



CENTRAL HEALTH
HEALTH CARE FOR ALL

HORNSBY BEND HEALTH & WELLNESS CENTER 2021 COMMUNITY ENGAGEMENT REPORT

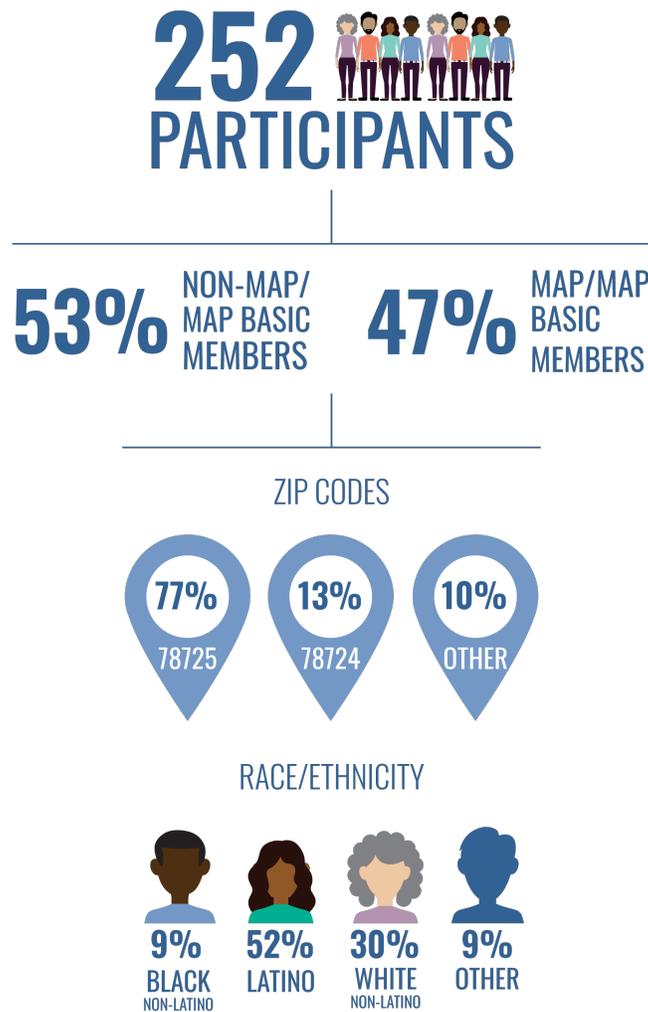
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EXECUTIVE SUMMARY

Through systematic community engagement methods, Central Health staff involve residents in the planning, implementation, and evaluation of projects. This report thematically summarizes the public input staff have gathered to be considered in the planning for the Hornsby Bend Health & Wellness Center.

Starting in November 2020, staff collected public and consumer feedback through advisory committee meetings, Community Conversations, an online survey and one-on-one phone interviews. Below is just an overview of the findings from the online survey and one-on-one phone interviews. A more detailed version of the findings is found on page 11.¹



¹ Survey results included in this report are limited to those who are either MAP/MAP BASIC or non-members, excluding n=58 who did not respond to this question.



Outdoor amenity preferences

By average score, the top preferred outdoor amenities for MAP/MAP BASIC members were:

1. Playground equipment
2. Exercise equipment
3. Outdoor seating area

By average score, the top preferred outdoor amenities for non-members were:

1. Nature trails
2. Exercise equipment
3. Playground equipment

Indoor amenity preferences

By average score, the top preferred indoor amenities for MAP/MAP BASIC members were:

1. Assembly/activity rooms
2. Computer workstations
3. Signage and natural light

By average score, the top preferred indoor amenities for non-members were:

1. Assembly/activity rooms
2. Natural light
3. Computer workstations

Use of prescription medication

MAP/MAP BASIC members:

- 55% (N=65) reported use of prescription medication
- 43% (N=51) reported no use
- 2% (N=3) did not respond

Non-members:

- 68% (N=91) reported use of prescription medication
- 30% (N=40) reported no use
- 2% (N=2) did not respond

Use of food assistance

MAP/MAP BASIC members:

- 49% (N=58) of respondents reported that they have needed food assistance in the past
- 49% (N=58) have not
- 2% (N=3) did not respond

Non-members:

- 44% (N=58) of respondents reported they have needed food assistance in the past
- 55% (N=74) have not
- 1% (N=2) did not respond



Transportation to medical appointments

MAP/MAP BASIC members:

- 60% (N=71) use their personal vehicles to travel to their medical appointments
- 28% (N=33) got rides from family/neighbors in their vehicles
- 3% (N=4) used public transit
- 9% (N=11) walked, biked, or rode in church shuttle

Non-members:

- 96% (N=127) use their personal vehicles to travel to their medical appointments
- 2% (N=3) got rides from family/neighbors in their vehicles
- 0% (N=0) used public transit
- 2% (N=3) walked, biked, or rode in church shuttle

Below is an overview of our public participation efforts for the Hornsby Bend Health & Wellness Center.

# of Activities	Type of Activity	# of participants
2	Community Conversations*	29
3	Community Advisory Committee Meetings	9
1	Survey (including One-on-One Interviews)*	252
1	Online Comment Form	1
Total number of people		291

*As of April 15, 2021, the Facebook Live video of the Community Conversation in English had 301 views and the one in Spanish had 140 views.

*Survey results included in this report are limited to those who are either MAP/MAP BASIC or non-members, excluding n=58 who did not respond to this question.

Introduction and Overview

The Hornsby Bend Health & Wellness Center will replace the existing Hornsby Bend Health Center and bring wellness programs to the Austin's Colony/Hornsby Bend community. The design will foster mental and physical wellbeing while building community among residents. The center will offer comprehensive primary care, integrated behavioral health and select specialty care services via telehealth. The model will focus on health prevention, chronic disease management, and patient education – with utilization of both physician and non-physician providers such as nurse practitioners, physician assistants, behavioral psychologists, social workers, and nutritionists.

In addition to the core health care programs and services, the facility will house several critical social support services designed to promote healthy lifestyles. The Health & Wellness Center will empower individuals to achieve healthier lives and to create healthier communities through sustainable life-long changes in personal health



management. Given the nature and purpose of the Health & Wellness Center's programs, the building design will provide a warm and welcoming environment to patients, guests, and employees alike.

Background

Central Health is a political subdivision of the state of Texas created by taxpayers with the purpose of providing access to health care services to Travis County residents with low income. The southeast region of Travis County has historically been identified as having high levels of poverty and limited health care infrastructure. Approximately 21% of households within the Hornsby Bend community experience annual incomes below 200% of the federal poverty level. To address challenges in the area, Central Health formed the Eastern Travis County Health and Wellness Collaboration in 2015. The collaboration yielded multiple activities in Hornsby Bend:

1. In July 2018, Central Health and CommUnityCare launched a shuttle service to help Hornsby Bend residents get to their medical appointments.
2. In September 2018, Central Health and CommUnityCare adopted the Fiscal Year 2019 budget, which included \$3.49 million for priority projects in eastern Travis County, including Hornsby Bend.
3. In February 2019, Central Health-affiliated CommUnityCare started making medical home visits in Hornsby Bend.
4. In July 2019, Central Health purchased 10.63 acres of underdeveloped land in Hornsby Bend (Gilbert Road and Sandifer Street) to build a health and wellness center.
 - In March 2020, Central Health, CommUnityCare and community members celebrated the opening of the Hornsby Bend Health Center (14312 Hunters Bend Road), which features three exam rooms and offers primary care, chronic disease management, vaccines, on-site lab, limited pharmacy services, and a flexible space for behavioral health services and enrolling people in health coverage.
 - In December 2020, Central Health began working with architect and engineering firm, BSA LifeStructures for the health and wellness center conceptual and schematic designs.

Central Health's Vision, Mission, Strategic Plan and Project Principles

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

Vision: Central Texas is a model healthy community.

Strategic Plan

Our work is guided by a Strategic Plan, developed by staff and approved by our Board of Managers. This plan will be used and updated through 2024. It is divided into three main objectives.

Objective 1: Develop and execute a health care delivery strategy based on people and place.

Objective 2: Implement a patient focused and coordinated health care system.

Objective 3: Implement a sustainable financial model for health care delivery, including optimizing the former Brackenridge Campus (now known as Central Health's Downtown Property) redevelopment to found Central Health's mission.

Project Principles

To create a sustainable system of health and health care, the following six strategic principles are integral to the success of the center:

- Promote improved health outcomes
- Integrate clinical care with community-based health services
- Be data driven
- Leverage and manage resources for maximum impact
- Build capacity of individual and communities to take responsibility for their own health
- Support systems change

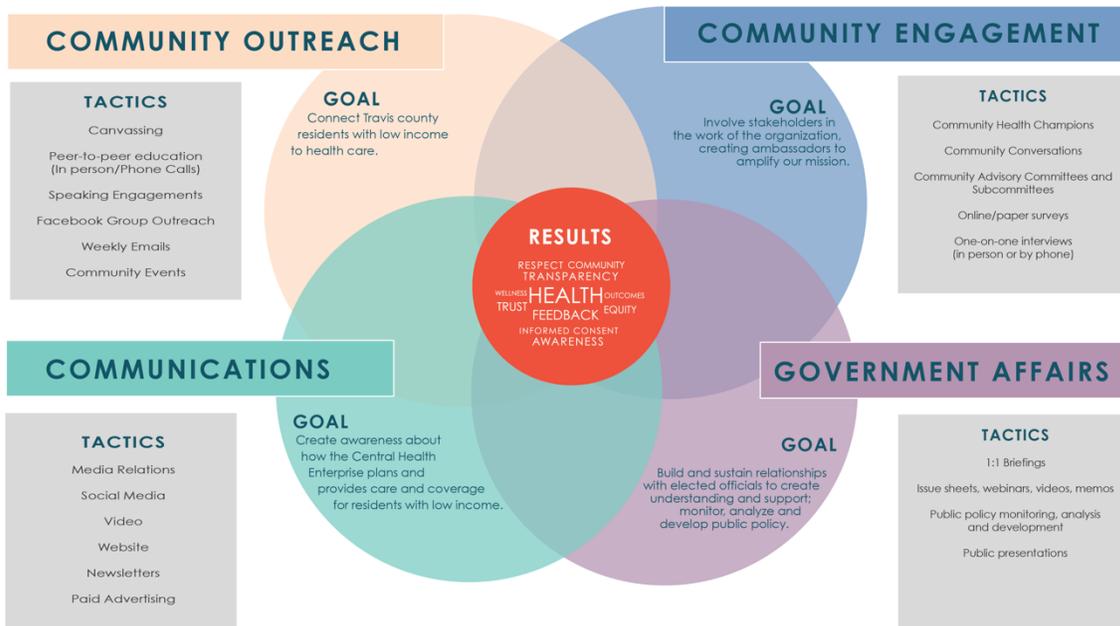
The Hornsby Bend Health & Wellness Center will embody Central Health's vision, mission and strategic principles and exemplify the changing health care delivery system as it pertains to people with low income living in Travis County.

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).

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 are involving 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 with 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 on each community engagement and communications tactic – as well as a sample list of the community groups with whom we have engaged for community outreach purposes.



COMMUNITY ENGAGEMENT TACTICS

Community Advisory Committees

Central Health formed community advisory committees in early 2018. Members include residents, community partners, advocates, neighborhood association members, representatives of school districts, faith-based organization leaders, and elected officials. Advisory committees help us get to know, and connect with, each unique community – to ensure our collective work will impact the health of people with low income experiencing disparities in their neighborhoods. Since the Coronavirus pandemic started, these meetings began taking place virtually.



Starting in November 2020, Central Health has been convening a smaller group of the most active community members and advocates for the Hornsby Bend advisory committee every other month. These meetings are meant to maintain a steady flow of communication related to the project between Central Health staff and the most active community advocates and members.

Hornsby Bend Advisory Committee meeting dates:

- Tues., Nov. 10, 2020
- Tues., Dec. 15, 2020
- Thurs. Feb. 4, 2021
- Thurs. May 27, 2021
- Thurs. Sept. 2, 2021

Summary of Feedback

November 10, 2020

Central Health shared a preliminary schedule that illustrated each of the programming, design, and permitting steps that must be completed prior to construction kicking off for the project.

- Subcommittee members asked who will develop the site plan for the facility.
 - Central Health response: The primary architect and civil engineer develop this as they work to help with parking accessibility, stormwater management and utilities.
- Subcommittee members had concerns about whether the architect was familiar with the Hornsby Bend community and if they know what works best.
 - Central Health response: The architect will be introduced to the



subcommittee during the next meeting in December.

- Subcommittee members asked where the nearest utilities were located to the property.
 - Central Health response: Central Health had completed a preliminary assessment of utilities for the site and have identified a water main nearby.
- Subcommittee members suggested that the health and wellness center will need a water softener due to the water quality in the area.

December 15, 2020

Central Health introduced the BSA LifeStructures' team working on the Hornsby Bend Health & Wellness Center. The architects discussed their experience building community health centers for historically underserved communities, including a past project with Central Health and CommUnityCare. The architects shared an overview of the project, including where the property is located; and preliminary site concepts, which included potential site amenities– such as community gardening and fitness trails.

- Subcommittee members asked about parking for staff.
 - The architects indicated they can add designated parking for staff.
- Subcommittee members suggested to look at the trails next to the Dove Springs Recreation Center.
- Subcommittee members and the architects then discussed the importance of connecting the health and wellness center with the community, including sidewalks looping around the property and connecting to the street, incorporating lighting – as long as it is not disruptive to the adjacent neighborhood.
- Central Health's President and CEO Mike Geeslin brought up the importance of having enough outdoor space to allow for drive-through events and services – given our lessons learned through the COVID-19 pandemic.

February 4, 2021

Central Health shared the preliminary building program, interior design concept, and design schedule for the Hornsby Bend Health & Wellness Center.

- Subcommittee members asked what water company we are using and asked if Central Health could help improve the overall water system for the community.
 - Central Health response: we want to help to the extent we can.
- Subcommittee members asked if Central Health could add a library to the health and wellness center.
 - Central Health response: we can find ways to work on similar programming.

Central Health, shared with attendees the Community Engagement Plan, including the activities staff will use to involve residents in the design and programming for the Hornsby Bend Health & Wellness Center - as well as a list of dates for each of these activities.

- Subcommittee members asked if we were sharing information via the Austin's Colony Facebook group.
 - Central Health confirmed and agreed to share a list of Facebook groups.
- Subcommittee members asked if Central Health was involving Kennedy Ridge in



community engagement efforts.

- Another subcommittee member who lives in Kennedy Ridge agreed to help get the word out to about the project to her neighbors.
- Staff discussed the objective of the one-on-one interviews with MAP members and the online survey (for the community at large). The objective of these activities is to help the architects prioritize the site amenities and to help staff prioritize social services for the site.
- Subcommittee members suggested that Central Health only ask questions that will help shape the health and wellness center.
- Subcommittee members suggested that Central Health attend neighborhood association meetings to let residents know of the project, answer questions and gather feedback.
 - Central Health added neighborhood association meetings to the list of community engagement activities.

Community Conversations

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

Design Launch

The first Community Conversation took place Thurs., March 4, 2021. During this meeting, attendees learned more about site concepts, project timelines, and ways to share feedback on building features and amenities.

Design Completion

The second Community Conversation is tentatively scheduled for Thursday, June 3, 2021. At this meeting, attendees will take a virtual tour of the completed design based on community input and project parameters.

Meetings with Neighborhood Groups

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

- Chaparral Crossing Neighborhood Association
- Kennedy Ridge
- Phase III Austin's Colony HOA
- Forest Bluff Residential Association
- AC Rivercreek HOA
- Del Valle Community Coalition



Online Survey and Telephone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administers online surveys and conducts over-the-phone interviews with members of our target population. In-person interviews are conducted in places where our target population gathers – clinics, enrollment offices for health coverage programs, schools, faith-based centers, events, etc.

The link to the online survey was on Central Health's Hornsby Bend Health & Wellness Center web page.

We are running a paid digital media campaign targeting people living in Hornsby Bend to encourage them to help shape the health of our community by completing the online survey. We also shared the link to the survey on various social media groups.



Given pandemic restrictions, Central Health staff made direct phone calls to MAP members living in Hornsby Bend to conduct these interviews. The feedback-gathering process via the online survey and over-the-phone interviews took place between Feb. 22 - March 28.

SURVEY FINDINGS

Survey data from February 22 - March 28, 2021 was analyzed by Central Health staff in the Analytics and Reporting Department.

1. MAP membership

Of the 252 survey respondents for whom MAP membership could be determined, n=119 (47.2%) were MAP/MAP BASIC members, and n=133 (52.7%) were not.

2. Number of online versus phone surveys by MAP membership

There were 100 phone surveys and 152 online surveys completed between 2/22/2021 and 3/28/2021. 39.7% of surveys were by phone, and 60.3% were online.

84% (n=100) of MAP/MAP BASIC members responded by phone, while 16% (n=19) responded via the online survey. 100% (n=133) of non-members responded via the online survey.

3. Number of respondents in the 78725 ZIP code and breakdown of other ZIP codes outside of 78725 by MAP membership

Of the 252 respondents, N=207 (82.1%) reside in 78725, and N=34 (13.5%) reside in the neighboring 78724 zip code. The remaining N=11 (4.4%) respondents lived in other zip codes.

All of the phone respondents resided in either 78724 (N=4, or 4%) or 78725 (N=95, or 95%). The majority of the online respondents resided in 78724 (N=30, or 19.7%) or 78725 (N=112, or 73.7%). The remainder resided outside (N=10, or 6.6%).

ZIP CODE	SURVEY BY PHONE	SURVEY ONLINE
78724	N=4 (5%)	N=30 (19.7%)
78725	N=95 (95%)	N=112 (73.7%)
Other or Unreported	N=0 (0%)	N=11 (6.6%)

A greater proportion of MAP members (89.1%) than non-members (75.9%) lived in the target zip code.

ZIP CODE	MAP MEMBERS	NON-MEMBERS
78724	N=11 (9.2%)	N=23 (17.3%)
78725	N=106 (89.1%)	N=101 (75.9%)
Other or Unreported	N=2 (1.7%)	N=9 (6.8%)

4. Breakdown of race/ethnicity by MAP membership

Of the 252 respondents, the slight majority were Latino (N=143, or 56.7%), followed by white (N=76, or 30.2%), black (N=22, 8.7%), and other race/ethnicity (N=11, or 4.4%). This is somewhat less Latino and more white than the underlying distribution of Hornsby Bend MAP/MAP BASIC enrollees. Race of respondents differed significantly by how the survey was administered, with more white patients responding to the online survey, and more Latinos responding to the phone survey. The latter is as expected since phone lists were generated from the actual population of MAP/MAP BASIC enrollees in Hornsby Bend. Below is a table comparing the relative distributions of race/ethnicity.

RACE/ETHNICITY	ALL RESPONDENTS	PHONE RESPONDENTS	ONLINE RESPONDENTS	HORNSBY BEND ENROLLEES*
Black	N=22 (8.7%)	N=7 (7%)	N=15 (9.9%)	N=93 (11%)
Latino	N=143 (56.7%)	N=74 (74%)	N=69 (45.3%)	N=666 (77%)
Other	N=11 (4.4%)	N=5 (5%)	N=6 (3.9%)	N=33 (4%)
White	N=76 (30.2%)	N=14 (14%)	N=62 (40.7%)	N=65 (7.5%)

*Enrollees are limited to adult (18+) MAP/MAP BASIC who were enrolled between 7/1/2020 – 6/30/2021, reside in zip code 78725, were not homeless, and spoke English/Spanish.

The distribution of race/ethnicity among MAP/MAP BASIC members is much more similar to the underlying demographics of Hornsby Bend enrollees, but slightly more white and slightly less black. In contrast, the demographics among non-member respondents were significantly more white and less Latino than Hornsby Bend enrollees.

RACE/ETHNICITY	MAP MEMBER RESPONDENTS	NON-MEMBER RESPONDENTS	HORNSBY BEND ENROLLEES*
Black	N=8 (6.7%)	N=14 (10.5%)	N=93 (11%)
Latino	N=89 (74.8%)	N=54 (40.6%)	N=666 (77%)
Other	N=5 (4.2%)	N=6 (4.5%)	N=33 (4%)
White	N=17 (14.3%)	N=59 (44.4%)	N=65 (7.5%)

5. Trends for top 3 choices of outdoor amenities by MAP membership

By average score, the top favorite outdoor amenities among MAP/MAP BASIC members were:

1. Playground equipment
2. Exercise equipment
3. Outdoor seating area

In contrast, the top favorite outdoor amenities among non-members were:

1. Nature trails
2. Exercise equipment
3. Playground equipment

Other commonly cited outdoor suggestions from “other” option by MAP membership:

Suggestion	MAP RESPONDENTS	NON-MEMBER RESPONDENTS
Pool or splash pad	N=5 (50%)	N=5 (50%)
Sports fields, e.g. soccer	N=3 (50%)	N=3 (50%)
Dog park or dog area	N=0 (0%)	N=5 (100%)
Sufficient parking	N=2 (50%)	N=2 (50%)

All suggestions were split equally by MAP membership, except for a dog park/dog area: only non-members advocated for this.

6. Trends for top 3 choices of indoor amenities by MAP membership

By average score, the top favorite indoor amenities among MAP/MAP BASIC members were:

1. Assembly/activity rooms
2. Computer workstations
3. Signage and natural light

In contrast, the top favorite indoor amenities among non-members were:

1. Assembly/activity rooms
2. Natural light
3. Computer workstations



Suggestion	MAP RESPONDENTS	NON-MEMBER RESPONDENTS
Classes [adult education/GED, computer literacy, English, fitness, yoga, cooking]	N=7 (44%)	N=9 (56%)
Library	N=3 (38%)	N=5 (62%)
Gym or exercise area	N=2 (29%)	N=5 (71%)
Child care during appointments, or a family room	N=5 (71%)	N=2 (29%)
Other public room, for community meetings and/or available for rent for private events	N=1 (17%)	N=5 (83%)
Café/coffee shop	N=0 (0%)	N=3 (100%)
Pharmacy	N=1 (33%)	N=2 (67%)

MAP/MAP BASIC members were most interested in childcare during appointments; classes; and a library space.

7. Most common responses to open-ended indoor descriptive question by MAP membership

“Imagine you’re walking into the health & wellness center. How do you want it to make you feel (open, natural light, welcoming, etc.)?”

Suggestion	MAP RESPONDENTS	NON-MEMBER RESPONDENTS
Friendly atmosphere (e.g. “welcoming,” “wanted,” “bienvenido,” “acogedor”)	N=42 (38%)	N=69 (62%)
Light (e.g. “light,” “natural light,” “luz”)	N=42 (38%)	N=68 (62%)
Open (e.g. “open” or “abierto”)	N=24 (34%)	N=47 (66%)
Someone to direct or greet me (e.g. “help desk”, “staff,” “receptionist,” “someone to attend to me,” “alguien que me reciba”)	N=11 (44%)	N=14 (56%)
Colorful (e.g. “art,” “local art,” “colorful”)	N=11 (52%)	N=10 (48%)
Comfortable (e.g. “comfortable,” “cómodo”)	N=14 (70%)	N=6 (30%)
Clean (e.g. “clean,” “sanitized,” “limpio”)	N=3 (16%)	N=16 (84%)
Safe (e.g. “seguro,” “safe”)	N=8 (50%)	N=8 (50%)
Inclusive (e.g. “reflect the community,” “inclusive,” “multicultural”)	N=1 (7%)	N=13 (93%)
With plants	N=3 (25%)	N=9 (75%)
Calm (e.g. “tranquil,” “paz”)	N=0 (0%)	N=11 (100%)
Windows (e.g. “windows” or “ventana”)	N=6 (50%)	N=6 (50%)
Bright	N=2 (22%)	N=7 (78%)



Bilingual (e.g. "translator," "signs in Spanish and English," "con gente bilingüe")	N=4 (50%)	N=4 (50%)
Accessible (e.g. "accessible," "with accommodations," "wheelchairs")	N=1 (17%)	N=5 (83%)
Community resource area (e.g. "event board")	N=1 (17%)	N=5 (83%)
Feels like home (e.g. "home," "hogar")	N=3 (50%)	N=3 (50%)
Water feature	N=0 (0%)	N=3 (100%)
Friendly atmosphere (e.g. "welcoming," "wanted," "bienvenido," "acogedor")	N=42 (38%)	N=69 (62%)

MAP/MAP BASIC respondents were more likely to emphasize comfort, safety, and colorful atmosphere, with bilingual services.

8. Breakdown of where respondents access community services by MAP membership

In general, the range of responses was too broad to categorize into specific locations. Instead, responses were categorized as indicating "No need for service/NA," "Currently fulfill need somewhere," or "In need of this service."

Exercise, nutrition education, and youth programs had the highest rates of unfulfilled need.

Community Service	MAP RESPONDENTS	NON-MEMBER RESPONDENTS
Exercise		
Fulfill this need somewhere (e.g. YMCA, walking outdoors)	N=94 (79%)	N=98 (74%)
Either do not exercise or express no personal interest/need:	N=18 (15%)	N=30 (22%)
Express a need for this service (e.g., "gym is too far so nowhere," "nothing in community for this")	N=7 (6%)	N=5 (4%)
Church		
Attend church	N=85 (71%)	N=46 (35%)
Do not attend church/No response	N=34 (29%)	N=87 (65%)
Nutrition education		
Did not respond	N=18 (15%)	N=65 (49%)
Receive education services somewhere in person (e.g. at a clinic, from doctor, at church)	N=40 (34%)	N=17 (13%)
Access information online (e.g. youtube, google, online classes)	N=11 (9%)	N=22 (17%)
Do not receive services	N=48 (40%)	N=27 (20%)
Specifically expressed need/desire (e.g. "if the Hornsby clinic would offer classes at the middle or elementary school that would be great")	N=2 (2%)	N=2 (2%)
Programs for the elderly		
Not applicable/no personal need	N=108 (91%)	117 (88%)
Fulfill this need somewhere (e.g. "Puente	N=7 (6%)	N=9 (7%)



Americano," "bingo")		
Express an unfulfilled need (e.g. "very interested, nowhere currently")	N=4 (3%)	N=7 (5%)
Youth programs		
Not applicable/no personal need	N=87 (73%)	N=102 (77%)
Fulfill this need somewhere (e.g. YMCA, Girlstart)	N=27 (23%)	N=21 (16%)
Express an unfulfilled need (e.g. "We need this so bad!")	N=5 (4%)	N=10 (8%)
Health coverage enrollment assistance		
Not applicable/no need/fulfilled somewhere	N=115 (97%)	N=120 (90%)
Express an unfulfilled need (e.g. "None that i know of and i could use some for sure")	N=4 (3%)	N=13 (10%)
Rent and housing assistance		
Not applicable/no personal need	N=102 (86%)	N=115 (86%)
Fulfill this need somewhere (e.g. "City of Austin Housing Authority")	N=13 (11%)	N=15 (11%)
Express an unfulfilled need (e.g. "I wish!")	N=4 (3%)	N=3 (3%)
Tax preparation assistance		
Not applicable/no personal need/fulfilled somewhere	N=118 (99%)	N=129 (97%)
Express an unfulfilled need (e.g. "None unfortunately")	N=1 (1%)	N=4 (3%)

MAP/MAP BASIC members tended to have higher rates of fulfilling needs somewhere in the community, while non-members were likelier to not respond, and/or say that they did not need the service. The rates of explicitly unfulfilled need were similar between the two groups, with the exception of youth programming, which was 2x as likely to be an unfulfilled need among non-members versus MAP/MAP BASIC members.

9. Use of prescription medication by MAP membership

55% (N=65) of MAP/MAP BASIC respondents reported the use of prescription medication, while 43% (N=51) reported no use, and 2% (N=3) did not respond. In contrast, 68% (N=91) of non-members reported the use of prescription medication, while 30% (N=40) reported no use, and 2% (N=2) did not respond.

Of those MAP members that use prescription medications, N=37 (57%) pay through MAP coverage, N=15 (23%) pay out of pocket, and the remaining N=13 (20%) pay through either private insurance, a clinic discount card, or have another financial arrangement. Of those non-members that use prescription medications, N=14 (15%) pay out of pocket and the remaining N=77 (85%) pay through other means.

10. Use of food assistance

49% (N=58) of MAP/MAP BASIC respondents reported that they have needed food assistance in the past, while another 49% (N=58) have not, and 2% (N=3) did not respond. In contrast, 44% (N=58) of non-members reported that they have needed food assistance in the past, while 55% (N=74) have not, and 1% (N=2) did not respond.

Breakdown of source of food assistance, for those who have ever needed food assistance:



FOOD ASSISTANCE	MAP MEMBER RESPONDENTS	NON-MEMBER RESPONDENTS
Food bank	N=14 (24%)	N=30 (52%)
Food pantry	N=13 (22%)	N=10 (17%)
SNAP	N=15 (26%)	N=8 (14%)
Church	N=6 (10%)	N=0 (3%)
School	N=5 (9%)	N=2 (3%)
Other	N=5 (9%)	N=8 (14%)

MAP/MAP BASIC members were likelier to utilize SNAP, church, and school than were non-member respondents.

11. Transportation to medical appointments

MAP/MAP BASIC and non-member respondents differed significantly in their mode of transportation to medical appointments; although the majority of both respondent groups owned their own vehicle, MAP/MAP BASIC members were far likelier to get rides from family/neighbors than were non-members, and also likelier to use either public transit or other transit option. Several patients noted that there was no public transit within Hornsby Bend.

TRANSPORTATION	MAP MEMBER RESPONDENTS	NON-MEMBER RESPONDENTS
Own vehicle	N=71 (60%)	N=127 (96%)
Get rides from family/neighbors	N=33 (28%)	N=3 (2%)
Public transit	N=4 (3%)	N=0 (0%)
Other*	N=11 (9%)	N=3 (2%)

*Walked, biked, rode in church shuttle, or other

COMMUNICATIONS 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 push information out to 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 about 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 shares 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 a total of 643 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

- 1. African American Heritage Network



2. Austin's Colony Homeowner's Association
3. Austin Latino Coalition
4. Colony Park Neighborhood Association
5. Community Resilience Trust ATX
6. Del Valle Community Coalition
7. Dove Springs Proud
8. Hispanic Advocates Business Leaders of Austin (HABLA)
9. Hermanos de East Austin
10. Hispanic Women's Network of Texas – Austin Chapter
11. Hispanos Network of Austin
12. Latinos Ready to Vote
13. Network of Asian American Organizations
14. Taiwanese American Professionals – Austin Chapter
15. Travis County Hispanic Network
16. Chaparral Crossing Neighborhood Association
17. Kennedy Ridge
18. Phase III Austin's Colony HOA
19. Forest Bluff Residential Association
20. AC Rivercreek HOA

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.

1. Austin Eastview Church of God
2. Center Union Missionary Baptist Church Creedmoor
3. Church of Christ at Eastside
4. David Chapel Missionary Baptist Church
5. Greater Mt. Zion
6. Holy Cross Catholic Church
7. Hornsby Bend Assembly of God
8. New Hope Missionary Baptist Church
9. Pleasant Valley Missionary Baptist Church
10. San Francisco Javier Catholic Church
11. San Juan Diego Catholic Church
12. Santa Barbara Catholic Church

Organizations

1. Asian American Resource Center
2. Asian Family Support Services of Austin
3. City of Pflugerville
4. Commission on Immigration Affairs
5. Community Coalition for Health
6. Go! Austin/Vamos! Austin



7. Greater Austin Asian Chamber of Commerce
8. Greater Austin Black Chamber of Commerce
9. Greater Austin Hispanic Chamber of Commerce
10. Greater Austin LGBT Chamber of Commerce
11. Latino HealthCare Forum
12. OneVoice Central Texas
13. Workers Defense Project
14. Young Hispanic Professional Association of Austin

Schools

1. Austin ISD
2. Austin Achieve Public Schools
3. Barbara Jordan Elementary School
4. Creedmoor Elementary School
5. Decker Middle School
6. Del Valle ISD
7. Dailey Middle School
8. Gilbert Elementary School
9. Hornsby-Dunlap Elementary School
10. KIPP Texas Public Schools
11. Manor ISD
12. Manor Senior High School
13. Volma Overton Elementary School

APPENDIX

Online Survey Questions

Q1: What is your ZIP code?

Q2: Please indicate which race/ethnicity you identify with:

- Hispanic or Latino
- Black or African American
- Native American or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other

Q3: Which of these features would you most like to see on the site around the new facility?

Please rank your top 3. (See examples)

- Playground Equipment
- Exercise Equipment



- Outdoor Seating
- Nature Trails
- Fitness Trails (with Obstacles or Equipment)
- Teaching Vegetable Gardens/Plots
- Directional signage
- Walking/Jogging Trails
- Other?

Q4: Which of these features would you most like to see in the building of the new facility?

- Assembly/Activity Rooms
- Directional signage
- Computer Workstations
- Natural Light (windows etc.)
- Sustainable (Green, recycled) Materials
- Other?

Q5: Imagine you're walking into the health & wellness center. How do you want it to make you feel (open, natural light, welcoming, etc.)? Please be as specific as possible.

Q6: Please list places in the community where you go for the following activities or services:

- Exercise:
- Faith-based services:
- Nutrition education:
- Programs for the elderly (recreational activities such as bingo, dominoes, cards, bridge, puzzles, physical activity, etc.):
- Youth Programs (after-school programs, such as tutoring and summer education programs):
- Health coverage enrollment assistance:
- Rent and housing assistance:
- Tax preparation assistance:

Q7: Are you aware of or familiar with the Medical Access Program, also known as MAP or MAP BASIC? Yes/No

Q8a: Are you currently an enrolled member of MAP or MAP BASIC healthcare benefit programs? Yes/No

Q8b (If no): Do you currently have other insurance coverage? Yes/No

Q9: In the past 2 years, have you seen a doctor, nurse or other health care professional for any reason? Yes/No

Q10: How do you get to your medical appointments?

- Personal vehicle



- Public transportation
- Rides from family/neighbors
- Church shuttle/assistance
- Bike
- Walk
- Other

Q11a: Have you ever needed food assistance? Yes/No

Q11b (If yes): where do you go?

- Food Bank
- Food pantry
- Applied for SNAP
- School
- Church
- Other

Q12a: Do you take any prescription medications or medications that require a doctor's order? Yes/No

Q12b (If yes): How do you pay for these medications?

- Medical Access Program, also known as MAP
- Private Insurance
- Clinic Discount Card (Sliding Fee Scale)
- Out of pocket
- Other

END OF SURVEY

Phone Survey Questions

Q1: May I please have your ZIP code?

Q2: Please indicate which race/ethnicity you identify with:

- Hispanic or Latino
- Black or African American
- Native American or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other

Q3a: I will list 8 features. Please let me know which 3 you would most like to see on the site around the new facility.



- Playground Equipment
- Exercise Equipment
- Outdoor Seating
- Nature Trails
- Fitness Trails (with Obstacles or Equipment)
- Teaching Vegetable Gardens/Plots
- Directional signage
- Walking/Jogging Trails

Q3b: Are there any other features I did not list that you would like to see outside, around the new facility?

Q4a: I will list a few features. Please let me know which of them you would most like to see inside the new facility?

- Assembly/Activity Rooms
- Directional signage
- Computer Workstations
- Natural Light (windows etc.)
- Sustainable (Green, recycled) Materials

Q4b: Are there any other features I did not list that you would like to see outside, around the new facility?

Q5: Imagine you're walking into the health & wellness center. How do you want it to make you feel? (Open, natural light, welcoming, etc.)

Q6: I will list 8 activities or services. Please list places in the community where you go for the following activities or services. Be as specific as possible (for example, name of organization, address or landmarks etc.)

- Exercise:
- Faith-based services:
- Nutrition education:
- Programs for the elderly (recreational activities such as bingo, dominoes, cards, bridge, puzzles, physical activity, etc.):
- Youth Programs (after-school programs, such as tutoring and summer education programs):
- Health coverage enrollment assistance:
- Rent and housing assistance:
- Tax preparation assistance:

Q7: In the past 2 years, have you seen a doctor, nurse or other health care professional for any reason? Yes/No



Q8: How do you get to your medical appointments?

- Personal vehicle
- Public transportation
- Rides from family/neighbors
- Church shuttle/assistance
- Bike
- Walk
- Other

Q9a: Have you ever needed food assistance? Yes/No

Q9b: (If yes) where do you go?

- Food Bank
- Food pantry
- Applied for SNAP
- School
- Church
- Other

**Q10a: Do you take any prescription medications or medications that require a doctor's order?
Yes/No**

Q10b (If yes): How do you pay for these medications?

- Medical Access Program, also known as MAP
- Private Insurance
- Clinic Discount Card (Sliding Fee Scale)
- Out of pocket
- Other

END OF SURVEY

