



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, November 10, 2021 1:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or 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/1442966186?pwd=eGdMRU1Dc3ZwZUk1d1N1MUVBdEdGdz09>

Password: 965485

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 144 296 6186

Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Committee will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through

the virtual meeting link or telephone number listed on this meeting notice. Masks should be worn inside the Central Health offices and individuals should maintain proper social distancing from others. Resources related to COVID-19 can be found at the following link: <https://www.centralhealth.net/covid-info/>.

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 November 10, 2021**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190. Please leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee 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 October 13, 2021 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive an update from Guidehouse, Inc. on equity-focused systems planning work, including the community needs assessment framework and results of the Voice of the Community focus groups. (*Informational Item*)
3. Receive an update on the Annual Patient Satisfaction Survey. (*Informational Item*)
4. Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF). (*Informational Item*)
5. Discuss the Men of Color Clinic concept and working model.³ (*Informational Item*)
6. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly**

encouraged to participate remotely through the toll-free videoconference link or telephone number provided.

- ² Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Committee.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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 planee 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.

Central Health Board of Managers Shared Commitments **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



**CENTRAL
HEALTH**

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

November 10, 2021

AGENDA ITEM 1

Review and approve the minutes of the October 13, 2021 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – OCTOBER 13, 2021
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, October 13, 2021, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:39 p.m. remotely by toll-free videoconference and in-person at Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

Committee members present at Central Health Administrative Offices: Chair Bell, Manager Jones, and Manager Greenberg (sitting in place of Manager Valadez, as allowed by Bylaws §7.5).

Committee members present via video and audio: Manager Brinson and Manager Motwani

Board members present via audio and or video: Manager Museitif (arrived at 2:33 p.m.)

Absent: Manager Valadez

COMMITTEE AGENDA

1. **Review and approve the minutes of the September 8, 2021 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:39 p.m.

Manager Brinson moved that the Committee approve the minutes of the September 8, 2021 meeting of the Strategic Planning Committee.

Manager Jones seconded the motion.

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

2. **Receive an update from Guidehouse, Inc. on their engagement to facilitate the development of an equity focused service delivery strategic plan, including allowing for questions and responses regarding the presentation to the Committee on September 8, 2021.**

Clerk's Notes: Discussion on this item began at 1:40 p.m. The Guidehouse team gave a brief recap of its September 8th Strategic Planning Committee meeting presentation including engagement objectives, as well as an update on progress and achievements since then. Next, they gave a community engagement update and discussed what defines a successful outcome for the project. Lastly, they answered questions and discussed next steps.

3. **Discuss Men of Color Clinic concept and working model.**

Clerk's Notes: Discussion on this item began at 2:37 p.m. Mr. Mike Geeslin, President & CEO, began discussions on the Men of Color Clinic. Mr. Geeslin discussed basic working knowledge of the proposal, including the concept overview and basic terms, the connect-screen-referral model, organizations involved,

screening firms, medical providers, work to date, identifying legal considerations, Central Health systems equity work convergence, and other alternative models.

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

Manager Greenberg moved that the Committee adjourn.

Manager Brinson seconded the motion.

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

The meeting was adjourned at 3:17 p.m.

Charles Bell, Chairperson - Strategic Planning Committee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

November 10, 2021

AGENDA ITEM 2

Receive an update from Guidehouse, Inc. on equity-focused systems planning work, including the community needs assessment framework and results of the Voice of the Community focus groups.
(Informational Item)



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	<u>November 10, 2021</u>
Who will present the agenda item? (Name, Title)	<u>Monica Crowley, Guidehouse team including Dr. Abhi Sharma MD, Danielle Sreenivasan</u>
General Item Description	<u>Receive an update on equity focused systems planning</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>N/A</u>
Recommended Motion (if needed – action item)	<u></u>

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

- 1) The Guidehouse team will update the board on progress and achievements since last month’s presentation.
- 2) Guidehouse will present the initial safety net community needs assessment framework including the development of planning regions.
- 3) The Voice of the Community engagement has continued and is ongoing. Guidehouse will inform the board of initial themes that have been identified.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Presentation will be provided</u>
Estimated time needed for presentation & questions?	<u>60 minutes for presentation, discussion and questions</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Monica Crowley, October 4, 2021</u>



Strategic Systems of Care Planning

Board Presentation



CENTRAL HEALTH

November 10, 2021



Today's Agenda

01 | Progress and Achievements Since Our October 13th Presentation

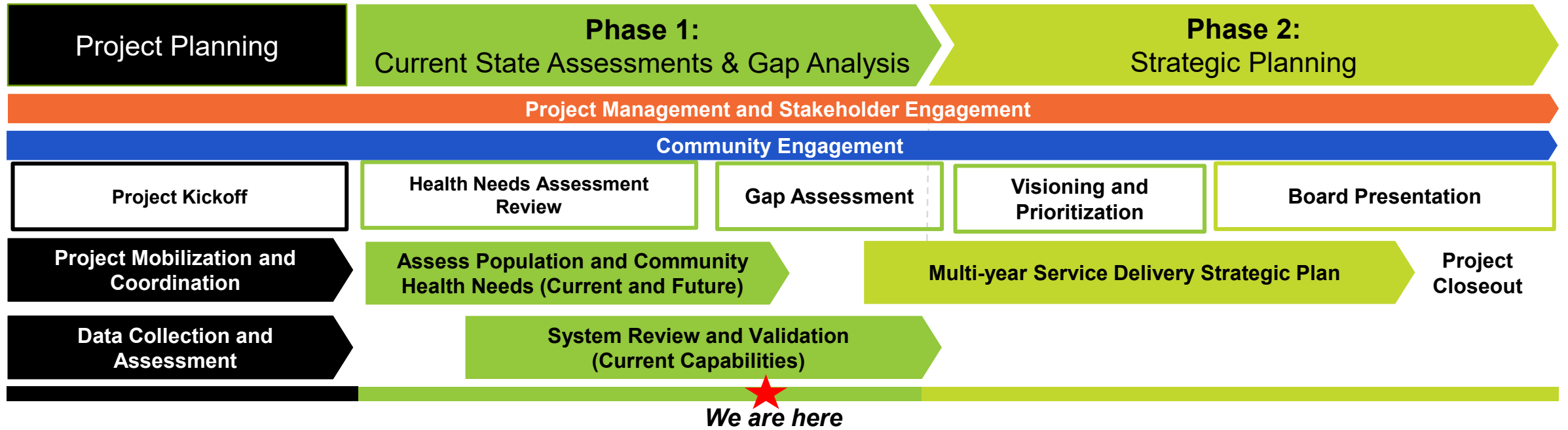
02 | Travis County Safety Net Needs Assessment Framework

03 | Community Engagement Update

04 | Questions and Next Steps

Progress and Achievements Since October 13th

In partnership with Central Health Leadership, GH has successfully completed project planning, and Phase 1 is nearly complete



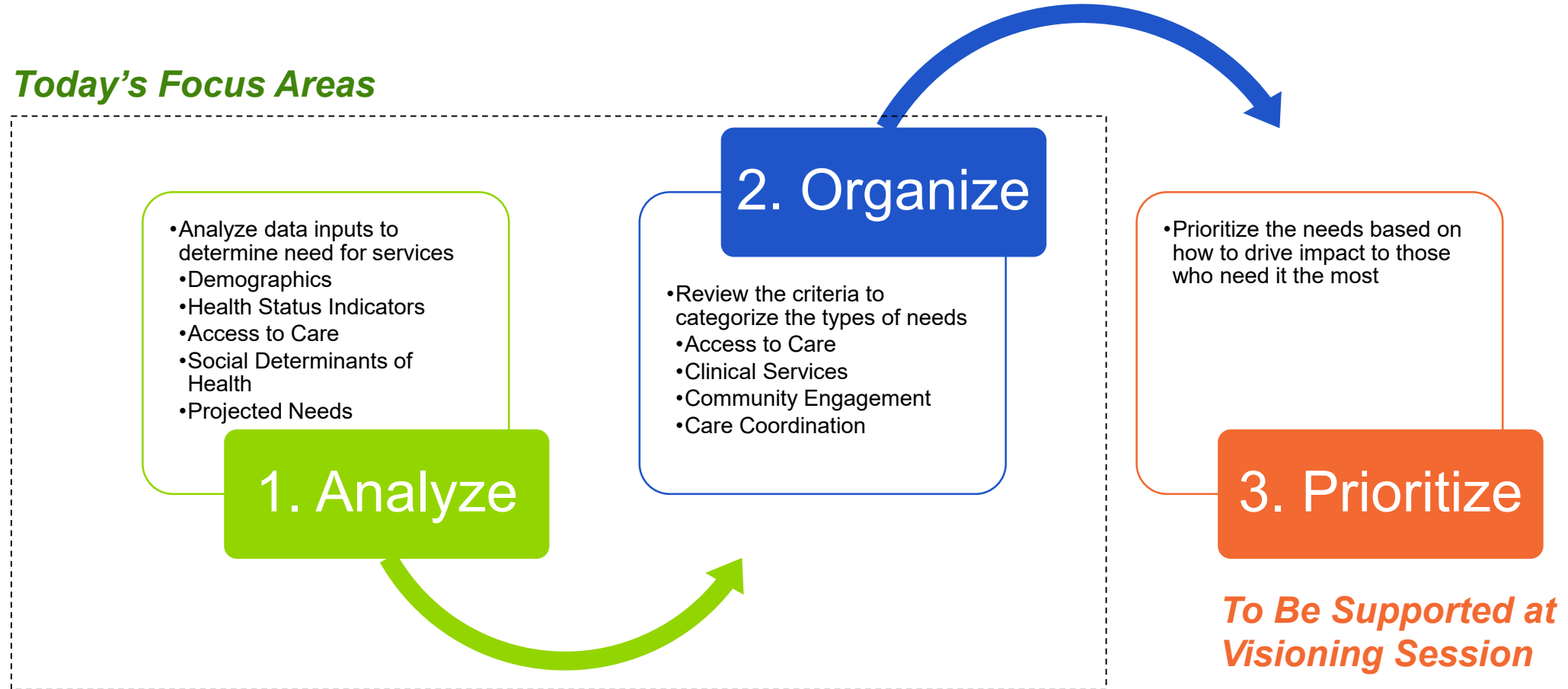
Since the Board of Managers Meeting on October 13th, Guidehouse and Central Health Leadership have accomplished the following:

1. Weekly meetings with leadership team to coordinate on high priority items needed for project mobilization
2. Developed strategic needs assessment framework
3. Facilitated second meeting with the Strategic Planning Advisory Council, which represents leaders from our partner organizations to engage them in our efforts and obtain their collective input
4. Initiated Voice of the Community discussions through 1:1 clinical interviews and focus groups
5. Conducted community convening events (in-person and virtual discussions) on healthcare; met with 30+ households to discuss healthcare access needs

A Data Driven Approach to the Needs Assessment Provides Objective Insights to Support Decisions

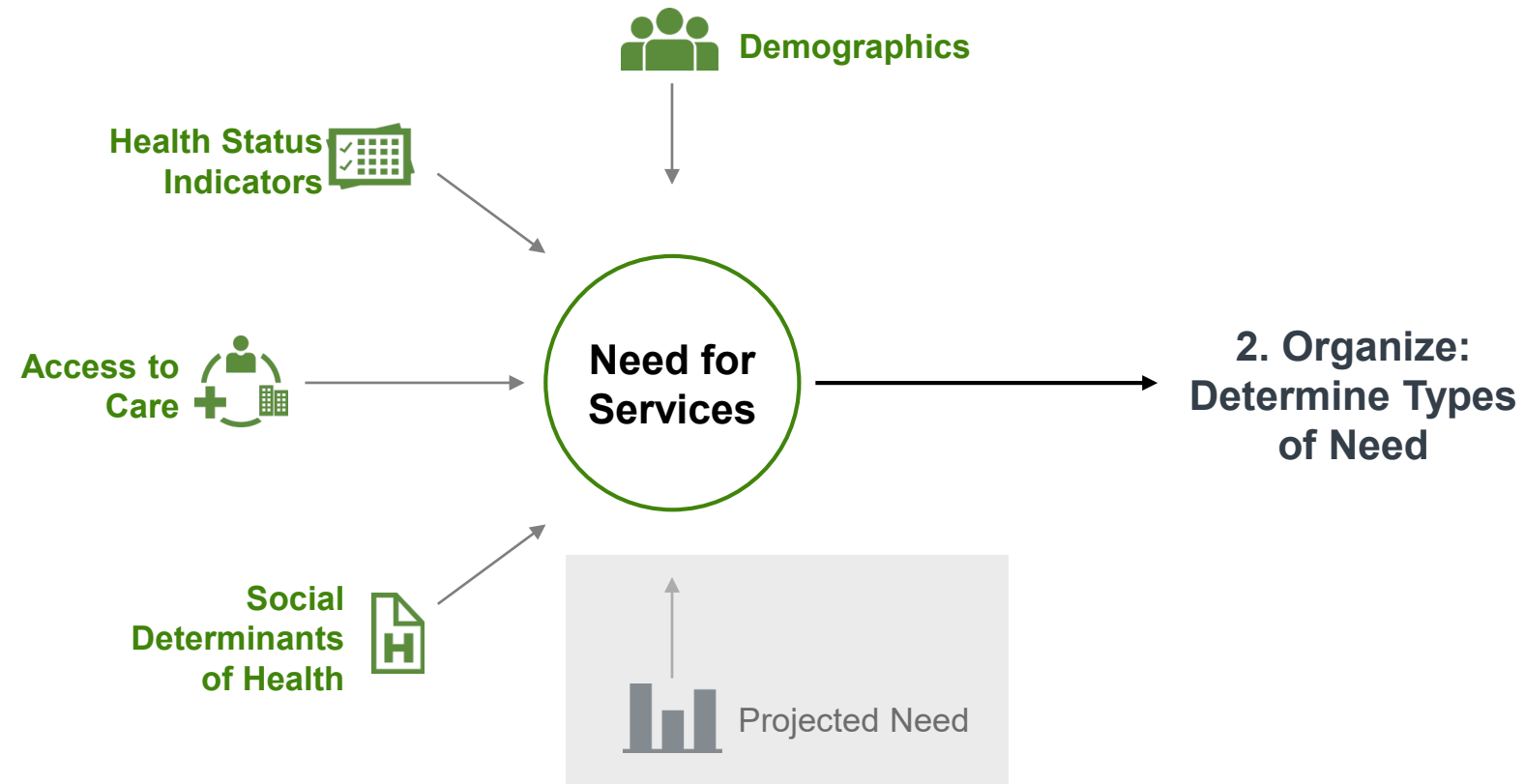
Goal of the Needs Assessment: Determine where in Travis County there is a need for safety net services

Today's Focus Areas



The Need for Services in a Community Can Be Identified Through 5 Distinct Data Inputs

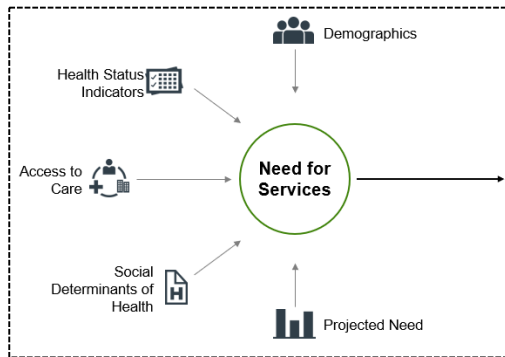
Objective: Analyze inputs and determine which elements have the greatest impact on need



The Types of Needs for Low Income Residents in Travis County Can Be Organized into 4 Distinct Categories

Objective: Determine how data inputs define the type of need

1. Analyze



Access to Care

- Physical Location
 - Clinic space, IP Access, etc.
- Physician Type or Care Provider Type
 - PCP, Specialist, Dentist, etc.
- Central Health Network Location
 - Partnership location to receive services



Care Coordination

- Care Managers
 - Focused on coordinating clinical care services for patients
- Care Navigators
 - Focused on social services and wellness prevention
- Transportation
 - Services to make care accessible for patients

Types of Need



Clinical Services

- Primary Care
 - OB/GYN, Pediatrics, etc.
- Specialty Care
 - Endocrinology, Pulmonology, Nephrology, etc.
- Behavioral Health
 - Mental health, substance abuse etc.
- Street Medicine
 - Care for people experiencing homelessness

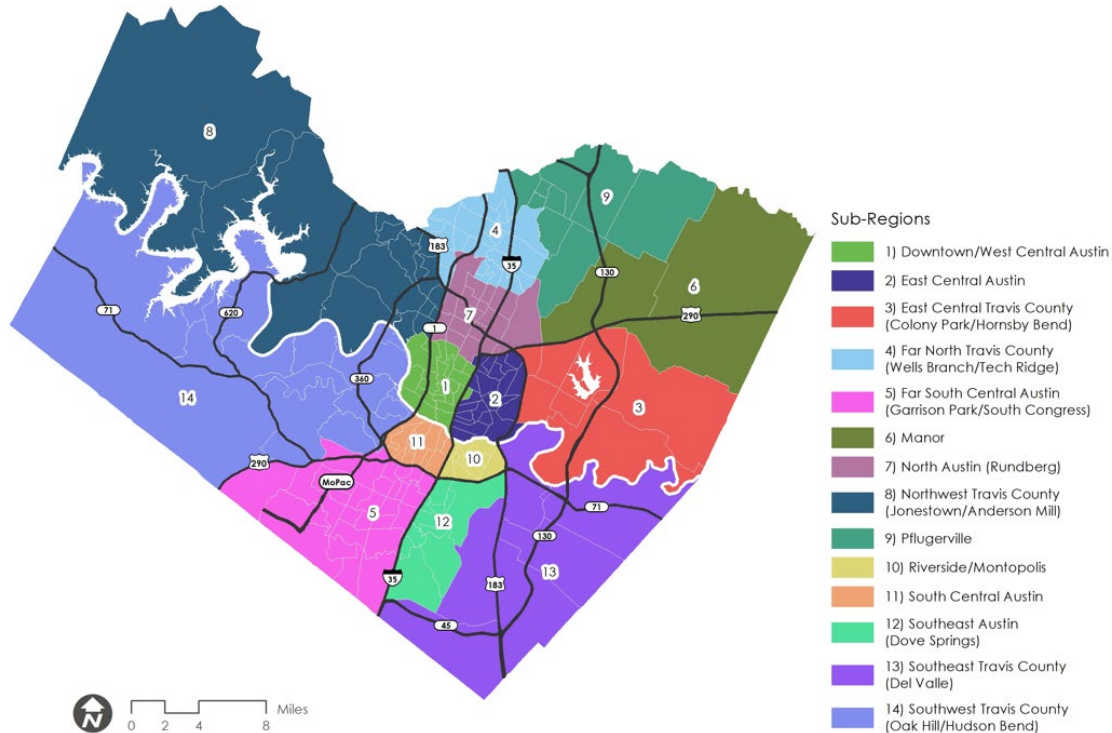


Community Engagement

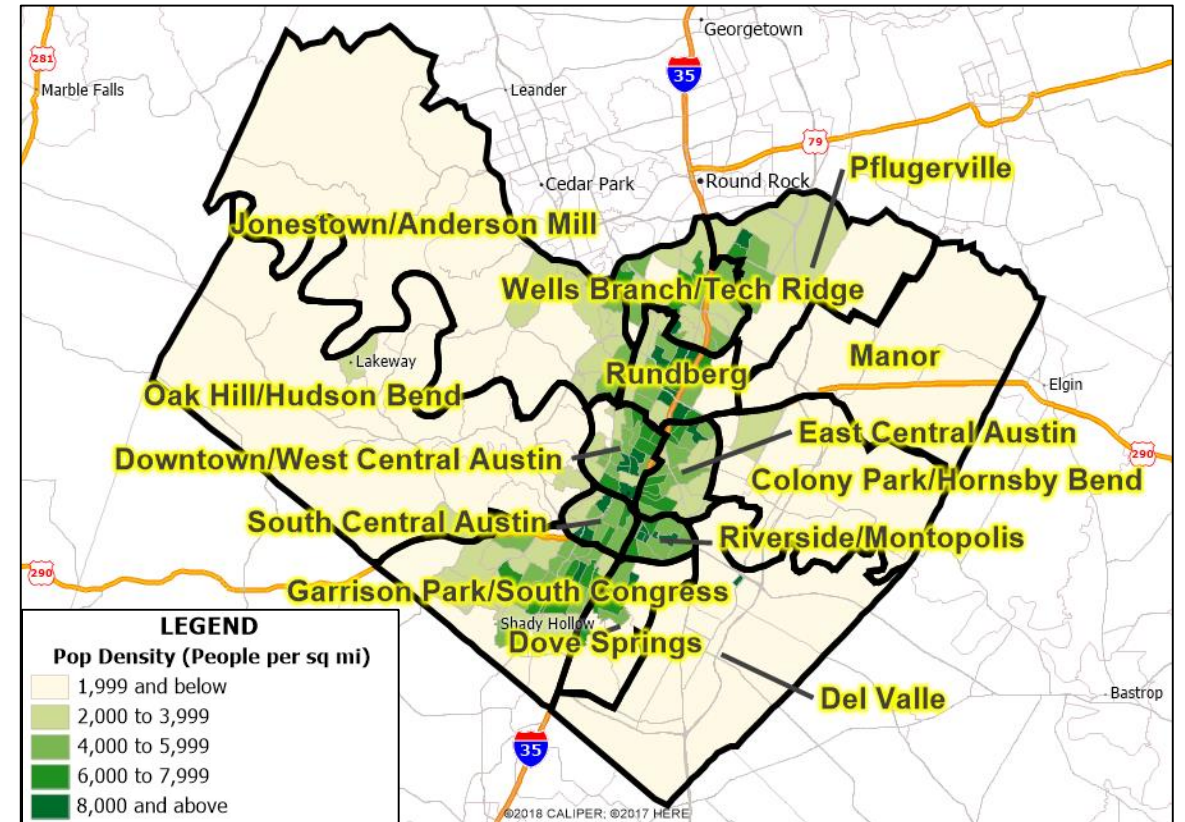
- Enrollment
 - Opportunity to increase CH enrollment
- Outreach / Education
 - Focused strategies to engage populations with high impacts from SDOH

14 Planning and Assessment Regions Have Been Identified Related to Central Health's Population

Planning and Assessment Regions



Travis County: Pop Density by Census Tract (2021)



Voice of the Community Update

Overview of Activities in October



Through October 31, focus groups and conversations were held over a three-week period both in-person and virtually.

Hosted **two** in-person community events:

- Community Dinner: Thursday, October 21
- Community Lunch: Monday, October 25

Hosted **four** virtual focus groups for Community Groups Advocating for Patients and Institutions:

- **Community Advocates**
 - Wednesday, October 20, 9 – 10:30 a.m.
 - Friday, October 22, 11:30 am – 1pm
- **Institutions**
 - Wednesday, October 20, 3 – 4:40 pm
 - Friday, October 22, 9 – 10:30 am

Additionally, GH and K Strategies have participated in monthly or weekly meetings of community organizations

Recurring Themes

- **Transportation**
 - The ways access to transportation deters patients from receiving care
- **Patient Services**
 - How patients are treated before, during, and after receiving care
- **Resources**
 - Patients unaware of where to learn health information and access to entities providing care
- **Costs**
 - Patients' inability to afford insurance or out-of-pocket healthcare costs
- **Language/Cultural Barriers**
 - Miscommunication and misunderstanding between providers and patients

Questions?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

November 10, 2021

AGENDA ITEM 3

Receive an update on the Annual Patient Satisfaction Survey. (*Informational Item*)



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 November 10, 2021

Who will present the agenda item? (Name, Title) Sally Gustafson, Sarita Clark-Leach

General Item Description Receive an update on the Central Health annual Quality of Life and Patient Experience (Access to care) surveys

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) Central Health conducted its 4th annual quality of life (Global PROMIS) and patient experience (CAHPS - access to care) surveys. Results will be shared.

2) _____

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

Estimated time needed for presentation & questions? 20 minute presentation 10 minute discussion

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

Form Prepared By/Date Submitted: Sarita Clark-Leach, November 3, 2021



CENTRAL HEALTH

CommUnityCare | Sendero

Patient Experience and Quality of Life Survey Results, 2018 - 2020

November 10, 2021

Strategic Planning Committee

Overview

- **To better understand differences in our MAP patients' quality of life and experience of care, we surveyed samples of our population in CY 2018, 2019, and 2020.**
- **We used validated survey tools:**
 - Quality of life: Global physical and mental health scores (PROMIS)
 - Patient experience of care: always getting needed care and getting care quickly (CAHPS)
- **Compared to national benchmarks from similar populations**
- **Tested for differences among patients by demographics, e.g. race/ethnicity, age, primary language spoken, and sex.**



Sampled patients

Patients sampled

- Patients aged 18+
- Not experiencing homelessness
- Valid phone number
- English or Spanish speaker
- Currently enrolled in MAP, with at least one previous enrollment in past 5 years
- Resampled monthly

Patients called

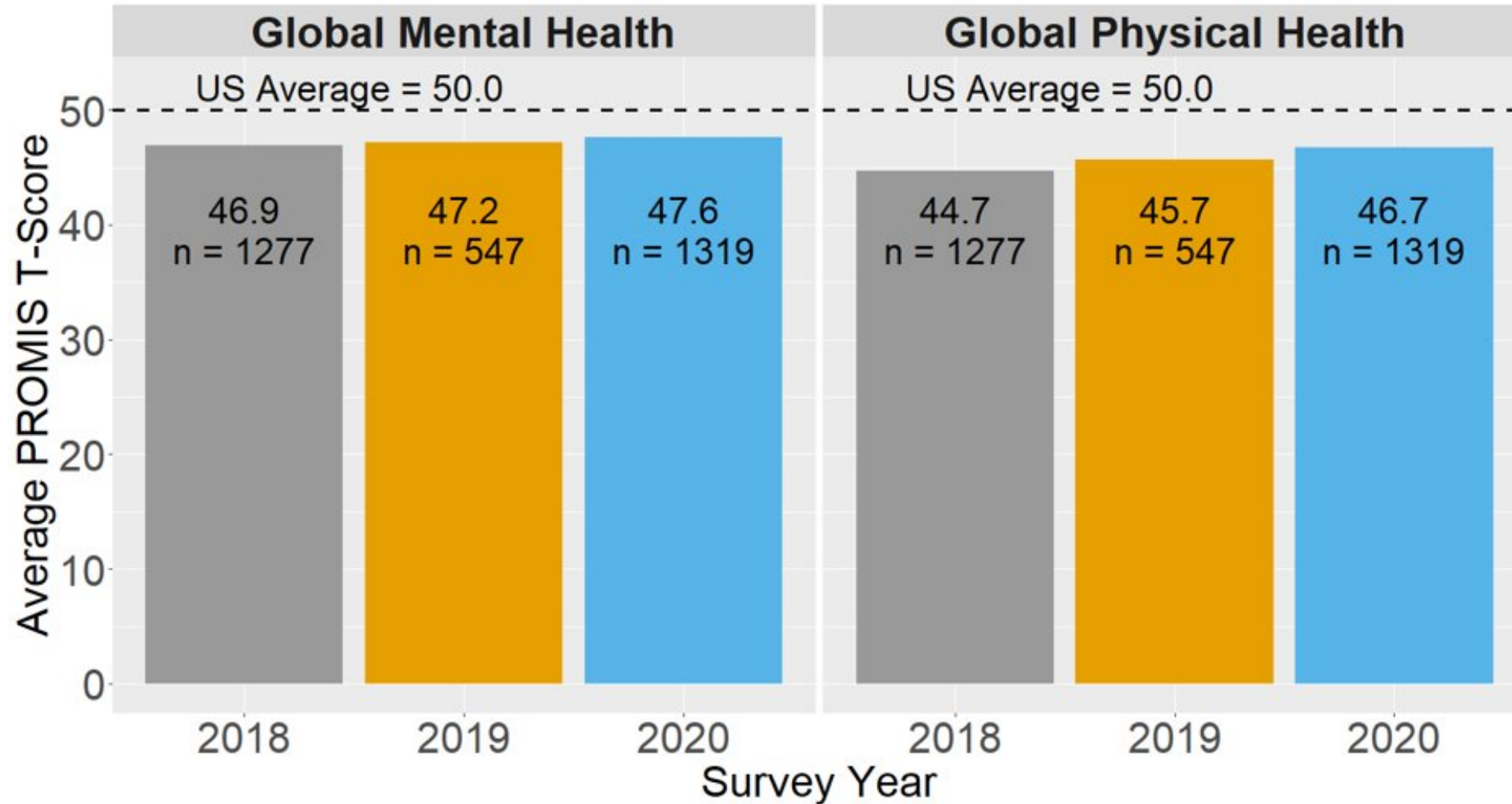
- Overall response rate of 30%
- 16% declined/unable to participate
- Response rates differed by race/ethnicity, primary language, sex, and PCP clinic
- Approximately n = 1275 respondents in 2018, n=550 in 2019, and n=1320 in 2020
- Goal of n=1250 to 1500 in 2021



PROMIS: Patient Reported Outcomes Measurement Information System

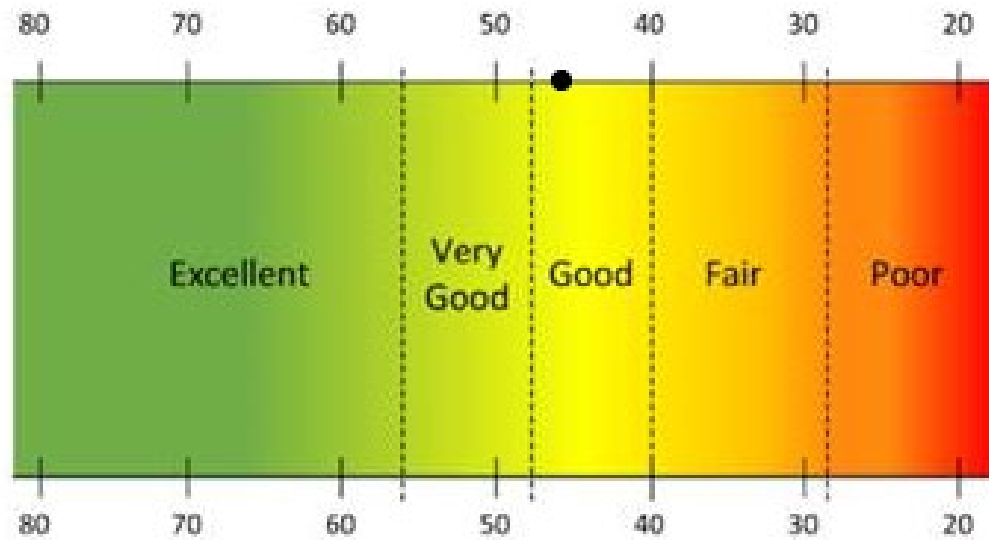
Self-reported Mental and Physical Health

PROMIS: Patient-Report Health

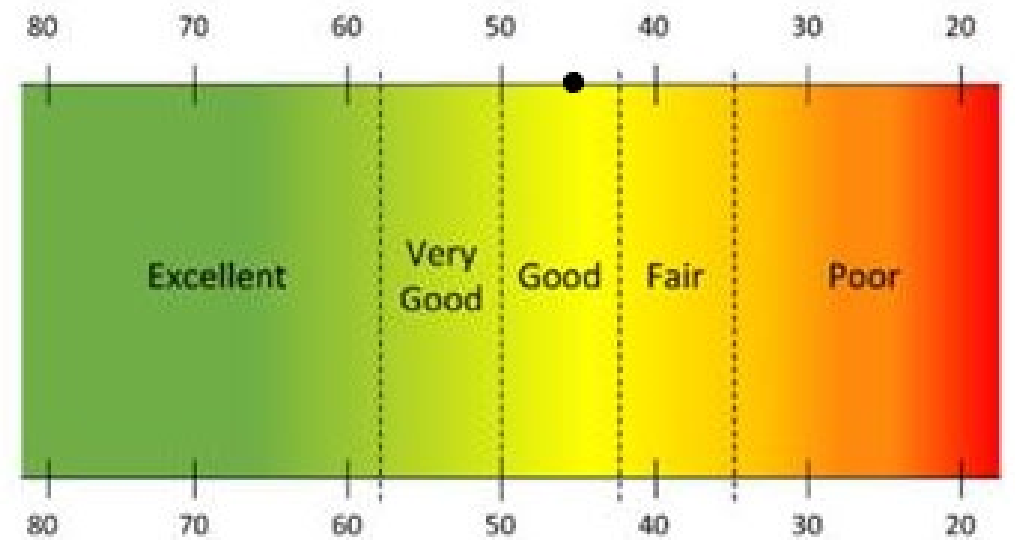


Interpreting Patient-Reported Health Scores

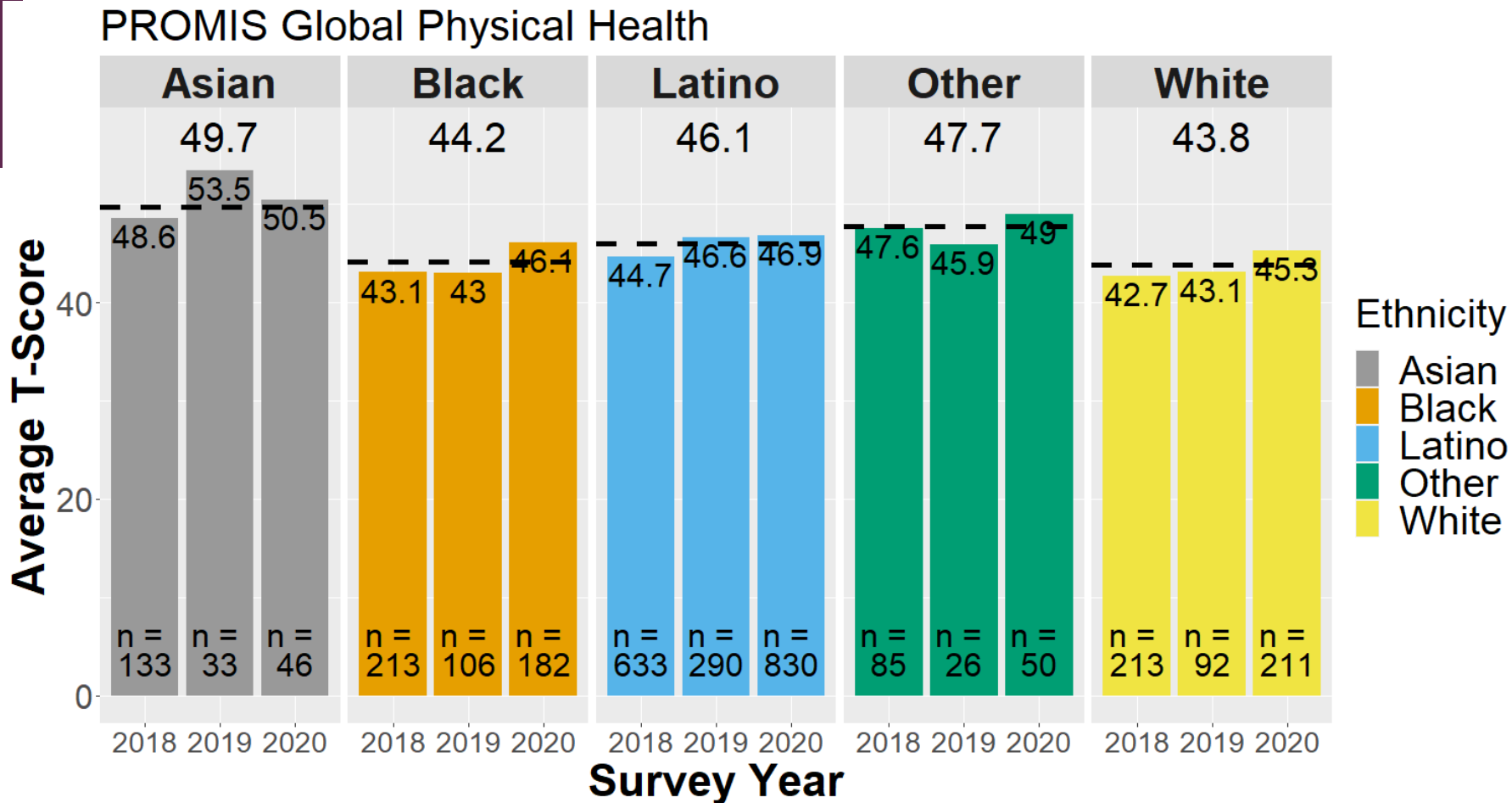
Interpreting PROMIS® Global Mental Health T-Scores



Interpreting PROMIS® Global Physical Health T-Scores



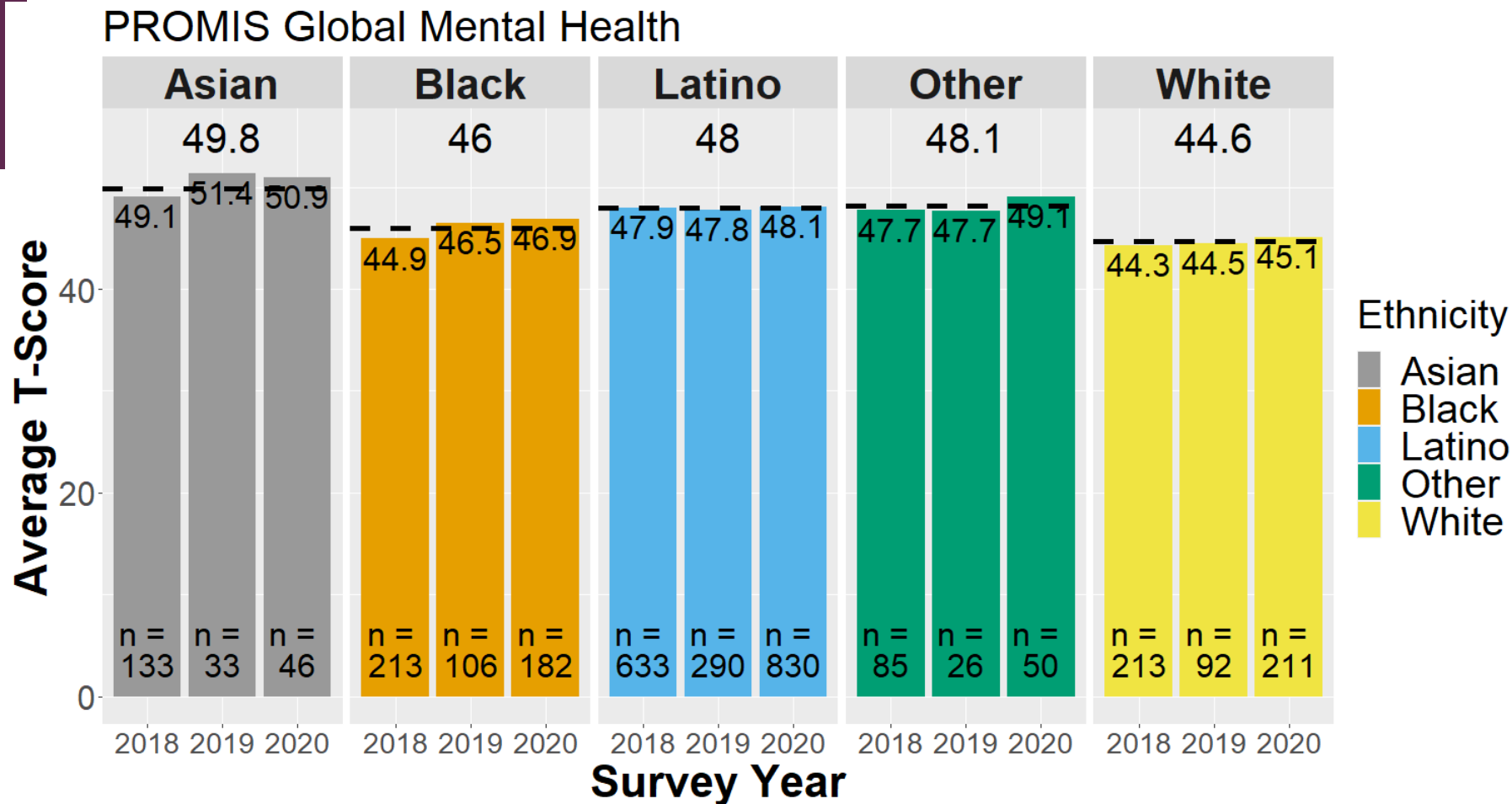
PROMIS: Physical Health by Race/Ethnicity



- In general, the upward trend of Global Physical Health (PH) scores across time is also seen within each race group.
- Asian patients scored highest, followed by other, Latino, Black and White; most differences were statistically significant
- Black and White patients were statistically equivalent



PROMIS: Mental Health by Race/Ethnicity



- Global Mental Health scores are more stagnant across years by race than Global PH scores.
- Asian patients scored highest, followed by other, Latino, Black and White; most differences were statistically significant
- Black and White patients were marginally different, with Black patients scoring slightly but significantly higher



Patient-reported health scores by other demographics

Physical Health

- No consistent differences by sex or language
- Significant differences by age; in pairwise comparisons, younger patients report higher scores across all age ranges

Mental Health

- No consistent differences by sex
- Spanish speakers reported higher scores than English speakers
- Significant differences by age; in pairwise comparisons, younger patients report higher scores across all age ranges



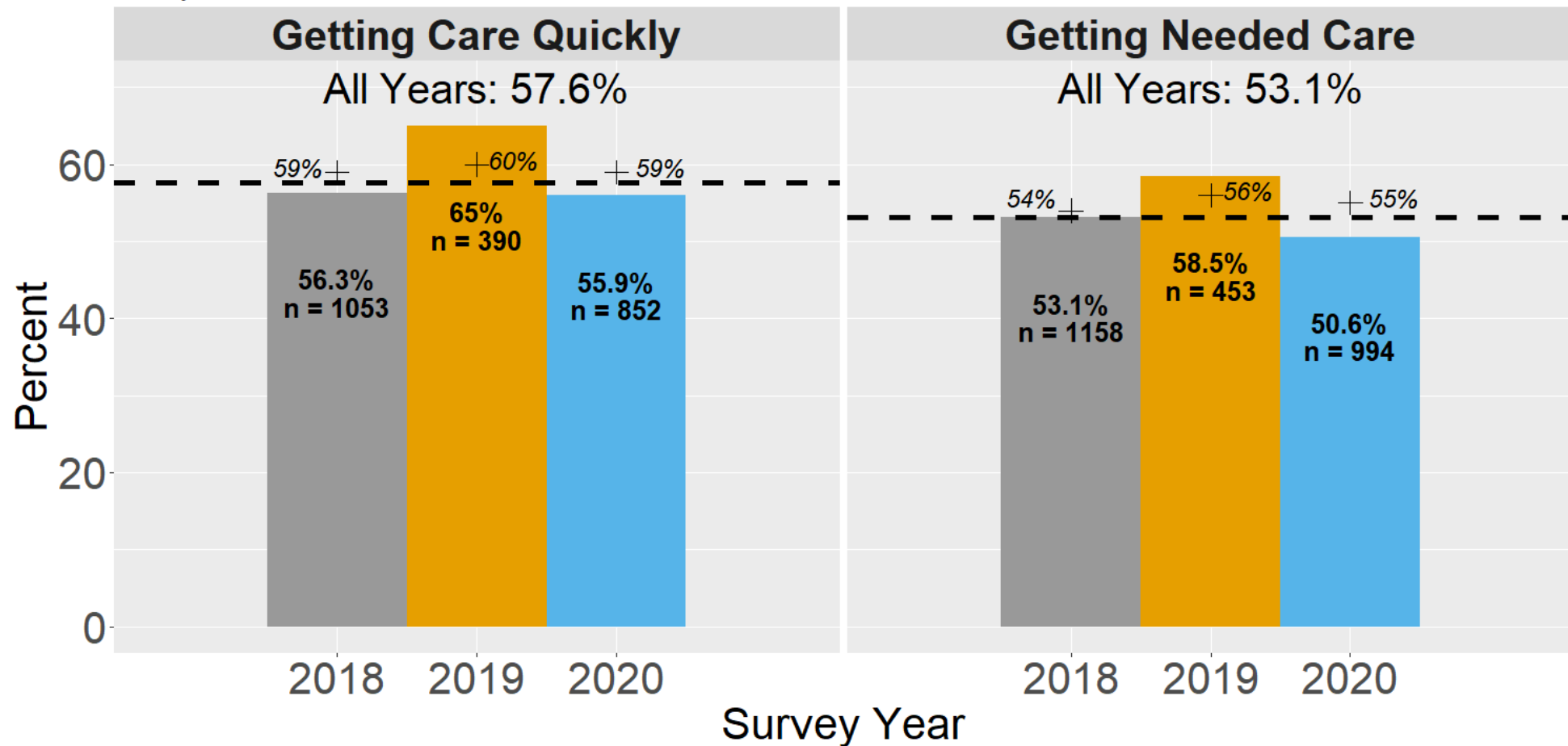
CAHPS: Consumer Assessment of Healthcare Providers and Systems

Patient experience of access to care

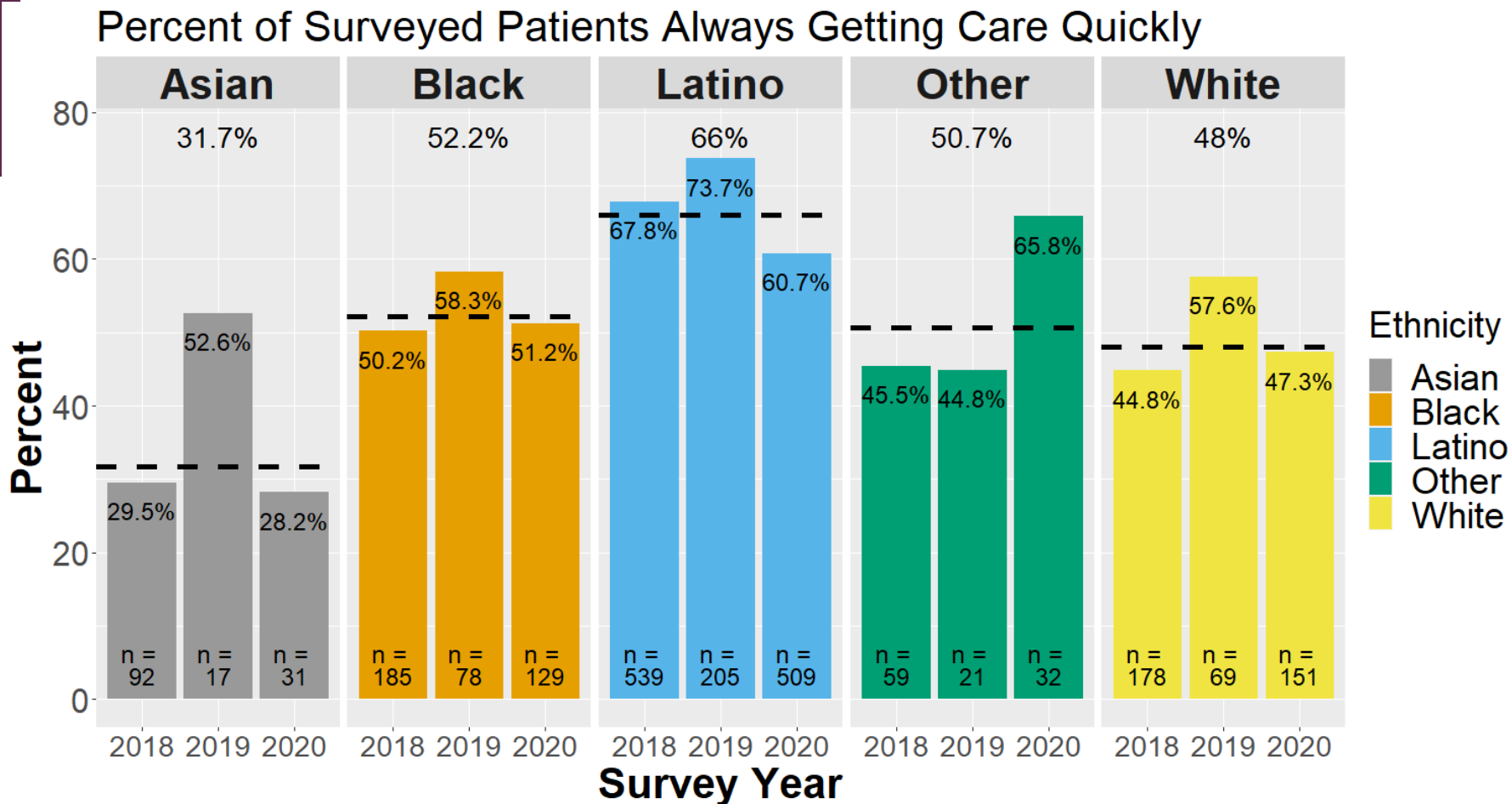
CAHPS: Patient Experience of Access to Care

Percent of Surveyed Patients Answering 'Always' to CAHPS Item

Yearly Medicaid Benchmarks Are Included as '+'



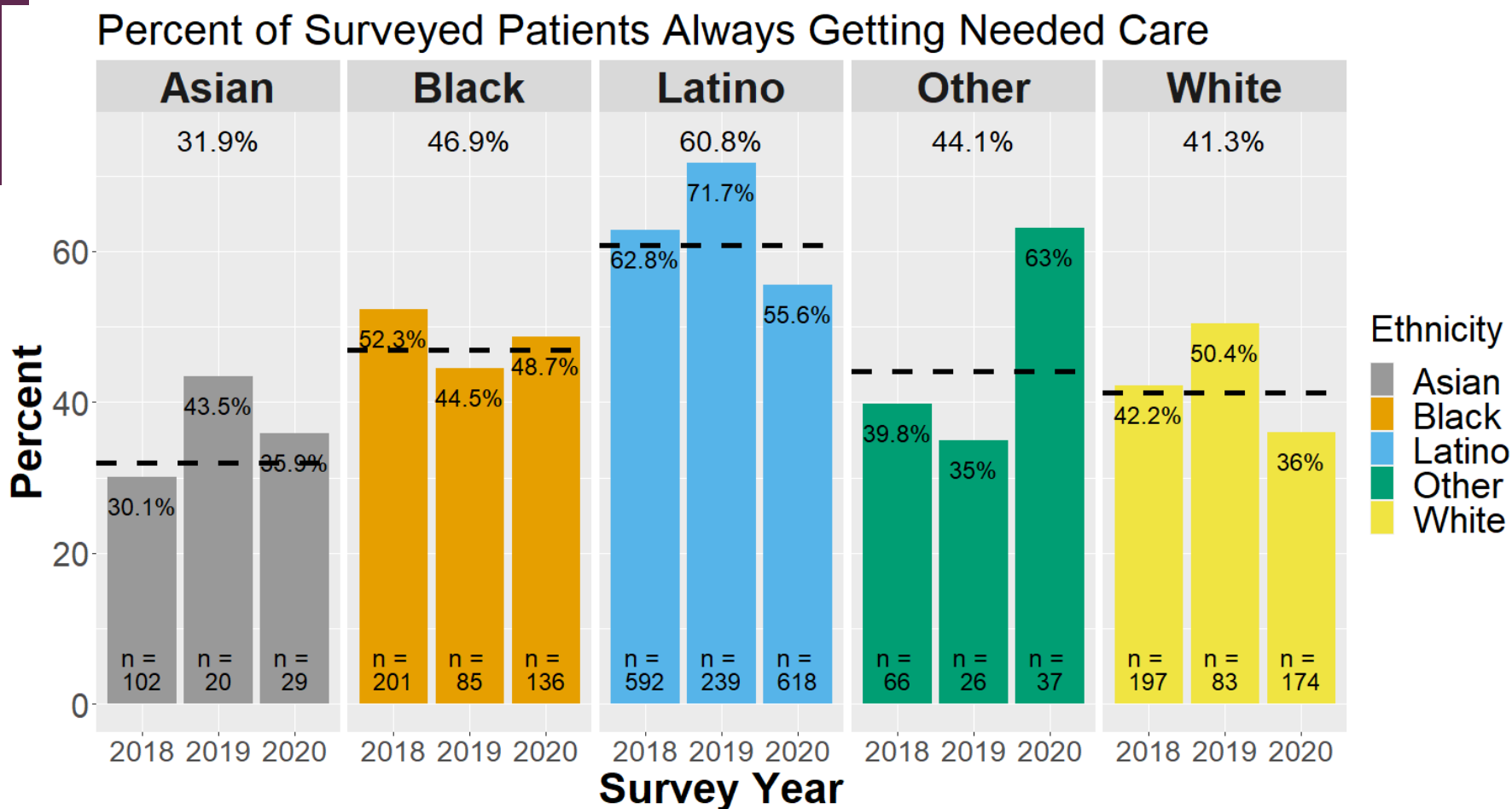
CAHPS: Getting Care Quickly by Race/Ethnicity



- Across years, Latino patients answered "Always" most often, and Asian race patients answered "Always" the least often (stat. sig. different).
- Black and White patients' response rates were similar and fell between Latino and Asian race groups.
- Across almost all race groups, the percent that always got care quickly was highest in 2019 and decreased in 2020, though the size of the drop differed.



CAHPS: Getting Needed Care by Race/Ethnicity



- Latino patients responded “always” at a statistically higher rate across years than all other race groups.
- Asian, Latino and White patients showed a decrease in % from 2019 to 2020 while Black and Other race patients showed an increase.
- Asian patients almost always have lower rates of “Always” getting needed care than most other race groups, except in 2019.



Patient-reported health scores by other demographics

Getting Care Quickly and Getting Needed Care

- No differences by sex or age
- Large differences by primary language
 - Spanish speakers reported higher rates than English speakers



Summary

PROMIS health scores increased modestly over time and within most race groups

- Patients of other and Asian race scored > Latino, Black or White patients;
- Latino patients scored > Black or White patients
- The average score fell in the “good range” for all 3 years for both Physical and Mental Health

Rate of “always” getting needed care declined from 2019 to 2020

- Likely related to COVID-19’s impact on patients’ ability to access healthcare
- Possibly attributed to Covid mitigation efforts. Not seen in nationwide Medicaid benchmarks
- Will this be reversed in 2021?

Calling for 2021 began in July 2021





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

November 10, 2021

AGENDA ITEM 4

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



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 November 10, 2021

Who will present the agenda item? (Name, Title) Megan Cermak, Monica Crowley

General Item Description Receive an update on a Request for Information for the Community Healthcare Initiative Fund (CHIF)

Is this an informational or action item? Informational

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) Central Health Board developed the CHIF to support community groups, nonprofits, and private businesses working to address health inequities among Travis County residents with low income.
2) RFI released October 19th to gain information to help Central Health determine what types of services should be funded and where, local organizations or agencies are invited to submit non-clinical plans or ideas to address health inequities and service gaps in our community.
3) Pre-submission information session held on October 26th and deadline to submit RFI responses is November 19th at 2:00PM.
4) Next steps include the review and evaluation of the responses to develop one or more Requests for Proposals (RFP) and invite organizations to submit their proposals in early 2022
5)

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

Estimated time needed for presentation & questions? 10 minute total including questions



CENTRAL HEALTH

Is closed session
recommended? (Consult
with attorneys.)

No

Form Prepared By/Date
Submitted:

Vanessa Sweet, November 3, 2021



MEMORANDUM

To: Dr. Charles Bell, Strategic Planning Committee Chair
From: Vanessa Sweet, Public Health Strategy Manager
Cc: Mike Geeslin, Chief Executive Officer
Monica Crowley, Chief Strategy & Planning Officer
Date: November 3, 2021
Re: Community Healthcare Initiative Fund

Overview:

Update on the Community Healthcare Initiative Fund program launch and next steps.

Synopsis:

Initial planning for the Community Healthcare Initiative Fund started in early 2021. A presentation on the program development was presented for the Board of Managers at the Strategic Planning Committee Meeting in March 2021. Under board direction, over the summer of 2021, work with procurement began to issue a Request for Information (RFI). Central Health seeks to learn from the community about the work undergoing to address health inequities in the MAP and MAP BASIC eligible populations. To help Central Health determine what types of services should be funded and where, local organizations or agencies are invited to submit non-clinical plans or ideas to address health inequities and service gaps in the community in line with our FY2022 Budget Strategic Priorities.

Timeline of past and upcoming milestones:

- October 19th – RFI Release
- October 26th – Pre-submission information session
- November 17th at 2:00PM – RFI response deadline
- Early December – Review RFI responses and develop scope of work for RFP(s)
- Early 2022 – RFP(s) Release

Fiscal Impact:

None at this time, but budgeted amount for CHIF program in FY2022 is up to (or Not to exceed) \$875,000.

Action Requested:

None at this time.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

November 10, 2021

AGENDA ITEM 5

Discuss the Men of Color Clinic concept and working model.³ (*Informational Item*)



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 11/10/21 Strategic Planning Committee

Who will present the agenda item? (Name, Title) Mike Geeslin, Trelisha Brown, others as questions warrant

General Item Description Discussion on Men of Color Clinic – Items Under Review, Update

Is this an informational or action item? Informational

Fiscal Impact

Recommended Motion (if needed – action item) No Motion – Committee may provide guidance on future informational items or questions to be answered.

1) Concept Update: Refinement for the possible model(s) for the clinic and related service providers continues. Based on reports, comprehensive plan is underway.

2) Work to Date: Non-disclosure agreements have been requested from the Travis County Attorney’s Office; staff/Subject Matter Experts have met with representative from a clinical operating regarding becoming a MAP provider.

3) Legal Counsel will provide an overview of the future questions to be considered by the Board.

4) Key understanding of diligence work: Central Health staff continues to have two diligence tracks, one for the larger organizational efforts for the MOC clinic system and programs, and one focused on contracting with provider(s) for MAP patients. The larger organizational-related diligence is based on the final determination of model, parties and investors involved, and final business plan due in early 2022.

5)

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

Estimated time needed for presentation & questions? 10 min (staff time)



CENTRAL HEALTH

Is closed session
recommended? (Consult
with attorneys.)

Yes, per legal counsel's advance recommendation to discuss matters of
attorney-client privilege

Form Prepared By/Date
Submitted:

Mike Geeslin 11/4/21



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

November 10, 2021

AGENDA ITEM 6

Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)