



# 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, September 6, 2023, 3:00 p.m.**

**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/88909841490?pwd=UlhHT0l4S3V4YUI4QmhiYnA4REUzZz09>

Meeting ID: 889 0984 1490

Passcode: 000266

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

<https://www.youtube.com/watch?v=FyK4AB-CtnY>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 889 0984 1490

Passcode: 000266

The Committee may 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 1:30 p.m. on September 6, 2023**. 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 AGENDA<sup>2</sup>**

1. Review and approve the minutes of the August 9, 2023 Strategic Planning Committee meeting. (*Action Item*)
2. Receive and discuss an update on community engagement and outreach regarding FY 2024 budget and strategic priorities. (*Informational Item*)
3. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2023.<sup>3</sup> (*Informational Item*)
4. Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*Informational Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

- <sup>1</sup> This meeting may include a member 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.**
- <sup>2</sup> 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.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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 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.

## **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?



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 6, 2023**

## **AGENDA ITEM 1**

Review and approve the minutes of the August 9, 2023 Strategic Planning Committee meeting.  
*(Action Item)*

MINUTES OF MEETING – AUGUST 9, 2023  
CENTRAL HEALTH  
STRATEGIC PLANNING COMMITTEE

On Tuesday, August 9, 2023, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:03 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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**Committee members present in person:** Chair Brinson, Manager Jones, and Manager Kitchen

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

**Absent:** Manager Valadez

**PUBLIC COMMUNICATION**

**Clerk's Notes:** Public Communication began at 1:03 p.m. Chair Brinson announced that no speakers signed up for Public Communication.

**COMMITTEE AGENDA**

**1. Review and approve the minutes of the June 7, 2023 Strategic Planning Committee meeting.**

**Clerk's Notes:** Discussion on this item began at 1:04 p.m.

Manager Kitchen moved that the Committee approve the minutes of the June 7, 2023 Strategic Planning Committee meeting.

Manager Jones seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	For
Manager Valadez	Absent

**2. Receive and discuss strategic imperatives regarding MAP/MAP Basic member engagement and outreach and marketing and communications efforts promoting the new Hornsby Bend Health & Wellness Center.**

**Clerk's Notes:** Discussion on this item began at 1:05 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marketing and Communications; Ms. Isela Guerra, Community Outreach Manager; and Ms. Elizabeth Marrero, Sr. Director of Community Health and Wellness Initiatives, presented a communications update. They provided an overview of communications and outreach efforts supporting MAP/MAP Basic and the upcoming Central Health Hornsby Bend Health & Wellness Center.

**3. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2023.**

**Clerk's Notes:** Discussion on this item began at 2:02 p.m. Mr. Mike Geeslin, President & CEO, briefly announced that a backup was provided in the packet and that individuals can also find these dashboards online. He then announced that staff would bring this item back in September with more details.

**4. Receive an update from the Health Alliance for Austin Musicians (HAAM).**

**Clerk's Notes:** Discussion on this item began at 2:05 p.m. Ms. Rachel Hanss Blair, HAAM COO, and Mr. Paul Scott, HAAM CEO, presented a HAAM update. They expressed how thankful they are for their partnership with Central Health and Sendero and presented data from their 2023 premium assistance report.

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

At 2:47 p.m. Manager Jones moved that the Committee adjourn.

Manager Motwani seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	For
Manager Valadez	Absent

The meeting was adjourned at 2:47 p.m.

ATTESTED TO BY:

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Cynthia Brinson, Chairperson  
Central Health Strategic Planning Committee

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Cynthia Valadez, Secretary  
Central Health Board of Managers



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 6, 2023**

## **AGENDA ITEM 2**

Receive and discuss an update on community engagement and outreach regarding FY 2024 budget and strategic priorities. (*Informational Item*)



# FY 2023 COMMUNITY ENGAGEMENT REPORT

Strategic Planning Committee  
Meeting

September 6, 2023

[centralhealth.net/get-involved](http://centralhealth.net/get-involved)



CENTRAL HEALTH

HEALTHCARE IS  
GETTING BETTER



# COMMUNITY ENGAGEMENT GOALS



1. Educate members and the public about Central Health's functions, how it pays for medical services, the Healthcare Equity Plan, and its budget priorities for FY 2023.
2. Gather community input on strategic initiatives of interest to the public and the proposed budget.



# COMMUNITY ENGAGEMENT TACTICS



CENTRAL HEALTH



COMMUNITY  
CHAMPIONS



COMMUNITY  
CONVERSATIONS



LISTENING SESSIONS



INTERCEPT INTERVIEWS  
AND SURVEYS

# PROJECTS

## Healthcare Equity Implementation Plan

- Patient Experience Survey
- Community Conversation

## Hornsby Bend Health & Wellness Center

- Intercept Interviews and Online Survey

## Del Valle Health & Wellness Center

- Intercept Interviews and Online Survey

## Language Access Assessment

- Focus Groups
- Interviews





# PROJECTS

## 2022 Demographic Report:

- Community Conversation

## FY 2024 Budget

- Community Health Champions Workshop
- Community Conversations
- Listening Sessions
- Public Hearing

## CEO Search

- Phone and Online Survey
- Community Engagement



# MARKETING & OUTREACH TACTICS



Newsletter/Email  
Invitations



Social Media



Community  
Outreach



Paid Advertising



Phone Calls



Media Relations



Weekly Emails

# SAMPLE ADS, FLYER, POSTER



**COMMUNITY CONVERSATION:  
HEALTHCARE IS  
GETTING BETTER**

**THURSDAY, JULY 13, 2023  
8:30 a.m. - Noon**

Austin Community College  
Eastview Auditorium

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**PLÁTICA COMUNITARIA:  
LA ATENCIÓN MÉDICA  
ESTÁ MEJORANDO**

**JUEVES, 13 DE JULIO DEL 2023  
8:30 a.m. - 12 p.m.**

Austin Community College  
Auditorio Eastview

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**COMMUNITY  
CONVERSATION  
HEALTHCARE  
IS GETTING BETTER**

Join us as Central Health unveils its 10-year plan to build a better safety-net healthcare system in Travis County.

- Breakfast
- Keynote address *Building Better Safety-net Hospital Systems* by Jewel Mullen, M.D., MPH
- Panel discussion with audience questions
- Central Health career and involvement opportunities

**THURSDAY, JULY 13, 2023  
8:30 a.m. - noon**

Austin Community College  
Eastview Multipurpose Room

RSVP NOW

Text "HealthcareGettingBetter" to (512) 855-6227 for updates.

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**PLÁTICA  
COMUNITARIA  
LA ATENCIÓN  
MÉDICA ESTÁ  
MEJORANDO**

Acompáñanos y aprende sobre el plan de Central Health para desarrollar un mejor sistema de cuidados médicos para las personas de escasos recursos en el condado de Travis.

- Desayuno
- Discurso de apertura *Construyendo Mejores Sistemas Hospitalarios Públicos* por Jewel Mullen, M.D., MPH
- Panel de discusión con preguntas de la audiencia
- Oportunidades de empleo y de participación pública de Central Health

**JUEVES 13 DE JULIO DEL 2023  
8:30 a.m. - medio día**

Austin Community College  
Eastview Multipurpose Room

RSVP YA

Envía "MejorAtencionMedica" al (512) 855-6227 para mantenerse informado(a).

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# SAMPLE ADS, FLYER, POSTER



HEALTHCARE IS  
GETTING BETTER

**YOUR VOICE. YOUR TAX DOLLARS. YOUR HEALTHCARE. JOIN US FOR A COMMUNITY CONVERSATION.**

<b>THURSDAY, AUGUST 17</b> Asian American Resource Center	<b>TUESDAY, AUGUST 22</b> Pflugerville Community Center	<b>MONDAY, AUGUST 28</b> Southeast Health & Wellness Center
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CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**TU VOZ. TUS IMPUESTOS. TU ATENCIÓN MÉDICA. ACOMPÁÑANOS EN UNA PLÁTICA COMUNITARIA.**

<b>JUEVES 17 DE AGOSTO</b> Asian American Resource Center	<b>MARTES 22 DE AGOSTO</b> Pflugerville Community Center	<b>LUNES 28 DE AGOSTO</b> Southeast Health & Wellness Center
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CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**YOUR VOICE. YOUR TAX DOLLARS. YOUR HEALTHCARE. A COMMUNITY CONVERSATION IN NORTHEAST AUSTIN**

**THURSDAY, AUGUST 17**  
5:30 - 7:30 p.m.  
Asian American Resource Center  
8401 Cameron Rd, Austin, TX 78754

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**TU VOZ. TUS IMPUESTOS. TU ATENCIÓN MÉDICA. UNA PLÁTICA COMUNITARIA PARA EL NORESTE DE AUSTIN**

**JUEVES 17 DE AGOSTO**  
5:30 a 7:30 p.m.  
Asian American Resource Center  
8401 Cameron Rd, Austin, TX 78754

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**YOUR VOICE. YOUR TAX DOLLARS. YOUR HEALTHCARE: A COMMUNITY CONVERSATION**

Join us over lunch or dinner for a conversation regarding Central Health's proposed 2024 budget and how it helps ensure healthcare is getting better in Travis County.

**THURSDAY, AUGUST 17, 2023**  
5:30 - 7:30 p.m.  
Asian American Resource Center  
8401 Cameron Rd, Austin, TX 78754

**TUESDAY, AUGUST 22, 2023**  
5:30 - 7:30 p.m.  
Pflugerville Community Center  
15822 Foothill Farms Loop, Pflugerville, TX, 78660

**MONDAY, AUGUST 28, 2023**  
10 a.m. - noon  
Southeast Health & Wellness Center  
and via Facebook Live  
2901 Montopolis Dr, Austin, TX 78741

RSVP NOW

Text "Budget" to (512) 855-6227 for updates.

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER



**TU VOZ. TUS IMPUESTOS. TU ATENCIÓN MÉDICA. UNA PLÁTICA COMUNITARIA**

Acompáñanos a comer o almorzar en una plática sobre el presupuesto propuesto para 2024 de Central Health y sobre cómo éste mejorará la atención médica en el condado de Travis.

**JUEVES 17 DE AGOSTO DEL 2023**  
5:30 - 7:30 p.m.  
Asian American Resource Center  
8401 Cameron Rd, Austin, TX 78754

**MARTES 22 DE AGOSTO DEL 2023**  
5:30 - 7:30 p.m.  
Pflugerville Community Center  
15822 Foothill Farms Loop, Pflugerville, TX, 78660

**LUNES 28 DE AGOSTO DEL 2023**  
10 a.m. - noon  
Southeast Health & Wellness Center  
and via Facebook Live  
2901 Montopolis Dr, Austin, TX 78741

CONFIRMA TU ASISTENCIA

Envía "Presupuesto" al (512) 855-6227 para mantenerse actualizado.

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER



**YOUR VOICE. YOUR TAX DOLLARS. YOUR HEALTHCARE. A COMMUNITY CONVERSATION IN SOUTHEAST AUSTIN**

**MONDAY, AUGUST 28**  
10:00 a.m. - Noon  
Southeast Health & Wellness Center  
2901 Montopolis Dr, Austin, TX 78741

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

**TU VOZ. TUS IMPUESTOS. TU ATENCIÓN MÉDICA. UNA PLÁTICA COMUNITARIA PARA EL SURESTE DE AUSTIN**

**LUNES 28 DE AGOSTO**  
10:00 a.m. a medio día  
Southeast Health & Wellness Center  
2901 Montopolis Dr, Austin, TX 78741

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER



# PARTICIPANT BREAKDOWN

**1014**  
PARTICIPANTS

## RESPONSES BY GENDER

n=789



Female 71.86%  
Male 28.01%  
Other 0.13%

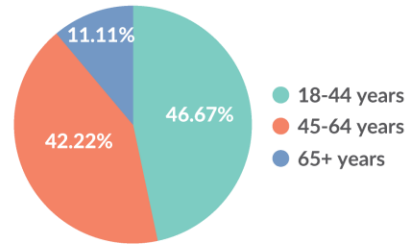
## RESPONSES BY RACE/ETHNICITY

n=699



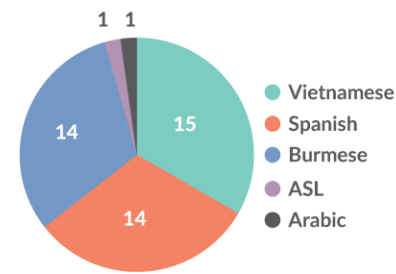
## RESPONSES BY AGE

n=270



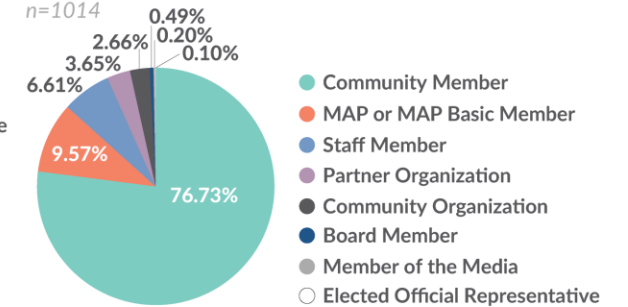
## INTERPRETATION SERVICES

n=45



## AFFILIATION

n=1014



# PARTICIPATION BY ZIP CODE

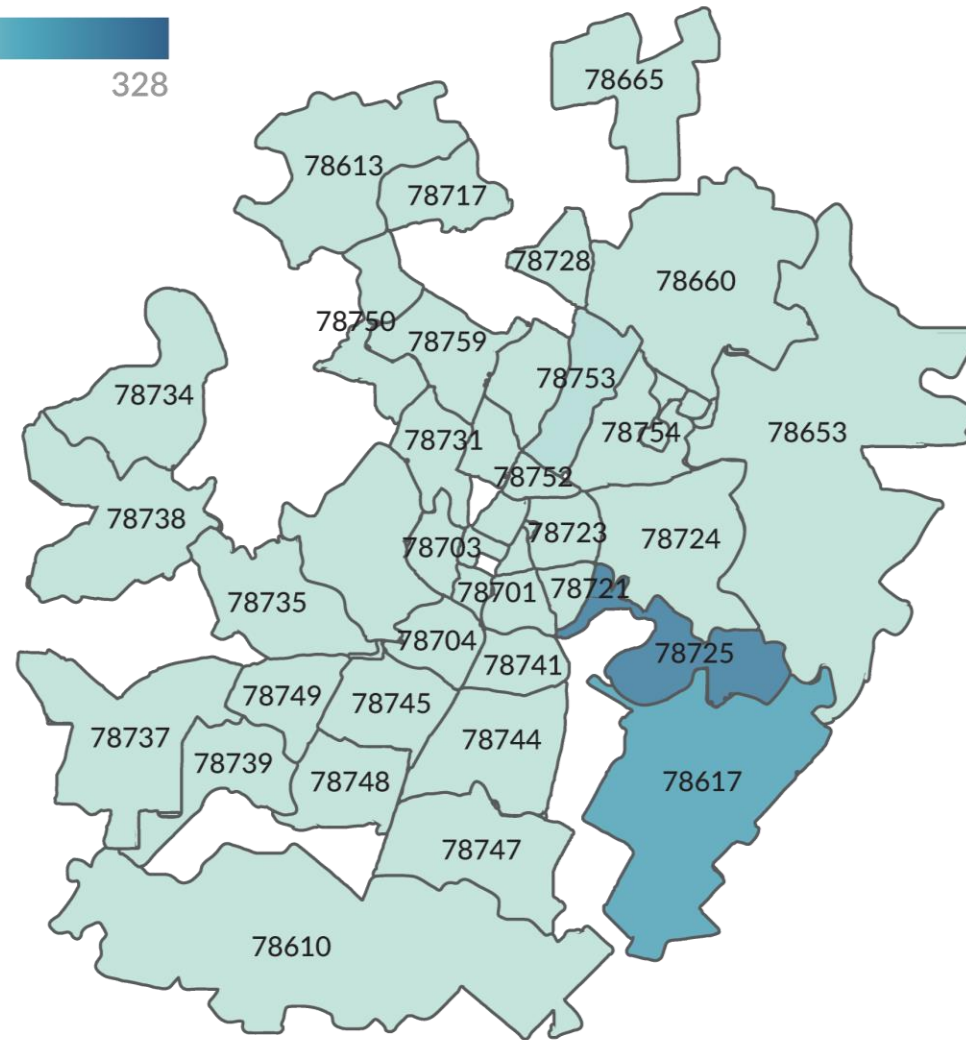
n=606



CENTRAL HEALTH

HEALTHCARE IS GETTING BETTER

Number of People



# The #DreamTeam: Communications & Community Engagement



Ted Burton



Aida Cerda-Prazak



Mike Clark-Madison



Iván Dávila



Edwin Evans



Blanca Gonzalez



Isela Guerra



Mike McKinnon



Anastassia Mitchell



Christian Nelson



Yesenia Ramos



Camilla Rodriguez



Thank you



CENTRAL HEALTH



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 6, 2023**

## **AGENDA ITEM 3**

Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2023. <sup>3</sup> (*Informational Item*)



CENTRAL HEALTH

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CommUnityCare | Sendero

# Healthcare Utilization Dashboards

## Strategic Planning Committee

Sarita Clark-Leach, Director of Analytics and Reporting

September 6, 2023



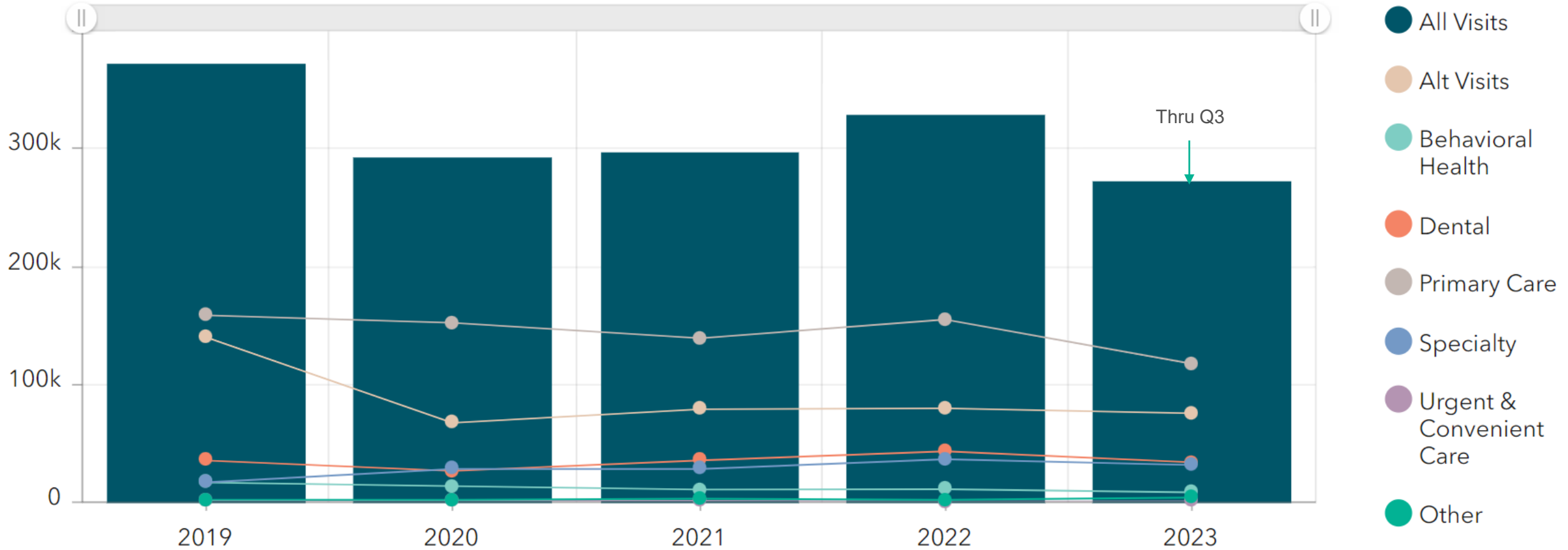


# Primary, Urgent and Convenient Care Utilization



# Count of Central Health Patient Visits by Fiscal Year *(Through Q3 FY2023)*

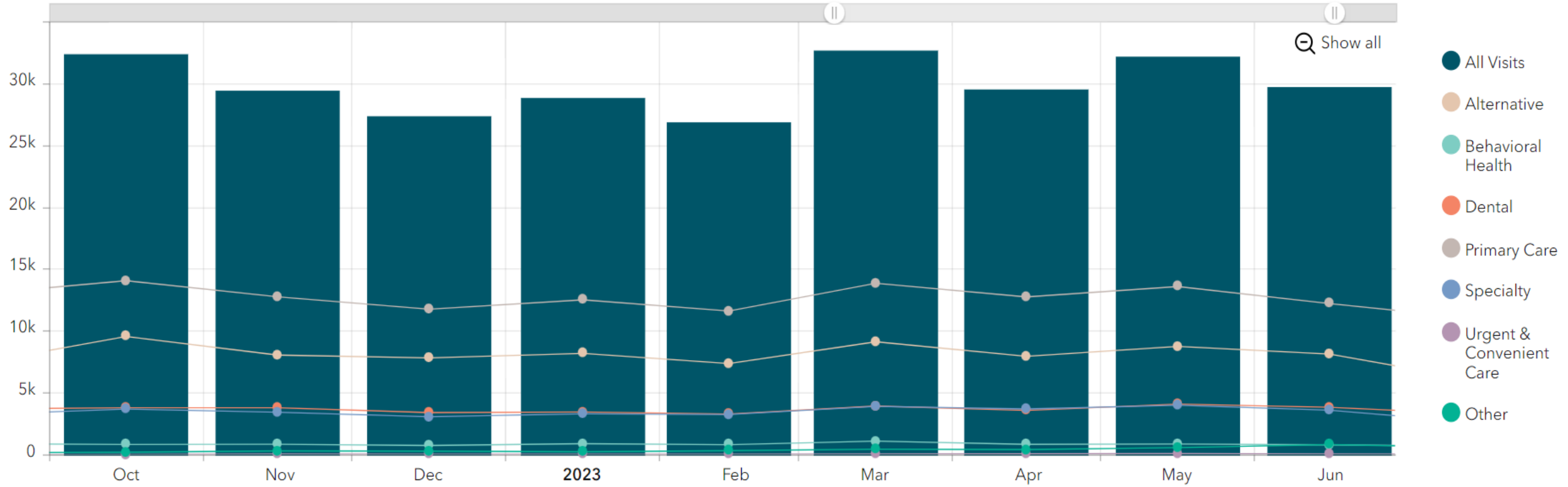
*Recent months may represent undercounts due to billing cycle lags*





### Count of Central Health Patient Visits Per Month (Updated Monthly)

Recent months may represent undercounts due to billing cycle lags



<https://www.centralhealth.net/newsroom/enrollment-clinic-utilization-dashboard/>



# Clinic Demographics



## Race/ Ethnicity

People who identified as Asian, Black, White and Latino utilized primary care at a higher rate than those who did not report their race or ethnicity at enrollment, and those who reported their race/ethnicity as **other than** Asian, Black, White or Latino.



## Age

When looking at age, our enrollees who are 45 years or older utilize the clinics at a higher rate than younger enrollees, who are underrepresented in the clinic setting.



## Sex

Males are under-represented in the primary care setting when comparing their proportion among enrollees (~47%) to the percentage of clinic visits utilized (about 37%).

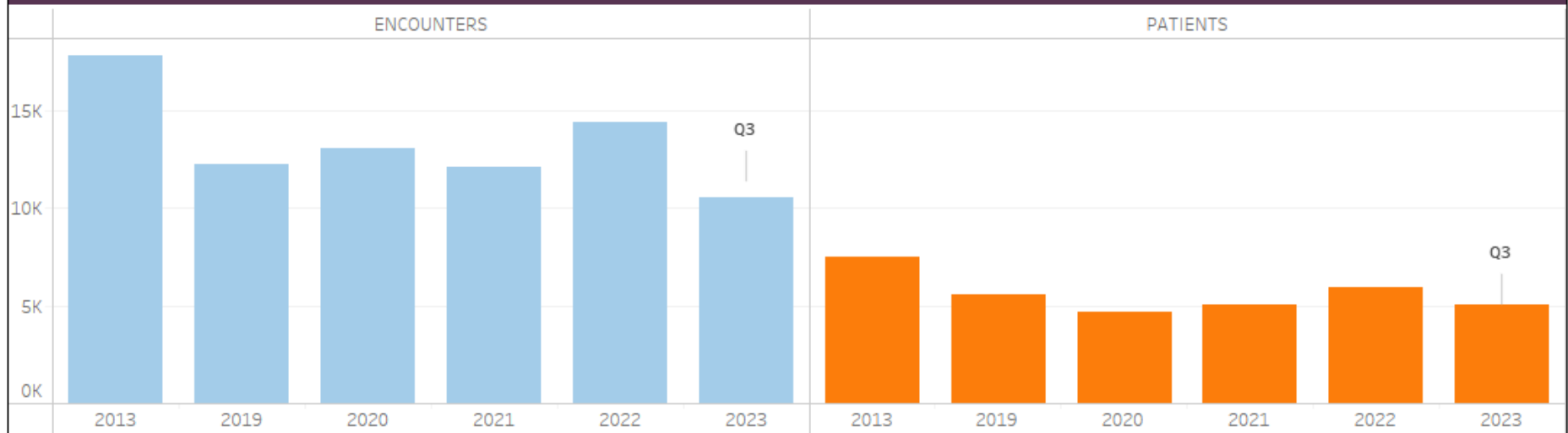




# Ascension Specialty Care Clinic Utilization



# All SPECIALTY CLINIC UTILIZATION - MAP, MAP Basic and Charity



	2013	2019	2020	2021	2022	2023
ENCOUNTERS	17,837	12,274	13,045	12,124	14,391	10,518
PATIENTS	7,515	5,585	4,667	5,040	5,948	5,042

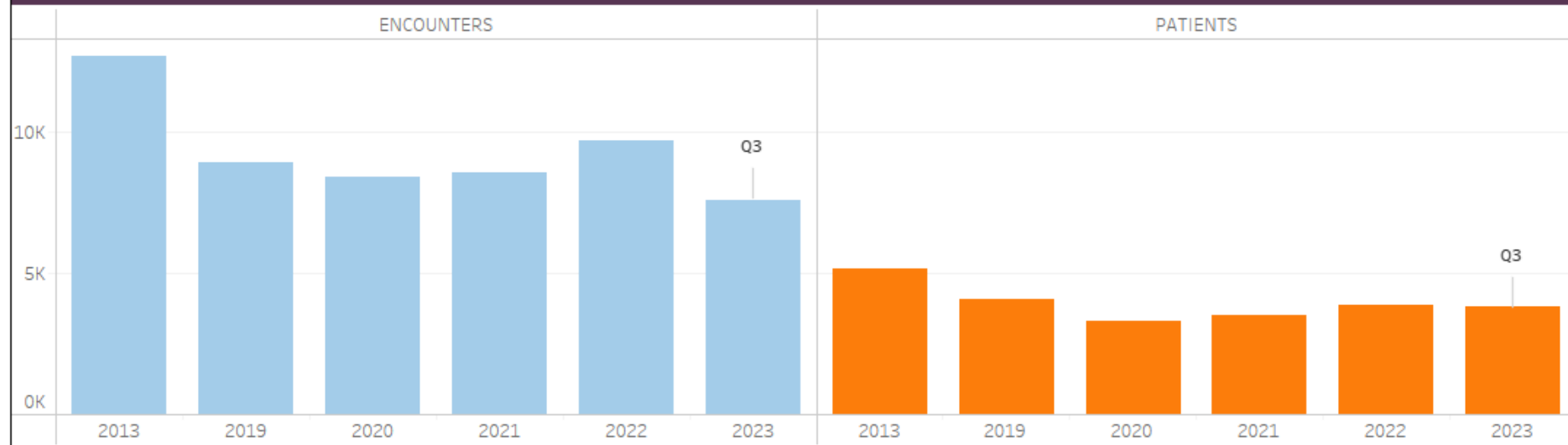
% Δ Since FY2013	2013	2019	2020	2021	2022	2023
ENCOUNTERS	0.0%	-31.2%	-26.9%	-32.0%	-19.3%	-40.5%
PATIENTS	0.0%	-25.7%	-37.9%	-32.9%	-20.9%	-33.3%

NOTE: Map Basic is a subset of the Charity population

FY2023 is YTD through Q3  
 All measurement periods are FY (October 1 - September 30)  
 Source data was provided by Ascension Seton Analytics 32  
 These are draft data; methodology subject to review, verification and adjustment



# All SPECIALTY CLINIC UTILIZATION - MAP



	2013	2019	2020	2021	2022	2023
ENCOUNTERS	12,636	8,921	8,375	8,553	9,667	7,557
PATIENTS	5,134	4,040	3,279	3,516	3,874	3,791

% Δ Since FY2013	2019	2020	2021	2022
ENCOUNTERS	-29.4%	-33.7%	-32.3%	-23.5%
PATIENTS	-21.3%	-36.1%	-31.5%	-24.5%

NOTE: Map Basic is a subset of the Charity population

FY2023 is YTD through Q3  
 All measurement periods are FY (October 1 - September 30)  
 Source data was provided by Ascension Seton Analytics  
 These are draft data; methodology subject to review, verification and adjustment



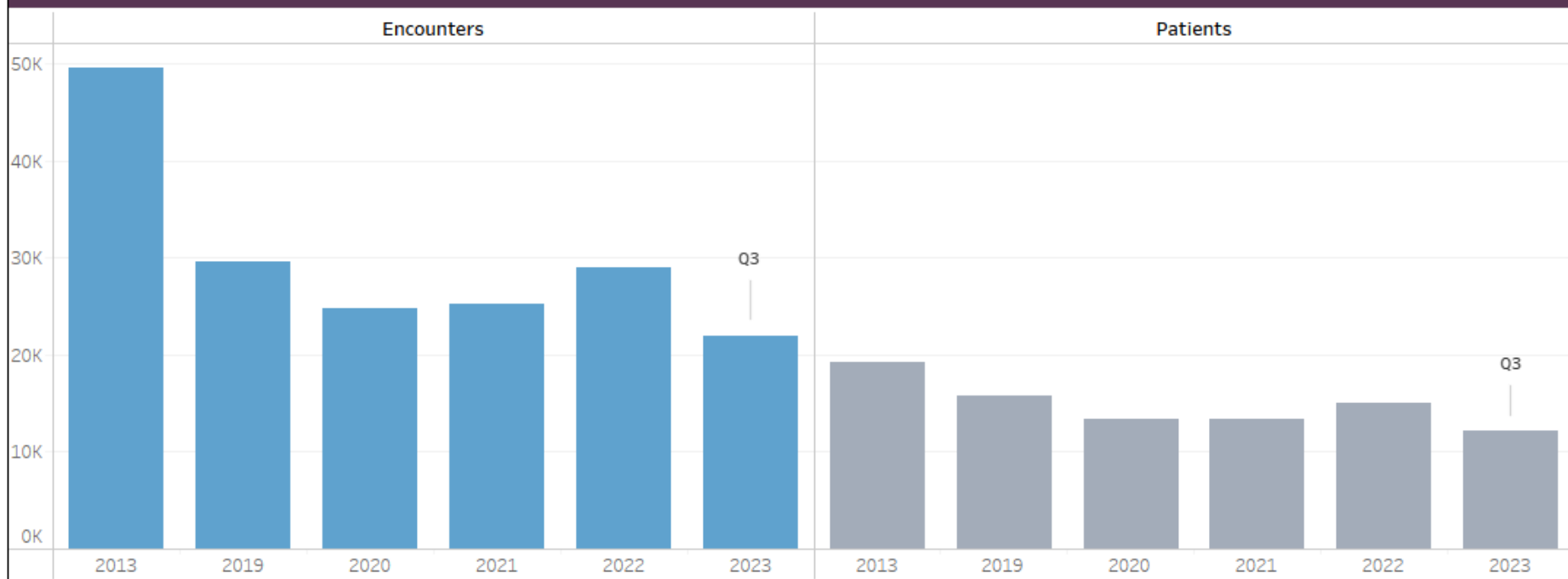


# Ascension Hospital Utilization



# Hospital Outpatient Services

# OP Hosp Utilization - All MAP, MAP Basic and Charity



	2013	2019	2020	2021	2022	2023
Encounters	49,681	29,614	24,873	25,223	28,954	21,880
Patients	19,213	15,790	13,344	13,340	15,094	12,155
Avg Pts Served per Month	3,232	2,158	1,783	1,802	2,085	2,076

%Δ since FY13	2019	2020	2021	2022
Encounters	-40.4%	-49.9%	-49.2%	-41.7%
Patients	-17.8%	-30.5%	-30.6%	-21.4%

NOTE: Map Basic is a subset of the Charity population

VISIT\_CATEGORY

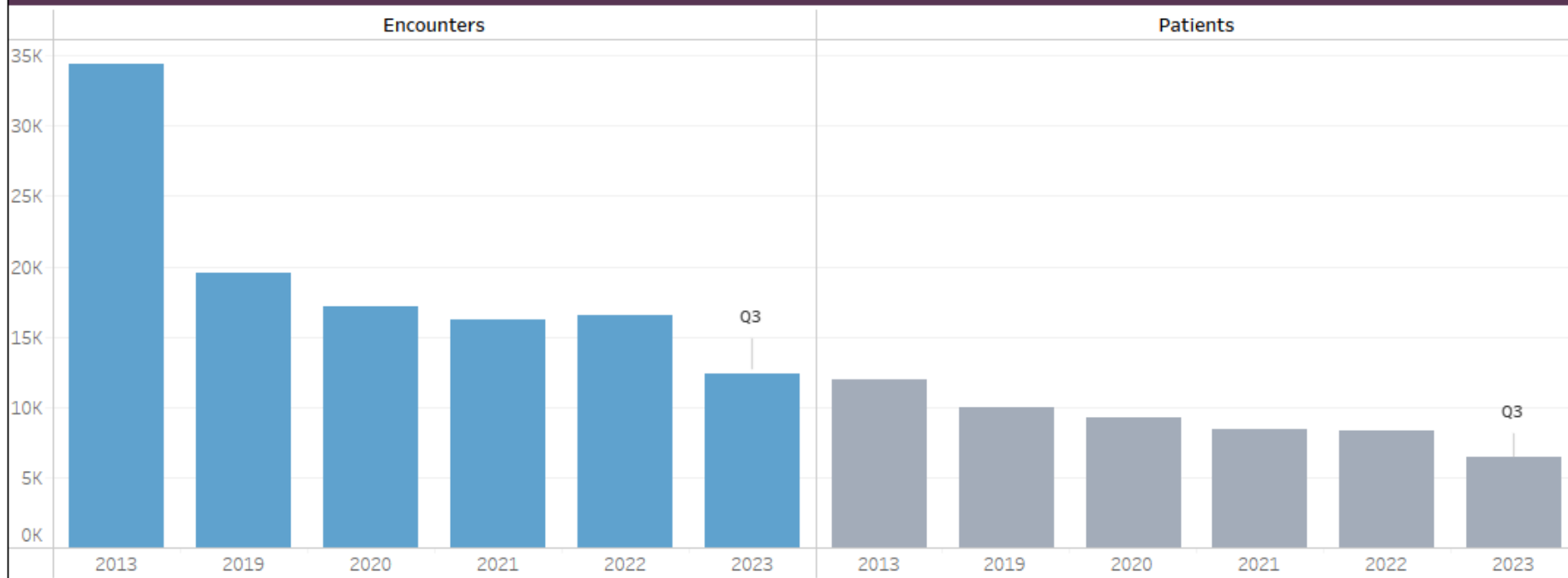
36 FY2023 is YTD up to Q3

Baseline Period = FY2013, All %Δ shown represent comparison to 2013  
Source data was provided by Ascension Seton Analytics





# OP Hosp Utilization MAP



	2013	2019	2020	2021	2022	2023
Encounters	34,438	19,519	17,148	16,223	16,570	12,399
Patients	11,933	9,983	9,225	8,383	8,262	6,478
Avg Pts Served per Month	2,168	1,408	1,226	1,151	1,180	1,154

%Δ Since FY13	2019	2020	2021	2022
Encounters	-43.3%	-50.2%	-52.9%	-51.9%
Patients	-16.3%	-22.7%	-29.7%	-30.8%

NOTE: Map Basic is a subset of the Charity population

VISIT\_CATEGORY

FY2023 is YTD up to Q3  
 Baseline Period = FY2013, All %Δ shown represent comparison to 2013  
 Source data was provided by Ascension Seton Analytics



# Hospital Outpatient Demographics



## Race/ Ethnicity

Distribution does not seem to skew differently than our enrolled population but there is a large “Unreported” cohort in this group, which complicates the comparison.



## Age

Age distribution of outpatient utilizers skews 40 years old – 54 years old.



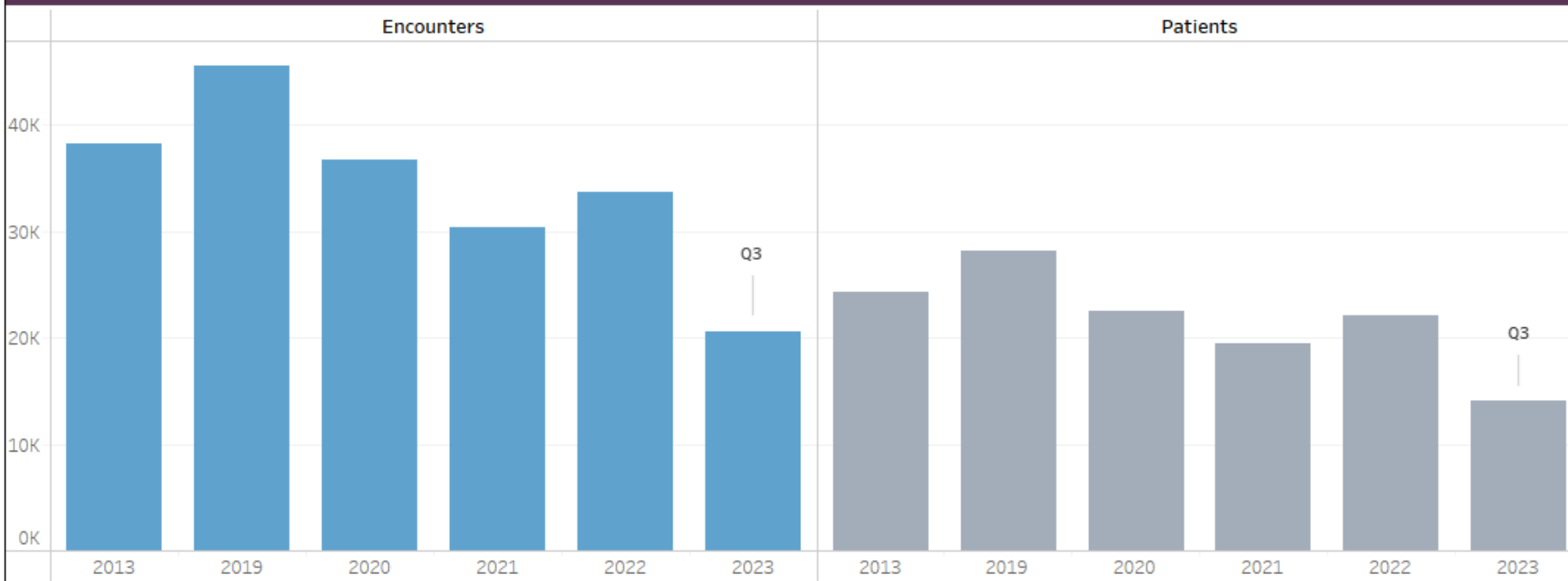
## Sex

Females are overrepresented in the hospital outpatient setting by about 15 – 17% depending on the year.



# Hospital Emergency Department (ED)

# ED Hosp Utilization - All MAP, MAP Basic and Charity



	2013	2019	2020	2021	2022	2023
Encounters	38,258	45,659	36,740	30,394	33,704	20,557
Patients	24,363	28,215	22,502	19,415	22,131	14,026
Avg Pts Served per Month	2,777	3,265	2,594	2,185	2,468	2,004

%Δ since FY13	2013	2019	2020	2021	2022	2023
	0.0%	19.3%	-4.0%	-20.6%	-11.9%	
	0.0%	15.8%	-7.6%	-20.3%	-9.2%	

NOTE: Map Basic is a subset of the Charity population

VISIT\_CATEGORY

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FY2023 is YTD up to Q3  
 Baseline Period = FY2013, All %Δ shown represent comparison to 2013  
 Source data was provided by Ascension Seton Analytics



# ED Hosp Utilization MAP



	2013	2019	2020	2021	2022	2023
Encounters	17,167	21,619	17,522	13,549	14,131	9,816
Patients	9,378	10,967	9,419	7,528	8,046	6,011
Avg Pts Served per Month	1,199	1,450	1,181	924	986	918

%Δ Since FY13	2013	2019	2020	2021	2022	2023
Encounters	0.0%	25.9%	2.1%	-21.1%	-17.7%	-41.1%
Patients	0.0%	16.9%	0.4%	-19.7%	-14.2%	-35.3%

NOTE: Map Basic is a subset of the Charity population

VISIT\_CATEGORY

41 FY2023 is YTD up to Q3  
 Baseline Period = FY2013, All %Δ shown represent comparison to 2013  
 Source data was provided by Ascension Seton Analytics





Top 25 ED Diagnostic Groups (July 2022 - June 2023)	
Rank	Diagnostic Groupings
1	Abdominal pain and other digestive/abdomen signs and symptoms
2	Nonspecific chest pain
3	Superficial injury; contusion, initial encounter
4	Sprains and strains, initial encounter
5	Musculoskeletal pain, not low back pain
6	Other specified upper respiratory infections
7	Skin and subcutaneous tissue infections
8	Urinary tract infections
9	Headache; including migraine
10	Other specified complications in pregnancy
11	Open wounds to limbs, initial encounter
12	Respiratory signs and symptoms
13	Viral infection
14	Spondylopathies/spondyloarthropathy (including infective)
15	Other specified status
16	Low back pain
17	Fracture of the upper limb, initial encounter
18	Nausea and vomiting
19	Diabetes mellitus with complication
20	Alcohol-related disorders
21	Early, first or unspecified trimester hemorrhage
22	COVID-19
23	Suicidal ideation/attempt/intentional self-harm
24	Open wounds of head and neck, initial encounter
25	Biliary tract disease

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9	Open wounds to limbs, initial encounter
10	Other specified upper respiratory infections
11	Other specified complications in pregnancy
12	COVID-19
13	Respiratory signs and symptoms
14	Spondylopathies/spondyloarthropathy (including infective)
15	Fracture of the upper limb, initial encounter
16	Alcohol-related disorders
17	Nausea and vomiting
18	Viral infection
19	Open wounds of head and neck, initial encounter
20	Diabetes mellitus with complication
21	Suicidal ideation/attempt/intentional self-harm
22	Early, first or unspecified trimester hemorrhage
23	Disorders of teeth and gingiva
24	Fracture of the lower limb (except hip), initial encounter
25	Other specified status



# ED Demographics



## Race/ Ethnicity

People who identify as Black or White are overrepresented in the ED setting but there is a large “Unreported” cohort in this group, which complicates the comparison.



## Age

Age distribution of ED utilizers is more in line with what we see in our enrolled population, skewing younger than 45 years old.



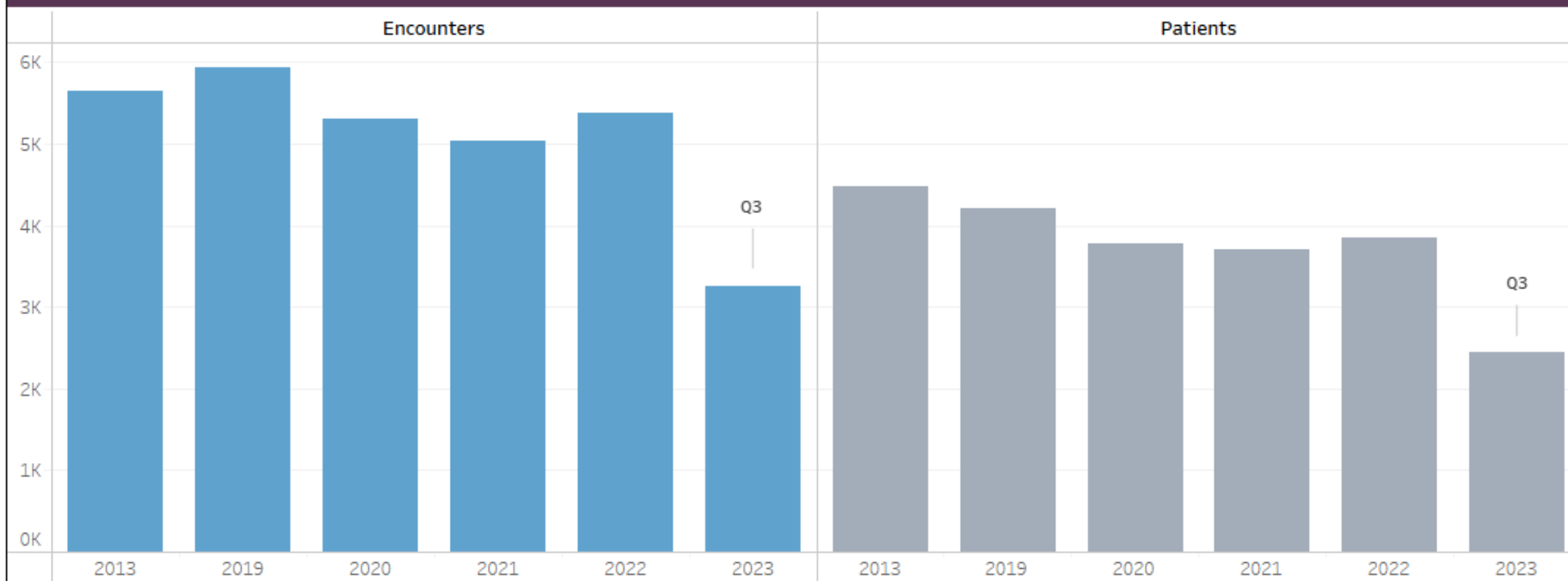
## Sex

Distribution is about the same as enrollee distribution.



# Hospital Inpatients (IP)

# IP Hosp Utilization - All MAP, MAP Basic and Charity



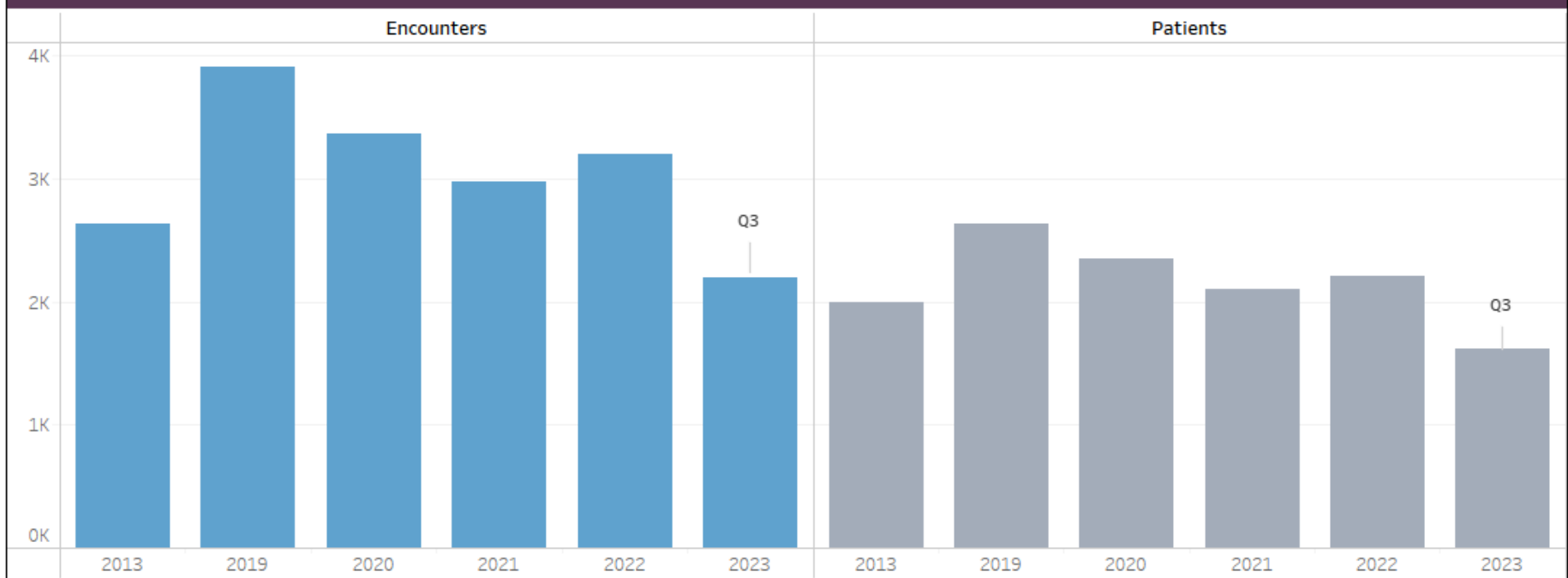
	2013	2019	2020	2021	2022	2023
Encounters	5,641	5,944	5,299	5,040	5,380	3,262
Patients	4,482	4,214	3,769	3,714	3,855	2,449
Avg Pts Served per Month	442	445	395	384	403	330

%Δ since FY13	2013	2019	2020	2021	2022	2023
Encounters	0.0%	5.4%	-6.1%	-10.7%	-4.6%	-43.8%
Patients	0.0%	-6.0%	-15.9%	-17.1%	-14.0%	-44.5%

NOTE: Map Basic is a subset of the Charity population



# IP Hosp Utilization MAP



	2013	2019	2020	2021	2022	2023
Encounters	2,627	3,913	3,370	2,973	3,197	2,199
Patients	1,990	2,627	2,354	2,107	2,204	1,613
Avg Pts Served per Month	205	289	252	225	240	222

%Δ Since FY13	2019	2020	2021	2022
Encounters	49.0%	28.3%	13.2%	21.7%
Patients	32.0%	18.3%	5.9%	10.8%

NOTE: Map Basic is a subset of the Charity population

VISIT\_CATEGORY

FY2023 is YTD up to Q3  
 Baseline Period = FY2013, All %Δ shown represent comparison to 2013  
 Source data was provided by Ascension Seton Analytics





**Top 25 Inpatient MS-DRGs in the last year (7/1/2022 - 6/30/2023)**

Rank	DRG	MS_DRG_Title
1	871	Septicemia w/o MV 96+ hours w MCC
2	640	Nutritional & misc metabolic disorders w MCC
3	291	Heart failure & shock w MCC
4	603	Cellulitis w/o MCC
5	872	Septicemia w/o MV 96+ hours w/o MCC
6	638	Diabetes w CC
7	897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
8	392	Esophagitis, gastroent & misc digest disorders w/o MCC
9	917	Poisoning & toxic effects of drugs w MCC
10	853	Infectious & parasitic diseases w O.R. procedure w MCC
11	683	Renal failure w CC
12	280	Acute myocardial infarction, discharged alive w MCC
13	637	Diabetes w MCC
14	433	Cirrhosis & alcoholic hepatitis w CC
14	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
15	101	Seizures w/o MCC
15	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
16	193	Simple pneumonia & pleurisy w MCC
16	617	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC
17	641	Nutritional & misc metabolic disorders w/o MCC
18	432	Cirrhosis & alcoholic hepatitis w MCC
18	854	Infectious & parasitic diseases w O.R. procedure w CC
18	189	Pulmonary edema & respiratory failure
19	65	Intracranial hemorrhage or cerebral infarction w CC
19	682	Renal failure w MCC
20	177	Respiratory infections & inflammations w MCC
20	418	Laparoscopic cholecystectomy w/o c.d.e. w CC

**(Continued) Top 25 Inpatient MS-DRGs in the last year (7/1/2022 - 6/30/2023)**

21	639	Diabetes w/o CC/MCC
21	313	Chest pain
22	690	Kidney & urinary tract infections w/o MCC
22	847	Chemotherapy w/o acute leukemia as secondary diagnosis w CC
23	439	Disorders of pancreas except malignancy w CC
23	918	Poisoning & toxic effects of drugs w/o MCC
24	286	Circulatory disorders except AMI, w card cath w MCC
25	329	Major small & large bowel procedures w MCC
25	378	G.I. hemorrhage w CC

**Top 25 Inpatient MS-DRGs in the last three years (7/1/2020 - 6/30/2023)**

Rank	DRG	MS_DRG_Title
1	871	Septicemia w/o MV 96+ hours w MCC
2	640	Nutritional & misc metabolic disorders w MCC
3	291	Heart failure & shock w MCC
4	872	Septicemia w/o MV 96+ hours w/o MCC
5	603	Cellulitis w/o MCC
6	638	Diabetes w CC
7	177	Respiratory infections & inflammations w MCC
8	897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
9	392	Esophagitis, gastroent & misc digest disorders w/o MCC
10	917	Poisoning & toxic effects of drugs w MCC
11	853	Infectious & parasitic diseases w O.R. procedure w MCC
12	683	Renal failure w CC
13	280	Acute myocardial infarction, discharged alive w MCC
14	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
15	854	Infectious & parasitic diseases w O.R. procedure w CC
16	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
17	682	Renal failure w MCC
18	637	Diabetes w MCC
19	432	Cirrhosis & alcoholic hepatitis w MCC
20	65	Intracranial hemorrhage or cerebral infarction w CC
21	433	Cirrhosis & alcoholic hepatitis w CC
21	439	Disorders of pancreas except malignancy w CC
22	101	Seizures w/o MCC
23	690	Kidney & urinary tract infections w/o MCC
24	641	Nutritional & misc metabolic disorders w/o MCC
25	617	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC



# Inpatient Demographics



## Race/ Ethnicity

People who identify as Black and White seem to be over-represented in the inpatient setting but there is a large “Unreported” cohort in this group, which complicates the comparison.



## Age

Unsurprisingly, our older population ( $\geq 45$ ) are more likely to be admitted.



## Sex

Males are overrepresented in the inpatient setting by 5% or more depending on FY.

- Note, some of this skew could be since pregnancies and cancer care are usually covered by Medicaid / CHIP Perinate/ Healthy Texas Women







# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 6, 2023**

## **AGENDA ITEM 4**

Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*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 August 23, 2023

Who will present the agenda item? (Name, Title) Monica Crowley

General Item Description Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.<sup>3</sup> (*Informational Item*)

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) Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? TBD

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Yanes/ August 16, 2023





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 6, 2023**

## **AGENDA ITEM 5**

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