2022
Community Health Assessment

Health Plan of San Joaquin

2022COMMHLTHASSMNT

A.1 Population Health Management Program – Population Needs Assessment

Responsible Staff: Health Education and/or Cultural and Linguistics

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Population Needs Assessment Overview

Introduction

Health Plan of San Joaquin's Population Needs Assessment (PNA) was conducted using data from national and state public health sources, health plan specific data, Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, The California Department of Managed Healthcare (DMHC) Timely Access Compliance regulatory filing data, comprehensive cultural and linguistic detailing, and community focused key informant interviews. Key findings were identified for Quality Improvement, Health Education, and Cultural Linguistics programs. The findings were related to interpreting services, member access to routine care for both children and women and accessing health education classes.

This evaluation serves as the annual PNA evaluation update.

Objectives

The objectives included in the PNA Action Plan were developed through data analysis, internal discussions, and community feedback. These interventions seek to address issues related to:

- Community and member engagement
- Population level chronic disease management and health education
- Cervical Cancer Screening Compliance among eligible members
- Members needs based on culture and language
- Completion of health forms

Objective 1

Increase overall interpreted encounters for members by 35%, and interpreted encounters vs. membership preferred spoken language ratio by 15%, by June 30, 2024. This will be accomplished by continuing outreach to provider groups and members to spread awareness of the availability and importance of

qualified interpreter resources, as well as assisting where possible with the roll out of new language access services (e.g. OPI, VRI, onsite interpreting). We will also conduct a targeted campaign to increase interpreted encounters among our Hmong, Khmer, and Chinese LEP groups by 3% each. HPSJ's Cultural and Linguistics Department utilized the FY23 Interpreter Services Utilization Report and Membership Spoken Languages report for determining this coming fiscal year's goal.

Objective 2

Increase the rate of completed well child visits in ages 0-15 months, 15-30 months, and children and adolescents from 3-21 years to above the 50th percentile based on the National Medicaid 50th percentile by 12/31/2024 by implementing children's health milestone initiatives focused on developmental milestones and incentivizing preventive care.

Objective 3

Increase enrollment and retention in Diabetes Prevention Program by 5% as compared to baseline established June 1, 2022 by June 30, 2024.

Objective 4

By June 30, 2023, to increase the rate of compliance for cervical cancer screenings among White/Caucasian women ages 24-64 years of age at GVHC's West Modesto Clinic and residing in Stanislaus County from 49.52% to 55.73%.

Conclusion

HPSJ will continue to assess the needs of its members through active engagement and provide comprehensive, innovative, and equitable care. As the local managed care health plan, HPSJ partners with the community to raise awareness of the health services available to its members and actively seeks feedback from members, community partners, and providers to improve the measurable impact within communities served.

Data Sources

Multiple data sources were used throughout all sections of this report including:

- The 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) data
- MY2020 Department of Health Care Services (DHCS) HPSJ health disparities data
- 2022 Community & Cultural Detailing Report by HPSJ's community engagement vendor

- HPSJ internal reports highlighting member demographic data, current enrollment rates, interpreter services utilization, and claims
- External reports developed by local health departments and statewide health research groups

National or state curated sources provided county level data. The sources and methodologies are as follows:

Overview of Data Sources

Internal Sources

DHCS MCP specific health disparities data

Cited as: (DHCS Disparities, 2020)

DHCS provides an annual health disparities data to all MCP's. Health Disparities data highlights the utilization of preventive health services by age, race/ethnicity, language spoken, and county of residence.

2023 Community & Cultural Detailing Report

Cited as: (Community & Cultural Detailing, 2023)

HPSJ Community Engagement Consultant compiled a Community Detailing Report. This report analyzed a combination of data sources which include:

- Kaiser Family Foundation
- Journal of Community Health
- American Community Survey: US Census Bureau
- Pew Research Center's Social & Demographic Trends Project
- Journal of Health and Social Behavior

Data was collected and analyzed to better understand access to care, language needs, cultural and linguistic competency, health education and gaps in quality improvement efforts at the county and plan level.

External /Local Sources

2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey

Cited as: (CAHPS, 2022)

HPSJ contracted with a National Committee for Quality Assurance (NCQA) accredited survey vendor to complete the CAHPS surveys. These surveys assessed members satisfaction with the health plan.

2022 Community Health Needs Assessment San Joaquin County

Cited as: (SJC CHNA, 2022)

The 2022 Community Health Needs Assessment (CHNA) offers a comprehensive community health profile that encompasses the conditions that impact health in San Joaquin County. In order to identify health needs, a mixed-methods approach was utilized, examining existing data sources (secondary d a t a), as well as speaking with community leaders and residents to solicit their opinions and conducting a survey of residents (primary data). Guided by the understanding that health encompasses more than disease or illness, the 2022 CHNA process continued to place emphasis on the social, environmental, and economic factors— "social determinants"— that impact health. Thus, the CHNA process identified top health needs by analyzing a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing factors to each health issue.

2020 Community Health Assessment Stanislaus County

Cited as: (Stanislaus CHNA, 2020)

This report is the third Stanislaus County Community Health Assessment (CHA). The CHAs are designed around broad, social determinants of health. The broad determinants are non-medical factors that affect health, such as income, educational attainment, housing, and community safety, among others. Each assessment has both primary and secondary data components. To examine geographic differences, the County was divided into nine regions, each with one or more zip codes.

Interpreter Utilization Tracking FY23

Cited as: (Interpreter Utilization Tracking FY23)

Month to month sum and fiscal year total of interpreted encounters supported by HPSJ-arranged over-the-phone, video-remote, and onsite interpreting services at provider locations across the service area.

Member Spoken Language Tracking FY22 Year-End, Member Spoken Language Tracking FY23 Year-End

Cited as: (Spoken Languages FY22, Spoken Languages FY23)

Sum of fiscal year-end totals of member languages across members who have been assigned a PCP, live in select zip codes, and have primary Medi-Cal enrollment with HPSJ.

Encounter Language Study FY23

Cited as: (Encounter Language Study FY23)

Month-to-month Study of interpreted encounters stratified by languages throughout FY23

Khmer, Hmong, Chinese Study FY23

Cited as: (Khmer, Hmong, Chinese Study FY23)

Month-to-month Study of interpreted encounters stratified by Khmer, Hmong, and Chinese throughout FY23, and compared to memberships count respective to these languages, as well as total all LEP membership and total membership.

Key Data Assessment Findings

A.1.a Membership/Group Profile

Local county data was reviewed in addition to HPSJ membership data. This provided details on the demographic makeup of both service areas which include San Joaquin County and Stanislaus County. There are many factors that affect how community members interact within various systems of care that make up safety net services. Better data collection and data sharing are essential in the positive progression of the larger system, including partners, that serve our members.

Geography

HPSJ has a total of 389,720 enrollees as of December 31, 2022. Serving two counties in the central part of California with roughly 61% of membership living in San Joaquin County and 39% living in Stanislaus County. HPSJ is one of two plan options for eligible individuals and families to choose from. The largest concentration of membership is within Stockton and Modesto which can be described as more urban areas in their respective counties. Local programs and services including community service agencies, major hospitals, social services, community centers, and homeless shelters are primarily located in these two cities. Please note that data in the tables below were collected using membership data from 2022.

Table 1: Top 10 Cities by # of Members (HPSJ Member Data, 2022)

The following listed cities contain the highest number of HPSJ members within the two counties served as of 2022. This information helps to inform HPSJ where members reside to provide services that are easily accessible based on geographical location.

City	# of Members	%Total	County
STOCKTON	150,778	39%	San Joaquin
MODESTO	78,850	20%	Stanislaus
TRACY	22,108	6%	San Joaquin
LODI	21,612	6%	San Joaquin
TURLOCK	20,938	5%	Stanislaus
MANTECA	20,735	5%	San Joaquin
CERES	14,006	4%	Stanislaus
PATTERSON	7,376	2%	Stanislaus
LATHROP	6,360	2%	San Joaquin
RIVERBANK	5,330	1%	Stanislaus

***Table 2:* Most Populated Zip Codes by HPSJ Members (HPSJ Member Data, 2022)**

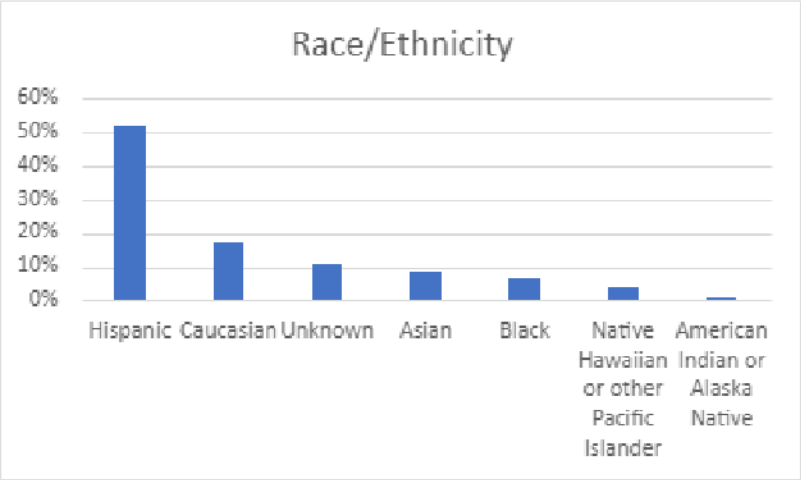
San Joaquin county has a larger HPSJ membership concentrated in Stockton, whereas in Stanislaus County membership spans multiple geographic areas. The following table demonstrates the 5 zip codes with the highest populations of HPSJ members. Zip code level data provides a clearer picture as to what types of services are available to community members such as access to clinics, transportation, food, and other items that contribute to social determinants of health.

Zip Code	# of Members	County
95206	29,360	**San Joaquin**
95205	20,562	**San Joaquin**
95351	19,560	**Stanislaus**
95210	18,054	**San Joaquin**
95207	17,753	**San Joaquin**
95240	16,476	**San Joaquin**
95307	14,770	**Stanislaus**
95350	14,011	**Stanislaus**
95380	13,922	**Stanislaus**
95376	**12,898**	**San Joaquin**

Race/Ethnicity

HPSJ continues to serve a diverse population with many ethnicities and languages. To identify cultural and linguistic needs it is important for us to identify the race/ethnicity and primary language in our counties. The largest race/ethnicity category was Hispanic with 50% of members, followed by White at 19% of members. In the table below is the breakdown by race/ethnicity.

Figure 1: HPSJ Membership Race Ethnicity (HPSJ Member Data, 2022)



Primary Language

Within San Joaquin County and Stanislaus County, 31% of members have Limited English Proficiency. The number of members who reported English as their primary language was also at 31% Members who speak Spanish were identified as 26%. We have members who have neither identified nor indicated a preference at 38%. To better assist us with our efforts of practicing cultural competency we looked at the prevalent languages spoken by HPSJ members, and top languages can be found in the following table. In total, HPSJ members listed over 55 non-English, spoken-language preferences in FY23 .

Table 3: Most Prevalent Languages (Spoken Languages FY23)

Language	Percentage	# of Members
No Language	38%	152,708
English	31%	126,510
Spanish	26%	106,728
Punjabi	1%	3,139
Khmer (Cambodian)	1%	2,842
Vietnamese	1%	2,578
Farsi	1%	2,139

Language Access by Overall Interpreted Encounters and Encounters vs. Membership Language Preference

Members with Limited English Proficiency are able to request an onsite interpreter for upcoming appointments through HPSJ Customer Service, or they can request a phone or video interpreter on demand at their appointment

and all key points of contact. HPSJ continues to monitor utilization of interpreter services across phone, video, and onsite modalities for members across Stanislaus and San Joaquin counties, and to compare the encounter volume with separate member preferred language reports. This is done by compiling and reviewing utilization data from contracted vendor reports that identifies the number of interpreted encounters for all serviced languages within a given period of time. That utilization data is then compared to our membership language data to come up with a ratio expressed by percentage to illustrate how encounters compare to either individual or overall non-English membership languages.

Our objective for FY23 was to increase the overall utilization of interpreting services to total LEP members by 8%. To assist with these efforts and decrease the barrier of having to schedule interpreting services and give providers instantaneous access, we rolled out video interpreting services to the last of three FQHCs for whom we'd set up interpreting services just before the start of the fiscal year, and have continued to meet with all three entities quarterly regarding utilization and member/provider experience, while also reaching out to other FQHCs to either gather data on their existing services or assist them with arranging services. Additionally, we provided resources and informing materials on language assistance and interpreting services via our CAHPs and PlanScan newsletters.

The table below is a fiscal year comparison which demonstrates that we have reached our goal of increasing the total number of interpreted encounters vs. total LEP membership for the fiscal year by 10% (actual result: 19%).

Table 3: Utilization of Language Assistance Services FY2022 vs FY2023 (Spoken Languages FY22, Spoken Languages FY23, Interpreter Utilization Tracking FY23)

Month	FY2022	FY2023
July	2629	4738
Aug	2833	5687
Sept	3252	5079
Oct	2171	5319
Nov	2849	5221
Dec	3062	5486
Jan	2081	6117
Feb	3046	5570
Mar	3903	6913
April	4594	6086
May	4790	6132
Jun	5068	5906

Total Utilization	**40,278**	**68,254**
% Dif from Prev FY	+67%	+69%
Total LEP Membership*	**114,249**	**127,513**
% Dif from Prev FY	+13%	+12%
Utilization vs. LEP Membership Ratio	**35%**	**54%**
% Dif from Prev FY	+10%	+19%

*Total LEP Membership is determined by count of member languages across members who have been assigned a PCP, live in select zip codes, and have primary Medi-Cal enrollment with HPSJ.

Cultural and Linguistic Profile

The Cultural and Linguistic program at Health Plan of San Joaquin follows the National Culturally and Linguistically Appropriate Services Standards to guide us in improving the quality of services provided to all our members. HPSJ seeks to improve the health care quality and health equity of HPSJ's eligible members with Limited English Proficiency (LEP), those with disabilities or cognitive impairments, and those whose cultural beliefs about health care are different from the majority of the populations in the region. We continue to closely examine and consider the views on healthcare and cultural insights organized by different racial and ethnic groups as indicated by the Community and Cultural Detailing, 2023 (select excerpts shared below).

Insights regarding the Khmer Population:

- The lack of access to behavioral and psychological professionals can contribute to adverse mental health outcomes like depression and PTSD for some Cambodians.
- Based on historical trauma, several Cambodian American refugees experience poor mental health like depression and PTSD. They are less likely to receive mental health services than other Asian groups and non-Asians.
- Medication management is highly important for Cambodian communities. Some might receive medication from close relatives and friends because of the lack of access to a primary care provider who can prescribe the appropriate medication.
- Some Cambodian women who migrated from Cambodia might be unfamiliar with family planning and reproductive health and are less likely to use birth control, because it was ingrained from past generations to have large families.

- Many older Cambodians might prefer to shop only at local Asian grocery stores, compared to their children and grandchildren who also shop at Asian markets in addition to large chain grocery stores like Safeway.
- Among Asian Americans, Cambodian Americans have the highest economic and social barriers, such as living in poverty, increased dependence on social services like welfare, and low educational attainment.
- Cambodians generally have healthy balanced diets that include calcium-rich foods (fish and milk, protein (fish, meat, and eggs}, and abundant fruits and vegetables.

Insights regarding members of Mexican Descent:

- Some Mexican Americans might decline their medication adherence because they believe it is unnecessary or too costly to take their medication for diabetes every day. Many Mexican communities in the US are experiencing high rates of type 2 diabetes, with some contributing factors being diet, cost, language barriers, and lack of healthcare access.
- One-third of Mexican American adults and 8% of Mexican American children lack health insurance coverage.
- Some estimates suggest 20% of Mexican Americans live in poverty.
- Trust is hard to generalize in Mexican Americans, with some studies showing high trust overall in major institutions of the US government, but other studies show higher distrust in the medical establishment specifically. Trust (confianza) is a major element of Hispanic culture, and the cultural idea of personalismo (the desire to cultivate closer relationships with providers) means that deep trust can be established between a Mexican patient and a provider.

Insights regarding the Asian Indian (Punjabi) Population

- There are over4 million Asian Indians in the US as of 2019, and with large communities found in metropolitan areas like New York. Chicago, San Francisco, and New Jersey. In Yuba and Sacramento there is also a sizable community of Punjabis (most of whom identify as Sikhs). Still, the size of this community is often underreported and counted as Asian Indian or South Asian.
- Type 2 diabetes is a serious health issue among the South Asian community, including among those who identify a.s Sikh-practicing Punjabis. About 11% of Asian Indians have type 2 diabetes, compared to a prevalence rate of 4% in Chinese communities, 9% in Filipinos, and 8% in other Asian American groups.

Insights regarding the African American Population:

- Many African Americans have a fear of receiving a negative health diagnosis and would rather not seek medical attention.
- Black/African American adults may hold low levels of trust in the healthcare system. A Kaiser Family Foundations survey found that only around50% of the Black/African American adults trust their local hospital to provide them with high quality healthcare services. Furthermore, close to 40% of African American mothers of children under age 18 reported in the survey experiencing discrimination based on their race when getting health care for themselves or a family member.
- Compared to the white population in the US, Black/African Americans have suffered 3 times the hospitalization rates and 2 times the death rates from COVID-19. In most states, Black/African Americans have received less than their relative share of vaccinations, based on the proportion of the population.
- African American populations are more likely to be uninsured and suffer from worse health outcomes when compared to their non-Hispanic ~~white~~ White counterparts; some African Americans may not see a doctor due to cost and falling behind on receiving basic preventative care due to experiencing significant social drivers of health related barriers.
- A USDA survey found close to 90% of Black/African Americans did not eat leafy vegetables, and most Black/African Americans did not intake the daily recommended amounts of key vitamins. Many Black/African Americans are struggling with health food choices because of high costs of low-calorie food options. Some neighborhoods have fewer supermarkets with minimum healthy food options like fresh fruits, vegetables, and whole grains. Some traditional food is prepared with high amounts of sodium, fat, cholesterol, and starches, which can cause heart disease, diabetes, high blood pressure, obesity, stroke, and certain cancers.

Insights from the Filipino Population

- Verbal communication with elderly Filipinos is characterized by using the words "po" and "opo" to signify respect and deference to "hierarchy."
- Family members are essential players in one's healthcare. They can be a source of support rather than a burden and can also be vital in helping a member monitor their medication or other necessary health measures. Filipino patients may defer medical decisions to an authoritative family member to maintain group harmony.

- Filipino adults tend to utilize alternative medicine like traditional Chinese medicine, homeopathic, and naturopathic therapies to treat health conditions (e.g. herbal teas, herbal paste, and health supplements to manage hypertension)
- The traditional Filipino diet is higher in saturated fat, which can affect cholesterol levels. The diet features carbohydrates (rice), with low intake of fruits, vegetables, and dairy products. Filipino immigrants tend to increase their intake of dairy, meat, fruits, salads, fat, and sugar and experience an overall increase in caloric intake resulting in higher rates of obesity and chronic diet-related illnesses.

Age, Gender, Seniors, & Persons with Disabilities

A small percentage (6%) of HPSJ's overall population can be assigned the Seniors and Persons with Disabilities (SPD) category of aide. This includes older people, people with disabilities and people that are blind. This data can be used to prioritize certain populations based on various demographic data in the provision of holistic care.

Membership by Aid Code

Category of aid codes (COA) help identify the types of services for which Medi-Cal and Public Health Program recipients are eligible. A recipient may have more than one aid code and may be eligible for multiple programs and services. Reviewing membership by aid code establishes a baseline of member needs based on the descriptor of that category. For example, SPD refers to category, "Seniors, and Persons with Disabilities." Members in this category may need additional support and targeted interventions based on their medical history or current ability to care for themselves.

Figure 2: Overall Membership by COA

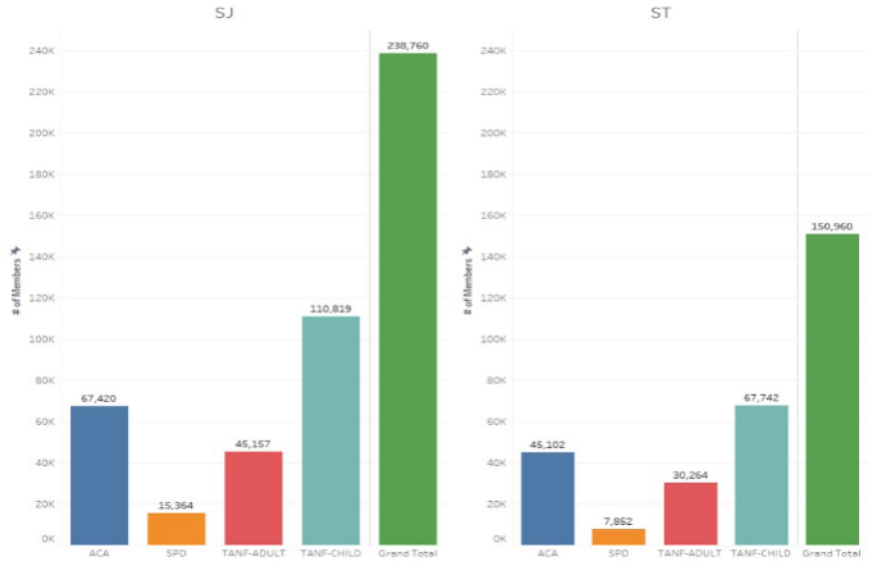
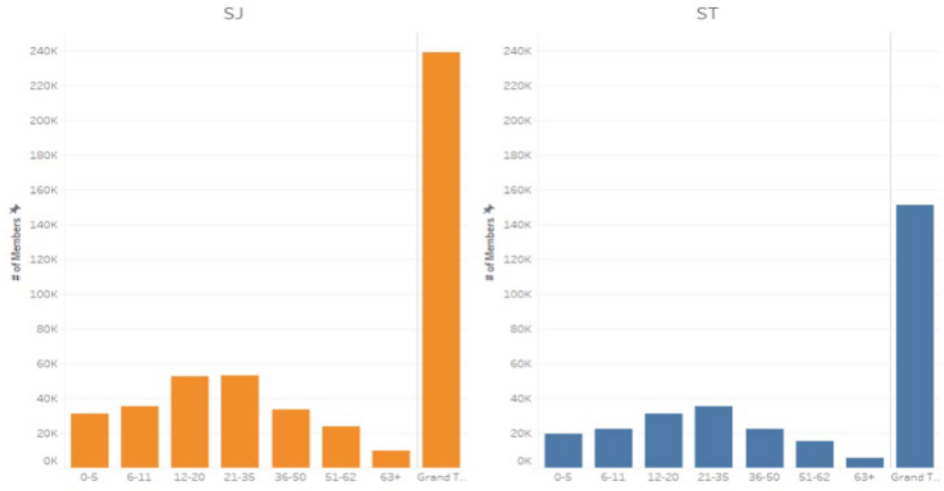


Figure 3: HPSJ members by age

The chart below illustrates the distribution of HPSJ members by age. A large portion of HPSJ membership includes children and young people.



Age Table

	Age (Group)							
County	0-5	6-11	12-20	21-35	36-50	51-62	63+	Grand Total
San Joaquin	30,982	35,453	52,594	53,005	33,345	23,636	9,745	238,760
Stanislaus	19,502	22,164	31,085	35,171	22,100	15,502	5,436	150,960
Grand Total	50,484	57,617	83,679	88,176	55,445	39,138	15,181	389,720

Health Status and Disease Prevalence

Chronic conditions are known to disproportionately impact Medi-Cal (Medicaid) individuals due to factors such as chronic stress, and other social determinants of health that create barriers in accessing health care or participating in healthy

behaviors. In addition to those concerns, COVID-19 continues ~~to effect~~ to impact Medi-cal members at higher rates than other populations. while ~~vaccine~~ COVID-19 vaccination rates remain low. The top 10 conditions impacting across HPSJ membership were identified by Claims and -Encounter data between January 1, 2022-December 31, 2022.

Figure 4: Top 10 Conditions Among Members Who Reside in San Joaquin County by Race/Ethnicity

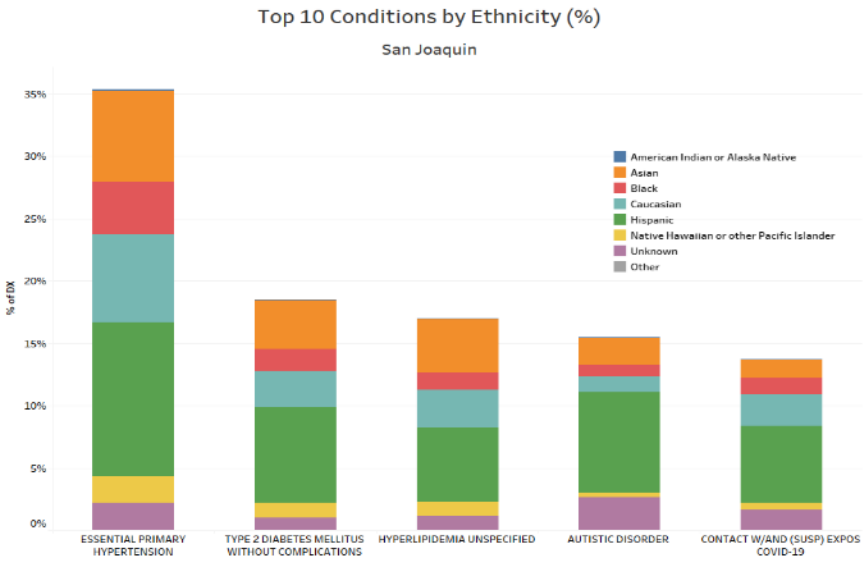
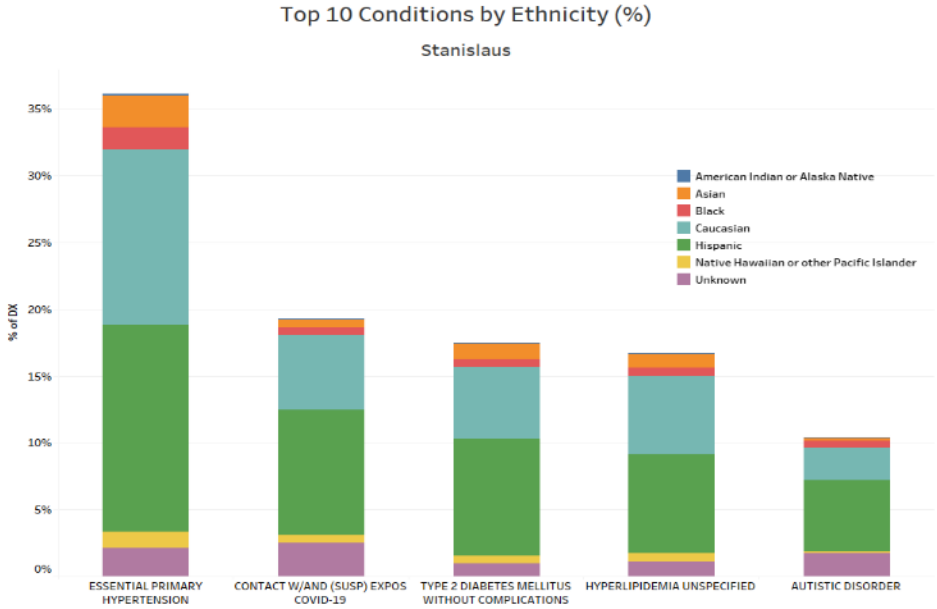


Figure 5: Top 10 Conditions Among Members Who Reside in Stanislaus County by Race/Ethnicity



Access to Care

Access to care involves physician and health services availability, cost of care, location, and other factors that impact the ability to get appropriate health care in a timely manner. The trend in health care access is seen in local reported data for the service area of both San Joaquin and Stanislaus Counties.

Identified barriers related to health care access in both counties include:

- Physician shortage,
- Dentist shortage,
- Mental health provider shortage,
- Medically underserved areas, and
- Health insurance coverage.

HPSJ contracted with an NCQA accredited survey vendor to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This instrument is designed to provide insight into enrollee experience and care. This analysis helps HPSJ identify opportunities to improve enrollees' member experience.

Adult Member Experience:

Table 6: Summary Rate Scores – Adult CAHP Survey

MEASURE	SUMMARY RATE 2022	SUMMARY RATE 2023	CHANGE	2023 PG BOOK OF BUSINESS BENCHMARK PERCENTILE DISTRIBUTION (0 20 40 60 80 100)	PERCENTILE RANK	BoB SRS
Health Plan Domain						
Rating of Health Plan *% 9 or 10*	61.8%	58.0%	-3.8		19th	63.6%
Getting Needed Care *% Usually or Always*	74.3%	73.9%	-0.4		6th	82.0% ▼
Customer Service + *% Usually or Always*	86.7%	86.8%	0.1		18th	89.8%
Ease of Filling Out Forms + *% Usually or Always*	96.7%	93.8%	-2.9		18th	95.3%
Health Care Domain						
Rating of Health Care *% 9 or 10*	49.8%	50.3%	0.5		13th	56.8%
Getting Care Quickly *% Usually or Always*	70.1%	68.8%	-1.3		<5th	81.5% ▼
How Well Doctors Communicate + *% Usually or Always*	88.8%	84.7%	-4.1		<5th	92.8% ▼
Coordination of Care + *% Usually or Always*	79.3%	69.0%	-10.3		<5th	85.6% ▼
Rating of Personal Doctor *% 9 or 10*	58.5%	55.8%	-2.7		<5th	69.2% ▼
Rating of Specialist + *% 9 or 10*	59.5%	68.3%	8.8		57th	67.4%

Table 6: Summary Rate Scores – Child Survey Experience

MEASURE	SUMMARY RATE 2022	SUMMARY RATE 2023	CHANGE	2023 PG BOOK OF BUSINESS BENCHMARK PERCENTILE DISTRIBUTION (0 20 40 60 80 100)	PERCENTILE RANK	BoB SRS
Health Plan Domain						
Rating of Health Plan *% 9 or 10*	69.7%	69.3%	-0.4		30th	72.0%
Getting Needed Care *% Usually or Always*	75.4%	78.7%	3.3		22nd	83.1%
Customer Service + *% Usually or Always*	86.1%	88.6%	2.5		47th	88.7%
Ease of Filling Out Forms + *% Usually or Always*	96.2%	93.9%	-2.3		14th	95.8%
Health Care Domain						
Rating of Health Care *% 9 or 10*	61.5%	62.2%	0.7		8th	69.6% ▼
Getting Care Quickly *% Usually or Always*	77.3%	73.4%	-3.9		<5th	85.8% ▼
How Well Doctors Communicate + *% Usually or Always*	89.5%	91.3%	1.8		11th	94.0%
Coordination of Care + *% Usually or Always*	81.6%	82.8%	1.2		39th	84.2%
Rating of Personal Doctor *% 9 or 10*	70.9%	68.5%	-2.4		<5th	76.5% ▼
Rating of Specialist + *% 9 or 10*	73.6%	70.0%	-3.6		38th	72.3%

HPSJ plans to send more information to members, starting a shorter survey that will be sent to random members after they have a visit with their doctors to get more information about specific offices as a way to determine potential barriers to care or issues with individual provider offices.

The Health Plan of San Joaquin (HPSJ) Community & Cultural Detailing Report of 2023 indicates the following about recent primary care visits:

- The ratio of primary care providers to the general population lags state and national averages.

Figure 7: CAHPS Survey Response Recent PCP Visit within the Past Year

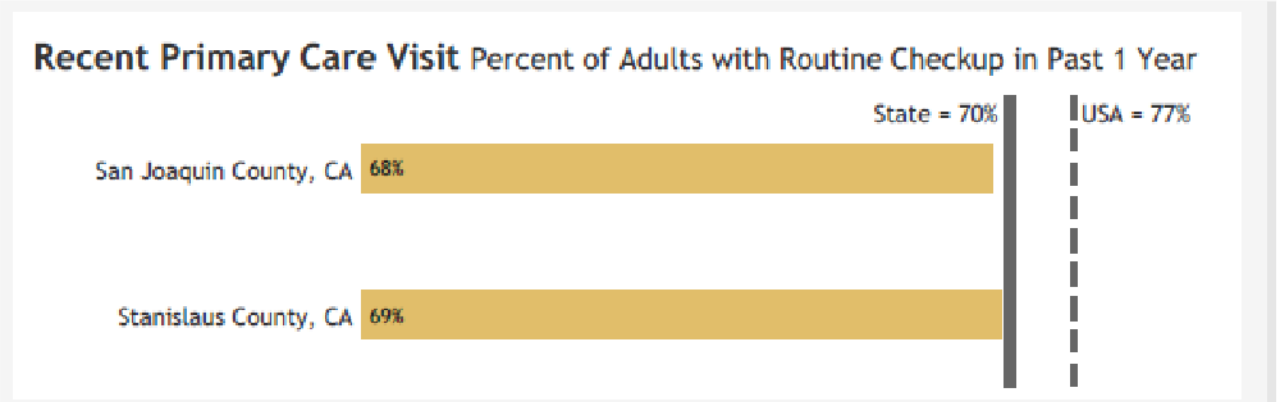


Figure 8: CAHPS Survey Federally Qualified Health Centers per 100k People

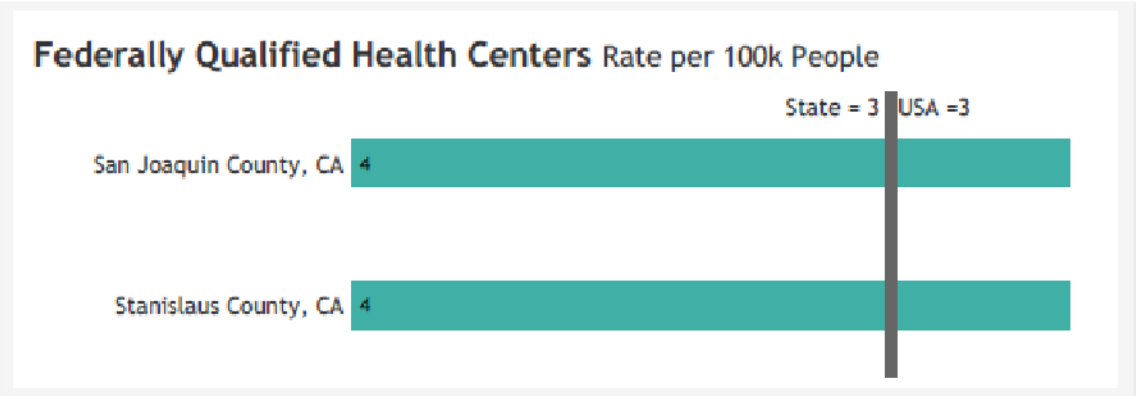
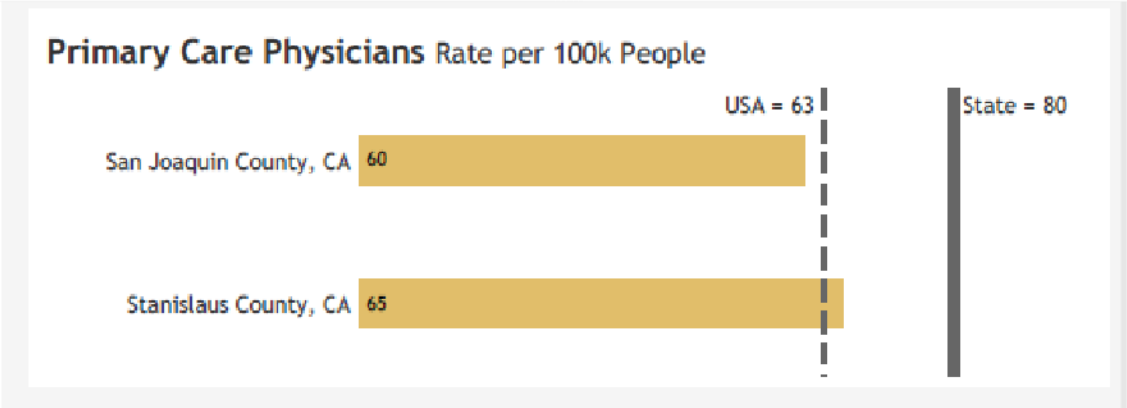


Figure 9: CAHPS Survey Primary Care Physicians per 100k People



Access to high quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable.

In San Joaquin County, almost a third more county residents have public health insurance compared with state averages. Latino residents have lower rates of health insurance coverage when compared to the rest of the county. Language and cultural barriers, including poor language access, were also discussed by key informants and in the focus groups.

Some of the factors contributing to access to care issues are:

- Poor access to affordable health and dental insurance,
- Few high-quality health care providers (including urgent care and mental health),
- Living in rural areas,
- Lack of transportation,
- Lack of knowledge of available services,
- Language and cultural barriers to health care,

- Perception that doctors don't understand the community's culture,
- Fear of prejudice from providers,
- Inadequate interpretation services at clinics, and
- Low physician, dentists, and behavioral health providers to population ratios.

National County Health Rankings data demonstrates a community wide issue across Stanislaus and San Joaquin Counties. In both counties the population to PCP ratio is higher than ratio in California and the United States meaning there are less PCP's available to meet the needs of residents in the area.

Table 7: National County Health Rankings: Population per PCP Ratio, San Joaquin County

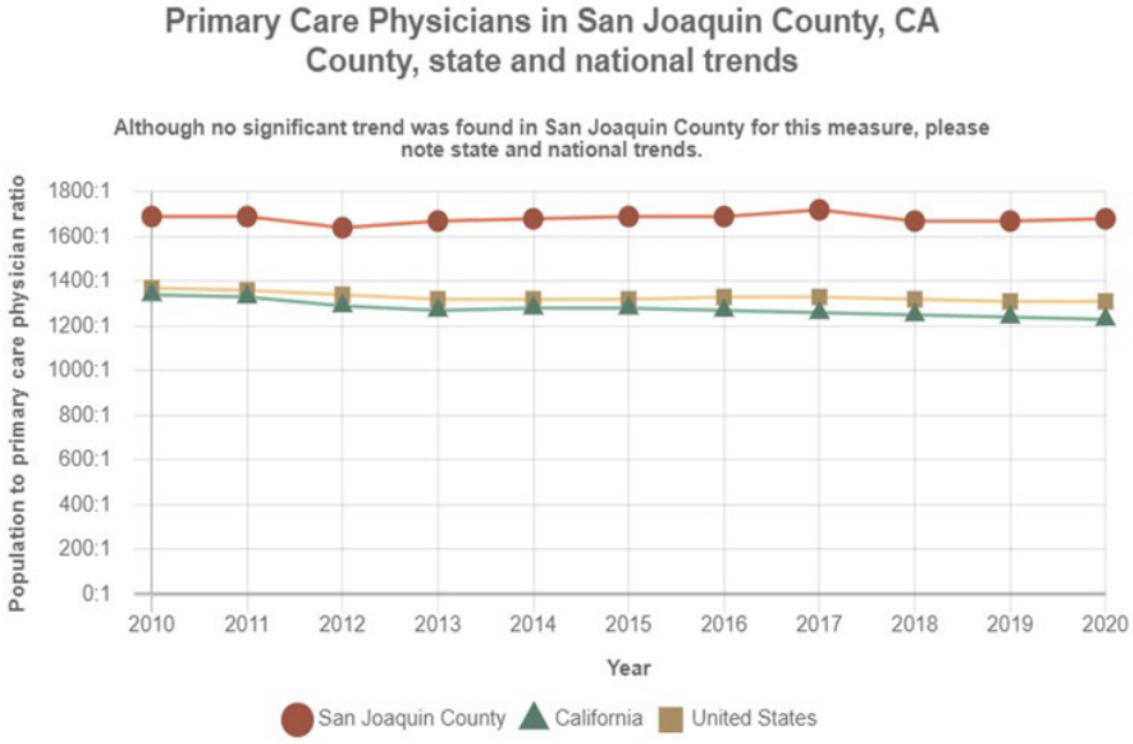
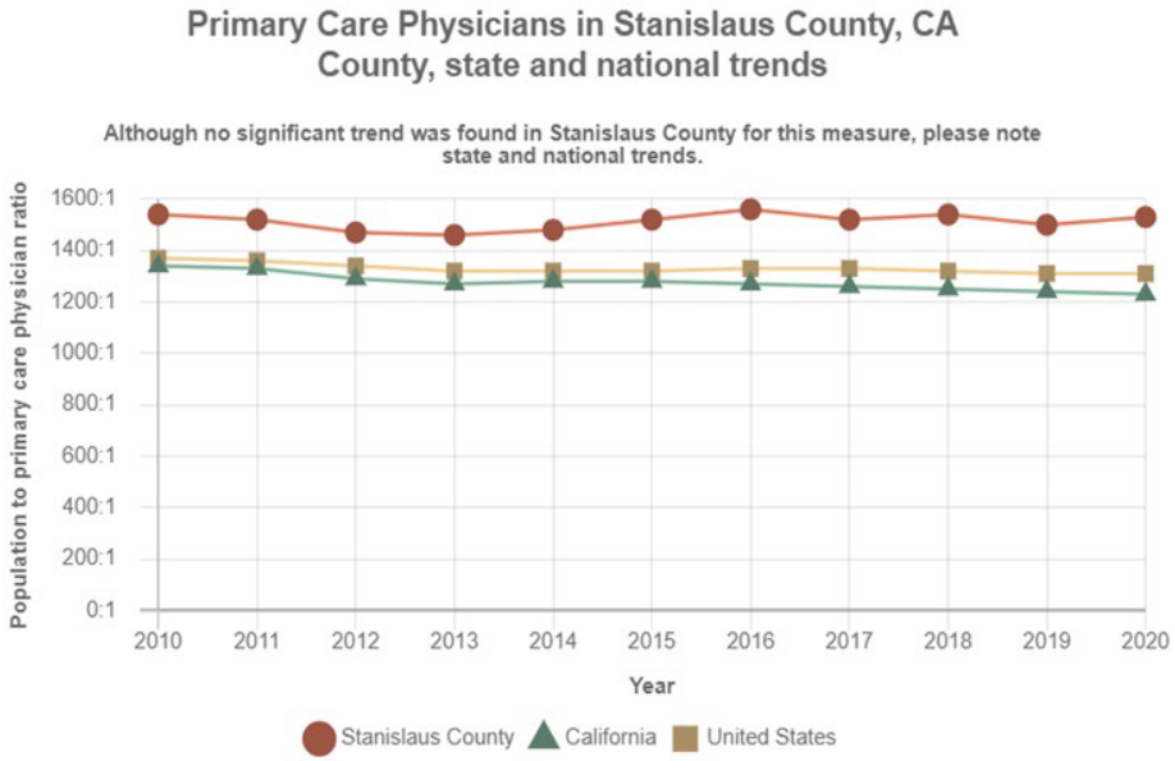
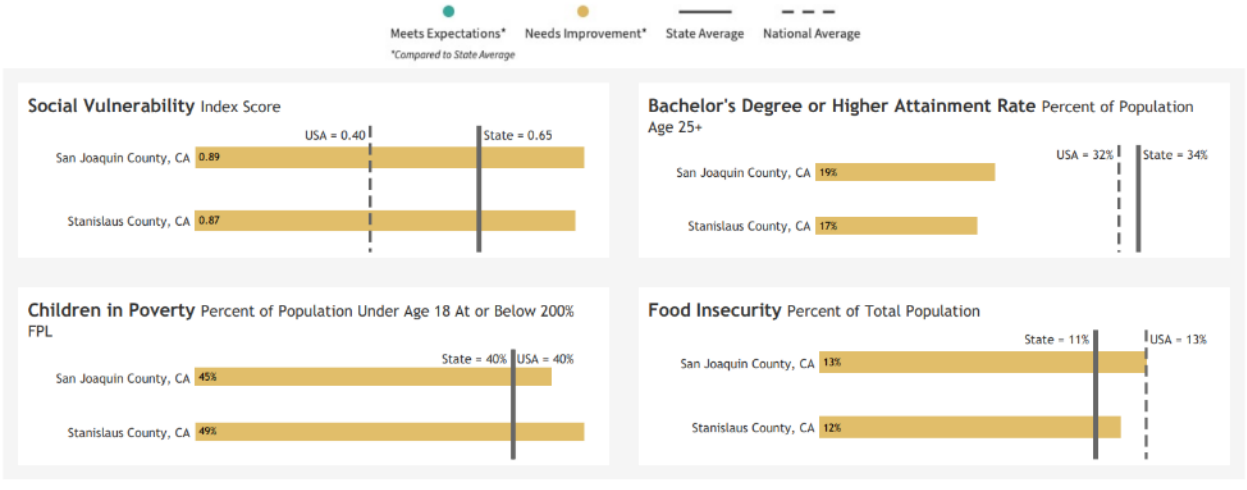


Table 8: National County Health Rankings: Population per PCP Ratio, Stanislaus County

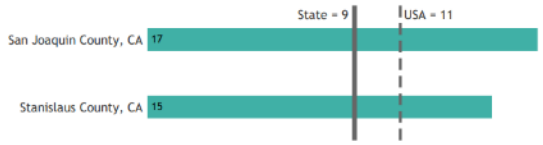


Health Disparities Health disparities were evaluated through a Community Detailing report completed by HPSJ's Community Engagement Vendor, SameSky Health. SameSky Health prepared a report highlighting social determinants of health which include access to care, education, food insecurity, overall poverty level, and other socioeconomic factors. The following tables represent results of those findings in comparing San Joaquin and Stanislaus Counties to California State rates.



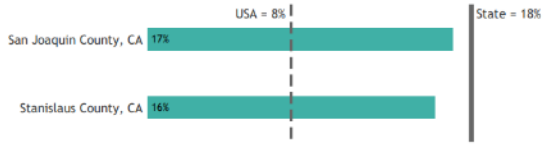
Grocery Stores Establishments per 100k People

Head Start Programs Rate per 10k Children

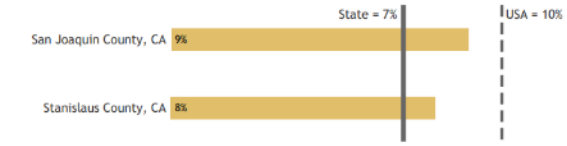


Health Professional Shortage Area Percent of Population Living in HPSA

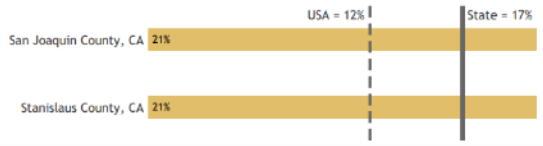
Limited English Proficiency Percent of Population Age 5+



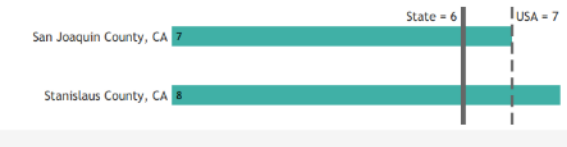
No Computer Percent of Households



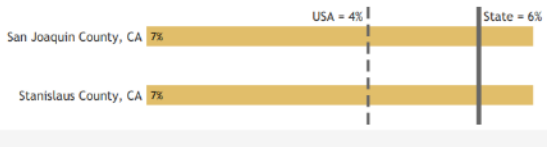
No High School Diploma Percent of Population Age 25+



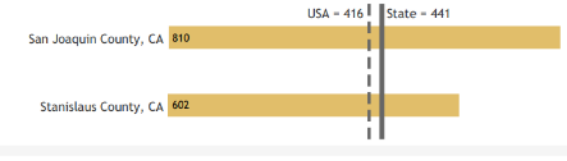
SNAP-Authorized Retailers Rate per 10k People



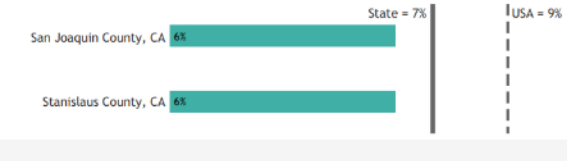
Unemployment Rate



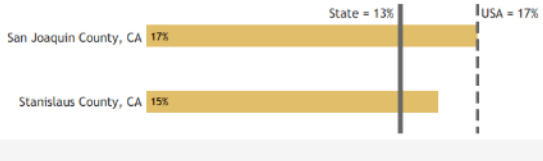
Violent Crime Annual Rate per 100k Population



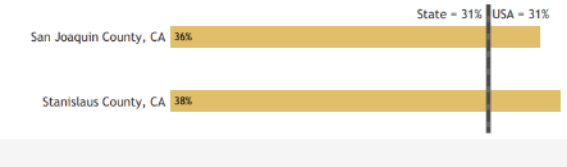
No Motor Vehicle Percent of Households



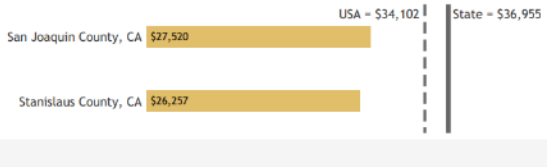
No or Slow Internet Percent of Households



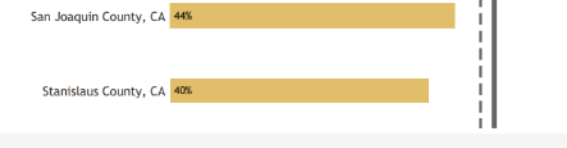
People in Poverty Percent of Population with Income At or Below 200% FPL



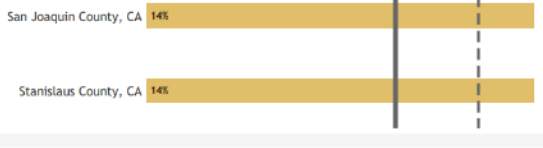
Per Capita Income Annual Income ($)



Preschool Enrollment Percent of Population Age 3-4



Receiving SNAP Benefits Percent of Households



A.1.b Health Education, C&L, and/or Quality Improvement Program Gap Analysis

Key Data Assessment Findings noted in this report provide insight into areas that need improvement across HPSJ membership. It is important to analyze these findings to address any weaknesses or shortcomings in internal processes that may affect how members access and receive care. This gap analysis seeks to prioritize the needs of HPSJ membership and informs the PNA action plan that serves as a guide on how to deploy resources and focus internal efforts.

Health Education:

Diabetes Prevention Program (DPP):

In April 2023, HPSJ received communications from Melon Health DPP vendor that they would no longer be providing DPP as a program. As of May 1, 2023 HPSJ members would lose access to DPP through Melon health. The following is a reflection of DPP members through Melon Health from January 1, 2023 through April 30, 2023:

2023 Engagement:

- Total number of enrolments: 33
- Total number engaged in Melon program: 30
- Number of people who agreed to participate but did not complete registration from their end): 18

Members had a recorded weight loss as high as 24 pounds since starting the program with others reporting 10, 14, and 18 pounds with an average weight loss of 8.5 pounds.

4 participants completed the 12-month DPP program. One continues to use the platform even after completing because she found it so helpful.

As of September 1, 2023 HPSJ is working with Inspiring Communities as the new DPP provider.

Outreach initiatives

The goal over the next 3 months is relaunch DPP under the new DPP provider. HPSJ will work with Inspiring Communities to identify potentially eligible beneficiaries for the program. Together, Inspiring Communities and HPSJ will be responsible for collaborating and administering enrollment campaigns through phone, email, or any other communication channels to which HPSJ and Melon agree, using beneficiary contact information provided by HPSJ in

a HIPAA compliant manner. Current initiatives have been focused on a phone enrollment campaign.

Cultural and Linguistics:

Although the overall goal of increasing our Interpreted Encounters vs. LEP Membership Ratio for 2022-23 was met, there is still disparity in some LEP groups, and the goal of increasing the interpreted encounters vs. LEP membership ratio for Hmong and Khmer was not metMore education and more awareness about language assistance will be provided to the community (i.e. providers and members) in order to increase awareness of qualified interpreter services and the benefits in order to continue improving this metric. Khmer (Cambodian) and Hmong, for example, were identified as groups with higher members but lower utilization. A magnet campaign (refrigerator magnet with onsite interpreter scheduling instructions) was developed with intention to launch in FY23, but was not launched until July of FY24 (Chinese was identified and added as well). Utilization in these and other low interpreted encounter languages will be monitored carefully in FY24, and strategies will continue to be evaluated. Without direct the targeted intervention of the magnet campaign, Hmong and Khmer interpreted encounters did increase, but the Hmong encounter ratio to Hmong membership remained about the same, and Khmer increased by only about 1%. The data below shows the breakdown.

Table 9: Utilization of Language Assistance Services Among Khmer and Hmong Members FY2022 (Encounter Language Study FY23, Khmer, Hmong, Chinese Study FY23)

Month	Hmong Encounters	Hmong Membership	Khmer (Cambodian) Encounters	Khmer (Cambodian) Membership	
Jul 2021	16	1323	19	2709	
Aug 2021	13	1325	21	2713	
Sep 2021	7	1326	23	2722	
Oct 2021	2	1318	16	2723	
Nov 2021	14	1316	18	2721	
Dec 2021	5	1315	29	2722	
Jan 2022	5	1242	33	2572	
Feb 2022	6	1244	18	2567	
Mar	11	1305	33	2712	
Apr 2022	8	1247	9	2709	
May	9	1311	22	2704	
Jun 2022	9	1303	22	2689	

Average totals	**9**	**1303**	**22**	**2687**	
%	**1%**		**1%**		

Table 10: Utilization of Language Assistance Services Among Khmer and Hmong Members FY2023 (Encounter Language Study FY23, Khmer, Hmong, Chinese Study FY23)

Month	Hmong Encounters	Hmong Membership	Khmer (Cambodian) Encounters	Khmer (Cambodian) Membership
Jul 2022	10	1309	56	2811
Aug 2022	15	1304	51	2817
Sep 2022	11	1294	66	2822
Oct 2022	19	1289	79	2816
Nov 2022	9	1298	69	2811
Dec 2022	9	559	60	1134
Jan 2023	23	1286	77	2799
Feb 2023	13	1295	81	2839
Mar 2023	19	1309	77	2843
Apr 2023	14	1312	91	2834
May 2023	30	1311	67	2833
Jun 2023	27	1308	79	2842
Average totals	**17**	**1240**	**71**	**2700**
Ave Encounter vs. Membership Ration %	**1.4%**		**2.7%**	

Action Plan

Objective 1: Objective was brought forward from reporting year 2020. The objective was to increase overall utilization of language assistance by 8% by June 30, 2023. Categories included members, providers, internal staff. Baseline for 2021 changed from 22.5% to 24%, HPSJ used Member interpretation Utilization Report to establish focus goal for 2022-23.

Though HPSJ has met the overall focus goal for 2022-23 and overall Interpreter Encounters vs. LEP Membership is at 54%, there are still disparities identified in LEP populations that require focused strategies for spreading awareness and importance of language assistance services. Based on member utilization data, the number of interpreted encounters in certain LEP groups does not reflect the membership populations of those groups.

Objective 1	Increase language access to member interpretation Request by this group	2022 Increase Hmong 1% - 3%	2023 No Change
Objective 2	Increase language access to member interpretation Request by this group	Increase Cambodian (Khmer) 1% - 3%	~1%+

The FY24 goal will remain to increase utilization in these languages, with a goal of 3% increase in interpreted encounters vs LEP membership by 3% by fiscal year end. The magnet campaign has been launched for these langauges and Chinese, and progress will be monitored on a monthly basis.

Overall FY24 goal is to Increase overall utilization ofinterpreted encounters for members language assistance by 358% by June 30, 2023, and interpreted encounters vs. membership preferred spoken language ratio by 15%, by June 30, 2024.

Data Source: *Interpreter Utilization Tracking FY23; Spoken Languages FY22; Spoken Languages FY23; Encounter Language Study FY23; Khmer, Hmong, Chinese Study FY23*

Strategies	Progress Discussion
1. Disseminate culturally relevant resources to members to inform them of interpreting services that could assist them in understanding the health forms and other member informing materials so they can make informed decisions.	So far this is accomplished primarily through the Language Assistance Notice that is sent out with certain member-informing materials. Will also share in CAC in FY24Q2.

2. Share complaints and grievance data with providers to communicate opportunities for improvement, educate on best practices to ensure availability and access to qualified language assistance tools and resources. Monitor grievances related to language assistance and interpretive services.	Strategy and implementation in 2023 for dissemination of complaint and grievance data under development. Complaints and grievances are currently carefully monitored by C&L and Grievance team.
3. Expansion of C&L Services making video interpretation available to providers. Decrease the barrier having to schedule interpretive services and give providers instantaneous access. Three FQHCs have VRI/OPI systems implemented	Will continue this campaign in FY24 in existing counties, and in two new counties.
4. Perform annual member satisfaction survey to gather feedback on language assistance services. Including CAHPS survey on ease of understanding written materials and ease of filling out forms.	Strategy and implementation ongoing into FY24.

Objective 2: Increase the rate of completed well child visits in ages 0-15 months, 15-30 months, and children and adolescents from 3-21 years to above the 50th percentile based on the National Medicaid 50th percentile by 12/31/2024 by implementing children's health milestone initiatives focused on developmental milestones and incentivizing preventive care.

Data Source: RY 2022 HEDIS Data

Strategies	**Progress Discussion**
1. Create myHealth health education campaign inclusive of health education materials, website and supporting items.	Children's Milestone Booklet completed and sent to WIC Agencies, FQHC partners.
2. Engage and test campaign with community partners including Black Infant Health, local FQHC's and MCAH programs.	Booklet tested with BIH team. 500 copies sent to BIH for use.
3. Educational mailing inclusive of well child message and incentive information for members.	Mailings completed. Reached over 100,000 members.
4. Work directly with providers and FQHC's to complete outreach calls for well child	Completed outreach calls for 4 clinic partners.

Objective 3: Increase enrollment and retention in Diabetes Prevention Program by 5% as compared to baseline established June 1, 2022, by June 30, 2024.

Data Source: Melon Health Diabetes Prevention Program KPI Report

	Strategies	Progress Discussion
1.	Collect member emails for email campaign of DPP services through Melon Health.	
2.	Increase opportunities for outreach inclusive of calls, mailing, and newsletter articles.	
3.	Promote DPP among providers/partners and engage them in direct referral processes to increase referral sources across member touchpoints.	
4.	Work with Promotora network in Stanislaus County to engage community in DPP referrals.	

Objective 4: Objective 4 is a brought forward project from 2020. By December 31, 2022, to increase the rate of compliance for cervical cancer screenings among White/Caucasian women ages 24-64 years of age at (Golden Valley Health Center) GVHC's West Modesto Clinic and residing in Stanislaus County from 49.52% to 55.73%.

Data Source:

•Care Gap Finder Reports; Baseline 12/2020

•DHCS EQRO indicates a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%.

2017=47.20%] for Stanislaus County

•DHCS 2016 Health Disparities Report [published May 2019]; CCS – 4 Health Disparities were identified for CCS indicator: Asian, Black/African Americans, Hispanic/Latino, and "Other" groups were better than the rate for Whites.

•The 2019 DHCS Disparities report was not included in the data set due to DHCS not including CCS in the analysis.

•Our overall data still shows this disparity in ST county

Strategies	Progress Discussion
Continue to partner with the FQHC with the largest population for this measure to leverage the best impact; this FQHC must have the disparity mirrored in their population. After review of the data mentioned above. HPSJ Partnered with GVHC to select the West Modesto GVHC clinic as a target population for this activity.	Final comparison of rates demonstrated a 2.31% decrease in rates for this objective. Based on this decrease we can conclude that the intervention implemented for this study was not successful.
Warm transfer through population health team utilizing targeted gaps in care lists for specific women's health one day a week as agreed upon by the FQHC partner. This Is centered around cervical cancer screening calls but includes messaging around breast cancer screening and colorectal cancer screening when applicable.	Although the intervention did not impact the rate as we hoped for, there are other barriers that could have possibly affected the rate change. These includes member related challenges, as well as provider related factors. The study had very limited implementation period. Calls were started on April of 2022 and needed to be concluded by October. The combination of all the factors impacted the outcome of the study.
Share monthly gaps in care lists with FQHC partner to engage in quality improvement discussions and provide ongoing process evaluation. Gap lists are specific to the clinic and include gaps specific to women's health (BCS, CCS).	Gap lists were utilized and shared on an ongoing basis.

Facilitate ongoing meetings to provide opportunities for planning and discussion around gaps in care clinic days. Monthly or bi-monthly meetings allow for HPSJ and GVHC to identify barriers and discuss other opportunities to outreach and connect with members experiencing this disparity.	Positive outcome includes GVHC finding value add to call campaign despite decrease in rates. Partnership helped to facilitate discussion around direct scheduling and opened opportunity to address other MCAS measures.

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For questions about our 2022 Community Needs Assessment, please email healtheducation@hpsj.com.