

**Healthcare Equity Advisory Council**  
**Tuesday, October 18, 2022**  
**Minutes**

**Community Voting Members Present:**

Kimberly Cofield – Co-Chair  
Dr. Liz Diaz-Querol  
Kimberly Kelley  
Hugo Tapia  
Emily Bridges

**Voting Members Absent:**

Juana Zaragoza

**Staff Present:**

Selfa Saucedo  
Dr. Loretta Denering  
Sara Rivera  
Cynthia Salas  
Phin Xaypangna  
Kate English

**Administrative Voting Members Present:**

Barry Zimmerman – Chair  
Dr. Theresa Cho  
Kristina Swaim  
Scott Gilman  
Rigoberto Vargas

**Administrative Voting Members Absent:**

Dr. John Fankhauser

**Guests:**

**1. CALL TO ORDER**

The meeting was called to order at 5:37 p.m. by Co-Chair Cofield.

**2. ROLL CALL**

**3. APPROVAL OF August 16, 2022 MINUTES** Moved by Kimberly Kelley, seconded by Dr Diaz-Querol. Approved.

**4. ALL PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA**

None.

**5. INFORMATIONAL ITEMS**

The Public Safety Advisory Committee has expressed interest in partnering on survey outreach.

- Will community have input on development of questions?
- Sensitivity to trust issues
- Combining survey needs across the different racial equity groups may be a better use of resources
- We have much health data already, information collected should be different
- Reminder to make efforts to obtain more insight into LGBTQ community, data is scarce
- Opportunity to look at care experience with persons in custody
- Care Experience group is best positioned to explore more fully before a decision is made

## 6. PROCESS TO FILL VACANCIES

Two vacancies need to be filled.

- Two alternates were identified from the original applicant pool. Kate English will reach out to ascertain interest, forward their information to the Chairs
- If needed, the initial application process may be utilized. Per the charter, the council nominates and selects membership moving forward
- The original nominating committee would now be eligible to serve on the Council
- The alternates, if interested, can be invited to the December meeting

## 7. CUSTOMER SURVEYS & REPORTS for HEALTH CARE SYSTEM

Presentation by Dr. Cho (attached)

- Dr. Cho will find out which languages are available besides English and Spanish
- Overall, Spanish speakers gave lower scores. Percentage of Spanish speakers completing surveys are consistent to the overall response rates
- Most frequent positive comment: service from staff and physician. Negative: Long waits on phone calls, and times to appointments
- Centralized call center with bilingual reps to shorten wait times in progress
- Negative comments go to clinic managers for investigation/response. If a complaint rises to the level of a grievance, a formal process opens with response required within 7 days
- Surveys prompt about 24 hours after visit, with additional reminders (Text, email, phone call). Patients can opt out and request preferred modality

## 8. AD HOC COMMITTEE REPORTS

### • **Communication Barriers**

Primary languages: English, Spanish, Tagalog. Mixtecan and other indigenous language interpreters are needed. Written discharge information is provided in 17 languages.

Suggested actions:

- Needs assessment of hospital / clinic system
- Explore Promotora capacity building
- Find out how Language Line vets interpreters
- Having a variety of interpreter options may improve patient comfort. Vendor redundancy, electronic options etc.

### a. **Care Experience**

- Collect more information from patient perspective through surveys
- VCBH survey results will be shared when ready. Significant variation exists due to Covid

- Utilize health navigators

**b. Disparate Treatment**

- Bolster workforce with sufficient staffing, focus on retention
- Create culture of helpfulness, a no wrong door approach across the County
- Need more navigators for the spectrum of County services
- Cultural competency training for front office staff
- What models can we learn from to improve culture of compassion and build navigation?

**c. Care Delivery (Provider Focus)**

- Identify how values are measured (quality of care, soft skills)
- Find available trainings and tools: noting CDC has training modules on health literacy
- Provider supports to address burnout and factors contributing to stress

**9. MEMBER COMMENTS**

Subcommittees should narrow focus, define scope, deliverables and actions needed.

**10. CALL FOR FUTURE AGENDA ITEM(S)**

- a. Report out from each ad hoc committee on plan of action, with time-bound goal(s)
- b. Vacancies, next steps

**11. ADJOURN**

Meeting adjourned at 7:31 pm.