Health Education & Cultural and Linguistic Group Needs Assessment

October 17, 2016

Unit 2

Napa, Solano and Yolo Counties

Table of Contents

Mission Statement:

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

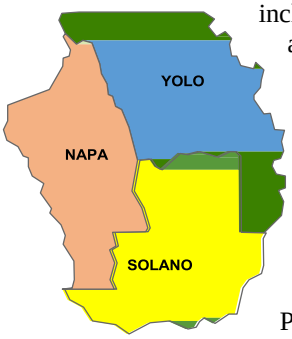
Vision Statement:

To be the most highly regarded managed care plan in California

Executive Summary – Unit 2 - Napa, Solano, Yolo 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 2 which includes the 192,780 Medi-Cal recipients who are attributed to Napa, Solano and Yolo counties. PHC's membership in Unit 2 has increased significantly since the 2011 GNA. This was partly due to overall Medi-Cal expanded eligibility and the Affordable Care Act. 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 who 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 28% of Unit 2 members. The largest ethnicity categories of our membership are Hispanics (32%) and African Americans (15%). Currently, 74% of members are identified as English-speaking and 21% of members are identified as Spanish speaking and <1% Russian.

DISEASE BURDEN:

The health status indicator for the three 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 Disabilities (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 2, analysis shows a statistically significant disparity of care where minority populations perform worse than the majority population (both for ethnicity and language) in just one area: the rate of postpartum care visits was lower for the African American population. 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 5,775 surveys were mailed to Unit 2 member households and 419 surveys were returned for a return rate of 7.2%.

In the Cultural and Linguistic section of the GNA survey, the responses found 79% of respondents stated that their PCP always communicated with them in a way they understood, but 27% reported that they need a medical interpreter. A large majority felt comfortable asking for an interpreter (87%) and most (79%) 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 (56% always and 33% sometimes). Healthcare access issues were a major concern, with 30% stating they do not get enough time with their doctor's office/clinics, 22% stating that there are not enough clinics and doctors nearby, and 14% 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 (76%) of this number is dropping and other media are becoming more popular: email at 33%, voice mail/phone messages 26%, text messages 26%, and the HealthPlan website 20%.

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's Language Line for at least one language/patient. A very small percentage state that they rely on member's family members or friends to interpret on the patient's behalf. A large number of Providers (94%) state that they inform patients of their options for interpreting services, and about 85% document a patient's refusal of 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 is 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's website, 36% replied that they are helpful; 41% were not familiar with the online materials. When asked, "Would you like more information on C&L?" 87% replied no; 30% yes.

STRATEGIC INITIATIVES AND WORKGROUPS

To address the complexities of the health care 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.

ADULT

- 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 which 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 with information on stroke, congestive heart failure, diabetes and COPD
- Identify or develop health education materials for SPD children and their caregivers with information 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 California (PHC) is a Medi-Cal managed care plan that began operations on May 1, 1994 in Solano County. PHC expanded geographically to Napa and Yolo in 1998 and respectively. PHC currently serves 192,780 Medi-Cal recipients that resides in Solano, Napa and Yolo

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), 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 purpose of the GNA is to explore the cultural, linguistic and health education needs of the Medi-Cal population of PHC. The goal of the GNA is to improve 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, and 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 & 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 the Cultural and Linguistic Committee, which consist of the Senior Director of Health Services; Senior Director of Provider Relations; Director of Members Services; Chief Operating Officer. HEDIS Manager under the direction of Director of Quality generated data from the Healthcare Effectiveness Data and Information Set (HEDIS) and claims and encounter data. Project Manager from Member Services provided reporting on the member surveys. Other contributors are: Communications Supervisor, GTPP Supervisor and 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: Solano 3,360; Napa 904; Yolo 1,511; for a total of 5,775 Medi-Cal managed care member households, with a return rate of **419**. As an incentive, respondents were entered into a drawing to receive a $50 Target gift card awarded to the first 50 responders per unit.

PHC Member Satisfactory Survey

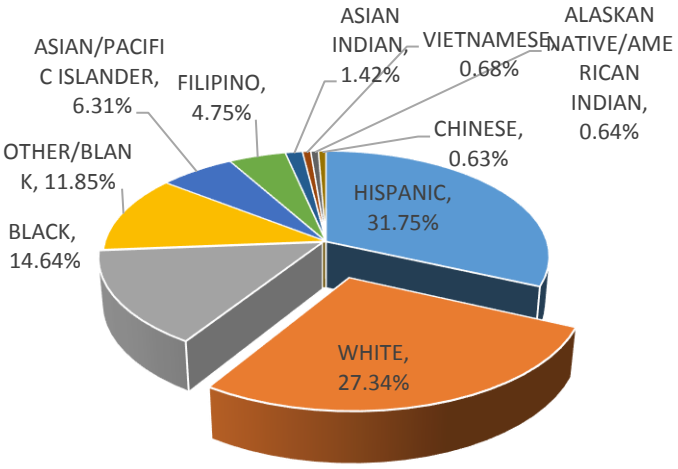
• A written satisfactory survey was developed by PHC and administered annually to assess the needs of the adult and child member population. The survey was mailed to 10,000 member households; 9.7% responders completed the survey. A total of 936 surveys were received – English (786) & Spanish (150). Survey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

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 2

Partnership HealthPlan of CA (PHC) serves 192,780 Medi-Cal members in Solano, Napa and Yolo counties. The chart and graph below depicts the current race and ethnic composition of PHC members in the four counties in Unit 2 based on enrollment data. Hispanics membership represents the largest ethnic group across all three counties.



Ethnicity	Member	%
White	52,107	27%
Hispanic	60,510	32%
Other/Blank	22,590	12%
Asian/Pacific Islander	12,015	6%
Black	27,892	15%
Alaskan Native/Am Indian	1,211	0.64%
Vietnamese	1,299	0.68%
Chinese	1,193	0.63%
Filipino	960	5%
Asian Indian	2,703	1%
Top Ethnicity ==>>	**190,563**	**100.00%**
Others ==>>	**2,217**	
Total ==>>	**192,780**	

Age and Gender

PHC continues to primarily serve women and children. With expanded Medi-Cal eligibility afforded by the ACA, PHC has seen a change in the age make-up of the membership within the past five years. PHC current membership is predominantly over the age of 22 with 46% age 22-44 and 27% age 45-65+. Slightly more than a quarter of PHC members are age 0-21 at 28%.

Spoken Language

English continues to be the primary language spoken by members. Currently, 74% of members are identified as English-speaking and 21% of members are identified as Spanish speaking. Although Russian is a threshold language 1.12% identify as speaking the language.

Geographic Distribution

For Unit 2, PHC's membership has increased since the 2011 GNA partly due to ACA Medi-Cal expansion. There was a significant increase in Solano County, which has the largest membership 112,429 compared to 59,135 membership in 2011, an increase of 53%. Napa has 27,922 compared to 13,715 a 49% increase and Yolo has 52,425 compared to 25,922 in 2011 a 49% 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 2. 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%. Although Whites continue to be the majority membership, Hispanics are the highest ethnic membership 17%, and African Americans/Blacks 16 %.

Children with Special Health Care Needs

Within Unit 2, PHC has 564 children in the California Children's Services (CCS) program where we are responsible for their case management. The gender distribution is 43% females and 57% males. PHC's most common CCS cases 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, Solano County exceeds all counties, including the State and HP 2020 goal. In comparison, Solano County shows a slight increase in the rate of all cancers, (174.5) compared to (172.8 in 2011). Napa and Yolo counties are showing a decrease in the rates for all cancers; (163.1) compared to (176 in 2011); (158.7) compared to (162.5 in 2011).

Health Indicators	Napa	Solano	Yolo	CA	HP 2020
Individuals who have insurance	92	96.7	92.7	88.1	100
Top 6 causes of death, age-adjusted rate per 100,000 population					
Heart Disease	86.3	79	75.2	103.8	103.4
Stroke	39.5	35.9	34.8	35.9	34.8
All Cancers	163.1	174.5	158.7	151	161.4
Unintentional Injuries	30.7	29.5	34	27.9	36.4
Chronic Lower Respiratory Disease	33.4	41.3	49.6	35.9	
Alzheimer's Disease	31	45.4	39.3	30.8	
Incidence of communicable disease, per 100,000 population					
Hepatitis C					
AIDS	4.3	4.8	2.3	8.1	12.4
Tuberculosis	2.9	5.1	2	5.9	1.0
Chlamydia	231.2	444.3	315	442.6	
Syphilis					
Measles					
Prenatal Health Indicators					
Prenatal Care begun in the 1st trimester	86.6%	78.7%	82.7%	83.6%	77.9%
Low birth weight	6.2%	7%	6%	6.8%	7.8%
Infant mortality per 1000 births	3.8	5.6	3.6	4.8	6
Births to teens 15-19 per 1000 population	20.1	22.6	13.9	25.5	
Chronic Disease					
Diagnosed with asthma, self-reported >1 yr old	18.5%	27.7	16.7	14	
Diagnosed with diabetes, self-reported , adults	4.1	15.7	3.8	8.9	
Adults overweight/obese (BMI from self-report height and weight)	33.6	43.1	24.4	35.5	60% healthy weight
	24.3	28.1	29.2	27	15% obese
Health Behaviors					
Tobacco Use by adults	16.4	11.1	7.5	10.8	
Current smoker teen & adult/ 0-200% poverty	28.2	8.5	28.4	13	
Moderate/vigorous physical activity 3 to 5 days /week (teens only)	40.1	39.6	69	39.8	
Eat 5 or more servings of fruits & vegetables each day (child)	33.7	54.1	60.9	50.7	

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; and reports 2011 and 2014; and Healthy People 2020

Key Health Factors by County

Napa County: Napa County ranks 15th out of all California counties in the County Health Rankings for Health Outcomes. When asked about their health status, 55% of Napa County residents reported excellent or very good. However, Hispanic/Latinos and those living below 200% of the Federal Poverty Line had lower proportions. According to the County Health Rankings, 18% of the population under 65 years of age is uninsured. The implementation of the Affordable Care Act/Covered California will likely lower the number of uninsured and future reports should tell us more about the impact on the community. The top three causes of death among **all** Napa County residents over one year of age are: coronary heart disease, stroke, and lung cancer, which all have modifiable risk factors. Mental health is an important concern among Napa County residents; the suicide death rate in Napa County is above the Healthy People 2020 national objective. Nearly 40% of children are overweight and obese, particularly concerning 5th 7th and 9th graders.

Solano County: Solano County, inflation-adjusted, median household income decreased a bit in 2014 and followed most selected areas short of the Bay Area Other counties. In real terms, Solano County median household income in 2009 dollars is $62,449 in 2014 from $62,541 in 2013. five focus groups were conducted with 60 participants representing medically underserved, minority and low-income populations and/or community members living in vulnerable locations. Overweight and obesity in youth are particularly high for the Hispanic/Latino population compared with other racial/ethnic groups and the rate for the HSA. The potential health needs that was identified is access to high quality health care and services; access to behavioral health services; affordable and accessible transportation; economic security; disease prevention, management and treatment, safety, crime and violence-free communities.

Yolo County: Diabetes was the most frequently discussed health condition among key informant interviews and focus groups. High blood pressure was an issue that was frequently discussed in key informant interviews and focus groups. Participants described difficulties in obtaining regular checkups, the high cost of necessary medications and equipment, and a lack of available diabetes education and support services. Several key informants and focus group participants cited heart disease as a common health problem within the community. Data demonstrated that Whites and Blacks had the highest rates of ED visits for stroke compared to other races and ethnicities. Whites and Blacks had the highest rates for ED visits and hospitalizations related to mental health compared to other races and ethnicities. Blacks had the highest rates of ED visits and hospitalization for asthma, with rates approximately twice that of Whites. There were common themes for all three counties; access to: primary care and preventative services; mental health & substance abuse services; specialty care; affordable healthy foods; transportation; education on health and chronic disease management; nutrition education; affordable medical care and medications; dental care; safe place to be active.

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

Unit 2 has six measures that falls at the 25th percentile; however interventions will be focused 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 2 (Solano, Napa and Yolo) counties. Analysis of the specific rates is also provided.

Partnership HealthPlan Medi-Cal HEDIS® Measure by Ethnicity (2016)
Unit 2 - Solano, Napa, Yolo counties (Southeast 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	65.6%	65.5%	75.4%	54.2%	**60.5%**	**70.7%**	65.59% (75th Percentile)	61.2%

Pressure (CBP)								
Timeliness of Prenatal Care (PPC-Pre)	84.4%	**84.8%**	**91.4%**	83.0%	**84.8%**	**89.0%**	84.46% (25th Percentile)	77.9%
Postpartum Care (PPC-Post)	66.4%	**75.9%**	**73.1%**	68.1%	**54.9%**	**67.7%**	66.38% (50th Percentile)	N/A
Cervical Cancer Screening (CCS)	60.1%	**59.4%**	**68.5%**	61.5%	**67.2%**	**64.3%**	60.10% (25th Percentile)	66.2%
Childhood Immunization Status-Combo 3 (CIS-3)	71.7%	**58.2%**	**78.8%**	75.0%	**73.3%**	**74.5%**	71.67% (50th Percentile)	N/A
Comprehensive Diabetes Care								
HbA1c >9.0 (lower is better)	35.6%	43.1%	28.7%	47.5%	35.6%	29.7%	35.61% (50th Percentile)	N/A

Cervical Cancer Screening

In Unit 2, African American (67.2%) and Hispanic (68.5%) women have higher screening rates than their white counterpart (59.4%). Other sample sizes (Black and Asian) were two small to be included in the analysis. In terms of language, Spanish speaking women show higher compliant screening rates for cervical cancer screening than English speaking women. In Unit 2, 60.6% of women whose primary language is English were up to date with their pap test compared with 69% of women whose primary language is Spanish.

Controlling High Blood Pressure

In Unit 2, 75.4% of Hispanics in the sample have their BP within control criteria, a 15-point statistically significant difference* compared to African American control rates (60.5%), and a 10-point difference compared to Whites (65.5%). Rates are as follows: 62.5% English, 71.4% Spanish.

Comprehensive Diabetes Care – HbA1c > 9.0

Asians and Whites in Unit 2 have a higher proportion of members with A1c above 9% (47.5% and 43.1% respectively) compared to Hispanics (28.7%) and African Americans (35.6%). Spanish speaking population show better A1c control, with a smaller percentage of members with poor A1c control compared to English speaking members in Unit 2.

Timeliness of Prenatal Care

In Unit 2 region, 91.4% of Hispanic women received timely prenatal care, the highest level of compliance with this measure in this region. Conversely, 80.3% of African American women meet the requirements of this measure, the lowest score in the region. Asians and whites show somewhat similar rates of compliance, even though there is a 4 point difference between the two groups (80.3% and 84.8% respectively).

Postpartum Care

White women in Unit 2 have slightly higher rates of compliant postpartum care compared to Hispanic and Asian women (75.9%, 73.1%, and 68.1% respectively). African American women show significant lower rates of compliance with this measure, with only 54.9% of woman meeting compliance criteria for postpartum care. In Unit 2, Spanish speaking women have a slightly higher compliance rate of nearly 3 point percentage in postpartum care compared to English speaking women.

Childhood Immunization Status – Combo 3

In Unit 2, immunization rates for combo 3 among white children are on par with rates among African American children (73.3% and 74.5% respectively). Hispanic children show slightly higher combo 3 IZ rates in this region (78.8%). In terms of language, as expected based on the race and ethnicity analysis, children whose main language is recorded as Spanish present statistically significant* higher immunization rates in Unit 2.

**Statistically significant difference at 95% confidence interval*

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. 0

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.

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: Napa 313; Solano 1317; Yolo 787 with a total of 2,417 birth. 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. Although, PHC does not have an asthma program, plans are being developed to launch an asthma program in 2017. Unit 2 has 4,309 members with asthma with 1% hospital stays; 23% emergency department visits; 16% <4 office visits & 2 Rx; and 81% <8 Rx. Asthma rate per ethnicity, 38% African Americans; 33% Alaskan Native/Amer Indian; 27% Hispanic; 24% Asian/Pacific Islander. PHC has slightly more females 28% with asthma versus males 26%, ranging from ages 0-18 (34%); 19-65 (29%) and 65+ (3%).

Comprehensive Diabetes Care – Hb/A1c >9.0

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. Asians and Whites in the SE have a higher proportion of members with A1c above 9% (47.5% and 43.1% respectively) compared to Hispanics (28.7%) and African Americans (35.6%). Spanish speaking population in the SE shows better A1c control, with a smaller percentage of members with poor A1c control compared to English speaking members in the same region. PHC does not have a diabetes program, however, plans are being developed to launch a diabetes program in 2017.

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 for substance abuse benefits (although PHC is looking to address substance abuse benefits in the future through the implementation of the Medi-Cal 2020, 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, 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.

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

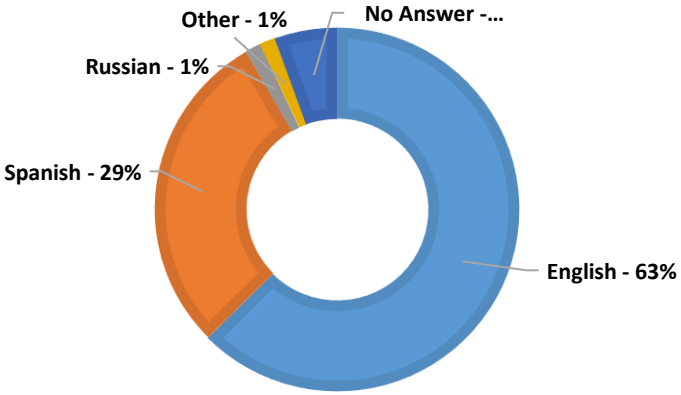
PHC utilized *Q&A Research* to conduct and analyze the GNA survey. A standardized 22 question member survey developed collaboratively by MMCD and Medi-Cal managed care plans Health Education and Cultural & Linguistic workgroup (HECLW). There were 5,775 surveys mailed in English, Spanish and Russian depending on household language preference with 419 responses, (a return rate of 7.2%). Only six Russian members returned their survey. Members responding to surveys included adult, child and seniors and persons with disabilities (SPD). The SPD responses were not stratified by units.

Snapshot of Cultural and Linguistic Needs

- 89% filled out the survey for themselves or their child
- 69% of adult respondents; 69% of child respondents and 68% SPD have been PHC members for more than 12 months.

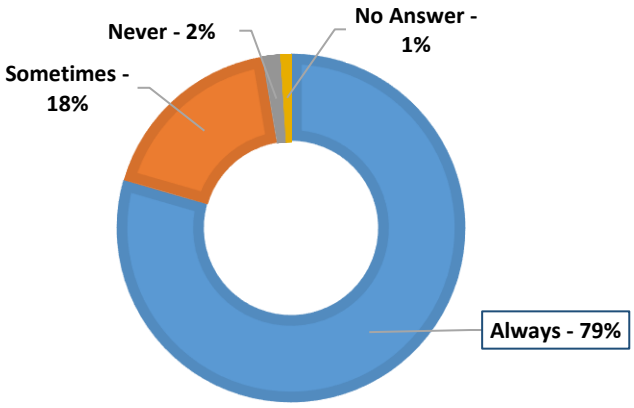
Does your PCP/Office staff speak the language you prefer?

Most members (63%) prefer to speak with their PCP in English, 29% Spanish, 1% Russian, 1% other and 6% 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.



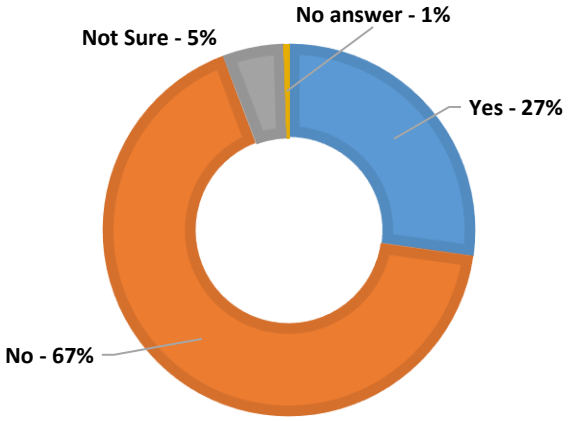
How often does your PCP explain things in a way that is easy to understand?

Most respondents (79%) indicate that their PCP *always* speaks in a way that is easy to understand. Eighteen percent states sometimes, 2% states never, and 1% did not answer the question.



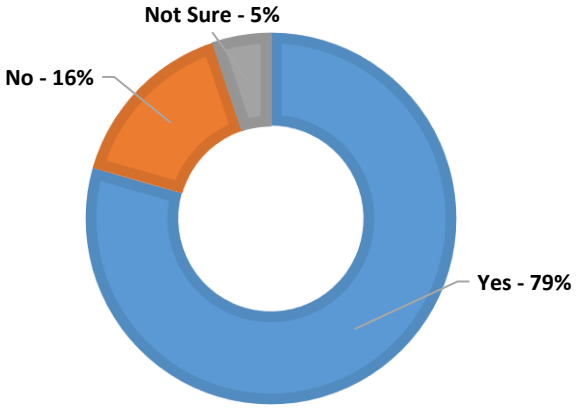
Do you ever or want/need a medical interpreter?

Most respondents in (67%) do not need a medical interpreter; however, 27% reported that an interpreter is needed. Among these members, 79% are aware that PHC offers these services at no cost to the member or their PCP.



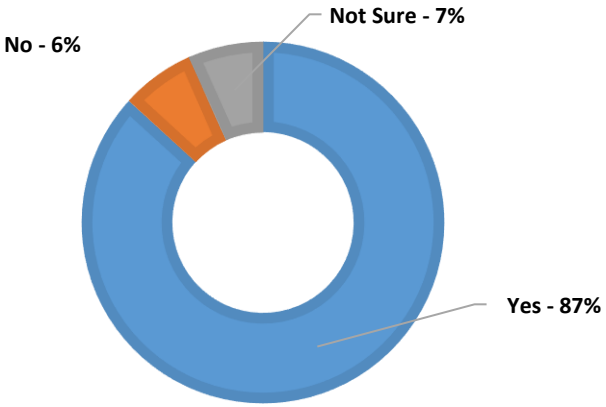
Do you know that PHC has medical interpreter available at no cost to you?

Seventy-nine percent of members responded that they are aware that PHC offers interpreter services at no cost to them; 16% replied no and 5% not sure.



Are you comfortable asking for medical interpreter services?

Of the members that reported needing an interpreter, 87% feels comfortable asking for an interpreter. Seven percent are unsure and 6% replied no. (n=37)

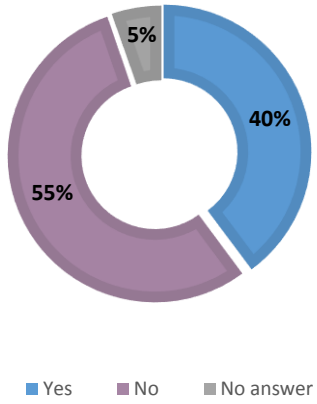


Preferred Location for Medical Interpreting

Of the members that answered this question, more than half of members prefer the interpreting to be in the examination room 57%; 21% on the phone; 15% no answer; and 2% video remote interpreting (VRI).

Family Member/Friend Interpreting

When asked, "Do you ever use a family member or friend to interpret for you?" 39% of those who responded to the survey in Spanish noted that a family member or friend interprets for them, however, 54% do not use a family member or friend to interpret for them; 7% did not provide an answer.

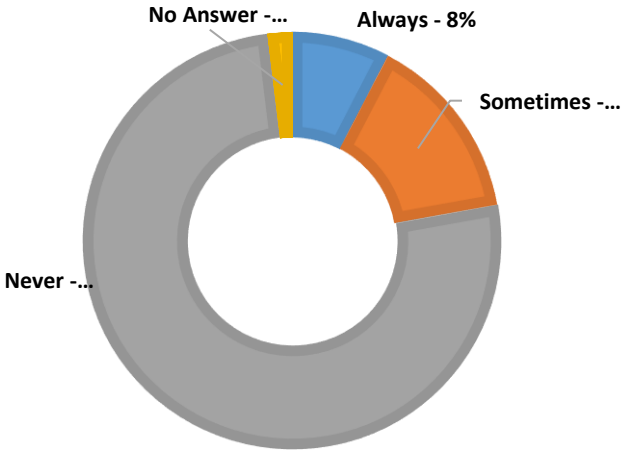


Used Family member/friend to Interpret

Reason for having family member/friend interpret	Unit 3 (n=37)
Feel more comfortable when a family member or friend interprets for me	29%
Didn't know I could ask for interpreter services	36%
Doctor or office staff told me to bring a family member or friend to interpret for me	7%
Doctor office did not offer interpreter services	21%
Other	29%
No Answer	0%

PCPs advice?

In response to the question, "how often do your beliefs go against your or your child's PCP's advice?" Seventy-six percent of members *never* have their health beliefs go against their PCP's advice, 14% sometimes, and 8% always 2% did not answer the question.



Many respondents (42%) feel that their PCP understands and respects their family health traditions or practices and 24% report using alternative medicine. Twenty-one percent responded that their PCP understands how any trauma has had or has affected their or their child's health; seventeen 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; forty-three 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 2	Spanish	Russian	Unit 2
not enough time at doctor's office/clinics	27%	33%	30%
not enough clinics and doctors nearby	21%	17%	22%
not enough safe places to walk/play	18%	17%	22%
not enough behavioral (mental) health services nearby	8%	---	14%
not enough doctors who treat patients with respect	5%	---	11%
not enough information about how to get healthy	7%	17%	11%
not enough healthy foods (fruits/vegetables) nearby	5%		11%
not enough information about health conditions (e.g. whooping cough or asthma)	8%	17%	10%
other	4%	17%	7%
I don't think there are health concerns for the people living in my area	41%	33%	37%
no answer	10%	---	5%

What information would be helpful to you on how to use PHC? n=419	Spanish	Russian	Unit 2
Who to call at night when sick and PCP office is closed	50%	67%	42%
When to go to the ED	32%	33%	28%
How to choose a doctor (for my child)	26%	33%	25%
How to ask questions related to the health plan	25%	17%	24%
How to handle a chronic condition, e.g. asthma or diabetes	21%	17%	19%
Other	2%	----	5%
Nothing - I have all the information that I need	29%	33%	37%
No answer	3%	----	1%

For this open-ended questions 260 adults and 159 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 2
My child or I spoke to a health professional(such as a doctor, nurse, nutritionist, health educator	33%	---	42%
My child & I searched the internet for health information	23%	---	38%
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%	---	5%
My child or I used the health plans internet	5%	---	8%
Other	2%	---	4%
My child or I did not do anything	41%	---	32%
No answer	4%	---	2%

For this open-ended question, a total of 260 adult and 159 child members responded to this question.

What items would you like help with from PHC?	Spanish	Russian	Unit 2
Would like help with getting an appointment with a specialist	20%	33%	20%
Would like help with transportation to doctor visits	14%	---	13%
Would like help with getting an appointment with PCP	12%	---	13%
Would like health information in my language	33%		16%
Would like help finding a PCP that lets me bring children to the appointment	4%	17%	5%
Other	5%	----	10%
I don't need any help	40%	33%	49%
No answer	5%	---	3%

Overall when answering this question, **"How often do you have a hard time filling out the health forms by yourself?"** 58% responses were never; 33% sometimes; 7% always and 1% no answer.

When asked, **"Do the materials you get from PHC give you the information you need about how the health plan works"?** 56% responses were always; 37% sometimes; 6% never and 1% 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 2
Mail to my home	82%	83%	76%
Email	19%	---	30%
Voice mail/phone messages	38%	---	26%
In person face-to-face	25%	17%	26%
Text messages	34%	17%	26%
Health plan's website	8%	---	20%
Large text/font size (big print)	10%		10%
Video on the internet/YouTube	5%		6%
DVD	21%		5%
Social media (e.g. Facebook, Twitter, Instagram)	5%		5%
Flash drive	2%		2%
Braille	---		--%
Other	2%		3%
No Answer	---	17%	0%

PHC gives me information about:

	Spanish	Russian	Unit 2
Regular medical and dental check-up	74%	---	48%
Shots/vaccines for (children, teens and adults)	53%	---	33%
Tests for diabetes	52%	17%	32%
Cancer screenings	54%	---	31%
Taking care of my health concerns (diabetes & asthma)	29%	---	27%
Other	4%	---	7%
None of above	12%	67%	28%
No answer	1%	17%	5%

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 percent respondents use the internet daily, 12% use the internet weekly; 4% monthly; 18% never use the internet; and 9% did not answer the question.

SPD member responses varied from adult member responses for a number of the questions:

- Always have a hard time filling our health forms – 14% versus 6%
- Always receive materials that give information needed about how the plan works – 48% to 56%
- Would like help with transportation to doctor appointments – 20% versus 15%
- Would like to get information from the health plan by email – 17% versus 30%
- Would like to receive information in big print – 16% versus 9%

Summary

Overall, this survey suggests that members prefer to learn more about their health from a health professional, (41%) searched the internet; In addition, 82% Hispanic and 83% Russian prefer health information from the health plan mailed

to their home, 34% Hispanic prefer health information via text messages. Most members never have a hard time filling out forms, 47% Hispanic and 67% replied sometimes. Over half of the English speaking member agree that the materials they receive on how the health plan works is helpful; 73% that receive materials in Spanish agree; and 50% Russian agree. In response to the question, what items would be needed from the health plan, overall 40% Hispanic member don't need any help; however, 33% would like to information in their language; 20% need help getting an appointment to see a specialist; 14% transportation to PCP appointments and 12% getting an appointment with PCP.

Providers and/or their staff speaks the language preferred by 88% of Spanish members. Sixty-five percent of Spanish member need an interpreter; only 12% did not know the services were available, another 13% didn't feel comfortable asking for an interpreter.

When the open-ended question was asked," What are all the reason why a family member or friend interprets for you?" 39% feels more comfortable with family member or friend; 32% didn't know that they could ask for interpreting services; 19% Provider or office staff told them to bring their family member or friend to interpret for them.

Medi-Cal members indicated interest in learning more about a wide range of health topics that includes: regular medical and dental check-ups; vaccines for children, teens and adults; diabetes (test); cancer screening tests; asthma and diabetes. Over half 52% of Hispanic members want to learn more about diabetes. Fifty-four percent want to learn more about cancer screenings. Fifty-three percent want to learn about vaccines.

2015 Member Satisfactory Survey Summary

PHC administers a member satisfactory survey annually to assess member's satisfaction with the health plan. In 2015 a survey was mailed to 6,000 members, resulting in an 18% response rate. A total of 1,050 surveys were received – 907 English and 143 Spanish. 88% of members are satisfied with the health care they receive; 92% gave the health plan between 7-10 ratings; 62% replied customer services is always helpful; 79% replied customer services is always courteous and respectful.

2015 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 qualifies 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% 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, are 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 formal 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 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 areas of Offering and Honoring Choices™ 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 themselves. 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 choices. 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 caregiver 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 are: 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 case management programs to address our members' needs.

PHC's optimum role (or roles) in promoting improvements in a social determinant of health will vary over time, depending on the nature of the program, community priorities, and the relative engagement and involvement of other community stakeholders.
In early 2016, PHC funded 11 grants to help fund SDH programs in our region.

Grants included:

- Rx for Wellness is a comprehensive, integrated patient-centered program that fosters cultural change in the health care delivery system by supporting patients in achieving their individual wellness goals and by optimizing patients' access to resources that support healthy eating, active living, educational gardening, and community engagement in our Northwest region.
- The Bridge to Health and Housing project will improve the health and well-being of people experiencing homelessness in Yolo County who are medically vulnerable.
- A two-year pilot project designed to connect the chronically inebriated homeless to programs and services that will help break the cycle of poverty and addiction while promoting a safer community with a higher quality of life.

In conclusion, PHC members in Unit 2 as a comparison between the 2011 GNA related activities and current proposed activities shows that there are on-going educational needs of PHC members. On a practice level a number of interventions will be identified to address the disparities in the Hispanics and African Americans population. Since the 2007 GNA, breast cancer screenings for White women had an increase of 18%. Provide member-specific health education to the SPD population. Enhance education for members and provider regarding the availability of free interpreting services.

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

VIII. References

1 Strategies for Reducing Health Disparities – Reaching for Health Equity
http://www.cdc.gov/minorityhealthstrategies2016/
2 California Department of Public Health (CDPH). California Breathing County Asthma Profiles. 2015. Web site. http://californiabreathing.org/asthma-data/county-comparisons/hospitalizations-all. Accessed June 2016.
3 California Health Interview Survey (CHIS). California children and teens ages 0-18 at 200% of Federal Poverty Level or lower who have ever been diagnosed with asthma. 2015. Web site. http://www.chis.ucla.edu/get-data.html. Accessed June 2016.
4 California Health Interview Survey (CHIS). California adults and teens who have a Body Mass Index (BMI) indicating that they are either overweight or obese, filtered by ethnicity. Web site. http://www.chis.ucla.edu/get-data.html. Accessed June 2015.
5 Centers for Disease Control and Prevention (CDC). Obesity rates among all children in the US
6 Solano, Napa, Yolo, websites

7 Diabetes in California Counties – County Health Rankings and Roadmaps - http://www.countyhealthrankings.org/

8 National Diabetes Fact Sheet - Diabetes at a Glance 2016
http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm

9 Prediabetes in CA: Nearly half of CA adults on Path to Diabetes -
http://healthpolicy.ucla.edu/publications/Documents/PDF/2016/prediabetes-brief-mar2016.pdf

10 County Community Health Needs Assessment – Napa, Solano and Yolo Counties

11 Napa, Solano and Yolo Counties websites