Cultural Needs and Preferences Study Summary

CalOptima Health composes the Cultural Needs and Preferences Study annually. Using this report, the health plan monitors members' ability to obtain health care services and ensures that an adequate network of providers effectively meets members' cultural needs and preferences.

To ensure member needs are met and determine if there is adequate provider coverage, CalOptima Health analyzes the gender, race/ethnicity, language and needs/preference data of our members and compares it against providers within each health network. CalOptima Health collects data to compare against availability standards for:

- Gender ratios: Male member/male provider, female member/female provider
- Language of member/provider ratio for Medi-Cal: Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese
- Member race/ethnicity: CalOptima Health reviews data received via the Department of Health Care Services (DHCS) 834 eligibility files
- Provider race/ethnicity: Review data from the California Department of Access and Information
- Religious analysis: Review data from the Pew Research Center to identify the religious composition of California's population

The standard for provider-to-member ratios is 1:500. The standard is considered compliant if the provider-to-member ratio is less than 1:500. The gender data gathered in 2024 per health network for male and female members is as follows:

Medi-Cal Gender Data				Medi-Cal Gender Data			
Female				Male			
Date		12/31/2024		Date		12/31/2024	
Health Networks	Ratio	Provider	Member	Health Networks	Ratio	Provider	Member
Health Networks Combined	1:64	6,093	393,065	Health Networks Combined	1:66	5,362	355,420
Alta Med Health Services	1:189	193	36,575	Alta Med Health Services	1:102	349	35,847
AMVI Healthcare	1:149	85	12,676	AMVI Healthcare	1:75	189	14,307
CalOptima Community Network	1:16	5,663	95,130	CalOptima Community Network	1:13	4,846	64,999
CHOC Health Alliance	1:49	1,400	68,848	CHOC Health Alliance	1:54	1,347	73,906
Family Choice Health Network	1:197	119	23,548	Family Choice Health Network	1:72	306	22,239
Noble Mid-Orange County	1:124	93	11,624	Noble Mid-Orange County	1:63	200	12,632
Optum Care Network	1:210	454	95,648	Optum Care Network	1:120	685	82,304
Prospect Medical Group	1:97	225	21,997	Prospect Medical Group	1:51	419	21,776
Heritage - Regal	1:36	162	5,979	Heritage - Regal	1:14	401	5,888
United Care Medical Group	1:131	160	21,040	United Care Medical Group	1:67	318	21,522

CalOptima Health met the provider-to-male-member and provider-to-female-member ratio standards, with ratios of less than 1:500. Additionally, all health networks and medical groups also met the standard.

Race/Ethnicity Ratios:

In 2024, CalOptima Health launched a provider satisfaction survey aimed at gathering race and ethnicity data to better serve our diverse membership. The survey was conducted during the third quarter of the year and distributed to health care providers via email. Reminders were sent via email, and Provider Relations representatives reached out directly to providers through emails, phone calls and in-person interactions to encourage participation.

CalOptima Health also monitors the cultural competency of our staff, our contracted providers and our contracted providers' staff. In the study, CalOptima Health identified staff and provider staff who successfully completed the annual cultural competency training, along with identified findings and a plan of action to address those findings.

The member and provider data collected for the report are extracted from CalOptima Health's core system, FACETS. This system contains member data for gender, language and ethnicity, and is updated monthly from DHCS eligibility files and through daily member interactions with Customer Service call center staff.

CalOptima Health and health network member and provider data is summarized annually for gender and language. In the report, most of the data is shown in ratios, the number of providers who meet the criteria compared to the number of members who meet the criteria. Members' needs and preference data is displayed as a summary of the results.

CalOptima Health race/ethnicity data is collected at the state level and received via the DHCS 834 eligibility files. The data is stored in the health plan's core eligibility system. CalOptima Health currently does not collect provider race/ethnicity and uses the California Department of Health Care Access and Information Health Workforce License Renewal Survey.

Gender Ratios:

The gender study looks at the ratio of female providers to female members and male providers to male members to determine if there are areas that need attention.

Gender is a social and cultural variable that encompasses several domains, each of which influences health: gender identity and expression, gender roles and norms, gender relations, power, and equality and equity. Gender socialization tends to influence decisions related to health-seeking behaviors. Several clinical studies have indicated that health decisions are based on gender preferences and culture.

CalOptima Health applied a general standard for providers to member ratios, which is 1:500 for gender groups, female and male, to establish a point of comparison. The standard is considered compliant if the provider-to-member ratio is less than 1:500 for each gender group.

Language Ratios:

The study aims to assess the linguistic needs of members and collects language data of CalOptima Health members and providers to determine if there is adequate provider coverage by language. CalOptima Health uses this study to determine if there are members

who do not have access to a provider who speaks their language.

The language study looks at the ratio of members who speak a non-English language to providers who speak the same non-English language to determine if there are any areas where the provider-to-member ratio for a threshold language is too high and needs attention.

CalOptima Health provides interpreter services in any language to its members at no cost. Based on the 2024 interpreter services utilization data, CalOptima Health successfully met the members' needs in accessing interpretation services in any language.

Additionally, CalOptima Health provides written translations for six threshold languages in addition to English. The six threshold languages for the Medi-Cal program are Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic.

For the study, the focus was on CalOptima Health's six threshold languages spoken by limited English proficient (LEP) population groups meeting a numeric threshold: Spanish (23%), Vietnamese (6%), Farsi (2%), Korean (2%), Chinese (1%) and Arabic (1%).

Language of Medi-Cal member/provider data per health network is as follows:

Medi-Cal Language Data			
Arabic			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:34	161	5,481
Alta Med Health Services	1:7	28	209
AMVI Healthcare	1:5	12	70
CalOptima Community Network	1:19	129	2,504
CHOC Health Alliance	1:15	47	748
Family Choice Health Network	1:7	23	163
Heritage - Regal	1:2	41	98
Noble Mid-Orange County	1:3	21	74
Optum Care Network	1:24	50	1,205
Prospect Medical Group	1:6	37	223
United Care Medical Group	1:6	27	187

Medi-Cal Language Data			
Chinese			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:7	181	1,424
Alta Med Health Services	1:1	31	61
AMVI Healthcare	1:1	14	25
CalOptima Community Network	1:2	148	351
CHOC Health Alliance	1:3	60	225
Family Choice Health Network	1:2	27	76
Heritage - Regal	1:3	23	80
Noble Mid-Orange County	1:1	16	24
Optum Care Network	1:9	52	469
Prospect Medical Group	1:1	34	57
United Care Medical Group	1:2	25	56

Medi-Cal Language Data			
Farsi			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:25	296	7,415
Alta Med Health Services	1:7	32	247
AMVI Healthcare	1:6	15	93
CalOptima Community Network	1:6	228	1,581
CHOC Health Alliance	1:8	85	732
Family Choice Health Network	1:10	16	170
Heritage - Regal	1:5	37	190
Noble Mid-Orange County	1:3	21	75
Optum Care Network	1:40	91	3,684
Prospect Medical Group	1:8	46	381
United Care Medical Group	1:9	29	262

Medi-Cal Language Data			
Korean			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:32	215	6,970
Alta Med Health Services	1:12	20	255
AMVI Healthcare	1:4	14	57
CalOptima Community Network	1:13	174	2,298
CHOC Health Alliance	1:16	77	1,282
Family Choice Health Network	1:7	11	85
Heritage - Regal	1:7	24	168
Noble Mid-Orange County	1:5	19	110
Optum Care Network	1:53	41	2,197
Prospect Medical Group	1:16	27	442
United Care Medical Group	1:7	10	76

Medi-Cal Language Data			
Spanish			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:152	1,614	245,602
Alta Med Health Services	1:140	224	31,540
AMVI Healthcare	1:39	117	4,657
CalOptima Community Network	1:44	1,294	57,132
CHOC Health Alliance	1:97	613	59,709
Family Choice Health Network	1:65	173	11,317
Heritage - Regal	1:14	256	3,696
Noble Mid-Orange County	1:70	148	10,401
Optum Care Network	1:111	428	47,807
Prospect Medical Group	1:37	324	12,046
United Care Medical Group	1:39	186	7,297

Medi-Cal Language Data			
Vietnamese			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:98	544	53,612
Alta Med Health Services	1:9	75	720
AMVI Healthcare	1:76	122	9,279
CalOptima Community Network	1:8	419	3,631
CHOC Health Alliance	1:20	116	2,415
Family Choice Health Network	1:84	179	15,067
Heritage - Regal	1:2	172	514
Noble Mid-Orange County	1:8	67	552
Optum Care Network	1:21	149	3,262
Prospect Medical Group	1:54	123	6,655
United Care Medical Group	1:71	161	11,517

Based on 2024 interpreter services utilization data, CalOptima Health successfully met members' needs in accessing interpretation services in any language. CalOptima Health met the language standard of 1:500 for Spanish, Vietnamese, Korean, Arabic, Farsi and Chinese.

DHCS threshold and concentration language requirements are:

- **Threshold standard language:** Eligible beneficiaries residing in CalOptima Health's service area who indicate their primary language as a language other than English, and who meet a numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population, whichever is lower

- **Concentration standard language:** Eligible beneficiaries residing in CalOptima Health's service area who indicate their primary language as a language other than

English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes

DHCS updates the threshold and concentration language requirements once every three fiscal years.

Religious Analysis

CalOptima Health's data does not capture religious data for its members or providers. Members are not required to provide this information during the enrollment process, and providers do not supply it during the credentialing or recredentialing process.

This is one limitation of the data available to CalOptima Health. Hence, the health plan uses the Pew Research Center to identify potential cultural needs for members. The Pew Research Center is a nonpartisan fact tank that informs the public about social and cultural issues, attitudes and trends shaping the world. It is a widely recognized and utilized source of religion data for health plans across the country.

Pew's religious data for California is outlined in the chart below:

Religious Composition of Adults in California
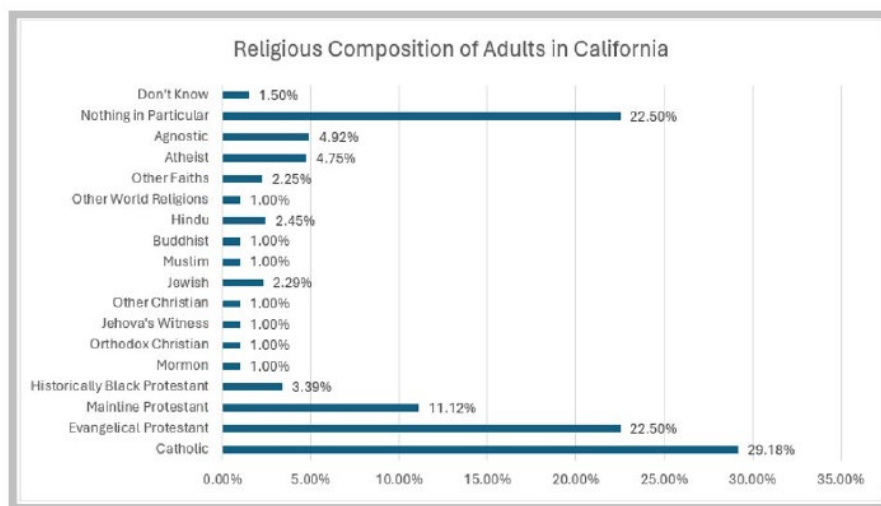
- Christians represent roughly 70% of California adults, including Catholics, Protestants, members of the Church of Jesus Christ of Latter-day Saints (Mormons) and Jehovah's Witnesses.

- Non-Christian faiths, including Judaism, Islam, Buddhism, Hinduism and Other Faiths represent nearly 9.99% of California Adults.

- 22.5% are unaffiliated with any religion, and 1.5% don't know

CalOptima Health continues to implement and improve its existing interventions to address the upcoming cultural needs and preferences of members.