



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.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

EASTERN CRESCENT SUBCOMMITTEE AND STRATEGIC PLANNING COMMITTEE MEETINGS

Wednesday, August 12, 2020, 11:30 a.m.

Via toll-free videoconference¹

and/or

**Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, TX 78702
Board Room**

Members of the public may observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1483765885?pwd=cjhYQ2dUUGILQThLRi9ZVHVpbEsrQT09>

Password: 656362

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 148 376 5885

Password: 656362

A member of the public who wishes to make comments during the **Public Communication** portion of the meeting must properly register with Central Health **no later than 10:00 a.m. on August 12, 2020**. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-in/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will receive Public Communication for both the Eastern Crescent Subcommittee and the Strategic Planning Committee at the commencement of the Eastern Crescent Subcommittee meeting. Public Communication will be conducted in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

SUBCOMMITTEE AGENDA²

11:30 a.m.

1. Review and approve the minutes of the July 8, 2020 meeting of the Eastern Crescent Subcommittee. (*Action Item*)
2. Receive a status update on COVID-19 testing in the Eastern Crescent. (*Informational item*)
3. Discuss and provide direction on processes for healthcare delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent. (*Informational Item*)
4. Discuss possible approaches to advance site development, design, and construction related to future health and wellness center and clinical sites, including within the communities of Hornsby Bend, Colony Park, and areas in Southeast Travis County. (*Informational Item*)
5. Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School. (*Informational Item*)
6. Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center. (*Informational Item*)
7. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

COMMITTEE AGENDA²

12:30 p.m. or following the Eastern Crescent Subcommittee Meeting

1. Review and approve the minutes of the July 8, 2020 meeting of the Strategic Planning Committee. (*Action Item*)
2. Discuss the proposed Fiscal Year 2021 Strategic Priority focus categories: “Ongoing COVID-19 response” and “Enhancing clinical programming and supporting transformational operational initiatives.” (*Informational Item*)
3. Receive an update on CommUnityCare’s primary care behavioral health strategy. (*Informational Item*)
4. Receive the second and final update on the FY2020 Central Health Demographics report, which includes additional information on families living in poverty by census tract, enrollment, burden of disease, and projections through 2025. (*Informational Item*)

5. Receive a report from the Eastern Crescent Subcommittee on items discussed during the August 12, 2020 Eastern Crescent Subcommittee meeting. (*Informational Item*)
6. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ **By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location. If the Governor's Executive Order is not extended, members of the Central Health Eastern Crescent Subcommittee and Strategic Planning Committee may participate by videoconference with a quorum of the Subcommittee or Committee present at the physical location posted in this notice. In either case, members of the public are encouraged to view the meeting and provide public comment through the video meeting link provided.**

² **Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Subcommittee or Committee.**

The Eastern Crescent Subcommittee and Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Subcommittee or 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 agendas. However, Board members who are not Subcommittee or Committee members will not vote on any Subcommittee or 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 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**

**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

August 12, 2020

AGENDA ITEM 1

Review and approve the minutes of the July 8, 2020 meeting of the Eastern Crescent Subcommittee.

MINUTES OF MEETING – JULY 8, 2020
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Wednesday, July 8, 2020, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 12:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Rachel Snow.

Subcommittee members present via video and audio: Chair Jones and Manager Valadez

Board members present via video and audio: Chair Greenberg

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 12:00 p.m. Anais Cruz announced there were no speakers for Public Communication.

SUBCOMMITTEE AGENDA

1. **Review and approve the minutes of the June 10, 2020 meeting of the Eastern Crescent Subcommittee.**

Clerk's Notes: Discussion on this item began at 12:02 p.m.

Manager Valadez moved that the Subcommittee approve the minutes of the June 10, 2020 meeting of the Eastern Crescent Subcommittee.

Chairperson Jones seconded the motion.

Chairperson Jones	For
Manager Valadez	For

2. **Discuss and provide direction on processes for healthcare delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent.**

Clerk's Notes: Discussion on this item began at 12:03 p.m.

Stephanie McDonald, VP of Enterprise Alignment and Coordination, gave some background on the collaborative team, which is working on determining deliverables and services based on data collected. Rachel Hardegree, Senior Project Manager of Healthcare Delivery Division, gave an update on the process for healthcare delivery planning, which is currently in phases one and two, and on the activities which she and staff will be engaged in moving forward. Discussion centered around ensuring that community members, including those in the digital divide, are properly represented in the planning process.

No motion necessary.

3. **Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.**

Clerk's Notes: Discussion on this item began at 12:24 p.m.

Mike Geeslin, President and CEO, gave an update on the process for hiring a program manager for the Northeast Resource Center, which will be temporarily located at the Barbara Jordan Elementary School

before transitioning to the Health and Wellness Center in the Loyola Town Center. He explained that this is a critical staff position and assured the Subcommittee that candidates will be chosen through community feedback. Janna Allen, Program Manager with Communications & Community Engagement, further explained their effort to work with community members and how community feedback will be implemented at each stage of the hiring process.

Melissa Cepeda, Project Manager, briefly presented on the timeline for hiring and on-boarding of the program manager: résumés will be reviewed throughout July; initial interviews and screening of candidates will be conducted the last 2 weeks of July; community members can provide feedback on July 31; final candidates will be selected the first week of August; and onboarding of the chosen candidate will take place by September 2nd with the expected opening of the resource center. Ms. Cepeda also presented on different resources and programming for the resource center based on data from collaborative health planning partnerships with Travis County and Austin Public Health, which will be validated using community input to better address health disparities in individual communities.

No motion necessary.

4. Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center.

Clerk's Notes: Discussion on this item began at 12:48 p.m.

Mike Geeslin, President and CEO, discussed the pending land acquisition and the subsequent process for planning, designing, and building the Loyola Town Center in Colony Park and discussed the importance and the planned implementation for involving community voices in each of those stages of the process. Steven Lamp, Vice President of Real Estate and Facilities, discussed a feasibility study of the site regarding utility usage for the resource center and other such logistics, as well as an appraisal of the site. As part of this effort, a pool of design firms will be ready to begin work within a matter of weeks of the final land acquisition.

No motion necessary.

5. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

Chairperson Jones moved that the Subcommittee meeting adjourn.

Manager Valadez seconded the motion.

Chairperson Jones	For
Manager Valadez	For

The meeting was adjourned at 12:59 p.m.

Shannon Jones, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



**CENTRAL
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**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

August 12, 2020

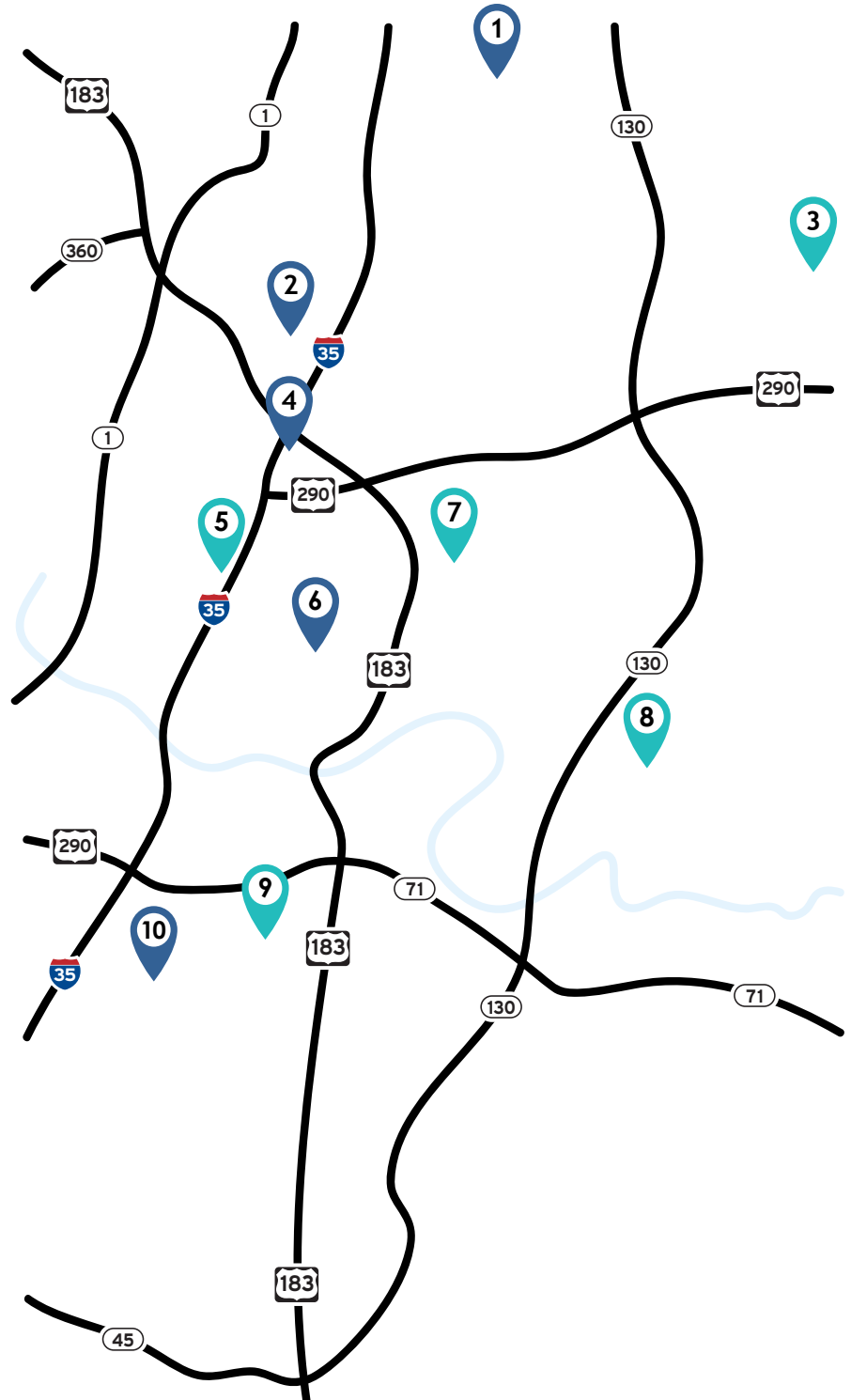
AGENDA ITEM 2

Receive a status update on COVID-19 testing in the Eastern Crescent.



Austin Public Health and CommUnityCare COVID-19 Testing Sites

- 1 WALK-UP**
 Austin Public Health
The Pfield
 1440 W. Pecan Street Pflugerville, TX 78660
 Monday–Saturday: 8 am - 12 pm
- 2 WALK-UP**
 Austin Public Health
Little Walnut Creek Library
 835 W. Rundberg Lane Austin, TX 78757
 Monday and Friday: 9 am – 1 pm
 Wednesday: 3 pm – 7 pm
- 3 DRIVE-THRU**
 CommUnityCare
Manor Senior High School
 14832 FM 973 Manor, TX 78653
 Wednesday: 6:30 am - 1:30 pm
- 4 DRIVE-THRU**
 Austin Public Health
St. John’s Test Collection Site
 7211 North I-35 Austin, TX 78752
 Tuesday, Wednesday, Friday and Saturday: 9 am – 2 pm
 Thursday: 3 pm – 8 pm
APPOINTMENT REQUIRED – Visit austintexas.gov/covid19
- 5 DRIVE-THRU**
 CommUnityCare
CommUnityCare Hancock
 1000 E. 41st Street, Ste. 925 Austin, TX 78751
 Monday–Saturday: 6:30 am - 1:30 pm
- 6 WALK-UP**
 Austin Public Health
Givens District Park
 3811 E. 12th Street Austin, TX 78721
 Monday and Friday: 9 am – 1 pm
 Wednesday: 3 pm – 7 pm
- 7 DRIVE-THRU**
 CommUnityCare
Barbara Jordan Elementary School
 6711 Johnny Morris Road Austin, TX 78724
 Monday: 6:30 am - 1:30 pm
 Friday: 6:30 am - 1:30 pm
- 8 DRIVE-THRU**
 CommUnityCare
Hornsby Dunlap Elementary School
 13901 FM 969 Austin, TX 78724
 Tuesday: 6:30 am - 1:30 pm
- 9 DRIVE-THRU**
 CommUnityCare
Burleson Southeast Hub
 7019 Burleson Road Austin, TX 78744
 Days & Times: Coming Soon
- 10 WALK-UP**
 Austin Public Health
Southeast Branch Library
 5803 Nuckols Crossing Austin, TX 78744
 Monday and Friday: 9 am – 1 pm
 Wednesday: 3 pm – 7 pm
APPOINTMENT REQUIRED – Visit austintexas.gov/covid19



Testing locations and hours are subject to change. For up-to-date information on testing locations visit Austin Public Health at austintexas.gov/covid-19 or CommUnityCare at communitycaretx.org.

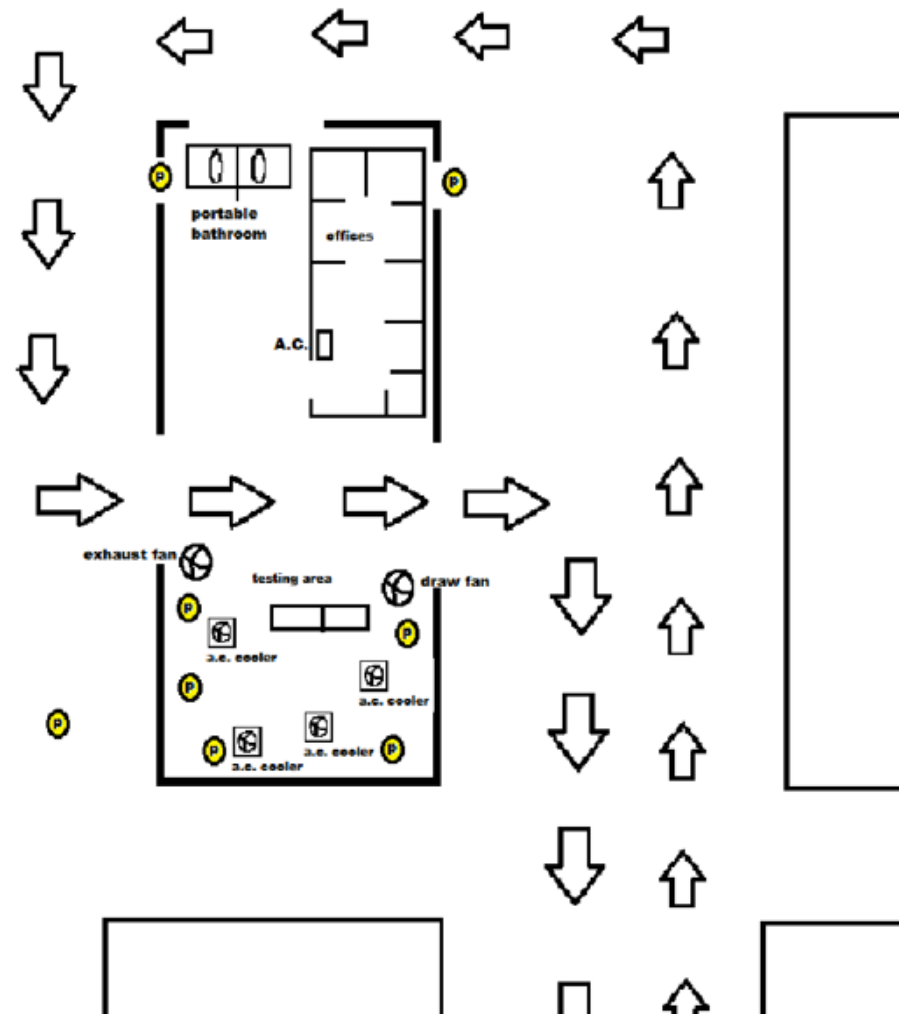
COVID TESTING UPDATE

NEWEST SITE: BURLERSON ROAD TESTING LOCATION

■ Benefits:

- Indoor, drive thru testing
- Hours and availability not dictated by weather
- Conveniently located to Del Valle, Montopolis, and Dove Springs

Coming online towards the end of this month



DRIVE-THRU TESTING MODEL

Benefits of drive-through operations - limit exposure

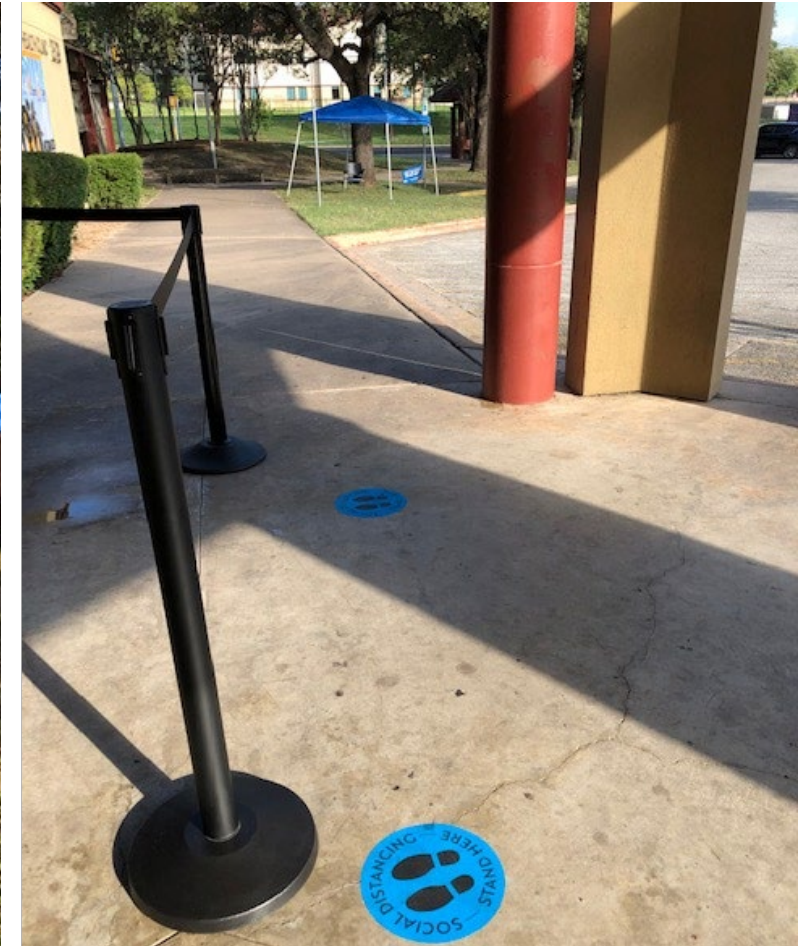
- Efficiency
 - Higher throughput rate for drive-throughs than other frequently used models
 - Low number of staff required to operate
- Physical Distancing:
 - Individuals remain in their vehicles, they only come into contact with staff in appropriate personal protective equipment (PPE) for brief amount of time, thereby limiting opportunities for disease transmission.
- Patient Safety
 - Individuals remain in their vehicles and do not need to stand in lines
 - No patient information handled by staff members.

DRIVE UP AND WALK-UP TESTING AT HEALTH CENTERS

Curbside Testing - Safely Managing Workflow and The Patient Experience

- Available to CUC Patients after a televisit or during an in-person visit
- Walk up patients directed to screening tent
- Staff completes screening adheres to the same infection control processes, social distancing, using appropriate PPE, etc.

4





Overall Positivity Rate

28.1

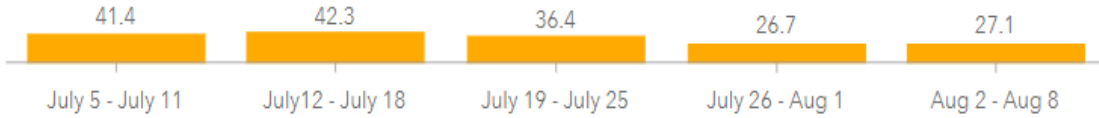
Percent of tests returned positive since testing began . 24,049 test results returned through 4 am on August 10, 2020.

Last update: 2 minutes ago

Overall + Total Tests Tests Returned Pending Tests

% Positivity Rate for the last 5 Weeks

For All Races/Ethnicities



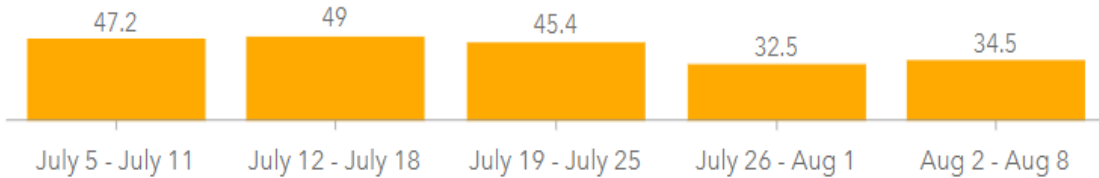
Total Returned Tests by week: July 5 - July 11 = 2,047; July 12 - 18 = 1,379; July 19 - 25 = 860; July 26 - Aug 1 = 727; Aug 2 - Aug 8 = 502.

Last update: 2 minutes ago

By Week By Age By Language By Insurance CUC Patients

% Positive Tests for the last 5 Weeks

Latino Ethnicity - All Races

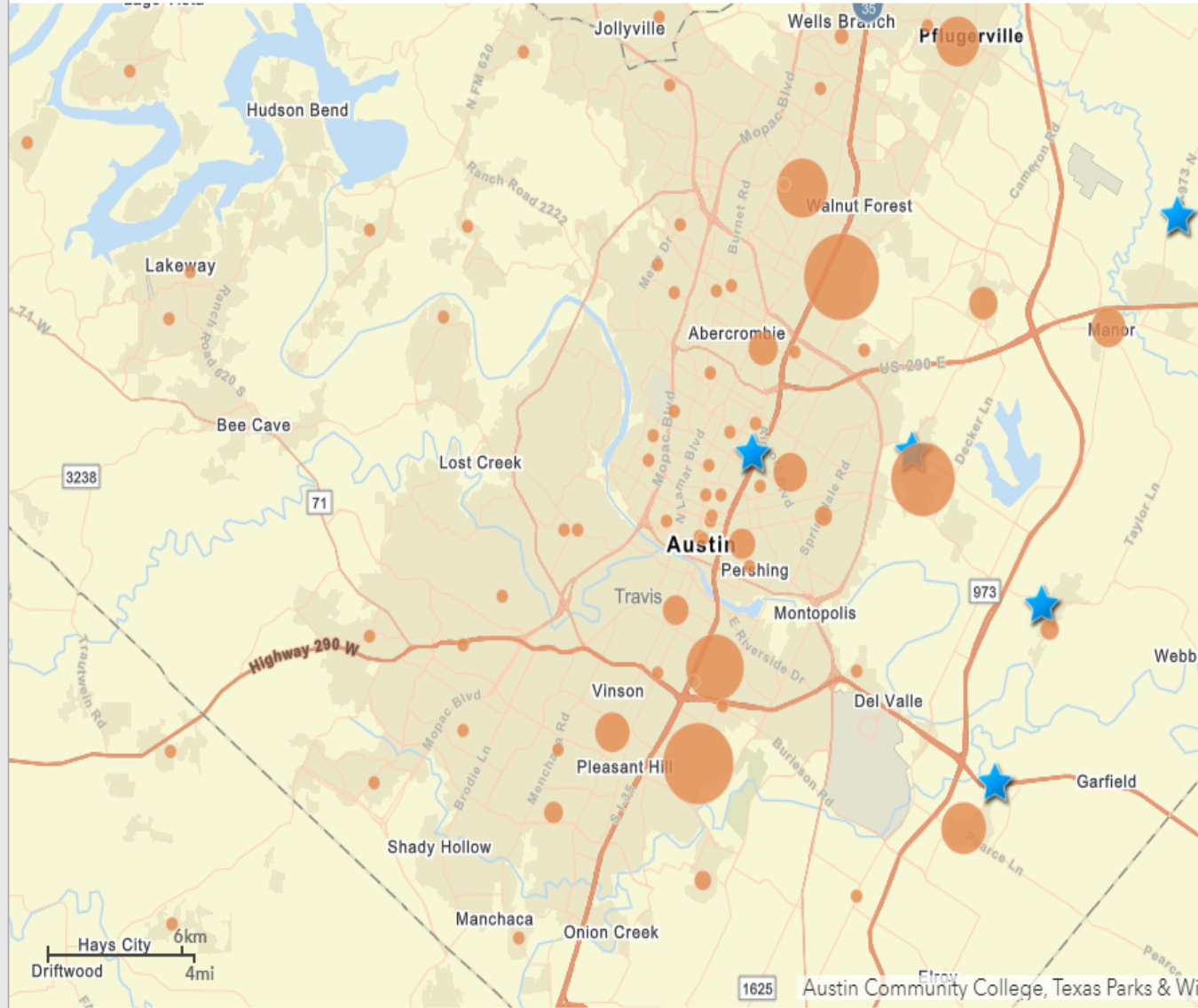


Total Returned Tests by week: July 5 - July 11 = 1,611; July 12 - July 18 = 1,042; July 19 - July 25 = 597; July 26 - Aug 1 = 492; Aug 2 - Aug 8 = 362.

Last update: 2 minutes ago



Coronavirus Testing for All Zip Codes As of Aug



Click on the "Red Bubble" to see total coronavirus tests provided to residents of that zip code, as positive tests for coronavirus, total negative, and total tests still pending - i.e. results not yet provided to CommUnityCare's reference lab. Click on the "Blue Stars" for information about our testing sites.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

August 12, 2020

AGENDA ITEM 3

Discuss and provide direction on processes for healthcare delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent.



CENTRAL HEALTH

Service Planning Update: Colony Park

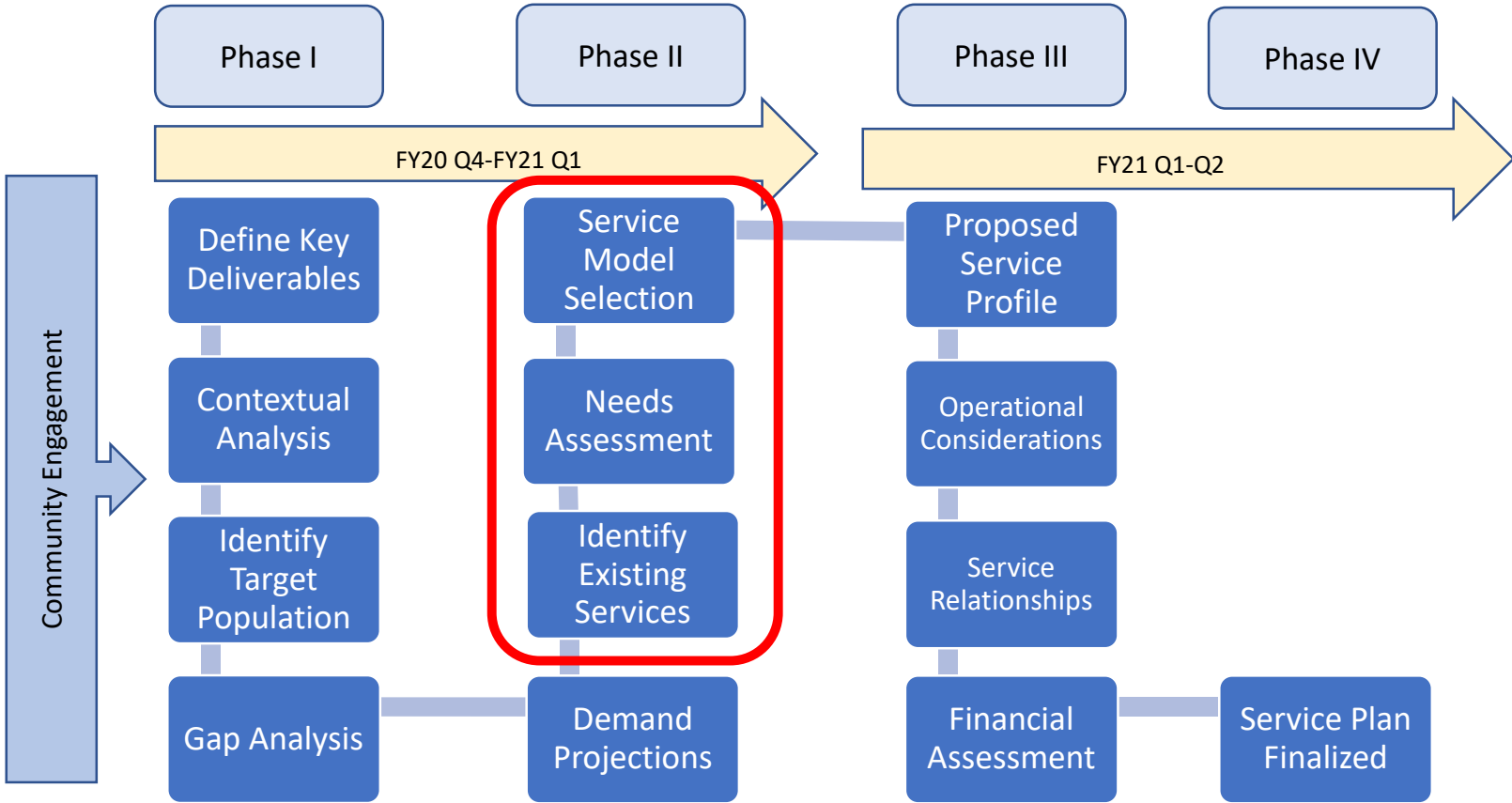
Central Health Eastern Crescent Subcommittee

August 12, 2020



@CentralHealthTX

ETC Service Planning Process – DRAFT for Discussion Purposes Only



Service Planning Update: Colony Park

Update: Extensive review of internal and publicly available data sources and reports

- Internal Enrollment and Utilization Reports (*Central Health funded population*)
- 2020 Central Health Demographic Report (*Central Health funded population*)
- Uniform Data System (UDS) Reports



Summary of Key Findings:

- Significant proportion of Households <200%FPL
- Chronic disease prevalence lower than Travis County
- Highest count of enrollees out of all focus areas; however, system utilization is lower for Central Health funded members
- Significant overall health service penetration rates for uninsured and low-income populations



Service Recommendations: Colony Park

- Focus on primary care for adults with potential to phase in additional services over time
- Initial Services Include:
 - Comprehensive Primary Care
 - Integrated Behavioral Health Care
 - Pharmacy
- Other Services being evaluated:
 - Mammography
 - Dental
 - Telehealth for certain specialties



Key Findings: Population

- 38.5% of Households in Poverty (<200% FPL)
- ~30% of the population is funded by Central Health
 - Highest count of enrollees among all the focus areas
- Percent of Latino residents is nearly double the Travis County rate
- Chronic disease prevalence rates are lower than Travis County rates for all 8 disease categories analyzed

Sources: 2020 Central Health Demographic Report



Key Findings: Utilization

- 3 health care programs serve 78724 community:
 - TCHD/CUC (69%)
 - Peoples Community Clinic (22%)
 - Lone Star Circle of Care (9%)
- 53.9% of Central Health funded residents utilized services
 - 2nd lowest utilization of all focus areas in Eastern Travis County
- Utilization by Clinic:
 - CUC North Central
 - CUC Hancock
 - Peoples Community Clinic
 - CUC Southeast Health & Wellness Center

Sources: 2020 Central Health Demographic Report & UDS Mapper



Key Findings: Penetration

Category	Percent
Uninsured residents served by any Health Center Program	88%
Low-income residents served by any Health Center Program	54%
Medicaid/ Public insurance residents served by any Health Center Program	37%
Medicare/ Private insurance residents served by any Health Center Program	7%

Penetration – the percent of the selected population served by a health center in the given zip code; includes all patients within given category – not limited to Central Health funded patients

Source: UDS Mapper



Next Steps:

- Share key findings with patients and other residents in community
- Request clinical operator evaluate data, service recommendations, and develop financial model
- Obtain feedback and recommendations from clinical operator
- Incorporate community and clinical operator feedback to inform service profile





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CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

August 12, 2020

AGENDA ITEM 4

Discuss possible approaches to advance site development, design, and construction related to future health and wellness center and clinical sites, including within the communities of Hornsby Bend, Colony Park, and areas in Southeast Travis County.



MEMORANDUM

To: Eastern Travis County Subcommittee, Mr. Shannon Jones, Chair
CC: Stephanie McDonald, Jeff Knodel
From: Mike Geeslin & Steven Lamp
Date: 7 August 2020
Re: Agenda Item 4 - Discuss possible approaches to advance site development, design, and construction related to future health and wellness center and clinical sites, including the communities of Hornsby Bend, Colony Park, and areas in Southeast Travis County. (*Informational item*)

Overview

This memorandum provides background for a discussion on the completion of future health and wellness center sites, including the three focus communities of Hornsby Bend/Austin's Colony, Colony Park, and Southeast Travis County/Del Valle (collectively, Focus Communities).

Detail

This discussion with the Eastern Travis County Subcommittee is necessary for three reasons. First, land has or will soon be acquired in each of these areas. Second, Central Health staff have begun internal work leading up to project commencement and necessary design services procurements. Third, we need to inform the Focus Communities by the end of August 2020 on how we'll proceed with project management and engage patients and the communities.

By informing the Subcommittee, staff is seeking a common understanding of how we will approach project management for the major steps involving site development, design, and construction to support programs. By way of definition, a program provider can include clinical and non-clinical services, such as services that address social determinants of health or other public services.

Project management approaches vary; however, there are common elements that affect any approach:

- Maintaining flexibility, given the evolving nature of program providers' analysis on future program offerings and space needs.
- Mitigating risk related to multiple programs on the same site and avoiding over or under completion of space based on defined program needs.
- Utilizing outside firms to perform site development, design, and construction.

Perhaps the biggest challenge inherent in each of the Focus Communities centers on evolving program needs, both clinical and non-clinical. Using a *core and shell* and subsequent *tenant fit out* approach, for instance, allows for buildings to be completed with interiors that allow for flexible space use. The core and shell method is building specific. On the site level, the discussion will involve how the different sites allow for various types of development outside of the structures needed for our program providers. The core and shell and site development issues will be discussed in more detail with the Subcommittee.

Action

Absent any concerns or requests for additional study, Central Health staff will proceed with project management, procurement work, and outreach in the Focus Communities.

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CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

August 12, 2020

AGENDA ITEM 5

Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.



MEMORANDUM

To: Central Health Board of Managers Eastern Crescent Subcommittee
CC: Mike Geeslin, President and CEO
From: Stephanie Lee McDonald, VP, Enterprise Alignment and Coordination
Date: August 6, 2020
Re: Agenda item 5 - Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.
INFORMATIONAL ITEM

Overview

The following memorandum provides an update on the relocation of the Northeast Health Resource Center to the Jordan Elementary campus. Site plan work performed by AISD contractors has identified two challenges that will delay the opening date and add to the project budget.

Synopsis

Central Health received an update from AISD in early August regarding the resource center relocation to Barbara Jordan Elementary. The AISD contractor identified two obstacles on the Jordan Elementary site in the proposed location fronting Loyola Lane. Installing the necessary infrastructure adds project costs and delays the opening of the resource center. AISD and Central Health are working with the City of Austin should there be additional site plan or permit approvals required.

Current utility connections are located at the entrance of Johnny Morris. Portable fronting Loyola will require running lines and cutting into the street that lead to the portable.

1. Cost on running drainage and electrical is estimated at approx. \$70,000 in additional funding to be reimbursed to AISD.
 - There is a need to install electrical poles to run electricity from school.
 - Drainage requires connection to the school line and need for additional sewage pumps.
2. AISD is making a request for positioning the modular location fronting Loyola Lane with City of Austin.
3. Delay in timeline of approximately 8-10 weeks.

Financial Impact

Additional electrical pole and backflow pump is anticipated in addition to permit fees. AISD has estimated an additional \$70,000 in costs related to the utilities. This amount increases the reimbursement to AISD to \$150,000 from \$125,000 but reflects costs savings from the original budget in other areas.

Attached is a revised budget specific to the acquisition and relocation of the portable from what was presented at the June 2020 Eastern Crescent Subcommittee Meeting of the Central Health Board of Managers.



CENTRAL HEALTH

ESTIMATED PROJECT BUDGET - Northeast Resource Center/Colony Park - AISD Site					
Ref	Description (~ 1,600 GSF Building)	Budget	Revised Budget	Reimbursable To AISD	Notes
A	DUE DILIGENCE - ASBESTOS	\$ 12,000	\$ 3,000	\$ 3,000	Asbestos Assesment
B	START UP COST	\$ 117,000	\$ 177,552	\$ 145,850	Portable, Relocate Portable, Utilities, Cosmetic Repairs, Legal, FF&E, Signage, IT Infrastructure
C	INITIAL START UP COST - OPERATIONS	\$ 6,000	\$ 6,000	\$ -	IT/Data, Insurance
D	TOTAL ESTIMATED PROJECT COST	\$ 135,000	\$ 186,552	\$ 148,850	

Action Required

Central Health is in communication with both AISD and City of Austin to advance this project. No action is required at this time.



**CENTRAL
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**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

August 12, 2020

AGENDA ITEM 6

Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center.



**CENTRAL
HEALTH**

**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

August 12, 2020

AGENDA ITEM 7

Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.



**CENTRAL
HEALTH**

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

August 12, 2020

AGENDA ITEM 1

Review and approve the minutes of the July 8, 2020 meeting of the Strategic Planning Committee.

MINUTES OF MEETING – JULY 8, 2020
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, July 8, 2020, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Rachel Snow.

Committee members present via video and audio: Chair Bell, Manager Jones, and Manager Valadez

Board members present via video and audio: Chair Greenberg

Absent: Manager Museitif

COMMITTEE AGENDA

1. **Review and approve the minutes of the June 10, 2020 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 2:50 p.m.

Manager Valadez moved that the Committee approve the minutes of the June 10, 2020 meeting of the Strategic Planning Committee.

Manager Jones seconded the motion.

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

2. **Receive a presentation on Central Health Board reporting dashboards on specialty care, referral, and consultation.**

Clerk's Notes: Discussion on this item began at 1:57 p.m.

This item was taken second during the meeting.

Dr. Deepack Agarwal from the Division of Gastroenterology and Hepatology at Dell Medical School gave a presentation on specialty care referrals from CommUnityCare for gastrointestinal care at Dell Medical School and discussed improvements in patient wait times and patient satisfaction, which have seen great improvements. Jon Morgan, Chief Operating Officer, gave a presentation on the strategic priorities of the Board, which included (1) improving access to care and (2) enhancing clinical programming and supporting transformational operational initiatives. Cynthia Gallegos, Director of Service Delivery Operations, provided an update on specialty care service lines provided by both CommUnityCare and the Seton partnership.

No motion necessary.

3. **Discuss the proposed Fiscal Year 2021 Strategic Priority focus categories: "Ongoing COVID-19 response" and "Enhancing clinical programming and supporting transformational operational initiatives."**

Clerk's Notes: Discussion on this item began at 2:49 p.m.

Chairperson Bell announced that this item would be postponed until the August 12, 2020 meeting.

No motion necessary.

4. Receive and discuss updates on the Central Health Enterprise's responses to the current COVID-19 pandemic, including testing in Eastern Travis County.

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

This item was taken first in the meeting.

Mike Geeslin, President and CEO, provided an operations and community response overview, including a progress update on contract tracing with CommUnityCare, as well as alerting community groups about steps to take for isolating individuals who test positive. He also discussed current efforts to mitigate a skilled nursing shortage by reviewing current contracts for various healthcare delivery operations to ensure continuity of care for MAP patients. Lastly, Mr. Geeslin gave an update on the progress of the alternative care site, which should commence by July 20, pending any possible unforeseen staffing issues.

Ted Burton, Vice President of Communications, provided an update on current outreach efforts to businesses owned by and/or who serve the African American and/or Latinx communities in order to increase public awareness in certain communities that have high infection rates. Central Health will deliver resource kits to these businesses, which include flyers and fact sheets, that may be disseminated throughout the identified communities. Mr. Burton also thanked Sendero Health, Inc, which is donating face masks and hand sanitizer for the resource kits.

Kit Abney-Spelce, Director of Eligibility Services, provided an update on the Medical Access Program (MAP) and MAP Basic eligibility, enrollment, and renewal statistics for the month of June and under the MAP expansion.

Sarita Clark-Leach, Director of Analytics and Reporting, provided an update on findings from Central Health analytics on COVID-19, including the 7-day moving average of new confirmed cases, which was at an all-time high as of July 7, and the 7-day moving average of new hospitalizations, which was elevated and indicated that Travis County was on the cusp of Stage 5 of the Austin Public Health (APH) COVID-19 Risk Based Guidelines. She also pointed out 15 zip codes of concern in terms of cumulative cases, estimated active cases, and faster increases in cases, most of which are in East and South Austin.

Matt Balthazar, CommUnityCare Vice President of Health Center Advancement, updated the committee on CommUnityCare's current testing initiatives, the APH and CommUnityCare COVID-19 tracking dashboards, demographics of individuals tested, and the increased call volume to the Coronavirus Hotline. Compared with May, the demand for testing during June increased drastically. Obstacles to testing in the mobile and drive-through clinics included inclement weather and shortened weeks from the 4th of July holiday. He also noted that due to the heat as the summer progresses, clinics may begin operating under adjusted hours earlier in the day. He concluded with an update on the relocation of the Pflugerville and William Cannon testing sites.

No motion necessary.

5. Receive a report from the Eastern Crescent Subcommittee on items discussed during the Subcommittee meeting.

Clerk's Notes: Discussion on this item began at 2:51 p.m.

Manager Jones had nothing of note to report regarding the Eastern Crescent Subcommittee meeting.

No motion necessary.

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

The meeting was adjourned at 2:52 p.m.

Motion to adjourn by Manager Valadez, second by Manager Jones. Meeting adjourned at 2:52 p.m.

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

Charles Bell, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

August 12, 2020

AGENDA ITEM 2

Discuss the proposed Fiscal Year 2021 Strategic Priority focus categories: “Ongoing COVID-19 response” and “Enhancing clinical programming and supporting transformational operational initiatives.”



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FY21 Proposed Strategic Focus Categories:

- Ongoing COVID 19 Response
- Enhancing clinical programming and transformational operational initiatives

Strategic Planning Committee

July 8 2020



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FY2021 proposed budget priorities

- Improving Access to Care
 - Eastern Travis County Subcommittee Meetings & Board updates
 - June 16th Systems of Care Planning Presentation
- Ongoing COVID-19 Response
 - *Update today*
- Enhancing clinical programming and supporting transformational operational initiatives
 - *Update today*
- Implementing the hospital funding model
 - July 15 Board Meeting: Executive Session item
- Redeveloping the Brackenridge Campus
 - June 24th Board of Managers Presentation



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Ongoing COVID-19 response

- Testing Sites
 - Approximately \$1m per testing site team per year
- Outreach
 - At risk MAP Members in high risk zip codes
 - Positive patient outreach and education
- Communications & Public Information
 - Community messages
- Operational Adjustments
 - Telehealth
- What else will change?
 - Unprecedented need for financial and staff flexibility



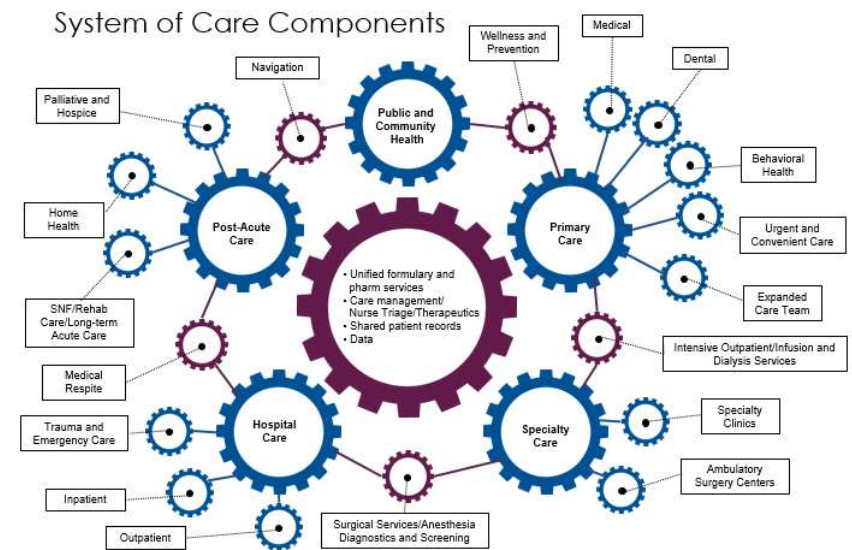
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Systems of care

- Systems Planning is an umbrella for much of the 2021 work
- Includes work on proposed priority areas:
 - Improving access to care
 - Enhancing clinical programming
 - Supporting operational infrastructure
 - Hospital funding model



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Enhancing clinical programming

- Specialty Care enhancements
 - Endocrinology
 - Podiatry
 - Neurology
 - Cardiology
 - Rheumatology
 - Dialysis
 - Neck/Back Pain
 - & ancillary services to support
- Other new initiatives
 - Primary Care Behavioral Health & Substance Use
 - Telemedicine for Primary and Urgent Care
 - Homeless Medical Respite



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Supporting transformational operational initiatives

- EPIC Implementation
 - Better for patients, care teams, and CommUnityCare
 - Telemedicine capability
- Eligibility & Enrollment
 - Dedicated call center
 - Virtual application enhancements
- Medical Management
 - Improved transitions of care and discharge planning
 - Additional care teams for patient & program support
 - Increased benefits application capacity



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Timelines

- EPIC:
 - User and System Readiness Preparation: September-December
 - Training: January – April 2021
 - Go Live: Late spring 2021
- Eligibility & enrollment timeline
 - October 2020: launch new call center
- Medical management timeline
 - October 2020: start adding capacity





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Community
Care
Collaborative

A Central Health and Seton partnership



CommUnityCare



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

August 12, 2020

AGENDA ITEM 3

Receive an update on CommUnityCare's primary care behavioral health strategy.



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Behavioral Health and Telepsychiatry

Dr. Alan Schalscha, Acting CMO



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Summary

- Burden of Disease
- History with Integral Care
- Previous State
- Developing State



Burden of Mental Health Disease Nationally

- According to the Substance Abuse and Mental Health Administration in 2011:
 - More than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder
 - Nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment
- HRSA 2017
 - Stated “Adults without a job or with lower education and income levels were at an increased risk of psychological distress. Adults with an annual family income <\$35,000 were 5.2 times more likely to experience serious psychological distress than those with annual family incomes of \$100,000 or more.”



Burden of Mental Health Disease in Travis County and CUC

- According to the Austin/ Travis County Community Health Assessment 2017:
 - Nearly 20% of adults in Travis County report 5+ days of poor mental health within the last month
 - Prominent stressors that impact the community's mental health (specifically depression) include :
 - Poverty
 - Displacement/gentrification
 - Immigration concerns
 - Racial/gender identity discrimination
- Of 116,175 unique patients seen at CommUnityCare in CY 2019, 13.35% were seen for a mental health concern and given a mental health dx (15,515 unique patients)



History

- CommUnityCare initially contracted with Austin-Travis County Mental Health and Mental Retardation Center (Integral Care) in 1990s.
 - Contract was initiated while Community Care Services Department was still operating as a department of the City of Austin
- The E-merge program began in 2007
 - Imbedded behavioral health and psychiatric services in CUC
 - Imbedded medical care within IC
 - Provided medical care at IC 4 sites
 - One of these which remains and is in transition
 - Made whole by way of SAMHSA funding-that has since ended



Previous State

- E-merge

- Contracted 9 FTE over course of year
- Actual encounters for past rolling 12 months = 73% of expected encounters

- TelePsych

- Contracted 3 FTE over course of year
- Actual encounters for 2/19-2/20 = 89% of expected encounters at 6 per day

- Two Separate Electronic Health Record Systems

- Administrative Costs

- Invoiced monthly for “indirect” admin and direct administrative costs
- Different Administrative Asks/Obligations

- Different Culture



Developing State – Primary Care Behavioral Care Model

- Psychiatric Services Department within CUC
 - 1 Psychiatric Director
 - 2 Psych NPs (1.0 clinical each)
- Behavioral Health Services
 - 9 Mix of LCSW (preferred) and LMSW/LPC
 - Telephonic/Video therapy
 - Tele/In Person-SBRIT in addition to traditional F2F visits
- Culture
- One Electronic Health Record System



Primary Care Behavioral Health (PCBH) Model

- Purpose: To enhance primary care team's ability to manage and treat such problems/conditions with resulting improvements in primary care services for the entire clinic population
- Benefits
 - Cultural alignment
 - Reduced stigma for individuals with mental health disorders and their families to access care
 - Helps improve quality for a variety of chronic illnesses (both mental and physical)
 - Increased access – frees up PCP and empowers PCP
 - Cost savings-thus reinvestment in additional mental health resources



Why PCBH?

- Of those patients who were seen in CY2019 for a MH diagnosis (“dx”) at CUC, there were 256 unique dx descriptions
- 191 of these dx descriptions can be managed by an integrated team approach in the primary care setting.
 - About 12,812 unique CUC patients in CY2019
- 65 of these dx descriptions may be best suited to receive specialty care including advanced mental health services
 - About 2,703 unique CUC patients in CY2019



Why PCBH?

- Population health approach consistent with the practices of primary care, and the goals of both PCMH and the Quadruple Aim
- Providing biopsychosocial care for patients seen by the BHC, while also improving care for patients not seen by the BHC (ie by improving key primary care functions)
 - Frees up the PCP thereby increasing access for PCP
 - Educates and empowers PCP team to better handle BH issues
 - Helps move quality metrics for a variety of chronic illnesses (both mental and physical health issues)



PCBH model

- Deliver a variety of evidence-based interventions to a high volume of patients for a range of problems across the lifespan that include:
 - Prevention
 - Treatment of acute and chronic conditions
- Focusing on:
 - Symptom reduction
 - Functional improvement
 - Better quality of life



Compared to Collaborative Care Model (CoCM)

Integrated Care Models

	BHP Staff	Patient Registry	Real Time Availability for Consult or Intervention	Planned BH Appointments/ Follow-ups	Conditions Treated	Psychiatric Consultation	Cost Savings over Usual Care	Team-Based Care Approach
Primary Care Behavioral Health (PCBH)	Core Element	Helpful for high-risk groups	Core Element	Some planned follow-ups w/BHP	All	Optional and helpful	✓	✓
Collaborative Care Management (CoCM)	Core Element	Core Element	Optional if available to meet patient	Core Element	Depression, anxiety and some chronic physical health conditions	Core Element	✓	✓

Source: Christian et al (2018)



BHC Role in PCBH

- Is available for both same day and scheduled brief interventions with patients regarding mental health concerns and/or behavioral change related to physical health.
- Is available for “curbside” consults.
- Conducts risk assessments, as indicated.
- Provides PCPs with same-day verbal feedback on patient encounters.
- Prepares brief consultant notes for the medical chart utilizing the SOAP note format.



Questions?



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CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

August 12, 2020

AGENDA ITEM 4

Receive the second and final update on the FY2020 Central Health Demographics report, which includes additional information on families living in poverty by census tract, enrollment, burden of disease, and projections through 2025.



MEMORANDUM

TO: Central Health Board of Managers, Strategic Planning Committee

FROM: JP Eichmiller, Senior Director of Strategy and Information Design
Monica Crowley, Chief Strategy & Planning Officer & Sr. Counsel;

DATE: August 5, 2020

RE: *Informational Item:* FY2020 Demographic Report

Overview

On May 13, Central Health staff presented the preliminary findings of the 2020 Demographic Report to the Strategic Planning Committee. On August 12, Central Health will present a second update to the Committee. The final version of the report will be uploaded to the Central Health website later in the month. Central Health released its first Demographic Report in the fall of 2015 and a second report in 2017. Each report has provided information regarding the areas of Travis County with the highest number of families in poverty, as well as demographic analysis related to age, gender and race/ethnicity. The report is intended to serve as a tool in educating the board and public and to assist in planning efforts.

Elements

As a result of improved data sources and staff resources, the 2020 Demographic Report contains elements not captured in previous reports. For example, patient-level geographic data is now being reported at the census tract level, providing more detailed and granular analysis than the previous ZIP code-based data Central Health relied on. The new data points collected in 2020 will serve as baselines to measure system improvements implemented by Central Health. The impact of these efforts will be measured and reported in future demographic reports. Elements in this report include:

- Families in poverty in Travis County by census tract;
- Defined focus areas for FY2020 based on the highest level of families in poverty;
- Race, ethnicity, enrollment and utilization by focus area;
- Social factors including transportation and insurance access;
- Prevalence of disease burden by focus area;
- Five-year projections for changes in poverty in Travis and surrounding counties.



Data in Action

Central Health's mission reads, *"By caring for those who need it most, Central Health improves the health of our community."* In working to achieve this mission, the Demographic Report is one of the tools Central Health uses to plan future health care services and other operational initiatives. The Demographic Report's first function is to call out where the greatest concentrations of people and families living below the poverty level reside in Travis County. The report's next utility is to identify where and how many residents with low-income are lacking options to access health care services. The Demographic Report is a more precise focus on identifying the areas of greatest need in the community and offering targeted assistance to those who lack access to health care and bear the highest burden of disease. The results will assist the Board in evaluating the efficacy of programs and guide future policy directions.

Contrary to common perceptions, the report shows that close proximity to brick and mortar clinics does not equate to access to care. Many of the areas with the highest rates of enrollees accessing care do not have a physical clinic in their community. Conversely, most of the areas with the greatest volume of unmet need are in close proximity to a clinic. The report also raises questions for further discussion that could guide Central Health's outreach and enrollment efforts, and general presence in communities. Our data shows substantial increases in enrollment, utilization and disease diagnosis in areas that are in need; however, the areas registering these increases are not among those with the highest concentrations of families in poverty.

The 2020 Demographic Report supports the proposed systems planning method which takes a comprehensive and proactive approach to planning across the entire continuum of care and uses relevant data to explore persistent issues and prioritize solutions to chronic problems. As we plan services, Central Health must balance modality, disease burden, geography of clinics and our providers' payer mix. Central Health recognizes its network of health care providers require a mix of payers to support long-term clinic sustainability. For the local Federally Qualified Health Centers, Medicaid-funded mothers and children are a significant portion of an optimal payer mix. This data-driven approach seeks to achieve health equity by addressing avoidable inequalities in how and where health care is delivered.



Findings

The August 12 presentation will serve as a high-level summary of the findings detailed within the full 2020 Demographic Report. These findings include:

- Concentrations of poverty remain **highest** in Austin along the I-35 corridor;
- New census tract boundaries being released in 2022 will dramatically **decrease** volumes of poverty in Pflugerville and Hornsby Bend;
- Proximity to clinics **does not** equate to access to care;
- Relative to levels of poverty, enrollment is **low** in East Austin, Montopolis and Leander/Jonestown;
- Highest concentrations of unserved residents are in Rundberg, St. John's and Montopolis neighborhoods;
- While poverty numbers remain highest along the I-35 corridor, they are also increasing regionally, particularly in areas adjacent to Travis County;
- Transportation access is an issue primarily affecting low-income areas in Austin and Northwest Travis County;
- Areas with high poverty rates align with low rates of employer-based insurance;
- The number of diagnosed chronic conditions in an area aligns with total enrollees;
- The burden of disease is **significantly high** in East Central Austin and Leander/Jonestown across nearly every chronic condition.

Informational Item

There is no action requested of the Board at this time.



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2020 Central Health Demographic Report

Central Health Board of Managers Strategic Planning Committee

Aug. 12, 2020

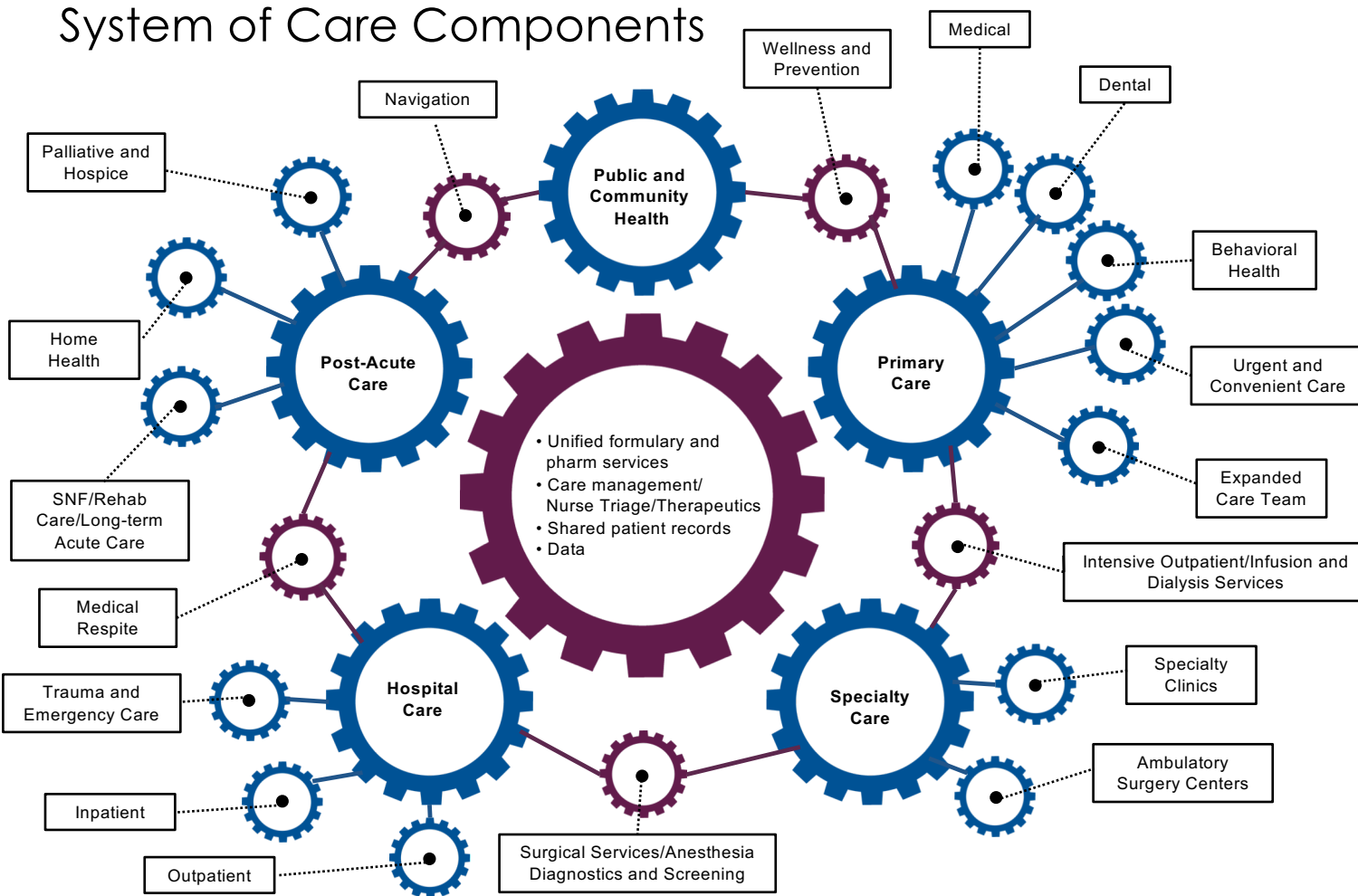
Ashley Levulett, Strategy Data Analyst

JP Eichmiller, Senior Director of Strategy and Information Design



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System of Care Components



Data in Action

- Understanding and adapting to trends in poverty
- Utilization and claims data informing service-based and capital initiatives
- Enrollment data informing outreach and enrollment planning efforts
- Create baseline for measuring burdens of disease on specific communities over time
- Insurance data to inform partners of payer mixes in specific populations
- Develop new measurement to assist system based planning— understand patterns in utilization and where gaps exist



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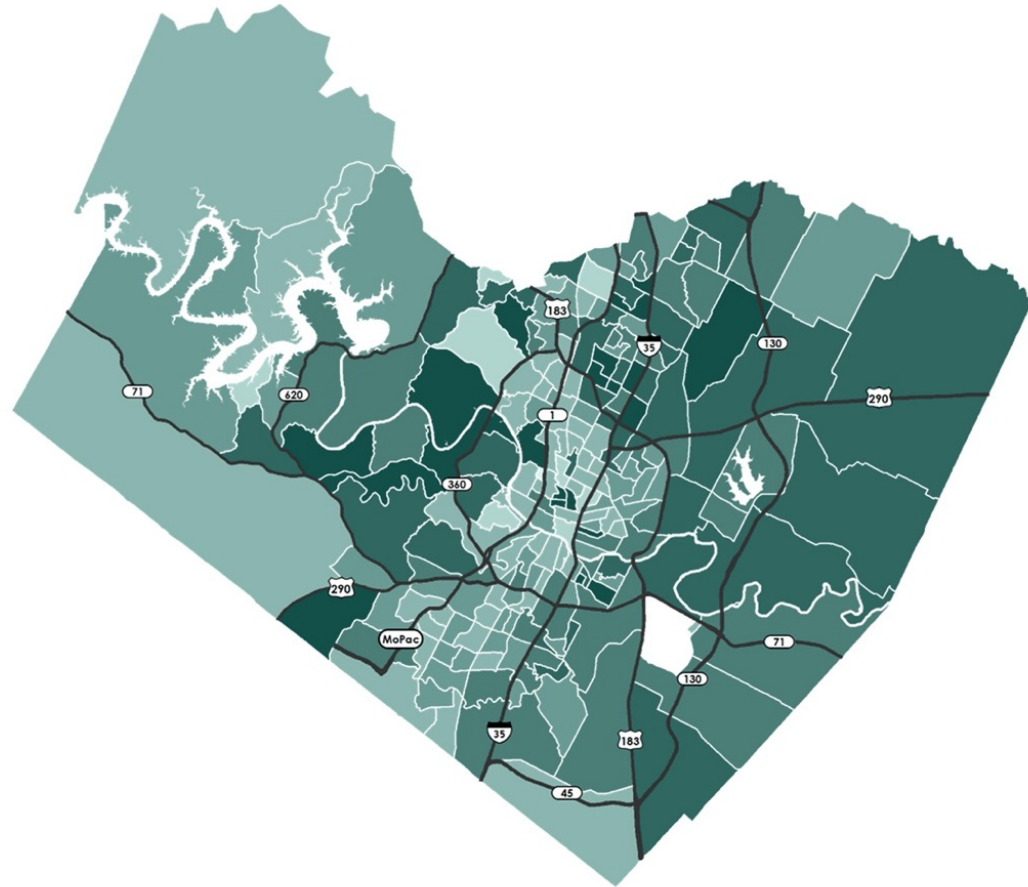
Summary Findings

- Poverty highest along I-35 corridor
- New census tracts may decrease counts in Pflugerville, Hornsby Bend
- Proximity does not equate to access
- Relative to poverty, enrollment is low in East Austin, Montopolis and Leander/Jonestown
- Highest numbers of unserved residents in Rundberg, St. John's and Montopolis
- Poverty increasing regionally, particularly in areas adjacent to Travis County
- Low-income areas have high need for transportation; particularly in Austin and Northwest
- Areas with high poverty rates align with low rates of employer-based insurance
- The number of diagnosed chronic conditions in an area aligns with total enrollees
- The burden of disease is significantly high in East Central Austin and Leander/Jonestown across nearly every chronic condition

Agenda

- Preliminary findings
- Transportation access
- Health insurance status
- Burden of disease
- Seven-county poverty analysis
- Summary findings

Census Tracts



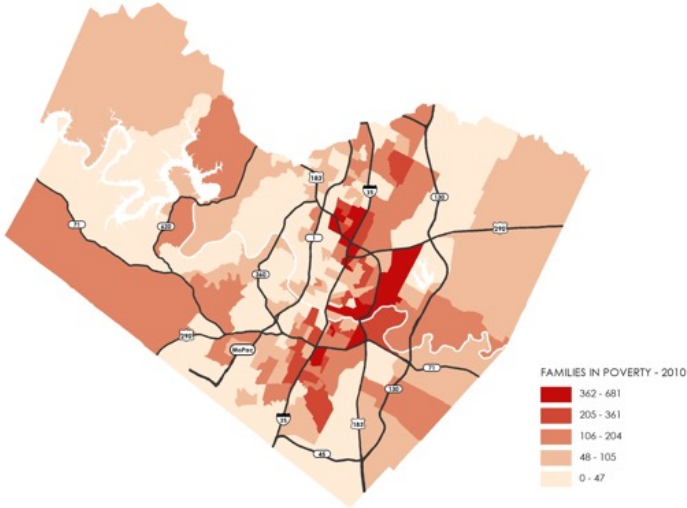
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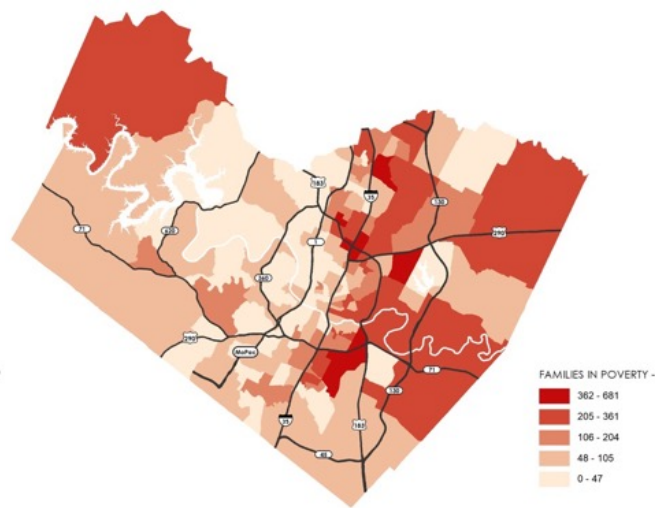
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2010-2025 Travis County Families in Poverty

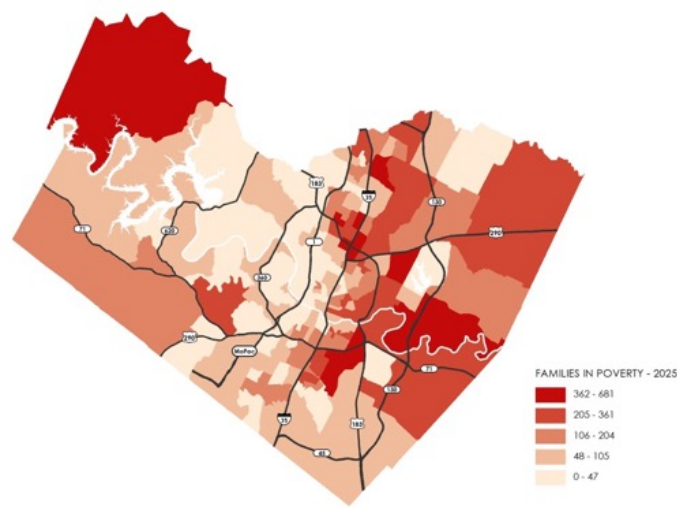
2010



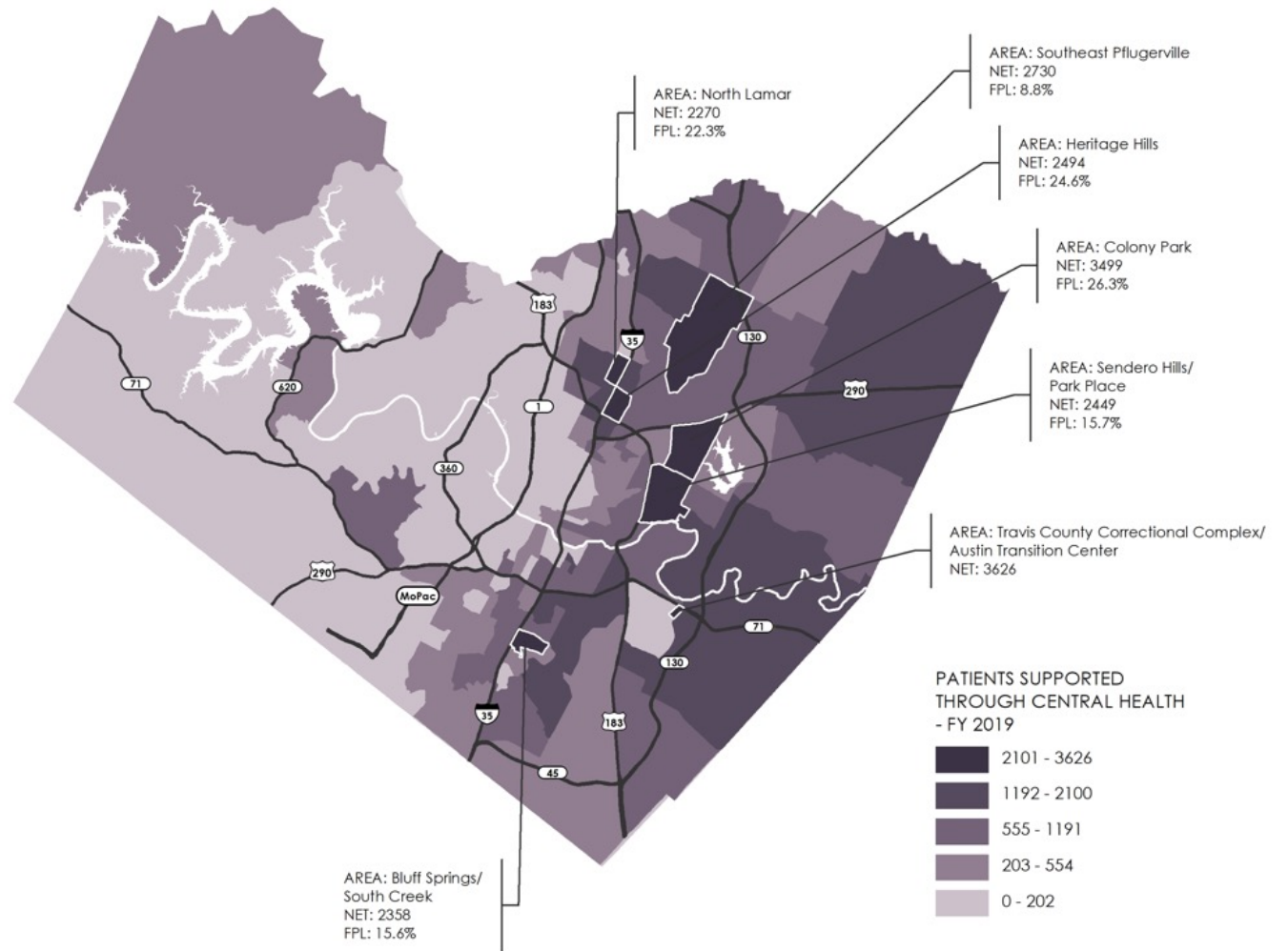
2020



2025



FY 2019 Central Health Enrollees



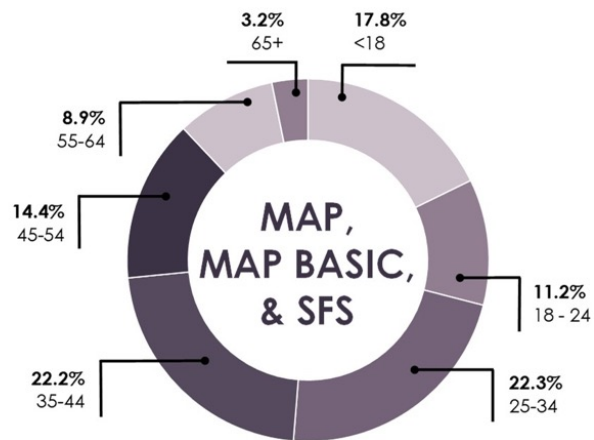
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FY 2019 Central Health Enrollees

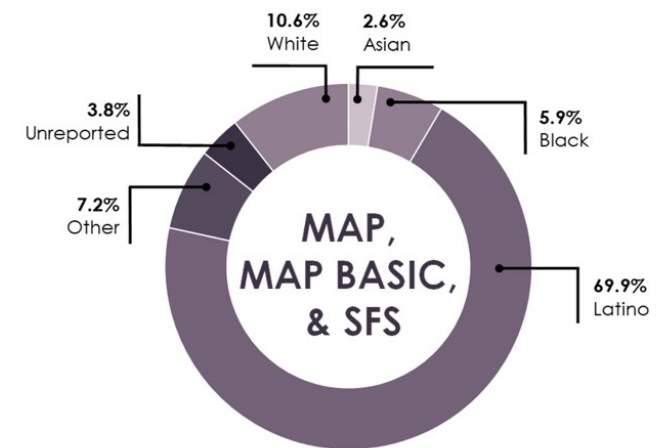
Age



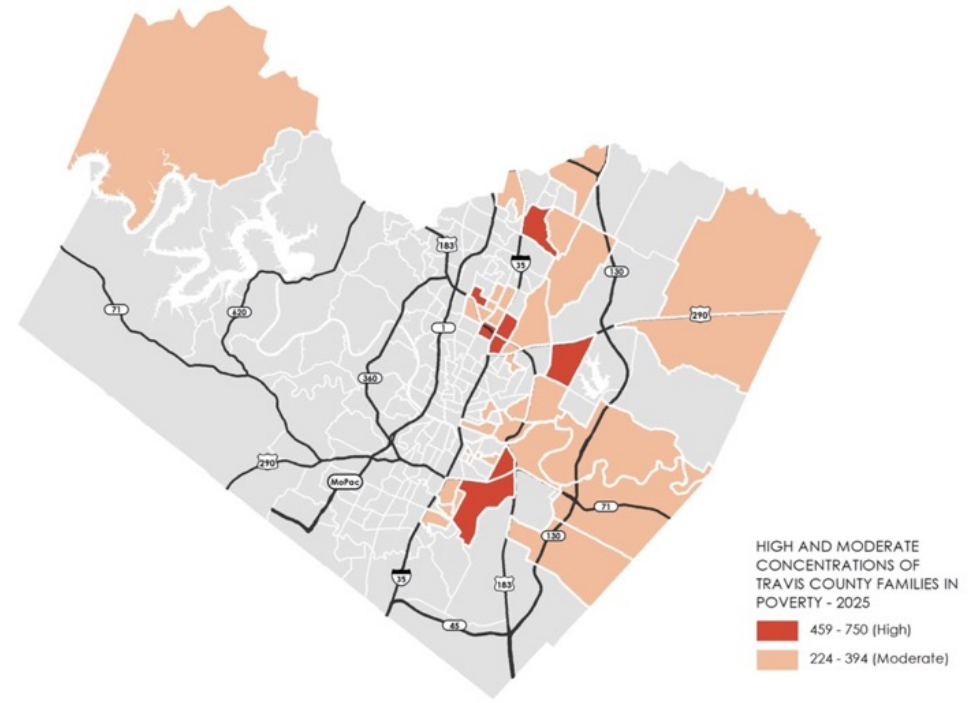
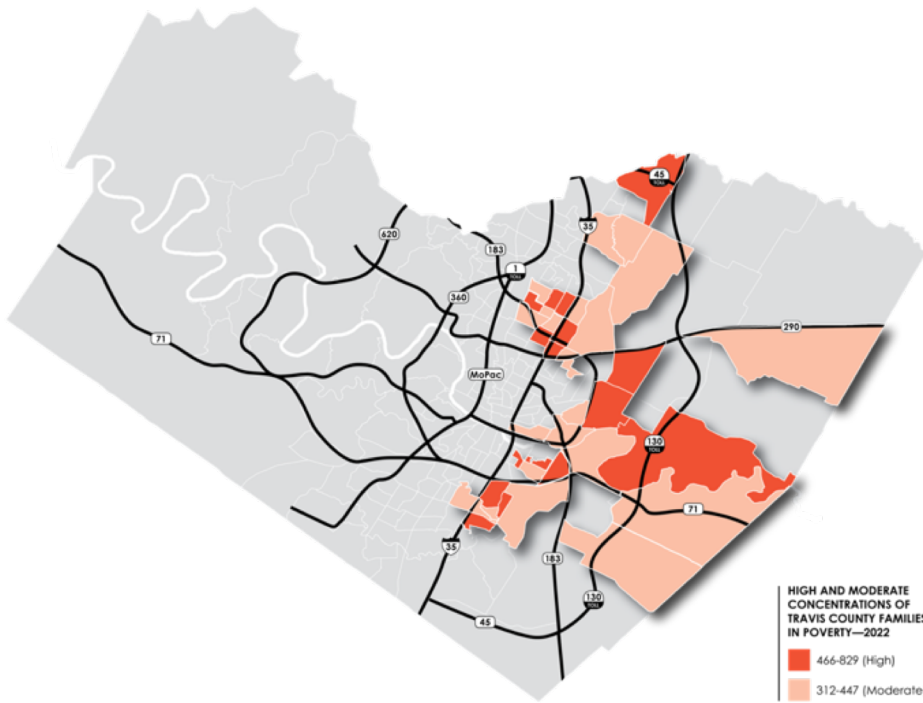
Gender



Race/Ethnicity



2017 and 2020 Demographic Report Focus Areas



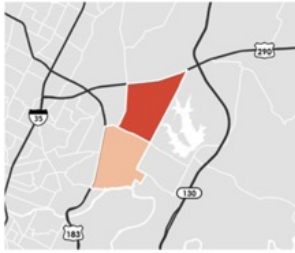
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Colony Park

Population: 19,064



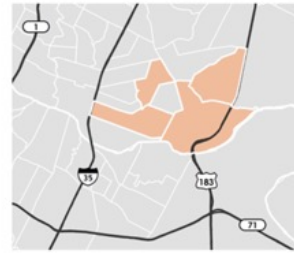
Del Valle

Population: 21,672



East Central Austin

Population: 22,426



Hornsby Bend

Population: 12,737



Leander/Lago Vista

Population: 12,338



Manor/Elgin

Population: 19,772



North Central Austin

Population: 50,331



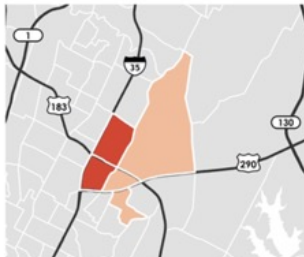
North Travis County

Population: 59,223



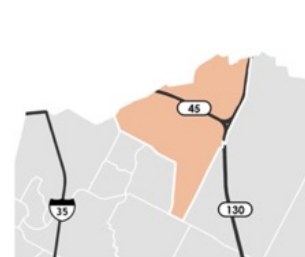
Northeast Austin

Population: 36,103



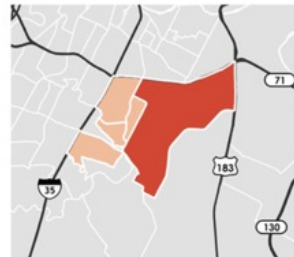
Pflugerville

Population: 22,600



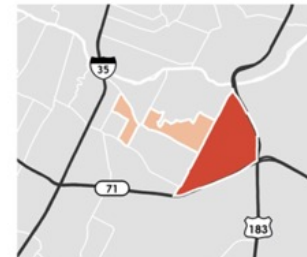
South Austin

Population: 38,143

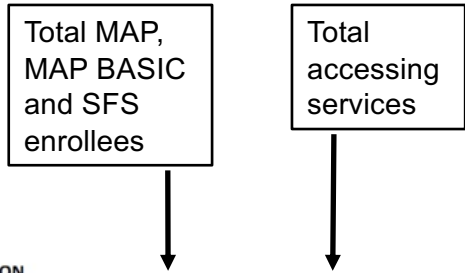


Southeast Austin

Population: 22,711



Focus Areas Overview



2020 DEMOGRAPHICS - ENROLLMENT & UTILIZATION

	NEIGHBORHOOD	TOTAL POPULATION	CENTRAL HEALTH FUNDED	CENTRAL HEALTH UTILIZERS	TOTAL FAMILIES	FAMILIES IN POVERTY (< 100% FPL)	TOTAL HOUSEHOLDS	HOUSEHOLDS IN POVERTY (< 200% FPL)
A	Hornsby Bend	12737	2052 16.1%	1347 65.6%	2971	353 11.9%	3703	794 21.4%
	FOCUS AREA TOTAL	12737	2052 16.1%	1347 65.6%	2971	353 11.9%	3703	794 21.4%
	TRAVIS COUNTY TOTAL	1283790	112352 8.8%	66660 59.3%	291881	23181 7.9%	508315	69959 13.8%

2020 DEMOGRAPHICS - RACE/ETHNICITY

	NEIGHBORHOOD	TOTAL POPULATION	TOTAL HISPANIC/LATINO*	TOTAL AFRICAN AMERICAN	TOTAL ASIAN	TOTAL OTHER	TOTAL WHITE
A	Hornsby Bend	12737	7917 62.2%	3068 24.1%	72 0.6%	2457 19.3%	7140 56.1%
	FOCUS AREA TOTAL	12737	7917 62.2%	3068 24.1%	72 0.6%	2457 19.3%	7140 56.1%
	TRAVIS COUNTY TOTAL	1283790	445467 34.7%	106485 8.3%	91651 7.1%	221845 17.3%	863809 67.3%

* - Ethnicity counts independent of race

	NEIGHBORHOOD	CENTRAL HEALTH FUNDED	CENTRAL HEALTH HISPANIC/LATINO*	CENTRAL HEALTH AFRICAN AMERICAN	CENTRAL HEALTH ASIAN	CENTRAL HEALTH OTHER	CENTRAL HEALTH UNREPORTED	CENTRAL HEALTH WHITE
A	Hornsby Bend	2052	1644 80.1%	132 6.4%	16 0.8%	58 2.8%	103 5.0%	99 4.8%
	FOCUS AREA TOTAL	2052	1644 80.1%	132 6.4%	16 0.8%	58 2.8%	103 5.0%	99 4.8%
	TRAVIS COUNTY TOTAL	112352	77005 68.5%	6507 5.8%	2813 2.5%	7944 7.1%	6412 5.7%	11671 10.4%

* - Ethnicity and race counts combined

Total population demographics

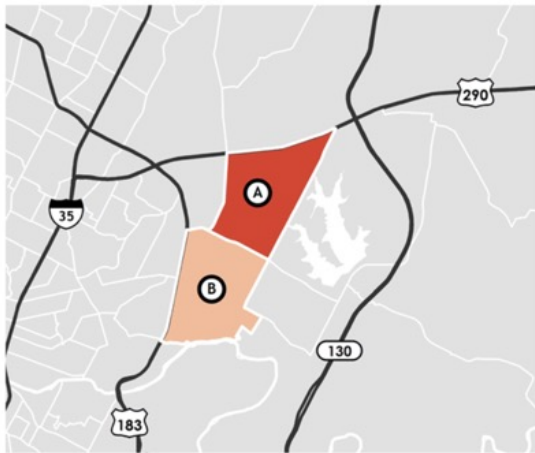
Central Health enrolled population demographics



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COLONY PARK



FOCUS AREAS

COLONY PARK

2020 DEMOGRAPHICS - ENROLLMENT & UTILIZATION

	NEIGHBORHOOD	TOTAL POPULATION	CENTRAL HEALTH FUNDED	CENTRAL HEALTH UTILIZERS	TOTAL FAMILIES	FAMILIES IN POVERTY (< 100% FPL)	TOTAL HOUSEHOLDS	HOUSEHOLDS IN POVERTY (< 200% FPL)				
A	Colony Park	10437	3499	33.5%	2001	57.2%	2250	591	26.3%	2859	1167	40.8%
B	Sendero Hills/Park Place	8627	2449	28.4%	1205	49.2%	1676	263	15.7%	2111	748	35.4%
FOCUS AREA TOTAL		19064	5948	31.2%	3206	53.9%	3926	854	21.8%	4970	1915	38.5%
TRAVIS COUNTY TOTAL		1283790	112352	8.8%	66660	59.3%	291881	23181	7.9%	508315	69959	13.8%

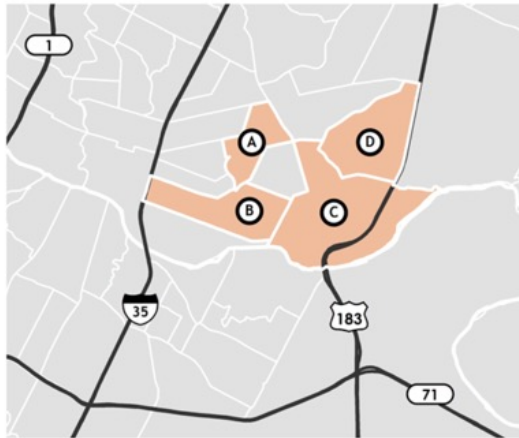
2020 DEMOGRAPHICS - RACE/ETHNICITY

	NEIGHBORHOOD	TOTAL POPULATION	TOTAL HISPANIC/LATINO*	TOTAL AFRICAN AMERICAN	TOTAL ASIAN	TOTAL OTHER	TOTAL WHITE					
A	Colony Park	10437	7102	68.0%	2753	26.4%	22	0.2%	4275	41.0%	3387	32.5%
B	Sendero Hills/Park Place	8627	6100	70.7%	1441	16.7%	57	0.7%	3321	38.5%	3808	44.1%
FOCUS AREA TOTAL		19064	13202	69.3%	4194	22.0%	79	0.4%	7596	39.8%	7195	37.7%
TRAVIS COUNTY TOTAL		1283790	445467	34.7%	106485	8.3%	91651	7.1%	221845	17.3%	863809	67.3%

* - Ethnicity counts independent of race

	NEIGHBORHOOD	CENTRAL HEALTH FUNDED	CENTRAL HEALTH HISPANIC/LATINO*	CENTRAL HEALTH AFRICAN AMERICAN	CENTRAL HEALTH ASIAN	CENTRAL HEALTH OTHER	CENTRAL HEALTH UNREPORTED	CENTRAL HEALTH WHITE						
A	Colony Park	3499	2978	85.1%	259	7.4%	-	-	88	2.5%	-	-	47	1.3%
B	Sendero Hills/Park Place	2449	2189	89.4%	87	3.6%	-	-	37	1.5%	-	-	55	2.2%
FOCUS AREA TOTAL		5948	5167	86.9%	346	5.8%	17	0.3%	125	2.1%	191	3.2%	102	1.7%
TRAVIS COUNTY TOTAL		112352	77005	68.5%	6507	5.8%	2813	2.5%	7944	7.1%	6412	5.7%	11671	10.4%

* - Ethnicity and race counts combined



EAST CENTRAL AUSTIN



FOCUS AREAS

EAST CENTRAL AUSTIN

2020 DEMOGRAPHICS - ENROLLMENT & UTILIZATION

	NEIGHBORHOOD	TOTAL POPULATION	CENTRAL HEALTH FUNDED	CENTRAL HEALTH UTILIZERS	TOTAL FAMILIES	FAMILIES IN POVERTY (< 100% FPL)	TOTAL HOUSEHOLDS	HOUSEHOLDS IN POVERTY (< 200% FPL)
A	Rosewood/Chestnut	3320	392 11.8%	265 67.6%	737	235 31.9%	1272	378 29.7%
B	East Cesar Chavez/Holly	8514	757 8.9%	454 60.0%	1731	222 12.8%	3236	737 22.8%
C	Govalle/Johnston Terrace	5536	805 14.5%	498 61.9%	1217	253 20.8%	1538	465 30.2%
D	MLK-183	5056	619 12.2%	374 60.4%	1074	279 26.0%	1796	608 33.9%
FOCUS AREA TOTAL		22426	2573 11.5%	1591 61.8%	4759	989 20.8%	7842	2188 27.9%
TRAVIS COUNTY TOTAL		1283790	112352 8.8%	66660 59.3%	291881	23181 7.9%	508315	69959 13.8%

2020 DEMOGRAPHICS - RACE/ETHNICITY

	NEIGHBORHOOD	TOTAL POPULATION	TOTAL HISPANIC/LATINO*	TOTAL AFRICAN AMERICAN	TOTAL ASIAN	TOTAL OTHER	TOTAL WHITE
A	Rosewood/Chestnut	3320	1314 39.6%	952 28.7%	35 1.1%	762 23.0%	1571 47.3%
B	East Cesar Chavez/Holly	8514	5244 61.6%	629 7.4%	101 1.2%	2366 27.8%	5418 63.6%
C	Govalle/Johnston Terrace	5536	3684 66.5%	823 14.9%	65 1.2%	1706 30.8%	2942 53.1%
D	MLK-183	5056	2695 53.3%	1281 25.3%	68 1.3%	1371 27.1%	2336 46.2%
FOCUS AREA TOTAL		22426	12937 57.7%	3685 16.4%	269 1.2%	6205 27.7%	12267 54.7%
TRAVIS COUNTY TOTAL		1283790	445467 34.7%	106485 8.3%	91651 7.1%	221845 17.3%	863809 67.3%

* - Ethnicity counts independent of race

	NEIGHBORHOOD	CENTRAL HEALTH FUNDED	CENTRAL HEALTH HISPANIC/LATINO*	CENTRAL HEALTH AFRICAN AMERICAN	CENTRAL HEALTH ASIAN	CENTRAL HEALTH OTHER	CENTRAL HEALTH UNREPORTED	CENTRAL HEALTH WHITE
A	Rosewood/Chestnut	392	206 52.6%	110 28.1%	-	23 5.9%	-	46 11.7%
B	East Cesar Chavez/Holly	757	434 57.3%	87 11.5%	12 1.6%	117 15.5%	30 4.0%	77 10.2%
C	Govalle/Johnston Terrace	805	604 75.0%	90 11.2%	-	36 4.5%	-	49 6.1%
D	MLK-183	619	381 61.6%	119 19.2%	-	31 5.0%	-	65 10.5%
FOCUS AREA TOTAL		2573	1625 63.2%	406 15.8%	22 0.9%	207 8.0%	76 3.0%	237 9.2%
TRAVIS COUNTY TOTAL		112352	77005 68.5%	6507 5.8%	2813 2.5%	7944 7.1%	6412 5.7%	11671 10.4%

* - Ethnicity and race counts combined

Enrollment and Utilizer Gap

Focus Area	Families in Poverty	Enrolled Population (MAP, MAP BASIC, SFS)	System Utilizers	Utilizer Gap (enrollees not accessing services)
Rundberg	2,686	13,038	7,486	5,552
St. John's	1,589	7,571	4,322	3,249
Dove Springs	1,501	7,910	5,018	3,017
North Travis County	1,219	7,125	4,172	2,433
Montopolis	1,038	3,998	2,480	1,518
East Austin	989	2,573	1,591	982
Colony Park	854	5,948	3,206	2,742
Del Valle	726	4,289	2,632	1,657
Manor/Elgin	542	2,898	1,627	1,271
Hornsby Bend	353	2,052	1,347	705
Lago Vista/Jonestown	334	493	259	234
Pflugerville	260	788	454	334

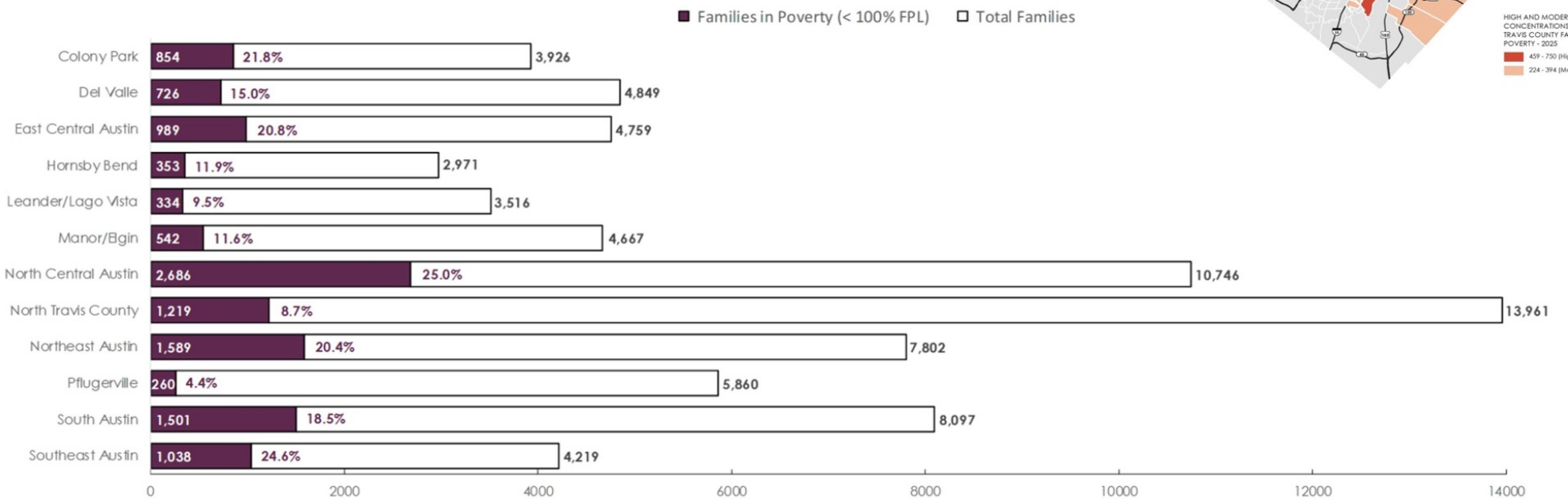
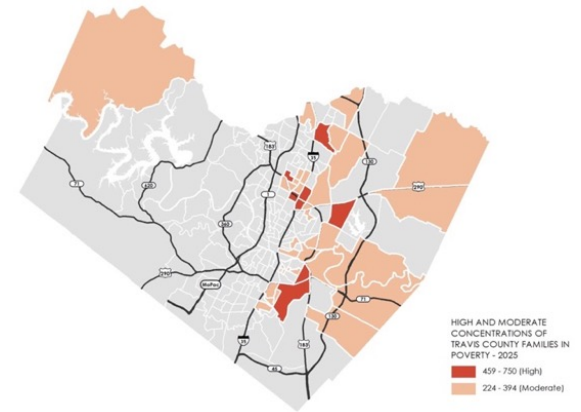


CENTRAL HEALTH



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Findings: Families in Poverty

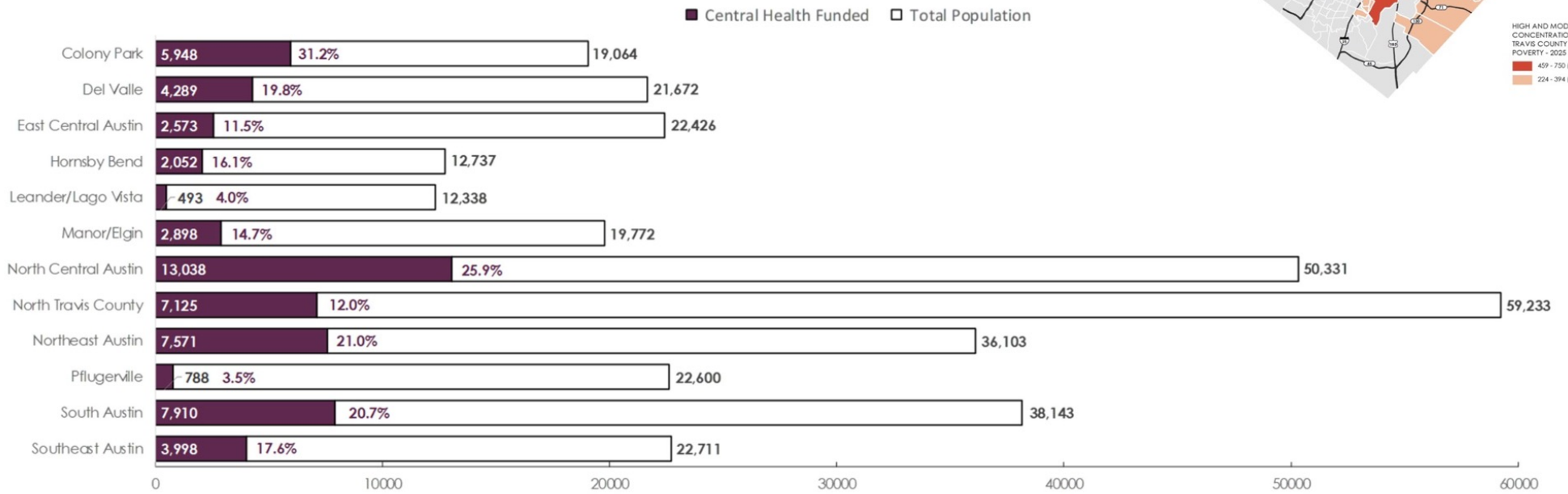
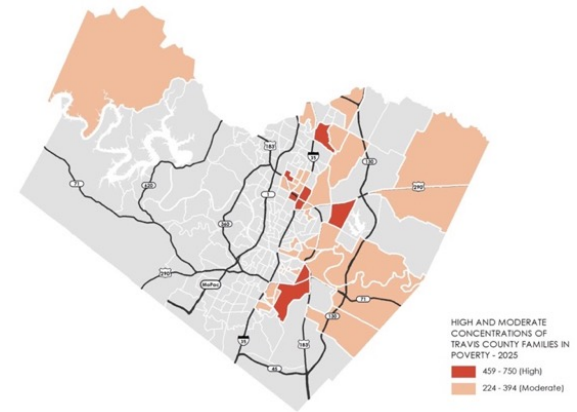


CENTRAL HEALTH



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Findings: Central Health Enrolled Population

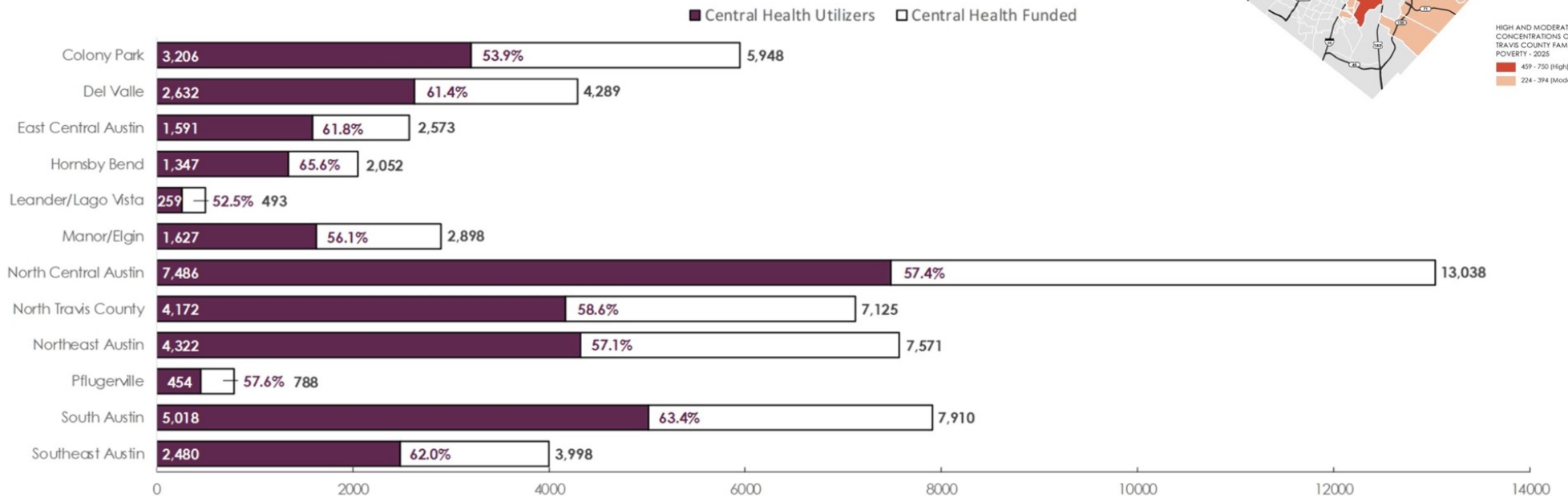
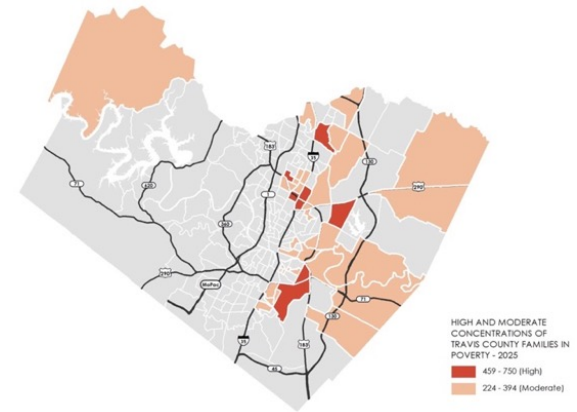


CENTRAL HEALTH



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Findings: Central Health Utilizers



CENTRAL HEALTH



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Demographic Report Updates

Social determinants

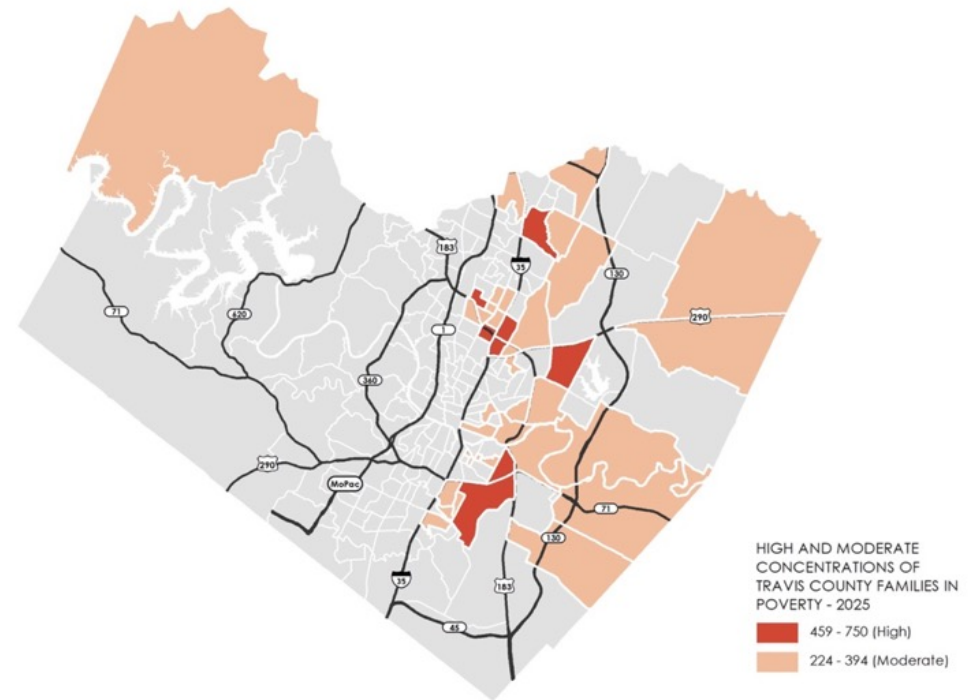
- Households without vehicles

Insurance status

- Employer-based/individual/
supplemental coverages

Burden of disease

- Prevalence of chronic conditions
- Total diagnoses



Households without Vehicles

HOUSEHOLDS WITHOUT VEHICLES - COMBINED FOCUS AREAS VS TRAVIS COUNTY AVERAGE PER CENSUS TRACT

2020



TRAVIS
COUNTY



COMBINED
FOCUS AREAS

2025



TRAVIS
COUNTY



COMBINED
FOCUS AREAS

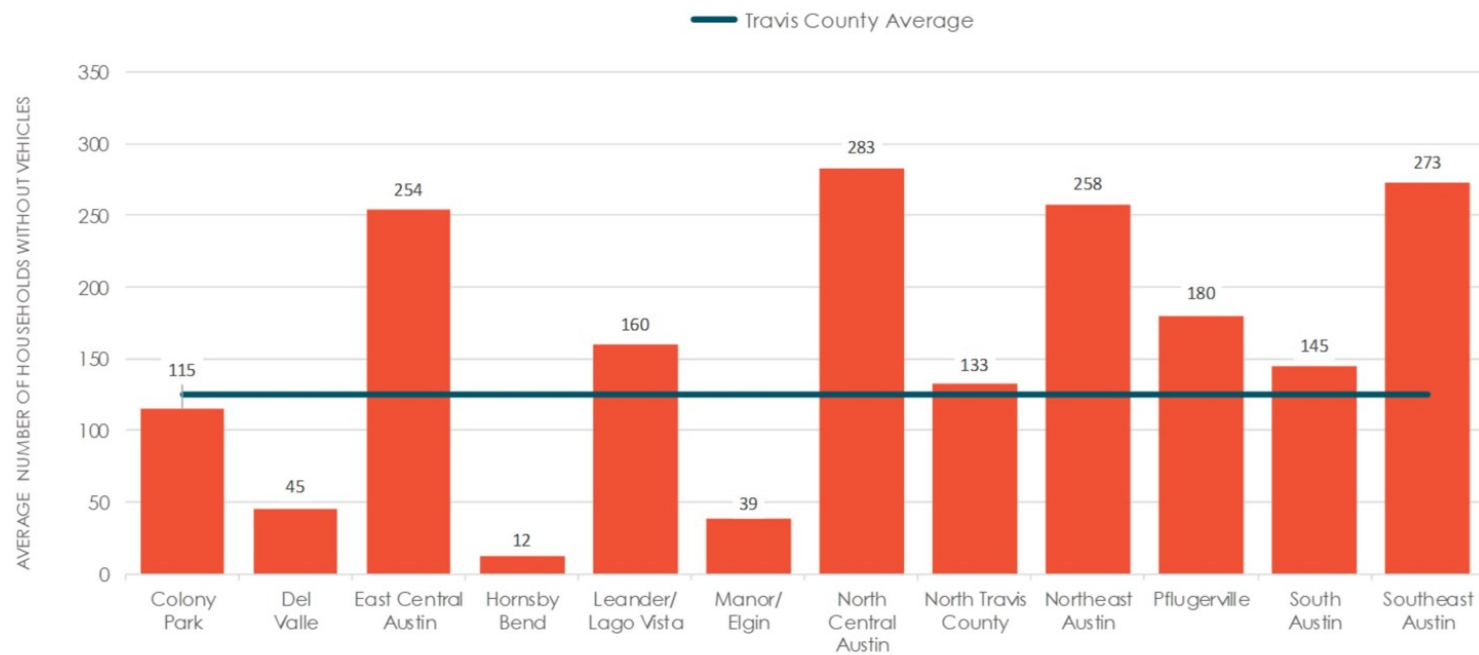


CENTRAL HEALTH

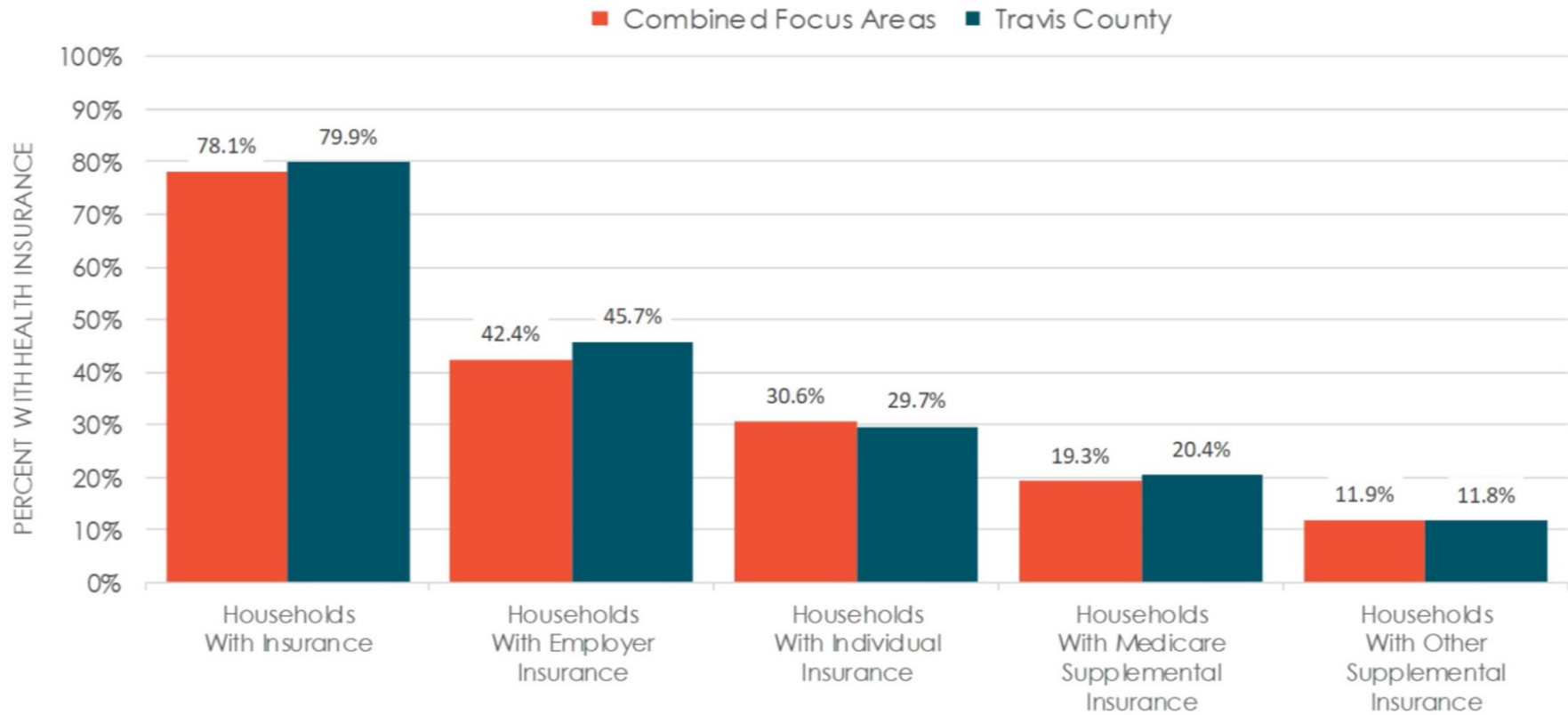


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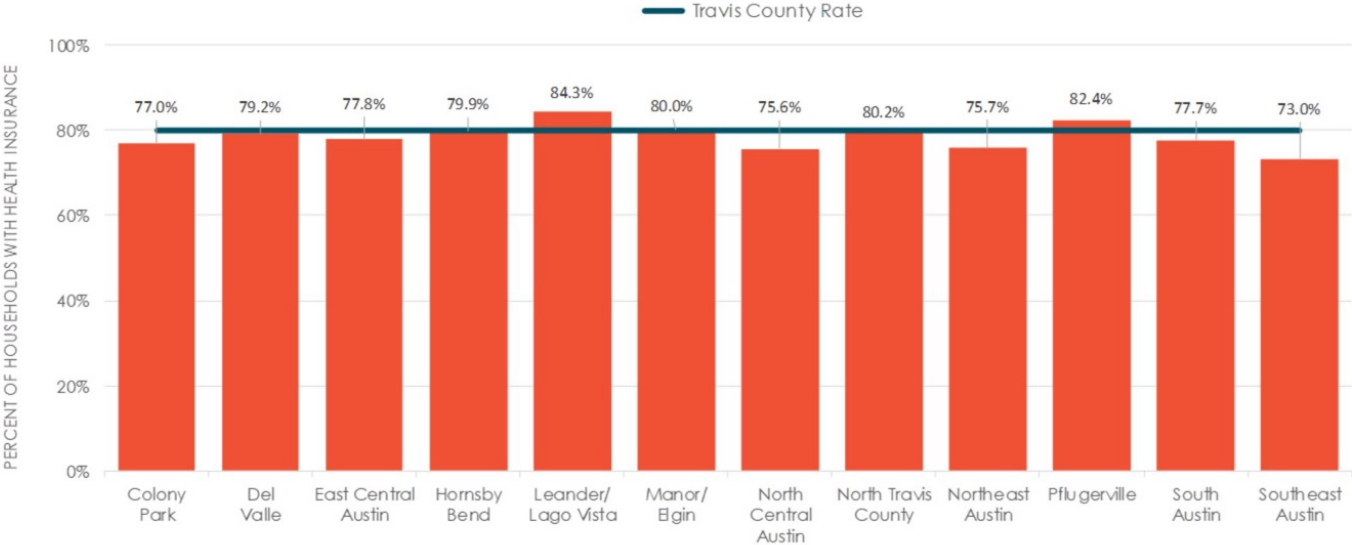
Households without Vehicles by Focus Area



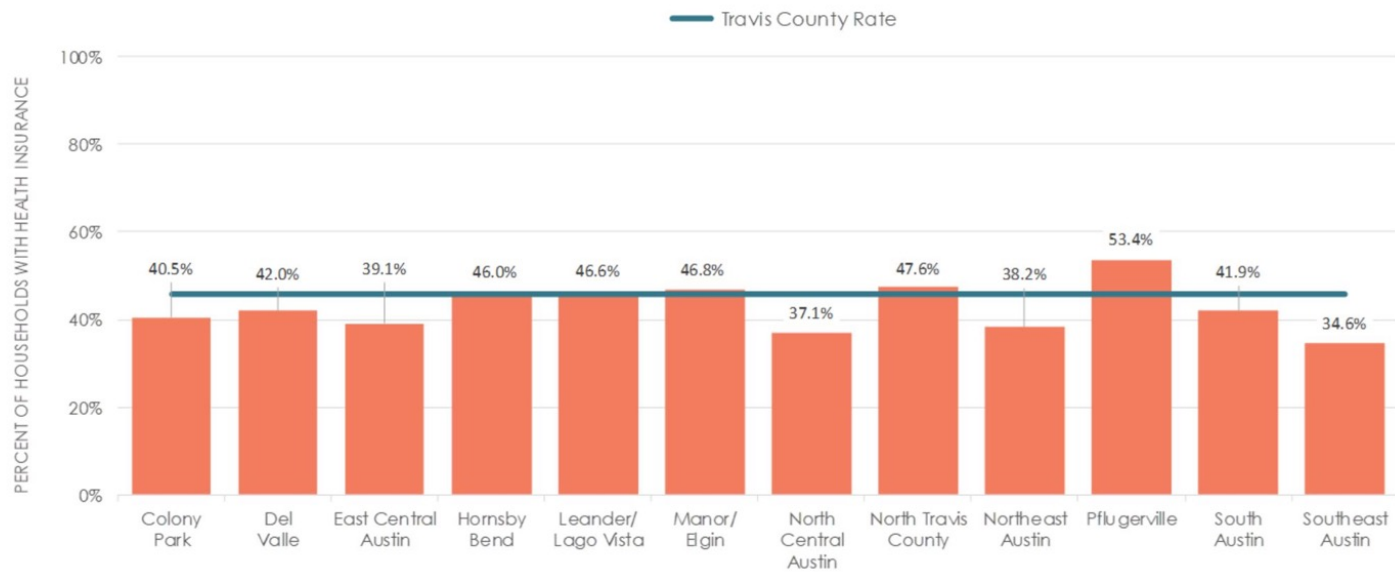
Health Insurance



Insured Population



Employer-Based Health Insurance

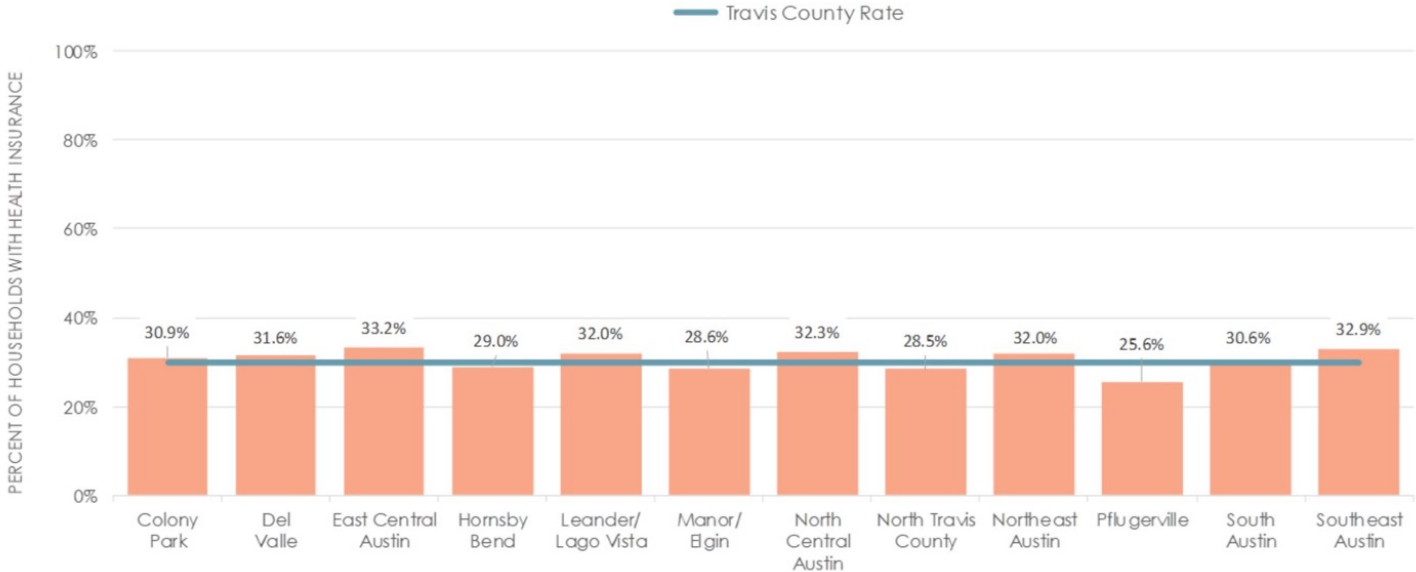


CENTRAL HEALTH



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Individually Purchased Health Insurance



Burden of Disease

Chronic Conditions

- Asthma
- Behavioral health
- COPD (chronic lung disease)
- Diabetes
- Heart failure
- Hypertension
- Malignant neoplasm (cancerous tumor)
- Renal failure (kidney failure)



CENTRAL HEALTH



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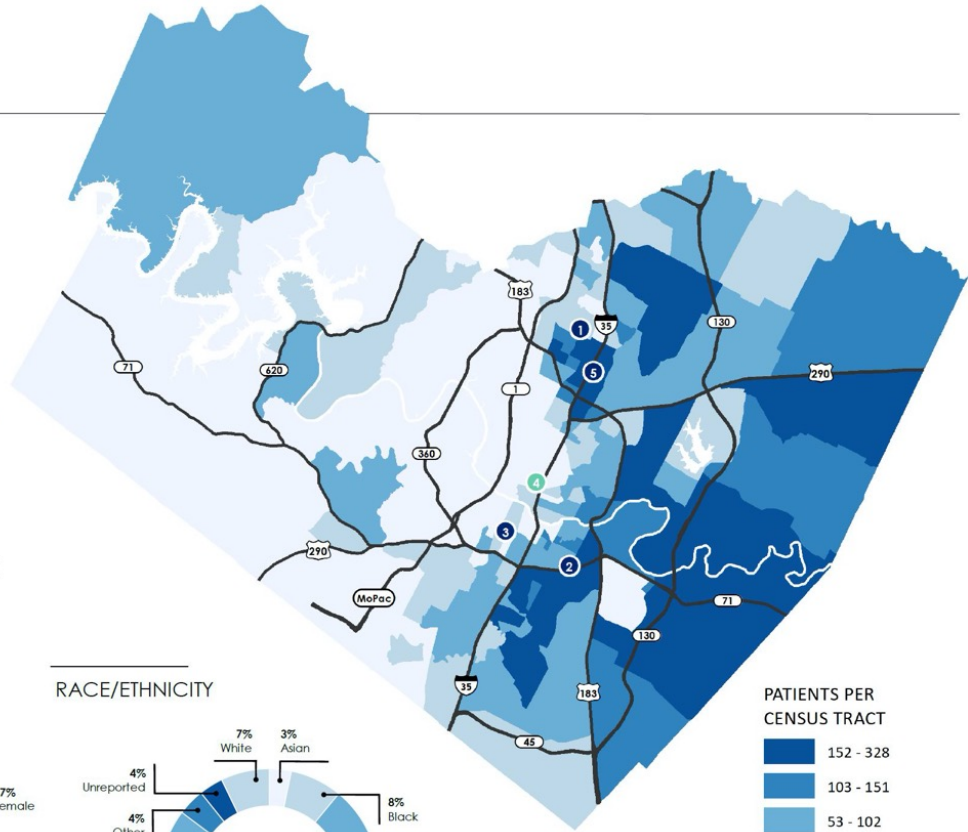
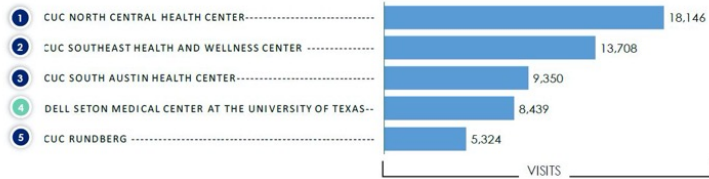
CHRONIC CONDITIONS

DIABETES

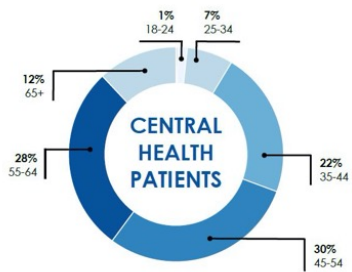
TOTAL CENTRAL HEALTH PATIENTS DIAGNOSED¹ WITH CHRONIC CONDITION: **12,091**

¹ All data from fiscal year 2019

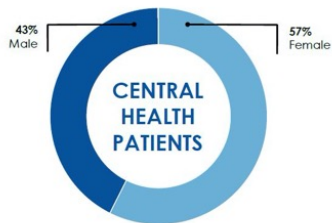
TOP 5 LOCATIONS FOR VISITS BY PATIENTS WITH A DIABETES DIAGNOSIS



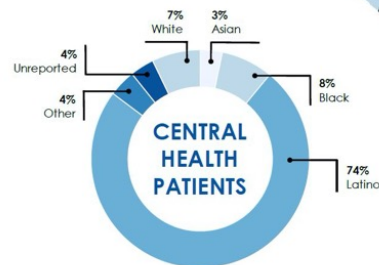
AGE



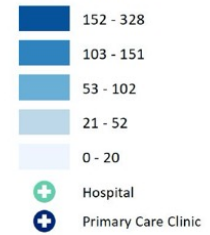
GENDER



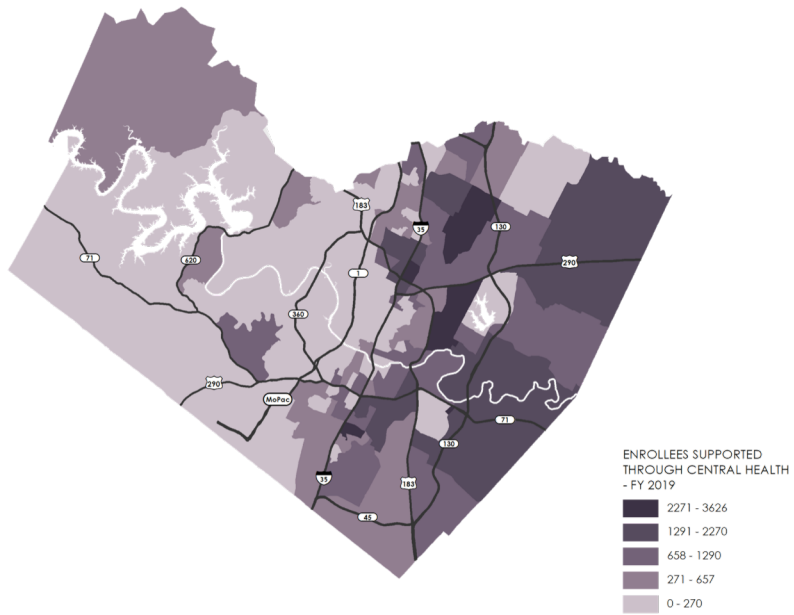
RACE/ETHNICITY



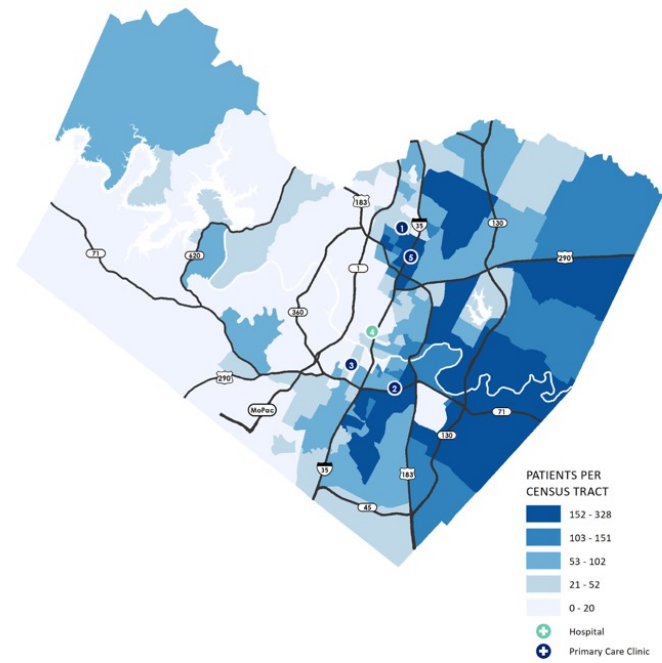
PATIENTS PER CENSUS TRACT



Total Enrollees



Diabetes Patients

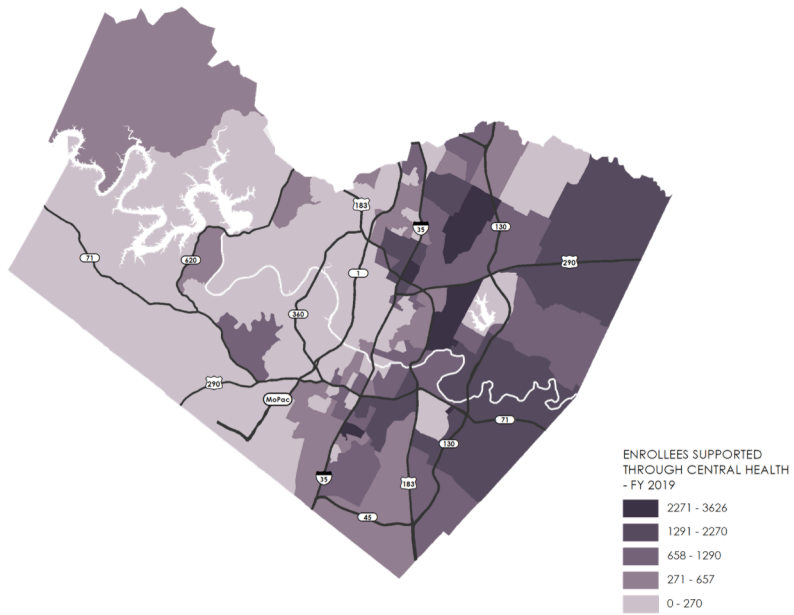


CENTRAL HEALTH

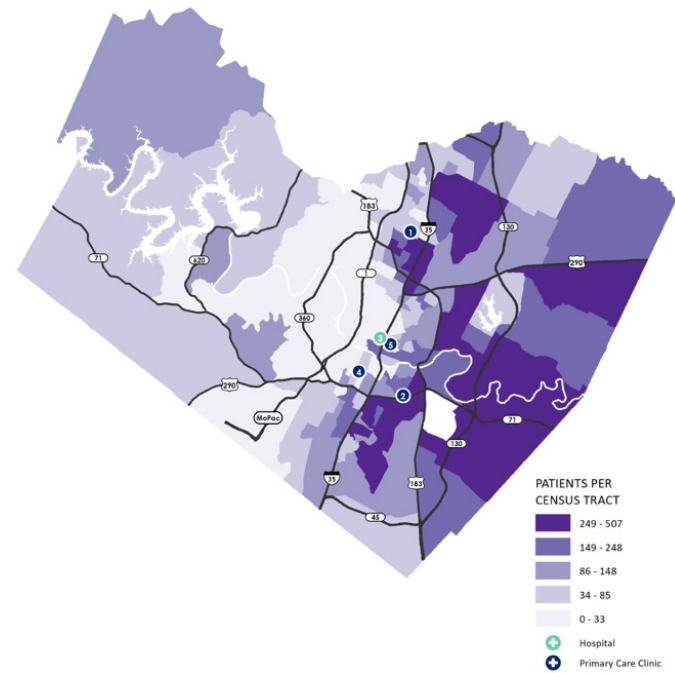


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Total Enrollees



Hypertension Patients

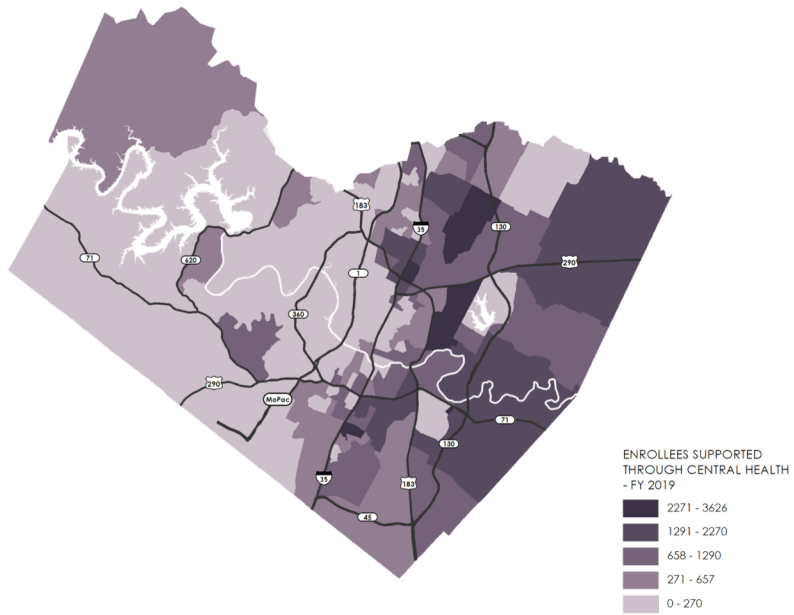


CENTRAL HEALTH

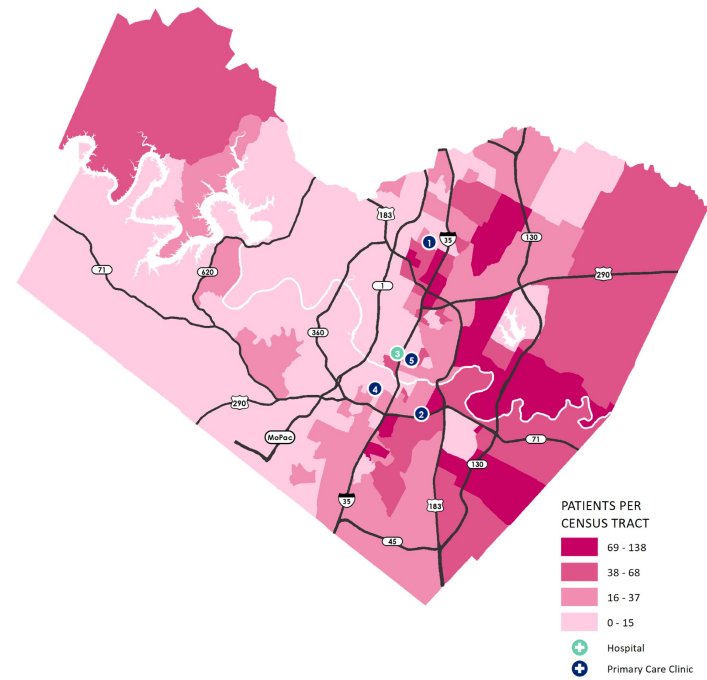


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Total Enrollees



COPD Patients



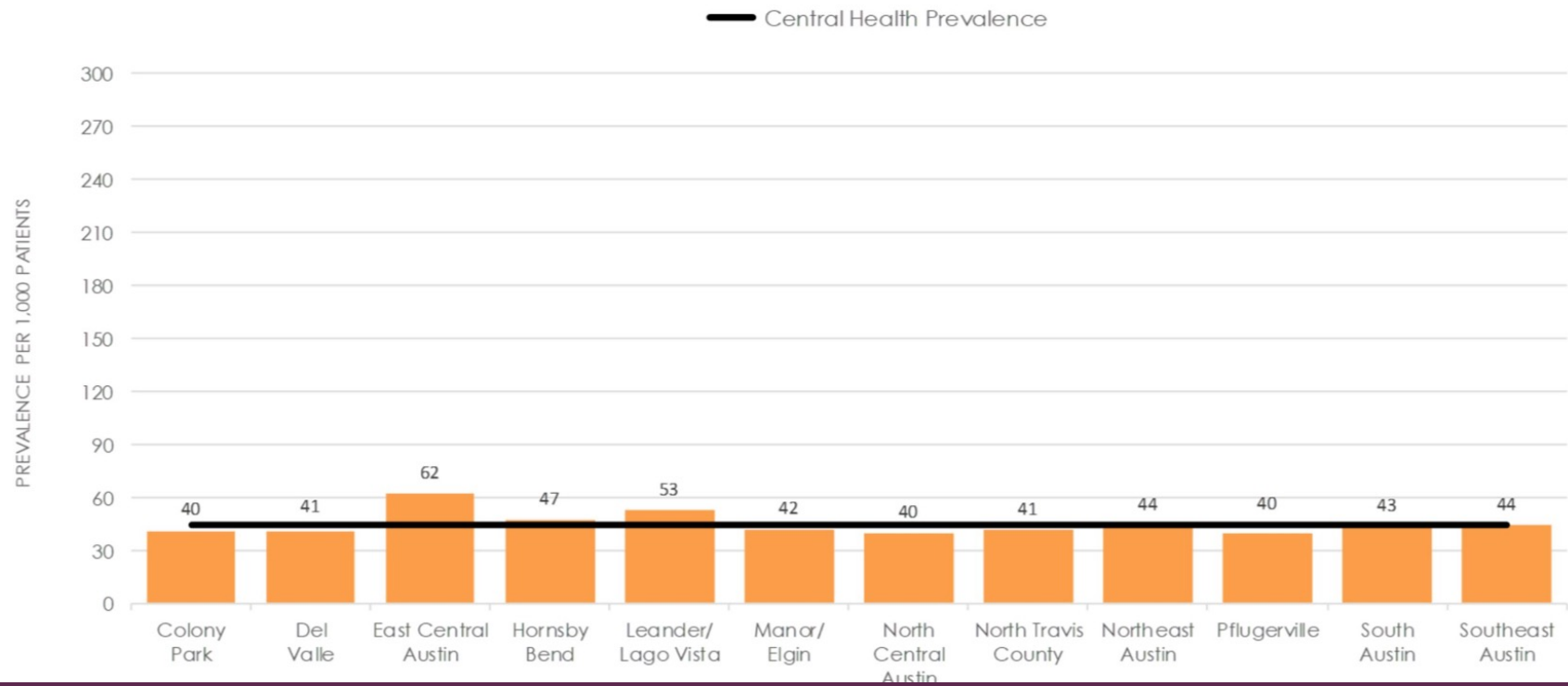
CENTRAL HEALTH



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ASTHMA PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

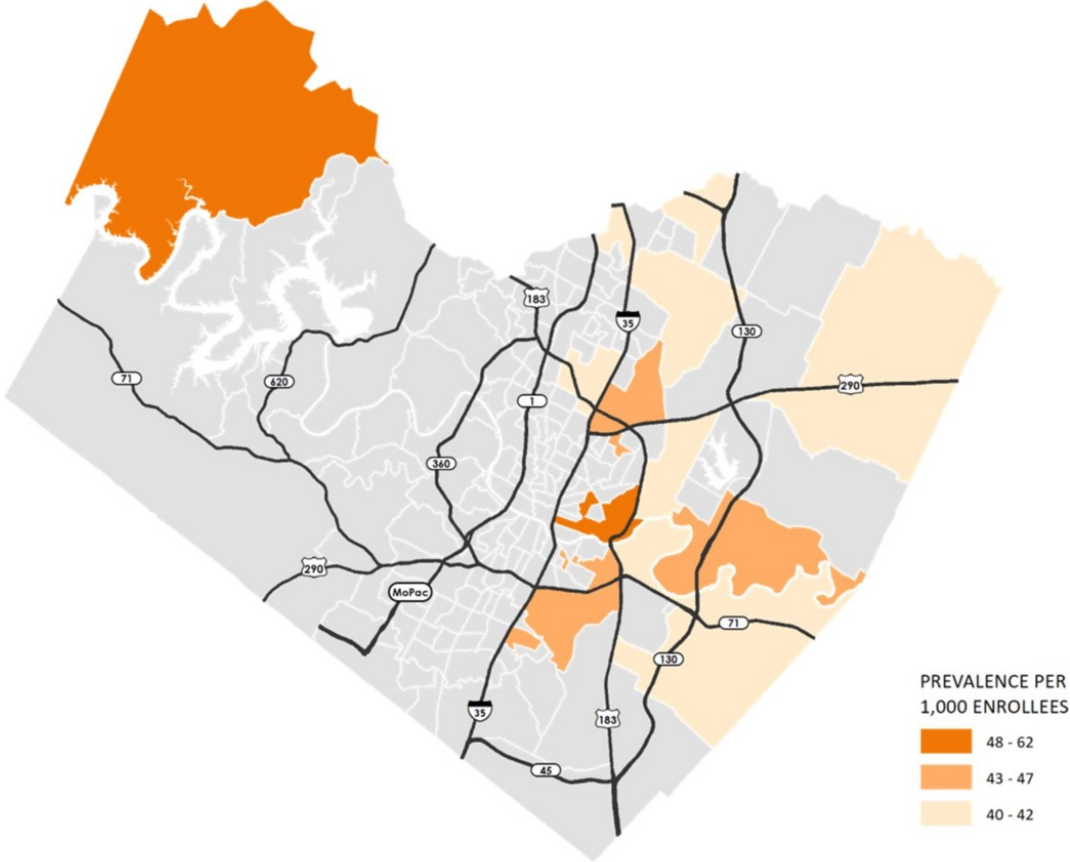


CENTRAL HEALTH



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Asthma



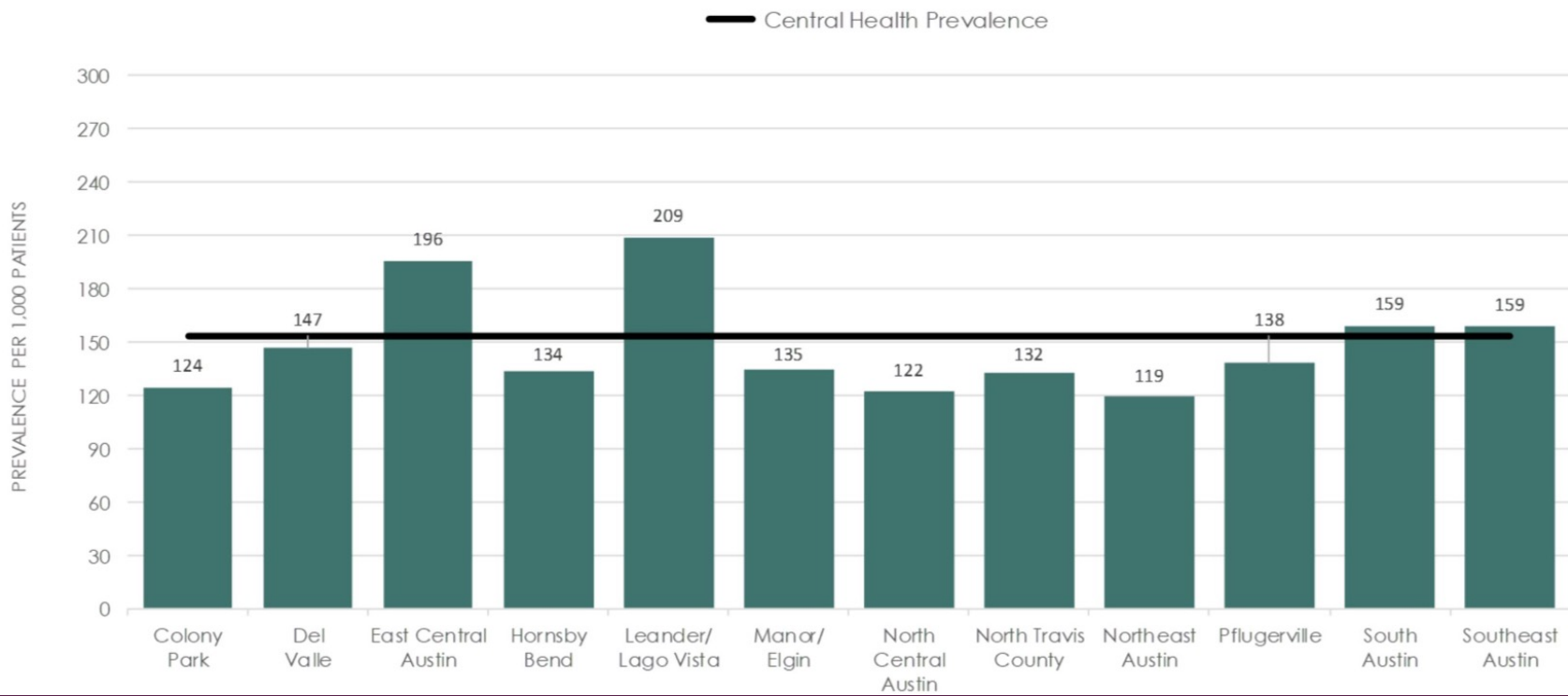
CENTRAL HEALTH



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BEHAVIORAL HEALTH PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

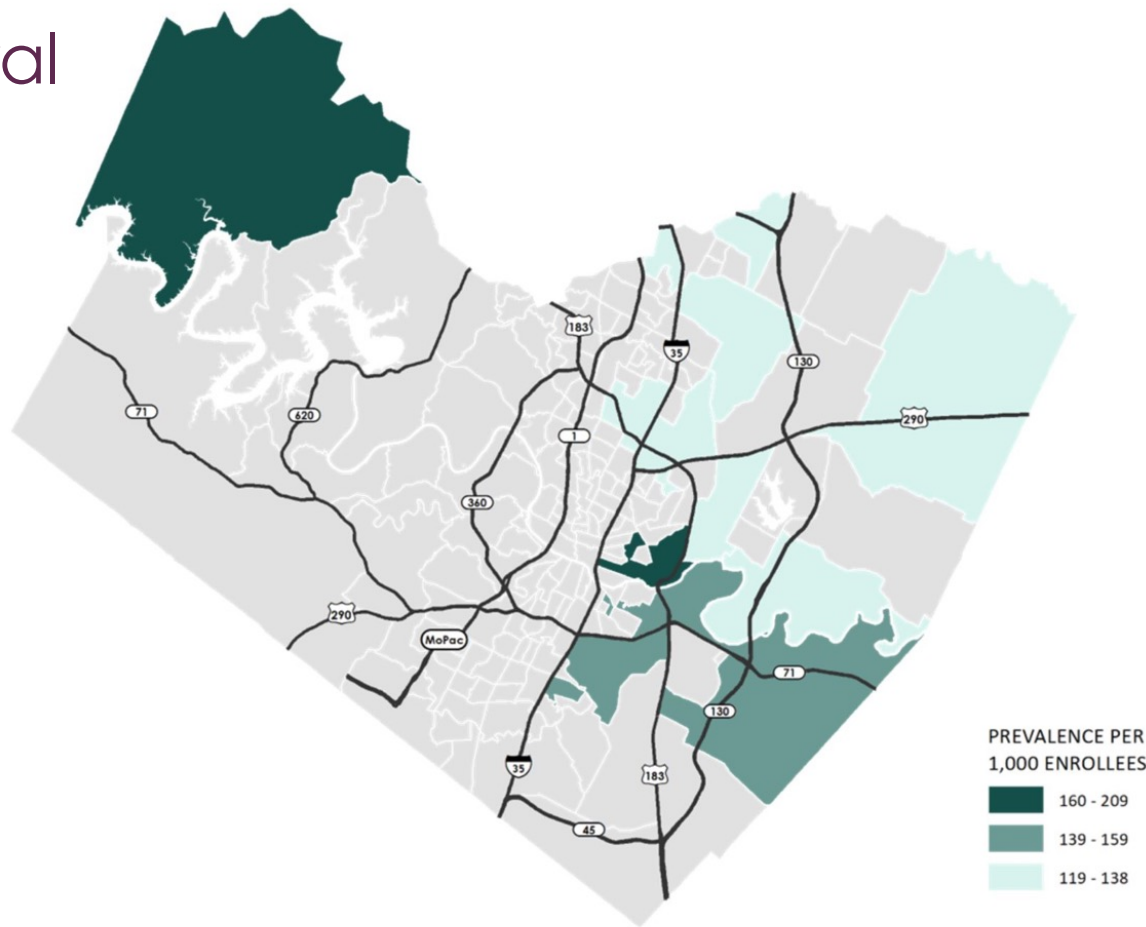


CENTRAL HEALTH



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Behavioral Health



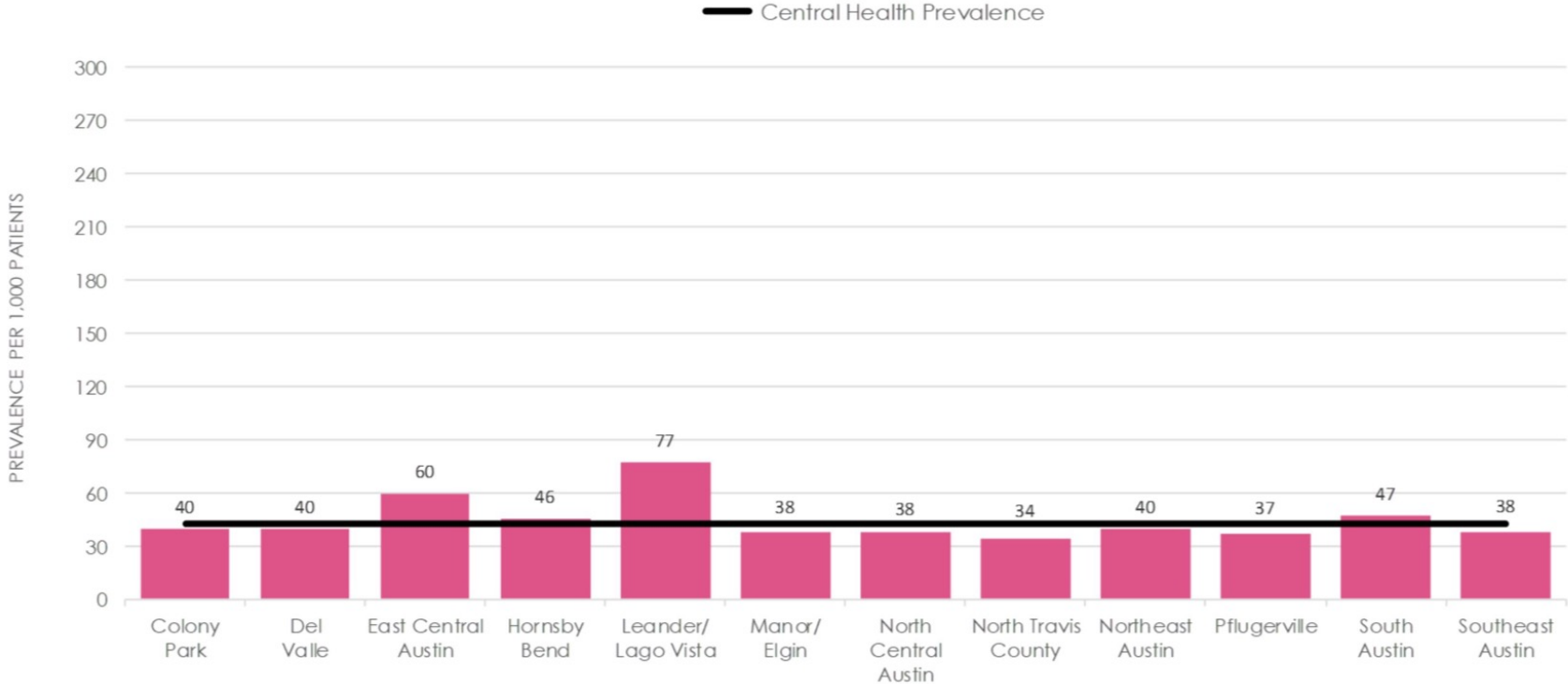
CENTRAL HEALTH



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COPD (CHRONIC LUNG DISEASE) PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

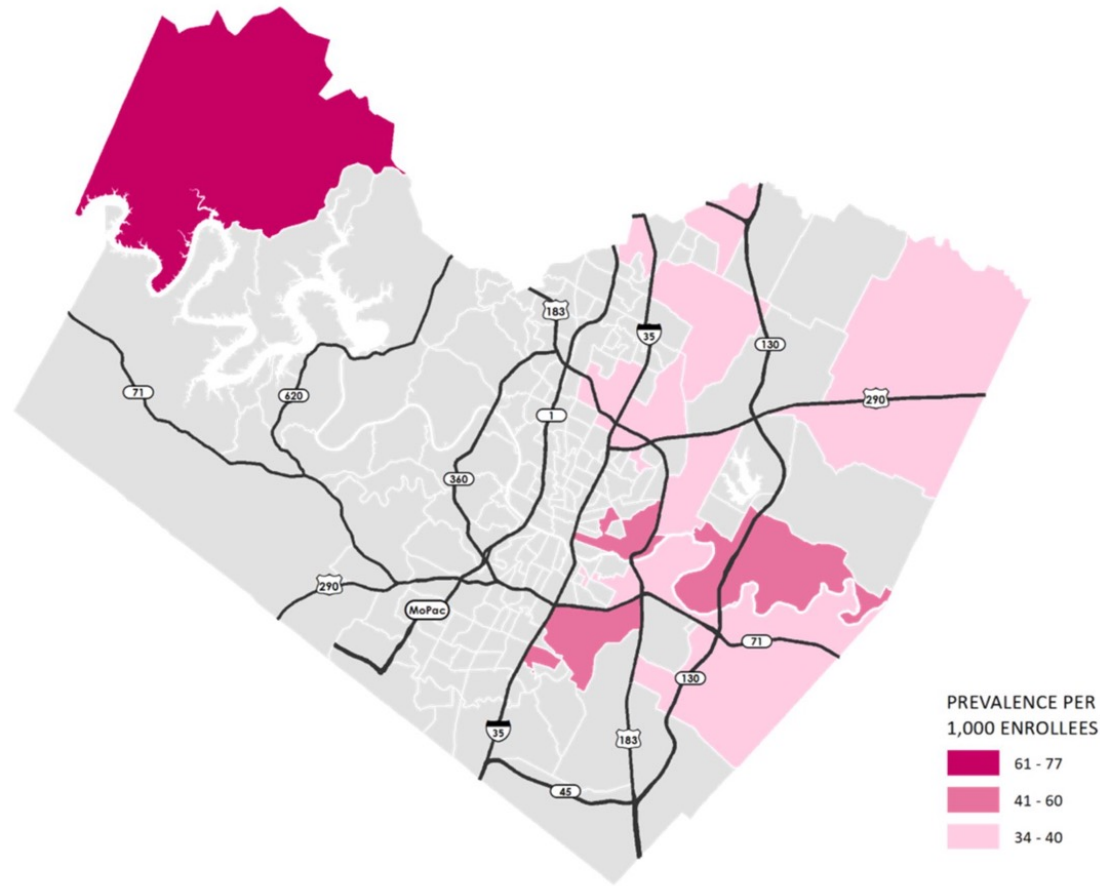


CENTRAL HEALTH



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COPD



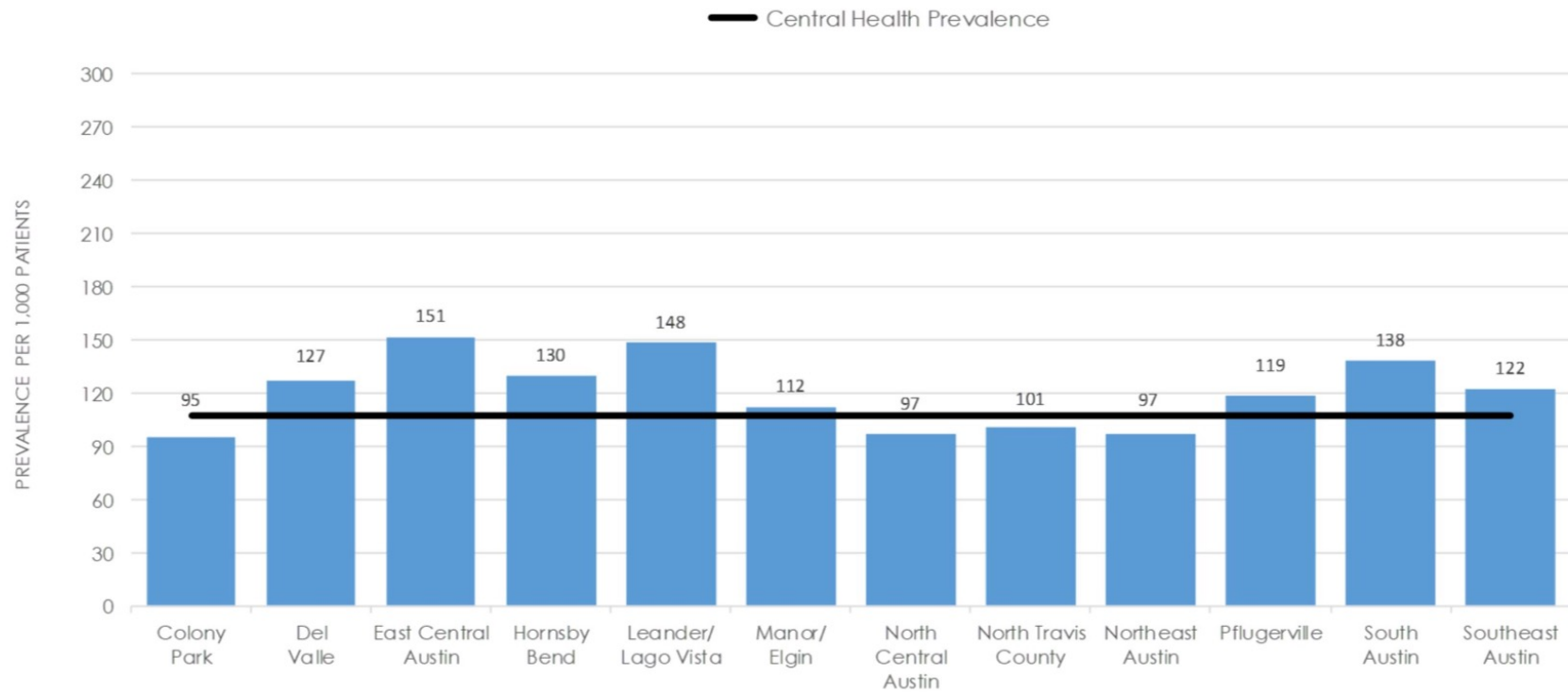
CENTRAL HEALTH



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DIABETES PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

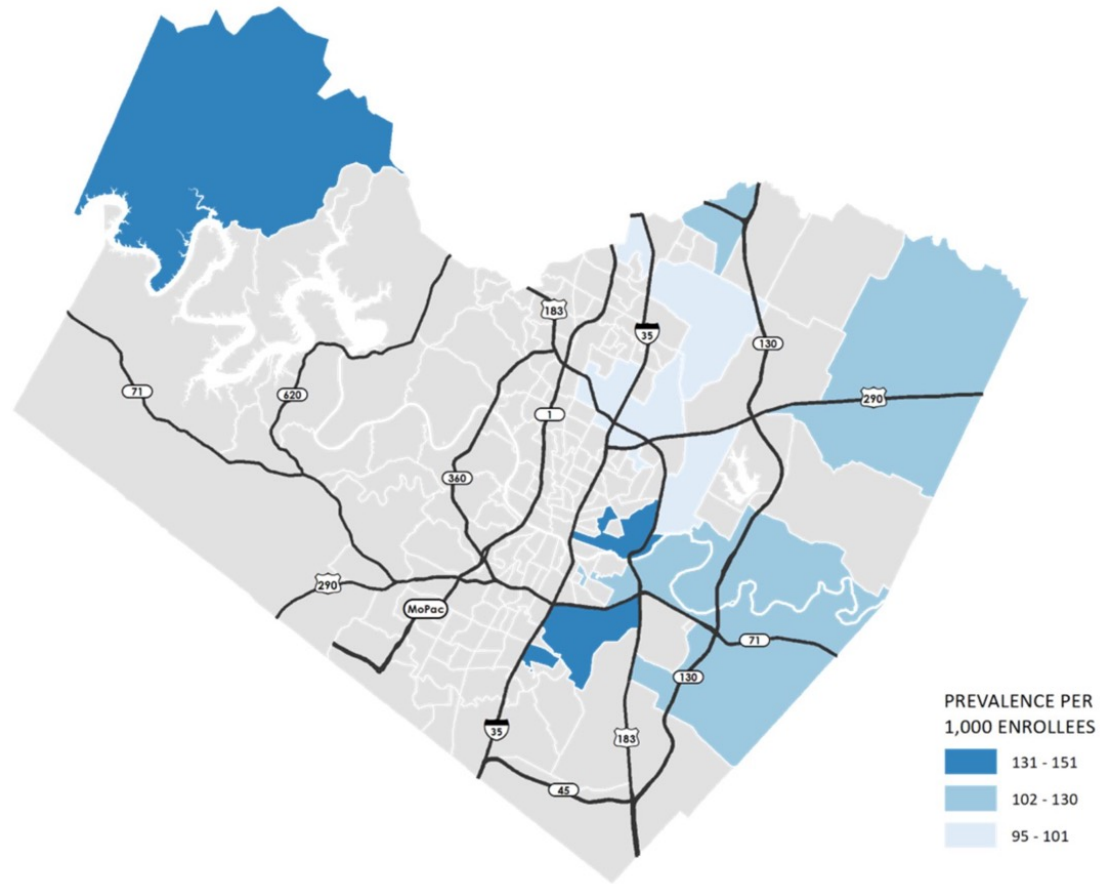


CENTRAL HEALTH



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Diabetes



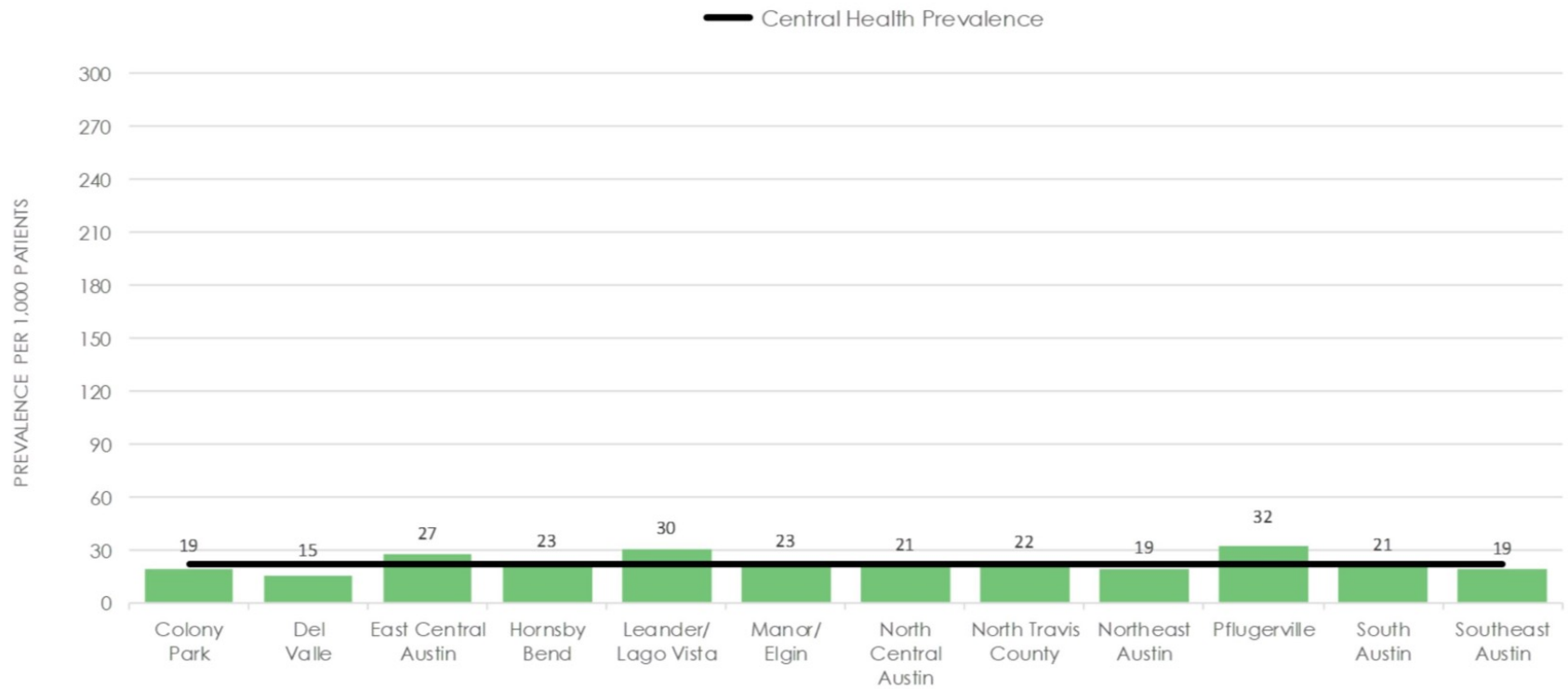
CENTRAL HEALTH



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HEART FAILURE PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

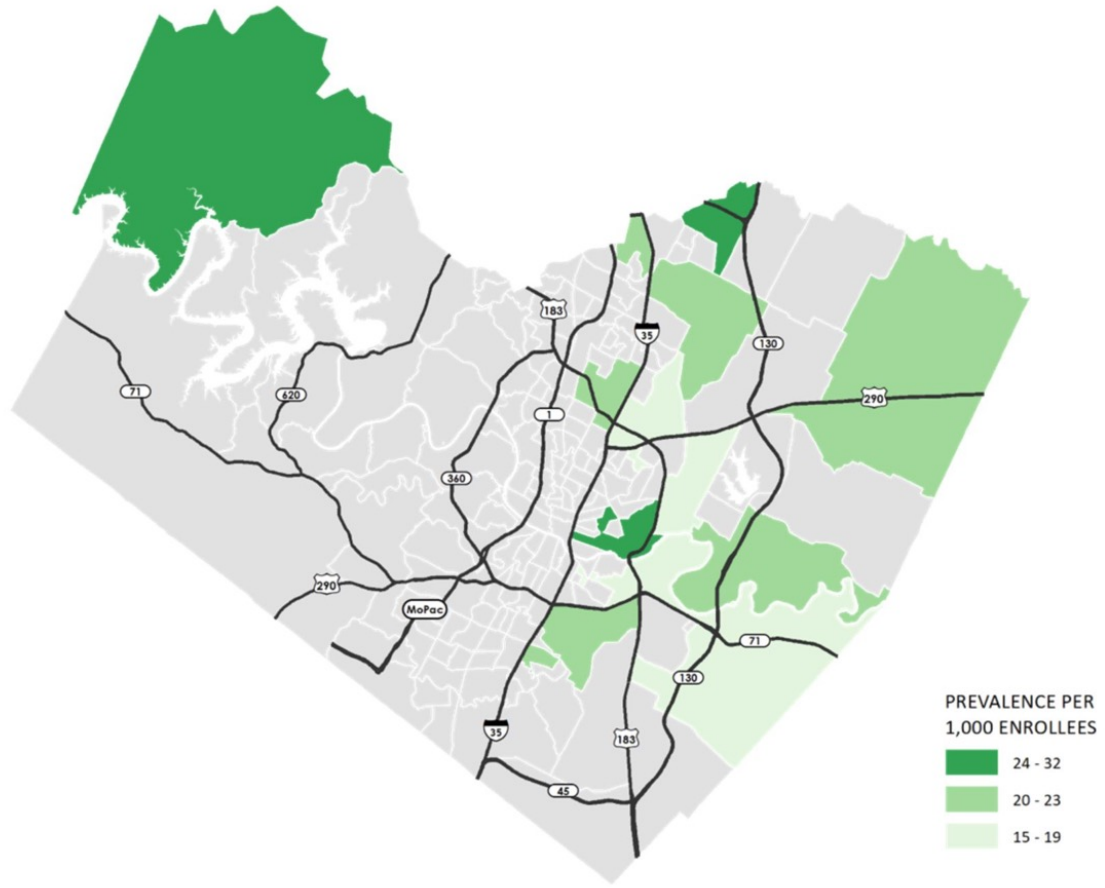


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Heart Failure



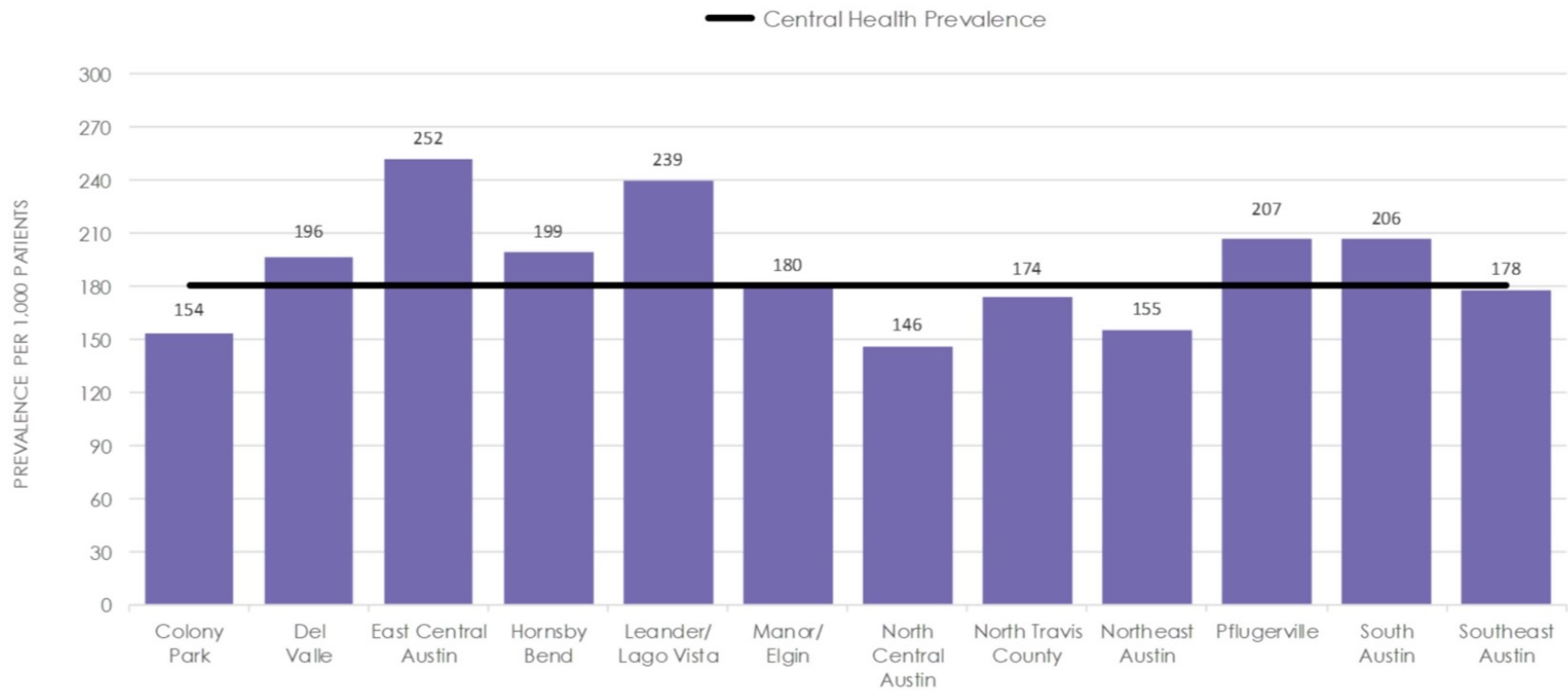
CENTRAL HEALTH



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HYPERTENSION PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

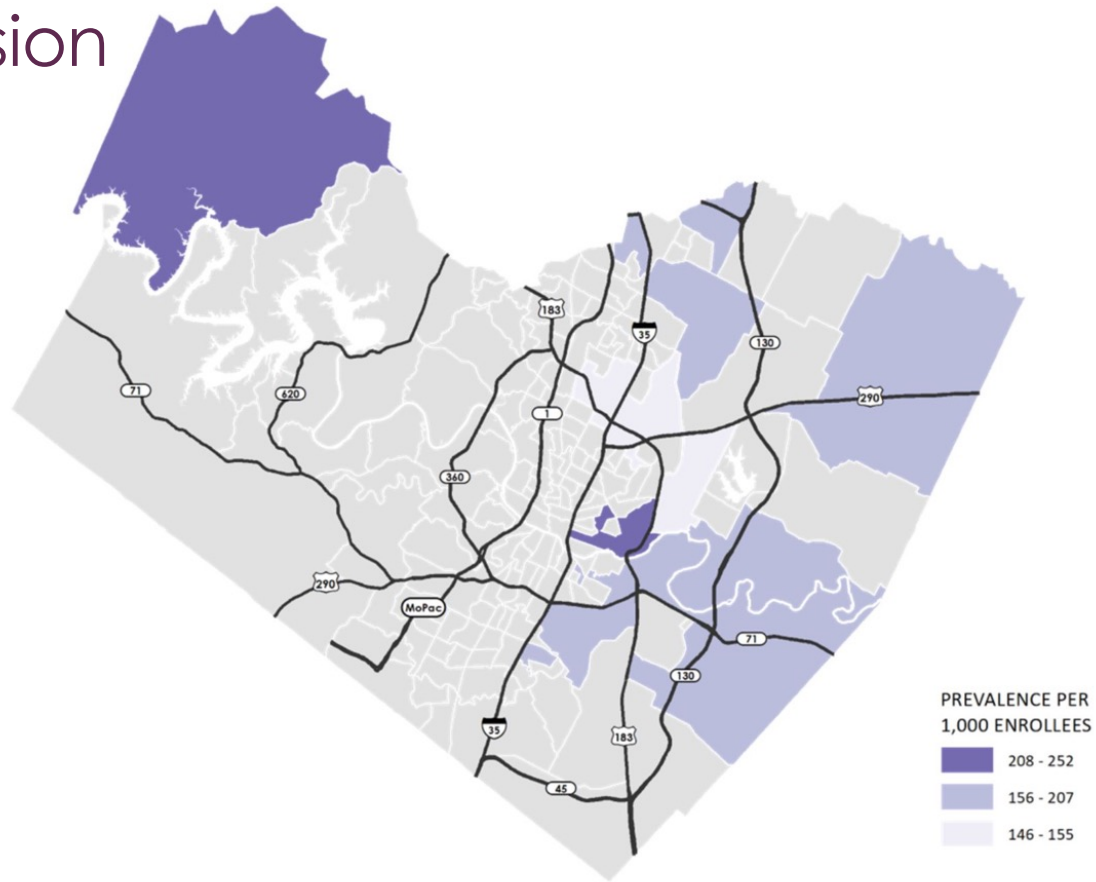


CENTRAL HEALTH



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Hypertension



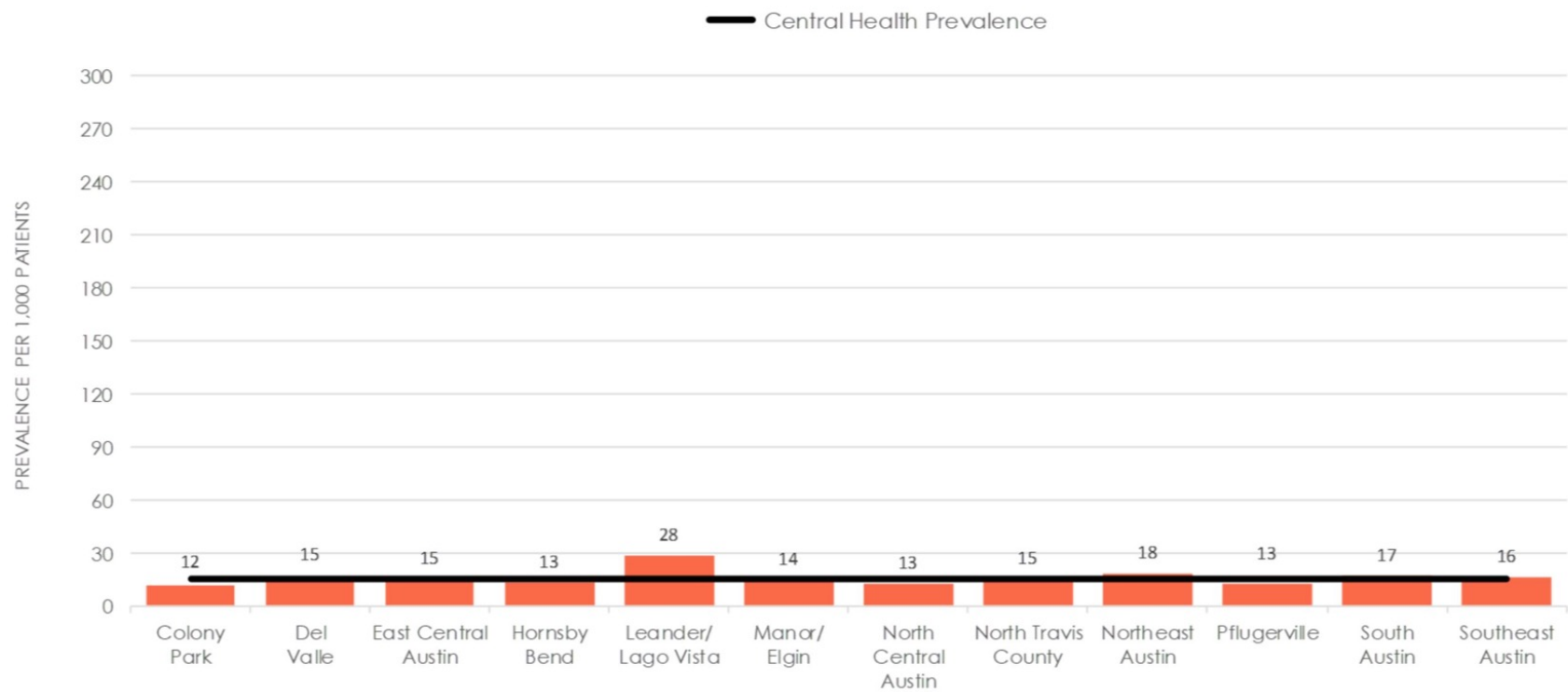
CENTRAL HEALTH



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MALIGNANT NEOPLASM (CANCEROUS TUMOR) PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019

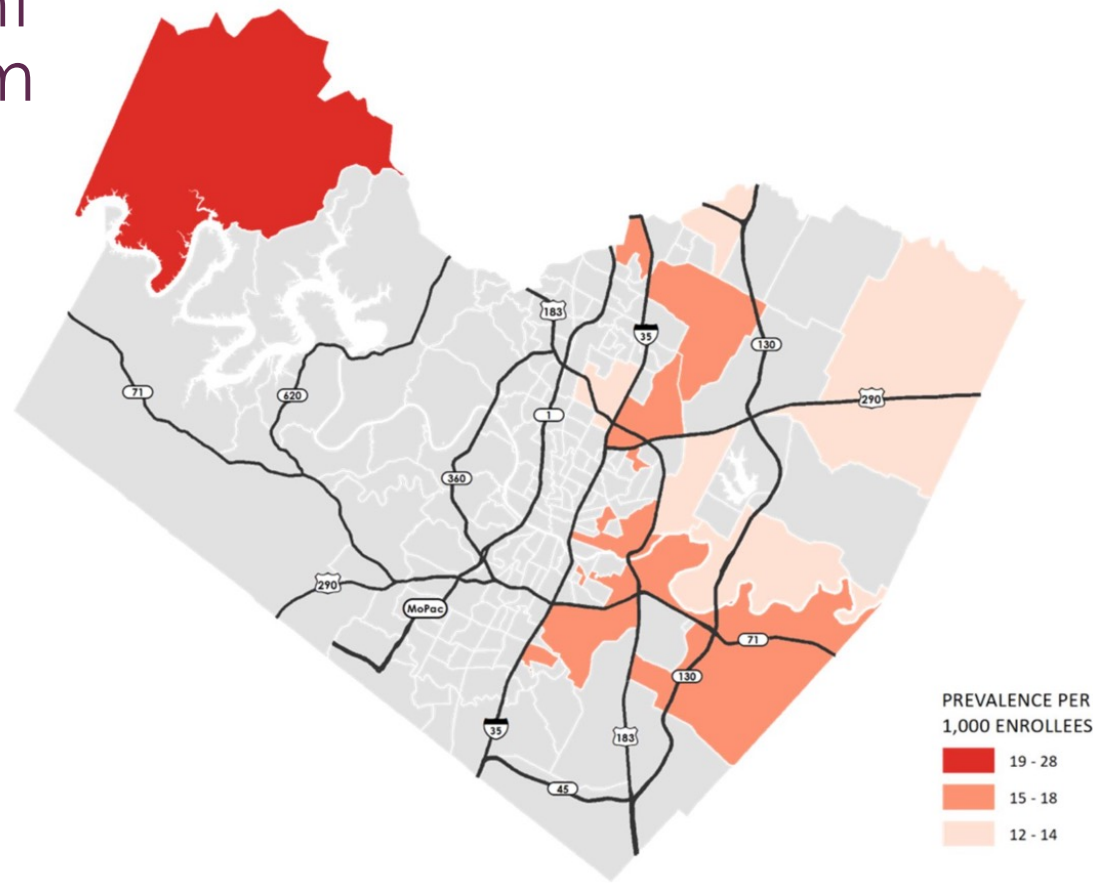


CENTRAL HEALTH



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Malignant Neoplasm



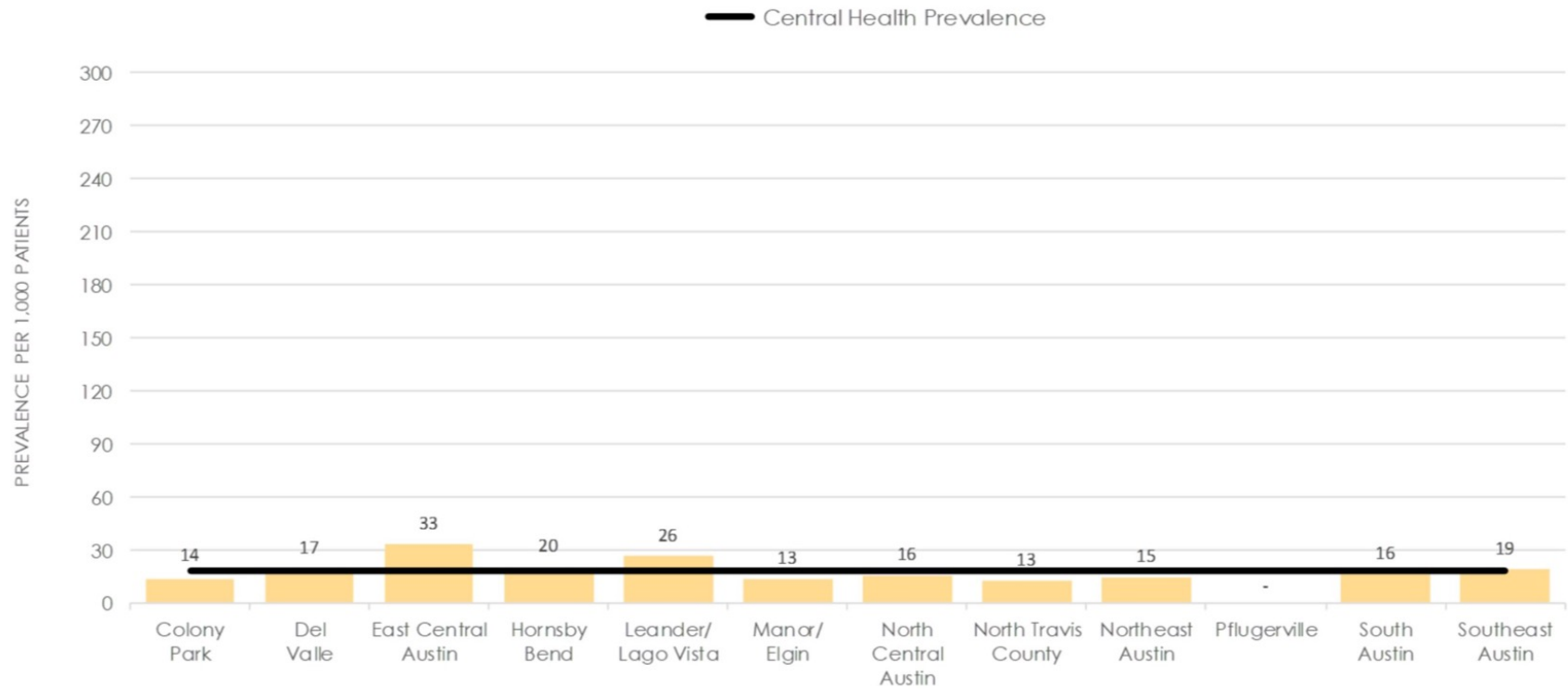
CENTRAL HEALTH



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RENAL FAILURE (KIDNEY FAILURE) PREVALENCE

PREVALENCE PER 1,000 CENTRAL HEALTH ENROLLEES IN FY 2019



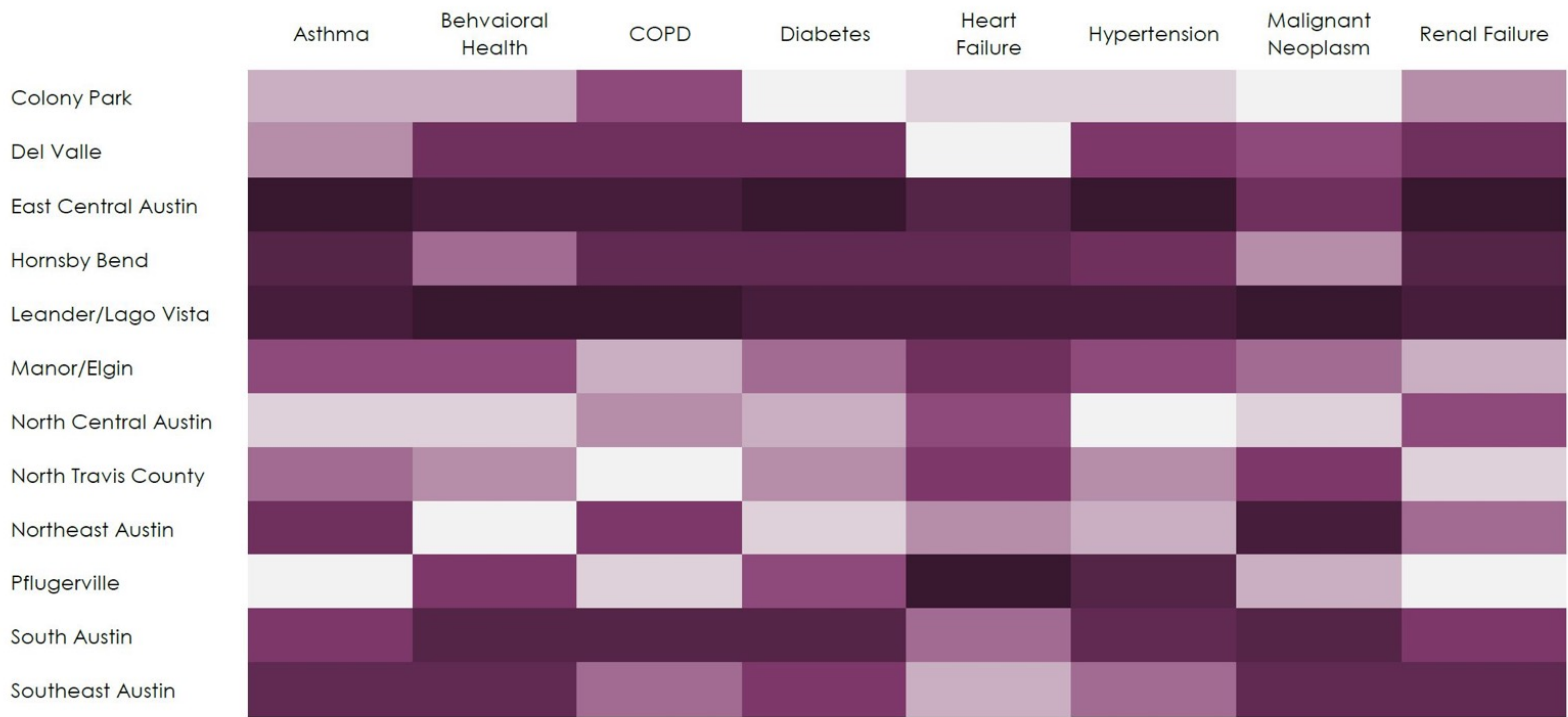
* Pflugerville figures have been suppressed due to low counts



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LOW PREVALENCE

HIGH PREVALENCE

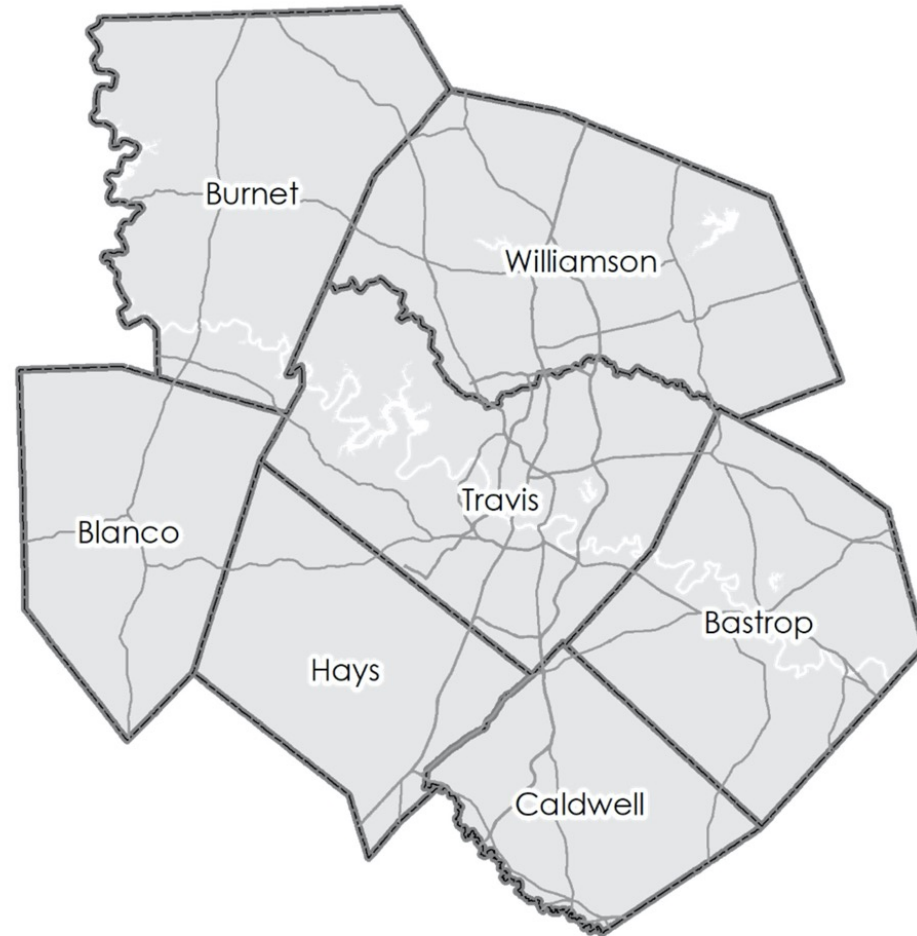


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Seven County Area

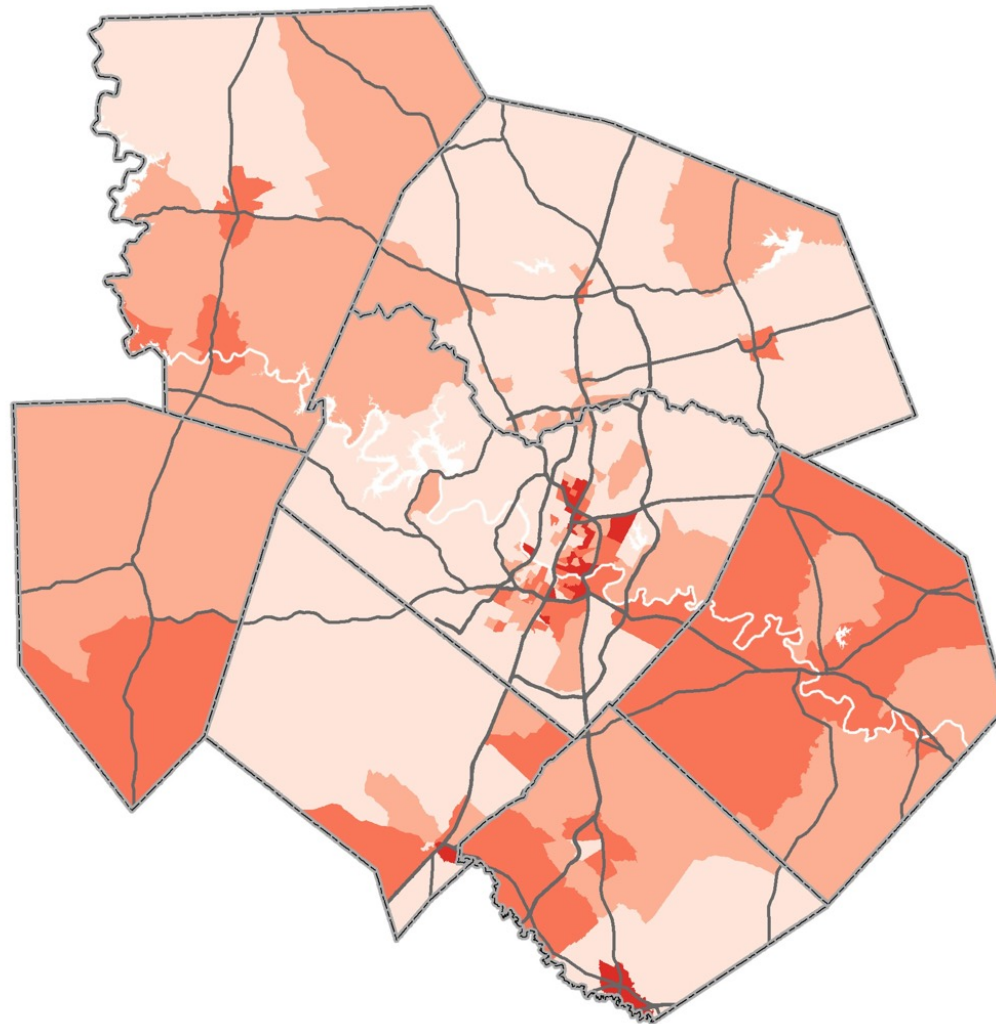


CENTRAL HEALTH

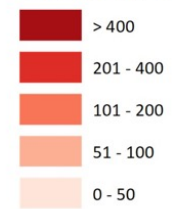


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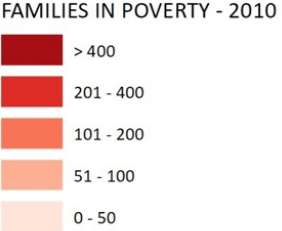
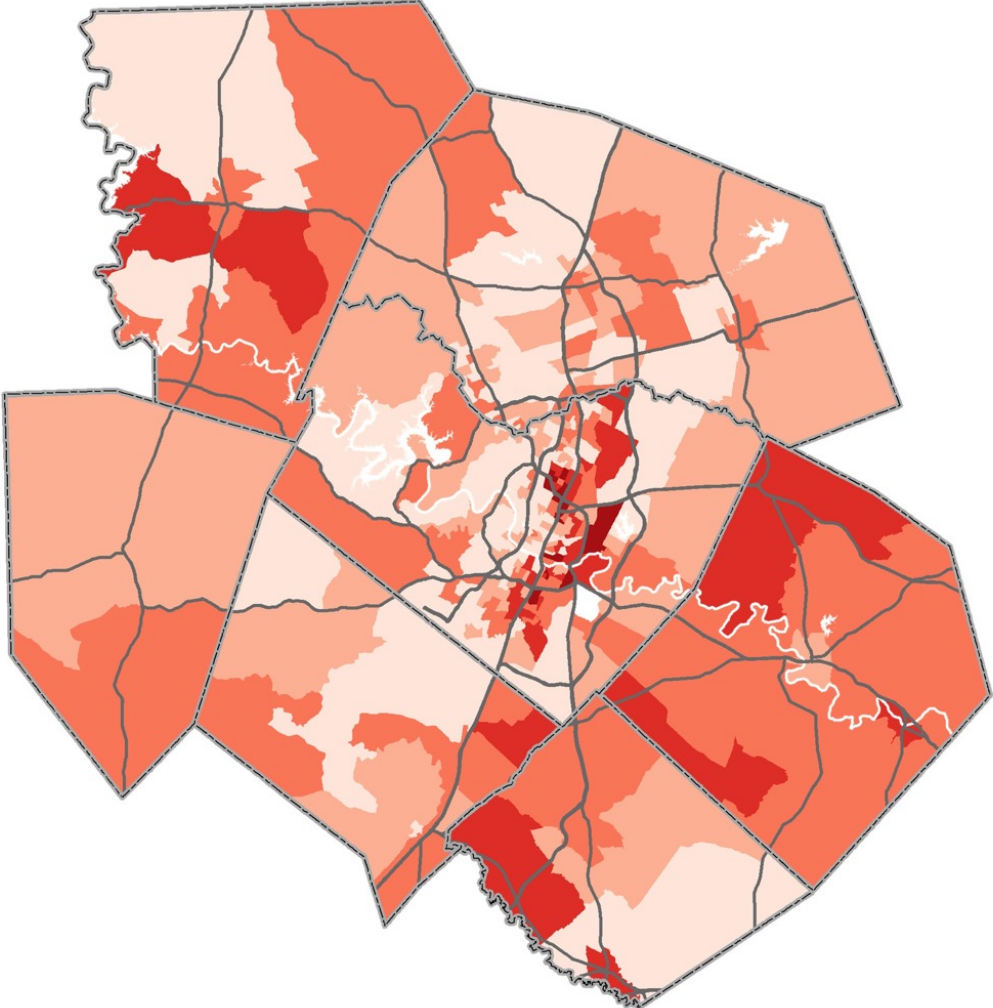
Seven County Area Families in Poverty 2000



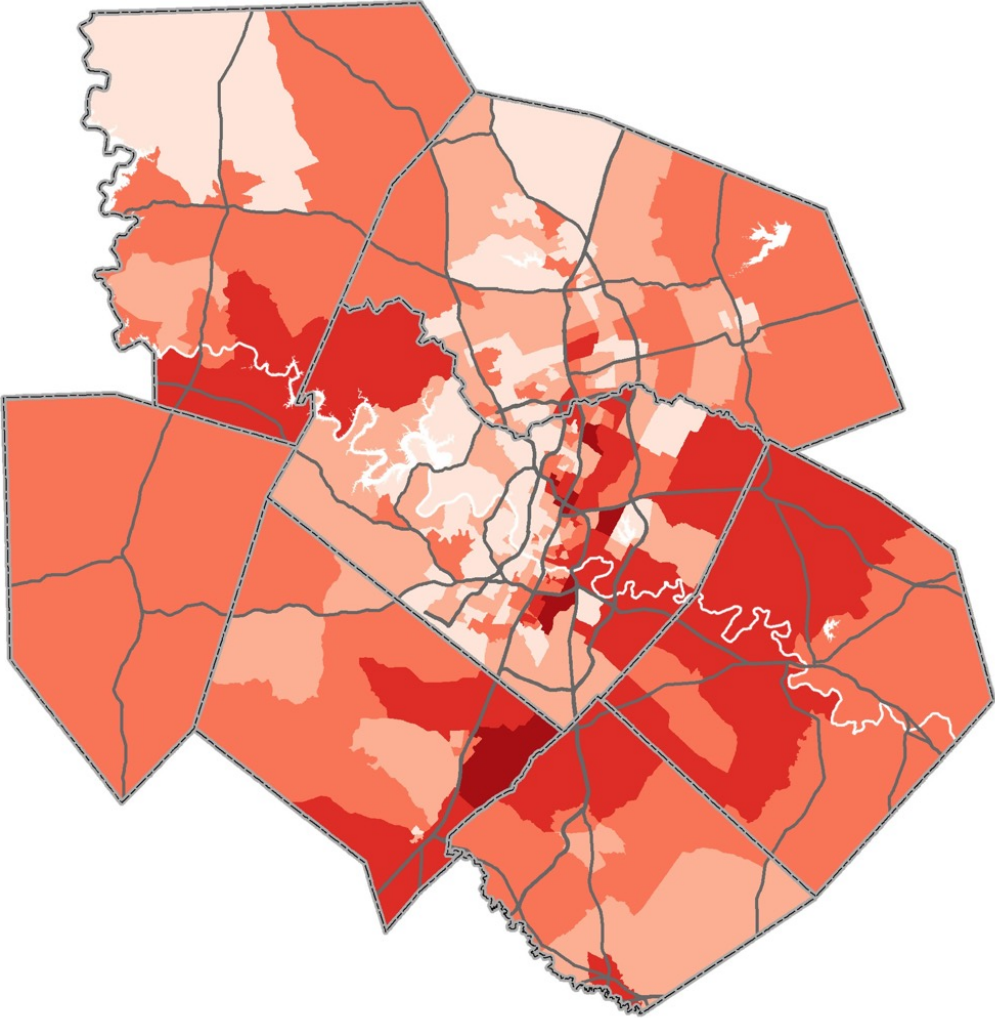
FAMILIES IN POVERTY - 2000



Seven County Area Families in Poverty 2010



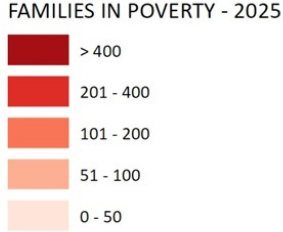
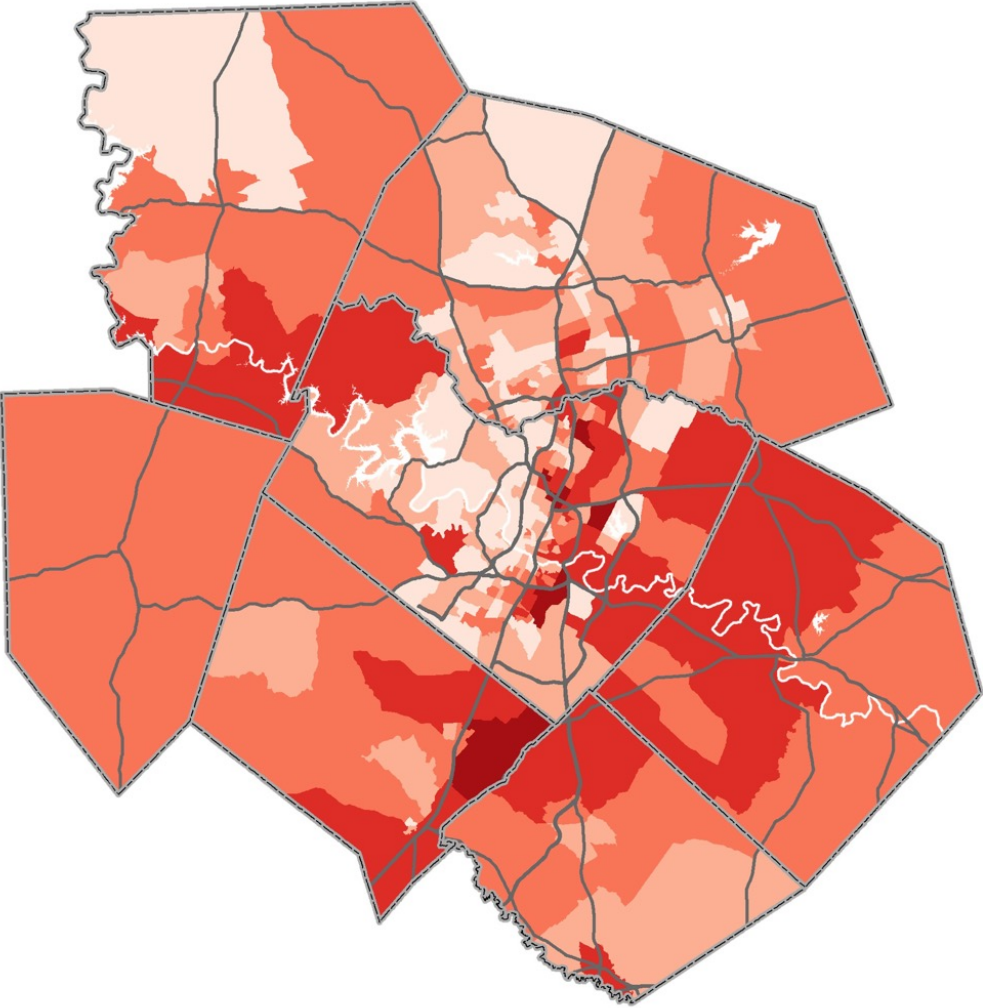
Seven County Area Families in Poverty 2020



FAMILIES IN POVERTY - 2020

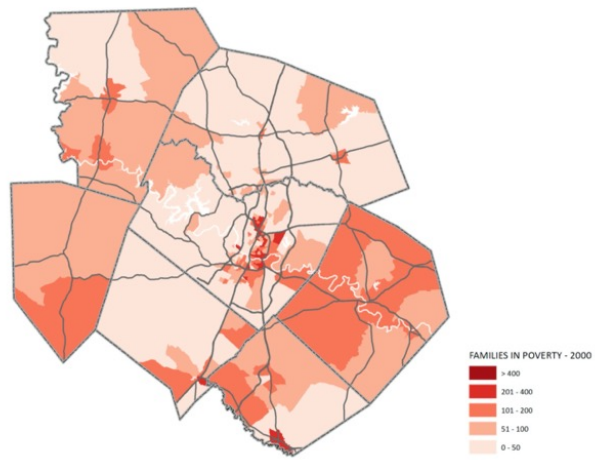
- > 400
- 201 - 400
- 101 - 200
- 51 - 100
- 0 - 50

Seven County Area Families in Poverty 2025

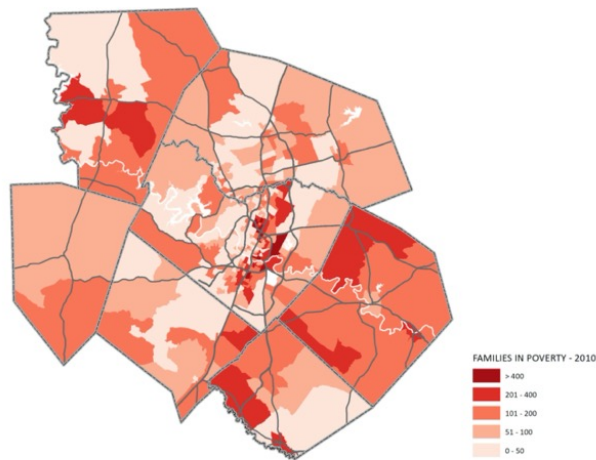




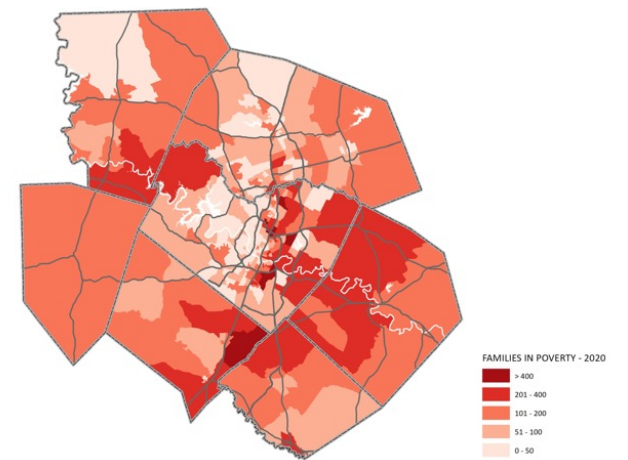
2000



2010



2020



Summary Findings

- Concentrations of poverty remain highest in Austin along I-35 corridor
- New census tracts will dramatically decrease volumes of poverty in Pflugerville, Hornsby Bend
- Proximity does not equate to access
- Relative to levels of poverty, enrollment is low in East Austin, Montopolis and Leander/Jonestown
- Highest concentrations of unserved residents is in Rundberg, St. John's and Montopolis
- Poverty numbers are increasing regionally, particularly in areas adjacent to Travis County
- Low-income areas have high need for transportation services; particularly in Austin and Northwest
- Areas with high poverty rates align with low rates of employer-based insurance
- The number of diagnosed chronic conditions in an area aligns with total enrollees
- The burden of disease is significantly high in East Central Austin and Leander/Jonestown across nearly every chronic condition

Questions?



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CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

August 12, 2020

AGENDA ITEM 5

Receive a report from the Eastern Crescent Subcommittee on items discussed during the August 12, 2020 Eastern Crescent Subcommittee meeting.



**CENTRAL
HEALTH**

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

August 12, 2020

AGENDA ITEM 6

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