Population Needs Assessment Report 2023

AIDS Healthcare Foundation dba PHC California

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1. Population Needs Assessment Overview

PHC California is an AIDS-specialty Medi-Cal managed care plan (MCP) that is operated by AIDS Healthcare Foundation (AHF), the nation's largest HIV/AIDS healthcare provider and advocate for people living with HIV/AIDS (PLWHA). PHC California was established in 1995 as a result of AHF's advocacy efforts to create a coordinated care program for Los Angeles County Medi-Cal recipients who were infected with HIV and dying from AIDS. The MCP has provided its enrollees with a quality healthcare system for Medi-Cal beneficiaries living with HIV and AIDS since 1995. PHC California was the nation's first Medicaid health plan for PLWHA in Los Angeles and is dedicated to serving the health care needs of its members in a culturally and linguistically appropriate manner.

The plan maintains a robust Quality Improvement Program (QI), Health Education Program (HE), and Cultural and Linguistic Competency (CLC) Program for our staff and providers. The purpose of these programs is to provide effective training and education specific to cultural and linguistic competency for Managed Care and Health Care Center (HCC) staff to ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. The principles and activities of culturally and linguistically appropriate services are integrated throughout the organization and undertaken in partnership with the communities that the organization serves.

Now after 30+ years into the HIV/AIDS epidemic, Los Angeles County (LAC) remains the second largest epicenter of HIV/AIDS in the United States. LAC's epidemic continues to most severely impact gay and non-gay-identified men who have sex with men (MSM), as male-to-male sex is the primary driver of the epidemic in LAC. It has also significantly impacted communities of color, especially Latinx and African Americans, transgender persons, youth (particularly young MSM); and women, African American women, and Latinas. The number of PLWH in LAC as of 2019 is aging and now almost three-quarters (73%) of PLWH are 40 or older. Because of the high incidence of HIV and the various barriers to care for persons with HIV/AIDS, the health disparities found in men-who-have-sex-with-men (MSM), men and women of color, and persons with HIV in general, PHC California aims to meet the unique needs of the population with specific and targeted care strategies. Many HIV-positive individuals also are combating one or more social determinants of health (SDOH). SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. According to Healthy People 2030, the SDOHs are grouped into five domains; economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social community context. These factors have a direct impact on people's abilities to prevent illness and seek treatment; this is especially apparent amongst the HIV population.

As of early 2020, the world has been experiencing the ramifications of the novel coronavirus (COVID-19). This COVID-19 pandemic has affected people all across the globe with a variety of physical, mental health, and social afflictions. Social distancing protocols and stay-at-home orders have changed the way people live, socialize, work, eat, shop, go to school, and get medical care. These changes had an especially hard toll on those with preexisting health and social conditions and those wrestling with issues such as the SDOH. The reports have shown that

people with social disparities and preexisting health conditions are disproportionally impacted by the virus and the subsequent consequences. Current evidence indicates that the risk of severe illness increases with age and with certain chronic medical problems. In one case series, the median age of critically ill patients was 66 years and 72% had underlying co-morbid conditions, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression. However, the direct impact of COVID-19 on people with HIV is not completely determined. Although people with HIV who are on treatment with a normal CD4 T-cell count may not be at an increased risk of serious illness, many people with HIV have conditions that increase their risk: older age –over half of people living with HIV in California are over 50 years of age; chronic medical problems – cardiovascular and chronic lung disease are more common in people living with HIV, and immune suppression – indicated by a low CD4 T-cell count or not receiving antiretroviral treatment.

Because of the changes in healthcare brought on by the pandemic, PHC California has used these past years to pivot and re-strategize the way services are provided to members in need. Along with providing members with health information and services that match their cultural values, language preferences, and literacy levels, our Health Education (HE), Member Services, and Quality Management staff have made it a priority to update the enrollees on everchanging COVID-19 information and direct them to services to support their needs. The HE Program has been producing new and innovative ways to implement culturally competent education materials and activities for all of the members in the plan. The plan has utilized Zoom, telehealth, phone, virtual communications, and safer in-person options to meet the needs of the population to educate health plan members, healthcare center clients, providers, and staff to empower consumers to be proactive in their healthcare and make informed, healthy decisions during the pandemic. These are all measured and reported with assessments such as HEDIS, CAHPS, HOS, member questionnaires, and other calculations.

PHC California is a specialized Managed Care Plan (MCP) that is dedicated to serving the healthcare needs of its members in a culturally and linguistically appropriate manner. The purpose of the Population Needs Assessment (PNA) report is to provide a clear understanding of the degree to which our Cultural and Linguistic Competency Program has achieved its goals of providing culturally competent and linguistically appropriate services to our members. In addition, the PNA serves to identify members' health statuses and behaviors, cultural and linguistic needs, health disparities, gaps in services, needs in community health education and cultural and linguistic program, and resources. The MCP utilized the internal data sources as well as member-specific input to derive the conclusions of goals that will be beneficial to both the members and the health plan. The goal of the Population Needs Assessment is to improve health outcomes for members enrolled in Medi-Cal Managed Care. This is done by evaluating Medi-Cal Managed Care memberships' health risks and identifying their health care needs. Also, by prioritizing health education, cultural/linguistic services, and quality improvement programs and resources.

The key findings of this PNA are addressed through the following seven major quality improvement, health education, and cultural & linguistic program objectives:

1. Increase (HIV) viral load suppression among PHC California members to equal to or greater than 93% by July 1, 2023.
2. Increase retinal eye exam screenings among PHC California diabetic members to equal to or greater than 50% by July 1, 2023.
3. Increase the percentage of members who perceive to have good communication with their doctors to equal to or greater than 98% by July 1, 2023.
4. Increase the percentage of controlled blood pressure among PHC California members to equal to or greater than 70% by July 1, 2023.
5. Increase the percentage of members who perceive to be getting the needed care from the health plan to equal to or greater than 82% by July 1, 2023.
6. Increase the percentage of documented and correct member email addresses in the plan's member management system among PHC California members to equal to or greater than 10% by July 1, 2023.
7. Increase (HIV) viral load suppression among Hispanic/Latinx members to equal to or greater than 95% by July 1, 2023.

2. Data Sources

The MCP chose a combination of qualitative and quantitative methodologies to complete the PNA to have a more thorough understanding of member needs. These sources include current data directly from PHC California members and records on the member population.

- A review of relevant literature was conducted to ascertain current cultural competency best practices
- A review of web-based reports was conducted to obtain comparison data, utilizing Los Angeles County Department of Public Health Data, and California Department of Public Health reports.
- Data analysis from the Centers for Disease Control and Prevention surveillance reports.
- HEDIS data was used to assess access to ambulatory care and preventative services for the members.
- CAHPS reports were used to assess access to care and provider communication for our members who are designated as dual-eligible for Medicare programs.
- Comparison data from the Behavioral Risk Factor Surveillance System (BRFSS) was compared for the assessment
- Internal data provided demographic information, health status and utilization, health disparities, and member satisfaction data.
- AHF IT Business Intelligence (BI) portal data.

Data sources for the PNA Report include PHC CA internal data for demographics, disease prevalence, and member satisfaction rates, Department of Public Health reports from Los Angeles County and California; Healthy People 2020 and 2030; CDC data, scholarly journals, HOS, HEDIS, and CAHPS data.

3. Key Findings

Membership/Group Profile

The 2023 PHC California population is made up of 605 HIV/AIDS positive members who reside in Southern California; that is a 22% enrollee increase from 2022 (474). This number comprises only full non-dual Medi-Cal members (no dual-eligible Medi-Cal members). Amongst this total group, several different constructs make up the unique characteristics of the members' mental, physical and social wellbeing. A review of member demographic information showed that our youngest enrollee is 24 years old and our oldest is currently 78 years old. Most members are over the age of 50 (69%) or between the ages of 40-49 (18%). The majority are male, 82%. There is also a small number of members who identify as Transgender (~1%), which is believed to be higher based on research regarding the population. However, this information seems to be underreported due to low identification in the data collection amongst the Trans membership. The members self-identified their sexuality as Bisexual (3%), Gay/Homosexual (26%), Heterosexual (9%), and Unknown (62%). Based on the Race and ethnic reported data, PHC California members in the plan are White/non-Hispanic (10%), Latinx/Hispanic (14%), or Black/African American (14%). Ninety-three percent speak English and 2% speak Spanish exclusively. Although members have listed the areas where they live, many of them also indicated having issues with insecure living conditions such as homelessness (7%), and 28% of the members self-disclosed as being in high severity needs.

* The data reports consistently had many member information fields that were left blank or categorized as unknown. This has had a significant effect on the quantitative data because the results are skewed by the missing information and do not provide a very compressive depiction of the membership population.

All members of PHC California are adults (21 years and older) with a diagnosis of AIDS. Based on their AIDS diagnosis, all plan members are classified as persons living with disabilities. There are no children in the plan and an abundant number of seniors to stratify their responses.

The table displays comparative demographic information which derives from the most recent PHC California demographic data (2022) and PHC California 2021 data reports from Los Angeles and California for the PLWHA (People Living with HIV and AIDS) populations.

Table 1: PHC California Member Demographics 2022

Age		Gender		Race/Ethnicity	Language	
<21	0%	Male	81 %	Non-Hispanic White	English	93%
21-29	4%	Female			Spanish	2%
30-39	9%	Transgender	18 %	10%	*Unknow n/blank	5%
40-49	18 %		<1 %	African American/Black		
50-59						
>60	41 %			14%		
	28 %			Latinx/Hispanic		

		14% Asian/Native Hawaiian/ Pacific Islander <1% Native American/Indian <1% *Unknown/Blank 61%	

Table 2: Comparative Member Demographics 2021

	PHC California 2022		PHC California 2021		Los Angeles County 2019		California 2019	
Census	473		411		51,980		137,784	
Age	<21	0%	<21	0%	13-19	1%	13-19	<1%
	21-29	4%	21-29	4%	20-29	8%	20-24	2%
	30-39	9%	30-39	5%	30-39	19%	25-29	5.6%
	40-49	18%	40-49	15%	40-49	22%	30-34	8.4%
	50-59	41%	50-59	50%	50-59	31%	35-39	9.1%
	>60	28%	>60	28%	>60	20%	40-44	9.3%
							45-49	11.3%
							50-54	15%
							55-59	16.1%
							60-64	11%
							>65	12%
Gender	Male	81%	Male	81%	Male	89%	Male	87%
	Female	18%	Female	18%	Female	11%	Female	12%
	Transgender	<1%	Transgender	<1%			Transgender	1%
Race/ Ethnicity	W/NH	10%	W/NH[1]	13%	W/NH	27%	W/NH	40%
	B/AA	14%	B/AA	17%	B/AA	20%	HIS/LTX	37.2%
	L/H	14%	L/H	16%	L/H	45%	B/AA	17%
	Asian/Native	<1%	A/PI	<1%	A/PI	4%	A/PI	4.2%
	Hawaiian/PI	0	NA/AN	<1%	NA/AN	1%	NA/AN	<1%
	NA/Indian	<1%	Other/		Multi-		Native	
	Unknown	61%	Unknown	53%	race/		Hawaiian/PI	<1%
					Unknown	3%	Multi-race	3.4%
							Unknown	0%

[1] W/NH White/Non-Hispanic, B/AA Black/African American, L/H Latinx/Hispanic, A/PI Asian/Pacific Islander, NA/AN Native American/Alaska Native

Preferred Language	English Spanish Unknown	93% 2% 5%	English Spanish Unknown	96% 2% 2%	English Spanish Chinese Tagalong Korean	47% 35% 3% 2% 2%	English Spanish Chinese Cantonese Mandarin	65% 29% 2% 0.7% 0.6%
Geographic Distribution	Antelope Valley SF Valley San Gabriel Metro West LA South LA East LA South Bay	4% 13% 2% 62% 7% 3% 3% 6%	Antelope Valley SF Valley San Gabriel Metro West LA South LA East LA South Bay	4% 13% 2% 62% 7% 3% 3% 6%	SPA 1 SPA 2 SPA 3 SPA 4 SPA 5 SPA 6 SPA 7 SPA 8 Unknown	2% 15% 7% 35% 5% 13% 7% 15% 1%	LAC SFC Other	38% 10% 52%
Seniors and persons with disabilities (SPD)	>55 With a disability	52% 100%[2]	>55 With a disability	53% 100%[2]	>66 With a disability	30% 32%	>55 With a disability	33% N/A
The Continuum of HIV Care (achieved viral suppression)	HIV viral load of ≤ 200 copies/ml 76% (9% UNKOWN)		HIV viral load of ≤ 200 copies/ml	77%	HIV viral load of ≤ 200 copies/ml	60%	HIV viral load of ≤ 200 copies/ml	61%

Health Status and Disease Prevalence

An assessment was conducted to help define the current health status of the members of PHC California to better define the needs and current concerns of the population. This information was developed by examining the population from both a micro and macro level to determine the best methods to help support the members' needs.

The Robert Wood Johnson Foundation's County Health Rankings & Roadmaps program compares the health of nearly all counties in the United States to others within its state and supports coalitions tackling the social, economic, and environmental factors that influence health. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. For the 2022 rankings, the foundation focused on the importance of pursuing economic security for everyone and all communities. As the world recovers from the COVID-19 pandemic and the layered crises of racism and economic exclusion, organizations can work to assure that individuals, households, and communities can meet their essential needs with dignity and pursue opportunities for health. The pandemic both revealed and worsened the burdens and barriers that women, people of color, and people with low incomes face. It also underscored that resources have not been distributed fairly within and across communities. The key findings examined that the median earnings and the gender pay gap vary significantly by

[2] Based on their AIDS diagnosis, all PHC California plan members are classified as persons living with disabilities

race and level of urbanization. * Hispanic, American Indian & Alaska Native, and Black women, along with women living in rural areas, earn the least across categories.

When studying the health rankings for PHC California, Los Angeles County was identified to represent the geographical area in which most of the plan members reside in California. According to the results, Los Angeles ranked #24 out of 58 counties for overall health outcomes. This is a decrease in ranking for 2022, as Los Angeles previously ranked at #21.

The overall rankings in health outcomes represent how healthy counties are within the state. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. This number averages from the following measures:

- Length of life
- Quality of life
- Health factors
- Health behaviors
- Clinical care
- Social & economic factors
- Physical environment

A ranking of 34/58 for health factors was mainly in regards to social wellness, poverty, employment, education, and violent environments. The data serves as a representation of how a host of other factors negatively affect the members' health and looks at the ways PHC California can support the needs of its members by servicing their physical health needs and beyond.

For PHC California, members' health is not only based on their geographical, emotional, or physical well-being but it is also attributed to their preexisting HIV/AIDS diagnosis which is the main contributor to several other health issues. According to Healthy People 2020 and 2030, focusing on HIV care is important because people who are in direct care treatment are more likely to make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. Recent scientific advances have demonstrated that early initiation of antiretroviral therapy (ART) not only preserves the health of people living with HIV but also reduces their risk of transmitting HIV to others by 93%. It is estimated that 91% of new HIV infections in the U.S. are transmitted from people not diagnosed or diagnosed but not in care.

As a health plan, PHC California aims to improve the overall health of its members while also decreasing the potential of new HIV transmission. This multi-level effort has been the goal for those in care since the inception of the health plan in 1995. In this era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it has proven to be very important for us to provide quality healthcare from a holistic approach that cares for the entire self of our HIV+ members. According to the California Department of Public Health, the cases continue to rise with the crude case rate of reported prevalence of persons living with HIV/AIDS among ages 13 years and older for California averaging 411.4 cases per 100,000 population in the corresponding age group in 2017-2019. Over the years PHC California has implemented many initiatives to ensure

that services provided to members work to improve their health statuses and reach the performance goals. This is achieved by assessing the members' needs and aligning them with health education and cultural and linguistic programs specific to the population.

Healthy People 2030 has set updated benchmarks for various health outcomes, which the plan utilizes to measure the success of its programs. The data outcomes of the health plan stemmed from the most current HP2030, HEDIS reports, CHAPS reports, electronic medical records, and PHC California administrative data. Highlighted values indicate those in which the plan meets or exceeds the target.

Table 3: Healthy People 2030 Comparative Data

HP 2030 Objective		Target	Baseline	2021	2022
HIV Care and Treatment					
HP 2030 HIV–05	Increase the proportion of persons aged 13 years and over living with diagnosed HIV infection who are virally suppressed. (PHC California)	95.0%	63.1 %	77%	76%
PNA Objective	Increase (HIV) Viral Load Suppression among PHC California members (HEDIS)	94%	N/A	90%	94%

Table 4: CAHPS Objectives 2023

CAHPS 2023 Objectives		PNA Target 2021	PHC California 2020	PHC California 2021	PHC California 2022	PHC California 2023
CAHPS Composite Getting Needed Care						
	PNA Objective: Increase the percentage of members who perceive to be getting the needed care from the health plan	82%	78.8%	79.5%	82.7%	72.7%
CAHPS Composite How Well Doctors Communicate						
	PNA Objective: Increase the percentage of members who perceive to have good communication with their doctors	98 %	97.2%	95.14%	95.7%	89.5%

PHC California is comprised entirely of people with AIDS; the entire plan can be considered a PSP (Population-Specific Health Plan). No members of PHC California are children. HEDIS data for PHC California is collected for 11 measures. The measures being focused on for this report are Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL), Comprehensive Diabetes Care (CDC), and Controlled Blood Pressure (CBP). Due to PHC

California recently moving to a Full Risk contract, some of the reportable HEDIS measures changed.

Table 5: PHC California HEDIS Benchmarks 2023 (Measurement year 2022)

	HVL	CDC (HbA1C Test)	CBP
PHC California 2019 Rate	93.56%	95.35%	67.40%
PHC California 2020 Rate	90.14%	98%	72.00%
PHC California 2021 Rate	93.78%	90.77%	72.31%
PHC California 2022 Rate	*	65.00%	64.00%

Disease prevalence rates are tracked for PHC California members for diabetes mellitus, heart disease, screenings, viral load suppression (HIV viral load of ≤ 200 copies/ml), and hypertension. The claims systems for members' medical records allow the administration to utilize the Information Technology System for PHC California in conjunction with the member-reported surveys such as HEDIS to produce health reports. This provided the capacity to produce reports on member data such as BMI, preventive health screenings, and mental health indicators. Areas for continued improvement include: increasing access to healthcare for members and reducing the proportion of PHC California members with hypertension.

Access to Care

PHC California aims on meeting the many needs of the member population and this includes providing adequate access to care. The three most important factors for length and improving quality of life for PLWHA are access to HIV/AIDS experienced Primary Care Physicians (PCP), adherence to antiretroviral (ARV) medication therapy, and a network of support to keep PLWHA engaged in their care. Without access to knowledgeable HIV care, or having care that is not delivered in a culturally sensitive manner, PLWHA will experience not only significantly higher morbidity (e.g., opportunistic infections such as Pneumocystis pneumonia, mycobacterial infections; opportunistic cancers such as Kaposi's sarcoma and lymphoma; HIV dementia; HIV wasting, cardiomyopathy and cardiac disease specifically related to HIV, increased complexities of managing other co-morbid medical conditions such as hypertension, diabetes, hyperlipidemia, pulmonary disease) but significantly higher mortality rates. In addition, higher mortality rates, the presence of multiple complex medical conditions, issues with behavioral health, and depression also have a high prevalence within the targeted HIV population.

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically toward HIV-infected people are becoming more important.
Prevention and treatment work for PLWHA must focus on the following:

- Linking and staying in HIV medical care;
- starting treatment and becoming virally suppressed;
- increasing the availability of ongoing HIV prevention interventions;
- and providing prevention services for their partners.

It is also important to foster wider availability of comprehensive services for PLWHA and their partners through partnerships among health departments, community-based organizations, and health care and social service providers.
Since the health plan's members' needs are so multifaceted, the health plan coordinates a sustainable Model of Care that meets the changing priorities of each member. PHC California offers enrollees specific benefits which include medical, behavioral health, HIV treatment, and other support services that can be provided in the HCC or as home health if needed. It is supported by RNCTMs, Care Partners/Coordinators, Data Analysts, Utilization Nurses and Coordinators, Medical Social Workers, Community Health Workers, Pharmacists, Primary and Specialty Care Providers, mental health providers, transportation, food and housing support, and referrals to social services as needed.

According to a report from the Los Angeles County Department of Public Health, the ten most common services utilized by PLWHA include visits to the AIDS Drug Assistance Program (ADAP), dental care, HIV case management, transportation assistance, housing, foodbank/ meal services, and mental health services. Among the list was also included, outpatient medical care, medical care coordination, rehab services, skilled nursing facilities, oral health care, benefits specialists, and nutrition support were the most frequently utilized services.

A survey of PLWHA showed that the services with the top barriers to accessing the care needed are:

- Service costs too much/lack of insurance;
- Patient did not know where to go or whom to call;
- The waiting list for a particular service is too long;
- Service isn't available in the member's area;
- Not eligible or denied services;
- Stigma ("People would think badly of me.")

Respondents reported that not receiving a needed service often caused increased stress and their condition worsened. The report clearly displays the reasons which PHC California places a high priority on the access to care for each of the members.

A survey was included in the Summer 2022 member newsletter, Positive Outlook, which asked members "Are you satisfied with the service [the plan] provides?" 87% of the respondents answered yes, with comments such as "friendly, fast service; the doctors' care; all good; specialist and rides; respect; and 24 hours care." Another questioned, "Does [the plan] provide you with what you need to help you be as healthy as possible?" and 87% said Yes. That is a 2% increase from the 2020 results. These responses show the commitment of PHC California to meet the needs of the people and combat the disparities in the population in the health plan to proactively improve the members' physical, mental and social health.

Health Disparities

HIV-positive individuals are some of the most vulnerable and in the greatest need of quality health care and are often the least likely to obtain care because of issues surrounding privacy and fear of stigmatization. Contributing factors to HIV/AIDS disparities include:

- Poverty;
- Homelessness;
- Education;
- Discrimination;
- Late presenters to care;
- Mental health and substance abuse issues;
- Marginalization due to minority status, disability, sexual and gender identity, and other social markers.

Complexity factors are compounded by personal beliefs, such as internalized HIV stigma and shame and/or beliefs about the illness that run counter to being engaged in care. Many of the clients PHC California serves are dealing with mental health and/or substance abuse issues. Many live under extreme conditions of poverty. Amongst those PLWHA there are also disparities in gender, race, and ethnicity. Research shows that the majority of new HIV diagnoses occurred in men. More than half occurred in gay and bisexual men, regardless of race or ethnicity. Almost half of the annual HIV diagnoses occurred in African Americans and 24% in Hispanics/Latinx. Improving access to quality health care for populations disproportionately affected by HIV, such as people of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention.

Public perception in the United States about the seriousness of HIV has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Pre-exposure prophylaxis (also known as PrEP) is a way to prevent becoming infected with HIV by taking a pill. When taken consistently, PrEP has been shown to reduce the acquisition of HIV among people who are at substantial risk by up to 92%. Ongoing media campaigns—particularly those emphasizing HIV testing—and HIV prevention interventions for uninfected people who engage in risky behaviors (including PrEP where medically indicated) are critical. Efforts to diagnose people infected with HIV, get them virally suppressed, and provide prevention and support services are also vital.

Studies from the CDC compare the US to California, shows that African Americans had the highest prevalence rate of new cases in the US (46.6%), whereas Hispanics/Latinx have the highest rates of new cases in LA County (Table 6). In LA Hispanics/Latinx made up the largest racial/ethnic group among new HIV diagnoses (46.2%), followed by Whites (24.2%), and African Americans (22.8 percent). The rate of new HIV diagnoses among Hispanic/Latinx people was 1.92 times the rate of Whites. Amongst the PHC California member population, there is a 75% overall viral load suppression rate (HIV viral load of $\leq$ 200 copies/ml). Table 7 on page 15 displays the ethnic group with the highest percentage of viral load suppression Asian/Pacific Islander (100%), and the ethnic group with the lowest is American Indian (50%). According to the NQC Disparity HIV Viral Load Suppression Calculator, the group with the most disparities is the American Indian population. The calculator also indicated that the group with the greatest possibility for absolute impact is the Hispanics/Latinx group and recommends that this group is the best way to utilize QI resources. Even though the Hispanics/Latinx population's viral load suppression rate was 92.5%, and there were no major disparities identified when the viral load suppression rates were analyzed, the calculator shows that targeting viral load suppression for the Hispanic members will have the highest impact on the viral load suppression of our population.

The COVID-19 pandemic also highlighted many other health disparities amongst this membership population, as the rate of illness and deaths were disproportionately higher for those whose who identify with ethnic and social minority groups. Whether people with HIV are at greater risk of acquiring COVID-19 infection is still currently being researched. However, data are emerging on the clinical outcomes of COVID-19 in people with HIV. Some of the case series of people with COVID-19 suggest worse outcomes for patients with HIV and COVID-19, including high COVID-19 mortality rates. People with HIV also have higher rates of certain underlying health conditions. Older age and underlying health conditions can make people more likely to become seriously ill if they get COVID-19. This is especially true for people with advanced HIV or people with HIV who are not in treatment.

Over the course of the COVID-19 pandemic, analyses of federal, state, and local data have shown that people of color have experienced a disproportionate burden of cases and deaths. They have shown particularly large disparities in cases and deaths for Black and American Indian and Alaska Native (AIAN) people and cases among Hispanic people compared to their White counterparts. **Figure 1** displays the research from KFF that analyses the age-standardized data to show that Hispanic, Black, and AIAN people are about twice as likely to die from COVID-19 as their White counterparts and that Hispanic and AIAN people are at one and a half times greater risk of COVID-19 infection than White people. These data also show large disparities in COVID-19 hospitalizations for AIAN, Black, and Hispanic people in the US.

Figure 1: KFF COVID-19 Deaths 2022

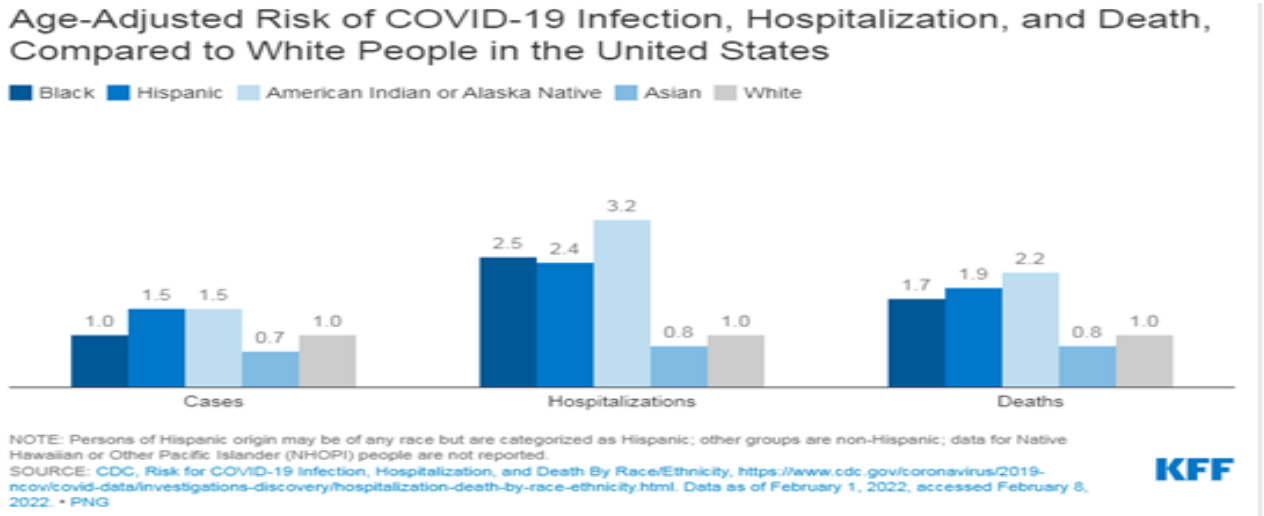
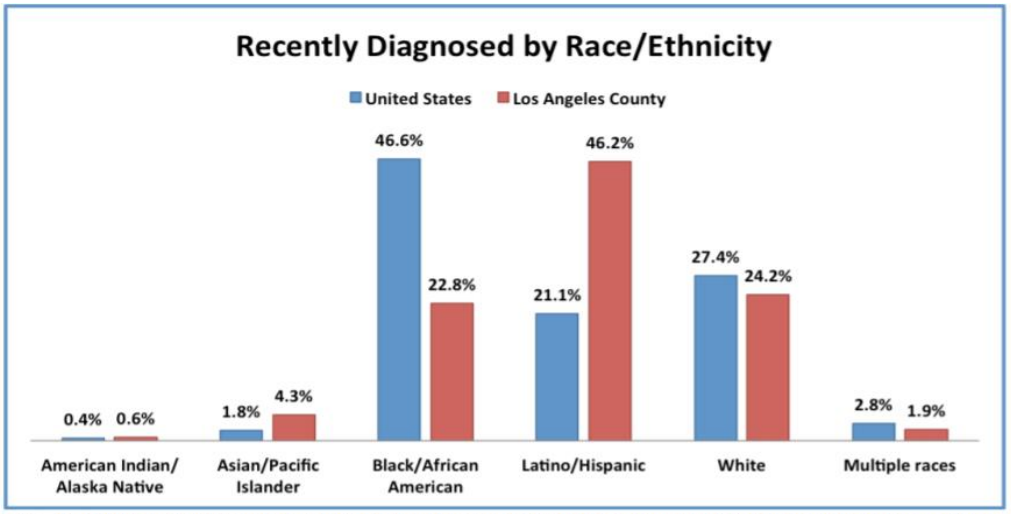
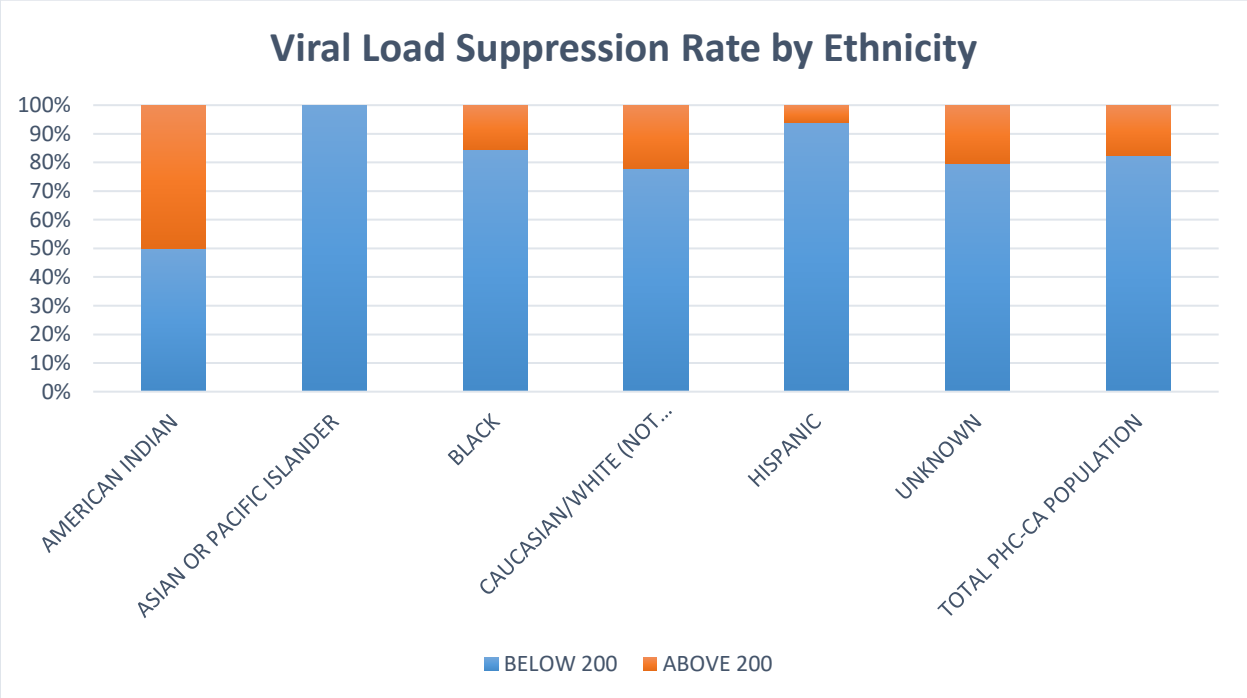


Table 6: Comparison of Recently Diagnosed Persons in the United States and Los Angeles County by Race/Ethnicity, 2009-2013



Sources: CDC, HIV Surveillance Report, 2013; Los Angeles County Department of Public Health Division of HIV and STD Programs 2014 HIV STD Surveillance Report.

Table 7: Viral Load Suppression by Ethnicity, 2022

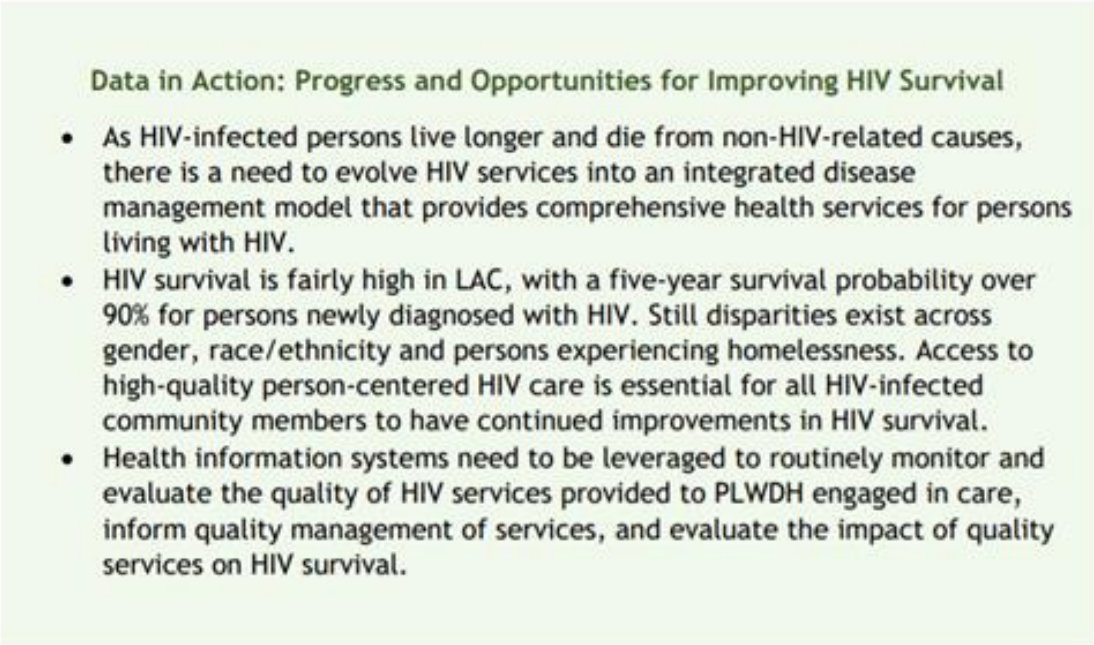


As the high rate of PHC California members 55 and older (52%) increases, so does the possibility of physical disability and the need for further services in this age demographic. This group of older individuals already come with health issues related to their age and adding an HIV/ AIDS diagnosis increases these potential problems. Despite the many challenges that come

with an aging population, numbers show that older patients had increasingly better rates of viral suppression. Clients aged 50+ years had the highest proportion who were virally suppressed (72%) compared to young adults aged 24-49 years (28%).

LAC has several communities that are disproportionately affected by the high incidence of HIV. Contributing factors to HIV/AIDS disparities include poverty, homelessness or transient housing, education, discrimination, food insecurity, mental health, and substance abuse issues, low health literacy, cultural and language barriers and marginalization due to minority status, disability, sexual and gender identity. Personal beliefs may bring about additional complexities, such as internalized HIV stigma and shame and/or beliefs about illness that run counter to being engaged in care. Income and education are both linked to a person's health behaviors, such as smoking, diet, and exercise, as well as a person's inclination to access medical care, seek or forgo screenings and doctor visits, and ability to adhere to treatment guidelines. Throughout the research, social determinants are considered root causes of illness and mortality and are key to understanding health disparities. Studies show that persons with less income and education do not use health services in the same way that wealthier and better-educated peers do. People with lower socioeconomic status use significantly less preventive care, including screenings, vaccinations, and primary care visits.

Figure 2: LA County Annual HIV Surveillance Report 2019

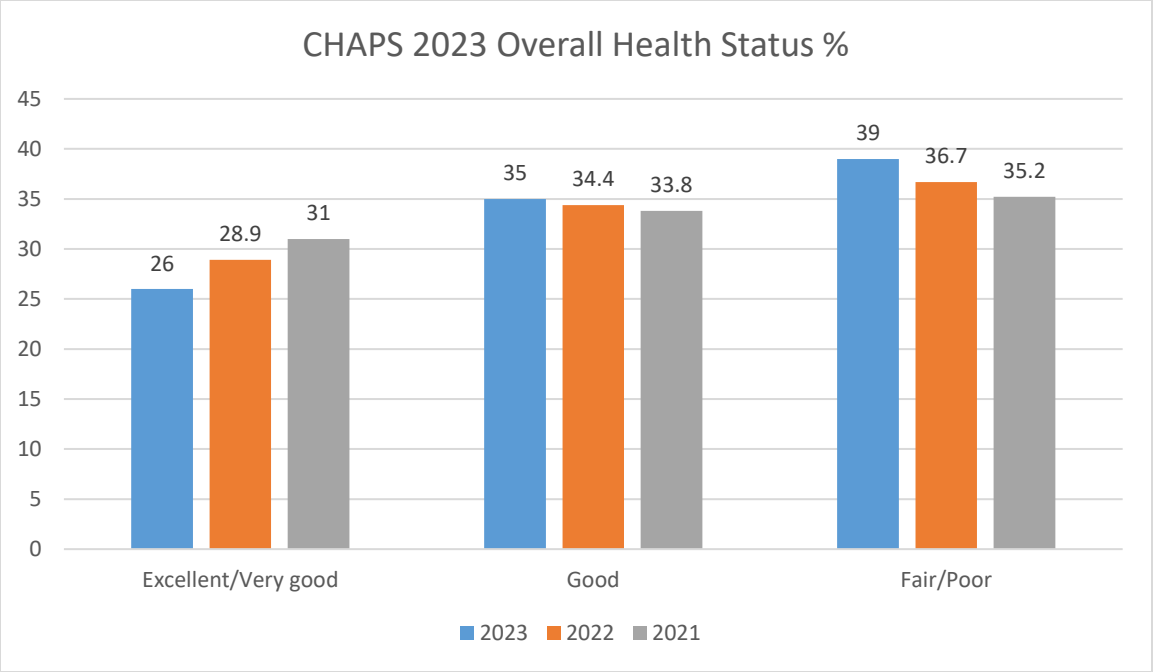


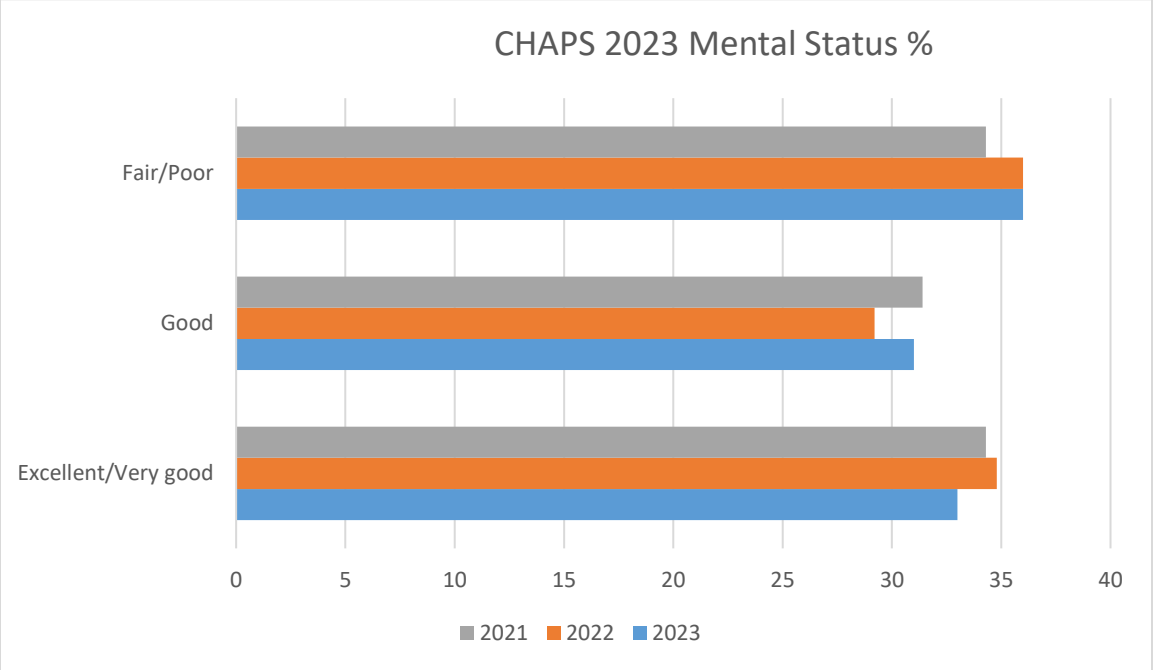
It is interesting to note that HIV patients are now experiencing overweight issues and all the issues that come with greater weight such as diabetes, heart problems, and hypertension. This is also due to not being able to eat healthy due to socio-economic factors such as poverty and homelessness, etc. These demographic, social, environmental factors and living conditions for the PHC California population are also illustrated in the AHF Plan's Consumer Assessment of

Health Plans Survey (CAHPS) for 2021, 2022, and 2023, **Table 8**. The 2023 CAHPS survey had a 22.2% response rate, which is a slight decrease from the previous years. The plan has used many engagement techniques to improve the member's understanding of the importance of surveys to grow member completion rates.

Table 8: PHC California CAHPS 2023 Health Equity Report

Demographic	*Category*	*%*
Gender	Male	*94%*
	Female	*6%*
Age	18 – 64	*44%*
	65 – 74	*42%*
	75 or older	*14%*
Overall Health	Excellent/Very Good	*26%*
	Good	*35%*
	Fair/Poor	*39%*
Mental Health	Excellent/Very Good	*33%*
	Good	*31%*
	Fair/Poor	*36%*
Education	HS Grad or less	36%
	Some college or more	*64%*
Race/ Ethnicity	White	*53%*
	Black/African-American	*19%*
	Asian	*Less than 1%*
	Native Hawaiian/Pacific Islander	*Less than 1%*
	American Indian or Alaska Native	*Less than 1%*
	Hispanic/Latino	*31%*


CHAPS 2023 Overall Health Status %
45
40
35
30
25
20
15
10
5
0
26
28.9
31
35
34.4
33.8
39
36.7
35.2
Excellent/Very good
Good
Fair/Poor
2023
2022
2021


CHAPS 2023 Mental Status %
Fair/Poor
Good
Excellent/Very good
0
5
10
15
20
25
30
35
40
2021
2022
2023

Overall, PHC California maintains committed to serving the best possible quality care to the enrolled members despite the disparities PLWHA may face on an everyday basis. The role PHC California plays in improving their overall health and combating the inequities that they experience in society is reflective of the core values and missions of the health plan.

Health Education, C&L, and/or Quality Improvement Program Gap Analysis

The PHC California Health Education, Cultural Linguistics, and Quality Improvement Programs are assessed by several different entities throughout the year on the goals and objectives to meet the needs of the members. These include, but are not limited to:

- The CAHPS survey;
- Positive Outlook member newsletters;
- Language Line interpretation services;
- Utilization reports;
- Public Policy and Community Advisory Committee meetings;
- Online surveys sent to members with recent visits.

The intention of these is to identify gaps and create needed improvement strategies to remove barriers, increase member satisfaction and elevate overall performance outcomes.

A member newsletter survey showed that 70% of members who completed and returned the mailed survey, felt that the health communication they currently receive from the plan is "just right." Most of the current communication for the plan members is done by mail, and in addition to regular U.S. Mail, 61% of respondents also preferred text messages, 80% phone calls, and 39% emails as a mode of contact. Many members have missing or outdated contact information recorded due to their social disparities such as inconsistent housing and finances. Results based on how they answered what devices they used are as follows:

Smartphone	59%
Mobile	39%
Laptop	36%
Tablet	19%
Printer	27%
Desktop	16%

Each of these analysis work as a tool to better learn and meet the HE, CL, and QI needs of the population. PHC California is always working to improve the communication channels to best fit the needs and preferences, and adapting new ways to reach members can serve as a way to improve care and services.

Self-reported data from our IT systems shows that our member population is made up of approximately 14% Hispanic/Latinx and 2% Spanish speakers. Our interpretation services show there is a greater need in this area. Language Line provides on-demand and onsite language telephonic interpretation and document translation services for all members and HCC patients. The 2021 reports show that 84% of all the utilized language request calls were for Spanish, averaging about 600+ Spanish calls per month. This data displays the very high need for Spanish interpretation even though many members did not indicate that they were Spanish-speakers initially. Our large enrollment of this ethnic group serves as an impetus to grow the services and

improve culturally appropriate education for this demographic. PHC California currently notifies the members of the free language and interpretation services provided and will continue to improve on this education.

The CAHPS survey is administered every year for PHC California to the enrolled members, and the data collected helps to direct change and drive improvement in needed areas such as health literacy. Health literacy is a major determinant of patient care outcomes and HIV literacy demonstrates a patient's capacity to understand health information related to their HIV diagnosis and treatment. Data suggest a lower level of understanding of HIV-related health information among higher acuity patients, which impacts the patient's ability to effectively communicate with their provider or navigate complex healthcare systems.

The CAHPS 2023 results show that PHC California members scored the composite questions of How Well Doctors Communicate at 89.5%. This group is made of the following questions:

- The personal doctor explained things in an understandable way;
- The personal doctor listened carefully to you;
- Their personal doctor showed respect for what you had to say, and
- Their personal doctor spent enough time with you.

In an effort to gain more insight into the CAPHS survey the plan initiated a quarterly survey that was emailed to members with recent HCC visits. Results from this online survey said that on average, 90% of responders felt that their doctor listened to their needs and included comments on how to better improve their perceptions. The CAHPS survey also highlighted that one of the opportunities for improvement is for members' perception of Getting Needed Care. According to the 2023 results, 72.7% of members "always" or "usually" had the ease of getting necessary care, tests, or treatment that they needed and could get appointments with a specialist as soon as needed. Because we know that these issues are such an important concern for the members' access and retention of care, these are identified as areas with gaps and need for improvement.

PHC California implements cultural competency staff/provider training to grasp the staff's attention and help them to embody the concepts of diversity, and sensitivity training for all program staff, providers, and subcontractors to ensure cultural understanding and the importance of awareness through Courses through AIDS Healthcare Foundation University (formally HealthStream). The Learning and Development team and HE updated the content and the graphics and reassigned it to all HCC, Managed Care, pharmacy, and AHF Department of Medicine staff, and will continue to assign and refine education to increase cultural competency and communication. The new and improved training was assigned to all active staff with the requirement for them to complete it in 3 months. “Applying Cultural Competency in Practice” is a 2-part lesson, estimated at 30 minutes for each part, 1-hour total. Each section includes a required quiz at the end, which is required to receive the certificate. These trainings are regulated by the staffs' supervisors and HR to monitor for completion and efficacy. The plan currently has a 93%+ completion rate for this training; this will continue to be monitored for staff compliance and updated for content efficacy.

The annual HEDIS report provides continuous insight on our members' health and health improvement strategies for (HIV) Viral Load Suppression (HVL), Comprehensive Diabetes Care

(CDC), and Controlling Blood Pressure (CBP). Social determinates of health such as resources for better living on gaps identified in the utilization of services between race, sex, and ethnicity groups. Plan initiative will focus on the needs of our member population as it pertains to their HIV/AIDS diagnosis as well as the screenings and health indicators for the HEIDS measures. To reduce disparities, a quarterly review of utilization will be conducted to improve interventions and targeted strategies for the various groups. PHC California QI team will work with the UM, HCC, and RNCM teams to develop a new interdisciplinary approach to collect data and improve patient health outcomes and HEDIS rates.

Lastly, the Plan has implemented a new quarterly meeting which includes Managed Care staff members, providers, and PHC California members, as an opportunity to gain first-hand, qualitative insight from the population. The committee is chaired by the Health Education Program Manager and has had a positive increase in attendance since the inaugural meeting in March 2021. The Public Policy and Community Advisory Committee (PPCAC) provides a mechanism for structured input from enrollees, network providers, and related community agencies regarding how the health plan's operations affect the delivery of enrollees' care. The role of this committee is to implement community linkages, build understanding between the attendees, establish improvement opportunities and develop trust through relationship building. Over the past year+, this committee has been instrumental in restructuring member programs and reimagining some of the organizational processes from the members' point of view. The information from this committee serves as part of assessing the needs of this population and implementing the information to develop culturally appropriate services and improve performance metrics related to enrollee satisfaction.

Other Key Findings

PHC California will utilize the findings from this PNA to improve the overall care and service provided to all members and patients. This will extend past the QI, HE, and CL programs and will aim to improve the services they receive from other areas such as the health care centers, pharmacy, member services, and the care they receive from plan and non-plan providers. This assessment provided a great lens to opportunities for better care for each member at all points of care within the organization.

4. Action Plan

Action Plan Table

Category: Health Education
Objective 1. Increase (HIV) Viral Load Suppression among PHC California members to equal to or greater than 93% by July 1, 2023. **Data source: HEDIS data**
Strategies
a) Implement an education for providers including pharmacy and the HCCs to improve member viral load suppression.
b) Publish health education in the member newsletters on HIV viral load suppression and the importance of doctor visits, prescriptions, and staying in care, to increase members' knowledge on the subject.
c) Promote the services available to improve access to care such as transportation and appointment options.

Category: Health Education
Objective 2. Increase retinal eye exam screenings among PHC California diabetic members to equal to or greater than 50% by July 1, 2023. **Data source: HEDIS data**
Strategies
a) Implement a member incentive program to provide grocery gift cards to all those who complete a retinal eye exam diabetic screening.
b) Publish health education in member newsletters and implement classes on diabetes, the importance of retinal eye exams, and the member incentive program in order to increase members' knowledge on the subject.
c) Implement a portable camera eye exams program in the Los Angeles HCCs to improve access to care such as ease of completion and transportation to visits.

Category: Health Education
Objective 3. Increase the percentage of members who perceive to have good communication with their doctors to equal to or greater than 98% by July 1, 2023. **Data source: *2023* CAHPS data**
Strategies
a) Implement member satisfaction surveys to all members with recent visits to review utilization, satisfaction, and grievances regarding current member and provider communication.
b) Publish health education on tools to prepare members for appointments, ask provider questions and provide information to increase their knowledge on health topics in the member newsletters to increase members' knowledge.

c) Publish articles in provider newsletters and send provider alerts on the CAHPS survey, health literacy, and health education topics with reminders to discuss topics with members.

Category: Quality Improvement
Objective 4. Increase the percentage of controlled blood pressure among PHC California members to equal to or greater than 70% by July 1, 2023. **Data source: HEDIS data**
Strategies
a) Implement a multi-disciplinary program between the QI team and the Utilization Management team to improve member blood pressure with the help of the RNCMs.
b) Create systems to provide blood pressure cuffs to hypertensive members to properly monitor their blood pressure in between visits.
c) Promote the services available to improve access to care such as transportation and screening options.

Category: Quality Improvement
Objective 5. Increase the percentage of members who perceive to be getting the needed care from the health plan to equal to or greater than 82% by July 1, 2023. **Data source: 2023 CAHPS data**
Strategies
a) Implement a member satisfaction survey for all members with recent visits to review utilization, satisfaction, and grievances regarding members' appointments and care.
b) Establish the PPCAC committee to serve as the member advisory group to serve as a mechanism for communication between enrollees, network providers and related community agencies to improve the members' perception on how the health plan's delivers care.
c) Publish articles in provider newsletters and send provider alerts on the CAHPS survey, and the importance of keeping patients in proper care.

Category: Quality Improvement
Objective 6. Increase the percentage of documented and correct member email addresses in the BI portal among PHC California members to equal to or greater than 10% by July 1, 2023. **Data source: AHF BI portal data**
Strategies

a)	Create a member contact survey to gather information on how to best communicate with members and update members' recent information.
b)	Monitor and track all failed communication attempts to members and report to the Members Services department to contact and update.
c)	Input the approved DHCS copy of the email authorization form to the Health Plan database(s) for distribution to be utilized by Managed Care Member Services, Care Management, and Pharmacy teams to obtain and update email addresses as needed.

Category: Culture & Linguistics	
Objective 7. Increase (HIV) Viral Load Suppression among Hispanic/Latinx members to equal to or greater than 95% by July 1, 2023. **Data source: AHF BI portal data**	
Strategies	
a)	Publish articles in the member newsletter, Positive Outlook, regarding viral load suppression that is specifically targeted to the cultural needs of Hispanics/Latinx community to improve their competency on this subject.
b)	Publish articles in the provider newsletter, Positive Practice, regarding viral load suppression that is specifically targeted at the Hispanic/Latinx community to help them better understand the needs of this ethnic group.
c)	Conduct cultural competency learning events for HCC staff and providers to help them improve the HIV care retention and reduce disparities of Hispanic/Latinx members.

5. Stakeholder Engagement

In 2020 the inaugural DHCS PNA was completed, submitted and approved for PHC California. After the edits to the report and the final version was approved as submitted (AAS), the Health Education Program Manager submitted the approval to the appropriate parties such as the Compliance Department. The findings of the assessment and the developed objectives were given stakeholder engagement by incorporating all the participants of the Member Provider Committee (MPC). This committee meets quarterly and is comprised of managed care department heads, HCC leaders, medical providers, contracted health care providers, practitioners, and allied health care personnel. The meetings are designed to discuss the current needs and initiatives of the plan's members, the community and providers. This committee serves to improve the care of the members as it pertains the plans and the health care centers, and collectively they will be able to properly execute the goals of the PNA. MPC serves to educate the committee members, restructuring programs, create initiatives and edit policies to better serve the needs of the population based on the findings of the PNA. From the MPC committee came a smaller, more specific group for the health plan who would be for more specifically reviewing and fulfilling the PNA goals and objectives, the PNA Taskforce. This taskforce meets monthly to review the progress of the objectives and plan for the implementation of the

improvement projects. This taskforce is comprised of members from The Department of Medicine (DOM), QI, HE, MS, UM, and CL.

This group is also responsible for the governance of the Public Policy and Community Advisory Committee (PPCAC) meetings and will assist in creating a plan to properly disseminate the information to members that will help provide insight on ways to improve their care. Member attendees of the PPCAC serve as key informants of the greater member population, there to voice concerns and share feedback on the current status of their health and the care they are receiving.

The findings of this PNA report were also be included in one of the provider newsletters in 2022, Positive Practice. The information in the newsletter will provide resources to the providers on ways that they can contribute to the improvement of the PHC California members' needs, health and overall satisfaction of the health plan.

6. Index