



Getting to Care: A Key Findings Report About Health Equity in California

Critical Lessons & Recommendations to Better Address Health Disparities Among Californians

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Introduction

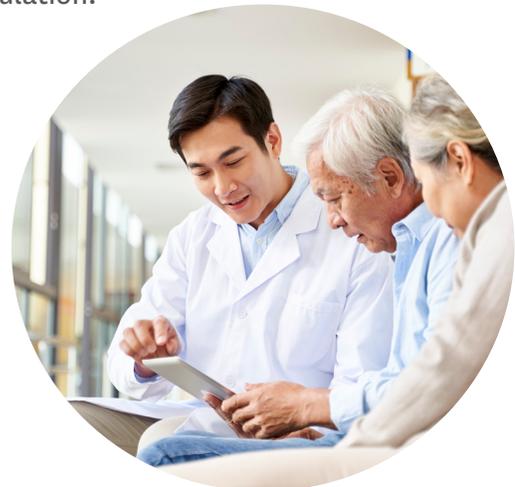
Health Net is one of the state's longest-serving and most experienced Medi-Cal partners. With more than 40 years of experience caring for California's most vulnerable residents and working hand-in-hand with the state to build Medi-Cal, Health Net brings focused and unmatched knowledge of the diverse and specialized needs of the people we serve and tailors solutions to meet the unique challenges they face.

Two-thirds of Health Net members are Medi-Cal enrollees – low-income adults, seniors, pregnant women, children and foster children, undocumented Californians and persons with disabilities. Driven by various social determinants, Medi-Cal enrollees often experience health disparities at a higher rate. Health Net understands that the needs of Medi-Cal patients are as diverse as the population itself and recognizes our responsibility to advance health equity.

That is why Health Net has worked to become a leader in health equity. We pioneered an innovative and award-winning approach to health equity that improves care quality and increases access for those who need it most by guiding effective partnerships and driving responsiveness at the member, provider and community level. We use our model to detect, assess and reduce health disparities, analyzing quantitative and qualitative data to identify barriers to care and design interventions. In 2006, Health Net received the NCQA Innovations in Multicultural Health Care award for its first cross-border health plan product with SAMHSA. This award was the predecessor to the NCQA Multicultural Health Care (MHC) Distinction that was awarded to Health Net since its inception in 2010 and is still maintained to date for

our efforts in providing culturally responsive care and addressing health disparities. Health Net is still the only health plan to achieve the MHC Distinction for all lines of business.

Health Net is using this expertise, statewide partnerships and resources to address health equity and bridge the divide in access, equity and quality of care. Through health equity programs, interventions and grants, **Health Net has identified emerging lessons and associated recommendations that can be applied across the healthcare system to better serve Medi-Cal patients and strengthen the system. These lessons and recommendations are compiled in the following 'key findings report'** and were developed to help increase awareness of best practices and collaboration among stakeholders to help reduce disparities across the Medi-Cal population.



The Challenge

HEALTH DISPARITIES AMONG CALIFORNIA'S MOST VULNERABLE

California's incredible diversity is reflected and magnified in its Medi-Cal population. Today, two-thirds of Health Net's members are Medi-Cal enrollees – residents who historically experience health disparities at higher rates. Health disparities are driven by institutional racism and a wide range of social determinants including socioeconomic status, urban/rural geographic location, education, race and ethnicity and other factors.

It is also important to acknowledge the impact of intersectionality – the reality that individuals have several aspects of their identity that overlap and affect their experience – such as being gay, Black and living with a disability. Thus, **improving health outcomes and addressing the complexities of potential health disparities requires a multi-faceted approach.** California can achieve health equity when every person has the ability to reach their full health potential.

After investing millions of dollars into programs and partnerships throughout the state, **Health Net has identified insights that are designed to address health disparities.**

Report Objectives

While this analysis primarily focuses on health disparities that continue to exist among patient populations based on language, race and ethnicity – including those driven by institutional racism – it also provides snapshots of programs that address disparities stemming from geography and other factors. The report is designed to:

1. Identify the most meaningful lessons learned.
2. Provide recommendations that can be applied across the healthcare system.
3. Illustrate how these lessons can be leveraged more broadly and work within community-based organizations.



Executive Summary

Since 2017, Health Net has invested **more than \$93 million to support 500 community-based organizations** to bridge the divide in access, equity and quality of care. As a result of our statewide programs and partnerships, Health Net has learned critical lessons, gathered best practices, identified trends and contributed to the development of solutions to address health disparities among Californians. To make the most of these investments, outlined below are key lessons that emerged after analyzing Health Net's health equity programs and interventions.

Overall Recommendations to Increase Health Equity:

- **Implement multi-faceted interventions**
- **Recognize that community-based resources drive the greatest impact**
- **Understand that cultural competency is key and use opportunities to educate and support our providers in this area**
- **Leverage both qualitative and quantitative data to advance health equity work and drive meaningful outcomes, intentionally grounding approaches in lived experiences**

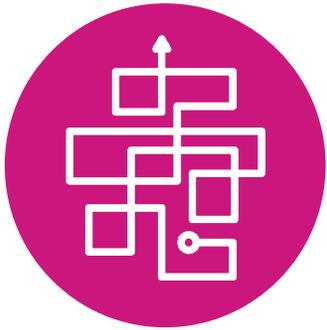


**More than
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The Analysis

KEY FINDINGS & LESSONS LEARNED



There is No Silver Bullet

Key Finding: If things were easy, they would have been done already. Achieving equity in health is complex, and approaches that focus on a single intervention are more likely to fail.

Lesson Learned: Increasing health equity requires a multi-faceted approach that addresses disparities through complimentary and corresponding programs run by complimentary and corresponding partners.



Community-Based Resources Drive the Greatest Impact

Key Finding: Locally embedded organizations and leaders, who understand their communities' needs best, are often the most impactful partners in reducing disparities.

Lesson Learned: To effectively build health equity, organizations should work hand-in-hand with community organizations to develop and implement programming, while prioritizing close collaboration and continued analysis of insights. The strongest programs are informed by the direct, lived experiences of the communities we serve – their voices are critical.



Cultural Competency is Key

Key Finding: Cultural humility and relevance are key. Each community navigates care differently and is uniquely impacted by social determinants of health as well as structural racism.

Lesson Learned: Interventions must be tailored to the communities they serve to have the greatest impact. To help accomplish this, healthcare professionals and others across the continuum of care must be equipped with the cultural and linguistic competency necessary to recognize, empathize and effectively address needs.

The Analysis (cont'd)

RECOMMENDATIONS & STRATEGIES TO INCREASE HEALTH EQUITY

Programmatic Recommendations

Understand and develop tailored solutions specific to each patient population and challenge.

Recommendations in Action: Community Dialogue Drives Culturally Sensitive Postpartum Care

The Challenge: A disparity was identified at a Central Valley clinic serving mostly Salvadorian members – only half of women attended postpartum visits, while a nearby clinic serving a different client population had much higher rates. Investigation showed that many Salvadorian members followed the tradition of quarantining and covering themselves for 40 days after delivery, which providers did not understand and therefore did not accommodate for.

The Response: Health Net engaged a community advisory workgroup and developed an initiative to educate providers about these customs, added a question on beliefs (created with member input) to the obstetric history form and created electronic appointment reminders.

The Result: As a result of this initiative, the HEDIS measure on postpartum visits at the targeted clinic increased from 50% to 82% from early 2017 through mid-2019.

Partnerships with Providers Help Close Cervical Cancer Screening Gaps

The Challenge: After a robust disparity analysis identified lower Cervical Cancer Screening (CCS) rates among Chinese members in San Gabriel Valley, Health Net found both cultural and general barriers driving the lower compliance.

The Response: Partnering with providers, the project team developed a Rx for CCS in English and Mandarin for two participating provider offices. The Rx offered educational information about the importance of CCS and the option to schedule a CCS with a female

provider at one of the medical group's urgent care centers. A member incentive program was promoted in tandem with the Rx which aimed to motivate members to complete their CCS as well as highlight the importance of having the CCS completed.

The Result: The multi-dimensional intervention approach through member, community and provider targets resulted in a 4% increase in compliance rates for Mandarin speaking Chinese members.



Programmatic Recommendations (cont'd)

Implement a multi-faceted and multi-level approach that includes the member, provider and community.

Recommendations in Action: Targeted Access and Education Programs Improve Care Follow Through

The Challenge: Health Net gathered data showing a 10% disparity in postpartum care rates among African American women in Lancaster and Palmdale compared to other counties.

The Response: Barrier analysis conducted by Health Net revealed transit issues, as well as lack of understanding about coverage of postpartum care and its importance. Multi-level program interventions including a transportation program for pregnant and postpartum women, education/engagement

through community forums such as baby showers and incentives were implemented at the member, provider and system levels.

The Result: The program showed directional improvement with African American women. Postpartum visit attendance increased from 18% in 2014 to 33% in 2016 and to 36% in 2018. The gap between African American members' and Caucasian members' attendance to postpartum care in Antelope Valley reduced from 10% to 7% from 2015 to 2018.

Novel Doula Services Offered to Better Serve Black Mothers

The Challenge: Doula care is not routinely covered by health insurance, but studies show that women who have doulas report lower C-section rates, increased clinical postpartum visits and the feeling of support during pregnancy. We also know that Black mothers have much higher rates of birth complications due to racism and that doulas can help mitigate this risk.

The Response: Recognizing this, Health Net became the first Medicaid contracted health plan in California to offer free doula services to its members. This innovative approach supports both African American doulas as well as African American

mothers. The program established a consistent pay rate/reimbursement for doulas as well as provided needed support for our members. The program also addressed cultural concordance that helped create trust between the client and doula provider, contributing to the success of the partnership.

The Result: Preliminary data shows c-section births were 50% lower in the group that had doulas as compared to similar women who did not have doulas. The doula program was a collaborative model with other health plans to leverage learnings and spread the work across the state.



Investment-Centered Recommendations

Where a community support structure does not exist, investments must be made to build and support the institutions who know their communities best and are able to operate in a way that effectively meets their needs.

Recommendation in Action: Local Organization Increases Medi-Cal Enrollment and Improves Care Navigation

The Challenge: Medi-Cal enrollment and navigation of the healthcare system has traditionally presented a barrier for underserved communities. This can result in decreased use of preventative care, increased reliance on the Emergency Department as a last resort and lower overall health outcomes.

The Response: Building on the success of grants provided to support community organizations and providers in enhancing access to care in their communities, Health Net awarded a grant to Centro La Familia Advocacy Services in Fresno to support

their Asegure su Bienestar program. The program allowed for direct assistance to individuals, especially farmworkers, to apply for Medi-Cal benefits.

The Result: With the grant, Centro La Familia was able to serve 1,428 clients, enrolling 408 members into health coverage for the first time. Families also received retention services, navigation services and outreach and education support to help navigate the complex enrollment system.

Work hand-in-hand with local partners to identify gaps in local safety nets and direct funding to fill those gaps.

Recommendation in Action: Collaborative Partnership Increases Equity for Black Mothers & Children

The Challenge: Research and analysis found disparities in birth outcomes that disproportionately impact the lives of Black women, birthing people and their babies in Antelope Valley, South Los Angeles and the South Bay.

The Response: Health Net awarded a grant to the Hospital Association of Southern California (HASC) to improve maternal patient experience and safety and reduce Black infant deaths through hospital quality improvement system-change solutions across three levels: clinical, institutional and community.

The Result: Cherished Futures for Black Moms & Babies, a joint initiative of Communities Lifting

Communities (CLC), the Public Health Alliance of Southern California (Alliance) and HASC, launched a multi-sector collaborative effort that brings together decision-makers from local birthing hospitals, public health departments, health plans and Black women from priority communities to co-design system-change solutions. The voices and lived experiences of Black women and birthing people are at the center of Cherished Futures to reduce inequities, inform hospital quality improvement strategies and ensure Black women have a seat at the table as designated Community Advisors.

Investment-Centered Recommendations (cont'd)

Recommendation in Action: Transportation Assistance Brings Healthy Meals to Seniors in Need

The Challenge: The COVID-19 pandemic left seniors who are traditionally reliant on community organizations and systems to help in accessing basic necessities, like food and healthcare, alienated from these safety nets.

The Response: Health Net awarded WISE & Healthy Aging a grant to purchase a wheelchair accessible van for food distribution to seniors in key Los Angeles communities during the COVID-19 pandemic. WISE & Healthy Aging was also able to safely transport seniors with disabilities to medical appointments, including getting vaccinations.

The Result: WISE & Healthy Aging has been able to serve as a bridge to care and necessities for seniors in need throughout the pandemic. Over the course of the grant, the program provided nutritious meals to at least 300 low-income seniors on the Los Angeles Westside, distributed and delivered at least 5,000 nutritious meals to seniors' homes and provided transport assistance to at least 50 seniors with disabilities, including those with cognitive decline, to health appointments and for services at other organizations.

Education-Focused Recommendations

Focus on cultural competency training and education at every level.

Recommendation in Action: Cultural Broker Role Helps Address Inequities in Black Child Mortality

The Challenge: In Sacramento County, African American children die at twice the rate of any other ethnicity. The four leading causes of death are perinatal conditions, infant sleep-related deaths, child abuse and neglect and third-party homicide.

The Response: Health Net partnered with the Sierra Health Foundation and the Black Child Legacy Campaign (BCLC) to establish the Cultural Broker Program as part of the effort to reduce deaths of African American children by 10% - 20% by 2020 in Sacramento County. The partnership yielded a network of BCLC partners and community stakeholders. Together, they provide culturally relevant healthcare to mothers and infants.

The Result: The program resulted in a 25% reduction in African American child deaths between 2014 and 2017. Today, the program puts forth a framework for effective cultural broker service delivery that defines foundational competencies and strategies for cultural brokers serving women and children who are seeking maternal and infant healthcare. This framework helps other communities establish similar partnerships to reduce inequities in care for Black mothers and infants.

Education-Focused Recommendations (cont'd)

Build teams that reflect the communities they serve.

Recommendation in Action: Dedicated Cultural & Linguistic Team Builds Towards Culturally Competent Care for All

The Challenge: Medi-Cal enrollees historically experience health disparities at higher rates. Health disparities are driven by a wide range of social determinants, including cultural competency, language barriers and gaps and much more.

The Response: Health Net built and operates the largest cultural and linguistic team in the industry. In fact, few health plans have any such staff at all. This team helps ensure the diverse cultures and languages our employees, members and providers

share are understood and celebrated. Together with our community partners, we conduct trainings that help enhance care, prioritize equity and bring our increasingly diverse community together.

The Result: We are building bridges to care, closing traditional gaps and driving understanding and equity from the ground up. Health Net's commitment to health equity has also made us the first plan to be awarded by the NCQA for distinction in multicultural care.

Design healthcare roles focused on multi-cultural care.

Recommendation in Action: Investments Target Provider Shortages & Need for Representative Workforce

The Challenge: California is grappling with several healthcare workforce challenges – a growing national shortage of healthcare professionals, an uneven distribution of providers across the state that exacerbates structural inequities and a current workforce that does not adequately reflect California's diverse population.

The Response: Health Net has invested nearly \$4 million in workforce development to ensure local providers better reflect the communities they serve and to help providers reach new patients. These

investments include community programs that enhance cultural acceptance, initiatives diversifying vendor representation and training programs that create upward mobility in communities that need access to more providers.

The Result: We are increasing equity by building a pipeline of qualified professionals, breaking down barriers to care for the most vulnerable patients and helping ensure our members' backgrounds and abilities are reflected in all that we do.



Conclusion

Health Net is committed to advancing health equity and reducing health disparities, especially among California’s most vulnerable populations. With decades of experience providing care for the state, Health Net continues to lead the charge to improve health equity with multi-faceted, collaborative and culturally relevant programs and interventions at the statewide and local level. This report provides a snapshot of our efforts to date – and our hope is that the best practices, key findings and recommendations outlined here can be leveraged by stakeholders throughout the healthcare system as we collectively work to address health disparities and increase health equity for all Californians.

Appendix

HEALTH NET’S FEATURED PARTNERS

- Black Child Legacy Campaign
- Centro La Familia Advocacy Services
- Cherished Futures for Black Moms & Babies
- Communities Lifting Communities
- Hospital Association of Southern California
- Sierra Health Foundation
- WISE & Healthy Aging