Central California Alliance for Health

Quality Improvement & Health Equity Plan

March 2026

I. Purpose and Scope

The Central California Alliance for Health ("the Alliance") Quality Improvement & Health Equity Plan (QIHEP) is designed to advance health equity by identifying and addressing disparities in access, quality, and health outcomes among our members. The QIHEP supports initiatives that improve care, remove barriers, and promote the well-being of populations experiencing inequities. This QIHEP applies to all members served by the Alliance, including our Medi-Cal population, and covers clinical programs, community-based interventions, population health management, and organizational governance aimed at reducing health disparities. The QIHEP is integrated across all internal programs and processes and aligns with the corresponding regulatory requirements. The QIHEP incorporates data-driven strategies, including analysis of our Population Needs Assessment (PNA), HEDIS rates, and MCAS measures, to identify gaps and inform disparity reduction activities. The QIHEP establishes accountability through assigned owners, measurable outcomes, and ongoing monitoring to ensure continuous improvement in health equity across both organizational operations and member-facing programs.

II. Mission

The Alliance is committed to advancing health equity in alignment with the Department of Health Care Services (DHCS) requirements by identifying and addressing disparities in access, quality, and health outcomes among its members. Through its QIHEP, the Alliance utilizes robust data collection, stratification, and analysis to identify priority populations and inequities across key measures. The Alliance implements targeted, evidence-based interventions—including Enhanced Care Management (ECM), Community Supports, Population Health Management, and HEDIS-driven quality improvement efforts—to reduce disparities and improve outcomes for populations experiencing inequities.

These efforts are supported by a comprehensive evaluation framework that ensures ongoing monitoring, measurement, and continuous quality improvement to track progress toward equitable outcomes. At the organizational level, the Alliance has embedded health equity into its governance structure, strategic priorities, and accountability mechanisms, ensuring leadership oversight and cross-departmental alignment in advancing equity goals.

The Alliance partners with providers, community-based organizations, and members to deliver culturally and linguistically appropriate services, remove barriers to care, and ensure equitable access to high-quality services. Through sustained collaboration and a person-centered approach, the Alliance strives to provide members with the opportunity to achieve optimal health outcomes in a manner that is equitable, inclusive, and responsive to community needs.

III. Guiding Principles

1) <u>Equity-Centered Approach</u>. The Alliance prioritizes the identification and elimination of disparities in access, care, and outcomes, ensuring resources and interventions are directed to populations with the greatest need.

2) <u>Population Data Review and Analysis</u>. Annual data review and gap analysis are done via the Population Needs Assessment (PNA), evaluate disparities at the intersection of race, ethnicity, and social drivers of health, and identify significant inequities affecting Black, Hispanic, and other disproportionately impacted communities within Alliance counties. Data informs all programmatic and operational decisions to ensure interventions are targeted and evidence based.

3) <u>Development and Implementation of Disparity Reduction Activities</u>. The Alliance designs and executes targeted strategies to mitigate inequities in chronic disease prevalence, healthcare access, and other health outcomes across priority populations. These activities are monitored and adjusted based on measurable outcomes and impact to ensure continuous progress toward reducing disparities.

4) <u>Community Partnership and Engagement</u>. We collaborate with members, providers, community-based organizations, and regional stakeholders to co-design solutions that reflect the needs, strengths, and voices of the communities we serve. Member feedback is incorporated into internal policies and programs, and health equity goals and outcomes are shared with QIHEW, QIHEC, and Member Experience Committees.

5) <u>Culturally and Linguistically Responsive Care.</u> The Alliance promotes services that are respectful of and responsive to diverse cultural, linguistic, and accessibility needs to improve member experience and outcomes.

6) <u>Accountability and Continuous Improvement.</u> The Alliance establishes clear goals, performance measures (including HEDIS), and evaluation processes to ensure ongoing monitoring, transparency, and continuous quality improvement of disparity reduction efforts.

7) <u>Organizational Commitment & Integration</u>. The Alliance embeds health equity across all internal programs, projects, and operational processes to ensure alignment with regulatory guidelines, state, and federal requirements. Program-specific health equity goals, measurable indicators, and assigned owners support accountability and transparency. Quarterly check-ins review work plan entries, provide regular feedback, and ensure health equity is integrated across internal operations and member-facing programs.

IV. Embedding Health Equity Across Alliance Programs and Processes

The Alliance embeds health equity activities into all programs and processes through our newly established Community Health Integration (CHI) Unit. CHI staff play a critical role in translating strategy into actionable initiatives, aligning regulatory requirements with operational processes, and ensuring that population health, quality improvement, and health equity efforts are fully integrated across the organization. These activities include tracking progress toward measurable goals and

monitoring outcomes to assess the impact of health equity integration. By embedding health equity throughout all workspaces — rather than concentrating responsibility within a single team — the Alliance fosters cohesion, collaboration, and accountability across all operational and programmatic workflows.

Key strategic integration activities include:

1) <u>Operational Integration</u>. Aligning health equity initiatives with regulatory requirements, organizational processes, and all program workflows.

2) <u>Data-Driven Monitoring</u>. Tracking measurable goals, monitoring outcomes, and evaluating the impact of health equity integration across programs.

3) <u>Population Health Alignment</u>. Ensuring that population health, quality improvement, and health equity initiatives are coordinated and mutually reinforcing.

4) <u>Cross-departmental Collaboration</u>. Promoting organizational-wide responsibility for health equity rather than concentrating within a single team, fostering cohesion and collaboration across all Alliance workspaces.

5) <u>Continuous Improvement</u>. Using regular check-ins, feedback loops, and performance metrics to refine health equity strategies and operational processes.

6) <u>Member & Community Engagement</u>. Incorporating member feedback and community insights into internal policies, programs, and equity-focused initiatives.

To operationalize this integration and ensure accountability across the organization, the Alliance has developed a Health Equity Program Workplan. This workplan translates strategy into actionable activities, embeds equity principles throughout all programs and processes, and provides measurable goals, assigned ownership, and structured monitoring. The following activities represent the key areas of focus to advance health equity across organizational operations, policy, programs, and data-driven initiatives.

<u>Activity 1</u>: Annual Health Equity Workplan

- Develop and execute a consolidated annual workplan capturing ongoing health equity activities.
- Align with all applicable DHCS, DMHC, CMS, and NCQA requirements.
- Use the workplan as a tool to monitor progress, identify gaps, and streamline collaborative efforts across departments.

<u>Activity 2</u>: Embedding Equity in Strategic and Operational Goals

- Integrate health equity principles into strategic plans, regulatory compliance activities, and quality improvement efforts.
- Support departments in setting specific health equity goals aligned with the organizational QIHETP program, ensuring coordinated integration of quality, population health, and health equity principles across the Alliance.

Activity 3: Policy and Program Integration

- Incorporate equity principles into Alliance policies and programs.
- Integrate member and community feedback into policy development to ensure relevance and responsiveness to community needs.

Activity 4: Accountability and Process Ownership

- Assign processes and owners to all policies and regulatory guidelines to ensure true organizational integration of health equity.
- Promote transparency and accountability across all programs and departments.

Activity 5: Data Stratification and Monitoring

- Build a regulatory data repository and dashboard to track disparities and monitor progress over time, aligned with MCAS metrics.
- Catalog and integrate existing reports to inform interventions, support decision-making, and guide continuous improvement through oversight by QIHEC, QIHEW, and Member Experience Committees.

VI. Population Disparity Analysis and Identification of Priority Disparities

Findings from the PNA highlight areas of success as well as opportunities for improvement, including geographic disparities, particularly within Merced County. Multiple internal and external data sources are leveraged to provide a holistic view of member needs. These insights inform the Alliance's Quality Strategy, supporting targeted initiatives, resources, and interventions aimed at reducing health disparities. Categories of analysis include:

1) Areas of success and effective interventions.

2) Gaps in access, quality of care, and outcomes among vulnerable populations.

3) Differences in health outcomes and service utilization associated with race, ethnicity, language, disability status, and geography.

Based on these findings, the Alliance has identified key disparities to target through its Health Equity Program, focusing on populations where interventions can have the greatest impact:

1) Seniors and Persons with Disabilities (SPD). Disparities in access to preventive care, chronic disease management, and care coordination.

2) Children with Special Healthcare Needs. Gaps in care management, care plan adherence, and access to specialty services.

3) Members with Limited English Proficiency (LEP). Barriers to communication, culturally and linguistically appropriate services, and health education.

4) Racial and Ethnic Minority Populations (e.g., Black and Hispanic members). Higher prevalence of chronic conditions, service utilization gaps, and social determinant-related health inequities.

5) <u>Geographic Disparities</u>. Specific focus on populations in Merced County experiencing higher rates of health disparities across multiple conditions and services.

These priority disparities directly inform the Alliance's Health Equity Workplan, guiding targeted interventions, measurable goals, and program development. This integrated approach ensures that data-driven insights translate into actionable strategies, aligning all operational, clinical, and community-facing activities with the goal of reducing health inequities.

VII. Targeted Health Equity Interventions

Building on the identification of priority disparities and the Health Equity Program Workplan, the Alliance implements targeted interventions designed to reduce inequities and improve health outcomes for specific populations. These interventions focus on outreach, support, and resources to increase access to care, reduce avoidable emergency department visits, and address social and cultural barriers. Programs are designed to meet the needs of identified subpopulations across all counties served.

Key intervention strategies include:

1) <u>Community Reinvestment Grants</u>. Support community-based initiatives to address local health needs and disparities.

2) <u>Provider Population Analysis</u>. Analysis of the Alliance's provider network to assess the composition and cultural competency of providers relative to the populations we serve, ensuring equitable access and culturally responsive care.

3) <u>Equity Training Programs</u>. Provide training on DEI, Trauma-Informed Care (TGI), Cultural and Linguistic Competency, and Behavioral Health equity.

4) <u>Community Engagement and Partner Collaboration</u>. Strengthen partnerships and networking with community organizations and stakeholders.

5) <u>HEDIS and CAHPS Rates Review and Analysis</u>. Monitor quality metrics and member experience to guide interventions.

6) <u>Care Management Programs</u>. Targeted support for high-need members, including chronic disease management and care coordination.

7) <u>Enhanced Care Management (ECM) and Community Supports (CS) Programs</u>. Deliver integrated, member-centered services to address medical, behavioral, and social needs in alignment with health equity priorities.

8) <u>Insourced Behavioral Health (BH) Services</u>. Manage member BH needs internally to provide coordinated care, reduce access barriers, and ensure culturally competent interventions.

9) <u>Health Programs</u>. Disease prevention, wellness promotion, and chronic condition support initiatives.

10) Equity and Practice Transformation (EPT) Program. Support clinical practices integrating health equity into care delivery.

11) Member Outreach. Direct engagement to connect members with resources and services.

12) Population Needs Assessment (PNA). Ongoing analysis of member health needs to inform intervention planning.

13) NCQA Health Equity Accreditation Activities. Culturally and linguistically appropriate services to meet accreditation standards.

14) Health Outcomes and Survey. Tracking member-reported outcomes to identify areas for improvement.

15) Pilot Programs. Innovative approaches to improve access and outcomes.

16) Annual and Quarterly Data Reporting. Review of disparities, data, and program performance to guide continuous improvement.

17) Clinical Safety and Facility Site Reviews. Ensure quality and equity in care delivery environments.

VIII. Advancing Health Equity Across the Alliance

The Alliance is committed to embedding health equity across all aspects of its operations, programs, and services. From the identification of population disparities to the development of targeted interventions, the Alliance integrates a comprehensive, data-informed approach that addresses the needs of its most vulnerable and underserved members.

Through the work of the Quality Improvement and Health Equity teams, and in collaboration across all Alliance departments, staff weave health equity principles into strategic planning, policy development, care management, community engagement, and quality improvement efforts. Priority disparities identified through the Population Needs Assessment (PNA) and other data sources guide targeted interventions designed to improve access, outcomes, and culturally competent care for members across all counties served.

The Alliance's robust health equity efforts include initiatives such as Enhanced Care Management, Community Supports, insourced behavioral health services, provider population analysis, and equity-focused training. Together, these interventions are designed to reduce inequities, improve health outcomes, and advance organizational accountability and transparency.

This comprehensive approach demonstrates the Alliance's ongoing commitment to systematically addressing health disparities, fostering inclusion, and promoting equitable health outcomes. The Alliance strives to serve all members with fairness, quality, and culturally responsive care. By integrating the QIHEP with work plan activities, targeted interventions, and cross-departmental collaboration, the Alliance ensures that health equity is not a standalone effort, but a core component of its mission to provide accessible, quality health care guided by local innovation.