2022 Population needs assessment
Anthem Blue Cross (Anthem)

Judy Silva, MPH, RN, DHCS-CSR
Clinical Quality Program Director
judy.silva@anthem.com

Alejandra Vaca, MPH, CHES
Health Promotion Consultant, Sr.
alejandra.vaca@anthem.com

Deysi Sierra
Health Educator
deysi.sierra@anthem.com

CABC-CD-011454-22 November 2022

Table of contents

1 Population needs assessment overview

Blue Cross of California Partnership Plan, Inc., d/b/a as Anthem Blue Cross, has been serving Medi-Cal Managed Care (Medi-Cal) beneficiaries for more than 28 years across 29 counties. Our programs and staffing models have evolved to focus even more on health disparities like maternal and early childhood health. Our vision is to make health equitable by ensuring that all Californians have an equal opportunity at leading healthy lives. All our collaborative relationships and investments in technology and our communities intend to help every member successfully navigate the health care system.

The *Population Needs Assessment (PNA)* is a Department of Health Care Services (DHCS) requirement that helps Anthem evaluate health outcomes for members by:

- Identifying member health status and behaviors.
- Understanding member health education and cultural and linguistic (C&L) needs.
- Providing an additional means of accountability in addressing health disparities and gaps in services and resources.

This assessment is a cross-functional effort by leaders and associates from Special Programs, Healthcare Management, Field Operations, and Quality Analytics to align quality improvement (QI) activities and strategies, all with the intention of minimizing inequities. Anthem relies on multiple data sources (*Section 2*) for this report, including the following required data sources:

- The most recently available Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results,
- And the DHCS managed care health plan (MCP) specific health disparities data from Anthem's 2021 Healthcare Effectiveness Data and Information Set (HEDIS®) data.

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

This report describes the data analysis findings on membership characteristics, disease prevalence access to care, and other key health disparities findings. Reporting units for the key health disparities are organized based on county or geographical region. Disparities occurred among several different health topics, including maternal health, child and adolescent health, behavioral health, and preventative health. A summary of these health disparities findings is listed below:

- The Breast Cancer Screening (BCS) measure was the most identified disparate measure. BCS was identified in all 12 reporting units.
- The Controlling Blood Pressure (CBP) and Cervical Cancer Screening (CCS) measures were the second most disparate measures, being identified in eight of the 12 reporting units.
- The American Indian and Alaska Native group was identified as the most disparate group 12 times.

All findings have been shared with Community Advisory Committees (CAC) and the Public Policy group. Feedback from partners and members have been instrumental in informing on Anthem's appropriateness of services and programs, specifically on the design of health equity strategies. Additionally, Anthem does not combine the CAC and Public Policy meetings to provide a wider range of member representation and so that members can voice input without reservation. Together, the findings and feedback resulted in the 2022 *PNA* and *Action* Plan, which includes:

- Increasing the timeliness of prenatal and postpartum care for identified Black/African American members.
- Increasing the utilization of interpreter and telehealth services by members.
- Increasing member support for food and housing for members with high or special health care needs.

- Increase childhood immunization rates for identified Black/African American members.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2 Data sources

To be thorough and encompassing, Anthem analyzed and considered multiple data sources and reports to produce the most accurate depiction of health disparities. Key findings from these sources and reports were used to identify Anthem's objectives and strategies. Table 1 categorizes key data elements and a brief description of how each source was used in the *PNA*.

Table 1
Key data elements

Data categories and descriptions	Sources
Membership/group profile Contains member demographics, including age, gender, race/ethnicity, geographic distribution, education level, vulnerable groups, and social determinants of health.	• *Cultural and Linguistics Annual Data Summary, 2021.* • *Anthem Enterprise Data Warehouse, July 2021.* • *American Community Survey, 2019.* • *American Community Survey 1-Year Estimates, Table B16001, October 4th, 2021.* • *Anthem Blue Cross Annual Population Health Management Report, 2021*
Health status and disease prevalence Used to determine health status, disease prevalence, and key health issues of members.	• *Measurement year (MY) 2021 Anthem Blue Cross Annual Population Health Management Report* • *Anthem Utilization Management Data, top inpatient and outpatient diagnoses, 2021* • *Anthem Proprietary Predictive Model (PPM) diseases/conditions, 2021* • *Network practitioner reports including primary care access, 2021* • *Disease Prevalence / Top Diagnoses, 2021* • *DHCS Medi-Cal COVID-19 One Dose Vaccination Rates, November 2021*
Access to care Describes issues related to access to care.	• *Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, 2021.* • *MY 2021 Case Management Data* • *MY 2021 (RY 2022) Population Health Management (PHM) Report* • *MY 2020 (RY 2021) Population Health Management (PHM) Report* • *Modivcare Transportation Performance Card, 2021.*

Health disparities The following data sources were used to analyze and identify health disparities, identify gaps in care and services and evaluate progress on previously identified gaps.	• *DHCS Plan Specific Health Disparities Data- Anthem Blue Cross Rate Sheet, RY 2021 MY 2020.* • *Anthem HEDIS Data Measurement Year (MY) 2019-21* • *Measurement Year (MY) 2021 Minimum Performance Level (MPL)*
Health education, C&L, and quality gap analysis Used to identify gaps in services related to access to care, language needs, cultural and linguistic competency, health education, and relevant services.	• *Final Anthem HEDIS Data Measurement Year (MY) 2019-21* • *Claims Utilization/Case Management Data MY 2020 HEDIS Data, 2021* • *LanguageLine Data Report 2019 Access and Availability report, 2021* • *CA Medicaid Digital Kiosk Summary Report, April 2020-April 2021* • *LanguageLine data report, 2021* • *Cultural and Linguistics Annual Data Summary Report, 2021*
Other data sources Additional data sources important to Anthem's strategy.	• *Community Advisory Committee Feedback Survey for Stakeholder Engagement, 2022*

3 Key data assessment findings

Membership/group profile

Medi-Cal Managed Care membership characteristics

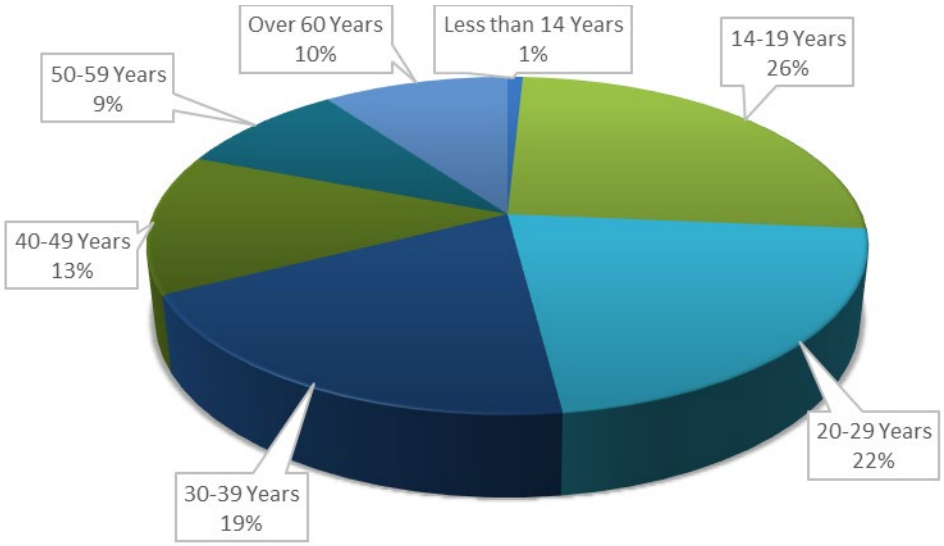
Member demographic data is derived from daily enrollment reports which are rolled up on a monthly basis to the total membership report. The report informs on enrollment, disenrollment, or any change in a member's eligibility. Anthem is directly contracted in six service areas that cover 28 counties (Mainstream) and subcontracted in Los Angeles County. This report focuses on the needs of members in the following counties: Alameda, Contra Costa, Fresno, Kings, Madera, Rural Region 1 (Tehama, Plumas, Sierra, Glenn, Butte, Colusa, Sutter), Rural Region 2 (Yuba, Nevada, Placer, El Dorado, Amador, Calaveras, Alpine, Tuolumne, Mariposa, Mono, Inyo), Sacramento, San Benito, San Francisco, Santa Clara, and Tulare. Total membership in 2021 for those counties was 849,604. Membership as of May 2022 was 896,993.

Table 2
Medicaid Membership

California	2019	2020	2021	May 2022
Mainstream	738,659	750,408	849,604	896,993

Anthem Blue Cross Population Health Dashboard, 2022

Chart 1
Medicaid Age Bands from Anthem Population Health Dashboard, 2022



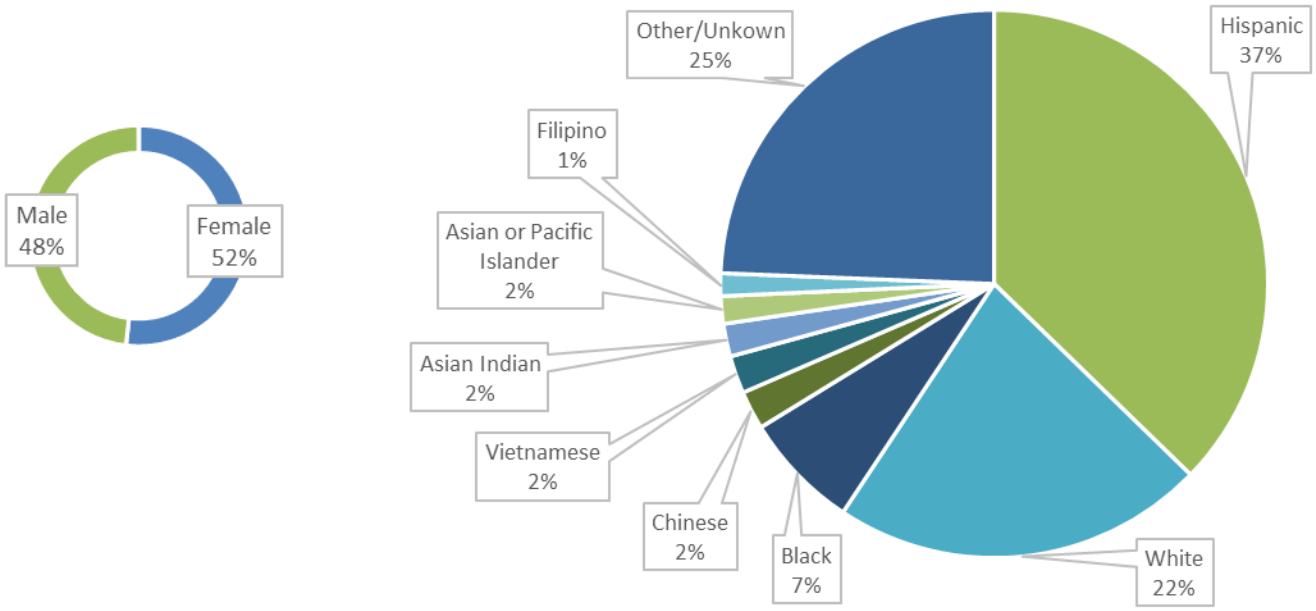
Children under 14 make up approximately 1% of our total membership, for a total of 23,778 members. Well over half (67%) of our members are between the ages of 14 to 39 years of age. Members over 40 account for 32% of our members with 10% being over 60 years of age (Chart 1).

Race, ethnicity, and gender identity

Anthem's total race and ethnicity data based on member enrollment data (June 2022) correlates with the United States Census population estimates (July 2021) for California for most race and ethnic groups. The largest member group identifies as Hispanic (37%) compared to 39.4% on the California Census. However, there are fewer members who identify as White (22%) compared to 71.9% on the California Census. The third largest member group have either declined to identify their race and ethnicity or are part of groups that make up less than 1% of our total membership (Chart 2). Upon further evaluation of the ethnicity data, there are some counties like Fresno that have a higher concentration of members who identify as Hmong, compared to other counties, which comprise less than 1% of Anthem's total membership, but experience significant health

disparities. For this reason, a county-by-county analysis was done by race and ethnicity. These outliers are captured in the health disparities findings below. Also, in the chart below, Anthem's total membership are 48% male and 52% female.

Chart 2
Total Race, Ethnicity, Gender Identity (June 2022)



Anthem Population Health Dashboard, 2022

Non-English languages

Anthem's enrollment data as of June 2022 demonstrates that English and Spanish are the top two languages spoken by our members. This correlates with the *2020 California and National Census* data. However, there are some differences noted when comparing to DHCS Top 15 non-English Languages than those identified on the California census and Anthem's enrollment data. This data was analyzed to ensure language support activities are being provided to members. Findings are explored further in the health disparities summary and language needs sections below. Consideration for people with disabilities requiring alternative formats has also been considered.

Anthem's top 12 non-English languages are:

- Spanish
- Vietnamese
- Russian
- Chinese
- Hmong
- Persian
- Arabic
- Tagalog
- Lao
- Khmer
- Korean
- Armenian

Geographic distribution

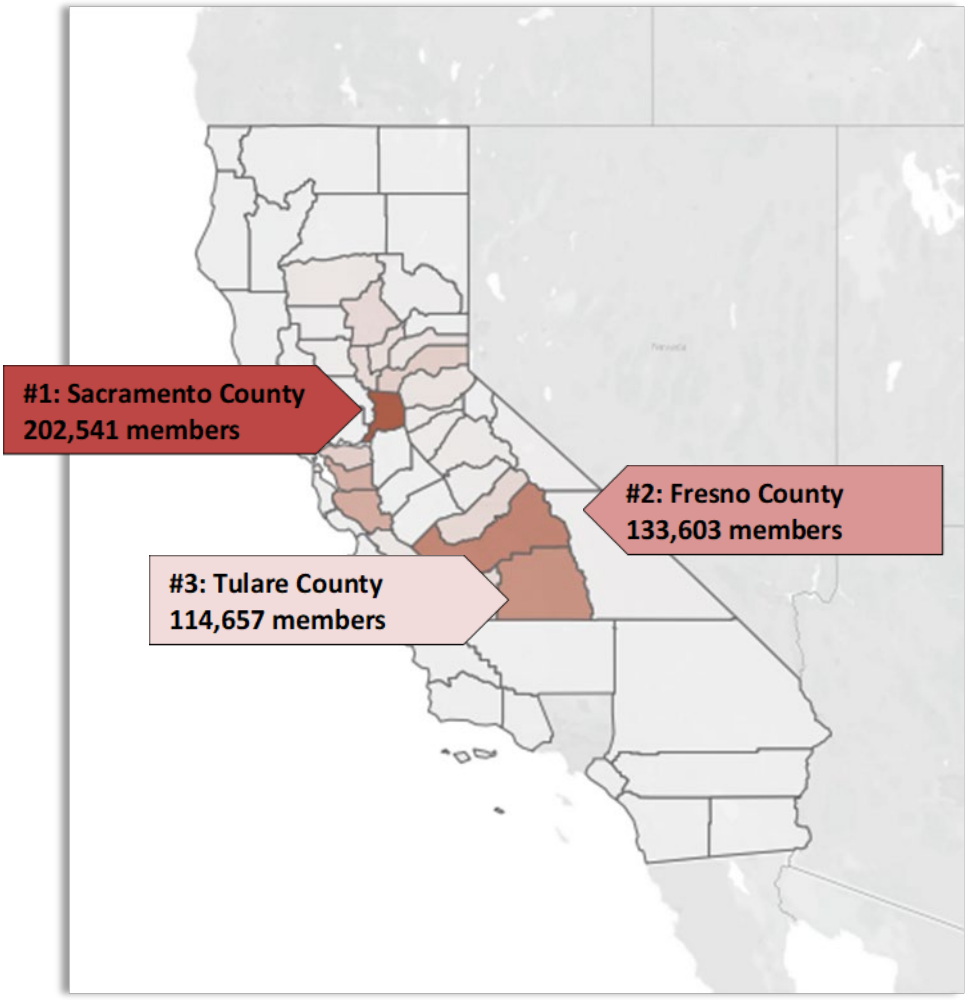
The heatmap in Figure 1 demonstrates the geographic distribution of members. The darkest shade of red on the index denotes a higher concentration of members in the corresponding county. This aligns with the population distribution in California; where the population is denser, Anthem has more members.

As of the most current Anthem demographic data, Sacramento County leads in the number of Anthem Medicaid members. There are 202,541 distinct members who reside in Sacramento County, followed by 133,603 members in Fresno County, and 114,657 in Tulare County. These comprise Anthem's top three most populous counties. In the more sparsely populated counties in California, Anthem also has fewer members, indicated by the lighter shades of red. Geographically, these areas are often isolated desert or mountainous terrain with extremes in weather conditions, posing additional transportation limitations and fewer health-related resources in their area.

CA MediCal Anthem Internal Diagram, 2022

Figure 1
Geographic Heatmap by County from Medicaid Membership Dashboard for Anthem, 2022

Top 3 Counties by member distribution



Health status and disease prevalence

The tables below (Tables 3 and 4) present the top 10 primary diagnosis for inpatient and outpatient services respectively regardless of age. The data is based on claims and encounters from 2019 to 2020 as obtained for the 2021 Population Health Assessment. As expected, a key finding was the extensive impact of the COVID19 pandemic, which still disproportionately impacts some racial and ethnic groups, according to the California Health Care Foundation (2021).

Top 10 inpatient diagnoses

For inpatient diagnoses: COVID-19 and related respiratory illnesses (acute respiratory failure with hypoxia, shortness of breath, other nonspecific abnormal finding of lung field), sepsis, pregnancy related diagnoses, and kidney-related conditions account for the majority of the top ten inpatient rankings. COVID-19 Hospitalization Tracking data collected by the University of Minnesota (2022) indicates that in 2021, California had a total of 75,847 inpatients due to COVID-19. Anthem's diagnosis count based on claims data accounts for approximately 23,649 (31%) of those stays.

Table 3
2021 Top 10 diagnosis for inpatient stays

Diagnosis rank	Description of diagnosis	Diagnosis count	Percent of membership
1	COVID-19	23,649	2.78%
2	Sepsis, unspecified organism	21,740	2.56%
3	Single liveborn infant, delivered vaginally	18,201	2.14%
4	Acute respiratory failure with hypoxia	17,568	2.07%
5	Acute kidney failure, unspecified	13,873	1.63%
6	Encounter for full-term uncomplicated delivery	11,356	1.34%
7	End stage renal disease	9,346	1.10%
8	Other nonspecific abnormal finding of lung field	8,292	0.98%
9	Encounter for other specified special examinations	8,244	0.97%
10	Shortness of breath	8,194	0.96%

Anthem Utilization Management Data, top inpatient and outpatient diagnoses, 2022

COVID-19 inpatient analysis

Anthem incorporates the DHCS Medi-Cal COVID-19 One-Dose Vaccination Rates reports along with data on populations of focus and member level detail to track unvaccinated members. Despite Anthem's 41.9% of beneficiaries aged five and older, who have had at least one dose of a COVID-19 vaccine as of November 2021, COVID-19 ranked first for inpatient stays (Table 3). Anthem maintains oversight and monitoring of trends to continue to identify vaccine disparities. For example, the health equity analysis for Fresno County

showed that the greatest need for COVID vaccination efforts and interventions are among the Black, AI/AN, and Latinx, under 49 age groups living in the following zip codes: 93702, 93706, 93722.

Top 10 outpatient diagnoses

For outpatient: Respiratory illnesses accounted for many of the top 10 diagnoses, including contact with and (suspected) exposure to COVID-19, COVID-19, and acute upper respiratory infection. Other chronic conditions, such as hypertension, end stage renal disease, and type 2 diabetes mellitus account for three (3) of the top ten rankings.

Table 4
2021 Top Ten Diagnosis for outpatient services

Diagnosis rank	Description of diagnosis	Diagnosis count	Percent of membership
1	Essential (primary) hypertension	45,240	5.32%
2	End stage renal disease	30,298	3.57%
3	Contact with and (suspected) exposure to COVID-19	26,949	3.17%
4	COVID-19	18,393	2.16%
5	Type 2 diabetes mellitus without complications	17,541	2.06%
6	Chest pain, unspecified	16,384	1.93%
7	Encounter for other preprocedural examination	15,964	1.88%
8	Acute upper respiratory infection, unspecified	14,616	1.72%
9	Unspecified abdominal pain	14,379	1.69%
10	Encounter for routine child health examination without abnormal findings	12,735	1.50%

Anthem Utilization Management Data, top inpatient and outpatient diagnoses, 2021

Summary of top diagnoses by age group

0 to 12 years:
This age group comprises 26.85% of Anthem's membership. The top three inpatient diagnoses for this age group are acute appendicitis, fever, and single liveborn infant delivery. The top three outpatient diagnoses for this age group fall under routine child health examinations without abnormal findings, acute upper respiratory disease, and contact/ exposure to COVID-19. Of note, fever, viral infections, constipation, and routine child health examinations with abnormal findings were among the top 10 outpatient diagnoses.

13 to 19 years:
This age group comprises 15.15% of Anthem's membership. The top three inpatient diagnoses for this age group are single liveborn infant, encounter for full-term delivery, and acute appendicitis. The top three outpatient diagnoses for this age group are suspected exposure to COVID-19, routine health examinations, and abdominal pain.

20 to 64 years:
This age group comprises 52.75% of Anthem's membership. The top three inpatient diagnoses for this age group are COVID-19, sepsis, and single live infant. The top three outpatient diagnoses for this age group are end-stage renal disease, hypertension, and contact or suspected exposure to COVID-19.

65+ years:
This age group comprises 5.23% of Anthem's membership. The top three inpatient diagnoses for this age group are COVID-19, acute kidney failure, and sepsis. For outpatient diagnoses, the top three for this age group were hypertension, type II diabetes, and end-stage renal disease. Atherosclerotic heart disease, Alzheimer's disease, and major depressive disorder are also health issues represented in this cohort.

COVID 19 outpatient analysis

Tulare, Sacramento, and Fresno counties were most impacted by outpatient treatment of COVID-19 in 2021. Anthem evaluated the percent of beneficiaries, aged 5 and older, who were administered at least one dose of a COVID-19 vaccine as of November 2021, according to DHCS, and found that the vaccination percentages were 35.2%, 40.1%, and 40.9% respectively, for those counties. San Francisco had the highest percentage of beneficiaries who had one does by November 2021 and ranked much lower for outpatient and inpatient stays. The highest utilizers were between the ages of 21 to 45 and were primarily Hispanic/Latino. Anthem continues oversight and monitoring of trends and identify vaccine disparities and provides unvaccinated member lists for providers to support vaccination and outreach efforts at the point of care.

Access to care

2021 CAHPS survey

Data from the 2021 CAHPS survey was reviewed to assess the members' ability to access care. A total of 196 adult and 670 child sample members successfully completed the 2021 CAHPS questionnaire. Given the evolving changes in consumer behavior and resource access during the COVID-19 pandemic, CAHPS questionnaires were expanded to include questions pertaining to telemedicine:

- In the adult CAHPS results, 73.16% of members were able to get care quickly either always or usually, which was 3.5% higher than the prior year's score of 70.11%.
- The child CAHPS survey revealed that 81.5% of members were able to get care quickly either always or usually was 0.80% lower than the previous year's score of 82.7%.

The *Getting Needed Care* composite questions assessed the member's experience with the ease of getting care and getting an appointment with a specialist:

- Adult CAHPS scores for Getting Needed Care in 2021 were 78.69%, which was nearly 10% higher than the previous year's score (68.92%). The child CAHPS survey score was 84.36% which was 7.46% higher than 2020's rate of 76.9%.

Additionally, year over year improvements were seen for the following: *Health Plan, Health Care, Personal Doctor Overall, Getting Needed Care, Getting Care Quickly, and Customer Service*. Year over year decreases were seen in *How Well Doctors Communicate.* Charts showing the comparison in CAHPS scores for MY 2020 and MY 2021 are shown below.

Table 5: CA Medicaid CAHPS Results Comparison, Adult Members, MY 2020 through MY 2021

Medicaid CAHPS child measures	2020 CA	2021 CA
Health Plan	46.3	51.96
Health Care	43.75	48.45
Personal Doctor Overall	57.27	64.75
Getting Needed Care	68.92	78.69
Getting Care Quickly	70.11	73.16
Customer Service	77.77	86.31
How Well Doctors Communicate	87.53	87.00

Source: 2021 CAHPS Survey Results Summary, Anthem

Table 6: CA Medicaid CAHPS Results Comparison, Child Members, MY 2020 to MY 2021

Medicaid CAHPS child measures	2020 CA	2021 CA
Health Plan	65.65	63.17
Health Care	60.39	67.52
Personal Doctor Overall	74.16	72.64
Getting Needed Care	76.90	84.36
Getting Care Quickly	82.70	81.50
Customer Service	87.67	85.08
How Well Doctors Communicate	93.53	91.62

Source: 2021 CAHPS Survey Results Summary, Anthem

Transportation

Anthem recognizes that lack of transportation can impede a member's ability to access and manage their care. For this reason, utilization and the quality of transportation service is monitored to ensure transportation needs are met. For all modes of transportation, Anthem averaged 5,400 unique members utilizing transportation each month. Complaints regarding member transportation experience were reviewed for concerning trends by county. None were found. Total complaints remain less than 1% of total reservations for transportation. The top three requests for transportation are for dialysis, primary care visits, and methadone treatment (Modivcare Transportation Performance Card, 2021). Based on lower utilization rates, Mono and Inyo counties have been added to the Action Plan to provide telehealth services (page 27).

Health disparities

Summary of health disparity key findings

Anthem analyzed the DHCS Plan Specific Health Disparities Data (Anthem Blue Cross Rate Sheet, RY 2022 MY 2021), along with internal and external data sources to update the 2022 PNA health disparity findings for the following Anthem Reporting Units.

- Alameda County*
- Contra Costa County
- Fresno County
- Kings County
- Madera County
- Rural Region 1 (Sutter, Colusa, Glenn, Tehama, Butte, Plumas, and Sierra counties)*
- Sacramento County
- San Francisco County
- Santa Clara County
- Tulare County
- Rural Region 2 (Yuba*, Nevada*, Placer*, El Dorado*, Amador, Alpine*, Calaveras, Tuolumne, Mariposa, Mono, and Inyo counties)
- San Benito County*

* Will no longer be part of Anthem's service area in 2024 due to contract model change.

In order to conduct an analysis of the health disparities data, Anthem compared rates for racial/ethnic groups to the reference rate for each HEDIS measure. The reference rate was the Minimum Performance Level (MPL) set for each measure by DHCS and the NCQA National Medicaid 50th percentile. Additionally, if there was a more than 5% difference from the lowest rate to the second-lowest rate for each measure, then the population group with the lowest rate was identified as a potential disparate group.

There were health disparity findings under several HEDIS measure categories, including Pediatric Care (CIS-10, IMA-2, WCC), Preventive/Chronic Care (BCS, CCS, CHL, CBP, and CDC), Maternal Health Care (PPC-PRE and PPC-PST), and Behavioral Health (AMM-ACUTE, AMM-CONT, and SSD). All 12 reporting units showed at least one health disparity. Rural Region 1 and San Benito County had the most health disparities identified; a total of eight health disparities each. This was followed by Fresno County and Rural Region 2, which had six identified health disparities each. Contra Costa County and San Francisco County had a total of five health disparities identified and are all addressed in this report.

Health disparities in the Breast Cancer Screening (BCS) impacted all reporting units. Additionally, the data indicates that the Cervical Cancer Screening (CCS) measure and the Controlling Blood Pressure (CBP) measure were the second most identified health disparities, both appearing in eight reporting units. The Comprehensive Diabetes Care (CDC-H9) measure was the third most identified health disparity, impacting six units.

The American Indian and Alaska Native group was identified as the most disparate group of all groups analyzed, followed by the Black or African American group. Also impacted were Whites, Native Hawaiians or Pacific Islanders, and the Asian population group (in descending order by number of health disparities). Denominators for American Indian, Alaskan Native, Native Hawaiian, and Pacific Islander groups were reviewed in this disparity analysis and the percentage of members is 2% or less compared to other disparate groups. However, Anthem recognizes that there is a significant percentage (25%) of members that either identify as "Other" or "Unknown" for race and ethnicity.

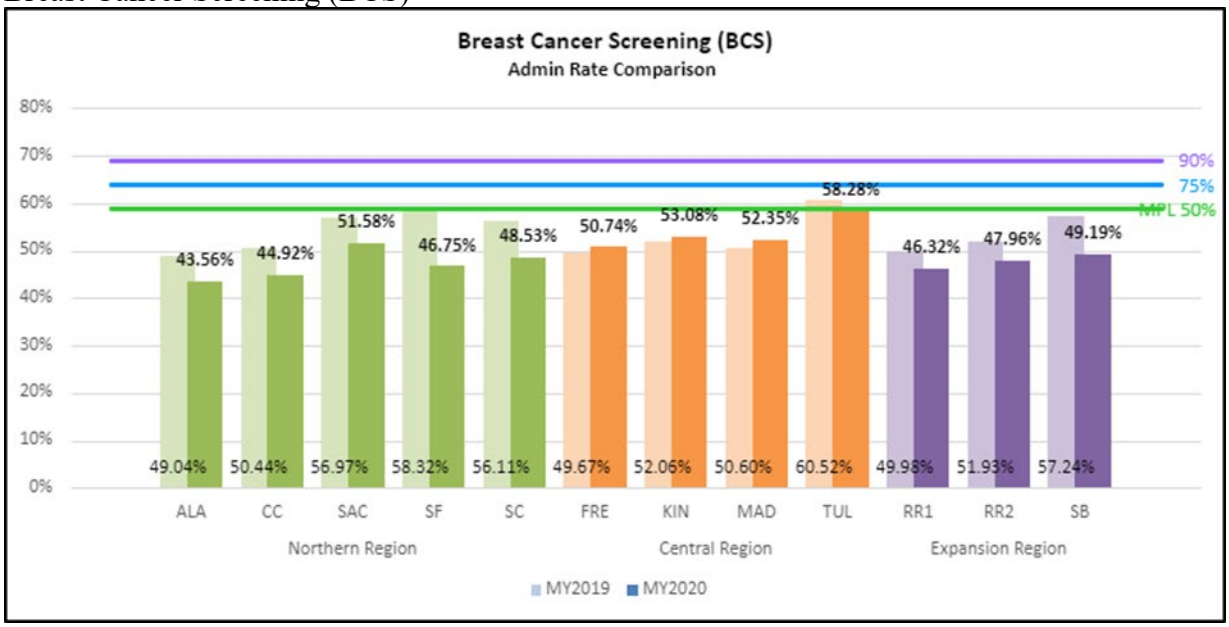
Most disparate measures, statewide

Non-urgent healthcare was deferred in response to the COVID-19 Public Health Emergency through most of 2020. Also, COVID-19 surges in early and late 2021 impacted healthcare services, either because healthcare providers were focused on caring for those affected by COVID-19, or because of resource limitations cause by

the pandemic. Presently, health care utilization is recovering, but those who are due for services are competing for those who are over-due. Taking this and other impacts into account, the most disparate measures are summarized below.

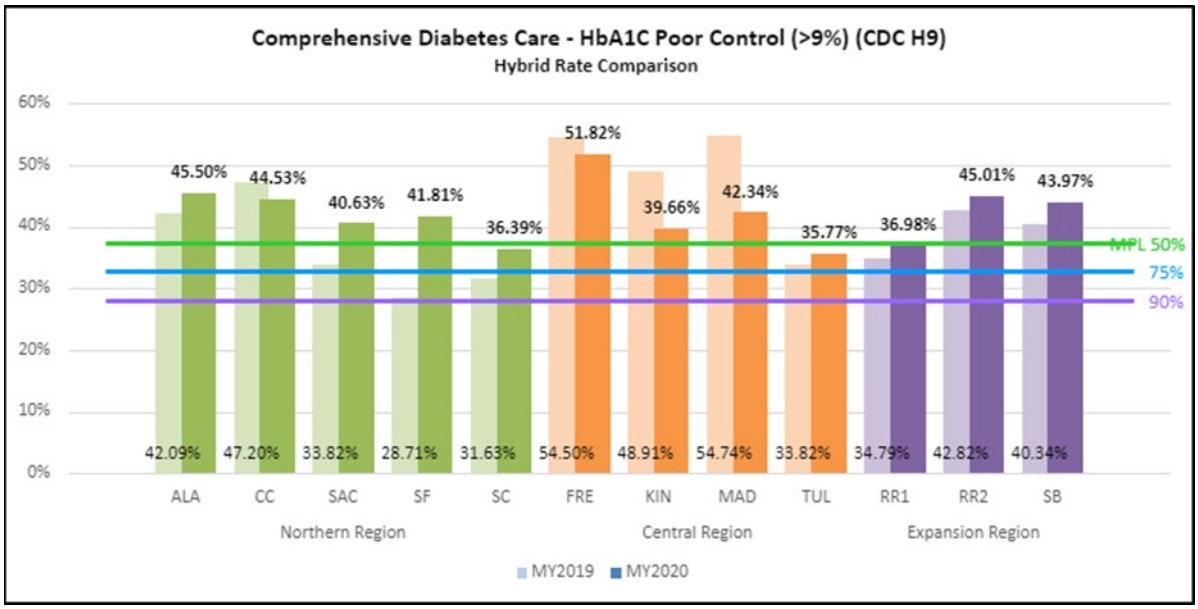
As mentioned previously, health disparities in Breast Cancer Screening (BCS) impacted all reporting units (Graph 1). Anthem captured 11,637 encounters for mammograms in 2021, still lower than needed to meet the Minimum Performance Level but better than 2020. Decreased screening rates correlate with counties hit the hardest by COVID-19. In the counties of Fresno, Kings, Madera, and Tulare, rates improved and have been attributed to quality improvement projects focused on improving administrative rates in 2018 and 2019. Anthem considered adding BCS to the 2022 action plan, however, underperformance has been largely attributed to COVID-19, making it difficult to discern true disparities. The graphs below (Graphs 1-4), which were gathered from Anthem's HEDIS data set for MY 2019-2020, demonstrate the health plan's performance in the most disparate measures. The MPL is indicated for each of these measures

Graph 1
Breast Cancer Screening (BCS)



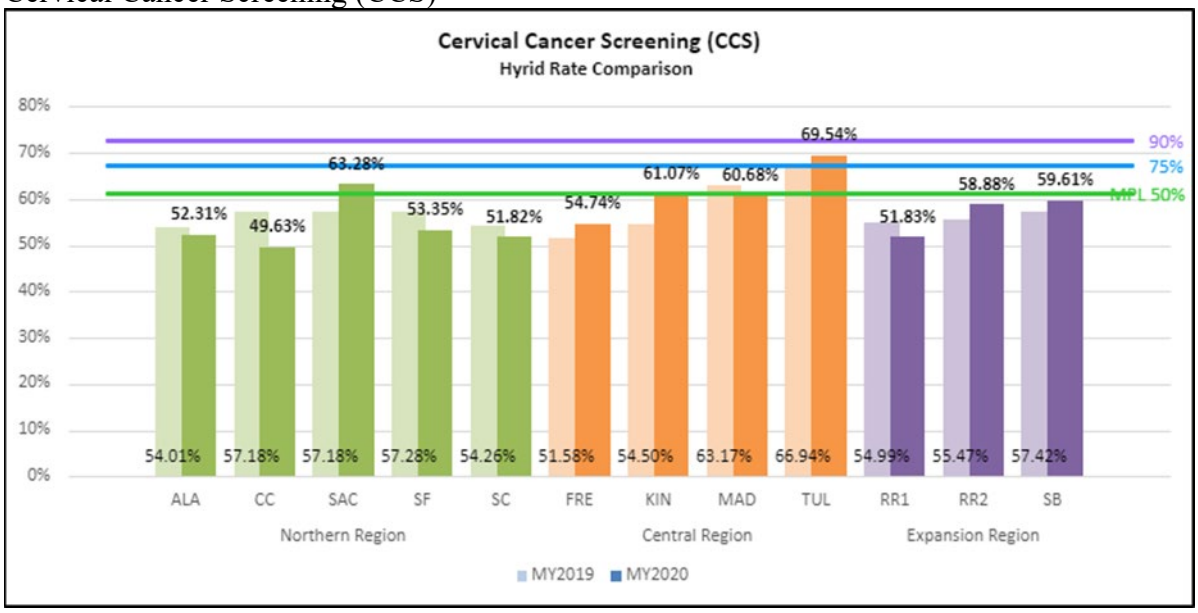
BCS findings: Data measure indicate that Breast Cancer Screening rates decreased in MY 2020 for nearly all counties, with the exception of Fresno County, Kings County, and Madera County. San Francisco County was the most disparate county, with a rate decrease of 11.57%.

Graph 2
Comprehensive Diabetes Care (CDC-H9)



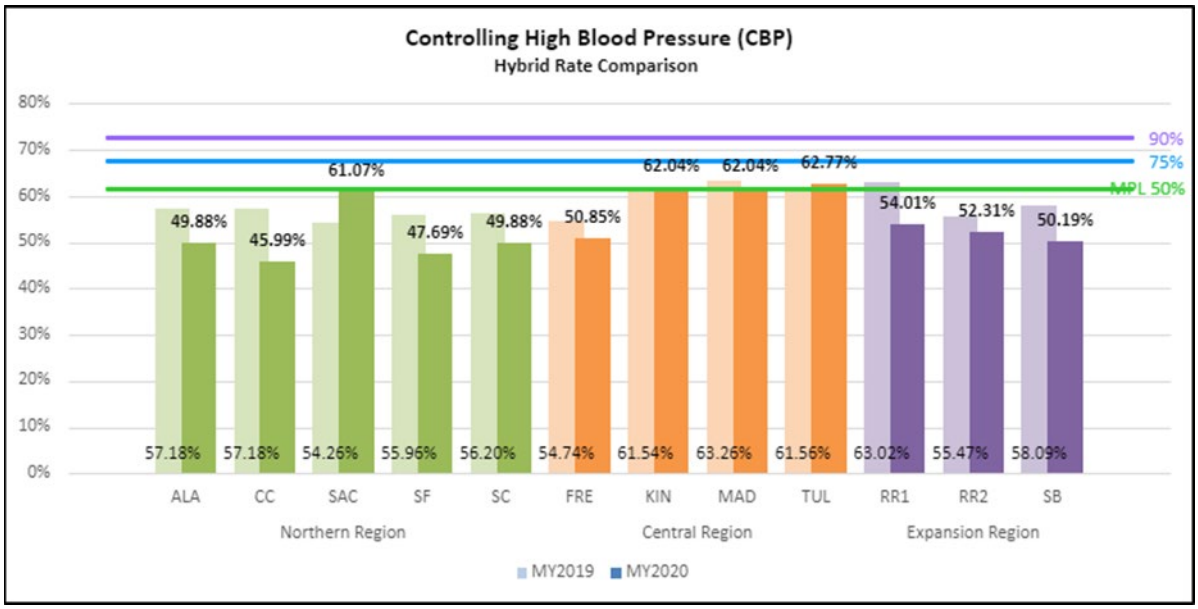
CDC-H9 findings: The rate of poor HBa1c control increased in several counties, including Alameda, Sacramento, San Benito, San Francisco County, Santa Clara, Tulare, and both Rural Regions. San Francisco County appears to have the largest increase, from 28.71% in MY 2019 to 41.81% in MY 2020.

Graph 3
Cervical Cancer Screening (CCS)



CCS findings: Several counties experienced a decrease in the rate of cervical cancer screenings from MY 2019 to MY 2020: Alameda, Contra Costa, San Francisco, and Santa Clara. Contra Costa County had the largest decrease in rate, from 57.18% in MY 2019 to 49.63% in MY 2020.

Graph 4
Controlling High Blood Pressure (CBP)



CBP findings: Nearly every county had a decrease in controlling blood pressure rates, with the exception of Sacramento, Kings, and Tulare County. Contra Costa County had the largest decrease in rate, from 57.18% in MY 2019 to 45.99% in MY 2020.

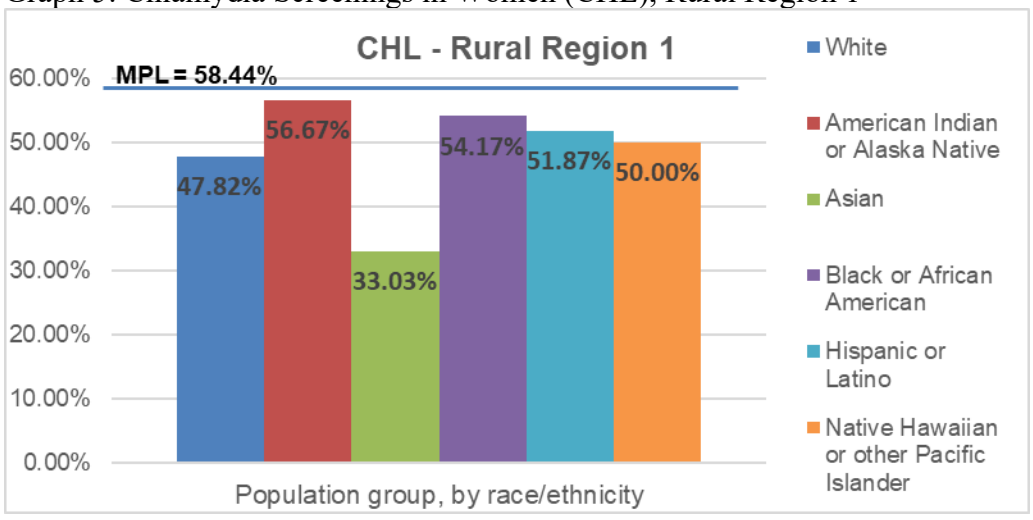
Most disparate regions/counties

Using data from the MY 2020 DHCS Disparities — Anthem Data set, the graphs below are stratified by race/ethnicity (graphs 5 through 16). The MPL is provided to establish a benchmark percentile for the focus HEDIS measures in graphs below. Denominators (D) = population size for each racial/ethnic group. Although each of the regions/counties that Anthem serves had at least one health disparity identified, the reporting units with 5 or more disparities are reflected in this report. The graphs on the following pages focus on the top two disparate measures for that region/county.

Rural Region 1*

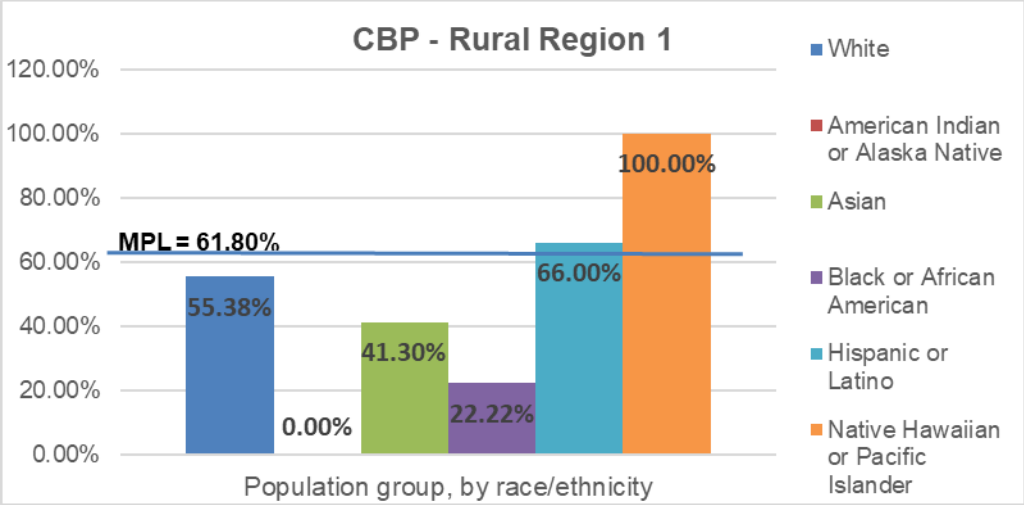
* Note: Rural Region 1 is the service area for the following counties: Sutter, Colusa, Glenn, Tehama, Butte, Plumas, and Sierra. The data shown below is a compilation of the available data for these counties.

Graph 5: Chlamydia Screenings in Women (CHL), Rural Region 1



CHL findings: Asian members (33.03%, D = 109) had the lowest rate of chlamydia screening, in comparison with all member population groups, followed by White members (47.82%, D = 916). There was a 14% difference from the Asian member population group to the second-lowest rate. All groups were below the MPL (58.44%) for this measure.

Graph 6: Controlling Blood Pressure (CBP), Rural Region 1

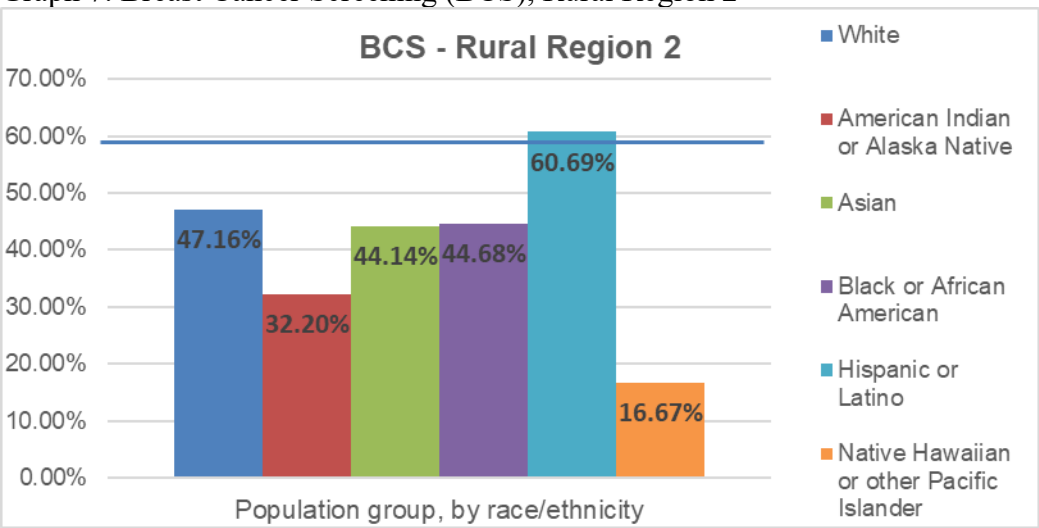


CBP findings: American Indian (0.00%, D = 1), Black or African American (22.22%, D = 9), and Asian members (41.30%, D = 92) may be disproportionally affected. As seen in the above graph, these rates were significantly lower in comparison with other member population groups. Given the small population size of American Indian and Alaska Native members and Black or African American members, more data may be needed to determine if there are additional needs in this area.

Rural Region 2*

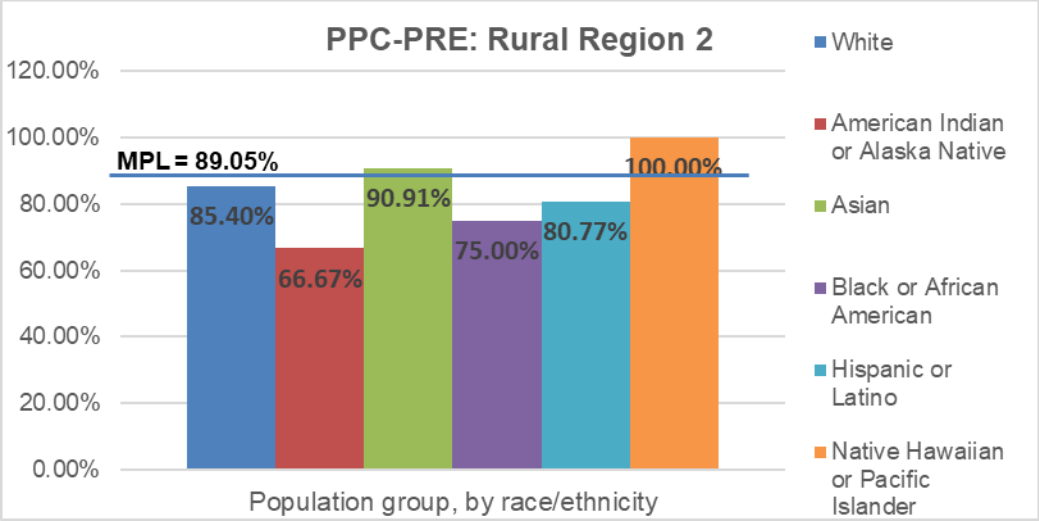
* Note: Rural Region 2 is the designated service area for the following counties: Yuba, Nevada, Placer, El Dorado, Amador, Alpine, Calaveras, Tuolumne, Mariposa, Mono, and Inyo. As such, the disparity data below is a compilation of the available combined data for these counties.

Graph 7: Breast Cancer Screening (BCS), Rural Region 2



BCS findings: Native Hawaiian or other Pacific Islander (16.67%, D = 6) and American Indian or Alaska Native members (32.20%, D= 59) had the lowest rate of breast cancer screening, in comparison with all racial/ethnic population groups. Nearly all racial/ethnic population groups were below the MPL (58.82%), with the exception of the Hispanic or Latino population group (60.69%, D = 435).

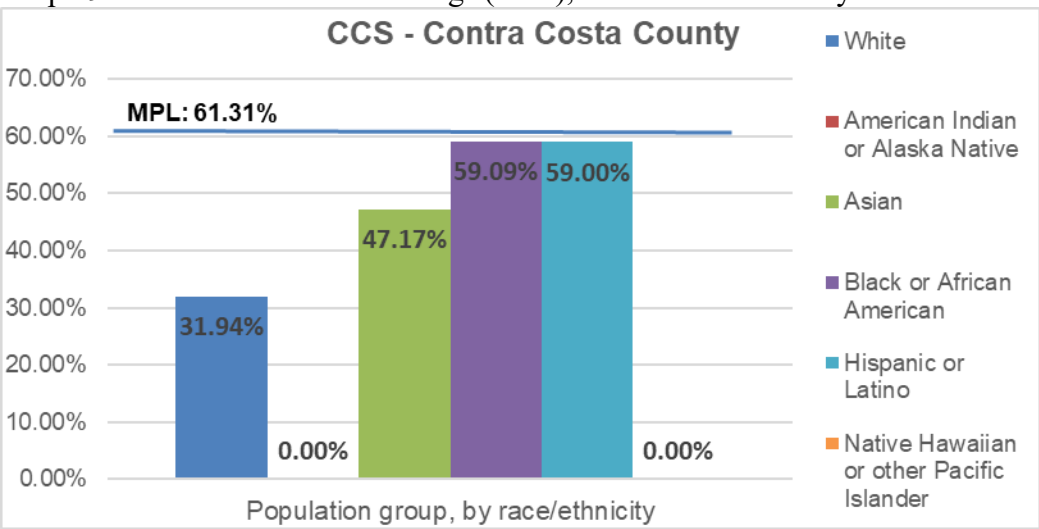
Graph 8: PPC-PRE (Timeliness of Prenatal Care), Rural Region 2



PPC-PRE findings: American Indian or Alaska Native members (66.67%, D = 6) and Black or African American members (75.00%, D = 12) had the lowest rate of timely prenatal care, in comparison with all racial/ethnic population groups. Additionally, the rate for Hispanic or Latino members (80.77%, D = 104) was nearly 5% less than the next lowest group, which was that of the White member population group (85.40%, D = 226).

Contra Costa County

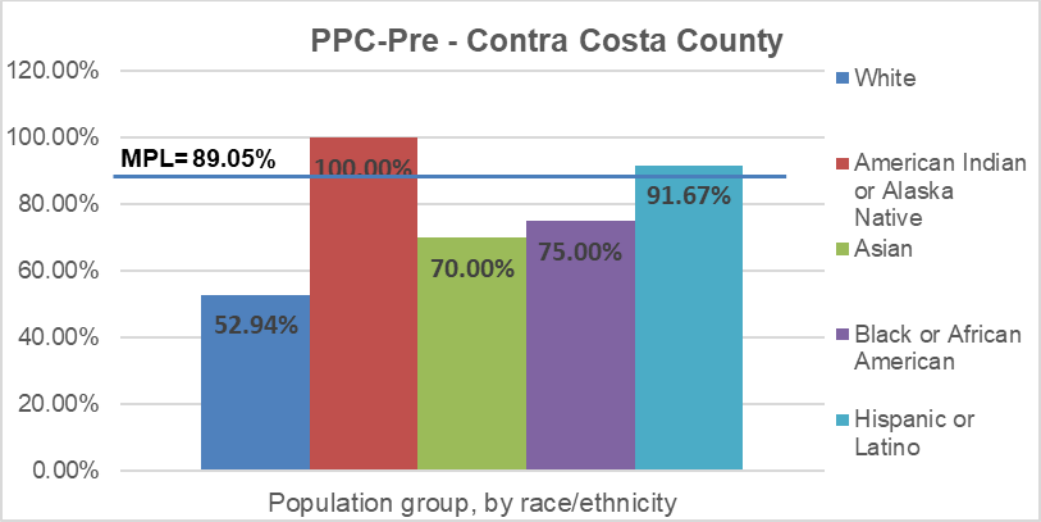
Graph 9: Cervical Cancer Screenings (CCS), Contra Costa County



CCS findings: American Indian and Alaska Native (0.00%, D = 1), Native Hawaiian or other Pacific Islander (0.00%, D = 2) and White members (31.94%, D = 72) had the lowest rate of cervical cancer screenings when compared with other population groups. Given the small population size for American Indian and Alaska Native members and Native Hawaiian or other Pacific Islander members, more data is needed to determine if

there is a health disparity for these two groups. All groups were below the Minimum Performance Level (MPL) percentile of 63%.

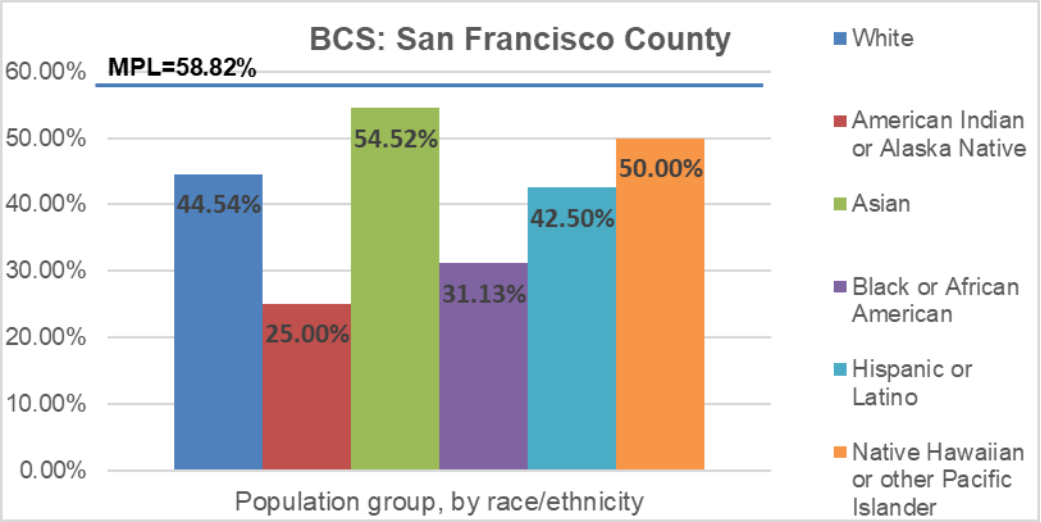
Graph 10: PPC-PRE (Timeliness of Prenatal Care), Contra Costa County



PPC-Pre findings: White members had the lowest rate of members who had received timely prenatal care (52.94%, D = 17), in comparison with all racial/ethnic groups. This was over 20% lower than the second lowest rate, which was the Asian member population group (70.00%, D = 10). The third lowest rate was the Black or African American population group (75.00%, D = 36).

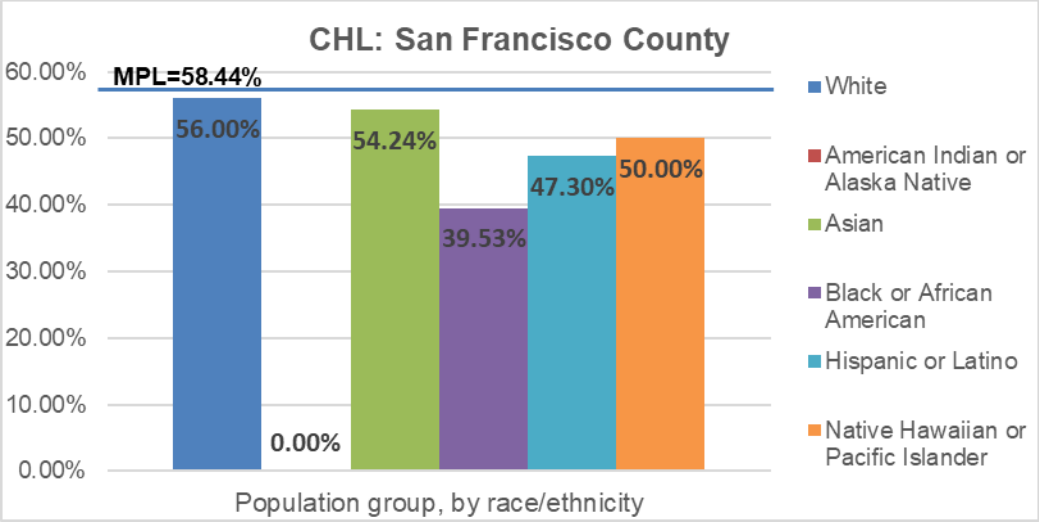
San Francisco County

Graph 11: Breast Cancer Screenings (BCS), San Francisco County



BCS findings: American Indian or Alaska Native members (25.00%, D = 4) and Black or African American members (31.13%, D = 151) had the lowest rate of breast cancer screening (BCS) in comparison with all population groups. The BCS rate for Black and African American members had a 12% difference from the third lowest rate, which was that of Hispanic or Latino members (42.50%, D = 120). All BCS rates were below the MPL (58.82%).

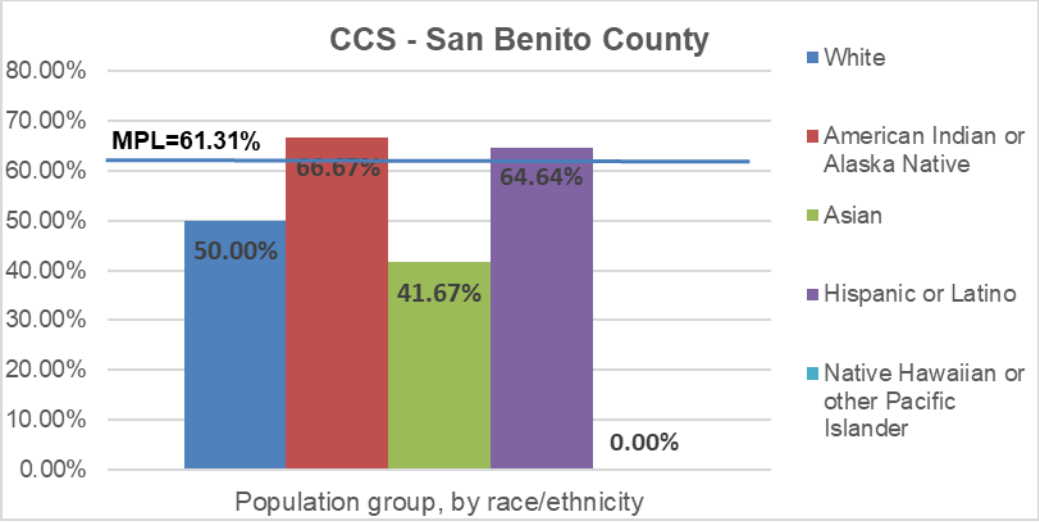
Graph 12: Chlamydia Screenings in Women (CHL), San Francisco County



CHL findings: American Indian or Alaska Native members (0.00%, D = 2) and Black or African American members (39.53%, D = 43) had the lowest rates of chlamydia screening in comparison to all population groups. The rate for Black or African American members was approximately 8% less than that of the third lowest rate, Hispanic or Latino members (47.30%, D = 74). All groups had chlamydia screening rates that were below the MPL (58.44%).

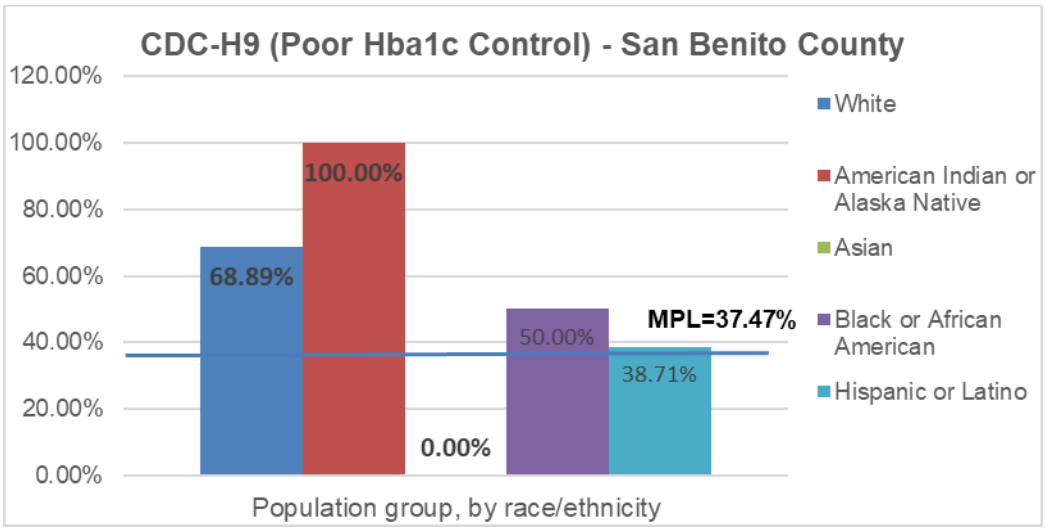
San Benito County

Graph 13: Cervical Cancer Screening (CCS), San Benito County



CCS findings: Native Hawaiian or other Pacific Islander members (0.00%, D = 1) and Asian members (41.67%, D = 12) had the lowest rates of cervical cancer screening (CCS) in comparison with all population groups. The rate for the Asian member population group was nearly 8.5% less than that of the third lowest group, the White member population group (50.00%, D = 94).

Graph 14: CDC-H9 (Comprehensive Diabetes Care, Poor HBa1c Control > 9.0%), San Benito County

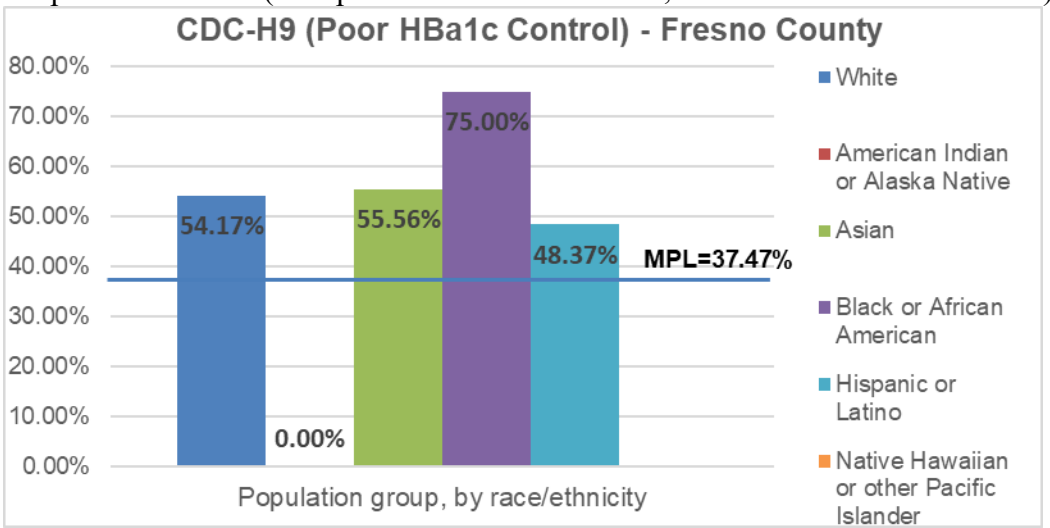


CDC-H9 findings: American Indian or Alaska Native members (100.00%, D = 1) and White members (68.69%, D = 45) had the highest rate of poor HBa1c control in comparison with all population groups. Nearly all groups were below the MPL (37.47%), with the exception of the Asian member population group (0.00%, D = 8).

Note: This is an inverse measure, meaning a higher rate percentage indicates poorer performance in this area.

Fresno County

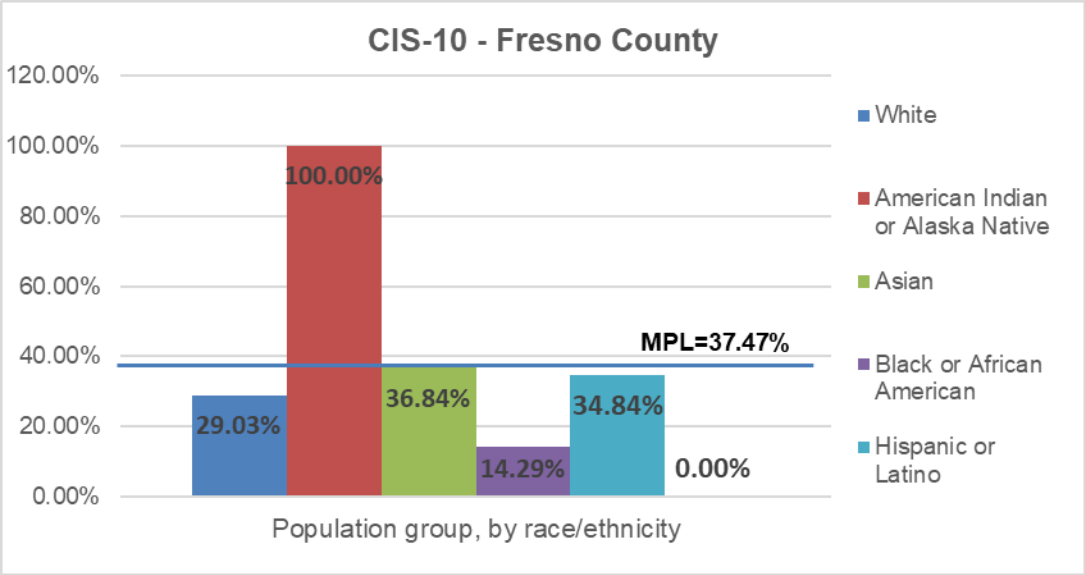
Graph 15: CDC-H9 (Comprehensive Diabetes Care, Poor HBa1c Control > 9.0%), Fresno County



CDC-H9 findings: Black or African American members had the highest rate of poor HBa1c control (75.00%, D = 20). This is a nearly 20% difference from the second highest rate, which is the Asian member population group (55.56%, D = 45). Nearly all population groups did not meet the MPL (37.47%), with the exception of American Indian or Alaska Native members (0.00%, D=1). However, given the small population size of this member group, more data may be needed to determine if needs are being met in this area.

Note: This is an inverse measure, meaning a higher rate percentage indicates poorer performance in this area.

Graph 16: Childhood Immunization Status, Combination 10 (CIS-10), Fresno County



CIS-10 Findings: Native Hawaiian or Pacific Islander (0.00%, D = 1) and Black or African American members (14.29%, D = 35) had the lowest rates of immunization. The rate for Black and African American members was nearly 15% lower than that of the third lowest rate, which was that of the White member population group (29.03%, D = 31). American Indian or Alaska Native members (100.00%, D = 1) were the only population group to meet the MPL (37.47%). However, given the very small population size, more data may be needed to determine if needs are being met in this area.

Program gap analysis

Health education

As part of Anthem Blue Cross Quality Improvement activities and programs, the health education program focuses on the promotion of risk reduction, preventive care services, and increased awareness about the early detection and treatment of disease with an overall goal of improving our members' health outcomes. In doing so, the health plan analyzed the HEDIS data to identify and address disparities. According to the health disparity data (see subsection Health Disparities, page 11), the health plan identified trends that indicate underperformance on certain HEDIS measures. A majority were pertaining to women's and children's health, including childhood immunization rates, timeliness of prenatal care, breast cancer screening rates, and cervical cancer screening rates.

Given these findings, the health plan intends to focus several of its *Action Plan* objectives on women's and children's health. Providing opportunities for health education is a key component of the *Action Plan* objectives, including increasing the number of health education classes, shared decision-making tools, and resources that enhance members' health literacy (see section 4 Action Plan, page. 27).

Cultural and Linguistic Program

Anthem's Cultural and Linguistic Program is an interdisciplinary effort to help ensure the provision of culturally and linguistically appropriate healthcare-related services to members with diverse health beliefs and practices, limited English proficiency (LEP), variable literacy levels, hearing, speech and/or visual impairments, and disabilities. Data is reviewed to assess the linguistic needs of the membership, and relevant services are provided to help ensure those needs are met. This includes the provision of both telephonic and face-to-face interpreter services, the availability of materials in non-English languages and alternative format and the provision of appropriate auxiliary aids and services for people with disabilities.

Interpreter services

Telephonic, face-to-face, and video remote interpreter services are provided to Anthem members in need of language assistance. Over-the-phone interpreter services are available [24 hours a day, 7 days a week]. Face-to-face interpreter services must be scheduled at least three business days in advance to allow time to locate an interpreter in the language requested. Video remote interpretation is available through participating provider locations statewide. On-demand interpreter services are provided via iPad Kiosk.

Telephonic interpreter services requests

There were 36,834 requests for telephonic interpreter services in 2021. This is a 33% increase compared to 27,801 in 2020.There was a substantial number of languages requested (70) but most requests were for Spanish language interpreters (36%). Other Languages were the second most requested at (15.35%).
(Data source: CyraCom, Anthem's telephonic interpreter services vendor and Languageline)

Face-to-face and video interpreter requests

In 2021, there were 12,629 requests in 26 different languages for face-to-face and video remote interpreter services for Medi-Cal members. This is a 37% increase compared to 9,242 in 2020. Among the top 10 language requests, the primary language that was most requested was Arabic (36.72%) and the second was Spanish (17.20%). Video interpreting requests totaled 1,016 requests and accounted for 8.7% of the total requests.

(Data source: Cultural Link Anthem's Face-to-Face Interpreter Services and Languageline)

Translation services

Translations on Demand (TOD)

Anthem Blue Cross and Anthem Blue Cross Partnership Plan for California Medicaid presently translates all documents considered vital up front, if identified in any state or program contract. Rather than translating into other threshold languages up front, non-vital documents such as Health Education topic brochures are translated through a Translation on Demand (TOD) process. This process was developed based on historical experience revealing some non-vital documents received minimal or no requests for a threshold language. TOD requests are processed through the Marketing Strategy and Planning department.

Alternative format requests

Members can request materials in alternative formats which include large print, Braille, and audio. For members of the Medi-Cal program, once an alternative format request is made, the member will receive all materials in that alternative format until which time they request otherwise. In 2021 there were a total of 82 Alternative Format Requests. All the 82 Alternative Format Requests were for Member Identification Cards in Large Print.

(Data source: Anthem's Enterprise Marketing Operations [EMO])

Limited English proficiency

Linguistic analysis

Anthem measures and assesses the linguistic needs of its members through three studies: Grievance Report, the After-Hours Bilingual Capabilities Report, and the GeoAccess Language Analysis. This information is prepared utilizing data gathered throughout the year and allows Anthem to identify the linguistic demographics of its members and pinpoint any potential linguistic barriers within the PCP, behavioral health, and specialty

care practitioner's network. The focus of the GeoAccess Report is on the predominant non-English language(s) spoken. A summary of findings on the Linguistic Analysis using each report is here:

After-hours language analysis

The After-Hours Bilingual Survey contains high-level information on the PCP office's ability to handle non-English calls after normal business hours. The information shows 94% of live calls indicated that PCP sites could assist members in an alternate language; and 56% of answering machines had instructions in an alternate language.

GeoAccess language analysis

GeoAccess Reports were utilized for comparison purposes regarding the geographic availability of PCPs, BH, and PCPs that speak the predominant non-English language in a particular county. This was conducted using the current access standard of 1 PCP within 10 miles of the member's residence. The availability goal is 90%, based on the current mileage threshold. In 2021, Anthem shows that goals were met or exceeded in Alameda, Butte, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Kings, Los Angeles, Madera, Placer, Sacramento, San Benito, San Francisco, Santa Clara, Sutter, Tehama, Tulare, and Yuba counties. The counties below demonstrate a change of availability of providers that speak the predominant non-English language in those counties (see Action Plan, page 27).

Although Alameda and Inyo Counties increased in availability of providers who speak the predominant language, they still fall under the 90% threshold:

- Alameda County increased available Vietnamese speaking PCPs from 55% to 60%.
- Inyo County increased available Spanish speaking PCPs from 79% to 80%.
- Mono County decreased available Spanish speaking PCPs from 3% to 2%.
- Colusa County available Spanish speaking PCPs is below the goal, 76%.
- Kings County available Spanish speaking PCPs is below the goal, 72%.
- Nevada County available Spanish speaking PCPs is below the goal, 34%.
- Tehama County available Spanish speaking PCPs is below the goal, 50%.

(Data source: Anthem's CA Provider Data Team [CAPD])

Cultural and linguistic competency

2021 Cultural and Linguistic Grievances Report

The Anthem Grievance and Appeal (G&A) department receives, investigates, and resolves grievances related to cultural and linguistic issues. The G&A department works in conjunction with Multicultural Health Programs (MHP) by submitting quarterly reports capturing cultural and linguistic related grievances to MHP as part of Anthem's integrated Medicaid Cultural and Linguistic program. Grievances related to cultural and linguistic issues are captured in six categories: Language, Ethnicity/Culture, Race, Insurance (Status), Disability (Ability), and Other (Age, Gender, Gender Preference, Gender Orientation, Sexual Harassment, Weight, etc.).

Analysis

In calendar year 2021, there were a total of 198 cultural and linguistic grievances Identified, this is a 15% decrease compared to 232 in 2020. In 2021, most of the grievances were under Other, Age, Gender, Sexual Orientation, Gender Identity, Sexual Harassment, Weight, etc. In 2020, most grievances were under the same category. The Cultural and Linguistic-related grievances remain low, relative to membership size; however,

we will continue to monitor cultural and linguistic related grievances quarterly to determine if there are any increases in complaints or if there are any apparent trends.

(Data Source: Anthem's Grievance and Appeals Department)

Population health management

The Population Health Management (PHM) Report is a contractual National Committee for Quality Assurance (NCQA) required assessment that supports Anthem's population health management strategy. The report assesses the characteristics and needs, including the Social Determinants of Health (SDOH) that affect Anthem members. The report also identifies and assesses the needs of underserved member subpopulations, such as child and adolescent members, members with disabilities, and members with serious and persistent mental illness (SPMI). Based on the findings, Anthem reviews and updates its programs, processes, and evaluates population health resources to address the specific needs of the enrolled members with a culturally sensitive and trauma-informed lens. Below is a summary and examples of strategies to address disparities.

Economic stability

The Community Supports Program addresses the needs of members including those with the most complex challenges affecting health, such as homelessness, unstable and unsafe housing, food insecurity, and other social needs. Support is provided in areas such as housing transition navigation services, medically supportive food and meals, and environmental accessibility adaptations in the home. Anthem's Housing Flex Funds provide support to pay for expenses leading to greater housing stability for members at-risk of or experiencing homelessness.

Education access and quality

Anthem's Community Resource Link is an online resource allows members to search for resources that assist with school payments, provide opportunities to obtain skills/training to succeed in school, and search for school programs.

Healthcare access and quality

Anthem's Community Health Worker Program (CHW) supports members that are high risk by providing in-person virtual, and/or telephonic assistance with accessing and navigating local resources to improve health outcomes. CHWs also provide advocacy, mentorship, and education for members with health challenges.

Neighborhood and built environment

Partnerships with various community organizations, such as the California Workforce Association Foundation, local churches, shelters, and community centers to provide increased accessibility to resources Additional transportation services for members, including food pick-up at grocery stores, food pantries, and farmers' markets, as well as pharmacy medication pickups.

Social and community context

The Doula Pilot Program, in partnership with Black Infant Health in Fresno County, addresses maternal health disparities for Black and African American members in the prenatal and postpartum periods. Anthem conducts annual geo-access and appointment availability studies in order to focus on areas of limited health access.

4 Action plan

Action plan table

The table below identifies objectives and strategies that will be acted upon to address the findings in this report.

Objective 1: Health Equity Doula Pilot Program In MY 2022, total members enrolled in the Medicaid Doula Program will increase by 15% more than 2021 total enrollment, through internal and external referral sources. **Data source(s):** MY 2020 and MY 2021 HEDIS Data; MY 2021 Claims utilization data, MY 2021 Case Management Data
Strategies
1. Increase awareness of the benefits of doula services and eligibility for Anthem's Doula Program to members who live in Fresno, Alameda, Contra Costa, or Sacramento counites with a focus on families of color and immigrant communities, through print and multi-media distribution.
2. Continue to expand doula provider network to other counties by contracting with community-based doulas in preparation for the addition of doula services as a covered benefit starting January 1, 2023.
Objective 2: Digital Solutions Kiosks

By June 30, 2023, deploy 14 Digital Solutions Kiosks (mobile iPads) for on-demand interpretation services and telehealth services in 4 counties to reduce language barriers and improve health equity. **Data Source:** 2021 LanguageLine data report; 2021 Access and Availability report
Strategies
1. Deploy kiosks at provider locations in Inyo, Kings, Mono and Alameda counties, to increase the availability of on-demand interpretation services for the predominant non-English languages in those counties (Spanish and Vietnamese).
2. Deploy kiosks at provider locations in Inyo and Mono counties to provide primary and specialty telehealth services.
3. Increase awareness of availability of Digital Solutions Kiosk services to members in Inyo, Kings, Mono, Alameda counites through easy-to-understand print and multi-media materials and signage in the predominant languages used by the population in these counties.
Objective 3: Community Supports By June 30, 2023, Anthem will expand the delivery of Community Supports pertaining to food and housing in all service areas for members with high or special healthcare needs. **Data Source:** Anthem Cal AIM Reporting Center, 2022
Strategies
1. Improve member health outcomes for 1000 eligible members through referrals to CS Medically Tailored/Supportive Meals
2. Address housing instability for 500 eligible members through referrals to CS Housing Services and Supports.
Objective 4: Childhood Immunizations In MY 2022, the rate of childhood immunizations (CIS-10) among Black/African American children residing in Sacramento and Fresno Counties will improve by 15%, based on RY 2021 MY 2020 rates of 27.45% and 14.29%, respectively. **Data Source:** MY 2020 CA DHCS Disparities Anthem BlueCross Rate Sheet.
Strategies
1. Partner with providers and community-based organizations on culturally appropriate campaigns to address hesitancy in immunizations in Black/African American children.
2. Reduce parental concern about vaccine safety in Black/African American women through tailored information shared by trusted members of the community.

Action plan review and update table

The reporting table below captures progress made toward Action Plan objectives and strategies from the 2021 Population Needs Assessment. The table below identifies the 2022 changes under 2022 MODIFICATIONS that have been applied based on the findings.

Objective 1 **Health Equity Doula Pilot** Members participating in the doula pilot cohort will improve the PPC rate by 5% more than the HEDIS MY 2018 baseline rates for Prenatal (72.73%) and Postpartum (43.64%) by MY 2021. **Data source(s):** MY 2020 and MY 2021 HEDIS Data; MY 2021 Claims utilization data, MY 2021 Case Management Data **2022 MODIFICATION:** In MY 2022, total members enrolled in the Medicaid Doula Program will increase by 15% more than 2021 total enrollment, through internal and external referral sources (page 26).	**Progress measure:** Anthem exceeded this goal. PPC-Pre rate for Black or African American members in Fresno County increased from 72.73% in MY 2018 to 90.91% in MY 2020. The PPC-Post rate increased as well, from 46.64% in MY 2018 to 59.09% in MY 2020. **Data source:** MY 2020 CA DHCS Disparities, Anthem data set **Progress Toward Objective:** Anthem continued to lead work in addressing maternal health disparities for Black and African American women. Through a partnership with the Black Infant Health program in Fresno County, the Anthem Doula Program demonstrated positive outcomes in preterm birth rates for members who completed the program. Anthem received a Health Equity Award from the California Department of Health Care Services for this innovative project.

Strategies

Strategy 1 Continue to implement Doula Program in Fresno County in partnership with Fresno County Black Infant Health. **2022 MODIFICATION:** Anthem will continue this strategy but will remove it from the Action Plan and replace it with a broader strategy to increase total referrals to the program in Sacramento, Fresno, Alameda, and Contra Costa counties (page 26).	**Progress discussion:** Through a partnership with the Black Infant Health program in Fresno County, the Anthem Doula Program demonstrated positive outcomes in preterm birth rates for members who completed the program.
Strategy 2 Continue to expand doula provider network to other counties by contracting with community-based doulas.	**Progress discussion:** Anthem expanded the doula provider network to 2 additional counties in 2021, bringing the total number of contracted doula organizations to 5 in Sacramento, Fresno, Alameda, and Contra Costa counties.
Strategy 3 Continue to implement data exchange with Black Infant Health and WIC programs in	**Progress discussion:** Established data exchange with Fresno County Black Infant Health and with Alameda County Black Infant Health and

Fresno and Alameda County to facilitate community linkages and coordination for members to improve postpartum visit rates. **2022 MODIFICATION:** Anthem will eliminate this strategy.	Alameda County WIC – this has supported the recruitment of Anthem members into these programs.
Objective 2 **Video Interpreting Services** Maintain a monthly average utilization rate of 700 visits for video interpretation during 2021. **Data source:** 2021 LanguageLine data report; 2021 Access and Availability report **2022 MODIFICATION**: Anthem modified this objective (see page 26) to address access to care barriers using our Digital Solutions Kiosks (includes the LanguageLine and other telehealth platforms) to incorporate both language and telehealth access strategies.	**Progress measure:** Anthem did not meet this goal. The utilization rate dropped to an average of 92 visits per month for video interpretation in 2021 **Data sources:** 2021 LanguageLine data report; 2021 Access and Availability report. **Progress toward objective:** The overall utilization of LanguageLine services increased YoY in MY 2021 by 40%, however, utilization of video interpretation dropped YoY by 13%. The primary source of interpretation services has been by audio only.

Strategies

Strategy 1 Deploy additional 200 iPads to interested FQHCs throughout California and implement Video Remote/Audio interpretation service program; Deploy iPad virtual care kiosks to local clinics to provide real time interpretation via kiosk **2022 MODIFICATION:** Anthem will deploy additional iPads (page 26) to providers to increase the availability of on-demand interpretation services in Vietnamese and Spanish where sufficient providers do not speak these predominant member languages.	**Progress discussion:** Anthem exceeded this goal. A total of 338 iPad kiosks were deployed to provider sites. This increase in real time interpretation services resulted in 220,500 minutes of iPad kiosk usage for on demand interpretation services in 49 languages.
Strategy 2 Continue to promote face-to-face and telephonic interpreter services on statewide level. Conduct ongoing systematic review of providers who currently utilize	**Progress Discussion:** Both video and audio interpretation services are available to Anthem members, however audio only interpretation was selected 90% of the time.

interpreter services to identify use compared to population demographics to identify which providers could benefit from more education of language services. **2022 MODIFICATIONS:** Strategy 2 has been modified to address specific counties that may benefit from Digital Solutions Kiosk for primary and specialty telehealth services (page 26). Systematic review of interpreter service utilization will remain as a strategy but removed from the 2022 Action Plan. Added Strategy 3: Increase awareness of availability of Digital Solutions Kiosk services to members in Inyo, Kings, Mono, and Alameda counites (page 26).	The top three interpretation requests by video were: Spanish, American Sign Language, and Vietnamese. The top three interpretation requests by audio only were: Spanish, Dari, and Farsi. New provider locations that may benefit from using on demand interpretation services in the following counties have been added the 2022 Action Plan (page 25): Alameda (Vietnamese), Kings (Spanish). Existing provider locations who may be under-utilizing LanguageLine have been identified and will be addressed through follow-up education/support to providers on the use of the service.
Objective 3 **Community Health Workers** Maintain a total rate of successful case management member engagement between 80%-90% for counties with the CHW program in 2021 **Data source:** 2021 Community Health Workers (CHW) Tracker. **2022 MODIFICATIONS:** Anthem will remove the CHW objective from the 2022 PNA, however the program's engagement strategy will continue. Instead, Anthem has added Cal AIM Community Supports that address clinical and non-clinical needs of high-need, high-cost members to the 2022 Action Plan (page 27).	**Progress measure:** Anthem met this goal. Total rate of successful case management and member engagement was 84%. **Data source:** 2021 Community Health Workers (CHW) **Progress toward objective:** In 2021, there were no field-based visits due to COVID-19 restrictions, however, the objective was still met using telephonic outreach in Sacramento, Fresno, Santa Clara, San Francisco, and Alameda.

Strategies

Strategy 1 Increase access to programs that address social determinants of health (e.g., food insecurity, housing shortage) and track referrals to these community programs. **2022 MODIFICATIONS:** Increase access to eligible members for CS Medically Tailored/Supportive meals (page 27).	**Progress discussion:** Through our fully integrated Model of Care, Anthem has removed barriers, decreased fragmentation, and supported SDOH needs. Community based CHWs have successfully connected members to resources. Our CHW ED reduction initiative achieved an estimated cost savings of more than 1.3 million and ED utilization declined an average of 16.5% (CA Medicaid CHW Results 2019 and 2020).
Strategy 2 Hire at least one full time employee (FTE) in San Francisco County, Sacramento County or Fresno County **2022 MODIFICATION:** Eliminate this strategy from the 2022 Action Plan. CHWs will continue addressing SDOH needs of our members. Replace with addressing housing instability (page 27).	**Progress discussion:** Anthem started the CHW program with 4 CHWs and expanded to 40 CHWs by the beginning of 2022. Anthem has met this strategy and has modified the Action Plan to incorporate the expansion of the CS program that addresses the needs of high or special health care needs of our members.
Strategy 3 Increase number of SDOH Screenings using the PRAPARE Screening tool by CHWs to identify additional needs **2022 MODIFICATION:** Eliminate this strategy from the Action Plan. Anthem stopped using PREPARE and is using a different SDOH needs assessment tool.	**Progress discussion:** In 2021, Anthem stopped utilizing the PREPARE tool. An internal needs assessment tool was developed. Its use by the CHWs has successfully identified the needs of 496 members, an increase from 2020 assessments.
Objective 4 **Childhood Immunizations** Increase the rate of childhood immunization status (CIS-10) measure among Black/African American children residing in Sacramento County from the	**Progress measure:** Anthem exceeded this goal. The rate of childhood immunization status (CIS-10) among Black/African American children in Sacramento County increased to 27.45%. **Data source:** MY 2020 DHCS Disparities – Anthem data set

MY2020 baseline of 13.9% to 20.5% by December 2022. **Data source** MY 2020 HEDIS Data **2022 MODIFICATION:** Added Black/African American children residing in Fresno County to this objective (page 27).	**Progress toward objective:** The increase in immunization status among Black/African American children is attributed to a coordinated effort between multiple functional units at Anthem to address quality performance. Based on MY 2020 DHCS Disparities data, Black/African American children residing in Fresno County have been added to the objective as a result of lessons learned from the previous Action Plan Objective.

Strategies

Strategy 1	
Partner with providers, community-based organizations, and faith-based organizations on a culturally appropriate campaign regarding the safety and benefits of immunizing young black children. **2022 MODIFICATION:** Partner with providers and community-based organizations on culturally appropriate campaigns to address hesitancy in immunization in Black/African American children.	**Progress discussion:** An intervention to improve understanding of the benefits of childhood immunizations among parents/guardians of Black/African American members in the CIS-10 measure assigned to an FQHC in Sacramento County is currently in progress and employs virtual, group parent/guardian educational sessions, including culturally relevant health literacy materials and resources. A member incentive for completing the session is part of the strategy. COVID-19 posed a barrier in establishing more partnerships. Key take ways from this strategy will be used in the 2022 Action Plan. In developing this Performance Improvement intervention, the following activities were key: • Identified internal gaps in knowledge regarding barriers to care and member needs in Sacramento County. • Conducted in-depth consumer interviews to better understand factors contributing to low immunization rates. • Assessed that the top barriers to vaccine compliance are misinformation, lack of trust, and perceived side effects and adverse event risks. • Pediatricians, Google searches, social media, and friends are parents' main sources of vaccine information. • Other barriers include vaccines being a victim of their own success, the feeling that young children have low exposure, parents' concerns for their special needs infants, and parents' busy schedules. Anthem convened the first-of-its-kind Early Childhood Immunizations Community Advisory Group in Sacramento

	County, comprised of CBOs, pediatric providers, and county health department representatives. This group analyzed research results, participated in a stakeholder survey and participated in in-depth discussions of barriers and approaches to improving immunization rates. A direct result of these sessions was Anthem partnering with an FQHC on a culturally appropriate member education intervention, which began June 14, 2022.
Strategy 2 To host flu shot clinic day events with member incentives to complete scheduled immunizations and provide child immunization health education/resources. **2022 MODIFICATION:** Anthem will continue this strategy but will remove it from the 2022 Action Plan. Instead, Anthem will focus on reduction of parental concern about vaccine safety through tailored information shared by trusted members of the community (page 27).	**Progress discussion:** The Flu Shot Clinic Day Events hosted by one High Volume Sacramento Pediatric Primary Care Provider (PCP) among Black children in the CIS10 measure was carried out as planned. Members responded positively to the outreach and messaging for scheduling appointments. 11(50%) of members contacted scheduled an appointment. Further testing is needed to assess reasons for no-shows and/or non-compliance. Providers will receive additional education on scheduling appointments and encouraging the flu vaccine prior to the 2nd birthdate.

5 Stakeholder engagement

Outcomes of the Population Needs Assessment (PNA) enable conversations to take place with contracted healthcare providers, Community Advisory Committee (CAC) and Public Policy committee members, and community partners. These conversations take place with the intention to rethink member engagement, develop strategies to improve health, increase healthier life choices, increase utilization of preventive care services, and enhance the ability of members to manage chronic illness in order to improve quality of life. The emphasis is on the improvement of community health which is a primary factor that influences the health and well-being of the health plan membership.

Anthem holds quarterly CAC meetings in each reporting unit. This provides an ongoing opportunity for committee members to provide input and get feedback on different Anthem projects. Engaging our stakeholders is an iterative process that will continue on a quarterly basis. In addition, CAC members give updates about their organization's activities and share information about events and other relevant issues. These meetings also provide opportunities for collaboration and partnerships. Anthem also holds statewide quarterly Public Policy meetings. The CAC and Public Policy meetings are not combined to help assure a wider range of member representation, including seniors and persons with disabilities, those with chronic conditions, members with diverse cultural and ethnic backgrounds and those with limited English proficiency (LEP). Additionally, pertinent information regarding the PNA and member needs are also shared with contracted health care providers, practitioners, and allied health care personnel that do not participate in the CAC meetings. This information is provided during site visits and provider training. Providers statewide receive PNA information through Anthem's provider newsletters and bulletins.

The health plan presented key findings from the PNA health disparity report to the CACs to solicit feedback and recommendations using a survey. In total, Anthem presented PNA health disparity information to 8 CAC meetings in Quarter 2 of 2022. Anthem received 18 total survey responses from committee members. Although survey response rates were relatively low in comparison to CAC attendance total, this may have been due in part to Anthem associates attending the meetings. Anthem associates were asked to not fill out the survey so that the voices of community partners and Anthem members could be at the forefront of the discussion. Additionally, the survey was presented as "optional", and participation was highly encouraged by both the presenters and CAC coordinators.

Survey results

38.9% of survey participants strongly agreed with the health disparities findings presented. 22.2% somewhat agreed, and 38.9% indicated a neutral opinion.

When asked what other health topics/information they believed needed the most focus in their communities, survey participants provided the following responses: substance use disorders (5), access to care and benefits (4), maternal health (3), behavioral health, HIV health care in rural areas, issues related to housing resources, COVID-19 vaccinations, and prevention/risk reduction for chronic conditions, such as heart disease and diabetes (3).

Committee members were also asked what other health disparities impact their community. Survey participants provided the following responses: Behavioral health (3), housing issues, such as homelessness and access to safe and affordable housing (3), transportation (3), substance abuse treatment and services (2), access to health

care services for members in rural and/or underserved areas, lack of resources for LGBTQ+ competent health care, and financial stability.

Committee members were also asked to list any suggestions on what actions are needed to improve these health disparities in the community. The health plan received 12 total responses for this open-ended question: offering services to the community, educational opportunities, classes, and support groups for members, collaboration with community-based organizations to improve access to care, collaboration with doctors and providers, and mobile visits for those with limited transportation and internet access.

Anthem has taken all assessment findings and either incorporated them into the 2022 Population Needs Assessment Action Plan or into other objectives and strategies, like the Health Equity, Population and Whole Health and Quality Strategies, as part of our commitment to advance health equity. This assessment is posted to our provider website after review and approval by the Department of Health Care Services. Contracted healthcare providers are notified when this assessment is available through Anthem's Provider Communication process.