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CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

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.

BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

Tuesday March 5, 2019, 5:30 p.m.

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Training Room

AGENDA*

1. Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:
 - a. January 15, 2019. (*Action Item*)
2. Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities.¹ (*Informational Item*)
3. Discuss and take appropriate action on a roadmap and charter for Capital City Innovation. (*Action Item*)
4. Receive and discuss an update on Communications and Community Engagement activities and initiatives. (*Informational Item*)
5. Receive and discuss Strategy 2.6, *Cancer Care*, within the Fiscal Year 2019-2024 Strategic Work Plan including the strategy reporting schedule, strategy sheets, and related measures or dashboards. (*Informational Item*)
6. Receive, discuss, and take appropriate action on Objective 3, *Sustainable financial model for health delivery and system strategies*, within the Fiscal Year 2019-2024 Strategic Work Plan including approaches to ensure optimal use and value of real estate assets to reduce operations and facilities costs and to generate revenue.¹ (*Action Item*)
7. Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the first quarter of Fiscal Year 2019, including the strategy reporting schedule, strategy sheets, and related measures or dashboards. (*Informational Item*)

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

*The Strategic Planning Committee may take items in an order that differs from the posted order.

The 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 Committee announces that the item will be considered during a closed session.

A quorum of Central Health's Board of Managers may convene to discuss matters on the agenda.

Came to hand and posted on a Bulletin Board in the Courthouse,
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February 2019

Dana DeBeauvoir

County Clerk, Travis County, Texas

By D. Campos Jr. Deputy

D. CAMPOS JR.



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CENTRAL HEALTH

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

March 5, 2019

AGENDA ITEM 1

Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. January 15, 2019.

MINUTES OF MEETING – JANUARY 15, 2019

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Tuesday, January 15, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:30 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Committee Members present: Chairperson Greenberg, Manager Aiken, Manager Jones and Manager Valadez,

Board Members present: Manager Museitif and Manager Oliver

REGULAR AGENDA

1. **Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:**
 - a. **December 5, 2018.**

Clerk's Notes: Discussion on this item began at 5:31 p.m.

Manager Valadez moved that the Committee approve minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. December 5, 2018.

Manager Museitif seconded the motion.

Chairperson Greenberg	For
Manager Aiken	For
Manager Jones	For
Manager Valadez	For

2. **Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities.**

Clerk's Notes: Discussion on this item began at 5:31 p.m. Ms. Perla Cavazos, VP of Government Affairs for Central Health, gave a brief update as a follow-up from last month's report to the committee. She discussed legislative bills that Central Health is focused on which could affect projects within the enterprise.

No action was taken on item 2.

3. **Discuss and endorse a roadmap and charter for Capital City Innovation.**

Clerk's Notes: Discussion on this item began at 5:38 p.m. Mr. Christopher Laing, CEO for Capital City Innovations, presented the work and goals CCI focused on in 2018 and discussed future support from the Central Health board. Board members had questions about the future of CCI and how it will be funded by Central Health and partners. Board decided that without more knowledge of CCI's purpose they could not take a vote at this meeting. Committee chairperson agreed to bring this topic back at a later date and to also include it as a Downtown Campus Committee topic of discussion.

No action was taken on item 3.

4. Receive and discuss an update on Communications and Community Engagement activities and initiatives.

Clerk's Notes: Discussion on this item began at 6:19 p.m. Mr. Ted Burton, Vice President of Communications, Mr. Ivan Davila, Communications and Community Engagement Manager, and Liliana Ordonez, Community Engagement Coordinator, with Central Health, gave an update about community outreach and engagement. They focused on work being completed with the advisory committees placed around the county, social media, and the upcoming community conversations hosted by Central Health.

No action was taken on item 4.

5. Receive and discuss Strategic Work Plan Strategy 2.6, Cancer Care, including the strategy reporting schedule, strategy sheets, and related measures and dashboards.

Clerk's Notes: Discussion on this item began at 6:49 p.m. Mr. Mike Geeslin, President and CEO for Central Health, reviewed the strategic plan in relation to cancer care and how Central Health plans to focus on that area of healthcare. Board members discussed that they would like the Community Care Collaborative ("CCC") to be one of the top four healthcare facilities providing cancer care, how we can improve our roll with the county to coordinate care and improve cancer care, and agreed that the CCC would bring their cancer care work and goals to the March Strategic Planning Committee meeting for further review.

No action was taken on item 5.

6. Discuss a funding resolution related to the development and delivery of future programs and services with non-clinical partners.

Clerk's Notes: Discussion on this item began at 7:03 p.m. Mr. Geeslin informed the committee that he would come back at a later time to discuss this, after discussions with partners has been completed.

No action was taken on item 6.

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

Clerk's Notes: Discussion on this item began at 7:04 p.m. Chairperson Greenberg announced that the date, time, and location of the next Central Health Board of Managers Strategic Planning Committee meeting is to be determined.

Manager Valadez moved that the Committee adjourn. Manager Museitif seconded the motion.

Chairperson Greenberg	For
Manager Aiken	For
Manager Jones	For
Manager Valadez	For

The meeting was adjourned at 7:04 p.m.

Sherrri Greenberg, Chairperson
Central Health Strategic Planning Committee



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 5, 2019

AGENDA ITEM 2

Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities.¹



**CENTRAL
HEALTH**

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

March 5, 2019

AGENDA ITEM 3

Discuss and take appropriate action on a roadmap and charter for Capital City Innovation.

WHAT IS CCI TRYING TO ACHIEVE?

- CCI works for Central Health (and UT and Seton), and our role is to advance your priorities.
- The Innovation District development conversation involves many partners (including the City, the Chamber, developers, the DAA and others). CCI is a way to prioritize your mission in this wider planning conversation.
- Central Health has already paid for CCI to present a roadmap that Central Health may consider to achieve its priorities of stewardship and transformation for its downtown campus to care for those who need it most, to improve the health of our community, and to make Central Texas a model healthy community.
- CCI is looking for endorsement of this roadmap to indicate a desire by Central Health to continue to collaborate on maximizing the value for its downtown campus.
- We are at the beginning. The roadmap is a plan to keep generating value over the next 5-10 years, but we have already started to generate interest in both the campus and workforce.

WHY SHOULD THIS MATTER TO CENTRAL HEALTH AND ITS DOWNTOWN CAMPUS?

1. **CCI and the Innovation District will make Central Health's downtown campus more valuable – and this can be used for Central Health's mission to improve the health of our community.** This aligns with Central Health's Strategic Principle: Stewardship (especially priority 1: financial sustainability, and priority 2: Brackenridge).
 - Innovation districts produce up to **33% greater** returns compared with adjacent business districts in the same city. This is true even in places with hot markets like Boston.
 - By being part of Austin's Innovation District, Central Health's downtown campus will generate higher revenues than what might be expected if it was just another part of the downtown Austin business district. This is value/revenue that Central Health can use for its mission of health for people who need it most.
 - CCI's roadmap outlines the programs and activities that will create this demand for Central Health's campus and maximize the value Central Health can use for its mission.
 - But now is the time. There are many other property developments already underway or being planned nearby, and these developers are starting to stake their claims on the innovation district value proposition. While all property in this part of downtown will ultimately generate revenue, the core innovation district will be what generates that premium value. There is an opportunity for Central Health's campus to be that "high premium" core – but we need to actively claim it – not just wait for what might happen.
 - CCI has started talking with companies. Large and small corporations have expressed interest in the innovation district. (This is different from speaking with developers – we are speaking with the users who will demonstrate value to developers). We are creating a growing excitement that will create value for Central Health's campus and that can be in turn be used for Central Health's mission of providing health for all.

2. CCI and the Innovation District will create job opportunities across the spectrum of skill levels for local communities. This aligns with Central Health’s Strategic Principle:

Transformation (especially priority 6: population health).

- Having a living-wage job is one of the most significant social determinants of health.
- As companies increase their footprints in Austin, they will create jobs. But local communities will only benefit if there is a framework for local hiring. Innovation District workforce programs can increase wages for local participants **by up to 29%**.
- Examples include the West Philadelphia Skills Initiative in the University City innovation district in Philadelphia and Just-A-Start in Kendall Square/Cambridge.
- CCI’s framework for the innovation district consortium includes mechanisms for workforce programs and for local hiring best practices, working with training organizations, such as ACC and others.
- CCI has already started to do this. Firstly via a partnership with Impact Hub’s workforce accelerator which promoted the Central Texas Allied Health Institute’s mission to connect underserved communities to allied health professional training. Secondly by initiating a conversation among four regional colleges (in addition to University of Texas and Austin Community College): Huston-Tillotson, St Edward’s, Concordia, and Southwestern, on corporate research opportunities for their students.

WHAT ARE THE PRACTICAL, NEAR-TERM IMPLICATIONS FOR CENTRAL HEALTH?

- CCI is presenting Central Health with a roadmap and framework which CCI believes will help Central Health to achieve its goals for its downtown campus to directly support its strategic priorities and its mission to improve the health of our community.
- Central Health’s endorsement of the roadmap will:
 - Indicate to CCI that it should continue to work on Central Health’s behalf in creating the value proposition for the downtown campus as outlined above. CCI will continue to work with Central Health’s Board of Managers, its Strategic Planning Committee, its Downtown Campus Committee, its other committees and its staff to support their vision for the campus.
 - Enable CCI to engage and recruit other partners and funders to further the activities that will increase value at the downtown campus.
- What Central Health is NOT being asked to do:
 - Provide funding.
 - Make commitments on development of the campus (but consider opportunities that might arise from being part of the innovation district)
 - Participate indefinitely. Central Health may withdraw at any time.

AUSTIN'S INNOVATION DISTRICT ROADMAP SUMMARY

Innovation is the key to healthier and more vital communities

What is an Innovation District?

Innovation districts co-locate academic, business, and civic innovators within amenity-rich urban environments and with access to programs that help them more easily collaborate and turn new ideas into new products. They result in community benefit both by being inclusive in their process and by their output of new products.

What is Austin's Opportunity?

Austin has the chance to combine growing capabilities in health and life sciences with established academic and industry strengths in software and device technologies, within a creative and entrepreneurial environment.

What are the Strategic Priorities for Austin's Innovation District?

Austin's innovation district is a vibrant urban place and a set of programs that foster innovation through special access and systemic collaboration among universities, companies, entrepreneurs and community innovators. It will focus on better health and economic opportunities for all.

Its stakeholders:

- Connect the innovation community
- Invest in innovation projects
- Build regional workforce capacity
- Create inclusive and accessible places

How will Austin's Innovation District Take Root and Grow?

Austin's innovation district is a consortium of academic, corporate, and civic stakeholders who recognize the opportunity to harness health and life science innovation for inclusive economic growth and to create a scalable new model of health for all.

Starting with the downtown Brackenridge campus, Central Health, Dell Medical School – University of Texas at Austin, and others will participate in a

Austin's innovation district is a collaboration of public and private stakeholders including academic institutions, companies, startups, non-profits, community, healthcare systems, and government.

Capital City Innovation is a coordinating entity for these stakeholders.

chartered working group coordinated by Capital City Innovation.

The group will do the following for the district:

- Create a common identity
- Develop business attraction strategies
- Support programs and activities that promote community benefit through shared goals
- Grow a diverse membership comprising global businesses, civic groups, startups, and non-profits
- Transform the campus into a healthy, vibrant mix of commercial, residential, retail and public spaces

How Will Innovation District Activities Be Coordinated?

Innovation district stakeholders are already demonstrating the advantage of a coalition approach, by coordinating the planning of developments, attracting the interest of companies who want to be a part of the district, partnering on programs, and creating the story of Austin's health and life sciences innovation.

Capital City Innovation's plan is to extend and amplify these early achievements for the district by:

- Engaging stakeholders and adopting a charter for collaboration
- Organizing a framework and business model to coordinate future efforts
- Developing a blueprint
- Creating a common value proposition, business attraction approach, and identity
- Developing a strategy for supporting and scaling innovation and community benefit programs

Austin's innovation district will ultimately connect other innovation hubs along the I-35 corridor to attract and grow innovators, companies and investors, and to create new jobs, economic benefits, and better health for the entire community.

AUSTIN'S INNOVATION DISTRICT STARTS WITH YOUR PARTICIPATION

Starting with the transformation of the Brackenridge Campus, the Innovation District is being led by Central Health and Dell Medical School along with the Downtown Austin Alliance, Opportunity Austin, and Seton. It will expand to include many more.



We are creating a coalition to coordinate district activities
Collaborating on these activities helps achieve a shared vision and goals for the innovation district, focusing on better health and economic opportunities for all.

Communications & Engagement



Innovation & Community Benefit Programs



A Shared & Vibrant Environment



Business Attraction



Using these tools



Roadmap

A shared understanding of where we've been and where we are heading



Blueprint

A guide for growing a vibrant, compact, and mixed-use district



Market Analysis

An analysis of industry potential and projected economic impact

TOGETHER WE CAN ADVANCE AUSTIN'S ECOSYSTEM OF INNOVATION!

AUSTIN'S INNOVATION DISTRICT ROADMAP

A Thesis, Strategy, and Plan

Reason for Being

Innovation is the key to healthier individuals and more vital communities. Austin's Innovation District will enable innovation through systematic collaboration between and among the public and private sectors. Austin's Innovation District will spur innovation by a wide range of partners — and will guide collaborations in ways that create better health, new jobs and economic benefits for all Central Texans, especially those from historically underserved populations.

Capital City Innovation is a coordinating entity for the stakeholders of the innovation district, including academic institutions, companies, investors, non-profits, startups, community, and government. This is the framework of something big. A common framework drives values and links this value to community and regional benefit through workforce development and programs that drive collaborative innovation and inclusive economic growth.

Austin's Innovation District is the Result of Collaborative Planning

The concept of Austin's Innovation District results from several years of collaborative strategic planning among public and private sector leaders and the community. A bold vision for Austin proposed by the City, Travis County, and Texas State Senator Kirk Watson in 2011 led to the creation of the Dell Medical School (Dell Med) and called for an Innovation District that could provide laboratory and other facilities for public and private research, launch new commercialization incubators, and create a sense of place.

In 2014/15, Central Health engaged the community to inform a plan for its downtown campus, as a key anchor of the Innovation District. Principles for redevelopment that were emphasized: 1) mission – access to health care to those who need it most; 2) stewardship – promoting uses and programs that support fiscal stability; and 3) partnership – strengthening and expanding relationships and collaborations with health and wellness providers and other private and public-sector entities.

In 2015 public and private sector leaders¹ used a design-thinking approach to imagine Austin's Innovation District. They described a hub of collaboration, creativity, and opportunity; a nexus for collaboration among universities, businesses, and the community; a neighborhood to live, work, play and learn; and a

¹ Led by Upstream Thinking, participants included, among others, representatives of the City of Austin, Travis County, The University of Texas at Austin, Dell Med, The University of Texas System, Central Health, Seton Health, the Greater Austin Chamber of Commerce, the Downtown Austin Alliance, Waller Creek Conservancy and regional business leaders.

catalyst for job creation and economic development. Their desired outcomes were: 1) healthier community; 2) a resilient and diversified economy; 3) global appeal; and 4) community connections.

In 2017, this group of thought leaders, led by the Downtown Austin Alliance, benchmarked Technology Square in Atlanta, and held a series of working groups to refine the vision of Austin's Innovation District. Among the principles proposed were: 1) incorporate multiple foci of innovation; 2) create leadership among many entities; 3) live/work/play; 4) be a neighborhood (not just one building); 5) ensure regional economic impact; 6) encourage access, inclusion, and participation; and 7) invest in programs. Among desired outcomes are: 1) commercialization of inventions that impact community vitality and health; 2) job creation across the educational and occupational spectrum; 3) enhancement of the value and appeal of district assets and anchors; 4) creation, attraction, and retention of top talent; 5) a cohesive brand and identity that is authentic and faithful to Austin's image; 6) attraction of investment and businesses.

In 2017, The University of Texas at Austin, Central Health, and Seton Health/Ascension Texas launched Capital City Innovation, a 501(c)(3) non-profit, to provide a vision, focused strategic direction, advocacy for, and synergistic coordination of expertise, culture, uses, and development to support the creation, growth, and sustainability of Austin's Innovation District. Capital City Innovation has received support from, in addition to its founders, the Downtown Austin Alliance and Opportunity Austin, and has the City of Austin and Travis County represented on its Board of Trustees. Capital City Innovation and its stakeholders have created the vision, mission, and this roadmap for Austin's Innovation District.

This Roadmap attempts to faithfully capture and extend the concepts, strategies and vision of this planning journey by a large number of organizations, institutions, and community groups.

A Vision for Austin's Innovation District

Where Austin's diverse innovators collaboratively create models of health and economic growth for all.

The Mission of Austin's Innovation District

Support and encourage collaboration among academic institutions, health organizations, community, corporations, startups, entrepreneurs, investors, developers, non-profits, government entities, and creative individuals to:

- Connect innovators
- Invest in innovation
- Build capacity across all skill- and opportunity-levels
- Create vibrant, inclusive, and sustainable venues for innovation

PART 1: BACKGROUND

What is an Innovation District?

Innovation districts co-locate academic, business, and civic innovators in close proximity within physical environments that help them to more easily collaborate and turn new ideas into new products. They actively promote creativity and facilitate collaboration.

Innovation districts are neighborhoods where anchor research institutions, high-growth companies, tech startups, and creative individuals and organizations are located at higher concentration and in closer proximity than usual. Where these players collaborate at higher-than-usual rates. They are compact, accessible, amenity-rich urban areas characterized by “live-work-play” uses. They reflect regional distinctiveness and leverage regional strengths. They often feature supporting organizational and program structures. And they usually result from both strategic development and organic evolution.

Innovation districts are crucibles of new ideas, products and services. They attract investment and create jobs. With planning and organization, they can become vital regional civic tools for creating economic opportunities for a range of skill sets — connecting long-term residents to employment and educational opportunities.

The Brookings Institution has done the definitive study of the innovation district model.² It describes innovation districts as high-density, urban environments — usually anchored by one or more top-tier universities — where companies and other innovative organizations cluster to a) attract talent, capital, and other resources; and b) to exchange ideas, collaborate, and turn inventions into products and services. Denver, Nashville, Pittsburgh, St. Louis, Indianapolis, and other cities are using innovation district models to create new economic opportunities.

What is Austin’s Opportunity?

At this unique moment in its history, Austin has the chance to combine its growing capabilities in health and life sciences with its well-known academic and industry strengths in software and device technologies, within a creative and entrepreneurial environment. This collaboration can generate a revolution that creates new jobs, economic benefits and better health for the entire community.

² The Rise of Innovation Districts. The Brookings Institution, 2014.

The U.S. spends more on health care per person than any other industrialized nation. Yet, by almost every measure (including life expectancy and various measures of chronic disease), the country lags behind the averages for industrialized countries.³ There is almost universal acceptance that the nation needs to find ways to better couple investment to outcomes. This will require creative collaborations on how we deliver health care, where we deliver it, how we pay for it, and how we define value.

Almost every major metropolitan region in the U.S. today is innovating around health. The fee-for-service model has shaped urban medical landscapes across the U.S., which are often dominated by academic systems that specialize in centralized care. The Philadelphia region has six medical schools. The New York area has five. Boston has three. Many mid-sized cities, including Nashville, St. Louis, and Indianapolis, have at least two.

Austin is different.

Prior to 2015, it was the largest city in the U.S. with a tier one research university and no medical school.⁴ However, with the launch of Dell Med, the region has a unique opportunity to address 21st century challenges with a clean slate, *shifting the entire system's focus from health care to health itself*. An unprecedented community investment — approved by Travis County voters in 2012 — created Dell Med with a focus on getting communities healthy and keeping them healthy. This mandate, along with foundational partnerships with a community health care system (Seton/Ascension Health) and a public payer and provider of health care (Central Health) — encourages Dell Med to explore innovative new concepts in all aspects of health, including new business models and metrics of success. Dell Med has a unique role as a first-mover academic center in a major city.

But the opportunity for impacting health is also influenced by the ecosystem within which Dell Med is being launched. Austin is a hotbed for entrepreneurship and technology enterprises. By emphasizing creativity and community engagement, Austin has pioneered the path by which mid-sized metro regions across the U.S. challenged old world industrial models to become significant American economic engines. Austin has become a magnet for inventive people who have in turn helped build a vibrant and prosperous city. Austin is now a high-growth city with a desirable economic and social fabric. Couple Austin's current economic capacity for technology innovation and creativity with the investment in Dell Med, and the engagement of the community, and there is no place better positioned to launch a revolution in the American health landscape than Austin — *provided that key players work together to build on each other's strengths*.

³ <http://www.oecd.org/els/health-systems/health-at-a-glance-19991312.htm> (cited April, 2018)

⁴ <http://www.politifact.com/texas/statements/2012/jun/29/austin-fund-quality-healthcare/austin-group-says-austin-biggest-city-america-tier/> (cited April, 2018)

How Can Austin Take Advantage of Its Opportunity?

An innovation district that systematically convenes academic, corporate, startup, and non-profit innovators can help vital players build on each other's strengths. An Austin Innovation District would catalyze the development of new products, services and programs that improve both health and community, strengthening the health ecosystem and economy.

Big challenges like those relating to health, urban sustainability, and economic equity will not be solved by any one organization working alone. Austin has far-reaching, interwoven challenges that require a collaborative, holistic response from a full spectrum of institutions and partners — including city and state governments, universities, companies, startups, and non-profits.

Successful innovation districts specialize in this kind of directed, intentional collaboration; it is what makes them successors to industrial parks as metropolitan engines of production and enterprise. Austin has a number of core innovation pillars, many of which will play key roles in establishing and growing an innovation district here.

They include:

- **World-class academic organizations.** UT Austin, St. Edward's University, Huston-Tillotson University, Concordia University, Austin Community College, and others.
- **A thriving entrepreneurial ecosystem of tech, data, and creative innovators.** Large corporations such as Dell, 3M, Facebook, Google, Apple, and Oracle; gold-standard startup environments including Capital Factory, TechStars, Mass Challenge, and Austin Technology Incubator; and an international brand via platforms such as SXSW.
- **A strong set of social impact enterprises.** Significant public- and private-sector organizations including Central Health, Seton/Ascension, CommUnity Care, Integral Care, Meals on Wheels, and Mobile Loaves and Fishes; civic organizations including the Waller Creek Conservancy, Downtown Austin Alliance and Greater Austin Chamber of Commerce.

However, there is not — yet — a place in Austin where one could point and say: “Here is where universities, corporations, startups, and non-profits are inherently encouraged to mix, compare notes and create synergies at a fundamental level. Certainly, there are connections between different entities, but they are often manifest in point-to-point partnerships or transient individual relationships. Austin and Central Texas need something that *systematically* brings together innovators and supports collaboration among sectors. This is the chance offered by Austin's Innovation District.

Collaboration among these diverse entities is not easy. It requires shared long-term goals, cultivated areas of alignment, and an independent framework that facilitates partnerships and eliminates hurdles. Innovation districts provide such frameworks.

What Will Austin's Innovation District Do?

Austin's Innovation District will be a vibrant urban place that attracts and grows innovators and investments. It will foster collaboration through close location, special access, and programs among universities, companies, startups, creative individuals, and community, resulting in:

- Better health in this community and beyond
- Significant new economic opportunities
- Unprecedented inclusiveness in both health and economic outcomes

Health Opportunities

Natural outputs of any innovation district include new discoveries, products, and services that result from collaborations among the diverse organizations located there. The impact of these activities is often difficult to measure quantitatively: they take effect over long periods of time, and they are rarely confined to local communities.

Austin's Innovation District will encourage collaborative innovation that leads to new products, services, and models that focus on health, rather than just health care — better connecting people to health services while delivering better, more cost-effective health outcomes. The Innovation District will bring new resources to the community's growing focus on vital factors that help determine how healthy people are — things like living-wage jobs, access to transportation, proximity to public spaces, and other issues related to day-to-day lives. Such determinants are thought to account for more than 70-80 percent of our health — with clinical care determines just 20-30 percent, even though the nation spends the most money on it. Focusing on the 70-80 percent is fundamental to any health revolution.

Creating this focus will require thinking outside of traditional business, engagement, and regulatory lanes. It will mean connecting dots among numerous capabilities and leveraging interactions among life sciences, digital technologies, physical sciences, social and behavioral sciences and engineering. It is, in short, exactly the sort of work that the Innovation District is being created to facilitate.

Economic Opportunities

Innovation districts are drivers of economic growth. Their dense, amenity-rich physical environments enable businesses, non-profits, universities, and others to cluster together. And they facilitate access and interactions among these residents and the community via strategic programs. Such clusters and their innovations are self-propagating, attracting established corporations, launching and growing new

businesses, and attracting investors' attention. They spur jobs in new and growing enterprises, as well as new investment in businesses, infrastructure, public spaces, and amenities.

Innovation districts are effective drivers of metro economies. Philadelphia's University City Science Center has helped to launch and grow more than 450 companies that are still in business today. Of these, more than one-third remain in the Philadelphia region, where they are responsible for more than \$13 billion in regional economic output every year and for about 1-in-100 jobs throughout the region.

It is certain that the creation of an innovation district in Austin will result in significant economic growth – including increased desirability of properties within the district itself, job creation throughout the region, and an increased tax base. This has been the experience in other cities with innovation districts. Specific estimates for Austin's Innovation District await the completion of a market analysis, as proposed in this Roadmap (**see Section 3**).

Inclusiveness

Originators of Austin's Innovation District are working hard to avoid pitfalls that have been experienced elsewhere. In other places, innovation districts have often created economic opportunities that have failed to benefit — and perhaps even hurt — communities surrounding those districts. Austin is particularly concerned with equity, affordability and disenfranchisement. Austin has the opportunity to plan its Innovation District to promote inclusive economic growth, encouraging the creation of jobs across all skill levels, preparing communities for the jobs of the future, promoting and supporting local hiring, and innovating around the challenge of connecting people to their health.

But history tells us that we must be deliberate and strategic in creating Austin's Innovation District. We must ALL be engaged in planning and supporting the strategic direction of this innovation district to avoid the economic bubbles experienced elsewhere.

How Can Austin Meet Its Innovation Potential and Impact the World?

Austin's Innovation District will help to better connect significant academic and non-profit research strengths with business development capabilities resulting in more health innovations addressing the needs of local communities and reaching the broader market.

Considering the value and impact of collaborative innovation to a community or a region, these factors stand out:

- **The strength and diversity of local research and development (R&D).** How much innovation is being done by major research centers? How is innovation occurring in (and connecting) diverse academic disciplines? Connecting innovations in biology, engineering, data analytics, and social sciences is increasingly important in addressing big societal challenges.

- **The extent to which local industry impacts outside markets.** How do a region's industry clusters (connected businesses within a particular industry sector, such as e-commerce or life sciences) affect people outside the immediate regions in which they function? Are a region's ideas, products, and services having an impact elsewhere?

Local R&D Strength and Diversity. Austin is well-positioned to connect research and innovation among diverse disciplines. Our university research and development output is significant. Although it is comparatively modest compared to other regions – The University of Texas at Austin performed approximately \$620 million of R&D in 2016, ranking 34th nationally – *our capabilities are diverse*.

This is not the case in most prominent urban centers. Among peer innovation centers (Austin, Atlanta, Boston/Cambridge, Philadelphia, Pittsburgh, Research Triangle, St. Louis, San Francisco), almost every district was built on one dominant academic capability – mostly life sciences. Only two have truly diversified university R&D outputs.⁵ The first is Boston/Cambridge, perhaps the archetypal innovation hub. The other is Austin. In both of these places, the majority of academic R&D output is distributed among four or more fields, including life sciences, physical sciences, social sciences and engineering.

In Austin, as in Boston/Cambridge, there is potential to bring to bear significant research and innovation capabilities in multiple dimensions — life sciences, technology and engineering, and social sciences — as we consider new pathways to health.

Industry Impact. However, Austin still needs to better connect its diverse R&D strengths with industry and empower its impact both locally and nationally. Our peer innovation hubs have many more industry clusters with significant trade outside of their immediate regions.⁶ Boston/Cambridge and Research Triangle each claim 12 industry clusters with significant extra-regional impact. Austin has only seven. We need to better connect our diverse R&D strengths in life and medical sciences, engineering, computer science and data, physical sciences, and social sciences, to industry and local innovators to commercialize their innovations. Austin can supercharge its economic models by leveraging its R&D strengths while coordinating business engagement and impact.

Working through an innovation district, leaders can think creatively about how to best facilitate relationships between academia and industry – for example through interesting programs or venues. It also will reveal ways in which collaborations and facilitated industry activities can open employment pathways for Central Texas residents across all skill levels – not just high-tech positions, but also middle-skills roles. And the district can link innovations back to efforts designed to help Central Texas communities get and stay healthy.

⁵ <https://www.nsf.gov/statistics/rdexpenditures/> (Cited April 30, 2018, using FY2016 data)

⁶ <http://www.clustermapping.us/cluster> (Used April 30, 2018)

PART 2: STRATEGY

What are the Strategic Priorities for Austin’s Innovation District?

Austin’s Innovation District will equally emphasize collaborations relating to place and programs that further its vision of health and economic growth for all.

It is not enough to simply create a venue that attracts interesting people and businesses. Like any ecosystem, an innovation district needs to consider a full spectrum of physical, functional, and evolving elements. That means concentrating not only on startups, researchers, developers or community, but rather on incorporating all of these elements and helping them interact with each other. Innovation districts work when they create shared value among academic, real estate, non-profit, large and small business, and other participants – when the success of each contributes to the success of all.

Austin’s Innovation District and its health ecosystem stakeholders prioritize four focus areas simultaneously via multi-organizational collaborations and partnerships:

- 1. Connecting the Innovation Community.** Developing opportunities for business, academic, community, and other innovators to connect, both formally and informally, in the context of the Innovation District’s focus areas of healthy communities and inclusive economic growth — i.e. through events and affinity groups that create unstructured “collisions” among stakeholders.
- 2. Investing in Innovation.** Attracting capital and other resources that enable Austin’s health product and service inventions and innovations to move from discovery to deployment. Specific activities include targeted accelerator programs, collaborative funding proposals, and business attraction initiatives.
- 3. Building Capacity.** Supporting both STEAM (Science, Technology, Engineering, Art, and Math) education and workforce development (adult training and job placement), focusing primarily on local communities and a full spectrum of skill sets.
- 4. Creating a Vibrant and Accessible Place.** Collaborating with property owners, managers, developers, and district planners to create sustainable, amenity-rich, mixed-use venues that are activated and inclusive. Working with stakeholders to create a readily-recognizable district that attracts innovators and drives value creation. Integrating accessible public places.

Where Will Austin's Innovation District Be Located?

Austin's Innovation District will be a dense downtown neighborhood anchored by Dell Med and Central Health's Downtown (Brackenridge) Campus and featuring a mix of global businesses and startup companies, civic assets, creative individuals, non-profit organizations, and residential, cultural, and retail establishments. These partners will collaborate with the university and one another. This framework also creates connections with other innovation centers throughout the region.

Innovation districts around the country vary in size from approximately 20 acres to more than 100 acres. They are densely developed, with functional elements (such as research institutions, business incubators, corporate locations) in close proximity to one another – workspaces should be close enough that collaborators can comfortably interact.

In Austin, the target zone for Innovation District development strategically includes the eastern portion of downtown, extending south from the UT campus to Lady Bird Lake — an area roughly bounded by San Jacinto in the west and I-35 in the east. This zone represents a starting point for the Innovation District's physical boundaries, based on the locations of key anchors - the Dell Medical School, Central Health's downtown (former Brackenridge University Medical Center) campus, the Dell Seton Medical Center at UT Austin, and projects associated with Waller Creek, the Capitol Complex, the Red River Cultural District, and the Austin Convention Center. The outline of the Innovation District will evolve organically within this target zone and create significant corridor connections and opportunities beyond this core geography under the district's brand.

The properties in this zone are diverse – and this diversity should be encouraged as Austin's Innovation District emerges. But to realize the potential for attracting innovators, companies, investors, and other users, and to maximize the benefit to the community and region, these diverse stakeholders must work collaboratively. The innovation district needs a critical mass of academic, public, and private commercial spaces that are coordinated in and around a shared vision. Roughly 4-6 million square feet of mixed-use development in the target zone would ultimately create a critical mass for the Innovation District, with smaller developments between the anchors of this critical mass looping into the district over time. Functional uses, in addition to conventional office, residential, and retail developments, could include business and social impact incubators and accelerators, event spaces, collaborative research institutions, and media/artist studios.

By starting now to plan, we can create an overarching vision and blueprint to bring the physical “venue” of Austin's Innovation District to life. And devise the network and infrastructure to link it to innovation hubs throughout the region. Maps of existing anchors, and potential developments (or Opportunity Sites) that could form the core of Austin's Innovation District, are shown in **Appendix 1**.

How will Austin's Innovation District Take Root and Grow?

Austin's Innovation District will initially be chartered as a consortium of academic and civic stakeholders and property owners who opt to share common identity, purpose and principles of economic growth based on inclusive health and opportunity.

A charter, agreed to by the initial stakeholders, will:

- Create a common understanding of the nature and vision of Austin's Innovation District without infringing on the rights of property owners
- Create a common identity and language
- Support programs and activities by coordinating internal and external engagement, driving significant benefit for the district members and the region as a whole
- Maintain a focus on increasing community benefit from Austin's Innovation District through fully inclusive health and economic opportunities

Innovation districts are created around a common place, programs and coordination of stakeholders. They typically start with a property or set of properties (often gifted or otherwise acquired for the purpose) and an entity (usually a non-profit) formed to manage development of the property and activities of the partners, according to a charter.

Examples include:

- **The Texas Medical Center:** A 2-square mile district in Houston established from properties and funding granted by a combination of philanthropy and governments. The Texas Medical Corporation (a non-profit) manages the assets and memberships of more than 60 institutions and organizations to further its mission of developing a world-class medical center.
- **The Cortex Innovation Community:** A 200-acre innovation hub in mid-town St. Louis, managed by a non-profit entity (Cortex) formed by a consortium of universities, hospitals and civic institutions.
- **uCity Square:** A 24-acre innovation district in west Philadelphia, on land originally donated by government agencies (and others), managed by the University City Science Center, a non-profit organization chartered to engage in technology-based economic growth.
- **Kendall Square:** Often described as “the most innovative square mile in the world,” this innovation district was developed over decades by the MIT Investment Management Corporation and other entities. The informal charter for Kendall Square was recently amended to require that

five percent of expansion commercial space be set aside for innovation uses.

- **The MaRS Discovery District:** A not-for-profit organization — founded as a public-private partnership involving more than a dozen governments, corporations, and academic institutions to commercialize publicly funded inventions — manages this innovation district in downtown Toronto.

Many innovation districts started out of an economic need and a motivated government or philanthropists that aggregated under-valued property in a strategic location and created mechanisms for economic activity in association with one or more significant academic institutions. Such institutions generally anchor innovation districts in collaboration with corporations and government.

Austin's approach must be different.

Like other metro regions, Austin has a strong innovation ecosystem. It has proven the economic power of tech-focused creativity. Unlike other regions in question, however, high regional property values preclude the consolidation of undervalued property for a downtown innovation district.

Austin's Innovation District requires a different strategic approach. Our challenge is to create similar conditions to those that have enabled innovation districts elsewhere — the aggregation of a critical mass of development supporting collaborative innovation among academic, business, community, and other organizations — but without a large, consolidated, standalone land tract.

This Road Map envisions a unique path to creating an innovation district in Austin — one based on the concept of the “non-equity joint venture or alliance” that is increasingly common in the business world.

This concept starts with stakeholders. A critical mass of stakeholders committed to creating a collaborative innovation district should come together to create a charter establishing both their membership in an Austin Innovation District and the benefits the district could create. This group should include stewards of existing civic assets — such as the University of Texas at Austin, Waller Creek, the Red River Cultural District, the Capitol Complex, Austin Convention Center, and others — as well as owners of property development opportunities within the zone. This membership would ensure that Austin's Innovation District will evolve and grow along with these civic assets, rather than just in-between them.

Significant corporate entities and community groups might also join. By including significant innovation hubs outside of the initial target zone — such as Capital Factory, SXSW, Austin Community College, and others — Austin's Innovation District will be part of a regional network of innovation.

The initial members of the coalition (the Stakeholders) will seed Austin’s Innovation District. They must build and occupy a sufficiently dense development that could define the start of a district and create proximity for collaboration. Ultimately, membership should grow by design and evolution.

The coalition also will create the framework for considering ways to increase physical collaboration, add to community benefit, refine joint messaging, attract businesses, and innovate around new business models.

The charter will:

- Create a common understanding of the nature and vision of Austin’s Innovation District without infringing on the rights of property owners.
- Create a common identity and language.
- Support programs and activities coordinating internal and external engagement, driving significant benefit for the district members and the region as a whole.
- Maintain a focus on **increasing community benefit from** Austin’s Innovation District through fully inclusive health and economic opportunities.

How has Austin’s Innovation District Emerged to Date?

Capital City Innovation’s stakeholders — UT Austin and the Dell Medical School, Seton Health, Central Health, the Downtown Austin Alliance and Opportunity Austin — already are showing the feasibility of a framework for collaborative innovation and building the basics for a functioning Innovation District.

- **A governance framework of diverse partners.** CCI’s Board of Trustees — composed of leaders from UT Austin, Seton Health, Central Health, the Downtown Austin Alliance, Opportunity Austin, the City of Austin, and Travis County — have set priorities and strategic direction for immediate activities and for planning the district’s long-term strategy. This forum serves as a starting point; other stakeholders can be invited to join in the planning and oversight of the Innovation District as it grows.
- **Planning of the place.** A number of stakeholders have already created or are in the process of creating master plans and strategies for the development and growth of this neighborhood — examples include the Brackenridge hospital campus redevelopment and The University of Texas’ Dell Medical School district. By considering such plans in tandem — and encouraging stakeholders to do so as well — alignment is being created among the first developments and the broader goals for the district. Connecting other development plans through the stakeholder coalition — including Waller Creek, the Capitol Complex, the Convention Center and others — will create further cohesion within the Innovation District.

- **Companies are hungry to be part of Austin’s Innovation District.** CCI and its stakeholders at the University of Texas, Central Health, Seton, the City of Austin, Travis County, the Downtown Austin Alliance, and the Greater Austin Chamber of Commerce, have initiated the vision of an innovation district as a place where great collaborations happen. Corporations and other organizations have expressed interest in exploring how they might be a part of the district. Organizations like Merck, the US Army Futures Command, and Ford, which already have footprints in Austin, have reached out to explore potential future footprints in the district. At the time of writing, a total of six other multinational and mid-sized companies have initiated discussions to explore how they might get involved. That these companies are taking the initiative to get connected shows the importance of the innovation district concept to corporate engagement with the region. A unified identity and framework will be critical to growing this engagement.
- **A network of health/life science ecosystems.** A life science startup affinity group includes several organizations that operate physical and virtual venues for incubating health and life science companies. The group includes Dell Med’s Work Spaces, the UT Austin College of Pharmacy’s Drug Dynamics Institute, IC²’s Austin Technology Incubator, Austin Community College’s Bioscience Incubator, Texas State University’s STAR Park, and the Temple Health and Bioscience District. The organizations collaborate on marketing, business attraction and programs. Innovation District could scale and fill gaps in this ecosystem.
- **Partnering on programs.** A number of stakeholders are already operating successful programs focused on collaborative innovation in health and on inclusive economic growth, and these form the basis of Austin’s Innovation District today. Examples include Dell Med’s Texas Health Catalyst which has deployed \$600,000 to 16 health innovation projects and its WorkSpaces which have attracted a partnership with the Association of British Health Industries making Austin a landing site for British health companies. Mass Challenge Texas, based on the successful Massachusetts model, launched in Austin in 2017, and Austin Technology Incubator’s Venture Mentoring Service, launched in 2018, is bringing MIT’s renowned entrepreneurial mentoring program to Texas. CCI’s partners have held educational and workshop programs that have engaged more than 1,000 attendees. A consortium of nine organizations formed in June to commit funding to an accelerator program designed to support Texas companies seeking federal small business financing. The Innovation District plan seeks to create a framework for even more strategic collaboration, advancing all our organizations by growing health innovation and business opportunities and activity in Austin.
- **The story of health/life science innovation.** Website, social media, and other digital and physical collateral by Dell Med, the Greater Austin Chamber of Commerce, Capital City Innovation, and others seek to tell the story of Austin’s health and life science innovation. Monthly blogs share

news and events. (Inter)National representation includes the Association of University Research Parks, SXSW, the Consumer Electronics Show, the Biotechnology Industry Organization. The Austin Healthcare Council, with the leadership of Dell Med, attracted Modern Healthcare's annual summit to Austin. Austin's Innovation District will increase our region's visibility for health and life science innovation through media engagement and in national conferences and event platforms.

While these elements are a fine starting point, additional steps will catapult the plan for Austin's Innovation District:

- An endorsement from regional leaders of the plan for creating, managing, and growing the Innovation District concept;
- A mandate from existing and additional stakeholders to create and empower an organizing entity (potentially CCI), and engagement from them on its governance and guidance; and
- Support for a sustainable Innovation District business model.

What Is the Innovation District's Business Model?

The district's underlying model links the interests of the community, innovators and real estate developers.

Collaboration ensures an innovation district's economic sustainability. Just as shopping district developers engage and support retailers and customers to help drive the shopping district's overall success, innovation district developers align their own success with that of innovators and the community.

This alignment can be achieved if a critical mass of property is aggregated around the business of attracting and catering to innovation-focused entities such as academic and corporate organizations. As envisioned here, this alignment would be achieved through the Stakeholder Charter, which will create a set of principles coordinating property development with innovation programs and community benefit that ultimately drives business attraction. Direct and indirect contributions by the stakeholders will vest them in the effort; by the same token, the district's direct and indirect benefits (such as financial support of programs, common communications and a recognized identity) will naturally encourage participation by initial and future stakeholders.

The business model that stakeholders develop will determine the Innovation District's ability to invest in, support and scale support programs. Such support is likely to start small but grow over time — the Science Center in Philadelphia, which manages a top-tier, 17-acre innovation district, invests roughly \$4.5 million each year in partnership programs such as business incubation, events, public space activation, and community engagement.

To begin, Austin’s Innovation District needs a minimum of 50,000 square feet — but ideally 100,000–200,000 square feet — of “innovation space.” This space would provide a home for the organizing entity (potentially Capital City Innovation) as well as startups, non-profits, and innovation and community events. Space could be designed with flexibility in mind to allow for future tenants.

Based on Capital City Innovation’s experience in 2017–2018, \$500,000 – 750,000 per year would support operations of the organizing entity to create a stakeholder framework, including outreach, communications and sponsorship and event activities. Planning ahead, to incorporate activities that would power an innovation district scaled to meet Austin’s needs, the business model should plan to grow over about 3–5 years to cover annual innovation and community benefit program expenses of approximately \$2 million, not counting capital development requirements. Program and business attraction activities are scalable to income, and **Appendix 2** outlines some uses of funds and potential renewable revenue sources.

The chartered stakeholder coalition will create a business model and empower the organizing entity to implement it. Initial operating funds must be secured, and a five-year business plan will be developed.

How Will the Innovation District Look – and Work – in the Future?

Austin’s Innovation District will be both a physical place *and* a framework or organization that helps innovators collaborate in ways that improve the community’s health and create inclusive economic growth. Programs and other frameworks designed to support collaboration will help drive innovation outputs; additionally, the Innovation District will be defined by a certain geography. This geography will be determined by the physical assets of the district and its stakeholders, which in turn will fuel the public benefit that the district creates. The geography will also be defined by how the core district connects with and enhances innovation hubs throughout our region.

The Innovation District must connect with existing innovation hubs in Austin, including centers on UT’s campus, Austin Community College, corporate sites (Apple, Google, Luminex etc.), other coworking sites (Galvanize, WeWork, Impact Hub), and vital entities such as Capital Factory. This can be done through joint programming and by providing space within the district for representation by some of these organizations.

Ultimately, the Innovation District aspires to catalyze a Central Texas innovation corridor with name recognition that rivals that of other great innovation regions. Without losing the distinctive creativity that Austin is known for, its Innovation District should be mentioned with Research Triangle and Silicon Valley when anyone asks about the great innovation centers. This is, clearly, an ambitious goal — we can achieve it by creating robust partnerships with organizations in every part of Austin, Georgetown, Round Rock, San Marcos, San Antonio, and elsewhere in the region.

PART 3: PLAN

What Are the Steps to Creating a Structure for Austin’s Innovation District?

This plan proposes a number of steps for creating an “non-equity joint venture” style framework for Austin’s Innovation District that will be based on an “opt-in” coalition, including concepts for governance and management. The plan envisions starting with a core group of stakeholders – most of whom would likely be initially located at or near the redeveloped Brackenridge hospital campus – and maintaining flexibility to allow the district to grow physically and in its membership.

These steps include:

- Engage innovation district stakeholders
- Adopt a charter for the Innovation District
- Nominate or create an organizing entity (potentially Capital City Innovation) for the Innovation District

1. Engage Innovation District Stakeholders

Capital City Innovation will identify and engage stakeholders of the Innovation District. This process will define the properties that will comprise the initial venue of the district, as well as a coalition of leaders who will, with their organizations, help develop and support a business and development plan for the district. The initial group of stakeholders will include property owners (beginning with UT Austin (with the Dell Medical School) and Central Health (with the Brackenridge hospital campus)), owners or managers of other significant anchors (such as the Waller Creek Conservancy and Seton), and representatives of the communities and entities that align with the district’s core strategy. Additional property owners and civic anchors will be incorporated as the Innovation District grows. Ultimately, representatives of organizations outside the target zone, but with substantial interest in or intersection with the district, may also be included.

The coalition of stakeholders will provide a leadership framework by which to:

- Consider the physical area cohesively
- Plan public benefit and innovation programs
- Plan for the district’s brand identity, communications and business attraction efforts
- Build a business model that synergistically links the goals of property owners (attracting tenants and increasing property values) with that of the mission-based stakeholders (collaborative innovation that improves health and that creates inclusive economic opportunities)

The coalition will meet quarterly or as needed. The stakeholder list will be fluid. Membership will be voluntary and will likely grow over time, initially by strategic invitation and ultimately by organic evolution. Ensuring diverse stakeholders will leverage Austin’s breadth of research and development strengths, helping to further grow our industry clusters.

2. Adopt a Charter for Austin’s Innovation District

Innovation districts function when the goals for properties and other physical assets are supported by the activities and public benefits, creating a positive feedback loop where innovation activities such as business incubation and workforce development lead to interest from tenants and investors that in turn into value for the properties, and ultimately further investment in the activities and public benefit. This win-win-win alignment is often formalized by covenants attached to physical assets.

Austin’s Innovation District will be defined by a charter that captures the district’s vision, its goals, and the common commitments of its stakeholders, who will create and voluntarily adopt the charter. Stakeholders who elect to join the Innovation District will adopt the charter, which will be created, managed and revised by the stakeholders through the work of an organizing entity. An example for a charter is included in **Appendix 3**.

It will define objectives and the roles for achieving those objectives — including the roles of Capital City Innovation and stakeholders themselves — to help the district take root and deliver synergistic benefits to the district, community and stakeholders:

- **The Vision and Governance of the Innovation District:** This will emphasize the commitment of Capital City Innovation and the stakeholders to developing inclusive models of health and economic growth. It also will begin to connect the various master plans across the district. And it will specify stakeholders’ roles in overseeing the district’s organizing entity.
- **A Common Identity and Language:** The charter and stakeholders will specify how the Innovation District will create a common identity and language to define and market the district while complementing and amplifying the brands of the individual stakeholders. This process will also seek ways to leverage Austin’s international platform.
- **Outreach and Attraction:** They also will create a process for expanding outreach and engagement, working with the Chamber and other agencies to help the Innovation District target community, academic, and business collaborations; attract businesses and resources; develop talent; and cycle ideas throughout the district.

- **Programs:** Stakeholders will consider how the district and its organizing entity will participate in and support programming such as business accelerators, incubators, co-working spaces, innovation events, and STEAM/workforce development.
- **Other items:** This could include membership and expansion strategies and conditions.

3. Nominate or Create an Organizing Entity for Austin’s Innovation District

Austin’s Innovation District will have an organizing entity charged with stewardship of the vision and activities of the innovation district as defined via the Charter, and with managing assets and liabilities according to the district’s business model. The organizing entity may be an existing or newly-created corporation and will likely be a non-profit. It will be governed and guided by the district stakeholders, and its brand and identity will be subordinate to that of the Innovation District — it is an enabling body and a steward.

An independent, third-party organizing entity has a number of advantages. It will represent the interests of all stakeholders, serve as a neutral convener, and provide a neutral portal for external partners. Capital City Innovation could act as this entity if district stakeholders support this approach; the stakeholders also could nominate and co-develop an independent entity. The organizing entity will, among other things:

- Manage the charter, its implementation and any amendments;
- Engage stakeholders;
- Coordinate a strategy with stakeholders for the built environment;
- Coordinate marketing and business attraction among the stakeholders;
- Coordinate collaborative programming in the district; and
- Engage in collaborative fundraising for the stakeholders and the district.

How Will Innovation District Activities Be Coordinated?

While Innovation District stakeholders and the organizing entity will focus on a range of activities, three will be critical to achieving the district’s goals and mission:

- Develop a blueprint for the innovation district
- Develop an identity and language
- Develop a common value proposition to attract businesses
- Develop a Roster for Programs and Activity

1. Develop a Blueprint for the Innovation District

A blueprint for Austin’s Innovation District, similar to the blueprint of Tech Square in Atlanta’s midtown, would provide standards, plans, street typologies, and form-based code that will encourage the growth and development of a compact, vibrant, mixed-use neighborhood. The blueprint will outline how the coalition and the city designs, reviews, bids, and builds – providing variance granting power within the

Innovation District. It will also define mechanisms for funding, maintaining and operating capital projects, infrastructure and public safety and maintenance, including grants, philanthropy, city and state funding, and PID funding. The blueprint is expected to include the following elements:

- Existing conditions inventory and analysis: assessing components and their capacity and need for improvement
- Action and Regulating Plans: including guidelines for incentives, design concept plans, approval and funding.
- Innovation Anchor plans: for fast-tracked, small areas that act as catalysts for investment, for example.

2. Develop an Identity and Language

Austin's Innovation District needs a unique brand and language that reflects its eclectic, vibrant, and inclusive city. Concepts of a common brand and common language will be incorporated within the district charter; they are intended to complement and emphasize — not replace or drown — the brands and language of individual stakeholders.

The Innovation District brand and language will define the common values of stakeholders and their commitment to inclusive health and economic growth. They will suggest and invoke (but not dictate) the kinds of businesses, non-profits, investors, collaborations and relationships that the district supports. The brand and language will be used in digital and print marketing, in wayfinding around the district, and as a tool for stakeholders as they engage with investors, donors, and collaborators.

Developing a cohesive identity, language, and feel for the Innovation District will also require some collaboration among significant property owners, who will help stitching together the various master plans that cover properties and developments within the district. ***This does not require relinquishing control on any particular site.*** Rather, the district will work with property owners and developers to create alignment with plans and strategies that directly benefit those owners and developers as well as the district and the wider community. The Innovation District coalition will create a forum for discussing and sharing plans, such as those shaping UT's Health District, the Texas Capitol Complex, the Waller Creek Conservancy's parks network, the city's cultural district and social services, the Austin Convention Center, and others.

The branding exercise should begin as initial stakeholders are recruited and the charter is developed, so that the brand can be unveiled with the announcement of an initial development. Coordination of publicity and branding is critical. The process will begin with a stakeholder work session to review current branding efforts across the district (including Waller Creek and other individual developments) and start planning for a cohesive identity.

3. Develop a Common Value Proposition for Business Attraction

The built environment makes Austin's Innovation District an attractive location — what sets it apart is the engagement of stakeholders in common programming that enables collaborative innovation.

The Innovation District will partner with individual stakeholders and with other organizations in and around Austin to conduct a market evaluation and to develop a specific business attraction strategy. This will include an asset map showing stakeholders' facilities, talents, and other resources; a list of organizations to specifically target and attract; and a plan for outreach and meetings.

The goal is to engage with outside organizations that may wish to do the following:

- Collaborate with or invest in the district, its programs, or the entities or stakeholders within it
- Establish a physical presence within the Innovation District

This value proposition and business attraction strategy should be designed to grow small programmatic investments into, over time, a larger presence in the district.

The district's organizing entity will create connections with facilities, professional services, technical and clinical connections, and other connections to provide a soft landing in Austin for organizations that fit the district's vision. **Appendix 4** outlines a starting point for a digital piece that highlights innovation district assets to target organizations.

4. Develop a Roster for Programs and Activity

Innovation districts differentiate themselves from other developments by providing a direct portal for access and collaboration. They create opportunities for connectivity among diverse stakeholders and residents that don't exist elsewhere.

While close proximity helps, the Innovation District needs systemic pathways — connecting academic, entrepreneurial, corporate, non-profit, and government stakeholders — to achieve this connectivity. Eventually these pathways may take root and grow organically. But in these early stages, they require programs that specifically encourage engagement and interaction among diverse innovators. They lower the cost of collaboration by making it easier for innovators to find each other, by connecting resources, and by creating third-party honest-broker platforms to help stakeholders. Programs may be unstructured (such as networking events) and structured (such as accelerators), designed to achieve a spectrum of targeted and spontaneous outcomes.

Such programs will help realize the Innovation District's community benefit potential. They also are central to the district's value proposition and business attraction narrative. So the district, as a component of its Charter, will support programs designed to create and grow collaborative innovation among stakeholders and outside entities. Initially the district will focus on programs that promote:

- Creative placemaking

- Investment in technology and business development
- Interaction among diverse innovators
- Capacity building (specifically STEAM education and workforce development)

Many of these programs already exist — the Innovation District will support those that help achieve the dual goals of inclusive health and inclusive economic growth. The table below shows existing and proposed programs that could be supported by Austin’s Innovation District (again, for discussion purposes only; this list is not prescriptive or exhaustive).

Creative Placemaking	Street fairs, Waller Creek/DAA placemaking, Red River Trust, way-finding and signage, public realm
Technology and Business Acceleration and Incubation	Dell Med’s Texas Health Catalyst and workspaces, ACC, SBIR/STTR microgrants, global soft landing, non-profit incubator
Diverse Innovator Engagement	Dell Med’s Center for Place Based Initiatives, UnChartered.Health, Partner events (e.g., with AHC)
STEAM and Workforce Development	AISD and charter connections, Impact Hub’s Workforce Accelerator, company internships

These programs create the narrative and surface the human stories that will make the Innovation District desirable to innovators, corporations, and investors. The programs create the framework through which *resources* and *talent* are inclusively grown and attracted, and more easily cycle and interact. The charter, and its management by a neutral convener, ensure that programs adhere to the core goals of the Innovation District – health and economic growth for all.

How Will the Innovation District Get Started?

Capital City Innovation is well-positioned to take the first steps creating a framework for establishing and managing the stakeholders coalition, the charter creation, core district activities, and the creation of a 5-year business plan.

The key activities and timeline outlined in this Roadmap are shown here:

	Q3'18	Q4'18	Q1'19	Q2'19	Q3'19	Q4'19
Complete the initial roadmap	█					
Engage initial Stakeholders and create a charter		█	█			
Build a common identity and outward-facing messaging			█			
Adopt a physical blueprint, expansion plan, and program priorities			█	█		
Finalize the business model and 5-year strategic plan				█	█	

How can you participate?

CCI is seeking support from Austin organizations to participate in one or more of the following ways:

- **For property owners, active innovators, and potential investors:** Sign on to become a part of the initial Coalition of Stakeholders by contributing to and adopting the charter that commits your organization to being part of Austin’s Innovation District.
- **For interested stakeholders:** Become a leader-advocate for the Innovation District by joining a working advisory group and sharing stories about the district, innovation districts generally, and the potential value for the community.

Appendices

1. Maps of potential core components of Austin’s Innovation District
2. Potential Innovation District sources and uses of funds
3. Business Attraction

Appendix 1: Maps of the Innovation District



Image created and provided by the downtown Austin Alliance

The purple box indicates the target area for the Innovation District, with concentric rings indicating projected areas of direct economic and programmatic impact. Inset: starting area of the Innovation District in 2018, showing UT’s Dell Medical School, Central Health’s Downtown Campus, and the northern end of the Waller Creek Parks.

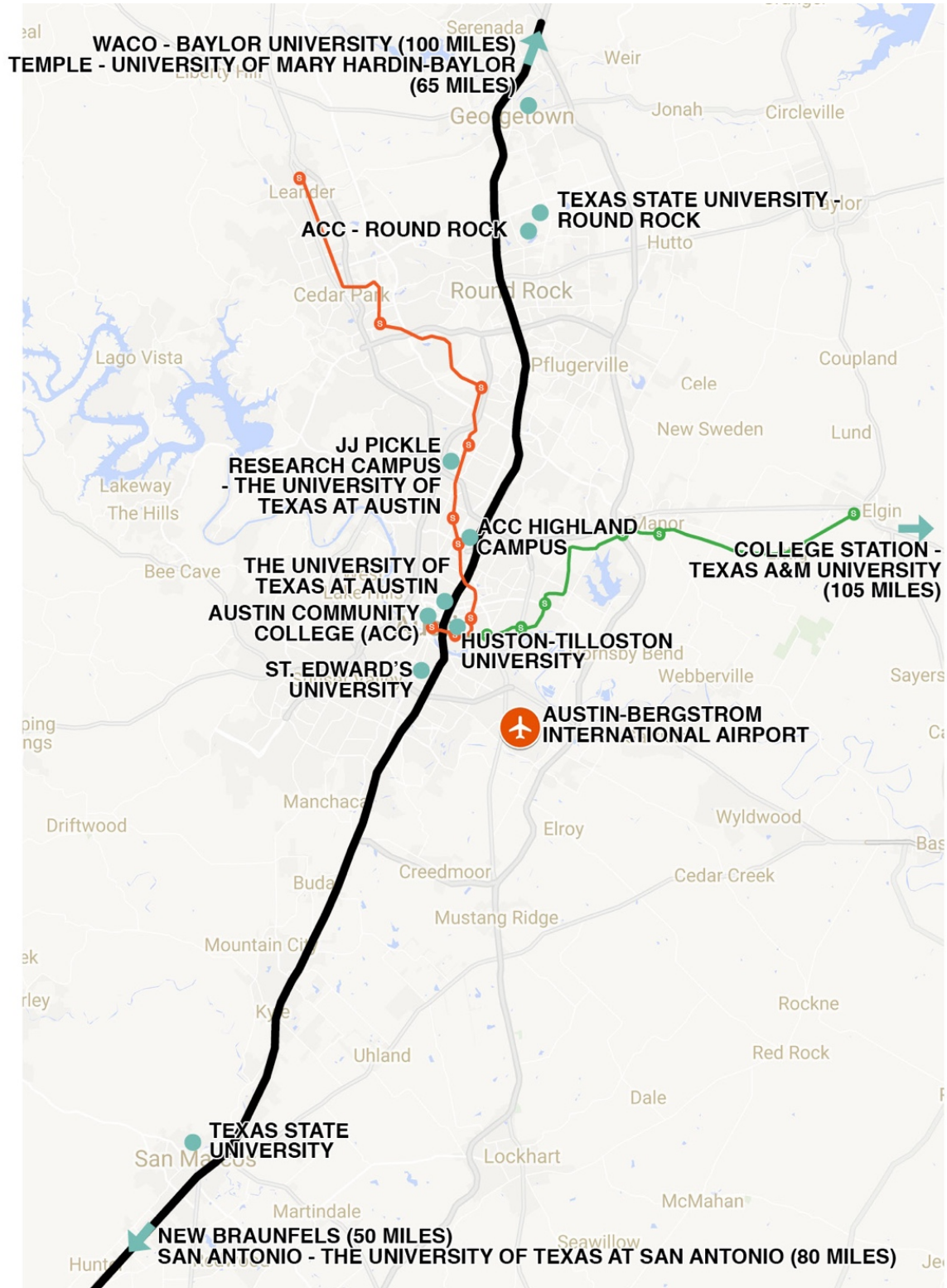


Image created and provided by the downtown Austin Alliance

The Innovation District is part of a larger innovation corridor that initially runs from Round Rock to San Marcos, but ultimately extends from Temple to San Antonio.

Appendix 2: Financial Model

Uses of Funds

The below table indicates the potential main uses of funds, and how the operations of the Innovation District may grow over five years.

	Y1	Y5
Programs and Community Engagement	\$95,000	\$1,750,000
Strategy and Business Attraction	\$80,000	\$190,000
Staff	\$330,000	\$600,000
Operations	\$40,000	\$75,000

Programs and business attraction are scalable to revenues and value creation.

Revenue Model

Like any innovation district, Austin’s Innovation District will have a diversified business model that generates revenues for management operations, outreach, business attraction, and collaborative innovation programs. The Stakeholders will work with the Organizing Entity to explore a number of potential renewable revenue streams for the innovation district:

Direct contributions	From Stakeholders, for example, for operations of the organizing entity.
Property “use” contribution	5 percent of property use could go toward innovation purposes such as business incubation or events.
Innovation fund	Could take the form of an amenity fee, e.g., \$0.75 per square foot, and typically passed along to tenants as a component of rent.
Management fees	The organizing entity could provide management services to property owners within the district for a fee.
Asset base	Properties (e.g., government) could be used for development projects with substantial community benefit.
Public improvement financing	Might include tax increment financing or similar mechanisms.
Government and philanthropy	Grants and donations could fund general operations or specific programs.

Appendix 3: Business Attraction

INNOVATE WITH AUSTIN, TEXAS!

Austin is the crucible for innovations in community well-being, with the perfect balance of opportunities to test, refine, validate, and scale bold new ideas.

RE-THINK HEALTH

Prior to 2015, Austin was the largest city with a tier 1 university and no academic medical establishment.

In 2012, Austin residents created the Dell Medical School at the University of Texas by vote. This has created a strong connection and commitment to the community.

Innovative partnerships with Seton/Ascension Health and with Central Health, a public payer, create unique opportunities to re-think all aspects of health.



IN GOOD COMPANY

Austin's Innovation District is a downtown neighborhood that networks with creative hubs across the region. With the support of Travis County and the City of Austin, the Austin Innovation District is the product of a partnership among academic, clinical, civic, and business leaders.



A Charter for a Consortium of Organizations Comprising Austin's Health Innovation District

DRAFT

01/09/19

This is a template for discussion purposes only. The founders of the consortium shall direct the drafting and adoption of a final version of the charter. The charter shall be updated by the members of the consortium as needed. This consortium is an experiment in collaboration for a new kind of innovation district!

Background and Preamble

This Charter describes a non-equity joint venture by and between entities that are Partners of Austin's Health Innovation District (also known as the Innovation Zone), by virtue of their ownership, management, or stewardship of property and/or significant interest in the creation, growth, and success of the Innovation District as a long-term investment in the community.

The Partners share a number of common goals that include (but are not limited to):

- Improving health for all members of the community, especially those who need it most;
- Creating community vitality through sustainable development;
- Supporting innovation through collaboration of diverse individuals and organizations;
- Stewarding accessible, value-generating, inclusive, and strategic growth in Austin;
- Facilitating positive regional impact and inclusive economic growth

The Partners believe that creating value and driving inclusive economic opportunities can be achieved when the diverse stakeholders of the Innovation District share common identity and values.

The Partners therefore create this non-equity joint venture to collaboratively build and grow Austin's Innovation District, and agree as follows:

1. Membership. Organizations seeking to become Partners shall be admitted to the Innovation District by simple majority approval of the then Partners, based on the organization's alignment with the goals of the Innovation District. Each organization's participation shall be defined on the basis of a specific vehicle, such as a particular property or function that is, or will be, aligned with the vision of the Innovation District. Each organization's participation shall be formalized by a Memorandum of Understanding (the "MOU") outlining the specific vehicle of their partnership, the adoption of this Charter, and any specific manifestations of their commitment.
2. Organization. The Partners shall nominate an Organizing Entity to coordinate Partners and steward the consortium activities as outlined by the Charter. In the first instance, the Organizing Entity shall be Capital City Innovation.

3. Governance. The Organizing Entity shall create a procedural protocol for meeting, communicating and coordinating activities by Partners as outlined in the Charter. Each Partner shall nominate one or more representatives to represent its organization and to enact such activities as are required under the Charter. Organizations that are not Partners may be invited to participate in meetings or activities, but not to vote.

4. Commitments. The Partners commit to the following activities, as clarified in the individual MOU outlining their participation:

a. Identity and Communications. The Partners shall develop, adopt, and use a shared identity and language relating to the Innovation District and its partnership, initially “Austin’s Innovation District”. Partners shall have the right to market themselves as a part of Austin’s Innovation District, and to use such marks, logos and other materials as appropriate. Partners will also contribute data and narrative that may be used in developing the collective story of “Austin’s Innovation District”. The Organizing Entity shall conduct development of materials and branding, business attraction, and marketing of the Innovation District with the input of Partners, and in collaboration with existing marketing and business attraction organizations including the City, the County, the State and the Chamber of Commerce. Shared identity and communications shall not preclude Partners from their individual branding and marketing activities.

b. Programs. The Partners shall enable such innovation programs across the Innovation District that align with the mission of health, community vitality, and inclusive economic growth. Such programs will include existing or new activities that may be delivered by individual Partners, by the Organizing Entity or others on behalf of the Innovation District. Innovation District programs will be selected and designed to 1) drive targeted innovation outputs such as health and community vitality and/or 2) maximize attraction of business, community, and other users of innovation district facilities. Programs will be supported financially by the Innovation District and will be available to all Partners of the Innovation District. Partners will vote upon a roster of such programs that will receive support from Innovation District funding. Such programs may include indoor or outdoor events, business accelerator or incubator programs, workforce development and STEAM education programs, among others. Programs will be selected on the basis that they promote the community benefit of the Innovation District and raise the national profile of Austin’s Innovation District, thereby driving value creation.

c. Common Environment. The Partners shall agree upon a physical defined boundary of the Innovation District that is described by the physical footprints of their collective assets. The boundary is not expected to be contiguous and is expected to change and evolve over time. The Partners shall participate as stakeholders in any ongoing district planning efforts (a “Blueprint”) that shall include design and concept plans for public spaces, mobility and innovation amenities among other things. Partners shall share development strategies to enable synergy and best uses of shared amenities.

d. Business Model and Funding. The Partners shall agree upon, and work collaboratively, to achieve, funding models that will support marketing and communications, business attraction, programs, and operations of the Innovation District. Such funding models may include public investment, direct contributions by Partners, the assessment of an “innovation amenity fee” on leases, and the rent-free contribution of space for innovation program uses, among others.

e. Best Practices for Economic Growth. The Partners shall develop and adopt a set of non-binding best practices for economic growth, such as in the areas of:

- Inclusion and diversity in governance and oversight
- Local hiring
- Others as agreed upon by the Partners

Partners will support these best practices within their own organizations and will encourage their adoption by tenants and other organizations located within the Innovation District. The creation of mechanisms that enable the implementation of these best practices will be facilitated by the Organizing Entity as needed. While these best practices are non-binding, Partners will be encouraged to obtain and contribute data that describe their implementation.

f. Grow and Advocate for the advancement of the Innovation District. Partners will support the Organizing Entity in publicizing the model for Austin’s Innovation District, in advocating for specific benefits from City, County, State, and Federal agencies that support the Innovation District, and in recommending, eliciting, and reviewing participation from new coalition partners.

5. Voluntary Partnership. Each Partner shall participate voluntarily and may terminate their participation immediately upon notice to the Organizing Entity. The commitments and activities outlined in this joint venture are not intended to impact on the rights of any Partner to conduct planning, development, marketing and communications, and any other activity regarding the vehicle it has nominated as the basis for its participation.



CENTRAL HEALTH

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

March 5, 2019

AGENDA ITEM 4

Receive and discuss an update on Communications and Community Engagement activities and initiatives.



CENTRAL HEALTH

Public Education Initiative

Central Health Public Education/Awareness Initiative
Strategic Planning Committee
March 5, 2019

Ted Burton, VP of Communications
Ivan Dávila, Dir. of Communications & Community Engagement



First Steps: Naming Initiative



GOAL

Better connect Central Health and the Enterprise affiliates in the minds of Travis County residents, including patients

OBJECTIVE

Develop a strategy and naming system to organize brands and products, and effectively connect the Enterprise affiliates (i.e. Central Health, CommUnityCare, Community Care Collaborative, Sendero).



First Steps: Naming Initiative

PROCESS



- **Peer Research:** four organizations who have undergone similar branding/naming initiatives.
- **Stakeholder Interviews:** understand opinions and perceptions related to current naming system, and discover ideas for future options.
- **Naming Architecture:** develop naming systems options.
- **Patient and Non-patient Focus Groups:** test various naming systems, potential creative directions, messaging.
- **Logo Design and Brand Standards** Apply a logo design to the approved naming system.
- **Implementation Plan:** Develop a strategy and plan to roll out the new naming system.



Branded House



Branded House



The University of Texas at Austin



The University of Texas at Austin
Communication Studies
Moody College of Communication



The University of Texas at Austin
Dell Medical School



The University of Texas at Austin
UT Health Austin



The University of Texas at Austin
College of Education



CENTRAL HEALTH

House of Brands

Procter & Gamble

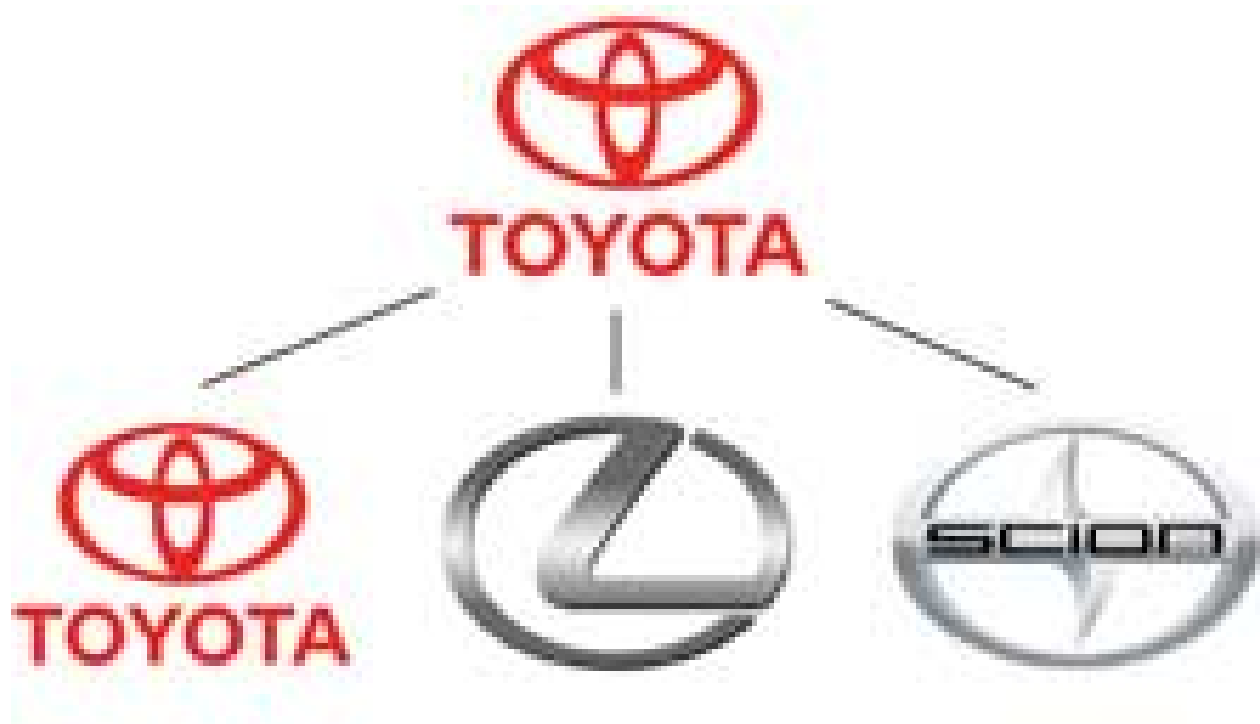


COVERGIRL®

DURACELL



Hybrid Brand



First Steps: Website User Experience (UX)

Goal

Enhance the website user experience for our patient population and general consumers, helping them easily connect to care, and better understand the relationship between Central Health and its affiliates.

Objective

Systematic process of understanding the users and how they want to achieve their goals.



Website UX

Process

- **Discovery:** uncover the users desires and needs.
- **Initial testing:** identify existing issues on website; create plan to improve site.
- **Website UX design:** design a user flow.
- **UX verification:** test new designs, verify the user needs are met.
- **Website look and Feel:** design a creative theme to be applied to centralhealth.net; integrate with communitycaretx.org
- **Revisions and consultation:** Revise designs based on testing results; consult developers as designs are implemented.



Website UX

Completed

Discovery Process:

- Staff participated in a discovery meeting
- Discussed purpose, goal, objectives
- Clarified audiences, uses
- Prioritized desired outcomes



A Comprehensive Approach to Outreach: House Calls in Hornsby Bend





PARTNERS
 Dell Vale ISD, CommUnityCare,
 Austin Public Health, Travis County
 HHS, ESD4, Santa Barbara's Catholic
 Church and others

**AUSTIN'S COLONY/HORNSBY
 BEND ADVISORY COMMITTEE**

GRASSROOTS OUTREACH
 (flyer distribution) small businesses,
 faith-based orgs, schools,
 neighborhood associations



OTHER
 Direct calls to patients in the area,
 neighborhood canvassing
 and community health workers

COMMUNITY ENGAGEMENT
 Speaking engagements at schools,
 neighborhood association meetings

PRINTED MATERIALS
 Direct Mail (post card), services
 flyer and event flyer

EVENTS
 Grand opening of Mobile Clinic,
 school events, community
 resource fairs and other events

MEDIA
 Social media, earned media, paid
 media - El Mundo and Villager, ETC
 E-Newsletter and ETC web page



Grassroots Outreach

- Donn's BBQ
- Gilbert Elementary
- Hornsby-Dunlap Elementary
- Dailey Middle School
- ESD 4 – Fire Station
- Fresh Donuts
- Kumbala Beauty Salon
- Mi Pueblito
- Dragon Express
- Meat Market
- La Mexicana
- Dollar General
- Little Sprouts Learning Center
- River Road Baptist Church
- KIPP Austin
- Greater Swenson Grove Missionary
- Rock Quarry Missionary Baptist Church
- Hornsby Bend Assembly of God
- Family Dollar
- St. Elmo Baptist Church
- Exxon/ Twin Creek Market
- Taco Truck located in parking lot of Twin Creek Market



Questions?





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

March 5, 2019

AGENDA ITEM 5

Receive and discuss Strategy 2.6, *Cancer Care*, within the Fiscal Year 2019-2024 Strategic Work Plan including the strategy reporting schedule, strategy sheets, and related measures or dashboards.



Strategy 2.6	
Cancer Care: Determine the scope of Central Health’s role in cancer care programs.	
Lead Department/Team:	
Central Health, Office of Chief Strategy Officer, Monica Crowley	
Contributing Department/Teams:	
CH Strategy, CCC Strategy	
Fiscal Year 2019 Key Milestones	
Q2	<ul style="list-style-type: none"> • CCC update regarding cancer care initiatives
Q3	<ul style="list-style-type: none"> • Receive updates from partners and stakeholders around community efforts
Q4	<ul style="list-style-type: none"> • Determine CH scope and participation – including determination of whether there are any identified fundable projects or planning initiatives for FY2020
Fiscal and Budget Information	
Budget:	
Specific Allocated Amount or Absorbed in Current Operations:	
Current Total Expenditures:	\$0
Next Scheduled Update: February 2019	

CCC & Cancer Care

Central Health Strategic Planning Committee

March 5, 2018

Mark Hernandez, MD

Chief Medical Officer & Executive Vice President



A Central Health and Seton partnership

Presentation Outline



- Review broad prevalence data in CCC population
- Review CCC's priorities & approach to disease
- Discuss next steps

Preliminary Data for Review: Cancer in CCC Population, FY18



- 96,092 total CCC members, age 18 years and older in FY 2018
- 2.2% of all members had new diagnosis of cancer, active diagnosis of cancer, or history of cancer diagnosis noted in record in FY18
- By program, MAP had a greater percentage of members with cancer than Sliding Fee Scale

	Cancer Patients (N)	Total Population (N)	Percent
Total CCC Members	2,141	96,092	2.2%
MAP	1,696	45,969	3.7%
Sliding Fee Scale	774	50,123	1.5%

Preliminary Data for Review: Types of Cancer in CCC Population, FY18



	Rank	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Cancer of cervix	1	533	53,588	994.6
Cancer of breast	2	303	96,092	315.3
Cancer of uterus	3	90	53,588	167.9
Cancer of colon	4	155	96,092	161.3
Other non-epithelial cancer of skin	5	150	96,092	156.1
Cancer of thyroid	6	142	96,092	147.8
Cancer of prostate	7	59	42,482	138.9
Cancer of ovary	8	61	53,588	113.8
Non-Hodgkin's lymphoma	9	105	96,092	109.3
Cancer of lung/bronchus	10	93	96,092	96.8

Note: Unspecified cancer and secondary malignancies were excluded from the ranking (N = 685 Patients)

Preliminary Data for Review: Cancer in CCC Population by Race/Ethnicity, FY18



- Burden of cancer, all types, is greater among Asian and White CCC members as compared to other groups

	Cancer Patients (N)	Total Population (N)	Percent
Total CCC Members	2,141	96,092	2.2%
Race/Ethnicity			
African American	170	7,661	2.2%
Asian	76	2,594	2.9%
Hispanic	1,395	61,208	2.3%
White	406	13,362	3.0%
Other	94	11,267	0.8%

Preliminary Data for Review: Cancer in CCC Population by Gender, FY18



- Burden of cancer, all types, is greater among females

	Cancer Patients (N)	Total Population (N)	Percent
Total CCC Members	2,141	96,092	2.2%
Gender			
Male	640	42,482	1.5%
Female	1,501	53,588	2.8%

Comparing CCC Patients to Other Patient Populations



- Incidence
- Prevalence
- Staging
- Treatment Options

CCC Cancer Priorities

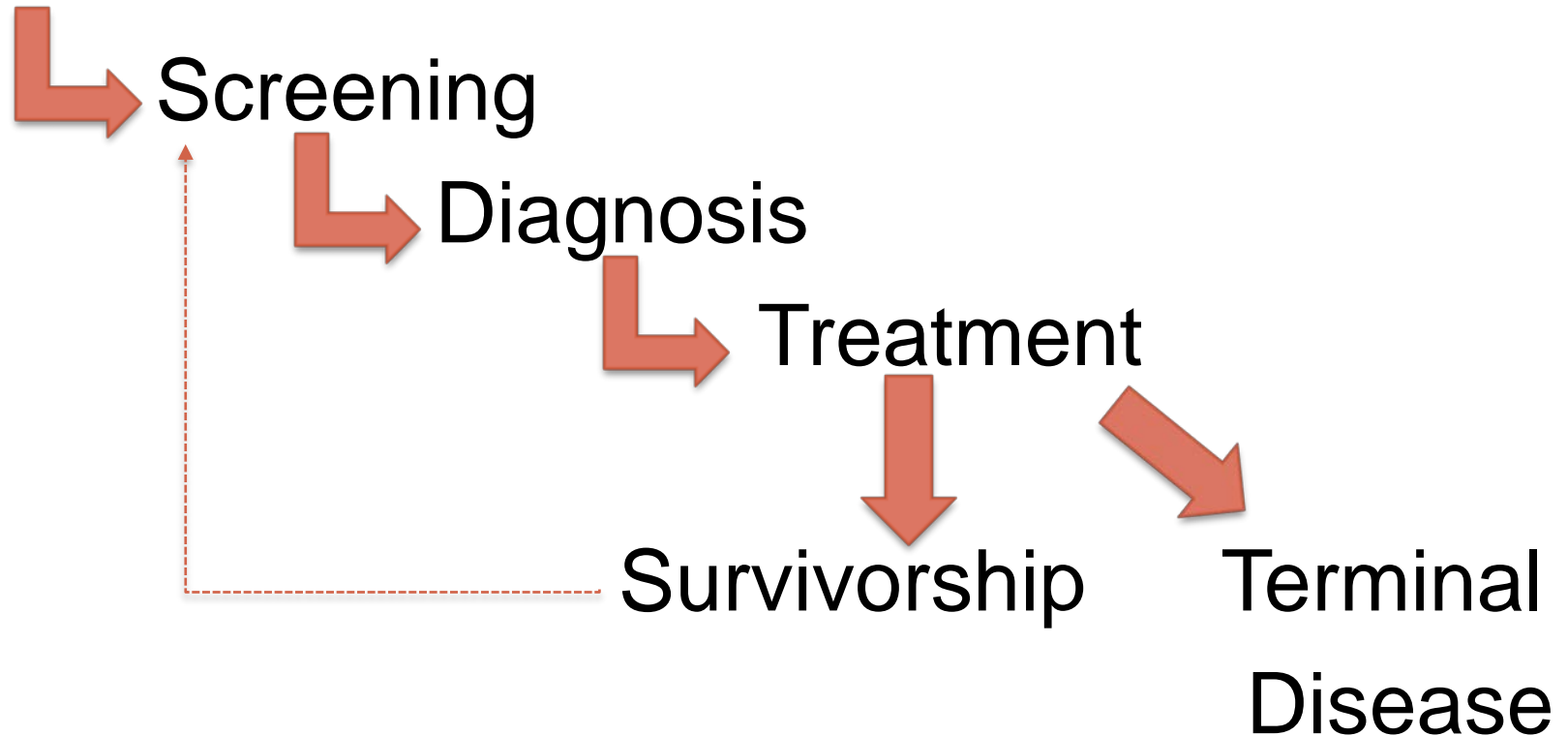


- Four Preventable Cancers
 - Breast
 - Cervical
 - Colorectal
 - Lung
- Also Preventable:
 - Skin cancers
 - Prostate
- High Prevalence
 - Uterine

Progression



Prevention





- **General Principle**
 - Lower risk factors
- **Metrics of Success**
 - Reduction of modifiable risk factors
 - Drop in cancer incidence (long term)
- **Current Activities**
 - Diabetes control
 - Tracking BMI & tobacco use
 - SBIRT for Alcohol Use Disorder
- **Location**
 - Primary Care Clinics

Screening



- **General Principle**
 - Screen for cancers for which there is a reliable & cost-effective test
- **Metrics of Success**
 - % Population with indicated screening complete
 - Decrease in late stage cancer diagnoses
- **Current Activities**
 - CRC: FIT tests through Primary Care Contracts; colonoscopy streamlining process
 - Breast Cancer: Expansion of ARA sites; addition of Dell Med
 - Cervical Cancer: Primary Care
 - Lung: Supporting Dell Med CPRIT Grant to expand LDCT opportunities
- **Location**
 - Primary Care
 - Contracted Screening Sites



- **General Principle**
 - Any patient with positive screen receives appropriate diagnostics in a reasonable timeframe
- **Metrics of Success**
 - % of patients with positive screen receiving appropriate diagnostics
 - Time to diagnostics from positive screen
- **Current Activities**
 - Advanced imaging and biopsies provided through a variety of partnerships for radiology, surgery, and other procedures
- **Location**
 - Specialists



- **General Principle**
 - Any patient with a positive diagnosis receives appropriate staging & treatment in a reasonable time frame
- **Metrics of Success**
 - % of patients with positive diagnosis receiving appropriate treatment
 - Time to treatment from diagnosis
- **Current Activities**
 - Medical & surgical oncology services provided through Seton
 - Radiation oncology services provided by Austin Cancer Center

Management of Terminal Illness



- **General Principle**
 - Optimize patient quality of life
- **Metrics of Success**
 - Hospice Quality Reporting program
- **Current Activities**
 - Austin Geriatric Service provides Palliative Care to patients
 - Hospice Austin provides services to patients and families



- **General Principle**
 - Manage effects of cancer and cancer treatment
- **Metrics of Success**
 - Patient quality of life
- **Current Activities**
 - Partnerships with Austin survivorship programs
 - Consider role of primary care in managing survivorship



Next Steps

- Engage in a systematic process for performance improvement in the screenable cancers, which includes screening, diagnostics and treatment
- Participate in community wide efforts to improve cancer screening awareness and cancer education
- Emphasize the important role of cancer prevention in the community as well as inside of primary care homes

Thank You

www.ccc-ids.org



A Central Health and Seton partnership



Additional Preliminary Data for the CCC Population

- Cervical Cancer
- Breast Cancer
- Colorectal Cancer
- Lung Cancer
- Uterine Cancer
- Risk Factors

Cervical Cancer – FY2018



- Cervical cancer is the most prevalent cancer occurring in the CCC population, even though it affects only women
 - 994.6 cases per 100,000 CCC Members
- Nationally, estimated new cases of cervical cancer have slowed in recent years. Cervical cancer is not considered a leading site of new cases or deaths among women in 2018.¹
- Risk factors for cervical cancer include:
 - Persistent infection with certain types of HPV
 - Suppressed immune system
 - High number of childbirths
 - Cigarette smoking
 - Long term use of oral contraceptives

1 - American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Cervical Cancer Prevalence by Race/Ethnicity, FY2018



- Cervical cancer is most prevalent among Hispanic women

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	57	7,179	794.0
Non-White	436	46,409	939.5
Hispanic	393	35,775	1098.5
Non-Hispanic	100	17,813	561.4
African American	29	3,711	781.5
Non-African American	464	49,877	930.3

Cervical Cancer Prevalence by Race/Ethnicity, FY2018



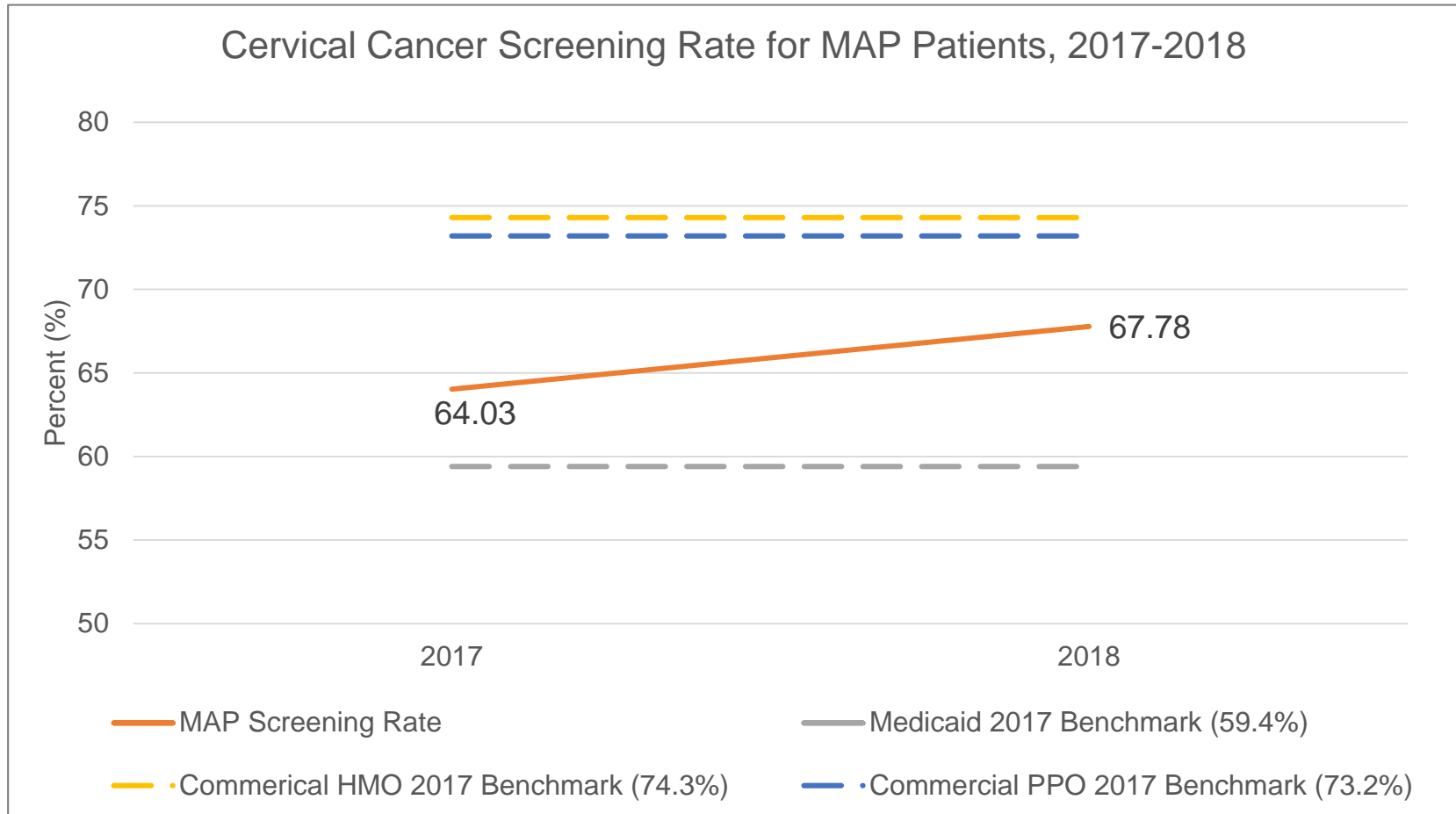
- Cervical cancer is most prevalent among Hispanic women

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	57	7,179	794.0
Hispanic	393	35,775	1098.5
African American	29	3,711	781.5
Other	54	6,923	780.0

Cervical Cancer Screening



Assesses women 21-64 years of age who were screened for cervical cancer

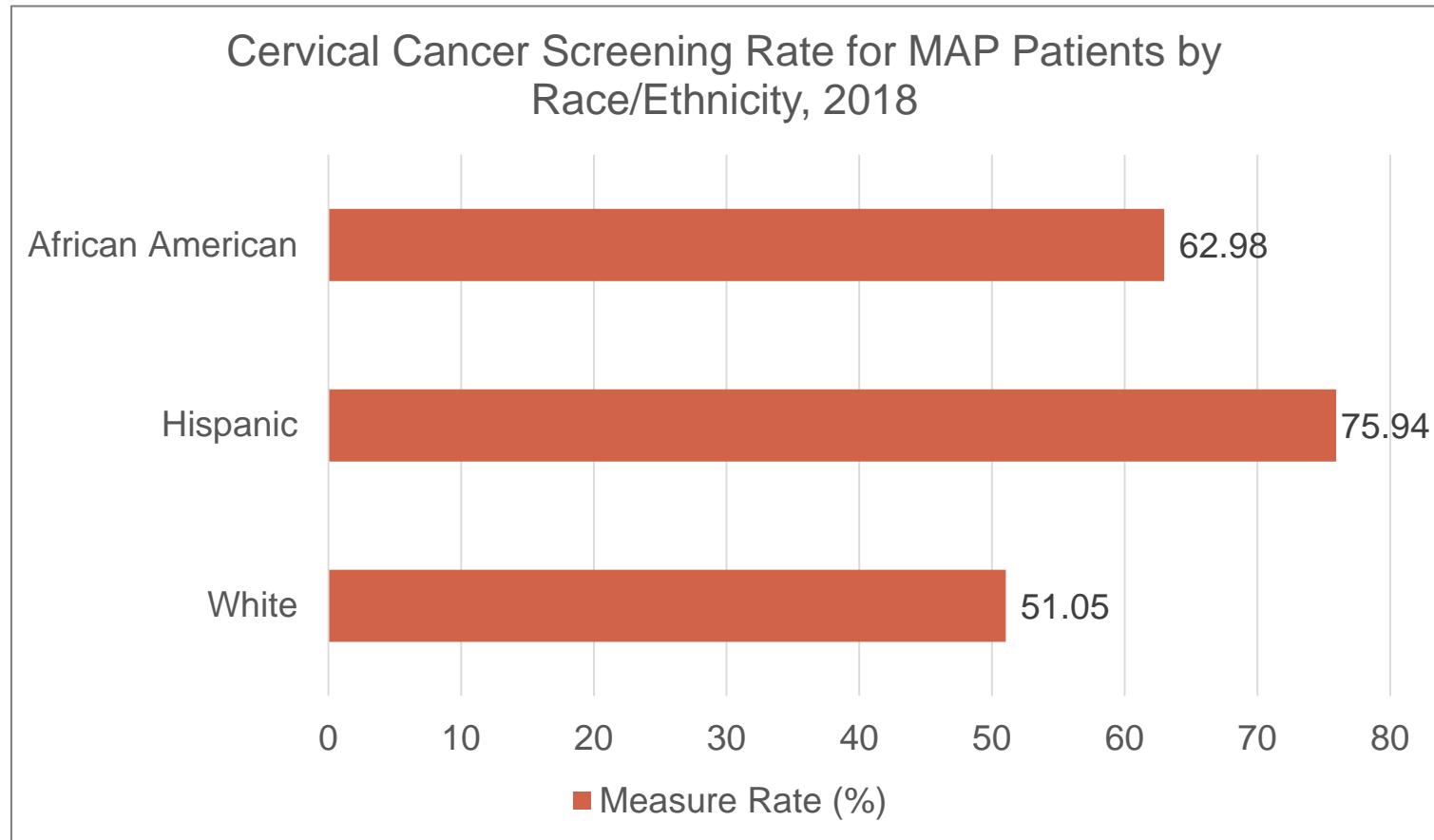


2017 HEDIS Benchmarks sourced from <https://www.ncqa.org/hedis/measures/cervical-cancer-screening/>

Cervical Cancer Screening by Race/Ethnicity - CY2018



Assesses women 21-64 years of age who were screened for cervical cancer



Breast Cancer – FY2018



- Breast cancer is the second most prevalent cancer among the total population and females alone.
 - All genders: 315.3 cases per 100,000 members
 - Females: 477.7 cases per 100,000 female members
- Nationally, breast is the leading site for estimated new cases and the second leading site of estimated deaths among females in 2018¹
- Risk factors for breast cancer include:
 - Age
 - Weight gain or Overweight/Obese status
 - Postmenopausal hormone use
 - Physical inactivity
 - Alcohol consumption

1 - American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Breast Cancer Prevalence (Female only) by Race/Ethnicity, FY2018



- Breast cancer prevalence is highest among Hispanic and African American women

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	27	7,179	376.1
Non-White	228	46,409	491.3
Hispanic	180	35,775	503.1
Non-Hispanic	75	17,813	421.04
African American	19	3,711	512.0
Non-African American	236	49,877	473.2

Breast Cancer Prevalence (Female only) by Race/Ethnicity, FY2018



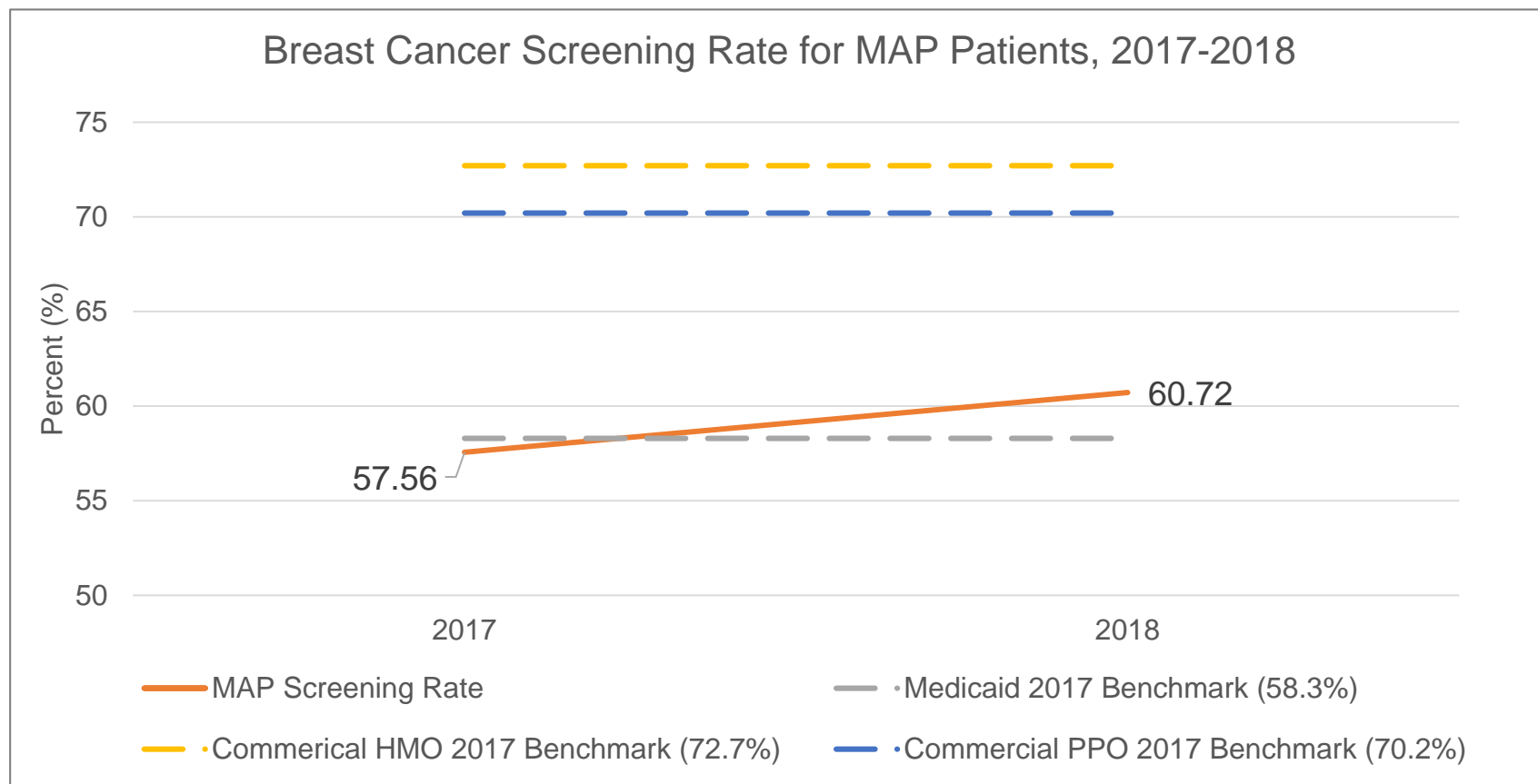
- Breast cancer prevalence is highest among Hispanic and African American women

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	27	7,179	376.1
Hispanic	180	35,775	503.1
African American	19	3,711	512.0
Other	30	6,923	433.4

Breast Cancer Screening



Assesses women 50-74 years who had at least one mammogram to screen for breast cancer in the past 2 years.

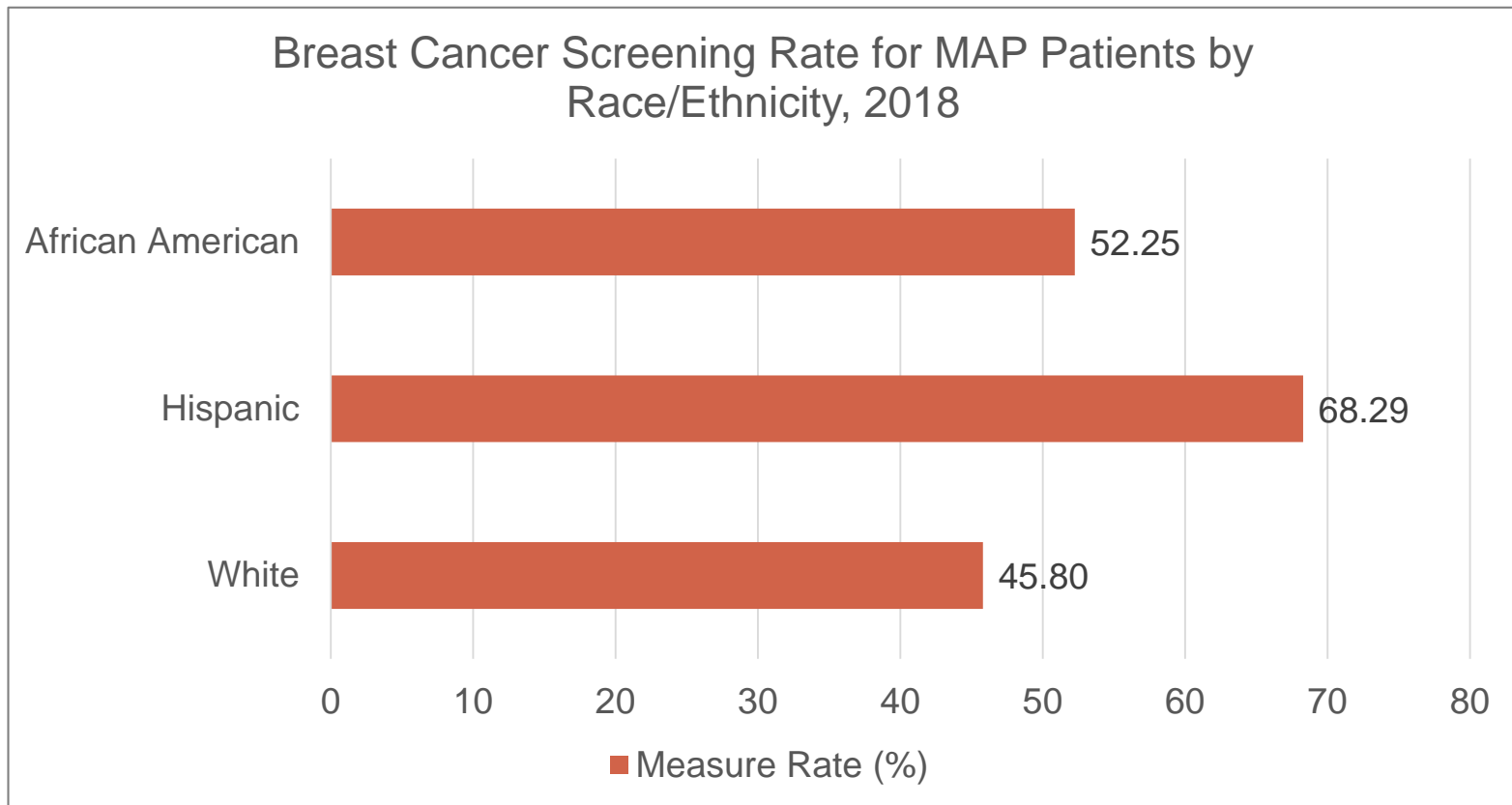


2017 HEDIS Benchmarks sourced from <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>

Breast Cancer Screening by Race/Ethnicity – CY2018



Assesses women 50-74 years who had at least one mammogram to screen for breast cancer in the past 2 years.



Colon Cancer – FY2018



- Colon cancer is the fourth most prevalent cancer in the CCC population
 - 161.3 cases per 100,000 members
- Colon cancer is the most prevalent cancer among males
 - 171.8 cases per 100,000
- Nationally, colorectal cancer is the third leading site for estimated new cases and estimated deaths for men and women in 2018¹
- Risk factors include:
 - Obesity
 - Physical inactivity
 - Long-term smoking
 - High consumption of red or processed meat
 - Low calcium intake
 - Moderate to heavy alcohol consumption
 - Low intake of fruits, vegetables and whole grain fiber

1 - American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Colon Cancer Prevalence by Race/Ethnicity, FY2018



- Colon cancer is most prevalent among the White CCC population

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	29	13,362	217.0
Non-White	111	79,647	139.4
Hispanic	83	61,208	135.6
Non-Hispanic	57	31,801	179.2
African American	14	7,659	182.8
Non-African American	126	88,411	141.4

Colon Cancer Prevalence by Race/Ethnicity, FY2018



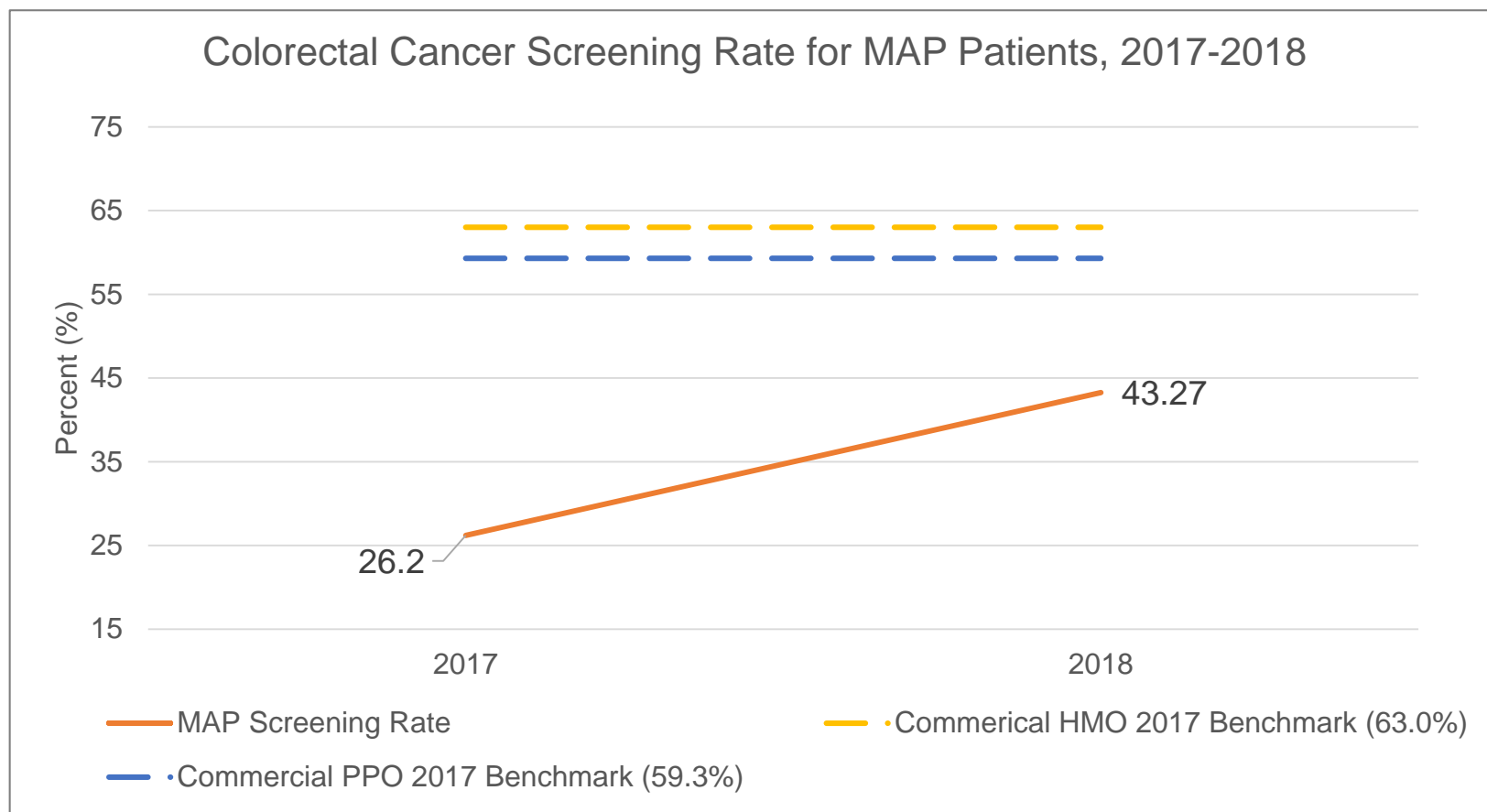
- Colon cancer is most prevalent among the White CCC population

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	29	13,362	217.0
Hispanic	83	61,208	135.6
African American	14	7,659	182.8
Other	29	13,863	209.2

Colorectal Cancer Screening



Assesses adults 50-75 who had appropriate screening for colorectal cancer.

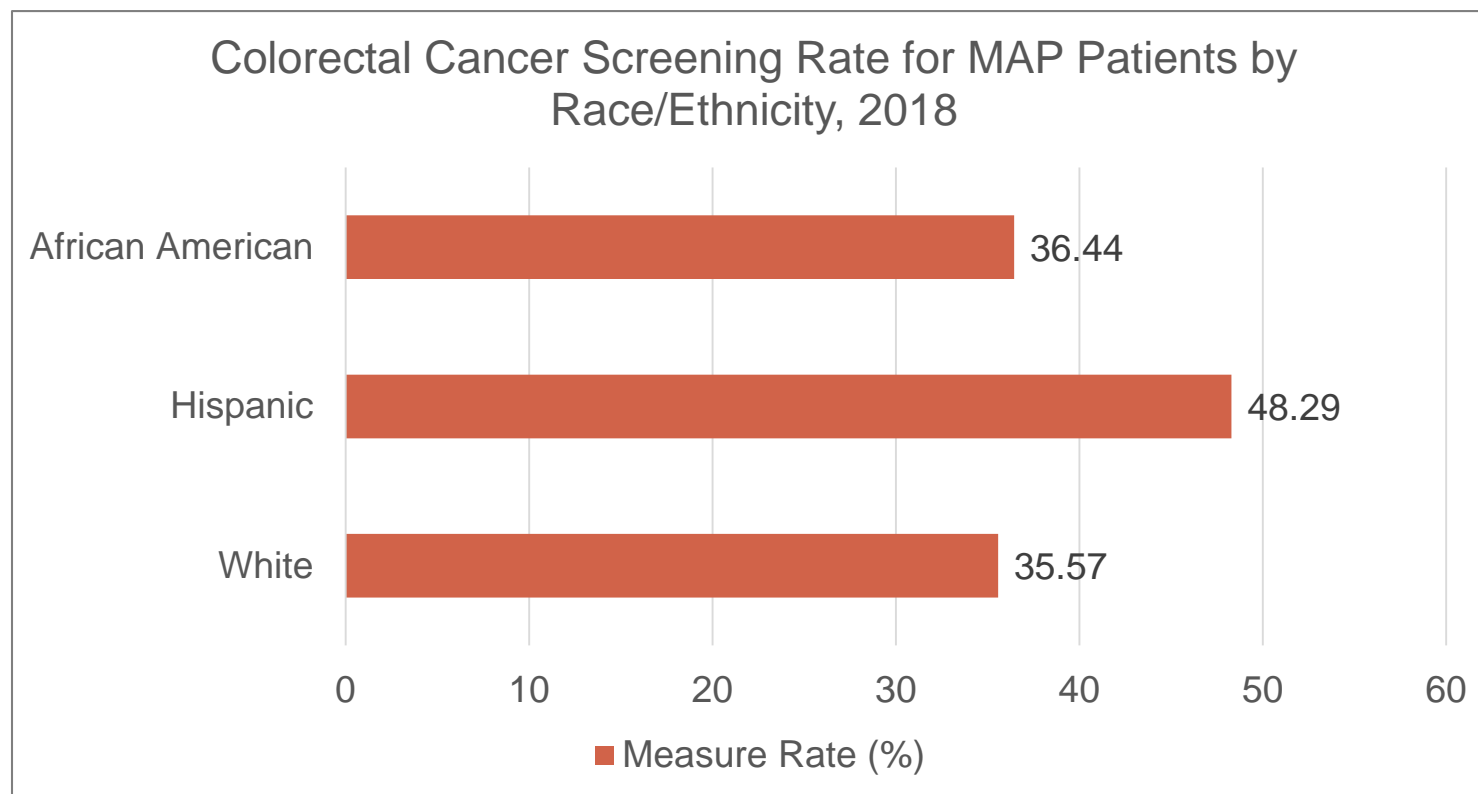


2017 HEDIS Benchmarks sourced from <https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/>

Colorectal Cancer Screening by Race/Ethnicity – CY2018



Assesses adults 50-75 who had appropriate screening for colorectal cancer.



Lung Cancer



- Lung cancer is the 10th most prevalent cancer in the CCC population
 - 96.8 cases per 100,000
- Lung cancer prevalence ranks 7th among women and 6th among men
 - Female: 84.0 cases per 100,000
 - Male: 89.5 cases per 100,000
- Nationally, lung cancer is the second leading site for estimated new cases and the leading site of estimated deaths for men and women in 2018¹
- Risk Factors
 - Cigarette smoking
 - Radon exposure
 - Occupational or environmental exposure to secondhand smoke, asbestos, certain metals/chemicals, radiations, air pollution and diesel exhaust.
 - Specific occupational exposures including rubber manufacturing, paving, roofing, painting and chimney sweeping.

1 - American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Lung Cancer Prevalence by Race/Ethnicity, FY2018



- Lung cancer prevalence is highest among the White CCC population, followed by African-Americans

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	27	13,362	202.1
Non-White	56	79,647	70.3
Hispanic	34	61,208	55.5
Non-Hispanic	49	31,801	154.1
African American	12	7,659	156.7
Non-African American	71	88,411	80.3

Lung Cancer Prevalence by Race/Ethnicity, FY2018



- Lung cancer prevalence is highest among the White CCC population, followed by African-Americans

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	26	13,362	202.1
Hispanic	34	61,208	55.5
African American	12	7,659	156.7
Other	20	13,863	144.3

Uterine (Endometrial) Cancer



- Uterine cancer is the third most prevalent cancer in the CCC population overall and ranks fourth among females.
 - 145.6 cases per 100,000 members
- Nationally, uterine cancer is the fourth leading site for estimated new cases and estimated deaths in 2018¹
- Risk Factors
 - Obesity and abdominal fatness (increase in circulating estrogen)
 - Use of postmenopausal estrogen
 - Late menopause
 - Never having children
 - History of polycystic ovary syndrome

1 - American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Uterine (Endometrial) Cancer Prevalence by Race/Ethnicity, FY2018



- Uterine cancer prevalence is highest among African American women, followed by White women

	Cancer Patients (N)	Total Population (N)	Prevalence per 100,000
Race/Ethnicity			
White	18	7,179	250.7
African American	11	3,711	296.4
Hispanic + Other*	49	42,698	114.8

*Race/Ethnicity groups have been collapsed to protect patient confidentiality

Risk Factor: Tobacco Use



- 34.8% of Travis County residents report being a current or former smoker¹
 - 40.2% for residents with income under \$25,000¹
 - 34.9% for residents who are uninsured¹
- 13.5% of Travis County residents are current smokers¹
 - 20.8% for residents with income under \$25,000¹
 - 19.2% for residents who are uninsured¹

1 – Texas Behavioral Risk Factor Surveillance System, 2011-2015

Risk Factor: Body Mass Index



- 58.0% of Travis County residents are overweight or obese¹
 - 63.1% for residents with income under \$25,000¹
 - 62.1% for residents who are uninsured¹
- In 2018, 74.7% of MAP patients receiving care at CommUnityCare and Lone Star Circle of Care clinics were overweight or obese²
 - 32% were overweight
 - 42.7% were obese

1 – Texas Behavioral Risk Factor Surveillance System, 2011-2015

2 – DSRIP CY 2018 Body Mass Index Screen and Follow up measure

Thank You

www.ccc-ids.org



A Central Health and Seton partnership



CENTRAL HEALTH

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

March 5, 2019

AGENDA ITEM 6

Receive, discuss, and take appropriate action on Objective 3, *Sustainable financial model for health delivery and system strategies*, within the Fiscal Year 2019-2024 Strategic Work Plan including approaches to ensure optimal use and value of real estate assets to reduce operations and facilities costs and to generate revenue.¹



MEMORANDUM

To: Central Health Board of Managers
Mike Geeslin, President and CEO

From: Steven Lamp, VP Real Estate and Facilities

Date: March 5, 2019

Re: Agenda item: 6 - Receive, discuss, and take appropriate action on Strategic Work Plan Objective 3, *Sustainable financial model for health delivery and system strategies*, including approaches to ensure optimal use and value of real estate assets to reduce operations and facilities costs and to generate revenue - **ACTION ITEM**

Overview:

Opportunity exists for Central Health to approach, manage and execute real estate transactions on an Enterprise-wide basis. This better supports Central Health and our component Enterprise entities (Community Care, Community Care Collaborative and Sendero) mission. An Enterprise approach additionally improves real estate assets utility, reduces administration and operations costs, and promotes collaboration and cooperation, netting increased revenue generation and/or funding availability for patient services. A key to this evolution of the “real estate function” is inclusion of real estate planning into the strategic planning process. To support planning integration, the oversight and authority of the Downtown Campus Committee should be expanded to include all Enterprise realty assets. A revised Committee scope will better optimize Central Health Enterprise-wide facilities, and monetize and capture best value from Central Health owned property.

Synopsis:

Central Health’s Downtown Campus (formerly, University Medical Center at Brackenridge – UMCB) is Central Health’s largest and most valuable physical asset. Central Health’s Board of Managers created a Downtown Campus Committee:

“responsible for managing the reuse and redevelopment of the Central Health Downtown Campus and other related Central Health real estate matters that may affect the reuse and development of the Central Health Downtown Campus.”

While the Downtown Campus necessarily remains a primary focus of a Board Committee, expanding this Committee’s scope to *all* realty endeavors supports an enterprise-wide decision integration and management process.

Action Requested:

Staff recommends that the Central Health Board of Managers’ expand the management and oversight responsibilities of the Downtown Campus Committee to include all Central Health enterprise real estate. This action will require modification to the existing Central Health bylaws.



CENTRAL HEALTH

Fiscal Impact:

We anticipate minimal legal and administrative fees to formally draft and implement a bylaws revision. These funds are available in our current legal services budget.



Strategic Plan Objective 3:

**Implement Sustainable Financial Model for
Health Care Delivery and System Strategies
through 2024**

Strategic Plan Objective 3:

- Strategy 3.4:

Determine Optimal Use or Disposition of Brackenridge Campus

Strategy 3:4 (Brackenridge)

Actions and Recommendations:

1. Integrate and Operate Real Estate as an Enterprise-Wide Endeavor
2. Recommendations:
 - A. Expand Downtown Campus Committee ambit from Brackenridge to *All* Real Estate Assets
 - B. Develop and Invest - Responsibly, Intelligently to leverage CH Real Estate advantage and minimize Opportunity Cost

Strategy 3:4 (Brackenridge) Recommendations:

- A. Expand Downtown Campus Committee ambit from Brackenridge to *All* Real Estate Assets
 - 1. Owned properties
 - 2. Leased space

Integrated Enterprise Perspective

Consolidation / Co-location

Program Prioritization

Locational vs. Operational Adjustments/Improvement

Resource Management - Operations Support

Strategy 3:4 (Brackenridge) Recommendations:

- B. Develop and Invest - Responsibly, Intelligently to leverage CH Real Estate advantage and minimize Opportunity Cost

Real estate cannot be lost or stolen, nor can it be carried away. Purchased with common sense, paid for in full, and managed with reasonable care, it is about the safest investment in the world.

Franklin D. Roosevelt

Strategy 3:4 (Brackenridge) Recommendations:

- B. Develop and Invest - Responsibly, Intelligently to leverage CH Real Estate advantage and minimize Opportunity Cost

Central Health Advantage:

Location and (Planned) Readiness

Cost of Capital (Direct participation)

ROIC Tolerance

Carry Cost

Time Tolerance

Delivery Mechanisms

Strategy 3:4 (Brackenridge) Next Steps and Timing:

Expand Downtown Campus Committee ambit from Brackenridge to *All* Real Estate Assets

1. Present for Central Health Board discussion /review / approval
2. Define new Committee authority
3. By-Laws Amendment / revision



CENTRAL HEALTH

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

March 5, 2019

AGENDA ITEM 7

Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the first quarter of Fiscal Year 2019, including the strategy reporting schedule, strategy sheets, and related measures or dashboards.



MEMORANDUM

To: Central Health Board of Managers
Mike Geeslin, CEO & President

From: Monica Crowley, Chief Strategy & Planning Officer
Vanessa Sweet, Strategy Manager

Date: February 28, 2019

Re: Agenda Item 7: Review and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the first quarter of Fiscal Year 2019, including the strategy reporting schedule, strategy sheets, and related measures for dashboards.

To ensure transparency and accountability of Central Health's work toward achieving the objectives in its 2019-2024 Strategic Plan, quarter 1 milestones of the 2019-2020 workplan were reported by executive leadership in late January 2019. Work reported in these Milestone Review Memos does not reflect all the work that has been completed since the end of fiscal quarter 1.

The future goal is to report on subsequent quarters' milestones by the first BOM Strategic Planning Committee meeting following the end of a fiscal quarter. Quarter 2 milestones of the 2019-2020 strategies will be reported on by April 2019.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Larry Wallace, Chief Administrative Officer
Date: 1/22/2019
Re: Q1 Milestone Review for Strategy 1.1 Service Location & Care Delivery

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.1A

September 5 Identified Focus Areas: Announce dates services will begin in four focus areas

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Press release

Progress Report:

Central Health identified four priority areas for FY19, which includes Austin's Colony/Hornsby Bend, Colony Park, the Del Valle area including Creedmoor and Kellam Road. A variety of service delivery options include permanent clinics, mobile clinics and home visits. A press release went out in the 1st Qtr (December 2019) announcing these priority areas with projected launch dates. The planned locations will address the whole-health needs of the community going beyond clinical services to include behavioral and mental health services provided by Integral Care, and social services that connect families to health coverage, food, housing and emergency assistance programs.

Challenges/Issues:

The challenges that exist for health care expansion in Eastern Travis includes but is not limited to:

- *Strategic location and program planning for vast geographic areas
- *Funding models for partnerships engaged in a co-location service model
- *Lack of basic infrastructure
- *Transportation (barriers and limited options)
- *Legal, finance and governance approval process across multiple governmental entities

Next Steps:

Three pro-formas have been completed for the priority areas. The fourth pro-forma will be finalized as referenced in the respective project timeline.

Associated agreements will be finalized as referenced in their respective project timelines.

Transportation initiatives and pilot programs are occurring.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Larry Wallace, Chief Administrative Officer
Date: 1/22/2019
Re: Q1 Milestone Review for Strategy 1.1 Service Location & Care Delivery

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.1B

Community First: Business plans and legal agreements with providers will be developed

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Pro-forma and Agreement w/ Mobile Loaves & Fish

Progress Report:

CommUnityCare will finalize their pro-forma in the 3rd Qtr. CommUnity plans to provide primary care as part of the integrated behavioral health model at Community First Village with the help of Integral Care. CommUnityCare will provide clinical services and support the medical respite team. Access to primary, behavioral, and chemical dependency health services will be available to the residents of the village as well as the community at large. An array of other non-clinical services will also be made available. Central Health is working with Mobile Loaves and Fishes to finalize the Space Use Agreement and Business Associate Agreement and will be completed in the 2nd Qtr.

Challenges/Issues:

None.

Next Steps:

Central Health is working with all clincinal and non-clinical providers on license agreements.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Larry Wallace, Chief Administrative Officer
Date: 1/22/2019
Re: Q1 Milestone Review for Strategy 1.1 Service Location & Care Delivery

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.1D

Colony Park Phase I: Amend current Interlocal agreement with AISD. Business plans will be developed

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Amended Interlocal agreement and Pro-Forma

Progress Report:

CommUnityCare finalized the pro-forma for health care expansion in Colony Park. Central Health holds an Interlocal Agreement with AISD to provide the current clinical and non-clinical services at Volma Overton Elementary School. The Interlocal Agreement is being amended for AISD approval in 2nd Qtr (March 2019). CommUnityCare will expand health care services and ramp up to three days per week with a mobile health clinic. The expansion is projected to launch by 3rd Qtr (May 2019).

Challenges/Issues:

Central Health's RFP is still pending. CommUnityCare IFB received limited IFB responses with no feasible procurement options. CDL requirements

Next Steps:

Central Health will complete the RFP process to determine if any mobile health care vehicles meet the provider requirements. Research is being completed for obtaining CDL and/or contracting requirements with an organization.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Ted Burton, VP of Communications
Date: 1/9/2019
Re: Q1 Milestone Review for Strategy 1.3 Communications

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.3A

Incorporate logic model for outreach and consumer/patient engagement into FY19 work plans for CH Enterprise Communications/Community Engagement, including the development of appropriate evaluation baseline measures for outreach and the identification of consumer/patient engagement gaps and opportunities for improvements.

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Logic Model, FY19 work plan with measures

Progress Report:

The Central Health Enterprise is adopting a logic model widely used by nonprofits, foundations and public agencies to ensure we are maximizing resources and impact. The model is based on the **Theory of Change**, and it ensures outreach activities lead the patient from the enrollment process to the clinical setting, leading the patient to desired health outcomes. The Communications Team is working closely with the Strategy Team to gather and use data so when we conduct outreach in specific areas of the community, we know whether our strategy should focus on Enrollment or Activation: Getting people enrolled in MAP, or activating them use the health care system. During Q1, we launched the new web app to track the number of referrals.

Challenges/Issues:

We need to work out the administrative piece of using the app with the Enrollment & Eligibility Office. This has been delayed due to the "all hands on deck" outreach effort related to CHAP/Sendero.

Next Steps:

In Q2, we are working on the administrative piece of the app including how referrals will be shared with the Enrollment & Eligibility Office, how we incorporate United Way to make followup phone calls, and who tracks referrals enrolled (Baseline to establish: % of referrals enrolled). For enrollment events, the objective will be to increase % of attendees enrolled. During Q2, we plan to use Eastside Memorial H.S. enrollment event and Austin Voices for Education enrollment activity as a way to model/test enrollment events (Baseline to establish: % of attendees enrolled.). We also plan to Community Health Champs assist as volunteers during enrollment events, provided our compliance officer trains them on HIPAA compliance.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Ted Burton, VP of Communications
Date: 1/9/2019
Re: Q1 Milestone Review for Strategy 1.3 Communications

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.3B

Select vendor(s) for Phase 2 of the public education initiative (via Task Order with Central Health's communications vendor pool).

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Vendor contracts

Progress Report:

To raise awareness about the Central Health Enterprise - the services it provides to people with low-income and the value it brings to Travis County - the Central Health Communications Team is implementing Phase 2 of its public education initiative, which began in Q4 of FY17. SUMMARY: Central Health issued Task Order 15 Oct. 18 to 10 consultants in our pre-certified communications vendor pool for marketing, advertising, branding and research services, and we received three responses. The Evaluation Team reviewed and scored the proposals, ultimately selecting Belmont Icehouse of Dallas, a consultant that Central Health has worked with for several years. We are currently in negotiations to finalize the scope of work. The public education initiative will include research (quantitative, qualitative), branding, messaging and paid media (broadcast, outdoor, digital and social media).

Challenges/Issues:

So far there have been no challenges or issues.

Next Steps:

The next step is to have a formal kick-off meeting with the consultant (likely the week of Jan. 14) to confirm the project timeline, tactics and deliverables. Once the scope of work is finalized, we will begin a brand audit of the Central Health Enterprise, and four organizations - two within the health care space and two outside of it - that have undergone similar branding initiatives. Research will include: stakeholder interviews including executives, staff, board members, elected officials, patients and non-patients.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Jon Morgan, Executive Director of CCC
Date: 1/16/2019
Re: Q1 Milestone Review for Strategy 2.1 Patient Wait Times

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.1A

Launch digital urgent care, ARA network expansion for mammography, and support Primary Care FIT testing for colorectal cancer screening

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

The CCC launched **Digital Urgent Care** with the Medical Management Department in November 2018, and promoted the service with CommunityFirst! Village in 2018. Current activity is focused on advertising the service to all MAP patients, including outreach at events and at MAP eligibility offices. The CCC executed a contract with ARA for **3D screening mammography** to serve over 660 MAP patients over 18 ARA locations. The CCC has contracted with CommUnityCare, Lone Star Circle of Care, and People's Community Clinic to **expand FIT testing** by nearly 6000 patients in FY19. The contracts include pay-for-performance targets to increase cancer screening rates in FY19.

Challenges/Issues:

We have not yet had much uptake of the **Digital Urgent Care** platform through our initial, limited pilots, but have drafted a plan to roll the program out to the entire MAP population in Q2.

Next Steps:

As described above, we are working to roll out **Digital Urgent Care** to the entire MAP population through flyers, social media promotion, and press releases.

Our PCP partners are promoting **mammogram** and **FIT** availability; both colorectal screening and mammography rates are part of the DY7-8 DSRIP measure bundles.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Jon Morgan, Executive Director of CCC
Date: 1/20/2019
Re: Q1 Milestone Review for Strategy 2.2 Patient Reported Outcomes

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.2A

Publish Quality of Life and Patient Experience Dashboards

Milestone Status: Complete

Deliverable: (attachment, if applicable)

QOL dashboard, PE dashboard

Progress Report:

In 2018, the CCC launched its MAP enrollee survey. Each month, a different and carefully-selected sample of MAP patients are called and asked to respond to two nationally-used surveys: the PROMIS survey, which measures self-reported mental and physical well being, and CAHPS survey questions pertaining to speed and ease of access. Within the first ten months of sampling, we have gathered a significant number of responses and have amalgamated these into our baseline, which we will publish on the CCC website.

Challenges/Issues:

It was a complicated process to ensure that patients included in the call list reflected the composition of the MAP patient population: MAP enrollees were included in the call pool if they had accessed ambulatory care in the past 12 months; further refinement ensured that patients were distributed appropriately across our primary care medical homes, and that patients reflected the demographic makeup of the population.

Next Steps:

Due to the volume of responses required to ensure significance - that the data are meaningful - we will update the data every six months.

We will monitor the data for changes, understanding that these are lagging indicators; positive impacts of interventions to improve the indicators will take months to appear in the data set.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Jon Morgan, Executive Director of CCC
Date: 1/20/2019
Re: Q1 Milestone Review for Strategy 2.2 Patient Reported Outcomes

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.2B

Finalize DSRIP Metric Definition/Specs and baselines

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

After nearly 12 months of preparation with providers, the CCC delivered 36 measure baselines from CUC, LSCC, Seton and Hospice Austin to HHSC on October 31st 2018. These baselines were validated and accepted by the state; only four required technical follow-up. The CCC's achievement targets have been set from these validated baseline submissions.

Challenges/Issues:

Months of work were required to interpret the baseline definitions, communicate and collaborate with our partners, and ensure our data were accurate.

Next Steps:

We are responding to HHSC's "technical assistance" queries for the four flagged measures and will provide those responses to HHSC no later than February 1, 2019.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: John Clark, Chief Information Officer
Date: 1/15/2019
Re: Q1 Milestone Review for Strategy 2.4 Technology & Data

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.4A

Acquisition of Data Loss Prevention tool and implementation of Endpoint Encryption Device to support secure integration of data

Milestone Status: Add another quarter

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

1. The team has examined and determined the current in-house capability for Data Loss Prevention (DLP).
2. The team identified key gaps in our current technology, policies, and governance.
3. Crafted a strategy to address the identified gaps.

Challenges/Issues:

1. The team has discovered through some continued due diligence that our current environment is missing some key technology components necessary to implement DLP in full.
2. Based on the missing technology components, budget planning for FY19 did not include all the funds required to implement the DLP in full.
3. We believe that there is going to be a heavy lift for many areas of the organization related to the structuring of data shares, requiring much more intense governance.

Next Steps:

1. Begin working with legal, compliance, and other key stakeholders in the organization on the DLP protocols and governance.
2. We are going to move forward with implementing the portions of DLP available to us with our current technology as a phase one approach.
3. As we move forward with our Cloud Bound project, we are going to identify opportunity to mitigate some of the DLP gaps using Microsoft Office365 (which we already have planned, the tools available to us through O365 are more robust than current state).
4. We have already started planning out DLP phase two for FY20 and will begin working on the budget requirements needed to close the few remaining gaps.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Steven Lamp, VP of Real Estate & Facilities
Date: 1/18/2019
Re: Q1 Milestone Review for Strategy 3.4 Brackenridge

Objective:

3 - Implement sustainable financial model for health care delivery and system strategies through 2024

Milestone: 3.4A

Determine Tower election use for benefit of Enterprise

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Recommendations and presentation

Progress Report:

Asbestos abatement progressing allowing subsequent interior renovation for possible reuse. Tower shown/ marketed to multiple entities for consideration. Advance 'general character' negotiations performed with several interested parties. Seed placed for possible 3-party reuse.

Challenges/Issues:

Tower requires significant investment (~\$20 MM) to bring to comparable/competitive Class B office readiness. Recapture of investment in limited term (15-20 year limit) challenges feasibility. Revenue stream from an 'innovation' focus challenges.

Next Steps:

Two viable reuse alternates are pending. One commercial, the 2nd, a possible CH-UT-3rd party 'flex space / innovation space' capture/hold focus. Both pose zero cash demand on CH (non-cash equity contribution) so merit consideration, so plan Tower Election extension request.



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Steven Lamp, VP of Real Estate & Facilities
Date: 1/18/2019
Re: Q1 Milestone Review for Strategy 3.4 Brackenridge

Objective:

3 - Implement sustainable financial model for health care delivery and system strategies through 2024

Milestone: 3.4B

Determine development options and phases for remaining blocks

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Meeting agenda and minutes, Recommendations and presentation

Progress Report:

"Phase 2" RFP/development alternates and target parcels focus. Scheduled and awarded asbestos containing material (ACM) abatement contract; ACM removal allows subsequent demolition towards turnover of Blocks 164 and 167 to The 2033 Fund. Issued Demolition RFP.

Challenges/Issues:

Increased value gained from CH-City entitlements and zoning resolution - key goal is to resolve. Pushing, but we are hostage to City Code revision abandonment, change in City management and administration structure, and simply, inability to capture focused City attention.

Next Steps:

Resolve with City: Red River realignment and funding; Zoning overlay. Hopefully Q2 but likely Q3. Award and start Downtown Campus demolition. Combination of macro City issues closure and readiness and availability of parcels add significant, indirect development value. Present 'next steps' potential and structure to Exec Team and Board. Turnover Block 164 and 167 to The 2033 Fund - Base Rent Commencement (early Q3).



MEMORANDUM

To: Mike Geeslin, CEO & President
From: Jon Morgan, Executive Director of CCC
Date: 1/20/2019
Re: Q1 Milestone Review for Strategy 3.5 Contracting & Payment

Objective:

3 - Implement sustainable financial model for health care delivery and system strategies through 2024

Milestone: 3.5A

Complete DSRIP Contracting CY19&20

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

Contracts with CUC and LSCC for DSRIP performance were executed in mid-November. Hospice Austin's contracts was executed the first week of December 2018.

Challenges/Issues:

Changing state program guidelines and measure specifications led to delays in contracting.

Next Steps:

We are monitoring performance through monthly reports by our contracted providers. We are in the process of verifying CY18 measure submissions in preparation to submit to HHSC for payment.



**CENTRAL
HEALTH**

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

March 5, 2019

AGENDA ITEM 8

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