



Building on our Foundation: Expanded Approaches for Meaningful Community Engagement at Health Centers

Community Health Institute & EXPO

August 30, 2022

Virtual Participants

Chat
(use to talk with peers)



The screenshot displays a virtual meeting interface. On the left, there are two panels: a 'Chat' window and a 'Polling' window. The 'Chat' window shows a conversation between participants, including messages from Brian Leung, James Heibel, and Laura Wiggins. The 'Polling' window shows a poll question: '#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)'. The poll results are as follows:

Challenge	Percentage
Concision	45%
Grammar and/or Types	20%
Content Structure	16%
Tone	16%
Other	0%

The main area of the interface shows a video feed of a man in a dark suit and white shirt. To the right of the video is a presentation slide titled 'UDS Reporting: Preparing, Doing, and Utilizing' with the subtitle 'Cultivating Health Center Operations'. The slide features a colorful graphic of a heart and the CURIS logo. At the bottom of the interface, there is a navigation bar with options like 'Session', 'Support', 'Profile', 'Options', and 'Windows', along with a 'Request Support' button and a time indicator '12:09pm Eastern'. The Digitell logo is visible in the bottom right corner.

Polling/Q&A
(participate in polls, ask questions to faculty)

In-person Participants

WIFI

Network Name: NACHC Conference

Password: Allscripts

Option 1: Online

- Scan the QR Code or visit <https://chi.cnf.io/> and find the session (CTuD1)



Option 2: NACHC Mobile App

- Open the App
- Click on “Sessions”
- Select date (August 30)
- Find “CTuD1 - Building on Our Foundation: Expanded Approaches for Meaningful Community Engagement at Health Centers”
- Click on “Feedback/Polling”
- Ask or “up vote” questions



Objectives

- Learn about models that health centers are using to expand community engagement and related benefits of such models.
- Explore the continued importance of community engagement in health care, including a model for assessing expanded meaningful community engagement.
- Consider approaches for expanded community engagement at your health center.

Panel

- Kara Green, Clinical Director, Hope Clinic
- Mark Santiago, Chief of Community Engagement, Sun River
- Robert Spencer, CEO, Kintegra Health
- Nalani Tarrant, Deputy Director, Social Drivers of Health, NACHC
- Lakshmi Deepa Yerram, MD, MHA, Chief Medical Officer, International Community Health Services



Poll

What comes to mind when you think about patient and community engagement at health centers?





Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: What comes to mind when you think about patient and community engagement at health centers?

Our Roots

What makes health center board composition unique?

The HRSA Health Center Program requires health centers to have a consumer-majority governing board.⁵ **A high-level summary of health center board composition requirements follow; for specific requirements, refer to the [HRSA Health Center Program Compliance Manual](#).**

9-25

Health center boards must consist of at least **9** and no more than **25** members

At least
51%

At least **51%** of board members must be **patients** served by the health center



- A patient is an individual who has received at least one service in the past 24 months that generated a health center visit (see the [Health Center Program Compliance Manual](#) for details)
- Patient members, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender

Up to
49%



Up to **49%** of board members can be **non-patients**

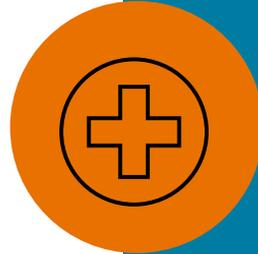
- Non-patient members are representative of the community served by the health center or the health center's service area, and are selected to provide relevant expertise and skills

See more in [Health Center Boards: Benefits to Health Centers](#)

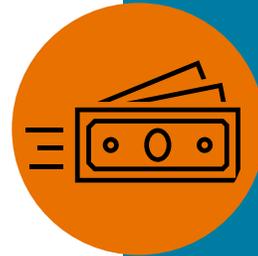
Sample Forces



Expansion and Growth



Person-Centered Care



New Payment Models



Health Equity



Engagement Structure Examples

- Governing Board with Formal Patient Participation
- Patient Advisory Councils (PACs)
- Focus Groups
- Surveys

National Academies of Sciences, Engineering, and Medicine (NASEM), “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care”

OBJECTIVE TWO: ENSURE THAT HIGH-QUALITY PRIMARY CARE IS AVAILABLE TO EVERY INDIVIDUAL AND FAMILY IN EVERY COMMUNITY

Action 2.5: Primary care practices should move toward a community-oriented model of primary care by:

- a. **Including community members with lived experience in their governance, practice design, and practice delivery**



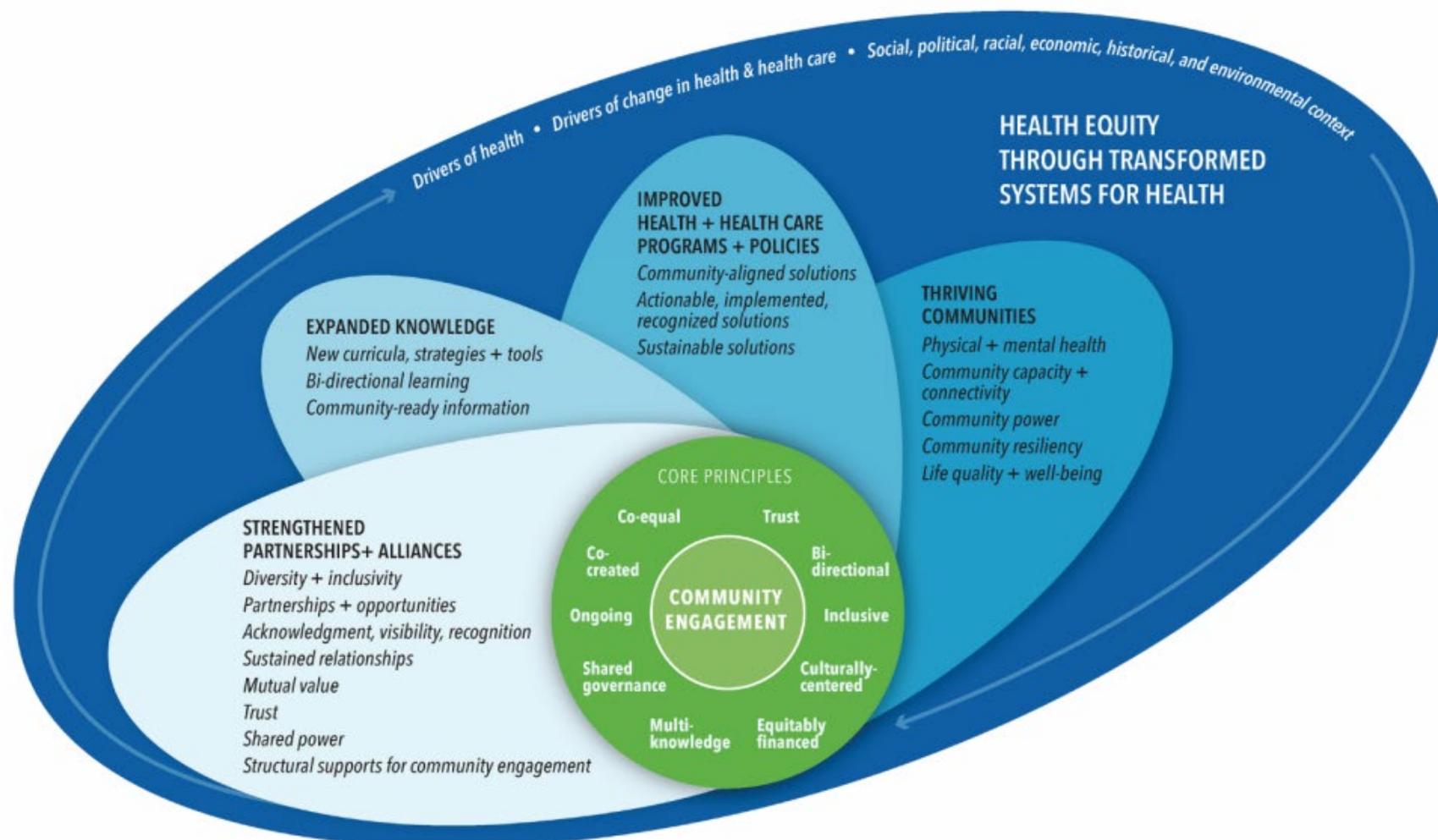
IDENTIFIED 14 actions for health care to take

ROLE: ENGAGE WITH ORGANIZATIONS AND COMMUNITY RESIDENTS

ACTIONS:

- 8. Meaningfully involve individuals from the community in governance and decision making**
9. Build trusting relationships with individuals and organizations in the community
10. Respect and build on the expertise and power of individuals and organizations in the community

Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health





Panel Themes

- Health Center Overview
- Governing Board Overview
- Structures to support patient and community engagement (e.g., Patient Advisory Councils)
- Benefits
- Lessons Learned

PACs Advancing Health Equity at ICHS



Deepa Yerram MD MHA
CHIEF MEDICAL OFFICER

About ICHS

Mission

Deeply rooted in the Asian Pacific Islander community, ICHS provides culturally and linguistically appropriate health and wellness services and promotes health equity for all.

Vision

Healthier People. Thriving Families. Empowered Communities. A Just Society.

Core values

Patient and community centered
Excellence
Diversity and cultural sensitivity



About ICHS

Established in 1973, FQHC

Service area: King County and greater Seattle area.

2022 Budget: \$79 Million

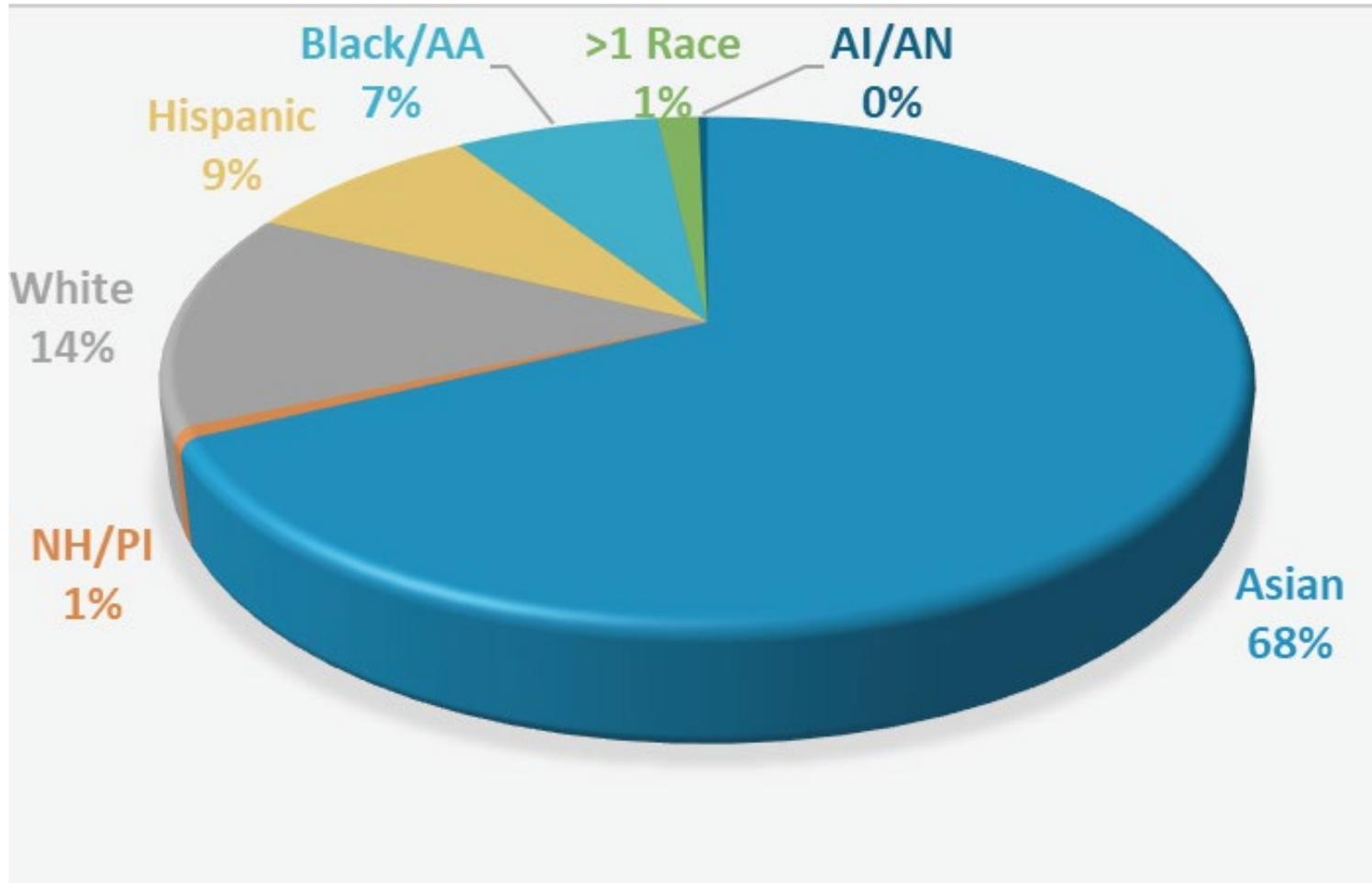
Number of Employees: 624

Number of Patients/Clients Served: ~30K*

- Primary Care- HIV care, Integrative medicine, Medication Assisted Treatment, Remote monitoring programs, Gender affirming care, CDC TB Grant, Pediatrics, OB/Women's health, ACRS
- Comprehensive Dental Care
- Behavioral Health- Collaborative care model, SUD services
- Chinese Traditional Medicine- Acupuncture
- Nutrition Counseling-Women, Infants & Children (WIC)
- Comprehensive Care Management- RNCM, Care Coordination (Health Home Program)
- Population Health- Health Education
- Pharmacy- 340B program, Clinical Pharmacists
- Vision Services
- School Based Clinics (Medical and Dental)
- Mobile Van (Dental)
- Healthy Aging and Wellness- Legacy House, Senior meal program, Adult Day services, PACE
- Community Services- Pop up clinics, mass testing/vaccination
- Advocacy and lobbying

*(UDS 2021).

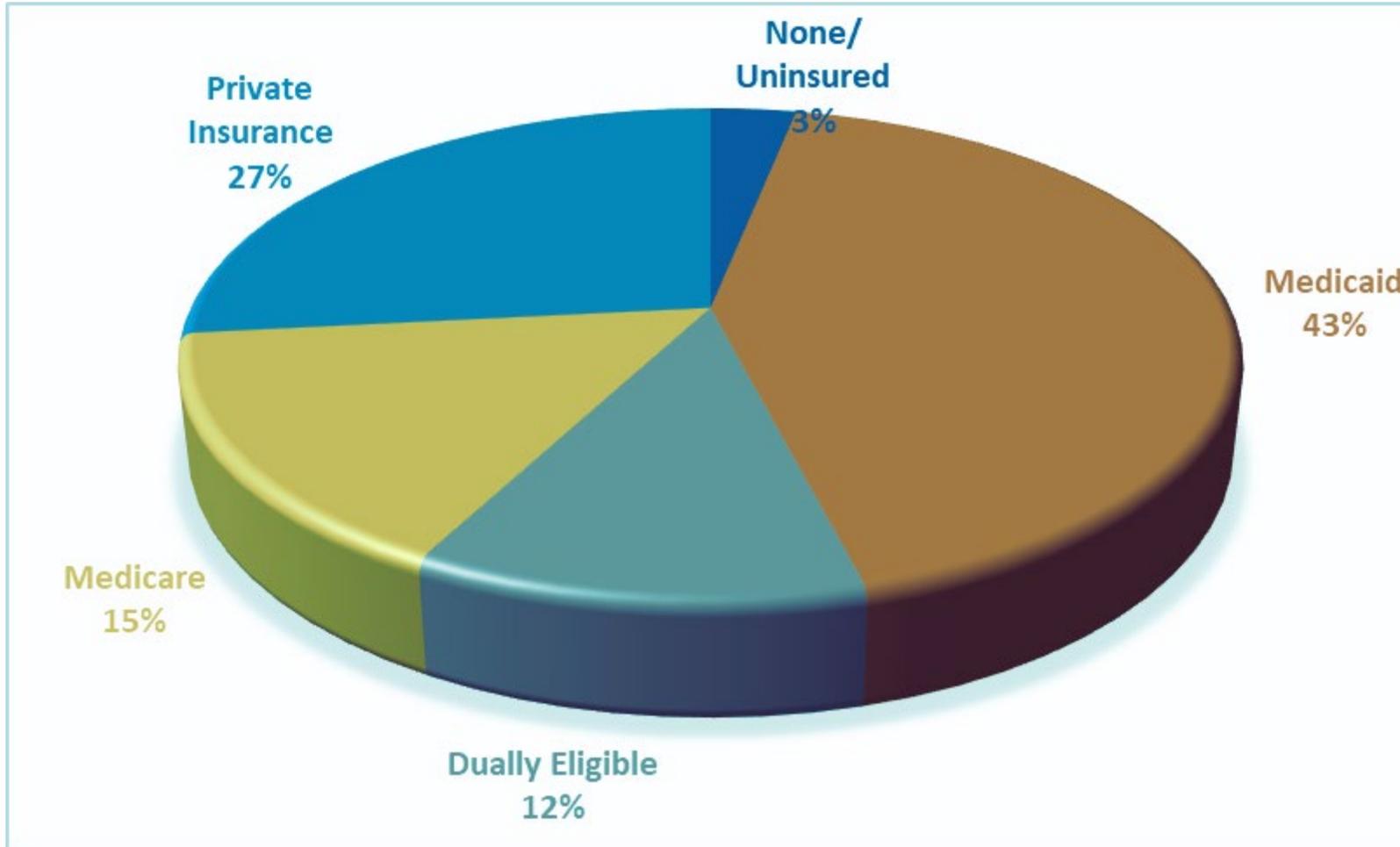
About ICHS



Patients Speak 70+ languages

Patients best served in a language other than English ~55%.

About ICHS



Payor compositions is typical of a FQHC

Patient Advisory Councils at ICHS

HISTORY

- FQHC PAC
- PACE PAC
- Five active members (charter allows for up to 10)
- Participants span several age groups (mid-20s-early 70s),
- Ethnically diverse.
- Represent different clinic sites and service areas
- Feasibility Study, 2006- a working group made up of the Medical Director, Quality Improvement Coordinator, Health Educator/ Grants Administrator and Marketing Manager.
- MT approval, Feb 2006- Management team advised to implement slowly until additional staff resources were available.
- Quality Improvement Committee (QIC) and Board of Directors (BOD) approval, April 2006.
- Slow start (2006-2009) due to staffing shortages and lack of financial resources to support the initiative.
- PAC 2.0, 2010- drafting a charter and formal establishment.

WHY DID WE NEED PACs?

Patient advisory councils (PACs) are small groups of patients (or family members) who are appointed to provide feedback on services and care at a health center.

- PACs are designed to advise;
- Do not hold fiduciary or managerial responsibilities.
- PACs are not exclusive to Community Health Centers.

Goal is to improve quality and patient experience/outcomes at health center.

Clinical Case

- Patient experience positively correlates to processes of care for both prevention and disease management.
- Patients' experiences with care correlate with adherence to medical advice and treatment plans.
- Patients with better care experiences often have better health outcomes.

Business Case

- Good patient experience is associated with lower medical malpractice risk.
- Efforts to improve patient experience also result in greater employee satisfaction, reducing turnover.
- Patients keep or change providers based upon experience.

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Other

- Can help with facilitating enhanced patient communication- design and improve workflows around call center functioning, educational handouts, advanced medical directive program, etc.
- Solicits patient inputs for Capital projects and physical improvements.
- Identify practice improvement initiatives- prioritize and implement.

Payor/Regulatory

- Office of Minority Health's National standards for Culturally and Linguistically appropriate services, and NEQA's standards from PCMH require practices to involve, patients, families, and caregivers to design, implement, and evaluate policies, practices and services.
- Patient satisfaction scores are a mainstay of VBC now.

IMPLEMENTING WORKING WITH PATIENTS

Agency for Healthcare Research and Quality recommends the following steps:

- Identify a staff liaison- Ensure there are resources and manpower assigned to this effort.
- Identify opportunities for involving patient and family advisors- advisors on short term projects, PACs, Quality and Safety committees → Board positions.
- Prepare hospital leadership, clinicians, and staff to work with advisors - build support and recognize barriers in the organization.
- Recruit, select, and train patient and family advisors- coordinated pathways for identification, interviewing, and orientation for advisors
- Implement and coordinate advisor activities- build a solid foundation for success and sustained engagement of advisors and internal stake holders.

PAC: Best Practices



- At least 50% of members are patient and family advisors reflecting diversity of community served
- Chair or co-chair is a patient/family advisor.
- Have established guidelines (e.g., bylaws)
- Meet regularly (10-12 times per year)
- Have an agenda and maintain minutes
- Provide orientation and ongoing training to members
- Establish annual goals
- Seek a balance of PAC-initiated and staff-initiated projects
- Evaluate effectiveness of PAC
- Document impact of PAC on safety and quality

STRATEGIES FOR BUILDING DIVERSITY ON PACs

- Have a comprehensive recruitment strategy
- Prioritize Patient/Family meeting attendance
- Support Inclusion and belonging:
 - understand rules of engagement during onboarding,
 - engage in creating meeting agendas,
 - spotlight their specific interests and expertise,
 - ask for feedback,
 - provide appreciation.
- Make it very easy to attend- engage interpreters, childcare, transportation, etc.
- Share an annual impact report.



ENHANCEMENT OF EQUITY AND GOVERNANCE AT ICHS

Redesign of Patient Satisfaction Survey

APPENDIX C: SIDE BY SIDE COMPARISON OF OLD & NEW SURVEYS

2004 – 2010 survey

PATIENT SATISFACTION SURVEY

Your feedback is important to us. Please take a few minutes to complete and return either to the front desk or a survey box.

Gender: Male Female Name of provider: _____ Location: Clinic Holy Park
 Race/Ethnicity: Pacific Islander Chinese Vietnamese Korean Filipino Cambodian Laotian Mien Japanese
 Black/African-American Hispanic Or Latino White
 Other

Using the faces on your right, please rate your experience today at International Community Health Services. Please circle the number which best matches your experience.

1 Face 2 OK 3 Good 4 Satisfied 5 Don't Apply

Item to Get/ing/ing	1	2	3	4	5
Easy to Get/ing/ing					
• Able to get an appointment when you want	1	2	3	4	5
• Clinic hours are convenient	1	2	3	4	5
• Able to phone the clinic easily	1	2	3	4	5
• Able to get an interpreter	1	2	3	4	5
• Easy to check-in at clinic	1	2	3	4	5
Wait Time					
• In front waiting room	1	2	3	4	5
• In exam room	1	2	3	4	5
• At clinic pharmacy	1	2	3	4	5
Service					
• Provider					
• Listens to you	1	2	3	4	5
• Spends enough time with you	1	2	3	4	5
• Answers your questions	1	2	3	4	5
• Sensitive to your cultural beliefs	1	2	3	4	5
• Gives good advice and treatment	1	2	3	4	5
• Nurse/Family Health Worker					
• Friendly and helpful	1	2	3	4	5
• Answers your questions	1	2	3	4	5
• Phone calls returned quickly by nursing staff	1	2	3	4	5
• Front Desk					
• Respectful and courteous	1	2	3	4	5
• Answers your questions	1	2	3	4	5
• Payment					
• Eligibility staff respectful and courteous	1	2	3	4	5
• Charges are clear and reasonable	1	2	3	4	5
• Charges are clearly explained	1	2	3	4	5
• Facility					
• Building safe and clean	1	2	3	4	5
• Able to find parking	1	2	3	4	5
• Other					
• Confident that your personal information is kept private	1	2	3	4	5
• How would you rate your overall satisfaction with our clinic?	1	2	3	4	5

Gender and age were not being used to analyze data. Many patients got confused by having to both check and/or circle their answer in the race/ethnicity section.

Results from patient interviews and the Patient Advisory Council showed that patients viewed the smiley faces as an indication of how sick they felt, not how satisfied they were.

Many patients would start off rating each question separately, but due to the length of the survey, got tired and stopped rating each area individually.

Rating is set up in a way where one answer can be selected for multiple questions.

The rating is unclear, where a "4" is the highest and a "5" is "Doesn't Apply." Many respondents would get confused and circled "does not apply" for all of their answers.

Font is small. Many patients said that they could not read it.

Revised survey (version A)



Patient Satisfaction Survey – A
 Thank you for taking this confidential survey. The results will be used to improve patient services at International Community Health Services (ICHS). What you think is important to us! Please return this survey to the front desk or a green survey box.

Clinic: ID Holy Park

1. Your Doctor's or Dentist's Name: _____

2. Was today your first visit to ICCHS?
 Yes, today was my first visit No, I have been here before

3. Your Race/Ethnicity:
 African Black/African-American Cambodian Caucasian Chinese Filipino Hispanic or Latino Japanese Korean Laotian Mien Pacific Islander Vietnamese Other *Irish/Thai/English*

4. Please circle your answer: "Satisfied" means that your expectations were met

a. In the last 12 months, how have you felt about the care you received from your doctor or dentist?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

b. In the last 12 months, how have you felt about your doctor's or dentist's respect for what you had to say?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

c. In the last 12 months, how have you felt about the amount of attention your doctor or dentist gave you?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

d. How do you feel about the friendliness of the employees of ICCHS?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

e. How do you feel about your questions being answered at ICCHS?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

f. How do you feel about the comfort of the exam room?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

g. How do you feel about the ease of scheduling appointments?
 Very Satisfied Satisfied Unsatisfied Very Unsatisfied

5. Please complete these sentences:
 What I really like about ICCHS is: *They have helped me start to rebuild my confidence by fixing my dental problems. I look better now than when I first came in.*
 One thing ICCHS could change to improve their services for their patients is: _____

6. Anything else you would like to tell us? *I think that it is excellent how the clinic has integrated current technology in their services. Technology can be beneficial to dentistry.*

Font is a bigger with more white space.

There are three questions about the patient's particular provider. The questions specify a 12-month span.

Rating is on a scale from "very satisfied" to "very unsatisfied"

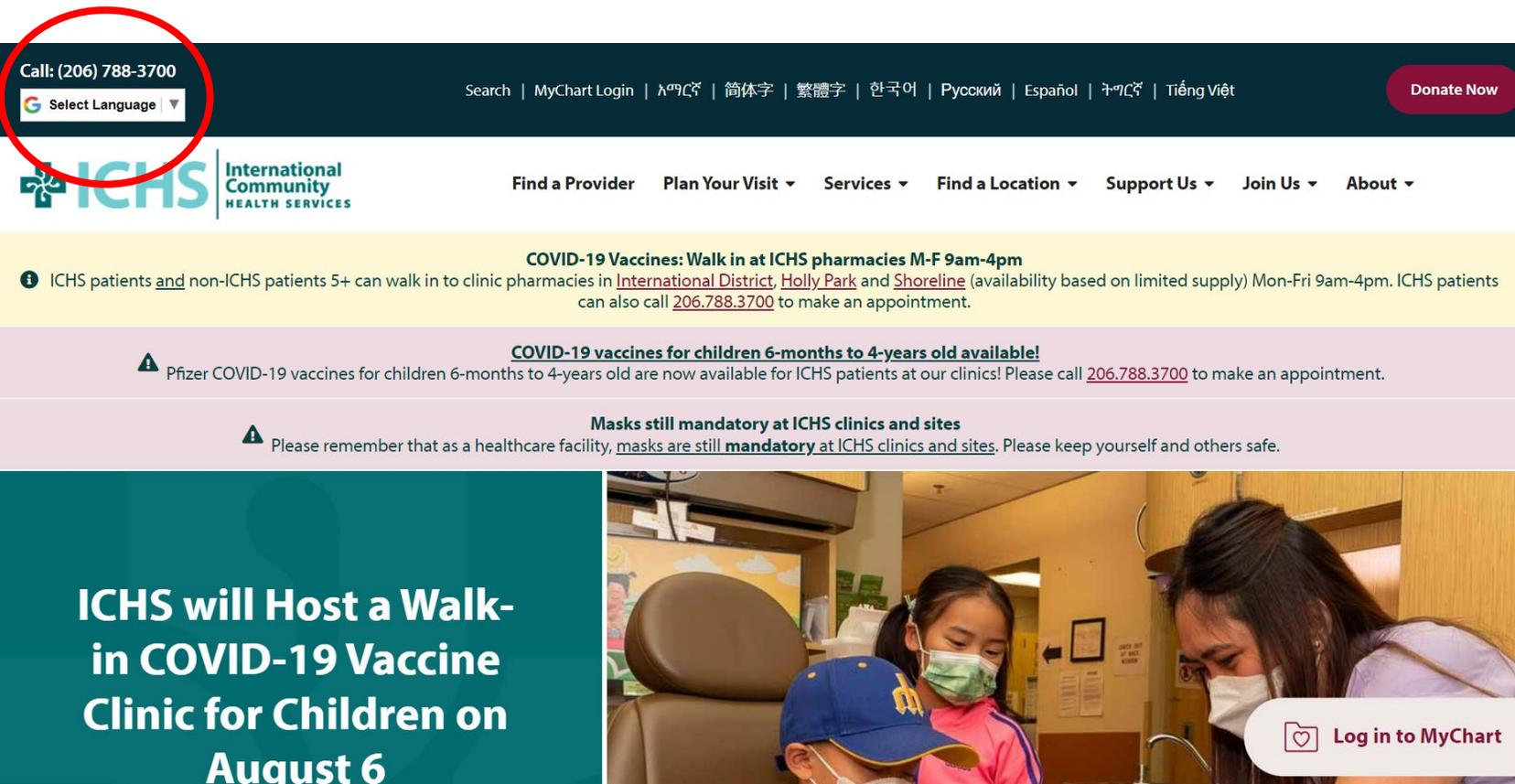
There are fewer questions. This allows patients to thoughtfully respond to each question. Questions 4d – 4g are different depending on the version patients receive.

Due to the formatting changes, patients cannot circle the same answer for multiple questions.

There is more space for patients to write comments.

ENHANCEMENT OF EQUITY AND GOVERNANCE AT ICHS

ICHS's website redesign



- Redesigned the website and added Google Translation feature to all pages to accommodate the major languages spoken.
- Enhanced information on Online appointment scheduling and confirmation.
- Recommended addition of Senior leadership names and titles.

ENHANCEMENT OF EQUITY AND GOVERNANCE AT ICHS

Advise on culturally sensitive approach to discussing Advanced Directives.



- Cultural barriers to Providers discussing Advanced Directives and end of life care/options with Asian elders
 - Chinese belief that if you talk about something bad, it could occur
 - Some elders do not want to be a burden to their children
- Studies show that there is a need for closer and open communication between seniors and their caregivers regarding end-of-life care, and health care professionals have an important role in this respect.
- PAC helped us develop workflows; and culturally and linguistically appropriate talking points

ENHANCEMENT OF EQUITY AND GOVERNANCE AT ICHS

Redesign of Patient Satisfaction
Survey

ICHS's website redesign

Integration of SDOH into clinical
workflows

Addition of services- Vision,
HIV/PreP, ARNP Residency
program

Advise on culturally sensitive approach to
discussing Advanced Directives.

Creation of ICHS Patient
Guidebook

Strategies around Civic engagement

ENHANCEMENT OF EQUITY AND GOVERNANCE AT ICHS

Redesign of Patient Satisfaction



Strategies around Civic engagement

Community health clinics hope to survive until federal dollars arrive



by LORI MATSUKAWA / KING 5 News

Recommend 36

Integ
work

da



REFLECTIONS OF PAC MEMBERS

“
Here’s what
patients are
saying:

Because ICHS need listen to all different kinds of voice, being a Chinese resident in this state; I think I have a responsibility for improving ICHS’s service, give them more active suggestions, ideas and comments. I also would like to do something good for it.

Sam Hao



ICHS is open for public. It accepts our opinion. It has the focus groups to get the comment of the patients. ICHS improves their services everyday. It helps the new immigrants to get easy to their new life in the US. I’m glad to be part of PAC.

Mabel Kwong



What I like about it, is to learn more about health, dealing with medical providers, rights of patients and rights of providers. I serve in the pt advisory council for the goal of improvement of patient health care.

Vickie Ballera



Poll

Does your health center use patient advisory councils or other structures for patient engagement?

1. Yes
2. No
3. Not sure





Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: Does your health center use patient advisory councils or other structures for patient engagement?

Community Health Institute (CHI) & Expo

August 30th, 2022

Mark Santiago

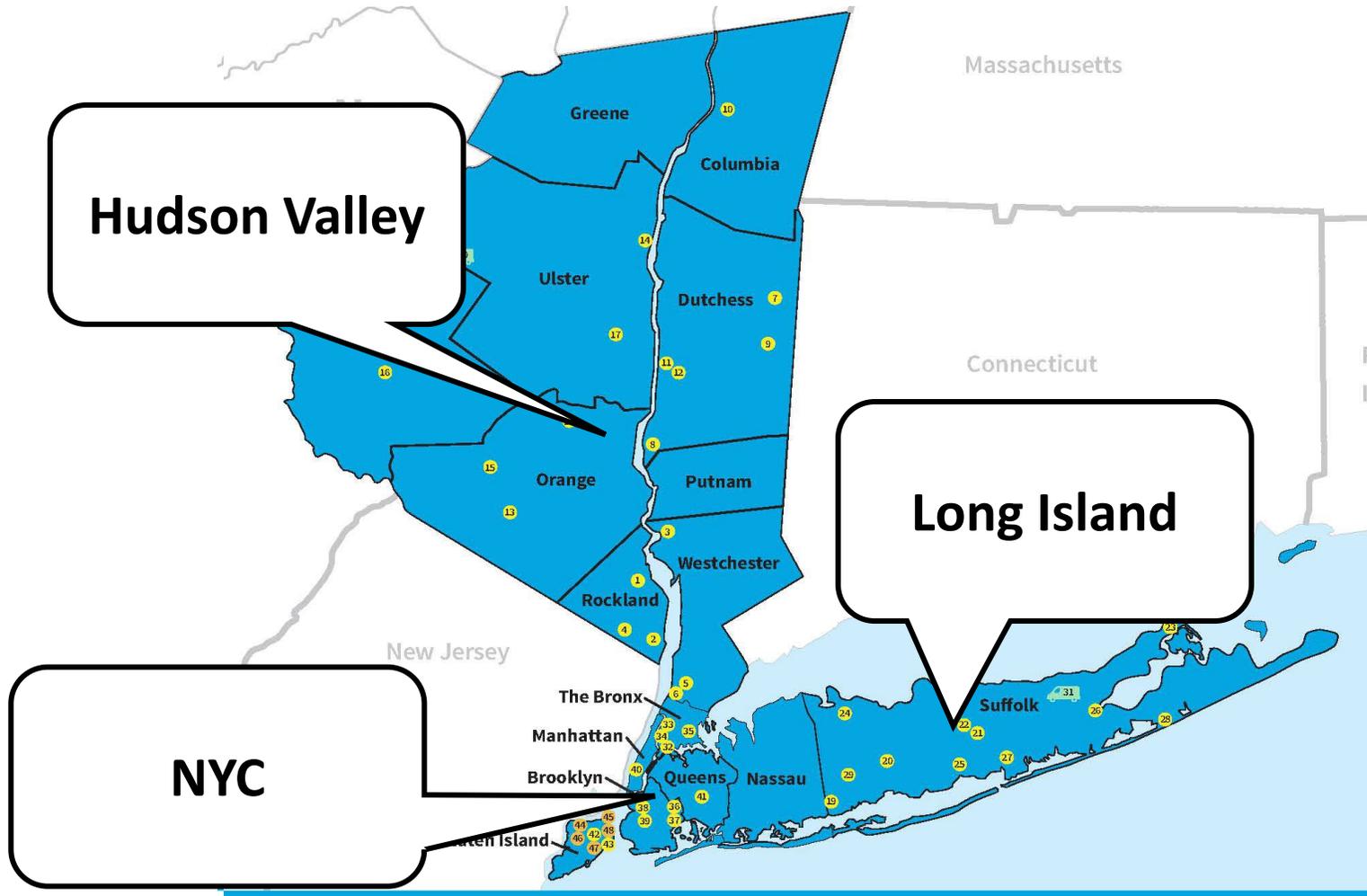
Chief of Community Engagement

Sun River Health 



Network Site Map

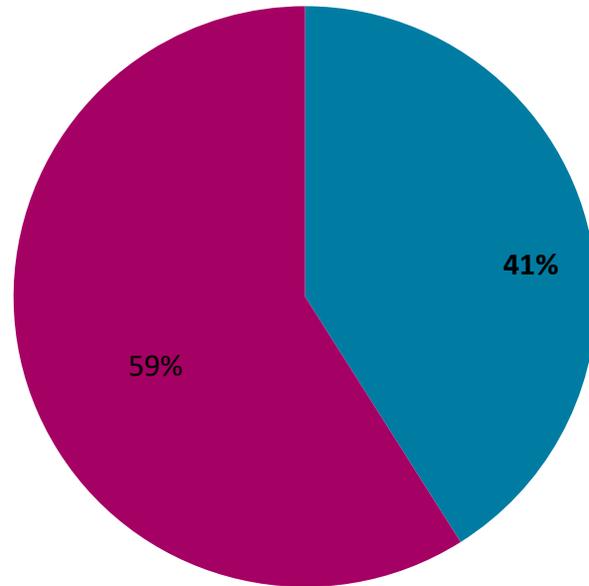
-  **Sun River Health**
-  **Community Health Action of Staten Island** A member of Sun River Health
-  Mobile-Health Center



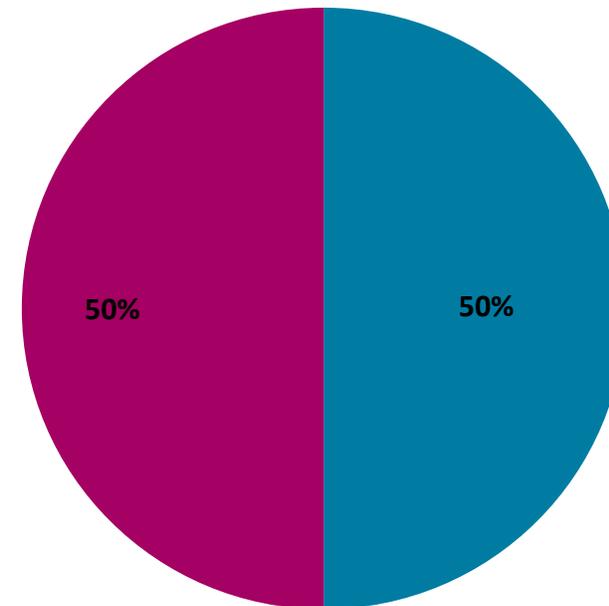
Community Advisory Committees

Board Composition

Patients ⁽¹⁾



Board 2022 ⁽²⁾

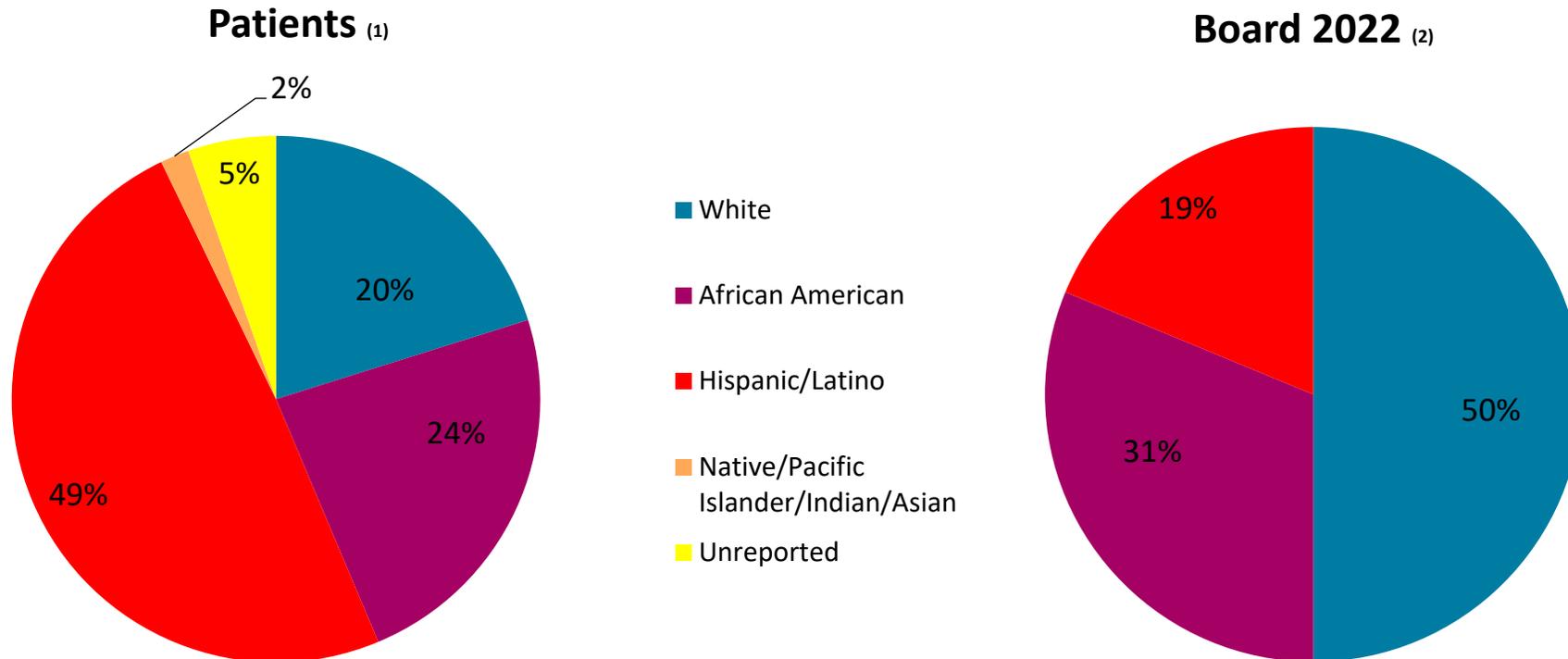


■ Male
■ Female

(1) UDS 2021

(2) Actual Board Demographics August 2022

Board Composition



(1) UDS 2021
(2) Actual Board Demographics August 2022



Poll

Has the pandemic impacted patient engagement at your center?

1. Yes
2. No
3. Not sure





Live Content Slide

When playing as a slideshow, this slide will display live content

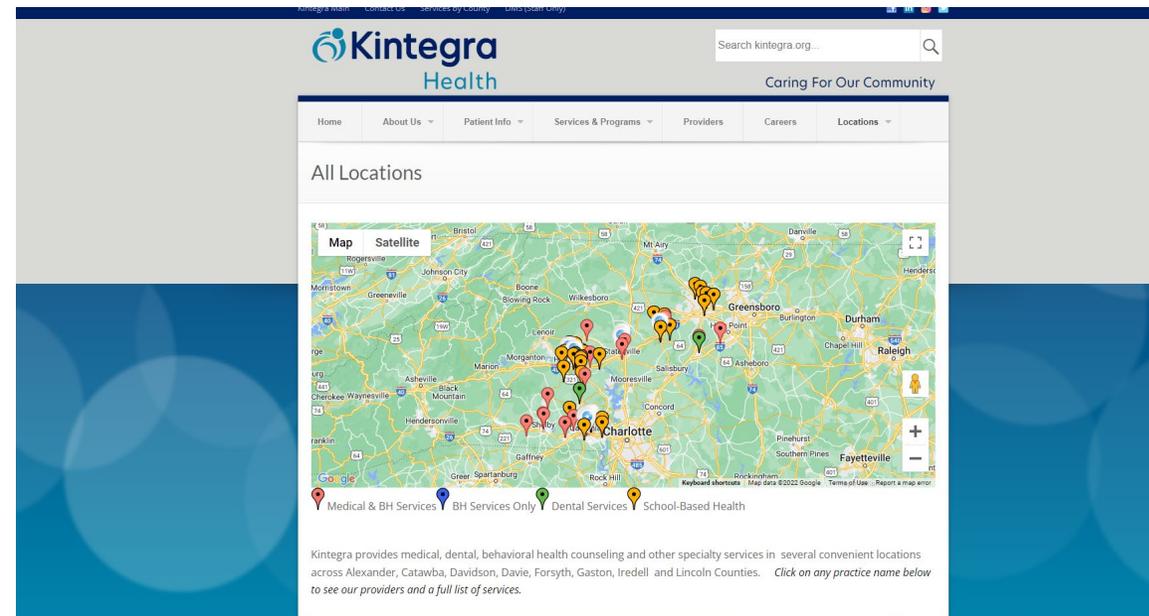
Poll: Has the pandemic impacted patient engagement at your center?



Panel



- Speaker: Robert Spencer, CEO, Kintegra Health





Poll

If your center has various mechanisms for patient and community engagement, what benefits do they offer to your center?





Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: If your center has various mechanisms for patient and community engagement, what benefits do they offer to your center?

Looking Beyond the Clinic Walls

NACHC CHI 2022

Kara Green



HOPE'S STORY

- First Clinic opened in 2002 by Asian American Health Coalition 4 hours a month
- Designated FQHC in 2012
- HOPE Clinic – West opened in 2014
- HOPE Clinic – Alief opened in 2015
- HOPE Clinic – Aldine opened in 2019
- OB/Gyn and Family Medicine Residency – begun in 2019
- Services include: Pediatric, family, internal medicine, Obgyn, Psychiatry, counseling, dental and vision

HOPE'S MISSION

To provide quality healthcare without prejudice to all people of Greater Houston in a culturally and linguistically competent manner.

4

LOCATIONS

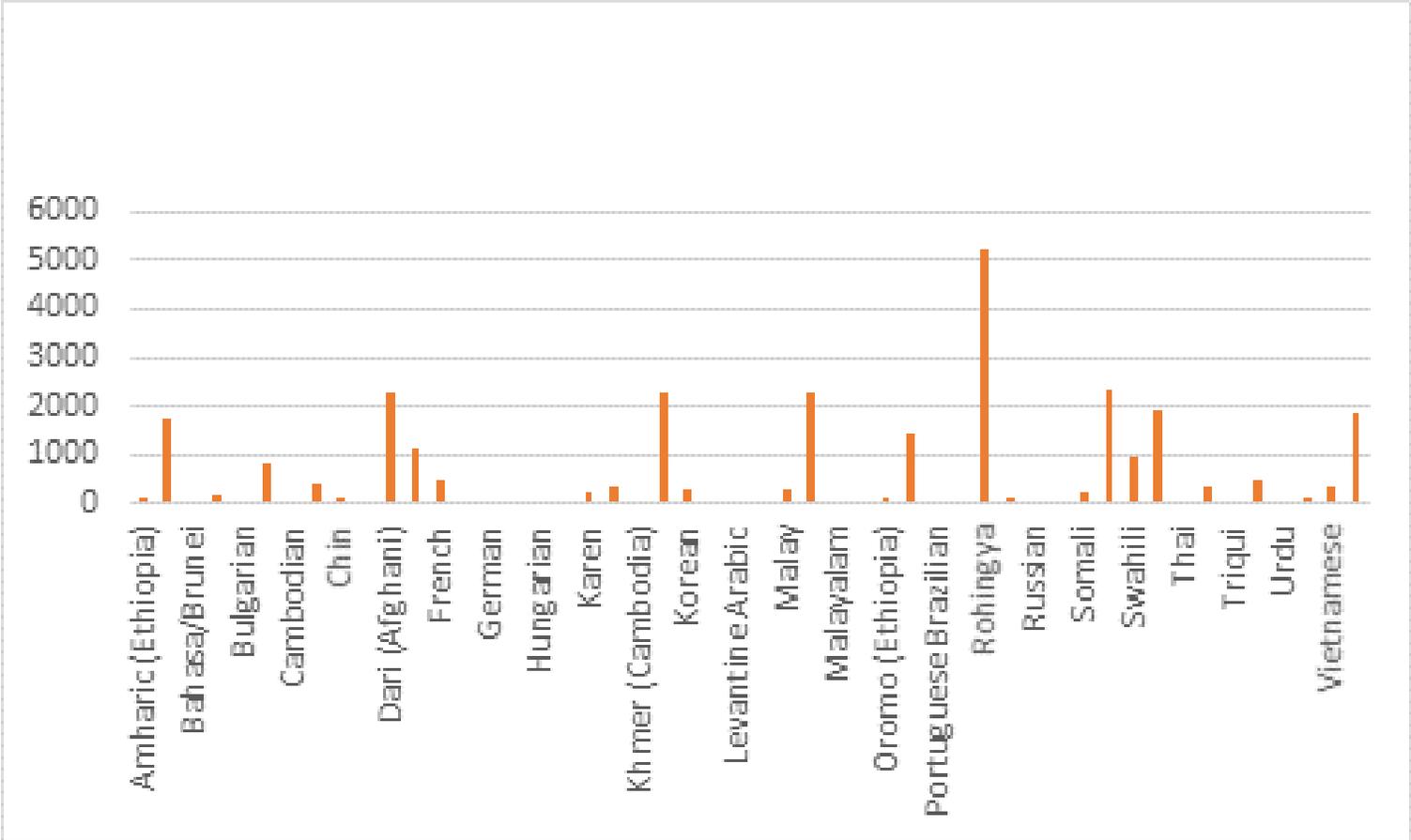
60

LANGUAGES SERVED

90

PATIENT BIRTH COUNTRIES

Disaggregated Data



OTHER IMPORTANT FACTORS

Houston is the 4th most populous city in the nation.

4th

Most diverse city in America, no defined racial majority

Total number of patient visits in one year.

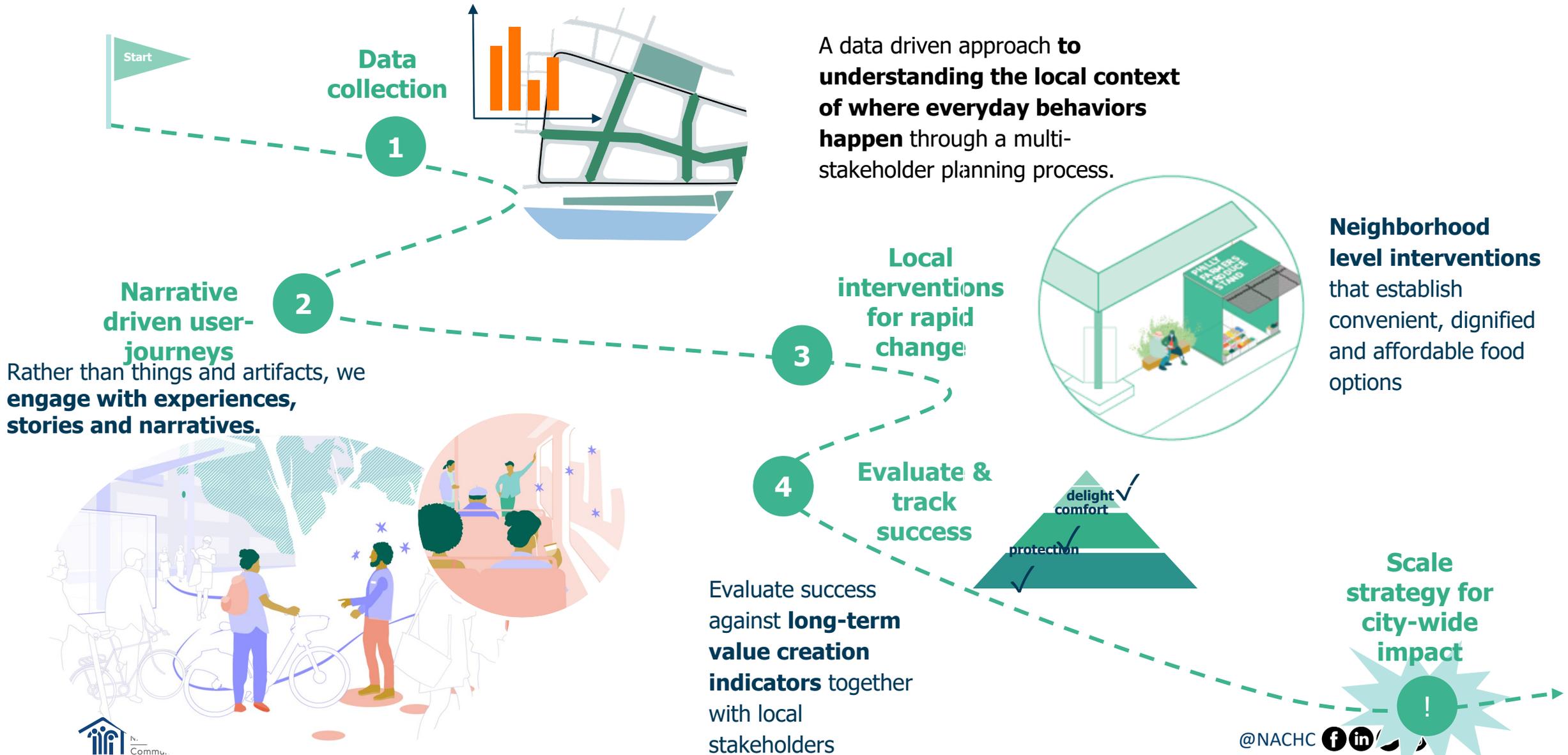
1st

180K

only about 12% of residents live within a walkable distance to food amenities.

12%

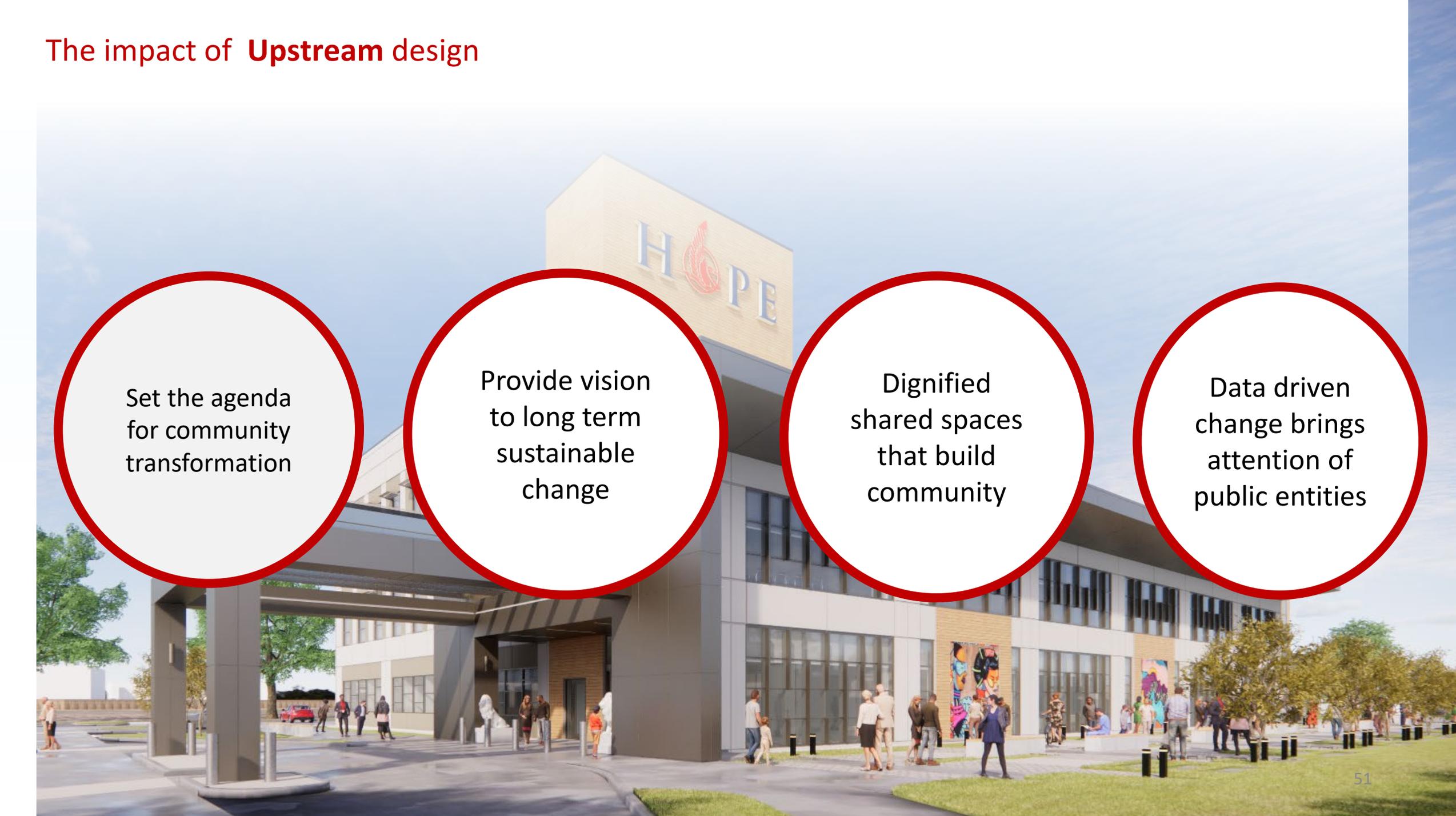
Healthy neighborhood strategy: A roadmap





After School Family Engagement Activities in partnership with Alief ISD

The impact of **Upstream** design

An architectural rendering of a modern, multi-story building with a prominent sign on the roof that reads "HOPE". The building features large glass windows and a covered walkway. In the foreground, there is a paved plaza with several people walking and a grassy area with trees. Four large red circles are overlaid on the image, each containing a key impact of upstream design.

Set the agenda
for community
transformation

Provide vision
to long term
sustainable
change

Dignified
shared spaces
that build
community

Data driven
change brings
attention of
public entities

Next Steps

- Continue to engage community members in project development and implementation
- Develop projects that include all communities, generations and businesses
- Involve funders into the process: government (city, regional, national) and private philanthropy







Considerations

- Understand the benefits and purpose
- Ensure leadership buy-In
- Ensure role clarity
- Feedback loops
- Dedicated staff resources
- Dedicated budget

Adapted from: [Organizational-Level Consumer Engagement – What it Takes](#)



Poll

Please take a moment to reflect on any lessons learned.

Please share one thing you might take back to expand patient and community engagement at your health center.





Live Content Slide

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Poll: Please share one thing you might take back to expand patient and community engagement at your health center.

Resources

- ICHS Patient Advisory Group Website <https://www.ichs.com/patient-advisory-council>
- ICHS is featured in, “[Improving Care Through the Voices of Our Patients Patient Engagement Programs at Health Centers Serving Asian Americans, Native Hawaiians and other Pacific Islanders](#)”
- [Organizational-Level Consumer Engagement – What it Takes](#)

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Please complete the Evaluation

- **In-person Participants: NACHC Mobile App**
 - Open the App
 - Click on “Sessions”
 - Select August 30
 - Find CTuD1
 - Click on “External Survey”



NATIONAL ASSOCIATION OF
Community Health Centers®

THANK YOU TO ALL COMMUNITY HEALTH CENTERS

#ThankYouCHCs

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