



FISCAL YEAR 2022 BUDGET & STRATEGIC PRIORITIES  
COMMUNITY ENGAGEMENT  
FINAL REPORT

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## EXECUTIVE SUMMARY

To ensure its strategic priorities and budget align with the health care needs of our community, Central Health staff rely heavily on demographic and clinical data. In addition, staff annually prioritize involving residents in a robust community engagement process.

Through systematic community engagement methods, the goal of staff is to involve residents in the planning, implementation and evaluation of Central Health projects. This report thematically summarizes the public input staff have gathered for consideration during the Fiscal Year (FY) 2022 budget development process.

Staff collected public and consumer feedback through Community Conversations, an online survey, one-on-one interviews (by phone), and a public hearing. In addition, staff received comments and answered questions online: [participate.centralhealth.net/2022budget](https://participate.centralhealth.net/2022budget).

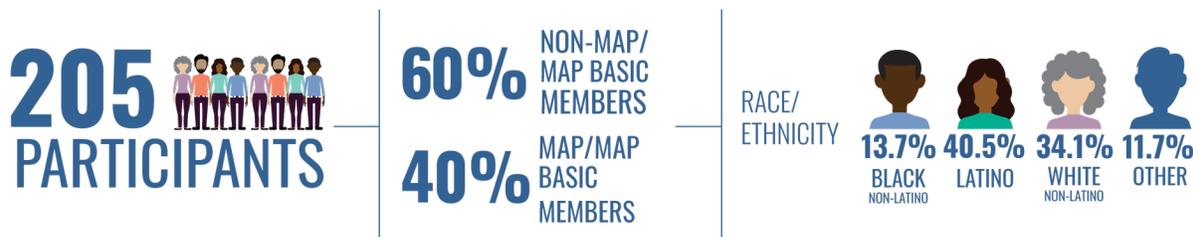
While the budget development process continues through September 21, as of August 16, a total of **237 community members have provided input**.

# of Activities	Type of Activity	# of participants
4	Community Conversations	88*
1	Survey (including One-on-One Interviews)	205
1	Online Comment Form	6
1	Public Hearing	0
<b>Total number of people</b>		<b>299</b>

\*As of Sept. 1, the Community Conversation recordings had 1,071 views.

### Summary: Survey and Telephone Interviews

**205 community members and consumers participated** in the online survey and one-on-one interviews. See detailed report in Exhibit A.



### Key Findings

- Large majorities of respondents either strongly or somewhat agree with all the proposed budget priorities (Table 1, Exhibit A). The strategies with the strongest support were Healthcare for the Homeless and Transitions of Care (both at 90.6%). Current and former MAP and MAP BASIC members tended to have even more positive views of the proposed strategies.
- Wait times, the referral process, and communication concerns surfaced repeatedly in the structured and open-ended responses from members.
- MAP and MAP BASIC members report higher satisfaction with their clinical care experience than the non-member respondents. Members largely feel that their doctors understand them, that the care team respects their culture, that they are included and have a voice in their care, and that their preferences are taken into account (Table 2, Exhibit A). They also feel more confident about their ability to



manage their health after a visit with a provider and that the amount of information provided at the visit was “about right.”

“Si no fuera por la tarjeta, ya me hubiera muerto.”  
**Translation:** “If it wasn’t for the card, I would have died by now.”  
**Current MAP member on the impact of having her MAP card.**

## COMMUNITY ENGAGEMENT APPROACH

As a tax-funded public entity, Central Health uses a systematic approach to community engagement and public participation. This approach employs methods recommended by the Systematic Development of Informed Consent (SDIC) public engagement process from the Institute for Participatory Management & Planning (IPMP), as well as the International Association for Public Participation (IAP2). Both best-practice models are widely used by other local public entities, including the City of Austin, Capital Metro, and the Austin Independent School District.

### Tactics & Activities

Central Health staff engage with residents to gather their feedback through community conversations, community advisory committees, online/paper surveys and one-on-one interviews (in person or by phone). In addition, we rely on communications tactics, as well as outreach tactics to ensure we involve our consumers in the public participation process. The graphic below illustrates how Central Health’s four core external relations functions support one another to carry out our strategic objectives.



Because we highly value input from our patient population, we consistently engage them by employing feedback-gathering tactics that meet them where they are. To inform and obtain **feedback** from consumers and patients, we employ the following tactics:

1. Online/paper surveys
2. One-on-one interviews (in person or by phone)

To inform and obtain feedback from the community at-large, we employ the following tactics:

1. Community Advisory Committees
2. Community Conversations

While Community Conversations are meant to cast a wide net to inform and obtain feedback from the general public, community advisory committees are designed to inform and obtain feedback from highly active community members around a particular project – through ongoing dialogue.

Below you'll find a description of each community engagement and communications tactic as well as a sample list of the community groups we have engaged for community outreach purposes.

## COMMUNITY ENGAGEMENT TACTICS

### Community Conversations

Central Health hosts Community Conversations – or public meetings – to keep the community at large informed. New in 2021, Central Health now holds Community Conversations in English and in Spanish. Additionally, staff ensure accommodations for additional language translation services. Since the beginning of the Coronavirus pandemic, these events have been taking place virtually.

#### Central Health's FY 2022 Priorities

On Thursday, June 17, staff held two Community Conversations (one in English and one in Spanish) via Facebook Live. Attendees learned about Central Health's 2022 proposed priorities, as well as ways to get involved throughout the budget development process. As of Sept. 1, the English-language recording had 470 views and the Spanish-language had 112 views. Staff addressed the questions and comments during the Q&A portion of the meeting. To view the recording, visit [Facebook.com/CentralHealthTX/live\\_videos](https://www.facebook.com/CentralHealthTX/live_videos).

#### Questions and Comments

- “Please include in your budget a proper phone system. The hold times are outrageous! Also the people who answer have no rights to do anything other than make an appointment.”
- “I am glad to see that you are addressing inequality.”

#### Central Health's FY 2022 Budget

On Thursday, Aug. 26, staff held two Community Conversations (one in English and one in Spanish) via Facebook Live. During these, attendees learned about Central Health's FY 2022



budget. As of Sept. 1, the English-language recording had 408 views and the Spanish-language had 81 views. Staff addressed the questions and comments during the Q&A portion of the meeting. To view the recording, visit [Facebook.com/CentralHealthTX/live\\_videos](https://www.facebook.com/CentralHealthTX/live_videos).

### Questions and Comments

- "Why are we raising tax rates? Appraisals values are up over 10%. Isn't 10% increase in valuations enough? What do the other 88% of Travis County residents with insurance get from Central Health? Can we help reduce the actual cost of health care for the rest of us?"
- "Why do you need a \$68 million admin building? That money should go to opening more clinics and services in Travis County. Funds for the admin. building should have gone to the voters not the Court for approval."
- "I do not have a link to speak - I never received a virtual link, JUST FYI. I support the African American Men's Health Clinic Initiative." "Has Central Health included the proposal for the African American men's Health Clinic?"
- "Is today a community conversation to add to the 205 responses received thus far? Or is this conversation more of a report on a budget that has already been determined?"
- "Central Health funds \$35million a year to the UT Medical School. Why don't you fund CAPITAL IDEA \$300,000 for nurse training for many who receiving services from Central Health. Capital Idea provides education funding the working poor to empower them to better paying jobs, such as nurses. Please provide this funding. Thank you."
- "I would think an increase of 3.5% is more reasonable. Cities and counties are limited by 3.5% increases."
- Is Central Health in support of the creation of a Pubic Health Commission? How can CH help move it forward?
- What's Central Health's plans on dealing with nutritious food as a core social determinant of health
- Does Central Health stand in allyship, partnership and fiscal backing of the African American Health Clinic for the following things: Clinic Lease Project Manager Contracted Services (planning, marketing, community engagement, etc.)?"
- "Is there a budget for special initiatives (specialty care, chronic disease treatment and prevention, mental health) for the groups that are most adversely impacted by long-term health disparities? I'm speaking specifically about the Eastern Travis County residents with a focus on African Americans and people of color. Building clinics is a great level of intervention but engaging the community has to be a priority area. Community trust and inclusion will massage the effectiveness of all programmatic interventions."
- Question 9: "With all the \$\$ Central Health gets why are we still living in a health care desert?"
- Question 10: "How long is the wait time for new patients to be seen in a CommUnityCare clinic?"



## Community Engagement Platform

Central Health recently launched a community engagement platform that allows community members to participate, ask questions, and comment on the organization's projects either online or via text (coming soon). People could participate online by visiting [participate.centralhealth.net/2022budget](https://participate.centralhealth.net/2022budget). Staff publicized this website page using every community outreach and communication tactic below. Aside from the online survey described above, members of the public had the ability to submit their questions or comments online. Staff addressed each of the questions and comments submitted. A document (see attachment) was uploaded with one of the comments.

### Questions and Comments

- "Greetings Board Members. My name is Maria Emerson, member of the Texas Anti-Poverty Project (TAPP). For years others and I have requested funding for Capital Idea, a job training program for the working poor. Capital Idea pays for tuition, books, uniforms, childcare, and transportation. For years we have had a shortage of nurses and now due to the pandemic the urgency has increased tremendously. Please include in the budget Community Care funding for the training of nurses. \$300,000 for Capital Idea through Community Care will allow job training for nurses some from the communities that receive services from Central Health. Please empower the working poor to improve their lives and provide a much-needed service. We will all benefit from this investment. Thank you."
- "Why are we raising tax rates? Appraisals values are up over 10%. Isn't 10% increase in valuations enough? What do the other 88% of Travis County residents with insurance get from Central Health? Can we help reduce the actual cost of health care for the rest of us?"
- "Hi, thank you for the community conversation last week. I am interested in whether Central Health will be providing funding support for the African American's Men's Health Clinic. Thank-you."
- "Following up on last Thursday's presentation of Central Health's budget, I'd like to follow up to provide input -- I will email you a business case summary that has been drafted for the African American Men's Health Clinic and Wraparound Service Model to get the input going. Please know that I am in support of this summary request, as Black men experience the greatest disparities in health of all groups in Central Texas and beyond, and we have yet to see a model specifically designed toward and/or effectively achieving positive outcomes for this group. This is a historical imbalance, created by racist practice and inequity over time for this most vulnerable population, which clearly our policies, practices, and approaches thus far have been unable to resolve. Coming from a Community Based Participatory Approach, which is research based, was well as my lived experience as a Black individual/family and extensive experience in working to support black-led initiatives, businesses, and community-serving strategies in Central Texas now for 28 years, it is clearer to me than ever that our current systems leaders CANNOT develop effective solutions that do not come from the Black community. It is time for Central Health to embrace the approach of supporting a strategic initiative coming from the Black community and, as an equity measure, doing so because it makes sense and adapting its policy and procedure as necessary to achieve in-common priorities of equity and reaching the most adversely impacted, vulnerable populations. There are some business strategic planning best practices that come into play here as well,



which I'd like to share with you and/or the group that will be at the Public Hearing on September 2nd -- my business background consists of a Master's in Business Administration, Public Relations, and a long, successful history of assisting businesses and public systems that are looking to support equity strategies and achieve measurable, tangible results in doing so. We are hoping for a St. David's Foundation grant to complete a full business plan that will bring clarity to these strategies and our recommended approach, but in the meantime, we have enough to strongly recommend that Central Health include some 2022 budgeted funds to support the launch of this initiative."

- "Please know that I support the addition of startup costs for the African American Men's Health Clinic and Wraparound supposed model to Central Health's 2022 budget."
- "As president and CEO of the Austin Area Urban League I fully support the funding of the African American Men's Health Clinic/Initiative in Central Health FY 2022 budget."

### Online Survey and Telephone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administered online surveys via its recently launched community platform

([participate.centralhealth.net/2022budget](https://participate.centralhealth.net/2022budget)), and

conducted over-the-phone interviews with a representative sample of MAP and MAP BASIC members from June 21 through Aug. 10, 2021. In-person interviews were conducted in places where our target population gathers – clinics, enrollment offices for health coverage programs, schools, faith-based centers, events, etc. Given pandemic restrictions, Central Health staff made direct phone calls to MAP/MAP BASIC members to conduct these interviews. See the detailed results of the online and telephone surveys in Exhibit A.



### Meetings with Neighborhood Groups

Throughout the budget engagement process, Central Health staff is taking its Community Conversations on the road to a variety of neighborhood groups, including but not limited to:

- St. John's Neighborhood
- Austin Colony Homeowners
- Del Valle Community Coalition
- City of Creedmoor
- North Austin Civic Association
- Georgian Manor
- Southeast Neighborhood Plan Contact Team
- Anti-Displacement Organizational Team
- LGBTQ2IA+ Coalition



## COMMUNICATION TACTICS

Central Health staff use best-practice communication and outreach methods, using a logic model based on the Theory of Change. The model helps ensure we are thoughtful and methodical in the selection, implementation, and evaluation of communications and outreach tactics. Below is a sample of the tactics used during the Budget Engagement process.

### Media Relations

Central Health uses a variety of traditional media outreach strategies to inform the community through local media channels.

### Paid Digital Advertising

Our paid media efforts specifically target residents with low income living in Travis County. Digital ads are in Spanish and in English. A most recent digital ad reached 1.3 million users, resulting in 7,661 clicks.

### Newsletter/Email Invitations

Prior to any Community Conversation, staff send an email invitation and two reminders to a list of more than 6,000 contacts, including elected officials, health care partners, nonprofit organizations, community groups, advisory committees, and Community Health Champions.

### Social Media

In addition to the email invitation and reminders, Central Health promotes Community Conversations and any online survey on the organization's Facebook, Twitter, and Instagram social media channels. These posts have historically reached about 1,700 users.

### Facebook Group Outreach

Staff share information about Community Conversations and online surveys on 120 Facebook Groups targeting communities of color in Travis County.

### Weekly Emails

Staff share information with advisory committee members, Community Health Champions, health care partners, and nonprofit organizations through a weekly email. The information is in both Spanish and English, and it goes to more than 600 contacts. The emails contain information that is ready to be shared by partners via their social media platforms, newsletters or in person. Information about Community Conversations and online surveys is included in these weekly emails.

### Phone Calls

Staff engage with MAP members, as well as representatives from community groups, faith-based centers, schools and organizations by phone. MAP members participate in one-on-one interviews while stakeholders are encouraged to spread the word about online surveys.



## COMMUNITY OUTREACH PARTNERS

Central Health staff collaborate with a variety of faith-based centers, community groups, schools, and organizations to raise awareness of health care services and health care coverage programs. They also share information about ways to participate in our public involvement process to ensure we hear from all walks of life in Travis County. Below is only a sample list of faith-based centers, community groups, schools, and organizations with whom we have continuously engaged.

### Community groups

- AC Rivercreek HOA
- African American Heritage Network
- Austin's Colony Homeowner's Association
- Austin Latino Coalition
- Chaparral Crossing Neighborhood Association
- Colony Park Neighborhood Association
- Community Resilience Trust ATX
- Del Valle Community Coalition
- Dove Springs Proud
- Forest Bluff Residential Association
- Hispanic Advocates Business Leaders of Austin (HABLA)
- Hermanos de East Austin
- Hispanic Women's Network of Texas – Austin Chapter
- Hispanos Network of Austin
- Kennedy Ridge Community
- Latinos Ready to Vote
- Network of Asian American Organizations
- Phase III Austin's Colony HOA
- Taiwanese American Professionals – Austin Chapter
- Travis County Hispanic Network

### Faith-based centers

Central Health is in continuous communication with about twelve faith-based centers in Eastern Travis County that reach communities of color. Central Health provides these faith-based centers with information to share with congregants.

- Austin Eastview Church of God
- Center Union Missionary Baptist Church Creedmoor
- Church of Christ at Eastside
- David Chapel Missionary Baptist Church
- Greater Mt. Zion
- Holy Cross Catholic Church
- Hornsby Bend Assembly of God
- New Hope Missionary Baptist Church
- Pleasant Valley Missionary Baptist Church
- San Francisco Javier Catholic Church
- San Juan Diego Catholic Church
- Santa Barbara Catholic Church



## Organizations

- Asian American Resource Center
- Asian Family Support Services of Austin
- Austin Voices for Education & Youth
- City of Pflugerville
- Commission on Immigration Affairs
- Community Coalition for Health
- Go! Austin/Vamos! Austin
- Greater Austin Asian Chamber of Commerce
- Greater Austin Black Chamber of Commerce
- Greater Austin Hispanic Chamber of Commerce
- Greater Austin LGBT Chamber of Commerce
- Latino HealthCare Forum
- OneVoice Central Texas
- Workers Defense Project
- Young Hispanic Professional Association of Austin

## Schools

- Austin ISD
- Austin Achieve Public Schools
- Barbara Jordan Elementary School
- Creedmoor Elementary School
- Decker Middle School
- Del Valle ISD
- Dailey Middle School
- Gilbert Elementary School
- Hornsby-Dunlap Elementary School
- KIPP Texas Public Schools
- Manor ISD
- Manor Senior High School
- Pflugerville ISD
- Volma Overton Elementary School



## EXHIBIT A: SURVEY SUMMARY RESULTS

### Background:

In support of the Fiscal Year 2022 (FY22) budget development process, Central Health actively engaged MAP/MAP BASIC members and the community June 24 through August 10, 2021 for input on the proposed budget priorities. The Community Engagement and Outreach team worked with the Analytics and Reporting team to develop, test, and deploy bilingual (English/Spanish) online and telephone surveys designed to capture community input in a structured way while still allowing respondents to provide additional feedback through open-ended responses. While largely similar to the online survey, the telephone survey was adapted and reduced in length: Several questions around facility expansion, fiscal, equity, and sustainability were not asked of the telephone respondents.

The results provided in this document are based on 205 total responses - 147 online surveys open to the public and 58 targeted telephone surveys of MAP and MAP BASIC members. 81 total MAP and MAP BASIC members are included in the sample (40% of the total). The question-specific denominator varies as not all respondents answered every question.

### Survey Goals:

- 1.) Educate the public and members about Central Health's functions, how it pays for medical services and its budget priorities and strategies for FY22.
- 2.) Gather input from Central Health MAP/MAP BASIC members and the community at-large on the proposed budget priorities and strategies.

### Key Findings:

- The sample captures diverse community roles, ages, races, ethnicities, gender identities, geography, and primary language and is broadly representative of the Central Health MAP and MAP BASIC member population (Table 5, page 9). Females, English speakers, persons 45-64 years of age, and Black/African American respondents are overrepresented in the sample compared to their proportion in the FY2020 Central Health member cohort.
- Large majorities of respondents either strongly or somewhat agree with all the proposed budget priorities (Table 1, next page). The strategies with the strongest support were Healthcare for the Homeless and Transitions of Care (both at 90.6%). Current and former MAP and MAP BASIC members tended to have even more positive views of the proposed strategies.
- Wait times, the referral process, and communication concerns surfaced repeatedly in the structured and open-ended responses from members.
- MAP and MAP BASIC members report higher satisfaction with their clinical care experience than the non-member respondents. Members largely feel that their doctors understand them, that the care team respects their culture, that they are included and have a voice in their care, and that their preferences are taken into account (Table 2, page 3). They also feel more confident about their ability to manage their health after a visit with a provider and that the amount of information provided at the visit was "about right."
- Respondents provided hundreds of responses to open response questions soliciting their input, particularly on the topics of service expansion and specialty care access.
- The level of financial knowledge about Central Health's operations is low, with majorities of respondents underestimating how much of the budget Central Health spends on health care while overestimating the Central Health tax burden for Travis County residents and businesses.



**Table 1: Summary of Respondent Agreement/Disagreement with Proposed Strategies**

Strategy	Strongly Agree/Somewhat Agree	Neither Agree Nor Disagree	Strongly Disagree/Somewhat Disagree	Don't Know/Unsure
1. Service Expansion to Meet Clients Where They Are: New Facilities (n=204)	88.7%	8.3%	3.0%	0.0%
2. Service Delivery Focus Area: Specialty Care Access (n=204)	82.4%	15.2%	2.0%	0.4%
3. Service Delivery Focus Area: Healthcare for the Homeless (n=204)	90.6%	4.4%	5.0%	0.0%
4. Service Delivery Focus Area: Behavioral Health (n=192)	82.8%	6.8%	7.8%	2.6%
5. Service Delivery Focus Area: Substance Use Disorder Treatment (n=201)	89.0%	8.0%	2.0%	1.0%
6. Service Delivery Focus Area: Transitions of Care (n=201)	90.6%	7.0%	2.0%	0.4%
7. Service Delivery Focus Area: Clinical and Patient Education (n=201)	86.0%	9.0%	5.0%	0.0%
8. Building a Culture of Equity (n=147)	78.9%	9.5%	11.6%	0.0%
9. Long-term Sustainability (n=147)	83.6%	6.8%	9.6%	0.0%

In the following sections of this report, we drill down into each of these strategies to look at differences between MAP/MAP BASIC members and other respondents in greater detail, as well as the open responses provided by the respondents for insights into how Central Health can continue to improve the quality of care for the communities we serve.

The clinical experience of Central Health's MAP and MAP BASIC members is extremely important to Central Health and its care partners. Table 2 summarizes member responses across seven clinical experience domains. Interestingly, members rated each of these domains more positively than did the other respondents. The sections for Strategies 6 and 7 delve more deeply into the findings.



**Table 2: Summary of Clinical Experience for MAP/MAP BASIC members (n=81)**

Clinical Experience Questions	Rarely/Neve er	Some of the time	All/most of the time	
Thinking about your own experience with health care, how often did you feel like you or someone you cared about “got lost” between providers?	27.3%	27.3%	45.4%	
	<b>Strongly or somewhat agree</b>	<b>Neither agree nor disagree</b>	<b>Somewhat or strongly disagree</b>	<b>Don't know/Unsur e</b>
My doctor understands me.	82.1%	5.1%	11.5%	1.3%
The care team respects my culture.	84.6%	7.7%	7.7%	0.0%
I am included and have a voice in my care.	87.2%	5.1%	7.7%	0.0%
My preferences are taken into account.	80.8%	6.4%	12.8%	0.0%
	<b>Very or somewhat confident</b>	<b>Neutral</b>	<b>Not very or not at all confident</b>	<b>Don't know/Unsur e</b>
How confident do you typically feel about your ability to manage your health after leaving a medical visit?	88.5%	3.8%	6.4%	1.3%
	<b>About Right</b>	<b>Too much</b>	<b>Not enough</b>	<b>Don't know/Unsur e</b>
How do you feel about the amount of information your health care providers give you?	74.4%	5.1%	19.2%	1.3%

**Methods:**

Engagement, Outreach, and Data Analytics staff deployed the surveys in two formats – online and telephone – as well as in two languages (English and Spanish).

Staff conducted the online survey using Central Health's new Bang the Table engagement platform (participate.centralhealth.net). This site included infographics, videos, and considerable text and took around 20 minutes to complete during pilot testing.

Staff then adapted the telephone survey from the online survey and streamlined it to reduce its length and generate a more organic conversation with the respondent. Staff captured the telephone surveys in REDCap. Each survey taking around 30 minutes to complete during pilot testing. The Community Outreach team conducted the phone survey interviews of a representative random sample of 691 current and former MAP and MAP BASIC members in their preferred language. Up to three call attempts were made both during business hours and after hours as requested by the member.

Staff merged, cleaned, recoded, and translated the four data sets as necessary. Staff used Structured Query Language (SQL) to join additional data elements from existing tables, such as race/ethnicity and city/ZIP for member phone interviewees.



When analyzing survey responses in Spanish, staff conducted translations using the DeepL Translator (<https://www.deepl.com/translator>). English translations are provided below the original Spanish response within the same cell. Aside from translation, the respondent comments were not edited in any way.

The cleaned master data table was connected to Tableau for analysis and visualization purposes. As appropriate, qualitative open responses were analyzed for their valence (positive, neutral, mixed, negative) and theme or category. Where possible, quantitative results are presented as percentages to one decimal place. Null values were generally excluded. Both survey tools are available upon request.

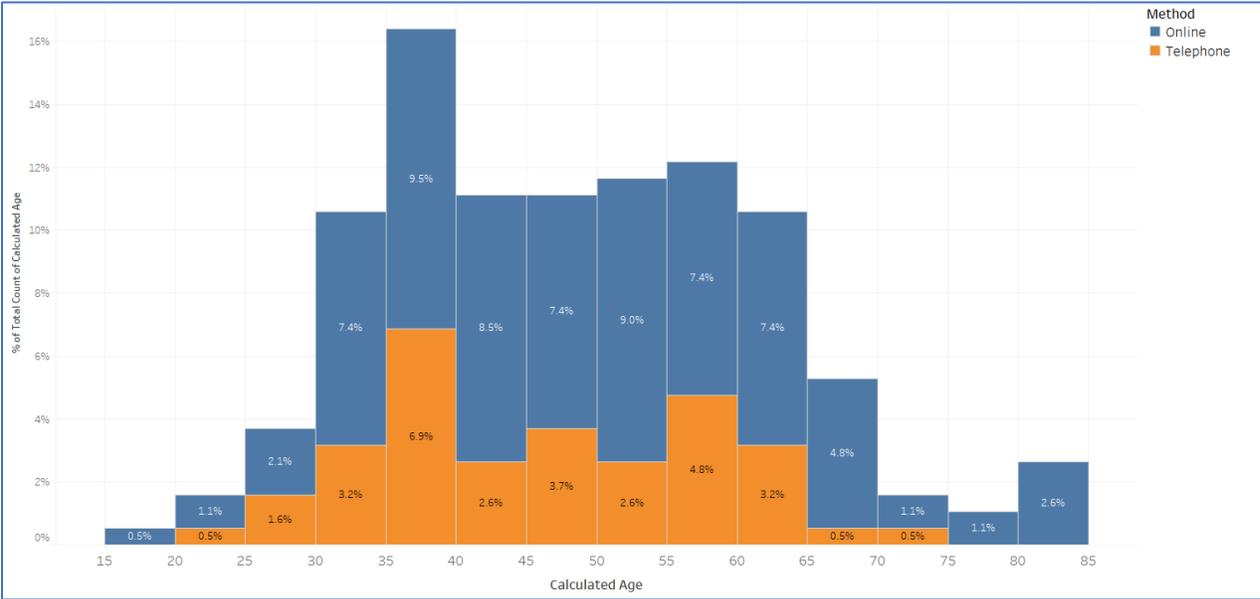
**Results: Demographics**

Total respondents: n=205

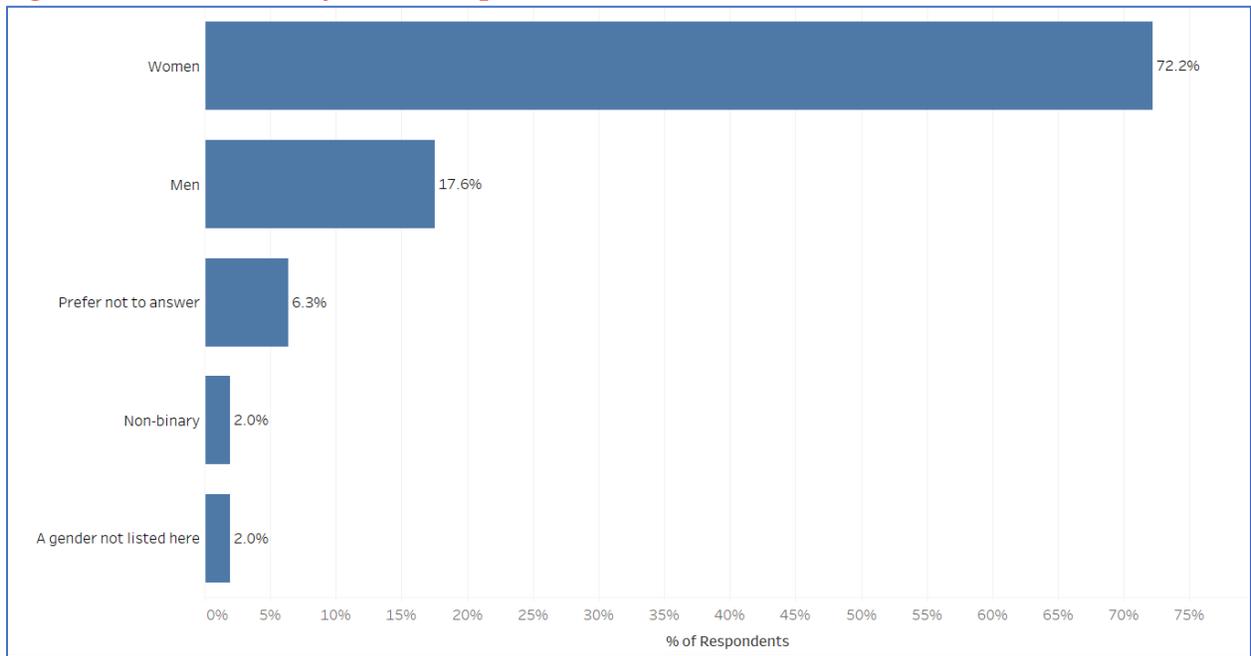
**Table 3: Number of Completed Surveys by Survey Method and Language (n=205)**

Survey Method	Language	Number of Responses	% of Total
Online survey	English	143	69.8%
	Spanish	4	2.0%
Telephone survey	English	34	16.6%
	Spanish	24	11.6%

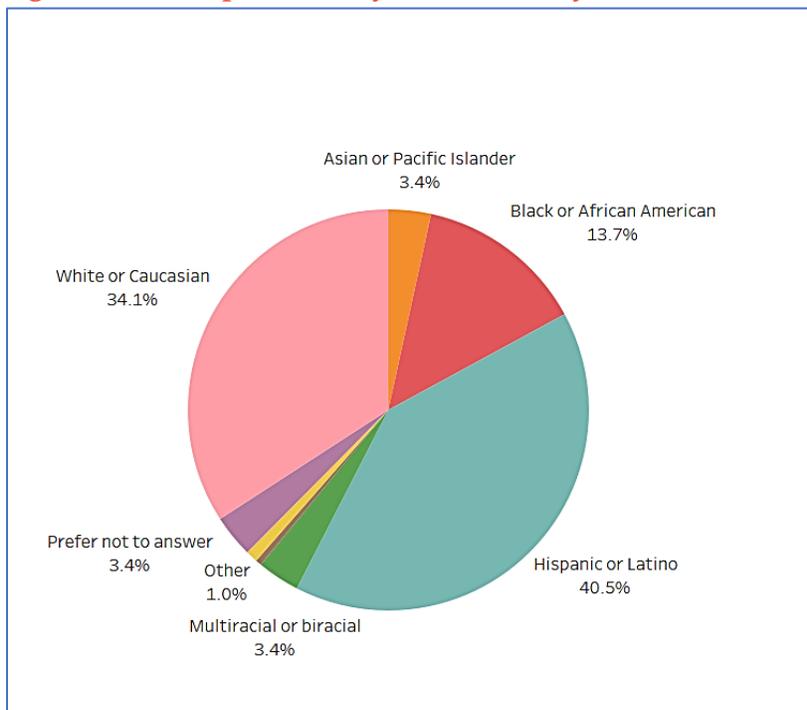
**Figure 1: Age of All Respondents, by Five-year Age group and Survey Method (n=189)**



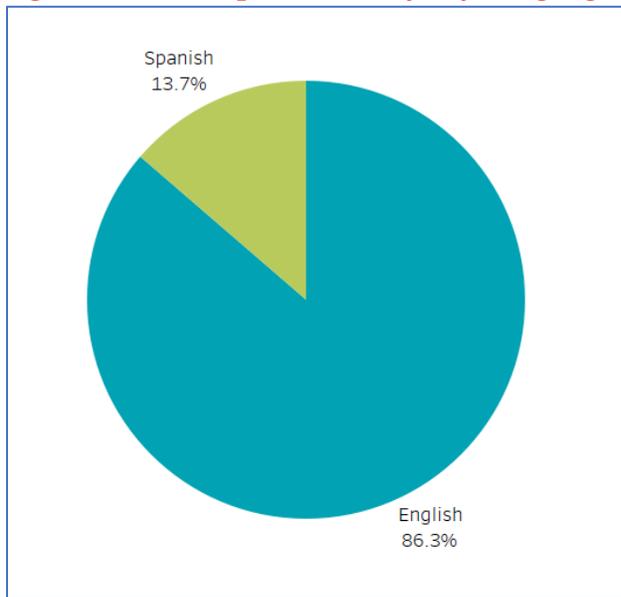
**Figure 2: Gender Identity of All Respondents**



**Figure 3: All Respondents by Race/Ethnicity**

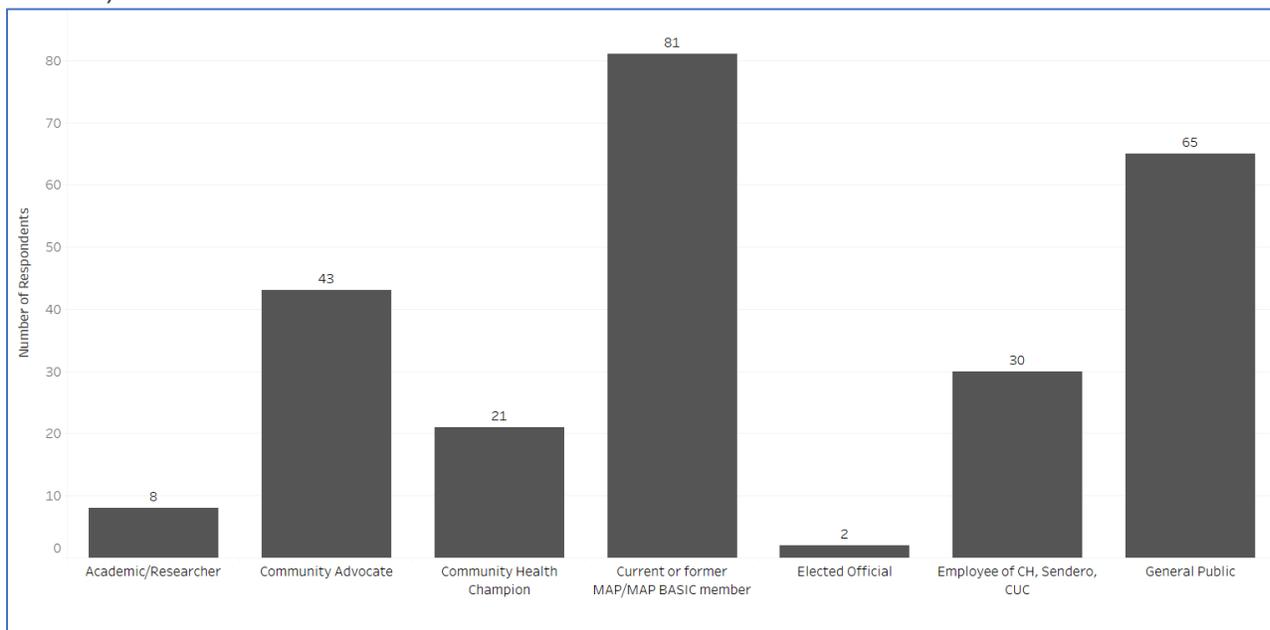


**Figure 4: All Completed Surveys by Language**



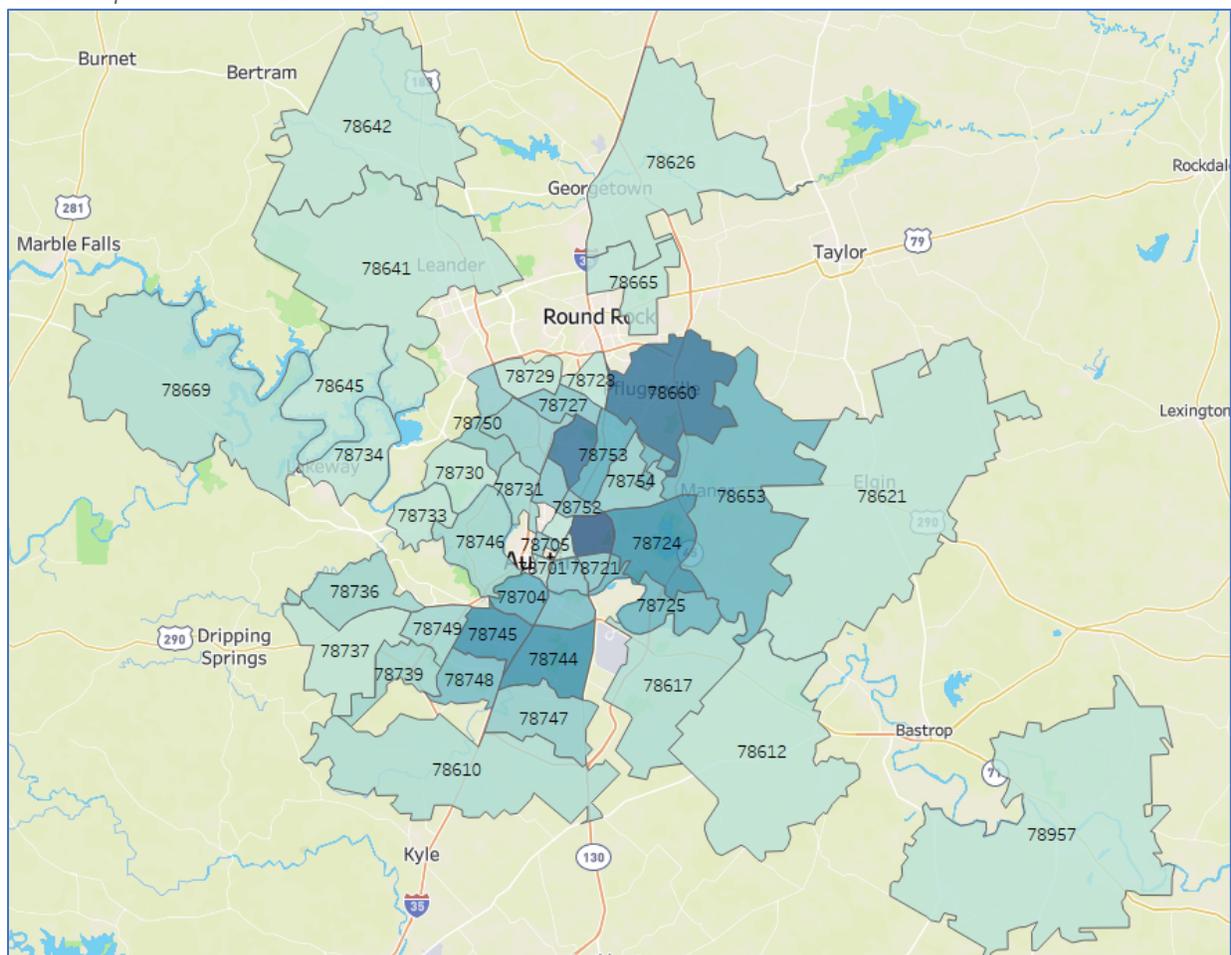
**Figure 5: All Respondents by Self-Described Community Role**

*Note: Respondents could select multiple community roles, so these categories are not mutually exclusive.*



**Figure 6: Map of All Respondents by ZIP Code**

Total Respondents n=200



Respondents represent nearly every ZIP code in Travis County as well as a small number of persons living in other counties. The IH-35 corridor and East Austin are well-represented, as is Pflugerville. An analysis of the number of respondents by ZIP code also shows representation by the high priority ZIP codes identified in the FY2020 Demographics Report.

Table 4 provides a comparison of the 81 current and former MAP and MAP BASIC members in the survey sample to the overall FY2020 Central Health member population. Because of the small sample size, it is important to understand how representative the sample is of the target population.

**Table 4: Demographic Comparison of MAP/MAP BASIC Sample Population to FY2020 Central Health member population (n=81, online and telephone surveys combined)**

Dimension	Current or Former MAP/MAP BASIC members (n=81)	FY2020 Central Health member population (n=108,102)	Difference
Men	21.0%	45.4%	(24.4%)
Women	72.8%	54.4%	17.4%
Non-binary	2.5%	Unknown	2.5%
A gender not listed here	1.2%	Unknown	1.2%
Prefer not to answer	2.5%	Unknown	2.5%
White or Caucasian	21.0%	11.3%	9.7%
Hispanic or Latino	45.7%	65.8%	(20.1%)



Black or African American	25.9%	6.6%	19.3%
Asian or Pacific Islander	0.0%	2.6%	(2.6%)
Other race/biracial/multiracial	6.2%	6.9%	(0.7%)
Race/ethnicity unreported	1.2%	6.8%	(5.6%)
English as primary language	65.4%	39.0%	26.4%
Spanish as primary language	34.6%	49.3%	(14.7%)
Age 18-45 years	51.9%	56.9%	(5.0%)
Age 46-64 years	44.3%	24.7%	19.6%
Age 65+ years	3.8%	3.6%	4.7%

In general, it is difficult to get a perfectly representative sample of a larger population. For the purposes of these surveys, the sample is reasonably diverse and representative of the overall MAP/MAP BASIC population – that is, the proportions were not much more than 20% away from the target population. However, there were some notable exceptions. First, the member sample is overwhelmingly and disproportionately female with almost three out of every four responses being from women. Second, Hispanics/Latinos were underrepresented by about the same percentage that Black/African Americans were overrepresented. Third, and probably related to the underrepresentation of Hispanics/Latinos, English language speakers were overrepresented and thus Spanish language speakers were underrepresented equally. Lastly, persons ages 46-64 were overrepresented. However, it should also be noted that minors are excluded entirely from the sample.

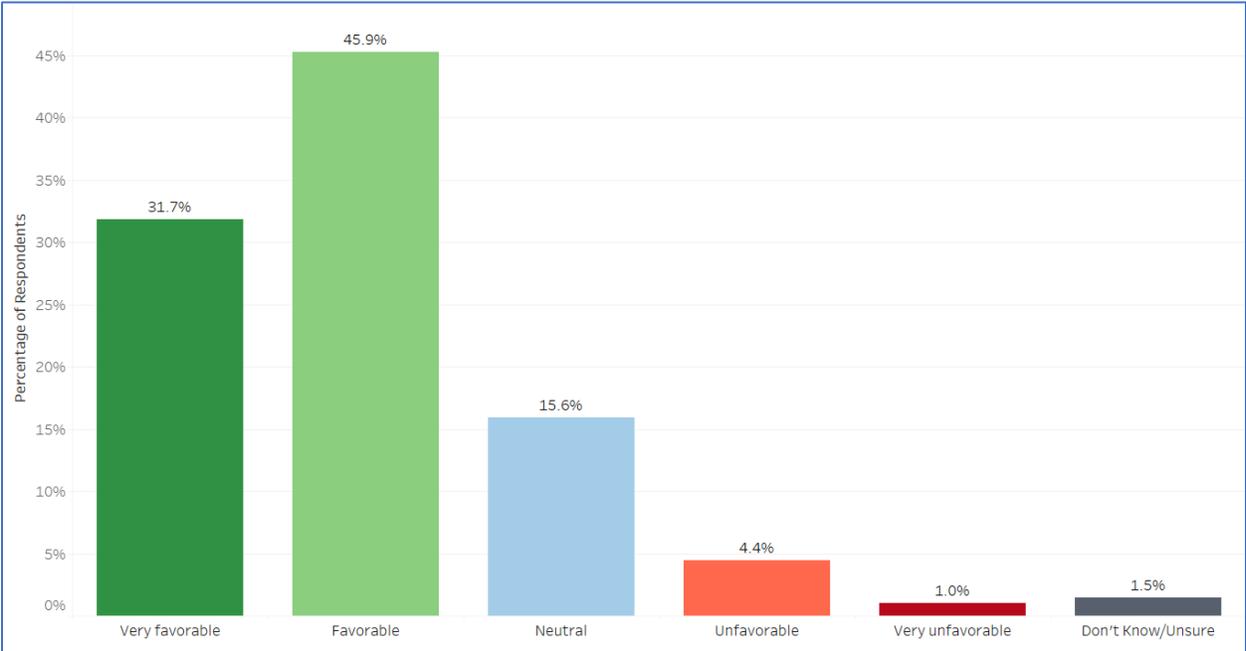
Results: Goal 1 - Educate the public and members about Central Health's functions and funding

**Subjective Overall Impression of Central Health (pre/post)**

Total number of respondents: n=205

Respondents were asked at the beginning of the survey to rate their current impression of Central Health, from Very Unfavorable to Very Favorable (Figure 7). 77.6% of respondents had an initial overall impression of Central Health that was either Favorable or Very Favorable.

**Figure 7: Initial Impression of Central Health**



After all the information in the survey was presented, the respondents were asked how their impression had **changed after they had learned more about Central Health and its priorities for next year** from Less Favorable, About the same, or More Favorable (Figure 8, next page). Generally, respondents who were initially Favorable or Very Favorable tended to respond their impression was either More Favorable or About the Same after learning more through the survey. Respondents who were initially Neutral to Very Unfavorable tended to report that their impression after the survey was About the Same. Where respondents did report a change in their impression of Central Health after taking the survey, it was almost exclusively toward More Favorable.

**Figure 8: Impact of Survey on Impression of Central Health**



**Percentage of Budget Spent on Health Care**

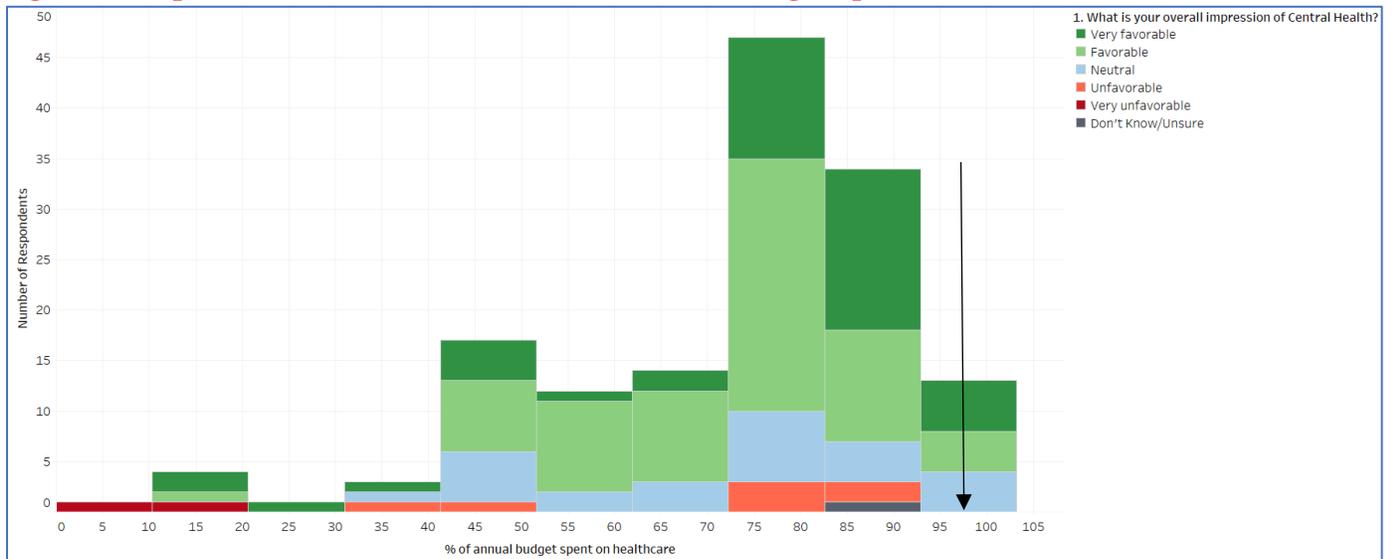
Total number of respondents: n=146

Almost all of the survey respondents vastly underestimated how much of Central Health's budget is used for health care (Figure 9). Interestingly, the more favorably the respondents thought of Central Health, the less they thought Central Health spent on providing medical care.

The Neutral respondents tended to have higher expectations of Central Health for the percentage of the budget spent providing medical care. The actual value for Fiscal Year 2020 (FY20) was 97%, indicated by the black arrow (Figure 9, next page).



**Figure 9: Respondent estimates of % of Central Health Budget Spent on Health Care**

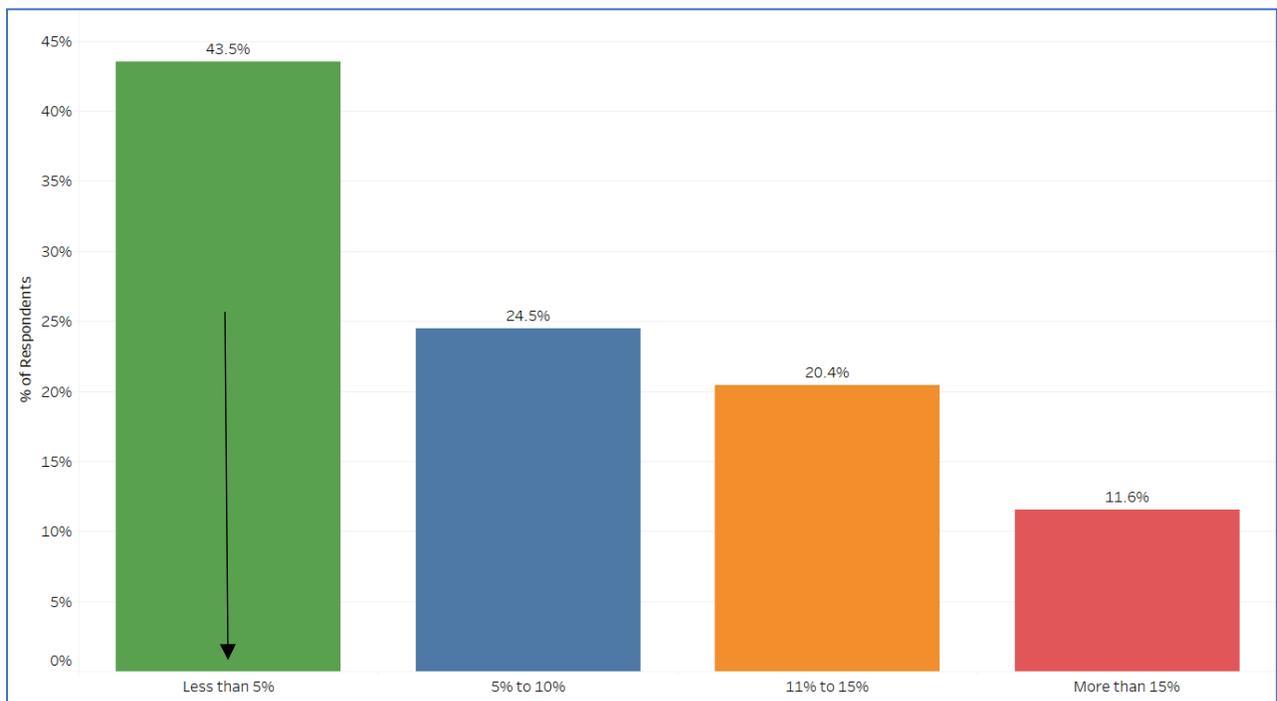


**“What percent of Travis County taxes would you guess is spent funding Central Health?”**

Total number of respondents: n=147

Respondents were asked to pick from a list of ranges to estimate the percentage of Travis County taxes that were used to fund Central Health (Figure 10). Less than half the respondents guessed the correct range (4.38% in FY20, black arrow). Most respondents significantly overestimated the tax burden of Central Health on the taxpayers of Travis County. This may be an opportunity for continued community engagement and education.

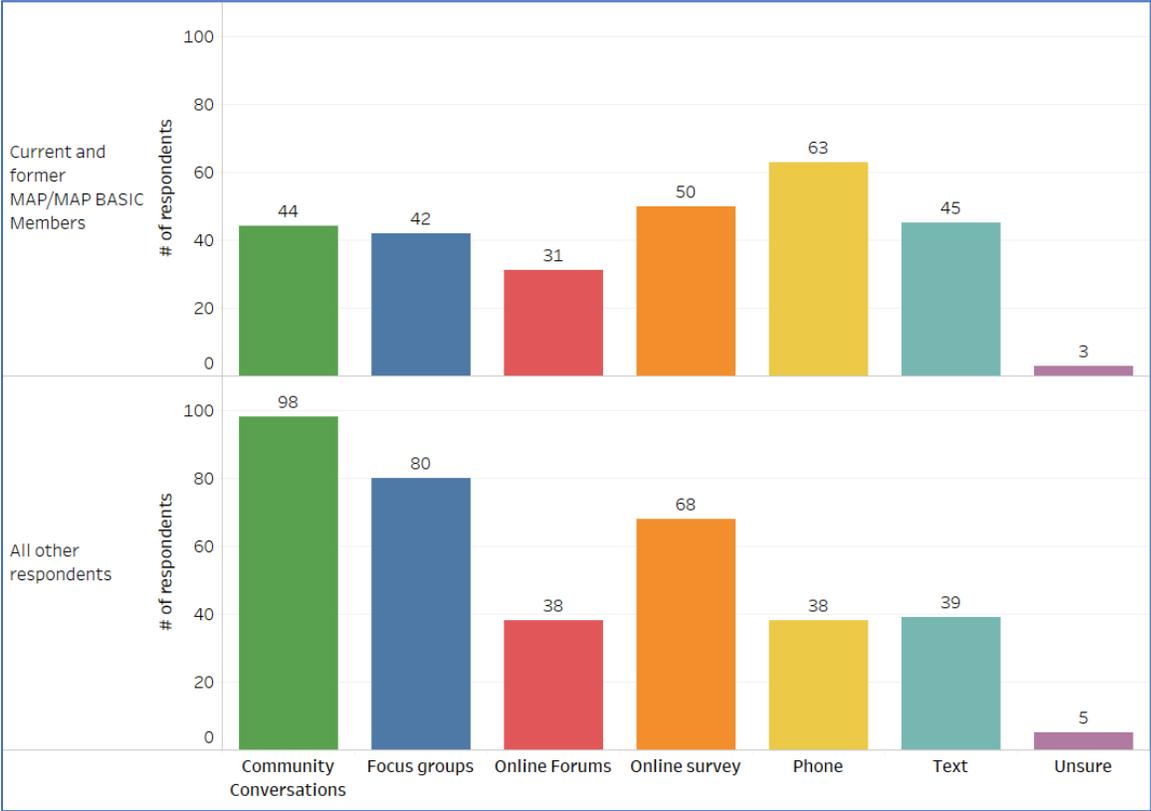
**Figure 10: Respondent estimates of Percentage of Travis County Taxes Used for Central Health**



Survey respondents were also asked about their preferred methods for providing community input in the ongoing strategic planning process (Figure 11, next page).

As seen throughout this report, there are important differences between the current or former MAP/MAP BASIC members and all the other respondents. For this reason, most of the results are stratified by what is termed “Community Role.” While all of the phone survey respondents were verified members, online respondents could indicate one of their community roles was as a current or former MAP/MAP BASIC member. Because responses were collected anonymously, there is no way to verify membership.

**Figure 11: Central Health is hiring a consultant to help us evaluate our system and help plan for the future based on community input. What do you think would be the best ways for us to get community input? Select all that apply.**



MAP/MAP BASIC members preferred phone and online surveys, whereas other respondents preferred Community Conversations and focus groups. This may be attributable to the mode of contact, since the majority of MAP/MAP BASIC members were contacted directly by phone. In the online survey, the sample is dominated by non-members. It may also reflect socioeconomic differences in the two groups, such as availability of time for in-person meetings and focus groups. Also, the impact of the continued COVID-19 pandemic is apparent in several of the open responses. Where in-person events may generally be preferred, there is evidence that some respondents are concerned about face-to-face meetings.

Respondents also provided suggestions for other ways that Central Health could solicit input. Some of the most frequently mentioned were:

- Mailing surveys to members
- Holding group events like block parties at apartment complexes, back-to-school events
- Conducting in-person interviews at clinic locations



Results: Goal 2 - Gather community input on the proposed budget priorities and strategies

**Strategy 1: Service Expansion to Meet Clients Where They Are**

Our Proposed Solution:

Currently, Central Health is excited to be planning three new community health centers in Hornsby Bend, Del Valle, and Colony Park.

After being presented with additional details, respondents were asked to rate their level of agreement/disagreement with four statements about the new facilities. These results are summarized in Table 5 below.

**Table 5: Summary of Attitudes Towards the New Facilities, all Respondents**

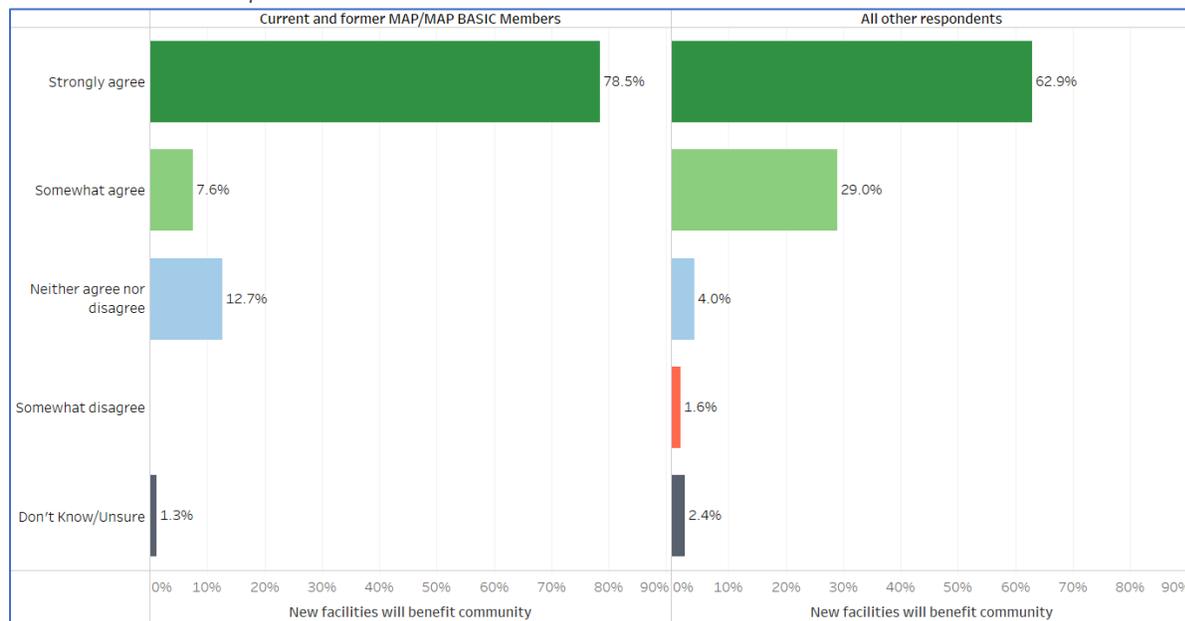
	Strongly agree/somewhat agree	Neither agree nor disagree	Strongly disagree/somewhat disagree	Don't know/Unsure
The new facilities will benefit the community (n=203)	89.7%	7.4%	1.0%	2.0%
Services well-matched to needs of community (n=147)	74.8%	15.6%	2.0%	7.5%
Would enjoy receiving care at the new facilities (n=147)	50.4%	30.6%	9.5%	9.5%
Important community gathering places (n=147)	80.3%	14.3%	4.8%	0.7%

However, this isn't the full story. Those respondents who were either former or current members viewed the questions through the lens of their direct experience with Central Health and were generally more positive in their responses. This trend continues throughout the survey results, with some exceptions.



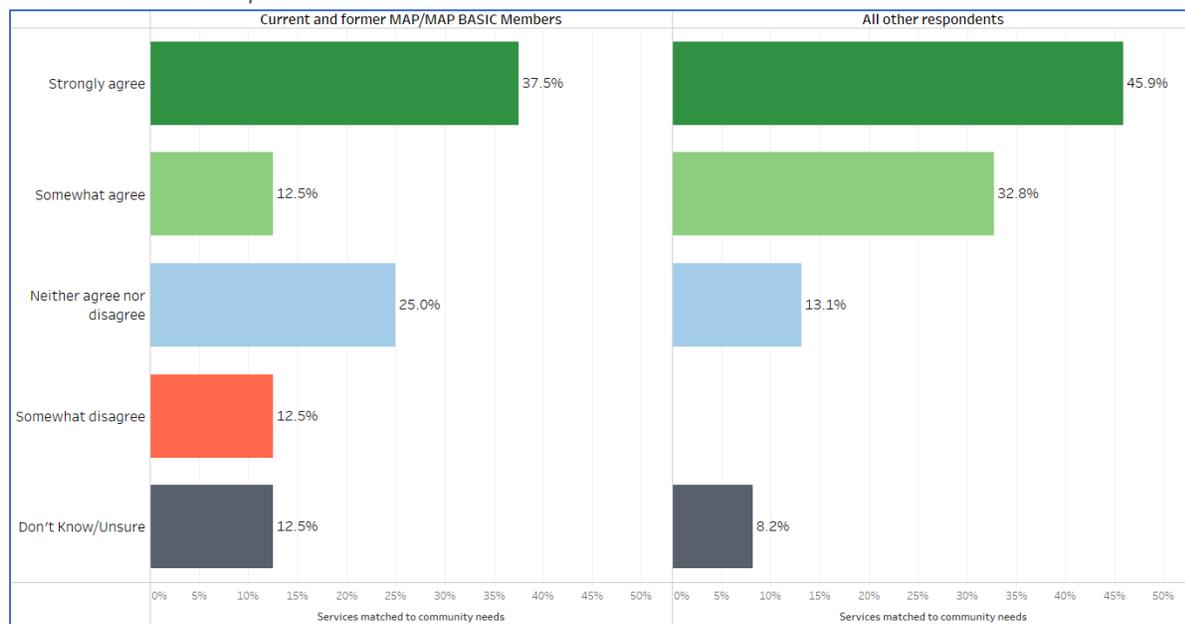
**Figure 12: Central Health’s new facilities will benefit the community**

Total number of respondents: n=203



**Figure 13: The services to be provided are well matched to the needs of these communities.**

Total number of respondents: n=147

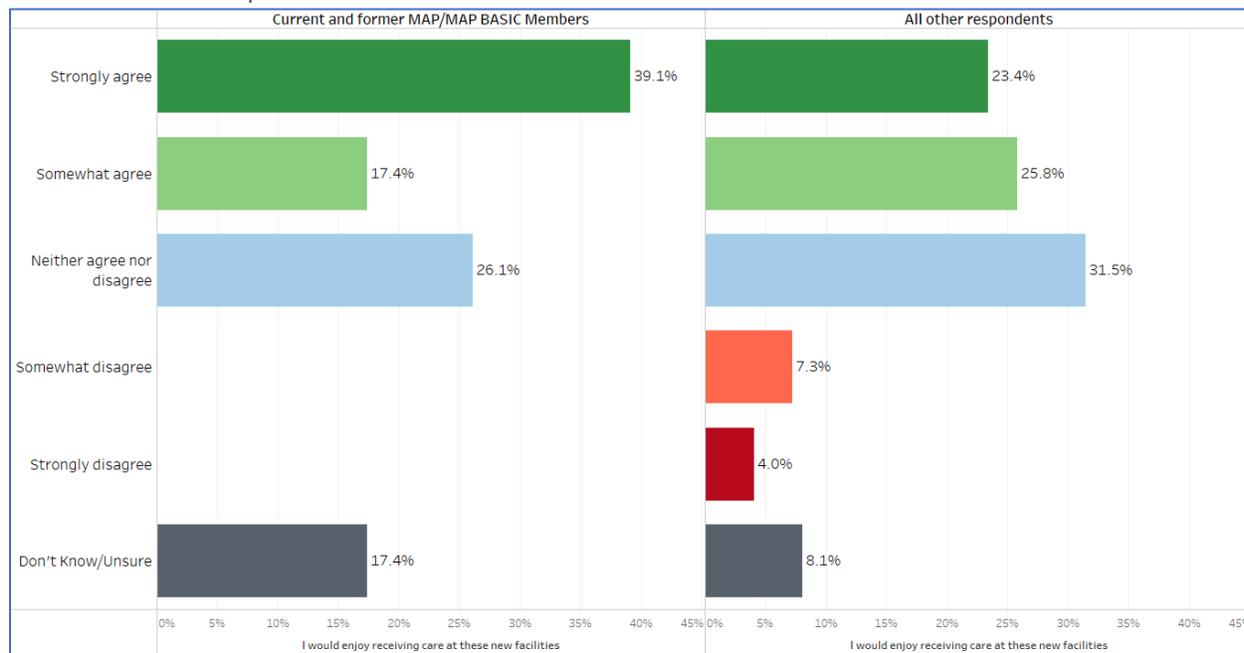


This response is an exception to the larger trend – members were **less** positive on this question about the services being well-matched to the needs of these communities. Some of the respondents mentioned in their open responses that they were not familiar with one or more of the communities, and as such couldn't say whether the facilities were well-matched to those communities. This is also visible in the Neither Agree nor Disagree and Don't Know/Unsure bars on Figure 13 above.



**Figure 14: I would enjoy receiving care at one of these facilities.**

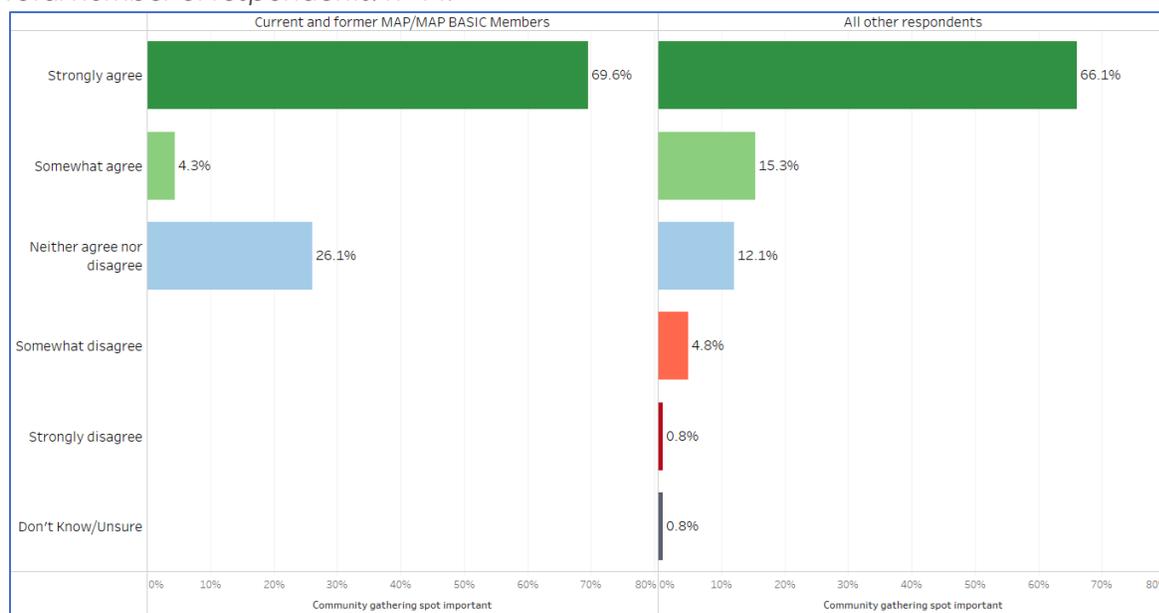
Total number of respondents: n=147



These results are somewhat surprising, because of the high level of uncertainty. Members are more positive than other respondents, but still have high levels of Neither agree nor disagree and Don't Know/Unsure. This may be an opportunity for education and promotion of the quality-of-care experience planned for these new facilities.

**Figure 15: It is important to me that these facilities be places where the community can gather.**

Total number of respondents: n=147

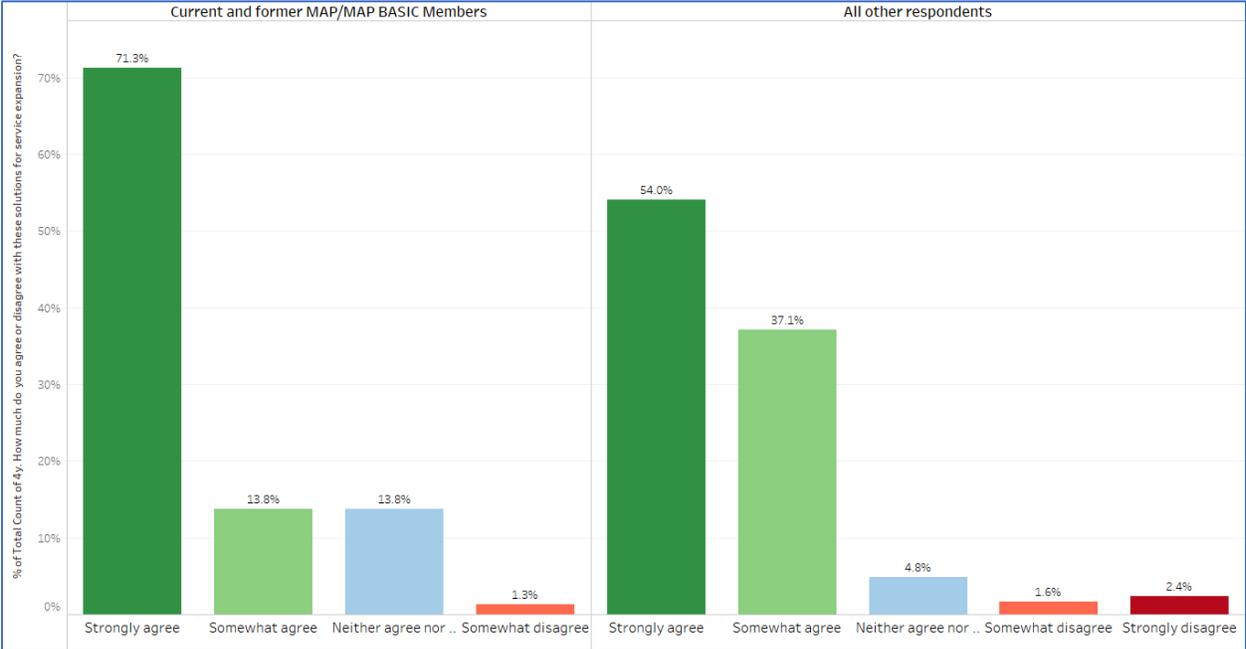


Survey respondents submitted 66 additional comments about the proposed new facilities. Of those, 31 were positive (47%), 30 were neutral (45%), 1 was mixed, and 4 were negative (6%). These comments were generally:

- Requests for more facilities and for facilities in other areas that don't have nearby clinics,
- Requests for extended hours of operation to better accommodate working families,
- Inquiries about assessments of the needs of youth and teens in these communities,
- Suggestions for enhancements, like electric vehicle charging, dog parks, on-site childcare,
- Suggestions for on-site wraparound services, like evening health education classes,
- Emphasis on integrating mental and behavioral health into primary care, and
- Requests to try to hire staff and contractors for the new facilities from these communities

**Figure 16: Respondent agreement or disagreement for service expansion solutions**

Total number of respondents: n=204



Members were more strongly positive on this strategy of facility development than other respondents, but support is high overall.

16 respondents somewhat or strongly disagreed with the service expansion strategy. Their comments were largely:

- Questions about the cost and sustainability,
- Concerns about patient transportation, particularly via public transit,
- Requests for additional services, like allergists, vision, nutrition, and wellness, and
- Requests for Central Health to “first, do the basics well” – reducing phone wait times, decreasing no-show rates, improving follow-up, and increasing the quality of care at existing sites

**Strategy 2: Specialty Care Access**

Total number of respondents: n=194

Our Proposed Solutions:

Central Health currently helps by coordinating care and providing medical management across the health care system so clients can focus on their health instead of the hassle.



Central Health currently provides access to 29 different specialties to clients, but provider availability, wait times, and eligibility can be an issue for some clients. In the year ahead, we will work to improve timely access to specialists by expanding access to more specialties for more clients, including a focus on:

1. Cardiology - treat problems with the heart and cardiovascular system

**All respondents were asked to choose their top three barriers to specialty care access. The top barriers were:**

1. **Wait time (n=159)**
2. **Choice of specialists (n=105)**
3. **Getting a referral (n=99)**

2. Neurology - treat problems with the brain, nerves, and spinal cord
3. Rheumatology - treat problems due to the immune system attacking joints, muscles, bones, and/or organs (arthritis, etc.)
4. Wound care - care for wounds, especially those that take a long time to heal
5. Podiatry - treat problems with the feet
6. Nephrology – treat problems with the kidneys, including dialysis outside of the hospital

When asked about specialty care barriers, respondents had a lot to say. Ninety-one comments were submitted about additional barriers. The valences of the comments are summarized in Table 6.

**Table 6: Other Specialty Care Barriers, by Group and Valence (n=91)**

Community Role/Group	Positive	Neutral	Mixed	Negative	Grand Total
Current and former MAP/MAP BASIC Members	2	9	1	12	24
All other respondents		43		24	67
<b>Grand Total</b>	<b>2</b>	<b>52</b>	<b>1</b>	<b>36</b>	<b>91</b>

These comments were further grouped into emergent themes using thematic qualitative analysis. Table 7 provides a summary of the top five themes mentioned in the respondent comments. Other barriers mentioned were:

- trust/fear of the medical system,
- access to on-site childcare,
- respite for caregivers,
- access to allergists, and
- fiscal/housing stability.

**Table 7: Summary of Top Five Other Specialty Care Barriers, by Category**

Themes	Examples	Number of comments
Accessibility	Extended hours, difficulty getting an appointment, very long hold times on the phone, time between diagnosis and treatment, distance to care/area of	36



	town not convenient, length of process to seek care, limited choices of providers.	
Communication	Culturally competent and respectful care, patient education, lack of knowledge about services, language barriers, healthcare literacy, communication between providers and care teams.	25
Wait Times	Excessive wait times for specialists, providers	20
Care Coordination	Broken referral process and lack of “closing the loop” on the referrals, multiple intakes at different providers, lack of patient navigation.	14
Language	Not enough Spanish-speaking providers, rude treatment by staff to Spanish clients, assistance with completing forms/paperwork.	11

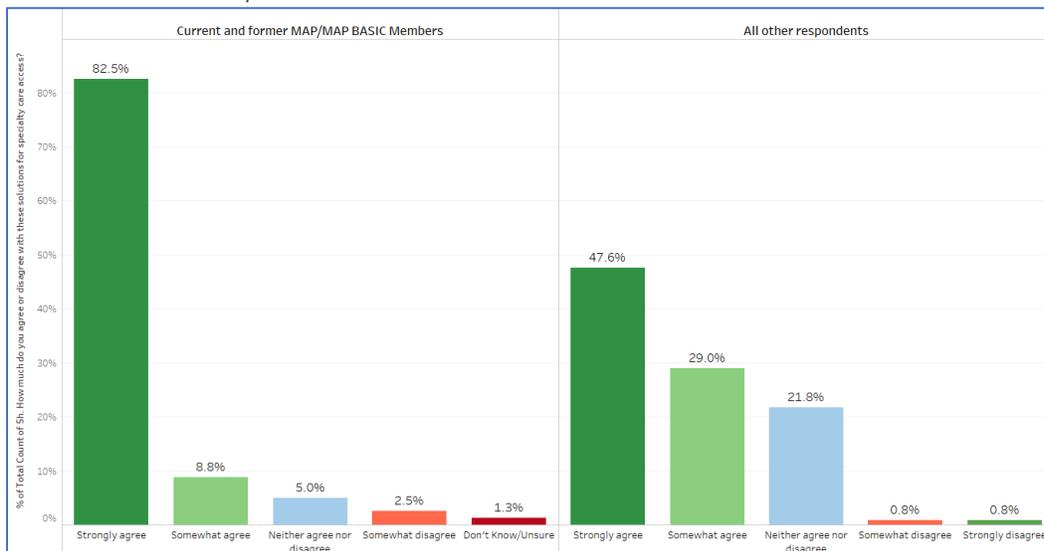
Respondents also had a lot of suggestions for improving specialty care access. Many of the responses again mentioned the impact of the long wait times and the need for a patient-centered approach that removes barriers to care:

- extended hours,
- on-site childcare,
- providing/paying for transportation,
- “one stop shopping” points of care,
- minimizing the number of different places the patients need to go,
- reducing wait times through increased providers and specialists,
- improved care coordination, and
- fixing the referrals process.

It should be noted that both members and employees noted the issues with the referral process.

**Figure 17: Respondent agreement or disagreement for specialty care access solutions**

Total number of respondents: n=204



The specialty care access strategies have broad support, and members are more strongly in favor than other respondents. Where respondents disagreed with these strategies, they noted that the cost to see a specialist is still a significant barrier.



### Strategy 3: Health Care for the Homeless

Total number of respondents: n=204

#### Our Proposed Solutions:

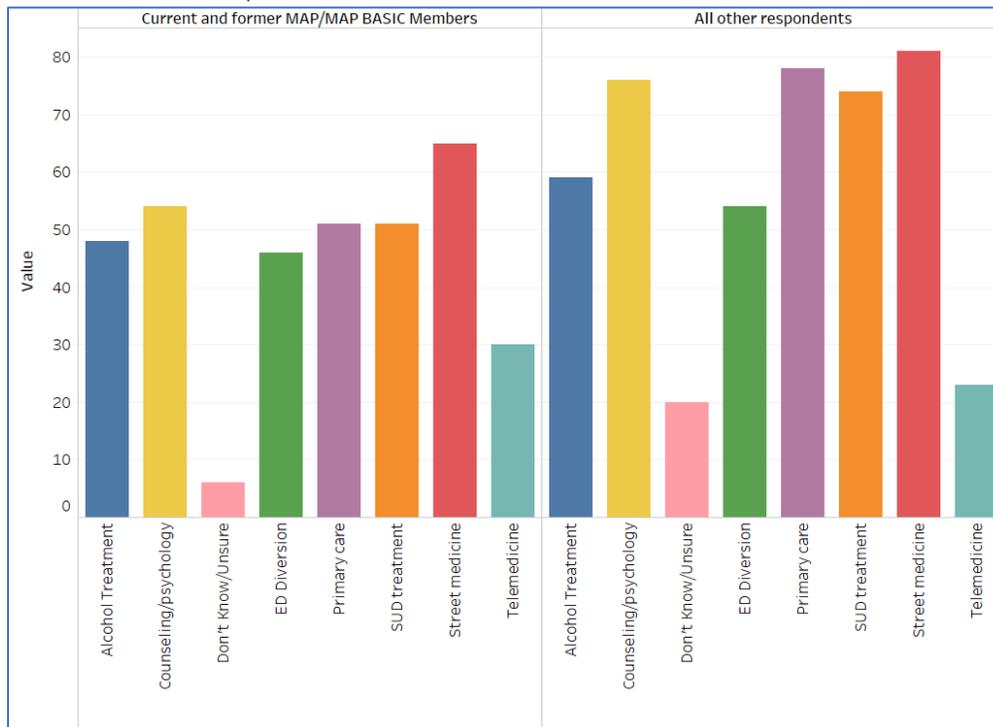
Improving the health of the population experiencing homelessness is a major focus for our service delivery.

#### We will do this by working with community partners to:

1. Expand existing services like our street medicine teams,
2. Expand other services to support people experiencing homelessness,
3. Launch medical respite services for MAP members experiencing homelessness so they have a safe place to stay while recovering from an illness or treatment under the care of medical staff, and
4. Introduce behavioral health into street medicine teams and homeless service sites to help patients in acute mental distress.

**Figure 18: In your experience with unhoused neighbors/people, what types of health care or behavioral health programs have they benefitted from?**

Total number of respondents: n=204

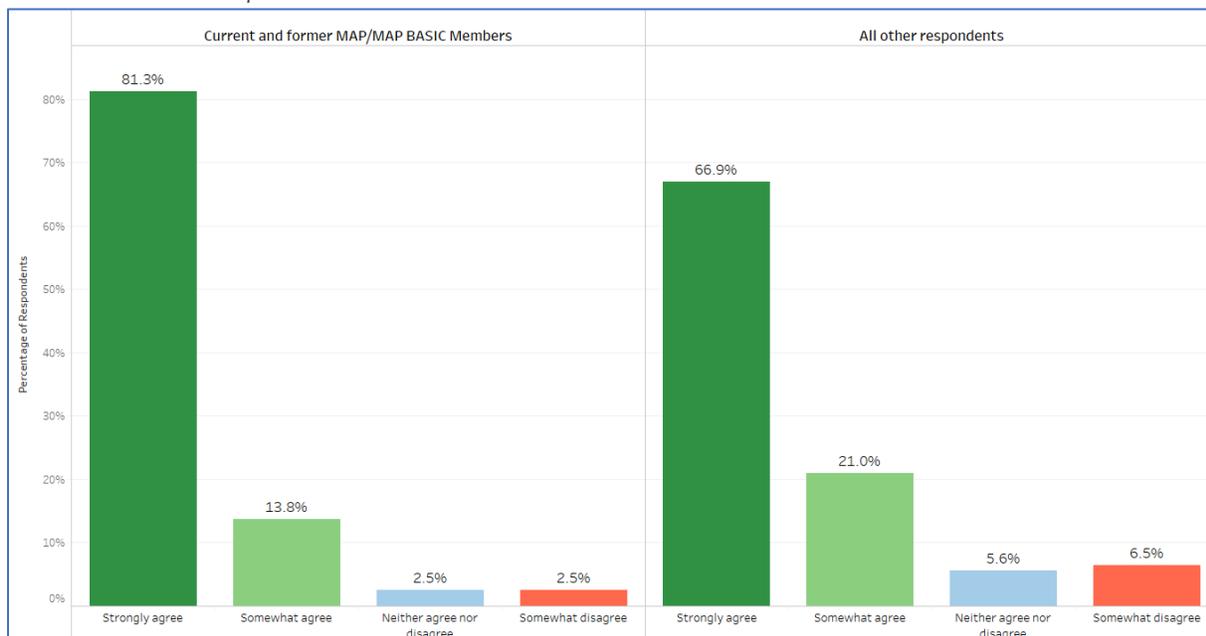


Street medicine, counseling/psychology, alcohol and substance use disorder (SUD) treatment, and primary care were noted by members and other respondents as the most effective, with telemedicine ranking as least effective by both groups.



### Figure 19: Respondent agreement or disagreement for healthcare for the homeless solutions

Total number of respondents: n=204



Again, we see broad support generally and stronger support from members for these strategies to provide healthcare for the homeless. However, 16 respondents submitted comments about why they somewhat or strongly disagreed. Several comments indicated that some of the respondents viewed housing and other assistance as a higher priority, or were unsure of the logistics of telemedicine for people experiencing homelessness. A small group of respondents expressed discomfort with the subsidizing care for people who aren't employed and/or don't pay taxes.

### Strategy 4: Behavioral Health

Total number of respondents: n=204

#### Our Proposed Solutions:

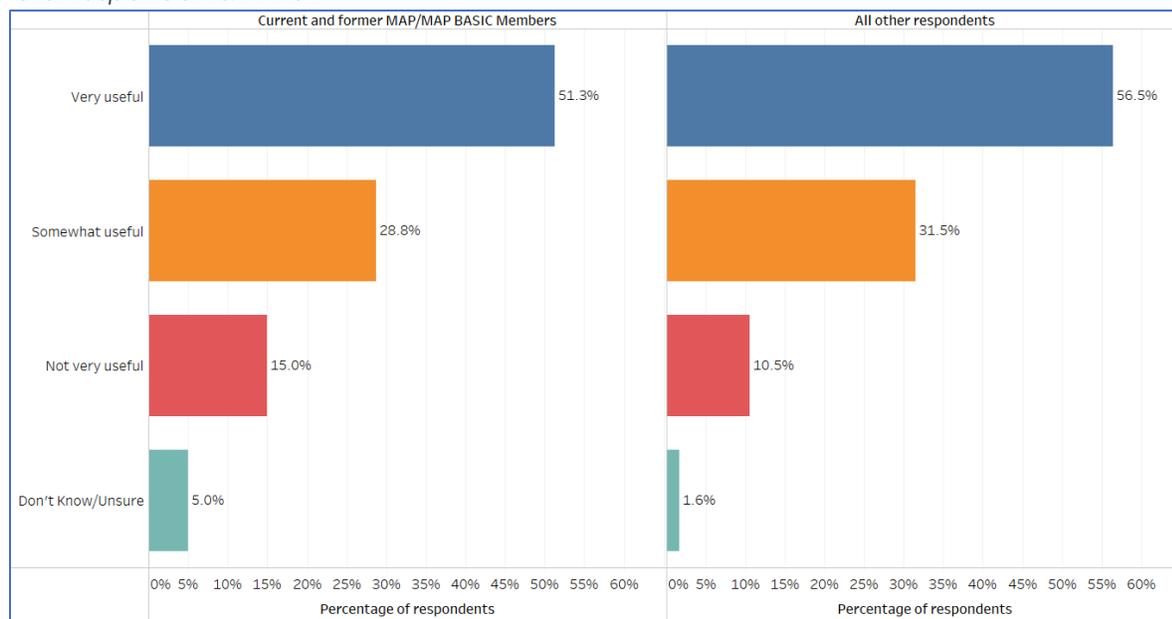
Along with our work around Health Care for the Homeless, our priorities for next year include:

1. Expanding psychiatry access and therapy in the primary care setting, and
2. Providing more behavioral health services via telemedicine. This will bring expanded access to mental health services into members' medical homes, leading to better integration of care.



**Figure 20: If you could see a doctor on a computer or phone for your mental health needs, how useful would that be for you?**

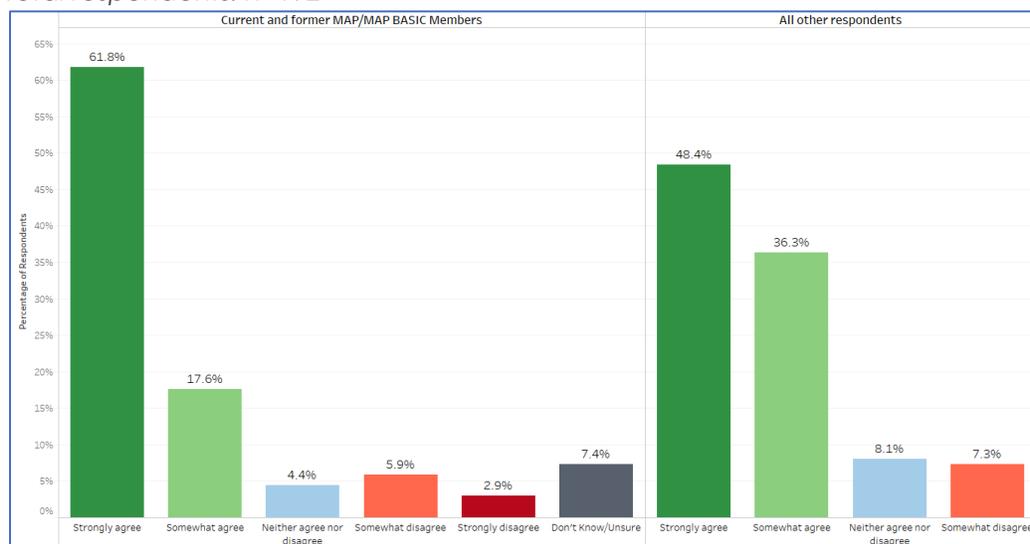
Total respondents: n=204



About 80% of respondents thought that mental health care via telemedicine would be somewhat or very useful. MAP/MAP BASIC members were less enthusiastic about telemedicine for mental health needs, and many respondents noted in their open responses that in-person counseling would be preferable.

**Figure 21: Respondent agreement or disagreement for behavioral health solutions**

Total respondents: n=192



Still, the behavioral health strategies have broad support, with stronger support from members. Several respondents indicated in their comments that telemedicine for behavioral health would be more convenient and help resolve their transportation issues for appointments. Others felt that behavioral health issues require in-person services or had concerns about the logistics of telemedicine.



## Strategy 5: Substance Use Disorder (SUD) Treatment

Total respondents: n=203

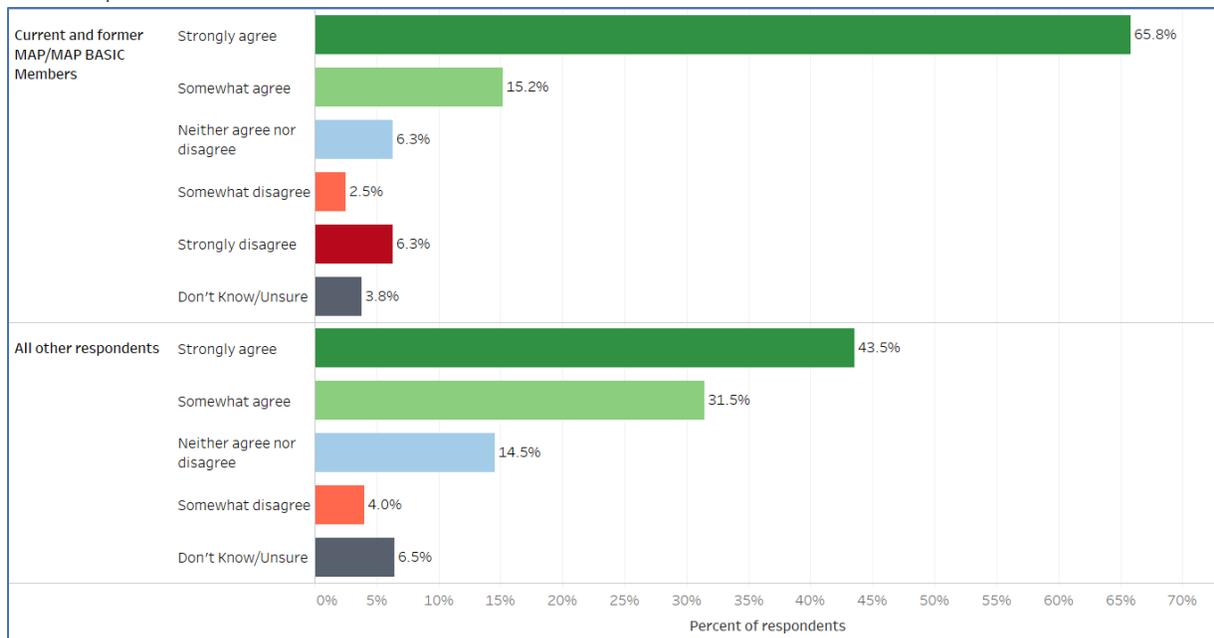
### Our Proposed Solutions:

To address the growing need for substance use disorder treatment, Central Health plans to introduce multiple initiatives to give patients the support, tools, and medications to help them in their journey to sobriety. Specifically, in the next year we are proposing to:

1. Introduce access to peer support specialists - people who've been there and done that and recovered - to engage with empathy with our patients in the hospital for alcohol use-related conditions.
2. Expand the use of Medication Assisted Therapy (MAT) - a combination of counseling, therapy, and medicine that's been shown to help prevent relapses.

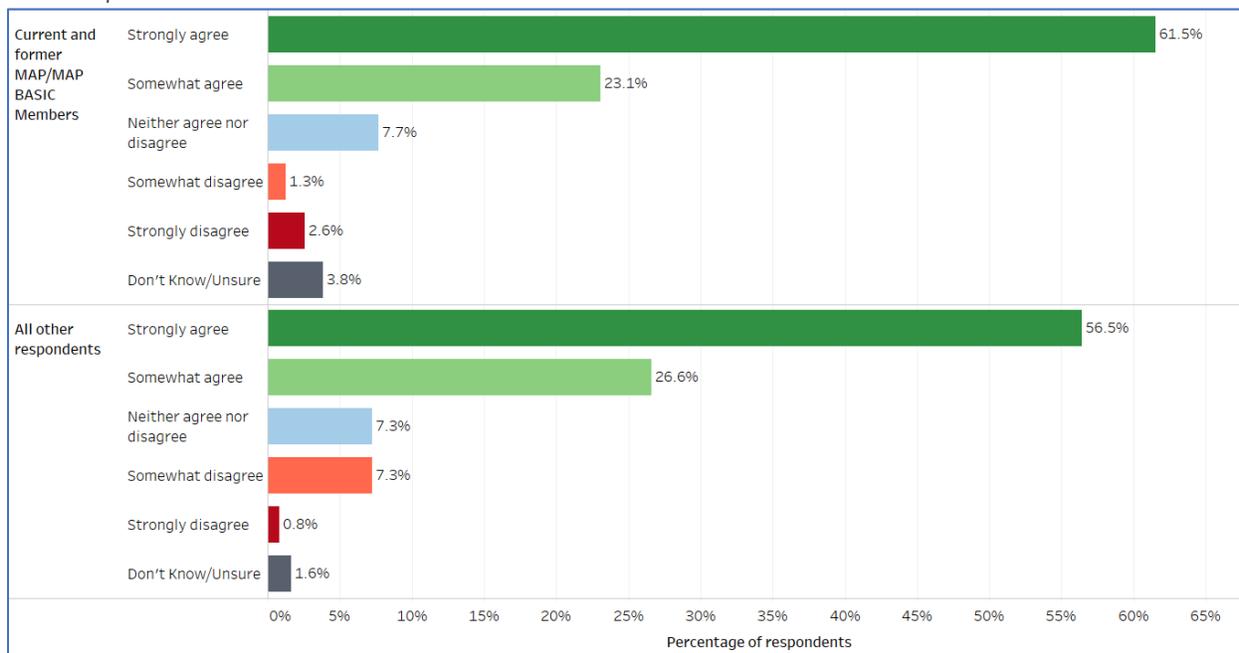
**Figure 22: I would feel more comfortable talking about my alcohol and substance use with someone who'd been through what I'm going through.**

Total respondents: n=203



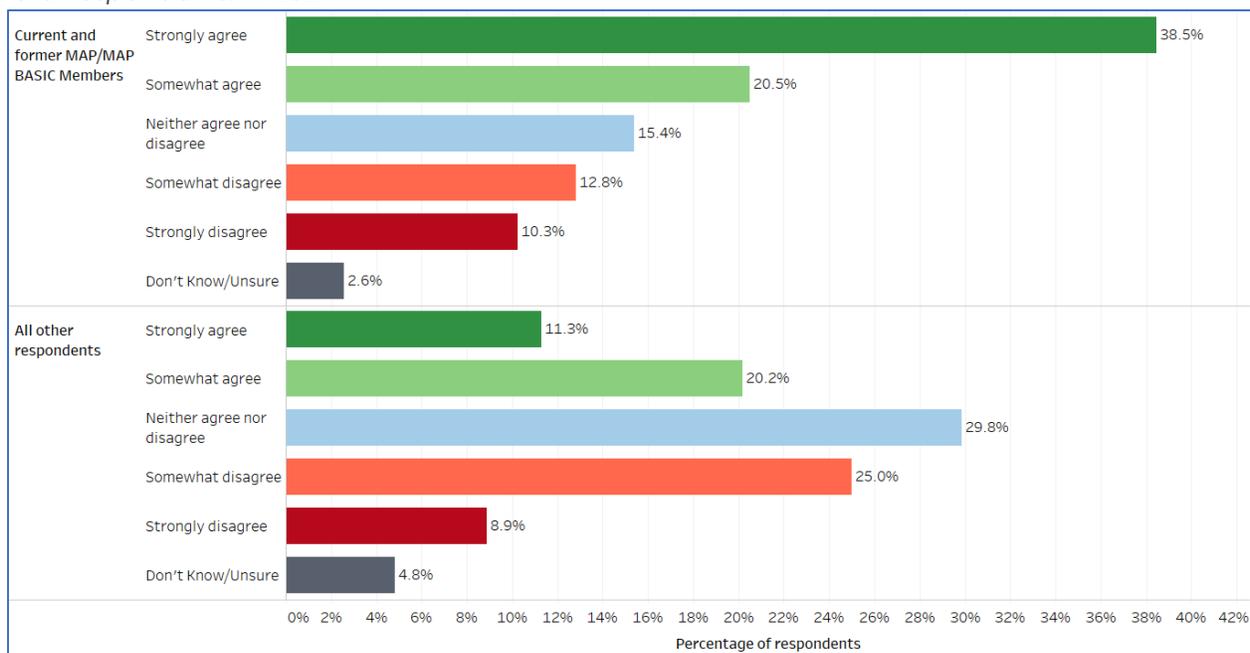
**Figure 23: Stigma around alcohol and substance abuse is a real barrier to care.**

Total respondents: n=202



**Figure 24: I would feel more comfortable talking only with a medical provider.**

Total respondents: n=202

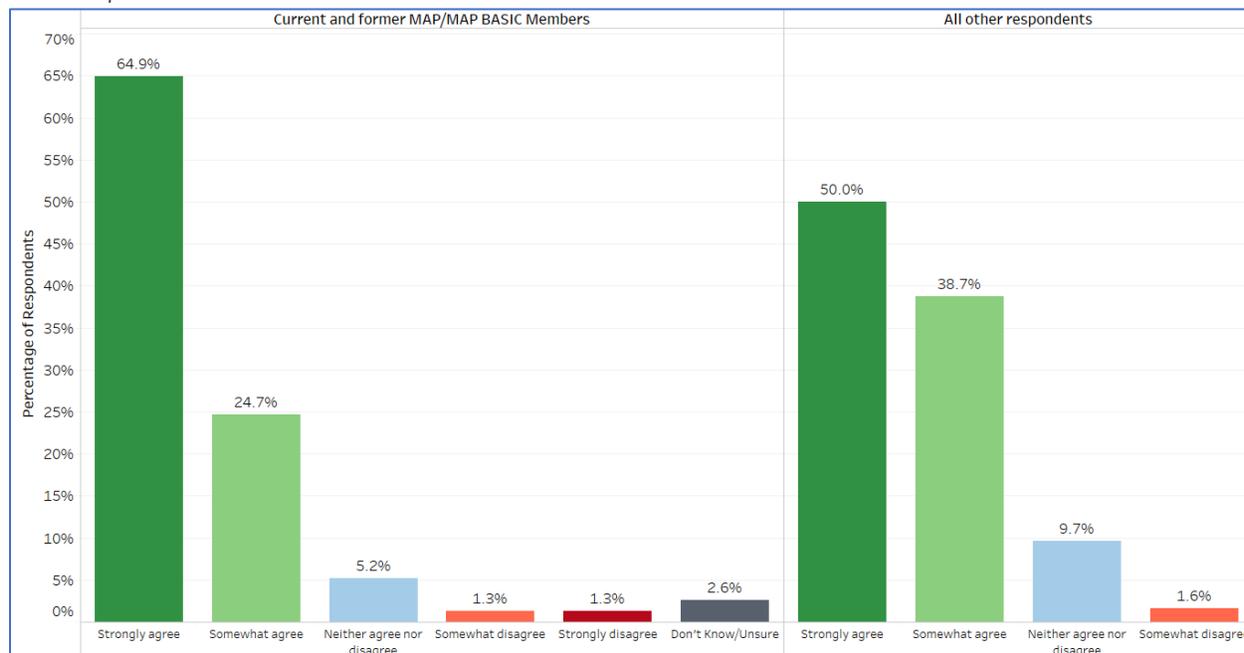


The peer support initiative has strong support, especially among members. However, respondents also noted the importance of their relationship with the provider. A hybrid approach is recommended.



## Figure 25: Respondent agreement or disagreement for SUD treatment solutions

Total respondents: n=201



The SUD strategy also enjoys strong support, especially among members.

## Strategy 6: Transitions of Care

Total respondents: n=201

### Our Proposed Solutions:

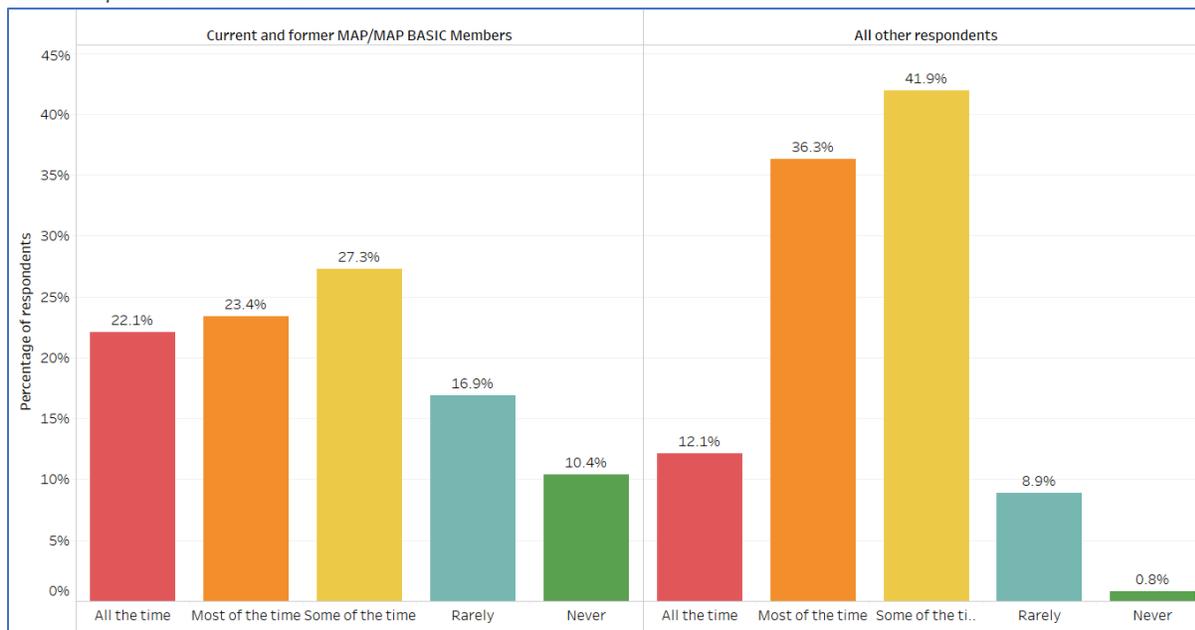
We are dedicated to providing its members seamless transfers between providers, services, and settings because effective transitions lead to reduced readmissions to the hospital, shorter inpatient stays, higher patient satisfaction, and better outcomes. We will do this by:

1. Expanding our medical management team to reach a larger group of MAP/MAP BASIC members, including those with complex medical problems like congestive heart failure, and
2. Providing services to help patients after a hospitalization, including transitions to skilled nursing facilities, home health visits, palliative care, and hospice care.



**Figure 26: Thinking about your own experience with health care, how often did you feel like you or someone you cared about “got lost” between providers?**

Total respondents: n=201

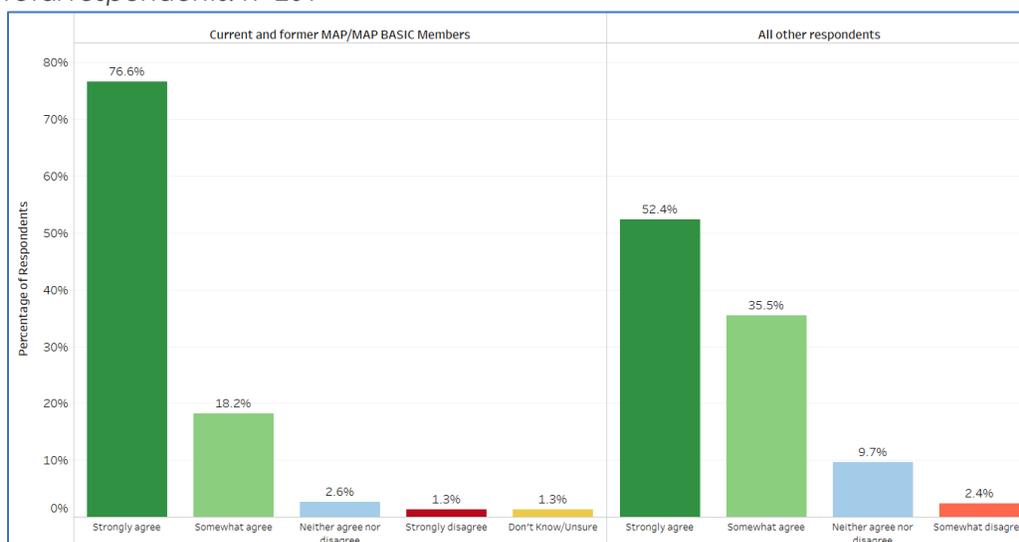


Although there is still clearly room for improvement, MAP and MAP BASIC members were less likely to report getting “lost” between providers Most or Some of the time, and almost three times more likely to report that they had Rarely or Never gotten “lost” when compared to non-member respondents.

Survey respondents had a lot to say about what Central Health could do to improve transitions of care, with many of the comments echoing similar concerns about communicating with patients, following up on referrals and diagnostic tests, and closing the referral loop through care coordination and patient navigation efforts.

**Figure 27: Respondent agreement or disagreement for transitions of care solutions**

Total respondents: n=201



Member support again exceeds non-member support for the transitions of care strategies. Respondents also noted in their open responses that members need greater assistance with specialist referrals, especially if their medical conditions make it difficult to communicate and remember information.



## Strategy 7: Clinical and Patient Education

Total respondents: n=202

### Our Proposed Solutions:

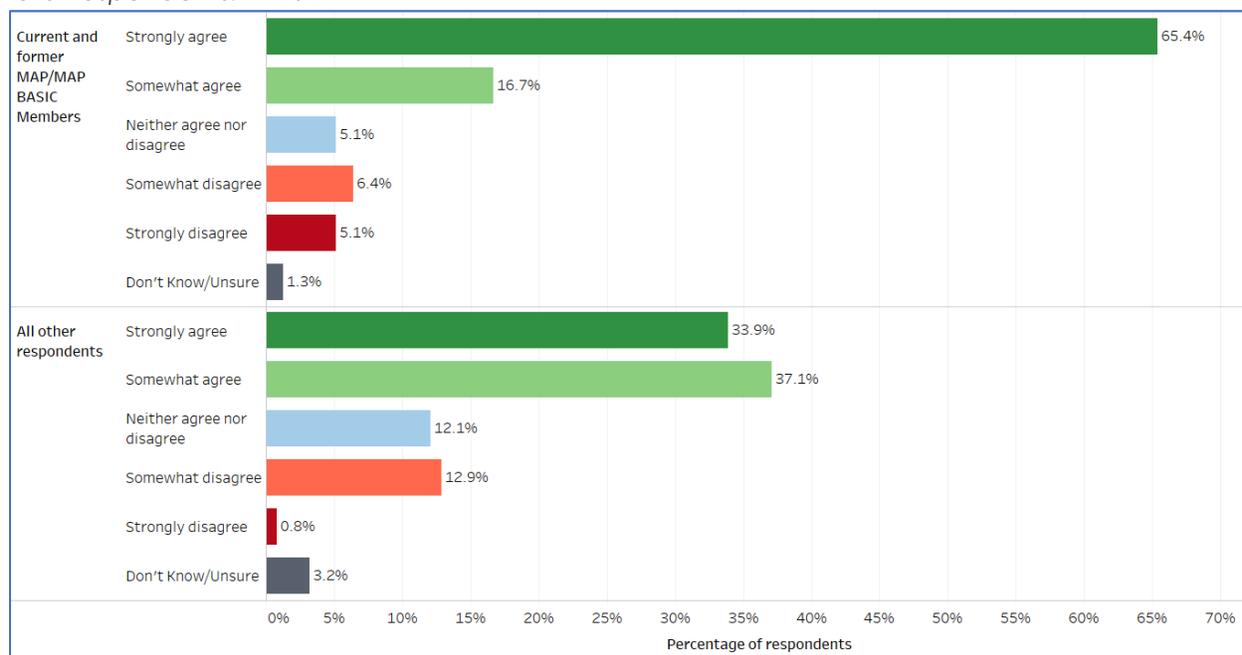
We believe that as communication between patients and their providers improves, patients' trust increases and adherence to their care plans improves, leading to better health outcomes. As such, we are developing a Clinical Education Program to improve culturally appropriate communication centered on the patient's goals and health.

The Clinical Education Program will:

1. Focus on culturally appropriate, disease-specific education for each patient's unique situation, and
2. Deliver disease prevention messages, like information on annual flu vaccines, the benefits of annual wellness visits, and age-appropriate cancer screenings.

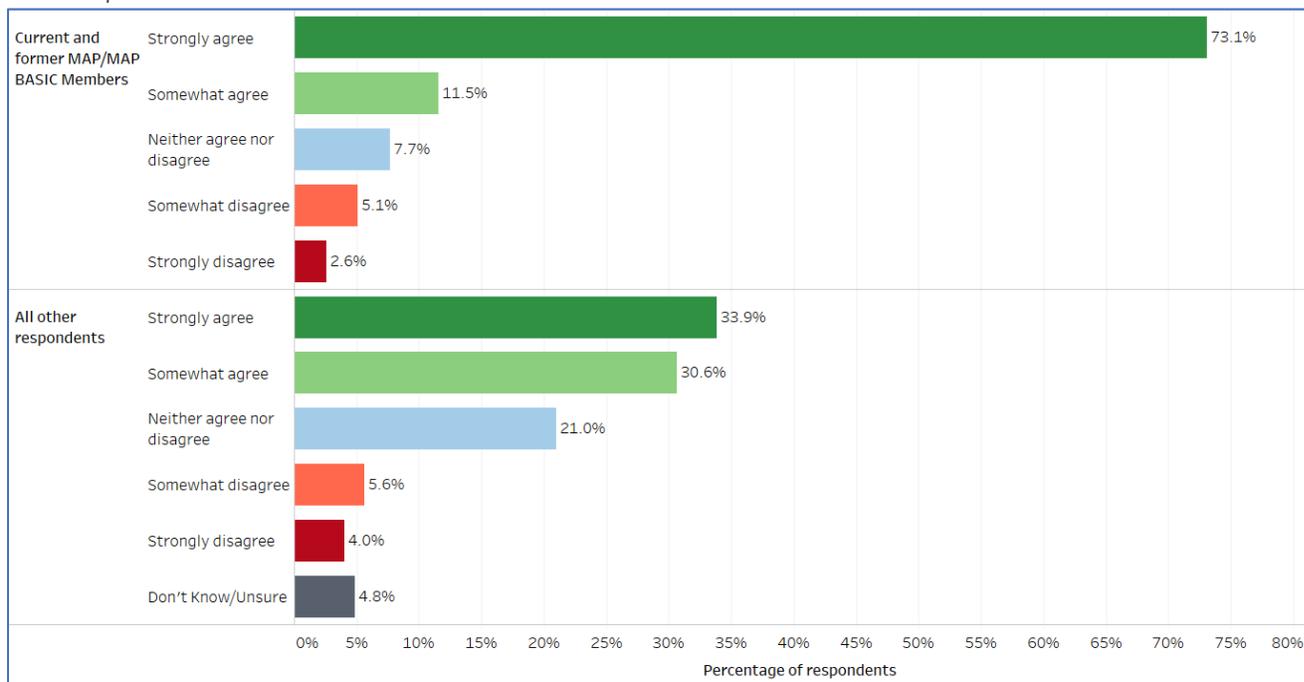
### Figure 28: My doctor understands me.

Total respondents: n=202



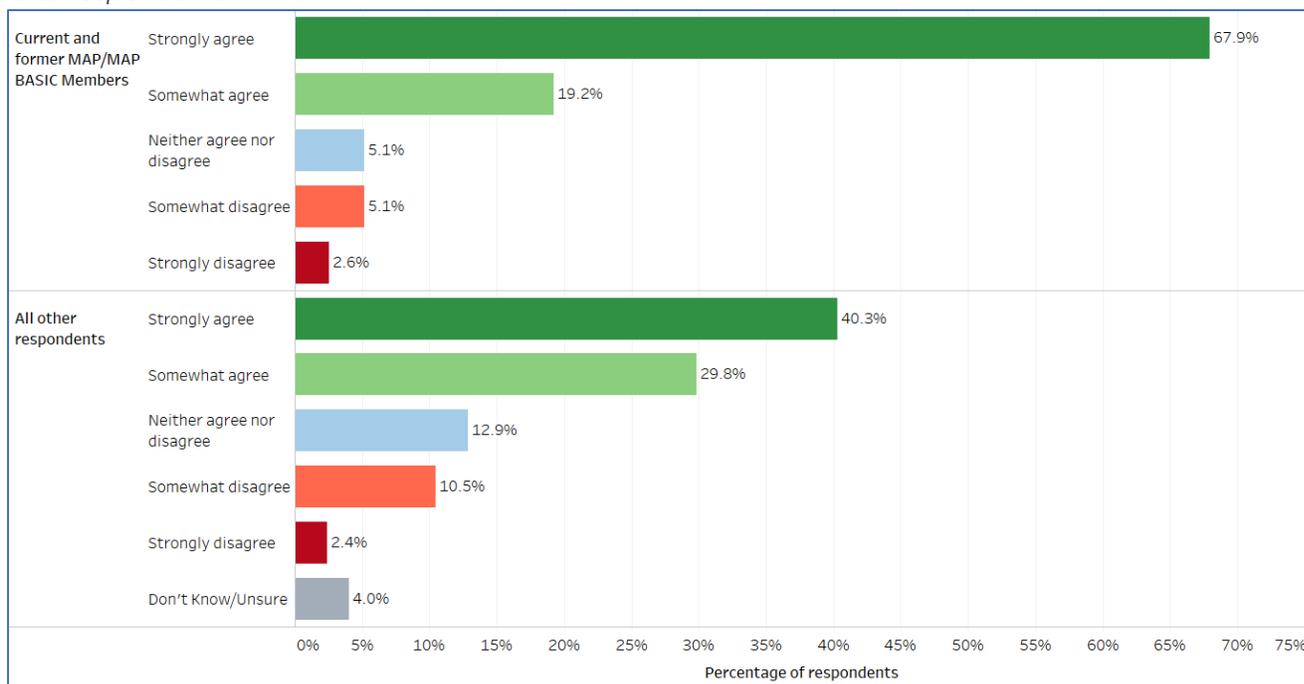
**Figure 29: The care team respects my culture.**

Total respondents: n=202



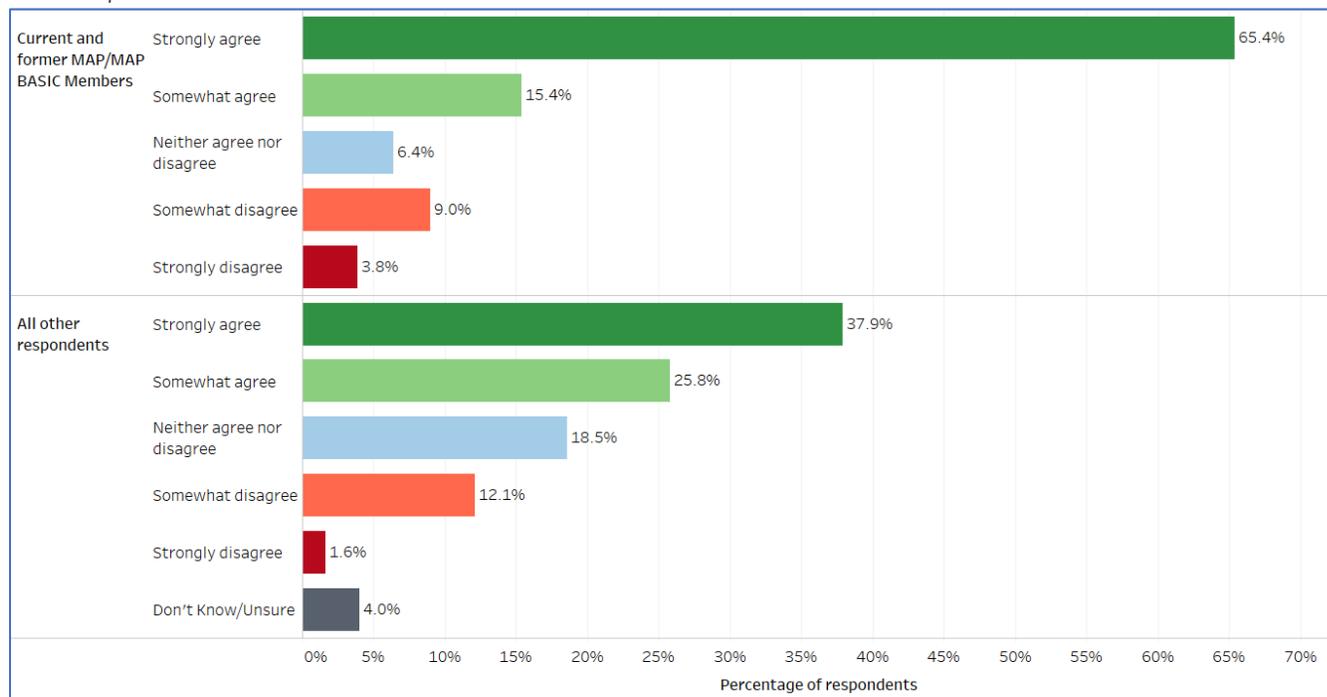
**Figure 30: I am included and have a voice in my care.**

Total respondents: n=202



**Figure 31: My preferences are taken into account.**

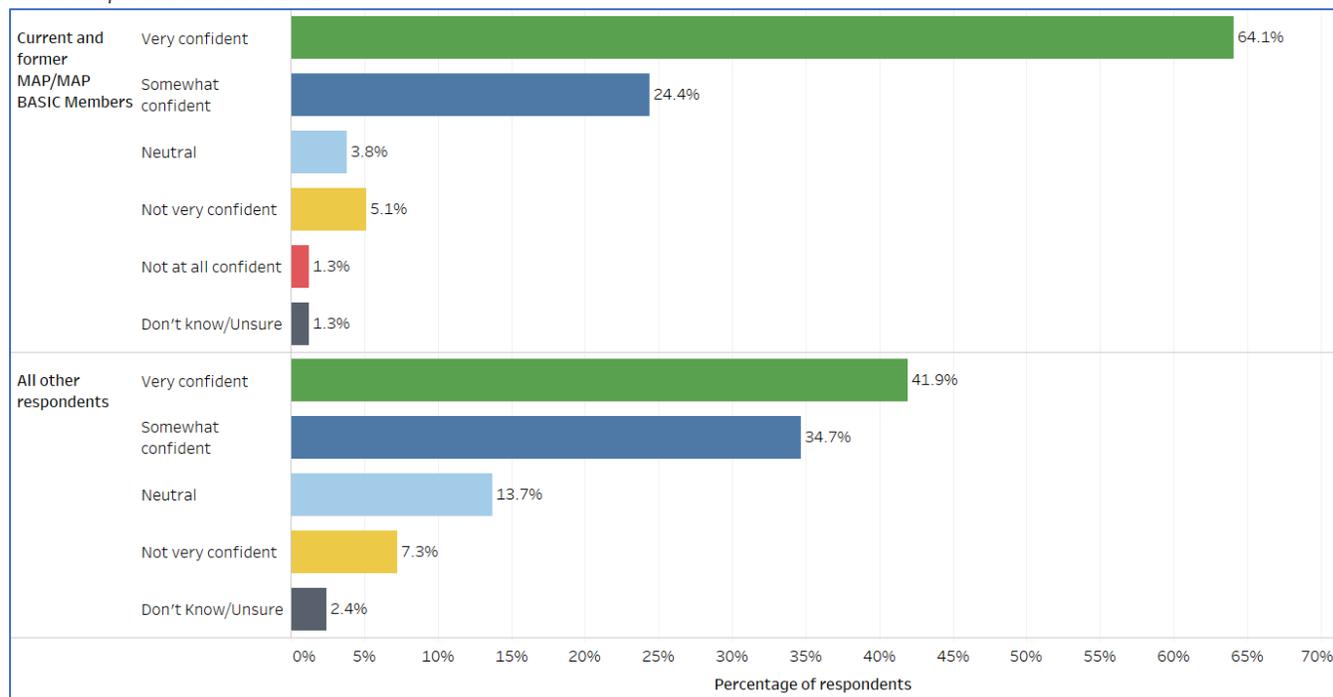
Total respondents: n=202



MAP and MAP BASIC members rated all four clinical patient education dimensions higher than did non-members, which reflects well on efforts by providers to provide patient-centered care.

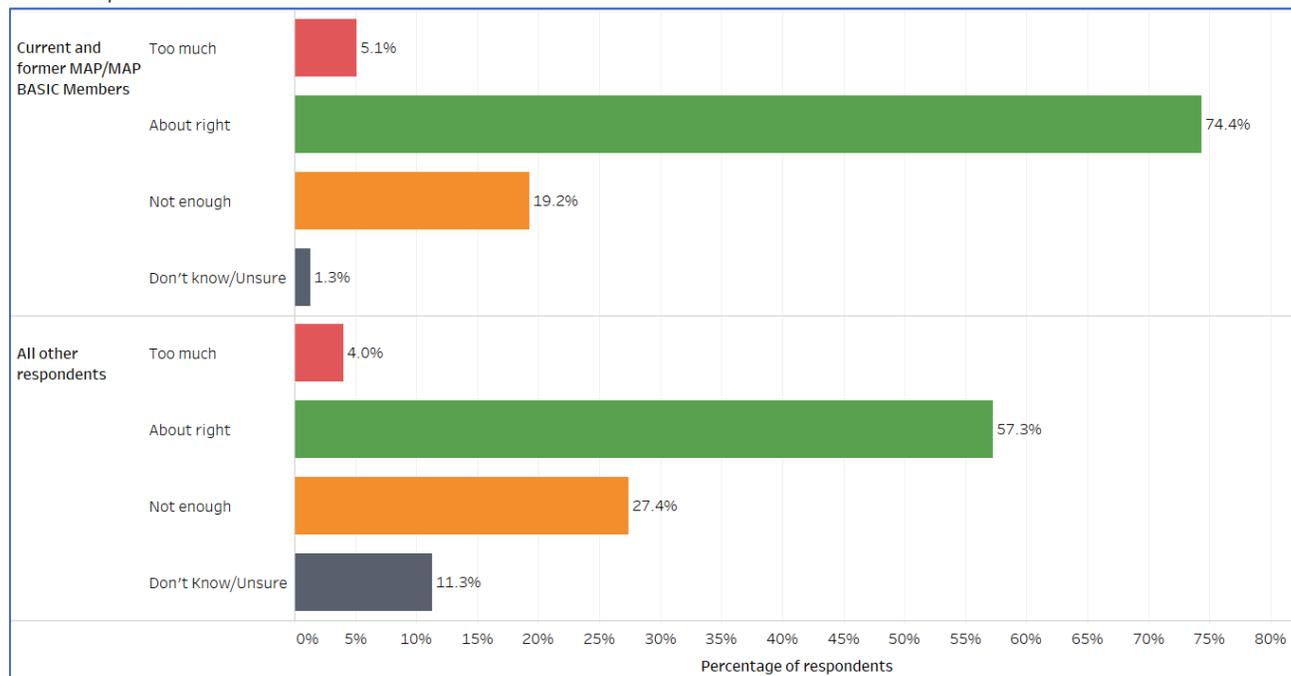
**Figure 32: How confident do you typically feel about your ability to manage your health after leaving a medical visit?**

Total respondents: n=202



**Figure 33: How do you feel about the amount of information your healthcare providers give you?**

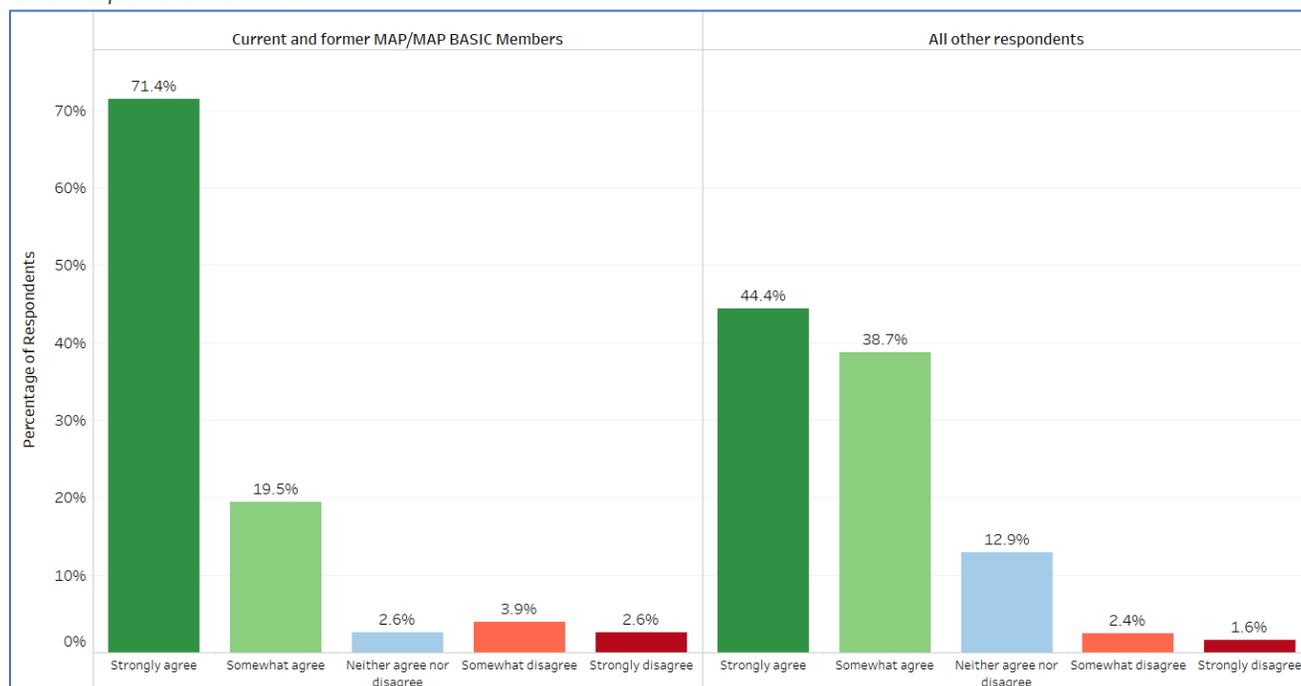
Total respondents: n=202



Central Health members also felt more confident than non-members about their ability to manage their care after a medical visit, and that the amount of information they received was “About Right”.

**Figure 34: Respondent agreement or disagreement for clinical and patient education solutions**

Total respondents: n=201



This clinical patient education strategy also garnered strong support.



**Strategy 8: Building a Culture of Equity (Online survey only)**

Total respondents: n=147

For reasons of brevity, this question section was excluded from the telephone surveys. Data are provided from the online surveys only.

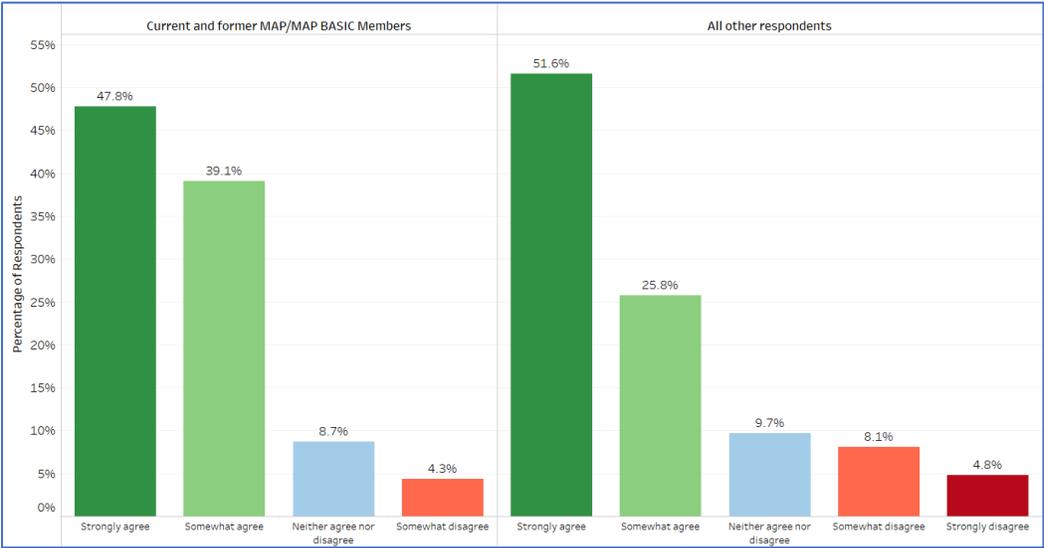
Our Proposed Solutions:

To effectively address the health inequities our members experience, we must intentionally create a culture of equity across the Enterprise – keeping our collective purpose in mind: to improve health outcomes for those who are most impacted by health disparities. In 2019, Central Health created an Employee Equity and Inclusion Task Force. This group of dedicated staff created equity and inclusion goals, objectives, standards, and values for Central Health. The Task Force is now creating employee resource groups, opportunities for mentoring and career development, and will help attract and retain a more diverse workforce.

In addition to the employee Task Force, Central Health hired a Diversity and Inclusion Manager, dedicated to promoting a culture of inclusiveness, and to lead the internal training of staff, focusing on diversity, equity and inclusion.

**Figure 35: Respondent agreement or disagreement for equity solutions**

Total respondents: n=147



Although a greater proportion of members either agreed or strongly agreed, this strategy is another exception to the trend because non-members were slightly stronger in their agreement. However, members were less like to neither agree nor disagree and disagree.

**Strategy 9: Long-term Sustainability (Online survey only)**

Total respondents: n=147

For reasons of brevity, this question section was excluded from the telephone surveys. Data are provided from the online surveys only.

Our Proposed Solutions:

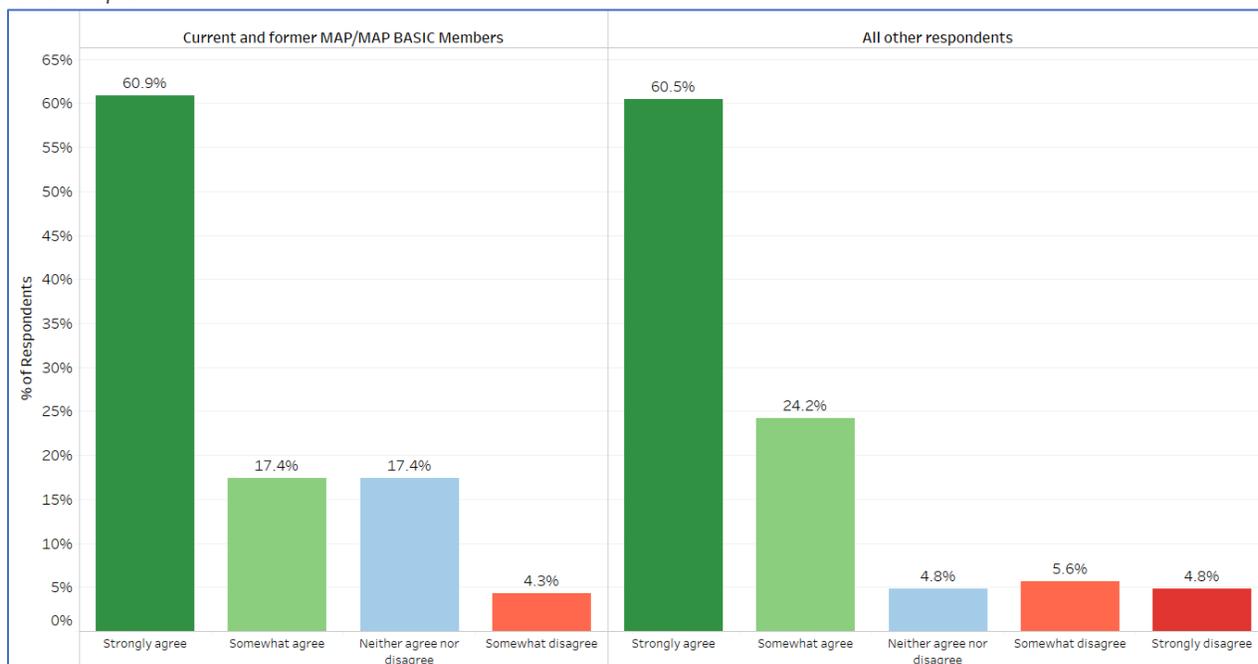
We will ensure Central Health’s long-term sustainability by:

1. Maintaining sufficient reserves to continue increasing access to care.
2. Maximizing the use of Central Health real estate. Central Health is redeveloping and leasing portions of its Downtown Property to diversify revenue streams to pay for health care now and in the future. With a diverse mix of revenue sources, Central Health won’t have to rely solely on property taxes to fund health care for Travis County residents with low income. This plan is already proving to be a viable way of generating money for our health care operations.



**Figure 36: Respondent agreement or disagreement for fiscal sustainability solutions**

Total respondents: n=147



There was little difference between members and other respondents on this strategy, which still had strong support. Eight responses were submitted in disagreement, generally concerns about the cost and capital expenses.

**Open response: “We’ve talked about a lot of different services that are or will be available to our members. Are there any services we didn’t mention that you think we should consider adding?”**

Total respondents: n=93

Staff performed qualitative analyses on this open response question to identify emergent themes in the responses. The responses were coded for their valence (positive, neutral, mixed, or negative) as well as the general theme. A comment could be coded to one or more themes, and all comments have at least one theme. Table 8 provides a summary by valence and community role.

**Table 8: Open response to “Are there any services we didn’t mention that you think we should consider adding?”, count by community role and valence of comment**

Community Role	Positive	Neutral	Mixed	Negative	Row Total
Current and former MAP/MAP BASIC Members	11	16	1	10	<b>38</b>
All other respondents	1	52		2	<b>55</b>
<b>Column Total</b>	<b>12</b>	<b>68</b>	<b>1</b>	<b>12</b>	<b>93</b>

Current and former MAP/MAP BASIC members provided more positive and negative comments than all other respondents, who were largely neutral in their comments. 13 of the responses were members simply indicating their satisfaction with the services they received (14%). The other 80 responses were grouped into one or several of the 32 emergent themes based on the thematic qualitative analysis. Table 9 on the next page provides a summary of the top 10 themes.



Other themes worth noting were:

- Wait time
- Equity involvement
- COVID-19 sequelae
- Capacity/Number of Providers
- Transportation
- Diagnostic Imaging

**Table 9: Summary of Top 10 Themes from Open Responses to “Are there any services we didn’t mention that you think we should consider adding?”**

Theme	Examples	Total
Communication	More training for all staff, but especially providers, with a focus on trauma-informed care. Better patient education. Cultural training and listening to patients.	19
Chronic Disease Prevention	Focusing on a variety of preventative services, including nutrition and social workers to help solve problems before they get worse. Obesity prevention. Diabetic educators/education. Healthy food and food preparation. Wellness classes. Health coaches.	13
Care Coordination/Integration	More integration with providers to make care a more seamless experience. Follow-up on referrals and closing the referral loop. Case management and more complete hospital care and ED diversion.	12
Nutrition	Access to free food to include fresh fruits and vegetables. Development of community gardens. Nutrition and healthy cooking classes. Eating disorder care. Nutrition counseling and messaging.	12
Access/Enrollment	Make renewing coverage easier. Reduce phone call wait and hold times. Streamline MAP application process for the homeless. Expand prescription and specialty care benefits to MAP BASIC members. Assist with applications for disability benefits, which can unlock Medicaid/Medicare. Expand MAP access and lower the cost for members. Help people sign up for health insurance.	10
Dental	More dental coverage and more dental providers that accept MAP. Expand dental services. Mobile dentist services. Preventive services for educating on proper dental care. Figure out primary and specialist dental and vision services as well.	8
Mental Health	Eating disorder care and support groups. Mental health for adolescents and young adults very critical for the future of our country. More mental healthcare options easier access. More intensive and accessible mental health services that do not rely on Integral Care.	7
Non-medical services (e.g., CHWs, Health Coaches)	Doula and midwifery. Focusing on variety of preventative services, including nutrition and social workers to help solve problems before they get worse. The plan leaves out the need for Health Coaches and Community Health Workers. More non-medical alternative therapies need to be included (meditation, sleep therapy, physical fitness programs, etc.). Mental health through therapy, massage, and nature holistic.	5
Specialist Referrals	Add or expand dialysis, Ears/Nose/Throat, and ophthalmology. Fix the referral process, to include closing the referral loop and improving communication with patients. Decrease wait times for specialists. Consider adding access to plastic and cosmetic surgery (ex. – for visible scars, burn wounds).	5
Affordable/Stable housing	Investing in affordable housing. Especially affordable housing that specifically serves medically vulnerable people. Stable housing helps lead to stable health. More staff for healthcare for the	4



	homeless and street medicine teams. Please focus on [the homeless] population even if it means raising my taxes. Please.	
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**Limitations:**

This final analysis has a number of important limitations. First, the sample size is still too small to allow for meaningful statistical comparisons across subgroups. Although many of our members speak a language other than English or Spanish the survey was only conducted in those two languages. An analysis of the members who refused to participate has not been conducted, so we do not know if the refusals are similar or dissimilar demographically from the respondents. However, the refused data are expected to be somewhat skewed due to exclusion criteria (e.g., minors, Austin Transition Center members) and an uneven distribution of wrong phone numbers based on source.

There was self-selection bias by the respondents; those individuals predisposed favorably towards Central Health and willing to spend 30 minutes or more completing the survey chose to participate. Of the 691 potential telephone interviewees, only 58 completed a phone survey (8.4%). The surveys were also quite long, which may have hampered the completion rate. Because online surveys can be submitted anonymously, it is not possible to see how many of the respondents were verified MAP or MAP BASIC members for that survey methodology. All answers are subjective responses of the respondents, and survey responses are only snapshots in time.

**Next Steps:**

The knowledge gained from these surveys will be shared back internally at Central Health with the Service Delivery Operations staff as well as the consultant for the strategic planning process. Central Health will present these results to leadership and the Board of Managers for consideration. Also, Community input and conversations will continue, informed by the respondents' input preferences. Lessons learned from this year's budget survey will be captured and documented for next year.

Fiscal Year 2022 Budget & Strategic Priorities Community Engagement Report	
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