

Minutes

Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
November 2, 2022
6:00 p.m.

Members Present:

Michelle Barker, DHSc, Chairman - *participated remotely*
Scott Jacobson, Vice Chairman - *participated remotely*
Salina Imam, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*
Eileen Sullivan, Member - *participated remotely*

Members Absent:

Joseph Larios, Member

**Non-Voting Members
Absent:**

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

Others/Guest Presenters:

Barbara Harding, Chief Executive Officer, Federally Qualified Health Center
Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health -
participated remotely
Michael White, MD, Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Moises Gallegos, Public Health Consultant - *participated remotely*
Wayne Tormala, Public Health Consultant - *participated remotely*
Martin Demos, General Counsel - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*
Jane Wilson, Governing Council Member-Elect - *participated remotely*

Recorded by:

Cynthia Cornejo, Deputy Clerk of the Board - *participated remotely*

Call to Order:

Chairman Barker called the meeting to order at 6:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that four of the seven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam and Ms. Sullivan joined after roll call.

For the benefit of all participants, Ms. Talbot announced the Governing Council members participating remotely.

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Call to the Public

Chairman Barker called for public comment.

Chairman Barker announced Mr. Winkle resigned on Monday, October 31, 2022.

She stated Vice Chairman Jacobson had been appointed as the Chair of the Strategic Planning and Outreach Committee.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

a. Minutes:

- i. INTENTIONALLY LEFT BLANK

b. Contracts:

- i. Acknowledge a new funds flow agreement (90-23-073-1) between Banner Health dba Banner University Medical Center Phoenix Campus, and the Maricopa County Special Health Care District dba Valleywise Health, for redistribution of newly generated graduate medical education funding
- ii. Acknowledge a new contract (90-22-294-1) between Transportation Equipment Sales Corporation (TESCO) and the Maricopa County Special Health Care District dba Valleywise Health, for a mobile health unit utilizing Health Resources and Services Administration (HRSA) American Rescue Plan Act funding (H8F)

c. Governance:

- i. Accept Recommendation from the Executive Committee to Retire Valleywise Community Health Centers Governing Council Excused Absences Policy- 89103 F, and Approve Valleywise Community Health Centers Governing Council Members Attendance Expectations Policy - 89104 T
- ii. Approve the appointment of Jane Atherton Wilson to the Valleywise Community Health Centers Governing Council

d. Medical Staff:

- i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Vice Chairman Jacobson moved to approve the consent agenda. Ms. McCarty seconded.

VOTE: 4 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. McCarty, Mr. Messick
0 Nays
3 Absent: Ms. Imam, Mr. Larios, Ms. Sullivan
Motion passed.

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

1. Approval of Consent Agenda, cont.:

Chairman Barker welcomed Ms. Jane Wilson, the Governing Council's newest member.

Ms. Wilson expressed her excitement in joining the Governing Council and briefly provided her previous experiences and interests.

2. Presentation on Public Health & Poverty: No Grounds for Divorce

Mr. Gallegos introduced himself and Mr. Tormala, noting their efforts to address social determinants of health (SDOH) and their attempts to connect health departments of rural communities. They were working to create initiatives to strengthen that connection to impactfully address SDOH.

When reviewing statistics related to poverty levels, Mr. Gallegos stated that the reality of poverty was worse than data portrayed. For instance, according to the 2022 federal poverty level, a family of four earning just over \$27,750 a year was not considered to be living in poverty.

According to 2020 data, 14.1% of Arizonans, or nearly one million people, live in poverty. A common myth surrounding poverty is that living in poverty was a choice. However, the data shows that 63.4% of poor families had at least one person working. One of the major contributing factors to poverty was income and wealth inequality. Within Arizona, the richest five percent of households had average incomes of 17 times more than the poorest 20% of households. Arizona was now the second highest state with the highest income inequality.

NOTE: Ms. Imam joined the meeting at 6:18 p.m.

Mr. Gallegos outlined the results of the University of Wisconsin's 2022 National Finding Report, noting the average living wage for a family of three was \$35.80. A living wage was defined as the amount needed to fund food, housing, childcare and transportation. Hispanic women needed to work 229 more days to equal the salary of a white male.

He reviewed the implications of low income families, including less access to childcare, as well as individuals were less likely to have paid family leave, a retirement plan, or health insurance.

The statistics related wealth inequality by income and race was reviewed, noting 70% of children born into poverty would remain in poverty. That was due to the systemic oppression on multiple levels, such as individual, interpersonal, institutional, and structural. He provided examples of each type and said the COVID-19 pandemic magnified and exposed racism within various institutions.

Mr. Gallegos stated that poverty and poor health co-existed globally, and data suggests that individuals with less wealth had more illness and shorter life spans. He detailed the poverty statistics by Arizona County, as well as the prevalence of specific diseases within those counties.

There was a strong tobacco cessation effort, as heavy smoking could cost as much as \$3,000 annually. By eliminating the use of tobacco, the individual and family would benefit financial and improve health outcomes.

NOTE: Ms. Sullivan joined the meeting at 6:29 p.m.

Mr. Gallegos reviewed the life expectancy for each Arizona County and the health indicators within each county.

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

2. Presentation on Public Health & Poverty: No Grounds for Divorce, cont.

Given the health outcomes of those living in poverty, Mr. Gallegos stressed the importance of marrying public health with economic health. He reiterated the predictors of poor health of individuals living at or below the Federal Poverty Level (FPL), including the increased likelihood to smoke, foregoing cancer screenings and medical help, resulting in shorter life expectancy. The stress related to poverty also resulted in higher rate of substance abuse, violence to self and others, increased risk of depression and suicide.

To properly address the SDOH, there were core questions to seek answers to. The questions challenged the possibility of achieving optimal health without means to pay for food, housing or medicine or achieving economic stability without good health. He also asked if individuals with disease would benefit from integrated efforts between public health and poverty programs.

He concluded, to be prosperous, an individual required physical health, social belonging, emotional well-being and economic stability.

Mr. Tormala stated that the goal was to improve population health by integrating and coordinate the efforts of various agencies designed to improve either public health or economic health. There was currently a gap between the two.

Chairman Barker stated that SDOH was not a new concept, however, the terminology had changed in recent years. Nevertheless, the root cause of the issues began with poverty. She asked if Mr. Gallegos or Mr. Tormala believed access to healthcare was trending in a positive direction.

Mr. Gallegos was hopeful that substantial improvements will be made. There were many agencies working toward improving access to care. There were also many agencies working to address poverty. The key was for a collaboration to simultaneously address both issues. As the issues were linked to one another.

Chairman Barker asked if there was a link between mental health and poverty.

Mr. Tormala said that there was a definite link between the two.

Mr. Messick said the information provided insight to the ongoing issues between poverty and health outcomes. He asked if there were any innovations that would lead to actual solutions.

Mr. Gallegos said that success would be realized when public health officials built connections with the community action groups. Once the efforts of both sides were married together, progress may be realized.

Mr. Tormala said that it was the focus of their work; to educate various groups about each other, so the efforts were not being duplicated.

Mr. Messick asked if there were technological tools that may assist with the coordination.

Mr. Gallegos said that in the broader aspect, yes, technological tools may be used to compile data and share information. Currently, workforce shortages contributed to the many challenges the agencies were faced with.

Mr. Purves expressed his appreciation for the information provided, as it quantified the underlying problem the healthcare industry has been facing for years. Providing clinical care was a small factor in an individual's overall wellness. He stated the various aspects of SDOH, such as housing, education, transportation, needed to be coordinated and addressed together. The goal of the Federally Qualified Health Center (FQHC) clinics was to serve the underserved, however, Valleywise Health could not do it alone.

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

3. Discuss, Review and Approve the Federally Qualified Health Center Clinic of the Year for Fiscal Year 2022

Ms. Harding outlined the criteria for the FQHC Clinic of the Year award. The data was analyzed, and it was determined that three clinics met the threshold to be considered. However, Valleywise Comprehensive Health Center-Phoenix: Pediatrics demonstrated the greatest overall performance and was recommended for the award.

MOTION: Ms. Sullivan moved to approve Valleywise Comprehensive Health Center-Phoenix: Pediatrics as the Federally Qualified Health Center Clinic of the Year for fiscal year 2022. Vice Chairman Jacobson seconded.

VOTE: 6 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Mr. Messick, Ms. Sullivan
0 Nays
1 Absent: Mr. Larios
Motion passed.

4. Elect a Treasurer of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately

Chairman Barker announced that Mr. Messick had expressed interest in serving as Treasurer for the remainder of fiscal year (FY) 2023.

MOTION: Ms. Sullivan moved to elect Daniel Messick as treasurer for the remainder of fiscal year 2023, effective immediately. Vice Chairman Jacobson seconded.

Mr. Messick announced that he would abstain from voting.

VOTE: 5 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Ms. Sullivan
0 Nays
1 Absent: Mr. Larios
1 Abstain: Mr. Messick
Motion passed.

5. Discuss Valleywise Community Health Centers Governing Council's In-Person Meeting Frequency

Chairman Barker requested feedback from Governing Council members on their preferences related to increasing the frequency of in-person meetings.

Ms. Sullivan suggested a hybrid option, where in-person or remote participation was offered.

Vice Chairman Jacobson agreed but requested virtual participants turn on their camera.

Mr. Messick said the current frequency of in-person meetings, quarterly, was acceptable.

Chairman Barker noted that conducting in-person meetings required the coordination of multiple factors. She asked if the meetings were conducted in-person every month, the likelihood that Governing Council members would attend.

Vice Chairman Jacobson and Ms. Wilson said that they would attend every meeting in-person.

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

5. Discuss Valleywise Community Health Centers Governing Council's In-Person Meeting Frequency, cont.

Ms. McCarty said that she would occasionally attend in-person.

Ms. Sullivan stated she would attempt to attend in-person.

Mr. Messick said he would continue to attend in-person on a quarterly basis.

Chairman Barker recognized the value of meeting in-person and would discuss the options for calendar year 2023 with staff.

Mr. Messick suggested eliminating hard-copy packets that were provided for in-person meetings, to minimize costs.

Ms. Sullivan agreed and recommended providing light refreshments, opposed to a full meal.

6. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard

Ms. Harding presented the FQHC clinics operational dashboard for September 2022. She explained how staffing shortages created challenges throughout the clinics. The overall net promoter score was 70.1%, compared to the target of greater than or equal to 71.1 percent. She highlighted the locations that were performing better than target.

With regard to access to care, many locations were operating at capacity, given the current staffing shortages. She reviewed the number of open positions, including registered nurses, medical assistants, providers, and support staff. Some vacant positions were filled with contract labor and the Human Resources department was developing recruitment plans.

While reviewing the ambulatory visits, Ms. Harding noted an overall 7.3% positive variance on a fiscal year-to-date (FYTD) basis. She said that it was unknown how long the clinics could sustain the volume levels given the staffing shortages.

Overall, behavioral health visits also had a positive 2.7% variance for FYTD. She mentioned that the clinics with a negative variance either had a clinician that was on paid time off (PTO) or the position was vacant.

She highlighted dental visits, noting the FYTD positive 14.6% variance. She noted a provider vacancy at Valleywise Community Health Center-Avondale, causing a negative variance.

Ms. Harding provided an overview of the quality metrics for through August 2022 for calendar year (CY) 2022. There were improvements in several metrics, including but not limited to cervical cancer screening, colorectal cancer screening, controlling high blood pressure, and breast cancer screening. While hemoglobin A1c had decreased to 32.76%, staff was determined to decrease it to 30% by year-end.

She reviewed plans to improve the metrics prior to year-end.

Chairman Barker asked if there were consequences imposed for not meeting any of the metrics.

Ms. Harding said that as a health system, Valleywise Health was in the top quarter of all FQHCs, nationwide. She was unaware of any financial consequences for not meeting the metrics.

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

7. Recent meeting reports from the Valleywise Community Health Centers Governing Council's Committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

Ms. Sullivan said the next Compliance and Quality Committee was scheduled for November 14, 2022.

Chairman Barker stated the Executive Committee met on October 13, 2022. The Committee recommended to the Governing Council the new Valleywise Community Health Centers Governing Council Members Attendance Expectation policy. The Committee also discussed the structure and effectiveness of the committees.

Mr. Messick announced the next Finance Committee was scheduled for December 7, 2022.

Vice Chairman Jacobson noted the Strategic Planning and Outreach was scheduled to meet on December 12, 2022.

8. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding provided an update on the FQHC Chief Executive Officer recruitment efforts, noting Dr. White was leading the process. The position had been posted and there were applications received. She thanked Chairman Barker for her involvement in the process.

Chairman Barker announced that she excused herself and Vice Chairman Jacobson was now involved.

Ms. Harding announced that Arizona Health Care Cost Containment System (AHCCCS) recently conducted an informational session related to Community Health Worker Services. The session included the role of a community health worker, details on certification and the anticipated patient outcomes that would result from the new role.

NOTE: Ms. Sullivan disconnected from the meeting at 7:31 p.m.

Ms. Harding mentioned the earlier discussion demonstrated the link between poverty and health outcomes, including food insecurity. She reviewed the 2021 rates of food insecurity, specifically, 12.5% of all households with children in the United States experienced food insecurity. The data for various family types, race/ethnicity, and area of residency was also outlined.

She noted a food bus visited Valleywise Community Health Center-South Central to offer fresh fruits and vegetables to the community at a reasonable price.

9. Maricopa County Special Health Care District Board of Directors report

This item was not discussed.

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

10. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves provided an overview of organizational priorities, including the workforce shortages and the financial strain that resulted from being excluded from the safety net funding that was distributed during the COVID-19 pandemic.

He outlined plans in place to obtain supplemental funding, including Valleywise Health Foundation donations and additional American Rescue Plan Act (ARPA) funds. He gave an update on the attempts of developing an Urban Safety Net Hospital designation.

He mentioned as temperatures dropped, the number of COVID-19 positive and flu cases increased. He encouraged all to get vaccinated.

He highlighted the progress with Care Reimagined projects, noting construction for the acute tower was on scheduled, and would open in October 2023.

11. Chairman and Council Member Closing Comments/Announcements

There were no comments or announcements.

12. Review Staff Assignments

Old Business:

October 5, 2022

Provide feedback about monkeypox educational materials circulated within the Federally Qualified Health Center Clinics

Staff to work with Marketing to circulate appropriate materials about monkeypox needed in the Federally Qualified Health Center Clinics

Staff to contact Marketing to connect with Dr. Khalsa and prepare an editorial/educational piece to present to the Hispanic Community, specifically Prensa, Hispana

Explore offering voter registry accommodations at the Federally Qualified Health Center Clinics.

Add language to recurring Committee Reports, indicating the last time each committee met

Future Agenda item: Discuss and revisit Governing Council in-person meeting frequency

Ms. Talbot stated there were no new request that stemmed from the meeting. She outlined the old business, noting the request to add language to recurring committee reports had been completed, as well as the request for the agenda item to discuss the frequency of in-person meetings.

Ms. Harding addressed the old business related to monkeypox items. She continued to work with the Marketing Department to complete those tasks.

She referenced the request to offer voter registration at the FQHC locations and stated that at the time of the request, there was not adequate time to implement a program.

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Adjourn

MOTION: Vice Chairman Jacobson moved to adjourn the November 2, 2022 Valleywise Community Health Centers Governing Council Meeting. Ms. McCarty seconded.

VOTE: 5 Ayes: Chairman Barker, Vice Chairman Jacobson, Ms. Imam, Ms. McCarty, Mr. Messick
0 Nays
2 Absent: Mr. Larios, Ms. Sullivan
Motion passed.

Meeting adjourned at 7:49 p.m.

Cynthia Cornejo
Deputy Clerk of the Board