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**IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS**

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE MEMBER ADVISORY COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT [CBRAZIL@alamedaalliance.org](mailto:CBRAZIL@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: 1-408-418-9388, CODE: 187 272 7993. 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 MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

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. IT WOULD BE APPRECIATED 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. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE COMMITTEE WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE COMMITTEE CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

<b>Meeting Name:</b>	Member Advisory Committee		
<b>Date of Meeting:</b>	June 17, 2021	<b>Time:</b>	10:00 AM – 12:00 Noon
<b>Meeting Chair and Vice Chair:</b>	Melinda Mello, Chair, and Natalie Williams, Vice Chair	<b>Location:</b>	Call in or video call only.
<b>Call In Number:</b>	Phone Number: 1-408-418-9388 Code: 187 272 7993	<b>Webinar:</b>	WebEx link is provided in your email.

### I. Meeting Objective

Advise Alameda Alliance for Health on the development and implementation of its cultural and linguistic accessibility standards and procedures.

### II. Members

Name	Title	Name	Title
Melinda Mello	Alliance Member, Chair	Natalie Williams	Alliance Member, Vice Chair
Maria Archuleta	Alliance Member	Bassam Jammal	Alliance Member
Roxanne Furr	Alliance Member	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Erika Garner	Alliance Member	Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start
Charlene Harrison	Site Director, Native American Health Center		

### III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
<b>Welcome and Introductions</b> a. Roll Call	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	2	Information

<b>Approval of Minutes and Agenda</b>			
1. Approval of Minutes from March 18, 2021	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	2	Vote
2. Approval of Agenda	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	2	Vote
<b>Alliance Standing Reports</b>			
1. Alliance CEO Update <ul style="list-style-type: none"> <li>• COVID-19 Vaccine Update.</li> <li>• CalAIM/Enhanced Care Management (ECM), In Lieu Of Services (ILOS), and Major Organ Transplant (MOT).</li> <li>• Input on Alameda Alliance for Health Strategic Plan.</li> </ul>	<b>Scott Coffin</b> , Chief Executive Officer <b>Matt Woodruff</b> , Chief Operating Officer <b>Steve O'Brien, MD</b> , Chief Medical Officer <b>Sanjay Bhatt, MD</b> , Quality Improvement Director <b>Bobbie Wunsch</b> , Founder and Partner Pacific Health Consulting Group <b>Tracy Mendez</b> , Pacific Health Consulting Group	60	Information
2. Grievances and Appeals <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Quarter Fiscal Year 2021</li> </ul>	<b>Loren Mariscal</b> Manager, Grievances and Appeals	15	Discussion
3. Outreach Report <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Quarter Fiscal Year 2021</li> </ul>	<b>Michelle Lewis</b> Manager, Communications and Outreach	5	Information
<b>New Business</b>			
1. Cultural and Linguistic Services Annual Report	<b>Linda Ayala</b> Manager, Health Education	20	Information
2. New Member	<b>Linda Ayala</b> Manager, Health Education	10	Voting
<b>Open Forum</b>	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	3	Discussion



**Alameda Alliance for Health**  
Member Advisory Committee Meeting Agenda

<b>Adjournment</b>	<b>Melinda Mello, Chair and Natalie Williams, Vice Chair</b>	2	Next meeting: <b>September 16, 2021</b>
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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 **Cindy Brazil** at **510.747.6166** 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 accommodations to attend or participate in meetings on a regular basis.



**MEMBER ADVISORY COMMITTEE (MAC)**  
**Thursday, March 18, 2021 10:00 AM - 12:00 PM**  
 DRAFT

<b>Committee Member Name</b>	<b>Role</b>	<b>Present</b>
Maria Archuleta	Alliance Member	X
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison, Native American Health Center	Safety Net Provider	X
Bassam Jammal	Alliance Member	X
Mimi Le	Alliance Member	X
Melinda Mello	Alliance Member, Chair	X
Colleen Payne, A/C Child Health & Disability Prevention	Community Advocate	X
Katty Perea	Parent of Alliance Member	X
Natalie Williams	Alliance Member, Co-Chair	X

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Amy Sholinbeck	Alameda County Public Health, Asthma Start Program	X
Brandon Bassett	Stanford Health Care	X

<b>Staff Member Name</b>	<b>Title</b>	<b>Present</b>
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Cindy Brazil	Health Programs Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Annjanette Dixon	Director, Clinical Initiatives and Clinical Leadership Development	X
Richard Golfin III	Chief Compliance Officer	X
Sylvia Guzman	Interpreter Services Coordinator	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Michelle Lewis	Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Julie Anne Miller	Senior Director Health Care Services	X

Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Karina Rivera	Public Affairs Relations	X
Krisza Vitocruz	Director Compliance Privacy & Special Investigations	X
Stephanie Wakefield	Senior Director of Quality	X
Otis Ward	Outreach Coordinator	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
<b>Welcome and Introductions</b>	Melinda Mello, Natalie Williams	Welcomed attendees. M. Lewis took attendance.	M. Mello called the meeting to order at 10:04 AM.	
<b>Approval of Agenda and Minutes</b>	Melinda Mello, Natalie Williams			
<b>1. Approval of Minutes from December 17, 2020</b>			Minutes from the previous meeting approved by consensus.	
<b>2. Approval of Agenda</b>			Today's agenda approved by consensus.	
<b>Alliance Standing Reports</b>				
<b>1. Alliance Update</b>	Scott Coffin	<p>Provided an update on Board of Governors and operating performance.</p> <ul style="list-style-type: none"> <li>Recognized Board Member Dr. Julian Raymond Davis, Jr., who passed away in December 2020. He had been on the Board since 1998.</li> <li>The Board has 2 open seats, one for a consumer seat from the MAC and one for Alameda Health Systems.</li> <li>Board of Governors bylaws were approved in February and will go to Board of Supervisors to approve.</li> <li>As of January 2021 (7 months into fiscal year), there is a \$17.5 million net loss. There have been some months with net income, and</li> </ul>		<p>S. Coffin will send obituary to MAC members.</p> <p>MAC members contact Scott if interested in Board of Governors seat.</p>

		<p>the forecast for the fiscal year overall is \$9.5 million net loss.</p> <ul style="list-style-type: none"> <li>• The Medi-Cal Pharmacy transition to the State has been delayed indefinitely, so pharmacy services will stay with the Alliance for now.</li> <li>• Comments from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams acknowledged M. Lewis and O. Ward for their outreach to the homeless in Oakland during the fires.</li> </ul> </li> </ul> <p>K. Rivera gave an update on COVID-19 community outreach and vaccination.</p> <ul style="list-style-type: none"> <li>• The Alliance has been working with Alameda County Health Care Services Agency to outreach to members who are eligible for the vaccine. Group Care members received letters, automated calls, and reminder postcards about how to make an appointment. The Alliance contracted with CHCN to vaccinate Group Care members.</li> <li>• Similar outreach is now being done for ages 65 and over, starting with members who live in zip codes with higher rates of COVID-19. CHCN and other county “PODs” are providing vaccines. Next will be members with underlying health conditions.</li> <li>• Questions from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams: Are members notified of which vaccine they are getting? – It depends on the site, so they will find out when they get there. A. Sholinbeck added that people will get an appointment at the same site if they need a second dose.</li> <li>○ A. Sholinbeck: Can members make appointments over the phone? How is it going? – Making appointments by phone has been an issue, and it</li> </ul> </li> </ul>		
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		<p>depends on the site. The county is working on this issue.</p> <ul style="list-style-type: none"> <li>○ M. Archuleta: Is Moderna safe? Have heard of news about blood clots – S. O’Brien, MD responded that medical authorities still feel that all the vaccines are safe. Sites might get different vaccines on different days, so you cannot schedule in advance to get a specific one. It is an individual decision, but currently the risk of waiting to get a vaccine is higher than the risk from the vaccine.</li> </ul> <p>S. O’Brien, MD and D. Carey, MD continued with a presentation about disparities in vaccinating Alliance members and deciding to get vaccinated.</p> <ul style="list-style-type: none"> <li>• The CDC distributes vaccines to states, and then the Statewide COVID-19 Vaccine Task Force develops guidelines for local distribution. The prioritization framework has changed to include professions, ages, and health conditions.</li> <li>• Vaccinations have been increasing in Alameda County. As of today, there have been 633,000 vaccines given, and 209,000 were the second dose. Vaccine sites include mega-sites, community sites, and health care partners.</li> <li>• COVID-19 has had a disproportionate impact on communities of color, who are also the least vaccinated. There is a need to partner with trusted community organizations to give vaccines.</li> <li>• Safety is the number one concern, though a history of medical distrust and racism plays a role as well. When people can ask questions about their concerns and learn the facts from</li> </ul>		
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		<p>trusted sources, there is not as much hesitancy.</p> <ul style="list-style-type: none"> <li>To decide if you should get the vaccine, consider the pros and cons, your goals, information, and consequences. If you decide not to for now, you can decide to get it later. All available vaccines protect from death and severe disease.</li> </ul>		
<p><b>2. Grievances and Appeals</b></p>	<p>Jennifer Karmelich</p>	<p>Presented Grievances &amp; Appeals report for Q4 2020 (October to December 2020).</p> <ul style="list-style-type: none"> <li>The quarter was a busy one with over 6,000 total cases. The overturn rate for appeals for the quarter was 28.7%, compared to the benchmark of 25%.</li> <li>The highest number of grievances were filed against the Plan (about 40%). Complaints included phone connectivity and technology issues, coverage disputes, quality of service, and PCP auto-assignment. There was a large increase in member enrollments in January.</li> <li>The highest number of grievances among delegates was Kaiser because of members not meeting the enrollment criteria.</li> <li>In the Delegated Networks/Vendors trend line graph, Perform Rx was lower in Q4 because of training on how to categorize complaints. Most complaints about pharmacy are about Alliance rules. CHCN was also lower in Q4 because the complaints are now being documented as clinic.</li> <li>Questions from MAC members: <ul style="list-style-type: none"> <li>M. Archuleta: Have there been more prior authorizations for Stanford? Many doctors are switching to Stanford, but it is not in the Alliance network. S. O'Brien, MD responded that there have been a lot of changes in the East Bay with Stanford having a larger presence here now.</li> </ul> </li> </ul>		

		Traditionally the Alliance has not been contracted with them, but recently we were able to contract with Stanford's cancer program. Stanford is the leading cause of denials for out-of-network requests.		
<b>3. Communications and Outreach</b>	Michelle Lewis	Presented Communications & Outreach annual report from 2020. <ul style="list-style-type: none"> <li>• There were 65 community events completed before Shelter in Place. Since then, the Outreach team made about 6,000 calls to new members and reached about 2,800 of them.</li> <li>• After the new member orientations, almost 100% of the members knew when to get their Initial Health Assessment (IHA).</li> </ul>		
<b>4. Population Needs Assessment</b>	Linda Ayala	Presented an action plan update from the 2020 Population Needs Assessment (PNA). <ul style="list-style-type: none"> <li>• The PNA included 7 goals about culturally appropriate health education, routine care visits, and information on member benefits.</li> <li>• Activities under health education goals have included a blood pressure cuff intervention with Asian Health Services, field-testing care books, advisory groups for Asian/Pacific Islander and African American members, referrals to Asthma Start, and community presentations or conversations.</li> <li>• Getting a routine care checkup as soon as needed decreased in 2020 for adults and children. Child well visits also decreased in 2020. The Alliance has been working on provider education and member outreach.</li> <li>• The Alliance will be reaching out to MAC members to discuss action plan updates and review data.</li> <li>• Comments from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams commented that people have multiple conditions, for example Black or African American people</li> </ul> </li> </ul>		

		<p>might have asthma and high blood pressure. L. Ayala agreed that was important and said that Alliance Case Management works with members with multiple conditions. The PNA has one objective that combines conditions for Asian/Pacific Islanders, but the action plan had to have specific objectives and identify disparities. We will continue to look at the data.</p>		
<b>New Business</b>				
<b>1. Presentation on TOC</b>	Julie Anne Miller	<p>Presented an overview of Transitions of Care at Alameda Alliance for Health.</p> <ul style="list-style-type: none"> <li>• Transitions of Care (TOC) is about planning to put services in place for moving from one setting to another, for example from hospital to home.</li> <li>• This is one of four programs under Case Management. The others are complex (for people with multiple conditions who need more services), care coordination (for navigating the health system), and Health Homes (services through community providers for the most vulnerable).</li> <li>• The TOC program offers a bundle of services that people coming out of the hospital should have, such as a discharge call to review their plan. It will last for 30 days post-discharge, and the member can transfer to another program if needed. Anyone can refer to the program.</li> <li>• Alliance Case Management is working closely with Alameda Health Systems to help fill in the gaps for TOC and not interfere with the work that they are already doing.</li> </ul>		
<b>2. Stanford Cancer Program</b>	AJ Dixon	<p>Introduced Brandon Bassett from Stanford Health Care, who continued with the presentation.</p>		

		<ul style="list-style-type: none"> <li>• Since September 2020, Stanford has partnered with the Alliance to increase access to cancer care and clinical trials in Alameda County.</li> <li>• Local specialists in the East Bay collaborate with other Stanford cancer care providers.</li> <li>• Patients receive additional support through programs, such as transportation. Stanford is starting a new patient subcommittee for cancer patients in the East Bay and hoping to pilot the peer-to-peer program.</li> <li>• Questions from MAC members: <ul style="list-style-type: none"> <li>○ M. Archuleta: Will Stanford start accepting Alameda Alliance patients for other areas? B. Bassett replied that he is not sure, but Stanford might look at other areas, possibly transplants. S. O'Brien, MD added that the Alliance wants to expand.</li> </ul> </li> </ul>		
<b>3. MAC Applicant, Provider Position</b>	Linda Ayala	<p>Reviewed the MAC application process and introduced candidate Amy Sholinbeck.</p> <ul style="list-style-type: none"> <li>• Amy was recruited as a “traditional provider”. The process is that the candidate fills out application questions that are shared at the meeting, and MAC members have a chance to ask other questions. After the meeting there will be a secret ballot by email or phone.</li> <li>• Amy has worked with Alameda County Public Health’s Asthma Start Program, an in-home education program for children with asthma, since 2001. Almost 90% of the children are from the Alliance, so she has a good feel for their needs. Her work experience also includes substance use and supportive housing. She has relationships with organizations and providers and has worked with families from different cultures.</li> <li>• A. Sholinbeck added that the meeting has been interesting to learn how things work at</li> </ul>		Linda will send a secret ballot for members to approve the MAC candidate.

		<p>the Alliance, and she could have a voice and share her experiences. She sees 200 to 300 children with asthma every year.</p> <ul style="list-style-type: none"> <li>• Comments from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams requested to share Amy's contact number.</li> </ul> </li> </ul>		
<b>Old Business</b>				
<b>1. Confidentiality Forms</b>	Cindy Brazil	Reminded MAC members to read and sign form that was mailed out with the meeting packet and then return it in the prepaid envelope. It was mailed out on 3/10.		MAC members to sign and return confidentiality form to Cindy.
<b>Open Forum</b>	Melinda Mello, Natalie Williams	<ul style="list-style-type: none"> <li>• B. Jammal: As a Hepatitis C survivor, would like to raise the issue that baby boomers need to be notified about testing for Hepatitis C and propose to bring this topic to a future MAC meeting. <ul style="list-style-type: none"> <li>○ N. Williams asked whether there is a vaccine to prevent Hepatitis C and whether anyone can ask PCP for the screening.</li> <li>○ S. O'Brien replied that there is not currently a vaccine, but there are several cures involving a short course of treatment. Everyone in a certain age range needs to be screened, so it is a quality measure. It is a covered test. L. Ayala added that the U.S. Preventive Services Task Force has guidelines about Hepatitis C that providers must follow.</li> </ul> </li> <li>• M. Archuleta: Who to talk to about a medicine that a manufacturer says they are no longer making? <ul style="list-style-type: none"> <li>○ S. O'Brien, MD replied to call Alliance and ask to speak to the pharmacy department.</li> </ul> </li> </ul>		Consider Hepatitis C for future MAC meeting agenda item.
<b>Adjournment</b>	Melinda Mello, Natalie Williams	Next meeting: June 17, 2021.	M. Mello adjourned the	

			meeting at 11:58 AM.	
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Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 3/22/2021

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Melinda Mello, Chair, Member Advisory Committee (Natalie Williams, Co Chair, Member Advisory Committee)

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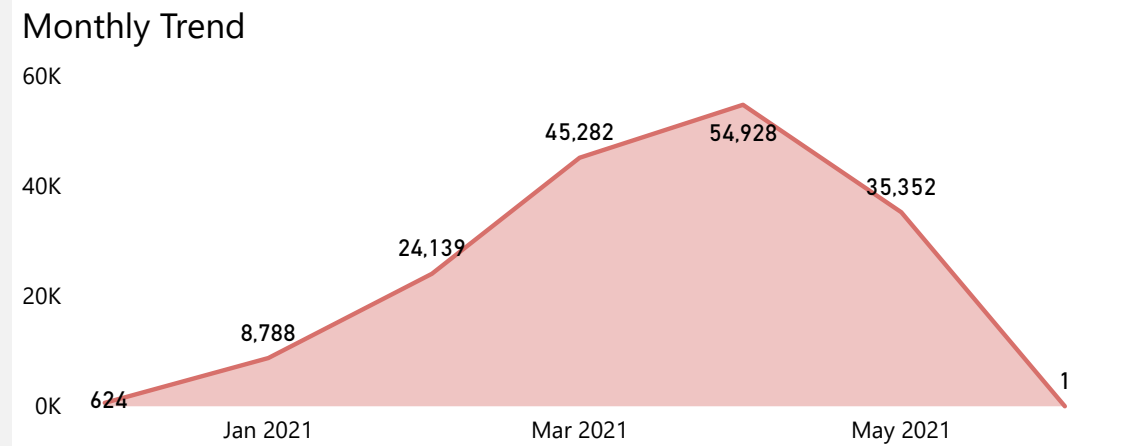
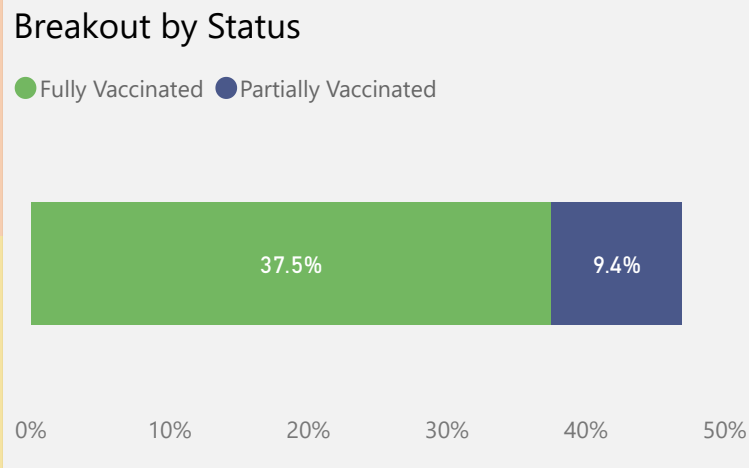
# AAH Member COVID Vaccinations

## June 8, 2021

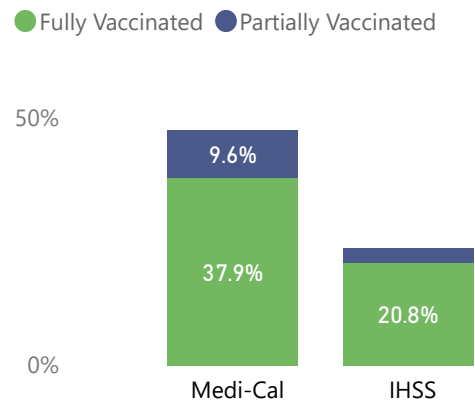
- ❖ **Vaccination rate: AAH 47%, Alameda County 77%, CA 58%**
- ❖ **Disparities:**
  - ❖ **Geography – southern Alameda County**
  - ❖ **Ethnicity – African American, LatinX**
- ❖ **Action Steps:**
  - ❖ **Sending out notifications to members**
  - ❖ **Incentives planned to encourage vaccination**
  - ❖ **Working with Alameda County to get vaccine in doctor's offices**
  - ❖ **Using equity lens to focus vaccine efforts**

Members Fully Or Partially Vaccinated:  
**107,029**

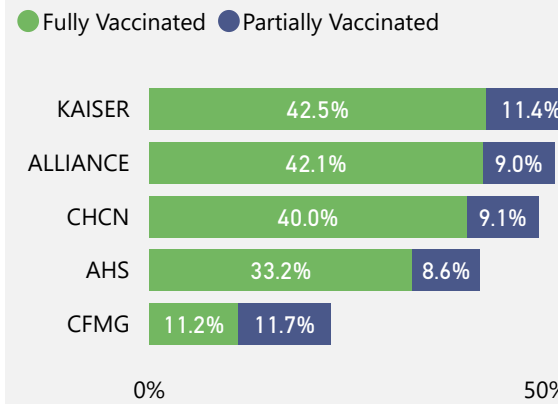
% Fully Or Partially Vaccinated:  
**46.8%**



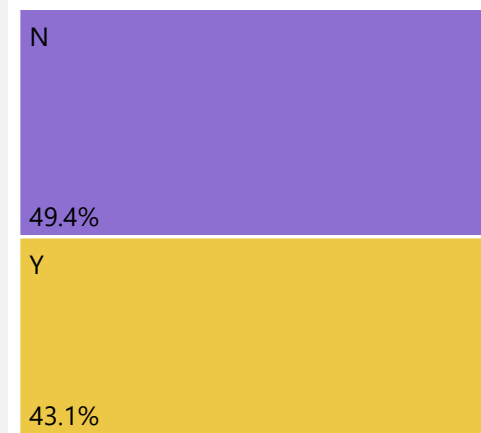
### Medi-Cal vs IHSS



### Network

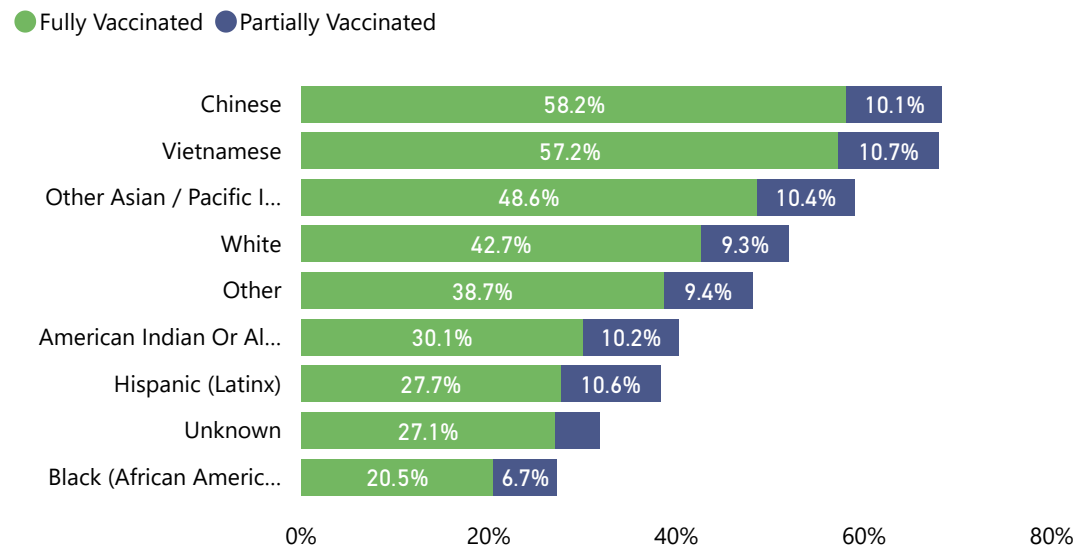


### High Risk Zip Code

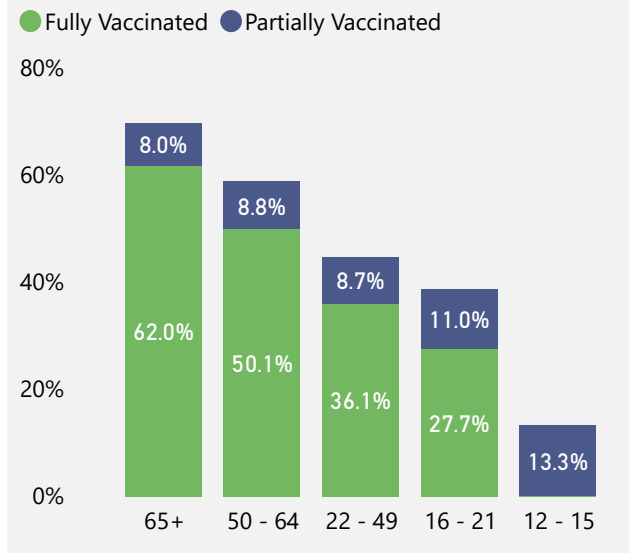


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	46.9%	10.2%
ALBANY	52.5%	11.4%
BERKELEY	44.4%	9.9%
CASTRO VALLEY	41.5%	9.2%
DUBLIN	44.2%	10.2%
EMERYVILLE	36.1%	7.5%
FREMONT	42.8%	10.5%
HAYWARD	34.0%	9.4%
LIVERMORE	35.6%	10.0%
NEWARK	38.5%	10.7%
OAKLAND	33.5%	8.9%
PLEASANTON	43.7%	11.0%
SAN LEANDRO	40.9%	9.1%
SAN LORENZO	44.3%	9.1%
UNION CITY	42.4%	10.2%

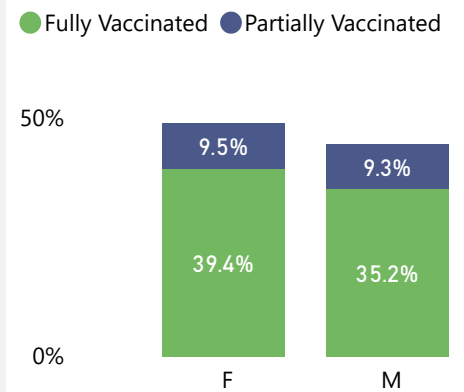
### Ethnicity



### Age Category



### Gender







# ALAMEDA ALLIANCE FOR HEALTH MEMBER ADVISORY COMMITTEE

## FOCUS ON STRATEGIC PLANNING

JUNE 17, 2021

# WHY DO STRATEGIC PLANNING

- High level **plan** to achieve one or more goals under conditions of uncertainty
- **Roadmap** for future initiatives
- Provides Board, Staff and Community with **common focus and perspective**
- Focus on **members**

# EFFECTIVE STRATEGIC PLANS


- The most effective strategic plans are...
  - ▣ Clear, simple and focused
  - ▣ Inspire a broader vision but offer achievable steps
  - ▣ Incorporate the views and participation of executive leadership, the board, staff and key stakeholders
  - ▣ Function as frameworks or tools for making decisions and adapting to the environment
- 3-year strategic plan horizon and 10-year strategic framework

# WE NEED YOUR THOUGHTS

- What are strengths of Alameda Alliance services and systems for members?
- How could the Alameda Alliance improve its services and access for members?
  - ▣ How could the provider network be more accessible and member-friendly?
  - ▣ How could the Alameda Alliance staff and services be easier to work with and more member-friendly?
- Are there specific populations or neighborhoods in Alameda County that need to be highlighted by the Alameda Alliance to help improve health outcomes?
- What are the most important focus areas for the next 3 years for the Alameda Alliance?

# NEXT STEPS

- Summarize your thoughts and this discussion
- Present to Alameda Alliance Strategic Planning Committee along with feedback from other stakeholders
- Present to Alameda Alliance Board of Directors at July 9 Board meeting as part of environmental landscape
- Your comments essential ingredient of strategic planning effort – THANK YOU!



# Cultural & Linguistic Services Reports and Work Plan

Member Advisory Committee  
June 17, 2021



## Cultural and Linguistic Program Goal

Ensure that all Alliance members receive **equal access** to high **quality health care** services, that meet the **diverse needs** of our members:

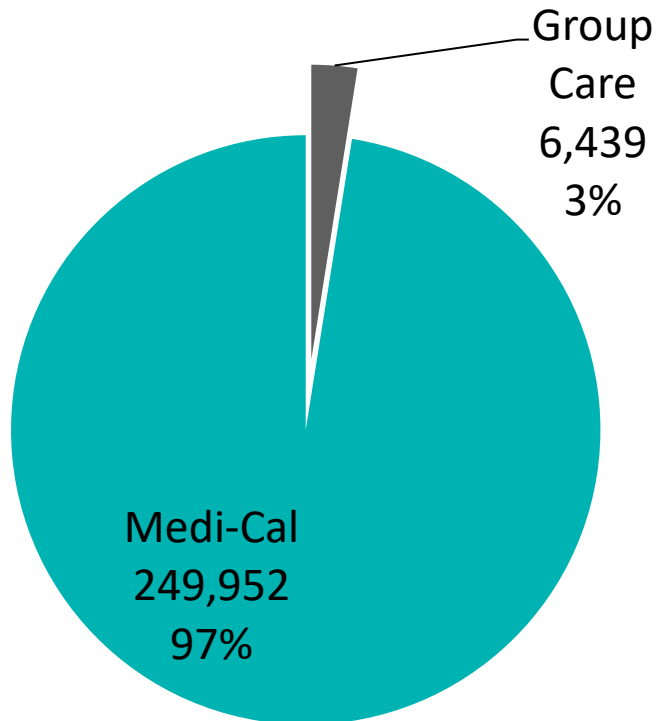
- Language
- Culture
- Gender
- Sexual orientation
- Disability
- Socio-economic status
- Age
- Religion

# Membership

Language, Ethnicity, Age, Gender

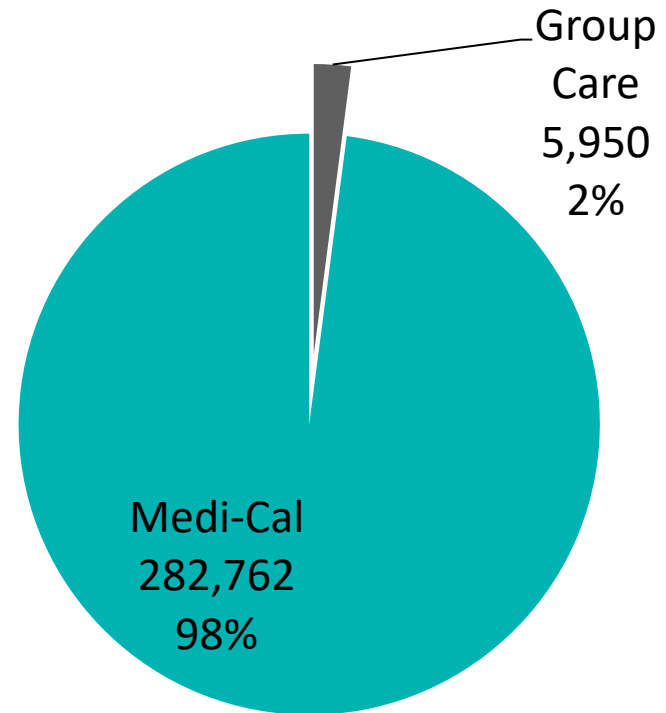


# Current Membership



**Total: 256,391**

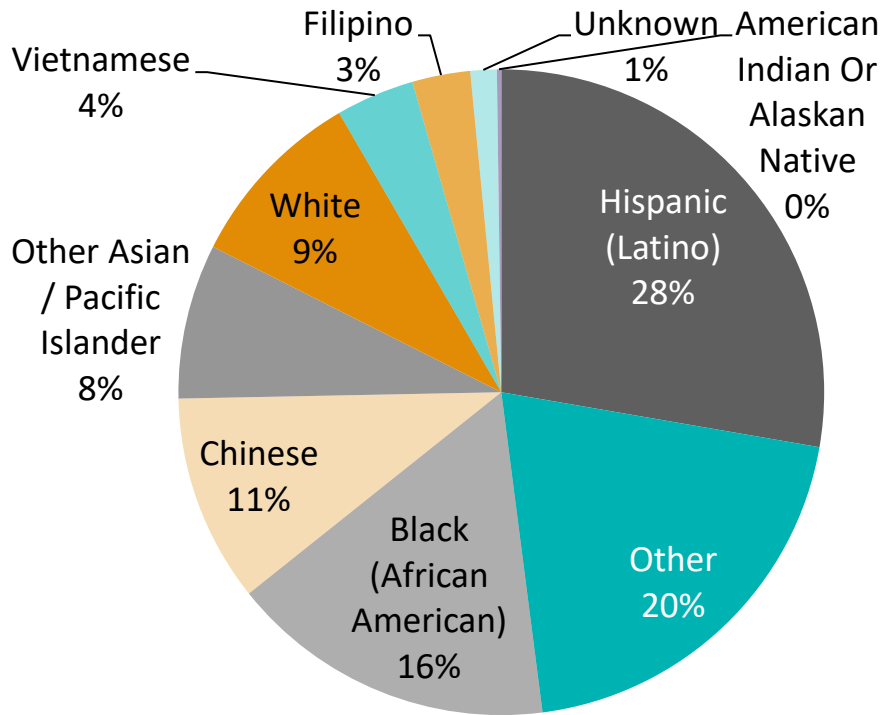
June 2020



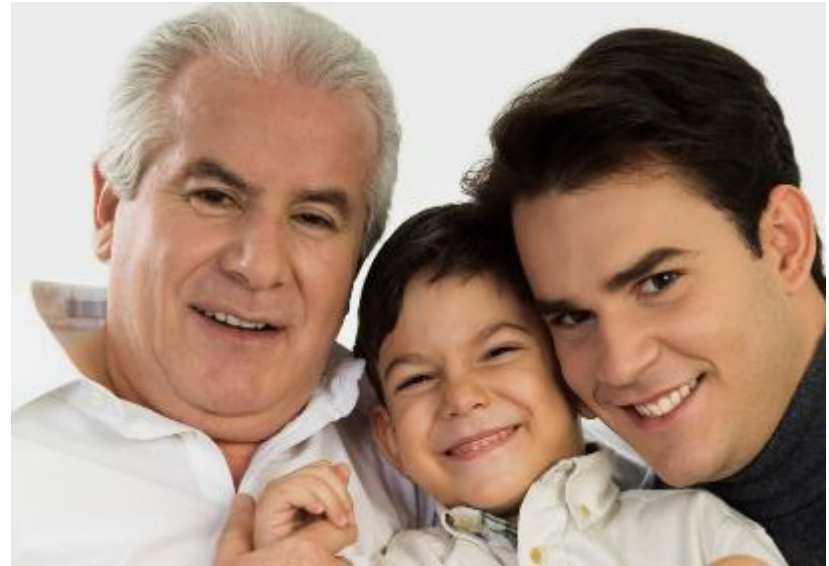
**Total: 288,712**

June 2021

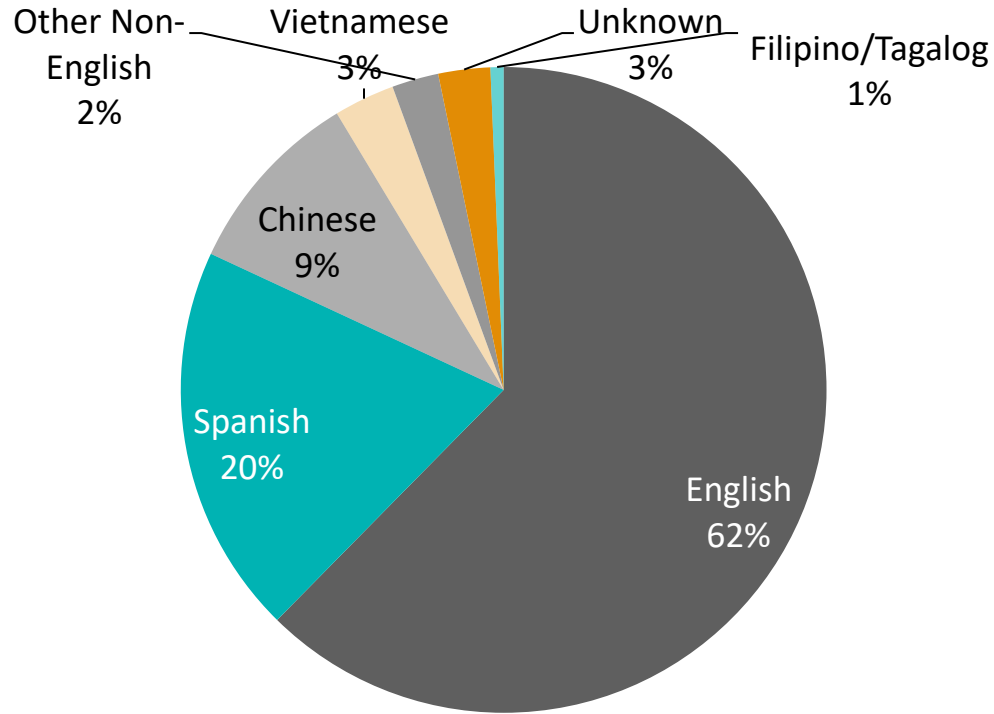
# Membership by Ethnicity



June 2021



# Membership by Language



June 2021

# Threshold Languages

## Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog

## Group Care

- English
- Chinese
- Spanish

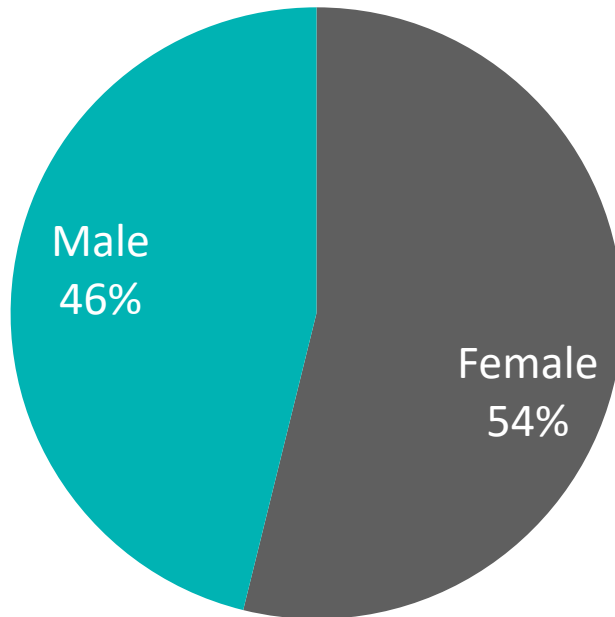
- Threshold language is spoken by 5% or over 3,000 of the Medi-Cal eligible population in Alameda County.
- Alliance must translate key documents and letters into these languages.

# Languages with 500+ Members

Language	June 2021
ENGLISH	62.38%
SPANISH	19.55%
CANTONESE	7.41%
VIETNAMESE	3.05%
UNKNOWN	2.60%
MANDARIN CHINESE	1.97%
ARABIC	0.84%
FILIPINO/TAGALOG	0.66%
FARSI	0.60%
CENTRAL KHMER	0.27%
KOREAN	0.23%

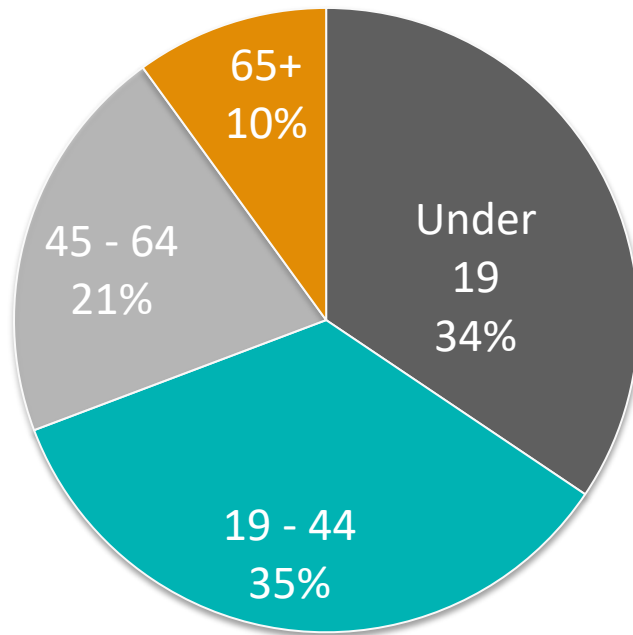


# Membership by Gender



June 2021

# Membership by Age



**June 2021**



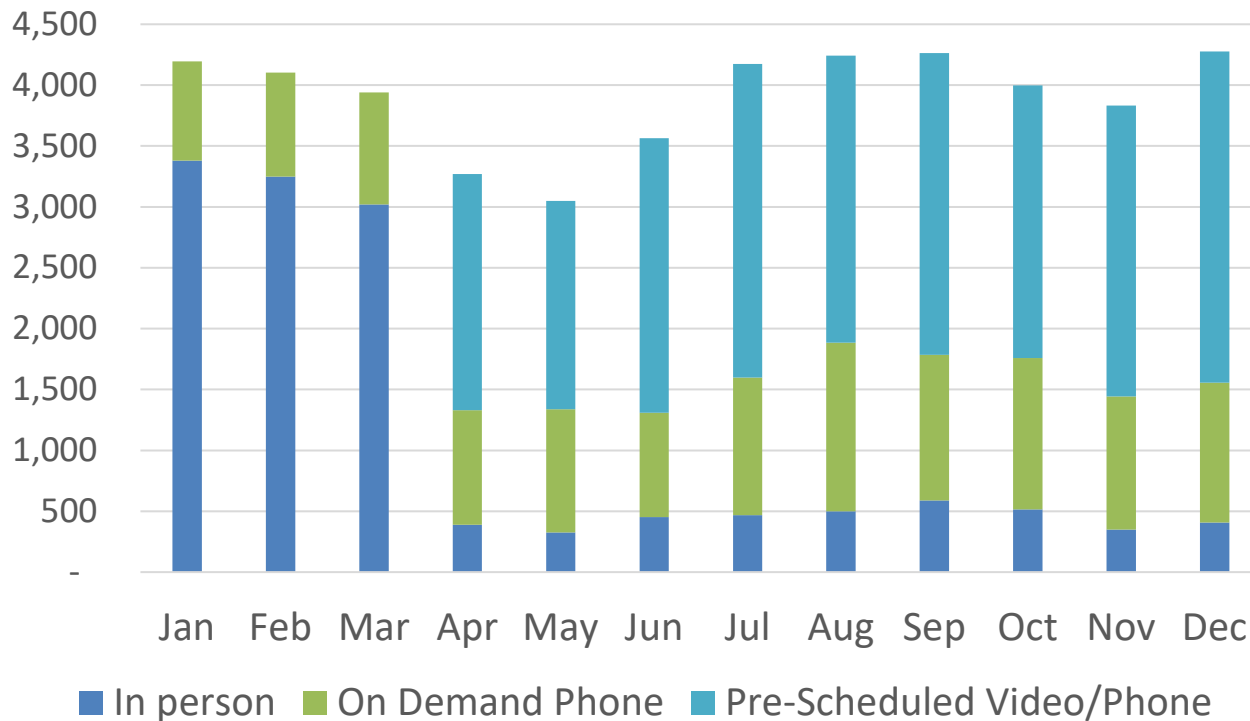
# Language Services

Interpreter Services;  
Provider language capacity



# Interpreter Services Provided in 2020 by Type

### Interpreter Services by Type



# Interpreter Services Provided in 2020 by Language

Interpreter Services	2020
Cantonese	23,243
Vietnamese	6,386
Spanish	5,265
All Other Languages	4,681
Mandarin	2,100
Khmer	1,628
Arabic	1,284
Korean	756
Punjabi	621
Mongolian	533
Farsi	521
<b>Total</b>	<b>47,018</b>



**Other languages:** Tigrinya, American Sign Language, Hindi, Dari, Tagalog

# Interpreter Services Fill Rates

- ▶ **Goal:** Ninety-five percent (95%) or more of in-person interpreter requests over three months.
- ▶ We have exceeded this metric for all of 2020

	3-month average			
	Q1	Q2	Q3	Q4
<b>Average monthly Appointments Scheduled</b>	1,578	681	837	790
<b>Unfilled</b>	2	3	4	2
<b>Percent Available</b>	99.9	99.6	99.5	99.7

# Provider Language Capacity

Medi-Cal # Members per provider Q4 2019 and Q4 2020		
Language	4 <sup>th</sup> Quarter 2019	4 <sup>th</sup> Quarter 2020
English	243	264
Chinese	328	339
Spanish	385	402
Vietnamese	657	505
Arabic	294	367
Farsi	217	249

Group Care # Members per provider Q4 2019 and Q4 2020		
Language	4 <sup>th</sup> Quarter 2019	4 <sup>th</sup> Quarter 2020
English	9	8
Chinese	23	23
Spanish	3	3
Vietnamese	22	15
Arabic	2	2
Farsi	18	19

## Notes:

- A number of PCPs do not have a primary language designated.
- Multilingual providers are counted for each language they speak.

## Observations:

- For Medi-Cal, Vietnamese decreased and Arabic increased the most.
- For Group Care, Vietnamese decreased slightly.

# C & L Services 2020

## Activity Highlights

- ▶ Updated provider **Cultural Sensitivity Training Webinar** for providers
  - ▶ LGBTQ friendly environments
  - ▶ Health disparities
- ▶ Launched and promoted **new telephonic/video interpreter provider**, CyraCom, to enhance access and efficiency of services.
- ▶ Worked with providers to offer interpreter services via telehealth during **Shelter in Place** orders.
- ▶ Improved **tracking and reporting** of interpreter services use.

# 2021 Work Plan

Cultural and Linguistic (C & L) Program

# Assess C & L Needs

- ▶ Hold *Cultural and Linguistic Subcommittee* meetings each quarter
  - ▶ Review members' race, ethnicity, language and age
  - ▶ Review grievance and other reports
  - ▶ Look at C & L grievances & potential quality issues
  - ▶ Take action as needed

## 2021 Activities

- ▶ Continue to monitor



# Language Services

## Current Activities

- ▶ Inform members of interpreter services
- ▶ Educate providers of role in language access
- ▶ Ensure interpreters and bilingual staff meet quality standards
- ▶ Post and mail non-discrimination notices and **taglines** in multiple languages

**ALAMEDA Alliance FOR HEALTH**

**LANGUAGE ASSISTANCE SERVICES**

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**English**  
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.877.932.2738 (CRS/TTY: 711 or 1.800.735.2929).

**Español (Spanish)**  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1.877.932.2738 (CRS/TTY: 711 o 1.800.735.2929).

**繁體中文 (Chinese)**  
注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 1.877.932.2738 (加州中繼轉接電話服務 (CRS/TTY) 專線：711 或 1.800.735.2929)。

**Tiếng Việt (Vietnamese)**  
CHÚ Ý: Nếu quý vị nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 1.877.932.2738 (CRS/TTY: 711 hoặc 1.800.735.2929).

**العربية (Arabic)**  
انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم 1.877.932.2738 (CRS/TTY: 711 أو 1.800.735.2929).

**Հայերեն (Armenian)**  
Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ տեղեկացված կարգով են առանձնաբերվել մատչելիան ազատ կրթական ծախսերը թանկ: Չհարկադիր 1.877.932.2738 (CRS/TTY (հեռախոս) 711 կամ 1.800.735.2929):

**ខ្មែរ (Cambodian)**  
សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យោងទៅលើការស្រាវជ្រាវដែលបានប្រើប្រាស់ 1.877.932.2738 (CRS/TTY: 711 ឬ 1.800.735.2929)។

**فارسی (Farsi)**  
توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه (زبان) بطور رایگان در اختیار شما قرار داده می شود. با 1.877.932.2738 یا CRS/TTY 711 یا 1.800.735.2929 تماس بگیرید.

**हिंदी (Hindi)**

1



# Language Services - continued

## 2021 Activities

- ▶ Maintain fulfillment rate of 95% or more for in-person, video and telephonic interpreter services.
- ▶ Expand outreach and use of telephonic and 3-way video to support telehealth visits.



# Provider Language Capacity

## Ongoing Activities

- ▶ Inform providers of member language needs
- ▶ Track provider language capacity
- ▶ Review provider language capacity



Source: Microsoft Office Clip Art

# Cultural Sensitivity Training

## Ongoing Activities

- ▶ Staff and provider Cultural Sensitivity Training.
- ▶ Inform staff and providers of sensitivity training resources.

## 2021 Activities

- ▶ Add to training:
  - ▶ Addressing biases
  - ▶ Healthcare communication strategies for working with Black/African American members.



Source: Microsoft Office Clip Art

# Member Advisory Committee

## Ongoing Activities

- ▶ Hold quarterly MAC meetings to receive member/community input into Alliance services

## 2021 Activities

- ▶ Recruit members:
  - ▶ traditional provider
  - ▶ male
  - ▶ 19 – 44 year-olds
  - ▶ Asian, Latino and African American
  - ▶ Preferred language not English



Source: Microsoft Office Clip Art

# Monitor C & L Services

## Ongoing Activities

- ▶ Ensure **skill assessment** of bilingual employees
- ▶ Facility site review of **medical records**
- ▶ Review **grievances** and **potential quality issues** related to culture and language; take action as needed.
- ▶ Monitor:
  - ▶ Member **requests** for interpreters and translations
  - ▶ Quality of language services provided by **bilingual staff**
  - ▶ **Interpreter vendor** contracts
  - ▶ Providers delegated for C&L
- ▶ **Report** to MAC and Alliance Quality Committees

# Questions?

Thank you!

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