

# 2016 Group Needs Assessment Executive Summary – Imperial County



California Health and Wellness (CH&W), a wholly-owned subsidiary of Centene, was awarded a contract by the California Department of Health Care Services (DHCS) to serve Medi-Cal beneficiaries in 19 counties, as of November 1, 2013, as part of the Medi-Cal Managed Care Expansion in Rural Counties. As of 2016, across these 19 counties, CH&W serves nearly 190,000 members. Within Imperial County, the focus of this report, CH&W serves more than 58,000 members.

The comprehensive Group Needs Assessment is conducted every five years to assess member health status and behaviors, cultural and linguistic needs, community health program resources, health disparities, barriers to care, and gaps in services. The data used in this analysis comes from several sources including county and state reports, census data, health plan administrative and claims data, and member surveys. The member survey was conducted using a questionnaire developed by the Department of Health Care Services in collaboration with health plan partners through the Health Education and Cultural & Linguistics Work Group. The survey was conducted in English and Spanish using a dual mail and phone methodology. In order to complete the recommended 411 surveys, CH&W increased the sample size twice (i.e. initial sample size: 1,000; 1<sup>st</sup> increase: 500; 2<sup>nd</sup> increase: 1,000) and increased the call attempts from three to six times. An overall response rate of 14.5% was recorded with 301 surveys completed from members in Imperial County.

## Demographics

Imperial County is located in far southeastern California, bordering Mexico and Arizona. As of 2016, according to census, the county population is 179,091, of which approximately 40% of residents are eligible for Medi-Cal managed care. As of the end of 2015, CH&W's total membership in Imperial County was 56,153 members, of which, 90.59% are Hispanic or Latino, while 5.65% are White or Caucasian. The remaining ethnicities (African American, American Indian, Asian or Pacific Islander, Other, and Unknown) make up 3.76% of the member population. Over 99% of members speak either English (42.64%) or Spanish (56.97%). Just over half of all members (50.81%) are 20 years of age or less, 55.46% are female, and 5.45% are seniors or persons with disabilities.

## Health Status

Healthy People 2020 describes measures of general health status as indicators for the health of a population. As a whole, Imperial County has made significant strides to improve key health indicators, though persistent issues remain. According to the 2016 County Health Rankings and Roadmap Report published by the Robert Wood Johnson Foundation, Imperial County ranked 33<sup>rd</sup> out of 57 for Health Outcomes and 56<sup>th</sup> out of 57 for Health Factors. It is 21<sup>st</sup> in length of life, 54<sup>th</sup> in quality of life and 57<sup>th</sup> in social and economic factors. 31% of children in Imperial County live in poverty, 28% of the population report being in fair/poor health, 14% are smokers, 25% are obese, 22% are physically inactive and 6% of births are low birth weight. The teen birth rate is one of the highest. According to the 2014 California Health Interview Survey, Imperial County's active asthma prevalence rate was 8.6 for all ages which is slightly higher than the state rate. Compared to the rest of California, Imperial County's children under age 18 are three times more likely to be hospitalized for asthma. 12.6% of Imperial County adults have been diagnosed with diabetes which is higher than the state percentage (8.5%) and the county's diabetes mortality rate (29.5) is higher than the state rate (20.8).

Of the five core HEDIS metrics, CH&W scored above the minimum performance level in 2016 on 3. These three are HbA1C screening rates and levels for Comprehensive Diabetes Care (88.89%), Well

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Child Visits for 3-6 year olds (70.67%), and Cervical Cancer Screening (58.60%). Timely prenatal care (76.46%) and the immunization rate for children with the Combo 3 vaccine (64.66%) were both below the minimum performance value for 2016.

The health status of Imperial County residents is also dependent on the availability and accessibility of medical professionals and infrastructure to provided needed services. Much of Imperial County is designated as medically underserved areas with a significant shortage of medical providers. The PCP ratio is 1:4410 residents compared to 1:1270 residents statewide and the mental health provider ratio is 1:930 residents compared to 1:360 for California overall.

## GNA Member Survey

Of the 301 respondents who completed the GNA survey, 60% preferred that their PCP speak Spanish, while 40% preferred English. Communication was generally a greater issue across the board for Spanish-speaking members. These members have a somewhat different spread of preferred contact methods and are significantly less likely to use the internet. Members who preferred speaking Spanish make up a significant majority of those needing interpreters (113 of 121), with more than two-thirds of members aware of interpreter services from CH&W. Just over half of respondents needing an interpreter use a family member or friend. Members indicated a preference to obtain plan materials in large print and on the website. The current content of materials is excellent, satisfying members' needs 'always' or 'sometimes' more than 95% of the time. Health concerns across Imperial County are relatively equal, with approximately 50% of members concerned about each issue, with safe places to play/walk the most pressing (61.8%), followed by the availability of healthy foods (55.8%) and doctors (55.5%).

## Key Recommendations

CH&W recognizes, and the GNA results reconfirmed, the distinct challenges that characterize rural health, notwithstanding the fact that all the counties CH&W serves are also new to Medi-Cal managed care. While we will continue to conduct traditional health plan activities such as quality improvement projects, member communications campaigns, provider education, and promotion of disease management and case management programs, CH&W will adapt more towards a community health improvement process framework. This shift will allow us to better address health disparities, promote preventive screenings, and improve member experience by collaborating with community partners and providers in more meaningful ways. Specifically in Imperial County, CH&W will:

- Continue participating in the Community Health Improvement Planning Partnership
- Prepare and implement the Health Homes Program
- Collaborate and leverage hospital-based quality initiatives such as PRIME
- Expand our community health worker program (i.e. MemberConnections)

CH&W will continue to engage its members, providers and community stakeholders through the Public Policy Committee, Community Advisory Committee and Community Connections Forum to address the key findings from the GNA. We will continue our planning process through Q1-2017 and publish our comprehensive three-year plan by Q2-2017.