



# Diversity, Equity, and Inclusion (DEI) Training



**NORTH EAST**  
MEDICAL SERVICES

東北醫療中心

2026

# Topics

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# Diversity, Equity and Inclusion

**Understanding DEI helps to create and maintain a successful workplace:**

- Foster a sense of belonging
- Recruit and retain employees
- Increase innovation
- Reduce burnout to build a more positive workplace culture

## **DEI and Healthcare**

- Provide member-centered care and improve communication
- Enhance relationship with member
- Better health outcome for members
- Reduce health disparities



# Diversity, Equity and Inclusion



## Diversity

- Various backgrounds that a person belongs to.
- Four dimensions - Personality, Internal, External and Organizational
- Understanding the background of our staff and members we served.
- Hiring and retaining workforce to
- be representative of the members we serve.

# Diversity, Equity and Inclusion

- **Equity:** Equity is fairness and justice in the way people are treated, differing from **Equality** which means providing the same to all.
- **Health Equity:**
- Everyone has a fair and just opportunity to attain their highest level of health:
  - Address historical and contemporary injustices
  - Overcome economic, social, and other obstacles to health and health care
  - Eliminate preventable health disparities.
- **Example:** Black women, children and teens are (50%) more likely to have obesity than Whites. This disparity often has economic and geographic causes.



Source: Centers for Disease Control and Prevention: <https://www.cdc.gov/healthequity/whatis/index.html>

Source: <https://www.scientificamerican.com/custom-media/it-is-time-to-rethink-how-we-advance-health-equity/>

# Diversity, Equity and Inclusion



## Inclusion:

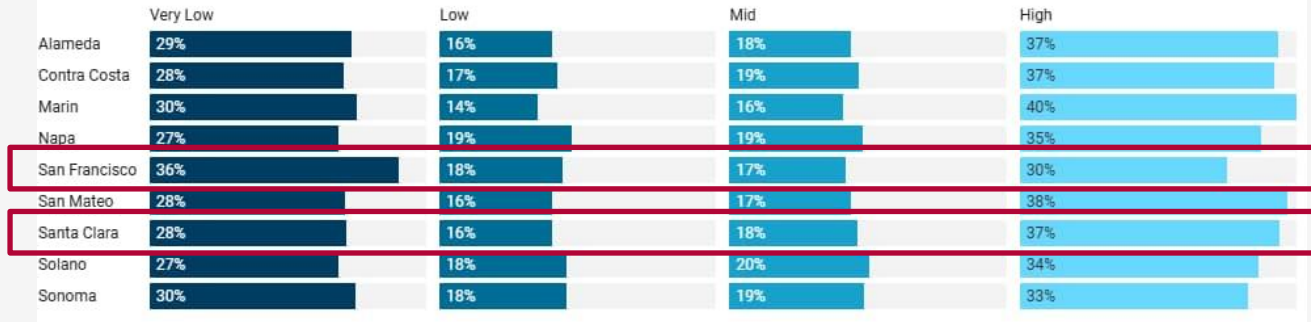
- Everyone feels welcomed and included, people feel they belong to an organization. A variety of people have power, a voice, and decision-making authority.
- Provide opportunities for staff and members of all backgrounds to share their voices to help provide and receive high-quality care. This ties back to having a diverse staff to provide healthcare and services.

# Social Determinants of Health



# Social Determinants of Health

Percent of residents in families by income level and Bay Area county in 2020



## Lower-income communities experience:

- Reduced access to healthcare
- Underfunded schools
- Job instability
- Less access to safe outdoor spaces to play

# Racism

## Interpersonal Racism

Racist beliefs, Racist & targeted individual, Racist act.

## Institutional Racism

Seemingly neutral policies and practices but produce racially unequal outcomes within institution.

## Systemic Racism

Racial inequities can flow one arena to another within the system of various institutions

## Structural Racism

Totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources.

# Structural Racism

THE JOURNAL OF PEDIATRICS • www.jpeds.com

ORIGINAL  
ARTICLES



## Structural Racism Operationalized via Adverse Social Events in a Single-Center Neonatal Intensive Care Unit

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**Objective** To evaluate structural racism in the neonatal intensive care unit (NICU) by determining if differences in adverse social events occur by racialized groups.

**Study design** Retrospective cohort study of 3290 infants hospitalized in a single center NICU between 2017 and 2019 in the Racial and Ethnic Justice in Outcomes in Neonatal Intensive Care (REJOICE) study. Demographics and adverse social events including infant urine toxicology screening, child protective services (CPS) referrals, behavioral contracts, and security emergency response calls were collected from electronic medical records. Logistic regression models were fit to test the association of race/ethnicity and adverse social events, adjusting for length of stay. Racial/ethnic groups were compared with a White referent group.

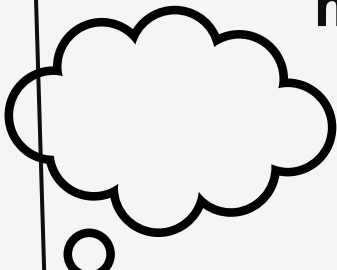
**Results** There were 205 families (6.2%) that experienced an adverse social event. Black families were more likely to have experienced a CPS referral and a urine toxicology screen (OR, 3.6; 95% CI, 2.2-6.1 and OR, 2.2; 95% CI, 1.4-3.5). American Indian and Alaskan Native families were also more likely to experience CPS referrals and urine toxicology screens (OR, 15.8; 95% CI, 6.9-36.0 and OR, 7.6; 95% CI, 3.4-17.2). Black families were more likely to experience behavioral contracts and security emergency response calls. Latinx families had a similar risk of adverse events, and Asian families were less likely to experience adverse events.

**Conclusions** We found racial inequities in adverse social events in a single-center NICU. Investigation of generalizability is necessary to develop widespread strategies to address institutional and societal structural racism and to prevent adverse social events. (*J Pediatr* 2023;260:113499).

- Black families were more likely to have experienced a CPS referral, a urine toxicology screen, behavioral contracts and security emergency response calls.
- American Indian and Alaskan Native families were also more likely to experience CPS referrals and urine toxicology screen.

## Reflection Questions

- 01 What have you learned about the different levels of racism?
- 02 What different types of racism have you observed?
- 03 How does racism affect health outcomes of NEMS members?



# Disparities in NEMS Service Areas

- San Francisco County
- Santa Clara County



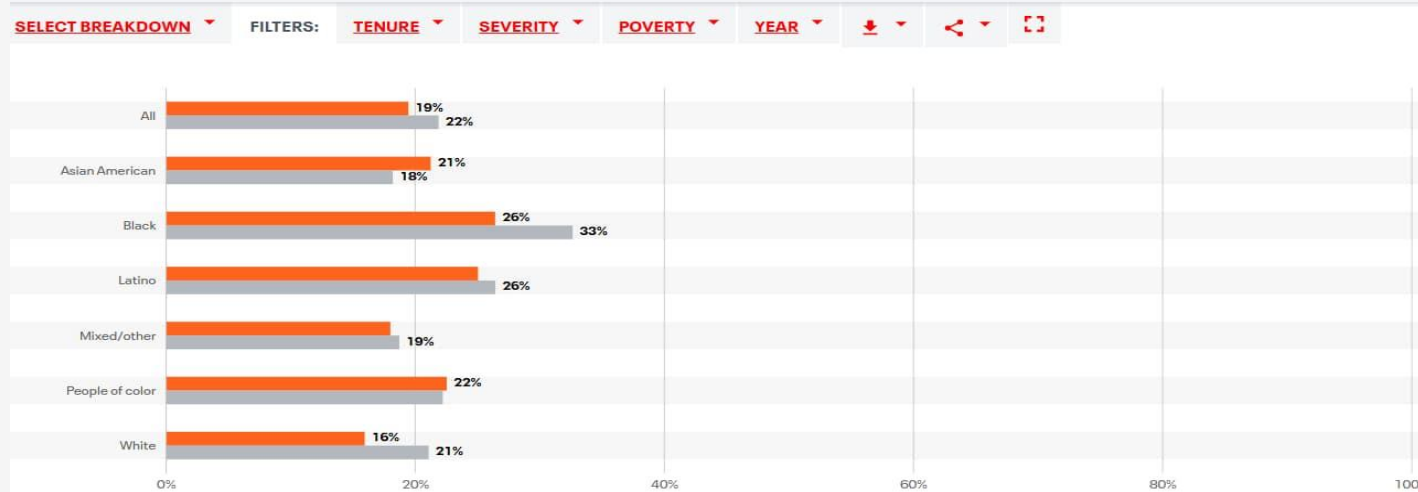
# Severe Housing Cost Burden by Race/Ethnicity

## Housing burden <sup>📍</sup> San Francisco County, CA vs. Santa Clara County, CA

Housing burden by tenure, severity, and race/ethnicity: San Francisco County, CA vs. Santa Clara County, CA; **Tenure:** Renters; **Severity:** Severely burdened;

**Poverty:** All income levels; **Year:** 2023

San Francisco (City and County), CA    Santa Clara County, CA



- Housing burden cost is greatest for Black and Latino communities in SF and SC County

# Homelessness

Rate of homelessness per 10,000 people by race/ethnicity: San Francisco County, CA vs. Santa Clara County, CA; **Situation:** Homeless overall; **Year:** 2022

San Francisco (City and County), CA Santa Clara County, CA

SELECT BREAKDOWN

FILTERS:

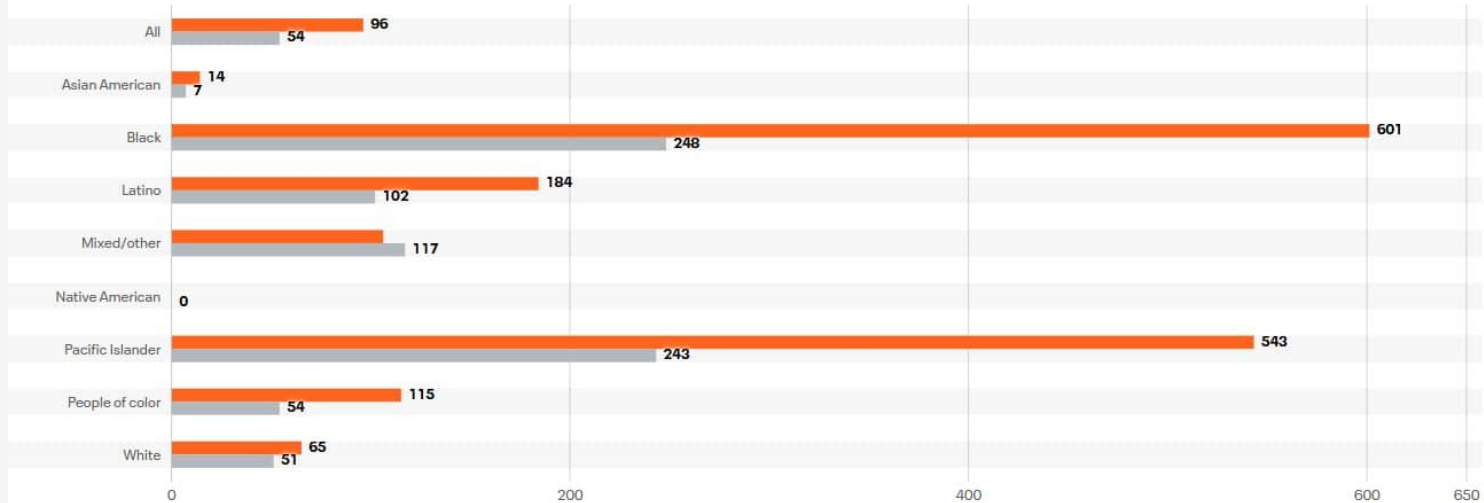
SITUATION

YEAR

↓

↶

☐



- In 2022, among unhoused residents who were homeless overall, Black residents have the highest homelessness rate, with Pacific Islander's coming second in both counties.

## Percent of Population Enrolled in Medicaid (2020)

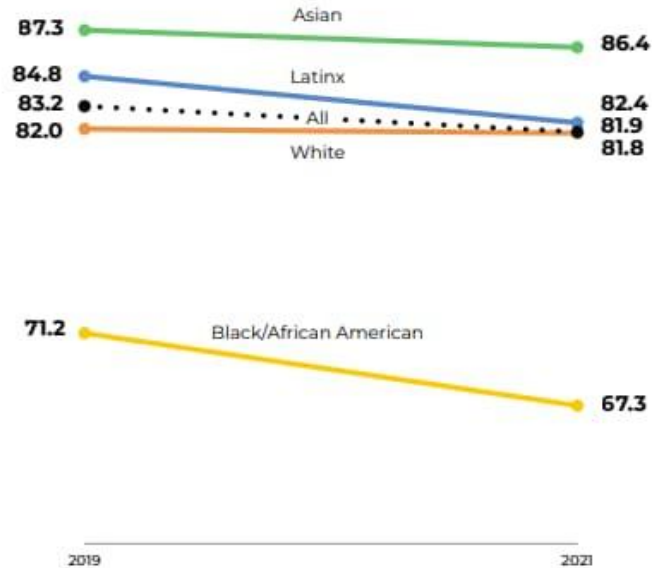


Average is 20.9% in the US

- San Francisco County: 18.7%
- Santa Clara County: 16.0%

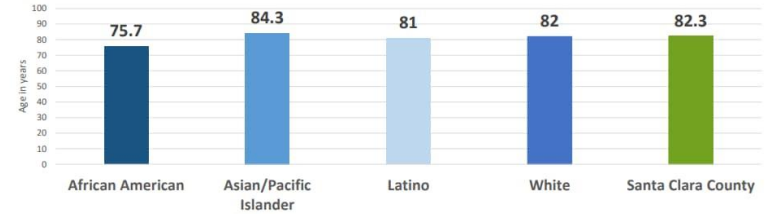
# Life Expectancy

Life Expectancy (Years) by Race/Ethnicity, SF, 2019 vs. 2021



Data Source: Vital Records Business Intelligence System (VRBIS), Death Statistical Master File, 2019-2021

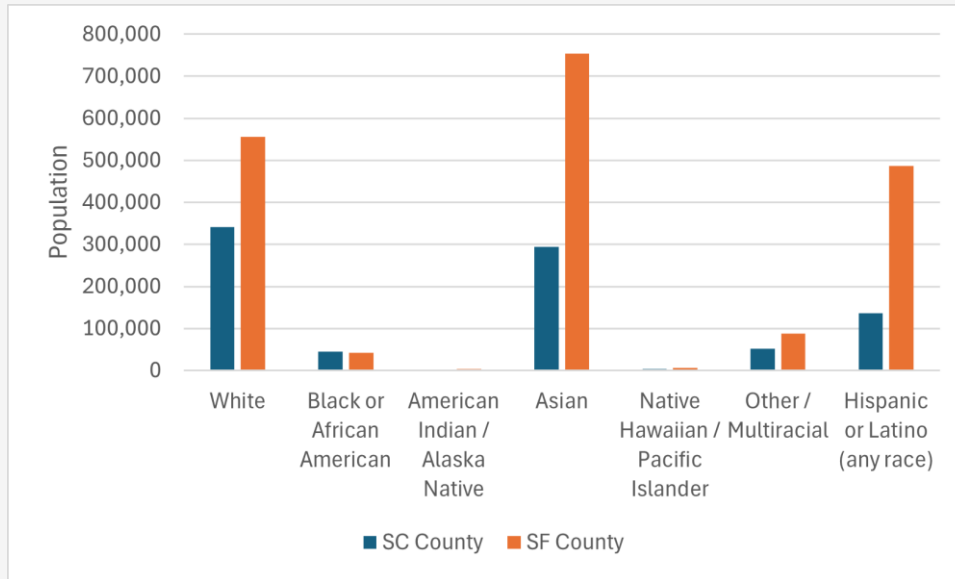
Life expectancy among Santa Clara County residents by race/ethnicity



Source: Santa Clara County Public Health Department, National Center for Health Statistics, 2014 U.S. Census Bureau, 2010

Life expectancy is lower among African American residents in SF and SC county (67.3 and 75.7, respectively).

# Population by Race



In 2020, San Francisco and Santa Clara County had a diverse population with no race/ethnicity being a majority. Asian and white people were the largest groups in either county, while Hispanic and other/multiracial residents were the next biggest segments of the population.

# Languages Per County

## San Francisco County:

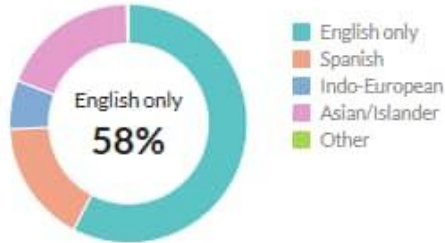
**44%**

Persons with language other than English spoken at home

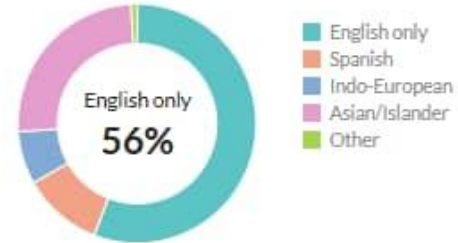
about the same as the rate in California: 45%

about double the rate in United States: 22.5%

Language at home, children 5-17



Language at home, adults 18+



## Santa Clara County:

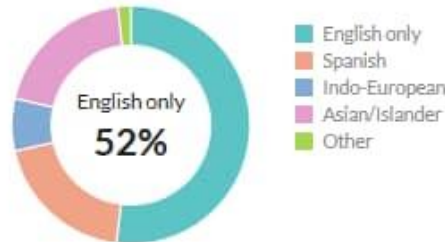
**55.7%**

Persons with language other than English spoken at home

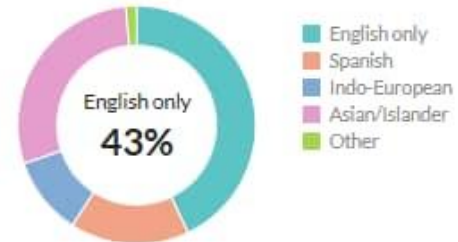
about 25 percent higher than the rate in California: 45%

more than double the rate in United States: 22.5%

Language at home, children 5-17

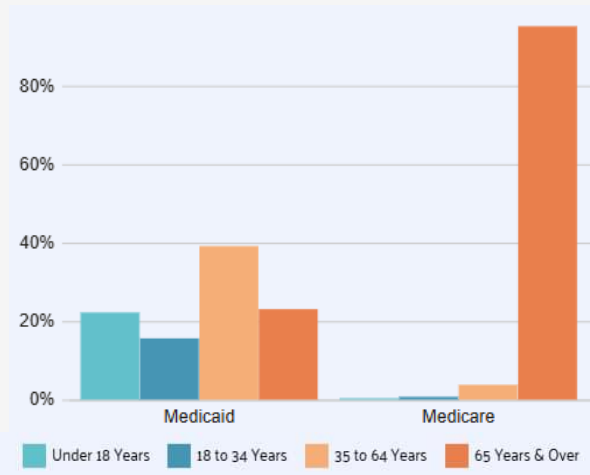


Language at home, adults 18+

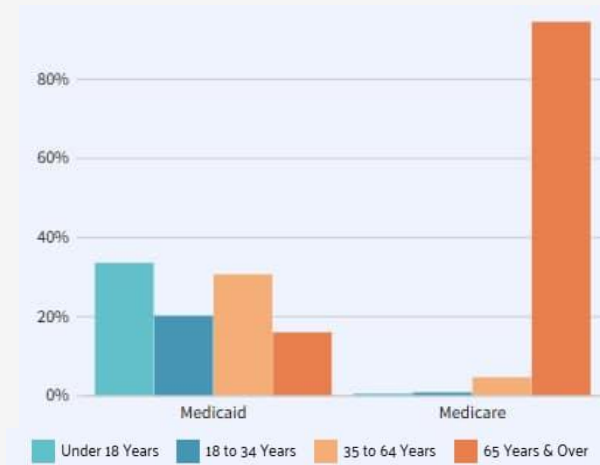


# Membership By Age

## San Francisco County



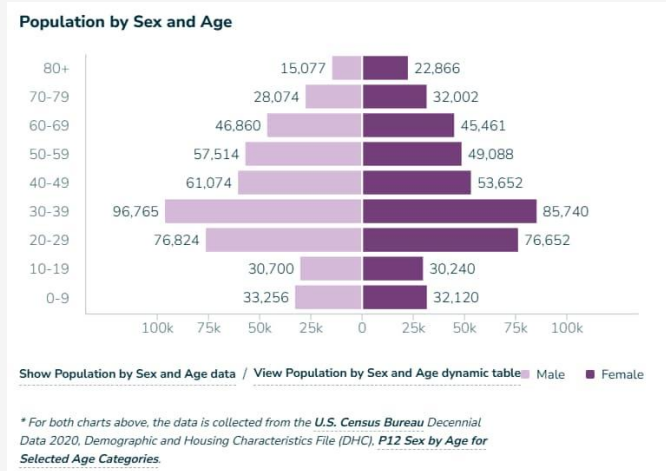
## Santa Clara County



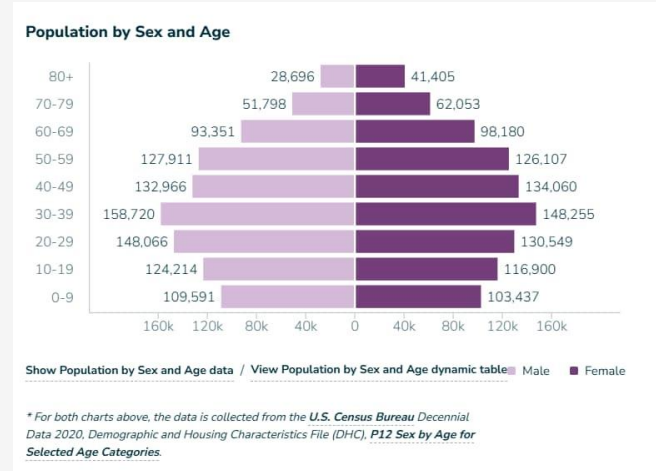
In 2023, members under 18 years old make up 22.2% and 33.4% of the Medicaid population in SF and SC county, respectively.

# Population by Gender and Age

## San Francisco County



## Santa Clara County



In 2020, males outnumbered females in San Francisco and Santa Clara County. The gender distribution of children were about equal in SF county, whereas males were greater in SC county.

# Cultural Humility and Implicit Bias

## Cultural Humility:

- Humble and respectful attitude toward individuals of other cultures
- Ongoing self-exploration and self-awareness combined with a willingness to learn from others.
- Intention of honoring other's beliefs, customs, and values.
- Acknowledging differences and accepting others for who they are.
- Recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.



# Defining Cultural Humility



## Self-Reflection:

- Examine Personal Biases
- Acknowledge Limitations



## Active Listening and Communication:

- Listen Without Judgment
- Ask Open-Ended Questions



## Building Relationships:

- Develop Trust
- Collaborate with Members



## Reflective Practice:

- Reflect
- Peer Discussion



## Organizational Support:

- Promote Diversity
- Interdisciplinary Teams



## Community Engagement:

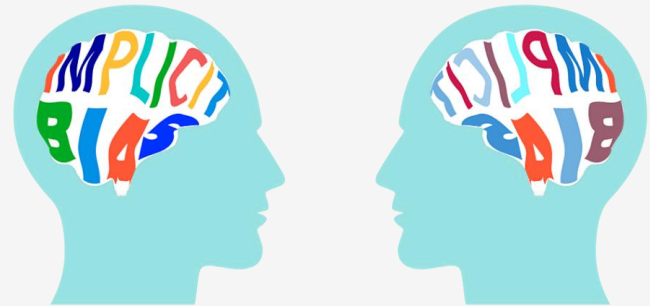
- Engage with Local Communities
- Seek Feedback

# Implicit Bias

- Subconscious attitudes, stereotypes, or associations that people hold about specific groups of people.
- Influence understanding, actions, and decisions without our conscious awareness.
- Not necessarily aligned with our declared beliefs and values and can exist even in individuals who consciously reject prejudices and discrimination.

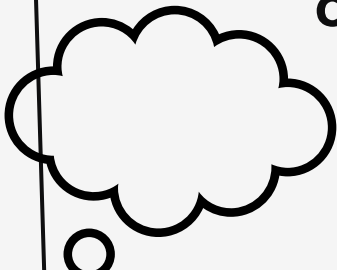
## Key Characteristics of Implicit Bias:

- Unconscious Nature
- Pervasiveness
- Cultural Influence
- Impact on Behavior



## Reflection Questions

- 01 What have you learned about implicit bias?
- 02 What different types of implicit bias have you noticed?
- 03 How does implicit bias affect health care and health outcomes of NEMS members?



# Clear Communication: *The Foundation of Culturally Competent Care*



- 21.6% of people living in the U.S. speak a language other than English at home (*source: [US Census](#)*).
- The Hispanic population has grown by 23% in the U.S. between 2010 and 2020 up to 62 million (*source: [US Census](#)*).
- 17% of the foreign-born population in the U.S. are classified as newly arrived (arriving in 2010 or later) (*source: [Pew Research Center](#)*).
- 9 out of 10 adult patients have a hard time understanding basic health information (*source: [CHCS](#)*).
- Average physician interrupts a patient within the first 20 seconds (*source: [NIH](#)*).

# Clear Communication: *Patient Perspective*



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Here's What We Wish Our Healthcare Team Knew...	Here's What Your Team Can Do...
I tell you I forgot my glasses because I am ashamed to admit I don't read very well.	Use a variety of instruction methods.
I don't know what to ask and am hesitant to ask you.	Encourage questions & use Ask Me 3. <ol style="list-style-type: none"><li>1. What is my main problem?</li><li>2. What do I need to do?</li><li>3. Why is it important for me to do this?</li></ol>
When I leave your office, I often don't know what I should do next.	Use Teach Back Method: In teach-back, you ask patients or family members to explain in their own words what they need to know or do.
I put medication into my ear instead of my mouth to treat an ear infection.	Use specific, plain language on prescriptions.
I am confused about risk and information given in numbers like % or ratios - how do I decide what I should do.	Use qualitative plain language to describe risks and benefits, avoid using just numbers.

# Interpreter Services

**Professional interpretation services are offered by NEMS and our health plan partners to members at no cost. NEMS discourages the use of friends, family members, or minors as interpreters.**

## Why are Family and Friends Not Recommended as Interpreters?

- They can make serious mistakes
- May have their own agenda
- They may hold information from patient due to embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake
- May create liability issues

## Getting Proper Linguistic Access Helps to:

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient member interactions



# Interpreter Services



## Provider Responsibility

As a NEMS contracted provider, you are responsible for following the interpretation services requirements listed below.

- **Use of Interpreters:** Must be available at all points of care - intake and registration, medical history collection, exams and follow up
- **Identify Interpretation Needs:** Screening during scheduling, check prior records, or asking the patient directly.
- **Documentation Requirements:** Record interpreter type, language, name/ID, and encounter details. Also, document offering an interpreter, even if the patient declines.

Once a member's coverage is identified, please reach out to the appropriate source below for interpretation services:

- **SFHP and Alignment Health Plan:** [Online](#) or 415-352-5186, option 3
- **Anthem Blue Cross:** 800-677-6669
- **Health Net:** 866-563-1259
- **Santa Clara Family Health Plan:** 800-260-2055
- **SCAN:** 877-778-7226

# Tips for Using Interpreters

- Speak in the first person
- Speak in a normal voice, try not to speak fast or too loudly
- Speak in short sentences
- Avoid acronyms, medical jargon and technical terms
- Face and talk to the patient directly
- Be aware of body language in the cultural context



# Cultural Competence: Seniors and People with Disabilities (SPD)

## SPD Population Growth

According to the California Department of Aging, San Francisco County and Santa Clara County's elderly population is projected to grow 97.4% and 104.5%, respectively, from 2020 – 2060. Amongst the highest in the Bay Area.



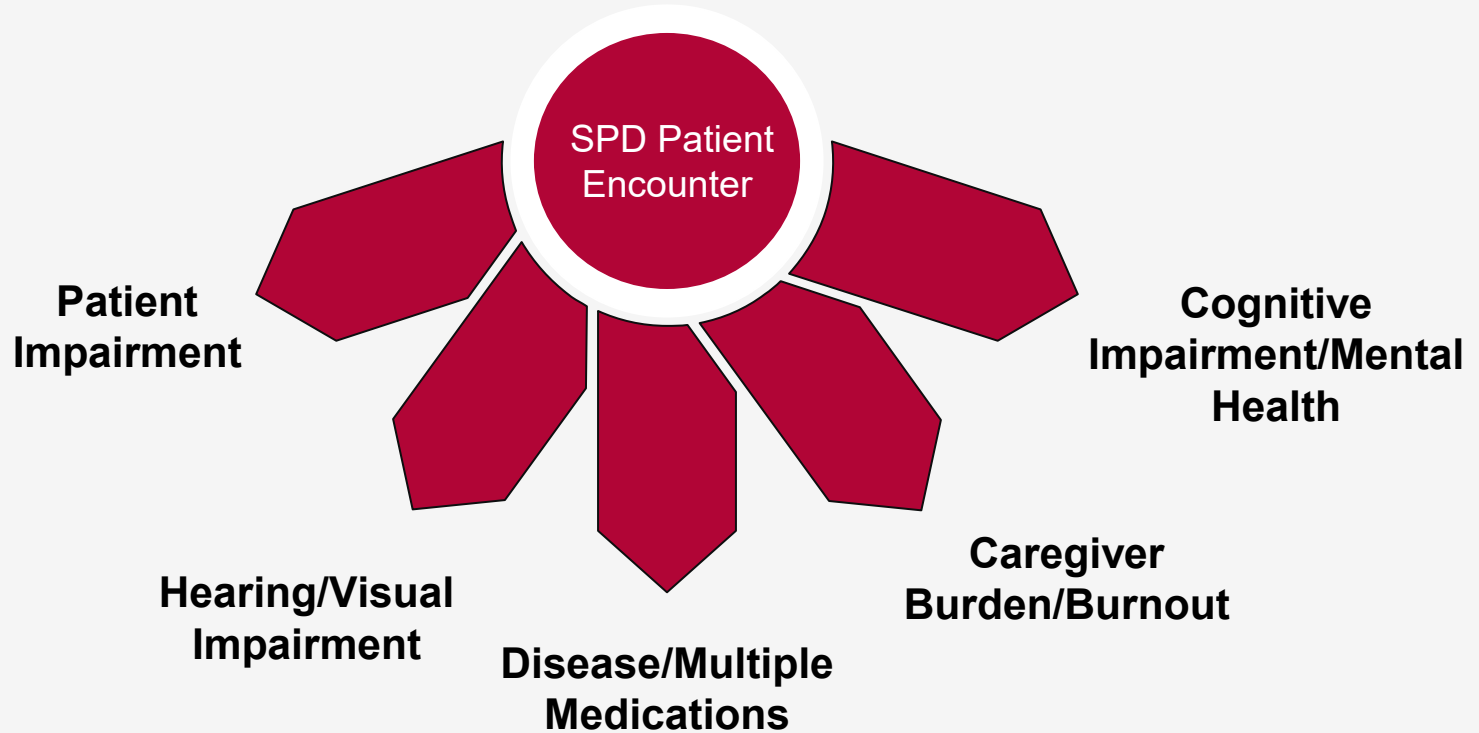
In San Francisco County, the elderly are above state average for the following:

- Living in poverty
- Living alone,
- Not speaking English

In Santa Clara County, the elderly are above state average for the following:

- Not speaking English
- Housing cost burdened

# Seniors and People with Disabilities (SPD)



# Visual Impairment

Macular degeneration:



Diabetic retinopathy:



Cataract:



Glaucoma:



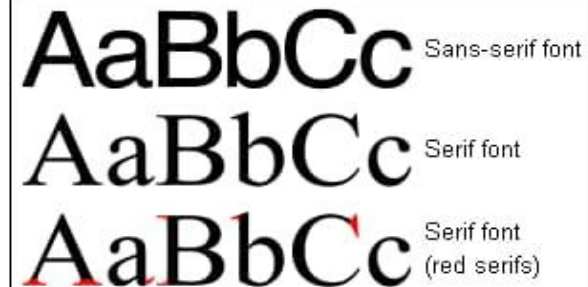
Images courtesy of the National Institutes for Health/ National Eye Institute

## Problems

reading, depth perception, contrast, glare, loss of independence

## Solution

- Decrease glare
- Bright indirect lighting
- Bright, contrasting colors
- LARGE, Serif font is easier to read in print. Sans-serif is easier in digital format.



# Care for SPDs

Communication: caregiver & patient

## Hearing Impairment:

- Face patient, speak slowly and enunciate clearly
- Rephrase if necessary
- Reduce background noise
- Audible Solutions - offer listening devices

## Physical Impairment

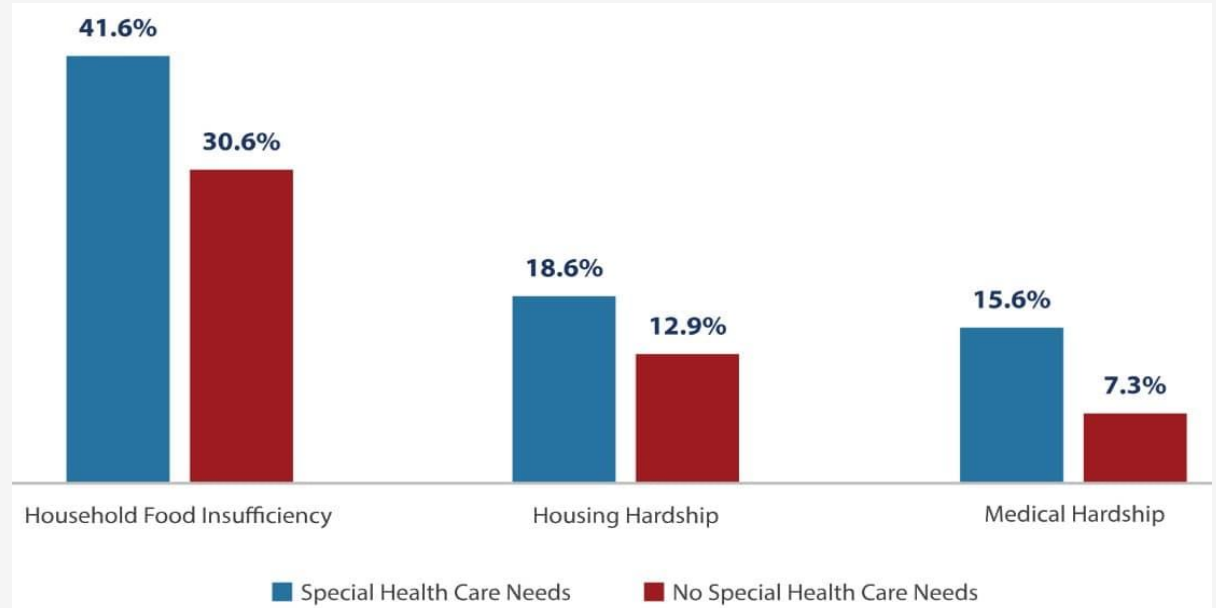
- Keep hallways clear, lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment



# Children and Youth with Special Healthcare Needs (CYSHCN)

## Social Needs and Hardship

Proportion of children who experienced household food insufficiency, housing hardship, and medical hardship in the past 12 months, by special health care needs status, 2022.



# Caring for CYSHCN

- Family-centered care, build trust and relationships.
- Identify and communicate their needs.
- Provide resources and accommodations they need.
- Prepare for emergencies.
- Support health care transitions to adult care.



# Cultural Beliefs, Traditional Remedies: *Healthcare Providers Interacting with Diverse Members*

## Healthcare for Refugees and Immigrants

**Refugees and Immigrants** may:

- Not be familiar with the U.S. health care system.
- Experience illness related to life changes.
- Practice spiritual, botanic healing or holistic treatments before seeking medical advice.
- If there is explicit and implicit bias toward traditional remedies, it can affect patient/provider relationship.



# Addressing the US Healthcare System

For patients not familiar with the US healthcare system, the below are important distinctions to consider and make patients aware of.

- 1. Upon arrival, inform patient about the appointment process, wait time, and the importance of follow up care.
- 2. Explain why a patient may need to be seen by another doctor.
- 3. Emphasize the importance of medication adherence.
- 4. Accommodate a doctor or interpreter of same gender.
- 5. Confirm decision makers at each visit, as well as if language services is needed.

# Inclusion of Traditional Home Remedies in Care

Many members use cultural or traditional home remedies alongside clinical care.

**These practices are often rooted in:**

- Cultural heritage
- Family traditions
- Accessibility and trust

**Understanding these practices is key to:**

- Building trust with members
- Delivering culturally competent care
- Avoiding unintended harm or conflicts with treatment



# Examples and Why It Matters

Home remedies like herbal treatments or cultural practices can impact care. Understanding them helps prevent risks and improves care.

## Common Examples:

- Herbal teas or supplements (e.g., ginger, turmeric, chamomile)
- Topical remedies (e.g., oils, poultices)
- Spiritual or ritual-based healing practices
- Dietary-based treatments

## Why Inclusion Matters:

Some remedies may:

- Interact with prescribed medications
- Mask symptoms or delay care
- Enhance well-being when used safely

Open discussion helps:

- Prevent adverse effects
- Improve adherence to care plans
- Strengthen provider-member relationships

# Best Practices for Providers

*Culturally inclusive conversations lead to safer, more effective care.*

## Ask Open-Ended Questions

“Are there any home or traditional remedies you use?”

01.

## Assess for Safety

Check for interactions or contraindications

03.

## Collaborate on Care Plans

Integrate safe practices when possible

05.

## Listen without Judgement

Validate beliefs and experiences

02.

## Educate Respectfully

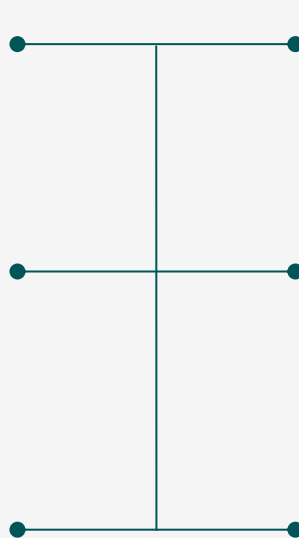
Provide guidance without dismissing cultural practices

04.

## Document & Follow Up

Track usage and revisit in future visits

06.



# LGBTQIA+ and Gender Affirming Care

## Effective Communication

### **Respect Members**

- Use inclusive language, ask for preferred names and pronouns.
- If unsure, ask the member.

### **Avoid Assumptions**

- Don't assume gender identity by appearance or name.
- Not all individuals are heterosexual or non-intersex.

### **Be Mindful**

- Always use correct name and pronoun even if member is not present.
- Don't comment on appearance.
- Respect privacy.

### **Recover from a Mistake**

- Apologize and correct yourself, don't give excuses or reasons.
- Thank member for correcting you.



# Gender Affirming Care



- Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.
- Required by regulation to provide to members who identify as transgender, gender diverse, or intersex (TGI) with medically necessary Gender Affirming Care.

# LGBTQIA+ Communities - Concerns

Extra layer of anxiety, negative past experiences

- Verbally or physically abused
- Rejected due to sexual orientation and gender identity
- Discriminated against within the health care setting

Specific health concerns:

- 19% have been refused treatment
- Sensitivity during removal of clothing or pelvic examinations.
- Preference of hormones or surgery
- Mental Health needs





# Serving LGBTQIA+ Communities

## A little warmth can make all the difference!

- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory.
- Policies indicating non-discrimination for sexual orientation and gender identity displayed in common areas.
- Listen to how patients refer to themselves and loved ones (pronouns, names).
- Use the same language they use
- If you're unsure, ask questions
- Always use preferred name and pronouns, even when they are not in the room.
- The topic of body modification activities should be approached with care.
- Do not let curiosity lead you to examine body parts that are not involved with the medical issue at hand.

SAFE  
SPACE

# Definitions and Terminology

## Gender Identity

An individual's sense of their self as man, woman, transgender, or something else.

## Bisexual

Emotionally, romantically, or sexually attracted to more than one gender.

## Transgender

Individuals whose current gender identity differs from the sex they were assigned at birth.

## Straight

Emotionally, romantically, or sexually attracted to members of opposite sex.

## Non-Binary

An umbrella term for gender identities used by people whose gender is not exclusively male or female.

## Sexual Orientation

Emotional, romantic, or sexual attraction to other people.

## Lesbian or Gay

A woman who is emotionally, romantically, or sexually attracted to other women. Or a man who is emotionally, romantically, or sexually attracted to other men.

## Genderqueer

Gender queer people can be both male and female, neither male nor female or outside these categories.

# Intellectual, Developmental & Physical Disabilities

18% of the U.S population and 1 in 4 adults is disabled. Disabilities can be congenital or acquired, present in early childhood, mental health disorders, acquired injury, or age-related issues.

Disabilities you encounter may be:

- **Congenital or Acquired Disabilities:** *Disabilities that individuals are born with or develop over time*
- **Disabilities Presenting in Early Childhood:** *Certain conditions manifest early in life and may affect developmental milestones, social skills, or physical abilities.*
- **Mental Health Disorders:** *Mental health that can severely affect a person's ability to function and access care.*
- **Acquired Injuries:** *Disabilities that result from injuries or other medical events during a person's life*
- **Age-Related Disabilities:** *Disabilities related to the natural aging process*

# Examples: Intellectual and Physical Disabilities



## Congenital or Acquired Disabilities

- Down Syndrome
- Cerebral Palsy
- Limb differences (such as those caused by genetic conditions)
- Blindness
- Deafness

## Disabilities Presenting in Early Childhood

- Autism Spectrum Disorder (ASD)
- Speech delays

## Mental Health Disorders

- Bipolar Disorder
- Schizophrenia
- Anxiety-related disorders
- Neurocognitive disorders (such as Alzheimer's disease or dementia)

## Acquired Injuries

- Spinal cord injuries (resulting in mobility impairment or paralysis)
- Limb amputations
- Changes in hearing or vision

## Age-Related Disabilities

- Dementia
- Alzheimer's disease
- Mobility impairments (due to arthritis, osteoporosis, or other age-related conditions)

# Equity & Access in Specialty Mental Health

## *Individuals in need may:*

### **Have significant difficulty with:**

- Daily functioning
- Housing, school, or employment

### **Conditions may include:**

- Severe depression
- PTSD
- Bipolar disorder
- Schizophrenia

## *Why This Matters:*

- Disparities in access for BIPOC, immigrant, and low-income communities
- Need for culturally responsive, language-accessible, and trauma-informed care
- Importance of community-based services to reduce institutionalization



### **County Mental Health Plan Resource**

- **San Francisco County:** (888) 246-3333
- **Santa Clara County:** (800) 704-0900

# Specialty Mental Health Services (SMHS)

- Medi-Cal benefit for individuals with serious mental health conditions
- Provides higher-level care than standard mental health services
- Delivered through County Mental Health Plans (MHPs)
- Based on medical necessity & level of impairment

Mild Needs → Non-Specialty Care

Higher Needs → Specialty Mental Health Services



Designed for people who need more intensive, coordinated mental health support

# Challenges: Intellectual, Developmental & Physical Disabilities

## Health Disparities & Outcomes

- Higher rates of early mortality & chronic illness (e.g., autism, intellectual disabilities)
- Lower access to primary care & unmet health needs
- Individuals' voices and experiences often overlooked

## Barriers to Care

- Limited transportation & mobility access
- Communication challenges with providers
- Difficulty finding accessible, quality care
- Lower rates of preventive services

## Mental Health Impact

Adults with disabilities experience higher mental distress, linked to:

- Poor health behaviors
- Increased healthcare utilization
- Mental health conditions
- Chronic disease

## Environmental & Systemic Factors

- Physical environment that is hard to access
- Lack of assistive technologies
- Stigma & negative attitudes toward people with disabilities
- Gaps in inclusive policies, systems, and services

# Best Practices: Intellectual, Developmental & Physical Disabilities



Strategies for best practices and inclusive communication can include:

- Streamline and standardize the process of identifying people with disabilities so they can be eligible for assistance as needed.
- Communication training for healthcare professionals
- Target interventions, programs, and policies that ensure receipt of mental health screening, care and support services
- Eliminating stereotypes that people with disabilities are unhealthy or incapable of doing certain things is essential.
- To communicate appropriately and respectfully with and about a person who has a disability, people-first language is used.

# Chronic Conditions

## What defines a chronic condition?

- Conditions that are long-lasting (1 year or more) and often require ongoing management
- May limit daily functioning and impact quality of life
- Often require continuous care, not one-time treatment

## Examples include:

- Diabetes
- Heart Disease
- Astha
- Arthritis
- Chronic Pain
- Depression and Anxiety



# Supporting Patients with Chronic Conditions

Chronic condition care requires continuous, coordinated, and patient-centered support to improve long-term outcomes and quality of life.



## Coordinated, Continuous Care

- Ongoing support across providers for long-term condition management



## Self-Management Support

- Tools and coaching for medications, lifestyle changes, and symptom monitoring



## Communication & Education

- Simple, consistent guidance on managing conditions over time



## Reliable Access to Care

- Support with transportation, affordability, and regular follow-ups

# Questions?

Contact NEMS MSO Provider Network  
Operations at:

Phone Number:  
415-353-5186, ext. 3

Email:  
Provider.Relations@nems.org

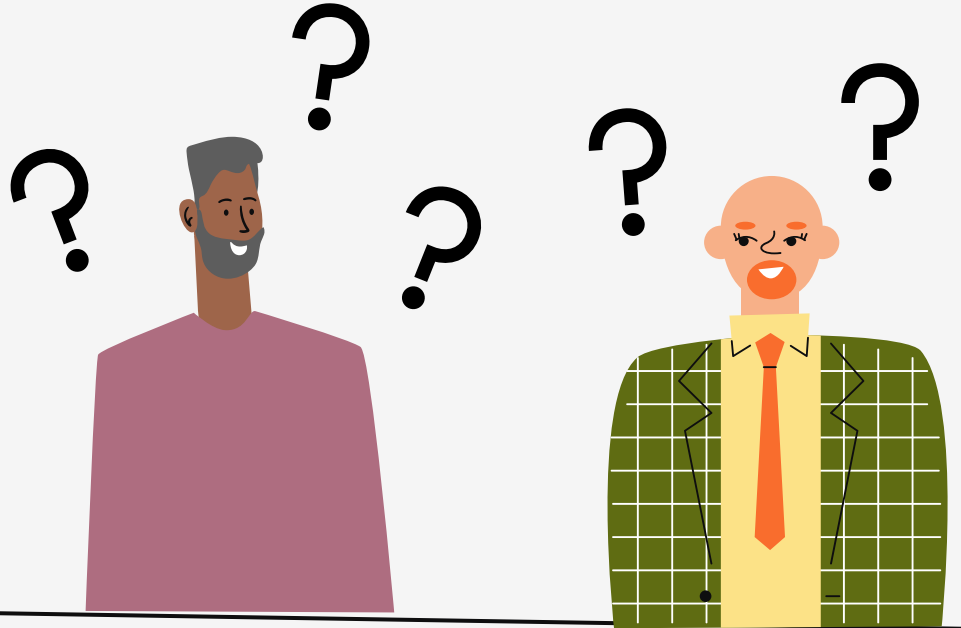
Website:  
<https://nemsmsso.org/>



**NORTH EAST**  
MEDICAL SERVICES  
東北醫療中心

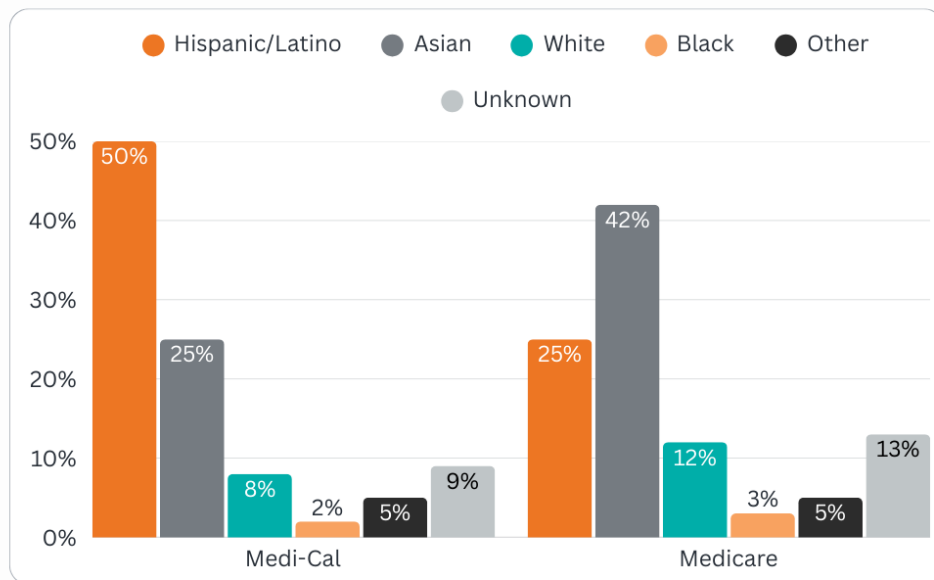
**Initial Provider Training: Review this slide deck  
before 12/31/2026**

**Ongoing Provider Training: DEI retraining during  
recredentialing (every 3 years)**



# Appendix: Santa Clara Family Health Plan (SCFHP) Membership Data\*

SCFHP Medi-Cal and Medicare Membership by Race/Ethnicity (Dec 2024)



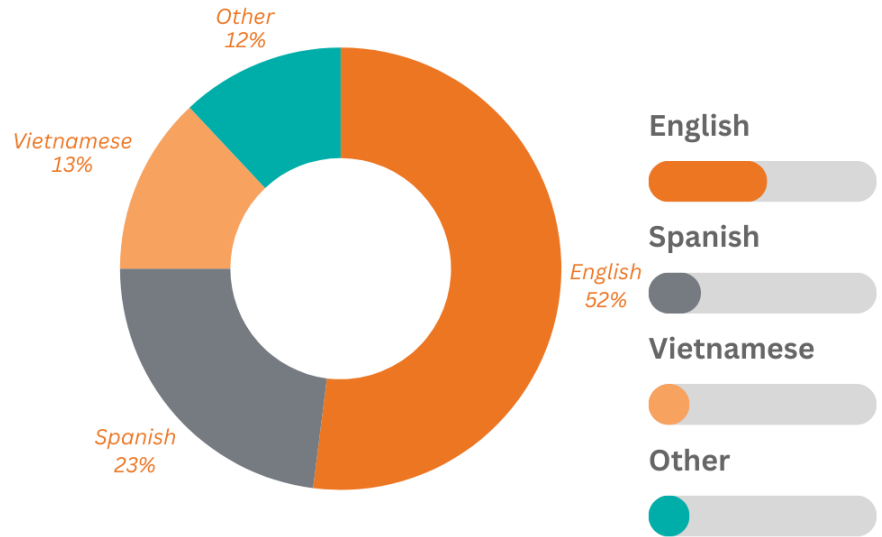
## SCFHP Membership by Race/Ethnicity 2024

\*Only Applicable for providers participating in the NEMS Santa Clara Family Health Plan Medi-Cal Network

# SCFHP Member Languages\*

Santa Clara Family Health Plan serves approximately 325,000 members, with 23% speaking Spanish and 13% speaking Vietnamese. These demographics guide SCFHP's commitment to delivering culturally and linguistically appropriate care to meet the needs of its diverse population, with threshold languages including English, Chinese, Spanish, Tagalog, Vietnamese, Russian, and Farsi, each representing at least 3,000 members

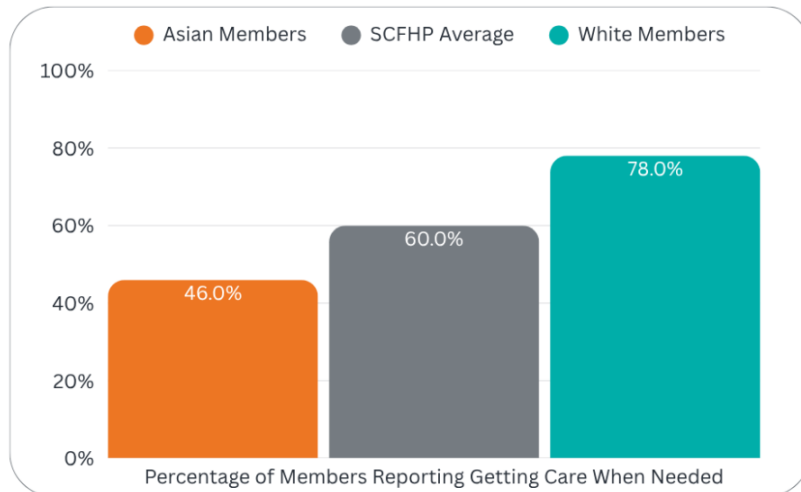
## SCFHP MEMBER LANGUAGES



*\*Only Applicable for providers participating in the NEMS Santa Clara Family Health Plan Medi-Cal Network*

# Barriers Faced by SCFHP Members\*

## Access Is More Than Coverage: Understanding Barriers Faced by SCFHP Members



Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2023 Survey Results Report

- Asian members report the lowest ability to get care right away.
- Even with insurance coverage, many SCFHP members face real-world barriers that delay or prevent them from getting the care they need. These include transportation challenges.
- These barriers, shaped by social and structural factors, can lead to delayed treatment, missed screenings, and poorer health outcomes.

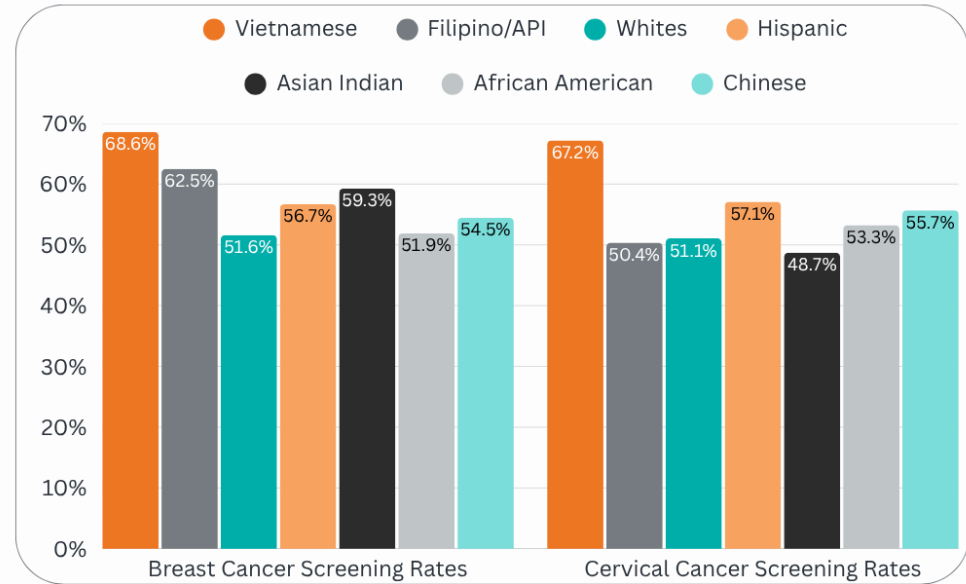
*\*Only Applicable for providers participating in the NEMS Santa Clara Family Health Plan Medi-Cal Network*

# Racial and Ethnic Disparities in Screening Rates\*

Santa Clara Family Health Plan data show that Vietnamese members have the highest rates of breast and cervical cancer screenings. Rates are lower for Asian Indian, White, and Hispanic members, highlighting a need for more tailored outreach and culturally responsive care to improve access to preventive services.

## Racial and Ethnic Disparities in Screening Rates

SCFHP Data (2023)



*\*Only Applicable for providers participating in the NEMS Santa Clara Family Health Plan Medi-Cal Network*