



## Network of Care Community Advisory Board (CAB)

### CAB Meeting Minutes – February 28<sup>th</sup>, 2022

#### NoC DEI Initiative update

- NoC met on Feb. 22 to begin discussions about Diversity, Equity and Inclusion. From that meeting three objectives surfaced:
  - Provide training available to the ACEs-LA full team regarding the link between ACEs and health disparities
  - Develop explicit DEI statement and principles to inform and guide implementation
  - Undertake a review of the One Degree platform with Alluma to ensure that the platform is accessible to different audiences/users
- Asked CAB for volunteers to join NoC DEI small group
  - Small group participation requires 4-6hrs, about 2 more meetings, between now and April.

#### Equity Centered Approaches

- **Eric Fein:**
  - Acknowledges that being a white, male, clinician who is not a Medicaid patient or has lived experience, he needs to be mindful of that when serving his patients and working with his colleagues
  - NoC connecting ppl to resources and making it work efficiently is very exciting to him because it allows them to begin bridging that gap
  - Currently working with community partners and creating family focus groups to better understand how families feel about the ACEs screening
  - Clinicians are also leading a discussion on DEI and better understanding how to include everyone, especially those that have lived experience and giving them space to voice their opinions
- **Jyoti Puvuula:**
  - She is a part of the EDI committee and there are 4 big areas they are currently focusing on: workforce recruitment, provider education, patient experience, QI and outcomes.
  - They meet twice a month and all this information will be shown to main DHS and board of supervisors to see how we make changes

- Within their departments they also meet twice a month to discuss issues of social justice and how they admit residence and looking at them beyond their test scores
- Also want to make sure they start paying more attention to who they buy supplies from, are they buying from large corporations that exploit the communities these clinics and hospitals are supposed to serve?
- **Tatiana Gellein:**
  - Chairperson for peds EDI committee at Olive View, they started last year
  - When thinking of EDI, there's no set precedent or textbook everyone is kind of making it as they go and what efforts would have the biggest impact for them
  - There are 3 buckets that they think about when it comes to EDI:
    - Recruitment and retention of healthcare providers:
      - Working with UCLA residency program and championing for those underrepresented in medicine. Really making sure they get a fair shot and their applications are being selected and evaluated in an equitable manner. Also important to keep open lines with those that have been recruited to be a part of these programs are being heard, concerns are addresses and offering support. Making sure that they feel validated in these white spaces.
    - Education:
      - Lecture series called quarterly round grounds that focus on EDI, such as the history of medicine and that deep seeded racism of it. Important to understand why we practice medicine the way that we do and certain things that we don't want to repeat, as well as other things we want to build off of. They've also had lectures on LGBTQ care, they have a transhealth clinic at Olive View and this allows providers to know what's available to them and their patients.
    - Patient care and clinic practice:
      - Very important to have the appropriate representatives on the board of DHS EDI initiatives. It's important to have a comprehensive understanding of the history that took place that led to the systems of oppression came to be and how they play out today, but also looking toward problems solving and having solutions. While we are constantly learning we also want to take actions because things have happening in real time. Currently collaborating with a new boarding school in South LA, SEED OF LA, the focus of it is working towards providing upcoming 8<sup>th</sup> graders college prep. education with 24/7 support on campus. Students live on campus M-F and then given transportation to go home for

the weekend. This provides educational equity. There also other efforts going on at Olive View such as a donation closet for kids who may need clothes as well as a community garden for patients.

- **Monique Holguin recognizing Jose Ramos' efforts in previous meeting:**

- In Dec. Jose Ramos was very interested in thinking through how we as a CAB can facilitate inclusion efforts. One example was how we can be more gender inclusive in the wording and everyday dialogue we use. Being inclusive of ALL identities in medical facilities as well as in our community spaces. Making sure we take an equitable approach in all communities. He was also interested in facilitating conversations in what that could look like in the CLR, including more holistic thinking and language within the communication used.
- Nina also added the importance of speaking the same language, because we will be sharing patients/clients and we want to make sure we're on the same page about them. Also important to keep in mind that the CLR is only one small piece of the pie, there's not a lot of communication there. So maybe we look to have these communication conversations taking place in the intake process. Other communication areas between the clinics and CBOs.

- **Noel Lopez:**

- Agrees with Nina on the importance of speaking the same language. It's important to remember that our patients/clients have additional needs than from the ones the clinic or particular CBO has found. Important to join these conversations and leverage the things we learn to uplift our clients and communities. They have to be on top of current resources so that they can cater to as many needs as possible, that's why it's important to have private, public and non-profit partnerships. They highly encourage and teach patients the basics of one degree, so that they too can find these resources on their own. An idea he would love to entertain is not just training CBOs and clinics, but patients/clients as well.

### **One Degree update:**

- Have officially soft launched the Closed-Loop Referral system and are currently training Clinics and CBOs on the use of it.

### **Announcements:**

- If there are any CBO's interested in participating in the DEI small group, 4-6hrs from now to April, please reach out to Monique, Nina or Nikki.
- Clinician meeting coming up with all the CALQUIC clinics, they will be addressing DEI efforts as well and will share it CAB next month.

- If any CBOs or Clinics need further help with one degree please reach out, we want to make sure everyone feels comfortable with it and knows how to use it.