



HEALTH CENTERS SERVING  
VETERANS:  
Improving Identification of  
Military Veteran Patient Characteristic  
April 10, 2024  
National Webinar



Gina

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



Gina

## Welcome!

- Today's meeting is being recorded – you will receive recording and slides by email
- Take a moment to ensure your name is displayed correctly
- All attendees will be muted and cameras will be off, so participate by:
  - Using the **Chat** feature to introduce yourself, chime in, share your thoughts, and talk to one another throughout the session
  - **Make sure to tap the drop down next to “To:” and select “Everyone” before sharing your thoughts!**
  - All **questions** should go in the **Q&A box** as soon as possible
    - Any remaining questions can be sent to [trainings@nachc.org](mailto:trainings@nachc.org)
- Please share your feedback by taking the post-webinar evaluation!



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Gina

Before we launch into the webinar, we have a few housekeeping items to review:

- Today's webinar is being recorded. The recording (and slide deck) will be emailed you as soon as it is available.
- If you haven't already, now is a good time to make sure your name is displayed correctly [– if you need assistance renaming yourself, please direct message Annie Silverman]

For this event, all attendees will be muted and cameras will be off so we're asking for participation in 2 ways: Chat and Q&A (both located in the webinar toolbar)

- For Chat:
  - Please introduce yourself
  - Make sure you are replying to “Everyone”, rather than just “Host & Panelists” so we can all hear your thoughts
- For Q&A:
  - We have a lot of material to get through and a limited time, so submit your questions to the Q&A early for the best chance of

getting them answered! Any outstanding questions can be submitted after the event to [trainings@nachc.org](mailto:trainings@nachc.org)

- Please be sure to submit your questions to the Q&A box, as questions submitted through the chat will likely be lost
  - [Annie is going to collect the questions that don't get answered but we can decide whether or not to preemptively answer them and email out responses]
- 
- Evaluation: After the webinar, you will be directed to an evaluation for this event. We encourage you to fill this out as it informs our future trainings and we value your feedback!

## HEALTH PROFESSIONALS CEU

The NACHC Certificate of Participation may be used toward state licensing requirements for a variety of disciplines requiring continuing education credits (e.g., health educators, nurses, physician assistants, doctors of osteopathic medicine, etc.). **The Certificate of Participation is only available to webinar participants who complete and submit the specific event evaluation to NACHC.** NACHC will generate the Certificate for the learner based upon their request for it in their submitted evaluation. It is recommended that a Certificate of Participation and a copy of the webinar presentation be submitted to your state-licensing agency.



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Gina

## Today's Objectives

1

Understand why the wording of screening questions to identify military veteran status matters

2

Be equipped to change your health center's screening question with the most evidence-based, recommended screening techniques

3

Apply more accurate patient counts to needs assessment and service delivery to military Veterans

Gina

## AGENDA

- 1** Welcome and Context Setting
- 2** US Department of Veteran's Affairs Research
- 3** Health Center Perspectives
- 4** PRAPARE® Social Drivers of Health Screening Tool updates
- 5** HRSA Bureau of Primary Healthcare Remarks
- 6** Q&A/Wrap-up

Gina does agenda then introduces Emily for intros

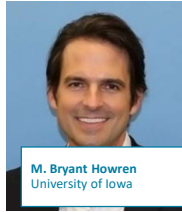
## MEET THE TEAM (Full Bios in Appendix)



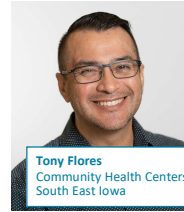
**Emily Vogt**  
Iowa Primary Care Association



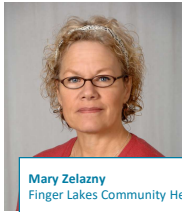
**Gina Capra**  
National Association of  
Community Health Centers



**M. Bryant Howren**  
University of Iowa



**Tony Flores**  
Community Health Centers of  
South East Iowa



**Mary Zelazny**  
Finger Lakes Community Health



**Nālanī Tarrant**  
National Association of  
Community Health Centers



**Judy Van Alstyne**  
HRSA Bureau of Primary  
Healthcare

Emily

Note: full bios at end





PRIMARY CARE  
ASSOCIATIONS & VETERANS

Emily Vogt

Senior Strategy & Improvement Consultant,  
Iowa Primary Care Association

Emily

## Primary Care Associations & Veterans

- State and regional Primary Care Associations (PCAs) provide training and technical assistance to support health centers in improving the health of individuals and communities
- Community Health Centers provide care to under-resourced and vulnerable populations, including veterans, by providing comprehensive healthcare and reducing barriers to care.
- Millions of veterans face barriers in accessing services, such as having to travel long distances for healthcare access and stigma.
- Collaboration between the VA, PCA and community health centers can improve veteran access and engagement in health centers.



Emliy



## SCREENING FOR VETERAN STATUS IN COMMUNITY HEALTH CENTERS

M. Bryant Howren, PhD, MPH

Associate Professor,  
Dept of Internal Medicine  
The University of Iowa

Research Investigator for the VA Office of Rural Health

Bryant

## Community Care for Veterans: VA-FQHC Collaboration

- Opportunity to connect interested, eligible veterans in FQHCs to VA for mental and behavioral healthcare
- Quickly expanded beyond only mental and behavioral healthcare
- Partnership with Community Health Centers of Southeastern Iowa (West Burlington, IA and satellite clinics)
  - Over 17K unique patients
  - Predominantly rural
  - No nearby VA point of care (>40mi from nearest clinic)
  - Limited mental health resources; long wait times



Bryant

## Community Care for Veterans: VA-FQHC Collaboration

- Screening question to capture Veteran status was revised and added to the electronic health record as a required field
- Previous methods were unreliable and not done systematically
- Staff were trained and rollout occurred at affiliated FQHC sites
- Through systematic process, the number of Veterans identified increased dramatically

*Have you served in the United States military, armed forces, or uniformed services? This includes:*

*Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the US Public Health Service and National Oceanic & Atmospheric Association.*

VS

*Are you a Veteran?*



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Bryant

## Patients Identified as Veterans in Partner FQHC

Pilot Partner: Community Health Centers of Southeastern Iowa; West Burlington, IA

Reporting Year	Number of Unique Patients (less children under age 18)	Number of Veterans identified	Percentage of total patients	Percentage of adult patients
2015	17,459 (11,937)	56	.32%	.46%
2016	16,221 (11,306)	229	1.41%	2.01%
2017	16,827 (11,370)	506	3.01%	4.45%
2018	17,976 (12,182)	527	2.93%	4.37%
2019	17,641 (11,461)	555	3.14%	4.84%

Note: Veteran status screening item was fully implemented in February 2017.



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Bryant

## Practice & Access Implications

- Clinical workforce training/development
  - Military culture/reintegration
  - Mental health/suicide
  - Community of practice opportunities
- Veterans programs; opportunities for “whole person care”
  - Social Determinants of Health Screening (adding Veteran status to PRAPARE)
- Expansion of clinical services (e.g., behavioral health)
  - Systematic screening: HRSA Uniform Data System 2020 Reporting Change for FQHCs
  - Resource “sharing”
- Expansion to other healthcare organizations (e.g., Critical Access Hospitals)

Bryant

Emily (as Mod): thanks Bryant and introduces Mary



## ONE HEALTH CENTER'S JOURNEY

Mary Zelazny

Chief Executive Officer  
Finger Lakes Community Health

Mary





## Rural FQHC in Finger Lakes Region of NYS

8 Health Center Sites  
 Community Portable Dental (Schools, Head Starts)  
 School Based Health Center  
 Mobile Medical for Farmworkers  
 Extensive Care Management Services

**2023 UDS Data:**  
 Total Users: 28,481  
 Veterans: 621  
 Ag Workers: 9,177  
 60% of patients want to be seen in a language other than English

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Mary

## Our reasons for not reporting Veterans data



- We were a freestanding Migrant Health Center until 2009. Very few of our patients were able to serve due to their immigration status.
- It took a lot of prolonged effort to attract non-ag related patients to our practice due to our emphasis on agricultural and immigrant health.
- Our electronic health system did not allow for multiple designations and our funding required that we count ag workers.

Mary

## Awareness:

### In our shop: Army vs Navy

- We were very skilled at identifying farmworkers – our funding depended on it!
- In 2015, we hired a Chief Medical Officer with time served in the U.S. Navy. We also hired a Chief Quality Officer who served in the U.S. Army. What a rivalry!
- These two individuals were instrumental in educating our team on veterans issues, the VA, and how veterans identified themselves.



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Mary

## Education:



- We developed a specific training for all front end staff and their supervisors. Reminders are also consistently given to all staff to ask the appropriate question.
- Our kiosks also ask the appropriate question about serving in any of the branches and an answer must be given in order to move on.
- Our Chief Quality Officer is very active with the VFW and has included our organization in events to promote our services.

Mary

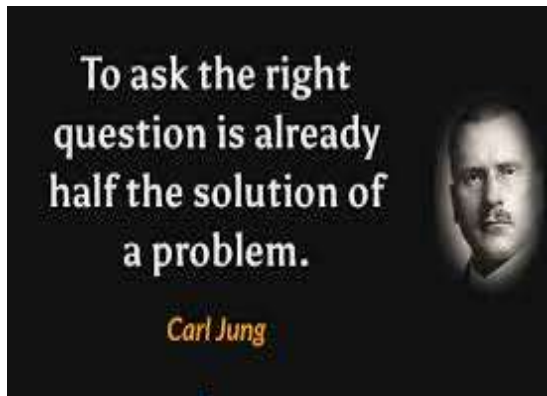
## What does our data show?

Year	Number of Veterans Served
2016	398
2017	478
2018	602
2019	730
2020	780
2021	721
2022	625
2023	621
2024	?



Mary

## It's all in the question!



- An updated training was developed to refresh our teams knowledge about the importance of asking the right question to help identify the veterans we serve.
- Our efforts are paying off! Our data shows that in the **first two months of 2024, we have already identified 319 veterans** seen with 1,435 visits, half of what we identified for all of 2023!

Mary

Emily (as Mod): thanks Mary and introduces Tony



SUSTAINABILITY OF  
VETERANS PROGRAM

Sustaining VA Program at CHCSEIA

Tony Flores

Chief Executive Officer

Community Health Centers of Southeastern Iowa, Inc.

Tony

## SUSTAINING THE VA PROGRAM

### Key staff identified

- Community Health Workers
  - Budget Allocation: 2-FTE for Certified Community Health Workers
  - To help identify and assist interested, eligible veteran patients with accessing VA care enrollment and services
- RN Care Management Team
  - Required expansion of RN Case Management outside of Primary Care (i.e. Behavioral Health)
  - Allocating 1-FTE RN case manager in Behavioral Health
  - Screen all patients presenting for care at CHC/SEIA for veteran status using standardized methodology
- The ability to build relationships and follow up for veterans overwhelmed by the complex VA system. Having one consistent person who provides quick turnaround responses to them means a lot.

Tony



# SUSTAINING THE VA PROGRAM

## Ongoing staff training

- Annual staff training
- Annually we acknowledge other CHC/SEIA team members that have served in our branch of service
- Part of the onboarding process to ensure that new staff members are aware of the services
- Personalizing the experience for Veterans (i.e. specific patient survey for veterans)

**Community Health Centers of Southeastern Iowa**  
Veterans Behavioral Health Screening and Treatment Project

As part of the Mission Act, CHC/SEIA is partnering with the VA to better serve our veterans with healthcare and other services that may be needed. We appreciate your thoughts on how we are doing, please take a few moments to complete this survey. Thank you!

Location you visited today (circle one).

	West Burlington	Columbus City	Keokuk	Hamilton	
<b>Please tell us how well you think we are doing in the following areas.</b>	Great / Strongly Agree 4	Good / Agree 3	Fair / Disagree 2	Poor / Strongly Disagree 1	Does not apply or Unsure
Do you feel that the services offered by our VA Care Coordinator are helping to ensure that your healthcare needs as a Veteran are being met?					
Did our VA Care Coordinator listen to you and answer your questions?					
Was our VA Care Coordinator friendly and helpful to you?					
How important is it to have a VA Care Coordinator available at your local Doctor's office?					
Are you able to obtain Behavioral Health appointments at the VA when you want them?					
Are you able to obtain other medical appointments at the VA when you want them?					
Would you recommend our services to other veterans?					

Please indicate where you are being seen now for your healthcare needs (check all that apply):

\_\_\_\_ Community Health Centers of Southeastern Iowa

\_\_\_\_ VA (list location): \_\_\_\_\_

\_\_\_\_ Other (please list): \_\_\_\_\_

If you would like to be contacted, please write your name and how to contact you: \_\_\_\_\_

What do you like best about our VA partnership services? \_\_\_\_\_

What do you like least about our VA partnership services? \_\_\_\_\_

Suggestions for improvement: \_\_\_\_\_

**Thank you for completing our survey,  
Thank you for your service!**



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Tony

## SUSTAINING THE VA PROGRAM

### Telling the patient stories

- Create a plan to capture and tell the patient stories:
  - “Care in the Community is helping veterans with medication compliance. With the change in part D benefits for diabetics this year, several veterans were unable to afford their insulin. Providers are working with the VA to find formulary medications that the patient can afford.”
  - “I began working closely with the VA RN Care Manger in Quincy. Coordinating care allowed the patient to obtain the medication he needed at an affordable cost, durable medical equipment, and in home physical therapy, nursing visits and home maker visits. The patient’s health continued to decline. The VA was able to coordinate with specialists in the community and the patient was diagnosed with Multiple Myeloma and Lewy Body dementia. Knowing the patient was exposed to Blue Water in Vietnam, I was able to provide the patient and wife with the contact information to apply for compensatory benefits for Agent Orange exposure.”

Tony

# SUSTAINING THE VA PROGRAM

## Advertising VA Program Services

**Thank you for your service!**

Keokuk/Hamilton Clinics: 319-524-5734 x 341  
West Burlington/Columbus City Clinics: 319-768-5658 x184  
www.chcseia.com

Veterans Crisis Line 1-800-273-8255 press 1

**Assisting Veterans with Accessing Healthcare and Other Services**

A partnership of:

- Community Health Centers of Southeastern Iowa
- Iowa City VA Health Care System
- VA Office of Rural Health Resources Center – Iowa City
- Iowa Primary Care Association

**The Community Health Centers of Southeastern Iowa (CHC/SEIA) is here to assist Veterans.**

With support from the VA, we have designated nurse care managers to assist Veterans with eligibility and healthcare needs – here at the health center or at the VA.

Our work is focused on:

- Identifying Veterans status of patients we serve
- Assisting interested Veterans with eligibility for VA healthcare or care at CHC/SEIA
- Conducting behavioral health screenings among Veterans to identify the need for services or supports either with VA, CHC/SEIA or other providers
- Ensuring Veterans get the healthcare they need

**Need assistance?**

We can help with things like:

- Your application for VA healthcare services
- Scheduling appointments with VA, CHC/SEIA or other healthcare providers
- Connecting you to healthcare services you need

For assistance, contact:

Keokuk/Hamilton Clinics:  
319-524-5734 x 341

West Burlington/Columbus City Clinics:  
319-768-5658 x184

Veterans Crisis Line 1-800-273-8255 press 1



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Tony

Emily (as Mod) thanks Tony and introduces Nālani

The slide features a dark blue background on the left side, separated from the white background on the right by a diagonal teal line. The text is positioned on the white background.

## PRAPARE® Social Drivers of Health Screening Tool updates

Nālani Tarrant, MPH, PMP

Director, Social Drivers of Health, NACHC

Nālani

## PRAPARE®

### Personal Characteristics

#### Have you served in the United States military, armed forces or uniformed services?

*This includes Air Force, Army, Coast Guard, Marines, Navy, National Guard, or Reserves or the US Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA).*

Yes

No

I choose not to answer this question



#### Optional Follow Up Questions:

- When did you serve?
- Where did you serve?

*If the patient has indicated that they are a veteran or served in the armed forces, but not based in the U.S., the following questions can be asked to learn more about the patient's veteran status:*

- In which country did you serve in the military?
- Have you served as a contractor in the armed forces?



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## Nālani

- Why it is important to collect data on military experience
- Describing how the PRAPARE® question is currently worded:
- Language change + details on optional follow up questions ( Slide)
- Developed with an advisory board and piloted in 2023. Currently working with AHIP to align
- Rational for the language change – key differences and considerations

- Launch date hopefully within 2024 (Summer or Fall)

Emily (as mod) thanks Nālani and introduces Judy



# Reporting Veterans in the UDS

## NACHC Technical Assistance Webinar

April 10, 2024

**Judy Van Alstyne**

**Deputy Director, Data and Evaluation, Office of Quality Improvement (OQI)**

**Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)**

Some slides contain URLs in the notes.

**Vision: Healthy Communities, Healthy People**



## Veterans Served

Characteristic	2018	2019	2020	2021	2022
Total Patients	28,379,680	29,836,613	28,590,897	30,193,278	30,517,276
Veteran Patients (#)	385,222	398,788	376,634	388,939	395,216
Veteran Patients (%)	1.36%	1.34%	1.32%	1.29%	1.30%



UDS Trend Data: <https://data.hrsa.gov/tools/data-reporting/program-data/national>





## Guidance for UDS Reporting

- Veteran Status is Self-Reported to health centers by patients
- Table 4 (Patient Characteristics)/Line 25: Total Veterans (reported by all health centers)

2018	2020	2021	2024
Report the total number of patients who have been discharged from uniform services in the United States.	Specified uniformed services within the active military to include: Air Force, Army, Coast Guard, Marines, Navy, or as a commissioned officer of the Public Health Service or National Oceanic Administration, or served in the National Guard/Reserves on active duty.	Expanded the uniformed services classification to include Space Force.	Recommended wording of veteran status screening to improve accuracy; use of <a href="#">NACHC's Recommended Language for Veteran Status Screening Questions in Health Centers</a> .



**URL for NACHC's Recommended Language for Veteran Status Screening Questions in Health Centers:** <https://www.nachc.org/resource/recommended-language-for-veteran-status-screening-question-in-health-centers-oct-2023/>

## Coming Attractions

### UDS Production Milestones

- 2023 UDS+ Submissions (Spring into Summer)
- 2024 UDS Final Changes PAL and Manual release (Spring)
- 2024 UDS Changes webinar (June 5<sup>th</sup>)
- 2023 UDS data release (August-- NHCW)
- 2024 UDS reporting TA webinar series (Sept-Nov)



### UDS Key Resources

- Health Center UDS data: <https://data.hrsa.gov/tools/data-reporting>
- UDS Training and Technical Assistance pages: <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>
- UDS Modernization Information (UDS+): <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/uniform-data-system-uds-modernization-initiative>



## Thank You!

**Judy Van Alstyne**

**Deputy Director- Data and Evaluation, Office of Quality Improvement**

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[jvanalstyne@hrsa.gov](mailto:jvanalstyne@hrsa.gov)

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[bphc.hrsa.gov](http://bphc.hrsa.gov)



[Sign up for the \*Primary Health Care Digest\*](#)



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### **URL for Sign up for the Primary Health Care Digest:**

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### URL for HRSA Instagram account:

<https://www.instagram.com/hrsagov/>

**URL for HRSA LinkedIn profile:**

<https://www.linkedin.com/company/us-government-department-of-health-&-human-services-hrsa/>

**URL for HRSA YouTube page:**

<https://www.youtube.com/user/HRSAtube>

# NACHC TRAINING RESOURCE

Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023) – download [here](#)



## Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023)

NOV 08, 2023



**DOWNLOAD**  
Recommended Language for Veteran Status Screening Question in Health Centers

Does your health center ask "Have you Served" to identify Military Veteran status? Evidence shows that the way you ask the question matters. Read more in this short NACHC presentation. Consider



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Gina

## Register and Join Us for the Next Webinar in this Series

June 12, 2024 – 2:00 PM Eastern Time

### Health Centers Serving Veterans: The US Department of Veteran Affairs (VA) Graduate Medical Education (GME) Pilot

**Description:** US Department of Veterans Affairs (VA) recently announced a new graduate medical education program to expand health care access to Veterans in rural, tribal, and underserved areas. NACHC's national office hour will provide health centers and primary care associations with information about the pilot in which one hundred physician residents will rotate to non-VA health care facilities, like FQHCs, as authorized under [VA MISSION Act Section 403](#) and administered by the VA's Office of Academic Affiliations. Is this an opportunity for your health center?

#### Learning Objectives:

1. Articulate the importance of health centers having teaching as a component of their mission.
2. Understand the opportunities available through the [MISSION 403 GME Pilot](#).
3. Determine whether the opportunities available through the [MISSION 430 GME Pilot](#) fit with their health center's workforce plan.



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Gina

# Resources for Health Centers Serving Veterans

## Veterans Interest Group Mailing List

Sign up for quarterly updates and opportunities related to serving Veterans! Sign up [here](#), or click "Newsroom" then "Newsletters and Subscriptions" on [NACHC's webpage](#)



## NACHC Veterans Webpage

Visit [NACHC's webpage](#) for publications, policy updates, and more!



## Health Center Resource Clearinghouse

[Search 'veterans'](#) to access toolkits, archived webinars, fact sheets and other resources!



## Technical Assistance Resources

[Serving Veterans in Health Centers: A Compendium of Success Stories](#)

[Veterans and the Community Care Network \(CCN\): A Fact Sheet and Toolkit for FQHCs](#)



NACHC has tons of great resources! Check out a few above and email [trainings@nachc.org](mailto:trainings@nachc.org) with questions!



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## QUESTIONS?

### CALL TO ACTION:

1. Utilize the Recommended Veterans Screening Question
2. Complete Today's Webinar Evaluation
3. Register for the June 12th Webinar on VHA GME



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Gina – Q&A

# THANK YOU!

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).



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Gina

\*\*CEU reminder

Thank you for coming to today's webinar! We hope you learned a lot.

Our three "Action Items" for tonight are:

- 1) Do the evaluation that will come up after the webinar ends.
- 2) Change your screening question!
- 3) Register for our next webinar on June 12



APPENDIX: FACULTY BIOS

## Emily Vogt

serves as a Senior Strategy & Improvement Consultant at the Iowa Primary Care Association. In her capacity, Emily ensures that community health centers receive the support they need to thrive through targeted training and technical assistance. Her expertise lies in driving continuous improvement initiatives, aimed at optimizing the services provided by the Iowa PCA. Emily played a role alongside the Iowa Primary Care Association as a partner in the veteran identification and behavioral health screening project, a key focus of today's presentation.



\*annie: add cover slide (faculty bios)

## Gina Capra, MPA

leads a talented team responsible for the development, implementation and evaluation of professional education, training and technical assistance services for the workforce and governing boards of 1500+ community health centers in service to 31.5 million patients in medically underserved communities. Gina is also responsible for the strategic coordination of training services with partner organizations, including state/regional primary care associations, health center-controlled networks and 22 national training and technical assistance partners focused on improved health outcomes, operational effectiveness, and governing excellence. Training domains include financial management, practice operations, strategic planning and growth, community-based governance and leadership development. Prior to joining NACHC in 2016, Gina provided 20 years of federal service with the Health Resources and Services Administration (HRSA) and the Veterans Health Administration, administering and leading health care access programs.

Gina holds a Master's Degree in Public Administration (MPA) from American University, a Bachelor's Degree (BA) from The College of New Jersey and a Certificate in Maternal and Child Health (MCH) from the Boston University. She is Fellow of the Partnership for Public Service and has served on the Board of the Atlas Health Foundation.



## M. Bryant Howren, PhD, MPH

is an Investigator at the Iowa City VA Health Care System and an Associate Professor in the Department of Internal Medicine in the Carver College of Medicine at the University of Iowa. He previously served as the Co-Director of the VA Office of Rural Health, Veterans Rural Health Resource Center in Iowa City for over 7 years and is a former VA HSR&D postdoctoral fellow. He also previously served as Director of the Florida Blue Center for Rural Health Research and Policy at Florida State University. Dr. Howren is trained as a health psychologist and has conducted extensive research in the areas of mental and behavioral health and access to care in Veterans. Much of his recent work focuses on rural Veterans receiving care in the community and understanding how best to increase access and coordinate care between VA and non-VA community-based healthcare partners.



## Tony Flores, MS-HCM, MPH

joined CHC/SEIA in October 2019 as Chief Operations Officer and was later selected by the board of directors to take over as Chief Executive Officer in June of 2021. Tony has over 20 years of experience in healthcare in both private and nonprofit, and has been working in other FQHC environments across the country since 2008.

After serving in the U.S. Navy for 4 years, Tony went on to obtain his Bachelor of Arts in Sociology from UCLA, he also has a Master of Science in Health Care Management from Cal State Los Angeles, and a Master of Public Health degree from Oregon State University. When he is not in the office, Tony enjoys spending time with family and friends, enjoys the outdoors with his 10-month-old puppy Lylla.



## Mary Zelazny

has been the CEO of Finger Lakes Community Health since 2006. As CEO, Ms. Zelazny has led a major expansion effort to provide access to healthcare services throughout the Finger Lakes region of New York, including the development of enhanced programs and services designed to reach out to the many culturally diverse communities it serves. Under Ms. Zelazny's tenure, Finger Lakes Community Health has grown from a single health center site to 9 comprehensive health center sites across 6 counties of rural New York State. In addition, Ms. Zelazny has focused much of FLCH's work on the integration of health information technology within the organization, including the development and operation of the Finger Lakes Telehealth Network. FLCH is now a nationally recognized leader in the implementation and use of telehealth, connecting a wide variety of healthcare providers through technology, to provide more access to care for patients. Ms. Zelazny is a NACHC board member representing New York State health centers. She serves on the NACHC Rural Health committee and the NACHC Agricultural Worker committee. Ms. Zelazny is on the board of the Community Health Center Association of NYS (CHCANYS) and is the Vice Chair of the board for the National Center for Farmworker Health.

Ms. Zelazny holds a Bachelor of Arts from the State University of New York at Brockport and a Masters of Business Administration/Health Informatics from New England College.

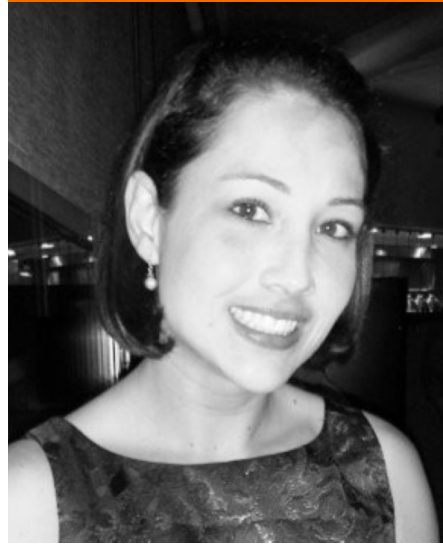


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## Nālanī Tarrant, MPH, PMP

serves as the Director of Social Drivers of Health (SDOH) at the National Association of Community Health Centers, where her dynamic leadership plays a pivotal role in spearheading collaborative SDOH initiatives with Federally Qualified Health Centers (FQHCs). Together, they illuminate the path toward upstream community efforts that are instrumental in advancing health equity. Nālanī's multifaceted responsibilities encompass program development, implementation, and comprehensive evaluation, all with a dedicated focus on the Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE) screening tool. Under her skillful guidance, this tool has evolved into a powerful instrument for positive change, enabling healthcare providers to gain a deeper understanding of and effectively address SDOH that impact individuals and families well-being. Her academic journey includes a bachelor's degree in Behavioral Science from Drew University, a Masters of Public Health in epidemiology from George Washington University, and the prestigious attainment of her Project Management Professional accreditation in 2017.



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## Judy Van Alstyne, MPH

is a dedicated federal servant and public health professional, who has led functional units, teams, and projects within BPHC's Data and Evaluation area since early 2019. Prior to joining the unit, she served at the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH), (former) National Vaccine Program Office (NVPO), leading national strategic efforts focused on vaccine confidence and communications. Prior to federal service, Judy was a Senior Research Associate in the Department of Prevention and Community Health at the George Washington University Milken Institute School of Public Health, where she also completed her graduate work. Her research efforts focused on development and evaluation of smoking cessation and substance use prevention program delivery via mHealth and digital platforms. Judy feels very connected professionally and personally to serving the needs of veterans.

