

CenCal Health 2020

Population Needs Assessment

Responsible Health Education and/or Cultural and Linguistics Staff

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1. Population Needs Assessment Overview

CenCal Health has provided Medi-Cal coverage in Santa Barbara County as the Santa Barbara Health Initiative (SBHI) since 1983 and in San Luis Obispo County as the San Luis Obispo Health Initiative (SLOHI) since 2008. These two service counties comprise CenCal Health's singular PNA reporting unit. Per DHCS requirement, a Health Education and Cultural & Linguistic Population Needs Assessment (PNA) is conducted each year, starting in 2020.

The Health Promotion Educator, who is responsible for planning, implementing, and evaluating CenCal Health's health education programs and services compiled CenCal Health's 2020 PNA. The Director of Member Services is responsible for CenCal Health's cultural and linguistic (C&L) services through its Cultural and Language Access Program. Key Quality Improvement staff contributed health plan data and analysis to the PNA.

The key components of this assessment include:

- A description of the data sources used to complete the assessment, including the required data sources (CAHPS survey results and DHCS Health Disparity data), as well as recommended and optional data sources (health plan data, HEDIS, county data, and others).
- Key findings related to member demographics, health status and disease prevalence, access to care, health disparities, health education, and cultural and linguistic services.
- An Action Plan developed in consideration of the key findings. The Action Plan's major objectives include proposed improvements in breast and cervical cancer screening rates, childhood lead testing rates, and access to and utilization of behavioral health care services.

CenCal Health recognizes the importance of offering services that address the health education and the C&L needs of its members. The goal of this assessment is to improve health outcomes and to ensure that CenCal Health is meeting the needs of our members by:

- Identifying member health needs and health disparities.
- Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns.
- Implementing targeted strategies for health education, C&L, and QI programs and services.

2) Data Sources and Methods

This section lists and provides a brief description of each data source used in the PNA, as well as the methods used to complete the assessment. Sources used include the required, recommended, and optional data sources, all of which are described below. Unless otherwise noted, data from all sources are from Calendar Year 2019.

Data Sources

CAHPS survey [required]

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a program of the Agency for Healthcare Research and Quality. The survey's purpose is to understand and measure patient experiences with health care. In 2019¹, the CAHPS survey was sent to a sample of CenCal Health members in both counties. A total of 354 adult surveys were "complete and eligible," and a total of 385 child surveys were "complete and eligible."

DHCS Managed Care Plan Specific Health Disparity Data [required]

Provided to plans by the Department of Health Care Services (DHCS), this data highlights disparities in health status and utilization among CenCal Health members. The data was analyzed to identify potential disparities for the select topics based on key demographic characteristics, including language, gender, and region.

Health Plan Data

Several health plan data sources were used in the development of the PNA, including claims, utilization, and encounter data, a Gaps in Care database, Health Risk Assessments, and lab data. Member eligibility data from 2019 was used to assess member demographics. Each particular data source is specified and cited when used throughout the assessment below.

HEDIS and MCAS

Both the Healthcare Effectiveness Data and Information Set (HEDIS) and the Managed Care Accountability Set (MCAS) are sets of standardized performance measures used by the health plan and regulatory bodies to assess CenCal Health's effectiveness in areas of preventive care and chronic disease management. CenCal Health's Interactive Data Submissions Set (IDSS), which is used for HEDIS and reported to the National Committee for Quality Assurance (NCQA), was used to obtain the specific rate calculations used throughout the assessment.

County-level data

The most recent Santa Barbara County Community Health Needs Assessment and the San Luis Obispo County Public Health Community Health Assessment were used to provide county-level comparisons. The UCLA AskCHIS data set (based on the California Health Interview Survey results), was used to identify comparison data for target indicators included in the report, and are cited when used. Healthy People 2020 goals were included as reference when relevant, or when county data was not available for comparison.

Provider data

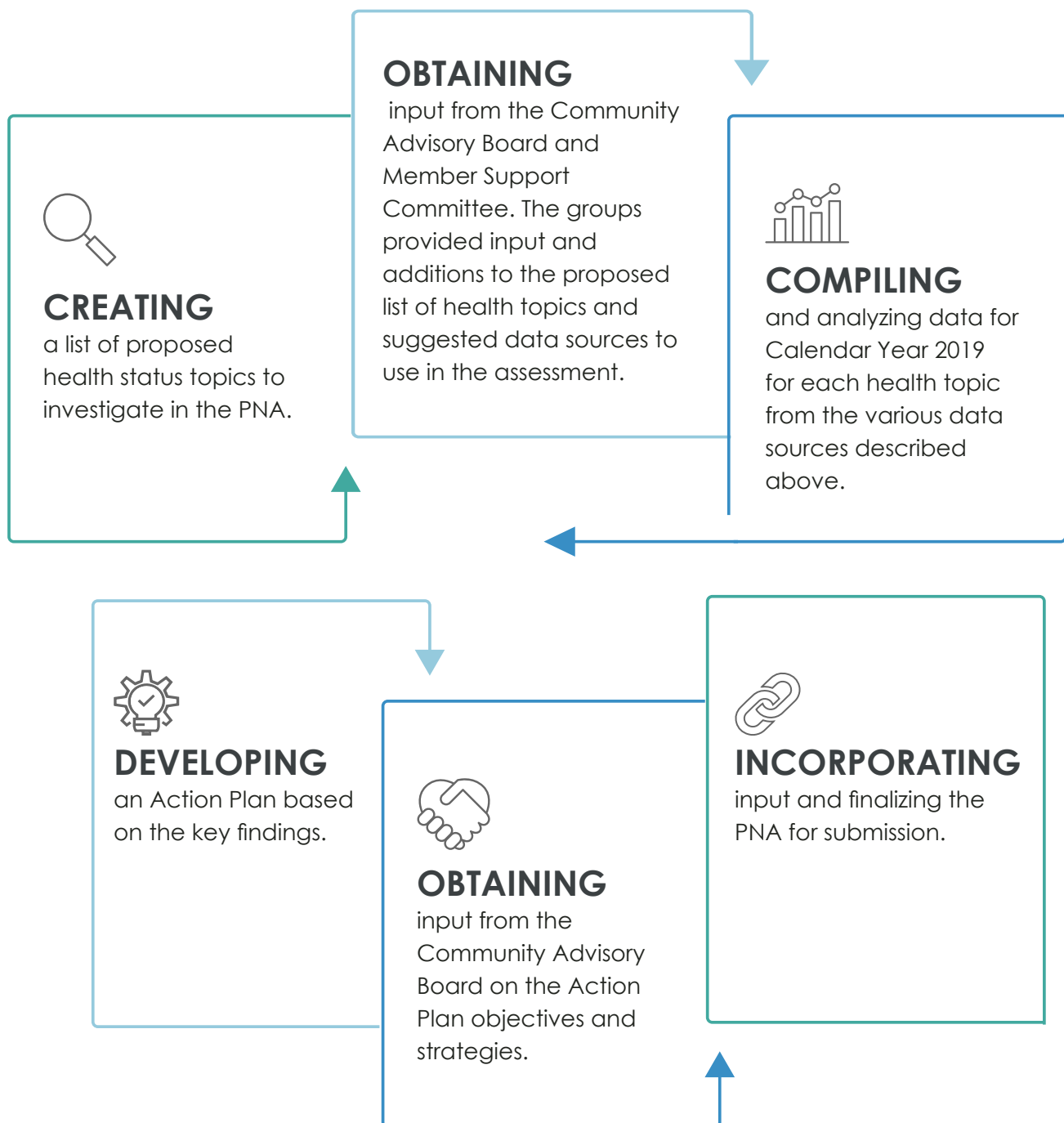
When needed to assess network adequacy for certain health topics, health plan provider network data was analyzed and cited.

2. Data Sources and Methods cont.

Methods

In compliance with DHCS policy, the above data sources were used to provide a comprehensive and up-to-date assessment of the Health Plan's member population, identify key findings, and plan objectives and strategies for improvement.

CenCal Health's methodology for completing the PNA included the following steps:



3. Key Data Assessment Findings

This section describes key findings about member demographics, health status, and health disparities identified through analysis of the data sources listed in above.

- **Membership/Group Profile**
- **Health Status and Disease Prevalence**
- **Access to Care**
- **Health Disparities**
- **Health Education, C&L, and/or Quality Improvement Program Gap Analysis**
- **Other Key Findings**



3. Key Data Assessment Findings cont.

Membership/Group Profile

Based on member eligibility data, CenCal Health had 171,983 total members enrolled in 2019². The tables below show details for both our Santa Barbara County (SBHI) membership and our San Luis Obispo County (SLOHI) membership.

Special Populations: 10,677 total members were categorized as Seniors and Persons with Disabilities in 2019³. There were 2,831 total California Children's Services members as of December 2019. Of that total, 1,911 were in Santa Barbara County and 920 were in San Luis Obispo County⁴.

Santa Barbara County

Based on eligibility data of the total SBHI members, 58% were English speakers, 40% were Spanish speakers, and 2% were either "other" or did not include a language preference. About 47% of members were male and 53% were female².

Total SBHI Members in 2019-By Age and Race									
Age	White	Hispanic	Asian/Pacific Islander	Alaskan Native/ American Indian	Hawaiian	Other	Unknown	Total	% of Total
Age 0-5	11,533	5,547	156	19	7	1,542	853	19,775	16%
Age 6-11	13,769	4,995	222	24	17	802	220	20,239	17%
Age 12-21	16,718	7,942	593	64	14	1,411	434	27,523	23%
Age 22-44	14,663	6,757	679	183	18	3,903	917	27,724	23%
Age 45-64	10,211	3,658	553	142	11	1,853	702	17,594	14%
Age 65+	4,213	2,370	452	36	1	619	955	8,808	7%
Total	71,107	31,269	2,655	468	68	10,130	4,081	121,663	100%
% of Total	58%	26%	2%	<1%	<1%	8%	3%	100%	

San Luis Obispo County

Based on eligibility data of the total SLOHI members, 80% were English speakers, 18% were Spanish speakers, and 2% were either "other" or did not include a language preference². About 47% of members were male and 53% were female².

Total SLOHI Members in 2019-By Age and Race									
Age	White	Hispanic	Asian/Pacific Islander	Alaskan Native/ American Indian	Hawaiian	Other	Unknown	Total	% of Total
Age 0-5	1,826	2,231	56	41	5	1,724	470	6,368	13%
Age 6-11	2,467	3,236	103	68	19	718	111	6,729	13%
Age 12-21	3,601	4,488	225	118	16	1,041	225	9,764	19%
Age 22-44	7,046	2,965	325	195	12	2,564	667	13,857	28%
Age 45-64	5,496	1,550	248	142	8	1,548	515	9,608	19%
Age 65+	2,064	837	172	52	2	431	398	3,984	8%
Total	22,500	15,307	1,129	616	62	8,026	2,386	50,320	100%
% of Total	45%	30%	2%	1%	<1%	16%	5%	100%	

3. Key Data Assessment Findings cont.

Health Status and Disease Prevalence

This section provides an overview of our members' health status by providing rates for the various health topics listed. The below listed health topics were considered important to report on by the health plan and by key stakeholders.

CenCal Health plan-wide data is compared to county and/or state data, as it is available. HP2020 goals are included when county data is not available for comparison. Specific health disparities identified through an in-depth analysis of these CenCal Health rates are discussed in the "Health Disparities" section below.

Health Topic	CenCal Health Rate / Data Source	SB County Rate / Data Source	SLO County Rate / Data Source
Asthma*	0.81% CCH Gaps in Care ⁵	11.7% CHNA ⁶	13.1% CHA ⁷
Behavioral Health Utilization	6.1% Claims/Encounter ⁸	15.4% AskCHIS ⁹	18.7% AskChis ⁹
Behavioral Health Access	453 per 100,000 CCH Network Report ¹⁰	483 per 100,000 CHNA ⁶	Data not available
Breast Cancer Screening	67.88% DHCS Disparity Data ¹¹	65.4% CHNA ⁶	81.1% HP 2020 Goal ¹²
Cervical Cancer Screening***	66.55% CCH HEDIS ¹³	74.7% CHNA ⁶	83.1% AskCHIS ¹⁴
Adult Diabetes Prevalence**	5.9% CCH Diabetes SMART ¹⁵	8.2% CHNA ⁶	5.6% CHA ⁷
Diabetes Management (Completed A1c test)	93.16% DHCS Disparity Data ¹¹	86.8% CHNA ⁶	72.9% HP2020 Goal ¹⁶
Controlled High Blood Pressure***	64.68% CCH HEDIS ¹³	34.5% CHNA ⁶	28.4% AskCHIS ¹⁷
Tobacco Use	15.1% CAHPS ¹	10.5% CHNA ⁶	13.0% CHA ⁷
Prediabetes	1.7% CCH Claims data ¹⁸	Data not available	46% CHA ⁷
Timely Prenatal Care	97.57% CCH HEDIS ¹³	71.87% CHNA ⁶	80.5% CHA ⁷
Health Topic	CenCal Health rate / Data Source	State Average or HP2020 Goal	
Immunizations age 0-2 (Combo 3)	77.98% CCH HEDIS ¹³	70.47% HSAG ¹⁹	
Adolescent Immunizations***	49.15% CCH HEDIS ¹³	37.84% HSAG ¹⁹	
Childhood Lead Testing	59.8% CCH Gaps in Care ⁵	27% CA State Auditor ²⁰	
Timely Postpartum Care	74.33% DHCS Disparity ¹¹	64.41% HSAG ¹⁹	
Well Child Visits 3-6	80.37% CCH HEDIS ¹³	75.44% HSAG ¹⁹	
C-Section Rate**	12.64% CCH Claims data ²¹	24.7% HP 2020 Goal ²²	
Gestational diabetes rate**	7.6% CCH Claims data ²³	9.5% CDPH ²⁴	

* CenCal Health's asthma rate is significantly lower than that of the counties, likely due to our differing definitions of asthma. For CenCal Health, a member is included in this rate only if they have a "clinically persistent" asthma diagnosis.

** Rate based on a 2019 membership total of 171,983; Or rate based on a 2019 total birth count of 4,960.

*** Rate reflects the 2020 HEDIS rate measured by the Plan based on CY 2019 data. Rate may not reflect the plan's 2020 HEDIS rate as reported to NCQA, however. Due to COVID-19, NCQA allowed plans to report either CY 2019 or CY 2018 data for their 2020 HEDIS reporting. For the rates indicated, CY 2018 data was reported to NCQA for one or both counties.

3. Key Data Assessment Findings cont.

Access to Care

This section describes members' access to care based on CAHPS surveys and health plan data.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)¹

A total of 354 CenCal Health members returned adult surveys that were "complete and eligible." The following rates reflect the percent of members that answered either 'Always' or 'Usually.'

Getting needed care	Getting needed care quickly	Rating of Health Plan	Personal doctor explained things
80.81%	73.6%	77.22%	92.31%

A total of 385 CenCal Health members returned child surveys that were "complete and eligible." The following rates reflect the percent of members that answered either 'Always' or 'Usually.'

Getting needed care:	Getting needed care quickly:	Rating of Health Plan:	Personal doctor explained things:
81.46%	84.33%	85.11%	90.08%

Cultural and Linguistics Access Program

CenCal Health is committed to providing culturally appropriate materials and language assistance for its members. The Cultural and Language Access program ensures that all CenCal Health Limited English Proficiency (LEP) members have access to Language Assistance at medical points of contact. The C&L dedicated staff within Member Services are responsible for coordinating interpreter services for LEP members and translation of member materials into CenCal Health's only non-English threshold language, Spanish.

There were no C&L access issues or grievances identified in 2019²⁵. Below is a summary of Interpreter Service requests/utilization.

Spanish In-person Interpreter Requests	ASL In-person Interpreter Requests	Language Line requests, all languages
4	97	1,353

3. Key Data Assessment Findings cont.

Cultural and Linguistics Access Program cont.

In 2019, CenCal Health's ability to provide face-to-face interpreting services for Spanish interpreting became a significant challenge, due to a lack of certified interpreters within our counties willing to contract with the plan. Therefore, specific criteria needed to be met to secure face-to-face interpreters for things such as complex treatment discussion, end-of-life services, cancer treatment, etc. Instead, CenCal Health utilized voice interpreting in Spanish offered via Certified Languages International (CLI) to meet all point of contact needs. Interpreting was promoted heavily as reflected in the totals above. CenCal Health leveraged CLI services late in 2019 for implementation in the first quarter of 2020 in order to provide Video Remote Interpreting (VRI), which will provide CenCal Health membership face-to-face VRI in 22 languages.

Provider Network Management²⁵

The NMC is responsible for reviewing access indicators to ensure compliance with contractual requirements and identify opportunities for improvement in the provider network. NMC evaluates the impact on the network of the addition or termination of providers of all types, and addresses trends in provider bargaining tactics. Member and provider access complaints are also monitored for trends. Because mapping the number and location of providers does not portray a complete assessment of access (for instance if providers are closed to new members), NMC monitors potential access issues via ad-hoc reporting.

The Network Management Committee's (NMC) monitoring of compliance with access standards demonstrated that all measures were met in 2019. Staff continually monitor each primary care site against capacity standards of 2000 members per FTE physician and 1000 per FTE physician extender.

99% of PCP sites were within these capacity standards based on their FTE counts.

The overall PCP-to-member ratio of **1:611** remains well within contractual requirements of 1:2000.

NMC continues to study and address potential access issues via ad-hoc reporting, as well as reviewing drill-down studies at the committee level.

3. Key Data Assessment Findings cont.

Health Disparities

While the "Health Status" section above describes the current rates for various health topics, the following section discusses identified health disparities for these health topics. Data for each of the health topics listed in the above Health Status section were analyzed for total counts, rates, and disparities related to age, sex, region, and spoken language. Of these indicators, only those with significant disparities are discussed. If a health topic is not discussed, it indicates that there was no identified health disparity.

Behavioral Health⁹

According to claims data, a total of 10,620 CenCal Health members accessed behavioral health services in 2019. Through our data analysis, we determined that Spanish speakers are accessing behavioral health services at a lower rate in comparison to their overall proportion of our total membership.

In Santa Barbara County, about 75% of those who accessed behavioral health care services were English speaking and 25% were Spanish speaking. The language proportion for Santa Barbara County, however, is 58% English and 40% Spanish based on eligibility data.

In San Luis Obispo County, about 91% of those who accessed behavioral health care services were English speaking and about 5% were Spanish speaking. The language proportion for San Luis Obispo County is 80% English and 18% Spanish based on eligibility data.

An additional analysis of adolescent depression screening data from our largest pediatric provider's Electronic Medical Record system indicates that of all adolescent patients, 29% of English speakers were due for depression screening, and 71% of Spanish speakers were due for depression screening²⁷.

Breast Cancer Screening

According to the DHCS Managed Care Plan Specific Health Disparity data, more Spanish speakers (78.21%) received the recommended breast cancer screening in 2019 than did English speakers (57.55%) in both counties¹¹.

Diabetes Management

According to the DHCS Managed Care Plan Specific Health Disparity data, only about 60% of 18-44 year olds obtained the recommended diabetic eye exams, compared with 76% for adults aged 45 and older¹¹.

Only about 55% of adults age 18-44 have an A1c in good control (A1c < 8) compared with about 68% of adults aged 45 and older¹¹.

3. Key Data Assessment Findings cont.

Lead Testing

According to CenCal Health's Gaps in Care database, both Santa Barbara and San Luis Obispo counties have a much higher screening rate than that of the state average⁵. However, San Luis Obispo testing compliance is about 10% lower than Santa Barbara.

Postpartum Care

According to the DHCS Managed Care Plan Specific Health Disparity data, only about 71.54% of English speakers obtained timely postpartum care, compared with 86.96% of Spanish speakers¹¹.

Well-Child Visits

According to CenCal Health's Gaps in Care database, only 72.7% of children age three to six obtained the recommended well child visit in San Luis Obispo, compared with 80% in Santa Barbara⁵.

Health Education, C&L, and/or Quality Improvement Program Gap Analysis

The following sources were used to identify any gaps in CenCal Health's health education or cultural and linguistic program services.

CAHPS

The CAHPS survey includes one specific question related to Health Literacy: "Health plan forms were easy to fill out." Survey data shows that 97.92% of members who completed adult surveys and 93.68% of members who completed child surveys answered either 'Always' or 'Usually'."



3. Key Data Assessment Findings cont.

Member Newsletter Survey²⁸

CenCal Health's member newsletter is a key tool used to provide health education to all members. In 2019, CenCal Health conducted a survey to a random sample of about 2,500 members regarding the member newsletter to obtain opinions on the publication topics and frequency. The questions most relevant to this PNA include:

Do you think the newsletter is helpful?

YES: 93%

What health education topics do you want to learn more about?

How to use benefits:	Living healthy:	Managing a chronic illness:	Preventing illness:
62%	72%	45%	61%

Child health topics:	Community resources:
36%	42%

How often do the topics in the newsletter apply to you?

Often:	Sometimes:
25%	70%

Survey responses indicate that while most respondents find the newsletter helpful, we can improve the relevance of the topics. We will also explore the feasibility of offering smaller, targeted newsletters to sub-populations, with topics specific to seniors and/or to children's health.

Other Key Findings

One additional key data source that is important to this PNA is the aggregated data from our member Health Risk Assessments.

Health Risk Assessment (HRA) Survey Data²⁹

All new CenCal Health members are sent an HRA to determine whether or not they need Case Management or referral to services. A total of 1,845 members completed surveys in 2019, of which 598 were classified as Seniors and Persons with Disabilities (SPD).

For all questions in the HRA, the general population and the SPD population responded similarly, with no significant differences identified between the two groups.

Of the 38-question assessment, the only question with an outlier rate of "yes" answers for both populations was, "Do you sometimes run out of money to pay for food, rent, bills, and medicine?" Of those who responded, the rate of members that reported "Yes" was, about 36% for all members, and about 39.63% for SPD members.

4. Action Plan

This section addresses the health education, cultural and linguistic, and quality improvement efforts planned to improve health outcomes for our members. It also discusses activities that are already underway for several of the health topics with identified need for improvement.

Action Plan Table

The following tables show our planned objectives and strategies to improve the identified gaps and improvement areas from the Key Findings section above.

Objective: By June 1, 2021, increase the percentage of members who have completed clinically recommended cervical cancer screening from a May 2020 baseline of 54.4% to at least above the DHCS Minimum Performance Level of 60.58%.

Data Source: CenCal Health Gaps in Care program

Strategies

1. Develop member educational strategies including a potential Member Incentive program.
2. Implement a Provider Report Card system to encourage improvement of rates.
3. Develop a provider toolkit and offer trainings on best practices for screening and reminder recall.

Objective: By June 1, 2022, increase the proportion of Spanish speaking members who access behavioral health care in both Counties to more closely match the proportion of Spanish speakers in their respective county.

Data Source: CenCal Health Claims data

Strategies

1. Create an educational marketing campaign to educate Spanish speakers on the importance and availability of mental health care.
2. Develop and implement provider training to improve screening and referrals for all members, with an emphasis on Spanish speaking members.

Objective: By June 1, 2021, increase the rate of childhood lead testing in San Luis Obispo County from a May 2020 baseline of 52.8%, to at least equal with the San Barbara County rate of 62%.

Data Source: CenCal Health Gaps in Care program

Strategies

1. Conduct individual onsite provider education to educate on screening expectations and provide reports for members due for screening.

4. Action Plan cont.

Objective: By June 1, 2021, increase the rate of English speaking women who receive clinically recommended breast cancer screening from a May 2020 baseline of 57.55% to the HP2020 goal of 81.1%.

Data Source: CenCal Health Gaps in Care program

Strategies

1. Develop member educational strategies including a potential Member Incentive program.
2. Implement a Provider Report Card system to encourage improvement of rates.
3. Develop provider trainings to educate providers on best practices for screening and reminder recall.

Additional findings:

Several significant disparities or low performing areas were identified through this assessment. Four of these are included in the Action Plan table above. The others were not included in the Action Plan because there are existing or planned Quality Improvement and/or Population Health interventions already underway, separate from the PNA. These topics and their respective interventions include:

Hypertension

Because of a recently identified poor performance in hypertension, CenCal Health has initiated a Population Health program to improve hypertension rates. This involves changes to the blood pressure cuff benefit as well as a partnership with the American Heart Association for provider education.

Diabetes Management

In analyzing the DHCS Health Disparity data, there was a health disparity identified in the rate of completion for young adults (age 18-44). CenCal Health was already aware of this, and is in the process of developing a Diabetic Eye Exam program, which involves partnering with network providers to license an EyePacs machine to increase screening rates. CenCal Health also has an ongoing Provider Incentive program called Diabetes SMART that incentivizes providers to complete several aspects of diabetes care for overall improved diabetes management.

Postpartum care

Through this assessment, a health disparity was identified in which significantly less English speaking women received timely postpartum care than Spanish speaking women. Because this was also previously identified by the plan as a disparity, one of CenCal Health's 2020 DHCS Performance Improvement Projects is focused on increasing the rate of timely postpartum care for San Luis Obispo County—in which a majority of those targeted will be English speakers. This program is well underway, with a launch date of June 1, 2020.

5. Stakeholder Engagement

Community Advisory Board (CAB)

CAB members were given an overview of the scope and goal of the PNA, and provided feedback about the health topics that were important to include in the report. They also suggested important data sources to consider using for the assessment.

CAB members were also given an opportunity to provide input on the objectives and strategies—all stakeholder feedback was incorporated.

An update on the progress of the Action Plan strategies will be provided at each quarterly CAB meeting.



Healthcare Providers

Network healthcare providers are notified of the PNA findings, member needs, and action plan objectives through a Provider Bulletin, which goes to all network providers. PNA highlights will also be shared at a quarterly Provider Advisory Board meeting.

References

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- ⁷ San Luis Obispo County Public Health Department, Community Health Assessment 2018
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- ²⁶ CenCal Health Network Management Committee Work Plan Evaluation, 2019.
- ²⁷ Pediatric Medical Group Electronic Health Record Data Feed, 2019.
- ²⁸ CenCal Health Member Newsletter Satisfaction Survey, 2019.
- ²⁹ CenCal Health Health Risk Assessment Survey Data. Essette Export, 2019.