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Learning About the Journey

It was April 2003 when we first introduced formally the Reducing Health Disparities Initiative (RHDI). At the time, I said – rather glibly now I think – that we were embarking on a “journey.” I’m sure at the time I wanted to communicate that RHDI wasn’t a flavor-of-the-month program and that it would take a long time to accomplish the three objectives that were the initiative: improve linguistic access, implement training and other activities related to diversity and cultural competency, and develop an organizational climate that values diversity.

Why we’re committed

I’ve learned a lot since then about what exactly that journey has involved and will continue to require. Let me start with what I’ve reaffirmed for myself about why we must remain committed to RHDI. Before Senior Staff decided on the specifics of a possible initiative, we were already grappling with the need to improve the way we worked with patients, employees and the community. And when the Institute of Medicine’s report *Unequal Treatment* came out in June 2002, the issue came into focus for us. We realized it wasn’t just about whether people were happier or more satisfied with our services. The report showed that patient outcomes were affected by the way providers and the system treated them and that people of color were treated differently, so people’s lives were at stake. At that point, it was clear that embarking on RHDI was something we had to do.

Others in the health field, across the state and the nation and among charitable foundations, obviously felt the same way. Everyone began to discuss how best to address the issues raised in the report. When our Public Health Community Health Assessment, Planning and Evaluation unit produced the first *Health Indicators for Selected Cities and Places in Contra Costa in 2004*, it underscored what we knew: There are significant disparities in health outcomes for certain groups — most notably African-Americans. For a year we’ve been reporting

on the RHDI page of this newsletter what some of those concerns are and how we’ve tried to address them.

Assessing our progress

Most of you know – and some of you have been involved in the process – that we’ve been looking at RHDI for the past six months or more to evaluate what has worked, what needs retooling and how best to go forward. We’ll be reporting this month to the Board of Supervisors about our plans.

The assessment process hasn’t been easy. It has involved a lot of time and honesty on the part of the members of the Strategic Advisory Group (SAG) – I thank you all for your efforts and your commitment. It is clear to me from the many hours we spent together discussing the future of RHDI that there is still a commitment, passion and energy to make a difference. That is heartening.

Through those discussions and the focus groups and interviews that were conducted by our Leadership Team (Jose Martin, Dawna Vann and consultant Laurin Mayeno), we’ve learned that employees are anxious to institutionalize RHDI so no matter who is leading CCHS or a particular Division, the effort will continue. We will be doing that in a number of ways through written department policy and continued commitment of resources. I’ve come to believe that RHDI and our Service Excellence efforts are part and parcel of our efforts to improve outcomes. We’ll be explaining that connection and how it affects each unit and employee more in the coming months.

Being clear about our goals

Continued next page



Dr. Walker

DID YOU KNOW

According to the U.S. Census Bureau, **31%** of families in Contra Costa speak a language other than English at home.

Director's Message Continued...

We also heard that we need to be clear about the goals and directions of RHDI. That sounds like a simple request, but it has proven to be a significant area of debate. One of the key questions is whether RHDI is trying to improve health outcomes for the entire community, looking at a broad range of factors that influence health – many outside our scope of traditional health department responsibility. Or are we looking to improve health care outcomes, which would narrow the focus to those who use our services and to the services we provide.

In fact, the answer is a combination. In large part we are focusing on our own services, and so improving linguistic access for our patients/clients is critical, as is improving the cultural competency and awareness of our staff and implementing actions that will improve patient safety. We're having some definite successes in those areas, including the outstanding work of the CCRMC Redesign Teams and our participation in the Health Care Interpreter Network.

And many of our programs are involved in broader efforts – to reduce the impact of hazardous materials on impacted communities, advocate for policies to reduce obesity, reduce the impact of secondhand smoke, participate with community partners to develop solutions to street violence, and encourage communities to make planning and zoning decisions that will contribute positively to health outcomes.

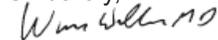
To make expectations more specific, we've created both a visual model and a list of goals and strategies for the coming year. That will also address another concern: the need for accountability and a way to measure progress. (Some of the information is on this month's RHDI page and all the material is available on iSite by typing cchs in your browser address now.) It will be distributed in hard copy in the next few weeks.

It's still not all clear

During the SAG discussions, people were very honest about our progress. One person described the process as being in "quicksand." Others complained about how much time had been spent on rhetoric and planning. "We should just acknowledge that we are trying to change our way of doing business so clients see that we care and that we are putting efforts into achieving a positive outcome," said another person.

I attended two conferences recently – one a statewide one and another a national one. I was considered an "expert" because of our RHDI efforts. I was also complimented by many people for stressing that reducing health disparities requires more than improving linguistic access. I know that now after five years, many discussions, trying some things that didn't work and discovering some strategies that did. I also know that we must keep up our efforts and include even more people in the journey. It's not only the right thing to do – it's the only thing we can do as a public health department with a mission statement that commits us to caring for and improving the health of all people in Contra Costa, with special attention to those who are most vulnerable.

Sincerely,



William Walker, MD

Engaging the Community

In the many conversations we've had recently about RHDI, I heard important ideas, opinions and information from many of you. During that time, I also met two African-American Health Conductors in Bay Point (see May issue) and talked with Connie James, the Bay Point Family Health Center Director, about provider training the staff there recently had. Those experiences gave me a picture of what our RHDI could accomplish – how we could engage the community in a way I've never seen and enhance provider sensitivity far beyond language interpretation. I'm going to keep those stories and pictures in my mind – along with the diagrams and written documents – to move our RHDI process closer to what we all want. –WW



What's In a Name?

During the RHDI discussions, we explored whether to change the name of the Reducing Health Disparities Initiative – make it more positive, relate it more to improved health outcomes. The Leadership Team decided that we are, after all, trying to reduce health disparities. That will require improved outcomes. We do want employees to have positive experiences. We do want quality systems to make that happen. In the end, it's about those shocking health disparities and the many factors that contribute to them. I hope you will all keep your eye on them in the future and see how we're doing. We are going to start omitting the "I" because we've come to believe RHD is a value we are committed to, not a program or an initiative. –WW

The Director's Report is published monthly. As an exception, the next issue will be a combined July-August edition. The deadline for stories is June 22. Publicize your upcoming events and successes by sending information to Dan Smith at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, email: dsmith@hsd.cccounty.us The Director's Report is available online at cchealth.org and on iSite, our intranet, at cchs.

GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Dr. Dave MacDonald

*Surgical Registrar Chief
CCRMC*

For serving as the Chief of the surgical registrars for more than five years, covering on holidays and most weekends, and for his constant cheerfulness and good humor and his dedication to CCHS.

—Nominated by Dr. Jeff Smith

Mary Jane Kiefer

*Senior Public Health Nutritionist
WIC*

For receiving her second Telly Award — this one for developing a countywide Families CAN campaign video entitled “Parents Have the Power (to Limit TV and be a Healthy Family).”

—Nominated by Cheri Pies and Beverly Clark

Tiawna Dominguez

*Care Coordinator
Brentwood Health Center*

For always taking time and providing exceptional customer service to all of our patients and for her willingness and patience to help, with a wonderful smile.

—Nominated by Esther Luna, Lupe Gutierrez and Lucy Rosa

Linda Reyes-Griffith, LVN

Richmond Health Center

For really caring about our patients and taking the time to see to it that everything that needs to be done gets done. On one occasion, she drove some x-rays to a patient’s home so they could take them to UCSF the following day.

—Nominated by Dr. Liam Keating

Ward Smedt

*Financial Counselor
CCRMC*

For going the extra mile to help a client who did not have medical insurance, providing resources, being very kind and respectful towards the client. He is good patient’s advocate.

—Nominated by Lolly Kaur

Claims Support Staff

CCHP

For an extraordinary team that helps each other and always goes the extra mile to help all members with their medical bills and providers with their payments. Our members and providers are appreciative and grateful.

—Nominated by Ladeana Shelton

Marilyn McGreen, RN

Detention Health

Vera Ash

*Case Manager
West County Adult Mental Health*

For an excellent job on behalf of a client, making a police report, procuring a rape crisis counselor and emergency housing, staying with the client through a medical exam and transporting her. The process took the entire day.

—Nominated by Victor Klatt

Richard Alexander

*Director
Public Health Laboratory*

For helping provide a report on influenza activity. We’re fortunate to have such a gentleman-scholar-humanitarian on the staff.

—Nominated by: Dr. Keith White

Employee Milestones

Congratulations to these employees who have given us long years of service: Christina Reed, Linda Davis, Suzanne Travano, Patricia Erickson, Miguel A. Arbulu, Richard C. Alexander, Isabella Glen-Reiland (10 years); Gladystene Coston, Denis J. Mahar, Eve Cominos, Lisa R. Varner, Bonnie N. Bartlett, Sherrill B. Harris, Vermon C. Hampton, Soheila R. Ghanadan, Gloria J. Ousbourn, Cynthia Cook, Mario V. Orlina, Sara L. Bly, Michael A. Carey, Raphael P. Espinosa (15 years); Patrick M. Murphy, Nikita A. Hughes, Susan S. Bongalos, Alfreda King, Leslie Klinger (20 years); Theo W. Durden, Linda D. Anderson, Eva L. Lodetti (25 years); Lory A. Lease and Adriane L. Appel (35 years).

GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Pat Bernhardt

*Clerk-Specialist Level
Communicable Disease Programs*

For her excellent work with IS, the moving company, PH administration and the phone service to make the move of unit from one office to another - twice - go very smoothly, working extra hours and considering special needs.

—Nominated by Francie Wise

Veronica Gonzalez-Heredia

*Clerk-Experienced Level
Brentwood Health Center*

For being very efficient and doing an excellent job with the work assignments given to her for clinical follow-up of children in the pediatric clinics and for always going the extra mile to assist with the special needs of our clients.

—Nominated by Carolyn Lovejoy

Tony Melson

*Information Technician
IS Department*

Sam Ramirez

*Telecommunications Specialist
Department of Information Technology*

For their work to make the move of the Communicable Disease Programs from one office to another twice-as smooth as it could possibly be. They took into account the timing of the units' work and many individual needs. And they did all this with a smile.

—Nominated by Francie Wise

Christina Barron

*Public Health Dental Assistant
Children's Oral Health Program*

For her leadership, initiative, and persistence in helping the Save Our Smiles project maintain its quality and integrity and run smoothly to serve over 20,000 children each year.

—Nominated by Lynn Pilant

'People Who Make A Difference' Awards Given to Groups, Individuals

The Alcohol and Other Drugs Advisory Board gave out its annual 'People Who Make A Difference' Awards on May 15 before the County Board of Supervisors. Nine awards and four Certificates of Merit were announced, including for the following recipients: Cheryl Barrett, Luz Gomez, Katrina Howard, Karen Justice-Guard, Christine Rea, Naomi Smith, Dr. Fred Von Stieff and California Highway Patrol Officer Scott Yox. Beverly Ware was honored posthumously, and four groups were also received awards: Beyond the Youth, Youth in Power, Discovering the Reality of Our Community, and Pueblos del Sol.



For more information visit cchealth.org and click on Alcohol and Other Drugs Services or call 925-313-6300.

Do you know someone who's going the extra mile?

To recognize a CCHS employee, vendor or volunteer for outstanding Service Excellence performance, submit the "Going the Extra Mile" commendation form, available from every CCHS Division Director, or email your commendation to ServicEX@hds.co.contra-costa.ca.us or fax it to 925-313-6219. The form can also be downloaded from the Internet (About Us page) or iSite, our Intranet.

CCRMC Auxiliary Donates Ultrasound Unit

The Contra Costa Regional Medical Center Auxiliary recently donated a compact-size Ultrasound machine for the Medical/Surgical/Oncology unit. The imaging machine helps the nurses visualize veins for IV injections and other procedures. Marianne Bunce-Houston, Clinical Nurse Specialist at CCRMC, said of the donation, "The Auxiliary has helped us increase IV success. We will be able to be more timely for administering medications, increasing patient comfort, and even reducing our patient length of stay." In April, CCRMC honored the Auxiliary and other volunteers at its 39th Annual Awards and Recognition Luncheon in Pleasant Hill. The planners of the luncheon, Louise Lawson, Volunteer Coordinator, and Marcelle Indelicato, Project Manager, gave out a variety of awards to individuals and contributing agencies. Top individual honors went to Doris Greene (14,000 hours) and Marie Kunzig (9,300 hours), both of whom have been volunteering at the hospital since 1989. The Auxiliary also joined forces recently with the County Department of Child Support Services for the 8th Annual Baby Shower to benefit CCRMC's Newborn Layette Project. Four bags full of stuffed animals were donated as well as blankets, toys, t-shirts, outfits and other baby items.



Among the Pastoral Care volunteers honored at CCRMC's recent awards luncheon were, from left, Lorna Aylard, Monica Tomtania and Jorie Simpson.

 For information about volunteering at CCRMC, call Louise Lawson at 925-370-5440.

Tobacco Project Works with Businesses on New Law

Our Public Health Division's Tobacco Prevention Project (TPP) is enlisting the help of businesses and a restaurant association to enforce the new smoke free protections ordinance passed last fall by the County Board of Supervisors. TPP is working with the County Business License Office to send materials about the ordinance to more than 6,000 licensed businesses in Contra Costa. Materials sent to the businesses — and available on our website — include a letter from Public Health Director Dr. Wendel Brunner, a brochure and decal. Printable signs in various sizes are available on the website. The new law, which took effect last November 17, prohibits smoking in the unincorporated county area in all workplaces and indoor areas open to the public and within 20 feet of doors, windows, vents and air ducts of enclosed places open to the public. TPP will be answering a toll-free complaint line set up for the law (1-888-877-4202) and will be working with our Environmental Health Division to check for compliance.

 For more information visit cchealth.org or call 925-313-6214.

Promotions, New Faces at Health Plan

In addition to Patricia Tanquary assuming its CEO position, Contra Costa Health Plan has welcomed several people to its management team in recent months, including three new managers and a pharmacy director. In February, Teresa O'Riva was promoted to Director of Marketing, Member Services and Public Relations and Tracy Ann Jones to Director of Provider Services. Then, Troy Lam became the Manager of Marketing and Member Services in March. Troy has 20 years of Managed Care experience and speaks seven languages. Last month Curt Le, formerly with Health Net, joined CCHP as its new Pharmacy Director. Coincident to these changes, Pat Sussman has taken over some duties of the Planning Director, while Judi Louro moves into consulting with CCHP on various administration and benefits projects, including updates to the pharmacy program.

Investigation Report on Refinery Fire Posted Online

The Root Cause Analysis Report on the January 15 fire at the Chevron Richmond refinery has been posted on our website (cchealth.org) after being released April 18 by the refinery. The report describes the events leading up to the incident that forced the community to shelter-in-place and the corrective actions Chevron have taken and are planning to take to avoid future occurrence of a similar event. The investigation team concluded that the incident was caused by the failure of a thinned carbon steel pipe section at the discharge of the pump at the refinery's crude unit. Corrective actions are identified in the report.

 The complete Root Cause Analysis report and related documents are online at http://www.cchealth.org/groups/hazmat/chevron_jan_2007/root_cause_report.pdf

Richmond Health Center Takes on Safety

Staff at our Richmond Health Center have been hard at work for almost six months to improve safety and emergency preparedness. Under the direction of Cheryl Standley, Ambulatory Care Clinical Services Manager, and Kathy Ellerby, Clinic Coordinator, representatives from all departments at the Health Center have launched a monthly newsletter, distributed evacuation bags and walkie talkie radios, conducted training and addressed a number of safety concerns. Two sessions of fire extinguisher training were presented by the Richmond Fire Department. A "brown bag" session with the Richmond Police Department gave staff a chance to hear about crime trends and safety tips. Kathy and Cheryl are also working with consultant Calvin Freeman to look at how essential services would be maintained during a disaster.

 For more information, contact Kathy Ellerby at kellerby@bsd.cccounty.us or 510-231-1211.