TAHOE FOREST HOSPITAL DISTRICT

May 28, 2025

Tahoe Forest Hospital - Aspen Conference Room

10800 Donner Pass Road, Suite 200, Truckee, CA 96161

# 2025-05-28 Board Community Engagement Committee

Agenda Packet Contents

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**TAHOE FOREST**
HOSPITAL DISTRICT

# BOARD COMMUNITY
# ENGAGEMENT COMMITTEE
# AGENDA

Wednesday, May 28, 2025, at 3:00 p.m.
Aspen Conference Room – Tahoe Forest Hospital
10800 Donner Pass Road, Suite 200, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**
   Rob Darzynkiewicz, MD, Chair; Mary Brown, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**
   This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF:** 02/24/2025 ................................................................. ATTACHMENT

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

   **6.1. Charter Review** ....................................................................................... ATTACHMENT
      The Community Engagement Committee will review and recommend approval of the committee charter.
   **6.2. Previous Committee Action Items**
      The Community Engagement Committee will discuss updates on the status of February 2025 action items.
   **6.3. Community Health Index** ....................................................................ATTACHMENT*
      The Community Engagement Committee will receive an update on the Community Health Index, including baseline data and progress towards the Healthy People 2030 targets.
   **6.4. Tahoe Forest Health System in the Community**
      The Community Engagement Committee will review initiatives that are currently taking place in the community.
   **6.5. 2025-2026 Community Peak Goals** ....................................................ATTACHMENT
      The Community Engagement Committee will discuss setting annual goals for 2025-2026.
   **6.6. Community Health Needs Assessment Update**
      The Community Engagement Committee will review the status of the 2026-2029 Community Health

Needs Assessment and discuss the next steps.

### 6.7. Small Wins

The Community Engagement Committee will share recent small wins and successes from community engagement efforts.

## 7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

## 8. NEXT MEETING DATE

The next committee date and time will be confirmed.

## 9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3583 at least 24 hours in advance of the meeting.

# BOARD COMMUNITY ENGAGEMENT COMMITTEE
## DRAFT MINUTES

Monday, February 25, 2025 at 2:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**
**The meeting was called to order at 2:02 p.m.**

**2. ROLL CALL**
Board: Rob Darzynkiewicz, MD, Chair; Mary Brown, Board Member
Staff in attendance: Louis Ward, Interim CEO; Brian Evans, MD, Chief Medical Officer; Ted Owens, Executive Director Governance; Maria Martin, Director of Community Health; Lizzy Henasey, Population Health Analyst; Megan Shirley, Population Health Medical Director; Wendy Buchanan, Director of Occupational Health; Hillary Bayliss, Manager Care Coordination; Sarah Jackson, Executive Assistant / Clerk of the Board
Other: Paul Bancroft, Executive Director of Sierra Community House

**3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
No changes were made to the agenda.

**4. INPUT – AUDIENCE**
No public comment was received.

**5. APPROVAL OF MINUTES OF: 08/19/2024**
**Director Brown moved to approve the Board Community Engagement Committee minutes of August 19, 2024, seconded by Director Darzynkiewicz.**

**6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
   **6.1. Immigration Executive Order and Community Impact Discussion**
Interim CEO introduced Paul Bancroft, Executive Director of Sierra Community House. Further introductions were made of the committee members. Mr. Bancroft provided a self-introduction and overview of the Sierra Community House services including hunger relief, victim support, family support, community support, violence prevention and legal assistance.

Sierra Community House also offers a legal services program. It is a Department of Justice (DOJ) certified program, partially accredited and staffed by two employees. Sierra Community House has been conducting "Know Your Rights" workshops both in California and Nevada both for employees and employers.

"Know Your Rights" is important. If law enforcement shows up with a valid warrant signed by a judge it is important to comply with the warrant, but not to offer more that the warrant authorizes.

Discussion was held about finding paths to visas or citizenship. Further discussion was held regarding planning and having a plan.

ICE has Department locations in Sacramento and Reno. There was a recent ICE visit to Incline Village, NV which affected attendance at schools and local businesses because people kept their children home from school and stayed home from work.

Extensive discussion was held about bridging the gaps of distrust, building connections, and developing strategies that could encourage our patients and community members to seek services.

Further discussion was held regarding taking care of our community in locations where they feel safe and comfortable and whether our medical providers might be willing to go to patients.

Director Darzynkiewicz questioned what the data is showing about what is being most impacted medically? Mr. Bancroft replied that the routine care and follow-up care is being most impacted. People are still going to the emergency room for emergency care, but the routine care that people feel can wait is being significantly impacted.

Lizzy Henansey, Population Health Analyst spoke about the importance of Trusted Messengers and how building on the number of physician Trusted Messengers we currently have. She further spoke on the importance of community health index aligning with the community health needs, and increasing ad and social media messaging about safe places to receive care. She additionally noted that other trusted messengers are Tahoe Forest employees that are both bilingual and bicultural.

Manager of Care Coordination Hillary Bayliss recommended bringing care into community. Executive Director of Governance offered to take the lead on finding trusted messengers from the community citing Sergeant Arnie Lopez of the Truckee PD as an example of a local bilingual bicultural that could fill the a trusted messenger role. He will also take the lead on sharing and messaging to the community through the Marketing Department.

Mr. Brancroft distributed "Red Cards." It was recommended that TFHS produce more and distribute these to all patient registration areas.

### 6.2. Community Health Index
Lizzy Henansey, Population Health Analyst – spoke briefly on the upcoming Community Health Needs Assessment. It was recommendation for Consultants (PRC) to present to the TFHD Board on Thursday 9/25/25 and then make Community presentation Friday 9/26/25.

Megan Shirley, PA-C, Population Health Medical Director provided an introduction of the Community Peak, "Aspire to be an integrate partner in an exceptionally healthy and thriving community." She the reviewed Priority Areas and Healthy People 2030 goals. Factors that affect health were reviewed. The TFHS Community Health Index Organizational Structure was reviewed.

Workgroups for A1c<9, Youth Substance Use & Mental Health, Mammography, and Adult Binge Drinking were reviewed.

### 6.3. Community Health Engagement Committee Action Plan
An Action Committee led by Interim CEO was formed. It will leverage the Community Health needs assessment, identify trusted Messengers both physicians, staff, and other community members. Manager of Care Coordination and the Community Care Coordinators will conduction outreach and look into bring

care into the community. Red Cards will be printed and distributed. Ad and Social Media messaging will be conducted.

### 6.4. Small Wins
No discussion was held.

## 7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS
Add Charter review and Small Wins to next Committee Meeting.  Increase cadence of meeting frequency for now as Committee feels too much is going on to wait three months for the next meeting.

## 8. NEXT MEETING DATE
The next committee date and time will be confirmed but is estimated to be the last week of March.

## 9. ADJOURN
**Meeting adjourned at 3:41 p.m.**

# TAHOE FOREST HOSPITAL DISTRICT

**BOARD COMMUNITY ENGAGEMENT COMMITTEE**
**CHARTER**

**Purpose**
The **Community Engagement Committee** of the hospital district board is established to support the Community Pillar of the Strategic Plan in our exceptionally healthy and thriving community. The Committee ensures collaboration between diverse community partners through active listening and advocacy for our community members. The Committee will focus on improving Community Health.

## Definition
Engagement is:
- The act of intentionally collaborating with individuals, communities, constituencies and organizations to help generate ideas, share best practices, better understand issues, identify concerns and considerations
- Collective problem-solving to leverage the work of our organizations
- Lifting community voice
- Ongoing and multi-directional
- Embracing a strategic approach to building lasting relationships

**Responsibilities**
- Aid in the identification of unmet, community health needs and the means by which those gaps can be filled.
- Assist in strategic plan and budget for the community benefit, health and wellness services offered to our community.
- Provide a collaborative space for open ideas, active listening and creative problem solving for community health and wellness.
- Identify community partners to convene, discuss and collaboratively implement strategies to improve community health.
- Identify qualitative and quantitative metrics, complementary to the triannual Community Health Needs Assessment and Community Health Improvement Plan, to track Committee engagement and progress.
- Leverage media to engage the community and regularly share Committee updates on progress.
- Annually summarize and transparently report on activities related to the Community Engagement Committee including overall community benefit, health system wide community health and wellness events, charity care, housing, transportation, community grants, community sponsorships, and the activities of the Community Health Department.

**Guiding Principles**

- **Focus on Community Health.**
- **Build Trust Through Collaboration**
- **Be Agile and  Evolve as we Learn**
- **Exemplify Integrity and Stewardship**
- **Remain Curious**

## Composition

The committee will consist of two members of the TFHD Board of Directors.

## Meeting Schedule

The committee will meet quarterly.

# Community Engagement Committee

May 28, 2025

Maria Martin, Director of Community Health and QIP

Megan Shirley, Population Health Medical Director

Lizzy Henasey, Population Health Analyst

# Discussion Items

- Foundation of Workgroups – Building Relationships and Infrastructure
- CHI Numbers and Workgroup Timeline
- Dashboard (A1c as Example)
- A1c Updates and Next Steps
- Learnings from A1c that Impact other CHI Metrics
- Potential Solutions
- Youth Substance Use Updates and Next Steps
- CHI Metrics and New Data Availability Timeline

# Foundation of CHI Workgroups:
# Building Relationships and Infrastructure for Success

- Align before Act/Connect before Content

- Trust Building and Culture Change

- Reproducible Structures and Standardizing Workgroup Processes

- Inter-relatedness of Metrics

- Dashboard: Developing a way to report results

# By the Numbers
## November 2024 – May 2025

- **3** - # of CHI Workgroups Launched

- **5** - # of TFHS Workgroup Champions

- **26** - # of TFHS Workgroup Members including Community Partners

- **21** - # of full Workgroup Meetings
  - For every full workgroup meeting there are ~3 sub-meetings since November 2025



**Legend**
- Person
- Organization
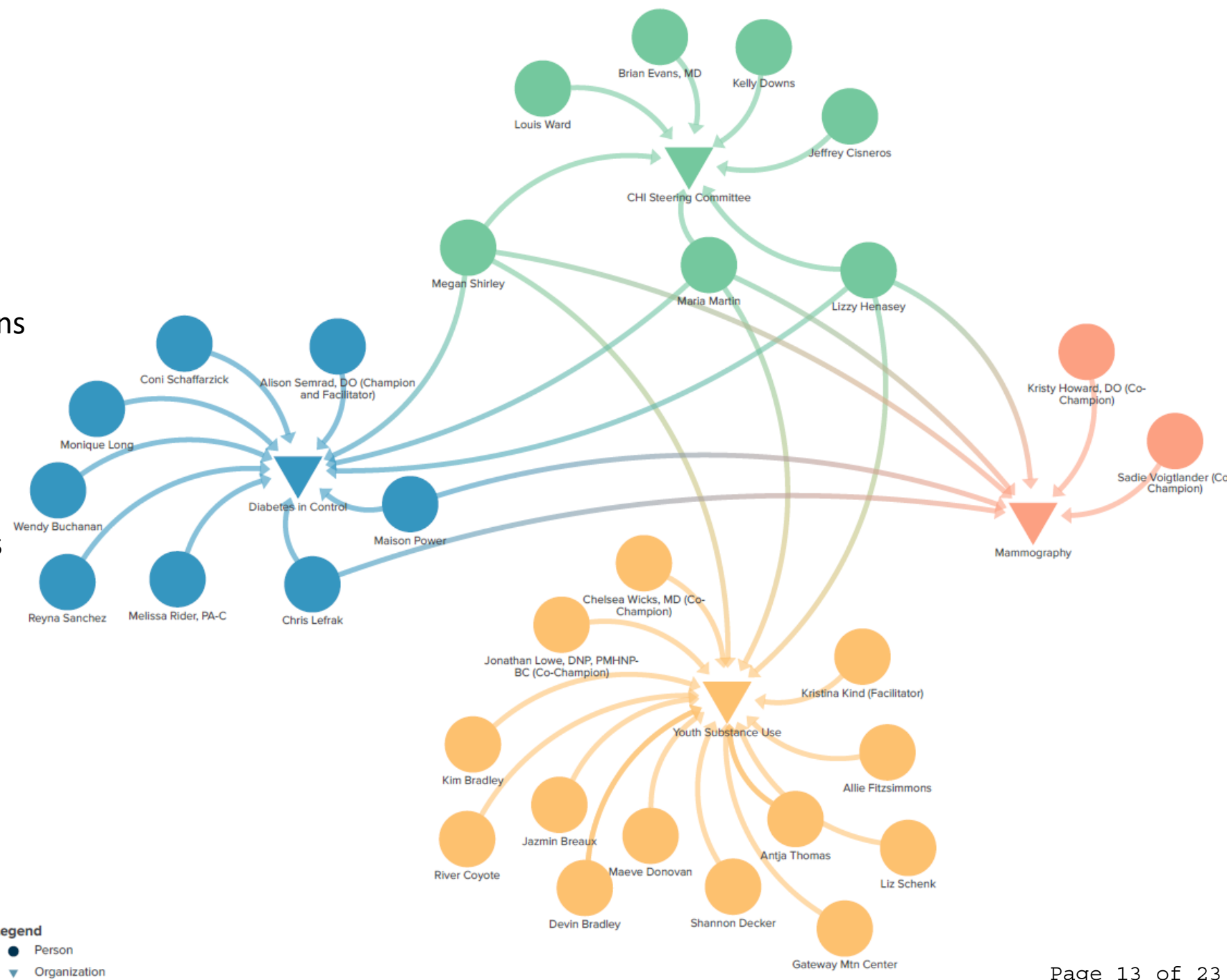
# CHI Workgroup Formation Timeline

Elapsed Time:

Day 1     Month 3-4     Month 5-7     Month 6-8     Month 9+     1-Year Annual

## STEP 1

**Secure a Champion**

- Initial Outreach
- Meeting to Clarify roles and responsibilities
- Identifying Workgroup Members

## STEP2

**Formation & Data Analysis**
**Meetings 1 - 3**

- Commit to Charter
- Identifying Current State: Asset Mapping, SWOT Analysis, Barriers
- Identifying additional data needs

## STEP3

**Intervention Planning**
**Meetings 4-6**

- Research
- Identifying options for successful interventions
- Costs and benefits
- Measuring Impact
- Additional Planning
- Complete A3

## STEP4

**Gain Stakeholder Buy-In**

- CHI Steering Committee
- Primary Care Committee
- Community as indicated
- Incorporate Feedback

## STEP5

**Implementation, Controlling & Monitoring PDSA**

- Implementing the intervention while monitoring progress
- Ensuring that process outcomes are moving us toward the goal

## STEP6

**Adjustments & Sustainability**

- Evaluate the intervention for ongoing sustainability
- Adjust intervention as needed: Grow or Scale Back

# Dashboard (A1c as Example)

- https://www.tfhd.com/commitment/dashboard/chronic-disease-management/diabetes-in-control/

## Diabetes in Control

Strategic Peaks and Winning Aspirations » Chronic Disease Management » Diabetes in Control

## Overview

Diabetes is a common chronic disease in our community and can lead to serious health complications such as heart attack and stroke, eye problems including diabetic retinopathy and glaucoma, serious foot-related complications including diabetic neuropathy and ulcers, and kidney disease. When diabetes is controlled, there is less chance of these serious health complications occurring. TFHS strives to help community members with diabetes control their disease and maintain a healthy blood sugar level to support a high quality of life.
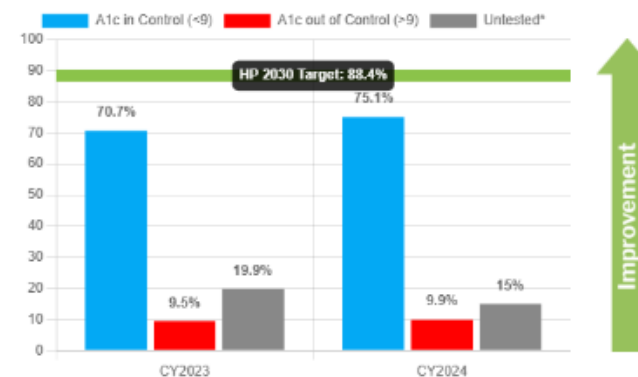
## Goal

Increase the proportion of adults with diabetes who are in control with an A1c<9 from 70.7% to the Healthy People 2030 goal of 88.4% ⧉ by December 31, 2029

## Target Population

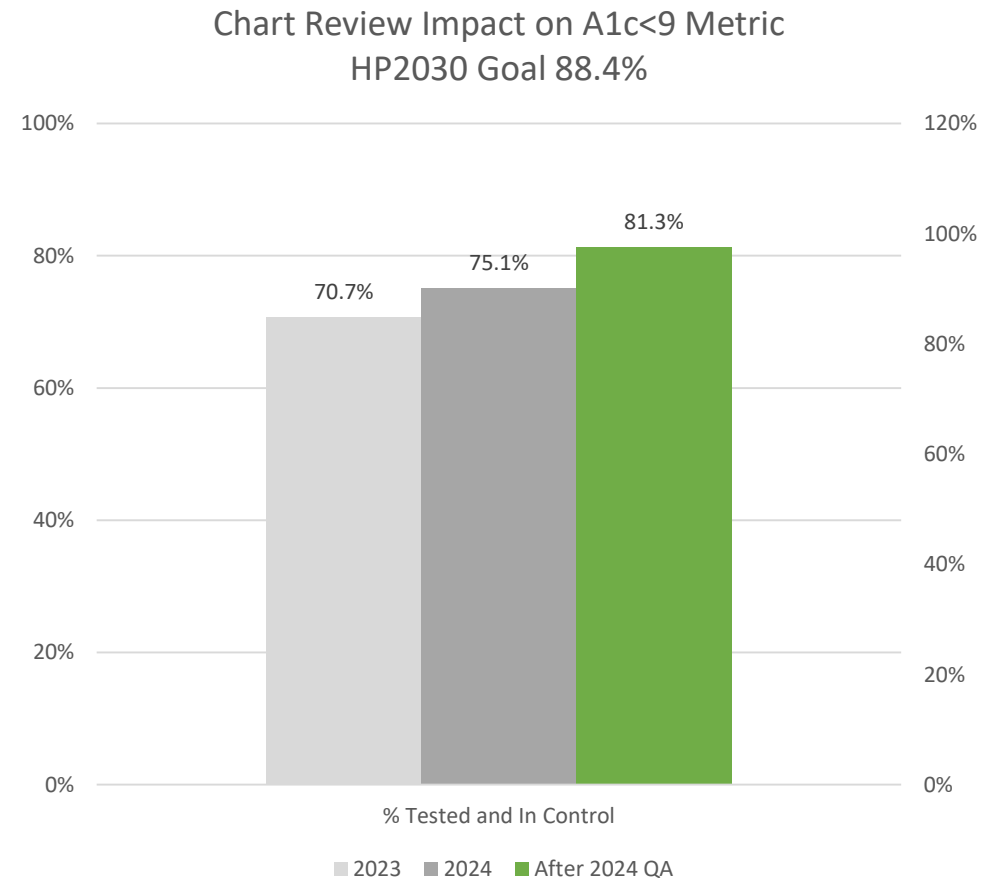Tahoe Forest adult patients with diabetes

### Diabetes in Control (A1c<9)



Legend: A1c in Control (<9) | A1c out of Control (>9) | Untested*

HP 2030 Target: 88.4%

CY2023: 70.7%, 9.5%, 19.9%
CY2024: 75.1%, 9.9%, 15%

Improvement

| Workgroup | Strategies | Projects & Accomplishments | Definitions |

- **Chair** – Alison Semrad, DO – Endocrinologist
- **Workgroup Members:** Community Health, Chronic Care Management, Nutrition, Primary Care, Community Health Advocacy, Business Intelligence, and Wellness
- **Timeline:** Launched November 20, 2024

# A1c Data Update (May 2025)

- Significant effort put into validating the 2024 data to shape our understanding of the metric and identify appropriate interventions:
  - 15 hours of QA by Physician Assistant
  - Chart Review of all 149 untested patients with a Dx of diabetes (6 min/patient)
    - 16% of total diabetic patients n=939
  - 49.7% (74/149) had been tested yet data could <u>not</u> be extracted from the EHR
  - 9.47% of "untested" patients moved to in control A1c<9 (improvement)

**Chart Review Impact on A1c<9 Metric**
**HP2030 Goal 88.4%**

% Tested and In Control

- 2023: 70.7%
- 2024: 75.1%
- After 2024 QA: 81.3%

# A1c Data Next Steps

- **Interventions**
  - **Tested and Not in Control (May)**
    - Virtual Diabetes Weekly Series
    - 1:1 Nutrition Counseling
  - **Untested (June)**
    - Outreach to 62 of the untested patients to support and direct them to care and testing
  - **Review of medication data to ensure compliance with practice guidelines (~July)**

Chart Review Impact
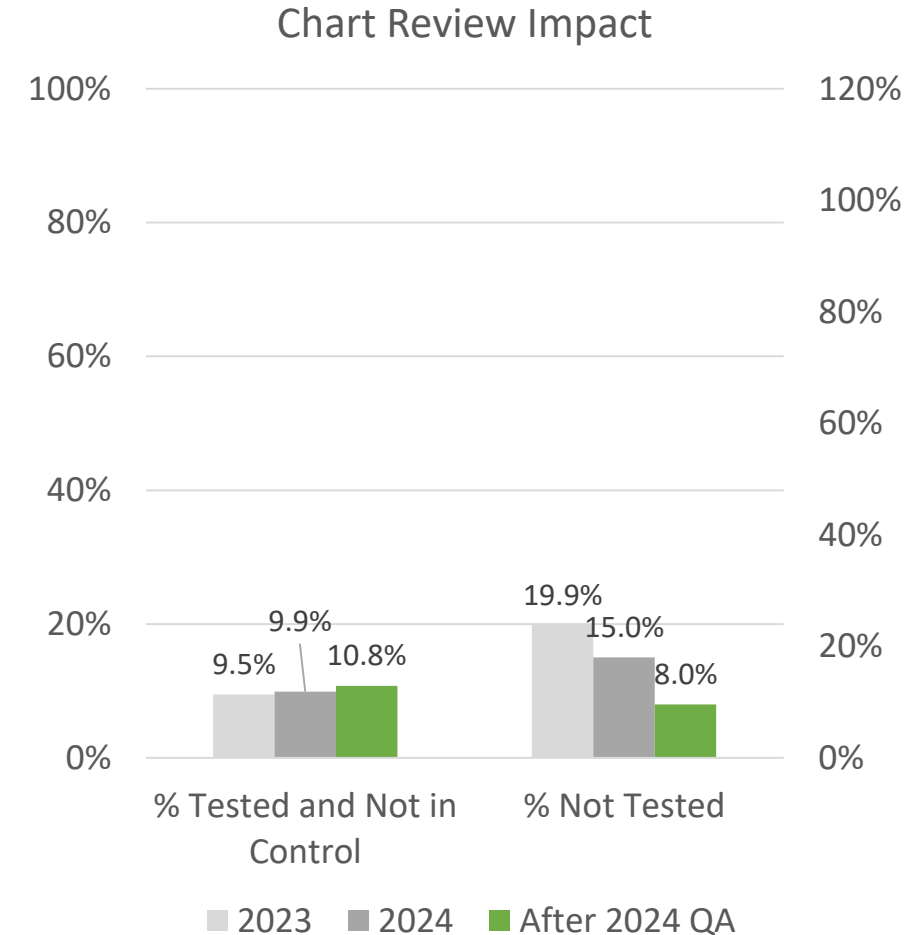
# Learnings from A1c that Impact other CHI Metrics: Test Results from External Facilities

- Problem Statement: 50% of tests from external facilities cannot currently be extracted from Mercy Epic without manual chart review.

- Impact
  - Mammography Screening
    - 2,687 women ages 40-74 do not have a mammogram in the TFHS data set (2022/23)
    - 18x as many as Diabetes untested
    - At a rate of 6 min/patient = 268.7 hr or 6.7 weeks of full time work
  - Colorectal Cancer Screening

External Testing



Test on File, 50%

Unextractable Test Results, 50%
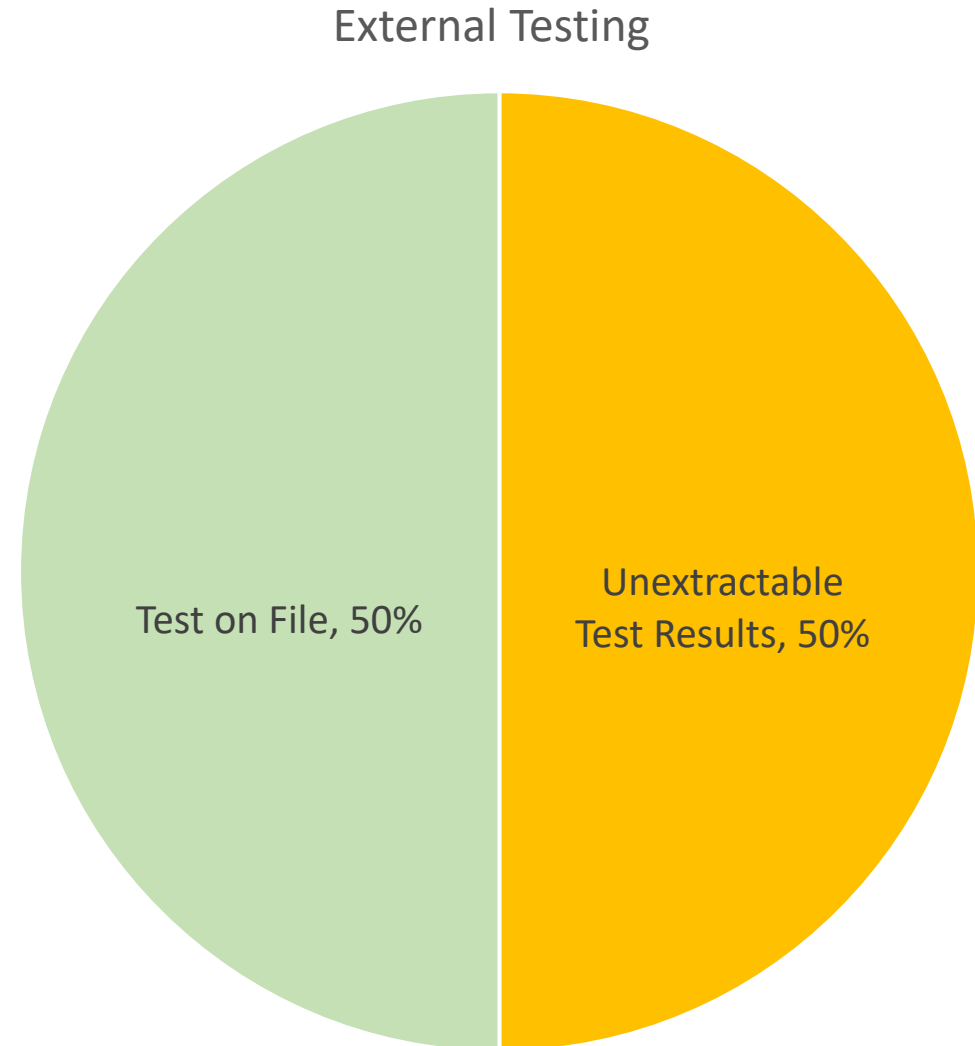
# Potential Solutions for Test Results from External Facilities

1.  Update Resulting Lab/Screening Results to be reflected and extractable in Health Maintenance

2.  Optimization of Scanning Documents Workflow

3.  Improved Lab Interfaces that flow into Health Maintenance

4.  Reconciling Care Everywhere

# Youth Substance Use Strategies

| Strategies |
|---|
| Youth Surveys to gauge current use trends and awareness of substance use resources<br>- Quality Improvement Survey - TFHS Clinics to assess need for standardized CRAFFT screening<br>- TTUSD Wellness Centers more simple to gauge use, awareness of resources and what would they like to see for resources |
| Survey Pilot with ACMS 7th graders ages 12 -13:<br>Total = 164<br>• Current Use 1.2% (2/164)<br>• Friend Use 23% (37/164) |
| Youth Education – Impact of substance use on the developing adolescent brain, vaping and addiction, and helping to spread awareness about TFHS Quit Vaping Support |

# Youth Substance Use Strategies

| Strategies |
|---|
| TFHS Substance Use Services for Youth Postcard - Vaping Cessation and Addiction Clinic |
| Webpage specifically with Substance Use Resources in development (adults and youth) |
| TTUSD Substance Use Navigator |

**Want help with nicotine, drugs, or alcohol use?**

**FREE confidential support for ages 12+**

**QUIT VAPING**

Your **Quit Coach** will help you make a plan to quit any vape product (nicotine, marijuana/cannabis).

We can help in person or by phone — your choice!

Call **(530) 587-3769** or email **wellness@tfhd.com**

**ADDICTION CLINIC**

**Substance Use Navigators** (SUNs) are here to help you quit or cut back on drugs or alcohol without judgment. They'll support you and help find the best approach for you.

**Curious?**
Call any day of the week, 9am - 5pm **(530) 606-0914**

*No referral needed. FREE!*

**TAHOE FOREST**
HEALTH SYSTEM

**Scan for more info!**

# CHI Metrics and New Data Availability Timeline*

| Metric | Baseline Data | HP 2030 Target | Baseline Data Source | New Data Available |
|---|---|---|---|---|
| Currently Insured – SED | 33.0% | 92.4% | 2021 CHNA | 2025 CHNA 9/25/25 |
| Has a PCP – SED | 27.0% | 84.0% | 2021 CHNA | 2025 CHNA 9/25/25 |
| Food Insecurity – SED | 13.0% | 6.0% | 2021 CHNA | 2025 CHNA 9/25/25 |
| Adult Binge Drinking | 28.6% | 25.4% | 2021 CHNA | 2025 CHNA 9/25/25 |
| Youth Vaping (11th Graders Current Use) | 18.0% | 10.5% | 2023 CHKS | Fall 2025 |
| Youth Binge Drinking | 14.0% | 8.4% | 2023 CHKS | Fall 2025 |
| Diabetes in Control | 70.7% | 88.4% | 2023 TFHS Epic | Presented today for CY2024 |
| Social and Emotional Support | 12.0% | 7.7% | 2021 CHNA | 2025 CHNA 9/25/25 |
| Youth Mental Health | 41.0% | 39.0% (5% improve) | 2023 CHKS | Fall 2025 |
| Mammography | 60.0% | 80.3% | 22/23 TFHS Epic | Awaiting analytics for 23/24 |
| Colorectal Screening | Awaiting Baseline | 68.3% | 2025 CHNA | 2025 CHNA 9/25/25 |
| Has a PCP | 65.0% | 84.0% | 2021 CHNA | 2025 CHNA 9/25/25 |

* Adult smoking and Hypertension in control already meet HP2030 Targets; loneliness surpasses national %.

# In Conclusion

- Trust is integral to establish a foundation of collaboration and culture change

- Reliable and validated data is needed to appropriately develop interventions

- Both fully launched workgroups (Diabetes A1c in Control and Youth Substance Use) are in Step 3 on the Timeline

- New workgroups to launch will follow a standardized process that blends public health practice with lean management methodologies