August 13, 2026

TO: Legal Counsel

News Media
Salinas Californian
El Sol
Monterey County Herald
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The next regular meeting of the **COMMUNITY ADVOCACY COMMITTEE - COMMITTEE OF THE WHOLE** of **SALINAS VALLEY HEALTH**[1] will be held **WEDNESDAY, AUGUST 19, 2026, AT 12:00 P.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

(*For Public Access Information Visit* https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/.)

Allen Radner, MD
President/Chief Executive Officer

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Committee Voting Members: **Rolando Cabrera, MD**, Chair, **Isaura Arreguin,** Vice Chair, **Allen Radner, MD,** President/CEO, **Clement Miller**, Chief Operating Officer, **Jaime Gonzalez, MD**, Medical Staff Member.

Advisory Non-Voting Members: Julie Edgcomb, Community Member

COMMUNITY ADVOCACY COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

WEDNESDAY, AUGUST 19, 2026, 12:00 P.M.
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117

Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California
(Visit SalinasValleyHealth.com/virtualboardmeeting for Public Access Information)

AGENDA

1. Call to Order / Roll Call

2. Public Comment

   This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.

3. Approve Minutes of the Community Advocacy Committee Meeting of May 20, 2026 (CABRERA)

   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Palliative Care Report (ORTA)

5. Career Pathway Programs (GRAHAM)

6. Asthma Camp Update (PIMENTEL-CALERO)

7. Adjournment

   The Community Advocacy Committee meets quarterly and the next meeting is scheduled for Wednesday, **November 11, 2026** at 8:30 a.m.

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

The Salinas Valley Health (SVH) Committee packet is available at the Committee Meeting, electronically at https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2026/, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3208 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
COMMUNITY ADVOCACY COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES MAY 20, 2026

Committee Attendance:

Voting Members Present: **Rolando Cabrera, MD**, Chair, **Isaura Arreguin**, Vice Chair, **Allen Radner, M.D.** President/CEO, and **Clement Miller**, COO

Voting Members Absent: **Jaime Gonzalez, M.D.**, Medical Staff Member (Attended via Teleconference as Non-Voting Member)

Advisory Non-Voting Members Present:
In Person: Iftikhar Hussain, CFO, Gary Ray, CLO, Alysha Hyland, CAO, Rakesh Singh, M.D., VP, Tiffany DiTullio, VP, Orlando Rodriguez, CMO, MD

Other Board Members Present Constituting Committee of The Whole:
In person: Catherine Carson
Via Teleconference: Victor Rey Jr arrived at 12:17pm

Jaime Gonzalez, M.D., arrived at 12:05pm via Webex.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Rolando Cabrera, MD, called the meeting to order at 12:03 p.m. in the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT: None.

3. APPROVAL OF MINUTES FROM THE COMMUNITY ADVOCACY COMMITTEE MEETING OF FEBRUARY 18, 2026

Approve the minutes of the February 18, 2026 Community Advocacy Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: None.

MOTION
Upon motion by Vice Chair Isaura Arreguin and second by Committee Member Allen Radner, MD, the minutes of February 18, 2026 Community Advocacy Committee were approved as presented.

ROLL CALL VOTE:
Ayes: Chair Dr. Cabrera, Vice Chair Arreguin, Dr. Radner, and Miller;
Nays: None;
Abstentions: None;
Absent: Dr. Gonzalez.

Motion Carried.

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. Salinas Valley Health Foundation Update

Bazillia Gutierrez, Chief Philanthropy Officer provided an update on the Salinas Valley Health Foundation. The Salinas Valley Health Foundation is focused on improving access to healthcare through philanthropy, community programs, scholarships, and facility investments. A key priority is a $10+ million campaign to expand and modernize the Emergency Department at Salinas Valley Health, which now serves more than 65,000 patients annually—far beyond its original capacity. The foundation is also strengthening donor engagement, corporate partnerships, and community outreach as part of its FY26–FY28 strategic plan.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: The committee discussed governance, fundraising, grants, and initiatives for community engagement. Bazillia Gutierrez, Chief Philanthropy Officer, shared that the organization serves a tri-county community and provided an update on Board of Governors member renewals and related process. Melissa Gross, Director of Strategic Development, reported on grant activity, noting strong momentum with wellness foundations, and prospective state and federal funding opportunities. She noted that grant funding continues to support several patient programs.

Board members expressed confidence in the organization's direction and leadership. Dr. Radner recognized the foundations grant success despite limited incoming funding and commended Melissa's work in developing funding opportunities and coordinating with the CFO on system reserves. The meeting concluded with discussion regarding outreach to large corporate partners, and Bazillia encouraged additional recommendations for partnership opportunities.

5. Mobile Clinic Update

Lynette Fitzgerald provided a Mobile Clinic Update. The Vaccines for Children clinic, held on May 1, 2026 vaccinated 20 children under the age of 18. Plans are underway to add three additional clinic sites. Expansion plans include additional locations, a larger FY27 budget, hiring a part-time provider, assessing staffing needs, community needs, and exploring community partnerships.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: The committee discussed progress on the VFC mobile vaccination program and plans for future expansion. Vice- Chair, Isaura Arreguin inquired about the focus of the expansion, and Lynette confirmed that efforts will extend beyond Salinas, noting that the team is evaluating areas with the greatest need and working through the necessary implementation steps. Dr. Rodriguez emphasized the program's ongoing commitment to prioritize underserved communities.

Chair Rolando Cabrera, MD, requested an update on the mobile van, and Lynette reported that a replacement generator has been ordered while routine maintenance and servicing continue. The committee also discussed collaboration and outreach efforts, with organizations continuing to work together on funding opportunities and future initiatives.

6. Live Well Project Update

Tiffany DiTullio, VP Partner and Community Relations provided a Live Well Project Update. The Live Well Project transitioned to a more integrated community wellness model, including rebranding efforts and new strategic goals focused on health education and engagement. Key accomplishments included expanded bilingual programming, new community events such as Walk for Health, Hike for Health, Healthy Food demos, Grocery tours and strengthened partnerships supporting initiatives and the Diabetes Campaign.

The project also increased outreach through school wellness programs, workplace wellness initiatives, healthy eating education, cooking demonstrations, fitness activities, and community-based programs such as Park Rx and walking challenges, with a strong emphasis on accessibility and bilingual services.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Isaura Arreguin, Vice Chair, asked how community partners had been informed about the program and Tiffany DiTullio, VP Partner and Community Relations, shared that outreach and promotion efforts have been extensive and conducted across multiple channels. Arreguin also asked about accessibility for residents who may struggle with literacy or digital resources and Tiffany explained that the team is creating evergreen educational materials and working closely with schools to ensure support systems and tools are available for those needing assistance.

The discussion also highlighted women's workshops conducted in schools, with Arreguin noting that physician presence in classrooms significantly increased student engagement and interest. The conversation also focused on efforts to increase participation, and it was noted that the organization partners with the Alisal School District to support the program and anticipates expansion into additional schools in the future. Arreguin also inquired about plans to broaden language accessibility beyond English and Spanish, and Tiffany stated the team is exploring mobile translation technology to support multilingual communication. The discussion concluded with appreciation extended to Tiffany for the update and ongoing work.

7. ADJOURNMENT

There being no other business, the meeting adjourned at 12:48 p.m. The Community Advocacy Committee Meeting meets quarterly and the next meeting is scheduled for Wednesday, **August 19, 2026** at 12:00 p.m.

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Rolando Cabrera, MD, Chair
Community Advocacy Committee

Salinas Valley Health

Palliative Care Services

August 2026 Update

What is Palliative Care?

Specialized medical care for people with **serious, life limiting illnesses:**

- Focused on providing relief from distressing symptoms, pain and stress
- Goal is to improve quality of life for both patient & family.
- Provides an extra layer of support

Provided by **interdisciplinary team** of doctors, nurses, social workers, spiritual care practitioners, and other specialists.

Appropriate at any age and any stage in a serious illness

Can be provided together with curative treatments.

Center to Advance Palliative Care (CAPC. Org)

Palliative Care is a Continuum

Image adapted from "How Four Catholic Systems Approach Palliative Care", www.chausa.org

Palliative Care vs. Hospice: Understanding the Difference

Both prioritize comfort, dignity and quality of life — but they are not the same.

Palliative Care

Appropriate at any stage of a serious illness

- Can begin at diagnosis and be provided alongside curative or life-prolonging treatment.
- Focuses on symptom relief, quality of life, communication and goals of care.
- Supports patients and families with physical, emotional, social and spiritual needs.

Hospice Care

A specific form of care near the end of life

- Generally for patients with a prognosis of about 6 months or less if the illness follows its expected course.
- Focus shifts from disease-directed curative treatment to comfort-focused care.
- Provides interdisciplinary support for the patient and family through end of life.

COMMON MISCONCEPTION

"Palliative care means we are giving up or stopping treatment."

Reality: Palliative care adds support to the treatment plan and can be introduced early.

TAKEAWAY | Earlier palliative care helps patients live as well as possible while navigating serious illness; hospice is reserved for the final phase when comfort becomes the primary goal.

Sources: NIH MedlinePlus; Cleveland Clinic. Image: Formación Alcalá.

Early Palliative Care Study

The New England Journal of Medicine
Massachusetts General Hospital

- Improved Quality of Life and Mood
- Extended Survival
- Less Aggressive End-of-Life Care

Demonstrated Outcome	Early Palliative Care	Standard Care
Median survival	11.6 months	8.9 months
Survival difference	+2.7 months	
Quality of life	Significantly better	
Depression	16%	38%
Aggressive end-of-life care	33%	54%

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

ABSTRACT

BACKGROUND
Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes and end-of-life care among ambulatory patients with newly diagnosed disease.

METHODS
We randomly assigned patients with newly diagnosed metastatic non–small-cell lung cancer to receive either early palliative care integrated with standard oncologic care or standard oncologic care alone. Quality of life and mood were assessed at baseline and at 12 weeks with the use of the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale and the Hospital Anxiety and Depression Scale, respectively. The primary outcome was the change in the quality of life at 12 weeks. Data on end-of-life care were collected from electronic medical records.

RESULTS
Of the 151 patients who underwent randomization, 27 died by 12 weeks and 107 (86% of the remaining patients) completed assessments. Patients assigned to early palliative care had a better quality of life than did patients assigned to standard care (mean score on the FACT-L scale [in which scores range from 0 to 136, with higher scores indicating better quality of life], 98.0 vs. 91.5; P=0.03). In addition, fewer patients in the palliative care group than in the standard care group had depressive symptoms (16% vs. 38%, P=0.01). Despite the fact that fewer patients in the early palliative care group than in the standard care group received aggressive end-of-life care (33% vs. 54%, P=0.05), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, P=0.02).

CONCLUSIONS
Among patients with metastatic non–small-cell lung cancer, early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life but longer survival. (Funded by an American Society of Clinical Oncology Career Development Award and philanthropic gifts; ClinicalTrials.gov number, NCT01038271.)

From Massachusetts General Hospital, Boston (J.S.T., J.A.G., A.M., E.R.G., V.A.J., C.M.D., J.J., W.F.P., J.A.B.); the State University of New York, Buffalo (S.A.); Adult Palliative Medicine, Department of Anesthesiology, Columbia University Medical Center, New York (C.D.B.); and Yale University, New Haven, CT (T.J.L.). Address reprint requests to Dr. Temel at Massachusetts General Hospital, 55 Fruit St., Yawkey 7B, Boston, MA 02114, or at jtemel@partners.org.

N Engl J Med 2010;363:733-42.
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One Team Supports Care Across Settings

Hospital-based team

- *Nadine Semer, MD
- *Kyle Youngflesh, DO
- Bree Nakashima, LMFT
- Amanda Della Mora, RN, BSN, CHPN
- Rony Reyes — Chaplain
- Fr. Rodolfo Contreras Morales

*Inpatient/Outpatient

Outpatient clinic

- Blair Cushing, DO — part-time
- Elena Johns, NP — part-time
- Jacqueline Mosley, NP — full-time
- Melanie Santos — acupuncture
- Monica Lucero, LCSW
- Sonia Pizano, MA
- Felicia Saldivar, MA

Care Across the Continuum

Inpatient Care

- Goals-of-care conversations
- Facilitation of family meetings and decision support
- Specialized pain and symptom management
- Social, emotional and spiritual care
- Daily follow-up through discharge
- Operational range: 5–20+ patient daily list with 1–5+ new referrals daily

Outpatient Care

- Symptom management
- Goals-of-care conversations
- Advanced care planning assistance
- Social work and supportive services
- Needs assessment and resource connection
- Current access estimate: 2–3 weeks for a new referral with approximately 60 new referrals in the que
- Average 740 referrals a year
- Approx. 2,000 patient visits a year

Growth and Organizational Reach

Clinical Demand and Access

- 5–20+ patients on the daily inpatient list
- 1–5+ new inpatient referrals per day
- 279 unique oncology referrals in 2025
- Current outpatient access estimate: 2–3 weeks

Expanded Capacity

- Full-time NP and LCSW added in 2026
- Acupuncture expanded from 2 to 4 days per week

Partnerships

- Coastal Kids, Hospice Giving Foundation, SVH Foundation

Education and Collaboration

- ≈75 RN new-hire and ≈40 RN new-graduate nurses educated annually
- 10 Natividad residents complete a weekly, one-month rotation
- Bedside teaching, staff meetings and hospitalist lunch-and-learns
- Collaboration with rehabilitation services
- ICU interdisciplinary rounds

Healing Arts

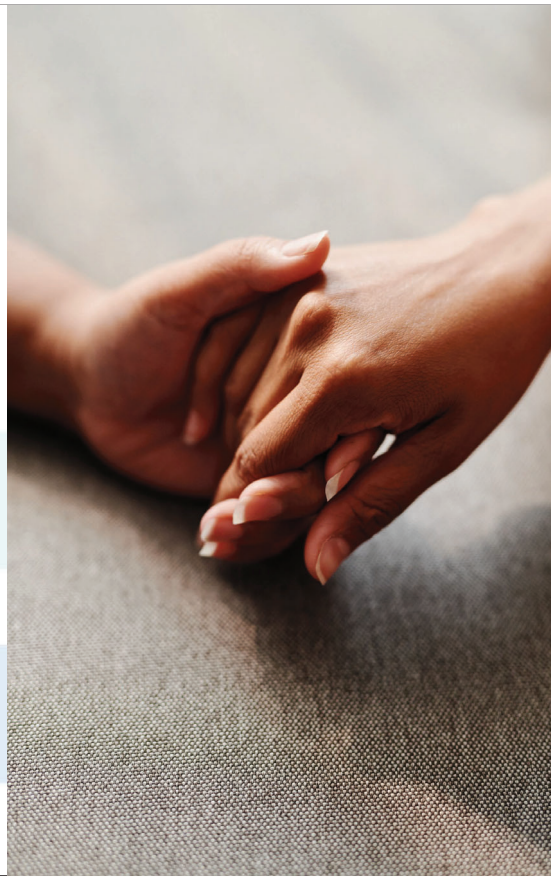
- Therapeutic Musicians
- Virtual Reality Googles
- Dance Therapy (future)

Preserving Connection

A 36-year-old woman with terminal cancer wanted to leave something meaningful for her 3-year-old daughter. The palliative care team supported the patient and her family in creating videos, letters, keepsakes, and gifts. Her physicians carefully adjusted her medications so she felt well enough to participate in this important legacy work.

When her condition unexpectedly declined several weeks later, the patient and her family had already begun preparing for the possibility of her absence. Although she died much sooner than anticipated, support from both the inpatient and outpatient palliative care teams helped the family find a sense of peace and connection during an extraordinarily difficult time. The family was also connected with Coastal Kids for ongoing grief support.

This is one example of how palliative care addresses emotional, social, spiritual, and family needs alongside medical care.



Priorities for the Next Phase

Pain education

Quarterly sessions by year-end for RNs, hospitalists and interested participants.

Reliable measurement

Develop Epic reporting for consults, visits, and referrals; continue palliative friendly orders and documentation.

Legacy program

Age-appropriate memory-making resources supported through grant funding.

Earlier connection

Increase awareness, encourage earlier referrals and participation across the system.

Macy Catheter Implementation

Target inpatient within approximately three months.

Expanding Advanced Care Planning Support

Target high risk populations, and increase community based group education.

Career Pathway Summer Programming

Presented **August 19, 2026**

by **Shannon Graham, Director of Volunteer & Health Career Services**

to **Salinas Valley Health Board Community Advocacy Committee**

Summer Health Institute

June 15-July 17, 2026

- High School Juniors and Seniors
- 27 graduates in 2026
- Over 115 supporters
  - Salinas Valley Health
  - Mission Trails R.O.P.
  - Hartnell College
  - Service League Volunteers
  - Program Alumni

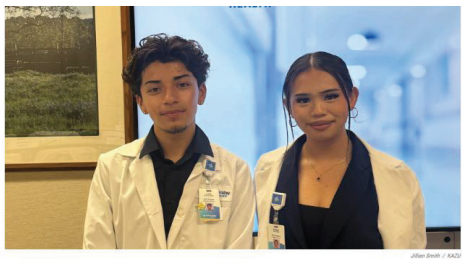
KAZU News

Area students explore health careers from the inside

KAZU | By Jillian Smith

Published July 16, 2026 at 4:56 PM PDT

LISTEN · 1:44



Luis Urias Hernandez (left) and Gillian Guevara are among the students who participated in Summer Health Institute at Salinas Valley Health.

"Even after seeing the harder, more exhausting sides of hospital work up close, students say the experience didn't scare them off; if anything, it helped them see more clearly where they might fit. And that, Castro says, is really the goal. Not every student needs to become a doctor, but the hospital needs all of them, in one role or another."

Summer Health Institute Outcomes

- 485 graduates
- 80+ confirmed working in healthcare (12 at Salinas Valley Health & 1 Prime Care)
- 14 have served as program interns
- 27 have served as Medical Adventure Camp leaders
- 50+ have served as SHI student mentors or program volunteers
- 50+ have participated as Health Explorers or student volunteers

Medical Adventure Camp

July 20-31, 2026

- 4th, 5th, 6th graders
- 30 participants in 2026

Medical Adventure Camp Outcomes

- 520 graduates since 2001
- 18 have served as camp counselors
- 5 also participated in SHI
- 50+ have participated as Health Explorers or student volunteers

Salinas Valley HEALTH

Questions?

Community Advocacy Committee
August 19, 2026

2026 Asthma Camp

Ana Pimentel-Calero
Marketing Coordinator

Salinas Valley HEALTH

Advancing Community Health Through Comprehensive Pediatric Asthma Care

- Asthma is one of the most common chronic conditions in children.
- **Purpose**: learn to better manage their asthma while enjoying a summer camp experience with others who understand the impact of asthma in a safe and supervised environment.
- **Goal**: Help reduce emergency department visits and avoid long-term health impacts if not managed.

Asthma Camp By the Numbers

950	Average 25 campers per year over about 40 years
40	Asthma Camp started in 1986 by Dr. Mark Velcoff
25	Volunteers allow for campers and staff to feel supported
1	Full Circle: Rick Meyer, Alexis Ayala (Isaias Mom)

The Community Behind Asthma Camp

Campers

- Children ages 6 – 12 years old with asthma (Physician referral required)
- Open to the community
- 25 – 30 campers admitted each year

Staff

- Marketing
- Health Promotion
- Respiratory Team
- Volunteers

Funding

- This weeklong camp is generously sponsored by Salinas Valley Health Medical Center and the Salinas Valley Health Foundation
- $10 registration fee:
  - Merchandise, activities, food and supplies

Promotion

- Dr. Steven Prager (Central Coast Allergy and Asthma)
- Salinas Valley Health Pediatrics and Emergency Room
- Community partners
- TV, Radio and local print

Classroom Model

Daily asthma education classroom sessions every day led by the Salinas Valley Health Respiratory Care team

- Topics included: What is asthma, asthma triggers, proper inhaler use, how to use a peak flow meter and how they can control and better manage their asthma

5

Activities

Activities allow campers to apply what they have learned in the classroom in a safe and controlled environment

6

Activities

Activities allow campers to apply what they have learned in the classroom in a safe and controlled environment

Graduation

Families joined for lunch and celebrated campers' accomplishments and growing confidence in managing their asthma

- Special guests included Rachel Velcoff, Isaac Velcoff, Dr. Velcoff's grandchildren and Mayor Donohue

Impact

> "He is understanding that he is able to do sports just like other kids with no asthma" – Parent

> "It was so helpful for her to learn and understand how to care for herself with her Asthma. I am so thankful to all of you and your program" – Parent

> "Right away I noticed a difference in how he uses his inhaler" – Parent

Thank you!

Salinas Valley HEALTH

ADJOURNMENT