

**Healthcare Equity Advisory Council  
Tuesday, February 21, 2023  
Minutes**

**Community Voting Members Present:**

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

**Voting Members Absent:****Staff Present:**

Selfa Saucedo  
Steven Auclair  
Kate English

**Administrative Voting Members Present:**

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

**Administrative Voting Members Absent:**

Scott Gilman

**Guests:**

Lisa Griffiths

**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 January 10, 2023 MINUTES** Motion by Mr. Zimmerman, seconded by Dr. Fankhauser. Approved.

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

None.

**5. INFORMATIONAL ITEMS**

- a. Introduction of new member Alejandra Valencia.
- b. Ms. English distributed informational flyers for upcoming events.

**6. REPORT: VCMS Health Equity Vision and Action Plan (Lisa Griffiths)**

- a. Presentation attached. VCMS has always made health equity part of its mission, and is now creating an organized approach to the work.
- b. Dr. Cho shared some specifics on how Ambulatory Care is addressing health equity:
  - i. First focus was on collecting accurate data to better understand patients and their needs.
  - ii. Disparities were found in the incidence of diabetes and hypertension in the Latino/Latinx population. Targeted outreach included classes in English and Spanish for diabetes education, i.e., nutrition classes with modified

Mexican recipes. Attendees are tracked, and community feedback is used to refine efforts. Dr. Diaz suggests scheduling patients with uncontrolled conditions into classes before they leave the room for greater participation.

- iii. Acknowledging that social determinants have great impact on health disparities, the Agency focus is on patient touches, where providers can exert influence. With BHI integration, case managers in the clinic are able to connect individuals with health-related social needs to services.

## **7. WORKSHOP: Prioritize Focus Areas**

### **a. Communication Barriers**

Primary objective is interpretation, to remedy language barriers.

### **b. Care Experience**

Patient navigator to improve access within our healthcare system. Given high volume, we need a way to prioritize those most in need of navigation services.

### **c. Disparate Treatment**

- i. Navigator to connect to community service organizations, different agencies.
- ii. Cultural competency training to address disparate treatment by providers.

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

- i. Employ "Five Steps:" Acknowledge patient, introduce yourself kindly, establish expectations, explain your thinking, thank the patient.
- ii. Create an awareness campaign to promote and recognize provider excellence in empathy.
- iii. Focus on ensuring that we are communicating with the patient and that they receive the treatment they need. Identify and evaluate what is currently in place, enhance it, and make consistent throughout the system.

## **8. MEMBER COMMENTS**

Ms. Swaim shared a success story working with Gold Coast Health Plan to improve poor compliance in post partum care. Concerted outreach using a navigator, lots of follow-up and free diaper incentives dramatically increased compliance.

Action item: Mr. Zimmerman will look to identify activities that can be implemented to address prioritized items.

## **9. ADJOURN**

Meeting adjourned at 6:47 pm.