

Meeting Minutes
National Advisory Council on the National Health Service Corps
November 19 – 20, 2024

Council Members

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Overview

The National Advisory Council on the National Health Service Corps (NACNHSC, or Council) met virtually over Zoom on November 19-20, 2024. The NACNHSC is a group of healthcare providers and Administrators who are experts in the issues faced by communities with a shortage of primary care health professionals. The Council serves as a critical source of information to the National Health Service Corps (NHSC) senior management, the Secretary of the U.S. Department of Health and Human Services (HHS), and, by designation, the Administrator of the Health Resources and Services Administration (HRSA). The NACNHSC was established under 42 USC 254j (Section 337 of the Public Health Service Act), as amended by Section 10501 of the Affordable Care Act. The Council is governed by provisions of Public Law 92-463 (5 USC Chapter 10), which sets forth standards for forming and using

advisory committees. NACNHSC's responsibilities are specified under Subpart II, Part D, of Title III of the Public Health Service Act.

DAY 1

Opening and Welcome Remarks

Diane Fabiyi-King, Designated Federal Official (DFO) for the NACNHSC, opened the meeting at **10:04 a.m.** Eastern time, provided the Council with the Roll Call to ensure the presence of all members, and delivered the Day One Morning Session Opening Remarks. In her opening, Ms. Fabiyi-King extended a warm welcome to all Council members, guests, and attendees, emphasizing the importance of the Council's work and its role in advising on impactful strategies for advancing health equity; she conducted a roll call to ensure the presence of all members, underscoring the importance of active participation in shaping the discussions and outcomes of the day.

Ms. Fabiyi-King expressed enthusiasm for the day's agenda, highlighting the diversity of topics to be covered. These included updates from the Bureau of Health Workforce (BHW) and the NHSC, expert presentations, and collaborative discussions aimed at addressing critical challenges in healthcare delivery to underserved communities. She set a collaborative tone by introducing the agenda as an opportunity for members to share their expertise and perspectives, which would inform actionable recommendations for NHSC programs.

Her remarks emphasized the Council's responsibility to foster meaningful dialogue, encouraging members to reflect on the interconnected challenges and solutions the NHSC and related programs must address. With an inclusive and motivational opening, she framed the session as pivotal in advancing health equity and workforce development for underserved communities.

Integration of Expert Insights and Member Contributions

BHW Updates

Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce at HRSA, set the tone with a comprehensive update on the BHW's priorities and programs. She emphasized addressing critical healthcare workforce shortages, advancing equity, and integrating culturally competent practices across NHSC initiatives. Her remarks on the pivotal role of advanced practice nurses in alleviating service gaps in underserved areas resonated strongly with Council members, reflecting shared concerns about workforce sustainability and equity.

In her presentation, **Dr. Chen** contextualized the NHSC within HRSA's broader mission of promoting equitable healthcare access through investments in workforce development. She detailed the funding structure of BHW programs, including allocations for scholarships, loan repayment programs, training grants, and graduate medical education (GME) initiatives. By presenting workforce projections, Dr. Chen highlighted the acute shortage of family medicine physicians and underscored the importance of innovative policies to address disparities in geography and specialty areas. She also emphasized interdisciplinary team-based care models, with advanced practice nurses pivotal in bridging primary care gaps.

Dr. Chen concluded her remarks by introducing updates to BHW's publicly available dashboards. These dashboards provide critical insights into workforce trends and support evidence-based policymaking. She explained that these dashboards enable stakeholders to make informed decisions that align with evolving healthcare demands. Her presentation reinforced the need for collaborative efforts between council members, policymakers, and healthcare organizations to ensure the sustainability and effectiveness of NHSC and broader BHW programs.

During the discussion, **Aaron Anderson, DO, FACOI**, expanded on these themes by stressing the need for sustained support for primary care residency programs in rural areas, echoing **Dr. Chen's** emphasis on retention strategies.

Building on this, **Jihan Doss, DMD, MPH**, highlighted the pressing challenges in recruiting dental professionals for rural clinics. This sentiment aligned with observations by **Deborah Gracia, DO**, on the importance of team-based care. **Dr. Gracia** elaborated on the effective

utilization of paraprofessionals, such as health coaches and nutritionists, to manage chronic conditions, proposing their inclusion in NHSC initiatives to foster a more comprehensive healthcare delivery model.

NHSC Updates

Michelle Yeboah, DrPH, Acting Director of the Division of National Health Service Corps (DNHSC), provided an in-depth presentation on NHSC's fiscal year 2024 accomplishments. She began by giving an overview of the program's field strength, emphasizing its critical role in addressing healthcare gaps in underserved communities. Dr. Yeboah outlined efforts to prepare scholars and service members for culturally and linguistically appropriate care, highlighting the Empowering Clinicians for Resiliency and Transformative Care program. This program, she noted, offers webinars and resources that focus on clinician well-being and social determinants of health, addressing critical challenges faced by healthcare providers in high-need areas.

Additionally, **Dr. Yeboah** presented on the NHSC's language access initiative. She explained how this pilot program provided supplemental funding to clinicians with demonstrated Spanish language proficiency, recognizing the importance of language concordance in improving patient care. Dr. Yeboah expressed optimism about expanding the initiative to include other languages in future funding cycles. This expansion, she noted, aligns with the HHS Equity Action Plan, which aims to improve health outcomes by addressing systemic barriers to care.

The Council engaged in a robust discussion on the potential impact of the language access initiative. Members explored how the program could enhance health equity by bridging communication gaps and improving patient-provider relationships. Discussions also focused on the initiative's role in boosting workforce retention and satisfaction, as clinicians who feel more effective in serving their communities are more likely to remain in their roles. Dr. Yeboah's updates underscored the NHSC's commitment to innovation and equity in advancing its mission to support underserved populations.

Break: 11:30 – 11:45 a.m.

Language Testing International

Jennifer Dobberfuhr Quinlan, PhD, Associate Director of Assessment, and **Young-A Son**, PhD, Data Analytics and Visualization Specialist from Language Testing International (LTI), began their presentation by outlining LTI's ongoing collaboration with the NHSC. They introduced the methodologies employed to evaluate language proficiency among healthcare providers, emphasizing the critical need for accurate and consistent assessments to ensure equitable healthcare delivery. Their work aims to identify and credential providers with the linguistic skills necessary to serve diverse patient populations effectively.

The presenters detailed how LTI's assessments align with the Interagency Language Roundtable (ILR) standards, a framework widely recognized for its rigor and precision. **Dr. Son** elaborated on the role of data analytics in refining these assessments, highlighting how the integration of visualization tools has enabled more nuanced evaluations of linguistic competency. **Dr. Dobberfuhr Quinlan** emphasized the role of these standards in establishing benchmarks for language proficiency, ensuring that providers can meet the communication needs of underserved communities.

In concluding their presentations, **Dr. Dobberfuhr Quinlan** and **Dr. Son** stressed the significance of linguistic competency in reducing barriers to care and fostering trust between patients and providers. They underscored how improved patient-provider communication enhances health outcomes and aligns with NHSC's mission to promote equity and access in underserved areas. By investing in robust language proficiency assessments, the NHSC is taking proactive steps to address disparities and support a linguistically competent healthcare workforce.

Morning Session Highlights

In the morning session, **Edward Sheen, MD, MPH, MBA**, posed critical questions regarding the potential impact of federal transitions on NHSC programs. Several Council members echoed Dr. Sheen's call for bipartisan support for healthcare workforce initiatives, including **Dr. Gracia**, who advocated for policies that could fortify team-based care models. **LuVerda Martin, DNP, CNM, APNP**, expanded the

conversation by addressing nurse-midwifery education programs' challenges, including preceptor shortages and financial barriers. Dr. Martin expressed the call for innovative solutions to support NHSC scholars throughout their training.

Lunch: 12:45 – 1:30 p.m.

Afternoon Session

Opening Remarks and Context

Ms. Fabiyi-King opened the afternoon session by emphasizing the importance of aligning NHSC initiatives with the evolving needs of underserved communities. She highlighted ongoing programs such as the Empowering Clinicians for Resiliency and Transformative Care program, which focuses on clinician well-being and retention. She invited Council members to share insights for potential improvements. Ms. Fabiyi-King encouraged reflection on the morning discussions, urging members to consider answered and unanswered questions as a foundation for deeper engagement. Setting a collaborative and supportive tone, she underscored the value of diverse perspectives in shaping actionable recommendations.

Language Access at Yakima Valley Farm Workers Clinic

Graciela P. Villanueva, MBA, Chief Human Resources Officer of Yakima Valley Farm Workers Clinic, provided an in-depth overview of her organization's efforts to foster a culturally competent healthcare workforce. She emphasized the importance of intentional recruitment strategies to identify bilingual and bicultural candidates. These efforts, she explained, are essential to addressing the diverse linguistic and cultural needs of the clinic's patient population and ensuring equitable access to care.

Ms. Villanueva also detailed Yakima Valley Farm Workers Clinic's innovative approach to community-based training for health professionals. She outlined programs designed to immerse trainees in the cultural and social contexts of the communities they serve, strengthening their ability to provide empathetic and effective care. These initiatives enhance healthcare providers' skills and contribute to workforce retention by fostering a sense of connection and purpose.

among staff.

Her remarks resonated strongly with Council members, who noted the alignment between Yakima Valley Farm Workers Clinic’s strategies and the NHSC mission. **Ms. Villanueva** underscored the replicable nature of these initiatives, suggesting that similar approaches could be implemented in other underserved areas to strengthen the healthcare workforce and improve patient outcomes. The Council appreciated her insights, which added valuable perspectives to the day’s equity and workforce development discussions.

Afternoon Session Highlights

The afternoon sessions deepened these conversations with presentations like Ms. **Villanueva’s**, highlighting innovative workforce models in community health. Drawing from her experience at the Yakima Valley Farm Workers Clinic, Ms. Villanueva emphasized the integration of community partnerships to sustain training programs for healthcare professionals in underserved regions. This echoed observations by **Abby Walenciak**, MA, PHR, LPC, and LADC, on enhancing clinician resilience through motivational training and organizational support.

Summary of Public Comments

The public comment session included one inquiry sent via the Chatbox: “This information is very helpful. With the change in administration, what will the impact to this program?” Responding to this, Ms. **Fabiyi-King** assured attendees of the council’s commitment to reviewing and refining strategies to ensure NHSC programs remain impactful. She emphasized that ongoing assessments and council feedback would be integral to shaping a resilient and adaptable program structure.

Discussion, Closing Remarks, and Next Steps

Dr. Chen’s presentation served as a guiding framework for the council’s deliberations. Council members reflected on the actionable recommendations shared, including enhancing language access through targeted initiatives like the \$5,000 Spanish competency supplement pilot. **Dr. Yeboah** detailed this initiative, demonstrating how targeted funding could address linguistic

disparities in healthcare.

The closing discussion encapsulated the council's commitment to aligning NHSC programs with the needs of underserved communities. The collaborative insights from members such as **Dr. Anderson, Dr. Doss, Dr. Gracia, Dr. Martin, Dr. Sheen, and Ms. Walenciak**, alongside the contributions of experts like **Dr. Chen, Ms. Villanueva, and Dr. Yeboah**, underscored a unified vision for advancing health equity.

Ms. Fabiyi-King expressed her gratitude for the robust discussions and emphasized that the insights garnered would directly inform the strategies discussed on Day Two. She reiterated the importance of leveraging council expertise and public input to enhance NHSC's reach and impact, setting the stage for actionable recommendations in the coming days.

Adjourn: 4:30 PM.

DAY 2

Opening and Welcome Remarks

DFO **Diane Fabiyi-King** opened the meeting at **10:03 a.m.** Eastern time, assisted by HRSA staff members. A roll call was conducted to ensure all members were present to build on the previous day's discussions. **Ms. Fabiyi-King** highlighted the importance of collaboration in addressing disparities and improving outcomes for underserved populations.

Presentation

Limited English Proficiency Populations

Dr. Adrian Billings, Chief Medical Officer at Preventative Care Health Services and Professor at Texas Tech University Health Sciences Center, opened the session with a comprehensive presentation on the challenges and disparities that Limited English Proficiency (LEP) populations face in accessing equitable healthcare. Drawing from his extensive clinical and academic experience, Dr. Billings highlighted how linguistic barriers impede effective communication, erode trust between patients and providers, delay necessary medical

interventions, and result in poorer health outcomes, particularly in underserved and rural areas.

Dr. Billings underscored that many LEP patients often forego medical care altogether due to fears of miscommunication or negative experiences with the healthcare system. This, he explained, leads to a cycle of delayed care and exacerbated health conditions, which place a disproportionate burden on emergency services and further strain already limited resources in underserved areas.

To address these challenges, Dr. Billings proposed a **multi-pronged approach** to dismantling systemic linguistic barriers. He advocated for creating and disseminating **educational resources** tailored for healthcare providers, focusing on building cultural competency and enhancing their ability to communicate effectively with linguistically diverse populations. These resources, he suggested, should include training modules on utilizing interpreters, understanding cultural nuances, and employing empathy in patient interactions.

Dr. Billings also emphasized the transformative potential of **multilingual Artificial Intelligence (AI) tools** in clinical settings. He detailed how technologies such as AI-powered real-time translation devices, multilingual telehealth platforms, and patient-facing applications could enable providers to communicate with LEP patients more accurately and efficiently. He noted that these tools should be complemented by robust training programs to ensure that clinicians and staff can use them effectively.

Another critical pillar of Dr. Billings' proposal was fostering a **culturally and linguistically diverse healthcare workforce**. He stressed the importance of recruiting and retaining bilingual and multilingual healthcare professionals who can serve as cultural and linguistic bridges in their communities. Dr. Billings recommended targeted scholarships, loan repayment programs, and career development opportunities for bilingual students pursuing healthcare careers, particularly in NHSC-designated areas, to incentivize such professionals.

Dr. Billings concluded his presentation by emphasizing the need for a **systemic and proactive approach** to tackling linguistic barriers. He urged policymakers, educators, and healthcare

administrators to collaborate in developing comprehensive language access plans that integrate these strategies into everyday practice. By doing so, healthcare systems can move beyond viewing language as a barrier and instead leverage it as an opportunity to improve health outcomes and equity.

The discussion that followed Dr. Billings' presentation was marked by enthusiastic engagement from council members, who praised his practical and forward-thinking recommendations. Many echoed the call for systemic solutions and are firmly committed to integrating language equity into NHSC programming and broader healthcare initiatives. Dr. Billings' insights set the stage for a day of impactful dialogue on the critical role of language in advancing health equity.

Presentation

Achieving Deaf Health Equity: Best Practices

Concluding the morning session, **Dr. James Huang**, Director of Student Health Services at Gallaudet University, delivered a compelling presentation on the unique healthcare needs of Deaf and hard-of-hearing communities. He focused on the intersection of communication barriers and health inequities. He highlighted that unaddressed hearing impairments frequently lead to significant mental health challenges, such as social isolation, depression, and anxiety, particularly in underserved populations. These challenges, he noted, are often exacerbated by systemic gaps in healthcare access and a need for more cultural competency among providers.

Dr. Huang emphasized the urgent need to expand the availability of **American Sign Language (ASL)** interpreters in clinical settings, arguing that language concordance is as critical for Deaf patients as it is for those with Limited English Proficiency (LEP). He advocated for integrating ASL training into medical and nursing school curricula and providing incentives for healthcare providers to become proficient in Deaf culture, which includes understanding the social norms, communication preferences, and unique challenges faced by Deaf individuals.

To address the technology gap, Dr. Huang recommended the widespread adoption of **accessible tools** such as over-the-counter hearing aids, advanced text-to-speech devices, and video relay services (VRS) to bridge communication barriers. These technologies, he explained, facilitate

real-time communication and empower patients to participate actively in their care.

One of Dr. Huang's most impactful recommendations was the inclusion of **peer recovery specialists** from Deaf communities in behavioral health programs. He outlined how these specialists, who share lived experiences with their clients, could play a vital role in substance use disorder (SUD) recovery and mental health interventions. By leveraging their unique insights, peer specialists could help bridge cultural gaps and foster trust, thereby enhancing the effectiveness of behavioral health services.

Dr. Huang also highlighted the importance of collaboration between healthcare providers and organizations serving Deaf communities. He urged the NHSC to prioritize placements in areas with significant Deaf populations. He urged policymakers to address systemic barriers, such as insurance coverage for hearing aids and interpreter services, that continue to hinder equitable access to care.

The discussion following Dr. Huang's presentation was lively and engaging. Council members explored ways to integrate his recommendations into NHSC programming. Several members are committed to advancing Deaf health equity through strategic partnerships, policy advocacy, and targeted workforce training. This session underscored the Council's dedication to addressing the unique needs of all underserved populations and advancing equitable care delivery.

Lunch: 12:00 – 12:45 p.m.

Afternoon Session

Opening Remarks and Context

Ms. Fabiyi-King facilitated the afternoon **session**. She stressed the importance of aligning NHSC initiatives with the evolving needs of underserved communities. She provided updates on the **Empowering Clinicians** for Resiliency and Transformative Care program, focusing on clinician well-being and long-term retention. **Ms. Fabiyi-King** encouraged council members to share insights on potential improvements and expansions to these initiatives.

Presentation

Re-framing Language as an Opportunity to Improve Health Equity

Dr. Pilar Ortega, Vice President for Diversity, Equity, and Inclusion at the Accreditation Council for Graduate Medical Education (ACGME), launched the afternoon session with a thought-provoking presentation. Drawing on her extensive background in medical education and diversity initiatives, Dr. Ortega provided a compelling argument for redefining how healthcare systems address language in clinical care. Her presentation explored the systemic implications of language discordance in healthcare, particularly in underserved communities served by NHSC participants.

Dr. Ortega began by addressing the profound impact of language on health outcomes. She emphasized that direct communication in a patient's native language fosters trust, improves comprehension, and increases adherence to medical advice. This, in turn, reduces complications, enhances patient satisfaction, and lowers healthcare costs. However, she noted that the current "language barrier" mindset often perpetuates the marginalization of non-English-speaking patients by framing multilingualism as a deficit rather than an asset.

Dr. Ortega proposed a paradigm shift to counter this outdated perspective: viewing multilingualism as a critical tool for advancing health equity. She underscored that leveraging the linguistic diversity of patients and healthcare providers is a moral imperative and a strategic advantage for improving the quality of care in linguistically diverse communities.

A central component of Dr. Ortega's presentation was the **Language Equity Toolkit**, a resource she developed to support healthcare organizations in implementing systemic solutions. This toolkit offers practical strategies for assessing and enhancing language equity in clinical settings, including tools for evaluating clinician language proficiency, guidance on integrating interpreter services, and frameworks for language-concordant care delivery.

Dr. Ortega also called for **systemic policies to encourage multilingual training** among healthcare providers. She detailed several actionable recommendations, such as offering financial

incentives, scholarships, and loan repayment options for providers proficient in multiple languages or willing to undergo training. She stressed the importance of embedding these policies into NHSC initiatives to prepare scholars and clinicians to serve linguistically diverse populations effectively.

Dr. Ortega advocated for **leveraging AI tools** to support interpreter-mediated and direct communication with patients, highlighting technology's transformative potential. She showcased examples of real-time translation devices and AI-powered platforms that facilitate more accurate and efficient communication. However, she cautioned that these tools must be implemented alongside comprehensive training to ensure providers can use them effectively and maintain the human connection essential to patient care.

Dr. Ortega recommended **integrating language concordance into NHSC scholar curricula to institutionalize language equity further**. By embedding these concepts into the education and training of NHSC participants, the program can equip its workforce with the skills and awareness necessary to deliver culturally and linguistically appropriate care.

Following Dr. Ortega's presentation, the discussion was highly engaging, with council members and stakeholders expressing enthusiasm for her forward-thinking strategies. Several participants, including **Dr. Martin** and Ms. **Walenciak**, praised the Language Equity Toolkit's actionable nature and highlighted its potential for immediate implementation in NHSC programs. Dr. **Anderson** echoed the need for systemic data collection to evaluate the impact of language equity initiatives on clinician retention and patient outcomes.

Dr. Ortega's presentation set a compelling tone for the afternoon, underscoring the urgency of addressing language equity as a cornerstone of health equity. Her insights offered a clear roadmap for integrating language equity into NHSC initiatives, laying the groundwork for transformative change in how underserved communities access and experience healthcare.

Building on this, Dr. **Martin** reflected on the importance of addressing provider burnout, sharing personal anecdotes that underscored the mental and emotional toll on clinicians in underserved

areas. Dr. **Martin** called for enhanced support mechanisms for NHSC scholars and providers, emphasizing that burnout mitigation should be a top priority.

Ms. Walenciak contributed to the discussion by proposing incorporating **motivational interviewing techniques** into NHSC training modules. She highlighted how these methods could bridge communication gaps, improve behavioral and physical health outcomes, and address clinician-patient dynamics contributing to provider burnout.

Dr. Anderson added his perspective on clinician retention, sharing his experience remaining with a single organization for 15 years. He attributed this to the cultural connection fostered by his language skills. He emphasized the value of collecting and analyzing data to evaluate NHSC's impact on clinician placement and retention trends.

Strategic Priorities and Recommendations

The session transitioned into strategic discussions on integrating emerging technologies. **Dr. Sheen** presented a forward-looking view of AI's potential to reduce administrative burdens, improve clinical decision-making, and alleviate burnout. He cited examples of AI tools in clinical documentation, triage, and policy development, stressing the importance of balancing innovation with ethical considerations to avoid exacerbating disparities.

Dr. Doss revisited topics from previous meetings, such as updating **Health Professional Shortage Area (HPSA)** scoring criteria and expanding school-based health programs. Dr. **Doss** advocated for tailored cultural competency training for NHSC clinicians, ensuring they are well-equipped to meet the diverse needs of their communities.

Shawn McMillen, MPA, ASUDC, highlighted the critical shortage of **mental health and Substance Use Disorder (SUD) clinicians** in Federally Qualified Health Centers (FQHCs), particularly in Utah. He highlighted the misalignment between state and federal loan repayment programs and urged better coordination to maximize their impact. **Mr. McMillen** emphasized the need for a collaborative approach that addresses the unique challenges of both urban and rural healthcare settings.

In response to these insights, Ms. **Fabiyi-King** detailed the **NHSC Empowering Clinicians** for Resiliency and Transformative Care **program** as an initiative to support clinicians throughout their career lifecycles. She outlined the bi-weekly webinars under this program, which address critical issues such as social determinants of health, clinician well-being, site support, and burnout prevention. **Ms. Fabiyi-King** encouraged council members to suggest additional topics for these webinars to ensure alignment with evolving needs.

Public Comments and Closing Remarks

During the public comment period, **Mandy Neff** from the **American Academy of Family Physicians (AAFP)** praised the Council's emphasis on language equity and health literacy. She highlighted the alignment of AAFP's mission with NHSC goals and reaffirmed the Academy's readiness to collaborate in strengthening the primary care workforce.

Discussion, Closing Remarks, and Next Steps

The afternoon session of the NACNHSC meeting concluded with a focused and comprehensive discussion, emphasizing actionable recommendations to address systemic inequities in healthcare delivery. Under the leadership of DFO **Fabiyi-King**, the Council synthesized key insights from the day's deliberations and identified strategic priorities to enhance the impact of NHSC programs.

As the discussions progressed, **Dr. Martin** revisited the pressing issue of provider burnout, which the COVID-19 pandemic has exacerbated. Drawing from her personal experiences, Dr. Martin highlighted the mental toll faced by clinicians in underserved areas. She stressed the need for robust support mechanisms to nurture NHSC scholars and clinicians and retain their commitment to service in high-need communities. Her heartfelt reflections underscored the urgency of integrating clinician well-being into NHSC's strategic planning.

Building on this theme, Ms. **Walenciak** proposed incorporating motivational interviewing techniques into NHSC training programs. She emphasized that these interventions could

significantly improve patient-provider communication and behavioral health outcomes while alleviating clinician stress. Ms. Walenciak's suggestion reflected the Council's commitment to fostering patient-centered care and clinician resilience.

Adding another layer to the discussion, Dr. **Anderson** shared his perspective on the importance of cultural and linguistic connections in fostering clinician retention. Reflecting on his 15-year tenure with a single organization, he noted that such connections often encourage providers to remain in underserved areas beyond their initial service commitments. He urged the Council to prioritize collecting longitudinal data to evaluate the effectiveness of NHSC initiatives, particularly in supporting clinician placement and retention.

In a forward-looking presentation, Dr. **Sheen** explored AI's transformative potential in healthcare. He highlighted practical applications such as AI-driven clinical documentation and triage systems, which could alleviate administrative burdens and improve decision-making processes. However, Dr. Sheen also cautioned against the risk of introducing new biases through AI technologies and advocated for ethical guidelines to ensure equitable implementation.

Dr. Doss revisited critical topics from previous Council meetings, including revising HPSA scoring criteria and the potential expansion of school-based health programs. Dr. Doss emphasized equipping NHSC clinicians with tailored cultural competency training to meet their communities' diverse needs. Her remarks underscored the Council's ongoing efforts to align programmatic strategies with the evolving realities of healthcare delivery.

Mr. McMillen highlighted the acute shortage of mental health and SUD clinicians in FQHCs. He highlighted challenges in urban and rural settings, noted the misalignment between state and federal loan repayment programs, and called for greater coordination to enhance their complementary potential. Mr. McMillen's insights illuminated the structural barriers to addressing behavioral health disparities.

In response to these discussions, Ms. **Fabiyi-King** provided an overview of the Empowering Clinicians for Resiliency and Transformative Care program, an initiative that supports clinicians

throughout their professional journey. She elaborated on the bi-weekly webinars hosted under this program, which address topics such as social determinants of health, clinician burnout prevention, and community integration. Ms. Fabiyi-King invited council members to propose additional issues, ensuring the initiative remains responsive to emerging needs.

In her closing remarks, Ms. **Fabiyi-King** thanked the council members and public participants for their valuable contributions. She reiterated the importance of aligning NHSC programs with the broader healthcare landscape. Ms. Fabiyi-King thanked all participants for contributing to the discussions. She acknowledged the depth and breadth of insights speakers and council members shared. Ms. Fabiyi-King emphasized the Council's pivotal role in shaping NHSC policies and programs and reaffirmed her commitment to translating these recommendations into meaningful action.

Ms. Fabiyi-King announced the next NACNHSC meeting, scheduled for **March 18–19, 2025**, and expressed optimism, highlighting the Council's collective determination to achieve equitable healthcare for all underserved populations.

Adjourn: 3:30 PM.