



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, May 22, 2024, 4:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

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

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/84808195241?pwd=4YXCQN9a18iG7SzrLkeSWfBA3SS1az.1>

Meeting ID: 848 0819 5241

Passcode: 189145

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

<https://www.youtube.com/@tchealthdistrictstreams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 848 0819 5241

Passcode: 189145

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this

meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

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

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 2:30 p.m. on May 22, 2024**. Registration can be completed in one of three ways:

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

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

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at 5:30 p.m.

COMMITTEE AGENDA²

1. Review and approve the minutes of the May 8, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive an update on Central Health's Communications, Engagement, and Outreach efforts, including the Unified Branding Initiative for the Central Health System. (*Informational Item*)
3. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the

member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- 2 The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

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

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

STAYS IN FILE



3 pgs

202480675

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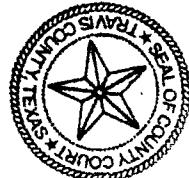
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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
17 day of May 2024
Dyana Limon-Mercado
County Clerk, Travis County, Texas
By E. MEDINA, Deputy



FILED AND RECORDED
OFFICIAL PUBLIC RECORDS



Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas

202480675

May 17, 2024 02:02 PM

Fee: \$0.00

MEDINAE

Central Health Board of Managers Shared Commitments

Agreed adopted on June 30, 2021

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

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

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

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

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

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

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

- A) Here's why that can be hurtful or,
- B) Please do some research to learn the history of why that's hurtful.

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

May 22, 2024

AGENDA ITEM 1

Review and approve the minutes of the May 8, 2024 Strategic Planning Committee meeting. (*Action Item*)

MINUTES OF MEETING – MAY 8, 2024
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, May 8, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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

Board members present in person: Manager May and Manager Martin

Board members present via audio and video: Manager Museitif (departed at 2:20 p.m.), and Manager Motwani (departed at 2:08 p.m.)

Absent: Manager Brinson

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:01 p.m. Chair Kitchen announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the April 10, 2024 Strategic Planning Committee meeting.**

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

Manager Valadez moved that the Committee approve the minutes of the April 10, 2024 Strategic Planning Committee meeting.

Manager Jones seconded the motion.

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

- 2. Receive an update on the Central Health President and CEO's Fiscal Year 2023 Annual Report.**

Clerk's Notes: Discussion on this item began at 1:02 p.m. Dr. Patrick Lee, President & CEO, briefly shared some highlights from the FY23 Annual Report. He noted that this year has been different than previous years because Central Health has begun to directly deliver care. Some other highlights included the launch of EPIC for electronic health records and the launch of first service lines for podiatry, medical respite, skilled nursing, and GI care.

- 3. Receive an overview of Central Health's approach to Healthcare Equity, along with a proposed definition.**

Clerk's Notes: Discussion on this item began at 1:23 p.m. Ms. Sarita Clark-Leach, VP of Quality, Analytics and Performance Improvement, and Dr. Jewel Mullen, Central Health Director of Health Equity, presented

Central Health's approach to Health Equity. The presentation included a review of definitions of Health and Healthcare Equity, a recap of Central Health's approach to the Healthcare Equity Implementation Plan, a look at Central Health's approach to healthcare equity, and lastly a proposed definition.

4. Receive an update on higher education workforce recruitment.

Clerk's Notes: Discussion on this item began at 2:22 p.m. Dr. Alan Schalscha, Chief Medical Officer, gave an update on the Central Health Medical Assistant Apprenticeship. He announced that nine students are anticipated to graduate in the inaugural class on June 28, 2024. He explained that the program is nine weeks of accelerated didactic coursework provided by ACC followed by five weeks of direct practice in Central Health Specialty Clinics.

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

Manager Jones moved that the Committee adjourn.

Manager Martin seconded the motion.

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

The meeting was adjourned at 2:38 p.m.

ATTESTED TO BY:

Chair Kitchen, Acting Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



CENTRAL HEALTH

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

May 22, 2024

AGENDA ITEM 2

Receive an update on Central Health's Communications, Engagement, and Outreach efforts, including the Unified Branding Initiative for the Central Health System. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	May 22, 2024
Who will present the agenda item? (Name, Title)	Ted Burton, Chief Communications Officer, Iván Dávila, Sr. Director of Marketing & Communications, Diana Berno, Creative Services Manager
General Item Description	Update on Central Health's Communications, Engagement and Outreach efforts, including the unified branding initiative for the Central Health system. (Information only)
Is this an informational or action item?	Informational
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	N/A
Key takeaways about agenda item, and/or feedback sought from the Board of Managers:	
1) Research to-date: 2019-2023 research New brand identities for CommUnityCare Health Plans, Central Health and Sendero Health Plans, as well as program brands.	
3) More than a pretty face: typeface, branding assets (including icons and textures), and color palette	
4) Bringing the brand to life: website, presentation template, videos, social media, collateral, building signage	
5) What's next: Launch timeline	
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	PowerPoint
Estimated time needed for presentation & questions?	45 minutes
Is closed session recommended? (Consult with attorneys.)	No



CENTRAL HEALTH

Form Prepared By/Date

Submitted:

Iván Dávila | May 17, 2024



Our New Unified Brand

Rebranding the Central Health System

05/22/2024

Ted Burton, Chief Communications Officer

Iván Dávila, Sr. Director of Marketing and Communications

Diana Berno, Creative Services Manager



There is confusion among constituents regarding the actual relationship between Central Health and its various enterprise and affiliated partners. Central Health needs to ensure that the community understands its role as the “hub” of a broad network of care. A marketing strategy like the “Intel Inside” campaign may be needed, so that the community recognizes the value it provides through its network.

Research to-date

2019

- Peer research
- Stakeholder interviews (N = 24): Patient and non-patient
- Perception and awareness survey (N = 400)
- Focus groups (N = 5):
 - Patient and non-patient

2021

- Perception and awareness survey (N = 455)

2023

- Peer research (updated)
- Quantitative online survey (N = 487)
 - Central Health, Sendero & CommUnityCare employees
- Qualitative in-depth interviews
 - Central Health, Sendero & CommUnityCare stakeholders (N = 18)
 - Patient stakeholders (N = 6)
- Focus groups (6)
 - Patients, non-patients, staff
- Intercept interviews
 - Non-English-speaking patients (4)
 - Vietnamese (2); Burmese (1); Arabic (1)









COMMUNITYCARE
HEALTH CENTERS



SENDERO
HEALTH PLANS



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT



COMMUNITYCARE

SENDERO
HEALTH PLANS

CENTRAL HEALTH





More than a pretty face

ABC Walter Neue Light: Headlines and Titles

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z

ABC Walter Neue Bold: Subheads

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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ABC Walter Neue Regular: Body Copy

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ABC Walter Neue Extrabold: Eyebrows and CTAs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z

Aa123

ABC Walter Neue Light

Full Font Family

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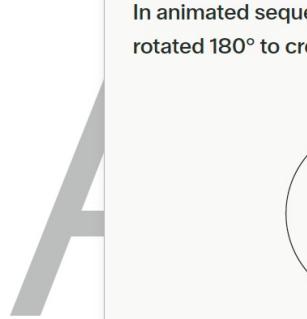
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ABC Walter Neue Light

Healthcare Cross

Like the brackets, the healthcare cross is derived from the new brand logo. It can also be interpreted as a plus sign. As such, it can signify both growth/connection as well as medical services.

When used as part of a pattern, the healthcare cross always propagates upward, indicative of positive growth and robust health.

The healthcare cross and brackets can be used together as a pattern, but they must always share the same color.

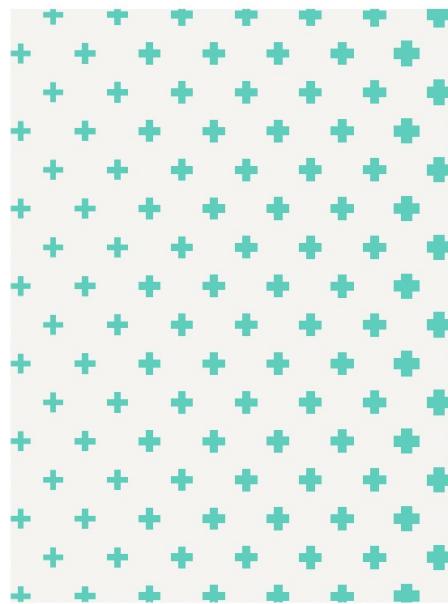
In animated sequences, one bracket in a pair can be rotated 180° to create a healthcare cross.



Bracket Plus Pattern



Scattered Plus Pattern



Gradient Plus pattern



Bracket to Plus Transition

Primary

Remedy
PMS: 7476C
CMYK: 89 / 59 / 58 / 32
Hex: #214C52
RGB: 33 / 76 / 82

Harmony
PMS: 570C
CMYK: 57 / 0 / 34 / 0
Hex: #5FCDBC
RGB: 95 / 205 / 188



Neutrals

PMS: 426C
CMYK: 73 / 61 / 67 / 66
Hex: #262C28
RGB: 38 / 44 / 40

PMS: Warm Gray 1 C
CMYK: 8 / 6 / 11 / 5
Hex: #DCDBD3
RGB: 220 / 219 / 211

PMS: 25% Warm Gray 1 C
CMYK: 4 / 2 / 4 / 0
Hex: #F2F3F0
RGB: 242 / 243 / 240

Accents

PMS: 143C
CMYK: 1 / 38 / 86 / 0
Hex: #F7A93E
RGB: 247 / 169 / 62

PMS: 2298C
CMYK: 28 / 0 / 81 / 0
Hex: #C1D95C
RGB: 193 / 217 / 92

PMS: 3278C
CMYK: 82 / 15 / 64 / 1
Hex: #049D7D
RGB: 4 / 157 / 125

PMS: 3553C
CMYK: 90 / 54 / 3 / 0
Hex: #006FB3
RGB: 0 / 111 / 179

PMS: 7648C
CMYK: 41 / 100 / 27 / 6
Hex: #9A226E
RGB: 154 / 34 / 110

PMS: 1797C
CMYK: 14 / 94 / 81 / 4
Hex: #CB333B
RGB: 203 / 51 / 59

Primary

Reminder
PMS:
CMYK:
Hex: #
RGB:

Brackets

Derived from the brandmark, bracket design elements are used to frame and draw attention to important text or images.

Brackets should always be used in pairs, and no more than one pair should be used in any one layout.

Two-tone brackets may be used within the color combinations shown here. One of the tones must always be a brand primary color.

Solid and outlined brackets can also be used. These can incorporate any of the primary, neutral, accent, or gradient colors.



Neutral

PMS: 426C
CMYK: 73 /
Hex: #262C2E
RGB: 38 / 44

Solid



Gradient



Outlined



Two Tone



Remedy
+
Harmony



Harmony
+
Compassion Green



Compassion Green
+
Remedy



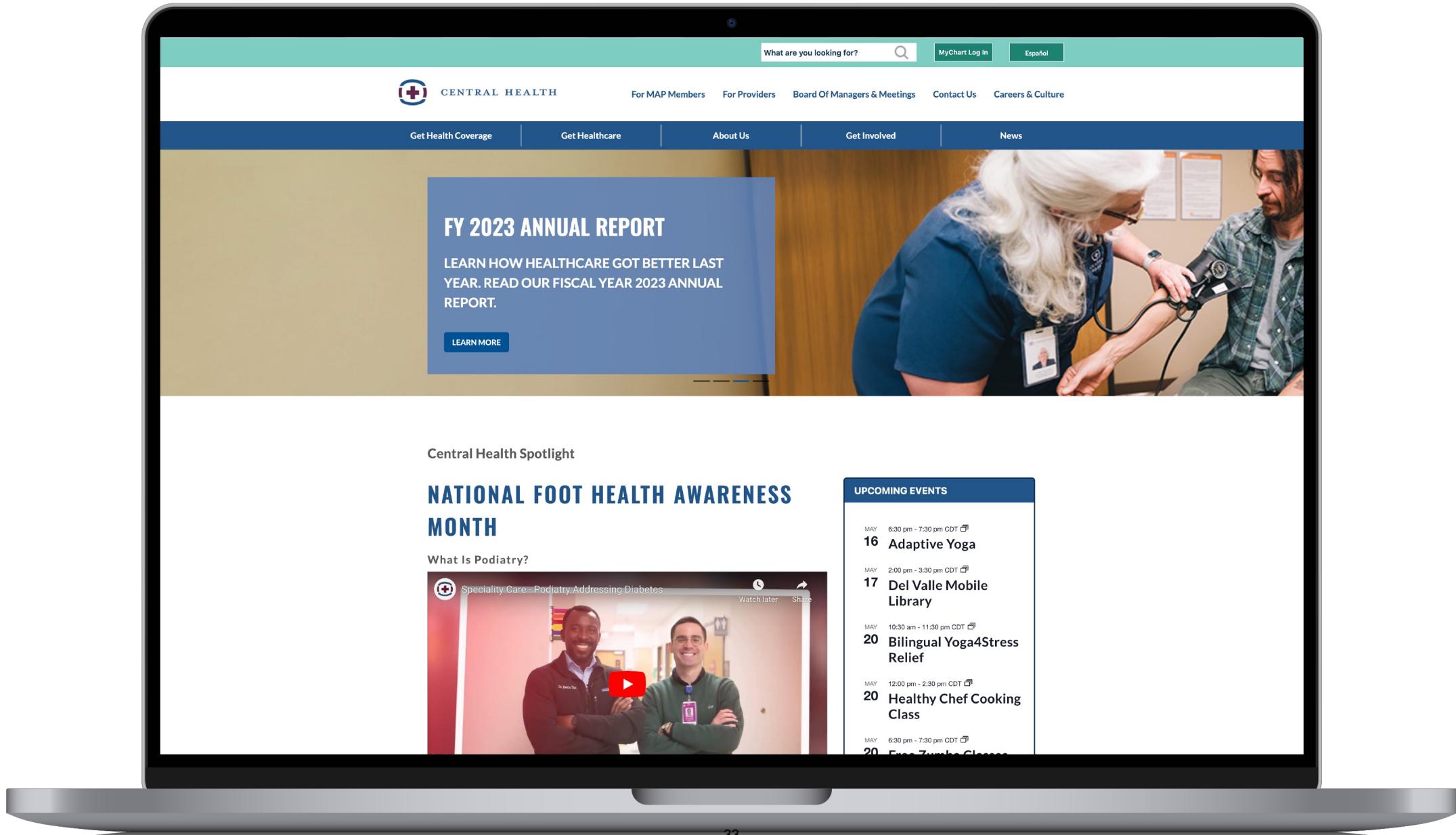
Therapy Gray
+
Opportunity Gray

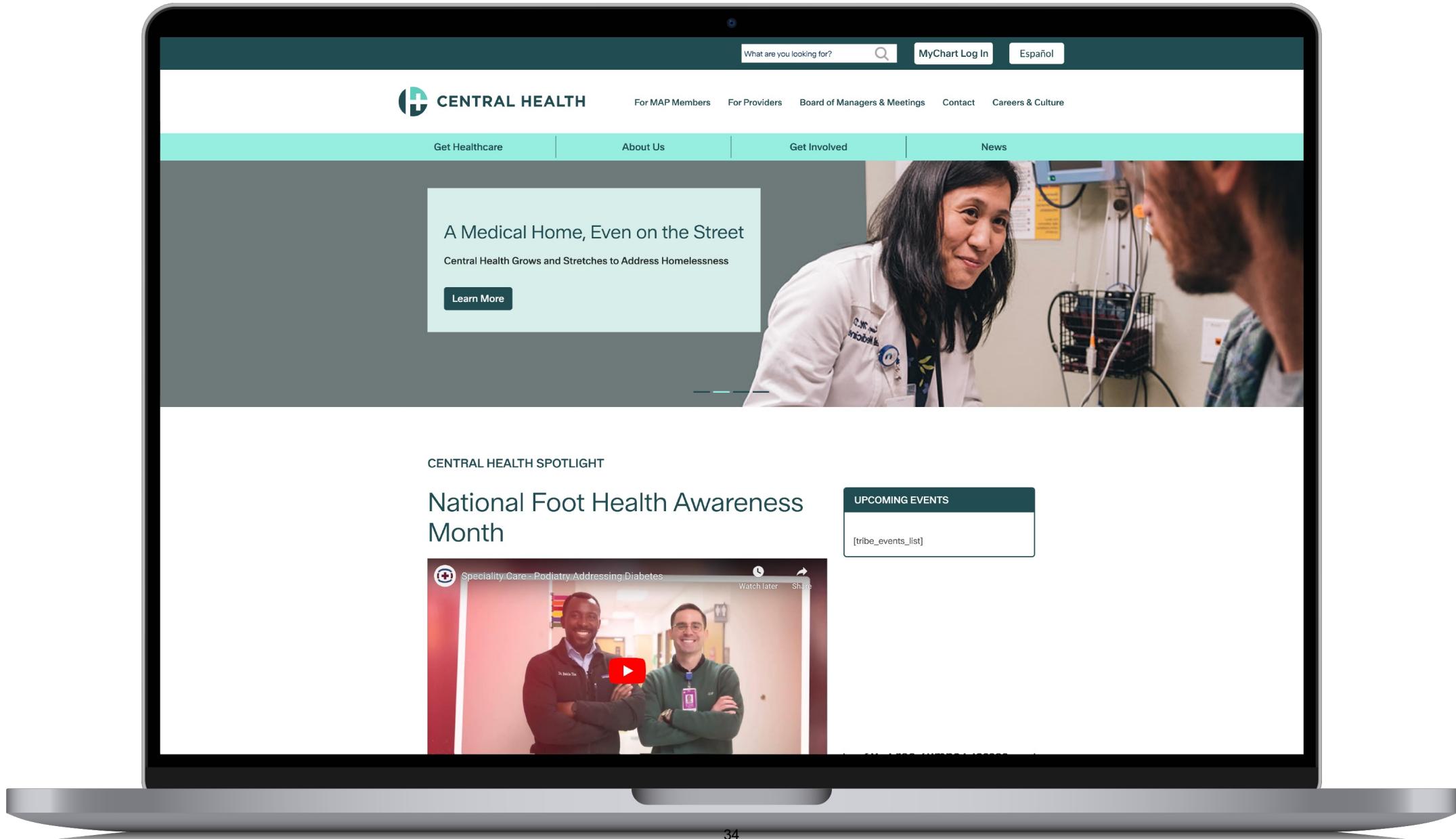


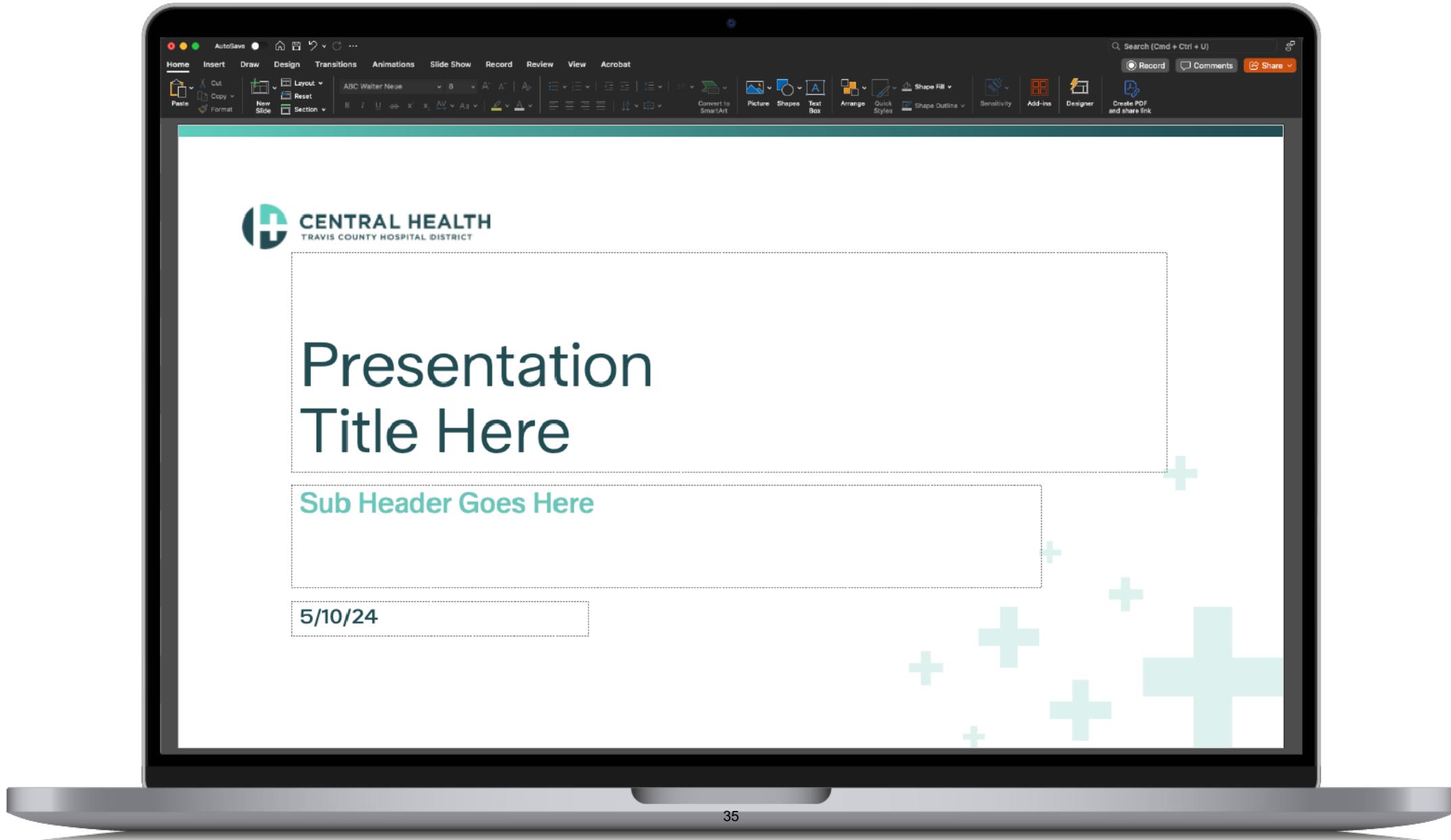
Examples



Bringing the brand to life







Good Bites: Banana Pudding (Low-fat)



CENTRAL HEALTH

Good Bites

A NUTRITIONAL PROGRAM

▶ ▶ 🔍 0:01 / 4:36



Scroll for details
▼

▶ CC ⚙️ ⌂



Central Health



CommUnityCare



Sendero
Health Plans

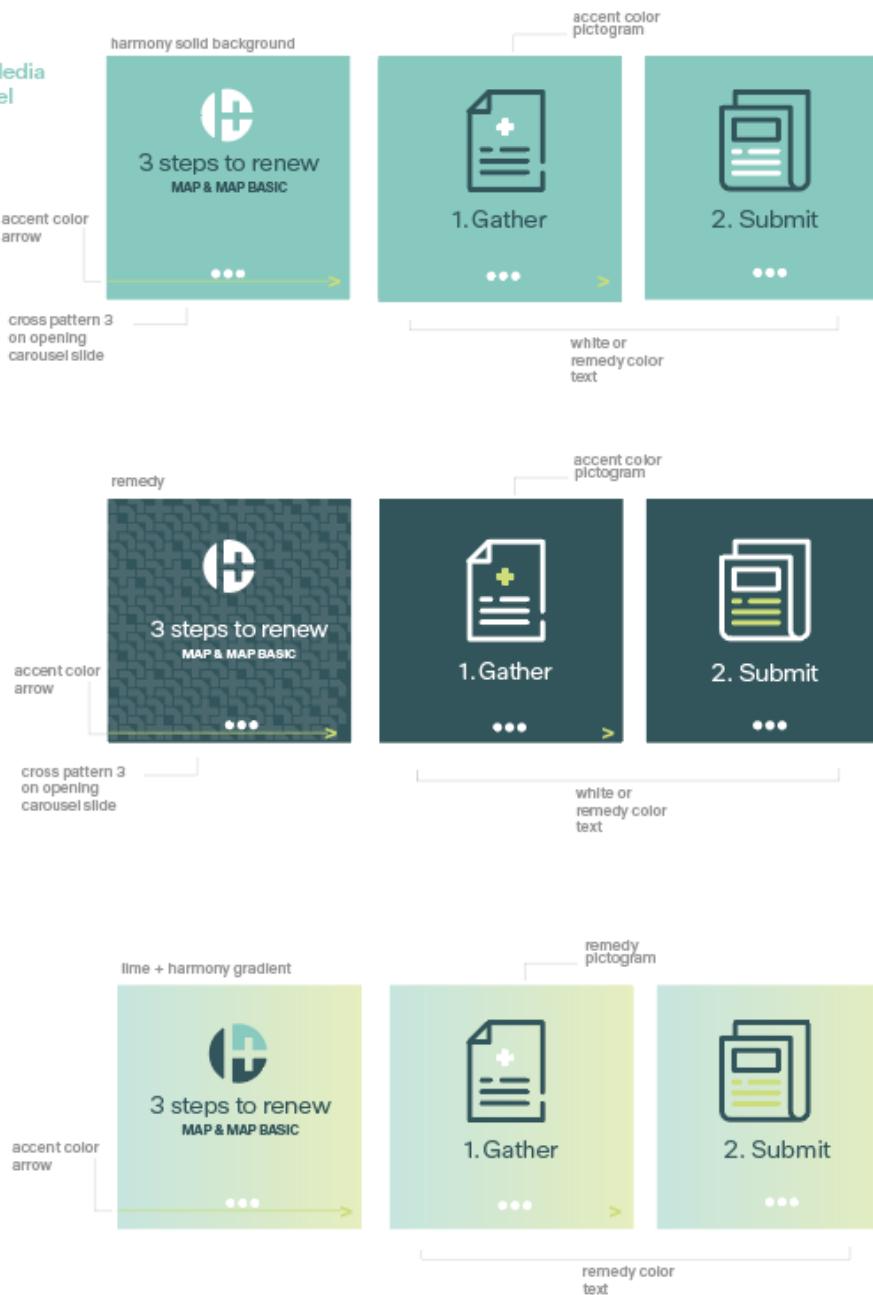
A screenshot of a Facebook page for "Central Health". The cover photo features a smiling Black man with his arms crossed against a teal background with a grid of white crosses. The page header shows "CENTRAL HEALTH" in large white letters. Below the cover, there's a smaller image of the same man and the Central Health logo. The page stats are 5.2K likes and 5.8K followers. Navigation tabs include Posts, About, Mentions, Reviews, Reels, Photos, and More. Action buttons at the bottom are Sign Up, Message, and Like.

Facebook



Instagram

Social Media Carousel



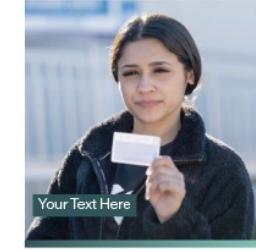
keep as Is



gradient accent



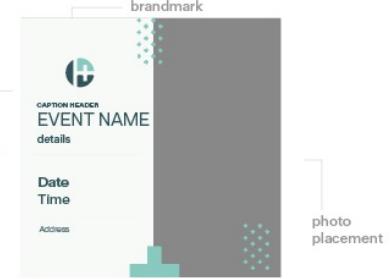
gradient accent + text



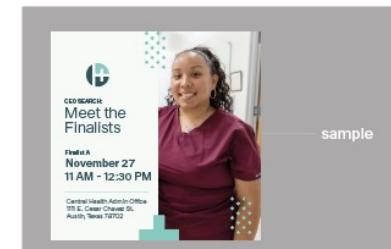
Solid Background



Solid Background + Pattern



sample



HEALTHCARE IS GETTING BETTER

Central Health is building a comprehensive, high-functioning healthcare system for residents with low income who need it most.

Walter Neue Extrabold / Walter Neue Light

ABOUT CENTRAL HEALTH

Central Health, Travis County's hospital district, is building a comprehensive, high-functioning healthcare system for residents with low income who need it most. The district's Healthcare Equity Plan, adopted in early 2022, is guiding up to \$700 million in investments to close the gaps that persist throughout the safety-net healthcare system – in primary care, specialty care, dental and behavioral health, hospital-based care, and post-acute transitions of care.

Walter Neue Extrabold / Walter Neue Regular



228

PROVIDER LOCATIONS AND
URGENT CARE LOCATIONS.

Walter Neue Regular / Walter Neue Extrabold



Our Growth

Central Health's provider network increased by 12%. Twenty-four new providers were added to the network including opioid treatment, primary care, and specialty providers.

Walter Neue Semibold / Walter Neue Regular

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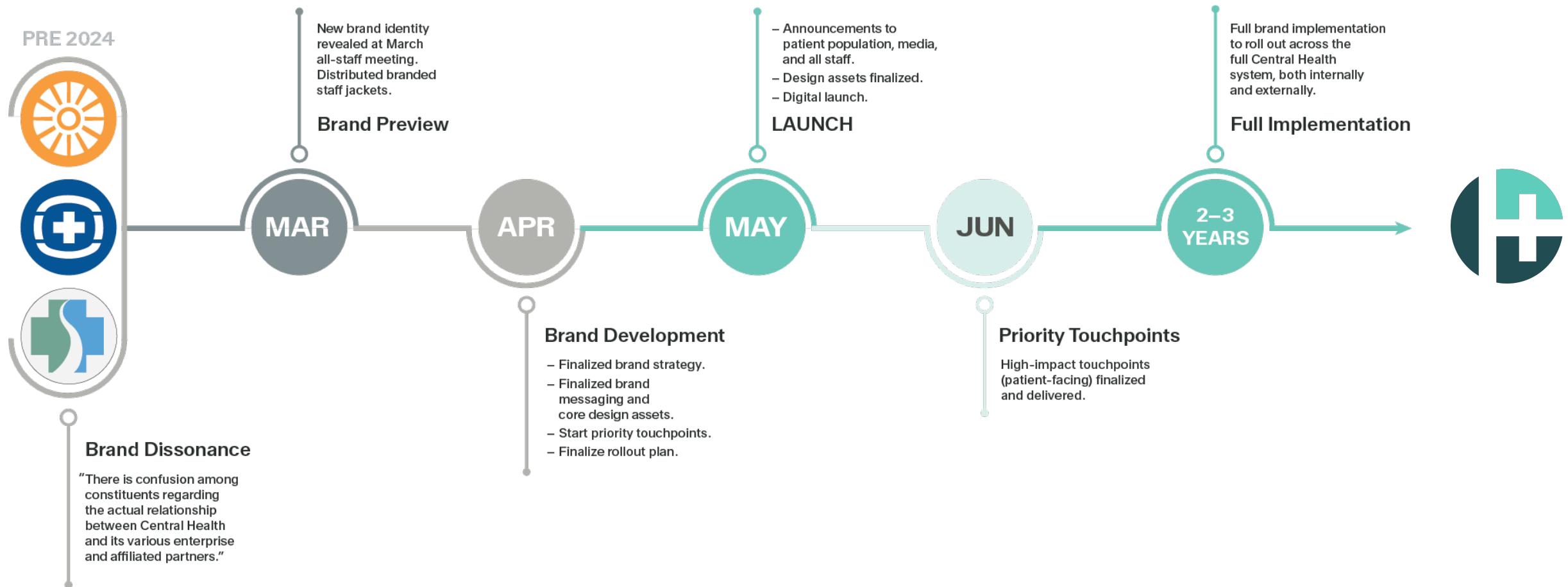
Walter Neue Semibold / Walter Neue Regular





What's next?

Launch timeline





CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT



CENTRAL HEALTH

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

May 22, 2024

AGENDA ITEM 3

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