Health Disparities Reduction Project



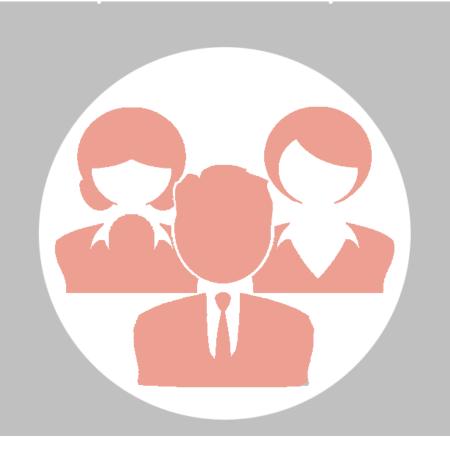
Capacity Building for Health Equity

Dedicated internal efforts to develop and expand health equity initiative

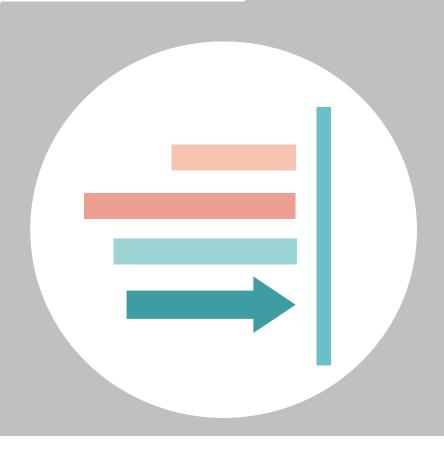
Leadership Buy-In



Collaborative Disparity Model



Align to Strategic Initiatives



Operationalizing the Model with Postpartum Care

Phase One: Planning /Support

Phase Two: Interventions

Phase Three: Evaluation



Fastest route now, due to traffic conditions

15 Months



- Data Analysis: Development of Target
- Barrier Analysis: Key Informant Interviews
- Community Advocacy



- Non Clinical Home Visitation Program
- . High Risk OB Case Management Program
- . Community Baby Showers
- Culturally responsive training for high risk case managers
- Pre-natal notification forms
- Provider network education and oversight of PPG
- PPG conducting search for mid-level practitioner for OB Care



- Transportation Pilot
- . Well Woman Calls



. Clinical Home Visitation

Expand to additional targets

Customer Service and Discrimination Training

. Begin resolving data issue with current target



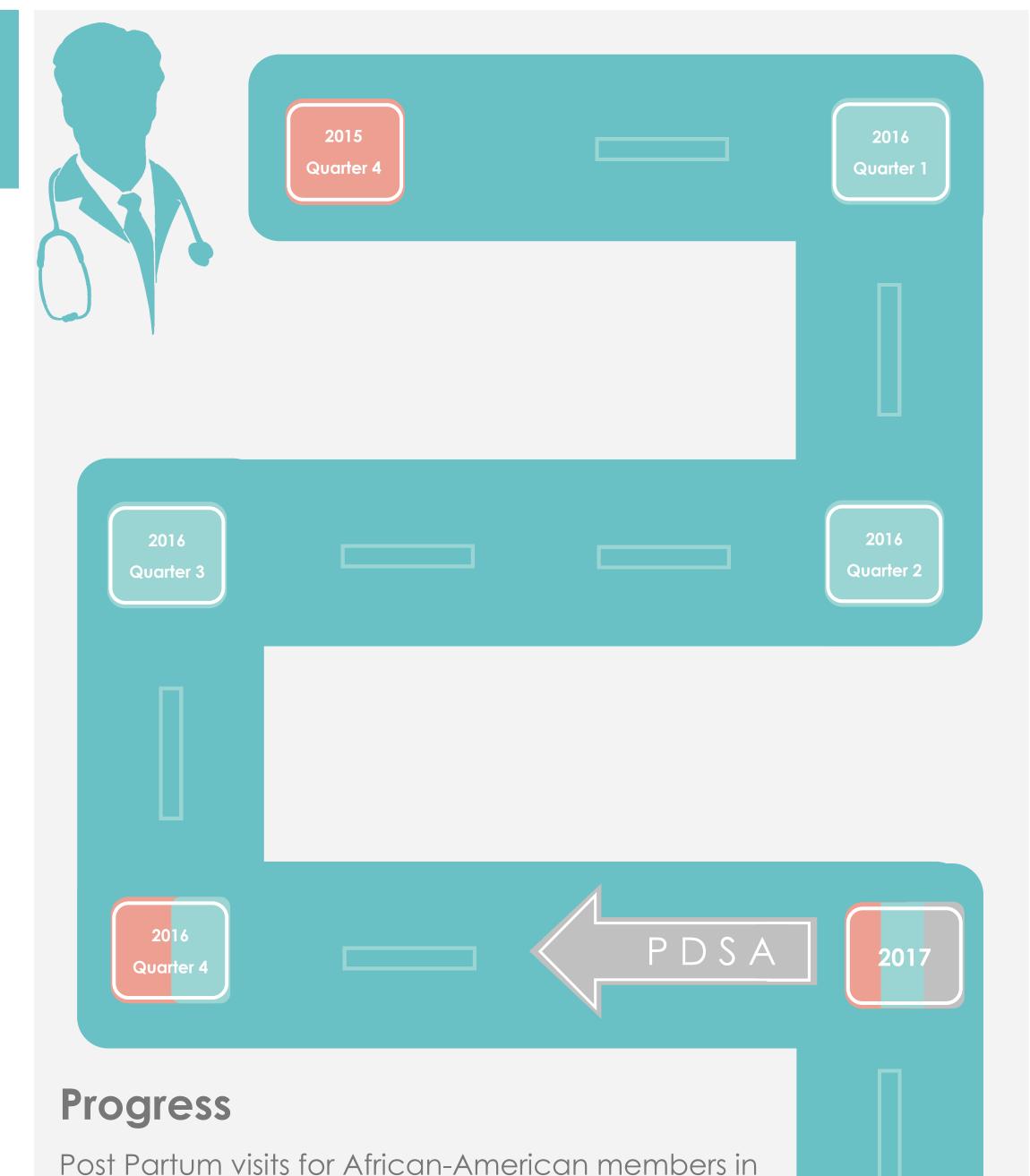
2017

- Expansion of Project
- Intervention Evaluation and Process Improvement
- Resolve Data Issues

Verification of pregnancy

via telephone not successful

Implement Home Visiting





2014-2015

Encounter submission must be eliminated

reduced from 10% to 6%

*per administrative HEDIS data

Lancaster increased 94%, from 17% to 33% from

. Despite a widening gap countywide, the gap

between white member rates and African-

American member rates in targeted area

40% Disparity Reduction in targeted area



Traffic Jams

Medi-Cal providers have limited

Disparity efforts best utilized for long term HEDIS projects as root cause