Board Community Relations Committee Meeting

AGENDA

WEDNESDAY, December 9, 2015
4:00 p.m. Light appetizers for Board members & invited guests
4:30 p.m. Meeting

<table>
<thead>
<tr>
<th>CALL TO ORDER</th>
<th>Form A</th>
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<tr>
<td>Time</td>
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<tr>
<td>CALL TO ORDER</td>
<td>4:30</td>
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<tr>
<td>Public Comments†</td>
<td>\ldots15</td>
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<tr>
<td>* Information Item(s)</td>
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<tr>
<td>1. * Approval: Community Relations Committee Meeting Minutes – November 4, 2015 (ADD A-Pp6-48)</td>
<td>\ldots5</td>
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<tr>
<td>2. Palomar Health’s Role with Community Health Centers – Sheila Brown, R.N., Vice President Continuum Care (ADD B-Pp50-68)</td>
<td>\ldots30</td>
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<tr>
<td>Public Comments†</td>
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<tr>
<td>ADJOURNMENT</td>
<td>5:35</td>
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**Voting Member**

| **Jerry Kaufman, PTMA Chair** | **Dara Czerwonka, MSW** | **Hans C. Sison, LVN** |
| **Robert Hemker, President & CEO** | **Michael Stelman, PHF Board Member** | **1st Alternate: Ray McCune, RN** |
| **Della Shaw, EVP Strategy** | Jean Larsen, Philanthropy Officer | Fran Waller, Director Community Engagement & Volunteer Development |
| **Debby Clark, Director Marketing** | Maria Sudak, Interim CAO & CNO PMC | Jim Lyons, Patient Family Advisor Council |

**NOTE:** If you have a disability, please notify us by calling 442-281-3270 72 hours prior to the event so that we may provide reasonable accommodations

† Asterisks indicate anticipated action. Action is not limited to those designated items.

† 5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see Request for Public Comment notices available in meeting room.
TO: Board Community Relations Committee

MEETING DATE: Wednesday, December 9, 2015

FROM: Tammy Chung, Secretary

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: The minutes of the Board Community Relations Committee meeting held on Wednesday, November 4, 2015, are respectfully submitted for approval (Addendum A).

BUDGET IMPACT: None

STAFF RECOMMENDATION: Staff recommends approval of the Wednesday, November 4, 2015, Board Community Relations Committee minutes.

Committee Questions:

<table>
<thead>
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<th>COMMITTEE RECOMMENDATION:</th>
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<tbody>
<tr>
<td>Motion:</td>
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<td>Individual Action:</td>
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<td>Information:</td>
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<td>Required Time:</td>
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TO: Board Community Relations Committee

MEETING DATE: Wednesday, December 9, 2015
FROM: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: Sheila Brown, R.N., Vice President, Continuum of Care, will provide an update on Palomar Health’s role with the Community Health Centers.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Informational

Committee Questions:

COMMITTEE RECOMMENDATION: Informational

Motion:

Individual Action:

Information:

Required Time:
ADDENDUM A
# B O A R D  C O M M U N I T Y  R E L A T I O N S  C O M M I T T E E  M E E T I N G
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<td>DIRECTOR DARA CZERWONKA, MSW</td>
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<td>DIRECTOR HANS C. SISON, LVN</td>
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<td>ROBERT HEMKER, PRESIDENT AND CEO</td>
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<td>MICHAEL STELMAN, PALOMAR HEALTH FOUNDATION BOARD MEMBER</td>
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<td>DELLA K. SHAW, EXECUTIVE VICE PRESIDENT, STRATEGY</td>
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<td>JEAN LARSEN, PRESIDENT &amp; CHIEF PHILANTHROPIC OFFICER, PALOMAR HEALTH FOUNDATION</td>
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<td>DEBBY CLARK, DIRECTOR, MARKETING</td>
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<td>JANET KLOTZNER, DIRECTOR, MARKETING &amp; THE HEALTHSOURCE</td>
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<td>FRAN WALLER, DIRECTOR, COMMUNITY ENGAGEMENT AND VOLUNTEER DEVELOPMENT</td>
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<td>MARCY ADELMAN, RN</td>
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<td>TAMMY CHUNG – BOARD COMMITTEE ASSISTANT</td>
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<td><strong>INVITED GUESTS</strong></td>
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See Text of Minutes for Names of Guest Presenters
### Board Community Relations Committee – Meeting Minutes – Wednesday, November 4, 2015

**Agenda Item**

- Discussion

<table>
<thead>
<tr>
<th>Conclusion/Action</th>
<th>FollowUp/Responsible Party</th>
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### I. CALL TO ORDER – ESTABLISHMENT OF QUORUM

The meeting – held in the Raymond Family Conference Center, Palomar Medical Center, 2185 Citracado Parkway, Escondido, CA - was called to order at 4:30 p.m. by Committee Chair Jerry Kaufman

- Quorum comprised of Directors Kaufman, Czerwonka, Sison; Robert Hemker, President and CEO
- Excused Absences: Michael Stelman, Palomar Health Foundation Board Member

### II. NOTICE OF MEETING

- Notice of Meeting was posted at PH’s Administrative Office; also posted with Full Agenda Packet on the PH web site on Thursday, October 29, 2015, which is consistent with legal requirements. Notice of that posting was also made via email to the Board and staff.

### III. PUBLIC COMMENTS

- No public comments

### IV. INFORMATIONAL ITEMS

### V. APPROVAL OF MINUTES

- No discussion

**MOTION:** by Director Czerwonka, 2nd by Director Sison and carried to recommend approval of the September 2, 2015 minutes as submitted. All in favor. None opposed.

### VII. PRESENTATIONS

- Utilizing the presentation distributed with the Board packet, Cindy Linder, Regional Coordinator HDS North Inland, provided a detailed update on the Healthy Development Services funded by First 5 San Diego. Della Shaw gave kudos to the program.

- Utilizing the presentation distributed with the Board packet, Fran Waller, Director, Community Engagement, Outreach & Volunteer Development provided a Community Outreach update.

- Also utilizing the presentation distributed with the Board packet, Nancy Roy, Community Outreach Liaison, highlighted the “Backyard Produce Project” which is a project of the Community Action Council of RB/Poway/RPQ. The goal of the “Backyard Produce Project” is to provide fresh, healthy produce to families in need in the Poway Unified School District regions.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action</th>
<th>FollowUp/Responsible Party</th>
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<tbody>
<tr>
<td>• Discussion</td>
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**VIII. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH**

There were no comments / nor agenda items requested for next month

**IX. FINAL ADJOURNMENT**
The meeting was adjourned at 5:36 p.m. by Chair Kaufman

**Signatures:**

<table>
<thead>
<tr>
<th>Committee Chair</th>
<th>JERRY KAUFMAN, PTMA</th>
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<tr>
<td>Committee Assistant</td>
<td>TAMMY CHUNG</td>
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Healthy Development Services (HDS)
North Inland

Cindy Linder, RN, BSN
Virginia Barragan, FACHE, PT, MOMT, DPT
Sheila Brown, RN, MBA, FACHE
HDS North Inland Funding

Funded by First 5 San Diego

Five Year Contract Term
- July 2015 - June 2020
- $9,703,475

July 2015 - June 2016
- $1,940,695
HDS North Inland Services

Palomar Health

- Regional Coordination
- Care Coordination
- Parent Education
- Developmental Services
- Behavior Workshops & Parent Coaching

Subcontracted Partners

- Behavior Therapy
Engaging Families
### HDS North Inland Demographic Snapshot – Who We Serve

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
<th>Compared to SANDAG</th>
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<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>71%</td>
<td>49%</td>
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<tr>
<td>White</td>
<td>17%</td>
<td>40%</td>
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<tr>
<td>Multiracial / Other</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>4%</td>
<td>6%</td>
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<tr>
<td>Black</td>
<td>1%</td>
<td>2%</td>
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<tr>
<td>Declined</td>
<td>2%</td>
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<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Percent</th>
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<tbody>
<tr>
<td>0 to &lt; 3 yrs</td>
<td>73%</td>
</tr>
<tr>
<td>3 to 5 yrs</td>
<td>27%</td>
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<table>
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<tr>
<th>Language</th>
<th>Percent</th>
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<tbody>
<tr>
<td>English</td>
<td>45%</td>
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<tr>
<td>Spanish</td>
<td>53%</td>
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<tr>
<td>Other</td>
<td>2%</td>
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HDS North Inland Developmental Outcomes

96% of Children Made a Gain in One or More Domains (HELP)
HDS North Inland
Behavioral Outcomes

98% of Children Made a Gain
(CBCL)

92% of Parents Made a Gain
(PSI-SF)
HDS North Inland Service Excellence

- 89% Strongly Agree
  - Services Were Valuable

- 89% Strongly Agree
  - Recommend to Family and Friends

- 94% Strongly Agree
  - Treated With Kindness and Respect
What HDS Families are Saying

Talea has been such a wonderful enhancement to my child’s development. Absolutely would recommend her to anyone who could utilize her services. She is an enjoyable, caring, and great part of the organization.

What I like most about this program is it helps me be able to help my son. I am happy and pleased. Thank you.

I just want to thank Glynnis infinitely for all her help and attention. Thank you for the great treatment you give my children because they are my everything.
Community Partners

- Pediatricians
- Community Clinics
- Child Welfare Services
- Public Health Nursing
- Early Childhood Education – Preschools and Daycare
- Indian Health
- First 5 First Steps
- San Diego Regional Center
- School Districts
- Local College & Universities
- And more!
What’s New in FY16

• Co-located with HDS Behavior Providers
• Co-located with First 5 First Steps Home Visiting Program
• HDS Sensory Gym fully operational
• HDS Services provided in Fallbrook
• American Academy of Pediatrics Local Chapter AAP-CA3 San Diego Policy Brief published together with Zero to Three
  – Building a Developmental System of Care Puts All Children on Track for Success
• Recent publication for the Journal of Intellectual Disabilities, co-authored by Sue Yockelson of Brandman University and Cindy Linder
  – A Collaborative Approach to Early Identification and Referral of Children Who are in Family Childcare Settings, Birth to Five, Born to Teenage Mothers
Contact Information

• Cindy Linder, RN, BSN
  Regional Coordinator HDS North Inland
  Office: 760-739-3629
  Cell: 760-807-0113
  Email: cynthia.linder@palomarhealth.org

• HDS North Inland  Toll Free: 1-877-504-2299

• First 5 San Diego  Toll Free: 1-888-5 FIRST 5
  www.first5sandiego.org
Palomar Health
Community Outreach

Fran Waller, MS
Director of Community Engagement & Volunteer Development

Nancy Roy
Community Outreach Liaison
Updates & Goals

- Recruitment
- Grant Writer

Action to Increase Community Health & Wellness

- Addressing social needs with available resources
- Volunteer-Intern Engagement
- Establish the PH Brand
- Community/Medical based Collaboration
- Funding Opportunities

- Increase Awareness
- Greater Impact
Four Top Health Conditions
San Diego County

• Diabetes (type 2)
• Obesity
• Cardiovascular Disease.
• Mental/Behavioral Health

3 Behaviors
No Physical Activity
Poor Diet
Tobacco Use

4 Diseases
Cancer
Heart Disease & Stroke
Type 2 Diabetes
Lung Disease

More than 50% of Deaths in San Diego
Five Social Detriments of Health

*Healthy People 2020*

- Neighborhood and Built Environment
- Health and Health Care
- Economic Stability
- Education
- Social and Community Context

SDOH
What is food insecurity?

• “...the state of being without reliable access to a sufficient quantity of affordable, nutritious food.”
WHAT IS FOOD INSECURITY?
LACK OF ACCESS, AT TIMES, TO ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE FOR ALL HOUSEHOLD MEMBERS

FOOD INSECURITY EXISTS IN EVERY COUNTY IN THE U.S.

49M PEOPLE 1 in 6
16M CHILDREN 1 in 5

HOME OWNERSHIP
UNEMPLOYMENT
POVERTY
FOOD INSECURITY

FOOD INSECURITY INCREASES

FOOD-INSECURE PEOPLE REPORT NEEDING AN ADDITIONAL FOOD BUDGET OF

$16.28 PER PERSON/WEEK

ANNUALIZED ACROSS ALL FOOD-INSECURE PEOPLE IN THE U.S. THAT IS A

$24.2B FOOD BUDGET SHORTFALL

Percentage of households reporting indicators of adult food insecurity, by food security status, 2014

- Food secure
- Low food security
- Very low food security

Worried food would run out
Food bought did not last
Could not afford balanced meal
Cut size of meal or skipped meal
Cut or skipped meal in 3+ months
Ate less than felt should
Hungry but did not eat
Lost weight
Did not eat whole day
Did not eat whole day, 3+ months

Who is food insecure?

• More than 5 million senior citizens age 60 and older face hunger (2013).
• 16 million children in America face hunger.
• More than one in five (22%) Latino households are food insecure.
• 13% of San Diego County families are food insecure (14% nationally).

Source: Feeding America 2014
Food insecurity and High healthcare costs go hand in hand – a Canadian Study

• Where health access is not a factor in Canada, as food insecurity worsened, healthcare utilization and total healthcare costs increased.

• People with severe food insecurity have healthcare costs more than twice as high.

• Less food, or lower quality food may influence health status and lead to more medical needs.

• Living in neighborhoods without access to stores that sell fresh food (food deserts) reduces optimal management of health.

• Recommendation “to get healthcare expenses down we need to get food insecurity down.”

Reuters Health Mon Aug 10, 2015; Valerie Tarasuk, et al of the University of Toronto; Canadian Medical Assoc. Journal
The Backyard Produce Project
Goal

To provide fresh, healthy produce to families in need in the Poway Unified School District regions.
Three Ways to Collect Produce

Collection Sites       Picking Team           Gardens
Collection Sites

Destinations where local private gardeners can drop off their surplus produce:

- Rancho Family YMCA
- Rancho Bernardo, Seven Oaks Community Center
- In 4S Ranch, Porch of 16770 Santanella Street
- Carmel Mountain Ranch, RB Haley Fine Homes
- The Community Food Connection
Picking Team

- Volunteers in the Poway / Rancho Bernardo / Rancho Penasquitos area go to residential homes and pick fruit from trees to donate to families in need
Gardens

- Three organic gardens
- One orchard – apple, peach, nectarine, plum
Logistics

Friends and Family Community Connection

• Becky Palenske - Director of Local Family Support
• Partnering with the Backyard Produce Project that help us share fresh picked produce with local families in need.
Recipients

The produce goes to Friends & Family Community Connection, which distributes it at:

- Monthly food distribution events
- Low-income apartment complexes
- After-school programs
- Boys & Girls Clubs
Helping Interfaith Community Garden

• Food bank garden at Temple Adat Shalom

• Produce goes to Interfaith Community Services
  – Food distributions, hot meals
  – Homeless, others in need

• Garden about to shut down - lack of volunteers

• Our tree picking team has come to the rescue!
PUSD School Garden Network

Another way for us to promote health in the community

An email list for PUSD school garden coordinators
• Started with 3, now at 20
• Lets coordinators talk, share ideas

We are also:
• Setting up garden web sites upon request
• Informing garden coordinators about resources
Results for This Quarter

• Donation Sites …………..1290 pounds
• Tree Picking Teams……..1480 pounds
• Gardens……………………2250 pounds

• Total for the quarter……….5020 pounds
• Total since we started…..159,650 pounds
Plans

• Quarantine challenge
• Re-establish affected operations
• Prepare for citrus season
  – Recruit more members for the tree picking team
  – Publicize our tree-picking operation
• Goal -- maximize produce to families in need
With Food and Justice for All…

A Growing Passion KPBS
with host: Nan Sterman

http://video.kpbs.org/video/2365153261/
The Backyard Produce Project is a collaboration of many people and organizations

Our **wonderful volunteers** donate their time, energy, and personal resources. **Community members** donate backyard produce from their trees and gardens. **Sunshine Care Assisted Living** donates the land and water for the orchard and gardens, along with advice from Roy Wilburn, Director of Horticulture, and holds annual fundraisers for the project, attended by many wonderful community members who support our project.
Key financial donors:

• Palomar Health's Community Action Council of Poway / Rancho Bernardo / Penasquitos
• The Kiwanis Club of Los Rancheros
• The Current Wisdom Foundation
• Louise Siddall
• Girl Scout Troop 8706
• Gaby Mergenthaler

Key in-kind donors:

• Palomar Health Foundation for serving as our fiscal agent
• The Seven Oaks Community Center for hosting a backyard produce donation site
• Kellogg Garden Products - for garden supplies
• Hunter Industries - for irrigation supplies
• Will Lenhart - who doubled the size of the garden as his Eagle Scout project
Other generous donors:

• Victory Gardens of San Diego - advice, encouragement, and help in building the fence
• Bernardo Gardeners Club
• San Diego Community Garden Network
Thank you for your attention...

Nancy Roy
Palomar Health Community Outreach
nancy.roy@palomarhealth.org
760-315-1000
ADDENDUM B
Board Community Relations Committee
Palomar Health's Role with Community Health Centers
Sheila Brown R.N., Vice President Continuum Care
Defining a Federally Qualified Health Center

- Public or private non-profit, charitable, tax-exempt organization that receives funding under Section 330 of the Public Health Service Act (Section 330)
- Determined by the Department of Health and Human Services (DHHS) to meet requirements to receive funding without actually receiving a grant (i.e., an FQHC “lookalike”)
- Estimated to save the national health care system up to $24 billion a year
  - $6.7 billion in savings for the federal share of the Medicaid program, and is
  - Driven by lower utilization of costly specialty care, emergency departments, and hospitals
Why were Community Health Centers Created

• To enhance the provision of primary care services within underserved communities by developing community specific solutions to community specific health disparities.
Market Nationwide

• Today, more than 1,300 Health Centers operate approximately 9,000 service delivery sites that provide care to nearly 23 million patients in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the pacific Basin.

• Overall, since the beginning of 2009, Health Centers have increased the total number of patients served on an annual basis by nearly 6 million people, increasing the number of patients serviced from 17 million to 23 million annually.

• This network of Health Centers has created one of the largest safety net systems of primary and preventive care in the country with a true national impact.
The number of patients treated at FQHCs is skyrocketing, providing further evidence of the rapidly increasing importance of community health centers. Watch this number continue to rise as more Americans become insured and hospitals and community health providers jointly establish patient-centered medical homes.

- Avanza Healthcare Strategies Infographic May 2015
Cornerstone of the Model

• Be located in a federally-designated medically underserved area or serve a federally-designated medically underserved population.

• Serve all residents of the Federally Funded Health Centers service area or all residents who belong to a targeted “special population”, regardless of an individual’s or family’s ability to pay.

• Provide a full continuum of primary and preventive care services.

• Be governed by an independent community-based board of directors that complies with all Section 330-related requirements.
Health Centers: Strengths to Leverage

• Patient/Family Centered Models of Care

• Wrap around services - can address Social Determinants of Health
  
  Case Management
  Transportation
  Translation
  Nutrition
  Social Work Services

• Behavioral Health Services

• Dental Health

• Multi-disciplinary workforce
Advantages to Tax-Exempt Hospital Systems

• Ability to focus community benefit and other charitable funds in a strategic and population health focused manner.
• Help to avoid the unnecessary duplication of services, lowering the costs of providing care and ultimately strengthening the existing safety net delivery system.

• Reduce the need for more expensive in-patient and specialty care services as well as emergency room visits, resulting in significant savings to a community’s health care system.

• Allow limited federal, state and local resources to be targeted and allocated to areas that most require them.
The Essential Role of the Community Health Centers

• The Affordable Care Act established the Community Health Center fund that provides $11 billion over a 5 year period for the operation, expansion, and construction of health centers throughout the Nation.
Market in San Diego County

- 12 Federally Funded Health Centers in San Diego County (approximately 89 locations)
- Serving over 588,000 individuals

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Number of Locations in SD</th>
<th>Patients Served in 2014</th>
<th>Regions Served</th>
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<tr>
<td>North County Health Services</td>
<td>11</td>
<td>59,262</td>
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<tr>
<td>Vista Community Clinic</td>
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<td>Family Health Centers of San Diego</td>
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</table>
Patient Experience

- Cultivate a comprehensive patient centered medical home by creating a patient experience that accessible convenient and attractive to diverse population.

Growth

- Increase the number of patients and terror territories served by Health Clinics and continue to develop a comprehensive array of services.

Clinical Integration

- Provide a patient centered and integrated service experience that addresses the full scope of patient needs through new partnerships and enhanced coordination.
Focus
Triple AIM Quality: Patient Experience, Cost (Volume to Value), Population Health.

Patient Experience
Cultivate a comprehensive patient centered medical home by creating a patient experience that is accessible, convenient and attractive to a diverse population.

Growth
Increase the number of patients and territories serviced by Heath Centers and continue to develop a comprehensive array of services.

Clinical Integration
Provide a patient centered and integrated service experience that addresses the full scope of patient needs through new partnerships and enhanced coordination.
Recent Partnership
Clinical Integration

- Clinically integrated care network - subsidiary of the Council of Community Clinics

- 10 community health center members

- Representing over 250,000 Medi-Cal patients

- Increased ability to negotiate with insurers and health clinic programs, reducing total health care costs

- Ultimate goal is to improve quality of care and long term health outcomes, providing a stronger voice for patients
Palomar Health Opportunities for Collaboration

- Extended Hours after Palomar Health Downtown Campus Closure (Urgent Care)
- ER Diversion Programs
- Transitions Of Care Programs
- Patients Navigation Services
• Stewarding overall community health resources.

• Actual health status of a community can be lifted.

• Every hospital owes it to itself and to its community to help Health Centers thrive
QUESTIONS