Population Needs Assessment

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1. Population Needs Assessment (PNA) Overview

Health Plan of San Mateo's (HPSM) Population Needs Assessment is conducted annually to understand member population characteristics, health care utilization, chronic condition burden, and social determinants of health. HPSM's Medi-Cal member population is segmented by age, biological sex, language preference, race/ethnicity, geographic distribution, and other factors to identify population needs, characteristics, and gaps in services. The Population Needs Assessment (PNA) is informed by a variety of data sources including but not limited to the Healthcare Effectiveness Data and Information Set, administrative data from HealthSUITE member claims management system, MHK software care coordination and management data, DHCS Health Disparities report, Language Assistance Services data, and Grievance and Appeals data. HPSM regularly shares PNA findings and priorities at internal and external forums including HPSM's Member Experience Committee, Community Advisory Committee, and Quality Improvement and Health Equity Committee. HPSM partners with several community partners and providers to identify areas of strategic alignment.

1.1 Executive Summary

The 2025 PNA highlights the linguistic and ethnic diversity of HPSM's Medi-Cal(MC) membership of 139,865 people. Less than half (47%) of HPSM's MC membership prefer English, and the most common racial/ethnic categories include Hispanic and Asian or Pacific Islander. Almost 10% of HPSM Medi-Cal members as of January 2025 had 1 or more social determinants of health-related claims, which include Z-codes for homelessness, housing instability, and food insecurity. HPSM remains committed to supporting members by providing access to health care services, care coordination, and community supports included in the Cal-AIM program. Around 40% of HPSM's Medi-Cal membership sought care for one or more chronic conditions in the last year, with essential hypertension, lipid metabolism disorders, and diabetes the most prevalent. HPSM demonstrated strong performance in supporting Medi-Cal members with diabetes in maintaining blood sugar control in 2024, but people with disabilities face disparities in diabetes control. Diabetes and blood pressure control for members with multiple chronic conditions has emerged as a key focus area for 2025-2026. As part of the annual PNA process, HPSM reviewed the demographics, chronic conditions, and health status of several member subgroups including child and adolescent members, perinatal and postpartum members, older adults, people with disabilities, and members with limited English proficiency. Based on the analysis, an action plan was developed to identify and prioritize key areas for further population health improvement interventions.

1.2 Action Plan

HPSM's 2025 action plan highlights key findings, objectives, and improvement strategies for key populations of focus including perinatal health, child and youth health, adult preventive health, and chronic condition management. This action plan aligns closely with the program objectives and goals outlined in HPSM's NCQA PHM program strategy and 2025 program description. Action plan strategies

are implemented in partnership with various HPSM departments through collaborative population health workgroups.

2025 Medi-Cal Population Needs Assessment Action Plan

Focus	Key Findings	Objective(s)	Action Plan Strategies
Perinatal Health	• There was a 34% increase in live births in 2024 when compared to 2023. • HPSM maintains strong performance on perinatal and postpartum visits. • HPSM assessment identified disparities in gestational diabetes among members who prefer Arabic & Asian and Pacific Islander identifying subgroups • Asian and Pacific Islander identifying subgroups experience disparities in the timeliness of postpartum visits.	• By 12/31/2026, increase timely prenatal (within 42 days of enrollment or during the first trimester) visit rate from 90.82% (MY2024) to 92%.	• Continue to support timely prenatal and postpartum care through the Baby+Me program. • Support postpartum members and their newborns by providing connections to the Baby Bonus Pilot program. • Ensure Baby+Me communications include information about gestational diabetes and c-sections. • Strengthen connections to community resources and programs that can provide education and additional support during pregnancy, including WIC, Black Infant Health, and San Mateo County Family Health Services. • Evaluate available resources for members with gestational diabetes. Encourage members to join the DPP program post birth.
Child and Youth Health	• 36.88% of HPSM's pediatric population did not see a provider in 2024. • HPSM's Well Child Visit rates in the first 30 months have increased since last year and significantly exceed the minimum performance level set by DHCS. • Black and Caucasian identifying members are significantly less	• By 12/31/2026, significantly increase HPSM's well child visit rate in the first 30 months of life (W30-6+). • By 12/31/2026, significantly reduce racial/ethnic disparities in adolescent well child visits among subpopulations experiencing disparities, including those who identify as Black, American Indian/Alaskan Native, and Native Hawaiian.	• Continue supporting members with newborns by mailing Well Baby Packages that include information on primary care visits, immunizations, and screenings. • Support postpartum members and their newborns by providing connections to the Baby Bonus Pilot program. • Implement an outreach pilot to improve the percentage of members between 0-24 months old who complete 6 well visits. • Implement an outreach pilot to provide reminders about well visits and vaccines to

	likely to complete an annual well visit. • Members between 17-21 are significantly less likely to complete oral health evaluations and annual well-child visits.		parents/guardians/members age 3-21 who are due for an annual visit. • Continue to communicate and share information about HPSM's Adolescent Well Care incentive program for teen members assigned to San Mateo Medical Center clinics.
Adult Preventive Health	• The adult MC population has low rates of ambulatory access to preventive and ambulatory health services (AAP) • Black and Caucasian identifying members are significantly less likely to complete timely colon cancer screenings. • The PWD subgroup experiences statistically significant disparities in breast and cervical cancer screening.	• By 12/31/2026, demonstrate a statistically significant improvement in primary care engagement rates among adult MC members. • By 12/31/2026, significantly reduce the disparity in between the Black identifying subgroup and the overall adult MC membership in colon cancer screening.	• Launch 2 interventions to improve primary care engagement in partnership with the Adult Preventive Health workgroup. Interventions may include welcome calls, outreach campaigns, and/or process improvements. • Enhance messaging on the importance of a yearly primary care visit through member communications, newsletters, and website pages. • Expand Cologuard Colorectal Cancer Screening program to the MC membership to address low rates of colon cancer screening and persistent disparities.
Chronic Condition Management	• Essential hypertension, lipid metabolism disorders, and diabetes mellitus are the most frequently diagnosed chronic conditions in HPSM's Medi-Cal membership. • Caucasian and Black identifying populations who prefer English have significantly lower rates of blood pressure control.	• By 12/31/2026, significantly improve the rate of blood pressure control among our Medi-Cal membership, including for members with disabilities and/or multiple chronic conditions.	• Launch Chronic Condition Management pilot focused on coordination of healthy lifestyle programs for people with hypertension and diabetes. • Tailor communications on blood pressure management towards people with disabilities with accessibility limitations. • Support diabetes management by implementing a communication campaign. • Partner with providers and community organizations to improve member connections to resources to support diabetes and blood pressure management.

	• 68% of MC members who are older adults and/or people with disabilities have at least 1 chronic condition compared to just 38% of the overall population. • People with disabilities experience disparities in blood pressure control.		

2. Data Sources and Methodology

2.1 Data Sources and Descriptions

- HPSM collects and assesses data from various data sources to inform the PNA report and other activities. Specifically, the sources listed below provide the data.
- HPSM uses the data as needed to assess and monitor Population Health Management activities at least annually.
- Reviews and updates will be made to Population Health Management, Health Education/Promotion, or CLAS/Health Equity activities to better meet member needs based on this PNA.

Data Source	**Data Elements & Description**
Healthcare Effectiveness Data and Information Set (HEDIS), Measurement Year 2024	HEDIS quantitative results
HealthSUITE	• Member and Provider Demographics • Social Determinants of Health • Service utilization. • Health condition data (diagnoses and procedures) • Program eligibility and enrollment
MHK software	• Future health risk data • Care coordination data
2024 DHCS Health Disparities Report	• Aggregate disparities data
2024 BHRS Supplemental Data File	• Mental Health Services Utilization • Mental Health Condition Data
2024 Language Assistance Services Utilization data	Quantitative data on utilization of language assistance services
2024 CLAS related Complaints/Grievances	Quantitative and Qualitative CLAS data related to interpreter services, language, race/ethnicity, or discrimination that is tracked by HPSM's Health Equity Unit

2.2 Integration Process

- Integration is handled by internal partners in the Health Information Management team and begins with the ingestion process which includes cleansing, mapping, and transformation.

- Data is extracted from each of the sources listed above, then consolidated into a single, cohesive member-level data set.
- This data set is refreshed at least annually to inform the population assessment and other initiatives across the organization.

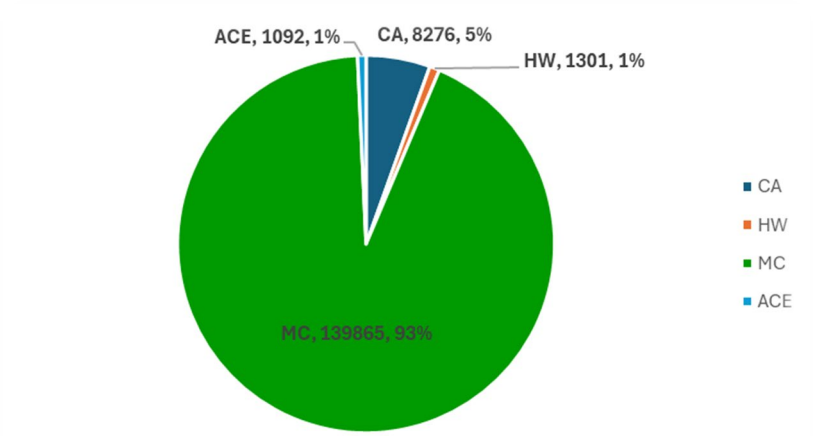
3. Membership Profile

3.1 Medi-Cal Overview

3.1.1 Eligibility

HPSM's member enrollment data indicates the member population as of January 2025 is 150,534. Medi-Cal enrollees at HPSM make up the majority of HPSM's member population at 93%. A breakdown of HPSM's other lines of business is provided below. For this report, we will be focusing on HPSM's Medi-Cal population.

HPSM January 2025 Enrollment Data: Membership by LOB



3.2 Member Demographics

3.2.1 Age and Biological Sex

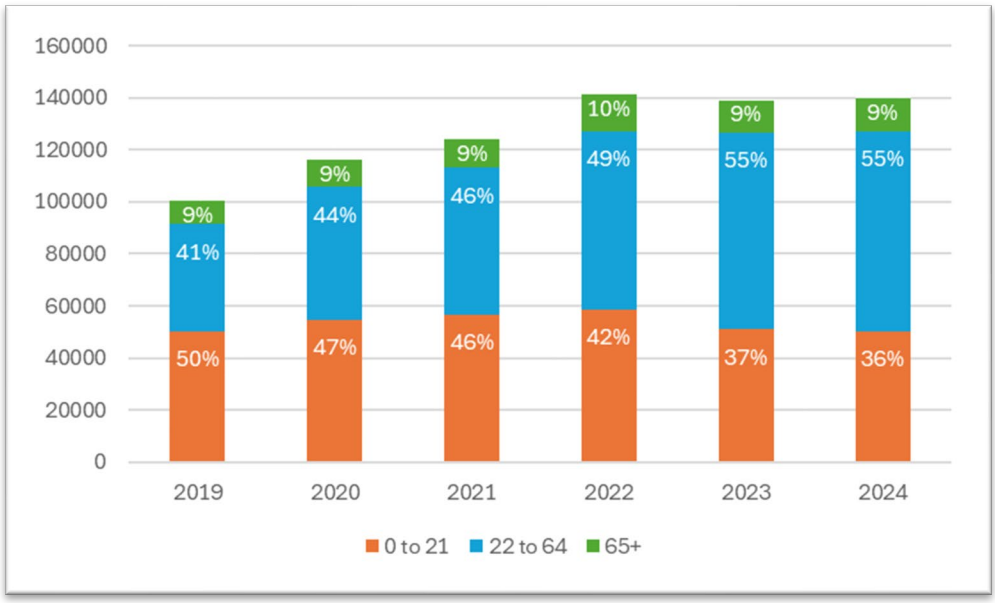
HPSM's January 2025 demographic data show that:

- The two largest age bands for members in the Medi-Cal program are 22 – 50 (42%), followed by 0 – 21 (35%).
- The 22-64 age band continues to grow as a percentage of overall membership.
- 78% of HPSM's MC membership is under the age of 50.
- The 75 and over age band represents the smallest group (4%).

HPSM January 2025 Enrollment Data by Age and Biological Sex

Sex	0 to 2	3 to 6	7 to 11	12 to 21	22 to 50	51 to 64	65 to 74	75+
F	2842	3860	5506	11830	30152	9673	4255	3455
M	3021	4042	6058	12569	28694	8904	3164	1840
Total	**5863**	**7902**	**11564**	**24399**	**58846**	**18577**	**7419**	**5295**
% Total	**4%**	**6%**	**8%**	**17%**	**42%**	**13%**	**5%**	**4%**

HPSM Enrollment Data by Age and Year



3.2.2 Language

HPSM's January 2025 data on language preference shows that:

- English remains the most common preferred language (47%) for Medi-Cal members followed closely by Spanish (45%). Combined, these are the preferred languages of 92% of HPSM members.
- HPSM has identified threshold or concentrations languages based on the California Department of Health Care Services APL 25-005 (previously APL 21-004). APL 25-005 defines threshold languages as those spoken by a numeric threshold of 3,000 or 5% of the eligible beneficiaries, whichever is lower. APL 21-004 defines concentration languages as a language other than English who is spoken by 1,000 members in a single zip code or 1,500 members in two contiguous ZIP codes. Based on these standards, HPSM threshold languages include English, Spanish, and Chinese. Tagalog is a concentration language. Written member materials are available in HPSM's threshold and concentration languages in accordance with APL 25-005.
- Based on the NCQA Health Equity Accreditation definition of 5% or 1,000 individuals, whichever is less, HPSM's threshold languages include English, Spanish, Chinese, Tagalog, and

Portuguese. HPSM currently provides written member materials in English, Spanish, Chinese, and Tagalog. As a result of findings from the 2024 PNA, HPSM is working to ensure all vital member information is available in Portuguese by 2026.

- HPSM's NCQA threshold Languages are spoken by 97% of HPSM's Medi-Cal population and include English, Spanish, Chinese (including both Mandarin and Cantonese), Portuguese, and Tagalog.
- The proportion of members who prefer Spanish has increased from 42% last year to 45% this year.

HPSM January 2025 Enrollment Data by Language Preference

Language Preference	Count	% of Membership
NCQA Threshold Languages	**135,692**	**97%**
English*	65671	47%
Spanish*	62610	45%
Chinese (Mandarin/Cantonese)*	4629	3%
Portuguese	1476	1%
Tagalog**	1306	1%
Non-threshold Languages	**4,173**	**3%**
Russian	990	1%
Other/Unknown	886	1%
Arabic	804	1%
Vietnamese	418	0.30%
Turkish	320	0.23%
Farsi	264	0.19%
<200 in Category	491	0.35%
Grand Total	**139,865**	**100%**

** DHCS threshold language per APL 25-005*

***DHCS concentration language per APL 25-005*

3.2.3 Race and Ethnicity

- 55% of HPSM's Medi-Cal members identify as Hispanic or Latino, making this the largest racial and ethnic group.
- The proportion of members who identify as Hispanic or Latino continues to increase.
- Members who identify as Asian and Pacific Islander (14%) and members who did not provide their language preference (14%) make up the next largest groups of members (15%) followed by members who identify as White (9%).
- Within the Asian and Pacific Islander identifying subgroup, the most common racial/ethnic identifications include Filipino and Chinese.

HPSM January 2025 Member Enrollment Data by Race/Ethnicity

Race/Ethnicity	Member Count	% of MC Membership
Hispanic	77038	55.08%
Asian Or Pacific Islander	20105	14.37%
Not Provided	19805	14.16%
White	12226	8.74%
Other	7856	5.62%
Black	2583	1.85%
Native Hawaiian	136	0.10%
Alaskan Native or American Indian	116	0.08%
Grand Total	**139865**	**100.00%**

HPSM January 2025 Member Enrollment Data for the Asian and Pacific Islander Subgroup

Race/Ethnicity	Member Count
Chinese	6752
Filipino	6571
Asian or Pacific Islander	3928
Asian Indian	982
Vietnamese	667
Samoan	383
Korean	375
Japanese	294
Cambodian	101
Laotian	23
Guamanian	21
Hmong	8
Total AAPI Pop	**20,105**

3.2.4 Geographic Distribution

The table below shows the geographic distribution of HPSM's Medi-Cal members throughout San Mateo County. Cities with the largest concentration of HPSM members include San Mateo (n=25,787), Redwood City (n=25,181) and Daly City (n=21,659).

HPSM January 2025 Member Enrollment Data by City

City	Member Count
San Mateo	25787
Redwood City	25181

Daly City	21659
South San Francisco	15685
East Palo Alto	15391
San Bruno	7546
Menlo Park	5114
Burlingame	4112
Pacifica	3732
Belmont	3091
Millbrae	2941
Half Moon Bay	2900
San Carlos	1955
Moss Beach	654
Brisbane	571
Pescadero	467
El Granada	347
Atherton	212
Montara	207
Portola Valley	192
La Honda	160
San Gregorio	46
Loma Mar	12
Grand Total	**137,962**

4. Subpopulations

4.1 Perinatal and Postpartum Population

4.1.1 Identify and Define Subpopulation

The perinatal and postpartum population is defined as all Medi-Cal members who were pregnant or expectant birthing parents in 2024. 1694 live births were recorded among the Medi-Cal population of the health plan in 2024, representing an 34% increase from 1260 live births in 2023. Additionally, there were 9 stillbirths, representing 0.5% of 1703 total births.

- The most common racial/ethnic identification among postpartum members is Hispanic at 70.54% of all members.
- Almost all postpartum members prefer Spanish (57%) or English (37%). 98% of members prefer an NCQA or DHCS threshold or concentration language.

HPSM Medi-Cal Postpartum Membership by Race and Ethnicity 1/2024 to 1/2025

Race/Ethnicity	Member Count	Percentage of Total
Hispanic	1195	70.54%
Not Provided	243	14.34%
Asian or Pacific Islander	95	5.61%
Other	71	4.19%
White	68	4.01%
Black	19	1.12%
Alaskan Native or American Indian	2	0.12%
Native Hawaiian	1	0.06%
Grand Total	**1694**	**100.00%**

HPSM Medi-Cal Postpartum Membership by Preferred Language 1/2024 to 1/2025

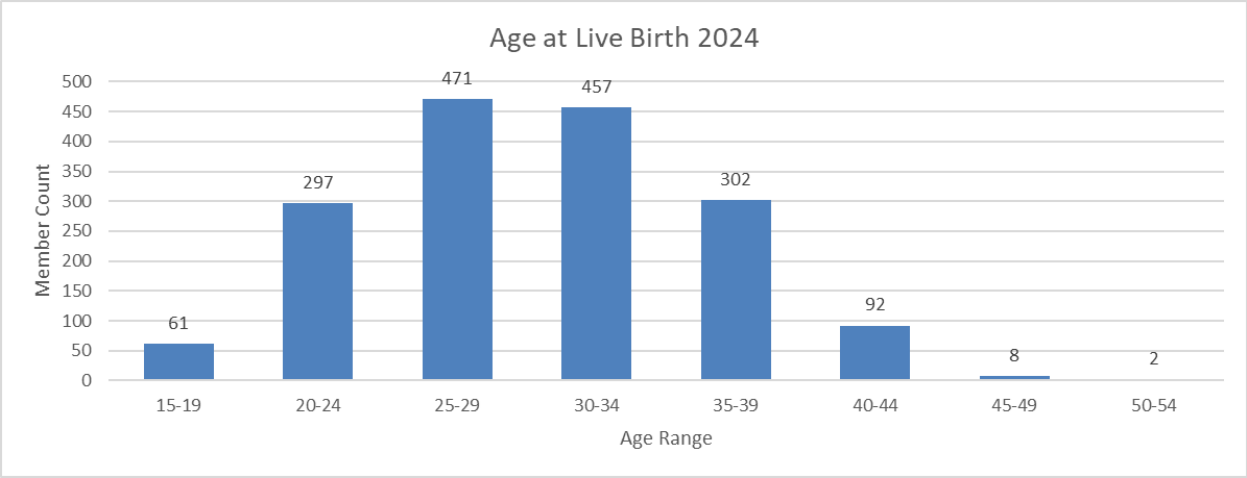
Language Preference	Member Count	Percentage of Total
NCQA Threshold Languages	**1,653**	**98%**
Spanish	968	57%
English	635	37%
Portuguese	34	2%
Chinese	15	1%
Tagalog	1	0%
Non-threshold Languages	**41**	**2%**
Arabic	14	1%
Russian	10	1%
Turkish	7	0%
Other	10	1%
Grand Total	**1,694**	**100%**

4.1.2 Key Data Trends

Age Distribution

- The rate of teen pregnancies (ages 15-19) remained stable at 4% of the population between 2022-2024, down from 6% in 2021.
    - 61 births were recorded for members aged between 15-19 in 2024
- 49% of birthing people were under the age of 30, down from 61% in 2023.

HPSM Postpartum Age Distribution Data 1/2024-1/2025



C-section Rates for HPSM Members

- The 2024 C-section rate was 28.6%, demonstrating a slow but statistically significant increase from 25% in 2022 and 27% in 2023.
- This C-section rate includes all members who have c-sections and is lower than California's c-section delivery rate of 31% in 2022 (CDC National Center for Health Statistics, 2023).

Vaginal Deliveries and C-sections by Ethnic/Racial Group 1/2024 to 1/2025

Race/Ethnicity	Vaginal Deliveries	C-section births	Total Births	C-Section Rate by Race/ Ethnicity
Hispanic	858	337	1195	28.20%
Not Provided	169	74	243	30.45%
Other	51	20	71	28.17%
White	48	20	68	29.41%
Asian Or Pacific Islander	68	27	95	28.42%
Black	14	5	19	26.32%
Alaskan Native or American Indian	1	1	2	50.00%
Native Hawaiian	1	0	1	0.00%
Grand Total	**1210**	**484**	**1694**	**28.57%**

Quality Measure Performance

HPSM's HEDIS data related to timely perinatal and postpartum visits for measurement year 2024 (MY2024) can be seen below. Based on this data, the following is clear:

- HPSM maintains its strong performance in ensuring prenatal and postpartum care is provided in a timely manner.

HEDIS Performance for Prenatal and Postpartum Visits, MY2024

Measure	MY2024	MPL	MY2023	MY2022	MY2021	MY2020

Prenatal and Postpartum Care: Timely Prenatal Care (PPC:Pre)	90.82%	84.55%	91.28%	90.70%	89.31%	90.0%
Prenatal and Postpartum Care : Timely Postpartum Care (PPC:Post)	93.72%	80.23%	86.63%	89.53%	92.45%	92.59%

Green: Above HPL (90%) **Red:** Below MPL (50%)

4.1.3 Trends and Characteristics of Chronic Disease

Gestational Diabetes Mellitus (GDM) Rates

- Gestational diabetes (GDM) can progress to diabetes post-pregnancy in 50% of cases if not managed through awareness and healthy diet during pregnancy (Bengtson, Ramos, Savitz, & Werner, 2021).
- The rate of gestational diabetes in 2024 was 14.7%, which is consistent with the 2023 rate of 14.6%. This is higher than California's overall 11.4% GDM rate in 2018 (CDPH).
- API members have consistently had the highest rates of GDM, reaching 31% in 2021. In 2024, the rate of API identifying members with GDM is down to 16.8%, but this remains higher than other racial/ethnic groups.
- HPSM intends to promote available GDM-related educational resources in San Mateo County to its members.
- Arabic speaking members experience the highest GDM rates at 36%, but the total population size is small at 14 members.

Members diagnosed with Gestational Diabetes Mellitus (GDM) 1/2024 to 1/2025

Race/Ethnicity	Members w/o GDM	Members diagnosed w/ GDM	Total	GDM Rate by Race/Ethnicity
Hispanic	1021	174	1195	14.56%
Not Provided	208	35	243	14.40%
Other	59	12	71	16.90%
White	59	9	68	13.24%
Asian Or Pacific Islander	79	16	95	16.84%
Black	17	2	19	10.53%
Alaskan Native or American Indian	2	0	2	0.00%
Native Hawaiian	0	1	1	100.00%
Grand Total	**1445**	**249**	**1694**	**14.70%**

Preferred Language	Members w/o GDM	Members diagnosed w/ GDM	Total	GDM Rate by Language
Spanish	832	136	968	14.05%
English	540	95	635	14.96%
Portuguese	26	8	34	23.53%
Chinese	13	2	15	13.33%
Arabic	9	5	14	35.71%
Russian	8	2	10	20.00%
Turkish	7	0	7	0.00%
Other	10	1	11	9.09%
Grand Total	**1445**	**249**	**1694**	**14.70%**

4.1.4 Identified Needs

On an annual basis, HPSM assesses the characteristics and needs of the perinatal and postpartum population. Our 2025 PNA assessment has identified the following population needs:

- Ensure HPSM provider network, programs, and resources meet the care needs of the growing perinatal and postpartum population given the significant increase in births since 2023.
- Provide comprehensive resources, educational programs, and services to pregnant people to promote healthy lifestyles and prevent complications from gestational diabetes.
- Address disparities in gestational diabetes among members who prefer Arabic and Asian and Pacific Islander identifying subgroups by connecting members in the perinatal population to nutrition supports and community programs for gestational diabetes.

4.1.5 Population Health Programs and Resources

- HPSM's prenatal and postpartum health management focuses on identifying pregnant members for enrollment in an incentive program promoting timely prenatal and postpartum care and connection to resources.
- Partnerships with community programs enhance access to specific resources for pregnant and postpartum people. HPSM completes an annual review of community resources to ensure integration into the Baby+Me program.

Programs and Services	Details	Targeted Need
Baby + Me Program	**Ongoing Identification of Pregnant and Postpartum Members** through various administrative data sources, internal referrals from the integrated care management and member services teams, and online referral forms received from	Ensure pregnant people are seen as early as possible in their pregnancies to establish care.

	providers and members. Identified members are placed on a list for outreach calls from the Health Promotion team (HPT).	
	Member Phone Outreach for Enrollment: HPSM's HPT makes outbound calls to members on Outreach List to offer enrollment to members eligible for the incentive program.	Outreach to members ensures members are connected to the right resources including those members with GDM and higher risk of C-sections.
	$50 Target Gift Card awarded for timely OB visits. Members who submit OB provider forms that confirm completed prenatal and postpartum appointments within required timeframe receive Target GiftCard.	Ensure prenatal and postpartum visits are completed in a timely manner
	Dental Services Access: HPSM's Health Promotion team (HPT) informs members about the importance of dental services during and after pregnancy. If member does not have a dental provider, HPT staff help them find an in-network dental provider.	Ensure members are connected to dental services during and after pregnancy.
	Connection to Doulas: HPSM HPT staff inform members that doula services are available, explain the role of doulas, and help members connect to doula services.	Ensure members are supported throughout their pregnancy.
	Connection to Baby Bonus Pilot program for eligible postpartum members**.** This guaranteed income pilot program aims to close the income disparity gap and give new parents flexible income to make it easier for families during their baby's first years. Through HPSM's Baby+Me program outreach, eligible members are identified and enrolled into the Baby Bonus program	Support families and children in their first years of life.

	to receive a cash gift of $300 per month for their baby's first three years. More information can be found at: first5sanmateo.org/baby-bonus/	
	Connection to other HPSM resources & benefits: HPSM HPT connect perinatal and postpartum members to other resources and benefits when a need is identified, including medically tailored meals, behavioral and mental health services, and integrated care management.	Assist perinatal and postpartum members in navigating their healthcare.

Connection to Community Resources	Programs and Services
Women, Infant, and Children (WIC) Federal program provides supplemental foods, nutrition education and health care referrals for low-income pregnant, breastfeeding and non-breastfeeding postpartum people. Infants and children up to age five who are at nutrition risk are also served by WIC.	• Nutrition services • Breastfeeding education • Parenting resources
Nurse Family Partnership (NFP) Specially trained nurses regularly visit young, first-time moms-to-be, starting early in pregnancy and continuing through the child's second birthday. Program serves potential birthing parents age 19 or younger who live in Daly City, South San Francisco, or San Bruno.	• Educate and encourage young moms to engage in preventative health practices, including obtaining adequate prenatal care • Improve child health by providing parenting resources and education HPSM completes DIRECT referrals for eligible members identified in the Baby+Me program.
Black Infant Health (BIH) All prenatal and postpartum members who self-identify their ethnicity/race as Black are contacted by BIH. The aim of this contact is to reduce infant mortality, low birth weight and SIDS (Sudden Infant Death Syndrome) among this vulnerable population.	• Assistance finding a doctor • Referrals to community health and social services • Home visits and care coordination services HPSM completes DIRECT referrals for eligible members identified in the Baby+Me program.

My Birth Matters Educational campaign designed to educate pregnant people about the overuse of C-sections. Encourages people to engage their care team in reducing chance of delivering through avoidable C-section. Endorsed by the California Health Care Foundation and Consumer Reports.	Provides education on: • Risks associated with C-section delivery • How to lower need for C-section delivery • How to choose a hospital with lower C-section rate

4.1.6 Summary, Review, and Action Plan

- The HPSM Medi-Cal population experienced a 34% increase in live births since 2023, up to 1694 live births in 2024 from 1260 live births in 2023.
- HPSM assessment identified disparities in gestational diabetes among members who prefer Arabic and Asian and Pacific Islander identifying subgroups of the perinatal population. Members with gestational diabetes in pregnancy will be targeted for proactive outreach and enrollment into the Diabetes Prevention Program following pregnancy.
- HPSM assessed the ongoing needs of its prenatal and postpartum members and determined that the Baby+Me program adequately supports members in navigating their care throughout the pregnancy and postpartum period. HPSM will continue to enhance the Baby+Me program by expanding connections to community resources and services.
- HPSM will continue to promote timely access to prenatal and postpartum care through the Baby+Me program. HPSM communicates available programs and resources through this interactive program and includes information on the HPSM member and provider websites.

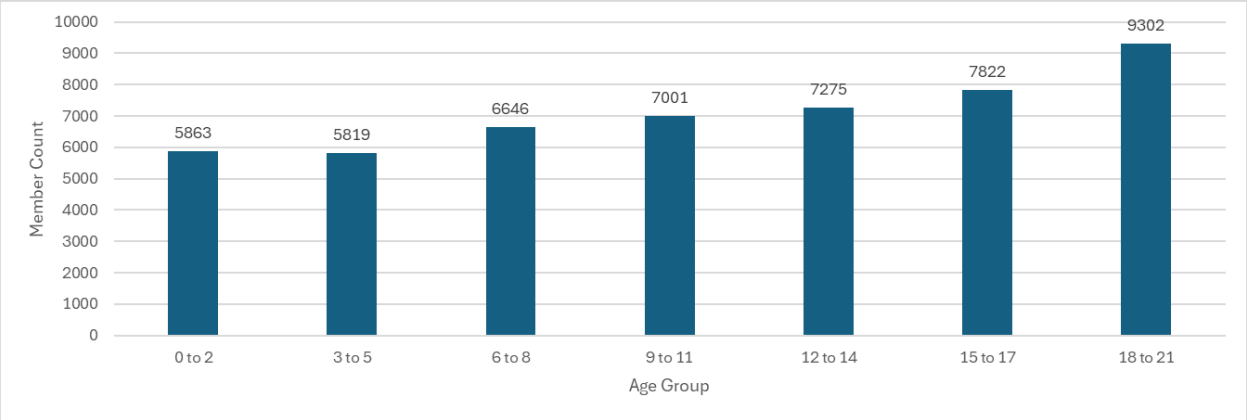
4.2 Children and Adolescents

4.2.1 Identify and Define Subpopulation

HPSM's Child and Adolescent population is the largest Medi-Cal subpopulation and consists of 49,728 individuals. HPSM uses the California Department of Health Care Services (DHCS) definition of the child and youth population as all members 21 years of age or younger. Some key characteristics of this population include:

- The largest subgroup of individuals by age is those between 18 and 21.
- 63% of this population identifies as Hispanic/Latino
- 96% of this population prefers Spanish (51%) or English (45%)
- This population is evenly split between males (52%) and females (48%)

HPSM Pediatric Population by Age: 1/1/2025



HPSM Pediatric Population by Race/Ethnicity: 1/1/2025

Race/Ethnicity	Member Count	% of CY Membership
Hispanic	31314	62.97%
Not Provided	7037	14.15%
Asian or Pacific Islander	4850	9.75%
Other	3094	6.22%
Caucasian	2692	5.41%
Black	697	1.40%
Native Hawaiian	25	0.05%
Alaskan Native/American Indian	19	0.04%
Grand Total	**49728**	**100.00%**

4.2.2 Key Data Trends

HPSM's HEDIS data related to well-child visits and immunizations for MY2024 can be seen below. Based on this data, the following is clear:

- HPSM's Childhood and Adolescent immunization rates are high. HPSM performs above the 90th percentile for Childhood and Adolescent immunizations.
- Trends show a steady increase in the percentage of children receiving six or more well-child visits within the first 15 months of life (W30 6+), as well as in annual well-child visits for children ages 3-21 (WCV).

Measure	MY2024	MPL	MY2023	MY2022	MY2021	MY2020
Childhood Immunizations: Combo 10 (CIS-10)	45.23%	27.49%	54.03%	54.50%	54.85%	61.56%
Adolescent Immunizations: Combo 2 (IMA-2)	48.91%	34.30%	50.85%	49.39%	51.58%	50.61%

Lead Screening in Children (LSC)	78.97%	63.84%	70.66%	67.88%	N/A	N/A
Well Child Visits First 15 mo (W30-6+)	63.95%	60.38%	58.58%	49.62%	25.73%	20.03%
Well Child Visits 15-30 mo (W30-2+)	75.32%	69.43%	72.96%	72.38%	69.14%	76.94%
Well Child Visits 3-21 (WCV)	54.75%	51.81%	54.81%	52%	56.92%	48.80%

Green: Above HPL (90%) **Red:** Below MPL (50%)

4.2.3 Engagement with Primary Care

An analysis of primary care engagement for HPSM pediatric population reveals that:

- 60.30% of HPSM's pediatric members saw a primary care provider in the last 12 months
- 15.85% of HPSM's pediatric members only saw a non-PCP provider (ie.specialist) in the last 12 months
- 36.88% of HPSM's pediatric population did not see any provider in the last 12 months.

Among HPSM's pediatric population that did not see a primary care provider in the last 12 months (n=19,572):

- The most common age group was members aged 18-21 years (n=5425)
- The most common racial/ethnic identifications are Hispanic (n=7763, 60%), Not Provided (n=1875, 15%), and Asian or Pacific Islander (n=1439, 11%). These match the most common racial and ethnic identifications of the overall pediatric population.
- 1,650 (12.76%) members who did not see a primary care member did have an emergency department visit in the past 12 months.
    - This includes 413 members who have had more than one emergency department visit in the past 12 months.
    - These members should be prioritized for outreach to ensure connection to their primary care provider.

HPSM Pediatric Engagement with Primary and Specialty Care: 1/2024 -1/2025

Category	CY MC
# of CY (age 21 and under) members	49,728
% of Youth who **saw any PCP** in the last 12 months	60.30% (n=29,987)
% of Youth who did not see their assigned PCP but saw another network PCP in the last 12 months	11.28% (n=2,510)
% of Youth who did not see their assigned PCP but saw a non-PCP network Provider (possibly specialist) in the last 12 months	15.85% (n=3,527)

% of Youth who only saw a non-PCP provider in the last 12 months	7.11% (n=1,403)
% of Youth who **did not see any provider** according to the above classifications	36.88% (n=18,338)

4.2.4 Trends and Characteristics of Chronic Disease

- A vast majority of our pediatric members (71%) have not been diagnosed with a chronic condition.
- 29% of our pediatric population has 1 or more chronic conditions.
- The most common conditions faced by our youngest members include neurodevelopment disorders, upper respiratory disease, and asthma.

HPSM Chronic Condition Count of Pediatric Population: 1/2024- 1/2025

# of Chronic Conditions	Member Count	% of CY Membership
0	35496	71%
1 to 2	11785	24%
3 to 4	1921	4%
5 to 6	353	1%
7 to 8	116	0%
9 to 10	33	0%
11 or more	24	0%

HPSM Top Chronic Conditions for Pediatric Population: 1/2024-1/2025

Chronic Condition	Member Count	% of CY Membership
Neurodevelopmental disorders	3296	6.6%
Other specified and unspecified upper respiratory disease	2802	5.6%
Asthma	2749	5.5%
Obesity	2059	4.1%
Anxiety and fear-related disorders	1963	3.9%

4.2.5 Identified Needs

On an annual basis, HPSM assesses the characteristics and needs of the child and adolescent population. Our 2025 PNA assessment has identified the following population needs:

- All children and adolescents need routine preventive care which includes recommended screenings, immunizations, and other age-appropriate interventions. 36.88% of HPSM's pediatric population did not see a provider in the last 12 months. HPSM seeks to implement

provider, systems, and member focused interventions to increase primary care engagement among our child and adolescent population.

- HPSM's Well Child Visit rates in the first 30 months have increased since last year and significantly exceed the minimum performance level set by DHCS. HPSM aims to improve the percentage of members who complete 6 well child visits within the first 15 months of life. To better support parents/guardians of our youngest members, HPSM's Health Promotion team (HPT) will be implementing an outreach pilot to provide reminders about well visits and vaccines. During outreach, parents/guardians will be informed about relevant covered services like HPSM's ride benefit that members can use if they have no other forms of transportation to visits. The outreach pilot is planned to begin in August 2025.

4.2.6 Population Health Programs and Resources

HPSM's population health management activities and resources for children and youth focus on preventive care for all members and the care management needs of families with children with complex needs. Activities led by PHM and Provider Services are directed at promoting the following:

- Completion of age-appropriate immunizations
- Well Child Visits
- Counseling for nutrition and physical activity
- Member engagement with a primary care practitioner

Our Integrated Care Management team provides pediatric care coordination services for children with developmental disabilities and behavioral health conditions. Children and youth enrolled in the Whole Child Model program receive enhanced care coordination services provided by California Children's Services (CCS) staff.

Programs and Services	Details	Targeted Need
Well Baby Package	**Well Baby Package** developed in partnership with First 5 San Mateo County that includes health information and items, such as baby books and toothbrushes, as well as information specific to HPSM members about how to enroll the baby in health insurance and choose a PCP. Packages are mailed to the members' home as part of the Baby+Me postpartum outreach.	Remind parents of newborns to visit their child's primary care provider to ensure up to date immunizations and complete well child visits.

Well Baby Outreach Pilot	**Planned Outreach pilot** to provide phone reminders about well visits and vaccines. During outreach, parents and guardians will be informed and connected to other relevant covered and community services, such as HPSM's ride benefit. This pilot is planned for August 2025.	Support parents/guardians of members between 0 and 24 months of age in scheduling and completing well visits and immunizations for their children.
Well Visit Reminder Mailers	**Well-Visit Reminder Mailers** sent to members turning 3-21 during the month the mailing is sent providing information on the importance of well care and services provided at no cost by the Health Plan of San Mateo, including interpreter services. Flyers are also sent to all members below the age of 21 to inform them of EPSDT services via the DHCS toolkit.	Encourage members to visit their primary care provider for recommended well-visits and vaccines.
Well Visit Outreach Pilot	**Well Visit Outreach Reminder calls** by HPSM staff, who will provide age-specific examples of why a well visit is important, see if parents/guardians/adult members need assistance finding or changing their primary care provider (PCP) and make sure they are aware of the HPSM's Ride Benefit if they have no other forms of transportation for their visits.	Support parents/guardians of members 3-21 in engaging with annual primary and preventive care.
Adolescent Well Visit Incentive Program	**Member Incentive Program:** This program provides $25 Target gift cards for teens aged 12-21 who go in for a well visit	Encourage teens to attend their well visits.

	at a San Mateo Medical Center clinic. Members are informed about the well visit incentive program through the well visit campaign and community education.	
Breathe California Asthma Preventive Services Home Visiting	**Asthma Education:** This program offers personalized asthma education and home visits to aid in controlling and managing asthma among the pediatric and adult population.	Connect HPSM members with asthma who have recent emergency department or inpatient asthma related visits to services to support asthma education, management, and control.

Care Coordination for Children and Youth with Complex Health Needs

The Whole Child Model Program for Members with Complex Medical Needs	
A family-centered, statewide program that provides enhanced care coordination of primary and specialty care services for children and youth with chronic complex medical conditions. Eligibility requires a diagnosis of an eligible medical condition.	• Comprehensive assessment and care plan • Coordinates diagnostic and treatment services, provides medical case management, and delivers therapy services
Pediatric Care Coordination for Families with High Needs	
HPSM care coordination services for families of pediatric members who are not eligible for CCS but have developmental disabilities or behavioral health conditions that require coordination of therapeutic interventions, special education services, and individualized support services.	• Aids with referrals, scheduling appointments, explaining benefits, navigating the medical system, and linking to community resources including Individualized Education Programs (IEPs) • Close collaboration with Golden Gate Regional Center (GGRC) and Behavioral Health Recovery Services (BHRS).

4.2.7 Summary, Review, and Action Plan

Our review of the pediatric population shows a continued need to support preventive care and increase primary care engagement. Well child visits remain a key priority, especially for children ages 0-15 months and 12-21, and asthma continues to be one of the most common chronic conditions

among our members. To address these findings, we have launched and planned several initiatives aimed at improving care. See below for summary:

- Priority area for this population is well-visits for the 0-15 months and 3-21 age group
    - HPSM will continue to partner with the Institute for Healthcare Improvement and California Department of Health Care Services to improve the completion of well-child visits for the 0-21 age range.
    - HPSM has expanded the well-child visit incentive to all members aged 12-21 who complete a well-visit at any SMMC county clinic.
    - HPSM's Health Promotion team (HPT) is planning to implement an outreach pilot to provide reminders about well-visits and vaccines. During outreach, parents/guardians will be informed about relevant covered services like HPSM's ride benefit that members can use if they have no other means of transportation to visits.
    - To better support populations experiencing disparities in well-child visit rates, including Black identifying members, HPSM is implementing a well-visit outreach pilot for ages 3-21 where staff will contact members to emphasize the importance of annual well-visits and help schedule appointments. Outreach includes reminders, support with finding a primary care provider if one is not assigned, and information about available resources.
    - Additionally, HPSM will look to address barriers to Well Child Visits by developing additional member education materials, conducting member outreach calls, working with provider groups, local community members, and holding focus groups.
- Asthma is one of the top three most diagnosed conditions in our pediatric population.
    - HPSM sends direct notifications to providers when a member assigned to their clinic has an asthma-related emergency department or inpatient visit. This gives providers an opportunity to support members with asthma management.
    - In collaboration with Breathe California, HPSM offers asthma prevention and remediation services to our members who have had an ED or IP visit. These services include asthma education, in-home trigger assessments, and covers minor to moderate environmental trigger remediation.

4.3 Older Adults and People with Disabilities (OA & PWD)

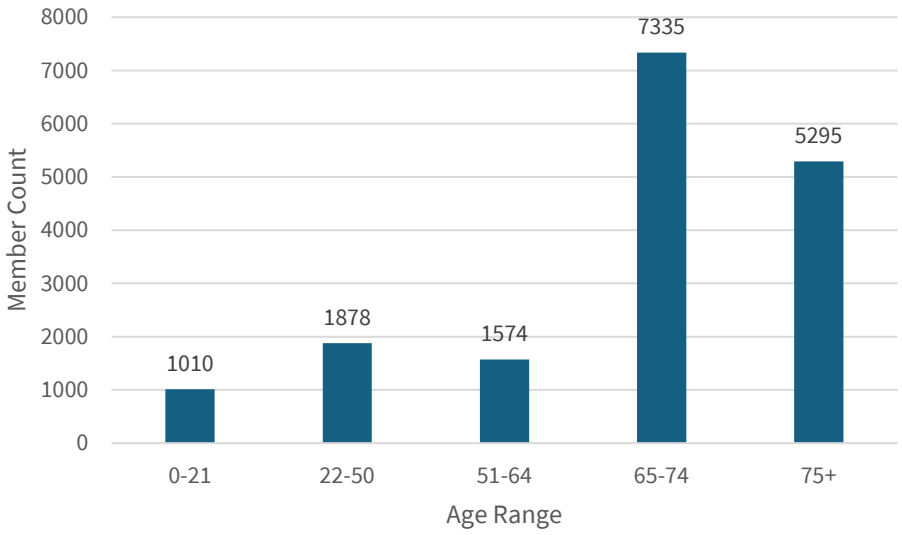
4.3.1 Identify and Define Subpopulation

Older Adults and people with disabilities (OA & PWD) represent 12.2% of HPSM's MC population at 17,092 enrollees. Older adults are defined as all Medi-Cal members age 65 or older. People with disabilities are identified using Medi-Cal aid codes categories that indicate disabilities or functional limitations.

Of these 17,092 enrollees:

- 30% (n=5,146) have a disability aid code. These are health plan members that live with functional limitations related to a complex and enduring health condition.
    - Disabilities can be physical, cognitive, mental, emotional, or developmental in nature.
    - They can also impact an individual's access to adequate housing, transportation, and health services which impact quality of life.
- The majority of OA & PWD members in the Medi-Cal population are age 65 years or older(73%).
- In terms of age groups:
    - The most common age group is 65 to 74 (n=7335)
    - 1,010 people with disabilities are under the age of 21.

HPSM MC OA & PWD Membership Breakdown by Age Group 1/2025



HPSM MC OA & PWD Membership Breakdown by Disability Status 1/2025

Subgroup	Member Count	% of OA/PWD
Person <65 with Disability	4550	27%
Older Adults	11946	70%
Older Adult with Disability	596	3%
Total	**17092**	**100%**

Medi-Cal OA & PWD Membership Demographics

The demographics of the OA & PWD population are:

- Biological Sex: 55% are female and 45% are male
- Language: 91% of our OA & PWD prefers a threshold language with English (653%) , Spanish (22%), and Chinese (12%) the most common.

- Race/Ethnicity: The OA & PWD subpopulation differs from the overall HPSM MC population in that the most predominant racial group is members who identify as Asian American and Pacific Islander (30%).
    - The second most common racial group is Hispanic (26%).
    - Within the Asian and Pacific Islander subcategory, Chinese and Filipino identifying members are the largest groups.

HPSM MC OA & PWD Membership Breakdown by Language Preference 1/2025

Language Preference	Member Count	% of OA & PWD Membership
Threshold Languages	15,560	**91%**
English	9047	53%
Spanish	3700	22%
Chinese (Mandarin/Cantonese)	2104	12%
Tagalog	666	4%
Portuguese	43	0%
Non- Threshold Languages	1532	**9%**
Russian	372	2%
Farsi	190	1%
Vietnamese	131	1%
Other/Unknown	839	5%
Grand Total	**17092**	**100%**

HPSM MC OA & PWD Membership Breakdown by Race/Ethnicity 1/2025

Race/Ethnicity	Member Count	% of OA & PWD Membership
Asian or Pacific Islander	5195	30.4%
Hispanic	4393	25.7%
Not Provided	3352	19.6%
Caucasian	2495	14.6%
Other	969	5.7%
Black	646	3.8%
Alaskan Native/American Indian	22	0.1%
Native Hawaiian	20	0.1%
Grand Total	17092	100.00%

4.3.2 Trends and Characteristics of Chronic Disease

Analysis of trends and characteristics of chronic disease for the OA & PWD population reveals the following:

- The OA & PWD population is more complex than the general HPSM MC membership in terms of the number of chronic conditions and risk factors.
- Older adults may have different care experiences and needs than people with disabilities.
- 68% of OA & PWD MC members have at least 1 chronic condition compared to just 38% of the overall population. 33% of members have at least 5 chronic conditions reported.
- The most frequently diagnosed conditions are Essential hypertension, Diabetes, and Disorders of lipid metabolism.
- Rates of mild to moderate behavioral health conditions are comparable to the overall MC population.
- 7% of the OA & PWD population has a serious and persistent mental illness (SPMI).

HPSM MC OA & PWD Chronic Condition Counts 1/2024-1/2025

# of Chronic Conditions	Member Count	% of OA & PWD Membership
0	5513	32%
1 to 2	2735	16%
3 to 4	3242	19%
5+	5602	33%
Grand Total	**17092**	**100%**

HPSM MC OA &PWD Most Frequently Diagnosed Conditions 1/2024-1/2025

Diagnosis	Member Count	% of OA & PWD Membership
Essential hypertension	4842	28%
Diabetes mellitus	3218	19%
Disorders of lipid metabolism	2363	14%
Urinary incontinence	1146	7%
Cataract and other lens disorders	841	5%

HPSM MC OA & PWD BH Conditions 1/2024-1/2025

Behavioral Health Conditions	Member Count	% of OA & PWD Membership
Mild to Moderate Behavioral Health Conditions	1800	10.5%
Serious and Persistent Mental Illness	1221	7.1%

4.3.3 Key Data Trends

Key data trends within the OA & PWD membership include the following:

- Living Situation: Most OA & PWD members live within the community. 545 are in a long-term care facility and 165 members are in a skilled nursing facility (SNF).
- Case Management: Almost half (47%) of OA & PWD MC members are enrolled in some form of case management. Most are in the low or medium risk category.
- PCP Assignment and Attendance: 57% of the OA & PWD membership saw a PCP in 2024. This is a decrease from the 2023 rate of 60%.
- Engagement with Programs: 10% of this population receives services from Golden Gate Regional Center for developmental and/or intellectual disabilities.

HPSM OA & PWD Engagement in Case Management 1/2024-1/2025

Case Management Category	Member Count	% of OA & PWD Membership
Low Risk Case Mgmt	3401	20%
Medium Risk Case Mgmt	2385	14%
High Risk Case Mgmt	1959	12%
CCS Case Mgmt	239	1%
Care Transitions	102	0.6%
Not enrolled in Case Mgmt	9006	53%
Total	**17092**	**100%**

HPSM OA & PWD PCP Assignment and Attendance 1/2024-1/2025

Population	% See Assigned PCP	% See Any PCP
Overall OA & PWD Pop	44%	57%
Older Adults (Age>65)	44%	56%
Persons with Disabilities (Age<65)	44%	59%
Older Adults with Disabilities	40%	64%

HPSM MC OA & PWD Engagement with Programs 1/2024-1/2025

Program	Members Enrolled	% OA & PWD Enrolled
GGRC	1756	10%
ECM	347	2%
CS	306	2%
CCSP	106	0.6%
CBAS	92	0.5%

4.3.4 Disparities Analysis

A disparities analysis was conducted to examine the health outcomes of HPSM's Older Adults and Disabilities population. For this analysis the overall population rate was used as the reference group to compare the rates of Older Adults and People with Disabilities. Results from this analysis are displayed in Section 7.1. Based on this analysis, the PWD subgroup experiences statistically significant disparities in breast cancer screening, cervical cancer screening, blood pressure control, and diabetes management. The disparity in Cervical Cancer screening has persisted since MY2019 despite multiple ongoing intervention efforts. Further investigation and improvement efforts will focus on addressing diabetes management for people with disabilities.

4.3.5 Identified Needs

On an annual basis, HPSM assesses the characteristics and needs of older adults and people with disabilities. Our 2025 PNA assessment has identified the following population needs:

- OA & PWD often have multiple (4+) chronic conditions that require extensive use of resources for their multi-faceted health care needs. Disparities in diabetes management metrics amongst the PWD subgroup indicate further need for care coordination and condition management.
- There is an opportunity to increase case management support and enrollment for the OA & PWD subgroup to improve the coordination of care delivery.
- The PWD subgroup has statistically significantly lower compliance with Cervical Cancer Screening (CCS) and Breast Cancer Screening (BCS). Ongoing efforts to address disparities including provider education and member reminders may not be sufficient to close disparity gaps.

4.3.6 Population Health Programs and Resources

HPSM's population health management activities and resources for the Older Adult and Persons with Disability populations include various county and HPSM-sponsored programs intended to provide clinical, social, and other supports to members. HPSM updates the PHM resources and activities for older adults and people with disabilities on an annual basis to ensure member needs are met. The list below highlights some of the key programs and services available for members to stay healthy and independent throughout their lifespan.

Programs and Services	Details	Targeted Need
Community Based Adult Services (CBAS)	HPSM contracts with CBAS centers that offer 4 hours of adult day care. Programs can provide meal support, social activities, physical, speech, and occupational therapy, transportation, nursing care, and other social services	Support the needs of older adults and people with disabilities at risk for institutionalization who require assistance with daily activities.

Golden Gate Regional Center (GGRC)	GGRC provides lifelong services and supports to members with a developmental disability	Provide services and supports to HPSM members with developmental disabilities
Friendship Line In Partnership with Institute on Aging	Friendship line provides emotional support, elder abuse reporting, and ongoing outreach calls.	Provide social-emotional support to San Mateo County Older Adults and People with Disabilities.
California Children's Services(CCS) In Partnership with San Mateo County	CCS provides diagnostic evaluations, case management, funding for medical treatment services, and medical therapy.	Provide case management, medical therapy, and other services to HPSM members under the age of 21 with a disabling medical condition.
Wider Circle Program In Partnership with Wider Circle	Wider Circle helps older adults make new friends and develop healthy habits by attending social events.	Provide social support to HPSM older adult members.
Cal-Aim Community Supports (CS)	HPSM offers a variety of Community Supports including Housing Transition Navigation Services, Housing Deposits, Housing Tenancy Services, Nursing Facility Transition to Assisted Living Facilities, Community Transition Services, Home Modifications, and Medically Tailored Meals.	Provide community support services to HPSM Medi-Cal and Care Advantage beneficiaries, including Older Adults and Persons with Disabilities who need assistance to remain or transition to community living.
HPSM Integrated Care Management (ICM)	HPSM provides case management, caregiver support, care coordination, links to health and social services to optimize existing support systems, and personalized wellness planning and health education.	Provide comprehensive case management services to HPSM Medi-Cal members over the age of 18 who have an outstanding physical, developmental, or psychological need that requires regular assistance.
Cal-Aim Enhanced Care Management (ECM)	HPSM offers Enhanced Care Management services to eligible populations of focus (POF's) including those at risk for institutionalization. Services include comprehensive care	Provide comprehensive care management services to HPSM members at risk for institutionalization, those transitioning from a nursing home into the community,

	coordination and management as well as referrals to community and medical resources.	those with multiple ED/hospital visits, and those who lack stable housing
Diabetes Prevention Program (DPP) In Partnership with YMCA of San Francisco and YMCA of Silicon Valley	The DPP program consists of peer-coaching sessions, which are provided to target weight loss and healthy lifestyle behaviors. It is an evidence-based, lifestyle change program designed to assist HPSM members diagnosed with prediabetes in preventing or delaying the onset of type 2 diabetes. The program is consistent with the federal Centers for Disease Control and Prevention's (CDC's) guidelines for DPP curriculum. The Diabetes Prevention Program (DPP) is a covered benefit for both CareAdvantage and Medi-Cal members. In addition, a YMCA gym membership is provided to Medi-Cal members who enroll in the YMCA DPP program.	Support healthy lifestyle choices and prevention of type 2 diabetes among CareAdvantage of Medi-Cal beneficiaries age 18+ who are pre-diabetic.
Diabetes Self-Management Program	The Diabetes Self-Management program includes community partnerships, connection to nutrition supports, fitness and exercise programs, diabetes management classes, and HPSM benefits and services including registered dietitian services and medically tailored meals. Information on diabetes supports is provided through various communication channels including the HPSM website, social media, diabetes newsletter, and the HPSM Health Education/Promotion line.	Provide HPSM with diabetes with information on diabetes self-management tools, nutrition support, and community resources for managing their condition.
Controlling High Blood Pressure Program	The Controlling High Blood pressure program includes community	Provide HPSM members with hypertension and high blood

	partnerships, connection to nutrition supports, fitness and exercise programs, blood pressure screenings and classes, and HPSM benefits and services including registered dietitian services and medically tailored meals. Information on these supports is provided through the HPSM website and the HPSM Health Education/Promotion line.	pressure with information on hypertension self-management tools and support with covered nutrition supports.
Cancer Screening Reminder Letter	A quarterly mailing is sent to HPSM members who are due for at least one cancer screening during the months of the quarter. The reminder letter includes information on the importance of preventive cancer screenings, what screenings the member is due for, recommended screening schedules, and how to connect with the members' primary care provider to schedule an appointment. Members will receive up to 1 reminder letter annually.	Remind members who are due for at least one cancer screening (breast, cervical, and colon) about the importance of screening.
Be Healthy Breast Cancer Screening Mailer	Mailing sent to female identifying members 42-74 who are overdue for breast cancer screening for 12 months or longer. The postcard includes information on why breast cancer screenings are important, what to expect during mammography, and encourages members to talk to their primary care provider (PCP) about what's best for them	Encourage HPSM members who are overdue for breast cancer screening to complete regular screening.
Cologuard Program	The Cologuard program was started in 2024 as a pilot collaboration with Exact Sciences, San Mateo Medical Center, and	Support HPSM members at select partner clinics with completing at home colorectal cancer screening.

	HPSM to increase colon cancer screening rates by removing identified barriers to screening and providing at home screening kits. Members enrolled in the Cologuard program receive a mailed welcome letter, Cologuard kit, and subsequent follow-up outreach via text, live call, email (when available and patient opts in to receive communication) and mail.	
Breathe California Asthma Preventive Services Home Visiting	This program offers personalized asthma education and home visits to aid in controlling and managing asthma among the pediatric and adult population.	Connect HPSM members with asthma who have recent emergency department or inpatient asthma related visits to services to support asthma education, management, and control.

Health Promotion Campaigns

In addition to HPSM and community programs and partnerships, HPSM offers a variety of health promotion and education resources and services specific to the OA & PWD population, their caregivers, and their providers. These resources include:

- Connection to local fall prevention, healthy activity, and community organization programs and services in San Mateo County
- Health Education content including brochures, service guides, and health tips posted on the HPSM website
- Provider Trainings on ensuring accessible cancer trainings for the PWD population
- Provider Education on Available programs and resources.

4.3.7 Summary, Review, and Action Plan

- Older Adults and people with disabilities (OA & PWD) represent 12.2% of HPSM's MC population at 17,092 enrollees.
- About 30% of this population has a disability and live with a functional limitation(s) related to a complex and enduring health condition.
- This population experiences a high burden of chronic and behavioral health conditions and requires greater care coordination than the general HPSM MC population.
- The system of care is directed at proactive member identification, referral, and coordination of clinical and social services.

    - Members with disabilities and older adults with complex medical care needs are identified through multiple data and referral sources ranging from HPSM's administrative data sources and internal referrals to network PCPs, Specialists, and external community agencies.
    - Identified members are targeted for outreach for a health risk assessment and are assigned a care coordinator based on risk level and special needs.
- In 2025-2026, HPSM will seek to reinforce the system of care for people with disabilities and address disparities in diabetes management metrics through comprehensive provider, systems, and member level interventions.

4.4 Members with LEP

4.4.1 Identify and Define Subpopulation

HPSM utilizes language preference data to understand the needs and experiences of members who prefer languages other than English and may have LEP. Based on Section 3.2.2, 74,194 (53%) members prefer a language other than English. The most common language preferences are Spanish, Chinese, and Portuguese. The following describes the demographics of members who prefer a language other than English:

- Race/Ethnicity: The most common racial and ethnic categories include Hispanic (78.8%) and Not Provided (8.7%).
- Age: The majority of members who prefer a language other than English are over the age of 21 (64.3%), with the most common age category being those between 22 to 50 (41.8%).

HPSM Members with LEP by Ethnicity 1/2025

Race/Ethnicity	Member Count	% of LEP Membership
Hispanic	58454	78.8%
Not Provided	6447	8.7%
Asian or Pacific Islander	6187	8.3%
Other	1820	2.5%
Caucasian	1241	1.7%
Black	38	0.1%
Native Hawaiian	7	0.0%

4.4.2 Trends and Characteristics of Chronic Disease

The chronic condition count and prevalence amongst members with LEP reveals the following:

- More than half of members who prefer a language other than English do not have a chronic condition.

- Of those that do have chronic conditions, Essential Hypertension, Disorders of Lipid Metabolism, and Diabetes mellitus are the most common.

HPSM MC Chronic Condition Count of Members with LEP 1/2024-1/2025

# of Chronic Conditions	Member Count	% of LEP Membership
0	46041	62.1%
1 to 2	16624	22.4%
3 to 4	6519	8.8%
5+	5010	6.8%

HPSM MC Most Frequently Diagnosed Conditions of Members with LEP 1/2024-1/2025

Diagnosis	Member Count	% of LEP Membership
Essential hypertension	6322	8.5%
Disorders of lipid metabolism	5292	7.1%
Diabetes mellitus	5134	6.9%

4.4.3 Language Access and Practitioner Availability

HPSM's staff prepares an annual assessment of cultural and linguistic member needs and practitioner availability to determine the degree to which the cultural and linguistic needs of HPSM members are being met.

- Assessment of practitioner availability tracks the number of network providers that self-report ability to speak any of HPSM's preferred languages other than English: Spanish, Cantonese/Mandarin, Tagalog, Arabic, and Portuguese.
- The goal is for interpreter services utilization and Provider network language capabilities to be proportionate to the number of members who prefer each threshold language. HPSM is currently meeting this target as described below.
- The language capabilities of HPSM Provider network demonstrate a high prevalence of HPSM threshold languages across specialties.
- Our assessment shows a closer ratio of Spanish speaking providers/clinic staff to HPSM Medi-Cal members who prefer Spanish (1:76 in 2022 vs 1:70.8 in 2023).
- Furthermore, interpreter services utilization by providers shows Spanish as the most requested interpreter language and suggests that HPSM can address this gap by offering phone or video interpreter service.

MC Provider Language Capability Compared with Member Preferred Language January 2025

Language	# of Providers with Language Capability	MC Language Preference Data	Ratio
Spanish*	821	62610	1:71

Chinese(Mandarin and Cantonese)*	436	4629	1:10
Portuguese (Brazil)**	10	1476	1 : 132
Tagalog*	78	1306	1 : 19

*HPSM and DHCS identified Threshold Language

**NCQA Identified Threshold Language

4.4.4 Analysis of Interpreter Utilization: Alignment with Threshold Demand

Data on HPSM staff and provider use of telephonic and video interpreter services in 2024 shows that:

- Language demand for interpreters corresponds with the top six preferred languages (including Threshold languages) of HPSM's Medi-Cal members.
- HPSM providers and staff made 37,741 video, telephonic, and in-person interpreter requests in 2024 across the top six languages.
- Members who prefer Spanish are the largest non-English Threshold language group, and likewise Spanish was the most requested language for both HPSM staff and providers.

MC Interpreter Services Utilization and HPSM Preferred Language Data 1/2024-1/2025

Language	Telephonic and VRI Interpreter Services Utilization (2024)			**MC Language Preference Data**
	HPSM Staff	HPSM Providers	**Staff/Provider Combined**	
Spanish*	12,583	13,761	26,254	62610
Chinese (Mandarin and Cantonese)*	6,939	2,197	9,136	4629
Portuguese (Brazil)**	488	1,127	1,615	1476
Tagalog*	472	151	623	1306

*HPSM and DHCS identified Threshold Language

**NCQA Identified Threshold Language

4.4.5 Identified Needs

Analysis of HPSM's members with LEP revealed the following key needs:

- The population with largest portion of members with LEP is the Hispanic population. 70% of members in this population have a preferred language other than English.
- Only a small portion of HPSM members with LEP have chronic conditions; however, in those who have been diagnosed with chronic conditions, Essential Hypertension, Diabetes, and Disorders of Lipid Metabolism are the most common.
- There is a need for more provider education around interpreter and translation services, specifically for new providers, as we see lower utilization in this population.

4.4.6 Programs and Resources

HPSM's strategy for meeting the needs of the LEP population focuses on providing competent interpreters at every appointment, translating health education and patient materials into many

languages, and promoting a culturally competent workforce. In addition, when HPSM identifies disparities in health outcomes amongst LEP populations, targeted interventions are developed to ensure equitable access to high quality, competent care.

Programs and Services	Details	Targeted Need
HPSM Telephonic Interpreter Services	HPSM offers contracted providers and HPSM staff with telephonic interpreter services in over 200+ languages, 24 hours a day, 7 days a week, at no cost to the member or provider. These services can be accessed on-demand or by appointment.	HPSM enrolled members who have LEP or are hearing impaired
HPSM Video and In-Person Interpreter Services	HPSM offers contracted providers with video interpreter services in over 200+ languages, 24 hours a day, 7 days a week, at no cost to the member or provider. HPSM also offers in-person services to members for both spoken language and American Sign Language and deaf interpretation.	HPSM enrolled members who have LEP or are hearing impaired
HPSM iPad LAS Program	HPSM offers small practice providers with limited technology and large numbers of members who are LEP an iPad that allows them to connect to video interpreter services for spoken and sign language translation. These services offer 200+ languages, 24 hours, 7 days a week, at no cost to the member or provider.	HPSM enrolled members who have LEP or are hearing impaired.
HPSM Translation Services	HPSM offers translation services to members with limited English proficiency (LEP). Any HPSM materials or materials members receive from a provider can be translated in over 200+	HPSM enrolled members who have LEP or are sight impaired

	languages, including Brail, by request.	

4.4.7 Summary, Review, and Action Plan

Members with LEP represent 53% of HPSM's MC population, which has increased since last year. HPSM threshold languages are English, Spanish, Chinese (Mandarin and Cantonese), Portuguese, and Tagalog. 79% of members with LEP identify as Hispanic, and Spanish is the most requested language through HPSM interpreter services in both contracted providers and HPSM staff. In 2023 and 2024, resources for members with LEP were updated and these activities, resources, and community resources were evaluated and found to be sufficient in addressing the needs of our membership and especially in terms of meeting any disparate needs except in the area identified below as priority areas for which we are making changes.

While this population does not experience a high burden of chronic and behavioral health conditions, there is a portion of members who experience various chronic conditions. Existing programs and services for members with chronic conditions were summarized in Section 4.4.6. Our analysis showed that there are some providers who are low utilizers of HPSM's interpreter services. Upon further exploration of this issue, we found that providers who are low utilizers often did not have access to the appropriate technology to be able to use our online interpreter services. Reports from our primary interpretive services vendor show that not all providers regularly utilize Language Assistance Services (LAS). Utilization of video services from our vendor is especially low. Only 630(out of 41,862) interactions that CLI documented in 2024 utilized video interpretation services. The reason for under-utilization is not fully known, and some providers may have access to staff or other interpreter support; however, conversations with the Quality Improvement program have indicated that some providers are struggling to utilize interpreter services due to technology limitations.

Existing language assistance programs and services for members were summarized in Section 4.4.7. Specifically, the iPad program is designed to improve access to interpreter services for providers who are under utilizing HPSM's language assistance services. HPSM offers telephonic and video interpretation online. The iPad ensures that providers have the appropriate technology to provide these services and timely access to language assistance for members. In 2024, the iPad Program showed an increase in utilization, and providers were overall satisfied with the program. While only 630 CLI interactions were video services, video utilization has increased by over 50% compared to 2023 (n=305).

Ongoing work for members with LEP includes monitoring and evaluation of interpreter services utilization and translation services. The results of this evaluation are shared with the Health Equity Committee. The committee identifies areas for improvement and provider education. These results are also reviewed by the Member Experience Committee. HPSM will continue to expand the iPad Program to include more provider offices to improve timely access to interpreters for members with LEP. Progress will be monitored using vendor data.

5. Social Determinants of Health

Social determinants of health (SDOH) are the social and economic conditions of a community that influence the quality and length of life of its residents. (County Health Rankings Model; CDC Population Health). HPSM tracks the social determinants of health through claims data and external sources including community level data through national data sets.

5.1 HPSM's SDOH Claims

9.25% of all HPSM Medi-Cal members as of January 2025 had 1 or more SDOH claims, which is down from 11.3% in 2023. The following table breaks down the instances of SDOH.

HPSM SDOH Claims by Category for MC Membership 1/2024-1/2025

SDOH Category	Total MC Member Count	Total % of members identified	% of HPSM MC population
Education & literacy (e.g. illiteracy and low-level literacy, underachievement in school)	7,677	34.6%	5.5%
Occupational exposure to risk factors (e.g. exposure to dust, radiation, noise)	10	0.0%	0.0%
Primary support group, including family circumstances (e.g problems in relationship with spouse or partner, other absence of family member)	1,379	6.2%	1.0%
Employment and unemployment (e.g. change of job, threat of job loss)	6,906	31.1%	4.9%
Housing and economic circumstances (e.g. extreme poverty, low income)	11,579	52.2%	8.3%
Other psychosocial circumstances (e.g. imprisonment and other incarceration)	504	2.3%	0.4%
Psychosocial circumstances (e.g. discord with counselors, problems related to multiparity)	341	1.5%	0.2%
Social environment (e.g problems related to living alone, acculturation difficulty)	523	2.4%	0.4%
Upbringing (e.g. parent- child conflict, inadequate parental supervision)	554	2.5%	0.4%
Problems related to physical environment	3	0.0%	0.0%

- The most common SDOH category was housing and economic circumstances with 11,579 members (52% of members identified), up from 5966 members in January 2024.
- A majority of HPSM MC members with SDOH codes had one SDOH factor identified.

Count of SDOH Codes among HPSM Medi-Cal Membership 1/2025

SDOH Count	MC Members by SDOH Count	% of MC Membership

1	16249	11.6%
2	4717	3.4%
3	1121	0.8%
4	91	0.1%
5	12	0.0%
6	1	0.0%

5.1.1 Homelessness and Housing Unstable Population

Of all HPSM Medi-Cal members with housing and economic circumstances SDOH factors, HPSM has identified 1642 Medi-Cal members who are homeless. Homeless and housing unstable members are a key member subpopulation of focus as these members may face significant barriers in access to and coordination of care services. A variety of data sources were compiled to identify the housing status of HPSM members. Data sources include claims with housing and economic circumstances z codes, health risk assessment (HRA) survey responses, county provided demographic data, and county provided SDOH data. Members who experience sheltered homelessness may reside in emergency or transitional housing or temporary accommodation with friends or family. Members who experience unsheltered homelessness may be living on the street, in a car, or in any place not meant for human habitation (US Department of Housing and Urban Development, 2020). Among HPSM's unhoused population, a majority are Hispanic identifying followed by Caucasian. A breakdown of HPSM members identified as unhoused can be found below.

Homelessness & Inadequate Housing among HPSM Medi-Cal Membership 1/2025

Housing Status	Member Count
Homelessness – Unspecified	815
Homelessness – Sheltered	525
Homelessness – Unsheltered	285
Inadequate Housing	17
Total	**1642**

Homelessness among HPSM Medi-Cal Membership by Race/Ethnicity 1/2025

Race/Ethnicity	MC Member Count	% of Unhoused MC Membership
Hispanic	558	37%
Caucasian	338	22%
Not Provided	309	20%
Black	148	10%
Asian or Pacific Islander	105	7%
Other	48	3%
Native Hawaiian	7	0%
Alaskan Native or American Indian	5	0%

HPSM has also identified 677 housing unstable Medi-Cal members, representing about 0.5% of the total Medi-Cal population. The housing unstable group includes members with more than one data source indicating housing instability, fear/worry about losing housing, transiency, or previous usage of a housing authority voucher.

- 57% of this population is 21 years of age or younger, compared with 35% of the general Medi-Cal population.
- 56% identify as Hispanic, 17% did not provide information about their race/ethnicity, and 10% identify Caucasian.
- 50% prefer English and 47% prefer Spanish.
- In 2024, 48 people (7%) received enhanced care management, 19 people (3%) received community support services, and 3% received both. This indicates an unmet need to further connect housing unstable and currently unhoused members with community support and enhanced care management services.

Housing Instability among HPSM Medi-Cal Membership by Age 1/2025

Age Range	Member Count	% of Housing Unstable MC Membership
0 to 2	53	7.8%
3 to 6	103	15.2%
7 to 11	94	13.9%
12 to 21	135	19.9%
22 to 50	182	26.9%
51 to 64	70	10.3%
65 to 74	33	4.9%
75+	7	1.0%

Housing Instability among HPSM Medi-Cal Membership by Race/Ethnicity 1/2025

Race/Ethnicity	Member Count	% of Housing Unstable MC Membership
Hispanic	379	56.0%
Not provided	113	16.7%
Caucasian	69	10.2%
Asian or Pacific Islander	59	8.7%
Other	30	4.4%
Black	23	3.4%
Alaskan Native or American Indian	2	0.3%
Native Hawaiian	2	0.3%

Community Supports (CS) and Enhanced Care Management (EMC) Utilization among Housing Unstable HPSM MC Members

		Received CS Services in 2024		
		No	Yes	**Total**
Received ECM Services in 2024	No	625	4	**629**
	Yes	33	15	**48**
	Total	**658**	**19**	**677**

5.1.2 Food Insecurity

HPSM has identified 6824 Medi-Cal members who lack adequate food and are experiencing food insecurity per SDOH Z-coding. This is an increase from 4405 (3.2%) last year to 4.9% in 2025, and the actual rate of food insecurity is likely higher due to lack of coding for services. Among HPSM members with food insecurity, the majority are Hispanic identifying(64.6%) followed by those who did not identify a racial category.

Food Insecurity among HPSM Medi-Cal Membership by Race/Ethnicity 1/2025

Race/Ethnicity	Member Count	% of MC Membership with Food Insecurity
Hispanic	4406	64.6%
Not Provided	1035	15.2%
Caucasian	589	8.6%
Asian or Pacific Islander	335	4.9%
Other	250	3.7%
Black	188	2.8%
Native Hawaiian	13	0.2%
Alaskan Native or American Indian	8	0.1%

5.2 External SDOH Data

SDOH Areas by Zip Code

- The California Healthy Places Index (HPI) predicts life expectancy and compares communities across the state.
- Most zip codes in San Mateo County have HPI indexes above the 50th percentile, indicating healthier community conditions than half of other California tracts.
- The lowest HPI value in San Mateo County is -0.029 (48th percentile), located in a Redwood City zip code.
- The table below shows regions in San Mateo County below the 80th percentile and the number of members residing there.

Residents in HPI Zip below 80th Percentile 1/2025

Zip Code	Corresponding City	HPI Percentile	N HPSM Members
94063	Redwood City	0.487	14131
94401	San Mateo	0.727	12015

94014	Daly City	0.732	9766
94303	East Palo Alto	0.754	15391
94015	Daly City	0.757	11785

- 63,088 HPSM MC members (45%) currently reside in areas with an HPI below the 80th percentile meaning a large portion our members reside in the most disadvantaged zip codes in San Mateo County.
- The HPI Index also provides access to other SDOH related data, including hardship index, percentage of disabled individuals, environmental pollution, and percentage of immigrants. These variables are helpful in identifying where members of HPSM may require additional support due to existing SDOH factors.

Hardship Index in HPI Cities 1/2025

Zip Code	Corresponding City	Hardship Index Score	N HPSM Members
94063	Redwood City	0.80	14131
94303	East Palo Alto	0.56	15391
94014	Daly City	0.54	9766
94401	San Mateo	0.50	12015

- The hardship index uses American Community Survey data to assess financial strain in communities through six social and economic measures including crowded housing, income, poverty, and unemployment rates.
- Index scores range from 0 to 100, with higher scores indicating worse economic conditions.
- Areas in San Mateo County with hardship indexes above the 50th percentile are displayed in the table above with Redwood city ranking the highest (80%).

California Environmental Screen 4.0 1/2025

Zip Code	Corresponding City	CES 4.0 Percentile	N HPSM Members
94063	Redwood City	0.84	14131
94401	San Mateo	0.78	12015
94064	Redwood City	0.76	100
94080	South San Francisco	0.75	15607
94017	Brisbane	0.58	91
94005	Brisbane	0.55	571

- The California Environmental Screen 4.0 measures cumulative effects of pollution and environmental contaminants in US zip codes.
- Higher Environmental Screen percentiles correspond to greater environmental pollution burden.
- 42,515 (30%) HPSM MC members live in zip codes with environmental pollution higher than 55% of other US cities.

- Zip code 94063 in Redwood City has the highest environmental pollution burden increasing from 76% in 2021 to 84% in 2025.

Disability in HPI Cities 1/2025

Zip Code	Corresponding City	% of PWD	Percentile
94038	Moss Beach	7.22%	0.92
94037	Montara	7.13%	0.91
94401	San Mateo	4.93%	0.67
94080	South San Francisco	2.95%	0.21
94066	San Bruno	2.84%	0.18
94005	Brisbane	2.82%	0.17
94014	Daly City	2.75%	0.16
94030	Millbrae	2.66%	0.15
94303	East Palo Alto	2.39%	0.10
94020	La Honda	1.66%	0.31

- The population of individuals living with disabilities is particularly vulnerable to insecure housing, social isolation, and economic strain, making it crucial in social determinants of health considerations.
- The percentage of individuals with a disability in San Mateo County varies widely from 1.66% in La Honda zip code to 7.22% in Moss Beach.
- Moss Beach and Montara have higher rates of individuals with disabilities, both cities rank in the 90% percentile of comparable cities.

Foreign-born/Immigration in HPI Cities

Zip Code	Corresponding City	% Foreign Born	Percentile
94014	Daly City	54.30%	0.99
94015	Daly City	51.30%	0.98
94063	Redwood City	47.40%	0.96
94404	San Mateo	42.20%	0.92
94401	San Mateo	41.90%	0.92
94080	South San Francisco	40.10%	0.90
94030	Millbrae	37.70%	0.87
94303	East Palo Alto	37.10%	0.86
94066	San Bruno	35.90%	0.86
94065	Redwood City	34.20%	0.83

- The table above displays San Mateo County zip codes above the 80th percentile for immigrant composition.
- Immigrant status, which may bring barriers in language, transportation, cultural differences, and community acceptance, significantly influences SDOH.

- Immigrants constitute up to 54% of the population in certain zip codes, including Daly City, Redwood City, and San Mateo.
- Many San Mateo County areas have an immigrant profile greater than 90% of US cities.
- HPSM has programs addressing some of these SDOH factors and will continue using this information for future programs and interventions.

Low-income Homeowner/Renter Severe Housing Cost Burden in HPI Cities

Zip Code	Corresponding City	% Home Burden Cost	Percentile
94038	Moss Beach	13.00%	0.32
94037	Montara	13.00%	0.32
94401	San Mateo	14.00%	0.26
94020	La Honda	14.00%	0.23
94303	East Palo Alto	14.00%	0.21
94063	Redwood City	17.00%	0.10

Zip Code	Corresponding City	% Renter Burden Cost	Percentile
94401	San Mateo	25.00%	0.46
94038	Moss Beach	29.00%	0.26
94037	Montara	29.00%	0.26
94063	Redwood City	32.00%	0.12
94020	La Honda	39.00%	0.03

- Housing cost burden measures the percentage of low-income homeowners and renters who pay more than 50 of the income on housing cost, a common phrase known as serve housing burden.
- High housing cost and housing instability can negatively impact health by increasing stress, depression, communicable diseases and reduce access to overall care.
- Zip code 94063, Redwood City, has the highest homeowner ship burden in San Mateo County, 17% of low-income house owners spend more than 50% of their income on housing.
- The data for 94020, La Honda, shows that 39% of low-income renters spend more than 50% of their income on housing.

5.3 Cal-Aim Programs and Resources

California Advancing and Innovating Medi-Cal (CalAIM) is a “long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory” (DHCS Website). One of the major goals of Cal-Aim is to provide additional services and support to address social determinants of health through Enhanced Care Management (ECM) and Community Supports (CS) programs. For the PNA, HPSM has identified current members as of January 2025 who received ECM and CS services in calendar year 2024. The goal of this analysis is to understand program engagement and make recommendations to address identified needs. Our analysis has revealed the following:

- In 2024, there were 990 unique members who received ECM and/or CS services.
- Of the types of CS services available at HPSM, medically supportive food and medically tailored meals(n=270) were the most utilized.
- 51% of members who received ECM and/or CS services are older adults or people with disabilities.
- The most common age groups among those receiving CS/ECM services are those aged 51-64 (36%) and those aged 22-50 (26%).
- The most common racial and ethnic identifications among those receiving CS/ECM services are Hispanic (34%) and Caucasian (22%).
- Members with English language preference represent 47% of the overall Medi-Cal population but 74% of members who receive CS or ECM services.

Based on this analysis, HPSM aims to improve enrollment in community support and enhanced care management services for members with known social determinants of health factors. HPSM seeks to improve engagement by updating referral processes and broadly sharing information with community partners and HPSM providers about services and referral pathways.

HPSM 2024 MC Cal-AIM CS & ECM Services Rendered

Services Provided	Member Count
Community Supports (CS)	280
Enhanced Care Management (ECM)	524
Both	186
Total	**990**

HPSM 2024 MC Cal-Aim CS Enrollment by Support Type

CS Service Type	Member Count
Medically Supportive Food/Medically Tailored Meals	270
Community Transition Services/Nursing Facility Transition to a Home	129
Housing Tenancy and Sustaining Services	119
Housing Navigation	90
Nursing Facility Transition/Diversion to ALF, (RCFE) and (ARF)	59
Personal Care and Homemaker Services	33
Housing Deposits	22
Respite Service	15
Environmental Accessibility Adaptations (Home Modifications)	7

HPSM 2024 MC Race/Ethnicity of CS and ECM Membership

Race/Ethnicity	Member Count	% of ECM/CS Population

Hispanic	333	34%
Caucasian	218	22%
Not Provided	203	21%
Asian or Pacific Islander	106	11%
Black	79	8%
Other	45	5%
Alaskan Native or American Indian	3	0%
Native Hawaiian	3	0%
Grand Total	**990**	**100%**

6. Health Status and Disease Prevalence

6.1 Most Frequently Diagnosed Condition

- Essential hypertension remains the most frequently diagnosed condition. From 2021-2023, the prevalence was stable at around 7.5%. In 2024, the prevalence has increased to 8%.
- Disorders of lipid metabolism is the second most common diagnosis with a prevalence of 6.4% in 2025.

HPSM 2024 MC Most Frequently Diagnosed Conditions

Condition	Member Count	% of MC Membership
Essential hypertension	11325	8.1%
Disorders of lipid metabolism	8891	6.4%
Diabetes mellitus	8498	6.0%
Anxiety and fear-related disorders	5698	4.1%
Nutritional deficiencies	4963	3.5%
Obesity	4818	3.4%
Asthma	4737	3.4%
Other specified and unspecified upper respiratory disease	4390	3.1%
Neurodevelopmental disorders	4145	3.0%
Disorders of teeth and gingiva	3785	2.7%

6.2 Most Frequently Diagnosed Condition Data Segmentation

HPSM's 2024 most frequently diagnosed condition data was segmented by age and language to inform HPSM's existing Population Health programs and to identify new opportunities.

Essential Hypertension Data (from HPSM's 2024 most frequently diagnosed condition data)

- 51 to 64 years old remains the most frequently diagnosed age group for essential hypertension and is consistent since 2020.
- Most members listed English or Spanish as their preferred language.

Age	Count	%
0 to 21	105	0.9%
22 to 50	2556	22.6%
51 to 64	**4367**	**38.6%**
65 to 74	2448	21.6%
75+	1849	16.3%
Grand Total	**11325**	**100.0%**

Language Preference	Count	%
Threshold		
ENGLISH	5003	44.2%
SPANISH	4329	38.2%
CHINESE	816	7.2%
TAGALOG	412	3.6%
PORTUGUESE	109	1.0%
Non-Threshold		
RUSSIAN	161	1.4%
ARABIC	88	0.8%
OTHER/UNKNOWN	407	3.6%
Grand Total	**11325**	**100.0%**

Disorders of Lipid Metabolism (from HPSM's 2024 most frequently diagnosed condition data)

- In 2024, 22-50 years old became the most frequently diagnosed age group for disorders of lipid metabolism. This represents a shift from older to younger members being diagnosed with this chronic condition.
- Most members listed English or Spanish as their preferred language.

Age	Count	%
0 to 21	635	7.1%
22 to 50	**3113**	**35.0%**
51 to 64	3083	34.7%
65 to 74	1356	15.3%
75+	704	7.9%
Grand Total	**8891**	**100.0%**

Language Preference	Count	%
Threshold		

ENGLISH	3659	41.2%
SPANISH	3599	40.5%
CHINESE	851	9.6%
TAGALOG	221	2.5%
PORTUGUESE	82	0.9%
Non-Threshold		
RUSSIAN	96	1.1%
ARABIC	89	1.0%
OTHER/UNKOWN	294	3.3%
Grand Total	**8891**	**100.00%**

Diabetes mellitus Data (from HPSM's 2024 most frequently diagnosed condition data)

- The 51 to 64 age group has the highest prevalence of diabetes mellitus diagnoses.
- The most frequently preferred language among members with diabetes mellitus is Spanish, followed closely by English.

Age	Count	%
0 to 21	163	1.9%
22 to 50	2323	27.3%
51 to 64	**3291**	**38.7%**
65 to 74	1672	19.7%
75+	1049	12.3%
Grand Total	**8498**	**100.0%**

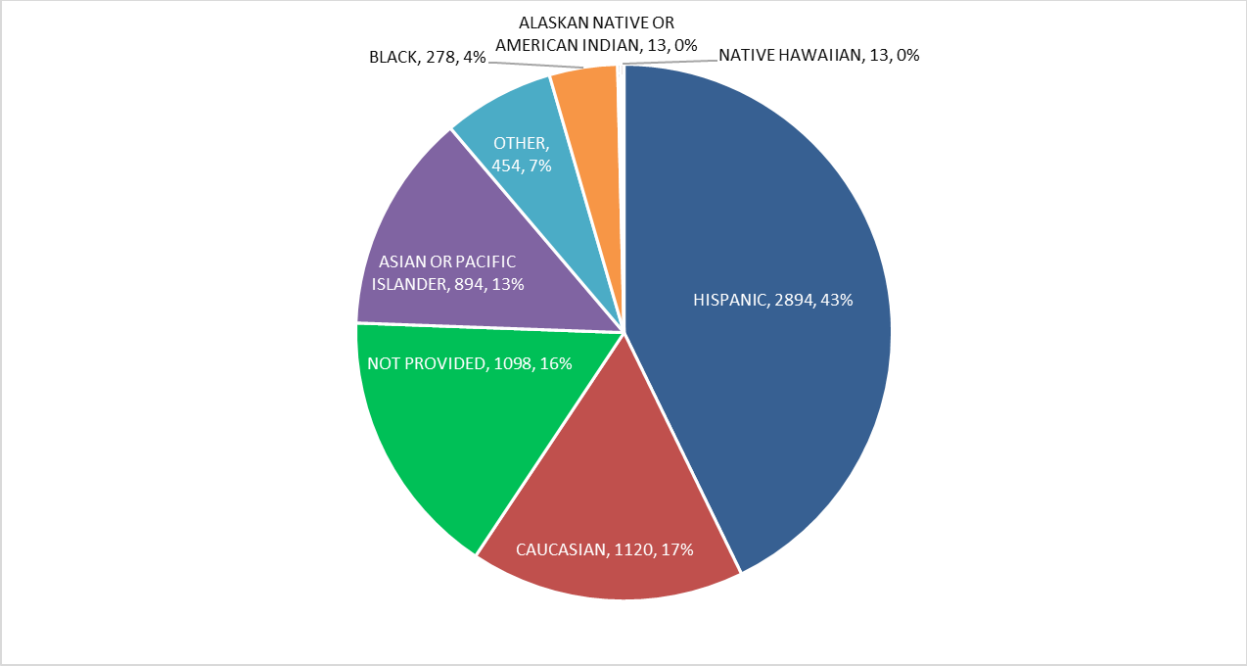
Language Preference	Count	%
Threshold		
SPANISH	3984	46.9%
ENGLISH	3364	39.6%
CHINESE	446	5.2%
TAGALOG	251	3.0%
PORTUGUESE	39	0.5%
Non-Threshold		
RUSSIAN	67	0.8%
ARABIC	80	0.9%
OTHER/UNKNOWN	267	3.1%
Grand Total	**8498**	**100.0%**

6.3 Tobacco Use Assessment

- As of January 2025, HPSM identified 6,764 (4.5%) Medi-Cal members as tobacco, nicotine, or vaping users, or who engaged in a tobacco cessation intervention. This is consistent with previous years.

- Members engaged in cessation interventions were included in the prevalence data, assuming they were likely tobacco users at some point, despite lacking a tobacco use diagnosis code.
- The demographics of tobacco users are as follows:
    - The majority of HPSM's Medi-Cal tobacco users continue to be males in 2024, representing 3,970 members (59%).
    - The most common racial/ethnic identifications among tobacco users are Hispanic (43%), Caucasian (17%), and Not Provided (16%). These three groups make up 76% of all Tobacco users.
    - The most common language preferences of tobacco users include English (61%) and Spanish (30%).
    - The most common places of residence for tobacco users include Redwood City, San Mateo, and Daly City.

HPSM 2024 MC Tobacco Users by Race/Ethnicity



HPSM 2024 MC Tobacco Users by Language Preference

Language Preference	Member Count	%
Threshold	**6538**	**96.7%**
ENGLISH	4139	61.2%
SPANISH	2063	30.5%
CHINESE	215	3.2%
TAGALOG	61	0.9%
PORTUGUESE	60	0.9%
Non-threshold	**226**	**3.3%**

OTHER	103	1.5%
ARABIC	76	1.1%
RUSSIAN	47	0.7%
Grand Total	**6764**	**100%**

6.4 Behavioral Health

HPSM manages the non-specialty behavioral health benefit for Medi-Cal members. In addition, San Mateo County Behavioral Health, and Recovery Services (BHRS) oversees those with more complex behavioral health needs, including those with serious and persistent mental illness (SPMI). In this analysis of Behavioral Health experiences of our membership, HPSM will be using two data sources: non-specialty behavioral health claims from internal data, and BHRS-provided data on past year utilization. From our overall Chronic condition analysis, anxiety and fear-related disorders are among the top 10 chronic conditions experienced by members. The analysis below provides additional context for understanding those with mental and behavioral health conditions.

6.4.1 Characteristics of Non-Specialty Mental Health (NSMH) Utilizers

17,365 Medi-Cal members, or about 12.4% of the population, utilize services for non-specialty health conditions. Among these non-specialty mental health utilizers:

- 94% of the subpopulation prefers English (54%) or Spanish (40%). The other 6% of the population is split amongst those who prefer Chinese (1.9%), Portuguese (1%), Russian (0.7%), and other/unknown languages.
- The most common racial/ethnic groups are Hispanic (52%), Not Provided (20%), Caucasian (11%), and Asian or Pacific Islander (10%).
- 54% are female-identifying and 46% are male-identifying.
- 7% have been identified as people with disabilities.
- 34% are 21 years of age or younger.

The most common diagnoses among mild-moderate BH-utilizers are Anxiety and Fear-related disorders, Neurodevelopmental disorders, depressive disorders, and trauma and stressor related disorders.

HPSM 2024 Data: Race/Ethnicity of Members with NSMH Utilization

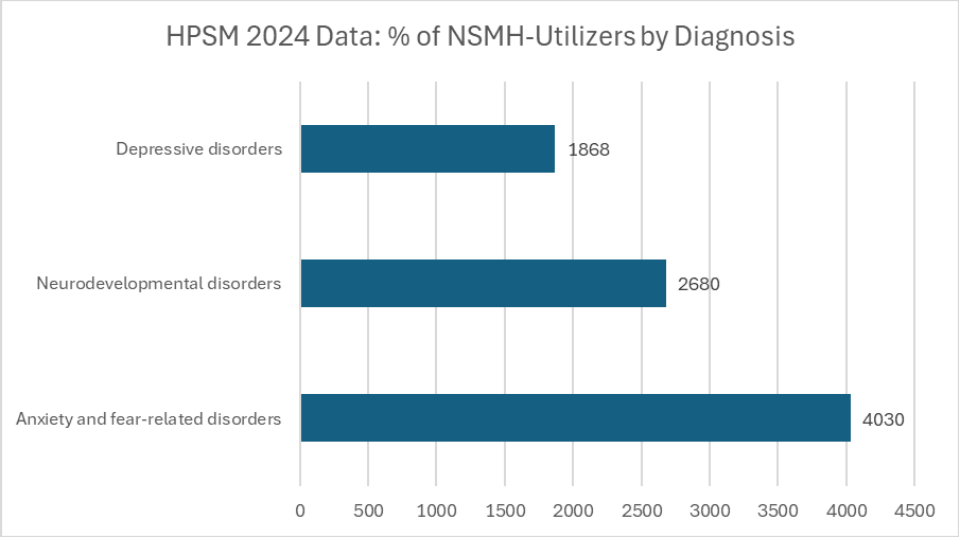
Non-Specialty Mental Health		
Race/Ethnicity	**N**	**% of total NSMH**
Hispanic	9000	51.83%
Not Provided	3451	19.87%
Caucasian	1844	10.62%
Asian/Pacific Islander	1661	9.57%
Other	1029	5.93%
Black	344	1.98%
Alaskan Native/American Indian	21	0.12%
Native Hawaiian	15	0.09%

Total	17365	100.00%

HPSM 2024 Data: Language Preference of Members with NSMH Utilization

Non-Specialty Mental Health		
Language Preference	**N**	**% of total NSMH**
English	9416	54.22%
Spanish	6965	40.11%
Chinese	327	1.88%
Portuguese	183	1.05%
Russian	119	0.69%
Arabic	98	0.56%
Tagalog	69	0.40%
Other	188	1.08%
Total	**17365**	**100.00%**

HPSM 2024 Data: % of NSMH-Utilizers by Diagnosis



6.4.2 Specialty Mental Health (SMH) Utilizers

11,015 Medi-Cal members, or about 8% of the MC population, utilize Specialty mental health services for a serious mental or behavioral health condition. Among those utilizing services:

- Approximately 3,559 (32%) have a SPMI diagnosis.
- A vast majority prefer English (58%) or Spanish (39%).
- The most common racial/ethnic categories are Hispanic (55%) followed by Not Provided (16%) and Caucasian (14%).
- 26% of SMH utilizers are 21 years of age or younger.
- The most common diagnoses are Depressive disorders, trauma and stressor related disorders, and Anxiety and fear related disorders. These align closely with the top conditions among non-specialty mental health utilizers.

- Members with serious mental illness require further support with care coordination and navigation of behavioral and other health services. HPSM seeks to support care coordination for these members by providing comprehensive integrated care management programs and collaborating with partners at San Mateo County Behavioral Health and Recovery Services to ensure coordinated care.

HPSM 2024 Data, SMH Utilization by Language Preference

Specialty Mental Health		
Language Preference	**N**	**% of total SMH**
English	6363	57.8%
Spanish	4314	39.2%
Other/Unknown	113	1.0%
Portuguese	83	0.8%
Chinese	59	0.5%
Tagalog	35	0.3%
Russian	30	0.3%
Arabic	18	0.2%
Total	**11015**	**100.0%**

HPSM 2024 Data, SMH Utilization by Race/Ethnicity

Specialty Mental Health		
Race/Ethnicity	**N**	**% of total SMH**
Hispanic	6075	55.2%
Not Provided	1790	16.3%
Caucasian	1563	14.2%
Asian Or Pacific Islander	716	6.5%
Other	430	3.9%
Black	415	3.8%
Alaskan Native or American Indian	18	0.2%
Native Hawaiian	8	0.1%
Total	**11015**	**100.00%**

HPSM 2024 Data, Top 10 Diagnoses among SMH Utilizers

Diagnosis	Member Count	% of total SMH
Depressive disorders	2906	26%
Trauma- and stressor-related disorders	2327	21%
Anxiety and fear-related disorders	1886	17%
Other general signs and symptoms	1596	14%
Schizophrenia spectrum and other psychotic disorders	1357	12%

Alcohol-related disorders	744	7%
Stimulant-related disorders	630	6%
Neurodevelopmental disorders	608	6%
Bipolar and related disorders	552	5%
Miscellaneous mental and behavioral disorders/conditions	526	5%

7. Health Disparities

7.1 HEDIS Measure Disparity Analysis

As part of our strategy to advance health equity, HPSM conducts an annual assessment of quality metrics to identify any potential disparities. Healthcare disparities are deep rooted in a variety of factors and can be exacerbated by many things including social determinants of health (SDOH), accessibility of care, provider biases, poor patient-provider communication, and low health literacy. The Institute of Medicine report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" found that racial and ethnic minorities often receive lower quality of care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation (Smedley, Smith, & Nelson, 2003). The National Quality Forum (NQF) defines the following domains as disparity sensitive performance measures (NQF, 2012):

- asthma;
- diabetes;
- heart disease;
- hypertension;
- medication management;
- mental health and substance use;
- prenatal care; and
- prevention- immunization and screening

Understanding healthcare disparities within HPSM's membership relies on a methodical analysis of HEDIS performance metric data by various subgroups including ethnic/racial groups and other vulnerable populations to identify any subgroups adversely affected by disparities.

Disparities Analysis Methodology:

I. **Data Source:** Member Demographic & Enrollment data pulled from eligibility files provided by Medi-Cal. HPSM's internal HEDIS administrative refresh data for MY2024 was analyzed. The HEDIS data was layered with the following subgroup variables to assess disparities among those subgroups.

II. **Subgroups:** Included several variables.

Subgroup	Variables
Age Groups	Age

Sex	Sex
Race/Ethnicity Groups	Race/Ethnicity
People with limited English proficiency (LEP)	Language Preference
City	Member Address/Location of Residence
PCP Assignment Status	PCP Assignment as of 1/1/2025
Subpopulation	People with Disabilities, People with SDOH factors

III. **Measure Selection:** Selected disparity-sensitive performance measures across HPSM's priority areas:

HPSM's Priority Area	Disparity Sensitive Metrics Selected for Analysis
Chronic Condition Management	• Asthma Medication Ratio (AMR) • Controlling Blood Pressure (CBP) • Diabetes Care: HbA1c poor control (>9%)(HBDA1c>9) • Eye Exam for Patients with Diabetes (EED) • Kidney Health Evaluation for Patients with Diabetes (KED) • Blood Pressure Control for Patients with Diabetes (BPD)
Adult Preventive Health	• Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) • Colon Cancer Screening (COL) • Adults Access to Ambulatory and Preventive Care (AAP)
Child and Youth Health	• Well Child Visits in the first 30 months (W30-6+) • Well Child Visits in the first 30 months (W30-2+) • Well Child Visits for 3-21 year olds (WCV) • Childhood Immunization Status (CIS-10) • Adolescent Immunization Status (IMA) • Oral Evaluation for Dental Services (OED)
Perinatal Health	• Prenatal and Postpartum Care: Prenatal (PPC-PN) • Prenatal and Postpartum Care: Postpartum (PPC-PP)

IV. **Analysis:**

- HPSM broke down rates by subgroups for each measure
- Then, a chi-square test for statistical significance comparing compliant rate of each subgroup to the total rate was conducted.
    - Subgroup rates with p-values less than .05 are categorized as positive deviants if they were higher than the overall population rate or disparities if they were below the overall population rate.
    - Populations with less than 50 people for a measure were not included in the final HEDIS table

- The findings from the disparities analysis are summarized below. Only subgroup rates identified as disparities and positive deviants with a statistically significant difference from the total rate are included.

KEY	
*	Lower Rate is better for this measure
	Identify Disparity
	Positive Deviant
	Not enough data or not statistically significant

Sub-Group	2024 HEDIS Disparities Data																	
	Chronic Condition Management						Adult Preventive Health				Child and Youth Health						Perinatal Health	
Age	AMR	CBP	HBD-A1C>9*	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
0 to 2																20.3%		
3 to 6													71.8%			52.4%		
7 to 11	49.4%												58.7%			57.1%		
12 to 16	55.4%												56.5%			49.9%		
17 to 21			72.4%	41.4%	11.1%	41.4%				50.8%			32.3%			36.8%		
22 to 50			46.4%	47.8%	52.1%	66.5%		44.0%	32.5%	54.4%								
51 to 64	84.4%			58.3%				49.5%	44.0%	71.7%								
65 to 74			34.4%	67.1%	65.0%				49.6%	73.6%								
75+										67.7%								
Sex	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
Female			39.0%	59.0%		67.0%			46.8%	69.2%		55.2%				46.8%		
Male			45.8%	51.8%		58.3%			35.8%	45.0%						44.9%		
Race/Ethnicity	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
American Indian/Alaskan Native																		
Asian or Pacific Islander			36.4%			58.8%	51.2%		46.5%				56.9%			40.9%		84.9%
Black		44.3%			46.5%	52.8%	47.5%		31.0%				39.1%			32.1%		
Caucasian		46.3%		45.1%	44.9%	55.1%	43.1%	39.4%	33.4%	57.4%		32.4%	44.3%		32.2%	31.0%		
Hispanic		60.4%		58.2%	58.5%	67.4%	64.0%			58.4%	72.9%					51.3%		
Native Hawaiian																		
Not Provided				52.1%	51.1%	57.8%		48.0%	38.8%	62.5%					33.6%	31.6%		
Other		50.0%	48.7%	49.3%	47.4%	55.0%	49.6%				54.6%			26.4%		39.2%		
Language Preference	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
THRESHOLD																		
English		49.8%		49.7%	48.6%	55.0%	48.4%	44.4%	37.5%	58.2%		48.0%		33.8%		40.4%		87.3%
Spanish		62.1%		59.9%	60.9%	69.6%	65.9%		43.1%		72.6%	61.7%		43.3%		50.5%		
Chinese			23.4%		66.5%		51.9%	55.0%	56.0%	68.5%			70.7%			53.3%		
Tagalog		45.4%				51.6%				69.3%								
Portuguese								38.5%		53.9%						33.5%		
NON-THRESHOLD							52.1%									37.5%		

Russian		34.0%								63.7%						53.4%		
Other/Unknown									48.5%	71.7%			65.9%			35.1%		
Arabic									49.7%	64.8%						34.1%		
Turkish										44.0%						28.6%		
Vietnamese								64.6%		71.3%								
Farsi							42.9%											
<200 in Category							42.3%	35.6%								28.2%		
City	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
San Mateo			38.8%	44.5%				41.3%		55.4%		62.9%	58.3%	51.5%		50.4%		
Redwood City		61.2%		61.3%		68.0%	59.6%						48.3%	32.4%		47.7%		
Daly City		52.1%	39.0%					51.6%	49.3%	63.1%	76.0%		59.9%					
South San Francisco			47.1%	48.6%	49.6%	58.1%	51.4%	42.1%	38.7%	52.7%						40.9%		
East Palo Alto		65.6%	47.4%	72.3%	62.1%	72.6%	67.4%	49.6%	37.8%	63.9%		46.2%	41.0%	31.4%			84.9%	
San Bruno		47.5%	48.0%	50.0%		56.3%			46.3%				61.4%					
Menlo Park				67.4%					37.1%			39.3%	43.5%		31.3%	41.9%		
Burlingame													58.1%			41.4%		
Pacifica		47.5%		46.2%		51.9%				61.7%			56.5%	17.2%		36.5%		
Belmont							45.7%	39.9%	34.8%	55.2%						41.4%		
Millbrae		39.2%				46.5%			47.5%	63.7%			59.2%			39.8%		
Half Moon Bay										64.2%								
San Carlos					36.5%		42.4%									37.8%		
Moss Beach																53.2%		
Brisbane																		
PCP Assignment Status	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
Assigned to PCP							58.2%	47.0%	43.0%	61.2%			53.6%			46.5%		
Not Assigned to PCP		42.7%	61.5%	47.7%	40.9%	47.0%	25.9%	25.1%	20.3%	35.6%			25.3%			22.1%		81.1%
Other Status	AMR	CBP	HBD	EED	KED	BPD	BCS	CCS	COL	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	OED	PPC-PN	PPC-PP
People with Disabilities		45.6%		46.6%	39.9%	51.3%	50.4%	35.8%		83.5%								
People with SDOH Code		63.6%	34.0%		61.9%	72.7%	74.5%	62.2%	59.3%	94.2%	77.5%	63.9%	69.2%		55.1%	52.1%		
Overall Rate	70.5%	55.6%	42.2%	55.6%	56.1%	63.0%	56.4%	45.4%	41.6%	59.0%	68.4%	55.4%	52.8%	38.5%	44.8%	45.8%	76.8%	91.7%

Age Subgroups:

Disparities:

- Members aged 17-21 face disparities in 7 HEDIS measures, including blood sugar control, diabetes management, blood pressure control among diabetics, ambulatory visits, well child visits, and annual oral exams.
- Members 7-16 have poor asthma management as measured by Asthma medication ratios.
- Adults 22-50 are less likely to complete routine cancer screenings and annual ambulatory visits.

Positive Deviants

- Members 51-64 have significantly higher rates of annual eye exams, cervical cancer screenings, colon cancer screenings, and ambulatory visits.
- Members 65-74 with diabetes have strong blood sugar control and are more likely to have an annual kidney health and eye exam than other subgroups.

Biological Sex Subgroups:

Disparities

- Male members consistently have significantly lower diabetes blood sugar control, ambulatory care visitation, and colon cancer screenings.

Positive Deviants

- Female members have high rates of annual eye exams, ambulatory care visits, colon cancer screenings, and dental evaluations.

Race/Ethnicity Subgroups:

Disparities

- The Caucasian identifying subgroup is significantly less likely to complete timely cancer screenings, annual well visits and oral evaluations. The Caucasian identifying subgroup has poor chronic condition management, including significantly lower rates of blood pressure control, eye exams, and kidney exams than the overall population.
- Members who identify as Other Race/Ethnicity also experience significant disparities, including in chronic condition management and well child visits.
- Black identifying members have significantly lower rates of colon and breast cancer screenings than the overall population. Black identifying members are also less likely to have their blood pressure in control.

Positive Deviants

- The Hispanic identifying population has significantly higher rates of blood pressure control, breast cancer screening, well child visits, annual oral exams, and diabetes management.

Language Preference Subgroups:

Disparities

- Members with English language preference have significantly lower performance than the general population in 12 measures across chronic condition management, child and youth health, adult preventive health, and perinatal health

- Members who prefer Portuguese have lower rates of cervical cancer screenings, oral exams, and ambulatory care visits.
- Members who prefer Tagalog have lower rates of blood pressure control than the overall population.

Positive Deviants

- Members who prefer Spanish have significantly higher rates of blood pressure control, well child visits, immunizations, oral health examinations, well child visits, and diabetes management.
- Members who prefer Chinese (including Cantonese and Mandarin) have higher rates of cervical and colon cancer screenings, ambulatory visits, and blood sugar control.

City Subgroups:

Disparities

- Members in South San Francisco have significantly lower performance across 9 measures, including chronic condition management, cancer screenings, and oral evaluations.

Positive Deviants

- Members who reside in East Palo Alto have higher rates of blood pressure control, kidney exams, breast cancer screening, cervical cancer screening, and ambulatory visits.

PCP Assignment Subgroups:

Disparities

- Members who are not assigned to a PCP have significantly lower performance across almost all quality measures in multiple domains
- Members who are not assigned to a PCP are significantly less likely to complete cervical, breast, and colon cancer screenings.

Positive Deviants

- Members assigned to a PCP have higher performance than the overall population on cancer screening and ambulatory care measures.

Other Population Subgroups:

Disparities

- People with disabilities have significantly lower blood pressure control, breast cancer screenings, and cervical cancer screenings.

Positive Deviants

- People with SDOH factors have multiple positive deviants across chronic condition management, adult preventive health, and child and youth health. However, SDOH screening & identification requires engagement with care, so this may partially explain high performance.

Summary of Disparity Focus Areas

Based on the HEDIS measure Disparity table for MY2024, the following are the top focus areas by priority area.

HPSM's Priority Area	Disparities-based Focus

Chronic Condition Management	• Blood pressure control among Black and Caucasian identifying members • Blood sugar control among people with diabetes under the age of 50, including those that are not assigned to a primary care provider.
Adult Preventive Health	• Colon cancer screening rates among Black and Caucasian identifying members • Ambulatory care engagement among members who prefer Portuguese.
Child and Youth Health	• Well Child Visit (WCV) completion among Black identifying members and those who are not assigned to a primary care provider. • Annual oral health exams among subpopulations experiencing disparities
Perinatal Health	• Receipt of timely postpartum care among Asian and Pacific Islander identifying members and those who are not assigned to a primary care provider.

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