



CENTRAL HEALTH



*Central Health Equity-focused
Service Delivery Strategic Planning:
Voice of the Community Summary*



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EXECUTIVE SUMMARY



OVERVIEW

In October 2021, Central Health embarked on an equity-focused system planning initiative to develop a comprehensive, high-functioning health care safety net in Travis County. A critical first step in the initiative was understanding the health needs of residents with low income. As a key component of the initiative, Central Health hired consultant firms Guidehouse and K Strategies to lead an outreach and engagement process called “Voice of the Community.”

The Voice of the Community is an opportunity for patients, residents with low income, advocacy groups and institutions to share their experiences and provide feedback about health care in Travis County. The work uncovered common themes from patients and their experience with local health care providers. The process lasted 12-weeks, with a focus on outreach to people who are hard-to-reach and often excluded from planning efforts meant for their benefit.

Central Health staff connected the team to health influencers in Travis County. These individuals and groups helped spread the word about the systems planning initiative and the importance of receiving feedback on their community’s experience with local health care. Community member and stakeholder interaction delivered key findings and created a healthy communication loop to support the next steps in the systems planning process.

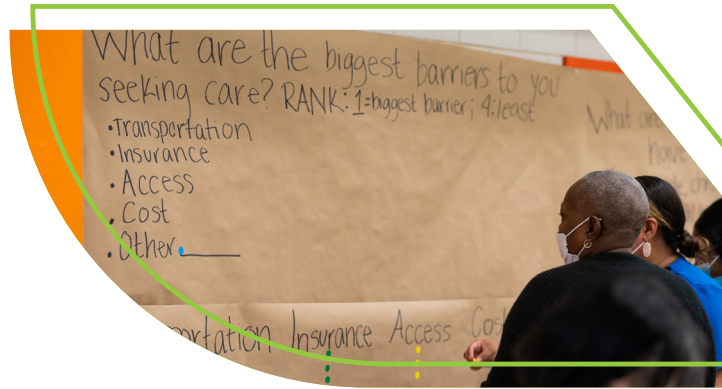
Opinions and feedback are stratified to help translate how various parts of the community responded to the surveys, focus groups and other outreach tactics. Through the Voice of the Community process, the team reached a diverse cross-section of the communities Central Health serves. Their input can be broadly summarized as follows:

- People appreciated the opportunity to provide input.
- MAP is making a difference in people’s lives.
- There is a need for added education about benefits and resources.
- Language barriers exist when accessing and navigating the system.
- Wait time for appointments and patient-provider communication are both critical issues for patients.

PARTICIPANTS

There were 320 total participants. Among them were people from marginalized communities and their advocates including:

- 186 MAP/ MAP Basic members
- 29 participants experiencing homelessness
- 15 community-serving organizations (CSOs)
- 10 Institutions



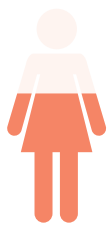
320
PARTICIPANTS

TYPES OF ACTIVITIES

In-Person and Virtual Focus Groups	105
Phone Surveys	120
Online Surveys	47
Community Conversations*	48

Responses by Gender

n=272



Female
69.4%



Male
29.9%



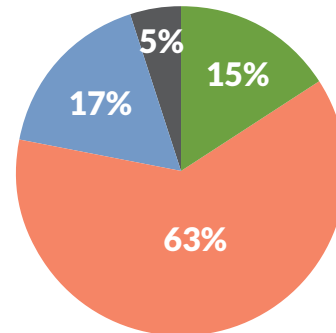
Non-binary
0.4%



Prefer not
to answer
0.4%

Responses by Age

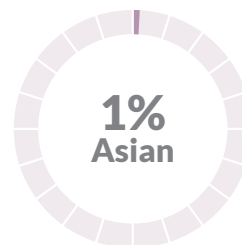
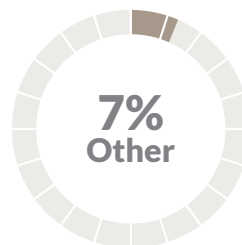
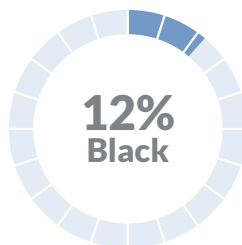
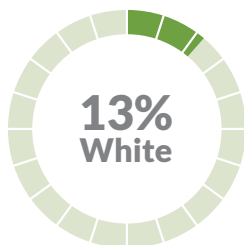
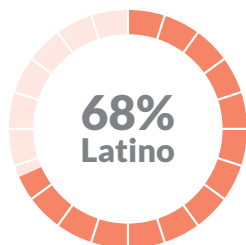
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- Under 30
- 31-59
- Over 60
- No Response

Responses by Race/Ethnicity

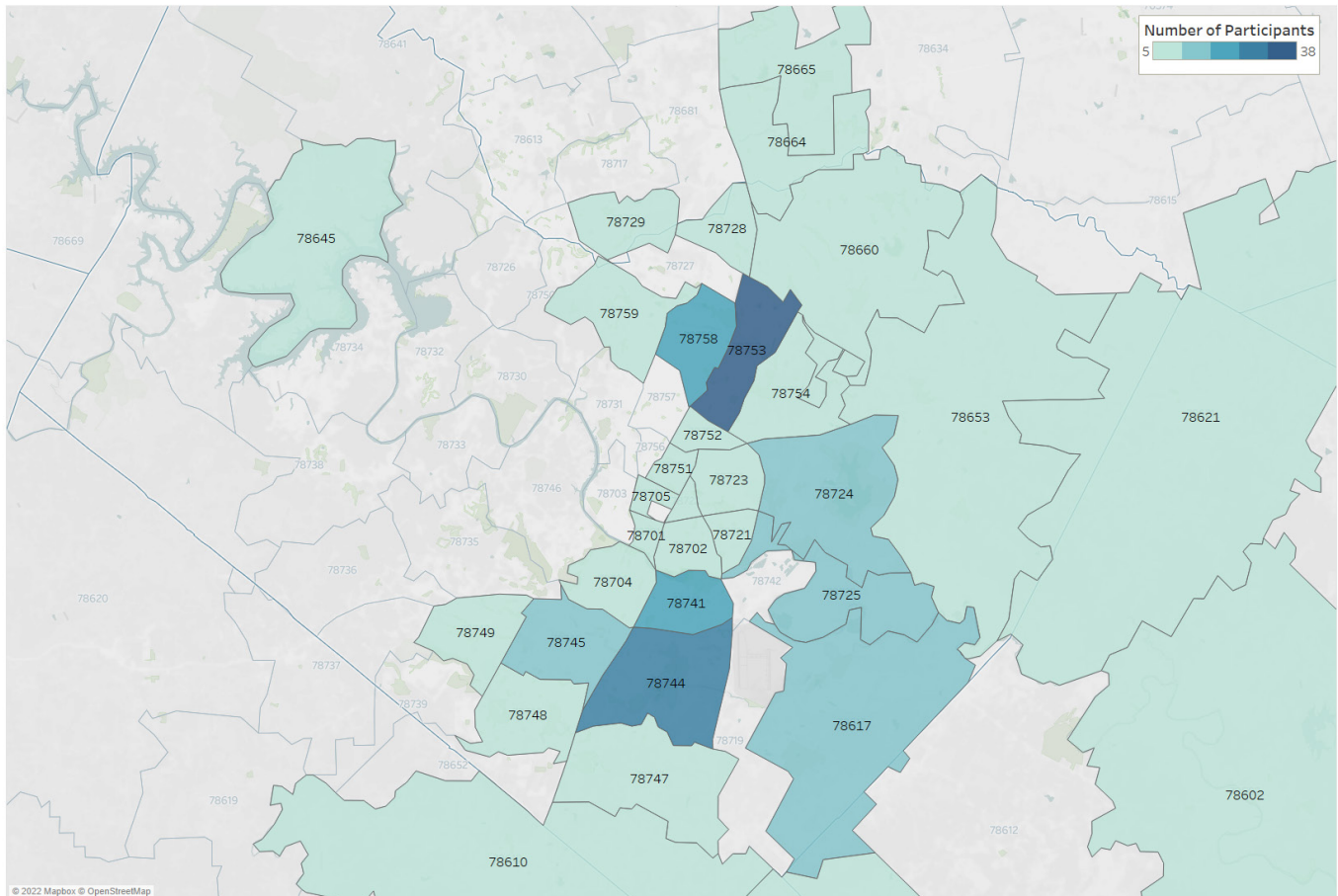
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* Demographic data not available for Community Conversations participants.

As a result of intentional and focused engagement efforts, the participants of the Voice of the Community were diverse, reflecting voices of the general population, advocacy groups, institutions and various people served by Central Health. These 320 participants shared experiences and opinions that we summarized into consistent, prevalent themes. These themes helped us identify areas of concern with a nod to what is working well.

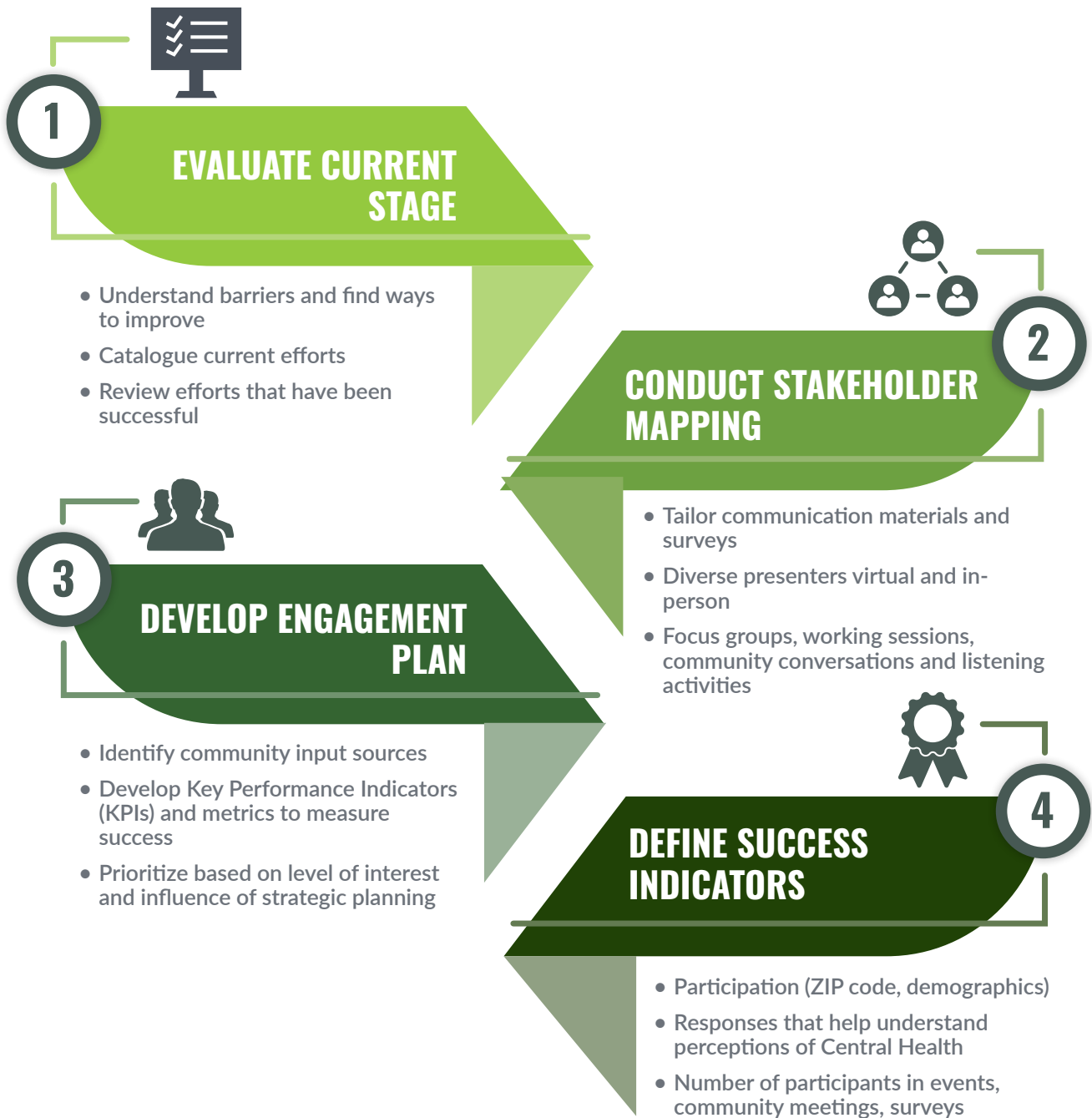
The map below is a geographic representation of the participants' ZIP codes.



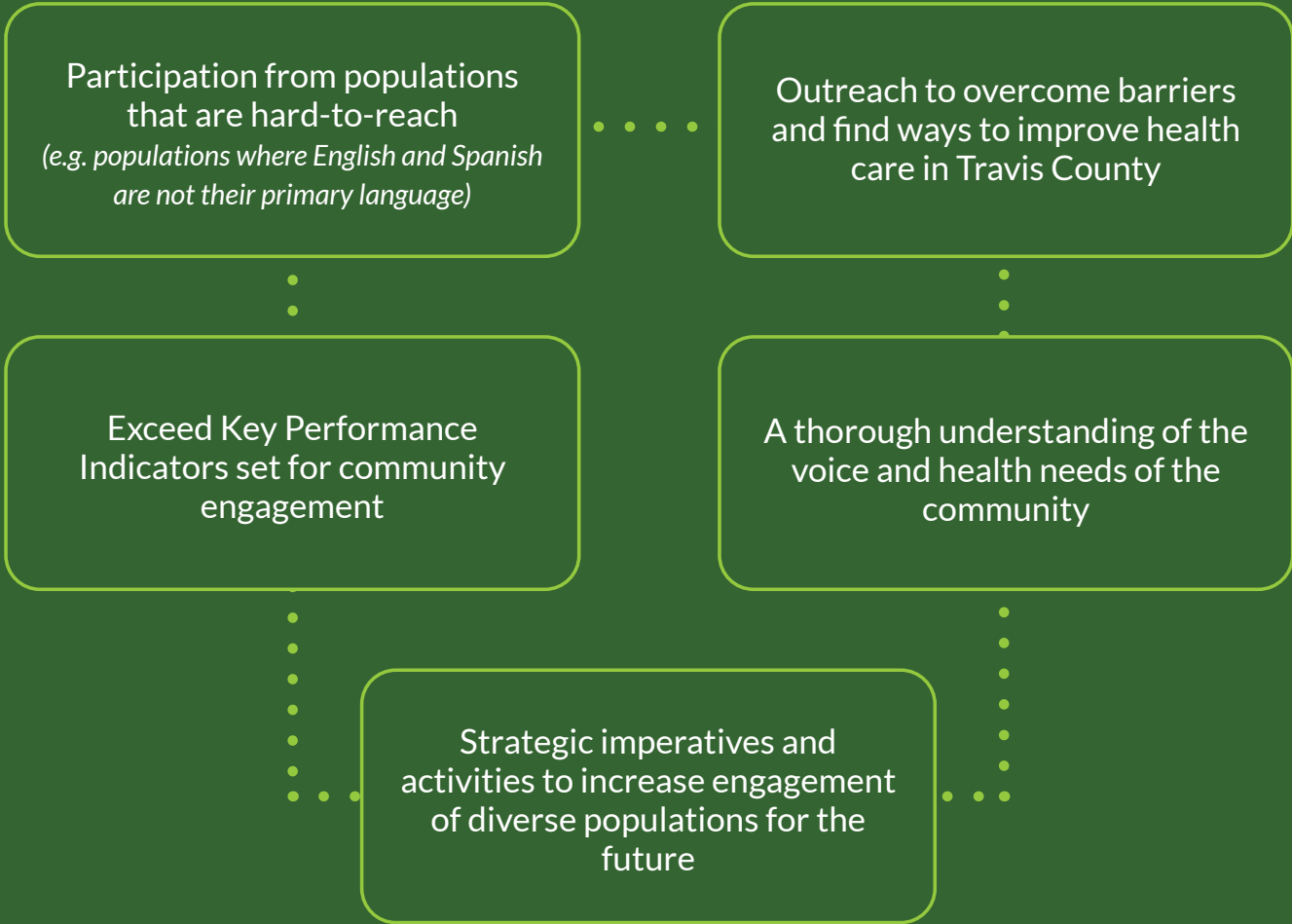
METHODS

VOICE OF THE COMMUNITY

The Voice of the Community engagement is critical to health equity efforts for marginalized and underserved populations. This process highlighted factors influencing patient access, connectedness, continuity, and trust from those with lived experience as well as the people and groups who serve or advocate for them.



MEASURES OF SUCCESS



COMMUNITY ENGAGEMENT APPROACH

Approach

From October through December 2021, the team gathered responses through focus groups, online and phone surveys, and hosted community conversations.

Tactics

Stakeholder Mapping

The focus group goal is to gather a respondent pool that best describes patient experiences and needs. The team looked for qualitative findings repeated across patients and groups. Individuals were carefully selected to build a broad demographic audience from areas throughout Travis County. Three priority groups were defined to guide focus group discussions and interviews:

- **Patients** - patients who are enrolled in or likely eligible for Central Health programs and representatives of community-serving organizations that provide support and connect patients to health care resources.
- **Advocates** - community groups advocating for patients and people with low income.
- **Institutions** - leaders representing health, education, transportation and more.

Engagement Tactics

Engagement tactics established during the process provided effective ways to connect with people with low income. The team used numerous tactics to connect with respondents to understand their health care experience.

- **Listening Sessions** - Virtual conversations with community-serving organizations, advocacy groups and institutions
- **Focus Groups** - In-person discussions with patients in English and Spanish
- **Phone Surveys** - Phone calls to MAP/MAP Basic members
- **Online Surveys** - Surveys available to the general public
- **Community Conversations** - English and Spanish discussion to inform the community about the systems planning process and how to get involved

ENGAGEMENT ACTIVITY

	# of Participants	Community Conversations Attendees	# of CSOs	# of Institutions
October <ul style="list-style-type: none"> • Hosted an in-person dinner and lunch • Held virtual listening sessions with advocacy groups and institutions • Held focus groups with individuals and organizations recommended by advocacy groups • Followed up with groups and scheduled meetings • Stakeholder interviews 	76		9	10
November <ul style="list-style-type: none"> • Identified additional groups to meet with (e.g. African American Men, Asian sub-populations and people experiencing homelessness) • In-person interviews with people experiencing homelessness 	29		4	
December <ul style="list-style-type: none"> • Launched phone and online surveys • Hosted two community conversations (English and Spanish) 	167	48	2	



FOCUS GROUPS

PATIENTS

Travis County residents with low income and community-serving organizations

Group Objective:

Engage patients and listen to the “voices of those less heard” regarding needs and perceived gaps in health care delivery.



ADVOCATES

Groups advocating for people with low incomes

Group Objective:

Host listening sessions to understand their goals and how they advocate for people with low incomes and capture perceived health care system gaps, barriers to care, and opportunities to improve service.

INSTITUTIONS

Leadership from institutions focused on health, education, and transportation

Group Objective:

Host listening sessions with institution leaders to understand their perception of the work Central Health does and how that work can be improved to better serve their constituents.



TOOLS AND TACTICS

Listening Sessions, Community Conversations, and Patient Interviews

To build a diverse pool of participants, Central Health provided an extensive list of community advocates and activists, institutions, nonprofit organizations and partners to contact. In October 2021, the team invited representatives from these organizations to participate in listening sessions to discuss health care in Travis County. During the listening sessions, leaders suggested patients for the focus groups and provided their contact information. A number of tactics were set up to collect information from participating patients, residents with low income, advocacy groups and institutions. Additionally, the team will use the list of participants to create an ongoing communication feedback loop on the systems planning initiative and ensure the community is informed of every step of the process.

Tools

Email/Newsletter Invitation

Using digital and print notices, we invited people to participate in listening sessions, community meals and community conversations. We sent invitations to approximately 70 contacts, including community-serving organizations, advocacy groups and institutions. We encouraged everyone to share the invitations through their networks.

Tactics

Listening Sessions (Virtual)

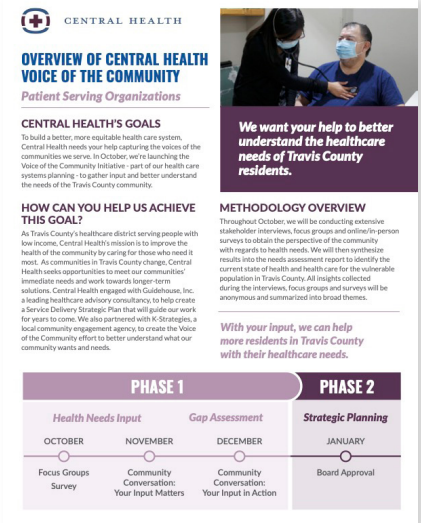
We hosted listening sessions to discuss Central Health's impact in the community and how the systems planning initiative benefits people with low income. The sessions also served as planning opportunities. To ensure open and honest conversations, Central Health staff were intentionally not present for these meetings.

Health Care Provider Meetings (Virtual)

Leaders of community-serving organizations who participated in initial virtual listening sessions helped arrange additional meetings with other organization leaders and the people they serve. These meetings offered Central Health the opportunity to learn more about community experiences and receive candid feedback from its patient population.

Community Conversations (Virtual)

During two virtual community meetings, residents asked questions and voiced concerns about Central Health's efforts and plans to provide access to care for people with low income. Forty-eight people participated in the community conversations in their language of choice (English or Spanish). Additionally, the Community Conversations are posted on Facebook Live with 639 views to date (English: 401 views; Spanish: 238 views).



CENTRAL HEALTH

OVERVIEW OF CENTRAL HEALTH VOICE OF THE COMMUNITY

Patient Serving Organizations

CENTRAL HEALTH'S GOALS
To build a better, more equitable health care system, Central Health needs your help capturing the voices of the communities we serve. In October, we're launching the Voice of the Community Initiative - part of our health care systems planning - to gather input and better understand the needs of the Travis County community.

HOW CAN YOU HELP US ACHIEVE THIS GOAL?
As Travis County's healthcare district serving people with low income, Central Health's mission is to improve the health of the community by caring for those who need it most. As communities in Travis County change, Central Health needs opportunities to meet our communities' immediate needs and work towards longer-term solutions. Central Health engaged with CudeHouse, Inc., a leading healthcare advisory consultancy to help create a Service Delivery Strategic Plan that will guide our work for years to come. We also partnered with K Strategies, a local community engagement agency, to create the Voice of the Community effort to better understand what our community wants and needs.

METHODOLOGY OVERVIEW
Throughout October, we will be conducting extensive stakeholder interviews, focus groups and online/in-person surveys to obtain the perspective of the community with regards to health needs. We will then synthesize results into the needs assessment report to identify the current state of health and health care for the vulnerable population in Travis County. All insights collected during the interviews, focus groups and survey will be anonymous and summarized into broad themes.

With your input, we can help more residents in Travis County with their healthcare needs.

PHASE 1		PHASE 2	
Health Needs Input	Gap Assessment	Strategic Planning	
OCTOBER	NOVEMBER	DECEMBER	JANUARY
Focus Groups Survey	Community Conversation: Your Input Matters	Community Conversation: Your Input In Action	Board Approval



CENTRAL HEALTH

We bring the meal, you bring ideas on how we can improve your healthcare experience.
Choose the date that best works for you.

COMMUNITY DINNER ON HEALTHCARE

Thursday, October 21 | 5:30 p.m. - 7 p.m.
Dobie Middle School
1200 E Rundberg Ln, Austin, TX 78753
RSVP: evt.to/sesossw

COMMUNITY LUNCH ON HEALTHCARE

Monday, October 25 | 11:30 a.m. - 1 p.m.
Southeast Health & Wellness Center
2901 Montopolis Dr, Austin, TX 78741
RSVP: evt.to/seshmniw

Participants will receive a \$25 H-E-B gift card while supplies last. A meal will be provided and children activities will be available.



In-Person Focus Groups

Central Health hosted two in-person focus groups - a community dinner and lunch. Eighty-one people participated in the focus groups, which included interactive “white-board” exercises and survey questions. We offered children activities. This way, the entire family could participate and offered MAP/MAP Basic members transportation to and from the venue. Every household received a \$25 gift card.

Patient Interviews (people who are experiencing homelessness)

Central Health partnered with Sunrise Community Church to capture the concerns and barriers to accessing health care for those experiencing homelessness. Central Health and K Strategies interviewed patients on a one-to-one basis. Every participant received a \$25 gift card.

SURVEYS

Phone Interviews of Randomly Selected MAP/MAP Basic Members

Recognizing that the patient population may have limited access to communication tools or not be available for the focus groups, the team assessed qualitative themes from the focus groups using phone and online surveys. Central Health’s staff queried the current MAP and MAP Basic member database to identify persons ages 18+ who spoke either English or Spanish and lived in a Travis County ZIP code. The team called those members and asked them to participate in a phone survey, then asked questions that aligned with the topics participants discussed in the in-person focus groups. A total of 120 patients completed the phone survey.

Note: Questions from the surveys are in the appendix.

Online Survey of the General Public

To provide greater public access to the survey, the team developed questions and deployed them using Central Health’s online engagement platform. The team developed the engagement tool questions to differentiate MAP/MAP Basic patients from patients using health insurance and those that are living without coverage. During the process, 47 participants completed online surveys.

Community Outreach and Partners



The team recognized the importance of community relations and set up the following meetings to meet patients and community leaders. Listening sessions and focus groups resulted in additional conversations with patients, community leaders, and groups advocating for patients to better understand the gaps in health care around the community.

In Person

- October 21 Community Dinner:
Dobie Middle School
- October 25 Community Lunch:
Central Health Southeast Health & Wellness Center

Virtual

- October 18 Colony Park Neighborhood Association led by Ms. Barbara Scott
- October 20 The Anti-Poverty Project (TAPP) led by Ms. Ofelia Zapata
- October 20 Listening Session:
Groups Advocating for people with low income
- October 20 Listening Session:
Leaders from institutions focused on health, education and transportation
- October 22 Listening Session 2:
Groups Advocating for people with low income
- October 22 Listening Session 2:
Leaders from institutions focused on health, education and transportation

*CSO - Community Serving Organizations



Held additional meetings with groups and individuals unable to attend initial listening sessions or focus groups.

Virtual

October 23	Alliance for African American Health in Central Texas: Leadership focused on solutions for African Americans to achieve physical, mental and social well-being
October 25	Del Valle Community Coalition (DVCC): Committed to cultivating engaged citizens, city and county leader relationships, to pursue proactive solutions to community challenges
October 26	Alliance for African American Health in Central Texas meeting: Engages people at the grassroots level and beyond, to identify and implement solutions that create opportunities for African Americans to achieve optimal physical, mental, and social well-being
November 3	Central Health Equity Policy (CHEP) Council: A coalition of volunteers charged with identifying and advancing health and wellness equity policies for Travis County residents with low income
November 5	Sunrise Community Church: Serves people experiencing homelessness
November 10	Austin Asian Community Health Initiative (AACHI): Serves Asian populations in Travis County
November 10	Community Coalition for Health: Serves residents in Eastern Travis County including Black men
December 2	Austin Asian Community Health Initiative (AACHI): Serves Asian populations in Travis County

In Person

November 19	Sunrise Community Church: Interviews with people experiencing homelessness
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Phone and Online

December 3 - 15	Online Surveys (English/Spanish)
December 16	Community Conversations via Facebook Live (English/Spanish)
December 7 - 23	Phone Surveys with MAP/MAP Basic members

ANALYSIS AND INTEGRATION

The engagement process approach began with work streams to assess common health care themes that impacted the community. The team then used key tactics to test the level of support for the themes. Tools mentioned earlier in the report communicated the approach and purpose of the work. The tactics created a framework to gather qualitative findings and build quantitative support.

Qualitative analysis

Qualitative analysis is the process of gathering data to assess common themes that reoccur during focus groups and surveys. As the number of respondents increased, the team closely watched the development of the themes, which were used to create phone and online surveys.

Quantitative analysis

Quantitative analysis is the process of testing common themes with as many participants as possible, in this case through phone and online surveys.

We identified a geographically-diverse sample group, then randomly selected MAP and MAP Basic members. The group answered questions through phone interviews.

Concurrently, the team used Central Health's online platform (participate.centralhealth.net) to deploy the online survey. The online survey broadened the participant base by providing unlimited access to the questions.

Integration

The data from these groups were gathered and translated to create a comparative data set to use with the focus group findings. The results were stratified into key categories, which include:

- Patient status
- Race and Ethnicity
- Age
- Gender

The data from the surveys were aggregated and the findings were compared by K Strategies to the focus

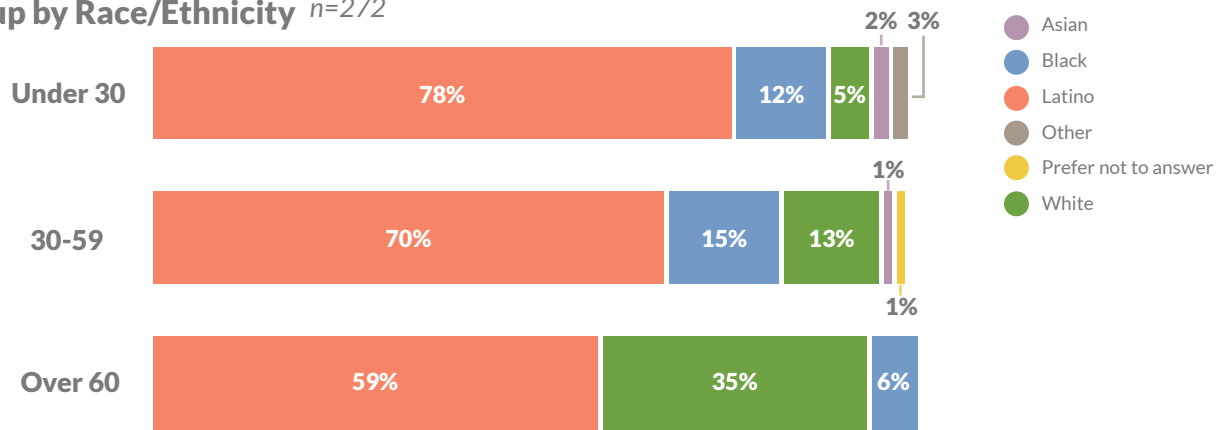
Through intentional and focused engagement efforts in targeted ZIP codes, the Voice of the Community participants are diverse and generally representative of Central Health's patient population. While the findings are qualitative, the themes and specific feedback items are largely consistent among all groups. We acknowledge 320 individuals cannot encapsulate the experience and opinions of all Travis County residents with low income.

Responses were collected using REDCap. Survey data from the online and phone surveys were exported and combined, cleaned, and translated (when necessary) to create the final survey data set. These data were then analyzed to review survey item responses and stratify the results by subgroups (e.g., by patient status, by race/ethnicity, etc). Percentages are reported wherever possible. Numbers less than 5 have been suppressed for HIPAA compliance. Results from these surveys may not be generalizable to the entire MAP and MAP Basic population because of the small sample size.

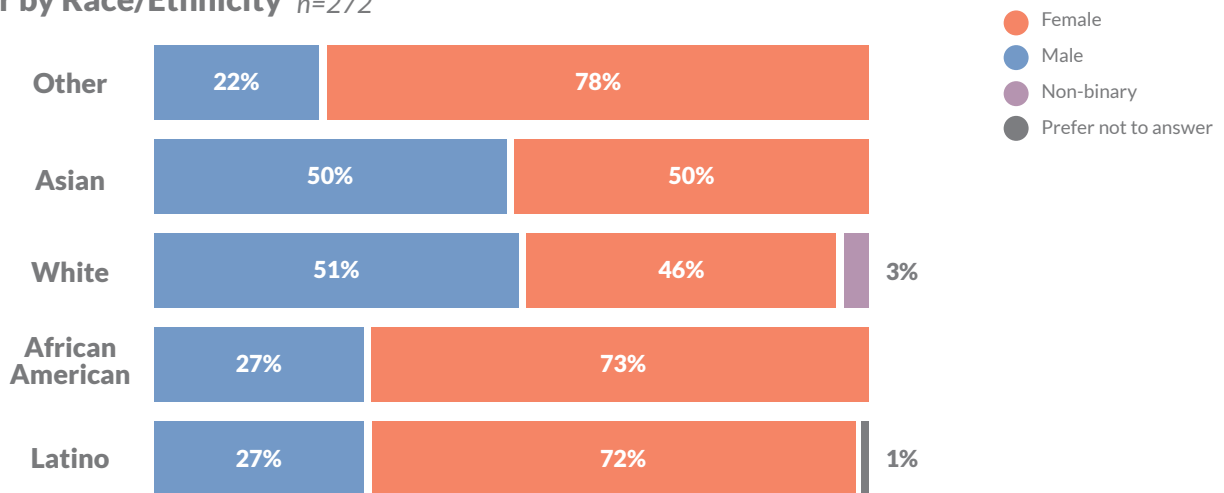
FOCUS GROUP AND SURVEY RESULTS

POPULATION DEMOGRAPHICS

Age group by Race/Ethnicity n=272

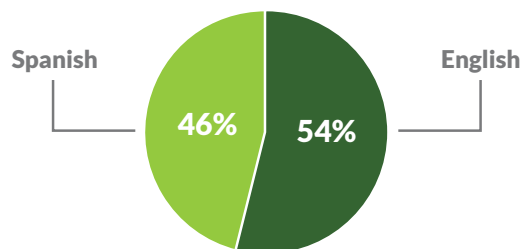


Gender by Race/Ethnicity n=272



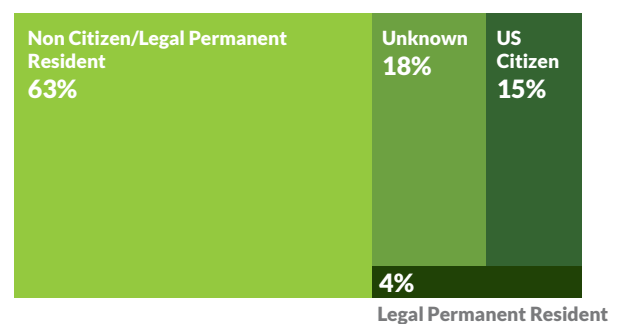
Primary Language

n=272



Citizenship status

Online and Telephone Survey Respondents only; n=167



WHAT WE HEARD

We listened to the Voice of the Community throughout the process. Several themes were repeated during the process and provided clarity of the 320 participants' experiences and needs. Although this number is a sample of the total population, the qualitative input helped identify the topics shared by participants. The next section shares what was heard during the engagement process. The section looks at focus group findings compared to the phone and online surveys.

Barriers to Care

Scheduling

Focus groups



27% of focus group participants identified scheduling as a major barrier to care. Twenty-seven percent represents the largest consensus

of responses by focus group participants. Unfortunately, an analogous question was not asked of the surveyed MAP/ MAP Basic population.

Cost

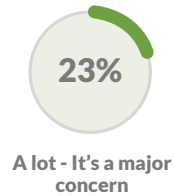
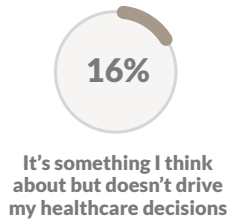
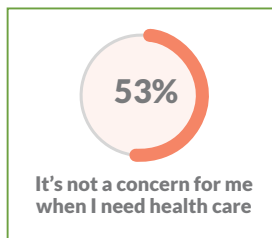
Focus groups



Only 10% of focus group participants said cost was a barrier to care.

Survey

The majority (53%) said that cost is not a concern for them when they need health care but 23% of MAP/ MAP Basic members (mostly MAP Basic) reported that the cost of health care impacts their decision to see a doctor or specialist. Central Health will have to investigate further to determine if these costs are related to office visits or medications.



Transportation

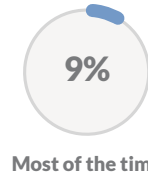
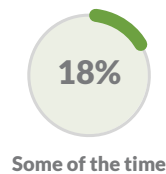
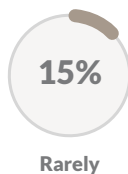
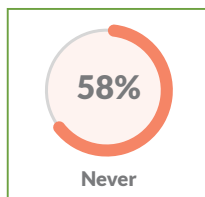
Focus groups



Only 3% of focus group participants said that transportation was a barrier to care.

Survey

Approximately 73% of current MAP/MAP Basic patients reported that transportation Rarely or Never kept them from making it to their medical appointments in the last year.

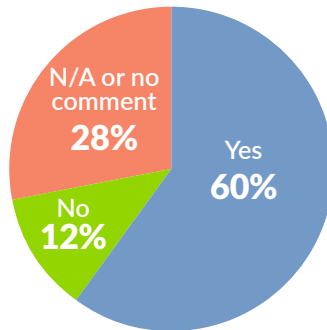


Language

Focus groups

In looking at language as a barrier to seeing a doctor, 60% of focus group interviewees shared that they are able to find a doctor that provides service in their native language.

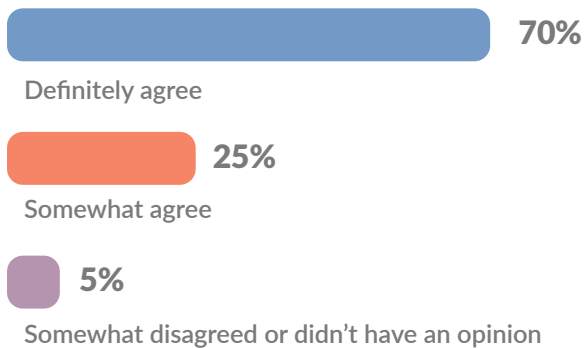
Are you able to find a doctor/medical service that can provide services in your native language?



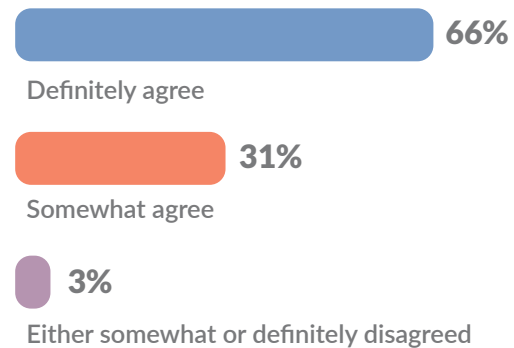
Survey

70% of current MAP/ MAP Basic patients interviewed reported definitely agreeing that they understood the language used during clinical appointments in the last year and 66% said they definitely agreed that clinic staff understood them.

Understood the language being used



Clinic staff and doctor understood what I was saying



During the process, language was discussed as a barrier during our conversations with advocacy groups. During a discussion with leaders from the Asian community, it was discovered that language is a barrier more than it is to the larger community. Advocates from this community shared that three things create barriers:

- Finding a doctor that speaks their native language
- Communicating diagnosis
- Prescriptions and post care information in their native language

Health literacy

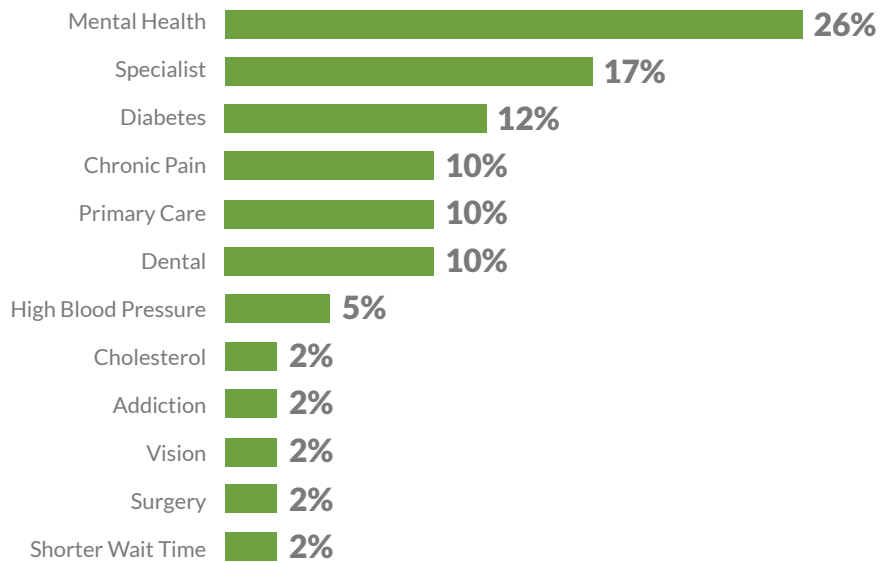
Survey

59% of MAP/ MAP Basic patients interviewed reported definitely agreeing that they understood the medical terms being used, 67% said that they definitely understood the instructions they were given and 67% responded that they definitely understood their treatment options.

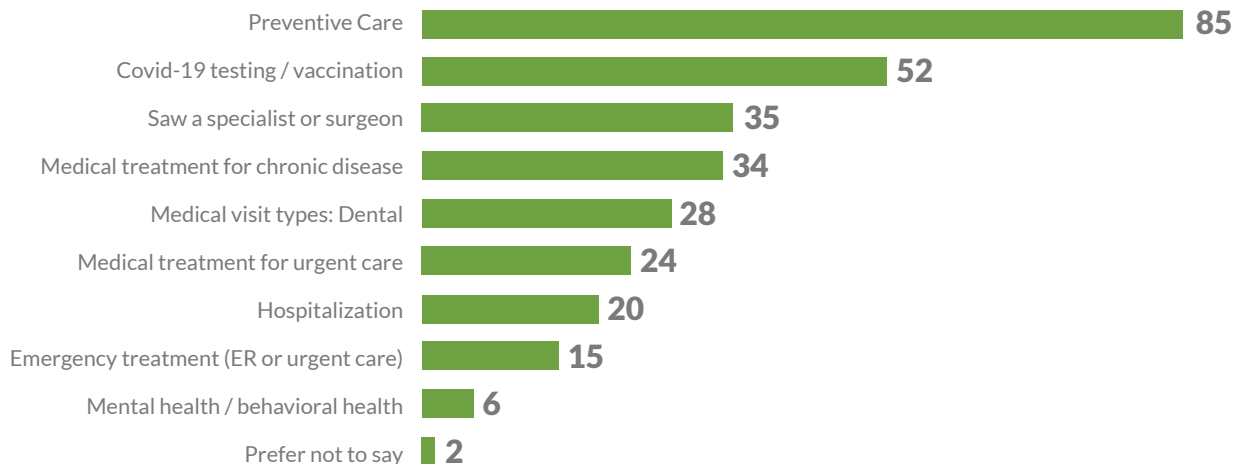
	Definitely agree	Somewhat agree	Neither agree/ disagree	Somewhat disagree	Definitely disagree
Understood the medical terms being used	59%	35%	<5%	<5%	<5%
Understood the instructions I was given	67%	32%		<5%	
Understood my treatment options	67%	33%			

Care Utilization and Unmet Needs

What is your greatest health need that has not been met? (In-Person Focus Groups)



Types of medical visits in the past year (Current MAP/MAP Basic members - Total # of responses)



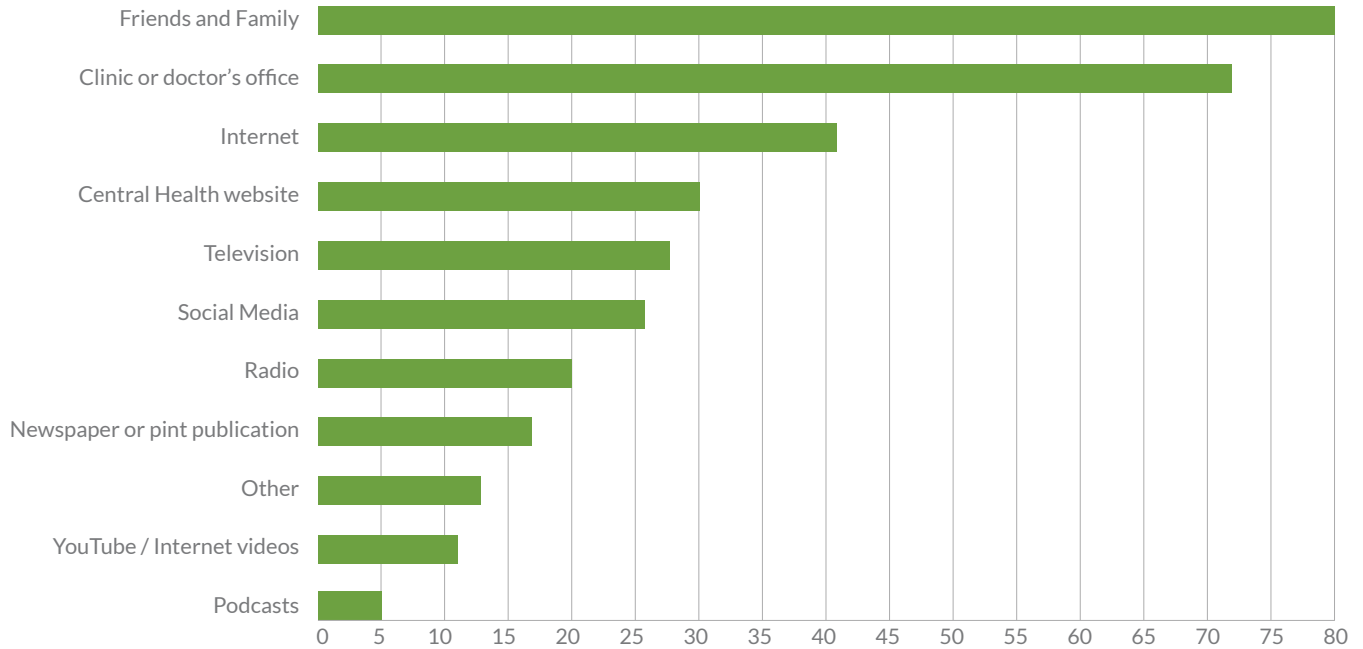
Community Health Care Resources

Preferred/Usual sources of health care information

Most current MAP and MAP Basic members usually received information about health care resources from: friends and family, at the clinic or doctor’s office, the Internet, or from the Central Health website.

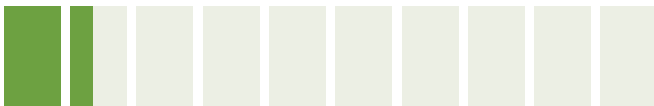
How do you usually get information about health care resources in your community?

Information in the chart was provided by MAP and Non-MAP members during focus groups.



Resource awareness

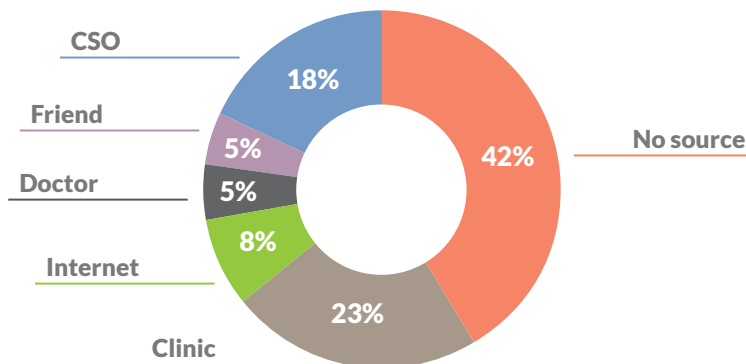
Surveys



Only 14% of MAP/MAP Basic respondents indicated they were Very Knowledgeable about the available health care resources in the community.

Focus groups

Do you have access to information to make decisions about medical care – i.e. dental, vision, pharmacy, preventive services, screenings, etc.? Where do you get information about making decisions related to medical care in your community?



Clinical Care Experience

Perception: MAP/MAP Basic members

Net Promoter score



90% of current MAP and MAP Basic patients surveyed would recommend MAP to friends and family if they needed health care coverage.

Members responded to questions that help understand their experience during doctor visits. A high net promoter score is an indicator of a positive experience. Based on the results, members are more likely to recommend MAP and MAP Basic to friends and family.

Thinking about the care you have received in the last 2 years, how did those experiences make you feel?

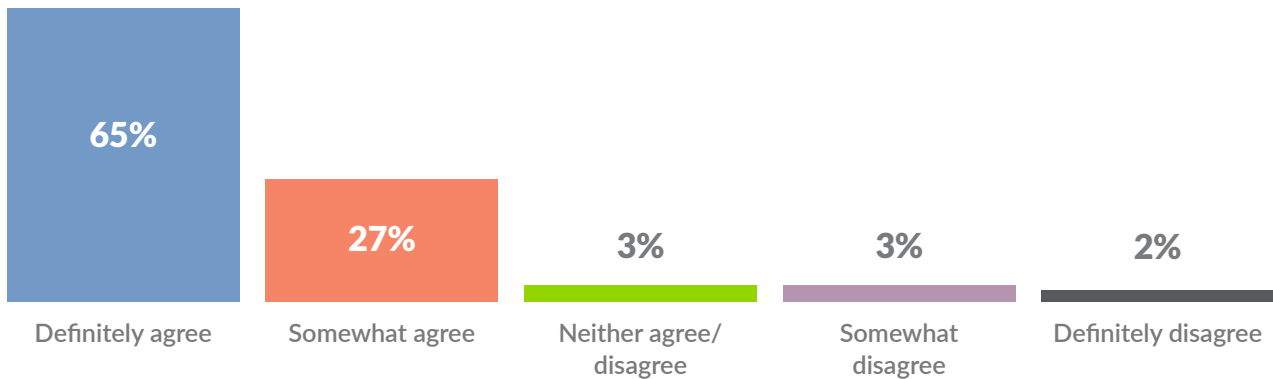
	Definitely agree	Somewhat agree	Neither agree/disagree	Somewhat disagree	Definitely disagree
I felt respected	70%	23%	<5%	<5%	<5%
I felt safe	71%	27%	<5%		<5%
Team cared about my health	66%	26%	5%	<5%	<5%
Experience was positive	64%	29%	<5%	<5%	<5%
Ever stopped seeking care because of how treated	5%				

Cultural competence

Survey

65% of patients interviewed reported that they definitely agreed that the doctor and clinical staff understood their culture.

Understood their culture



Community suggestions for improvement

In this section patients shared ideas and suggestions for improving health care in the community.

Focus groups

What could be improved in the community to promote a better and healthy lifestyle for you?

- Host programs classes in neighborhoods and/or at apartments for people who work late or don't go out.
- Offer more bilingual clinical staff.
- Offer appointments with shorter wait times (e.g. not a month out).
- Two suggestions: Offer more health and wellness programs and host a one stop shop event that offers information on medical, dental and vision.
- Two ideas: Have discussions about mental health and invite African American men to attend and learn. Second, ship medicine instead of having to pick it up.

Survey

If you could improve the health care experience for you, your family, and your community, what you change?

- Increase the number of available appointment times.
- More medical assistants that are patient and understanding.
- More availability at clinics near me (e.g. Del Valle resources are limited).
- Add more clinic locations.

Do you have any ideas or suggestions for ways to improve health care services for people experiencing homelessness?

- Ask the staff to be more compassionate, and talk to patients like they care about them.
- Offer more mobile clinics. Promote and advertise them in places where people experiencing homelessness gather (e.g. food pantry).
- Extend MAP from six months to a year. It's very hard to keep up with renewal dates.
- More meetings like this one where we can talk and someone listens to us.

DISCUSSIONS AMONG ASIAN, LATINO, AFRICAN AMERICAN AND UNHOUSED PARTICIPANTS IN FOCUS GROUPS

- All groups expressed the need for more education and information about preventive care and resources related to chronic disease and mental health.
- All groups expressed the desire to work with Central Health to help families learn how to access medical care and support each other in becoming healthier.

Additional Key Findings: Asian Participants

- Language barriers may be reduced by building stronger communication systems that translate documents and diagnosis in the native language of patients.
- Patient-serving organizations in this community go the extra mile providing rides, assistance with diagnosis and even helping patients pick up prescriptions.
- Patients served are older, do not speak English, and require assistance navigating all steps to accessing medical care.
- There is a desire among this patient population to work with Central Health on preventive workshops at faith-based centers and in the community to help improve health of the community.

Additional Key Findings: Latino Participants

- Latino patients have a desire for more education regarding prevention programs and available resources.
- Need for community alliances to solve larger social and political issues in accessing health care.
- This patient population calls for compassionate relationships that deeply look at and understand the culture, geographic challenges, and languages when considering the health care needs of safety-net populations across the county.

Additional Key Findings: African American Participants

- Emphasis on patient experience before, during and after doctor visits.
- Share more information on chronic disease, nutrition, and mental health.
- Desire opportunities to partner with families, churches and organizations to build education and outreach programs for African American men and to teach families how to help them maintain consistent care and seek more frequent medical attention.

Additional Key Findings: Interviews with People Experiencing Homelessness

- Community partnerships provide structure, access to information and resources that help people living in transition.
- Churches have a unique position because of location and in partnership with medical providers can be great spaces where unhoused people can consistently connect with needed resources.
- Most respondents were current or former MAP members and are able to access the program because of the church.

SUMMARY

Overall, the Voice of the Community systems planning process received favorable responses from patients of Central Health and Travis County residents with low income. The MAP/MAP Basic programs improve patient experiences, increase access to quality health care and is favorably helping the community.

The team heard from diverse groups. To non-English speakers, language presented a possible barrier to accessing medical care. However, language does not stop patients once they have enrolled in MAP/MAP Basic programs. Currently, community leaders, community-serving organizations and advocates help patients enroll in MAP/MAP Basic, access health care and receive the support needed to achieve a higher quality of life.

Patients and community leaders shared throughout the process a high desire to work with Central Health to improve the overall knowledge and health of the community. The systems planning process uncovered diverse topics that impact patients such as cost and transportation. In fact, focus groups and surveys showed that a small percentage of the population are impacted by cost and transportation, 10% and 3% respectively. Again, these are not barriers to MAP members accessing quality health care. The recommendations expressed in this report suggest ways Central Health can impact more patients that use MAP/MAP Basic and influence healthier lifestyles in Travis County. The findings of this report can be summarized in five areas:

- People appreciated the opportunity to provide input.
- MAP is making a difference in members' lives.
- There is a need for added education about benefits and resources.
- Language barriers exist when accessing and navigating the system.
- Wait time for appointments and patient provider communication are both critical issues for patients.

RECOMMENDATIONS AND NEXT STEPS

The Voice of the Community provided insight into the thoughts and experiences of Travis County residents. Below are recommendations based on the work completed:

Understanding patient needs

- Increasing MAP and MAP Basic outreach and access will provide some members of the community a chance to improve their quality of life. Patients and advocates shared that they were delighted to participate in events and extremely interested in learning more about health coverage benefits and accessing health care resources.

Improve the clinical care experience

- Conduct an analysis of appointment scheduling and wait times during appointments, particularly specialty care appointments, and develop strategies to reduce the complexity of scheduling and long appointment wait times.

Enhance community connections

- Increasing the number of relationships with faith-based organizations, community-serving organizations, advocates, and institutions will provide connections to educate communities on resources, programs, and healthy living.

Increase outreach to the underserved

- Improving cultural competence and adding more resources to communicate medical information across multiple cultures are critical parts of serving the communities.
- Wives, sisters and other family members shared concern for the low number of men seeking medical care. Investigate strategies for increasing the number of men seeking care in the system.
- Improve health literacy. Patients and community-serving organizations shared the need for community programs and workshops in easily accessible locations, to help the community better understand chronic disease, nutrition and preventative health care.

The [Appendix](#) includes highlights from discussions that will help gain a deeper understanding of the Voice of the Community.

APPENDIX

These advocacy groups provide information and resources to people with low income. Through these conversations, the engagement team learned how to better connect with people experiencing homelessness, Asian sub-groups, and other ethnic groups that do not traditionally seek medical care regularly.

Below are findings from our focused conversations with advocacy groups.

Groups Advocating for People with Low Income

Transportation

- Transportation is hard for many patients because they live far from the areas that provide care.

Patient Service

- Community advocates feel their work is not appreciated and the communities they serve are constantly overlooked.
- Groups are looking for ways to reach and engage seniors about health care.
- The community appreciates MAP because it provides access to care and SNAP because it provides access to nutrition.

Resources

- Participants felt there are not enough information resources for patients, and there are challenges to accessing what is available. The community wants partners such as Central Health to help make residents aware of resources and education opportunities to live healthier.
- Economically challenged communities have limited resources.
- Many areas in East Travis County are in food deserts. Communities need access to healthy, affordable foods.

- There is a need for more parks/ greenspaces, and recreation centers connect health facilities.

Costs

- Patients need more medical and prescription coverage.

Language/Cultural Barriers

- Paperwork and applications are not in native languages. Diagnosis and care advice must be translated. Communication is confusing for some patients leading to barriers in seeking care and requiring a second person to translate.
- There is mistrust between marginalized communities and health care.
- Black and Latino men need education programs through faith-based organizations, and other trusted locations to build knowledge and trust.

Advocates: Groups Advocating for People with Low Income

The Central Health engagement team helped set up meetings with groups around Travis County that advocate for patients. Below is a list of organizations that were contacted initially and asked to identify other groups that could be helpful with the process of gathering information.

Organization List

- Alliance for African American Health in Central Texas
- Asian Family Support Services of Austin
- Austin Asian Community Health Initiative
- Austin Latino Coalition
- Austin Voices for Education & Youth
- Austin's Colony Neighborhood Association
- Black Leaders Collective
- Central Health Community Health Champions
- Central Health Equity Policy Council
- Colony Park Neighborhood Association
- Community Coalition for Health
- Community Resilience Trust
- Del Valle Community Coalition
- El Buen Samaritano
- Go Austin, Vamos Austin! (GAVA)
- HEALTH | Equitable cities
- Latino Healthcare Forum
- Middle East Outreach Council (MEOC)
- Minorities for Equality in Economy Education Liberty and Justice (MELJ)
- National Hispanic Contractors Association
- People Organized in Defense of Earth and Her Resources (PODER)
- Quality of Life Commissions
- Refugee Services of Texas
- Texas AFL-CIO
- Texas Anti-Poverty Project

Health and wellness professionals support community efforts in accessing health care by providing transportation options, partnering with entities to provide services through education, and working to close the gaps in the community. We interviewed several institutions and learned the following about their work with the community.

Institutions - Focus Group Themes

Institutions have identified ways they can help fill gaps that reduce barriers to care and encourage healthy lifestyles.

Patient Service/Costs

- Patients with addictions are challenged with discrimination when seeking medical care.
- There are plans in place to support students by providing medical and other services at local secondary and higher education facilities.
- Meals are provided to low-income families through school services.
- More needs to be done to deliver services where patients and populations live / work. Patient care and services should be more easily accessible to reduce the challenges in receiving care.
- Race/racism is an issue. Respondents shared that Travis County appears to lack funding to support areas where there are larger populations of minority residents.

Resources/Transportation

- There is a need for more mental health resources.

- Most institutions work in partnership with community organizations to help their populations access health resources.
- CAP Metro provides Senior Ride Guides to inform seniors of easier transportation options and offer reduced fare for 65+.
- CAP Metro provides van pick-up zones in areas that do not have transportation.
- Transportation is expensive for outlying communities of Travis County.

Language/Cultural Barriers

- Gentrification and the high cost of housing has caused many low-income and minority communities to move to outlying areas where it is more difficult to access health care. These communities do not have adequate resources such as hospitals, clinics, grocery stores, etc.

Institution List

- Austin Community College
- Austin Independent School District
- Austin Public Health
- Concordia University
- Del Valle Independent School District
- Dell Medical School at University of Texas
- Harmony Public Schools
- Huston-Tillotson University
- IDEA Public Schools
- KIPP Charter Schools
- Leander Independent School District
- Manor Independent School District
- Pflugerville Independent School District
- St. Edwards University
- Travis County Health & Human Services
- United Way for Greater Austin

PARTICIPATION SURVEY QUESTIONS

1. ***Are you a current MAP/MAP BASIC member, former MAP/MAP BASIC member, or someone else? Please select the role that best describes you (select only one)**

- Currently enrolled MAP/MAP BASIC patient at CommUnityCare, Lone Star Circle of Care, or People's Community Clinic
- Former MAP/MAP BASIC patient
- Community advocate
- Community Health Champion (Central Health community group)
- Partner agency
- Elected official
- Academic/researcher
- Employee of Central Health, Sendero, or CommUnityCare
- General public

2. **How likely are you to recommend MAP/MAP BASIC to your friends and family if they needed health care coverage? [This question was only available to current or former MAP/MAP Basic members]**

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Unlikely

3. ***Do you currently have any healthcare benefits/ insurance coverage?**

- Yes
- No, I am uninsured

4. ***Which healthcare benefits or coverage do you have? (Select all that apply)**

- Dental
- Medical
- Vision

5. ***Who provides your coverage?**

- Private insurance plan
- Medicaid
- Medicare (65+)
- Affordable Care Act (ACA) plan, as known as Obamacare
- COBRA
- Other (please specify)

6. ***Please select any reasons why you don't currently have medical coverage (Select all that apply)**

- Lost my job
- No transportation
- High cost
- I don't trust the healthcare system
- I feel healthy and don't need to see a doctor
- Most doctors don't communicate in my native language
- I prefer non-Western medicine(s) and treatment
- Other (please specify)

7. **Let's talk about the clinical care experience.**

The following questions will help us understand some of the issues people face when seeking care, even if they're not our patients.

If you're a MAP/MAP BASIC member or former member, please answer based on your experience at our clinics (CommUnityCare, Lone Star Circle of Care, People's Community Clinic).

If you don't have experience with MAP/MAP BASIC, please answer based on the care you seek. This will help us understand the other issues with the broader healthcare system in Travis County.

*Questions only available on the online survey.

8. How would you rate your knowledge of available healthcare resources in your community?

- Not at all
- Somewhat
- Very knowledgeable

9. How do you usually get information about healthcare resources in your community? (select all that apply)

- Internet (Google, Bing, etc.)
- Social media (Facebook, Instagram, Twitter, Reddit, SnapChat, etc.)
- Friends and Family
- Television
- YouTube
- Radio Podcasts
- Central Health website
- At the clinic or doctor's office
- Newspaper or print publication
- Other (please specify)

10. When was the last time you went to a doctor or received medical care?

- In the last six months
- 6-12 months ago
- 1-2 years ago
- More than 2 years ago

11. What types medical visits have you had in the past year? Select all that apply. (All responses are strictly confidential)

- Preventative care (wellness, check-ups)
- Covid-19 testing and vaccinations
- Medical treatment for urgent care (infections, injuries, etc.)
- Medical treatment for chronic disease (diabetes, asthma, etc.)
- Emergency treatment (emergency room or urgent care)
- Hospitalization (admitted to hospital)

- Saw a specialist or surgeon
- Dental
- Mental health/behavioral health (ex. - depression, anxiety, addiction)
- None - I haven't been to the doctor in the past year
- Prefer not to say

12. Are you currently seeking care for a chronic illness? (things like diabetes, high blood pressure, heart disease, lung disease, etc.)

- No
- Yes

13. If a clinic providing health information and medical care was built near you, how likely would you be to use it?

- Very likely
- Somewhat likely
- Unlikely

14. It's sometimes hard to get to the doctor's office or clinic. In the last year, how often has transportation been an issue that kept you from making it to your medical appointments?

- Most of the time
- Some of the time
- Rarely
- Never

15. Would you like to tell us more about how transportation challenges have affected your ability to get the care you need? (optional)

16. How much does the cost of health care impact your decision to see a doctor or specialist?

- A lot - it's my major concern
- A great deal but not my top concern
- It's something I think about but doesn't drive my health care decisions
- It's not a concern for me when I need health care

*Questions only available on the online survey.

17. Would you like to tell us more about how costs have affected your health care decisions? (optional)

18. Have you ever gone to another country to get medical or dental care?

- No
- Yes (can you please tell us more?)

19. The way patients feel during their care has a big impact on their health care experience. Thinking about the care you have received in the last 2 years, how did those experiences make you feel?

Statements (rows)

- I felt respected.
- I felt safe.
- I felt that the team cared about me and my health.
- I felt the experience was positive.
- I felt like the doctor and clinical staff understood my culture.

Options (Columns)

- Definitely agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Definitely agree

20. Thinking back to care you have received in the past year, did you have issues understanding or being understood by your doctor or clinical staff - in the language you speak at home?

Statements (rows)

- I understood the language being used.
- I understood the medical terms being used.
- I understood the instructions I was given to get and stay healthy.
- The clinic staff and doctor understood what I was saying.
- I understood my treatment options.

Options (columns)

- Definitely agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Definitely agree

21. Have you ever stopped seeking care because of the way you were treated before, during, or after seeing a doctor here in Travis County? If so, please tell us where and a little bit about what happened.

- No
- Yes (you can use the box below to tell us more about what happened)

22. Would you like to tell us about any other issues you or someone you know had while trying to get health care in Travis County? (optional)

- No
- Yes (please explain)

23. If you could improve the health care experience for you, your family, and your community, what would you change? (optional)

24. *What gender do you identify with?

- Cis woman (gender identity matches sex assigned at birth)
- Cis man (gender identity matches sex assigned at birth)
- Transgender woman
- Transgender man
- Non-binary
- A gender not listed here
- Prefer not to answer

*Questions only available on the online survey.

25. ***What race/ethnicity do you identify with? (select all that apply)**

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White or Caucasian
- Native American or Alaskan Native
- Other Indigenous
- Prefer not to answer
- A race/ethnicity not listed here (please specify)

26. ***To help us better understand you, please tell us what year you were born. (Example: 1977)**

27. ***ZIP code**

28. ***If you'd like to stay updated on this project, please provide your email address. We never, ever sell your information to anyone and you would only receive updates and not marketing materials of any sort. (optional)**

29. **Would you like to subscribe to Central Health's newsletter for other healthcare updates?**

- Yes
- No

POPULATION DEMOGRAPHICS

	Focus Groups (n=105)	Phone Surveys (n=120)	Online Surveys (n=47)
Men	27%	30%	17%
Women	72%	70%	77%
Non-binary	<5%	<5%	<5%
A gender not listed here	<5%	<5%	<5%
Prefer not to answer	<5%	<5%	<5%
White or Caucasian	13%	<5%	32%
Hispanic or Latino	68%	91%	53%
Black or African American	12%	<5%	<5%
Asian or Pacific Islander	<5%	<5%	<5%
Other race/biracial/multiracial	7%	<5%	6%
Race/ethnicity unreported	6%	<5%	<5%
English as primary language	86%	81%	81%
Spanish as primary language	14%	19%	19%
Age <30 years	15%	23%	15%
Age 30-59 years	63%	62%	64%
Age 60+ years	17%	15%	21%

Percentages based on in group percentage not across group. Percent within each set: Example Men 27% is of the 105 focus group surveyed were men.