

Item #12

Attachment 12.B

Health Education
2017 Annual Evaluation



2017 Health Education Department Work Plan Year-End Evaluation

Submitted by:

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I. Purpose

The purpose of the CalViva Health (CVH) 2017 Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CalViva Health senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide CalViva Health's free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community in achieving good health and overall wellbeing.
2. To provide quality health education programs, services and resources to positively impact CalViva Health's HEDIS rates.
3. To provide quality health education programs, services and resources to positively impact new member satisfaction and member retention.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.

IV. Selection of the Health Education Department Activities and Projects

The 2017 Health Education Work Plan activities and projects are selected from results of county-specific group needs assessment reports (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The 2017 Health Education Work Plan supports and maintains excellence in health education services activities through the following strategies: increase provider support, resources and communication to ensure provision of comprehensive health care services; support community collaboratives to promote preventive health initiatives; enhance member utilization of CalViva Health's health education and cultural and linguistic resources to help them better understand and manage their health conditions and improve HEDIS rates; improve Health Education Department's efficiency; and to meet compliance. The main health areas of focus are: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, and chronic disease education.

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1. Initiative/ Project Title		Digital Educational Programs (T2X, Lifeline and Text Messaging Programs)						
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input checked="" type="checkbox"/> GNA
Reporting Leader(s)	Primary:	H. Su, B. Nate			Secondary:	B. Jackson, T. Gonzalez		
Aim of Initiative/Program		Develop, disseminate and evaluate digital health promotion and member engagement information and programs to members						
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017				
Develop and launch Lifeline Program (SafeLink)	Obtain approval for TracFone to implement Lifeline program	Postponed to 2017. TracFone (vendor) did not get promotional materials approved in 2016	DHCS did not approve this project. Project is terminated.	Project was not approved by DHCS.				
Enroll members in the health promotion text messaging program(s)	Health Promotion Text Messaging Program(s): 150+ members	Text4baby Program: 244 members	Text4baby: 3 members. Program will end in July 2017. Text messaging to SafeLink participants could not start because DHCS did not approve the SafeLink program. Exploring customized text messaging program.	Text4baby: 3 members, program ended in July 2017. Cervical Cancer Screening SMS: 110 out of 126 (87%) members reached, 21% (23 members) replied to text.				
Promote T2X health promotion campaigns	Reach 1,500+ participants nationwide.	Promoted Asthma, Teen Pregnancy, Depression and Adolescent Vaccination campaigns. Reached 1,685 participants nation-wide	12,321 total visitors nationwide to T2X. Registration is not required so no CalViva Health specific data available. 2,647 participants engaged in 214,785 learning activities nationwide. 88% correct post test results for T2X campaigns.	26,429 total visitors to T2X. 6,476 participants engaged in 472,188 learning activities nationwide. 87% correct post test results for T2X campaigns.				
Promote myStrength Program to address depression, anxiety and substance abuse disorders	Enroll 30+ members	Enrolled 9 members	Enrolled 11 members	Enrolled 32 members				
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)			
Promote myStrength in member newsletter and to case managers to refer applicable members	7/17	5/17	Completed.		Completed.			
Get promotional materials approved and send membership file to TracFone to launch Lifeline program	9/17	6/17	Cancelled. DHCS did not approve this project.		Cancelled.			
Identify, promote and enroll eligible members into health promotion text messaging program(s)	12/17	12/17	Postponed: Will launch a Cervical Cancer Screening education and reminder text message program in Q3-Q4.		Completed.			
Promote T2X to CalViva Health members targeted for HEDIS improvement	12/17	12/17	On track.		Completed.			
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>								
Overall Outcome and Analysis	DHCS did not approve CalViva Health to promote the customized Lifeline program to members. The Text4baby program ended in July. Therefore no added program promotion was made this year which resulted in only three new member enrolled in Text4baby. Partnering with QI and the Adventist Health Clinic, we piloted a new cervical cancer screening education and reminder text message program which reached 110 out of 126 (87%) targeted care gap members. Although this pilot only had a 21% response rate, it did demonstrate that 87% of members' phone numbers were mobile and that text messaging could be used to reach members. The T2X health promotion campaigns were widely promoted to CalViva Health and one other health plan's teens and adults. Even though health plan specific member participation information was not available, many of the 6,476 participants could be CalViva Health members because targeted promotion was mailed to members.							
Barrier Analysis	DHCS did not allow CalViva Health to promote the Lifeline program.							
Recommendations	Continue to promote T2X campaigns for general health education and use text messaging campaigns for more targeted member education and outreach.							

2. Initiative/ Project Title		Member Engagement for Improved Health Initiative		
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary: B. Jackson
Aim of Initiative/ Program		Support members in being informed, satisfied and engaged to effectively manage their health.		
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Implement a diabetes member incentive program to increase class participation and screenings	40% of targeted members will receive health education with at least 10% of members completing their HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings	55 members participated in the diabetes classes and 83 members completed and submitted the diabetes incentive form for HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings	43 members participated in diabetes classes. 23 members submitted the incentive form after completing their HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings. <i>Member engagement percentages will be reported at year-end.</i>	95 members participated in diabetes classes and 72 members submitted the incentive form to receive \$50 gift card after completing their HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings. 25% (18/72) of members completed the health education and screenings.
Implement an asthma incentive program to increase class participation and increase member compliance with their medication refills	40% of targeted members will receive health education with at least 10% of members completing their asthma medication refill	5 members participated in the asthma classes and no members completed and submitted the asthma incentive form for their medication refills	34 members participated in asthma classes. 3 members submitted the incentive form after refilling their asthma controller medication. <i>Member engagement percentages will be reported at year-end.</i>	101 members participated in asthma classes and 30 members submitted the incentive form after refilling their asthma controller medication to receive the \$25 gift card. 19% (19/101) of members completed the health education and medication refill.
Implement a baby shower member incentive program and increase member postpartum visits	40% of targeted members will receive health education with at least 10% of members completing their postpartum visit	67 members participated in the baby shower incentive classes and 1 member completed and submitted the postpartum incentive form	66 members participated in baby shower classes. 8 members submitted the incentive form after completing their postpartum visit. <i>Member engagement percentages will be reported at year-end.</i>	148 members participated in baby shower classes and 9 members submitted the incentive form after completing their postpartum visit to receive the \$25 gift card. 6% (9/148) of members completed the health education and postpartum care visit.
Implement a cervical cancer member incentive program to increase screenings	40% of targeted members will receive health education with at least 15% of members completing their cervical cancer screening (CCS)	73 members participated in the cervical cancer screening classes and 105 members completed and submitted the cervical cancer screening incentive form	90 members participated in cervical cancer screening education (in-person and phone education). 119 members submitted the incentive form after completing their CCS screening. <i>Member engagement percentages will be reported at year-end.</i>	274 members participated in cervical cancer screening education (in-person and phone education) and 290 members received \$25 gift card incentive after completing their CCS screening. 66% (181/274) members completed the health education and pap test.
Develop an incentive program to increase blood pressure screenings	Obtain DHCS approval for blood pressure screening incentive program and develop appropriate educational material	No program in 2016	This incentive program is not needed at this time. It will not be available.	The blood pressure screening incentive program was not implemented in 2017.

Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Identify HEDIS priority topics to implement with high volume low performing providers	2/17	2/17	Completed.	Completed.
Revise tracking database and train health educators to implement the incentive programs	3/17	3/17	Completed.	Completed.
Submit program evaluations to DHCS	5/17	5/17	On track.	Completed.
Partner with CalViva and QI to conduct specialty clinics for cervical cancer screenings	5/17	5/17	Completed.	Completed.
Review and revise the Asthma Basics and Diabetes class curriculum and evaluation tool	6/17	10/17	Postponed. Asthma/Diabetes Basics evaluation tools and curricula are currently being updated.	Completed.
Conduct quarterly classes with targeted provider partners to support county specific HEDIS priorities topics	12/17	12/17	On track.	Completed.
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Health Education staff established key provider partnerships to conduct community classes, phone education and/or special weekend screening clinics targeting care gap members. The HED partnered with QI to promote the CCS incentive to members and conduct one-stop clinic days with Camarena Health and Adventist Health Clinics resulting in enhanced member education and CCS completion. The 10% goal of encouraging educated members to get their screening, med refill or postpartum visit were met for all active incentive programs except for baby showers. Increasing member follow up call attempts will encourage more members to complete these services.			
Barrier Analysis	Due to variations of offering community classes, the class member participation goal of 40% is no longer accurate in measuring the success of these interventions. Instead, success is measured by what percentage of educated members received the screenings, medication refill or postpartum visit. The Health Education department could have conducted more follow up calls to encourage members to get their screening, visit or medication refill. The member care gap member list does not have updated member contact information and in some cases members were assigned to a different provider. Members have indicated they were unable to schedule timely appointments due to schedule conflicts with their work or needing child care.			
Recommendations	Continue to partner with key providers/clinics to conduct education and appointment reminders using phone and text messaging and to host one stop weekend clinics which have shown to be more convenient for members. Increase follow up calls to motivate members to schedule and keep their appointment.			

3a. Initiative/ Project Title		Obesity Prevention: Members				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	B. Jackson, T. Gonzalez	
Aim of Initiative/Program		Increase member awareness and participation in obesity prevention programs to improve health outcomes.				
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017		
Increase FFFL Home Edition Program enrollment, survey return rate & satisfaction.	200+ members, 3% survey return rate with 90%+ satisfaction from surveys	108 members, 11% survey return rate with 100% satisfaction from surveys	145 members, <1% survey return rate with 100% satisfaction from surveys. Direct incentive for returned surveys has not started yet.	375 members, 1.1% survey return rate with 100% very satisfied rating from surveys with quarterly raffle incentive. Separate direct incentive survey pilot resulted in a 21% return rate (45 of 213 pilot surveys) showing 89% very satisfied and 11% somewhat satisfied ratings.		
Improve FFFL Coaching Program enrollment and engagement.	60+ members with 70% of members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call)	42 members with 76% of members completing at least 1 call (closed cases) and 47.7% members completing all 5 calls (closed cases with at least 1 call)	49 members with 67% completing at least 1 call (closed cases), and 43.75% of participating members completing all 5 calls (closed cases with at least 1 call).	94 members with 77% completing at least 1 call (closed cases), and 49.1% of participating members completing all 5 calls (closed cases with at least 1 call).		
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	30+ members	N/A	None. Outreach scripts approved at the end of June 2017.	Postponed. Enrollment and material distribution scheduled for January 2018.		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)		
Outreach to senior-based organizations to promote HHHP availability.	5/17	N/A	Postponed. Program promotion postponed to Q3.	Postponed. Targeted outreach and enrollment scheduled for January 2018.		
Develop Healthy Habits for Healthy People enrollment scripts (English & Spanish) with compliance approval.	7/17	6/17	Completed.	Completed.		
Promote FFFL and HHHP in member newsletter.	10/17	3/17	Completed.	Completed. HHHP could not be promoted in newsletter due to space limitation.		
Replace FFFL Coaching program with Envolve People Care programs (Raising Well and an adult equivalent).	12/17	N/A	Postponed. Implementation of Envolve People Care programs postponed to 2018.	Postponed. Implementation of Envolve People Care programs postponed to 2018.		
Develop EPC referral data capture process with vendor (RICOH).	12/17	N/A	Postponed. Implementation of Envolve People Care programs postponed to 2018.	Postponed. Implementation of Envolve People Care programs postponed to 2018.		
Submit incentive evaluation report to DHCS.	12/17	6/17	Completed.	Completed.		
Conduct FFFL Home Edition enrollment calls (PM 160 Data) and survey follow-up calls.	Quarterly	12/14	On track. First outreach postponed due to material availability issues.	Completed.		
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>						
Overall Outcome and Analysis	Compared to 2016, the Home Edition program had a 247% increase in 2017 because overweight or obese members with a BMI at the 85 th percentile or above were directly enrolled into the program. To test efficacy of a \$20 direct incentive approach, a pilot survey for the program was distributed to 213 members, resulting in a 21% return rate. Continuance of the direct incentive is under review. The Coaching program noted similar successes with a 91.8% increase in enrollment in 2017 compared to 2016. Of those initiating the program with at least 1 successful coaching call, 49% completed all five coaching calls.					
Barrier Analysis	Due to space limitation, the HHHP was not promoted in the member newsletter.					
Recommendations	Consider direct incentive approach to improve survey return rates or remove survey altogether. Use direct, targeted approaches to enroll members ages 65+ into the HHHP.					

3b. Initiative/ Project Title		Obesity Prevention: Community				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA					
Reporting Leader(s)	Primary:	D. Carrillo			Secondary:	B. Jackson, T. Gonzalez
Aim of Initiative/Program		Increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership retention and improve health outcomes.				
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Conduct FFFL Community classes, increase participant knowledge and acquire high satisfaction rates.		30% + member participation, participants achieve 80% correct answers per knowledge metric (post tests) and 90%+ satisfaction rate from post tests		47% member participation; 80%+ correct answers on 4 of 5 knowledge metrics (series classes) and on 3 of 4 metrics for workshops; 100% satisfaction rate overall from both series classes and workshops	31.5% member participation; 80%+ correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops	31.5% member participation; 80%+ correct answers on all knowledge metrics and 100% satisfaction rate.
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Promotores Health Network uses Rx for Health pad to promote FFFL home edition resource and class.		12/17	N/A	On track.	Postponed due to HEDIS member incentive priorities.	
Work with health educators to improve member understanding of areas scoring below the 80% goal.		Ongoing	7/17	Completed. Progress reports sent via email.	Completed.	
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>						
Overall Outcome and Analysis		The HED conducted 5 FFFL workshops throughout the year, with 31.5% of participants being CalViva Health members. All participants expressed satisfaction with the offering, and willingness to incorporate concepts into daily routines.				
Barrier Analysis		The HED prioritized staff resources to conduct HEDIS improvement interventions in 2017 thus reducing the number of FFFL community classes made available.				
Recommendations		Offer FFFL classes to prioritized providers who have engaged in with HEDIS improvement interventions to possibly increase FFFL class offering in 2018.				

4. Initiative/ Project Title		Perinatal Initiative							
Initiative Aim(s)		<input checked="" type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input checked="" type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input type="checkbox"/> GNA
Reporting Leader(s)		Primary: K. Schlater			Secondary: B. Jackson, T. Gonzalez				
Aim of Initiative/Program		Educate and assist pregnant women to have healthy pregnancies, newborns and access timely prenatal and postpartum visits.							
2017 Performance Measures		2017 Goals		Outcome 2016		Outcome Mid-Year 2017		Outcome Year End 2017	
Promote Pregnancy Packet to members		1,400+ pregnancy packets		1,376 pregnancy packets		763 pregnancy packets mailed to CVH members.		Mailed 1,447 pregnancy packets to CalViva Health members.	
Coordinate baby showers in English and Spanish to expectant mothers in Fresno and Kings County		20+ baby showers with at least 50% CVH membership participation		Completed 24 baby showers in Fresno and Kings County with 196 attendees, 92 (47%) of the participants were members		Completed 17 baby showers in Fresno and Kings Counties with 125 attendees, of which, 84 (67.2%) were CVH members.		Completed 28 baby showers in Fresno and Kings Counties with 264 attendees, of which, 148 (56%) were CalViva Health members.	
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)			Year End Progress (Completed/ Postponed/ Cancelled)		
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members		12/17	12/17	On track.			Completed.		
Coordinate with QI, Black Infants Health (BIH) and clinics to implement baby showers in English and Spanish		12/17	12/17	On track. Met quarterly with BIH to plan baby showers.			Completed.		
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>									
Overall Outcome and Analysis		Successful collaboration with key community agencies including Fresno Economic Opportunities Commission - Women, Infants, and Children (WIC) Program and Fresno County Department of Public Health - Black Infant Health (BIH) program to host baby showers. Both organizations provide services to child bearing women.							
Barrier Analysis		None.							
Recommendations		Continue partnership with EOC WIC and BIH to provide education on the importance of prenatal and postpartum care and the health education department services. Conduct follow up calls to CalViva Health members who attended the baby showers to encourage them to have timely postpartum visit.							

5. Initiative/ Project Title	Promotores Health Network (PHN)			
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary: T. Gonzalez		Secondary: B. Jackson	
Aim of Initiative/Program	To use trusted community health advocates to provide health education to members and providers in the community.			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Conduct PHN diabetes charlas (brief education sessions) to promote diabetes screenings: A1C test, eye exam, kidney test and blood pressure, Fit Families for Life and Asthma education.	10% increase in member participation	522 members reached (71% of all participants reached were members)	343 participants reached, of which, 223 (65%) were CVH members.	Reached 1,255 participants, of which 940 (75%) were CalViva Health members.
Conduct PHN charlas on healthy pregnancy to promote prenatal and postpartum care	45% member participation	No program in 2016	Prenatal and postpartum community education will be implemented in Q3 and Q4.	Reach 142 participants, of which 91 (63%) were CalViva Health members.
Launch Madera PHN lunch and learn to engage strategic providers and community partners	Implement 1 lunch and learn reaching 20 strategic provider partners to refer 100 members to FFFL.	No program in 2016	Implementation of Lunch and Learn scheduled for Q4.	Completed lunch and learn with 2 strategic provider partners and 5 community-based organizations.
Develop CalViva Health branded PHN Prescription for Health pad to promote Fit Families for Life, HEDIS priority topics and engage members in preventive health screenings	Obtain approval from DHCS for the PHN Rx for Health Pad and promote PHN charlas to increase member participation in FFFL by 15%.	Pilot Program in 2016	Submit for approval in Q3.	Postponed to 2018.
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Develop PHN Action plan and Logic Model	2/17	2/17	Completed.	Completed.
Develop and implement PHN Rx for Health pad to promote Fit Families for Life, HEDIS priority topics, charla workshops and engage members in preventive health screenings	6/17	5/17	Completed.	Postponed.
Distribute prescription for health pad to promote health education activities	6/17	6/17	Completed.	Postponed.
Coordinate promotores attendance at the statewide Promotores Conference	8/17	10/17	On track.	Completed.
Evaluate and complete PHN action plan	12/17	12/17	On track.	Completed.
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	The PHN program obtained a 75% member participation in diabetes, blood pressure, nutrition/Fit Families for Life and asthma charlas, just shy of our goal of 78% member participation. The PHN promotoras promoted postpartum care using preventive screening charla resulting in 63% member reach. The PHN lunch and learn established key partnerships with Camarena Health, Madera Community Hospital, Madera County Department of Public Health, Women's Infants and Children (WIC) program, Madera Unified School District, Vision y Compromiso, and City of Madera Parks and Recreation Department. The HED trained 24 promotoras on updated PHN curriculum, PHN 2.0. The PHN 2.0 training focused on navigating managed care, understanding CalViva Health Medi-Cal benefits, preventive health screenings and creating linkages to local resources. The PHN program promotoras participated in the following leadership roles: the Vision y Compromiso Regional Committee (Chair-person), Madera Unified School District Wellness Committee, the Madera County Public Health Department's Prevention First Program Advisory Committee, and the CalViva Health Public Policy Committee.			
Barrier Analysis	The Rx for Health pad was not created due to competing priorities to focus on HEDIS improvement programs. It was postponed to 2018.			
Recommendations	Implement the Rx for Health pad to promote member health education charlas and increase member participation in Madera County Department of Public Health - Prevention First and Diabetes Prevention Programs. Develop strategic partnerships with Madera Community Hospital and Camarena Health providers to evaluate the impact of the Rx for Health implementation on diabetes clinical measures. Continue community partnerships with Vision y Compromiso and City of Madera Parks and Recreation to promote nutrition education and physical activity.			

6a. Initiative/ Project Title		Community Health Education: Community Awareness						
Initiative Aim(s)	<input type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input checked="" type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input checked="" type="checkbox"/> GNA
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez			Secondary:			
Aim of Initiative/Program		Provide health education to members in the community.						
2017 Performance Measures	2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017			
Increase member participation in health education (HE) classes	30% of class participants are members		Conducted 143 health education classes to 1,170 total participants, 632 (54%) identified as members	Conducted 43 health education classes to 339 participants, of which, 224 (66%) were CVH members.	Conducted 101 health education classes to 687 participants, of which, 442 (64%) were CVH members.			
Increase member participation in health screening events	35% of health screening participants are members		11 KYN events with 411 participants, 267 (65%) identified as member	1 Know Your Numbers (KYN) event with 30 participants, of which, 20 (67%) were CVH members. 26 participants received health screenings, of which, 14 (54%) were CVH members.	Completed 3 KYN events in Madera County with 116 participants of which 73 (63%) were CalViva Health members.			
Collaborate with the Kings County Diabetes Coalition to improve diabetes and obesity education in the community	Support (1) community health education event		Not measured in 2016	Kings County Diabetes Symposium scheduled for October 4, 2017.	Collaborated with the Kings County Diabetes Coalition to sponsor and host the Kings County Diabetes Symposium on October 4, 2017.			
Collaborate with Fresno County Health Improvement Program (FCHIP) to increase access to culturally and linguistically appropriate diabetes services	Support (1) community health education event		Not measured in 2016	1 Know Your Numbers (KYN) event with 30 participants, of which, 20 (67%) were CVH members.	Completed 3 KYN events in Fresno County with 57 participants, of which, 28 (49%) were CVH members.			
Collaborate with the Central California Asthma Collaborative (CCAC) to improve asthma education in the community	Support (1) community health education event		Not measured in 2016	Collaborated with CCAC Bubble Fun Run event on June 10, 2017.	Collaborated with CCAC to sponsor and host the Bubble Fun Run event on June 10, 2017.			
Collaborate with American Lung Association (ALA) to improve asthma and lung health education in the community	Support (1) community health education event		Not measured in 2016	Collaborated with ALA in Fresno County on May 19, 2017 and reached out to 50 participants.	Collaborated with ALA to sponsor and host the Better Breathers Symposium in Fresno County on May 19, 2017 and reached 50 participants.			
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)			
Participate in Binational Health Week event to promote member preventive screenings	10/17	10/17	On track.		Completed.			
Ensure health educators are trained on and understand clinical guidelines	Ongoing	12/17	On track.		Completed.			
Promote health education classes and service to community partners	Ongoing	12/17	On track.		Completed.			
Participate in monthly coalition/collaborative meetings	Ongoing	12/17	On track.		Completed.			

Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
Overall Outcome and Analysis	Successful implementation of Know Your Numbers forums in collaboration with key community partners: Fresno County Department of Public Health, Latino Health Access Workgroup and Madera Unified School District.
Barrier Analysis	Member contact information on care gap lists included wrong phone numbers (25-30%) resulted in difficulty in reaching members to promote health education activities.
Recommendations	Continue partnership with Fresno County Department of Public Health, Madera Unified School District, Madera County Department of Public Health and key strategic provider partners to promote preventive screenings and HEDIS priority topics. Collaborate with provider partners to get more updated member contact information if available.

6b. Initiative/ Project Title		Community Health Education: Providers/Health Care Professionals						
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support	<input type="checkbox"/> Member Utilization	<input checked="" type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input checked="" type="checkbox"/> GNA
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez			Secondary:	D. Carrillo, M. Lin		
Aim of Initiative/Program		Support providers in promoting CalViva Health's programs and services to high-risk members.						
2017 Performance Measures	2017 Goals	Outcome 2016		Outcome Mid-Year 2017	Outcome Year End 2017			
Implement provider in-services to promote health education programs and services	3 High-Volume Provider in-services	Total of 5 provider in-services: Fresno: EOC WIC, United Health Centers, Fresno County Department of Public Health, CPSP Program and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center		In-Services provided: Fresno: EOC WIC, United Health Centers, and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center	Provided (5) In-Services: Fresno: EOC WIC, United Health Centers, and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center			
Identify and provide training to staff at high volume provider offices to encourage the implementation of the Staying Healthy Assessment (SHA)	3 High-Volume Provider training	3 Provider Offices: United Health Centers in Parlier, Kerman and Mendota.		Provider trainings offered at: United Health Centers' Kerman, Parlier, Mendota, and Corcoran locations.	Conducted (4) Provider trainings: Fresno: United Health Centers Kings: Adventist Health			
Conduct provider forums on HEDIS topics (i.e. Asthma, Diabetes, Nutrition)	2 provider forums	Conducted one asthma provider forum in May 2016. Attended by 33 professionals, of which 18 (55%) were healthcare providers (MD, RT, RN)		On Track.	Fresno County National Diabetes Prevention Program Workshop and Central Valley Diabetes Symposium on August 31, 2017.			
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)			
Develop and distribute a Provider Update to providers to promote current weight management products	6/17	5/17	Completed.		Completed.			
Develop and distribute a Provider Update to encourage providers to use SHA	9/17	4/17	Completed.		Completed.			
Provide continuing education to Providers on chronic disease clinical guidelines	12/17	12/17	On track.		Completed.			
Promote provider resources at all provider-based events attended	12/17	12/17	On track.		Completed.			
Provide Provider Relations Department overview of all health education products, referral process, talking points and SHA to distribute to providers during outreach visits	Ongoing	12/17	On track.		Completed.			
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>								
Overall Outcome and Analysis	The HED established key provider partnerships to promote HEDIS priority topics and provide in-service on using the Staying Healthy Assessment tool.							
Barrier Analysis	Increased health plan provider outreach may have resulted in provider abrasion.							
Recommendations	Continue inter-departmental communication to coordinate and prioritize provider outreach efforts.							

7. Initiative/ Project Title		Member Newsletter							
Initiative Aim(s)		<input type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input checked="" type="checkbox"/> GNA
Reporting Leader(s)		Primary: K. Schlater			Secondary: B. Jackson, T. Gonzalez				
Aim of Initiative/Program		Educate members about different health topics and available programs and services.							
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017		Outcome Year End 2017		
Complete CalViva Health member newsletters		4 newsletters		4 newsletters	2 newsletters distributed to CVH members: Spring 2017: 160,175 households Summer 2017: 161,116 households		4 newsletters distributed to CVH members: Spring 2017: 160, 175 households Summer 2017: 161,116 households Fall 2017: 160,180 households Winter 2017: 159,061 households		
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)			Year End Progress (Completed/ Postponed/ Cancelled)		
Add revised non-discrimination notice to newsletter		6/17	6/17	Completed.			Completed.		
Conduct interdepartmental meeting to decide 2018 newsletter topics		9/17	9/17	On track.			Completed.		
Update desktop procedure as needed		12/17	12/17	On track.			Completed.		
Submit 4 newsletters to C&L database		Quarterly	12/17	On track.			Completed.		
Develop and implement member newsletters according to the production schedule		Quarterly	12/17	On track.			Completed.		
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>									
Overall Outcome and Analysis		A total of four newsletters (1 per quarter) were reviewed, approved and distributed to CalViva Health members. New non-discrimination messaging was added to all four newsletters.							
Barrier Analysis		Limited space in the newsletter.							
Recommendations		Research online options for sharing newsletter articles.							

8. Initiative/ Project Title		Public Policy Committee (PPC)							
Initiative Aim(s)		<input type="checkbox"/> Provider Support	<input type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> HEDIS	<input type="checkbox"/> GNA
Reporting Leader(s)		Primary: B. Jackson, T. Gonzalez			Secondary: H. Su				
Aim of Initiative/Program		Share Health Education Department updates and get input from Public Policy Committee members.							
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017		Outcome Year End 2017		
Present Health Education updates at PPC meetings		4 PPC meetings		4 PPC meetings	2 PPC meetings		4 PPC meetings		
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)			Year End Progress (Completed/ Postponed/ Cancelled)		
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings		Quarterly	12/17	On track.			Completed.		
Invite key stakeholders to each PPC meeting		Quarterly	12/17	On track.			Completed.		
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>									
Overall Outcome and Analysis		Presented 2 semi-annual member incentive reports and a mid-year and year end HED work plans and received feedback from PPC members.							
Barrier Analysis		Low community partner and provider participation in PPC.							
Recommendations		Identify and invite key community and provider partners to participate in PPC meetings.							

9. Initiative/ Project Title		Tobacco Cessation Program							
Initiative Aim(s)		<input checked="" type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input checked="" type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> HEDIS	<input type="checkbox"/> GNA
Reporting Leader(s)		Primary: B. Nate			Secondary: B. Jackson, T. Gonzalez				
Aim of Initiative/Program		Improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among members.							
2017 Performance Measures		2017 Goals		Outcome 2016		Outcome Mid-Year 2017		Outcome Year End 2017	
Increase CA Smokers Helpline (CSH) participation rate		300+ members		323 CVH members		191 CVH members.		318 CVH members.	
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)			Year End Progress (Completed/ Postponed/ Cancelled)		
Request promotional materials from CA Smokers Helpline (CSH)		2/17	2/17	Completed.			Completed.		
Finalize a process to evaluate member participation in smoking cessation services		3/17	3/17	Completed.			Completed.		
Identify smokers from ICD-10 , CPT and pharmacy data		3/17 9/17	3/17	On track.			Completed.		
Conduct mailings to promote CSH to smokers		3/17 9/17	3/17	On track.			Completed.		
Develop provider on-line news article and promote provider web referral		6/17	4/17	Completed.			Completed.		
Promote CSH in two Medi-Cal newsletters		Bi-annually	5/17	On track.			Completed.		
Evaluate CSH program enrollment		Quarterly		On track.			Completed.		
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>									
Overall Outcome and Analysis		A total of 318 CalViva Health members enrolled in the CSH in 2017 (1.5% decrease from 2016). The HED promoted the CSH in the member newsletter, mailings to smokers identified from ICD-10 member lists and CPT codes, and educated providers to use the CSH web referral. More members enrolled in the CSH after each promotional mailing. Additionally, the HED successfully worked with CSH to create a specific CalViva Health provider e-referral portal. Providers increased enrollment using the e-referral from 0 on 2016 to 3 in 2017. This enrollment method would allow CSH to provide member specific utilization data back to the referring providers. Lastly, the HED finalized policies and procedures and desktop procedures to meet the requirements in the MMCD APL on tobacco cessation in 2017.							
Barrier Analysis		More members need to be referred by their physicians. CSH reduced statewide promotion of the Helpline which may have contributed to the lower enrollment in 2017 compared to 2016. CSH is not able to provide member specific participation data to any health plan to track member progress through the quitting process.							
Recommendations		Conduct more training to encourage providers to use the CHS e-referral portal. Explore the feasibility of contracting with CSH to collect member specific quit progress and quit rate.							

10. Initiative/ Project Title		Compliance, Oversight and Reporting		
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support	<input type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez, H. Su		Secondary:
				G. Toland
Aim of Initiative/Program	Meet DHCS and CalViva Health compliance.			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports	Completed and submitted Program Description, Work Plan, and Work Plan evaluation reports	Submitted Health Education Program Description and Work Plan.	Submitted Health Education Program Description and Work Plan.
Update Health Education Department's Policies and Procedures	Update Policies and Procedures	No changes were needed in 2016. Policies and Procedures were still current in 2016	Will submit updated policies and procedures in Q4.	Updated Policies and Procedures.
Complete all incentive program reports to CalViva Health and DHCS	Complete semi-annual CalViva Health progress reports and annual DHCS evaluation reports	Submitted quarterly reports and annual evaluation reports	Submitted semi-annual incentive progress report and 1 annual DHCS evaluation report.	Completed semi-annual incentive progress reports and annual incentive program evaluation reports to DHCS.
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	1 Provider Update	Provider Relations, Facility Site Review and Health Ed departments continues to promote SHA	Produced 1 provider communication on SHA.	Produced 1 provider communication on SHA.
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Resolve material Corrective Action Plan to update 1 educational piece	6/17	3/17	Completed	Completed.
Complete mid-year and year end health education work plan evaluation reports	4/17 10/17	4/17	On track.	Completed.
Produce and distribute Provider Update on SHA	9/17	4/17	Completed.	Completed.
Review Group Needs Assessment findings and develop needed interventions in the annual work plan	12/17	12/17	On track.	Completed.
Update Health Education Department's Policies and Procedures and Program Description	12/17	12/17	On track.	Completed.
Complete quarterly incentive program reports and annual evaluations	Quarterly, Annually	Quarterly	On track.	Completed.
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	All required documents were submitted to CalViva Health and DHCS.			
Barrier Analysis	None.			
Recommendations	Continue to update reports as needed and submit to CalViva Health and DHCS.			

11. Initiative/ Project Title		Health Education Department Materials Update, Development and Inventory				
Initiative Aim(s)		<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)		Primary: G. Toland			Secondary: M. Lin	
Aim of Initiative/Program		Produce and update health education resources to meet member and provider needs.				
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Required health education materials topics and languages available to providers, members and associates		All materials reviewed timely		All materials were reviewed timely	Updated 30 materials.	All materials up for a review were updated.
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Resolve material Corrective Action Plan to update 1 educational piece		6/17	3/17	Completed.		Completed.
Review and submit health education materials plan and budget for 2017		12/17	12/17	On track.		Completed.
Work with Cultural & Linguistics and Marketing departments to update and produce materials		On-going	On-going	On track.		Completed.
Monitor accuracy of BOM and materials fulfillment		On-going	On-going	On track.		Completed.
Resolve issues with CDS and Marketing as necessary		On-going	On-going	On track.		Completed.
Track and plan preprinted materials inventory and ordering		On-going	On-going	On track.		Completed.
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>						
Overall Outcome and Analysis		All materials up for a review were updated.				
Barrier Analysis		Follow up with Marketing for status of pending materials.				
Recommendations		Continue participating at the bi-weekly Health Education and Marketing meetings to ensure priority materials are developed in a timely manner.				

Item #12

Attachment 12.C

Health Education
2018 Program Description
(redline)



CalViva Health
20172018 Health Education
Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority has reviewed and approved this Program Description.

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Date

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OVERVIEW

CalViva Health is a Local Health Initiative managed care plan licensed by the Department of Managed Health Care (DMHC) and under contract with the California Department of Health Care Services (DHCS) to provide health care services to Medi-Cal (MC) members. CalViva Health has MC operations in three California counties, spanning rural and urban settings with diverse and distinct challenges. The three MC counties include Fresno, Kings and Madera.

CalViva Health has an Administrative Services Agreement with Health Net Community Solutions (HNCS or Health Net) to provide certain administrative services on CalViva Health's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net Community Solutions for the provision of health care services to CalViva Health members through Health Net's network of contracted providers. Health Net Community Solutions provides health education programs, services, and resources on CalViva Health's behalf through these contractual arrangements. CalViva Health may also contract with other entities or health plans to provide health education programs, services, and resources for members enrolled with CalViva Health.

These services are based on community health, cultural, and linguistic needs in order to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health care services, and to follow self-care regimens and treatment therapies. Health education services include individual, group and community-level education, and support by trained health educators. Provision of health education materials includes culturally and linguistically appropriate brochures, fact sheets, flyers, and newsletters. Under the oversight of CalViva Health, the Health Net Health Education Department (HED), in coordination with the Health Net Cultural and Linguistic Services Department, conduct a community needs assessment for CalViva Health contracted counties. Assessment results are used to develop health education priorities and the annual work plan.

POLICY STATEMENT AND PURPOSE

Policy Statement: CalViva Health is committed to providing appropriate and effective health education, health promotion and patient education programs, services and materials to its members based on community health, cultural, and linguistic needs. These programs and resources seek to encourage members to practice positive health and lifestyle behaviors, use appropriate preventive care and primary health care services, and learn to follow self-care regimens and treatment therapies. CalViva Health ensures the delivery of organized health education programs using education strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. CalViva Health conducts appropriate levels of evaluation, e.g. formative, process and outcome evaluation, to ensure effectiveness in achieving health education program goals and objectives.

HED's Goals:

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
 - Aid members and the community to achieve good health and overall wellbeing.
 - Positively impact CalViva Health's health care quality performance rates.
 - Positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

Purpose:

- To provide accessible, no cost health education programs, services and resources based on the community health, cultural and linguistic needs of CalViva Health's members and contractually required program scope.
- To monitor the quality and accessibility of health promotion and education offered by CalViva Health Primary Care Physicians (PCPs) to CalViva Health members.
- To encourage PCPs to perform an individual health education behavioral assessment (IHEBA)/Staying Healthy Assessment (SHA); assist providers in prioritizing individual health education needs of their assigned patients related to lifestyle, behavior, environment, and cultural and linguistic background; and assist providers in initiating and documenting focused health education interventions, referrals and follow-up.

Confidentiality

CalViva Health's health education programs and services, administered through the HED, maintain the confidentiality of all documents and any acquired member identifiable information in accordance with company, state, and federal regulations.

PROCEDURES

CalViva Health establishes programs and services to meet the regulatory requirements of Department of Health Care Services (DHCS) and offers no-cost information materials, programs, and other services on a variety of topics to promote healthy lifestyles and health improvement to members. These programs and services include:

Health Education Programs, Services and Resources (Interventions)

CalViva Health arranges organized health education interventions using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. The HED directly offers no cost health education interventions to CalViva Health members in each contracted county. When a contracted provider with expertise in delivering health education interventions offers the same type of service, the member is referred to the provider that is delegated to serve that member. Members are referred to the appropriate health education program (within CalViva Health, local hospital or a community based organization) based on type of request, geographical, cultural, and language circumstances.

CalViva Health ensures provision of the following program interventions for members by addressing the following health categories and topics:

- **Effective Use of Managed Health Care Services:** Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health and dental care services, obstetrical care, health education services, and appropriate use of complementary and alternative care.
- **Risk Reduction and Healthy Lifestyles:** Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases (STD), HIV and unintended pregnancy; nutrition, weight control, and physical activity; and parenting.
- **Self-Care and Management of Health Conditions:** Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/STI prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention and immunization. Some of these topics are also offered at community classes.

Point of Service Education: CalViva Health monitors that (1) members receive health education services during preventive and primary health care visits, (2) health risk behaviors, health practices and health education needs related to health conditions are identified, and (3) educational intervention, including counseling and referral for health education services, is conducted and documented in the member's medical record. CalViva Health ensures that providers use the DHCS developed and approved Individual Health Behavioral Assessment tool, Staying Healthy Assessment, or other approved assessment tool for identifying Medi-Cal medical members' health education needs and conducting educational interventions. CalViva Health provides health education resources, programs and community classes to assist contracted providers to provide effective health services for members.

The following programs and resources are available at no cost to CalViva Health's members through self-referral or a referral from their primary care physician. Members and providers may obtain more information about these programs and services by contacting the HED's toll-free Health Education Information Line at (800) 804-6074.

- Weight Management Programs –Members have access to a comprehensive Fit Families for Life-*Be In Charge!*sm suite of programs. The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. ~~Other nutrition and weight control education materials are also available upon request.~~ Members may speak with a nurse specialized in nutrition or a dietitian about their nutrition related concerns through the Fit Families for Life-Breastfeeding and Nutrition Support Line. Members 6-20 years old with a 95th BMI percentile or higher are eligible to participate in the Fit Families for Life-Coaching Program. These members work with a nurse specialized in nutrition or a dietitian to establish a personal weight control plan and have unlimited access to the coach for on-going support. These members will also have access to incentives to enhance their learning and engagement. Fit Families for Life-Community Classes, teaching basic nutrition and physical activity information, are offered at community centers and community based organizations located in areas where CalViva Health members reside. The Fit Families for Life-Community Classes are free to all CalViva Health members and the community. CalViva Health ~~will launch a new~~ members also have access to Healthy Habits for Healthy People weight management educational resource specifically for adults and seniors ~~in the future.~~
- Disease Management Program – Members with asthma, diabetes, and chronic heart failure are enrolled into *Be In Charge!*sm Disease Management programs to help them control their condition. ~~These programs are administered through a vendor Axispoint Health.~~ Members receive educational resources and have unlimited 24 hour access to a nurse to address their medical concerns. High-risk members also receive nurse initiated outbound calls to help members manage their conditions.
- Healthy Pregnancy program – Pregnant members receive educational resources including telephonic case management for high risk pregnancies to help them achieve a successful pregnancy and healthy baby. .
- Pregnancy Matters[®] ~~–Pregnant members receive educational resources and telephonic support through the Breastfeeding and Nutrition Support Line to help them achieve a successful pregnancy and healthy baby. Educational resources include materials on monitoring the baby's movement and handbooks on planning a healthy pregnancy, caring for your baby, and teen parenting.~~
- California Smokers' Helpline.--The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service operated by the University of California San Diego Moore's Cancer Center. The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. ~~Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. CalViva Health ensures that providers complete the Individual Comprehensive Health Assessment, including the Individual Health Education Behavioral Assessment/Staying Healthy Assessment, to identify members (including pregnant women) who are smokers. Providers will provide interventions such as education or face-to-face counseling to help identified smokers (including pregnant women) quit and to prevent initiation of tobacco use in school-aged children and adolescents. Members are offered a 90-day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.~~

- Breastfeeding and Nutrition Support Line – Members have access to nutrition advice from a dietitian or breastfeeding advice from a lactation specialist. Counseling and related educational materials are provided in a variety of threshold languages. The Breastfeeding and Nutrition Support Line is provided as an educational service to members and does not replace a comprehensive nutrition assessment by a dietitian or physician. Extended services, such as nutrition assessments for chronic diseases, are available through provider referrals.
- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns. Pre-recorded information about a variety of diseases and health issues is also available via the Nurse Advice Line as part of the Audio Health Library.
- Healthy Hearts, Healthy Lives –Members have access to a heart health prevention toolkit (educational booklet, tracking journal and fitness DVD) and access to community classes to learn how to maintain a healthy heart.
- Digital Health Education - Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services. CalViva Health also offers myStrength, a personalized website and mobile application, to help members deal with depression, anxiety, stress, substance use, and pain management.
- ~~Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide members in learning how to access credible health education information and seek preventive health care services. HED will explore the possibility of implementing a Lifeline Program in 2017. The federal Lifeline Program offers low income households access to a free cell phone with unlimited text, voice minutes and a data plan. This program will allow members to participate in health promotion text messaging programs and to stay in contact with CalViva Health.~~
- Health Promotion Incentive Programs- The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services.
- Know Your Numbers Community Class and Screening Events -- The HED conducts health screening on BMI, diabetes, hypertension and/or cholesterol to help participants understand their current health status. At the same event, participants are provided the appropriate preventive health education to help them adopt healthy behaviors and connect them to health care providers to control their health conditions.
- Community and Telephonic Health Education Classes - Free classes are offered to members and the community. Classes are available in various languages. Topics vary by county and are determined by the community's needs.
- Community Health Fairs – HED participates in health fairs and community events to promote health awareness and promotion to members and the community. CalViva Health representatives provide screenings, presentations, and health education materials at these events.

The following educational resources are available to members:

- Health Education Member Request Form -- Members complete ~~this a~~ pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.
- Health Education Programs and Services Flyer— This flyer contains information on all health education programs and services offered to members and information on how to access services.

- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter – Newsletter is mailed to members on a quarterly basis and covers various health topics and the most up-to-date information on health education programs and services.

CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members.

Group Needs Assessment

CalViva Health conducts a Group Needs Assessments (GNA) for contracted counties and develops a health education work plan based on the assessment results. The purpose of the GNA is to determine the health education, cultural, language, and health care access needs of CalViva Health Medi-Cal members. A full GNA report is submitted to DHCS every five (5) years and a work plan reflecting updated GNA findings is submitted each of the other four (4) years.

CalViva Health ensures that the findings of the GNA, as well as other relevant information, are used to establish health education, cultural & linguistics and quality improvement program priorities and appropriate levels of intervention for specific health issues and target populations. GNA findings are used to prioritize the annual work plan objectives and intervention activities and to guide on-going project developments to address the unmet needs of our members.

The health education system shall be reviewed at least once a year to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and other plan data. Health education programs, services and resources are developed, augmented, prioritized and allocated according to several critical sources that identify areas of need. The health education work plan is developed on an annual basis based on the following listed data sources:

- Needs and recommendations identified in the GNA findings, or other assessment findings, which are reviewed on an on-going basis
- Available provider and member surveys that identify the needs for new and satisfaction with current health education and cultural and linguistic services
- Annual evaluation of all health education services that include process and outcome evaluation and direct health education service requests from members and providers
- Data from current CalViva Health HEDIS® health outcomes reports
- Specific community requests determined through the CalViva Health Public Policy Committee meetings
- Discussion and coordination of community needs at various community-based workgroups and coalitions
- Needs identified by other departments

The results of the assessment are presented at appropriate internal forum (e.g., QI/UM Workgroup) and external forum (e.g., QI/UM Committee, Public Policy Committee).

Educational Materials

Health education materials are provided to members and contracted providers for dissemination to their Medi-Cal members. CalViva Health produces health education materials for its members with a 6th grade or lower reading level and takes diverse cultural backgrounds into consideration in their development and translation. Materials are also available on alternative formats upon member request. The Cultural and Linguistic Services Department reviews these materials for accuracy of translation, cultural content, and reading level. Moreover, CalViva Health evaluates member materials with the assistance of experts, Public Policy Committee, focus groups, and/or individual and group interviews. Health education materials are also offered and disseminated through community health education classes, health fairs and other events that are significantly relevant to the CalViva Health priority areas.

Promotion of Health Education Programs, Services and Resources

A. Members

CalViva Health promotes members to appropriately use health care services including health education interventions. CalViva Health also monitors that these interventions are available and accessible upon member self-referral or referral by contracting providers. Members are provided information in the following ways:

- Via the toll-free Health Education Information Line, Nurse Advice Line, Breastfeeding & Nutrition Support Line, and Member Services ~~Information Line~~
- On CalViva Health's website ~~and~~
- ~~Via the social media website <http://t2x.me>~~ digital communications including T2X and myStrength website and mobile app, and text messaging interventions
- Information contained in the member newsletters and other member mailings
- Inclusion in the enrollment packets with Health Education Member Request Form
- At health fairs and other community events
- Via the CalViva Health contracted providers' offices
- In association with Community Based Organizations
- During health education presentations and classes
- Inclusion in the Evidence of Coverage (EOC)
- Through other internal departments (e.g., Quality Improvement, Provider Relations, Public ~~Health~~ ~~Coordination~~ ~~Programs~~, and Cultural & Linguistics)

B. Providers

CalViva Health offers education, training, and program resources to assist contracting practitioners in the delivery of effective health education services for members. Provider educational and training opportunities can include CME training information, in-services on health education programs and services, and web-based health education. Information about CalViva Health's health education programs and resources are disseminated to contracting providers through the following ways:

- CalViva Health's Provider Toolkit and web-based Provider Operations Manual contain requirements for health education and available health plan's services. The Toolkit and Manual are updated as needed. The Health Education materials order form is included as an attachment and offers materials in multiple languages and on multiple health topics at no cost to the providers or members
- Provider on-line newsletters, Provider Updates, flyers and other provider mailings
- CalViva Health's provider trainings
- On-site visits are conducted by the Facility Site Compliance Department, Provider Relations Department and HED to inform providers and their staff about CalViva Health's services, including health education programs, Staying Healthy Assessment, and resources
- CalViva Health's toll-free Health Education Information Line
- Health education in-services including the Child and Adolescent Overweight Provider Toolkit and Fit Providers for Life weight management wellness program for providers and their staff

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED reaches out to the following departments: Public Programs, Quality Improvement, Health Care Services, Cultural & Linguistic Services, Provider Relations, Member Services and Enrollment Services.

Health education programs, resources and services are promoted to staff through the following ways:

- Health Education Department intranet site
- Health Education Department email updates
- State Operational Meetings
- Presentation at individual department's staff meetings
- Member newsletter
- Interdepartmental workgroup meetings

D. Community Collaborations

The HED interacts with community-based organizations (CBOs), providers and other stakeholders in statewide and county specific collaborations to support health initiatives to promote positive community member health and lifestyle behaviors. The HED also participates to promote CalViva Health's health education interventions. The HED's ~~Health Promotion Consultants~~ Sr. Health Education Specialists are involved in coalitions that address major health issues identified in the GNAs and/or reflective of CalViva Health's priorities. Creating and maintaining community connection allows for input and guidance on member services and programs and assures that the HED work reflects the needs of CalViva Health members. The role of the HED within the CBO or community collaborative is primarily consultative in nature. In some instances, HED takes on a more leadership role where appropriate. CalViva Health may also provide sponsorships to CBOs and collaboratives to implement interventions that meet the company's priorities.

CalViva Health's Health Education Standards and Guidelines

The HED's standards and guidelines must support the findings of professional experts or peers, best practices, and/or published research. CalViva Health monitors the performance of providers that are contracted to deliver health education programs and services to members, and implement strategies to improve provider performance and effectiveness.

Educational materials for Medi-Cal members must be culturally appropriate and written at a sixth-grade (or lower) reading level and in an easy-to-read format. All health education materials are reviewed and approved by the Health Education Department, Cultural & Linguistic Services Department, Medical Directors, CalViva Health staff and contracting regulators as appropriate. CalViva Health pre-translated a core set of educational materials into Spanish and Hmong. Health Education materials are also available in alternative formats upon member request. Educational materials and services must be available on a variety of topics to members and providers at no cost.

CalViva Health's educational interventions and programs are developed based on specific professional behavioral models, such as the PRECEDE/PROCEED model, the Health Belief Model, and the Transtheoretical/Stage of Change model. These models are valuable in health education and promotion planning since they provide a format for identifying factors related to health problems, behaviors, and program implementation. The following are the most common health education methods used:

- Structured health education classes and other events: Health education classes, presentations, health fairs, screenings or other event participation on topics such as diabetes, asthma, pregnancy, nutrition, exercise, cervical cancer, dental, hypertension, etc.
- Telephonic/Face-to-Face interventions: Examples include our Fit Families for Life-*Be In Charge!*sm Coaching Program and Breastfeeding and Nutrition Support Line, and California Smokers' Helpline smoking cessation program.

- Mass media: Direct member mailing and digital education interventions on various health education topics, such as Preventive Screening Guidelines, diabetes, asthma, pregnancy, smoking cessation, and weight control.

Another health education standard includes the evaluation of all health education programs to ensure effectiveness in achieving health education goals and objectives. The different types of evaluation methods used are: qualitative, quantitative, formative, process, and outcome.

Individual Health Education Behavioral Assessment (IHEBA)/ Staying Healthy Assessment (SHA)

The California Department of Health Care Services (DHCS) requires primary care physicians to administer an Individual Health Education Behavioral Assessment (IHEBA) to Medi-Cal members. The DHCS developed and approved IHEBA is the Staying Healthy Assessment (SHA). CalViva Health encourages all new members to complete the IHEBA within 120 calendar days of enrollment as part of the initial health assessment (IHA); and that all existing members complete the IHEBA at their next non-acute care visit. CalViva Health encourages: 1) that primary care providers use SHA, or alternative approved tools that comply with DHCS approval criteria for the IHEBA; and 2) that the IHEBA tool is: a) administered and reviewed by the primary care provider during an office visit, b) reviewed at least annually by the primary care provider with members who present for a scheduled visit, and c) re-administered by the primary care provider at the appropriate age-intervals.

Contracted providers or provider groups must notify Health Net, on behalf of CalViva Health, two months in advance of using electronic copy of SHA, Bright Futures, and alternative IHEBA tools. Alternative IHEBA tools will need DHCS approval prior to use. Members may decline to participate in an offered assessment. CalViva Health conducts various activities to improve IHEBA implementation, including on-site in-services at provider offices, targeting office staff to complete the non-clinical IHEBA items with the member, and educating members about IHEBA/IHA through direct mailing.

The assessment consists of standardized questions developed by Medi-Cal managed care health plans in collaboration with DHCS to assist PCPs in: 1) identifying high-risk behaviors, including smoking, tobacco use and alcohol consumption, of individual members; 2) assigning priority to individual health education needs of their patients related to lifestyle, behavior, disability, environment, culture, and language; 3) initiating and documenting health education interventions, referrals, and follow-up care with members; and 4) identifying members whose health needs require coordination with appropriate community resources and other agencies for services not covered under the current contract.

The SHA consists of nine questionnaires specific to age ranges in which health risk factors may change significantly. They are available in Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Providers are informed via a Provider Update and provider in-services on the SHA requirements, how to complete and document the questionnaires, how to provide appropriate health education and referrals, and where to access the questionnaires. CalViva Health makes these forms available to contracting providers via the toll-free Health Education Information Line, on the provider website, and on the provider materials order fax form.

Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and

establishing and maintaining community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA (Regional Health Authority) Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Education program description, work plan, incentive program summary, and end of year work plan evaluation report are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The Health Education program description, work plan, incentive program summary and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Operating Officer

CalViva Health's Chief Operating Officer's responsibilities include assuring that Health Net is coordinating the requested health education services and needs in accordance with the Administrative Services Agreement with CalViva Health. An operations team is under the direction of the Chief Operating Officer.

D. Operations Team

CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator. The Chief Operating Officer meets the DHCS qualification and definition of a qualified health educator

and maintains a Master Certified Health Education Specialist (“MCHES”) certification awarded by the National Commission for Health Education Credentialing, Inc.

G.E. Chief Compliance Officer

CalViva Health’s Chief Compliance Officer’s responsibilities include assuring that CalViva Health’s programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

D.F. Compliance Team

CalViva Health’s Compliance team includes the Chief Compliance Officer, a ~~Manager/Director, who is a Certified Health Education Specialist, a Project Manager,~~ and a Compliance Analyst~~provider relations representative who focuses on compliance activities with the provider network.~~

3. Health Net Health Education Department (HED) Staff Roles and Responsibilities

The HED’s primary function is to fulfill DHCS contractual requirements for health education and provides a supporting role in the development and implementation of quality improvement initiatives coordinated by the QI Department including but not limited to the development and implementation of HEDIS® interventions. CalViva Health’s QI/UM Committee oversees the work of the HED.

A. The HED Leadership Team

Important health education services are developed and coordinated within the CalViva Health service area by the HED. The HED continues to maintain their internal reporting responsibilities within Health Net Community Solutions, as a subsidiary to Health Net Inc., (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health’s staff and respective committees.

Incorporating Health Education into Health Care Services Delivery

Processes are in place, including inter-organizational (CalViva Health and Health Net Community Solutions) and provider-initiated methods of identifying members in need of health education, communication assistance, referral to appropriate departments, and coordination of services delivery. Examples of such coordination activities are as follows:

- a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Cultural and Linguistics Services Departments and CalViva Health staff to implement HEDIS® improvement projects.
- b) Cultural & Linguistic Services (C&L): HED coordinates with C&L to develop culturally and linguistically appropriate educational resources and programs including converting materials into alternative formats. HED also coordinates with the C&L department to conduct health disparity projects and with the CalViva Health staff to implement Public Policy Committee meetings throughout Fresno, Kings and Madera Counties.
- c) Member Services (MS): HED coordinates with the Member Services Department to include an on-hold health education message on their toll free Medi-Cal phone line. Various health education programs and resources to members are promoted while transferring them directly to the Health Education Information Line. The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking

members and to make health education program referrals by members who access the MS phone line.

- d) Medical Management (MM): HED works closely with medical directors to incorporate health education interventions into health improvement projects.
- e) Case Management (CM): Health Care Services (HCS): HED coordinates with HCS-CM nurses to refer members to the HED for health education programs, services and materials. HED also works with CM to develop approved health education resources to meet members' health education needs
- f) Provider Relations (PR): HED coordinates with PR staff to refer members to the HED for health education programs, services and materials through PR's outreach to providers in the community and/or office.
- g) Public Programs (PP): HED coordinates with PP staff to refer members to the HED for health education programs, services and materials through PP's targeted initiatives.
- h) Enrollment Services (ES): HED partners with ES to help CalViva Health's pregnant women understand the importance of baby well care visits, postpartum visits and the process for getting their newborn insured.
- i) Member Connections (MC): HED coordinates with MC staff to promote CalViva Health's health education programs and resources to members during their member outreach and home visits.

CalViva Health's health education initiatives support improvement in local public health concerns and support CalViva Health contracted providers' ability to provide culturally and linguistically appropriate health education programs and services.

Strategies for Improving the Effectiveness of Health Education Programs and Services

The HED utilizes findings from program evaluation to identify areas for improvement and to establish strategies for improving program effectiveness. Program evaluation data at varying levels are collected on an on-going basis through methods such as health education class evaluation surveys, reports of weight management activity, quarterly reports of smoking cessation program activity, and member completed preventive health screenings. ~~monthly reports of nutrition, quarterly reports of smoking cessation program activity, member completed preventive health screenings, and monthly reports of weight management program referrals.~~ Strategies are multi-level and developed to tailor specific needs, such as increasing targeted promotion of a program to increase access to utilization of services, enhancing class curricula to include more interactive activities based on feedback from class participants, and enhancing a group intervention program by including an individual-level intervention component.

Providers are contracted to deliver and make available no cost health education programs and services to CalViva Health's Medi-Cal members. To improve provider performance in delivering health education services to members, the HED connect providers to a variety of provider training and educational opportunities such as CME training both within targeted Medi-Cal counties and via free on-line training. PCPs are also kept informed on CalViva Health's health education programs and services. Monitoring is conducted through monthly analysis of program utilization and provider referrals, through the Facility Site Review and Medical Record Review processes. Moreover, the annual work plan is evaluated to assess progress and outcomes and to develop strategies for enhanced intervention effectiveness for the following year.

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

The following process is in place to ensure internal monitoring and evaluation:

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Policy Letter 11-018 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approval are needed for materials with clinical information.
- Health education classes and programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A GNA Report is developed. A member survey is conducted during each GNA Report year to obtain member feedback on health education interventions accessed through CalViva Health's HED.
- An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.

CalViva Health Monitoring & Evaluation

The following activities are in place to ensure CalViva Health's oversight responsibilities over the delegation of HED programs, services and resources to Health Net:

- **Communications Review** -The CalViva Health Chief Medical Officer, Chief Compliance Officer or designee review and approve all health education materials created by the HED before distribution to CalViva Health members.
- **Reports** - The CalViva Health QI/UM Committee oversees the HED programs and reviews the Health Education Department program description, work plan, and reports to ensure planned interventions are in place and completed by target date.
- **Audits** - CalViva Health conducts an oversight audit of health education activities performed by the HED. The main elements covered in the audit include but are not limited to: establishing, administrating, and monitoring of the health education system, assessing the need for health education, and health education material development and approval process. The results of the audit are shared with the HED, the QI/UM Committee, and the RHA Commission.

Program evaluation for CalViva Health's health education programs and services include both process and outcome measures. Process measures will assess the extent to which the delivery of services is consistent with program design specifications and the level of utilization, such as monitoring of program participation and program feedback. Outcome evaluation will assess the amount and direction of change in knowledge, attitudes, and behaviors that have occurred with an intervention, such as for a health education class. An annual work plan is developed with measurable objectives, rationale, barriers, and outcomes, and is reviewed and updated to monitor and evaluate progress every 6 months.

Item #12

Attachment 12.D

Health Education
2018 Work Plan



2018 Health Education Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

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I. Purpose

The purpose of the CalViva Health (CVH) Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CVH senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
 - aid members and the community to achieve good health and overall wellbeing,
 - positively impact CVH's health care quality performance rates, and
 - positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.
4. Support provider offices for efficient and cost effective delivery of health education services and referrals.

IV. Selection of the Health Education Department Activities and Projects

The Health Education Work Plan activities and projects are selected from results of CVH group needs assessment report (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The Health Education Work Plan supports and maintains excellence in the health education department's activities through the following strategies:

- increase provider support, resources and communication to ensure provision of comprehensive health care services;
- support community collaboratives to promote preventive health initiatives;
- enhance member utilization of health education and cultural and linguistic resources, help members better understand and manage their health conditions, and improve health care quality performance rates;
- improve the Health Education Department's efficiency; and
- meet compliance requirements.

The Health Education Department's (HED) main health focus areas include: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, chronic disease prevention, and health promotion.

1. Initiative/ Project:	Chronic Disease Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	M. Zuniga, T. Gonzalez		Secondary: H. Su
Goal of Initiative	To improve diabetes care and outcomes for our Medi-Cal members through health education; promotion of effective disease management strategies; and multifaceted communication.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with key internal and external partners to identify best practices for implementing a National Diabetes Prevention Program.	Develop a work plan for implementing a National Diabetes Prevention Program for pre-diabetic Medi-Cal member.	No program in 2017.		
Collaborate with Madera County Department of Public Health's Project Dulce Disease Self Management and Education Program (DSME).	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promotores participate in DSME training		June 2018	T. Gonzalez	
Explore collaborative opportunities with Engolve People Care (EPC) for asthma and diabetes disease management.		December 2018	M. Zuniga, H. Su	
Contract with vendor to offer DPP as appropriate		December 2018	M. Zuniga, H. Su	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

2. Initiative/ Project:	Community Health Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland		Secondary: M. Beckett, I. Rivera. A. Corona
Goal of Initiative	To provide health education to members in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase CVH member participation in health education classes.	Reach a 55% member participation rate in classes.	Conducted 101 health education classes to 687 participants, of which, 442 (64%) were CVH members.		
Increase CVH member participation in health screenings.	Reach a 55% member participation rate in community health screenings.	Conducted 3 Know Your Numbers forums with 116 participants of which 73 (63%) were CVH Members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Partner with Madera County Department of Public Health - Prevention First and Diabetes Prevention Program and community partners to implement community education classes and Know Your Numbers forums.		December 2018	T. Gonzalez	
Partner with Fresno County Department of Public Health's Fresno County Health Improvement Program and community partners to implement community education classes and Know Your Numbers forums.		December 2018	T. Gonzalez	
Partner with Kings County Diabesity Coalition, Adventist Health and community partners to implement community education classes.		December 2018	T. Gonzalez, G. Toland	
Coordinate with Provider Relations Department to implement provider lunch and learn trainings.		December 2018	T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

3. Initiative/ Project:	Digital Health Education Programs				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	G. Toland, H. Su, M. Zuniga, D. Carrillo		Secondary:	T. Gonzalez
Goal of Initiative	To increase member engagement using electronica/digital communications.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Partner with QI to implement a Cervical Cancer Screening (CCS) text messaging campaign.	Reach 50% of targeted members	12.7% response rate.			
Partner with QI to develop and pilot a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.			
Partner with QI to develop and pilot a low back pain text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.			
Partner with QI to develop and pilot an antibiotic awareness text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.			
Promote member enrollment in myStrength.	Enroll 30 members.	Enrolled 32 members.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Collaborate with MHN and internally to synchronize myStrength promotion calendar.		May 2018	D. Carrillo		
Launch SMS text messaging campaign for MPM.		May 2018	G. Toland		
Launch SMS text messaging campaign for CCS.		June 2018	G. Toland		
Launch SMS text messaging campaign for low back pain.		October 2018	M. Zuniga		
Launch SMS text messaging campaign for antibiotic awareness.		December 2018	M. Zuniga		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

4. Initiative/ Project:	Healthy Equity Projects				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary:	G. Toland, M. Beckett
Goal of Initiative	To improve maternal health in Fresno County.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Conducted community assessment, key informant interviews and barrier analysis.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Conduct staff training in social determinants of health and qualitative research methods.		February 2018	M. Beckett		
Develop educational interventions.		December 2018	T. Gonzalez		
Conduct postpartum visit follow up calls.		December 2018	T. Gonzalez		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

5. Initiative/ Project:	HEDIS Improvement Incentive Programs				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland, I. Rivera		Secondary:	D. Carrillo, A. Campos
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Implement a cervical cancer screening (CCS) member incentive program to increase screenings with targeted providers.	50% of educated members complete their cervical cancer screening.	66% of targeted members received education and completed screening.			
Implement a monitoring patient with persistent medication (MPM) incentive program with a targeted provider.	15% of members reached through a MPM text messaging campaign complete their MPM labs.	No program in 2017.			
Implement a baby shower member incentive program	Reach a 50% member participation rate in baby showers.	56% (148/264) of baby shower participants were members.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Identify high volume, low performing providers by county to partner with health education incentive programs.		March 2018	D. Carrillo		
Implement a member text (SMS) message to encourage members: 1) to schedule an appointment to complete labs and 2) to attend already scheduled appointments.		June 2018	T. Gonzalez, G. Toland		
Implement HEDIS clinics that support increase in cervical cancer screenings.		December 2018	T. Gonzalez, G. Toland		
Conduct follow up calls to members who have received education to complete their preventive health service.		December 2018	T. Gonzalez, I. Rivera, G. Toland		
Train providers with in-house health educators to conduct CCS and follow up calls to care gap members.		December 2018	T. Gonzalez, I. Rivera, G. Toland		
Distribute gift cards to incentive program participants.		Ongoing	A. Campos		
Download Care Gap reports and pull non-compliant members for HEDIS-based interventions.		Ongoing	D. Carrillo		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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6. Initiative/ Project:	Immunization Initiative			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	G. Toland
Goal of Initiative	Educate members to access timely preventive health care services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Develop, implement and test for effectiveness 1 educational intervention to improve CIS rate in Fresno County.	No program in 2017		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Implement and evaluate a childhood immunizations reminder campaign using SMS.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Member Engagement				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary:	M. Beckett, G. Toland, I. Rivera
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Increase member screenings for diabetes care measures.	15% of member participants in Know Your Numbers (KYN) interventions complete their screening.	10% member screened.			
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	No project in 2017.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Develop member orientation implementation timeline and confirm target counties.		April 2018	T. Gonzalez		
Revise the KYN brochure, log and blood pressure curriculum with updated blood pressure measures.		June 2018	T. Gonzalez		
Revise member orientation curriculum and obtain approval of member benefits and resources materials addressing member needs related to social determinants of health.		June 2018	T. Gonzalez		
Partner with key providers to promote KYN forums to targeted members.		December 2018	T. Gonzalez		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

8. Initiative/ Project:	Member Newsletters			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater		Secondary:
Goal of Initiative	To educate members about different health topics and available programs and services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Inform CVH members of current health education topics and Medi-Cal policies and services.	Produce 4 member newsletters.	4 newsletters distributed to CVH members: Spring 2017: 160, 175 Summer 2017: 161,116 Fall 2017: 160,180 Winter 2017: 159,061		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2018 newsletter topics.		January 2018	K. Schlater	
Update desktop procedure as needed.		December 2018	K. Schlater	
Submit 4 newsletters to C&L database.		Quarterly	K. Schlater	
Develop and implement member newsletters according to the production schedule.		Quarterly	K. Schlater	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>			

9a. Initiative/ Project:	Obesity Prevention: Members				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	T. Gonzalez, G. Toland
Goal of Initiative	To increase member awareness and participation in obesity prevention programs to improve health outcomes.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction.	Enroll 400 members (70% flagged as high-risk) and 90% satisfaction from program surveys.	Enrolled 375 members (85% flagged as high risk) and 100% satisfaction.			
Improve FFFL Coaching Program enrollment and engagement.	Enroll 75 members with 65% of members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 94 members with 77% of members completing at least 1 call (closed cases) and 49.1% members completing all 5 calls (closed cases with at least 1 call).			
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	100 members.	0 members enrolled.			
Major Activities	Timeframe For Completion		Responsible Party(s)		
Draft process to update providers on FFFL referrals (monthly).	April 2018		D. Carrillo		
Update Desktop Procedures outlining population health outreach strategies.	July 2018		D. Carrillo		
Promote FFFL and HHHP in member newsletter.	August 2018		D. Carrillo		
Pilot Coaching program retention outreach using text messages.	September 2018		D. Carrillo		
Finalize contract with Envolve People Care to transition Coaching program to Raising Well (if applicable)	December 2018		D. Carrillo,		
Promote weight management resources on the CVH website.	December 2018		D. Carrillo		
Identify and utilize datasets acknowledging member risk based on weight status.	Ongoing		D. Carrillo		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

9b. Initiative/ Project:	Obesity Prevention: Community				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	T. Gonzalez, G. Toland
Goal of Initiative	To increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership retention and improve health outcomes.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post tests) and 90% satisfaction rate from post tests.	Reached a 31.5% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Mid-year FFFL performance review with Health Education Trainers.		July 2018	D. Carrillo		
Implement 2+ FFFL Classes.		December 2018	D. Carrillo		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

10. Initiative/ Project:	Perinatal Education			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater, G. Toland, I. Rivera		Secondary: A. Campos, T. Gonzalez, D. Carrillo
Goal of Initiative	To educate and assist pregnant women to have healthy pregnancies, newborns and access timely prenatal and postpartum visits.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Promote pregnancy packets to members.	Distribute 1,500 pregnancy information packets to requesting CVH pregnant members.	1,447 pregnancy packets were mailed to CVH members.		
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County.	Implement 25 baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno and Kings Counties with 264 attendees, of which, 148 (56%) were CVH members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members.		December 2018	G. Toland, I. Rivera	
Coordinate with QI, community based organizations, and clinics to implement baby showers in English and Spanish.		December 2018	G. Toland, I. Rivera	
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy.		December 2018	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

11. Initiative/ Project:	Promotores Health Network (PHN)			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona		Secondary: M. Beckett
Goal of Initiative	To use trusted community health advocates to provide health education to members and providers in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Implement the Rx for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	No Rx for Health program in 2017.		
Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.		
Implement the Rx for Health intervention to increase member request for Fit Families for Life (FFFL) Home Edition educational resource.	25 members request FFFL Home Edition educational resources.	15 member requests in 2017.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop Rx for Health (prescription pad), obtain DHCS approval and train promotores.		June 2018	T. Gonzalez	
Complete DSME training for PHN promotoras.		June 2018	T. Gonzalez	
Establish partnership with Madera Community Hospital, Camarena Health and Madera County Department of Public Health to implement Diabetes Prevention Program and Project Dulce DSME programs.		December 2018	T. Gonzalez	
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes.		December 2018	T. Gonzalez	
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

12. Initiative/ Project:	Tobacco Cessation Program			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	B. Nate	Secondary:	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CalViva Health membership.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with California Smoker's Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 290 smokers into CA Smokers' Helpline.	Enrolled 318 members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify smokers from pharmacy and claims using smoking related CDT and ICD-10 codes and encourage them to join the California Smokers' Helpline.		March/September 2018	B. Nate	
Develop provider on-line news article and promote provider web referral twice a year.		June/December 2018	B. Nate	
Update 2018 Program Description and Desktop Procedures.		September 2018	B. Nate	
Conduct one (1) provider webinar to promote CSH.		September 2018	B. Nate	
Promote CSH in one Medi-Cal newsletter.		September 2018	B. Nate	
Track and evaluate member participation in smoking cessation services.		Quarterly 2018	B. Nate	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

13. Initiative/ Project:	Compliance: Oversight and Reporting				
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA				
Initiative Aim(s)	<input type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	H. Su, M. Beckett		Secondary:	T. Gonzalez, M. Lin, G. Toland
Goal of Initiative	To meet DHCS and CalViva Health compliance requirements.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Submitted work plan evaluation, work plan and Program Description.			
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated Policies and Procedures.			
Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress reports and annual DHCS incentive evaluation reports.			
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.			
Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Conducted 4 PPC meetings.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Update Department Program Description.		April 2018	H. Su		
Complete mid-year and year end health education work plan evaluation reports.		April/October 2018	H. Su, M. Beckett		
Produce and distribute Provider Update on SHA.		September 2018	M. Lin		
Update Health Education Department's Policies and Procedures.		November 2018	H. Su		
Complete incentive program progress reports and annual DHCS evaluations.		Semi-annual, Annually	T. Gonzalez, H. Su		
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings.		Quarterly	T. Gonzalez, G. Toland		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				

Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

14. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization and Inventory				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	G. Toland, M. Zuniga		Secondary:	A. Campos, N. Dominguez
Goal of Initiative	To produce and update health education resources to meet member and provider needs.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)	
All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to meet compliance.	All materials up for a review were updated.			
Adapt, review and approve national healthy pregnancy educational program for CVH members.	Launch a new healthy pregnancy educational program.	No new program in 2017.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Phase out member request form to start in 2019 and transition Krames link onto CalVivahealth.com website.		September 2018	G. Toland		
Update materials identification codes with scanning vendor.		December 2018	G. Toland		
Review, process, and track EPC materials review and approval for program implementation.		December 2018	G. Toland		
Bi-weekly meetings or as necessary meetings with Marketing and Health Ed. to discuss material status and projects.		December 2018	G. Toland		
Develop and implement 2018 CVH materials work plan and budget.		December 2018	G. Toland		
Partner with Provider Relations to promote health education materials.		December 2018	M. Zuniga, T. Gonzalez, G. Toland		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				