Academy of Architecture for Health

AIA Knowledge Community

Webinar Title: Creating Healthy Communities – People Own What They Help Create

Webinar Date: April 13, 2021

Unanswered Attendee Questions with Responses

Q: Where can I download a copy of the presentation?
A: You can download a PDF copy of the presentation at https://bit.ly/AAH21LC03

Q: Is this webinar being recorded?
A: All recent AAH webinars are available to stream on the AAH Vimeo channel. Learn about current issues affecting healthcare architectural practice on your own schedule: www.aia.org/aahwebinarvideos

Q: Is there any way to make use of the building roof for additional program?
A: The design of the Site takes into consideration a 10-15K sqft building expansion, which would at that time maximize the buildable capacity of the Site once the corresponding parking requirements were met. Consequently, there was no consideration for building vertically, as this would limit the amount of horizontal expansion.

Q: What comes first - the 330 Grant (and how long does that take) or the clinic itself?
A: Not as simple a question to answer as you would think. For an established FQHC like Mountain Park, it usually starts when HRSA announces NAP (New Access Point) Grant opportunities. HRSA does this infrequently, none in the past five years. Mountain Park will then apply for a NAP Grant for a new community that is not well served by any other FQHC. These grants are very competitive. If we are awarded a grant, we have 120 days from award to start seeing patients—this means you have got to be ready to go before you know if you are going to get the grant. Starting an FQHC from scratch is a whole different thing and usually starts with a clinic already providing services seeking funding to expand (or survive).

Q: Do you offer vision services?
A: We have in the past but do not currently. We found that we could partner with other organizations to get this need met better than we could do it ourselves. Many FQHC's do provide this service and we revisit our decision on this from time to time.

Q: Does the clinic offer Imaging services?
A: We perform obstetric ultrasound, mammography, and diagnostic breast ultrasound. The mammography is done in partnership with the Mayo Clinic. Mayo radiologists read the mammograms remotely and come to our site once per week to do the diagnostic ultrasound. All other imaging is done through contract or referral to other entities. Many FQHC's, especially in rural areas with fewer radiologists than we have in metro Phoenix, provide more imaging services in their sites.

Q: How do the wages of the employees of the center compare to surrounding hospitals?
A: MPHC's wages are competitive. We do regular salary surveys and aim to be at least at the 50th percentile of prevailing rates for all employees. While many of our employees work at Mountain Park because it aligns

with their personal missions, we cannot ask them to sacrifice their families' finances to work here, and it would not be a sustainable strategy to do so.

Q: Who was the developer/constructor of the project?
A: No Developer. Concord General, Inc. was the General Contractor that was selected through a 2-step process that involved pre-qualification of GC's, and subsequent development of a short-list for interview.

Q: What do the graphics on clear plastic dividers designate? 10 on a street map?
A: The graphic on each of the check-in/ registration dividers are a different layer of

Q: The exam rooms looked somewhat concentrated. Are patients required to be accompanied by staff from the waiting room? It seems like it might be time-consuming to allow each to search on their own.
A: We escort patients to exam rooms and usually allow them to show themselves out. There are check-in stations for weight/height and bathrooms for urine samples strategically placed on the paths back to the rooms.

Q: How do you deal with patients of different cultures and many languages? How is integration of the community helped by the center?
A: For language accommodation we have several options we have mobile video interpretation which works very well for less common languages and is essential for sign language when an interpreter is unavailable in person. We also have an internal training program to certify our multilingual staff as official interpreters. The most important approach to both culture and language is to employ the diverse people that live in the communities we serve. Over 80% of our employees live in the neighborhoods around our clinics.

Q: Was there any discussion about using public space walls as display area for community art?
A: Yes. All our clinics display art made by children in surrounding schools. We hold contests and award ceremonies for the winners and the works are professionally framed. We have many proud patients pointing out their work on the walls when they come in for visits. We also had a donation to the Tempe clinic designated for an outdoor sculpture. We commissioned a local artist who proposed an art project that was built in part by members of the community at weekend events.

Q: Can you partner with larger health systems to provide a continuum of care? If a locality is looking to develop, how would you suggest they start?
A: Since we provide mainly primary care, the process of referral for specialty care and hospitalization is one of our biggest challenges. We have strong ties to Banner Health, The Mayo Clinic, and our county hospital system. While these organizations are all well-meaning, they have their own challenges, and we spend a lot of time calling their attention to the value of partnership with us.
Starting up an FQHC from scratch can be daunting. Mountain Park's origin story goes back more than 40 years to when it was a small clinic opened by a now closed independent community hospital, and then split off from the hospital when the 330 grant was obtained. A hospital is a good place to start the conversation about creating an FQHC, especially if the hospital has a substantial uninsured population that affects its financial performance. Hospitals can be reluctant because the terms of a 330 grant prevent the hospital from controlling the FQHC's board, and hospitals tend to be fond of control.

Q: Have you seen an improvement in staff satisfaction/retention with this new facility and approach to the onstage/offstage organization?
A: I have objective data that the staff like the facilities, and subjective data that the staff in general feels it helps efficiency to be able to see the other members of the care team and talk freely about patients when

they are offstage. I cannot tie retention directly to the design, but I can say that the design is now perceived as normal and comfortable.

Q: How does physical fitness fit in? Strength training and core build up as we age. How about preventative health.
A: The Tempe Clinic has a .3mile walking path woven into the site. The play equipment spaced along that path was intended as fitness equipment in disguise.

Q: What measures does your health center have for resiliency after a disaster?
A: As this is not a critical care facility, no physical measures have been put in place to maintain operations during a disaster event, we do have extensive emergency management plans in place as required by federal agencies and the Joint Commission. We have executed these plans over the past year's pandemic to keep staff safe, maintain clinical quality, and ensure financial recovery and long-term sustainability.

Q: What would you have done differently if you could do it all over again/or what got removed/VE-ed that you wish could have stayed?
A: Good question. Maybe the fact that nothing is leaping to mind suggests we did not make too many compromises. We dispersed the play equipment throughout the site to encourage people to walk around, which does not seem to happen—maybe should have concentrated the play equipment into one area. I also would have liked to find a way to push the indoor/outdoor connection even further—cannot seem to overcome the barriers to outdoor waiting space.

Q: Was it a conscious choice to make the facility beautiful versus stripped to more basic, low-cost functionality, and how would you recommend that we as architects advocate for design when working with strict budgets or public needs architecture?
A: Our intent was always to transform and reclaim a building that had been an eyesore—a not very subtle community healing metaphor. I have found it effective to always maintain the connection of the design to health. If there is a sense that we are going for beautiful for its own sake we lose traction. If the space feels like it was designed specifically to make the people who use it feel welcome, comfortable, and efficient, the backdrop of the clinical interaction feels healthier. When patients and the clinicians feel valued, and come together in a creatively designed space, the perceived value of the interaction is higher for both. We need architects who can come up with creative, and cost effective, ways to connect design to health.

Q: Dr. Swagert, what is your recommendation to a health system that is planning to develop a new ambulatory care center but grappling with how to grow revenue as a result of the pandemic? This organization is heavily reliant on Medicare and Medicaid patients.
A: A big question. Without getting political, I would start by encouraging that you look at high reliance on Medicare and Medicaid as an advantage, not a problem. Then I would look closely at the constellation of issues that get in the way of these patients achieving their best health, beyond just getting access to a competent doctor. These issues, or social determinants of health (maybe transportation problems, shortage of childcare, food insecurity, absence of safe places to meet and socialize) can be used to drive the design of the facility and programs to address as many of these social determinants as possible.

Q: Is there a website where our audience can learn more about FQHC's and members in their location?
A: Following are (2) websites that provide more in-depth information on FQHC's as well as how to find them:

- https://findahealthcenter.hrsa.gov/
- https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html