**Sacramento County Department of Health Services**
**Health Center Co-Applicant Board (CAB)**
**Special UDS Report Meeting**

## Meeting Notes
February 14, 2023 / 9:30-10:30 AM

## Meeting Location
4600 Broadway, Conference Room 2800 or Join by ZoomGov at
https://www.zoomgov.com/j/1616971267?pwd=RWtxL2V2b1p6SmxSTXM5dVRqVjRXUT09
Meeting ID: 161 697 1267
Passcode: 290525

## Meeting Attendees:
CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler
SCHC Leadership: John Dizon, Sharon Hutchins, Noel Vargas, Vanessa Stacholy, Susmita Mishra
SCHC Staff: Robyn Alongi, Zack Staab, Robert Rushing, Adam Prekeges, Rachel Callan

| **Topic** |
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| Opening Remarks<br>• *Chair Winbigler performed roll call and thanked everyone for attending the special meeting. Then she turned the meeting over to Ms. Hutchins and staff for the next agenda item.* |
| *UDS Report – Presentation and Highlights*<br>• *Dr. Hutchins pointed out that while she did not contribute to making the report, the experts who did were present to answer any question. Dr. Hutchins presented the following items in the UDS report:*<br>o *The report is broken down into tables.*<br>o *The first table looks at where SCHC patients come from. Dr. Hutchins showed that the zip code where the most patients (who had a UDS countable visit in 2022) live was 95820. She pointed out that the numbers in this report differ from other reports that SCHC typically runs because the UDS report has a special methodology that is required of all health centers in the US. What constitutes a countable visit for this purpose is strictly defined by HRSA.*<br>▪ *The top ten residential zip codes for patients in 2022 were from areas in the center and parts of the county. There were not many patients in 2022 who live far to the south of the County (Delta area).*<br>o *The next table focused on patient age. Dr. Hutchins explained that the Health Center is seeing a lot more kids than adolescents. The largest group is working aged adults.*<br>o *According to sex assigned at birth, the SCHC has more female patients (55.5%) than male patients.*<br>o *The demographic characteristics of the Health Center's patients on table 3B were shown to the group.*<br>▪ *Dr. Hutchins pointed out that the HRSA requires health centers to use the Office of Management and Budget (OMB) definition of race and ethnicity.*<br>➢ *The OMB defines race as a socially constructed category based primarily on skin color and history. The data showed that just over half of the patients being at the Health Center are White. The next largest group is Asian at almost one-third, followed by African American, and then persons who chose not to disclose.*<br>➢ *The OMB defines ethnicity as a socially constructed category based primarily on language and culture. Dr. Hutchins said that even though these are not necessarily current definitions* |

*that many Americans use, these are the definitions health centers have to use for HRSA reporting purposes. HRSA only asks the Health Center to report on two categories of ethnicity: Hispanic and Non-Hispanic. About one-third of patients are Hispanic, a little under two- thirds are non-Hispanic, and 2.4% chose not to disclose or went unreported.*

- *Almost two-thirds of patients of patients reported that they would prefer to be served in a language other than English.*
- *The Health Center is asked to report on patients' sexual orientation.*
  - *Dr. Hutchins showed that 28.1% of patients were reported as unknown and 66% of patients self-reported as heterosexual. Dr. Mishra pointed out that asking about sexual orientation is not a required part of a patients visit - this may be why so many patients were put into the system as unknown. Ms. Callan added that children under 12 are not asked this question and make up a large percentage of the unknown category.*
- *For patients self-described gender identity, the largest group self-reports as female followed by male, with less than 0.2% of patients self-reporting as being transgender females or males.*
- *HRSA measures income by the percentage of the federal poverty level. 92.5 % of patients were found to live at the lowest federal poverty level, which was a big increase from previous years. Dr. Hutchins pointed out that in previous years a substantial minority of patients' incomes were reported as unknown. There are fewer unknown patients this time around because staff were retrained to ask the question about income in a consistent way.*
- *For patient insurance coverage, almost 90% of kids and just over two-thirds of adults had Medi-Cal, California's Medicaid program. 10% of children and 20% of adults were uninsured, which for adults includes those in the County's Healthy Partners program. As for Medicare, Dr. Hutchins pointed out, a little over 5% of adults were covered.*
- *Dr. Hutchins explained that HRSA is really interested in what it calls "special populations" and that some health centers, like SCHC, have special designations to serve specific populations. The SCHC started out as a health center for serving the homeless, a designation (h) that HRSA considers a special population. Another special population is veterans. The Health Center served 50 individuals who self-reported as a veteran.*
- *Dr. Hutchins shared that, in 2022, the Health Center had 90.9 total full-time equivalent clinical staff. The non-clinical staff include those in outreach, member services, interpretation, and management personnel, and numbered 54.4 full-time equivalents in 2022.*
- *Dr. Hutchins went back a few slides to talk about the number of homeless patients being seen at the center and why that number has been fluctuating over the years. The number of homeless patients last year (2021) was over 4,000, whereas the number this year (2022) is back down to 1,356.*
  - *Dr. Mishra said one reason for the fluctuation could be that it takes several visits to gain the trust of the homeless population – not all visits qualify as UCD countable visits in the very beginning. Ms. Winbigler asked for further clarification on this. Dr. Hutchins responded that another possible reason for this fluctuation is an ease in leadership making sure that staff are consistently asking patients about their homeless designation.*

o *The first three – out of the top ten - diagnoses for patients in 2022 were for chronic conditions. The next three top diagnoses were for mental health issues. The last four diagnoses – out of the top 10 - were for asthma, heart disease, contact dermatitis and other eczema, and coronavirus. Next, Dr. Hutchins showed a summary of table 6B, the quality of care measures. The items in red are measures whose targets were not reached in 2022, measures shown in green were reached, and the measures in blue had either no target or there was a more complicated story. The Health Center has been figuring out a new normal for patient visits, because patients are less willing to be seen in person ever since the coronavirus pandemic began.*

- *Pediatrics has been working hard on childhood immunizations, as well as weight assessment and counseling.*

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- *Dr. Hutchins explained that early entry into prenatal care (i.e. in the first trimester) is an area that needs to be looked at, especially for refugees, since some individuals were pregnant before coming into the United States. The Health Center does not do as well in this area as women, especially refugees, may enter our care after the first trimester.*
- *Dr. Hutchins thanked Dr. Mishra and providers for their work in cervical cancer screenings, which helped the Health Center reach their HRSA target in this area.*
- *As for ischemic vascular disease, the Health Center barely missed the target in this category.*
- *The Health Center did really well in the area of colorectal cancer screening.*
- *SCHC screened 80% of patients for HIV, but only one person was newly diagnosed at the Health Center. The data on HIV shows that the Health Center is treating people for HIV that were originally diagnosed elsewhere.*
- *Dr. Hutchins and Dr. Mishra explained that for depression screening, HRSA only accepts one tool to show that patients are in remission. They believe that this results in skewed data because the Health Center has been working hard to use the right assessment for patients. The one assessment that HRSA recognizes may not be the right one for the patient.*

- *Mr. Rushing presented the fiscal portion of the UDS report.*
  - *Mr. Rushing said there was an increase in costs over the period, but nothing that he considers troubling or unexpected. He explained that because SCHC is part of the Department of Health Services, there are certain overhead costs that the Health Center has no control over. Mr. Dizon pointed out the high cost for interpretation services. He said this high cost is indicative of certain things unique to this Health Center, such as refugee services.*
  - *Table 9D is different from other financial reports because it was not compiled using the same accounting principles. Mr. Rushing showed that column C2 is reconciliation money that SCHC received for being an FQHC in the state of California. He explained that the amount in C2 is from services the Health Center performed 3 years ago.*
  - *Ms. Winbigler noticed that the time for the meeting was up and she asked if attendees had any problem staying around for a little longer to vote on the report. All attending CAB members agreed to stay another 10-15 minutes, although some staff and SCHC leaders had to leave.*
  - *Table 9E is for other revenue from administrative and grant sources and is similar to what the CAB reviews each month.*

- *Ms. Winbigler opened the floor for questions on the UDS report.*
  - *Mr. Rushing spoke up to clarify one more item on the report. He said that SCHC received no money from the federal COVID-19 uninsured program (row 8c of table 9D) because the state of California expanded Medi-Cal coverage to cover these costs.*
  - *There were no additional questions.*

*Vote on UDS report – Jan Winbigler, Chair

- *Ms. Bohamera made a motion to approve the submission of the UDS report to HRSA. Ms. Bluemel seconded the motion to approve the submission of the UDS report to HRSA*
  - Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler
  - No votes: None

Other Urgent Items

- *Ms. Winbigler asked if the group has any urgent items to discuss. No one did.*

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| Public Comment<br>• *Vice-Chair Fryer opened the floor for public comment. No members of the public were in attendance.* |
| Closing Remarks and Adjourn<br>• *Chair Winbigler officially adjourned the meeting at 10:41AM.* |

Next Meeting: February 17, 2023 / 9:30-11:00 AM

*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

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