

# AGENDA ITEM SUMMARY FORM

**PROPOSED MEETING DATE:** November 1, 2023

**PREPARED BY:** Scott Moore, City Manager

**DEPARTMENT:** Administration

### **AGENDA ITEM DESCRIPTION:**

Consideration, discussion, and possible action on the Bristol Myers Squibb Foundation Grant Agreement.

## **BACKGROUND/SUMMARY:**

On July 19, 2023, the City Council was presented with a request to support the Black Men's Health Clinic (BMHC) through a letter of support. On October 10<sup>th</sup>, the BMHC received notification their grant application for the Specialty Care for Vulnerable Populations initiative was awarded \$100,000. Below is the project summary, descriptions, project innovative aspects, and key activities and timeline:

## **Project Summary:**

BMHC exists to lower barriers for successful healthcare as a no-wrong-door safety-net program addressing disparities through effective strategies focused on decreasing mortality and morbidity rates among men of color, their immediate family, and those with extenuating circumstances via improved quality of life, self-health maintenance, and family lifestyle at no-additional-cost to clients. For over a year, BMHC has ensured the longevity of life by making physical, behavioral, and social care more accessible in underserved and underrepresented communities while transforming and removing stigmas regarding typical healthcare systems into positive life-changing experiences via health education, care coordination, patient navigation, and internships.

# **Need and/or Health Inequity of Target Population:**

The uniqueness of partnering with the City of Manor is it's a minority-majority community with a population of 33,062-plus and an annual growth average of 2,733 residents. Manor has no health department or basic health assessment for its 64% Hispanic, 20% Black, 60% over age 18, and 50% gender split population requiring it to over-rely on regional systems unaccustomed to its uniqueness, resulting in advocacy hindrances for targeted scaling of primary care and specialty services to meet and exceed community needs.

### **Description of Intervention:**

**Goal 1**: Improve physical, behavioral, and social determinant health status by providing education classes Objective: Provide education classes to teach clients about healthy foods and proper eating habits to reduce rates of disease and adverse outcomes

Activity 1: Physical, Behavioral, and Social Determinant Health Education and Literacy Classes

- a. Coordinate across the BMHC Safety-Net to provide health events by credentialed individuals of color
- b. Coordinate across the BMHC Safety-Net to provide financial management classes credentialed individuals of color

**Goal 2:** Early detection of potential disease through physical, behavioral, and social determinant health wellness programs.

**Objective**: Conduct monthly physical, behavioral, and social determinant health screenings and assessment events at the BMHC utilizing resources from UT School of Nursing, Seton, TEX-CROSS, Integral Care, and others

Activity 1. Physical, Behavioral, and Social Determinant Health Screenings

- a. Monthly physical, behavioral, and social determinant health screening events to identify and develop care plans addressing health concerns identified
- b. Physical, Behavioral, and Social Determinant Health and Wellness information events to equip men of color to mitigate situations increasing their health risk levels

## Activity 2: Blood Pressure Management

- a. Monthly clinical evaluation to determine levels of intervention
- b. Generate care plans and provide at-home blood pressure monitors to clients
- c. Facilitate weekly check-in sessions to train self-monitoring

Goal 3: Increase access capacity to physical, behavioral, and social determinant health providers

**Objective:** Make scheduled and same-day appointments available at BMHC to address urgent and routine needs. Evening appointments will be available for men with jobs unable to leave work.

# **Activity: Access to appointments**

- a. Coordinate across the BMHC Safety-Net evening appointments to accommodate client schedules
- b. Coordinate across the BMHC Safety-Net for same-day walk-in appointments to meet clients' urgent needs
- c. Coordinate across the BMHC Safety-Net to enhance appointment capacities during peak client request times

**Goal 4:** Develop the capacity to serve homeless men

**Objective**: Coordinate with programs serving this population to provide mental, physical, and social assistance through collaborative efforts

Activity: Develop and coordinate a mobile team to provide onsite services to men of color

- a. Create BMHC led mobile team to include services to address mental health, primary care, and social determinates of health,
- b. Services will be provided at designated locations housing homeless men of color

**Goal 5**: Increase access capacity to hearing, vision, and dental services

**Objective**: Coordinate appointments for hearing, vision, and dental services

**Activity:** Develop agreements with local dentists and vision screening providers

# **Innovative Aspects of Project:**

The African American Men's Health Clinic (dba) the Black Men's Health Clinic was created and named in recognition of the racial and ethnic disparities men of color experience and suffer from – particularly black men. In honor of "Say Their Name" and the movements sparked against inequities, the Black Men's Health Clinic is intentionally combatting health inequities through its community health and resource center, providing outpatient care and social services through multiple provider partnerships. For that reason, this first-of-its-kind non-traditional clinic ensures a cross-section of services, providers, and space for men of color. Even with the research, studies, and tweaked approaches by current establishments men of color remain far more likely than their counterparts to die prematurely of heart disease, stroke, cancer, and diabetes. Although the current data & analytics infrastructure within physical, behavioral, and social care permits robust insights for an organization's internal data team, it enables the lack of data sharing needed resulting in limited data transparency amongst partners (or care coordination) from interoperability to access provider records. In the 2022 health assessment reports by Central Health and Travis County, amongst others, exclaim the need to create an inclusive and accountable governance model across systems of care; enhance the coordinated use of healthcare assets amongst partners only permittable via recalibrating and redesigning the scale and scope of traditional healthcare intake, screening/assessments and data-storing processes.

# **Key Project Activities and Timeline:**

Phase I, six (6) months.

- 1. Month 1 & 2
  - a. Create a project manager position split paid via contract by BMHC and City of Manor.
  - b. Confirm collaborators and specify roles to mitigate overlap.
  - c. Create materials for marketing, promotion and surveying.
  - d. Define key performance indicators, data analysis methods, and reporting mechanism.
  - e.
- 2. Month 3 & 4
  - a. Finalize interviews and contract project manager.
  - b. Finalize and approve for use 1b.c. Finalize and approve for use 1
- 3. Month 5 & 6
  - a. Data Collection (i.e., door to door surveys; electronic surveys via social media, etc; tabling at community events and heavy foot traffic areas)
  - b. Assess and revise outreach and engagement strategy.

Phase II, six (6) months.

- 1. Month 1 & 2
  - a. Data Analysis (i.e., trends, outliers, etc).
  - b. Finalize and approve.
- 2. Month 3 & 4
  - a. Identify and categorize existing health-related services and program in the City of Manor.
  - b. Identify and establish access to health-related services and programs needed in the City of Manor.

### 3. Month 5 & 6

- a. Create materials for marketing and promotion to enhance residential use of existing services and programs; and collaborations with health-related providers for needed services and programs in the City of Manor.
- b. Define key performance indicators, data analysis method, and reporting mechanism.
- c. Assess and revise outreach and engagement strategy.

Phase III, six (6) months.

### 1. Month 1 & 2

- a. Create near, mid, and long-term outcomes collaboratively lead by the BMHC and City of Manor.
- b. Define structural composition of official City of Manor health-related services and programs.
- c. Establish key performance indicators, data analysis method, and reporting mechanism.

### 2. Month 3 & 4

- a. Create and finalize materials for marketing and promotion.
- b. Launch official City of Manor health-related services and programs.
- c. Identify and recommend health-related funding opportunities.

#### 3. Month 5 & 6

- a. Assess and revise outreach and engagement strategy.
- b. b. Publish project report and recommend other health-related projects.
- c. c. Terminate or refund project manager position.

# **Anticipated Impact and Key Indicators**

Ensuring the longevity of life by making physical, behavioral, and social care more accessible in underserved and underrepresented communities while transforming and removing stigmas regarding typical healthcare systems into positive life-changing experiences.

- 1. Increase number of men of color with healthier eating habits in East Austin, East Travis County, and the Eastern Crescent.
- 2. Increase number of men of color comfortable communicating their needs and health literacy.
- 3. Reduce men of color stigmatization towards best-practice disease prevention & health screening measures.
- 4. Increase the number of culturally competent community health service providers, including minority providers within the target area of operations.

# \*Key Sustainability Strategies

- 1. The City of Manor formally creates a health department via an ordinance
- 2. The City of Manor creates a health budget and allocates annual funds for a health director, established programs, and outreach
- 3. BMHC will continue the allocation of funds annually by making Manor's Health Department activities a formal program of support
- 4. BMHC and the City of Manor collaboratively apply for local to federal funding

### **Collaborating Partners**

The City of Manor is interested in establishing a stronger health awareness of residents; to include, appropriately targeted support programs and health education, and advocacy of needed services and programs.

CommUnity Care, a federally qualified health center for basic physical health services at BMHC and in the City of Manor.

American Heart Association (AHA) will provide advisory and consultative support for the development and deployment of the baseline community assessment and facilitate connection and collaboration with additional partners

University of Texas at Austin, provides scholarly research and data analysis support via Dell Medical School, Population Health, School of Pharmacy, School of Social Work, and Center for Health Communications. Dollar For, a UT Austin chapter providing support with screening and paperwork submission for BMHC clients without standing debt for services received within the past 8-months at nonprofit hospitals for potential debt reduction or forgiveness.

Sickle Cell Association of Texas (Marc Thomas Foundation), provides sickle cell screenings, health plans, and information.

Integral Care, the local authority for mental health and intellectual developmental disabilities in Travis County.

Saffron Women's Trust Foundation, coordinates support for women in financial need, will support BMHC clients with significant others and daughters.

Austin Public Library System, provides knowledge, technology and inspiration to the Austin community through 20+ locations.

Texas Tobacco Free, provides BMHC personalized materials to promote reduced smoking, as well as, academic write-ups and various quit smoking support tools for clients.

Manor Independent School District, there is a nursing program amongst others that could enable students to be involved for credit and/or experience.

People's Community Clinic, provides primary care services to for Manor Independents School District staff up to age 24, enrolled students and their siblings; to include, children and adolescent/young adults who reside in the City of Manor.

The Health Committee has an opportunity to support the different health programs and activities for our Manor residents to benefit from potential partnerships and health driven initiatives. The Manor community has faced some barriers in receiving services and the effort to build stronger coalitions and collaborative partnerships are a priority. The Health Committee and the other Council Committees is to leverage our partnership efforts to help identify the different strategies that will achieve the best outcomes for our growing community. The following information is highlight the opportunity for the City Council to consider.

**LEGAL REVIEW: Yes** Not Applicable

FISCAL IMPACT: No PRESENTATION: No ATTACHMENTS: No

Project Grant Budget

# **STAFF RECOMMENDATION:**

It is the city staff's recommendation that the City Council direct city staff to work with the Health Committee and Black Men's Health Clinic in establishing a partnership to utilize the Bristol Myers Squibb Foundation Grant funds for the City of Manor health initiatives.

PLANNING & ZONING COMMISSION: Recommend Approval Disapproval None