage 4
 - CKD Stage 5
 - CKD unspecified
 - ESRD

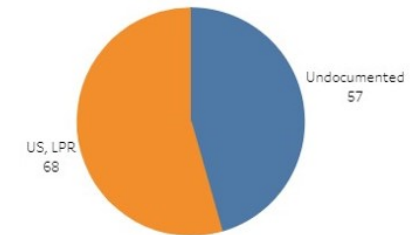
Distribution of Age



Language Breakdown



Citizenship Breakdown



CKD and ESRD Patient Dashboard

- **IN DEVELOPMENT**

- Predicting risk of progression to ESRD
- Using patient data including demographics, diagnoses and lab data
- Identify CKD patients for intervention, potentially
 - Accessing care earlier
 - Slowing or preventing further disease progression



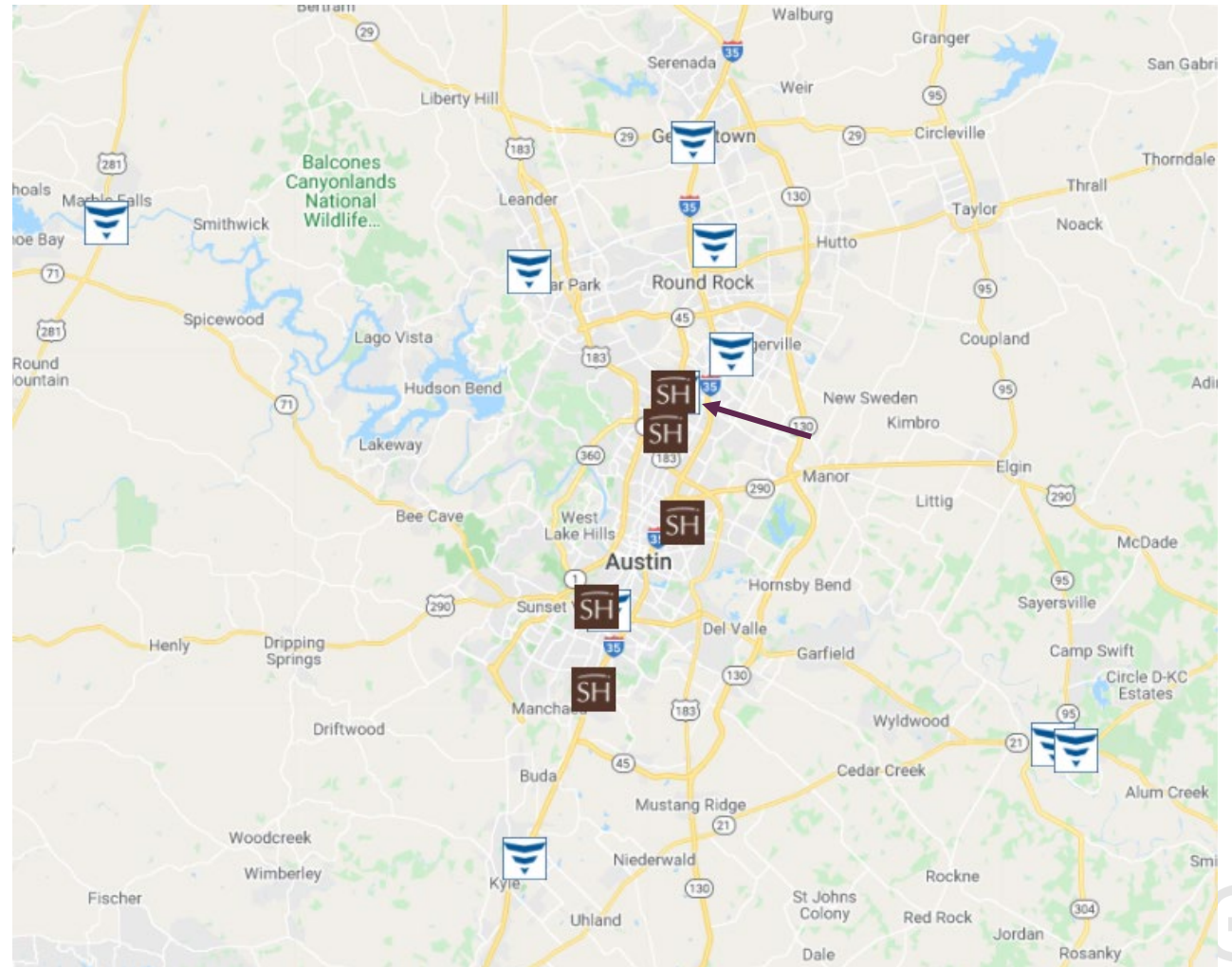
Central Health Transitional Dialysis Program

- **Program Components**
 - **Dialysis**
 - In center hemodialysis
 - Home hemodialysis
 - Home peritoneal dialysis
 - **Vascular Access**
 - Catheters
 - AV Fistulas
 - **Case Management**
 - **Transportation**

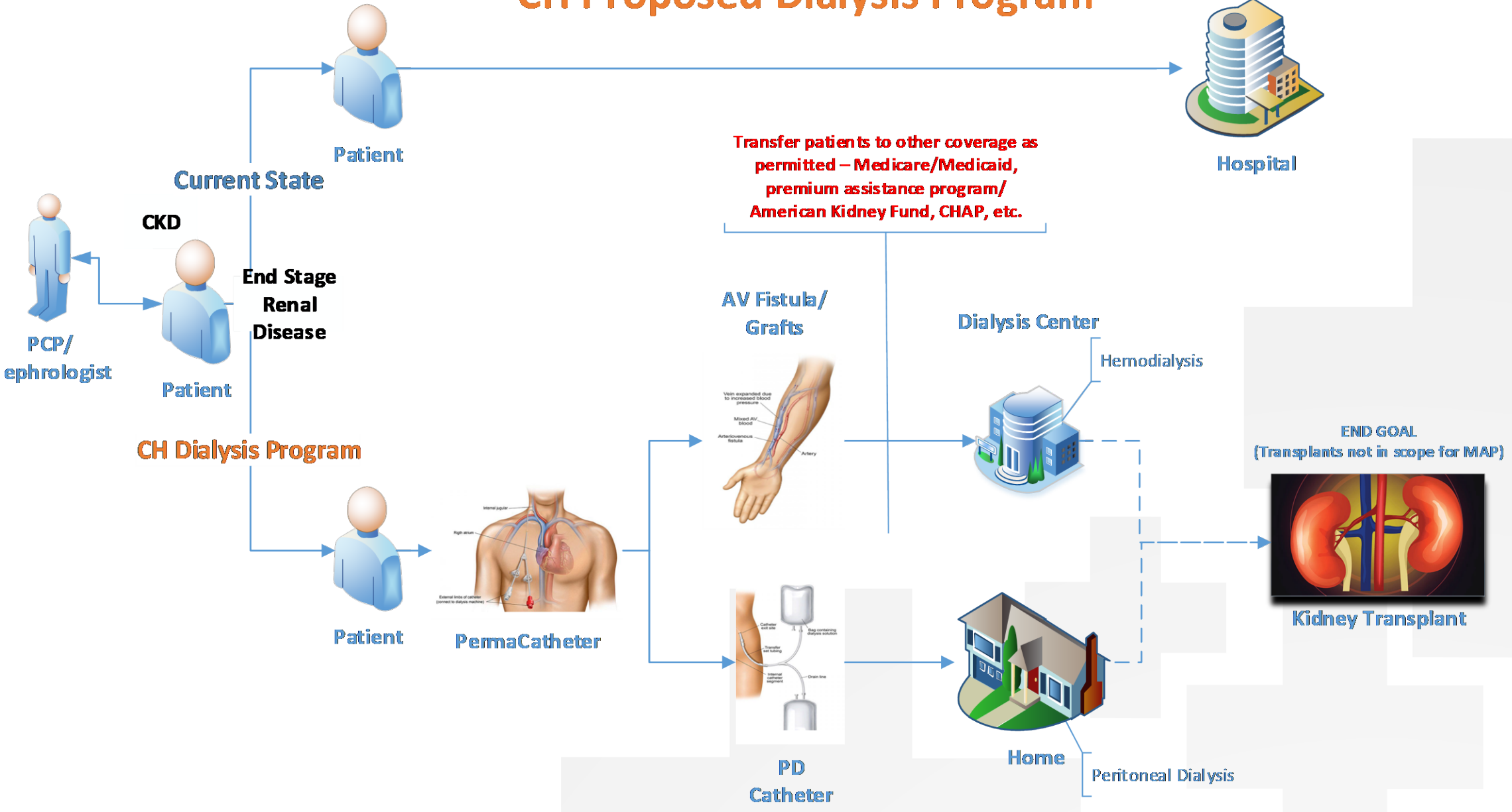


Potential Partnerships

- **Dialysis Services**
 - **Fresenius**
 - 10 area locations
 - **Satellite**
 - 6 area locations
- **Dialysis Physician Management**
 - **Austin Kidney Associates**
 - **Austin Diagnostic Clinic**



CH Proposed Dialysis Program





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

April 14, 2021

AGENDA ITEM 4

Receive an update on the Central Health dashboards associated with service level reporting for Fiscal Year 2021.



AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date April 14, 2021

Who will present the agenda item? (Name, Title) N/A

General Item Description Central Health service and enrollment dashboard update

Is this an informational or action item? Informational

Fiscal Impact N/A

Recommended Motion (if needed – action item)

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Patient visit data continues to be updated monthly
- 2) Current dashboard shows visits through February 2021
- 3) Lags in claims cause undercount of most recent months
- 4)
- 5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Backup only

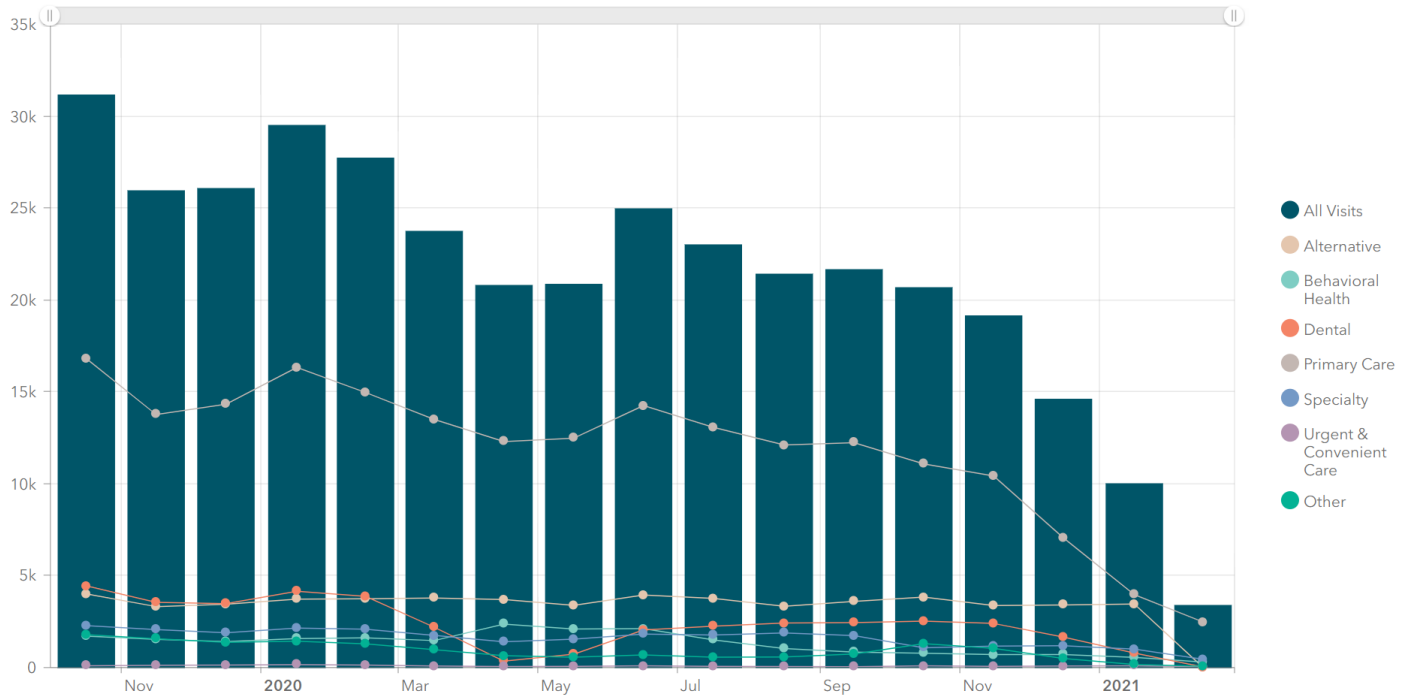
Estimated time needed for presentation & questions? N/A

Is closed session recommended? (Consult with attorneys.) No

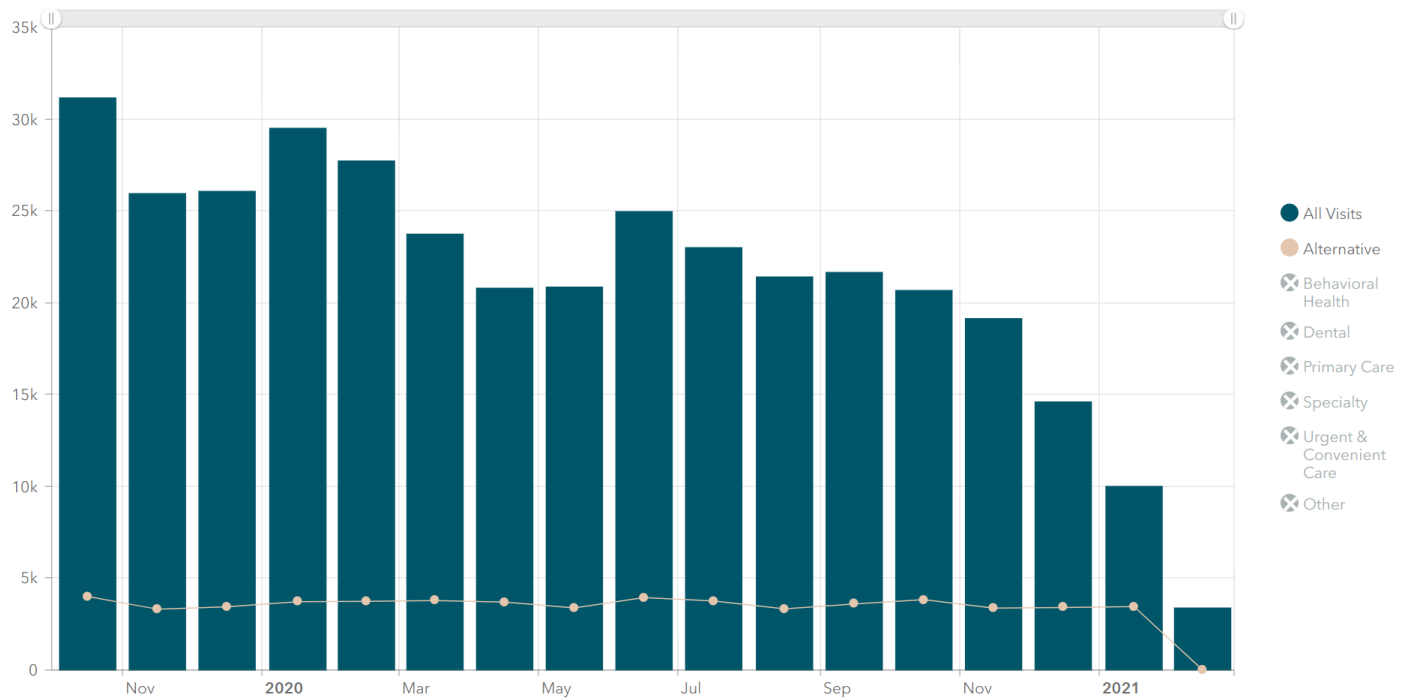
Form Prepared By/Date Submitted: JP Eichmiller/April 9, 2021

Central Health Enrollment and Clinic Utilization Dashboard – Count of Patient Visits Per Month

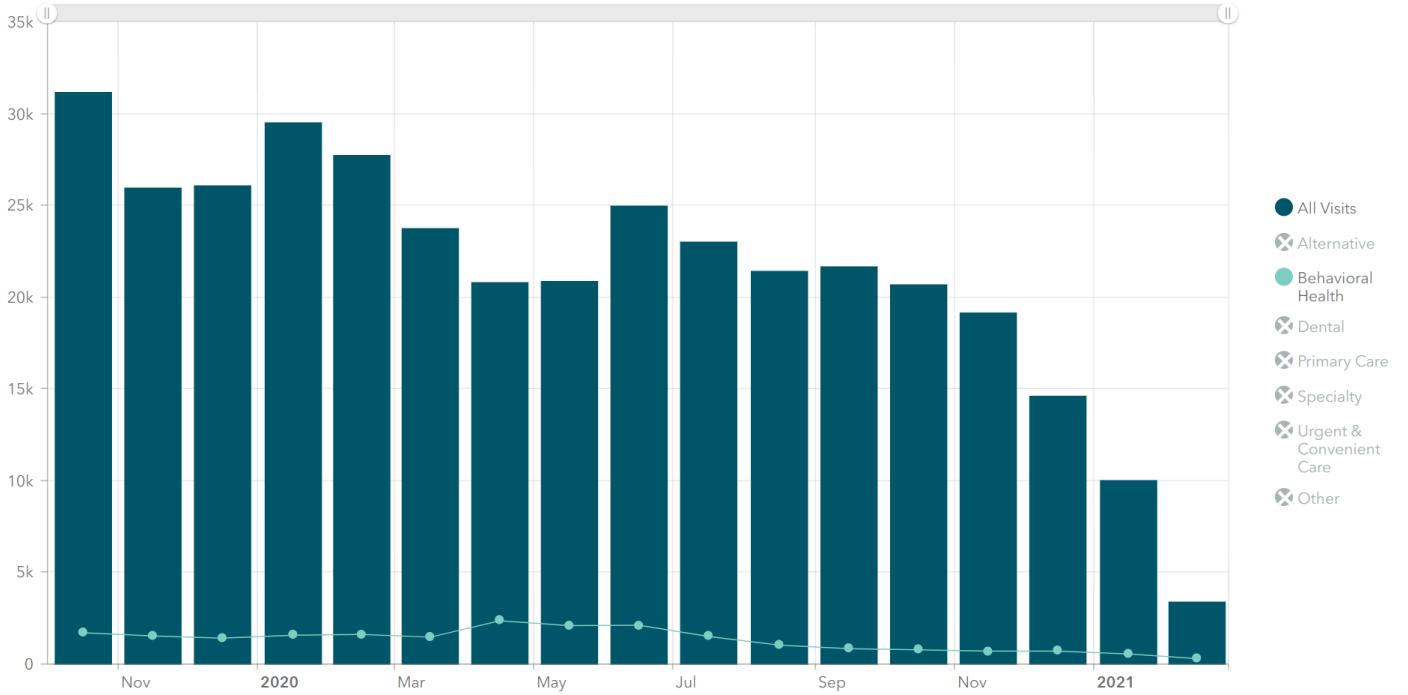
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



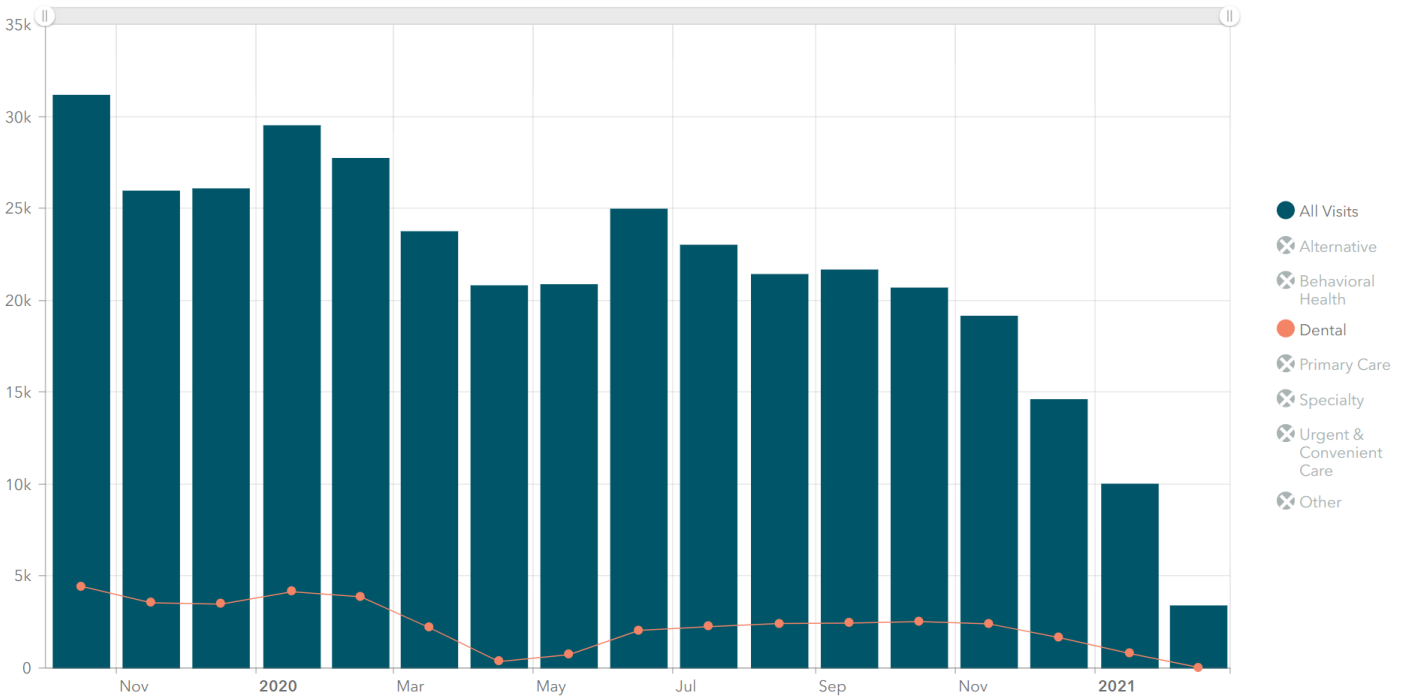
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



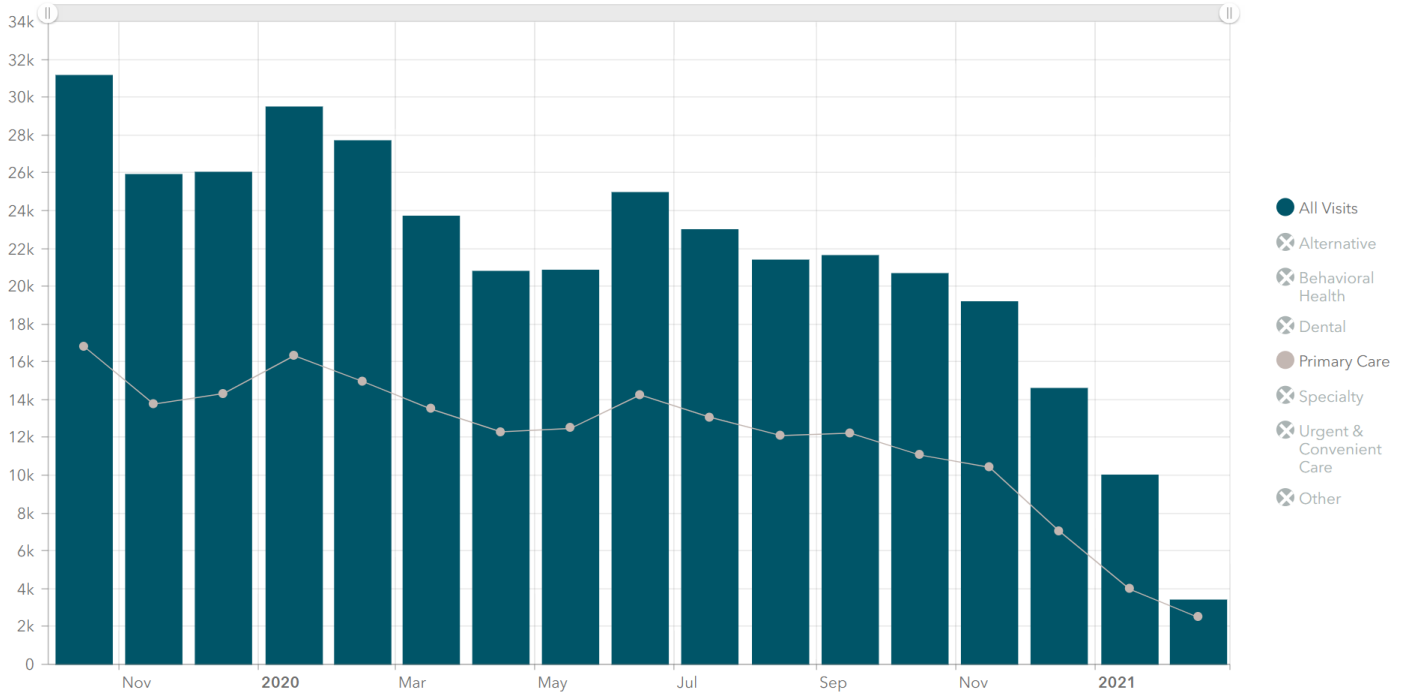
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



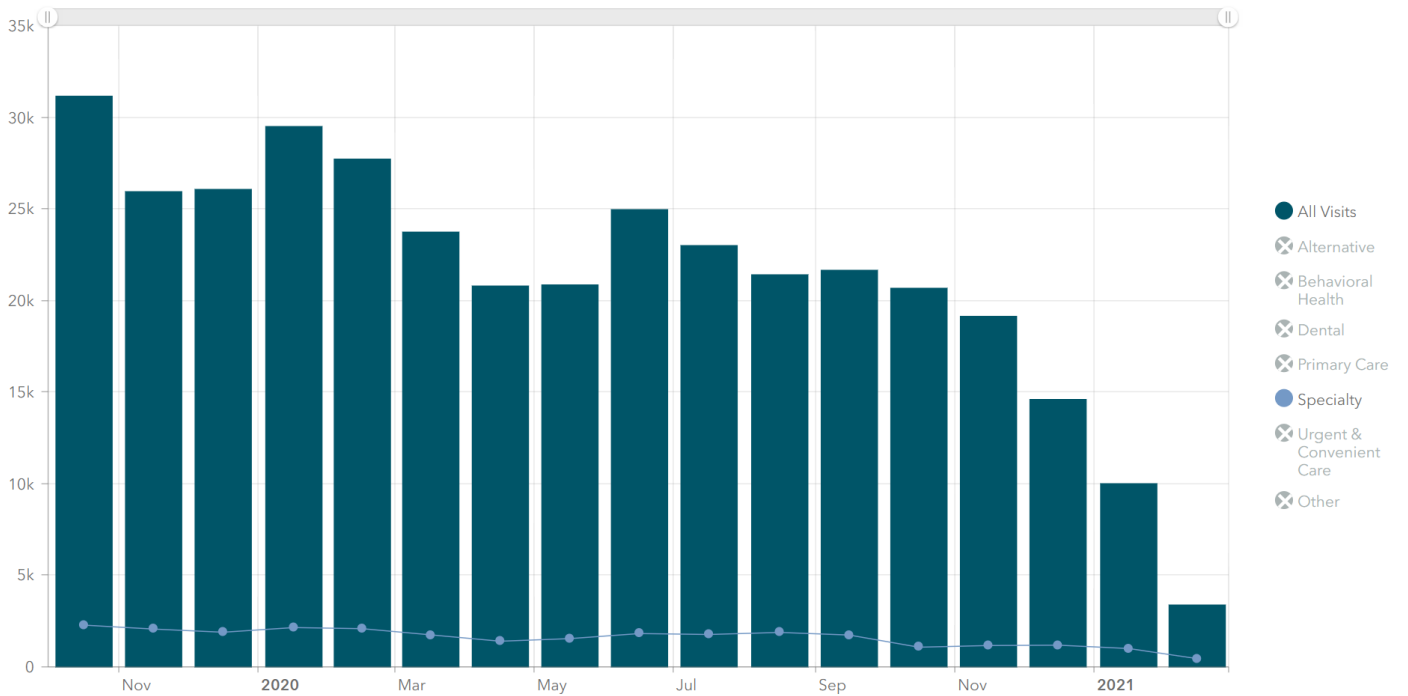
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



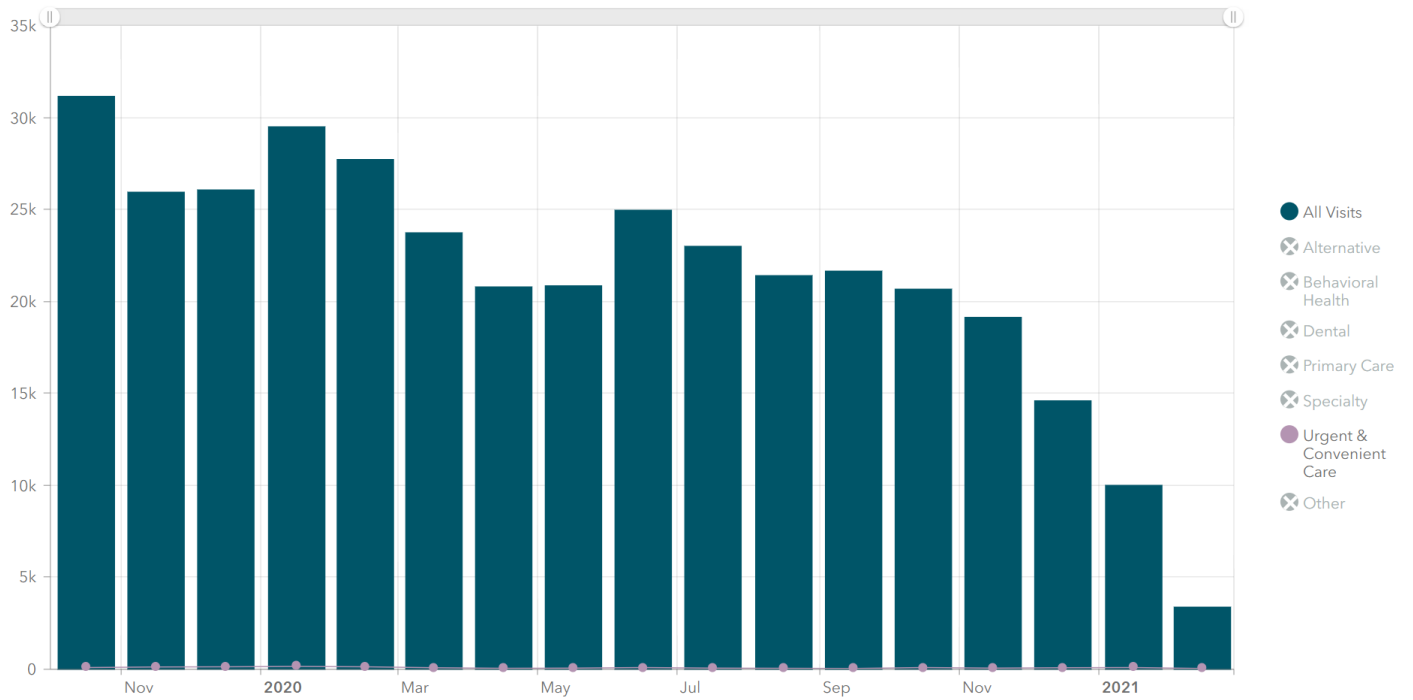
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



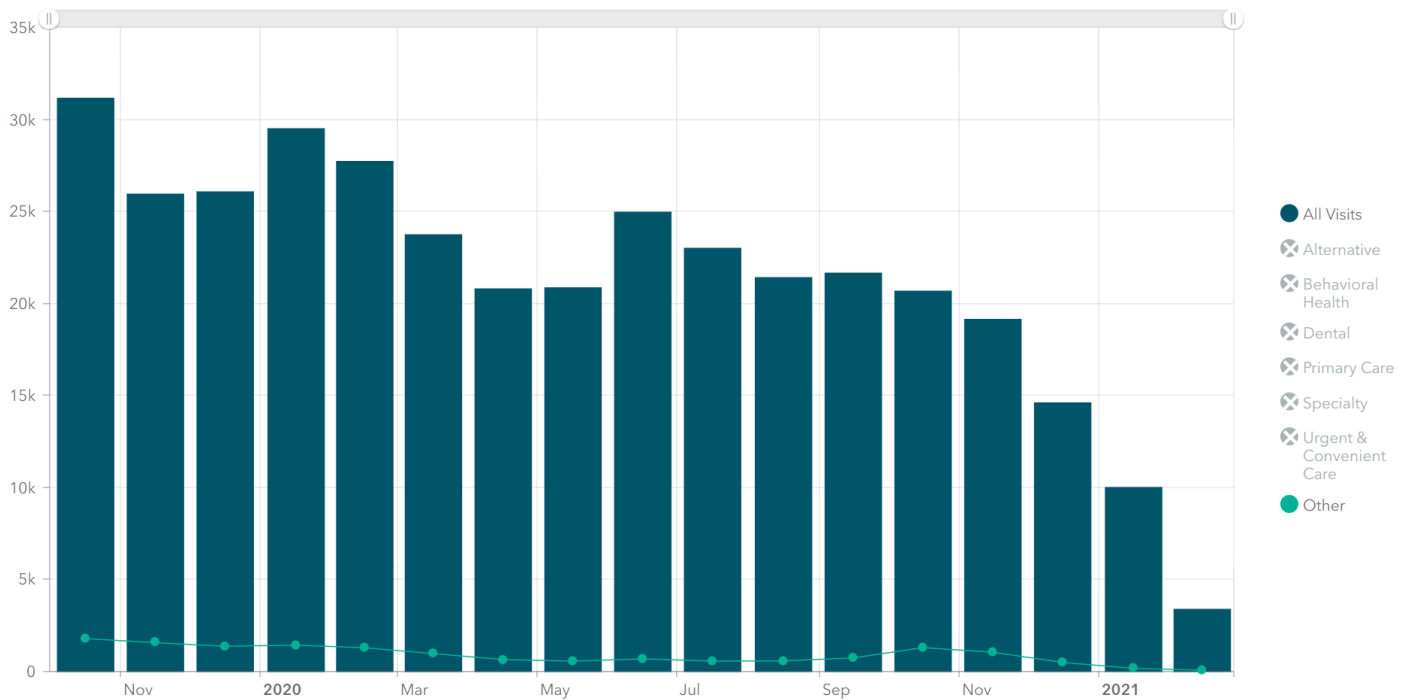
Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags



Count of Central Health Patient Visits Per Month (Updated Monthly)
 Recent months may represent undercounts due to billing cycle lags





**CENTRAL
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**CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE**

April 14, 2021

AGENDA ITEM 5

Receive an update from staff regarding COVID-19 responses.



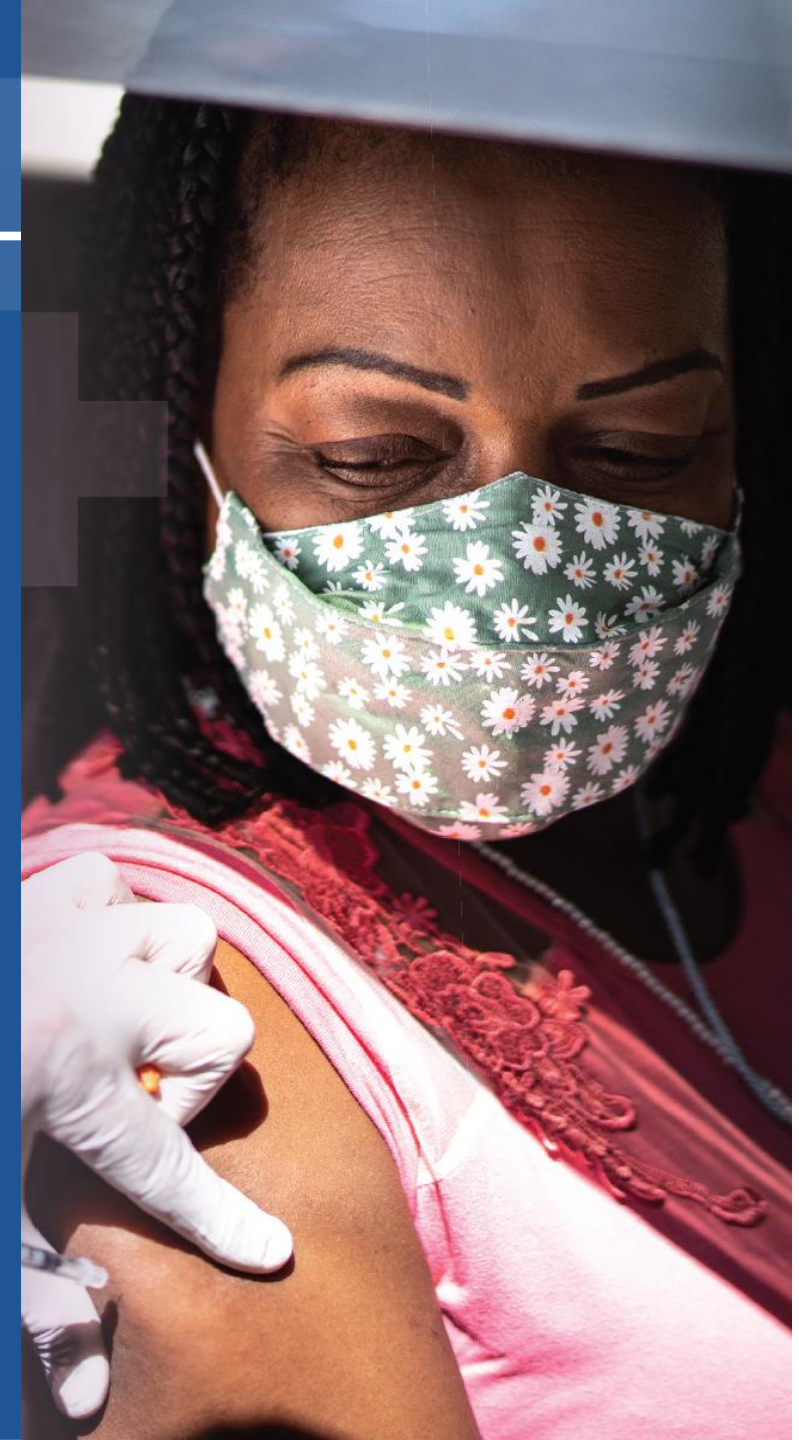
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COVID Update

Central Health Strategic Planning Committee

April 14, 2021



COVID Update

- **Community transmission and hospitalizations**
- **Mass vaccination hubs, clinic sites, and mobile efforts**
- **Communication and Community Outreach**
- **Equity Enhancement Payment Program**
- **Business Continuity Plan update**



COVID Update

Mass vaccination hubs, clinic sites, and mobile efforts

Austin Public Health- 30,000 persons a week at full capacity

- **Delco-** 3500 people a day, 5 days a week
- **Tony Burger-** 2,000 people a day, 4 days a week

COTA – 10,000 people over the course of 3 days of operations

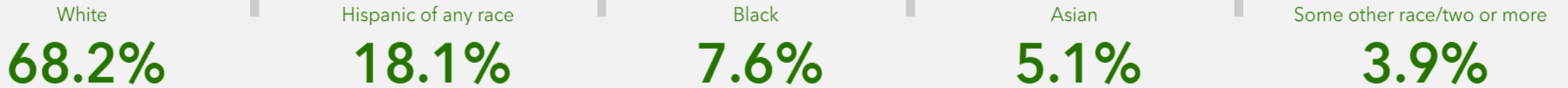


Demographics of Doses Administered by APH and CUC

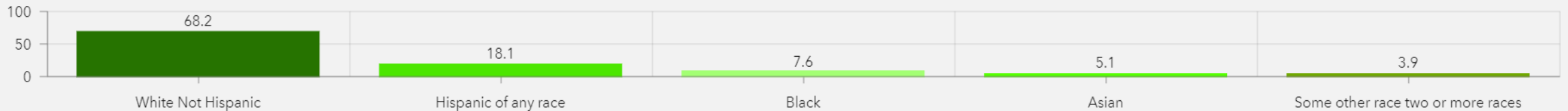
Estimated 2019 Travis County Population
1,273,954

American Community Survey, 2019-1 year estimate

Population 65 years of age and older
129,438 (10.2%)

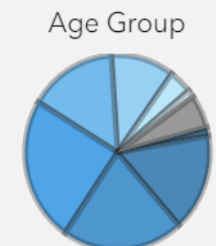
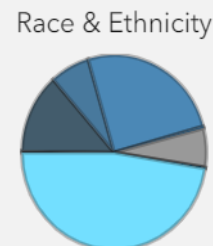


Percentage of Persons 65 years of age or older, Travis County, Texas



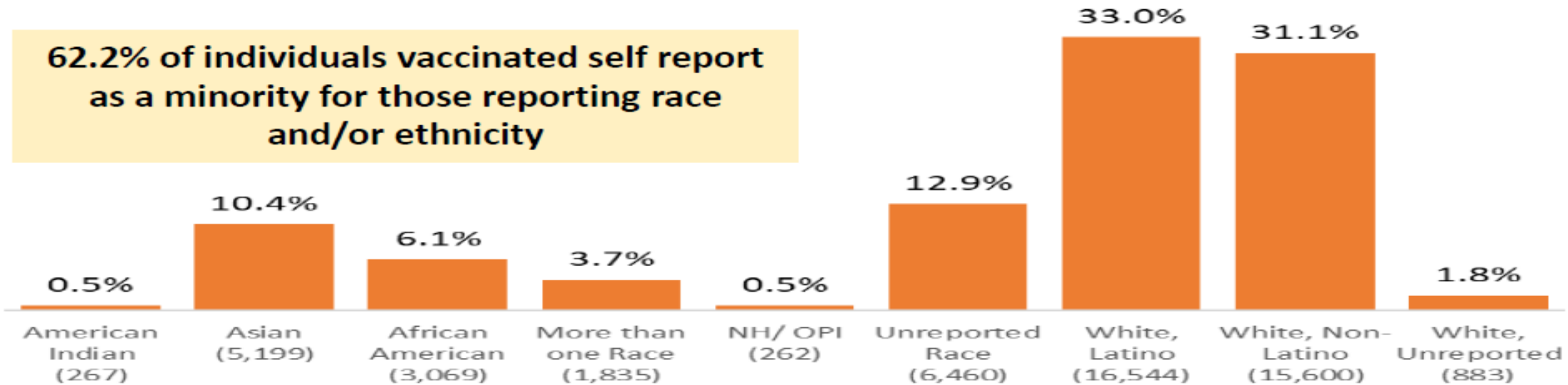
Demographics of Doses Administered by APH and Community Care

Hover over segment to see details



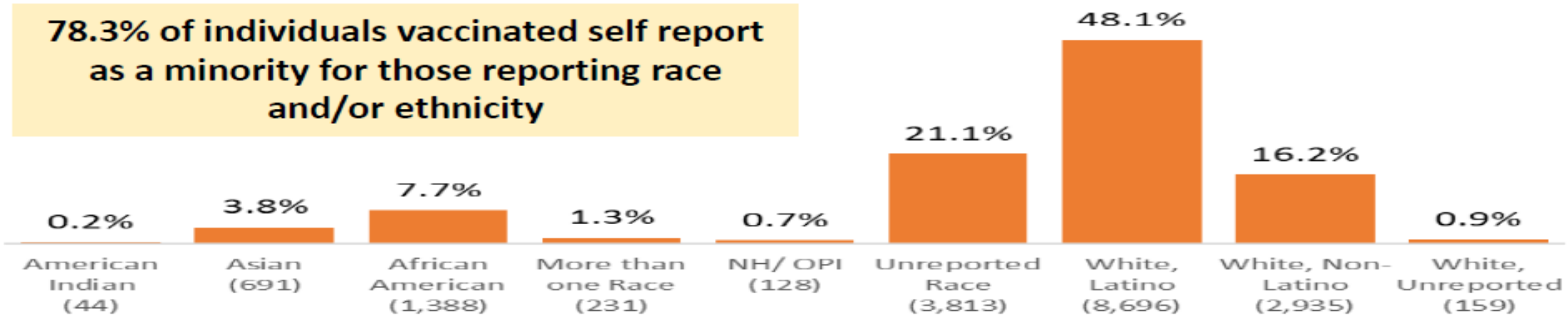
**Unique Individuals Vaccinated by CommUnityCare through
04/11/2021 by Race with White Reported with Ethnicity - All Sites**

62.2% of individuals vaccinated self report as a minority for those reporting race and/or ethnicity



**Unique Individuals Vaccinated by CommUnityCare through
04/11/2021 by Race with White Reported with Ethnicity -
CommUnityCare Sites Only**

78.3% of individuals vaccinated self report as a minority for those reporting race and/or ethnicity



Transition from Emergency Response to a Non-Response Model

What Does COVID-19 Vaccination Look Like in a Non-Response Programmatic Model?

Seasonality



- Is COVID a seasonal?
- Does it require boosters?
- Can a non-response model handle seasonal operations?

Influenza-like management



- Do we manage COVID like seasonal influenza?

Childhood vaccination



- How will vaccines to children be incorporated once an EUA is provided?
- How do we manage children without an EUA who transition into adulthood and need the vaccine?

Ongoing access



- What is the private capacity for boosters to address new strains or variants?
- What is the capacity to vaccinate previously unvaccinated people who change their mind?

Community Outreach & Communications

Community Outreach

- Town Hall Series with faith-based centers
- Vaccine registration for people with no Internet access
- MAP member calls
- Outreach to businesses, faith-based centers, multi-family housing in high-risk ZIP codes
- Ongoing vaccine education: Facts vs. Myths
- Weekly e-mails
- Facebook group outreach
- Outreach through partners (message amplification)

COVID VACCINES AND OUR COMMUNITY

FACTS, MYTHS AND OVERCOMING FEAR

Join local pastors and medical experts for a series of online town hall meetings about COVID-19 vaccines.

We're here to answer your questions and share the information you need to make your own informed decision.

VACCINE SAFETY • FACTS & MYTHS • SIDE EFFECTS

ALL EVENTS HOSTED ON **FACEBOOK LIVE**
[facebook.com/CentralHealthTX]

TOGETHER, WE ARE STRONGER THAN COVID-19.

BROUGHT TO YOU BY:

TOWN HALL SERIES

TUESDAY, APRIL 13
7 - 8:30 PM

PASTOR GAYLON C. CLARK
Creator Mount Zion Baptist Church

ARCHBISHOP STERLING LANDS
Calvary Baptist Church

DR. CHARLES A. MOODY
The ROCK ATX

DR. CLIFTON PEELE, DPM
CommUnityCare Health Centers

TUESDAY, MAY 4
7 - 8:30 PM

DR. CHARLES A. MOODY
The ROCK ATX

PASTOR MARQUET V. CURL
The ROCK Kyle

PASTOR ROY F. JONES II
New Hope Missionary Baptist Church

DR. CLIFTON PEELE, DPM
CommUnityCare Health Centers

TUESDAY, MAY 18
7 - 8:30 PM

PASTOR DECHARD I. H. M. FREEMAN
Abundant Life Church

PASTOR ARTHUR SNEED II
South Austin Community Church

TUESDAY, JUNE 1
7 - 8:30 PM

SR. PASTOR JOSEPH C. PARKER
David Chapel Missionary Baptist Church

DR. CLIFTON PEELE, DPM
CommUnityCare Health Centers

TUESDAY, JUNE 15
7 - 8:30 PM

PASTOR GARY M. RENFRO
Corinth Missionary Baptist Church
(TBD)
(TBD)

CENTRAL HEALTH

CommUnityCare HEALTH CENTERS

C.H.
Central Health
Inform • Empower • Inspire



Direct Mail



CENTRAL HEALTH

COVID VACCINES PREVENT HOSPITALIZATION AND DEATH.

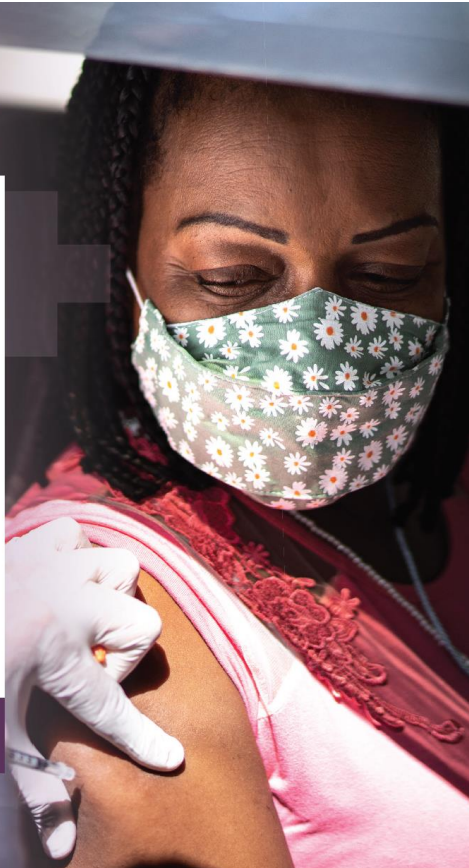
- All Texans 16 and over are eligible for the COVID vaccine.
- COVID vaccines are safe, effective and **FREE**.
- The sooner everyone's vaccinated, the sooner we can get back to normal.
- Keep wearing a mask and avoid crowds until everyone is vaccinated.

STAY POSITIVE. TEST NEGATIVE. GET A VACCINE.

LAS VACUNAS CONTRA EL COVID EVITAN LA HOSPITALIZACIÓN Y LA MUERTE.

- Todos los habitantes de Texas mayores de 16 años son elegibles.
- Las vacunas contra el COVID son seguras, efectivas y **GRATIS**.
- Mientras más rápido se vacunen todos, más rápido volveremos a la normalidad.
- Siga usando mascarilla y mantenga su distancia de otros hasta que todos estén vacunados.

ACTITUD POSITIVA. PRUEBA DE COVID NEGATIVA. PÓNGASE LA VACUNA.



CENTRAL HEALTH



NOT REGISTERED? WE CAN HELP.

All Texans 16 and older can get vaccinated. Central Health can help you learn how to register.

¿NO SE HA REGISTRADO? LE PODEMOS AYUDAR.

Todos los habitantes de Texas mayores de 16 años ya pueden vacunarse. Central Health le puede ayudar a aprender a registrarse.

Wear a mask. Avoid crowds. Get a COVID test. **GET VACCINATED.**

Use una mascarilla. Mantenga su distancia de otros. Hágase la prueba del COVID. **VACÚNESE.**

VISIT / VISITE
centralhealth.net/vaccine

SCAN / ESCANEE



CALL / LLAME
3-1-1 or/o
512-974-2000



Traditional Media Outreach



Digital & Social Media



Mentioned you in their story



Equity Enhancement Payment Program

Central Health used a variety of data sources and validation methodologies to identify 20 Zip codes with the following characteristics. 88% of Central Health's population reside in these ZIP codes

- Concentrations of poverty
- Large Black and Latino population
- High COVID-19 infection rates

78617	78653	78660	78702	78704
78721	78723	78724	78725	78728
78741	78744	78745	78747	78748
78752	78753	78754	78758	78767*





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

April 14, 2021

AGENDA ITEM 6

Confirm the next Strategic Planning Committee meeting date, time, and location.