



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.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, November 9, 2022, 1:00 p.m.

Videoconference meeting¹

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 using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1441962266?pwd=b3VSN1oyV3ZGSjl4eUhjQ0lleFRndz09>

Password: 854658

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 144 196 2266

The Committee will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for

further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on November 9, 2022**. Registration can be completed in one of three ways:

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

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

PUBLIC COMMUNICATION

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

COMMITTEE AGENDA²

1. Review and approve the minutes of the October 12, 2022 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive and discuss a presentation previewing the Central Health Demographics Report. (*Informational Item*)
3. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include one or more members of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via

videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

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

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

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

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

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

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

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

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

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

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

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

November 9, 2022

AGENDA ITEM 1

Review and approve the minutes of the October 12, 2022 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – OCTOBER 12, 2022
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Tuesday, October 12, 2022, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Brinson, Manager Jones, Manager Museitif, and Manager Valadez

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

Absent: Manager Greenberg

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 1:01 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the July 27, 2022 meeting of the Strategic Planning Committee.**

Clerk’s Notes: Discussion on this item began at 1:01 p.m.

Manager Valadez moved that the Committee approve the minutes of the July 27, 2022 meeting of the Strategic Planning Committee.

Manager Museitif seconded the motion.

Chairperson Brinson	For
Manager Greenberg	Absent
Manager Jones	For
Manager Museitif	For
Manager Valadez	For

- 2. Discuss the next phase of Central Health’s ongoing Equity-Based Systems Planning work and Operational and Financial Sustainability Planning (OFSP), which will include developing plans to implement the Board-adopted Healthcare Equity Plan.**

Clerk’s Notes: Discussion on this item began at 1:02 p.m. Ms. Monica Crowley, VP Chief Strategy & Planning Officer and Senior Counsel; Ms. Danielle Sreenivasan, Director at Guidehouse; and Ms. Julia Clark, Director at Guidehouse, presented on Central Health Operational and Financial Sustainability Planning. The presentation included an overview of Phase I: Equity-Focused Service Delivery Strategic Plan objectives, key findings, and imperatives. Next, the presentation included an overview of Phase II: Operational and Financial Sustainability Planning (OFSP) engagement objectives, scope of work, and deliverables. Lastly, they discussed questions and next steps, which includes engagement activities and meetings.

- 3. Receive an update on the creation of an opioid crisis response campaign for Travis County led by Central Health in partnership with Travis County, Travis County District Attorney, and Austin Public Health.**

Clerk's Notes: Discussion on this item began at 1:51 p.m. Mr. Ted Burton, VP of Communications, and Ms. Camilla Rodriguez, Graphic Designer, presented an update on the joint opioid overdose crisis response and public education initiative led by Central Health. They explained that partners include Austin Public Health, Travis County, the Travis County District Attorney, Austin-Travis County EMS, Integral Care, and more. They noted that Central Health is working with an advertising consultant to create a unified brand and messaging for this response. Lastly, they stated that Austin Public Health and Travis County will be funding the paid media effort.

4. Receive and discuss a presentation on Central Health real estate strategy to support the Board-adopted Healthcare Equity Plan and future needs.

Clerk's Notes: Discussion on this item began at 2:06 p.m.

At 2:06 p.m. Chairperson Brinson announced that the Board was convening in closed session to discuss agenda item 4 under Texas Government Code §551.072 Deliberation Regarding Real Property.

At 3:12 p.m. the Board returned to open session.

5. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.

Clerk's Notes: Discussion on this item began at 2:06 p.m.

At 2:06 p.m. Chairperson Brinson announced that the Board was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 Consultation with Attorney.

At 3:12 p.m. the Board returned to open session.

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

Manager Bell moved that the Committee adjourn.

Manager Museitif seconded the motion.

Chairperson Brinson	For
Manager Greenberg	Absent
Manager Jones	Absent
Manager Museitif	For
Manager Valadez	Absent
Manager Bell	For

The meeting was adjourned at 3:12 p.m.

Cynthia Brinson, Chairperson
Central Health Strategic Planning Committee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

November 9, 2022

AGENDA ITEM 2

Receive and discuss a presentation previewing the Central Health Demographics Report.
(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	<u>11/9/2022</u>
Who will present the agenda item? (Name, Title)	<u>Sarita Clark-Leach, Director of Analytics and Reporting; JP Eichmiller, Senior Director of Strategy and Information Design</u>
General Item Description	<u>Central Health 2022 Demographic Report Preliminary Findings</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>NA</u>
Recommended Motion (if needed – action item)	<u></u>

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Affordability is becoming a regional issue affecting suburban, exurban and bedroom communities beyond Austin and Travis County. These outlying communities lack the resources and/or tax base to support the needed subsidized affordable housing options. As a result, Austin is the only city in the five-county metropolitan statistical area (MSA) with plans and funding in place to support substantial development of affordable housing for low-income residents.
- 2) Despite the high cost of living there are more than 300,000 low-income (<200% fpl) residents in Travis County. This population includes residents receiving health coverage through Medicaid, Medicare, and ACA plans; an estimated 28,500 young adults (18-24) enrolled in post-secondary school; as well as MAP and MAP Basic enrollees.
- 3) As a result of new single-family home communities absorbing undeveloped land; significant increases in home values; and the influx of large manufacturing facilities, communities of high poverty are becoming more concentrated in two settings: Urban areas with low-income multifamily apartments and preexisting manufactured housing communities in unincorporated areas of the county. As a result, Austin suburbs such as Pflugerville, Manor and Hornsby Bend are not projected to house high or moderately high concentrations of poverty in the future.
- 4) Significant health inequities were observed in two areas: 1) The East Central Austin focus area and 2) among Central Health’s Black patient population.
- 5) Utilization rates of enrollees are consistent throughout the county, regardless of proximity to a clinic or hospital, indicating prioritization to improving access to care should focus on areas with the greatest volume of need.



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

NA – progress update presentation to be shared the day of the meeting

Estimated time needed for presentation & questions?

One hour and 15 minutes

Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

JP Eichmiller – 11/1/22



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

November 9, 2022

AGENDA ITEM 3

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