

GNA Report
Cover Sheet

HEALTH PLAN NAME: Partnership HealthPlan of California		
Mailing Address: <i>(Street address, P.O. Box, City, State, Zip Code)</i> 360 Campus Lane Ste 100 Fairfield, CA 94534		
CONTACT PERSON		
Printed Name: <i>(First, Last)</i> Betsy Campbell		Title: Senior Health Educator
Telephone number: (707) 863-4256	Fax number: (707) 863-4311	Email address: bcampbell@partnershiphp.org
<input type="checkbox"/> MED-CAL MANAGED CARE (MMCD) GNA REPORT <input type="checkbox"/> EXECUTIVE SUMMARY <input type="checkbox"/> FULL REPORT		
Report Due Date: <input type="checkbox"/> October 15, 2011 <input type="checkbox"/> October 15, 2016		
Counties Served:		
<input checked="" type="checkbox"/> HEALTHY FAMILIES PROGRAM (HFP) GNA REPORT (FULL REPORT)		
Report Due Date: <input checked="" type="checkbox"/> September 30, 2011 <input type="checkbox"/> September 30, 2016		
Counties Served: Solano, Napa, Yolo, Sonoma, Marin and Mendocino		
ABOUT THIS REPORT		
This Report Covers: <input type="checkbox"/> MMCD Only <input checked="" type="checkbox"/> Healthy Families Program Only <input type="checkbox"/> MMCD & Healthy Families Program		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		
Printed Name <i>(First, Last)</i> : Peggy Hoover, RN		Title: Director of Health Services
Signature:		Date:

Table of Contents

I.	Executive Summary.....	2
II.	Introduction/Overview.....	3
III.	Data Sources & Methodology.....	3
IV.	Healthy Families Program Member Demographics and by County.....	4
V.	Understanding the C&L Services and Health Education Needs from the Members Perspective.....	9
VI.	Plan-Specific HFP Members Health Status, Disease Prevalence, and Gap Analysis	10
VII.	Key Recommendations, Planned Actions & Conclusions.....	10
VIII.	References.....	11

The needs assessment was compiled and written by the Senior Health Educator at Partnership HealthPlan of CA, who is responsible for planning, coordinating, implementing, and evaluating health education programs and services for the health plan, and also responsible for PHC's Cultural and Linguistic services.

I. Executive Summary

Partnership HealthPlan of California (PHC) is a Medi-Cal managed care plan that began operation on May 1, 1994 as a “county organized health system” in Solano County. PHC has expanded geographically to Napa, Yolo, Sonoma, Marin and Mendocino counties in 1998, 2001, 2009, and 2011 respectively. PHC began the Healthy Families Program (HFP) in October 2010 and currently serves 972 members.

The Health Education and Cultural and Linguistic Group Needs Assessment (GNA) is designed to build upon previously conducted needs assessment and to use multiple, reliable internal and external resources. The overarching goal of the GNA is to improve health outcomes for members enrolled in the HFP by identifying the health education and cultural and linguistic needs of members, assessing available health education and cultural and linguistic programs and resources, and identifying gaps in services.

Since PHC HFP began less than a year ago, there is no plan-specific health status, disease prevalence, statistics or gap analysis available for members at this time. Data obtained from county agencies and other entities have been utilized to complete this report.

PHC serves HFP members in four counties, Solano 48%, Napa 2%, Yolo 37% and Sonoma 13%. The gender breakdown is very closely aligned with 48% females and 52% males. The largest population of members is Hispanics with the least being Alaskan Native/American Indian which is less than one percent. Fifty-three percent spoken language is English with 46% preference is Spanish, all others is <1%.

Key findings from the GNA member survey include:

- 79% receive written health education from their doctor’s office, and 97% find the information easy to read.
- 23% “do not know what is available” when asked if there’s any difficulty in getting information and support to stay healthy.
- 59% prefer to speak Spanish when talking with their doctor
- Use of professional interpreter is low; however, an open-ended question was posed “if a family member or friend interpret for you it’s because,” 57% Spanish respondents states no interpreter needed, 41% need an interpreter, and 25% rely on a family member or friend to interpret for them.

Key Health Factors by County

Solano County residents were surveyed in 2010 and 40% indicated that violence and crime were far the greatest detriments to health. When asked the “greatest health need in the county”, respondents identified the top needs as affordable and available services, health insurance coverage, issues related to food, nutrition and weight.

Napa County residents were surveyed in 2010, 30% of the Spanish respondents identified the most frequent health detriment is pesticides. Findings regarding the greatest needs in the county were similar to Solano County, with affordable and available services, health insurance coverage, and issues related to food, nutrition and weight as the top needs.

Yolo County residents participated in focus groups and key informant interviews in 2010, which included two important questions: 1.)What is the number one health issue you and your family deal with the most? 2.) What are the challenges and obstacles you face when working to maintain and/or improve your health, and when seeking healthcare from a professional? Findings to both questions were very similar to Napa and Solano counties, affordability of healthcare specifically health insurance; locating physicians, specialists, dentists, mental/behavioral health, and other providers who accept Medi-Cal and/or work at reduced rates; navigating a complex and inefficient safety net including the social services system; poor diet resulting from the lack of affordable and accessible healthy foods; cultural barriers of the system, which includes language and social customs; and the stress of being poor.

Sonoma County residents were surveyed in 2010 and have identified health care needs for children’s oral health, childhood obesity, nutrition and fitness; youth alcohol, tobacco and other drug use; and perinatal alcohol, tobacco and other drug use.

The key recommendation for this assessment is to review the Medi-Cal GNA and combine efforts based upon the findings.

II. Introduction/Overview

Partnership HealthPlan of California (PHC) is a Medi-Cal managed care plan that began operation on May 1, 1994 as a “county organized health system” in Solano County. PHC has expanded geographically to Napa, Yolo, Sonoma, Marin and Mendocino counties in 1998, 2001, 2009, and 2011 respectively. PHC began the Health Families Program (HFP) in October 2010 and currently serves 972 members.

In compliance with contract requirements of the Managed Risk Medical Insurance Board (MRMIB), a Health Education and Cultural and Linguistic Group Needs Assessment (GNA) must be conducted on a periodic basis.

The purpose of the GNA is to:

- Describe the demographics of our Healthy Families members in terms of race, age, language and special needs.
- Assess health status, health risks and service utilization of our membership and compare to county and state data and other benchmarks.
- Identify health disparities and possible barriers to accessing health information.
- Survey our membership to identify health education interests and access as well as linguistic needs, which provides services for Solano, Napa, Yolo and Sonoma counties.

The goal of the needs assessment is to:

- Determine the health education and cultural and linguistic needs of Healthy Families members.
- Develop recommendations to address emerging needs and identified gaps.
- Prioritize areas for health education and quality improvement efforts.

III. Data Sources & Methodology

Data was collected from various sources for the Healthy Families Group Needs Assessment and a survey was conducted with the members. The sources and methods are described below.

Demographic Reports from HFP Membership

The member demographic information in this report is based on HFP member enrollment data received as of August 2011. The data is based on Healthy Families enrollment information received through downloads from the Managed Risk Medical Insurance Board (MRMIB). This demographic report reflects the race/ethnicity, age, gender, geographical residence, and language spoken and written by our HFP members.

GNA Survey

A member survey was conducted by using a core set of questions approved by MRMIB and the Medi-Cal Managed Care Division (MMCD) of the Department of Health Care Services, and developed by the MMCD Health Education/Cultural and Linguistic Workgroup. The final survey used by PHC included 13 questions, and an additional 4 open-ended questions. The surveys were mailed to 504 Healthy Families households, (238 English & 266 Spanish). As an incentive, respondents were entered into a drawing for a \$50 Target gift card awarded to the first 50 responders.

CAHPS Data

None to include for HFP members

Other Data Sources

The public health departments in Solano, Napa and Sonoma counties have compiled a Community Assessment Report which was used as a source for health status and risks for those three counties. The data for Yolo County was provided by the county’s epidemiologist. In addition, various data sources such as the California Health Interview Survey (CHIS) database and kidsdata.org were used to compile county and state statistics on key aspects of children’s health.

IV. PHC Healthy Families Program Demographics

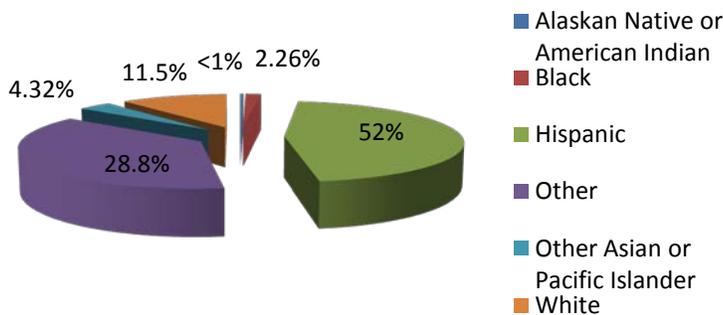
Partnership HealthPlan of CA (PHC) acquired the Healthy Families Program (HFP) on October 1, 2010. As of August 2011, there were 972 HFP members with PHC. The following graphs will describe the membership, where they live, race/ethnicity, written, as well as their primary language.

TOTAL HFP MEMBERSHIP BY RACE AND AGE All Counties

	Caucasian	Hispanic	Black	Alaskan Native/ American Indian	Asian/ Pacific Islander	Other	Total	2011 % of Total
Age 00-05	35	143	5	1	11	117	312	32%
Age 06-11	44	217	7	2	13	88	371	38%
Age 12-19	33	150	10	3	18	75	289	30%
Total	112	510	22	6	42	280	972	100%
% of Total	11.5%	52%	2.26%	<1%	4.32%	28.8%	100%	

Race, Ethnicity, Age and Gender

A total of 972 HFP members are served within the four counties; Solano 48%, Napa 2%, Yolo 37% and Sonoma 13%. The gender breakdown is very closely aligned; there are a total of 468 females 48% and 504 males 52%. The graph below illustrates the largest population of all age categories is Hispanics 52%, the least is Alaskan Native/American Indian at <1%.



Spoken language 53% English; 46% Spanish; other languages are <1%

Written language data supplied to PHC was collected manually from members, and may be incomplete. To date, 100% of members have written language recorded: 52% English and 45% Spanish, 3% combination.

Top 3 languages spoken by < 1% members:

- Korean
- Vietnamese
- Farsi

Children with Special Health Care Needs

PHC has a very small population of nine (9) children that are enrolled in the HFP who are receiving services from the California Children Services (CCS). PHC's most common CCS cases are: premature infants requiring NICU stays, diabetes, hearing loss, seizures and traumatic injuries.

SOLANO COUNTY

POPULATION OF Solano County: In 2010 Solano County had a total population of 413,344; 206,195 (49%) are male and 207,149 (50.1%) female. The median age is 36.9 years. Twenty-seven percent of the population is under 19 years and 11% is 65 years and older. For people reporting one race alone, are 92.4%, a total of 56.9% are White; 17.3% are Black/African American; 2.3% are American Indian/Alaska Native; 18.1% are Asian; 1.9% are Native Hawaiian/Other Pacific Islander, and 12.3% is some other race. People that reported two or more races, 7.6%, Hispanic or Latino 24%. People of Hispanic origin may be of any race, overall population identifies themselves as Hispanic or Latino, while among children under 18 years of age the proportion is closer to 30%.

Top 3 County Health Indicators

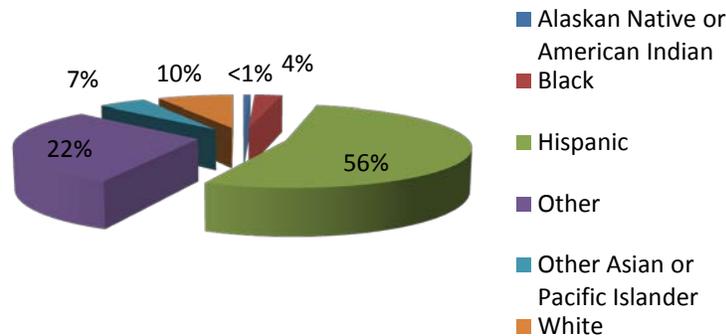
Teen Birth: In 2009 Solano County reported 451 teen births (15-19), and 4 under age 15; white teens aged 15-19 had a teen birth rate of 14.2 births per 1000 females and Asian teens had a rate of 7.4 per 1000. However, African Americans had a teen birth rate of 55.8 and Hispanics have a teen birth rate of 47.2, rates that are almost twice that of the county average.

Childhood Obesity: The Pediatric Nutrition Surveillance System which is available through 2009 shows overweight and obese percentage for children ages 15-19 is 43.2%.

Hospitalization for children with asthma: The hospital rate for children with asthma ages 0-4 was the highest of all age groups. The rate of admits per 10,000 children; ages 0-4 (12.2 admits), and 5-17 (3.6 admits). African-Americans rate continues to be more than twice the rate for any other group with whites having the second highest rate. Solano County continues to have a high prevalence rate for children with asthma.

Health care needs: Residents completed a community survey during 2010, 40% indicated that violence and crime were far the greatest detriments to health. When asked the greatest health need in the county, respondents indicated that the top needs are affordable and available services, health insurance coverage, issues related to food, nutrition and weight. **Teen/Youth:** A focus group conducted with youth indicated that many the indicators of teen health that rely on self-reported data are not consistent with the teens own perception of health related concerns and challenges. In response to the question "What health issues are you most concerned about?" the teens that were present, including friends whom they posed the same question by text message, concerns were as follows: STD; diabetes; cancer; weight loss and side effects from birth control medication.

Solano County has the largest population of HFP members with a total of 466 with 48% females and 52% males. The graph below illustrates the demographic of the HFP members by their ethnicity and the chart breakdown ethnicity by age category.



	Alaskan Native or American Indian	Black	Hispanic	Other	Other Asian or Pacific Islander	White	Total 2011:
Solano County							
00-05	1	4	74	42	7	11	139
06-11		5	114	35	12	20	186
12-18	3	9	74	25	13	16	140
19+			1				1
Total:	4	18	263	102	32	47	466

Currently, there are no Plan-specific HFP member health status, disease/condition prevalence, statistics and gap analysis available for comparison.

NAPA COUNTY

POPULATION OF Napa County: In 2010, Napa County had a total population of 133,000 - 65,000 (48%) females and 69,000 (52%) males. The median age was 38.5 years. Twenty-two percent of the population was under 18 years and 15% was 65 years and older. For people reporting one race alone, 82% was White; 2% was Black/African American; less than 0.5% was American Indian/Alaska Native; 6% was Asian; 1% was Native Hawaiian/Other Pacific Islander, and 7% was some other race. Three percent reported two or more races. 30% of the people in Napa County were Hispanic. 59% of the people in Napa County were White non-Hispanic. People of Hispanic origin may be of any race, overall population identifies themselves as Hispanic or Latino, while among children age 0-5 the proportion is closer to 50%.

Top 3 County Health Indicators

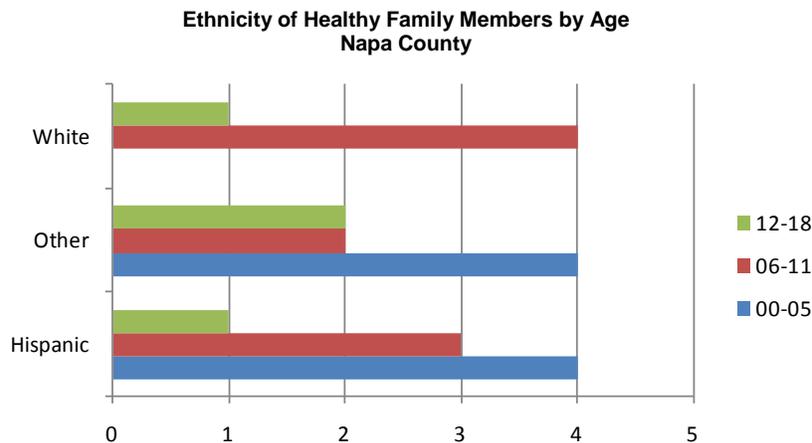
Childhood Obesity – The 2008-09 California Physical Fitness Test data showed the percentage of children in Napa County in grades 5, 7, and 9 are considered overweight (based on body composition factors) the rates were 34.3%, 30.9%, and 30.6%, respectively. The Napa County rates mirror the state rates for students tested in these grades except for the 5th graders, which in California was lower at 31.6%.

ER visits for children with asthma: In 2009 Napa County reported there were 457 children in the age ranges from 0-17 years old that were seen in ER due to asthma.

Adolescent Alcohol and Drug Use and Abuse: In Napa County, 5% of 7th graders reported using cigarettes or marijuana in the last 30 days, although 14% said they had used alcohol. Among 9th graders, 11% reported smoking cigarettes, 13% using marijuana, and one-quarter using alcohol in the past 30 days. Use rates increase with grade level. Seventeen percent of 11th graders reported cigarette use in the last 30 days, 22% marijuana, and 40% alcohol.

Health Care Needs: Approximately 800 residents completed a 2010 community survey, 30% Spanish respondents indicated the most frequent health detriment is pesticides. Findings regarding the greatest needs in the county were similar to Solano County, with affordable and available services, health insurance coverage, and issues related to food, nutrition and weight were the top needs.

In Napa County, PHC serves 21 Healthy Families members. There are 4% females and 6% males. 48% HFP members report their spoken and written language is English, and 52% spoken and written language is Spanish.



Napa County	Hispanic	Other	White	Total 2011:
00-05	4	4		8
06-11	3	2	4	9
12-18	1	2	1	4
Total:	8	8	5	21

Currently, there are no Plan-specific HFP member health status, disease/condition prevalence, statistics and gap analysis available for comparison.

YOLO COUNTY

POPULATION OF Yolo County: In 2010, Yolo County had a total population of 200,849 – 97,935 (48.8) male and 102,914 (51.2%) female. The median age is 30.4 years. 28.3% of the population is under 19 years and 9.9% is 65 years and older. For people reporting one race alone, is 94.2% , a total of 63% was White; 2.6% was Black/African American; 1.1% was American Indian/Alaska Native; 13% was Asian; 0.5% was Native Hawaiian/Other Pacific Islander, and 13.9% was some other race. People that reported two or more races, 5.8%, Hispanic or Latino 30.3%. People of Hispanic origin may be of any race, overall population (56.7%) identifies themselves as Hispanic or Latino, while among children under 18 years of age the proportion is closer to 41%.

Top 3 County Health Indicators

Childhood Obesity: Yolo County has seen an increase in childhood obesity; some groups are impacted more than others. Hispanic youth have higher rates of unhealthy weight than other ethnic groups. High rates are also evident among low income children with 33% of low income children age 2-4 years and 43% of low income children age 5-19 years being obese or overweight.

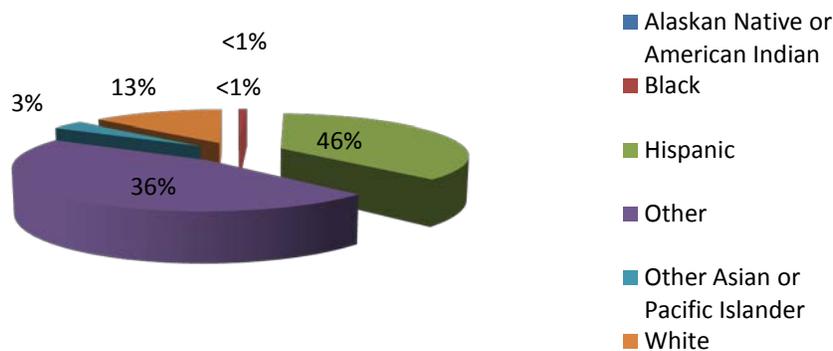
Teen Birth: In 2010, there were 174 teen births in Yolo County. In 2010 teen birth rate were 15.6 births per 1,000 females age 15-19, which is lower than the 2009 rate and compares favorably to the CA statewide rate (32.1 births per 1,000 females age 15-19). There are notable teen birth hot spots in Yolo County with significant disparity based on geography, socioeconomic status, and ethnicity.

Hospitalization for children with asthma (5-17) In 2009 Yolo County reported small number of (1-4) children hospitalized due to asthma. Yolo County has achieved the National Healthy People 2010 goal for reducing hospitalization due to asthma in children.

Health Care Needs: Yolo County residents were interviewed on health care needs in the county the following needs were identified: affordability of healthcare specifically health insurance; locating physicians, specialists, dentists, mental/behavioral health, and other providers who accept Medi-Cal and/or work at reduced rates; navigating a complex and inefficient safety net including the social services system; poor diet resulting from the lack of affordable and accessible healthy foods; cultural barriers of the system, which includes language and social customs; and the stress of being poor.

Yolo County has the second largest population of HFP members with a total of 363; 47% females and 53% males. The chart below illustrates Hispanics HFP members 46% makes up the largest of all ethnic groups. There are 48% HFP members that report their spoken and written language is English, and 52% spoken and written language is Spanish.

Ethnicity of Healthy Family Members by Age
Yolo County



Yolo County	Alaskan Native or American Indian	Black	Hispanic	Other	Other Asian or Pacific Islander	White	Total 2011:
00-05		1	44	55	4	16	120
06-11	2	2	70	41	1	18	134
12-18		1	53	35	5	14	108
19+			1				1
Total:	2	4	168	131	10	48	363

Currently, there are no Plan-specific HFP member health status, disease/condition prevalence, statistics and gap analysis available for comparison.

SONOMA COUNTY

In 2010, the county population was just under half a million people (483,878). Santa Rosa, the county seat, and its surrounding urbanized area account for about 50% of the population. Approximately half of the remaining population is located in the six incorporated cities located on the Highway 101 corridor spanning south to north in the center of the county. The ethnicity of Sonoma County's population is predominately White, non-Hispanic (66%). Hispanics represent 24% of the population. The remaining population is made up of Blacks, Asians, Native Americans and individuals of mixed race. About 17% of the population was born outside of the United States. 20% of the total population is women of reproductive age.

Top 3 County Health Indicators

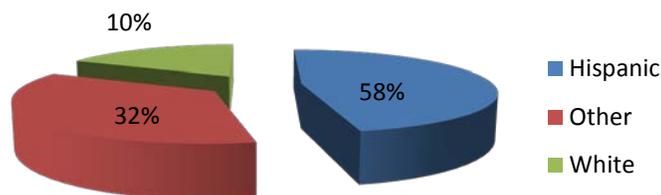
Teen Births: In 2010 there were 5,383 births in the county. This number was the fewest in ten years and less than the average of the last five years (5,700). Births to White Hispanic mothers represent 41% of all births. Approximately 22% of Sonoma County residents are under 18 years of age.

Childhood Obesity: Sonoma County continues its intense focus on the epidemic of obesity, especially childhood obesity, since the last Community Health Needs Assessment (2008-2011) highlighted the impact on people's lives, and the impact in the community. As obesity rates continue to skyrocket, even young children are experiencing type 2 diabetes, high blood pressure and other physical consequences, as well as emotional problems. Higher rates of overweight and obesity are reported among Hispanic children, ages 5-19. In 2008, Sonoma County's Hispanic children and teens represent higher rates of overweight and obesity than their white non-Hispanic counterparts. (21%) low-income Hispanic children (5-19) were overweight and 25% were obese, while 16% of Hispanic children under age 5 were overweight and 16% were obese in 2008. (18%) white non-Hispanic children (5-19) were overweight and 17% were obese (a decrease of 3% since 2005) and 17% of white, non-Hispanic children under age 5 were overweight and 12% of white, non-Hispanic children under age 5 were obese in 2008.

Hospitalization for children with asthma: In 2009 the asthma hospitalization rate for ages 5-17 was 2.8 admits per 10,000 populations. Asthma hospitalization rates reflect the most severe episodes; most asthmatic children never need to be hospitalized. Sonoma has had a strong asthma coalition which was very active in providing education to the community. Recently, the coalition lost their funding, and the work is being continued by volunteers.

Health Care Needs: Sonoma County residents were surveyed in 2010 and have identified health care needs for children's oral health, childhood obesity, nutrition and fitness; youth alcohol, tobacco and other drug use; and perinatal alcohol, tobacco and other drug use.

Ethnicity of Healthy Family Members by Age by County
Sonoma County



Sonoma County	Hispanic	Other	White	Total 2011:
00-05	21	16	8	45
06-11	30	10	2	42
12-18	20	13	2	35
Total:	71	39	12	122

Currently, there are no Plan-specific HFP member health status, disease/condition prevalence, statistics and gap analysis available for comparison

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

A seventeen-question survey was completed by 252 PHC members enrolled in the Healthy Families Program, providing insight into members' learning preferences, health interests, and cultural and linguistic needs. Of the 504 surveys mailed, a return rate of 50% were completed; English (38%) and Spanish (62%).

HEALTH EDUCATION NEEDS

Most members 79% reported that they currently receive written health information from their doctor's office and of those, 97% feel the information is easy to read. Overall, 97% of respondents said that they are "very happy" or "happy" with health education materials or classes that are provided from the doctor's office, clinic, hospital or health plan.

Over the past year, the primary ways that respondents learned more about their health was by speaking to a doctor 42%, getting health advice from the Internet 17%, using a self-care handbook to look up health information 16%, speaking to a nutrition specialist 12%, and speaking to a health educator 8%. The majority 64% report they have no difficulty getting the information and support they need to stay healthy. Spanish-language respondents were more likely than others to experience barriers such as not knowing what is available and lack of transportation. Twenty-three percent of respondents said that they do not know what is available in terms of learning more about health.

Respondents expressed interest in learning about a wide range of health topics, with healthy eating 56%, exercise 46%, parenting 42% and healthy teeth 34% at the top of their list. Notably, thirty-three percent were interested in learning more about "weight loss," and another thirty-three percent were interested in more adult health conditions, such as diabetes. Twenty-three percent wanted more information on how to use the health plan.

Thirty percent of the respondents use the Internet always, and 44% sometimes, 11% rarely and 15% never use the Internet.

When asked "how you like to learn about health," respondents indicated a strong preference for obtaining health information through printed media, with 53% of all saying they like to "read a newsletter or brochure." The second preference for Spanish-language respondents was video/DVD 36%, vs. 50% for newsletters or brochures; the second preference for English-language respondents was the Internet 48% vs. 56% for newsletters or brochures. Spanish speakers were more likely than English speakers to say they like to attend a class, workshop or support group 22% vs. 7%.

CULTURAL AND LINGUISTIC NEEDS

Language may present a communications barrier for some members. Fifty-nine percent of the respondents prefer to speak Spanish when talking with a doctor. 67% of those who responded to the survey in Spanish noted that the doctor does not speak their language, and 41% of the Spanish-language respondents need an interpreter when talking with the doctor. Most of the Spanish-language respondents who need an interpreter rely on an office staff 60% or a family member or friend 25% to interpret for them.

An open-ended question was asked "if a family member or friend interprets for you it's because," 57% Spanish respondents indicated, no interpreter needed, I didn't use a family member 20%, and I feel more comfortable when a family member interprets for me 11%. Another open-ended question was asked, "Who would you prefer to interpret at your doctor's visit." Overall, 51% stated no interpreter needed, 30% Spanish respondent states no interpreter needed, 48% prefer doctor, nurse or medical assistant to interpret. (Multiple responses sum to more than 100 %).

When asked about cultural beliefs, over half 57% of all respondents reported that their health beliefs never conflict with their doctor's advice, 17% rarely, 16% sometimes, 9% always.

Summary

Overall, this survey suggests that the member newsletter is an acceptable method for communicating health information to our health plan members, and most prefer health information from the health plan be mailed to the home. In addition, 79% receive information at their doctor's office and almost everyone felt these materials are easy to read, which a very positive result is. The survey also indicates that more members are using the Internet than anticipated, especially our English speaking HFP members as a learning method.

Having Spanish language services in provider offices is helpful for 48% of the population that needs it. However, 57% of all Spanish speaking respondents indicated no interpreter is needed when talking with their doctor. In addition, a small percentage 3% reported that they have difficulty getting information and support to stay healthy because information is not available in the Spanish language. When the open-ended question was asked, "Who would you prefer to interpret at your doctor's visit, there was an overall response of 51% no interpreter is needed, 30% Spanish respondent states no interpreter is needed and 48% prefer their health care provider or staff to interpret, and 11% would prefer a professional interpreter.

Parents indicated interest in learning more about a wide range of health topics that included both adult and childhood issues, with healthy eating, exercise, parenting, and healthy teeth (dental care) being at the top of the list. Thirty-three percent of members want to learn more about weight loss and diabetes. Twenty-three percent want to learn more about how to use the health plan, asthma, and sadness and depression.

VI. Plan-Specific HFP Members Health Status, Disease Prevalence, and Gap Analysis

Since PHC HFP began less than a year ago, there is no plan-specific health status, disease prevalence, statistics or gap analysis available for members at this time.

VII. Key Recommendations, Planned Actions and Conclusions

PHC has approximately 90,000 – 100,000 Medi-Cal child-members and planned actions for that population will translate to the HFP members. Listed below are the top four (4) planned actions for the Medi-Cal population that can be applied to HFP members:

- PHC will create a presence on social networking sites to encourage faster and more informal communication between members, providers and the health plan.
- PHC will begin encouraging all members and providers to use electronic systems in place of phone services and track usage stats for each.
- PHC will deliver all member and provider newsletters in formats that are operationally feasible and chosen by the recipients.
- PHC will have a more user friendly, easily navigable website design in place with interactive features and may include profile functionality for members to log into their own "accounts", as well as features for providers and interested site visitors.

In conclusion, PHC will be a participating health plan in the benefit year 2011-2012 and will collect plan-specific data for comparisons when more information is available.

VIII. References

1. U.S. Bureau: State and County Quick Facts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, California Department of Finance, California Health Interview Survey (CHIS)
2. County of Solano, Public Health Department and Maternal Child and Adolescent Health Program
3. County of Napa Public Health, Napa County Community Health Needs Assessment Survey, October 2010
4. County of Yolo Public Health, Yolo County Health Status Report – 2010-2011; Investing in Our Community’s Future
5. County of Sonoma, Public Health Department. Maternal Child and Adolescent Health Program, Healthy Sonoma – 2008-2011 Sonoma County Needs Assessment
6. Data and resources about the health of kids - www.kidsdata.org