



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Population Needs Assessment **JUNE 2022**

Health Education, Cultural and Linguistic Services  
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## INTRODUCTION

Gold Coast Health Plan (GCHP) is an independent public entity governed by the Ventura County Medi-Cal Managed Care Commission serving Medi-Cal beneficiaries living in Ventura County. As of April 2022, GCHP has a membership of 232,954. For the purpose of this report, membership was based on Health Effectiveness Data and Information Set (HEDIS<sup>®</sup>) and Managed Care Accountability Set (MCAS) enrollment and eligibility criteria. A total of 168,520 members were identified for the Population Needs Assessment (PNA) 2022 Report. The criteria used to define the population in the 2022 PNA report include 11 months of consecutive enrollment in GCHP with full-scope Medi-Cal enrollment status, during a 12-month measurement period.

GCHP was established in 2011 as a County Organized Health System (COHS) managed care model established by the Ventura County Board of Supervisors. GCHP is one of six COHS models throughout the state of California. GCHP operates under a contract by the California Department of Health Care Services (DHCS) to provide health services to Medi-Cal beneficiaries. GCHP is governed by Ventura County Medi-Cal Managed Care Commission (VCMCC), which is comprised of locally elected officials, providers, hospitals, clinics, the county healthcare agency, and consumer advocates.

Medi-Cal beneficiaries are assigned automatically to GCHP, including dual-eligible Medicare-Medicaid and Seniors and Persons with Disabilities (SPD). Other membership groups include children eligible for California Children's Services (CCS) as well as members living in skilled nursing facilities. As of April 2022, GCHP has a robust provider network of 4,251 total providers, of which 456 are Primary Care Providers (PCP) and 3,795 contracted specialists.

The goal of the PNA is to assess and to improve the health status of individuals enrolled in Medi-Cal. The PNA identifies health status, health disparities, cultural and linguistic needs of members. Findings of the PNA will be used to develop an action plan to address the barriers to care and gaps in services.

The Department of Health Education, Cultural and Linguistic (HECL) Services is under the division of Population Health Management and Equity, which also includes the Department of Quality Improvement and Behavioral Health Services. The Chief Medical Officer oversees Population Health Management and Equity. The PNA was completed under the oversight of the Director of HECL Services. The development of the PNA included input from internal departments including Quality Improvement (QI), Decision Support Services (DSS), Provider Network Operations (PNO), and Health Services (HS).

Multiple data sources were used to identify the health status of the population and areas of improvement. The PNA includes primary and secondary data analysis as well as information from key community stakeholder interviews and survey responses. An external stakeholder meeting was held with members of the Community Advisory Committee (CAC) to review survey questions and identify key communication strategies to improve health outcomes among members enrolled in GCHP. The survey was distributed to CAC representatives, and to several community partners, including schools, social services agencies, and advocacy groups. The member survey was mailed to eligible members in English or Spanish.



## I. Population Needs Assessment (PNA) Overview

The PNA is conducted to fulfill the contractual obligation of Department of Health Care Services (DHCS), Medi-Cal Managed Care Division (MMCD), as well as the All-Plan Letter (APL) 19-011<sup>1</sup>. The goal of the PNA is to improve health outcomes for members and ensure that health plans meet the needs of all their Medi-Cal members. To achieve this goal, GCHP established the following program goals:

- Identify member health needs and health disparities
- Evaluate health education, cultural and linguistic services, quality improvement activities and resources to address concerns or barriers to services
- Develop targeted strategies that are culturally and linguistically appropriate

To achieve the program goals, GCHP used multiple reliable data sources to identify member health needs and health disparities. Findings of the PNA are intended to develop strategies for improving the health outcomes of members by evaluating health risks, identifying health needs, and setting priorities for program interventions.

Key data and reports collected for the preparation of the PNA include:

- GCHP Administrative Data Measurement Year (MY) 2021 Claims, Encounter, Immunization Registry, Laboratory and Pharmacy Data
- California Immunization Registry (CAIR) 2021
- CMS Adult and Child Core Sets for Medicaid Results 2021
- United States Census Bureau Data 2020
- Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) Results Measurement Year (MY) 2021
- Managed Care Accountability Set (MCAS) MY 2021

<sup>1</sup> Department of Health Care Services (DHCS) All Plan Letter 19-011, 2019.



- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey 2021
- Department of Health Care Services Health Disparity Report 2022
- GCHP Health Services Utilization Management (UM) Report 2021
- Behavioral Health Utilization Data 2021
  - » Beacon Health Options Annual Report 2021
- GCHP Provider Appointment Availability Survey and After-Hours Audit (Provider Satisfaction Survey 2021- 2022)
- GCHP Membership and Practitioner Report 2022
- County Health Ranking and Roadmaps 2022
- Ventura County Continuum of Care (COC) Alliance, Ending Homelessness in Ventura County 2022
- Community Health Implementation Strategy, Ventura County  
Community Health Needs Assessment Collaborative Report 2019
- Key Stakeholder Community Engagement and Member Survey Report 2022

Additionally, various other communities need assessment reports on health status, social determinants of health, socioeconomic data, and membership utilization data were utilized. The PNA report includes data on vulnerable populations and on the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. In addition to quantitative data collection, the PNA gathered qualitative data from the key stakeholders including representatives from community-based organizations and from GCHP's Community Advisory Committee (CAC) members by conducting key informant meetings and surveys. Additionally, a list of randomly selected English and Spanish speaking members (adult and child) were identified to participate in member survey.

Utilizing multiple data sources including both quantitative and qualitative data findings, GCHP prepared the specific, measurable, achievable, realistic, time-bound (SMART) objectives for the 2022 PNA. The objectives identified were prioritized by reviewing multiple sources, such as performance measures that did not meet the DHCS mandated Minimum Performance Level (MPL), and those with the lowest MCAS rates. Health disparity data reported by the GCHP QI Department and DHCS was used to identify key health disparities for GCHP's population.

GCHP Administrative Data (2021) identified the following health conditions as the top conditions among GCHP members: hypertension, diabetes, and asthma. MCAS MY (2021) report showed chlamydia screening in women, breast cancer screening, well-care exams between the ages of 0-30 months, dental fluoride varnish and lead screening as areas in need of improvement. The DHCS Health Disparity Report (2021) showed tobacco and alcohol screening among Spanish-speaking members to be lower when compared to other groups. Behavioral Health utilization data suggests that services are under-utilized by Spanish-speaking members. Key findings of the stakeholder community engagement survey suggest access to care and social determinant of health are barriers to receiving health care services. Key findings among members who completed the member survey indicated that lack of primary care providers and availability of appointments are key factors to improving health outcomes.

Analyzing these data sources, GCHP identified eight (8) SMART objectives and prepared an action plan with specific intervention strategies to address areas of improvement and to better address health outcomes. SMART objectives will incorporate culturally and linguistically appropriate intervention strategies.

The areas of focus include the following:

1. Chlamydia Screening in Women – Increase chlamydia screening by 2% among women between 16-24 years of age by December 31, 2022.
2. Breast Cancer Screening (BCS) – Increase breast cancer screening by 2% among 50-74-year-old women enrolled in GCHP by December 31, 2022.
3. Health Disparity - Increase alcohol screening by 2 % for members 11-17 years of age and tobacco screenings by 2% among Spanish-speaking female members by December 31, 2022.
4. Well-Care Exams – Increase well-care exams for members 0–15 months of age by 33.8% and by 6.27% for members 15-30 months of age by December 31, 2022.
5. Lead Screening – Increase lead screenings by 7.05% among children by their 2nd birthday by December 31, 2022.
6. Dental Fluoride Varnish – Increase dental fluoride screenings by 2% among children between the ages of 1-5 years by December 31, 2022.
7. Behavioral Health - Increase behavioral health utilization among Spanish speaking members by 2% by December 31, 2022.
8. Chronic Conditions – Increase the health outcomes of members who complete the Chronic Disease Self-Management Program by 2.5% by December 31, 2022.





## II. Data Sources

Quantitative and qualitative data sources were used to assess the demographic profile, health status, and social determinants of health among GCHP's membership. The data collected for the preparation of the PNA includes:

- Administrative Data Measurement Year (MY) 2021 – Claims, Encounter, Immunization Registry, Laboratory, and Pharmacy Data
- California Immunization Registry (CAIR) 2021
- CMS Adult and Child Core Sets for Medicaid Results 2021
- United States Census Bureau Data 2020
- Healthcare Effectiveness Data and Information Set (HEDIS®) Results MY 2021
- Managed Care Accountability Set (MCAS) MY 2021
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey 2021
- GCHP Provider Appointment Availability Survey and After-Hours Audit (2021- 2022)
- Department of Health Care Services (DHCS) Health Disparity Report MY 2021
- GCHP Health Services Utilization Management (UM) Report 2021
- Behavioral Health Utilization Data
  - » Beacon Health Options Annual Report 2021
- GCHP Provider Appointment Availability Survey and After-Hours Audit (Provider Satisfaction Survey 2021-2022)
- GCHP Membership and Practitioner Report 2022
- County Health Ranking and Roadmaps 2022
- Ventura County Continuum of Care (COC) Alliance, Ending Homelessness in Ventura County 2022
- COVID-19 and Vulnerable Populations
- Community Health Implementation Strategy, Ventura County Community Health Needs Assessment Collaborative Report 2019
- Stakeholder Community Engagement and Member Survey Findings 2022

## Administrative Data MY 2021 – Claims, Encounter, Immunization Registry Laboratory, and Pharmacy Data

Administrative data represents electronic information collected, processed, and stored in a data warehouse and maintained by GCHP's Information Technology (IT) and Decision Support Services (DSS) Departments. Typically, administrative data is an integrated data collection through the gathering of medical claims and member encounter data reported by health plan providers. Medical claims data consist of medical billing codes reported by providers. The collection and analysis of claim data is standard practice in the healthcare industry. Claims data consist of standard billing codes for service reimbursement. Claims data is used to report health plan member demographic data and health conditions. Claims data typically have a three-month lag and other data sets may supplement analysis of members' health care needs.

Laboratory data is supplied to GCHP by contracted lab vendors. The GCHP Information Technology (IT) Department collects and stores the data which supplements claims/encounter data, and laboratory utilization measures such as chlamydia screening.

Pharmacy data is collected and managed by GCHP's DSS Department. Pharmacy claims data is based on specific reimbursement rates and claims data reflects formulary utilization. As with health care claims, pharmacy data also has a three-month lag.

GCHP utilizes member encounter data<sup>1</sup> as defined by DHCS. Member encounter data uses health information collected by the provider to document the clinical encounter/visit and supports tracking health care quality, costs and adjusting provider capitation rates. GCHP DSS Department uses Milliman MedInsight software to calculate statistical analytical data reports.

For this report, membership was defined as members with full-scope Medi-Cal benefits who were enrolled continuously during the measure year with no more than a one-month gap in enrollment. The criteria used for defining membership eligibility follows the same specifications used by HEDIS, which is defined by the National Committee for Quality Assurance (NCQA) Elements derived from membership data to aid in the segmentation of the population which consist of codes reported by providers.

Member data provided by the state was used to identify demographic data such as age, gender, language, and race/ethnicity. Administrative and member data was used to assess the population's use of preventive services and chronic health conditions.

<sup>2</sup> DHCS Member Encounter Data ALL PLAN LETTER 14-020, 2014

## California Immunization Registry (CAIR) 2021

GCHP access CAIR for the most current record of member immunization data. The GCHP Information Technology (IT) Department collects and stores the data which is used as a supplemental data source to claims/encounter data for reporting the outcomes of quality improvement immunization measures.

## CMS Adult and Child Core Sets for Medicaid Results 2021

The Centers for Medicare & Medicaid Services (CMS) prepares quality measures for health plans to assess patient care in both inpatient and outpatient settings. The CMS Adult and Child Core Sets for Medicaid are standardized measures, which are developed and maintained by various measure stewards, and used by CMS to monitor the quality of care and health outcomes of adults and children enrolled in Medicare and Medicaid<sup>3</sup>.

## United States Census Bureau Data 2020

The United States Census Bureau data was used to report the total population in California and Ventura County. The data was used to report the demographic profile of Ventura County including age, gender, ethnicity, income, education, and educational attainment.

## Healthcare Effectiveness Data and Information Set (HEDIS®) Results for Measurement Year (MY) 2021

The Health Care Effectiveness and Information Data Set (HEDIS) is a set of standardized performance measures maintained by the National Committee for Quality Assurance (NCQA) and used by managed care plans to assess health plan performance. HEDIS data reports were used to help focus the objectives for the PNA based on performance levels.

## Managed Care Accountability Set (MCAS) MY 2021

The state Department of Health Care Services (DHCS) selects measures from the CMS Adult and Child Core Sets for Medicaid and HEDIS to develop the Managed Care Accountability Set (MCAS), a list of measures that all Medi-Cal Managed Care Plans are required to report annually. For the 2021

<sup>3</sup> CMS, Method Brief, November 2019.

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/methods-brief.pdf>

measurement year, the MCAS list consists of 36 measures (10 hybrid and 26 administrative) that address the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health

## Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 Survey Report

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is a comprehensive survey tool for assessing consumer's experiences with their health plans and provides a rating score across national and state providers and plans. The CAHPS survey is administered by Health Services Advisory Group (HSAG), Inc., for DHCS and Medi-Cal managed care health plans. Questions in the CAHPS survey address areas such as getting needed care, getting care quickly, how well providers communicate, customer service, and shared decision making.

The 2021 CAHPS survey report was used to review findings from adult beneficiaries, and parents or caregivers of child beneficiaries enrolled in a Managed Care Plan (MCP). The CAHPS survey is a national survey of beneficiaries enrolled in an MCP that assesses members' access to care and services over the prior six months of enrollment. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall beneficiary satisfaction<sup>4</sup>.

## Department of Health Care Services Health Disparity Report MY 2022

To access and improve health disparities among individuals enrolled in a Medi-Cal managed care plan, DHCS contracted with Health Services Advisory Group (HSAG), Inc. to conduct a health disparities study using the MCAS performance indicators reported among Medi-Cal managed care health plans for reporting year 2021 with data derived from calendar year 2021. The report includes data from full-scope Medi-Cal beneficiaries and does not include data for fee-for-services beneficiaries. The goal of the health disparity report is to assess and to improve the health of all Californians, enhance quality of care, and reduce the per capita health care program costs<sup>5</sup>.

<sup>4</sup> 2021 CAHPS Medicaid Managed Care Survey Summary Report. DHCS, June 2021.

<sup>5</sup> DHCS Health Disparity Report. California Department of Healthcare Services, 2022. Available at <http://www.dhcs.ca.gov>.

## **GCHP Health Services Utilization Management (UM) Report 2021**

GCHP's Health Services Department maintains a utilization management report of inpatient, emergency room visits, care management services, transportation, and other related services. The report is prepared quarterly and reported to GCHP's Quality Improvement Committee and Commission.

## **Behavioral Health Utilization Data 2021**

Data related to behavioral health utilization is derived from the 2021 Annual Beacon Health Options' Report and from the Ventura County Behavior Health Consumer Served FY 2020-2021 Report. GCHP contracts with Beacon Health Options to provide mild-to-moderate behavioral health services. The behavioral health utilization report includes data on adults and children by various demographic elements including age, preferred language, and race/ethnicity.

## **GCHP Provider Appointment Availability Survey and After-Hours Audit (Provider Satisfaction Survey 2021- 2022)**

DHCS, Medi-Cal Managed Care Department, coordinates with HSAG and the State's External Quality Review Organization (EQRO) to prepare and conduct a timely access survey among providers contracted with Medi-Cal Managed Care Health Plans<sup>6</sup>. The timely access assessment evaluates access to primary care physicians, core specialty, facility services, as well as compliance with Medi-Cal Plans' network adequacy, timely access requirements, and standards.

SPH Analytics administered the combined Provider Satisfaction Survey and Timely Access Care Survey on behalf of GCHP in 2022. The survey identified provider perspectives on six multiple organizational areas including: finance, utilization management/quality management, network/coordination of care, pharmacy, call center, and provider relations. The survey meets the contractual obligations pertaining to the DHCS access to comply with regulatory compliance standards.

## **GCHP Membership and Practitioner Report 2022**

GCHP Provider Network Operations (PNO) Department prepares annual reports on the total number of practitioners by members. Data reported on membership and practitioners is gathered through the Medi-Cal membership website and the total number of providers contracted with GCHP. The data is used to assess the ratio of providers to members, geographic distribution of providers, language breakdown among providers and members, and other related data.

<sup>6</sup> 2021-2022 Provider Appointment Availability Survey and After-Hours Audit Access Assessment, SPH Analytics.



## County Health Rankings and Roadmaps 2022

The Robert Wood Johnson Foundation prepares a County Health Rankings and Roadmaps Report. The county health ranking is based on health and social indicators for each county and compared to other counties throughout California and the nation. The report summarizes overall health outcomes of each county, as well as other factors that contribute to the overall health of individuals<sup>7</sup>.

## Ventura County Continuum of Care (COC) Alliance, Ending Homelessness in Ventura County Report 2022

Ventura County Continuum of Care (COC) Alliance maintains reports on the homeless population in Ventura County. The homeless count for Ventura County is calculated on an annual point-in-time count. According to the 2022 Ventura Continuum of Care Alliance, Ending Homelessness in Ventura County report, there are 2,238 adults and children who were homeless during the point-in-time count, which accounts for a 25.4% increase from the previous year<sup>8</sup>.

## Community Health Implementation Strategy, Ventura County Community Health Needs Assessment Collaborative Report 2019

Ventura County Community Health Improvement Collaborative (VCCHIC) is a non-profit organization to improve population health outcomes in Ventura County<sup>9</sup>. The Ventura County Collaborative partnered with Conduent Healthy Communities Institute (HCI) to conduct the Community Health Needs Assessment (CHNA)<sup>10</sup>. The goal of the CHNA is to improve the quality of care by increasing care coordination among health systems and community organizations.

The 2019 data report identifies social determinants of health impacting residents of Ventura County. Social determinants of health are economic and social conditions that influence health outcomes including education, housing, poverty, social status, social networks, and physical environment. According to Centers for Disease Control and Prevention (CDC), conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes<sup>11</sup>. These conditions are known as social determinants of health (SDOH). Studies have found that poverty limits access to healthy foods, safe neighborhoods, and level of education can be a predictor of better health. Researchers suggest that understanding what is known about SDOH is an important factor in developing programs that will improve individual and population health.

<sup>7</sup> Remington, P.L., Catlin, B.B. & Gennuso, K.P. The County Health Rankings: rationale and methods. Population Health Metrics 13, 11 (2015). <https://doi.org/10.1186/s12963-015-0044-2>.

<sup>8</sup> Ventura County Continuum of Care Alliance, Ending Homelessness in Ventura County, 2021, [www.venturacoc.org/facts-figures](http://www.venturacoc.org/facts-figures).

<sup>9</sup> Ventura County Community Health Needs Assessment Collaborative, Community Health Implementation Strategy, November 2019.

<sup>10</sup> Kaiser Foundation Hospital Board of Director's Community Health Committee, Community Health Needs Assessment, September 2019.

<sup>11</sup> CDC, Social Determinants of Health (SDOH), 2021, <https://www.cdc.gov/socialdeterminants/index.htm>

## Key Stakeholder Community Engagement and Member Survey Findings 2022

GCHP conducted a community needs assessment among representatives from various community stakeholders, including GCHP's Community Advisory Committee (CAC) members and community-based organization representatives. GCHP established an internal core team to review and prepare the 2022 PNA community stakeholder and member surveys. GCHP asked for CAC member's input and feedback on barriers and challenges to seeking health care services by Medi-Cal members and low-income population. The 2022 PNA key stakeholder community engagement survey consisted of 18 questions addressing the social determinants of health, method of delivery of health education services, access to care, health education services, method of communication, and cultural and linguistic needs of members. The survey was distributed electronically to nine CAC members, and to 175 community-based organizations throughout the county. The survey was available to individuals to complete in English or Spanish.

The member surveys consisted of 22 questions. The goal of the member survey was to obtain feedback on communication strategies for delivering health education services, ways to address cultural and linguistic barriers and ways to improve the quality of care. The member survey was distributed to a random sample of eligible adult and child members. The survey was available in English and Spanish. A total of 2,000 surveys were mailed to randomly selected members and members were asked to complete the survey in their preferred language and return it in the self-addressed envelope.

<sup>7</sup> Remington, P.L., Catlin, B.B. & Gennuso, K.P. The County Health Rankings: rationale and methods. *Population Health Metrics* 13, 11 (2015). <https://doi.org/10.1186/s12963-015-0044-2>.

<sup>8</sup> Ventura County Continuum of Care Alliance, Ending Homelessness in Ventura County, 2021, [www.venturacoc.org/facts-figures](http://www.venturacoc.org/facts-figures).

<sup>9</sup> Ventura County Community Health Needs Assessment Collaborative, Community Health Implementation Strategy, November 2019.

<sup>10</sup> Kaiser Foundation Hospital Board of Director's Community Health Committee, Community Health Needs Assessment, September 2019.

<sup>11</sup> CDC, Social Determinants of Health (SDOH), 2021, <https://www.cdc.gov/socialdeterminants/index.htm>

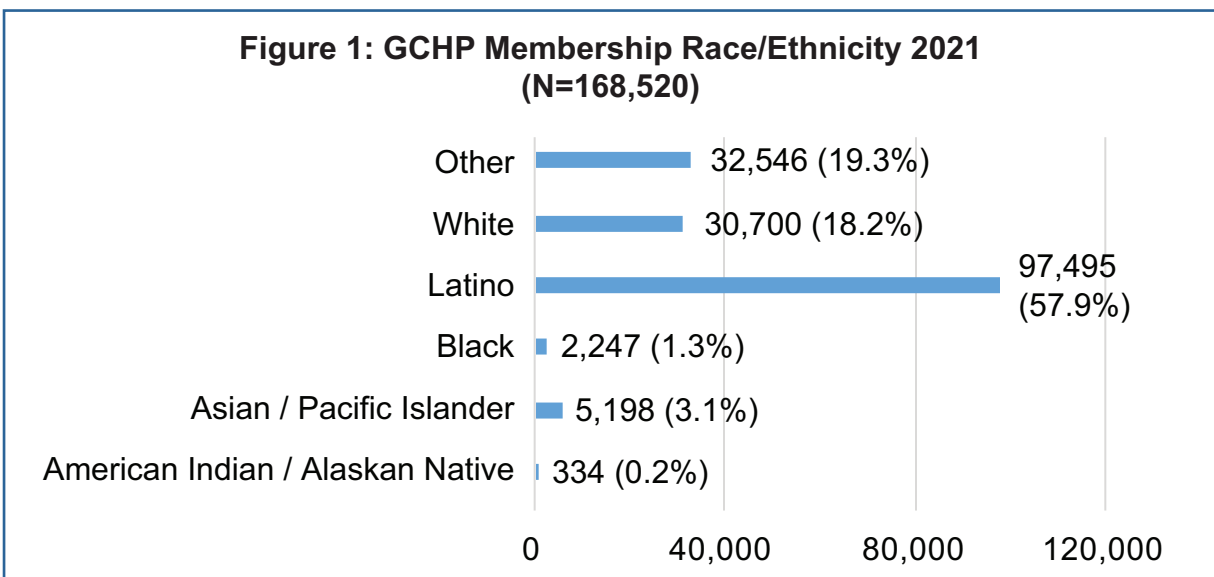


### III. Key Data Assessment Findings

#### Membership Profile

Using the HEDIS methodology, GCHP's population consisted of 168,520 members in 2021. Figure 1 shows racial and ethnic distribution of members enrolled in GCHP. Latinos represent 57.9% of the membership, White beneficiaries account for 18.2%, Asian/Pacific Islander beneficiaries account for 3.1%, and Black beneficiaries account for 1.3% of membership. Members with two or more identified racial/ethnic groups or unidentified groups are reported as “other” and account for 19.3% of the membership. Overall, membership increased by 8.7% from 2020 to 2021 and Latinos continue to be the largest ethnic group enrolled in GCHP.

**Figure 1: GCHP 2021 Membership by Race/Ethnicity**



As noted in Figure 2, the composition of GCHP membership is relatively young, with 31% of the member between 21 and 44 years of age. Slightly over half of the total membership (54%) are older than 18 years of age and 46% are younger than 17 years of age.

**Figure 2: GCHP 2021 Membership Age Range**

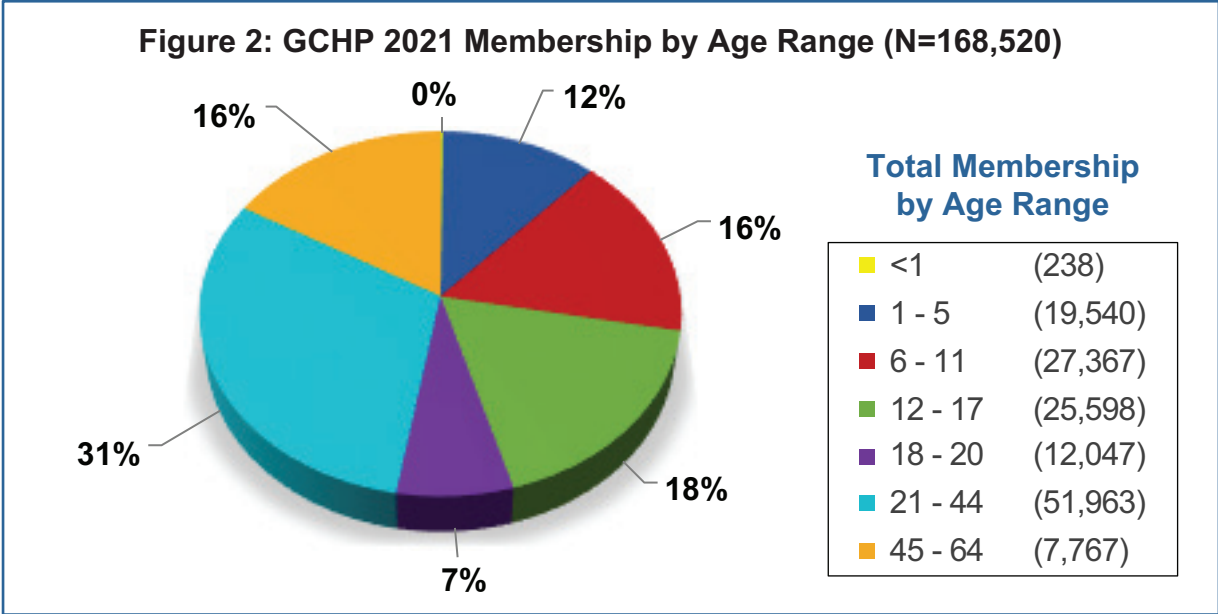


Figure 3 represents membership by gender. Females represent about 53% and males represent 47% of the population.

**Figure 3: GCHP 2021 Membership by Gender**

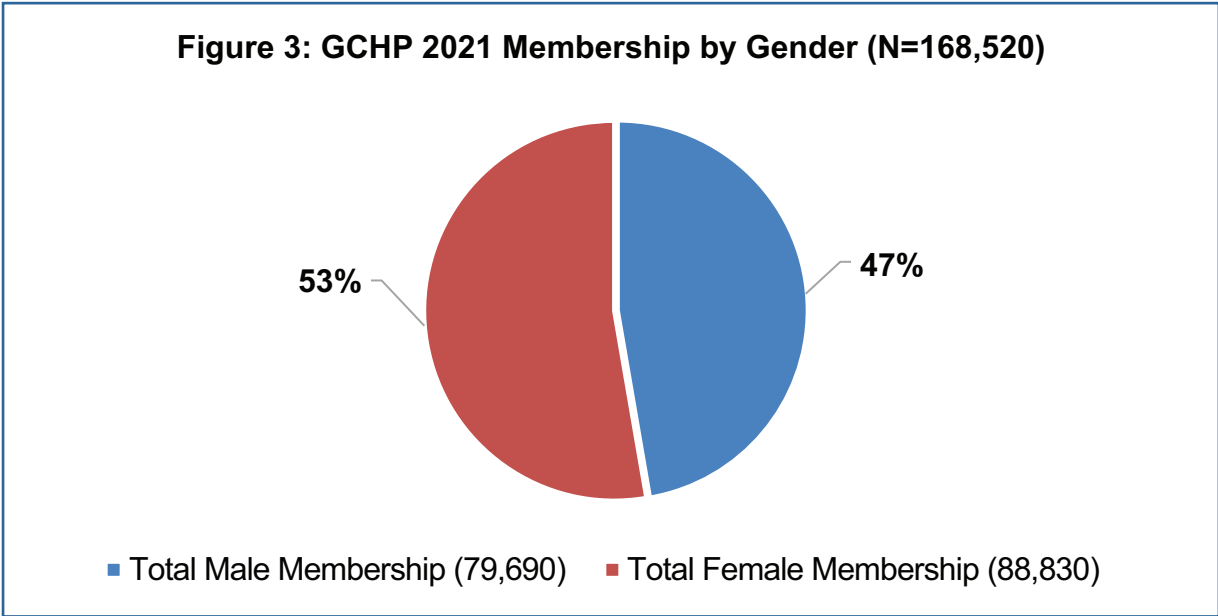


Figure 4 shows the membership age range by gender, with women between the ages of 21- and 44-years old accounting for about 18% of the population. In general, the ratio of females to male members is the same as prior years.

**Figure 4: GCHP 2021 Membership Age Range by Gender**

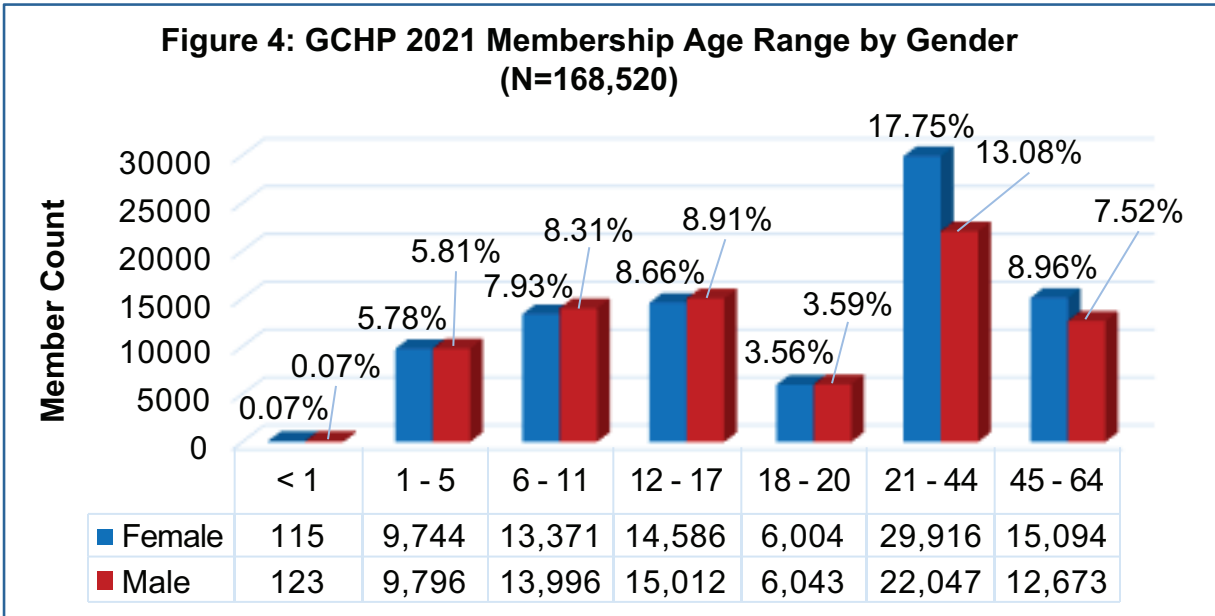


Figure 5 shows preferred language among members. The majority (63%) of members indicated English as their preferred language, and 36% indicated Spanish as their primary spoken language.

**Figure 5: GCHP 2021 Membership by Language**

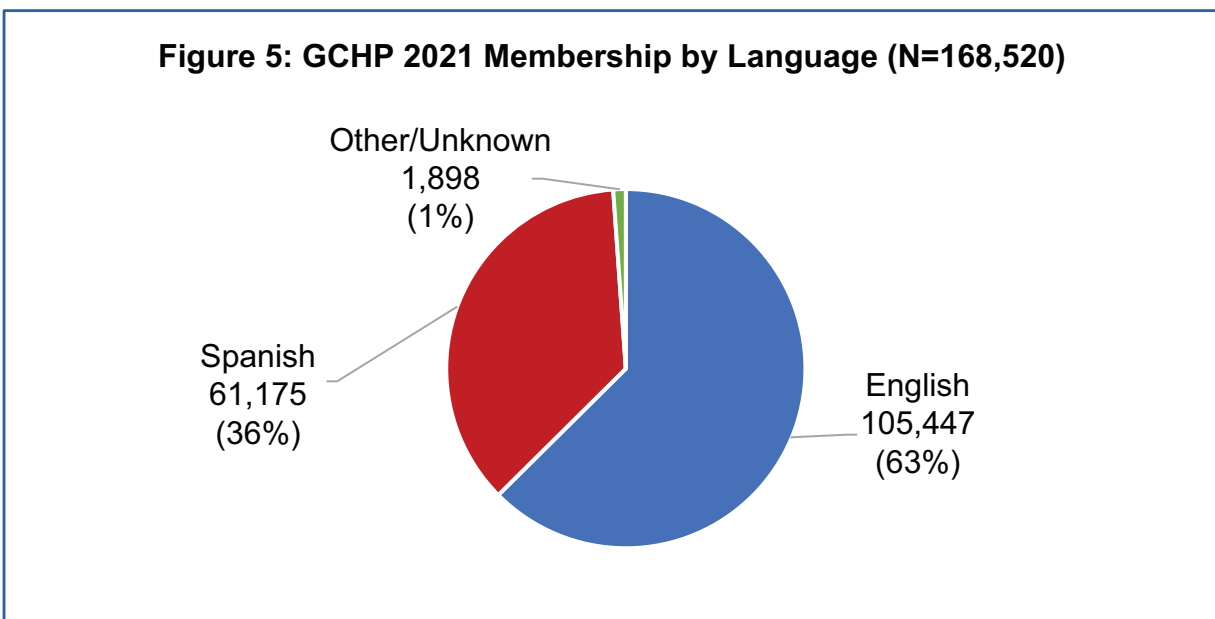
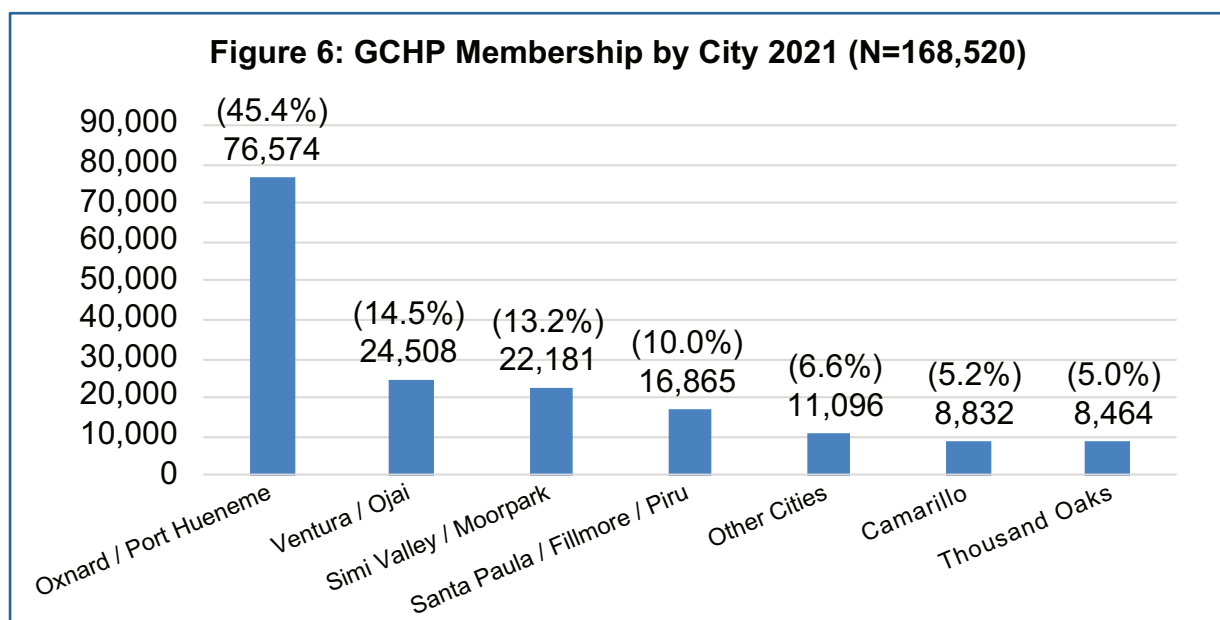




Figure 6 highlights the breakdown of membership by city. Oxnard continues to have the highest (42.1%) level of membership and when combined with the city of Port Hueneme the percentage of members living in the greater Oxnard area increased to 45.4%. Ventura/Ojai had the second largest percentage (14.5%) of members. When the cities in east county (Simi Valley and Moorpark) are combined, east county becomes the third highest (13.2%) level of individuals enrolled in GCHP. In the city of Santa Paula, the level of membership is at 6.3%, but when combined with Fillmore (3.2%) and Piru (0.5%), it totals to 10% of Ventura County. Other Cities include Newbury Park, Oak View, Westlake Village, Oak Park, Somis, Malibu, West Hills, Chatsworth, Canoga Park, Brandeis, Los Angeles, Maricopa, Bakersfield, Other, and Unknown.

**Figure 6: GCHP 2021 Membership by City**



### County Specific Demographics

Ventura County is a coastal community with large agricultural fields with a population of 846,006 and is the 26th largest county in the state of California<sup>12</sup>. The race/ethnic breakdown for the population shows 45% are White, 43% of the population is Latino, 7% Asian, 2% Black, and 3% for all other groups<sup>13</sup>.

Table 1 displays the percentage race/ethnic breakdown of individuals enrolled in Medi-Cal as compared with the total population for Ventura County. Overall, Latinos enrolled in GCHP are overrepresented by 16% of the general population in Ventura County.

<sup>12</sup> United States Census Bureau, 2019.

<sup>13</sup> Community Health Implementation Strategy, Ventura County CHNA Collaborative Report, April 2020.

**Table 1: Ventura County Population and GCHP Membership (2021)**

Race/Ethnicity	Ventura County Total Population: 846,006	GCHP Total Membership: 168,520*
White	45%	18.2%
Latino	43%	57.9%
Asian	7%	3.1%
Black	2%	1.3%
Other	3%	19.5%

\*Note: GCHP Total Membership is based on HEDIS criteria: full-scope Medi-Cal membership with 11 months of continuous enrollment.

Approximately 23% of the population are under the age of 18, and 16% are older than 65. The educational attainment level for Ventura County varies with roughly 19% graduating with a high school diploma or equivalent degree, 32% with some college and/or associates of arts degree, 32% received either a baccalaureate/higher education degree, and 16% did not report the level of education received.

According to the United States Census Bureau (2020), the median household income in the County is approximately \$84,000, the poverty rate is 9.6%, and the employment rate is 61.3%. The average age is 38 years, and 50.8% of the population is female. English continues to be the primary language (61.6%) spoken at home among residents and approximately 38.4% of the population speak another language other than English at home, with Spanish as the second leading primary language (30.2%) spoken at home.

According to the Human Services Agency for Ventura County Mid-Year Annual Report (2020-2021), one in four Ventura County residents participates in Human Service Agency services. The total number of people who enrolled or received Medi-Cal in Ventura County in 2020-2021 was 238,790<sup>14</sup>. The number of individuals seeking assistance through the county Cal-Fresh program was 63,334. Among county residents, 42,012 have veteran status. The percent of households with a computer is 90.9%, and those with a broadband internet subscription is 85.1%<sup>15</sup>.

## GCHP Membership by Language

GCHP has two threshold languages (English and Spanish) as defined by the Department of Health Care Services. The majority of the members (63%) speak English and 36% Spanish. Membership preferred languages varies, with 28 different languages reported. All other languages had a percentage of about 1%. Latinos represent 57.9% of GCHP membership, however, 36% of members identified Spanish as their primary language (see Figure 5, which highlights preferred language by membership).

<sup>14</sup> Ventura County Human Service Agency, 2020-2021, VCHSA website.

<sup>15</sup> Ventura County Continuum of Care Alliance, Ending Homelessness in Ventura County, 2021, [www.venturacoc.org/facts-figures](http://www.venturacoc.org/facts-figures).

Figure 7 shows members who self-report sign language as their primary language in 2021. On the average, there are more children and adult females than adult males who report sign language as their primary language.

**Figure 7: 2021 Sign Language by Membership**

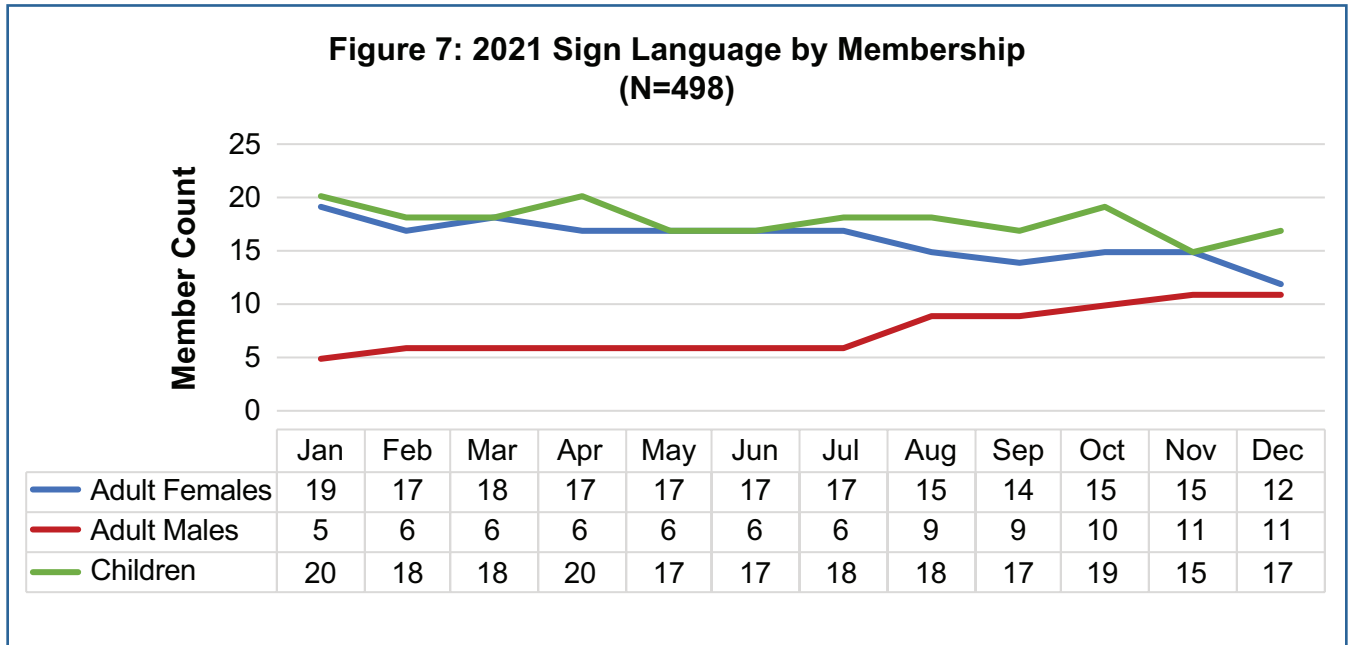
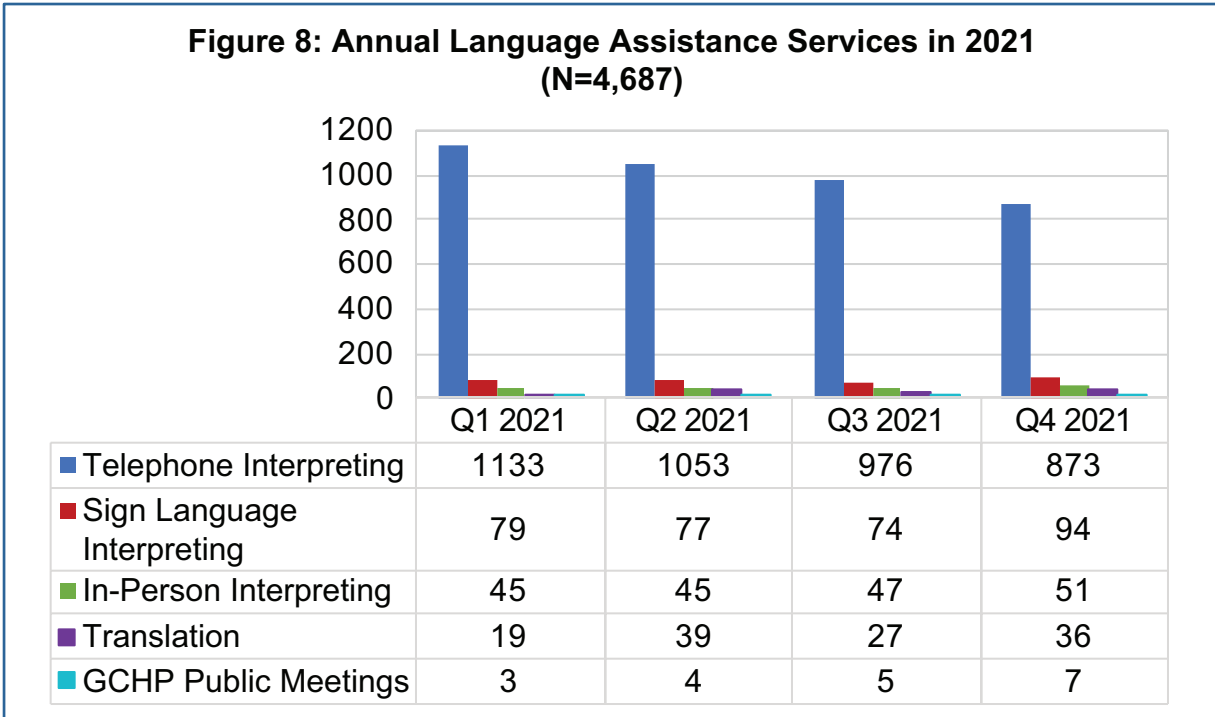


Figure 8 highlights the total utilization of language assistance services for 2021. The utilization of language assistance services in 2021 was 4,687, with 4,035 (86.0%) services rendered for telephonic interpreting services. 324 (6.9%) referrals were processed for sign-language interpreting services and 188 (4.0%) referrals were processed for in-person interpreting services. There was a total of 121 (2.5%) member-direct translation requests services. Additionally, there were 19 total GCHP public (virtual) meetings that provided interpretation services. The utilization for face-to-face interpreting increased slightly in 2021.

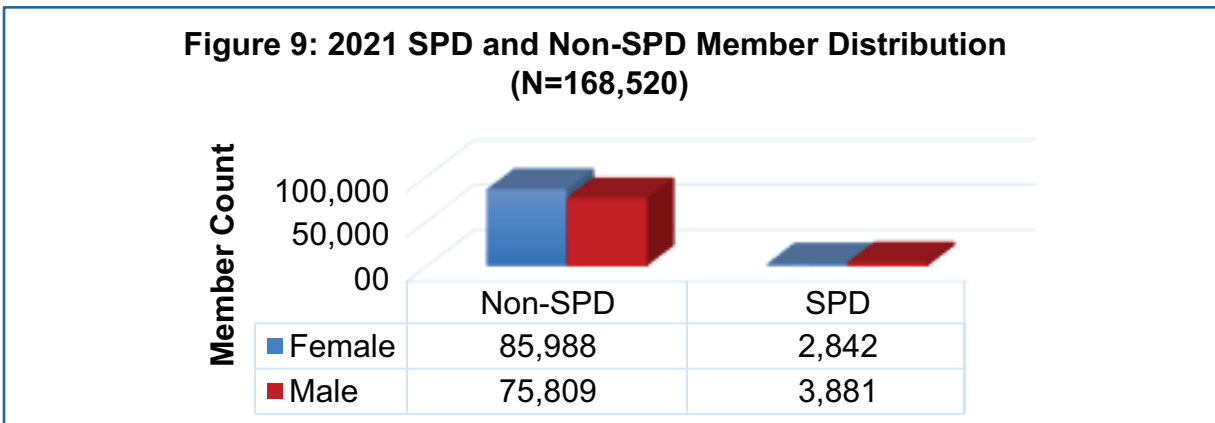
**Figure 8: Annual Language Assistance Services in 2021**



### Seniors and Persons with Disabilities (SPD)

As of April 2021, GCHP membership includes approximately 6,723 members who are seniors and persons with disabilities. This represents 9.8% of the total membership in Ventura County. Figure 9 represents the distribution of SPD members and members who are not in the SPD population by gender. Majority of SPD members are male, and most non-SPD members are female.

**Figure 9: 2021 SPD and Non-SPD Member Distribution by Gender**



## LGBTQ+ Community

GCHP does not have health plan level demographic data on individuals who identify with sexual orientation/gender identity; often individuals collectively identify as Lesbian, Gay, Bisexual, Transgender, Questioning/Queer (LGBTQ+). A network provider specializing in providing health care services to the LGBTQ+ community collects data within their own electronic health record system. According to their clinic data, a total 275 Transgender/Gender Nonbinary (TGNB) individuals self-reported as TGNB patients and 30 Lesbian, Gay, Bisexual (LGB) patients were treated in 2020. However, data for 2021 was not reported. Data reported is a combination of members who self-report sexual orientation and claims data for services related to transgender medical procedures. Of the 305 patients reported, roughly 75% are enrolled in GCHP.

## Homeless

According to the Ventura Continuum of Care Alliance, Homeless Count and Subpopulation Survey Report (2021), there are an estimated 1,743 adults and children who are homeless. A total of 478 (27%) were sheltered and 1,743 (73%) were homeless and unsheltered. Most of the unsheltered homeless population are male, Hispanic/Latino between the ages of 45-54. The cities of Oxnard and Ventura account for nearly two-thirds (63%) of the homeless population, with 32.5% from the city of Oxnard and 30.5% from Ventura. Simi Valley had the third highest percentage (9.3%) of homeless population followed by Thousand Oaks at 8.7%.

## COVID-19 Vulnerable Population

In March 2020, a Public Health Emergency was declared in response to the emergence and fast spread of a novel coronavirus. Upon development of a vaccine, demand was high and dwindled over time. Over time, vaccine disparities among certain groups – including Medi-Cal beneficiaries – became apparent. In response, the Department of Health Care Services (DHCS) allocated up to \$350 million to incentivize COVID-19 vaccination efforts in the Medi-Cal managed care delivery system. Managed Care Plans (MCP) were eligible to earn incentive payments for activities that were designed to close vaccination gaps with their enrolled members.

DHCS identified some populations of focus served by MCPs who have faced barriers in the initial phases of vaccine distribution and/or had low uptake. These include members who:

- Are homebound and unable to travel to vaccination sites.
- Are 50-64 years of age with one or more chronic diseases.
- Self-identify as persons of color; and
- Are youth 12-25 years of age.



MCPs were encouraged to consider strategies particularly for, but not limited to, these populations of focus.

GCHP developed a Vaccination Response Plan to improve vaccine access. The plan included incentivizing full-scope members 12 years of age and older who received the first dose of a COVID-19 vaccine between Oct. 1, 2021, and Feb. 28, 2022. It also included incentives for providers based on the increase in first-dose vaccinations among their assigned members.

GCHP's promotion and outreach efforts were both broad to capture all unvaccinated Medi-Cal beneficiaries in Ventura County and targeted to the designated populations of focus.

GCHP has mailed \$50 gift cards to more than 18,000 members and will distribute incentives to providers as DHCS notifies GCHP about the amount of the incentive funding.

GCHP partnered with community stakeholders to promote vaccination efforts and to engage hard to reach members. Activities included:

- Collaborative Meetings: GCHP participated in 33 community collaborative meetings to discuss promotion of vaccine efforts, sharing of COVID-19 resources that included myths and facts around the vaccine, FAQs, and COVID-19 mobile vaccination events.
- Coalition Meetings: GCHP hosted 4 coalition meetings to discuss vaccination outreach and strategies for hard-to-reach populations.
- Canvassing events: GCHP participated in 3 canvassing events to promote COVID-19 vaccination in local neighborhoods where there were low vaccination rates.
- COVID-19 Mobile Vaccine Clinics: GCHP participated in 14 COVID-19 vaccination clinics throughout Ventura County.

## **GCHP Utilization Management 2021**

In 2021 GCHP Utilization Management had a total of 14,568 inpatient requests and 55,911 service requests. The average readmission rate per quarter in 2021 was 13.77%. During 2021, the COVID-19 pandemic was still affecting members, and throughout the year GCHP had 295 possible COVID-19 admissions. The admissions peaks were during January through February and June through August 2021, with 286 confirmed positive COVID-19 cases.

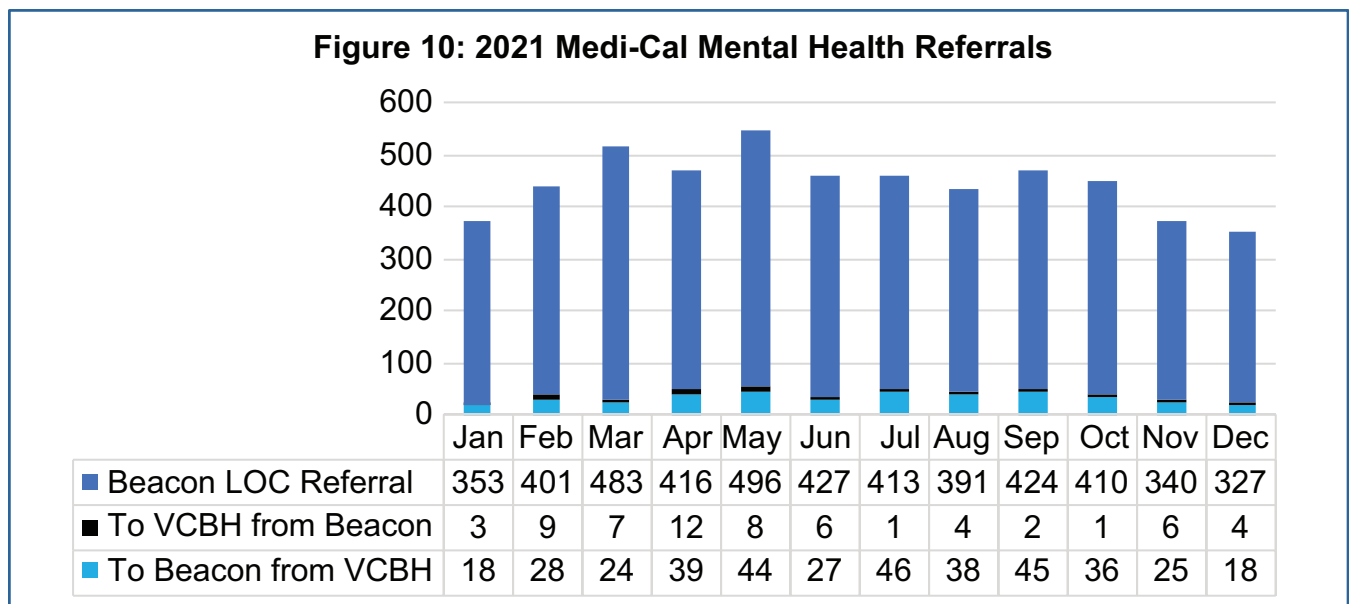
## **Behavioral Health Utilization 2021**

In 2021, there was a total of 4,881 referrals to Beacon Health Options for behavioral health services, reflected in Figure 10. The top diagnosis of mental health utilizers in Quarter 4, 2021 for ages 0-5 was

adjustment disorder and conduct, for ages 6-17 it was adjustment disorder (unspecified), ages 18-25 it was general anxiety disorder, and ages 25 and older it was general anxiety disorder.

Figure 10 represents the total number of mental health referrals to Beacon Health Options<sup>16</sup>. During the first six months, 52% of the overall program referrals were received and processed. Overall, Beacon Health Options had an average of 406 program referrals per month. Beacon Health Options receives mental health referrals from Ventura County Behavioral Health for members not meeting the criteria of severe mental health. Beacon Health Options also refers members to Ventura County Behavioral Health for members not meeting mild-to-moderate referral criteria.

**Figure 10: Medi-Cal Behavioral Health Referrals 2021**



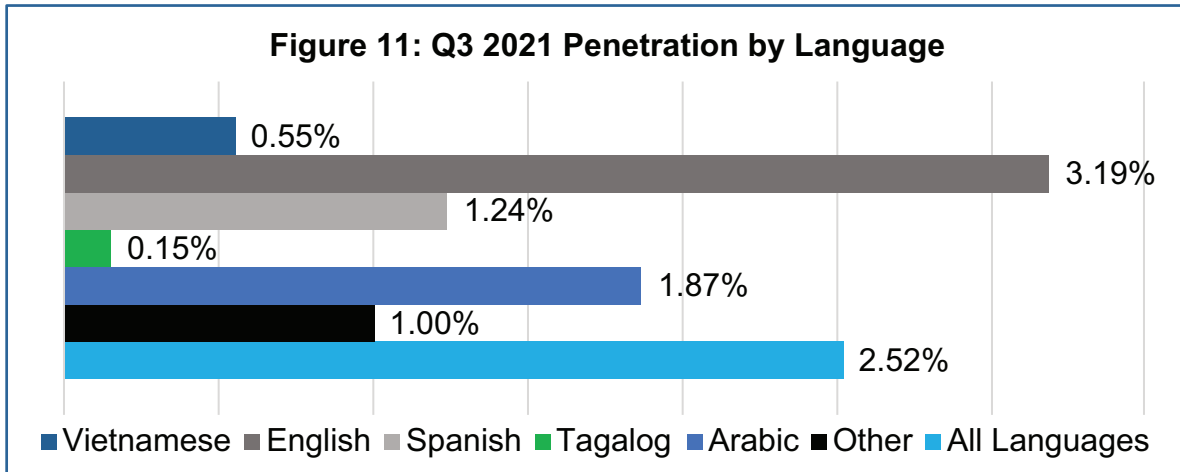
\*Note: Beacon Health Options Report 2021



<sup>16</sup> Beacon Health Options - Behavioral Health Report 2021

Figure 11 represents the penetration rate by language for behavior health services. Members who speak English had the highest penetration rate with 3.19%, while GCHP threshold language of Spanish is only at 1.24%.

**Figure 11: Q3 2021 Penetration by Language**



\*Note: Beacon Health Options Report 2021

## Health Status and Disease Prevalence

### Chronic Health Conditions

The California Department of Public Health (CDPH) identifies chronic disease and injury as the leading causes of death, disability, and diminished quality of life in California (CHPH 2019). Chronic diseases make up 80% of health care expenditures in California and impact some populations more than others and can lead to health inequities, especially for the poor and underserved populations. According to the CDPH, Chronic Disease Control Branch (CDCB), many individuals who reside in California have multiple chronic conditions, which may place them at greater risk for other chronic conditions, limits their ability to be physically active, and can lead to an early death. Thirty-seven (37%) percent of Californians live with at least one chronic condition. High blood pressure control has been identified by the CDCB as a top priority focus for the department.<sup>17</sup>

Similarly, low-income individuals enrolled in GCHP experience multiple chronic health conditions. GCHP DSS Department identified several chronic health conditions including diabetes, hypertension, asthma, heart failure, stroke, and cancer as the top health conditions impacting GCHP members.

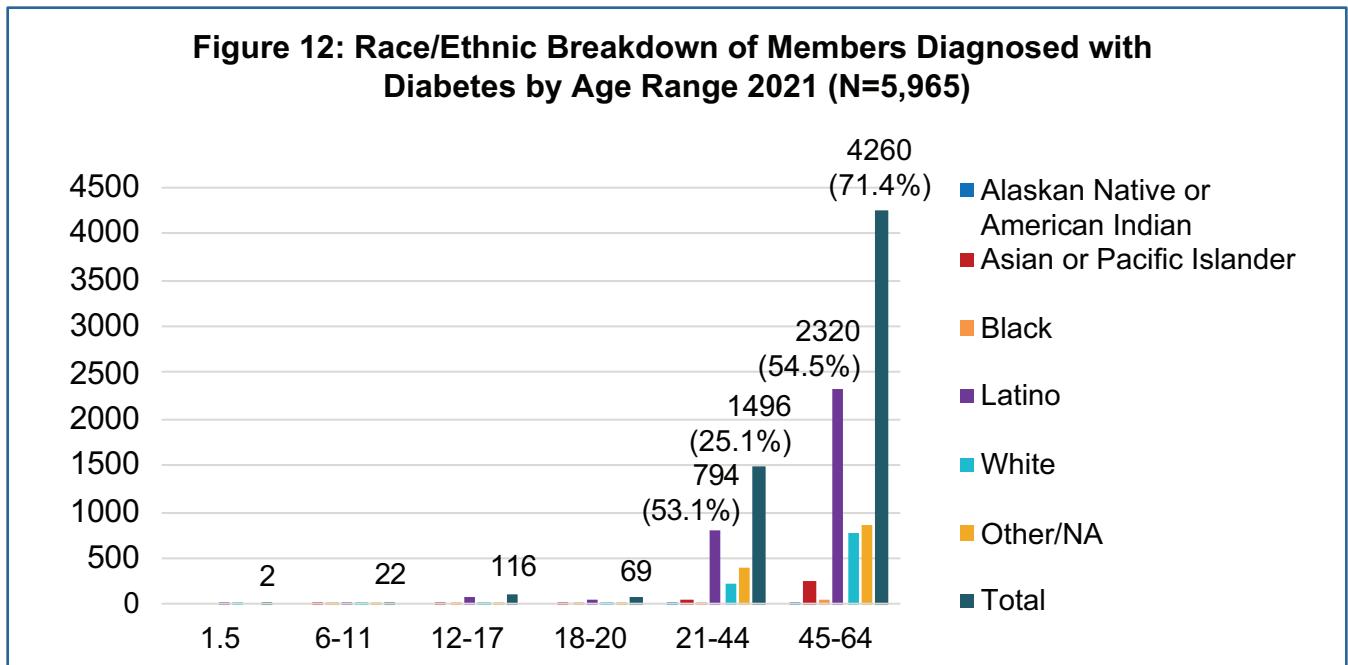
<sup>17</sup> California Department of Public Health (CDPH), Chronic Disease Control Branch (CDCB), website, July 2021, [www.chdp.ca \(https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/ChronicDiseaseControlBranch.aspx\)](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/ChronicDiseaseControlBranch.aspx)

Diabetes continues to be a leading health condition among members enrolled in GCHP. Across the nation the number of adults diagnosed with diabetes has tripled in the last 20 years. According to the CDC, there are approximately 30 million adults with diabetes. Diabetes is the number one cause of kidney failure, lower limb amputations, and adult blindness.

According to the DHCS Health Disparity Report (MY 2019) the rate of screening for comprehensive diabetes care (HbA1c testing) among Latinos is higher than other race/ethnic groups<sup>18</sup>. However, MCAS MY 2019 data shows that comprehensive diabetes care HbA1c diabetes testing rate was below the 50<sup>th</sup> Minimum Performance Level (MPL).

Figure 12 highlights the race/ethnic breakdown of members diagnosed with diabetes by age range. Latinos between the ages of 45-64 have the highest percentage (54.46%) of diabetes, followed by Latinos between the ages of 21-44 at 53%.

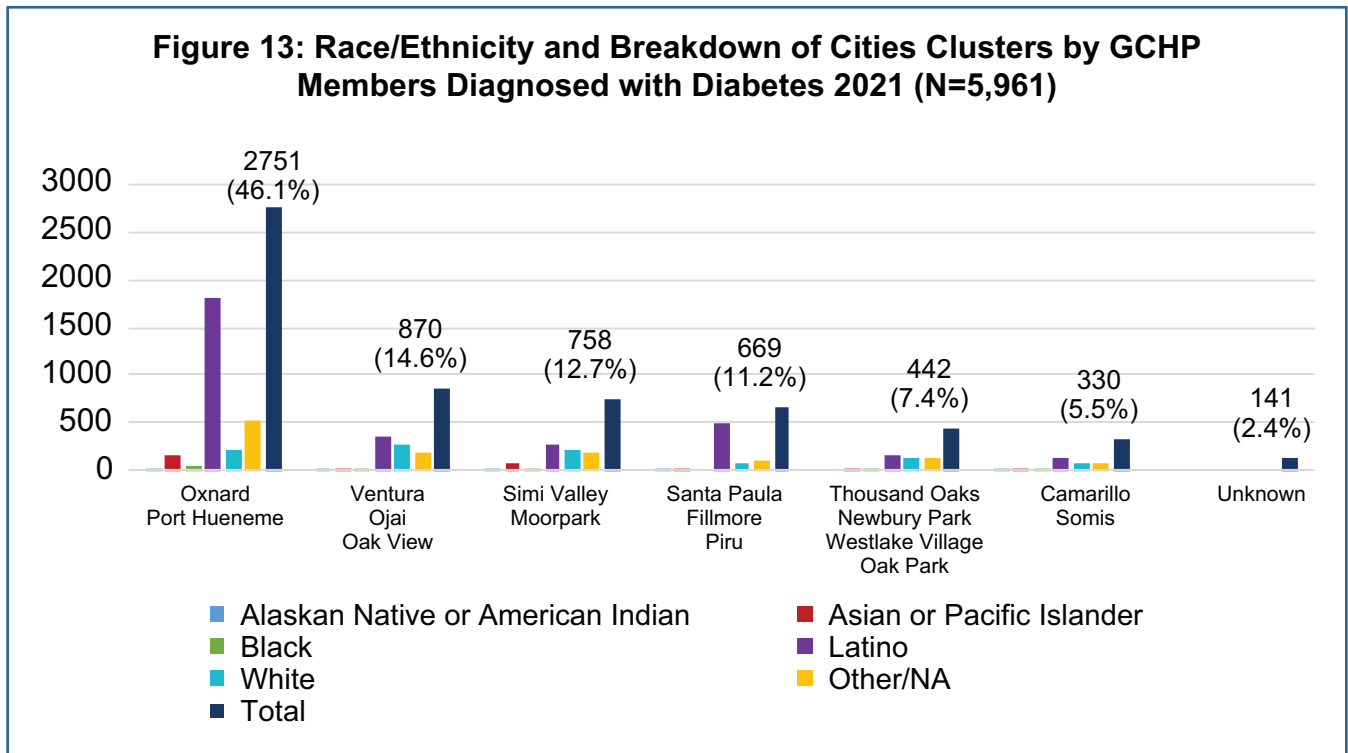
**Figure 12: Race/Ethnic Breakdown of Members Diagnosed with Diabetes by Age Range 2021**



<sup>18</sup> DHCS Health Disparity Report 2019

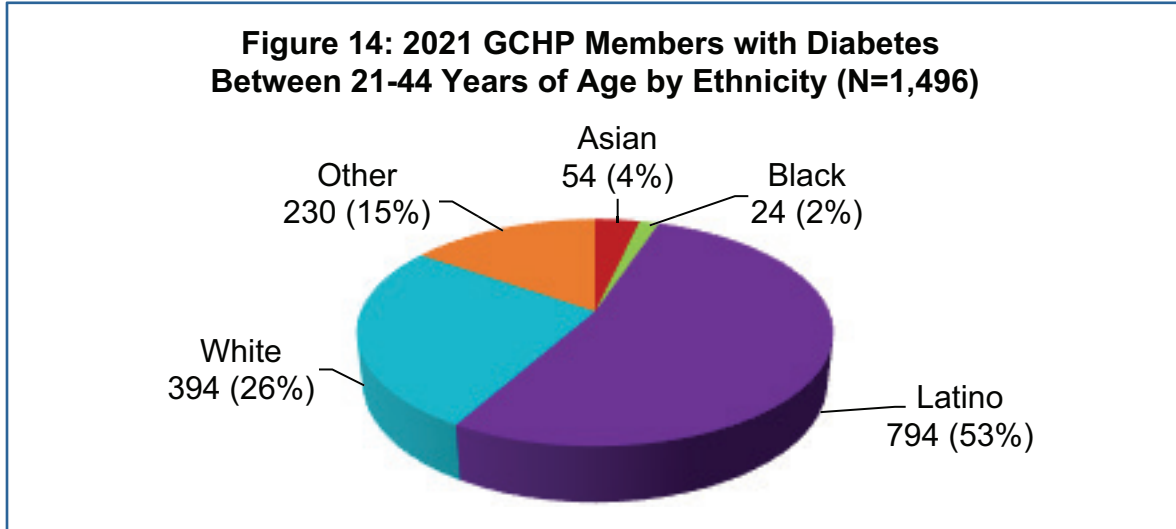
Figure 13 highlights GCHP members diagnosed with diabetes by race/ethnicity and breakdown of cities clusters. Cities near each other were clustered together. The top clusters of cities with the highest percentage of Latino members diagnosed with diabetes are living in the Oxnard/Port Hueneme area, followed by Ventura/Ojai/Oak View, Simi Valley/Moorpark, Santa Paula/Fillmore/Piru, Thousand Oaks/Newbury Park/ Westlake Village/Oak Park, and Camarillo/Somis. When cities are not clustered together, the top five (5) cities are Oxnard, Ventura, Simi Valley, Santa Paula and Camarillo.

**Figure 13: Race/Ethnicity and Breakdown of Cities Clusters by GCHP Members Diagnosed with Diabetes 2021**

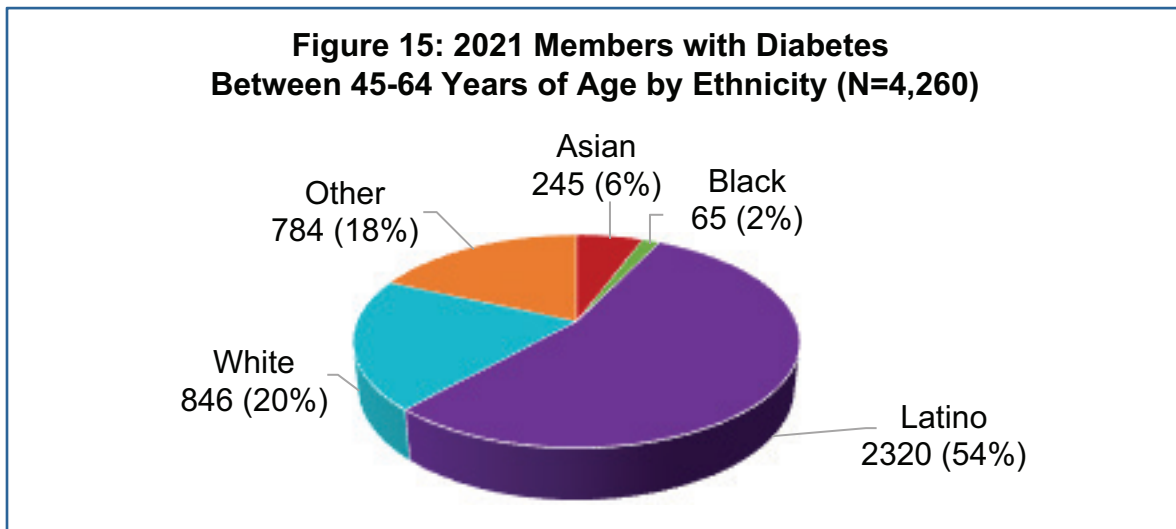


Figures 14 and 15 represent members with diabetes between the ages of 21-44 and 45-64. Latinos in both age ranges have the highest percentage of diabetes: however, Latinos between the age 45-64 have the highest percent (54%) of diabetes when compared to other ethnic groups by age.

**Figure 14: GCHP 2021 Members with Diabetes Between 21-44 Years of Age by Ethnicity**



**Figure 15: GCHP 2021 Members with Diabetes Between 45-64 Years of Age by Ethnicity**





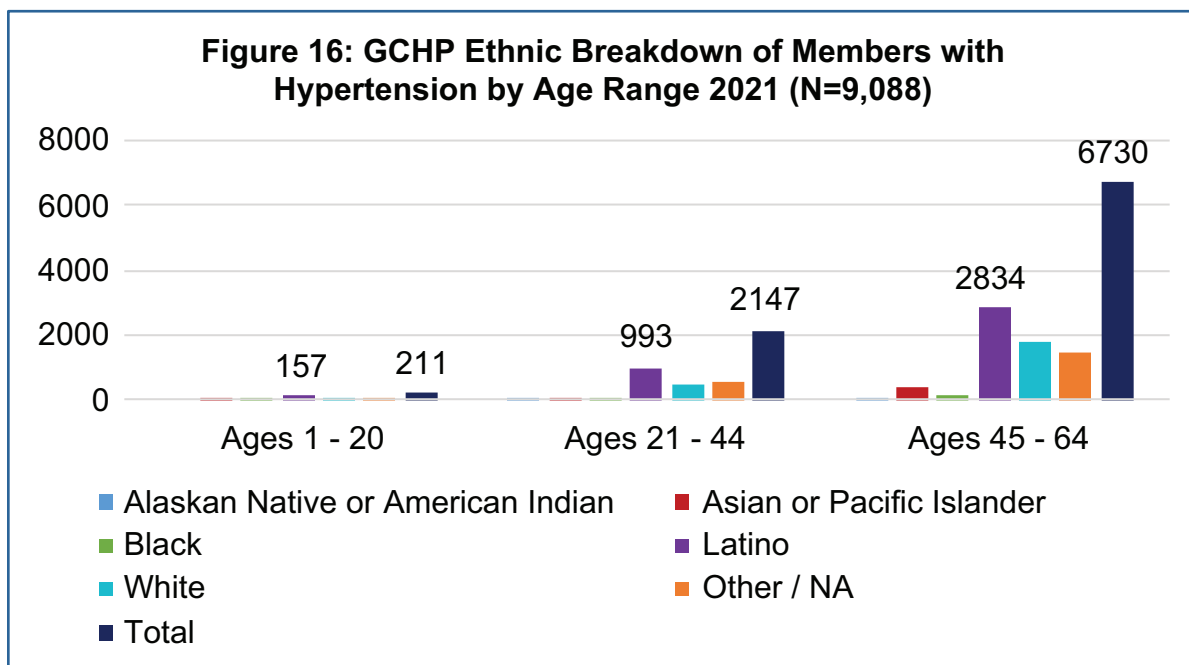
## Hypertension

Hypertension is a leading cause of heart disease, stroke, and other health conditions<sup>19</sup>. According to the CDC, 1 in 3 adults in the United States have high blood pressure. Studies have found that there are many risk factors that contribute to hypertension including smoking, obesity, alcohol, and genetics<sup>20</sup>. GCHP identified hypertension as a leading chronic health condition among members enrolled in 2021.

Figure 16 displays individuals between the ages of 45-64 who have the highest percentage of hypertension, with Latinos accounting for the largest (42.11%) ethnic group with uncontrolled high blood pressure.

Hypertension is a primary chronic health condition among members and GCHP will continue to conduct outreach interventions to members with hypertension and will continue to encourage members to enroll in the Chronic Disease Self-Management Program (CDSMP) classes offered by the Health Education Department.

**Figure 16: GCHP Ethnic Breakdown of Members with Hypertension by Age Range 2021**

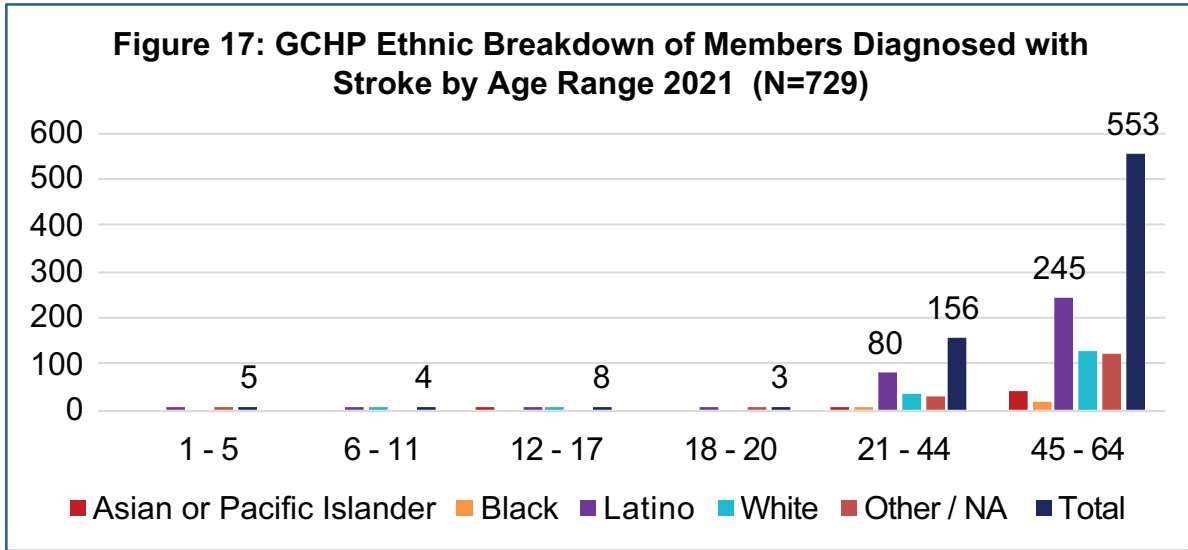


<sup>19</sup> Center for Disease Control (CDC) Prevention, website June 2020, <https://www.cdc.gov/bloodpressure>

<sup>20</sup> DHCS Health Disparity Medi-Cal Population 2019

Figure 17 shows GCHP members between the ages of 45-64 experienced the highest (75.86%) number of strokes, with Latinos accounting for 46.23% of members diagnosed with stroke.

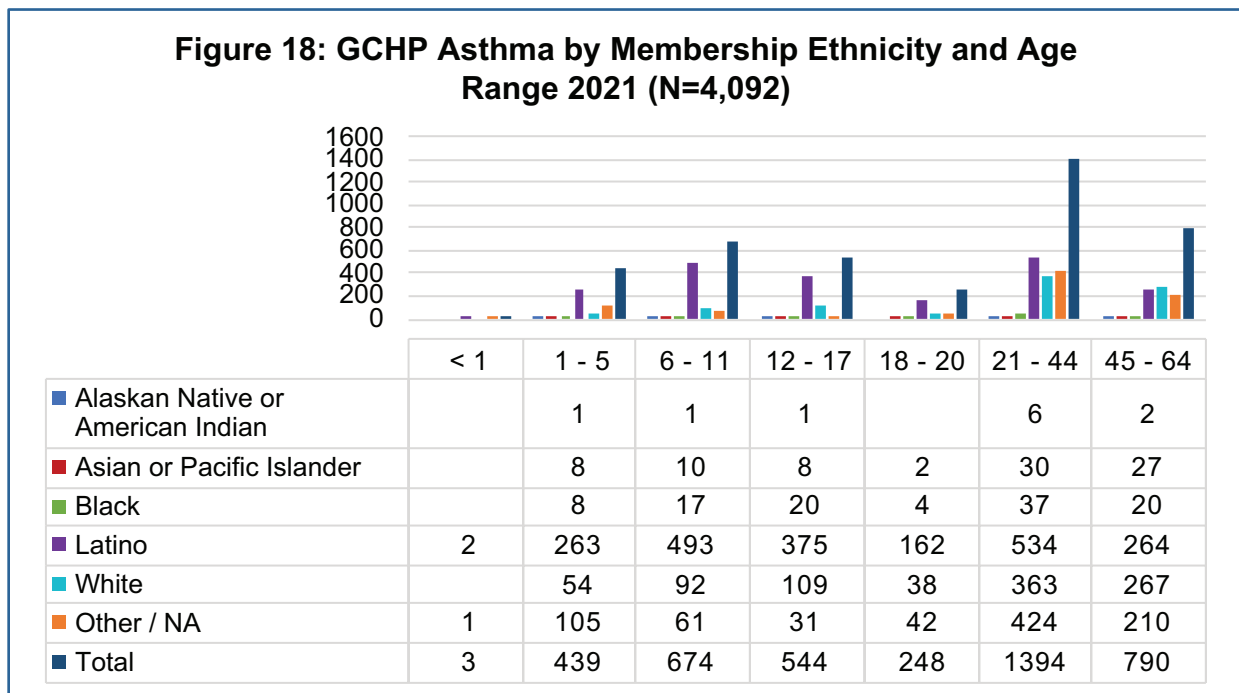
**Figure 17: GCHP Ethnic Breakdown of Members Diagnosed with Stroke by Age Range 2021**



## Asthma

According to the Centers for Disease Control and Prevention (CDC), 1 in 14 people are diagnosed with asthma. Approximately 24 million individuals in the United States and 5.2 million in California are diagnosed with asthma. The California Department of Public Health, California Breathing (2015-2016) Data Tool, states the lifetime prevalence rate is 17% in California and 14.9% for individuals older than 18 years in Ventura County. For measurement year 2016-2018, the age-adjusted hospitalization rate due to asthma in Ventura County is 2.5 per 100,000<sup>21</sup>, with children between the ages of 0-9 with the highest rate. Figure 18 represents asthma by membership ethnicity and age range in 2021 for GCHP. Members between the ages of 21-44 have the highest (34.07%) percentage of being diagnosed with asthma, Latinos account for 51.15% of members diagnosed with asthma.

**Figure 18: GCHP 2021 Asthma by Membership Ethnicity and Age Range**



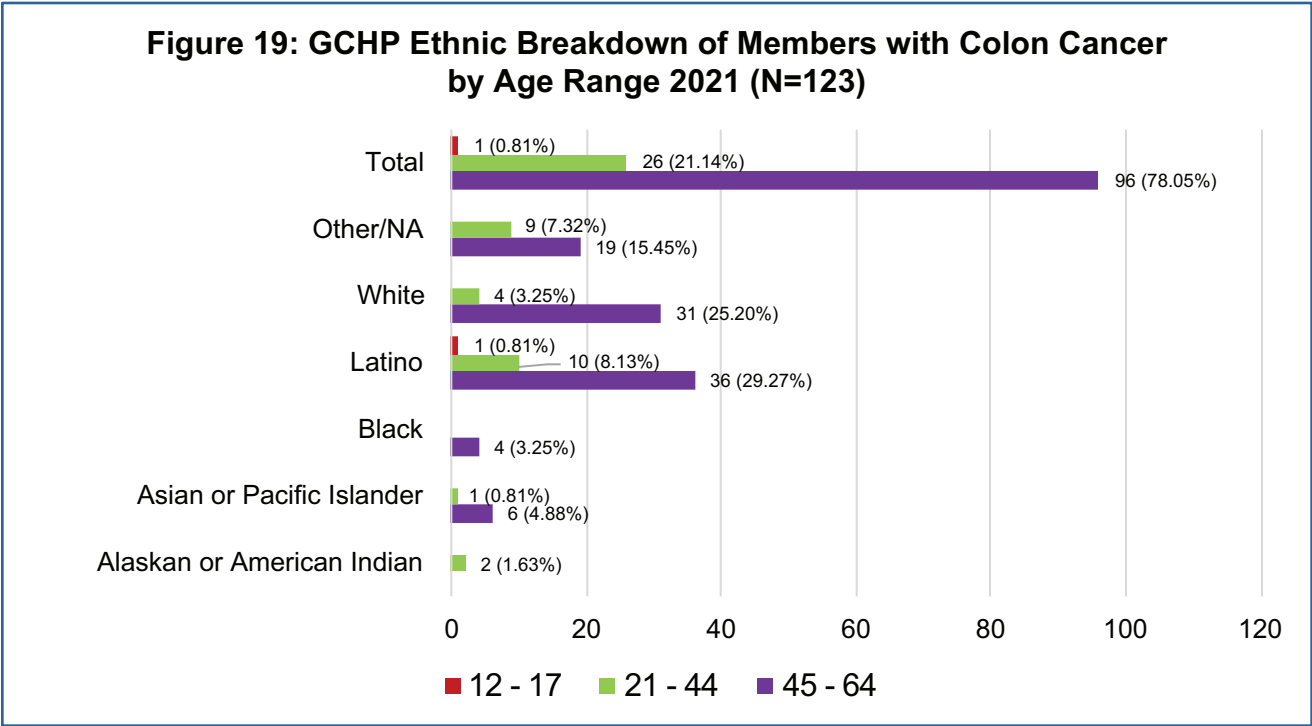
<sup>21</sup> Health Matters in Ventura County, Website 2022. <https://www.healthmattersinvc.org>

**Cancer**

According to the Ventura County’s Community Health Needs Assessment 2019, cancer is the leading cause of premature death for males and females based upon age-adjusted rate per 1,000,000 population per year from 2015-2017<sup>22</sup>. Although cancer is one of the leading diagnoses among members, it only represents a small percentage of members (0.17%) diagnosed with cancer.

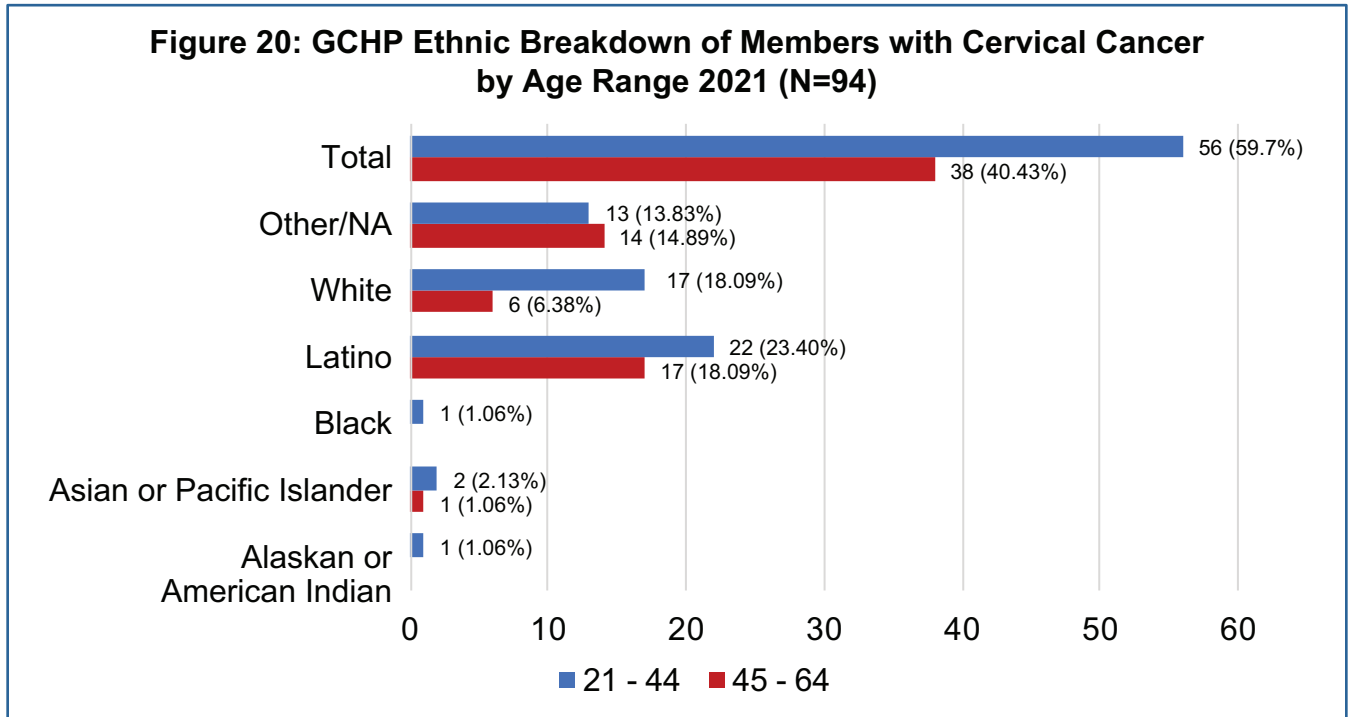
Figures 19 through 21 identifies GCHP member with top cancer diagnoses in 2021: colon cancer (Figure 19), cervical cancer (Figure 20), and prostate cancer (Figure 21).

**Figure 19: GCHP 2021 Ethnic Breakdown of Members with Colon Cancer Diagnoses by Age Range**



<sup>22</sup> Ventura County’s Community Health Needs Assessment 2019.

**Figure 20: GCHP 2021 Ethnic Breakdown of Members with Cervical Cancer Diagnoses by Age Range**



**Figure 21: GCHP 2021 Ethnic Breakdown of Members with Prostate Cancer Diagnoses between the ages of 45-64**

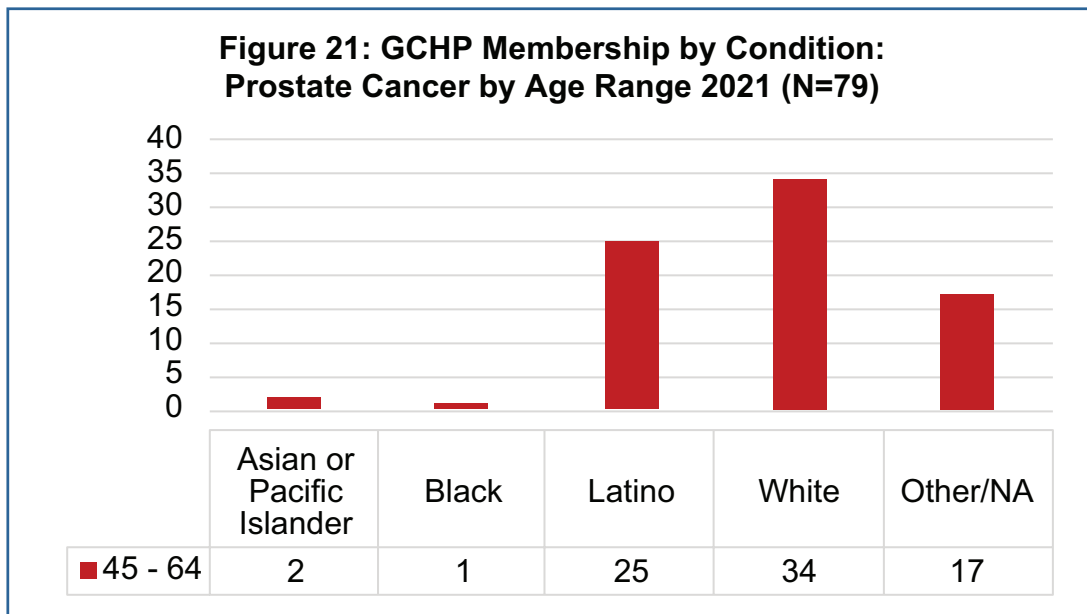
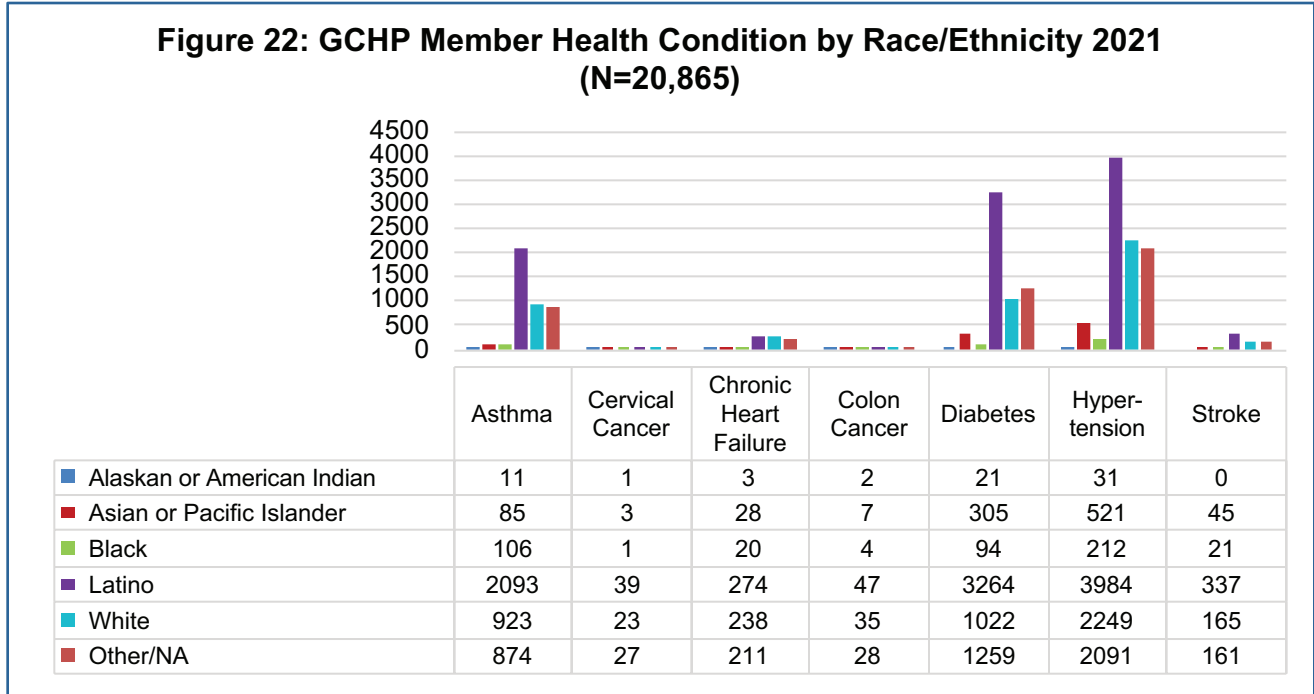


Figure 22 shows the most common health condition among members. Hypertension accounts for 43.44%, 28.5% for diabetes, 19.5% for asthma and 7.2% for stroke and chronic heart failure when combined.

**Figure 22: GCHP 2021 Member Health Conditions by Race/Ethnicity**





## Chronic Disease Self-Management Program (CDSMP)

Chronic Disease Self-Management Program (CDSMP) is designed to help adults with any chronic disease manage their health and daily activities. CDSMP is an interactive workshop designed to give participants problem-solving and decision-making skills. Workshops are held once a week for six (6) weeks, both virtually (2 hours) and telephonically (30 minutes). Members are taught self-management skills including, action planning, physical activity and exercise, better breathing, communication skills, medication usage, problem-solving, decision-making skills, making an action plan, pain, and fatigue management, working with your health care professional, healthy eating, weight management, and dealing with depression.<sup>23</sup>

The leading chronic health conditions impacting beneficiaries enrolled in GCHP include hypertension, diabetes, asthma, heart failure, stroke, and cancer. Latino adults between the ages 21-44 have the highest rate of hypertension and diabetes.<sup>24</sup>

In 2021, GCHP provided 26 CDSMP workshops which included 10 Telephonic English, 9 Telephonic Spanish, 4 Virtual English, and 3 Virtual Spanish. GCHP had a total of 164 members enroll in CDSMP workshops. Among those enrolled, the top 5 most common chronic health conditions among the members included diabetes, hypertension, depression, anxiety disorder, and chronic pain. Overall, most participants not only had a chronic condition, but also a mental health condition. Forty (40) members completed the program and GCHP was able to evaluate the health outcomes of these individuals.

In the pre-surveys collected before the workshop, 25% of the 40 members consider their health as either “Excellent”, “Very Good”, or “Good”. At the end of the program, this percentage increased to 47.5%. Through the program, members were able to incorporate skills taught throughout the program into their daily lives and improve their overall health.<sup>25</sup>

## Managed Care Accountability Set (MCAS) Results and Gap Analysis MY 2021

To assess health plan performance and identify focused areas for improvement, the Quality Improvement (QI) Department completed an annual QI work plan analysis by evaluating the results of the 2021 reporting year MCAS rates and evaluating the health plan’s alignment and performance with other healthcare initiatives promoted by DHCS. Data sources used to report rates and evaluate outcomes included administrative data (claims, encounter, pharmacy), supplemental data (immunization registry, lab, EMR feeds), medical record reviews and initial health assessment audits. The GCHP QI Department completed an annual gap analysis and identified the following focus areas: lead screening in children, breast cancer screenings, chlamydia screenings in women, and well-child visits in the first 15 and 30 months of life (W30).

<sup>23</sup> Self-Management Resource Center Website, 2021. <https://selfmanagementresource.com>

<sup>24</sup> Gold Coast Health Plan Population Needs Assessment Report 2021

<sup>25</sup> 2021 GCHP Chronic Disease Self-Management Program Data

Table 2 outlines rates for the chlamydia screening in women (CHL) from 2019 to 2021. There was a 3.3% decrease from 2019 to 2020, but then a .75% increase from 2020 to 2021. Besides the small increase, chlamydia screening continues to be below the minimum performance level.

**Table 2: Chlamydia Screening in Women - Comparison Chart**

Chlamydia Screening in Women Ages 16-24		
2019 Rate	2020 Rate	2021 Rate
56.02%	52.72%	53.48%

## Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 MY Summary Report

The 2021 CAHPS survey report was used to review findings from adult beneficiaries, parents or caregivers of child beneficiaries enrolled in a Managed Care Plan (MCP).

The CAHPS survey questions and domains were updated in 2021. There are a total of five (5) domains instead of nine (9), and the survey included a total of 48 questions. The new domains include: 1) Your Health Care in the Last 6 Months, 2) Your Personal Doctor, 3) Getting Health Care from Specialist, 4) Your Health Plan, and 5) About You. The past domains were: 1) Rating of Health Plan, 2) Rating of all Health Care, 3) Rating of Personal Doctor, 4) Rating of Specialist Seen Most Often, 5) Getting Needed Care, 6) Getting Care Quickly, 7) How Well Doctor's Communicate, 8) Customer Services, and 9) Decision Making. The results of the CAHPS Survey were divided into 7 Categories:

1. Health Plan Rating
2. Getting Care Quickly
3. Getting Needed Care
4. Doctor Communication
5. Health Plan Forms
6. Experience of Care
7. Flu Vaccination (no longer part of the CAHPS Survey)

Table 3 summarizes the CAHPS adult and child survey response rates between 2019 and 2021.

**Table 3: 2021 CAHPS Adult and Child Rates<sup>26</sup>**

	Adults CAHP Rates			Child CAHP Rates		
	Adult 2019 RY Rate (2018 MY)	Adult 2021 RY Rate (2020 MY)	Adult Rate Change	Child 2019 RY Rate (2018 MY)	Child 2021 RY Rate (2020 MY)	Child Rate Change
<b>CAHPS Category 1: Health Plan Rating</b>						
Rating of Health Care	57.08	56.44	-0.64	68.37	71.81	3.44
Rating of Personal Doctor	70.33	68.83	-1.50	79.24	80.92	1.68
Rating of Specialist Seen Most Often	59.50	57.50	-2.00	NA	NA	NA
Rating of Health Plan	56.34	56.20	-0.14	69.85	75.13	5.28
<b>CAHPS Category 2: Getting Care Quickly</b>						
Got check-up/routine appointment as soon as needed	76.47	71.13	-5.34	75.76	75.71	-0.05
<b>CAHPS Category 3: Getting Needed Care</b>						
Ease of getting care, tests, or treatments	82.97	78.39	-4.58	85.78	87.77	1.99
Got appointment with specialist as soon as needed	75.76	70.97	-4.79	NA	NA	NA
<b>CAHPS Category 4: Doctor Communications</b>						
How well doctors communicate	92.49	89.71	-2.78	92.72	93.83	1.11
Personal doctor explained things	93.68	88.55	-5.13	92.74	93.13	0.39
Personal doctor listened carefully	93.19	88.55	-4.64	96.11	97.50	1.39
Personal doctor showed respect	94.18	93.94	-0.24	97.75	96.25	-1.50
Personal doctor spent enough time	88.89	87.80	-1.09	84.27	88.46	4.19
<b>CAHPS Category 5: Health Plan Forms</b>						
Health plan forms were easy to fill out	95.78	96.28	0.50	95.33	95.34	0.01
<b>CAHPS Category 6: Experience of Care</b>						
Getting care quickly	80.61	72.08	-8.53	85.10	78.10	-7.00
Getting needed care	79.36	74.68	-4.68	83.80	80.55	-3.25
<b>CAHPS Category 7: Flu Vaccination</b>						
Flu vaccination for adults ages 18-64	46.98	43.12	-3.86	NA	NA	NA

\* Note: 2021 CAHPS Results

In 2021, GCHP had a 16.22% response rate among adult members and 20.5% for children. Category 1: Health Plan Rating, the rating of health plan only decreased by 0.14%. Category 2: Getting Care Quickly, the rating decreased by 5.34%. Category 3: Getting Needed Care decreased by 4.58%. Category 4: Doctor Communication, the questions regarding “personal doctor explained things” decreased by 5.13% and “personal doctor listened carefully” decreased by 4.64%. Category 5: Health Plan Forms was the only section with an increase of .50%. The highest decrease rate change was of 8.53% in Category 6 for adults and a 7% decrease rate change for children.

<sup>26</sup> 2021 CAHPS Survey Results

During 2020 and 2021, there were many changes made to processes in provider offices due to the COVID-19 Pandemic and the safety protocols for both members and staff. Appointments were limited and at times there were also staff shortages, which had an impact on the overall experience for members.

## Access to Care

### GCHP 2021-2022 Provider Appointment Availability Survey and After-Hours Audit (Provider Satisfaction Survey)

The purpose of a timely access to care survey or provider satisfaction survey was to determine if provider offices were adhering to contractual obligations pertaining to the DHCS Timely Access Standards. In 2021-2022, SPH Analytics conducted the survey, which was divided into two (2) parts, Provider Appointment Availability Survey, and the After-Hours Audit. The survey identified provider perspectives on six (6) multi-organizational areas including finance, utilization management/quality management, network/coordination of care, pharmacy, call center, and provider relations. SPH Analytics has been working with GCHP for more than eight (8) years and previously conducted the Provider Satisfaction Survey in 2013, 2015, and 2017 and 2019.

The Timely Access Survey was conducted in 2021 for the months of February through March. A total of 110 Primary Care Providers (PCPs) and 556 Specialists were surveyed in the audit pool for the Provider Appointment Availability Audit. To avoid duplicated calls to the same provider group/phone number and minimize the length of time for survey completion, a roll-up method was put in place. Using the roll-up method, once a survey was completed for any given provider who shared the same phone number, the response or data ascertained would be reflective of the entire group.

Table 4 demonstrates the different compliance rates for GCHP PCPs and Specialists in 2021. Only 2 categories for PCP and one category for specialist were at the 90<sup>th</sup> percentile. There were no categories with a 100% compliance rate.<sup>27</sup>

**Table 4: Compliance Rates Primary Care Physicians (PCP) and Specialist Providers 2021**

Compliance Measure	PCP Rate	Specialist Rate
Urgent Care	87.3%	34.4%
Non-Urgent Appointment	94.5%	84.9%
Office Wait time	90.0%	94.2%
Patient Call Back Time	58.2%	72.7%
Physical/Well-Woman Exam	78.2%	
Preventive/Well-Child Exam	80.0%	88.5%
Routine Care Initial Visit		73.3%

<sup>27</sup> 2021-2022 Provider Appointment Availability Survey and After-Hours Audit; SPH Analytics

For the After-Hours Audit, emergency instructions and advice in a recording had a lower rate for specialists than PCPs. However, for emergency instructions provided in Spanish in a recording, both PCP and Specialist were at the 50<sup>th</sup> percentile. Figure 23 compares emergency instructions provided and instructions available in Spanish between PCPs and specialists.

**Figure 23: Access to Care Standard – Reached a Recording/Auto-Attendant Instructions 2021**

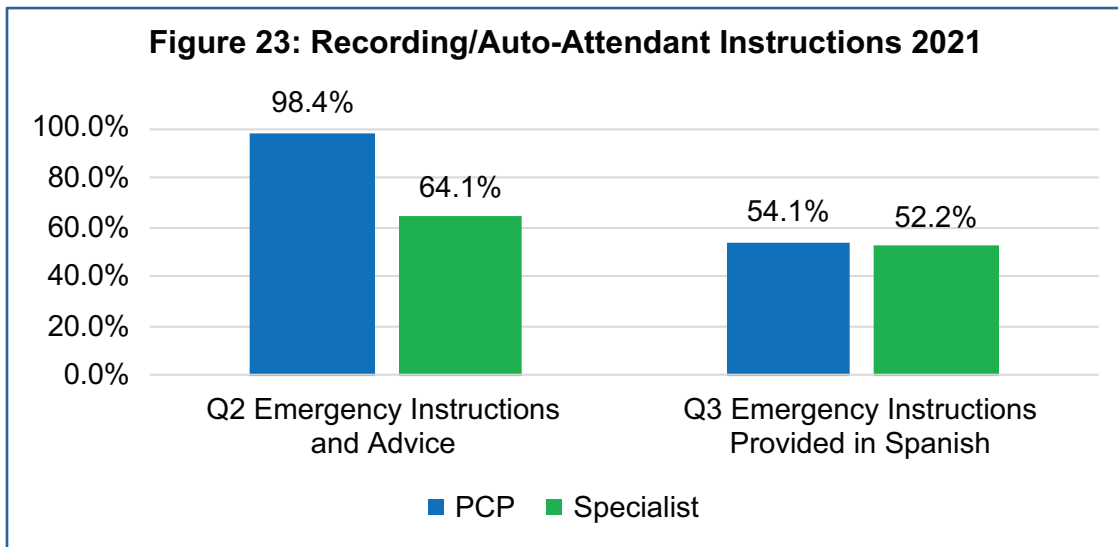
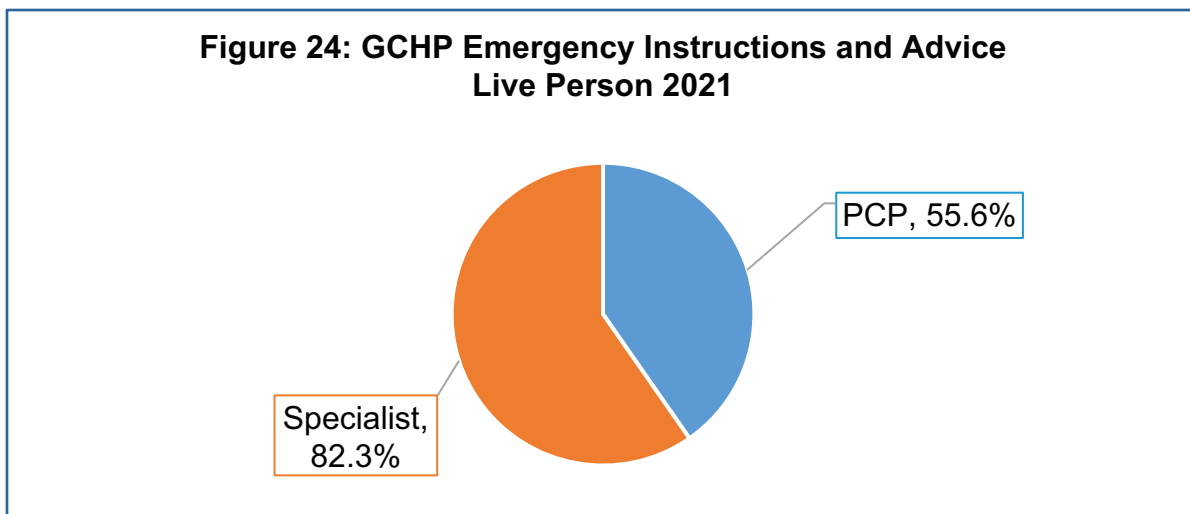


Figure 24 shows the compliance rate for reaching a live person for emergency instructions and advice. PCPs had a lower compliance rate than specialists. PCPs only had a 55.6% rate and specialists had an 82.3% compliance rate.

**Figure 24: GCHP Emergency Instructions and Advice – Live Person**



The items from the Provider Satisfaction Survey are under the contractual agreement of DHCS and not considered changeable. For timely access all areas were found to have some opportunity for improvement, thus identifying provider education and training for access to care standards.

Figure 25 show the GCHP network providers and eight (8) hospitals in the region. GCHP has 210 Primary Care Physicians caring for their adult membership and 246 Primary Care Physicians for their child membership. There are a total of 3,795 specialists under GCHP with 1,144 dedicated to care for adults and 1,064 for caring for children<sup>28</sup>.

**Figure 25: 2022 Network Providers and Hospital by Region**

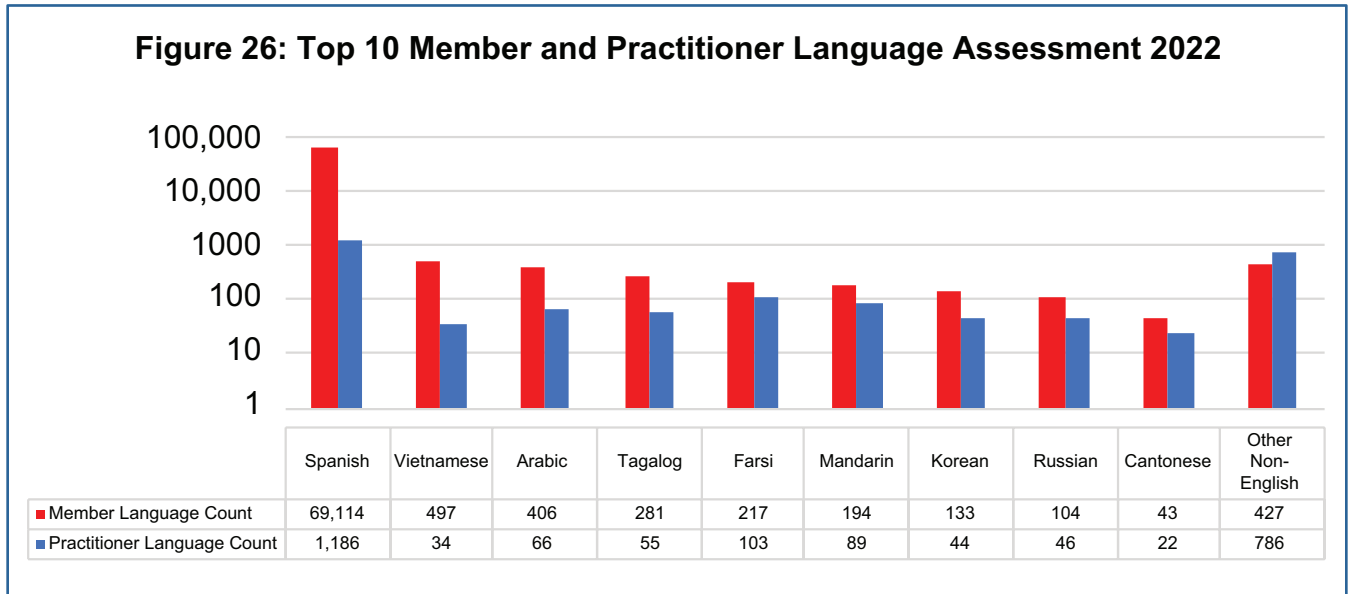


<sup>28</sup> GCHP Membership and Practitioner Report 2022



Figure 26 captures the top 10 languages spoken by GCHP members in comparison to providers who speak the same language. Of the 2,431 providers identified, 49% indicated they speak Spanish. Based the top three languages identified on Figure 26, the top three languages (Spanish, Vietnamese, and Arabic) are consistent with GCHP’s annual language assistance services in 2021 for telephonic interpreting languages.

**Figure 26: Top 10 GCHP Member Language Compared to Language Spoken by Practitioner 2022**



\*Note: Data as of Quarter 1 2022

### Department of Health Care Services (DHCS) Managed Care Health Plan (MCP) Specific Health Disparities 2019 Data

To assess and improve health disparities, DHCS contracted with HSAG to conduct a health disparities study using the managed care accountability set (MCAS) measures reported by the 25 full-scope Medi-Cal managed care health plans (MCPs) for reporting year 2021 with data that are derived from calendar year 2020. Quality improvement MCAS measures reflect clinical quality, timeliness, and access to care provided by health plans to their members, and each health plan is required to report annually MCAS results to DHCS. The goal of the health disparities analysis is to improve health care for Medi-Cal members by evaluating the health care disparities affecting members enrolled in Medi-Cal Managed Care Plans<sup>29</sup>.

To identify health disparities affecting Medi-Cal beneficiaries, it is important to consider the diverse population of the Medi-Cal managed care program. According to the DHCS health disparity report (2020) the racial/ethnic distribution of the Medi-Cal managed care population consisted of the following

<sup>29</sup> Department of Health Care Services Managed Care Health Plan (MCP) Specific Health Disparities 2019 Data, December 2020.

racial/ethnic groups: Latino (48.7%), White (18.7%), Other/Unknown (14.7%), Asian (8.8%), Black or African American (7.7%), and Native Hawaiian or Other Pacific Islander (1.5%). The age distribution of Medi-Cal managed care programs in 2020 was 18-year-olds and younger (40.4%), 19-to-64-year-olds (50.8%), and 65 and older (8.8%).

## DHCS Gold Coast Health Plan – Plan Specific Report 2021

In December 2021, the Department of Health Care Services (DHCS) provided each Medi-Cal Managed Care Plan (MCP) a health disparities report for the Managed Care Accountability Set (MCAS) measure that each MCP reported in the 2020 measurement year (MY). A total of 47 measures were evaluated. For each measure, DHCS generated sub-rates for four demographic categories to compare the health outcomes of each demographic and to identify disparities. The four demographic categories include: (1) age group, (2) gender, (3) language, (4) race/ethnicity. The Quality Improvement Department evaluated the health disparity report and compared the findings from the 2019 MY and 2020 MY and Table 5 shows the measures with disparities repeated in the two measurement years. Name of measure abbreviations may be found in Appendix B - Glossary of Terms.

**Table 5: Measures with Disparities Repeated in MY 2019 and MY 2020**

Measure	Age Group	Gender	Language	Ethnicity
<b>AMM-Acute</b>	None	Male	None	American Indian or Alaska Native Hispanic or Latino
<b>AMM-Cont.</b>	None	None	Spanish	Hispanic or Latino
<b>AMR</b>	None	Female	English	White Black or African American
<b>BCS</b>	None	None	English Chinese Korean Russian Other Unknown/ Missing	White American Indian/Native American Black or African American Other Unknown/Missing
<b>CCP-MMEC60-2144</b>	None	None	English	White Asian Black or African American
<b>CCW-MMEC-1520</b>	None	None	Arabic Chinese Spanish Tagalog Vietnamese	Asian Hispanic or Latino Native Hawaiian or Other Pacific Islander

Measure	Age Group	Gender	Language	Ethnicity
<b>CCW-MMEC-2144</b>	None	None	Arabic Chinese Spanish Vietnamese Unknown/ Missing	White Asian Black or African American
<b>CDF-1217</b>	None	Male	English Farsi Unknown/ Missing	White Other
<b>CDF-18+</b>	None	Male	Arabic Armenian Korean Russian Spanish Tagalog Vietnamese	White American Indian or Alaska Native Asian
<b>CHL</b>	16-20 Years	None	Spanish	White (47.68) Hispanic or Latino (52.28)
<b>DEV</b>	1 Year 3 Years	Female	English Arabic Chinese	White Black or African American Other Unknown/Missing
<b>PCR</b>	18-44 Years 45-54 Years	Female	None	None
<b>W30-2</b>	None	None	English	White Black or African American Other
<b>W30-6</b>	None	None	Other	None
<b>WCV</b>	12-17 Years 18-21 Years	Male	English Arabic Cambodian Korean Russian Unknown/ Missing	White American Indian or Alaska Native Asian Black or African American Other Unknown/Missing

In 2022, DHCS provided each Medi-Cal Managed Care Plan (MCP) with a supplemental health disparities report that included performance outcomes on focus areas that will be included on the upcoming MCAS

list for 2022 MY / 2023 MY. These new focus areas include Alcohol Use Screening, Blood Lead Screening in Children, Dental Fluoride Varnish, and Tobacco Use Screening. The following disparities were identified:

- Alcohol Use Screening and Tobacco Use Screening were the only metrics for which Spanish speakers had a disparity.
- English speakers were a disparity population for all metrics except Alcohol Use Screening and Tobacco Use Screening.
- Dental Fluoride Varnish had the highest number of ethnicity disparities (White, Asian, Black/African American, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native).
- Tobacco Use Screening had the highest number of language disparities (Spanish, Cambodian, Armenian, Chinese, Farsi, Korean, Russian, Tagalog, and Vietnamese).

In collaboration with the Quality Improvement Department, GCHP will include the following measures as strategic objectives in the 2022 Population Needs Assessment: Alcohol Use Screening, Tobacco Use Screening, and Dental Fluoride Varnish. Dental Fluoride Varnish will focus on members ages 1-5, Tobacco Use Screening will focus on Spanish speaking members, and Alcohol Use Screening will focus on member 11-17 years of age.

## Health Education, Cultural & Linguistic Services, and Quality Improvement Gap Analysis

Gold Coast Health Plan offers free health education services to help members achieve a healthy lifestyle. Health education services are designed to ensure that all members have access to health education programs, health promotion materials and classes. The GCHP HECL department offers information about physical, nutrition, social, behavioral health, pregnancy, parenting, and many other health education topics. Dr. Lupe González, Ph.D., M.P.H., Director of Health Education, Cultural and Linguistic Services oversees the department. The department's staff includes one cultural and linguistic specialist, one senior health navigator, and three health navigators. Health navigators are trained using the community health worker model and are bilingual/bicultural. They help members with scheduling health education classes and act as advocates, provide support and education to empower members and families to become self-reliant in managing the disease process and accessing care. The health navigators provide exceptional service and first-call resolution.

### Cultural and Linguistic Services

The HECL Department provides language assistance services to members with limited English proficiency and linguistics needs. According to the GCHP Cultural and Linguistics Report, in 2021 GCHP provided a total of 4,687 interpreting services, with 86.0% of interpreting provided by phone, 2.5% for translation services (see Figure 8), 4.0% provided in-person oral interpreting, and 6.9% for sign-language

interpretation. The top 5 languages requested for telephonic interpreting are Spanish, Vietnamese, Arabic, Farsi, and Mandarin. The HECL Department also offers materials to providers to assist with interpreting, translation, and alternative format requests. In addition, the department works hard to ensure member informing materials are culturally and linguistically appropriate. Due to the COVID-19 pandemic, there was a slight decrease in in-person interpreting services in 2021. Overall, there was an increase in language assistance services, including interpreting services for telehealth medical and behavioral health appointments in 2021.

## Key Stakeholder Community Engagement and Member Survey Findings 2022

In 2022, GCHP's Health Education, Cultural Linguistics Department developed a Population Community Stakeholder Survey and Member Survey for both adult and child members. Both surveys solicited feedback and input on both barriers and challenges of GCHP members (low-income Medi-Cal members) seeking healthcare services. Process and outcomes of both Community Stakeholder and Member surveys can be found in, *Section V. Stakeholder Community Engagement and Member Survey Findings 2022*.

### Conclusion

Both quantitative and qualitative data findings were used to prepare the PNA SMART objectives. The objectives identified were prioritized utilizing multiple data sources. GCHP identified eight (8) key findings and prepared an action plan with specific intervention strategies to address areas of improvement and to better address health outcomes that impact members. The COVID-19 pandemic continues to have a measurable impact on health outcomes, especially services related to prevention.

Two (2) of the seven (7) strategic objectives from the 2021 PNA are a continuation from the 2022 PNA strategic objectives (chlamydia screenings in women and breast cancer screenings). Both diabetes and hypertension will not continue as individual objectives but will be incorporated into a new strategic objective for chronic conditions. Appendix A has the evaluation of the 2021 PNA strategic objectives.

In 2022, GCHP will implement eight (8) strategic objectives: 1) chlamydia screenings in women, 2) breast cancer screenings, 3) health disparities – tobacco and alcohol use screenings, 4) well-child visits (W30), 5) lead screening in children, 6) dental fluoride varnish, 7) behavioral health and 8) CDSMP workshops for members with a chronic condition.



## IV. Action Plan

**Objective 1: (Chlamydia (CHL) Screening in Women):** By December 31, 2022, increase percentage of CHL screenings from 53.4% to 55.4% (2%) among women, 16-24 years of age, who were identified as sexually active and/or who had at least one chlamydia screening during the measurement year to meet or exceed the DHCS MPL (50th percentile). *(This objective is a continuation from the PNA 2021 Strategic Objectives.)*

**Measure:** Chlamydia Screening in Women (CHL)

**Data Source:** Claims, Encounter, Lab, HEDIS/MCAS MY 2021

### Strategies

1. Provide providers/clinics with annual MY MCAS/HEDIS report rates and/or women's health themed MCAS rate and member gap report.
2. Provide clinics and providers with CHL health education materials for members.
3. Engage in partnerships with external organizations and internal departments, including clinics and providers to promote best practices, increase awareness, and/or conduct outreach campaign for CHL screenings.
4. Collaborate with PNO and Communications for provider education and publications on the importance of CHL screening.
5. Collaborate with Communications and Community Relations for member and/or community education and publications on CHL screening.
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.



**Objective 2: (Breast Cancer Screening):** By December 31, 2022, increase percentage of breast cancer screening from 52.78% to 54.78% (2%) among women 50-74 years of age. *(This objective is a continuation from the PNA 2021 Objectives.)*

**Measure:** Breast Cancer Screening (BCS)

**Data Source:** Claims, Encounter, Lab, HEDIS/MCAS MY 2021

### Strategies

1. HECL and QI will collaborate to provide breast cancer screening activities.
2. Provide clinics and providers with BCS health education materials for members.
3. Engage in partnerships with external organizations (like Breast Cancer Early Detection Program and/or Ventura County Public Health Mobile Units) and internal departments to promote best practices, increase awareness, member incentives, and/or conduct an outreach campaign for BCS.
4. Collaborate with PNO and the department of Communications for provider education and publications on the importance of BCS.
5. Collaborate with Communications and Community Relations for member and/or community education and publications on BCS.
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.

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**Objective 3: Health Disparity (Tobacco Use Screening & Alcohol Use Screening):** By December 31, 2022, increase percentage of tobacco use screening from 8.43% to 10.43% (2%) and alcohol use screening from 0.81% to 2.81% (2%) among adolescents ages 11-17 years of age. *(This objective is a new objective for 2022.)*

**Measure:** Tobacco Use Screening (TUS) & Alcohol Use Screening (AUS)

**Data Source:** Claims, Encounter, HEDIS/MCAS Measure Year (MY) 2021, DHCS Health Disparities Report

### Strategies

1. Collaborate with QI to develop and implement a tobacco use screening & alcohol use screening campaign, using the Staying Healthy Assessment (SHA), among providers.
2. Provide providers with tobacco cessation & alcohol use health educational material.
3. Engage in partnerships with external organizations and internal departments to promote best practices and resources like the Ventura County Public Health Agency.
4. Collaborate with PNO and Communications for provider education and publications on the importance of tobacco use screening & alcohol use screening.

5. Collaborate with Communications and Community Relations for member and/or community education and publications on tobacco cessation and alcohol use resources.
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.

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**Objective 4: (Well-Child Visits - W-30):** By December 31, 2022, increase percentage of well-child visits first 15 months (0 – 15 months) from 21.12% to 54.92% (33.8%) and 15-30 months of age from 64.40% to 70.67% (6.27%). *(This objective is a new objective for 2022.)*

**Measure:** Well-Child Visits (W30)

**Data Source:** Claims, Encounter, HEDIS/MCAS Measure Year (MY) 2021

### Strategies

1. Collaborate with QI to provide clinics/providers with 2021 MY MCAS rate reports.
2. Collaborate with QI for member comprehensive mailing and/or outreach campaign for well-child visits including vaccines, lead screenings, and developmental screenings.
3. Engage in partnerships with external organizations and internal departments to promote well-child visits (W-30).
4. Collaborate with PNO and Communications for provider education and publications on the importance of well-child visit (W-30)
5. Collaborate with Communications and Community Relations for member and/or community education and publications on well-child visits.
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.

---

**Objective 5: (Lead Screening in Children):** By December 31, 2022, increase percentage of children who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday from 64.48% to 71.53% (7.05%). *(This objective is a new objective for 2022.)*

**Measure:** Lead Screening in Children (LSC)

**Data Source:** Claims, Encounter, Lab, Child Health and Disability Prevention (CHDP)

### Strategies

1. Collaborate with QI & Care Management (CM) to provide clinics/providers with LSC gap reports and/or billing codes for LSC.

2. Collaborate with QI to provide providers and clinics with health education material on protection from lead.
3. Engage in partnerships with external organizations (i.e., Child Health and Disability Prevention Program) and internal departments to promote lead screenings.
4. Collaborate with PNO and Communications for provider education and publications on the importance of lead screenings
5. Collaborate with Communications and Community Relations for member and/or community education and publications on lead screenings
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.

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**Objective 6: (Dental Fluoride Varnish/Topical Fluoride in Children):** By December 31, 2022, increase percentage of children who of children aged 1–5 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications from 27.38% to 29.38% (2%). *(This objective is a new objective for 2022.)*

**Measure:** Dental Fluoride Varnish (DFV)/Topical Fluoride in Children (TFL)

**Data Source:** Claims, Encounter, MCAS, CHDP

### Strategies

1. Collaborate with QI & CM to create a Dental Fluoride Campaign.
2. Engage in partnerships with external organizations (i.e., Ventura County Public Health) and internal departments to promote dental fluoride varnish.
3. Collaborate with PNO and Communications for provider education and publications on the importance of dental fluoride varnish.
4. Collaborate with Communications and Community Relations for member and/or community education and publications on dental fluoride varnish.
5. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
6. Evaluate program and provide summary findings.

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**Objective 7: (Behavioral Health):** By December 31, 2022, increased penetration rate among Spanish speaking members from 1.24% to 3.24% (2%) for Beacon Health Options (behavioral health) program referrals. *(This objective is a new objective for 2022.)*

**Measure:** Penetration rate of language for behavioral health services

**Data Source:** Claims, Encounter, Beacon Health Options

## Strategies

1. Collaborate with GCHP Behavioral Health and Social Services Department to create and implement an outreach campaign for Beacon Health Options.
2. Engage in partnerships with external organizations (i.e., Ventura County Behavioral Health and Beacon Health Options) and internal departments to promote behavioral health services.
3. Collaborate with PNO and Communications for provider education and publications on referring members for behavioral health services.
4. Collaborate with Communications and Community Relations for member and/or community education and publications on behavioral health services.
5. Promote language assistance services for behavioral health services for the Spanish speaking community.
6. Collaborate with Cultural and Linguistic Department to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate program and provide summary findings.

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**Objective 8: (Chronic Conditions – Chronic Disease Self-Management Program):** By December 31, 2022, implement a Chronic Disease Self-Management Program (CDSMP) for GCHP members with Chronic Conditions (including diabetes, hypertension, anxiety, depression, cholesterol, lung disease, pain, etc.) to increase the percentage from 47.5% to 50% (2.5%) of members who improved their overall health. *(This objective is a new objective for 2022.)*

**Measure:** Chronic Conditions, CDSMP Enrollment Data

**Data Source:** Claims, Encounter, CDSMP Data

## Strategies

1. Implement CDSMP workshops for members with chronic conditions.
2. Implement outreach campaign for CDSMP workshops.
3. Engage in partnerships with internal departments and external organizations to promote the CDSMP workshops.
4. Collaborate with QI, PNO, and Communications on provider education and publications on CDSMP workshops.
5. Collaborate with Communications and Community Relations for member and/or community education and publications on the importance of CDSMP workshops to improve health.
6. Collaborate with cultural and linguistic services to ensure program interventions are culturally and linguistically appropriate for members.
7. Evaluate the program and prepare a summary report.



## V. Stakeholder Community Engagement and Member Survey Findings 2022

### Stakeholder Community Engagement Survey Key Findings 2022

GCHP conducted a stakeholder community survey among community partners including members of the Community Advisory Committee (CAC), and representatives from community-based organizations across the county.

The goal of the survey was to obtain feedback from community stakeholders on barriers and challenges of seeking healthcare among low-income, Medi-Cal individuals. The survey responses helped GCHP develop interventions and strengthen strategies that are culturally and linguistically appropriate.

The stakeholder community engagement survey included 18 questions that focused on three (3) key areas of service: 1) organization background; 2) member health concerns, health education communication; and 3) access to cultural and linguistic services. GCHP received a total of 19 survey responses (17 English and 2 Spanish). This roughly represents 11% response rate.

The majority of the respondents work for a non-profit organization in the community and provide services to low-income and Medi-Cal members. Figure 27 represents survey responses of organization background from stakeholders. Non-profit agencies represent 37% of respondents; 21% represents organizations serving individuals in the healthcare medical field; 21% social services; 11% behavioral health services; 5% were from the educational sector; and 5% identified as other services such a resource center.

**Figure 27: Organization Background from the Stakeholder Community Engagement Survey 2022**

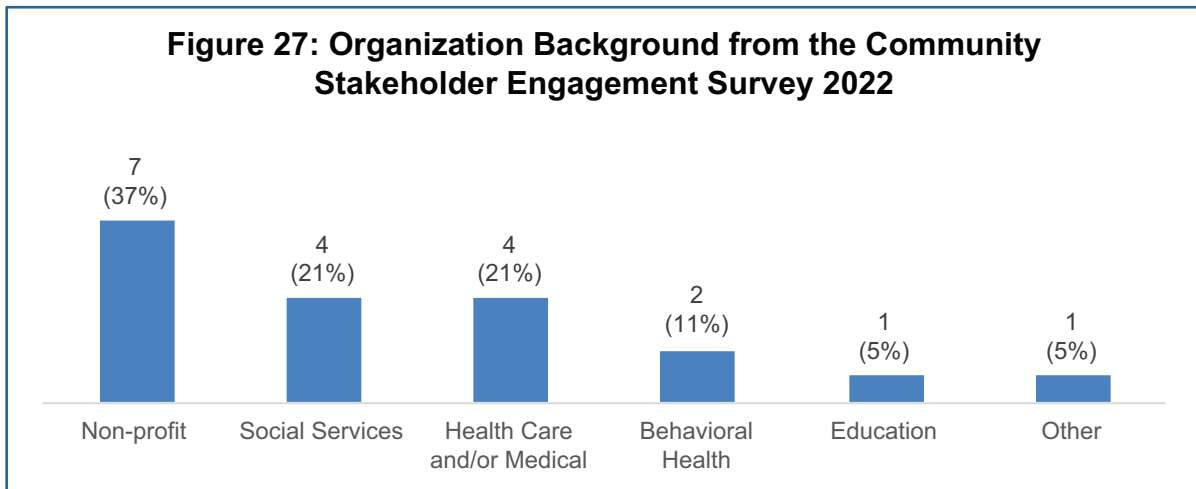
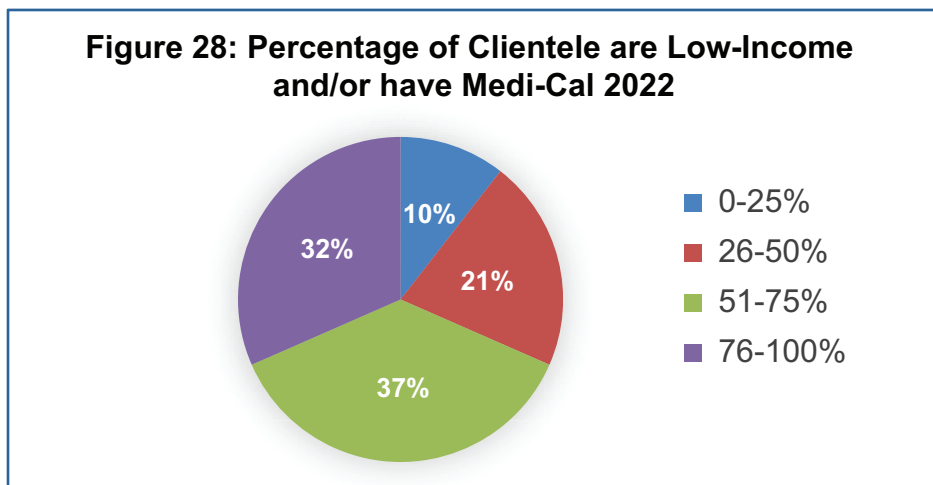


Figure 28 represents survey responses of stakeholder’s clientele. Of the respondents, 37% indicated that their clientele is low-income and/or have Medi-Cal representing 51-75%. 32% of the respondents indicated that the low-income and/or have Medi-Cal clientele is between 76-100%. 21% indicated that their clientele with low-income and/or have Medi-Cal is 26-50%. And 10% reported that their clientele with low-income and/or have Medi-Cal is 0-25%.

**Figure 28: Stakeholder’s clientele percentage that are low-income and/or have Medi-Cal 2022**



The top three health concerns or issues for low-income individuals are identified in Figure 29. The respondents identified the following three health concerns: 1) Not enough times at doctors’ offices/clinics; 2) Not enough behavioral (mental) health services nearby; and 3) Not enough information



about how to get healthy. In addition, respondents indicated the need for more home health agencies that accept Medi-Cal/GCHP. Figure 29 also identifies respondents who selected the category of other as means of identifying methods of outreach strategies which include school, in-person community outreach; distribute flyers at local diaper banks; churches; home health nurse visits to educate patients; grassroots strategies and meeting members in their community.

**Figure 29: Stakeholder’s top three important health concerns or issues for low-income individuals 2022**

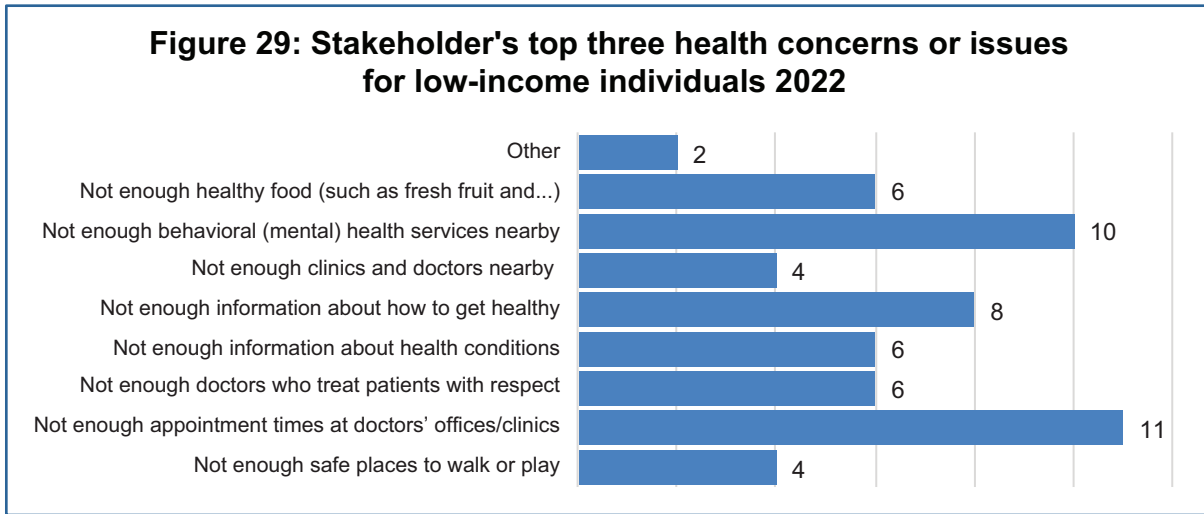


Figure 30 summarizes the best method of communication in providing health education services to the community. Among the respondents, 35% indicated that doctor’s office and clinics as the best method for communicating health education services directly to members. Additionally, 25% identified the use of internet and the GCHP website as one of the top three methods of communication. Lastly, 19% indicated family and friends as individuals to assist in delivering health education information.



**Figure 30: Stakeholder’s identification of best way for GCHP to provide health education services to members in the community 2022**

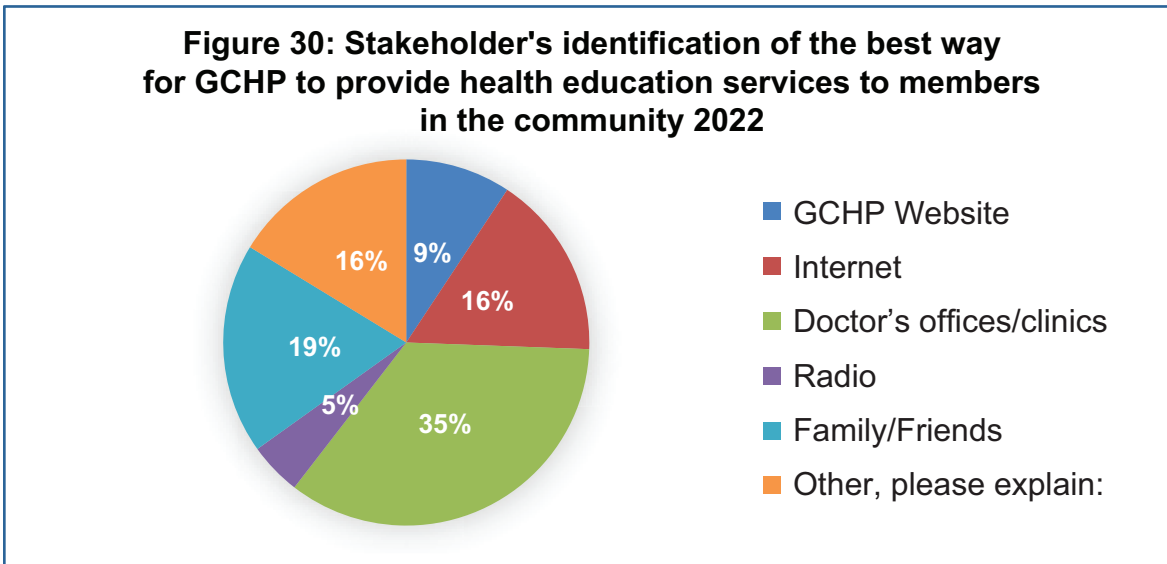


Figure 31 represents stakeholder’s top three health conditions impacting the community. For example, diabetes (22%); heart disease/heart attack/stroke/hypertension (16%); and mental health (14%).

**Figure 31: Stakeholder’s identification of health conditions impacting our community 2022**

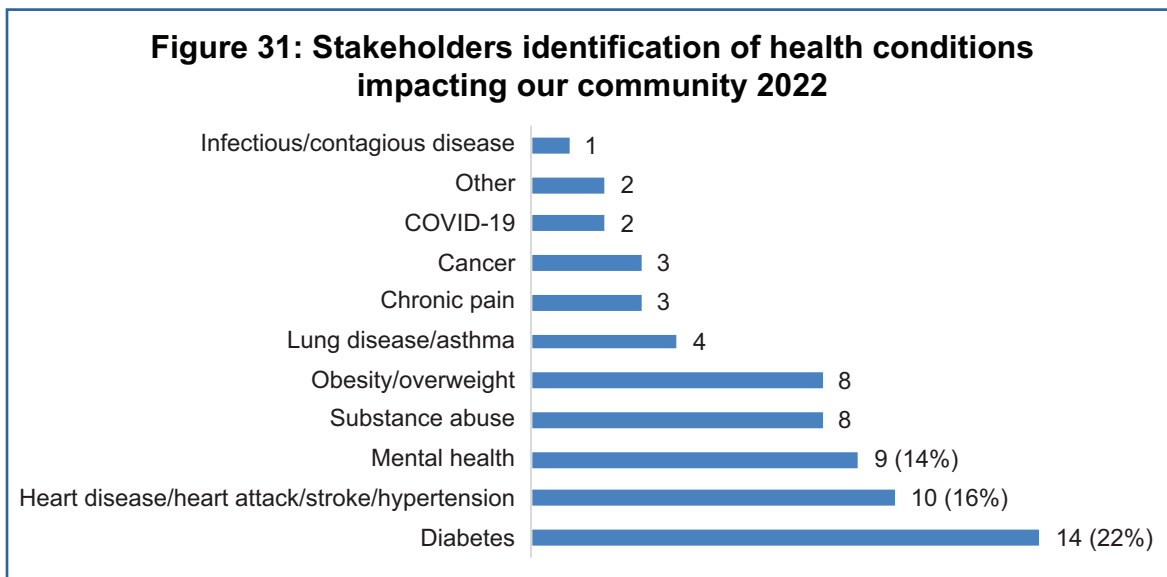


Figure 32 represents survey responses with 29% indicating that members currently learn about improving their health condition at the doctors' office/clinic, 21% through family/friends and 16% through GCHP website and/or internet search.

**Figure 32: Stakeholder's identifying how GCHP members are currently learning about improving their health conditions 2022**

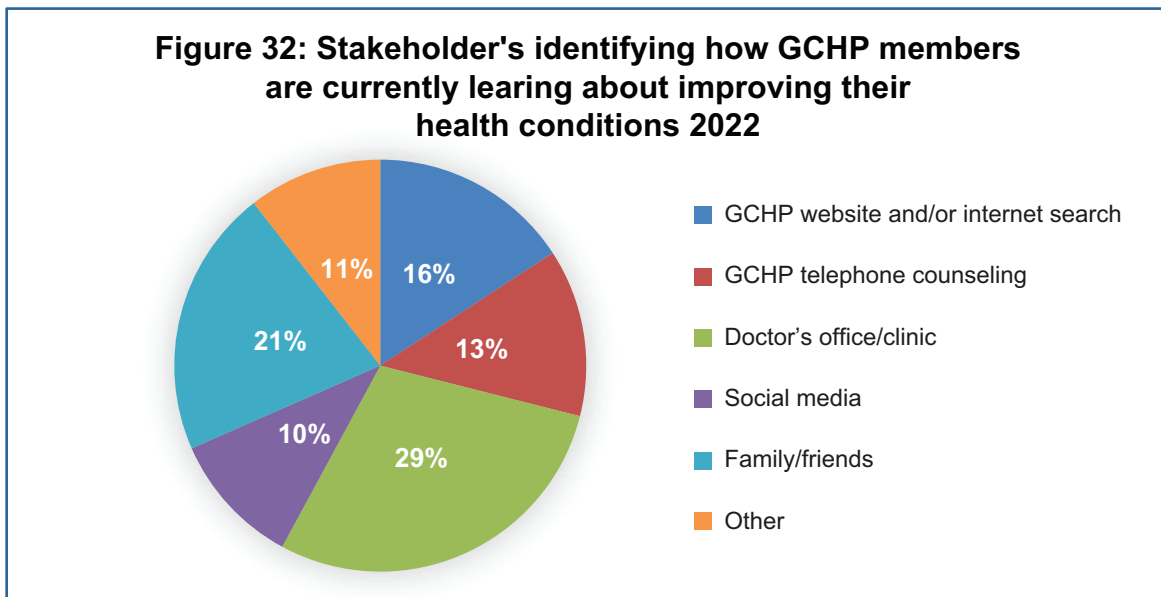


Figure 33 represents survey responses with 35% indicating that GCHP members and/or low-income individuals use the Internet weekly, 26% selected daily use and 22% monthly use.

**Figure 33: How often stakeholder's believe members and/or low-income individuals use the Internet 2022**

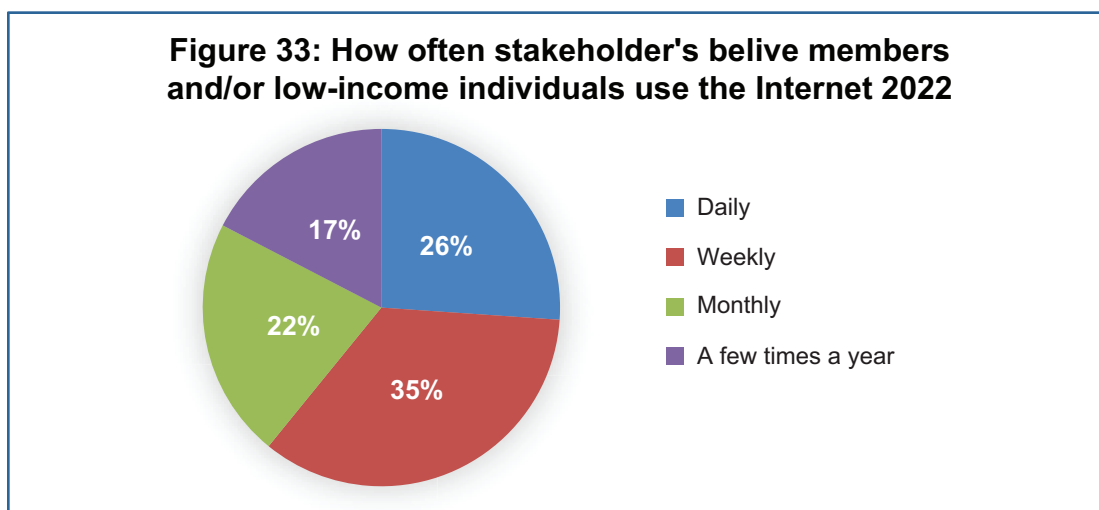


Figure 34 represents survey responses related to mental health with 63% being aware that GCHP offers behavioral health services to GCHP members and 37% not being aware of this service.

**Figure 34: Does stakeholders know that GCHP offers behavioral services where members can receive help with feelings like depression, stress, sadness, or anxiety 2022**

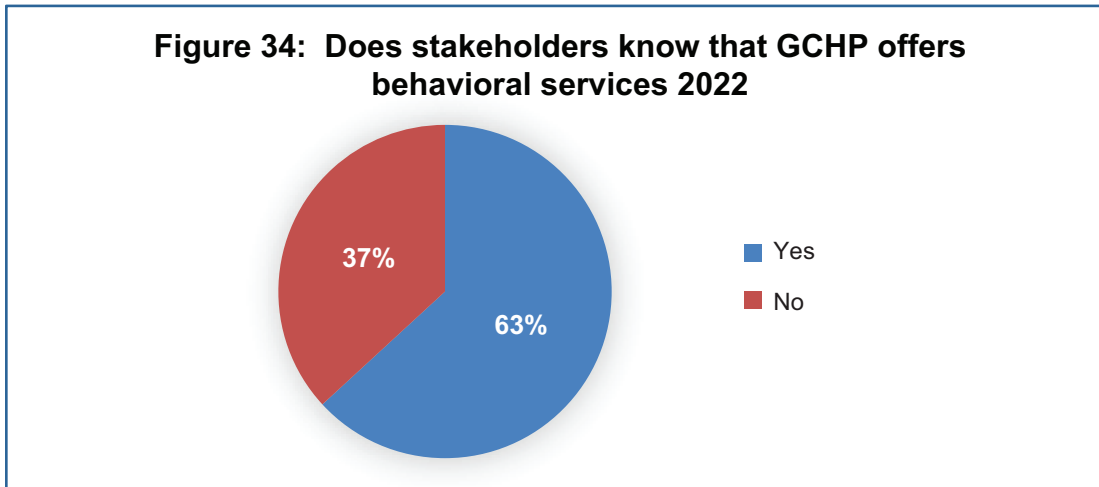


Figure 35 represents survey responses in relation to primary language used by stakeholders with 58% indicating that they use English when communicating with GCHP members, 26% in Spanish and 16% in other language: Mixteco, Zapoteco and both English and Spanish.

**Figure 35: Primary language used by stakeholders when communicating with GCHP members 2022**

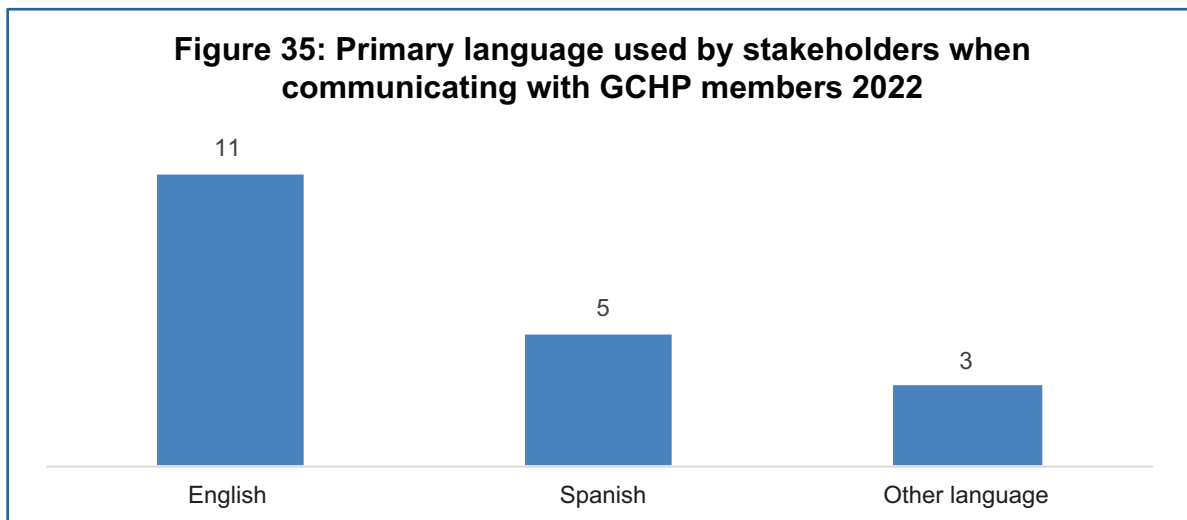


Figure 36 represents survey responses of the awareness of interpreting services with 63% indicating that they were aware that GCHP provides medical interpreters to members at no cost, and 37% indicating that they were not aware of this service.

**Figure 36: Does stakeholders know that GCHP provides medical interpreters to members at no cost 2022**

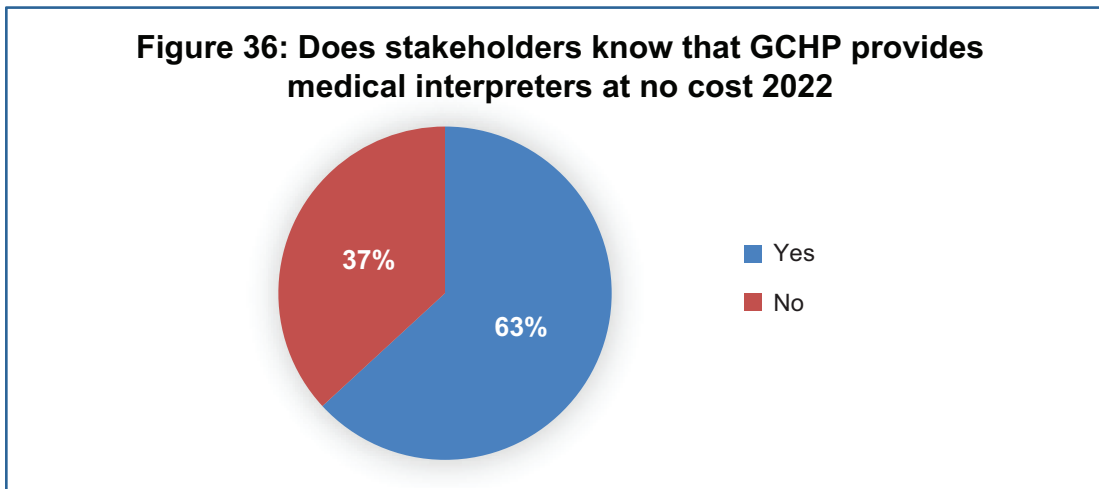
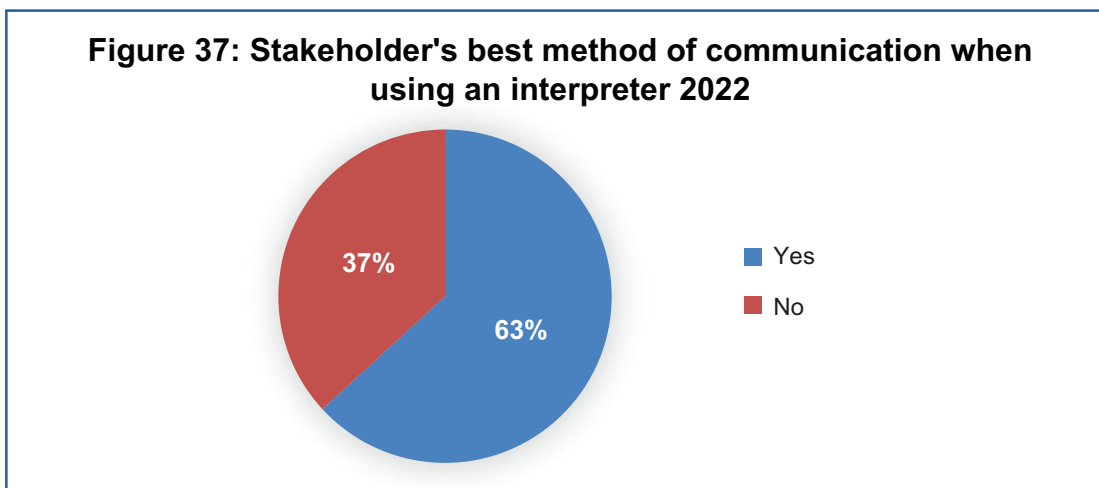


Figure 37 represents survey responses of best communication method with 63% indicated that they were aware that GCHP provides medical interpreters to members at no cost, and 37% indicated that they were not aware of this service.

**Figure 37: Stakeholder's best method of communication when using an interpreter 2022**



In addition to quantitative questions, stakeholders were asked to complete open-ended questions and comment about community concerns, health problems or services in the community they serve.

The following summarizes the stakeholder's responses:

**Access to services:** The need to have more medical professionals to help member in a timely manner. The need for more home health centers, especially when discharging members from the hospital. Need more home health agencies that accept GCHP – Medi-Cal. Need more access to hygiene centers, One-Stop center is not enough for the community.

- *GCHP outreach availability:* GCHP needs to do more outreach in person in the community and educate members on GCHP services. GCHP needs to provide more information in person at food distributions, churches after services at community events.
- *Social Determinants of Health (SDOH):* The need to assist children and families with food, diapers, and mental health needs.
- *Language:* Need to outreach to those who speak in different languages so their voices can be heard.
- *Transportation:* Lack of transportation to medical appointments is a huge need.
- *Home Health Concerns:* Families are very concerned of strangers coming into their homes. Fear and trust issues when an unknown individual does home visits. Fear that they will report the family or sharing the information with other agencies. Concern that this will create problems in the future.

## Member Survey Findings 2022

In addition to the 2022 PNA community stakeholder survey, GCHP conducted a member survey to obtain feedback on the health education and cultural and linguistic service's needs. Members were randomly selected for the 2022 PNA member survey. A total of 2,000 surveys (1,088 adults and 912 children) were identified to receive the survey.

The goal of the survey is to 1) obtain members feedback on identifying ways to build GCHP programs for our diverse membership; 2) identify best methods to deliver health education needs; 3) identify ways to address cultural and linguistic barriers; and 4) find ways to improve the quality of care provided to members.

The PNA member surveys were distributed in two phases: April 2022 and May 2022. The first phase of the survey was mailed to a total of 500 members and phase two was mailed to an additional 1,500 members, for a total of 2,000 surveys. Of the 2,000 surveys, 1,020 were in English and 980 in Spanish. The survey was mailed to adults and children identified in the random sample.

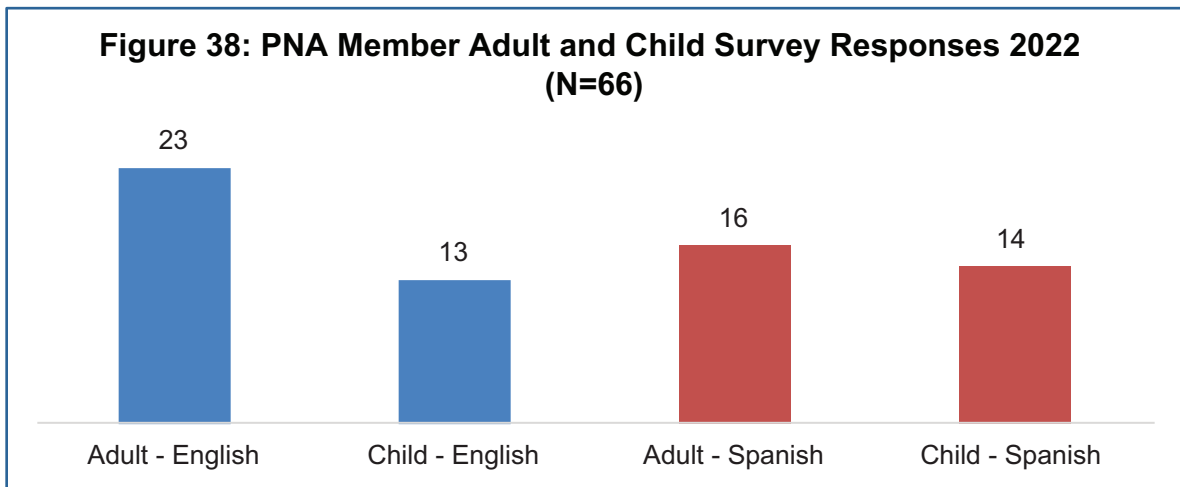
The 2022 PNA member adult and child survey consisted of 22 questions and included a cover letter, postage-paid envelope, nondiscrimination notice, and language assistance taglines. All PNA member



survey documents were provided in English and Spanish. GCHP received a total of 66 completed surveys. This represents a 3.3% response rate. Of the 2000 surveys, 103 (5.1%) were returned as undeliverable correspondence.

Figure 38 summarizes the total number of member adult and child surveys completed. Of the 66 completed surveys, 23 (35%) represents the total number of adult English surveys; 16 (24%) from adult Spanish surveys; 14 (21%) from child Spanish surveys and 13 (20%) from child English surveys.

**Figure 38: PNA Member Adult and Child Survey Response 2022**



### Adult Member Survey Key Findings 2022

Figure 39 are member responses indicating the wait time when scheduling a doctor's appointment. Of the responses, 69% indicated that in the last six months they did not have to wait a long time to schedule their next appointment with their doctor, and 31% indicated that they had to wait a long time to schedule their next appointment with their doctor.



**Figure 39: In the last six months, did you have a long wait time to schedule your next appointment with your doctor?**

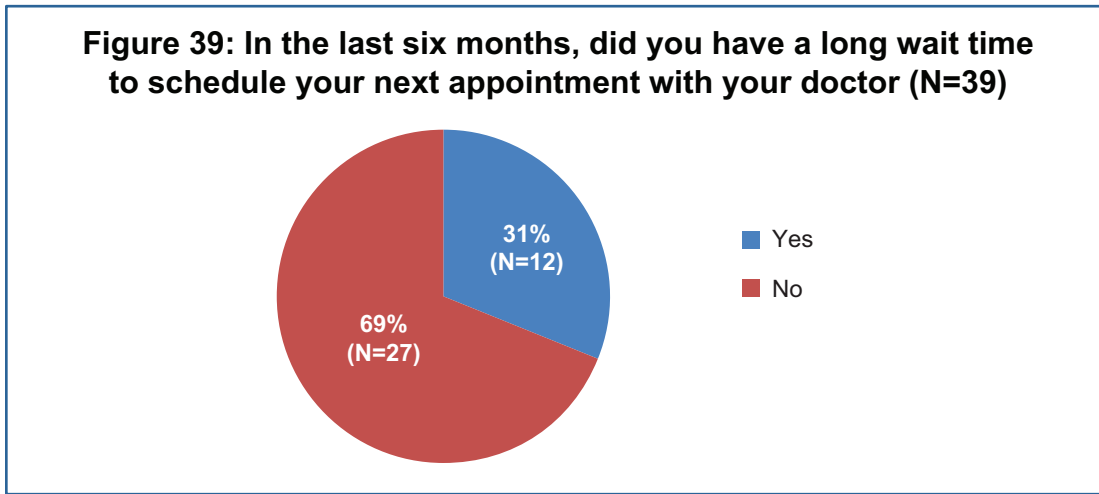


Figure 40 represents member responses on how easy it was to get test results or treatment needed: 49% indicated that in the last six months it was always easy to get the care, test results or treatment needed, 23% indicated that they usually were able to get the care, test results or treatment needed, 18% reported as sometimes, and 10% reported as never.

**Figure 40: In the last six months, how often was it easy to get the care, test results or treatment you needed?**

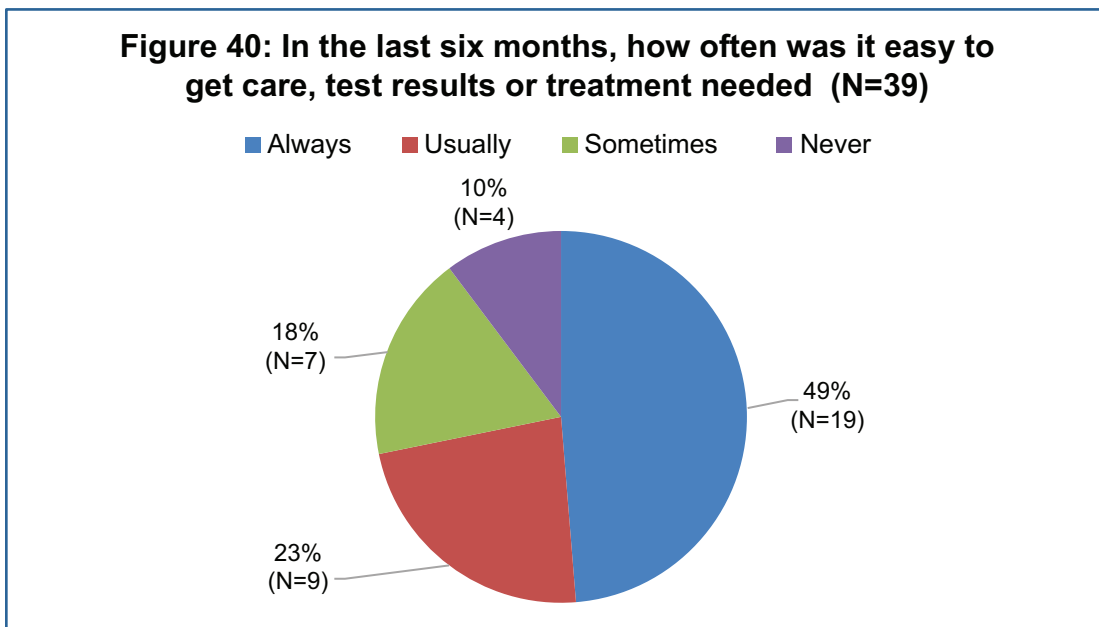


Figure 41 identifies the top three issues or concerns with member's doctors. Members indicated that the most important issues or concerns are: 1) access to appointments when needed; 2) extended clinic hours (such as evenings or weekends); and 3) being treated with respect. A total of 3 responses selected "other." The other represents: They cancel appointments very often; good professionalism and quality of treatment; need to open on Saturdays and they don't have urgent care clinics.

**Figure 41: If there are any issues or concerns with your doctor, what issues or concerns are the most important to you? (Check all that apply.)**

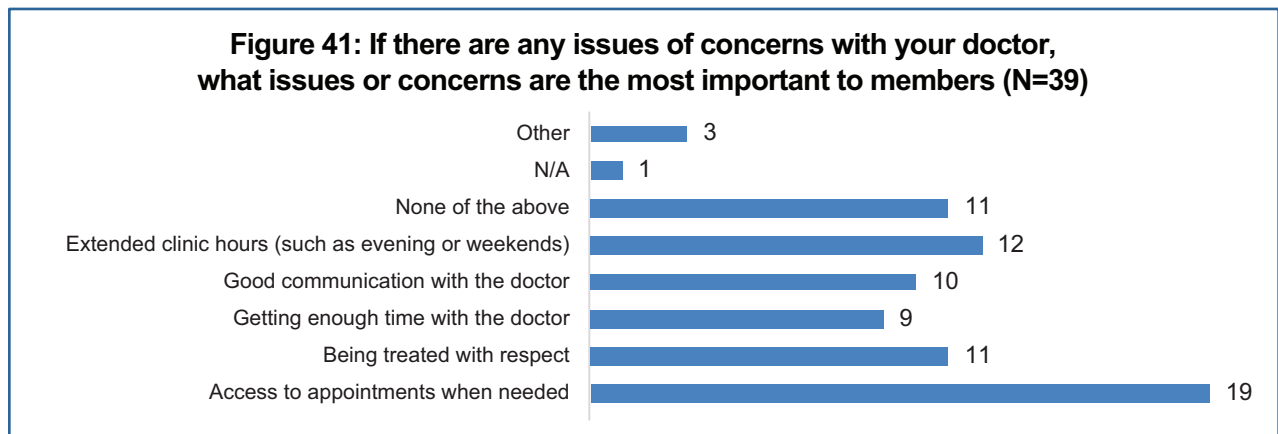
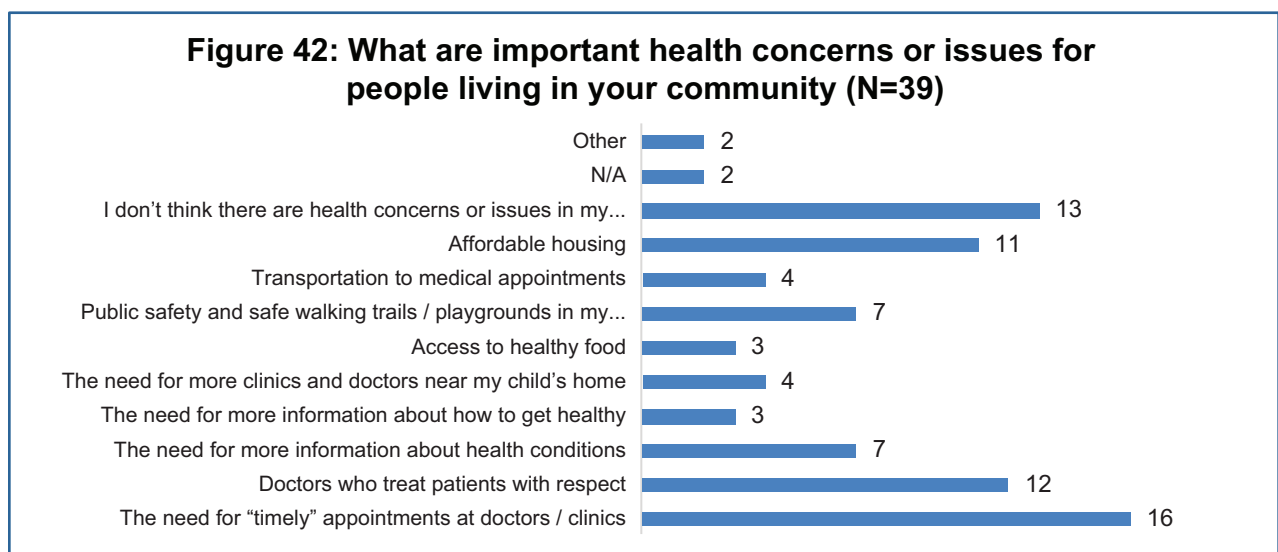


Figure 42 identifies the top three member responses of the important health concern or issues for people living in their community: 1) the need for "timely" appointments at doctors/clinics; 2) I don't think there are health concerns or issues in my community, and 3) doctors who treat patients with respect. A total of two selected "other." The other represents: Can't get an appointment if not scheduled previously as a follow up due to always booked up, and I have to go to urgent care if needed before scheduled date.

**Figure 42: What are important health concerns or issues for people living in your community? (Check all that apply.)**



Note: Survey questions can be found in the Appendix C.

Figure 43 represents member responses indicating the best way for GCHP to provide health education services to members. The top best ways identified by members are: 1) mail; 2) doctor’s offices/clinics and 3) phone call.

**Figure 43: What is the best way for GCHP to provide health education services to members? (Check all that apply.)**

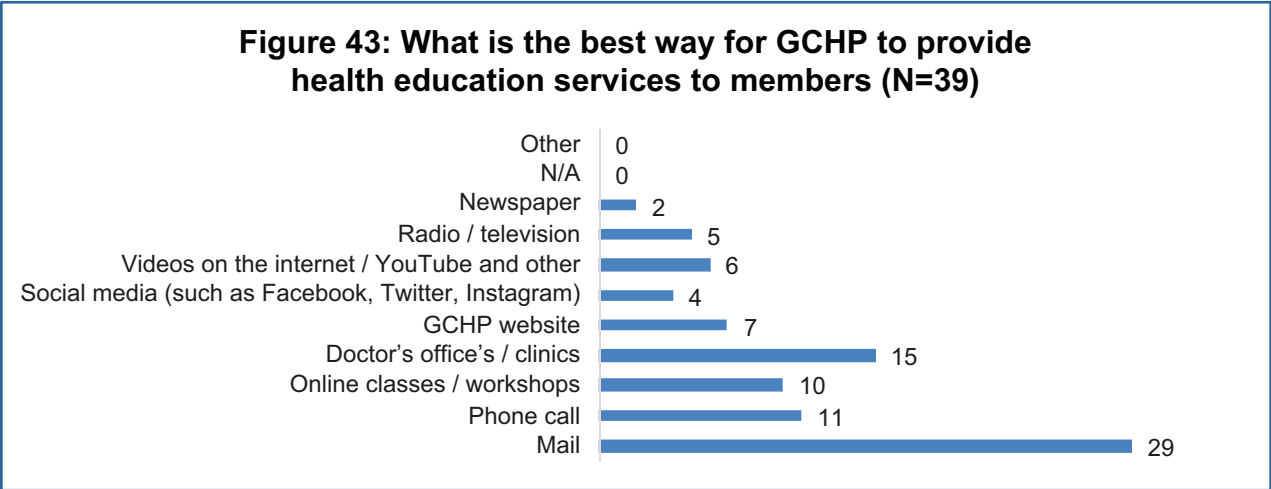


Figure 44 represents members responses indicating members’ awareness of GCHP offering medical interpreters and translation services at no cost to members. A total of 64% indicated that members were aware that GCHP offers medical interpreters and translation services at no cost, and 36% indicated that members were not aware of this service.

**Figure 44: Do you know that GCHP offers medical interpreters and translation services at no cost to you?**

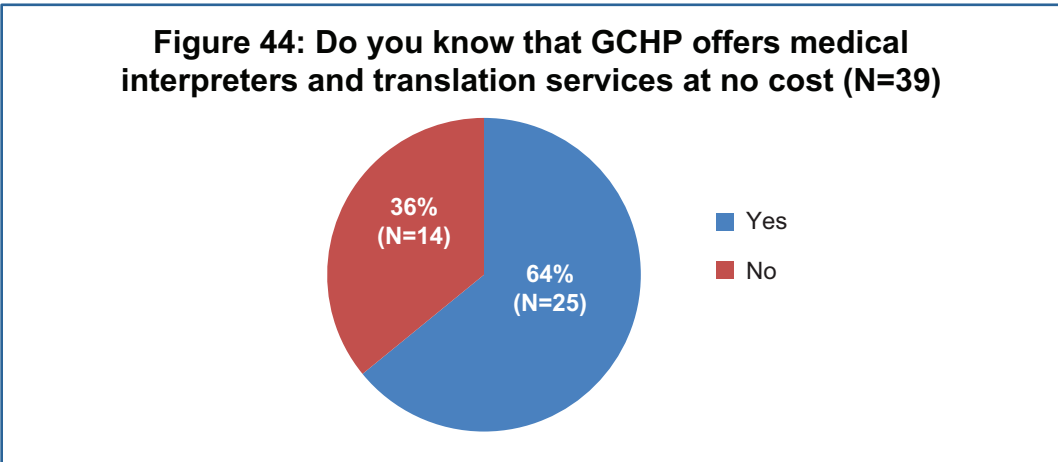
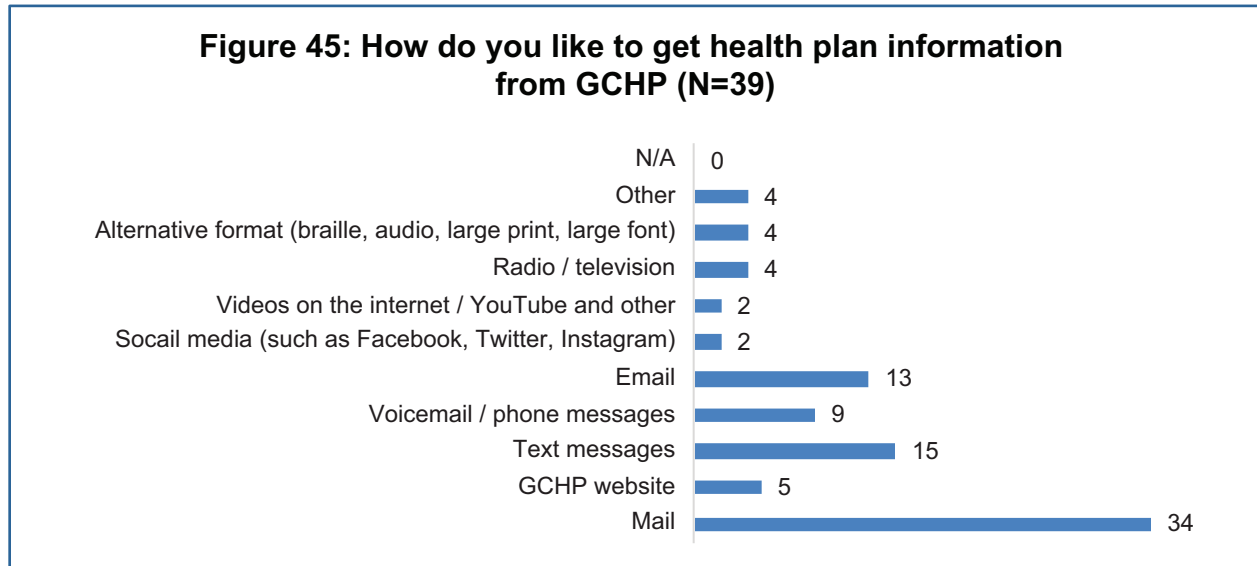


Figure 45 identifies the top ways for members to receive health plan information from GCHP: 1) mail; 2) text messages; 3) email. A total of 4 selected “other.” The other represents large print and large font.

**Figure 45: How do you like to get health plan information from GCHP? Check all that apply**



In addition to quantitative questions, members were asked to provide any information they would like GCHP to know about health concerns, health problems or ways to improve the services members are receiving.

The following summarizes the member adult responses:

- Provide housing/sober living information.
- Have a shared calendar that syncs when making appointments.
- Able to see a doctor when sick or medical attention is needed instead of having to go to urgent care because doctor is booked up with appointments.
- Not to force COVID-19 vaccines.
- Have an easier way to get an appointment with psychologists. Children need help with all the problems of society.
- Please don't cancel appointments.
- Appointments to the doctor need to be more frequent and available.

### Child Member Survey Key Findings 2022

Figure 46 summarizes the total number of child member survey responses completed. Of the 27 responses, 86% indicated that the survey was completed on behalf of the child, 11% selected “Other”, as self and my client, and 3% selected on behalf of a family member.

**Figure 46: Identifies the person who is completing the member child survey**

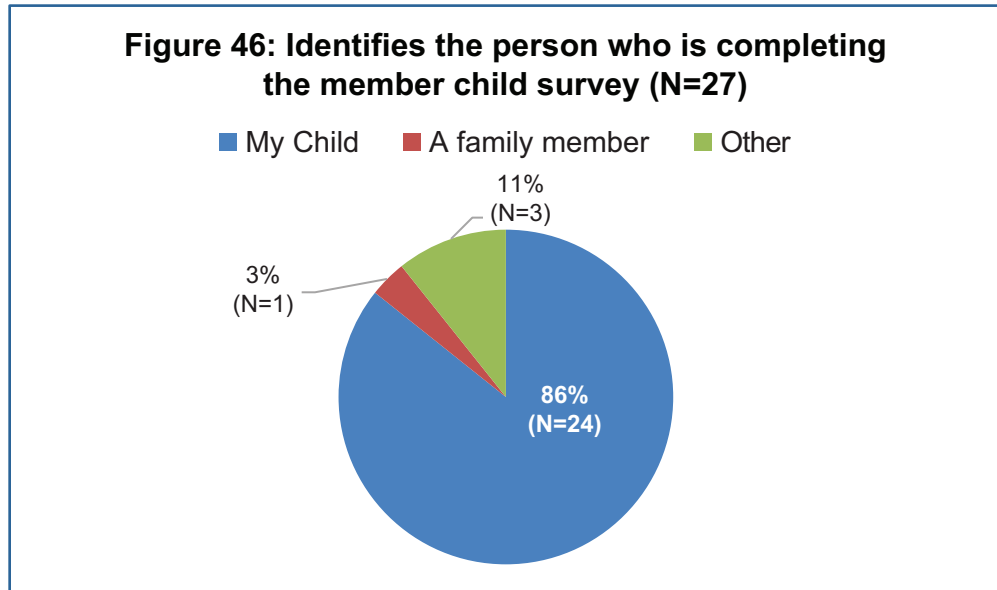


Figure 47 indicates that 74% of the respondents made an appointment within the last six months with their doctors, 22% indicated that they did not make a doctor’s appointment, and 4% responded as not applicable (N/A).

**Figure 47: In the last six months, did you make any in-person, phone, or video appointments with your child’s doctor**

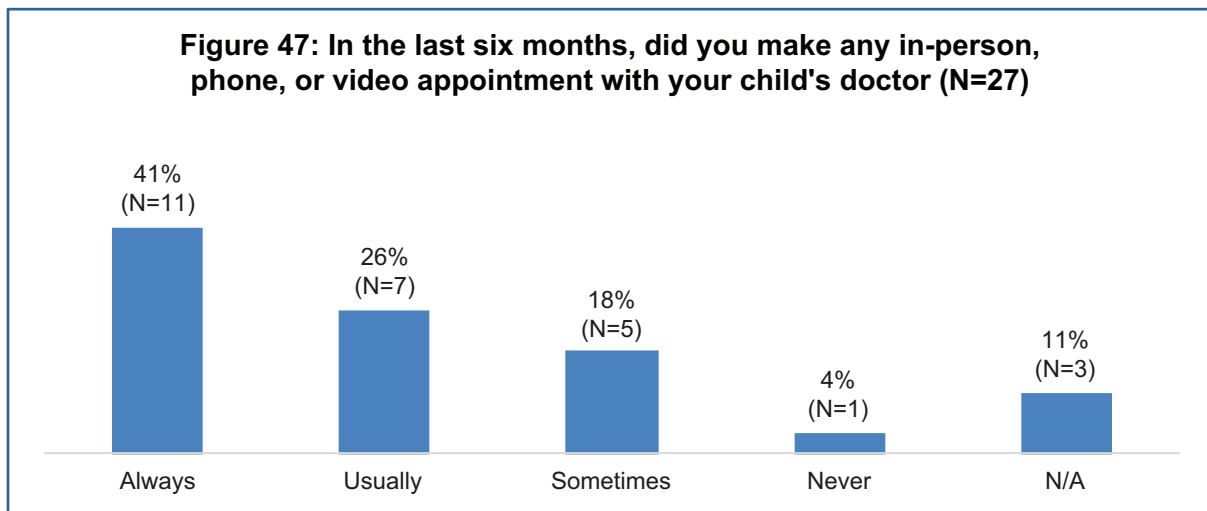




Figure 48 identifies the child member responses identifying the wait time when scheduling their next child doctor's appointments. Respondents indicated that 78% did not have to wait a long time to schedule their next child's doctor's appointment, 15% indicated that they had to wait a long time, and 7% selected as N/A.

**Figure 48: In the last six months, did you have a long wait time to schedule your child's next appointment with your child's doctor**

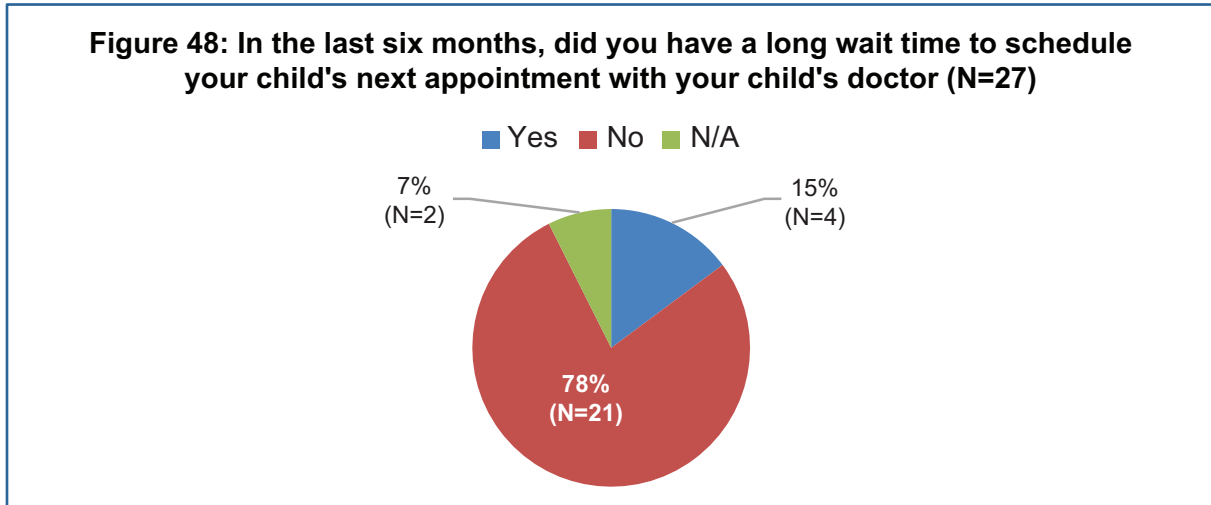
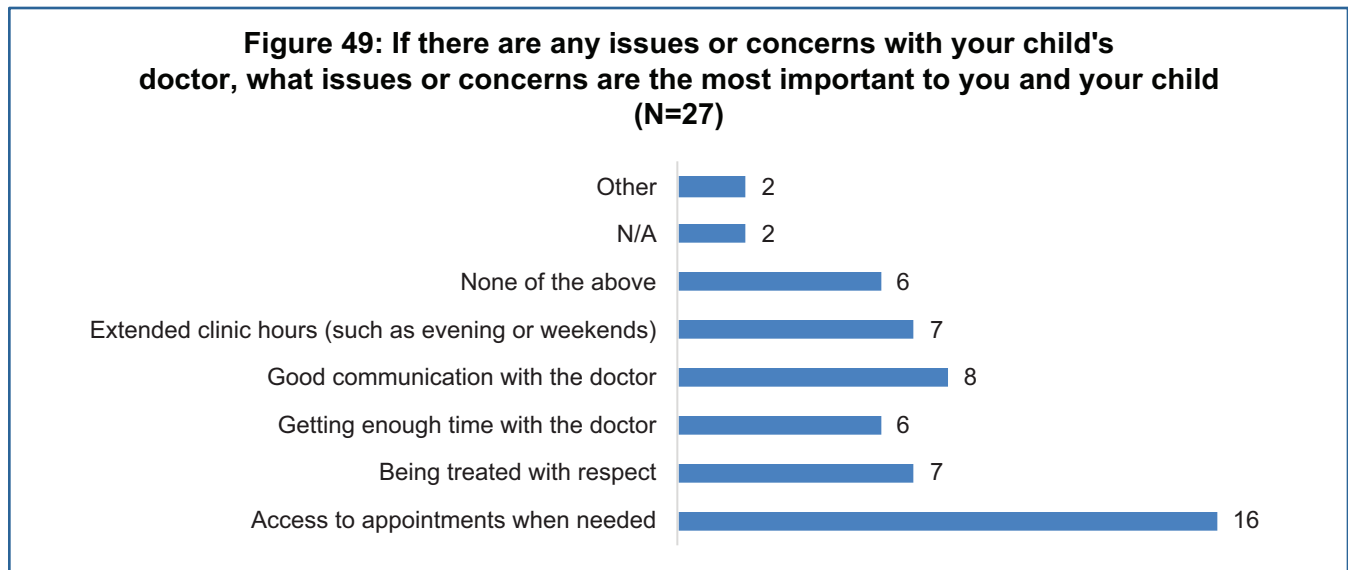


Figure 49 represents important issues or concerns with member's child doctors. The top important issues or concerns identified were: 1) access to appointments when needed; 2) good communication with the doctor; and 3) being treated with respect and having extended clinic hours (such as evening or weekends). Additionally, respondents indicated that being able to have direct contact with doctor in emergency situations is also important.

**Figure 49: If there are any issues or concerns with your child’s doctor, what issues or concerns are the most important to you and your child**



Note: Survey questions can be found in the Appendix D and Appendix F.

In addition to quantitative questions, the child member survey included an open-ended question asking to provide any information they would like GCHP to know about health concerns, health problems or ways to improve the services members are receiving.

The following summarizes the member child responses:

- Availability to scheduling doctor appointments when needed.
- Difficult to get doctor’s appointment sometimes when we need to see the doctor. Please extend the time duration of the clinic hours.
- There needs to be a better way to contact the doctor instead of trying to get nurses to send a message because nothing ever gets relayed that way. A direct message system would help. And more appointments so that the wait isn’t two months.
- The waiting time to make an appointment is always very long and they almost never answer in a reasonable time at a provider clinic.
- Doctors need to have more patience with the patients because if we ask an additional question, they will tell us to make another appointment.
- It takes too long to get an appointment with my assigned doctor.

## Educating Health Care Providers and Allied Health Care Personnel

Findings of the PNA, stakeholder community engagement survey and member surveys will be shared with CAC members, the Commission (the governing body of GCHP), providers, allied health care personnel, members, and community-based agencies. GCHP will work with various internal and external departments to share the PNA findings and work collaboratively to improve the health and wellbeing of members. Findings of the PNA will also be published in the Provider Operations Bulletin, GCHP community newsletter, and website. In addition, the PNA results will be shared with key stakeholders including key internal and external collaborative meetings:

- Ventura County Medi-Cal Managed Care Commission
- GCHP Quarterly Community Advisory Committee Meeting
- GCHP Executive Leadership Meeting
- GCHP Health Education, Cultural and Linguistic Quarterly Meeting
- GCHP Joint Operations Meeting
- GCHP Quality Improvement Committee
- GCHP Medical Advisory Committee
- GCHP UM Committee
- GCHP and CHDP Collaborative Meeting
- Ventura County Community Collaborative Meeting
- GCHP Provider Advisory Committee Meeting
- Community Outreach Partnership Meetings



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## VI. Appendices

### Appendix A - 2021 PNA: Action Plan Review and Update Table

#### Objective 1: (Asthma Medication Ratio)

By December 31, 2021, increase the percentage from 48.52% to 50.52% (2%) of members, 5-64 years of age with a diagnosis of persistent asthma, who had a  $\geq 0.50$  ratio of controller medications to total asthma medications during the measurement year. *(This objective is a continuation from the PNA 2020 Objectives.)*

**Measure:** Asthma Medication Ratio (AMR)

**Data Source:** Claims, Encounter, Pharmacy, HEDIS/MCAS MY 2020

**Progress Measure:** The percentage of the members 5-64 years of age diagnosed with persistent asthma, who had a  $\geq 0.50$  ratio of controller medications to total asthma medications increased from 48.52% to 51.22%.

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP was successful in Plan Study Do Act (PDSA) project and will continue their efforts to promote Asthma Education with follow up through Asthma member incentive in 2022. *(This objective will not be continued in 2022.)*

Strategies	Progress Discussion:
<p><b>1.</b> Train health education team on the California Breathe, Asthma Management Academy and inform providers of the training.</p>	<p><b>Asthma Management Academy (AsMA)</b>  <b>February 25, 2021:</b> Reached out to Ashley Kissinger to inquire about Asma.  <b>April 7, 2021:</b> Meet HE met with AsMA for details about the program.  <b>April 13, 2021:</b> AsMA sent template for MOU to be completed.  <b>2022:</b> AsMA will be able to provide training in 2022.</p>
<p><b>2.</b> Collaborate with Quality Improvement (QI) to identify potential members who are non-compliant with asthma medication adherence.</p>	<p><b>Asthma Plan-Do-Study Act (PDSA) #1</b>  <b>March 31, 2021:</b> QI provided list of non-compliant asthma members, who participated in Plan Do Study Act (PDSA) #1 and are now compliant and eligible for PDSA #2. A total of 126 members outreach in PDSA #2.</p> <p><b>Collaboration Ventura County Medical Center (VCMC)</b>  <b>April 21, 2021:</b> HE worked in collaboration with QI on GCHP-VCMC Asthma Outreach and Member Incentive Pilot Project.</p> <ul style="list-style-type: none"> <li>• Innovative approach to improve asthma management with both provider and member engagement. Cascade-of-care approach that used health plan/clinic coordinated intervention to promote the same message across a continuum of care: <ol style="list-style-type: none"> <li>1. Schedule an asthma exam</li> <li>2. Complete and/or update an asthma action plan, and</li> <li>3. Assess current asthma medication regimen.</li> </ol> </li> </ul> <p><b>Provider Asthma Mailer</b>  <b>August 18, 2021:</b> QI provided list of providers/clinics for Asthma Mailer to PCP providers. Provider mailer to include asthma action plan note pads and asthma member incentive.  <b>September 23, 2021:</b> Asthma Member Incentive Mailer was sent to 437 non-compliant members. Mailer included Asthma Member Incentive Form and Asthma Action Plan.  <b>October 6, 2021:</b> Asthma Provider mailer sent to 77 PCP and included: <ul style="list-style-type: none"> <li>• <b>2</b> Action Plan Note Pads</li> <li>• <b>6</b> Asthma Member Incentive forms.</li> </ul> </p>

Strategies	Progress Discussion:
<p><b>3.</b> Conduct an asthma health education outreach campaign and collaborate with QI on the Plan Do Study Act (PDSA) focusing on asthma.</p>	<p><b>Asthma Plan do Study Act (PDSA) #2</b></p> <p><b>March 15, 2021:</b> Provided PDSA outreach campaign as recommended by Department of Health Care Services (DHCS). HE to conduct outreach calls to asthma members from PDSA #1 who had an improvement in their asthma medication ratio. HE to ask members about information sent in PDSA #1 and what they did as a follow up after first outreach.</p> <p><b>March 31, 2021:</b> QI provided list of asthma members for PDSA #2 outreach with a total of 126 members.</p> <p><b>April 26, 2021:</b> QI &amp; HE finalized questionnaire for PDSA #2 Asthma Outreach.</p> <p><b>April 30, 2021:</b> HE started conducting PDSA #2 Asthma Outreach Calls.</p> <p><b>PDSA #2 Results:</b> Total member's outreached <b>126</b></p> <ul style="list-style-type: none"> <li>• Reached <b>60 (47%)</b> <ul style="list-style-type: none"> <li>» <b>43 (72%)</b> confirmed that they scheduled an asthma exam with their PCP after they were contact by the GCHP Health Navigators during PDSA #1.</li> <li>» <b>3 (7%)</b> of members who saw their PCP after the PDSA #1 outreach reported their doctor provided an updated Asthma Action Plan.</li> <li>» <b>10 (23%)</b> reported that the doctor provided asthma education.</li> </ul> </li> </ul>
<p><b>4.</b> Collaborate with Care Management (CM) Services on asthma intervention services and referrals.</p>	<p><b>Asthma Health Education Program Referrals</b></p> <p><b>January - December 2021:</b> CM provided monthly referrals to HE for members to receive asthma educational material. All members received an asthma action plan. Members who were referred to HE for health education materials were also offered to participate in the Chronic Disease Self-Management Program.</p> <p><b>MCAS Care Gap Outreach</b></p> <p><b>August - December 2021:</b> Health Education, Quality Improvement, &amp; Care Management collaborated in a MCAS Care Gap Outreach which included asthma. Member reached by telephone call and were referred to PCP to follow up on asthma medications and asthma action plan.</p>



Strategies	Progress Discussion:
	<p><b>MCAS Outcomes</b></p> <p>Total Members Outreached = <b>294</b></p> <ul style="list-style-type: none"> <li>• <b>Reached 134</b> (46%) <ul style="list-style-type: none"> <li>» 92 members provided Health Education</li> <li>» 6 members made appointments</li> </ul> </li> <li>• <b>Unable to Reach 160</b> (54%)</li> </ul>
<p><b>5.</b> Collaborate with PNO and Communications for provider education and publications.</p>	<p><b>Provider Operations Bulletin:</b></p> <p><b>June 2021:</b></p> <ul style="list-style-type: none"> <li>• Asthma Management Academy</li> </ul> <p><b>July 2021:</b></p> <ul style="list-style-type: none"> <li>• New Member Incentive Program for Members with Asthma</li> <li>• State Department of Health Care Services (DHCS) Population Needs Assessment (PNA) - Asthma</li> </ul> <p><b>October 2021</b></p> <ul style="list-style-type: none"> <li>• Help Gold Coast Health Plan Members with Asthma</li> </ul> <p><b>Provider Asthma Mailer</b></p> <p><b>October 6, 2021:</b> Asthma Provider mailer sent to 77 PCP and included:</p> <ul style="list-style-type: none"> <li>• 2 Action Plan Note Pads</li> <li>• 6 Asthma Member Incentive forms.</li> </ul>
<p><b>6.</b> Collaborate with Communications and Community Relations for member and/or community education and publications.</p>	<p><b>Community Education</b></p> <p><b>September 8, 2021:</b> Health Education met with the Ventura County Office of Education (VCOE) to discuss presenting at upcoming Health Services Standards &amp; Practices Committee (HSSPC) Meeting.</p> <p><b>November 18, 2021:</b> GCHP Health Navigator/Educator presented GCHP Health Education Resources at VCOE meeting including Asthma Action Plan.</p> <p><b>Member Education &amp; Publications</b></p> <p>Winning Health Member Newsletter</p> <ul style="list-style-type: none"> <li>• Fall 2021 Issue: <ul style="list-style-type: none"> <li>» Could it be asthma? How to spot the symptoms</li> <li>» New Incentive Program for members with asthma</li> </ul> </li> </ul>

Strategies	Progress Discussion:
<p>7. Evaluate program and provide summary findings.</p>	<p><b>AMR</b> rate increased in 2021 by 2.70%, which is a combination of multiple approaches with similar content.</p> <ol style="list-style-type: none"> <li>1. GCHP worked with two targeted populations in:             <ol style="list-style-type: none"> <li>a. PDSA Project outreaching to members 5 to 64 years of age, who are diagnosed with persistent asthma to improve their asthma medication management. Members were encouraged to see their Primary Care Provider, review asthma medications, and offered asthma education.</li> <li>b. MCAS Care Gap Outreach to members who had 3 or more care gaps including asthma. Member reached by telephone call and were referred to PCP to follow up on asthma medications and asthma action plan.</li> </ol> </li> <li>2. GCHP started a new incentive program for members with asthma. The incentive program had multiple requirements which included (1) schedule an asthma exam, (2) complete and/or update an asthma action plan, and (3) assess current asthma medication regimen.</li> <li>3. GCHP sent asthma health education materials who were referred to HE department. All members received an asthma action plan. Members who referred were also offered to participate in Chronic Disease Self-Management Program.</li> </ol>

**Objective 2: (Chlamydia Screening in Women)**

By December 31, 2021, increase percentage of CHL screenings from 52.72% to 54.72% (2%) among women, 16-24 years of age, who were identified as sexually active and/or who had at least one chlamydia screening during the measurement year to meet or exceed the DHCS MPL (50th percentile). *(This objective is a continuation from the PNA 2020 Objectives.)*

**Measure:** Chlamydia Screening in Women (CHL)

**Data Source:** Claims, Encounter, Lab, HEDIS/MCAS MY 2020

**Progress Measure:** The percentage of CHL screenings among women 16-24 increased from 52.72% to 53.48% (0.76%).

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP will continue to work on measure for CHL screenings among women. Barriers include COVID-19 Pandemic and members not being able to follow up with doctor as normal.

Strategies	Progress Discussion:
<p><b>1.</b> Provide providers/clinics with annual MY MCAS/HEDIS report rates and women's health themed MCAS rate and member gap report.</p>	<p><b>MCAS/HEDIS Rates</b>  <b>August 2021:</b> Distribution of Annual MY 2020 MCAS/HEDIS rate reported to:</p> <ul style="list-style-type: none"> <li>• Clinicas del Camino Real</li> <li>• Ventura County Medical Center</li> <li>• Dignity Health</li> <li>• Community Memorial Health System</li> <li>• Designated Independent Providers</li> </ul> <p><b>Women's Health Gap Report</b>  <b>April 23, 2021:</b> The CHL/CCS member gap report was distributed for STI/STD Awareness Month and included a health themed education cover letter. Reports sent to:</p> <ul style="list-style-type: none"> <li>• Ventura County Medical Center</li> <li>• Clinicas del Camino Real</li> <li>• Community Memorial Health System</li> </ul>
<p><b>2.</b> Provide clinics and providers with CHL health education materials for members.</p>	<p><b>Provider Memorandum</b>  <b>March 4, 2021:</b> Provider Memorandum Published - Chlamydia Screening for Women 16-24 Years of Age (included MCAS rates, best practices, &amp; resources).</p>

Strategies	Progress Discussion:
<p><b>3.</b> Engage in partnerships with external organizations and internal departments (i.e., Planned Parenthood and VCPH) to promote best practices and increase awareness.</p>	<p><b>Provider Chlamydia Survey</b>  <b>June 2021:</b> HE collaborated with QI to conduct CHL Provider Survey.  <b>July 13, 2021:</b> CHL Survey sent to providers.  <b>August 23, 2021:</b> Email to remind providers of completing CHL Survey.  <b>September 28, 2021:</b> QI gathered all CHL survey responses. GCHP received 7 survey responses from providers.</p> <p><b>MCAS Care Gap Outreach</b>  <b>August - December 2021:</b> Health Education, Quality Improvement, &amp; Care Management collaborated in a MCAS Care Gap Outreach which included Chlamydia. Member reached by telephone call and were referred to PCP to follow up on screenings. Total members outreached <b>294</b>.</p> <p><b>Women’s Health – Strengths, Weaknesses, Opportunities, &amp; Threats (SWOT)</b>  <b>October 26, 2021:</b> Women’s Health SWOT Strategy Meeting to discuss CHL intervention strategies.  <b>November 9 &amp; 15, 2021:</b> Women’s Health SWOT Strategy Meeting to continue discussion on CHL intervention strategies.</p> <p><b>Women’s Health flyer &amp; Frequently Asked Questions (FAQs)</b>  <b>August 2021:</b> HE &amp; QI drafted Women’s Health Flyer and FAQs to include CHL. Flyer &amp; FAQs in process of completion in 2022. Field test to be conducted in 2022.</p> <p><b>Collaboration with Planned Parenthood</b>  <b>October 19, 2021:</b> QI &amp; HE reached to Planned Parenthood to begin collaboration, and shared GCHP member resources.  <b>October 27, 2021:</b> GCHP QI &amp; HE met with Planned Parenthood to discuss collaboration efforts and sent educational materials and contact info to coordinate community outreach.</p>

Strategies	Progress Discussion:
<p><b>4.</b> Collaborate with PNO and Communications for provider education and publications on the importance of CHL/STI screenings.</p>	<p><b>Provider Memorandum</b>  <b>March 4, 2021:</b> Provider Memorandum Published - Chlamydia Screening for Women 16-24 Years of Age (included MCAS rates, best practices, &amp; resources).</p> <p><b>Provider Operations Bulletin</b>  <b>January 2021</b> - Chlamydia Screenings.  <b>June 2021</b> - Chlamydia Brochure Available for Members.  <b>July 2021</b> - State Department of Health Care Services (DHCS) Population Needs Assessment (includes Chlamydia, Cervical Cancer, &amp; Breast Cancer)</p>
<p><b>5.</b> Collaborate with PNO and Communications for provider education and publications.</p>	<p><b>Winning Health Member Newsletter</b>  <b>Winter 2021:</b> Get tested for Chlamydia  <b>Summer 2021:</b> Catch up on your routine health visits (Chlamydia &amp; STIs included)</p> <p><b>Collaboration with Community Relations</b>  <b>April - December 2021:</b> HE met with Community Relations monthly to discuss collaborations to promote health education resources including CHL.</p> <p><b>Gold Coast Health Plan Website</b>  <b>June 2021:</b> CHL resources updated on GCHP Website.</p>
<p><b>6.</b> Evaluate program and provide summary findings.</p>	<p><b>CHL</b> rate increased in 2021 by 0.76%, with multiple approaches both with providers and members.</p> <p><b>2021</b>  Identifying best practice resources to promote pairing women's health screenings.</p> <ol style="list-style-type: none"> <li>1. VCMC clinics have been promoting their clinic to pair age-appropriate screenings. QI will use the "Well-Woman Chart" developed by the Women's Preventive Services Initiatives (WPSI). To continue into 2022.</li> </ol> <p><b>MCAS Care Gap Outreach Outcomes</b>  Total Members Outreached = <b>294</b>  <b>Reached 134</b> (46%)</p> <ul style="list-style-type: none"> <li>• 92 members provided Health Education</li> <li>• 6 members made appointments</li> </ul> <p><b>Unable to Reach 160</b> (54%)</p>

Strategies	Progress Discussion:
	<p><b>CHL Provider Survey Outcomes</b></p> <p>Total survey Responses: 7</p> <p><b>5</b> (71%) of providers have a standard procedure for completing CHL Screening</p> <p><b>7</b> (100%) of providers offer private discussion with teens about sexual history</p> <p><b>3</b> (42%) use Electronic Medical Record alters to identify women needing CHL screening.</p> <p><b>5</b> (71%) reach out to patients who need CHL Screenings</p> <p><b>Barriers identified in CHL Provider Survey:</b></p> <p>Patient compliance</p> <p>Patient agreement</p> <p>Accurate &amp; regular receipt of gap report</p> <p>This population is less likely to see a doctor</p> <p>COVID-19 pandemic</p> <ul style="list-style-type: none"> <li>• Services stopped/put on hold</li> <li>• Trying to catch up with patients</li> </ul> <p><b>2022</b></p> <ol style="list-style-type: none"> <li>1. Schedule provider training &amp; evaluate if training increased women's health screenings.</li> <li>2. Develop cultural &amp; linguistic provider education presentation on sensitive barriers that make women avoid screenings, including educating on members being able to request female clinicians and/or female interpreters during visit.</li> <li>3. Women's Health Flyer &amp; FAQs that include CHL/STD information.</li> </ol> <p><b>Barriers include COVID-19 Pandemic surges, limited provider staff, &amp; limited in-person appointments for screenings.</b></p>

### Objective 3: (Cervical Cancer Screening) By December 31, 2021

Increase percentage of cervical cancer screenings from 56.69% to 58.69% (2%) among women, 21-64 years of age. *(This is a new objective for 2021.)*

**Measure:** Cervical Cancer Screening (CCS)

**Data Source:** Claims, Encounter, Lab, HEDIS/MCAS Measure Year (MY) 2020

**Progress Measure:** The percentage of cervical cancer screening among women, 21-64 years of age, increased from 56.69% to 59.37%

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP will continue to work on measure for cervical cancer screenings among women in combination with women's health efforts. Barriers include COVID-19 Pandemic and members not being able to follow up with doctor as normal. (This objective will not be continued in 2022.)

Strategies	Progress Discussion
<p><b>1.</b> Collaborate with QI to develop and implement a member incentive program that is culturally and linguistically appropriate.</p>	<p><b>CCS Member Incentive</b>  <b>January - December 2021:</b> QI incorporated member incentive program for CCS Screenings for 2021. GCHP members were eligible to receive a \$25 gift card from Target, Walmart, or Amazon.  <b>April 21, 2021:</b> QI delivered CCS member incentive packets to 20 high volume/low performing clings in Ventura County.  <b>September 23, 2021:</b> Mailers for CCS MI mailed to members and included CCS Flyer. Mailer sent to approximately 20k members.</p>
<p><b>2.</b> Provide clinics and providers with CCS health education materials for members.</p>	<p><b>Cervical Cancer Gap Report:</b>  April 2021: CCS member gap report with health theme education letter was distributed to:</p> <ul style="list-style-type: none"> <li>• Clinicas del Camino Real</li> <li>• Ventura County Medical Center</li> <li>• Community Memoria Health System</li> </ul>



Strategies	Progress Discussion
	<p><b>Cervical Cancer Screening Materials</b></p> <p><b>August 19, 2021:</b> CCS Flyer updated: Protect yourself from Cervical Cancer: Know the facts.</p> <p><b>August 27, 2021:</b> CCS flyer &amp; CCS MI flyer has been uploaded in the GCHP HE website.</p> <p><b>August 2021:</b> HE drafted Women’s Health Flyer. Flyer in process of completion in 2022. Field test to be conducted in 2022.</p> <p><b>September 28, 2021:</b> HE drafted Women’s Health Provider Memo. Publication in 2022.</p> <p><b>Facility Site Review</b></p> <p><b>December 1, 2021:</b> QI prepared Activities Packets for distribution to clinics by the Facility Site Review (FSR) RNs during site visits. The packets have been distributed to four clinics. The packets include:</p> <ul style="list-style-type: none"> <li>• Quick Reference Guide with information regarding site review tools, gap reports, quality improvement provider resources and links, member incentives (MI), and initial health assessment (IHA)</li> <li>• Crosswalk of the draft of the new FSR tools to be used as March 1, 2022</li> <li>• Gold Coast Health Plan (GCHP) member incentive flyer</li> <li>• Member incentive forms</li> <li>• IHA Outreach Log Instruction Sheet/Steps</li> </ul>
<p><b>3.</b> Engage in partnerships with external organizations and internal departments to promote best practices, increase awareness, and member incentives.</p>	<p><b>Collaboration with Planned Parenthood</b></p> <p><b>October 19, 2021:</b> Shared GCHP member incentive for CCS with Planned Parenthood &amp; other clinics.</p> <p><b>October 27, 2021:</b></p> <ul style="list-style-type: none"> <li>• GCHP QI &amp; HE met with Planned Parenthood to discuss collaboration efforts.</li> <li>• QI sent educational materials and contact info to coordinate community outreach.</li> </ul> <p><b>MCAS Care Gap Outreach</b></p> <p><b>August - December 2021:</b> Health Education, Quality Improvement, &amp; Care Management collaborated in a MCAS Care Gap Outreach which included Cervical Cancer Screenings. Member reached by telephone call and were referred to PCP to follow up on screenings. Total members outreached 294.</p>

Strategies	Progress Discussion
	<p><b>Women’s Health flyer &amp; Frequently Asked Questions (FAQs)</b>  <b>August 2021:</b> HE &amp; QI drafted Women’s Health Flyer and FAQs to include CCS. Flyer &amp; FAQs in process of completion in 2022. Field test to be conducted in 2022.</p> <p><b>Cervical Cancer Screenings Performance Improvement Project</b>  <b>October 1, 2021:</b> Collaborate with QI for the Health Disparity, Cervical Cancer Screening PIP.  <b>October 19, 2021:</b> Continued collaboration for CCS PIP intervention with QI and Ventura County Medical Center (VCMC). Intervention to begin in 2022.</p> <p><b>Women’s Health – Strengths, Weaknesses, Opportunities, &amp; Threats (SWOT)</b>  <b>October 26, 2021:</b> Women’s Health SWOT Strategy Meeting to discuss CCS intervention strategies.  <b>November 9 &amp; 15, 2021:</b> Women’s Health SWOT Strategy Meeting to continue discussion on CCS intervention strategies. Project to continue into 2022.</p> <p><b>Magnolia Clinic Collaboration</b>  <b>November - December 2021:</b> Magnolia Family Medical Clinic held four Saturday clinics through November and December of 2021. Prior to Magnolia implementing the Saturday clinics, they had started outreaching to members to schedule CCS.</p>
<p><b>4.</b> Collaborate with PNO and Communications for provider education and publications on the importance of CCS.</p>	<p><b>Provider Operation Bulletin</b>  <b>January 2021:</b> Health Awareness Month &amp; GCHP Cervical Cancer Screening Member Incentive.  <b>July 2021:</b> Breast and Cervical Cancer Screenings.  <b>July 2021:</b> State Department of Health Care Services (DHCS) Population Needs Assessment (includes Chlamydia, Cervical Cancer, &amp; Breast Cancer).</p>

Strategies	Progress Discussion
<p><b>5.</b> Collaborate with Communications and Community Relations for member and/or community education and publications on CCS.</p>	<p><b>Winning Health Member Newsletter:</b>  <b>Summer 2021:</b> Catch up on your routine health visits (CCS-Pap Test included).  <b>Fall 2021:</b> Keep up with your cancer screenings.</p> <p><b>Collaboration with Community Relations</b>  <b>May - December 2021:</b> HE met with Community Relations to provide updates on projects. Community Relations to help promote activities with community.  <b>May 5, 2021:</b> CCS member incentive forms were shared with Strengthening Families group with 30+ attendees including:</p> <ul style="list-style-type: none"> <li>• Parents</li> <li>• Ventura County Office of Education leadership</li> <li>• California Department of Public Health</li> <li>• Variety of community-based organization representatives.</li> </ul> <p><b>September - November 2021:</b> COVID-19 Vaccine Clinics, promoting CCS member incentives.</p> <p><b>GCHP Website</b>  <b>June 2021:</b> CCS resources updated on GCHP Website.  <b>September 2021:</b> CCS flyer updated and uploaded to GCHP Health Education Website.</p>
<p><b>6.</b> Conduct member engagement calls to women missing CCS for 2021.</p>	<p><b>Invalid Member Incentive Outreach</b>  <b>September 20, 2021:</b> Initial meeting with HE &amp; QI about conducting invalid member incentive outreach calls for cervical cancer screenings.  <b>November 8, 2021:</b> HE started conducting invalid member incentive calls to members with CCS invalid forms.</p> <ul style="list-style-type: none"> <li>• Calls made to 14 GCHP Members.</li> </ul>
<p><b>7.</b> Evaluate program and provide summary findings.</p>	<p><b>CCS</b> rate decreased in 2021 by -4.95% despite the various outreach attempts.</p> <p><b>MCAS Care Gap Outreach Results:</b>  Total Members Outreached = <b>294</b>  <b>Reached 134</b> (46%)</p> <ul style="list-style-type: none"> <li>• 92 members provided Health Education</li> <li>• 6 members made appointments</li> </ul> <p><b>Unable to Reach 160</b> (54%)</p>

Strategies	Progress Discussion																														
	<p data-bbox="646 289 1266 323"><b>Magnolia Clinic Collaboration Outcomes:</b></p> <p data-bbox="646 327 1429 403"><b>Table 1</b> below shows how many members completed exams and received \$25 member incentive gift cards.</p> <table border="1" data-bbox="646 407 1468 663"> <thead> <tr> <th data-bbox="646 407 1057 449">Date of Saturday Pap Clinic</th> <th data-bbox="1057 407 1468 449">Members</th> </tr> </thead> <tbody> <tr> <td data-bbox="646 449 1057 491">November 20, 2021</td> <td data-bbox="1057 449 1468 491">20</td> </tr> <tr> <td data-bbox="646 491 1057 533">December 4, 2021</td> <td data-bbox="1057 491 1468 533">12</td> </tr> <tr> <td data-bbox="646 533 1057 575">December 11, 2021</td> <td data-bbox="1057 533 1468 575">16</td> </tr> <tr> <td data-bbox="646 575 1057 617">December 18, 2021</td> <td data-bbox="1057 575 1468 617">20</td> </tr> <tr> <td data-bbox="646 617 1057 659">Total</td> <td data-bbox="1057 617 1468 659">68</td> </tr> </tbody> </table> <p data-bbox="646 705 1409 819"><b>Table 2</b> below shows the combined outreach totals for the Saturday clinics and this prior effort as well as the combined scheduled and completed exams for these two efforts.</p> <table border="1" data-bbox="646 823 1468 1037"> <thead> <tr> <th data-bbox="646 823 1057 865">Outreach</th> <th data-bbox="1057 823 1468 865">Members</th> </tr> </thead> <tbody> <tr> <td data-bbox="646 865 1057 907">Initial Call List</td> <td data-bbox="1057 865 1468 907">1473</td> </tr> <tr> <td data-bbox="646 907 1057 949">Successfully Outreached</td> <td data-bbox="1057 907 1468 949">1367</td> </tr> <tr> <td data-bbox="646 949 1057 991">Scheduled</td> <td data-bbox="1057 949 1468 991">323</td> </tr> <tr> <td data-bbox="646 991 1057 1033">Completed Exams</td> <td data-bbox="1057 991 1468 1033">178</td> </tr> </tbody> </table> <p data-bbox="646 1079 1286 1113"><b>Table 3</b> evaluates the success of this intervention.</p> <table border="1" data-bbox="646 1117 1468 1507"> <thead> <tr> <th data-bbox="646 1117 1057 1159">Metric</th> <th data-bbox="1057 1117 1468 1159">Results</th> </tr> </thead> <tbody> <tr> <td data-bbox="646 1159 1057 1272">Percentage of patients outreached and scheduled an appointment</td> <td data-bbox="1057 1159 1468 1272">16.97%</td> </tr> <tr> <td data-bbox="646 1272 1057 1386">Percentage of patients outreached who completed the exam</td> <td data-bbox="1057 1272 1468 1386">13.02%</td> </tr> <tr> <td data-bbox="646 1386 1057 1499">Percentage of patients who scheduled an exam and completed the exam</td> <td data-bbox="1057 1386 1468 1499">55.11%</td> </tr> </tbody> </table> <p data-bbox="646 1549 1075 1583"><b>Magnolia Outreach Barriers:</b></p> <p data-bbox="646 1587 1373 1701">Clinic staff not all bilingual, found they needed Spanish interpreters to communicate with many members on the outreach lists.</p> <p data-bbox="646 1747 1442 1860">Magnolia Clinic experienced a high volume of no-shows on the day of the clinics. As a result, they would make their reminder phone calls the day before and double book patients.</p>	Date of Saturday Pap Clinic	Members	November 20, 2021	20	December 4, 2021	12	December 11, 2021	16	December 18, 2021	20	Total	68	Outreach	Members	Initial Call List	1473	Successfully Outreached	1367	Scheduled	323	Completed Exams	178	Metric	Results	Percentage of patients outreached and scheduled an appointment	16.97%	Percentage of patients outreached who completed the exam	13.02%	Percentage of patients who scheduled an exam and completed the exam	55.11%
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Strategies	Progress Discussion
	<p><b>CCS Invalid Member Incentive Outreach Outcomes</b></p> <p>Total Outreached: <b>14</b>  Reached = <b>6</b> (42%)  Appointments Scheduled = <b>1</b> (7%)</p> <p><b>Barriers for CCS Invalid Member Incentive</b></p> <p>Members no answering phones  Unable to leave message</p> <ul style="list-style-type: none"> <li>• No voice mail available</li> <li>• Voicemail not set up</li> <li>• Mailbox full</li> </ul> <p>Members wanting form to be resent (unable to download or print)  Member did not understand English or Spanish (primary language other)</p> <ul style="list-style-type: none"> <li>• Primary language not noted on MHK or Outreach file.</li> <li>• Member did not understand English but when asked if they preferred another language, they replied with no</li> <li>• Member had screenings in a different country.</li> <li>• The phone number on file was of husband, or member wanted husband to speak on their behalf.</li> </ul> <p><b>Best Practices</b></p> <p><b>2021:</b> Identifying best practice resource to promote pairing women’s health screenings.</p> <ul style="list-style-type: none"> <li>• VCMC clinics have been promoting their clinic to pair age-appropriate screenings. QI will use the “Well-Woman Chart” developed by the Women’s Preventive Services Initiatives (WPSI). To continue into 2022.</li> </ul> <p><b>2022:</b> Schedule provider trainings &amp; evaluate if training increased women’s health screenings.</p> <p><b>Barriers include COVID-19 Pandemic surges, limited provider staff, &amp; limited in-person appointments for screenings.</b></p>

**Objective 4: (Breast Cancer Screening) By December 31, 2021**

Increase percentage of breast cancer screening from 57.29% to 59.29% (2%) among women 50-74 years of age. (This is a new objective for 2021.)

**Measure:** Breast Cancer Screening (BCS)

**Data Source:** Claims, Encounter, Lab, HEDIS/MCAS MY 2020

**Progress Measure:** The percentage of breast cancer screenings among women 50-74 years of age decreased from 57.29% to 52.78 %.

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP will continue to work on measure for breast cancer screenings among women. Barriers include COVID-19 Pandemic and members not being able to follow up with doctor as normal. (This objective will continue in 2022.)

Strategies	Progress Discussion:
<p>1. HECL and QI will collaborate to provide breast cancer screening activities.</p>	<p><b>Best Practices</b></p> <p><b>2021:</b> Identifying best practice resource to promote pairing women's health screenings.</p> <ul style="list-style-type: none"> <li>• VCMC clinics have been promoting their clinic to pair age-appropriate screenings. QI will use the "Well-Woman Chart" developed by the Women's Preventive Services Initiatives (WPSI). To continue into 2022.</li> </ul> <p><b>2022:</b> Schedule provider trainings &amp; evaluate if training increased women's health screenings.</p> <p><b>MCAS Care Gap Outreach</b></p> <p><b>August - December 2021:</b> Health Education, Quality Improvement, &amp; Care Management collaborated in a MCAS Care Gap Outreach which included Cervical Cancer Screenings. Member reached by telephone call and were referred to PCP to follow up on screenings. Total members outreached 294.</p> <p><b>HE &amp; QI Collaboration</b></p> <p><b>October 11, 2021:</b> QI &amp; HE meet to discuss BSC interventions.</p>

Strategies	Progress Discussion:
	<p><b>Women’s Health – Strengths, Weaknesses, Opportunities, &amp; Threats (SWOT)</b>  <b>October 26, 2021:</b> Women’s Health SWOT Strategy Meeting to discuss BSC intervention strategies.  <b>November 9 &amp; 15, 2021:</b> Women’s Health SWOT Strategy Meeting to continue discussion on BSC intervention strategies.</p>
<p><b>2.</b> Provide clinics and providers with BCS health education materials for members.</p>	<p><b>Mammograms Imaging Centers</b>  <b>August 27, 2021:</b> Imaging Centers for Mammograms were uploaded to GCHP HE Webpage.</p> <p><b>Women’s Health flyer &amp; Frequently Asked Questions (FAQs)</b>  <b>August 2021:</b> HE &amp; QI drafted Women’s Health Flyer and FAQs to include BCS. Flyer &amp; FAQs in process of completion in 2022. Field test to be conducted in 2022.</p> <p><b>Provider Memorandum</b>  <b>September 28, 2021:</b> HE drafted Women’s Health Provider Memo. Publication in 2022.</p>
<p><b>3.</b> Engage in partnerships with external organizations and internal departments to promote best practices, increase awareness, and member incentives.</p>	<p><b>Collaboration Ventura County Medical Center</b>  <b>October 11, 2021:</b> QI &amp; HE Ventura County Medical Centers to discuss BSC interventions.  <b>November 4, 2021:</b> VCMC &amp; GCHP to co-brand mammogram post card.</p> <ul style="list-style-type: none"> <li>• VCMC to generate outreach list.</li> <li>• Intervention to continue 2022</li> </ul> <p><b>Collaboration Planned Parenthood</b>  <b>October 19, 2021:</b> QI &amp; HE reached out to Planned Parenthood to begin collaboration and shared GCHP resources.  <b>October 27, 2021:</b> GCHP QI &amp; HE met with Planned Parenthood to discuss collaboration efforts.</p> <ul style="list-style-type: none"> <li>• Sent educational materials and contact info to coordinate community outreach.</li> </ul>
<p><b>4.</b> Collaborate with PNO and the department of Communications for provider education and publications on the importance of BCS.</p>	<p><b>Provider Operation Bulletin</b>  <b>July 2021:</b> Breast and Cervical Cancer Screenings &amp; State Department of Health Care Services (DHCS) Population Needs Assessment (includes Chlamydia, Cervical Cancer, &amp; Breast Cancer).  <b>September 29, 2021:</b> HE &amp; QI collaborated on Breast Cancer Awareness Month &amp; National Mammography Day article.</p>



Strategies	Progress Discussion:
	<p><b>Women’s Health Provider Memorandum</b>  <b>December 9, 2021:</b> HE started drafting provider memorandum on women’s health issues which includes BSC. Publication in 2022.</p>
<p><b>5.</b> Collaborate with Communications and Community Relations for member and/or community education and publications on BCS.</p>	<p><b>Winning Health Member Newsletter</b>  <b>Summer 2021:</b> Catch up on your routine health visits (Mammogram).  <b>Fall 2021:</b> Keep up with your cancer screenings.</p> <p><b>Collaboration with Community Relations</b>  <b>May - December 2021:</b> HE met with Community Relations to provide updates on projects. Community Relations to help promote activities with community.</p> <p><b>Gold Coast Health Plan Website</b>  <b>September 2021:</b> Mammogram Clinic flyer updated and uploaded to GCHP Health Education Website.</p>
<p><b>6.</b> Evaluate program and provide summary findings.</p>	<p>The BCS rate decreased by 4.51% despite the various outreach attempts.</p> <p><b>MCAS Care Gap Outreach Results</b>  Total Members Outreached = <b>294</b>  <b>Reached 134</b> (46%)</p> <ul style="list-style-type: none"> <li>• 92 members provided Health Education</li> <li>• 6 members made appointments</li> </ul> <p><b>Unable to Reach 160</b> (54%)</p> <p><b>2022</b>  Women’s Heath Flyer (including BCS)  Women’s Health FAQs  Collaboration with VCMC</p> <p><b>Barriers include COVID-19 Pandemic surges, limited provider staff, &amp; limited in-person appointments for screenings.</b></p>

**Objective 5: (Controlling for Hypertension)**

By December 31, 2021, implement a hypertension education program for members with hypertension to increase the percentage of members, 18-85 years of age with controlled blood pressure (<140/90 mm Hg), from 54.26% to 56.26% (2%). *(This is a new objective for 2021.)*

**Measure:** Controlling Blood Pressure (CBP)

**Data Source:** 2020 Claims, Encounter and HEDIS/MCAS MY 2020

**Progress Measure:** The percentage of members 18-85 years of age with controlled blood pressure increased from 54.26% to 55.96%.

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP will continue to work on measure for controlled blood pressure. Barriers include COVID-19 Pandemic and members not being able to follow up with doctor as normal.

Strategies	Progress Discussion:
<p><b>1.</b> Collaborate with QI and Health Services Departments to develop and implement member incentive program to increase screening among those members with poor control of hypertension.</p>	<p><b>MCAS Care Gap Outreach</b>  <b>August - December 2021:</b> Health Education, Quality Improvement, &amp; Care Management (under Health Services) collaborated in a MCAS Care Gap Outreach which included hypertension. Member outreached by telephone. Those who were reached were referred to PCP to obtain blood pressure cuff to check blood pressure at home and offered health education materials.</p> <p><b>MCAS Care Gap Outreach Meetings:</b></p> <ul style="list-style-type: none"> <li>• August 23, 2021</li> <li>• September 15, 2021</li> <li>• October 4 &amp; 15, 2021</li> </ul> <p><b>Total members outreached 294</b></p>
<p><b>2.</b> Promote the Chronic Disease Self-Management Program (CDSMP) among members to control high blood pressure. The CDSMP is an evidence-based program to increase education and strategies to promoting healthy lifestyle.</p>	<p><b>Chronic Disease Self-Management Program (CDSMP)</b>  <b>January - December 2021:</b> HE conducted a total of 26 CDSMP telephonic and virtual Workshops.</p> <ul style="list-style-type: none"> <li>• 10 English Telephonic</li> <li>• 9 Spanish Telephonic</li> <li>• 4 English Virtual</li> <li>• 3 Spanish Virtual</li> </ul>

Strategies	Progress Discussion:
	<p><b>Outreach for CDSMP Workshops</b></p> <p><b>January - December 2021:</b> Health Navigators reached out to member who had been referred to receive health education materials.</p> <p><b>June 29, 2021:</b> HE submitted a request to Decision Support Services (DSS) to provide a list of GCHP Members with HTN.</p> <p><b>June 29, 2021:</b> DSS provided list of 6,649 GCHP Members in 2020 with HTN.</p> <p><b>July 2021:</b> HN started conducting outreach to members with HTN.</p> <p><b>CDSMP Workshop Materials</b></p> <p>Members who enrolled and participated in class were mailed the following CDSMP educational materials:</p> <ul style="list-style-type: none"> <li>• Living a Healthy Life with Chronic Conditions</li> <li>• Your Tool Kit for Active Living with Chronic Conditions</li> <li>• Relaxion CD</li> <li>• Exercise CD</li> </ul> <p><b>CDSMP Member Incentives</b></p> <p>Members who enrolled and completed a certain number of classes received the following incentives:</p> <ul style="list-style-type: none"> <li>• After 2 sessions: Fillable water bottle</li> <li>• After 4 sessions: backpack</li> <li>• After 6 sessions: Lunch bag</li> </ul>
<p><b>3.</b> Engage in partnerships with internal departments and external organizations to promote health education on management of hypertension.</p>	<p><b>Chronic Conditions Meetings for Hypertension</b></p> <p><b>August - December 2021:</b> Health Education &amp; Quality Improvement met twice monthly to discuss and implement HTN activities and interventions.</p> <p><b>Hypertension Flyer</b></p> <p><b>August - December 2021:</b> QI &amp; HE collaborated in creating a Hypertension flyer named, “My Blood Pressure Check Up.”</p> <p><b>October 28, 2021:</b> HTN flyer content sent to Communications Department for design.</p> <p><b>December 28, 2021:</b> Flyer sent for translation into Spanish.</p> <p><b>2022</b></p> <p>Finalization of HTN to be completed in 2022, after conducting field testing on flyer content.</p>

Strategies	Progress Discussion:
<p>4. Collaborate with PNO and Communications for provider education and publications on hypertension care.</p>	<p><b>Provider Operations Bulletin</b>  <b>January 2021:</b> Managed Care Accountability Set (MCAS) 2020 Performance: Data Collection Efforts (including Controlling High Blood Pressure).  <b>July 2021:</b></p> <ul style="list-style-type: none"> <li>• Managed Care Accountability Set (MCAS) 2020 Performance</li> <li>• Health Education: State Department of Health Care Services (DHCS) Population Needs Assessment (PNA)</li> <li>• Hypertension</li> </ul> <p><b>November 2021:</b> Blood Pressure Cuffs: A Gold Coast Health Plan (GCHP) Covered Benefit.</p>
<p>5. Collaborate with Communications and Community Relations for member and/or community education and publications on the importance of hypertension care.</p>	<p><b>Winning Health Member Newsletter</b>  <b>Winter 2021:</b> High Blood Pressure: Must-Known Facts</p>
<p>6. Evaluate the program and prepare a summary report.</p>	<p>The HTN rate decreased by 36.92% despite the various outreach attempts.</p> <p><b>MCAS Results</b>  Total Members Outreached = <b>294</b>  <b>Reached 134</b> (46%)</p> <ul style="list-style-type: none"> <li>• 92 members provided Health Education</li> <li>• 6 members made appointments</li> </ul> <p><b>Unable to Reach 160</b> (54%)</p> <p><b>HTN Flyer</b>  <b>2021:</b></p> <ul style="list-style-type: none"> <li>• Flyer created</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>• Field Testing</li> <li>• Flyer to be posted on GCHP HE Webpage</li> <li>• Flyer will be mailed to member with HTN</li> </ul> <p><b>Barriers include COVID-19 Pandemic surges, limited provider staff, &amp; limited in-person appointments for screenings.</b></p>

**Objective 6: (Health Disparity – Diabetes Education Program)**

By December 31, 2021, implement a diabetes education program for GCHP Hispanic member living in the Oxnard, Port Hueneme, Santa Paula, and Fillmore areas with diabetes and decrease the percentage from 40.88% to 38.88% (2%) of members diagnosed with poor control HbA1c (>9.0). *(This objective is a continuation from the 2020 PNA objectives, with an additional two cities added for the 2021 PNA objective.)*

**Measure:** Comprehensive Diabetes Care – Poor Control HbA1c (>9.0)

**Data Source:** 2020 Claims, Encounter, Health Disparity Report

**Progress Measure:** The percentage of Hispanic members living in Oxnard, Port Hueneme, Santa Paula, and Fillmore with poor control HbA1c decreased from 40.88% to 38.93%

**Data source:** HEDIS/MCAS

**Progress Toward Objective:** GCHP will continue to work on measure for poor control HbA1c in combination with other chronic conditions. Barriers include COVID-19 Pandemic and members not being able to follow up with doctor as normal. *(This objective will not be continued in 2022.)*

Strategies	Progress Discussion:
<p><b>1.</b> To develop and implement a diabetes education outreach program among Latino members living in high-risk areas and enroll members into the CDSMP.</p>	<p><b>Health Education Referrals</b> Members referred to HE dept monthly by <b>CM and self-referrals</b>.</p> <p>HE materials mailed to members include:</p> <ul style="list-style-type: none"> <li>• About Diabetes</li> <li>• Diabetes Meal Planning</li> <li>• Diet and Exercise Tips for Diabetes</li> <li>• Living with Diabetes</li> <li>• My Diabetes Exam Record</li> </ul>
<p><b>2.</b> Conduct health education classes, telehealth, or online program for members identified in the program.</p>	<p><b>Chronic Disease Self-Management Program (CDSMP)</b> <b>January - December 2021:</b> HE conducted a total of 26 CDSMP telephonic and virtual Workshops.</p> <ul style="list-style-type: none"> <li>• 10 English Telephonic</li> <li>• 9 Spanish Telephonic</li> <li>• 4 English Virtual</li> <li>• 3 Spanish Virtual</li> </ul>

Strategies	Progress Discussion:
	<p><b>Outreach for CDSMP Workshops</b>  <b>January - December 2021:</b> Health Navigators reached out to:</p> <ul style="list-style-type: none"> <li>• Members who had been referred to receive health education materials.</li> <li>• Members from diabetes data list 2020 from Decision Support Services.</li> </ul> <p><b>CDSMP Workshop Materials</b>  Members who enrolled and participated in class were mailed the following CDSMP educational materials:</p> <ul style="list-style-type: none"> <li>• Living a Healthy Life with Chronic Conditions</li> <li>• Your Tool Kit for Active Living with Chronic Conditions</li> <li>• Relaxion CD</li> <li>• Exercise CD</li> </ul> <p><b>CDSMP Member Incentives</b>  Members who enrolled and completed a certain number of classes received the following incentives:</p> <ul style="list-style-type: none"> <li>• After 2 sessions: Fillable water bottle</li> <li>• After 4 sessions: backpack</li> <li>• After 6 sessions: Lunch bag</li> </ul>
<p><b>3.</b> Engage in partnerships with internal departments and external organizations to promote health education on management of diabetes care.</p>	<p><b>November Diabetes Awareness Month</b>  <b>August - September 2021:</b> HE &amp; QI collaborated in updating the “November Diabetes Awareness Month” flyer to include COVID-19 Vaccine information and update the helpful tips on flyer.  <b>September 15, 2021:</b> QI &amp; HE collaborated in mailing a “November Diabetes Awareness Month” flyer to member with diabetes.  <b>October 25, 2021:</b> “November Diabetes Awareness Month” flyer mailed out to 6,529 members with Diabetes.</p> <p><b>Chronic Conditions Meeting for Diabetes</b>  <b>August - December 2021:</b> Health Education &amp; Quality Improvement met twice monthly to discuss and implement diabetes activities and interventions.</p>

Strategies	Progress Discussion:
	<p><b>Plan, Do, Study, Act (PDSA)</b></p> <p><b>September - December 2021:</b> HE &amp; QI collaborated in a PDSA project which focused on providing Chronic Disease Self-Management Program (CDSMP) to a target population of English and Non-English-speaking Hispanics/Latinos between 20-39 years of age living in Oxnard, Port Hueneme, and Point Mugu.</p> <p><b>November 2021:</b> GCHP Members who participated in workshop received CDSMP Class materials and a Diabetes Meal Planning Handbook.</p> <p><b>December 2021:</b> Members who completed 5 or more class sessions were given a \$25 gift card to Walmart, Target, or Amazon.</p>
<p><b>4.</b> Collaborate with QI, PNO, and Communications on provider education and publications on diabetes prevention.</p>	<p><b>Provider Operation Bulletin (POB)</b></p> <p><b>January 2020:</b> My Plate 2020-2025 Dietary Guidelines</p> <p><b>June 2021:</b> Resources to Increase Physical Activity Among Youth</p> <p><b>July 2021:</b> Diabetes (November Diabetes Awareness Month &amp; Diabetes Exam Flyer)</p>
<p><b>5.</b> Collaborate with Communications and Community Relations for member and/or community education and publications on the importance of diabetes care.</p>	<p><b>Member Newsletter</b></p> <p>Winter 2021: Diabetes and Pre-Diabetes: What to know Article</p> <p><b>Community Relations (CR)</b></p> <p><b>January - December 2021:</b> HE collaborated with CR to promote health education flyers and programs including the Diabetes Flyer and CDSMP.</p> <p><b>August 23, 2021:</b> Diabetes and CDSMP Flyer were shared with Clinicas Del Camino Real.</p> <p><b>September - October 2021:</b> Diabetes flyer distributed during COVID-19 Vaccine Outreach events.</p>



Strategies	Progress Discussion:
<p>6. Evaluate the program and prepare a summary report.</p>	<p>Diabetes increased by 2.43% despite the various outreach attempts.</p> <p><b>PDSA Results</b></p> <p>5 Workshops</p> <ul style="list-style-type: none"> <li>• 1 English Telephonic</li> <li>• 1 English Virtual</li> <li>• 2 Spanish Telephonic</li> <li>• 1 Spanish Virtual</li> </ul> <p>Total members outreached = 206  Total members enrolled = 31 (15%)</p> <ul style="list-style-type: none"> <li>• 9 completed workshop (30%)</li> </ul> <p><b>Barriers include COVID-19 Pandemic surges, limited provider staff, &amp; limited in-person appointments for screenings.</b></p>

**Objective 7: (Cultural Competency Awareness Campaign)**

Implement a provider cultural competency training and increase awareness by 2%. (This objective is a continuation from the PNA 2020 objectives.)

**Measure:** Cultural Competency

**Data Source:** CAHPS 2019, Provider Satisfaction Survey and GCHP 2021 Community Stakeholder Survey

**Progress Measure:** The number of providers who reported completing a cultural competency training increased by 7 PCPs in the 2021.

**Data source:** CAHPS 2019, Provider Satisfaction Survey, GCHP 2021 Community Stakeholder Survey, GCHP Cultural Competency Attestation Form, and GCHP Provider Trainings.

**Progress Toward Objective:** GCHP will continue to implement provider cultural competency trainings with network providers and subcontractors. (This objective will not be continued in 2022.)

Strategies	Progress Discussion:
<p><b>1.</b> Collaborate with PNO to implement awareness campaign on provider cultural competency trainings.</p>	<p><b>Collaboration with Provider Network Operations (PNO)</b> Health Education, Cultural and Linguistic Services (HECL) Department collaborated with Provider Network Operations (PNO) on promoting the following language assistance services and cultural competency activities:</p> <p><b>Provider Trainings/Presentations</b> <b>January 22, 2021:</b> Ambulatory Care Quality Assurance (ACQA) <b>October 12, 2021:</b> Clinicas del Camino Real, Inc.</p> <p><b>Joint Operations Meetings</b> <b>Beacon Health Options</b></p> <ul style="list-style-type: none"> <li>• February 23, 2021</li> <li>• April 9, 2021</li> <li>• April 16, 2021</li> </ul> <p><b>Ventura Transit System</b></p> <ul style="list-style-type: none"> <li>• February 25, 2021</li> <li>• August 26, 2021</li> </ul> <p><b>GCHP Employees Education</b> <b>October 20, 2021:</b> Health Literacy Month – Office email release</p>

Strategies	Progress Discussion:
<p><b>2.</b> Implement request for completion of attestation form for completed cultural competency trainings.</p>	<p><b>Cultural Competency Trainings</b></p> <p><b>July 2020:</b> GCHP implemented five online cultural competency training modules for providers and staff to increase awareness when working with vulnerable populations and the diverse health care needs of our membership.</p> <ul style="list-style-type: none"> <li>• Module 1: Language Assistance Services</li> <li>• Module 2: Seniors and Persons with Disabilities (SPD) (Currently not available. APL 11-010 retired)</li> <li>• Module 3: Cultural Competency and Patient Engagement</li> <li>• Module 4: Gender Identity and Transgender Health Care</li> <li>• Module 5: Additional Training Resources</li> </ul> <p><b>March 18, 2021:</b> GCHP developed a cultural competency training acknowledgment form. Providers are asked to complete and return form upon completion of the online training modules.</p>
<p><b>3.</b> Engage in partnerships with internal departments and external organizations to conduct cultural competency trainings to providers/staff.</p>	<p><b>Collaborations for Cultural Competency Trainings</b></p> <p>HECL Department hold the following internal partnership/collaborative meetings to review and discuss provider/staff cultural competency trainings.</p> <p><b>Health Education, Cultural Linguistics</b></p> <ul style="list-style-type: none"> <li>• Internal check-in meetings with HECL staff as needed</li> <li>• Ongoing HECL Collaborative meetings</li> </ul> <p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• August 25, 2021</li> <li>• October 20, 2021</li> </ul> <p><b>2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Workgroup</b></p> <ul style="list-style-type: none"> <li>• October 20, 2021 (kick-off meeting)</li> <li>• November 17, 2021</li> <li>• December 15, 2021</li> </ul> <p><b>Member Satisfaction Surveys</b></p> <p><b>July 2021:</b> HECL Department started conducting cultural and linguistic (C&amp;L) member satisfaction surveys. The surveys were conducted to random members who receive a sign-language or in-person interpreting services.</p> <ul style="list-style-type: none"> <li>• Members who received sign-language interpreting services (American Sign Language – ASL) were surveyed via mail</li> <li>• Members who received an in-person interpreter were surveyed via phone.</li> </ul>

Strategies	Progress Discussion:
	<p><b>July 1 &amp; 9, 2021:</b> Member Satisfaction Survey Planning Meetings.</p> <p><b>July 13, 2021:</b> Started outbound member satisfaction calls.</p> <p><b>July 16, 2021:</b> Member Satisfaction Survey meeting.</p> <p><b>July 19, 2021:</b> Created cover letter for ASL Member Satisfaction Survey mailings.</p> <p><b>July 29 &amp; August 4, 2021:</b> Mailed surveys to ASL members.</p> <p><b>Provider Satisfaction Surveys</b></p> <p><b>July 2021:</b> HECL Department began conducting C&amp;L provider satisfaction surveys. The surveys were conducted to providers who requested sign-language or in-person interpreting services. Providers were surveyed via phone.</p> <p><b>July 1, 9, &amp; 16, 2021:</b> Provider Satisfaction Survey Planning Meetings.</p> <p><b>November 8-16, 2021:</b> Outbound calls were conducted for Provider Satisfaction Surveys.</p>
<p><b>4.</b> Collaborate with PNO and Communications for provider education and publications on Provider Competency Trainings and language access services.</p>	<p><b>Provider Operations Bulletins</b></p> <p><b>Q1 2021:</b></p> <ul style="list-style-type: none"> <li>• Access to Care: Telehealth and Member Engagement (C&amp;L and QI) <ul style="list-style-type: none"> <li>» Design High Quality Telehealth Care</li> <li>» Engage Patients to Attend Appointments</li> <li>» Engage Patients during Telehealth Visits</li> <li>» Additional Resources</li> </ul> </li> <li>• Cultural and Linguistic Services – Cultural Competency Trainings <ul style="list-style-type: none"> <li>» Gender Identity and Transgender Health Care</li> <li>» Addressing Health Disparities in the LGBTQ+ Community.</li> <li>» Cultural Competency Acknowledgment Form.</li> <li>» Friendly Reminders: Timely Access to Care</li> <li>» Bilingual Fluency Assessment</li> </ul> </li> </ul> <p><b>Q2 2021:</b></p> <ul style="list-style-type: none"> <li>• Telehealth: The Importance of Interpreting Services</li> <li>• Behavioral Health Services – Caring through COVID-19</li> </ul>

Strategies	Progress Discussion:
	<p><b>Q3 2021:</b></p> <ul style="list-style-type: none"> <li>• COVID-19 Vaccine: Addressing Vaccine Hesitancy (C&amp;L and QI) <ul style="list-style-type: none"> <li>» Educate</li> <li>» Collaborate</li> <li>» Strategies to Reinforce Confidence in COVID-19 Vaccines</li> </ul> </li> <li>• Cultural and Linguistic Services <ul style="list-style-type: none"> <li>» Addressing Health Disparities in the LGBTQ+ Community – Free Webinars</li> <li>» Gender Identity and Transgender Health Care</li> <li>» Addressing Health Disparities in the LGBTQ+ Community</li> <li>» Cultural Competency Training Acknowledgment Form</li> </ul> </li> </ul> <p><b>Q4 2021:</b></p> <ul style="list-style-type: none"> <li>• 2021 PNA Update</li> <li>• Cultural Competency Training and Resources</li> <li>• Reminder - Cultural Competency Training Acknowledgment Form</li> </ul>
<p><b>5.</b> Collaborate with Communications and PNO on publications on the importance of cultural competency training and language access services.</p>	<p><b>Building Community Newsletter</b> Cultural and Linguistics partnered with Communications and Community Relations to provide articles and information of cultural competency through health equity and asking the community to provide feedback on PNA Community Stakeholder Survey.</p> <p><b>May 2021:</b></p> <ul style="list-style-type: none"> <li>• Health Equity Initiative in Ventura County</li> <li>• Community Stakeholder Survey</li> </ul> <p><b>Winning Health Newsletter</b> Cultural and Linguistics provided language assistance services articles in GCHP member newsletters to informing members of services.</p> <p><b>Winter 2021:</b></p> <ul style="list-style-type: none"> <li>• Language Assistance &amp; Nondiscrimination Notice and Taglines</li> </ul> <p><b>Summer 2021:</b></p> <ul style="list-style-type: none"> <li>• Nondiscrimination Notice and Taglines</li> </ul> <p><b>Fall 2021:</b></p> <ul style="list-style-type: none"> <li>• Nondiscrimination Notice and Taglines</li> </ul>

Strategies	Progress Discussion:
<p><b>6.</b> Evaluate the program and prepare a summary report.</p>	<p>Cultural competency awareness increased by 7% with the adoption of online training modules and development of a cultural competency training acknowledgment form.</p> <p>The awareness of cultural competency provider trainings increased from 2020 to 2021. In 2020, HECL received a total of 8 completed cultural competency training attestation forms, and in 2021, HECL received a total of 41 completed provider cultural competency attestation forms.</p> <p><b>Member Satisfaction Surveys Outcomes</b> 28 unique members in total</p> <p><b>In-person Interpreting (telephonic approach)</b> 8 members completed survey</p> <ul style="list-style-type: none"> <li>• 3 UTR</li> <li>• 1 opt out</li> <li>• 1 preferred mailer but survey was not returned</li> <li>• 1 was not surveyed because appointment was cancelled</li> </ul> <p><b>ASL In-Person Interpreting (mailer approach)</b> 14 surveys were sent to member's homes</p> <ul style="list-style-type: none"> <li>• 0 surveys were returned</li> </ul> <p><b>Provider Satisfaction Survey Outcomes</b> 25 unique requests in total</p> <p><b>ASL Interpreting Requests</b> <b>16 unique ASL Interpreting Requests</b></p> <ul style="list-style-type: none"> <li>• 11 providers completed survey</li> <li>• 5 providers were not reached, HN provided callback info, providers did not contact HN</li> </ul> <p><b>In-Person Interpreting Requests</b> <b>9 unique In-Person Interpreting Requests</b></p> <ul style="list-style-type: none"> <li>• 5 providers completed survey</li> <li>• 4 providers were not reached, HN provided callback info, providers did not contact HN</li> </ul> <p><b>Barriers include COVID-19 Pandemic surges, limited provider/clinical staff, and new provider/clinic staff.</b></p>

## Appendix B - Glossary of Terms

Measure Abbreviation	Measure Name
<b>AMM-Acute</b>	Antidepressant Medication Management – Acute Phase Treatment
<b>AMM-Cont.</b>	Antidepressant Medication Management – Continuation Phase Treatment
<b>AMR</b>	Asthma Medication Ratio
<b>BCS</b>	Breast Cancer Screening
<b>CCP-MMEC60-2144</b>	Contraceptive Care for Postpartum Women - Most or Moderately Effective Contraception 60 Days- Ages 21-44
<b>CCW-MMEC-1520</b>	Contraceptive Care for All Women – Most or Moderately Effective Contraception - Ages 15-20
<b>CCW-MMEC-2144</b>	Contraceptive Care for All Women - Most or Moderately Effective Contraception - Ages 21-44
<b>CDF-1217</b>	Screening for Depression and Follow-Up Plan: Ages 12-17
<b>CDF-18+</b>	Screening for Depression and Follow-Up Plan: Ages 18 and Older
<b>CHL</b>	Chlamydia Screening in Women
<b>DEV</b>	Developmental Screening
<b>PCR</b>	Plan All-Cause Readmissions
<b>W30-2</b>	Well-Child Visits in the First 30 Months of Life - Two or More Well-Care Visits
<b>W30-6</b>	Well-Child Visits in the First 30 Months of Life - Six or More Well-Care Visits
<b>WCV</b>	Child and Adolescent Well-Care Visits



## Appendix C - 2022 Community Stakeholder Engagement Survey

### 2022 Population Needs Assessment Community Stakeholder Survey

Gold Coast Health Plan (GCHP) is conducting a community stakeholder survey and would like your feedback on barriers and challenges of seeking healthcare among low-income, Medi-Cal members. Your responses will help GCHP develop intervention strategies that are culturally and linguistically appropriate.

Please take a moment to complete the survey. If you work for an organization serving low-income individuals and/or Medi-Cal members, we encourage you to complete the survey. The survey is anonymous. Submit your responses no later than **April 14, 2022**.

If you have any questions, email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

### Organization Background

#### 1. What type of organization do you represent?

Select one:

- a. Social Services
  - b. Behavioral Health
  - c. Health Care and/or Medical
  - d. Education
  - e. Non-profit
  - f. Other, please specify:
- 

#### 2. What percentage of your clientele are low-income and/or have Medi-Cal?

Select one:

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

#### 3. Select the population your organization serves in the community?

Check all that apply:

- a. Children
- b. Adults
- c. Families
- d. Homeless
- e. Seniors

- f. Foster Care
  - g. LGBTQ+
  - h. Other, please specify:
- 

## Health Concerns and Health Education

### 4. What do you think are important health concerns or issues for low-income individuals you serve?

Select three. If selecting other, please specify in the last option listed as "other."

- a. Not enough safe places to walk or play
  - b. Not enough appointment times at doctors' office/clinics
  - c. Not enough doctors who treat patients with respect
  - d. Not enough information about health conditions
  - e. Not enough information about how to get healthy
  - f. Not enough clinics and doctors nearby
  - g. Not enough behavioral (mental) health services nearby
  - h. Not enough healthy food (such as fresh fruits and vegetables) nearby
  - i. Other, please specify:
- 

### 5. What is the best way for GCHP to provide health education services to the members in your community?

Select three. If selecting other, please specify in the last option listed as "other."

- a. GCHP website
  - b. Internet
  - c. Doctor's offices/clinics
  - d. Radio
  - e. Family/friends
  - f. Other, please explain:
- 

### 6. There are several health conditions that impact our community. Of the following health conditions below, please select three. If selecting other, please specify in the last option listed as "other."

- a. Cancer
- b. Chronic pain
- c. Diabetes
- d. Heart disease/heart attack/stroke/hypertension
- e. Infectious/contagious disease
- f. Lung disease/asthma

- g. Mental health
  - h. Obesity/overweight
  - i. Substance abuse
  - j. COVID-19
  - k. Other, please specify:
- 

### 7. How do GCHP members currently learn about improving their health conditions?

Select three. If selecting other, please specify in the last option listed as "other."

- a. GCHP website and/or internet search
- b. GCHP telephone counseling
- c. Doctor's office/clinic
- d. Social media
- e. Family/friends
- f. Other

### 8. What do you believe is the best method to inform members about Gold Coast Health Plan?

Select three. If selecting other, please specify in the last option listed as "other."

- a. Gold Coast Health Plan website
  - b. Text messages
  - c. Telephone/Voice mail/phone messages
  - d. In person (face-to-face)
  - e. Virtual class
  - f. Mail
  - g. E-mail
  - h. Social media (such as Facebook, Twitter, Instagram)
  - i. Video on the Internet/YouTube
  - j. Radio
  - k. Other, please explain:
- 

### 9. How often do you think GCHP members and/or low-income individuals use the Internet?

- a. Daily
- b. Weekly
- c. Monthly
- d. A few times a year

**10. Do you know that GCHP offers behavioral health services where members can receive help with feelings like depression, stress, sadness, or anxiety?**

- a. Yes
- b. No

**11. Are you aware that GCHP provides an Advice Nurse Line that is available 7 days a week, 24 hours a day?**

- a. Yes
- b. No

**12. Are you aware about GCHP Health Education Services provided to members?**

- a. Yes
- b. No

**13. Are you aware of services provided by the GCHP Care Management to support members?**

- a. Yes
- b. No

### Cultural and Linguistic Services

**14. How does your organization identify and address the cultural and health beliefs of the GCHP members you serve?**

Please specify: \_\_\_\_\_

**15. What is the primary language you use when communicating with GCHP members?**

- a. English
- b. Spanish
- c. Other language. Please specify:

\_\_\_\_\_

**16. Do you know that GCHP provides medical interpreters to members at no cost?**

- a. Yes
- b. No

**17. If you work with an interpreter, what is the best method of communication?**

- a. In-person interpreting
- b. Telephone interpreting
- c. Video remote interpreting
- d. No preference

**18. Is there anything else you would like to tell us about community concerns, health problems or services in the community you serve?**

---

**Thank you for taking the time to complete the survey!**

## Evaluación de Necesidades de la Población de 2022 Encuesta entre Partes Interesadas en la Comunidad

Gold Coast Health Plan (GCHP) está realizando una encuesta entre partes interesadas en la comunidad y desearía recibir sus aportaciones sobre barreras y dificultades para obtener atención de salud entre los miembros de Medi-Cal con ingresos bajos. Sus respuestas ayudarán a GCHP a desarrollar estrategias de intervención que sean cultural y lingüísticamente adecuadas.

Por favor tome un momento para completar la encuesta. Si trabaja para una organización que sirve a personas con ingresos bajos y/o miembros de Medi-Cal, le animamos a completar la encuesta. La encuesta es anónima. Envíe sus respuestas a más tardar el **14 de abril de 2022**.

Si tiene alguna pregunta, envíe un correo electrónico a [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

### Contexto sobre la Organización

#### 1. ¿A qué tipo de organización representa usted?

Seleccione una. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Servicios Sociales
  - b. Salud del Comportamiento
  - c. Atención de Salud y/o Médica
  - d. Educación
  - e. Sin fines de lucro
  - f. Otra, favor especifique:
- 

#### 2. ¿Qué porcentaje de su clientela son de ingresos bajos y/o tienen Medi-Cal?

Seleccione una:

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

#### 3. Seleccione la población a la que su organización sirve en la comunidad.

Marque todas las que apliquen. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Niños
- b. Adultos
- c. Familias
- d. Indigentes

- e. Ancianos
  - f. Cuidados en crianza
  - g. LGBTQ+
  - h. Otra, favor especifique:
- 

## Preocupaciones de Salud y Educación para la Salud

### 4. ¿Qué piensa que son preocupaciones o problemas importantes de salud para las personas de bajos ingresos a las que sirve?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. No hay suficientes lugares seguros para caminar o jugar
  - b. No hay suficientes horas de citas en clínicas/consultorios de médicos
  - c. No hay suficientes médicos que traten con respeto a los pacientes
  - d. No hay suficiente información sobre afecciones de salud
  - e. No hay suficiente información sobre cómo estar sano
  - f. No hay suficientes clínicas y médicos cerca
  - g. No hay suficientes servicios de salud del comportamiento (mental) cerca
  - h. No hay suficiente comida sana (como verduras y fruta fresca) cerca
  - i. Otra, favor especifique:
- 

### 5. ¿Cuál es la mejor forma en la que GCHP puede proporcionar servicios de educación para la salud a los miembros de su comunidad?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de GCHP
  - b. Internet
  - c. Clínica/consultorio de médicos
  - d. Radio
  - e. Familia/amigos
  - f. Otros, favor explique:
- 

### 6. Hay varias afecciones de salud que impactan a nuestra comunidad. De las afecciones de salud a continuación, favor seleccione tres.

Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Cáncer
- b. Dolor crónico
- c. Diabetes
- d. Enfermedad cardiaca/ataque cardiaco/embolia/hipertensión



- e. Enfermedad infecciosa/contagiosa
  - f. Enfermedad pulmonar/asma
  - g. Salud mental
  - h. Obesidad/sobrepeso
  - i. Abuso de sustancias
  - j. COVID-19
  - k. Otra, favor especifique:
- 

### **7. ¿Cómo aprenden actualmente los miembros de GCHP acerca de la forma de mejorar sus afecciones de salud?**

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de GCHP y/o búsqueda en Internet
- b. Consejería telefónica de GCHP
- c. Clínicas/consultorios de médicos
- d. Redes sociales
- e. Familia/amigos
- f. Otra

### **8. ¿Cuál piensa que es el mejor método para informar a los miembros acerca de Gold Coast Health Plan?**

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de Gold Coast Health Plan
  - b. Mensajes de texto
  - c. Teléfono/correo de voz/mensajes telefónicos
  - d. En persona (cara a cara)
  - e. Clase virtual
  - f. Correo
  - g. Correo electrónico
  - h. Redes sociales (como Facebook, Twitter, Instagram)
  - i. Video en Internet/YouTube
  - j. Radio
  - k. Otro, favor explique:
- 

### **9. ¿Con qué frecuencia piensa que usan Internet los miembros de GCHP y/o las personas de bajos ingresos?**

- a. Diariamente
- b. Semanalmente
- c. Mensualmente
- d. Unas pocas veces al año

**10. ¿Sabe que GCHP ofrece servicios de salud del comportamiento en los que los miembros pueden recibir ayuda con sentimientos como depresión, estrés, tristeza o ansiedad?**

- a. Sí
- b. No

**11. ¿Sabe usted que GCHP proporciona una Línea de Asesoramiento de Enfermería disponible 7 días a la semana, 24 horas al día?**

- a. Sí
- b. No

**12. ¿Sabe usted de los Servicios de Educación para la Salud de GCHP que se proporcionan a los miembros?**

- a. Sí
- b. No

**13. ¿Sabe usted de los servicios que proporciona Gestión de Atención de GCHP para apoyar a los miembros?**

- a. Sí
- b. No

### **Servicios Culturales y Lingüísticos**

**14. ¿Cómo identifica y aborda su organización las creencias culturales y de salud de los miembros de GCHP a los que sirve?**

Por favor, especifique en el cuadro a continuación.

---

**15. ¿Cuál es el idioma principal que utiliza cuando se comunica con miembros de GCHP?**

Si su respuesta es otra, especifique en la última opción que aparece como "other."

- a. Inglés
  - b. Español
  - c. Otro idioma. Favor especifique:
-

**16. ¿Sabe usted que GCHP proporciona intérpretes médicos a los miembros sin costo?**

- a. Sí
- b. No

**17. Si trabaja con un intérprete, ¿cuál es el mejor método de comunicación?**

- a. Interpretación en persona
- b. Interpretación por teléfono
- c. Interpretación a distancia mediante video
- d. Sin preferencia

**18. ¿Hay algo más que desearía decirnos sobre preocupaciones de la comunidad, servicios o problemas de salud en la comunidad a la que sirve? Por favor, especifique en el cuadro a continuación.**

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**¡Gracias por tomarse el tiempo para completar la encuesta!**

## Appendix D - 2022 Population Needs Assessment Member Survey

### Population Needs Assessment Survey

Gold Coast Health Plan (GCHP) is doing a survey to better understand your health care needs. The survey is called the Population Needs Assessment (PNA). Your feedback is important to us. Your response will help build programs for our diverse membership.

The goal is to find:

- The best methods to deliver health education needs.
- Members' cultural and linguistic barriers.
- Ways to improve the quality of care provided.

The survey is anonymous and will take less than 10 minutes to complete. Your and/or your child's Medical coverage will not be changed based on your answers to this survey. Please fill out this survey and return it in the enclosed postage-paid envelope by **Thursday, June 2, 2022**.

Call GCHP's Cultural and Linguistic Services Department if you have questions at **1-805-437-5603**, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays), or email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). If you use a TTY, call **1-888-310-7347**.

Thank you for your time.

GCHP Health Education Department, Cultural and Linguistic Services

## Evaluación de Necesidades de la Población

Gold Coast Health Plan (GCHP) está llevando a cabo una encuesta para comprender mejor sus necesidades de atención médica. La encuesta se llama Evaluación de Necesidades de la Población (PNA, por sus siglas en inglés). Su opinión es importante para nosotros. Su respuesta ayudará a crear programas para nuestros diversos miembros.

El objetivo es encontrar:

- Los mejores métodos para satisfacer de necesidades de educación para la salud.
- Barreras culturales y lingüísticas de los miembros.
- Formas de mejorar la calidad de la atención brindada.

La encuesta es anónima y le llevará menos de 10 minutos completarla. Su cobertura de Medi-Cal y/o la de su hijo no cambiará según sus respuestas a esta encuesta. Complete esta encuesta y envíela en el sobre adjunto con franqueo pagado antes del jueves, **2 de junio de 2022**.

Si tiene preguntas, llame al Departamento de Servicios de Educación para la Salud/Culturales y Lingüísticos de GCHP al **1-805-437-5603**, de lunes a viernes de 8:00 a. m. a 5:00 p. m. (excepto los días festivos) o envíe un correo electrónico a [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). Si usa un TTY, llame al **1-888-310-7347**.

Gracias por su tiempo.

Departamento de Servicios de Educación para la Salud/Culturales y Lingüísticos de GCHP

## 2022 Population Needs Assessment

### Adult Member Survey

Gold Coast Health Plan (GCHP) is conducting a survey to get your feedback on your experience when seeking health care services. Answering this survey will help GCHP give you the best quality of care and services. Please fill out the survey and return it in the enclosed postage-paid envelope by **Thursday, June 2, 2022**.

If you have questions about this survey or need assistance, please call GCHP's Cultural and Linguistic Services Department at **1-805-437-5603**, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays), or email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). If you use a TTY, call **1-888-310-7347**.

#### Survey Instructions:

- Answer each question by marking the box to the left of your answer(s).
- If you are filling out this for someone else, please answer the questions how you would think they would answer.

### 1. I am filling out this survey for:

- Myself
  - A family member
  - Other (specify):
- 

### Health Care

Primary Care Provider (PCP) is the main doctor you see for regular check-ups. The PCP is the doctor you contact when you get sick or when you want advice about a health problem. This does not include specialists.

### 2. In the last six months, did you make any in-person, phone, or video appointments with your doctor?

- Yes
- No

### 3. In the last six months, did you have a long wait time to schedule your next appointment with your doctor?

- Yes
- No

**4. In the last six months, how often was it easy to get the care, test results or treatment you needed?**

- Always
- Usually
- Sometimes
- Never

**5. What language do you prefer to speak in with your doctor?**

- English
- Spanish
- Other (please specify): \_\_\_\_\_

**6. Does your doctor or their office staff speak the language you prefer?**

- Yes
- No

**7. How often does your doctor explain things in a way that is easy for you to understand?**

- Always
- Sometimes
- Never

**8. Does your doctor understand and respect (Check all that apply.)**

- Your family health traditions.
- Your use of alternative medicine, such as cultural remedies.
- Your religious health choices
- Other (please explain): \_\_\_\_\_
- None of the above.

**9. If there are any issues or concerns with your doctor, what issues or concerns are the most important to you? (Check all that apply.)**

- Access to appointments when needed.
- Being treated with respect.
- Getting enough time with the doctor.
- Good communication with the doctor.



- Extended clinic hours (such as evening or weekends).
- Other (please explain): \_\_\_\_\_
- None of the above.

**10. What are important health concerns or issues for people living in your community? (Check all that apply.)**

- The need for “timely” appointments at doctors / clinics.
- Doctors who treat patients with respect.
- The need for more information about health conditions.
- The need for more information about how to get healthy.
- The need for more clinics and doctors near my child’s home.
- Access to healthy food.
- Public safety and safe walking trails / playgrounds in my community.
- Transportation to medical appointments.
- Affordable housing.
- I don’t think there are health concerns or issues in my community.
- Other (please explain): \_\_\_\_\_

**Health Education**

**11. How would you like to get health information from GCHP about how to stay healthy? Check all that apply.**

- Phone call
- Email
- Text
- GCHP website
- Social media (specify): \_\_\_\_\_

**12. In the last six months, did you talk with your doctor or someone from your health plan about non-medical concerns, such as housing, food, finances, or concerns about social isolation?**

- Yes
- No

**13. What is the best way for GCHP to provide health education services to members? (Check all that apply.)**

- Mail
- Phone call
- Online classes / workshops

- Doctor's offices / clinics
- GCHP website
- Social media (such as Facebook, Twitter, Instagram)
- Videos on the internet / YouTube and other
- Radio / television
- Newspaper
- Other (please explain): \_\_\_\_\_

**14. Do you know that GCHP offers behavioral health services?**

- Yes
- No

**15. Do you know that GCHP offers health education services to members?**

- Yes
- No

**Cultural and Linguistic Services**

A medical interpreter is a person who can speak your preferred language. They explain what the doctor says, and make sure you understand what the doctor is telling you about your health.

**16. Do you know that GCHP offers medical interpreters and translation services at no cost to you?**

- Yes
- No

**17. If you need language assistance services during your medical appointment, do you know how to request an interpreter through GCHP or your doctor?**

- Yes
- No

**Health Plan Information**

Gold Coast Health Plan (GCHP) is the health plan for people who have Medi-Cal in Ventura County.

**18. How do you like to get health plan information from GCHP? (Check all that apply.)**

- Mail
- GCHP website

- Text messages
- Voice mail / phone messages
- Email
- Social media (such as Facebook, Twitter, Instagram)
- Videos on the internet / YouTube and other
- Radio / television
- Alternative format:
  - Braille
  - Audio
  - Large print
  - Large font
  - Accessible electronic formats
  - Other (specify): \_\_\_\_\_

**19. Which of the following would you use to identify yourself?**

- Male
- Female
- Non-binary

**20. What is your age?**

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or older

**21. What is your race / ethnicity? (Check all that apply.)**

- White
- Hispanic or Latino
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other: \_\_\_\_\_

**22. Is there anything else you would like to tell us about health concerns, health problems or ways to improve the services you get?**

Thank you for your time. Please return the completed survey in the postage-paid envelope provided.

## Evaluación de Necesidades de la Población para 2022

### Encuesta para miembros adultos

Gold Coast Health Plan (GCHP) está realizando una encuesta para obtener sus comentarios sobre su experiencia al buscar servicios de atención médica. Responder esta encuesta le ayudará a GCHP a brindarle atención y servicios de la mejor calidad. Por favor responda la encuesta y envíela en el sobre adjunto con franqueo pagado antes del **jueves, 2 de junio de 2022**.

Si tiene preguntas sobre esta encuesta o si necesita asistencia, llame al Departamento de Servicios de Educación para la Salud/Culturales y Lingüísticos al **1-805-437-5603**, de lunes a viernes de 8:00 a. m. a 5:00 p.m. (excepto los días festivos) o envíe un correo electrónico a [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). Si usa un TTY, llame al **1-888-310-7347**.

#### *Instrucciones para la encuesta:*

- *Responda cada pregunta marcando la casilla que se encuentra a la izquierda de la respuesta(s).*
- *Si va a responder esta encuesta en nombre de otra persona, responda las preguntas de la manera en que usted cree que la persona la respondería.*

### 1. Estoy respondiendo la encuesta para:

- Mí mismo
  - Un familiar
  - Otro (especifique):
- 

### Atención médica

El Proveedor de Atención Primaria (PCP, por sus siglas en inglés) es el médico principal al que usted consulta para los chequeos regulares. El PCP es el médico con el que usted se comunica cuando se enferma o cuando busca un consejo sobre un problema de salud. Esto no incluye especialistas.

### 2. En los últimos seis meses, ¿tuvo una cita en persona, por teléfono o en vídeo con su médico?

- Sí
- No

**3. En los últimos seis meses, ¿ha tenido que esperar mucho tiempo para programar su próxima cita con su médico?**

- Sí
- No

**4. En los últimos seis meses, ¿con qué frecuencia ha sido fácil para usted recibir la atención, los resultados de los exámenes o tratamiento que necesitaba?**

- Siempre
- Con frecuencia
- A veces
- Nunca

**5. ¿En qué idioma prefiere hablar con su médico?**

- Inglés
- Español
- Otro (especifique): \_\_\_\_\_

**6. ¿Su médico o el personal del consultorio hablan el idioma que usted prefiere?**

- Sí
- No

**7. ¿Con qué frecuencia su médico le explica las cosas de una manera que le resulte fácil de comprender?**

- Siempre
- A veces
- Nunca

**8. Su médico comprende y respeta (Marque todas las que apliquen.)**

- Sus tradiciones familiares sobre salud.
- Su uso de medicina alternativa, como remedios culturales.
- Sus elecciones de salud basados en la religión.
- Otro (explique): \_\_\_\_\_
- Ninguna de las anteriores.

**9. Si tiene problemas o inquietudes sobre su médico, ¿cuáles son los problemas o inquietudes más importantes para usted? (Marque todas las que apliquen.)**

- Acceso a citas cuando las necesita.
- Ser tratado con respeto.
- Tener tiempo suficiente con el médico.
- Buena comunicación con el médico.
- Horario de atención extendido en clínicas (por ejemplo, en las noches o los fines de semana).
- Otro (explique): \_\_\_\_\_
- Ninguna de las anteriores.

**10. ¿Cuáles son las inquietudes o problemas relacionados con la salud de las personas que viven en su comunidad? (Marque todas las que apliquen.)**

- La necesidad de citas a 'tiempo' con los médicos o en las clínicas.
- Médicos que traten a los pacientes con respeto.
- La necesidad de más información sobre enfermedades.
- La necesidad de más información sobre cómo mejorar la salud.
- La necesidad de más clínicas y médicos cerca del hogar de mi hijo.
- Acceso a alimentos saludables.
- Seguridad pública y parques/senderos peatonales más seguros en mi comunidad.
- Transporte para citas médicas.
- Viviendas económicas.
- No creo que haya inquietudes o problemas relacionados con la salud en mi comunidad.
- Otro (explique): \_\_\_\_\_

### **Educación para la salud**

**11. ¿Cómo le gustaría recibir información de GCHP sobre cómo mantenerse sano? Marque todas las que apliquen.**

- Por teléfono
- Por correo electrónico
- Por escrito
- Por el sitio web de GCHP
- Por redes sociales (explique): \_\_\_\_\_

**12. En los últimos seis meses, ¿habló con su médico o con un miembro del personal del plan médico sobre preocupaciones no relacionadas con la salud, como vivienda, alimentación, finanzas o inquietudes como el aislamiento social?**

- Sí
- No



**13. ¿Cuál es la mejor manera en la que GCHP puede proporcionar servicios de educación para la salud a sus miembros? (Marque todas las que apliquen.)**

- Correo postal
- Por teléfono
- Clases / talleres en línea
- Consultorio del médico / clínicas
- Por el sitio web de GCHP
- Redes sociales (como Facebook, Twitter, Instagram)
- Videos en internet / YouTube y otros
- Radio / televisión
- Periódicos
- Otro (explique): \_\_\_\_\_

**14. ¿Sabía que GCHP ofrece servicios de salud conductual?**

- Sí
- No

**15. ¿Sabía que GCHP ofrece servicios de educación para la salud a sus miembros?**

- Sí
- No

### **Servicios Culturales y Lingüísticos**

Un intérprete médico es una persona que puede hablar el idioma que usted prefiere. Ellos explican lo que el médico dice, y se aseguran de que usted comprenda lo que el médico dice sobre su salud.

**16. ¿Sabía que GCHP ofrece servicios de interpretación y traducción médica sin costo para usted?**

- Sí
- No

**17. Si necesita los servicios de asistencia de idiomas durante su cita médica, ¿sabía que puede solicitar un intérprete por medio de GCHP o su médico?**

- Sí
- No

## Información del plan de salud

Gold Coast Health Plan (GCHP) es el plan de salud para las personas que tienen Medi-Cal en el condado de Ventura..

### 18. ¿Cómo le gustaría recibir información del plan de salud por parte de GCHP? Marque todas las que apliquen.

- Correo postal
- Por el sitio web de GCHP
- Mensajes de texto
- Mensajes de voz / teléfono
- Por correo electrónico
- Redes sociales (como Facebook, Twitter, Instagram)
- Videos en internet / YouTube y otros
- Radio / televisión
- Formatos alternativos:
  - Braille
  - Audio
  - Letra grande
  - Letra súper grande
  - Otros formatos electrónicos accesibles
  - Otro: Especifique: \_\_\_\_\_

### 19. ¿Cuál de los siguientes términos utiliza para identificarse?

- Hombre
- Mujer
- Género no binario

### 20. ¿Cuál es su rango de edad?

- De 18 a 24
- De 25 a 34
- De 35 a 44
- De 45 a 54
- De 55 a 64
- Mayor de 65

**21. ¿Cuál es su raza/etnia? (Marque todas las que apliquen.)**

- Blanca
- Hispana o Latina
- Negra o Afroamericana
- Asiática
- Nativo de Hawái o de Las Islas del Pacífico
- Indígena Americano o Nativo de Alaska
- Otra: \_\_\_\_\_

**22. ¿Hay algo más que le gustaría decirnos sobre sus inquietudes o problemas de salud, o maneras en las que podemos mejorar los servicios que recibe?**

Gracias por su tiempo. Por favor envíe la encuesta completa en el sobre con franqueo pagado que se le proporcionó.

## 2022 Population Needs Assessment

### Child Member Survey

Gold Coast Health Plan (GCHP) is conducting a survey and would like your feedback on your child's experience when seeking health care services. Answering this survey will help GCHP give you and your child the best quality of care and services. Please fill out the survey and return it in the enclosed postage-paid envelope by **Thursday, June 2, 2022**.

If you have questions about this survey or need assistance, please call GCHP's Cultural and Linguistic Services Department at **1-805-437-5603**, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays), or email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). If you use a TTY, call **1-888-310-7347**.

#### Survey Instructions:

- Answer each question by marking the box to the left of your answer(s).
- If you are filling out this for someone else, please answer the questions how you would think they would answer.

#### 1. I am filling out this survey for:

- My child
  - A family member
  - Other (specify):
- 

#### Health Care

Primary Care Provider (PCP) is the main doctor your child sees for regular check-ups. The PCP is the doctor you contact when your child gets sick or when you want advice about a health problem. This does not include specialists.

#### 2. In the last six months, did you make any in-person, phone, or video appointments with your child's doctor?

- Yes
- No

#### 3. In the last six months, did you have a long wait time to schedule your child's next appointment with your child's doctor?

- Yes
- No

**4. In the last six months, how often was it easy to get the care, test results or treatment your child needed?**

- Always
- Usually
- Sometimes
- Never

**5. What language do you prefer to speak in with your child's doctor?**

- English
- Spanish
- Other (please specify): \_\_\_\_\_

**6. Does your child's doctor or office staff speak the language you prefer?**

- Yes
- No

**7. How often does your child's doctor explain things in a way that is easy for you to understand?**

- Always
- Sometimes
- Never

**8. Does your child's doctor understand and respect (check all that apply).**

- Your child's family health traditions.
- Your child's use of alternative medicine, such as cultural remedies.
- Your child's religious health choices.
- Other (please explain): \_\_\_\_\_
- None of the above.

**9. If there are any issues or concerns with your child's doctor, what issues or concerns are the most important to you and your child? (Check all that apply.)**

- Access to appointments when needed.
- Being treated with respect.
- Getting enough time with the doctor.
- Good communication with the doctor.

- Extended clinic hours (such as evening or weekends).
- Other (please explain): \_\_\_\_\_
- None of the above.

**10. What are important health concerns or issues for people living in your community? (Check all that apply.)**

- The need for “timely” appointments at doctors / clinics.
- Doctors who treat patients with respect.
- The need for more information about health conditions.
- The need for more information about how to get healthy.
- The need for more clinics and doctors near my child’s home.
- Access to healthy food.
- Public safety and safe walking trails / playgrounds in my community.
- Transportation to medical appointments.
- Affordable housing.
- I don’t think there are health concerns or issues in my community.
- Other (please explain): \_\_\_\_\_

**Health Education**

**11. How would you like to get health information from your child’s health plan about how to stay healthy? (Check all that apply.)**

- Phone call
- Email
- Text
- GCHP website
- Social media (specify): \_\_\_\_\_

**12. In the last six months, did you talk with your child’s doctor or someone from your child’s health plan about non-medical concerns, such as housing, food, finances, or concerns about social isolation?**

- Yes
- No

**13. What is the best way for GCHP to provide health education services to members? (Check all that apply.)**

- Mail
- Phone call
- Online classes / workshops

- Doctor's offices / clinics
- GCHP website
- Social media (such as Facebook, Twitter, Instagram)
- Videos on the internet / YouTube and other
- Radio / television
- Newspaper
- Other (please explain): \_\_\_\_\_

**14. Do you know that GCHP offers behavioral health services?**

- Yes
- No

**15. Do you know that GCHP offers health education services to members?**

- Yes
- No

**Cultural and Linguistic Services**

A medical interpreter is a person who can speak your and your child's preferred language. They explain what the doctor says, and they make sure you understand what the doctor is telling you about your health.

**16. Do you know that GCHP offers medical interpreters and translation services at no cost to you or your child?**

- Yes
- No

**17. If you need language assistance services during your child's medical appointment, do you know how to request an interpreter?**

- Yes
- No

**Health Plan Information**

Gold Coast Health Plan (GCHP) is the health plan for people who have Medi-Cal in Ventura County.

**18. How do you like to get health plan information from GCHP? (Check all that apply.)**

- Mail
- GCHP website
- Text messages
- Voice mail / phone messages
- Email
- Social media (such as Facebook, Twitter, Instagram)
- Videos on the internet / YouTube and other
- Radio / television
- Alternative format:
  - Braille
  - Audio
  - Large print
  - Large font
  - Accessible electronic formats
  - Other (specify): \_\_\_\_\_

**19. Which of the following would your child use to identify themselves?**

- Male
- Female
- Non-binary

**20. What is your child's age?**

---

**21. What is your child's race / ethnicity? (Check all that apply.)**

- White
- Hispanic or Latino
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other: \_\_\_\_\_



**22. Is there anything else you would like to tell us about health concerns, health problems or ways to improve the services your child gets?**

Thank you for your time. Please return the completed survey in the postage-paid envelope provided.

## Evaluación de Necesidades de la Población para 2022

### Encuesta para miembros menores de edad

Gold Coast Health Plan (GCHP) está realizando una encuesta y nos gustaría conocer sus comentarios sobre la experiencia de su hijo al buscar servicios de atención médica. Responder esta encuesta le ayudará a GCHP a brindarles a usted y a su hijo atención y servicios de la mejor calidad. Por favor responda la encuesta y envíela en el sobre adjunto con franqueo pagado antes del **jueves, 2 de junio de 2022**.

Si tiene preguntas sobre esta encuesta o si necesita asistencia, llame al Departamento de Servicios de Educación para la Salud/Culturales y Lingüísticos al **1-805-437-5603**, de lunes a viernes de 8:00 a.m. a 5:00 p.m. (excepto los días festivos) o envíe un correo electrónico a [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). Si usa un TTY, llame al **1-888-310-7347**.

*Instrucciones para la encuesta:*

- *Responda cada pregunta marcando la casilla que se encuentra a la izquierda de la respuesta(s).*
- *Si va a responder esta encuesta en nombre de otra persona, responda las preguntas de la manera en que usted cree que la persona la respondería.*

#### 1. Estoy respondiendo la encuesta para:

- Mí hijo
  - Un familiar
  - Otro (especifique):
- 

#### Atención médica

El Proveedor de Atención Primaria (PCP, por sus siglas en inglés) es el médico principal que su hijo consulta para los chequeos regulares. El PCP es el médico con el que usted se comunica cuando su hijo se enferma o cuando busca un consejo sobre un problema de salud. Esto no incluye especialistas.

#### 2. En los últimos seis meses, ¿tuvo citas en persona, por teléfono o en vídeo con el médico de su hijo?

- Sí
- No

**3. En los últimos seis meses, ¿ha tenido que esperar mucho tiempo para programar la próxima cita de su hijo con su médico?**

- Sí
- No

**4. En los últimos 6 meses, ¿con qué frecuencia ha sido fácil que su hijo reciba la atención, los resultados de los exámenes o tratamiento que necesitaba?**

- Siempre
- Con frecuencia
- A veces
- Nunca

**5. ¿En qué idioma prefiere hablar con el médico de su hijo?**

- Inglés
- Español
- Otro (especifique): \_\_\_\_\_

**6. ¿El médico de su hijo o el personal del consultorio hablan el idioma que usted prefiere?**

- Sí
- No

**7. ¿Con qué frecuencia el médico de su hijo le explica las cosas de una manera que le resulte fácil de comprender?**

- Siempre
- A veces
- Nunca

**8. El médico de su hijo comprende y respeta (marque todas las que apliquen)**

- Las tradiciones familiares sobre salud de su hijo.
- El uso de su hijo de medicina alternativa, como remedios culturales.
- Las elecciones de salud de su hijo basadas en la religión.
- Otro (explique): \_\_\_\_\_
- Ninguna de las anteriores.

**9. Si tiene problemas o inquietudes sobre el médico de su hijo, ¿cuáles son los problemas o inquietudes más importantes para usted y su hijo? (Marque todas las que apliquen.)**

- Acceso a citas cuando las necesita.
- Ser tratado con respeto.
- Tener tiempo suficiente con el médico.
- Buena comunicación con el médico.
- Horario de atención extendido en clínicas (por ejemplo, en las noches o los fines de semana).
- Otro (explique): \_\_\_\_\_
- Ninguna de las anteriores.

**10. ¿Cuáles son las inquietudes o problemas relacionados con la salud de las personas que viven en su comunidad? (Marque todas las que apliquen.)**

- La necesidad de citas a 'tiempo' con los médicos o en las clínicas.
- Médicos que traten a los pacientes con respeto.
- La necesidad de más información sobre enfermedades.
- La necesidad de más información sobre cómo mejorar la salud.
- La necesidad de más clínicas y médicos cerca del hogar de mi hijo.
- Acceso a alimentos saludables.
- Seguridad pública y parques/senderos peatonales más seguros en mi comunidad.
- Transporte para citas médicas.
- Viviendas económicas.
- No creo que haya inquietudes o problemas relacionados con la salud en mi comunidad.
- Otro (explique): \_\_\_\_\_

### **Educación para la salud**

**11. ¿Cómo le gustaría recibir información de salud del plan médico de su hijo sobre cómo mantenerse sano? Marque todas las que apliquen.**

- Por teléfono
- Por correo electrónico
- Por escrito
- Por el sitio web de GCHP
- Por redes sociales (explique): \_\_\_\_\_

**12. En los últimos seis meses, ¿habló con su médico o con un miembro del personal del plan médico sobre preocupaciones no relacionadas con la salud, como vivienda, alimentación, finanzas o inquietudes como el aislamiento social?**

- Sí
- No

**13. ¿Cuál es la mejor manera en la que GCHP puede proporcionar servicios de educación para la salud a sus miembros? (Marque todas las que apliquen.)**

- Correo postal
- Llamadas telefónicas
- Clases / talleres en línea
- Consultorio del médico / clínicas
- El sitio web de GCHP
- Redes sociales (como Facebook, Twitter, Instagram)
- Videos en internet / YouTube y otros
- Radio / televisión
- Periódicos
- Otro (explique): \_\_\_\_\_

**14. ¿Sabía que GCHP ofrece servicios de salud conductual?**

- Sí
- No

**15. ¿Sabía que GCHP ofrece servicios de educación para la salud a sus miembros?**

- Sí
- No

### **Servicios Culturales y Lingüísticos**

Un intérprete médico es una persona que puede hablar el idioma que usted prefiere. Ellos explican lo que el médico dice, y se aseguran de que usted comprenda lo que el médico dice sobre su salud.

**16. ¿Sabía que GCHP ofrece servicios de interpretación y traducción médica sin costo para usted o su hijo?**

- Sí
- No

**17. Si necesita los servicios de asistencia de idiomas durante la cita médica de su hijo, ¿sabía que puede solicitar a un intérprete?**

- Sí
- No

## Información del plan de salud

Gold Coast Health Plan (GCHP) es el plan de salud para las personas que tienen Medi-Cal en el condado de Ventura.

### 18. ¿Cómo le gustaría recibir información del plan de salud por parte de GCHP? Marque todas las que apliquen.

- Correo postal
- El sitio web de GCHP
- Mensajes de texto
- Mensajes de voz / teléfono
- Correo electrónico
- Redes sociales (como Facebook, Twitter, Instagram)
- Videos en internet / YouTube y otros
- Radio / televisión
- Formatos alternativos:
  - Braille
  - Audio
  - Letra grande
  - Letra súper grande
  - Otros formatos electrónicos accesibles
  - Otro: Especifique: \_\_\_\_\_

### 19. ¿Cuál de los siguientes términos utiliza para identificarse?

- Hombre
- Mujer
- Género no binario

### 20. ¿Cuál es la edad de su hijo?

---

### 21. ¿Cuál es la raza/etnia edad de su hijo? (Marque todas las que apliquen.)

- Blanca
- Hispana o Latina
- Negra o Afroamericana
- Asiática
- Nativo de Hawái o de Las Islas del Pacífico
- Indígena Americano o Nativo de Alaska
- Otra: \_\_\_\_\_

**22. ¿Hay algo más que le gustaría decirnos sobre inquietudes o problemas de salud, o maneras en las que podemos mejorar los servicios que su hijo recibe?**

Gracias por su tiempo. Por favor envíe la encuesta completa en el sobre con franqueo pagado que se le proporcionó.

## Appendix E - Stakeholder Community Engagement Survey Response 2022

### 2022 Population Needs Assessment Community Stakeholder Survey

Gold Coast Health Plan (GCHP) conducted a community stakeholder survey among community partners, including, members of the Community Advisory Committee (CAC), and over 175 representatives from various community-based organizations across the county.

The goal of the 18-question English and Spanish survey is to obtain feedback from community stakeholders on barriers and challenges of seeking healthcare among low-income, Medi-Cal individuals. The survey responses will help GCHP develop intervention and strengthen strategies that are culturally and linguistically appropriate.

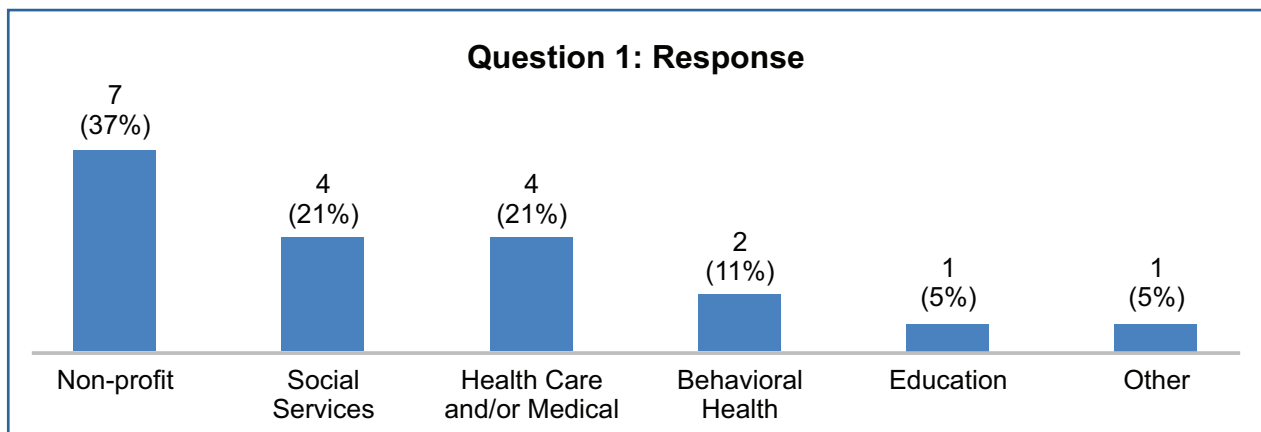
The PNA Community Stakeholder Survey key areas include: 1) organization background; 2) member health concerns, health education communication; and 3) access to cultural and linguistic services. GCHP received a total of 19 survey responses (17 English and 2 Spanish). This represents roughly 11% response rate.

### Organization Background (Questions 1-3)

#### 1. What type of organization do you represent?

Select one:

- Social Services
- Behavioral Health
- Health Care and/or Medical
- Education
- Non-profit
- Other, please specify: \_\_\_\_\_



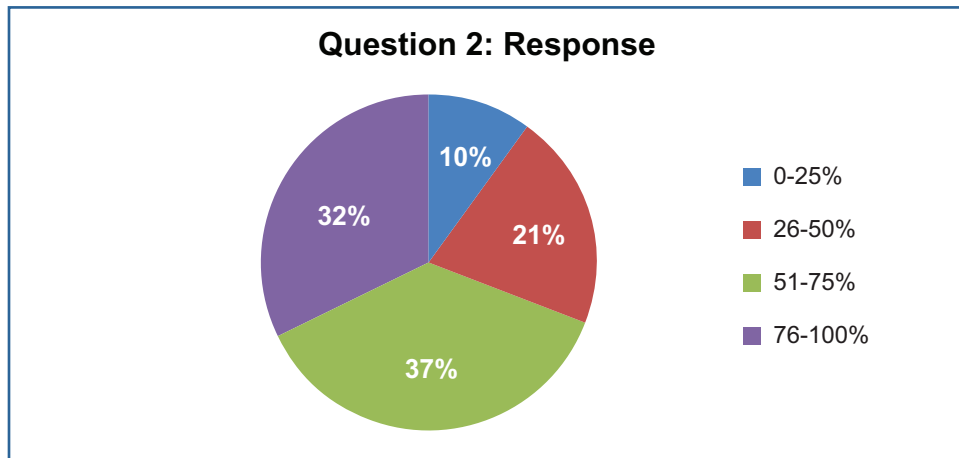
Question 1: Of the 19 responses, 7 (37%) represent organizations from non-profit agencies; 4 (21%) represent organizations serving individuals in the healthcare medical field, 4 (21%) social services, 2 (11%) behavioral health field, 1 (5%) were from the education sector, and 1 (5%) identified as other services such a resource center.



**2. What percentage of your clientele are low-income and/or have Medi-Cal?**

Select one:

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76%-100%

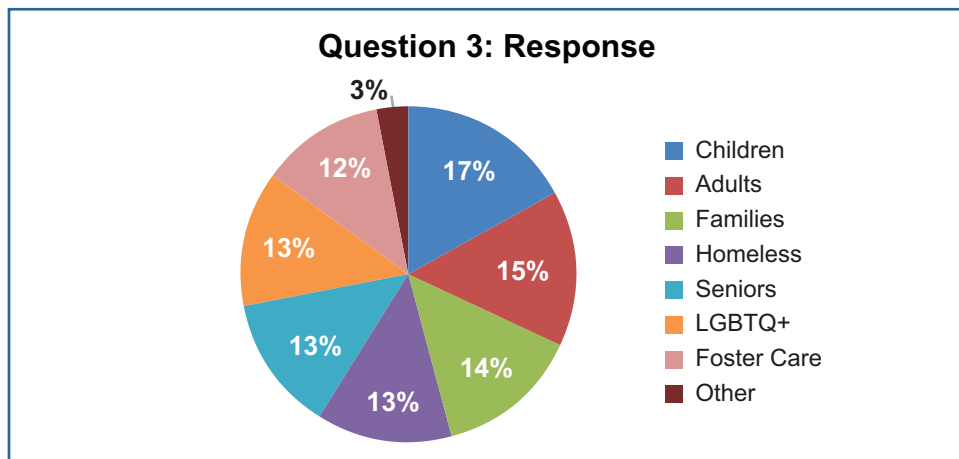


Question 2: Of the 19 responses, 37% respondents indicated that the clientele with low-income and/or have Medi-Cal is between 51-75%, 32% of the respondents indicated that the low-income and/or have Medi-Cal is between 76-100%, 21% indicated that their clientele with low-income and/or have Medi-Cal is 26-50%, and 10% reported that their clientele with low-income and/or have Medi-Cal is 0-25%.

### 3. Select the population your organization serves in the community?

Check all that apply:

- a. Children
- b. Adults
- c. Families
- d. Homeless
- e. Seniors
- f. Foster Care
- g. LGBTQ+
- h. Other, please specify: \_\_\_\_\_



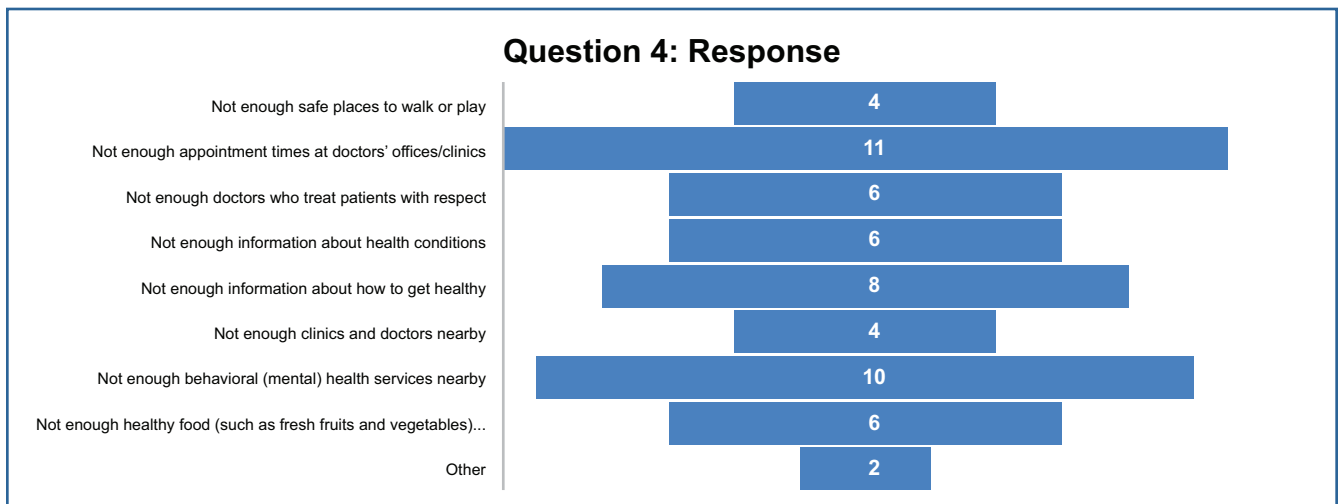
Question 3: Of the 19 responses, the majority indicated that the population they serve in the community are children, adults, and families. Seniors, LGBTQ+ and foster care were the second top responses and youth population was identified as other.

## Health Concerns and Health Education (Questions 4-13)

### 4. What do you think are important health concerns or issues for low-income individuals you serve?

Select three. If selecting other, please specify in the last option listed as "other."

- Not enough safe places to walk or play
- Not enough appointment times at doctors' office/clinics
- Not enough doctors who treat patients with respect
- Not enough information about health conditions
- Not enough information about how to get healthy
- Not enough clinics and doctors nearby
- Not enough behavioral (mental) health services nearby
- Not enough healthy food (such as fresh fruits and vegetables) nearby
- Other, please specify: \_\_\_\_\_

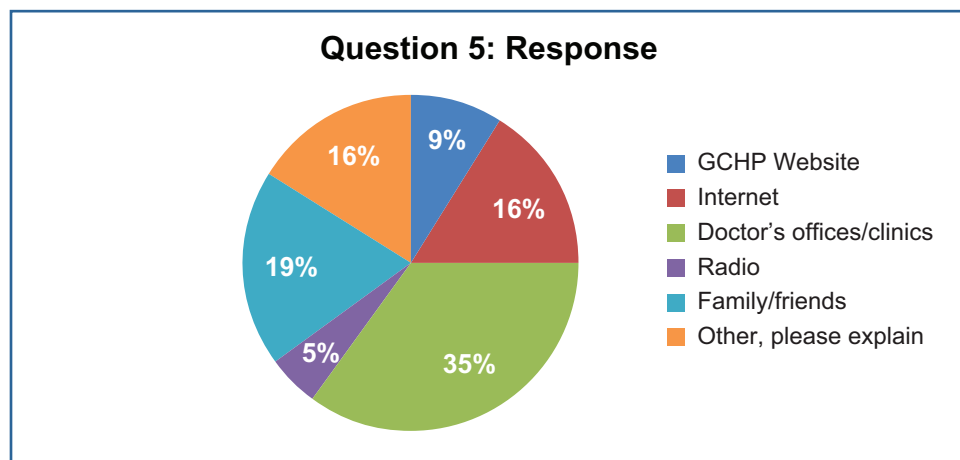


Question 4: Of the 19 responses, the top three responses were: 1) Not enough times at doctors' offices/clinics; 2) Not enough behavioral (mental) health services nearby; and 3) Not enough information about how to get healthy. The response for "other" indicated that there is a need for more home health agencies that accept Medi-Cal GCHP.

### 5. What is the best way for GCHP to provide health education services to the members in your community?

Select three. If selecting other, please specify in the last option listed as “other.”

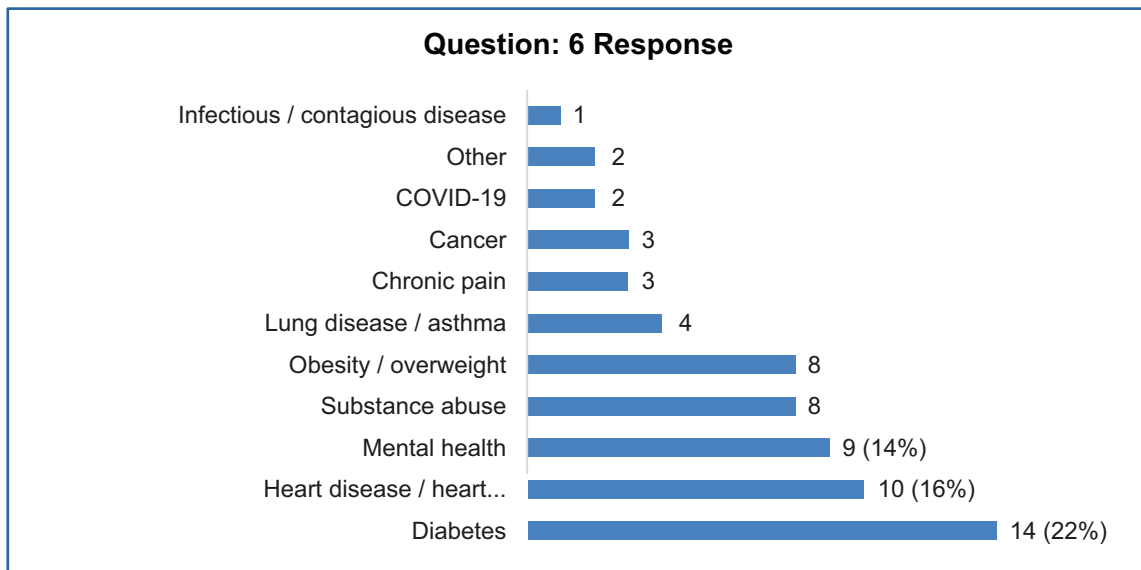
- a. GCHP website
- b. Internet
- c. Doctor’s offices/clinics
- d. Radio
- e. Family/friends
- f. Other, please explain: \_\_\_\_\_



Question 5: Of the 19 responses, the top three responses in identifying best ways for GCHP to provide health education services to the members in the community are: 1) 35% at doctors’ offices/clinics; 2) 19% family/friends; and 3) Internet. 16% of the responses selected “other” for the following: Schools; outreach to the community in-person; distribute flyers at a diaper bank serving average of nearly 600 babies per month; churches; home health nurse visits to educate patients; come and meet the community where they are at.

**6. There are several health conditions that impact our community. Of the following health conditions below, please select three. If selecting other, please specify in the last option listed as "other."**

- a. Cancer
- b. Chronic pain
- c. Diabetes
- d. Heart disease/heart attack/stroke/hypertension
- e. Infectious/contagious disease
- f. Lung disease/asthma
- g. Mental health
- h. Obesity/overweight
- i. Substance abuse
- j. COVID-19
- k. Other, please specify: \_\_\_\_\_

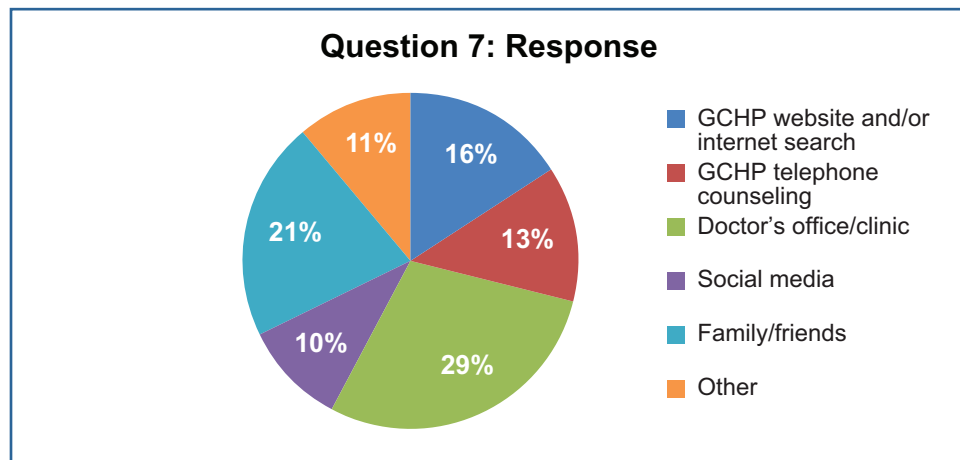


Question 6: Of the 19 responses, the top three health conditions impacting the community are: 1) Diabetes (22%); 2) Heart disease/heart attack/stroke/hypertension (16%); and 3) Mental health (14%). Additionally, 3% was selected for "Other" which included Alzheimer and dementia.

**7. How do GCHP members currently learn about improving their health conditions?**

Select three. If selecting other, please specify in the last option listed as "other."

- a. GCHP website and/or internet search
- b. GCHP telephone counseling
- c. Doctor's office/clinic
- d. Social media
- e. Family/friends
- f. Other: \_\_\_\_\_

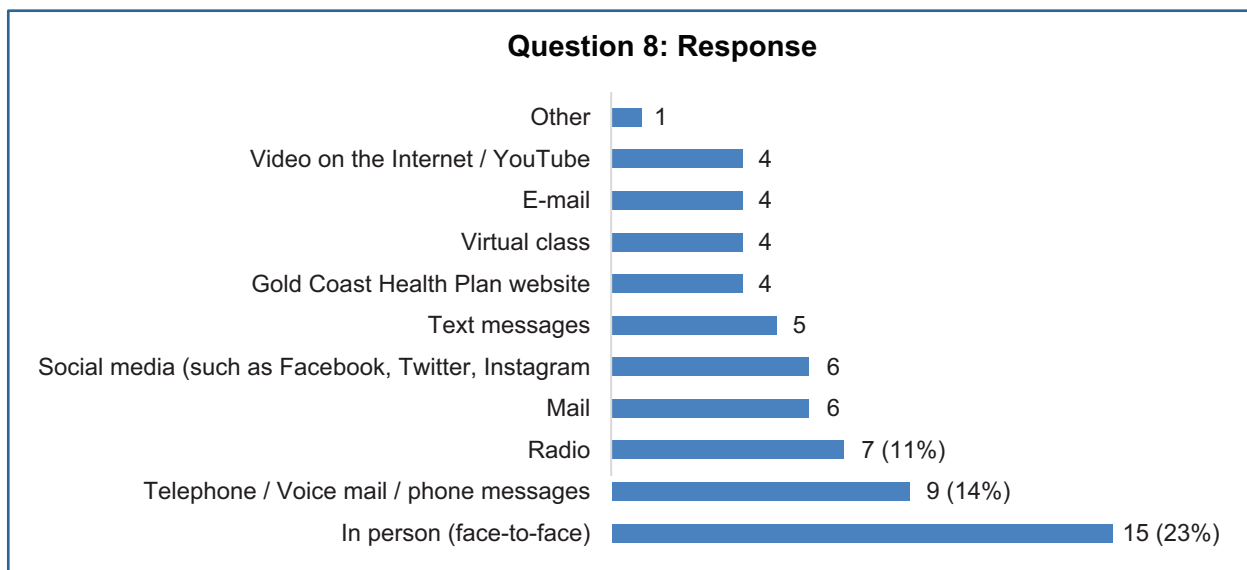


Question 7: Of the 19 responses, 29% indicated that members currently learn about improving their health condition at the doctors' office/clinic, 21% through family/friends, and 16% through GCHP website and/or internet search.

## 8. What do you believe is the best method to inform members about Gold Coast Health Plan?

Select three. If selecting other, please specify in the last option listed as "other."

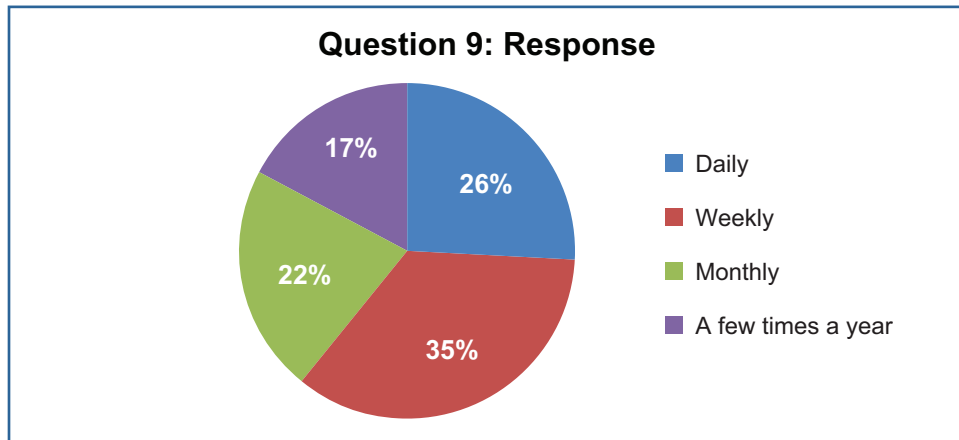
- a. Gold Coast Health Plan website
- b. Text messages
- c. Telephone/Voice mail/phone messages
- d. In person (face-to-face)
- e. Virtual class
- f. Mail
- g. E-mail
- h. Social media (such as Facebook, Twitter, Instagram)
- i. Video on the Internet/YouTube
- j. Radio
- k. Other, please explain: \_\_\_\_\_



Question 8: Of the 19 responses, the top three best methods to inform members about Gold Coast Health Plan are: 1) 23% in-person (face-to-face) approach; 2) 14% through telephone/voice mail/phone messages; and 3) radio. There was one response selected for "other", however, no information was provided.

**9. How often do you think GCHP members and/or low-income individuals use the Internet?**

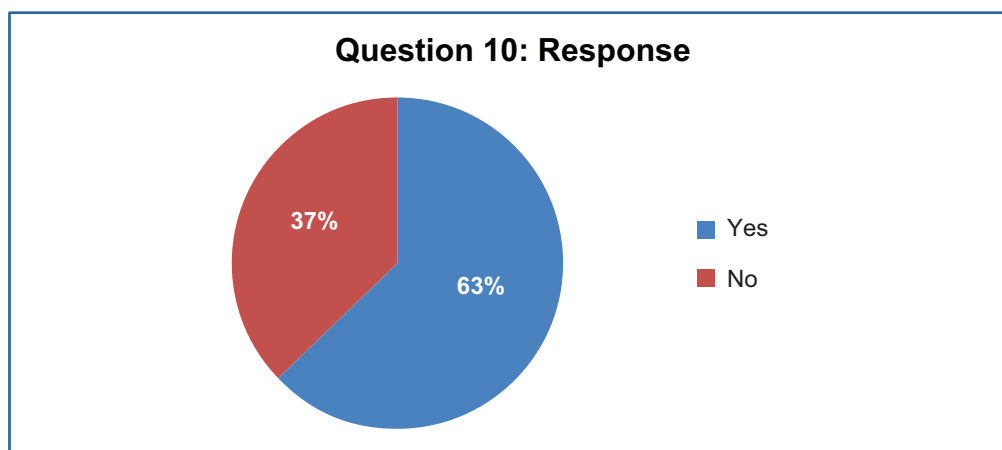
- a. Daily
- b. Weekly
- c. Monthly
- d. A few times a year



Question 9: Of the 19 responses, 35% indicated that GCHP members and/or low-income individuals use the Internet weekly, 26% selected daily use, and 22% monthly use.

**10. Do you know that GCHP offers behavioral health services where members can receive help with feelings like depression, stress, sadness, or anxiety?**

- a. Yes
- b. No

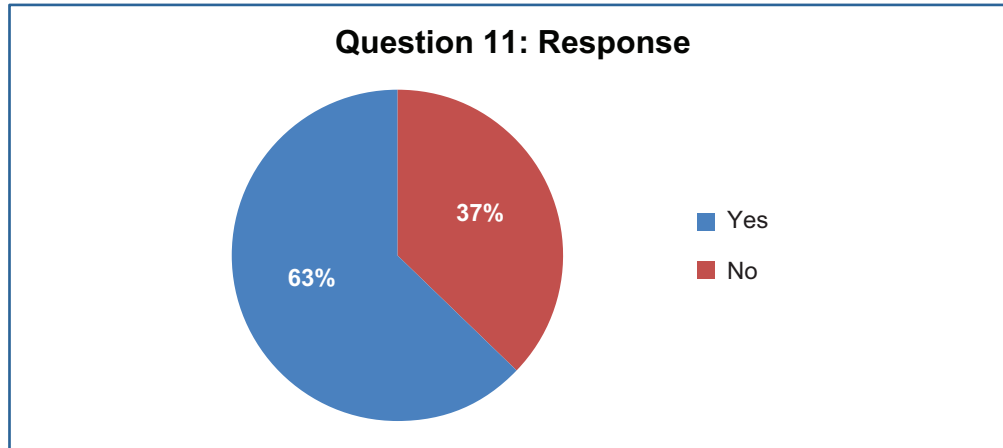


Question 10: Of the 19 responses, 63% were aware that GCHP offers behavioral health services to GCHP members and 37% were not aware of this service.



**11. Are you aware that GCHP provides an Advice Nurse Line that is available 7 days a week, 24 hours a day?**

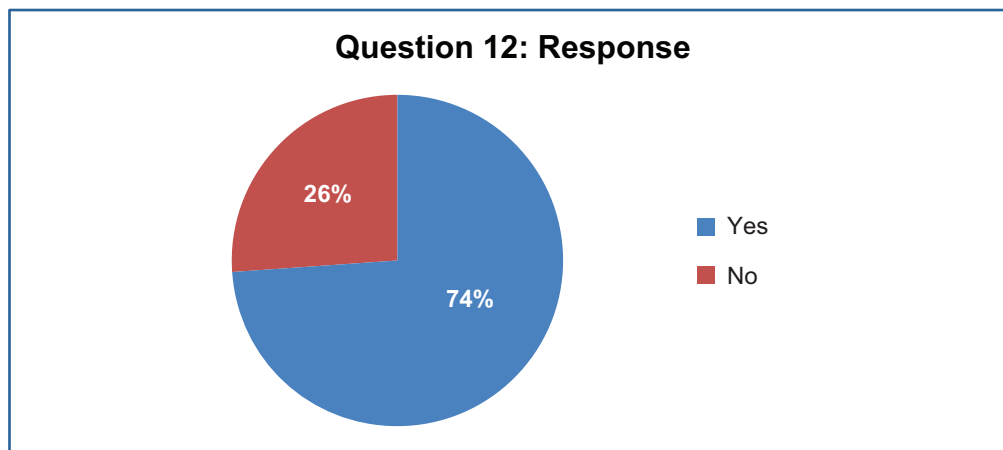
- a. Yes
- b. No



Question 11: Of the 19 responses, 63% indicated that they were not aware that GCHP provides an Advise Nurse Line, 7 days a week, 24 hours a day, and, 37% were aware of this service.

**12. Are you aware about GCHP Health Education Services provided to members?**

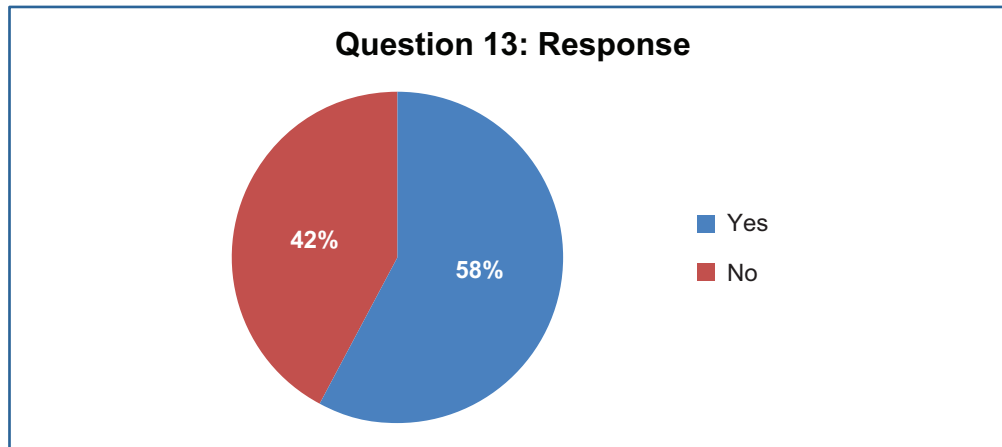
- a. Yes
- b. No



Question 12: Of the 19 responses, 74% indicated that they were aware of GCHP health education services available to members, and 26% were not aware of this service.

**13. Are you aware of services provided by the GCHP Care Management to support members?**

- a. Yes
- b. No



Question 13: Of the 19 responses, 58% indicated that they were aware of services provided by GCHP Care Management to support GCHP members and 42% were not aware of this service.

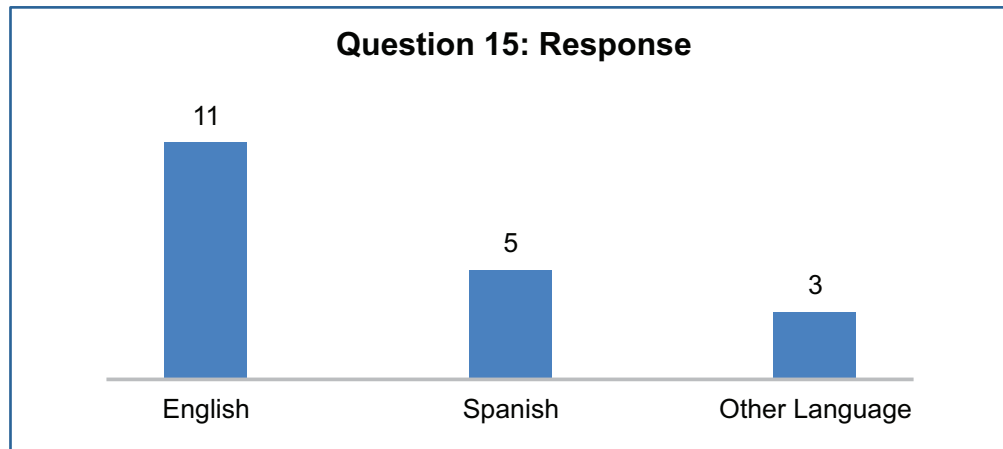
**Cultural and Linguistic Services (Questions 14-17)**

**14. How does your organization identify and address the cultural and health beliefs of the GCHP members you serve?**

Question 14: Stakeholders indicated that their organization strives to meet the needs of the GCHP members by providing cultural and linguistic appropriate programs, services and facilitating bilingual staff. A stakeholder response indicated that their organization first listens to the families concerns and are respectful of the member's cultures and believes.

**15. What is the primary language you use when communicating with GCHP members?**

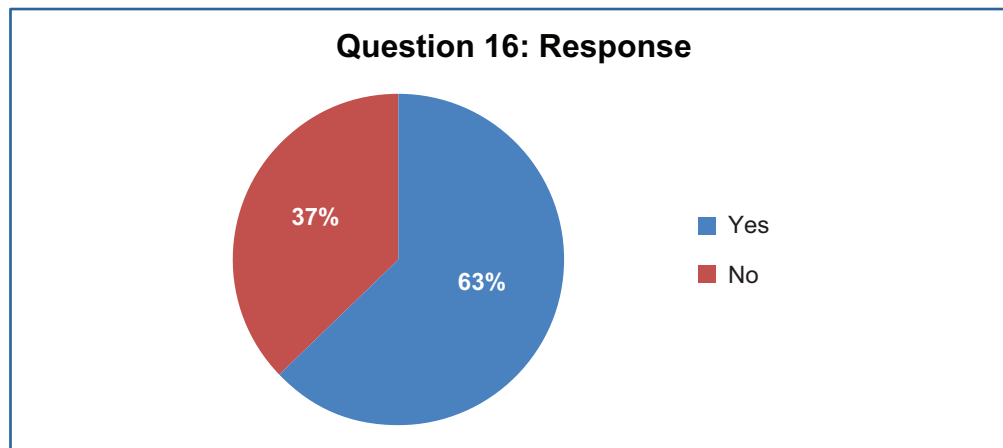
- a. English
- b. Spanish
- c. Other language, please specify: \_\_\_\_\_



Question 15: Of the 19 responses, 58% indicated that they use English when communicating with GCHP members, 26% in Spanish, and 16% in other language: Mixteco, Zapoteco and both (English and Spanish).

**16. Do you know that GCHP provides medical interpreters to members at no cost?**

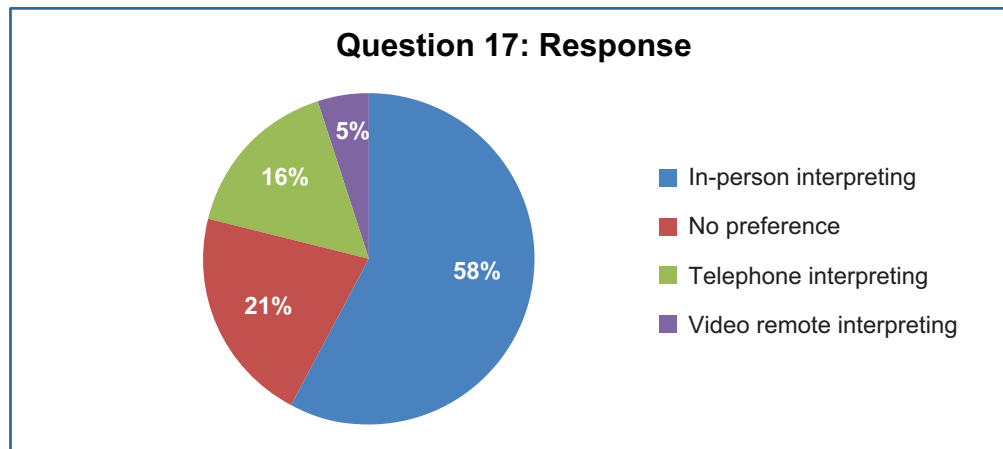
- a. Yes
- b. No



Question 16: Of the 19 responses, 63% indicated that they were aware that GCHP provides medical interpreters to members at no cost, and 37% indicated that they were not aware of this service.

**17. If you work with an interpreter, what is the best method of communication?**

- a. In-person interpreting
- b. Telephone interpreting
- c. Video remote interpreting
- d. No preference



Question 17: Of the 19 responses, 58% indicated that method of communication with an interpreter is through in-person interpreting, 21% selected as no preference, 16% preferred telephone interpreting, and 5% preferred video remote interpreting.

**Question 18: In addition to quantitative questions, the stakeholder survey included an open-ended question asking to provide any additional comments on community concerns, health problems or services in the community they serve.**

- **Access to services:** The need to have more medical professionals to help member in a timely manner. The need for more home health centers, especially when discharging members from the hospital. Need more home health agencies that accepts GCHP – Medi-Cal. Need more access to hygiene centers, One-Stop center is not enough for the community.
- **GCHP outreach availability:** GCHP needs to do more outreach in person in the community and educate members on GCHP services. GCHP needs to provide more information in person at food distributions, churches after services at community events.
- **Social Determinants of Health (SDOH):** The need to assist children and families with food, diapers, and mental health needs.
- **Language:** Need to outreach to those who speak in difference languages so their voices can be heard.

- **Transportation:** Lack of transportation to medical appointments is a huge need.
- **Home Health Concerns:** Families are very concerned of strangers coming into their homes. Fear and trust issues when an unknown individual does home visits. Fear that they will report the family or sharing the information with other agencies. Concern that this will create problems in the future.

## Appendix F - 2022 Member Survey Responses

### Adult Member Survey Response

GCHP conducted a member survey to obtain feedback on the health education and cultural and linguistic service's needs.

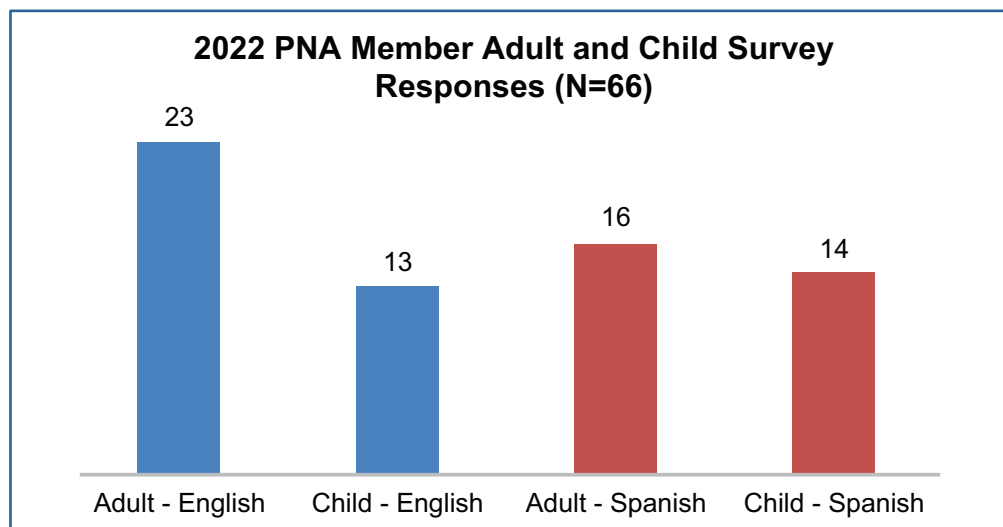
Members were randomly selected for the 2022 PNA member survey. A total of 2,000 surveys (1,088 adults and 912 children) were identified to receive the survey.

The goal of the survey is to 1) obtain members feedback on identifying ways to build GCHP programs for our diverse membership; 2) identify best methods to deliver health education needs; 3) identify ways to address cultural and linguistic barriers; and 4) find ways to improve the quality of care provided to members.

The PNA member surveys was distributed in two phases: April 2022 and May 2022. First phase of the survey was mailed to a total of 500 members and phase two was mailed to an additional 1,500 members, for a total of 2,000 surveys. Of the 2,000 surveys, 1,020 in English and 980 in Spanish. The survey was mailed to adults and children identified in the random sample.

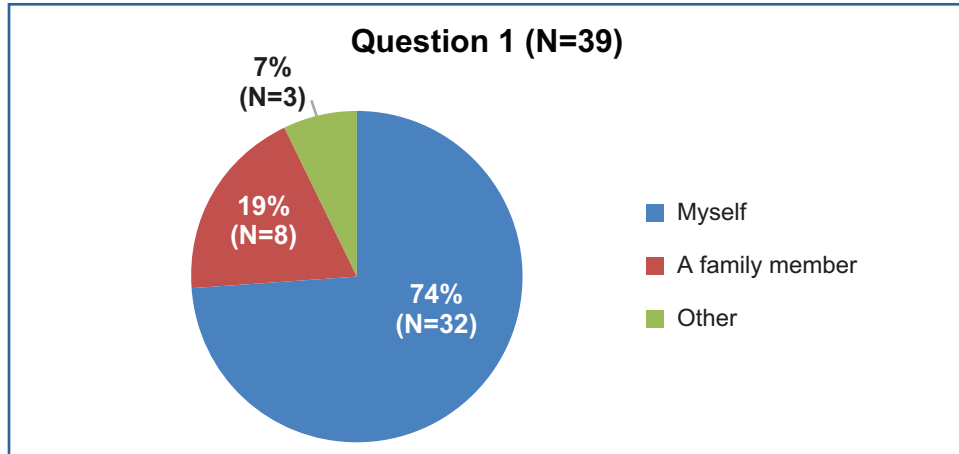
The 2022 PNA member adult and child survey consisted of 22 questions and included a cover letter, postage-paid envelope, nondiscrimination notice, and language assistance taglines. All PNA member survey documents were provided in English and Spanish. GCHP received a total of 66 completed surveys. Of the 66 completed surveys, 39 (59%) were a combination of member adult English and Spanish responses. Overall, the member adult and child survey respondents' rate is 3.3%. Additionally, of the 2000 surveys, 103 (5.1%) were returned as undeliverable correspondence.

Of the 66 surveys adult and child member surveys completed, 23 (35%) represents the total number of adult English surveys, 16 (24%) from adult Spanish surveys, 14 (21%) from child Spanish surveys, and 13 (20%) from child English surveys.



## Adult Member (English and Spanish) Survey Findings

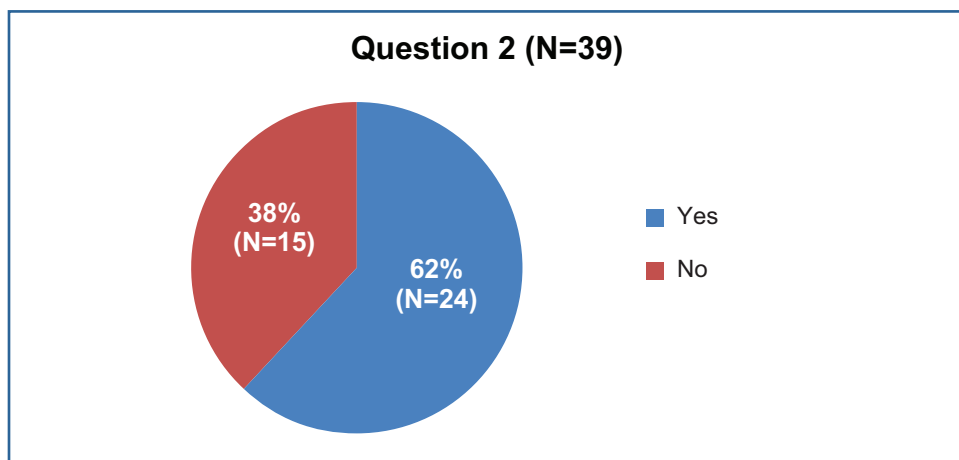
### Question 1: I am filling out this survey for:



Question 1: Of the 39 responses, the majority (74%) of the responses came from members, 19% indicate that a family member completed the survey on behalf of the member, 7% selected "other," the other represents: My son, my daughter, and my children.

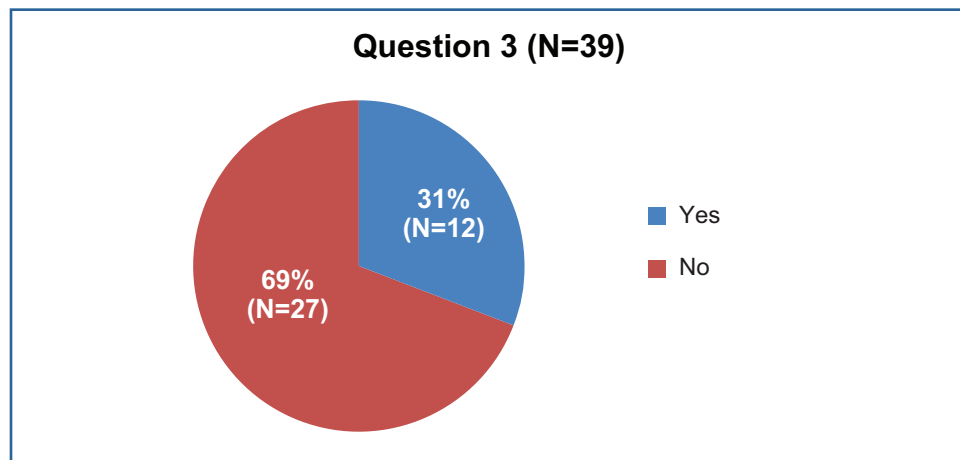
### The following questions (2 to 10) are related to health care:

### Question 2: In the last six months, did you make any in-person, phone, or video appointments with your doctor?



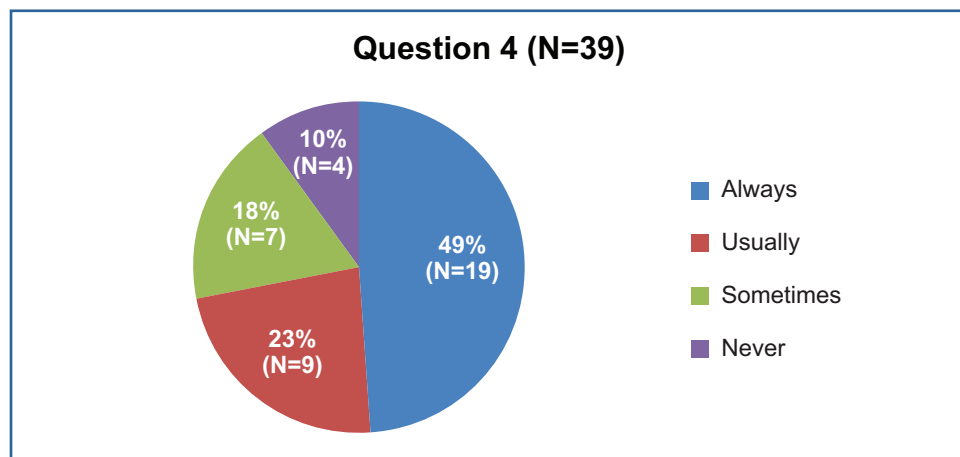
Question 2: Of the 39 responses, 62% indicated that they made an appointment within the last six months with their doctors.

**Question 3: In the last six months, did you have a long wait time to schedule your next appointment with your doctor?**



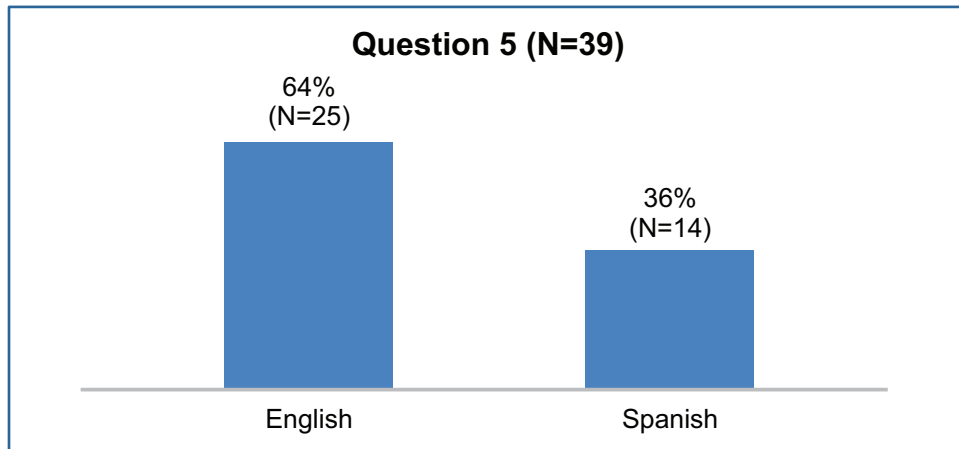
Question 3: Of the 36 responses, 69% indicated that in the last six months, they did not have to wait a long time to schedule their next appointment with their doctor, 31% indicated that they had to wait a long time to schedule their next appointment with their doctor.

**Question 4: In the last six months, how often was it easy to get the care, test results or treatment you needed?**

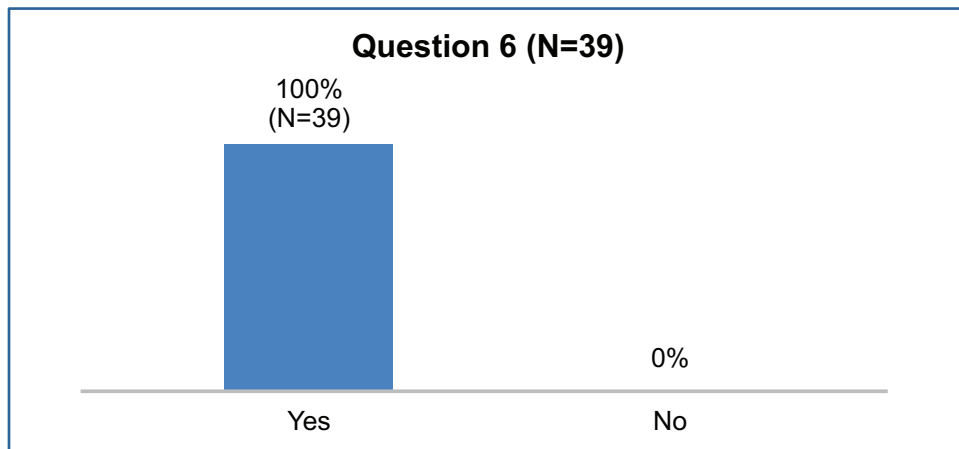


Question 4: Of the 36 responses, 49% indicated that in the last six months, members found that it was always easy to get the care, test results or treatment needed, 23% indicated that they usually were able to get the care, test results or treatment needed, 18% reported as sometimes, and 10% reported as never.



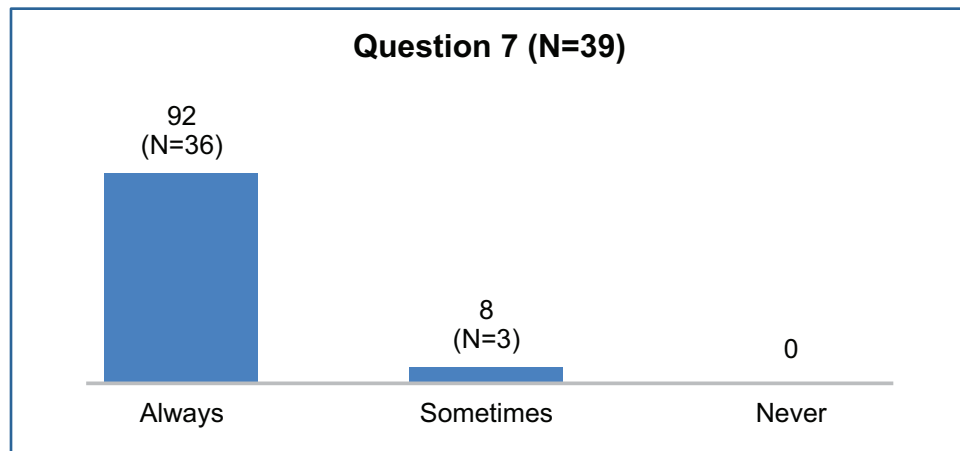
**Question 5: What language do you prefer to speak in with your doctor?**

Question 5: Of the 36 responses, 64% indicated that members prefer to speak with their doctor in English and 36% in Spanish.

**Question 6: Does your doctor or their office staff speak the language you prefer?**

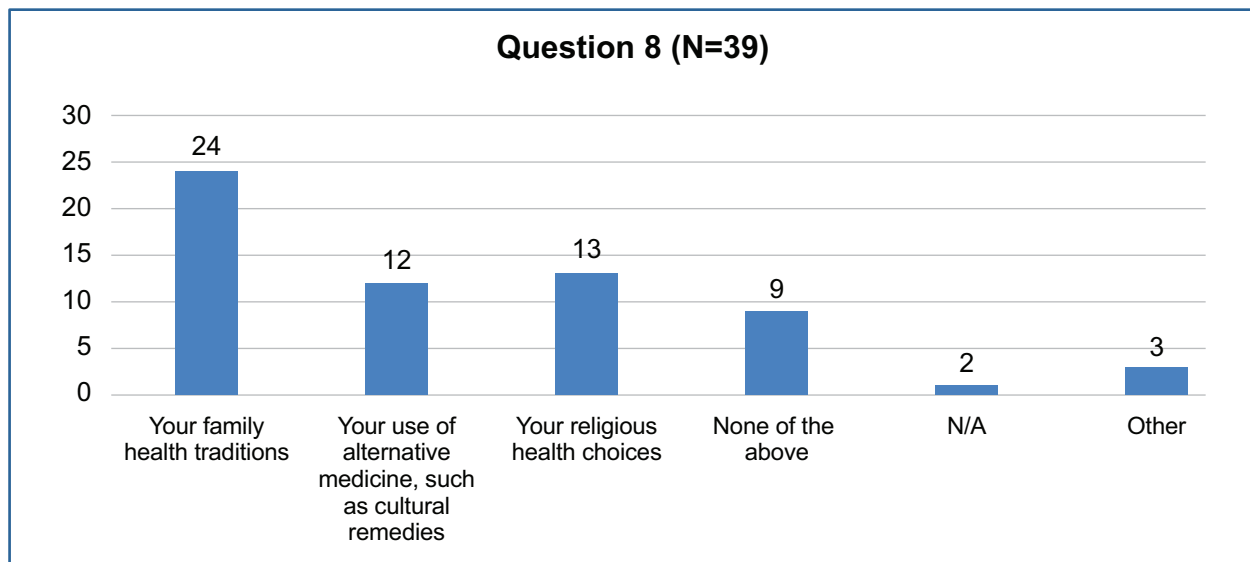
Question 6: Of the 39 responses, 100% of the members indicated that the doctor or their office staff speak the language they prefer.

**Question 7: How often does your doctor explain things in a way that is easy for you to understand?**



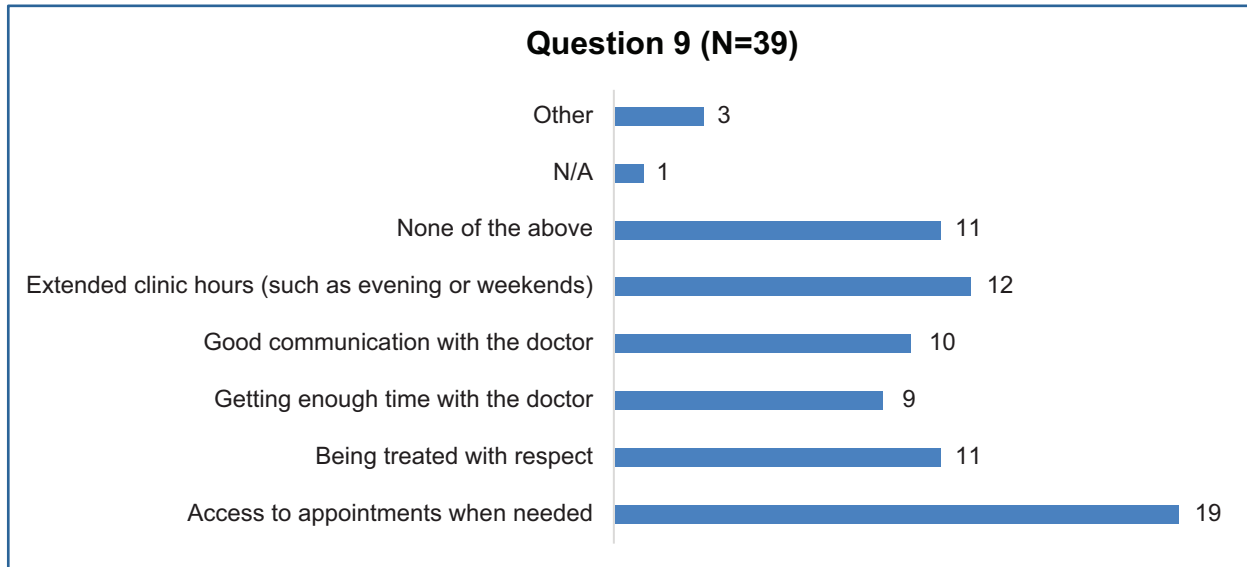
Question 7: Of the 39 responses, 92% indicated that their doctors always explain things in a way that is easy to understand, and 8% indicated that sometimes doctors explain things in a way that is easy to understand.

**Question 8: Does your doctor understand and respect (Check all that apply.)**



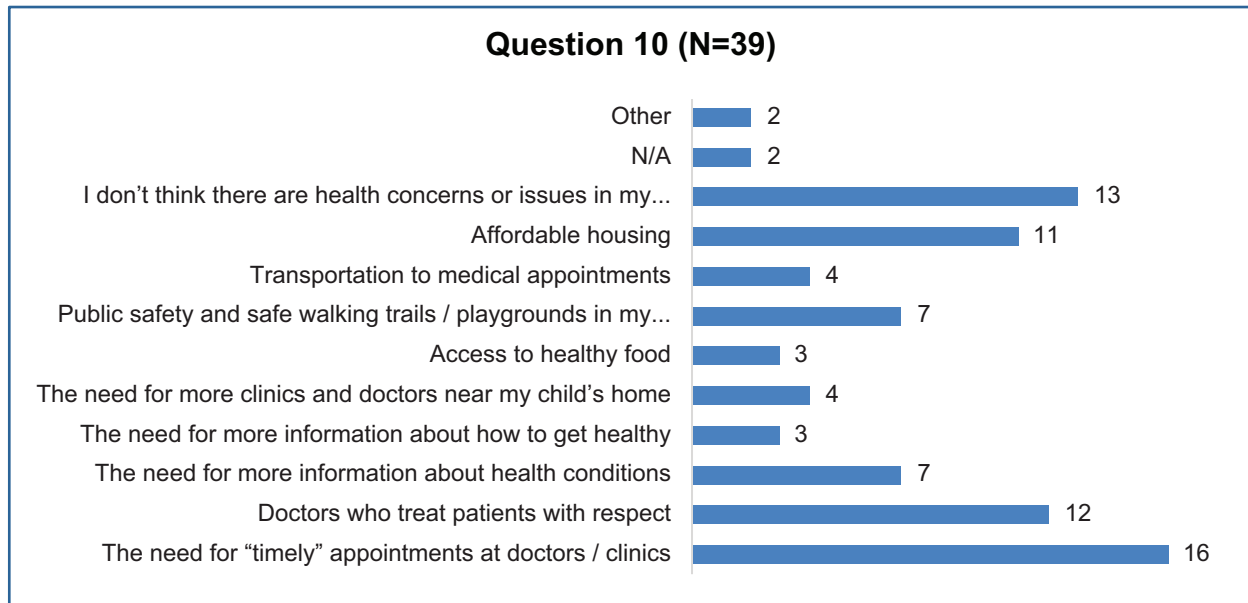
Question 8: Of the 39 responses, 24 responses indicated that their doctor understands and respects member's family health traditions, 13 responses indicated that doctor understands, and respects religious health choices, and 12 responses indicated that the doctor understands and respects the use of alternative medicine, such as cultural remedies. A total of 3 responses included "other." The responses included: My doctor explains everything we need; forced into COVID shot, forcing COVID vaccine.

**Question 9: If there are any issues or concerns with your doctor, what issues or concerns are the most important to you? (Check all that apply.)**



Question 9: Of the 39 responses, the top three issues or concerns with member's doctors that are most important to members are: 1) access to appointments when needed; 2) extended clinic hours (such as evenings or weekends); and 3) being treated with respect. A total of 3 responses selected "other." The other represents: They cancel appointments very often; good professionalism and quality of treatment; need to open on Saturdays and they don't have urgent care clinics.

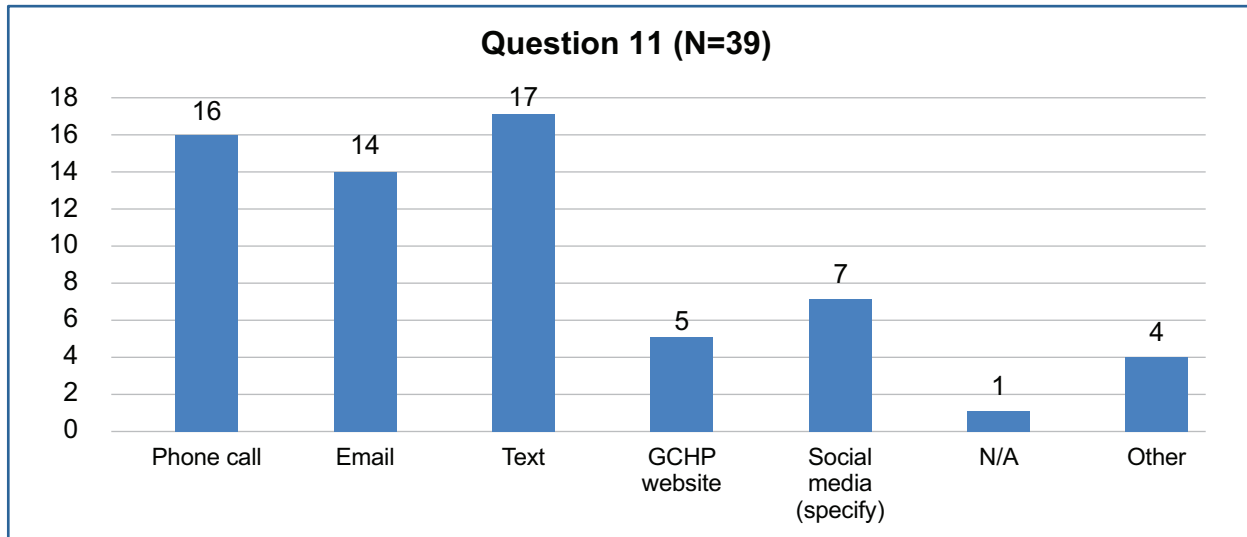
**Question 10: What are important health concerns or issues for people living in your community? (Check all that apply.)**



Question 10: Of the 39 responses, the top three member responses indicated that the important health concern or issues for people living in their community are: 1) the need for "timely" appointments at doctors/clinics; 2) I don't think there are health concerns or issues in my community; and 3) doctors who treat patients with respect. A total of two selected "other." The other represents: Can't get an appointment if not scheduled previously as a follow up due to always booked up and I have to go to urgent care if needed before scheduled date.

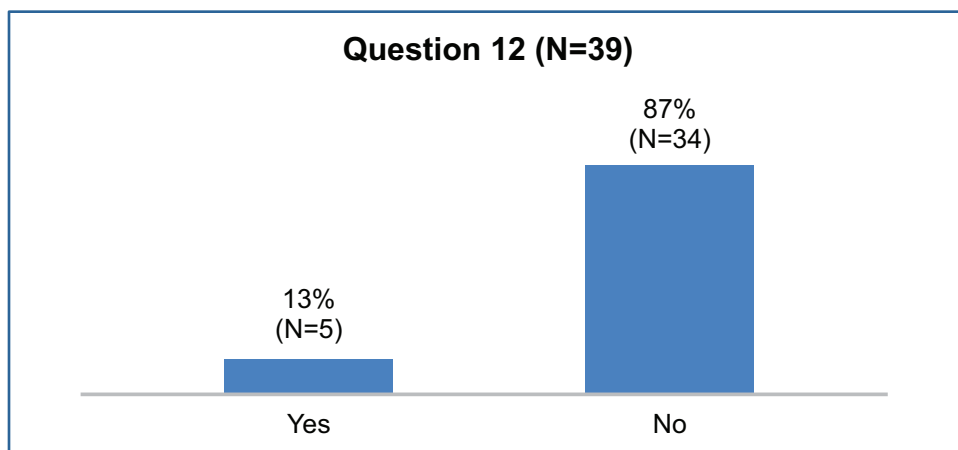
The following questions (10 to 15) are related to health education:

**Question 11: How would you like to get health information from GCHP about how to stay healthy? (Check all that apply.)**



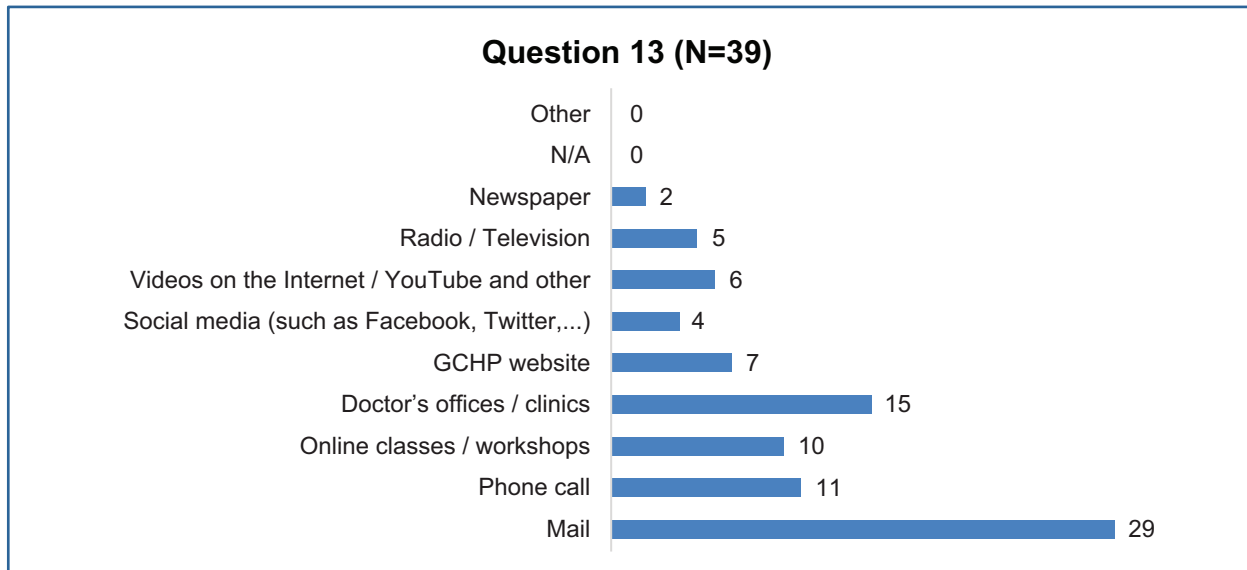
Question 11: Of the 36 responses, the top 3 responses indicated that members would like to get health information from GCHP about how to stay healthy by 1) text; 2) phone call; and 3) email. Members selected “other” for Google and US mail.

**Question 12: In the last six months, did you talk with your doctor or someone from your health plan about non-medical concerns, such as housing, food, finances, or concerns about social isolation?**



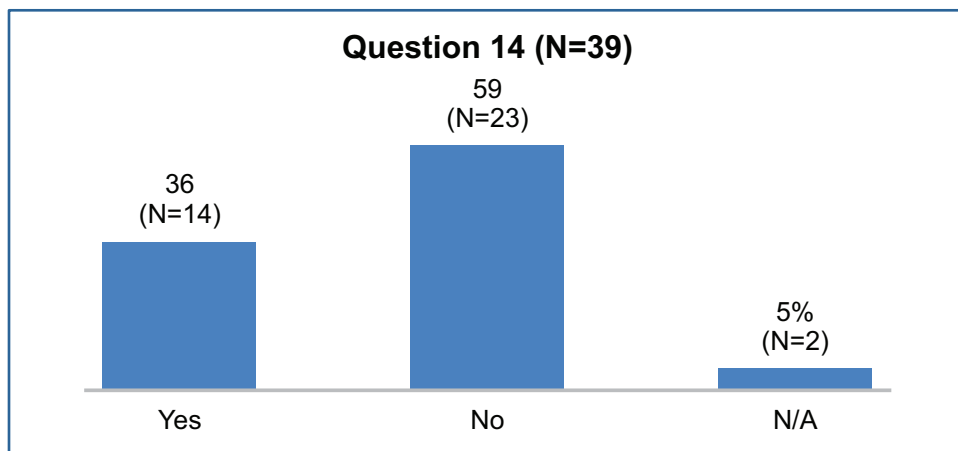
Question 12: Of the 39 responses, 87% indicated that in the last six months, they did not talk with their doctor, or someone from the health plan about non-medical concerns, such as housing, food, finances, or concerns about social isolation; 13% indicated that they did talk with someone in the health plan.

**Question 13: What is the best way for GCHP to provide health education services to members? (Check all that apply.)**

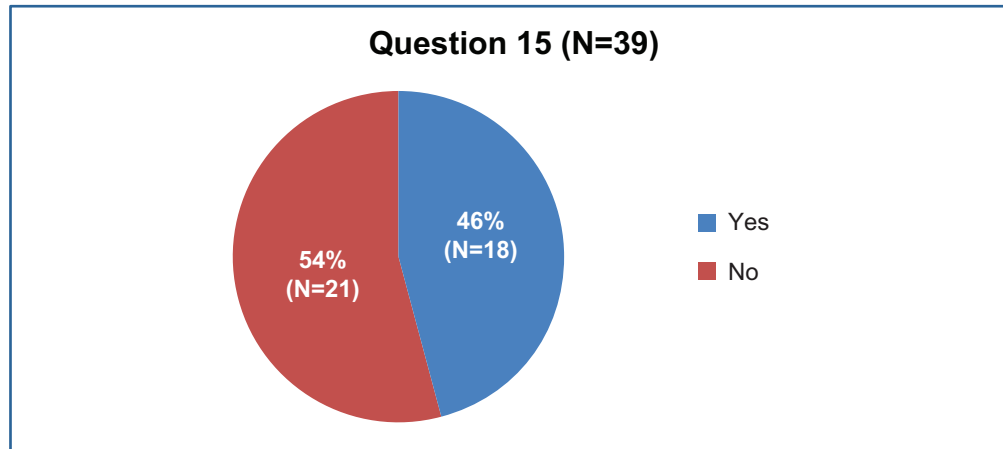


Question 13: Of the 39 responses, the top responses about the best way for GCHP to provide health education services to members are: 1) mail; 2) doctor's offices/clinics; and phone call.

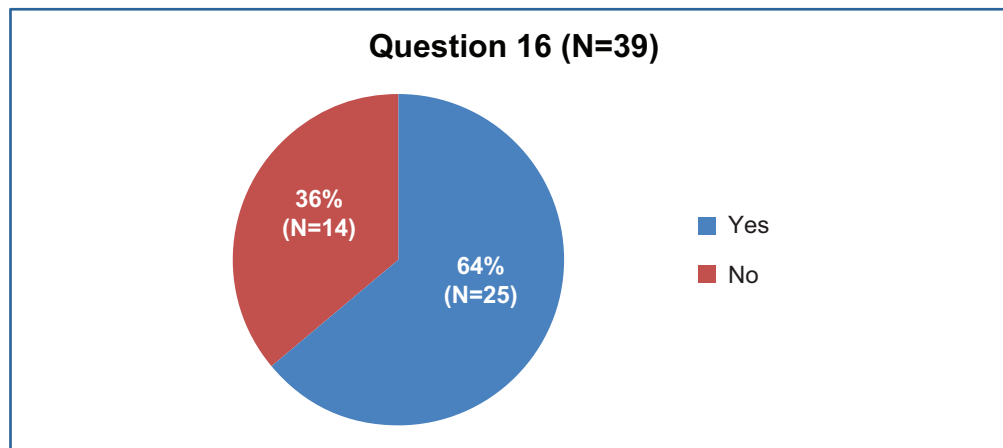
**Question 14: Do you know that GCHP offers behavioral health services?**



Question 14: Of the 39 responses, 59% indicated that members do not know that GCHP offers behavioral health services, 36% indicated that members were aware about this service, and 5% no response.

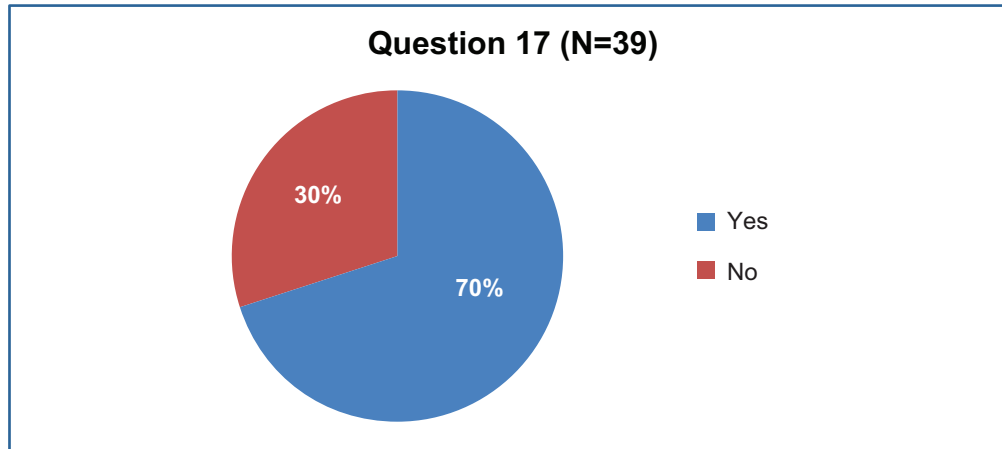
**Question 15: Do you know that GCHP offers health education services to members?**

Question 15: Of the 39 responses, 54% indicated that members did not know that GCHP offers health education services to members, and 46% indicated that they were aware of this service.

**The following questions (16 to 17) are related to Cultural and Linguistic Services:****Question 16: Do you know that GCHP offers medical interpreters and translation services at no cost to you?**

Question 16: Of the 39 responses, 64% indicated that members were aware that GCHP offers medical interpreters and translation services at no cost, and 36% indicated that members were not aware of this service.

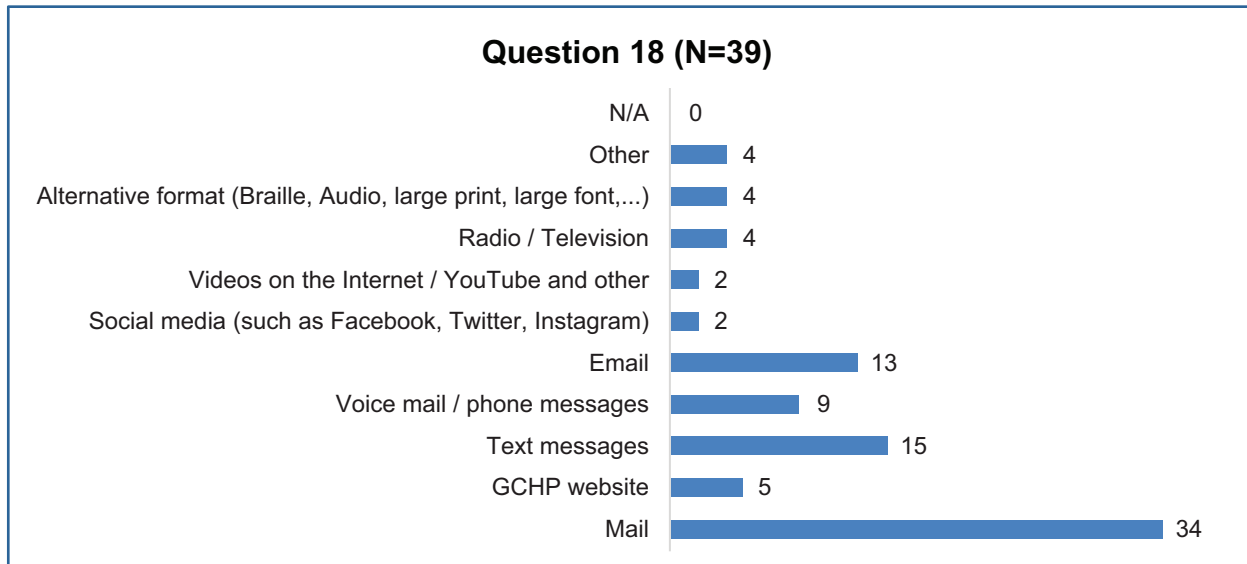
**Question 17: If you need language assistance services during your medical appointment, do you know how to request an interpreter through GCHP or your doctor?**



Question 17: Of the 39 responses, 70% members were aware on how to request an interpreter through GCHP or at their doctor, 30% identified as no for this service.

**The following question is related to Health Plan Information:**

**Question 18: How do you like to get health plan information from GCHP? (Check all that apply.)**

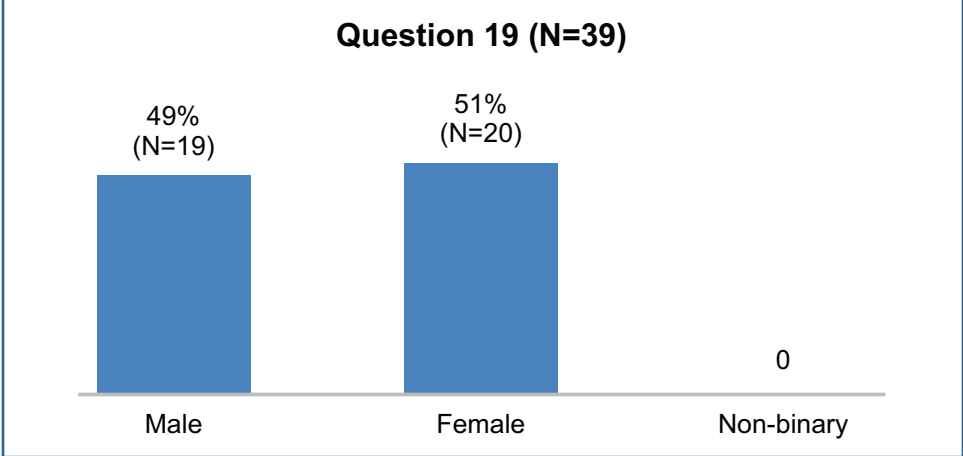


Question 18: Of the 39 survey responses, the top three choices on how to get health information from GCHP is 1) mail; 2) text messages; and 3) email. A total of 4 selected “other.” The other represents large print and large font.



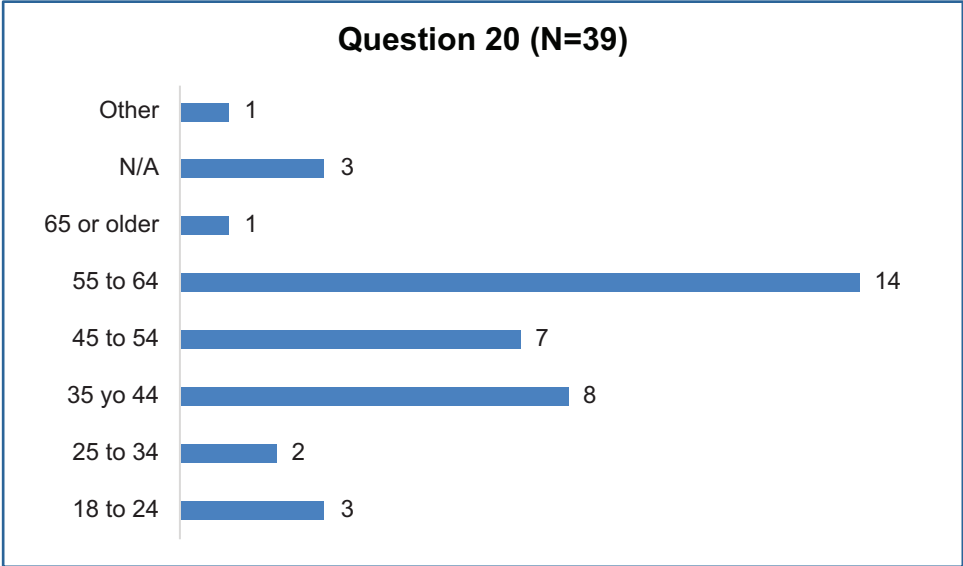
The following questions (19 to 21) are related to member’s identification:

**Question 19: Which of the following would you use to identify yourself?**



Question 19: Of the 39 responses, 51% females completed the survey and 49% males.

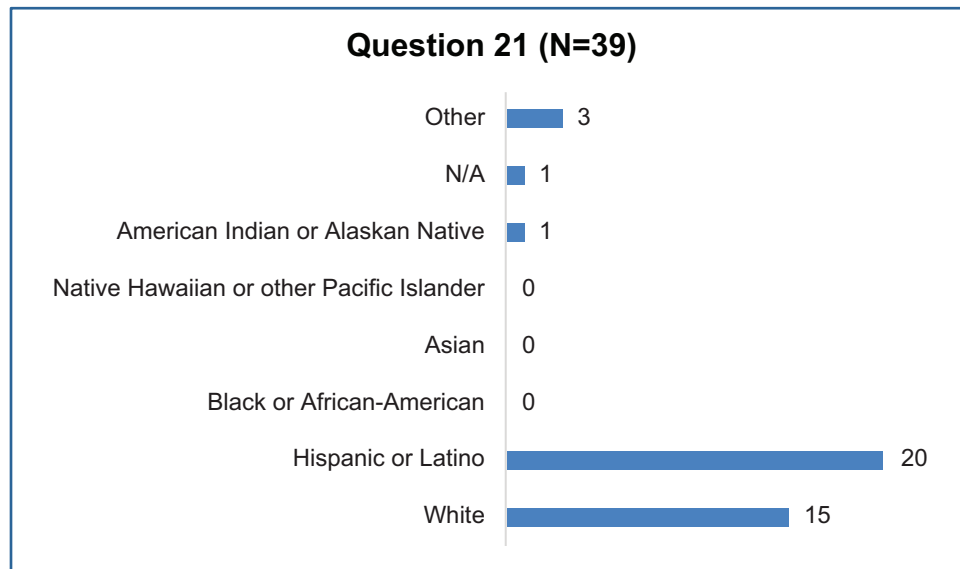
**Question 20: What is your age?**



Question 20: Of the 39 responses, the group age with the highest response percentage is 55 to 64 or older. No date reported for other or N/A.

**Question 21: What is your race / ethnicity? (Check all that apply.)**

Question 21: Of the 39 survey responses, the race/ethnicity of the members are Hispanic or Latino, White and other. Additionally, responses identified Syrian and Armenian as their race/ethnicity of the respondents.



**Question 22: In addition to quantitative questions, the adult member survey included an open-ended question asking to provide any information they would like GCHP to know about health concerns, health problems or ways to improve the services members are receiving.**

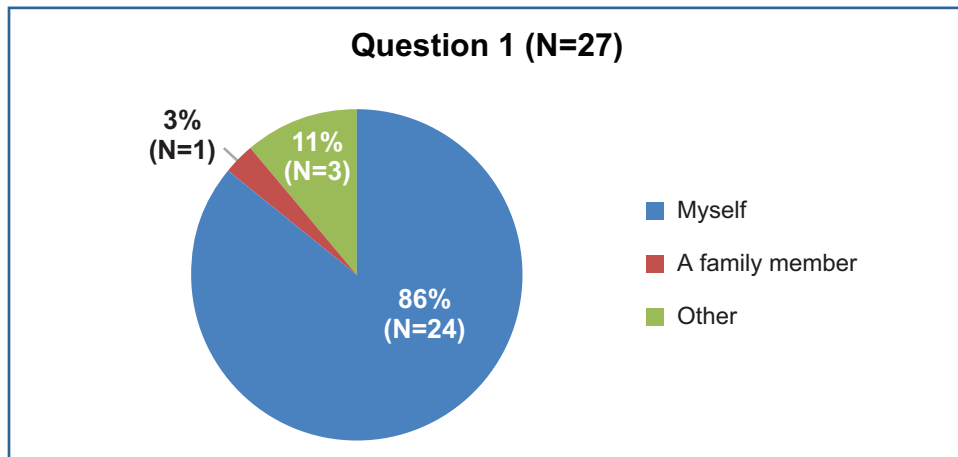
The following summarizes the member adult responses:

- Housing/sober living.
- It would be useful to have a shared calendar that syncs with mine when making appointments.
- Only history process.
- Would like to be able to see doctor when sick or medical attention is needed instead of having to go to urgent care because doctor is booked up with appointments.
- I don't understand, I'm aware of lots of families who do not get regular vaccinations for school, but you're forced to get COVID?
- In my opinion I would like it to be easier to get an appointment with psychologists. Today's children need help with all the problems of society.
- Please don't cancel appointments.
- I would like appointments to the doctor to be more frequent and available.

### Child Member (English and Spanish) Survey Findings

Overall, GCHP received a total of 66 completed member surveys. Of the 66 surveys, 27 (41%) were a combination of member child English and Spanish responses.

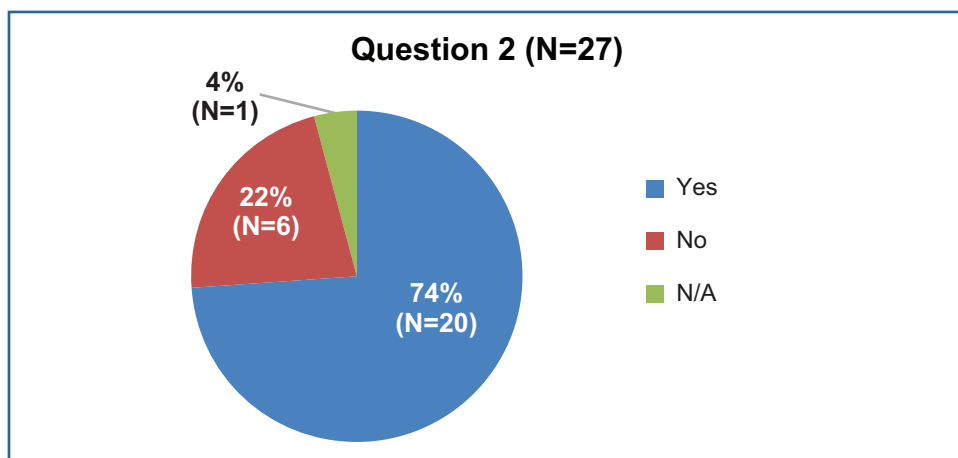
#### Question 1: I am filling out this survey for:



Question 1: Of the 27 responses, 86% indicated that the survey was completed on behalf of the child, 11% selected “other”, indicating self and my client, and 3% selected on behalf of a family member.

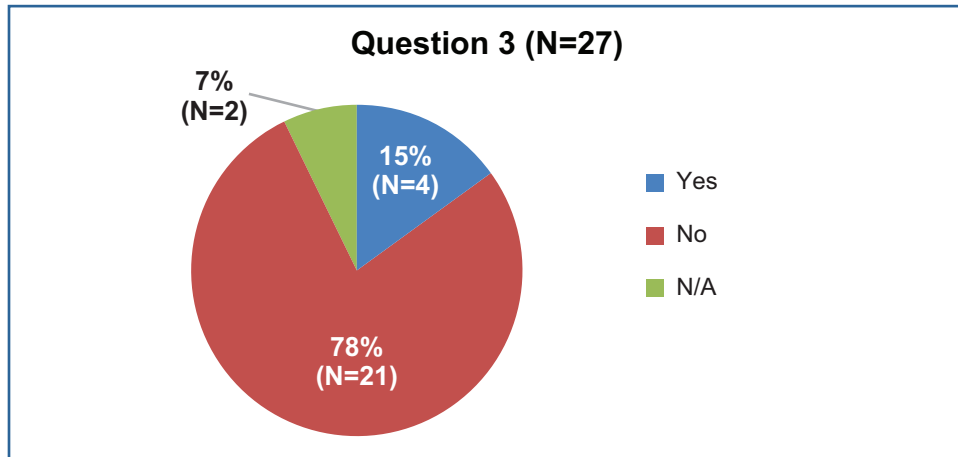
#### The following questions (2 to 10) are related to health care:

#### Question 2: In the last six months, did you make any in-person, phone, or video appointments with your child’s doctor?



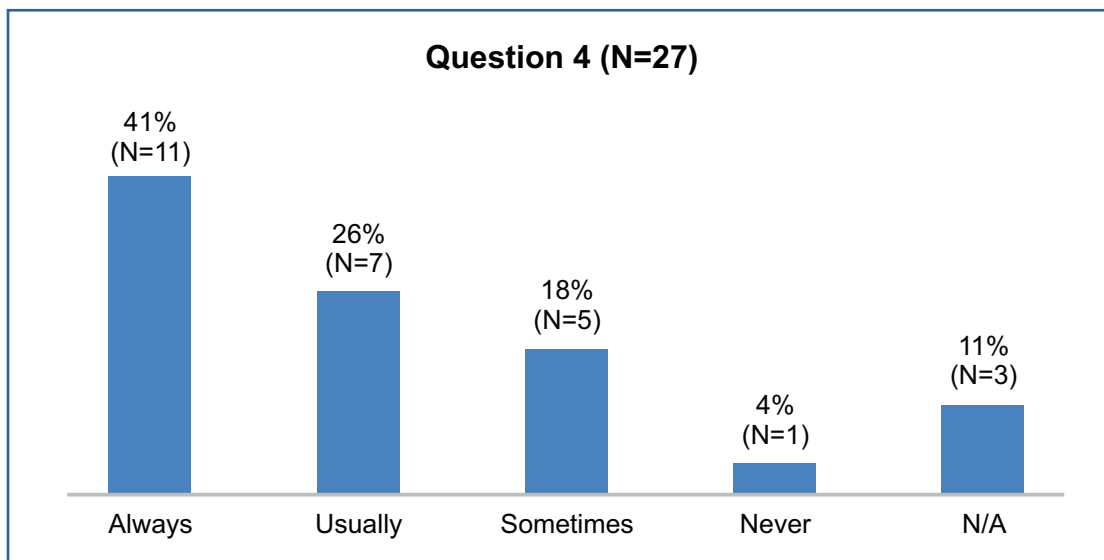
Question 2: Of the 27 responses, 74% indicated that they made an appointment within the last six months with their doctors, 22% indicated that they did not make a doctor’s appointment, and 4% responded as not applicable (N/A).

**Question 3: In the last six months, did you have a long wait time to schedule your child's next appointment with your child's doctor?**



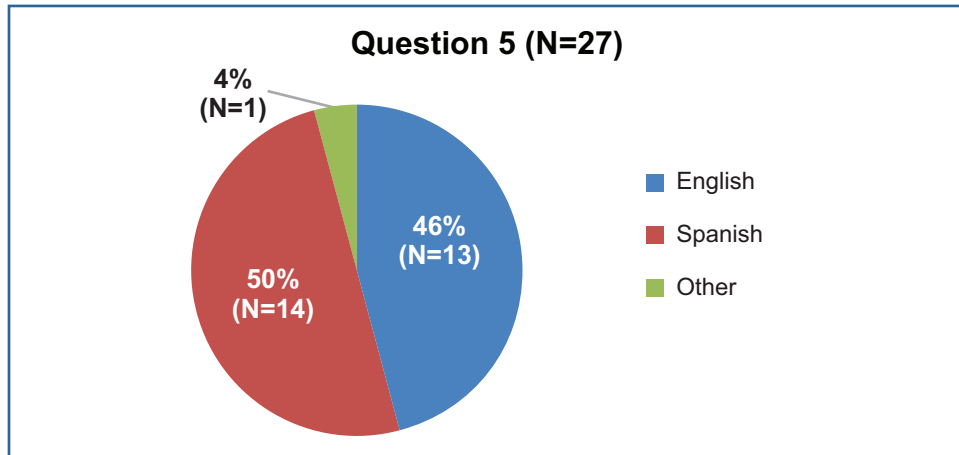
Question 3: Of the 27 responses, 78% indicated that in the last six months they did not have to wait a long time to schedule their next child's doctor's appointment, 15% indicated that they had to wait a long time, and 7% selected as N/A.

**Question 4: In the last six months, how often was it easy to get the care, test results or treatment your child needed?**



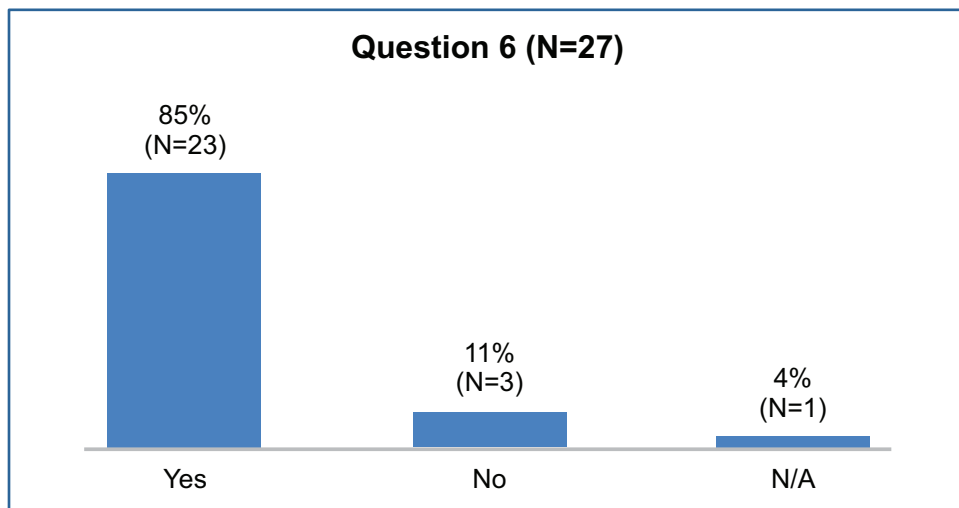
Question 4: Of the 27 responses, 41% indicated that in the last six months members found that it was always easy to get the care, test results or treatment needed, 26% indicated that they usually were able to get care, test results or treatment, 18% reported as sometimes, 11% selected as N/A, and 4% selected as never.

**Question 5: What language do you prefer to speak in with your child's doctor?**



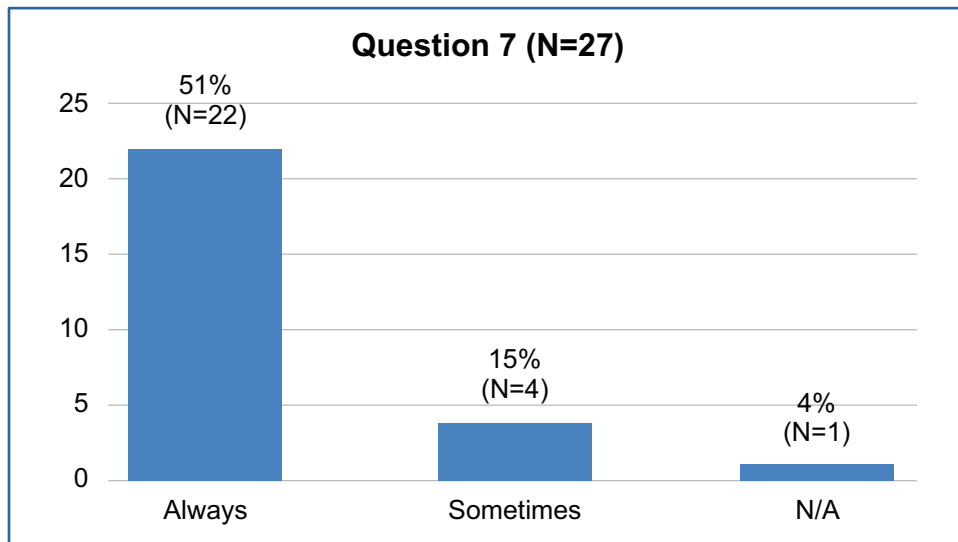
Question 5: Of the 27 responses, 50% indicated that they prefer to speak with the child's doctor in Spanish, 46% in English, and 4% in other, however, no other language was reported.

**Question 6: Does your child's doctor or office staff speak the language you prefer?**



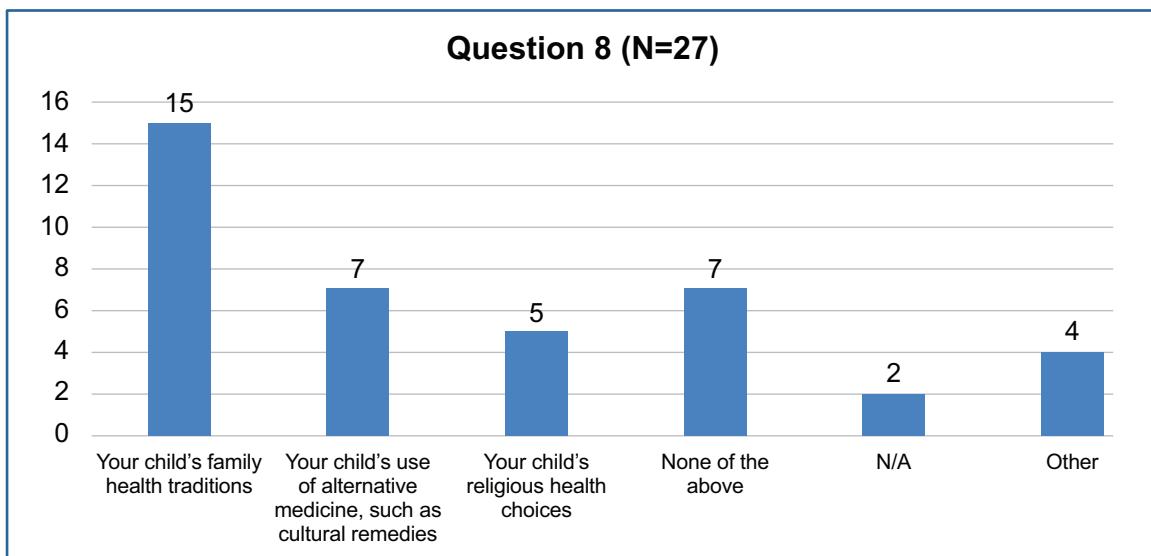
Question 6: Of the 27 responses, 85% indicated that the child's doctor or office staff speak the language they prefer and 11% indicated that the child's doctor do not speak the language they prefer. Additionally, 4% selected N/A, however, no further information was reported.

**Question 7: How often does your child's doctor explain things in a way that is easy for you to understand?**



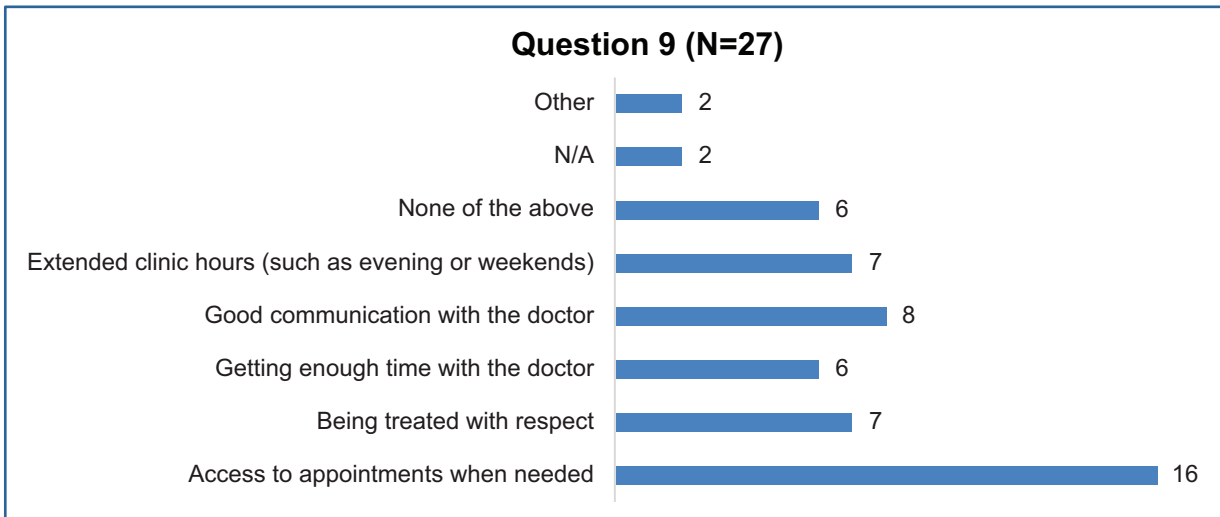
Question 7: Of the 27 responses, 51% indicated that child's doctor explains things in a way that is easy to understand, 15% of the respondents indicated that sometimes doctors explain thing in a way that is easy to understand, and 4% selected N/A with no additional information.

**Question 8: Does your child's doctor understand and respect (Check all that apply.)**



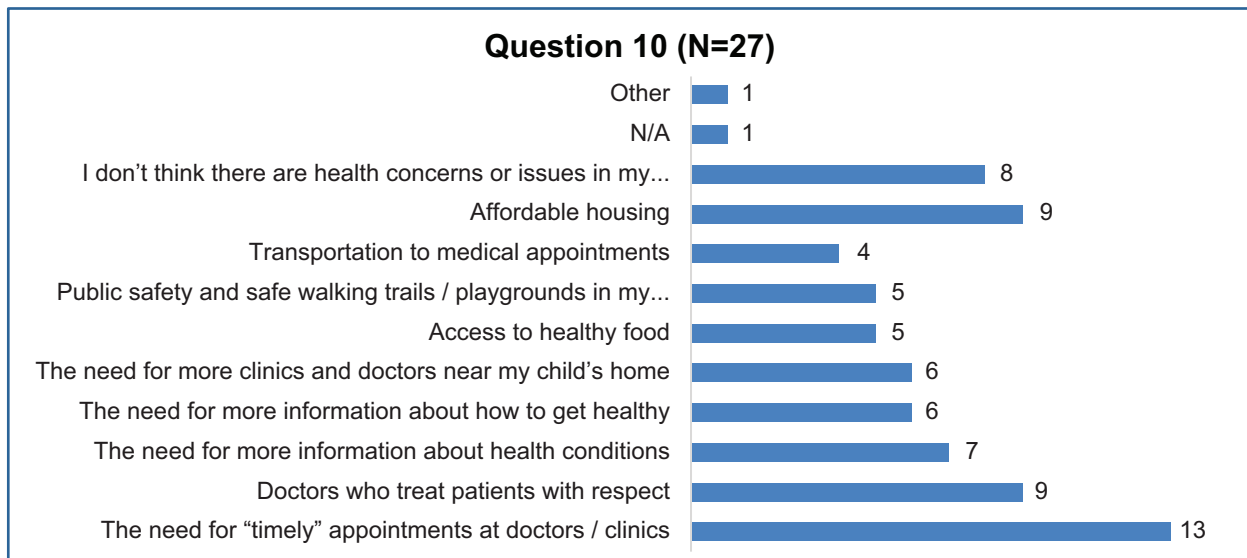
Question 8: Of the 27 responses, 15 indicated that their child's doctor understands and respects member's family health traditions, 7 indicated that the child's use of alternative medicine, such as cultural remedies, and none of the above. Five responses indicated that the doctor understands and respects religious health choices. A total of 6 responses included "other" and N/A as the response. The "other" responses included: TCRC specific medications list only authorized by doctor; never talked about our traditions with our doctor, doctors understand parents and do what they feel is best and just give all information available.

**Question 9: If there are any issues or concerns with your child’s doctor, what issues or concerns are the most important to you and your child? (Check all that apply.)**



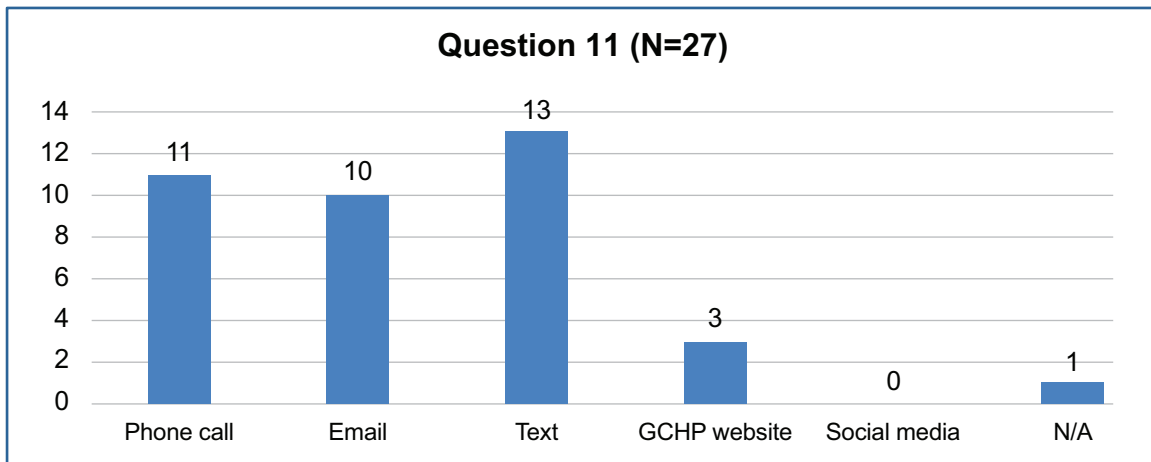
Question 9: Of the 27 responses, 16 identified access to appointments when needed is an issue or concern; 8 identified having good communication is important, and 14 indicated that being treated with respect and having extended clinic hours (such as evening or weekends) are important for the child.

**Question 10. What are important health concerns or issues for people living in your community? (Check all that apply.)**



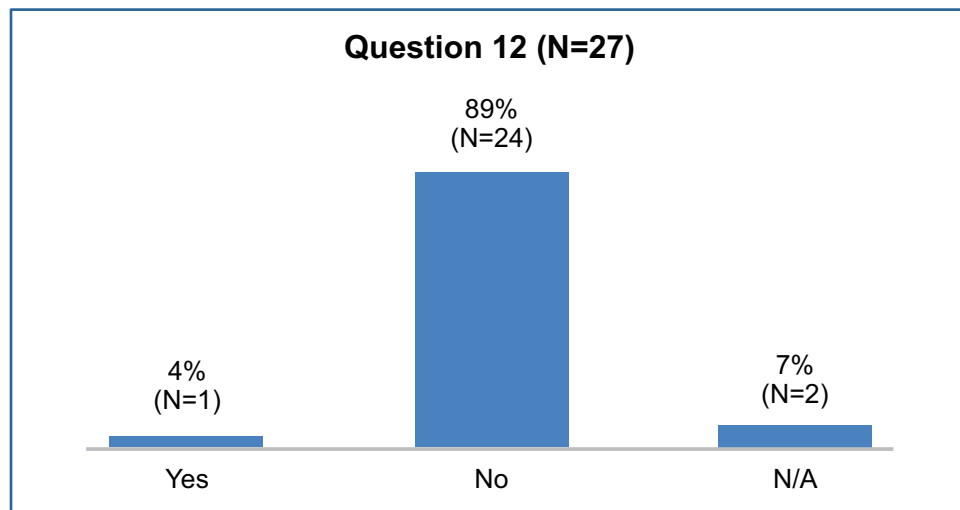
Question 10: Of the 27 responses, the top three important health concern or issues for people living in the child’s community are: 1) the need for “timely” appointments at doctors/clinics; 2) doctors who treat patients with respect along with affordable housing; and 3) selected that they do not think there are health concerns or issues in the child’s community. Additionally, respondents indicated that when a child is sick, for example with a cold, the doctor’s office indicate that the next appointment will be available within the next month.

**Question 11: How would you like to get health information from your child's health plan about how to stay healthy? (Check all that apply.)**



Question 11: Of the 27 responses, the top three responses indicated that child members would like health information from the following methods: 1) text; 2) phone call; and 3) email.

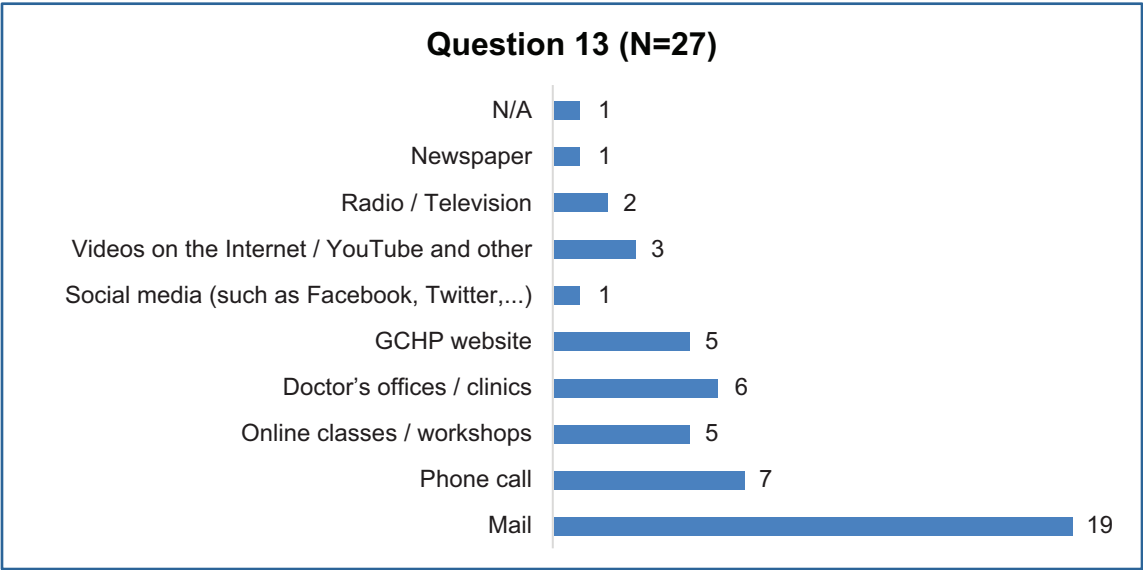
**Question 12: In the last six months, did you talk with your child's doctor or someone from your child's health plan about non-medical concerns, such as housing, food, finances, or concerns about social isolation?**



Question 12: Of the 27 responses, 89% indicated that in the last six months they did not talk with the child's doctor about non-medical concerns, such as housing, food, finances, or concerns about social isolation, 7% of respondents indicated N/A, and 4% indicated that they had a conversation.

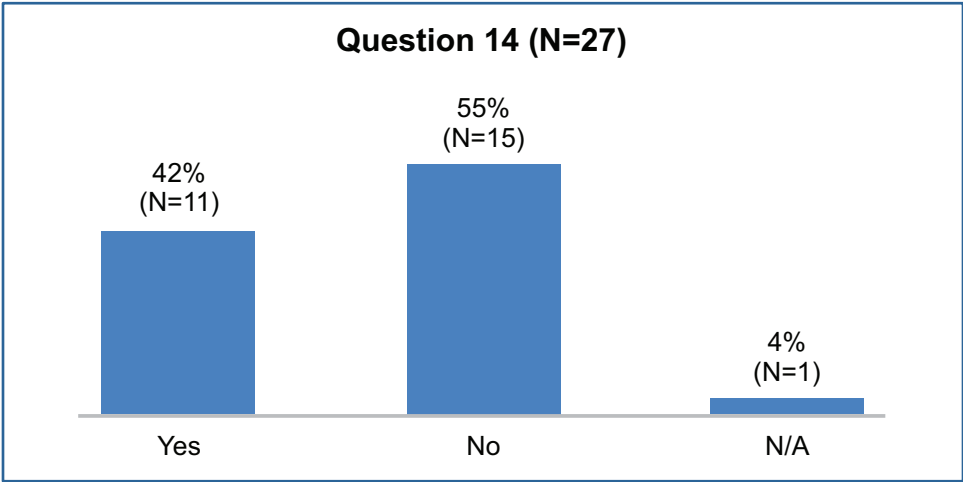


**Question 13: What is the best way for GCHP to provide health education services to members? (Check all that apply.)**

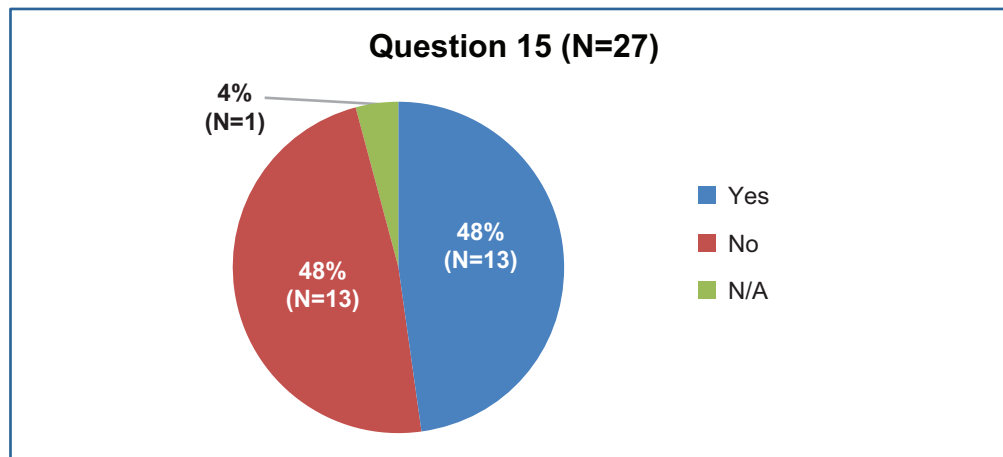


Question 13: Identifies the best way for GCHP to provide health education services to members. The top three options are: 1) mail; 2) phone call; and 3) doctor's offices/clinics.

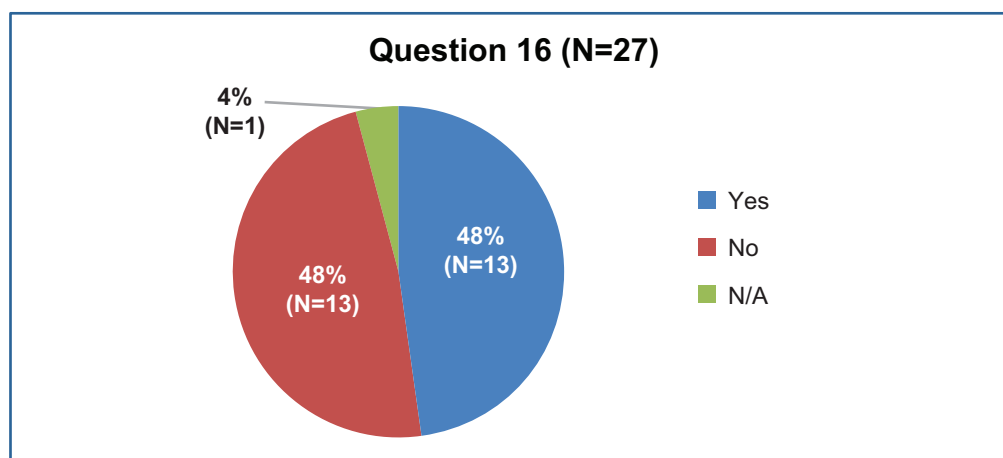
**Question 14: Do you know that GCHP offers behavioral health services?**



Question 14: Of the 27 responses, 55% did not know that GCHP offers behavioral health services and 42% responses indicated that they were aware of this service. Additionally, 4% selected N/A as a response.

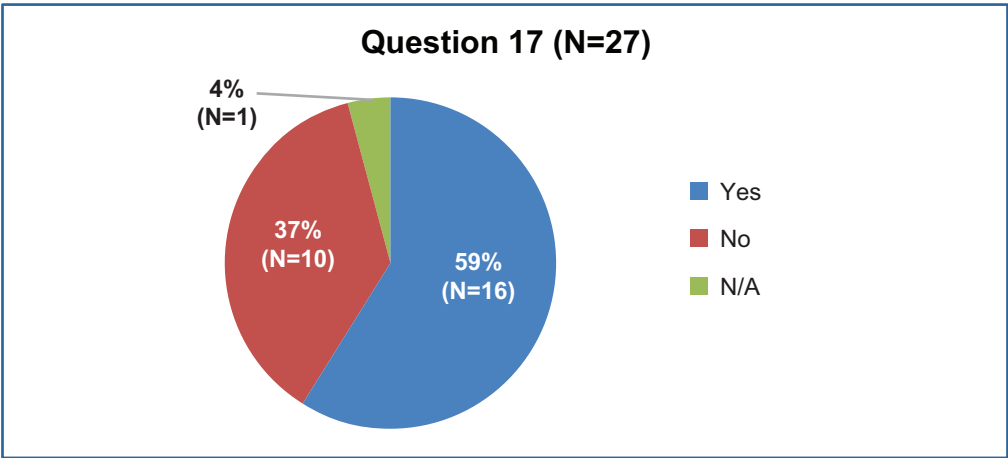
**Question 15: Do you know that GCHP offers health education services to members?**

Question 15: Of the 27 responses, 48% indicated that they were aware that GCHP offers health education services to members and 48% were not aware of this service. In addition, 4% selected N/A.

**Question 16: Do you know that GCHP offers medical interpreters and translation services at no cost to you or your child?**

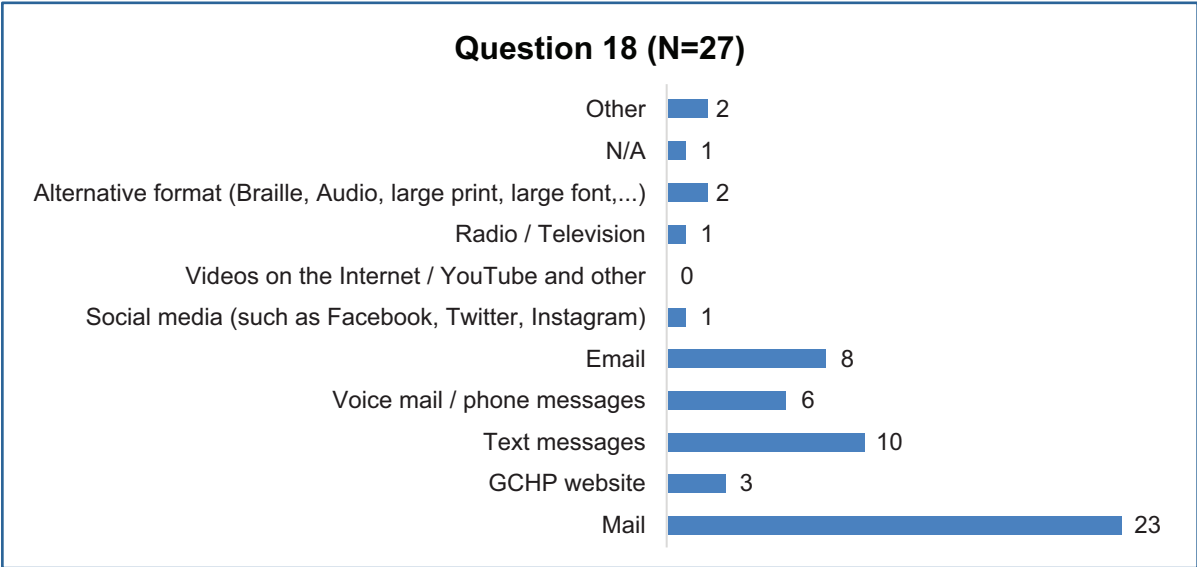
Question 16: Of the 27 responses, 48% indicated that they were aware that GCHP offers medical interpreters and translation services at no cost to you or your child and 48% were not aware of this service. In addition, 4% selected N/A.

**Question 17: If you need language assistance services during your child’s medical appointment, do you know how to request an interpreter?**

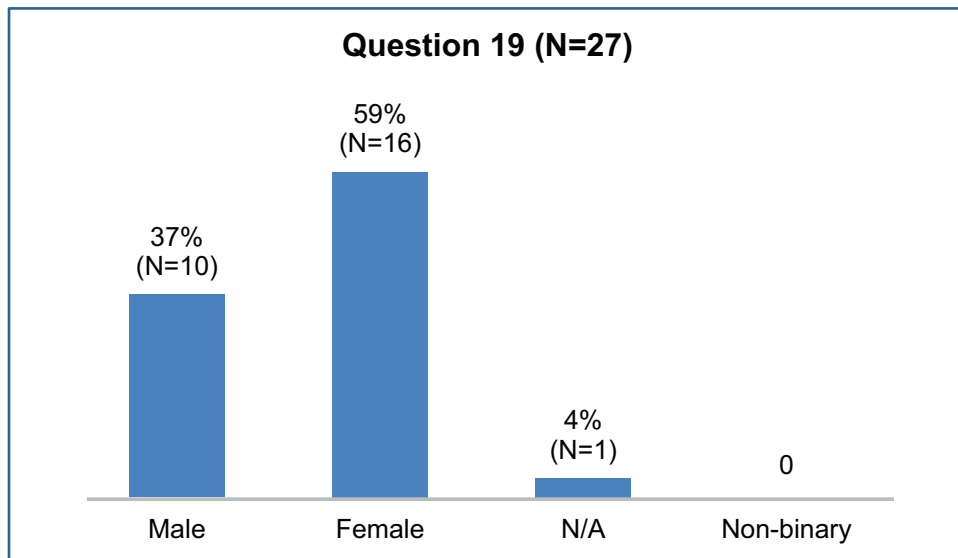


Question 17: Of the 27 responses, 59% indicated that they were aware on how to request an interpreter during the child’s medical appointment and 37% were not aware. In addition, 4% selected as N/A.

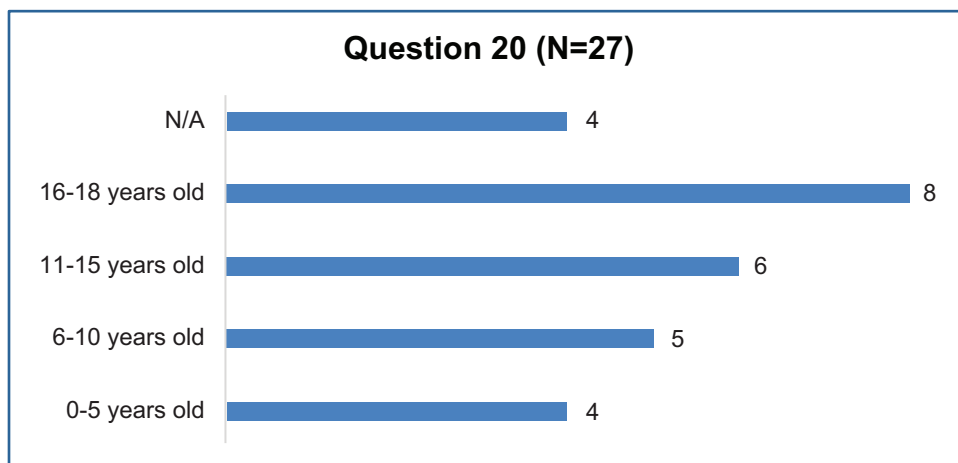
**Question 18: How do you like to get health plan information from GCHP? (Check all that apply.)**



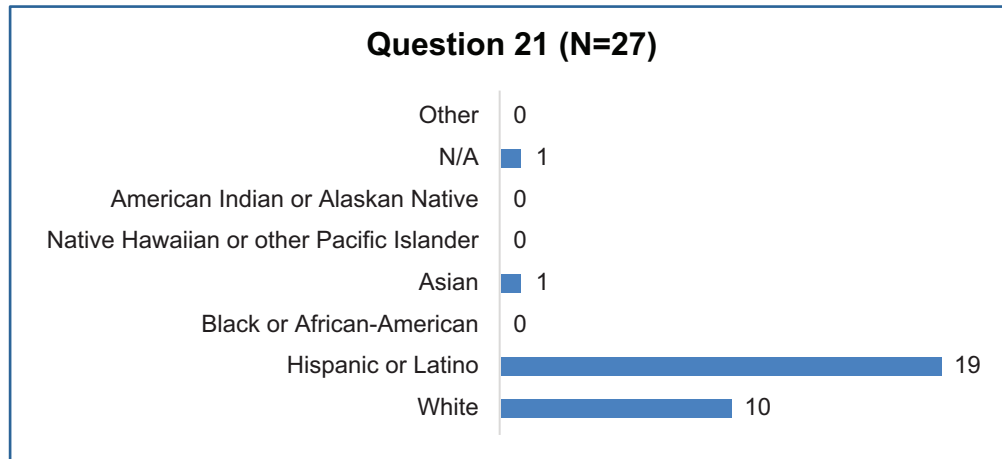
Question 18: Of the 27 responses, the top three methods to get health information from GCHP are: 1) Mail; 2) text messages; and 3) email. Additionally, responses identified “other” as for large print/font as another method.

**Question 19: Which of the following would your child use to identify themselves?**

Question 19: Of the 27 responses, 59% females identified the child's gender, 37% identified as males, and 1% as N/A, however, no information provided.

**Question 20: What is your child's age?**

Question 20: Of the responses, the age group with the highest response are among 16-18 years old and 11-15 years old.

**Question 21: What is your child's race / ethnicity? (Check all that apply.)**

Question 21: Identifies the child's race/ethnicity group. The top responses are: Hispanic or Latino and White.

**Question 22. Is there anything else you would like to tell us about health concerns, health problems or ways to improve the services your child gets?**

Question 22: In addition to quantitative questions, the child member survey included an open-ended question asking to provide any information they would like GCHP to know about health concerns, health problems or ways to improve the services members are receiving.

The following summarizes the member child responses:

- Availability to scheduling doctor appointments when needed.
- Difficult to get doctor's appointment sometimes when we need to see the doctor. Please extend the time duration of the clinic hours.
- There needs to be a better way to contact the doctor instead of trying to get nurses to send a message, because nothing ever gets relayed that way. A direct message system would help. And more appointments so that the wait isn't two months.
- The waiting time to make an appointment is always very long and they almost never answer in a reasonable time at a provider clinic.
- Doctors need to have more patience with the patients because if we ask and additional question, they will tell us to make another appointment.
- It takes too long to get an appointment with my assigned doctor.

## Appendix G - 2021 GCHP Summary Demographic Form

### SECTION I - DEMOGRAPHIC CHANGES

Sections A - F provide a snapshot of GCHP membership in 2021 compared to 2020. All collected is for calendar year 2021 and 2020, January - December. Each unique member should be counted only once, with one month gap during the calendar year.

#### A. Plan's Members by Race/Ethnicity

Race/Ethnicity	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
American Indian/Alaskan Native	331	0%	334	0%	-0.02%
Asian/Pacific Islander	5,232	3%	5,198	3%	-0.29%
Black/African American	2,164	1%	2,247	1%	-0.06%
Hispanic/Latino	91,749	59%	97,495	58%	-1.33%
Caucasian/White	30,820	20%	30,700	18%	-1.66%
Other/Not Available/Unknown	24,737	16%	32,546	19%	3.36%
<b>Totals</b>	<b>155,033</b>	<b>100%</b>	<b>168,520</b>	<b>100%</b>	<b>N/A</b>

#### B. Plan's Members by Preferred Language

Preferred Language	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
American Sign Language (ASL)	29	0.02%	26	0.02%	0.00%
Arabic	323	0.21%	342	0.20%	-0.01%
Armenian	24	0.02%	21	0.01%	0.00%
Cambodian	29	0.02%	21	0.01%	-0.01%
Cantonese	42	0.03%	34	0.02%	-0.01%
English	95,561	61.64%	105,447	62.57%	0.93%
Farsi	177	0.00%	144	0.00%	0.00%
French	4	0.00%	4	0.00%	0.00%
Hebrew	1	0.00%	1	0.00%	0.00%
Hmong	3	0.00%	3	0.00%	0.00%
Ilocano	3	0.00%	3	0.00%	0.00%
Italian	10	0.01%	8	0.00%	0.00%
Japanese	8	0.01%	5	0.00%	0.00%
Korean	100	0.06%	94	0.06%	-0.01%

Preferred Language	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
Lao		0.00%		0.00%	0.00%
Mandarin	154	0.10%	116	0.07%	-0.03%
Other Chinese Language	14	0.01%	13	0.01%	0.00%
Other Non-English	135	0.09%	162	0.10%	0.01%
Other Sign Language	1	0.00%	1	0.00%	0.00%
Polish		0.00%		0.00%	0.00%
Portuguese	3	0.00%	3	0.00%	0.00%
Russian	62	0.04%	69	0.04%	0.00%
Samoan	6	0.00%	6	0.00%	0.00%
Spanish	57,377	37.01%	61,175	36.30%	-0.71%
Tagalog	221	0.14%	172	0.10%	-0.04%
Thai	12	0.01%	12	0.01%	0.00%
Turkish		0.00%	1	0.00%	0.00%
Vietnamese	436	0.28%	422	0.25%	-0.03%
No Valid Data Reported	294	0.19%	210	0.12%	-0.07%
No response, client declined to state	4	0.00%	4	0.00%	0.00%
NULL		0.00%	1	0.00%	0.00%
<b>Total</b>	<b>155,033</b>	<b>100%</b>	<b>168,520</b>	<b>100%</b>	<b>N/A</b>

### C. Plan's Members by Age

Age (Years)	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
< 1	266	0.17%	238	0.14%	-0.03%
1 - 5	19,535	12.60%	19,540	11.60%	-1.01%
6 - 11	26,783	17.28%	27,367	16.24%	-1.04%
12 - 17	27,826	17.95%	29,598	17.56%	-0.38%
18 - 20	10,418	6.72%	12,047	7.15%	0.43%
21 - 44	44,204	28.51%	51,963	30.83%	2.32%
45 - 64	24,383	15.73%	27,767	16.48%	0.75%
65 +	1,618	1.04%			-1.04%
<b>Totals</b>	<b>155,033</b>	<b>100%</b>	<b>168,520</b>	<b>100%</b>	<b>N/A</b>

**D. Plan's Members by Sex**

Sex	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
Male	73,456	47.38%	79,690	47.29%	-0.09%
Female	81,577	52.62%	88,830	52.71%	0.09%
Unknown					
<b>Totals</b>	<b>155,033</b>	<b>100%</b>	<b>168,520</b>	<b>100%</b>	<b>N/A</b>

**E. Plan's Members by SPD and Dual Category**

Aid Category	Aid Category Calculated Description		Aid Category	Aid Category Calculated Description	
Sex	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
SPD	8,865	5.72%	6,723	3.99%	-1.73%
Dual	0	0.00%	0	0.00%	0.00%
SPD Non-Dual		0.00%		0.00%	0.00%

**SECTION II - NEW HEALTH DISPARITIES OF CHANGES IN HEALTH OUTCOMES****F. Plan's Members Health Condition based on Diagnosis Codes**

Conditions	Member Numbers (2020)	% of Total Membership (2020)	Member Numbers (2021)	% of Total Membership (2021)	% of Membership in 2021 (minus) % of Membership in 2020
Homeless	3,949	2.55%	5,695	3.38%	0.83%
Tobacco Users	7,892	5.09%	6,780	4.02%	-1.07%
Covid-19 Admission	140	0.09%			
At Least one Covid-19 injection			66,874	39.68%	39.68%
TCRC Eligible			4,949	2.94%	2.94%
CCS Eligible	6,212	4.01%	4,529	2.69%	-1.32%
Live Birth	1,695	1.09%	1,874	1.11%	0.02%





Gold Coast  
Health Plan<sup>SM</sup>  
A Public Entity

Population  
Needs  
Assessment

AUGUST

2022

711 E. Daily Dr., Suite 106, Camarillo, CA 93010