

# Equity Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### March 11, 2025

✓	Allison Liu	✓	Karen Jovin, CCH
	Andrea Sandler, MD, CCRMC	✓	Kimberly Ceci, MD, LifeLong
✓	Anh Thang Dao-Shah, John Muir Health	✓	Kishore Nath, MD, John Muir Health
✓	Ann Wrixon, CC CASA	✓	Lisa Diemoz, CCH
	Arlene Pena, Aliados Health		Lucinda Bazile, LifeLong
✓	Beth Hernandez, CCHP	✓	Nicolás Barceló, MD, CCHP
✓	Christy Saxton, CCH	✓	Olga Kelly, MD, CCH
	Ernesto De La Torre, CC CHW	✓	Phyllis Carroll, Brighter Beginnings
✓	Gilbert Salinas, CCH		Rachael Birch, CCPH
	Hannah Yemane, MD, John Muir Health		Rajiv Pramanik, MD, CCH
✓	Imran Junaid, MD, Jiva Health	✓	Sefanit “Sofe” Mekuria, MD, CCPH
✓	Irene Lo, MD, CCHP, Co-Chair		Shannon Ladner-Beasley
	Jennifer Bruggeman, CCBH		Viola Lujan, La Clinica

#### GUESTS

✓	Arnie DeHerrera (scribe)

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Call to Order</b>	The Quality Improvement and Health Equity Committee or Equity Council meeting was called to order by Irene Lo, MD at 12:00 PM on March 11, 2025, via Zoom.	
<b>Introductions and Information</b>	There were no introductions at this meeting.	

Reports		
<b>Executive Orders and Impacts</b>	<p>The Chief Medical Officer, Irene Lo, MD, presented an overview of ICE Immigration Actions and Executive Orders.</p> <p>Three executive orders from the federal government were summarized. These orders:</p> <ul style="list-style-type: none"> <li>• Call for eliminating all DEI policies, programs, and positions with the government and terminating all “equity-related grants and contracts,”</li> <li>• Require all contracts and grant awards to include a certification stating that “compliance in all respects with all applicable Federal anti-discrimination laws is material to the government’s payment decisions”</li> <li>• Reshape the federal government’s stance on sex and gender (binary sex and no federal funding of gender ideology)</li> </ul> <p>Currently, there are concerns about members not getting care due to fear. A preliminary injunction blocking parts of these orders will</p>	

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	<p>continue to have a reprieve, at least in the short term. NCQA released temporary guidelines for both Health Plan accreditation and Health Equity accreditation for survey data through April 2025; we are still waiting for final guidelines for our Health Equity Survey (scheduled for August 2025). CCHP is mandated by the State to perform DEI Training and TGI Training; these are scheduled to be rolled out in 2025. There are a lot of questions with no answers to give. We are waiting to see what happens in Washington and how Sacramento will respond. As information becomes available, it will be shared with the Council.</p> <p>The floor was opened at this time for organizations to share how they are responding, concerns, and to ask what support would be useful from a health plan perspective. Karen Jovin from CCHP shared that an entity in Los Angeles has discontinued gender affirming care at this time. Karen stated that her department is also responsible for collecting SOGI data; they are currently waiting on how to proceed. Dr. Lo stated that we at CCHP still have a lot of questions about everything. Dr. Barceló wanted clarification about Los Angeles. Karen stated it is the delivery system that has discontinued gender affirming care at this time. Anh Thang Dao-Shar of John Muir Health would like to keep in touch with the Council about the goings on. She stated that they are continuing to follow State law until told otherwise. Dr. Junaid asked the Council if they think there is a risk of future funding if we continue following State law. Dr. Lo does not know the answer but did state that CCHP is accountable to the DHCS contract in place. DHCS is standing firm on their stance.</p> <p>Dr. Junaid of Jiva Health asked for a future talking point at either Equity or Quality Council regarding funding and how Medi-Cal membership will be affected by potential upcoming changes; any data on this issue would be helpful we look for future hiring, etc. Beth Hernandez dropped a link in the Zoom chat to an article published by Kaiser Family Foundation, "Eliminating the Medicaid Expansion Federal Match Rate: State-by-State Estimates."</p>	
<b>Updates: DEI and TGI Trainings, NCQA Health Equity Accreditation</b>	<p>The Quality Director, Beth Hernandez, provided some Health Equity updates.</p> <ul style="list-style-type: none"> <li>• Transgender, Gender Diverse, and Intersex Training (TGI) – This was required for all CCHP staff to be completed by 3/14/2025; training rolled out to staff on 12/2/2024. Curriculum was submitted to DHCS for approval. Provider training has not yet occurred as we wait for guidance at the State level</li> <li>• Diversity, Equity, and Inclusion Training (DEI) – Curriculum reviewed and approved by DHCS; Initial training required by 12/31/2025. As of 3/4/2025, 33.6% of CCHP staff have completed the training. We will be rolling out this training to providers depending on federal requirements.</li> <li>• NCQA Accreditation – NCQA has cut back on DEI practices for which they had initially required. CCHP is moving forward with implementing all items that were already established as standards by NCQA, but reporting those</li> </ul>	

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	standards has been modified. NCQA is working on getting more clarification. All policies were updated and approved by Quality Council. Provider Directory update has been completed. Member Services now has access to PCP race/ethnicity data in the PCP portal. Member Newsletter updated with 6 additional languages in tagline.	
<b>2024 Cultural and Linguistics Report</b>	<p>The Equity Program Manager, Allison Liu, presented the C&amp;L Report. CCHP has been able to capture more data for Race/Ethnicity. Declined/Unknown category dropped from 17% in 2023 to 10.5% in 2024.</p> <p>Compared to County population, CCHP serves more Latino and African American members; and CCHP serves a lower percentage of White and Asian members compared to the general population of Contra Costa County.</p> <p>Race/Ethnicity of the provider network shows 39% of all providers are White/non-Hispanic and 9% are Hispanic. This data was compared to the membership of CCHP. These two categories (White and Hispanic) show the largest differences in member vs. provider.</p> <p>CCHP has three threshold languages in the population: English, Spanish, and Chinese. Language preference of the membership was shown with 63.7% of the membership selecting English as their preferred language; 29.4% selected Spanish and 1.3% selected Chinese for language of choice. There are more than 240,000 instances of interpretation services provided annually. 20.4% of providers reported they speak a language other than English.</p> <p>With over 500 member responses, the annual C&amp;L survey showed 72.8% of respondents used interpreter services within the past 6 months, 19.4% of members indicated they “always” or “usually” had to use friends/family to interpret, and 95.6% of members felt their doctor showed respect for what they had to say.</p> <p>Accomplishments:</p> <ul style="list-style-type: none"> <li>• Completed development for DEI and TGI trainings</li> <li>• Updated CCHP new staff orientation material with interpreter services instruction</li> <li>• Updated Provider Network Fact Sheet for interpreter and translation services, shared with Provider Relations</li> <li>• Roll out of “I Speak” cards</li> </ul> <p>Initiatives:</p> <ul style="list-style-type: none"> <li>• Tagline requires an update</li> <li>• Translation of materials in Simplified Chinese</li> </ul>	
<b>Quarterly and Annual Review: Grievances Related to Language Access and Discrimination</b>	Allison Liu presented the Grievances Review for Language Access. The DHCS Audit showed a finding that CCHP did not submit grievances alleging discrimination, along with detailed information regarding the grievances to DHCS as required. The recommendation is to implement policies and procedures to ensure	

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	<p>grievances alleging discrimination, along with detailed information regarding the grievances are submitted to DHCS. A Corrective Action Plan (CAP) is now in place:</p> <ul style="list-style-type: none"> <li>• Update desk procedure for processing discrimination/ language access grievances</li> <li>• Establish written workflow for Health Equity Team to review grievances, send out required information to DHCS and monthly review of grievances</li> <li>• Health Equity Team establish internal tracking mechanism to ensure timely submission to DHCS</li> <li>• Monthly review of grievances by Health Equity Team and check-in with Grievance Team</li> </ul> <p>Q4 2024 report shows 20 grievances alleging discrimination/ language access. The report showed 68 for all of 2024.</p>	
<b>HEDIS Measurement Review</b>	<p>Allison Liu presented a review of HEDIS measurements. Breast Cancer Screening revealed disparities for “Declined/Unknown” as well as Hawaiian/Pacific Islander populations. These same disparities are present for Cervical Cancer Screening.</p> <p>Opportunities for improvement:</p> <ul style="list-style-type: none"> <li>• Targeted outreach for Hawaiian/Pacific Islanders and the unknown/declined categories</li> <li>• Consider more languages when developing new material for cervical cancer screening (Portuguese, Tagalog, Farsi, Arabic, Punjabi)</li> <li>• Consider more culturally appropriate message for cancer screening, barriers related to sexual orientation and/or race/ ethnicity</li> <li>• Work with LGBTQIA+ serving or friendly organizations to campaign or message for cervical cancer screening</li> <li>• Look into other cultural factors (i.e. religion)</li> </ul> <p>Beth Hernandez asked providers if there were any initiatives they have incorporated for improvement. Dr. Junaaid of Jiva Health said they do a lot of outreach calls and are about to implement an Epic campaign to help close these care gaps. He mentioned that being culturally sensitive with availability of female caregivers for the Farsi, Arabic, and Punjabi populations would be helpful for cervical screenings. Beth asked Lisa Diemoz for information to see if there are higher instances of breast and cervical cancer in the County in these populations. Lisa stated that SOGI data for these screenings is not available. Dr. Kishore Nath of John Muir Health asked if there are flyers being distributed at mosques, churches, and temples regarding these screenings; he stated that vaccine flyers have been quite an effective tool to reach specific communities.</p>	

Consent Items		
<b>Equity Council Meeting Minutes</b>	The Equity Council Meeting Minutes for 12/10/2024 were presented to the Council for approval. The minutes were approved	

	unanimously.	
<b>Closing</b>		
<b>Adjournment</b>	Meeting in recess at 1:00 PM. The next Health Equity Council meeting is scheduled for June 10, 2025, at 12:00 PM.	



Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan’s Quality Improvement and Health Equity Committee, dated December 10, 2024, and attached herein.

Excepted Matters: None

**Approved by CCHP Health Equity Council:**

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Committee Chair Signature Date

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Committee Co-Chair Signature Date

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Quality Management Administrative Assistant Signature Date