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**CENTRAL HEALTH****STAYS IN FILE****Our Vision**

Central Texas is a model healthy community.

**Our Mission**

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

**Our Values**

Central Health will achieve excellence through:

*Stewardship* - We maintain public trust through fiscal discipline and open and transparent communication.*Innovation* - We create solutions to improve healthcare access.*Respect* - We honor our relationship with those we serve and those with whom we work.*Collaboration* - We partner with others to improve the health of our community.**CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE****Tuesday, July 17, 2018, 5:30 p.m.****Central Health Administrative Offices  
1111 E. Cesar Chavez St.  
Austin, Texas 78702  
Training Room****AGENDA\*****Items for consideration and possible action:**

1. Approve the minutes for the following meeting of the Central Health Board of Managers Strategic Planning Committee:
  - a. June 12, 2018.
2. Discuss and take appropriate action on the Fiscal Year 2019 Strategic Work Plan.

**Presentations and reports:**

3. Receive and discuss a presentation on significant health and social determinants of health indicators for Colony Park, created by the Collaborative Health Planning Group.

**Standing items:**

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

\*The Strategic Planning Committee may take items in an order that differs from the posted order.

Note 1, Possible closed session item.

The Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session.

**A quorum of Central Health's Board of Managers may convene to discuss matters on the agenda.**

Came to hand and posted on a Bulletin Board in the Courthouse,  
Austin, Travis County, Texas on this the 12<sup>th</sup> day of

July 20 18.

Dana DeBeauvoir  
County Clerk, Travis County, Texas

By

*A. Macedo* Deputy

**A. MACEDO**



**FILED AND RECORDED**

OFFICIAL PUBLIC RECORDS

*Dana DeBeauvoir*

Jul 12, 2018 04:11 PM 201881029

FEE: \$0.00

Dana DeBeauvoir, County Clerk  
Travis County TEXAS



# CENTRAL HEALTH

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

**July 17, 2018**

## **AGENDA ITEM 1**

Approve the minutes for the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. June 12, 2018.

MINUTES OF MEETING – JUNE 12, 2018

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

On Tuesday, June 12, 2018, the Central Health Board of Managers Strategic Planning Committee convened at 5:30 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

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**Committee Members present:** Chairperson Greenberg, Manager Jones, and Manager Valadez.

**Board Members present:** Manager Zamora

**REGULAR AGENDA**

1. **Approve the minutes of the following meeting of the Strategic Planning Committee:**
  - a. **May 8, 2018.**

**Clerk's Notes:** Discussion on this item began at 5:30 p.m.

Manager Valadez moved that the Committee approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. **May 8, 2018.**

Manager Jones seconded the motion.

Chairperson Greenberg	For
Manager Aiken	Absent
Manager Jones	For
Manager Valadez	For

2. **Receive and discuss an update on proposed strategies related to the Fiscal Year 2019 Strategic Work Plan, including:**
  - a. **Potential new strategies;**
  - b. **The development of measures and a reporting schedule for the Fiscal Year 2019 Strategic Work Plan; and**
  - c. **Workforce Development.**

**Clerk's Notes:** Discussion on this item began at 5:31 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer for Central Health, described the inputs used to create the Strategic Work Plan. The Plan was informed by the President and CEO's 90-day assessment, multiple community conversations on potential strategies, and the Central Health Performance Review conducted by Germane Solutions. Mr. Mike Geeslin, Central Health President & CEO, introduced the measures and reporting schedule for the Strategic Work Plan.

No action was taken on item 2.

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

**Clerk's Notes:** Discussion on this item began at 6:36 p.m. Chairperson Greenberg announced that the next scheduled Central Health Board of Managers Strategic Planning Committee meeting is to be determined.

Manager Valadez moved that the Committee adjourn. Manager Jones seconded the motion.

Chairperson Greenberg  
Manager Aiken  
Manager Jones  
Manager Valadez

For  
Absent  
For  
For

The meeting was adjourned at 6:36 p.m.

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Sherri Greenberg, Chairperson  
Central Health Strategic Planning Committee



**CENTRAL  
HEALTH**

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

**July 17, 2018**

**AGENDA ITEM 2**

Discuss and take appropriate action on the Fiscal Year 2019 Strategic Work Plan.

## Central Health Strategy Proposed FY 2019 & FY2020 Strategies from Performance Review Recommendations

Current Work Plan Objectives	Current and New Work Plan Strategies	Milestones (Memo up front, midpoint, end-of-year report)
<b>OBJECTIVE 1:</b> Develop and execute health care delivery strategy based on <b>people and place</b>	<b>STRATEGY 1.1: Service Locations and Care Delivery:</b> By data analysis, provider input, and community-based advisory groups, determine funding of business plans for future service <b>delivery sites, and/or</b> mobile services, and/or technology solutions for delivering care to the served population.	Next Update: Oct. 2018
	<b>STRATEGY 1.2: Population Health-Social Determinants:</b> Provide funding or reimbursement to provider partners for resources to establish population health goals and <b>work with governmental and other organizations to</b> address specific social determinants affecting the population served.	Next Update: Nov. 2018
	<b>STRATEGY 1.3: Communication:</b> Improve communication with consumers and the community about Central Health's pivotal role ensuring the delivery of care to people with low incomes. <b>SUB-STRATEGY 1.3.1:</b> Focus communication efforts on the target patient population and the community at-large about Central Health's role in the delivery of care and programs to access health care. <b>SUB-STRATEGY 1.3.2:</b> Increase consumer awareness of available services, how to be a patient, key health concerns and conditions, and providing partners. Tailor messages to specific patient audiences using preferred languages and culturally relevant themes. <b>SUB-STRATEGY 1.3.3:</b> Increase awareness of Central Health-funded facilities, partners and providers.	Next Update: Dec. 2018
<b>OBJECTIVE 2:</b> Implement <b>patient-focused and</b> coordinated health care system	<b>STRATEGY 2.1: Patient Wait Times:</b> Establish measures and fund projects to improve patient wait times and network adequacy for access to primary and specialty care services. <b>SUB-STRATEGY 2.1.1: Specialty Care Shortage:</b> Implement use of technology solutions to reduce specialty care wait times. <b>SUB-STRATEGY 2.1.2: Specialty Care Shortage:</b> Work with Dell Medical School, partner providers, and other educational organizations to develop programs to address specialty care shortage and enhanced primary care training. <b>SUB-STRATEGY 2.1.3: Primary Care Access:</b> Fill provider vacancies and prioritize condition-specific interventions.	Next Update: Dec. 2018
	<b>STRATEGY 2.2: Patient Reported Outcomes and Experiences:</b> Establish measures, <b>including measures that address inequity,</b> and improve patient reported health outcomes and experiences; develop quality-of-life and patient experience dashboards.	Next Update: Dec. 2018
	<b>STRATEGY 2.3: Women's Reproductive Health:</b> Expand and improve women's reproductive health system through Dell Medical School and provider partners.	Next Update: Jan. 2019
	<b>STRATEGY 2.4: Technology and Data:</b> Improve continuity of care through integrated technology, data, planning and information exchange.	Next Update: Dec. 2018
	<b>STRATEGY 2.5: Brain Health and Cancer Strategies Refinement:</b> Determine the scope of Central Health's role in brain health and cancer programs.	Next Update: Dec. 2018
	<b>OBJECTIVE 3:</b> Implement sustainable financial model for health care delivery and system strategies through 2024	<b>STRATEGY 3.1:</b> Develop reasonable revenue and health care delivery cost fiscal models through 2024.
<b>STRATEGY 3.2:</b> Forecast and maintain adequate contingency and emergency reserves to manage adverse financial events and maintain adequate health care service levels.		Next Update: Dec. 2018
<b>STRATEGY 3.3:</b> Include revenue and financing sources for new programs in future budget patterns.		Next Update: Dec. 2018
<b>STRATEGY 3.4:</b> Determine optimal use or disposition of Brackenridge Campus sections.		Next Update: Nov. 2018
<b>STRATEGY 3.5: Contracting and Payment:</b> Implement value-based provider reimbursement models and reporting standards related to patient-reported outcomes, population or health condition outcomes, and positive patient experience measures.		Next Update: Nov. 2018
<b>STRATEGY 3.6: Transparency:</b> Establish partner reporting (Dell Medical School, St. David's, Seton, CommUnityCare, Integral Care and Sendero) to increase use of funding transparency that achieves Central Health objectives.		Next Update: Nov. 2018

## Strategy Update: June 2018 Communications

### **Objective 1: Develop and execute health care delivery strategy based on place and people**

**STRATEGY 1.3:** *Communication: Improve communication with consumers and the community about Central Health's pivotal role ensuring the delivery of care to the served population.*

**SUBSTRATEGY 1.3.1:** *Focus communication efforts on the target patient population and the community at-large about Central Health's role in the delivery of care and programs to access health care.*

**SUB-STRATEGY 1.3.2:** *Increase consumer awareness of available services, how to be a patient, key health concerns and conditions, and providing partners. Tailor messages to specific patient audiences using preferred languages and culturally relevant themes.*

**SUB-STRATEGY 1.3.3:** *Increase awareness of Central Health-funded facilities, partners and providers.*

**Department/Team:** Central Health, Office of VP of Communications, Ted Burton

### **Current and Prior Quarter (Jan.-June 2018):**

#### **Key Milestones (per Strategic Work Plan):**

- ✓ Conduct website, social media audit based on Performance Review recommendations.
- ✓ Execution of new community engagement tactic – “Community Conversations “
- ✓ Implement improved tracking methods to ensure the effectiveness of community engagement and outreach efforts based on Germane Performance Review recommendations.

#### **Accomplishments:**

##### Q3 FY2018

- Audited Central Health social media efforts using the Germane Solutions Performance Review, fine-tuning our strategy to increase engagement and further utilize more platforms. Reported awareness/education survey findings to the Board of Managers (Strategic Planning Committee).
- Conducted training for Enterprise communications, community engagement and outreach staff on the Systematic Development of Informed Consent (SDIC) public involvement model.
- Began the implementation of improved tracking methods to help ensure the effectiveness of outreach efforts—based on Germane Solutions Performance Review recommendation.

##### Q2 FY2018

- Integrated Central Health community outreach, community engagement and communications efforts under Central Health communications to enhance and improve Central Health Enterprise communications efforts.
- Clarified objectives for the Central Health outreach function and implemented performance measures to help ensure the effectiveness of outreach efforts—based on Germane Solutions Performance Review recommendation.
- Continued public education initiative.
- Hired multimedia content coordinator to assist with content creation about Central Health Enterprise.
- Developed and began the execution of a new community engagement tactic based on SDIC – branded “Community Conversations.”



## Strategy Update: June 2018 Communications

<b>Upcoming Quarter (July-Sept. 2018):</b>
<b>Key Milestones (per Strategic Work Plan):</b> <ul style="list-style-type: none"><li>• Goal setting for Central Health community outreach and strategic planning for FY19.</li></ul>
<b>Upcoming Work (Q4 FY2018)</b> <ul style="list-style-type: none"><li>✓ Release a Task Order to select a vendor to assist with evolving the Central Health outreach footprint through an experiential marketing lens.</li><li>• Review and enhance website to integrate more patient-focused user experience and content.</li><li>• Audit, coordinate and implement communication and community engagement efforts to determine appropriate measures to empower the immigrant population (regardless of status) to access, understand and successfully interact with the health care system.</li><li>• Audit Central Health-funded facilities/providers/partners to determine appropriate milestones for co-branding opportunities</li></ul>
<b>Upcoming Fiscal Year (FY2019):</b>
<b>Key Milestones (per Strategic Work Plan):</b> <ul style="list-style-type: none"><li>• Determine appropriate milestones for increasing potential awareness in designated populations. Implement outreach/communications initiative to defined population in Travis County</li><li>• Conduct analysis and determine appropriate milestone for co-branding. Implement co-branding strategy with partners and providers.</li><li>• Determine appropriate milestones for increasing community awareness of CH's role including implementing an updated (or improved) CH community outreach marketing strategy</li><li>• Explore Phase 2 of the public education initiative</li></ul>
<b>Fiscal and Budget Information:</b>
<b>Budget:</b> Communications <b>Specific Allocated Amount or Absorbed in Current Operations:</b> \$500,000 (New funds for public education initiative) <b>Current Total Expenditures:</b>

Next scheduled update: Aug. 2018

**Strategy Update: June 2018**  
**Transparency**

**Objective 3: Implement sustainable financial model for health care delivery and system strategies through 2022**

**Strategy 3.6 Transparency:** *Establish partner reporting (Dell Medical School, St. David's, Seton, CommUnityCare, Integral Care and Sendero) to increase awareness of funds use, ensure stewardship, and assess the efficacy in achieving Central Health objectives.*

**Lead Department/Team:** Central Health, Office of Chief Strategy Officer, Monica Crowley

**Contributing Departments/Teams:** Central Health Strategy, Central Health Analytics, CCC Analytics, CUC Analytics

**Current and Prior Quarter (Jan.-June 2018):**

**Key Milestones (per Strategic Work Plan):**

- N/A

**Accomplishments:**

Q3 FY2018

- Public release of CCC services dashboards

Q2 FY2018

- Seton Analytics team compiled preliminary historical data related to Omnibus Agreement requirements

**Upcoming Quarter (July-Sept. 2018):**

**Key Milestones (per Strategic Work Plan):**

- Establish partner reporting milestones

**Upcoming Work (Q4 FY2018)**

- Review draft data and reporting from Seton on Access to Care and Clinical Quality/Patient Satisfaction related to Omnibus Agreement obligations
- Discuss due diligence reporting with DMS leadership
- Outline framework for St. David's data set reporting

**Upcoming Fiscal Year (FY2019):**

**Key Milestones (per Strategic Work Plan):**

- Implement partner reporting process (Seton, DMS, St. David's)
- Refine partner reporting process

**Fiscal and Budget Information:**

**Budget:** Central Health

**Specific Allocated Amount or Absorbed in Current Operations:**

**Current Total Expenditures:**



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**July 17, 2018**

## **AGENDA ITEM 3**

Receive and discuss a presentation on significant health and social determinants of health indicators for Colony Park, created by the Collaborative Health Planning Group.



# Collaborative Health Planning

## Central Health Board of Managers Strategic Planning Committee

Megan Cermak, MS; Sarah Seidel, DrPH; Tracy Ayrhart, PhD

# Collaborative Health Planning

- Extend and expand the working relationship with Travis County Health and Human Services, Austin Public Health, and Central Health to:
  - Plan together
  - Share public data
  - Align goals & activities specific to critical health indicators and social determinants of health

# Support for Eastern Travis County Health & Wellness Collaboration

- Deep data dive into neighborhoods identified through the Central Health's Demographic Report
- Layer in qualitative data
- Identify priority indicators
- Assist with real estate and service inventory
- Make service recommendations
- Short term, intermediate, and long term evaluation

# Neighborhood-Level Indicators

## **Process:**

- Find data at the sub-county level (census tract or zip code)
- Bring together data (indicators) in one place
- Compare sub-county level indicator against Travis County overall value
- Identify what the indicator means for health of residents and what services could help to address the disparity

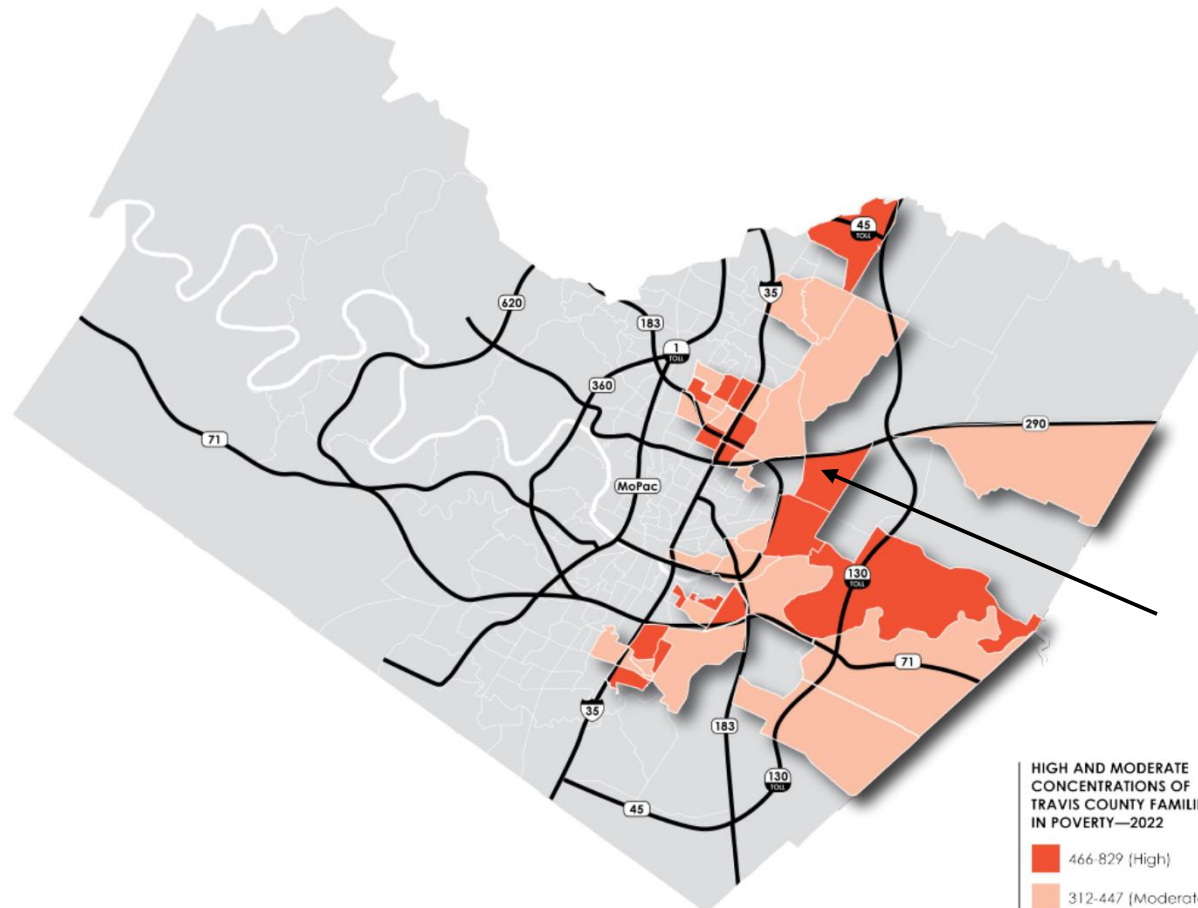
# Neighborhood-Level Indicators – Data Sources & Methods

- **American Community Survey, 2016 (census-tract)**
- **Mortality data 2010-2014 (zip code)**
  - Crude mortality rates for various causes of death
  - All-cause age-adjusted mortality rate
  - Average age at death
- **HIV/STI data, 2015 (zip code)**
  - People Living with HIV
  - New diagnoses of HIV, new diagnoses of STIs
- **Hospital Discharge Data, 2016 (zip code)**



# Pilot: Colony Park

- Zip code data were used (78724) if census tract data were not available

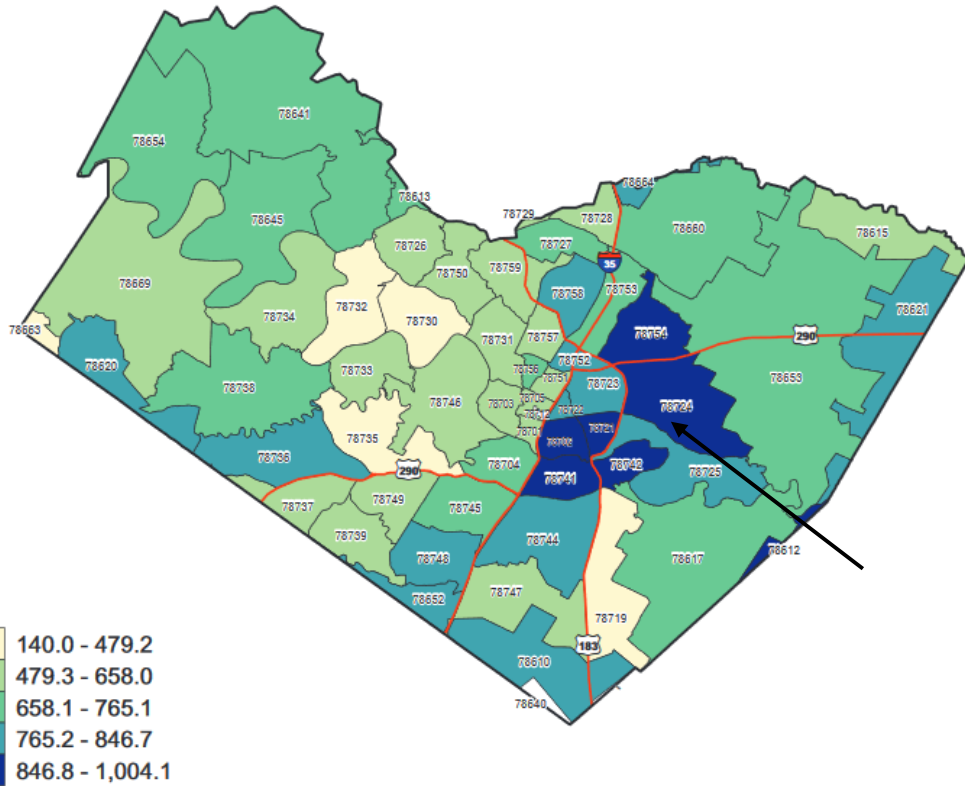


# Colony Park Characteristics

Specific Indicator	Colony Park	Travis County	What this potentially means	Data Source
% of families below poverty	34%	10%	1 in 3 families are at or below poverty threshold, or \$24,563 in 2016 for a family of four	American Community Survey 2016 5-year Estimates DP02-DP05 Tables
% uninsured	35%	16%	The percentage uninsured in Colony Park is twice as high as the percentage in Travis County as a whole	ACS 2016 5 Year; Tables DP02:DP05
% did not graduate from high school	36%	12%	Lower percentage graduated HS - more support needed especially since the percentage enrolled in HS is greater than the county percentage	ACS 2016 5 Year; Tables DP02:DP05

# Mortality Rates

- Age-adjusted mortality rate map



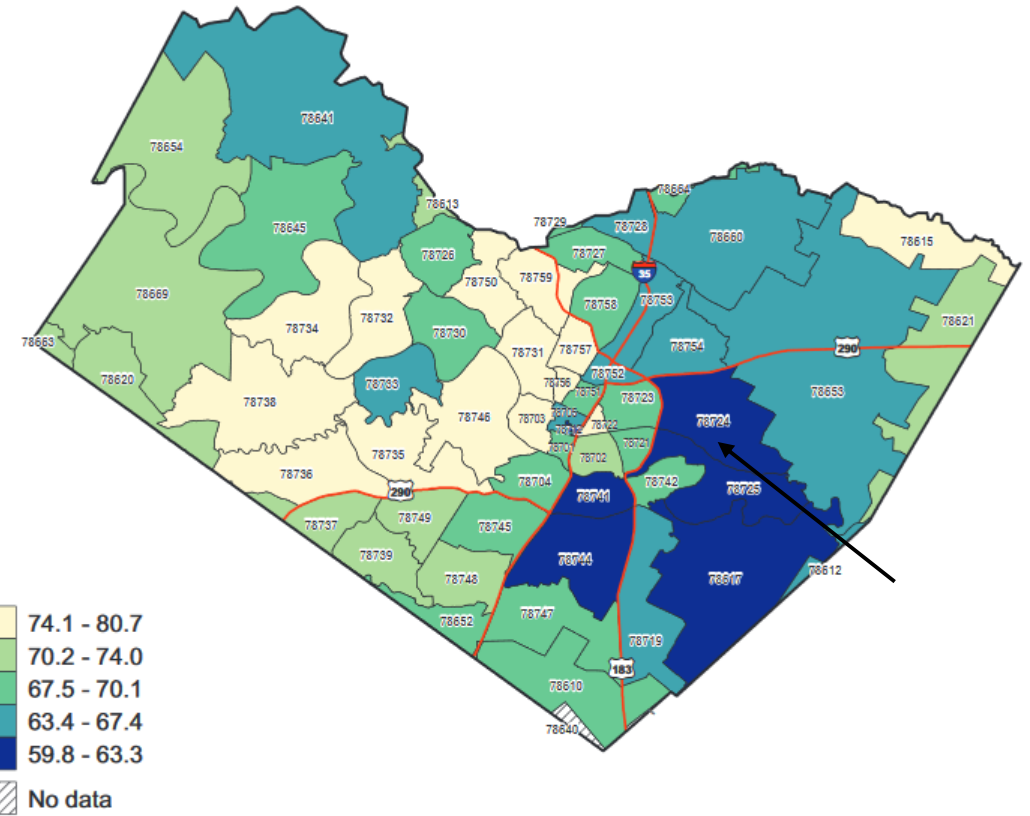
Source: Texas Department of State Health Services, Center for Health Statistics and U.S. Census Bureau, 2010 Census.

\*Age adjustment uses US 2000 standard population

†In the case that the number of deaths were suppressed (due to value being between 1 and 9 deaths) an underestimated average of 4 was used. This was the case in 14 zip codes.

‡ Rates are per 100,000 population

- Average age at death map



Source: Texas Department of State Health Services, Center for Health Statistics

# Priority Indicators

- Household Structure
- Infant Outcomes
- Language Barriers
- Preventable Hospitalizations
- Diabetes
- Food Insecurity
- STIs/HIV

# Neighborhood-Level Indicators: Household Structure

Specific Indicator	Colony Park	Travis County	What this potentially means	Data Source
% of households that are families	84%	57%	A much higher percentage of households are families	ACS 2016 5Year; Tables DP02:DP05
% of total households with single female (no spouse present)	34%	11%	Higher percentage of single moms - little support at home; economic vulnerability; higher and chronic stress	ACS 2016 5Year; Tables DP02:DP05
% of female householder & children <5 below FPL	86%	44%	Almost 9 out of 10 single mother households with young children are below poverty in Colony Park; single moms with children are twice as likely to live in poverty than in Travis County as a whole	ACS 2016 5Year; Tables DP02:DP05

- 2-1-1 service calls demonstrate needs for child care assistance: some callers are mothers who are unable to accept job offers due to inability to pay for or secure child care and needs for legal aid.

# Neighborhood-Level Indicators: Infant Outcomes

Specific Indicator	78724	Travis County	What this potentially means	Data Source
Infant Mortality Rates	6.68 per 1,000	4.9 per 1,000	Infants are dying at a higher rate in 78724 than Travis County as a whole	Infant Mortality Rates by Zipcode in Texas: 2011-2014

- 2-1-1 service calls demonstrate needs that may present a barrier to prenatal care include needing healthcare coverage, needing transportation to medical appointment, and identifying a medical home

# Neighborhood-Level Indicators: Language Barriers

<b>Specific Indicator</b>	<b>Colony Park</b>	<b>Travis County</b>	<b>What this potentially means</b>	<b>Data Source</b>
% speaking Spanish at home	55%	24%	Higher percentage Spanish speaking in home	ACS 2016 5Year; Tables DP02:DP05
% of Spanish-speaking who speak English less than very well	30%	10%	Higher percentage with Limited English Proficiency	ACS 2016 5Year; Tables DP02:DP05

# Neighborhood-Level Indicators: Preventable Hospitalizations

Specific Indicator	78724	Travis County	What this potentially means	Data Source
Overall Preventable Hospitalizations*	120.4 per 10,000 adults	56.6 per 10,000 adults	The rate of residents going to the hospital for visits that could have been prevented through primary care was twice as high in 78724 compared to Travis County as a whole.	THCIC Inpatient Data File, 2016

- 2-1-1 service calls demonstrate needs regarding medical care access: coverage programs, transportation to appointments, and finding a medical home

\* Includes discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following: Diabetes Short-Term Complications, Diabetes Long-Term Complications, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults, Hypertension, Heart Failure, Dehydration, Bacterial Pneumonia, Urinary Tract Infection, Uncontrolled Diabetes, Asthma in Younger Adults, and Lower-Extremity Amputation among Patients with Diabetes.



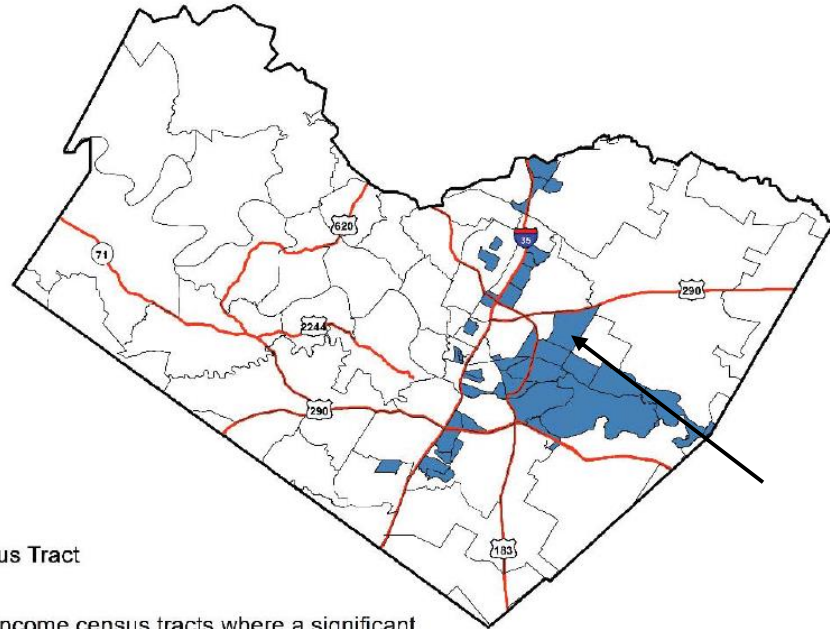
# Neighborhood-Level Indicators: Burden of Diabetes

Specific Indicator	78724	Travis County	What this potentially means	Data Source
Crude mortality rate due to diabetes mellitus	92.2 per 100,000	41.1 per 100,000	Residents in 78724 are dying of diabetes at twice the rate of Travis County as a whole	Texas DSHS –Vital Statistics 2010-2014
Preventable hospitalizations due to Diabetes	34.3 per 100,000 adults	9.3 per 100,000 adults	Rate of residents going to the hospital for diabetes-related visits that could have been prevented through primary care was nearly 4 times as high in 78724 compared to Travis County as a whole.	THCIC Inpatient Data File, 2016

- 2-1-1 service calls demonstrate needs that may present a barrier to managing diabetes include needing healthcare coverage, inability to pay for prescriptions (in particular insulin), needing transportation to medical appointment, and identifying a medical home

# Neighborhood-Level Indicators: Food Insecurity

Map 6.2. United States Department of Agriculture Food Deserts by Census Tract, Travis County



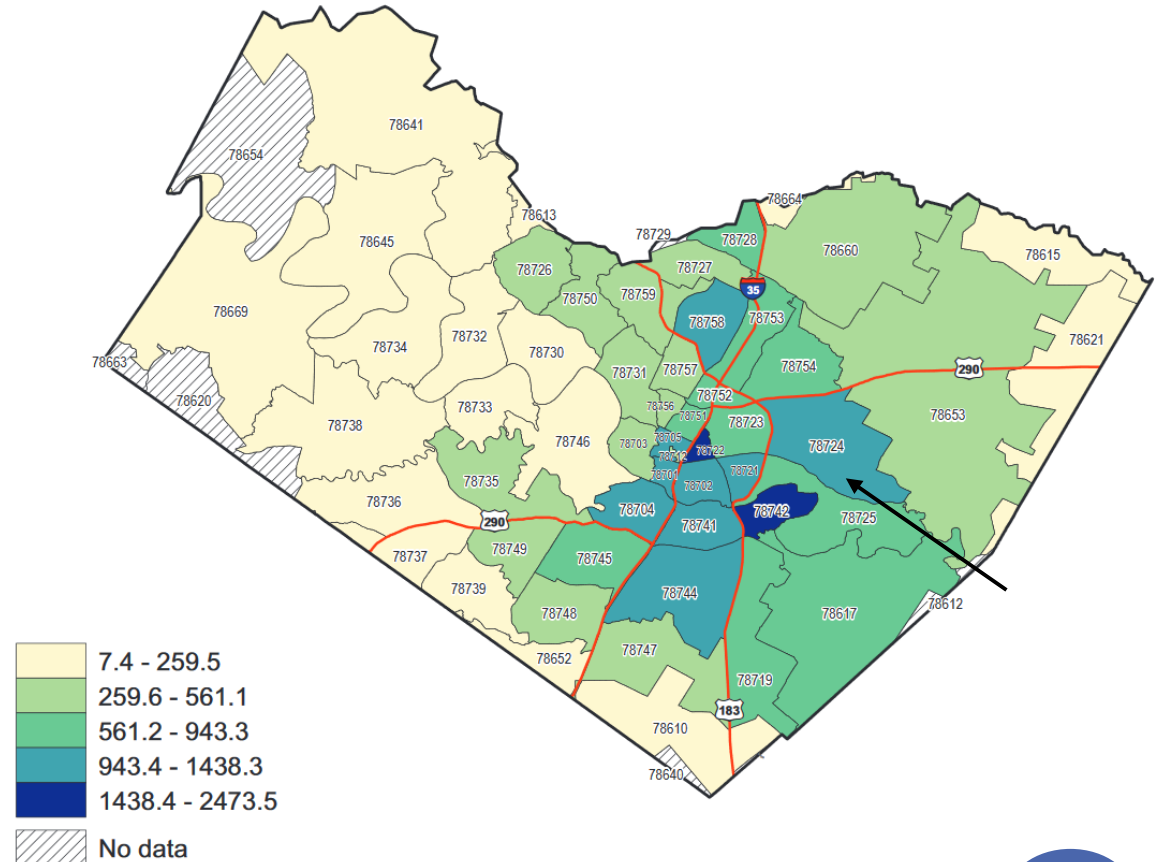
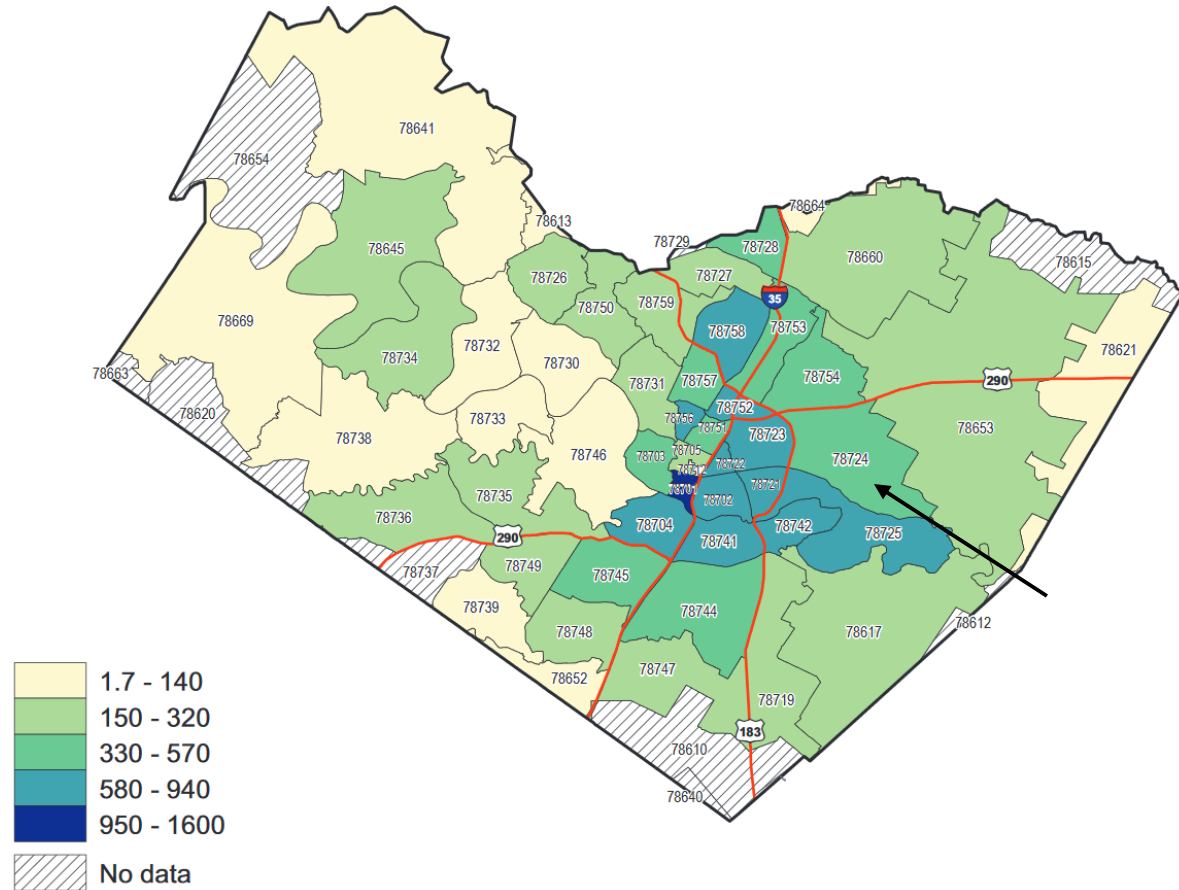
- 2-1-1 service calls demonstrate that 3<sup>rd</sup> most frequent need expressed by callers was access to food pantries

Specific Indicator	Colony Park	Travis County	What this potentially means	Data Source
% households with food stamps	36%	9%	Households in Colony Park are 4 times more likely to rely on food stamps	ACS 2016 5 Year; Tables DP02:DP05

# Neighborhood-Level Indicators: Burden of STIs/HIV

- Prevalence (per 100,000 population) of people living with HIV

- Chlamydia Incidence (per 100,000 population)



# Recap & Next Steps

- Colony Park profile- Train and administer survey with the Colony Park Advisory Committee
- Del Valle profile- Administer survey in conjunction with the UT School of Nursing and Travis County Fire Rescue
- Inventory of assets
- Evaluation

# Questions and Feedback

Megan Cermak, MS; Sarah Seidel, DrPH; Tracy Ayrhart, PhD



**CENTRAL  
HEALTH**

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

**July 17, 2018**

**AGENDA ITEM 4**

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