Affinity: Paula Wilson, chief executive at Valley Community Healthcare, started as a volunteer.

PHOTOS BY DAVID SPRAGUE

in high school. They work in our teen center, and I remember some of them. They're grown and gone to college, and then all of a sudden 10 years later they knock on our door because they're a nurse practitioner or a licensed professional and ask if we would hire them. I kind of feel like a mother bear, with people who have come back to the nest.

How has the increase in minimum wage affected Valley Community?

We had to bite that bullet. I think it was in 2016, we decided that we would get ahead of it, so we started ramping up the minimum wage staff that year. So then when we get to 2020, we would be at the rate we should be. It's not just raising the minimum wage; it raises all of the other positions as well. If you've got somebody at $15 now and you're bumping up the minimum wage, you have to adjust that as well. It has been very, very challenging. When we have to make decisions like that, it basically is taken out of patient care. It's very hard for a nonprofit to do that and be competitive in the salary ranges that we have.

You mentioned in the organization's 2018 report that the current administration has thrown community health care centers some "curve balls." What do you mean by that?

First of all, I think community health is a bipartisan service. I felt through both the Republican and Democratic administrations, that there is that understanding. We are the safety net; we are desperately needed. We're under threat to disappear. What's happened recently, there are chips being taken away for programs that are "sensitive services," there are initiatives under (President Donald) Trump that focus on the war on drugs, or opioid crisis and HIV elimination. I hope the administration puts funding behind that, because it's all well and good to put your banner out, but unless you have the resources to address that in a different way or a larger way, just don't talk.

So in the short-term, what changes do you foresee?

We're right now doing our budget for next year, but we're not anticipating any major changes. We're also doing a strategic plan and we talk about strengths, weaknesses and threats, and under threats is "who knows where the politics of health care funding is going to go."

Beyond the minimum wage issue, what employment challenges are you facing?

The thing that really keeps me up at night is the workforce shortage for clinicians. It's real and it's not going to go away for at least 10 years, because there are just not enough students in the pipeline to yield the number of doctors that the baby boomers are going to need. We're trying to rethink how we provide care and not use the doctor's time inefficiently. If that's technology, if that's having a team that does some of the work and the doctor comes in at the end, things like that. I think the face of a doctor's visit is changing.

What about telehealth?

We haven't ventured too far into telehealth. It's very expensive. For a hospital that would be more appropriate, but that's definitely in our strategic plan. Wearables that our patients can wear, they check vitals … communicating to your doctor via email, we're thinking about doing telephone triage visits. All those are on our radar but none of them are reimbursable, so the old paradigm is you come in, you see your doctor, you get paid. If you don't come in and you call your doctor, you don't get paid. We're stepping into the gray area; we call this a practice transformation. That's the stuff we need funding for. We just recently got a grant from the W.M. Keck Foundation for $200,000 to fund just that kind of place, transforming a visit and making it easier, freeing up the doctor's time that might not have been used to its greatest extent.

How has the provision of HIV/AIDS services changed since you started in the 1980s?

It's a vital service and program we have right now. We call the HIV program Smart Health LA. We're really trying to integrate a patient who is HIV positive into primary care and not isolate them. Back in the day, you had a standalone HIV center and everybody that went there, you knew, had HIV, and they were looking at a possible death sentence. Now it's not looked at that way. There are drugs where you can manage your HIV, but you need a different type of primary care service because of that illness. We've expanded in providing mental health care, case management. We have an infectious disease specialist on staff. We've been part of the San Fernando Valley HIV Consortium for years.

Are there any expansions or updates set to take place for Valley Community Healthcare?

We've opened up a second site, we've doubled in the number of patients that we've seen. We're about ready, come July 1, to take over the LA Valley College Student Health Center. We'll run that and provide primary care, prevention and behavioral health services there. We're entering our 50th anniversary next year, in 2020. That's pretty big. Right now, we're focused on developing our strategic plan, which we should have completed in July, and that will really map out the direction we're going. I can tell you we're going deep into behavioral health services, and we're also going deeper in our maternal, child and adolescent programs. We've still got capacity for new patients, both here in North Hollywood and at our North Hills site, so we're not necessarily looking to open any other sites. Once we take on LA Valley College, we're not sure how that's going to impact our organization in terms of capacity.