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

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

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

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

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

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

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

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

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

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

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

____ _________________________

Board Manager Signature Date

____

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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

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Our Mission
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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.

BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 1

Approve the minutes of the September 25, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – SEPTEMBER 25, 2024
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, September 25, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:04 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 Kitchen, Manager Martin, Manager Motwani, and Manager Valadez

Board members present via audio and video: Manager Jones

Board members present in person: Manager Brinson, Manager May, and Manager Zamora

Absent: Chair Museitif

COMMITTEE AGENDA

1. Approve the minutes of the August 21, 2024 Budget and Finance Committee meeting.

Clerk's Notes: Discussion on this item began at 4:04 p.m.

Manager Valadez moved that the Committee approve the minutes of the August 21, 2024 Budget and Finance Committee meeting.

Manager Martin seconded the motion.

Chairperson Kitchen	For
Manager Martin	For
Manager Motwani	Absent
Manager Valadez	For
Manager Jones	For
Manager Brinson	For
Manager May	For
Manager Museitif	Absent

2. Receive a presentation on the August 2024 financial statements for Central Health.

Clerk's Notes: Discussion on this item began at 4:05 p.m. Chair Kitchen announced that materials were provided in the backup packet and that there would be no presentation on this item.

3. Discuss and take appropriate action on a surplus Debenture between Sendero and Central Health.

Clerk's Notes: Discussion on this item began at 4:07 p.m. Mr. Jeff Knodel, Chief Financial Officer, briefly explained that for this administrative item staff is requesting ratification of a debenture that was previously signed by Sendero and approved by the Texas Department of Insurance. He explained that debentures are instruments that Central Health has issued related to capital requirements for Sendero Health Plans Inc. There have been two debenture issuances. The first issuance was in 2015, and there have been a couple of amendments to that one. The amount of that debenture is a little over 17 million dollars. Within the last month there was an amendment where the Board of Managers approved amending the terms of Debenture Number 1. Those terms were amended so that the actual debenture or repayment wasn't triggered.
He then explained that staff is asking for action on Debenture Number 2, which is a 20 million dollar debenture that was issued in December 2018. In Central Health's Fiscal Year 2019, Central Health

budgeted and made the payment for that debenture in December. Therefore, staff has the payment and the budget for Debenture Number 2; however, staff does not have the actual debenture document that has the Central Health President & CEO's signature. Staff is asking for ratification to delegate to Dr. Patrick Lee the authority to execute that document.

Manager Martin moved that the Committee recommend that the Board authorize the Central Health President and CEO to execute the Surplus Debenture Number 2 with Sendero Health Plans, Inc.

Manager May seconded the motion.

Chairperson Kitchen	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Jones	For
Manager Brinson	For
Manager May	For
Manager Zamora	For
Manager Museitif	Absent

4. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Martin moved that the Committee adjourn.

Manager Valadez seconded the motion.

Chairperson Kitchen	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Jones	For
Manager Brinson	For
Manager May	For
Manager Zamora	For
Manager Museitif	Absent

The meeting was adjourned at 4:23 p.m.

ATTESTED TO BY:

____
Maram Kitchen, Chairperson
Central Health Budget and Finance Committee

____
Manuel Martin, Secretary
Central Health Board of Managers

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BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 2

Receive a presentation on CommUnityCare Health Centers' Fiscal Year 2024 Financial Year-end Estimate. (*Informational Item*)

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BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 3

Receive a presentation on the September 2024 financial statements for Central Health, including capital projects. (*Informational Item*)

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BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 4

Receive and discuss a presentation on the Dell Medical School Health Equity Report. (*Informational update*)

Health Equity Evaluation Project for The Dell Medical School at the University of Texas at Austin

Submitted by the Rosmaris Group

July 2024

From April 1, 2024 through July 31, 2024, The Rosmaris Group and the Dell Medical School at the University of Texas at Austin (Dell Med) Office of Health Equity have worked collaboratively to complete the following tasks:

1. Identify evidence-informed, trackable measures for each of the five strategic priority areas of the Health Equity Strategic Map 2022-24.
2. Meet with select stakeholders and the Office of Health Equity team to gather feedback on the draft measures and determine how full achievement for each metric will be determined.
3. Work with select stakeholders and our project team to utilize the measures to assess Dell Med's progress in achieving its central challenge.
4. Create a simple dashboard that allows Dell Med to visualize, track, and analyze its progress in the five strategic areas.

The Rosmaris Group used an **equity-centered, forward-looking, utilization-focused approach** in meeting the goals of this evaluation project. This approach is grounded in the belief that institutions across health and education serve and address equity with their communities and its members while holding themselves accountable.

Project Approach

The Rosmaris Group approached this project and each of its associated tasks with a Utilization-Focused Evaluation (UFE) framework, developed by Michael Quinn Patton.[1]

This framework emphasizes the practical use of evaluation by focusing on the needs and interests of primary intended users. Unlike traditional evaluation methods that prioritize methodological rigor and theoretical contributions, UFE prioritizes the relevance and applicability of findings to stakeholders who will act on the evaluation.

The framework involves engaging users from the beginning, collaboratively defining the evaluation's purpose, and ensuring that the process remains adaptable and responsive to their evolving needs. This participatory approach aims to foster ownership, enhance the utility of the evaluation findings, and facilitate their integration into decision-making processes.

Central to UFE is the evaluator's role as a facilitator, guiding stakeholders through the process and helping them articulate their information needs. It also emphasizes the importance of continuous feedback and iterative refinement to ensure that the evaluation remains relevant and useful. By focusing on practical application and stakeholder engagement, UFE seeks to bridge the gap between evaluation and measurement theory and practice, ultimately enhancing the impact and effectiveness of efforts.

[1] Patton, M. Q. (1997). Utilization-focused evaluation. In *International handbook of educational evaluation* (pp. 223-242). Dordrecht: Springer Netherlands.

Project Tasks

Identification of Evidence-Informed Measures

During the kickoff meeting with the Dell Med Office of Health Equity, the Rosmaris Group developed a deeper understanding of Dell Med's goals, as well as prior work with key stakeholder groups around the priority areas of the strategic plan and any existing measures, objectives, and available data sources. Following the meeting, we completed a scoping review of resources related to measuring health equity, collating equity-relevant measures found in existing Dell Med resources, medical school accreditation documents (e.g., Liaison Committee on Medical Education (LCME)), and reimbursement measures (e.g., Centers for Medicare and Medicaid Services (CMS)/National Committee for Quality Assurance (NCQA)). We also reviewed health equity plans and associated measurement plans from six medical schools, including Johns Hopkins Medicine and Duke University School Of Medicine, and reviewed peer reviewed literature and reports on assessing and advancing equity at medical schools.

We used these sources to inform the creation of a draft measures table (Draft 1). The table outlined multiple possible measures for each strategic priority area and identified any existing or potential data sources for assessing progress in these measures. The Dell Med Office of Health Equity team reviewed the draft measures table and provided recommendations for each draft measure, noting whether each measure should be retained, removed, revised, or considered a possibility for further discussion. We incorporated the team's recommendations into the measures table (Draft 2) prior to meeting with additional stakeholders at Dell Med.

Gathering Insight from Executive Leaders, Staff, and Students

The Rosmaris Group requested a list of potential key stakeholders from Dell Med who could provide feedback and insight into the draft measures table from a leadership perspective. The Office of Health Equity provided a list of five executive leaders (Appendix A). During May and June, 2024, the Rosmaris Group met virtually for one hour with each of five leadership stakeholders who represented expertise in one or more of the five priority areas of the 2022-24 Health Equity Strategic Map: 1) Optimize Health Care in Our Communities Most Impacted by Health Inequities; 2) Advance a Health Equity-Informed Approach to Research; 3) Make Health Equity Central in Teaching and Learning; 4) Collaborate with Communities to Improve Health and Reduce Inequities; 5) Establish Ongoing Commitment to Health Equity at the Executive Leadership Level. The full Strategic Map is available in Appendix B.

During the stakeholder interviews, The Rosmaris Group reviewed draft measures and solicited feedback on progress to-date on existing draft measures, recommended revisions to the measures, along with additional measures that may be more relevant or meaningful, and existing and potential data sources for each metric. We also asked each stakeholder to recommend others at Dell Med with expertise in the priority areas of the Health Equity Strategic map. This resulted in the identification of additional stakeholders. We recorded and auto transcribed the interviews. Following the interviews, the Rosmaris Group incorporated the feedback into the draft measures table (Draft 3). We modified language and measurement type, combined some measures due to redundancy, removed measures deemed too difficult to measure, and added measures that had stronger alignment with institutional goals.

In addition, the Rosmaris Group met in-person on June 26, 2024 with over 20 key stakeholders at Dell Med's campus to review and solicit feedback on Draft 3 of the proposed measures. Participants included staff leaders with expertise in research, medical education, and clinical care, as well as medical students (Appendix A). Following the interviews, we incorporated feedback into the draft table of measures, revising, removing, and prioritizing measures that aligned most closely with institutional goals (Draft 4). We also conducted three follow-up interviews with key stakeholders to gain further insight into potential sources of data for the final dashboard, and refined the draft table accordingly. Finally, the Office of Health Equity team reviewed Draft 4 and provided recommendations for measures to prioritize for a final dashboard and ones to be considered in the future.

Priority measures were those that were best aligned with institutional goals, areas of prioritization and action over the last few years, and areas where existing data could be leveraged.

Assessment of Dell Med's Progress

In partnership with the Dell Med project team and stakeholders across the medical school, the Rosmaris Group identified baseline values for measures in cases where data currently exists. Through feedback and conversation with stakeholders and the project team, we ensured that data collection strategies are efficient and reliable and can be repeated at regular intervals so Dell Med can track its progress in these areas. Many of the measures can be collected through existing surveys. For the priority area measures that do not have existing data sources, we worked with the project team and stakeholders to understand interest in and need for conducting additional regular interviews/focus groups and/or surveys.

Key Observations

Throughout this project, the Rosmaris Group identified the following lessons learned, that influenced project progress and the final dashboard:

1) Limited Examples of Evaluation of Health Equity Strategic Map in a Medical School Context

The scoping review of resources conducted at the beginning of the project highlighted the fact that while many medical schools have developed strategic plans or maps related to health equity, few have developed a clear strategy for evaluation of the same, or at least one that is publicly available. Of those that did, most focused on a limited number of process measures and did not include a dashboard for measurement. It is plausible that more medical schools have developed strategic plans for health equity and accompanying evaluation plans that are not publicly available. Similarly, we were not able to identify any examples of publicly available dashboards reporting on progress of a health equity strategy for a medical school. In some cases, annual reports did note progress on strategic plans for health equity but were generally high-level.

2) Simplifying Measures

As we moved through the review process from Draft 1 to 4, incorporating feedback from the Office of Health Equity team and stakeholders, we modified quite a few of the measures from a numerical or percentage measure to "Not Started / In- Progress / Completed." Although a bitnon-traditional, this aligns with stakeholder feedback and also with the intent of the Patton's UFE framework, prioritizing the relevance, credibility, and usefulness of evaluation findings. In some cases, measures were developed based on activities that had not yet taken place, but were essential building blocks for strategies in the Health Equity Strategic Map.

3) Quality Care and Outcomes

Dell Med has a unique opportunity to build upon activities for health care quality and education. Two key initiatives, the new EPIC platform and the new hospital, could integrate the data and quality outcome requirements highlighted in national and payer standards for quality care (discussed below). Strategic area leaders for pillars A, D, and E on the Health Equity Strategic Map identified actions for the Office of Health Equity to work closely with each area to ensure the standards are

integrated as platforms and strategic plans are developed now.

4) **The Health Equity Strategic Map 2022-24** was developed prior to the adoption of SB17. While health equity is not the same as diversity, equity and inclusion, perhaps due to the shared word *equity*, many stakeholders expressed a sense of cautiousness as guidance is continuing to be refined around implementation of the law. Changing circumstances change all things, and what might have been possible to measure in 2022 may no longer be in alignment with the future direction of Dell Med. This affected only a handful of potential measures, but is worth noting.

Future Directions and Recommendations

The process of dashboard development highlighted numerous successes at Dell Med while also highlighting opportunities for the future. The following recommendations and opportunities, organized by the pillars of the Health Equity Strategic Map, were informed by our conversations with over 20 Dell Med executives, staff, and medical students:

It is essential for Dell Med's clinical partners to continue and enhance data collection and analysis to **optimize health care in its communities most impacted by health inequities.** This should include implementing a provider and patient demographics (including top languages spoken) dashboard as part of the new EPIC conversion. Additionally, clinical partners should plan to use the Joint Operating Committee and National Quality Forum measures standards for quality care and access to care, the specifics of which will be discussed at a September 2024 meeting with Central Health and Dell Med.

Another element of using data for action is for Dell Med to **advance a health equity-informed approach to research.** The first step of this process is to develop guidelines to train Associate Chairs for Research (ACRs) on health equity-informed approaches to research. This training will prepare ACRs to thoughtfully apply these learnings to Institutional Review Board (IRB) submissions, establish parameters for IRB research stratification, and track related measures, which may inform follow-up micro-training as needed.

As a medical school training future physicians, **it is important to make health equity central in teaching and learning.** This requires thoughtful feedback from students on the quality, depth, and practical applicability of health equity content in the curriculum.

Developing and implementing effective curricula also requires faculty capacity building and to integrate resources, tools, topics, and subject matter experts into curricular activities. Finally, it requires ongoing data collection from students and faculty, and an executive leadership commitment.

Dell Med and its clinical partners have developed relationships with community-based organizations across the area. To continue to **collaborate with communities to improve health and health care equity,** it is important to meaningfully engage partners and individuals with lived experience who live in the community. This includes establishing ongoing bi-directional communication conducted at regular intervals and with appropriate methods.

One Strategic Plan pillar that was discussed by many of the stakeholders interviewed was around the need to **establish ongoing commitment to health equity at the executive leadership level**. This includes defining what "health equity" means to Dell Med in the current era and the ways in which it can or cannot be addressed in teaching, training, research, and engagement. Additionally, this makes communicating strategically and clearly both within Dell Med and externally with clinical and community partners essential.

A few recommendations and opportunities were discussed in the context of multiple areas of the Strategic Plan. One overarching area is the need

to **ensure consistent alignment with Dell Med's aspirational culture inclusive of staff, students, and faculty**. To maintain its place as a high-quality teaching institution it is essential that Dell Med continue to align with national required clinical quality and educational measures, use existing data to track outcomes, and consider new data collection efforts as information gaps are identified.

It is highly recommended that designated leaders for each pillar report on measures on a consistent quarterly, semi-annual, or annual basis. Based on the interviews, it is recommended that the following individuals lead this process: Strategic Areas A and D: Ryan Johnson, MBA, CPA, Strategic Area B: William Matsui, MD, Strategic Area C: Beth Nelson, MD, and Strategic Area E: Michael Morrey, PhD and Jewel Mullen, MD, MPH.

Conclusion

From April 1 to July 31, 2024, The Rosmaris Group, in collaboration with the Dell Medical School Office of Health Equity, conducted a comprehensive evaluation to measure the progress of the institution's Health Equity Strategic Map 2022-24. The project focused on identifying trackable, evidence-informed measures and developing a user-friendly dashboard to visualize progress.

Through extensive leadership and stakeholder engagement, including interviews and meetings with over 20 executives, staff, and students, the project team gathered valuable insights that informed the refinement of these measures. This iterative process ensured that the measures were relevant, practical, and aligned with Dell Med's strategic priorities. Additionally, the creation of a user-friendly Excel-based dashboard, incorporating human-centered design principles, allows for effective tracking and analysis of progress in the five strategic areas.

Key actions included the development and refinement of measures, simplifying them to better meet stakeholder needs and practical application. The project team established baseline values and efficient data collection strategies to ensure consistent tracking. The evaluation highlighted the scarcity of publicly available health equity evaluation frameworks and dashboards in medical schools, prompting the team to adapt measures to align with evolving legislative landscapes and institutional goals.

Through this transparent dashboard process, Dell Med will ensure ongoing accountability and strategic alignment with Dell Med's goals to provide quality care and education.

About the Rosmaris Group

We work with hospital systems, federal and state agencies, and national partners to strategize for measurement to improve health equity outcomes.

Elizabeth Romero, MS, MBA is Founder and Principal of the Rosmaris Group. She has over 25 years of experience in public health, building and leading systems change initiatives to improve health across the life span. She served as Director of the Delaware Division of Substance Abuse and Mental Health (DSAMH), including oversight of a state hospital. At DSAMH, she implemented a statewide health informatics strategy for behavioral health to address value-based care, connectivity and collaboration, and analytics. Currently, she is a Senior Fellow at WE in the World to improve equity and wellbeing outcomes to communities across the country also advises the Delaware Department of Correction around improving equity outcomes in the correctional healthcare system. Elizabeth brings both a passion and expertise in health equity and social determinants of health. Previously, she served as Senior Director for Health Improvement at the Association of State and Territorial Health Officials (ASTHO), focusing on building systems of care to improve population and community health outcomes. In addition, she held positions at Nemours Health and Prevention Services, the National Association for State Boards of Education, AED/FHI 360, and the Harvard Prevention Research Center at the Harvard School of Public Health. She holds a BS from Boston University, an MS from the University of Oregon, an MBA from the University of Delaware and is pursuing a PhD from Virginia Commonwealth University.

Rachelle Johnsson Chiang, DrPH, MPH brings nearly 25 years of experience in public health at the national, state and community level, with experience in evaluation, health policy, chronic disease prevention, non-medical drivers of health and substance abuse and mental health. She currently leads a large contract for the Centers for Medicaid and CHIP Services (CMS) that is developing a first-of-its-kind data lakehouse for analytics. Previously, she served as the Chief Research and Evaluation Officer at the Texas Health Institute (THI) and Clinical Professor at the University of Texas at Austin. During her time at THI, she led multiple evaluations and worked closely with the United Health Foundation / America's Health Rankings, co-leading the development of the 2021 Health Disparities Report for the Foundation and creating their Health Equity in Focus data brief series. Rachelle also led the 2022 St. David's Foundation Community Health Needs Assessment (CHNA) for Bastrop, Caldwell and Hays Counties, Laredo's 2022-23 CHNA, and co-developed an equity dashboard for Nueces County officials. Prior to THI, she served as Director of a national school health initiative at the National Association of Chronic Disease Directors and held positions at the National Association of State Boards of Education, Prevent Cancer Foundation, ASTHO and the Peace Corps. She has also consulted for various national and state organizations, with a focus on evaluation and measure design. Rachelle has a particular strength in measure development and dashboard design, leveraging her background in qualitative research, human-centered design and user experience research. She has a BA in Sociology and Spanish from Ohio Wesleyan University, an MPH from George Washington University, and a DrPH from the University of North Carolina at Chapel Hill.

Appendix A

List of Participants in Development of Health Equity Measures and Dashboard

Key Stakeholder Interviews and/or In-Person Meeting on June 26, 2024

All participants are from Dell Med / UT Health Austin, unless otherwise indicated.

Patrick Boswell, MS
Director of Data Intelligence & Decision Science, Information Technology

Sarita Clark-Leach
VP of Quality, Analytics and Performance Improvement, Central Health

Suzannah Creech, PhD
Assistant Dean of Research, Office of Research
Associate Professor, Department of Psychiatry & Behavioral Sciences

Monica Crowley, JD
Chief Strategy and Planning Officer, Central Health

Jane Edmond, MD
Vice Dean of Professional Practice, Dell Medical School
Wong Family Distinguished University Chair, Department of Ophthalmology
Director, Mitchel & Shannon Wong Eye Institute
Professor, Department of Ophthalmology
Professor, Department of Neurology

Kimberly Avila Edwards, MD
Associate Professor, Department of Pediatrics
Associate Chair for Advocacy, Department of Pediatrics

Lisa Jackson, JD, RN
Executive Director, Clinical Operations, UT Health Austin

Ryan Johnson, MBA, CPA
Chief Operating Officer, UT Academic Health Enterprise

Maninder "Mini" Kahlon, PhD
Associate Professor, Department of Population Health

William Masui, MD
Vice Dean of Research, Dell Medical School
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Professor, Department of Oncology

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Professor, Department of Pediatrics
Director, Center for Health & Environment: Education & Research

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Michael Morrey, PhD
Chief Administrative Officer, Dell Medical School
Chief Health Care Strategist, The University of Texas at Austin

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Associate Professor, Department of Population Health
Courtesy Associate Professor, Department of Internal Medicine

Jon Luk, MD
Assistant Dean of Interprofessional Integration, Department of Medical Education
Courtesy Associate Professor, Department of Medical Education
Associate Professor, Department of Pediatrics

Jonathan MacClements, MD
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Professor, Department of Medical Education
Professor, Department of Population Health

Beth Nelson, MD
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Senior Associate Dean of Undergraduate Medical Education, Department of Medical Education
Interim Chair, Department of Medical Education
Professor, Department of Medical Education
Courtesy Professor, Department of Internal Medicine

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Courtesy Assistant Professor, Department of Population Health

Paul Rathouz, PhD
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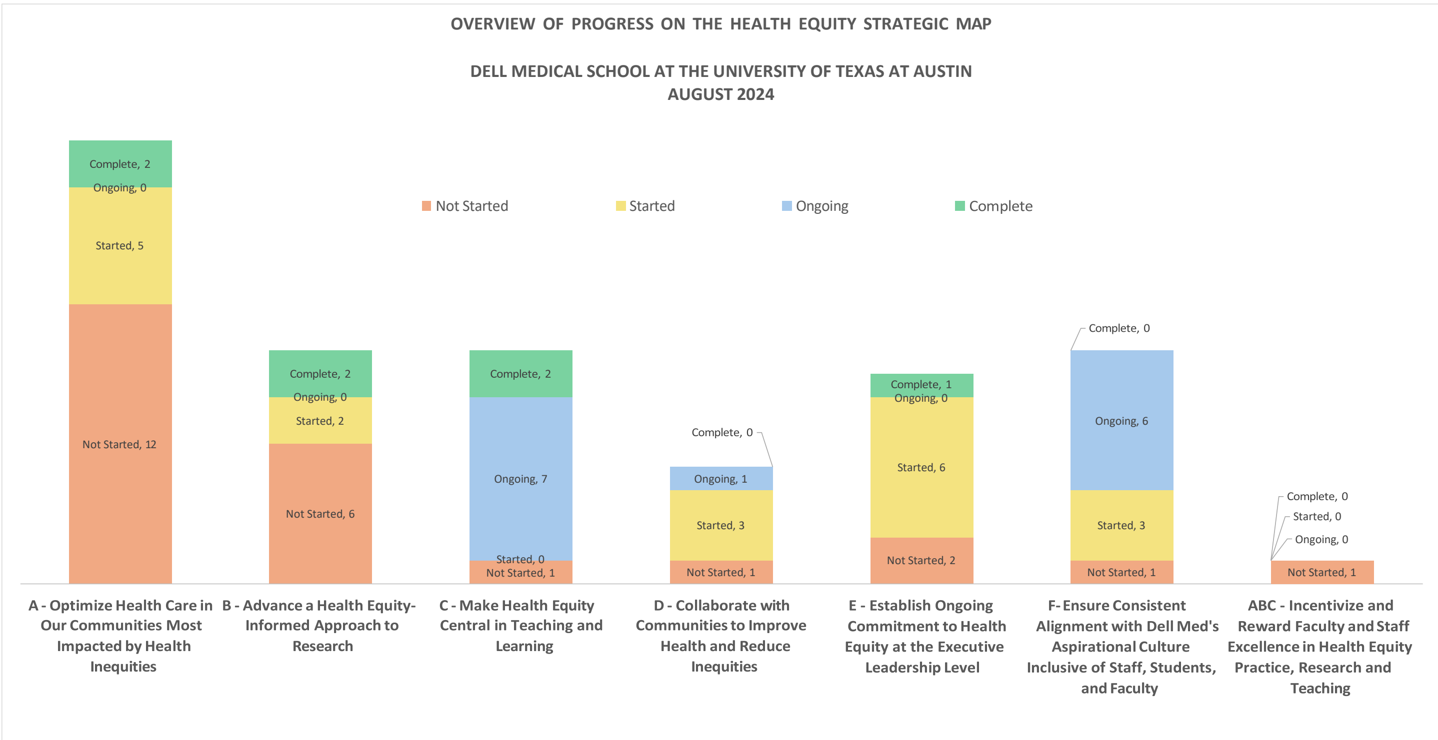
Director of Research & Education, Office of Health Equity

Sharon Ricks, MA
Director of Health Equity Strategy & Transformation, Office of Health Equity

Students from Dell Medical School at the University of Texas at Austin

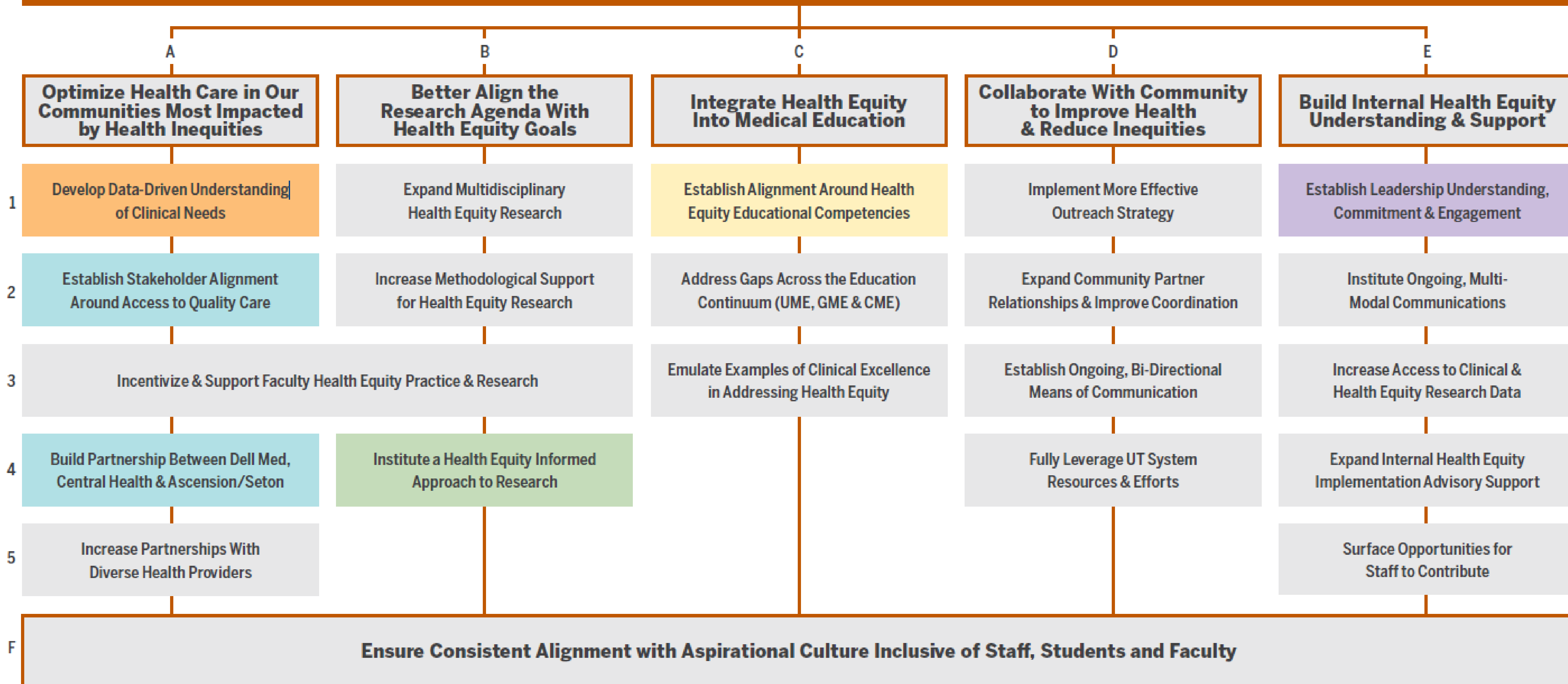
Appendix C



The University of Texas at Austin
Dell Medical School

HEALTH EQUITY STRATEGIC MAP: 2019 – 2022

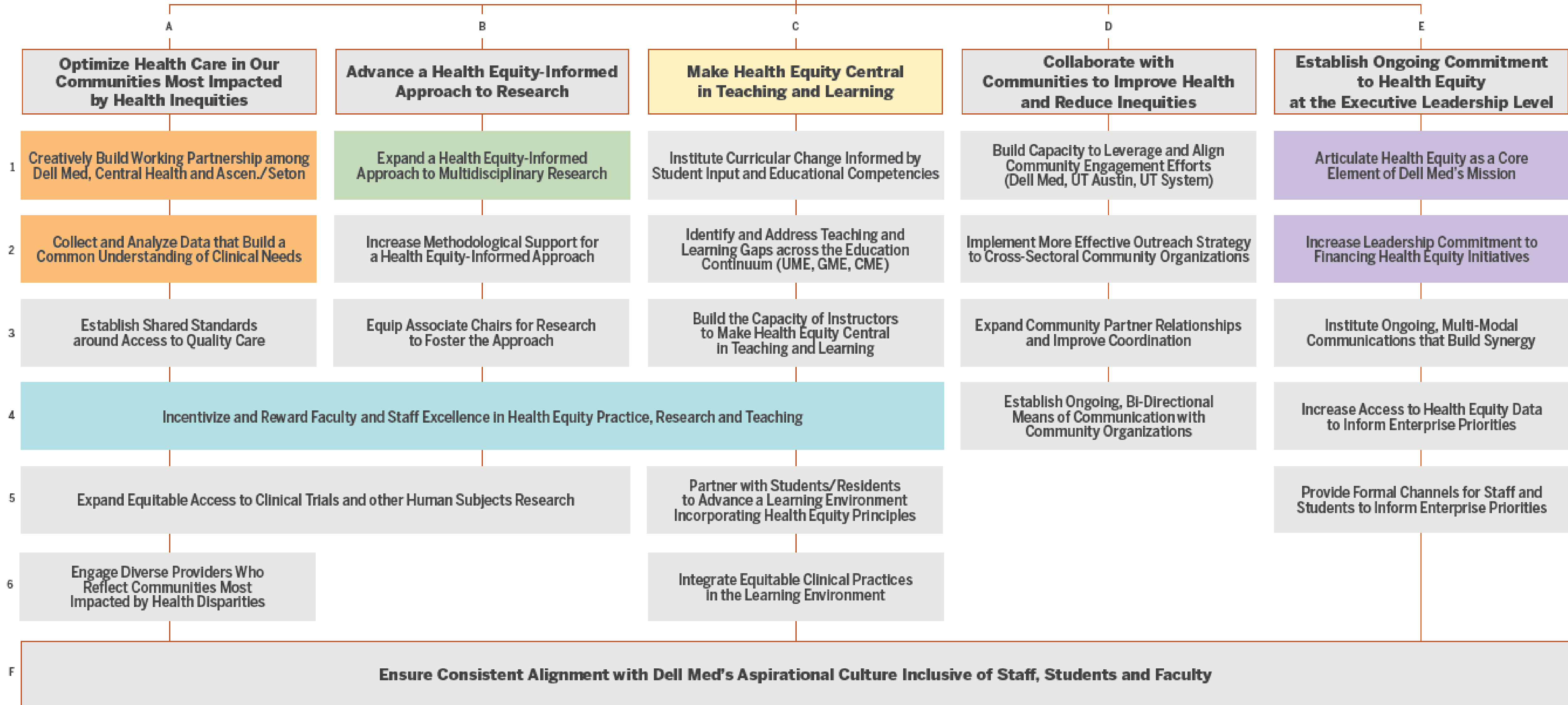
DEMONSTRABLY & SUSTAINABLY EMBED HEALTH EQUITY AS AN OPERATING PRINCIPLE IN ALL AREAS OF DELL MEDICAL SCHOOL TO ENSURE ACHIEVEMENT OF ITS MISSION



The University of Texas at Austin
Dell Medical School

HEALTH EQUITY STRATEGIC MAP: 2022 - 2024

DEMONSTRABLY & SUSTAINABLY PRIORITIZE HEALTH EQUITY AS AN OPERATING PRINCIPLE IN ALL AREAS OF DELL MEDICAL SCHOOL



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.

BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 5

Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc. financials and proposed business strategies. [3] (*Action Item*)

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BUDGET & FINANCE COMMITTEE MEETING

October 23, 2024

AGENDA ITEM 6

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