CalOptima Health

Member and Population Health Needs Assessment

August 2026

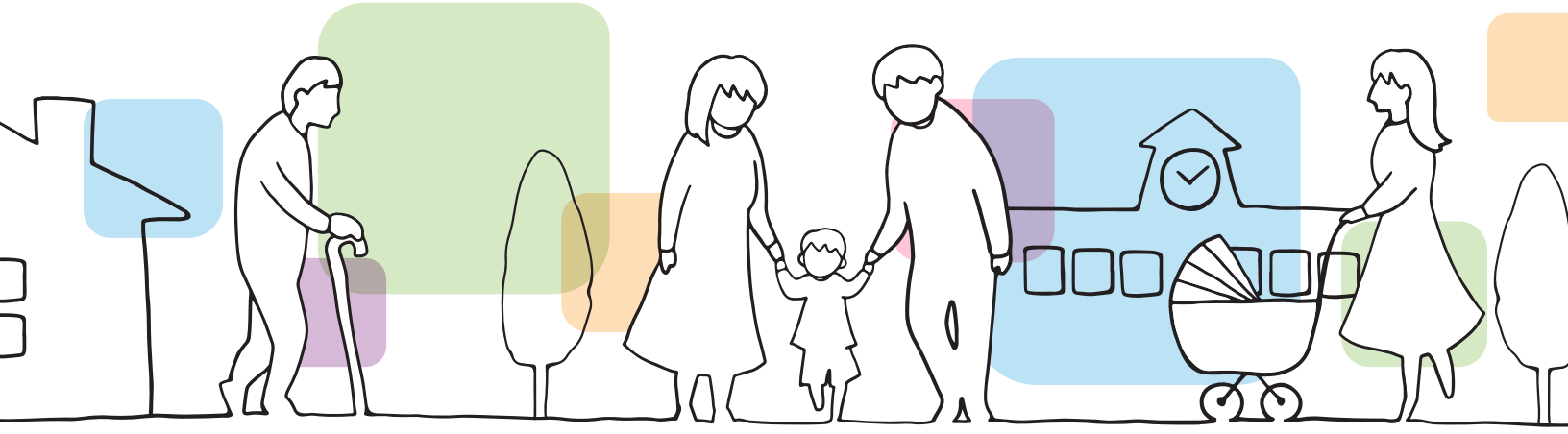


Table of Contents

A Message from the CEO

At CalOptima Health, our members are at the heart of everything we do. The Member and Population Health Needs Assessment (MPHNA) is an important tool for understanding the real experiences, challenges and opportunities shaping the health of our community. NORC and the CalOptima Health team have been working for over a year on this report, and I want to express my sincere appreciation to every member, provider partner and community voice who contributed to this effort. Your dedication ensures that our decisions remain grounded in the lived realities of the people we serve.

The findings in this report confirm both the progress we are making and the opportunities that will improve how we care for our members. They underscore the importance of whole person care, behavioral health access, secure housing, culturally responsive services and the need to make our processes work better so members can successfully navigate our system. These insights are essential as we look to build meaningful resources and impactful programs that directly support our mission: to serve member health with excellence and dignity, respecting the value and needs of each person.

CalOptima Health will use the MPHNA findings as a guide to develop strategies, support our providers and improve member experience across our services in Orange County during an unsettling time for members who rely on the safety net for health care.

Thank you again for your unwavering service to our members, our providers and one another. By working collaboratively, we will continue to build a system of care that reflects the responsibility entrusted to us, and that we are Better. Together.

Michael Hunn

Chief Executive Officer
CalOptima Health

Executive Summary

CalOptima Health and its research partner, NORC at the University of Chicago (NORC), embarked on a comprehensive Member and Population Health Needs Assessment (MPHNA) from mid-2025 to mid-2026. This report summarizes what CalOptima Health learned about the health needs, care experiences and daily challenges facing its members across Orange County. The MPHNA examined both health needs and the social factors that shape health, such as housing, food, transportation, safety and financial stress. The goal of the assessment was to provide practical, data-driven information that CalOptima Health can use to strengthen services, improve member experience, guide community partnerships and support health equity.

Methods and Data Sources

NORC and its partners used multiple sources of information to complete this assessment. The study included a web-based member survey that was available in eight languages; a web-based provider survey; 11 member focus groups held in-person and virtually in English, Spanish and Vietnamese; 22 in-person interviews with members and caregivers; input from community partners representing 12 organizations; a review of CalOptima Health administrative data; and reviews of Orange County and community-level needs assessments, population health and other reports. Together, these data provide a broad view of CalOptima Health member needs, highlight important differences across groups, and point to where future investments may have the greatest impact.

At a Glance

1,858
Member Survey Responses

11
Member Focus Groups

22
Member and Caregiver Interviews

301
Provider Survey Responses

8
Languages

We invited a sample of 36,664 CalOptima Health members to participate so we could better understand their health care experiences and health and social needs. The survey was fielded from November 4, 2025, to January 26, 2026, through mail, email and postcard reminders, and targeted outreach with the Program of All-Inclusive Care for the Elderly (PACE), the Street Medicine Program, and postcard distribution at member and community events. A total of 1,858 members completed the survey, as shown in **Exhibit 1** by race and ethnicity, enrollment status, and survey language.

Exhibit 1. Number and Percent of Completed Surveys

	Number of Completed Surveys	Percent of Completed Surveys
Total Population	**1,858**	**100%**
By Race/Ethnicity		
Hispanic/Latino	611	33%
White, Non-Hispanic/Latino	362	19%
Vietnamese	308	17%
Other	577	31%
By Enrollment Status		
Medi-Cal only	1,370	74%
OneCare	288	16%
Dually eligible for Medi-Cal and Medicare (not enrolled in OneCare)	173	9%
Other	27	1%
By Survey Language		
English	1,341	72%
Spanish	252	14%
Vietnamese	119	6%
Other	146	8%

Source: 2025–26 CalOptima Health MPHNA Member Survey

With the support of strong community partnerships, the NORC team conducted a series of focus groups and interviews with members and community stakeholders to gain detailed qualitative insights into members' experiences of accessing care, what works well, and opportunities for improvement. Twenty-one community stakeholders representing 12 organizations from the Orange County Health Care Agency Population Health Collaborative validated the assessment framework, which informed the discussion guides and strengthened the questionnaire design. This facilitated in-depth conversations with 80 members or their caregivers with a total of 11 focus groups and 22 interviews held, reflecting a diverse range of perspectives, representing the following 10 distinct populations:

- Adults with disabilities or their caregivers
- Black/African American members
- English-speaking members residing in North and South County
- Members who are unhoused
- Members with behavioral health needs
- Older adult members and PACE members or their caregivers
- Parents of children participating in the Whole Child Model (children enrolled in California Children's Services [CCS])
- Pregnant or postpartum women and parents of children under 5 years of age
- Spanish-speaking members residing in North and South County
- Vietnamese-speaking members

The NORC team also surveyed CalOptima Health contracted providers to understand their perspectives on members' health needs, health-related social needs, and the services and resources available to address those needs. A total of 2,252 providers were invited to participate by email, and CalOptima Health promoted the survey through its provider network forums and newsletters. The survey was conducted from July 21 to August 29, 2025, and received 301 completed responses. **Exhibit 2** summarizes the characteristics of survey respondents. They provided valuable insights into the health and social needs of CalOptima Health members and the resources available to support them.

Exhibit 2. Summary of Provider Survey Respondents

Respondent Type	Number of Completed Surveys	Percent of Completed Surveys
Physician	102	34%
Behavioral health professional	92	31%
Other clinical staff	44	15%
Other administrative staff	29	10%
Office or clinic manager	19	6%
Case manager	15	5%

Source: 2025–26 CalOptima Health MPHNA Provider Survey

Assessment Areas

By integrating evidence from multiple data sources, including surveys, focus groups, interviews, administrative data and past research, the MPHNA provides a comprehensive understanding of opportunities, priorities and stakeholder needs. The MPHNA assessed health and social needs across several domains, identifying key findings and opportunities in each domain.

Assessment Domain	Description
Health Status and Health Conditions	Members' health status, including chronic conditions, and how healthy they feel.
Health Care Use	How often and where members use health care services, and the risk of health problems when care is delayed, fragmented or does not meet clinical needs.
Health Care Access, Coverage and Navigation	Members' ability to get needed care, including finding in-network providers, making appointments, understanding their coverage and knowing where to get care or help.
Care Experience and Quality	Members' experiences with the care they receive, such as communication with providers, respect, cultural responsiveness and whether care meets their needs.
Health Behaviors	Daily actions that affect health, such as eating habits, physical activity and tobacco use.
Health-Related Social Needs	Basic needs that affect health, such as having stable housing, enough food, reliable transportation and personal safety.

Summary of Findings

The findings of this assessment show that CalOptima Health members are connected to important parts of the health care system. Most members described their health positively, demonstrating that they have consistent access to their primary care providers, feel they can speak with providers in a language that is comfortable to them and that their cultural and personal needs were met during care. In terms of opportunities, the assessment identified that members face access barriers in behavioral health, specialty care, dental care and care navigation, and have unmet health-related social needs (HRSN). Members also reported meaningful differences in experience by age, language, health status, and in some cases, race and ethnicity. The assessment points to several strengths that CalOptima Health can build on, while also identifying areas where members would benefit from clearer communication, stronger service coordination, and better alignment between needs and available resources.

Health Status and Health Conditions

- Overall, many members described their health positively, and about two-thirds of survey respondents (68%) rated their health as good, very good or excellent.
- The assessment found a substantial burden of chronic disease and behavioral health needs across the membership. Chronic conditions were especially common among older adults, who had much higher rates of hypertension, high cholesterol, diabetes, arthritis and other ongoing health concerns than working-age adults. The data also showed meaningful variation across demographic groups.
- Behavioral health emerged as a key concern throughout the assessment. CalOptima Health administrative data, survey results, provider input and community feedback all pointed to elevated need related to anxiety, depression, serious mental illness and substance use.

Health Care Use

- Members reported strong use of primary care, and most identified a doctor's office or clinic as their usual source of care. This is an important strength because it suggests that many members are connected to routine and preventive care rather than relying only on urgent or emergency settings.
- Specialty care use was higher among members in poorer health, which indicates that members with greater need are reaching higher levels of care at least some of the time. However, the assessment also found gaps in the use of other important services.
- Dental care use was low, with fewer than half of members reporting a dental visit in the past year. While CalOptima Health does not provide dental care, care navigation to these providers can be strengthened.
- Behavioral health service use also appeared lower than expected given the level of documented need.
- Emergency department use was not uniformly high across the membership, but some groups showed elevated rates, including certain middle-aged adults and young children.

Health Care Access, Coverage and Navigation

- While members reported strong connections to primary care providers, members most often reported challenges with obtaining timely specialty care and behavioral health care.
- Roughly one-third reported delaying needed care, and the most common reasons include not being able to get appointments, long waits, providers not accepting insurance and providers not accepting new patients. Members in poorer health were especially likely to report delayed care.
- Many members said they needed additional help understanding what services were covered, how to use their benefits and how to find the right providers. Focus groups and interviews added important detail to these findings.
- Older adults enrolled in OneCare reported fewer mental health access issues than similar members outside the program, suggesting that more integrated coverage and navigation support can make a difference.

Care Experience and Quality

- Members generally described their interactions with providers positively. Many said their providers listened to them, answered questions and treated them with respect.
- Most members also said they were able to speak with providers in a language that felt comfortable to them and that their cultural and personal needs were met during care.
- Fewer than half of members said they consistently left medical visits fully understanding what to do next.
- Interpreter availability and understanding of the availability of these services was uneven, and many members with limited English proficiency still reported barriers in communication.
- Members were also less likely to say they felt comfortable discussing cultural, religious or personal preferences with their providers.

Health Behaviors

- Members expressed strong interest in practical supports that would help them be more active, eat healthier foods and sleep better.
- Common requests for support included free or low-cost fitness classes, safe places to exercise, better access to fruits and vegetables, guidance on healthy eating, and help managing stress that affects sleep.
- The results also indicated that some groups may face greater barriers than others, especially members in poorer health and members who reported wanting safer and more welcoming environments for physical activity.

Health-Related Social Needs

- Most members reported feeling safe at home and in their community. However, the provider survey found that over half of providers (54%) reported that domestic violence is a problem for members, indicating that a lack of personal safety may have been underreported in the member survey.
- Financial strain was widespread, and many members reported difficulty paying bills, concern about income loss, food insecurity and housing insecurity. Nearly half of the members said food did not last the whole month at least some of the time, and a meaningful share reported housing insecurity. Providers and community data reinforced these findings.
- Housing and utility requests made up a large share of 2-1-1 OC calls, and providers frequently described a lack of affordable housing as a major issue affecting their patients.

Priority Areas for Action and Recommendations

Based on the combined findings, four areas stand out as the strongest opportunities for CalOptima Health to improve outcomes, reduce barriers and better align services with member needs. These priority areas are interconnected. Progress in one area, such as stronger care navigation, is likely to improve results in others, such as behavioral health access or connection to community resources.

1. Behavioral Health and Substance Use Care Gaps
2. Access to Care and Care Navigation
3. Health-Related Social Needs, Especially Housing and Financial Strain
4. Cultural, Linguistic and Identity-Responsive Care

1 Behavioral Health and Substance Use Care Gaps

Behavioral health needs were prevalent across the assessment, highlighting the strain on the existing system of care, including the number of facilities across the county, increased need for services and continued workforce shortages. To address these challenges, CalOptima Health has expanded access and strengthened community partnerships through targeted investments, including a peer support partnership with NAMI Orange County; the development of the allcove youth drop-in center; and expanded virtual behavioral health services. Additional investments have advanced integration of behavioral health into primary care, notably through a First 5 Orange County partnership to operate the Dyadic Services Academy, a training program that helps pediatric and primary care clinics integrate early childhood mental health services into routine medical care. NORC offers the following recommendations to strengthen efforts in this area:

1. Expand and promote behavioral health-specific care navigation, ensuring members are aware of and connected to supports that can assist with appointment scheduling, referral tracking and ongoing engagement, particularly for members with co-occurring conditions or complex needs.
2. Deepen integration of behavioral health within primary care settings by supporting co-located services, warm handoffs and collaborative care models that normalize behavioral health treatment, reduce stigma and lower logistical barriers to access.
3. Continue to invest in expanding the behavioral health workforce in Orange County, building upon the accomplishments from the existing Provider Workforce Development Initiative.

2 Access to Care and Care Navigation

While members identified strong relationships with primary care providers, they also described difficulty getting appointments, understanding referrals, knowing which services were covered, and navigating a complex system, particularly for specialty care. CalOptima Health can use these findings to improve outreach, strengthen trust in underused services, and make it easier for members to understand where to go, what is available, and how to get help when needs arise. NORC offers the following recommendations to strengthen efforts in this area:

1. Continue to educate members through ongoing communications and member materials and conduct member outreach to build awareness and utilization of navigation and case management services by clearly communicating their availability and purpose.
2. Address specialty care access bottlenecks due to long appointment wait times through a coordinated, multipronged strategy focused on both provider practices and system-level alternatives.
3. Enhance the promotion of appropriate care pathways by educating members on when and how to use primary care, dental care, urgent care and behavioral health services, helping align care-seeking behavior with the most appropriate and effective settings.

3 Health-Related Social Needs, Especially Housing and Financial Strain

Social needs are central to member well-being and are closely connected to health care use, stress and quality of life. CalOptima Health can build existing partnerships by targeting community investments in areas with the greatest unmet need, improving referral pathways to housing and food supports, and using community data to align resources with member realities. CalOptima Health has already made considerable investments in affordable housing and food security, and a continued commitment to these efforts aligns well with member needs. NORC offers the following recommendations to strengthen efforts in this area:

1. Continue to invest in the development of affordable housing, prioritizing locations that are accessible to health care facilities, grocery stores, public transportation and employment centers to further improve members' access to resources that meet their basic needs and reduce barriers to care.
2. Explore new referral pathways to social services by expanding provider screening for social needs and enhancing closed-loop referral pathways to social services to help members successfully connect to support services that meet their needs. Partner with providers to assist with navigation to these services.
3. Partner with community and workforce development organizations, community colleges and local employers to support job training and employment opportunities and economic opportunity to improve members' long-term financial well-being and help them prepare for new Medi-Cal eligibility requirements, as applicable.

4 Cultural, Linguistic and Identity-Responsive Care

While many members reported respectful treatment by providers, the assessment found ongoing concerns about interpreter access, communication clarity and comfort discussing personal preferences in care settings. Continued investment in language access, culturally responsive communication, provider support and trust-building practices would help members feel better supported. CalOptima Health can also continue to actively educate members and providers about the services and supports that are already available to them. NORC offers the following recommendations to strengthen efforts in this area:

1. Conduct targeted outreach campaigns for members, providers and community partners to increase awareness of available cultural and linguistic services and how to access them.
2. Encourage a trust-building and patient-centered communication strategy focused on culturally safe care conversations.

Conclusion

Overall, the assessment shows that CalOptima Health has a strong foundation to build on, including broad connections to primary care, many positive member experiences with providers, and a rich set of data to guide action. At the same time, the findings make clear that many members continue to face barriers related to behavioral health, specialty care, care navigation, language access and basic needs such as food and housing. CalOptima Health has many programs and community investments in place that help address these challenges and can continue to expand these efforts to address the assessment's findings. Addressing these challenges will require both system-level improvements and continued collaboration with providers, community organizations and county partners. The findings in this report offer a roadmap for where focused action is most likely to improve member health, strengthen member experience and advance community health across Orange County.

Introduction

CalOptima Health and its research partner, NORC at the University of Chicago, embarked on the comprehensive MPHNA from mid-2025 to mid-2026. The goals of this initiative were to assess the needs and preferences of CalOptima Health members to inform efforts to improve the health status, lived experience and social needs of the nearly one million Medi-Cal members it serves in Orange County.

Through the MPHNA, CalOptima Health sought actionable, data driven insights to strengthen services provided to members, align community partnerships and investments with member needs, and inform quality and health equity initiatives. This effort reflects **CalOptima Health's commitment to its mission and vision of serving all members with dignity and respect** and ensuring equitable access to care and supports for all members.

The MPHNA was guided by a framework that reflects how individual health is shaped by clinical, social, behavioral and environmental factors. A person's health status includes chronic and infectious conditions, mental and behavioral health needs, and other health-related characteristics. These member needs interact with other factors that impact health, such as housing, food, transportation and financial stability, often called health-related social needs (HRSNs).

About CalOptima Health

CalOptima Health is a county organized health system (COHS). As Orange County's largest health insurer, CalOptima Health operates as part of the local health care safety net, collaborating with providers, community organizations and public agencies to meet member needs.

CalOptima Health currently administers three major health coverage programs that serve children, adults, older adults and people with disabilities:

- **Medi-Cal:** California's Medicaid program, offering comprehensive health care coverage for low income and disabled individuals and families.
- **OneCare:** A Medicare Dual Special Needs Plan (D-SNP) designed for individuals who have both Medicare and Medi-Cal coverage, including older adults and people with disabilities.
- **PACE** (Program of All Inclusive Care for the Elderly): A coordinated model of medical, behavioral and social care that supports frail older adults to remain safely in their homes and communities, including a community center.

CalOptima Health is planning to enter the Covered California marketplace program for the 2027 coverage year.

Each person's experience, knowledge and beliefs influence how and when they access health care. For example, knowing about health insurance coverage and available services can impact whether members seek care. The information members receive from CalOptima Health and their providers also shapes their experience with care. When providers respect cultural differences and offer language help or translation services, members are more likely to feel safe, included and willing to trust the system. Together, these issues influence members' health choices and the degree to which they utilize their health coverage.

This report discusses the approach taken to produce the MPHNA, presents key results and summarizes the core findings from the assessment that relate to clinical, social and behavioral factors. For each assessment domain, the report includes areas of positive outcomes and strengths, called bright spots, and areas of opportunity for reflection, continuous improvement and development efforts that are based on the core findings. The report also provides recommendations to inform CalOptima Health's strategic planning, community investment decisions, program and initiative development, and partnerships with the Orange County community to improve outcomes and advance health equity for all CalOptima Health members.

The Evaluation Team

NORC was founded in 1941. An independent, nonprofit research organization, NORC provides clear and trustworthy information to policy leaders, health care providers and the broader community.

NORC combines strong research skills with knowledge of California's diverse communities. This helps leaders solve complex issues that affect health and well-being. For the MPHNA, the team used carefully designed methods appropriate for different cultures. These methods helped answer important questions about the health and social needs of CalOptima Health members.

NORC developed the MPHNA in partnership with CalOptima Health and:

1. Social Science Research Center (SSRC) at California State University, Fullerton
2. Community Action Partnership of Orange County (CAP OC)

SSRC: SSRC was established in 1987. The center provides survey research services to community organizations. This research helps answer questions that lead to improved service delivery and public policy. SSRC conducts surveys in multiple languages. The center also conducts evaluation research and other applied research activities to meet client needs.

For the MPHNA, SSRC fielded the member survey component. SSRC translated the survey from English into seven other languages.

CAP OC: CAP OC has worked to fight poverty in Orange County since 1965. The organization's main office is located in Garden Grove. CAP OC also operates Family Resource Centers in Anaheim, Orange and Santa Ana. CAP OC helps individuals and families meet their basic needs. The organization provides tools to help people build long-term stability and success. CAP OC has a strong history of conducting community needs assessments. The organization works with local community members and engages them in research in their preferred languages.

For this project, CAP OC moderated 11 focus groups and 22 interviews in three languages with CalOptima Health members. CAP OC worked with community partners to identify eligible members. The organization facilitated both in-person and virtual member engagement across all of Orange County.

MPHNA Framework, Data Sources and Methods

Approach to the MPHNA

NORC worked closely with CalOptima Health staff and community members to conduct the MPHNA. The evaluation team collected new data through surveys, focus groups, and interviews and reviewed existing CalOptima Health plan data and publicly available data and reports. This approach helped the team understand the views of members, contracted providers and the broader Orange County community.

MPHNA Framework

CalOptima Health partnered with the evaluation team to assess member health needs using an evaluation framework based on a series of six evaluation domains, as outlined in **Exhibit 1**. Exhibit 1 also shows the data sources that the team used to assess each domain.

Exhibit 1. Assessment Domains and Data Sources

Assessment Domain	Description	Member Perspective	Provider Perspective	Community Perspective
		1. Member Survey 2. Focus Groups and Interviews 3. Administrative Data	4. Provider Survey	5. HCA Community Health Assessment/ Community Health Improvement Plan[1, 2] 6. Community Health Needs Assessments 7. Public data
Health Status and Health Conditions	Members' health status, including chronic conditions and how healthy they feel.	1, 2, 3	4	5, 6, 7

Assessment Domain	Description	Member Perspective	Provider Perspective	Community Perspective
		1. Member Survey 2. Focus Groups and Interviews 3. Administrative Data	4. Provider Survey	5. HCA Community Health Assessment/ Community Health Improvement Plan[1, 2] 6. Community Health Needs Assessments 7. Public data
 Health Care Use	How often and where members use health care services, and the risk of health problems when care is delayed, fragmented or does not meet clinical needs.	1, 2, 3	4	4
 Health Care Access, Coverage and Navigation	Members' ability to get needed care, including finding in-network providers, making appointments, understanding their coverage and knowing where to get care or help.	1, 2	4	5, 6
 Care Experience and Quality	Members' experiences with the care they receive, such as communication with providers, respect, cultural responsiveness and whether care meets their needs.	1, 2, 3	4	6
 Health Behaviors	Daily actions that affect health, such as eating habits, physical activity and tobacco use.	1, 2		6, 7
 Health-Related Social Needs	Basic needs that affect health, such as having stable housing, enough food, reliable transportation and personal safety.	1, 2	4	5, 6, 7

Methods of Data Collection and Analysis

CalOptima Health MPHNA Member Survey

NORC partnered with SSRC at California State University, Fullerton, to survey members and gather their diverse input. The survey included 39 questions and was designed to be completed in approximately 15 minutes. These questions asked about member health needs, members' experiences with the health care system and CalOptima Health, housing and other basic needs, and mental and behavioral health. To ensure these questions truly reflect and are aligned with the needs identified by the community, additional feedback and input were obtained from CalOptima Health's Member and Provider Advisory Committees (MAC/PAC). The team offered the survey in eight languages:

- English
- Spanish
- Vietnamese
- Korean
- Farsi
- Arabic
- Chinese (Mandarin)
- Russian

Survey Sample and Methods

SSRC sampled a total of 36,664 of the 888,017 CalOptima Health members enrolled as of September 2025. An initial sample of 25,253 members was invited to complete the survey in November 2025. When children or youth were sampled, the invitation was sent to their parents or guardians. The parent or guardian completed the survey on behalf of the child/youth.

The sample was designed to oversample two groups. The team purposefully oversampled members aged 65 years or older and Vietnamese members to more reliably capture the experiences of these members. In addition to inviting members to take the survey via a mailed invitation letter, SSRC reached out with a reminder postcard to those who had not yet responded and an email reminder for those with valid email addresses.

CalOptima Health also handed out postcards with unique survey links to members at community events. Postcards were also distributed to unhoused members served by the Street Medicine Team and to PACE members.

Survey Responses

The team collected 1,858 survey responses between November 4, 2025, and January 26, 2026. Eighty-seven percent of surveys were completed from mailings. The remaining 13% of surveys were completed from postcards handed out in person.

Exhibit 2 reports how many members completed the survey by race and ethnicity, enrollment status, and in which language the survey was taken. The number of surveys taken in English, Spanish and Vietnamese was generally proportionate to the number of overall members who speak these languages (54% English, 30% Spanish, 9% Vietnamese).

Addressing Response Concerns

During the initial weeks of the survey, Hispanic/Latino members were underrepresented among survey respondents. Their response rate was lower compared to their share of CalOptima Health's total membership. Response rates among Hispanic/Latino members were also lower than those observed for other member groups during the survey fielding period. The response rate among this population may have been impacted by increased immigration enforcement efforts by

both federal and local authorities that occurred during the survey administration period. These activities occurred in and near Orange County while the survey was being conducted, which may have led to fewer participants responding.

To address this potential response concern, the evaluation team increased the probability sample of Hispanic/Latino members. An additional 11,411 Hispanic/Latino members were randomly selected from the member sampling frame. New survey invitations were sent out in January 2026. The fielding period for the survey was extended. This allowed more time for members to respond and allowed SSRC to obtain a sufficient sample from this population.

Exhibit 2. Number and Percent of Completed Surveys

	Number of Completed Surveys	Percent of Completed Surveys
Total Population	**1,858**	**100%**
By Race/Ethnicity		
Hispanic/Latino	611	33%
White, Non-Hispanic/Latino	362	19%
Vietnamese	308	17%
Other	577	31%
By Enrollment Status		
Medi-Cal only	1,370	74%
OneCare	288	16%
Dually eligible for Medi-Cal and Medicare (not enrolled in OneCare)	173	9%
Other	27	1%
By Survey Language		
English	1,341	72%
Spanish	252	14%
Vietnamese	119	6%
Other	146	8%

Source: 2025–26 CalOptima Health MPHNA Member Survey

Focus Groups and Interviews with Key Stakeholders

NORC partnered with CAP OC to conduct focus groups and interviews with CalOptima Health members or their caregivers. Focus groups and interviews offer the opportunity to capture a deeper understanding of members' viewpoints than a survey can provide. They serve as a powerful approach to incorporating the members' voice using their own words.

CAP OC moderated both in-person and virtual focus groups and interviews between October and December 2025. CAP OC has deep community connections that supported their outreach and ability to recruit sufficient focus group participation. The organization also partnered with other community-based groups in Orange County to host focus groups and recruit participation.

In total, CAP OC moderated 11 focus groups and conducted 22 interviews with members or their caregivers, reaching 80 participants. The team engaged members and caregivers from a variety of demographic backgrounds, areas of residence in Orange County, and health statuses, including the following 13 distinct populations:

- Adults with disabilities or their caregivers
- Black/African American members
- English-speaking members residing in North and South County
- Members who are unhoused
- Members with behavioral health needs
- Older adult members and PACE members or their caregivers
- Parents of children participating in the Whole-Child Model (children enrolled in the California Children's Services [CCS] program)
- Pregnant or postpartum women and parents of children under 5 years of age
- Spanish-speaking members residing in North and South County
- Vietnamese-speaking members

Members and caregivers were asked about their experiences on several topics in both focus groups and interviews. These topics included:

- ✓ Accessing health care
- ✓ CalOptima Health's member experience
- ✓ Social or environmental factors that affect their ability to stay healthy

In one-on-one interviews, members were asked about their experiences accessing mental health or substance use services when relevant.

Focus Group With the Population Health Collaborative Committee

To augment understanding of the community perspective, NORC held a focus group in July 2025 with the Population Health Collaborative (PHC). The PHC included 21 individuals representing 12 organizations. These community members represent a broad cross section of experiences and perspectives of vulnerable populations in Orange County. These organizations coordinate partnerships across sectors to align efforts and resources for effective implementation of evidence-based and health equity-centered interventions. The PHC is convened by the Orange County Health Care Agency (HCA), CalOptima Health and Kaiser Permanente.

During the session, PHC participants discussed several topics related to Orange County. These included:

- ✓ Local community needs
- ✓ Priorities
- ✓ Strengths
- ✓ Resources
- ✓ Assets

NORC summarized participants' feedback following the session. This feedback covered community health needs, barriers to care and recommendations to strengthen the framework for engaging members in this needs assessment.

Survey of Contracted CalOptima Health Providers

NORC conducted a web-based survey to capture CalOptima Health providers' views. The survey covered three main topics:

- ✓ Members' health needs
- ✓ Members' HRSNs
- ✓ Services and resources providers offer to meet these needs

NORC used a list of contracted providers from CalOptima Health. NORC invited 2,252 providers to take the survey via email. CalOptima Health promoted the survey through its participating health networks and its community clinic forum in August. CalOptima Health also promoted the survey through provider and community newsletters.

Exhibit 3 displays the types and numbers of providers who responded to the survey. The survey was open between July 21, 2025, and August 29, 2025. In total, 301 providers responded to the survey.

Exhibit 3. Summary of Provider Survey Respondents

Respondent Type	Number of Completed Surveys	Percent of Completed Surveys
Physician	102	34%
Behavioral health professional	92	31%
Other clinical staff*	44	15%
Other administrative staff*	29	10%
Office or clinic manager	19	6%
Case manager	15	5%

**Staff in these categories are grouped together due to small sample sizes. Other clinical staff included doulas, community health workers, social workers, medical assistants, registered nurses, occupational therapists and physical therapists. Other administrative staff included clinic supervisors, directors and other business leaders.*

CalOptima Health Administrative Data

In addition to the primary data collection described above, NORC also utilized existing data on CalOptima Health members to inform the MPHNA. The data included several types of information:

- Service use (hospital admissions, emergency department visits and primary care visits)
- Maternal health measures, including birth outcomes
- Healthcare Effectiveness Data and Information Set (HEDIS) quality of care and access measures
- Measures of chronic condition prevalence

NORC utilized this data to identify service patterns, member health needs and CalOptima Health member outcomes. NORC compared the results of these analyses by race, ethnicity and other population characteristics. This comparison helped NORC understand if there were differences among diverse member populations.

Publicly Available Data and Past Community Health Needs Assessments

To look beyond CalOptima Health's members to understand the most important health needs in Orange County as a whole, NORC reviewed several existing data sources. These included:

- Orange County HCA 2023 Community Health Assessment (CHA)[1]
- 2024–2026 Community Health Improvement Plan for Orange County (CHIP)[2]
- 2023 American Community Survey[3]
- 2023 California Health Interview Survey[4]
- 2023 Behavioral Risk Factor Surveillance System Survey[5]
- 2025 CalOptima Health Population Needs Assessment[6] (CalOptima Health members only)

NORC also reviewed community health needs assessments published in the past five years by community hospitals. These hospitals included:

- Hoag Memorial Hospital Presbyterian[7]
- Rady Children's Health Orange County[8]
- Mission Hospital, St. Joseph Hospital of Orange and St. Jude Medical Center[9,10,11]
- Kaiser Permanente Orange County[12]

From these reports, NORC identified common themes regarding care access, chronic conditions and HRSNs.

Overview of Member Demographics

An overview of CalOptima Health member demographics provides context for understanding patterns and outcomes described throughout this report. This section summarizes core attributes of members such as age distribution, gender, race and ethnicity, and primary language spoken (**Exhibit 4**). It also provides a look at membership rates over time (**Exhibit 5**) and the distribution of where members reside within the county (**Exhibit 6**). Together, these member characteristics establish a foundational profile that supports the exploration of trends in health status and care utilization, member needs, and opportunities to further support members.

Exhibit 4. Summary of Member Demographics

	Number of CalOptima Health Members as of June 2026	Percent of CalOptima Health Members as of June 2026
By Program Enrollment		
Medi-Cal only	767,408	98%
OneCare	18,897	2%
PACE	584	<1%
By Gender		
Female	421,837	54%
Male	365,052	46%
By Race/Ethnicity		
Black or African American	12,704	2%
Hispanic	372,051	47%
Vietnamese	98,021	12%
Other Asian or Pacific Islander	55,279	7%
White	114,839	15%
Other or Unknown	122,853	16%

By Age Group		
0 to 4 years	51,988	7%
5 to 19 years	204,417	26%
20 to 64 years	408,941	52%
65 years and older	121,550	15%
By Primary Language Spoken		
English	444,410	56%
Spanish	217,791	28%
Vietnamese	75,663	10%
Other language	49,025	6%
Total	**786,889**	**100%**

Source: CalOptima Health June 2026 Membership Dashboard

PACE

CalOptima Health's PACE program is a comprehensive care model designed for adults ages 55 and older who meet the needs for a nursing home level of care but wish to remain living in their homes and communities. For those eligible for both Medicare and Medi-Cal (often referred to as dual-eligible members), PACE integrates both sets of benefits into a single, coordinated model of care.

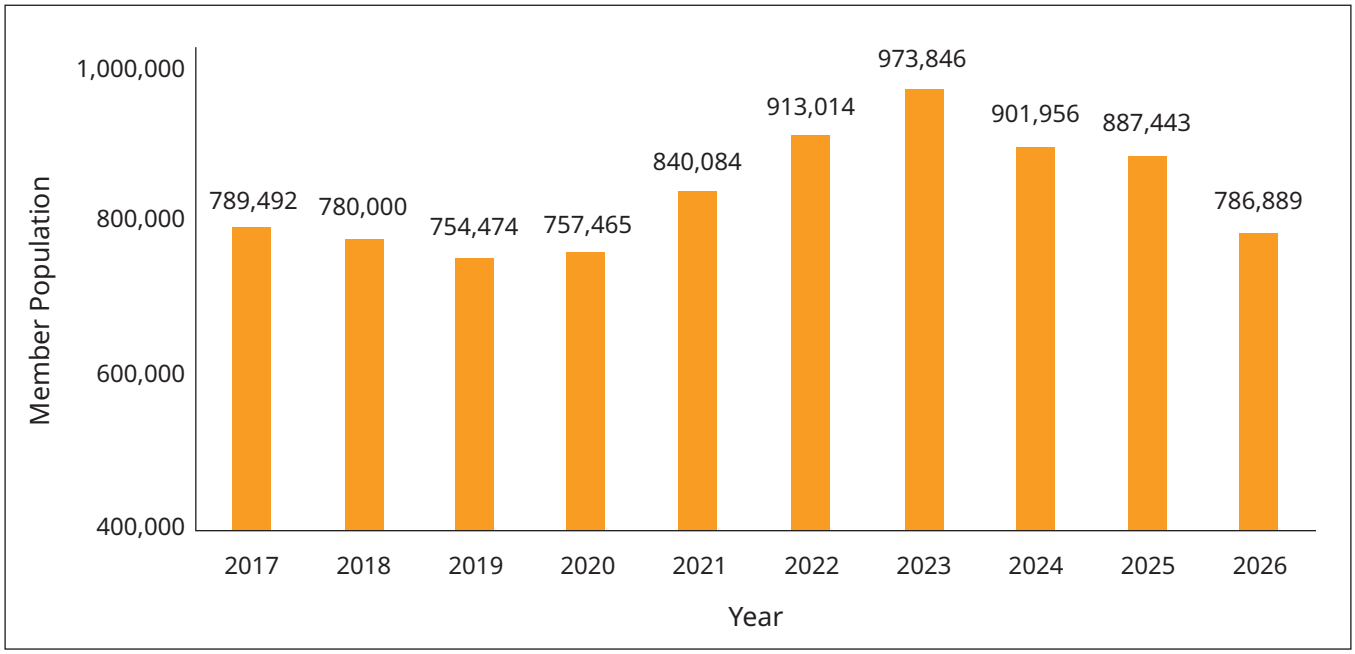
PACE combines preventive, primary, acute, and long-term services and supports into a single, coordinated system. The model is designed to promote independence and improve quality of life by allowing eligible seniors to safely remain in their homes rather than entering institutional care settings.

OneCare (Medicare–Medi-Cal Plan)

CalOptima Health's OneCare is a Medicare Advantage D-SNP that serves individuals who qualify for both Medicare and Medi-Cal. OneCare integrates Medicare and Medi-Cal benefits into a single coordinated plan, simplifying access to care and reducing fragmentation across systems. By consolidating benefits and managing care holistically, OneCare aims to improve health outcomes and streamline the member experience, particularly for individuals with complex health and social needs.

As **Exhibit 5** shows, CalOptima Health membership increased from 2020 to 2023 and has been declining back to rates similar to 2020–2021 in recent years. This decrease is largely due to policy changes at both the state and Federal levels, including the end of the COVID-19 Public Health Emergency and recent policy changes impacting Medi-Cal eligibility.

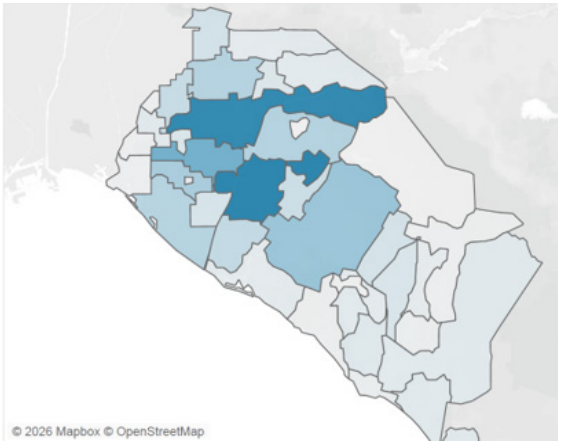
Exhibit 5. Summary of Member Demographics



Source: CalOptima Health June 2026 Membership Dashboard

Exhibit 6 displays the distribution of members by city. Santa Ana, Anaheim and Garden Grove have the most members (17%, 17% and 10%, respectively). The rest of the cities in Orange County each have 6% or less of CalOptima Health membership.

Exhibit 6. Distribution of Membership by City



Source: CalOptima Health June 2026 Membership Dashboard

Key Findings

The Key Findings section of this report synthesizes results across the multiple data sources and analyses presented in the previous section. The findings provide insights into CalOptima Health members' overall health status; the prevalence of chronic conditions, behavioral health needs and substance use; and patterns of health care utilization. These findings also examine barriers to accessing care, member awareness and knowledge of the services available to them, provider communication, and cultural and linguistic competence. Additional findings highlight key health behaviors and HRSNs, including financial strain, housing and food insecurity, social isolation, safety concerns, and access to community and social services, that influence health outcomes and care use.

Throughout this section, we present study findings for subgroups of members based on age, race, ethnicity, and linguistic background; English fluency; gender; health status; and enrollment status where the results are both meaningful for the topic area and statistically significant based on NORC's analysis.

Health Status and Health Conditions

This section examines members' health status at the individual level encompassing both physical and mental health, reflecting how effectively a person can function in daily life. Understanding individual health status is important because it helps identify the needs, challenges and risks that affect a person's daily functioning and overall well-being. It also supports early detection and management of health conditions, which can improve quality of life and prevent complications. In a broader sense, this information informs better health planning, resource allocation and targeted interventions to support both physical and mental health.

Bright Spots:

- **Most members rated their health positively overall.** About two-thirds of survey respondents (68%) rated their health as good, very good or excellent.
- **Members shared a willingness for practical supports in reducing substance use**, such as substance-free social activities, assistance for reducing or ending substance use, and information about the health effects of substances, suggesting opportunities to engage members through prevention, education and supportive community-based resources.
- **CalOptima Health and HCA have a strong partnership structure for behavioral health services**, creating a solid foundation for improving behavioral health access, integration and continuity of care for CalOptima Health members.

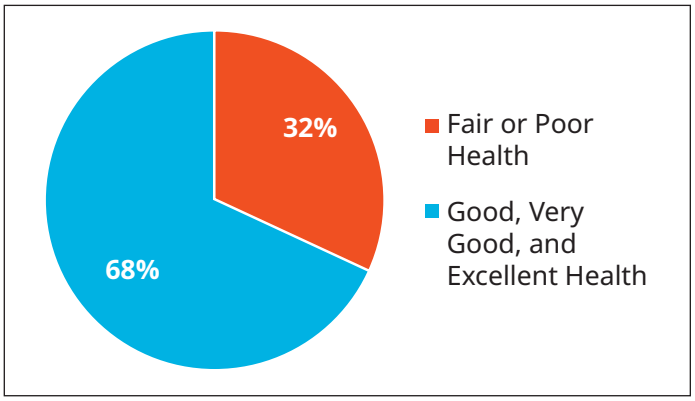
Areas of Opportunity:

- **Older adults carried a much higher chronic disease burden.** Members aged 65+ had notably higher rates of hypertension (51%), high cholesterol (50%), diabetes (30%) and rheumatoid arthritis/osteoarthritis (23%) than members aged 19–64.
- **Chronic condition burden differed across racial and ethnic groups.** Asian or Pacific Islander members had the highest rates of hyperlipidemia (31%), hypertension (26%) and diabetes (17%), while Hawaiian members had the highest obesity rate (15%).
- **Females had higher prevalence for several conditions.** Female members had higher rates of hyperlipidemia, obesity, diabetes, anemia, arthritis and chronic pain/fatigue than male members.
- **Behavioral health needs were somewhat prevalent.** Roughly one in 10 adult members had anxiety and mood disorders (10%), severe and persistent mental illness (10%), or depressive disorders (9%). About 16% reported feeling anxious or nervous or being unable to stop worrying, 13% reported little interest in doing things, and 12% reported feeling down, depressed, or hopeless.

Health Status

As **Exhibit 7** shows, about one in three CalOptima Health members rated their health as fair or poor (32%). These patterns are consistent with well-documented differences in self-reported health between low-income populations and the general population, reflecting higher rates of chronic disease burden, disability and social risk factors among Medi-Cal beneficiaries. In this context, the findings indicate a higher underlying burden of health needs among CalOptima Health members relative to broader populations.

Exhibit 7. Self-Reported Health Status by Population



Source: 2025–26 CalOptima Health MPHNA Member Survey

Chronic Conditions

Understanding common chronic conditions among CalOptima Health members provides insight into the overall health of members. The findings presented below are based on 2025 CalOptima Health administrative data and reflect clinical encounter and provider-reported diagnoses rather than self-reported information. This data may be more reliable than self-reported survey data, although it may still undercount the prevalence of certain conditions for individuals who are not getting regular care from providers.

Understanding how chronic condition prevalence varies across member characteristics and demographics is essential for identifying disparities, targeting interventions effectively and improving overall population health outcomes. **Exhibit 8** reports the chronic conditions by member characteristics to show differences across subgroups of members.

The greatest disparities by race and ethnicity appear with high cholesterol (hyperlipidemia), hypertension and diabetes, while the greatest disparities by gender appear with high cholesterol and obesity. Members aged 65 years and older experience significantly higher rates of most conditions than members aged 19 to 64, particularly for hypertension (51% vs. 14%), hyperlipidemia (50% vs. 21%), diabetes (30% vs. 10%) and rheumatoid arthritis/osteoarthritis (23% vs. 5%). Obesity is notably more common in members aged 19 to 64 (14% vs. 11%), which is the only condition with this reversed pattern. Overall, the data highlights the substantial increase in chronic disease burden associated with aging, with over half of members aged 65 years and older affected by hypertension and hyperlipidemia.

Exhibit 8. Chronic Conditions by Member Characteristics

Member Characteristics	Hyperlipidemia	Hypertension	Obesity	Diabetes	Anemia	Rheumatoid Arthritis Osteoarthritis	Fibromyalgia and Chronic Pain and Fatigue
All Members	19%	15%	11%	10%	6%	6%	6%
Race/Ethnicity							
Alaska Native or American Indian	17%	16%	13%	10%	8%	9%	11%
Asian or Pacific Islander	31%	26%	8%	17%	9%	11%	8%
Black	12%	15%	13%	8%	8%	6%	8%
Hawaiian	14%	15%	15%	10%	6%	3%	5%
Hispanic	14%	11%	14%	9%	6%	4%	5%
White	19%	17%	11%	9%	7%	9%	10%
Declined/Other/ Unknown	27%	20%	6%	12%	7%	8%	6%

Member Characteristics	Hyperlipidemia	Hypertension	Obesity	Diabetes	Anemia	Rheumatoid Arthritis Osteoarthritis	Fibromyalgia and Chronic Pain and Fatigue
Sex							
Female	21%	16%	13%	11%	8%	8%	8%
Male	17%	14%	9%	9%	5%	4%	4%
Age							
0 to 5	0%	0%	1%	0%	4%	0%	0%
6 to 17	3%	0%	6%	0%	2%	0%	1%
19 to 64	21%	14%	14%	10%	6%	5%	7%
65+	50%	51%	11%	30%	14%	23%	15%

Source: 2025 CalOptima Health Administrative Data

High Cholesterol (Hyperlipidemia): About one in five members was reported to have hyperlipidemia. Asian and Pacific Islanders (31%) had the highest rate of hyperlipidemia, followed by White (19%), Alaska Native or Native American (17%), Hawaiian (14%), Hispanic (14%), and Black (12%). Female members had higher rates of hyperlipidemia (21%), compared to male members (17%).

Hypertension: About one in six members was reported to have hypertension. Asian Americans have the highest rates of hypertension (26%), followed by White (17%), Alaska Native or American Indian (16%), Hawaiian (15%), Black members (15%), and Hispanic (11%).

Obesity: About one in 10 members was reported to have obesity. Hawaiian members (15%) had the highest rate of obesity, followed by Hispanic (14%), Alaska Native or Native American (13%), Black (13%), and White (11%). Female members had slightly higher rates of obesity (13%), compared to male members (9%).

Diabetes: One in 10 members was reported to have diabetes, with the highest rate present for Asian or Pacific Islander members (17%), followed by Hawaiian (10%), Alaska Native or Native American (10%), Hispanic (9%), White (9%), and Black (8%). The prevalence of diabetes as reported in the Orange County CHA was slightly lower than that reported for the CalOptima Health population, with differing patterns among subgroups by race/ethnicity, though a different measurement approach makes comparison.

Behavioral Health

Behavioral health includes both services and supports to people with mental health diagnoses as well as those with substance use disorders. Medi-Cal enrollees across the state are supported for behavioral health needs through a care delivery system that is shared between Medi-Cal health plans and county behavioral health plans. In Orange County, CalOptima Health offers screening and referrals for members seeking behavioral health services and provides services for those with mild-to-moderate needs. HCA serves as the coordinator for behavioral health needs and provides direct services for individuals with behavioral health crises, serious or persistent mental health needs, and CalOptima Health members who meet medical necessity for substance use disorder treatment, among others.

Mental Health: Exhibit 9 summarizes the rates of selected mental health conditions among adult members, highlighting variation across demographic groups. Overall, roughly one in 10 members had anxiety and mood disorders (10%), combined severe and persistent mental illness (SPMI) (10%), or depressive disorders (9%) according to 2025 CalOptima Health administrative data.

Patterns of mental health diagnoses differ across racial and ethnic groups. Prevalence of all mental health conditions reported were highest among White members, followed by Alaska Native or American Indian compared to other racial and ethnic groups according to 2025 CalOptima Health administrative data. Hispanic members had a lower prevalence of mental health conditions than most other groups.

Mental health conditions also varied by age and gender based on 2025 CalOptima Health administrative data. Female members consistently showed higher rates than male members across most conditions, except for schizophrenia and other psychotic disorders, which were approximately the same by sex. Age differences were also evident; older adults had higher rates of depressive disorders and SPMI, while younger adults showed relatively higher rates of anxiety and mood disorders.

Exhibit 9. Percent of Adult Members with Mental Health Conditions

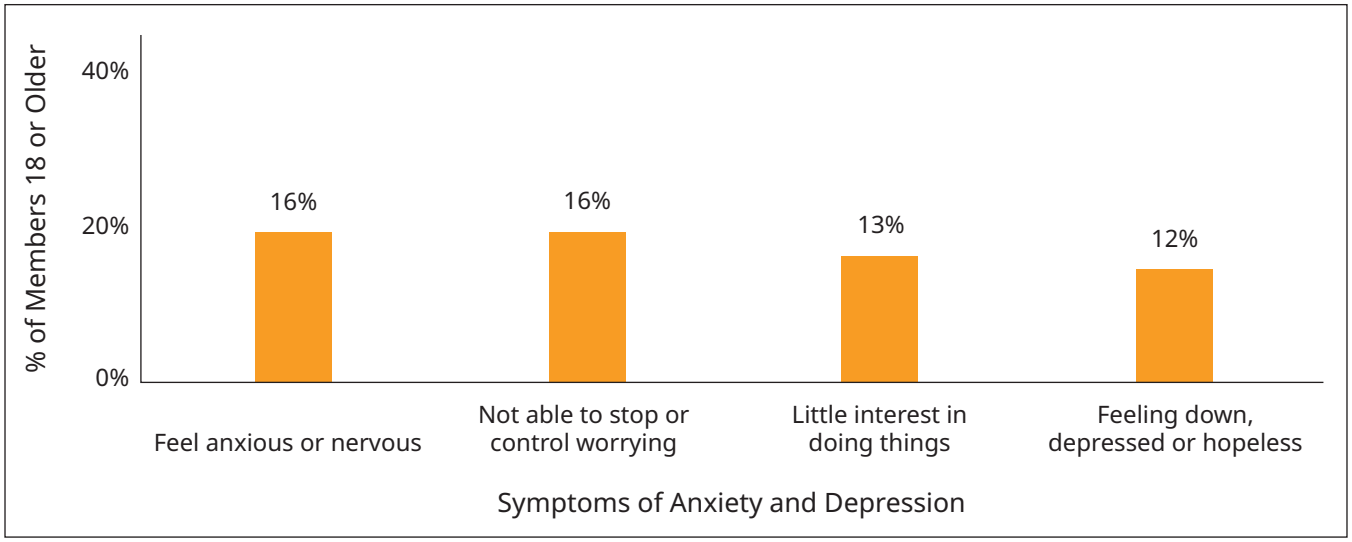
Member Characteristics	Personality Disorders	Schizophrenia and Other Psychotic Disorders	Depressive Disorders	Severe and Persistent Mental Illness	Anxiety and Mood Disorders
All Members	<1%	2%	9%	10%	10%
Race/Ethnicity					
Alaska Native or American Indian	1%	6%	14%	17%	19%
Asian or Pacific Islander	1%	5%	10%	13%	9%
Black	1%	5%	11%	14%	13%
Hawaiian	<1%	1%	7%	8%	9%
Hispanic	0%	4%	8%	8%	9%

Member Characteristics	Personality Disorders	Schizophrenia and Other Psychotic Disorders	Depressive Disorders	Severe and Persistent Mental Illness	Anxiety and Mood Disorders
White	1%	4%	15%	18%	19%
Declined/Other/ Unknown	0%	2%	8%	9%	8%
Sex					
Female	1%	2%	11%	11%	12%
Male	<1%	3%	7%	8%	8%
Age					
19 to 64	1%	2%	8%	10%	11%
65+	<1%	3%	11%	12%	9%

Source: 2025 CalOptima Health Administrative Data

When asked in the member survey about whether they experienced mental health symptoms over the last two weeks, many members self-reported experiencing symptoms more than half the days or nearly every day (**Exhibit 10**). About one in six CalOptima Health members reported feeling anxious or nervous (16%) or not being unable to stop or control worrying (16%). Slightly fewer reported having little interest in doing things (13%) or feeling down, depressed or hopeless (12%). Potential new stressors related to the economy (such as unemployment and inflation) in 2025 and 2026 that acutely affect Medi-Cal beneficiaries should be taken into consideration when viewing these data.

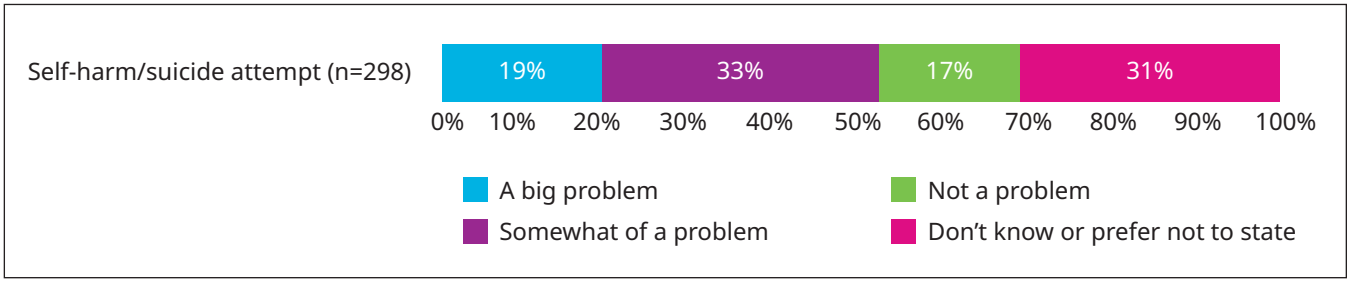
Exhibit 10. Generalized Anxiety Symptoms More Than Half the Days or Nearly Daily in the Past Two Weeks by Population



Source: 2025–26 CalOptima Health MPHNA Member Survey

In the 2025 CalOptima Health MPHNA Provider Survey, providers identified self-harm and suicide attempts as a significant issue affecting the health of their Medi-Cal patients. **Exhibit 11** shows how much of a problem survey respondents rated self-harm and suicide among their Medi-Cal patients, with about half (52%) saying that it was "somewhat" or a "very big" problem. These patterns reinforce earlier findings of elevated mental health needs among CalOptima Health members and underscore the importance of strengthening access to, engagement with and continuity of mental health services.

Exhibit 11. Providers' Perspectives on Critical Mental Health Problems Among Medi-Cal Patients



Source: 2025–26 CalOptima Health MPHNA Member Survey

Substance Use: Exhibit 12 summarizes the rates of substance use disorders among adult members, with about 5% diagnosed with any substance use disorder. Drug use disorder is more common among members (4%) than alcohol use disorder (2%) or opioid use disorder (2%). Rates of substance use disorders vary across demographic groups. Rates are highest among Alaska Native or American Indian members, followed by White members and lowest among Asian or Pacific Islander members. Males have consistently higher rates of substance use disorders than females across all categories. Differences by age are more modest, with slightly higher overall rates among adults aged 19–64 compared to those 65 and older.

Exhibit 12. Percent of Adult Members with Drug, Alcohol and Substance Use Disorders

Member Characteristics	Alcohol Use Disorder	Opioid Use Disorder	Drug Use Disorder	Substance Use Disorders
All Members	2%	2%	4%	5%
Race/Ethnicity				
Alaska Native or American Indian	3%	6%	10%	14%
Asian or Pacific Islander	1%	1%	3%	3%
Black	2%	3%	7%	9%
Hispanic	2%	1%	3%	4%
White	3%	5%	8%	11%
Declined/Other/ Unknown	1%	1%	3%	4%

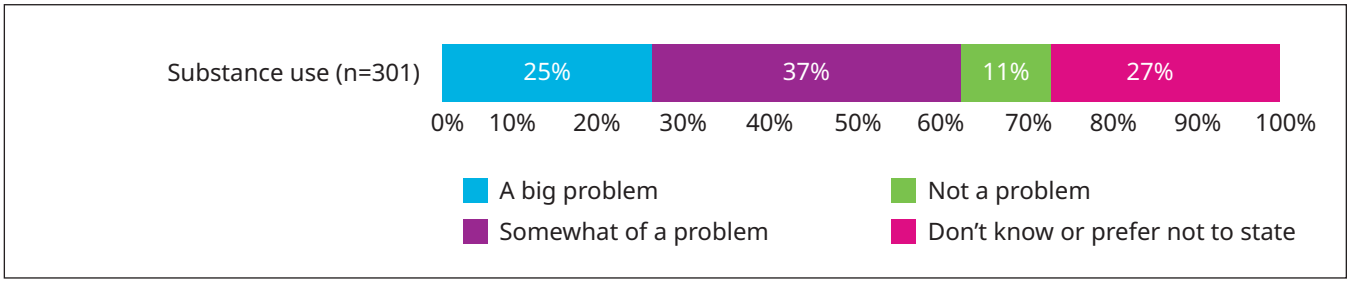
Member Characteristics	Alcohol Use Disorder	Opioid Use Disorder	Drug Use Disorder	Substance Use Disorders
Sex				
Female	1%	1%	3%	4%
Male	3%	2%	5%	7%
Age				
19 to 64	2%	2%	4%	6%
65+	1%	1%	3%	4%

Note: Substance Use Disorders provides a deduplicated count of members experiencing alcohol use disorder, opioid use disorder and/or drug use disorder.

Source: 2025 CalOptima Health Administrative Data

In the 2025–26 CalOptima Health MPHNA Provider Survey, providers identified substance use as a significant issue affecting the health of their Medi-Cal patients. **Exhibit 13** shows how much of a problem survey respondents rated substance use among their Medi-Cal patients, with almost two-thirds (62%) saying that it was "somewhat" or a "very big" problem. These patterns indicate that while relatively few members are diagnosed with substance use disorders per earlier findings, providers have identified an acute need for help with using substances among their Medi-Cal patients.

Exhibit 13. Providers' Perspectives on Substance Use Problems Among Medi-Cal Patients



Source: 2025–26 CalOptima Health MPHNA Provider Survey

Supports for Reducing Tobacco Use and Vaping: According to 2025 CalOptima Health administrative data, most members did not use tobacco or need support to reduce tobacco use (94%). Some members with a self-reported need for support with tobacco or vaping cessation said in the 2025–2026 CalOptima Health MPHNA Member Survey that access to free quit smoking support or nicotine replacement, such as patches or gum, would help them reduce or quit tobacco use (5% of all members surveyed; not shown). A smaller group of members with a self-reported need for support with tobacco or vaping cessation said that text messages or apps to help with quitting would have been useful (3% of all members surveyed).

Supports for Reducing Alcohol Use: While 2025 CalOptima Health administrative data showed that the majority of members do not have alcohol use disorder (98%), reducing alcohol use may be desired or recommended to improve overall health for those without this diagnosis. In the 2025–2026 CalOptima Health MPHNA Member Survey, about one in six members identified supports that would help them reduce their alcohol use (15%). Social activities without alcohol was the most commonly desired support (5% of all members surveyed). Members also reported a general need for support with reducing or ending their alcohol use (4%) and support specifically in the form of tips or information about how alcohol affects health (4%).

Analysis of calls to 2-1-1 Orange County (2-1-1 OC, the information and referral system for Orange County) reveal additional needs for behavioral health support. Though 2-1-1 OC is not restricted to Medi-Cal beneficiaries, data from this service are useful for understanding what resources and supports residents across the county need. One interviewed member noted how helpful 2-1-1 OC has been for them:

"Every time I need to find a new doctor or have questions about my mental health or a therapist, I'll call 2-1-1 to find resources, like if I need an appointment with a psychiatrist or someone just to talk to about my … mental health, they have a hotline you can call and talk to."

2-1-1 OC received over 3,000 calls for support related to behavioral health between July 2024 and June 2025. **Exhibit 14** provides an overview of the types of assistance most commonly requested for behavioral health.

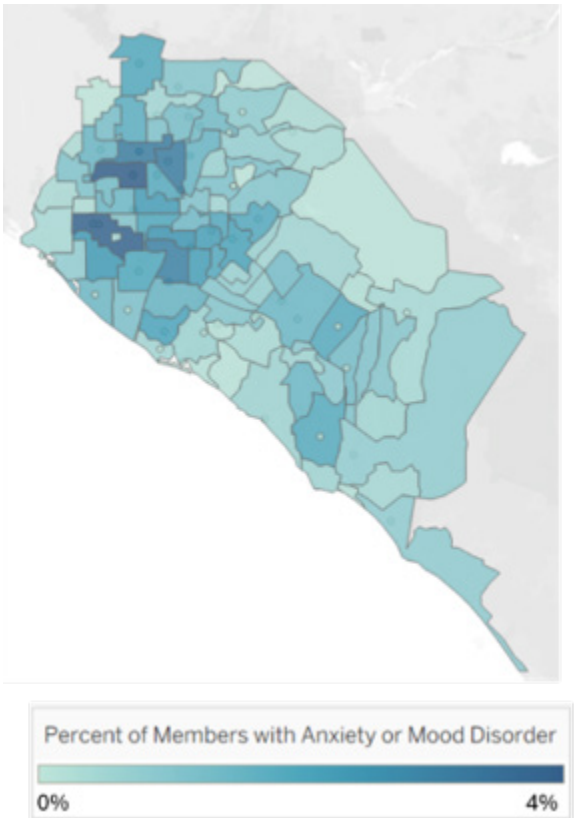
Exhibit 14. Behavioral Health-Related 2-1-1 OC Calls

Type of Assistance Requested	Count of 2-1-1 OC Calls	Percent of All 2-1-1 OC Calls
Any type of behavioral health support	**3,022**	**5%**
Outpatient services (including counseling, support groups, education/prevention services)	1,469	3%
Inpatient/residential behavioral health services or detoxification	768	1%
Other behavioral health-related calls	785	1%

Source: FY2024–2025 Needs Referrals from 2-1-1 Orange County

Understanding where members with behavioral health needs live is essential to identifying gaps in available behavioral health resources. **Exhibit 15** shows the distribution of where adult members with anxiety and mood disorders, SPMI or substance use disorder live. The map regions reflect Orange County ZIP codes and are color-coded with darker shaded areas reflecting a higher concentration of CalOptima Health members with related behavioral health needs. The highest concentrations of behavioral health needs were clustered in Anaheim, Santa Ana and Westminster, which had the largest shares of members with anxiety and mood disorders, SPMI and substance use disorders.

Exhibit 15. Map of Adult CalOptima Health Members With Anxiety and Mood Disorder



Source: 2025 CalOptima Health Administrative Data

Conclusion on Health Status and Health Conditions

In summary, CalOptima Health members experience a wide range of health conditions. As noted earlier, low-income populations often report worse health status on average than the general population, reflecting higher underlying health and social risk. The findings underscore a greater level of health need among CalOptima Health members. Though the member population may have significant health-related social needs, heart disease, obesity and diabetes were identified as high-priority chronic conditions among countywide and statewide populations in the 2023 CHA, indicating that these conditions affect the broader population and are not unique to CalOptima Health members. Behavioral health needs dominate as an important issue, highlighting the elevated need for behavioral health support among low-income populations such as Medi-Cal recipients.

Health Care Use

Health care use and care-related risk refer to how often and in what ways people access medical services. Health care use includes doctor visits, hospital stays, medications and diagnostic tests. Health care use matters because it shows how, when and how often people access medical services, which helps identify whether a health system is meeting population needs effectively. Patterns of utilization, such as emergency room visits, hospital admissions or preventive care use, can reveal gaps in access, delays in treatment or overreliance on high-cost settings instead of primary care.

Bright Spots:

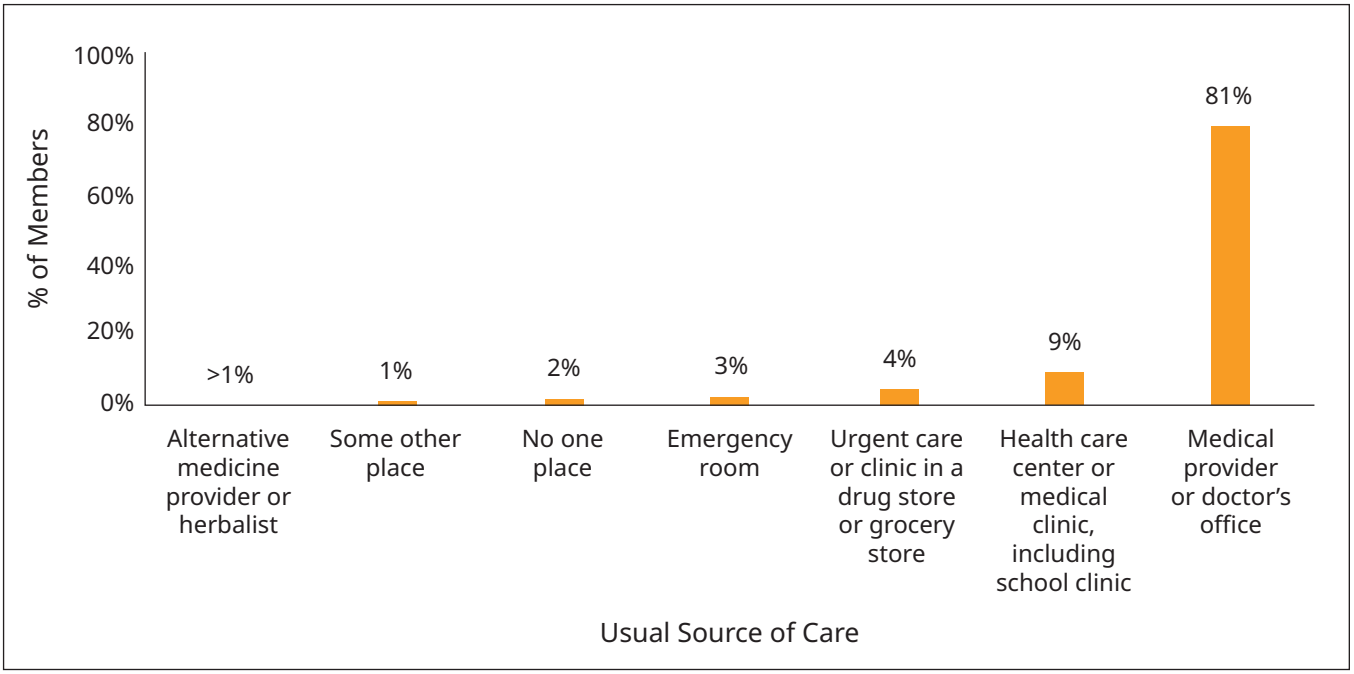
- **Most members had a usual source of care.** Most reported using a doctor's office or medical clinic as their primary source of care (81%), suggesting that many members rely on routine care settings rather than urgent or emergency settings.
- **Primary care use was high overall and consistent across groups.** Most members (84%) reported at least one primary care visit in the past year.
- **Urgent and emergency care may be functioning as intended.** Members described using urgent care because of convenience, same-day access and shorter waits. Even though some subgroups had higher rates of emergency room visits, the overall pattern suggested use was not universally excessive.

Areas of Opportunity:

- **Dental care utilization was low.** Fewer than half of members reported a dental visit in the past year (43%), with even lower use among those in fair or poor health (39% vs. 45%), despite their greater need for preventive care. Members cited confusion about dental benefits and in-network providers, with interviews and focus groups highlighting uncertainty about coverage and where to seek care.
- **Certain subgroups had higher emergency department use.** Rates were especially high among Black or African American members aged 50–64 (74 visits per 100 members), White members aged 50–64 (61 visits per 100), and children aged 1–3 (62 visits per 100).

Having a usual source of care can help to improve health by providing consistent and preventive care, which can lead to earlier detection of new conditions and better management of existing ones. When asked to identify their usual place of care, most members reported using a doctor's office or medical clinic as their primary source of care (81%; **Exhibit 16**). This indicates that most members are accessing low-level care settings, rather than urgent or emergency care settings, for their care needs.

Exhibit 16. Members' Usual Source of Care



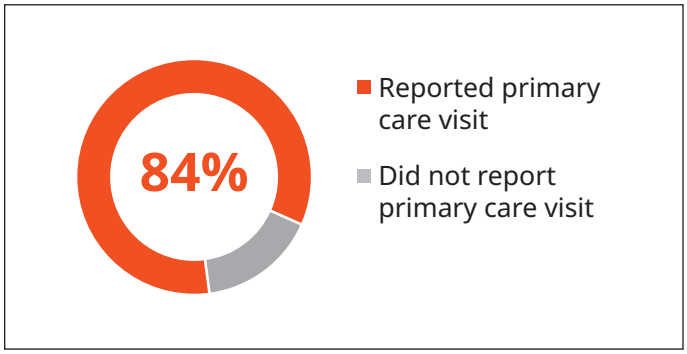
Source: 2025–26 CalOptima Health MPHNA Member Survey

Types of Services Used

CalOptima Health members were asked to report which health care services they used during the prior year in the 2025–2026 CalOptima Health MPHNA Member Survey. Use of certain services varies by important member characteristics, which are highlighted below. The results provide insight into how patterns of service utilization differ across subgroups of the member population.

Primary Care: Primary care access is essential to preventing illness, managing chronic conditions and serving as the foundation for timely and coordinated care across the lifespan. Most CalOptima Health members (84%) have had at least one primary care visit in the last year (**Exhibit 17**). Young members (aged 0–17) had the highest utilization rate at 95%, reflecting the emphasis on pediatric preventive care and well-child visits. Primary care utilization is lowest for adult members (age 18–64); just over one in five adults aged 18–64 did not have any primary care visits in the last year.

Exhibit 17. Primary Care Use in Past 12 Months



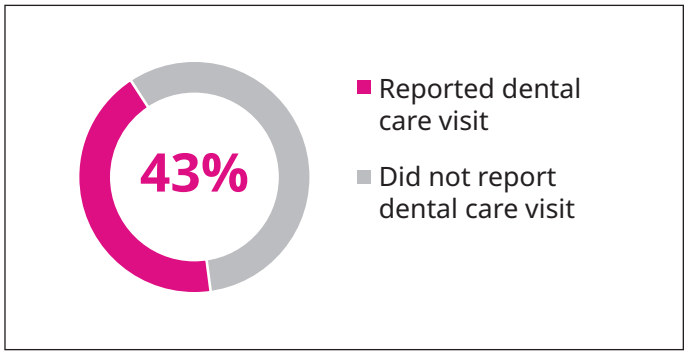
Source: 2025–26 CalOptima Health MPHNA Member Survey

Individuals reporting one or more chronic care conditions were more likely to have had at least one primary care visit in the last year. In interviews and focus groups, members with chronic conditions reported visiting primary care providers (PCPs) frequently (monthly to quarterly). One adult member with disabilities who participated in an interview shared:

"I see my primary care provider quite a few times, maybe every three months or sooner. I have many follow-ups for sleep apnea, asthma, prediabetes and chronic back pain."

Dental Visits: Unmet oral health needs are a growing concern for Medi-Cal members. Consistent dental visits help prevent, detect and treat oral health problems before they become serious health issues. As **Exhibit 18** shows, fewer than half of members reported a dental visit in the past year (43%), indicating a potential gap in oral health service access. Young members (aged 0–17) had the highest dental care utilization rate at 55%. Adults aged 18–64 had the lowest dental care utilization at 39%. There is a strong link between oral health and chronic conditions such as diabetes. While CalOptima Health does not provide dental benefits as a Medi-Cal managed care plan, educating members about the importance of regular dental services is important to improving oral health outcomes, which can impact members' overall health.

Exhibit 18. Dental Care Use in Past 12 Months

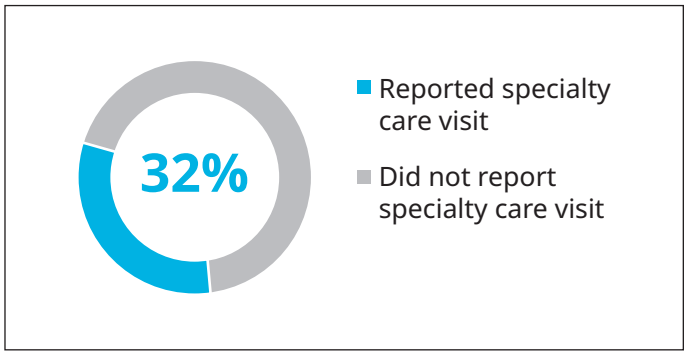


Source: 2025–26 CalOptima Health MPHNA Member Survey

Based on interviews and focus groups, financial barriers and confusion around dental benefits may have explained some of the gaps observed in accessing dental services. Some members indicated uncertainty about what dental benefits they had and which dental providers were in network for them. These members explained that limited dental benefits or dental provider availability resulted in paying high out-of-pocket costs. In addition to these cost concerns, members raised that they had concerns about paying parking fees at care facilities, which discouraged them from attending dental appointments.

Specialty Care: A specialty care provider is a doctor or medical professional who has advanced training in a specific area of medicine, such as heart, skin or cancer treatment. As **Exhibit 19** shows, roughly one third of members reported accessing care from a specialist in the last year (32%), with important variation by age race or ethnicity and health status. Caregivers of members aged 0 to 17 reported the lowest utilization rate at 13%, while adults aged 65+ reported the highest specialty care utilization at 55%, reflecting the increased health care needs associated with aging. Black or African

Exhibit 19. Specialty Care Visits in Past 12 Months

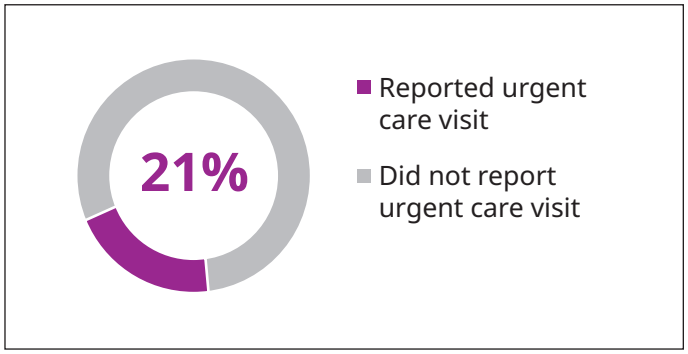


Source: 2025–26 CalOptima Health MPHNA Member Survey

American members reported slightly higher specialty care utilization than the population average (36%), while Hispanic members reported the lowest specialty care utilization at 25%.

Urgent Care Visits: A regular primary care provider ensures continuity, preventive care and long-term management of chronic conditions, while urgent care serves as a useful complement by addressing immediate, short-term needs when a primary care provider is not available. About one in five members (21%) reported accessing urgent care in the past year (**Exhibit 20**). Utilization of urgent care notably varied by language fluency; those who speak English well/very well were more likely to report using these services compared to those who do not speak English well (24% vs. 12%).

Exhibit 20. Urgent Care Use in Past 12 Months



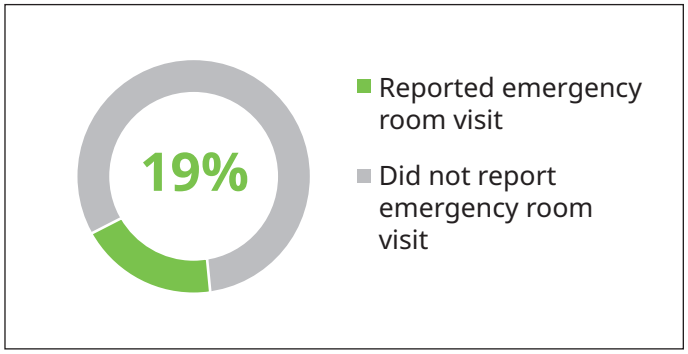
Source: 2025–26 CalOptima Health MPHNA Member Survey

During interviews and focus groups, some members described preferences for urgent care due to convenience and timeliness. Same day access and shorter waits drove members to use this option, though some participants reported inconsistent quality of care received at urgent care clinics. In one of the focus groups of English-speaking members residing in northern Orange County, a member shared the following:

"I usually go to urgent care because with my primary care, they take so long to make the appointment. I usually go to urgent care to get a prescription or get evaluated on whatever is going on."

Emergency Room: Nearly one in five CalOptima Health members (19%) reported using the emergency room at least once in the past year (**Exhibit 21**). In interviews and focus groups, some members reported that the emergency department was the best option for them to get care if they needed a same-day appointment.

Exhibit 21. Emergency Rooms Visits in Past 12 Months

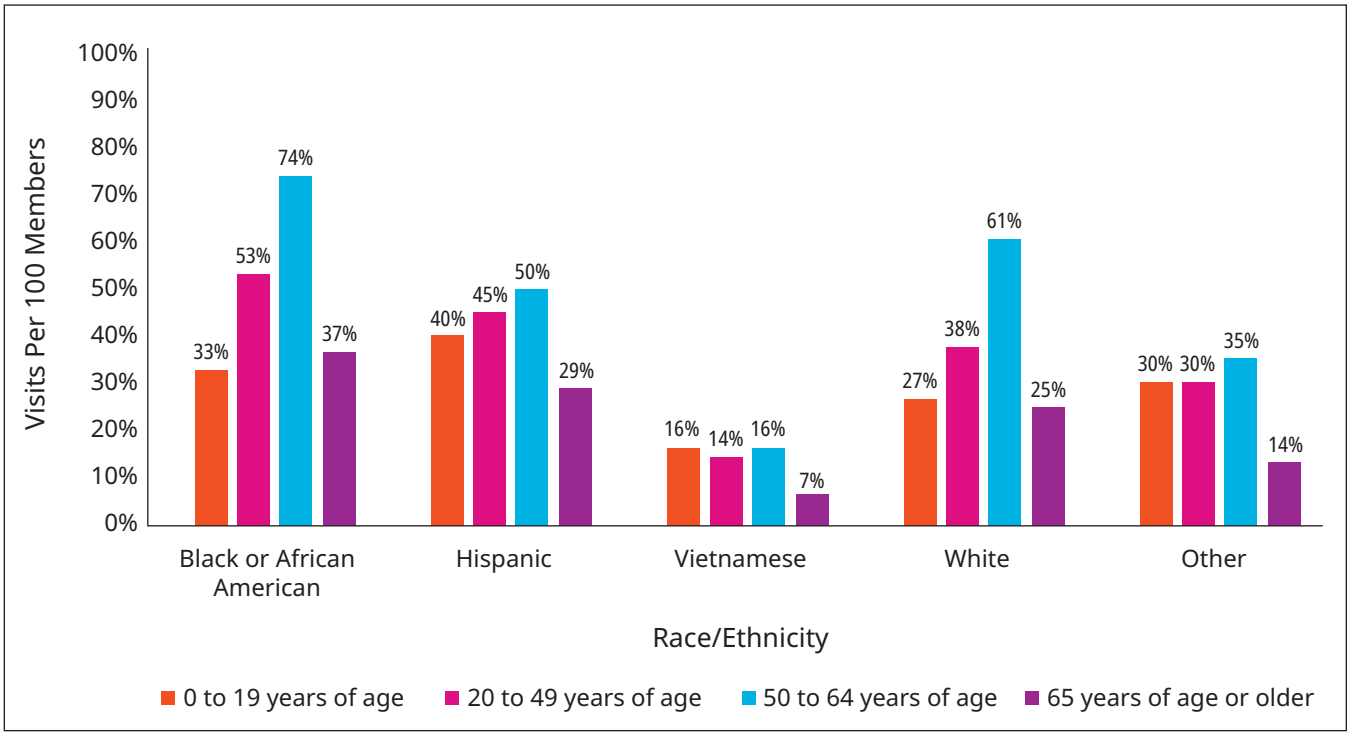


Source: 2025–26 CalOptima Health MPHNA Member Survey

CalOptima Health administrative data showed that the overall rate of emergency room use was 35 visits per 100 members. Comparable data for Orange County show similar emergency room use, at about 32 visits per 100 residents, which represented the lowest emergency room visit rate per population across the state in 2023.[13] As **Exhibit 22** shows, the highest rates of emergency room use were among Black or African American members aged 50 to 64, with visits averaging 74 per 100 members. Emergency room visits among White members aged 50–64 were also higher than average with 61 visits per 100 members. Children aged 1 to 3 had rates of emergency room use that were nearly double those of the enrolled population (62 visits per 100 members).

Approximately 20% of these groups' emergency room visits resulted in inpatient admissions. Overall, while emergency department use among CalOptima Health members was below the national average, certain age and racial or ethnic groups experienced notably higher use, suggesting differences in care needs or access to timely outpatient services.

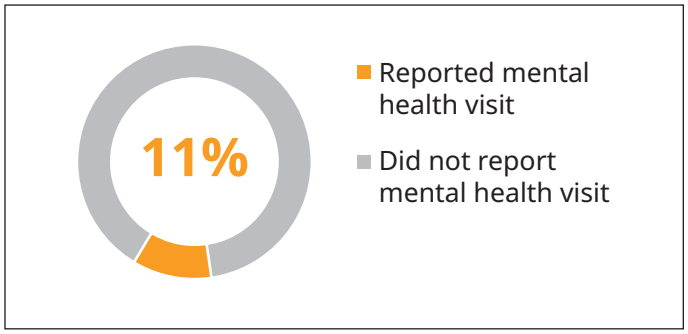
Exhibit 22. Emergency Room Visits Per 100 Members by Race/Ethnicity and Age Group



Source: 2025 CalOptima Health Administrative Data

Behavioral Health Services: Behavioral health services focus on the prevention, diagnosis and treatment of mental health conditions and substance use disorders. They address how behaviors, emotions and mental well-being impact overall health. The member survey shows more than one in 10 (11%) CalOptima Health members reported using mental health services (**Exhibit 23**). Just 1% of the member population reported using services for substance use disorder.

Exhibit 23. Mental Health Visits in Past 12 Months

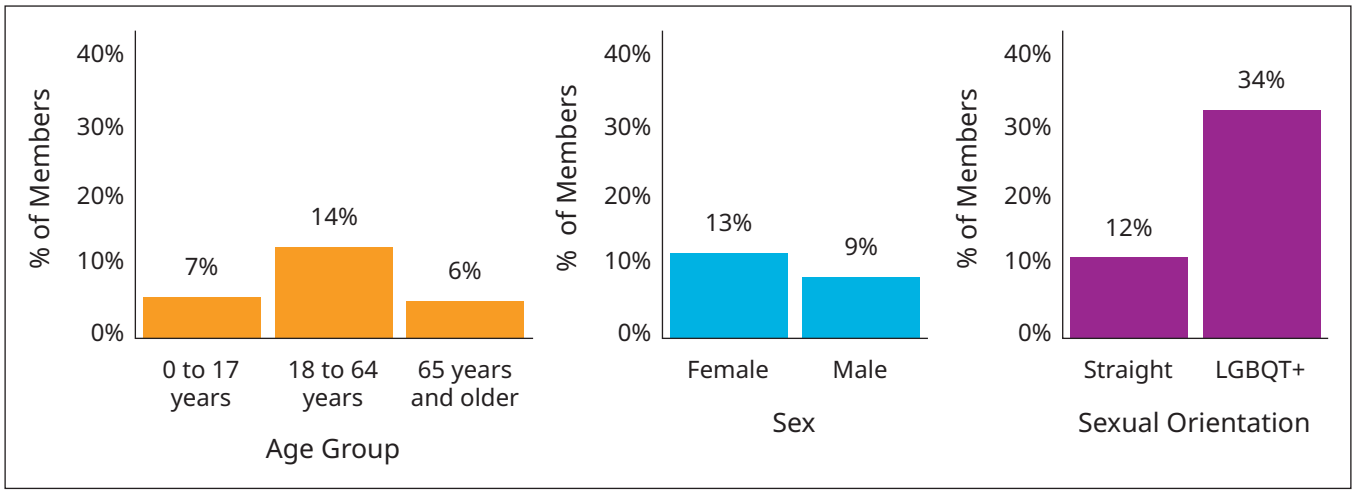


Source: 2025–26 CalOptima Health MPHNA Member Survey

Exhibit 24 displays self-reported mental health service use among members by age group, sex and sexual orientation from the member survey. Adults aged 18–64 reported the highest mental health service use rate at 14%. Female members reported using mental health services at a higher rate than males (13% and 9%, respectively). Members identifying as lesbian, gay, bisexual, transgender, queer or another nonheterosexual orientation (LGBTQ+) reported

substantially higher mental health service usage at 34% compared to straight members at 12%, highlighting the greater mental health service engagement among this population.

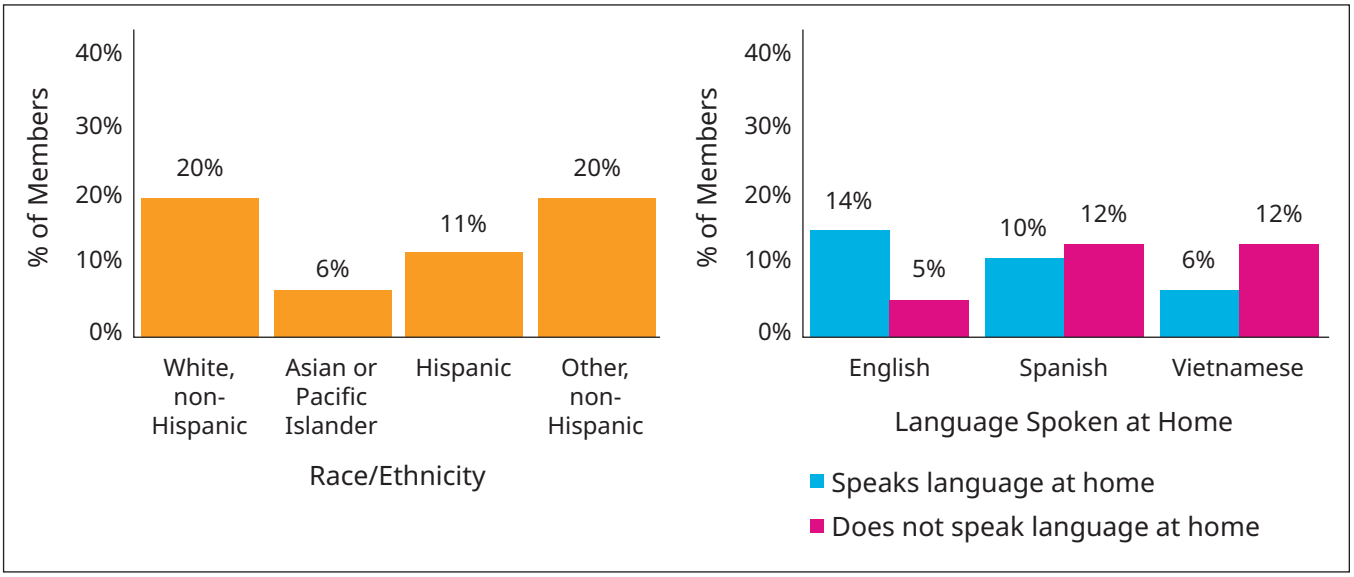
Exhibit 24. Mental Health Service Utilization by Age Group, Sex and Sexual Orientation



Source: 2025–26 CalOptima Health MPHNA Member Survey

Exhibit 25 displays self-reported mental health service utilization among members by race, ethnicity and language spoken at home. These findings highlight that cultural attitudes around behavioral health, languages spoken and fluency with the English language may create barriers to accessing mental health services.

Exhibit 25. Mental Health Service Utilization by Race/Ethnicity and Language Spoken at Home



Source: 2025–26 CalOptima Health MPHNA Member Survey

Conclusions on Health Care Use

In summary, CalOptima Health members demonstrated strong engagement with primary care, with most members reporting at least one primary care visit in the past year and identifying a doctor's office or medical clinic as their usual source of care. In contrast, utilization of mental health and substance use services was lower than might be expected given documented needs in these areas. Use of other services varied by age, health status and selected demographic characteristics. Dental care lagged behind recommended utilization, with fewer than half of members reporting a dental visit in the last 12 months and some noting cost concerns, benefit confusion and provider availability issues. Overall, these patterns suggest that members are well connected to primary care with potential opportunities to improve access to other services such as dental care and behavioral health services.

Health Care Access, Coverage, and Navigation

This section focuses on health care access, coverage and navigation, which reflects how easily people can obtain needed medical services, whether those services are financially covered and how effectively they can move through the health system. Access is the ability to get care when needed, which can be affected by location, transportation, provider availability and wait times. Coverage refers to insurance or financial systems that determine what services are covered by a member's health plan. Navigation is the process of understanding and using the health system, finding providers, scheduling appointments, understanding referrals and managing insurance rules. Health care access, coverage and navigation are important because they determine whether people can actually receive the care they need in a timely and effective way. Together, these factors strongly influence health outcomes, reduce inequalities between different populations and make the health system more efficient and responsive.

Bright Spots:

- **Maternal health outcomes compared favorably with statewide averages:** Birth outcomes among CalOptima Health members were generally better than statewide averages, with lower rates of low-weight birth (51 per 1,000 live births vs. 75 per 1,000 statewide) and preterm birth (54 vs. 92 statewide).
- **Older adults enrolled in OneCare reported fewer challenges accessing mental health care:** OneCare members reported fewer challenges than dually eligible members enrolled in Medicare outside CalOptima Health (11% vs. 25%), suggesting value in more integrated coverage and navigation.
- **Older adults were more aware of and more likely to use nonmedical transportation (NMT)** compared to adult members ages 18–64.

Areas of Opportunity:

- **Specialty care was a major challenge:** More than one-third of members who tried to access specialty care reported it was a challenge. Long wait times and referral delays created barriers to specialty care.
- **Mental health access challenges were notable:** About 37% of members reported at least a moderate challenge. Behavioral health access was more difficult for adults 18 to 64, men and members in poorer health.
- **Delayed care was somewhat common:** About one-third of members (34%) reported being unable to get needed care or having to wait. Half of members in fair/poor health reported delayed care (50%) compared to 27% in good/excellent health. Common reasons for delays included an inability to get an appointment (50%), long waits to be seen (38%), insurance not being accepted (22%) and providers not accepting new patients (19%).
- **Many members needed help understanding benefits:** About 43% of members said they needed help understanding covered services or how to use benefits. Interviews and focus groups highlighted confusion about benefits, eligibility, in-network providers, authorizations and denials. Members wanted clearer, proactive communication about services and coverage.
- **Provider offices may have limited navigation support capacity.** Only 33% reported offering help understanding benefits, 22% offering enrollment help and 26% hiring paraprofessionals such as patient navigators or community health workers.

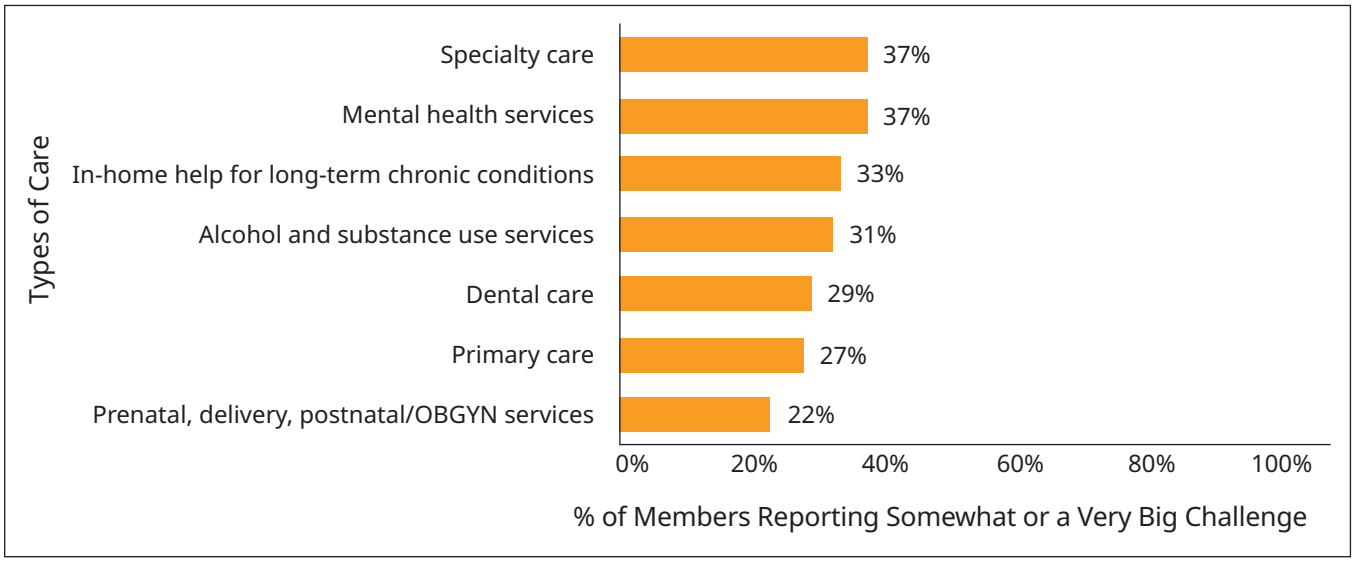
Challenges with Accessing Care

In the review of Orange County needs assessments and public reports, access to care was commonly identified as an area of concern across primary, dental, vision and other medical care (see Appendix D). These reports described access challenges related to transportation, accommodations for disabilities and system navigation.[6,14,15] They also highlighted long wait times, difficulty finding primary and specialty care providers, scheduling challenges, limited health literacy, and insufficient information about available services. [8,15,17] The reports noted that these challenges contributed to delayed care and unmet health needs, with particular concerns for Hispanic and Asian or Pacific Islander populations.[12]

In particular, the 2023 CHA highlighted access barriers to both mental health and maternal health care, driven largely by provider shortages and difficulty navigating the care system. Access challenges for mental health services were due to limited provider capacity and cultural and language barriers, while maternal health access was reported to be constrained by a lack of nearby clinics and providers serving Medi-Cal populations.[1] Findings in the 2023 CHA align with findings related to access challenges for mental health services, as described further in this section.

Through the member survey, CalOptima Health members described their experiences with accessing care across a variety of services, from primary care to specialty care. **Exhibit 26** shows challenges with accessing care that were identified by members in the member survey. Notably, most members did not report challenges accessing preventive or specialty care.

Exhibit 26. Somewhat or Very Big Challenge Accessing Care Among Members Seeking Services



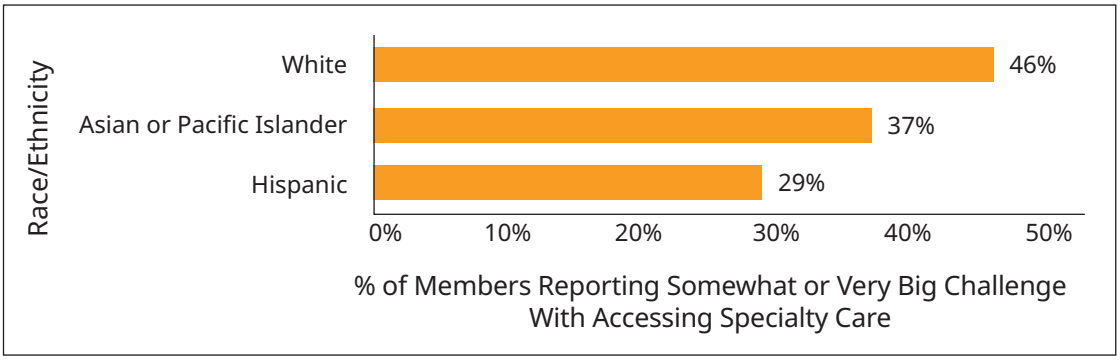
Source: 2025–26 CalOptima Health MPHNA Member Survey

Specialty Care

Among members who attempted to access these services, over a third (37%) reported "somewhat" or a "very big" challenge accessing specialty care. Although the MPHNA identified specialty care access gaps and challenges among CalOptima Health members, it is important to note that these challenges reflect broader system-level issues that may impact access across coverage types, such as workforce shortages.[18]

The degree to which members experienced challenges accessing specialty care varied by racial and ethnic background and English fluency. As **Exhibit 27** shows, White members (46%) were most likely to report a challenge with accessing specialty care, followed by Asian or Pacific Islander members (37%), and Hispanic members (29%). Language does not appear to be a factor influencing challenges with accessing specialty care. These findings may indicate that members proficient in English are more likely to recognize, seek out or navigate specialty care services, making them more aware of barriers such as referral requirements, wait times or provider availability.

Exhibit 27. Variation in Challenges With Accessing Specialty Care by Racial and Ethnic Background



Source: 2025–26 CalOptima Health MPHNA Member Survey

The degree to which members experienced challenges also varied by age and health status but did not differ greatly based on program enrollment. About 39% of members aged 18 to 64 identified specialty care as a challenge, followed by 35% of members aged 17 years or younger, and 32% of members aged 65 years and older. Members with fair/poor health (42%) reported challenges accessing specialty care at a higher rate than those with good/excellent health (34%). These findings indicate that challenges in accessing specialty care were more common among members in poorer health, which aligns with expectations about who needs specialty care. The findings also suggest that working-age adults experienced more challenges accessing specialty care, pointing to a potential area of opportunity for more targeted care navigation.

During interviews and focus groups, members and representatives from local social and health service organizations described long wait times for appointments as a major access barrier, especially for specialty care. Some members noted they have waited months to receive specialty care due to delayed authorizations, difficulty locating in-network specialists with available appointments and the need to self-advocate for imaging or referrals. Members also described limited coordination across providers once referrals are initiated. Specialty care access gaps are well-documented for the Medi-Cal population and point to workforce shortages and less access for this population in general. A parent of a child member with special health care needs enrolled in the Whole-Child Model provided an example of these challenges:

"ENT (Ear, Nose and Throat) is the hardest [specialty to get appointments for]. They are not set up for medically complex kids at all. I can't even get someone in the ENT on the phone… I can't find another pediatric ENT that takes CalOptima."

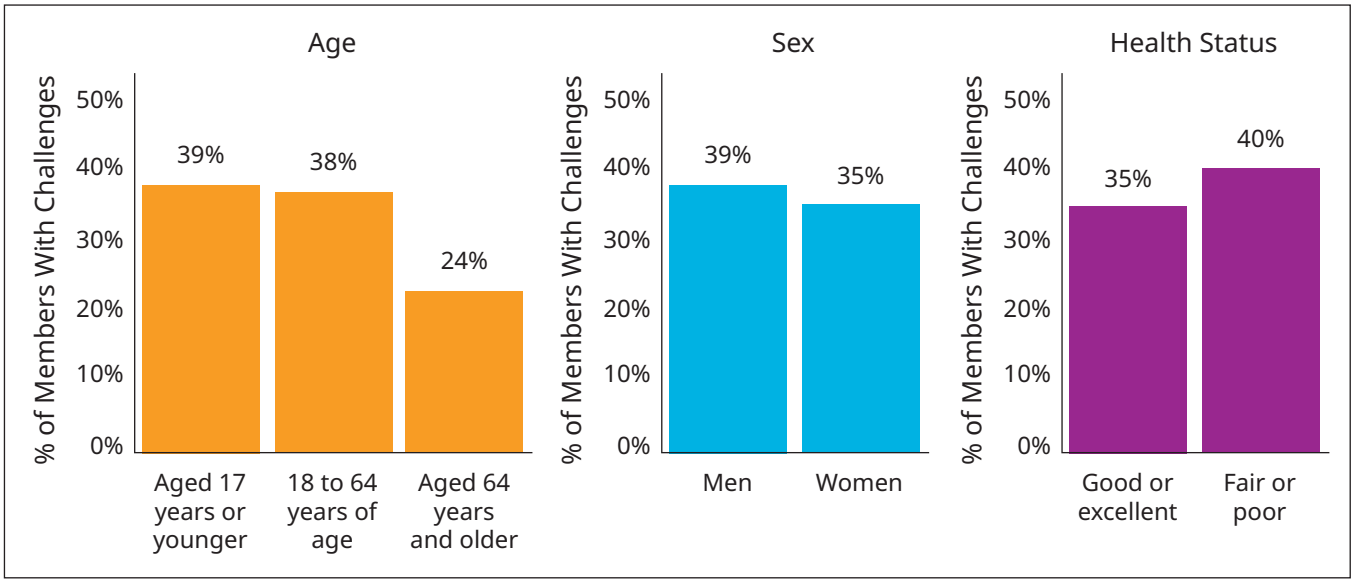
A member from the Senior and PACE focus group shared difficulty getting appointments with a specialist when needed:

"I feel that maybe there's not enough certain specialists in the network to allow quicker appointments. For example, my primary physician requested for me to go see a urologist. Just to see the urologist, just to get 15 minutes of his time to review my PSA, which was a concern, took three to four weeks. Then, after two tests were done over a period of four months, only at that point was I able to see a urologist. Once I saw the urologist, to get the procedure, it's another three or four months. I was told that one of the reasons it's tough to get an appointment scheduled earlier is because there's not enough urologists in the network."

Mental Health Care

Among members who attempted to access mental health services, 37% report "somewhat" or a "very big" challenge obtaining these services. **Exhibit 28** shows the degree to which members experienced challenges accessing mental health care varied by age, sex and health status. These findings indicate that perceived challenges in accessing mental health services are more common among younger and working-age members than among older adults, with slightly higher reported challenges among males and those in poorer health, suggesting that both age and health status may meaningfully influence mental health service access and unmet need.

Exhibit 28. Variation in Challenges With Accessing Specialty Care by Age, Sex and Health Status



Source: 2025–26 CalOptima Health MPHNA Member Survey

Challenges with accessing and navigating behavioral health services were also reported in the 2023 Orange County CHA. Findings included that members of the community experience difficulty accessing mental health care due to limited capacity, stigma, insurance and cultural/language barriers in a complicated system.

However, most members did not report challenges with accessing mental health services. Members enrolled in OneCare experienced fewer challenges with this than members who are dually eligible for Medicare and Medi-Cal and are enrolled in Medicare outside of CalOptima Health (11% and 25%, respectively).

Participants in interviews and focus groups described varied experiences accessing mental health care. Some indicated they did not know what services existed or how to access them; as one member noted, they "don't even know to ask" for certain services. An unhoused member shared:

"I was going through something; I thought it was depression. It started affecting my work, and I didn't know how to go about finding who to talk to, who I could reach out to. I'd never dealt with anything like that. I didn't know even what the symptoms were or anything like that, so I didn't know what to ask for."

Other members with mental health needs shared positive experiences with getting connected to services easily, sometimes with the help of a care manager or navigator:

"After the first appointment, they make the appointment for you. The appointments with the social worker are every two weeks, and with the doctor at least once a month for the medication. There's no problem. Every time I go to the doctor or psychiatrist, I get updates or new appointments on the day of. I don't have to call extra. I don't have to go any other way or make another phone call to make a different appointment. It's just there already."

One member directly attributed the positive change in having their mental health care needs met to their switch to CalOptima Health:

"When I switched to CalOptima, I felt way better. I felt my needs are more understood. I feel like I can go to the doctor's for any little thing."

Alcohol and Substance Use Disorder Services

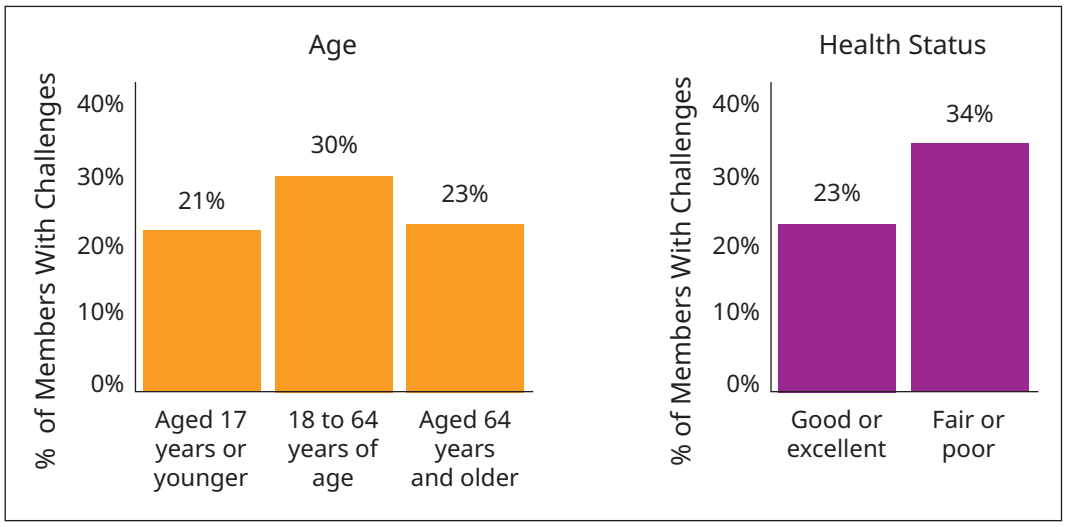
Members enrolled in Medi-Cal and OneCare may access substance use services through the Orange County Behavioral Health Plan. OneCare members have access to the Opioid Treatment Program (OTP) through CalOptima Health. Among members who attempted to access alcohol and substance use disorder services, almost one-third (31%) reported "somewhat" or a "very big" challenge obtaining these services. This finding is substantially higher for those who report fair/poor health (43%) compared to those with good/excellent health (25%). Access to these services did not vary meaningfully by race, sex or age. One member who participated in an interview described his experience with getting connected to an array of services:

"At first, I had just had my counselor, and I was trying to get more help with [my mental health], but I couldn't get into this IOP [intensive outpatient program] … So, it took me some time to get my mental health under control because I wasn't med compliant until I started taking the shot, then I could get in the program … They do group classes, and they do education. They have a counselor, and they even put in a referral for me to go to sober living for three months. So, I'm waiting to get in — there's a lot of different groups that they have and referrals that they could make. So, I decided to try to get on a waiting list [for sober living]."

Primary Care

The majority of members did not report experiencing challenges with accessing primary care. Among those who tried to access primary care in the prior year, only one in four members reported "somewhat" or a "very big" challenge accessing primary care. **Exhibit 29** shows the degree to which members experienced these challenges by age and health status. These findings indicate that challenges in accessing primary care are most commonly reported among working-age adults and are more common among members in poorer health, suggesting that both age-related demands and health complexity may contribute to difficulty obtaining primary care services.

Exhibit 29. Variation in Challenges With Accessing Specialty Care by Age and Health Status



Source: 2025–26 CalOptima Health MPHNA Member Survey

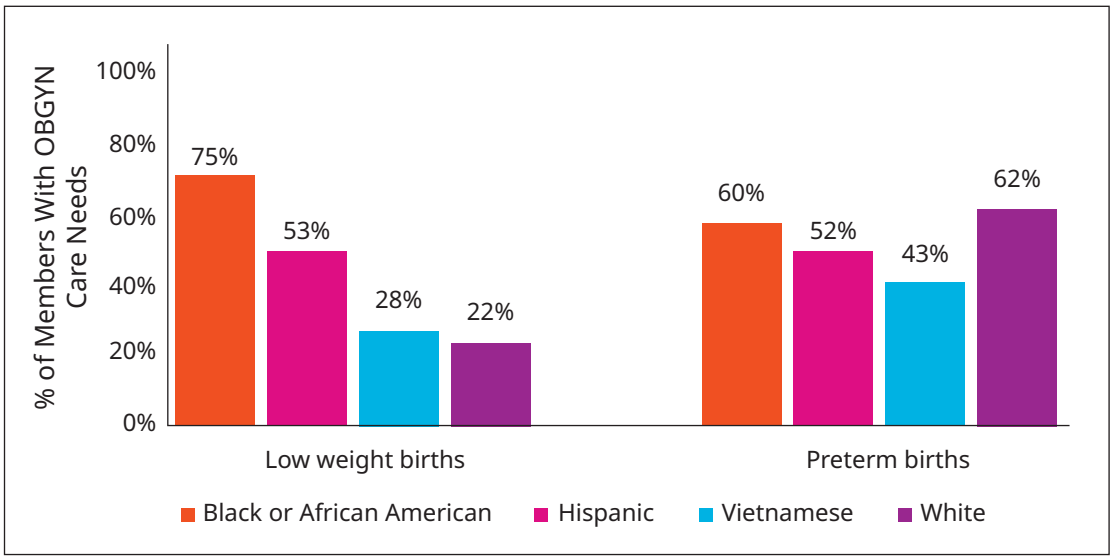
While most members did not report challenges with accessing primary care, the degree to which members did experience challenges with accessing primary care varied by language spoken and English proficiency. Fewer members who reported not speaking English well said they experienced a challenge accessing primary care (22%) compared to members who reported speaking English well (28%).

Pre/Postnatal and OB-GYN Services

Most members did not report access challenges with prenatal, postpartum and OB-GYN services. Among members who attempted to access these services, about one in five members (22%) reported experiencing "somewhat" or a "very big" challenge accessing prenatal, postnatal and OB-GYN services. Additionally, birth outcomes for CalOptima Health members were generally better than statewide averages, with lower rates of low weight birth (51 per 1,000 live births versus 75 statewide[21]) and preterm birth (54 versus 92 statewide[22]), indicating a potential contribution of CalOptima Health's efforts to improve access to maternal health programs, prenatal care and postpartum care. However, notable racial and ethnic disparities persist (**Exhibit 30**).

Black or African American members experience rates of low birth weight more than two times higher than White and Vietnamese members and nearly 1.5 times higher than Hispanic members. Statewide, race/ethnic differences in low birth weight rates are slightly higher than those observed among CalOptima Health members. Low birth weight rates statewide are 2.3 times higher for Black or African American residents compared to White residents and are 1.8 times higher compared to Hispanic residents.[21] Preterm birth rates were more similar by race/ethnicity among CalOptima Health members, and all were lower compared to those measures statewide.[22]

Exhibit 30. Low Weight and Preterm Births by Race/Ethnicity

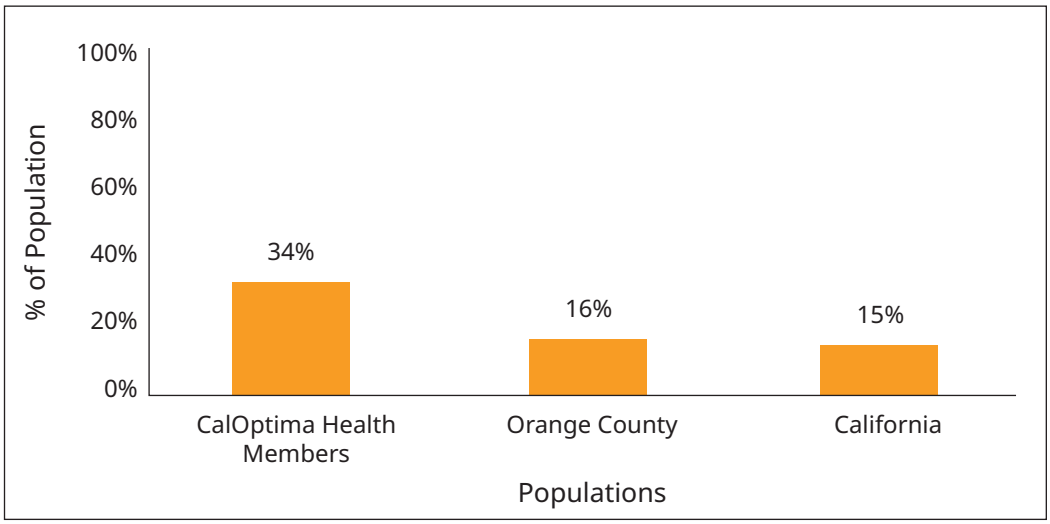


Source: 2025–26 CalOptima Health MPHNA Member Survey

Delays in Accessing Needed Care

About one-third of CalOptima Health members reported having delayed needed care in the prior year (**Exhibit 31**). Comparing this finding to the most recently available county- and state-level data from 2021, it appears that this is a higher rate than broader county and state populations.[1] However, this data must be interpreted with caution, as they come from different time frames and sources. Still, the trend suggests that CalOptima Health members face barriers to timely care, reinforcing earlier findings that challenges related to care navigation, appointment availability, and competing social and economic pressures affect this population and may contribute to delayed or forgone care.

Exhibit 31. Delayed Care by Population



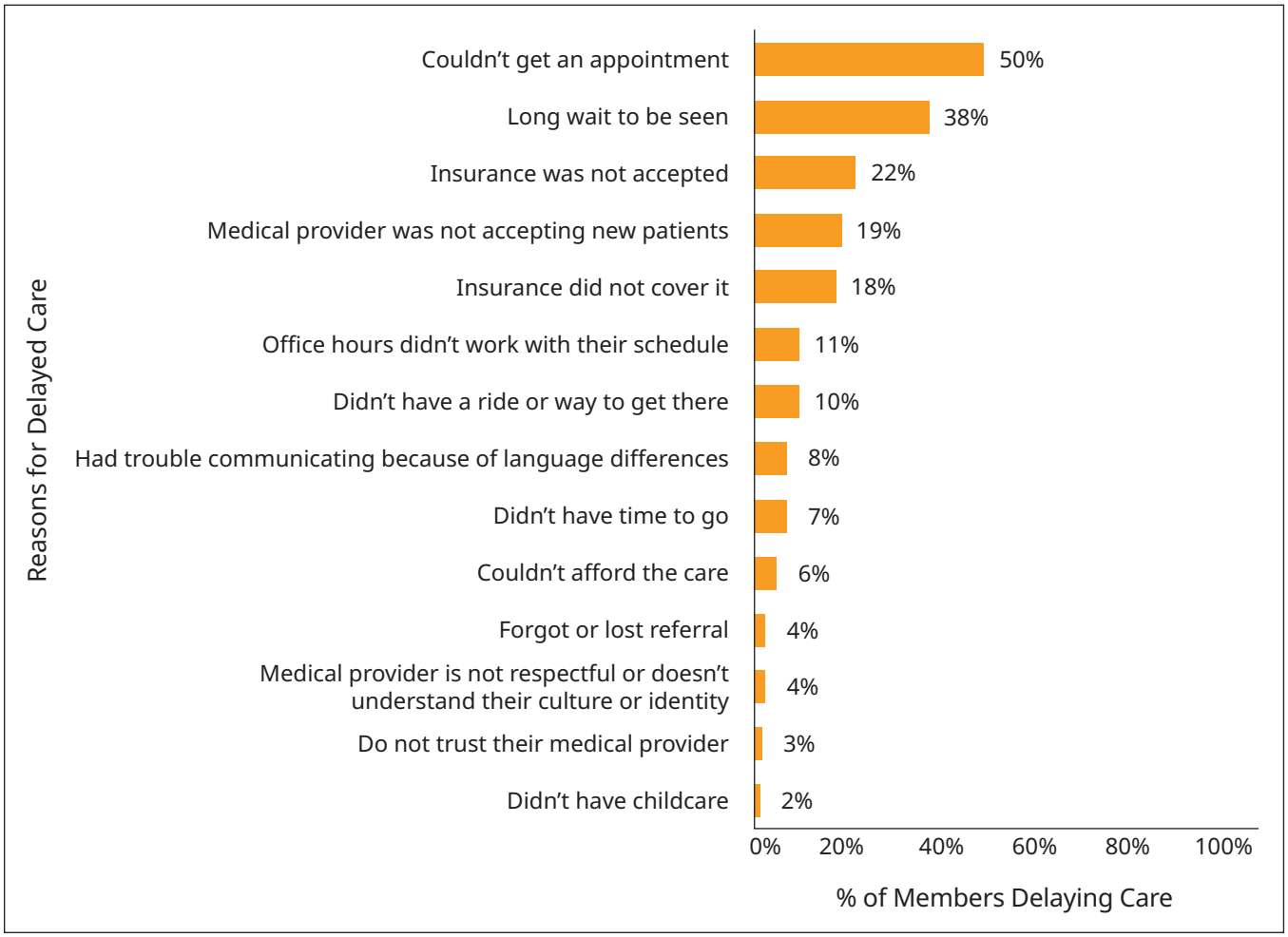
Source: 2025–26 CalOptima Health MPHNA Member Survey, 2023 California Health Interview Survey, 2023 Behavioral Risk Factor Surveillance System (BRFSS) and 2023 National Health Interview Survey.

While the majority of members did not report delaying care, just over one in three members (34%) reported there was a time when they needed to see a doctor but could not, or they had to wait to receive needed care. Adults ages 18–64 experienced the highest rate of delayed care at 40%, with 60% reporting no delays. Female members experienced substantially higher rates of delayed care compared to male members (39% vs. 29%, respectively). Health status data showed that members in fair/poor health experienced substantially higher rates of delayed care at 50% compared to those in good/excellent health at 27%, indicating that those with greater health challenges are more likely to experience barriers to timely care.

The most common reason members say they delayed care is because they could not get an appointment (50%) (**Exhibit 32**). Nearly four in ten members (38%) said there was a long wait to be seen by a provider, and just over one in five members (22%) said their insurance was not accepted. About 19% of members reported that the medical provider was not accepting new patients. Taken together, the results indicate that delays in care may often reflect broader barriers related to access rather than individual choice. One member who was unhoused explained challenges he faced when trying to receive a referral to a mental health provider from his primary care provider:

"I tried to reach out to a doctor or someone like that, and they didn't accept the insurance, so I just, whatever I was going through, I dealt with it myself and kept myself busy. That's what usually I do. I keep myself busy and it just goes away. Like sometimes it hits you like a ton of bricks…[The primary care provider] sent me to this one [mental health provider], but they didn't accept my insurance. I didn't want to keep — I had to keep working — you know what I mean? And then finding the time and then making a call, and then, it gets kind of hard when you don't have that time to do that."

Exhibit 32. Member Delays in Accessing Care



Source: 2025–26 CalOptima Health MPHNA Member Survey

Awareness and Knowledge

Among respondents to the member survey, 43% reported they need help understanding what services are covered and/or how to use their benefits. The need for help varied by health status and English fluency. About 54% of members with fair/poor health reported needing help to understand coverage and/or benefits compared to 38% of those who reported good/excellent health. Language fluency is also an important factor in understanding and navigating coverage benefits; 60% of members with limited English fluency reported needing help compared to 38% of those with strong English fluency.

When asked about their awareness of CalOptima Health's NMT services, 56% of adult members (18 to 64) reported they are not aware of this service. Only 16% indicated they are aware and have used the service, while 28% are aware of it but have not used it. Older adults (aged 65 or older) were more likely to be aware of NMT services and to have used these services compared to adult members age 18–64. One member who participated in an interview made the following recommendation to improve the NMT program:

"The [NMT program] doesn't give rides to NA and AA meetings or to church or the gym. I think it would be cool if they gave free rides to those places. [They give rides] to doctor's appointments, group therapy, alcohol rehabilitation — a bunch of stuff — but they don't do it for the self-help meetings."

During interviews and focus groups, members and representatives from local social and health service organizations described low awareness of available services, confusion about insurance benefits and eligibility, and difficulty understanding how the health care system works. Care navigation services were widely viewed as helpful, but many members reported not knowing that these services exist or how to use them. Many members expressed confusion about in network coverage, long authorization delays and unexpected denials. One member with mental health needs described in an interview:

"I had to go to the social services office, and I had to tell them, 'Hey. I need to go to my doctor. How can I get my health care with CalOptima?' And then I mistook CalOptima with Medi-Cal, or CalMed or — I don't know … I kind of mistake those two sometimes. I'll call Medi-Cal and waste their time and be like, 'Oh, yeah. No. It's because you guys aren't my doctors.' They're like, 'No. We don't have your record.' And then just to find out, CalOptima, it's a different thing than Medi-Cal. Is it?"

Members also shared that they struggled to understand their coverage, differences between plans and available services. Some members reported they were unsure whether CalOptima Health covers therapies or specialty services for their enrolled children. Members repeatedly reported that this information was "not told to us" and emphasized the need for clear, proactive and in language communication about benefits and services. In an interview, an unhoused individual expressed a need for more information:

CalOptima Health's Non-Medical Transportation Program

Members are eligible for transportation services when attending appointments for Medi-Cal-covered services and they lack access to personal transportation. Members can get a ride, for free, once all other transportation options have been exhausted. Support is provided for:

- Travel to and from appointments for Medi-Cal services authorized by a provider
- Collection of prescriptions and medical supplies

CalOptima Health permits members to use various modes of transportation, including private vehicles, taxis, buses, and other public or private means, to attend medical appointments for Medi-Cal-covered services. CalOptima Health will cover the lowest-cost NMT option that adequately meets member needs.

"It would be beneficial to distribute more information about CalOptima services … I don't know what else they offer."

Despite members facing challenges with understanding and navigating their benefits, some members called out how helpful CalOptima Health's Customer Service was for them. This highlights the importance of continuing to educate members about the Customer Service contact information to help them take the first step towards understanding their options. One member who participated in an interview said:

"I'm satisfied [with CalOptima Health]. If it was stars, it'd be 10 … I love the customer service and what the benefits are there for."

In the provider survey, 26% of providers described limited health education or health literacy among their Medi-Cal patients as a big problem. Just under 40% of providers identified low health education or literacy as somewhat of a problem. Provider survey findings emphasize the need for member outreach and education that accommodates patients' specific needs and provider outreach and education on existing resources for members with limited health literacy.

Providers' perspectives align with members' perspectives on the need for better understanding and awareness of benefits. In the provider survey, about one in three providers reported that their office offered resources or services to help with understanding health insurance benefits (33%). About two in ten providers reported that their organization provided help with enrolling in health insurance (22%) or access to integrated medical, behavioral and social services (21%). Further, only about one-quarter of providers said their organization hires paraprofessionals who typically assist with improving patients' access to services such as patient navigators, community health workers/promotores or peer support specialists (26%).

Conclusions on Health Care Access, Coverage and Navigation

In summary, while CalOptima Health members' patterns of using health care revealed strong engagement with primary care, many members frequently report difficulty obtaining specialty care, mental health services, and alcohol or substance use services. Over one-third of members reported delaying care. Members most commonly delayed care due to an inability to get appointments, long wait times, or insurance and network limitations. A substantial share of members reported needing help understanding what services are covered and how to use their benefits. Care navigation services are viewed as helpful, but many members do not know they exist or how to access them. Provider survey findings align with these concerns, indicating limited availability or awareness of resources to help members understand benefits and navigate care, which may exacerbate existing access challenges.

Care Experience and Quality

Care experience and quality refer to both how patients feel about the care they receive and how well that care meets clinical standards and produces positive health outcomes. Care experience focuses on the patient's perspective, including communication with providers, respect, involvement in decisions and satisfaction. Care quality focuses on the effectiveness and safety of care, such as using appropriate treatments, avoiding errors and achieving positive health results. This section examines CalOptima Health members' experience with care.

Bright Spots:

- **Many members reported positive experiences with provider communication:** About half agreed their providers answered questions and addressed concerns (53%) and their doctor listened to them (52%).
- **Most members felt their cultural and individual needs were met during care:** A strong majority (75%) agreed or strongly agreed with this statement.

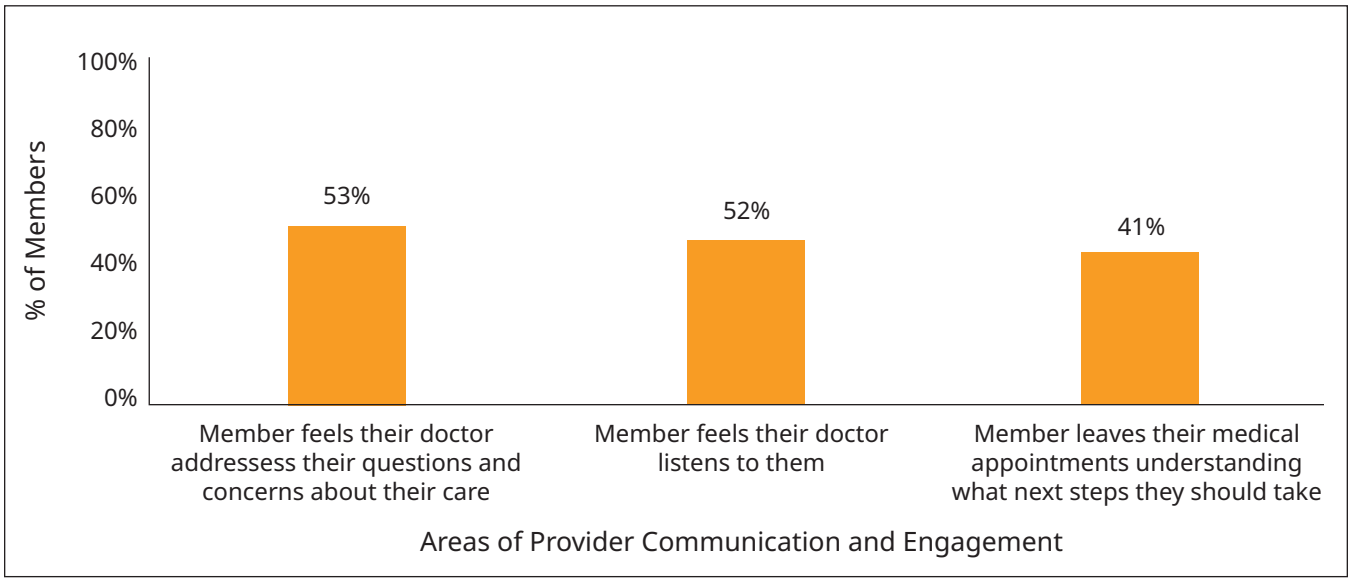
Areas of Opportunity:

- **Understanding next steps after provider visits was limited:** About 41% of members reported leaving medical visits fully understanding what steps to take next.
- **Interpreter access varied:** Fewer than one-third of members (28%) said interpreters were available when they needed them. While 63% of providers said interpretation services were offered, 31% said they are not provided and 7% said they did not know.
- **Few members felt safe sharing religious or cultural preferences with their doctor:** Only 19% of members said they felt comfortable doing so, suggesting limited trust or openness in some clinical encounters.

Communicating with Providers

Many members reported positive experiences related to provider communication (**Exhibit 33**). Slightly over half of members agree that their providers answer their questions and address their concerns (53%). About 56% of members that speak English at home agreed that their medical provider addresses their questions and concerns compared to 48% of members that speak a language other than English at home.

Exhibit 33. Member Perceptions of Provider Communication and Engagement



Source: 2025–26 CalOptima Health MPHNA Member Survey

About half of members feel that their doctor listens to them (52%). Those who speak English at home were more likely to agree that their medical provider listens to them (55%) compared to those who do not speak English at home. Those who speak Spanish at home were less likely to report the same (48%). One member who receives mental health treatment weekly said:

"I like the providers … they've been helpful. I like that they hear my health concerns, and they offer me solutions to my health concerns."

About 41% of members report they leave medical visits fully understanding what steps to take next. Language plays an important role in members' understanding; those who speak English at home are more likely to understand next steps compared to those who do not speak English at home (43% vs. 36%, respectively).

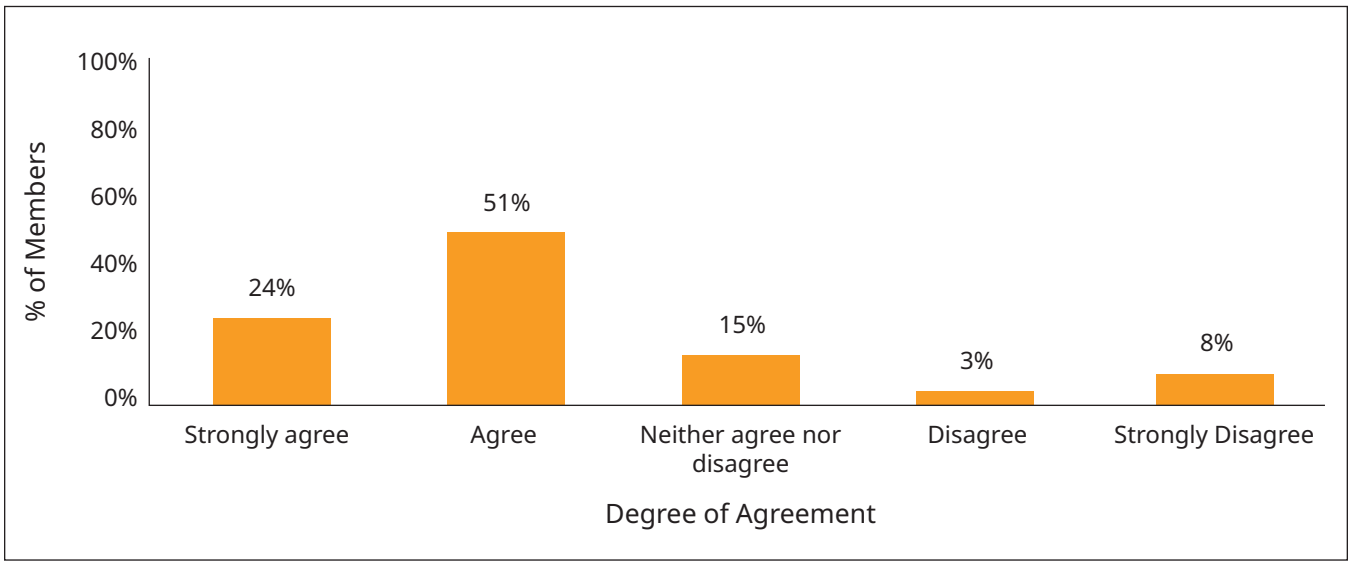
During interviews and focus groups, some members described provider experiences that led to disruptions in their care or mistrust in providers. Members indicated that the lack of continuity of care, defined as the inability to see the same provider throughout multiple visits, negatively impacted the quality of their treatment. Some members also described difficulty understanding medical information provided by clinicians, noting that explanations often felt overly complex and that they rarely asked for clarification.

Cultural and Linguistic Competence

A review of recent Orange County needs assessments and public reports revealed an ongoing need for culturally responsive, equitable and inclusive care. The reports highlighted the importance of language access, cultural norms, disability accommodations and inclusive care environments, with particular emphasis on provider training, culturally tailored outreach and service delivery.[6,11,14,15] In particular, the 2023 CHA highlighted a need for more culturally diverse mental health providers and help with navigating the complicated mental health care system for those with language barriers.[1] In the 2025 Orange County Older Adults Needs Assessment Report, 8% of survey respondents (older adults) reported that language has been a barrier to them getting medical care; 6% said their provider does not understand their culture and 3% said their provider does not have a safe, inclusive environment.[16] While the following MPHNA findings on cultural and linguistic competence highlight mostly positive outcomes for members, there are areas of opportunity to improve access to culturally sensitive and linguistically accessible care.

In the 2025–26 CalOptima Health MPHNA Member Survey, most members reported positive perceptions of their care environment, and that their cultural and individual needs were met during treatment and care (75% agree or strongly agree) (**Exhibit 34**). Positive perceptions about having their cultural and individual needs met were high across all ages. The majority of parents/caregivers of members aged 17 years or younger agreed or strongly agreed that the members' needs were met (83%). Members aged 65 years and older agreed at a similar rate (80%), while fewer members aged 18 to 64 years agreed (71%) with these positive perceptions of their care.

Exhibit 34. Member Delays in Accessing Care



Source: 2025–26 CalOptima Health MPHNA Member Survey

As **Exhibit 35** shows, most members reported that they can talk to their doctor in a language that feels comfortable to them (79%). About 84% of members who speak English at home agreed they can communicate in a comfortable language compared to 69% of members who speak a language other than English at home. Members who speak English well/very well (84%) were more likely to agree they can communicate in a comfortable language compared to those who do not speak English well (68%). While most members felt able to communicate with their doctors in a language that is comfortable for them, there are opportunities to strengthen language access and communication support for those with lower proficiency in English.

The need for strengthening language access is further evidenced by the fact that less than a third of members say interpreters are available when they need them (28%). Almost half (43%) of members who speak Spanish at home agreed that interpreters are easy to get compared to those who do not speak Spanish at home.

In the provider survey, nearly two-thirds of providers (63%) reported that their office provides interpretation services for members who do not speak English. However, 31% reported that interpreters are not provided, and 7% said they did not know, indicating potential gaps in awareness of interpreter services among providers.

During interviews and focus groups, some members said they rely heavily on their family for interpretation during health visits. One participant described how his mother did not want to use an interpreter if her children were not available because she was not comfortable with an interpreter sitting in on her appointments. This highlights an issue that goes beyond the availability of interpreter services — it points to the importance of building trust with patients and providing culturally appropriate, and when possible, in-language care.

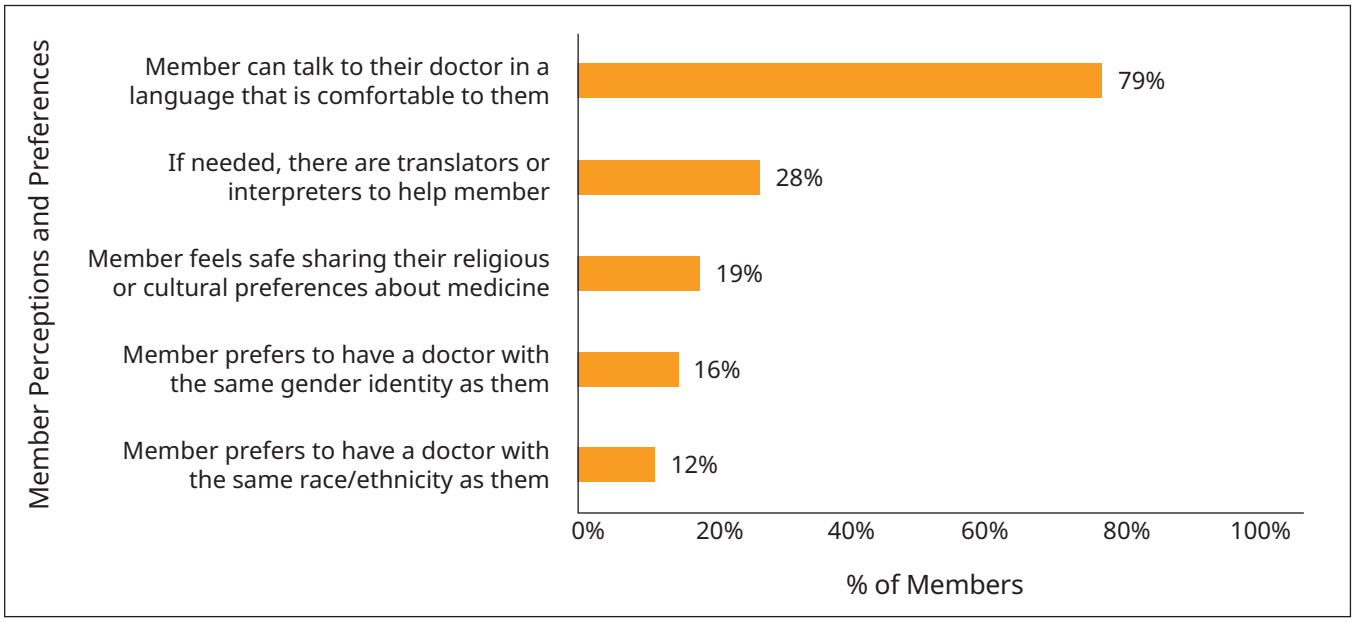
Fewer than one in five members say they feel safe sharing their religious or cultural preferences about medicine with their doctor (19%). More members aged 65 and older agreed they feel safe

sharing their religious or cultural preferences (26%), compared to 17% of adult members aged 18 to 64. Sharing religious or cultural beliefs with a doctor can help ensure that care aligns with a patient's values, improving communication, trust and adherence to treatment.

Preferences for having a doctor of the same race or ethnicity were uncommon overall (12%), but there were large differences between racial and ethnic groups. Asian or Pacific Islander members (24%) were most likely to prefer a provider with the same race/ethnicity, followed by Hispanic (7%) and White (2%). While most members did not express a preference for doctors who share their racial or ethnic identity, the differences across groups highlight the importance of a diverse provider workforce and culturally responsive care.

Recent Orange County needs assessments and reports point to the need to consider patients' gender identity and sexual orientation when providing care. Hoag's 2022 Community Health Needs Assessment reported that 5% of their respondents to the survey said they had a poor health experience related to sexual orientation.[7] In the 2025 Orange County Older Adults Needs Assessment, 15% rated their communities as lacking support for gender, sexual orientation and/or cultural expression, which had an impact on their behavioral health.[16] LGBTQ+ populations, particularly youth and transgender individuals, have an elevated need for mental health support, including for suicide ideation, pointing to a need for gender affirming care to reduce mental health disparities.[1, 6, 15, 17] **Exhibit 35** shows that only a small group of members said they prefer a doctor with the same gender identity as themselves (16%).

Exhibit 35. Cultural and Linguistic Preferences and Competence



Source: 2025–26 CalOptima Health MPHNA Member Survey

Conclusions on Care Experience and Quality

Members generally reported positive experiences with provider communication. Many also felt their cultural and language needs were met during care and that they could communicate in their preferred language with providers. However, members identified ongoing challenges with

communication, including difficulty understanding medical information and next steps after visits. Comfort sharing cultural or identity-related beliefs with providers was also low, indicating opportunities to strengthen trust, communication, and culturally and linguistically responsive care.

Health Behaviors

Health behaviors are the actions people take that affect their physical and mental health, either positively or negatively. They include everyday choices and habits such as diet, physical activity, sleep patterns, tobacco and alcohol use, medication adherence, and hygiene practices. Health behaviors are important because they are some of the most direct and controllable factors that influence a person's health over time. Many of the leading causes of chronic disease, such as heart disease, diabetes and certain cancers, are strongly linked to behaviors like diet, physical activity, tobacco use and alcohol consumption.

Bright Spots:

- **Many members recognized the importance of safe environments for activity:** About 40% said having safe places to be active would help them.
- **There was strong interest in healthy food access and nutrition education:** The most common support requested for healthy eating was access to fruits and vegetables (46%). About 40% said learning about healthy food options would help them eat healthier.
- **Members identified practical strategies for improving sleep:** About one in three members said help managing stress that affects sleep (36%) and tips/tools for better sleep routines (36%) would be beneficial.

Areas of Opportunity:

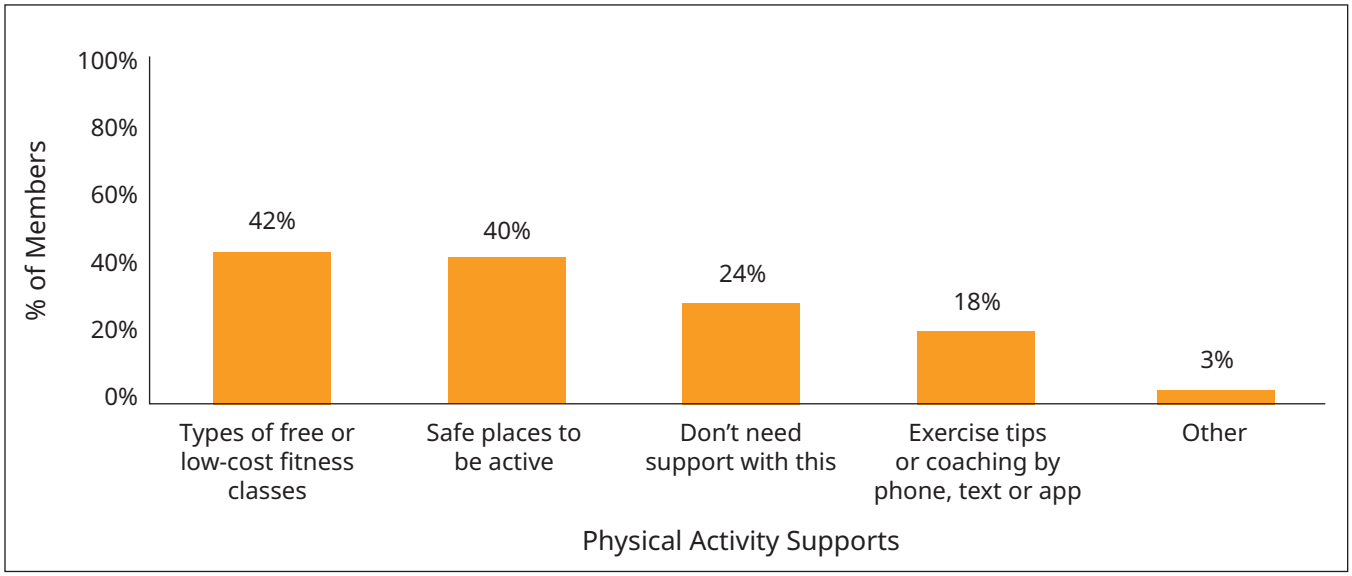
- **Cost appears to be a barrier to physical activity:** The top-requested support was free or low-cost fitness classes, indicating affordability may limit participation.
- **Some groups may face greater barriers to physical activity:** LGBTQ+ members were significantly more likely than straight members to want safe places to be active (61% vs. 37%), suggesting unequal access to environments that feel safe or welcoming.
- **Female members and adults 18 to 64 reported greater need for sleep-related stress support:** Females were more likely than males to want help managing stress that affects sleep (39% vs. 34%), and adults aged 18–64 were more likely than older adults to want this support (40% vs. 29%).

Physical Activity

Regular physical activity is one of the most important actions individuals can take to support their health and is associated with positive health outcomes. Common barriers to physical activity include lack of time, cost, limited access to safe or convenient spaces, physical health limitations, and competing work or caregiving responsibilities. Members were asked to identify programs or supports that would help them be more physically active (**Exhibit 36**). The most common response from members was that **free or low cost fitness classes** would help them be more physically active (42%). Adults 18–64 (45%) and females (50%) were more likely to select this response than older adults (aged 65 or older) (35%) and males (33%).

As shown in **Exhibit 36**, many members also say that having **safe places to be active** would help them (40%). LGBTQ+ members were significantly more likely than straight members to want safe places to be active (61% vs. 37%, respectively).

Exhibit 36. Helpful Supports to Increase Physical Activity



Source: 2025–26 CalOptima Health MPHNA Member Survey

Healthy Eating

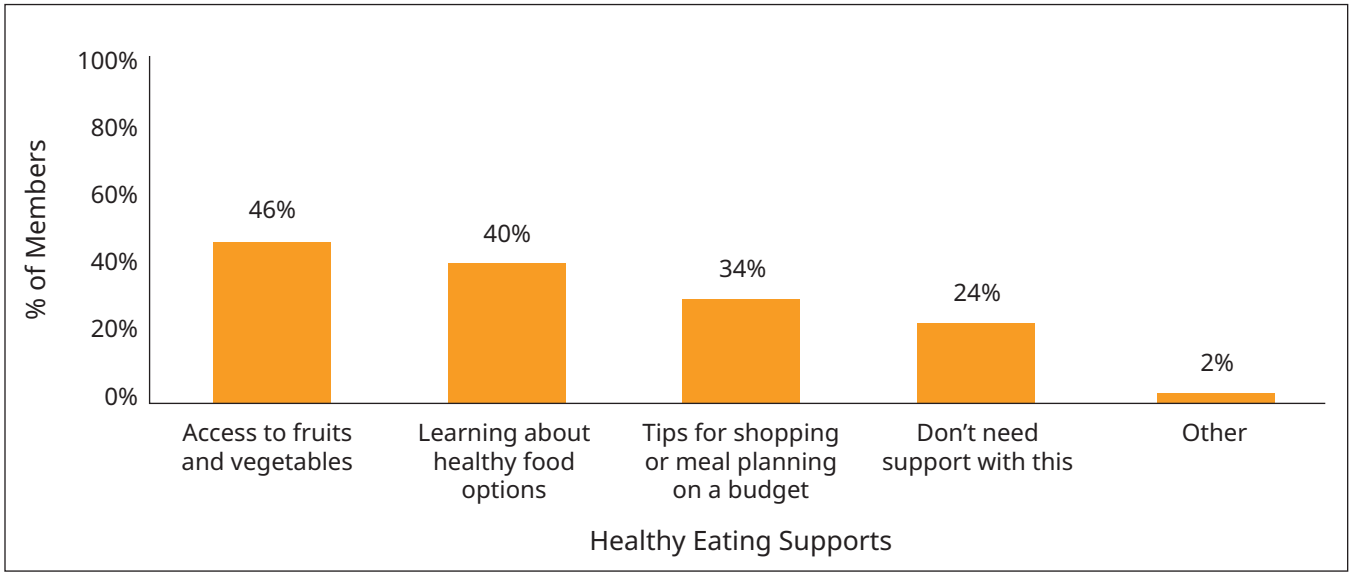
Members were asked to identify programs or supports that would help them access nutritious food (**Exhibit 37**). The most common response from members was having supports that provided them with access to healthy fruits and vegetables (46%). Adults aged 18–64 and older adults (age 65+) selected this as a top priority (47% in both groups). Black or African American members (56%) were most likely to desire this support, followed by Asian or Pacific Islander members (51%).

Many members, including unhoused members and older members on fixed incomes, shared during interviews and focus groups that they rely on food banks or lower-cost shelf-stable items, which can have limited nutrition. Another barrier to shopping for more nutritious food for older members and unhoused members is a lack of transportation to stores or markets. In an interview with a Vietnamese-speaking member representing their older mother, who is on a fixed income, they shared barriers to accessing fresh produce:

"There isn't enough money to buy good organic food, and the food is too expensive. She can't afford it. If [my mother] can't afford good food … she eats less."

As **Exhibit 37** shows, many members say that **learning about healthy food options** would help them eat healthier (40%). Members with fair or poor health were more interested in learning about healthy food options than those in good or excellent health (47% vs. 37%, respectively). Black or African American members were most likely to want this support (56%), followed by Hispanic (43%) and Asian or Pacific Islander members (42%).

Exhibit 37. Helpful Supports to Improve Healthy Eating



Source: 2025–26 CalOptima Health MPHNA Member Survey

One member who was unhoused described their experience receiving medically tailored meals from a contracted CalOptima Health provider and the impact this has had on their health during an interview:

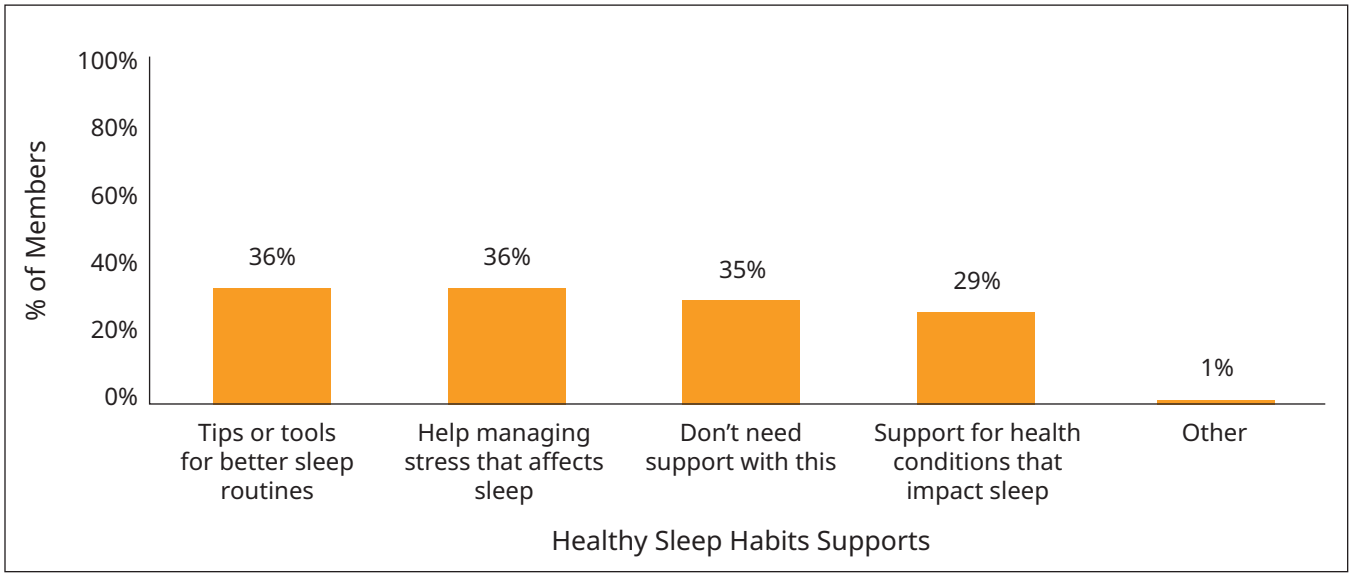
"I changed my diet, and now I'm actually working with [a contracted provider through] CalOptima and they send me special meals … My quality of life was 1. Now it's amazing. It's, I mean, health-wise, I'm doing really, really well."

Sleep Habits

Members were asked to share what supports or programs would be most helpful in supporting better sleep (**Exhibit 38**). About one in three members indicated that getting **help managing stress that affects their sleep** (36%) and **tips and tools for better sleep routines** (36%) would be beneficial.

Female members were more likely than male members to indicate they wanted help managing stress that affects their sleep (39% vs. 34%, respectively). Adults aged 18–64 were also more in favor of this support than older adults aged 65 or older (40% vs. 29%, respectively).

Exhibit 38. Helpful Supports to Improve Sleeping Habits



Source: 2025–26 CalOptima Health MPHNA Member Survey

Conclusions on Health Behaviors

In summary, members express strong interest in wellness supports that are accessible and affordable, including free or low cost fitness classes, safe places to be physically active, nutrition education, and support for managing stress and sleep. These findings may suggest that many members are motivated to improve their health but face opportunity gaps that limit their ability to act on that motivation.

Health-Related Social Needs

HRSNs are the nonmedical, everyday conditions in people's lives that affect their health and well-being. They include things like food insecurity, unstable or unsafe housing, lack of transportation, difficulty paying for utilities, limited education, and challenges accessing employment or social support. HRSNs are important because they have a direct and powerful impact on a person's health, often just as much as medical care itself. Addressing them helps improve overall health, reduce health care costs and narrow health inequalities between different groups of people.

Bright Spots:

- **Most members felt safe in their community:** About 78% of adult members agreed or strongly agreed that they feel safe where they live.
- **Most adult members did not report major problems accessing community services or resources.**
- **CalOptima Health has implemented a number of initiatives aimed at addressing HRSNs**, such as medically tailored meals and investments in affordable housing.

Areas of Opportunity:

- **Financial strain was widespread:** Nearly 45% of members or their household had problems paying bills at the end of the month. About 42% reported that job loss or a drop in family income was somewhat or very much of a problem.
- **Housing insecurity affected a meaningful share of members:** About 15% of members reported housing insecurity. Nearly 80% of providers said lack of affordable housing was a problem for their patients.
- **Food insecurity was somewhat common:** About 45% of members said food did not last the whole month at least some of the time. Members in fair/poor health were more likely to be food insecure than those with good/excellent health (57% vs. 40%).
- **Provider awareness of community partners varied:** About 43% said their office did not have community partners to help address common social needs, and 14% did not know if such partnerships existed.

Financial Strain

Financial strain directly shapes a person's ability to meet their basic needs like housing, food, transportation and health care. A substantial proportion of members report experiencing financial strain, which may contribute to delayed care and difficulty accessing services. Just under half of members or the people in their household had problems paying all their bills at the end of the month (45%). Further, 42% of members reported that job loss or a drop in family income was "somewhat" or "very much" of a problem.

These findings are reinforced by a review of recent Orange County needs assessments and public reports that consistently identify financial strain and economic stability as the most pressing HRSN (see Appendix D). These reports typically highlighted indicators such as poverty rates, per capita income and unemployment.[1,6,14,17] Some reports highlighted the high cost of living in Orange County and the gap between local wages and the income needed to afford basic necessities such as housing, highlighting affordability challenges in the community.[16,23] The 2023 HCA CHA highlighted qualitative findings that underscored widespread financial strain driven by high housing costs, inflation, income insecurity and decreased benefits (such as food assistance) that were increased during the COVID-19 pandemic.[1] These challenges were similarly underscored for CalOptima Health members by MPHNA findings.

Housing Insecurity[24]

The safety, quality and security of housing impacts health by directly shaping the conditions in which people live. Fifteen percent of members report experiencing housing insecurity in the member survey, a number that may be underreported. An analysis of 2-1-1 OC data reveals that, across the broader Orange County community, the most common reason for seeking assistance from this community resource was help with housing and utilities. This analysis indicates strong countywide demand for housing support. **Exhibit 39** provides a breakdown of common types of calls related to assistance with housing and utilities.

Exhibit 39. Housing- and Utility-Related 2-1-1 OC Calls

Type of Assistance Requested	Count of 2-1-1 OC Calls	Percent of All 2-1-1 OC Calls
Transitional housing/shelters	6,475	11%
Rental payment assistance	6,160	11%
Utility payment assistance	3,102	6%
Other housing- or utility-related calls	11,404	20%
Total: Any housing/utility assistance	27,141	48%

Source: FY2024–2025 Needs Referrals from 2-1-1 Orange County
Note: Some grant programs assisting with housing run through 2-1-1 OC, so the figures should be interpreted with caution.

CalOptima Health's administrative data reveals that less than 2% of members were unhoused as of July 2025 (12,527 out of 802,601 members with housing status data), though this number likely does not reflect the number of members who face housing insecurity. During interviews and focus groups, unhoused members shared that stress, limited cooking facilities, and delays or inconsistencies in California Advancing and Innovating Medi-Cal (CalAIM) housing navigation made it difficult to manage their health.

"For eight months now, they were saying they were gonna help me [with housing] and they're not."

"Not having a kitchen doesn't help... you depend on processed or fast [food]."

Another member who was unhoused described her experience successfully securing housing as a single mom who needed housing for her and her child, highlighting the continued support that is needed when making the transition to stable housing:

"My move-in date is tomorrow. And I don't know. It's kind of stressful. I've never really lived at an apartment by myself. Especially with my son, you know? We are currently homeless ... Not knowing how to pay, what I have to pay because I've never really done it before. And then ... having to take care of my son, as well. Doing it all alone as a single parent is just — I don't even know what I'm getting myself into, you know?"

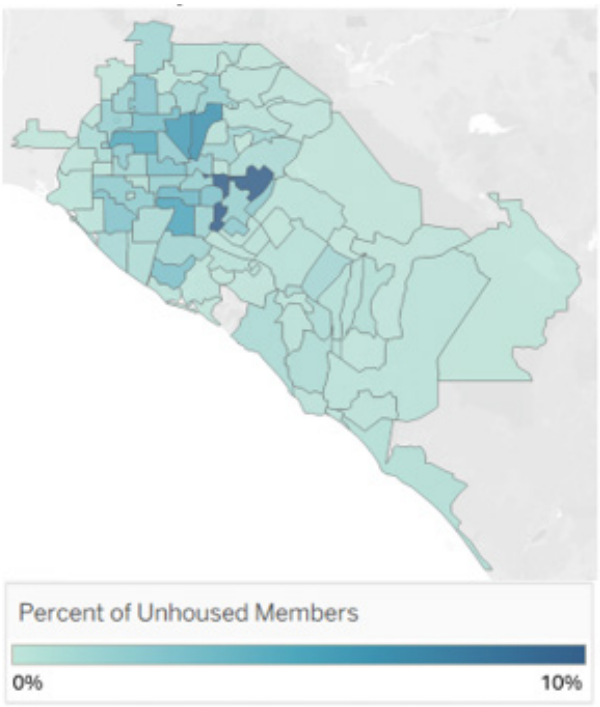
Providers are acutely aware that a lack of affordable housing is a significant socioeconomic issue impacting member health. Nearly 80% of providers responding to the provider survey reported

that a lack of affordable housing is an issue for their Medi-Cal patients. Related to affordable housing, 62% of provider survey respondents acknowledge that the risk of utility shut-offs is another issue their patients face.

These findings are reinforced by a review of recent Orange County needs assessments and public reports that identify housing insecurity as a key HRSN that is strongly linked to barriers to care[14] and poor health outcomes[10] (see Appendix D). Key issues discussed in the 2023 CHA include high housing costs, lack of affordable rent and overcrowding, which means living in a space that is too small for the number of people living there.[1] The 2023 CHA also highlights a need for more shelters in Orange County and a lack of secure funding for essential needs for those who are unhoused.[1] The Kennedy Commission, an affordable housing advocacy group in Orange County, has extensively documented the severe lag across local cities in meeting their state-mandated housing goals. Their reports reveal that while many cities met targets for market-rate housing, the production of homes affordable to very-low and low-income families has critically fallen short.[25] Findings from the 2023 CHA and other Orange County needs assessments and public reports align with the findings in the MPHNA related to the need for support with affording housing costs and temporary or transitional housing (e.g., shelters). This highlights that the need for affordable housing is a countywide issue, rather than an issue specific to CalOptima Health members.

Using available CalOptima Health administrative data on housing status, **Exhibit 40** provides a map of reported ZIP codes for unhoused members. Most unhoused members reported a Santa Ana or Anaheim ZIP code.

Exhibit 40. Map of Unhoused Members Based on Reported ZIP Code

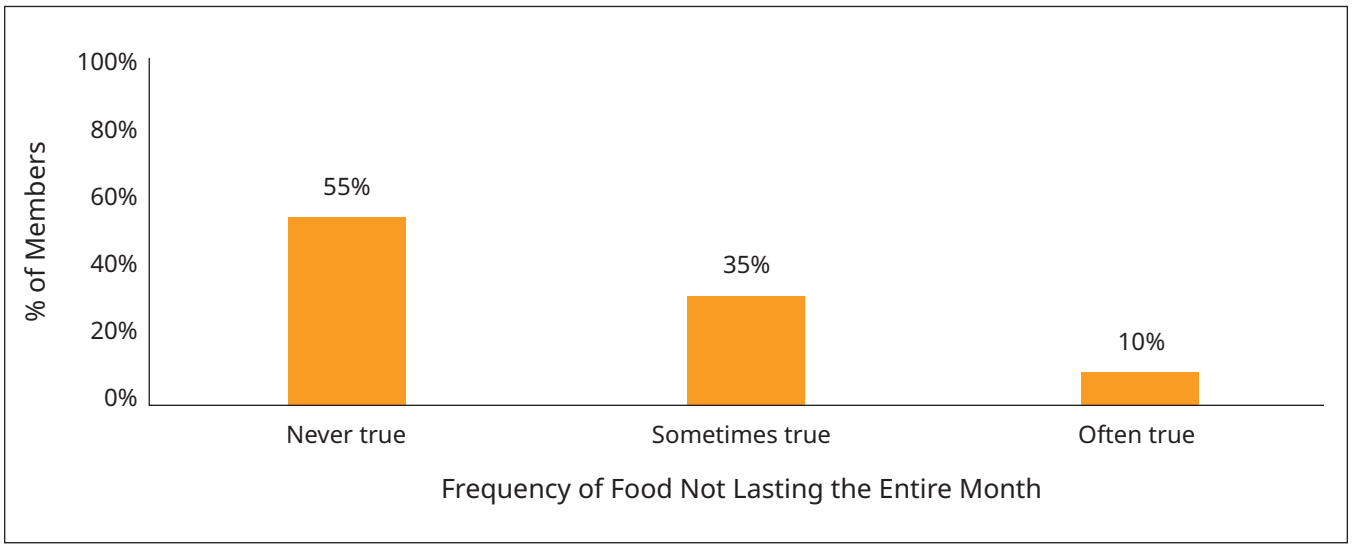


Source: 2025 CalOptima Health Administrative Data

Food Insecurity[26]

Just over half of members report having enough food to last them the entire month (55%), while the remaining 45% experience food insecurity at least some of the time (**Exhibit 41**). Adult members with fair or poor health were more likely to be food-insecure compared to those who report good or excellent health (57% vs. 40%, respectively). Although not a large difference, CalOptima Health members report more food insecurity than Orange County adult residents overall. As reported in the 2023 CHA, nearly 40% of adults in Orange County experience food insecurity.[1]

Exhibit 41. Members Reporting Food Does Not Last the Month



Source: 2025–26 CalOptima Health MPHNA Member Survey

CalOptima Health Efforts to Address Food Insecurity

CalOptima Health promotes access to healthy food through CalFresh and related community resources, especially in response to food insecurity impacting Orange County residents. These partners distribute food through community locations like food banks, shelters and senior centers, helping ensure individuals and families can access nutritious food during periods of need.

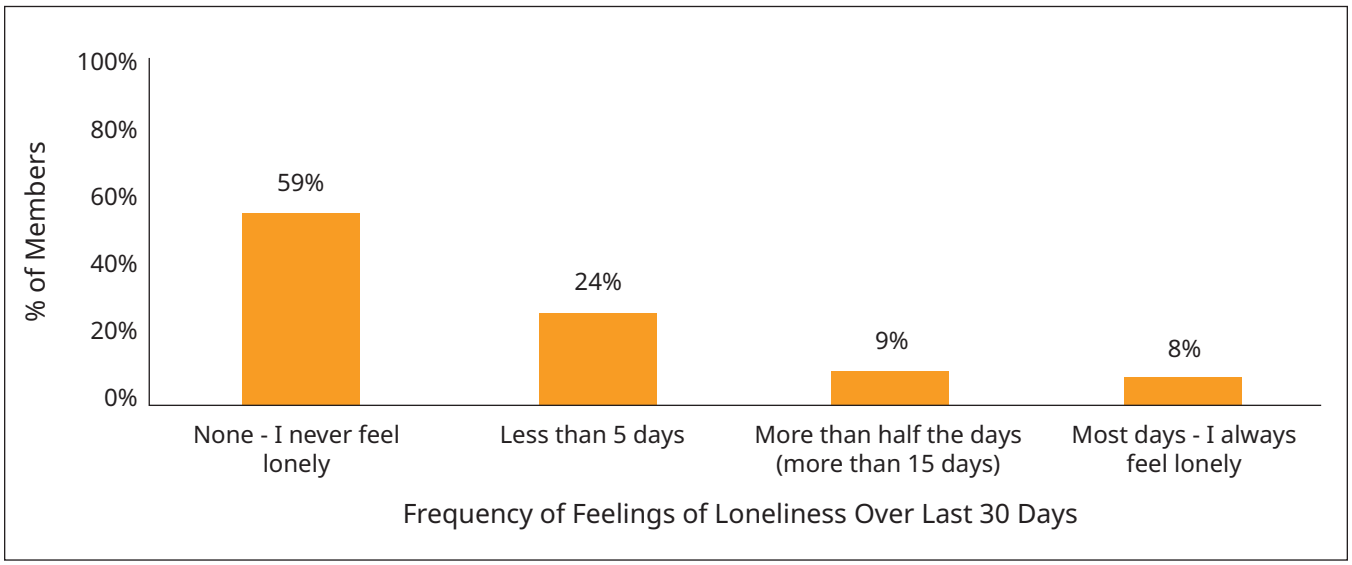
CalOptima Health also provides a meal delivery service, bringing medically tailored meals (MTMs) directly to the homes of qualified individuals, including homebound seniors, those recovering from medical conditions and those who have limited mobility. These weekly meals are personalized to meet the nutritional needs of members, and 78,263 members (as of June 2026) have benefited from this initiative. CalOptima Health is also a member of the Orange County Food Alliance, a collaborative network of hunger relief organizations working to address food insecurity in Orange County.

In early 2026, CalOptima Health announced a $1.2 million investment in local food banks to help address growing food insecurity among its members, particularly in response to declining federal resources and increasing demand for food assistance. The funding provides $600,000 each to Second Harvest Food Bank of Orange County and the Community Action Partnership of Orange County, strengthening their ability to distribute food through hundreds of community sites. Additionally, CalOptima Health has provided emergency support, including distributing $25 grocery flex cards to eligible Medi-Cal members who also receive CalFresh and funding local food providers in response to the government shutdown in September 2025. The investment builds on prior emergency funding and reflects concerns about rising food and living costs, as well as reductions in food supply programs, with the goal of ensuring that vulnerable populations, many of whom rely on CalFresh and local food banks, continue to have access to nutritious food.

Social Isolation

Social isolation is an important health issue because strong social connections are closely linked to better mental health, improved physical functioning and longer life expectancy.[27] Being socially isolated increases the risk of depression, anxiety, cognitive decline and chronic conditions such as heart disease.[28] As **Exhibit 42** shows, most adult members report being unaffected by loneliness in the last month (59%). Loneliness, however, affects a notable share of members; 17% of members say they experience loneliness at least half the time or more, indicating social isolation as a relevant concern for well-being. Members with fair/poor health (25%) reported frequent loneliness at a higher rate than those with good/excellent health (12%). LGBTQ+ members reported more frequent loneliness compared to straight members (21% vs. 17%, respectively).

Exhibit 42. Member Social Isolation



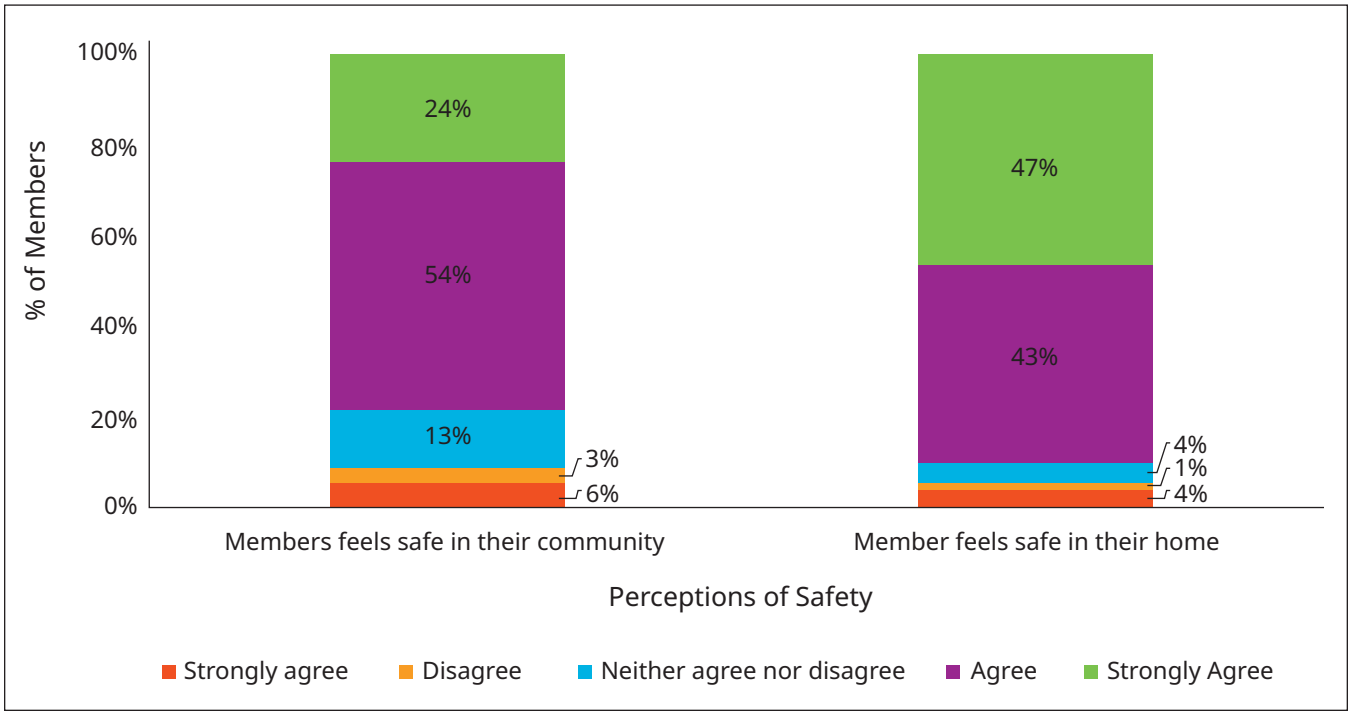
Source: 2025–26 CalOptima Health MPHNA Member Survey

Interpersonal and Community Safety

Safe, supportive neighborhoods create conditions for people to thrive. Most CalOptima Health members report feeling safe in the community in which they live; 78% of adult members say they agree or strongly agree with this statement (**Exhibit 43**). Members with limited English fluency were slightly more likely to disagree or strongly disagree with the statement that they feel safe in the community in which they live than those who have strong English fluency (11% vs.7%, respectively). Adult members (18 or older) with good/excellent health (83%) were more likely to agree or strongly agree that they feel safe in the community where they live compared to those with fair/poor health (72%).

As **Exhibit 43** shows, members' feelings of safety in their homes are more positive overall than perceptions of community safety. Most CalOptima Health adult members (18 or older) report feeling safe in their home, with a majority of members saying they agree or strongly agree (90%) that they feel safe.

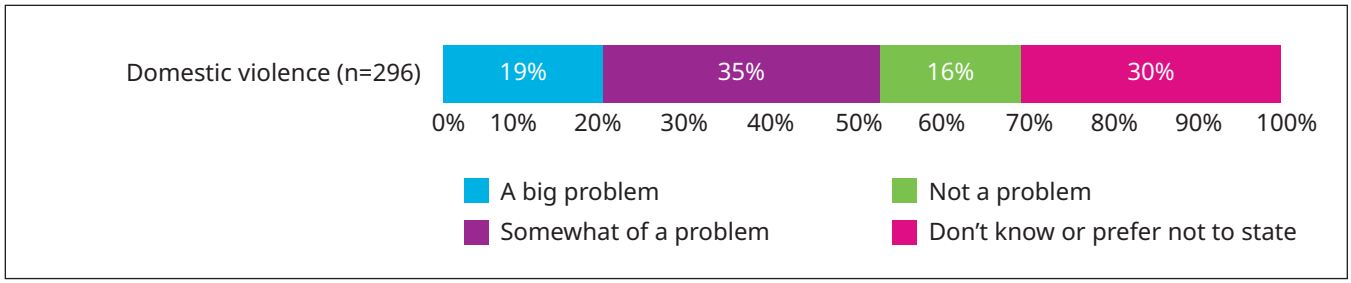
Exhibit 43. Perceptions of Interpersonal and Community Safety



Source: 2025–26 CalOptima Health MPHNA Member Survey

In contrast, providers identified domestic violence as the second most significant health-related issue affecting their patients (after substance use disorder), raising a significant health-related issue that affects patients' sense of safety at home. More than half (54%) of providers identified domestic violence as somewhat of a problem or a big problem **(Exhibit 44)**.

Exhibit 44. Providers' Perspectives on Domestic Violence Among Medi-Cal Patients



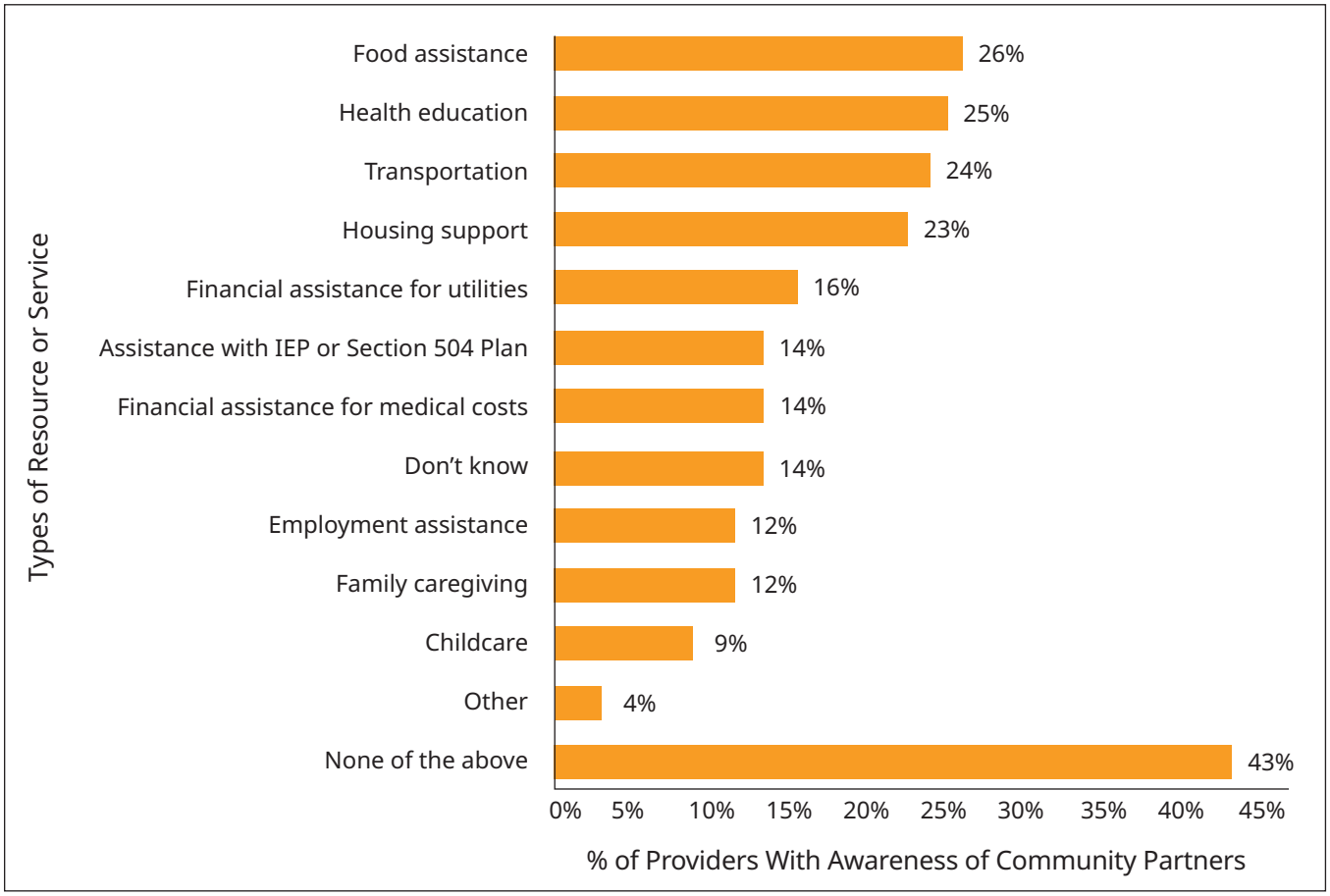
Source: 2025–26 CalOptima Health MPHNA Provider Survey

Accessing Community and Social Services

When people can connect to services, they are better able to manage daily challenges, maintain stability and reduce stress. Most adult members did not report having problems with accessing community services or resources, such as food pantries or other social services. However, 22% of adult members reported access to community services or resources is somewhat or very much of a problem for them. In the provider survey, almost half of respondents said their office does not have any community partners that assist with common HRSN barriers to care (43%), and an

additional 14% said they do not know if they have these partnerships. **Exhibit 45** displays the types of resources and services that providers are aware of as supports for their patients. These findings indicate that provider awareness of existing community resources, services and partners is low, pointing to a need to improve provider education in this area to support member referrals to these resources and services.

Exhibit 45. Providers' Awareness of Community Partners by Type of Resource or Service



Source: 2025–26 CalOptima Health MPHNA Provider Survey

Conclusions on Health-Related Social Needs

In summary, financial strain is common, with just under half of members reporting difficulty paying bills, and job or income loss affecting a large share of households. Housing insecurity affects many members and Orange County as a whole. Food insecurity and, to a lesser extent, social isolation, also affect substantial portions of the member population. Review of local assessments and reports reinforces that financial strain, housing insecurity and food insecurity are among the most prominent HRSNs in the community, underscoring their central role in shaping health and care experiences.

Conclusion and Recommendations

Drawing on the full set of findings and review of CalOptima Health's ongoing efforts, this final section presents four priority areas of focus to inform CalOptima Health's member services and supports, strategic planning and community investment activities: (1) behavioral health, (2) access to care and care navigation, (3) HRSNs, particularly housing and financial strain, and (4) cultural, linguistic, and identity-responsive care. For each priority area, the report offers targeted, actionable recommendations intended to inform future CalOptima Health initiatives.

Priority Area 1: Behavioral Health

Across multiple data sources, needs related to behavioral health and substance use emerge as persistent concerns for CalOptima Health members. In the 2023 CHIP, Orange County's mental health goals include increasing access to quality public/private mental health services and decreasing stigma surrounding mental health issues.[2] Survey and administrative data show that utilization of mental health and substance use services remains lower than might be expected given reported symptoms and identified needs, suggesting that gaps exist among screening, referral and sustained engagement in care.

Qualitative findings from member interviews and focus groups provide important context that helps explain these gaps. While behavioral health screenings commonly occur, particularly in primary care settings, many members describe difficulty navigating next steps after the initial identification of need. Challenges include unclear information about where to go for services, difficulty scheduling appointments, long wait times and limited follow-up after referrals. These challenges may be especially pronounced during transitions between care settings, such as after a primary care screening or an encounter related to a crisis or acute behavioral health need, when continuity of care is critical but not consistently achieved.

Despite these challenges, the assessment highlights important strengths that can be leveraged. CalOptima Health members demonstrate strong engagement with primary care and preventive services, providing a critical foundation for earlier identification and management of behavioral health and substance use needs. Primary care settings, where ongoing relationships are already established, offer an opportunity to normalize behavioral health care, reduce stigma and support more seamless transitions to services when needed.

CalOptima Health and HCA work together to create a coordinated and comprehensive behavioral health system for Medi-Cal members, recognizing the close interaction among

behavioral health conditions, chronic disease management and HRSNs. This collaboration includes bimonthly meetings to discuss specialty mental health and substance use disorder services, as required under the Department of Health Care Services (DHCS) Memorandum of Understanding (MOU), as well as joint work groups, shared data and assessments, and aligned quality measures and improvement initiatives. These efforts could be further leveraged to identify opportunities for increased integration of behavioral health within primary care settings, where mental health needs, substance use and social stressors, such as housing insecurity or financial strain, often intersect to shape health behaviors and health care utilization. Without effective behavioral health follow-up and connections, these overlapping challenges could contribute to worsening health outcomes and increased reliance on crisis-driven or episodic care.

Taken together, these findings demonstrate that closing behavioral health and substance use care gaps requires a focus on continuity, coordination and engagement rather than screening alone. Strengthening postscreening follow-up, expanding behavioral health-specific navigation and deepening integration within primary care settings represent high-impact strategies that build on existing strengths while addressing system-level barriers to sustained care. Advancing these approaches aligns with CalOptima Health's commitment to whole-person, equitable care and supports improved outcomes across the broader priority areas identified in the assessment.

CalOptima Health Behavioral Health Investments

Since 2022, CalOptima Health has made a series of strategic investments to expand behavioral health access and strengthen community partnerships across Orange County. These efforts include a peer support partnership with National Alliance on Mental Illness (NAMI) Orange County, the development of the allcove youth drop-in center in South Orange County, and expanded telehealth services through TeleMed2U to improve access to psychiatry and counseling.

Additional investments have focused on integrating behavioral health into primary care through CalOptima Health's partnership with First 5 Orange County to operate the Dyadic Services Academy, an intensive, localized training program that helps pediatric and primary care clinics integrate early childhood mental health services into standard medical care, as well as through the HealthySteps model. These efforts are complemented by support for school-based services through the DHCS Children and Youth Behavioral Health Initiative (CYBHI).

In 2025, CalOptima Health further advanced early identification and intervention by partnering with Cognoa to support autism screening and diagnosis using FDA-authorized technology. Together, these initiatives reflect a coordinated approach to improving early intervention, expanding service delivery options, and strengthening connections to care. Collectively, they align with broader organizational priorities to enhance access, integration and continuity of behavioral health services for members across the county.

Since 2020, CalOptima Health has participated in the Adverse Childhood Experiences Aware collaborative initiative to promote screenings and trauma-informed care. CalOptima Health's Orange County providers continue to be leaders in this space.

CalOptima Health has made substantial investments in behavioral health access and prevention and is continuing to prioritize expanding access to behavioral health services as a strategic goal in its Fiscal Year (FY) 2025–2027 Strategic Plan. In addition, CalOptima Health has worked to proactively add more behavioral health providers to its provider network and has established behavioral health-specific value-based payment programs for behavioral health providers to increase participation and drive quality care. CalOptima Health also awarded $5.1 million in workforce development grants in 2025 focused on increasing access to behavioral health providers in Orange County. To build on these efforts, NORC offers the following recommendations.

Recommendations

1. Expand and promote behavioral health-specific care navigation, ensuring members are aware of and connected to supports that can assist with appointment scheduling, referral tracking and ongoing engagement, particularly for members with co-occurring conditions or complex needs.
    a. Integrate behavioral health education into existing community touchpoints, such as food distribution programs, housing services and caregiver support organizations and expand youth-focused prevention and early intervention models through school-based and community-based partnerships already in place.
    b. Expand the use of mental health navigators, professionals who help people understand, access and coordinate mental health services. Mental health navigators can assist individuals in identifying the appropriate level of care (such as outpatient therapy, intensive outpatient programs or inpatient treatment), scheduling appointments and connecting with in-network providers. They can also play a key role in helping members overcome common barriers such as limited provider availability, transportation challenges, language or cultural differences, and stigma associated with seeking mental health care. Additionally, provide navigators with enhanced education and training to address potential knowledge gaps regarding services offered by providers, CalOptima Health and HCA.
2. Deepen integration of behavioral health within primary care settings by supporting colocated services, warm handoffs, and collaborative care models that normalize behavioral health treatment, reduce stigma, and lower logistical barriers to access.
    a. Formalize cross-partner coordination between mental health providers, housing organizations and substance use prevention programs to better address co-occurring needs. CalOptima Health's Dyadic Services Academy, which includes Choice, VM Medical Group, CHOC Rady's, Families Together Orange County and AltaMed to support children's mental health, provides a promising model, as do existing efforts with contracted health networks and Federally Qualified Health Centers (FQHCs) that support whole-person care.
3. Continue to build upon existing investments in expanding the behavioral health workforce in Orange County, including investments in clinical practice sites, upskilling providers and expanded training opportunities for behavioral health providers.

Expanding behavioral health-specific care navigation is important for Medi-Cal members because many face complex and overlapping challenges, such as higher rates of mental health and substance use conditions, chronic illness, housing insecurity, transportation barriers and

language access needs, that make it difficult to access and stay engaged in care. By improving access, continuity and follow-through on treatment, behavioral health navigation can lead to better health outcomes, reduced emergency and inpatient utilization, and more equitable access to Medi-Cal benefits.

Priority Area 2: Access to Care and Care Navigation

Health care access is regularly identified as an urgent health care challenge across the nation. The challenges that exist among CalOptima Health members are not necessarily unique to this population but can be exacerbated by other barriers to care, including HRSNs, language access and a lack of clear understanding of how to utilize coverage. In some cases, Medicaid health plans also struggle to secure provider contracts with high-demand providers at competitive reimbursement rates.

CalOptima Health members acknowledged that their challenges accessing care largely come from difficulty navigating a complex health care system. Across member survey results, interviews and focus groups, members consistently describe confusion about benefits, referral steps, provider networks and authorization requirements — barriers that can impede care even when members are insured and services are available. CalOptima Health members receive education and guidance through the member handbook, Summary of Benefits, New Member Orientation and interactions with Customer Service staff.

Members' strong engagement with primary care demonstrates that many are connected to the health system. However, challenges arise when care becomes more complex. Members report particular difficulties accessing specialty care and mental health services, often due to limited coordination across providers, fragmented referral processes and long appointment wait times. These barriers contribute to delays in care, unmet needs, and reliance on urgent or emergency care settings when timely outpatient care is difficult to obtain.

CalOptima Health meets regulatory requirements for network adequacy, including time and distance standards, physician ratios and provider-to-member thresholds.

CalOptima Health Provider Workforce Development Initiative

In 2023, CalOptima Health committed $50 million in investments to increase the health care workforce in Orange County. The initiative focuses on education, training, recruitment and retention of health care providers to improve access to care for the Medi-Cal population. Through its first round of grants, CalOptima Health awarded just over $25 million in educational investments focused on health care shortage areas, including nursing, allied health and behavioral health. Through the second round of grants, CalOptima Health awarded $5 million to behavioral health organizations to increase the supply of behavioral health professionals serving vulnerable populations. In 2026, CalOptima Health launched the CalOptima Health Orange County Workforce Development Collaborative that brought together over 100 stakeholders to develop innovative approaches to address the health care workforce challenges in Orange County that impact the Medi-Cal population.

Even when regulatory thresholds are met, access challenges that may persist due to factors not reflected in adequacy metrics include limited office hours, specialty care gaps and workforce challenges that elevate demand across all health care consumers. Routine monitoring processes, such as quarterly compliance reporting, network expansion and ongoing health care workforce development strategy, are in place to address identified gaps. CalOptima Health has recently expanded its contract with TeleMed2U, a telehealth vendor, to improve and expand access to physical health specialty care.

Qualitative findings highlight that unclear communication, limited awareness of navigation supports and difficulty understanding next steps after appointments can exacerbate these challenges, even among members who are otherwise engaged in care. Findings further suggest that access challenges are not experienced evenly. Members with complex health needs, limited English proficiency or lower familiarity with health systems are more likely to encounter obstacles navigating care pathways. Because Medi-Cal often functions as a payer of last resort, some members have commercial coverage or carved-out Medicare benefits which causes confusion about what services are covered, where members should go for care and who is responsible for arranging services.

Care navigation emerges as a high-impact lever for improving access because it builds on existing coverage and services. When members are aware of and connected to navigation and case management supports, these resources can help bridge gaps between screenings, referrals and care. Personal awareness, knowledge and system-level navigation supports interact closely with clinical and social needs to influence health behaviors and utilization patterns, making navigation a central mechanism for improving continuity and health equity in care. Enhancing care navigation, simplifying communication, and addressing referral and scheduling bottlenecks offer practical, scalable opportunities to improve timely access, reduce delays and support more consistent, coordinated care across the system.

CalOptima Health already has a strong foundation focused on care management and navigation to support its most vulnerable members. CalOptima Health utilizes multiple strategies to identify members at the highest risk and who have not been accessing care to enroll them in care management programs and assist them with accessing the care they need. CalOptima Health also monitors grievances and appeals received from members to identify access challenges and works proactively to increase provider access in these areas through expanding its provider network. In addition, CalOptima Health offers complex case management to members who qualify and partners with its contracted health networks to support care navigation across its membership. Finally, CalOptima Health offers several disease management and health promotion programs to augment services that members receive from their providers. To build on these assets, NORC offers the following recommendations.

Recommendations

1. Continue to educate members through ongoing communications and member materials and conduct member outreach to build awareness and utilization of navigation and case management services by clearly communicating their availability and purpose.
    a. Emerging enhancements under Medi-Cal Connect[29], a new state-based system, introduce an additional opportunity for member identification, identifying at-risk members using indicators of limited or absent routine care activity, assigning higher risk scores to members who are not engaged in ongoing primary care.

   b. Identify opportunities to further tailor case management approaches to better meet the needs of specific populations. For example, members experiencing domestic violence may benefit from more targeted outreach and support, as provider reports suggest that safety concerns may be more prevalent than member survey responses alone indicate. Tailoring outreach, education and case management can help CalOptima Health respond more effectively to the realities members face and improve identification of need, strengthen connections to care and supportive services, and reduce the risk that vulnerable members fall through the cracks.

2. Address specialty care access bottlenecks due to long appointment wait times through a coordinated, multipronged strategy focused on both provider practices and system-level alternatives.
   a. Expand provider contracting efforts to additional specialty shortage areas, target investments to support the physician workforce and health care professionals' development, and strengthen ongoing provider partnerships that can expand access to the Medi-Cal population. Also expand provider education and trainings for improving appointment scheduling, panel management and referral coordination, while targeted coaching for high-priority practice sites can improve office workflows and increase throughput.
   b. Expand alternative care pathways to help reduce pressure on specialty networks and improve timeliness of care, including greater use of urgent care, telehealth and at-home services, as appropriate.
3. Enhance the promotion of appropriate care pathways by educating members on when and how to use primary care, dental care, urgent care and behavioral health services, helping align care-seeking behavior with the most appropriate and effective settings.
   a. Provide clarification for members who may have overlapping health coverage, including Medicare and Medi-Cal dual eligibles and others. For example, the development of targeted outreach and education materials for these different populations that explain how different coverage programs and health settings work together, how benefits are coordinated, and how and where to access covered services.
   b. Offer clear, plain language communications explaining that dental benefits are administered separately through California's Medi-Cal Dental program. For example, by distributing dental benefit guides during enrollment and renewal, incorporating dental coverage education into care management and member onboarding processes, and enhancing training for customer service representatives and care coordinators to answer questions about dental benefits and referrals.

Improving access to care and care navigation is important for Medi-Cal members because access to care is not just about having coverage, it is about being able to understand benefits, find the right providers, get appointments in a timely way and move through a complex health care system without unnecessary delays. Strengthening care navigation and access supports can help members get the right care at the right time, reduce avoidable delays and emergency care use, and improve health outcomes by making coverage more usable and responsive to real-world needs.

Priority Area 3: Health-Related Social Needs, Especially Housing and Financial Strain

Needs assessment findings consistently demonstrate that HRSNs emerge as central drivers of both health outcomes and care engagement. Member and provider survey findings, interviews, and focus groups show that financial strain, housing insecurity and food insecurity shape members' day-to-day choices about when to seek care, whether they can follow treatment plans and how they maintain stability.

Feedback from community stakeholders, analysis of 2-1-1 OC data and the review of needs assessments previously published for Orange County reinforce these patterns. Financial stability is a frequently identified priority, while housing and food insecurity are other commonly highlighted concerns (see Appendix D).[7,8,9,10,11,12] These findings indicate broad alignment between member experiences and community-level indicators, underscoring that financial and housing pressures are persistent and widespread challenges affecting CalOptima Health members.

CalOptima Health Housing and Homelessness Investments

In early 2026, CalOptima Health awarded grants totaling $10 million to six Orange County community organizations to support new affordable housing developments, reinforcing its commitment to addressing housing insecurity as a key driver of health. Funded through California's Housing and Homelessness Incentive Program (HHIP) under CalAIM, the grants will help expand housing options for vulnerable populations, including older adults, individuals experiencing homelessness and youth aging out of foster care, while strengthening partnerships between health and housing sectors. This investment builds on a larger funding strategy, combining state incentives and CalOptima Health resources, to improve health outcomes by ensuring members have access to stable, supportive living environments. CalOptima Health has invested significantly in housing-related grants, with a total of $93.3 million granted for capital projects that aim to increase the number of affordable housing units available in Orange County.

CalOptima Health is partnering with Orange County's four public housing authorities to streamline Medi-Cal enrollment and expand access to health and social services for residents receiving or applying for housing assistance. By creating a more direct, coordinated connection, often described as a warm handoff, the collaboration helps individuals more quickly access care through initiatives like CalAIM, which address broader social drivers of health such as housing insecurity, food access and safety. This cross-sector approach is designed to strengthen support for vulnerable populations, particularly those experiencing or at risk of homelessness, and reflects a growing recognition that housing and health are deeply interconnected.

CalAIM's Transitional Rent (TR) initiative provides up to six months of rental assistance for eligible Medi-Cal members experiencing or at risk of homelessness who meet additional eligibility criteria. Covered costs include rent, as well as housing-related fees such as storage, amenities and landlord-paid utilities that are part of the rent payment.

Housing insecurity emerges as a foundational condition for health. About 15% of members indicate that their housing situation is unstable. Members who experience housing insecurity report higher levels of stress and disruptions to care, while qualitative findings point to challenges navigating housing supports and delays in accessing stable solutions. Without a reliable place to live, members face compounded difficulties managing chronic conditions, maintaining medications, preparing healthy food and keeping medical appointments.

Financial strain similarly intersects with access and utilization of care. Many members report difficulty paying household bills, which may limit their ability to prioritize health needs, take time off for appointments or manage unexpected expenses related to care. These pressures are closely linked to delayed care and reliance on episodic services, even among insured members. Beginning in 2027, Medicaid will require certain able-bodied adults to work, volunteer or participate in training at least 80 hours per month to maintain coverage, with some exemptions for disability, caregiving and other situations. Even with exemptions, reporting burdens, paperwork errors and fluctuating work hours rather than actual inability to work may lead people to lose their coverage, leading to delayed care, worse health outcomes and increased medical debt.

Taken together, these findings highlight that addressing HRSNs is critical to achieving sustained improvements in health outcomes and health care utilization. Focusing on housing insecurity, financial strain and related HRSNs aligns with CalOptima Health's role within Medi-Cal and CalAIM by emphasizing coordination, referrals and partnerships. Strengthening these linkages offers a practical pathway to support whole-person care, improve member stability and enhance the effectiveness of medical and behavioral health services. These efforts may also benefit key subgroups of CalOptima Health members who may be less comfortable reporting certain social experiences. For example, it is notable that although few members highlighted safety concerns, 54% of providers described domestic violence as a challenge.

CalOptima Health already has a strong foundation of initiatives and partnerships to help address these health-related social needs, including people experiencing homelessness, uninsured or underinsured residents, immigrant communities, and individuals with disabilities. The CalAIM program is a state-led effort to improve health equity and care coordination for the Medi-Cal population. Benefits, including Enhanced Care Management (ECM), can help populations with complex needs navigate their care with more personalized care management. Community Supports available through Medi-Cal provide much needed social supports, including housing navigation, transitional rent and medically tailored meals. CalOptima Health also offers the Street Medicine Program, which delivers health care directly to members experiencing homelessness in several communities in Orange County. With mobile medical vans and outreach teams, the program ensures access to essential services, including medical care, mental health support, case management and housing resources.

Partnerships with homeless shelters and family housing organizations help address these member needs. Similarly, efforts such as CalFresh outreach and awareness to help connect members to Supplemental Nutrition Assistance Program (SNAP), food distribution partnerships with Orange County food banks and faith- and community-based organizations addressing basic needs show that CalOptima Health is actively addressing food insecurity as a driver of health. To build on these assets, NORC offers the following recommendations.

Recommendations

1. Continue to invest in the development of affordable housing, prioritizing locations that are accessible to health care facilities, grocery stores, public transportation and employment centers to further improve members' access to resources that meet their basic needs and reduce barriers to care.
    a. Prioritize projects located within walking distance of primary care clinics, pharmacies, grocery stores, public transit hubs and major employment centers.
    b. Invest in transit-oriented developments through maintenance of cross-sector partnerships with housing authorities and community organizations to align housing investments with broader community health goals.
2. Explore new referral pathways to social services by expanding provider screening for social needs and enhancing closed-loop referral pathways to social services to help members successfully connect to support services that meet their needs.
    a. Continue efforts to improve coordination between health care providers, care managers and community-based organizations offering food assistance, transportation support, childcare and utility aid.
    b. CalOptima Health currently contracts with FindHelp to support social service referrals and can build upon these capabilities by increasing provider awareness and utilization, strengthening closed-loop referral tracking and improving coordination with community-based organizations to ensure members are successfully connected to needed services.
3. Partner with community and workforce development organizations, community colleges and local employers to support job training and employment opportunities and economic opportunity that improve members' long-term financial well-being and support transitions under the new Medi-Cal eligibility requirements, as applicable.
    a. Collaborate with workforce training providers, community colleges or nonprofit organizations to help members gain skills and secure employment. For example, supporting community-based initiatives that provide career coaching, vocational training, GED completion programs and job placement services. This strategy might be extended by identifying opportunities to support populations facing significant employment barriers by, for example, collaborating with reentry organizations that provide job-readiness training, vocational education and employment placement. These programs can help formerly incarcerated members achieve greater stability during critical transition periods and can contribute to improved health.
    b. Connect members to financial coaching, credit counseling and asset-building resources through community-based organizations. These services help individuals manage debt, improve credit and strengthen long-term financial stability, which can reduce stress and improve overall well-being.
    c. Support partnerships with Community Development Financial Institutions (CDFIs) and community-based organizations to expand access to affordable credit, debt relief and small business financing in underserved communities. These investments could also support reforms to excessive fines and fees, such as income-based payment options and debt reduction programs, so that legal and administrative debt does not undermine financial stability.

HRSNs such as housing insecurity, food insecurity and financial strain directly affect whether people can stay healthy, manage chronic conditions and access care when they need it. These challenges shape day-to-day decisions about medications, medical appointments and basic necessities, while also increasing stress and making it harder for members to follow treatment plans. For Medi-Cal members in particular, addressing these needs through housing support, economic opportunity and stronger referral pathways can improve stability, reduce delayed care and avoidable health problems, and make health coverage more effective in supporting whole-person health.

Priority Area 4: Cultural, Linguistic and Identity Responsive Care

Findings from this needs assessment underscore that culturally, linguistically and identity-responsive care is essential to equitable access and effective service delivery. Although many members report positive care experiences overall, opportunities exist to enhance communication and language access and to ensure members and their family members are aware of the availability of these services.

Language access remains a key driver of patient engagement and continuity of care. Although most members report being able to speak with their doctor in a language that feels comfortable, far fewer report that interpreters are consistently available when needed. These findings indicate that members and their caregivers, as well as providers, may not be consistently aware that CalOptima Health currently offers interpretation services in accordance with its contract with the state. This lack of awareness of these services may disproportionately affect members with limited English proficiency and contribute to misunderstandings, incomplete follow-through on care recommendations and lower satisfaction with care.

Beyond language, findings highlight the importance of cultural responsiveness and identity-sensitive care in shaping trust and willingness to engage in the health care system. Many members report discomfort sharing cultural, religious or identity-related preferences with providers, and only a small share feel fully safe doing so. These dynamics can affect clinical information-sharing, shared decision-making and adherence to treatment recommendations, particularly for populations who have historically experienced discrimination or marginalization in health care settings.

Local needs assessments and document review further reinforce these findings, identifying language barriers, limited cultural understanding and gaps in inclusive practices as common challenges across Orange County (see Appendix D).[2,8,16] These reports emphasize the value of provider training, culturally tailored outreach and inclusive care environments to improve trust, engagement and health equity in access to care.[6,14]

CalOptima Health currently offers various supports for language translation and interpretation. All member materials are required to be available in all identified threshold languages, as specified by DHCS. Customer Service connects members to interpreter services when requested by a member or provider. Services from a qualified interpreter are available at no cost to the member, including American Sign Language. Health education and enrollment materials are available in multiple languages and other formats, such as braille, audio or large print, at no cost. In addition, CalOptima Health's Cultural and Linguistics (C&L) team coordinates interpreter

services for CalOptima Health members, offering face-to-face, telephonic and video options to ensure access for all languages. The team verifies that contracted vendors are properly staffed and monitors service quality by reviewing utilization reports. Providers who frequently schedule interpreters gain direct access to service providers, streamlining appointment scheduling and bypassing the Customer Service team.

CalOptima Health and provider staff currently receive training during onboarding and annually. CalOptima Health's Community Health Team also offers a variety of trainings related to cultural competency for providers, including the mandated diversity, equity and inclusion training, Cultural Lunch & Learns, and Continuing Medical Education (CME) and Continuing Education Unit (CEU) offerings.

In addition to these services, CalOptima Health is well-positioned to advance culturally, linguistically and identity-responsive care based on its extensive network of community partnerships and targeted investments that serve diverse racial, ethnic, linguistic, cultural and identity-based communities across Orange County. Many existing community relationships emphasize multilingual service delivery, with support offered in Spanish, Vietnamese and other languages common among CalOptima Health members. These partners often provide interpretation, translation and culturally appropriate health education tailored to community norms and literacy levels. CalOptima Health partners with a wide range of culturally specific and identity-led organizations, including groups serving Hispanic/Latino communities, Black or African American families, Asian or Pacific Islander populations, LGBTQ+ individuals, immigrants, people with disabilities and faith-based communities. These organizations offer culturally grounded services, linguistic responsiveness and deep community trust that cannot be replicated by clinical systems alone. To build on these assets, NORC offers the following recommendations.

Recommendations

1. Conduct targeted outreach campaigns for members, providers and community partners to increase awareness of available cultural and linguistic services and how to access them.
    a. Design campaigns to clearly explain the types of services offered, including interpretation and translation support, and how they can be used during appointments and care interactions. Information should be delivered through multiple channels, such as email, mail, provider toolkits and digital platforms to maximize reach and engagement.
    b. Ensure that all related information is easy to locate and clearly presented on CalOptima Health's website and member portal. For example, by building on the website's provider search feature and the PDF version of the provider directory, as well as providing greater clarity on how to contact Customer Service to request desired information.
2. Encourage a trust-building and patient-centered communication strategy focused on culturally safe care conversations.
    a. Encourage providers to use simple, routine practices during visits, such as asking members whether there are cultural, religious, language or personal preferences that should be considered in their care and documenting those preferences in a consistent way.

b. Pair the communication strategies above with provider coaching on how to invite these conversations respectfully and normalize them as part of standard care. Over time, this would help move from basic language accommodation toward more relationship-based, identity-responsive care.

Culturally, linguistically and identity-responsive care helps ensure that coverage translates into care that members can actually understand, trust and use. Even when services are available, members may face barriers if they do not know interpretation supports exist, do not feel comfortable sharing cultural or personal preferences, or encounter communication gaps that affect follow-through on care. For Medi-Cal members, especially those with limited English proficiency or who have experienced past discrimination, improving language access, culturally responsive communication and trust-building can reduce misunderstandings, strengthen engagement with providers, and make care more equitable, respectful and effective. CalOptima Health's existing services, trainings and community partnerships provide a strong foundation for delivering culturally and linguistically responsive care. By building on these assets, CalOptima Health can further strengthen equitable access, improve member experience and better meet the diverse needs of its communities.

Conclusion

The findings presented in this report reflect both the challenges and opportunities ahead for CalOptima Health and the communities it serves within an evolving health care landscape. Across behavioral health, access to care, HRSNs and culturally responsive services, clear pathways emerged to strengthen support for members navigating complex health and social systems. CalOptima Health demonstrated a strong commitment to these priority areas through investments in workforce development, housing insecurity, community partnerships and care navigation, and is well-positioned to continue advancing this work.

Overall, the assessment highlighted important strengths alongside meaningful opportunities for improvement. Members reported positive experiences, including strong connections to primary care, respectful provider interactions, and care that often met their cultural and individual needs. At the same time, opportunities remain to strengthen access to behavioral health, specialty care, care navigation, and supports addressing housing and food insecurity. Together, these findings provide a clear roadmap for action and reinforce CalOptima Health's commitment to advancing equitable, whole-person care and meeting the needs of CalOptima Health members, providers and the Orange County community.

Acknowledgements

NORC and CalOptima Health extend our sincere gratitude to all community members, partners, stakeholders and staff who participated and contributed information and data to this needs assessment. Their time, openness and willingness to share their experiences and perspectives have been essential to this effort.

The information gathered through their participation has provided critical insights into the health needs, disparities and priorities affecting the community. These contributions have directly informed the analysis, findings and recommendations presented in this report.

We also recognize the contributions of community-based organizations and local partners whose support and collaboration made this assessment possible. Their commitment to improving health outcomes has been instrumental throughout this process.

We deeply appreciate the collective efforts of all participants in helping to advance a more informed, equitable and responsive health system.

APPENDICES

Appendix A: Provider Survey Instrument

Details About Provider

The following questions are about the organization in which you work, your role and the populations with which you work. Please select only one answer for each question unless the question says "select all that apply".

1. Are you affiliated with a network or physician medical group?
   - ☐ Yes [continue to Q1a]
   - ☐ No [continue to Q2]

2. Please select which network(s) or physician medical group(s) you represent. Select all that apply.
   - ☐ AMVI Care Health Network
   - ☐ AltaMed Health Services
   - ☐ CHOC Health Alliance
   - ☐ CalOptima Health Community Network
   - ☐ CalOptima Health Direct
   - ☐ Family Choice Health Services
   - ☐ HPN-Regal Medical Group
   - ☐ Noble Mid-Orange County
   - ☐ Optum
   - ☐ Prospect Medical Group
   - ☐ United Care Medical Group
   - ☐ None of the above [programming note: make this an exclusive option]
   - ☐ Not listed (please specify) _____

3. What is your role?
   - ☐ Behavioral health professional
   - ☐ Case manager
   - ☐ Community health worker or promotor(a)
   - ☐ Doula
   - ☐ Midwife
   - ☐ Nurse practitioner
   - ☐ Peer advocate

- ☐ Physician
- ☐ Physician assistant
- ☐ Registered nurse
- ☐ Social worker
- ☐ Not listed (please specify) _____

4. What is your primary specialty? Select one from the drop-down list. If it is not listed, please select "Other."
   - ☐ Acupuncture
   - ☐ Addiction Medicine
   - ☐ Adolescent Medicine
   - ☐ Allergy & Immunology
   - ☐ Anatomic Pathology & Clinical Pathology
   - ☐ Anesthesiology
   - ☐ Audiology
   - ☐ Blood Banking/Transfusion Medicine
   - ☐ CalAIM Community Supports
   - ☐ Cardiovascular Disease
   - ☐ Child & Adolescent Psychiatry
   - ☐ Child Neurology
   - ☐ Clinical Biochemical Genetics
   - ☐ Clinical Cardiac Electrophysiology
   - ☐ Clinical Child & Adolescent Psychology
   - ☐ Clinical Genetics
   - ☐ Clinical Molecular Genetics
   - ☐ Clinical Neurophysiology
   - ☐ Colon & Rectal Surgery
   - ☐ Complex General Surgical Oncology
   - ☐ Critical Care Medicine
   - ☐ Dermatology
   - ☐ Dermatopathology
   - ☐ Diagnostic Radiology
   - ☐ Emergency Medicine
   - ☐ Endocrinology/Diabetes Mellitus
   - ☐ Enhanced Care Management
   - ☐ Family Medicine
   - ☐ Gastroenterology
   - ☐ General Practice
   - ☐ General Surgery
   - ☐ Geriatric Medicine
   - ☐ Gynecologic Oncology
   - ☐ Hearing and Speech
   - ☐ Hematology
   - ☐ Hematology/Oncology
   - ☐ Home Delivery
   - ☐ Home Infusion
   - ☐ Hospice & Palliative Medicine
   - ☐ Infectious Disease

- ☐ Internal Medicine
- ☐ Interventional Cardiology
- ☐ Long Term Care
- ☐ Maternal & Fetal Medicine
- ☐ Medical Oncology
- ☐ Neonatal-Perinatal Medicine
- ☐ Nephrology
- ☐ Neurocritical Care
- ☐ Neurological Surgery
- ☐ Neurology
- ☐ Neuropathology
- ☐ Neuropsychology
- ☐ Neuroradiology
- ☐ Nuclear Medicine
- ☐ Nutrition
- ☐ ORL/Facial Plastic Surgery
- ☐ Obesity Medicine - Pediatrics
- ☐ Obstetrics & Gynecology
- ☐ Occupational Medicine
- ☐ Optometry
- ☐ Ophthalmology
- ☐ Oral-Maxillo Facial Surgery
- ☐ Ortho-Surgery of the Spine
- ☐ Orthopedic Surgery
- ☐ Otolaryngology
- ☐ Pain Medicine
- ☐ Pathology - Anatomic
- ☐ Pathology - Clinical
- ☐ Pathology - Hematology
- ☐ Pathology - Pediatric
- ☐ Pediatrics
- ☐ Physical Medicine & Rehabilitation
- ☐ Physical Therapy
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Prosthetics & Orthotics
- ☐ Psychiatry
- ☐ Psychology
- ☐ Pulmonary Disease
- ☐ Radiation Oncology
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Speech Pathology
- ☐ Speech Therapy
- ☐ Sports Medicine
- ☐ Surgery Foot & Ankle
- ☐ Surgery of the Hand
- ☐ Surgical Critical Care

- ☐ Surgical Oncology
- ☐ Thoracic & Cardiac Surgery
- ☐ Thoracic Surgery
- ☐ Trauma Surgery
- ☐ Urgent Care
- ☐ Urology
- ☐ Vascular & Interventional Radiology
- ☐ Vascular Neurology
- ☐ Vascular Surgery
- ☐ Other

5. Please specify your primary specialty: [SHORT TEXT BOX]

6. If applicable, what is your secondary specialty? Select one from the drop-down list. If you do not have a secondary specialty, please enter "No secondary specialty." [Repeat drop-down list from question 3]
7. [Display if AREA2 = Other] Please specify your secondary specialty: [SHORT TEXT BOX]

8. Which program(s) are your patients enrolled in? Select all that apply.
   - ☐ CalOptima Health Members (Medi-Cal only)
   - ☐ CalOptima Health OneCare Members (Dual Eligibles)
   - ☐ PACE
   - ☐ Other Medicare Advantage Plans
   - ☐ Fee-for-Service Medicare
   - ☐ Covered California
   - ☐ Other Commercial or Employer-Sponsored Insurance
   - ☐ I serve patients who are uninsured
   - ☐ Don't know [programming note: make exclusive response]

9. At what type of facility do you work? Select all that apply.
   - ☐ Adult Day Care Center
   - ☐ Adult Subacute Facility
   - ☐ Clinic
   - ☐ Community Supports
   - ☐ Diagnostic Facility
   - ☐ Dialysis Center
   - ☐ Emergency Transportation
   - ☐ Home Health
   - ☐ Hospice
   - ☐ Hospital
   - ☐ Laboratory
   - ☐ Long Term Care Facility
   - ☐ Medical Transportation
   - ☐ Mental Health Facility
   - ☐ Pediatric Subacute Facility
   - ☐ Pharmacy
   - ☐ Rehabilitation Clinic
   - ☐ Skilled Nursing Facility

- ☐ Surgery Clinic
- ☐ Not listed (please specify) _____

10. In how many facilities/clinics/offices do you practice? Please count the number that are located at different addresses. Enter a numerical value. [SHORT TEXT BOX – restrict to number entry only]

11. CalOptima Health's member population consists of a diverse group of individuals from varying backgrounds. Do members who staff at your organization serve speak any of the following languages? Select all that apply.
    - ☐ English
    - ☐ Spanish
    - ☐ Vietnamese
    - ☐ Korean
    - ☐ Farsi
    - ☐ Chinese
    - ☐ Arabic
    - ☐ Russian
    - ☐ Not listed (please specify) _____

12. Do you speak any of the following languages? Select all that apply.
    - ☐ English
    - ☐ Spanish
    - ☐ Vietnamese
    - ☐ Korean
    - ☐ Farsi
    - ☐ Chinese
    - ☐ Arabic
    - ☐ Russian
    - ☐ Not listed (please specify) _____

13. Do other staff at your organization speak any of the following languages? Select all that apply.
    - ☐ English
    - ☐ Spanish
    - ☐ Vietnamese
    - ☐ Korean
    - ☐ Farsi
    - ☐ Chinese
    - ☐ Arabic
    - ☐ Russian
    - ☐ Not listed (please specify) _____

14. Does your organization provide translation services to members who do not speak English?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

15. Do you or your organization serve any of the following populations? Select all that apply.
    - ☐ Children
    - ☐ Farmworkers
    - ☐ Immigrants
    - ☐ Individuals experiencing homelessness
    - ☐ Justice-involved individuals
    - ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) individuals
    - ☐ People with disabilities
    - ☐ Pregnant people
    - ☐ Older adults (Age 55+)
    - ☐ Refugees
    - ☐ Veterans
    - ☐ Other (please specify) _____
    - ☐ None of the above [programming note: make this an exclusive option]
    - ☐ Don't know [programming note: make this an exclusive option]

16. Do staff at your organization provide any of the following behavioral health services? Select all that apply.
    - ☐ Individual psychotherapy/counseling
    - ☐ Peer-led support groups
    - ☐ Outpatient medicine management
    - ☐ Group psychotherapy/counseling
    - ☐ Medication Assisted Treatment (MAT)
    - ☐ Crisis support/hotlines
    - ☐ Syringe exchange services
    - ☐ Inpatient treatment
    - ☐ Intensive outpatient services (IOP)
    - ☐ Inpatient detox services
    - ☐ SBIRT (Screening, Brief Intervention, and Referral to Treatment)
    - ☐ Other (please specify) _____
    - ☐ None of the above [programming note: make this an exclusive option]
    - ☐ Don't know [programming note: make this an exclusive option]

17. Does your organization offer any of the following resources or services to CalOptima Health Members? Select all that apply.
    - ☐ Patient navigators
    - ☐ Peer support specialists
    - ☐ Community health workers or promotor(a)s
    - ☐ Help with enrolling in health insurance
    - ☐ Help with understanding health insurance benefits
    - ☐ Integrated medical, behavioral and social services
    - ☐ Health Information Technology (HIT) interventions (such as telemedicine, mobile devices that monitor health data, etc.)
    - ☐ Assistance with Individualized Education Program (IEP) or Section 504 Plan for children with disabilities
    - ☐ None of the above [programming note: make this an exclusive option]
    - ☐ Don't know [programming note: make this an exclusive option]

18. Does your organization partner with any community-based organizations to help connect CalOptima Health members to any of the following resources or services? Select all that apply.
    - ☐ Food assistance
    - ☐ Health education
    - ☐ Housing support
    - ☐ Transportation
    - ☐ Financial assistance for utilities
    - ☐ Financial assistance for medical costs
    - ☐ Childcare
    - ☐ Family caregiving
    - ☐ Employment assistance (e.g., job training, job search help, financial assistance for uniforms or other material needs)
    - ☐ Assistance with IEP or Section 504 Plan for children with disabilities
    - ☐ Other (please specify) _____
    - ☐ None of the above [programming note: make this an exclusive option]
    - ☐ Don't know [programming note: make this an exclusive option]

19. When patients become ineligible for Medi-Cal, does your organization offer patients resources to help them enroll in another health insurance plan?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

20. Does your organization offer any of the following CalAIM benefits? Select all that apply.
    - ☐ Enhanced Care Management (ECM)
    - ☐ Asthma Remediation
    - ☐ Housing Supports
    - ☐ Caregiver Respite Services
    - ☐ Recuperative Care (Medical Respite)
    - ☐ Personal Care and Homemaker Services
    - ☐ Day Habilitation Services
    - ☐ Nursing Facility Transition to a Home or Assisted Living Facility
    - ☐ Home Modifications/Environmental Accessibility Adaptations
    - ☐ Medically Tailored Meals/Medically Supportive Food
    - ☐ Sobering Centers
    - ☐ None of the above [programming note: make this an exclusive option]
    - ☐ Don't know [programming note: make this an exclusive option]

Basic Needs of CalOptima Health Members

The following questions are about potential issues affecting CalOptima Health members. Please select one answer for each item.

21. How much do you believe the following social and economic issues impact the health of the CalOptima Health members you serve?

Social/Economic Issue	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Lack of affordable housing	☐	☐	☐	☐	☐
Overcrowded housing	☐	☐	☐	☐	☐
Risk of utilities being shut off	☐	☐	☐	☐	☐
Lack of educational opportunities	☐	☐	☐	☐	☐
Not enough local jobs	☐	☐	☐	☐	☐
Affordable transportation	☐	☐	☐	☐	☐
Physically accessible transportation	☐	☐	☐	☐	☐
Reliable transportation	☐	☐	☐	☐	☐

22. Similarly, how much do you believe the following social and economic issues impact the health of the CalOptima Health members you serve?

Social/Economic Issue	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Food insecurity (lack of access to nutritious foods)	☐	☐	☐	☐	☐
Cultural or language differences when accessing health services	☐	☐	☐	☐	☐
Gun violence	☐	☐	☐	☐	☐
Nonviolent crime (e.g., theft)	☐	☐	☐	☐	☐
Racism and discrimination	☐	☐	☐	☐	☐
Lack of affordable childcare	☐	☐	☐	☐	☐
Lack of access to parks and recreation	☐	☐	☐	☐	☐
Lack of social support from family, friends or peers	☐	☐	☐	☐	☐

Health-Related Issues

The following questions are about potential health-related issues CalOptima Health members experience. Please select one answer for each item.

23. How much of a problem are the following health-related issues for the CalOptima Health members you serve?

Health Issue	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Child abuse/neglect	☐	☐	☐	☐	☐
Child sexual abuse/neglect	☐	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐	☐
Elder/dependent adult abuse/neglect	☐	☐	☐	☐	☐
Rape and sexual assault	☐	☐	☐	☐	☐
Substance use	☐	☐	☐	☐	☐
Self harm/suicide attempt	☐	☐	☐	☐	☐

Health Barriers and Contributors

The following questions are about potential barriers and contributors to health for CalOptima Health members. Please select one answer for each item.

24. How much of a problem do you think each of these potential barriers to accessing health services is for the CalOptima Health members you serve?

Potential barrier	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Getting timely appointments	☐	☐	☐	☐	☐
Getting appointments at convenient times	☐	☐	☐	☐	☐
Location of services	☐	☐	☐	☐	☐
Affordable transportation to services	☐	☐	☐	☐	☐
Physically accessible transportation to services	☐	☐	☐	☐	☐
Awareness of services offered	☐	☐	☐	☐	☐
Awareness of eligibility for services	☐	☐	☐	☐	☐

Potential barrier	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Finding affordable childcare	☐	☐	☐	☐	☐
Concerns about privacy, confidentiality or safety	☐	☐	☐	☐	☐
Concerns about costs of service	☐	☐	☐	☐	☐

25. Similarly, how much of a problem do you think each of these potential barriers is to accessing health services for the CalOptima Health members you serve?

Potential barrier	A Big Problem	Somewhat Of A Problem	Not A Problem	Don't Know	Prefer Not to State
Cultural/racial biases of service providers	☐	☐	☐	☐	☐
Limited health education/health literacy	☐	☐	☐	☐	☐
Immigration documentation status	☐	☐	☐	☐	☐
Lack of providers who speak their primary language	☐	☐	☐	☐	☐
Lack of trust in service providers or services	☐	☐	☐	☐	☐
Filling out paperwork/health care forms	☐	☐	☐	☐	☐
Social stigma in seeking care	☐	☐	☐	☐	☐

26. What factors are the greatest contributors to the overall health of CalOptima Health members? Please rank these factors from the most significant contributor (1) to the least significant contributor (4).

    Please drag and drop response options into the order in which you would like to rank them (1 at top, 4 at bottom).

    ___ Health behaviors

    ___ Medical/clinical care

    ___ Socioeconomic or environmental factors

    ___ Genetic/biological factors

Demographics

27. What is your race and/or ethnicity? Please select all that apply and enter other details in the spaces below. You can report more than one group.
    - ☐ American Indian or Alaskan Native
    - ☐ Asian
    - ☐ Black or African American
    - ☐ Hispanic or Latino
    - ☐ Middle Eastern or North African
    - ☐ Native Hawaiian or Pacific Islander
    - ☐ White
    - ☐ Not listed, (please specify) _____
    - ☐ Don't know [programming note: make this an exclusive option]
    - ☐ Prefer not to state [programming note: make this an exclusive option]

28. How do you describe yourself? Please select one answer.
    - ☐ Female
    - ☐ Male
    - ☐ Transgender
    - ☐ Genderqueer or gender nonconforming
    - ☐ Not listed, (please specify) _____
    - ☐ Don't know
    - ☐ Prefer not to state

29. How do you describe your sexual orientation? Please select one answer.
    - ☐ Heterosexual or straight
    - ☐ Gay or Lesbian
    - ☐ Bisexual
    - ☐ Not listed, (please specify) _____
    - ☐ Don't know
    - ☐ Prefer not to state

Thank you for your participation! Your response has been recorded.

Appendix B: Member Survey Instrument

Please answer the survey as honestly as you can. There are no right or wrong answers. **Please choose one answer for each question unless the question says "select all that apply."**

To start, this survey is for [respondent name]. Who are you completing this survey for?

1. Yourself
2. Your child, stepchild, foster child, ward
3. Your spouse (someone you are married to, such as a partner, wife or husband)
4. Your unmarried partner, living together
5. Your parent, stepparent, foster parent, guardian
6. Your sibling, stepsibling, stepsister, stepbrother, foster sister, foster brother
7. If someone else, please describe

Are you/Is your [respondent] a CalOptima Health member?

0. No
1. Yes

Please answer all questions about your [CalOptima Health Member].

What is your/your [CalOptima Health Member]'s age?

1. SPECIFY AGE

Are you a caretaker for your [CalOptima Health Member]?

1. Yes
2. No
77. Don't know
99. Prefer not to say

Are you/Is your [CalOptima Health Member] enrolled in the CalOptima Health Program of All-Inclusive Care for the Elderly (PACE)?

1. Yes
2. No
77. Don't know
99. Prefer not to say

Are you/Is your [CalOptima Health Member] enrolled in Medicare?

1. Yes, enrolled in CalOptima Health OneCare plan
2. Yes, enrolled in another Medicare Advantage plan (sometimes called a PPO or Medicare managed care)
3. Yes, enrolled in traditional Medicare (fee for service)
4. No
77. Don't know
99. Prefer not to say

The questions in this section are about getting health care coverage and the types of health care you/your [CalOptima Health Member] may need.

What kind of place do you/does your [CalOptima Health Member] go to most often to get medical care?

1. Medical provider or doctor's office
2. Health care center or medical clinic, including school clinic
3. Emergency room
4. Urgent care or clinic in a drug store or grocery store
5. Alternative medicine provider or herbalist
6. Some other place (please describe)
7. No one place
77. Don't know
99. Prefer not to say

What services did you/your [CalOptima Health Member] use in the past 12 months? Select all that apply.

1. Primary care (such as routine check-ups, preventive care)
2. Specialist care (such as cardiologists, dermatologists)
3. Emergency room visits
4. Urgent care visits
5. Hospital stays (inpatient services)
6. Outpatient services (such as surgeries, diagnostic tests)
7. Mental health services (such as therapy, counseling)
8. [If CalOptima Health Member is older than 12] Alcohol and substance use services
9. Pharmacy services (such as filling prescriptions)
10. Rehabilitation services (such as physical therapy, occupational therapy)
11. Home health care (such as nursing care, physical therapy at home)
12. Telehealth services (such as virtual consultations)
13. Dental care (such as routine cleanings, dental procedures)
14. Vision care (such as eye exams, glasses and contact lenses)
15. None of the above, I/my [CalOptima Health Member] did not use health services in the last 12 months

    0. NOT SELECTED
    1. SELECTED
    77. Don't know
    99. Prefer not to say

Please tell us what you think about getting the care you need/your [CalOptima Health Member] needs when it is needed for:

a. Primary care
b. [If CalOptima Health Member is older than 18] Pediatric health services (for children)
c. [If CalOptima Health Member is older than17] Pre-natal, delivery, post-natal (maternal health when pregnant, at delivery, and after pregnancy)/obstetrics-gynecology (OBGYN) services
d. Specialist care (such as rheumatologists, optometrists, or urologists)
e. Mental health services (such as therapy, counseling)

f. [If CalOptima Health Member is older than 12] Alcohol and substance use services
g. Dental care
h. Prescription services (such as filling prescriptions)
i. Access to help in your home with your/your [CalOptima Health Member]'s long-term, chronic conditions

1. Not at all a challenge
2. Not that big of a challenge
3. Somewhat of a challenge
4. A very big challenge
77. Don't know
88. Not applicable
99. Prefer not to say

Do you need help understanding or using your CalOptima Health plan? / Does your [CalOptima Health Member] need help understanding or using their CalOptima Health plan? / Do you need help understanding or using your [CalOptima Health Member's] CalOptima Health plan? *(The question was selected based on the type of member cohort that was sampled for the survey.)*

1. No, I/they know what services CalOptima Health covers and how to use the benefits in my/their plan to get services
2. Yes, I/they know what services CalOptima Health covers, but I/they need help understanding how to use my/their benefits to get services
3. Yes, I/they need help understanding what services CalOptima Health covers, and I/they need help understanding how to use my/their benefits to get services
77. Don't know
99. Prefer not to say

During the **past 12 months**, was there a time when you/your [CalOptima Health Member] needed to see a doctor, specialist, or other health professional but couldn't, or you /they had to wait for care for any reason?

1. Yes
2. No
77. Don't know
99. Prefer not to say

During the **past 12 months**, why couldn't you/your [CalOptima Health Member] get the care you/they needed or why did you/they have to wait to get care? Select all that apply.

a. Couldn't get an appointment
b. Medical provider (or doctor) was not accepting new patients
c. Insurance was not accepted
d. Insurance did not cover it
e. Had trouble communicating because of language differences
f. Didn't have a ride or a way to get there
g. Office hours didn't work with my/their schedule
h. Long wait to be seen
i. Didn't have childcare

j. Forgot or lost referral
k. Didn't have time to go
l. Couldn't afford the care
m. Do not trust my/their medical provider (or doctor)
n. Medical provider (or doctor) is not respectful or doesn't understand my/their culture or identity
o. Other (please explain)

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Are you aware of non-medical transportation services (NMT) offered by CalOptima Health? NMT is a free service that covers the cost of a car, taxi, bus, or other public or private way of getting to an appointment for Medi-Cal services. /Is your [CalOptima Health Member] aware of non-medical transportation services (NMT) offered by CalOptima Health? NMT is a free service that covers the cost of a car, taxi, bus, or other public or private way of getting to an appointment for Medi-Cal services. (The question was selected based on the type of member cohort that was sampled for the survey.)

1. Yes, I/they am/are aware, and have used this service
2. Yes, I/they am/are aware, but have not used this service
3. No, I/they am/are not aware of this service
77. Don't know
99. Prefer not to say

The next questions are about experiences with your/your [CalOptima Health Member]'s medical provider (or doctor).

Which of these statements do you agree with? Select all that apply.

a. I/My [CalOptima Health Member]/Me and my [CalOptima Health Member] can talk to my/their medical provider (or doctor) in a language that is comfortable to me/them/us
b. If needed, there are translators or interpreters who are easy to get at my/my [CalOptima Health Member]'s medical provider's (or doctor's) office to help me/them/us
c. I feel my /My [CalOptima Health Member] feels their medical provider (or doctor) listens to me/them/us
d. I feel my /My [CalOptima Health Member] feels their medical provider (or doctor) addresses (my/their/our questions and concerns about my/their care
e. I prefer/My [CalOptima Health Member] prefers/Me and my [CalOptima Health Member] prefer to have a medical provider (or doctor) with the same gender identity as me/them
f. I prefer/My [CalOptima Health Member] prefers/Me and my [CalOptima Health Member] prefer to have a medical provider (or doctor) with the same race/ethnicity as me/them
g. I feel safe sharing my/My [CalOptima Health Member] feels safe sharing their/Me and my [CalOptima Health Member] feel safe sharing their religious or cultural preferences about medicine or treatment with my/their medical provider (or doctor)
h. I leave my/My [CalOptima Health Member] leaves their/Me and my [CalOptima Health Member] leave their medical appointments understanding what next steps (I/they) should take to address my/their health concern(s)

i. None of the above

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Next, we'd like to ask about your/your [CalOptima Health Member]'s health status and the health conditions you/they may have.

In general, is your/your [CalOptima Health Member]'s health excellent, very good, good, fair or poor?

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent
77. Don't know
99. Prefer not to say

Has a doctor ever told you/ your [CalOptima Health Member] that you/they have any of these conditions? Select all that apply.

a. Alzheimer's, confusion, dementia or forgetfulness
b. Asthma
c. Cancer
d. Diabetes or sugar diabetes
e. High blood pressure
f. Lung disease, emphysema, or chronic obstructive pulmonary disease (COPD)
g. Obesity
h. None of the above

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Over the last 2 weeks, how often have you/ has your [CalOptima Health Member] been bothered by any of these problems:

a. Feeling nervous, anxious, or on edge
b. Not being able to stop or control worrying
c. Little interest or pleasure in doing things
d. Feeling down, depressed or hopeless

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

77. Don’t know
99. Prefer not to say

The following questions are about things that may affect your/your [CalOptima Health Member]’s daily life.

Please rate how much the following were problems or made things harder for you/your [CalOptima Health Member during the last 12 months.

a. Caring for family members with special needs or disabilities
b. Supporting aging family members
c. Getting access to community services or resources, like food pantries or other social services
d. Being able to pay for childcare
e. Job loss or a drop in family income

1. Not at all a problem
2. Not that much of a problem
3. Somewhat of a problem
4. Very much of a problem
77. Don’t know
88. Not applicable
99. Prefer not to say

Within the past 12 months, the food you/your [CalOptima Health Member] or someone in your household bought didn’t last, and you/they didn’t have money to get more.

1. Often true
2. Sometimes true
3. Never true
77. Don’t know
99. Prefer not to say

Do you/your [CalOptima Health Member] or your/their family receive any of these? Select all that apply.

a. Temporary Assistance to Needy Families (TANF) or California Work Opportunities Responsibilities to Kids (CalWORKs)
b. Food stamps known as CalFresh (You may receive benefits through an Electronic Benefit Transfer (EBT) card, which is also known as the Golden State Advantage Card)
c. Supplemental Security Income (SSI or SSDI)
d. Women, Infants, and Children Program (WIC)
e. None of the above

0. NOT SELECTED
1. SELECTED
77. Don’t know
99. Prefer not to say

Do you/your [CalOptima Health Member] or the people in your/their household ever have problems paying all your/their bills at the end of the month?

1. Yes
2. No
77. Don't know
99. Prefer not to say

Select the types of support or programs that would be helpful for you/your CalOptima Health Member] in...

Being more physically active
Select all that apply.

a. Free or low-cost fitness classes (e.g., Zumba, walking groups)
b. Exercise tips or coaching by phone, text or app
c. Safe places to be active (such as parks, gyms)
d. Other (please list) _____
e. Don't/Doesn't need support with being more physically active

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Eating healthier foods
Select all that apply.

f. Learning about healthy food options
g. Access to fruits and vegetables
h. Tips for shopping or meal planning on a budget
i. Other (please list) _____
j. Don't/Doesn't need support with eating healthier foods

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Getting better sleep
Select all that apply.

k. Tips or tools for better sleep routines
l. Help managing stress that affects sleep
m. Support for health conditions that impact sleep
n. Other (please list) _____
o. Don't/Doesn't need support with getting better sleep

0. NOT SELECTED
1. SELECTED
77. Don't know

99. Prefer not to say

Staying away from or reducing tobacco or vaping
Select all that apply.

p. Access to free quit-smoking support (classes or coaching)
q. Text messages or an app to help with quitting
r. Nicotine replacement (such as patches, gum)
s. Other (please list) _____
t. Don't/Doesn't need support with staying away from or reducing tobacco or vaping

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

Staying away from or reducing alcohol use
Select all that apply.

u. Support to cut back or quit (coaching, counseling)
v. Social activities without alcohol
w. Tips and information about alcohol's health impacts
x. Other (please list) _____
y. Don't/Doesn't need support with staying away from or reducing alcohol use

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

What is your/your [CalOptima Health Member]'s living situation today?

1. Have/Has a steady place to live
2. Have/Has a place to live today, but could lose it in the near future
3. Do/Does not have a steady place to live (temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
77. Don't know
99. Prefer not to say

The next questions are about your community and home environment. For these statements, please choose how much you agree. / The next questions are about your [CalOptima Health Member]'s community and home environment. For these statements, please choose how much you agree. The next questions are about your [CalOptima Health Member]'s community and home environment. For these statements, please choose how much they agree. *(The question was selected based on the type of member cohort that was sampled for the survey.)*

a. I feel that my individual and cultural needs were met during treatment and care / I feel my [CalOptima Health Member's) individual and cultural needs were met during treatment and care / They feel their individual and cultural needs were met during treatment and care
b. I feel safe in my community / I feel my [CalOptima Health Member] is safe in their community / They feel safe in their community
c. I feel safe in my home / I feel my [CalOptima Health Member] is safe in their home / They feel safe in their home

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree
77. Don't know
99. Prefer not to say

Over the past month (30 days), how many days have you/has your [CalOptima Health Member] felt lonely?

1. None – I/they never feel lonely
2. Less than 5 days
3. More than half the days (more than 15 days)
4. Most days – I/they always feel lonely
77. Don't know
99. Prefer not to say

You're almost done! In this last section of the survey, we will ask you some questions about your/ your [CalOptima Health Member]'s background.

What is your/your [CalOptima Health Member]'s race and/or ethnicity? Select all that apply and list other details in the spaces below. <u>You can choose more than one group</u>.

a. American Indian or Alaskan Native
b. Asian
c. Black or African American
d. Hispanic or Latino
e. Middle Eastern or North African
f. Native Hawaiian or Pacific Islander
g. White
h. Other (please list)

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

What language(s) do you/does your [CalOptima Health Member] speak at home? Select all that apply.

a. English
b. Spanish
c. Vietnamese
d. Arabic
e. Chinese
f. Farsi
g. Korean
h. Russian
i. Other (please list)
j. Do/Does not speak

0. NOT SELECTED
1. SELECTED
77. Don't know
99. Prefer not to say

In your/your [CalOptima Health Member]'s opinion, how well do you/they speak English?

1. Very well
2. Well
3. Not well
4. Not at all
5. Do/Does not speak
77. Don't know
99. Prefer not to say

What sex were you/was your [CalOptima Health Member] assigned at birth on your/their original birth certificate?

1. Male
2. Female
77. Don't know
99. Prefer not to say

What is your/your [CalOptima Health Member]'s current gender?

1. Male
2. Female
3. Transgender
4. Nonbinary
5. I/They use a different term (please list)

77. Don’t know
99. Prefer not to say

Which of these words best describes how you/your [CalOptima Health Member] think/thinks of yourself/themselves?

1. Lesbian or gay
2. Straight, that is not lesbian or gay
3. Bisexual or pansexual
4. I/They use a different term (please list)
77. Don’t know
99. Prefer not to say

What is the highest grade level or school you have/your [CalOptima Health Member] has completed?

1. 8th grade or less
2. Some high school, high school graduate or GED
3. Some college
4. 2-year degree
5. College graduate
6. Post-graduate degree
77. Don’t know
99. Prefer not to say

Thank you for completing the survey. To receive the $10 gift card, please enter your mailing address below. You will receive the gift card in the mail in January, after the survey closes. The gift card cannot be used to purchase alcohol, tobacco, or firearms. The gift card has no cash value, and CalOptima Health is not responsible if it is lost or stolen.

Your survey answers will be kept separate from your address. We will delete your address after your card is sent.

- Member ID (please list)
- Mailing Address
  - Street Address:
  - Apartment, Suite, or Unit Number:
  - City:
  - State:
  - ZIP Code:
- No, I do not want a gift card
- No mailing address, received gift in person

If you/you or your [CalOptima Health Member] would like to speak with someone about CalOptima Health services and benefits, please call Customer Service. We have staff who speak your/their language.

Medi-Cal Customer Service toll-free at **1-888-587-8088** (TTY **711**)
OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**)
PACE Customer Service toll-free at **1-844-999-PACE (7223)** (TTY **1-714-468-1063**)

If you/ you or your [CalOptima Health Member] would like to speak with someone about support for mental health, call the CalOptima Health Behavioral Health Line toll-free at **1-855-877-3885** (TTY **711**), 24 hours a day, 7 days a week. We have staff who speak your/their language.

Thank you for submitting the survey. Your response has been recorded.

Appendix C: Focus Group and Interview Guide

General Care (ALL)

1. If [you/your child/the person you help] needed to see a doctor, who would [you/they] usually go to? For example, this could be a primary care provider, a provider at an urgent care or emergency room, or someone else.
    a. Probe for reasons: Do you know who [your/their] primary care provider is? Is it easy to see this provider? [If uses urgent care] Do you like going to urgent care more?
2. What kinds of regular care [do you/does your child/does the person you help] try to keep up with to stay healthy, if any? (Examples, if needed: annual physical, blood pressure checks, mammograms, diabetes screenings, etc.)
    a. Probe if doesn't receive regular care: Do you feel [you/they] don't need regular care?

Customer Service/ Satisfaction (ALL)

3. When you think about using [your/their] CalOptima Health insurance plan, what has worked well?
    a. Probe: What experiences made you feel supported or happy with the service?
    b. Probe: Has anything not worked well? If so, what happened? Was the problem fixed to meet your needs?
4. Do you understand the services and coverage [you/they] have through CalOptima Health?
5. Do you feel like CalOptima Health listens to you and understands your needs as a [member/parent of a CalOptima Health member/caregiver or support person of a CalOptima Health member]? Why or why not?
6. Are you happy with the health care and services [you/they] have received as a CalOptima Health member? Why or why not?
    a. Are there things CalOptima Health could have done differently to better meet [your/their] needs?
7. Are there services or supports [you/they] are not receiving that you would like [your child/the person you support] to receive from CalOptima Health?

Barriers to Care (ALL)

Thank you for sharing how it's going with getting health services. I'd like to ask more about any challenges anyone has had with getting care and what you think might help.

8. Have there been times when it was hard for you to get the care [you/your child/the person you support] needed?
    a. Probe for details: What type of care? What made it hard? Do you think this is something that [your/their] provider could do better or something that CalOptima Health could do better?
9. What kind of help or support would make it easier for you to get [the care you need/your child the care they need/the person you support the care they need]?
    a. Probe for details: Making it easier to get into the doctor's offices like having ramps, wide doors or no stairs, having longer hours or weekend appointments, (if applicable) getting childcare, help with caregiving for family member, transportation, language assistance, help with appointments, or help with knowing what (your/their) plan benefits are?

Behavioral Health (INTERVIEWS ONLY - ONLY ASK THESE QUESTIONS TO THOSE WHO RESPONDED YES TO Q1 OR Q2 IN SCREENER)

INTERNAL NOTES:

- The following questions are intended only for CalOptima Health members recruited to participate in a 1:1 interview about behavioral health services. Please ask them questions in a respectful, professional manner without referencing the participant's group status or selection criteria.
- Those invited to participate in an interview will be asked brief screening questions (see recruitment materials). The screener responses will help us identify if the interviewee should be asked the behavioral health interview questions.

MODERATOR SCRIPT: We saw from the screening survey you filled out that you have some experience with getting support for your behavioral health needs. We have a few questions about your experience with this care.

Mental Health

10. [IF NOT SPECIFIED ALREADY] Have you had any trouble finding a counselor, therapist or other provider who was able to help you with your mental health needs?
    a. [IF YES] Can you tell me more about what made it hard?
    b. [PROMPTS IF NEEDED: *Has it been easy to set up appointments? Did you receive a callback if you called the office? Have you been able to be seen as often as you feel you need?]*
11. [IF THEY HAVE SEEN A BH PROVIDER] Are you happy with the care your counselor, therapist or other provider provided? Why or why not? *[If not specified - clarify if this was a provider through the county or through CalOptima Health]*
12. Does your counselor, therapist, or provider work with your medical or primary care providers? If so, how?
13. If CalOptima Health could change something to better support your mental health, what would you suggest?

Alcohol and Substance Use

14. [IF NOT SPECIFIED ALREADY] Have you had any trouble finding a counselor, therapist or other provider who was able to provide alcohol or substance use counseling?
    a. [IF YES] Can you tell me more about what made it hard?
    b. [PROMPTS IF NEEDED: *Has it been easy to set up appointments? Did you receive a callback if you called the office? Have you been able to be seen as often as you feel you need?]*
15. [IF THEY HAVE SEEN A BH PROVIDER] Are you happy with the care from your counselor, therapist or other provider? Why or why not? *[If not specified - clarify if this was a provider through the county or through CalOptima Health]*
16. Does your counselor, therapist or provider work with your medical or primary care providers? If so, how?
17. If CalOptima Health could change something to better support people who need help with alcohol or substance use, what would you suggest?

Parents of Child CalOptima Health Members (ONLY THOSE IN PARENT FOCUS GROUP OF CHILDREN WITH DISABILITIES/IN WHOLE CHILD MODEL)

1. Has it been easy to get doctor's appointments for your child at times that work for you?
    a. [IF NO]
        1. What types of care have been hard to schedule at a time that works for you?
        2. How has it been hard for you when appointment times don't work well? (Prompts: Does your child have to miss school a lot to go to doctor's appointments? Have you had to wait a long time for your child to get in for appointments?)
2. Have you had a time when you felt your child's medical provider didn't listen to your concerns or your child's concerns? If so, can you tell me about that?
3. What services or programs would you like to see CalOptima Health provide to support the health and well-being of school-aged children?

Social Determinants of Health
We are almost done. Thank you again for taking the time to share your experiences. Your feedback will help CalOptima Health learn how to improve in the areas we've talked about today. So, let's dive into our last few questions.

1. Does (your/their) housing situation or the costs of housing make it hard to stay healthy or get care? If so, can you tell us more about that?
2. Does not having transportation (meaning access to a car, public transit, or other forms of transit) make it hard for (you/them) to stay healthy or get care? If so, can you tell us more about that?
3. (Do you/Does your child/Does the person you help) have a hard time getting enough food? If yes, does that affect (your/their) health? Can you tell us more about that?
4. Besides what we've already talked about, are there other things that make it hard for (you/them) to stay healthy or get the care (you/they) need?

Is there anything else you all would like to add that we didn't talk about? *[Moderator note: as time allows, please ensure everyone gets an opportunity to answer, if they would like to.]*

Appendix D: Review of Local Reports and Assessments

NORC reviewed local reports and assessments to identify community needs identified in the recent past by CalOptima Health and other local organizations (see Appendix A Table A1 for a more detailed overview of the findings from the review). **Exhibit D.1** provides an overview of community indicator and assessment reports and how they align with the MPHNA framework while **Exhibit D.2** provides an overview of recent community health needs assessments (CHNA) completed by Orange County hospitals. With respect to a range of community assessments and indicator analyses, financial stability was most often identified as a priority area. These assessments also identified service availability, location, and provider factors as priorities, such as difficulty finding specialty care or with scheduling, transportation challenges due to the location of services, and cultural and linguistic barriers. With respect to CHNAs conducted by local hospitals, housing insecurity was most frequently highlighted as a priority area. The CHNAs also identified service availability, location, and provider factors as priority.

Exhibit D.1. Community Assessment and Indicator Reports

	CalOptima Health Population Need Assessment Report (2025)	CalOptima Health Equity Report (2024)	CalOptima Health Member Health Needs Assessment (2018)	30th Annual Report on the Conditions of Children in Orange County (2024)	Orange County Housing Report (2024)	Orange County Older Adults Needs Assessment Report (2025)	Orange County Community Indicators (2024-2025)	Orange County Consolidated Plan & Annual Action Plan (2025)	Orange County Community Health Assessment Indicators (2023)	2024-2026 Community Health Improvement Plan for Orange County (CHIP)	Total
Health related social needs											
Natural and built environment	●	●	●			●	●	●		●	7
Housing insecurity	●	●	●	●	●	●	●	●	●	●	10
Family and social support	●	●	●	●		●	●	●	●	●	9
Food insecurity	●	●	●	●		●		●	●		7
Financial stability	●	●	●	●	●	●	●	●	●	●	10
Health status and health conditions											
Mental distress / substance abuse	●	●	●	●		●	●	●	●	●	9
Ability status	●	●	●	●		●	●	●	●		8

	CalOptima Health Population Need Assessment Report (2025)	CalOptima Health Equity Report (2024)	CalOptima Health Member Health Needs Assessment (2018)	30th Annual Report on the Conditions of Children in Orange County (2024)	Orange County Housing Report (2024)	Orange County Older Adults Needs Assessment Report (2025)	Orange County Community Indicators (2024-2025)	Orange County Consolidated Plan & Annual Action Plan (2025)	Orange County Community Health Assessment Indicators (2023)	2024-2026 Community Health Improvement Plan for Orange County (CHIP)	Total
Chronic and other conditions	●	●	●	●		●	●	●	●	●	9
Health care access, coverage, and navigation											
Awareness, knowledge, and mindsets	●	●	●			●		●		●	6
Health coverage and benefits				●			●	●			3
Service availability, location, and provider factors.	●	●	●	●	●	●	●	●	●	●	10
Care experience and quality											
Cultural competence / identity-sensitive practice	●	●	●	●		●	●	●		●	8
Language assistance, translation, and interpreters	●	●	●			●		●		●	6
Special populations											
Gender identity / sexual orientation	●	●	●	●		●		●	●		7
Maternal and Child Health	●	●	●	●					●		5

Exhibit D.2 Community Health Needs Assessment Reports

	St. Joseph Hospital Orange (2021)	St. Joseph Hospital Orange (2023)	St. Joseph Hospital Orange (2024-2026)	Children's Hospital of Orange County (2025)	Kaiser Permanente Anaheim and Irvine (2022)	Hoag Community Health Needs Assessment (2022)	Total
Health related social needs							
Natural and built environment						●	1
Housing insecurity	●	●	●	●	●	●	6
Family and social support				●		●	2
Food insecurity				●	●		2
Financial stability		●		●	●	●	4
Health status and health conditions							
Mental distress / substance abuse		●		●	●	●	4
Ability status				●			1
Chronic and other conditions				●		●	2
Health care access, coverage, and navigation							
Awareness, knowledge, and mindsets			●				1
Health coverage and benefits							
Service availability, location, and provider factors.	●	●	●	●	●	●	6
Care experience and quality							
Cultural competence / identity-sensitive practice			●	●			2
Language assistance, translation, and interpreters			●				1
Special populations							
Gender identity / sexual orientation						●	1
Maternal and Child Health				●			1

References

[1] Orange County Health Care Agency. (2023). *Orange County 2023 Community Health Assessment: Summary of findings.* Retrieved from https://www.ochealthinfo.com/sites/healthcare/files/2023-10/Orange_County_2023_Community_Health_Assessment-Summary_of_Findings-August_2023.pdf

[2] Orange County Health Care Agency. (2024). *OC Community Health Improvement Plan 2024-2026*. Retrieved from https://ochealthinfo.com/page/oc-community-health-improvement-plan-2024-2026

[3] U.S. Census Bureau. (2024). *2023 American Community Survey 1-year estimates* [Data set]. Retrieved from https://www.census.gov/programs-surveys/acs/

[4] UCLA Center for Health Policy Research. (2024). *California Health Interview Survey (CHIS) 2023 adult public use file*. Los Angeles, CA

[5] Centers for Disease Control and Prevention. (2024). *Behavioral Risk Factor Surveillance System Survey data*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/brfss/annual_data/annual_2023.html

[6] CalOptima Health. (2025). *2025 Population Assessment*. Retrieved from https://cop-p-001.sitecorecontenthub.cloud/api/public/content/c2a8f83b19f74d2b9817daf64e4e32c5?v=1d4e37fd

[7] Hoag Memorial Hospital Presbyterian. (2022). *Community Health Needs Assessment 2022*. Retrieved from https://upload.cdn-hoag.org/wp-content/uploads/2022/12/08205838/2022-CHNA-Final120822posted.pdf

[8] Rady Children's Health Orange County. (2025). *2025 Community Health Needs Assessment*. Retrieved from https://choc.org/files/CHOC_2025_CHNA_Report.pdf

[9] Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center. (2021). *2021 Community Health Needs Assessment*. Retrieved from https://www.providence.org/-/media/project/psjh/providence/socal/files/about/community-benefit/reports/stjosephhospitalorange2021chna.pdf

[10] Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center. (2021). *Community Health Improvement Plan 2021–2023*. https://www.providence.org/-/media/project/psjh/providence/socal/files/about/community-benefit/reports/stjosephhospitalorange2021-2023chip.pdf

[11] Mission Hospital, St. Joseph Hospital of Orange, and St. Jude Medical Center. (2024). *Community Health Improvement Plan 2024–2026*. Retrieved from https://www.providence.org/-/media/project/psjh/providence/socal/files/about/community-benefit/reports/2024-2026-chip-st-joseph-hospital-orange.pdf

[12] Kaiser Permanente Orange County–Anaheim Medical Center & Kaiser Permanente Orange County–Irvine Medical Center. (2025). *2025 Community Health Needs Assessment*. Retrieved from https://about.kaiserpermanente.org/content/dam/kp/mykp/documents/reports/community-health/anaheim-irvine-chna-2025_ada.pdf

[13] California Health Care Foundation. (2025). *California Emergency Departments Almanac — 2025 edition*. https://www.chcf.org/wp-content/uploads/2025/02/CaliforniaEmergencyDepartmentsAlmanac2025.pdf

[14] CalOptima Health. (2018). *Member Health Needs Assessment Final Report March 2018*. Retrieved from https://issuu.com/advanceoc/docs/2018_mhnafinalreport

[15] OC Housing & Community Development. (2025). *Urban County of Orange Consolidated Plan FY2025-2029*. Retrieve from https://www.ochcd.org/sites/hcd/files/2025-04/FY%202025-29%20Consolidated%20Plan%20Final_0.pdf

[16] Orange County. (2025). *Orange County Older Adults Needs Assessment Report*. Retrieved from https://officeonaging.ocgov.com/sites/officeonaging/files/2025-03/OANA%20Report%202025.pdf

[17] County of Orange Social Services Agency. (2024). *The 30th Annual Report on the Conditions of Children in Orange County*. Retrieve from https://ssa.ocgov.com/sites/ssa/files/2024-12/CoCReport_AR30_7c.pdf

[18] California Department of Health Care Access and Information. (2026, January). *Health Workforce Research Data Center annual report to the Legislature (Annual report)*. Retrieved from https://hcai.ca.gov/wp-content/uploads/2026/04/Health-Workforce-Research-Data-Center-Annual-Report-to-the-Legislature-%E2%80%93-January-2026-.pdf

[19] California Health Care Foundation. (2024). *California's Health Workforce Challenges & Opportunities*. Retrieved from https://www.calpers.ca.gov/documents/202407-full-day-2-4-presentation-2-health-care-workforce-phillips-ke-24-0627/download?inline

[20] Insure the Uninsured Project. (2025). *California Health Care Specialty Workforce Shortages: A Critical Analysis of Current Challenges and future Solutions*. Retrieved from https://www.itup.org/wp-content/uploads/2024/12/FINAL-ITUP-Fact-Sheet-Specialty-Workforce-Fact-Sheet.pdf

[21] California Department of Public Health. (2026). *Low Birthweight*. Retrieved from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx

22 California Department of Public Health. (2026, April 16). *Preterm Birth*. Retrieved from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Preterm-Birth.aspx

[23] Orange County Business Council. (2025). *2024-2025 Orange County Community Indicators Report*. Retrieved from https://ocbc.org/wp-content/uploads/2024/11/CommunityIndicators24_digital.pdf

[24] Housing insecurity is the condition of having unstable, unaffordable, inadequate, or uncertain access to safe housing.

[25] The Kennedy Commission. (2025). *Housing Element Tracker*. Retrieved from https://issuu.com/advanceoc/docs/2018_mhnafinalreport https://www.kennedycommission.org/housing-element-tracker

[26] Food insecurity is the lack of consistent access to enough affordable, nutritious food needed for an active and healthy life. It includes both reduced food quality and reduced food intake due to limited resources as well as economic and geographic barriers to food.

[27] Sherman, D. W., Alfano, A. R., Alfonso, F., Duque, C. R., Eiroa, D., Marrero, Y., Muñecas, T., Radcliffe-Henry, E., Rodriguez, A., & Sommer, C. L. (2024). *A systematic review of the relationship between social isolation and physical health in adults. Healthcare, 12(11)*, 1135. https://doi.org/10.3390/healthcare12111135

[28] Singer, C. (2018) Health Effects of Social Isolation. *Journal of Aging Life Care, 28*(1), 4-8. https://www.aginglifecare.org/common/Uploaded%20files/Journal%20Files/ALCA%20Journal%20Spg18_FINAL.pdf#page=4

[29] Medi-Cal Connect is a centralized, statewide data analytics tool launched by the California Department of Health Care Services (DHCS). It integrates physical, behavioral, and social services data to create a comprehensive view of patient health, helping providers and care managers close service gaps and improve population-level health outcomes

CalOptima Health

CalOptima Health, A Public Agency
505 City Parkway West
Orange, CA 92868

caloptima.org