


**GNA Report**  
Cover Sheet

<b>HEALTH PLAN NAME:</b> <b>Partnership HealthPlan of California</b>		
Mailing Address: <i>(Street address, P.O. Box, City, State, Zip Code)</i> <b>360 Campus Lane Ste 100 Fairfield, CA 94534</b>		
<b>CONTACT PERSON</b>		
Printed Name: <i>(First, Last)</i> <b>Betsy Campbell</b>		Title: <b>Senior Health Educator</b>
Telephone number: <b>(707) 863-4256</b>	Fax number: <b>(707) 863-4311</b>	Email address: <b>bcampbell@partnershiphp.org</b>
<input checked="" type="checkbox"/> <b>MED-CAL MANAGED CARE (MMCD) GNA REPORT</b> <input checked="" type="checkbox"/> <b>EXECUTIVE SUMMARY</b> <input type="checkbox"/> <b>FULL REPORT</b>		
Report Due Date: <input checked="" type="checkbox"/> <b>October 15, 2011</b> <input type="checkbox"/> <b>October 15, 2016</b>		
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<input type="checkbox"/> <b>HEALTHY FAMILIES PROGRAM (HFP) GNA REPORT (FULL REPORT)</b>		
Report Due Date: <input type="checkbox"/> <b>September 30, 2011</b> <input type="checkbox"/> <b>September 30, 2016</b>		
Counties Served:		
<b>ABOUT THIS REPORT</b>		
This Report Covers: <input checked="" type="checkbox"/> <b>MMCD Only</b> <input type="checkbox"/> <b>Healthy Families Program Only</b> <input type="checkbox"/> <b>MMCD &amp; Healthy Families Program</b>		
<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>		
Printed Name <i>(First, Last)</i> : <b>Betsy Campbell, MPH</b>		Title: <b>Senior Health Educator</b>
Signature: 		Date: <b>10/14/2011</b>

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## Executive Summary

Partnership HealthPlan of California (PHC) is a Medi-Cal managed care plan that began operations on May 1, 1994 in Solano County. PHC has expanded geographically to Napa, Yolo, Sonoma, Marin and Mendocino counties in 1998, 2001, 2009, and 2011 respectively. PHC currently serves 185,852 Medi-Cal recipients that are residents of all six counties.

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

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

PHC continues to primarily serve women and children, of which 53% of the members are under the age of 21, and 31% of this group, are Hispanic. Children age five and under make-up 18% of the membership, which is a small decrease from 20% in 2007. Hispanic children comprise of 54% vs. 48% reported in 2007. The largest membership of Whites, African Americans/Blacks and Hispanics are in the age group 12-21 and 22-44; 19% which remains the same compared to 2007. English continues to be the primary language spoken by members. Currently, 68% of members are identified as English-speaking and 24% of members are identified as Spanish speaking. Although Russian is a threshold language <1% identify as speaking the language.

Geographically, PHC's membership has increased significantly since the 2007 GNA partly due to the expansion of three additional counties and the downturn of economic conditions. Solano County continues to have the largest membership from 50,912 reported in 2007 to 59,135 in 2011. Napa County distribution of membership has increased from 10,370 in 2007 to 13,715 in 2011 and Yolo County distribution of membership has increased from 23,597 in 2007 to 25,922 in 2011. PHC acquired members in Sonoma (50,735), Marin (16,876) and Mendocino (19,469) counties in 2009 and 2011. The city of Santa Rosa (26,851) has the largest population of PHC members. In comparison to the 2007 GNA, Vallejo had the largest number of members; there has been a significant increase from 16,595 to 22,047 in 2011.

The health status indicator for the six counties shows that chronic conditions are on the rise; which includes diabetes, asthma and overweight/obesity. The conditions that are affecting PHC's Medi-Cal adult and child members are diabetes, asthma, otitis media, and obesity. The SPD population has high rates of diabetes, kidney disease, hypertension, obesity and congestive heart failure. The burden of disease varies by ethnicity with Hispanics and African American more likely to be affected. PHC's 2010 HEDIS<sup>®</sup> shows that Hispanics and African Americans are less likely to have controlled diabetes, hypertension, asthma and obesity. The total number of diabetics has nearly doubled compared to 2007 and 2010, (6,600 vs. 12,000). In Sonoma County, the Hispanics and African American are screened more often, but show lower rates in control.

The 2010 HEDIS<sup>®</sup> also shows utilization of preventive care measures in the areas of immunizations, adolescent well care, prenatal care, breast cancer and cervical screenings improved compared to the 2009 scores and exceed the minimum performance level (MPL).

A new Cultural and Linguistic tool was developed in 2009 to monitor the use of interpreter services. Developing this tool enables PHC to collect and report interpreter service utilization data more accurately. In 2009, there were 48 members

that received interpreter services compared to 72 members in 2010. Request for interpreter services increased in 2010 compared to 2009 (144 vs.72). In 2009 there were (71) requests for face-to-face and American Sign Language (ASL -73). In 2010, there was a slight decrease in request for both face-to-face and ASL. However, there was a significant increase in the Spanish language request in 2010 (31) compared to (1) in 2009. There was also an increase in the Russian language request in 2010 compared to 2009. Compared to 2009, there was a significant increase in request for ASL services in 2010 (157 vs. 73).

#### **Key findings from the GNA member survey:**

- 36% of members do not receive written health information from their doctor's office.
- 45% of members have difficulty getting the information and support they need to stay healthy, barriers include; "do not know what is available, lack of transportation, and information not available in my language."
- Members expressed interest in learning about a wide range of health topics: healthy eating, exercise, diabetes, weight loss, cholesterol or heart health, healthy teeth and high blood pressure.
- An open ended question was asked "*if a family member or friend interprets for you, it's because.*" The Spanish members indicated that they feel more comfortable when a family member interpret for them.
- Use of interpreter services are low and members continue to use family members or friends as interpreters.

#### **PHC's 2010 C&L Survey**

- When asked, "how they would describe their or their child's health." Russian members (56% fair or poor) viewed themselves or their child as less healthy compared to other ethnicities.

#### **CAHPS**

- 80% of members report not smoking or using tobacco, of those who do, over half (55%) report their doctor never recommend or discuss medication therapy.
- 43% of members says that their or their child's doctor never talk about specific things to help prevent illness.

#### **Key recommendations:**

##### **Children**

- Identify and develop materials on preventive health needs for children
- Include regular articles in the member newsletter on healthy eating and physical activity for children.
- Research the viability of purchasing "What to do When Your Child Get Sick" books.

##### **Adults**

- Expand health education materials on healthy eating, diabetes, smoking cessation and mental health including depression and anxiety.
- Identify or develop and translate health education materials in the Russian language.
- Educate members about the availability of interpreter services.
- Identify strategies to increase Provider's utilization of interpreter services.
- Deliver all member and provider newsletters in formats that are operationally feasible and chosen by the recipients.
- Provide 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.
- Evaluate the possibility of categorizing the HEDIS® data by ethnicity at the Provider level and disseminate findings.

##### **SPD**

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

## II. Introduction/Overview

Partnership HealthPlan of California (PHC) is a Medi-Cal managed care plan that began operations on May 1, 1994 in Solano County. PHC has expanded geographically to Napa, Yolo, Sonoma, Marin and Mendocino counties in 1998, 2001, 2009, and 2011 respectively. PHC currently serves 185,852 Medi-Cal recipients that are residents of all six counties.

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

PHC's lines of business include Medi-Cal managed care, Healthy Families Program, Healthy Kids, and Medicare Advantage Special Needs Plan (SNP), doing business as "Partnership Advantage" (PA).

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 Senior Health Educator. The development of the GNA includes input from the Cultural and Linguistic Committee, which consist of the Director of Health Services; Director of Provider Relations; Director of Members Services; Deputy Executive Director/Chief Operating Officer and Privacy Officer, Regulatory Affairs Manager. The PI & Decision Support Supervisor and Quality Improvement Coordinator generated Healthcare Effectiveness Data and Information Set (HEDIS) and claims and encounter data. Key staff from member services and a volunteer from Administration provided reporting on the member surveys. This report was reviewed and approved by PHC Chief Medical Officer (CMO).

### III. Data Sources and Methodology

PHC's 2011 Medi-Cal Health Education and Cultural and Linguistic GNA was developed using a variety of reliable data sources which includes but are 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 July 2011 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 received effective August 2011. 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 final survey used by PHC included 13 questions, and an additional 4 open-ended questions. The surveys were mailed to 1355 Medi-Cal managed care member households, with a return rate of 30%. English (47%), Spanish; (39%), and Russian (14%). As an incentive, respondents were entered into a drawing to receive a \$50 Target gift card awarded to the first 50 responders.

#### PHC C&L Member survey

- A written cultural and linguistic survey was developed by PHC and administered biannually to assess the C&L needs of the adult and child member population. The survey was mailed to 4,469 member households; 48% responders completed the survey. Survey responders are not offered an incentive for their participation.

#### 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 July 2011. Questions address such areas as getting needed care, getting care quickly, how well doctors communicate, customer services; and shared decision making. Key results are included in Section V.

#### Emergency Room (ER)

- ER utilization for calendar year 2010 compiled from DHCS collaborative on Reducing Avoidable ER Visits data; by product line, top reasons for visits and percentages.

#### County Data

- County Data was obtained through the Public Health and Health Services Department of Epidemiology.

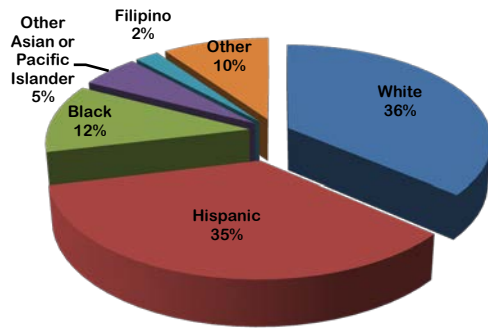
#### National Data

- Reviewed data from the United State Census Bureau, California Department of Public Health, Center for Disease Control (CDC) and Healthy People 2010 & 2020 were used where applicable. The California Health Interview Survey (CHIS) and National Diabetes Fact Sheet 2011.

## IV. MMCD Member Demographics

As of August 2011, PHC serves 185,852 Medi-Cal managed care members, demonstrates an increase of 100,973 from the 84,879 members cited in the 2007 GNA. This increase is largely due to the expansion to Sonoma, Marin and Mendocino counties.

The graph below illustrates the current race and ethnic composition of PHC members for all six (6) counties based on the enrollment data. Although, Whites continue to comprise the majority of PHC's membership, Hispanics represent the largest membership in Napa and Yolo counties, African Americans/Blacks represent the largest population in Solano County.



All Counties	Total 2011	%	Total 2007	%	CA
White	67,332	36%	26,696	32%	21,453,934
Hispanic	65,054	35%	26,222	31%	28,027,438
AA/Black	21,366	12%	16,529	19%	2,299,072
Other Asian or Pacific Islander	10,012	5%	3,799	4%	635,547
Filipino	4,074	2%	3,344	4%	1,253,102
Native American					362,801
Other	18,014	10%	8,289	10%	7,023,538
<b>Sum:</b>	<b>185,852</b>		<b>84,879</b>		<b>37,253,956</b>

Census figures applies to all ages (children & adults) - % may not equal exactly 100% due to rounding off

### Age and Gender

PHC continues to primarily serve women and children, with 53% of the members are under the age of 21, and 31% of this group are Hispanic. Children age five and under make-up 18% of the membership, which is a small decrease from 20% in 2007. Hispanic children comprise of 54% vs. 48% reported in 2007. The largest membership of Whites, African Americans/Blacks and Hispanics are in the age group 12-21 and 22-44; 19%, which remains the same compared to 2007.

### Spoken Language

English continues to be the primary language spoken by members. Currently, 68% of members are identified as English-speaking and 24% of members are identified as Spanish speaking. Although Russian is a threshold language <1% identify as speaking the language.

### Geographic Distribution

PHC's membership has increased significantly since the 2007 GNA partly due to the expansion of three additional counties and the downturn of economic conditions. Solano County continues to have the largest membership from 50,912 reported in 2007 to 59,135 in 2011. Napa County distribution of membership has increased from 10,370 in 2007 to 13,715 in 2011 and Yolo County distribution of membership has increased from 23,597 in 2007 to 25,922 in 2011. PHC acquired members in Sonoma (50,735), Marin (16,876) and Mendocino (19,469) counties in 2010 and 2011. The city of Santa Rosa (26,851) has the largest population of PHC members. In comparison to the 2007 GNA, Vallejo had the largest number of members; there has been a significant increase from 16,595 to 22,047 in 2011.

### Seniors and Person with Disabilities (SPD)

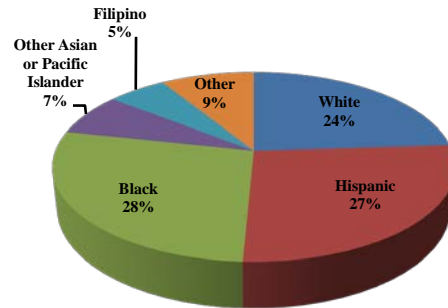
As of September 2011, a total of 61,131 Seniors and Persons with Disabilities (SPD) are enrolled with PHC. The top reported languages are English, 69%; Spanish 11%; Tagalog 2.2% and Russian 1.3%. The 68% of these members are disabled, approximately 31.4% are aged and 1% is blind. The largest age category is the 65 and over 37%, followed by 45 to 64 year olds 35.2%; 22 to 44 year olds 19%; 12 to 21 year olds 5.6%; 6 to 11 year olds 2.7% and 0-5 year olds 1.4%. Hispanics are the largest ethnic group 15.2%, followed by African Americans/Blacks 11%, Asians 5.2% and Filipinos 3%.

### Children with Special Health Care Needs

As of July 2011, PHC has 1,871 children (carve-in) and an additional 822 (carve-out), 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** is a county located in Bay-Delta region of California, about halfway between San Francisco and Sacramento, and is one of the nine San Francisco Bay Area counties. The county seat is Fairfield and the largest city is Vallejo. The 2010 U.S. Census reported that Solano County had a population of 413,344. The racial makeup of Solano County was 210,751 (51.0%) White; 60,750 (14.7%) African American; 3,212 (0.8%) Native American; 60,473 (14.6%) Asians; 3,564 (0.9%) Pacific Islanders; 43,236 (10.5%) from other races 31,358 (7.6%) from two or more races. Hispanic or Latino of any race was 99,356 persons (24.0%). There are 10.7% persons below poverty level in Solano County and 15.8% is enrolled in Medi-Cal.

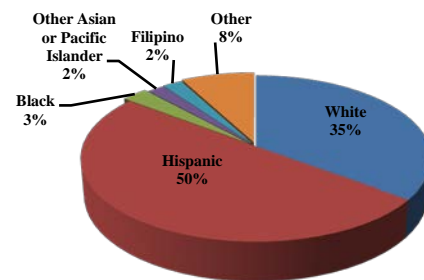
Solano County	Total 2011	2011 %	Total 2007	2007 %	County of Solano 2010	CA
White	14,182	23.98%	13,708	26.92%	210,751	21,453,934
Hispanic	15,818	26.75%	12,144	23.85%	99,356	28,027,438
AA/Black	16,347	27.64%	15,167	29.79%	60,750	2,299,072
Other Asian or Pacific Is	4,256	7.20%	2,384	4.68%	7,623	635,547
Filipino	3,293	5.57%	3,116	6.12%	60,473	1,253,102
Native American	-	-	-	-	3,212	362,801
Other	5,239	8.86%	4,393	8.63%	31,358	7,023,538
<b>Sum:</b>	<b>59,135</b>		<b>50,912</b>		<b>413,344</b>	<b>37,253,956</b>



When comparing the different ethnicities within the Solano County Medi-Cal population between 2011 and 2007, the White population decreased 2.94%. The Hispanic population increased 2.9%. The African American/Black population decreased 2.15%. The Asian and/or Pacific Islander population decreased 2.52%.

**Napa County** is a county located north of the San Francisco Bay Area in California. It is coterminous with the Napa, Metropolitan Statistical Area. The county seat is Napa. The 2010 U.S. Census reported that Napa County had a population of 136,484. The racial makeup of Napa County was 97,525 (71.5%) White; 2,668 (2.0%) African American; 1,058 (0.8%) Native American; 9,223 (6.8%); Asian; 372 (0.3%) Pacific Islander; 20,058 (14.7%) from other races, and 5,580 (4.1%) from two or more races. Hispanic or Latino of any race was 44,010 persons (32.2%). There are 8.6% persons below poverty level in Napa County and 11.6% of Napa is enrolled in Medi-Cal.

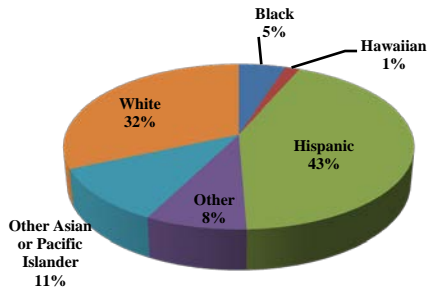
Napa County	Total 2011	2011 %	Total 2007	2007 %	County of Napa 2010	CA
White	4,824	35.17%	4,592	44.28%	97,525	21,453,934
Hispanic	6,895	50.27%	4,503	43.42%	44,010	28,027,438
AA/Black	378	2.76%	304	2.93%	2,668	2,299,072
Other Asian or Pacific Islander	260	1.90%	186	1.79%	20,430	635,547
Filipino	286	2.09%	163	1.57%	5,824	1,253,102
Native American	-	-	-	-	1,058	362,801
Other	1,072		622		5,580	7,023,538
<b>Sum:</b>	<b>13,715</b>		<b>10,370</b>		<b>136,484</b>	<b>37,253,956</b>



When comparing ethnicities within the Napa County Medi-Cal population for 2011 and 2007, the White population decreased 9%. The Hispanic population increased 7%.



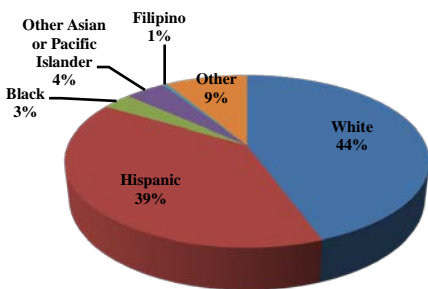
**Yolo County** is a county located in the northern part of California, bordered by the other counties of Sacramento, Solano, Napa, Lake, Colusa, and Sutter. The city of Woodland is its county seat, though Davis is its largest city. The 2010 U.S. Census reported that Yolo County had a population of 200,849. The racial makeup of Yolo County was 126,883 (63.2%) White; 5,208 (2.6%) African American; 2,214 (1.1%) Native American; 26,052 (13.0%) Asian; 910 (0.5%) Pacific Islander; 27,882 (13.9%) from other races, and 11,700 (5.8%) from two or more races. Hispanics or Latinos of any race were 60,953 persons (30.3%). There are 16% persons below poverty in Yolo County and 15% is enrolled in Medi-Cal.



Yolo County	Total 2011	2011 %	Total 2007	2007 %	County of Yolo 2010	CA
White	8,189	31.59%	9,386	38.54%	126,883	21,453,934
Hispanic	11,107	42.85%	9,575	39.32%	60,953	28,027,438
AA/Black	1,295	5.00%	1,058	4.34%	5,208	2,299,072
Other Asian or Pacific Islander	2,823	10.89%	1,229	5.05%	26,962	635,547
Filipino	-	-	-	-	3,093	1,253,102
Other	2,108	8.13%	3,105	12.75%	11,700	7,023,538
<b>Sum:</b>	<b>25,922</b>		<b>24,353</b>		<b>200,849</b>	<b>37,253,956</b>

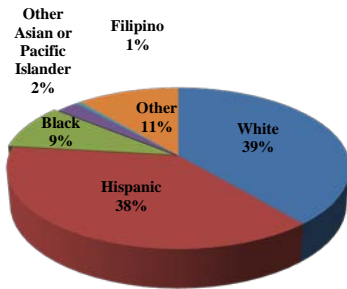
When comparing ethnicities within the Yolo County Medi-Cal population for 2011 and 2007, the White population decreased 7%, Hispanic population increased 4%, Other Asian and/or Pacific Islander population increased by 6% and those categorized as Other decreased by 5%.

**Sonoma County**, located on the northern coast of California, is the largest (in area) and northernmost of the nine San Francisco Bay Area counties. Its largest city and county seat is Santa Rosa. The 2010 U.S. Census reported that Sonoma County had a population of 483,878. The racial makeup of Sonoma County was 371,412 (76.8%) White; 7,610 (1.6%) African American; 6,489 (1.3%) Native American; 18,341 (3.8%) Asian; 1,558 (0.3%) Pacific Islander; 56,966 (11.8%) from other races; and 21,502 (4.4%) from two or more races. Hispanics or Latinos of any race were 120,430 persons (24.9%). There were 9.5% persons living below poverty level and 12.3% is enrolled in Medi-Cal. PHC expanded services to Sonoma County October 1, 2009, which was after the submission of the 2007 GNA therefore, there is no data for comparison.



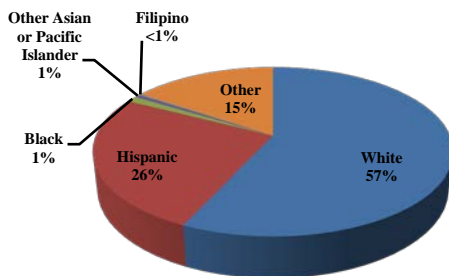
Sonoma County	Total 2011	County of Sonoma	CA
White	22,519	371,412	21,453,934
Hispanic	19,803	120,430	28,027,438
AA/Black	1,603	7,610	2,299,072
Other Asian or Pacific Islander	2,154	19,899	635,547
Filipino	230	3,693	1,253,102
Other	4,426	56,966	7,023,538
<b>Total</b>	<b>50,735</b>	<b>483,878</b>	<b>37,253,956</b>

**Marin County** is located in the north San Francisco Bay Area across the Golden Gate Bridge. The 2010 U.S. Census reports a population of 252,409. The county seat is San Rafael. The racial makeup of Marin County was 201,963 (80.0%) White, 6,987 (2.8%) African American, 1,523 (0.6%) Native American, 13,761 (5.5%) Asian; 509 (0.2%) Pacific Islander; 16,973 (6.7%) from other races; and 10,693 (4.2%) from two or more races. Hispanic or Latino of any race was 39,069 persons (15.5%). There are 7.3% Persons living below poverty level and 8.5% is enrolled in Medi-Cal.



Marin County	Total 2011	County of Marin	CA
White	6,539	201,963	21,453,934
Hispanic	6,425	39,069	28,027,438
AA/Black	1,528	6,987	2,299,072
Other Asian or Pacific Islander	406	14,270	635,547
Filipino	86	1,870	1,253,102
Other	1,892	16,973	7,023,538
<b>Total</b>	<b>16,876</b>	<b>252,409</b>	<b>37,253,956</b>

**Mendocino County** is located on the north coast, north of the greater San Francisco Bay Area and west of the Central Valley. The county seat is Ukiah. The 2010 U.S. Census reports a population of 87,841. The racial makeup of Mendocino County was 67,218 (76.5%) White, 622 (0.7%) African American, 4,277 (4.9%) Native American, 1,450 (1.7%) Asian, 119 (0.1%) Pacific Islander, 10,185 (11.6%) from other races, and 3,970 (4.5%) from two or more races. Hispanic or Latino of any race was 19,505 persons (22.2%). There are 17.5% Persons living below poverty level, and 24.6% are enrolled in Medi-Cal.



County	Total 2011	County of Mendocino	CA
White	11,079	67,218	21,453,934
Hispanic	5,006	19,505	28,027,438
Black	215	622	2,299,072
Other Asian or Pacific Islander	113	1,569	635,547
Filipino	36	372	1,253,102
Other	3,020	3,970	7,023,538
<b>Total</b>	<b>19,469</b>	<b>87,841</b>	<b>37,253,956</b>

## Health Status Indicators

Table 4.1 depicts a comparison of key health indicators in the six counties to State & Healthy People 2020 objectives. Based on the top six causes of death, age-adjusted per 100,000 populations, the leading cause of death has increased for all cancers showing the highest rates, followed by heart disease. Marin County rates for all cancers exceed the State and Healthy People 2020 goal. In comparison to 2007, the mortality rate for strokes has decreased in Solano, Napa, and Yolo counties.

Health Indicators	Solano County	Napa County	Yolo County	Sonoma County	Marin County	Mendocino County	CA	Healthy People 2020 Goal
Individuals who have Insurance	89.6	87.2	87.6	87	92.8	84.5	86%	100%
<b>Top 6 causes of death, age-adjusted rate per 100,000 population</b>								
Heart Disease	108.7	100.1	102.3	115.7	75.1	139.4	128	100.8
Stroke	42.2	39.8	43.8	50.1	33	36.8	38.4	33.8
All cancers	172.8	176	162.5	182.5	138.9	161.2	154	160.6
Unintentional Injuries	28.4	29.3	26.3	31.3	20.6	53.3	28.7	36
Chronic lower respiratory disease	39.6	37.5	45.7	41.4	25.1	46.5	37.1	N/A
Alzheimer's Disease	43.2	31.2	35.8	38.8	30.8	15.7	26.7	N/A
<b>Incidence of communicable disease, per 100,000 population</b>								
Hepatitis C	279	197/1	234	0	0	0	0	0.2
AIDS	10.2	4.4	2.6	8.7	9.8	5.2	10.3	3.5
Tuberculosis	7.2	4.3	8	2.1	4.7	3.6	6.9	1
Chlamydia	459	171	561	183.8	206.8	241.1	382.4	N/A
Syphilis	10	11	5	12	2	0	3969	9.1
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.01	30
<b>Perinatal health indicators</b>								
Prenatal Care not begun in the 1 <sup>st</sup> trimester	23.40%	17.2	23.1	18.40%	6.8	31.5	17%	78%
Low birth weight	7.00%	6.1	5.2	5.80%	6.4	6.1	7%	8%
Infant mortality per 1000 births	6.1	5.5	4.2	3.9	3	8.5	5.3	6
Births to teen age 15-19 per 1000 population	29.3	24.8	20.6	22.1	11.9	35.8	34.7	55.7
<b>Chronic Disease</b>								
Diagnosed with asthma, self-reported, >1 yr old	16.4%	16.2%	19.2%	16.8%	11.6%	14.1%	13.7%	N/A

Table 4.1 Health Indicators comparisons by counties – Sources: California Department of Health Care Services, 2010; California Health Interview Survey (CHIS) 2007 & 2010 and California Department of Public Health (CDHP)

Health Indicators	Solano		Napa		Yolo	Sonoma	Marin		Mendocino		CA		HP2020
diabetes, self-reported, adults													
Adults overweight/obesity (BMI from self-report height and weight)	25.0 - 29.99 Over Wt. 35.8%	30.0 + Obese 26.3%	25.0 - 29.99 Over Wt. 32.6%	30.0 + Obese 29.4%	25.0 - 29.99 Over Wt. 35.7%	30.0 + Obese 24.7%	25.0 - 29.99 Over Wt. 30.9%	30.0 + Obese 15.7%	25.0 - 29.99 Over Wt. 33.6%	30.0 + Obese 22.7%	25.0 - 29.99 Over Wt. 33.6%	30.0 + Obese 22.7%	60% healthy weight 15% obesity
<b>Health Behaviors</b>													
Tobacco use by adults	22%		12.2%		7.1%	12.9%	13.1%		16.4%		12.5%		12%
Moderate/vigorous physical activity 3 to 5 days/weeks (Teens Only)	76.9%		70%		78.3%	68.4%	72.9%		62.6%		64.7%		30%
Eat 5 or more servings of fruits & vegetables each day	45.5%		56.9% Child N/A adults		55.5%	55.6%	53.8%		57.5%		48.7%		50% fruit and 75% vegetable

Table 4.1 Health Indicators comparisons by counties – Sources: California Department of Health Care Services, 2010; California Health Interview Survey (CHIS) 2007 & 2010

### 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.

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

Residents of Solano, Napa, Yolo, and Sonoma counties continue to experience high rates of heart disease, stroke, cancers, COPD and diabetes. Chronic conditions that are on the rise include childhood and adult obesity, asthma and diabetes. PHC expanded services to Marin and Mendocino Counties on July 1, 2011; therefore, no plan-specific health status, disease prevalence, statistics or gap analysis is available for those members at this time. 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 4.2 depicts the HEDIS® 2011 scores by race/ethnicity for CY 2010 for Solano, Napa and Yolo counties. Analysis of the specific rates is also provided.

<b>Table 4.2 Partnership HealthPlan Medi-Cal HEDIS® Measure by Ethnicity (2010)</b>								
<b>Solano, Napa, and Yolo Counties</b>								
<b>(percent of members who receive appropriate preventive and routine care)</b>								
<b>Measure</b>	<b>All Members</b>	<b>White</b>	<b>Hispanic</b>	<b>Asian/ Pacific Islander</b>	<b>AA/ Black</b>	<b>Other</b>	<b>NCQA percentile or Benchmark</b>	<b>Healthy People 2020</b>
Well-Adolescent Visits ages 12-19	39.6%	36.5%	47.0%	30.0%	37.9%	31.8%	63.2%	75.6%
Prenatal Care	89.0%	92.3%	88.6%	88.5%	86.4%	81.8%	92.7%	77.9% (beginning in the 1 <sup>st</sup> trimester)
Breast Cancer Screening	52.9%	47.9%	60.9%	54.8%	56.6%	48.7%	63.0%	81.1%
Cervical Cancer	68.0%	65.1%	75.0%	81.4%	66.7%	43.3%	78.9%	93%
Children/Adolescent BMI Screening	57.4%	54.0%	60.8%	53.6%	54.2%	56.0%	63.0%	54.7%
<b>Comprehensive Diabetes Care</b>								
HbA1c Screening	84%	84.2%	83.8%	83.8%	85.4%	82.2%	90.2%	71%
HbA1c >9.0 (lower is better)	34.6%	34.2%	41.9%	30.0%	31.5%	31.1%	27.7%	
HbA1c <8.0% **	54.8%	55.8%	44.4%	63.8%	59.6%	53.3%	58.8%	58.9 A1c <7%
Eye Exams for Diabetics	54.8%	51.7%	54.7%	52.5%	56.2%	64.4%	70.1%	58.7%
Nephropathy Monitoring	78.5%	80.8%	77.8%	80.0%	77.5%	73.3%	86.2%	37%
LDL-C Screening	79.4%	81.7%	80.3%	77.5%	77.5%	77.8%	84.0%	NA
LDL-C <100	49.9%	47.5%	48.7%	56.3%	48.3%	51.1%	45.5%	NA
BP Controller <140/80	40.4%	40.8%	40.2%	37.5%	40.4%	44.4%	N/A	N/A
BP Controller <140/90	60.3%	60.0%	60.7%	61.3%	58.4%	62.2%	73.4%	57%

Table 4.3 shows Sonoma County separate due to 2011 being the first year that PHC was required to measure performance in the HEDIS® measurement. Although we are actively working with providers in Sonoma, it is difficult to identify trends in performance without several data points. PHC uses the 90<sup>th</sup> percentile of NCQA’s current Means, Percentiles, and Ratios as a benchmark/goal.

<b>Table 4.3 - Partnership HealthPlan Medi-Cal HEDIS® Measure by Ethnicity (2010)</b>								
<b>Sonoma County</b>								
<b>(percent of members who receive appropriate preventive and routine care)</b>								
<b>Measure</b>	<b>All Members</b>	<b>White</b>	<b>Hispanic</b>	<b>Asian/ Pacific Islander</b>	<b>AA/ Black</b>	<b>Other</b>	<b>NCQA percentile or Benchmark</b>	<b>Healthy People 2020</b>
Well-Adolescent Visits ages 12-19	36.3%	32.8%	39.1%	35.7%	37.5%	45.0%	63.2%	75.6%
Prenatal Care	88.2%	86.1%	89.3%	94.7%	87.5%	91.9%	92.7%	77.9% (beginning in the 1 <sup>st</sup> trimester)
Breast Cancer Screening	2/7	--	--	--	--	--	63.0%	81.1%
Cervical Cancer	60.3%	54.3%	72.8%	66.7%	57.9%	64.1%	78.9%	93%
Children/Adolescent BMI Screening	77.3%	80.0%	47.4%	92.3%	57.1%	78.6%	63.0%	54.7%
<b>Comprehensive Diabetes Care</b>								
HbA1c Screening	87.3%	85.1%	89.5%	89.1%	81.0%	90.1%	90.2%	71%
HbA1c >9.0 (lower is better)	37.1%	38.1%	47.4%	30.9%	47.6%	33.8%	27.7%	N/A
HbA1c<8.0% **	51.8%	53.6%	50.0%	54.5%	38.1%	50.7%	58.8%	58.9 A1c <7%
Eye Exams for Diabetics	49.6%	42.8%	44.7%	58.2%	52.4%	56.3%	70.1%	58.7%
Nephropathy Monitoring	77.3%	75.3%	68.4%	92.7%	76.2%	76.8%	86.2%	37%
LDL-C Screening	68.9%	66.5%	57.9%	74.5%	76.2%	71.8%	84.0%	N/A
LDL-C<100	38.4%	38.7%	26.3%	40%	52.4%	38.7%	45.5%	NA
BP Controller <140/80	45.3%	43.8%	42.1%	52.7%	52.4%	44.4%	NA	NA
BP Controller <140/90	62.2%	64.9%	44.7%	69.1%	61.9%	60.6%	73.4%	57%

### Changes in Utilization of Services

PHC’s preventive care measures in the areas of immunizations, adolescent well care, prenatal care, breast cancer and cervical screening show an improvement over 2009 scores and exceed the minimum performance level (MPL).

A new Cultural and Linguistic tool was developed in 2009 to monitor the use of interpreter services. Developing this tool enables PHC to collect and report interpreter service utilization data more accurately. In 2009, there were 48 members that received interpreter services compared to 72 members in 2010. Request for interpreter services increased in 2010 compared to 2009 (144 vs.72). In 2009 there were (71) requests for face-to-face and American Sign Language (ASL -73). In 2010, there was a slight decrease in request for both face-to-face and ASL. However, there was a significant increase in the Spanish language request in 2010 (31) compared to (1) in 2009. There was also an increase in the Russian language request in 2010 compared to 2009. Compared to 2009, there was a significant increase in request for ASL services in 2010 (157 vs. 73).

## **Health Education**

PHC produces a newsletter, **Health Partners**, in English, Spanish and Russian which is mailed semi-annually to approximately 56,000 health plan member households.

To address childhood obesity, the Senior Health Educator facilitated the collaboration of DHCS Children Medical Services Branch and California Medical Association Foundation to host a Pediatric Obesity Train the Trainer workshop in September 2010. Other collaborators included David Grant Medical Center at Travis AFB, Health Net of CA and Healthy Moms and Babies. There were 52 attendees, which comprised of health care providers, clinical staff, health educators and representatives from community-based organizations.

In 2010 and 2011, PHC launched a new Provider Language Assistance and Provider Health Education webpage. This webpage is designed to assist health care providers in providing health education and cultural & linguistic materials to members.

In January 2009, a COPD newsletter was developed and mailed to over 2,700 members. A COPD Provider Tool Kit was developed and education was provided by the chief medical officer during academic detail visits. A total of 66 COPD tool kits have been disseminated to providers.

## **Prenatal Care**

Since the last GNA in 2007, PHC has launched a redesigned Growing Together Perinatal Program (GTPP). The program had been in existence for many years but was redesigned to meet the current needs of PHC's members and better align with today's practices in the industry. The previous program focused on enrollment and contact to each enrolled member at least once a trimester. If a member needed assistance it was provided, however it was more a "reactive" than "proactive" intervention. The new program continues to focus on enrolling PHC and State members who are pregnant, but also add those members with presumptive eligibility and take a different approach to care management. A detailed questionnaire was developed and implemented. It is designed to identify women at risk for preterm labor or other complications. A scoring system was developed that allows the woman to be placed in one of two categories, low risk or high risk. Using nationally accepted resources and practices, along with input from our providers, PHC developed a questionnaire tool designed to identify the following risk factors: History of Pre-term Labor; Diabetes/Gestational Diabetes; Hypertension; Substance Abuse; and Smoking.

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 woman is enrolled into the Growing Together program, health education materials are mailed to her, which includes a book entitled "Baby and Me" which has a sticker on it with PHC contact information, a refrigerator magnet with the GTPP contact number and the business card of the Perinatal Enrollment Specialist assigned to her. PHC has also enrolled as a sponsor of the "Text4Baby" program and provides education to women as to how to enroll. This program sends weekly tips regarding pregnancy and childcare to women via cell phone. In comparison to 2007, there was an increase in deliveries from 1,904 to 2,737. The majority of pregnant women were between the ages of 17-29 compared to 19-34 in 2010.

## **Assessment of Physical Health**

### **Diabetes**

According to the Center for Disease Control (CDC) report titled "National Diabetes Fact Sheet 2011, states that about 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010. PHC's indicators conclude that rates of diabetes have steadily increased since 2007 with rates among Hispanics/Latinos and African Americans being higher. The total number of diabetics has nearly doubled compared to 2007 and 2010, (6,600 vs. 12,000). In Sonoma County, the Hispanics and African American are screened more often, but demonstrate lower rates in control.

## **Asthma**

In fall 2009, asthma management was discontinued as the DHCS approved IQIP. However, asthma education continues to be a required health topic for PHC members. Asthma is an area where interventions can reduce inpatient admissions, emergency department use, and improve PHC members' quality of life. PHC has focused on promotion of adherence to accepted clinical guidelines by providers, practitioners, and members. There was sustained improvement in the controller measure, and performance was slightly higher in the beta agonist overuse, emergency room use, and inpatient admissions measures. PHC has 14,787 adult and child members with asthma, and of that total 5.71% demonstrates uncontrolled asthma.

## **Overweight or Obese**

PHC measures assesses the percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. In Sonoma County, the rate of children in the denominator who had a BMI percentile documented during the measurement year exceeded both NCQA's benchmark and the HP 2020 goal. In Sonoma County, Hispanics in comparison to the core counties demonstrates the highest rate of obesity 47.4%, followed by African Americans (57.1%). In the core counties, PHC's rate increased to 57.4%, which is above the HP 2020 goal, but still below the NCQA benchmark. The Hispanic population rate was the highest in our core counties for BMI documentation. Although the HEDIS® measure only requires a BMI percentile to be documented, HEDIS® facility site review staff did record the actual BMI during the medical record review allowing quality staff to analyze additional data on childhood obesity. Based on the analysis of the actual BMI or BMI percentile (depending on age), 65.8% of the documented rates were in the "healthy weight" category in PHC's core counties, with only 54.9% in the "healthy weight" category for Sonoma. Based on the same HEDIS® data, 20.7% (core counties) and 22.7% in Sonoma County were in the obese category.

## **Emergency Department (ED) Utilization**

There are two measures for this project. The first is the HEDIS® Rate of ER Visits per 1,000 member months and the second measures the percentage of these visits with a primary diagnoses that is included in the list developed by the state and health plans. Since the implementation of the ER collaborative, PHC has distributed after hours poster and brochure sample packets to 110 PCP sites in June 2009 (provider/member awareness).

161 Additional "After Hours" posters were requested and delivered to PCP sites in July 2009.

- 57 PHC (customized) Posters to 8 sites
- 104 State Posters to 5 sites (52 – English & 52 – Spanish)

Revised QBI access/AER indicator based on effectiveness in July (provider awareness and incentive).

In 2010, the age range demonstrating the highest rate of visits is 45-64 at 74.66%. The top reasons for emergency visits are: respiratory/shortness of breath, urinary tract disorder, otitis, asthma, and bronchitis.

## **Breast Cancer Screening**

Due to the two-year continuous enrollment period, PHC was unable to report the rate of breast cancer screening for Sonoma County in 2011. At 52.9% in our core counties, PHC falls short on both the NCQA benchmark and the HP 2020 goal despite many interventions over the past decade. PHC's rate of breast cancer screening decreased almost 10 percentage points three years ago and rose slightly in 2011. In comparing rates for 2007 and 2010, the rates have significantly decreased in Caucasian/White women (54.3% vs. 47.95); Asian/Pacific Islander (60% vs. 54.8%), African American (61.1% vs. 56.6%) and Hispanic (65.4% vs. 60.9%). The overall PHC rate is 52.9% vs. 58.7% compared to 2007. The disparity with the Caucasian/White women indicates that these are poor, women with multiple health problems and drug abuse. In November 2009, the United States Preventive Task Force (USPSTF) issued new guidelines regarding mammography screenings. The new USPSTF guidelines, which update those they issued in 2002, also recommend changing the screening interval from 1 year to 2 years and suggest that women aged 40 to 49 years who are at high risk for breast cancer consult with their clinician concerning the optimal time to begin regular, biennial screening mammography.

**Gap in Services** - Reports are provided to practices electronically through managedcare.com (MCC). Providers can download lists of women who need the services and have the ability to submit data through EHR extracts or by data entering directly into MCC. In 2009 and 2010, PHC send reminders to those women who had both Medi-Cal and were enrolled in our Medicare Advantage SNP health plan.



## **Mental Health and Substance Abuse**

PHC continues to convene a coalition of behavioral health and primary care physicians from Solano, Napa, and Yolo counties to collaborate on improving communication and coordination between behavioral health and primary care. Round-table meetings are held in all three counties at least annually to develop systems and processes that facilitate communication. A combination release of information and communication form was developed and adopted in all three counties. PHC developed a communication policy and a “Scope of Primary Care – Behavioral Health and Indications for Referral Guidelines”. In 2011, PHC convened the Mental Health Directors from the core counties, to discuss barriers, suggest interventions and share best practices.

PHC administers a Provider Satisfaction survey annually. Providers were asked two questions, 1) “*I do not routinely receive reports after my PHC patients have accessed care from mental health services*”; 67% felt that they do not routinely receive reports. 2) Providers were asked to, “*indicate which specialty is the most problematic to access or refer PHC members for care.*” There were 14 of the 53 responses (26%) indicated Mental Health was the most problematic to access or refer PHC members to for care.

Mental health is PHC’s responsibility in Solano County and services are provided through a contract with Solano County Mental Health (SCMH). Included in the contract, requires reporting of performance standards which are monitored on an ongoing basis. The California Health Interview Study (CHIS) data f/y 2009 indicates members that have not been seen by a health care provider is significantly high, 86.5%; however, the rates are slightly lower than California 88.3%.

**Gap in services:** Access to care for members that need mental health services.

## **Seniors and Persons with Disabilities (SPD)**

Beginning in 2012, PHC will report some measures at the aid code level for SPD members. At that time, staff will routinely stratify measurements for the SPD/Non-SPD populations.

## **VI. Understanding the C&L Services and Health Education Needs from the Members Perspective**

A seventeen-question survey, which included four open-ended questions, was completed by 405 PHC members enrolled in the Medi-Cal Program, providing insight into members’ learning preferences, health interests, and cultural and linguistic needs. Of the 1355 surveys mailed, a return rate of 30% were completed; English (47%), Spanish (39%), and Russian (14%).

### **HEALTH EDUCATION NEEDS**

Most members (64%) cited that they currently receive written health information from their doctor’s office and of those, 91% feel the information is easy to read. Overall, 92% 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 (47%), getting health advice from the Internet (9%), using a self-care handbook to look up health information (13%), speaking to a nutrition specialist (15%), and speaking to a health educator (8%). Over half (55%) 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 (47%), exercise (35%), diabetes (34%) and weight loss (32%) at the top of their list. Notably, thirty-one percent were interested in learning more about “cholesterol or heart health,” and another thirty percent were interested in having healthy teeth. Twenty-nine percent wanted more information about high blood pressure.

Twenty-four percent of the respondents use the Internet always, and 28% sometimes, 9% rarely and 39% never use the Internet.

When asked “how you like to learn about health,” respondents indicated a strong preference for obtaining health information by talking to a doctor or other health care provider 43%. The second preference for Spanish-language respondents was video/DVD (38%, vs. 41% for newsletters or brochures); the second preference for English-language respondents was reading a newsletter or brochure (43% vs. 56% talking to a doctor). The second preference for Russian-language respondents was reading a newsletter or brochure (32% vs. 36% watching a video or DVD) English speakers were more likely than Spanish speakers to say they like to attend a class, workshop or support group (20% vs. 16%.)

## **CULTURAL AND LINGUISTIC NEEDS**

Language may present a communications barrier for some members. Thirty-two percent of the respondents prefer to speak Spanish when talking with a doctor. 36% of those who responded to the survey in Spanish noted that the doctor does not speak their language, and 45% 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 a family member or friend (57%) or an office staff such as a nurse or assistant (29%) to interpret for them. 38% of Russian respondents also noted that the doctor does not speak their language, and 46% of the Russian-language respondents need an interpreter when speaking with their doctor. Most of the Russian-language respondents in need of an interpreter rely on office staff such as a nurse or assistant (54%) or a family member or friend (42%)

An open-ended question was asked “*if a family member or friend interprets for you it’s because,*” (36%) of Spanish respondents indicated I feel more comfortable when a family member interprets for me and (13%) indicated they did not know that interpreter services were available at their doctor’s office.

For Russian-language respondents (17%) felt more comfortable when a family member interprets for them and (15%) were told by their doctor or office staff to bring a family member to interpret for them.

Another open-ended question was asked, “*Who would you prefer to interpret at your doctor’s visit.*” Overall, 51% stated no interpreter needed, (35%) Spanish respondents prefer a family member interpret and (48%) Russian respondents prefer a doctor, nurse or medical assistant as an interpreter.

When asked about cultural beliefs, over half (63%) of all respondents reported that their health beliefs never conflict with their doctor’s advice, (18%) rarely, (16%) sometimes, (4%) 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, over half (79%) receive information at their doctor’s office and almost everyone felt these materials are easy to read, which is a very positive result. The survey also indicates that aside from reading a newsletter, watching a video or DVD is the next best method of learning about health.

Having language services in provider offices is helpful for (48%) of the Russian population that needs it and having Spanish language services in provider offices is helpful for (27%) of the population that needs it. In addition, a small percentage (5%) reported that they have difficulty getting information and support to stay healthy because information is not available in the Spanish language. (31%) of Russian-respondents indicated they have difficulty getting information and support to stay healthy due to it not being available in the Russian 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.

(29%) Spanish respondent states no interpreter is needed, (27%) prefer their health care provider or staff to interpret, and (12%) would prefer a professional interpreter.

(31%) Russian respondent states no interpreter is needed, (48%) prefer their health care provider or staff to interpret, and (15%) prefer a professional interpreter.

MediCal members indicated interest in learning more about a wide range of health topics that included healthy eating, exercise, diabetes, and weight loss being at the top of the list. Thirty-four percent of members want to learn more about diabetes. Twenty-nine percent want to learn more about high blood pressure. Twenty-three percent want to learn about healthy aging.

### **2010 C & L Survey Summary**

PHC administers a Cultural and Linguistic survey biannually to members to assess their cultural and linguistic needs. In 2010 a survey was mailed to 4,469 members and 48% of responders completed the survey. 65% of members gave a positive answer ranging from Good, Very Good, and Excellent when asked “*how they would describe their or their child’s health*”. However, there was a higher percentage of the Russian population (43% fair, 13% poor) which viewed themselves as less healthy compared to other ethnic groups.

Over half (53%) of the members surveyed responded, there was no need for an interpreter when visiting their doctor. For the members that did need an interpreter 27% stated they felt more comfortable when a family member interpreted for them. 22% of that population was Spanish, 36% Russian, and 21% other. 28% of members replied they did not use a family member 43% of those that did not use a family member to interpret for them were Spanish.

When members need an interpreter 74% replied the Specialist they saw most often did provide interpreter services. 67% of members said an interpreter service was provided when needed in Pharmacy.

A majority of members surveyed believe that their or their child’s doctor or health care provider understands their cultural beliefs and practices that may affect their health. 94% of members trust their doctor the most for questions about their or their child’s health.

### **Provider Survey**

PHC administered a Provider Satisfactory Survey in July 2011. Health care providers were asked if they have the necessary resources to provide cultural and linguistic services for PHC members; 95% responded yes. When Providers were asked, “are your patients getting the health education you feel they need”; 83% responses were positive, 17% felt more health education is needed in nutrition and diabetes. This clearly reflects the responses from the member survey that shows 92% of members are very happy or happy with the health education that is provided by their health care provider. Ninety-five percent of Providers report they have the necessary resources to provide cultural and linguistic services to their patients.

(See Section V *Understanding the Cultural and Linguistic Services and Health Education Needs from the Member’s Perspective*).

### **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

The CAHPS survey is a comprehensive instrument for assessing members’ experience with care and services provided by their health plan. This survey was administered by HSAG, Inc. an external quality review organization. The results were released in July 2011. When compared to scores for all MCMC throughout California, PHC and one other health plan scored significantly higher than the MCMC program average for seven of the nine measures.

CAHPS questions were analyzed to assess health education and cultural and linguistic needs of members in the area of tobacco use and provider training. The majority of members (80%) report they do not smoke cigarettes or use tobacco. 14% smoke cigarettes or use tobacco every day and 5% report smoking cigarettes or using tobacco some days. Of the members that smoke or use tobacco, 28% report their doctor “never” or only “sometimes” advises them to quit; and 55% report their doctor never recommend or discuss medication or behavioral therapy with them. Members were asked “how often did you or your child’s doctor or other health provider talk about specific things you could do to prevent illness in your child, 43% of responses were sometimes or never. When asked how often the forms from your health plan are easy to fill out, 60% responses were easy to fill out; which is a decrease compared to (84%) reported in the 2007 survey.

## VII. Key Recommendations, Planned Actions and Conclusions

Key recommendations and activities based upon the findings in this GNA are separated below by children, adults, and SPD members. The report concludes with a comparison to previous and current GNA activities and a Proposed Activities Work Plan.

### Children:

- Identify and develop materials on preventive health needs for children
- Include regular articles in the member newsletter on healthy eating and physical activity for children.
- Promote the new health education webpage
- Research the viability of purchasing “What to do When Your Child Get Sick” books.

### Adults

- Expand health education materials on healthy eating, diabetes, smoking cessation and mental health including depression and anxiety.
- Research the viability of developing or purchasing DVDs on popular health topics.
- Identify or develop and translate health education materials in the Russian language.
- Educate members on the availability of interpreter services.
- Identify health plan forms that are difficult for members to read, revise if applicable.
- Identify strategies to increase Provider’s utilization of interpreter services.
- Continue efforts to educate members on the appropriate use of the Emergency Department.
- Expand health education on mammography to women in targeted geographical areas.
- Create a presence on social networking sites to encourage faster and more informal communication between members, providers and the health plan.
- Encourage all members and providers to use electronic systems in place of phone services and track usage stats for each.
- Deliver all member and provider newsletters in formats that are operationally feasible and chosen by the recipients.
- Provide 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.

### SPD

- Identify or develop health education materials for SPD adult on stroke, congestive heart failure, gastric acid disorder and anxiety.
- Identify or develop health education materials for SPD children and their caregivers on diabetes, cerebral palsy, autism, and epilepsy.

### Provider Focused Interventions

- Inform Providers on the findings from 2011 GNA
- Identify other health education materials that Providers may need for members
- Encourage Providers to educate parents about preventive health issues for their child.
- Educate and encourage Providers to advise members to quit smoking or using tobacco and offer medication or behavioral therapy during office visits.
- Educate and encourage Providers to talk to members about healthy eating, getting involved in more physical activity, and healthy aging.
- Evaluate the possibility of categorizing the HEDIS® data by ethnicity at the Provider level and disseminate findings.

A comparison between the 2007 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.

## 2011 GNA Work Plan: Recommendation for MediCal Managed Care

Proposed Activities	Target Date
<ul style="list-style-type: none"> <li>• Inform Providers on the findings from 2011 GNA</li> </ul>	December 2011
<ul style="list-style-type: none"> <li>• Educate members on the availability of interpreter services.</li> </ul>	Ongoing
<ul style="list-style-type: none"> <li>• Identify health plan forms that are difficult for members to read, revise if applicable. (See Readability Policy Letter – 11-018)                             <ul style="list-style-type: none"> <li>○ Conduct a telephonic survey thru MS call center</li> </ul> </li> </ul>	December 2011
<ul style="list-style-type: none"> <li>• Include newsletter article in the Provider Newsletter reminding providers to advise their patients on quitting cigarette smoking or tobacco use and to discuss medication and/or behavioral therapy.</li> </ul>	February 2012
<ul style="list-style-type: none"> <li>• Include regular articles in the member newsletter on healthy eating and physical activity for children.</li> </ul>	February 2012
<ul style="list-style-type: none"> <li>• Identify and develop materials on preventive health needs for children</li> </ul>	April 2012
<ul style="list-style-type: none"> <li>• Research the viability of purchasing “What to do When Your Child Get Sick” books.</li> </ul>	December 2011
<ul style="list-style-type: none"> <li>• Identify strategies to increase Provider’s utilization of interpreter services.</li> </ul>	Ongoing
<ul style="list-style-type: none"> <li>• Continue efforts to educate members on the appropriate use of the Emergency Department.</li> </ul>	Ongoing
<ul style="list-style-type: none"> <li>• Identify other health education materials that Providers may need for members</li> </ul>	February 2012

## VIII. References

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