

Quality Improvement and Health Equity Committee Quarter 3, 2025 Summary Report

Background

The purpose of this report is to summarize the Blue Shield of California Promise Health Plan (BSCPHP, BSC Promise, or Blue Shield Promise) Quality Improvement and Health Equity Committee (QIHEC) activities, findings, recommendations, and actions that are prepared after each meeting. The QIHEC reports to the Medi-Cal Committee who reports to the Blue Shield of California Board of Directors via consent agenda, and to DHCS upon request. A written summary of the QIHEC activities is made publicly available on the Plan's website at least on a quarterly basis.

Summary of QIHEC Activities

The Blue Shield Promise QIHEC meeting was called to order on Thursday, September 25, 2025, by the Chairperson, Valerie Martinez, Chief Health Equity Officer (CHEO) via telephone conference.

Document Review and Approval (Pre-reads)

The Quality Improvement and Health Equity Transformation Program (QIHETP) program documents were circulated to voting committee members for review and approval via email prior to the meeting. The following documents were approved by voting committee members:

- BSC Promise QIHEC Meeting Minutes Q2 2025
- BSC Promise QIHEC 2025 Work Plan Q3 2025
- HEQ-001: QIHETP Policy and Procedure
- HEQ-003: Diversity, Equity, and Inclusion (DEI) Training Program Requirements
- HEQ-003: Attachment DEI Training Selection Criteria Guidelines
- Advancing Health Equity – A Guide for Navigating Challenging Conversations Job Aid

Health Equity Advancements Resulting in Transformation (HEART) Measure Set

Eduardo Delgado, Health Equity Principal Program Manager, presented the quarterly HEART Measure Set updates, including the following: 1) Quarterly action items status updates; 2) Results of disparity data analysis – findings, results, takeaways, disaggregated data by race, ethnicity, age and/or language and analysis of women and youth populations; and 3) Review and discussion of key findings.

Eduardo presented a quarterly summary of activities the Health Equity Office completed to the committee. The Health Equity Office prepared seven (7) reports for 7 separate teams and

facilitated team meetings to share data, findings, and plan potential intervention activities. The Health Equity Office also prepared custom analysis to assess for health disparities among women and children' populations. Created an annual glide path calendar for planned disparity analysis to ensure all measures can be assessed in calendar year (CY) 2025. Lastly, the Health Equity Office expanded the HEART Dashboard measure set to include additional populations and data dimensions for sexual orientation and gender identity (SOGI), disability aid code(s), California Children's Services (CCS), Temporary Assistance for Needy Families (TANF) aide code(s), justice involved, unhoused/homelessness, palliative care and hospice, doula service, medically necessary major organ transplants, limited English proficiency (LEP), alcohol and Substance Use Disorder (SUD) treatment services and long-term care.

Eduardo provided a thorough disparity analysis of specific measures including a review of findings, results, and key takeaways for each metric in Los Angeles and San Diego counties. Disparity analysis included disaggregated data by race, ethnicity, age and/or language and analysis of women and youth populations. Reference table 1 and table 2 below and Appendix 1.

Table 1. Variations in Disparities and Health Outcomes in the Women Population in Los Angeles and San Diego Counties

Measure Description	Measure Definition	Measure Acronym	Findings	Results	Key Takeaways
1. C-Section rates by REGAL	C-section rates by REGAL during the measurement period	CSTN	Data presents the lowest rates compared to all other race/ethnicity groups.	Women 25-34YO have the highest rates and Black Women had a marked increase from Q1-Q2 (▲5.25%)	Black and Asian women show higher than average C_SECT rates (raises the question about maternal care equity).
2. Breast Cancer Screening	Percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years.	BSC REGAL	Data presents the lowest rates compared to all other race/ethnicity groups.	Though improving (▲6.95% from Q1 to Q2), the Women population is still below the 55.87% MPL.	White and English-speaking women are consistently below other groups in both BCS.
3. Prenatal Immunization Status – Flu	Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the Measurement Period and the delivery date; or Deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.	PERINATAL IZ FLU	Data presents the lowest rates compared to all other race/ethnicity groups.	PIZ_FLU: All groups past the benchmark in Q2	Disparities remain with Teens (282), Blacks, and women with LEP (outside Spanish-speakers) face lower outcomes across measures.
4. Prenatal Immunization Status – Tdap	Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date), or Deliveries where members had any of the following: • Anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period. • Encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria	PERINATAL IZ Tdap	Data presents the lowest rates compared to all other race/ethnicity groups.	PIZ_TDAP: Improved performance QOQ.	Disparities remain with Teens (282), Blacks, and women with LEP (outside Spanish-speakers) face lower outcomes across measures.

	vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.				
5. Prenatal Care	Percentage of deliveries with a prenatal visit in the first trimester or within 42 days of enrollment. This is also a Bold Goal metric - Close Maternity care disparity for Black and Native American persons by 50%.	PPC TIME REGAL	Data presents the lowest rates compared to all other race/ethnicity groups.	This is a strong performing measure (►80% in most subgroups) Hispanics and Spanish-speakers remain strong, while Blacks and teens show a decline.	Disparities remain with Teens (282), Blacks, and women with LEP (outside Spanish-speakers) face lower outcomes across measures.
6. Postpartum Care	Percentage of deliveries with a postpartum visit between 7 and 84 days post-delivery.	PPC POST REGAL	Data presents the lowest rates compared to all other race/ethnicity groups.	All groups improved QOQ, with Asian (▲29%) and Hispanics (▲11%) leading.	Disparities remain with Teens (282), Blacks, and women with LEP (outside Spanish-speakers) face lower outcomes across measures. The patterns suggests that entry to prenatal care is not the barrier, but continuity of preventive interventions (vaccines, PPC_P visits) is where women fall through the cracks.

Table 2. Variations in Disparities and Health Outcomes in the Youth Population in Los Angeles and San Diego Counties

Measure Description	Measure Definition	Measure Acronym	Findings	Results	Key Takeaways
1. EPSDT Preventive Utilization Gap	Percentage of members ages 0-20 with no ambulatory or preventive visit within a 12-month period stratified by REGAL	EPSDT UTIL GAP	The data reveals where the Youth population presents with the lowest rates compared to all other Race/Ethnicity groups.	Latinos and Spanish-speakers lead in compliance; English-speakers and older youth remain low performers.	Blacks and Whites underperform, especially in immunizations. Adolescents (10-14YO) consistently have higher rates than older teens (15-19YO). Transition to late adolescents show drop-offs.
2. Immunizations for Adolescents by REGAL	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates during the measurement period stratified by REGAL.	IMA REGAL	The data reveals where the Youth population presents with the lowest rates compared to all other Race/Ethnicity groups.	10-14YO show strong consistency (▲8.79% QOQ).	Blacks and Whites underperform, especially in immunizations. Adolescents (10-14YO) consistently have higher rates than older teens (15-19YO). Transition to late adolescents show drop-offs.
3. Child and Adolescent Well-Care Visits	Percentage of members ages 3-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period stratified by REGAL. This is also a Bold Goal metric - Close racial/ethnic disparities in well-child visits and immunizations by 50%.	WCV REGAL	The data reveals where the Youth population presents with the lowest rates compared to all other Race/Ethnicity groups.	Q2 show improvement across all groups, but disparities remain with Blacks, older adolescents and Russian-speakers.	Blacks and Whites underperform, especially in immunizations. Adolescents (10-14YO) consistently have higher rates than older teens (15-19YO). Transition to late adolescents show drop-offs.

The Health Equity Office analyzed Cervical Cancer Screening (CCS) disparities and found consistent underperformance among women, especially ages 20–24. Although all age groups improved from Q1 to Q2, the inclusion of 20–24-year-olds were partially outside the Healthcare Effectiveness Data and Information Set (HEDIS®) screening guidelines which skewed the results. To align with HEDIS® screening guidelines, the office will confirm that the age parameters align with the CCS guidelines and will clarify age ranges with Data and Analytics to enhance report accuracy.

Overall, key findings indicate the following, 1) Women's health outcomes are influenced by both access to preventive screenings and quality of maternal care, highlighting the need for tailored interventions; 2) Strengthening prenatal and postpartum care access is essential for improving maternal and infant health outcomes; and 3) Youth preventive health measures show systemic gaps, highlighting the importance of outreach, culturally tailored education, and structural support for families.

To address health disparities, Blue Shield Promise is dedicated to using a data-driven approach to improve our members' health outcomes. Targeted interventions such as language support, enhanced outreach, age-specific programs, and addressing county-level differences are essential to improve screening rates, care engagement, and overall health equity. The Blue Shield Promise HEO will remain data-transparent and share data results with teams who can impact the rates; take a data-informed approach using the data to drive strategic planning and interventions; and expand the analysis to assess for trends across individual race/ethnicity, age, and language for all metrics within the HEART measure set.

An equity approach incorporates tailored interventions. We are meeting members where they are, resulting in increased access to care, improved health outcomes, better Quality HEDIS performance, and reduced disparities among marginalized populations.

For example, through the 2024 Health Disparities report, the Promise Quality team identified that the Hispanic population located in Southern San Diego County was having difficulty completing well-child visits due to a variety of barriers. As a result, the Promise Quality team conducted research and hosted a focus group in early 2025 to understand member barriers and needs. The Promise Quality team learned members were experiencing barriers to limited access, transportation and balancing obligations and opportunity costs to time spent at doctor office.

In response, Well-Child Clinic events were implemented at Community Resource Centers and local Community Based Organizations serving members in southern San Diego in greatest need of accessible healthcare options. Appointments offered via expanded clinic hours/weekend events; Care Coordinators reiterate the transportation benefit and coordinated transportation to and from the events; and members received a gift card at the time of the visit. As a result of the Well-Child Clinic events, 20 clinic days have been held to date, 1,716 appointments completed and

the WCV rate for Hispanic members increased from 5.38% to Q2 2025 rate, 24.54%. These events offer a vital service to members in need, in collaboration with trusted stakeholders. Events are scheduled for the remainder of CY 2025. Blue Shield Promise HEART Advocates are volunteering to offer onsite support at these events. Observing a decline in attendance in both San Diego and Los Angeles Counties due to the political climate; a critical observation is to meet our members' needs ensuring patient safety while also closing the gaps in care. This in turn will build trust and continued access to vital preventive care services i.e., other HEDIS measures.

Member and Family Engagement Strategy

The Member and Family Engagement Strategy and updates were presented by Araceli Garcia, Program Manager Consultant, Community Programs, and Nairi Varteressian, Program Manager, Community Programs. The Community Programs team presented an overview of the current policy, current member and family engagement activities, and three (3) initiatives conducted in CY 2025.

As part of the California Department of Health Care Services Medi-Cal Contract requirements, Blue Shield Promise Health Plan is required to establish and update a Member and Family Engagement Strategy to seek member, family and caregiver input in the design, delivery, and evaluation of member programs and covered services as appropriate. To meet the requirements, the Community Programs team have coordinated with multiple internal departments to develop and implement the Member and Family Engagement Strategy. The internal departments include Health Education and Cultural and Linguistics Services, Member Services, Product and Market Insights, Social Services, Quality Improvement, Marketing, and the Health Equity Office. Additionally, the Community Programs currently have 40 projects where member input is collected. The methods of input included in-person feedback collected through face-to-face interactions, online and paper surveys, virtual feedback collected via online platforms, telephonic feedback, and/or via a combination of online and in-person interactions.

In collaboration with internal departments, the Community Programs team have also focused their efforts in implementing 3 initiatives this year to address member and family engagement. Including working closely with the Quality department in conducting 14 quality focus groups (6 in Los Angeles, 4 in San Diego and 4 online) to better understand the factors and barriers contributing to declining vaccination rates and reduced adherence to the well-check visit schedule among Medi-Cal members. The feedback received was shared with internal teams to generate new ideas. Foster comprehensive member engagement by incorporating findings into communication plans and educational materials and programming. Present findings on provider feedback with network providers.

Conducted a Community Resource Center Listening Session at the Metro Los Angeles location to understand visitors' experiences and create a welcoming, supportive environment at the

Community Resource Center. The Community Programs team organized members' suggestions into four focus areas: diverse classes and rewards, extended hours and transportation, increased awareness, and inclusive imagery. Will continue to assess classes and vendors, study extended hours, research transportation programs, analyze outreach, and develop a new branding strategy.

Developed Community Design Sessions in collaboration with Community Based Organizations (CBOs) to enhance prenatal and postpartum care access for Black, Indigenous, and People of Color (BIPOC) women and improve wellness visit rates for children and youth. The participating CBOs outlined barriers to accessing care through their experiences with clients. This led to Blue Shield Promise and CBOs co-creating community-driven solutions to address these challenges. The information gathering during this session will also be utilized when designing future projects as it relates to the birthing population and children.

The Community Programs team will continue to monitor the Member and Family Engagement Strategy and activities throughout the remainder of the year and provide updates to the QIHEC upon request.

Health Equity Spotlight: Health Equity Navigators

Caitlin Wentz, Sr. Manager, Quality Improvement, presented Blue Shield Promise Health Equity Navigators program a funded Medical Assistant (MA)/Program Coordinator for a select provider group whose focus is to improve HEDIS rates and Initial Health Assessments (IHA) among Blue Shield Promise Medi-Cal members.

The program includes care gap outreach, medical record review and ad-hoc requests for Blue Shield Program. The program is run by a Blue Shield Promise Quality Program Manager across Los Angeles and San Diego Counties for effective and streamlined improvement efforts. Priority lists have been enhanced to include a prioritization strategy for timely outreach to members with time sensitive compliance deadlines and includes annual in-person Navigator meeting(s).

The Health Navigator Program, funded by Blue Shield Promise, is a targeted initiative aimed at improving health outcomes for Medi-Cal members by addressing care gaps and enhancing performance on key metrics such as HEDIS and Initial Health Assessments (IHA). Health Navigators, Medical Assistants or Program Coordinators—are funded within selected provider groups to conduct outreach, review medical records, and support compliance efforts. The program is managed across Los Angeles and San Diego, with enhancements including centralized oversight, strategic prioritization of outreach, and annual navigator meetings. In Los Angeles County, the program currently includes 11 navigators across 10 groups, with a mix of embedded and non-embedded placements. In San Diego County, there are 8 navigators across 4 groups, all non-embedded, with one additional navigator pending placement. The

program is a core component of the San Diego Medi-Cal Health Equity Performance Improvement Project (PIP), which focuses on culturally responsive interventions to improve well child visit rates among Hispanic members.

Key interventions include hosting Well Child Clinic Days at trusted community-based organizations (CBOs), conducting culturally tailored outreach using Spanish-speaking navigators, and providing health equity training to improve engagement strategies. These efforts have shown promising results, with Well Child Visit (WCV) rates ranging from 34% to 46% across different interventions. Barriers addressed include systemic issues (e.g., lack of Primary Care Provider awareness), community challenges (e.g., transportation), cultural concerns (e.g., language and trust), and knowledge gaps (e.g., immunization hesitancy).

Looking ahead, the program plans to expand the Health Equity Training to all navigators in both regions and deepen partnerships with trusted CBOs to increase community engagement. These efforts are aligned with the PIP's measurement timeline, which includes baseline data collection in September 2024 and remeasurements in August 2025 and 2026.

I have HEART Advocate Program

The I have HEART Advocate Program is a strategic initiative by Blue Shield Promise aimed at advancing health equity and supporting the organization's broader Quality Improvement and Health Equity Transformation Program goals and objectives. Central to the program is the mission to "Cultivate a Culture of Equity," which is achieved by empowering staff members—referred to as I have HEART Advocates—to become champions of equity within their departments. The second cohort of the program, launched in March 2025 and concluded in August 2025, included 62 participants who engaged in monthly meetings, volunteer opportunities, and professional development activities focused on health equity.

Throughout the six-month program, participants took part in a wide range of activities designed to deepen their understanding of systemic inequities and foster inclusive practices. These included educational sessions, guest speaker events, community engagement efforts, and interactive experiences such as the "Cost of Poverty" simulation and documentary screenings. Advocates also contributed to internal initiatives like the Promise Health Equity Committee and helped develop tools such as the "Advancing Health Equity: A Guide for Navigating Challenging Conversations" job aid led and presented by HEART Advocate Maira Torre Health Education Cultural & Linguistic Specialist.

Feedback from participants was overwhelmingly positive, with many expressing that the training provided valuable insights applicable to their roles and helped them better understand and discuss equity-related topics. Survey results showed significant improvements in participants' confidence and knowledge, with 100% indicating they plan to use the job aid in their work. The

program not only strengthened internal capacity for equity advocacy but also laid the groundwork for potential external expansion, signaling a broader commitment to systemic change and inclusive member experiences.

Health Equity Integration Plan Updates

The Health Equity Integration Plans (HEIPs) led by Alexis Duke, Health Equity Business Analyst, outlines the progress and strategic direction of Blue Shield Promise's Quality Improvement and Health Equity Transformation Program goals and objectives. The plan is a response to Medi-Cal Managed Care Plan requirements mandating the integration of health equity across eight functional areas: Health Education and Cultural Linguistic Services, Growth and Community Engagement, Provider Network, Population Health Management, Grievances and Appeals, Utilization Management, Quality, and Medical Services (including Case Management and Maternal Health). The HEIP includes disparity analysis, planned activities, and measurable outcomes to ensure equity is embedded throughout the organization.

The presentation details the project scope and timeline, which began in late 2023 and continues through 2025. Key milestones include the HEART Measure Set, internal roadshows, framework development, implementation of equity-focused activities, and ongoing progress reporting. The operational model emphasizes cultivating a culture of equity, linking quality and equity, optimizing integration with real-time data, and centering community voices. Teams are supported by the Health Equity Office through data analysis, quality improvement, and reporting.

As of Quarter 3, 2025, 45% of the 38 planned activities across departments have been completed, showing a notable improvement from the previous quarter's 33%. Departments such as Utilization Management have achieved full completion, while others like Quality and Population Health Management are progressing steadily (referring to table 3 below). Two highlighted initiatives include revising discrimination grievance letters with an equity lens and launching a culturally responsive support group for Cantonese and Mandarin-speaking members, demonstrating member-driven program design.

Table 3. Health Equity Integration Plan Progress of Activities

Department	# of activities	# completed	% complete
Quality	6	2	33%
Health Education	8	3	38%
Utilization Management	2	2	100%
Population Health Management	6	2	33%
Medical Services	3	2	50%
Community Engagement	5	3	60%
Network	5	2	40%
Grievance & Appeals	3	1	50%
Total % activities complete:	17 / 38		45%

Next steps include presenting summary reports to the Promise Health Equity Committee and Medi-Cal Committee, integrating quarterly disparity data reviews into Health Equity Dashboard meetings, and continuing monthly updates and narrative reviews. The presentation concludes with a call for questions and appreciation for the team's ongoing commitment to equity.

Regulatory Updates

The mandatory DEI Medi-Cal training entitled the *2025 Advancing Health Equity: Training to Support Member Interactions* internal training for all staff was released on March 3, 2025. Blue

Shield Promise has reached a 99% completion rate. Blue Shield Promise released the external Provider facing training, 2025 Advancing Health Equity training on the new Blue Shield of California Provider Learning Center platform on April 28, 2025. Blue Shield Promise has reached a 10%, (**▲8%**) when compared to Quarter 2, 2025 completion rate.

In addition, the new Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training as set forth by All Plan Letter (APL) 24-017 and Senate Bill 923 was released on April 1, 2025, to

internal member-facing staff. The training is entitled *Improving the Healthcare Experience for the Transgender, Gender Diverse, and Intersex Community*. Blue Shield Promise has reached 54% (**▲46%**) when compared to Quarter 2, 2025 completion rate.

Blue Shield Promise continues to work through implementing new operational processes across All Plan Letters to ensure compliance with all regulatory guidelines.

Health Equity Performance Dashboard

Valerie Martinez presented on the 2025 Health Equity Performance Dashboard and accomplishments through the end of Quarter 2, 2025 (Figure 1). The HEO will continue to track the goals and objectives for calendar year 2025, which focuses on maintaining NCQA Health Equity Accreditation, ensuring contract compliance is met, continually building and integrating a culture of equity across the organization. Figure 1 details the HEO progress to date.

Figure 1. 2025 Health Equity Performance Dashboard

Goal	Objective	Quarterly Report	Q1	Q2	Q3	Q4
Maintain Health Equity Accreditation	Complete 100% of all Health Equity Accreditation activities as required by 12/31/2025	Rate of standards met	NA - No action needed in Q1	CLAS and Health Disparities reports due		
Ensure contract compliance	100% of health equity related contract deliverables will be compliant by 12/31/2025	Rate of deliverables met	100%	99% AIR RE: Pop Health		
	Operationalize 100% of requirements to launch Diversity Equity and Inclusion training program by 12/31/2025	Percent readiness toward complete program launch	56%	60%		
Build and Integrate a Culture of Equity	At least 30% of network providers complete Diversity Equity and Inclusion training by 12/31/2025	Rate of training completion	NA - Training release date 4/25/25	7%		
	90% of finalized Health Equity Integration Plan activities will be completed by 12/31/2025	Rate of integration plans completed	27%	44%		
	Member social drivers of health data collection increases by 5% by 12/31/2025	Rate of social drivers of health collected per member	1.6%	2.1%		
	H.E.A.R.T. advocate program survey yields >90% participant report of value added upon program completion	Satisfaction rate upon program conclusion	NA	97% report value added to role		

Actions

The committee will continue to present QIHETP Workplan updates, present HEART Measure Set Monitoring Report rates, disparity analysis and identify quarterly Health Equity Spotlight reports. The HEO will track the action items and bring updates forward at the next QIHEC meeting held Thursday, December 4, 2025.

Appendix A. HEART Measure Set: Disparity Analysis

Reference List

- 1) Disparity Analysis Among Women Members Across Key Health Measures in Los Angeles and San Diego Part 1 of 2
- 2) Disparity Analysis Among Women Members Across Key Health Measures in Los Angeles and San Diego Part 2 of 2
- 3) Disparity Analysis Among Youth Members Across Key Health Measures in Los Angeles and San Diego

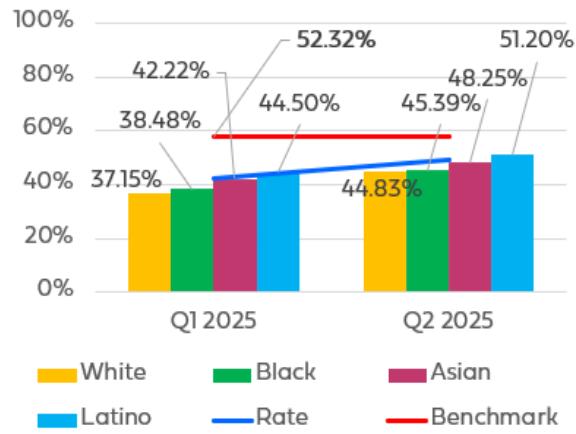
Disparity Analysis Among Women Members Across Key Health Measures in Los Angeles and San Diego Part-1 of 2

METHODOLOGY: Access Quality metrics to identify significant disparities between the Women population.

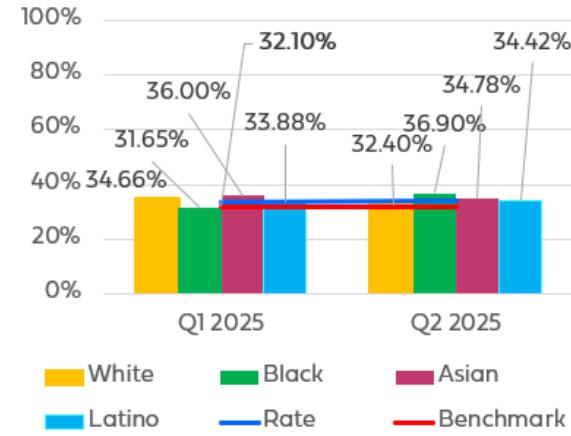
FINDINGS: While Health equity efforts often focus on addressing disparities among historically underserved populations, the data below reveals measures where the Women population presents with the lowest rates compared to all other Race/Ethnicity groups. Measures include: 1) Cervical Cancer Screening (CCS); 2) C-Section Results (C_SECT); and 3) Breast cancer Screening (BCS).

RESULTS: CCS – Every subgroup improved between Q1 and Q2 Women population performance is consistently the lowest among the groups. C_SECT – Women 25-34YO have the highest rates and Black Women had a marked increase from Q1-Q2 ($\Delta 5.25\%$). BCS – Though improving ($\Delta 6.95\%$ from Q1 to Q2), the Women population is still below the 55.87% MPL.

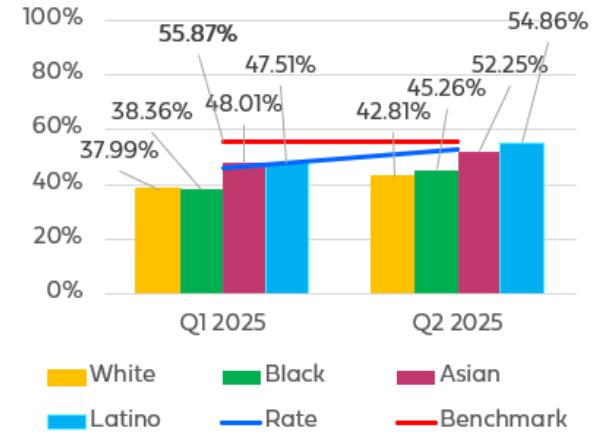
CCS Performance QOQ



C_SECT Performance QOQ



BCS Performance QOQ



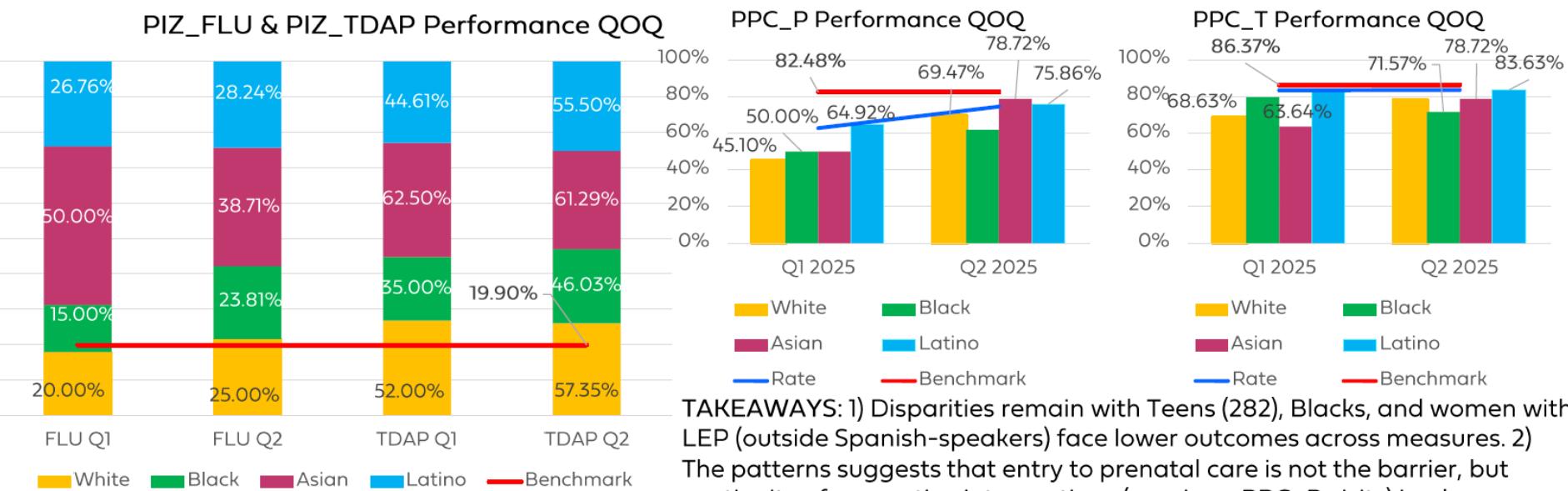
TAKEAWAYS: 1) White and English-speaking women are consistently below other groups in both BCS and CCS. 2) Younger women (specifically ages 20-24) are underserved in CCS. 3) Black and Asian women show higher than average C_SECT rates (raises the question about maternal care equity).

Disparity Analysis Among Women Members Across Key Health Measures in Los Angeles and San Diego Part-2 of 2

METHODOLOGY: Access Quality metrics to identify significant disparities between the Women population.

FINDINGS: The data below reveals measures where the Women population presents with the lowest rates compared to all other Race/Ethnicity groups. Measures include: 1) Prenatal Immunization Status – FLU (PIZ_FLU); 2) Prenatal Immunization Status – TDAP (PIZ_TDAP); 3) Postpartum Care (PPC_P) and 4) Timeliness of prenatal care (PPC_T).

RESULTS: PIZ_FLU –All groups past the benchmark in Q2. PIZ_TDAP –Improved performance QOQ. PPC_P – All groups improved QOQ, with Asian (▲29%) and Hispanics (▲11%) leading. PPC_T – This is a strong performing measure (►80% in most subgroups) Hispanics and Spanish-speakers remain strong, while Blacks and teens show a decline.



TAKEAWAYS: 1) Disparities remain with Teens (282), Blacks, and women with LEP (outside Spanish-speakers) face lower outcomes across measures. 2) The patterns suggests that entry to prenatal care is not the barrier, but continuity of preventive interventions (vaccines, PPC_P visits) is where women fall through the cracks.

Disparity Analysis Among Youth Members Across Key Health Measures in Los Angeles and San Diego

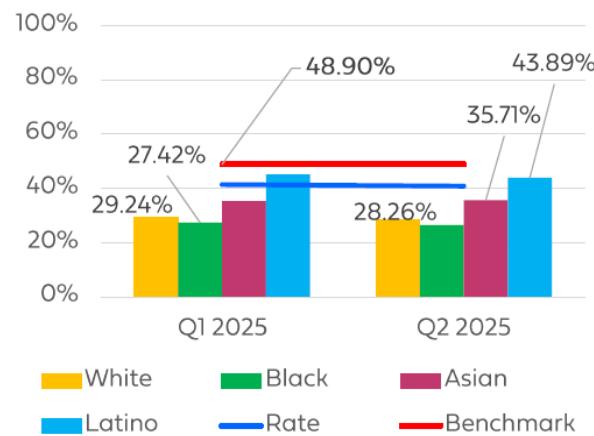
METHODOLOGY: Access Quality metrics to identify significant disparities between the Youth population.

FINDINGS: The data below reveals measures where the Youth population presents with the lowest rates compared to all other Race/Ethnicity groups. Measures include: 1) Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT); 2) Immunizations for Adolescents - Combination 2 Immunizations (IMA-2); and 3) Child and Adolescent Well-Care Visits (WCV).

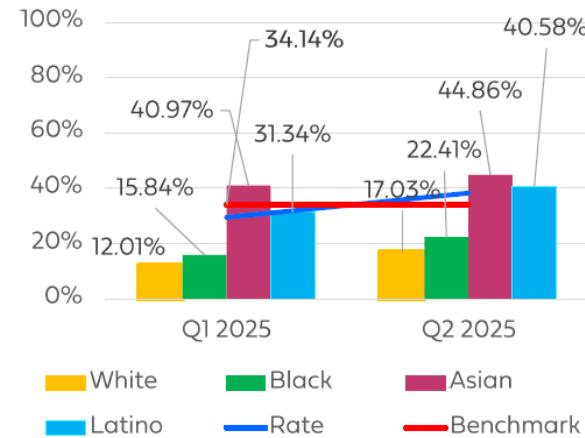
RESULTS: EPSDT – Latinos and Spanish-speakers lead in compliance; English-speakers and older youth remain low performers.

IMA-2 – 10-14YO show strong consistency (**▲8.79% QOQ**). WCV – Q2 show improvement across all groups, but disparities remain with Blacks, older adolescents and Russian-speakers.

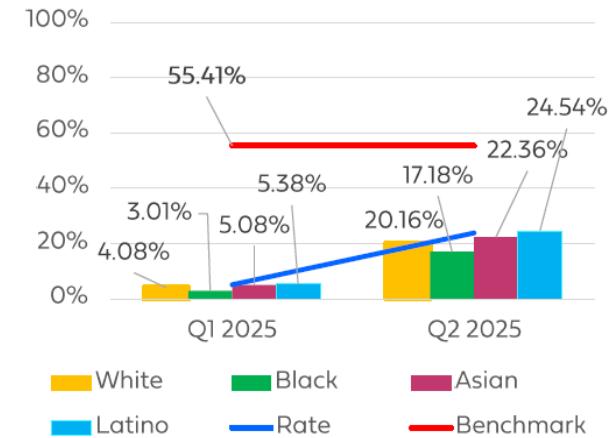
EPSDT Performance QOQ



IMA-2 Performance QOQ



WCV Performance QOQ



TAKEAWAYS: 1) Blacks and Whites underperform, especially in immunizations. 2) Adolescents (10-14YO) consistently have higher rates than older teens (15-19YO). Transition to late adolescents show drop-offs.