Population Health Investment (PopHI) Advisory Council

Health Equity and Quality Transformation (EQT) Division

July 2026

Agenda

1. Welcome
2. Year 1 & Year 2 PopHI Update
3. PopHI 2027: PHACT PopHI
4. Public Comment

Meeting Protocols

Advisory Council Members

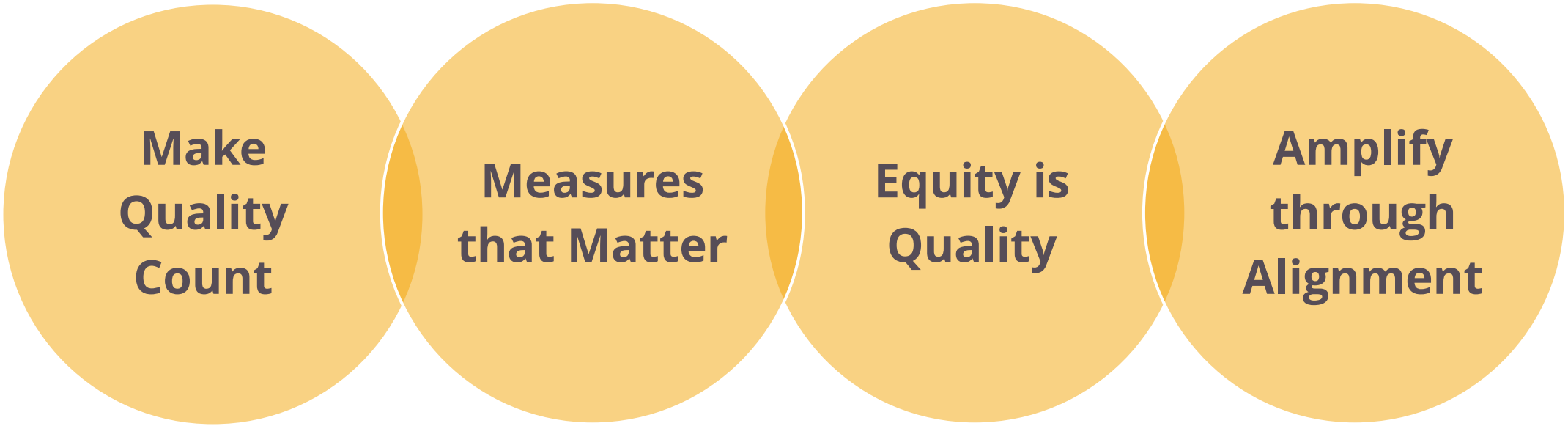
- Please mute/unmute yourself as necessary throughout the meeting.
- If you have any questions, concerns or items you would like to share during the meeting, please email marisol.meza-badran@covered.ca.gov for assistance.

Public

- Public comment will be open at the close of the Advisory Council discussion. Please use the Teams function to raise your 

hand and limit comments to 2 minutes.
- The Teams chat function will also open at the close of the Advisory Council discussion.
- Written comments regarding this meeting are welcome and can be sent to EQT@covered.ca.gov by August 4, 2026.
- Materials will be posted at https://hbex.coveredca.com/stakeholders/plan-management/qti/.

Quality Transformation Initiative



0.8% to 4% Premium at Risk for

a small set of clinically important measures

stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

Guiding Principles: Use of Funds

Centered on goal to improve health outcomes for Covered California enrollees

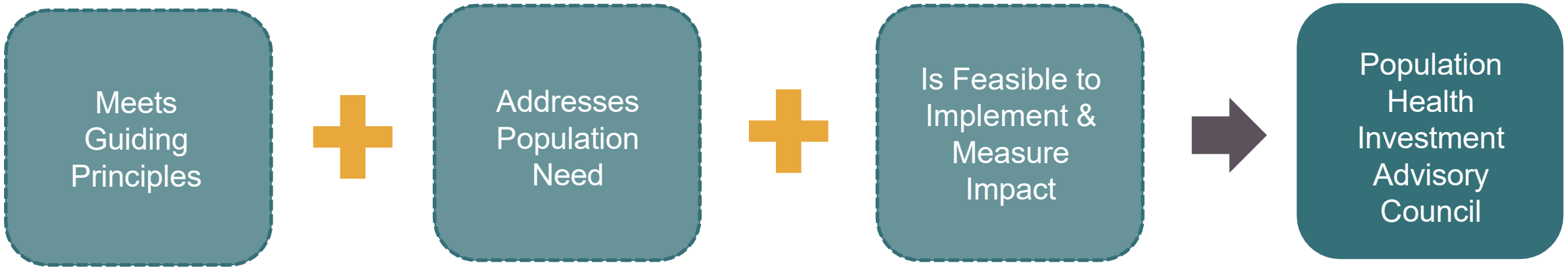
Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

Population Health Investments: Selection Criteria



Year 1 & 2 PopHI Updates

2025 - 2026

COVERED CALIFORNIA

2026 Population Health Investments

1

Early Investments in Childhood Health and Wellness

- Funds deposited directly into CalKIDS Child Scholarship Account to incentivize timely vaccination and well-child visits
- Targets families with newborns enrolled in Covered California and children under 2 years old

2

Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other retailers with food facilitated by a third-party for disbursement and data collection.
- Targets Covered California members with income levels below 250% of the Federal Poverty Level (FPL), with certain chronic conditions

3

Equity and Practice Transformation

- Funds will accelerate adoption of practice transformation through high-quality, 1:1 coaching, subject matter expertise, and foster sustainable practice change and disseminate innovative models statewide.
- Targets primary care practices enrolled in DHCS EPT program and serving Covered California enrollees

4

Health Professions Pathways Program

- Targets California workforce by focusing on select health professional shortage areas which most impact Covered California members
- Leverages HCAI's HPPP infrastructure to invest $4.8M in a health workforce

Child Scholarship Account Program

Enrollment Highlights

843
Children currently enrolled

324
Unique participants newly claimed their CalKIDS account

$300,200
Deposited into CalKIDS accounts

2,497
Program steps completed

Key Learnings

- ~35% of enrolled members did not complete the first step necessary to claim funds (CalKIDS registration)
- Direct outreach found program not being viewed as current priority a barrier to completion
- Broader awareness of CalKIDS needed

Adaptive Outreach Strategies

- Refined outreach cadence, including increased attempts, peak-day scheduling and IVR primer to all
- Conducted two separate targeted messaging campaigns to test different language and cadence for enrolled members not claiming steps
- Continue to explore use of delegated enroller agents for direct outreach encouraging step completion

Grocery Support Program Year 1

Enrollment Highlights

6,972 Households enrolled

13,086 Household members impacted

$1,646 Average award amount per household

~$5M Spent by members March 2025 - February 2026

Member Feedback

“We can prepare meals together, which we were not doing, because we're not just eating rice and beans, we're eating veggies & fruits. We're unified now, because now they're like, well, what are we having for dinner? We didn't do that before.”

“Before I was living you know on ramen, cheap stuff... Now I can eat leafy greens, and I can have a snack if I want. I don’t have to think maybe I can’t afford this.”

"We used to go to the Food Bank, but with the card we don't anymore. That's a big change. We'll buy fresh food. At the food bank it is whatever they have over there. With the card, you can choose where to go.”

Grocery Support Program Year 2

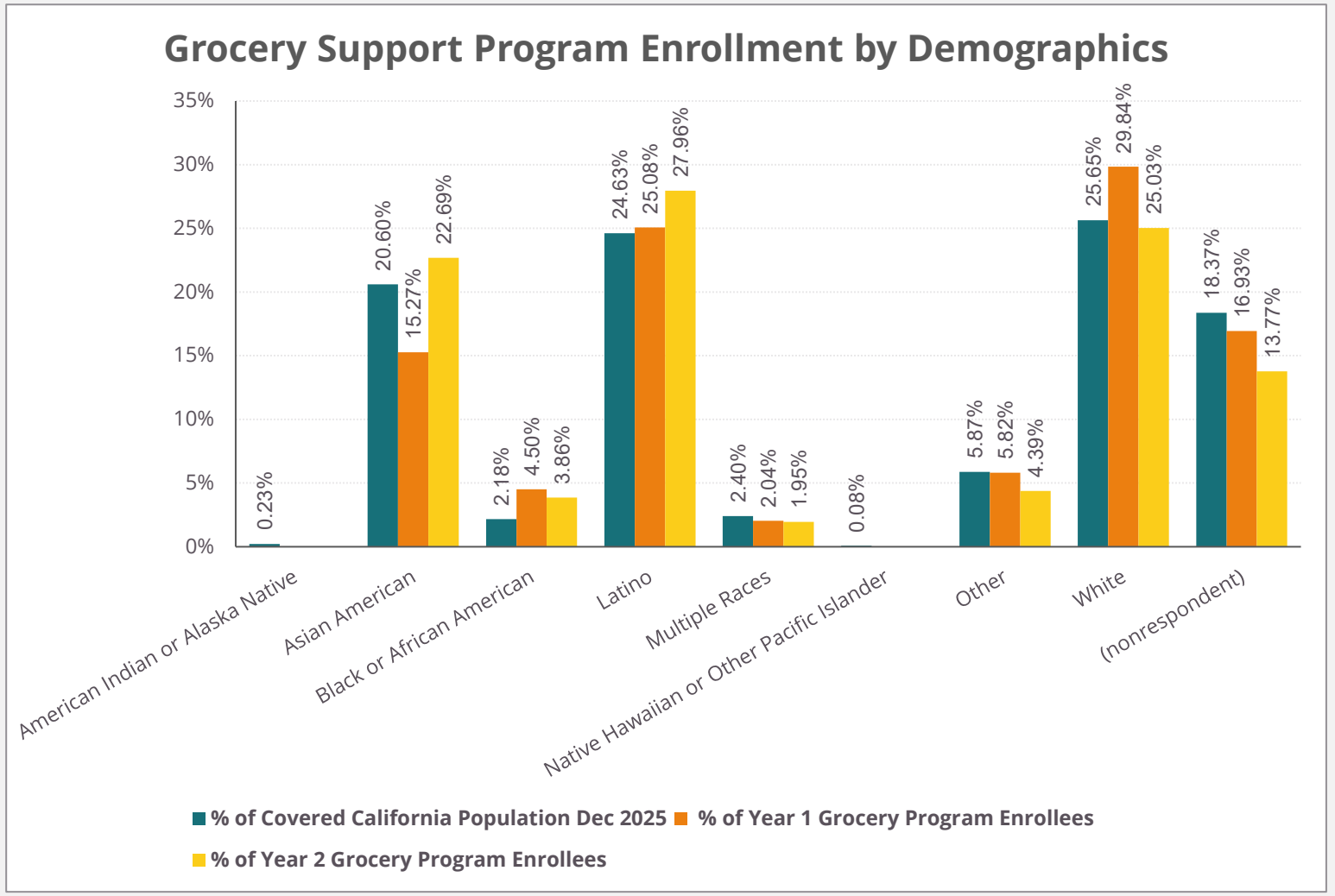
Enrollment Highlights

6,041
Total households enrolled

4,664
Households continuing from Year 1

12,006
Household members impacted

$1,839
Average award amount per household



Blank areas are suppressed data due to counts too low to report.

Equity and Practice Transformation (EPT)

Covered California investment accelerated adoption of population health infrastructure, data sharing, and equity-focused care improvement across 45 EPT practices serving CCA and Medi-Cal members.

45 Covered California cohort practices **26,157** Covered California enrollees **617,714** Medi-Cal lives

YEAR 1 HIGHLIGHTS

Meeting Key Performance Indicators

	Nov 2024		Dec 2025
Access Third next available appointment under 10 days	62%	→	82%
Empanelment More than 90% of patients empaneled	27%	→	48%
Continuity Practice continuity above 70%	62%	→	68%

Completing EPT Milestones at High Rates

15 of 18
prior-cycle EPT milestones have been accepted by 84% or more of Covered California practices

100%
completed data governance assessments and MCP-provided HEDIS measure submissions

96%
have accepted data implementation plans and stratified HEDIS reports

93%
adopted clinical guidelines and enhanced outreach & engagement strategies

91%
implemented pre-visit planning workflows

EPT Practice Feedback and Year 2 Preview

Practices rate Covered California funded programming highly

96.7%
of DxF Bootcamp participants found sessions a valuable use of time

90.9%
rated Approachable AI sessions 9 or higher

80%
rated EHR User Groups 8 or higher

Scores reflect likelihood to recommend the activity to other practices on a 1-10 scale (10 = very likely).

"Honestly, everything has been very helpful and informative. I haven't come across anything yet that was either a waste of time or that I couldn't use." - Vishwa Kapoor, participating practice

Year 2: Driving Sustainable, Scalable Solutions

Builds on 2025 outputs to drive sustainable, data-enabled workflows at the site level, packaging tested solutions for wider scalability across PHLC's statewide learning network.

Q1-Q2
Identify & Assess
Use EPT performance data to identify practices with the greatest opportunity for improvement on CBP, HbA1c, CIS, and COL measures

Q2-Q4
Co-Design & Activate
Co-design and activate 1-3 measurable workflow changes per practice; validate data flow and measure calculation through 8-12 week sprints

Q3-Q4
Package & Scale
Track change with run charts and feedback loops; disseminate tested solutions by December 2026

HCAI Health Professions Pathways Program (HPPP)

The HPPP supports and encourages individuals in shortage areas to pursue health careers and develop a needed workforce in primary care and behavioral health. To address California's healthcare workforce shortages, Covered California is investing PopHI funds – through a new partnership with the Department of Health Care Access and Information (HCAI) – to leverage their Health Professions Pathway Program (HPPP).

The goal is to correct workforce demographic imbalances and improve access to culturally and linguistically concordant providers for Covered California enrollees.

HPPP expands California's health workforce across the continuum by awarding across four (4) categories:

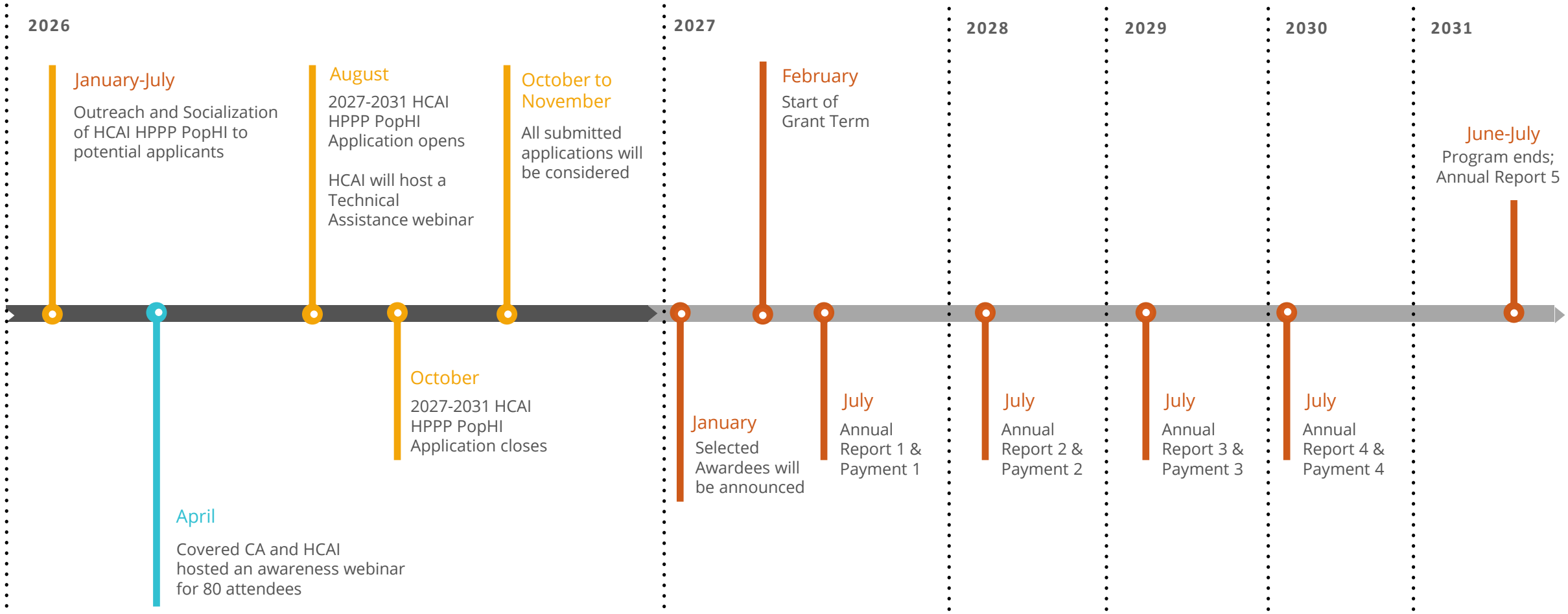
1. Award Category A: Pipeline Program
2. Award Category B: Summer Internships
3. Award Category C: Post Undergraduate Fellowships
4. Award Category D: Post Baccalaureate Scholarships

Available Funding: $4,800,000

2026-2027 Grant Application will be released in mid-August 2026.

Application Deadline: October 16, 2026 at 3 pm

HPPP Timeline



Questions or Comments?

2027 Proposed PopHI

COVERED CALIFORNIA

2027 Population Health Investments

1 Early Investments in Childhood Health and Wellness

- No new funds will be directed to this PopHI in 2027; focus is on spending down original funds allocated in Year 1
- Continued incentivization of timely vaccination and well-child visits for families with children under 2 enrolled in Covered California

2 Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other food retailers, facilitated by a third-party for disbursement and data collection
- ***New in 2027***: Transportation as a permissible card use, expanding access for members facing mobility barriers

3 Equity and Practice Transformation

- Continue building on Year 1 infrastructure to drive sustainable, data-enabled workflows at the practice level and package tested solutions for wider scalability across PHLC's statewide learning network
- Targets primary care practices enrolled in DHCS EPT program serving Covered California enrollees, with priority given to those with the greatest opportunity for improvement on CBP, HbA1c, CIS-10, and COL measures

4 Health Professions Pathways Program

- No new funds will be directed to this PopHI in 2027; the initial 2026 investment of $4.8M is structured to be spread over 5 years through HCAI's HPPP infrastructure
- Targets California workforce by focusing on select health professional shortage areas which most impact Covered California members

5 PHACT (*NEW*)

- Invests in the Public Health for All Californians Together (PHACT) Coalition, administered by the Public Health Institute (PHI), to build trust and strengthen statewide health communications
- Addresses vaccine hesitancy, declining childhood immunization rates, and low trust in healthcare through community-centered, culturally appropriate outreach
- Targets regions and populations with the greatest gaps in vaccination rates and healthcare engagement

Population Needs Assessment

Conducted to collect themes and indicators of where investment is needed

Qualified Health Plan Engagement

- Hesitancy and families repeatedly declining vaccinations

Consumer Advocate & Community Based Organization Engagement

- Trust & relationship-based interventions successful – CHWs
- Desire aligned communications from clinic, health plan, and health departments
- Want sources of consistent, trusted information

Patient Engagement

- Confusion about vaccine recommendations
- Challenges with accessing timely pediatric appointments
- Many, disparate sources of information with conflicting advice

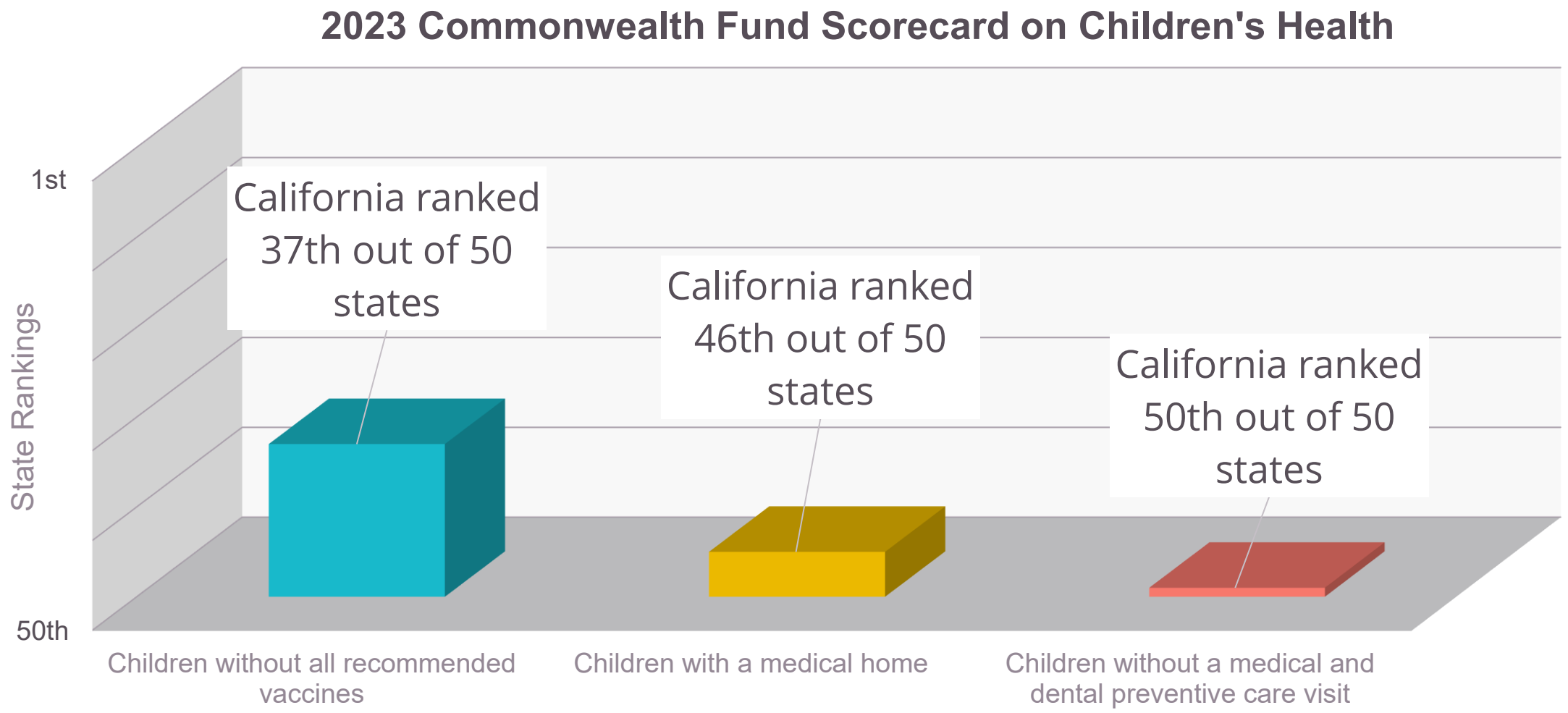
Provider & Practice Engagement

- Need more time during visits to discuss points of confusion / questions that families bring
- Inconsistent systems to identify patients proactively due for vaccines
- Inconsistent workflows across practices

Population-level Geo-mapping

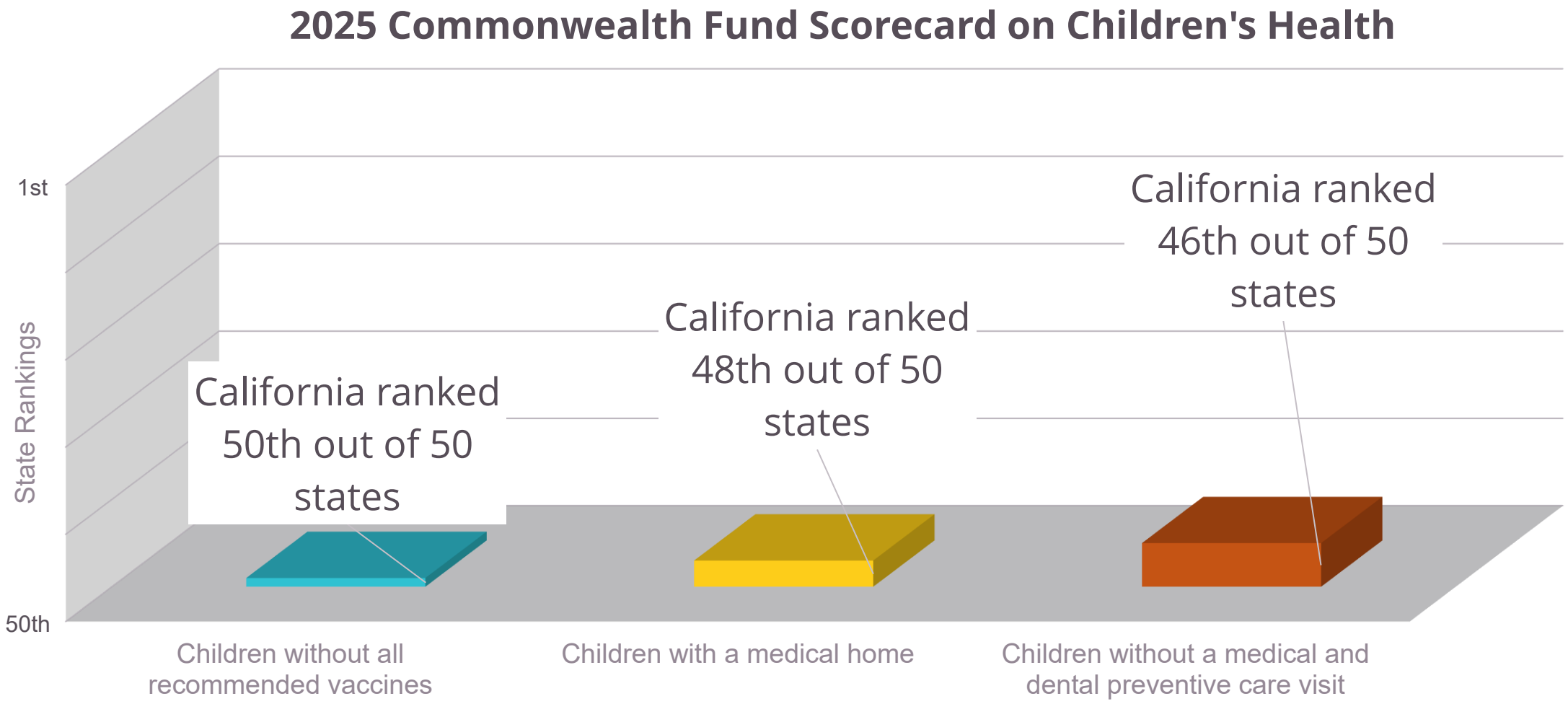
- Declining vaccination rates in White population, rural communities such as Northern Counties, Central Valley, Inland Empire

For Kids: A Failing Grade in California



Source: Commonwealth Fund 2023 Scorecard on State Health System Performance

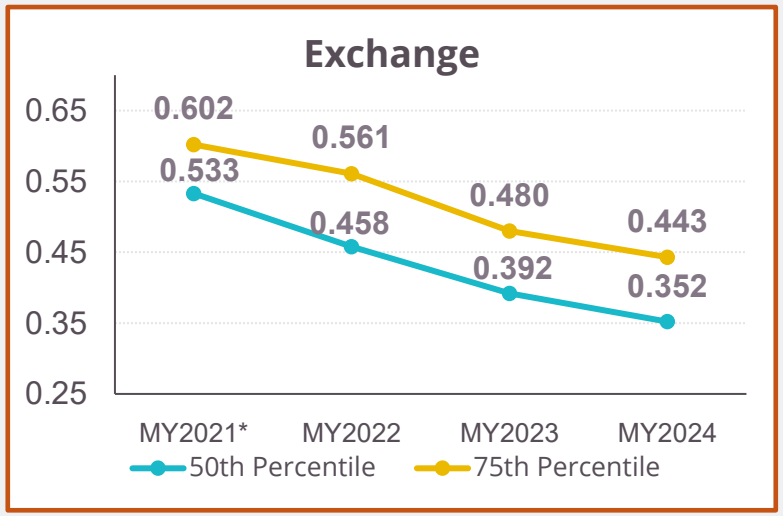
And Worsening…

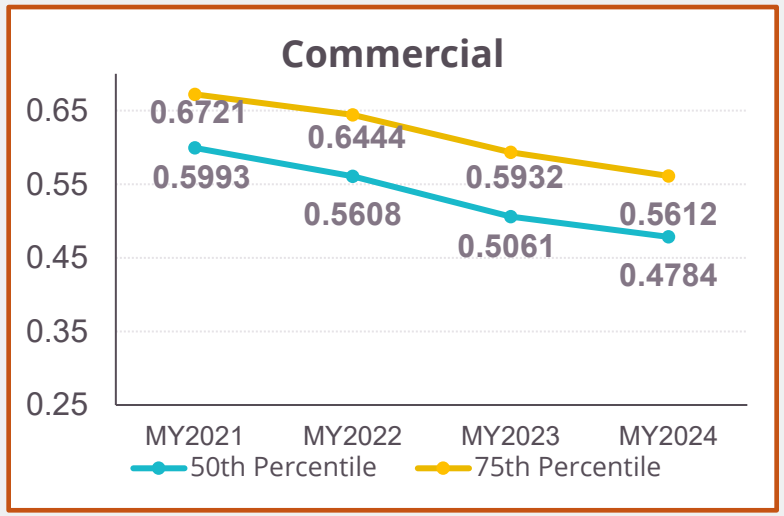


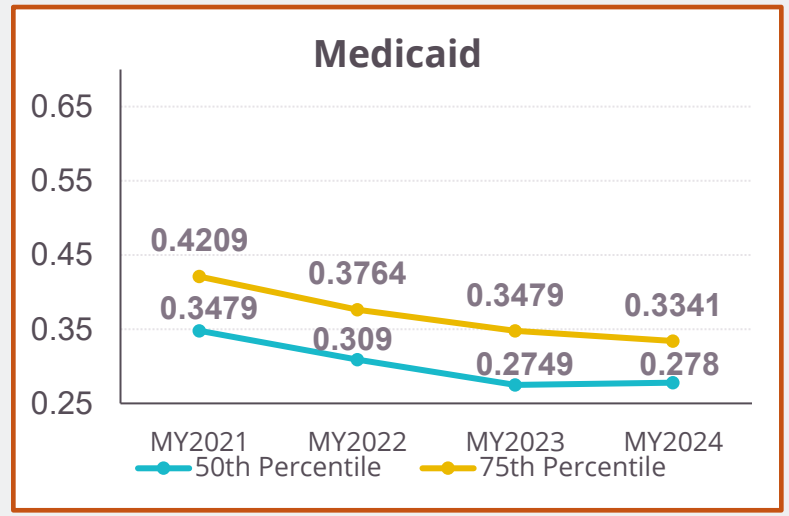
Source: Commonwealth Fund 2025 Scorecard on State Health System Performance

National Declines on Childhood Immunization

National CIS-10 Trends







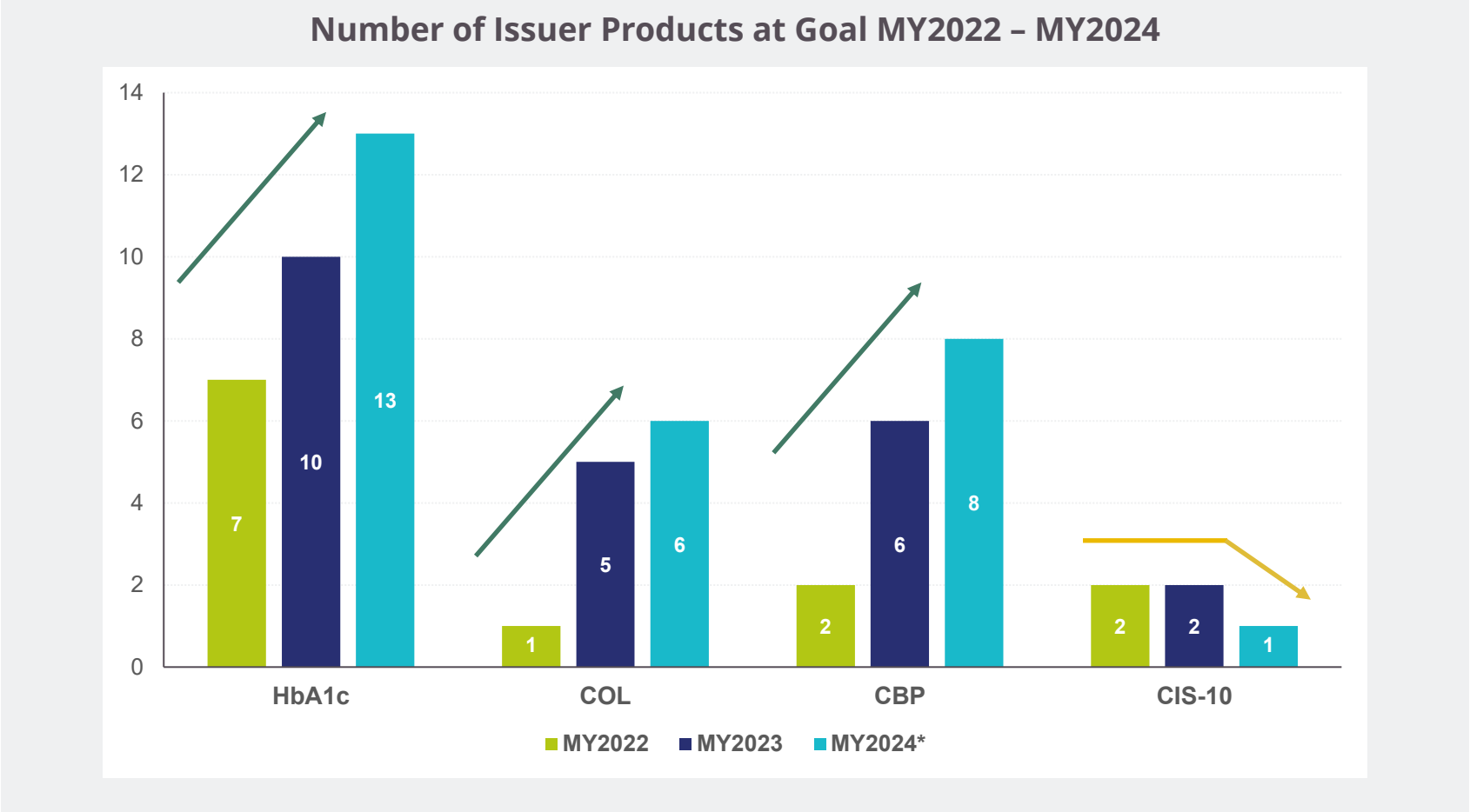
Factors that contribute to low performance on CIS-10 measure:

- Caregiver vaccine fatigue after COVID-19
- Healthcare systems are struggling with access in primary care and declines in usual source of care persist
- Declining vaccine confidence
- Variation in immunization guidance (federal vs state)
- CDC allowable catch-up schedule is not fully captured in CIS-10 measure specifications

*MY2021 Only reported, not scored.

Forward Progress on All QTI Measures, Except CIS-10

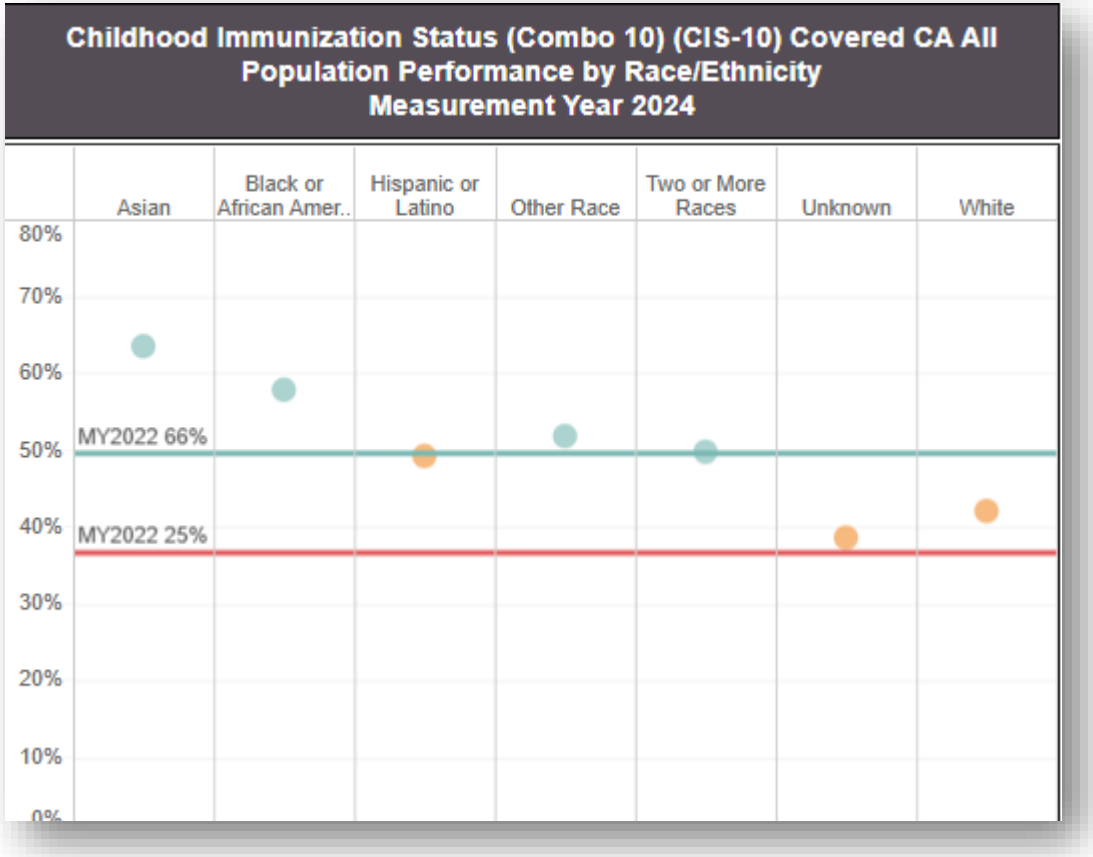
There has been a year-over-year increase in the number of products reaching the QTI goal of the 66th Percentile for HbA1c, COL, and CBP



For MY2023 and 2024 13 issuer products were eligible for all QTI measures except CIS-10 where only 10 products were eligible

Declining Vaccination Rates Not Evenly Distributed Across Covered California's Population

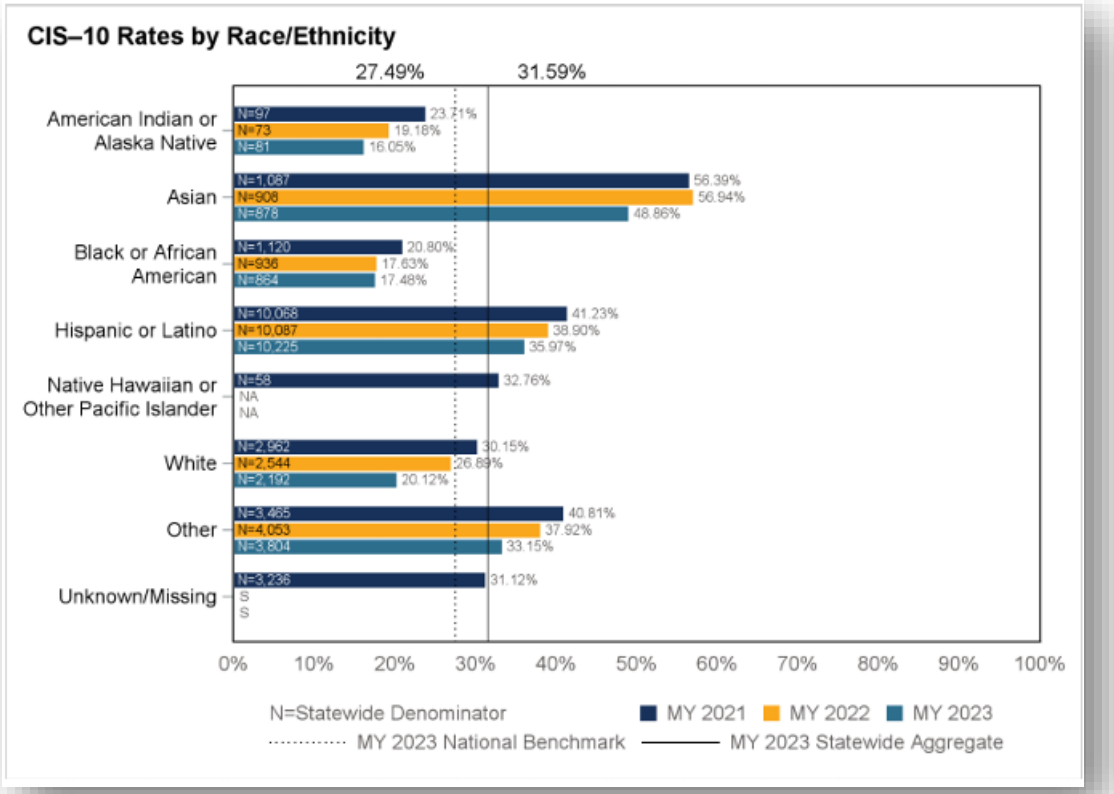
Data shows lowest rates of CIS-10 in the White population and in regions in the far north and central California

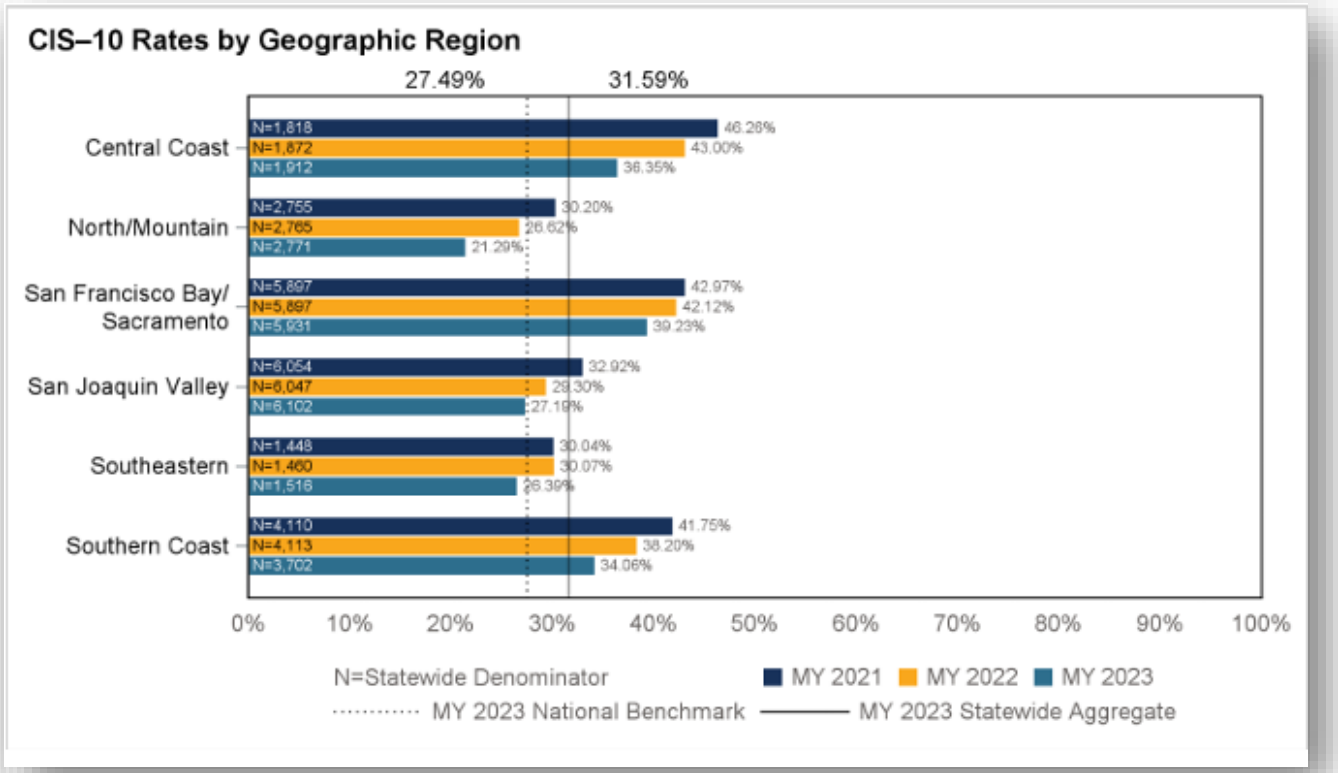


https://hbex.coveredca.com/data-research/plan-performance-reports/

Statewide Data Confirms Regional and Racial Disparities in Vaccination Rates

DHCS data also shows declining vaccination rates for the White population and those in the North/Mountain Region





https://www.dhcs.ca.gov/wp-content/uploads/2025/10/CA2023-24-Preventive-Services-Report-F2.pdf

Current Challenges Necessitate a Systems Approach

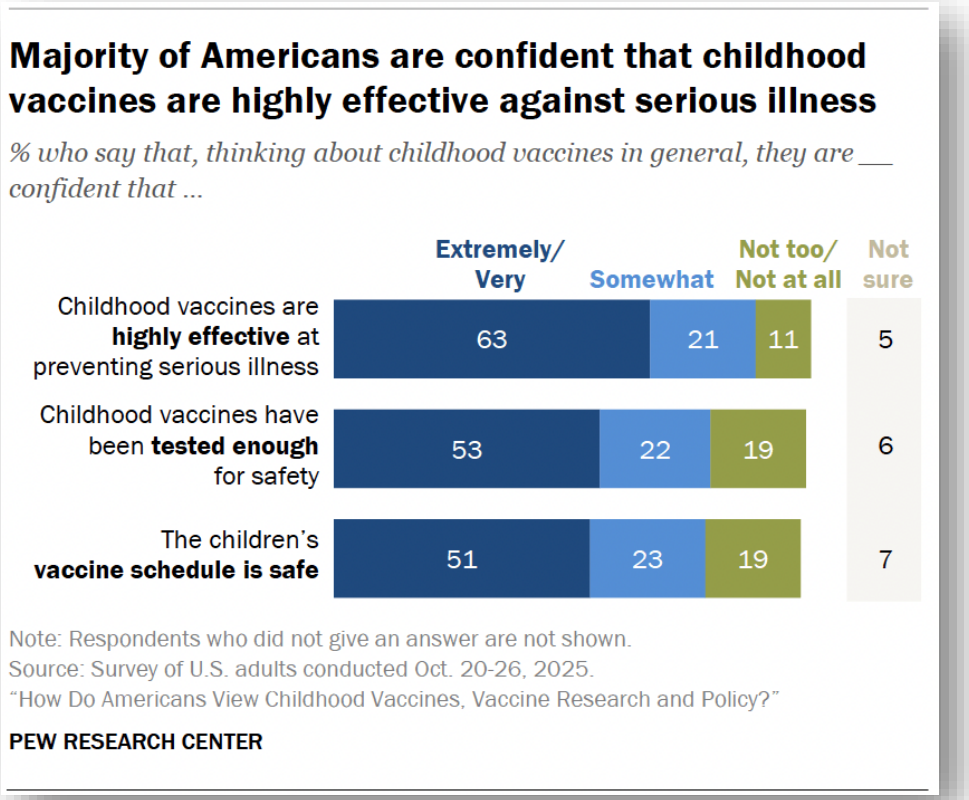
- Access challenges persist
- Vaccine hesitancy increasing in certain populations
- Declining trust in healthcare organizations
- Limited focus on long term impacts

Root Cause #1: Access challenges persist across many of our rural regions

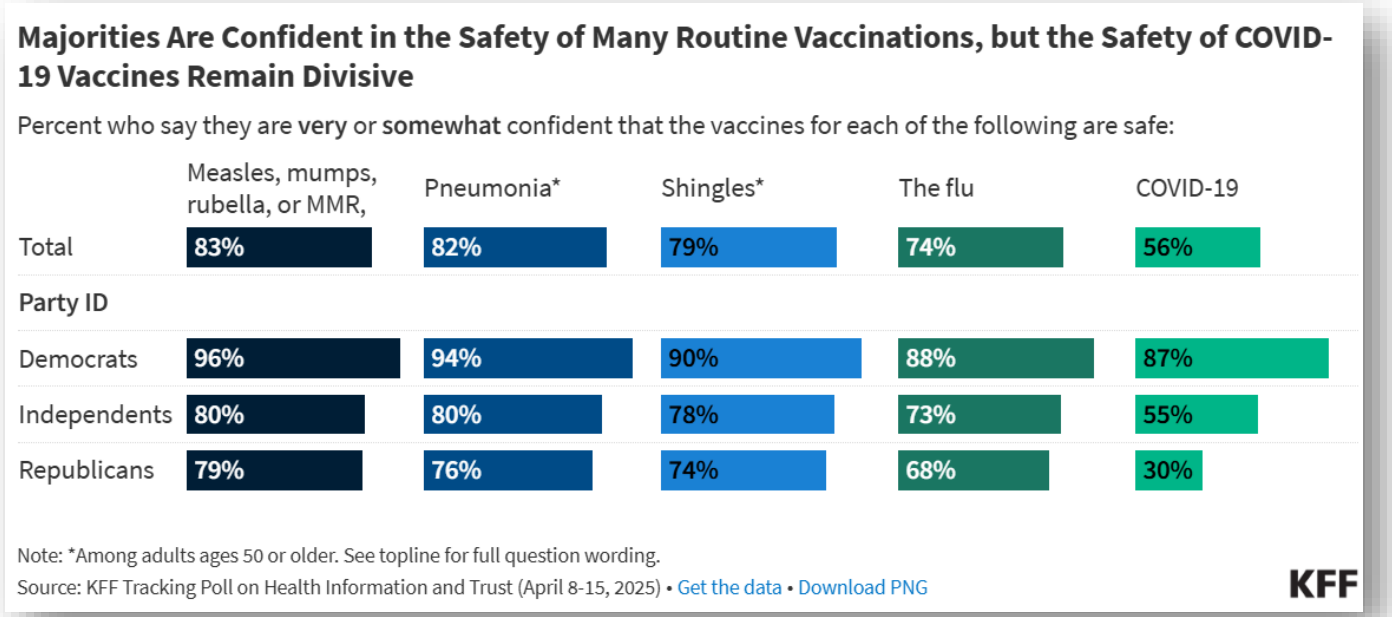
- Regions where <35% of Covered California children were up to date on Well Child Visits in MY2024:
  - Region 1 (Northern Counties)
  - Region 13 (Eastern Counties)
  - Region 14 (Kern County)
  - Region 17 (Inland Empire)

https://hbex.coveredca.com/data-research/plan-performance-reports/hei-preventive-dashboard/

Root Cause #2: The majority of people still support most vaccinations, but vaccine hesitance and reluctance is highly visible



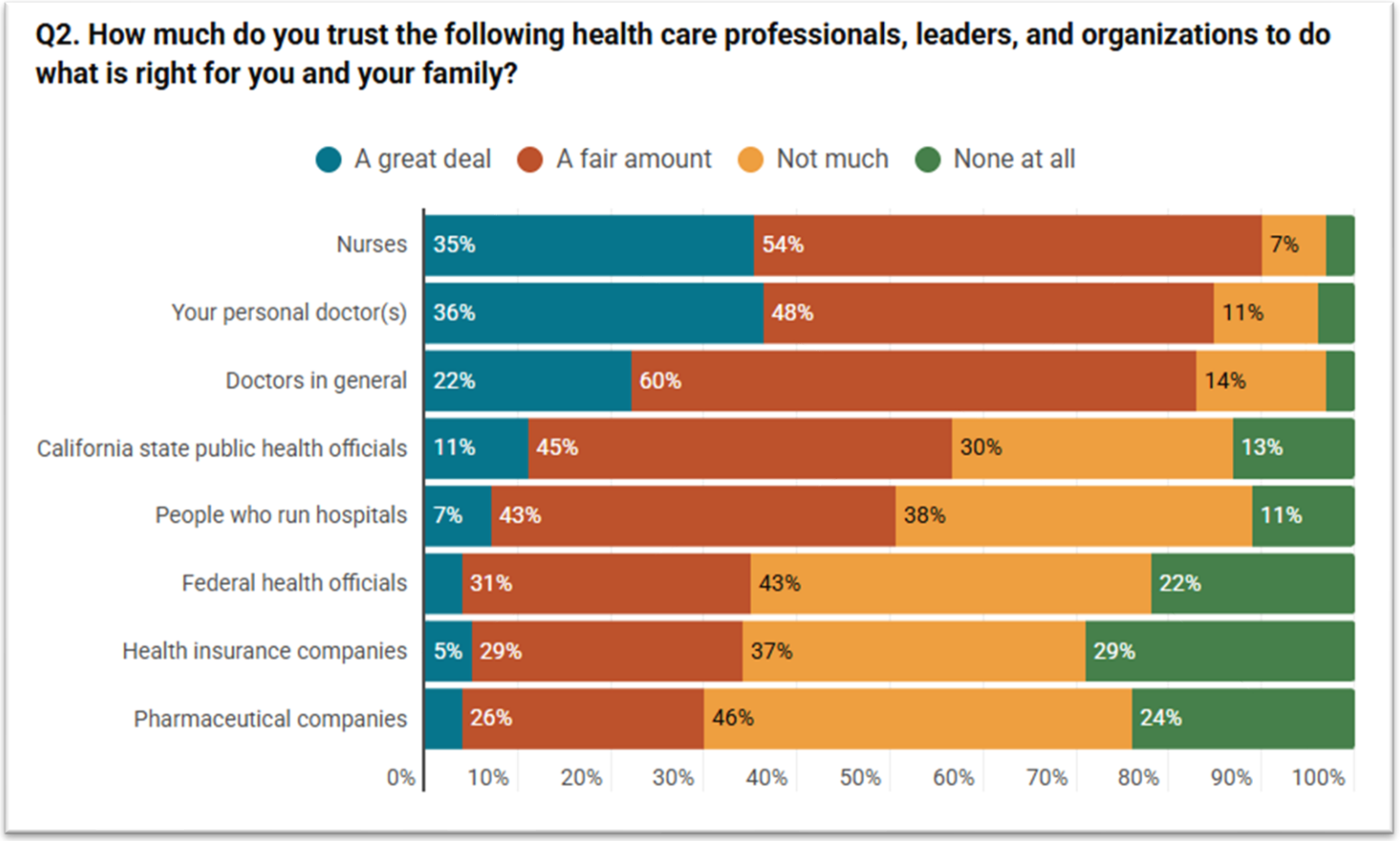
https://www.pewresearch.org/science/2025/11/18/how-do-americans-view-childhood-vaccines-vaccine-research-and-policy/



https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-vaccine-safety-and-trust/

Root Cause #3: Californians have low trust in healthcare organizations

While people continue to trust nurses and their personal doctor, those who run hospitals and health insurances companies hold very little trust.

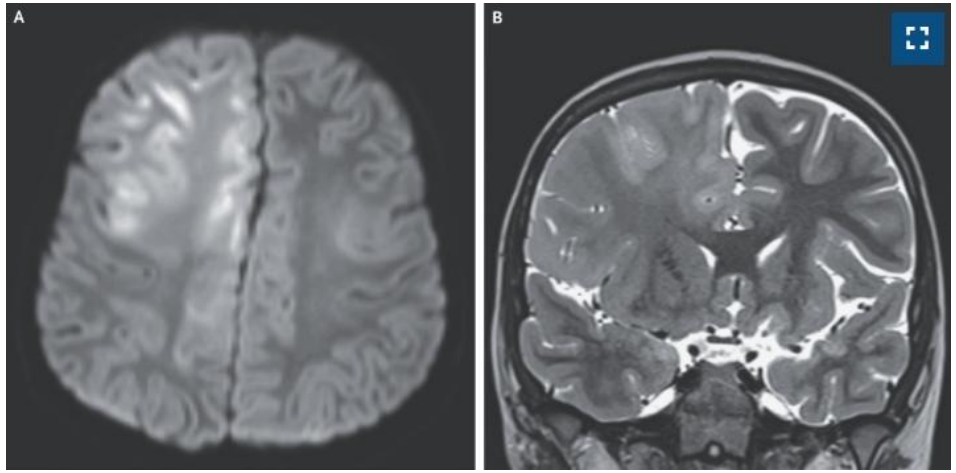


https://www.chcf.org/resource/trust-distrust-california-health-care-system-survey-2026/

Little Focus on Long Term Impacts to Health of Missed Vaccines

Measles can lead to subacute sclerosing panencephalitis 7-10 years after infection, which is uniformly fatal.

Congenital rubella syndrome can cause hearing impairment, cataracts and glaucoma in newborns, and is fatal in 1 out of 3 babies born with this. When the young children skipping the MMR vaccine eventually become pregnant, we will see a generational impact.



N Engl J Med 2026;394: e14 DOI: 10.1056/NEJMicm2504828

We will see the impacts on children for decades to come if we do not shift the conversation and our approach to ensuring children access vaccinations now.

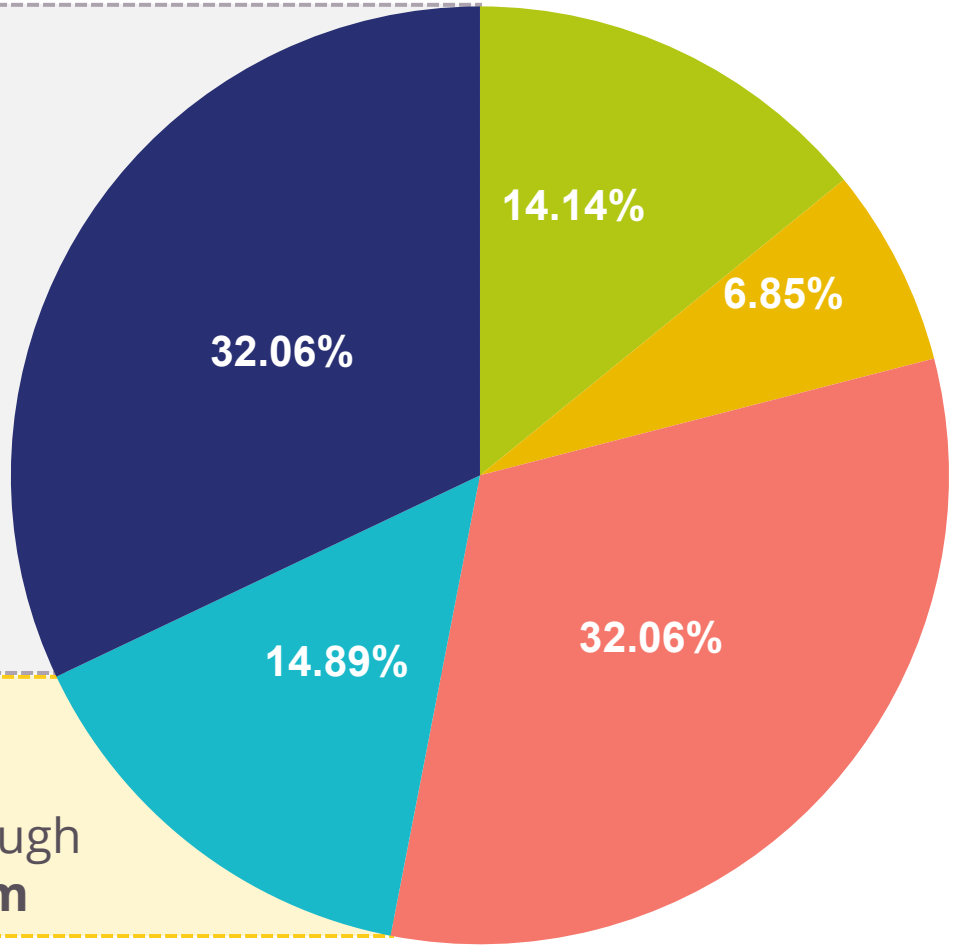
Nearly $12MM of QTI Funds Retained by Health Plans to Improve Childhood Vaccine Uptake in 2025-2026

~$11.9 Million

QHP Issuers to **Retain 50%** of **MY2024 CIS-10 Funds** (after QTI Allowance) for use in new or existing Issuer-led Quality Improvement Activities that meet Covered California criteria

~$5.5 Million

QHP Issuers Savings through **CIS-10 Allowance Program**



MY2024 QTI Funds by Measure

~$19.6 Million

Allocated to Covered California selected 2026 PopHIs

MY2024 QTI CIS-10 Payment Adjustment

Program Parameters

- Issuers were given the option to retain 50% of each product's CIS-10 QTI payment
- Retained funds were intended to support issuer-led quality improvement activities

Plan Participation

- All 6 QHP Issuers representing 9 eligible plans opted in
- Approximately $11.9M in QTI funds retained by plans to support issuer-led quality improvement activities

Permissible Uses

- Increasing childhood immunization and well-child visits
- Expanding preventive care access
- Reducing disparities
- Vaccine outreach/education
- Strengthening immunization data systems
- Primary care workforce investments

Retained Funds Largely Flowing to Existing Programs

Reported Investments

- **Multi-channel member outreach** — Direct-to-member engagement including outbound calls, two-way texting, CHW home visits, mailers, app-based tools, and financial incentives tied to immunization and preventive care milestones (6/6 issuers)
- **Provider incentives and engagement** — Financial payments tied to gap closure, in-office digital platforms, health fairs, and funding for dedicated provider group outreach and chart review staff (4/6 issuers)
- **Technology and data infrastructure** — Population health platforms, EMR optimization, care gap reporting tools, and year-round data collection to improve identification and closure of CIS-10 gaps (4/6 issuers)
- **Community partnerships and health equity outreach** — Culturally tailored campaigns and partnerships with local coalitions, trusted community leaders, and organizations serving Black/African American and other high-disparity populations (3/6 issuers)
- **Expanded vaccine access at alternative sites** — Vaccine administration through grocery chain and specialty pharmacy partnerships, and mobile/community-site care delivery for hard-to-reach members (2/6 issuers)
- **Chronic disease and whole-person care management** — Medically tailored nutrition support, virtual chronic care programs, and behavioral incentive tools addressing co-occurring conditions alongside immunization gaps (2/6 issuers)

Few plans have moved into community-level, trust-building, or communications-based work

Notable Effort: Blue Shield of California

- Partnering with grocery chains and specialty pharmacy in Southern California to increase access to vaccines
- Incorporating PHACT collation recommendations into member campaigns
- Sponsorship of California Immunization Coalition (CIC) 2026 Immunization Summit

The Maturity Arc

Plans optimize measures, but childhood immunizations demand a population & community health model.

YOU ARE HERE
Most plans are still in Stage 1

NARROW → BROADER → ECOSYSTEM

1 Measure Optimization

- Focused on numerator–denominator performance
- Gap-closing and teaching to the test
- Siloed work within each line of business

2 Population Health

- Same barriers exist across multiple lines of business
- Break down internal silos
- Manage the population served across products — not just the denominator

3 Community & Public Health

- Information, infectious-disease risk, and community immunity flow across regions
- Collaboration across plans, providers, pharmacies, schools, families, social-media influencers, and public agencies
- Success depends on broader collaboration and shared infrastructure

Statewide health outcomes won't change by chasing numerators

Moving Beyond Numerators

Covered California recognized this structural gap and took the initiative to address it at the ecosystem level by standing up the Public Health for All Californians Together (PHACT) Coalition.

1 Measure Optimization

- Focused on numerator–denominator performance
- Gap-closing and teaching to the test
- Siloed work within each line of business

2 Population Health

- Same barriers exist across multiple lines of business
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Statewide health outcomes won't change by chasing numerators

Sharper Insights for Next-Gen Health Communications

1. Community & Social Listening

- Community conversations in areas with low vaccination rates to understand barriers
- Online and social listening to understand and elevate trends

inform

2. Evidence Based Messaging Approaches

- Focused messaging and storylines on what trends Community & Social Listening uncover
- Reframing vaccine conversations using evidence

generate

3. Omni-channel Outreach & Communication Campaigns

- Social media and online assets distributed by local, trusted partners
- Large-scale popular media with embedded messaging that aligns with CSL & Evidence-based approaches

Each component builds on learnings and evidence from the others

PHACT PopHI's Partnership Model

Overview & Structure

- **Builds upon existing infrastructure** to invest in a **statewide omni-channel, multimodal health communications strategy** that builds trust and increases vaccine confidence among Covered California members

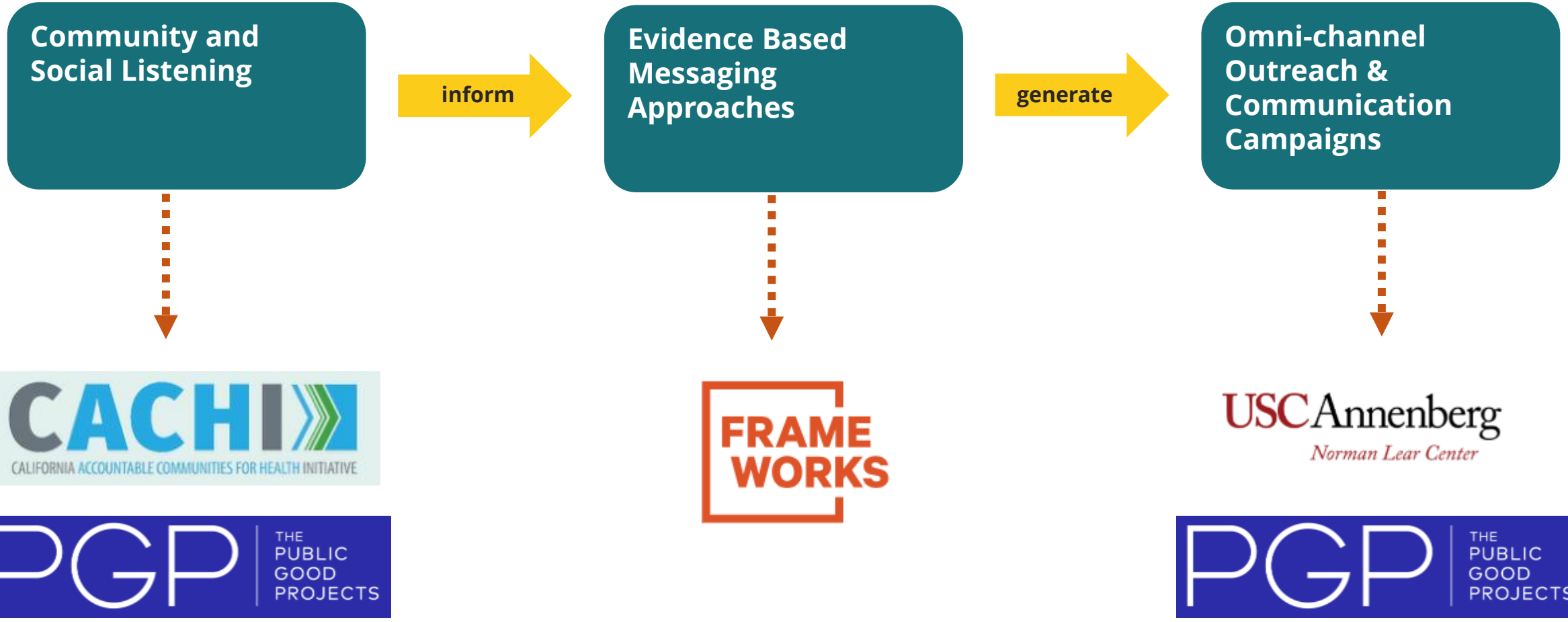
- Funds support: **modernizing community listening** to inform aligned health communications, **sharper social insights** fueling **real-time messages**, and partners with expertise and track records in **omni-channel health communications**

- Partners enable us to focus listening, learning, and outreach on **regions and populations with declining childhood immunization rates or longstanding disparities** with emphasis on culturally appropriate outreach across a variety of channels

- Short-term goal: Communities receive **consistent, responsive health communications** and vaccine information through community-based organizations and existing and new communications channels
- Long-term goal: **Improved childhood immunization rates** and reduced disparities in CIS-10 performance among Covered California members

PHACT PopHI: Partner Organizations

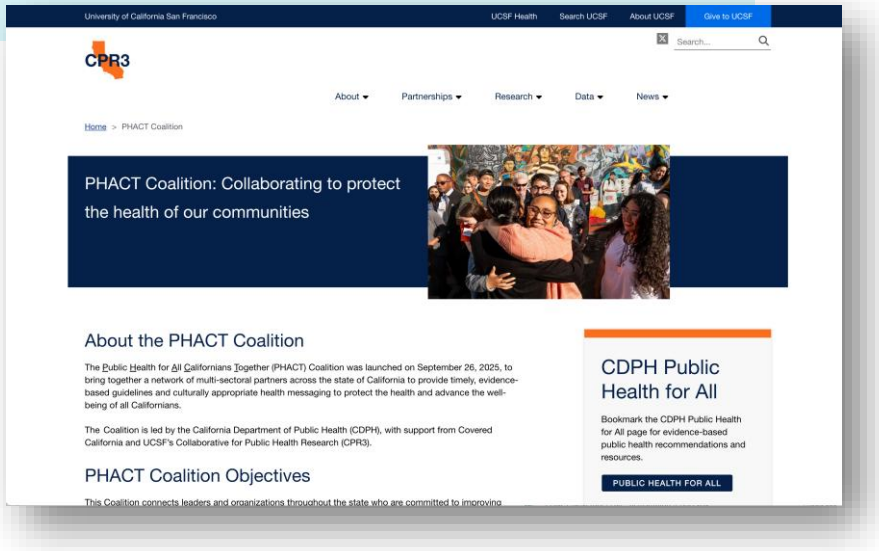
Partner organizations bring expertise and prior success across our key areas

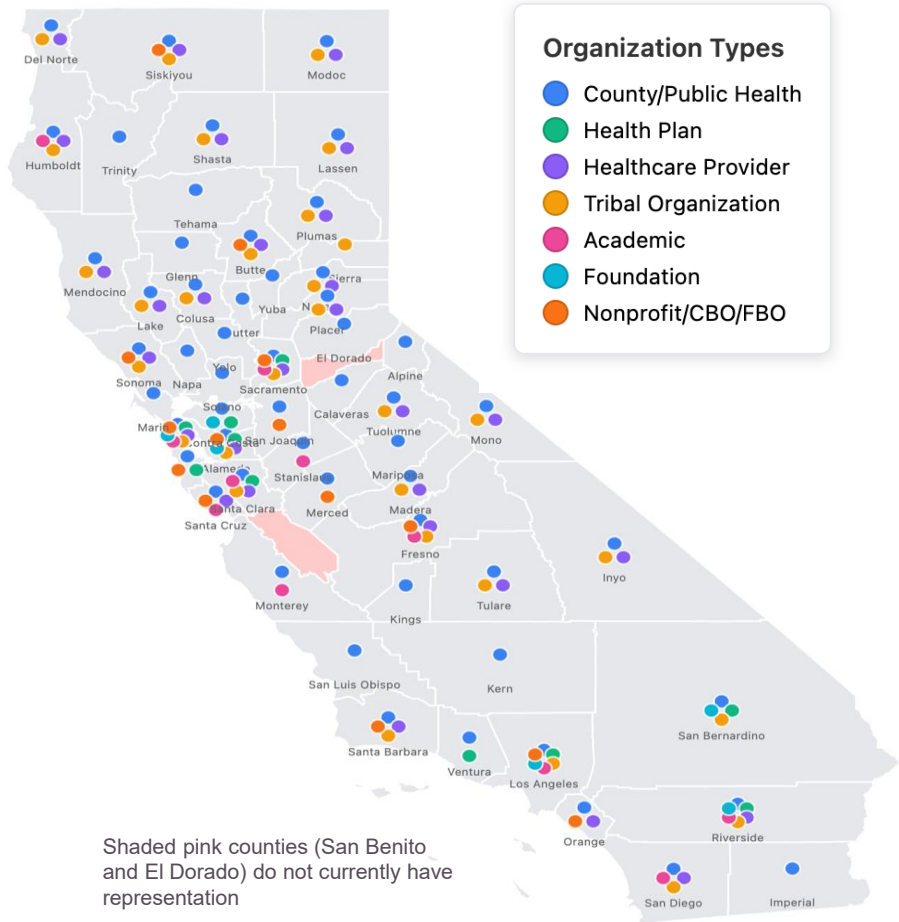


PHACT Coalition Infrastructure as a Strong Foundation

PHACT's existing membership consists of >1,300 individuals from over 400 organizations across the state

PHACT's purpose: To bring together a network of multi-sectoral partners across the state of California to **provide timely, evidence-based guidelines and culturally appropriate health messaging** to protect the health and advance the well-being of all Californians.





Shaded pink counties (San Benito and El Dorado) do not currently have representation

PHACT Coalition Early Successes and Learnings Inform PopHI Design

Community and Social Listening

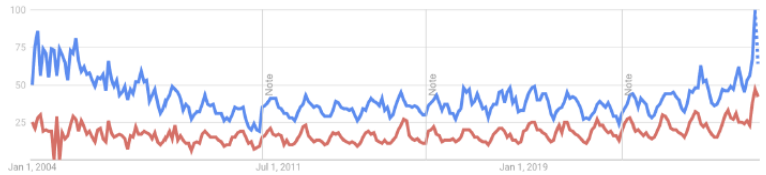


Figure 3: *Google Trends results since 2004 in California for the topics pesticide (blue) and herbicide (red), showing a significant interest in the month of March. Numbers represent search interest relative to the highest point on the chart for the given region and time. A value of 100 represents the term's peak popularity.*

Evidence Based Messaging Tools

FRAME WORKS

Less of this	More of this!
benefits outweighing risks	benefits to the common good
low rates of uptake	our responsibility for access
protection from disease	preparation for healthy childhood
how vaccines fight disease	how immune systems prepare themselves

REMOVE PRACTICAL BARRIERS TO ACCESS

"We must make sure that vaccinations are widely available, easy to find, and affordable to everyone. Whether this means changing clinic locations or changing insurance reimbursement policies, we need to remove the barriers that families run into when trying to get kids vaccinated."

Aligned Communications

California Back-to-School Vaccine Messaging 2026

Back-to-school season is a great time to encourage families to catch up on vaccines for the entire family. Here are some basic action steps you can take to help spread the word that vaccines save lives. Childhood vaccines prepare kids for a healthy childhood and benefit the community – and that's why California makes vaccines widely available, easy to find, and affordable for everyone.

5 Guiding Principles for Back-to-School Messaging for 2026

1. PREPARE

Expect and prepare for questions about California vaccine requirements. Encourage families and patients to plan early for back-to-school check-ups.

- Get comfortable with discussions about vaccines with parents and families by using resources like: American Academy of Pediatrics: Immunization Discussion Guides
- The PHACT Coalition prepared Q&A guides for parents and health care providers that answer commonly asked questions.

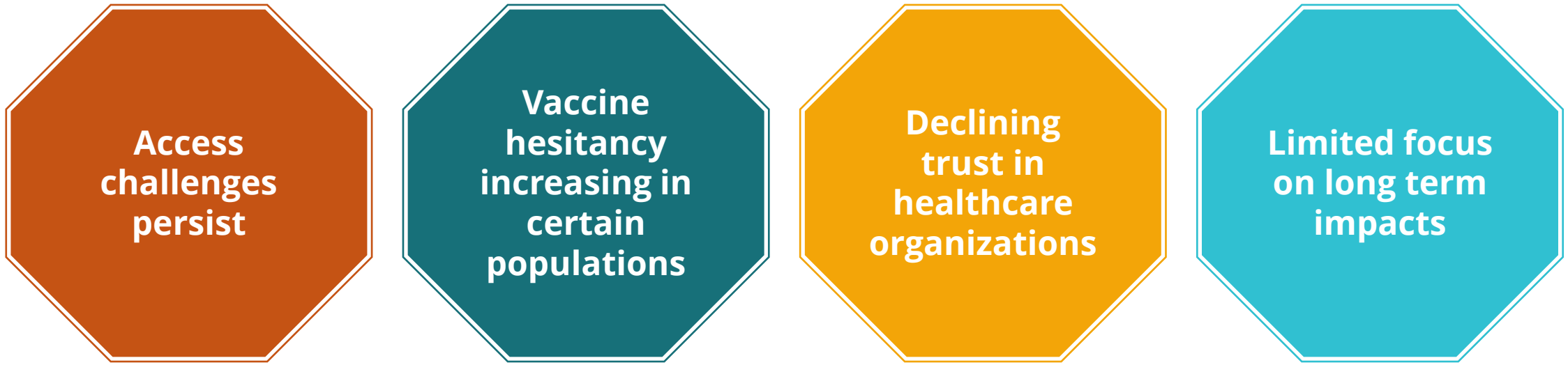
2. LISTEN

Acknowledge the questions and concerns of your patients and community members, and pivot toward clear explanations about how vaccines support healthy school communities.

- Trusted Health Messengers: Get curious about what your community needs, consider preferred languages and cultural norms, and acknowledge the practical barriers families face in accessing vaccines.
- Health Care Providers: Ask what questions your patients have and promote the many important benefits of vaccines at all levels in your health care delivery team.

Where This PopHI Adds Value

Addressing hesitancy, building trust, and impacting the future



There is existing ownership and oversight for access in California (DMHC, health plans, delivery system, CDPH etc)

No existing program systematically addresses these challenges. PHACT PopHI would fill this gap.

Proposed Metrics and Measures of Success

System Coordination & Process

- Number of listening sessions / community engagements held in areas with low vaccine rates
- Number or portion of plans & partner organizations adopting shared tools, templates, and messaging guidance
- Number of coordinated campaigns launched using shared guidance across >1 channel or with >1 partner

Communications & Narrative Change

- Message alignment score across Covered California, QHP Issuers, and community partners' materials
- Portion of vaccine-related narratives in California with positive vs negative sentiment (via social listening)
- Reach of campaigns and content: impressions, shares, likes

Attitudinal Shifts & Outcomes

- Family / parent reported clarity of vaccine recommendations pre/post in communities of focus
- Family / parent reported intention to accept vaccines pre/post in communities of focus
- Pediatric primary care well child visit rate (lagging)
- CIS-10 performance (lagging)

Proposed PHACT PopHI

Meets Guiding Principles

- ✓ *Equity First*
- *+/- Direct*
- ✓ *Evidence-Based*
- ✓ *Additive*

+

Addresses Population Need

Declining childhood vaccination rates, longstanding and emerging disparities, and community-identified concerns around vaccine hesitancy & confusing guidance

+

Is Feasible to Implement & Measure Impact

- ✓ *Leverage existing infrastructure*
- *+/- Measurement challenge on impact*

For Discussion

1. The data shows the sharpest vaccination declines are now occurring in the White population and rural/Northern counties. These populations have been centered less often in equity work and therefore there are fewer tools readily available. How does the Advisory Council recommend partnership and co-creation with these communities? Any warm hand-offs to partners?
2. How should Covered California evaluate the value and return on investment (ROI) of this PopHI when direct causal contributions to CIS-10 improvement may be difficult to establish? What process, intermediate, or narrative-shift outcomes should we measure to demonstrate the impact of both the individual investments and the portfolio as a whole, and are there experts or evaluation frameworks you would recommend?
3. How should Covered California plan for the long-term sustainability of this PopHI? What infrastructure, partnerships, or capabilities should we prioritize now to support a successful transition to other stakeholders over time?

Thank You

COVERED CALIFORNIA