



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

6:00 p.m.

Agenda



<p><u>Council Members</u> Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Federally Qualified Health Centers</p> <p>Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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- Valleywise Health Medical Center •
- 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
- Conference and Administration Center • Navajo East and West Rooms •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-july-5-2023/> for more information.

Wednesday, July 5, 2023
6:00 p.m.

Access to the meeting room will start at 5:50 p.m., 10 minutes prior to the start of the meeting.

One or more members of the Valleywise Community Health Centers Governing Council may be in attendance by technological means. Council members attending by technological means will be announced at the meeting.

Please silence cell phone, computer, etc., to minimize disruption of the meeting.

6:00 **Call to Order**

Roll Call

Call to the Public

This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

General Session, Presentation, Discussion and Action:

- 6:10 1. Approval of Consent Agenda: 5 min
Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.
- a. Minutes:
 - i. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes dated May 18, 2023
 - b. Contracts:
 - i. INTENTIONALLY LEFT BLANK
 - c. Governance:
 - i. **Approve** revisions to Governing Council Policy 89102 T – Member Orientation
 - ii. **Approve** revisions to Valleywise Health Policy 060503 S – HRSA Legislative Mandate Compliance Policy
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

End of Consent Agenda

- 6:15 2. Review Data for a Community Health Needs Assessment for Valleywise Health 50 min
Maricopa County Public Health Department
- 7:05 3. Discuss and Review the following Financial Reports 30 min
- a. Semiannual Federally Qualified Health Centers Referral Report
 - b. Semiannual Health Resources and Services Administration (HRSA) Grant Funding Awards Utilization Report
 - c. Semiannual American Rescue Plan Act (ARPA) Funding Financials Report
Matthew Meier, MBA, Vice President, Financial Services
- 7:35 4. Federally Qualified Health Centers' Chief Executive Officer's Report 5 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers
- 7:40 5. Maricopa County Special Health Care District Board of Directors Report 5 min
Mary Rose Garrido Wilcox, Director, District 5, Maricopa County Special Health Care District Board of Directors
- 7:45 6. Valleywise Health's President and Chief Executive Officer's Report 5 min
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
- 7:50 7. Governing Council Member Closing Comments/Announcements 5 min
Valleywise Community Health Centers Governing Council

General Session, Presentation, Discussion and Action:

7:55 8. Review Staff Assignments 5 min
Melanie Talbot, Chief Governance Officer

Old Business:

None

8:00 **Adjourn**



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 1.

Consent Agenda



**Valleywise Community Health
Centers Governing Council
Meeting**

July 5, 2023

Item 1.a.i.

**Minutes
May 18, 2023**

Minutes

**Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
Administration and Conference Center, Auditoriums 1 through 4
May 18, 2023
12:30 p.m.**

DRAFT

Members Present:

Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman – *left at 2:59 p.m.*
Earl Arbuckle, Member
Chris Hooper, Member
Salina Imam, Member – *arrived at 2:32 p.m.*
Norma Muñoz, Member

Members Absent:

Liz McCarty, Member
Jane Wilson, Member

**Non-Voting Member
Absent:**

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District
Board of Directors

Others/Guest Presenters:

Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified
Health Centers
Melanie Talbot, Chief Governance Officer
Crystal Garcia, RN, MBA/HCM, Vice President, Specialty Services, Quality and
Safety
Matthew Meier, MBA, Vice President, Financial Services
LT Slaughter, CPA, MBA, Chief Compliance Officer – *participated remotely*
Addy Muñoz, MBA, Executive Assistant II

Recorded by:

Cynthia Cornejo, Senior Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 12:34 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that five of the eight voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam arrived after roll call.

Call to the Public

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023**

General Session, Presentation, Discussion and Action:

1. Welcome and Introductions

Chairman Jacobson stated that feedback from new Governing Council members on what could be done to provide an informational welcome was encouraged. The focus of the Governing Council was to provide oversight of Valleywise Health's Federally Qualified Health Centers (FQHCs) and improve outreach efforts.

Dr. Barker thanked the members for volunteering their time to participate on the Governing Council. She wanted to ensure that the tools needed to complete the tasks were provided.

2. Present a Brief History on Valleywise Health

Ms. Addy Muñoz outlined Valleywise Health's Mission, Vision and Values, and provided a timeline of the organization, which opened in 1883. She noted key historical events and showcased visuals of the new acute hospital tower, which was currently under construction.

Chairman Jacobson recognized the organization had consistently specialized in providing care for the most vulnerable communities, including tuberculous (TB), human immunodeficiency virus (HIV), and burn patients.

Ms. Talbot said the organization had been known by several names; Maricopa County General Hospital, Maricopa Medical Center (MMC), Maricopa Integrated Health System (MIHS), and as of 2019 was known as Valleywise Health, as of 2019.

3. Discuss Federally Qualified Health Center Designation

Ms. Addy Muñoz stated that achieving full FQHC status allowed Valleywise Health to be eligible for additional grant funding. A video distributed by Arizona Alliance for Community Health Centers (AACHC), explaining Community Health Centers was played. (<https://www.youtube.com/watch?v=Tkmp892Uvto>).

4. Discuss Valleywise Health's Federally Qualified Health Centers' Locations, Services and Patient Demographics

Dr. Barker reviewed national Community Health Center statistics, noting there were 1,400 FQHC and FQHC Look-Alikes across the country, with 14,000 locations, serving 30 million patients, and employing 270,000 people. In Arizona, there were 23 FQHCs, approximately 200 locations, over 3.3 million patients, and employing nearly 7,900 people.

Valleywise Health served over 87,000 individual patients a year, with 62% of patients being Hispanic, and 43% of patient speaking a language other than English. Over half of the patients, 60%, were at or below the federal poverty level (FPL), and 34% had no form of insurance.

Dr. Barker said that the Uniform Data System (UDS) compiled statistical, geographical, and demographic information for all FQHC systems, and that information was available for the public.

Chairman Jacobson asked if the information could determine the number of pediatric patients by area.

Dr. Barker said that data was categorized by the number of patients within a zip codes.

She reviewed Valleywise Health FQHCs locations and the services provided at each location. She noted all locations had a pharmacy, lab, access to financial eligibility assessment, and language services. Some locations also had dental and imaging services. Specialty services provided varied by location.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023
General Session, Presentation, Discussion and Action, cont.:***

4. Discuss Valleywise Health’s Federally Qualified Health Centers’ Locations, Services and Patient Demographics, cont.

Dr. Barker stated the Valleywise Health FQHCs were unique, as they were connected to an acute care hospital. Valleywise Health system included the acute care hospital, three inpatient behavioral health hospitals, two emergency departments, nine Community Health Centers, and two Comprehensive Health Centers.

Mr. Hooper asked if there was capacity to expand outpatient behavioral health services.

Dr. Barker stated that integrated behavioral health services had been expanded to all FQHCs and would continue to be a strong component to future strategic planning initiatives.

5. Overview of the Maricopa County Special Health Care District Board of Directors

Ms. Talbot stated the Maricopa County Special Health Care District (District) was previously operated by Maricopa County, however, in 2002 Maricopa County officials contemplated closing the hospital. In early 2003, a citizen’s task force was formed, resulting in the initiative for a special taxing district being placed on the 2003 ballot, which was approved by voters. The first Board of Directors was elected in 2004.

The elected Board of Directors consists of five members, one from each supervisorial district in Maricopa County. The four-year terms are staggered, to limit the potential turnover during each election. There are no limits on the number of times an individual may run for office.

She provided an overview of the current Board of Directors and the districts they represent, noting the information was available on the Board of Directors homepage of the Valleywise Health website.

6. Overview of the Co-applicant Operational Arrangement Between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council; and Overview of the Valleywise Community Health Centers Governing Council Bylaws

Ms. Talbot explained the Health Resources and Services Administration (HRSA) requirements for receiving an FQHC designation and the ability for the District, a public agency, to utilize a co-applicant governance structure.

The Co-Applicant Operational Arrangement (Arrangement) was between the District and the Governing Council and outlined the responsibilities and authority of each party, as well as shared responsibilities.

She noted the Chief Executive Officer (CEO) of the FQHCs, Dr. Barker, was an employee of the District that reported to the Governing Council. However, she also served as Valleywise Health’s Senior Vice President of Ambulatory Services and reported to the Chief Clinical Officer.

The current Arrangement was scheduled to be reviewed and updated, where applicable, and presented to the Governing Council at a future meeting.

The Governing Council bylaws established detailed rules for the governance and operation of the Governing Council, defined the purpose, requirements for membership, officers, and duties. Processes, such as filling vacancies, conducting meeting, and frequency of meetings, were also defined. The bylaws mirrored the Arrangement and outlined HRSA requirements.

She noted the Governing Council’s bylaws were available on the Governing Council homepage of the Valleywise Health website.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023**

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

7. Presentation on Arizona's Open Meeting Law

Ms. Talbot provided an overview of Arizona's Open Meeting Law (OML), which was outlined in the Arizona Revised Statutes sections (A.R.S. §) 38-431 through 38-431.09. She explained that the purpose was to ensure public bodies conducted their business openly, allowed public access and with transparency. The District was considered a public body as it was a political subdivision of the State of Arizona and included all committees of the public body.

She listed what public bodies were required to do, defined a meeting, explained notices, and announced the public's rights and use of call to the public.

She reviewed how violations of OML may occur through in-person, phone, email or text communication between Governing Council members. She provided guidelines on how to avoid such instances.

BREAK: 2:02 p.m. – 2:13 p.m.

8. Valleywise Community Health Centers Governing Council's Responsibilities with Quality and Financial Oversight, and Compliance

Mr. Slaughter stated that every incoming Governing Council member received compliance training prior to being sworn in, and each member received annual training thereafter. He outlined the Valleywise Health's compliance program and reiterated the Governing Council's responsibility in maintaining compliance with regulatory and federal agencies, including but not limited to Arizona Health Care Cost Containment System (AHCCCS) and HRSA.

Mr. Meier outlined the Governing Council's responsibility as it pertained to financial oversight. He reviewed the income statement and explained the data that contributed to the results.

NOTE: Ms. Imam arrived at 2:32 p.m.

Mr. Meier provided an in-depth explanation of the operating expenses, and how the amounts were calculated.

Mr. Hooper requested clarification on medical service fees.

Mr. Meier stated that the medical providers, such as physicians, nurse practitioners, and physician assistants, were not employed by Valleywise Health, but were employed by District Medical Group (DMG). Valleywise Health had a closed medical staff, with DMG providing all medical and allied health staff throughout the organization. Valleywise Health employed the dentists.

Ms. Norma Munoz asked who provided oversight of the providers.

Dr. Barker outlined the structure, noting the Chief Clinical Officer was ultimately responsible for the providers.

Chairman Jacobson asked if the budget was established by the District Board of Directors.

Mr. Meier said that the Governing Council approved the budgets for the FQHCs as well as the Governing Council department. The budget for the District, as a whole, was approved by the Board of Directors.

He provided an overview of the financial indicators and payer mix information.

Mr. Hooper asked if the payer mix within each FQHC impacted their operations.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

8. Valleywise Community Health Centers Governing Council's Responsibilities with Quality and Financial Oversight, and Compliance, cont.

Mr. Meier explained the budgets were developed based on historical data and trends. There was a focus on financial screenings, to assist eligible patients enroll in AHCCCS.

Dr. Barker stated that FQHC financial goals were to meet or exceed the budgeted visit amounts, reduce expenses, and increase grant revenue.

Ms. Garcia provided an overview Valleywise Health's Quality Committee Structure, explained the UDS reporting timeline, and outlined the clinical process and outcome measures that were reported.

She showcased the results submitted for calendar year (CY) 2022, highlighting nine of the thirteen measures were within the established benchmarks.

Ms. Norma Muñoz asked who collected the data for the reports.

Ms. Garcia said the quality analyst gathered the data from the electronic medical record. The results represented the whole Valleywise Health system and staff was working to break the data out by FQHC.

Mr. Hooper noted the metric for controlling high blood pressure did not meet the benchmark for CY 2022. He understood action plans were in place, however, if not improvements were made, were there other solutions that would be implemented.

Ms. Garcia said there was a sub-committee created to focus specifically on the metric and would develop and implement next steps until improvements were achieved.

Mr. Hooper asked if the metric consistently met the benchmark, were the resources then dedicated to those metrics that were not meeting the benchmark.

Ms. Garcia said all the metrics were monitored, however, there was an additional focus on those that were outside the benchmark, to improve the outcomes.

Mr. Hooper asked if patients provided input in the action plans.

Ms. Garcia said the action plans were currently developed by internal teams.

She outlined the FQHC patient satisfaction process, how the information was gathered and what the results represented. Each FQHC was provided the comments received on a weekly basis.

Mr. Hooper asked if patients were contacted, if negative feedback was provided.

Ms. Garcia stated the surveys were submitted anonymously. However, if the patient included their contact information, staff may reach out and gather more information related to their concerns.

Ms. Norma Munoz asked if the surveys were specific for each FQHC and if trends had been identified and how they were addressed.

Dr. Barker said the most common concern was ease of getting an appointment, and there were continued plans developed to improve access to care.

Ms. Garcia noted the questions related to outpatient behavioral health were recently approved and all integrated behavioral health patients would soon receive surveys.

***Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023
General Session, Presentation, Discussion and Action, cont.:***

8. Valleywise Community Health Centers Governing Council's Responsibilities with Quality and Financial Oversight, and Compliance, cont.

Mr. Arbuckle asked if feedback had been received related to online appointment processes and provider responsiveness on MyChart.

Dr. Barker said that a workgroup had been created to address appointment scheduling for specific FQHCs and would soon be implemented throughout all FQHCs.

Chairman Jacobson stated that online appointments and referrals through MyChart was a major issue and may contribute to negative feedback and responses.

BREAK: 3:35 p.m. – 3:42 p.m.

9. Discuss the Valleywise Community Health Centers Governing Council's Committees

Chairman Jacobson said the Governing Council committees should support what the CEO and organization was trying to accomplish. He suggested the Governing Council focus on strategic planning and outreach.

Dr. Barker explained the Governing Council previously had several committees, Finance Committee, Compliance and Quality Committee, Strategic Planning and Outreach Committee, and Executive Committee. The Governing Council now discussed finance, quality and compliance items as a group, as each Governing Council member was responsible for each component.

She agreed the Governing Council should focus on strategic planning and outreach, however, instead of one committee, there should be two.

The Strategic Planning Committee would focus on developing a strategic plan for the FQHCs and Governing Council and review every three years. She suggested that the committee commence after Valleywise Health developed the overall strategic plan.

Outreach Committee would focus on reaching out to patients, recruiting new Governing Council members, and focus on the Community Health Needs Assessment.

Ms. Talbot explained the process to develop the recommended committees.

Ms. Norma Munoz asked if Governing Council members would volunteer or be appointed to the committees.

Ms. Talbot stated that each Governing Council member was required to participate in at least one committee.

Mr. Hooper asked if a Governing Council member may serve on more than one committee.

Dr. Barker stated that since the Governing Council was small in size, there may be challenges in distributing the committee work and the focus should be placed on what the Governing Council wanted to accomplish.

Chairman Jacobson said there was a lot of work to do with outreach.

Ms. Munoz asked if the committees would add more meetings to the schedule.

Dr. Barker said that the committee charter would determine the meeting frequency.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023**

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

10. Review Valleywise Community Health Centers Governing Council Meetings: Preparation, Structure, and Governance

Ms. Talbot explained the Governing Council agendas were created based on HRSA and bylaw requirements. She explained how the consent agenda was utilized to approve multiple items with one vote. The documents for the agenda items were gathered and distributed to Governing Council members five days prior to the meeting, to allow time for Governing Council members to review and arrive at the meeting prepared and questions from Governing Council members were encouraged.

A quorum of the Governing Council must be present, either in-person or through technological means, prior to the meeting being called to order. The meetings were conducted using parliamentary procedures.

She outlined the difference between governance and management, noting governance provided oversight and gave direction. Management managed operations and implemented policies.

Good governance consisted of recruiting new members, treating others with respect, meeting engagement, participating in education opportunities, and developing a succession plan.

11. Valleywise Community Health Centers Governing Council's Mentorship Program

Chairman Jacobson said a mentorship program was created to assist new Governing Council members.

Mr. Hooper stated that when he joined the Governing Council, he felt welcome, however, he was unfamiliar with parliamentary procedures and other protocols.

Ms. Talbot said that Governing Council members are encouraged to provide feedback on what would have been useful information to assist new members during their first two meetings.

Dr. Barker said that feedback would be used to develop a mentee checklist and create a small packet of information to provide new members.

Mr. Arbuckle stated that he was able to maneuver through his first meetings, however, he was unsure of what to do.

Ms. Munoz said that Ms. McCarty was very helpful and provided useful background of the Governing Council, but she adapted to the Governing Council due to her previous experience on school boards.

Chairman Jacobson said that as the Governing Council membership expanded, the mentorship program would evolve.

12. Closing Comments

Dr. Barker stated that a survey would be distributed to the Governing Council members, requesting feedback related to the topics discussed. That information would be used to improve orientation processes for new Governing Council members.

Ms. Talbot announced the Governing Council meetings held in March, June, September and December were held in-person.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – May 18, 2023**

Adjourn

MOTION: Mr. Arbuckle moved to adjourn the May 18, 2023 Valleywise Community Health Centers Governing Council Meeting. Mr. Hooper seconded.

VOTE: 5 Ayes: Chairman Jacobson, Mr. Arbuckle, Mr. Hooper, Ms. Imam, Ms. Munoz
0 Nays
3 Absent: Vice Chairman Sullivan, Ms. McCarty, Ms. Wilson
Motion passed.

Meeting adjourned at 4:21 p.m.

Cynthia Cornejo
Senior Deputy Clerk of the Board



**Valleywise Community Health
Centers Governing Council
Meeting**

July 5, 2023

Item 1.b.i.

**Contracts
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Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 1.c.i.

Governance
Policy 89102 T –
Member Orientation

Valleywise Health Administrative Policy & Procedure

Effective Date: 08/19
Reviewed Dates: 06/21
Revision Dates: ~~06/23~~07/23

DRAFT

Policy #: 89102 T

Policy Title: Valleywise Community Health Centers Governing Council
Member Orientation

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)
 FQHC (F)

Purpose:

Newly appointed members of the Valleywise Community Health Centers Governing Council (~~VCHCGG~~ [Governing Council](#)) shall receive orientation and education to ensure there is understanding of their responsibilities in accordance with the Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual (Manual, 2018), specifically Chapter 19 Board Authority and Chapter 20 Board Composition.

Procedure:

Newly appointed members of the ~~VCHCGG~~ [Governing Council](#) will receive the following orientation and education:

1. Orientation with the Federally Qualified Health Centers (FQHCs) Chief Executive Officer (CEO)
 - a. Orientation of the new ~~VCHCGG~~ [Governing Council](#) member within 90 days of appointment will include attending a new member orientation and review of the ~~Essential Documents for the Operation of the Valleywise Community Health Centers Governing Council~~ [Governing Council Member Orientation Manual](#).

2. Peer Mentorship

- a. The ~~VCHCGG~~ Governing Council Chair will select a current ~~Council~~ member to serve as a mentor to the new member.
- b. The mentor shall serve as a colleague in orienting the new member to the ~~VCHCGG~~ Governing Council. If the member's mentor leaves the Governing Council within the first six (6) months, the member will be offered a new mentor, if requested.
- c. The mentor shall schedule an initial meeting with the new member upon appointment to the ~~VCHCGG~~ Governing Council at a mutually agreed upon time and place.
- d. The mentor and member shall determine if further meetings are needed following the initial meeting.

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Clerk of the Board

DEVELOPMENT TEAM(S): FQHC Administration

Policy #: 89102 T

Policy Title: Valleywise Community Health Centers Governing Council Member Orientation

e-Signers: Michelle Barker, DHSc, Senior Vice President Ambulatory Service and Chief Executive Officer of the FQHCs

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes - X

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: 00/00

Committee: 00/00

Reviewed for HR: 00/00

Reviewed for EPIC: 00/00

Other: Valleywise Community Health Centers
Governing Council

~~06/23~~07/23



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 1.c.ii.

Governance

Policy 060503 S – HRSA Legislative
Mandate Compliance Policy

Valleywise Health Administrative Policy & Procedure

Effective Date: 09/20

Reviewed Dates: 00/00

Revision Dates: ~~06/21~~06/23

Policy #: 06503 S

Policy Title: HRSA Legislative Mandate Compliance Policy

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)
 FQHC (F)

Purpose:

To establish a policy outlining the practices that Valleywise Health follows to comply with the legislative mandates required by the Further Consolidated Appropriations Act, 2020, for HRSA award recipients limiting the use of the funds received. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements.

Definitions:

HRSA - Health Resources & Services Administration

PPAC - The Patient Protection and Affordable Care Act, Public Law 111-148

The Act - The ~~Further~~ Consolidation Appropriations Act, ~~2020-2023~~ (Public Law ~~116117-94328~~) signed into law on December ~~2029~~, ~~201922~~ which provides funding to the HRSA for the fiscal year ending September 30, ~~2020~~2023.

Valleywise Health - Is a "d.b.a" of Maricopa County Special Health Care District

Policy:

Valleywise Health will adhere to the provisions listed below in accordance with the Health Resources & Services Administration's (HRSA) Legislative Mandates in Grants Management for FY ~~2021~~2023. The FY ~~2021-2023~~ list of legislative mandates for HRSA recipients is ~~the same~~ very similar to as the FY ~~2020-2022~~ list.

1. Salary Limitation [\(Section 202\)](#)

Valleywise Health will not use funds received through federal grants and/or contracts to pay the salary of an individual at a rate in excess of the Federal Executive Schedule Level II.

2. Gun Control [\(Section 210\)](#)

Valleywise Health will not use funds received through federal grants and/or contracts, in whole or in part, to advocate ~~for~~ or promote gun control.

3. Anti-Lobbying [\(Section 503\)](#)

a. Valleywise Health will not use funds received through federal grants and/or contracts, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b. Valleywise Health will not use funds received through federal grants and/or contracts, to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive [Order](#) proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in subsections (a) and (b) shall include any activity to advocate for or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

4. Acknowledgement of Federal Funding [\(Section 505\)](#)

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, as a grantee receiving Federal funds included in this Act, Valleywise Health shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

5. Restriction on Abortion [\(Section 506\)](#)

None of the Federal funds appropriated to Valleywise Health will be expended for any abortion or on health benefits coverage that includes coverage of abortion. The term "health coverage" means the package of services covered by a managed provider or organization pursuant to a contract or other arrangements

6. Exception to Restriction on Abortions [\(Section 507\)](#)

- a. The limitation established in the preceding section shall not apply to an abortion-
 - i. If the pregnancy is the result of an act of rape or incest; or
 - ii. In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- b. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality contributions of Medicaid matching funds)
- c. Nothing in the preceding section shall be construed as restricting ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds)
 - i. None of the funds made available in the Act to Valleywise Health may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of or refer for abortions.
 - ii. In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization or plan.

7. Ban of Funding of Human Embryo Research (Section 508)

- a. None of the funds made available to Valleywise Health in this Act may be used for-
 - i. The creation of a human embryo or embryos for research purposes; or
 - ii. Research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on the fetuses in utero under 45 CFR

46.204(b) and section 498 (b) of the Public Health Service Act (42 U.S.C 289g(b))

- b. For purposes of this section, the term “human embryo or embryos” includes any organism not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

8. Limitation of Use of Funds for Promotion of Legalization of Controlled Substances [\(Section 509\)](#)

None of the Federal funds made available to Valleywise Health will be used for any activity that promotes the legalization of any drug or other substance including Schedule I controlled substances established under section 202 of the Controlled Substances Act, except for normal and recognized executive-congressional communications. This limitation shall not apply if there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance; or, if Valleywise Health is participating in a federally-sponsored clinical trial that is being conducted to determine the therapeutic advantage of a such a substance.

9. Restriction on Distribution of Sterile Needles [\(Section 526\)](#)

Notwithstanding any other provision of this Act, no funds appropriated to Valleywise Health in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchase if the relevant State or local health department, in consultation with Center for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

10. Restriction on Pornography on Computer Networks [\(Section 520\)](#)

(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, state, tribal or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication [activities](#).

~~**11. Restrictions on Funding ACORN**~~

~~None of the Federal funds appropriated to Valleywise Health will be provided to the Association of Community Organization for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.~~

~~**11.11. Confidentiality Agreements [\(Section 742\)](#)**~~

Valleywise Health shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreement or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to designated investigative

or law enforcement representatives of a Federal Department or agency authorized to receive such information.

The limitations in subsection (a) shall not contravene requirements applicable to standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Procedure:

Valleywise Health will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure Valleywise Health's policies and procedures are updated as necessary. Any modifications to Valleywise Health's legislative mandates policies and procedures will require review and approval by the Board of Directors.

References:

~~External~~ Grants Policy Bulletin Legislative Mandates in Grants Management for FY ~~2020-2023~~ (HRSA, ~~2020~~[2023](#))

~~The Patient Protection and Affordable Care Act, Public Law 111-148~~

The ~~Further~~ Consolidation Appropriations Act, ~~2020-2023~~ (Public Law ~~116-94~~[117-328](#))

~~The Consolidated Appropriations Act, 2021 (Public Law 116-260)~~

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

Policy Responsible Party: ~~Maricopa County Special Health Care District Board of Directors and Valleywise Community Health Centers Governing Council.~~ [Jennifer Joiner, Director Grants](#)

Development Team(s): ~~Barbara Harding, Jennifer Joiner, L.T. Slaughter, Dr. Michelle Barker~~ [Grants Department, Legal Department, and Compliance](#)

Policy #: 06503 S

Policy Title: HRSA Legislative Mandate Compliance Policy

e-Signers:

Melanie Talbot, Chief Governance Officer and Board Clerk ~~on behalf of the Maricopa County Special Health Care District Board of Directors~~

~~Barbara Harding~~ [Dr. Michelle Barker](#), Senior Vice President Ambulatory Services and Chief Executive Officer of the Federally Qualified Health Center Clinics ~~on behalf of the Valleywise Community Health Centers Governing Council~~

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes - X

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

~~Board of Directors~~ ~~06/23/21~~ [06/23](#)

~~Valleywise Community Health Centers Governing Council~~ ~~06/02/21~~ [06/23](#)

Committee: Systemwide P&P ~~05/24/21~~ [06/23](#)

Committee: Medical Executive ~~05/11/21~~

[06/23](#)

Once Printed This Document May No Longer Be Current

Other: Legal Services 05/23

Other: Board of Directors 06/23

Other: Valleywise Community Health Centers

Governing Council 07/23

~~Other: Legal Services~~ ~~09/20~~



**Valleywise Community Health
Centers Governing Council
Meeting**

July 5, 2023

Item 1.d.i.

**Medical Staff
Medical Staff Credentials**

Recommended by Credentials Committee: May 2, 2023
 Recommended by Medical Executive Committee: May 9, 2023
 Submitted to MSHCDB: May 24, 2023

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Ashley Danielle Ermann, M.D.	Courtesy	Pediatrics	6/01/2023 to 5/31/2025	
Avinash Shivaputrappa Patil, M.D.	Courtesy	Obstetrics & Gynecology	6/01/2023 to 5/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Christopher S. Brendemuhl, D.M.D.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileges with Operating Room Privileges.
Maria A. Segovia, D.D.S.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Stephanie Lynn Berkshire, D.O.	Courtesy	Internal Medicine	6/01/2023 to 5/31/2025	

Definitions:

- Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
- Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
- Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
- FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Michelle Lynette Pino, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	6/01/2023 to 5/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Jordan Boller Wardy, P.A.-C.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Cognitive privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Nothing to report				

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nothing to report			

General Definitions:

- Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
- Allied Health Professional An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
- Practice Prerogatives Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

- (1) General Supervision The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.

Recommended by Credentials Committee: May 2, 2023
Recommended by Medical Executive Committee: May 9 ,2023
Submitted to MSHCDB: May 24, 2023

- (2) Direct Supervision The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

- (3) Personal Supervision A physician must be in the room during the performance of the procedure.



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 2.

Community Needs Assessment
Data

Valleywise Health Community Health Needs Assessment

July 5, 2023



Agenda

Objective: Share current health data with Governing Council & walk away with feedback and guidance for next steps in prioritization.

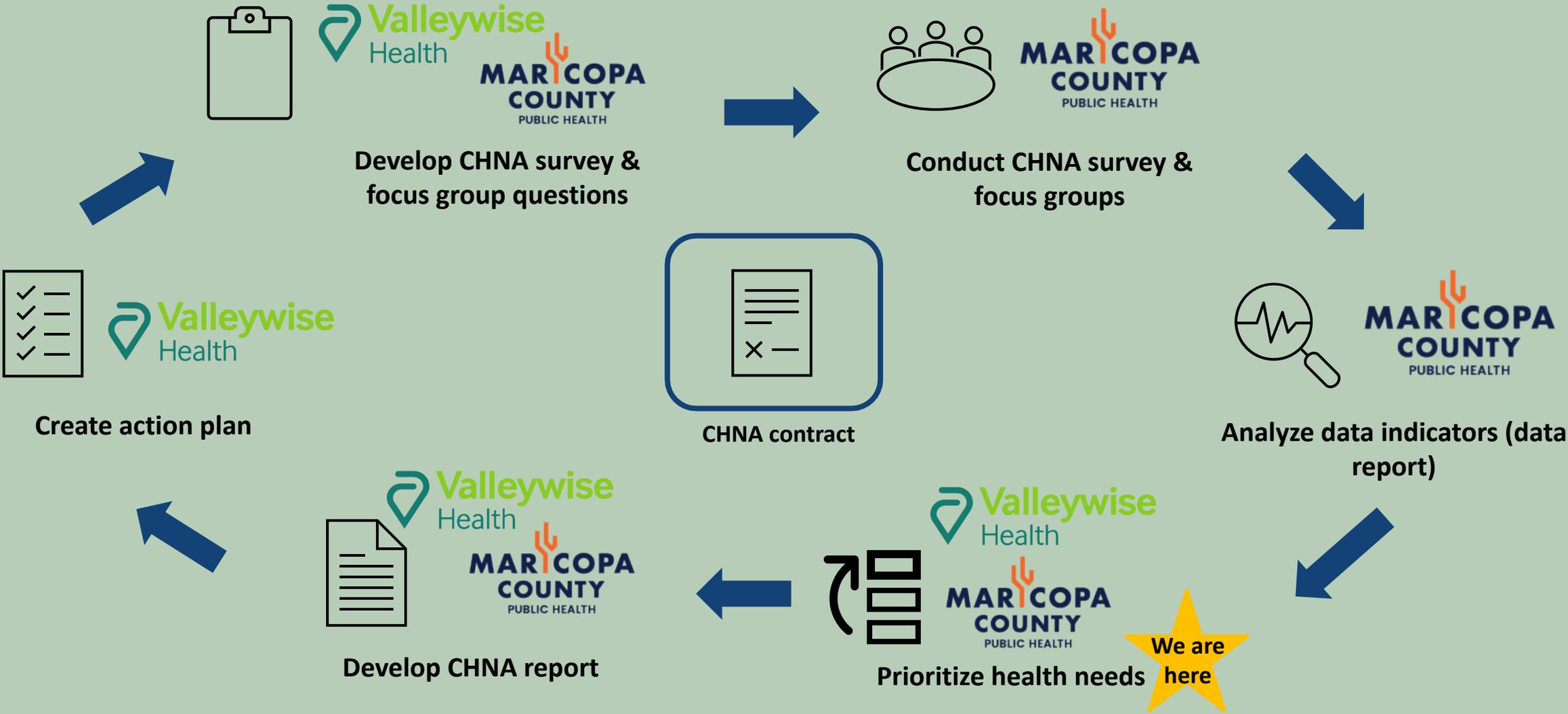
- Background on CHNA
- Community Assessment Results
- Health Indicators
- Social Indicators
- Questions & Feedback



What if I have a question during the presentation?

- Questions will also be answered at the end of the presentation.
- Did we run out of time for all the questions? We will follow up through email to any unanswered questions.

CHNA Cycle



CHNA Data Collection

2019

§ Community Survey

- February – June 2019
- 11,893 responses
- Virtual survey & paper format
- Available in English & Spanish



§ Focus Groups

- August 2018 – December 2019
- 52 focus groups
- 485 participants (youth & adults)
- In-person platform
- \$45 incentive



2021

§ COVID-19 Impact Survey

- May – July 2021
- 14,380 responses
- Virtual survey
- Available in 13 languages



§ COVID-19 Impact Focus Groups

- February 2021 – June 2021
- 33 focus groups
- 186 participants
- Virtual platform
- \$45 incentive



Top Community-Identified Health & Social Issues

2019
(11,893 surveys)

2021
(14,380 surveys)

Top Health Issues

- 1 Alcohol/Substance Misuse  **46.1%**
- 2 Overweight/Obesity  **38.4%**
- 3 Mental health issues  **37.5%**

- 1 Mental health issues  **48.0%**
- 2 Overweight/Obesity  **40.0%**
- 3 Alcohol/Substance Misuse  **29.0%**

Top Social Issues

- 1 Distracted driving  **46.1%**
- 2 Homelessness  **28.9%**
- 3 Illegal drug use  **24.1%**

- 1 Lack of people immunized  **30.0%**
- 2 Distracted driving  **29.0%**
- 3 Homelessness  **26.0%**

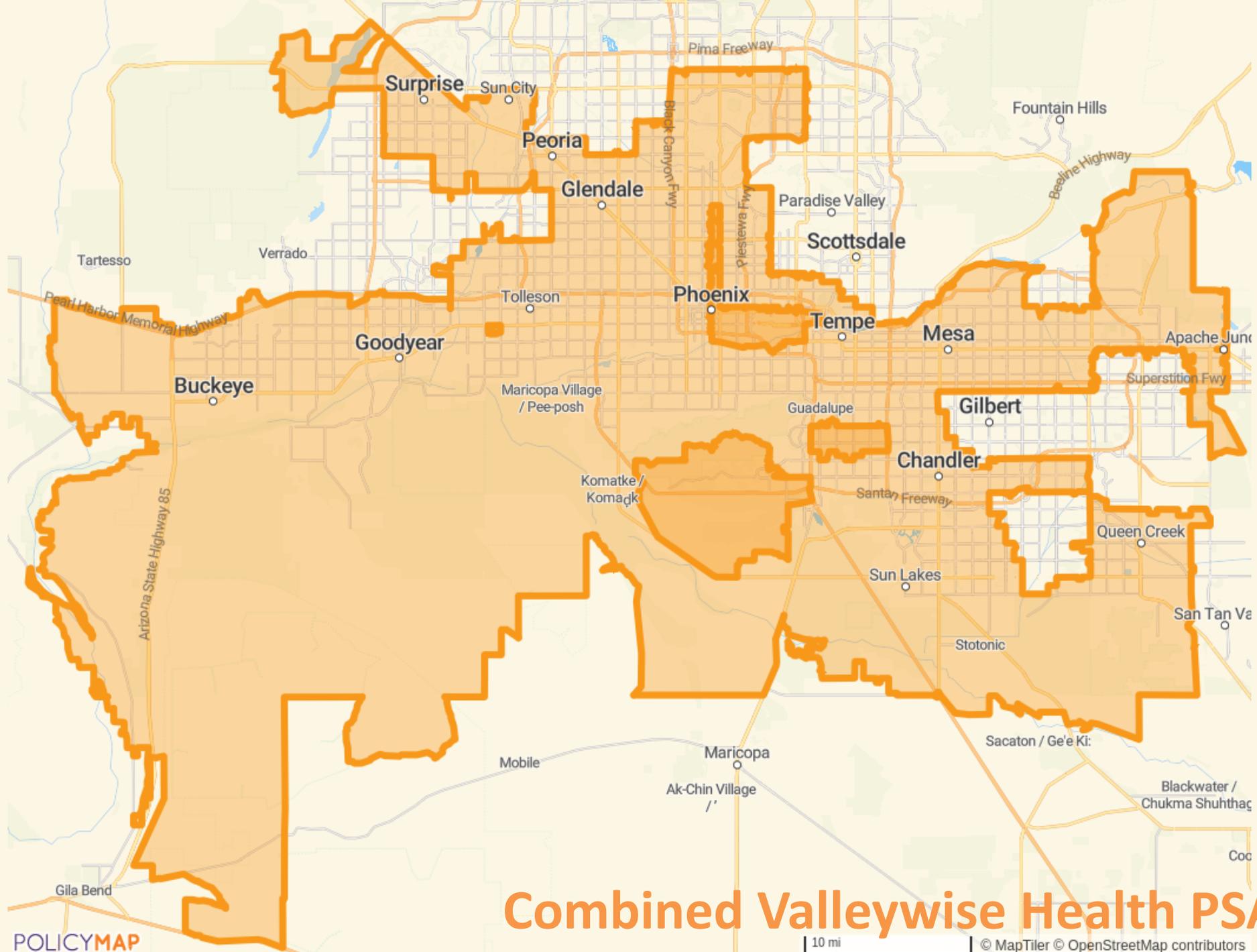
Data Sources and Methods

Data Sources

1. Hospital Discharge Data (2021)
 - a) Inpatient Hospitalization (IP)
 - b) Emergency Department (ED)
2. Death Data (2021)
3. Birth Data (2021)
4. Census data (2021)
5. Policy Map (2017-2021)
6. Maricopa County Community Survey data (2019 & 2021)
7. Focus Group data (2019 & 2021)

All inpatient hospitalization, emergency department and death rates were calculated as age-adjusted rates per 100,000 in the population.





Combined Valleywise Health PSA



What is the top health issue affecting your community?

TOP 10 HEALTH INDICATORS: COMBINED VALLEYWISE PSA

Rank	Inpatient Hospitalization	Emergency Department	Death
1	All Mental Disorders	Falls	CVD
2	CVD	CVD	All Drug Overdose
3	Mood and Depressive Disorders	All Mental Disorders	Stroke
4	Schizophrenic	Motor Vehicle Traffic Related	COPD
5	Stroke	Asthma	Alcohol Related
6	Falls	Diabetes	Opioid Overdose
7	Diabetes	Hypertension	Alzheimer's
8	Motor Vehicle Traffic Related	All Drug Overdose	Falls
9	All Drug Overdose	COPD	Lung Cancer
10	COPD	Self-Harm	Suicide

Rank	Inpatient Hospitalization	Emergency Department	Death
1	All Mental Disorders	Falls	CVD
2	CVD	CVD	All Drug Overdose
3	Mood and Depressive Disorders	All Mental Disorders	Stroke
4	Schizophrenic	Motor Vehicle Traffic Related	COPD
5	Stroke	Asthma	Alcohol Related
6	Falls	Diabetes	Opioid Overdose
7	Diabetes	Hypertension	Alzheimer's
8	Motor Vehicle Traffic Related	All Drug Overdose	Falls
9	All Drug Overdose	COPD	Lung Cancer
10	COPD	Self-Harm	Suicide

Indicators that are ranked in the top 10 in **multiple** categories (IP, ED, Death)



All Mental Disorders



Falls



All Drug Overdose



Motor Vehicle Traffic Related



COPD



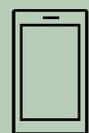
Self-Harm



CVD



Stroke



Diabetes



Suicide

HEALTH INDICATORS



Cardiovascular Disease

Race Disparity



Gender Disparity



Inpatient Hospitalization



Emergency Department



Death

Black/African American

Maricopa County Overall

Male

Maricopa County Overall

Cardiovascular Disease



Ranked as **7th** greatest health condition in the 2019 and 2021 MCPH Community Survey.



Ranked **#2** for **IP/ED** and **#1** for **death** in combined Valleywise PSA.

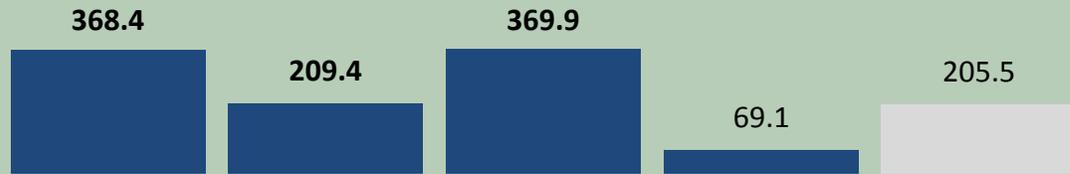
From the words of a COVID-19 Impact Survey Participant

“*My dad was out of work due to COVID and decided to relocate here to Arizona to resume work, shortly after her got here he was experiencing some heart issues and had to go to the hospital. He was working but had not been here long enough to yet have benefits. For that he is stuck with huge hospital bills... (25-34 years old)*”

Source: 2021 MCPH COVID-19 Impact Survey

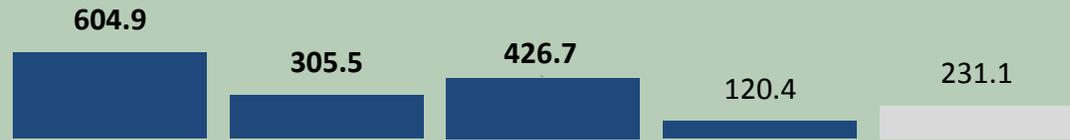
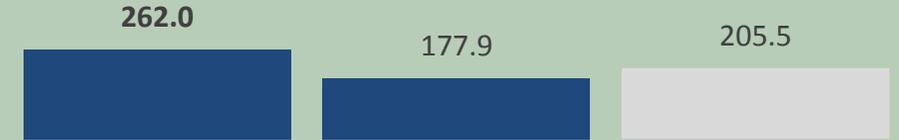
Diabetes

Race Disparity

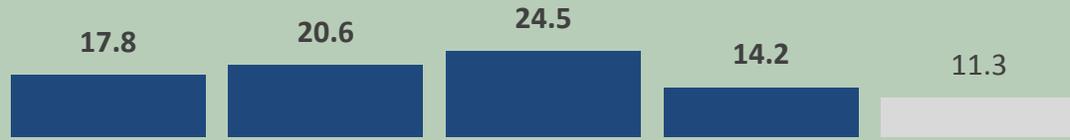
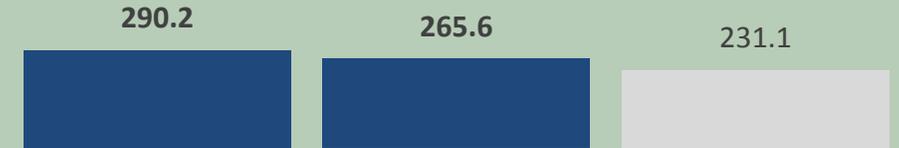


Inpatient Hospitalization

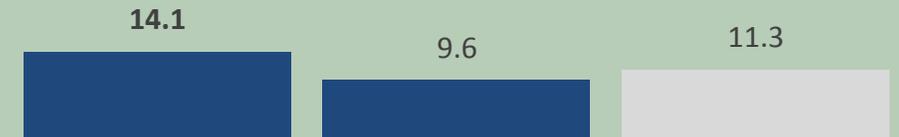
Gender Disparity



Emergency Department



Death



Black/African American

American Indian

Hispanic

Asian

Maricopa County

Male

Female

Maricopa County

Source: 2021 age adjusted rates per 100,000 population

Diabetes



Ranked as **6th** greatest health condition in 2019 and **5th** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#7** for **IP** and **#6** for **ED** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

“ Since I had covid I have several issues that I did not before covid. Pain, fatigue, muddled thinking and diabetes. The biggest problem I personally have is that some chores are extremely difficult for me to complete and there is no help for me, a long-term sufferer from covid. Some people call us long haulers... (55-36 years old) ”

Source: 2021 MCPH COVID-19 Impact Survey

Mood & Depressive Disorders

Race Disparity



Gender Disparity



Inpatient Hospitalization



Emergency Department

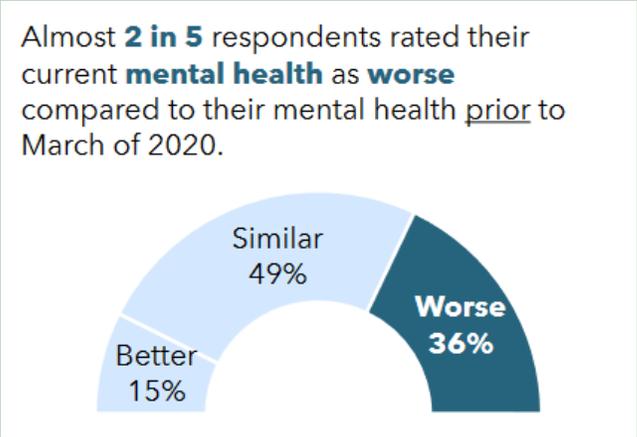
Black/African American

Maricopa County Overall

Female

Maricopa County Overall

Mood & Depressive Disorders



Ranked **#3** for **IP** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

“ For many people, the pandemic either caused or brought out horrible mental health issues such as anxiety and depression. It has changed the way we think and the transition back to "normal" is not as easy as one would think...

(45-54 years old)



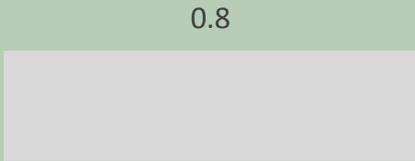
Source: 2021 MCPH COVID-19 Impact Survey

Hypertension

Race Disparity

Gender Disparity

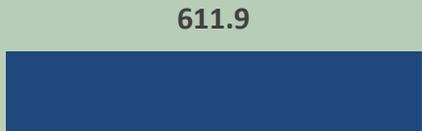
IP Frequency <5



Inpatient Hospitalization

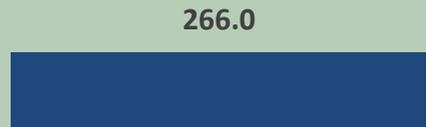


0.77

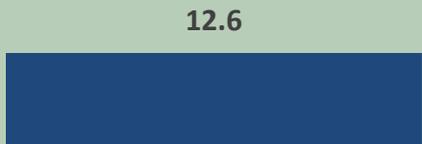


233.6

Emergency Department

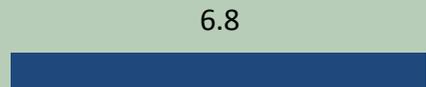


233.6



7.7

Death



7.7

Black/African American

Maricopa County Overall

Female

Maricopa County Overall

Source: 2021 age adjusted rates per 100,000 population

Hypertension



Ranked as **4th** greatest health condition in the 2019 and 2021 MCPH Community Survey.



Ranked **#20** for IP, **#8** for **ED**, and **#18** for **death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

“*People with disabilities fell through the cracks...I couldn't afford my asthma medications and blood pressure meds; therefore, my health continued to decline and now I'm in crisis and cannot access social services, mental health services etc...(45-54 years old)*”



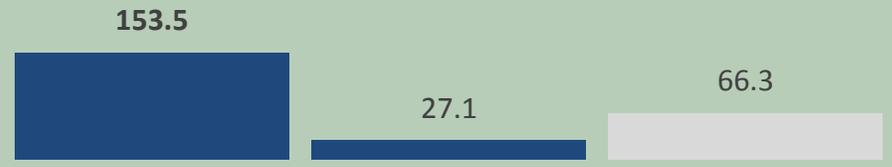
Source: 2021 MCPH COVID-19 Impact Survey

Body Mass Index (Overweight)

Race Disparity



Gender Disparity



Inpatient Hospitalization



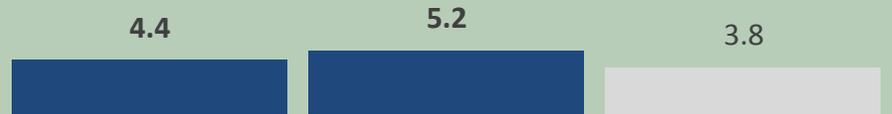
Emergency Department



10.0



Death



Black/African American

Maricopa County Overall

Female

Male

Maricopa County Overall

Source: 2021 age adjusted rates per 100,000 population

Body Mass Index (Overweight)



Ranked as **2nd** greatest health condition in the 2019 and 2021 MCPH Community Survey.



Ranked **#12** for **IP**, **#20** for **ED** and **#19** for **death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant



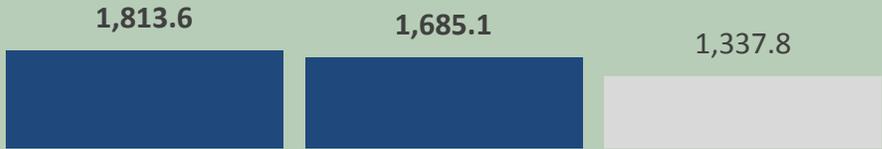
There were more positives than negatives for me. My financial standing enabled me to keep a normal life for the most part. Kept a small circle of friends (social bubble). But physical fitness was one big negative factor. Gained lots of weight. (45-54 years old)



Source: 2021 MCPH COVID-19 Impact Survey

All Mental Disorders

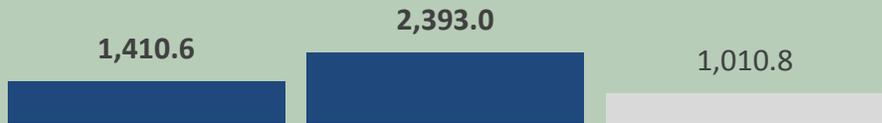
Race Disparity



Gender Disparity



Inpatient Hospitalization



Emergency Department

Black/African American

American Indian

Maricopa County Overall

Male

Maricopa County Overall

Source: 2021 age adjusted rates per 100,000 population

All Mental Disorders



Ranked as **3rd** greatest health condition in 2019 and **1st** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#1** for **IP** and **#3** for **ED** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

“COVID-19 really impacted our physical and mental health and social skills. Lots of stress over the uncertainty, children's education, physical activities for children from 2 years old and 10 years old and social skills. Marriage communication issues and no empathy arose from spending 24/7 time together. (35-44)”

Source: 2021 MCPH COVID-19 Impact Survey

Health Issues in Focus:



CVD



Colorectal Cancer



Diabetes



Breast Cancer



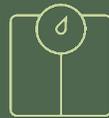
Mood & Depressive Disorders



Stroke



COPD



Body Mass Index
(Hypertension/Overweight)



Cervical Cancer



All Mental Disorders



These health issues accurately reflect what I see in my community.

SOCIAL INDICATORS





What is the top social issue affecting your community?

Housing Stability/Homelessness



In 2019, homelessness was ranked #2 and #3 in 2021 as a top community issue in Maricopa County.

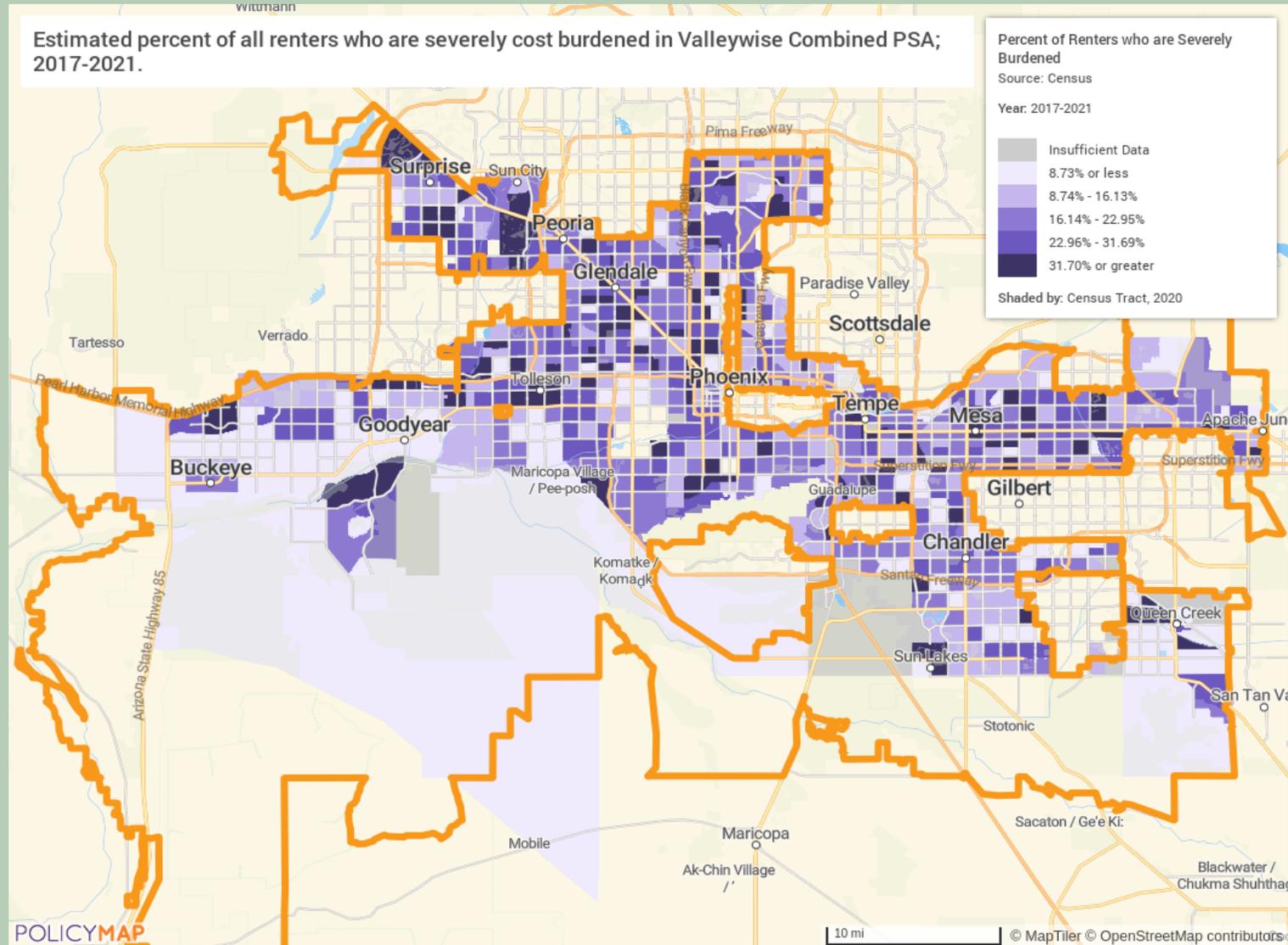
From the words of COVID-19 Impact Survey Participant



I am currently homeless with my disabled veteran husband and our 7 children because affordable homes are unavailable. We lost our home because our landlord decided to sell while prices were high, and we had no protections because we paid our rent in full and on time. We have been looking for 2 months and have had no luck. This isn't right. (25-34 years old)



Source: 2021 MCPH COVID-19 Impact Survey



Transportation



In 2019, lack of public transportation was ranked #5 as a top community issue in Maricopa County. In 2021, about 1 in 6 respondents stated that they **did not always** have enough money to pay for car/transportation.

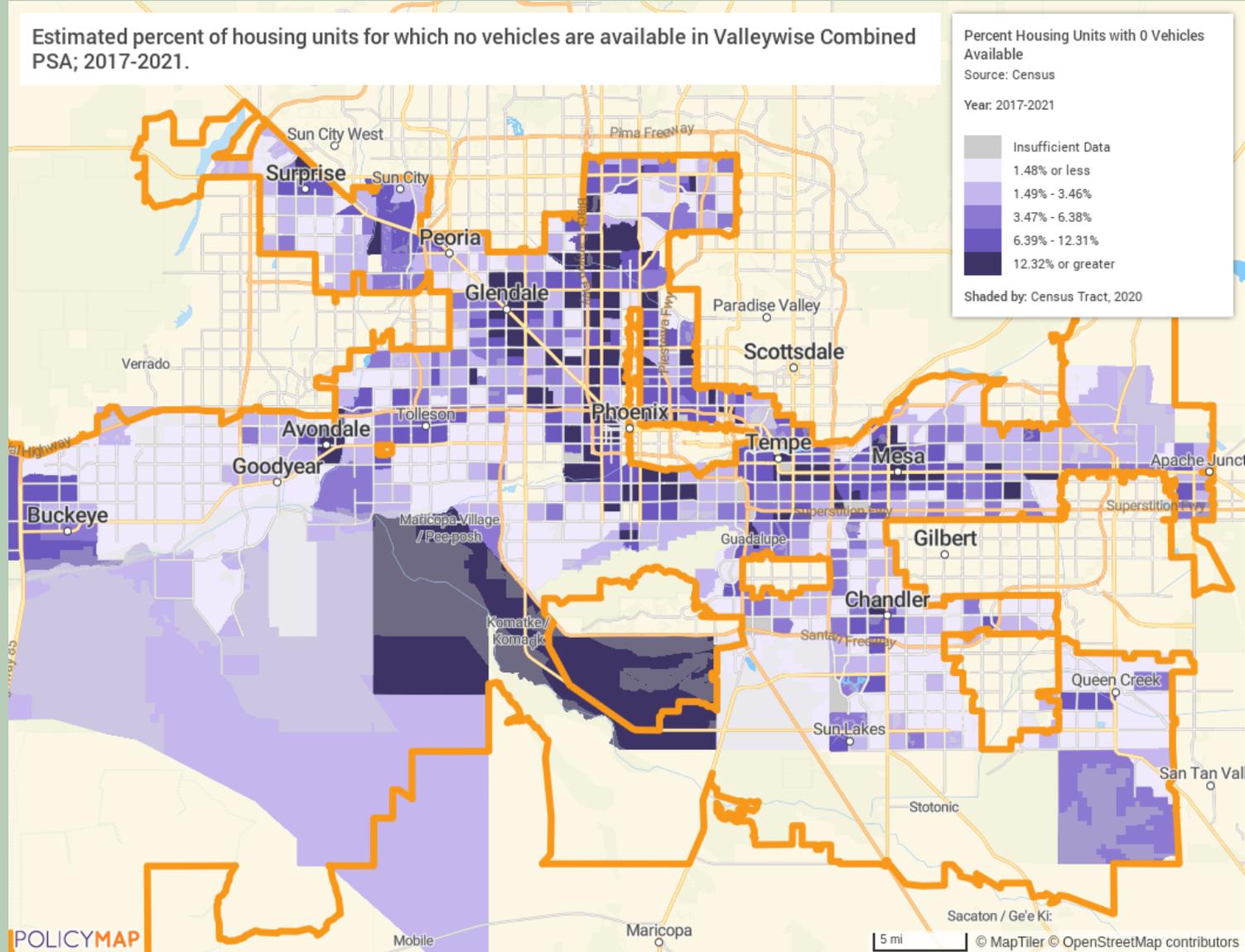
From the words of COVID-19 Impact Survey Participant



I would like to take this opportunity to mention the difficulty I have had trying to get government assistance for my elderly mother (82yrs old)...She lives simply doesn't have a car or a credit card and is always struggling for the necessities like utilities, food and transportation... (35-44 years old)



Source: 2021 MCPH COVID-19 Impact Survey



Utilities



In 2019, **34.8%** of residents stated that they **sometimes or never** have enough money to pay for essentials such as food, clothing and housing.

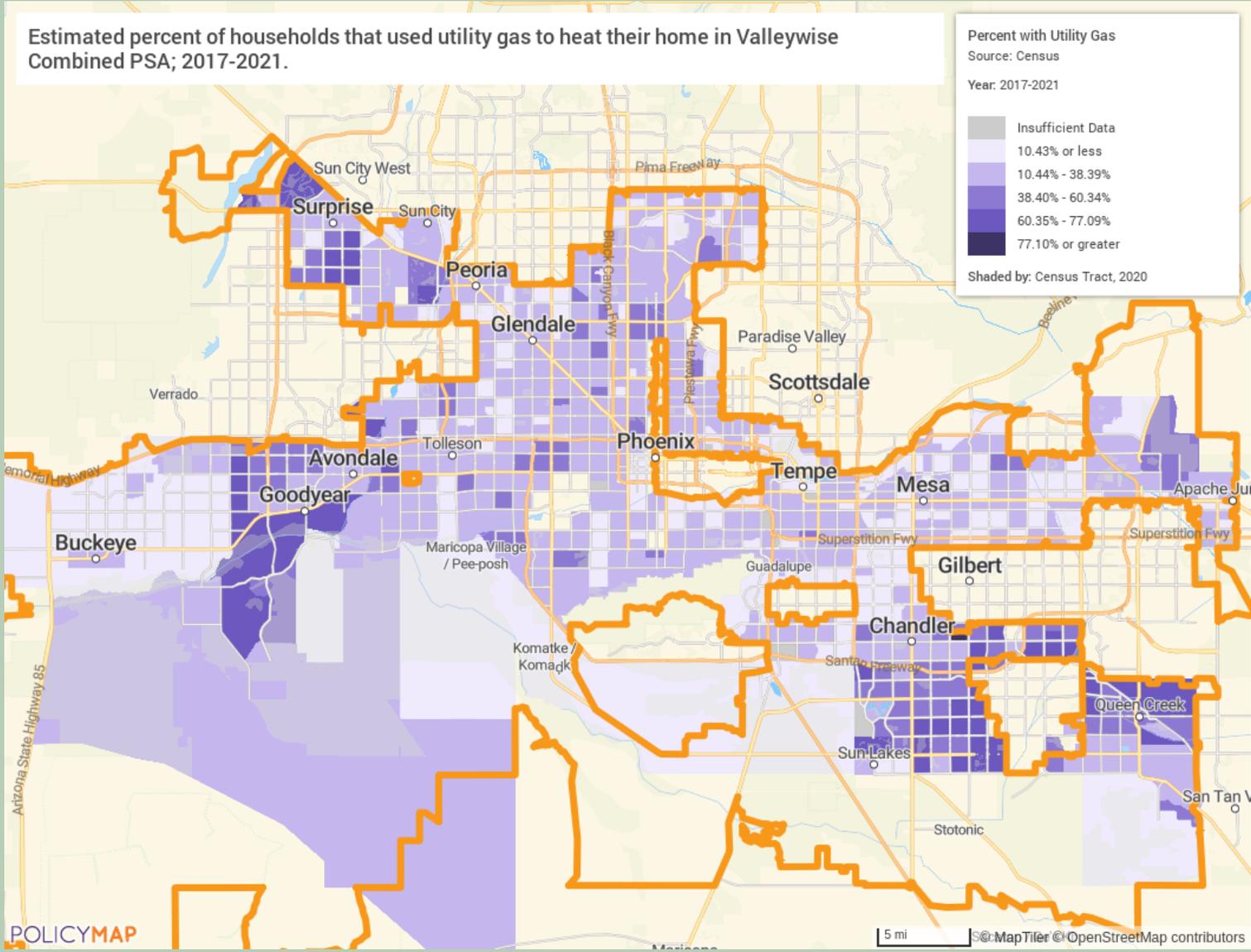
From the words of COVID-19 Impact Survey Participant



I tried to help my daughter get rent and utility assistance as she lost job do to COVID but was never able to get anyone to respond to our applications! We filled them out for 3 different agencies. Therefore, she lost her apartment, and I had to pay her back rent and back utilities which wasn't easy for me. (55-64)



Source: 2021 MCPH COVID-19 Impact Survey



Utilities

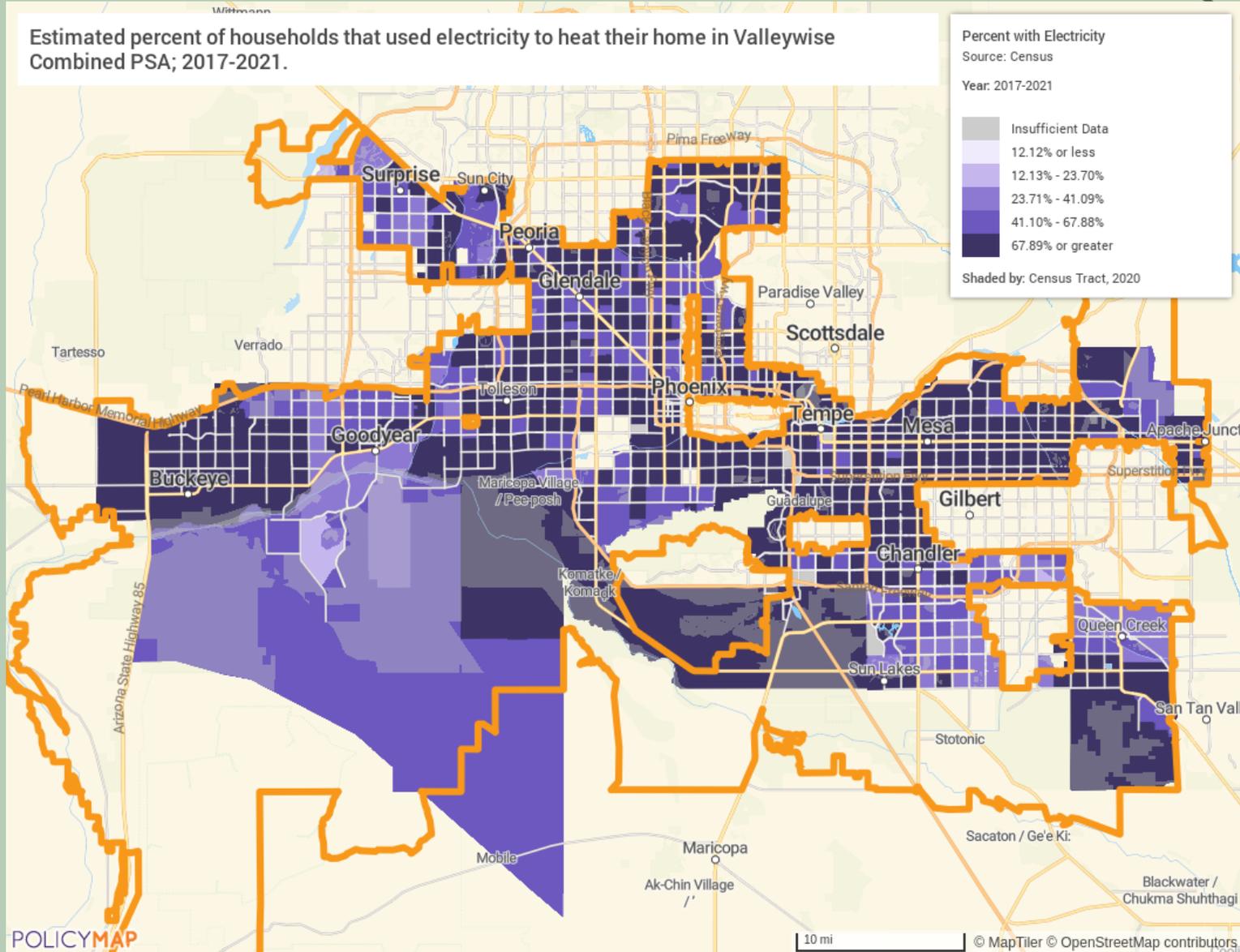


In 2021, about 1 in 6 respondents stated that they **did not** always have enough money to pay for utilities.

From the words of COVID-19 Impact Survey Participant



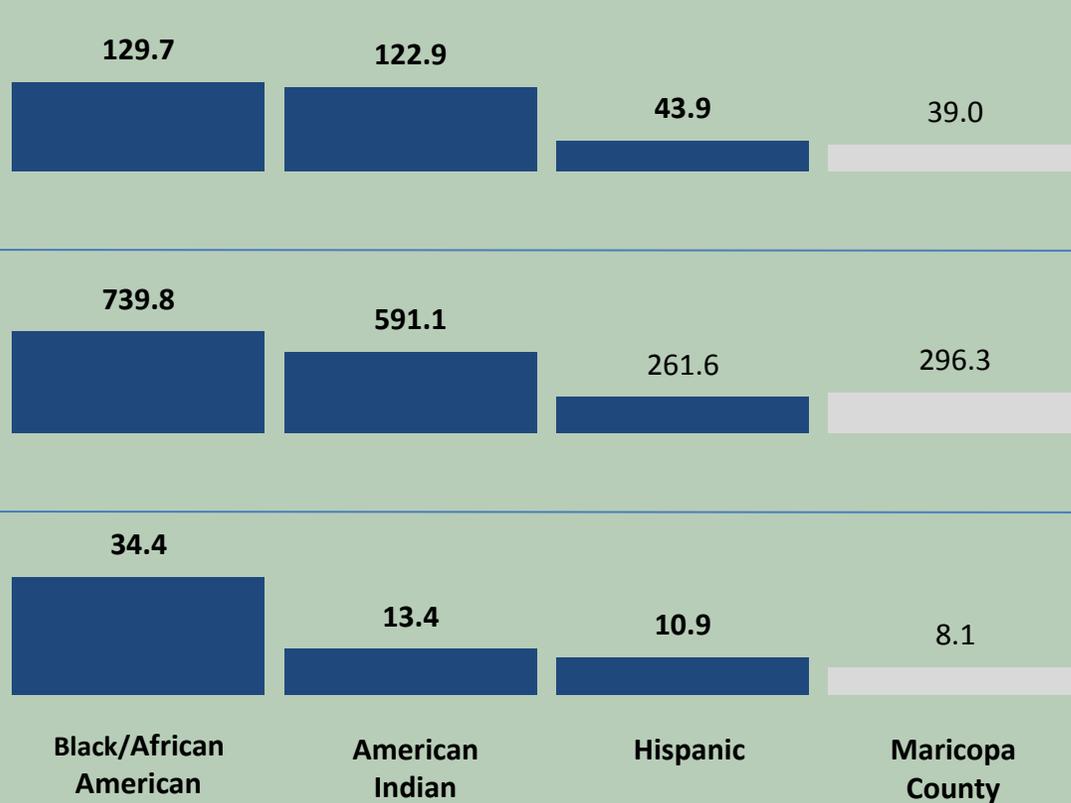
The impact it has had on seniors. Increase in utilities and food and trying to manage on a limited budget. I personally did not qualify for food stamps or help with utilities. I live alone and my income is just above the cut off. Am using my savings to survive. (65-74)



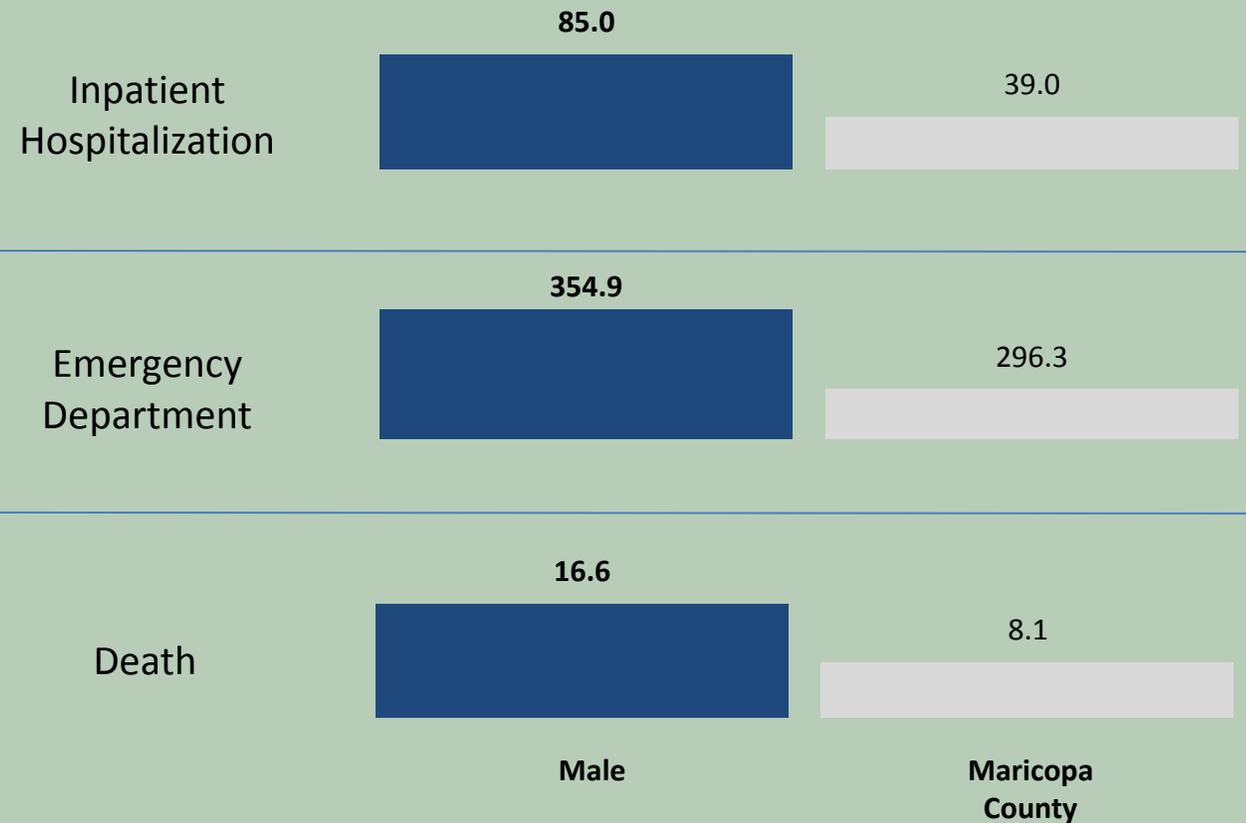
Source: 2021 MCPH COVID-19 Impact Survey

Domestic/Intimate Partner Violence

Race Disparity



Gender Disparity



Source: 2021 age adjusted rates per 100,000 population

Food Insecurity



In 2021, about 1 in 6 respondents stated that they **did not always** have enough money to pay for food.

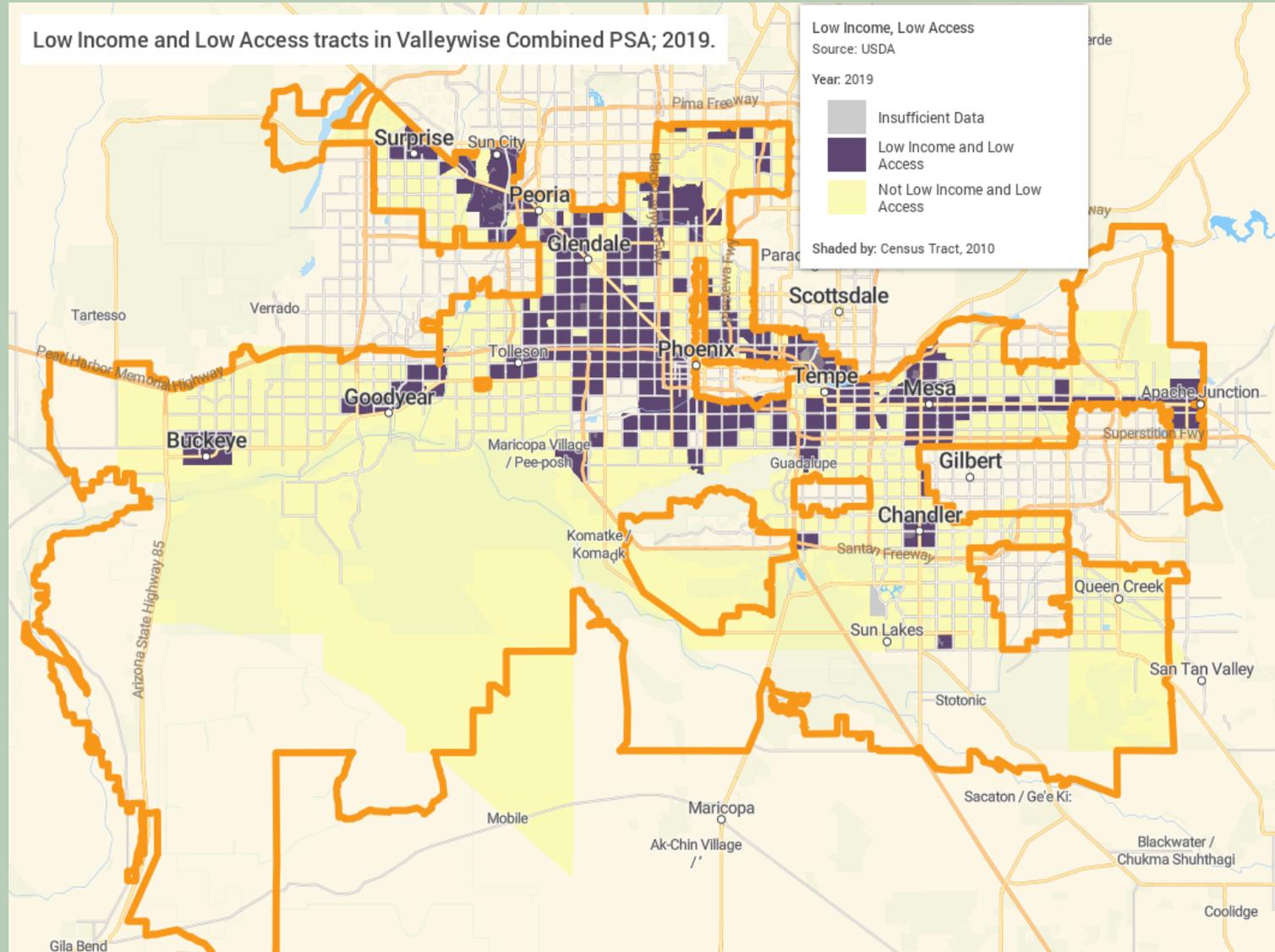
From the words of COVID-19 Impact Survey Participant



The impact of COVID reached beyond just the illness and time off from work. We are now facing higher pricing on nearly everything we purchase. Even working full time, people have to choose between housing, food, medical, etc. (45-54)



Source: 2021 MCPH COVID-19 Impact Survey



Social Issues in Focus:



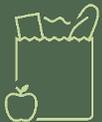
Housing Stability/Homelessness



Transportation



Utilities



Food Insecurity



Domestic/Intimate Partner Violence



These social issues accurately reflect what I see in my community.



Are there any health and social issues that have not been addressed?

Health Issues

- Breast Cancer
- Body Mass Index (Overweight)
- CVD
- Diabetes
- Mood & Depressive Disorders
- COPD
- Cervical Cancer
- Colorectal Cancer
- Stroke
- Hypertension
- All Mental disorders

Social Issues

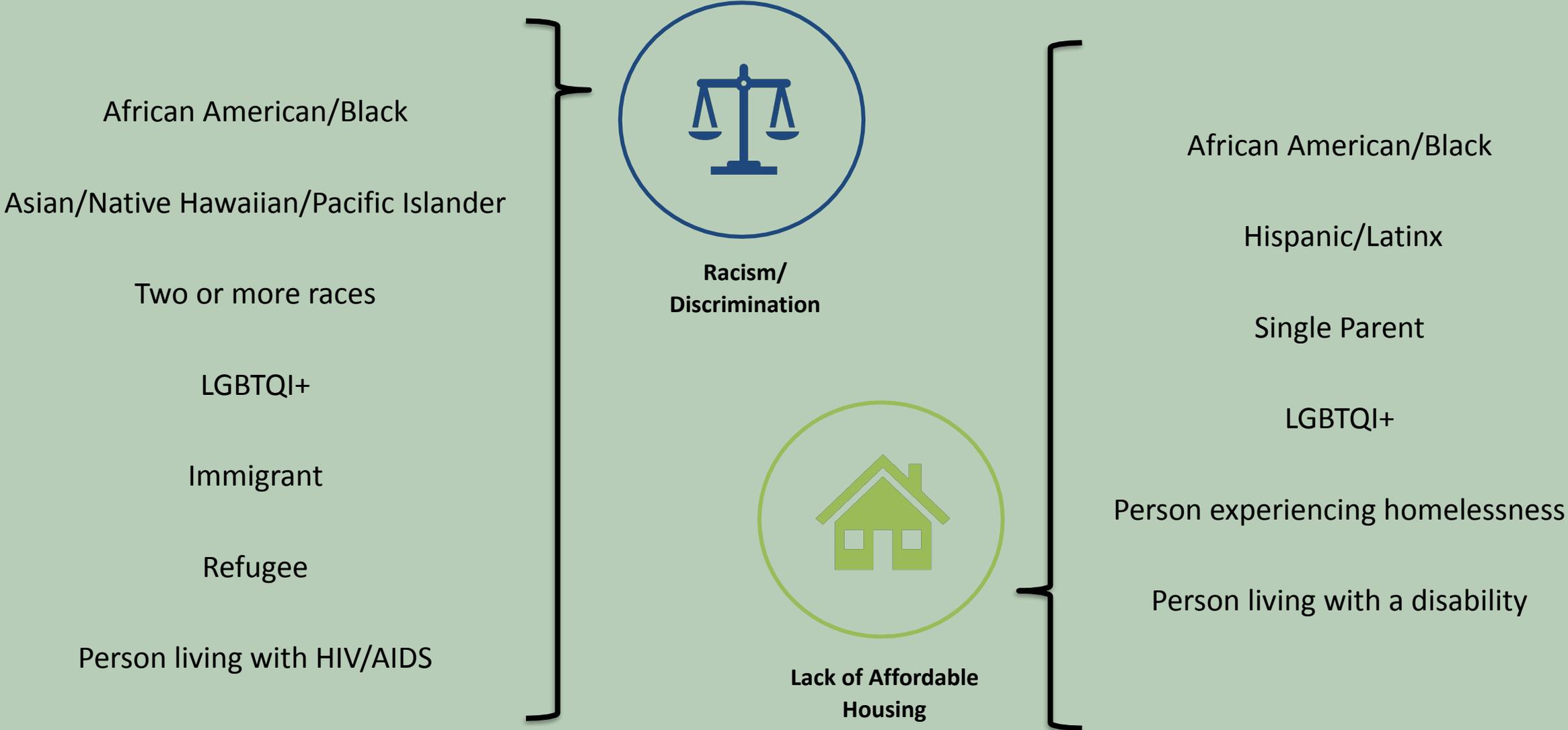
- Housing Stability/Homelessness
- Transportation
- Utilities
- Food Insecurity
- Domestic/Intimate Partner Violence



Thank you!

Addendum

2021 Top Social Issues by Race/Ethnicity & Focus Populations



Source: 2021 MCDPH Community Survey

2021 Qualitative Analysis: Themes



“ We need more affordable housing in the valley... I have seen too many people lose their jobs as even before the pandemic, they were barely able to pay rent. ”

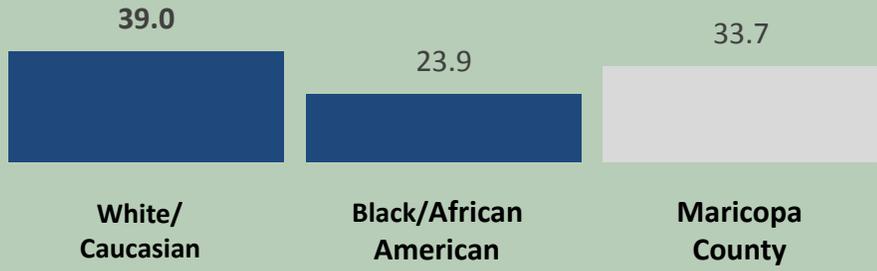
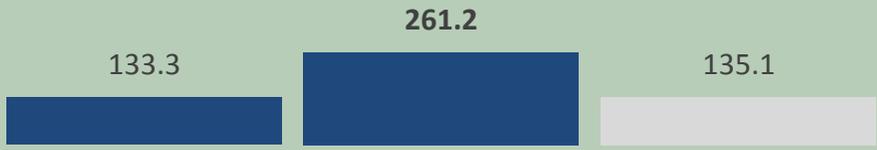
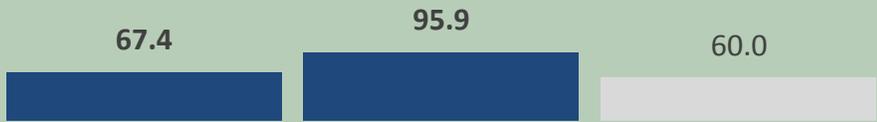
[COVID-19 Impact Survey Participant]

“ Misinformation appeared to be a cause of mental health issues like depression for some in my community. A lack of trust in media and health institutions led to... inner-conflict, social exclusion, and depression... ”

[COVID-19 Impact Survey Participant]

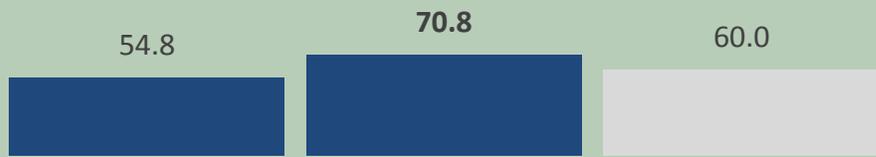
COPD

Race Disparity

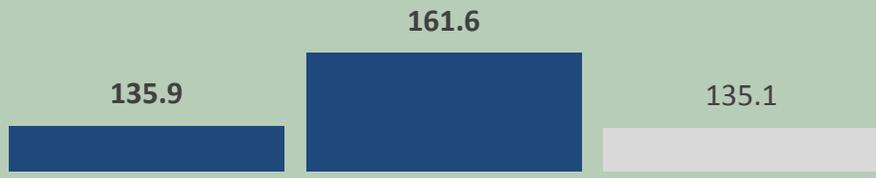


Gender Disparity

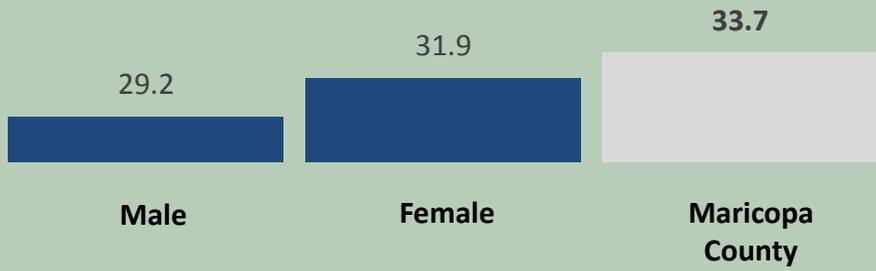
Inpatient Hospitalization



Emergency Department



Death



Source: 2021 age adjusted rates per 100,000 population

COPD



Lung disease(s) ranked as **14th** greatest health condition in 2019 and **10th** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#10** for **IP**, **#9** for **ED** and **#3** for **Death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant



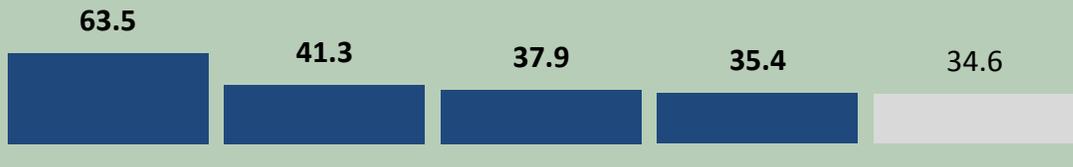
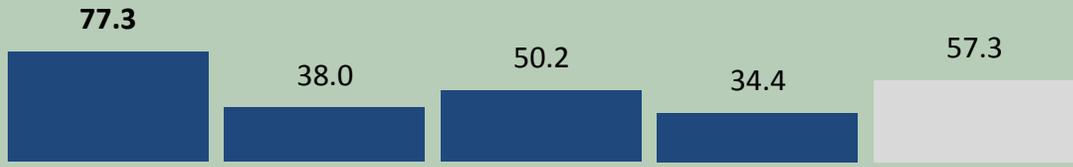
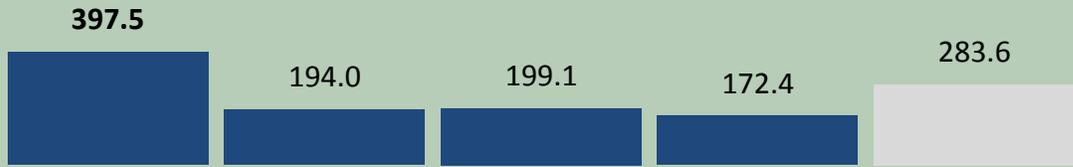
Access to help for aftereffects of COVID- such as continued breathing problems etc. [is] very difficult. Doctors unwilling to see in person to actually listen to lungs.... (45-54 years old)



Source: 2021 MCPH COVID-19 Impact Survey

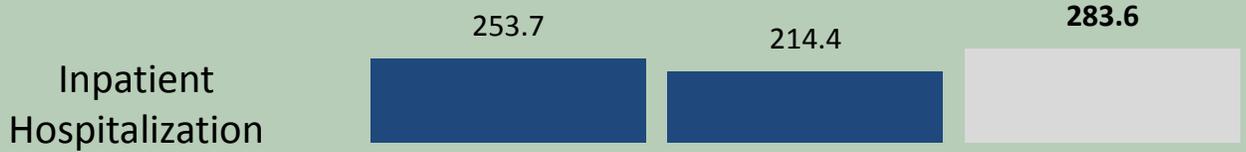
Stroke

Race Disparity



Black/African American American Indian Hispanic Asian Maricopa County

Gender Disparity



Male Female Maricopa County

Source: 2021 age adjusted rates per 100,000 population

Stroke



Ranked as **7th** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#5** for **IP** and **#3** for **death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

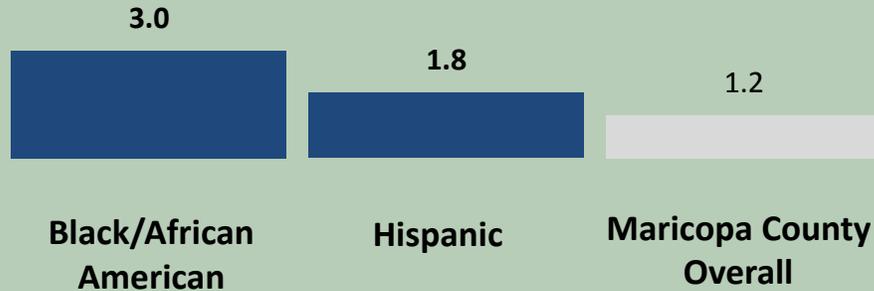
“*My mother was 69, a chronic long-time smoker with resulting asthma...She should have been admitted to the hospital instead of sent home to quarantine alone. She was admitted three weeks after testing positive...That day she had three massive strokes and two days later she had to be put in a medically induced coma and passed just under two days later. 25-34 years old*”



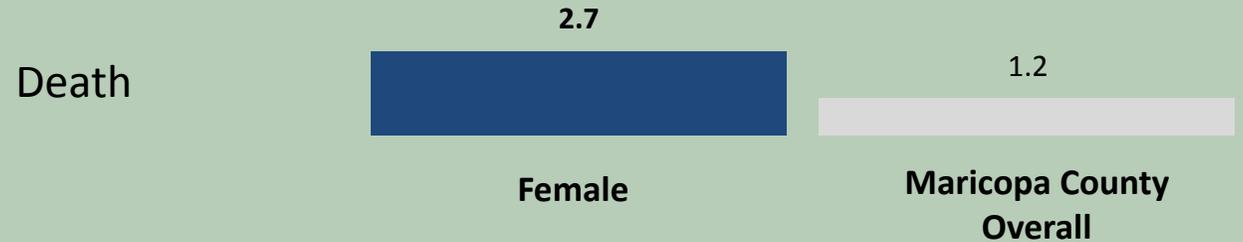
Source: 2021 MCPH COVID-19 Impact Survey

Cervical Cancer

Race Disparity



Gender Disparity



Source: 2021 age adjusted rates per 100,000 population



Ranked as **5th** greatest health condition in 2019 and **8th** greatest health condition in the 2021 MCPH Community Survey.



Cancer overall ranked **#3** by frequency in the **top 10 causes of death** in the combined Valleywise PSA.

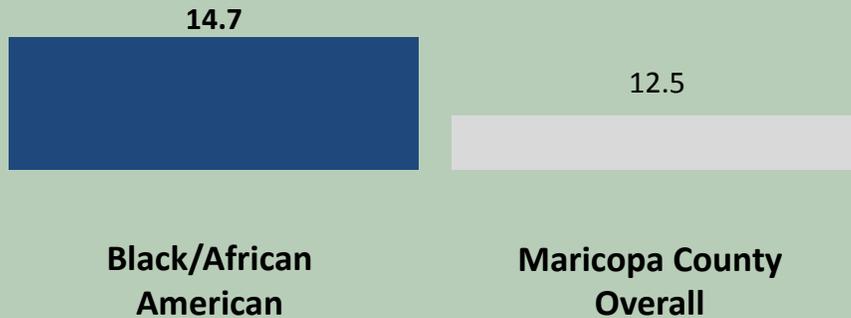
From the words of a COVID-19 Impact Survey Participant

“ I had 3 family members die because of COVID. One person is dying now of cancer because they could not get cancer treatment during COVID and now it has spread to the point they can't do anything for themselves. (55-64 years old) ”

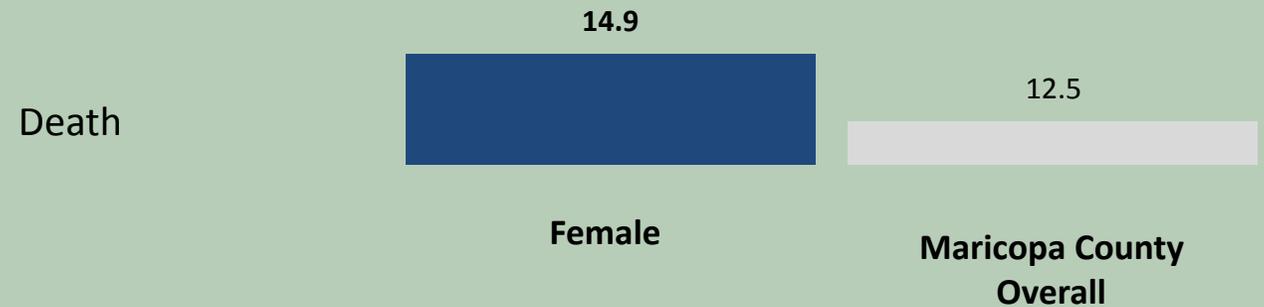
Source: 2021 MCPH COVID-19 Impact Survey

Colorectal Cancer

Race Disparity



Gender Disparity



Source: 2021 age adjusted rates per 100,000 population



Ranked as **5th** greatest health condition in 2019 and **8th** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#12** by overall rate for **death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant



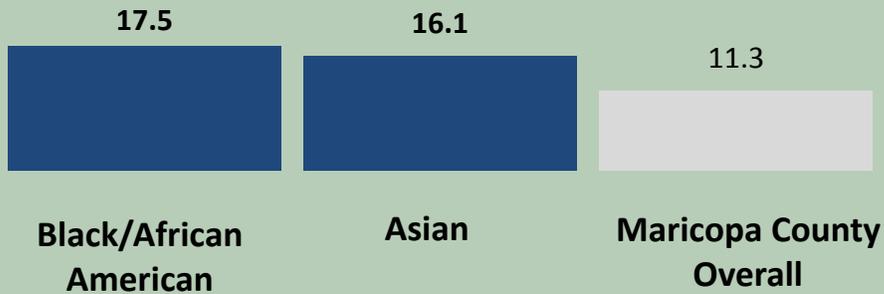
My mother died of pancreatic cancer because she was scared to go to the doctor in a timely manner. She started experiencing symptoms in March of 2020, and by the time we were able to force her to the doctor when we were finally able to see her, it was too late, and she was dead by the end of September 2020. (45-54 years old)



Source: 2021 MCPH COVID-19 Impact Survey

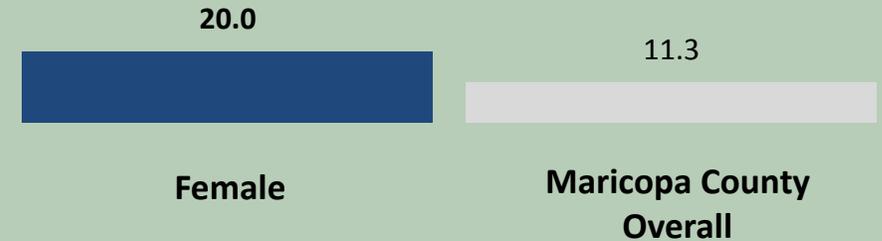
Breast Cancer

Race Disparity



Gender Disparity

Death



Source: 2021 age adjusted rates per 100,000 population



Ranked as **5th** greatest health condition in 2019 and **8th** greatest health condition in the 2021 MCPH Community Survey.



Ranked **#13** by overall rate for **death** in combined Valleywise PSA.

From the words of a COVID-19 Impact Survey Participant

““ My daughter was furloughed from her job and was diagnosed with breast cancer...She will not be able to start looking for a job until after she recovers from surgery...her biggest worry now is having her unemployment run out before she is able to look for work. (65-74 years old)





Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 3.

Financial Reports



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 3.a.

Financial Reports
Semiannual FQHC Referral Report

**VALLEYWISE HEALTH
REFERRALS ANALYSIS
FQHC Designated Clinics¹**

Summary: Internal referrals for the 3rd quarter of FY23 were 0.8% greater than the prior 12 months.

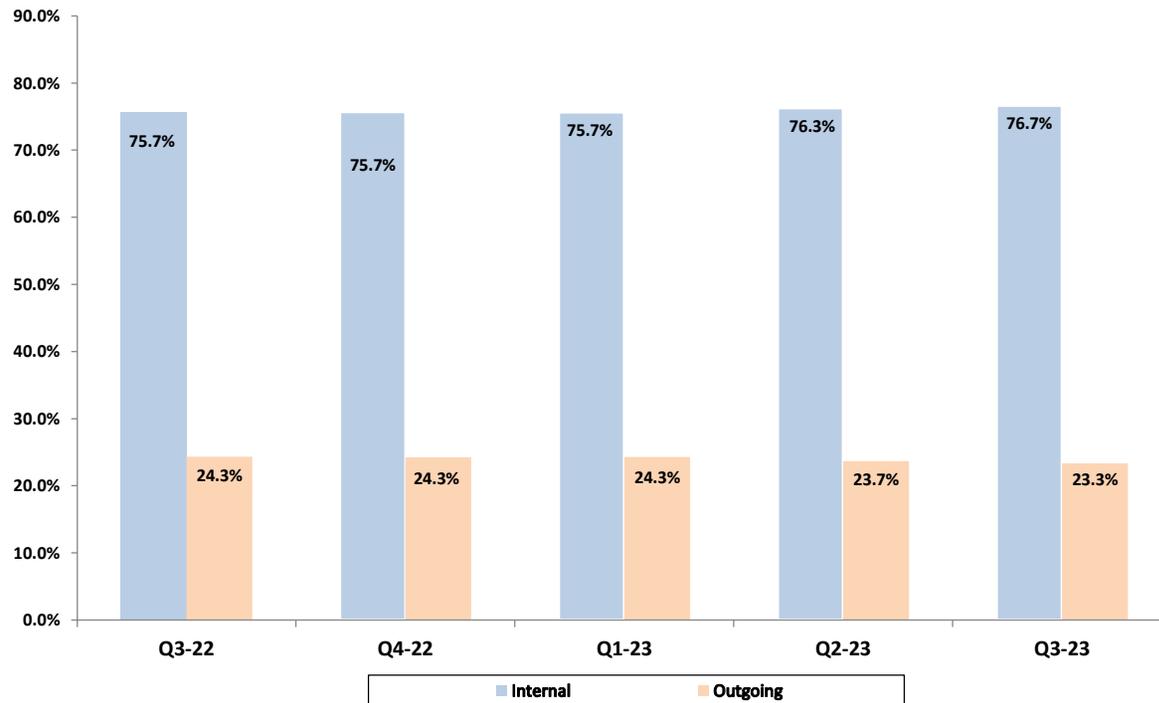
SUMMARY BY REFERRAL CLASS

SOURCE: EPIC referrals data

SCOPE: Referrals entered into Epic during the period January 1, 2022 through March 31, 2023.

Referral Class	QTR				
	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
Internal	41,098	41,580	41,137	36,124	42,256
Outgoing	13,204	13,322	13,209	11,219	12,858
Grand Total	54,302	54,902	54,346	47,343	55,114

¹ The CHC is included in total; a sub-report would be needed to filter down to just the Primary Care clinics.





Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 3.b.

Financial Reports
Semiannual HRSA Grant Funding
Utilization

FQHC Grants

Grant Description (Name)	Purpose of the Grant	Current Grant Period	Current Grant Period Award Amount	Total Spent as of May'23
FQHC-NAP Grant	This grant is to be used for the Operational support of behavioral health service delivery.	09/01/2021 - 08/31/2022	\$650,000	\$650,000
FQHC-ECT Grant	This grant is to cover expenses related to purchasing, administering, and expanding capacity for testing to monitor and suppress COVID-19.	05/01/2020 - 04/30/2022	\$1,408,999	\$1,408,999
FQHC-Cares ACT	This grant is to cover expenses related to preventing, diagnosing, and treating COVID-19 and maintaining and increasing staff levels during a public health emergency.	04/01/2020 - 03/31/2022	\$2,389,132	\$2,389,132
FQHC-SAC Grant	This grant is to be used for the Operational support of our Family Resource Centers. The SAC Grant also includes a supplemental award for Primary Care for HIV Prevention	09/01/2022 - 03/31/2023	\$585,979	\$536,689
FQHC-SAC Grant	This grant is to be used for the Operational support of our Family Resource Centers. The SAC Grant also includes a supplemental award for Primary Care for HIV Prevention	04/01/2023 - 03/31/2024	\$1,022,301	\$138,762
FQHC-American Rescue Plan	This grant is to cover expenses to prevent, mitigate, and respond to COVID-19 and to enhance health care services and infrastructure.	04/01/2021 - 03/31/2024	\$16,955,000	\$9,949,648
FQHC-First Things First	This grant is to be used for the Operational support of our Family Resource Centers to service families with a pregnant month and/or with children birth to age five.	07/01/2022 - 06/30/2023	\$779,555	\$581,791



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 3.c.

Financial Reports
Semiannual ARPA Funding Report

FQHC American Rescue Plan

Latest Update:

In April, we were granted a No Cost Extension from HRSA, extending the project end date to 3/31/24.

Grant Description (Name)	Purchases Categories through May'23	Spent by Category	Current Grant Period Award Amount	Total Spent as of May'23
FQHC-American Rescue Plan	Salaries	\$3,253,416	\$16,955,000	\$9,949,648
	Fringe Benefits	\$1,014,078		
	Supplies	\$455,117		
	Contractual	\$1,450,387		
	Equipment	\$1,140,876		
	Travel	\$7,576		
	Construction Projects	\$499,006		
	Other	\$139,263		
	Indirect	\$1,989,930		



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 4.

FQHC CEO Report
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 5.

Board Report
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 6.

Valleywise Health CEO Report
No Handout



Valleywise Community Health
Centers Governing Council
Meeting

July 5, 2023

Item 7.

Closing Comment
No Handout



**Valleywise Community Health
Centers Governing Council
Meeting**

July 5, 2023

Item 8.

Staff Assignments

No Handout