

<b>Minutes</b>
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<p><b>Valleywise Community Health Centers Governing Council Meeting</b> <b>Virginia G. Piper Charitable Trust Pavilion</b> <b>2609 East Roosevelt Street, Phoenix, AZ 85008</b> <b>2<sup>nd</sup> Floor, Auditoriums 2, 3 and 4</b> <b>July 24, 2024, 9:00 am.</b></p>
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**Members Present:** Scott Jacobson, Chairman  
Eileen Sullivan, Vice Chairman  
Earl Arbuckle, Treasurer  
Nelly Clotter-Woods, Member  
Salina Imam, Member  
Chris Hooper, Member  
Norma Muñoz, Member  
William O'Neill, Member  
Essen Otu, Member  
Jane Wilson, Member

**Members Absent:** Wayne Tormala, Member

**Non-Voting Member Absent:** Mary Rose Garrido Wilcox, District Board

**Others/Guest Presenters:** Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers  
Moirá Perez, Consultant, Integrated Works  
Darrie Matthew, Consultant, Integrated Works  
Salvador Avina, Project Manager, Federal Qualified Health Center Administration  
Shelbi Bahena, South Central Manager Family Health Center,  
Sherrie Beardsley, Director Professional Practice and Service Excellence  
Christie Blanda, Senior Director Ambulatory Services, Federally Qualified Health Center Administration  
Sam Chamas, Chandler Manager Family Health Center,  
Daxa Clarke, Chief Medical Information Officer  
Betty Coleman, Peoria Manager Family Health Center,  
Brandon Fisher, Director Nursing, Federal Qualified Health Center Administration  
Crystal Gracia, Vice President Specialty Services Quality and Safety, Quality Management  
Bhargavi Joshi, Doctor of Osteopathic, North Phoenix, Physician, District Medical Group  
Denzil Juarez, Executive Assistant II, Federal Qualified Health Center Administration  
Helen Kennedy, Mesa Manager Family Health Center,  
Georgette Linder, Manager, Valleywise Comprehensive Health Center-Phoenix  
Addy Muñoz, Project Manager, Federal Qualified Health Center Administration  
Runjhun Nanchal, Senior Vice President Strategy Marketing Communication, Marketing and Communications  
Liliana Orta, Director Patient Access, Patient Assistance Center  
Nicole Parker-Walker, North Phoenix, Manager Family Health Center,  
Sherrie Sanchez, Project Manager, Valleywise Comprehensive Health Center Administration  
Byron Simmons, Director Patient Access, Registration  
Christina Smarik-Snyder, Doctor of Medicine, South Central Phoenix, District Medical Group

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**Others/Guest Presenters Cont.:**

Oscar Solis, Program Coordinator, Grants – CVS Health Zone  
Jeffery Spacht, Phoenix Manager  
Sean Stallings, South Central Manager Family Health Center,  
Vicki Staples, Behavioral Health Phoenix, Director Operations Behavioral  
Health Programs,  
Jason Vail Cruz, McDowell Senior Practice Manager,  
Monica Winbush, West Maryvale Manager Family Health Center,  
Bob Winovich, Avondale Manager Family Health Center,  
Sandra Yuh, Doctor of Medicine, Phoenix, District Medical Group

**Recorded by:** Denise Tapia, Deputy Clerk of the Board

**Call to Order:**

Chairman Jacobson called the meeting to order at 9:01 am.

**Roll Call**

Ms. Tapia called roll. Following roll call, she noted that eight of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam and Vice Chairman Sullivan arrived after roll call.

**Call to the Public**

Chairman Jacobson called for public comment. There were no comments.

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated June 5, 2024
    - ii. Approve Valleywise Community Health Centers Governing Council meeting minutes dated June 12, 2024
  - b. Contracts:
    - i. Accept a new memorandum of agreement (90-24-321-1) between Integrated Work and the Maricopa County Special Health Care District dba Valleywise Health, for strategic planning for the Federally Qualified Health Centers
    - ii. Accept amendment #1 to the intergovernmental agreement (90-24-286-1-01) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, to change the ADHS contract number from CTR068177 to CTR071902 for the Ryan White Part B grant

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

1. Approval of Consent Agenda: cont.;
  - c. Governance:
    - i. Approve revisions to Valleywise Health policy 060503 S: HRSA Legislative Mandate Compliance Policy
    - ii. Accept Supplemental Community Health Needs Assessment Report
  - d. Medical Staff:
    - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

**NOTE: Ms. Imam arrived at 9:03 a.m.**

**MOTION:** Mr. Otu moved to approve the consent agenda. Mr. Arbuckle seconded.

**VOTE:** 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu  
0 Nays  
2 Absent: Mr. Tormala, Ms. Wilson  
**Motion passed.**

2. Discuss, Review and Approve Grant Application to Health Resources and Services Administration for Fiscal Year 2024 Behavioral Health Service Expansion, Grant No. HRSA-24-078

Dr. Barker explained the grant application was for the integrated behavioral health department's expansion of hours and services.

**MOTION:** Mr. Arbuckle moved to approve the grant application to Health Resources and Services Administration for fiscal year 2024 Behavioral Health Service Expansion, Grant No. HRSA-24-078. Ms. Wilson seconded.

**VOTE:** 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu  
0 Nays  
2 Absent: Mr. Tormala, Ms. Wilson  
**Motion passed.**

3. Discuss Strategic Planning for the Federally Qualified Health Centers

Dr. Barker gave a brief overview of the reason for a strategic planning meeting noting the Health Resources and Services Administration (HRSA) required that a strategic plan be developed for the Federally Qualified Health Centers (FQHCs).

Mr. Matthews explained they would get acquainted with Valleywise Health's focus areas, the strategic pillars of the strategic plan, and how to progress to the focus areas. He stated that it had been a collaborative effort with Valleywise Health staff, it was one step forward to progress and focus on the plan for the next three years.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Ms. Perez gave an overview of the Integrated Work organization, noting that it was women-owned and that its philosophy was humans first.

Mr. Matthew stated Integrated Works believed in using business for social good.

Mr. Matthew led the group through an interactive exercise to demonstrate the importance of paying attention to themselves and others. Following the exercise, he asked staff what word encapsulated the experience.

Ms. Nanchal stated attunement; to be in tune with one another.

Chairman Jacobson stated focus; to be able to interrelate with people.

Dr. Clotter-Woods stated engagement; everyone participated.

Ms. Juarez stated trust; you trust they will follow instructions.

Mr. Fisher stated teamwork; it took two people to accomplish a task.

Ms. Parker-Walker stated innovation; they evolved and got better.

Mr. O'Neill stated rhythm; it encompassed everything like teamwork, focus, and leadership.

Mr. Matthews stated that all those words were skills, principles, and attitudes involved in a strategic plan. The word that was the focus point of the day was alignment; it was a space to agree but still willing to support.

Ms. Perez stated they had many conversations with Dr. Barker and the steering committee; the leadership team had identified five main areas of focus. She named the five areas of focus: enhancing the patient experience, empowering the team, connecting with the community, modernizing operations, and mobilizing equitable health initiatives. One of the questions was to think of the barriers to achieving the goal and how the goal would be measured.

Mr. Matthews explained they wanted broad ideas, something that was considered to be a bucket of work that makes that focus area come to life.

**NOTE: Vice Chairman Sullivan arrived at 9:53 a.m.**

Mr. Matthews instructed staff to contemplate and document what would be needed to implement plans to improve the areas of focus and what changes needed to be made to be successful.

**NOTE: Break from 10:03 a.m. to 10:17 a.m.**

Mr. Matthews encouraged all participants to share their ideas on how to enhance patient experience.

Mr. O'Neill wanted a more welcoming environment, education, outreach, resources for younger adults, and events for new clients. He thought the barriers were resources for people, federal funding, philanthropy donors, and fundraising. The way to evaluate whether it worked was to use a spreadsheet and document actions.

Ms. Sanchez stated in the past there were greeters in the larger clinics that helped the patients get from location to location.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Ms. Staples noted that there was research on isolation and that it was an area that could be focused on; it would be great to get people connected and have a sense of community and Valleywise Health could be one of the connectors.

Mr. Hooper said it was very important to build an understanding of the patients' personal lives along with the medical aspect to build them into a team; having a social coordinator to check on the patients and make them feel important would help with the patient satisfaction survey.

Ms. Beardsley stated there was research about human understanding. It would be awesome in the patient experience world if healthcare could be tailored to patients' needs.

Mr. Hooper mentioned it was very important to understand the patients' heritage and culture, how they eat and live, to make the connection and build them into the team.

Mr. Vail Cruz mentioned having patients' information on how they live will enable them to look for potential vulnerabilities to offer additional care based on their Social Determinates of Health (SDOH) and make their care personalized to them.

Mr. Hooper mentioned that the patient's notes in the system could be transferred from primary care to another physician; that information should be in the patient's file and not start over when getting a new physician. They could have follow-up care and ask how they were doing based on the notes of their lives.

Dr. Yuh stated that a system should be in place to address staff and provider burnout, which causes detachment.

Mr. Simons agreed with many of the suggestions, but his focus was on how to implement the changes. Staff needed to be educated because it was easy for them to become complacent. A quarterly reminder on the customer service principles and leveraging the technology already in place would help the patient experience scores.

Dr. Clotter-Woods liked the idea of using technology to enhance the patient experience. She believed it was the wave of the future and supported it.

Mr. O'Neill would like to see the testimonials from real patients being implemented through the MyChart program and possibly Instagram.

Ms. Beardsley mentioned going back to the basics. A common lecture needed to be established on what a patient experience means across all touchpoints. What was the expectation of all the staff. It needed to be a consistently positive experience along the way and a standard of patient experience.

Ms. Winbush mentioned giving patients more power. There are many tools available to patients, like MyChart. Staff members need to be trained on how to use the MyChart program to educate patients. There were a lot of referrals with a complex workflow; if the patient were able to contact their referral manager, they could call and get their appointment scheduled without having to call the clinics. She mentioned getting feedback from the frontline staff and the staff that answers the calls to try and develop a strategy.

Ms. Sanchez agreed that the patient should have access to what was going on with their referral; that was one of the major questions asked, along with test results and medication refills. Educating the patients with the MyChart program would help improve patient satisfaction scores.

Ms. Parker-Walker stated the patients needed to be more educated and have someone in the clinic physically show them how to use MyChart, it would show the patient they were cared about.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Mr. O'Neill stated that some patients did not have access to technology. Having technology at the clinic would be helpful. Being able to go to the clinic to get knowledge and tutorials on how to access and use MyChart would give the patient more power.

Mr. Winovich noted MyChart had evolved in the last six years, and he had not been in tune with all the updates.

Mr. Hooper stated he was shocked to learn that the staff was not knowledgeable about the MyChart program. It was important that everyone was on the same page.

Ms. Orta stated nearly half of calls received in the Patient Assistance Center (PAC) were for appointments, lab results, medication, and follow-up messages. Enhancing the technology for the patient through MyChart could only bring better things. She loved the phrase "more power to the patient." She would like to see more focus on customer service and on providing the right language for the patients to communicate effectively.

Ms. Kennedy wanted a more positive atmosphere for the patients, making them feel welcome with eye contact so they knew they were being acknowledged.

Ms. Imam stated that enhancing the patient experience by improving communication, giving regular updates, and being an active listener. Providing a safe and clean environment, welcoming patients, and a posturing culture of empathy and respect.

Ms. Perez stated that enhancing the patient experience section would be wrapped up and asked for any last-minute comments.

Ms. Beardsley stated that some processes need to be redesigned to be more operational.

Ms. Perez stated the next focus area was about empowering the team.

Ms. Parker-Walker mentioned empowering the team with communication, trust, and psychological safety. The teams could benefit from communication, maybe by having a soft-skilled class on communication; as a leader, there were assumptions that employees had those skills. Communication was the key: learning to communicate with each other and building relationships. She added that getting staff to fill out the surveys for evaluations was a challenge, but maybe having an incentive for a quarterly goal would help.

Ms. Staples provided the definition of empowerment and she said that she wanted to focus on recognizing the hard work of the employees and team members who were committed to the organization. A lot of attention was spent on new hires, she recommended there be a focus for current employees and find ways to recognize them they are often missed. There needed to be different ways to recognize them and not when they are leaving but while they are still here.

Ms. Sanchez noted recognizing employees more and doing more things to help keep the employees together as a community.

Ms. Coleman stated there had to be more career advancement opportunities within the organization. She worked with several people in the nursing program, and there was no clear pathway for them to stay at Valleywise Health after they completed the nursing program.

Ms. Linder stated the biggest barriers were time and finances. Her goals were to provide an opportunity for staff to speak freely, provide suggestions to improve processes and reward that initiative, and ensure staff was energized to focus on patients.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Mr. Spacht led by example and encouraged his staff to take ownership of their work while providing support when needed. The barriers that were faced were parking and understanding the different cultures. Employees needed more support and recognition for the efforts made.

Ms. Juarez stated employees did not get enough feedback and when they did it was negative. She recommended that each department establish goals and hold staff accountable when those goals were not met.

Vice Chairman Sullivan stated recruiting a strong team, providing the tools for them to do excellent work, acknowledging excellent work, providing incentives, and providing opportunities when there were barriers. Set expectations and provide feedback.

Ms. Wilson encouraged staff to celebrate success, both small and large, and establish good workforce development.

Dr. Joshi commented that adding another training module was not the best way to enhance knowledge or relay new information. However, in-person training would be more helpful.

Mr. Hooper stated leaders needed to give more positive feedback and get to know what was going on with their employees by having one-on-one conversations. When there was a personal relationship with the employee, many problems could be solved or avoided.

Ms. Sanchez said there needed to be a way to involve senior leaders to create a sense of community. That would assist in breaking down some barriers, demonstrate a safe place to communicate, and create a sense of trust.

Ms. Parker-Walker, a new leader at Valleywise Health, was trying to build a culture of trust, psychological safety, and transparency with her team.

Mr. Matthews highlighted the commonalities in the various responses; getting personal, recognizing success, more trust, the roots of humanity, treating people with respect, upper management needing to be human, and giving the staff the resources to do what they need to do.

Ms. Garcia stated there needed to be a refresher course for all the tools Valleywise Health had for employees. Training was provided when new tools were introduced, but no refresher information was provided when there were updates or on a regular basis.

Dr. Joshi agreed that a refresher course would be beneficial.

Mr. Matthews shifted the topic of focus to finding solutions to connect with the community.

Chairman Jacobson stated monthly lunches with Chief Executive Officers (CEOs) of non-profit partners to share ideas, build a system of communication, and ultimately improve the patient experience would be beneficial for all involved.

Ms. Sanchez would like to see a connection with the non-profit companies that Valleywise Health used at the clinic level, so staff had resources to refer patients.

Ms. Wilson recommended creating a database of CEOs and other influential people and create a community leader letter that could go out monthly or quarterly. Ongoing communication would be helpful.

Ms. Norma Muñoz stated it was very important to connect with the community, be more visible, direct marketing efforts in target areas, find commonalities, communicate with people with different languages and build trust.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Mr. Winovich stated there needed to be a grassroots philosophy, not just talking but giving as well. There needed to be ownership through the community.

Ms. Winbush stated that there was a crisis with provider staffing all over, and it impacted everyone. She noted it was not good to have patients see different providers at every appointment, and there needed to be more appointment availability.

Mr. Chamas stated there needed to be a connection with the community, partake in community events with more communication, and put a face with the name. The way to connect with the community was to show humanity.

Chairman Jacobson stated he would like to see a District Board member, a Governing Council member, and a clinic manager visit the CEOs of the largest companies in their area.

Mr. Vail Cruz stated his team was at different events in the community at least three times a month. The community members still did not know about Valleywise Health; they thought of it as a county facility. There needed to be an increase in community partnerships and have more presence within the community partnerships and become more visible with all the Valleywise Health system.

Ms. Staples stated there could be videos on how to access MyChart and personal testimonials.

Mr. O'Neill suggested marketing outreach at schools, churches and major sporting events.

Ms. Wilson commented that each Governing Council meeting usually included a Mission Moment, which was an opportunity to share meaningful stories that occurred in various ambulatory settings. She found those moments meaningful and important, so Governing Council members could become better ambassadors.

Ms. Sanchez stated the Mobile Health Unit would be able to reach populations that clinics could not, especially those with limited transportation. She specialized in immunization through a lifespan and suggested administering immunizations in the Mobile Health Unit, along with other health services.

Mr. Vail Cruz suggested looking for grants to help support the Mobile Health Unit, such as paying for space at events.

Mr. Hooper suggested that the individual clinics be able to distribute the material at social events and provide the outreach needed to adequately represent Valleywise Health.

Ms. Staples noted that the community events had not been built back into the budget and the process should be revisited and have the marketing team plan events a year in advance.

Ms. Nanchal mentioned developing an integrated multi-faceted community outreach program would need to align with the organizational strategy. The biggest barrier was the shortage of finances and clinic staff to represent Valleywise Health clinics. A measure of success would be the number of new patient registrations.

Mr. Hooper stated that if each clinic were empowered to organize their own events, it would be a good way to connect with their team, have fun and it could also bridge the gap.

Ms. Garcia asked if there were a pool of volunteers who could support the Valleywise Health events, adding it would be a great asset to have volunteers.

Dr. Joshi mentioned high school internships would benefit Valleywise Health and would give back to the community by teaching the students real-life experiences.



**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Mr. Solis stated he knew Valleywise Health was a brand and had certain regulations so he asked if they could consult with legal counsel so staff could be educated on what they could and couldn't do when becoming a volunteer. He also mentioned that people got discouraged when applying to be a volunteer, it took time, as there is so much involved, like background checks.

Ms. Garcia stated there were two different avenues to volunteer: a community member volunteering at with Valleywise Health, and an employee volunteering at Valleywise Health events, but she agreed that the process should be easier.

Mr. Matthews transitioned the discussion to focus on how to address modernizing the operations.

Mr. Avina stated he would like to see patient scheduling and registration expanded to be patient driven. For example, the patient could have an assigned an electronic identifier, used to check-in for an appointment and create a rewards program. It would be helpful to have a resource for people to get familiar with technology. He agreed it would be beneficial for employees to receive refresher trainings.

Ms. Garcia suggested that patients pre-register on MyChart to streamline the process

Mr. Stallings suggested utilizing existing technology to optimize and standardize patient communication and experiences. He worked on incorporating Quick Response (QR) codes for the MyChart application on posters and in the exam rooms, suggesting training staff properly so they could communicate the feature to patients. It could cut down on the phone calls if a link was added to MyChart for tutorials on scheduling or rescheduling appointments, getting lab results, and looking for referrals.

Mr. O'Neill suggested developing a Valleywise Health mobile application.

Ms. Staples noted that public transportation was an ongoing challenge for patients, causing appointment delays or cancellations, due to issues out of their control. Staff needed to advocate on behalf of the patients.

Ms. Sanchez suggested that there be a way for patients to contact the clinic directly. Clinic staff would then be prepared and may have a solution to the patient's concern.

Ms. Winbush stated if the provider knew the patient was on MyChart, they could send the patient direct messages. It would feel more personalized.

Mr. Arbuckle commented that his impression was that clinic leadership believed in the Valleywise Health mission. He noted the population served and stated that many may not have the ability to connect with technology. However, there still needed to be a safe haven for all, not only for the patient with access to technology.

Mr. Matthews stated that access is a big element to consider.

Ms. Norma Muñoz stated that the older population also needed to be considered.

Ms. Blanda noted other health centers had open access to patient appointments and Valleywise Health clinics needed to standardize scheduling at each clinic. There were barriers for patients to get appointments.

Dr. Synder stated that same-day appointments were available in the past and the no-show rate was better than it was currently.

Dr. Yuh noted that having standardized scheduling would only work on patients with similar appointment needs.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers cont.;

Mr. Spacht stated that there was complexity involved when a new patient was compared to an established patient. He did agree with having the availability to choose different providers and added that should be a goal to work towards.

Mr. Arbuckle noted there needed to be a balance from a technological aspect; the MyChart appointment request form needed to be simplified.

Ms. Parker-Walker suggested that staff discuss the option to have same-day appointments with incoming providers, as those providers ramped up their services.

Mr. Otu noted how technology could be integrated, like artificial intelligence (AI), and how technology could be utilized and leveraged, knowing there were limitations and barriers with the patient population, but having a mindset of adopting evolution and transformation could be tough.

Dr. Smarik-Snyder suggested team-based care by partnering with doctors and with the Advance Practice Provider (APP).

Dr. Clarke stated there was a need to make sure all the patients were getting the same standard of care.

Mr. Matthews shifted the discussion to mobilizing equitable health initiatives.

Dr. Clotter-Woods suggested launching community-based screening or educational programs at CVS, Fry's, Costco, Walmart, the airport, gas stations, and senior centers. The barriers would be insurance issues, HRSA accreditation criteria, workers' liability, and client confidentiality. Some lessons would be having staff have the right resources like reliable data sets, infrastructure, and a centralized dashboard.

Mr. Winovich suggested asking the community what they wanted Valleywise Health to do for them and developing a plan based on those results. Some priorities that were needed were to establish a base on which population and services would best benefit. He suggested having dental services on the new Mobile Health Unit (MHU). Some barriers were funding and competition from other organizations. The lessons would be community engagement and satisfaction surveys. The need was to focus on continuous community involvement and growing with the community.

Mr. Fisher said that making the MHU a more comprehensive service model would address many needs. He agreed that gathering input from the community about what was needed from Valleywise Health would be a great first step. The biggest barriers would be staff and funding.

Ms. Addy Muñoz suggested expanding collaborative networks and working with community partners by sharing best practices while working through the barriers.

Dr. Yuh addressed the barrier related to transportation for the patients, stating there could be a taskforce to work with the insurance companies or develop a donor group to fill in the gaps to assist with patient transportation. A lesson would be how effective the barriers being addressed, look at how many patients were served, and take the patient's point of view on how successful the process was.

Dr. Joshi stated that the MHU could provide sports physicals.

Mr. Solis stated staffing shortages created barriers. He asked if there were alliances with other organizations, how could those relationships be nurtured. A focus needed to be made on how equipped the staff was and whether they were ready to do more.

**NOTE: Break from 12:32 p.m. to 1:40 p.m.**

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Ms. Perez summarized the ideas that were presented on the focus areas for the strategic plan; she stated that information would be compiled to create a draft strategic plan to focus on the identified areas and address how to mobilize initiatives identified in the Community Health Needs Assessment (CHNA).

She asked what must be addressed to pursue the health initiative related to controlling diabetes.

Mr. Solis stated sustained diabetes education programs; a general aspect of it for the patients. If a specialized plan was needed, the patient would then be referred to a diabetes educator.

Dr. Barker stated all the diabetes strategies should be consolidated and all work toward the same goal.

Ms. Staples stated some patients could not afford the medication and staff had to figure out a way to help the patient. There were grant funds for certain things, but not the critical part, the medication.

Dr. Joshi would like to see providers lead diabetes group classes and give the patients a sense of community within the group.

Mr. Fisher suggested that patients be educated on diabetic-friendly foods.

Dr. Yuh said she was part of a diabetes task force, and the goal was to utilize technology to assist patients with self-management, however, it was cost prohibitive.

Dr. Barker wanted a vision statement to address the social determinants of health for patients with uncontrolled diabetes, diabetes, and pre-diabetes. The strategies for the organization need to be known before a solid umbrella could be developed.

Mr. Mathews transitioned the focus to challenges associated with addressing obesity.

Mr. Chamas said it would be beneficial to have a nutritionist in every clinic to assist with obesity.

**NOTE: Ms. Imam left at 2:15 p.m.**

Ms. Staples mentioned a multidisciplinary approach to collaboratively support the patients by developing a comprehensive service plan, looking at the whole person, and having all the teams working together so the patients could consistently get messaging and support to be successful.

Ms. Sanchez mentioned meeting the patients where they were, as the patient may not be ready to address weight concerns or issues.

Mr. Vail Cruz asked if the social workers could be leveraged from care management and have them consistently in the clinics to assess for all other factors along with the readiness to change.

Ms. Norma Muñoz said there was a cultural shift and individuals were not as physically active as in the past.

Mr. Hooper mentioned that getting personal with the patient was key; meeting them where they were at; their age, culture, diets or behaviors could all factor in there were so many things that could play a factor. Diabetes, obesity and hypertension often went together.

Mr. Stallings mentioned integrating health coaches into the clinics. He outlined the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. A health coach would address issues from a psychological and behavioral perspective.

Ms. Perez noted all of the suggested ideas applied to the health initiatives, diabetes, obesity, hypertension, substance abuse, mental health, and heart disease.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Ms. Perez transitioned the discussion to hypertension and asked what the important factors were to consider addressing the disease.

Mr. Hooper mentioned many hypertension patients did not have access to check their blood pressure at home, stating the need to develop a program to address that factor.

Mr. Stallings suggested getting corporate wellness programs together, partnering with a fitness facility, creating partnerships and giving the patients a resource to access a safe physical activity environment with a professional trainer monitoring them.

Ms. Wilson mentioned that there were programs like Silver Sneakers and gym memberships, as well as partnering with local grocery stores to have workshops on healthy foods as opposed to having nutritionists.

Ms. Parker-Walker noted it was a good opportunity to utilize the MHU and offer blood pressure or A1C level checks.

Ms. Perez shifted the discussion to focus on substance abuse.

Chairman Jacobson mentioned he considered substance abuse and mental health diagnoses differently than the other health initiatives.

Ms. Staples acknowledged the stigma around substance abuse, with the patient often blamed for the behavior. Many patients were addressing more than one issue at once. Valleywise Health was a safety net system and the challenges that were seen were almost amplified because of the social determinants of health that played a role.

Mr. Otu stated that Valleywise Health was a large health system that served a lot of people. There were opportunities to innovate but there were resource constraints possibly leveraging the resources differently could lead to a positive impact on the patients.

Ms. Perez asked if there were specific strategies to address substance abuse, mental health, and heart disease.

Mr. Vail Cruz suggested group-level treatment for substance abuse patients. The groups may meet at the Family Resource Centers, after hours.

Ms. Staples stated that was called pre-contemplation, for people who are not necessarily ready for treatment, and it's a low-pressure, high-engagement strategy to get people to feel welcomed.

Mr. O'Neill mentioned that housing and treatment were factors for recovery from substance abuse, mental health, and heart disease.

Mr. Hooper mentioned that Valleywise Health had limited resources and recommended creating partnerships to connect patients with appropriate care in a timelier manner.

Ms. Perez asked what changes could be implemented to improve mental health.

Chairman Jacobson suggested mental health treatment offered in the emergency departments.

Ms. Parker-Walker mentioned having integrated behavior health counselors in the clinics.

Mr. Solis mentioned the staff was limited on what they could do due to the clinics being at capacity and gave grace to the amazing team that Valleywise Health had.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Dr. Yuh stated with substance abuse cases it was often thought of as transition care from hospital care to clinic, but she would like to see transition care from the clinic to home care and directing the patients to programs at home, so the providers could make better use of the face-to-face visits.

Ms. Perez asked what specific approaches would assist staff in addressing heart disease.

Mr. O'Neill mentioned genetic testing, prevention, and early screening.

Ms. Linder stated having more culturally trained navigators to do home visits for the refugee patients.

Dr. Yuh mentioned using data to identify the heart disease population and using that information to develop a care plan for a specific patient population.

Dr. Barker summarized that all initiatives could be addressed with a wellness approach.

**NOTE: Break from 2:42 p.m. to 2:51 p.m.**

Mr. Matthews asked what character qualities needed to be embraced to make significant progress on the ideas generated.

Mr. Arbuckle stated empathy, toward the patients and each other.

Mr. O'Neill mentioned being a hard worker and being humble, as it was important to provide care from the heart and come to work prepared to serve.

Mr. Mathews stated that change could not happen without first admitting the need for change.

Ms. Garcia stated staff needed to be motivated to make the changes needed.

Mr. Otu suggested having a growth mindset, staff had to believe that change was possible.

Mr. Stallings suggested having an open mind, and forward-thinking to see there could be a different way of doing things.

**NOTE: Ms. Imam joined at 2:45 p.m.**

Mr. Chamas suggested having passion and the courage to make the changes required to make progress.

Ms. Wilson mentioned optimism, noting that having a mindset of positivity would encourage staff to proceed.

Ms. Norma Muñoz mentioned determination to do what was set out to do; driven by love for mankind.

Ms. Bahena mentioned resilience; healthcare was a very dynamic field, so one needed to be able to adapt in real-time with the present barriers. Everyone had a different perspective, so listening and collaborating with each other would create some resilience.

Mr. Spacht commented innovation was tied to all the initiatives, innovation required failure, and individuals had to have the freedom to fail. Staff needed the ability to change and keep adapting.

Dr. Barker noted for one to have resilience, there needed to be self-awareness, know the purpose behind the action. That purpose was what brought everyone together.

Mr. Hooper stated he believed that staff needed to be personal and transparent, going beyond the technical view, getting personal to connect with the patients, and being honest and sharing vulnerabilities.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – July 24, 2024**

**General Session, Presentation, Discussion and Action cont.:**

3. Discuss Strategic Planning for the Federally Qualified Health Centers, cont.;

Mr. Avina mentioned being engaged or mindful of your peers and patients and being in a present state of mind.

Mr. Matthews asked what future did it make possible for the community.

Mr. Spacht commented that immunization had eliminated many diseases and improved the quality of life for individuals. He would like to see immunization efforts continue on the path to eliminating diseases.

Ms. Norma Muñoz stated she would like to see growth in the patient population at Valleywise Health.

Dr. Yuh commented that she would also like to serve more patients, enabling a healthier community.

Ms. Staples mentioned pills do not teach skills, teaching people to be empowered to care for their health and loved ones would be the approach. It is a collaborative approach that was not just focused on the medication.

Ms. Winbush stated that a challenge of working in the healthcare system was taking care of the patients but never wanting to be a patient, we cannot fix others unless we care for ourselves.

Mr. Matthew stated staff was in a position to improve the quality of life, noting simple practices could make a big difference.

Dr. Barker stated that nothing could be done without everyone in the room. There needed to be a commitment to whatever category was chosen and a focus on putting energy and effort into making it happen to have great patient outcomes.

**Adjourn**

**MOTION:** Mr. Arbuckle moved to adjourn the July 24, 2024, Valleywise Community Health Centers Governing Council Meeting. Mr. Hooper seconded.

**VOTE:** 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Ms. Wilson

0 Nays

1 Absent: Mr. Tormala

**Motion passed.**

Meeting adjourned at 3:42 p.m.



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Denise Tapia  
Deputy Clerk of the Board