

**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

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**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

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**Healthy Places Index (HPI)**

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**CDC Social Vulnerability Index (SVI)**

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**Area Deprivation Index (ADI)**

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**Social Deprivation Index**

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**Poverty level**

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**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

# 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



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SANTA PAULA HOSPITAL

**QUESTIONS?**

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## HEALTHCARE EQUITY ADVISORY COUNCIL

### AD HOC COMMITTEES

#### **Care Experience**

Kimberly Cofield\*

Loretta Denering

Theresa Cho, MD

Phin Xaypangna

#### **Communication Barriers: Language and Culture**

Kristina Swaim\*

Selfa Saucedo

#### **Unequal and Disparate Treatment**

Emily Bridges\*

John Fankhauser, MD

Kate English

#### **Care Delivery (Provider Focus)**

Kimberly Kelley\*

Liz Diaz-Querol, MD

Hugo Tapia

Barry Zimmerman