Collaborative Partnership in Central Valley

1/31/2025

Health Net Community Solutions and California Black Infant Health Program

Our Family of Brands

Health Plans We Support

Notice: CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies.

Collaborative Partnership in San Joaquin and Stanislaus Counties

1/31/2025

Announcement

Announcement

- Everyone is muted upon joining and will be muted throughout the event.
- Please use the chat (if available) or Q&A tool to ask questions or to provide comments/feedback.
- Today's presentation will be shared after the webinar. You can also find a copy of the presentation on the Provider Portal.
- Thank you for your time attending the webinar today.

Agenda

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1. Health Net Community Solutions W30-6+ Performance Improvement Project (PIP) and Activities Presentation – 10 minutes

2. California Black Infant Health Program's Presentation – 35 minutes

3. Q&A – 15 minutes

Performance Improvement Project and Activities

What is Performance Improvement Project (PIP)?

- Medi-Cal Managed Care Plan (MCMCs) **are required** to conduct or participate in a minimum of two PIPs per year. DHCS provides guidance to each MCMC on topic selection.

- A PIP is a focused effort to improve specific administrative or clinical performance to improve access to and quality of MCMC Plan.

- PIP must utilize the outcome-focused improvement strategies and must be documented and submitted on forms/reports supplied by the Health Services Advisory Group (HSAG), the California Department of Health Care Services (DHCS)' external quality review organization (EQRO).

PIP Topic

- DHCS has assigned to Health Net (HN) for the 2023-2026 Performance Improvement Project the topic of: **Infant Well Care Visits specifically focusing on improvements in the Black or African American population**.

- The HEDIS® measure is Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits (W30-6+). The population of focus is **Black or African American infants in the W30-6+ denominator** in 5 Counties: Sacramento, San Joaquin, Stanislaus, Tulare, and Los Angeles.

Statewide W30-6+ Rates Among Race/Ethnicity (MY2023)

Health Net Five Counties - Final MV2023			
Race/Ethnicity	Six or more wellchild visits by fifteen months of life		
	Y	Total	Rate%
American Indian or Alaska Native**	9	21	42.9%
Asian	279	478	58.4%
Black/African American	201	570	35.3%
Hispanic*	2,963	5,351	55.4%
Native Hawaiian or Other Pacific Islander**	9	25	36.0%
Other	172	304	56.6%
Unknown	234	499	46.9%
White	338	716	47.2%
Total	4,205	7,964	52.8%

Statewide 3x120 Rates Among Race/Ethnicity (MY2023)

Health Net Five Counties - Final MY2023			
Race/Ethnicity	Three or more wellchild visits by 120 days of life		
	Y	Total	Rate
American Indian or Alaska Native**	8	20	40.0%
Asian	170	425	40.0%
Black/African-American	146	481	30.4%
Hispanic*	1,962	4,673	42.0%
Native Hawaiian or Other Pacific	8	24	33.3%
Other	144	304	47.4%
Unknown	95	224	42.4%
White	237	628	37.7%
Total	2,770	6,779	40.9%

MY2023 W30-6+ Rates in San Joaquin and Stanislaus Counties

Race/Ethnicity	DEN	NUM	Rate	
Hispanic	324	156	48.15%	
White	73	33	45.21%	
Two or More Races	38	16	42.11%	
Unknown	37	17	45.95%	
Asian	28	20	71.43%	
Black	24	2	8.33%	
Other	18	8	44.44%	
American Indian or Alaska Native	4	3	75.00%	Benchmark Rate
Native Hawaiian or Other Pacific Islander	2	1	50.00%	58.38%

PIP Aim Statements

1. Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children 15 months of age in the 5 Counties that had six or more well-child visits during the remeasurement year.

2. Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children who complete three or more infant well-care visits within 120 days of life in the 5 Counties during the remeasurement year.

In Collaboration with California Black Infant Health Program

1. **Connect with the referred Health Net members and provide BIH program services.**
   - Trusted partner to reach members and connect members with resources that meet their needs
   - Trusted partner to help Health Net continue building trust among the Black/African American community, to empower members to advocate for quality care, and to encourage member engagement and participation

2. **Document encounter outcomes and other tracking outcomes**
   - Scheduling of members clinical appointments, referral source, BIH program enrollment, etc.
   - Member incentives distribution

3. **Exchange report and other information**

4. **PIP workgroup meeting**
   - At least one BIH staff from each County attends the workgroup to share findings and discuss barriers
   - Collaborative space to brainstorm future activities and collect feedback

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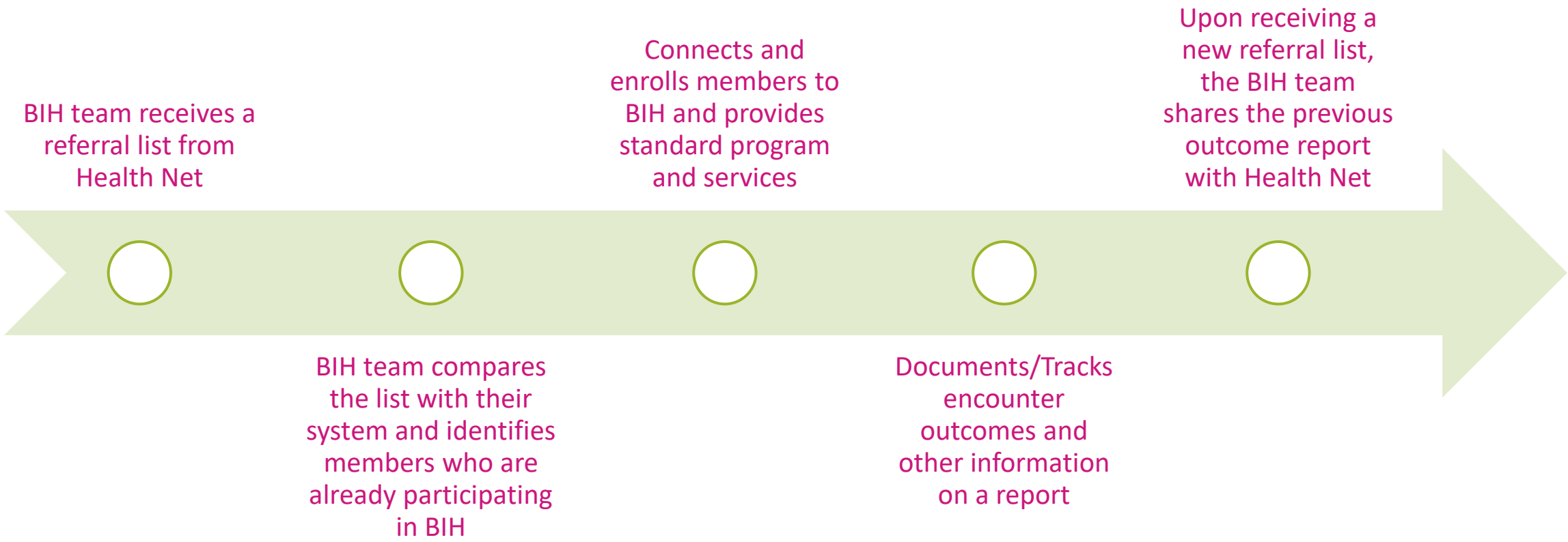
Referral Process



Partnership Flyer

black infant health
Empowering Pregnant and Mothering Black Women

Hello Health Net Members,

The Central Valley Black Infant Health (BIH) Program is partnering with Health Net to support you through pregnancy and 1 year after the birth of your baby.

BIH offers no-cost program services, including:

- ***prenatal and postpartum group activities that will empower you to reduce stress***
- ***one-on-one support and referrals to services or resources to meet your needs***
- ***space to gather with other mothers or birthing people to discuss motherhood and healthy relationships***
- ***access to a team of professionals who honor the history or traditions of Black/African American culture***

To enroll in BIH, please talk to our clinic staff, scan the QR code below to submit an interest form, or call 209-953-7074 (toll-free: 800-698-2304).

BIH Enrollment Criteria:

1. Black/African American woman or birthing person,
2. 16 years of age and older, AND
3. Less than 30 weeks pregnant or up to 6 months postpartum.

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Milestones and Accomplishments

Milestones and Accomplishments

- Since July 2024, Health Net has referred a total 40 of Black or African American pregnant and postpartum members to BIH San Joaquin.
  - The outreach and enrollment are ongoing.

- Since October 2024, member incentives are available and have been distributed to Health Net members who complete a BIH's prenatal or postpartum group class.

- Health Net's BIH participants are grateful for the collaboration and support. The collaborative project has received many positive feedback from members and BIH leadership.

Additional Resources

Implicit Bias Training

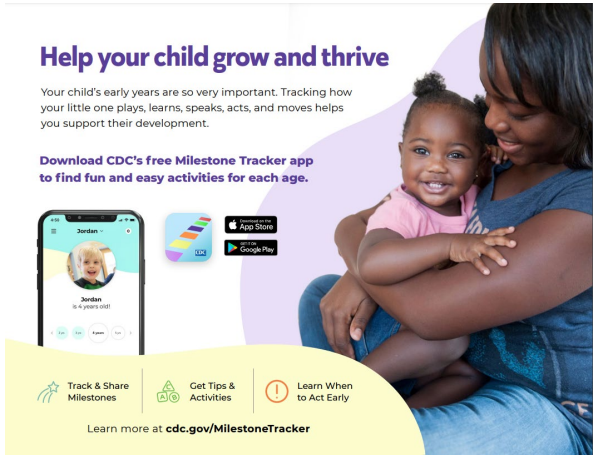
- Online course developed by Dr. Sayida Peprah-Wilson
- Meets the requirements of California State Laws
  - AB-1407, AB-241, SB-464
- Register now by scanning the QR code or at https://drsayida-upliftsinc.mykajabi.com/offers/jADrx8iV/checkout
- Available for all Health Net providers and clinic staff at no cost

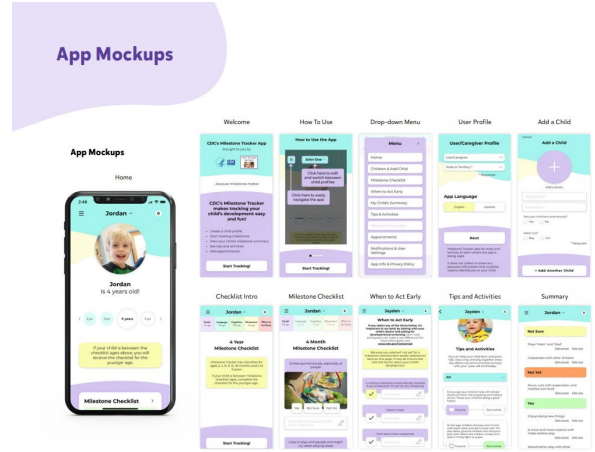
W30-6+ Resources

- **Provider Quality Resources on Children's Health**
  - https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/hedis-measure-specifications.html
  - Billing codes and best practices are included.

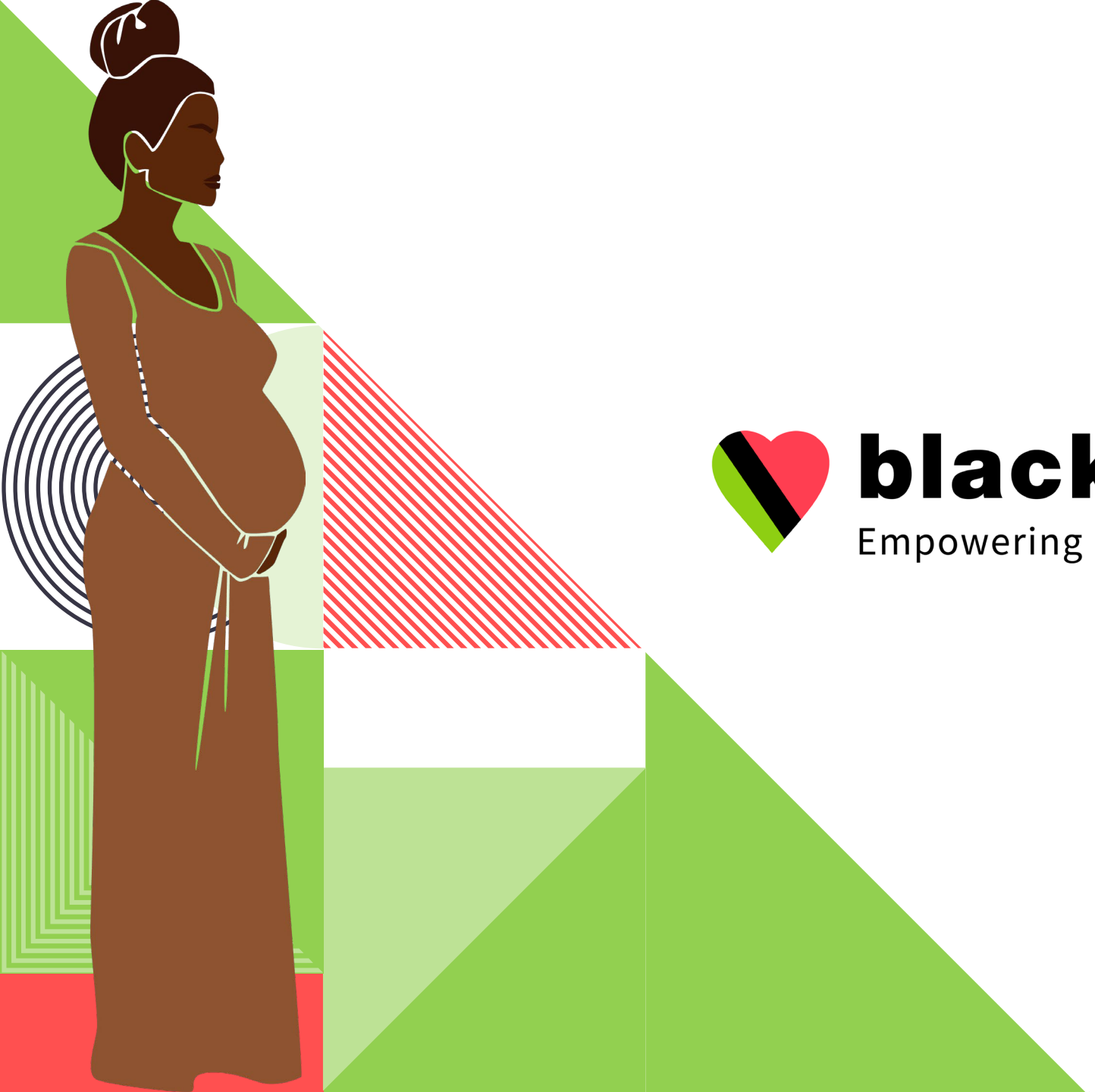
- **Member's Wellness Programs and Resources**
  - General: https://www.healthnet.com/en_us/health-and-wellness.html
  - Digital Health Education Resources: https://www.healthnet.com/content/dam/centene/healthnet/pdfs/general/ca/health-wellness/hn-digital-health-ed-resources.pdf

- **CDC's Milestone Tracker App**
  - Free to download on iOS and Android devices in English and Spanish
  - Promotional toolkit (printable flyer, poster, web button, etc.) are available
  - More information at https://www.cdc.gov/ncbddd/actearly/milestones-app.html





California Black Infant Health (BIH) Program (San Joaquin County)



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Black Infant Health Program

Introduction

AGENDA

- BIH Program Overview
- The Services
- The Staff
- Short Video

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Empowering Pregnant and Mothering Black Women

- Established over 35 years ago due to the high infant & maternal mortality rate among our African American/Black women in California
- Services are provided in California communities that have a high number of Black births
- 16 BIH Sites
  - 14 counties
  - 2 cities

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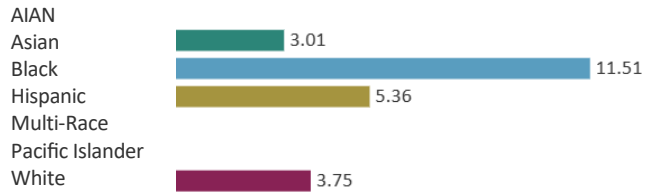
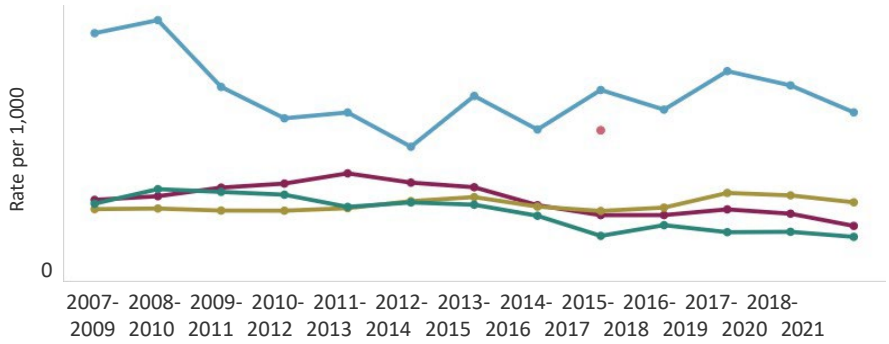
State Dashboard | **County Dashboard**

San Joaquin County	California	Healthy People 2030 Target
5.41	**4.10**	**5.00**
Infant Mortality Rate 2019-2021	Infant Mortality Rate 2019-2021	Infant Mortality Rate





Source: California Department of Public Health, Infant Mortality (ca.gov)

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The Goal:

To improve health among African American mothers and babies and to reduce the Black: White disparities by empowering pregnant and mothering African American women to make healthy choices for themselves, their families, and their communities.

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Black Infant Health Program

The Services

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Eligibility:

- Identifies as Black/African American
- 16 Years or Older
- Pregnant or parenting up to 6 months postpartum

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Evidence-based empowerment-focused group support services:

(10) prenatal and **(10)** postpartum sessions to empower and support participants. Led by Culturally supportive staff who focuses on participant-centered practices.

Group sessions are designed to provide attendees with the opportunity to bond and support other pregnant women.

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Client-centered Life Planning: Individual sessions to make healthier choices in their personal lives.

1:1 Support: 1:1 support for women unable to attend the traditional group model.

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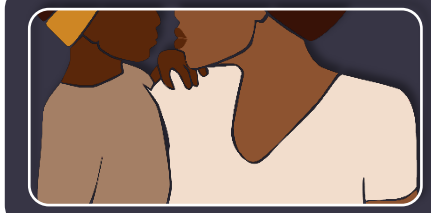
Session 1 | Our History is a Source of Pride

- Begin process of forming close and supportive groups
- Increase participants' pride based on their ancestors' history
- Identify participants' strengths as women and parents

Session 2 | Using Our Challenges as Our Opportunities

- Understand birth outcomes of African Americans
- Increase awareness of stressful life situations
- Build skills in handling stress



Session 3 | Getting Our Needs Met

- Increase participants' knowledge about basic human needs
- Increase participants' awareness of community/social service
- Increase participants' ability to advocate for their needs

Prenatal Curriculum

Session 4 | Our Bodies Are Changing

- Increase participants' awareness of changes during pregnancy
- Demystify cultural and other prenatal myths

Session 5 | Our Health & Our Babies' Health

- Increase participants' commitment to their children's health
- Help participants develop healthy diets
- build participants' awareness of risks to their babies' health
- Help participants practice healthy exercise during their pregnancies

Prenatal Curriculum

OUR UNIQUE FOCUS

Reducing stress to improve overall health for participants and their families

- ❑ Stress reduction exercises
- ❑ Practicing gratitude
- ❑ Learning strategies for healthy nutrition and physical activity

Social support to buffer the negative effects of stress

- ❑ Encouraging women to develop and sustain supportive and strong social connections
- ❑ Developing more effective interpersonal skills

Empowerment to make and sustain health-promoting choices

- ❑ Learning how to set and achieve personally meaningful goals
- ❑ Building awareness of personal strengths
- ❑ Developing stronger positive connections to their cultural heritage
- ❑ Making progress toward positive behavior change

Black Infant Health Program

The Staff

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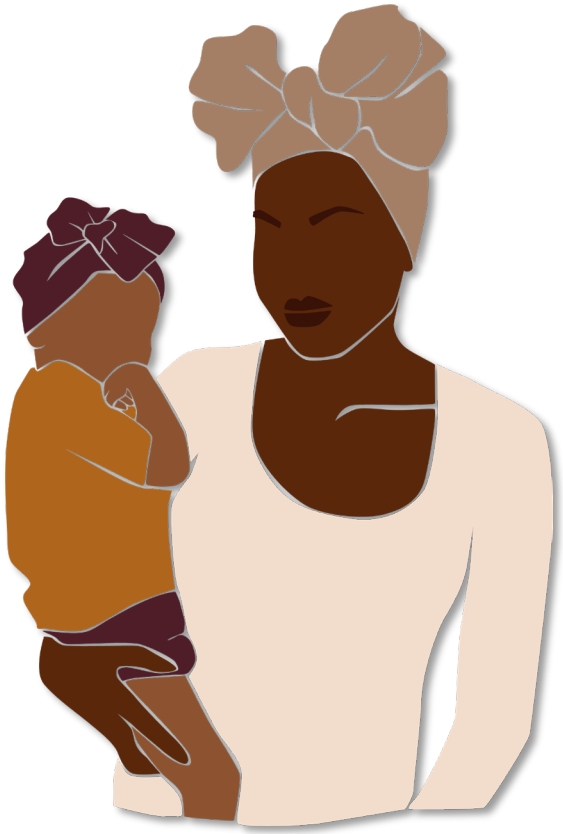
- **Public Health Nurse**: Performs assessments, assists with birth plans, collects birth information, performs a safety check lists, address and clarify health/medical related topics, home visits, collaborates with Physicians and Primary Care Providers, administers Edinburgh Postnatal Depression Scale (EPDS), provides education on health related topics

- **Mental Health Professional**: Performs assessments, monitors stress and depression, gives referrals, address and clarify mental health related topics, assesses and evaluates EPDS teaches stress management



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- **Family Health Advocate**: Performs assessments, life planning logs, goal setting, discusses relationships and finances, gives referrals, assists with transportation

- **Group Facilitators**: Responsible for the management, facilitation and organization of the group intervention with another group facilitator

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- **BIH Coordinator**: Leads the day to day and oversight of the BIH program
- **Data Entry/Office Assistant**: Oversees the maintenance of participant and site-specific data. Responsible for office and program related needs
- **Child Watch**: Attends to the children and perform activities while participants engage in group session
- **Community Outreach Liaison:** Community Outreach to partners and organizations. Collaborates with organizations at community events to bring awareness to the public

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Black Infant Health Program

Incentives and Resources

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- All day bus passes
- Healthy lunch each group session (In-person)
- Enrollment welcome bag
- Assessment completion gifts
- Small gifts for mommy or baby at sessions when available
- Gifts that correlate to session topics when available
- Raffle prizes for attending sessions
- Gift cards for referring women to the program
- Graduation layette
- Books for mom and baby
- Diapers/wipes
- Large completion gift (car seats, pack n play, stroller, or potty-training seat)

All incentives/gifts are given as availability allows

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420 S. Wilson Way, Stockton, CA, 95205

(209) 953-7074

blackinfanthealth.org

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Q&A

Thank You!

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