



Population Needs Assessment

CenCal Health

2022

Responsible Health Education and/or Cultural and Linguistics Staff:

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1. Population Needs Assessment Overview

Introduction

CenCal Health has provided Medi-Cal coverage in Santa Barbara County as the Santa Barbara Health Initiative (SBHI) since 1983 and in San Luis Obispo County as the San Luis Obispo Health Initiative (SLOHI) since 2008. These two service counties comprise the Plan's singular reporting unit.

Per California Department of Health Care Services (DHCS) requirement, a Health Education and Cultural & Linguistic Population Needs Assessment (PNA) is conducted each year. The Health Promotion Supervisor, who is responsible for planning, implementing, and evaluating the Plan's health education programs, compiled CenCal Health's 2022 PNA. The Director of Member Services is responsible for the Plan's cultural and linguistic (C&L) services through its Cultural and Language Access Program. Staff from our IT, Quality, and Population Health teams contributed health plan data and analysis to the PNA.

CenCal Health recognizes the importance of offering services that address the health education, C&L, and quality improvement (QI) needs of its members. The goal of this assessment is to improve health outcomes and to ensure that the Plan is meeting the needs of our members by:

- Identifying member health needs and health disparities.
- Evaluating health education, C&L, and QI activities and available resources to address identified concerns.
- Implementing targeted strategies for health education, C&L, and QI programs and services.

Data Sources

In compliance with DHCS policy, both required and optional data sources were used to provide a comprehensive assessment of the Health Plan's member population, identify key findings, and plan objectives and strategies for improvement. Unless otherwise noted, data is from Calendar Year 2021.

Key Findings Overview

The key findings of this assessment section were identified by analyzing the data sources described in Section 2 below.

Membership/Group Profile

- There was an 8.5% increase in total membership in 2021, as well as a 15.06% increase in enrollment in CenCal Health's California Children's Services program.
- 70% of members reside in Santa Barbara County, while the other 30% live in San Luis Obispo County.
- In Santa Barbara County, 59% of members speak English, and 40% speak Spanish. In San Luis Obispo County, 81% of members speak English, and 18% of members speak Spanish.

Health Status and Disease Prevalence

- The percentage of adult members that reported their overall health in 2021 as being good, very good, or great was a total of 75.71%.
- The percentage of children whose overall health was reported as good by their parent/guardian was 100% in 2021.
- Of the four conditions assessed (asthma, chronic obstructive pulmonary disease, diabetes, and hypertension), hypertension was the most prevalent among members in 2021, with 8.84% of total members having this diagnosis, excluding dual eligible members.

Access to Care

- The Plan met network standard requirements in 2021, such as provider-to-patient ratios, and member distance from primary care.
- CAHPS data indicates that for both adult and pediatric patients, a majority of members report the ability to access primary and urgent care timely and when necessary.
- There were no cultural and linguistic access issues identified in 2021, with all interpreter services requested by members being appropriately coordinated by the Plan's C&L staff.

Health Disparities

- Several health disparities were identified using the DHCS Health Disparities data set.
- Each topic was assessed for disparities in regard to age, sex, region, language spoken, and race/ethnicity.
- Disparities were identified related to breast cancer screening, cervical cancer screening, pediatric developmental screening, and controlling high blood pressure.

Gap Analysis

- Health education and quality improvement activities will focus on closing gaps related to the health disparities identified in this assessment.
- The Plan will focus on increasing utilization of the Health Survey Tools, to comprehensively assess members' health and social needs, particularly for adults, which had only a 9.98% return rate.
- Cultural and linguistic activities will support Health Education and QI efforts to ensure that members of all spoken languages have equitable access to services.

Action Plan

The key findings will be addressed through four Action Plan objectives which address the gaps and health disparities identified in this assessment. The Action Plan is detailed in Section 4 and includes strategies for achieving each objective's SMART goal. Also included is an update table for the 2021 PNA Action Plan objectives, including updated rates and an explanation of activities conducted to date.

Stakeholder Engagement

CenCal Health's Community Advisory Board was updated at each stage of the PNA development process and was given the opportunity to provide input in the content of the report, as well as the Action Plan objectives.

2. Data Sources and Methods

This section lists and provides a brief description of each data source used in the PNA, as well as the methods used to complete the assessment.

Data Sources

In compliance with DHCS policy, the following data sources were used to provide a comprehensive and up-to-date assessment of the Plan's member population, identify key findings, and to plan objectives and strategies for improvement. Data sources include the required, recommended, and optional data sources. *Unless otherwise noted, data is from Calendar Year 2021.*

[2020 CAHPS survey \[required\]](#)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a program of the Agency for Healthcare Research and Quality. The survey's purpose is to understand and measure patient experiences with health care. In 2020, the CAHPS survey was sent to a sample of CenCal Health members in both counties. A total of 329 adult surveys were "complete and eligible," and a total of 438 child surveys were "complete and eligible."

[DHCS Managed Care Plan Specific Health Disparity Data \[required\]](#)

Provided to plans by DHCS, this data highlights disparities in health status and utilization among CenCal Health members. The data was analyzed to identify potential disparities for the select topics based on key demographic characteristics, including language, gender, and region.

[Health Plan Data](#)

Several health plan data sources were used in the development of the PNA, including:

Claims, utilization, and encounter data: This data source is administrative in nature. It encompasses medical claims, pharmacy claims, laboratory data feeds, and California Immunization Registry data feeds received by the Plan.

Gaps in Care database: The Gaps in Care database is the product of data from claims, pharmacy, laboratory results, and DHCS supplemental data feeds received by the Plan to identify member gaps in care. The database is updated monthly with results for prioritized NCQA HEDIS^{®1} measures using HEDIS-certified software. The database is then analyzed to determine measure rates through a pre-built data query and dashboard. The Gaps in Care data query and dashboard have the capability to drill to county rates, network provider rates, and member-level detail.

Member Eligibility data: Member eligibility data is a bi-monthly data file received from the Department of Social Services that identifies all current and newly eligible CenCal Health members. It includes a member's personal information, contact information, aid code, as well as demographic information.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Cultural and Linguistics Program data: CenCal Health's Cultural and Linguistic Services program provides and facilitates interpreter and translation services. The Plan tracks utilization of Video Remote Interpreter Requests, Face-to-Face Requests, American Sign Language (ASL) requests, and Language Line requests, and reports this data to the Member Support Committee.

Member Health Survey Tool data: All new members are sent a Health Survey to obtain information about their current health status and health needs, and to determine whether or not the member is a candidate for Case Management or referral to other services. In 2021, the Plan sent a total of 19,310 Adult Health Surveys, and received a total of 1,927 back, or 9.98%. The Plan sent a total of 9,790 Pediatric Health Surveys, and received a total of 7,864 back, or 80.32%.

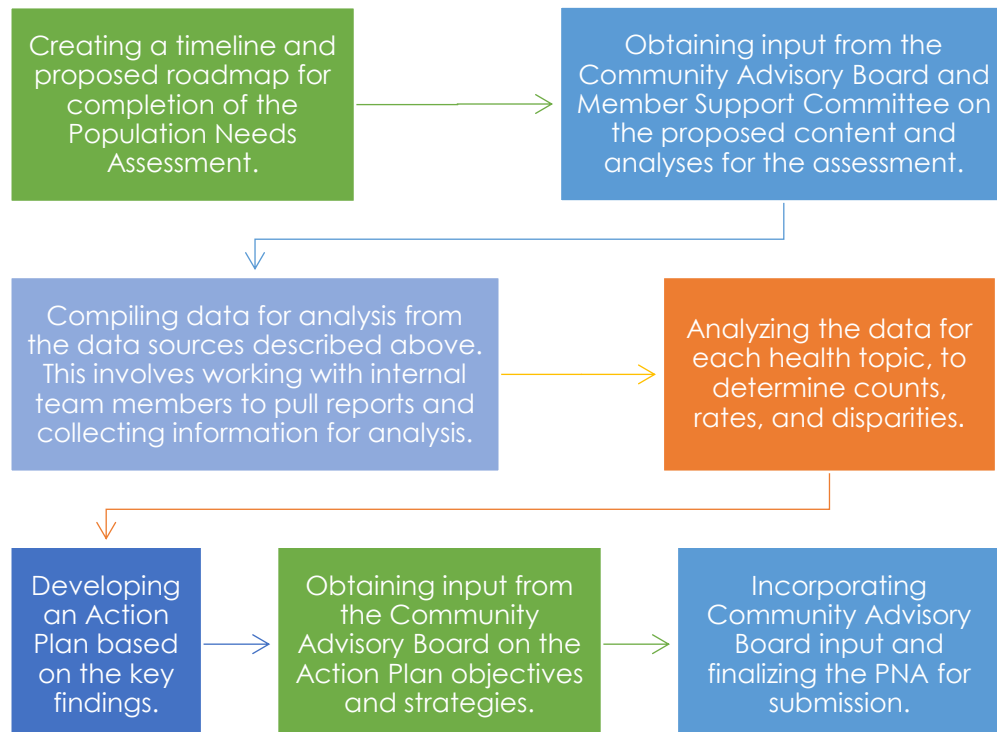
Provider Network data: The Network Management Committee (NMC) is responsible for reviewing access indicators to ensure compliance with contractual requirements and identify opportunities for improvement in the provider network. When needed to assess network adequacy for certain health topics, health plan provider network data was analyzed and cited.

HEDIS and MCAS

Both the Healthcare Effectiveness Data and Information Set (HEDIS) and the Managed Care Accountability Set (MCAS) are sets of standardized performance measures used by the health plan and regulatory bodies to assess The Plan's effectiveness in areas of preventive care and chronic disease management. CenCal Health's Interactive Data Submissions Set (IDSS), which is used for HEDIS and reported to the National Committee for Quality Assurance (NCQA), was used to obtain the specific rate calculations used throughout the assessment and Action Plan.

Methods

The Plan's methodology for completing the PNA included the following steps:



3. Key Data Assessment Findings

This section details the key findings about member demographics, health status, and health disparities identified through the methods described above.

2021 Membership/Group Profile

[Overview](#)

Based on member eligibility data, CenCal Health had 210,248 total members enrolled in 2021. This was an 8.5% increase from the total number reported in last year's PNA. 70% of members reside in Santa Barbara County, while the other 30% live in San Luis Obispo County.

[Santa Barbara County](#)

Based on eligibility data of the total SBHI members, 59% were English speakers, 40% were Spanish speakers, and 1% were either "other" or did not include a language preference. About 47% of members were male and 53% were female. The following data shows the number and percentage of members by both race and age:

Members by Race and Age, Santa Barbara County, 2021										
Age	White	Hispanic	Asian/ Pacific Islander	Black	Alaskan Native/ American Indian	Hawaiian	Other	Not Provided	Total	% Of Total
Age 0-5	10,460	6,850	144	94	12	15	2,350	381	20,306	14%
Age 6-11	14,179	5,598	229	194	22	20	1,189	188	21,619	15%
Age 12-21	19,901	10,581	568	357	76	38	2,221	735	34,477	23%
Age 22-44	17,646	9,676	837	630	191	29	7,861	2,280	39,150	27%
Age 45-64	11,006	4,389	606	472	126	21	3,191	1,182	20,993	14%
Age 65+	5,025	2,854	538	194	43	5	1,117	1,076	10,852	7%
Total	78,217	39,948	2,922	1,941	470	128	17,929	5,842	147,397	
% Of Total	53%	27%	2%	1%	<1%	<1%	12%	4%		

Note: The category "other" represents a substantial portion of CenCal Health members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

[San Luis Obispo County](#)

Based on eligibility data of the total SLOHI members, 81% were English speakers, 18% were Spanish speakers, and 1% were either "other" or did not include a language preference. About 47% of members were male and 53% were female. The following data shows the number and percentage of members by both race and age.

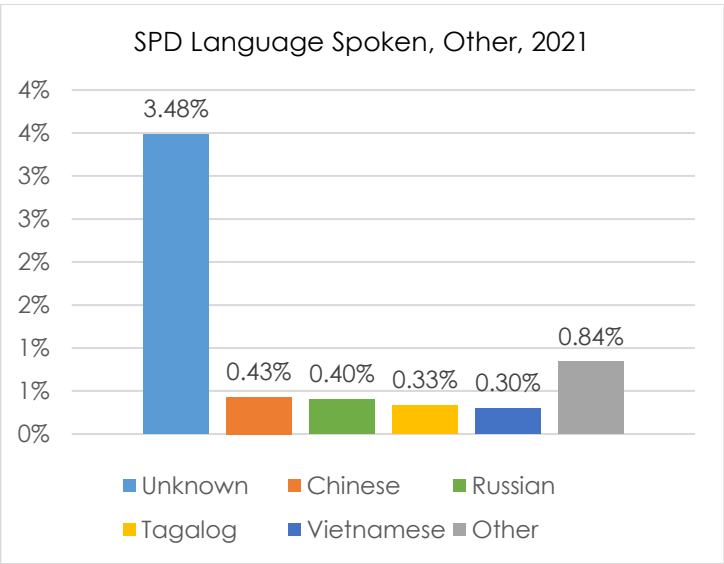
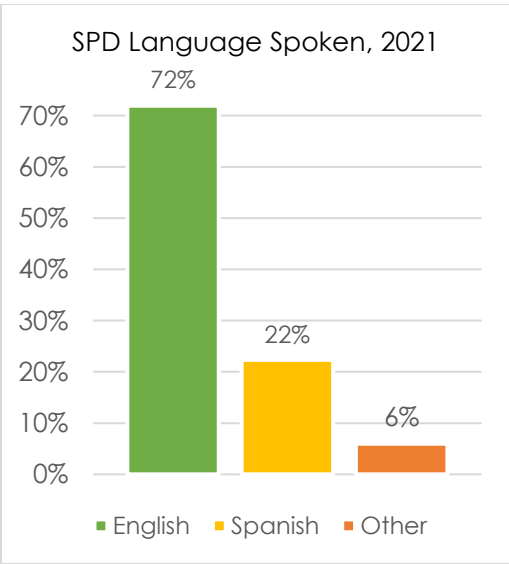
Members by Race and Age, San Luis Obispo County, 2021										
Age	White	Hispanic	Asian/ Pacific Islander	Black	Alaskan Native/ American Indian	Hawaiian	Other	Not Provided	Total	% Of Total
Age 0-5	1,680	2,199	59	40	15	5	2,152	794	6,944	11%
Age 6-11	2,720	3,364	103	55	24	15	1,171	198	7,650	12%
Age 12-21	4,297	5,763	250	140	44	30	1,559	427	12,510	20%
Age 22-44	8,185	3,808	401	243	102	22	5,178	1,344	19,283	31%
Age 45-64	5,639	1,733	301	163	97	8	2,775	791	11,507	18%
Age 65+	2,426	965	173	58	28	1	811	495	4,957	8%
Total	24,947	17,832	1,287	699	310	81	13,646	4,049	62,851	
% Of Total	40%	28%	2%	1%	<1%	<1%	22%	6%		

Note: The category "other" represents a substantial portion of CenCal Health members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

Special Populations

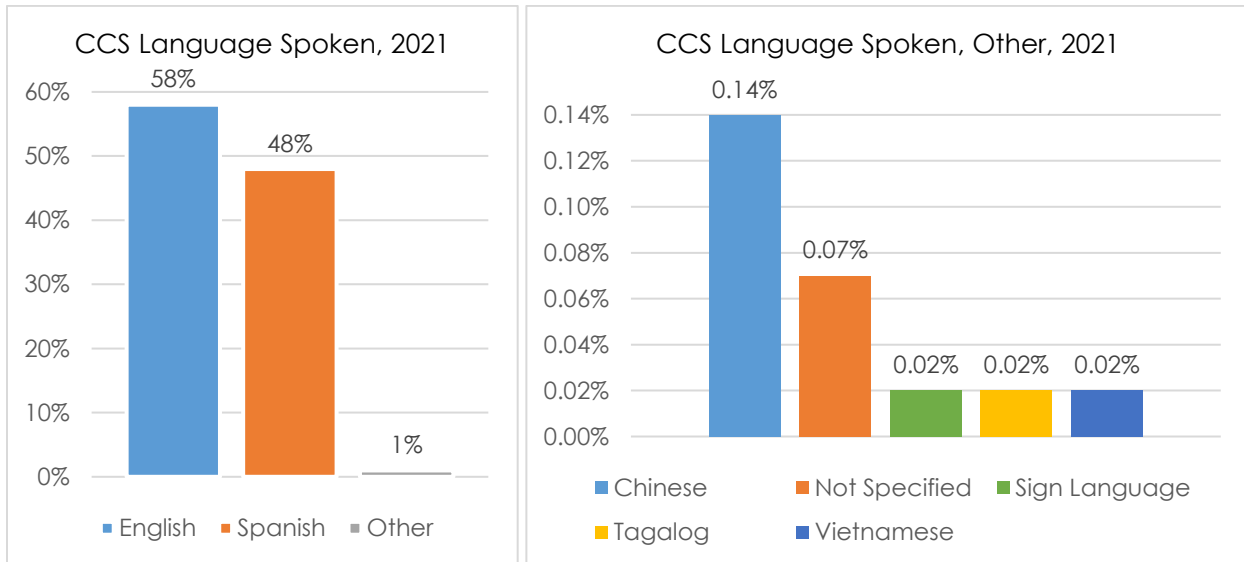
The following data highlights specific sub-populations of CenCal Health's membership.

Seniors and Persons with Disability (SPD): Based on DHCS aid codes provided in eligibility data and excluding members with dual Medi-Cal/Medicare coverage, there are 8,603 SPD members in CenCal Health's service areas, 67% of whom live in Santa Barbara County, and 33% of whom live in San Luis Obispo County.



California Children's Services (CCS): Based on eligibility data, there are a total of 4,239 total CCS members in CenCal Health's service areas, which is a 15.06% increase from 2020. Of these

members, 64% live in Santa Barbara County, 33% live in San Luis Obispo County, and 3% live in other Counties.

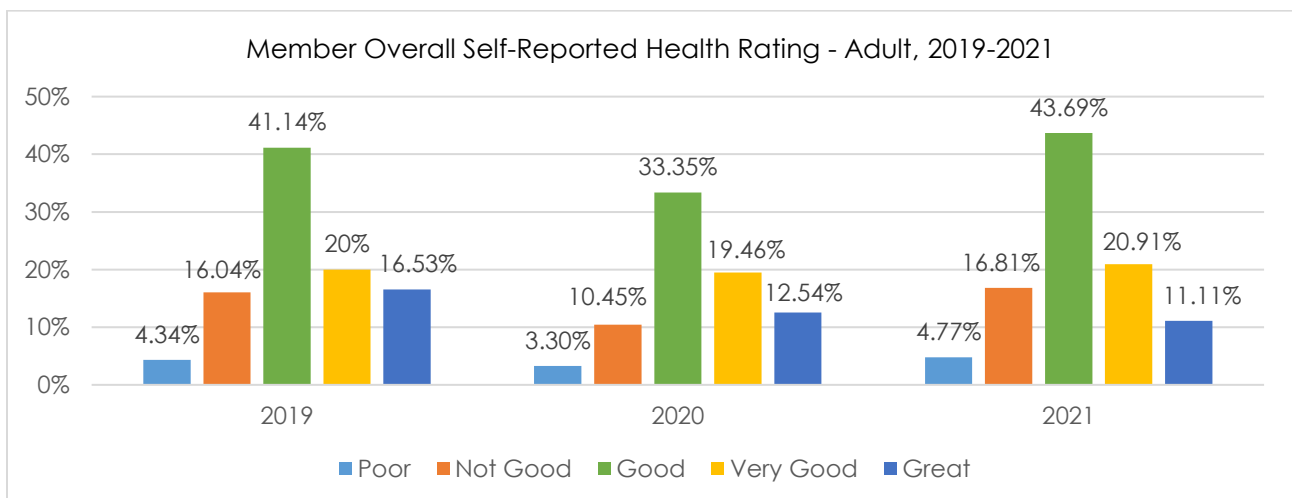


Health Status and Disease Prevalence

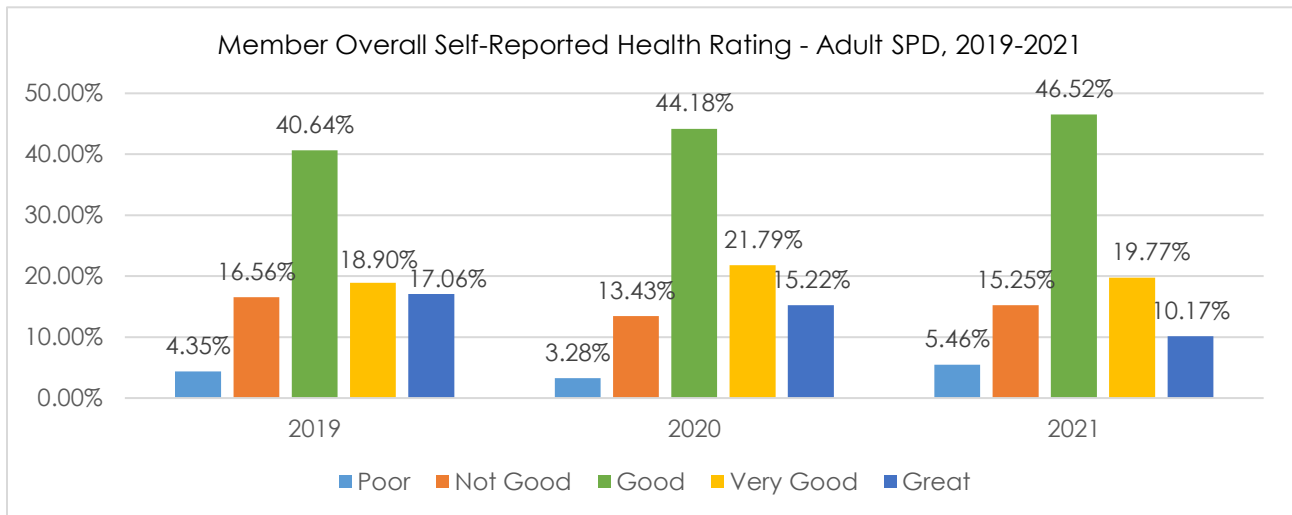
This section provides an overview of our members' health status, based on self-reported indicators, as well as an overview of the prevalence of key chronic conditions.

Health Status

Based on self-reported data from 1,927 Adult Health Survey Tools, the percentage of adult members that reported their overall health in 2021 as being good, very good, or great was a total of 75.71%. Based on self-reported data from this same tool, 11.36% of adult members currently use tobacco. This is consistent with statewide averages (CA Health Interview Survey, 2020). The graph below shows self-reported overall health rankings, including 2019 and 2020 data for comparison.



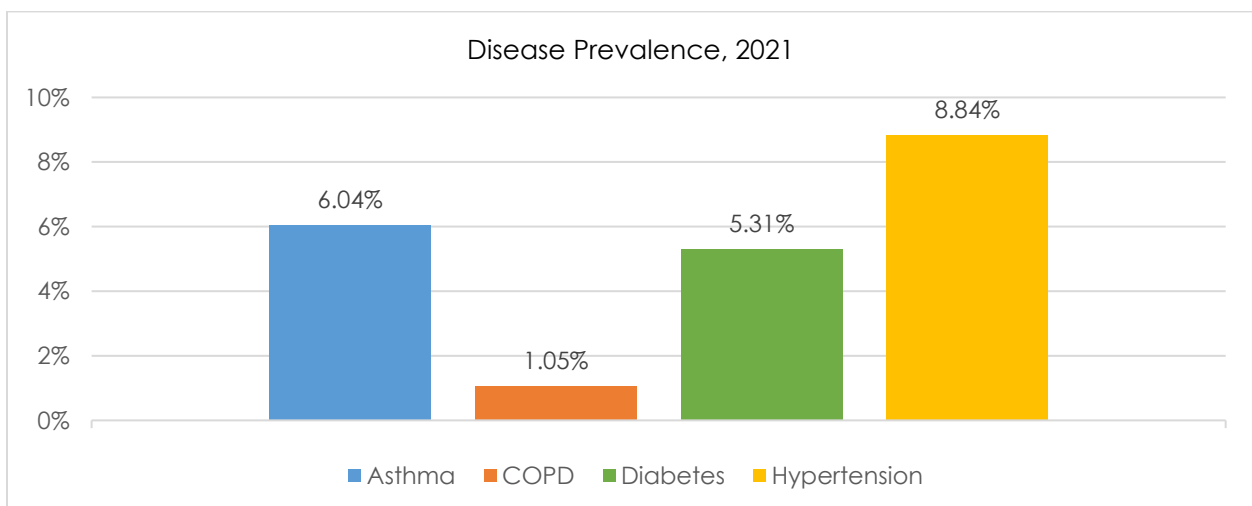
Of the 1,927 Adult Health Survey Tools completed, SPD members completed 531 total surveys. The percentage of adult SPD members that reported their overall health in 2021 as being good, very good, or great was a total of 76.46%. Based on self-reported data from this same tool, 10.55% of adult SPD members currently use tobacco.



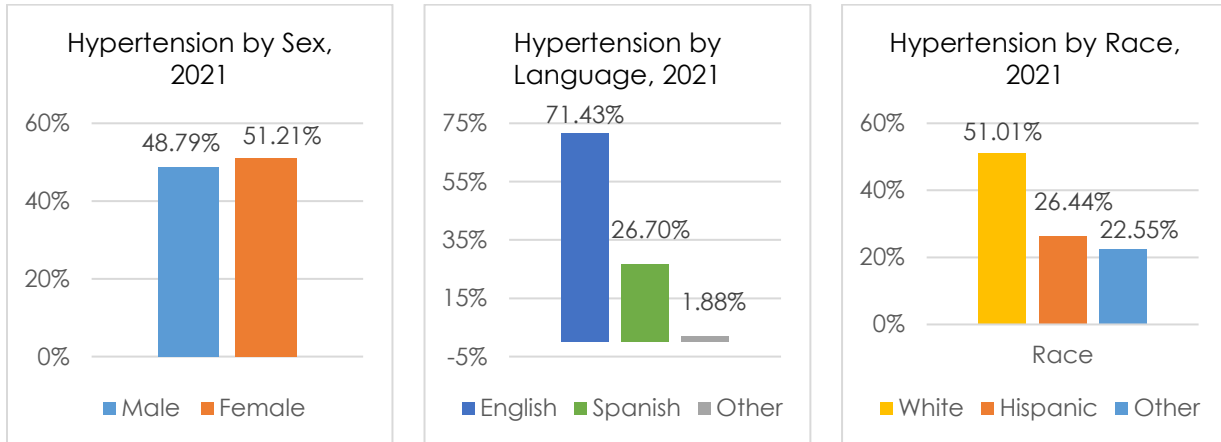
Based on parent/guardian-reported data from the Pediatric Health Survey tools, the percentage of children whose overall health was reported as good was 100% in 2021. However, Body Mass Index (BMI) data from this source indicate that 87.89% of children have a BMI in the 22–31 range, and 7.83% have a BMI over 31, while only 4.27% of children have a BMI under 22. While BMI is not a sole indicator of health, it does indicate that children are likely in need of improved nutrition and an increase in physical activity.

Disease Prevalence

Disease prevalence was assessed by monitoring the prevalence of chronic conditions amongst our membership, including asthma, chronic obstructive pulmonary disease (COPD), diabetes, and hypertension. The following CenCal Health rates were obtained using medical claims/CPT codes.



The following graphs expand on the members diagnosed with hypertension.



Note: The Race category "Other" represents a substantial portion of CenCal Health's hypertensive members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

Access to Care

This section describes members' access to care based on 2021 provider network access data, cultural and linguistic program data, Health Survey Tools, as well as the 2020 CAHPS surveys.

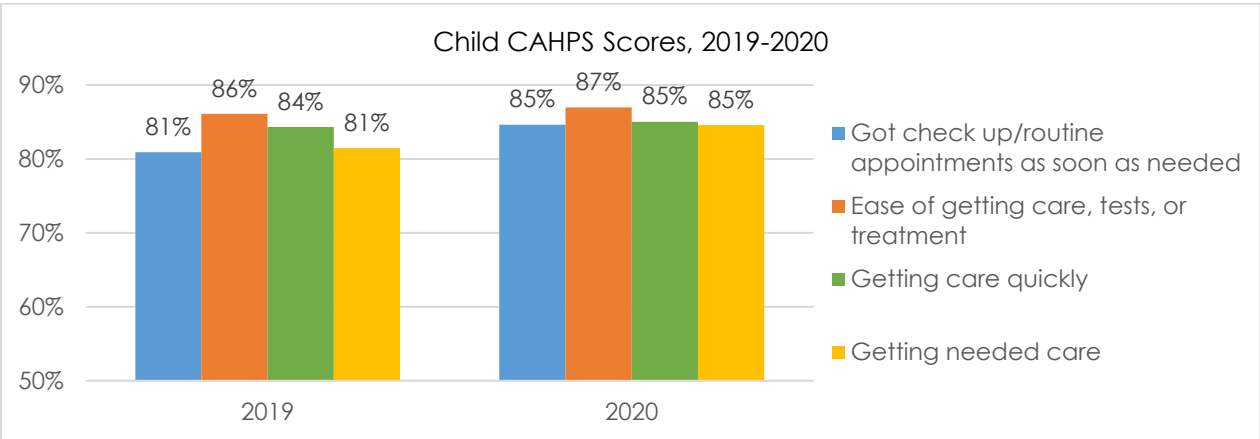
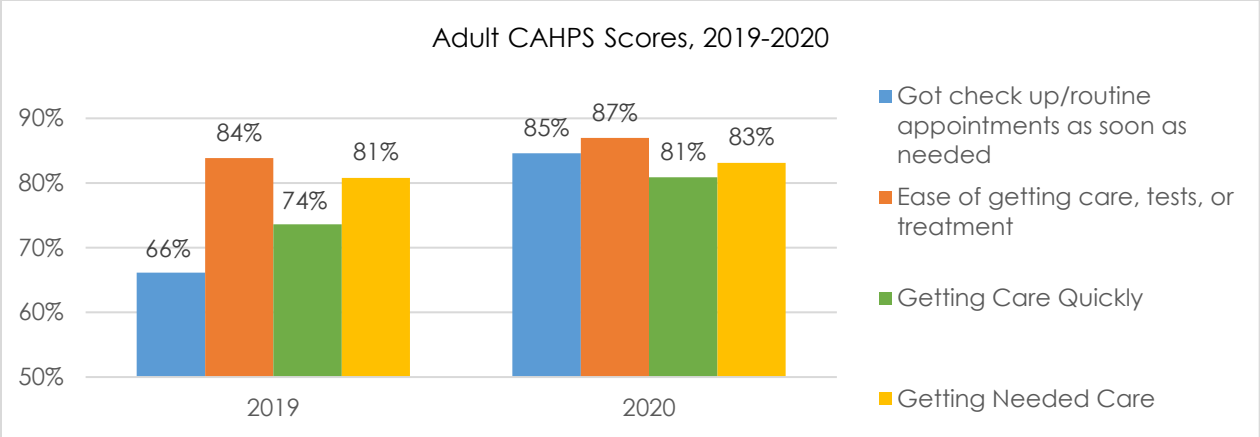
[Provider Network Data](#)

Staff continually monitor each primary care site against capacity standards. The required PCP-to-member ratio of 1:2000 and the required physician-to member ratio of 1:1200 were both met for 100% of members in 2021.

Additionally, at least 95% of members were located within 30 minutes or 10 miles of a PCP in 2021, as required by network access standards.

[CAHPS 2020](#)

A total of 329 CenCal Health members returned adult surveys that were "complete and eligible." A total of 438 CenCal Health members returned child surveys that were "complete and eligible." The following graph shows the percent of members that answered either 'Always' or 'Usually,' with 2019 data included for comparison.



These CAHPS scores reflect a positive experience for our members' access to care. The majority of members report both ease and timeliness of access to needed services. The rates increased slightly from the previous year's surveys.

[Cultural and Linguistics Program](#)

To promote access to care for all members, the Plan is committed to providing culturally appropriate materials and language assistance for its members. The Cultural and Language Access program ensures that all CenCal Health Limited English Proficiency (LEP) members have access to Language Assistance at medical points of contact. The C&L dedicated staff within Member Services are responsible for coordinating interpreter services for LEP members and translation of member materials into CenCal Health's only non-English threshold language, Spanish.

Below is a summary of Interpreter Service requests/utilization for 2021.

- Total Number of face-to-face interpreter visits: 132 ASL face-to-face visits
- ASL Video Remote Interpreting: 4
- Total Language Line calls: 3,782
- Top 5 Language Line languages: Spanish (3,394), Mixteco (54), Vietnamese (52), Arabic (46), and Farsi (30)

There were no grievances filed regarding C&L services in 2021. Additionally, the NMC reported that all requirements were met in 2021 for threshold linguistic needs.

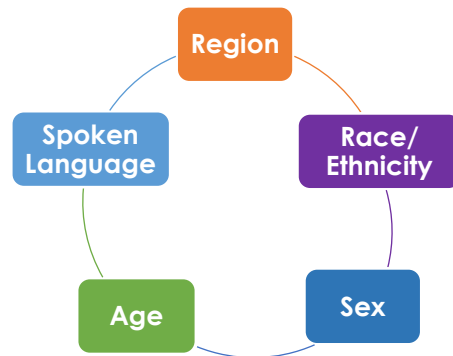
[Health Survey Tools](#)

Several questions on the Adult Health Survey Tools also indicate most members did not experience barriers with accessing care in 2021.

From self-reported data on this tool, 79.76% of members said they do not need help filling out health forms. 73.59% said they do not need help getting prescriptions filled or refilled. And 77.74% of members said they do not need help getting transportation to medical appointments.

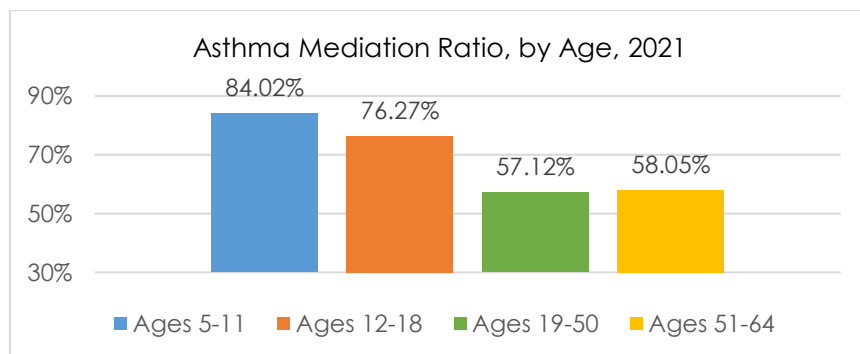
Health Disparities

This section discusses identified health disparities for health topics included in the 2021 DHCS Health Disparities data set, if any were identified. Disparities were assessed for the following indicators:

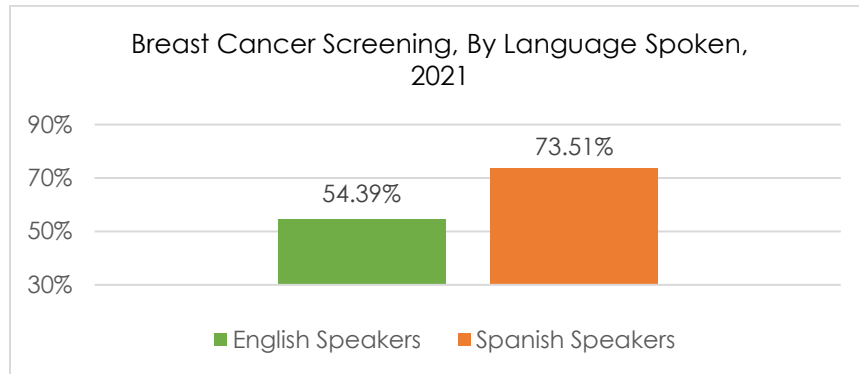


Of these indicators, only those with significant disparities (i.e. a difference in 10% or greater) are discussed in this section. If a health topic or measure is not discussed, it indicates that there was no identified health disparity or that denominators for the measure were too small to be considered significant.

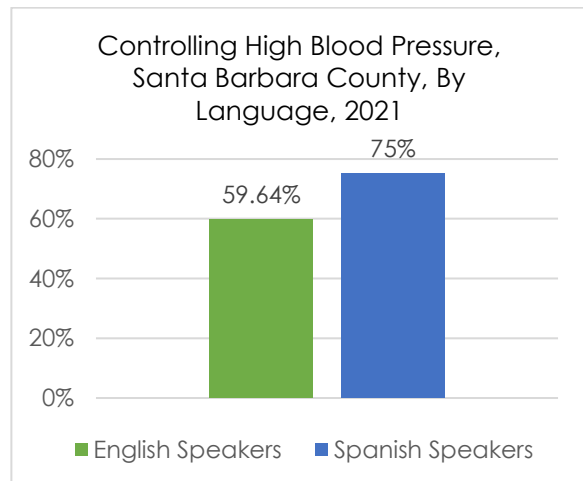
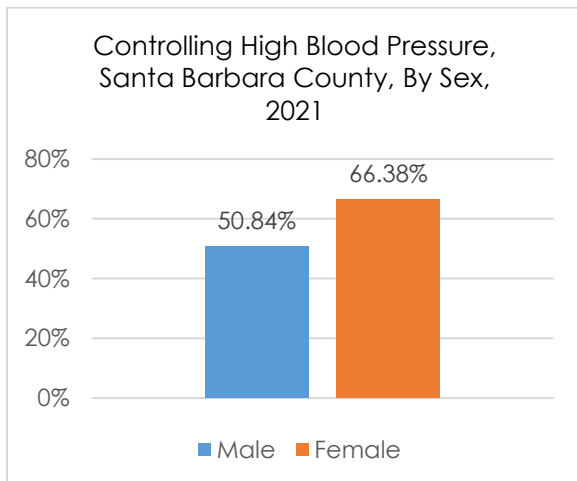
[Asthma Medication Ratio \(AMR\)](#): A disparity in this measure was identified regarding age. The AMR rate for adults is much lower than the rate for children:



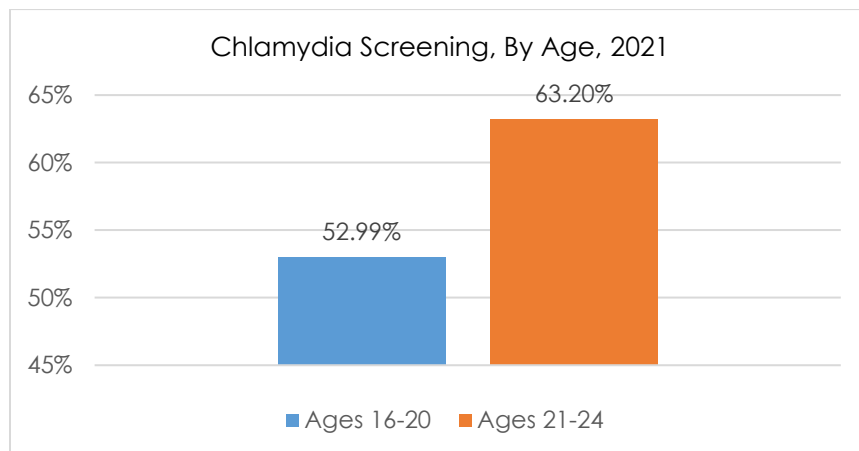
Breast Cancer Screening: A disparity in this measure was identified regarding language spoken. English speakers are screened for breast cancer at a lower rate than Spanish speakers.



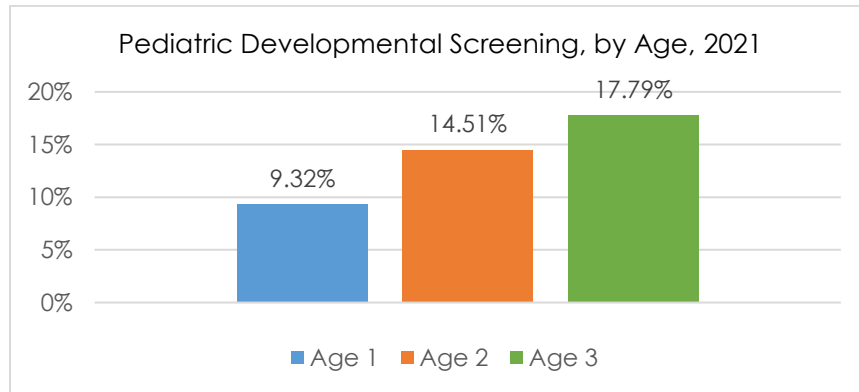
Controlling High Blood Pressure: Disparities in this measure were identified regarding sex and language, specifically in Santa Barbara County. For this measure, a higher rate indicates better blood pressure control within the specified population.



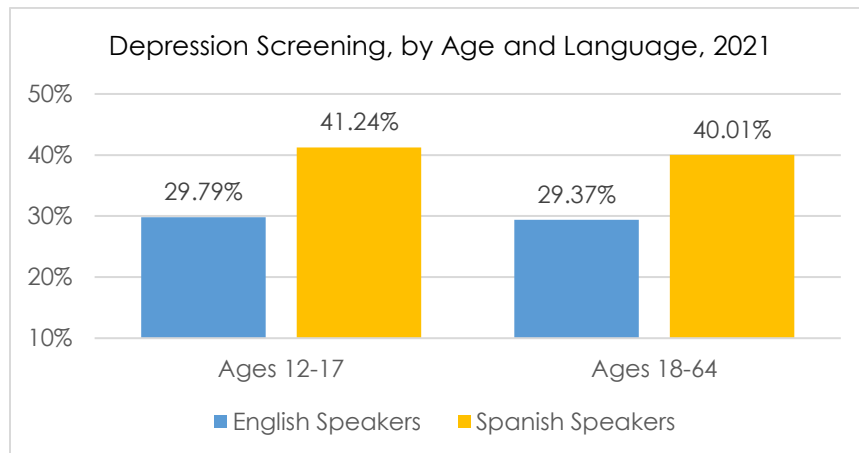
Chlamydia Screening: A disparity in this measure was identified regarding age, with members ages 16—20 being screened at a lower rate than members ages 21—24.



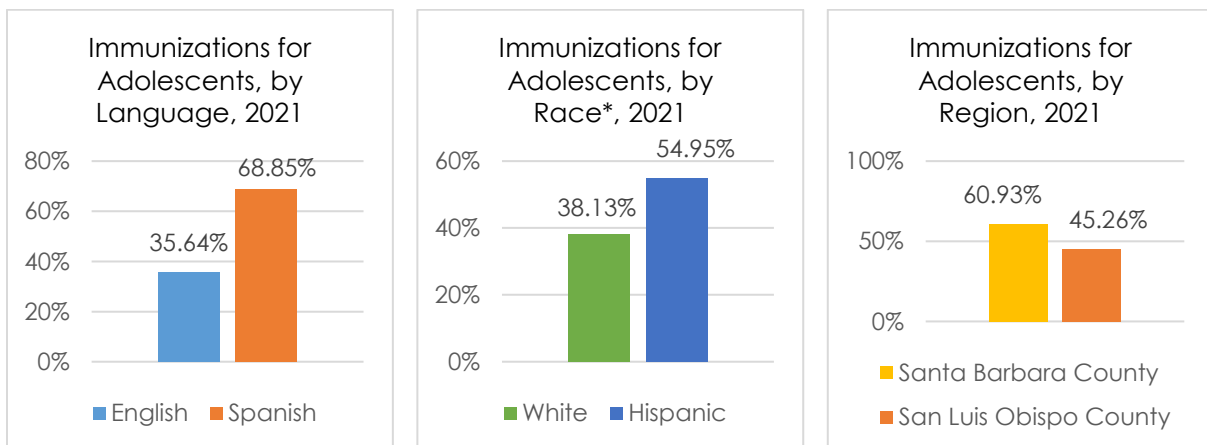
Pediatric Developmental Screening: A disparity in this measure was identified regarding age, with children age 1 being screened at a lower rate than children ages 2—3.



Depression Screening and Follow-Up: There was a disparity identified in this measure regarding language, for all age groups, with English speakers being screened at a lower rate than Spanish speakers.



Immunizations for Adolescents: Disparities in this measure were identified regarding language spoken, region, and in San Luis Obispo County in particular, race.



*The disparity for Race in this measure is specific to San Luis Obispo County.

Health Education, Cultural & Linguistics, and Quality Improvement Gap Analysis

This section describes gaps in services as they relate to access to care, language needs, cultural and linguistic competency, and health education, as well as gaps in quality improvement efforts identified in this assessment.

This assessment has highlighted the need for efforts in pediatric nutrition and physical activity outreach, based on self-reported BMI scores on the Pediatric Health Survey tools. Health education and quality improvement activities should continue to focus on improving access to information in these areas for pediatric members' parents/guardians.

Additionally, this assessment has highlighted the need for addressing various health disparities, regarding race, language spoken, sex, and/or region. Particularly, health education and quality improvement activities will focus on closing gaps related to immunizations for adolescents, depression screening, pediatric developmental screening, controlling high blood pressure, chlamydia screening, and asthma medication ratio.

The Plan will focus on increasing utilization of the Health Survey Tools to comprehensively assess members' health and social needs. The Plan will focus on increasing completion of both the Adult and Pediatric survey tools in order to connect more members to services they may need or benefit from.

Finally, cultural and linguistic activities will support efforts to ensure that members of all spoken languages have equitable access to services. This assessment identified no other gaps related to cultural and linguistic services that need immediate improvement.

4. Action Plan

This section addresses the health education, cultural and linguistic, and quality improvement efforts planned to improve health outcomes for our members. Not all gaps and disparities that were identified in this assessment are included explicitly in the Action Plan. This is either because the Plan already has quality improvement efforts underway for the identified gap or disparity, or because the Plan lacks comprehensive data to create or evaluate a meaningful intervention.

Below are the topics for which the Plan identified disparities or gaps in this PNA, but will not be specifically included in this year's Action Plan due to the reasons described above.

Asthma Medication Ratio: The Plan currently sends a direct mailing to all members with asthma each year. The mailing includes information about medications and self-management, as well as an Asthma Action Plan. Quarterly robo-calls are also made to all members with asthma, encouraging them to utilize medications properly. Additionally, the Plan holds an annual asthma management training for Primary Care Providers regarding care for their patients with asthma. The Plan also completes an annual Drug Utilization Review to inform Providers of members who are not filling their asthma control medications in accordance with clinically recommended guidelines. This aspect of care is also included in the Quality Care Incentive Program.

Chlamydia Screening: CenCal Health's "Know More: STIs" program is currently being implemented at multiple sites within the Plan's largest FQHC to promote importance of STI screening to both members and providers. A network-wide Provider training on STI screening is planned for July 2022. There is also a Plan Do Study Act (PDSA) planned for this topic.

Depression Screening and Follow-Up: The data available for this measure is limited, due to lack of Provider data feeds. As such, the Plan does not feel confident in the ability to effectively evaluate activities related to this measure.

Immunizations for Adolescents: Currently, the Plan provides all network Providers with updated lists of members due for immunizations monthly. This is also an aspect of care included in the Plan's newly revised pay-for-performance Quality Care Incentive Program. The Plan performs highly in this measure, as per recent HEDIS rates.

Health Survey Tool Utilization: The Plan is currently building its first Member Portal, through which the Health Survey Tools will be promoted to all members each year.

Pediatric Nutrition and Physical Activity Education: The Plan is currently implementing the "Fitness Adventure Challenge" member incentive program in the region with the highest rate of pediatric obesity. The Plan also plans to expand its successful 2021 Food Rx pilot, which provides local produce and nutrition education to families with children diagnosed with obesity.

Action Plan Table

Objective 1 (Health Disparity Objective)

By January 1, 2024, increase the rate of childhood developmental screening for children age 1 year in San Luis Obispo County from a baseline of 9.32% to 24.91%, which is the 2022 Statewide Aggregate Average for this measure.

Data Source: DHCS Health Disparities data

***Continued from previous PNA Action Plan**

Strategies

1. Work on data-sharing solution with community partners who perform screenings outside of clinic settings, to ensure data completeness.
2. Offer member and provider education on importance of screening.
3. Continue working with Help Me Grow Coalition to promote screenings in provider offices.

Objective 2 (Health Disparity Objective)

By January 1, 2024, increase the rate of breast cancer screening for English speaking members in both Counties from a baseline of 54.39% to 63.77%, which is the HEDIS 90th percentile for this measure.

Data Source: DHCS Health Disparities data

*** Continued from previous PNA Action Plan**

Strategies

1. Offer member education on the importance of screening, including a possible member incentive program.
2. Explore feasibility and potential effectiveness of offering mobile mammography services in targeted regions.

Objective 3

By January 1, 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening from a baseline of 54.47% to 67.99%, which is the HEDIS 90th percentile for this measure.

Data Source: CenCal Health Gaps in Care data

Strategies

1. Offer member education on the importance of screening, including a possible member incentive.

2. Explore feasibility of partnering with CHW/Promotoras to deliver effective health education and navigation.

Objective 4 (Health Disparity Objective)

By January 1, 2024, increase the percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement, from 58.29% to 66.79%, which is the HEDIS 90th percentile for this measure.

Data Source: HEDIS data

Strategies

1. Offer member education on the importance of an annual blood pressure measurement, including a possible member incentive.

2. Offer tools to providers to recall patients for annual blood pressure measurement.

Action Plan Review and Update Table

Objective 1

Objective: By June 1, 2022, increase diabetic and pre-diabetic members' use of Nutrition Education services (e.g. Registered Dietician and/or Certified Diabetes Educator) from a May 2021 baseline of <1% to 7%.

Data source: CenCal Health Claims data

Progress Measure: The rate of nutrition services utilization increased from <1% in May 2021 to 1.53% as of June 1, 2022.

Data source: CenCal Health Claims data

Progress Toward Objective: Plan staff identified three strategies to work toward our goal rate: member education, provider education, and implementing the Diabetes Prevention Program member benefit.

Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, Plan staff focused solely on the Diabetes Prevention Program (DPP) implementation strategy.

This objective will not be continued in the 2022 Action Plan. However, the Plan will continue the DPP benefit implementation, as well as promote the increased use of nutrition services.

Strategies

<p>Strategy 1. Develop and implement training to improve primary care referrals to RD/CDE providers for all diabetic and pre-diabetic members.</p>	<p>Progress Discussion: The Plan did not implement this strategy.</p>
<p>Strategy 2. Develop member-facing interventions</p>	<p>Progress Discussion: The Plan did not implement this strategy.</p>
<p>Strategy 3. Implement the Diabetes Prevention Program member benefit</p>	<p>Progress Discussion: This strategy is currently in progress; Plan staff communicated with several DPP providers and are now in the early stages of contracting discussions with one vendor that will best meet CenCal Health members' needs.</p>

Objective

<p>Objective 2. Increase rate of breast cancer screening for English speaking members in both Counties from a baseline of 56% to 66% (which is closer to the rate screening for Spanish speaking members) by June 1, 2022.</p> <p>Data source: Baseline data: DHCS Health Disparities data; Outcome data: CenCal Health Gaps in Care data</p>	<p>Progress Measure: The rate for this measure decreased to 53.44% as of June 6, 2022.</p> <p>Data source: CenCal Health Gaps in Care data</p> <p>Progress Toward Objective: Plan staff identified two strategies to work toward our goal rate: to increase access and capacity by reducing structural barriers and to conduct member education and outreach.</p> <p>Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, progress was not made on this objective.</p> <p>This objective will be continued in the 2022 Action Plan.</p>
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Strategies

<p>Strategy 1. Increase access and capacity for mammography by reducing structural barriers (e.g. offering mobile mammography in target locations)</p>	<p>Progress Discussion: Plan staff collaborated with its American Cancer Society partner to identify resources and best practices in offering a mobile mammography program. While progress has been made in getting connected with several resources, this strategy has not yet been implemented.</p>
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<p>Strategy 2. Increase member demand for breast cancer screening through member education and outreach</p>	<p>Progress Discussion: The Plan did not implement this strategy.</p>
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Objective

<p>Objective 3. Increase the rate of childhood developmental screening for children age 1 year in San Luis Obispo County from a baseline of 8% to 19% (the rate of screening for children ages 2 & 3 in the same county) by January 1, 2023.</p> <p>Data source: DHCS Health Disparities data</p>	<p>Progress Measure: Increased rate of childhood developmental screening for children age 1 year in SLO County from a baseline of 8% to 9.32%.</p> <p>Data source: DHCS 2021 Health Disparities data</p> <hr/> <p>Progress Toward Objective: Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, as well as Provider limitations related to COVID-19, progress was only made on one identified strategy for this objective.</p> <p>This objective will be continued in the 2022 Action Plan.</p>
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Strategies

<p>Strategy 1. Increase provider capacity to screen children through on-site, individual provider training on screening guidelines and validated tools.</p>	<p>Progress Discussion: Due to provider capacity limitations related to the COVID-19 pandemic, staff resignations and illnesses, and other priorities, it was advised to not approach key Providers with this education and training opportunity in 2021/2022.</p>
<p>Strategy 2. Facilitate collaboration between healthcare providers and the Help me Grow initiative to offer technical assistance for developmental screenings.</p>	<p>Progress Discussion: Plan staff led several meetings with the First 5 agency in San Luis Obispo County, which oversees the Help Me Grow initiative. Help Me Grow's goal is to increase rates of childhood developmental screening, so this was a natural and important partnership.</p> <p>Through these meetings, Plan staff completed a robust assessment of current practices, gaps, and barriers. Plan staff established a strong relationship with the First 5 team and identified actionable steps forward.</p> <p>However, due to provider capacity limitations related to the COVID-19 pandemic, clinic staff resignations</p>

	<p>and illnesses, and other priorities, it was advised to not approach key Providers with this education and training opportunity.</p>
<p>Strategy 3. Develop member educational strategies (e.g. member mailings, social media campaigns, and member incentives) in collaboration with the Help Me Grow initiative.</p>	<p>Progress Discussion: Plan staff created a Marketing plan to provide education and promote the importance of developmental screening, which is currently in process. The marketing plan includes the following components: social media campaign, Community newsletter article, include information in the Well Child Performance Improvement Project educational packet, include information in the Postpartum educational packet, CenCal Health Provider Bulletin article, and Provider direct email campaign.</p> <p>The Marketing Plan is currently in progress and will be implemented fully throughout 2022.</p>

5. Stakeholder Engagement

Community Advisory Board (CAB)

In January 2022, Community Advisory Board (CAB) members were given an overview of the scope and goal of the PNA, and an opportunity to provide feedback about the health topics that were important to include in the report. They also had an opportunity to suggest important data sources to consider using for the assessment.

In April 2022, CAB members were given an update on the status of the 2022 PNA development, including key timeline milestones completed and in progress, and next steps.

Subsequently, in May 2022, CAB members were also given an opportunity to provide input on the proposed Action Plan objectives and strategies. Stakeholder feedback is compiled and incorporated into the Objectives and Strategies as appropriate.

An update on the progress of the Action Plan strategies is provided at each quarterly CAB meeting.

Healthcare Providers

Network healthcare providers are notified of the PNA findings, member needs, and Action Plan objectives through a Provider Bulletin article, which goes to all network providers. The Population Needs Assessment is also publicly posted on CenCal Health's website. Providers are also offered individual discussion and training on PNA findings and strategies for improvement.