

# JOURNEY BACK TO YOUR ISLAND HEALTHCARE HOME

## REPORT ON THE CONFERENCE NOVEMBER 30 - DECEMBER 2, 2021



Presented through the collaboration of AAPCHO, AHARO and the Arizona Alliance for Community Health Centers



NOVEMBER 30 - DECEMBER 2, 2021  
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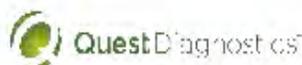


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- George Beha, Chief Technology Officer, HIT - Waianae Coast Comprehensive Health Center

**REPORT FROM THE CONFERENCE**  
**“Journey Back to Your Island Health Care Home”**  
**November 30 - December 2, 2021**  
**Hamakua and Waikoloa Hawaii**

**CONFERENCE BACKGROUND**

The “Journey Back to Your Island Health Care Home” conference was held on the Big Island of Hawaii from November 30 to December 2, 2021. This was the seventh in a series of CHC Board leadership conferences held between 2008 and 2021. The conference was co-hosted by the Association of Asian Pacific Community Health Organizations (AAPCHO), the Arizona Alliance for Community Health Centers and AHARO Hawaii. The conference was supported by generous sponsors including Centene Corporation, Ohana Health Plan, AlohaCare, Scribe-X, HMSA, QUEST Diagnostics, Pacific Companies, and United Healthcare.

The intent of this series of conferences is to support community boards. This has been accomplished by empowering board members to set their own conference agenda, to learn from each other, and to participate in developing the health policy they are eager to advocate for.

The origin of this conference series came from a small group of board members informally meeting at NACHC events agreeing that they would benefit from spending more time sharing their challenges and solutions.

**Conference history is shown below (from 2008 – 2021) are listed below:**

<b>CONFERENCE</b>	<b>DATE AND LOCATION</b>	<b>HOST</b>
<b>Journey to an Island Healthcare Home</b>	December 1 – 3, 2008 Ko’olina, O’ahu, Hawaii	Waianae Coast Comprehensive Health Center
<b>The Rising Stars of Healthcare Reform (Consumer Board Members)</b>	August 23 – 25, 2010 Imiloa Astronomy Center Hilo, Hawaii	Bay Clinic, Inc.
<b>The Mission: Consumer Leadership in Healthcare Transformation</b>	August 25 – 26, 2011 San Ysidro, California	San Ysidro Health Center
<b>The Journey Continues: Consumer Leadership in Healthcare Transformation – Finding the Value &amp; Sharing the Savings</b>	March 19, 2012 Washington, D.C.	Conducted as a component of AAPCHO’s 25 <sup>th</sup> Anniversary Leadership Conference
<b>Journey Back to Your Island Healthcare Home</b>	November 28 – 30, 2012 Ko’olina, O’ahu, Hawaii	Waianae Coast Comprehensive Health Center
<b>Healing Spirits of Kilauea</b>	December 4 – 6, 2013 Volcano, Hawaii	Bay Clinic, Inc.
<b>Journey Back to Your Island Health Care Home 10 Year Anniversary</b>	December 3 – 5, 2018 Ko’olina, O’ahu, Hawaii	AAPCHO, Arizona Alliance for Community Health Centers and AHARO Hawaii
<b>Journey Back to Your Healthcare Home</b>	December 1 – 2, 2021 Hamakua and Waikoloa, Hawaii	AAPCHO, Arizona Alliance for Community Health Centers and AHARO Hawaii

## THE CONFERENCE PLANNING COMMITTEE

Mahalo to the Conference Planning Committee (shown below). The committee worked diligently to gather input from CHC Board members as they planned the Agenda.

<ul style="list-style-type: none"> <li>• <b>Mike Wurtsmith</b>, HRSA Consultant</li> <li>• <b>Yvonne Davis</b>, Consumer Board member from South Carolina - NACHC</li> <li>• <b>Rachael A. Gonzales-Hanson</b>, Sr. Vice President for Western Operations - NACHC</li> <li>• <b>Emily Heard</b>, Director of Health Center Governance Training - NACHC</li> <li>• <b>Jeff Caballero</b>, Executive Director - AAPCHO</li> <li>• <b>Gildas Cheung</b>, Board Member - AAPCHO</li> <li>• <b>John Price</b>, Board Member, Golden Valley Health Centers, California</li> <li>• <b>Stan McKee</b>, Consumer Board Member Texas</li> <li>• <b>Alan Steiner</b>, Consumer Board Member, Sunriver Health, NY</li> <li>• <b>Joe Pierle</b>, CEO - Missouri Primary Care Association</li> <li>• <b>Robert Hirokawa</b>, Chief Executive Office - Hawai'i Primary Care Association</li> <li>• <b>Eddie Chan</b>, President and CEO - North East Medical Services – NEMS</li> <li>• <b>Anne Brandon</b>, Board Member, North East Medical Services - NEMS</li> <li>• <b>Ed Sicurello</b>, CEO - Mariposa Community Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Rich Bettini</b>, President and CEO - WCCHC</li> <li>• <b>Nick Hughey</b>, Executive Vice President of Clinical Operations - WCCHC</li> <li>• <b>James Chen</b>, Chief Financial Officer - WCCHC</li> <li>• <b>George Beha</b>, Chief Technology Officer – WCCHC</li> <li>• <b>Dan Gomes</b>, Consumer Board Member (Chairman) – WCCHC</li> <li>• <b>Ginger Fuata</b>, Consumer Board Member - WCCHC</li> <li>• <b>Kimo Alameda</b>, CEO – Bay Clinic</li> <li>• <b>Irene Carpenter</b>, CEO – Hamakua Health Center</li> <li>• <b>Helen Kekalia</b>, CEO – Molokai Community Health Center</li> <li>• <b>Mary Oneha</b>, CEO – Waimanalo Health Center</li> <li>• <b>Kathy Conner</b>, Waimanalo Health Center</li> <li>• <b>Lisa Nieri</b>, President and CEO – Arizona Alliance for Community Health Centers</li> <li>• <b>Da-nell Pederson</b>, Director of Communications &amp; Training – Arizona Alliance for Community Health Centers</li> <li>• <b>Milton Cortez</b>, COO/CIO - Hamakua-Kohala Health</li> </ul>
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## THE CONFERENCE PROGRAM

The conference agenda was divided into a general session and a CHC Board member breakout session. It was developed through a collaborative effort by the Conference hosts guided by the framework established by FQHC board members. The full Agenda is shown in Appendix A.

## HEALTH CENTERS REPRESENTED

Thirty-two community health centers (CHCs) sent representatives.

<b>COMMUNITY HEALTH CENTERS REPRESENTED AT THE 2021 CONFERENCE</b>	
AAPCHO	Molokai Community Health Center
ASIA, Inc	Molokai Ohana Health Care Inc
Asian Services in Action (ASIA)	National Association of Pasifika Organizations
Bay Clinic, Inc.	Native American Community Health Center, Inc. (NACHCI)
Carevide	Native Health
Centene	North East Medical Services
Community Health Development, Inc.	'Ohana Health Plan
Golden Valley Health Centers	Pacific Islander Community Association -PICAWA
Hamakua Health Center, Inc.	SALUD INTEGRAL EN LA MONTANA
Hana Health	Sun River Health
Health Care Partners of South Carolina	The Wahiawa Center for Community Health
International Community Health Services	Thunder Bay Community Health Services
Kalihi-Palama Health	Waimanalo Health Center
Mālama I Ke Ola Health Center	Waianae Coast Comprehensive Health Center
Mariposa Community Health Center	West Hawaii Community Health Center
Missouri Primary Care Assn.	Yakima Valley Farm Workers Clinic

## **KEYNOTE SPEAKERS**

The conference series has been fortunate to attract accomplished keynote speakers and panelists who generously shared their knowledge, experience and insights. The list includes representatives from a wide range of healthcare organizations including community health centers, national nonprofit organizations, private industry and government. Major themes covered by the speakers included Health Equity and healthcare as a vehicle for economic development. Listed on the following page are the speakers and panelists who contributed to the 2021 conference.



**Ivor Braden Horn, MD, MPH**

*Director of Health Equity and Product Inclusion at Google*

Dr. Horn is a nationally recognized leader in health equity, social determinants of health and healthcare innovation. Dr. Horn is also a nationally recognized researcher with a history of funding from government and non-profit organizations including the National Institutes of Health (NIH), US Department of Health and Human Services (HRSA), AHRQ, and the Verizon Foundation to research the use of technology in under-represented populations.



**Ashish Abraham, MD**

*President and Co-Founder of Foresight Health Solutions*

Dr. Abraham is currently the President and Co-founder of Foresight Health Solutions, a machine learning and AI healthcare analytics company. Prior to his work with Foresight Health Solutions, he founded Altruista Health, Dr. Abraham served as the Chief Medical Officer and Senior Vice President of United Health Group's Medicaid Management Services Division.



**David Erickson, PhD**

*Senior Vice President and Head Outreach and Education  
Federal Reserve Bank of NY*

David J. Erickson is senior vice president and head of Outreach and Education at the Federal Reserve Bank of New York. His areas of research include community development finance, affordable housing, economic development, and institutional changes that benefit low-income communities.



**Douglas Jutte, MD, MPH**

*Executive Director, Build Healthy Places Network*

Douglas Jutte, MD, MPH is Executive Director of the Build Healthy Places Network, a national organization with the mission to transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States.



**Krystal Ka'ai**

*Executive Director, White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANPHI)*

Krystal Ka'ai is the Executive Director of the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANPHI). In this role, she is responsible for directing the efforts of the White House Initiative and Presidential Advisory Commission on AANHPIs and advising the Biden administration on the implementation and coordination of federal programs as they relate to AANHPIs across executive departments and agencies.



**Josh Green, MD**

*Hawaii Lt. Governor*

Dr. Green joined the National Health Service Corps and was stationed in Hawaii in 2000. As a state senator, Dr. Green served as majority floor leader and chaired the Health Committee and Human Services Committee. He was named "Hawaii Physician of the Year" in 2009 and "Hawaii Legislator of the Year" in 2013. Dr. Green has offered a compassionate, yet scientifically based message back to anti-vaccine protestors that in mass engaged outside his home. His recent interviews on MSNBC should be viewed by all conference attendees.



Completing Our 12 Year Progress  
JOURNEY BACK TO OUR ISLAND HEALTHCARE HOME

Vaccination Rates by State	
Percentage of residents given at least one shot, by age group	
U.S. total	51%
Alaska	50%

Completing Our 12 Year Progress  
JOURNEY BACK TO OUR ISLAND HEALTHCARE HOME

**FEATURED SPEAKERS AND PANELISTS – 2021 CONFERENCE (ALPHABETICAL BY FIRST NAME)**

Alan Steiner, Board Member, Sunriver Health, NY

Alika Maunakea, PhD, Associate Professor, Department of Anatomy, Biochemistry and Physiology, JABSOM, UHM

Dan Prevost, Chief Operating Officer, Mariposa Community Health Center, AZ

Diana Moriarty, Board President at Hamakua-Kohala Health Center

Don Daniel, Chief Executive Officer, Community Health Best Practices, LLC

Eddie Chan, President and CEO, North East Medical Services (NEMS)

Francoise Culley-Trotman, CEO, AlohaCare

Gary Cloud, PhD, MBA, Vice President University Partnerships, ATSU School of Osteopathic Medicine in Arizona

Gildas Cheung, Board Member, International Community Health Services (ICHS), Seattle Washington

Jeff Caballero, AAPCHO

Joe Dunn, Senior VP, Public Policy & Research, National Association of Community Health Centers (NACHC)

John Price, Board Member, Golden Valley Health Centers, California

Josh Green, MD, Hawaii Lt. Governor

Kathryn Matayoshi, Senior Vice President, Chief Community Engagement Officer, HMSA

Kealoha Leanne Fox PhD, AlohaCare - Native Hawaiian Healing VAS

Lathran Woodard, Immediate Past NACHC Chair

Lisa Rantz, President of the State Rural Health Association, AHEC director on Big Island, Director of Hilo Medical Center Foundation

Manumalo "Mālō" Ala'ilima, Executive Director, National Association of Pasifika Organizations (NAOPO)

May Okihiro, MD, Waianae Coast Comprehensive Health Center

Meaghan Ruddy, Ph.D., Senior Vice President of Academic Affairs, Enterprise Assessment and Advancement and Chief Research and Development Officer, The Wright Center

Rich Bettini, MPH, MS, President and CEO of Waianae Coast Comprehensive Health Center

Sheri Daniels, EdD, Executive Director, Papa Ola Lōkahi

Stephen Bradley, MD, CMO, Waianae Coast Comprehensive Health Center

Valerie Gallo, MPH, Deputy Regional Administrator, HRSA

Vija Sehgal, MD, CQO, Waianae Coast Comprehensive Health Center



## **CONFERENCE PROCESS AND FINDINGS**

Following inspiring keynote speeches in the general session, two venues were created to solicit ideas from CHC board members and integrated teams comprised of CHC staff, boards, and consultants.

On Day 1, Board members were transported to a rural health center site for a half day interactive discussion session.

On Day 2, through a game format, recommendations derived from the Board breakout sessions were presented as integrated CHC teams responded to “Game” challenges.

These processes are further described below.

## **BOARD MEMBER ROUNDTABLE**

Board members from community health centers met in a training session addressing health center issues identified by board members. The faculty for this breakout included Michael Wurtsmith, AHARO Consultant and Rachel Gonzales-Hanson from NACHC. Hosting the board members breakout was Hamakua Health Center.

## **OPENING COMMENTS – BOARD BREAKOUT**

Approximately 50 Health Center board members were transported from the conference hotel to the future site of a new health center satellite in Kohala, Hawaii. Participating board members were communities across the US and Territories. The Agenda for this session had been predesigned by board members in the month preceding the conference.

Francoise Culley-Trotman, CEO of AlohaCare, provided an opening address. She commented on their commitment to Federally Qualified Health Centers and her understanding of the importance of the Health Center model and consumer board member input in the delivery of health care.

Dr. May Okihiro from the UH research team shared Principals of Community Based Research and the value of consumer board member input in collecting this valuable knowledge. She asked all present to answer the questionnaire provided.

Rachel Gonzales-Hanson, NACHC West Regional representative, brought a warm greeting from NACHC and the support they show for our conference. Rachel spoke of her many years of involvement in the FQHC movement and that she started in the movement as a board member herself. She then touched on the commitment NACHC has made to board members with the development of many board education tools offered to health center board members. Many of these have been put together by Emily Heard and her staff at the education department from NACHC. Most tools remain available to health center board members and can be found on the NACHC web site.

### ***MESSAGE FROM OUR HAMAKUA/KOHALA COMMUNITY HOSTS:***

*"Assuming the responsibility for hosting this amazing Conference had an extraordinary effect on our staff and community. We felt less isolated. We had a chance to share what is special about our community and our Board members got to share with those from other communities. For weeks after the conference we felt a renewed energy in pursuing our mission."*

**BREAKOUT PROCESS**

Board members broke out into 8 groups to discuss 8 different areas of concern. The groups were divided, as much as possible, to make sure many different perspectives were at each table and no two board members at the table represented the same Health Center.

Each group picked a chairperson and a recorder. The objective was to present consensus findings to the General Session on the following day and, eventually as important, input to the conference “Game” to be played on Day 2.

**SUMMARY OF BOARD MEMBER FINDINGS**

**TOPIC A: RESPONDING TO THE SOCIAL DETERMINANTS**

Recorder: Brent Lee

“We must increase all access through homeless advocacy, mobile outreach. Some centers went door to door to reach people who are hard to reach.”

Actions taken included providing rent coupons and food. Some health centers were able to develop capacity to do full social services. Advocating Health Centers were able to sign on existing letters, also some created their own letters, important to form relationship with many others and some directly engage in lawsuits that support health center needs and positions.

**TOPIC B: PANDEMIC RESPONSE- ADDRESSING MISINFORMATION AND DEVELOPING A COMMUNICATION STRATEGY**

Recorder: Alan Steiner

“Health Centers must build trust, first by encouraging all board members to be vaccinated. In response to mandates, this was addressed in several ways, some early, some a little latter, and others not at all. The health centers that were early in the process and used good and open communication found the response to be very good and the process went very smooth. Later adopters found many more objections and the use of religious exemption to be high.”

The response to the vaccine found many different approaches, one was to combine testing with providing vaccinations. This showed good response. When patients would come in for a test, they were immediately referred for a vaccine. This increased the response rate significantly.

Much of the anti-vaccine movement seemed to come from misinformation spread in the community. Much of this misinformation was spread by local leaders and on the internet. The health center adopted information campaigns on many local sites including social media. They also referred the patients to their primary care provider to get proper information and education.



### **TOPIC C: BUILDING A STRONG BOARD- UNITY, REPRESENTATION AND COMPLIANCE**

Recorder: James Rarick

“There is a need to provide board members education about the health center program history and governance materials and books. Many of the books provide by HRSA and many NACHC resources can be useful. This education process should also include a visit to the Health Center sites.”

One of the problems that all seemed to struggle with was the use of Acronyms when talking about the programs and partners. It was asked that health center leaders be aware of the difficulty for many to follow when there is an overuse of acronyms, and this practice should be avoided. It was also suggested for others in a meeting where acronyms are used to stop the speaker and ask them to explain what the acronym stands for and to do this even if you understand it.

Participants agreed that the true success comes from open communication and researching information ahead of a discussion to give a proper background to a subject or action a board is considering during the meeting. Communication is essential for adaption to change.

### **TOPIC D: STRATEGIC PLANNING- PROCESS AND BEST PRACTICES**

Recorder: Anne Brandon

This group addressed the question of “how boards address strategic planning”.

Some Health Centers use of an outside facilitator. Other health center’s own staff engage with the Board members. The range of time spent in the planning activity is a couple of hours all the way up to 2-3 days using an off-site location.

From a Board perspective, the emphasis on planning should be looking at patient needs thru a patient need assessment, facility needs, and staffing needs to respond to addressing the needs of the patients.

Other planning priorities included locations of service and times that the health center would provide the service and partnering with other organizations to provide needed services to the health center patients that the health center could not provide was also addressed.

### **TOPIC E: ORGANIZATIONAL EVOLUTION SUCCESSION PLANNING AND JOINT VENTURES**

Recorder: Ben Bolser

In reporting, Board members recognized the importance of looking at all levels of succession planning and that full understanding of the process and engagement from all are very necessary to have a useful and successful succession process.

Regarding Joint Ventures, the group recognized the importance of entering joint ventures and the many ways this can take place I.E., using shared service where you can get a bigger bang for your buck. H.R., finance, H.I.T were examples of these potential areas of Joint Ventures. Mergers of one or more organizations could better serve some communities. This must be done with the utmost of planning and understanding, looking at what the need of, and hope for, the Joint venture is and making sure all players are at the table. This was stated to have the potential of being a very valuable approach to solving some problems.

Partnering for service from each other is a very good way to offer more and often better services than we can do on our own. The view of outright merging health center Corporations was approached with a bit more caution and concern. The main fear was the loss of input from the local community from board members and the control of what services would be offered. It was felt that the sharing of employees and services was always a better avenue to explore first before a full merger.

**TOPIC F: CAPITAL CAMPAIGNS**

Recorder: Stan McKee

The group understood the importance of Capital Campaigns for many health center organizations. This is an area that many boards struggle with. The need for education in this area was thought to be very important. The group would like to see NACHC offer guidance and best practices in this area. It was agreed that if the board is to ask for support, they must have 100% involvement in the giving process with each board member giving something.

Some of the successes pointed out were the hiring of a consultant that specializes in Capital campaigns/fund raising. It was brought out that there are many consultants to choose from and if you are looking to hire one you should do your due diligence and find someone who really understands your area and health centers and has shown success in past programs. Another thing that seemed to work was offering naming rights to buildings or special rooms within the building. It was suggested that the time frame for a program should be 2 years with timely updates on progress.

**TOPIC G: EMPOWERING BOARD MEMBERS/CONSUMERS**

Recorder: Melanie Coats

It was expressed that the best way to empower the board is through education. Boards can only be empowered when they have confidence, and they can only get that confidence through education. Education must address many areas including the history of the Health Center program the power given to the consumer members of the board, and more importantly, the value that power brings to the health center. Education must also include the relationship the board has with HRSA and the requirements that are included in the FQHC award.

Once board members understand where their power comes from, and how the proper use of that power will make a very strong and successful health center, then they will be empowered to do what the program requires them to do. This will lead to the devolvement of relationships within the health care industry. These relationships should be local, state and national.

Comments were made about the use of acronyms and how that can lead to confusion and misunderstanding. Although the passing out of a list of acronyms was widely acknowledged, it did not seem to be a good answer to this problem. One of the approaches presented to help alleviate this problem was to have someone from the board ask for a definition of the acronym whenever one is used. This could be done by the chair or anyone else in attendance of the meeting. If the policy is adopted that when an acronym is used it must be defined than all members will be on the same page.

**TOPIC H: HEALTH EQUITY AND WHAT IT MEANS TO BOARD MEMBERS**

Recorder: Makana Paris (with love and of course Aloha)

It was agreed by all that Health Equity is a right of all and that is one of the most important roles a Board member plays as they help to develop and protect their program. Defining what that means was a bit more difficult. This is where the enrollment and engagement of the board members into the community has some of its most important value. This underscores the value of who we invite on our boards and what groups they represent and the process we have in place to ensure that their voices are heard.

As an expression of Health Equity, it was understood that "if you don't consider what services are needed, where they are provided and the times they need to be available, you can't have Health Equity". Participants recognized the importance of patient's language and cultural preferences when it comes to delivering health services that incorporate Health Equity.

It was recognized that consultants can be helpful in this process. There is not one action that will create Health Equity, it must be a full-time commitment with a never-ending process. This group challenges all Health Center Boards to commit to developing Health Equity in everything we do.

## **2021 “JOURNEY BACK TO YOUR ISLAND HEALTHCARE HOME” GAME**

### **SUMMARY**

A “GAME” has been played at each of the previous “Journey Back” Conferences. The purpose of this year’s game was to facilitate an interactive discussion between Board and staff at Health Centers based on topics covered at the Conference. The process was used to engage all participants towards this conference report. The teams were asked to combine “lessons learned” from both keynote speakers and Board member “breakout reports”.

### **GAME STRUCTURE**

The components of the game included:

1. Ten teams of 7-10 players each that are comprised of participants from various health centers and associated networks. Efforts were made to minimize duplication of team members from the same organizations.
2. There was a common set of deliverables for each team. These tasks were distributed at the start of the one-hour team breakout session. The products produced included assessment of conference content, review of previous conference reports, and advocacy letter writing.
3. Five judges were selected from Board Member, CHC Staff, PCA, NACHC, and government agency representatives. These judges included John Price (CHC Board Member), Joseph Pierle (Missouri PCA), Rachel Gonzales-Hanson (NACHC), Keith Lee (Hawaii Attorney AHARO) and Valerie Gallo (HRSA). Evaluation criteria was provided to the judges and they were given one hour to select the game winner. The winning team was awarded the conference copper bracelets designed by Copper Artist Sooriya Kumar.
4. Conference attendees not representing a Community Health Center or associated network were also assigned to a Consultant List. Each team will be given three consultant vouchers with each voucher representing five minutes of consultant time. A consultant coordinator will be available to arrange consultations.
5. Game Results and Conference Findings were discussed in a one-hour session with all Conference attendees. During this process a dialogue was facilitated from the floor that contributed to this Conference Report.

### **GAMES JUDGES**

John Price (CHC Board Member), Joseph Pierle (Missouri PCA), Rachel Gonzales-Hanson (NACHC), Keith Lee (Hawaii Attorney AHARO) and Valerie Gallo (HRSA)

### **GAMES CONSULTANTS**

Joe Dunn (NACHC), Lathran Woodard (NACHC), Mike Wurtsmith, Vija Sehgal (WCCHC), Stephen Bradley (WCCHC), Ashish Abraham (Foresight) and James Chen (WCCHC)

### **TEAM PRODUCTS**

The products produced by the competitive teams were in response to the following challenges:

#### **PART ONE:**

- A. List 5 items that your team believes were the most important findings reported by the Board Member breakout groups.

- B. List 5 components that a health center should consider in designing a successful program that addresses social conditions. Assume you would be working with a Medicaid Managed Care Organization (MCO).
- C. List 5 takeaways that your team would add to a plan that would help prepare your community to respond to (the) pandemic.
- D. NACHC has described pillars of the Community Health Center movement. Select 4 of them then describe in one sentence what each of these pillars represent to you.

**PART TWO: GAME – LEGACY ISSUES AND PRIOR CONFERENCE REPORTS**

Teams were asked to review prior conference reports and react to any comments they would like to make to evolve prior findings. The table below shows 7 areas of conference contest teams were asked to prioritize.

1	2	3	4	5	
★	★	★	★	★	1) HEALTH INFORMATION TECHNOLOGY
★	★	★	★	★	2) ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH
★	★	★	★	★	3) CULTURAL FACTOR
★	★	★	★	★	4) INTEGRATION OF BEHAVIORAL HEALTH
★	★	★	★	★	5) COMMUNITY HEALTH CENTER BOARD MEMBERS
★	★	★	★	★	6) CARE COORDINATION
★	★	★	★	★	7) THE VALUE HEALTH CENTERS

**PART THREE: LETTER TO CONGRESS**

Each team drafted a letter to Congress. The composed letters were designed to address key advocacy issues raised at the conference.

**GENERALIZATIONS AND CONCLUSIONS**

**PART 1 – RESPONSE TO GAME QUESTIONS**

Those interested in drawing conclusions from the Game played by conference attendees may be best served by reading the listed responses presented in this report. Taken as a whole they reflect an engaged and concerned combined Board/staff/stakeholder response. Some generalizations can be made regarding the team findings are shown below. More detailed responses are shown in Appendices B and C.

**Lessons from the Board Member Breakout Report**

Succession planning is a consistent issue for all groups and succession applies to both staff and Board. Succession of Executive management is affected by overall shortages of key leadership expertise in finance, technology and clinical management. Board succession relates to building the next generation of Health Center governance while the community health center movement itself is less clear about the role of Boards in truly leading this movement. Boards seek to lead, however, sometimes lack skills to do so and additional Board training is requested including peer to peer engagement.

## Addressing the Social Determinants of Health

Data gathering to prove value was a consistent theme of the group reports. Networking services with other agencies in the community was also deemed important. There was a general consensus that Health Centers need to move beyond the limited role of medical care and be major participants in addressing food insecurity and even housing. Overall community economic development is an emerging goal. Positions like care coordinators are increasingly important as Centers try to integrate healthcare and social services.

## Pandemic Response

The need to communicate well to Health Center patients and the neighborhood served was a consistent theme. Identifying areas that were reluctant to respond to vaccines was presented as a problem. Well thought out planning that included a communications strategy was seen as helpful. Generally, Board members seemed to benefit from seeing that many shared the same issues in response to this crisis.

## Pillars of the Health Center Movement

Participants were generally very supportive of the framework that NACHC has articulated in the form of Health Center pillars. The process itself was seen as a constructive exercise that Health Center Board members seek to participate in. The concern about workforce was echoed in the discussion regarding the future of the Health Center program. There was also references to the desirable workforce being one from the community or at least sharing a commitment to culture and mission.

## PART II – REVIEWING PRIOR CONFERENCE REPORTS

In summary there was a clear consensus that the prior conference reports were transferrable to today. There were virtually no edits proposed. The exercise was useful however to build continuity in the process of Board member led conferences and to measure progress towards previously stated goals.

## PART III – TEAM LETTERS TO CONGRESS

A key role of Community Health Center Boards is the advocacy. Boards represent a key voice as Health Centers seek to influence policy at the State and National level. One purpose of the “Journey Back” conference is to engage Board members in the development of policy so that their advocacy can achieve a higher level of conviction. The letters attached in this report seem to reflect that enhanced level of participation in Appendix B.

## GAME SCORING – FOR THE RECORD

All teams participated enthusiastically. For the record two teams stood out in the products they produced. The game scoring follows:

TEAM NAME	TEAM #	COMPLETE TEMPLATE (10 points max)	CONGRESS LETTER (50 points max)	PART ONE ANSWERS (40 points max)	TOTAL POINTS
PONO OLA	1	10	25	40	75
IQ'S	2	5	40	38	83
JEDI FORCE	3	5	50	38	93
<b>THE FANTASTIC FOUR</b>	<b>4</b>	<b>10</b>	<b>50</b>	<b>40</b>	<b>100</b>
HAWAII ADVOCACY CENTER	5	5	25	40	70
DIVERSITY HEALTH CENTER	6	5	40	40	85
<b>THE HEAVENLY SEVEN</b>	<b>7</b>	<b>10</b>	<b>50</b>	<b>40</b>	<b>100</b>
TEAM IMUA	8	5	50	38	93
HALE IKE	9	5	40	40	85
TEAM X	10	5	10	40	55

**CONCLUDING COMMENTS**

This Report is subject to review and comment by those participating in this conference process. There has been substantial interest in addressing the issue of: “where does this go from here?” and “what agencies can step up and support similar board directed conferences?” Reviewing and responding to this document is a first step in addressing these questions.

**APPENDICES:**

- A. Program/Agenda
- B. Game Products
- C. Team Letters to Congress



*Aloha & Mahalo*



**COMPLETING OUR 12 YEAR VOYAGE  
"JOURNEY BACK TO OUR ISLAND HEALTHCARE HOME"**

A CONFERENCE FOR COMMUNITY HEALTH CENTER BOARD MEMBERS & THOSE THAT SUPPORT THEM



**TUESDAY, NOVEMBER 30 – WAIKOLOA HOTEL**

*Sunset Reception and the Watch for Whales*

5-7pm Come enjoy light appetizers, drinks, and live Hawaiian music and hula

Sponsored by Scribe-X

**WEDNESDAY, DECEMBER 1 – WAIKOLOA BALLROOM**

**MORNING SESSION**

7:15AM – 8:15AM	Breakfast Buffet at Grand Staircase (Across from Lobby) Sponsored by Scribe-X Those attending the traditional ceremony are kindly asked to be seated by 8:15am
8:15AM – 8:30AM	Traditional Welcome Ceremony - Punahelu Adrade and the AHARO Hawaii Health Center Representatives
8:30AM – 9:00AM	Welcome by Diana Moriarty, Board President at Hamakua-Kohala Health Center and Introduction of the Community Health Centers Represented - Roll Call  Welcome from Alii Sponsor – Centene  Welcome Valerie Gallo, MPH - Deputy Regional Administrator, HRSA
9:30AM – 10:00AM	Virtual Keynote Address – <b>Krystal Ka'ai, Executive Director of the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders</b> (attending virtually)
10:00AM – 11:30AM	Keynote Panel on Health Equity and Community Development in The Age of Value Based Healthcare – Facilitated by Gildas Cheung, Board member, International Community Health Services (ICHS), Seattle Washington <ul style="list-style-type: none"> <li>• <b>Dr. Ivor Braden Horn, MD, MPH, Director of Health Equity and Product Inclusion, Google</b></li> <li>• <b>Dr. David Erickson, PhD, Senior Vice President and Head of Outreach and Education, Federal Reserve Bank of New York</b></li> <li>• <b>Dr. Douglas Jutte, MD, MPH, Executive Director, Build Healthy Places Network</b></li> <li>• <b>Dr. Ashish Abraham, MD, President and Co-Founder, Foresight Health Solutions</b></li> </ul>
11:30AM – 12:00PM	Reaction from two MCO Organizations – <ul style="list-style-type: none"> <li>• <b>Francoise Culley-Trotman, CEO, AlohaCare</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Kathryn Matayoshi, Senior Vice President, Chief Community Engagement Officer, HMSA</b></li> </ul>
12:00PM – 1:30PM	<b>Hawaiian Buffet LUNCH SPONSORED BY HMSA</b>
<b>WEDNESDAY, DECEMBER 1 – HAMAKUA-KOHALA HEALTH CENTER'S KOHALA LOCATION</b>	
<b>AFTERNOON BREAKOUT SESSION – Board Members</b>	
2PM-5PM followed by Reception 5-6:30	<p>Facilitated by Mike Wurtsmith and Rachel Gonsalves  Board Member Breakout Session to be distributed in early November  Off-site location of Breakout Session will be at Hamakua-Kohala Health Center's Kohala location <b><u>54-3793 Akoni Pule Hwy, Kapa'au HI 96755</u></b>  <b><u>Reception Sponsored by Pacific Company ****includes light appetizers, non-alcoholic drinks, and wine.</u></b></p>
	<p>Board Member Meeting in Kohala - 8 Topics:</p> <ul style="list-style-type: none"> <li>• Responding to Social Determinants</li> <li>• COVID Response</li> <li>• Board Development</li> <li>• Strategic Planning</li> <li>• Organizational Development</li> <li>• Capital Campaign</li> <li>• Board Member Empowerment</li> <li>• Health Equity from Board Perspective</li> </ul> <p>Members to Produce Report and Present to General Sessions on December 2<sup>nd</sup></p>
<p><b>FQHC Board Member Reception in Kohala 5-6:30pm at Breakout location <u>54-3793 Akoni Pule Hwy, Kapa'au HI 96755.</u></b></p> <p><b>Shuttle transportation available to and from Hilton Waikoloa**</b>  Shuttles to depart reception at 6:30pm and arrive back at Hilton Waikoloa between 7-7:30pm</p> <p><b>(All other Attendees have a Free Evening) – No conference dinner provided</b></p>	

<b>WEDNESDAY, DECEMBER 1 – WAIKOLOA BALLROOM</b>	
<b>AFTERNOON BREAKOUT – FQHC Staff and Partner Agencies</b>	
1:30PM – 2:00PM	<p><b>Telemedicine Health Equity</b> – Facilitated by Dr. Vija Sehgal, CQO at Waianae Coast Comprehensive Health Center</p> <ul style="list-style-type: none"> <li>• <b>Joe Dunn, Senior VP, Public Policy &amp; Research, National Association of Community Health Centers (NACHC)</b> – Preserving Telephonic Reimbursements for FQHCs</li> <li>• <b>Dr. Ashish Abraham, MD, President and Co-Founder, Foresight Health Solutions</b> – Value in Telephonic Services</li> </ul>
2:00PM – 2:40PM	<p><b>The Teaching Health Centers</b> – Facilitated by Dr. Stephen Bradley, CMO Waianae Coast Comprehensive Health Center</p> <ul style="list-style-type: none"> <li>• <b>Dr. Gary Cloud, PhD, MBA, Vice President University Partnerships, ATSU School of Osteopathic Medicine in Arizona</b></li> <li>• <b>Meaghan Ruddy, Ph.D., Senior Vice President of Academic Affairs, Enterprise Assessment and Advancement and Chief Research and Development Officer, The Wright Center</b></li> <li>• <b>Lisa Rantz, President of the State Rural Health Association, AHEC director on Big Island, and Director of Hilo Medical Center Foundation</b></li> </ul>
2:40PM – 3:00PM	<p>Creative Networking – CHC Group Purchasing</p> <ul style="list-style-type: none"> <li>• <b>Don Daniel, Chief Executive Officer, Community Health Best Practices, LLC</b></li> </ul>

3:00PM – 4:00PM	<p>Breakout Groups: In-depth discussion with speakers, rotation to learn more</p> <p>Panel:</p> <p>Foresight Health Solutions – <b>Dr. Ashish Abraham, MD</b> – Proving Value of FQHCs (technical discussions)</p> <p>The Teaching Health Centers – <b>Lisa Rantz, AHEC Director, Island of Hawaii</b> and <b>Dr. Gary Cloud, PhD, MBA</b>. Facilitated by Dr. Stephen Bradley, CMO at Waianae Coast Comprehensive Health Center</p> <p>Joint Purchasing – <b>Don Daniel, Chief Executive Officer</b></p>
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<b>THURSDAY, DECEMBER 2 – WAIKOLOA BALLROOM</b> MORNING SESSION	Aloha and Navigation by <b>Lathran Woodard, Immediate Past NACHC Chair</b>
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7:15AM – 8:15AM	Breakfast Buffet at Grand Staircase (Across from Lobby) Sponsored by United Healthcare
8:15AM – 9:00AM	View from DC and Future Health Center Innovations – <b>Joe Dunn, Senior VP Public Policy and Research, National Association of Community Health Centers – NACHC and Lathran Woodard, Immediate Past NACHC Chair</b>
9:00AM – 9:30AM	Morning Keynote: <b>Hawaii Lt. Governor Josh Green, MD</b> The Hawaii Experience in COVID Response
9:30AM – 10:30AM	Panel – COVID Experience from Health Center Frontlines: Case Experience from CHCs <ul style="list-style-type: none"> <li>• <b>Eddie Chan, President and CEO, North East Medical Services (NEMS)</b></li> <li>• <b>Dan Prevost, Chief Operating Officer, Mariposa Community Health Center, AZ</b></li> <li>• <b>John Price, Board Member, Golden Valley Health Centers, California</b></li> <li>• <b>Alan Steiner, Board Member, Sunriver Health, NY</b></li> </ul>
10:30AM – 11:00AM	NIH Study AHARO Communities; Conference Findings by <b>Dr. May Okihiro, MD, Waianae Coast Comprehensive Health Center</b> and <b>Dr. Alike Maunakea, Associate Professor, Department of Anatomy, Biochemistry and Physiology, JABSOM, UHM</b>
11:00AM – 11:30AM	Consumer Breakout Session Report
11:30AM-12 Noon	The Conference Game and Developing the Conference Report – <b>Rich Bettini, MPH, MS - CEO of Waianae Coast Comprehensive Health Center</b>
12:00PM – 1:00PM	LUNCH SPONSORED BY QUEST DIAGNOSTICS

<b>THURSDAY, DECEMBER 2 – WAIKOLOA BALLROOM</b> AFTERNOON SESSION
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1:00PM – 2:00PM	Team Breakouts for “The Game”
2:00PM – 3:00PM	Cultural Factors in Health Equity – Jeff Caballero, AAPCHO <ul style="list-style-type: none"> <li>• <b>Sheri Daniels, EdD, Executive Director, Papa Ola Lōkahi</b></li> <li>• <b>Manumalo "Mālō" Ala'ilima, Executive Director, National Association Of Pasifika Organizations (NAOPO)</b></li> <li>• <b>Kealoha Leanne Fox Ph.D, AlohaCare - Native Hawaiian Healing VAS</b></li> </ul>
3:00PM – 4:00PM	Game Results and Conference Findings
4:00PM – 4:30PM	Passing the Paddle

<p><b>SPECIAL EVENING EVENT: The Paniolo Experience on the Mountain from 5:30-9:30pm</b>  <b>Address: Parker Ranch, 6-1304 Mamalahoa Hwy, Waimea, HI 96743</b></p> <p><b>Bus and Car Pooling to the Parker Ranch Historical Center Western Wear and Warm Clothing Recommended, BBQ and Hawaiian Music</b> (<i>expect temperature drop of 20 degrees in 20 minutes</i>)  <i>First group of vans leave Hilton Waikoloa at 5pm. Second group of vans will leave Hilton at 6pm. Returning, first group of vans will leave at 8pm, with the last of the vans leaving around 9pm.</i></p>
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**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

**GAME PRODUCTS**

<b>QUESTION #1:</b>	<b>List 5 items that your team believes was the most important concepts or recommendations made in this CHC Board member breakout report.</b>
<b>PONO OLA</b>	<ol style="list-style-type: none"> <li>1. Communication to Board members: ie: understanding acronyms, NACHC’s “Pillars”</li> <li>2. Training and resources for board members (understanding the history of CHCs)</li> <li>3. Succession Planning</li> <li>4. Documenting and measuring the effect of services (ie: enabling) provided by the health center.</li> <li>5. Opportunities for health centers to get together and discuss best-practices, ideas, etc.</li> </ol>
<b>IQ’S</b>	<ol style="list-style-type: none"> <li>1. Engage in Advocacy</li> <li>2. Have a Succession Plan for Board Membership &amp; CEO</li> <li>3. Plan for Board Development</li> <li>4. Help Connect to Resources (ie: Capital Campaigns)</li> <li>5. Assure the is a up-to-date Strategic Planning</li> </ol>
<b>JEDI FORCE</b>	<ol style="list-style-type: none"> <li>1. Succession planning – have a plan in place ensuring a strong pipeline of leaders in board and staff</li> <li>2. Strategic planning – understand where you are heading (3/10/20 years), keep re-evaluating, and prioritize. Alignment to NACHC pillar #2</li> <li>3. Health equity – paradigm shift of the CHC and focus on holistic care and quality of life of the person and the community</li> <li>4. Board empowerment – engage and educate the board for improved outcome in the world value-based care that is data-driven</li> <li>5. SDOH – social outreach, develop partnerships external to healthcare, develop safety nets</li> </ol>
<b>THE FANTASTIC FOUR</b>	<ol style="list-style-type: none"> <li>1. Empowering board members at national and state levels through conferences like this.</li> <li>2. Outreach to state government officials and community leaders to partner with the health centers.</li> <li>3. Being strategic for board recruitment that properly reflects the community being served.</li> <li>4. Ensuring that the board and the health center is representative, inclusive, and accessible. Assumes there is justice, equity, diversity, and inclusion in all aspects of care and services including strategic planning to ensure as such.</li> <li>5. Establishing vaccine mandates and, clarifying and simplifying the message, establishing trust and preventing disinformation.</li> </ol>
<b>HAWAII ADVOCACY CENTER</b>	<ol style="list-style-type: none"> <li>1. Board Development</li> <li>2. Succession planning</li> <li>3. Capital Campaign</li> <li>4. COVID 19 Response</li> <li>5. Organization Development</li> </ol>
<b>DIVERSITY HEALTH CENTER</b>	<ol style="list-style-type: none"> <li>1. Have a strategic plan</li> <li>2. Need for Board orientation</li> <li>3. Hire professional help for fund raising</li> <li>4. Develop data to measure impact of social services on health outcomes</li> <li>5. Willingness on part of Board to ask questions</li> </ol>

**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

<b>THE HEAVENLY SEVEN</b>	1. SDoH and Health Equity – through recognition of culture, diversity, inclusion of the community
	2. Orientation of new board members; resolving conflicts/issues; changing of demographics in the community
	3. Succession Planning for Board Members and CEO
	4. Fundraising / Capital Campaigns – Board Member Engagement and commitment in hiring a consultant and connecting with funders.
	5. Board Empowerment through engaging boards in education, through conferences and tools from NACHC for training online etc.
<b>TEAM IMUA</b>	1. Board & CEO Succession
	2. Strategic Planning
	3. COVID Response
	4. Empowering Board members at National & State levels
	5. Health equity and what it means to board members
<b>HALE IKE</b>	1. Backpacks for Children for Medical, Dental engagement
	2. Ho’olohe Pono – Listen well
	3. Elevator Pitch for Board Members
	4. Behavioral Health Screening for Children and Adults
	5. Succession Planning for Board Members
<b>TEAM X</b>	1. Ensure board is representative of client community
	2. Find, grow and create funding sources for ensuring program & staff support
	3. Foster strategic partnerships towards community wellness.
	4. Succession plan through onboarding and mentoring the next generation.
	5. Create and refine J.E.D.I policy framework to employer board & center to foster community wholeness.

<b>QUESTION #2:</b>	<b>List 5 components that a health center should consider in designing a successful program to address social conditions. Assume you will be working with Medicaid Manage Care Organizations (MCOs).</b>
<b>PONO OLA</b>	1. Collect health center data, ID the most expensive/high-risk patients.
	2. Utilize a PRAPARE tool to properly ID social determinate factors in a patient’s life
	3. Addressing and stabilizing SDOH. Provide services to stabilize the SDOH identified
	4. Ensure provision of timely and accessible primary care.
	5. Establishment of a friendship hotline (support group) to address social needs.
<b>IQ’S</b>	1. Assure organizational structure (ie...department) to deal with SDOH
	2. Assign staff responsibilities
	3. Have ongoing needs assessments
	4. Educate Employees on Impact of SDOH
	5. Allocate Resources
<b>JEDI FORCE</b>	1. Use CNA as a basis: Housing
	2. Nutrition
	3. Job / Education / Job training
	4. Transportation
	5. Mental health / self-esteem
<b>THE FANTASTIC FOUR</b>	1. Housing assistance to include housing environment and accessibility
	2. Food assistance with possible meal delivery
	3. Medication with delivery
	4. Patient transport to include handicapped transport

**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

	5. Accessibility and assistance with telehealth
<b>HAWAII ADVOCACY CENTER</b>	1. Data Collecting to address community needs
	2. Strong Care Coordination
	3. Partnerships for example housing, food banks
	4. Better screening practices for proper referrals
	5. Thorough training for intake staff
<b>DIVERSITY HEALTH CENTER</b>	1. Develop transportation program that gets patients to your clinic and to referral sites.
	2. Partner with community resources (e.g., Food Bank) to ensure food security for patients.
	3. Develop medication reconciliation program together with clinical pharmacist that educates patients.
	4. Develop program to recognize drug dependency and partner with existing community resources for counseling and rehabilitation.
	5. Provide instruction to staff on how to recognize domestic violence and abuse, and partner with existing community resources for treatment.
<b>THE HEAVENLY SEVEN</b>	1. Document workflow and data (e.g. enabling services); apply risk adjustment for appropriate comparisons of PMPM costs
	2. Adopt the neighborhood as a patient and ensure an accurate assessment of the needs – food security, housing, education, employment
	3. Partnering with other organizations that have shared purposes/goals to address the needs of the community
	4. Define value and use data to determine how to leverage community health workers and other care coordination resources to help improve the health and wellness of our patients
	5. The importance of monitoring the data after interventions to utilize resources efficiently
<b>TEAM IMUA</b>	1. Workforce – demographics, cost of living, limited resources for recruitment
	2. Assess Community need & look for collaboration
	3. Addressing, community resistance to research information shared back to community.
	4. Financial resources – payment methodologies for sustainability
	5. Economic development – job creation and upstream recruitment and employment opportunity for consumers of the program.
<b>HALE IKE</b>	1. Community Health Workers
	2. Access to cheaper health, dental and pharmaceuticals
	3. Senior Citizen health services.
	4. Targeting the most vulnerable eg. Homeless
	5. Transportation options must be available.
<b>TEAM X</b>	1. Developing or adopting a standardized tool for SDOH data collection
	2. Address weaknesses and barriers in the community
	3. Importance of data collection and using that data for targeted social interventions
	4. Leveraging the data to create a reimbursement model – create a model of payment based on the work done.
	5. Seek community investment and engagement

**QUESTION #3:**

**List 5 takeaways from the conference that your team would add to a plan that would help prepare your community to respond to this pandemic.**

**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

<b>PONO OLA</b>	1. Provide transportation for all- access to care
	2. Bringing service to the people who need it.
	3. Addressing food insecurities during times of COVID
	4. Accessing medication
	5. Town hall gathering with social distancing for reliable information.
<b>IQ'S</b>	1. Education Matters
	2. Look for pockets of low vaccination rates and target responses
	3. Learn from Hawaii's 'Safe Travels' and from the history of how it evolved
	4. Organize Logistics teams to accomplish seemingly difficult tasks
	5. Seek out the most isolated and most vulnerable, select a champion, and bring services to them
<b>JEDI FORCE</b>	1. Education. Be the model. Walk the talk.
	2. A community and communication plan that includes family and friends
	3. Be flexible in going to far reaching places to reach hard-to-reach people
	4. Collaborative with other NGOs, in-town venues, schools, churches, senior centers, nursing homes, veteran centers
	5. Drive-thru testing and vaccination sites
<b>THE FANTASTIC FOUR</b>	1. Mandating vaccines for the health center staff and board of directors
	2. Public relations and education regarding vaccines
	3. Prevention of infections through social distancing, mask mandate, telehealth, telework, and paid sick leave options for staff.
	4. Patient education during patient visits throughout the patient care experience
	5. Posters, advertisements, and warning signs for safety practices that use relatable language.
<b>HAWAII ADVOCACY CENTER</b>	1. Mandatory outreach plan
	2. Have a trusted partnership within the community
	3. Sharing and updating plans within the CHC community
	4. Identify community leaders for an emergency response
	5. Provide incentives to targeted community leaders to provide community education.
<b>DIVERSITY HEALTH CENTER</b>	1. Develop a COVID response team within clinic that monitors federal and state guidelines and update clinic protocols.
	2. Follow federal and state guidelines and encourage/mandate vaccination for staff and patients and the surrounding community.
	3. Have access for rapid PCR-based COVID-19 testing with 24-hour turnaround.
	4. Obtain and distribute home antigen testing kits to staff and patients together with instructions on how and when to use them.
	5. Obtain sufficient PPEs for immediate and anticipated future use.
<b>THE HEAVENLY SEVEN</b>	1. Understanding culturally specific approaches including racism
	2. Address social media platforms that are spreading misinformation
	3. Bringing services to the community
	4. Develop internal testing capability (because it took so long to get results back)
	5. Provide education about vaccination at the time of testing
<b>TEAM IMUA</b>	1. Vaccinate – use board members as example/lead for community, outreach & support, understand social media as primary influencer
	2. Mobile and Home-based vaccination
	3. Reach families through youth; school-based programs on testing (youth trained to carry out program directly, inspires self-esteem and positions youth for future job development in healthcare).

**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

	4. Mandate Policy for staff and board members
	5. Vaccine education – provide factual information, no scare tactics, no blaming
<b>HALE IKE</b>	1. Engage with Government Stakeholders
	2. Identify the Incident command systems and its network
	3. Partner with the Community Stakeholders. The cultural brokers of unique communities.
	4. We would add a community health educator as a key partner to the plan
	5. We would add a board member to the planning committee.
<b>TEAM X</b>	1. Development of community education
	2. Trustworthy source of source the community can turn to
	3. Establish networks in the community and state
	4. Encourage everyone to have a discussion with their provider
	5. Create contingency plans to prepare for the future

<b>QUESTION #4:</b>	<b>NACHC has described 8 pillars of the Community Health Center movement. Select 4 of them, then describe in one sentence what each of these pillars represents to your team.</b>
<b>PONO OLA</b>	1. Pillar 4: NACHC remain non-partisan in order to assure funding streams.
	2. Pillar 5: Ensuring the ability to evolve services to meet the community needs.
	3. Pillar 3: Provide the tools and training to ensure deep-rooted Board and staff.
	4. Pillar 6: Partnering for mutual benefit with local farmers to provide nutritious food/diet options for patient who live in a food desert.
<b>IQ'S</b>	1. Pillar 3: Why? So that patients can relate to those serving them
	2. Pillar 2: Why? Because we are growing our own culturally proficient workforce
	3. Pillar 1: Why? It is, and needs to be, in our roots
	4. Pillar 5: Why? Because we are about improving health status, & the status quo is not enough
<b>JEDI FORCE</b>	1. Pillar #2: core and foundation of continue the legacy of CHC
	2. Pillar #5: Community health center will continue to stay on top of the the best care model of health and responsive to ever changing community needs
	3. Pillar #6: CHC can't do it alone. Collaborate with other agencies, entities, corporations to promote and increase overall community health.
	4. Pillar #3: Our people can take care of our own people. We understand, we live, and we are part of the community fabric.
<b>THE FANTASTIC FOUR</b>	1. Pillar 2- being close to the community allows you to adapt to the changing needs of the community health movement.
	2. Pillar 5- maintaining focus on care models to address population change needs by using the medical home model.
	3. Pillar 6- strength in numbers through alliances and networking to seek to improve community health partnerships to provide better services.
	4. Pillar 3 – Finding qualified and enthusiastic workforce that works and lives in the community to better relate to the patients served.
<b>HAWAII ADVOCACY CENTER</b>	1. Pillar 3 Develop mission-driven workforce that reflects communities served.
	2. Pillar 4 secure reliable sustainable funding
	3. Pillar 5 updating and improving care models to meet the evolving needs of the communities served
	4. Pillar 6 Cultivate and strength mutually beneficial partnerships to advance the shared mission of improving community health.

**APPENDIX B – TEAM PRODUCTS  
GAME QUESTIONS**

<b>DIVERSITY HEALTH CENTER</b>	1. Pillar 3: Develop workforce—if you don't ultimately deliver care competently, you've failed to achieve your mission.
	2. Pillar 5: If you don't update your care models you can't continue to deliver mission-driven care
	3. Pillar 4: You cannot carry out your mission to the community you serve without a healthy sustainable financial plan.
	4. Pillar 6: Seek out partners that share your mission because that will enhance and expand your ability to carry out your mission.
<b>THE HEAVENLY SEVEN</b>	1. Center everything, we do in a renewed commitment to equity and social justice – recognition that racism & implicit bias is harmful to community health.
	2. Strengthen and reinforce the infrastructures for leading and coordinating the community health movement – with consumer boards driving the movement.
	3. Develop a highly skilled, adaptive, and mission-driven workforce that reflects communities served – recruit and retain team members aligned with community.
	4. Secure reliable and sustainable funding to meet increasing demands for CHC services – diversified funding sources
<b>TEAM IMUA</b>	1. Pillar 3 – Grow your own
	2. Pillar 4 – Funding – Protect PPS and 340B
	3. Pillar 6 – Partnerships – Move from surviving to thriving
	4. Pillar 2 – Support AHARO – supporting advocacy efforts top to bottom; reduce duplication, competition and focus on increased collaboration, consolidations, etc.
<b>HALE IKE</b>	1. CHC's need to Strengthen and reinforce the infrastructures for leading and coordinating the community health movement
	2. We believe reliable and sustainable funding to meet increasing demands for CHC services
	3. Our team believes that we should develop a highly skilled adaptive and mission driven workforce
	4. We need to recenter everything we do in a commitment to JEDI
<b>TEAM X</b>	1. Our work is about eliminating disparities in the delivery healthcare and to reflect the diversity in the communities we serve.
	2. The development of an effective recruitment and retention staffing program that includes investing in job training for the communities we serve is integral to day to day functioning and center longevity.
	3. Our mission is to improve the holistic view of our community and foster growth in our community through the ecosystem of providers in our community that include educators, medical providers, teachers, etc.
	4. Using technology to maintain versatility as we move forward to build upon technological advances to meet the needs of our community.

**TEAM 1: PONO OLA**

December 2, 2021

Dear Congress,

I am writing on behalf of the Pono Ola “Long Righteous Life” Community Health Center. Community Health Centers need your total support to move forward into the future. In order to do so, we need a stable funding stream to support all the services we provide to the community:

- Medical
- Mental health
- Dental
- Enabling services (food insecurity, transportation, etc.)
- Housing

The base infrastructure to improve patient outcomes would need:

- Teaching health centers
- Focus on new technologies
- Data integration and data analysis without barrier

The Health Center program is essential to providing continuous quality primary care for the most vulnerable. We appreciate the work done by both the House and the Senate to identify policies that would strengthen health center program. We urge the Senate to pass into law these policies in a bipartisan way as quickly as possible to meet the needs of the communities that health centers serve.

Thank you,

Pono Ola Board of Directors

**TEAM 2: THE IQ'S**

December 2, 2021

Honorable Representative,

Community Health Centers form America's health care foundation.

The nation's safety-net of Community Health Centers care for one in eleven Americans, one in nine children, one in five rural Americans and one third to one half of our homeless, those living with HIV, and those migrating to gather our crops.

Indeed, the only places where America's communities health is improving – is where we place our Community Health Centers.

We who volunteer to serve on Community Health Center boards, are patients, community members, and participants in this grand nation's commitment to citizen leadership.

We are writing you, today, to encourage your investment in this nation's safety-net of Community Health Centers, in the workforce that is necessary to improve the health status of our communities, and to assure we have facilities that reflect the grand intention of community owned care.

Signed,

The IQ Board

cc: NACHC

**TEAM 3: JEDI FORCE**

December 2, 2021

Congressmen and Congresswoman,

We are the JEDI (Justice, Equity, Diversity, and Inclusion) Force, who represents community health centers (CHCs) serving over 30 million in the US. On behalf of the CHCs, we strongly request the CHCs to be funded to provide healthcare, infrastructure, and workforce programs.

Since its inception, CHCs are often a community's only source of affordable primary care. We serve the rural communities, underserved, most marginalized and vulnerable across this nation. CHCs provide comprehensive, culturally and linguistically appropriate health and wellness services. We provide our services to everyone regardless of their ability to pay or insurance status. One of the most important differences between CHCs and other primary care providers is that our Board of Directors must be majority-consumers. We can say from personal experiences how essential health centers are to creating thriving and healthy communities.

The funding will provide the necessary infrastructure to address the growing and complex needs that is required to improve an individual and community health. In the past 10 years, CHCs has been hard at work in expanding healthcare beyond their four clinic walls and develop capabilities to address social determinants of health. Access to quality health providers is an integral parts of health equity. More and more studies has shown us that in order to improve the health of an individual and community; and it is not enough to just deliver healthcare alone. We must address social determinants such as food, housing, jobs, safety, and justice to promote and improve health at the individual and community level.

Developing a workforce that is reflective of the community is also a critical component. CHCs has been developing teaching health centers to address the shortage of providers, clinicians, and staff. These workforce programs are so necessary in developing a strong pipeline of qualified professional who wants to serve their communities. And the benefit is twofold: investing into community-oriented workforce programs also has an added benefit of bringing jobs back into the communities. Our experiences have shown providers will stay with the CHC when CHC is able to hired them at a young age.

Thank you for your time to your continued support of the Community Health Centers movement.

Sincerely,

JEDI Force

**TEAM 4: THE FANTASTIC FOUR**

December 2, 2021

To the United States Senate and  
The United States House of Representatives

RE: COMMUNITY HEALTH CENTER FUNDING

Aloha:

Funding for community health centers is a vital and important issue that is at a significant risk for being lost due to potential budget cuts. As you are aware, the services that federally qualified health centers perform include healthcare, community infrastructure, and workforce programs. Many of our rural health centers are the primary employers for entire communities, and are a location for community gatherings and community empowerment.

Besides primary health care, health centers are expanding into addressing the social determinants of health and require additional or continued funding to do so. Many recent studies have shown that addressing the social determinants of health can lead to many positive outcomes for overall community and personal physical health. The community health center is a source of preventative medicine instead of the traditional proactive medicine model. We want to tackle these issues at the source, before they become problems.

We humbly request continued or increased funding for community health centers across the centers. Thank you for your time and consideration.

Mahalo nui loa

The Fantastic Four  
Community Health Center  
Hawaii

CC: NACHC

**TEAM 5: HAWAII ADVOCACY CENTER**

December 2, 2021

Dear Senator Schatz,

Federally Qualified Community Health Centers (FQHCs) are the front line for providing critically needed health services, including behavioral and dental health, to underserved populations in Hawaii.

FQHCs are expanding their outreach services to engage with trusted community -19 partners who can be a critical link to Communities disproportionately affected by Covid-19, but are constrained by restrictions in the use of funds to pay for these programs.

We seek your support in identifying funds that can be used to pay for innovative outreach programs that can reach high risk communities through partnership with community partners.

Sincerely,

Hawaii Advocacy Center

**TEAM 6: DIVERSITY HEALTH CENTER**

The Honorable Rosa DeLauro  
Chairwoman  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
Washington DC 20515

The Honorable Tom Cole  
Ranking Member  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole,

At our health center and others, we've had a huge increase in requests for services, most recently driven by the COVID-19 pandemic with the loss of jobs and health insurance. In addition, independent practitioners are looking for a way to transition out of private practice and are bringing patients to our clinics for care. This has created a significant need for restructuring our clinic space.

Community health centers need to be funded to provide healthcare, infrastructure and workforce programs. Our core services in providing healthcare are sorely in need of both physical expansion and an extension of our reach to address workforce issues.

In particular, we need to expand our services to include social services. Federally Qualified health systems in many areas serve marginalized communities who are disadvantaged in many ways, and the health centers provide the federally funded support necessary to enhance their health and wellbeing.

As you know, thanks to longstanding bipartisan support in Congress, there are now more than 1,400 health center organizations serving more than 14,000 urban and rural communities in every state and U.S. territory.

Thank you for your continued support.

Joe Dunn  
CC: NACHC

## TEAM 7: THE HEAVENLY SEVEN

December 2, 2021

The Honorable [Insert First & Last Name of Congress person]  
(Insert Room Number) State Capitol  
City, State Zip Code

CC: National Association of Community Health Center  
jdunn@nachc.org

Re: Community Health Center Funding

Dear Senator/Representative (Insert Last Name):

We represent the Heavenly Seven Community Health Center Family and the community members in your district. As you know, social determinants of health are major contributing factors to holistic health including physical, mental and spiritual health. Social and environmental factors such as where one is born and lives, the education received, availability of job opportunities, including health insurance, transportation and access to health care services impact the health and wellness of each individual. Intuitively, we know that 20% of the cost of health care derive from disease specific or medical conditions. But 80% of the cost comes from social, environmental and health care needs. We are asking for funding to address these social determinants of health in our community to include expanding our telemedicine programs to address the transportation barriers that many in our community face.

The following case study represents our Heavenly Seven Community Health Center Family's response to a community member in need. One our community health workers reached out to Joe to invite him to obtain his COVID 19 Vaccine. Joe expressed a need for assistance with his unemployment application. Even though we called Joe about his COVID 19 Vaccine, we knew that we had to address his social needs before we could reach his health care needs. So, we helped Joe with his unemployment application and he got vaccinated. Because he trusted us to care for him comprehensively, he now has a primary care provider at our Heavenly Seven Community Health Center and his blood pressure and A1C is under control. His health is so improved.

Community Health Centers like ours serve the underrepresented populations. If our health center does not support people like Joe, he might have died unexpectedly from prioritizing his social needs over his physical health. We treat the whole person so that both his social needs and his physical health are addressed.

On behalf of the Heavenly Seven Community Health Center Family and Community Health Centers across the country, we ask for your continued support for funding.

Sincerely,

Heavenly Seven Community Health Center  
President and CEO

**TEAM 8: TEAM IMUA**

**December 2, 2021**

Dear Congress,

CHC's build and sustain healthy communities through community-based outreach, partnerships, education, promoting community reinvestment and reducing overall health costs. CHC's are the silo-less center of the community. We provide access to care for the underserved. As an economic driver, we provide quality care, reduce cost, and prioritize cultural competence. Health Centers therefore are a unique, wise investments as they are community owned and led, are major employers and economic engines for their communities and represent successful public/private partnerships.

Given the challenges and the needs brought on by the pandemic, we would like to address the worsening problem of healthcare professionals in the rural areas. Health Centers have been built on the mission of providing high quality and cost-effective primary health care to all residents and creating economic opportunity for the community's in which we serve. To address this issue, Health Centers need to be supported in efforts to create local based residency programs. Prioritizing funding for rural, Hawaii based teaching health center residency programs and health education programs to create long-term, sustainable jobs within our community are critical to address the provider and workforce shortage we face, ensure continuity of care, and addressing long term socio-economic barriers that our patients struggle with each day. Investments such as this not just ensures quality care but interrupts poverty that our communities face.

**TEAM 9: HALE 'IKE**

**December 2, 2021**

Honorable Kai Kahele,

We humbly express our gratitude for your commitment in supporting our Federally Qualified Health Centers across the nation. It is critical that you continue to support the infrastructure and workforce programs we want to implement including our efforts to promote a teaching health center at each of our FQHCs. This is a huge task but one that will give us a huge return in investment.

It is imperative for the health of your constituents that vote for you, that you strengthen the 340B pharmaceutical program needs to meet the needs of our senior citizens. The 340b savings have been used to offset the cost of specialty drugs. Also the cost of our physicians because they are able to spend more quality time with each patient. You can show your support by signing on as a cosponsor to the PROTECT 340B Act (HR 4390). This bill will help stop harmful practices by Pharmacy Benefit Managers, who are siphoning off savings that should be designated to health centers and other safety net providers.

Also, there is a great need for Community Health Workers and having insurance companies cover the cost for this preventative program is crucial. Please support this initiative. Our community health workers reach out to the underserved and difficult to reach the patients. This is incredibly important in Hawaii because of the cultural challenges and historic mistrust from some communities.

Again, we appreciate your longstanding support and commitment to community health centers. We look forward to your continued support and collaboration.

Sincerely,

Kimo  
Hale 'Ike

**TEAM 10: TEAM X**

December 2, 2021

Washington DC

Re: Increased Funding for Medical Interventions, Infrastructure, and Workforce Programs in 2022 Fiscal Cycle

Dear Congressman:

We ask for your support of allocating resources to the national network of Healthcare Centers. We ask, along with our sibling organizations, for the following:

[National numbers/\$1000 million] for ongoing medical interventions;  
[National numbers/\$4000 million] for new healthcare center infrastructure development; and  
[National numbers/\$4000 million] for workforce program development.

Your community health center serves the most underserved community members in your state representing [percent population].

**[Insert community relevance]**  
**[Insert quantitative data to verify lived experience]**

Sincerely,

Team X