



2024 Year End Report

Health Equity Department

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I. Purpose of Report

To provide an overview of the Health Equity Department activities, main achievements, and barriers for the year 2024. This report encompasses end-of-year reporting for both Health Net (HN) and Community Health Plan of Imperial Valley (CHPIV).

II. Highlights of 2024 accomplishments as aligned with Culturally and Linguistically Appropriate Services (CLAS)

CLAS 1: *Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*

- All of the activities described in the 2024 Year End Health Equity Report are reflective of our commitment to providing culturally competent services to our membership. Our commitment is affirmed by Health Net achieving in 2012 the status of the first health plan in the country to earn the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction simultaneously for California Commercial, Medicare and Medi-Cal lines of business.
- In 2022, Health Net also was awarded the Health Equity Accreditation Plus through a pilot program with NCQA, becoming one of only 9 plans in the U.S. to achieve such award.
- In 2024, Health Net was the only health plan in the U.S. to receive accreditations for all lines of business from NCQA for Health Equity Accreditation and Health Equity Accreditation Plus.

CLAS 2: *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.*

Health Net's robust governance and leadership structure promotes CLAS and health equity. In 2024, the Health Equity structure and strategic plan was reinforced in the day-to-day work across Health Net departments. Our Chief Health Equity Officer established this new structure in 2022 to strengthen the committee governance and ecosystem. The committee ecosystem support & connections supports the foundation of the governance structure. This ecosystem is comprised of the Public Policy Committee, Community Advisory Selection Committee, Community Advisory Committees, Community Impact Council, as well as other committees. There are also Internal Health Equity Governance Committee and Taskforce bodies supporting the ecosystem. The entire ecosystem reports to the Quality Improvement & Health Equity Committee, which reports to the Board of Directors.

In 2024, we achieved the following:

- Conducted data analysis and presented findings and recommendations to organizational leadership on Health Equity Department subject areas including:
 - **HN** – Language Assistance Program (LAP) trend analysis; 2024 year-end report and barrier analysis and disparities annual report.
 - **CHPIV** – 2024 LAP mid-year report and barrier analysis.
- Sustained health equity and cultural and linguistic (C&L) programs to support continued program implementation of Medi-Cal expansion, Commercial (on and off exchange) and CHPIV.
- Prepared 9 board reports to inform leadership on accomplishments and barriers to health equity and C&L services specific to Health Net. The reports were the following: Language Assistance Program (LAP) Mid-Year, LAP End of Year, Workplan Evaluation Mid-Year, Workplan End of Year, Health Equity End of Year, Health Disparity and Action Report, Defining the Community, Social Risks and Social Needs Analysis and Prioritization, and Social Risk and Social Needs Resource Assessment Analysis Reports.

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- Conducted monitoring and oversight activities to Health Net specialty plans and medical management vendors.
- Participated in 2 audits by state and federal regulators related to Health Equity/Cultural and Linguistic Services (Department of Managed Health Care Health Net of California - Dental and Department of Health Care Services – CH&W).
- Internal audits of all cultural and linguistic contract requirements from CalViva Health – Behavioral Health and Health Equity Oversight.
- CHPIV Organizational Readiness Resubmission.

CLAS 3: *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*

To ensure that Health Net and CHPIV are continually striving to be responsive to our membership, we conduct data analysis and design and implement services that meet the needs of our members. Internally, Health Net and CHPIV survey new employees to determine staff diversity and we support and train bilingual associates. Externally, we conduct a biennial Geo Access report, which uses member zip code data and correlates it with member language preference. This data is further overlaid with provider network language capabilities and a gap analysis is conducted to target network expansion. In 2024, the Health Equity Department was successful in achieving the following:

- Completed health care bilingual certification for 335 Health Net and CHPIV serving staff.

CLAS 4: *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*

In 2024, the Health Equity Department provided 22 trainings reaching nearly 5,120 attendees on language services, cultural competency, health literacy, health disparities, Social Determinants of Health, gender neutral language and gender diverse populations, and cultural humility and implicit bias, among other topics, to support internal and external customers.

External customers such as Health Net members, employer groups and contracted providers have access to cultural and linguistic materials, culturally relevant research, and education and training programs to improve health access and outcomes. Internal customers such as Health Net staff and departments have access to C&L services, training programs, and data that assist in providing quality services for all Health Net members. In 2024, the Health Equity Department completed the following training and development achievements:

Internal training and development:

Health Equity provided 15 company in-services/online trainings to 4,621 attendees, updated 1 policies and procedures (P&Ps), and published 32 articles on training and education. Specifically, we accomplished the following:

- Developed and delivered tailored cultural competency, health equity, gender neutral language, health literacy, social needs platform and language assistance trainings to key customer-facing departments.
- Coordinated and implemented CLAS/Heritage Month for the California Market, over 2,000 staff participated in educational events celebrating membership and employee diversity. The theme for 2024 was promoting Disability Awareness in Healthcare. Training consisted of weekly articles, a Centene University training, a collaboration with two Centene Employee Inclusion Groups, and a virtual activity aimed to engage in learning of different cultures, and incentives to boost participation.
- Deployed online Cultural Competency training to 2,148 staff with 96% completing with a score of 80% or higher.

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- Deployed LAP training to 2,331 staff, with 90% completing with a score of 80% or higher to ensure compliance with regulations.
- Implemented Gender Neutral Language training to 181 staff.
- Provided 2 Digital Literacy and Telehealth Services Program training to support staff.
- Implemented 2 findhelp (Health Net Community Connect) trainings.
- Developed staff diversity, equity and inclusion training curriculum *Health Equity: Diversity, Humility and Equity in Healthcare* to meet DHCS APL 24-016 for deployment in 2025.
- Coordinated curriculum development with transgender servicing organization for gender affirming care training *Transgender, Gender Diverse, & Intersex Affirming Care and Equity* training to meet DMHC APL 24-018 and DHCS APL 24-017 for deployment in Q1 2025.

External training and development:

- Provided 7 provider and community trainings on language services, cultural competency, health literacy and health disparities.
- Implemented an On Demand special population Implicit Bias trainings.
 - *Strengthening Cultural Humility Dismantling Implicit Bias* (December 2024- December 2025).
- Educated providers on cultural and linguistic best practices through 14 touch points including online newsletters, provider updates and provider operations manuals.
- External trainings reached 499 providers, office staff, and community-based individuals.

CLAS 5: *Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.*

In 2024, 37 % of Health Net's membership and 58% of CHPIV membership identified as limited English proficient.

To meet the needs of our diverse members, we have a strong Language Assistance Program that is designed to support members and empower them to be active participants in their health.

The support of 552,052 interpreter services to members (520,816 HN; 1,241 CHPIV). This included:

- HN services include: 166,918 telephone interpreter, 5,536 face-to-face interpreter, 762 American Sign Language, 259 Video Remote Interpreter, and 347,341 answered by HN bilingual staff.
- CHPIV services include: 1,241 telephone interpreter services.
- 281 video remote interpreter services.
- 696 over-the-telephone direct access interpreter services.
- Maintained the process for Health Equity to maintain compliance and monitoring of Standing Requests for applicable lines of business.

CLAS 6: *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*

Health Net and CHPIV provide members with multiple mechanisms to learn about Language Assistance Services, inclusive of written and verbal notification. In 2024, the Health Equity Department was successful in achieving the following:

- Updated and remediated 1 tagline document for Medicare Supplemental.
- Updated and remediated 27 Non-Discrimination Notices (NDN) for Health Net and CHPIV.

- Removed 7 NDNs for Commercial and Medicare Supplemental in support of new Compliance and Corporate guidance.
- Produced 8 annual newsletter articles for all lines of business that advised members of the availability of language services and how to access them.

CLAS 7: *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*

Health Net ensures quality language services for our members or potential members through robust oversight and monitoring including:

- Contractual oversight to 13 interpretation and/or translation vendors including:
 - 8 for American Sign Language.
 - 9 vendors provide interpreter services.
 - 5 vendors provide written translation and alternate format services.
 - *Note: Some vendors provide both interpreter (American Sign Language and/or languages) and translation or alternate format services.*
- Distributed the Health Industry Collaborative Effort recommendations to providers to ensure providers and staff support quality interpreter requirements.
- 78 interpreter complaints (71 HN, 5 CVH, 2 Medicare), which resulted in documented follow-up action for 48 of the complaints (42 HN, 4 CVH, 2 Medicare).
- Sustained the capacity of Health Net departments to conduct independent translation coordination.
- Conducted 182 translation reviews (162 for HN; 20 for CHPIV).
- Provision of education to providers on the use of untrained individuals and/or minors to provide interpretation services (Operations Manual, LAP Provider Updates).
- Oversight of translation and interpretation member and provider requests.
 - In 2024, 28 translations and alternate formats, 5,536 interpreter services, 762 sign language interpreter services, and 168,159 telephonic interpretation requests were successfully fulfilled.

CLAS 8: *Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*

In 2024, Health Net sustained an organization wide-effort to integrate knowledge of health literacy best practices across departments. The Health Equity Department has sustained health literacy efforts through the provision of plain language training and readability software to Health Net associates. In 2024, Health Equity successfully:

- Trained 42 staff on plain language principles and processes. In addition, 62 staff installed/activated Readability Studio software in 2024.
- Sustained 6th grade reading level of member materials sent for C&L review. Health Equity has developed a health literacy thesaurus, guidelines for writers and a robust evaluation process for all member materials.
- Conducted 233 English Material Reviews (EMR) of which 142 were HN, 91 for CHPIV materials. The EMR process helps to ensure health literacy principles are followed, readability score meets the regulatory requirements and ensures cultural competency of print and multimedia materials.
- Provided health literacy learning opportunities during National Health Literacy Month for all staff in the form of HealthNet of CA CEO article, webinar trainings for internal staff and providers and other activities. Published biannual Health Literacy newsletter with two issues disseminated to the stakeholders.

CLAS 9: *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*

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The 2024 Health Equity department goals were used as the foundation for the work plan, objectives, and results from the Year End report. In addition, the implementation of activities as aligned with department objectives are done through inter-departmental efforts to ensure collaboration on Health Equity services.

The 2024 mission of the Health Equity Department is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems.
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities.
- Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders.
- Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members.

2024 Department Goals

Health Net's overall aim is to provide equitable, high-quality care services to its culturally and linguistically diverse population no matter the individual's personal characteristics. The purpose of the organization's Health Equity Accreditation and Health Equity Accreditation Plus programs is to reduce health care inequities and disparities by implementing interventions for identified individuals who are likely to experience or are experiencing obstacles to health care services due to their race/ethnicity, language preference, gender identity, and/or sexual orientation.

The goal is to improve care by working to eliminate bias and discrimination within communities and the healthcare industry. Our department goals are:

1. Ensure language services meet regulatory requirements and achieve metric goals.
2. Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels.
3. Complete staff and provider trainings for required topics.
4. Address health disparities through targeted cross-collaborative projects.
5. Implement social needs assistance strategies with integrated approaches for mitigating social risks. Ensure seamless access to Community Connect Program/findhelp for members, providers, and staff.

Since 2020, the collection of race and ethnicity data has become a larger priority in the organization. A Health Equity Officer position was created in early 2021 and throughout the years has developed a comprehensive health equity strategy that addresses ways that Health Net can promote health equity through member programs, hiring practices, and contracting with diverse vendors.

CLAS 10: *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*

The Health Equity Department routinely conducts assessments of Health Net's integration of CLAS related measures into our quality improvement activities. This is accomplished through 1.) Routine Health Equity Accreditation Plus standards analysis which integrates CLAS activities and related measures, 2.) Annual evaluations (contract assessments, vendor and specialty plan oversight evaluations, P&P reviews) and barrier analysis, and 3.) Annual work plans. Health Net meets all 15 CLAS standards as evidenced by the achievement of the Health Equity Accreditation and Health Equity Accreditation Plus statuses.

CLAS 11: *Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.*

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Health Net and CHPIV strive to collect and maintain accurate and reliable demographic data and to use data to effectively analyze member health outcomes and target health equity efforts. Health Net and CHPIV procures race, ethnicity, and language (REL) from members through the Customer Call Center, member surveys and eligibility files from state and federal files for Medi-Cal, Medicare, and exchange members. Health Net uses data to analyze targeted outcomes by member demographics so that health disparities can be analyzed. In 2024, the Health Equity Department successfully accomplished the following:

- Supported Health Net in collecting spoken language data on 90.64% of HN members and 99.999% of CHPIV members. Additionally, we successfully collected 94.09% of Race/Ethnicity data for Health Net members and 98.94% for CHPIV members.
- Methodology supports Health Net in obtaining Race/Ethnicity data through mixed method (direct and indirect).
- Continued to use a multimodal campaign to enhance self-reported Race/Ethnicity data collection for members with unknown or blank data.
- Expanded systematic capabilities for sexual orientation and gender identity data collection.

CLAS 12: *Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.*

Health Net conducts a Population Needs Assessment (PNA) every year to improve health outcomes for members. Starting in 2022, the Department of Health Care Services changed the frequency of the PNA to every 3 years. In 2024, the Health Equity Department successfully accomplished the following:

- Deployed Language Assistance Program trainings and updated materials to successfully meet the goals listed in the PNA annual action plan for the Health Equity Department.
- Assisted Population Health with the annual PNA action plan development.
- Launched the Los Angeles Community Impact Council (CIC). The Council connects community-based partners working to address the disparities seen in the Black pediatric population. The CIC coordinates community assets and is working to support member outcome improvements. Enhanced the implementation and utilization of social services platform Health Net Community Connect (powered by findhelp) for HN and CHPIV staff and members.
- Trained multiple internal departments on language assistance services and completed a training for providers to increase utilization of language assistance services.

CLAS 13: *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*

The Health Equity Department recognizes that Health Net and CHPIV cannot be successful if we do not use the expertise that exists with our surrounding communities to improve cultural and linguistic appropriateness and impact positive health outcomes related to Health Equity. As such, Health Net and CHPIV engage in multiple collaborations to support us in meeting our goals. The following is a summary of our activities for 2024:

- Community Advisory Committee (CAC) meetings were hosted by the Public Policy Department.
 - Health Equity staff presented at or contributed to 24 CAC meetings (20 HN; 4 CHPIV).
 - There were 20 county/region-specific CACs for HN.
 - A total of 4 CACs were hosted for CHPIV.
 - For HN, the CACs were attended by 178 participants with an average of 9 attendees per meeting/sessions across all counties.

- For CHPIV, the CACs were attended by 106 participants with an average of 26 attendees per meeting/sessions.
- Member Advisory Committee (MAC) meetings for Commercial members hosted by Account Management.
 - There were 2 virtual meetings with 33 MAC total members in attendance.
- Developed and/or supported community committees and initiatives focused on health equity and social determinants of health including:
 - Westside Infant Family Network (WIN)
 - Frontline Doulas
 - Southern California Center for Latino Health
 - African American Infant Maternal Mortality of LA County
 - Black Infant Health (Fresno, Los Angeles, Sacramento, and San Joaquin Counties)
 - Penny Lane Centers
 - Children Service Network
 - California Association of Adult Day Services
 - Community Response System of South Los Angeles ACH
 - Binational of Central California Diversity Uplifts, Inc.
 - Consumer Center for Health Education and Advocacy/Legal Aid Society of San Diego Inc.
 - LA County First 5 LA
 - Cultural Broker
 - Findhelp utilization search data and assessment responses
- Partnered with local and national collaborations to share best practices and leverage resources.
 - AHIP Health Equity Workgroup
 - NCQA Health Equity Expert Workgroup
 - Health Industry Collaboration Effort (HICE)
 - HICE Health Equity Accreditation Workgroup
 - Purchaser Business Group on Health (PBGH) Patient Assessment Survey
 - Southern California Center for Latino Health
 - Culture of Health + Tech

Health Equity Efforts

In 2024, Health Net continued to strengthen and diversify the scope and implementation of the Health Equity efforts to improve member outcomes through disparity and social drivers of health (SDoH) focused efforts. Strong inter-departmental partnerships were fostered to leverage resource investment and broaden the impact of disparity work. The Health Equity Department continued to deploy the disparity reduction model to support several projects throughout California. The following is a summary of the health disparity and SDoH initiatives undertaken in 2024:

Health Equity and SDOH Initiatives	
Northern California Projects	
Projects	Outcomes
Southern California Projects	
Projects	Outcomes
Community Health Detailing Campaign	In 2023, Health Net in partnership with Health Begins launched a 4-month equity focused improvement campaign that aims to reduce racial inequities in well child visits and immunizations in Black/African American members living in South and Central Los Angeles County. To achieve

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	<p>this goal, Health Net partnered with clinical practices (St. John's, T.H.E. Clinic, Dr. Latkineh, and Dr. Perey's offices), community-based organizations (Frontline Doula and Westside Family Infant Network) and people with lived experiences to help healthcare providers advance health care equity while strengthening clinical-community relationships. The campaign concluded in Quarter 1 of 2024. Throughout the campaign, 26 detailer visits were completed. Evaluation of the campaign showed that the detailers and care team members worked together to identify strategies to improve patient engagement and attendance of well-child visits. Opportunities and recommendations going forward include leveraging the CHD approach for other initiatives, a continuation of provider engagement, and fostering community engagement.</p>
Covered CA Diabetes Management Disparity Project	<p>Covered California Disparity Reduction Project addressed HbA1c management among Latinx members with Allied Pacific IPA (independent physician association). Intervention designs were guided by barrier analysis at the member, provider, and community level to improve management of diabetes (HbA1c level < 8; hemoglobin A1C less than 8 percent). All interventions were completed in 2023, final project outcomes determined, and health equity contractual documentation completed. Provided update on project at Covered California Semi-Annual Business Review on October 14, 2024.</p>
Neighborhood Initiatives Project	<p>Health Net is partnering with Westside Infant Family Network (WIN) on a neighborhood, place-based health equity initiative designed to improve Healthcare Effectiveness Data and Information Set (HEDIS) measures and reduce disparities. The initiative is focused on African Americans living in SPAs (service provider area) 4 and 6 in Los Angeles County. The measures of focus are Childhood immunization status (CIS-10 Combination) and well child visits (0-30 months). In 2024, WIN and Health Net led the launch of the Los Angeles Community Impact Council (CIC). The council met monthly, and a comprehensive community needs assessment was completed. The council voted on 2 community led interventions: mental health and food insecurity. 2 CIC members have volunteered to lead the community interventions, which will be carried out in 2025. Based on the barrier analysis, the project team decided on member and provider interventions. Member interventions will include a member education flyer and co-locating WIN's CHW in 2 provider offices to help with outreach and education. Provider interventions will include one stop clinics at high volume providers and an implicit bias training focused on Pediatric providers in Los Angeles. Interventions will launch in 2025, and the project will conclude in Q3 of 2025.</p>
Hispanic-Focused Medicare/Commercial Colorectal Cancer Screening Improvement Project	<p>The Health Equity department is spearheading a project focused on improving Colorectal Cancer Screenings across Southern California. The initiative is focused on Hispanic Medicare members (ages 65+) and Commercial members (ages 45+), with the potential to include African American members in 2025. In 2024, the Health Equity department completed the barrier analysis by partnering with Culture and Health and Tech consulting group. In Q1 of 2025, the project will move on to the intervention phase and will be ongoing throughout the year.</p>
Statewide Projects and Initiatives	
Projects	Outcomes

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Community Connect (Aunt Bertha)	<p>Continued the implementation of Health Net Community Connect (findhelp). Key successes included:</p> <ul style="list-style-type: none"> ✓ Initiated Cozeva and findhelp integration. ✓ Rebranded findhelp to include Wellcare. ✓ Completed 3 on demand trainings for providers. ✓ Conducted 3 live trainings for staff and community partners. ✓ Rebranded member flyers for all lines of business. ✓ Rebranded how-to guides for community members, providers, and staff for all lines of business. ✓ 809 programs were added to the Community Connect website. ✓ 1,446 assessments were completed. ✓ 12,303 referrals were made, and 2,608 referral loops were closed. ✓ Renewed contract for 2025 to include Cozeva integration and SQL data warehouse.
Chronic Care Improvement Plan	<p>The disparity project is focused on controlling blood pressure for African American and American Indian and Alaska Native population of Medicare. Intervention includes health education on lifestyle factors (diet/exercise), medication adherence, partnership with a community-based organization on providing education, and potential provider training. The Health Equity Department will provide consultation on making sure interventions meet the Health Equity model for disparity projects.</p>
Institute for Healthcare Improvement (IHI) and DHCS Child Health Equity Collaborative Sprint	<p>The focus of the Child Health Equity Collaborative is to improve the completion of well-child visits (WCS) in infants 0-30 months and adolescents 15-18 years old. The Sprint takes place in Los Angeles (Health Net) and in Imperial (Community Health Plan of Imperial Valley) Counties.</p> <p>The following are the pilot sites for the IHI Sprint.</p> <p style="padding-left: 40px;">Los Angeles- AltaMed General Pediatrics at Children's Hospital Los Angeles CHPIV- Dr. Vishwa Kapoor's Clinic</p> <p>A total of 5 interventions are targeted for this sprint.</p> <p>Intervention 1- Equity & Transparent, Stratified, and Actionable Data.</p> <p>Intervention 2- Understanding Provider and Patient/Caregiver Experiences</p> <p>Intervention 3- Reliable and Equitable Scheduling Processes</p> <p>Intervention 4- Asset Mapping and Community Partnerships</p> <p>Intervention 5- Partnering for Effective Education and Communication</p> <p>In 2024, the Health Equity Department participated in completing 3 of the 5 interventions. The remaining 2 interventions will be completed in 2025.</p>
University of California Quality Improvement Project	<p>The University of California (UC QIP) disparity project will focus on comprehensive diabetes control, colorectal cancer screening and child and adolescent well care visits. In 2023, barrier analyses were completed for each measure and reported to support the design of interventions. The Health Equity Department also developed, presented, and recorded an on demand training to address cultural & health equity barriers of each measure to support a provider intervention. The Health Equity Department also supported the cultural and linguistic review of documents for each of the UC QIP measures. In 2024, the Health Equity</p>

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	Department continued to provide support through cultural and linguistic and barrier analysis review of documents for each of the UC QIP measures. Additionally, it continued to promote and support the Health Equity Department developed provider training <i>Addressing Care Disparities Across Preventive and Chronic Conditions</i> .
Colorectal Cancer Screening Project for Exchange	This disparity project, initiated in 2024, focuses on Commercial members with statistically significant lower rates of colorectal cancer screening (COL) among Hispanic/Latino member 45+ years old. Literature review and focus groups were conducted in 2024, with focus groups designed to address barriers by gender and language (Spanish). Member, provider, and community prioritized opportunities for interventions will be developed following the completion of the barrier analysis.
Glycemic Status Assessment for Patients with Diabetes (GSD) for Commercial (On and Off Exchange)	This disparity project, initiated in 2024, focuses on Commercial members with statistically significant lower rates of GSD among Spanish speaking members. Literature review and focus groups were conducted in 2024. Member, provider, and community prioritized opportunities for interventions will be developed following the completion of the barrier analysis.
Improving Well Child Visits (W306+) Performance Improvement Project	The disparity project is focused on improving well child visits (W306+) among Black or African American members living in Los Angeles, Sacramento, San Joaquin, Stanislaus, and Tulare counties. Interventions include partnering with the local Black Infant Health to provide support and case management to birthing members. This project is in progress.
Health Net Non-Clinical Behavior Health Performance Improvement Project (PIP)	A Quality Improvement led project supported by the Health Equity Department its objective is to improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department (ED) visit in Sacramento, Stanislaus, San Joaquin, Tulare, Los Angeles, and imperial counties. An intervention includes timely notification to Primary Care Provides of behavior health member via Cozeva. Another intervention includes outreach to members through Health Net's internal behavior health team, Follow up and Outreach Team (FOT). This is an ongoing project expected to conclude in 2026.
Conferences, Presentations and Awards	
Health Equity Newsletter	Produced 2 biannual issues of health equity newsletter covering topics of interest related to health disparities.
Conference	<ol style="list-style-type: none"> 1. Panel presentation at the 2024 America's Health Insurance Plans annual conferences. June 12, 2024. 2. Panel presentation, "Racial and Socioeconomic Disparities in Early Childhood Mental Health" at the Advancing Equity in Early Childhood Conference hosted by Westside Infant Family Network. November 25, 2024.

CLAS 14: *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*

The Health Equity Department collaborates with the Appeals and Grievance (A&G) department to analyze and follow-up on C&L-related member concerns. Analysis helps to identify cultural and/or linguistic issues that may act as barriers to accessing health care. When barriers are identified, Health Equity develops a provider or member education program to meet that need. In 2024, we were successful in achieving the following:

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- Conducted analysis, tracking, and monitoring of a total of 359 grievance cases sent to the Health Equity Department by A&G (352 HN; 7 CHPIV). Of these, 324 (318 HN; 6 CHPIV) were coded to culture or language. 25 were determined to have a HN or CHPIV fault and an internal Corrective Action Plan (CAP) was issued and 7 resulted in a HN vendor CAP.
- Completed 14 Health Net provides interventions with education, tools, and resources on language requirements, cultural competency and or cultural sensitivity.

CLAS 15: *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*

Health Net and CHPIV communicates on our progress towards CLAS standards to a diverse range of participants, constituents, and the public. In 2024, we conducted the following to accomplish this goal:

- Wrote content about Cultural and Linguistic services in 4 Member Newsletters: Medicare, State Health Plans, Health Net, CHPIV, and Commercial newsletters.
- Ongoing participation in Health Net and CHPIV Community Advisory Committees in collaboration with Public Policy and Member Advisory Committee with Account Management.
- Filed Health Net reports including C&L program description, demographic profile, and LAP utilization with the Department of Health Care Service.
- Non-Discrimination Notice and tagline documents were updated on Health Net member facing websites. Members also have the opportunity to update their race, ethnicity and language information using the member profile feature found on Health Net websites for members.
- Shared findhelp data with Community Advisory Committees and asked them for feedback on proposed goals addressing social needs and social risks.

III. 2024 Barrier Progress and Analysis

Identified Barriers	Impact of Barrier	Rationale for mitigating barrier	Progress	Next Steps	Progress
1) Increase in grievances	Member experience Risk for quality of Language Assistance Program (LAP) services.	Fully support member language needs, monitor the effectiveness of LAP program and meet compliance requirements.	Continue to monitor cultural and linguistic (C&L) coded grievances and analyze how they impact patient care and delivery of LAP services. If a barrier is identified, C&L adjusts the process to mitigate the barriers. All discrimination grievances are reviewed by a specialized committee.	C&L conducts reviews on all C&L related grievances and conducts follow-up as needed with provider level interventions. Trending and tracking of grievances will be done annually.	Continue to trend and track grievances on a quarterly basis. An end of year report will be produced that identifies issues that may be acting as barrier to LAP services. Health Equity plans to continue to monitor and analyze the cases. Health Equity will identify and implement any adjustments that need to be made to the LAP program to prevent future occurrences if barriers are found.
2) Covered CA Race, Ethnicity and Language (REL) data capture and Medicare REL data capture	Compliance Risk Passive Risks: NCQA, CMS, DMHC, CDI and ACA Decreased ability to improve member outcomes.	Meet compliance requirements and understand member cultural needs.	Continue to monitor progress on Covered CA REL data and guide/support fixes for correct data ingestion and accurate cross walking of R/E categories including overwrite issue in UMW.	Continue to monitor and QA/acceptance test Covered CA REL data and UMW fix. Continue to quality check CH&W and Medicare/DSNP member REL data.	Ongoing efforts and coordination with IT and on exchange plan management team.
3) Implementation and scaling of closed loop referrals on Community Connect, findhelp. Less than 50% of referrals by Health Net staff were closed.	Decreased ability to improve member social needs and social risks. Passive risk: NCQA; DHCS final guidance for ECM/CS	Fully understand member social needs and risks by ensuring referrals on the Community Connect program are updated with a conclusive status (closed loop). Time consuming process to manually combining referral data with member demographics to stratify and produce reporting.	Continue to track referrals on a quarterly basis. By ensuring the referral status is closed, all groups, based on REL, can remain updated and tracked in findhelp to better stratify referrals and referral statuses by demographic options. Combining referral activity internally to produce joint reporting instead of relying on manual process.	Conducting training for internal staff, members, and providers on the closed loop referral process. Piloting closed loop referral process with Care Management and Member Connections Departments for Sacramento County to establish a tracking and monitoring process.	Prepare for wide scale "Closed Loop Referral Requirements Implementation" through workgroup efforts. The Health Equity Department plans on reaching out to internal departments to ensure all referrals are updated and closed.
4) Shortage of American Sign Language interpreters in CA regions	Compliance Risk <ul style="list-style-type: none"> Department of Health Care Service and Department of Managed Health Care risk for lack of quality 	Meet compliance requirements and support member needs to drive Healthcare Effectiveness Data and Information Set (HEDIS) and	<ul style="list-style-type: none"> Continue to work with interpreter vendors to increase the available pool of sign language interpreters. Introduced capability of scheduling video 	<ul style="list-style-type: none"> Continued expansion to additional sites as needed or requested from sites or vendor proposals in 2025. 	<ul style="list-style-type: none"> Ongoing monitoring utilization at active sites.

2024 Health Equity Department Year End Report

Identified Barriers	Impact of Barrier	Rationale for mitigating barrier	Progress	Next Steps	Progress
	interpreter services.	customer experience.	<p>remote interpreters for sign language and other languages. in support of COVID 19 patient care and to address shortage of sign language interpreters.</p> <ul style="list-style-type: none"> • Video Remote Interpretation (VRI) pilot launched for 5 Clinics. • In 2024, some sites were deactivated due to Medi-Cal county losses. 		
5) Sexual Orientation and Gender Identity Fields and Data Collection	Data fields and value are new to Health Net and there are several systems that need updating to collect and store this data.	Systems are being updated and data collection is beginning. Several regulators are beginning to require this data so we are meeting this requirement early.	<ul style="list-style-type: none"> • Call center system (OMNI) updates are complete, and fields are successfully storing data. • Unified Member View (UMV) system updates are complete, and fields are successfully storing data. • Member REAL SOGI data collection went live on December 12, 2023. • REAL SOGI data is reflective in OMNI, Prime, TruCare Could, and Member RTR. Member Enrollment File Processing will be completed on 1/18/2023. 	Monitor regulator updates to SOGI-related requirements and ensure alignment within our systems and across requestors.	Member Portal SOGI go live pushed completed in Q2 2024.