VENTURA COUNTY
HEALTH CARE AGENCY

Healthcare Equity Advisory Council
Tuesday, June 20, 2023
Minutes

Community Voting Members Present:
Kimberly Cofield – Co-Chair
Emily Bridges
Kimberly Kelley
Juana Zaragoza

Voting Members Absent:
Hugo Tapia
Dr. Liz Diaz-Querol
Alejandra Valencia

Staff Present:
Selfa Saucedo

Administrative Voting Members Present:
Barry Zimmerman – Co-Chair
Rigoberto Vargas
Dr. John Fankhauser
Dr. Theresa Cho
Dr. Loretta Denering
Kristina Swaim
Scott Gilman

Administrative Voting Members Absent:

Guests:

1. **CALL TO ORDER** The meeting was called to order at 5:42 p.m. by co-chair Cofield.
2. **ROLL CALL**
3. **APPROVAL OF February 21, 2023 MINUTES** Motion by Ms. Kelley, seconded by Mr. Vargas. Approved.
4. **ALL PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA** None.
5. **INFORMATIONAL ITEMS** None.
6. **REPORT: Subcommittee Recommendations and HCA Equity Plan Integration**
   a. COMMUNICATION
      i. Our medical system needs to augment its own language program to serve indigenous language speakers. Salinas and Santa Maria have internal translation training programs we can model. 100 hours of training = improved translation quality in a medical setting. The next step is finding funding sources; we have identified a potential donor for training. Our vision is to have a training program in place within one year, and full realization for indigenous language services in five years.
      ii. The group discussed development of a pipeline of trilingual high school students, many of whom are accustomed to translating for their parents. There may also be opportunities to partner with nursing programs.
      iii. Ms. Swaim gave an update on the Doula program. They are working with MICOP to find a subcontracted billing solution, and have met with Gold Coast Health Plan on a potential partnership.

   b. CARE EXPERIENCE

       i. Ambulatory Care received feedback that the four-page application for the sliding fee discount program is difficult. It has been scaled down to one page asking only for income (can be a paystub or self-attestation) and family size. Front office staff are being trained to offer the program and assist with the application.

       ii. We have instituted one flat rate payment for the entire day's services instead of separate bills (i.e. for tests, vaccines, x-rays, medications.)

       iii. Ambulatory Care and Behavioral Health are recruiting patient navigators.

       iv. No Wrong Door streamlines screening and assessment, with the ability to triage and provide services without diagnosis. Services that can be provided prior to diagnosis are 1:1 therapy, medication management, stabilizing, crisis intervention, collateral case management with families.

       v. VCBH division chiefs are messaging system changes to staff. Externally, the community will experience faster access to services.

  c. DISPARATE TREATMENT and CARE DELIVERY/PROVIDER FOCUS with a focus on empathy, soft skills, training development.

       i. WE CARE initiative: Communication Appreciate Respect Empower will use consistent messaging and recognition to reinforce a culture of empathy and respect across the Agency.

       ii. How do we measure progress relative to disparate treatment?

       iii. Ambulatory Care found disparities in diabetes care for black and Latino populations. We are reaching out through community based organizations (CBOs) like MICOP, developing our outreach team, and have instituted drop-in checks without need for appointment to reduce barriers to care.

       iv. Hospitals: At the state level and regionally, birth outcomes are poorer for non-US born Hispanics. Not knowing what element of care is responsible, we are focused on community outreach, addressing language barriers, and leveraging our Doula program and patient centering.

       v. Future item: how to reach people that do not touch our system.

       vi. Behavioral Health is creating an internal trauma informed workgroup.

          1. Reorganize the system so that an individual who has experienced trauma only has to tell their story once. No Wrong Door entry point should capture more data elements and streamline processes.

          2. Train staff to recognize and respond appropriately to trauma.

       vii. Dental is one of the largest needs, especially for pediatric patients. Ambulatory Care has engaged Sugarbug Dental for patients at our PDC

clinic who have no dental insurance. New 6-day dental suite adjacent to Magnolia Clinic is in the works, with plans to expand to adult services.

     viii. Equipment and space is in place for optometry services at Las Islas; we are looking for a provider. Optometry and ophthalmology services are available for children.

7. **REPORT: Public Health Survey Result** – Ms. Saucedo (presentation attached)

   a. Assessment across the Public Health department to identify strengths and areas for growth and development, to inform program planning and resource allocation.

   b. Training on racial equity, social determinants of health (SDOH) will be done over the next few months, followed by a post-training survey.

   c. Goal to develop an office of Racial Equity.

   d. Current work promoting Health Equity: Promotoras, emergency preparedness, accessible playgrounds, trauma informed training, collaboration with partners (food delivery, community gardens, nutrition and WIC programs.)

   e. A top health equity issue concerns housing. Healthy Home program provides in-home assessments, referrals for mitigation, asthma remediation, and education. Housing data is now captured in the intake process at hospitals and clinics. Case management and electronic record solutions (i.e., an option for medically tailored meals) can connect patients with needed services.

   f. Gaps identified: front line staff need education on racial equity issues, program evaluation training, and should be more involved in program planning.

   g. Community Education Exchange pilot (CIE) is an electronic referral system to link CBOs with providers. Referrals can be tracked. We should be able to share intake data with client's permission between CBOs and providers so that patient doesn't have to repeat the process once referred. More to come as pilot rolls out.

8. **MEMBER COMMENTS AND CALL FOR FUTURE AGENDA ITEM(S)** Next meeting August 15, 2023.

9. **ADJOURN** Meeting adjourned at 7:02 pm.