

Questions for JC Hospital District Commissioner candidates compiled from members of the Citizens for Healthcare Access (CHA) and Indivisible PT Huddle Healthcare group.

ANSWERS TO QUESTIONS BY CHERI VAN HOOVER

Q. What is the reason you are running for Hospital District Commissioner? What relevant experiences do you have?

I am running for this position because my entire life - both personal and professional - has been focused on health and service. Since the closure of the clinic where I was providing care as a clinician, I now have the time, as well as the interest, knowledge, skills, and talents, to serve my community as a hospital district commissioner.

I have worked for more than 30 years as a certified nurse-midwife (CNM) in a wide variety of practice settings: private practices with hospital privileges, health maintenance organization, private practice with privileges at Stanford University Hospital, member of the medical school faculty at University of California at San Francisco, and nonprofit outpatient clinics. In many of these practices I have served in administrative roles.

For the past 13 years, I have been a professor for the Philadelphia University distance education program for midwives. In addition to clinical courses, I teach health policy for graduate students through this program. That health policy course is known for its unique blend of project-based learning and service-learning and it has given me a great deal of insight into healthcare delivery in rural, suburban, and urban settings all over the country and even internationally.

Before becoming a midwife, I worked in mental health at a crisis intervention residence that served acutely ill individuals as an alternative to hospitalization.

Other leadership experiences include chairing national committees for the American College of Nurse-Midwifery, chairing an ethics task force for Kaiser Permanente, serving on the Master Gardener Foundation board, and holding the office of president for the Tri-Area Garden Club.

My husband and I own and operate a B&B in Port Hadlock, the latest in a 40 year series of small businesses.

Q. What is the most important thing you think the Hospital District should be doing over the next year?

Access to primary care is a top priority. We are experiencing a serious shortage of primary care providers and this is making it very difficult for patients to be seen in a timely fashion. Jefferson Healthcare has a problem with both recruitment and retention of providers. Recruitment is a nation-wide problem common to rural areas, but our additional problem of retention is something that needs to be carefully analyzed and addressed. Compared to other rural areas, Jefferson County has much to recommend it. We need to work on strategies to promote the many advantages of being here to enhance recruitment and make sure that we support healthcare providers in our community so that they stay.

The integration of mental health and behavioral health services into the primary care setting must also be a priority. Making this integrated style of care seamless will improve community health in innumerable ways and will help to reduce health disparities.

Dental health services must be made available to those with Medicaid insurance. It is likely that funding will be made

available from WA State to support these services in the near future. If that money does not materialize as promised, other creative solutions must be sought, as dental health is fundamental to general health, including mental and behavioral health.

Q. What do you feel the role of a Hospital District Commissioner is or should be? Especially in light of this hospital being a publicly owned hospital?

The hospital district commissioner represents the people of the county. In our publicly owned hospital district, the commissioner serves as a conduit, listening to the needs and concerns of county residents and setting policy that will guide healthcare delivery to best meet those needs and answer those concerns. Hospital district commissioners provide guidance and oversight, but they are not managers. They must communicate clearly with the CEO who reports to the board so that individual can then manage the day to day operations of the organization in ways that conform to the vision, mission, and values established by the board of commissioners.

Q. Are you aware of the four county "community health priorities?" If so, what do you think the district commissioners can do to help support these goals?

I am aware of the CHIP priorities and support all of them. The hospital district commissioners can provide leadership by integrating these priorities into the policies they set for Jefferson Healthcare and by establishing strong interagency cooperation with the other partners involved both in the CHIP and in the new YMCA Partnership plan, as well as other groups throughout the community.

Q. Have you read the Community Health Improvement Plan? What are your thoughts on it? Is there anything you would

change in it? Is there any specific area of concern in it?

I think it is an excellent, if ambitious, plan. The only concern that I have is that it addresses only areas in which we need improvement and does not give credit for areas where our county is performing very well. One example is our extremely low teen pregnancy rate, one of the lowest in the state. This area of success is not addressed in the plan and it is the result of outreach into the schools by our public health department. If we abandon these types of programs that are already working well in pursuit of improving in other areas, we could lose the progress we have made.

Q. Have you ever worked in the delivery of healthcare? Have you worked in public health? Have you participated in healthcare or public health policy? What was your role in those contributions?

My work in healthcare has focused largely on delivery of services to women and their families, though my work with Planned Parenthood also included the provision of reproductive healthcare services to men. Throughout my career I have interfaced with public health agencies and professionals with a focus on infectious disease (including HIV), nutritional support for families, and breastfeeding support. My initial nursing education included certification as a public health nurse. I helped to implement a breast cancer screening project for African American women in which hairdressers served as health educators.

My policy work has included the projects of my health policy students. Each student must select a piece of pending legislation at the state or federal level and create a project that supports or opposes that legislation. They must establish one or more goals and measurable objectives that support those goals. These projects

have been really powerful and have included activism in environmental health, public health, humane treatment of incarcerated individuals, workplace protections for pregnant and breastfeeding women, and much more. I am very proud of the way my influence has been amplified through these projects and by the passion with which my students make their presence known in their own communities.

Q. Do you feel there are any particular issues that you would bring to the discussions in the Commissioners meetings that are not currently being addressed? If so, what are they?

I have attended all but one of the hospital district commissioners' meetings since December 2016. After observing so many of these discussions, there are no specific issues that I feel a need to bring to these meetings, but I would hope to bring a difference in style and process to the meetings. I believe these meetings would benefit by a more active sharing of ideas and opinions by all of the members in an open and supportive style that would lead to consensus building.

Q. Are you aware of the difference in prices between Jefferson Healthcare and other providers both here on the Peninsula and elsewhere? Do you think it is a concern?

I am aware of this difference in pricing and I do find it a concern.

Q. Do you support repealing the ACA or fixing it? If you would favor repeal, what do you envision for a replacement? Do you support the House Republican passed bill? Why or why not?

I would be opposed to any repeal of the ACA. I would like to see it expanded, supported, and improved. Ultimately, I hope to see a system of universal health care in this country. Every other industrialized nation has managed to provide healthcare and we

should be able to do that, too. The House Republican bill is a huge step backwards. It would lead, in the words the AMA used to describe this disastrous bill, to people living shorter, sicker lives.

Q. Where do you get your healthcare and/or your health insurance? Did that change with the Affordable Care Act?

I receive healthcare from Jefferson Healthcare, as does my husband. My health insurance is through his previous employer, which I am able to purchase through his retirement. He now receives Medicare, with supplemental health insurance purchased through the same retirement plan. If he were to die before I reach Medicare age, I would be left uninsured. The Affordable Care Act provides me with some level of comfort, knowing that I would be able to purchase health insurance even if I were widowed. If the House Republicans have their way, my ability to obtain health insurance if something happened to Rocky would be severely impacted. It is likely that I would be left uninsured at a very vulnerable time in my life.

Q. People in our community sometimes have to make a choice between essentials such as food and rent or paying **for a doctor's visit** or medicine. Other may be struggling with mental health or drug issues. What background do you bring to the Hospital District Commissioners that can help in policy discussions around these issues?

I bring decades of care to vulnerable populations and an abiding concern for the health and welfare of everyone in my community. Mental health and substance issues are also familiar territory for me because of my professional history and personal experiences with beloved friends and family.

Q. What is your position on a person's right to make end of

life decisions?

I support personal autonomy and personal dignity in end of life decisions. I have a strong interest in palliative care and hospice care, as well, as demonstrated by the recent award-winning article that I wrote with Lisa Holt of Jefferson Healthcare for the Journal of Midwifery and Women's Health. I believe that the provision of comprehensive end of life services enhances the lives of everyone in the community, not just the individual who is dying. By expanding these types of services, even more options become available for those who are facing end of life decisions.

Q. What is your position on a **woman's right to choose**?

I support a woman's right to choose. I also support free and unfettered access to reproductive and family planning services for individuals of both sexes.

Q. Are you familiar with the policies of JCH regarding **women's health care**? Do you have concerns about these policies?

I feel that JCH's recent addition of abortion services has been handled in a very responsible, compassionate, and professional fashion. As hospital district commissioner, I would be dedicated to preserving choice and supporting individual autonomy.

Q. Are you familiar with the services being offered through **the Women's Health Clinic at Jefferson County Hospital in Port Townsend**? Do you have any concerns about these services? Any that are not being offered you would suggest? I am aware of the new **Women's Health Clinic** and I am thrilled that we finally have the ability to do early intervention for women's cancers. I'm also very pleased that women in our community will be able to have needed gynecologic surgery

without having to travel.

Q. Are there any further positions you would like to clarify for us, and if so, what are they? Any thoughts on relevant healthcare topics not covered here that you are passionate about?

I am passionate about a healthy and respectful organizational culture. This respect for individuals and their health must extend both to employees and to patients. Healthcare workers must have their own health and safety needs honored so they will be able to give the kind of high quality care that they all want to provide. Almost every healthcare worker that I have ever known has been willing to sacrifice her or his own safety and health when called upon to do so for the benefit of their patients. While this is noble and incredibly kind, it is not sustainable. We must create a work environment that is as safe for employees as it is for those we serve. One of the best ways to do that is by eliciting from employees ideas for problem solving. The people doing the work often have the clearest vision about how improvements could be made.

I am also passionate about innovation and creative use of resources. We must find ways to use technology and electronic communications to improve patient care and access to specialist care. All too often, technology is implemented in ways that create barriers to personalized care. It doesn't have to be that way, but we will need to be able to think outside the box if we want our technology serving us instead of separating us. It is possible that a different mix of providers, with increased use of nurse practitioners and physician assistants might help to extend our ability to provide primary care at a lower cost. The skills and talents already present in our community can be marshalled to support patient care, perhaps in ways that have not yet been imagined.

I am passionate about excellence. I believe we must be vigilant about continual quality improvement. Being in a rural community does not mean that we should ever have to accept substandard care. Jefferson Healthcare is doing a great job in this regard, but that doesn't mean we can take excellence for granted. Every organization has room for improvement and that improvement should be continual.

Most of all, I am passionate about making sure that every person in our community receives the healthcare they need because healthcare is a right, not a privilege. Barriers to care must be removed wherever they are found. Healthy living must be supported to reduce the need for costly medical interventions later on. Every person in Jefferson County must have absolute confidence that they will receive safe, compassionate care and that they are valued by our healthcare system.

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