



VENTURA COUNTY

HEALTH CARE AGENCY

HealthCare Equity Advisory Council

REGULAR MEETING

Tuesday, October 18, 2022
5:30 p.m. - 7:30 p.m.

Large Conference Room, VC Public Health Administration
2240 E Gonzales Rd., Suite 200, Oxnard, CA 93036

HEALTHCARE EQUITY ADVISORY COUNCIL

REGULAR MEETING AGENDA

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PUBLIC COMMENTS BY EMAIL:

IF YOU WISH TO MAKE EITHER A GENERAL PUBLIC COMMENT OR COMMENT ON A SPECIFIC AGENDA ITEM BEING HEARD, YOU CAN SUBMIT YOUR COMMENT VIA EMAIL BY 9:00 AM THE DAY OF THE MEETING TO THE FOLLOWING ADDRESS: HEACCouncil@VENTURA.ORG. PLEASE INCLUDE THE FOLLOWING INFORMATION IN YOUR EMAIL: (A) MEETING DATE, (B) AGENDA ITEM NUMBER, (C) SUBJECT OR TITLE OF THE ITEM, (D) YOUR FULL NAME. DURING PUBLIC COMMENT ON THE AGENDA ITEM SPECIFIED IN YOUR EMAIL, YOUR EMAIL WILL BE SUBMITTED FOR THE RECORD.

OPENING

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. APPROVAL OF August 16, 2022 MINUTES**
- 4. ALL PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA (up to 10 minutes)**

REGULAR AGENDA

- 5. INFORMATIONAL ITEMS (15 minutes)**
 - a. Public Safety Advisory Committee

6. ACTION ITEM: Process to fill vacancy (10 minutes)

7. REPORT: Customer Surveys & Reports for Health Care System (10 minutes)

BREAK (after one hour)

8. REPORT: Ad Hoc Committee Reports (60 minutes)

- a. Communication Barriers
- b. Care Experience
- c. Disparate Treatment
- d. Care Delivery (Provider Focus)

9. MEMBER COMMENTS AND CALL FOR FUTURE AGENDA ITEM(S) (15 minutes)

- a. Council member comments, updates, and discussion
- b. Upcoming meetings of the HEAC scheduled for the third Tuesday of every other month – Next Meeting: December 20, 2022
- c. Agenda Setting

10. ADJOURN

Materials related to an item on this Agenda submitted after distribution of the agenda packet are available for public inspection on the Ventura County HEAC website: [Healthcare Equity Advisory Council \(vchca.org\)](http://vchca.org) subject to staff's ability to post the documents prior to the meeting.

Persons who require accommodation for any audio, visual or other disability in order to review an agenda, or to participate in a meeting of the Ventura County Public Safety Racial Equity Advisory Group per the American Disabilities Act (ADA), may obtain assistance by requesting such accommodation in writing addressed to the County Executive Office, 800 South Victoria Avenue, Ventura, CA 93009-1740 or telephonically by emailing to HEACCouncil@ventura.org. Any such request for accommodation should be made at least 48 hours prior to the scheduled meeting for which assistance is requested.

Healthcare Equity Advisory Council
Tuesday, August 16, 2022
Minutes

Community Voting Members Present:

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

Voting Members Absent:

Audrey Ford
Juliza Ramirez

Guests:

Phin Xaypangna
Kate English

Administrative Voting Members Present:

Barry Zimmerman – Chair
Dr. Theresa Cho
Dr. Loretta Denering
Dr. John Fankhauser
Kristina Swaim

Administrative Voting Members Absent:

Rigoberto Vargas

Staff Present:

Selfa Saucedo

1. CALL TO ORDER

The meeting was called to order at 5:42 p.m. by Co-Chair K Cofield

2. ROLL CALL

3. APPROVAL OF June 21, 2022 MINUTES Moved by K Kelley, seconded by H Tapia. Approved.

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

None.

5. FOLLOW UP ON COMMUNITY FEEDBACK

Summary of community feedback given, sorted into general categories, with a call for additions or edits.

- Change “Access” to “Care Experience” with “Access” as a subtopic
- Add provider piece “Care Delivery - Provider Focused”

Actionable facets of patient experience:

- Measuring tool (scoring by patients)
- Means of address (counseling, training, additional resources etc.)

Dr. Diaz, Dr. Cho, and Dr. Fankhauser discussed institutional procedures in place for their respective organizations to address physician ratings/experience shortfalls. Council requests to review the surveys used to collect information.

6. HEALTH EQUITY: STATE PRIORITIES

Overview presented by Dr. Fankhauser

- Department of Health Care Access and Information (HCAI) is in process of developing new hospital equity requirements.
- Communities Lifting Communities has a Los Angeles-based program supporting black mothers through pregnancy and early post-partum periods. VCMC would like to be a participating hospital when the program expands beyond Los Angeles County.
- EP = Element of Performance. Six new standards go into effect in 2023.
- EP 1: Dr. Watabe is designated to oversee Health Equity efforts.
- EP 2: housing insecurity, food insecurity, personal safety, transportation and utility needs need to be assessed and addressed (provide resource information) before discharge.
- EP 3: currently collecting data from several sources and will build performance improvement projects where metrics indicate work is needed. Reports will be shared annually with stakeholders, including this group.
- Joint Commission recently issued a Sentinel Event Alert regarding diagnostic overshadowing (nationwide concern regarding misdiagnoses due to provider bias). Recommended actions include self-assessment and providing broad education to address.
- While the procurement diversity mandate pertains to hospital, much of the procurement is done jointly with Ambulatory Care. Anticipating development of an action plan next year.
- Notably, Ventura County is one of the only CAPH National Equity Project participants with executive team representation.

These are unfunded mandates. However, they align with the agency's mission. Health Care Foundation for Ventura County supports our healthcare system and accepts donations designated for equity efforts.

DEI office is working on a centralized data warehouse to track inequities in health, poverty, etc.

7. FOCUS AREAS

- Council members formed ad hoc committees to address four focus areas.
- Moving forward, the council will meet bi-monthly (next date is October 18, 2022).
- If less than a quorum of 7 or less per group, ad hoc committees (as well as communications with staff) are not covered by Brown Act.
- Ad hoc committees will define goals, identify information needed, and explore tactics

Ad Hoc Committee makeup (temporary leads in bold):

Care Delivery (provider focus): K Kelley, H Tapia, B Zimmerman, L Diaz

Care Experience: K Cofield, L Denering, T Cho, P Xaypangna

Communication Barriers: K Swaim, S Saucedo

Disparate treatment: E Bridges, J Fankhauser, K English

Action items for the Secretary:

- Send followup e-mail with contact lists, ad hoc committee membership, and updated Community feedback document, and determine which group Cynthia, Rigo, Audrey, Juliza and Juana would like to join.
- Help facilitate ad hoc meetings if needed.
- Update website with new council meeting frequency, adjust calendar invites.

8. MEMBER COMMENTS

- Quality metrics will be reported within context of the hospital's regulatory constraints (protected patient information).
- Elizabeth Stone (BHAB member, VCBH consumer): Diagnostic overshadowing is commonly experienced by people with psychiatric disabilities.
- Scott Gilman, new BH Director, starts August 22, 2022, and will take a voting seat. Dr. Denering will continue to participate as staff member.

9. CALL FOR FUTURE AGENDA ITEM(S)

- a. Report out of Ad Hoc committees
- b. Review Quality Survey

10. ADJOURN

Meeting adjourned at 7:33 pm.

Summary of Community Input of the Health Care System

Care Experience

- Having to go to ER to get primary care/urgent care/pain care.
- Mistrust of medical systems, government, as well as cost, may prompt individuals to travel to Mexico for care.
- Preventative healthcare is foregone due to the real and perceived cost resulting in healthcare only being accessed as urgent, crisis or critical care environment (hospital).
- Access to Health Care
 - Location accessible within the community they reside.
 - Access to care is needed within all communities for disadvantaged people whether in affluent communities or lower income communities.
 - Health navigation may be helpful for older adults and there are access issues for services as evidenced by long wait times for services. Lack of timely appointments due to the lack of resources.
 - Better and easier referral system, navigations through the system and integration with other services connected with the County.

Communication Barriers: Language and Culture

- Language access: community members may choose other systems due to staff capability to communicate in the patient's native language (not solely through translators).
- The importance for communication to be understandable within the context of the language and culture of the patient and to limit contradictory communication. Communicate the healthcare treatment plan that is understandable, especially for speakers of indigenous and other languages besides English/Spanish
- Greater need for healthcare literacy and communication at the level of the patient's understanding.

Unequal and Disparate Treatment

- Disparate treatment by ER personnel based on status/race.
- Proactive and compassionate care for people with disabilities, (whether visible or not) and especially when intersecting with other historically disadvantaged communities.
- Health navigation to access desired and needed services. Individuals do experience racism in the doctor's office.
- Health providers should be offered on-going training in cultural responsiveness, compassionate communication, and effective communication and should encourage partnerships with other jurisdictions that delivers services
- Consider a Patient Bill of Rights for Ventura County
- Compassion fatigue is real, and the well-being of staff should be considered.

Care Delivery – Provider Focus

- Treatment engagement and care services are based on social capital (who you know) resulting in disparate treatment. Demographics of health providers should be balanced with the community demographics.
- What tools exist to rate providers?
- Health Literacy
- Cultural Humility & Competency
- LGBTQ+

DRAFT



VENTURA COUNTY
MEDICAL CENTER
SANTA PAULA HOSPITAL

August 16, 2022

Health Equity and Hospital Regulatory Activities

Ventura County Medical Center and Santa Paula Hospital

Regulatory Oversight

Federal Regulatory Agencies

- Centers for Medicare and Medicaid Services (CMS)

- The Joint Commission

State Regulatory Agencies

- California Department of Public Health

 - Dignity in Pregnancy and Childbirth Act (SB 464)

- California Department of Health Care Access and Information (HCAI, formerly OSHPD)

 - Hospital Supplier Diversity Program (AB 962)

 - Hospital Equity Measures Reporting Program and Advisory Committee

Partners

Federal

America's Essential Hospitals

State

California Association of Public Hospitals

Safety Net Institute

Racial Equity Community of Practice

Regional

Ventura County Health Equity Advisory Council

Hospital Association of Southern California

Communities Lifting Communities



PILLAR: HEALTH EQUITY



2022 STRATEGY

The first pillar of the Centers for Medicare & Medicaid Services' (CMS) Strategic Plan is health equity.

Priority 1: Expand Collection, Reporting and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs

Priority 3: Build Capacity of Workforce to Reduce Health Disparities

Priority 4: Advance Language Access, Health Literacy and Provision of
Culturally Tailored Service

Priority 5: Increase All Forms of Accessibility to Health Care Services

The Joint Commission

New leadership standard LD.04.03.08

EP 1: The organization designates an individual to lead activities to reduce health care disparities for the organization's patients. Leading the organization's activities to reduce health care disparities may be an individual's primary role or part of a broader set of responsibilities.

EP 2: The organization assesses the patient's health-related social needs and provides information about community resources and support services. Organizations determine which health-related social needs to include in the patient assessment.

The Joint Commission

New leadership standard LD.04.03.08

EP 3: The organization identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the organization's patients.

EP 4: The organization develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population.

The Joint Commission

New leadership standard LD.04.03.08

EP 5: The organization acts when it does not achieve or sustain the goals in its action plan to reduce health care disparities.

EP 6: At least annually, the organization informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

California Department of Public Health

Dignity in Pregnancy and Childbirth Act (SB 464)

Requires Evidence-Based Implicit Bias Training for All Perinatal Inpatient Providers in California.

- 3-part Training Program “Dignity in Pregnancy and Childbirth” Diversity Science Academy.
 - 35 Physicians
 - 3 Midwives
 - 74 Nurses
 - 13 Nursing and Office Assistants



HCAI

Hospital Supplier Diversity Program (AB 962)

Annual Reporting of Procurement Dollars by:

- African American
- Hispanic American
- Native American
- Asian Pacific American
- Women Owned
- LGBT Owned
- Disabled Veteran Owned

Step 1 – Choose an Indicator of Disadvantage

Healthy Places Index (HPI)

CDC Social Vulnerability Index (SVI)

Area Deprivation Index (ADI)

Social Deprivation Index

Poverty level

Household Income

Which measures have the highest correlation with Hospital HPI score?

Breastfeeding Rate (CDPH)	0.57	
Patients who reported that their doctors always communicated well	0.45	
Would recommend hospital	0.45	
Primary and Revision Hip Surgery Volume	0.34	
Esophageal Resection - Number of Cases	0.32	
Surgical Site Infections - Cardiac	0.28	
Patients who reported that their nurses always communicated well	0.27	
Primary and Revision Knee Surgery Volume	0.27	
Pancreas Cancer Volume	0.27	
Information and education	0.27	
Patients who reported they understood their care when they left the hospital	-0.28	
Rate of readmission after discharge from hospital (hospital-wide)	-0.31	
Heart Failure Potentially Preventable Readmissions	-0.34	
Abdominal Aortic Aneurysm Repair - Mortality Rate	-0.38	
Surgical Site Infections - Kidney Transplant	-0.74	

California Association of Public Hospitals Safety Net Institute



Welcome!

Racial Equity Community of Practice – Session 6

July 20, 2022, 10am-3pm



[Recording Link](#)

Supported by:



California Association of Public Hospitals

Safety Net Institute



21 County-affiliated and UC Hospitals
Facilitated by National Equity Project

- Develop leadership capacity – Systems identify a core team
- Mix of virtual and in-person learning and peer-sharing sessions, with NEP providing content in response to member needs
- Leverage member expertise and bring in health care system experiences
- Coaching from NEP for problem-solving and strategy development
- Curated training curriculum & resources



VENTURA COUNTY
MEDICAL CENTER
SANTA PAULA HOSPITAL

QUESTIONS?

HEALTHCARE EQUITY ADVISORY COUNCIL
Consejo Asesor de Equidad en Atención de Salud

Ad Hoc Committees / Comités Especiales

Care Experience

Experiencia de Atención

Kimberly Cofield*

Loretta Denering

Theresa Cho, MD

Phin Xaypangna

Communication Barriers: Language and Culture

Barreras de comunicación: Idioma y Cultura

Kristina Swaim*

Selfa Saucedo

Juana Zaragoza

Unequal and Disparate Treatment

Trato desigual y dispar

Emily Bridges*

John Fankhauser, MD

Kate English

Scott Gilman

Cynthia Salas

Care Delivery (Provider Focus)

Prestación de Atención – Centrada en el Proveedor

Kimberly Kelley*

Liz Diaz-Querol, MD

Hugo Tapia

Barry Zimmerman

Rigo Vargas