



July 8, 2022

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Academic Development Committee meeting at 4:00PM on Wednesday July 13, 2022 in the Kaweah Health Medical Center – Support Services Building Copper Conference Room (2<sup>nd</sup> Floor) 520 West Mineral King Avenue.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <https://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio  
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
<http://www.kaweahdelta.org>

**KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS  
ACADEMIC DEVELOPMENT**

Wednesday July 13, 2022

Kaweah Health Support Services Building  
520 West Mineral King – Copper Conference Room (2<sup>nd</sup> floor)

**ATTENDING:** Directors: Lynn Havard Mirviss (chair) & Ambar Rodriguez; Lori Winston, M.D., Chief Medical Education Officer & Designated Institutional Official, Keri Noeske, CNO, Acting CEO; Amy Shaver, Director of GME; James McNulty, Director of Pharmacy Services, S. Oldroyd, DO; Cindy Moccio, Executive Assistant to CEO & Board Clerk, Recording

Lacey Jensen, Cory Nelson, Rubina Faizy, Antonieta Rueda, Daniela Rangel Orozco, Jacob Kirkorowicz, Omar Guzman, M.D.

**OPEN MEETING – 4:00PM**

**CALL TO ORDER** – *Lynn Havard Mirviss*

**Public / Medical Staff participation** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.

1. **WORKFORCE PIPELINES** – Presentation of current pipeline programs that Kaweah Health is developing and supporting.

*Omar Guzman, M.D., Director of Undergraduate Medical Education and Street Medicine*

2. **FAMILY MEDICINE RESIDENCY ANNUAL PROGRAM REVIEW** - Review of accreditation status, current citations, performance on institutional metrics, and SWOT {Strengths, Weaknesses, Opportunities, and Threats} analysis.

*Lori Winston, M.D., Chief Medical Education Officer & Designated Institutional Official*

3. **ANESTHESIOLOGY PROGRAM** – Update on Graduate Medical Anesthesiology Program.

*Lori Winston, M.D., Chief Medical Education Officer & Designated Institutional Official*

**ADJOURN** – *Lynn Havard Mirviss*

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.*

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*Mike Olmos – Zone I  
Secretary/Treasurer*

*Lynn Havard Mirviss – Zone II  
Vice President*

*Garth Gipson – Zone III  
Board Member*

*David Francis – Zone IV  
President*

*Ambar Rodriguez – Zone V  
Board Member*

**MISSION:** *Health is our Passion. Excellence is our Focus. Compassion is our Promise.*

Pathway

# ~~Pipeline~~ Programs Update

Dr. Guzman

# MEETING THE DEMAND FOR HEALTH

FINAL REPORT OF THE  
CALIFORNIA FUTURE HEALTH  
WORKFORCE COMMISSION



- Insufficient supply of health professionals especially in primary care, prevention, behavioral health, and aging-related services
- Imbalanced geographic distribution
- Limited cultural and language match between providers and populations

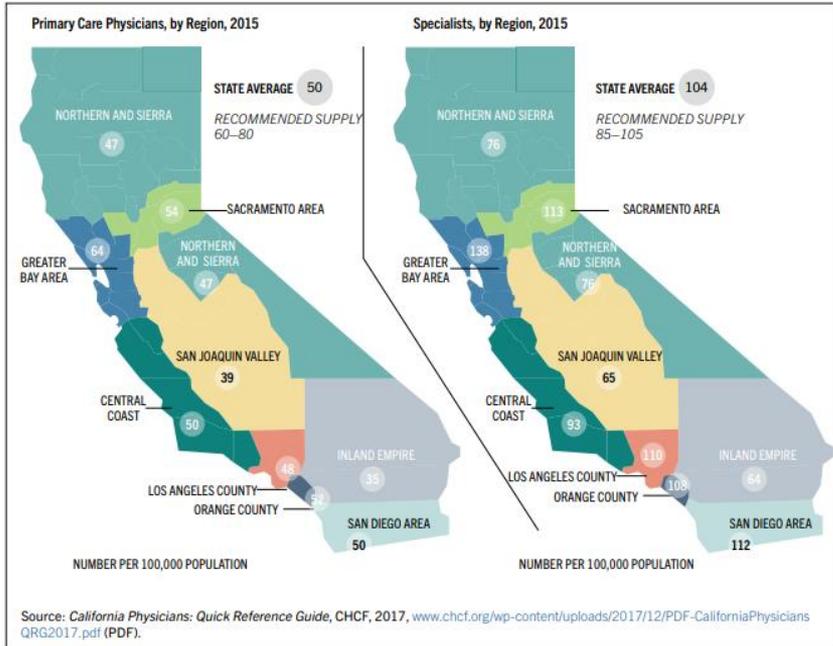
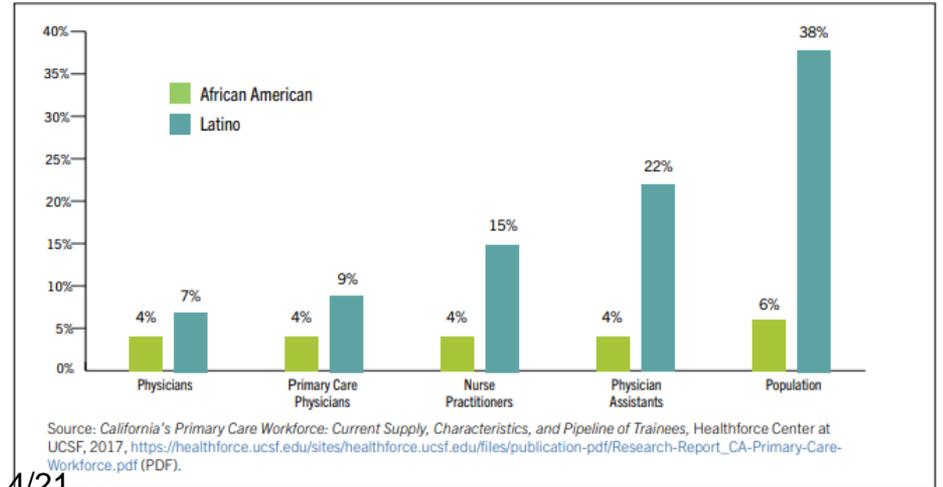


Figure 5. Diversity of Clinicians Compared to California's Population, 2015



## Impact Statement for Prioritized Recommendations

Collectively, these strategies and recommendations position California to create and sustain the health workforce it will need in the future. Each of the

and provide opportunity for Californians in professions, educate and train them efficiently and our current workers by strengthening the

While advancing all 27 recommendation priority actions it agreed would be the new workforce California needs.

**STRATEGY: INCREASE OPPORTUNITY FOR ALL CALIFORNIANS TO ADVANCE IN THE HEALTH PROFESSIONS.**

### Recommendation 1.1: Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.

#### Main Takeaway

Implementation of the proposed four-component strategy could result in as many as 5,500–5,700 underrepresented minority professionals joining the California health care workforce during a 10-year period. The program will cost \$62 million over 10 years, including \$1.2 million for capacity building, \$50 million for program funding, \$3 million for administration, \$3.75 million for the Center for Pipeline and Inclusive Excellence, and \$2.25 million for the California Health Professions Consortium Statewide Network. If the target numbers are achieved, cost per person would be approximately \$11,000.

1. Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.
2. Recruit and support college students from rural areas and other underresourced communities to pursue health careers.
3. Support scholarships for qualified students from underserved communities ([Recommendation 1.3](#)).
4. Sustain and expand the PRIME program across UC campuses ([Recommendation 2.1](#)).
5. Expand the number of primary care physician and psychiatry residency positions ([Recommendation 2.2](#)).
6. Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home region ([Recommendation 2.3](#)).
7. Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care ([Recommendation 3.1](#)).
8. Establish and scale a universal home care worker family of jobs with career ladders and associated training ([Recommendation 3.2](#)).
9. Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities ([Recommendation 3.3](#)).
10. Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement ([Recommendation 3.4](#)).



Accreditation Council for Graduate Medical Education

I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. *(Core)*

**Background and Intent:** It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

A systematic review conducted by the federal Health Resources and Services Administration in 2009

- + outcomes for racial/ethnic minority and disadvantaged students, including academic performance and the likelihood of enrolling in a health professions school

### **Doctors Academy at UCSF Fresno**

**100% of those students have graduated from high schools**

at which the average graduation rate is under 50%

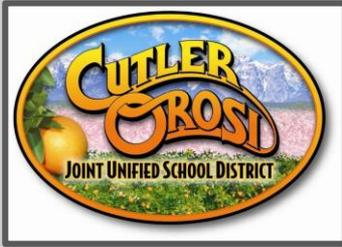
**All of them have gone on to attend four-year colleges.**

The majority have returned to practice in the Central Valley.

## Strategy 1: Increase opportunity for all Californians to advance in the health professions.

Recommendation	State Actions
<p>Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.</p> <p>Estimated 10-year cost: \$60.2 million</p> <p>Status: Substantial progress</p>	<p><b>\$10.5 million</b> in one-time support to pilot the <a href="#">California Medicine Scholars Program</a>, providing resources for a regional pipeline to prepare community college students for careers as primary care physicians in underserved communities; passed in budget year 2021–22. With state funding, each of four Regional Hubs of Healthcare Opportunity are expected to recruit and select 50 California Medicine Scholars each year for three years.</p>
<p>Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers.</p> <p>Estimated 10-year cost: \$159 million</p> <p>Status: Substantial progress</p>	<p><b>\$16 million</b> in general fund support passed in the FY 2021–22 budget for the Health Career Opportunity Program (HCOP), with ongoing support through an excise tax on electronic cigarettes (<a href="#">SB 395</a>). Five percent of the tax revenues dedicated for this program will generate an estimated \$1.5 million annually. HCOP will be administered by HCAI and implemented at colleges and universities, with priority given to campuses in medically underserved areas or with students from groups underrepresented in medicine, demonstrated commitment to diversity and associated institutional change, a track record of providing tailored student support, and strong health professions school partnerships.</p>
<p>Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.</p> <p>Estimated 10-year cost: \$479.8 million</p>	<p><b>\$47 million</b> for state scholarship and student loan repayment programs for state mental health workforce programs; passed in budget year 2019–20</p> <p>2019–20: approximately 730 awards, \$11.8 million awarded</p> <p>2020–21: approximately 460 awards, \$9.5 million awarded</p> <p>2021–22: application cycles still in progress</p>

# UCSF Fresno Named One of Four Regional Hubs in California to Build Pathway for Community College Students to the Medical Field



# Central Valley Pipeline Doctor's Academy

Kaweah Health End of Year Report  
July 5, 2022

## **CVP Doctor Academy Board Members:**

Kaweah Health - Dr. Omar Guzman & Dr. Jorge Garcia

Valley Children's Healthcare - Dr. Rafael Gonzalez &

Dr. Jessi Harrison

UC Merced - Dr. Thelma Hurd, Rosa Manzo & Charles Rush

## **District Director of College and Career:**

Lisa Castillo

**OHS Principal:** Marlena Celaya

**COJUSD Superintendent:** Yolanda Valdez



# Central Valley Pipeline Doctor Academy Enrollment Numbers

Career Pathway Academy of Health Sciences Enrollment				Persistence Rate from Year 1 of Their Initial Entry
12th Grade AOHS #'s	44	CVP DA	7	7/16
11th Grade AOHS #'s	46	CVPDA	12	12/15
10th Grade AOHS #'s	44	CVPDA	30	30/30
9th Grade AOHS #'s Projected in 22-23	64	CVPDA	28	
<b>Total Enrollment</b>	<b>198</b>		<b>77</b>	<b>49/61 = 80%</b>



121/198 Students want to pursue a career in the "Health Industry"  
77/198 Students want to pursue a future career as a "Physician"



Central Valley Pipeline Doctor Academy Parent / Older Sibling Participation		
	2021-2022	2020-2021
Parents	15	16
Older Sibling	4	2
<b>Total</b>	<b>19</b>	<b>18</b>

9/21



10/21

# Orosi High School

## Career Pathway Academy of Health Sciences Internships and Job Shadowing Experiences (Volunteer Program Coordinator Kelly Pierce)

	2018-2019	2019-2020 COVID	2020-2021 ¾ of Year in COVID	2021-2022
Kaweah Health	23		5	13
Valley Health Team	9		7	10
Pro PT	3		0	0
United Health Centers (Volunteer Program Shut Down After COVID)	8		0	
Dr. Farrell and Dr. Farrell Optometry (Will start in 22-23)	4			
<b>Totals</b>	<b>47</b>	<b>0</b>	<b>12</b>	<b>23</b>

Some Reasons for Low 2021-2022 Intern #'s

1. Students are still recouping "Learning Loss - Summer Credit Recovery to address Failure Rates"
2. Students opting to work in Summer, Winter and Spring for "Hourly Rate" in Ag Field Work to help with household family income versus "Internship Stipend of \$510 for 120 Hours"



**Kaweah Health**  
Aug 14, 2021

Please give a hand 🙌 thanking our local high school student volunteers from Cutler-Orosi Joint Unified School District and Tulare Joint Union High School District who spent part of their summer giving back to their community by participating in Kaweah Health's Student Volunteer Program.

Pictured (left to right): Alejandra Lopez, Esmeralda Figueroa, Karina Chavez, Hailey Rodriguez, and Fatima Alvarado of Cutler-Orosi Joint Unified School District.



**vituitycares**  
FOUNDATION

**24** 11th & 12th grade students participated in a series of virtual mini conference aimed at exposure to careers in Health Care

**23** students from Visalia and Farmersville participated in the 1st in person Sim Day

**~7** students that will be rotating through their various chosen internships at Kaweah

City of Farmersville, Vituity Cares Foundation, Kaweah Health working on a **community garden to foster a sense of shared human experience, community building and address food insecurity in Tulare County**





VALLEY PBS COMMUNITY BYYOU

# Kaweah Delta Health Care District: Doc B.A.N.D.

Season 2019 Episode 74 | 2m 59s

[+ My List](#)

Students in Tulare County took part in Doc B.A.N.D. (Build and Navigate Your Destiny) at Kaweah Delta Medical Center in Visalia. Students met with medical professionals and learned about job opportunities through hands on activities. Nearly 100 high school juniors took part.





## REACH Summer Program:

1st year medical students

Recruited for their commitment to serving the Valley

Majority raised in the Valley



## REACH Summer: A Case Study For Covid-19 Literacy and Vaccine Hesitancy



Adela Ramos-Martinez<sup>1</sup>, Daniel Salazar<sup>1</sup>, Jonathan Torres<sup>1</sup>, and Dr. Omar Guzman<sup>2</sup>  
UCDSOM MS2<sup>1</sup> and Kaweah Health<sup>2</sup>

### ABSTRACT

REACH (Reimagining Education to Advance central California Health) was established in 2018 and is a continuation of the former S/JV Prime program (established in 2011). This Prime program was created to matriculate students with ties to the Central Valley who will train and return to underserved and underrepresented communities in the Valley. Our cohort is made up of seven natives from the Central Valley, ranging from Stockton to Bakersfield. Although we share the same preclinical curriculum with our class, our clinical training will be based in the Central Valley. Of note, we spent 4 weeks in the Central Valley getting hands-on experience.

After finishing our first year, our cohort embarked on clinical, outreach, research, and mentoring efforts in the Modesto and Visalia areas of the Central Valley. This was a student-led effort to create meaningful experiences for us and the communities we met. We want to share our experience in Visalia as we teamed with an Emergency Medicine doctor, Dr. Guzman, and Humana Inc. (a health insurance company) to provide Covid-19 vaccines to a community with a high unvaccinated rate. These efforts are especially noteworthy since we broke down the traveling and language barriers while we provided vaccinations in a Visalia flea market. Our understanding of the needs of the community and our bilingual Spanish skill allowed us to provide community-centered care.

### OBJECTIVES

- To shed light on the impact that Covid-19 has had in the Central Valley and the health disparity it presents.
- Share a specific REACH cohort experience related to Covid-19 vaccinations in a flea market in Visalia, CA.
- Discuss the lower Covid-19 vaccination rates and the impact it has on Central Valley health.
- Highlight the importance of pre-health professionals, medical students, community-based organizations, and health professionals, in understanding the needs of a community to best meet its needs.

### Covid-19 Impact in the Central Valley and Tulare County, CA

Covid-19 has hit the Central Valley incredibly hard because of the sensitive population that already exists there. The Social Vulnerability Index (SVI) uses US Census data to determine relative vulnerability for a given geographic location. Vulnerability is defined by 14 social factors within four themes which include socioeconomic status, household composition and disability, minority status/language, and housing/transportation. The purpose of the SVI is to help emergency response planners identify communities that are most likely to need support during and after a hazardous event such as a pandemic. The Central Valley ranks among California for the highest SVI with Tulare County and Stanislaus County rating 8675.9417, respectively as shown in Figure 1.



Figure 1. Social Vulnerability Index in Tulare County. The SVI toolbarlowed the Central Valley's vaccine deserts because of areas of low vaccination status due to lack of access to resources or misinformation within communities. Tulare County ranks the second highest Latino County in California. Tipton a small agricultural city in Tulare County has a 93% Latino percentage and in August of 2021 had just a 38% vaccination rate. The majority of Tipton's city is almost entirely of Latino immigrants and farmworkers. Tulare County continues to have lower than the national average vaccination rate as seen in Figure 2.

Age Group	Unvaccinated	Vaccinated
Total	276,235	242,262
< 18	11,218	92,224
18-24	171,543	145,212
25-34	111,218	92,224
35-44	101,218	82,224
45-54	101,218	82,224
55-64	101,218	82,224
65-74	101,218	82,224
75-84	101,218	82,224
85+	101,218	82,224

Figure 2. Vaccination rate in Tulare County as of February 2022. Tulare County has a population of 466,195, a 9% unvaccinated rate, and 25.5% poverty rate.

### Community Outreach

As part of our outreach efforts in the Central Valley, the REACH Cohort had several opportunities to interact with the public to educate, discuss, and administer the COVID vaccine. One of our main goals was to clarify misinformation within the Latino community and promote the administration of the Johnson & Johnson vaccine. The REACH cohort collaborated with Kaweah Health and Humana Inc. to increase access to the COVID vaccine at the Visalia Flea Market.

As medical students we asked individuals and families if they had been vaccinated against the Coronavirus while at the Flea Market. Our strategy was to spark a conversation amongst those who admitted that they had not and to find out why they had hesitancy. Commonly reported reasons for vaccine hesitancy during these conversations relate to:

- Speed of vaccine development
- Efficacy of the vaccine
- Fear of potential side-effects
- Unknown long-term health effects
- Lack of governmental trust

With further probing, it was discovered that much of the information people were receiving came from the news or directly from family members. Individuals noted that their hesitancy was not related to political beliefs but did acknowledge that their source of media might be driven by political motives.



Class of 2024 REACH cohort and Humana Inc. representatives at a Visalia flea market.

### DISCUSSION AND CONCLUSION

The COVID-19 has heightened the public health need to continuously address health disparities among minority populations. Early community engagement amongst the public regarding vaccinations using local community-based organizations and/or grassroots organizations would be of utmost importance, especially socioeconomically impacted communities. In addition, culturally appropriate messaging by trusted partners without government interface would promote trust among communities without worrying if there are political motives.

### REFERENCES

- CDC. (2020, March 28). *COVID Data Tracker*. Centers for Disease Control and Prevention. [https://www.cdc.gov/covid-data-tracker/#county-view?tab=select\\_county&id=0107](https://www.cdc.gov/covid-data-tracker/#county-view?tab=select_county&id=0107)
- Strully KW, Harrison TM, Pardo TA and Carleo-Evangelist J (2021) Strategies to Address COVID-19 Vaccine Hesitancy and Mitigate Health Disparities in Minority Populations. *Front. Public Health* 9:645268
- Wills DE, Andersen JA, Bryant-Moore K, Selig JP, Long CR, Felix HC, Curran GM, McElfish PA. COVID-19 vaccine hesitancy: Racial/ethnicity, trust, and fear. *Trans. Transl. Sci.* 2021 Nov;14(6):2200-2207. doi: 10.1111/cts.13077. Epub 2021 Jul 2. PMID: 34213073; PMCID: PMC8444681.

### ACKNOWLEDGMENTS

We would like to thank Dr. Guzman and Humana Inc. for providing the resources necessary to bring Covid-19 vaccines to the Visalia community.

We would also like to acknowledge the work that our Community Health Scholars Directors, Dr. Tran-Reina and Dr. Flores-Gonzalez did to allow our cohort to have these experiences.

# Conclusion

Continue to expand pathway programs in Tulare County

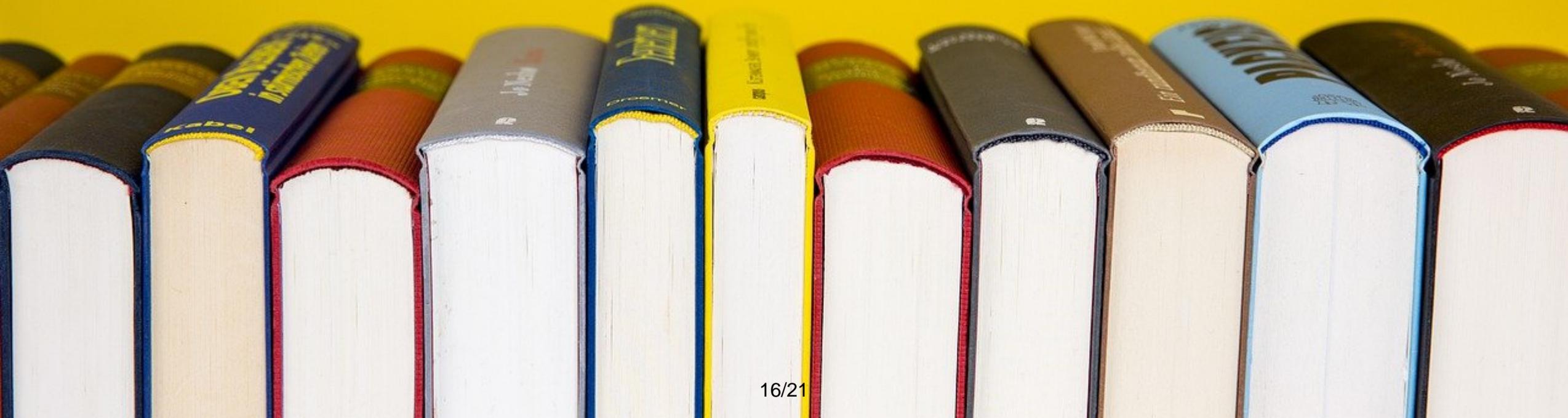
Seek future opportunities to solidify pathways into the health professions

- Funding (Local, State, Federal)
- California Health Professions Consortium
- Staff
- Organizational Integration
- Change the “No Shadowing Policy”

Recruitment, Retainment of our Homegrown Health Care Workforce

# Academic Development BOD Committee

July 13, 2022



# Family Medicine - Continued Accreditation Jan 26, 2022

ZERO CITATIONS!



## Mission

To train family medicine physicians in a nurturing environment to provide high quality, evidence based, multi-disciplinary care while advocating for patient education and access to healthcare for patients of all cultures and walks of life in Central California.

## **Program Aims:**

Train residents in family medicine to care for a diverse underserved population in the community.

# Family Medicine

Major changes: Program Coordinator Maia Tomberlin, Added podiatry, surgery, advocacy and leadership, more elective time to curriculum, New faculty member

## Strengths

Servant Leader Dr. Martinez  
Supported by multiple State grants  
Dr. Daniela Rangel-Orozco - new faculty  
Clinical pharmacist at SHWC  
Kaweah Health Nursing home visits

S

## Weaknesses

Faculty admin, scholarly & teaching abilities  
Admin support for GME & FMG  
No FQHC designation  
OB & procedure privileges  
Peds Volume

W

## Opportunities

Integrate w/ Street Medicine & community orgs  
Ultrasound in the Clinic  
In-house peds rotation with VCH fellow  
Behavioral health specialist  
CalAIMS reimbursement for homeless patients

O

T

## Threats

Televisits ??ACGME position  
Rheum rotation (Naramala)  
Call Center challenges  
Clinic space limits size of residency  
Increase in no-show rates, 1650 challenge

# Family Medicine Performance on Institutional Indicators



## Test performance

Boards Pass Rates  
In-training exam scores  
Step 3 Pass rates



## Resident Survey

Faculty discuss cost awareness in pt care  
Participate in safety events  
Time to interact with patients  
Satisfied with safety & health conditions  
Feel comfortable calling for help  
Process for reporting unprofessional behavior  
Personally experienced or witnessed abuse, harassment, mistreatment discrimination or coercion  
Instructed on minimizing effects of sleep deprivation and health care disparities



## Faculty Survey

Workload exceeded res time for work  
Info not lost during hand-offs  
Interprofessional skills modeled or taught (also on res survey)  
Program director effectiveness  
Sufficient time to supervise res  
Satisfied with process for evals on faculty  
Diversity & Inclusion x 2 areas  
Fac dev in PBLI & Inclusive learning environment



Thoughts?  
Questions?

THE END

