



VENTURA COUNTY

HEALTH CARE AGENCY

HealthCare Equity Advisory Council

REGULAR MEETING

Tuesday, August 16, 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 JUNE 21, 2022 MINUTES**
- 4. ALL PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA (up to 10 minutes)**

REGULAR AGENDA

- 5. Follow Up on Community Feedback (30 minutes)**
 - a. Summary
 - b. Member Discussion

6. Health Equity -- State Priorities (20 minutes)

- a. Presentation by Dr. Fankhauser
- b. Member Discussion

BREAK (10 minutes)

7. Focus Areas

- a. Member Discussion (30 minutes)
- b. Motion for Approval

8. 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 the Month
– Next Meeting: September 20, 2022
- c. Agenda Setting

9. 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://HealthcareEquityAdvisoryCouncil.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.

Summary of Community Input of the Health Care System

Access to Health Care

- Having to go to ER to get primary care/urgent care/pain care.
- Location accessible within the community they reside.
- 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 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.
- 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.
- 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.



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

HCAI

Hospital Equity Measures Advisory Committee

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

HCAHPS Measures

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 Health Care Foundation

HCAI

Hospital Equity Measures Advisory Committee



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
Tuesday, June 21, 2022
Minutes

Community Voting Members Present:

Emily Bridges
Dr. Liz Diaz-Querol
Kimberly Kelley
Juliza Ramirez
Hugo Tapia
Juana Zaragoza

Administrative Voting Members Present:

Barry Zimmerman – Chair
Dr. Theresa Cho
Dr. Loretta Denering
Rigoberto Vargas
Kristina Swaim

Voting Members Absent:

Audrey Ford
Kimberly Cofield

Administrative Voting Members Absent:

Dr. Sevet Johnson
Dr. John Fankhauser

Guests:

Phin Xaypangna
Kate English

Staff Present:

Selfa Saucedo
Cynthia Salas

1. CALL TO ORDER

The meeting was called to order at 5:34 p.m. by Chair Zimmerman

2. ROLL CALL

3. APPROVAL OF MAY 17, 2022 MINUTES Moved by K. Kelley, seconded by R. Vargas. Approved.

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

None.

5. OVERVIEW OF THE HEALTH CARE AGENCY: Public Health (Rigo Vargas, presentation attached)

Community Health Needs Assessment will be finalized and available on the Health Matters in Ventura County Data Dashboard in 4-6 weeks. www.healthmattersinvc.org

Health Equity Index: Can identify greatest need by zip code.

The Real Cost Measure employs additional factors not included in federal definition of poverty.

Ventura County ranked 9th healthiest county (12th last year) in the state.

6. MEMBER COMMENTS

Look at healthiest county ratings to find best practices for promoting healthcare. “Blue Zone Communities” have healthy initiatives we can model.

Survey responses included some housing information, although reporting related to homelessness or housing insecure status for youth may be limited.

Examine metrics and demographics of caregivers to understand caregiver bias. Have medical providers had bias training?

Mr. Vargas will look to see how disability status indicators are or can be included in the report.

Design future surveys to learn how biases affect outcomes.

Partner with educational institutions to address bias, develop cultural humility in the workforce.

How does this report/data inform policy and action?

- Public Health makes reports available to policymakers and stakeholders to highlight need. For example, a vaping trend among youth was identified, and the Board of Supervisors subsequently acted to ban flavored tobacco.
- Health data impacts program design. Hypertension, diabetes, mental health are the biggest issues. Ambulatory Care targets populations where these diseases are prevalent, and focuses efforts to address gaps in care (i.e., provide home blood pressure cuffs).
- Behavioral Health uses data to develop programs, prioritize projects and secure funding.

7. MEMBER EXPERIENCE

What are community members' experiences with healthcare?

- Disparate treatment at ER based on status/race
- Having to go to ER to get primary care/urgent cancer/pain care
- Disparate treatment based on social capital (who you know)
- Mistrust of medical systems, government and info, as well as cost, prompts many to travel to Mexico for care
- Language access: community members choose Clinicas because of language
- Need for programs that address healthcare literacy – meet community where they are
- Proactive/compassionate care and delivery for people with disabilities, whether visible or not and especially where intersecting with other historically disadvantaged communities
- Health literacy, for providers too
- Lack of communication or contradictory communication, i.e., seriousness of condition versus actions of staff
- Especially difficult for speakers of indigenous and other languages besides English/Spanish
- Prevention: Cost causes people to skip care or wait until crisis
- Disadvantaged people in affluent communities need access too
- Health navigation – reports of experiencing racism in the doctor's office
- Cultural responsiveness and humility training needs to be ongoing; outreach to jurisdictions on this is needed, not just outreach to community members
- Older adults: Existing services cannot be accessed because of waitlists, lack of resources
- Craft a Patient Bill of Rights for Ventura County
- Compassion fatigue—address well-being of staff
- Continuum of care from agency to agency. Need for ease of referrals, better navigation,

integrated systems

Staff Feedback

- Capitalize on other connection points with community, build on a one-stop model
- Canvassing is a beneficial tool

8. CALL FOR FUTURE AGENDA ITEM(S)

- a. What do we want/need to focus on?
- b. Next meeting August 16, 2022.
- c. Phin Xaypangna will provide an update to Board of Supervisors on July 26 at 2:30 pm.
Invitation to join for 15 min presentation (can also participate virtually)
- d. Public Safety Racial Equity Advisory Group – focus on law enforcement, racial justice. Go to <https://www.ventura.org/psreag/>

9. ADJOURN

Meeting adjourned at 7:30 pm.