

#### **Our Vision**

Central Texas is a model healthy community.

#### Our Mission

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

#### **Our Values**

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

#### STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, November 8, 2023, 1:00 p.m.

Videoconference meeting<sup>1</sup>

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

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

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):

https://us06web.zoom.us/j/89471070610?pwd=GqaCNZeKUbgmTlfaTwZZjowcqUObjo.1

Meeting ID: 894 7107 0610 Passcode: 384259

Links to livestream video are available at the URL below (copy and paste into your web browser):

https://www.youtube.com/watch?v=oYIGR7FOw18

Or to participate by telephone only:
Dial: (346) 248 7799
Meeting ID: 894 7107 0610

Passcode: 384259

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

#### https://www.centralhealth.net/covid-info/.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on November 8, 2023**. Registration can be completed in one of three ways:

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

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

#### **PUBLIC COMMUNICATION**

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

#### **COMMITTEE AGENDA<sup>2</sup>**

- 1. Review and approve the minutes of the October 18, 2023 Strategic Planning Committee meeting. (*Action Item*)
- 2. Receive and discuss an update on the Central Health Community Healthcare Initiative Fund (CHIF). (*Informational Item*)
- 3. Receive and discuss an update on the Unified Branding Initiative for the Central Health Enterprise. (*Informational Item*)
- 4. Receive and discuss possible medical care and related support services in collaboration with the Sobering Center located in Austin, Texas.<sup>3</sup> (*Informational Item*)
- 5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)
- <sup>1</sup> This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting

location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.

- The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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

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

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

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

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

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

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

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

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

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

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

Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Be it adopted that the above agreements will be honored and acted upon by each Board

**Board Manager Printed Name** 

# Calling In and Repairing Harm

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

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

- A) Here's why that can be hurtful or,
- B) Please do some research to learn the history of why that's hurtful.

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

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

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

# Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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



# RACIAL and SOCIAL JUSTICE FRAMEWORK

### Values and Anti-Racism/Anti-Oppression

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

### Intentional and Accountable Storytelling

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

## **Power Analysis**

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

# Relationships

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





# CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

**November 8, 2023** 

#### **AGENDA ITEM 1**

Review and approve the minutes of the October 18, 2023 Strategic Planning Committee meeting. (*Action Item*)

#### MINUTES OF MEETING – OCTOBER 18, 2023 CENTRAL HEALTH STRATEGIC PLANNING COMMITTEE

On Tuesday, October 18, 2023, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:04 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

**Committee members present in person:** Chair Brinson, Manager Jones, and Manager Valadez (arrived at 1:09 p.m.)

Committee members present via audio and video: Manager Kitchen (departed at 2 p.m.)

**Board members present via audio and video or in person:** Manager Martin, Manager Motwani, and Manager Bell

#### **PUBLIC COMMUNICATION**

Clerk's Notes: Public Communication began at 1:05 p.m. Chair Brinson announced that no speakers signed up for Public Communication.

#### **COMMITTEE AGENDA**

1. Review and approve the minutes of the September 6, 2023 Strategic Planning Committee meeting.

Clerk's Notes: Discussion on this item began at 1:05 p.m.

Manager Martin moved that the Committee approve the minutes of the September 6, 2023 Strategic Planning Committee meeting.

Manager Bell seconded the motion.

Chairperson Brinson For Manager Jones For Manager Kitchen For Manager Bell For

2. Receive and discuss updates on Eastern Travis County Service Expansion.

**Clerk's Notes:** Discussion on this item began at 1:06 p.m. Ms. Stephanie McDonald presented a Central Health Eastern Travis County Expansion update. The presentation provided an update on the Hornsby Bend Health & Wellness Center, including the Grand Opening Event on October 21, 2023. She then gave an update on the progress of the Del Valle Health & Wellness Center. Lastly, she gave an update on the planning and design of the Colony Park Health & Wellness Center.

At 1:45 p.m. Chairperson Brinson announced that the Committee was convening in closed session to discuss agenda item 2 under Texas Government Code §551.071 Consultation with Attorney and Texas Government Code §551.072 Deliberation Regarding Real Property.

At 2:33 p.m. the Committee returned to open session.

 Discuss Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including pending issues and next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.

**Clerk's Notes:** Discussion on this item began at 1:16 p.m. Ms. Stephanie McDonald presented an update on the design of the Hancock Enterprise Headquarters and Multipurpose Care Site. The presentation included a look at the site plan, exterior renderings, and interior plans and renderings.

At 1:45 p.m. Chairperson Brinson announced that the Committee was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 Consultation with Attorney and Texas Government Code §551.072 Deliberation Regarding Real Property.

At 2:33 p.m. the Committee returned to open session.

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

Manager Valadez moved that the Committee adjourn.

Manager Martin seconded the motion.

Chairperson Brinson For Manager Jones For Manager Kitchen Absent Manager Valadez For

The meeting was	adjourned a	t 2:34 p.m.
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	ATTESTED TO BY:
Cynthia Brinson, Chairperson	Cynthia Valadez, Secretary
Central Health Strategic Planning Committee	Central Health Board of Managers



# CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

**November 8, 2023** 

#### **AGENDA ITEM 2**

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

#### **AGENDA ITEM SUBMISSION FORM**

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

Agenda Item Meeting Date	11/08/2023				
Who will present the agenda item? (Name, Title)	Megan Cermak, Director of Public Health Strategy, Policy, and Disaster Response				
General Item Description	Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF).				
Is this an informational or action item?	informational				
Fiscal Impact					
Recommended Motion (if needed – action item)	none				
Key takeaways about agenda	item, and/or feedback sought from the Board of Managers:				
1) Receive reminde	r of the purpose of the Community Healthcare Initiative Fund pilot program.				
2) Receive an updat	te on the CHIF contractors progress to date.				
3) Receive an updat	te on the evaluation framework for the CHIF pilot				
4)					
5)					
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	A slide deck will be provided.				
Estimated time needed for presentation & questions?	30 minutes to present, 15 minutes for questions				
Is closed session recommended? (Consult with attorneys.)	no				
Form Prepared By/Date Submitted:	Megan Cermak on 10/25/2023				

# CHIF PILOT YEAR 1 FINAL REPORT

Fall 2023



#### **OVERVIEW**

- The Community Healthcare Initiative Fund (CHIF)
  pilot program was created to support nonprofits working
  to address social factors of health outside the clinic for
  Travis County residents with low income in ways that
  align with Central Health's Healthcare Equity Plan.
- FY2022-23 Focus Areas: Wellness and Prevention
  - Diet, Nutrition, and Exercise
  - Health Literacy and Communication
  - Disease Prevention and Screening
  - Community Health Capacity Building



# RFP ISSUANCE AND PROJECT SELECTION



- RFP Issued: Spring 2022
- Project Selection Finalized: Fall 2022
- 3 Community-Based Organizations (CBOs) engaged:
  - Austin Voices for Education and Youth (AVEY)
  - 2. Common Threads
  - 3. Health Alliance for Austin Musicians (HAAM)

# AVEY



Austin For Education and Youth



Austin Voices for Education and Youth creates community collaboration to strengthen families, support kids and improve schools.

We believe our public schools can serve as powerful hubs for bringing neighborhoods, families and students together to increase equity and achieve positive change.





## **GOALS**



#### **Our Goals:**

- Engaged communities.
- Empowered schools.
- Stable families.
- Successful students.

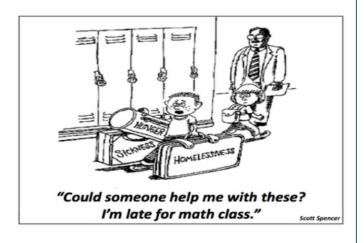


"Every student in school, every day, ready to learn . . . graduating and prepared for college, career and life."

"It takes a community to educate a child."

"Together we can do more!"
"Juntos podemos hacer más!"

# OUR CHALLENGE



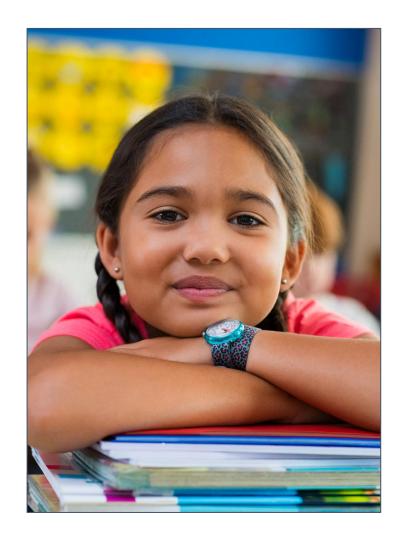


# Poverty, crisis and sickness can cause "barriers to learning" for students:

- Lack of basic needs: food and clothing, transportation
- Lack of insurance and access to healthcare
- Lack of education and technology
- Loss of work, loss of income and financial stress
- Difficulty paying rent/utility bills and potential eviction
- Emotional stress, trauma, mental health crisis, grief, domestic violence
- Legal and immigration problems

## **OUR MODEL**





Community schools are an "all hands on deck" school improvement model that joins a neighborhood school with a coordinated set of partners to make sure that ALL children have what they need to succeed.

# **OUR STRATEGY**



AVEY's 6 Family Resource Centers are

hubs of support for families of students in

20 of AISD's Title I schools, in 4 vertical teams (Navarro, Northeast, Eastside & Travis):

Working in collaboration with AISD's Parent Support Specialists and Multi-Tiered Child Study System to provide tiered services:

- Tier 1 Information for all families
- Tier 2 Responsive social services
- Tier 3 Family case management

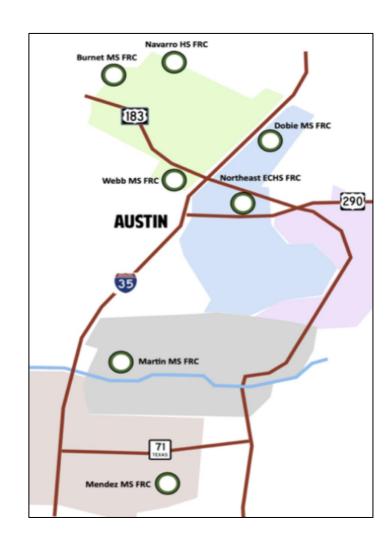
Coordinating and leveraging programs, services and resources of community partners to support students, families and community members





# OUR LOCATIONS





- Burnet FRC: Burnet MS & Cook ES
- Dobie FRC: Dobie MS, Northeast ECHS, International HS & Barrington ES, Graham ES, Hart ES & Walnut Creek ES
- Houston FRC: Houston ES
- Martin FRC: Martin MS, Allison ES
   & Govalle ES
- Navarro FRC: Navarro ECHS/GPA
   Wooldridge ES
- Webb FRC: Webb MS, Brown ES, Pickle ES, Winn ES, Northeast ECHS & International HS

# OUR SOCIAL SERVICES









#### • Responsive & Partner Services:

- MAP & State Benefits Enrollment Clinics
- AVEY CTFB Food Distributions
- Vaccine Clinics
- Program enrollment (Blue Santa, turkeys)

#### Social Work Case Management:

- Rent/utility assistance
- Parenting support
- Support for children's education
- Job searching assistance
- Referrals and coordination with other health & social service providers

#### AVEY Call Center/Promotora Outreach

# OUR COMMUNITY SERVICES







- Community Block Leaders
- Promotoras de Salud
- Adult education classes
- Family and community engagement events
- Festivals & resource fairs
- Community school planning





# OUR METHODS



#### We use Family Needs Surveys to:

- Obtain personal and contact information for family members
- Assess health needs
- Assess family needs
- Assess adult education needs
- Obtain consent to exchange information with AISD
- We use Healthy Families Surveys to identify families who need:
  - SNAP
  - > MAP
  - Medicaid/CHIP
  - Insurance for pregnant women
  - Medical Home
- AVEY Promotoras and Family Resource
   Centers do outreach to provide
   information about resources

Date:  Community School Initiative Family Registration Form  Burnet Middle School (SY 2023-24)  The Community School Initiative consect students and families with educational, enrichment, health, and social services provided by Austin						
ISD, Austin Voices Family Resource Centers and commu are registered for this initiative as long as my children			ny family m	embers identified below		
Parent/Guardian Name:	Date of E	Sirth:	Relationship	o to student:		
Parent/Guardian Name:	Date of I	lirth:	Relationship	to student:		
Race: American Indian/Alaska Native Asian						
Ethnicity: Hispanic/Latino Non Hispanic/Lat	tino Language: □E	nglish  Spanish  Aral	oic 🗆 Oth	er:		
Address: Ap	t. #: Zip:	How long at this	address?	Years orMonths		
Cell Phone: Home Phon	ne:	Email:				
Total number of people in your household:						
•						
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names	Date of Birth	School	Grade	AISD Student ID #		
Children's First and Last Names		School				
	Family Needs Su	rvey				
	Family Needs Su and serve your needs. Ri secure servers. To better Sistric (AISD) Austin Voil	<b>IVEY</b> sponses will be used to prefer to services we share	orovide refe	rrals to services and a with our community and agents of the Family		

2.	mie you ne	W to this stric	or triis year: Divo	Tres - where did yo	idi cilila attella scriot	a last year r	
	What kind				hold have? (Please o		Act □None
Austin Voices for Education	lthy Fo	amilies S	Survey ey is voluntary an	Promotora: Date:	Time:	□No □Yes	ACENone
Name:		OB:	Phone:	Email:		Assist. Housing Counseling/Mental	Health Services
Address	A	ot #	Zip Code	AISD Schools:		r college	thool programs Yes)
Race: African American Hisp	anic/Latin	no	☐ Asian ☐ Bi-ra	acial Other:		all that apply) eracy ( in English	☐ in Spanish)
How long have you lived in the Aust	in area? [	□ 0-6 mos	□ 6-12 mos □1-	2 yrs 3-4 yrs	□ > 5 yrs	finances	
Do you have SNAP (food stamps)?  ☐ No ☐ Yes		□ No	interested in apply  Yes	ying for SNAP (fo	od stamps)?	tendance and email tea A computer at home?	
Is anyone in your household pregnar	nt? 🗆 No	•				recomputer at nome	
Where do you go if an ADULT in yo			have health insura	nnce?	Yes	7.17.2023	Please see other side
Private doctor Clinic		gency Room	□ I don't go		Other	7.17.2023	

Service Tracking					
Step #2 Identify needs	☐ No needs identified ☐ Children uninsured	☐ Needs SNAP ☐ Adults uninsured	☐ Needs ☐ Pregna	a clinic ant women uninsured	
Step #3 Obtain consent to refer	Obtained consent to refe  AVEY FRCs Cent CommUnity Care	ral Health			
Step #4 Take action	□ Provide flyer: Healthy : □ Refer to CTFB for SNA □ Refer to Prosper Health □ MAP Appointment in □ Date of MAP appt:	AP/Medicaid by findhel	o.org	Refer to a clinic:  CommUnity Care Lone Star Clinic People's Clinic	

# OUR SOCIAL SERVICES









#### • Responsive & Partner Services:

- MAP & State Benefits Enrollment Clinics
- AVEY CTFB Food Distributions
- Vaccine Clinics
- Program enrollment (Blue Santa, turkeys)

#### Social Work Case Management:

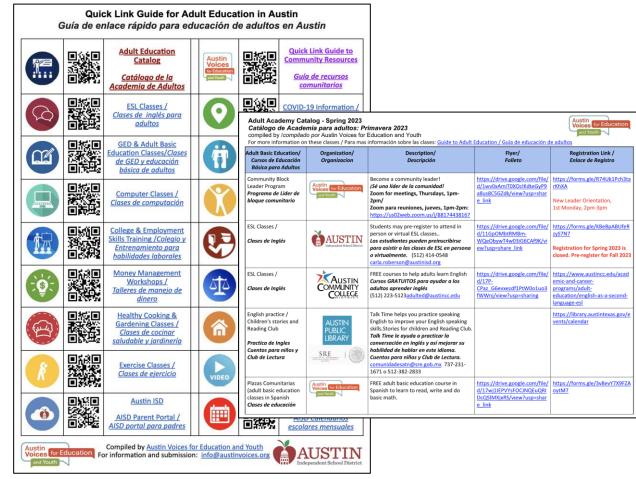
- Rent/utility assistance
- Parenting support
- Support for children's education
- Job searching assistance
- Referrals and coordination with other health & social service providers

#### AVEY Call Center/Promotora Outreach

# We coordinate a Community Resource Guide



# We coordinate an Adult Education Guide and Catalog

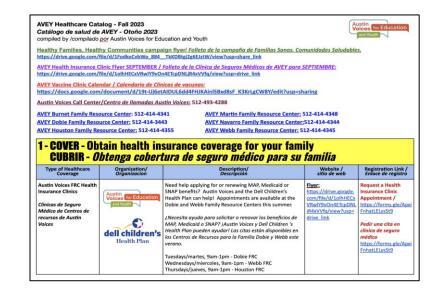




#### **OUR METHODS**



- Healthy Families. Healthy Communities.
   Campaign:
  - COVER with insurance
  - CONNECT to a medical home
  - PREPARE with checkups/physicals
  - PROTECT with vaccines
- Healthcare Catalog connects to resources





# OUR PROJECT



- Conduct a comprehensive annual assessment of the needs of families at 20 community schools in the I-35 Corridor.
- Assess families for unmet needs related to health, food, housing and adult education
- Provide information, referrals and direct services related to health needs, including assisting families in applying for MAP and state benefits



# OUR OUTPUTS



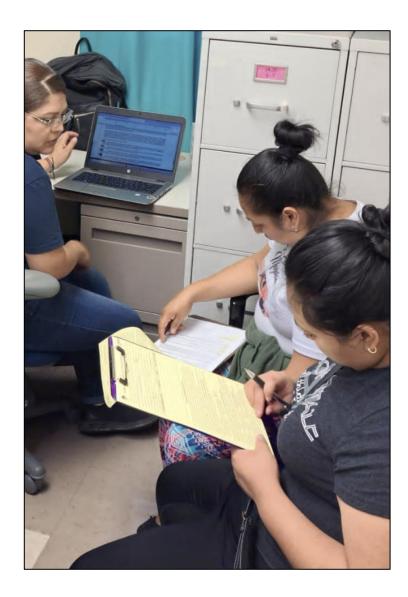
Outputs from 11/1/2022 to 11/1/2023 (11 months)	Actual	Target	Status
Total <b>clients</b> enrolled	25,565	15,000	Exceeded
Total <b>families</b> enrolled	11,289	5,500	Exceeded
Total families who completed a <b>Family Needs Survey</b>	2,858	3,000	95%
Total client contact <b>Encounters</b>	19,192	10,000	Exceeded
Total <b>clients</b> served	7,681	4,500	Exceeded
Clients served by <b>Outreach</b>	2,304	2,500	92%
Clients served by AVEY Call Center/COVID Hotline	2,612	4,000	65%
Clients served by <b>Responsive Services</b>	5,738	4,500	Exceeded
Clients served by Case Management	420	400	Exceeded
Clients served by a <b>Partner</b>	987	300	Exceeded
Clients served with multi-session Adult Education classes	311	400	78%
Clients attended Family/Community Engagement events	3,457	3,000	Exceeded

# OUR OUTCOMES



Goal #1: AVEY will do a comprehensive annual assessment of the needs of families through 20 community schools in the I-35 Corridor.

- Family Survey Goal = 3000 surveys (11/1/22 to 11/1/123)
  - 2858 Family Needs Surveys completed (in the AVEY database)
  - 1131 Healthy Families Surveys completed
  - 3989 Total families surveyed in 11 months (750+ surveys have not been entered into the AVEY database)



# OUR OUTCOMES



Goal #2: AVEY will address unmet

health needs in families served.

"Unmet needs are met"

Goal = 85% of 3000 families served

(11/1/22 to 11/1/23)

- · Unmet health needs met
  - 4119 / 4233 = **97.3%**



- 394 AVEY MAP applications submitted
- **798** AVEY MAP appointments
- 49% AVEY MAP Clinic show rate
- 117 DCHP state benefits appointments
- 57 DCHP state benefits apps submitted
- 49% DCHP state benefits show rate
- Health insurance screening, health resources and referrals, Flu, COVID, Adult and Children's vaccines





#### **OUR OUTCOMES**

<u>Goal #3:</u> AVEY will address unmet food needs as social determinants of health in families served.

"Unmet needs are met"

Goal = 90% of 4000 families served (11/1/22 to 11/1/23)

- · Unmet food needs met
  - 6207 / 6218 = **99.8%**
- AVEY Central Texas Food Bank weekly drive-thru and Family Resource Center walk-in food distributions







# OUR OUTCOMES



#### Goal #4: AVEY will address

unmet housing needs as social determinants of health in families served.

"Unmet needs are met"

Goal = 90% of 900 families served (11/1/22 to 11/1/23)

- Unmet housing needs met
  - 644 / 677 = **95.1%**
- Austin Energy Plus 1 assistance, rent assistance, homelessness prevention, information and referrals for housing resources



# OUR OUTCOMES

CENTRAL HEALTH

Goal #5: AVEY will connect adults to adult education opportunities to improve their life skills and employability.

Adult education multi-session class enrollment Goal = 400 participants

(11/1/22 to 11/1/23)

- 311 unique participants
- ESL, GED, Plaza Comunitarias, Computer Skills, Promotora Training, Austin Moves Walking Groups, Central Health Champions, Strong Start Parenting Classes

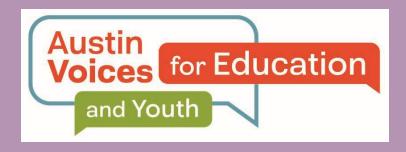






# THANK YOU FOR THE OPPORTUNITY TO PARTNER WITH CENTRAL HEALTH TO IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY!

**WWW.AUSTINVOICES.ORG** 



## COMMON THREADS





Common Threads provides children and families cooking and nutrition education to encourage healthy habits that contribute to wellness.

We equip under-resourced communities with information to make affordable, nutritious and appealing food choices wherever they live, work, learn, and play.

We know that food is rooted in culture and tradition so we promote diversity in our lessons and recipes, encouraging our participants to celebrate the world around them.



#### **GOALS**

CENTRAL HEALTH

- Address health and nutrition disparities that exist across communities in Travis County
- Focus on nutrition education and skill-building, with an emphasis on knowledge change as the short-term outcome and behavior change as the medium-term to long-term outcome.
- Equip a generation of children and families with knowledge needed for a healthier life & empower them as agents of change for healthier schools and communities.

#### SUMMARY OF PROGRAMS



Small Bites	Family Cooking Class	Caregiver Workshops & Ask a Chef	Grocery Store Tours
<b>Students:</b> PK-8th Graders	Adults & Students (Families): Caregivers and their children who are in 3rd-8th grade	Adults: Caregivers of PK-8th grade students / Seniors 55+	Adults: Caregivers of PK-8th grade students / Seniors 55+
<ul> <li>Students learn about nutrition and healthy snack making during eight hands-on lessons.</li> <li>Aligned to national education standards, connecting math, language arts, and science concepts to interactive experiences.</li> <li>In-school and after school</li> </ul>	<ul> <li>Parents and kids learn how to cook healthy and affordable meals during two hands-on lessons.</li> <li>Focuses on family participation, healthy substitutions, convenience, and cost-saving recipes.</li> <li>Teach families how to cook together and incorporate healthy habits at home, while maintaining their existing traditions.</li> </ul>	<ul> <li>Parents and caregivers learn about healthy eating during one-hour workshop lessons.</li> <li>Encourages healthy eating habits at home and in their own community.</li> <li>Topics include: basic nutrition, portion sizes, grocery shopping on a budget, and cooking with kids.</li> </ul>	<ul> <li>Caregivers are led on a tour of their neighborhood grocery store.</li> <li>Focuses on fresh foods and how to make healthy, affordable choices.</li> <li>Participants learn about food marketing and labeling.</li> </ul>

## SMALL BITES LESSON TOPICS





LESSON 1: CHEF'S PLATE



LESSON 5: WHOLE GRAINS



LESSON 2: NUTRITION LABELS/ WHOA, SLOW, GO



LESSON 6: HEALTHY HYDRATION



LESSON 3: FRUITS & VEGETABLES



LESSON 7: FACTS ON FATS



LESSON 4: PROTEIN



LESSON 8: MAKE IT COUNT

# COMMUNITY CONNECTION & THE EASTERN CRESCENT

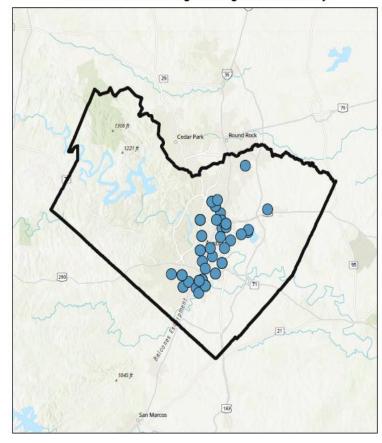
CENTRAL HEALTH

Through our partnerships, we engage students and families within Travis County's Eastern Crescent.

#### **Neighborhoods include:**

Rundberg East Austin
Montopolis South Austin
St. Johns MLK
Coronado Hills Dove Springs
Colony Park Montopolis
Franklin Park

#### Common Threads Programming in Travis County



#### **PARTNERS**

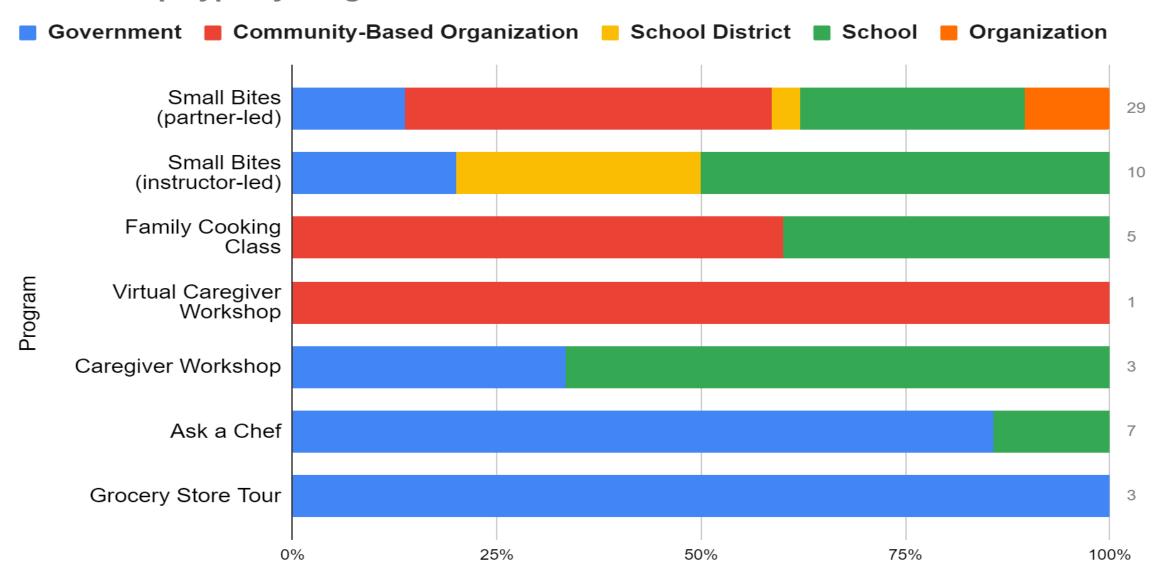
Austin Parks & Recreation Department
AISD, Afterschool Centers on Education (ACE)
AISD, Families as Partners (FAP)
Austin Voices for Education & Youth (AVEY)
Communities in Schools of Central Texas
(CIS)
Boys & Girls Club of the Austin Area (BCG)
Eden Park Academy
4-H Capital
East Austin College Prep Academy
Austin Achieve Public Schools
Cedars International Academy

#### PROGRAM ZIP CODES

78653	78721	78749
78660	78723	78752
78701	78724	78753
78702	78741	78757
78704	78744	78758
78705	78745	

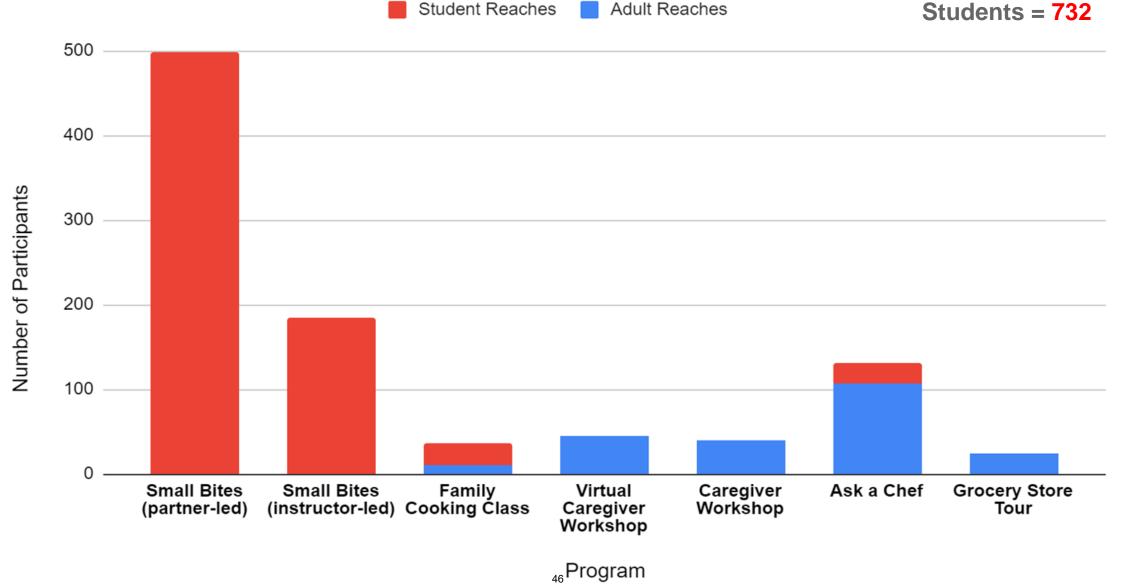


#### **Partnership Type by Program**

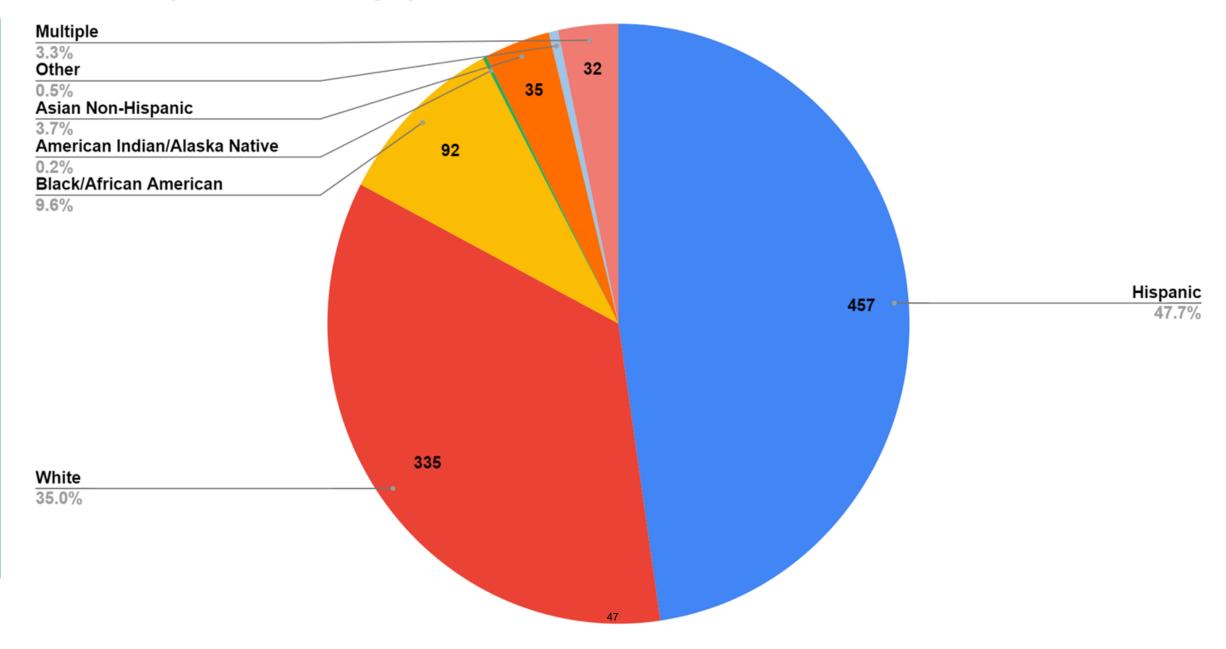


#### **Adult Reaches and Student Reaches**

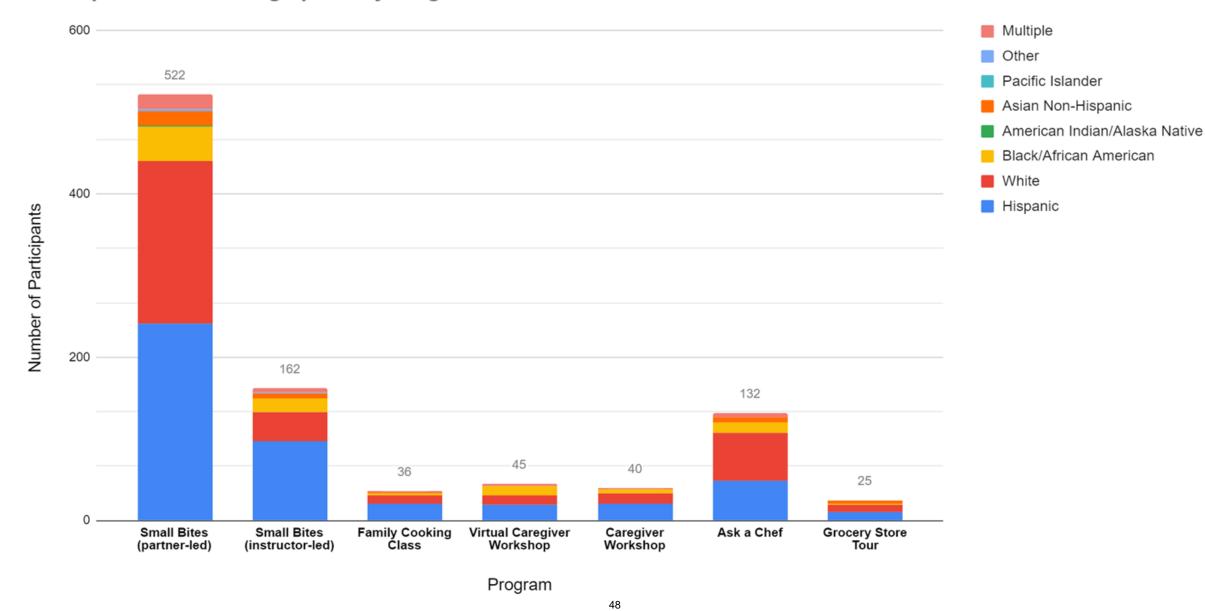
Total Reach = 958 Adults = 226 Students = 732



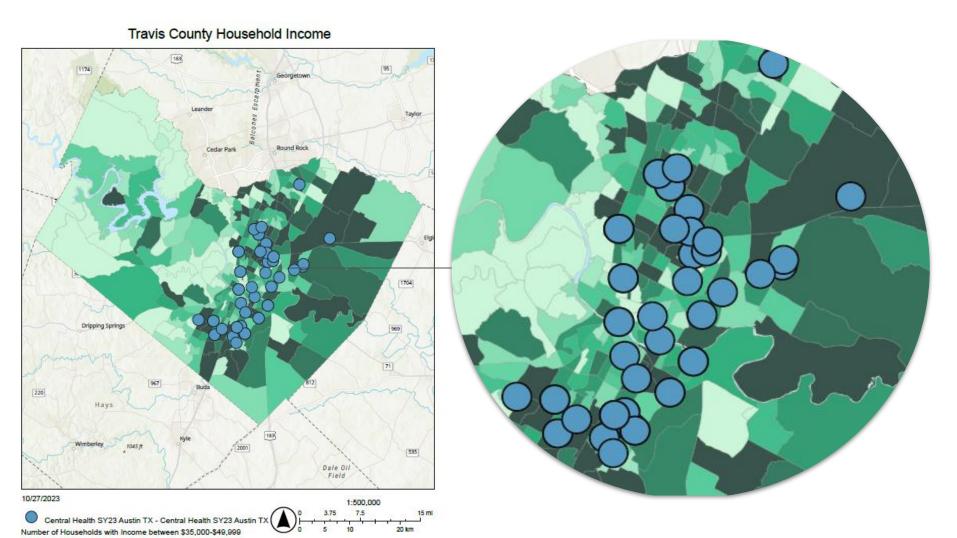
#### **Total Participant Racial Demographics**



#### **Participant Racial Demographics by Program**



#### **Program Site Income within Poverty Threshold**



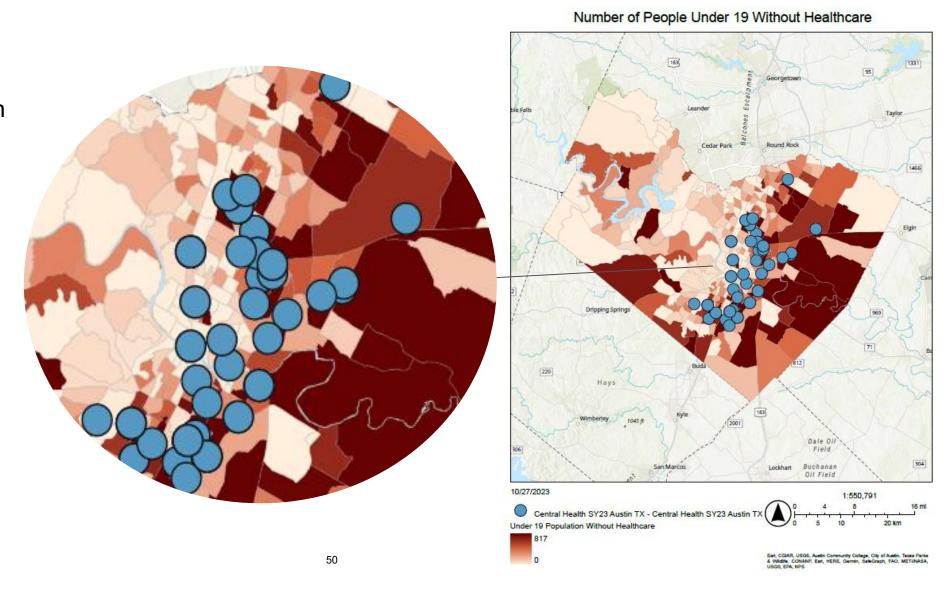
Comparing program site zip codes against Travis County areas where household income is between \$35,000 - \$49,999.

Serviced communities include students who qualify for free or reduced-priced school lunch program and persons with gross incomes that are equal to or less than 185% of the federal poverty threshold



#### **Program Sites Serving Youth without Healthcare**

Comparing program site zip codes against Travis County areas where youth populations (under age 19) do not have healthcare







## HAAM



# AMPED FOR BETTER HEALTH



### Central Health's Community Healthcare Initiative Fund



Pilot 2022-2023 Health Alliance for Austin Musicians (HAAM)



#### **MISSION**

HAAM provides access to affordable healthcare for greater Austin's low-income, working musicians, with a focus on prevention and wellness.



#### AMPED FOR BETTER HEALTH

The Austin Musician Prevention, Education, and Direction (AMPED) for Better Health program expands chronic disease education, prevention, and navigation services to working musicians in Travis County.



#### PROGRAM AT-A-GLANCE

#### Goal:

Improve access to healthcare services with specific focus on musicians of color, women-identifying musicians, and musicians who identify outside of the gender binary

#### **Pillars & Activities:**

- 1. Identification/Screening
  - Data Analysis
- 2. Health Literacy
  - Focus Groups
  - Health Literacy Campaigns
- 3. Navigation
  - In-Depth Navigation



#### PILLAR 1:

## IDENTIFICATION /SCREENING



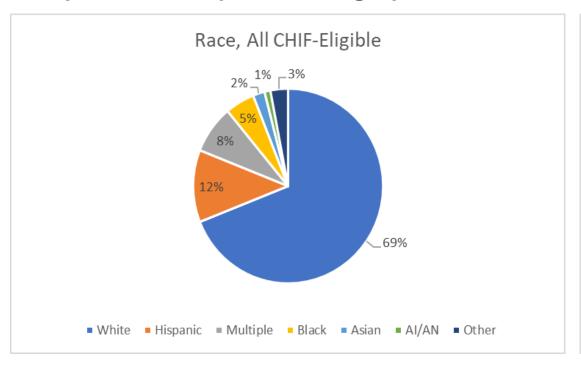
#### **Activity - Data Analysis**

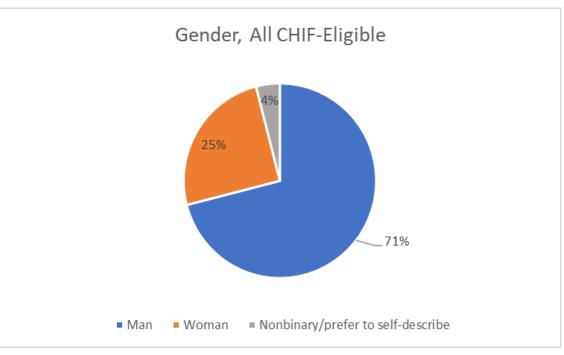
Analyzing Annual Health Survey to identify recommended preventive services for target populations

- Total CHIF-eligible population = 1,332 individuals
  - 28% identified as women or non-binary
  - 29% identified their race as other than white
  - 5% identified with multiple races
  - 70.8% live along the I-35 Corridor\*
  - · 3.8% make 0%-99% FPL
  - 96.2% make 100%-199% FPL

#### PILLAR 1: IDENTIFICATION/SCREENING

#### Activity - Data Analysis - Demographics

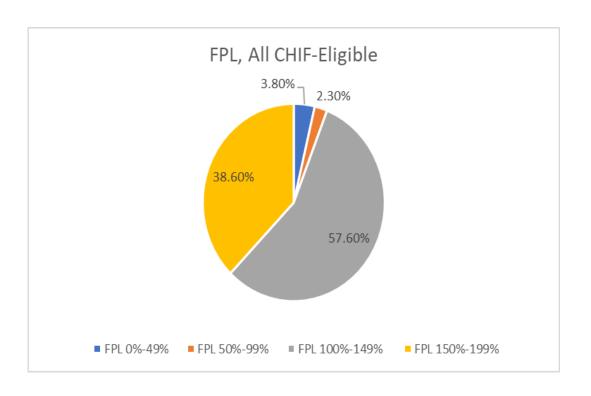


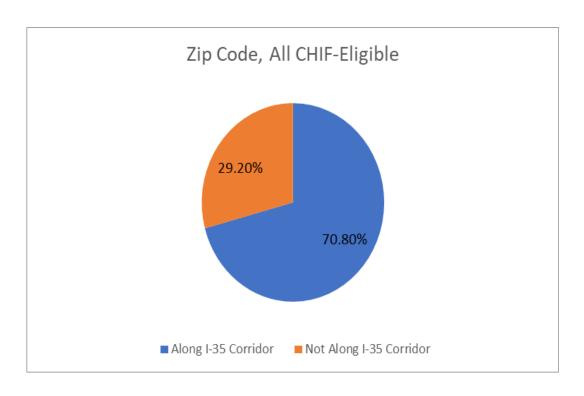




#### PILLAR 1: IDENTIFICATION/SCREENING

#### **Activity - Data Analysis - Demographics**





\*78652, 78660, 78664, 78701, 78702, 78704, 78705, 78722, 78723, 78728, 78741, 78744, 78745, 78747, 78748, 78751, 78752, 78753



#### **PILLAR 2: HEALTH LITERACY**

#### Activity – Focus Groups

#### Conducting musician focus groups to discuss effectiveness of health promotion materials

- Utilized data analysis to identify focus group participants
- · Conducted 6 focus groups (3 in-person, 3 virtual) with a total of 42 attendees
  - Gender of participants
    - 54.8% Women
    - 42.9% Men
    - 2.4% Nonbinary
  - Race of participants
    - 45.2% White
    - 23.8% Hispanic
    - 19% Multiple
    - 9.5% Black
    - 2.4% Asian

- Feedback was categorized into 3 key areas that were identified:
  - Content feedback (text of content, visual design)
  - External factors (musician lifestyle, gaps in knowledge, diagnosis-specific and procedure-specific feedback)
  - Experiences with healthcare



#### PILLAR 2: HEALTH LITERACY CAMPAIGNS

**Activity – Focus Groups** 

Utilizing focus group feedback to develop a health literacy campaign

Setlists for Health (mailers & website content, sample slides to follow)

- Mailers sent to all CHIF-eligible musicians (1,332)
- Focus: preventive health service recommendation and guidance
- Tailored to age and sex (5 versions), printed in English & Spanish





- ESTABLISH A PIZIMATZY CATZE PHYSICIAN AND CHOOSE A PHATZMACY
- 2 GET YOUTZ ANNUAL PHYSICAL
- 3 ASK ABOUT PIZEVENTATIVE SCIZEENINGS AND IMMUNIZATIONS

4 SCHEDULE SCIZEENINGS & IMMUNIZATIONS

5 ASK HAAM FOR HELP IF YOU NEED IT! EMAIL US AT SUPPORT @MHAAMORES
OR CALL (5/2) 541-4226.





Get your personalized setlist:





PRESORTED FIRST-CLASS MAI US POSTAGE PAID AUSTIN, TX PERMIT NO.



"Go see a doctor! Do this for yourself. You deserve it. You won't be alone."

- Raven Laurendine HAAM Musician since 2022



#### PILLAR 2: HEALTH LITERACY

**Activity - Health Literacy Campaigns (cont.)** 

Utilizing focus group feedback to develop a health literacy campaign

#### Peer-to-Peer social media campaign

- Video and digital graphics
- Focus: importance of getting annual physical and health screenings
- "We musicians need to make sure we stay fit and healthy, so we can continue to play the music that makes Austin such a special place."
- "I was very scared to find out what a doctor would say to me, I was worried about the outcomes, but you just gotta go. Having a doctor on your side is always going to be the best case scenario."
- "Go see a doctor! Do this for yourself. You deserve it."



#### **PILLAR 3: NAVIGATION**

#### Activity – In-Depth Navigation

#### In-depth, one-on-one navigation services for 140+ musicians from target populations

- One-on-one guidance and education with CHIF-eligible musicians based on their individual needs with regards to social determinants of health
- Conducted for 154 members as of 10/26/23, exceeding goal of 140 members

#### Areas addressed include:

- medical transportation assistance
- food/grocery assistance
- prescription assistance
- financial assistance referrals
- legal/tax aid referrals
- housing assistance referrals
- musician-specific or musical genrespecific financial aid referrals
- guidance with utilizing dental/vision benefits
- finding behavioral health providers
- navigating complex medical and medical billing situations
- locating primary and specialty care
- accessing/utilizing Marketplace insurance
- guidance for those without insurance



#### **PILLAR 3: NAVIGATION**

#### **Populations Served**

- · 3.9% American Indian/Alaskan Native
- 4.5% Asian
- · 11% Black
- · 26% Hispanic
- · 40.3% White
- 10.4% Multiple
- · 3.9% Other

- · 7.8% FPL 0%-99%
- · 62.3% FPL 100%-149%
- · 29.9% FPL 150%-199%

- 68.2% in I-35 Corridor Zip Codes\*
- Most common zip code is 78704

\*78652, 78660, 78664, 78701, 78702, 78704, 78705, 78722, 78723, 78728, 78741, 78744, 78745, 78747, 78748, 78751, 78752, 78753



#### **HAAM MUSICIAN IMPACT QUOTES:**

"HAAM and Sendero have literally saved my life. I had an endoscopy and colonoscopy that found an ulcer and two temporarily benign polyps. If I waited, those polyps could have developed to be cancerous."

"I was diagnosed with thyroid cancer in January and it would have been basically impossible without (insurance) assistance. The ability to get access to doctors, surgeons, and specialists has made what would have been the worst year ever so much less stressful."

"I am so thankful for (health) insurance as I had a breast cancer scare."

"My doctor is very understanding and so loving and kind. (She) had given me so much hope and I feel that I would not be in this state of mind without her. She is so understanding and helped me so much (when) I found out I was diabetic."



# COMMUNITY HEALTH INVESTMENT FUND (CHIF) YEAR 1 SUMMARY

Matt Richardson, Sr. Data Strategy Analyst November 8, 2023





#### END OF YEAR AT A GLANCE





11,453 total CH-eligible individuals served

19,906 encounters for SDOH needs

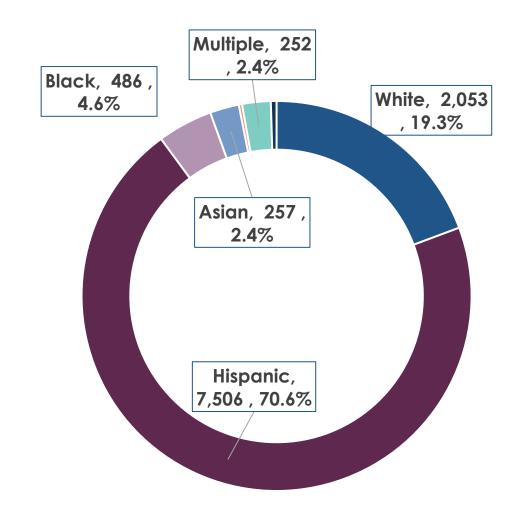
Food: 9,312 encounters
Housing: 1,036 encounters

Education: 3,827 encounters
Health and Wellness: 5,731 encounters

Locations: Multiple Travis County, mainly in low-income focus areas

#### RACE AND ETHNICITY OF PERSONS SERVED (N=10,632)

icity	American Indian/Alaskan Native	28	0.3%
Race and Ethnicity	Asian	257	2.4%
	Black	486	4.6%
	Hispanic	7,506	70.6%
	Multiple	252	2.4%
	Other	50	0.5%
	White	2,053	19.3%

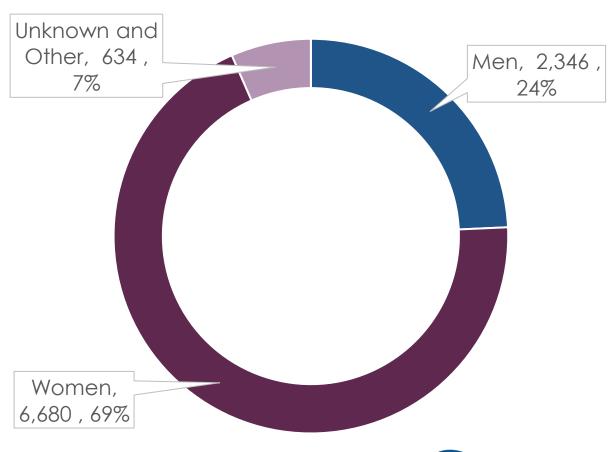


Total CHIF Individuals Served by Race and Ethnicity

#### GENDER OF PERSONS SERVED (N=9,660)

# Men 2,346 24% Women 6,680 69% Unknown and Other 634 7%

#### Total CHIF Individuals Served by Gender



**→**2Men

# THANK YOU!

For further information please contact:

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Matt Richardson, Sr. Data Strategy Analyst, Matt.Richardson@centralhealth.net

Arianna Gomez Lopez, Public Health and Policy Specialist, Arianna.gomezlopez@centralhealth.net



CENTRAL HEALTH



### CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

**November 8, 2023** 

#### **AGENDA ITEM 3**

Receive and discuss an update on the Unified Branding Initiative for the Central Health Enterprise. (*Informational Item*)

#### **AGENDA ITEM SUBMISSION FORM**

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

Agenda Item Meeting Date	Nov. 8, 2023 – Strategic Planning Committee Meeting		
Who will present the agenda item? (Name, Title)	Ted Burton, Chief Communications Officer; Dixie Kachiros, Belmont Icehouse; Erica Page, Belmont Icehouse; Randall Hula, Think Group		
General Item Description	Update on Unified Branding Initiative for the Central Health Enterprise		
Is this an informational or action item?	Informational		
Fiscal Impact	N/A		
Recommended Motion (if needed – action item)	N/A		
Key takeaways about agenda item, and/or feedback sought from the Board of Managers:			
1) Update on Unifie	ed Branding Initiative research		
2) Update on Unific	ed Branding Initiative recommendation		
What backup will be provided, or will this be a verbal update? (Backup is due one week before the			
meeting.)	There will be a PowerPoint presentation.		
Estimated time needed for presentation & questions?	20		
Is closed session recommended? (Consult with attorneys.)	No		
Form Prepared By/Date Submitted:	10.30.23		



### CENTRAL HEALTH ENTERPRISE BRANDING

STRATEGIC PLANNING COMMITEE MEETING 11.08.23



# CENTRAL HEALTH ENTERPRISE (SYSTEM) BRANDING: HISTORY



#### Germane Solutions Performance Review (2018):

"There is confusion among constituents regarding the actual relationship between Central Health and its various Enterprise and Affiliated Partners. Central Health needs to ensure that the community understands its role as the "hub" of a broad network of care. A marketing strategy like the "Intel Inside" campaign may be needed, so that the community recognizes the value it provides through its network."

Unified Branding Process (started in 2019; paused due to COVID-19 response).

#### PROJECT OVERVIEW



#### **Unified Branding Goal**

Help Travis County residents understand how the Enterprise affiliates (i.e., Central Health, CommUnityCare, Sendero) are connected, working together to create high-functioning system of healthcare and coverage.

#### **Objectives**

- Connect the Central Health Enterprise (System) brands and products through a unified branding system.
- Help residents understand the collective value and strength the System brings to the community.
- Serve as a platform for clear communication about how the Central Health System plans, delivers, and funds healthcare for people with low income.











#### RESEARCH TO DATE



#### 2019

- Peer Research
- Patient and Non-patient Stakeholder Interviews (N = 24)
- Perception and Awareness Survey (N = 400)
- Patient and Non-patient Focus Groups (N = 5)

#### 2021

Perception and Awareness Survey (N = 455)

#### 2023

- Peer Research
- Quantitative Online Survey
  - Central Health, Sendero & CommUnityCare Employees (N = 487)
- Qualitative In-depth Interviews
  - Central Health, Sendero & CommUnityCare Stakeholders (N = 18)
  - Patient Stakeholders (N = 6)
- Six (6) in-person focus groups
  - patients, non-patients, staff
- Four (4) Intercept Interviews (Non-English-Speaking Patients)
  - Vietnamese (2)
  - Burmese (1)
  - Arabic (1)



### **LOGOS TESTED**

#### LOGOS TESTED











































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## QUALITATIVE RESEARCH FOCUS GROUPS

#### FOCUS GROUPS: PROJECT OVERVIEW



#### **OBJECTIVES**

- Identify a unifying design element that represents the interconnected nature of the organizations.
- Ensure clarity in design to avoid confusion and enhance communication.
- Avoid elements in logos that might be misleading or not resonate with the intended audience.

#### **METHODOLOGY**

- Six (6) in person focus groups
  - Two (2) 60-minute staff focus groups were conducted with Managers and Non-Managers from Central Health, Sendero, and CommUnityCare staff. These small group discussions (seven to nine participants in each) were hosted at Central Health offices.
  - Four (4) 90-minute consumer focus groups were conducted with patients and non-patients. These group discussions (eight participants in each group) were held offsite at Think Group, an independent marketing research firm based in Austin, Texas.
- Moderator: Seasoned Travis County-based bilingual focus group moderator, Myra Spector (Think Group).
- Focus groups conducted September 25-26, 2023.

#### FOCUS GROUPS: PARTICIPANT QUALIFICATION CRITERIA



#### Non-Managers (7)

Enterprise (3 CH, 1 CUC, 3 Sendero) non-managerial staff: a combination of front-line and administrative staff.

#### Managers (9)

Enterprise (3 CH, 3 CUC, 3 Sendero) Directors, supervisors, and managers: a combination of front-line and administrative staff.

#### **English-Speaking Patients (8)**

Central Health, Community Care, or MAP patient; age 18-64; English-speaking; mixed faith; some with children in household, income tiers based on household size and incomes below 200% FPL.

#### Spanish-Speaking Patients (8)

Central Health, Community Care, or MAP patient; age 18-64; Spanish-speaking; mixed faith; some with children in household, income tiers based on household size and incomes below 200% FPL.

#### English-Speaking Non-Patients (8)

Aware of Central Health and/or Community Care and/or MAP; age 18-64; English-speaking; mixed faith; some with children in household; household income between \$30,000 and \$100,000.

#### Bilingual-Speaking Non-Patients (8)

Aware of Central Health and/or Community Care and/or MAP; age 18-64; Bilingual; mixed faith; some with children in household; household income between \$30,000 and \$100,000.

#### FOCUS GROUPS: PARTICIPANT BREAKDOWN



	TOTAL	PATIENT	NON-PATIENT
Male	13	6	7
Female	19	10	9
Age 18-34	8	4	4
Age 35-44	8	4	4
Age 45-54	10	6	4
Age 55-64	6	2	4
White	5	3	2
Black	6	2	4
Hispanic	21	11	10
Patient of/Aware of:			
Central Health	7	3	4
MAP	17	6	11
Community Care	25	11	14
Sendero User	3	3	0
Children in HH U18	14	9	5
Christian	17	8	9
Other	11	6	5
Agnostic/Atheist	4	87 2	2



### QUALITATIVE RESEARCH INTERCEPT INTERVIEWS

#### PROJECT OVERVIEW



#### **OBJECTIVES**

- Identify a unifying design element that represents the interconnected nature of the organizations.
- Ensure clarity in design to avoid confusion and enhance communication.
- Avoid elements in logos that might be misleading or not resonate with the intended audience.

#### **METHODOLOGY**

- Four (4) in person interviews
  - Two (2) in Vietnamese
  - One (1) in Burmese
  - One (1) in Arabic
- Interviews conducted October 15<sup>th</sup> & 16<sup>th</sup> 2023



# QUALITATIVE RESEARCH: KEY TAKEAWAYS

#### THE IMPORTANCE OF SYMBOLS & COLOR



While this study was not explicitly designed to finalize color choices, it became evident through feedback that color plays a significant role.

#### **Color Matters**

A predominant insight from these groups was the preference for a single unifying color to enhance brand recognition and consistency under a unified logo design. While the foundational design stays the same, having one consistent color establishes a strong brand identity and offers a cohesive visual experience.

#### **Healthcare Associations**

Certain colors naturally evoke feelings and associations related to healthcare. Traditionally, colors such as blues and greens are often linked with feelings of trust, calm, healing, and professionalism in the healthcare setting. While feedback did not specify a single 'best' color for healthcare, it's evident that color choice can influence perceptions about the organization's nature and services.

#### Versatility and Adaptability

The feedback hinted at the importance of choosing colors that look good both in digital formats and print, that can adapt across various platforms without losing their essence, and that maintain clarity in different sizes are essential considerations.

#### THE IMPORTANCE OF HEALTHCARE CONNECTIVITY



In the realm of branding, particularly in sectors as sensitive and significant as healthcare, it's imperative that logos immediately and clearly convey the industry they represent. The feedback from the focus groups highlights the importance of this recognizability, and the potential repercussions if this criterion isn't met.

#### **CLEAR IDENTIFICATION AS HEALTHCARE**

#### **Instant Recognition**

In emergency situations or when quick decisions are required, an unmistakable healthcare symbol can make a difference. The cross or plus sign was seen as synonymous with healthcare as was the the inclusion of the "H."

#### **Trust**

Consumers felt a logo that represents healthcare invokes a sense of trust.

#### **Avoiding Misdirection**

With an array of brands and symbols flooding our daily lives, a logo that doesn't clearly represent healthcare can easily be mistaken for another industry.

#### THE PITFALLS OF AMBIGUITY

#### **Confusion and Mistrust**

Logos like the sun and sunburst, which lacked a clear connection to healthcare, created confusion.

#### **Lost Opportunities**

An unclear logo can result in lost opportunities. Potential patients might bypass a facility simply because its branding didn't immediately resonate with healthcare.

#### **Dilution of Brand Value**

Consumers felt that if a healthcare institution's logo doesn't clearly represent the sector, it could dilute the brand's value.

#### THE IMPORTANCE OF BRAND UNITY



The focus group discussions with both staff and patients revealed intriguing insights into the perception of a unified logo in bringing together the brands.

#### **CONSUMERS**

#### **Clarified Identity**

Consumers expressed that the idea of a unified logo makes sense. It provided clarity on the organization's extensive offerings. Consistent font was also deemed to be important to establish a connection.

#### **Trust and Comfort**

Several participants felt that seeing a consistent logo across services could foster a sense of trust and reliability. There's comfort in familiarity, and a unified logo could amplify this feeling.

#### Streamlined Navigation

Some participants highlighted the ease of navigation that could come from a single logo. When seeking healthcare services, this could simplify their search and decision-making process.

#### **STAFF**

#### **Cohesiveness and Pride**

Staff members felt that a unified logo would provide a sense of cohesion and unity among different departments and services. It could also instill a greater sense of pride and belonging.

#### Clear Communication

From an operational perspective, staff found that a unified logo could streamline communication and branding efforts. It reduces potential confusion and ensures everyone is on the same page.

#### **Stronger Brand Presence**

With a single logo representing the organization's entire spectrum of services, staff believed it would create a more formidable brand presence in the market.



## OVERALL RECOMMENDATIONS

94 19



#### **Consistent Branding for Trust and Cohesion**

Prioritize creating a consistent logo or art mark across different contexts to foster trust and create a cohesive brand connection.

#### Unified Color Scheme & Font for Connection

Emphasize the importance of using a consistent color and font across all enterprise brands. This approach not only establishes a tangible connection but also enhances brand recognition and sentiment.

#### Direct Relevance to Healthcare

It's crucial that chosen logos and art marks are immediately recognizable as being related to healthcare. This ensures that they resonate with the target audience, minimizing confusion and reinforcing the organization's mission and identity in the healthcare sector. Consider leveraging the "H" and/or healthcare cross.



### STRONGEST IN RESEARCH





























### **NEXT STEPS**

#### **NEXT STEPS**



#### Additional Meetings: CUC, Sendero

Meet with Senior Leadership Team at CommUnityCare, meet again with Sendero executives

#### Finalize Unified Branding System

- Refine the logo system, color exploration, pursue trademarks etc.
- Refine multi-year implementation plan



### **APPENDIX**



#### **CURRENT**









#### **TESTED**

































R









S



#### FOCUS GROUPS: LOGO SUMMARY



#### LOGO R

This logo conveyed uniformity. Some feedback compared it to the original Central Health and Community Care logos. The blending of the H and the plus sign were often seen positively by most participants. There were no issues with the "+" even when aided by the moderator, almost all participants linked it to healthcare as opposed to a Christian cross.

- Whether you see the H or a cross lots of nods to healthcare CH Manager
- Makes me think they are all part of the same group or system English-Speaking Non-Patient
- This one is different, compared to other healthcare brands this says healthcare Bilingual Non-Patient

#### LOGO M

This logo seemed to lack a clear connection to healthcare. Some elements, like the sunburst, did not resonate well with healthcare connotations. It was also seen as being simple, plain, and repetitive. Comparisons were drawn to various non-healthcare entities, such as flowers and the sun.

- Not a fit, sun icon has nothing to do with healthcare English-Speaking Non-patient
- Because it is borrowing from CUC logo, what does that have to do with the others? CH Manager
- Happy to see the flower, but this is not healthcare related English-Speaking Patient

#### **FOCUS GROUPS: LOGO SUMMARY**



#### LOGO G

This logo introduced a unique and specialized design. However, it exhibited challenges in terms of cohesiveness and unification across the brand. Some feedback pointed out that the design, while intriguing, detracted from healthcare, leading to potential confusion. The myriad of colors used, and the multiple logos raised concerns about the possibility of diluting brand recognition.

- There is no connectivity with the use of different icons English Patient
- There is no connection to show this is a system English Non-patient
- These are superhero logos and super confusing CH Manager
- They each have their own unifying characteristics, and are visually appealing, just not a fit for healthcare, look more like the metro sign CH Non-Manager

#### LOGO S

While the design was seen as unified and had elements that evoked comfort and care, it didn't resonate as being associated with healthcare. Many did not like that it was offset, and felt it looked juvenile.

- It looks childlike and almost like clipart English-Speaking Patient
- What is going on here? This is not medical, or healthcare related Spanish-Speaking Patient
- Looks like a sun and doesn't fit with healthcare category CH Non-Manager
- It seems like they are connected, but this is weird...not liking the symbol CH Manager

#### FOCUS GROUPS: LOGO SUMMARY



#### LOGO L

This logo displayed a synergy and connection between brands. It carried a professional feel. The emphasis on words like "Health" and "Care" was positive. However, the logo's symbolism was often unclear, with some finding it disorienting and others comparing it to non-healthcare entities like hurricanes. The horizontal layout was very popular as compared to vertical treatments.

- Symbols are all the same, so we know they are connected, especially with the logos at the end Spanish-Speaking Patient
- This is a much more professional symbol Bilingual Non-Patient
- Not an improvement over current logos, confusing...it looks like a hurricane, which is not good English-Speaking Patient
- Not as overwhelming, simple and gets the point they are connected across CH Non-Manager



### CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

**November 8, 2023** 

#### **AGENDA ITEM 4**

Receive and discuss possible medical care and related support services in collaboration with the Sobering Center located in Austin, Texas. (*Informational Item*)

#### **AGENDA ITEM SUBMISSION FORM**

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

Agenda Item Meeting Date	November 8, 2023		
Who will present the agenda item? (Name, Title)	Jonathan Morgan, Chief Operations Officer Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel		
General Item Description	Receive and discuss possible medical care and related support services in collaboration with the Sobering Center located in Austin, Texas.		
Is this an informational or action item?	Informational		
Fiscal Impact			
Recommended Motion (if needed – action item)	N/A		
Key takeaways about agenda item, and/or feedback sought from the Board of Managers:  Update will include possible opportunities to create more medical care and support services for the safety-net population at the Center site, including timeline estimates given other Health			
<ol> <li>Equity Implemen</li> <li>2)</li> </ol>	tation Plan priorities.		
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Backup will be provided at the meeting		
Estimated time needed for presentation & questions?	20 minutes		
Is closed session recommended? (Consult with attorneys.)	Possible		
Form Prepared By/Date Submitted:	Briana Yanes and Mike Geeslin/ November 1, 2023		



### CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

**November 8, 2023** 

#### **AGENDA ITEM 5**

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