



**Public Meeting Minutes  
August 08, 2022  
6:00-8:00 PM (via Zoom)**

*Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.*

**Board Members:**

**Harold Odhiambo** – Chair

**Pedro Sandoval Prieto** – Secretary

**Darrell Wade** – Board Member

**Susana Mendoza** -Board Member

**Fabiola Arreola** – Vice Chair *(Absent)*

**Tamia Deary** - Member-at-Large

**Brandi Velasquez** – Board Member

**Dave Aguayo** – Treasurer *(Absent)*

**Kerry Hoeschen** – Member-at-Large

**Aisha Hollands** - Board Member

*(Absent)*

**Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)**

**Board Members Excused/Absent:**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	The Board Chair called the meeting to order at 6:05 PM. A quorum <b>was</b> established with 6 members present Lucia Cabrejos and Victor Shepard in attendance (Spanish interpretation)	N/A	N/A	N/A
<b>Minutes Review - VOTE REQUIRED</b> Review July 11 Public Meeting minutes for omissions/errors	Harold asked board members to review the public meeting minutes from July 11. There were no recommendations or edits raised by board members.	<b>Motion to approve :</b> <b>Tamia</b> <b>Second: Aisha</b>  Yays: - 6 Nays: - 0 Abstain: - 0 <b>Decision:</b> <b>Approved</b>		



<p><b>Community Needs Assessment and Service Area Application (SAC)</b>  <b>Budget- VOTE REQUIRED</b>  Marc Harris, Health Department Grants SupervisorS</p>	<p><b>**Suzy Mendoza Joined the board meeting at 6:15 pm**</b></p> <p>Marc Harris presented on the Health Center’s updated Community Needs Assessment. His team prepares the regular service area application and provides annual updates to the board on service area changes and overall demographic trends. Marc and his team last presented in November 2021.</p> <p>Since 2021, the follow community demographics and health outcomes were noted:</p> <ul style="list-style-type: none"> <li>• Patient population served by the Multnomah County health center continues to be at a higher risk for income inequality, as well as housing inequality.</li> <li>• There is a higher rate of food insecurity and a higher income to housing budget ratio</li> <li>• For persons who experience homelessness in Multnomah County, they are more likely to have a disability, a chronic disease, and be HIV positive.</li> </ul> <p>The 2022 Service Application is proposing a \$9.8M award. The funding is assigned to support staffing roles and provide services for patients who are underinsured or uninsured. Approximately 50 positions are covered by this grant, which also includes the costs for IT services.</p>	<p><b>Motion to approve:</b>  <b>Darrell</b>  <b>Second: Tamia</b></p> <p>Yays: - 7  Nays: - 0  Abstain: - 0</p> <p><b>Decision:</b>  <b>Approved</b></p>		
<p><b>Q1 Patient Satisfaction and Surveys</b>  Linda Niksich, Program Specialist Sr, ICS</p>	<p>Primary care:</p> <ul style="list-style-type: none"> <li>• Surveys are performed by Crossroads, who can deliver surveys in multiple languages, including: English, Spanish, Russian, Cantonese, and Vietnamese.</li> <li>• No significant changes in patient primary care satisfaction between the first and second quarter.</li> <li>• Some differences have been shown between Chinese and Russian speakers with likelihood to refer services to a friend.</li> </ul> <p>Dental:</p> <ul style="list-style-type: none"> <li>• Surveys are performed by staff. 282 surveys completed for quarter 2.</li> <li>• Average satisfaction score increased to 88%, up from last quarter.</li> </ul>	<p><b>N/A</b></p>		



- Satisfaction is analyzed by race and ethnicity. Results show that there are some differences between American Indian and other races.
- Lower front desk satisfaction scores amongst Asian patients, so further follow up is needed

Pharmacy:

- Evaluates the experience during filling and picking up a prescription in our clinic. Also ask about if patients use other pharmacy systems.
- 33% of patients use an outside pharmacy.
- 94% of patients who use our pharmacy give the pharmacy a high rating score of 95%
- By race, Asian patient population has significantly lower satisfaction. Requires further follow up and understanding.
- Top reason for use of pharmacy is having a convenient location, followed by cost.
- Feedback suggests lunchtime hours and more evening hours for pharmacy services

Will continue to work on what questions are being asked during surveys to assure we are able to fully evaluate patient care and satisfaction. We want to make sure we are able to identify areas of improvement, not just where we are doing well.

Questions:

How can we improve the surveys? Can we be involved in the process? I would need an interpreter.

- Linda is happy to gather feedback and currently reviews data in advance of health center board meetings with the quality committee in depth. She suggests that Pedro joins the quality committee to help with this work. She could also offer training if board members are interested.



**Q2 Complaints and Incidents**

Kimmy Hicks, Project Manager, ICS Quality Program

**\*\*Suzy Mendoza left the board meeting at 6:51 pm\*\***

Kimmy presented the incident report to the board for the second quarter. It now includes information on race and ethnicity for all reports. Some patients choose not to disclose their race / ethnicity, so there is also a null value reported.

- There were a total of 38 complaints in the second quarter. This is out of 29K primary care appointments and 16K dental appointments in the same time period.
- Location:
  - NEHC had the highest number of complaints
  - Black and African population had 3 complaints out of 10 total at NEHC
- Service Area:
  - Medical services have the highest number of complaints, followed by dental.
  - The most common type of complaint is for clinical care, such as the type of plan covered. The next most common type is having a hard time scheduling (time of appointment or how to make one).
- Incidents are reported by location and by service areas.
  - A total of 30 incidents were reported in the second quarter.
    - It was noted that one incident was mislabeled and should be a complaint.
  - NEHC and North Portland are the top two locations for incident reports
  - Clinical care is the top type of incident (such as triage routing, wrong immunization, and specimen handling).

**Questions:**

The board would be interested in more examples in complaints from customer services. Are there more examples?

- In this presentation, there are examples. Kimmy can provide further examples in the next presentation under customer service.
- Recommendation is that Hailey should send out examples to board members after this meeting. Agreed this was ok.

**N/A**



<p><b>Board Stipend Policy Updates</b> Hailey Murto, Board Liaison</p>	<ul style="list-style-type: none"> <li>● Harold introduced that the executive committee has been reviewing updated board member stipend options. There is not a vote ready for a change in the policy, but Hailey will present updates.</li> <li>● Hailey presented her findings so far. She reviewed federal, state, and other HRSA rules. Findings so far include: <ul style="list-style-type: none"> <li>○ No clear caps, but listed as a “reasonable expense”</li> <li>○ Some language does restrict where the stipend amount can come from.</li> <li>○ Must be able to align stipends to be linked to actualized expenses, even if it comes from non federal sources</li> <li>○ Spoke with Pamela Byrnes, JSI consultant, regarding concerns and options. The current policy may be flagged as non compliant if it doesn’t include specific expense line items.</li> </ul> </li> <li>● Options for board members include restructuring the board policy or waiting until HRSA comes to review.</li> <li>● There is no vote tonight as the policy is still under review.</li> </ul> <p>Board Questions: Who is our consultant?</p> <ul style="list-style-type: none"> <li>● Pamela Byrnes, with John Snow Inc. She reached out to the accountant and legal teams at HRSA to inquire further.</li> </ul> <p>What is the reason for restriction if we are not using federal funds?</p> <ul style="list-style-type: none"> <li>● The nature of the work, as seen by HRSA, is that this is a volunteer board and issuing stipends could be seen as issuing payment. HRSA could be concerned with the discrepancy of exact costs as compared to stipend amount.</li> </ul> <p>Feedback on other volunteer boards which have other structures for payment. Tamia will share other examples that the Board could consider. Appreciates the work so far of the research.</p>	<p>N/A</p>		
--	--	------------	--	--



10 Minute Break

<p><b>Labor Relations Updates</b> Adrienne Daniels, Interim Executive Director <b><i>Bargaining and Negotiation Updates(Executive Session)</i></b> <i>CHCB to receive confidential report in separate Zoom</i></p>	<p>CHCB received confidential reports in a separate meeting room related to bargaining and labor agreements.</p> <p>Due to internet connectivity, the report could not be completed. The board requested a confidential email should be shared by Adrienne with the slides. Board members voted to end the executive session by consensus vote.</p>	<p><b>Motion to approve:</b> <b>Tamia</b> <b>Second: Darrell</b></p> <p>Yays: - 6 Nays: - 0 Abstain: - 0 <b>Decision:</b> <b>Approved</b></p>		
<p><b>Monthly Budget Report and Financial Reports</b> Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director</p>	<p>Jeff presented that the County was in the process of closing the budget year, in alignment with planned completion dates. The collection of final invoices and grant reconciliation activities happen in August, which allows all costs and expenses to be appropriately tracked. The Board will receive the final year budget close out in the next meeting, but the May financials were included for reference.</p> <p>Debbie Powers presented on the HR vacancy updates on behalf of Adrienne Daniels. There are increases in the total vacancies this month based on the start of our new year. There are a total of 151 vacancies currently, with 139 active. Total length of each recruitment is reduced (just under 3 months). Approximately \$3.1M is lost revenue associated with vacancies. The health center continues to work closely with HR on improving our vacancies, as this continues to be both a local and national challenge.</p>	<p><b>N/A</b></p>		
<p><b>Board/Committee Updates</b> Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO</p>	<p>Dr. Hollands presented on CEO recruitment : Motus has provided the recruitment team with a training on bias, and continues to screen applicants. There are now more than 27 applicants and the goal is for the committee to identify ten to interview.</p>	<p><b>N/A</b></p>		



<p>Search Committee Team Lead          Tamia Deary, CHCB Member at Large and Quality Committee Lead          David Aguayo, CHCB Treasurer</p>	<p>Tamia presented on the Quality Committee: Quality committee reviewed the details of the data on patient satisfaction reports and incidents.</p> <p>Jeff Perry presented on the the Finance committee as David was absent: The committee reviewed the operational reserve policy further</p> <p>Harold presented on the Executive Committee: The executive committee has been giving feedback and hearing updates on the stipend policy, planning National Health Center Week, upcoming Health Center tours, HRSA compliance updates, and continuing education structure for Board Members. Tamia, Bee, and Darrell will be representing the Board at the upcoming NACHC conference in Chicago later this month.</p>			
<p><b>Strategic Updates</b>          Adrienne Daniels - Interim Executive Director, ICS</p>	<p>Anirudh Padmala, ICS Deputy Director, presented the strategic update for the health center on behalf of Adrienne. The updates include:</p> <ol style="list-style-type: none"> <li>1. Patient and community voice:             <ol style="list-style-type: none"> <li>a. New focus groups at the NEHC collected feedback on the use of technology in medicine. This is informing our future work with video calls for BIPOC patients.</li> <li>b. Student health center teams are working with kindergarten teams to help with school readiness planning and getting care in schools this fall.</li> </ol> </li> <li>2. Workforce:             <ol style="list-style-type: none"> <li>a. National Health Center Week will be on August 11</li> <li>b. All staff celebration will also occur in September for their work during COVID19</li> <li>c. FTCA insurance application is also ongoing, meeting with risk management teams to assess insurance needs</li> </ol> </li> <li>3. Fiscal responsibility:             <ol style="list-style-type: none"> <li>a. HRSA Compliance update: the new enterprise fund compilation and new policies have all been resolved and accepted by HRSA to lift the two outstanding conditions.</li> <li>b. Noted that the fiscal year will close in August so June's final reports are going to be available in September.</li> </ol> </li> </ol>	<p><b>N/A</b></p>		



	<p>4. Equitable treatment:</p> <ul style="list-style-type: none"> <li>a. hMPXV Vaccine is available for patients and to distribute to patients. There is an estimate of providing 100 vaccines per week. We are also sharing communication about how the disease spreads and how to prevent it.</li> <li>b. Pharmacy workgroup is addressing recommendations on respectful language and diversity</li> </ul> <p>5. Noted Board priorities and projects:</p> <ul style="list-style-type: none"> <li>a. Board projects are in progress, noted that a discretionary fund is now established for the operational reserve.</li> <li>b. Interviews for privacy and data completed, a draft report is expected soon.</li> <li>c. New media interview with Univision related to staying safe in the heat due to risk to patient health</li> <li>d. Financial policies are all active and complete.</li> </ul>			
<b>Meeting Adjourns</b>	Meeting adjourned at 7:59 PM			Next public meeting scheduled on 9/12/22

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Pedro Prieto Sandoval, Secretary**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Harold Odhiambo, Board Chair**

**Minutes approved, virtually, at the September 12, 2022 Public Meeting**

**Scribe taker name/email:**  
 Adrienne Daniels / Crystal Cook