



Racial Equity Community of Practice: Early Lessons Learned From Ventura County Medical Center

OCTOBER 2023



Photo credit: Ventura County Health Care Agency

This Early Lessons Learned brief is part of a **series** of videos and reports from the **Safety Net Institute**'s Racial Equity Community of Practice, which convened public health care systems in California to advance and embed equity into their organizations.

TABLE OF CONTENTS

Ventura County Medical Center's (VCMC) Community of Practice team.....	2
Choosing a health equity project.....	3
Zeroing in on communication and culture gaps.....	5
Questions to guide the project.....	6
Key project activities.....	6
Measuring success.....	8
Next steps.....	8
VCMC's advice for embarking on a disparities reduction project.....	9

[Ventura County Medical Center](#) (VCMC) has long focused on health equity as a public health care system of fully integrated and comprehensive hospital, clinic, and specialty services. The system's two hospitals and 35 clinic sites serve all Ventura County residents, regardless of insurance status, immigration status, ability to pay, or other circumstance.

Since 2020, VCMC's equity efforts have only increased. The system has provided more opportunities for patients from underrepresented groups to voice their opinions and shape VCMC's programs and for staff to learn more

about the history and culture of these patients. With many efforts underway, prioritizing which projects to pursue was becoming challenging.

Around this time, the [California Health Care Safety Net Institute](#) (SNI) was forming the [Racial Equity Community of Practice](#) (CoP), a learning collaborative of 12 public health care systems focused on accelerating health equity. Eager to learn from and collaborate with peers, who share similar challenges and restrictions as publicly funded health care systems pursuing health equity, VCMC joined the CoP in 2022.

About the Racial Equity Community of Practice

[The California Health Care Safety Net Institute \(SNI\) formed the Community of Practice \(CoP\)](#) in early 2022 as a learning collaborative of 12 public health care systems to help them accelerate health equity. These systems comprise more than half of the state's safety net providers, predominantly serving communities of color and historically underrepresented groups. Through CoP in-person and virtual learning exchanges, peer consultancies, and tailored coaching support from the [National Equity Project](#), system leaders have been working together to strengthen anti-racism strategies and embed equity in their organizational structures. The CoP is funded by the [California Health Care Foundation](#).

VCMC's Community of Practice team

VCMC's CoP team includes the CEO of VCMC and Santa Paula Hospital, the CEO of ambulatory care at Ventura County Health Care Agency, and the chief medical officer of VCMC and Santa Paula Hospital. The seniority of the team reflects the system's larger and long-term commitment to advancing health equity.

As the team worked with the CoP, it became clear that VCMC would need more resources to help plan and execute its equity work. Several months after joining the CoP, the health system hired a consultant, who had previously worked in the health system's patient quality department, to serve as a diversity, equity, and inclusion (DEI) health equity lead at VCMC and Santa Paula Hospital. She also joined Ventura's CoP team.

Choosing a health equity project

As part of the CoP, member health systems started extensive health equity projects and pilots in 2023. For VCMC, which had a list of different areas it was considering, deciding which project to run with required deliberation.

By asking VCMC some thought-provoking questions, the CoP's equity experts were able to help them define a project topic focused on improving maternity care for their Indigenous population.

“One of the best things that the Community of Practice helped us with is that it forced us to define our project and to get moving on one specific area.”

– Dr. Minako Watabe, chief medical officer, VCMC and Santa Paula Hospital

What are VCMC's equity project steps?



Examine our data

Look at both quantitative and qualitative data to find inequities by race and ethnicity.



Talk to patients and advocacy groups

Re-examine our data and our hypotheses.



Read the research

Learn from peer-reviewed and evidence-based research, where inequities are typically found.



Try out solutions

Test selected interventions in care, interpretation, patient experience, training, etc.



Create internal working hypotheses

Incorporate feedback from staff and brainstorm what could be creating inequities.



Look at results, adjust, try again



Dr. Watabe shares how her immigrant story helps her recognize certain patient barriers and informs her equity work. [Watch video here.](#)

Once VCMC established its multifaceted project, it took these initial steps:

- **Reviewed its data.** VCMC knew its project had to start with looking at the data to better understand disparities and drivers of those disparities. Given the system already had stratified data on maternity care outcomes – through its partnership with the California Maternal Quality Care Collaborative (CMQCC) – the system started there.
- **Identified a disparity in the health outcomes for patients who identified as “non-U.S.-born Hispanic,” specifically patients who speak the Indigenous language Mixteco as their primary language.** At VCMC, non-U.S.-born Hispanic patients appear to have worse maternal morbidity and mortality outcomes as compared to other patient populations.
- **Reviewed each of these patients' charts through the lens of health equity.** [Dr. Minako Watabe](#), chief medical officer of VCMC and Santa Paula Hospital, spent several weeks reviewing the individual charts of non-U.S.-born Hispanic patients who suffered an adverse maternal outcome. The goal was to identify potential factors that could have contributed to the outcome and what interventions might have addressed them. When reviewing these charts, Dr. Watabe asked:
 - What specifically went wrong in the pregnancy?
 - Did a patient possibly not understand a recommendation?
 - Are there areas where this patient may have faced an additional barrier we may have missed?
 - What could have been done differently or better that might have made a difference?

About VCMC's Mixteco-speaking patients

Most of these Indigenous patients come from villages within southern parts of Mexico and are part of the farmworker community in Ventura County. Many do not speak Spanish, which is unrelated to the Mixteco language.

Before the data review, the health system had suspected this Indigenous population might be at highest risk for maternal morbidity and mortality outcomes due to language and cultural barriers.

There are approximately 10,000 visits a year of Indigenous people who prefer to speak Mixteco while receiving care at VCMC. However, only a small proportion have this need met because VCMC's interpretation services do not cover Indigenous languages. Instead, if a patient or health care worker wants a translator, they have to call the one or two VCMC staff members who speak Mixteco to assist.

- **Identified the most common themes and conditions in the chart review that were connected to increased morbidity and mortality.** Indigenous patients who suffered from preeclampsia and hemorrhage accounted for the most common adverse maternal outcomes.
- **Established a project work group for the reduction of severe maternal morbidity and mortality outcomes for non-U.S.-born Hispanics.** In the past, VCMC departments had often been siloed in their health equity work. For the project, Dr. Watabe created a new structure: a project work group consisting of multiple departments. Her goal was to provide a cohesive approach to making cultural and clinical changes through greater collaboration.

Some members of the work group include VCMC's director of obstetrics, family doctors, labor and delivery staff, the perinatal director, a nursing director, and a director from the comprehensive perinatal services program, which oversees the pregnancy educators, community health workers, and community advocates.

"We have the resources available. We have iron, we have aspirin, we have these basic things. Patients show up to their visits. But potentially one of the biggest disconnects is meaningful communication and authentic engagement with the patient - if they don't understand what we're saying or what we're saying to them is not culturally appropriate."

–Dr. Watabe

Zeroing in on communication and culture gaps

Once VCMC's project work group pinpointed the disparity, it reviewed evidence-based research on the importance of culture and language in the process of improving childbirth.

Some of the research focused on how patients who experience a birth process that matches their culture feel more understood, listened to, and connected to their care team, fostering a greater sense of belonging. As a result, patients can feel more comfortable expressing concerns if they feel something might not be right with their pregnancy.

The work group also collected feedback from staff on the perinatal experience of its Indigenous patients and brainstormed internally on what could be causing inequities. These conversations were supplemented by the experiences of some of VCMC's clinical staff, who have volunteered and traveled in Indigenous-populated areas of southern Mexico, and Dr. Watabe's 12 years of working in labor and delivery with immigrant populations.

This qualitative data collection helped form VCMC's hypothesis: Patients who have increased feelings of belonging during their perinatal experience will have better maternal outcomes.



Photo credit: Ventura County Health Care Agency

Questions to guide the project

As VCMC asked for feedback from patients on its hypothesis through community-based organizations and its Health Advisory Council, the CoP helped the health system think through the design of its project.

[Jacqueline Moore](#), a consultant with the National Equity Project, who provided coaching support to VCMC at CoP sessions, asked four questions to help guide and clarify VCMC's design:

1. What is the change you are after?
2. What would success look like?
3. How will you know if you're successful?
4. How will you prepare to adjust based on what happened?

Key project activities

VCMC is focusing on improving pregnant non-U.S.-born Hispanic patients' experience and educating staff on clinical and cultural aspects of their care to reduce severe maternal morbidity and mortality outcomes.

Some key project activities include:

- **Improving language access and cultural competency.** One of Mixteco-speaking patients' greatest barriers to a successful pregnancy at VCMC is not being understood by their care team or being able to communicate with them effectively. As a result, the health system is committed to exploring initiatives to further improve Indigenous language assistance and cultural competency.

Mixteco does not have a widespread written language, so the challenges of training, testing, and certifying medical interpreters in Indigenous languages to staff any initiatives would be significant.

VCMC reached out to [Natividad Medical Center](#), another public hospital and member of SNI, which has developed a Language

Access department. Sharing a similar Indigenous patient population to Natividad, VCMC is leveraging Natividad's learnings to inform any initiatives it undertakes to serve patients throughout VCMC's hospitals and clinics - not just obstetrics.

The system also has a larger vision: to use any future language access initiatives as a pipeline for other health care careers so "a generation of health care workers can represent their community in our system," says [Dr. John Fankhauser](#), CEO of VCMC and Santa Paula Hospital.

- **Co-creating short patient education videos with community-based organizations.** Because Mixteco is a largely oral language, patient education materials must be audio or video. In the summer of 2023, VCMC co-created a two-minute video with the [Mixteco/Indigena Community Organizing Project](#) (MICOP) about how daily use of aspirin can prevent preeclampsia.

The [video](#) features an Indigenous woman speaking about her experience with

preeclampsia, and the script reflected what MICOP said was most important: explaining what preeclampsia is and that it is safe to take aspirin to prevent it. Patients will be able to view the video on screens and iPads in the health system's hospitals and clinics. VCMC also hopes to text the video to Indigenous patients. The system plans to co-create more [patient education videos](#) with MICOP.



Irene Gómez, program manager, MICOP, helps educate other Indigenous patients about preeclampsia in Mixteco and Spanish videos codesigned with VCMC.

Watch: [▶ Mixteco](#) [▶ Spanish](#)

- **Understanding and sharing what is most important to Indigenous patients in the prevention of preeclampsia and hemorrhaging.** Clinical teams encourage many pregnant patients to take aspirin and iron to prevent preeclampsia and hemorrhaging, respectively. VCMC sought MICOP's advice about what Indigenous patients care about most when considering taking aspirin and iron. MICOP said patients' top concern is whether these interventions are safe. Based on this feedback, VCMC is educating clinical staff about this through meetings and emails.
- **Supporting the launch of the doula program.** Whether VCMC helps to train doulas or aids the Medi-Cal managed care plans in getting the program off the ground,

the health system is eager for doulas to help care for its Indigenous patients and work alongside staff. Once the doula program launches, VCMC plans to use doulas as a key source of patient feedback.

- **Deepening relationships with community-based organizations.** Although VCMC has a long relationship with MICOP, it is working with the organization and others more closely as it ramps up services and support to Indigenous patients. The health system is asking for more input on cultural barriers that it might not be seeing and feedback on how the system is doing, and what it could do better.
- **Continuing with its DEI grand round sessions.** Dr. Watabe launched the health system's first DEI grand rounds session in 2020. The goal was to provide a health equity learning opportunity for staff. These one-hour online forums are held monthly and include speakers from community-based organizations and global leaders in health equity. The DEI grand round sessions help to build the skill set and understanding of equity among staff and underscore the organization's commitment to equity. The sessions garner strong interest and participation, with more line staff attending.
- **Expanding cultural humility sessions.** VCMC believes that its staff's understanding of childbirth in the cultures of Indigenous patients is critical to a successful pregnancy. As such, VCMC is increasing training and learning opportunities for staff around cultural differences so that, ultimately, patients feel more at ease. For example, in Mixteco culture, patients are often given warm broth or hot tea after giving birth. But at most American hospitals, including VCMC, they are offered iced water. VCMC is looking at how staff could provide patients with the option of warm broth or tea after childbirth. Although a small change, VCMC believes it could help build trust and a sense of belonging.

“We might not see change [in data] for two years, but the patient sees change that day.” –Dr. Watabe

Measuring success

From the start of planning this project, VCMC was concerned about how it would measure outcomes in the shorter term. It can take two or more years until the maternal outcomes data is statistically significant enough to show whether or not VCMC's new approach to care for non-U.S.-born Hispanic patients, specifically patients who speak the Indigenous language Mixteco as their primary language, made a difference.

In the interim, VCMC has decided to evaluate the implementation and progress of its key project activities to see what's working and what's not.

Some of these process indicators will include the ease of patient access to interpretative services and the number of staff learning about childbirth in Mixteco-speaking areas of Mexico.

In the long run, VCMC views this first-of-its-kind project as a prototype in its system, teaching them the processes and steps needed to replicate this type of equity-focused project in other areas of VCMC, as well as how to secure staff buy-in and grow partnerships with community-based organizations.

Next steps

Given the project's nascency, VCMC will continue to focus on improving language access, co-creating patient education materials with community-based organizations like MICOP, and collecting patient feedback.

The project team will also continuously review the results of its process indicators, adjust, and try again while conducting an ongoing data review of maternal outcomes.



Photo credit: Ventura County Health Care Agency

VCMC's advice for embarking on a disparities reduction project

For health care systems that have identified a health disparity and are embarking on a project to reduce it through improving the patient experience and increasing education, VCMC shares this advice:

- **Know that whatever you think your scope is, it's likely 10 times wider.** Once you start diving into a disparities reduction project, you will likely find that new components of the issue come to light, and more factors play into it than you initially anticipated. The project might also take longer and be more challenging than you planned.
- **Engage patients and get their feedback early on in the project,** whether directly from them or through health care workers, community health workers, and community-based organizations that can help you hear patients' voices. As discussed in the CoP, talking with patients early and often is critical, and it's important for health care systems not to fear patient feedback.
- **Remember to lift your head up from the data.** A project can get stuck and stall when mired in data. Best practices and patient feedback are also key to informing your project.
- **If you are a safety net hospital, consider framing your DEI work as your mission work.** That way, DEI is not viewed as a side project but the center of what you do and why you exist. Dr. Watabe frames her regular "DEI updates" as "updates on our mission." Making this connection to purpose can also promote staff well-being.

- **Remind staff, who may become frustrated with the time it can take to enact substantial change, that slow and steady is more sustainable.** Although making changes in such a large system can be gradual, Dr. Watabe believes VCMC will "make it and sustain it."

When educating staff around racial equity, these three points can help make your efforts more successful:

- Focus on the long history of racism embedded in the U.S. health care system and the structures (not individuals) that support it. Some staff can initially feel defensive, but a historical and data-driven approach to the topic that is centered on structures and systems can make them more open and receptive.
- Host small group discussions with staff instead of asking them to click through generic racial equity learning modules. In-person discussions can be more engaging and effective.
- Consider blending "the hard stuff" with the celebratory (e.g., heritage months that recognize staff). VCMC has found this combination helps create a supportive learning environment.

To learn more about the Racial Equity Community of Practice, please visit:
safetynetinstitute.org/priorities/racial-equity/