Health Education & Cultural and Linguistic Group Needs Assessment

October 17, 2016

Unit 1

Lake, Marin, Mendocino and Sonoma Counties

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Mission Statement:

To help our members, and the community we serve, be healthy

Vision Statement:

To be the most highly regarded managed care plan in California

Executive Summary – Unit 1 - Lake, Marin, Mendocino and Sonoma Counties

Partnership HealthPlan of California (PHC) is a not-for-profit, County Organized Health System (COHS) managed care plan serving about 560,000 members in 14 counties in Northern California.

The Health Education and Cultural and Linguistic Group Needs Assessment (GNA) is conducted by Medi-Cal Managed Care Plans every 5 years to fulfill the contractual obligation of Department of Health Care Services, Medi-Cal Managed Care Division (MMCD) and concomitant Policy Letter 10-012. DHCS has divided up PHC's 14 counties into 3 Units, for purposes of quality reporting, including the GNA. This analysis covers Unit 1 which includes the 211,909 Medi-Cal recipients that are attributed to Lake, Marin, Mendocino and Sonoma counties. PHC's membership in Unit 1 has increased significantly since the 2011 GNA. This was partly due to overall Medi-Cal expanded eligibility due to the Affordable Care Act and also due to the rural county expansion which included Lake County.

The GNA investigates member health status and behaviors; cultural and linguistic needs, community health education and C&L program and resources, health disparities and gaps in services. The overall goal is to use the results to inform PHC's strategy for improving the health outcomes of our members that are enrolled in Medi-Cal by evaluating their health risks, identify their health needs, and prioritize health education, C&L services, quality improvement programs and resources to improve health outcomes.

BRIEF SUMMARY OF DEMOGRAPHICS:

PHC primarily serves children and adults under age 65. Members under age 20 comprise 38% of our members. The largest ethnicity categories of our membership are Whites (48%) and Hispanics (31%). Currently, 75% of members are identified as English-speaking and 23% of members are identified as Spanish speaking.

DISEASE BURDEN:

The health status indicator for the four counties shows the mortality rate for heart disease, strokes and all cancers is high compared to the State's rates. The chronic conditions, asthma, diabetes and over-weight/obesity continues to rise in the overall population. The Seniors and Persons with Disability (SPD) population has high rates of diabetes, kidney disease, hypertension, obesity and congestive heart failure.

DISPARITIES:

PHC uses HEDIS® and other measures to assess the quality of care of the members. In Unit 1, analysis shows no statistically significant disparities of care where minority populations perform worse than the majority population (both for ethnicity and language). Nonetheless, overall performance in cervical cancer screening and childhood immunizations is below average and is a current focus of improvement activities for all populations in the region.

KEY FINDINGS FROM THE GNA MEMBER SURVEY:

A total of 6,276 surveys were mailed to Unit 1 member households and 419 surveys were returned for return rate of 7.1%.

In the Culture and Linguistic section of the GNA survey, the responses found 86% of respondents that stated that their PCP always communicated with them in a way they understood, but 24% reported that they need a medical interpreter. A large majority felt comfortable asking for an interpreter (94%) and most (78%) knew that PHC offers free interpreter services. There is a strong preference for face-to-face interpreting.

In the Health Education section of the GNA survey, a majority of adult respondents report they receive information they need about how the plan works (62% not always and 33% sometimes). Healthcare access issues were a major concern, with 27% stating they do not get enough time with their doctor's office/clinics, 21% stating that there are not enough clinics and doctors nearby, and 22% stating that there are not enough mental health services nearby.

Among SPD members (whose responses are plan-wide, not stratified by Unit) 16% stated that they prefer to receive information in big print, and 20% wanted help with transportation.

In the last 5 years, there has been a shift in how members prefer to receive communication. While the majority still prefer to receive materials by mail (73%) this number is dropping and other media are becoming more popular: email at 36%, voice mail/phone messages 32%, text messages 25%, and the health plan website 18%.

These areas have been analyzed by the care coordination and member services teams who plan to enhance communications and support services in our processes of care in the coming years.

PHC'S 2015 PROVIDER C&L SURVEY

More than half of primary care clinicians communicate directly with their Limited English Proficiency (LEP) patients and/or have staff available to provide interpreting. Most have staff that are qualified in health and medical interpretation. Some clinicians have

used PHC language line for at least one language/patient. A very small percentage state that they rely on family member or friends to interpret on the patient's behalf. A large number of Providers (94%) state that they inform patients of their options to interpreting services, and about 85% document a patients' refusal to the services in their medical record.

When asked about the effectiveness of PHC language line, the majority 78% have not used it, another 30% find it adequate, and 17% respond that it's very effective, only a small percentage find it's not effective.

76% of Providers believe their health education materials to be at or below the 6th grade reading level; however there is no formal system in place to assess the reading level; 33% responded yes, all materials have been formally reviewed to ensure 6th grade reading level.

When asked about health education materials on PHC website, 36% replied that they are helpful; 41% were not familiar with online materials. Would you like more information on C&L: 87% replied no; 30% yes.

STRATEGIC INITIATIVES AND WORKGROUPS

To address the complexities of the health system that affect the health and wellbeing of members, PHC is focusing on specific strategic initiatives to remedy issues with accessibility and quality of care for our members, while keeping their health education and cultural and linguistic needs at the forefront of accessibility and quality. Initiatives include:

- Managing Pain Safely (Focus on reducing over-use of opioids)
- Offering and Honoring Choices™ (Promoting advance care planning and palliative care)
- Diabetic Retinopathy Screening
- Telehealth Services
- Beacon (vendor for Mild-Moderate Mental Health Benefit) Telepsychiatry
- Enhanced Transportation Services
- Social Determinants of Health grant program
- Disease Management Programs for Asthma and Diabetes

PHC has a number of workgroups addressing issues raised in the GNA, including

- Primary care access
- Specialty care access
- Mental health access
- Member engagement
- HEDIS performance improvement
- Developing diabetes and asthma disease management programs

PLANNED INTERVENTIONS

Children

- Expand health education on asthma, juvenile diabetes and immunization.

Adults

- Expand health education materials on preventative care, vaccines, diabetes, cancer screenings and asthma.
- Develop a disease management program for diabetes and asthma
- Continue to educate members about the availability of interpreter services.
- Identify strategies to increase Provider's utilization of interpreter services.
- Explore the operational feasibility of producing member newsletters in formats that are chosen by the recipients.
- Build a user-friendly, easily navigable website design in place with interactive features and may include profile functionality for members.
- Build infrastructure to link email and text numbers to members to allow additional modes of communication

SPD

- Identify or develop health education materials for SPD adults on stroke, congestive heart failure, diabetes and COPD.
- Identify or develop health education materials for SPD children and their caregivers on diabetes, cerebral palsy, autism, and epilepsy.

Provider Focus Intervention

- Educate and encourage Providers to talk to members about healthy eating, getting involved in more physical activity, healthy aging and tobacco cessation.
- Identify strategies to increase Provider's utilization of interpreter services, in lieu of relying on member's family members or friends for interpreting.

Introduction/Overview of Health Plan

Partnership HealthPlan of CA began operating in Sonoma County in 2009, and expanded to Marin and Mendocino counties in 2011. The expansion to Lake County was the most recent in 2013. Today, Partnership HealthPlan of CA is geographically the largest managed care plan in California. PHC currently serves 211,909 Medi-Cal recipients that resides in Lake, Marin, Mendocino and Sonoma counties.

As one of six County Organized Health System (COHS) managed care models operating under a 1915(b) waiver, most Medi-Cal beneficiaries are automatically assigned to PHC, including dual-eligible Medicare-Medicaid, seniors and persons with disabilities, and beneficiaries in skilled nursing facilities. PHC operates under a contract with the Department of Health Care Services (DHCS) to provide health services to residents in their designated counties. Primary and specialty health services are provided by a contracted network of community physicians, medical groups, an integrated HMO (Kaiser Permanente), federally-qualified health centers, rural health centers (RHC), tribal health centers, local hospitals (acute and other), pharmacies, and ancillary providers.

This Health Education and Cultural and Linguistic Group Needs Assessment (GNA) are conducted to fulfill the contractual obligation of Department of Health Care Services, Medi-Cal Managed Care Division (MMCD) and concomitant Policy Letter 10-012.

The overall goal is to use the results to inform PHC's strategy for improving the health outcomes of the members that are enrolled in Medi-Cal by evaluating their health risks, identify their health needs, and prioritize health education, C&L services, quality improvement programs and resources to improve health outcomes. The GNA will identify member health status and behaviors; cultural and linguistic needs, community health education and C&L program and resources, health disparities and gaps in services.

The GNA uses multiple, reliable data sources and methodologies to assess the needs of adult and child members, seniors and persons with disabilities, children and adults with special health care needs, members with limited English proficiency (LEP), and members that are from diverse cultural and ethnic backgrounds.

Key findings from the GNA will enable PHC to prioritize, plan and implement health education, C&L services and continuous quality improvement programs and services.

This group needs assessment was compiled and written by PHC's health education team. The development of the GNA includes input from Cultural and Linguistic Committee, which consist of the

1. Senior Health Educator and Health Educator – southern and northern regions respectively
2. Senior Director of Health Services
3. Senior Director of Provider Relations
4. Director of Members Services
5. Chief Operating Officer
6. HEDIS Manager under the direction of Director of Quality generated data from the Healthcare Effectiveness Data and Information Set (HEDIS) from claims and encounter data.
7. Project Manager from Member Services provided reporting on the member surveys.
8. Communications Supervisor
9. Growing Together Perinatal Program Supervisor
10. Mental Health Director

This report was reviewed and approved by PHC Chief Medical Officer (CMO).

Data Sources and Methodology

The PHC's 2016 Health Education and Cultural and Linguistic Group Needs Assessment (GNA) was developed using various data sources which includes but not limited to:

Health Plan Data

• Information regarding Medi-Cal managed care members were captured using several health plan sources, encounter data, claims data and Health Plan Employer Data and Information Set (HEDIS) measures. HEDIS measures reported in August 2016 are included in this report as well as previous measures for comparison, when applicable. This information is provided by PHC Quality Improvement Department. PHC demographic data is based on Medi-Cal enrollment data effective December 2015. This data reflects the race/ethnicity, age, gender and geographic distribution and language spoken by members.

GNA Member survey

• A member survey was conducted by using questions that were approved by the Medi-Cal Managed Care Division (MMCD) of the Department of Health Care Services (DHCS), and collaboratively developed by the MMCD Health Education/Cultural and Linguistic Workgroup (HECLW). This workgroup is comprised of health education staff representing health plans statewide. The survey included 22 questions designed for adults and child members. The surveys were mailed to: Lake (1019); Marin (842); Mendocino (1079); Sonoma (3,336) with a total of 6,276 Medi-Cal managed care member households, with a total return rate of **419**. As an incentive, respondents were entered into a drawing to receive a $50 Target gift card.

PHC Member Satisfactory Survey

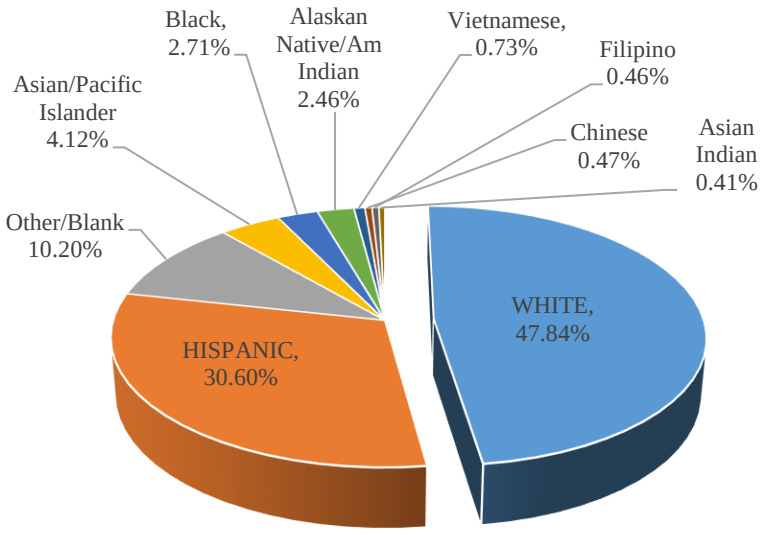
• A written satisfactory survey was developed by PHC and administered annually to assess the needs of the adult and child member population. The survey was mailed to 10,000 member households; 9.7% responders completed the survey. A total of 936 surveys were received – English (786) & Spanish (150). Survey responders were not offered an incentive for their participation. This survey was conducted plan-wide, not by unit.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Surveys

• The CAHPS survey, a comprehensive tool for assessing consumer's experiences with their health plans, was administered by Health Services Advisory Group (HSAG), Inc. for the Department of Health Care Services (DHCS) and Medi-Cal managed care (MCMC) health plans, results released March 2014. HSAG selected a sample of 1,550 adult members and 1,810 child members for PHC. Questions addressed such areas as getting needed care, getting care quickly, how well doctors communicate, customer services; and shared decision making.

Medi-Cal Managed Care Plan Member Demographics – Unit 1

Partnership HealthPlan of CA (PHC) serves 211,909 Medi-Cal members in Lake, Marin, Mendocino and Sonoma counties. PHC expanded to Lake County in 2013 and acquired 17,539 Medi-Cal members. The chart and graph below depicts the current race and ethnic composition of PHC members in the four counties in Unit 1 based on enrollment data. Although, the Whites continues to make up the majority of PHC's membership, the Hispanics membership represents the largest ethnic group across all four counties.



Ethnicity	Member	%
White	100,536	47.84%
Hispanic	64,312	30.60%
Other/Blank	21,446	10.20%
Asian/Pacific Islander	8,664	4.12%
African American (Black)	5,703	2.71%
Alaskan Native/Am Indian	5,168	2.46%
Vietnamese	1,526	0.73%
Chinese	994	0.47%
Filipino	960	0.46%
Asian Indian	856	0.41%
Top Ethnicity ==>>	**210,165**	**100.00%**
Others ==>>	**1744**	
Total ==>>	**211,909**	

Age and Gender

PHC continues to primarily serve women and children, with 41% of children age 0-11. Hispanic children comprise of 13%. The largest membership of Whites, Hispanics and others/blank are in the age group 22-44 and 45-64; 64% total combined for all four counties.

Spoken Language

English continues to be the primary language spoken by members. Currently, 75% of members are identified as English-speaking and 23% of members are identified as Spanish speaking. Although Russian is a threshold language (due to a large Russian speaking population in a county outside Unit 1) within Unit 1 <1% identify as speaking the language.

Geographic Distribution

For Unit 1, PHC's membership has increased since the 2011 GNA partly due to the expansion of Lake County, 28, 422. There was a significant increase in Sonoma County, which has the largest membership 111,521 compared to 50,735 the membership in 2011shows a 45.5% increase. Marin has 35,497 compared to 16,876 a 48% increase and Mendocino has 36,469 compared to 19,469 in 2011 a 53% increase.

Seniors and Person with Disabilities (SPD)

As of August 2016, a total of 38,580 Seniors and Persons with Disabilities (SPD) are enrolled in Unit 1. The top reported languages are English, 86%; Spanish 11%; Russian <1%. 65% of these members are disabled, approximately 30% are

aged and 1% is blind. The largest age category is the 65 and over 44%, followed by 45 to 64 year olds 36%; 22 to 44 year olds 18%; 12 to 21 year olds 39%; 6 to 11 year olds 2% and 0-5 year olds 1%.

Children with Special Health Care Needs

Within Unit 1, PHC has 431 children in the California Children's services (CCS) program where we are responsible for their case management. The age distribution is 44% females and 56% males. PHC's most common reasons for CCS are: premature infants requiring NICU stays, diabetes, hearing loss, cerebral palsy and sickle cell disease.

Health Status Indicators

Table 1.1 depicts a comparison of key health indicators in the four counties to State and Healthy People 2020 objectives. Based on the top five causes of death, age-adjusted per 100,000 populations, Lake County exceeds all counties, including the State and HP 2020 goal. In comparison, Mendocino County rates for all cancers has increased (163.5) compared to 2011 (161.2); Sonoma & Marin Counties shows a decrease from (182.5) to (159.1) & (138.9) to (136). In contrast, Lake County is the poorest county in the State, whereas, Marin is the 8th wealthiest county in the U.S.

Health Indicators	Lake	Marin	Mendocino	Sonoma	CA	HP 2020
Individuals who have insurance	78.7%	93.0%	91.8%	92.3%	88.1%	100%
Top 6 causes of death, age-adjusted rate per 100,000 population						
Heart Disease	135.3	64.6	101	88.7	103.8	<103.4
Stroke	50.5	28.4	35	36.2	35.9	<34.8
All Cancers	199.9	136	163.5	159.1	151	<161.4
Unintentional Injuries	87.6	29.1	49.7	24.7	27.9	<36.4
Chronic Lower Respiratory Disease	73.7	22.7	48.9	38.2	35.9	
Alzheimer's Disease	32.3	38.5	19.1	40.2	30.8	
Incidence of communicable disease, per 100,000 population						
Hepatitis C	88.4	47.3	120.3	55.2	88.3	
AIDS	1.8	3.4	1.3	4.5	8.1	<12.4
Tuberculosis	2.6	5.2	1.9	2.4	5.9	<1.0
Chlamydia	261.4	195.9	348.9	298.6	442.6	
Syphilis	4.6	6.2	_	6.1		
Measles (cases)	0	0	0	0	75	
Prenatal Health Indicators						
Prenatal Care begun in the 1st trimester	69.7%	93.4%	68.4%	84.3%	83.6%	>77.9%
Low birth weight	6.7%	6.0%	6.0%	5.6%	6.8%	<7.8%
Infant mortality per 1000 births	6.4	3.1	5.2	4.7	7.8	<6.0
Births to teens 15-19 per 1000 population	36.4	8.1	34.4	16.1	25.5	
Chronic Disease						
Diagnosed with asthma, self-reported >1 yr old	13.6%	16.9%	14.1%	11.3%	14.0%	
Health Indicators	**Lake**	**Marin**	**Mendocino**	**Sonoma**	**CA**	**HP 2020**
Diagnosed with diabetes, self-reported , adults	17.0%	2.0%	11.0%	8.4%	8.9%	
	37.0%	27.6%	36.5%	37.9%	35.5%	<25% overweight

Adults overweight/obese (BMI from self-report height and weight)	29.6%	10.8%	22.2%	25.4%	27.0%	<15% obese
Health Behaviors						
Tobacco Use by adults Current smoker teen & adult/ 0-200% poverty	24.8%	11.8%	13.5%	8.1%	10.8%	
	31.6%	7.9%	26.4%	11.6%	13%	
Moderate/vigorous physical activity at least 3 days /week (teens only)	23.6%	37.5%	24.2%	35.7%	20.8%	
Eat 5 or more servings of fruits & vegetables each day (child)	31.9%	36.6%	32.8%	35.3%	26.6%	>50.0%

Health Indicators comparisons by counties - Sources: California Department of Health Services, 2015; California Health Interview Survey (CHIS) 2014; California Department of Public Health disease surveillance reports 2011 and 2014; and Healthy People 2020.

Key Health Factors by County

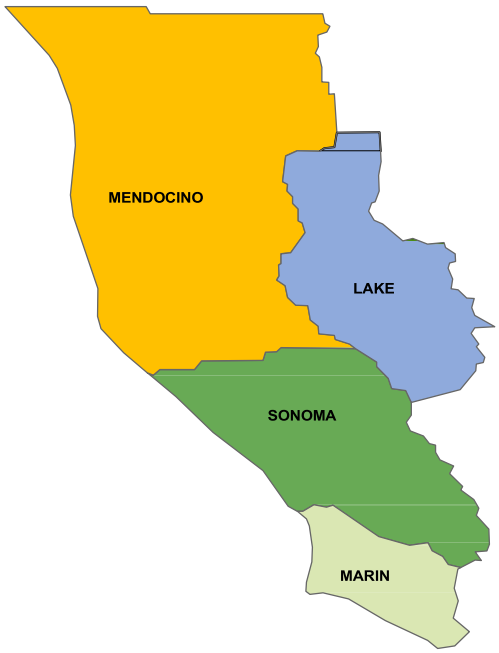
Lake County median household income, 2009-2013: $36,548
State median household income, 2009-2013: $61,094 - Poverty rate, 2009-2013: 25.0% - Unemployment, 2013: 11.9%. California's Lake County has a relatively high poverty rate. The county's poverty rate between 2009 and 2013 was 25%, versus a national rate of 15.4%. More than 35% of children were estimated to be living in poverty over that period as well, considerably higher than the national rate of 21.3%. Focus group participants and the 994 residents who completed a Community Health Survey reported exercise, eating fresh produce and not smoking as the 3 top-mentioned health habits that contributed to maintaining their personal health. The highest-ranked unmet health needs were for: 1). drugs and alcohol-related problems; 2). affordable mental health (for stress, anxiety, depression) services; 3). Affordable medical and dental care; 4). Nutritional (better diets, weight control, access to food) and preventive health education; 5). Transportation issues (including out of county transports); 6). Urgent care facilities. The barriers below were *usually* a problem or issue when seeking services for more than 25% of those who filled out a Community Health Survey: 1) Finding free/reduced-cost health care services; 2) Finding an office/clinic open during non-work hours; 3) Finding a provider to take Medi-Cal or other type of insurance; 4) Ability to take off work and not lose pay when self or family member is sick.

Marin County median household income 2015- $91,477 – The overall poverty rate in one of the wealthiest counties in the State is 8.4%, and is 12.8% among children. Marin County residents were surveyed and some comments were: economic status is cited as a key challenge, unable to meet survey responses gaps in health care services, access to transitional and home based health care, barrier and challenges to accessing care. Seniors, immigrants, and racial minorities are the populations most identified as struggling with access to health care. Since Marin has a significant aging population many respondents are concerned about the health care system capacity to address senior health needs and challenges. Specific subgroups of concern are seniors living in rural areas, LGBT seniors, seniors living on fixed incomes and mentally ill or disabled seniors. Immigrants and the undocumented residents were groups identified as facing significant health challenges. Latino and Asian immigrants were highlighted specifically as well as other ethnic groups and racial minorities. Canal, Novato and Marin City are localities with the greatest concentration of African American and Latino residents. In Marin 30% of residents are over the age of 60 and the demographic is growing. More than half of Marin residents over the age of 85 have dementia. The Health Care system and community partners need to determine a plan and coordinate efforts to address the rapidly growing needs of this population.

Mendocino County median household income in Mendocino County is at $43,290, was 29% lower than that of the state ($61,094). In 2014, 20% of the county's population overall and approximately one-third each of the Hispanic, Native American and African American populations were living below the Federal Poverty Level (29%, 31%% and 36%, respectively) (U.S. Census 2014). Twenty-eight percent (28%) of children in the county live in poverty, and the percentage of households receiving cash public assistance income is increasing (U.S. Census 2013). Research has shown that poverty is a key driver of health status. The top five issues identified by informants are: 1). Poverty; 2). Alcohol and

Other Drug Abuse; 3). Chronic Disease; 4). Other Health Issues; 5). Poor Diet / Inactivity. In Mendocino County, 41% of children are overweight. Mental health needs and services are a significant concern. Almost half (46%) of adults surveyed indicate that mental health issues are among the most important health issues facing their community (Community Health Survey 2015).

Sonoma County median income Median household income was $66,640/yr in 2014. One in nine people in Sonoma County, or 55,638 residents, were living at or below the federal poverty level in 2015. A community health needs assessment (CHNA) was conducted. Participants responded that the first four health concerns were identified as most critical with an additional nine issues highlighted as very important. The health priorities identified were:
1). Healthy eating and physical fitness; 2). Gaps in access to primary care; 3). Access to substance use disorder services; 4). Barriers to healthy aging; 5). Access to mental health services; 6). Disparities in educational attainment; 7). Cardiovascular disease (Stroke, Diabetes); 8). Adverse childhood experiences (ACES); 9). Access to health care coverage; 10). Tobacco use; 11). Coordination and integration of the local health care system; 12). Disparities in oral health; 13). Lung, breast, and colorectal cancer.



Plan Specific Medi-Cal Managed Care Member Health Status, Disease Prevalence, and Gap Analysis

PHC members in Unit 1 falls at just above the 25th percentile in two areas, cervical cancer screening, and child immunizations. PHC uses HEDIS® and other measurement to assess the quality of care of its members. To identify disparities and opportunities for improvement, indicators are stratified by race/ethnicity and geographic location.

Table 1.2 depicts the HEDIS® 2016 scores by race/ethnicity for CY 2015 for Unit 1 (Lake, Marin, Mendocino and Sonoma) counties. Analysis of the specific rates is also provided.

Partnership HealthPlan Medi-Cal HEDIS® Measure by Ethnicity (2016)
Unit 1 – Lake, Marin, Mendocino & Sonoma counties (Southwest Region)
(percent of members who receive appropriate preventive and routine care)

Measure	All Members	White	Hispanic	Asian /Pacific Islander	AA/ Black	Other	NCQA percentile or Benchmark	Healthy People 2020
Controlling High Blood Pressure (CBP)	65.5%	66.1%	65.5%	76.5%	**71.4%**	**62.7%**	65.53% (75th Percentile)	61.2%
Timeliness of Prenatal Care (PPC-Pre)	91.9%	**91.6%**	**89.9%**	94.1%	**100%**	**91.7%**	91.94% (90th Percentile)	78%
Postpartum Care (PPC-Post)	68.3%	**66.3%**	**75.3%**	82.4%	**77.7%**	**68.6%**	68.33% (50th Percentile)	
Cervical Cancer Screening (CCS)	57.8%	**54.0%**	**61.5%**	76%	**62.5%**	**59.1%**	57.78% (25th Percentile)	93%
Childhood Immunization Status- Combo 3 (CIS-3)	66.8%	**52.4%**	**80.0%**	83.3%	**60.0%**	**76.7%**	66.77% (25th Percentile)	80%
Comprehensive Diabetes Care								
HbA1c >9.0 (CDC) **(lower is better)**	40.1%	38.7%	40.9%	33.3%	61.9%	39.9%	40.15% (50th Percentile)	16.2%

Cervical Cancer Screening
In the Southeast (SW) region (which corresponds to Unit 1), 61.5% of Hispanics being up to date on cervical cancer screening compared to 54% of white women in the sample. Other sample sizes (Black and Asian) were two small to be included in the analysis. In terms of language, Spanish speaking women in Unit 1 show higher screening rates for cervical cancer screening than English speaking women, with a 14 point difference among the two groups (56.6% vs. 70%).

Controlling High Blood Pressure
For this measure, BP control rates are consistent among race and ethnicity groups in the SW that have a robust enough base size (Asian and African American sizes are below 30). In fact, there is less than one point percent difference between Hispanics and whites in BP control rates in this region (65.5% and 66.1% respectively). Rates by language are as follows: in the SW: English 64.3% and 72.5% Spanish.

Comprehensive Diabetes Care – HbA1c > 9.0
In Unit 1, Asians and Whites are the only two groups that can be compared based on sample sizes, with the latter showing a smaller proportion of members with poor A1c control (38.7% vs. 40.9%). Spanish speaking population in Unit 1 show better A1c control, with a smaller percentage of members with poor A1c control compared to English speaking members in the same regions.

Timeliness of Prenatal Care
Groups with large enough base sizes in Unit 1 show very similar level of compliance (Hispanic 89.9% and White 91.6%).

Postpartum Care
Hispanic women in the SW region have higher compliance rates with postpartum care than white women (73.5% vs. 66.3%). In the SW, Spanish speaking women have an equal high level of postpartum care within the two groups (92%).

Childhood Immunization Status – Combo 3
There is a statistically significant difference* in combo 3 immunization rates in the SW region among Hispanic, white, and "other" race and ethnicity children. 8 in 10 Hispanic children are immunized compared to 5 in 10 white children. 76.7% of children falling into the "other" category for race and ethnicity are also compliant with immunization requirements. Other base sized for African American and Asian children are too small to be compared with other groups. In terms of language, as expected based on the race and ethnicity analysis, children whose main language is recorded as Spanish present with higher immunization rates in the SW region; the difference is statistically significant*.

**Statistically significant difference at 95% confidence interval*

Summary of Findings from PHC HEDIS survey
In Unit 1, we find no areas where HEDIS measures are statistically worse for ethnic minority or language minority populations.

Health Education
PHC produces a newsletter, **Health *Partners,*** in English, Spanish and Russian which is mailed semi-annually to approximately 249,210 health plan member households. The newsletter is PHC's most widespread health education communication for members.

In 2014 PHC redesigned PHC's website, which presented an opportunity to update the health education and cultural and linguistic webpages. The redesign enables members and providers easy access to resources and trainings for health education and C&L. Additional changes are planned for 2017.

Prenatal Care
PHC's Growing Together Perinatal Program (GTPP) continues to focus on enrolling PHC, State, and presumptive eligible members who are pregnant. A detailed questionnaire is utilized to identify women at risk for pre-term labor or other complications. A scoring system is used to place a pregnant woman in one of two categories, low risk or high risk. The GTPP team use a questionnaire tool designed to identify the following risk factors: History of Pre-term Labor; Diabetes/Gestational Diabetes; Hypertension; Substance Abuse; Smoking, and women at risk of (e.g. homelessness, mental health, intimate partner violence [IPV]). Pregnant women who score 10 or more points are in the high risk category and are placed into a high touch pathway and are assigned to a specific PHC staff member for one to one care coordination and support. Those scoring less than 10 points are considered low risk. The low risk members are sent educational material and advised to contact PHC if they need assistance. Low risk members are interviewed at 30 weeks to determine if they have experienced any difficulties that may change their risk stratification. If risks are identified they are moved into the high risk intervention pathway.

Once a pregnant woman is enrolled into the Growing Together program, health education materials are mailed to her, it includes a book entitled "Baby and Me" which has a "Text4Baby" sticker on it with PHC contact information, and New Born Passport. The "Text4Baby" program sends weekly tips regarding pregnancy and childcare to women via cell phone. The deliveries for 2015 were as follows: Lake – 568; Marin – 307; Mendocino – 657; Sonoma – 1291 with a total of 2,823 births. In 2016 a bookmark was developed as a reminder to moms to schedule their postpartum visit. It also includes educational tips for self-care.

Assessment of Physical Health

Asthma

According to the Centers for Disease Control (CDC), 1 in 14 people have asthma. About 24 million Americans have asthma. This is 7.4 percent of adults and 8.6 percent of children. Asthma is more common in children than adults and more common in boys than girls. Almost 6.3 million people with asthma are under the age of 18. In 2014, almost 2.4 million non-Hispanic Blacks reported that they currently have asthma. African Americans women were 20% more likely to have asthma than non-Hispanic Whites, in 2014. In 2013, African Americans were three times more likely to die from asthma related causes than the white population. Approximately five million Californians – or one in eight people – have been diagnosed with asthma. There are dramatic differences in asthma by race/ethnicity. This is most striking for African Americans, who have 40 percent higher asthma prevalence, four times higher asthma ED visit and hospitalization rates, and two times higher asthma death rates than Whites. Unit 1 has a total of 5,219 members with asthma (using the HEDIS definition of asthma). In the last year 2% of them were hospitalized, 17% had at least one emergency department visit. Asthma prevalence is greater than the population average in the White, African American and Native American populations, and lower than average in the Hispanic, Asian/Pacific Islander populations. Of PHC patients with chronic asthma, 57% were female and 43% were male, which is greater than the state-wide distribution of 52.5% female and 47.5% male. The age distribution of PHC members with asthma is 34% for ages 0-18, with 60% aged 25-65.

Comprehensive Diabetes Care – Poor Control

The rate of new cases of diagnosed diabetes in the United States has begun to fall, but the numbers are still very high. More than 29 million Americans are living with diabetes, and 86 million are living with prediabetes, a serious health condition that increases a person's risk of type 2 diabetes and other chronic diseases. In Unit 1, rates of poor diabetes control very similar among Hispanic and Whites, with about 40% of the sample in both groups having an A1c greater than 9%. Asians and Whites are the only two groups that can be compared based on sample sizes, with the latter showing a smaller proportion of members with poor A1C control (38.7% vs. 40.9%), but this is not statistically significant.

Spanish speaking population shows better A1c control, with a smaller percentage of members with poor A1c control compared to English speaking members in the same regions. No significant conclusion can be drawn from the language analysis due to extremely small base sizes of languages other than English. PHC does not have a diabetes disease management program, however, plans are being developed to launch a diabetes program in 2017. Unit 1 has 5,160 members with diabetes.

Mental Health Program

PHC has had the responsibility for the provision of the managed care mental health benefit for mild to moderate conditions to its Medi-Cal population in 14 Northern CA counties since January 1, 2014. The MHPs in those counties continue to be responsible for mental health benefits to Members with moderate to severe conditions and substance abuse benefits are being transitioned to the counties (although PHC is looking to address substance abuse benefits in the future in a regional model, starting in its northernmost counties). PHC provides the mild to moderate MH benefit through two delegated behavioral health providers—Beacon Health Options in all 14 counties and Kaiser Permanente in 5 counties where Members are assigned to Kaiser. PHC and its delegated providers work diligently with each county to ensure continuity of care and exchange of information for its Members both in terms of initial referral to the proper level of care and step ups and step downs as appropriate.

Statistics (based on a rolling 12-month accrual for Beacon Health Options Members) comparing results at the end of the first year of implementation (2014) to the end of the second year (2015) show an increase in penetration from 3.5% to 5.3% (with 6.0% being the targeted benchmark for percent of Members being served), an increase in unique utilizers from 15,303 to 27,593, an increase in the average number of mental health visits from 77,471 to 189,319, and an increase in the number of visits per 1000 per year from 180 to 362. These gains have continued throughout 2016 with an additional twofold increase in the number telepsychiatry visits. Kaiser Permanente utilization statistics reflect even high penetration rates in their 5 counties served (closer to 15%), although their data is based on quarterly accruals.

PHC is dedicated to oversight of its delegated providers to ensure timely access to mental health services through a robust network of behavioral health providers and innovative delivery systems, such as telepsychiatry. PHC has also formed a

multidisciplinary Mental Health Access Team to target special access challenges in three of its larger counties with continuing access challenges, aiming to increase penetration rates by 10% each year and implementing access actions plans directed toward major primary care providers located in those counties. PHC continues to actively participate in Statewide DHCS committees and other forums dedicated to the successful delivery of California's bifurcated mental health benefit.

Gaps in services: Annual Provider and Member Satisfaction surveys conducted by PHC and its delegated providers continue to reflect two issues that need further attention. First, the limited availability of MH prescribers, especially in more rural areas, is being addressed by a) very focused and more and more successful efforts to develop originating and destination sites for telepsychiatry and b) two major initiatives to provide PCPs with the education (scholarship support for PCPs to attend the UC Davis mini fellowship program in Psychiatry) and consultative support (through the new Cal Consults program connecting PCPs to major academic centers as well as through psychiatric consultations by the delegated providers). Second, through Member and Provider education, PHC hopes to improve communication between behavioral health providers and primary care providers (especially outside of FQHCs and similar sites) with the aim of improving the overall health of the Member and the satisfaction of both Members and Providers.

Summary of CAHPS survey findings from 2014

- 78% of members report they are satisfied with their personal doctor
- 90% members are getting the needed care and getting care quickly,
- 92% doctors are communicating with members well and members are satisfied with customer service.

Some gaps from the CAHPS survey:

- The PCP did not always seem informed and up-to-date about the care their child received from other doctors
- Problems with access to specialists
- PCP or other health care provider did not always talk to them about preventative care.

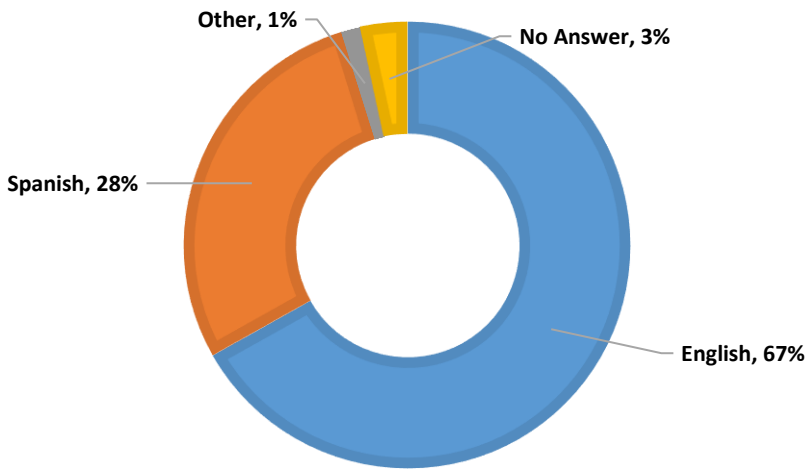
Understanding the C&L Services and Health Education Needs from the Members' Perspective

Unit 1 - A twenty-two question survey was completed by 419 (which is slightly over the required responses of 411 designated by the State) managed-care members, providing insight into members' learning preferences, health interest and cultural and linguistic needs. Of the 6,276 surveys that were mailed, 7% were returned. Ninety-one percent of the respondents filled out the survey for themselves or their child; 6% filled out the survey for a family member or child under the age of 18. <1% filled out the form for someone that they assist and other; 3% did not answer the question. Seventy-four percent of the respondents have been a PHC member for more than 12 months, 14% are not sure; 9% between six months and 12 months; 3% did not answer the question and 1% less than six months.

Snapshot of Cultural and Linguistic Needs

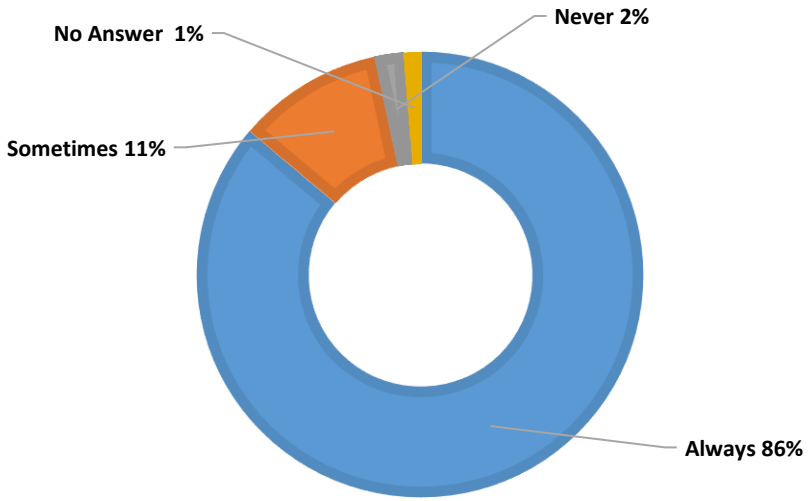
Does your PCP/Office staff speak the language you prefer?

Most members (67%) prefer to speak with their PCP in English, 28% Spanish, 1% other and 3% did not respond to the question. Ninety-four percent respondent replied ***yes*** that the PCP/office staff speak the language they prefer; 3% no; 1% don't know, and 1% did not answer the question.



How often does your PCP explain things in a way that is easy to understand?

Most respondents (86%) indicate that their PCP *always* speaks in a way that is easy to understand. Eleven percent states sometimes, 2% states never, and 1% did not answer the question.



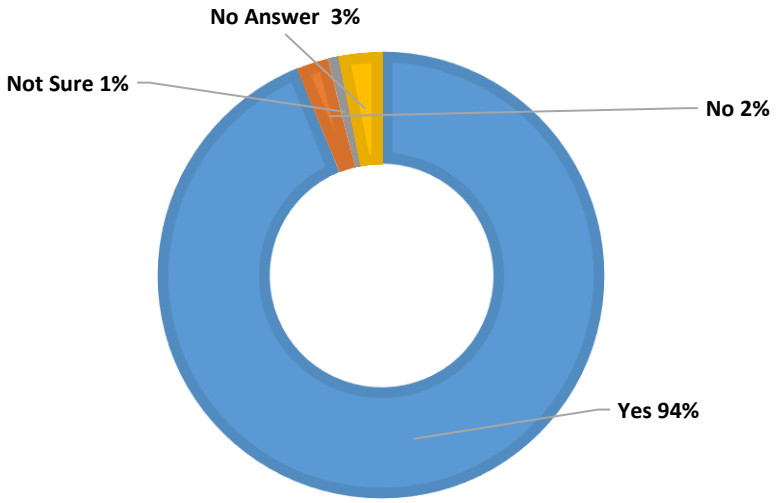
How often do your health beliefs (religion, culture, traditions) go against your or your child's?

Do you ever or want/need a medical interpreter?

Most respondents in (68%) do not need a medical interpreter, however (24%) reported that an interpreter is needed. Among these member 78% are aware that PHC offers these services at no cost to the member or their PCP.

Do you know that PHC has medical interpreter available at no cost to you?

The majority of respondents that answered this question, (78%) are aware that PHC offers interpreter services at no cost to them; 15% replied no, and 5% not sure, with another 2% did not answer the question.

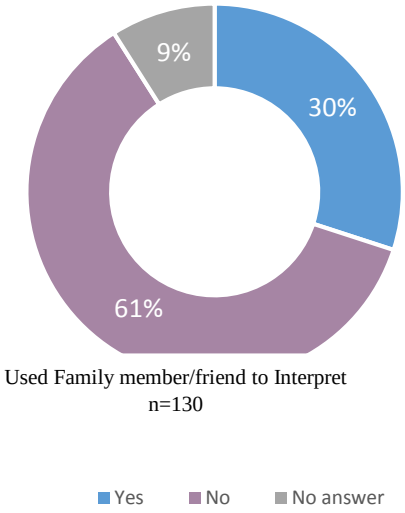


Are you comfortable asking for medical interpreter services?

Of the members that reported needing an interpreter, 94% feels comfortable asking for an interpreter. 3% are unsure and 2% replied no, with 1% no response. (n=130)

Preferred Location for Medical Interpreting

Of the members that answered this question, the majority of members prefer the interpreting to be in the examination room 70%; 12% no answer; 8% on the phone; 2% video remote interpreting (VRI).



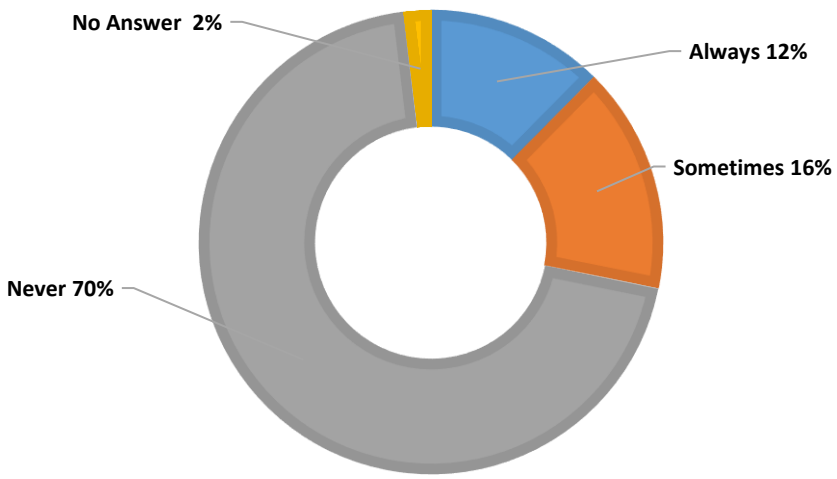
Family Member/Friend Interpreting

When asked, "Do you ever use a family member or friend to interpret for you?" 30% of those who responded to the survey in Spanish noted that a family member or friend interprets for them, however, 61% do not use a family member or friend to interpret for them; 9% did not provide an answer.

Reason for having family member/friend interpret	Unit 1 (n=39)
Feel more comfortable when a family member or friend interprets for me	46%
Didn't know I could ask for interpreter services	26%
Doctor or office staff told me to bring a family member or friend to interpret for me	21%
Doctor office did not offer interpreter services	5%
Other	10%
No Answer	10%

PCPs advice?

In response to the question, "how often do your beliefs go against your or your child's PCP's advice?" Seventy percent of members *never* have their health beliefs go against their PCP's advice, 16% sometimes, and 12% always 2% did not answer the question.



Most respondents (41%) feel that their PCP understands and respects their family health traditions or practices and 34% report using alternative medicine. Twenty-six percent responded that their PCP understands how any trauma has had or has affected their or their child's health; twenty-two percent respondents states that PCP understands their religious beliefs that relate to their family or child health; ten percent feels that their PCP understands how their immigration experience affect their or their child's health; thirty-nine percent replied that none of the choices applied to them or their family; three percent did not answer the question.

Snapshot Health Education Needs

What do you think are important health concerns or issues for people living in your area? – n=419 for Unit 1 n=6 for Russian	Spanish	Russian	Unit 1
not enough time at doctor's office/clinics	27%	33%	27%
not enough clinics and doctors nearby	21%	17%	21%
not enough safe places to walk/play	18%	17%	22%
not enough behavioral (mental) health services nearby	8%	---	22%
not enough doctors who treat patients with respect	5%	---	9%
not enough information about how to get healthy	7%	17%	12%
not enough healthy foods (fruits/vegetables) nearby	5%		10%
not enough information about health conditions (e.g. whooping cough or asthma)	8%	17%	11%
other	4%	17%	11%
I don't think there are health concerns for the people living in my area	41%	33%	34%
no answer	10%	---	7%

What information would be helpful to you on how to use PHC? n=419	Spanish	Russian	Unit 1
Who to call at night when sick and PCP office is closed	50%	67%	35%
When to go to the ED	32%	33%	23%
How to choose a doctor (for my child)	26%	33%	18%
How to ask questions related to the health plan	25%	17%	18%
How to handle a chronic condition, e.g. asthma or diabetes	21%	17%	15%
Other	2%	----	5%
Nothing - I have all the information that I need	29%	33%	3%
No answer	3%	----	

For this open-ended questions 235 adults and 184 child members with a total of 419 responses.

In the last 6 months, did you do any of the following to learn more about your health or a family member's health?	Spanish	Russian	Unit 1
My child or I spoke to a health professional(such as a doctor, nurse, nutritionist, health educator	33%	---	47%
My child & I searched the internet for health information	23%	---	40%
My child and I watched a video about health on YouTube or the internet	11%	---	12%
My child or I went to a health related class	6%	---	9%
My child or I used the health plans internet	5%	---	7%
Other	2%	---	5%
My child or I did not do anything	41%	---	28%
No answer	4%	---	3%

For this open-ended question a total of 235 adult and 184 child members responded to this question.

What items would you like help with from PHC?	Spanish	Russian	Unit 1
Would like help with getting an appointment with a specialist	20%	33%	18%
Would like help with transportation to doctor visits	14%	---	9%
Would like help with getting an appointment with PCP	12%	---	11%
Would like health information in my language	33%		11%
Would like help finding a PCP that lets me bring children to the appointment	4%	17%	1%
Other	5%	----	7%
I don't need any help	40%	33%	57%
No answer	5%	---	4%

Overall when answering this question, **"How often do you have a hard time filling out the health forms by yourself?"** 60% responses were never; 31% sometimes; 7% always and 2% no answer.

When asked, **"Do the materials you get from PHC give you the information you need about how the health plan works"?** 62% responses were always; 33% sometimes; 4% never and 2% no answer.

For this open-ended question, "How would you like to get information from PHC," a total of 419 responses were received.

	Spanish	Russian	Unit 1
Mail to my home	82%	83%	73%
Email	19%	---	36%
Voice mail/phone messages	38%	---	32%
In person face-to-face	25%	17%	21%
Text messages	34%	17%	25%
Health plan's website	8%	---	18%
Large text/font size (big print)	10%		6%
Video on the internet/YouTube	5%		6%
DVD	21%		6%
Social media (e.g. Facebook, Twitter, Instagram)	5%		5%
Flash drive	2%		2%
Braille	---		1%
Other	2%		3%
No Answer	---	17%	1%

PHC gives me information about:

	Spanish	Russian	Unit 1
Regular medical and dental check-up	74%	---	58%
Shots/vaccines for (children, teens and adults)	53%	---	42%
Tests for diabetes	52%	17%	35%
Cancer screenings	54%	---	36%

Taking care of my health concerns (diabetes & asthma)	29%	---	31%
Other	4%	---	6%
None of above	12%	67%	25%
No answer	1%	17%	8%

Respondents were asked, "How often do you use the internet? Responses varied 35% Spanish speaking 17% of Russian speaking members' responded daily use; Fifteen percent Spanish responses were weekly use, 2% monthly' 22% never and 8% did not answer the question. Overall, fifty-four percent respondents use the internet daily, 12% use the internet weekly; 9% monthly; 13% never use the internet; and 9% did no answer the question.

Provider Cultural and Linguistic Survey

PHC administered a Provider C&L Survey in September 2015. A total of 276 surveys were mailed, with a return rate of 73%. The survey was broken down by small groups (sg) and large groups (lg).

- 69% lg vs 59% sg - bilingual providers communicate directed with their LEP patients
- 69% lg vs 68 sg – bilingual staff provide interpretation services
- 28% lg vs 20 sg – have employees who are qualified in health and medical interpretation
- 52% lg vs 36% - use PHC language line
- 28% lg vs 38% - rely on patients' friends and family members to provide interpreting
- 6% lg vs 7% sg – refer patients to another provider who speaks their language or who has appropriate interpreting services
- 1% sg – site does no serve LEP patients

The majority of Providers (94% large groups) inform patients of their options to interpreting services, versus (84%) small groups. For patients who decline interpreting services, 79% of large groups document that choice in the patient's medical record versus 65% small groups.

An open-ended question was asked, "How does your site assess the fluency & interpreting skills of employees who provide services?" 37% of the large group cites employees are fluent in the language evaluate the interpreter skills of co-worker; whereas 31% does not formally assess their employee skills; 20% verify the non-English language is the employees' first language; 17% no staff at this site provide interpreting services;14% verify that employee has had formal classroom training in language interpretation. Thirty-three percent small group verify the non-English language is the employees' first language; 25% no staff at this site provide interpreting services;

When asked, "How effective has PHC language assistance line been for interpreting services?" 78% of small groups vs 46% of large groups do not use the services; 30% vs 16% find the services adequate; 17% vs 3% find the services very effective and a very small percentage 7% vs 3% responded that the services are not effective.

Providers were asked if their clinical and non-clinical employees have difficulty communicating with patients because of basic language barriers, and the majority (63% large groups vs 61% small groups) responded sometimes; 35% vs 28% replied never; 9% vs 3% often; and <1% replied most of the time.

When asked, "how often is a patient non-compliant due to cultural differences or language barriers", 64% large group vs 47% small group replied sometimes; 53% small group vs 34% large group replied never; <1% often, and no responses to most of the time.

When asked if patients use alternative medicines and treatments other than those recommended by the provider, 79% large group vs 74% small group replied sometimes; 22% vs 17% replied never; and 4% for both groups replied often. When asked if patients appear to have difficulty reading written instructions and completing forms in their native language, 68% small groups vs 57% large groups replied sometimes; 33% large groups vs 28 small groups replied never; 7% large groups vs 4% replied often.

When asked, is your English language health education material written at a 6th grade reading level or below? 76% small groups vs 59% large groups replied, I think so, we try to design and use materials at an appropriate reading level; however, we do not have a formal system in place to assess the reading level of our materials; 31% large groups

vs 14% small groups replied yes, our materials have been formally reviewed to ensure they are at the 6th grade reading level.; 10% large group vs 9% small group replied I don't think so. We do not have a forma system in place to assess the reading level of our materials' 1% small group replied health education materials are at 7th grade or above.

When asked, how helpful are the materials on PHC website, 36% large group vs 27% small group replied helpful; 30% both groups replied somewhat helpful; 41% small group vs 34% large group unknown or not familiar with materials. Would you like more information on cultural and linguistic issues? 87% small group vs 70% large groups replied no; 30% large group vs 14% small group replied yes materials are helpful.

Key Recommendations, Planned Actions and Conclusions

To address the complexities of the health system that affect the health and wellbeing of members, PHC is focusing on specific strategic initiatives to remedy issues with accessibility and quality of care for our members, while keeping their health education and cultural and linguistic needs at the forefront of accessibility and quality.

The PHC **Managing Pain Safely Initiative** is working to improve the health of PHC members by ensuring that prescribed opioids are for appropriate indications, at safe doses, and in conjunction with other treatment modalities. Based on this research and findings, PHC is working with our communities to increase awareness of the importance of safe prescribing of opioid medicine (e.g., morphine, hydrocodone, methadone, OxyContin, and others). Our overall goal is to prevent escalating doses of opioids for patients that are already on high doses and to assist clinicians in our network to prescribe opioids safely and appropriately.

PHC is also working with our communities to increase awareness of the importance of safe prescribing of opioid medicine. Members can also contact Beacon for behavioral health services to help manage their pain safely.

Currently, PHC has observed a 73% decrease plan-wide for members on unsafe dose opioids (>120 MED) per 100 members per month since the project induction (January 2014- August 2016).

The **Offering and Honoring Choices™** initiative ensures PHC members and their families are knowledgeable about health care treatment options, empowered to define their treatment goals, and able to make informed choices about the interventions they choose during the last years of life. The main Offering and Honoring Choices™ areas are Advance Care Planning, Palliative Care, and Policy and Public Education and Engagement.

- **Advance Care Planning** ensures that the health care treatment members receive is consistent with their wishes and preferences should they be unable to make our own decisions or speak for ourselves. Members are offered information and materials at several points of contact including through the Care Coordination department.
- **Palliative care** is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. In September 2015, PHC launched a six-month pilot of this palliative care model called, **Partners in Palliative Care**. Four locations provided services in the members' home and over the telephone. Four providers selected to participate in the pilot are: Interim HealthCare in Shasta County; Napa Valley Hospice and Adult Day Services in Napa County; Resolution Care in Humboldt County; and Yolo Hospice in Yolo County. Services included assessment, pain management services, care coordination, access to care giver support and case management. The pilot period ended in February 2016 and is currently in the process of being formally evaluated.

Diabetic Retinopathy Screening - To improve retinopathy screening rates and decrease rates of diabetes-associated vision loss among diabetic members, PHC allocated funding to purchase digital retinopathy screening equipment from EyePACS, LLC, for distribution to primary care clinics. The use of digital screening technology in primary care clinics is an evidence-based intervention that increases access and utilization of preventative retinopathy screening services, and increases the likelihood of early detection and treatment of sight-threatening eye disease. Diabetic Retinopathy screening via telehealth is provided at 6 clinic sites: Baechtel Creek Medical Center, Willits; La Clinica de La Raza North, Vallejo; North Country Clinic, Arcata; NorthBay Center for Primary Care, Fairfield; Northeastern Rural Health Clinic, Susanville; and Shingletown Medical Center, Shingletown. This technology allows trained clinic staff to capture retinal images, store and forward them to UC Berkeley Optometric Eye Center for further interpretation and assist in the detection and

treatment of the disease. PHC has provided the necessary equipment to help each site increase its screening rates by at least 68 percent by 2017.

Telehealth Services - PHC is actively working on ways to offer expanded telehealth services to our members and to our network of providers. PHC aims to provide and increase its telehealth services and programs within the communities we serve, and will continue to look for opportunities to improve access to quality care.

- **eConsult** allows providers and PCPs to build and maintain relationships with a focus on patient care by providing a HIPAA compliant platform for collaboration. PCPs will be able to request specialty consults for a variety of adult specialties and members gain access to care faster.
- **TeleMed2U** (TM2U) has been providing specialty care access via video telehealth to PHC members since 2014 with services available to over 60,000 members. TM2U's dynamic approach to servicing patients via live video consultation has proven essential to treating and managing a patient's specialty care needs. TM2U specialists have provided over 1000 video consultations with existing PHC providers and are continuing to expand their specialty access & availability.

Beacon Telepsychiatry - Treating mild to moderate behavioral healthcare needs through Beacon Health Options has allowed more than 22,000 PHC Members access to behavioral health services. PHC and Beacon Health Options are working in tandem to address and support a longstanding, significant unmet need, and will continue to develop innovative approaches to meet the behavioral health needs of PHC Members.

The **Social Determinants of Health (SDH)** program works in collaboration with key partners throughout the health system and within the community to target social determinants of health. Social determinants of health (SDH), as defined by the World Health Organization, are "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness." According to Healthy People 2020, the social determinants of health can be subdivided into five key areas: economic stability; education; social and community context; health and health care; and neighborhood and build environment. The three key levels of impact that PHC is addressing within social determinants of health care system change, policy change, and environmental change. Collaborating across sectors in various roles, PHC is working to alleviate social determinants of health and impact the health outcomes of our members and the communities we serve. In total over $2 million was awarded to 11 community organizations as part of PHC's SDH initiative.

In preparation for NCQA certification, the establishment of asthma and diabetes case management programs will provide PHC Care Coordination staff enhanced tools to help our members better manage their asthma and diabetes and improve their overall health status. PHC is currently in the process of identifying the optimal disease management programs to address our members' needs.

In conclusion, PHC members in Unit 1 have experienced many changes to how they access health care services and in the types of services that have become available. Managed care with a focus on establishing a relationship with a primary care provider was a new concept for Medi-Cal beneficiaries in Lake County. This GNA survey provided an opportunity to learn from our members about their cultural and linguistic needs as well as their health education needs. It also allowed for deeper dive into the health status not only of the members we serve but also of the communities we serve. We will be able to use this information to improve our programs, services and resources. In the future, we will be able to compare the results of future surveys and assess the progress made and the areas in need of continued improvement.

GNA Work Plan 2017

GNA Work Plan	
Inform Providers on the 2016 GNA findings	March 2017
Inform Community Advisory Committee (CAC) on the 2016 GNA findings	March 2017
Implement pilot program to improve providers use of interpreter services including piloting the use of video remote interpreting (VRI)	T/B/D
Update Provider HE & CL resources and training on the PHC website	Ongoing
Include regular articles in the member newsletter regarding the availability of interpreter services	Ongoing
Implement culturally-focused interventions to improve access to timely prenatal and postpartum care	September 2016
Launch two disease management programs focusing on asthma and diabetes.	February 2017
Be Heart Smart Initiative implemented to address: Controlling High Blood Pressure Performance Improvement Project, Tobacco Cessation, Weight Management and Obesity Prevention	Ongoing
Educate providers to advise their patients to quit tobacco use, refer to counseling and discuss medication and/or behavioral therapy.	Ongoing
Update Member health education resources and information on the PHC website	Ongoing
Educate members on the important of child immunizations	Ongoing
Educate member on cervical cancer testing	November 2016
Diabetes intervention pilot program (Pharmacy)	November 2016
Continue care coordination staff training to improve their knowledge of the health education and cultural and linguistic needs of members	Quarterly

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9 Prediabetes in CA: Nearly half of CA adults on Path to Diabetes -
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11 Napa, Solano and Yolo Counties websites