

Application Form

Profile**Wh**

First Name

Middle Initial

Harris

Last Name

WH

Preferred Name

Email Address

516 E Slaughter Lane unit 2903

Home Address

Suite or Apt

Austin

City

TX

State

78744

Postal Code

Residency and District Information

Are you a City of Austin Resident? *☒ Yes**Are you, or your employer, a registered lobbyist with the City or have you, or your employer, been registered as a lobbyist with the City Clerk within the past three years?**

No

Primary Phone

Home:

Alternate Phone

Cell Phone

Home Phone

Business Phone

Select Your District☒ District 2**Oncology SA**

Employer

Nurse Practitioner

Job Title

Interests & Experiences

Please tell us about yourself and why you want to serve on a board or commission

Why are you interested in serving on a board or commission?

I am interested in serving on the board to help make a positive change in the healthcare provided to the Travis county and Central Texas Community. During my Acute hospital experience i saw many people have to receive treatment for disease processes that could have been solved with quality primary care and preventative care measures. I hope to help create an open dialogue between patient and providers to help decrease ED visits which have to often become primary care centers. With the increasing cost of healthcare, i am interested in being part of a board that looks to examine new and innovative ways to change access to healthcare.

[Harris Jr CV_3 .pdf](#)

Upload a Resume

Resume

Qualifications

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Ethnicity

☒ African American

Gender

☒ Male

Sexual Orientation

☒ Gay or Lesbian

02/17/1987

Date of Birth

Disability or Impairment Information

Do you have an auditory/hearing disability or impairment?

☒ No

Do you have a visual disability or impairment?

☒ No

Do you have a mobility disability or impairment?

☒ No

Do you have a cognitive disability or impairment?

☒ No

Do you have another disability or impairment you'd like to share?

Board Requirements

Which Boards would you like to apply for?

Central Health Board of Managers: Submitted

Some boards have additional requirements for appointees. Additional requirements will appear below as they apply to each board.

Question applies to Central Health Board of Managers

Please select the requirements you have met (Central Health Board of Managers): *

- ☒ City Council & Travis County
- ☒ Commitment to Mission and Values of Central Health
(http://centralhealth.net/vision_mission_values.html)
- ☒ Demonstrated experience in community engagement/involvement, particularly in the area of persons accessing health services.
- ☒ Demonstrated knowledge and experience in health care finance and accounting, financial conflicts of interest in environment ensuring financial transparency
- ☒ Experience serving on boards of directors or in senior management positions
- ☒ Knowledge of Central Health Partners and how services are delivered by them in collaborations with Central Health
- ☒ Knowledge of the issues and components related to the 'safety net' health system and the delivery of services to vulnerable populations
- ☒ Mature and seasoned community leader and advocate, with knowledge of community, social, and health/medical services, private business, government, or law
- ☒ Travis County
- ☒ Understanding of multiple cultures and ethnicities with experience in removing barriers to health care services access for these individuals

