



# CENTRAL HEALTH

## **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.

## **EXECUTIVE COMMITTEE MEETING**

**Wednesday, March 27, 2024, 4:00 p.m.**

**Or immediately following the Budget and Finance Committee**

**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/82035318999?pwd=aNSLQkh7o4aalAa0v4fRx33G7CeVkn.1>

Meeting ID: 820 3531 8999

Passcode: 286007

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

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

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The Committee may meet via videoconference with a quorum present in person and will 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 the 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 each 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 each meeting notice. Resources related to COVID-19 can be found at the following link:

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A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health **no later than 2:30 p.m. on March 27, 2024**. 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. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; 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 Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

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

1. Approve the minutes of the Central Health Executive Committee February 21, 2024 meeting. (*Action Item*)
2. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)
3. Discuss recommendations to increase access to Central Health public meetings. (*Informational Item*)
4. Confirm the next regular Executive Committee meeting date, time, and location. (*Informational Item*)

Notes:

<sup>1</sup> This meeting may include one member of the Executive Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, TX 78702, Board Room. This meeting

location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public 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.**

- 2 The Executive 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. If a quorum of the Executive Committee is not present, the items on this agenda may be taken up by the full Board of Managers in the meeting posted at the same time and location.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least 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 planea 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.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

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**STAYS IN FILE**



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Came to hand and posted on a Bulletin Board in the  
County Recording Office, Austin, Travis County, Texas on this the  
22 day of March 2024  
Dyana Limon-Mercado  
County Clerk, Travis County, Texas  
By [Signature] Deputy  
**MEDINA**



**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**

*Dyana Limon-Mercado*  
Dyana Limon-Mercado, County Clerk  
Travis County, Texas

**202480425**

Mar 22, 2024 01:31 PM

Fee: \$0.00

**MEDINAE**

## **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.

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Board Manager Signature

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Date

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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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## **CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE**

### **March 27, 2024**

## **AGENDA ITEM 1**

Approve the minutes of the Central Health Executive Committee February 21, 2024 meeting. (*Action Item*)

MINUTES OF MEETING – FEBRUARY 21, 2024  
CENTRAL HEALTH  
EXECUTIVE COMMITTEE

On Wednesday, February 21, 2024, a meeting of the Central Health Executive Committee convened in open session at 6:21 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

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**Committee members present in-person at Central Health:** Chair Kitchen, Vice Chair Brinson, Treasurer Museitif, and Secretary Martin

**Board members present in-person at Central Health:** Manager Motwani, Manager Jones, Manager Valadez, and Manager Zamora

**AGENDA**

**1. Approve the minutes of the Central Health Executive Committee January 24, 2024 meeting.**

**Clerk’s Notes:** Discussion on this item began at 6:21 p.m.

Manager Brinson moved that the Committee approve the minutes of the Central Health Executive Committee January 24, 2024 meeting.

Manager Museitif seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Manuel Martin	For

**2. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings.**

**Clerk’s Notes:** Discussion on this item began at 6:22 p.m. Ms. Briana Yanes, Board Governance Senior Manager, briefly shared the March tentative scheduling of items. Managers asked staff to discuss having a Retreat later in the year.

**3. Confirm the next regular Executive Committee meeting date, time, and location.**

At 6:28 p.m. Manager Museitif moved that the meeting adjourn.

Manager Brinson seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Manuel Martin	For

The meeting was adjourned at 6:28 p.m.

ATTESTED TO BY:

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Ann Kitchen, Chairperson  
Central Health Executive Committee

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Manuel Martin, Secretary  
Central Health Board of Managers



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## **CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE**

### **March 27, 2024**

## **AGENDA ITEM 2**

Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)



MEMORANDUM

**To:** Members of the Central Health Board of Managers Executive Committee  
**From:** Briana Yanes, Board Governance Senior Manager  
**Cc:** Perla Cavazos, Deputy Administrator  
**Date:** March 21, 2024  
**Re:** Review prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (Informational Item)

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**Overview:**

Attached are Quarter three (April) tentative agenda items for your review. To assist with planning of future Board meeting and committee agendas, we will review and discuss these items in Executive Committee.

**Action Requested:**

This is an informational item and requires no action.



## FY2024 Q3 Tentative Agenda Items

APRIL	MAY	JUNE
<p><b><u>Strategic Planning Committee- April 10, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• KPIs – follow up on which Healthcare Equity Plan KPIs approved by Board in October we will be able to measure in FY24 and how - are we directionally correct - seeking additional feedback</li> <li>• Healthcare Equity Definition Update and Discussion</li> <li>• Proposed Emerging Priorities to include in FY25 Strategic Priorities               <ul style="list-style-type: none"> <li>○ Revisit Healthcare Equity Plan Goals for FY24 and FY25</li> <li>○ Discuss Staff Proposed Emerging Priorities</li> <li>○ Tee up May discussion for Board or other External Emerging Priorities</li> </ul> </li> <li>• TENTATIVE: Epic, Patient Portal and MyChart (April or May- SPC or Board)</li> <li>• TENTATIVE: Proposed Mental Health Diversion Pilot Program Term Sheet</li> </ul>	<p><b><u>Strategic Planning Committee- May 8, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• TENTATIVE: Direct practice Infrastructure update</li> <li>• Enterprise-wide goals and metrics</li> <li>• Specialty Care update</li> <li>• FY 2025 Proposed Strategic Budget Priorities               <ul style="list-style-type: none"> <li>○ Staff Proposed Priorities – will include for deeper dives and updates during budget season</li> <li>○ Place where emerging budget priorities should be received/proposed deadline – for review through business case process and deeper dives during budget season.</li> </ul> </li> <li>• Receive and discuss an update on Central Health’s communications, engagement, and outreach efforts.</li> <li>• TENTATIVE: Site expansions (April or May- SPC or Board)</li> <li>• TENTATIVE: Cancer preventions memo (SPC or Board)</li> <li>• TENTATIVE: Epic, Patient Portal and MyChart (April or May- SPC or Board)</li> <li>• Central Health Navigation Center update</li> <li>• TENTATIVE: Expand enrollment services including virtual enrollment update (April or May- SPC or Board)</li> <li>• TENTATIVE: Direct practice Infrastructure update (April or May)</li> <li>• Performance audit update (SPC or Board)</li> <li>• TENTATIVE: Site expansions (April or May- SPC or Board)</li> </ul>	<p><b><u>Strategic Planning Committee- June 5, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Other deeper dives</li> <li>• Review and finalize proposed FY25 Strategic Priorities with Board-Sponsored recommendations</li> <li>• Jail Services update</li> <li>• TENTATIVE: Black Men’s Healthcare Clinic update (SPC or Board)</li> <li>• Enrollment of jail inmates into Central Health coverage programs update</li> <li>• Extend map eligibility period</li> <li>• Performance audit update (SPC or Board)</li> <li>• Transitions of Care update</li> <li>• Enrollment and utilization dashboard update (no presentation/informational item)</li> </ul>

FY2024 Q3 Tentative Agenda Items

<p><b><u>Infrastructure Committee- April 10, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Standing real estate item             <ul style="list-style-type: none"> <li>○ CEC and Cameron</li> </ul> </li> </ul>		<p><b><u>Infrastructure Committee- June 5, 2024:</u></b></p>
<p><b><u>Budget and Finance Committee- April 24, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• March financials</li> <li>• Annual HUB report</li> <li>• Sendero financial update</li> <li>• Process of CEO financial contract authorization</li> </ul>	<p><b><u>Budget and Finance Committee- May 22, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• April financials</li> <li>• Q2 fiscal and operational updates from CUC and Sendero</li> <li>• Financial forecast</li> </ul>	<p><b><u>Budget and Finance Committee- June 12, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• May financials</li> <li>• Homestead tax exemptions</li> <li>• Present proposed budget</li> </ul>
<p><b><u>Executive Committee- April 24, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Tentative schedules</li> </ul>	<p><b><u>Executive Committee- May 22, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Tentative schedules</li> </ul>	<p><b><u>Executive Committee- June 12, 2024:</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Tentative schedules</li> </ul>
<p><b><u>Board of Managers- April 24, 2024:</u></b> <b><u>Public Communication</u></b></p> <ul style="list-style-type: none"> <li>• Mission moment</li> <li>• Arab American Heritage Month</li> </ul> <p><b><u>Consent items</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Investments</li> </ul> <p><b><u>Financial items</u></b></p> <p><b><u>Committee report outs as needed:</u></b></p> <p><b><u>Other items</u></b></p> <ul style="list-style-type: none"> <li>• Lawsuit updates</li> <li>• Integral Care update</li> <li>• Budget resolution updates             <ul style="list-style-type: none"> <li>○ Higher ed workforce (memo update) recruitment update</li> <li>○ Survey tool update (memo update)</li> <li>○ Joint tech systems update (presentation/memo)</li> <li>○ Organizational growth (memo update)</li> </ul> </li> <li>• Tentative: CEO Update</li> </ul>	<p><b><u>Board of Managers- May 22, 2024:</u></b> <b><u>Public Communication</u></b></p> <ul style="list-style-type: none"> <li>• Mission moment</li> <li>• Asian American and Pacific Islander Heritage Month</li> <li>• Jewish American Heritage Month</li> </ul> <p><b><u>Consent items</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Investments</li> </ul> <p><b><u>Financial items</u></b></p> <p><b><u>Committee report outs as needed:</u></b></p> <p><b><u>Other items</u></b></p> <ul style="list-style-type: none"> <li>• FY24 Service Delivery budget priority update</li> <li>• Lawsuit updates</li> <li>• Tentative: CEO Update</li> <li>• TENTATIVE: Expand enrollment services including virtual enrollment update (April or May-SPC or Board)</li> </ul>	<p><b><u>Board of Managers- June 12, 2024:</u></b> <b><u>Public Communication</u></b></p> <ul style="list-style-type: none"> <li>• Mission moment</li> </ul> <p><b><u>Consent items</u></b></p> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Investments</li> <li>• Homestead exemptions</li> </ul> <p><b><u>Financial items</u></b></p> <p><b><u>Committee report outs as needed:</u></b></p> <p><b><u>Other items</u></b></p> <ul style="list-style-type: none"> <li>• Support operations update</li> <li>• Lawsuit updates</li> </ul>

## FY2024 Q3 Tentative Agenda Items

	<p><b><u>TCCC:</u></b></p> <ul style="list-style-type: none"><li>• May 9, 2024, Work Session</li></ul>	<p><b><u>TCCC:</u></b></p> <ul style="list-style-type: none"><li>• June Work Session TBD</li></ul>
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# CENTRAL HEALTH

## **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.

## **CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE**

### **March 27, 2024**

## **AGENDA ITEM 3**

Discuss recommendations to increase access to Central Health public meetings.  
(*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 March 27, 2024

Who will present the agenda item? (Name, Title) Ted Burton, Chief Communications Officer  
Ivan Davila, Sr. Director of Marketing and Communications  
Mike McKinnon, Sr. Communications Manager

General Item Description Discuss recommendations to increase access to Central Health public meetings.

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) Increase awareness of Board of Managers meetings.
- 2) Increase accessibility and participation in Board of Managers meetings.
- 3) More closely connect the Board of Managers with the community.
- 4) \_\_\_\_\_

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PPT presentation

Estimated time needed for presentation & questions? 20 minutes + questions

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Briana Yanes/ March 22, 2024

# BOARD OF MANAGERS MEETINGS: AWARENESS, ACCESSIBILITY, AND COMMUNITY CONNECTION

Ted Burton, Chief Communications Officer

Iván Dávila, Sr. Director of Marketing and Communications

Mike McKinnon, Sr. Communications Manager



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# OBJECTIVES

1. Increase awareness of Board of Managers meetings.
2. Increase accessibility and participation in Board of Managers meetings.
3. Connect the Board of Managers with the community.



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# AWARENESS: PROMOTING BOARD MEETINGS

## Prior to Board Meetings

- Information shared with community (date, time, location, link):
  - Partners, advocates, elected officials/staff, media
  - In person (at events) and via email.
- Meetings promoted on Central Health website and social media platforms, linking to YouTube channel.
- Press release sent to local media.

## During Meetings

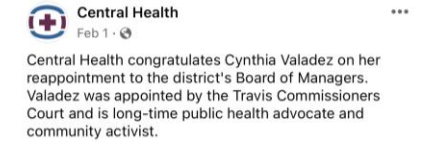
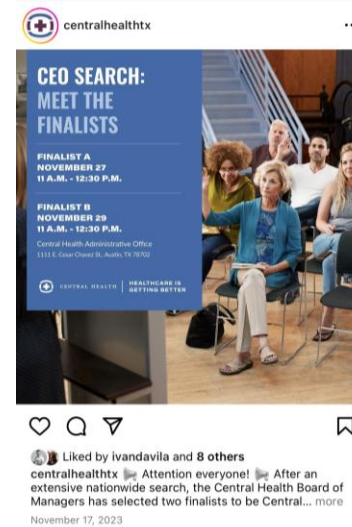
- "Breaking news" or key action items (votes) shared on social media platforms.

## After Meetings

- "Breaking news" shared via social media and email.



On the agenda:  
- Communications report  
- Update on behavioral health and substance use services  
- Update on services for people experiencing homelessness



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# AWARENESS: PROMOTING BOARD MEETINGS



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## Website Changes

- The calendar of events is front and center on the homepage.
- Recordings are archived on with associated agendas and packets.

What are you looking for?  MyChart Log In Español

**CENTRAL HEALTH** For MAP Members For Providers Board Of Managers & Meetings Contact Careers & Culture

Get Health Coverage Get Healthcare About Us Get Involved News

### CLEAN FINANCIAL AUDIT

CENTRAL HEALTH CONTINUES TO UPHOLD TRANSPARENCY AND ACCOUNTABILITY

[LEARN MORE](#)

### CENTRAL HEALTH SPOTLIGHT

**It Is More Than A Job: We're Hiring The Future Of Healthcare**

Thrivng Together - Two Decades of Transforming Healthcar... Watch later Share

## THRIVING TOGETHER

Two Decades of Transforming Healthcare in Travis County

Watch on YouTube

It takes a special kind of person to work here. We're hiring providers and care teams to help us transform an entire healthcare system - a big job with big rewards.

[LEARN MORE](#)

#### UPCOMING EVENTS

MAR	10:30 am - 6:00 pm CDT	<b>21 Free Tax Prep</b>
MAR	6:30 pm - 7:30 pm CDT	<b>21 Adaptive Yoga</b>
MAR	8:30 am - 4:00 pm CDT	<b>22 Free Tax Prep</b>
MAR	2:00 pm - 3:30 pm CDT	<b>22 Del Valle Mobile Library</b>
MAR	8:30 am - 4:00 pm CDT	<b>23 Free Tax Prep</b>

[View Calendar](#)

# ACCESSIBILITY: BROADCAST OF MEETINGS



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## Current Efforts

- All board meetings, (including committees and subcommittees) broadcast live on Central Health's YouTube channel.
- Board meeting times, locations, links and agendas/packets shared in advance, including how to sign up for Public Communication (English and Spanish).

## Rationale

- Internet access in Travis County exceeds 96% across all measurable demographics.
- YouTube is free for anyone with internet access
  - Links are easily shareable
  - Viewers can watch live and on demand.

*\*Source: Central Health 2022 Demographic Report (pg. 31)*

## ACCESSIBILITY: CABLE TELEVISION OPTIONS



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Broadcast Board of Managers meetings live on Travis County TV (TCTV):

- Board of Managers meetings **must start** at a fixed time (not before 5:30 p.m.) to avoid conflict with replay of Commissioners Court meeting.
- Adequate setup and testing time required before each live meeting.
- TCTV would replay recordings of Central Health's meetings as schedule allows.
- Only Board of Managers meetings could be broadcast.
- TCTV is only available to Spectrum and Astound (formerly Grande) cable subscribers, plus a small number of former AT&T U-verse subscribers.
- Only guaranteed to City of Austin residents.
- English only.

# Highly Connected Community: Travis County Internet Access

		Travis County	Travis County + 200% FPL	Travis County + 200% FPL (English)	Travis County + 200% FPL (Spanish)
		1,023,958	250,504	160,049	90,455
<b>Internet access:</b>		<b>99.0%</b>	<b>96.9%</b>	<b>96.3%</b>	<b>97.9%</b>
<b>Devices currently own:</b>	Laptop	78.9%	54.1%	60.6%	42.5%
	<b>Smartphone</b>	<b>88.6%</b>	<b>87.8%</b>	<b>81.7%</b>	<b>98.7%</b>
	Tablet	46.8%	39.0%	45.7%	27.2%
<b>Type of TV service household subscribes to:</b>	<b>Cable (excluding Telco)</b>	<b>18.3%</b>	<b>31.3%</b>	<b>21.3%</b>	<b>49.1%</b>
	Cable Telco (AT&T U-verse, Verizon FiOS)	8.0%	7.9%	7.7%	8.1%
	Live TV streaming service	30.8%	23.3%	33.7%	5.1%
	Satellite	6.1%	3.2%	5.1%	0.0%
	No service	44.4%	40.7%	41.2%	39.7%
<b>Video streaming services used past 30 days:</b>	<b>YouTube (free)</b>	<b>64.3%</b>	<b>53.4%</b>	<b>46.7%</b>	<b>65.3%</b>



## ACCESSIBLY: LANGUAGE



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- Spanish-language interpretation is available in-person and virtually, and YouTube is subtitled.
- In areas of high and moderate levels of poverty, English and Spanish are the primary languages (47.1 % English; 46.4% Spanish)\*
- As Central Health increases its language access capabilities, staff can increase access to Board meetings in-person and virtually in languages other than Spanish and English.

# COMMUNITY CONNECTION: ONGOING ENGAGEMENT



COMMUNITY HEALTH CHAMPIONS



COMMUNITY CONVERSATIONS



LISTENING SESSIONS



INTERCEPT INTERVIEWS AND SURVEYS

# COMMUNITY CONNECTION: ONGOING ENGAGEMENT OPPORTUNITIES



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- Staff invites community members/advocates to speak during Public Communications (i.e. Black History Month).
- Board amplifies information on personal social media platforms and within community networks.
- Board represents Central Health at community meetings and events
- Board attends Central Health community events:
  - Community Conversations (upcoming in May and July)
  - Our 20th anniversary community celebration in the summer
  - Clinic grand opening events

## RECOMMENDATIONS:



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- Staff recommendation: Do **not** move take board meetings on-the-road at this time:
  - Technology challenge
  - Staff resource challenges
  - Open Meetings Act challenge
  - Finding suitable venues for technology/broadcast intensive board meetings
- Staff recommendation: Board of Managers take advantage of existing community engagement events (e.g., Community Conversations):
  - The format is meant to be highly engaging and attract community members.
  - Community Conversations allow for two-way dialogue creating real opportunities to engage in meaningful, authentic conversations with residents.
- Staff recommendation: Move public comment for Board of Managers's meetings to 5:30 p.m.
  - Keep separate public comment for Budget and Finance Committee meetings.



THANK YOU



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# APPENDIX



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# INTERNET USAGE AMONG SENIORS



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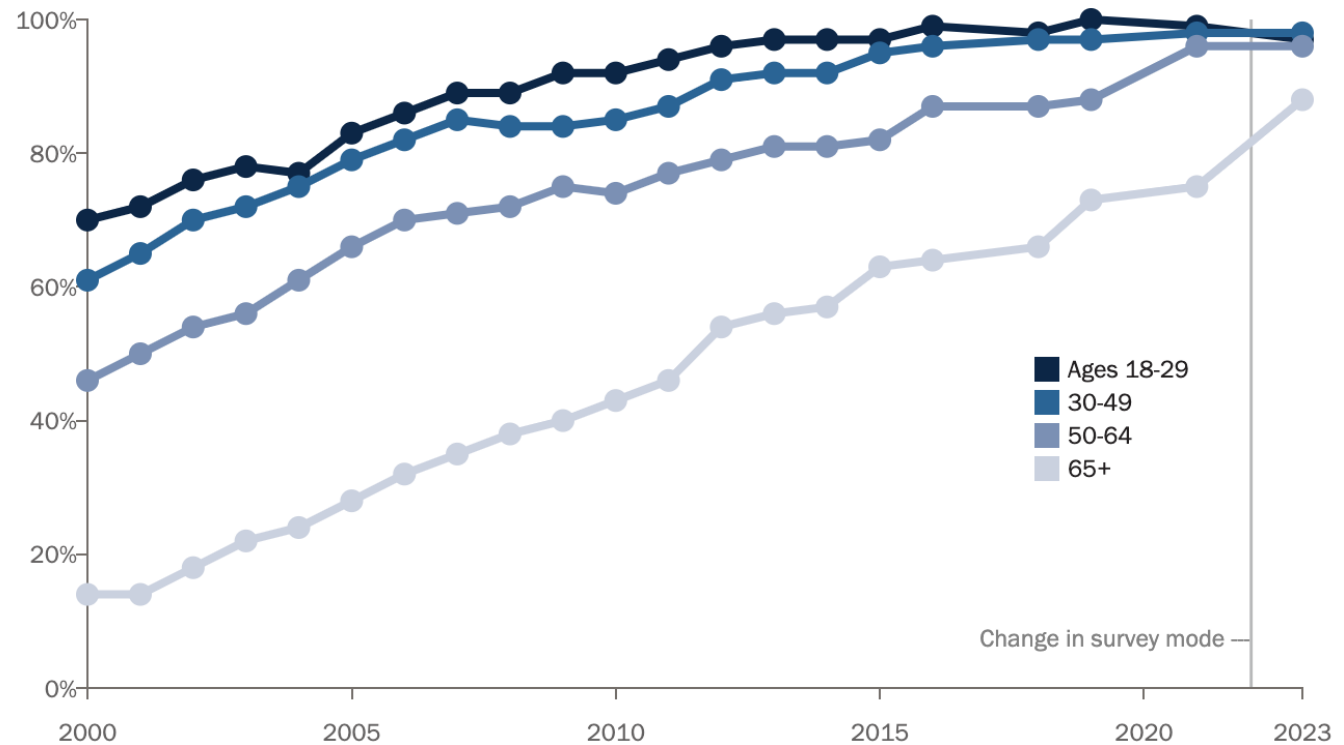
## National Trends: 80% of Seniors are Online

Pew Research Center began tracking internet use in 2000, at which point ~50% of all American adults said they were online.

(<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>)

### Internet use by age

*% of U.S. adults who say they use the internet, by age*



# NATIONAL INTERNET USAGE TRENDS

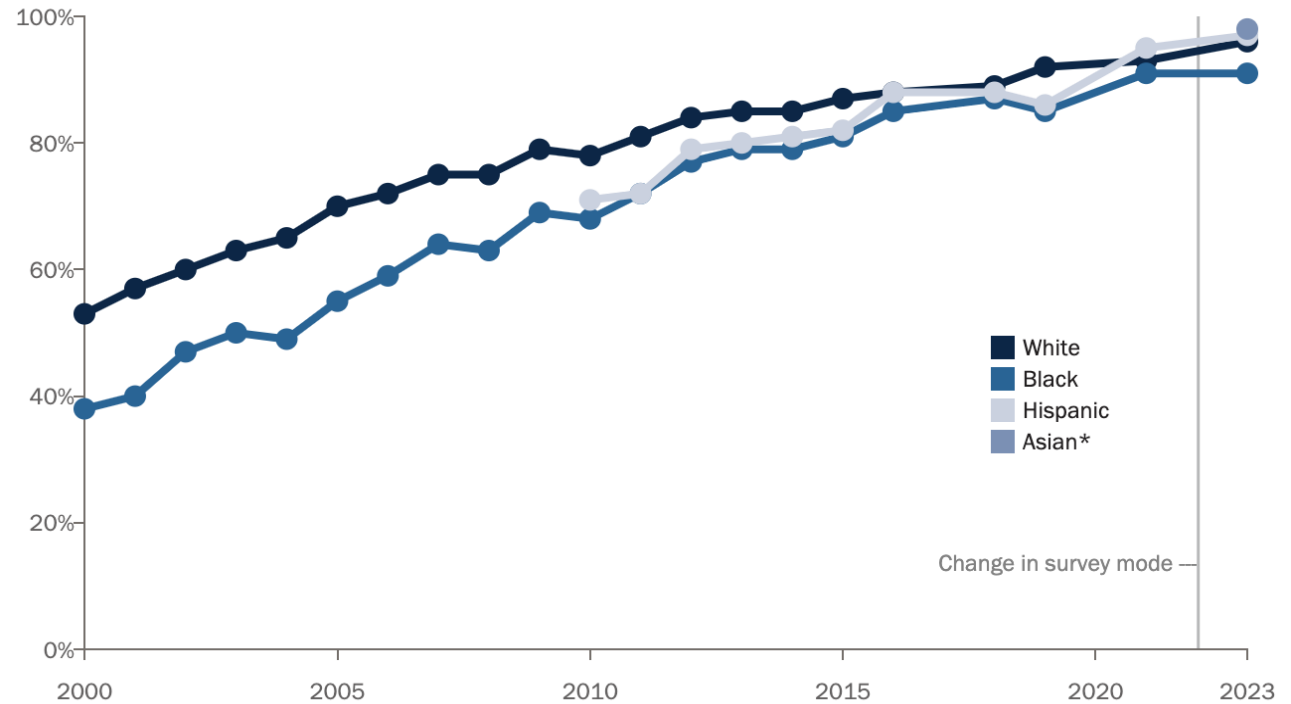


CENTRAL HEALTH

<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

## Internet use by race and ethnicity

*% of U.S. adults who say they use the internet, by race and ethnicity*



\* Estimates for Asian adults are representative of English speakers only.

Note: The vertical line indicates a change in mode. Polls from 2000-2021 were conducted via phone. In 2023, the poll was conducted via web and mail. For more details on this shift, please [read our Q&A](#). Refer to the topline for more information on how question wording varied over the years. White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanic adults are of any race. Respondents who did not give an answer are not shown.

Source: Surveys of U.S. adults conducted 2000-2023. Data for each year is based on a pooled analysis of all surveys conducted during that year.

# NATIONAL INTERNET USAGE TRENDS

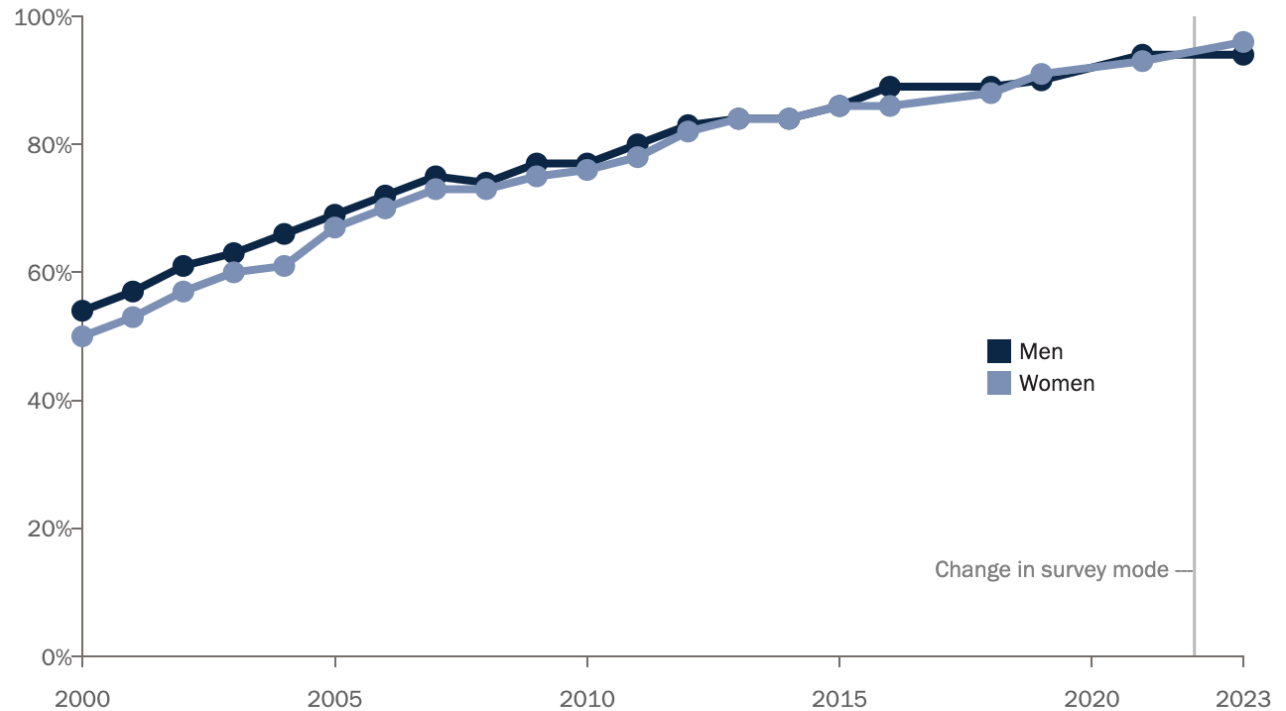


CENTRAL HEALTH

<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

## Internet use by gender

*% of U.S. adults who say they use the internet, by gender*



Note: The vertical line indicates a change in mode. Polls from 2000-2021 were conducted via phone. In 2023, the poll was conducted via web and mail. For more details on this shift, please [read our Q&A](#). Refer to the topline for more information on how question wording varied over the years. Respondents who did not give an answer are not shown.

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# NATIONAL INTERNET USAGE TRENDS

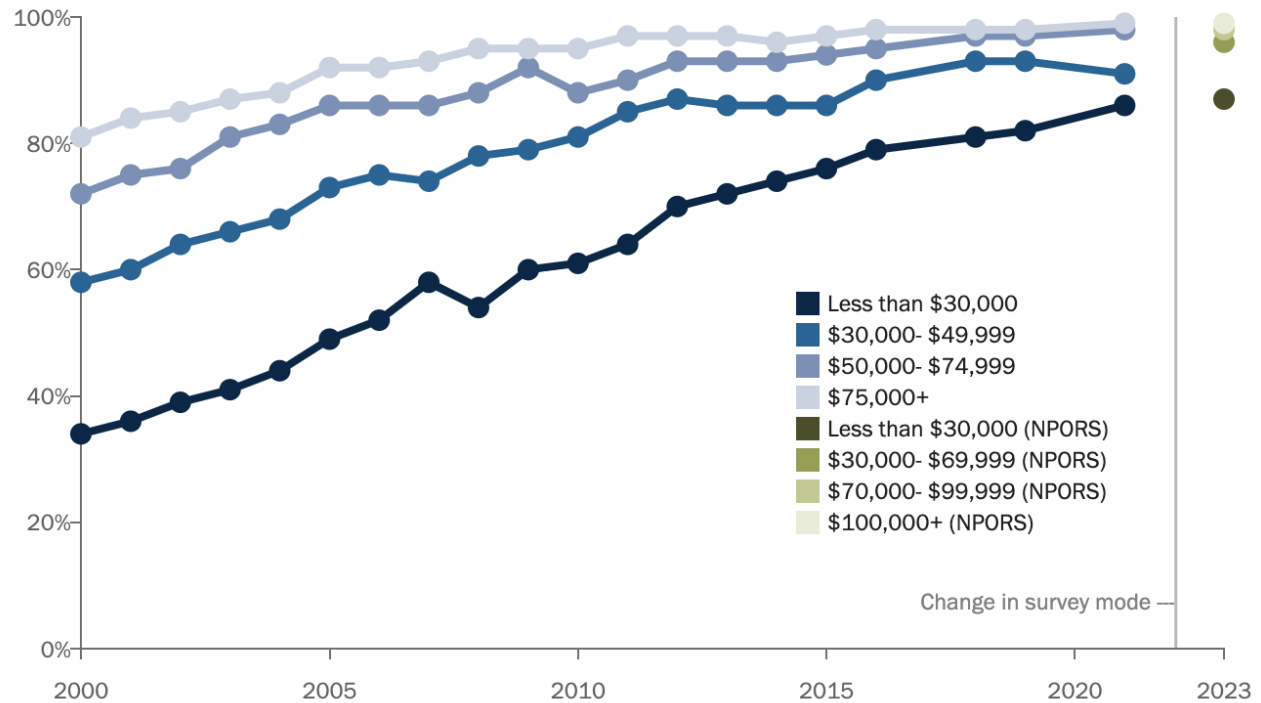


CENTRAL HEALTH

<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

## Internet use by income

*% of U.S. adults who say they use the internet, by annual household income*



Note: The vertical line indicates a change in mode. Polls from 2000-2021 were conducted via phone. In 2023, the poll was conducted via web and mail. For more details on this shift, please [read our Q&A](#). Refer to the topline for more information on how question wording varied over the years. Respondents who did not give an answer are not shown.

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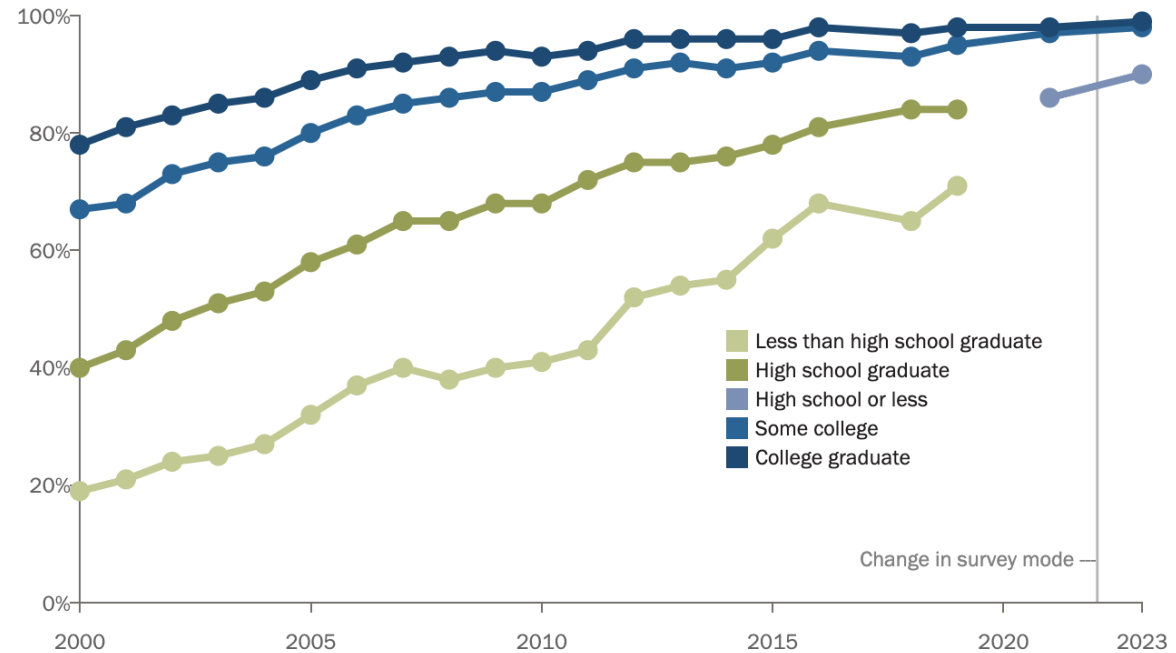


CENTRAL HEALTH

<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

## Internet use by education

*% of U.S. adults who use the internet, by education level*



Note: The vertical line indicates a change in mode. Polls from 2000-2021 were conducted via phone. In 2023, the poll was conducted via web and mail. For more details on this shift, please [read our Q&A](#). The Center has used several different question wordings to identify broadband users in recent years, which may account for some variance in broadband adoption figures between 2015 and 2018. Our survey conducted in July 2015 used a directly comparable question wording to the one conducted in January 2018. Refer to the topline for more information on how question wording varied over the years. "High school or less" includes both "Less than high school graduate" and "High school graduate." The 2021 and 2023 samples are too small to separate these two categories. Respondents who did not give an answer or gave other responses are not shown. Source: Surveys of U.S. adults conducted 2000-2023. Data for each year is based on a pooled analysis of all surveys conducted during that year.

# NATIONAL INTERNET USAGE TRENDS

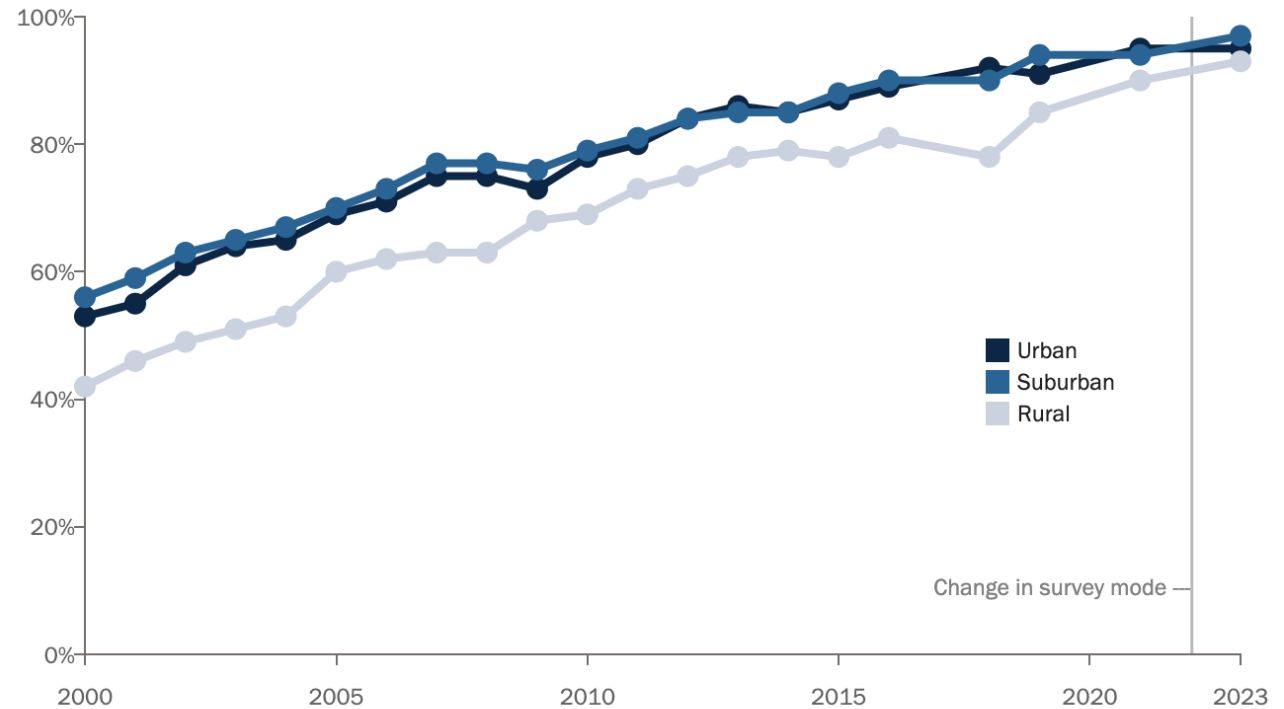


CENTRAL HEALTH

<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

## Internet use by community type

*% of U.S. adults who say they use the internet, by community type*



Note: The vertical line indicates a change in mode. Polls from 2000-2021 were conducted via phone. In 2023, the poll was conducted via web and mail. For more details on this shift, please [read our Q&A](#). Refer to the topline for more information on how question wording varied over the years. Respondents who did not give an answer are not shown.

Source: Surveys of U.S. adults conducted 2000-2023. Data for each year is based on a pooled analysis of all surveys conducted during that year.





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## **CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE**

### **March 27, 2024**

## **AGENDA ITEM 4**

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