



Alameda Alliance for Health
Community Advisory Committee Meeting Agenda

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **mmoua@alamedaalliance.org**. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: **1.510.210.0967**, CODE: **625 930 133#**. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Name:	Community Advisory Committee (CAC)		
Date of Meeting:	September 19, 2024	Time:	10:00 AM – 12:00 PM
Meeting Chair and Vice Chair:	Melinda Mello, Chair Tandra DeBose, Vice Chair	Location:	Video Conference Call and in-person. Oakland/Hayward Rooms 1240 South Loop Road Alameda, CA 94502
Call In Number:	Telephone Number: 1.510.210.0967 Code: 625 930 133#	Webinar:	Join the meeting now in Microsoft Teams. Link is also in your email.

I. Meeting Objective

Advise the Alliance on cultural, linguistic and policy concerns and offer the Alliance a member's point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

II. Members

Name	Title	Name	Title
Natalie Williams	Alliance Member	Melinda Mello, Chair	Alliance Member
Valeria Brabata Gonzalez	Alliance Member	Jody Moore	Parent of Alliance Member
Cecelia Wynn	Alliance Member	Sonya Richardson	Alliance Member
Tandra DeBose	Community Advocate, Vice Chair	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Mayra Matias Pablo	Parent of Alliance Member
Erika Garner	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Roxanne Furr	Alliance Member		

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions <ul style="list-style-type: none"> Member Roll Call Alliance Staff Visitors 	Melinda Mello , Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from <ul style="list-style-type: none"> June 13, 2024 	Melinda Mello , Chair	3	Vote
2. Approval of Agenda	Melinda Mello , Chair	2	Vote
CEO Update			
1. Board Meeting CEO Update	Matt Woodruff Chief Executive Officer	15	Information
Follow-up Items			
1. Follow-up Items from <ul style="list-style-type: none"> June 13, 2024 	Mao Moua	5	Information

III. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
	Manager, Cultural and Linguistic Services		
New Business			
1. Alliance Staffing Diversity	Tau Gaoteote Director, Diversity, Equity, and Inclusion	15	Information/ Discussion
2. Population Needs Assessment	Linda Ayala Director, Population Health & Equity Carolina Guzmán Quality Improvement Manager, Alameda County Public Health Department	20	Information/ Discussion
3. National Committee for Quality Assurance (NCQA): Alliance Online Resource Testing	Michelle Lewis Senior Manager, Communications and Outreach	5	Information
CAC Business			
1. CAC Selection Committee 2. CAC Membership Recruitment	Linda Ayala Director, Population Health & Equity	10	Information
Open Forum 1. Public Comments 2. Next meeting topics	Melinda Mello , Chair	6	Information
Melinda Mello , Chair	Melinda Mello , Chair	4	Next meeting: December 5, 2024

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Mao Moua** at **510.708.4071** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.



COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 13, 2024, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Natalie Williams	Alliance Member	X
Valeria Brabata Gonzalez	Alliance Member	X
Cecelia Wynn	Alliance Member	X
Tandra DeBose	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	X
Sonya Richardson	Alliance Member	
MiMi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	
Amy Sholinbeck,	Asthma Coordinator, Alameda County Asthma Start	X
Irene Garcia	Alliance Member	X
Roxanne Furr	Alliance Member	X

Other Attendees	Organization	Present
Bernie Zimmer	CHME/ Visitor	X
Melodie Shubat	CHME/ Visitor	X
Rebecca Gebhart	First 5 Alameda County	X
Kerri Lowe	Alameda County Public Health	X
Tony Henson	CAC Member's Son	X

Alliance Staff Members	Title	Present
Matthew Woodruff	Chief Executive Officer	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Alejandro Alvarez	Community Outreach Supervisor	X
Thomas Dinh	Outreach Coordinator	X
Linda Ayala	Director, Population Health and Equity	X
Mao Moua	Manager, Cultural and Linguistic Services	
Steve Le	Outreach Coordinator	X
Isaac Liang	Outreach Coordinator	X
Rosa Carrodus	Disease Management Health Educator	X

Lao Paul Vang	Chief Health Equity Officer	x
Gil Duran	Manager, Population Health and Equity	x
Emily Erhardt	Population Health and Equity Specialist	x
Gabriela Perez-Pablo	Outreach coordinator	x
Cindy Brazil	Interpreter Services Coordinator	x
Michelle Stott	Senior Director, Quality Improvement	x
Mara Macabinguil	Interpreter Services Coordinator	x
Katrina Vo	Senior Communications and Content Specialist	x
Mischa Chi	Health Education Coordinator	x
Farashta Zainal	Quality Improvement Manager	x
Loc Tran	Manager, Access to Care	x
Jorge Rosales	Manager, Case Management	x
Anne Margaret Macsiljig	Outreach Coordinator	x
Taumaog Gaoteote	Director, Diversity, Equity, Inclusion	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTION			
M. Mello L. Ayala	A roll call was taken of the CAC Members. Introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM MARCH 14, 2024			
M. Mello L. Ayala	Motion to approve March 14, 2024 CAC Meeting Minutes.	<u>Motion:</u> T. Debose <u>Second:</u> I. Garcia <u>Vote:</u> Approved by Consensus	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
M. Mello L. Ayala	Motion to approve June 13, 2024 CAC Meeting Agenda.	<u>Motion:</u> T. Debose <u>Second:</u> I. Garcia <u>Vote:</u> Approved by Consensus	None

3. CEO UPDATE – ALLIANCE UPDATES

M. Woodruff	<p>Matthew Woodruff, Chief Executive Officer, presented the following updates:</p> <ul style="list-style-type: none">• Single Plan Model<ul style="list-style-type: none">○ Fluctuations in numbers observed during the first couple months of the year, but now seeing some stability.○ Anthem Blue Cross is largest in the county: 81,000 members transitioned to the Alliance; 54,620 of which were assigned to Alameda Health System (AHS) or Community Health Center Network (CHCN) prior to Managed Care Plan (MCP) transition. Those members have been reassigned to AHS and CHCN since transition to the Alliance.○ Kaiser is no longer part of the Alliance.○ Undocumented members: 30,565 undocumented residents enrolled in December 2023. Now at 64,815 undocumented residents enrolled as of April 1, 2024. There were 7,344 undocumented Anthem members assigned to AHS or CHCN who have been reassigned to AHS or CHCN since transition to the Alliance.○ Increase in Alliance workload.<ul style="list-style-type: none">▪ Gained a total of 105,000 new members within the first 3 months of 2024▪ Authorizations went up by 45% (Q4 2023 vs Q1 2024)▪ Claims went up by 50% (Q4 2023 vs Q1 2024)▪ Added a total of 380 providers since January 2024▪ Community Supports went up by 1% (Q4 2023 vs Q1 2024)▪ Enhanced Care Management (ECM) went up by 39% (Q4 2023 vs Q1 2024)○ The state has sent a list of providers to add to the existing network.• Community Supports (CS)<ul style="list-style-type: none">○ The Alliance will start to offer CS Sobering Centers starting July 2024 with two (2) sites in the county.○ The Alliance will start to offer CS Short Term Post Stabilization Housing and CS Day Habilitation starting January 2025.○ The Alliance estimates spending of \$35M to support CS program in FY 25. As of January 1, 2024, Alliance is receiving \$7M in FY25	None	None
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funding (July-Dec 2024) from Department of Health Care Services (DHCS) for CS.

- M. Woodruff presented the list of all CS Services as of January 2024 and the new ones that will be offered soon.

- Question-T. Debose: *Have you seen a change in services with the increase of undocumented members?*
- Response-M. Woodruff: *We have seen a big change in the number of undocumented members and long-term care.*
- Question-T. Debose: *How does that affect the regular residents/citizens that already live here in getting the services that they need?*
- Response-M. Woodruff: *It shouldn't, because they were already in the system, getting their care from AHS or CHCN. The change is that the state gives the money to us instead of the county. These new members now have access to other providers in the network.*

- Budget Changes for End of FY 24

- In April 2024, the Alliance received the bill from the state who found that for the past 2 years, Alliance members were not as sick as they thought. Because of this, they took back \$59M to give to Anthem whose members were sicker. Those Anthem members are now our members, and we will not see that money back in our rates for 2 years.
- The biggest recovery is in long-term care services.
- The Alliance agrees with the state's findings. CHCN also agrees and reported seeing a higher proportion of long-term care members with Anthem.
- The Alliance projected a year-end net income of \$23M for FY 24 but is now looking at a potential \$5.5 M loss due to the money take-back.
- Programs that have been cut:
 - Board Grants
 - Community Reinvestment
 - Other grants and provider grants
- Programs that we will continue to fund:
 - Provider Recruiting Incentive Program
 - Violence Prevention Grants in conjunction with Alameda County

	<ul style="list-style-type: none"> ➤ <u>Question-T.Debose:</u> Does cutting Community Reinvestment affect the outreach programs? ➤ <u>Response-M.Woodruff:</u> No, under the 2024 contract, there is an amount of money we are required to put back into the community, either quality or access (the only two (2) categories allowed). The amount is based on calculation on the money we make, but because we're now losing money, there is no community reinvestment required. <ul style="list-style-type: none"> ○ Internal Changes <ul style="list-style-type: none"> ▪ Cut all employee travel. ▪ May need to increase cost sharing depending on contract negotiations. ▪ The Board of Governors (BOG) will be made aware of any additional changes based on the retroactive rate decrease - the state will deliver final rates sometime this month. ● State Advocacy <ul style="list-style-type: none"> ○ M. Woodruff presented a list of the bills that the Alliance has been supporting. ○ K. Rivera and M. Woodruff have been going to Sacramento often to attend hearings.. ○ The BOG has been asking for the Alliance to take a stronger stance on certain issues in the community. 		
4. a. FOLLOW-UP ITEMS - ITEMS FROM MARCH 14, 2024			
L. Ayala	<p>Linda Ayala, Director of Population Health and Equity, presented the following updates:</p> <ul style="list-style-type: none"> ● Share Multi-Cultural Flavors Cookbook - COMPLETED - not yet printed and translated, will get out to CAC members as soon as available. ● Share Care Books - RESOLVED - CAC members were instructed to each grab a black bag with a collection of care books at the back of the room at the end of the meeting. ● Share Case Management Referral Process - COMPLETED - providers can refer members, and members can self-refer by calling the Alliance Member Services Department. Information sent to CAC members through email and included in the CAC meeting packet. ● Added Chair and Vice-Chair titles to CAC members on future agendas - COMPLETED - added to June agenda. 	None	Alliance Staff to confirm to CAC members if there is a waitlist to access case management services.

	<ul style="list-style-type: none"> ➤ <u>Member Question-A.Sholinbeck</u>: How long does it take to access case management services? Is there a waitlist? ➤ <u>Answer-M.Woodruff</u>: No waiting list, but we'll get you the information. ❖ <u>Member Comment-M.Mello</u>: I was contacted within 24 hours after referral was placed, it was amazing. 		
4. b. FOLLOW-UP ITEMS – CAC INPUT UPDATE			
<p>M. Stott G. Duran</p>	<p>Michelle Sott, Senior Director of Quality, presented on a survey request on new Alliance member outreach efforts.</p> <ul style="list-style-type: none"> • The member outreach effort will target the transition members. Transition members are Anthem members and from the adult expansion. • Adult expansion includes members ages 26-49, who now qualify for full-scope Medi-Cal, such as the undocumented members. • Low utilization of preventative care services and screenings based on quality measures such as cervical cancer screenings and well-child visits. New members may also not know about the services offered. • Putting together a comprehensive member campaign with the objective of getting preventative and screening visits completed. • The “ask” here is to get input from CAC members through a brief phone interview or mail/e-mail if preferred. <ul style="list-style-type: none"> ❖ <u>Member Comment-J.Moore</u>: I definitely want to get involved. I have some great ideas. ❖ <u>Member Feedback-C.Wynn</u>: I am looking forward to the call, mail, or email. <p>Gil Duran, Manager of Population Health and Equity, presented a follow-up on the Health Education presentation from last CAC meeting.</p> <ul style="list-style-type: none"> • Increasing promotion on health education materials and process to members and clinics <ul style="list-style-type: none"> ○ Working closely with Lifelong Medical Care in providing Preventive Care Books. ○ Including more messaging in provider trainings and meetings. ○ Including information in newsletters to members and providers. • Newsletter Topics <ul style="list-style-type: none"> ○ June newsletter to include an article on preventive care and cancer screening. 	<p>None</p>	<p>Alliance Staff to send an email to CAC members to see if interested in participating in the informant survey (for the Transition Member Campaign).</p> <p>Alliance staff to reach out to Bernie Zimmer of CHME regarding accessing AAH health education materials.</p>

	<ul style="list-style-type: none"> ○ Shared feedback regarding topics with Communication and Outreach team for the next member newsletter. ● Doula Services <ul style="list-style-type: none"> ○ Doula services are available for all perinatal members. ○ Various strategies e.g., working with community-based organizations and the county. ○ Planning various community informational sessions and trainings. ❖ <u>Member Comment-J.Moore</u>: <i>I think that this is very cool. Thank you for launching and doing this. I'm happy it's going positively.</i> ❖ <u>CHME Representative Comment-B.Zimmer</u>: <i>We are providing the necessary supplies for members such as breast pumps, and we've seen a significant increase with the new population and utilization with breast pumps. If you could provide some of the materials, we can give them to members who have questions or need help. We do refer them to Alliance Member Services as a follow-up.</i> 		
5. a. NEW BUSINESS - ACCESS AND AVAILABILITY CG-CAHPS			
L. Tran	<p>Loc Tran, Manager of Access to Care, presented on Clinician and Group-Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) results for measurement year 2023.</p> <ul style="list-style-type: none"> ● CG-CHAPS is a survey conducted quarterly, to measure member experience with healthcare providers and staff. The three (3) measures are: <ul style="list-style-type: none"> ○ In-Office Wait Time - within 60 minutes ○ Call Return Time - within 1 business day ○ Time to answer call - within 10 minutes ● Call Return Time - compliance rate is around 75% (higher than the goal of 70%). ● In-Office Wait time - compliance rate is between 91% and 94% (higher than the goal of 80%). ● Time to Answer Call - compliance rate averaging 73% (higher than the goal of 70%). ● Summary: <ul style="list-style-type: none"> ○ Ethnicity: Hispanics and Other rate us below the compliance threshold. ○ Language: English and Hispanic rate us below the compliance threshold. ● Next Steps: 	None	None

	<ul style="list-style-type: none"> ○ Share results with delegates and direct entities. ○ Issue Corrective Action Plan (CAP) to non-compliant providers. ○ Continue to conduct onsite/virtual office visits to providers who do not meet the compliance rate year after year. ● L. Ayala instructed the CAC members to use the Presentation Questions and Feedback form (included in packet) for additional comments or ideas that come up and to submit to any Alliance staff after the meeting. 		
5. b. NEW BUSINESS – POPULATION HEALTH MANAGEMENT			
<p>L. Ayala F. Zainal G. Duran J. Rosales</p>	<p>Linda Ayala presented on the Population Health Management 2024 Strategy.</p> <ul style="list-style-type: none"> ● L. Ayala provided an overview of what is Population Health Management (PHM) - definition, processes, programs. ● L. Ayala presented a graph that illustrates the Alliance PHM Framework. ● Alliance Members Key Populations: <ul style="list-style-type: none"> ○ children and youth ○ members with disabilities ○ members with long-term care needs ○ racial and ethnic groups ○ birthing members ○ members with serious mental illness ○ members with limited English proficiency ○ older adults ● PHM strategy is updated yearly. The strategy outlines members' needs, programs and services offered, and what are the gaps. Many departments come together to identify what can be done to address the gaps. ● The state guides the Alliance on what needs to be done, and the accreditors also come in to ensure best practices are followed. ● 2024 PHM Strategic Pillars: <ul style="list-style-type: none"> ○ Address primary care gaps and inequities. ○ Support members managing health conditions. ○ Connect members in need to Whole Person Care. <p>Farashta Zainal, Manager of Quality Improvement, presented on the Non-Utilizer Outreach Campaign, Breast Cancer Screening, and Under 30 Months Well Visits.</p> <ul style="list-style-type: none"> ● Non-Utilizer Outreach Campaign - encourages PCP visits, targeting members ages 50 and up or ages 6 and under who have not utilized services in the past 12 months. Well on the way to calling 10,000 members and connecting them to PCPs. 	<p>None</p>	

	<ul style="list-style-type: none"> • Breast Cancer Screening - focusing on African American women ages 50-74, who are falling behind on screenings. Working with providers to bring mobile mammography closer to members (bring in mobile vans), partner with providers for mammogram incentive program, and partner with community to attend outreach events. • Under 30 Months Well Visits – focusing on kids 0-30 months. Seeing a disparity for Black (African American) members. Working on well-child visits prenatal campaign, First 5 coordination, well-child advertising campaign (through billboards and posters in Alameda County, social media, and radio ads). • Feedback/Input Question to CAC Members: What can the Alliance do to encourage preventive services like breast cancer screenings and well-child visits, particularly for Black or African American members? <p>➤ <i>Question-J.Moore: Do we have a sense of why the African Women are not coming in for those visits, could it have something to do with trust in doctors?</i></p> <p>❖ <i>Member Comment-N.Williams: In a lot of cases, where Blacks needed these type of screenings, they were not easily affordable to get to.</i></p> <p>➤ <i>Response-F.Zainal: We recently did a survey on our children’s families between 0-30 months to understand the barriers, focused on African American families. We found that the barriers are the same as with the general population: transportation (number 1 reason), after-school hours appointments, and childcare services.</i></p> <p>➤ <i>Question-J.Moore: Since there is no difference in results between African Americans vs general population, why was it not presented as “Here are the findings (barriers) for everybody” instead?</i></p> <p>➤ <i>Response-F.Zainal: We wanted to understand if there was a difference, if there are other barriers specific to African American families, that’s why we separated the data for this population.</i></p> <p>➤ <i>Question and Feedback-T.Debose: Regarding the disparity data, are there targeted age groups? It takes a different kind of campaign depending on the age group (older vs. younger generation). Also, are the people asking the questions African American? Because people feel more comfortable speaking with someone who is from their own community.</i></p>		
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- Response-F.Zainal: These are great points. We do work with diverse staff in our different clinics, as well as First 5 who helped conduct the survey. They have diverse staff.
- ❖ Alliance Staff Comment-L.Vang: To Jody's statement earlier as to the why. The Health Equity team is working on a project to dive into the data to understand the non-utilizer data, which is one-third (1/3) of our members. We will look at health disparities, cultural appropriateness, and strategies to enhance participation. We hope to partner with PHM, Utilization Management (UM), Quality Improvement (QI) to ensure we identify the gaps and understand the why. It's crucial that we understand the why to come up with a comprehensive strategy and in return, it will increase our Managed Carer Accountability Sets (MCAS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- ❖ Member Comment-N.Williams: For mammograms, it's usually an accessibility issue for the Black community. There are lots of barriers to going offsite, such as disability and a family to take care of, so having mobile vans should make a difference.
- ❖ Member Comment-J.Moore: The barriers mentioned sound similar to my own healthcare experience and why I can't make it to my appointments, so I really commend everybody diving into this topic to understand the why.
- ❖ Alliance Staff Feedback-M. Lewis: It might be helpful to present the data to the committee in its entirety. For example, sharing data on top 5 or 10 disparate populations because there might be similarities. It could be a human issue and not an ethnic issue. It can help drive strategy for the plan and advisory committee. We may have the same challenges despite our ethnic heritage.
- ❖ Member Feedback-J.Moore: Consider if there's a shortage of providers that causes long waits (appointment availability), resulting in low utilization that we consider resolving.

Farashta Zainal presented on Post-Emergency Department (ED) Visits for Mental Illness.

- The Alliance is sending ED reports to providers daily so they can do outreach, targeting members ages 6 and older. Working with one of the

larger organizations to have navigators or CHWs in the ED, to ensure follow-up and connection to care happens before leaving ED and seeing their PCPs vs. going to the ED.

❖ Member Feedback-J.Moore: *This is epic. This is awesome.*

Gil Duran presented on Multiple Chronic Disease Management and Diabetes Prevention Program.

- Multiple Chronic Disease Management – mail informational letter to members with at least two (2) of the following diagnoses: diabetes, high blood pressure, and asthma. This is an opportunity to get connected with disease and case management services which provide health coaching, care coordination/navigation and self-management tools. We also encourage members to connect with their providers to close care gaps and get their screenings. Our Disease Management Health Educators coach members on condition self-management.
- Diabetes Prevention Program - a year-long lifestyle change program, designed to prevent, or delay the onset of type 2 diabetes. Targets adults 18 and older who are diagnosed with pre-diabetes. Generally, includes 22 peer-coaching sessions in the span of 12 months. Curriculum used is CDC recognized. Two (2) providers used: Habitnu and Yumlish.
- Question to CAC Members: How can the Alliance engage members more successfully with mail and phone-based programs like health coaching? What has worked for you?

❖ Member Feedback-N.Williams: *People tend to check their email quite often and text more than other modes of communication.*

- Question to CAC Members: When would you want to use online or telehealth services (phone or video visits with a healthcare provider)?

❖ Member Feedback-N.Williams: *I utilize it mainly for when I have a chronic condition, and symptoms arise. The doctor is already familiar with my condition and can prescribe medication. Otherwise, I am not comfortable without an in-person visit.*

❖ Member Feedback-M.Mello: *I'm okay with doing telehealth for follow-up such as checking how I'm doing with a new medication, but for test results and other serious matters, it should be in-person.*

- ❖ Member Feedback-J.Moore: Get providers onboard. Regardless of in-person or telehealth, I think compassion and outreach is a must. Perhaps provider incentive will help create more concern from their end.
- ❖ Member Feedback-M.Le: I have a good doctor. When my providers call me, I feel that they care. I like it when they call for appointment reminders. They will call one (1) week before because after three (3) to four (4) months, you forget.
- ❖ Member Feedback-A.Sholinbeck: You want to provide access for those that are not able to come into the office, but there are conditions that are not suitable for telehealth such as asthma. I had clients who were misdiagnosed because no one listened to their lungs, only described symptoms over the phone. It needs to be looked at carefully, not too many telehealth visits in a row without an in-person visit.
- ❖ Member Feedback-J.Moore: The Regional Center is now beginning to provide Social Recreation. I wanted to see if you all wanted to dive into this concept and how we could implement these concepts for mental/behavioral health treatment. It could be a way to increase wellness within our population.
- Question-N.Williams: What are the incentives for the screenings so I can tell people to get these screenings?
- Response-F.Zainal: For providers we work with, we provide \$25 to \$50 incentives to the members.
- Response-M.Lewis: There is also a pay for performance incentive for providers.

Gil Duran presented on BirthWise WellBeing.

- BirthWise Wellbeing - proactively identifying members in their perinatal period, and a huge packet with various resources for both prenatal and post-partum period is mailed out. Includes information on maternal mental health, health education resources, behavioral health screenings and treatment, and how to access the doula services. The goal is to have at least 75 members use a doula in the next year.

	<p>Jorge Rosales, Manager of Case Management Department presented on Complex Case Management.</p> <ul style="list-style-type: none"> • Complex Case Management - provides chronic care coordination and specific management interventions for members with complex or severe illness. • Targeting high-risk members, and the goal is to ensure member is in contact with their case manager within seven (7) days after hospital discharge. • Question to CAC Members: What is the best way for the Alliance to share information about programs and services with members? What has worked for you? <ul style="list-style-type: none"> ○ Due to time constraint, L. Ayala requested that members write down their feedback to this question on the Presentation Questions and Feedback form. <p>Linda Ayala presented on the Local Health Jurisdiction Collaboration.</p> <ul style="list-style-type: none"> • The Alliance is actively working with Alameda County Public Health and City of Berkeley on their own assessment (Community Health Assessment), as well as the Community Health Improvement Plan (CHIP). • Exploring ways to work together through sharing goals, data, and resource contribution. • Overtime, there will be opportunities for CAC members to participate. After today's meeting, there will be an invitation (through email) to join focus groups that they have for the upcoming Community Health Assessment. • Last May 2024, a few CAC members attended the Alameda County CHIP Kickoff meeting. L. Ayala requested T. Debose, Vice Chair, to speak regarding the event. • T. Debose highly encouraged participation in future meetings and emphasized the importance of sharing ideas and experiences with leaders. It's a great opportunity to share what is happening to you and connect with people who are serving your community. She also encourages checking out the California Aging Website: californiaaging.com in which resources for families can be accessed. 		<p>AAH staff to send link/information on the California Aging website to CAC members.</p>
5. c. NEW BUISINESS – ANNUAL EVALUATION OF CULTURAL AND LINGUISTIC SERVICES			
L. Ayala	Linda Ayala presented on the Annual Review of Cultural and Linguistic Services.	None	

- The Alliance has a Cultural and Linguistics (CLS) Program which ensures that that all the members receive equal access to high quality health services that meet the diverse needs of our members.
- Current Membership - 362,324 members in May 2023 vs 405,509 in May 2024, an increase of over 40,000.
- Membership by ethnicity - 34% are Hispanic, 19% Other (usually are people who identify as something other than the categories on the form or has multiple categories).
- Alameda County (AC) & AAH Comparison - there are 2 trends:
 - White and Asian population, - larger percentage in AC vs AAH.
 - Hispanic or Latino and Black - smaller percenter in AC vs AAH.
- Membership by Language - almost 40% of members prefer a language other than English, 25% prefer Spanish, 8% prefer Chinese.
- Threshold Languages - spoken by 5% of the Medi-Cal eligible population in the county. The Alliance translates key documents and letters into these languages. Minor adjustments anticipated this coming year.
 - Medi-Cal - English, Spanish, Chinese, Vietnamese, & Tagalog
 - Group Care - English Chinese Spanish
- Languages with 500 members - in addition to the threshold languages, we have Farsi, Arabic, Russian, Central Khmer, and Korean.
- Membership by Gender - Male 48%, Female 52%
- Membership by Age - largest subgroup is ages 19-44 (38%)
- Language Assistance Services
 - Interpreter services provided in 2023 - ranges from 4,000-6,000 a month (telephonic and in-person combined)
 - In 2023, over 57,000 services provided in 112 languages by 3 vendors.
 - Compared to 2022, there is an increase on all threshold languages for telephonic interpreter services in 2023. Highest increase with Spanish and Mandarin.
 - Video interpreter services continued to decrease for all threshold languages except Spanish.
 - In-person interpreter services doubled in 2023 for Spanish.
- Interpreter Services provided in 2024 - In Q1 2024, now in the 8,000 range which is higher than anticipated.
- Languages requested in Q1 2024 - most common are Cantonese, Vietnamese, Spanish, and Mandarin.

	<ul style="list-style-type: none"> • Provider Language capacity: 2023 Results-PCP Per Member - compares the number of providers that speak that language to the number of members that speak that language. The goal is to have reasonable ratios. <ul style="list-style-type: none"> ○ Chinese, Spanish, and Vietnamese stay in similar range. ○ Very good ratios observed among specialists. ○ Higher ratios observed in behavioral health providers. Not too concerning but will closely monitor. • Provider by Race/Ethnicity 2023 - not complete data, voluntary for providers to disclose information. The data may help guide provider outreach. • CLS Workplan: 2023 Evaluation <ul style="list-style-type: none"> ○ Every 3 months, the CLS committee get together to look at data. ○ Goal of 95% fulfillment rate met throughout 2023. ○ 96% completion rate for Cultural Sensitivity Training among Alliance staff, training is also implemented to providers. ○ Working with CAC on updated charter and creating a selection committee. • 2024 CLS Workplan <ul style="list-style-type: none"> ○ Embarking on similar activities, making sure we are filling those interpreter service needs. ○ Will work harder on tracking/assessing interpreter services needs in behavioral health. ○ Member Satisfaction - new survey going out in several languages including non-threshold languages. ○ Continuing to look at ratio on provider language capacity and race/ethnicity. ○ Continuing to work with CAC for input into our program and policies through community engagement. ○ Metrics around Potential Quality Issues (PQIs) for language services. ➤ <u>Question-N.Williams:</u> <i>Is there any information on recruiting pulmonologists due to the departure of Dr. Greenberg? Members are being reassigned to Stanford or John Muir.</i> ➤ <u>Response-L.Ayala:</u> <i>We will need to get back to you with information.</i> ❖ <u>Member Comment-V. Brabata Gonzalez:</u> <i>Congratulations on this work and for expanding the survey to other languages. I think it's fabulous. Thank</i> 		<p>AAH staff to send information to CAC members regarding efforts on recruitment for pulmonologists.</p>
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	<i>you for presenting the information on the time to respond to calls by language; it is very useful.</i>		
6. ALLIANCE REPORTS - OUTREACH REPORTS Q1 2024			
A. Alvarez	<p>Alejandro Alvarez, Community Outreach Supervisor presented on the Q3 2024 Outreach Report.</p> <ul style="list-style-type: none"> The team now has an Arabic-speaking team member who can do outreach to that community. <p>Michelle Lewis, Senior Manager of Communications and Outreach, added the following updates:</p> <ul style="list-style-type: none"> We're doing cross-training with the Health Education and QI teams. Also working with Community Support and Housing team to expand presence in the community. There are many events, and we hope with the cross-training and setting up our Member Ambassador Program, we can have more presence at the community events. The Alliance will participate in the Juneteenth celebration in Berkeley. <p>➤ <u>Question-N.Williams:</u> <i>Is facial recognition in the works for accessing the Alliance website?</i></p> <p>➤ <u>Response-M.Lewis:</u> <i>There's a lot of details to work through. In the news, we saw that Google Pixel tracks data and that could be a violation on your Personal Health Information (PHI), so we need to work further with our IT and Legal teams to see what we can and can't do. It does take us longer as the number one (1) goal is safety and protecting our members' PHI. Thank you for the feedback.</i></p>	None	None
7. CAC BUSINESS - CAC SELECTION COMMITTEE			

L. Ayala	<p>Linda Ayala, Director of Population Health and Equity, provided the following updates:</p> <ul style="list-style-type: none"> • The Department of Health Care Services has asked us to make changes to our process in bringing in new folks to the CAC. • This includes the creation of the CAC Selection Committee (SC) who will be reviewing applications and making recommendations to the Board of Governors (BOG) to appoint new members. • This is a good thing as it allows many eyes, not just Alliance staff, but also providers and community partners to look at who should have a voice at the community level in the work of the Alliance. • BOG approved the charter for this new committee in May 2024. • CAC SC Membership Recruitment - 8 to 10 members. Members will include the Chair and Vice Chair of the CAC, BOG Chair and Vice Chair, dental, Local Education Agency, and home and community-based services, and Native American community. • The first meeting will be held before the end of June 2024. We will introduce them to their role, who is currently on the CAC, and share information on interested candidates. • Meetings will be on an as-needed basis. • If CAC members know someone who can help diversify our members, reach out to staff. <p>➤ <i>Question-N.Williams: Will the committee make presentations to the CAC with updates on what they are doing as well as who they're assessing?</i></p> <p>➤ <i>Response-L.Ayala: Let me take that back, and see if that fits within the charter, or staff like me should act as conduit to share information. We want transparency, but also want to make sure we are following the rules. Our BOG, Board Clerk will be reaching out to Tandra and Melinda for availability to schedule the first meeting.</i></p>	None	L. Ayala to provide information to CAC Members regarding how they are to receive information/updates on CAC SC activities.
8. OPEN FORUM-PUBLIC COMMENTS AND NEXT MEETING TOPICS			
M. Mello	<ul style="list-style-type: none"> • L. Ayala announced she invited someone from the Alameda County Public Health to speak more about the upcoming focus groups on Alameda County's Community Health Assessment, however, the person could not make it. Emails will be sent out instead as mentioned earlier. <p>➤ <i>Question-N.Williams: Is this various or more than one group for the focus groups?</i></p>	None	None

	➤ <u>Response-L.Ayala</u> : They are going to have a number of focus groups based on different populations.		
9. ADJOURNMENT			
M. Mello	Motion to adjourn the meeting. Next meeting will be September 19, 2024.	<u>Motion</u> : N. Williams <u>Second</u> : T. Debose <u>Vote</u> : Approved by Consensus	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator

Date: June 13, 2024

Approved by: _____

Date: _____

DRAFT

Board Meeting CEO Update

Matthew Woodruff, Chief Executive Officer

To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Executive Officer
Date: September 13th, 2024
Subject: CEO Report

- **Financials:**

- **August 2024:** Net Operating Performance by Line of Business for the month of July 2024 and Year-To-Date (YTD):

	<u>July</u>	<u>YTD</u>
Medi-Cal	(\$7.2M)	(\$7.2 M)
Group Care	185K	185K
Total	(\$7.0M)	(\$7.0M)

- **Revenue was \$164.3 million in July 2024 and Year-to-Date (YTD).**
 - Medical expenses were \$164.5 million in July and for the fiscal year-to-date; the medical loss ratio is 100.1% for the month and for the fiscal year-to-date.
 - Administrative expenses were \$10.8 million in July and year-to-date; the administrative loss ratio is 6.6% of net revenue for the month and year-to-date.
- **Tangible Net Equity (TNE):** Financial reserves are 361% of the required DMHC minimum, representing \$179.6 million in excess TNE.
- **Total enrollment in July 2024 was 404,508**, an increase of 518 Medi-Cal members compared to June.
- **Key Performance Indicators:**
 - **Regulatory Metrics:**
 - The Alliance missed our claims timeliness of payment. The State metric is 90% and we scored 87%.
 - **Non-Regulatory Metrics:**
 - The Alliance missed an internal metric on system availability. Our goal is 100% and we averaged 99.9%.
- **Alliance Updates:**
 - **Demographics**
 - Please see attached power point describing the demographics of the Alliance employees.
 - **Medicare**

- **Medicare Overview**

- **D-SNP Readiness**

- Alameda Alliance for Health (AAH) Medicare Advantage (MA) Duals Eligible Special Needs Plan (D-SNP) will begin serving members on January 1st, 2026.
- Completed 1st series (of 3) webinars on 8/20, 8/22, and 8/29 with Chapman Consulting with 133 attendees total, and as of August 30th, there are 43 provider contract amendments pending AAH signature (ready to fully execute).
- For RFPs, Dental is finalizing vendor selection, Vision was released on 8/8, and Hearing was released on 8/30. Kick off with The Creative Department branding consultant on 8/15.
- AAH completed the D-SNP Readiness meeting with DMHC, DHCS, and CMS on 8/19.
- Full Presentation for the Board Today

- **Long Term Care**

- Facility Types
 - Skilled Nursing
 - Subacute
 - Intermediate care facility (ICF)
 - ICF-DD (developmental delay)
 - Non Medi-Cal covered facilities
 - Residential care facilities
 - Board and Care
 - Assisted Living
 - Congregate Living Health Facilities (CLHF)
- Update on Long-Term Care Team Process
 - Case Management
 - Aid Codes
 - Meeting with Facilities
- Financial Review
 - Recoupments – System paid full claim and not just retroactive delta = \$2.5 million to \$3 million
 - Distinct Part Skilled Nursing Facilities-A material portion of our costs are related to DP/SNFs. These facilities have a significantly higher fee schedule.

- Bed hold days-Reviewing appropriateness of bed hold days at certain facilities.
- Claims Interest-July claims interest expense related to delays in paying LTC claims amounts related to updated LTC fee schedule.

Follow-up Items

Mao Moua

FOLLOW-UP ITEMS FROM 06-13-2024

Follow-up Item	Outcome(s)	Status
Confirm if there is a waitlist to access case management services	<ul style="list-style-type: none">No waitlist or backlog at this time.Referrals are processed within 5 business days.	Completed
Send email to CAC members about Transition Member Campaign for participation	<ul style="list-style-type: none">Participants filled out a survey to provide feedback/input on our Anthem and Adult Expansion campaign.	Completed
Send CAC members information about California Aging website	<ul style="list-style-type: none">Information was sent via email on 07/22/2024.	Completed
Recruitment efforts for pulmonologists	<ul style="list-style-type: none">Provider Services added as an area for recruitment.	Resolved
Confirm if CAC members can receive information and updates on CAC Selection Committee (SC) activities	<ul style="list-style-type: none">Confirmed that the Alliance can provide informational updates on potential members to the CAC.	Completed

Community Advisory Committee Meeting

Tau Gaoteote
Director of Diversity, Equity and Inclusion

ALAMEDA ALLIANCE EMPLOYEE DEMOGRAPHICS DATA

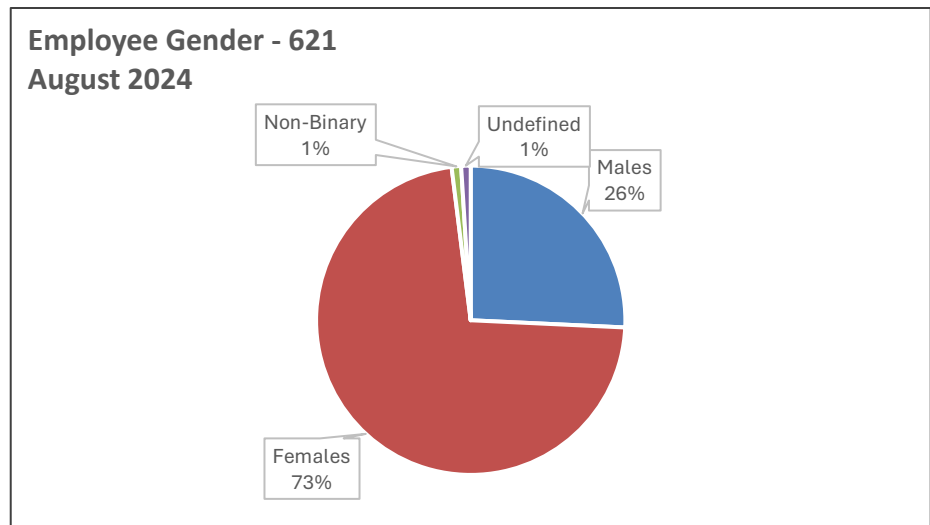
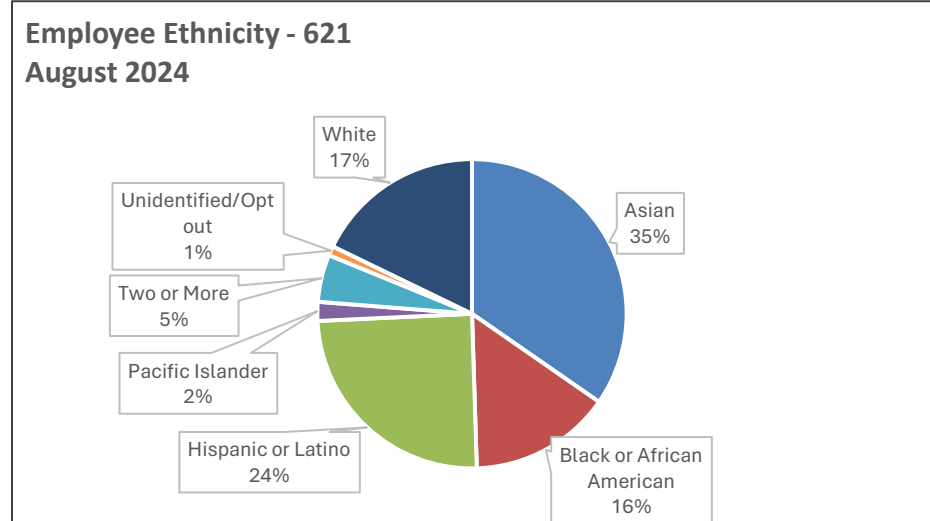
As the final data for August 2024, our demographic analysis indicates that our work towards a diversified and inclusive workforce is showing great results, as evidenced by a wide representation from various backgrounds, cultures, ethnicities, genders, ages, and experiences within our organization:

Employees by Ethnicity:

- Asians (35%)
- Hispanic or Latino (24%)
- White/ Caucasian (17%)
- Black or African American (16%)
- Two or More Races (5%)
- Native Hawaiian or Pacific Islander (2%)
- Opt out or Unidentified (1%)

Employees by Gender:

- Female (73%)
- Male (26%)
- Undefined (1%)
- Non-Binary (1%)



ALAMEDA ALLIANCE EMPLOYEE DEMOGRAPHICS DATA

As the final data for August 2024, this is our managers demographic analysis by ethnicity and by gender.

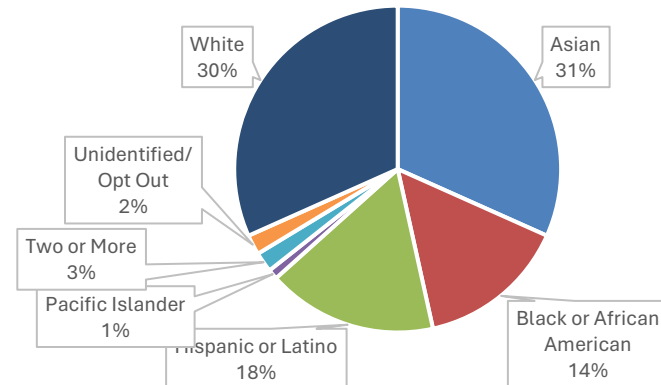
Managers by Ethnicity:

- Asian (31%)
- White (30%)
- Hispanic or Latino (18%)
- Black or African American (14%)
- Two or More (3%)
- Unidentified/ Opt Out (2%)
- Pacific Islander (1%)

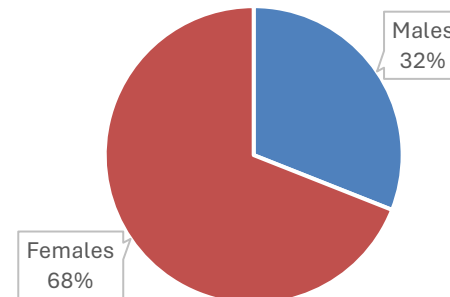
Managers by Gender:

- Female (68%)
- Male (32%)

**Managers Ethnicity - 125
August 2024**



**Managers Gender - 125
August 2024**



ALAMEDA ALLIANCE EMPLOYEE DEMOGRAPHICS DATA

Employees by Age:

Under 25 years old (1%)

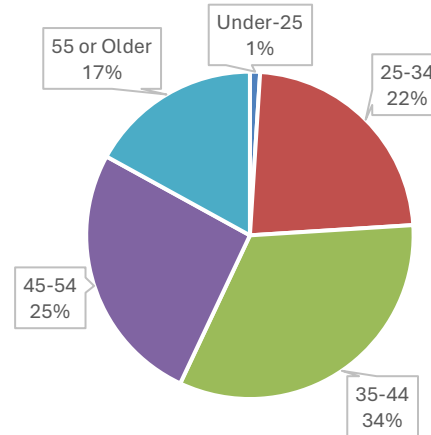
25 – 34 years (22%)

35 – 44 years (34%)

45 – 54 years (25%)

55 and Older (17%)

**Employee Age Demographics - 621
August 2024**





Population Health Management

Local Health Department Collaborations

Presented to the Alliance CAC
September 19, 2024

What is Population Health Management?

- ▶ **Assess:** Use data, assessment and community feedback to understand Alliance member needs
- ▶ **Plan:** Create a strategy to provide range of services based on need and to address gaps.
- ▶ **Collaborate:** Work with community and provider partners
- ▶ **Results:** Improve health and equity
- ▶ **Evaluate:** Did our plan produce the results we wanted?



Collaboration with Local Public Health Departments

- ▶ Work with *Alameda County* and *City of Berkeley*
 - ▶ Community Health Assessment (CHA)
 - ▶ Community Health Improvement Plan (CHIP)
- ▶ How we will work together
 - ▶ Shared goal: Alameda County: Increase access and engagement with Doula Services for Black Medi-Cal members.
 - ▶ Data sharing
 - ▶ Resource contribution – funding or in-kind staffing
 - ▶ CAC member participation

Alameda County Public Health Department

Community Health Improvement Program (CHIP)

Alameda Co Public Health Department

Community Health Needs Assessment & Community Health Improvement Plan

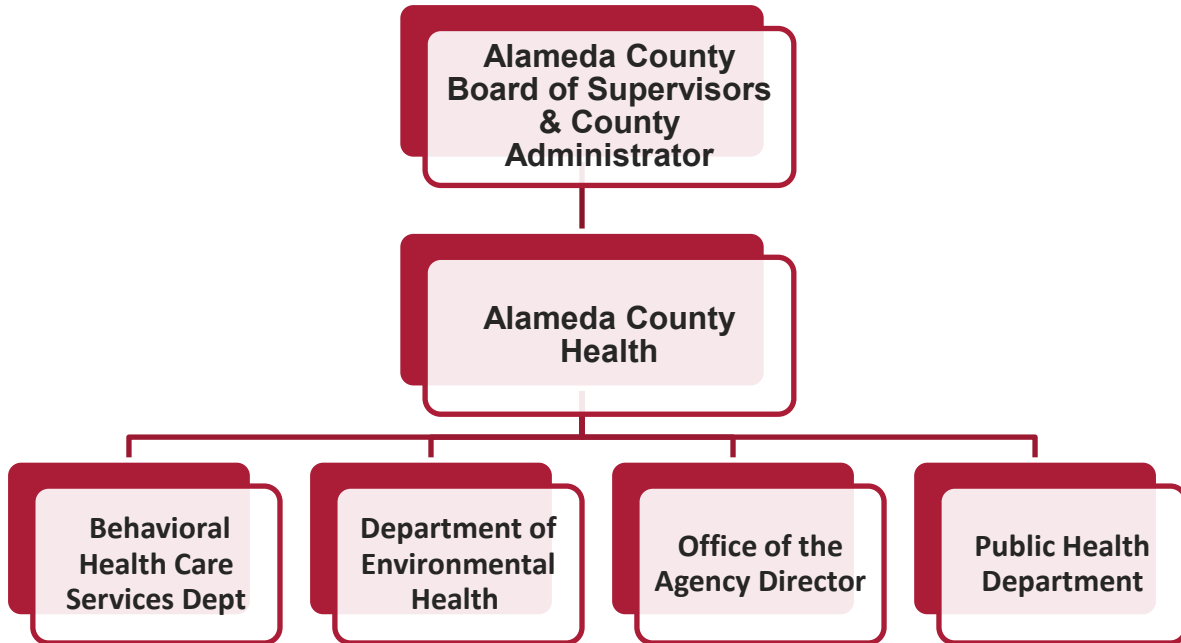
Carolina Guzmán, QI Manager
Andrea Wise, Program Specialist
Quality Improvement and Accreditation Division
September 19, 2024



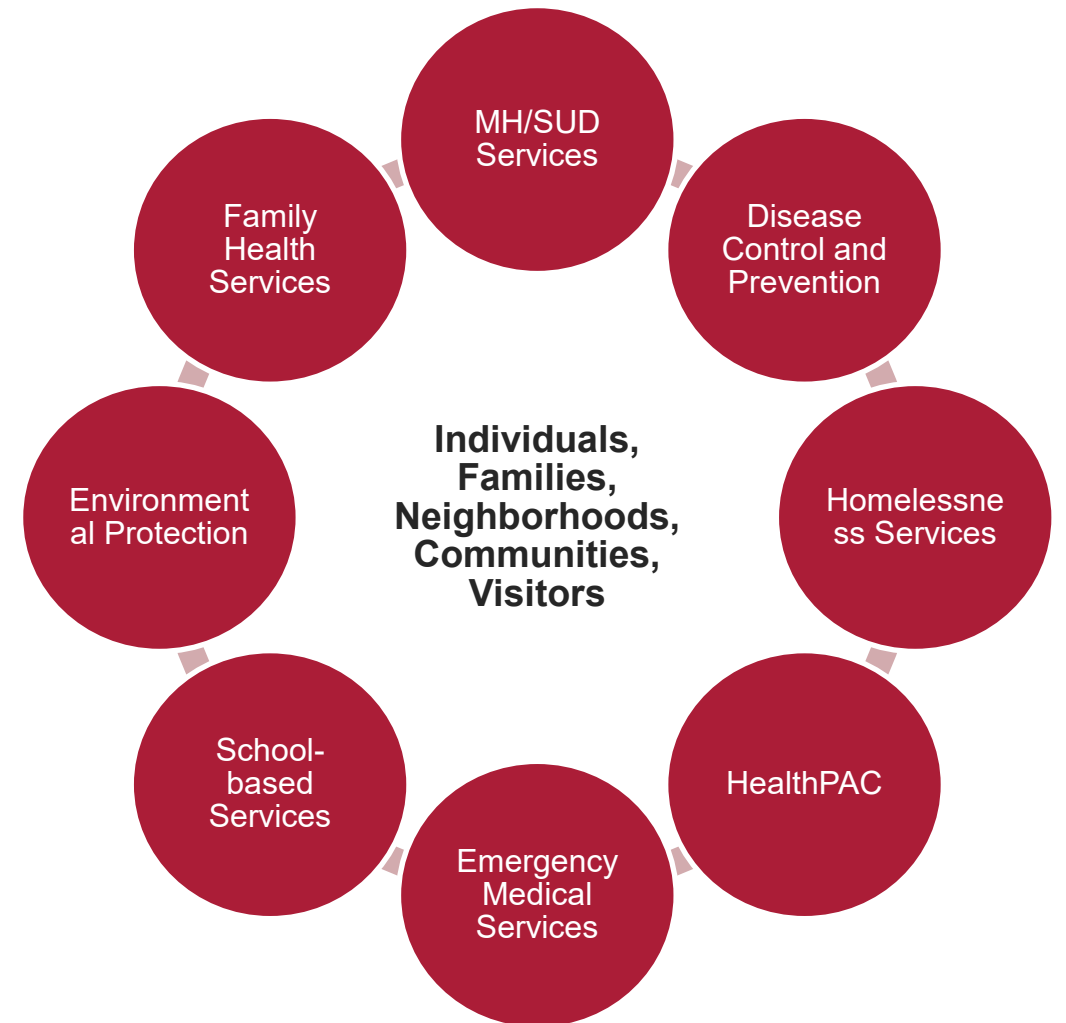
Agenda

- Introduction to Alameda County Health and the Public Health Department
- Alameda County Health Status
- Community Health Needs
- Community Health Improvement Plan
- Group Discussion
- Next steps

How we are organized

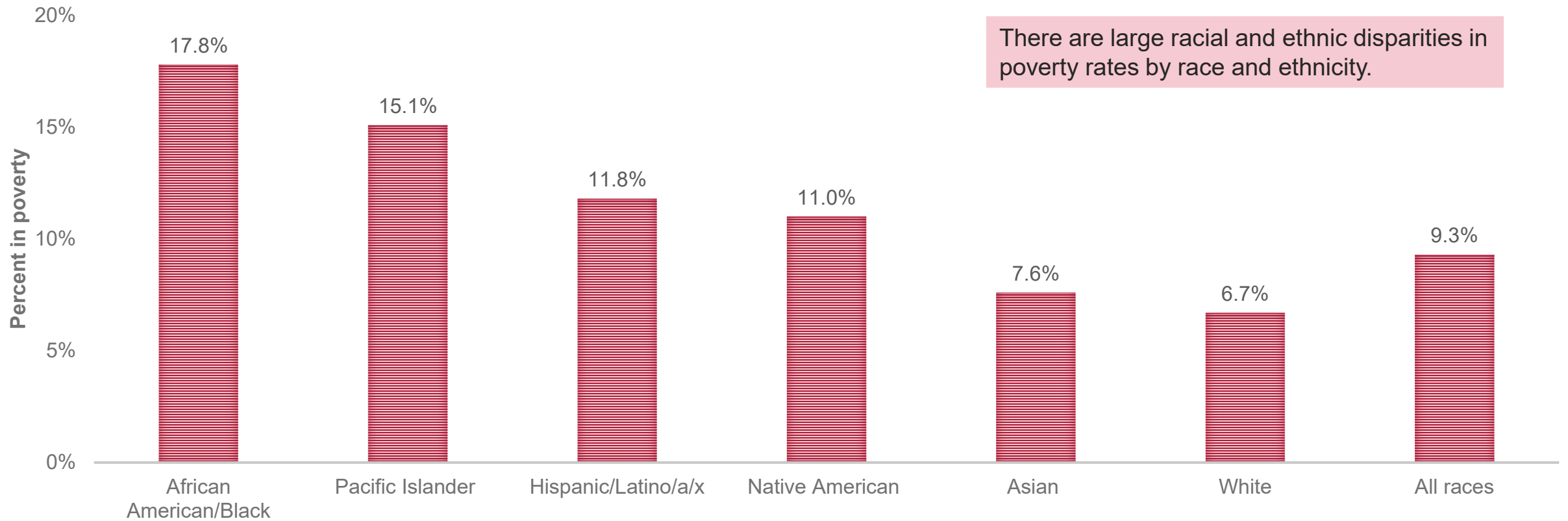


Some of the ways we serve the community



Racial and ethnic inequities in poverty

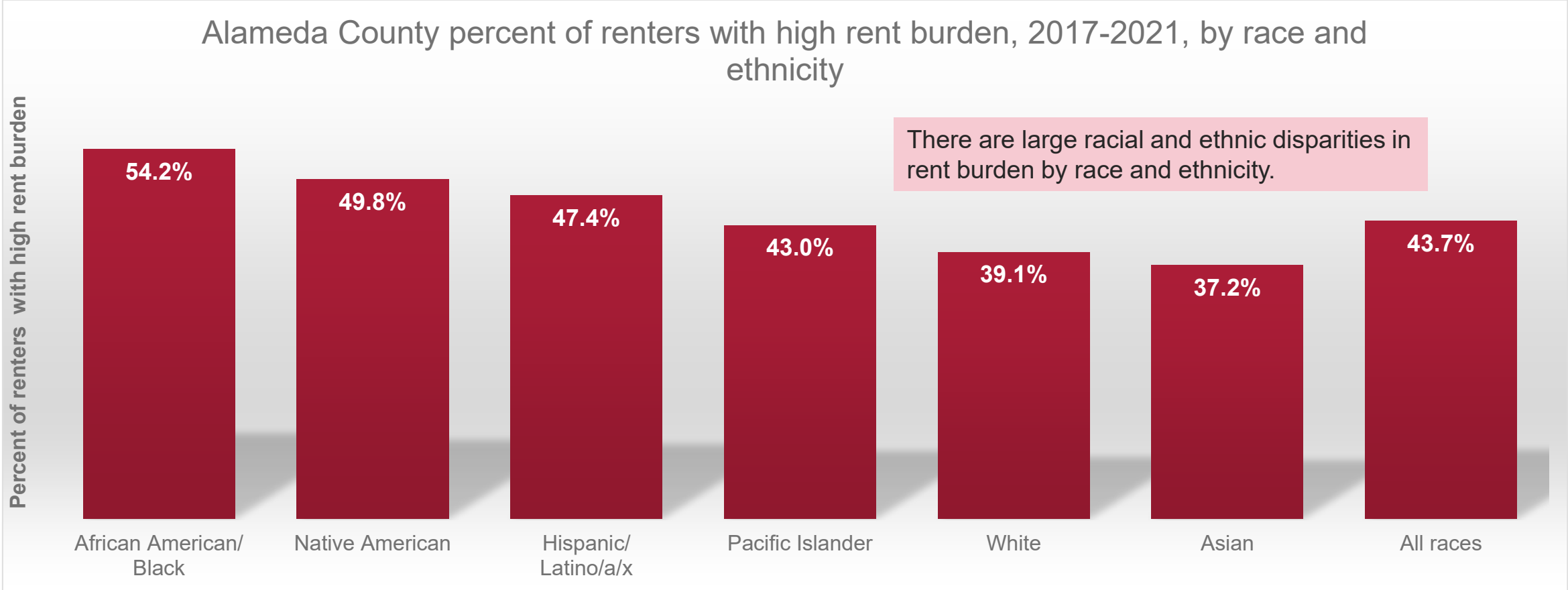
2021 ALAMEDA COUNTY POVERTY RATE BY RACE AND ETHNICITY



Source: American Community Survey (ACS)

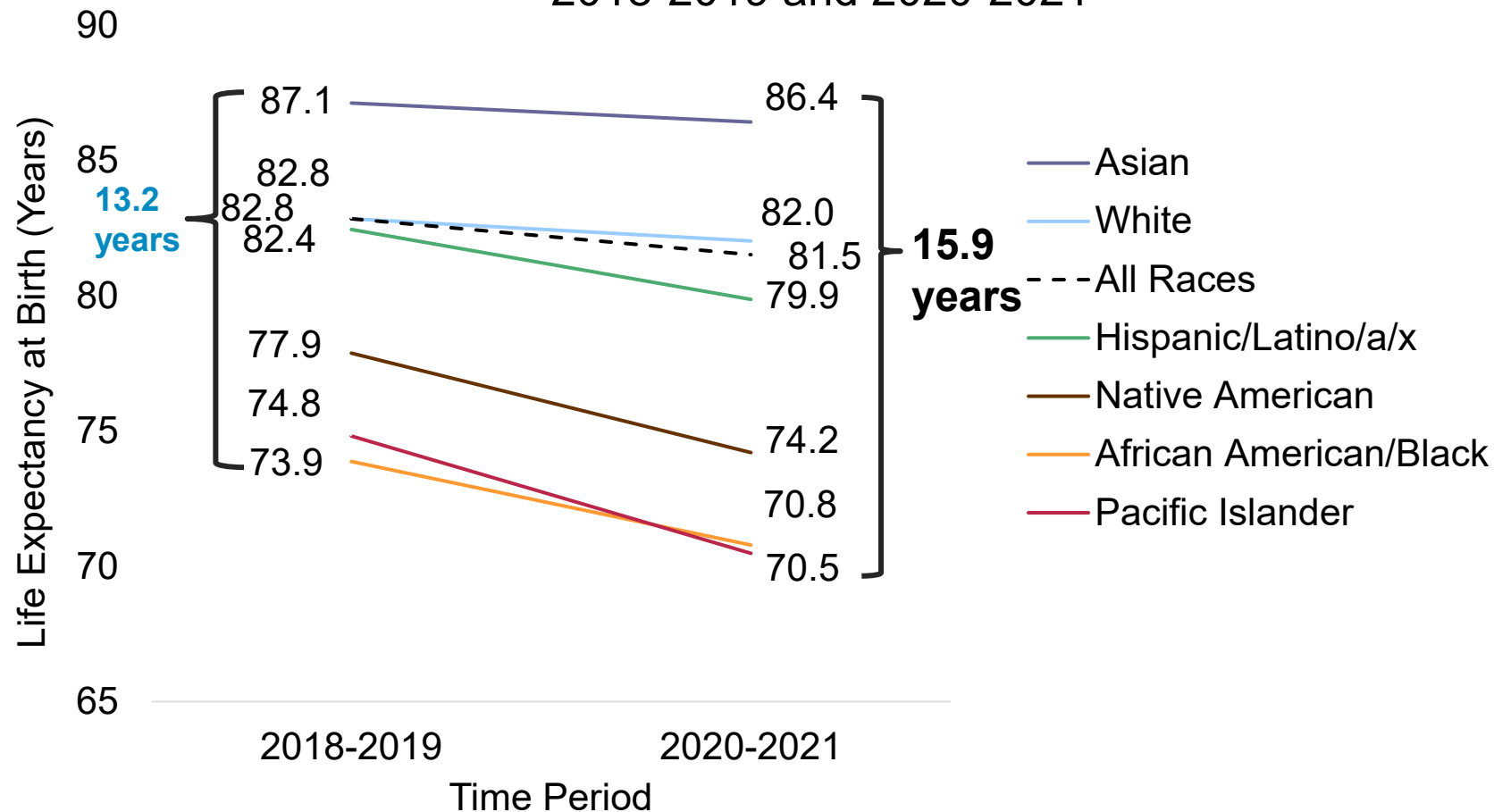
Notes: The ACS does not break out the races mutually exclusive of Hispanic/Latino/a/x except for White.

Racial and ethnic inequities in rent burden



Already large racial and ethnic disparities in life expectancy in Alameda County grew worse in 2020-2021

Alameda County life expectancy by race and ethnicity, 2018-2019 and 2020-2021

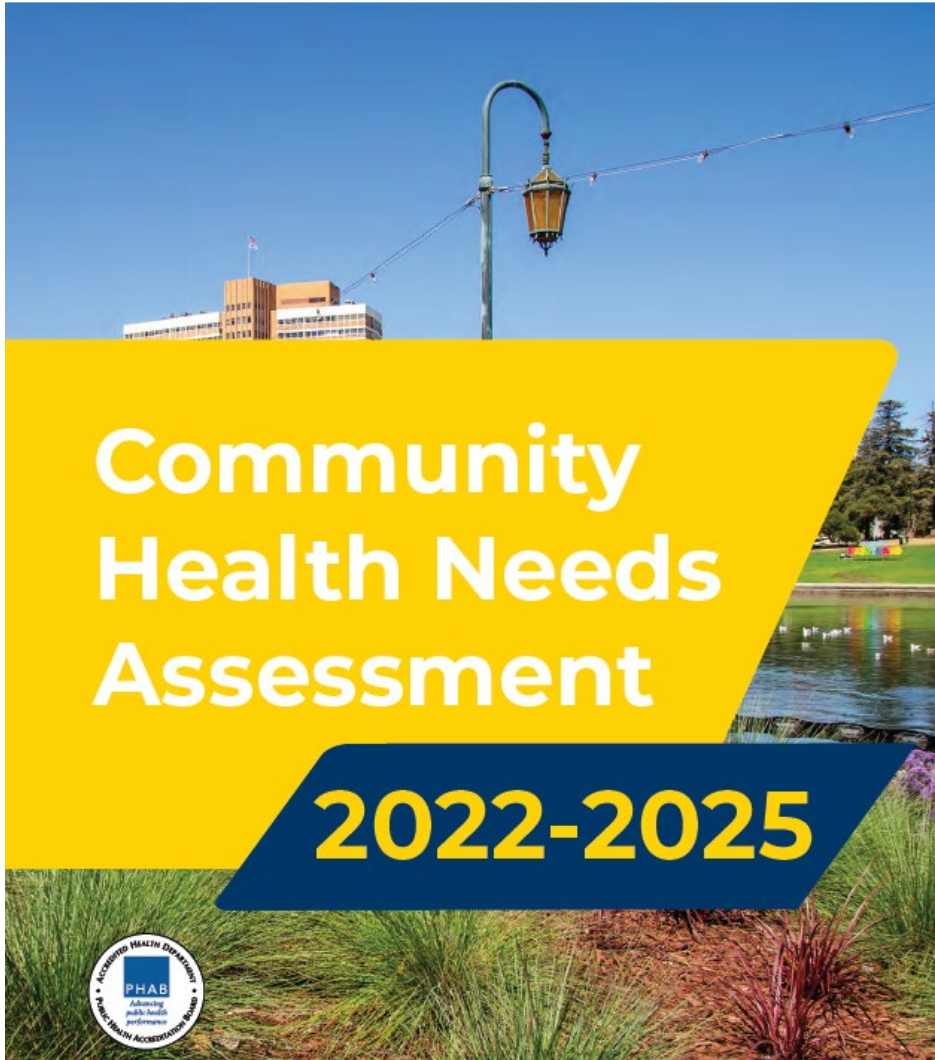


The already-large gap in life expectancy by race and ethnicity grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021

Community Health Needs Assessment & Community Health Improvement Plan

Public Health Accreditation Foundational Plans





The CHNA takes a comprehensive look at the health of Alameda County residents by studying a combination of the social determinants of health and specific health outcomes of individuals, neighborhoods, and populations.

<https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/chp/docs/chna-2022-25.pdf>

Community Health Needs Assessment (CHNA)

01 Understand our community



Every three years ACPHD joins Alameda County's local hospitals and community organizations in conducting a community health needs assessment (CHNA). The CHNA identifies local health needs to help create healthier neighborhoods and communities where people live, learn, work and play

02 Collaborate



Local health departments, hospitals, community organizations and community members work together to gather information for the CHNA. The shared goal is to learn about issues people face and how our community could be better supported.

03 Learn through listening

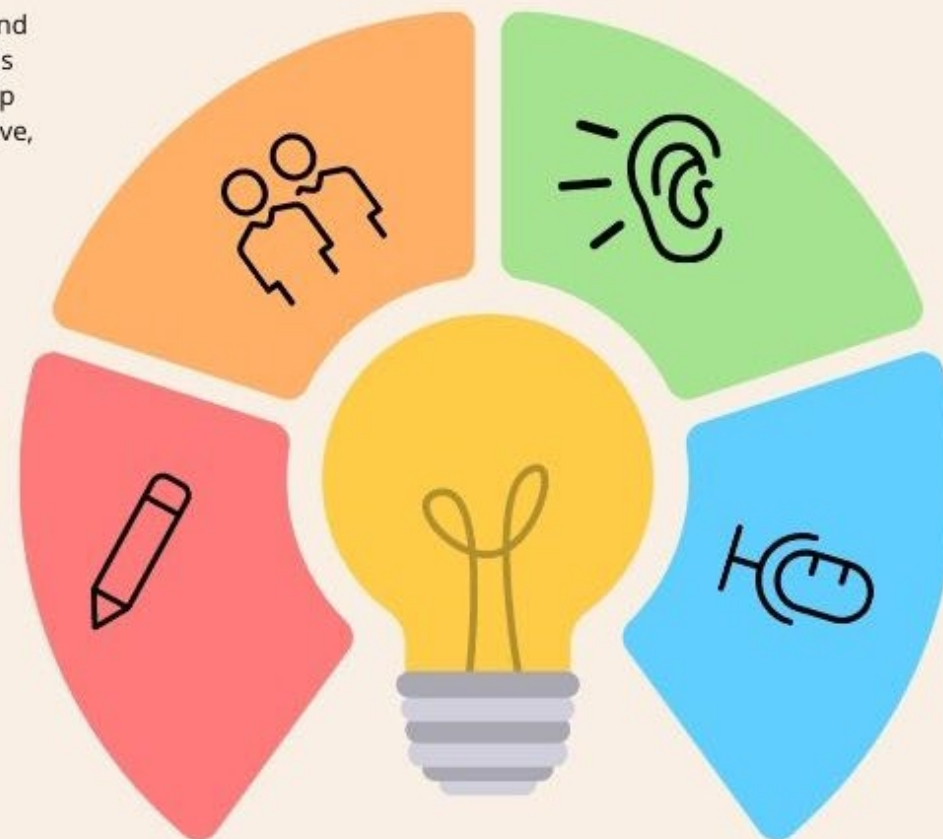


The CHNA includes information from interviews and group meetings, plus state and local data- all to better understand the current health status of our communities and what matters most to people. Diverse voices matter in this process!

04 Share information



Once all information is gathered, the CHNA is published. The report describes what was learned and highlights important community needs to be addressed through the CHIP.

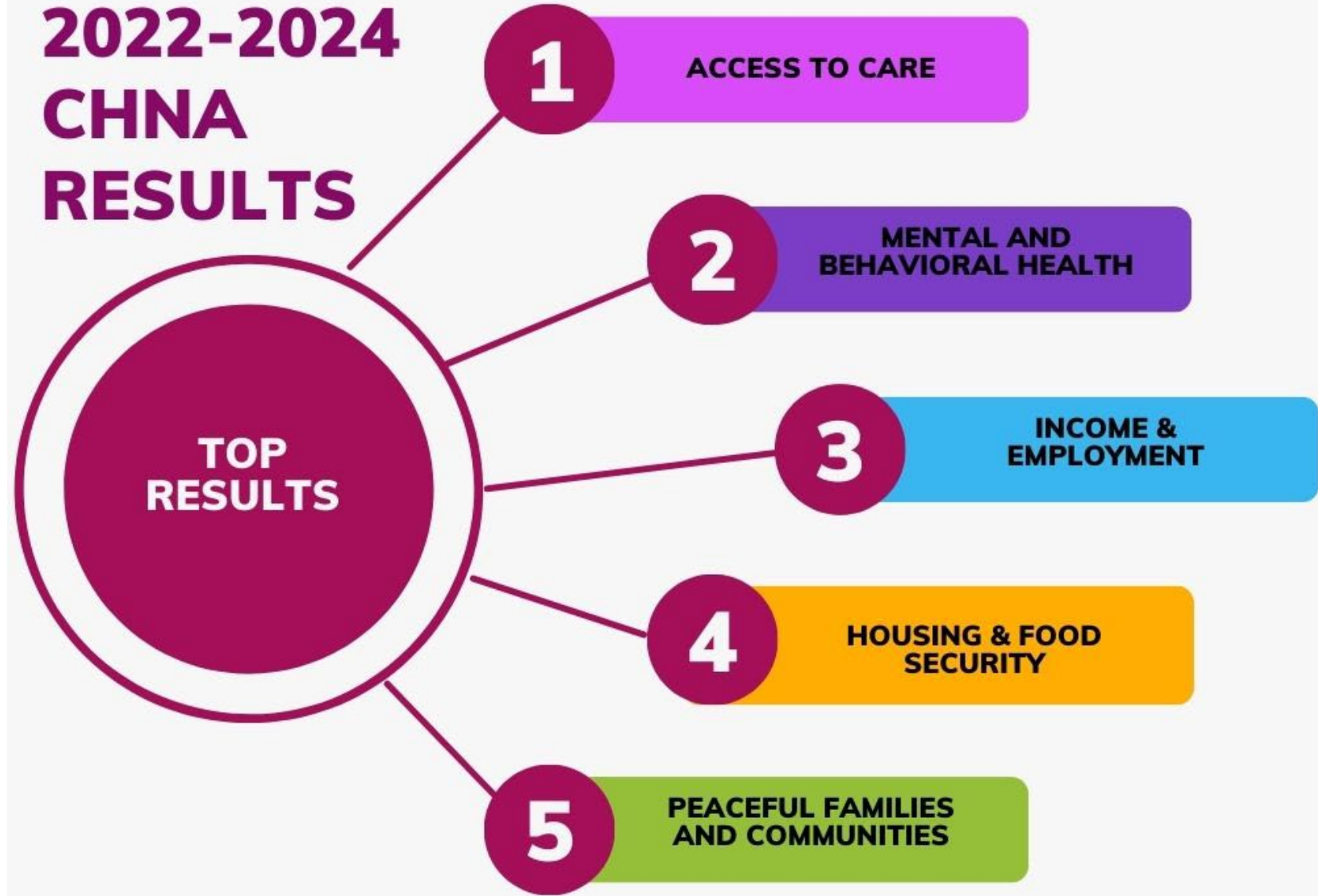


www.reallygreatsite.com

CHNA & CHIP Partners 2024-2027



2022-2024 CHNA RESULTS



What is a Community Health Improvement Plan?

“An action-oriented plan for addressing the most significant health issues identified by community partners based on quantitative and qualitative data for a given community*.”



The CHIP builds upon the Community Health Needs Assessment (CHNA) by addressing Countywide prioritized health needs.

*[Healthy Marin Partnership: A Community Health Improvement Plan. Accessed April 21, 2023](#)

<https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/chip/docs/community-health-improvement-plan-2023-25.pdf>



2023-2025 CHIP Priority Areas

ACCESS TO CARE

- Early screening for chronic conditions: diabetes, heart diseases, STIs, immunization
- Preventative services for pregnant and parenting individuals
- Early childhood screening services and health promotion

PROMOTE ECONOMIC SECURITY & OPPORTUNITIES

- Combat hunger and food insecurity.
- Promote guaranteed basic income among pregnant and parenting individuals
- Connect people to safety net services and programs

COMMUNITIES AND INDIVIDUALS FREE FROM VIOLENCE

- Data collection: Define the nature and scope of the violence problem.
- Narrative change: Understand and convey why violence occurs, who it affects, define risk and protective factors
- Scaling up best and promising practices: researching prevention and intervention strategies.
- Policy Advocacy: Promote and support community power and leadership efforts

Selected CHIP Pilot Signature Programs



WOMEN INFANT AND CHILDREN (WIC)

Results Addressed:
Access to care
Food security
Economic Security
Peaceful families
Premature child death

IMMUNIZATION

Results Addressed:
Early Access to Care
Prevention services
Screening
Economic security
Premature death

EMBRACEHER

Results Addressed:
Access to early care
Mental health
Economic security
Peaceful families

CHIP SIGNATURE PROGRAMS 2024

SEXUAL AND REPRODUCTIVE HEALTH

Results Addressed:
Access to care
Economic security
Premature death

FRONT DOOR

Results addressed:
Access to care
Economic security
Peaceful families and communities

OFFICE OF VIOLENCE PREVENTION

Results addressed:
Economic security
Peaceful families and communities

Immunization Program

Alameda County Immunization Program **conducted 30 School Vaccine Clinics, providing 1258 COVID and flu vaccinations to 712 students and staff.**



Immunization Program

- Along with vaccination services, the Alameda County Immunization Program provided **2212 wellness screenings for Blood Pressure and Diabetes to 1464 Alameda County residents.**



Sexual and Reproductive Health: Congenital Syphilis CS is a Crisis in the US



Timely testing and treatment during pregnancy might have prevented almost **9 in 10** (88%) cases in 2022.

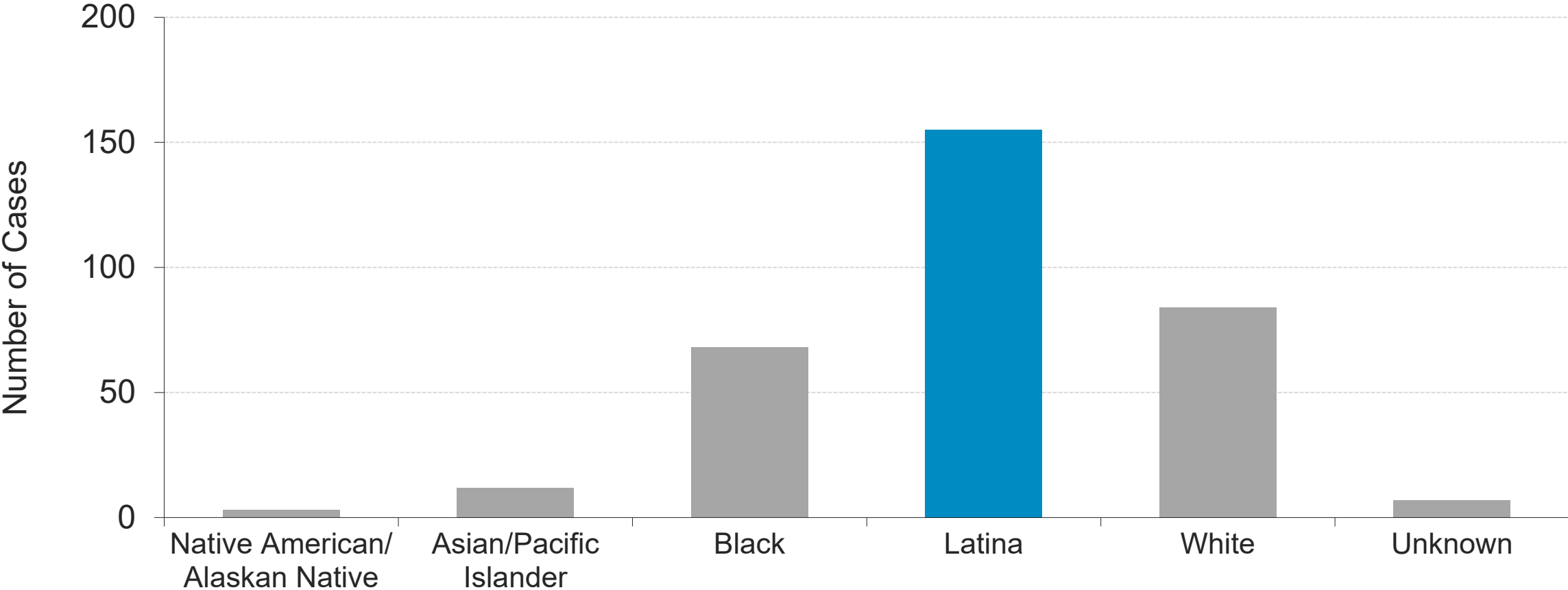


2 in 5 (40%) people who had a baby with syphilis did not get prenatal care.

Over 10 times as many babies were born with syphilis in 2022 than in 2012.



In CA, most cases of congenital syphilis were born to Latina/Latinx birthing persons



Source: California surveillance data, 2018

The Front Door Program

- **Why are we doing this program?**
 - Residents unaware of programs and services
 - Support Residents' needs for basic resources
 - Support Residents' access to services
- **What are the key actions that we're taking?**
 - Universal Intake
 - Internal and External Referral Management
 - Marketing
 - Building Workflows in the client database
 - Piloting the referral process between the Adult Asthma Program and the Alameda Alliance for Health
 - The more we learn about the existence of programs that serve Adults and Older Adults will prevent delays in access to care



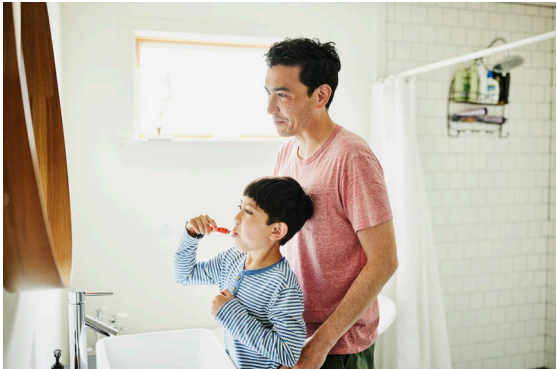
Women, Infants & Children (WIC) Supplemental Nutrition Program



In 2022-2023
WIC issued \$75,000 worth of Farmers’ Market vouchers for seasonal fresh fruits and vegetables.

With a grant from the California Department of Public Health, WIC was able to expand services to purchase 9,950 books for distribution to children ages 0-5 years on WIC.

Collaborated with the Office of Dental Health and offered dental screenings on-site at four WIC locations.



EmbraceHER: Better Health Behaviors



95.6% of babies born into program have a medical home and regular place for checkups

98.6% of participants initiated breastfeeding with their newborns

95.6% of participants received postpartum care within 4-6 weeks after giving birth



Better Health Outcomes

Data analysis performed by our partners at the UC Berkeley Wallace Center	Beloved Birth Participants (N = 108)	Non-Beloved Birth Black Patients (N = 595)
 Term Birth (37+ weeks of gestation)	88.8%	86.5%
 Healthy Birth Weight (2500gm or more)	89.4%	85.9%



All Black-identifying patients delivering at AHS's Highland Hospital from Jan 1 2021 - March 18 2023 , comparing those who did and did not participate in the Beloved Birth Black Centering Program.

Office of Violence Prevention

GUN VIOLENCE IN ALAMEDA COUNTY



Gun violence is a leading cause of death among young people ages 15-34 in Alameda County. Each week, an average of two Alameda residents die by gun homicide, and eight are shot and injured, causing enormous pain to those directly impacted and their loved ones. Gun violence has cascading effects on the health and wellbeing of our communities. It inflicts trauma on those who witness a shooting or hear gunshots, it causes residents to feel unsafe, and it can limit how we interact in public.

Gun violence has rippling effects across communities.

Office of Violence Prevention

YOUTH SUICIDE IN ALAMEDA COUNTY



- Suicide is the third leading cause of death among Alameda County youth ages 10 to 26.
- Each year there are nearly 900 visits to the hospital for self-harm injuries among youth under the age of 26, and 18 suicide deaths.
- An estimated 13% of high school youth in Alameda County reported that they seriously considered attempting suicide in the past year.

900 self-harm injuries and 18 suicides among youth each year.

CHIP Timeline



Convene External Partnership
May 2024

Identify TA Needs
Summer/Fall 2024

Ongoing Implementation
Fall 2024- Spring 2025

CHIP Working Groups- Join Us!



artwork by Favianna Rodriguez

Purpose of Workgroups

- Define a focus of the working group
- Give feedback on objectives and benchmarks articulated by Signature Programs
- identify additional community stakeholders to support implementation
- recommend incentives, including technical assistance, mini-grants, and other supports to incentivize participation.

Workgroup Meeting “Benchmarks”

1. Build team and clarify focus of analysis (facilitation and coaching co-chairs from JPS for the first meeting)
2. Discuss analysis toward prioritizing areas to address
3. Identify possibilities for greater supports (e.g., incentives, mini-grants, technical assistance)
4. Present the recommendations and promises
5. Debrief and celebrate successes



Alameda Co Public Health Department

Sign up for one or more of the Community Health Improvement Plan Workgroups:

- 1) Access to Care
- 2) Economic Security
- 3) Peaceful families and communities

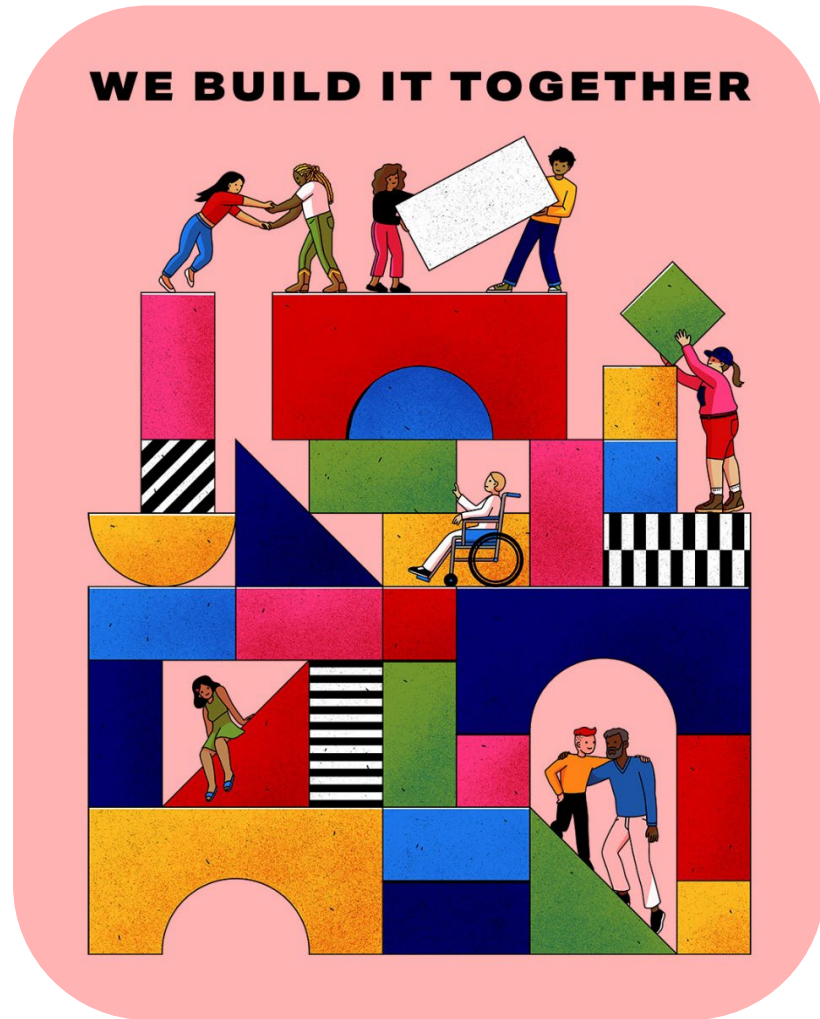
<https://app.smartsheet.com/b/form/990207deb74d4f7086791a0eb8f9357e>



Upcoming CHNA Activities

Focus group with communities & providers

Focus Groups



- At least in eight (8) Alameda County threshold languages
- Each District
- Providers
- Youth, Older Adults, LGBTQI, Developmentally Disabled, immigrants, API, and other ethnicities, people experiencing housing insecurity

We need your help!

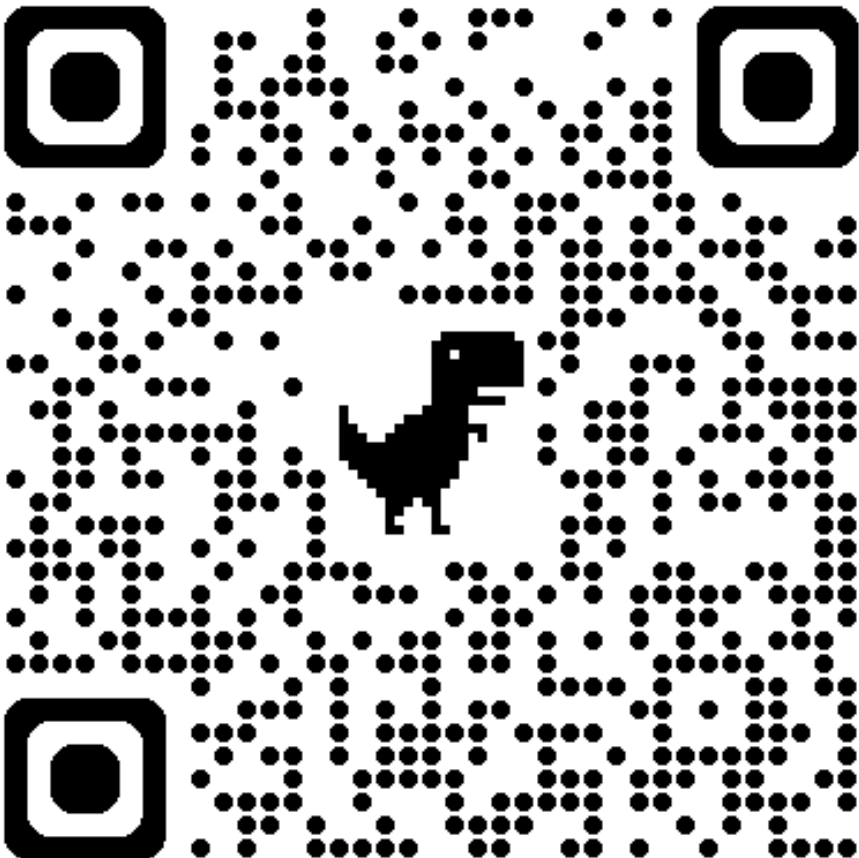


Identify
groups/organizations to
recruit focus group
participants



Sign up to participate in a
focus group

Nominate an Organization/Partner



Contact

- Carolina Guzmán, QI Manager

Carolina.guzman@acgov.org

- Andrea Wise, Program Specialist

Andrea.wise@acgov.org

Questions for CAC Members

1. How might these priorities the County has identified influence the programs the Alliance offers members?
 1. Wellness and prevention
 2. Health equity
 3. Health education
 4. Cultural and linguistic needs
2. How might the Alliance support these programs to have the biggest impact for Alliance members?

City of Berkeley

Community Health Assessment Survey



Linda Ayala, Director of Population Health and Equity
layala@alamedaalliance.org



Alameda Alliance for Health (Alliance) Online Resources Survey

1.

We Need Your Help

Complete Our Online Survey – Get a \$50 Grocery Gift Card

Alliance Online Resources Survey

- ▶ We invite all Community Advisory Committee (CAC) members to stay after today's meeting to complete the Alliance online provider directory, pharmacy, and benefits information survey in the Alliance IT training room
 - ▶ The survey will take about 30 minutes to complete
 - ▶ Lunch will be provided
 - ▶ You will receive a \$50 grocery gift card after completing the survey
 - ▶ Your feedback will help us serve Alliance members in the best ways possible



Thanks!

Questions?

You can contact me at:

 mlewis@alamedaalliance.org

CAC Business

Linda Ayala

CAC Selection Committee

CAC SELECTION COMMITTEE (SC) UPDATES

- ▶ First CAC SC meeting will take place at end of September.
- ▶ Meeting is led by Alliance Legal and CAC Planning Teams.

CAC Membership Recruitment

CAC MEMBERSHIP RECRUITMENT UPDATES

▷ Background

- ▶ Looked at gaps in CAC membership using:
 - CAC Demographic Survey
 - Overall Alliance membership

▷ Areas of Recruitment

- Limited English Proficient (LEP)
- Men
- Ages 19-44
- Diverse racial and ethnic backgrounds
- Diverse genders, gender identities, sexual orientation and physical disabilities
- Live in Tri-Valley (East County) and Tri-City (South County)

CAC MEMBERSHIP RECRUITMENT UPDATES

- ▶ **How can CAC members help with recruitment?**
 - ▶ Refer individuals or organizations
 - ▶ Ask interested individuals or organizations to contact us
 - Email livehealthy@alamedaalliance.org
 - Or call 1-510-747-4567 (Member Services Department)
 - A member of the CAC Planning Team will reach out to provide more details on the application process.

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 4TH QUARTER (Q4) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 4TH QUARTER (Q4) OUTREACH REPORT

Between April 2024 and June 2024, the Alliance completed **2,997** member orientation outreach calls among net new members and non-utilizers and conducted **392** member orientations (**13.1%** member participation rate). In addition, the Outreach team completed **102** Alliance website inquiries, **17** service requests, **2** social media inquiries, **5** community events, **6** member education, and **1** community meeting/presentation events in Q4.

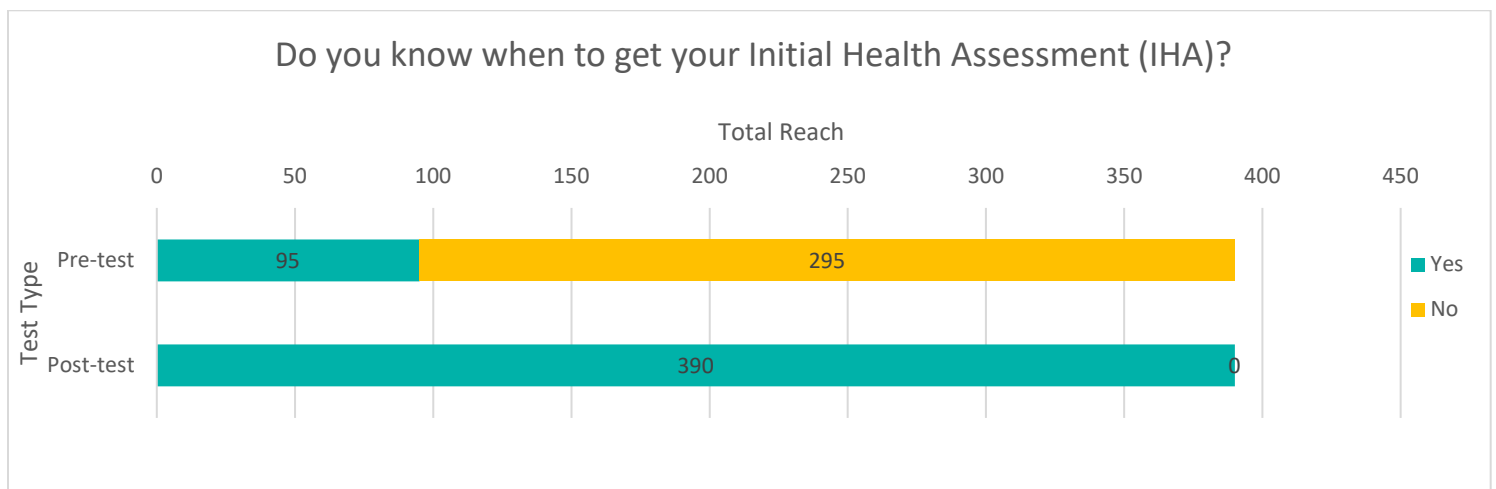
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **33,156** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of **Sunday, June 30, 2024**, the Outreach Team completed **37,503** member orientation outreach calls and conducted **8,622** member orientations (22.9%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through June 30, 2024) – **8,622** members completed our MO and Non-utilizer program by phone.

After completing a MO **100%** of members who completed the post-test survey in Q4 FY 23-24 reported knowing when to get their IHA, compared to only **24.4%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q4\3. June 2024**

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 4TH QUARTER (Q4) OUTREACH REPORT

Q4 FY 2023-2024 TOTALS



5 COMMUNITY EVENTS

6 MEMBER EDUCATION EVENTS

392 MEMBER ORIENTATIONS

1 MEETINGS/ PRESENTATIONS

30 TOTAL INITIATED/INVITED EVENTS

404 TOTAL EVENTS



1365 TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS

804 TOTAL REACHED AT MEMBER EDUCATION EVENTS

392 TOTAL REACHED AT MEMBER ORIENTATIONS

13 TOTAL REACHED AT MEETINGS/PRESENTATIONS

1439 TOTAL MEMBERS REACHED AT EVENTS

2594 TOTAL REACHED AT ALL EVENTS



ALAMEDA
ALBANY
BERKELEY

CASTRO VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 19 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q4 2024: Emeryville, Milpitas, Sacramento, San Mateo, and San Ramon. The C&O Department started including these cities in the Q3 FY21 Outreach Report.



\$719.75

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*