



VENTURA COUNTY

HEALTH CARE AGENCY

HealthCare Equity Advisory Council

REGULAR MEETING

Tuesday, October 15, 2024
5:30 p.m. - 7:00 p.m.

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

**HEALTHCARE EQUITY ADVISORY COUNCIL
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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 20, 2024 MINUTES**
- 4. ALL PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA (up to 10 minutes)**

REGULAR AGENDA

- 5. INFORMATIONAL ITEMS (5 minutes)**
- 6. ACTION: APPROVAL of REVISED CHARTER (20 minutes)**
- 7. ACTION: CBOS to be invited to join HEAC (20 minutes)**

BREAK

8. DISCUSSION: (30 minutes)

9. DEPARTMENT UPDATES if any (5 minutes)

10. MEMBER COMMENTS AND CALL FOR FUTURE AGENDA ITEM(S) (5 minutes)

- a. Council member comments, updates, and discussion
- b. Next scheduled meeting: December 17, 2024

11. 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 20, 2024
Minutes**

Community Voting Members Present:

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

Voting Members Absent:

Staff Present:

Dr. Gabriela Cazares
Kate English
Martha Garcia
Lisa Griffiths
Minako Watabe
Amy Towner
Selfa Saucedo

Administrative Voting Members Present:

Dr. Theresa Cho – Co-Chair
Dr. John Fankhauser
Rigoberto Vargas
Lizeth Barretto
Dr. Loretta Denering
Kristina Swaim

Administrative Voting Members Absent:

Guests:

1. CALL TO ORDER

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

2. ROLL CALL

3. APPROVAL OF April 16, 2024 MINUTES Approved.

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

- a. Introducing Lizeth Barretto Chief Operating Officer, to represent Ambulatory Care, and Behavioral Health Equity Administrator Martha Garcia.
- b. Armando Vargas expressed concern over the legality of offers of money being made at senior centers for individuals to enroll in hospice services. Suggested to call Adult Protective Services hotline (Human Services Agency), to report suspected financial abuse.
- c. Diane DeBruyckere is part of an AARP initiative: patient and family advisory council RN peer groups. She has experience in Public Health, nursing, and health equity, and expressed interest in serving on this council if new members are sought.

5. INFORMATIONAL ITEMS none

6. CHANGES TO CHARTER TO EXPAND COUNCIL MEMBERSHIP

- a. Proposed membership raises maximum membership to 23, with a quorum of 12.
- b. Concentrate on CBOs that have broad reach within our underserved population.
 - i. Previously identified groups: MICOP (indigenous population), El Concilio (first generation immigrants from Latin America), Senior Concerns, and VCOE (youth).
 - ii. Also consider Disabilities (ARC, ILRC, Tri-Counties Regional Center), Diversity Collective (LGBTQ+), small business owners (geared towards health care; individual members can also represent this group.)
 - iii. Reminder that the group discussed adding County members Whole Person Care and Santa Paula West Clinic, to better represent unhoused and LGBTQ+ populations. Raises County representation to 9 seats.
- c. Suggested framework of 12 community members, up to 6 CBOs. Possibility to move individuals into group slots and vice versa; although groups may want to choose their own representative.
- d. Final redlined revised charter will be presented on next agenda with an action to approve. Use current language as is in draft charter. Outreach to new members will be done after charter is approved.

7. RECAP OF CULTURAL INVENTORY (Kate English presentation)

- a. Cultural Inventory gave us a view of expertise and representation in the room
 - i. Areas of strength of the group include medical knowledge, SUS prevention, empathy, communication.
 - ii. Variety of lived experience: cultural identities, faiths, disability community, women; languages; social connections.
- b. Kate English can distribute worksheets to anyone who didn't participate previously.

8. REVIEW STATUS OF HEAC INITIATIVES

- a. Do we want to revisit ad hoc committees, or create new subcommittees to target selected populations?
- b. Tentative date for DEI report to Board of Supervisors is Oct 29, 2024, will incorporate HEAC's annual report.
- c. Revisiting the workplan:
 - i. Tangible progress: patient navigators, translation services, language access program at the hospital, doula program.
 - ii. Interpreter and Language Access Director positions are posted – please share these opportunities
- d. Populations to consider for subcommittees:

- i. Youth, older adults, disabilities community, BIPOC, LGBTQ+, first generation/immigrant/indigenous.
- ii. Can also organize geographically (disadvantaged communities), by social determinants of health, data driven gaps.
- iii. DEI staff could facilitate a session to narrow the focus of subcommittees.
- iv. Approaches: what problem do we want to solve? What population do we want to serve better? What does the data suggest?
- e. Hospital Strategic Plan is close to being ready to share with this group for feedback/input.

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

- a. Hospital Strategic plan
- b. Facilitated session for focus groups
- c. Communication: let people know what we do, draw CBOs in.
- d. Guest speakers from agencies across the County.
- e. Add to HEAC web page: events, public comment feature.

10. ADJOURN

Meeting adjourned at 6:47 pm.



Healthcare Equity Advisory Council CHARTER

Approved April 19, 2022

MISSION

The mission of the VCHCA is to provide comprehensive, cost-effective, compassionate healthcare for our diverse community, especially those facing barriers.

INTRODUCTION

On November 10, 2020, the Board of Supervisors (BOS) of Ventura County adopted a resolution declaring racism a public health crisis, making a commitment to promote equity, inclusion, diversity in housing, employment, economic development, public safety, and health care in the County of Ventura. The Ventura County Health Care Agency (VCHCA) will honor the commitment by becoming a more racial equity and justice-oriented organization in service to our community. This charter introduces The Healthcare Equity and Advisory Council (HEAC) to expand efforts toward community and patient partnership engagement to advance equity in healthcare. Formalizing these partnerships will provide structure and support to already existing community-focused committees within VCHCA that will fall under the HEAC umbrella.

PURPOSE and SCOPE

The Healthcare Equity Advisory Council (HEAC or “Council”) is a working group of healthcare subject matter experts and community stakeholders who advocate for equity for historically underserved communities. The World Health Organization (WHO) states that health equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). The WHO further holds that health equity is achieved when everyone can attain their full potential for health and well-being. With that in consideration, the Council will convene to evaluate the delivery of healthcare services for underserved populations, including allocation of resources and personnel practices, and recommend strategies for improvement where gaps are identified.

The scope of this group will include:

- a. Provide input into the VCHCA Strategic Plan using a health equity lens.
- b. Initiate queries into healthcare system disparity data and consult the Ventura County Community Health Needs Assessment to inform discussion of this group.

- c. Invite leaders of working groups and departments to speak with the Council as needed.
- d. Provide input regarding potential measures of success for equity-related quality improvement projects.
- e. Provide input into VCHCA’s public communications related to equity work.
- f. Provide input into new and ongoing initiatives directed at addressing healthcare disparities.

RESPONSIBILITIES AND STRATEGIES

In collaboration with VCHCA, the Council shall:

1. Engage the communities we serve to identify and understand needs that address healthcare equity opportunities.

Strategies

- a. Establish meaningful conversations in HEAC meetings.
 - b. Collect and analyze data to understand where disparities exist.
 - c. Leverage community needs assessments and partner data.
 - d. Create action steps and timelines for identified opportunities.
2. Develop and implement strategies to promote healthcare equity for all patients regardless of age, race, ethnicity, language, religion, spiritual practice, sexual orientation, gender identity or expression, socioeconomic status, mental status, disability, and medical condition.

Strategies

- a. Targeted quality improvement efforts with metrics for evaluation.
- b. Focus on equity and inclusivity in patient-centered healthcare services and programs.

MEMBERSHIP

1. HEAC membership shall be comprised of ~~97~~ members representing HCA, ~~and up to 8 members~~ individuals representing the Ventura County community, and up to 6 seats representing community-based organizations, all of whom possess one vote when votes need to be taken and recorded.
 - a. County staff members shall be appointed by the HCA Director. Initial community members have been selected by a formation team consisting of County staff and community partners.
 - b. After the first term, community members and organizational members shall be nominated by the Council members, approved by the HCA Director, and confirmed by a 2/3 vote of the Council.
2. Community members and organizational members will represent the needs of, including but not limited to, the following populations: LGBTQ+, Hispanic, Latino and Latinx, Asian-American and Pacific Islander, Black, Indigenous and People of Color (BIPOC), individuals affected by mental health challenges, the aging population, the unhoused, the undocumented, the uninsured and underinsured, and people with disabilities.
3. The role of VCHCA membership will be to hear feedback, make recommendations, and bridge the HEAC work to internal efforts.
4. Community members will serve three-year terms.
 - a. Appointees will commit to and fulfill the entire term.

- b. In the case that an organizational membership is created, and a vacancy arises, the HCA Director will work with the organization to nominate a new member and that person will be confirmed by 2/3 vote by the HEAC.
 - c. Community members can be nominated for a second term by the HCA Director and confirmed by a 2/3 vote by the HEAC. No community member shall serve more than two consecutive terms.
5. Repeated absences by a community member will be evaluated by the Chair and Co-Chair and the membership may be declared vacant by the Chair and Co-Chair. The vacancy will be filled through the standard nomination process.
 6. At the HCA Director's discretion, any member may be nominated for removal from the HEAC, which would be approved by a 2/3 vote of the Council.

RULES OF ORDER

1. Quorum

- a. A majority of members ~~(8)~~ constitutes a quorum. A quorum is required to convene a meeting.

2. Duties of Presiding Officers

- a. The HCA Director or designee will be the Chair of HEAC, and a community Co-Chair will be elected annually from among the community members by a majority vote of the community members.
- b. One member of the HCA staff will be designated as Secretary and will be responsible for Agenda and Minutes as well as written communication that originates from the Committee.
- c. Additional invitees including community stakeholders and subject matter experts will be included on an as-needed basis upon agreement by the Chair and Co-Chair.

3. Voting

- a. Actions of the committee will require a 2/3 majority vote.
 - i. Actions should include a timeline with a projected completion date (i.e. <2yrs).
 - ii. Electronic voting will be allowed when deemed necessary between meetings and will require voting from the full membership.

4. Rule of Discussion and Debate

- a. HEAC members should know and understand the rules of parliamentary procedure. Every member will have ample opportunity to speak and address staff to the question or topic under consideration/debate. The member speaking will not be interrupted unless called to order by the Chair.
- b. The Chair and Co-Chair determine all points of order except that the HEAC membership may determine any point of order by majority vote.

5. Meeting Accessibility

- a. In compliance with the Americans with Disability Act, persons who require accommodation for any audio or visual disability in order to participate in a community meeting, or require language interpretation services, may request assistance by contacting the Ventura County Health Care Agency at heaccouncil@ventura.org. If

interpretation is required, please provide as much notice as possible and every effort will be made to make reasonable arrangements to ensure accessibility to this meeting.

MEMBER CODE OF CONDUCT

The HEAC is committed to showing respect for our members and the communities we serve. We affirmatively acknowledge that each member individually and as a group, is responsible for our decisions and their consequences.

We are committed to:

- Act honestly, truthfully, and with integrity in all our transactions and undertakings.
- Avoid conflicts of interest. When conflicts exist, disclose and recuse from voting as appropriate.
- Appropriately handle actual or apparent conflicts of interest in our relationships.
- Value every individual with dignity, respect, fairness, and in good faith.
- Act responsibly, with cultural humility and cultural competency toward the people we work with and for the benefit of the communities we serve.
- Refrain from threatening or abusive language, or engage in any disorderly conduct which disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting.
- Speak only when recognized by the Chair and refrain from speaking over others
- Be responsible, transparent, and accountable for all of our actions; and
- Improve accountability, transparency, ethical conduct, and effectiveness in all working relationships.

MEETINGS

Meetings will be scheduled no less than quarterly. At the launch of the HEAC, a more frequent meeting schedule may be required. Special meetings may be called and scheduled by the Chair.

Minutes and materials will be kept and disseminated, in addition to the agenda, before the following meeting.



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