

# 2016 Group Needs Assessment Executive Summary – Northern 18



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 the 18 Northern California counties, the focus of this report, CH&W serves approximately 132,000 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. Due to a high number of calls with a “busy” disposition that may be a result of disconnected phone numbers and return mail from inaccurate addresses, 263 surveys completed.

## Demographics

As of the end of 2015, CH&W’s total membership in the 18 Northern counties was 129,036 members, of which 61.73% are White or Caucasian and 21.55% are Hispanic or Latino. The remaining ethnicities (African American, American Indian, Asian or Pacific Islander, Other, and Unknown) make up 16.72% of the member population. Over 97% of members speak either English (86.94%) or Spanish (9.99%). Under half of all members (43.65%) are 20 years of age or less, 51.52% are female and 8.94% are seniors or persons with disabilities.

## GNA Member Survey

Of the 263 respondents who completed the GNA, 85.2% preferred that their PCP speak English, while 12.9% preferred Spanish. 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 prefer to speak Spanish make up a significant majority of those respondents needing an interpreter (23 of 28), with just less than two-thirds of members aware of interpreter services from CH&W. One-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 the 18 Northern Counties are relatively equal, with approximately 50% of members concerned about each issue, with the availability of healthy foods (59.8%) most pressing, followed by information on how to get healthy (59.0%) and the availability of doctors who treat patients with respect (59.0%).

## Health Status

While the Northern 18 counties are all considered rural, there are regional and county variations that make it difficult to generalize the entire area. For example, in the 2016 County Health Rankings and Roadmap Report, Placer and El Dorado ranked among the top 10 counties for Health Outcomes while Yuba and Plumas ranked among the bottom 10 counties. Table 1 provides a snap shot of select health variables for adults for the Northern 18 counties.

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For quality reporting purposes, the Northern 18 counties are divided into two regions. Region 1 consists of Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties. Region 2 consists of Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties. Of the five core HEDIS metrics, CH&W scored above the minimum performance level in 2016 on one measure for each region (HbA1c screening for both). Well Child Visits (63.22% for Region 1, 58.65% for Region 2), Timely Prenatal Care (72.04%, 73.47%), the immunization rate for children with the Combo 3 vaccine (65.63%, 53.13%), and Cervical Cancer Screening (41.88%, 44.55%) were all below the minimum performance value for 2016.

**Table 1. California Health Interview Survey 2012-2013 County Health Profiles – Adults**

Variables	CH&W	CA	Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne	Butte	Colusa, Glenn, Tehama	El Dorado	Nevada	Placer	Plumas, Sierra	Sutter	Yuba
Regular walking	N/A	34.4	27	24.7	30.2	31.1	31.8	28	32.1	27.8	30.4
Sodas: 1+ /day	N/A	11	9.6	11.8	18	10.4	11.2	6.7	9.6	13.1	16.9
Smoker	N/A	13.1	17.7	16	17.9	16.5	12.3	13.6	19.2	14.4	21.5
Binge drinking	N/A	31.3	34.6	37.1	36.8	38.9	36	35	25.3	31.1	29.5
Fair-poor health	N/A	19.6	16.2	17.7	18.7	8.7	11.4	9.3	10	24.4	21.9
Diabetes (ever)	7.2	8.5	4.9	10.8	11.8	5.4	4.2	8.2	9.4	13.9	14.1
Obese	9.7	24.4	19.8	23.7	32.2	18.3	17.6	18.2	28.9	30.5	33.1
High BP (ever)	16.8	27.4	31.2	31.9	30	20.8	29.4	25.3	39.9	40.1	33.3
Asthma	7.3	7.9	3.9	11.9	11.1	9.3	7.9	4.2	8.9	13.2	10.3
Serious distress	N/A	8.1	12.5	13.5	11.1	7.5	9.5	7.4	5	10	11.9
Food insecure	N/A	15.7	12.2	20	17.1	13.2	9.9	7.5	13.9	18.7	22.6
Limited English	N/A	27.2	5.8	9.9	16.7	8.9	2.3	5.4	6.2	14	9.7

## Key Recommendations

CH&W 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 while shifting towards a community health improvement process framework. This approach 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 the Northern 18 counties, CH&W will:

- Expand our Telehealth Program, which includes Video Remote Interpreter services
- Participate in the Community Improvement Plans facilitated by the local health departments
- Prepare and implement the Whole Person Care Pilot in Placer County (if selected)
- Conduct focus groups with members with disabilities to supplement the GNA report
- 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.