



Health Care Priorities and Experiences of California Residents:

Findings from the California Health Policy Survey

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About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Introduction

California is the most populous state in the country and home to an incredibly diverse population varying by income, age, and racial and ethnic backgrounds. This population is spread across the third largest state in land mass in the US, resulting in sometimes pronounced regional identities, experiences, and priorities. Despite these differences, Californians often come together to advance unifying social and public policies such as the expansion of health insurance coverage to nearly all of the state's residents, including undocumented children and young adults.

The California Health Care Foundation and SSRS, a national survey research firm, conducted a representative statewide survey of California's residents in late 2019 about their views on health care policy in the state and their experiences with the health care system. Results from this survey are reported and compared to a previous survey published in 2019 to understand emerging trends.¹

Key findings from this year's survey include:

- Making sure people with mental health problems can get the treatment they need is a top health care priority for the second year in a row.
- Just over half of Californians have skipped or postponed physical or mental health care due to cost. Of those who took such a cost-cutting step, 42% said it made their condition worse.
- Compared to last year's survey, Californians are more worried about affording unexpected medical bills, prescription drugs, out-of-pocket health care costs, and their health insurance premiums.

About the Survey

Note: The survey data used in this publication rely on self-reported insurance status. In addition, all mentions of employer-sponsored insurance coverage, Medi-Cal coverage, and uninsured status within this report are based only on nonelderly respondents (age 18 to 64), as data show this age group is significantly less likely to have health insurance coverage compared to adults 65 or older. This is mainly due to eligibility for the federal government's Medicare program at age 65. Due to this difference between age groups, nonelderly adults are the focus of analysis on insurance status within this report.

Source: Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, *Health Insurance Coverage in the United States: 2018*, US Census Bureau, November 2019, www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf (PDF).

Figures may not sum due to rounding.

Section 1. Priorities for California State Government

When asked to rate public policy priorities for the state’s governor and legislature, health care remains a very high priority for Californians, with nearly half (45%) of residents rating making health care more affordable as “extremely important,” and more than eight in 10 (84%) rating it either “extremely important” or “very important.” Housing concerns topped Californians’ priorities, with 49% saying addressing homelessness and making housing more affordable are each an “extremely important” priority (Figure 1).

Support for health care affordability as a priority varies by party identification. While it tops the list for Democrats, it ranks lower for Independents and Republicans. (Figure 2).

There are high levels of support for addressing the affordability of health care across racial, ethnic, and income categories, with support among higher-income and white Californians reaching nearly 80% (Figures 3 & 4).

The importance of addressing housing and homelessness also resonates strongly across racial, ethnic, and income groups in California. Addressing homelessness is identified as an “extremely important” or “very important” priority by 83% of the state’s population overall, including more than 9 of 10 Black Californians (94%) and 8 of 10 white people (81%). Meanwhile, more than three-quarters (76%) of the state’s residents identified housing affordability as a key priority, including 93% of Black people, 86% of Hispanics, and 70% of white people (Figure 3).

Health Care Priorities

For the second year in a row, California residents rate making sure people with mental health problems can get treatment as the top health care priority. Nine in 10 (90%) said this was “extremely important” or “very important” (52% “extremely”). Eighty-three percent of Californians identified making sure there are enough health care providers as an “extremely important” or “very important” priority (Figure 5).

Additionally, 82% view lowering the price of prescription drugs as an important priority (47% “extremely”). This is a statistically significant increase [over last year’s survey findings](#), when 75% said prescription drug costs were an important priority.

A large share (81%) view making sure all Californians have access to health insurance coverage as important (46% “extremely”). There is broad support for this issue across political parties with the majority of Democrats (93%; 62% “extremely”), Independents (83%; 44% “extremely”), and to a lesser extent, Republicans (53%; 19% “extremely”) viewing this as an important issue.

A similar number (79%) view lowering the amount people pay for health care as important (43% “extremely”). There is also broad support for this priority across political parties, with most Democrats (91% important; 53% “extremely”), Independents (77%; 37% “extremely”) and Republicans (64%; 32% “extremely”) seeing this an important issue (Figure 6).

Fewer respondents (69%) report that access to treatment for people with alcohol and drug use problems is important (33% “extremely”). Finally, the only health priority that did not receive broad support was reducing state spending on health care with 42% support (14% “extremely”).

Across income groups, those with lower incomes (below 200% of the federal poverty level) tended to view the number of health care providers as important (91%, 45% “extremely”) compared to those with higher incomes (78%, 37% “extremely”). (Figure 7).

Figure 1. Homelessness and Affordable Housing Rank High as Priorities for Californians

Q: HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2020?

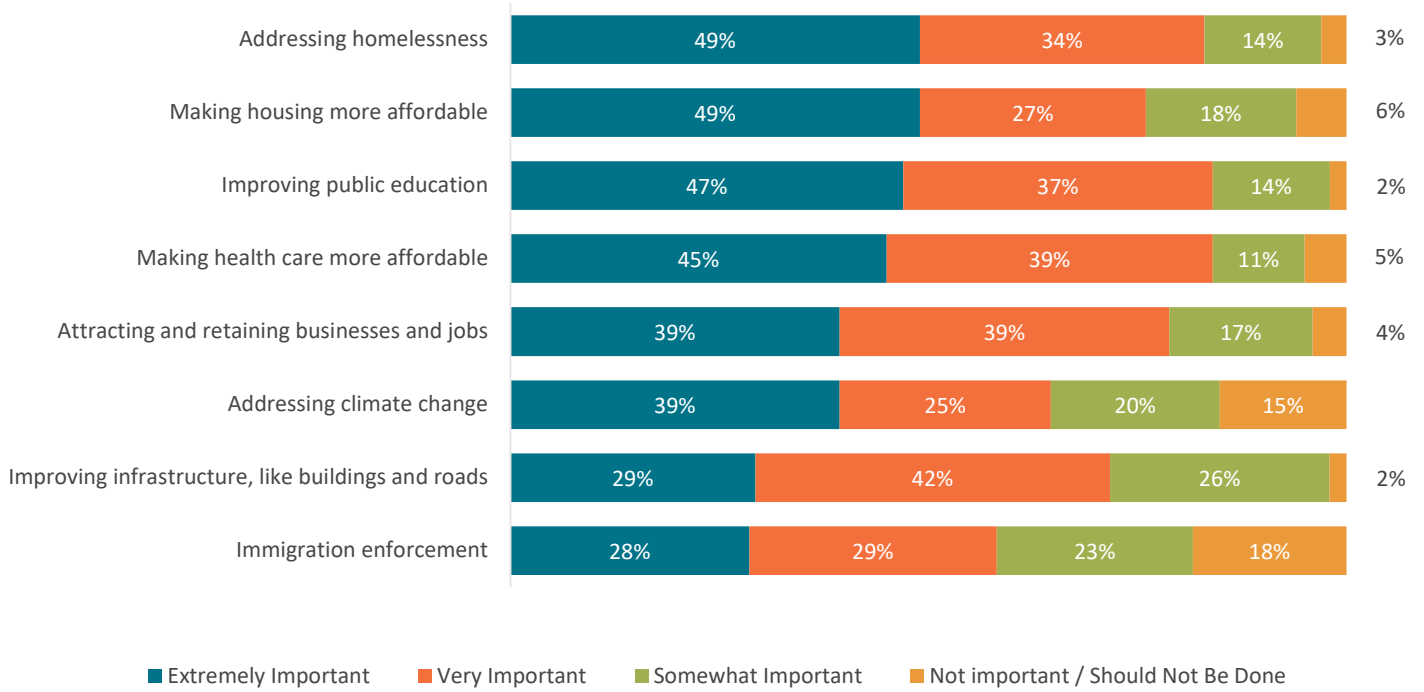


Figure 2. Views of What California Lawmakers Should Work on Vary by Party

PERCENTAGE WHO SAY IT IS EXTREMELY IMPORTANT FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2020

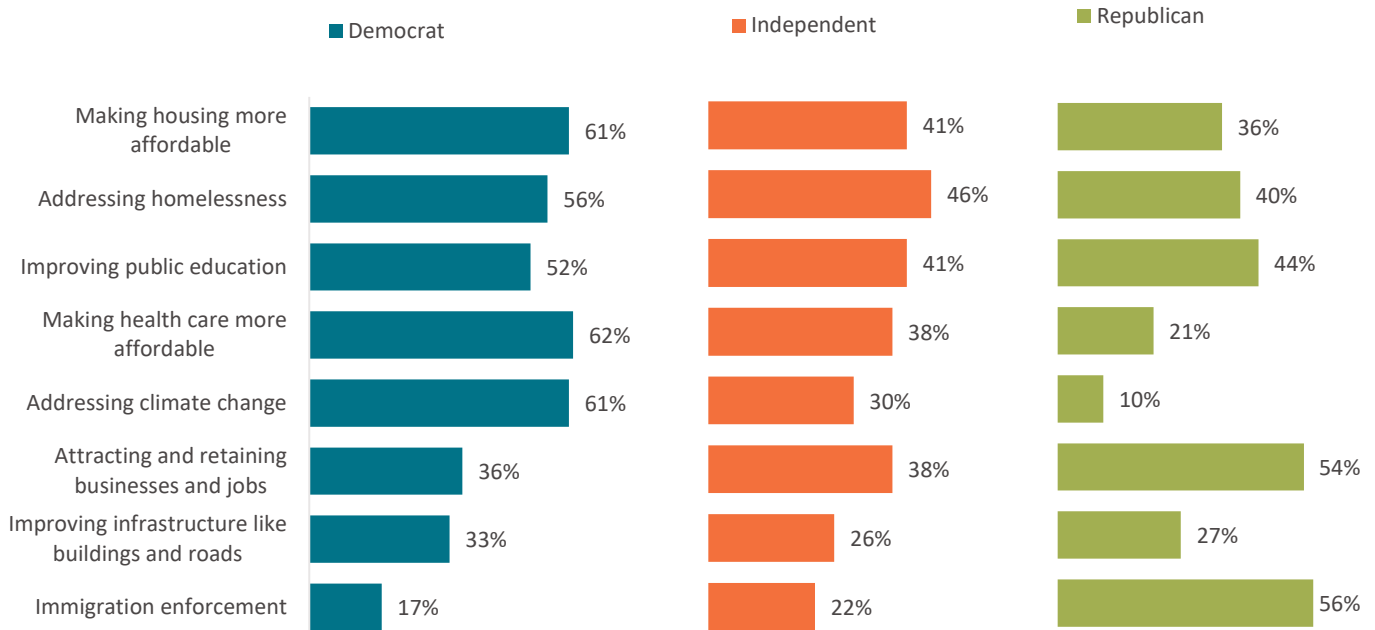


Figure 3. Views on Priorities by Income

PERCENTAGE WHO VIEW EACH AS EXTREMELY OR VERY IMPORTANT

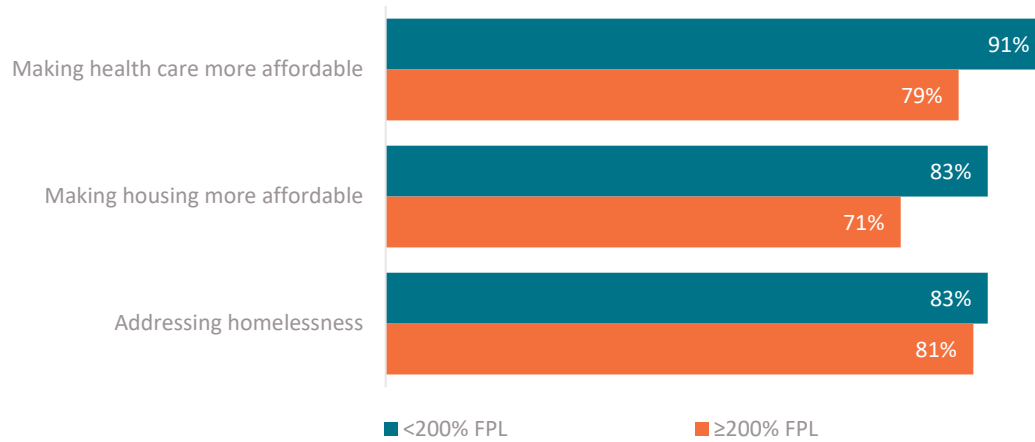


Figure 4. Views on Priorities by Race/Ethnicity

PERCENTAGE WHO VIEW EACH AS EXTREMELY OR VERY IMPORTANT

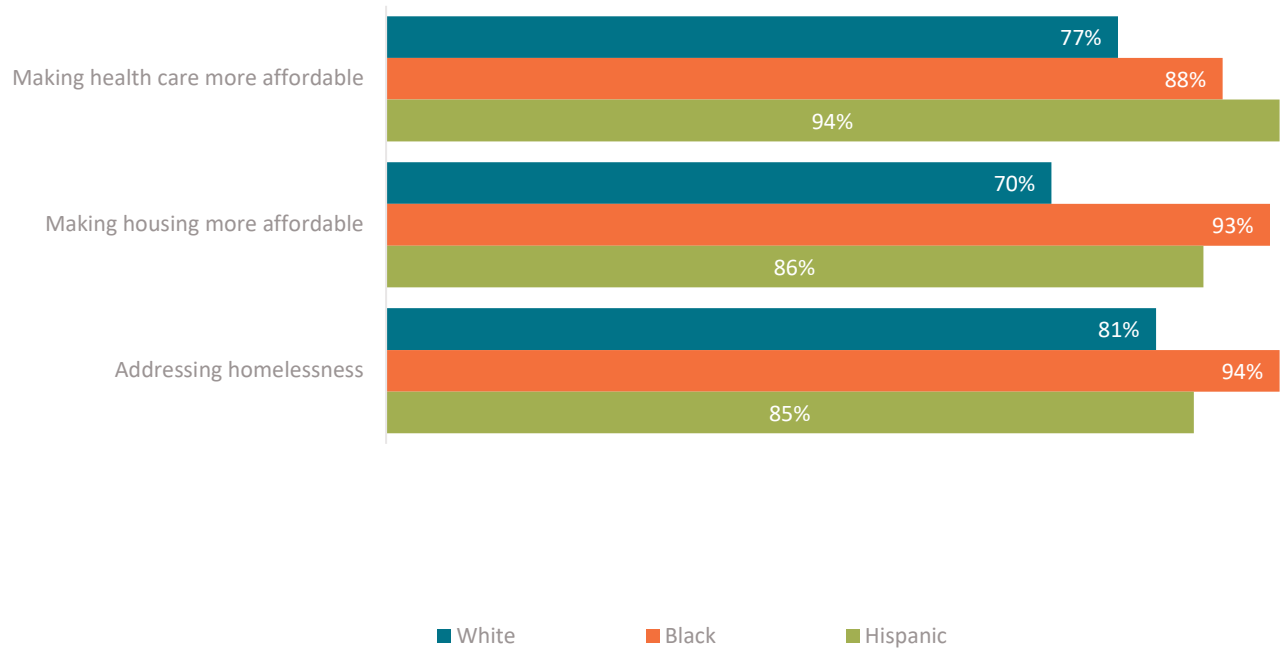


Figure 5. Access to Mental Health Treatment and Lowering Prescription Drug Prices Top Californians' List of Health Care Priorities

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2020?

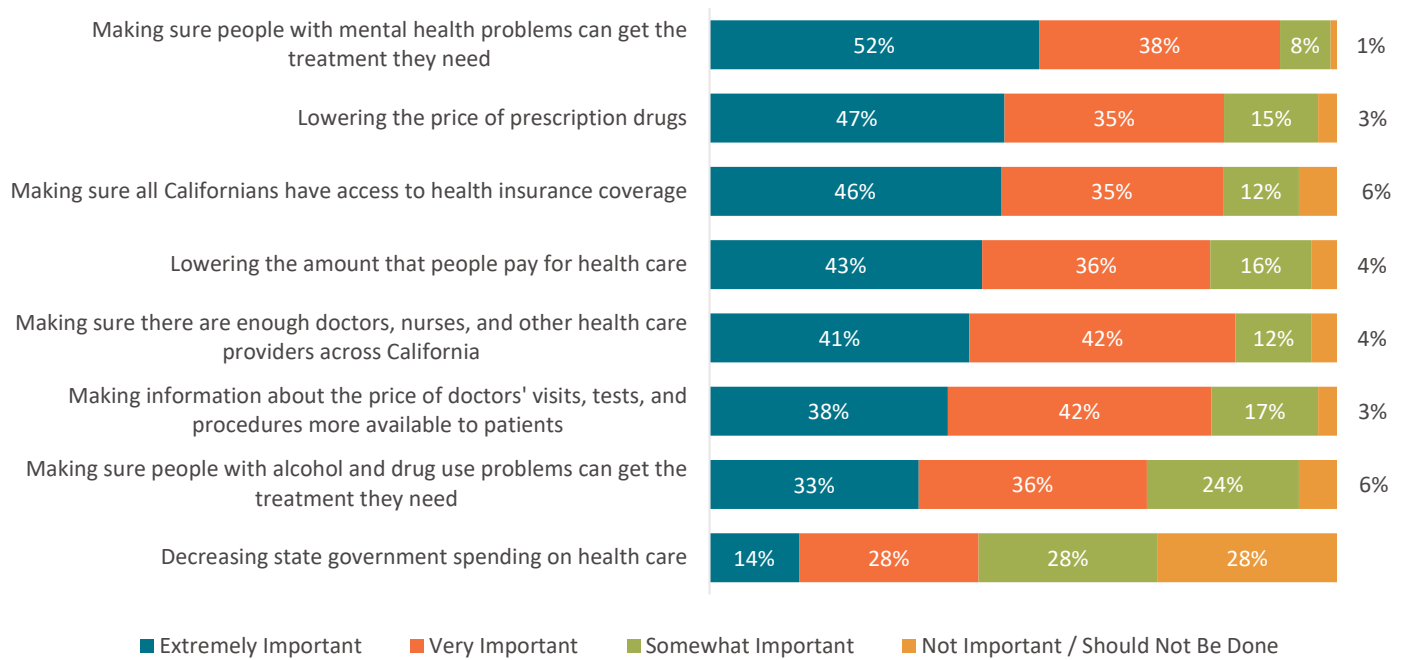


Figure 6. Ranking of Californians' Health Care Priorities Vary by Party

PERCENTAGE WHO SAY IT IS EXTREMELY IMPORTANT FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS WITHIN HEALTH CARE IN 2020

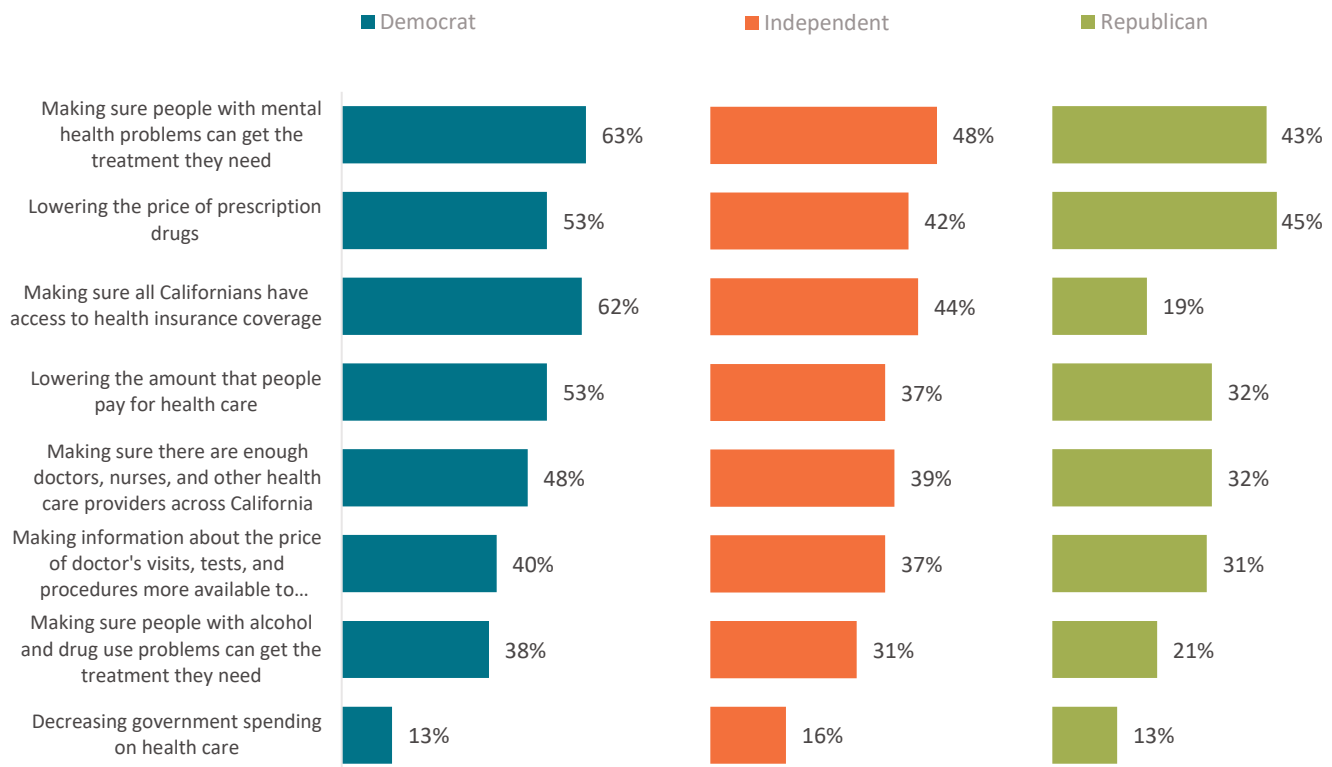
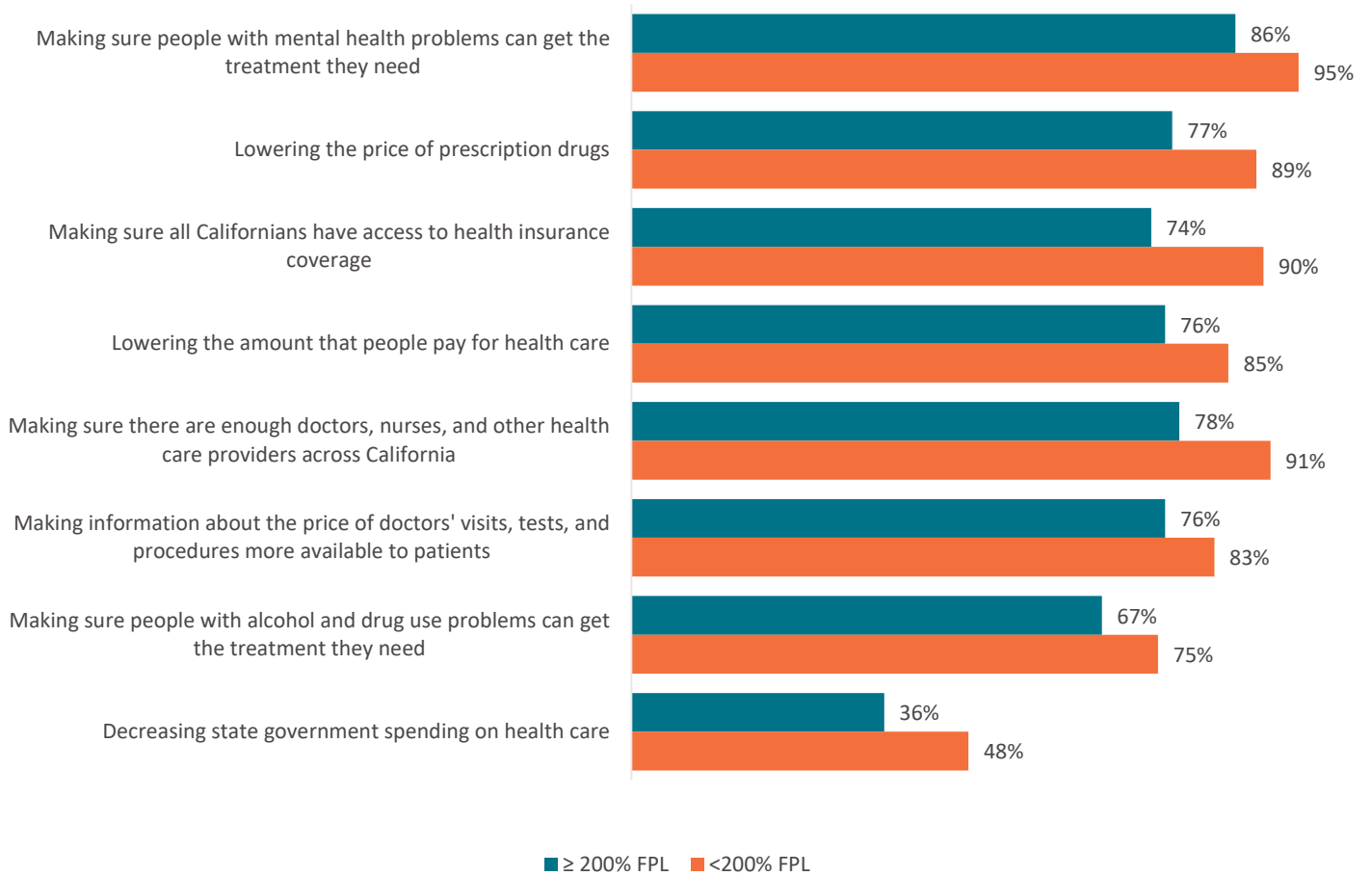


Figure 7. Californians Across Income Levels Broadly Support Most Priorities Within Health Care

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2020? PERCENTAGE WHO VIEW EACH AS EXTREMELY OR VERY IMPORTANT



Section 2. Access and Experiences with Mental Health Care

Similar to what was reported in [last year's poll](#), more than one in four Californians (27%) say that they or a family member received treatment for a mental health condition in the past 12 months, and 7% say they or a family member received treatment for an alcohol or drug use problem. (Figure 8).

Among those with insurance who tried to make an appointment for mental health care in the past 12 months, almost half (48%) found it “very difficult” or “somewhat difficult” to find a provider who took their insurance. Moreover, 52% of those who tried to make an appointment (with or without insurance) believe they waited longer than was reasonable to get one. Individuals across the state from varying income levels, racial and ethnic groups, and with different insurance types report similar levels of difficulty.

A majority of Californians (55%) believe that their local community does not have enough mental health care providers. Two-thirds of Black Californians believe their community lacks sufficient mental health care providers, followed by 57% of white people, and 53% of Hispanics (Figures 9 and 10).

Policy Ideas to Increase Access to Mental Health Services

There is widespread, strong support for several things California can do to increase access to mental health care services (Figures 11 and 12). More than 9 out of 10 Californians (94%) favor providing local communities with more tools to connect people who are homeless to mental health care and other social services, with 66% strongly favoring it.

Most (90%) also support expanding programs focusing on early detection of mental health problems so that treatment can be provided when symptoms first occur (63% strongly).

Eighty-nine percent of Californians support increasing the number of mental health care providers in parts of the state where providers are in short supply, with 64% strongly supporting this idea.

Additionally, 89% favor enforcing rules requiring health insurance companies to provide mental health care at the same level as physical health care. This is known as “parity.”

Californians also support policy ideas to foster integration between mental and physical health care providers. A large majority favor ensuring that individuals with a serious mental health problem can turn to a single team to coordinate their physical, mental health, and addiction treatment (89%; 55% “strongly”). In a related finding, a large majority say they would want their primary care provider to be informed of their treatment for a mental health condition (82%) or treatment for an alcohol or drug use problem (79%).

Satisfaction with Mental Health Care

While many Californians report facing obstacles in getting the mental health care they need, those who receive treatment are generally satisfied with the care they receive. Among the 27% who say they or a family member have received mental health care, 79% are satisfied with the care they received, including 35% who were “very satisfied” (Figure 13). Levels of satisfaction tend to be similar across racial and ethnic groups as well as income levels and insurance types.

Satisfaction with care for drug and alcohol problems is also relatively high, although not as high as for mental health care. Among the 7% of Californians who say they or a family member received treatment for an alcohol or drug use problem in the past 12 months, more than two-thirds (68%) report being satisfied with the treatment they received, including 31% who reported being “very satisfied.”

Views and Stigma Around Mental Health and Addiction Treatment

One factor that may make it difficult for people with behavioral health problems to seek treatment is the stigma surrounding mental illness and substance use problems. This year's survey sought to understand and measure the perception of stigma around these conditions among Californians. People were asked how comfortable they would feel if friends and family as well as classmates and coworkers were aware of treatment they received for physical and behavioral health conditions.

While a large majority would feel comfortable with *a friend or family member* knowing about treatment for physical health conditions like asthma (85%), far fewer would be comfortable with family and friends knowing that they were receiving treatment for a mental health condition like depression (68%). The number drops further for a drug or alcohol use problem (58%) (Figure 14).

This pattern is more pronounced when asked how comfortable people would be if *a coworker or classmate* knew of their health treatment. More than two-thirds (68%) would feel comfortable with coworkers or classmates knowing about treatment for a physical condition such as asthma. But only one-third (33%) would feel comfortable with them knowing about treatment for a mental health condition like depression, and fewer still (22%) for a drug or alcohol use problem.

Figure 8. Percentage of Californians Who Have Received Treatment for . . .

Q: IN THE PAST 12 MONTHS, DID YOU OR A FAMILY MEMBER RECEIVE TREATMENT OR COUNSELING FOR . . .

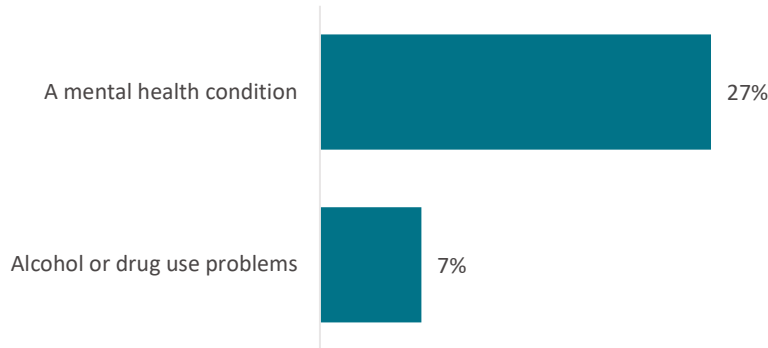


Figure 9. Residents in Most Regions Think Their Community Does Not Have Enough Mental Health Care Providers

PERCENTAGE WHO THINK THEIR LOCAL COMMUNITY DOES NOT HAVE ENOUGH MENTAL HEALTH CARE PROVIDERS

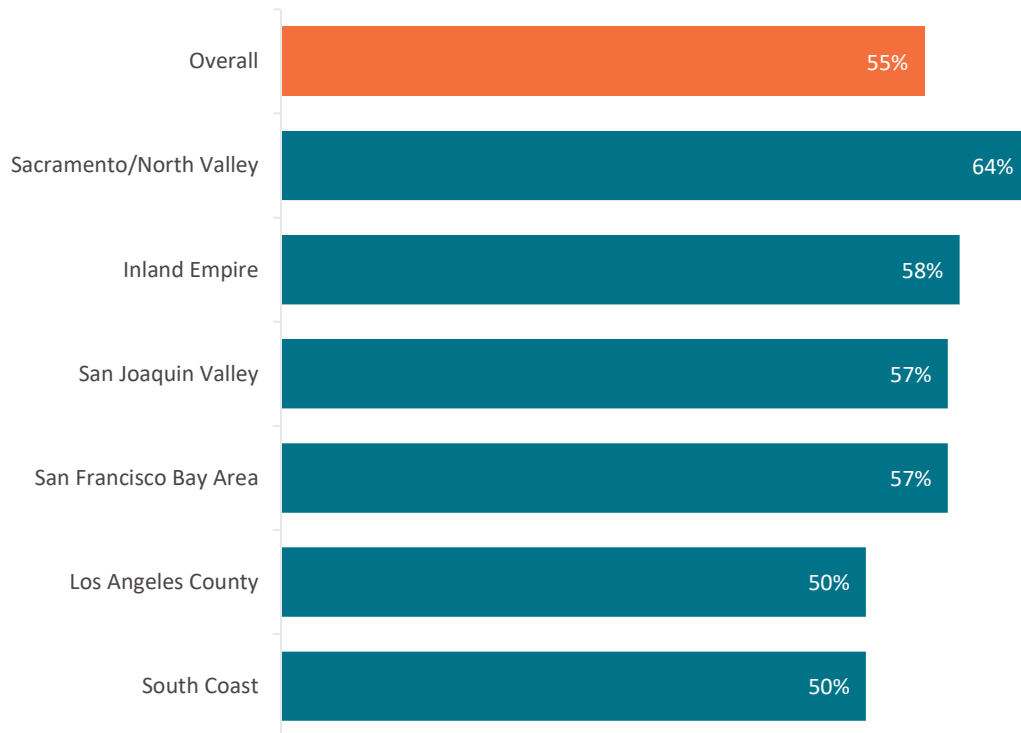


Figure 10. Across Racial and Ethnic Groups, Most Think Their Community Does Not Have Enough Mental Health Care Providers

PERCENTAGE WHO THINK THEIR LOCAL COMMUNITY DOES NOT HAVE ENOUGH MENTAL HEALTH CARE PROVIDERS



Figure 11. There Is Strong, Widespread Agreement on Several Ideas to Ensure Californians with Mental Health Problems Can Get Treatment

Q: FOR EACH PROPOSAL, PLEASE INDICATE IF YOU STRONGLY FAVOR IT, SOMEWHAT FAVOR IT, SOMEWHAT OPPOSE IT, OR STRONGLY OPPOSE IT.

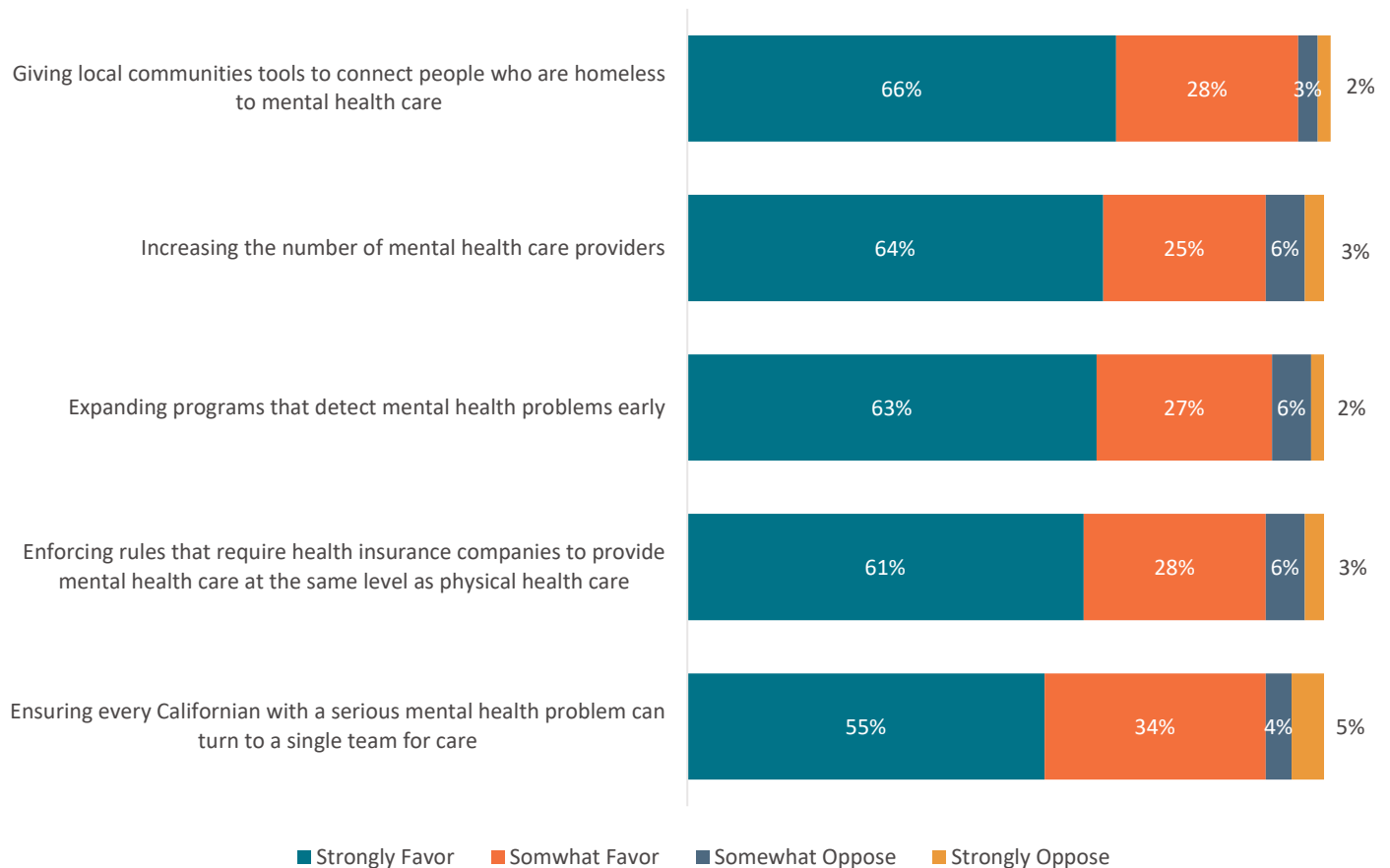


Figure 12. Strong Support Across Party Identification for Policy Ideas That Address Mental Health Access

PERCENTAGE WHO STRONGLY OR SOMEWHAT FAVOR EACH POLICY IDEA

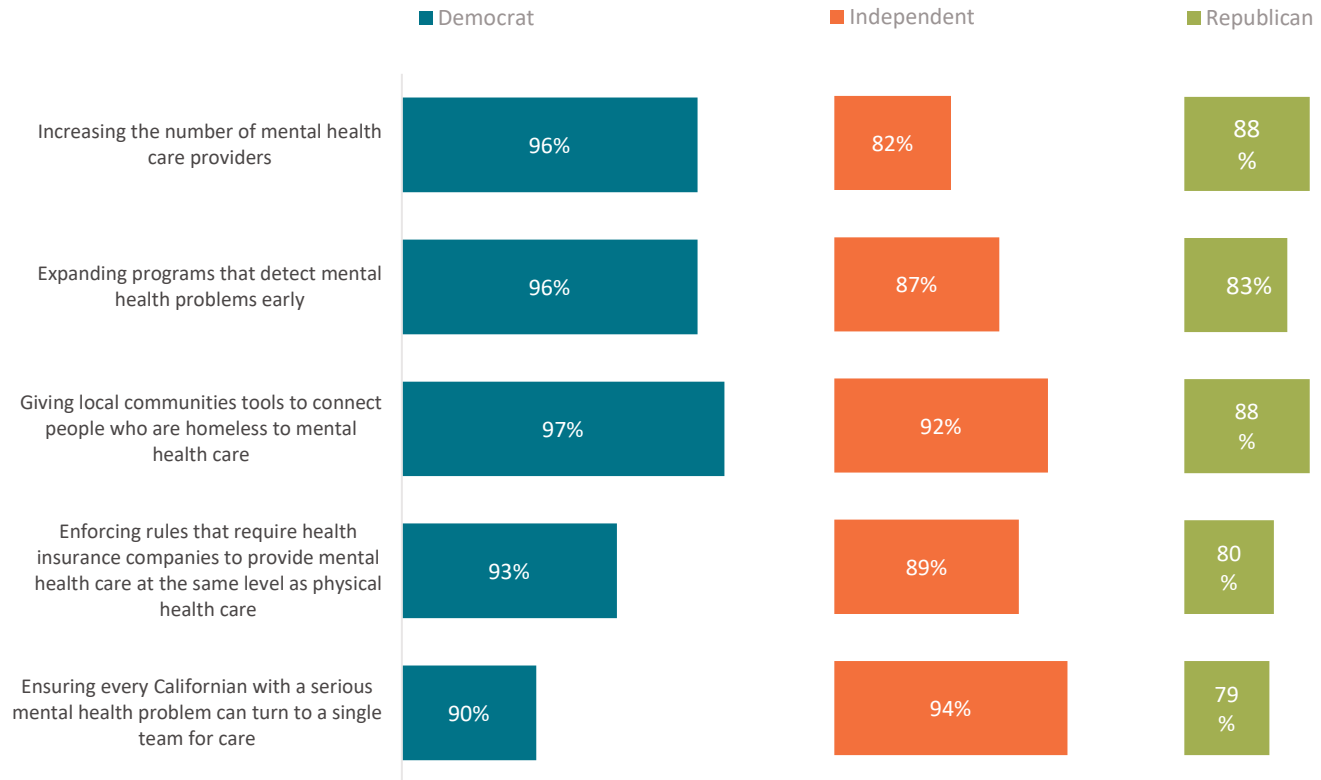
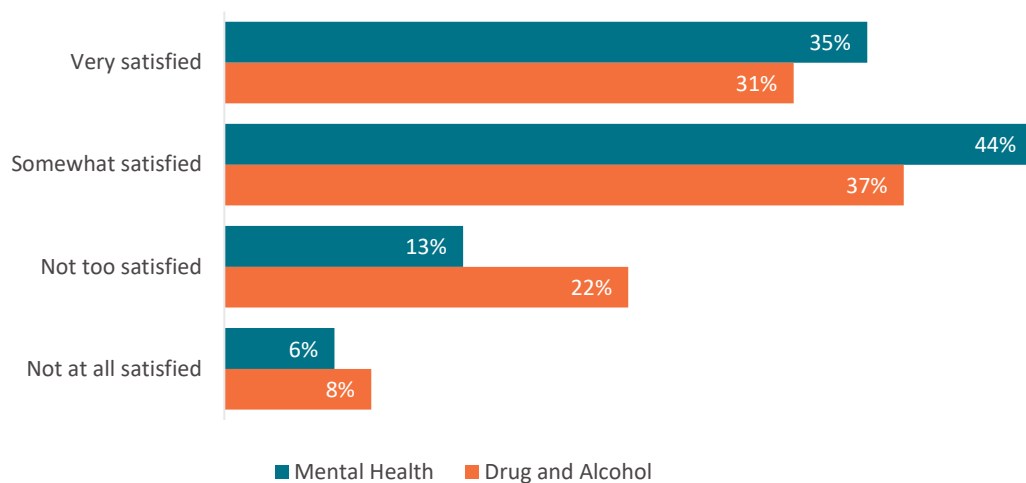


Figure 13. Californians' Satisfaction with Behavioral Health Treatment They Receive

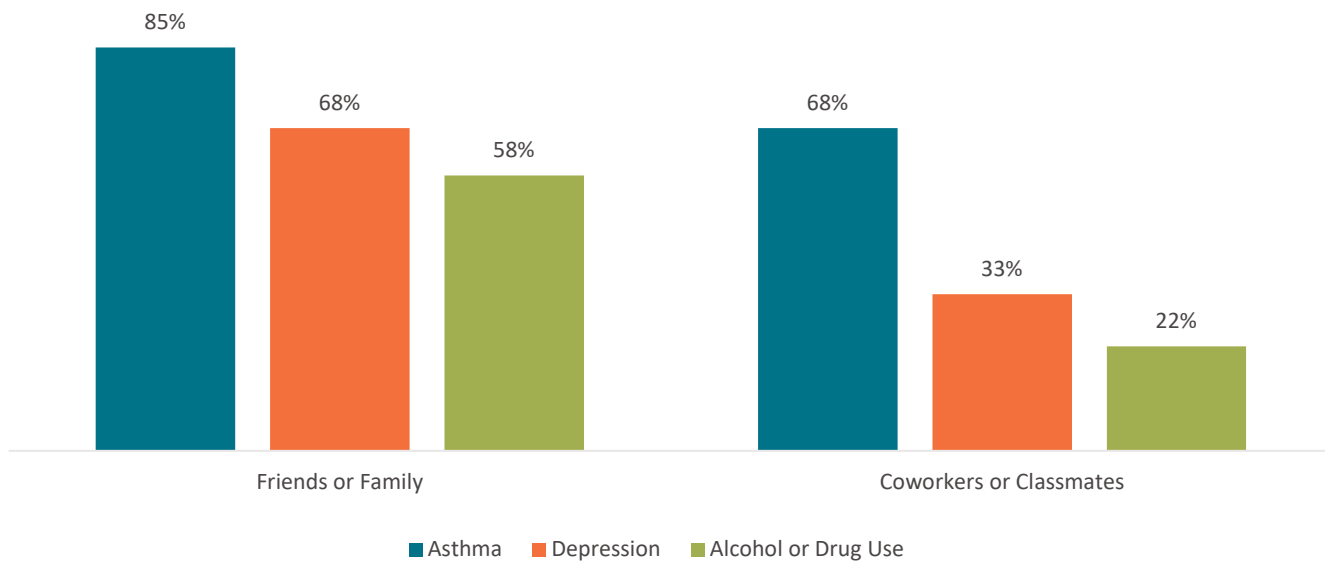
Q: OVERALL, WERE YOU VERY SATISFIED, SOMEWHAT SATISFIED, NOT TOO SATISFIED, OR NOT AT ALL SATISFIED WITH THE [ITEM] TREATMENT?



*Among those who say they or a family member received treatment for the condition in the past 12 months

Figure 14. Californians Feel Less Comfortable with Others Knowing About Treatment for Behavioral over Physical Health Conditions

Q: IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS [ITEM] WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER / COWORKER OR CLASSMATE KNEW ABOUT THIS?



Section 3. Perceptions on Homelessness

Addressing homelessness is an “extremely important” or “very important” issue for more than 8 out of 10 Californians (83%). While most states have seen a decrease in homelessness over the past year, homelessness in California has increased.² California’s governor, Gavin Newsom, has made this a top priority for his administration.

This year’s survey sought to understand how Californians perceive the relationship between mental health and homelessness. More than 8 in 10 (81%) say they believe there is a relationship between mental health problems and homelessness. Those who perceive a relationship were then asked which was closer to their view: Homelessness is more likely to cause people to experience mental health problems, or mental health problems are more likely to cause people to experience homelessness.

More than half (53%) say they believe mental health problems are more likely to cause people to experience homelessness; 24% say they believe that homelessness is more likely to cause mental health problems (Figure 15).

Recent analysis from the California Policy Lab show this may be a misconception. The data find that the majority of people experiencing homelessness but who have shelter do not have a high prevalence of mental health problems.³

There is strong support among Californians for providing local communities with more tools to connect people who are experiencing homelessness to mental health care and other social services. As noted above, more than 9 out of 10 Californians (94%) favor this idea, including the 66% who “strongly favor” it. Support for this policy idea is high across political party identification, with 97% of Democrats favoring it (76% “strongly”), 92% of Independents, and 88% of Republicans favoring it (54% strongly) (Figure 16).

Figures 15. Most Californians Believe There Is a Connection Between Mental Health Problems and Homelessness

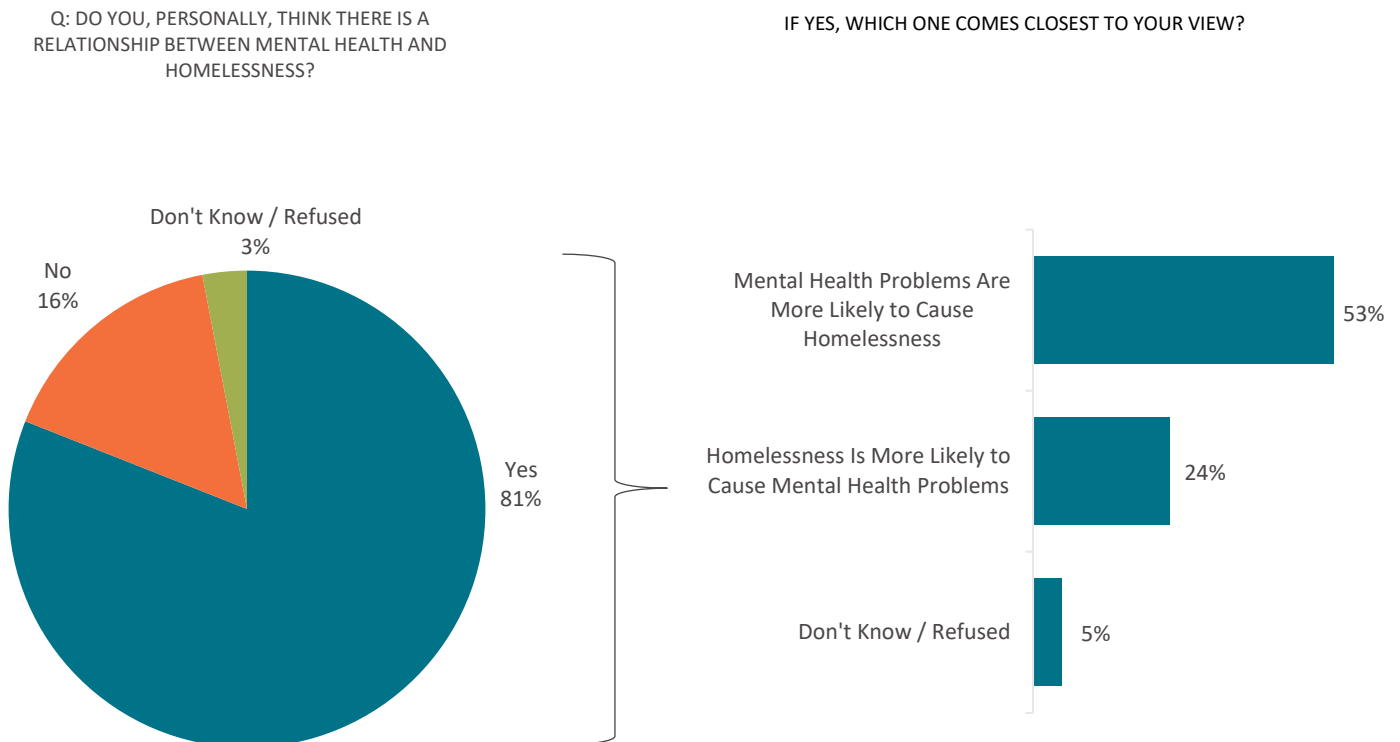


Figure 16. Strong Support Across Party Lines for Giving Local Communities Tools for People Who Are Experiencing Homelessness

Q: DO YOU FAVOR OR OPPOSE GIVING LOCAL COMMUNITIES MORE TOOLS TO CONNECT PEOPLE WHO ARE HOMELESS TO MENTAL HEALTH AND SOCIAL SERVICES?



Section 4. Health Care Affordability

A major issue for many Californians is health care costs. As noted above, 8 out of 10 residents (84%) rate making health care more affordable as an “extremely important” or “very important” priority for the governor and legislature to address in 2020. Additionally, 82% rate lowering the price of prescription drugs as important, a statistically significant increase over last year, when 75% rated it as important.

Californians are worried about many types of health care costs. More than two-thirds are worried (69%; 40% “very”) about unexpected medical bills this year, a statistically significant increase [over last year](#) (63%). Similarly, two-thirds of residents in this year’s survey are worried about affording out-of-pocket health care costs (66%; 36% “very”) compared to just over half (55%) last year. This is more than the share of Californians who are worried about being able to afford their rent or mortgage (54%; 30% “very”) (Figure 17). Seven in 10 report that it is “very difficult” or “somewhat difficult” (70%; 33% “very”) to find out how much medical treatments and procedures would cost before they receive them (Figure 18).

Difficulties affording health care lead some Californians to delay or skip medical treatment or medications. Just over half of Californians (51%) report taking some sort of action related to delaying care due to the cost. This is a statistically significant increase from last year, when 44% reported taking some sort of action (Figure 19). Steps people have taken include skipping dental care (38%), postponing physical health care (25%), skipping a recommended test or treatment (21%), not filling a prescription (18%), postponing mental health care (16%), or cutting pills in half or skipping a dose of medicine (12%).

These steps are reported across income groups and insurance status. Among adults age 18–64 with insurance, almost half (49%) reported postponing or skipping medical care in the past year because of cost. More than two-thirds (69%) of those without insurance reported taking cost-cutting steps (Figure 20).

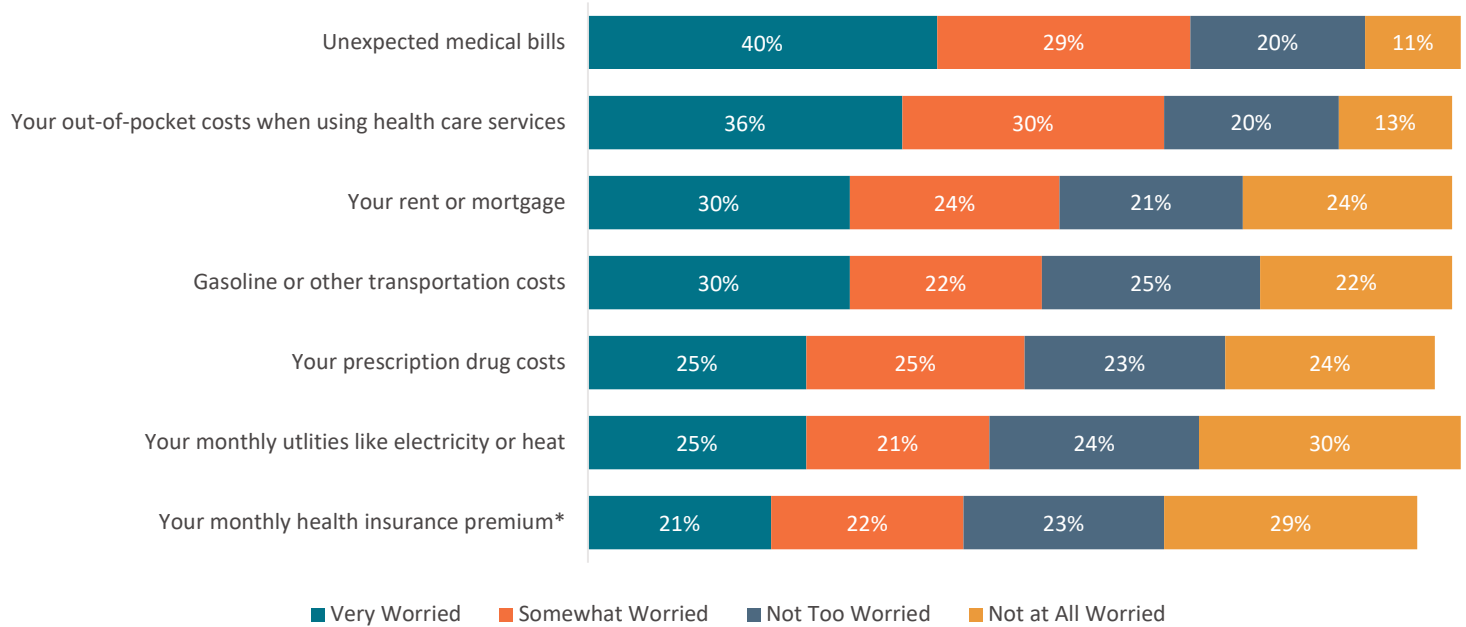
Of those who postponed or skipped care due to cost, 42% said their health condition got worse. Uninsured adults are more likely than insured adults to report that skipping or postponing health care made their condition worse (33% vs. 21%, respectively) (Figures 21 and 22). More results on uninsured California residents can be found in Section 7.

In addition to postponing and skipping care because of the cost, many Californians also struggle to pay the medical bills they have incurred. Nearly a quarter of residents (24%) report that they or someone in their family had problems paying or an inability to pay medical bills in the past 12 months. Uninsured adults age 18–64, as well as those with lower incomes, are more likely to experience problems paying their medical bills than their counterparts. Almost one-third (32%) of those with incomes under 200% of the federal poverty level report having trouble paying their medical bills compared to 19% of those with higher incomes. Uninsured adults age 18–64 report trouble paying their medical bills at twice the rate of adults age 18–64 with employer-sponsored health insurance (45% vs. 20%) (Figure 23).

Trouble paying medical bills affects many areas of Californians’ lives. Among those who have had trouble paying their medical bills, two-thirds (66%) have cut back on spending on basic household items like food and clothing. Almost half have used up their savings (49%), increased their credit card debt (49%), taken on extra work (46%). Over a third have borrowed money from friends or family (42%), or taken out money from their long-term savings accounts such as savings for college or retirement (37%) (Figure 24).

Figure 17. Most Californians Are Worried About Health Care Costs

Q: HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD [ITEM] FOR YOU AND YOUR FAMILY?



*Asked only of those with health insurance

Figure 18. Most Californians Find it Difficult to Find Out How Much Medical Treatments Cost Beforehand

Q: HOW EASY OR DIFFICULT WOULD YOU SAY IT IS TO FIND OUT HOW MUCH MEDICAL TREATMENTS AND PROCEDURES PROVIDED BY DIFFERENT DOCTORS AND HOSPITALS WOULD COST BEFORE YOU RECEIVE THEM?

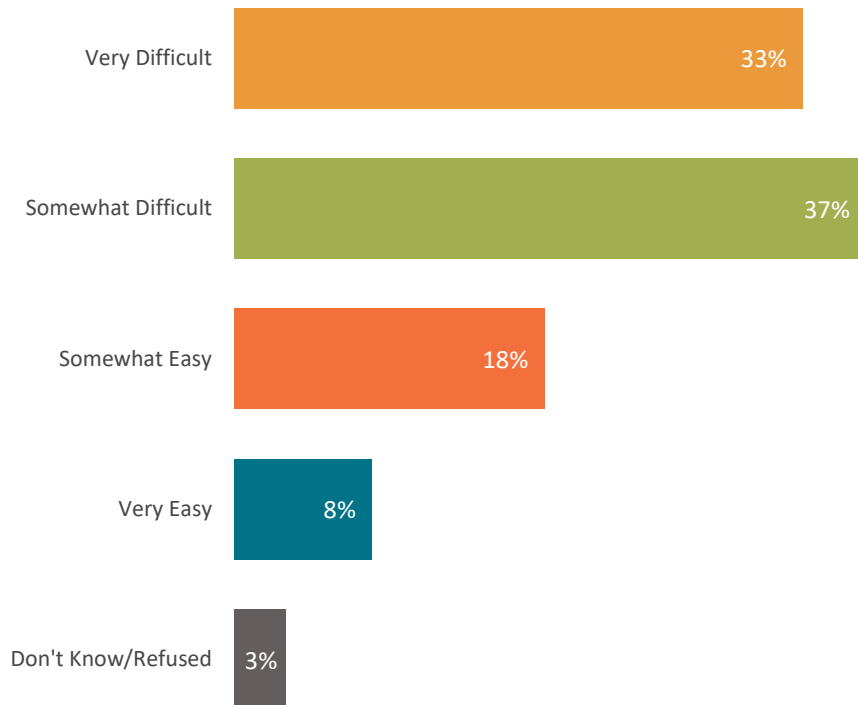


Figure 19. Increases in Worry Over Health Care Costs and Skipping/Postponing Treatment Due to Cost Over the Last Year

PERCENTAGE WHO SAY THEY ARE VERY OR SOMEWHAT WORRIED ABOUT . . .

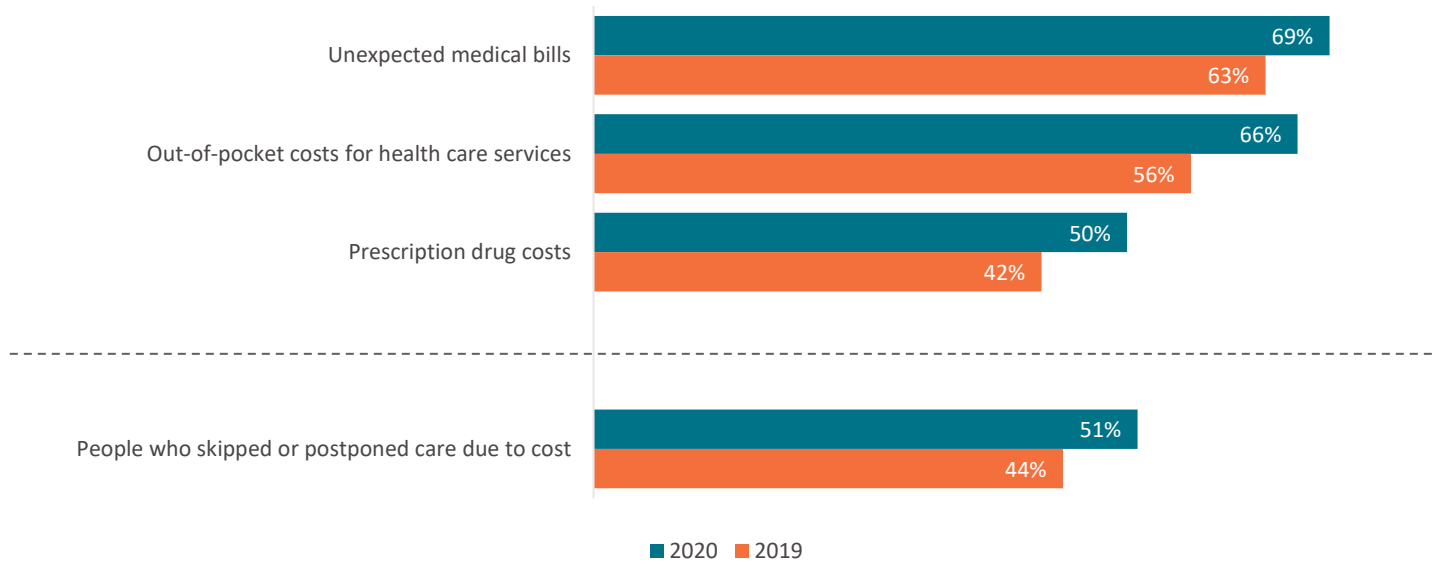


Figure 20. Uninsured Adults 18–64 and Low-Income Californians More Likely to Be Worried About Health Care Costs

PERCENTAGE WHO ARE VERY OR SOMEWHAT WORRIED ABOUT BEING ABLE TO AFFORD . . .

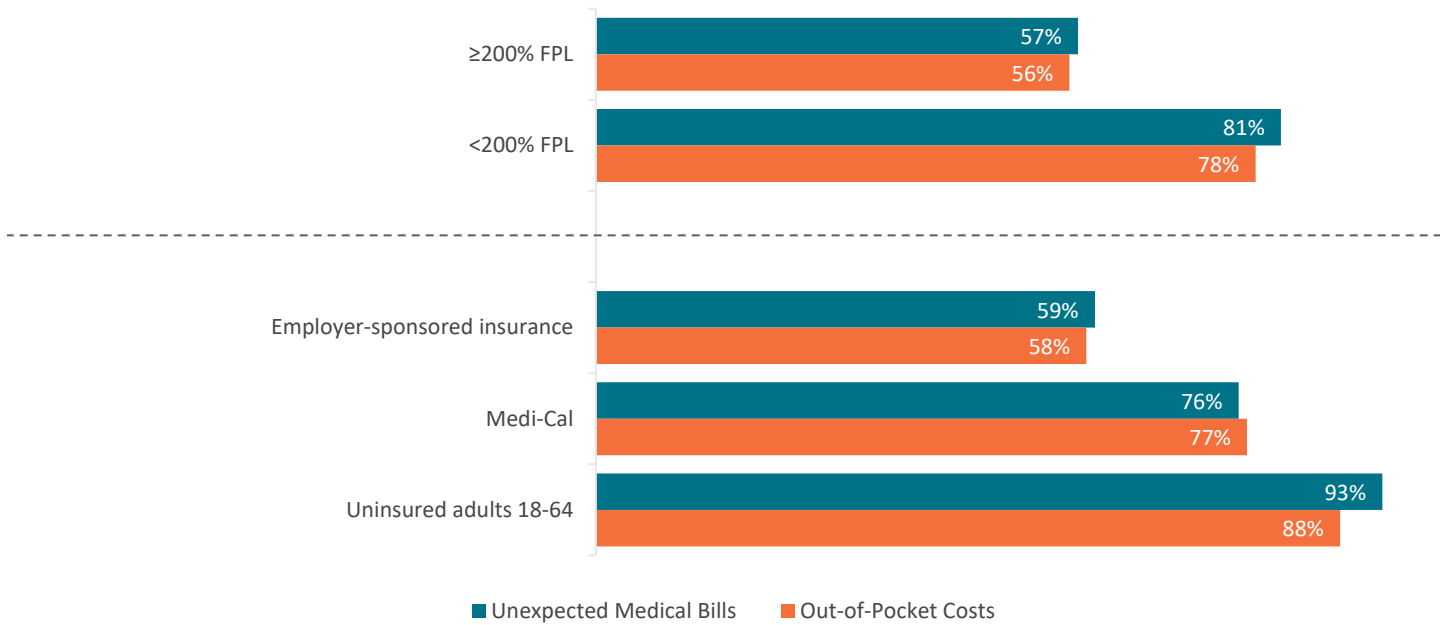


Figure 21. Half of Californians Have Postponed or Skipped Care Due to Cost, and Many Say This Made Their Health Condition Worse

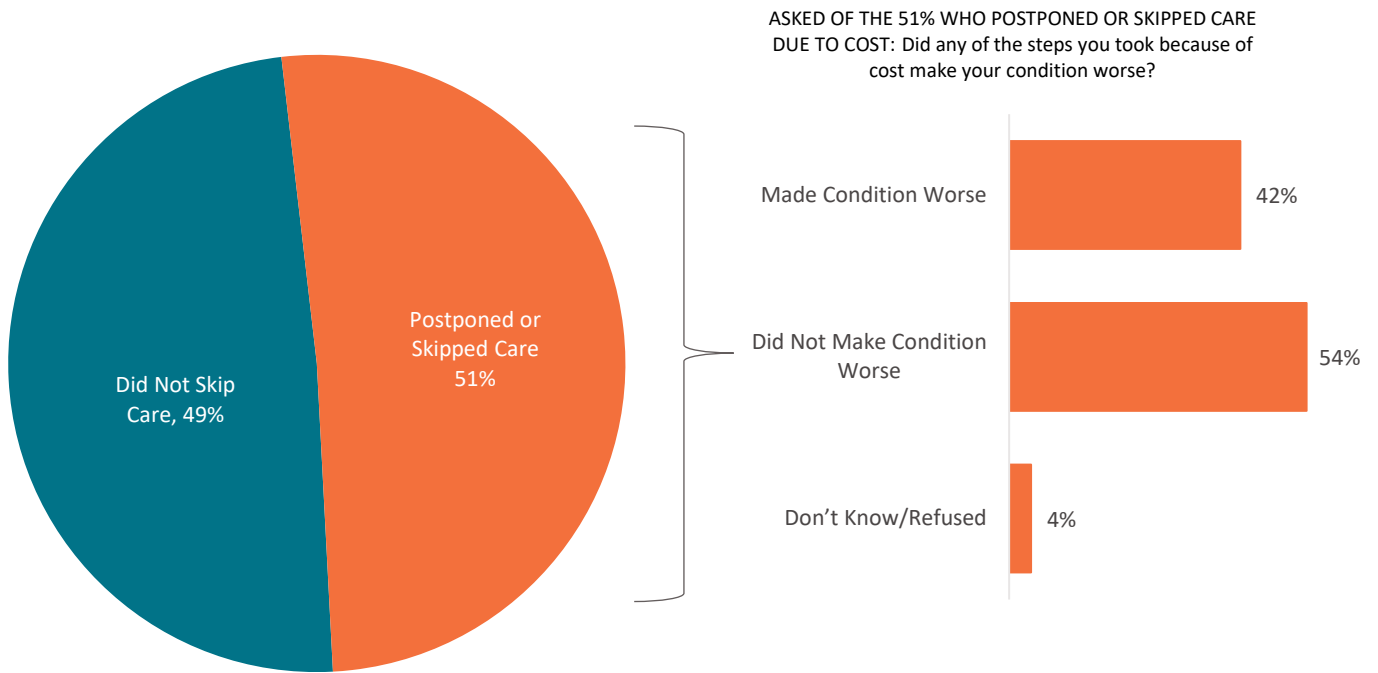


Figure 22. Uninsured Adults Ages 18-64 Are More Likely to Skip Care Due to Cost

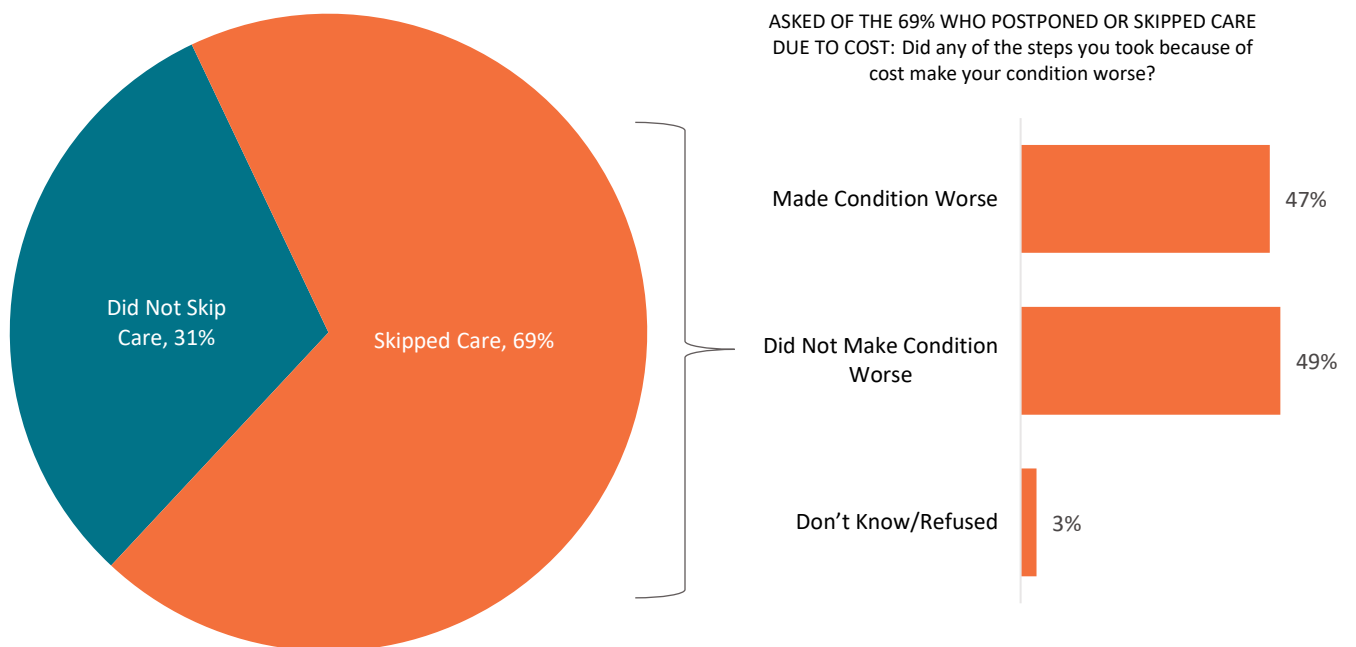


Figure 23. Nearly One in Four Californians Report Trouble Paying Medical Bills; Those with Lower Incomes and Uninsured Adults 18–64 More Likely to Have Problems

Q: IN THE PAST 12 MONTHS, DID YOU OR ANYONE IN YOUR FAMILY HAVE PROBLEMS PAYING . . . ANY MEDICAL BILLS?

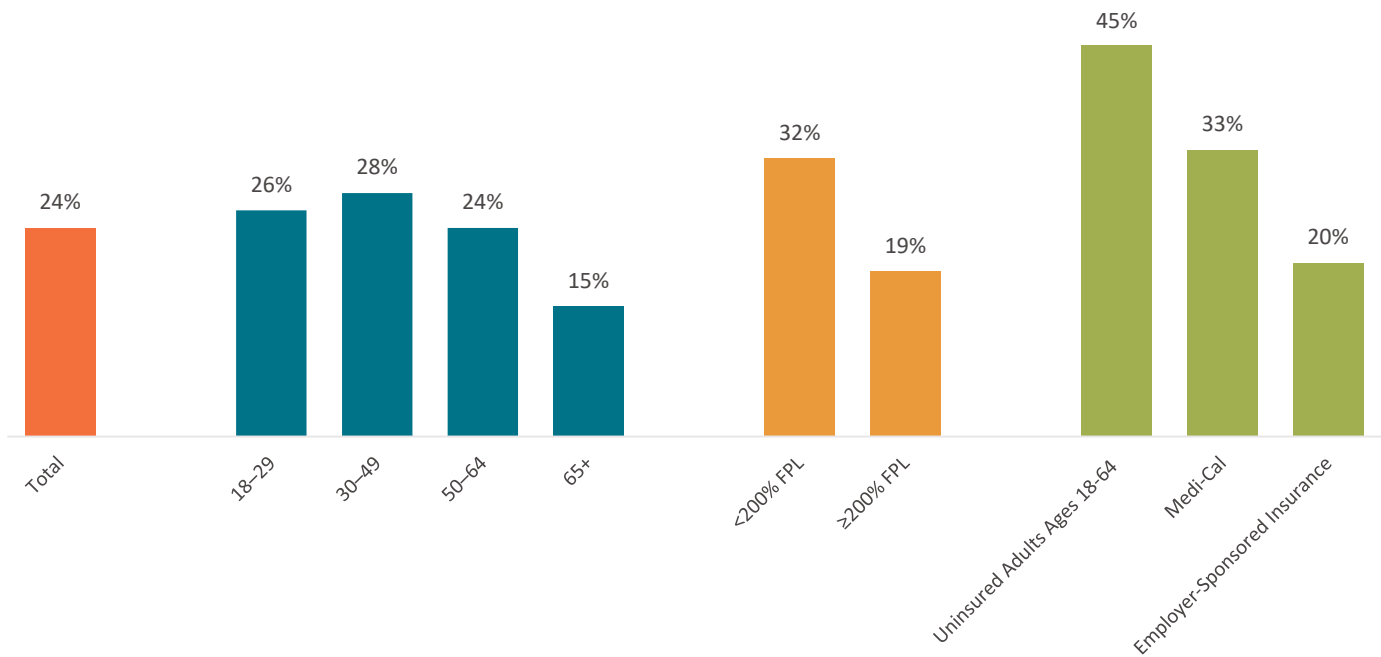
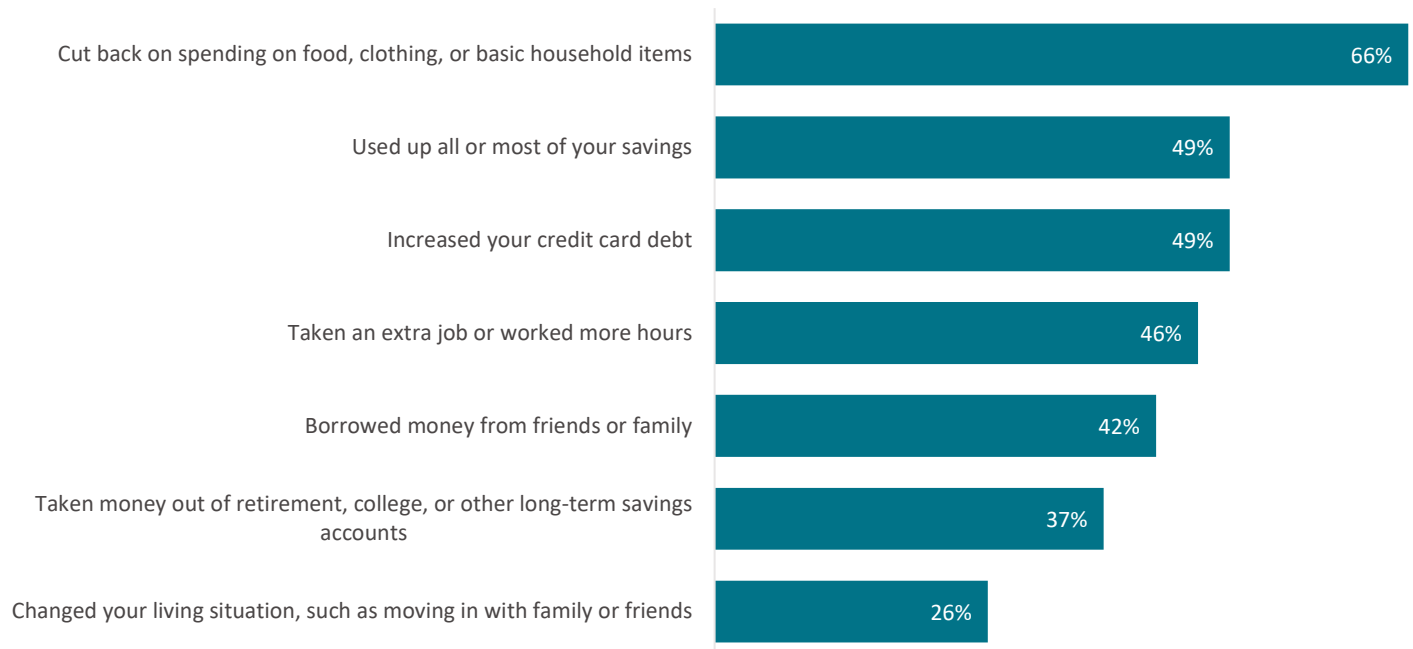


Figure 24. Actions Taken by Californians Whose Households Had Problems Paying Medical Bills

AMONG THE 24% WHO HAD PROBLEMS PAYING MEDICAL BILLS DURING THE PAST YEAR, PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER DID EACH OF THE FOLLOWING TO PAY MEDICAL BILLS:



Section 5. Views on Medi-Cal

There continues to be very strong bipartisan support for Medi-Cal, California’s Medicaid program. Ninety-one percent of Californians say the program is important to the state (70% “very”). Three out of five (60%) view the program as important for themselves and their families (44% “very”) (Figure 25). Support for the program remains high across income levels, party affiliations, and insurance types, as well as racial and ethnic groups (Figures 26–28). A large majority of Democrats (98%; 83% “very”), Independents (89%; 67% “very”) and Republicans (81%; 45% “very”) believe the program is important to the state.

People were also asked whether they favor changes to the way Medi-Cal pays for care. Seven out of 10 Californians (72%) support paying providers based on the quality of care provided instead of the number of tests or services performed. The highest level of support is among those with Medi-Cal (84%). Those with employer-sponsored insurance also show strong support (69%). There is strong support across the political spectrum, with Independents and Democrats most likely to support (76% and 74% respectively), followed by Republicans (64%) (Figure 29).

Figure 25. Majority of Californians Believe Medi-Cal Is Important to the State; Many Say It Is Important to Them Personally

PERCENTAGE WHO SAY MEDI-CAL IS VERY OR SOMEWHAT IMPORTANT FOR EACH OF THE FOLLOWING:

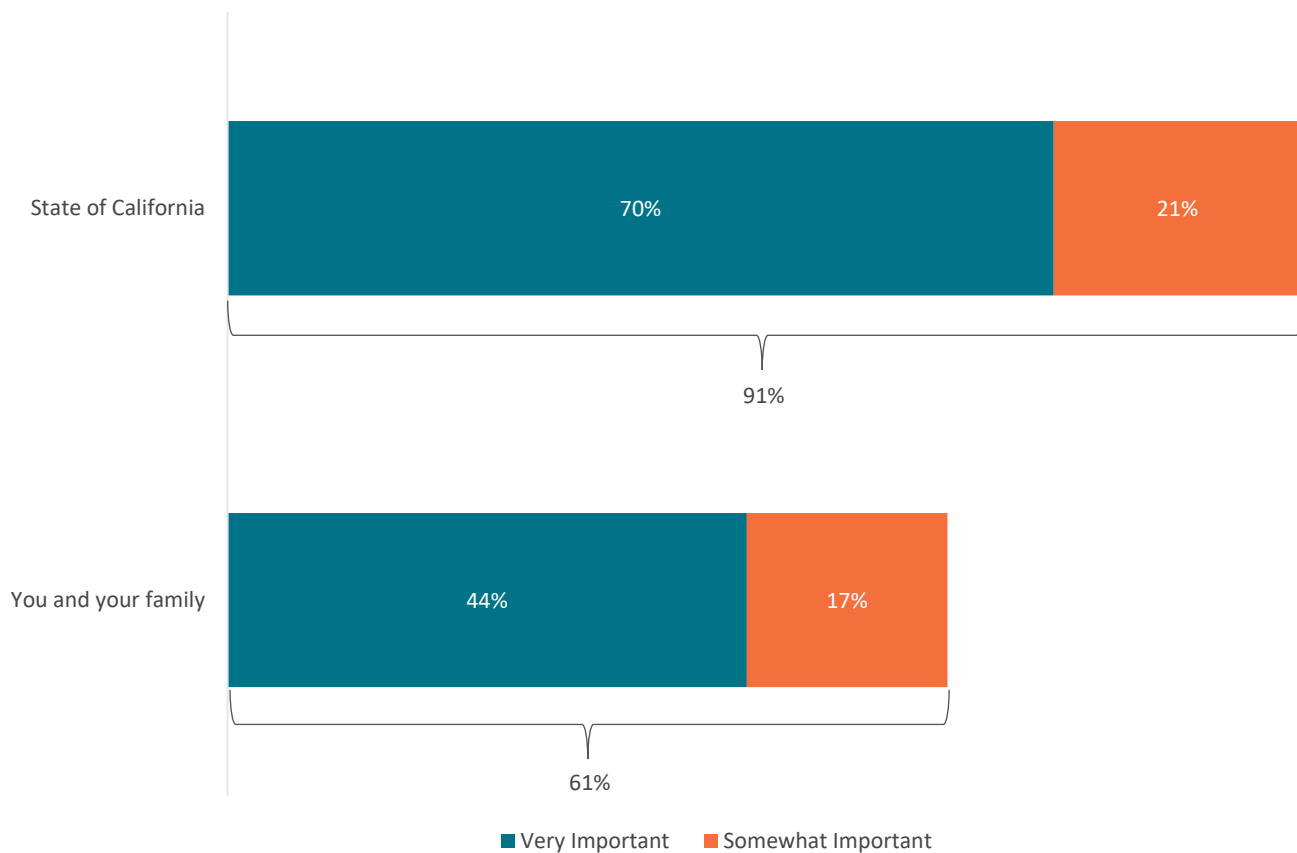


Figure 26. Views on Medi-Cal by Income

PERCENTAGE WHO SAY MEDI-CAL IS VERY OR SOMEWHAT IMPORTANT FOR EACH OF THE FOLLOWING:

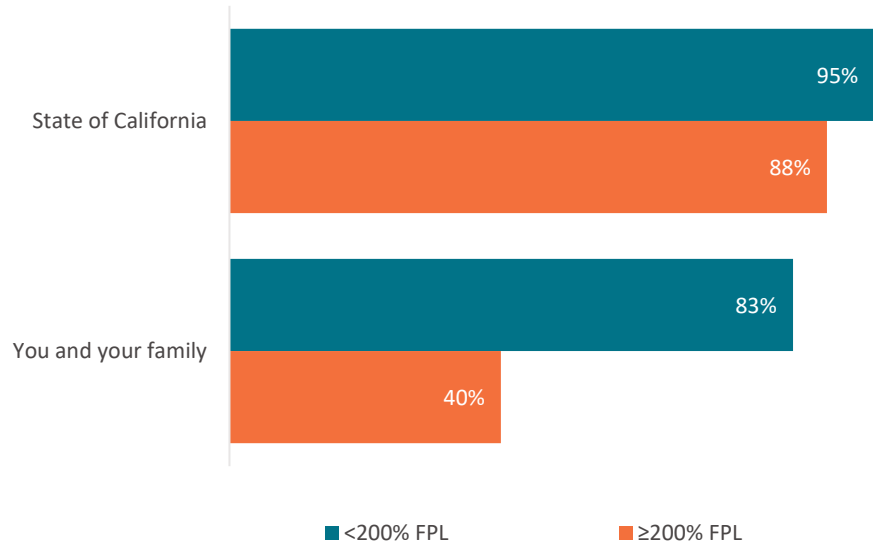


Figure 27. Views on Medi-Cal by Insurance Type

PERCENTAGE WHO SAY MEDI-CAL IS VERY OR SOMEWHAT IMPORTANT FOR EACH OF THE FOLLOWING:

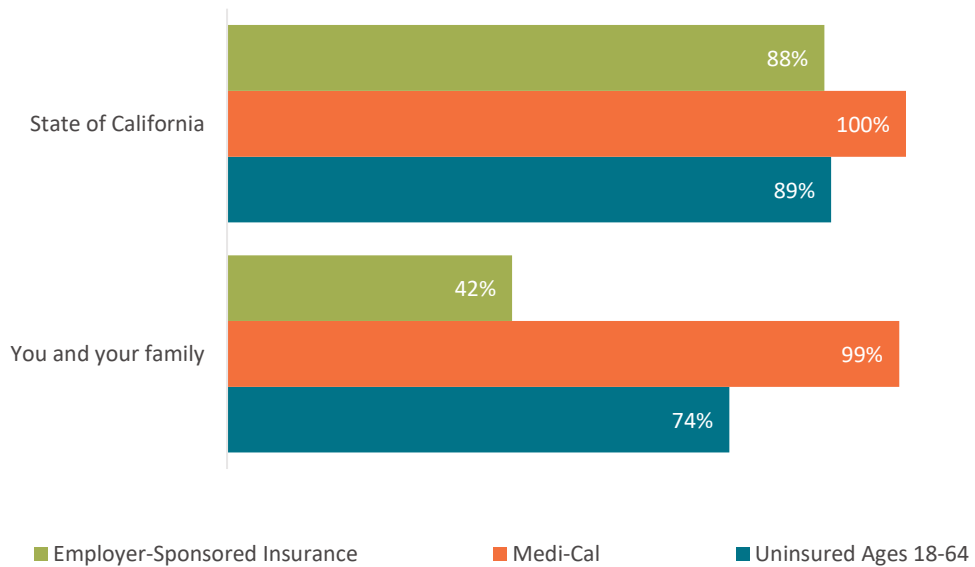


Figure 28. Views on Medi-Cal by Political Party Identification

PERCENTAGE WHO SAY MEDI-CAL IS VERY OR SOMEWHAT IMPORTANT FOR EACH OF THE FOLLOWING:

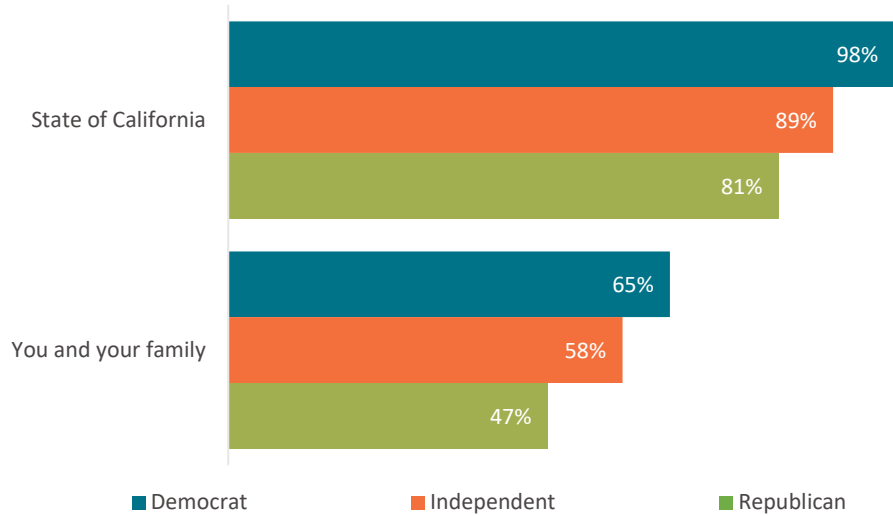
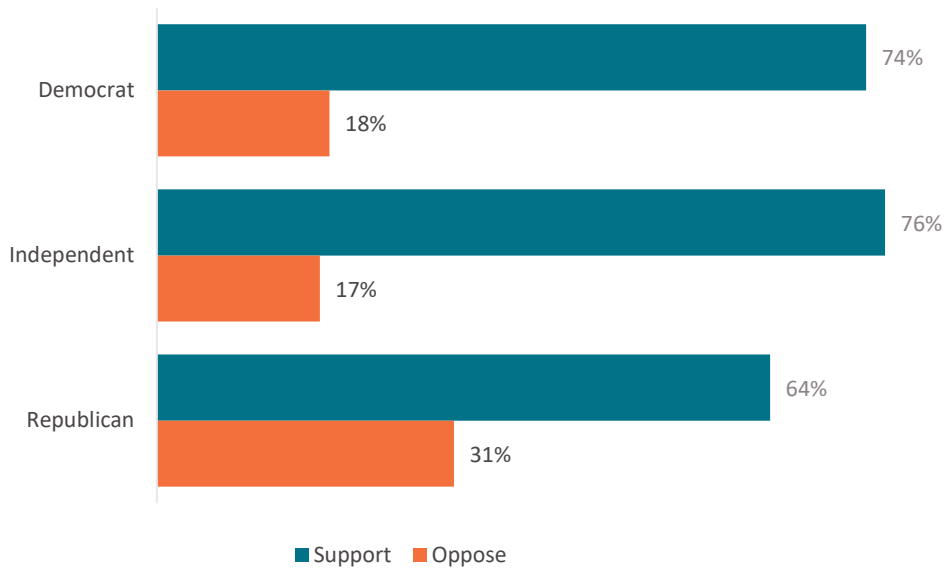


Figure 29. Strong Support Across Political Parties for Medi-Cal Payments by Quality of Care

Q: SOME GROUPS HAVE PROPOSED MEDI-CAL PAY HEALTH CARE PROVIDERS BASED ON THE OVERALL QUALITY OF CARE THEY DELIVER. DO YOU SUPPORT OR OPPOSE THIS APPROACH?



Section 6. The Health Care Workforce

More than 8 in 10 Californians (83%) say that making sure there are enough doctors, nurses, and other health care providers should be an important priority for the governor and legislature to address, including 41% who say this is “extremely important.” Residents in suburban and rural areas are more likely to believe this is an “extremely important” or “very important” priority (90%) than those in urban areas (81%).

More than a third of people across the state believe there are not enough primary care providers (34%) and specialists (35%) in their local communities (Figure 30). Moreover, nearly half of residents in the Inland Empire (46%) and San Joaquin Valley (49%) believe the number of primary care providers is lacking (Figure 31). Similarly, 51% of residents in the San Joaquin Valley believe the number of specialists is lacking. Black people, Hispanics, and those with lower incomes (below 200% of the federal poverty level) are also more likely to believe that their communities do not have enough primary care providers and specialists. Four in 10 Californians with lower incomes think their community does not have enough primary care providers (39%) or specialists (42%) compared to 3 in 10 for those with higher incomes (30% primary care providers; 29% specialists) (Figure 32). These differences may imply that lower-income and minority communities lack an adequate health care workforce to meet their needs. These responses are in line with data showing the distribution of both primary and specialty care providers is uneven across the state.⁴

This view on shortages in the health care workforce is also reflected in the nearly 3 in 10 Californians (28%) who tried to make an appointment for medical care and believed they had to wait longer than was reasonable. Those on Medi-Cal (42%) are more likely to report having to wait longer than reasonable to get an appointment than those with employer-sponsored coverage (28%). However, there were no differences in perceived wait time for an appointment across income levels or racial and ethnic groups.

Figure 30. Over a Third of Californians Perceive a Lack of Primary Care Providers and Specialists in their Communities

Q: DO YOU THINK YOUR LOCAL COMMUNITY HAS ENOUGH [ITEM] TO SERVE THE NEEDS OF ITS RESIDENTS?

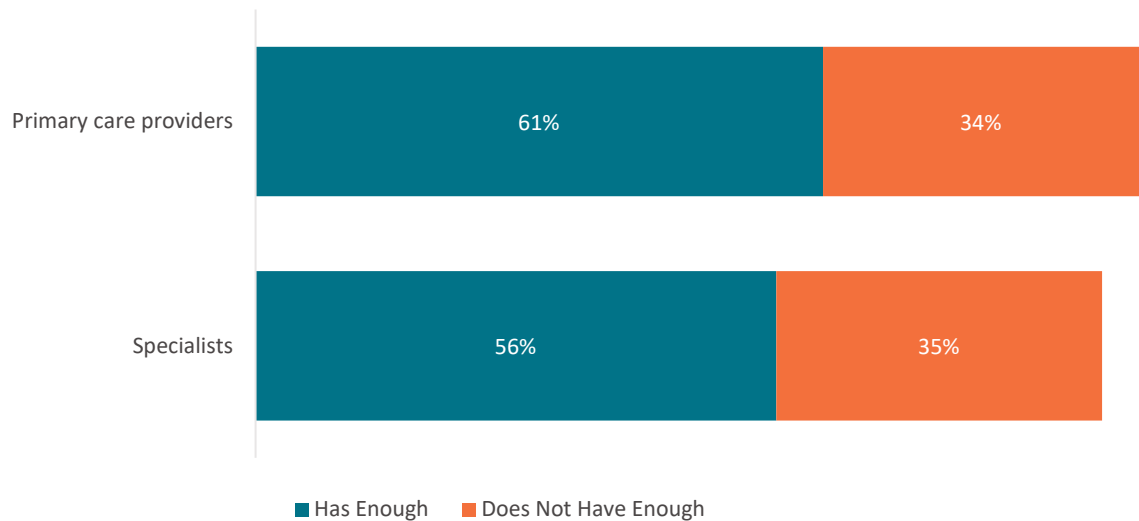


Figure 31. Residents of San Joaquin Valley and Inland Empire More Likely to Report Lack of Adequate Providers

PERCENTAGE WHO THINK THEIR LOCAL COMMUNITY DOES NOT HAVE ENOUGH . . .

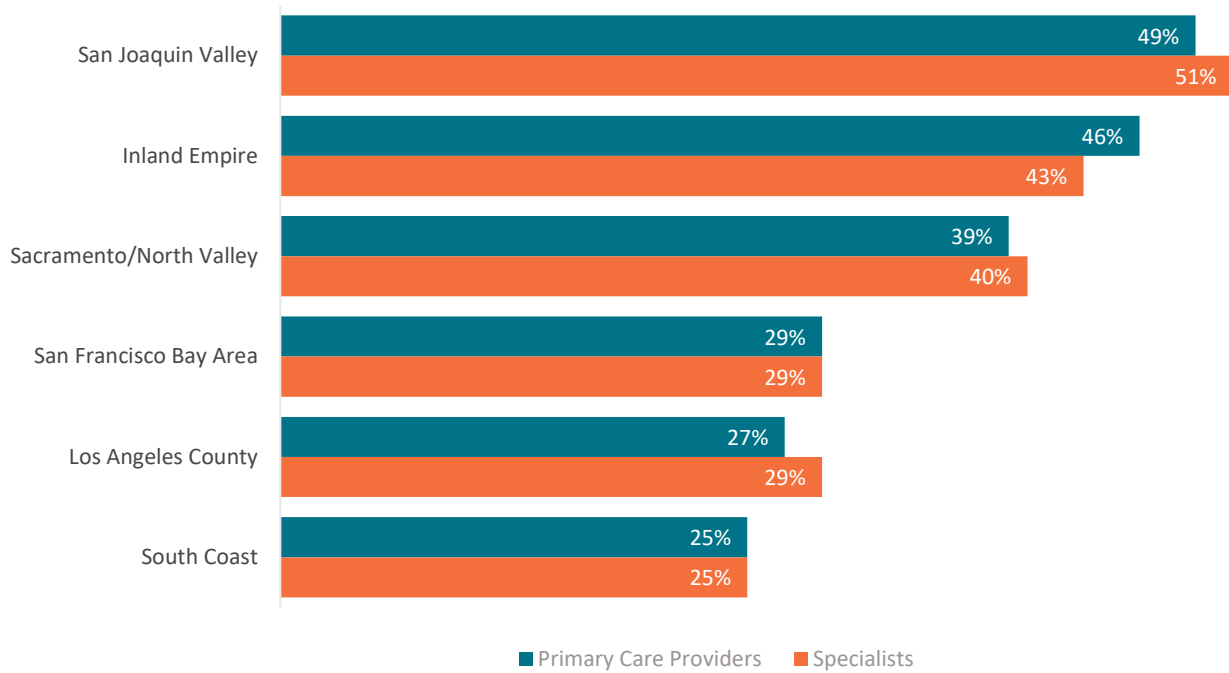
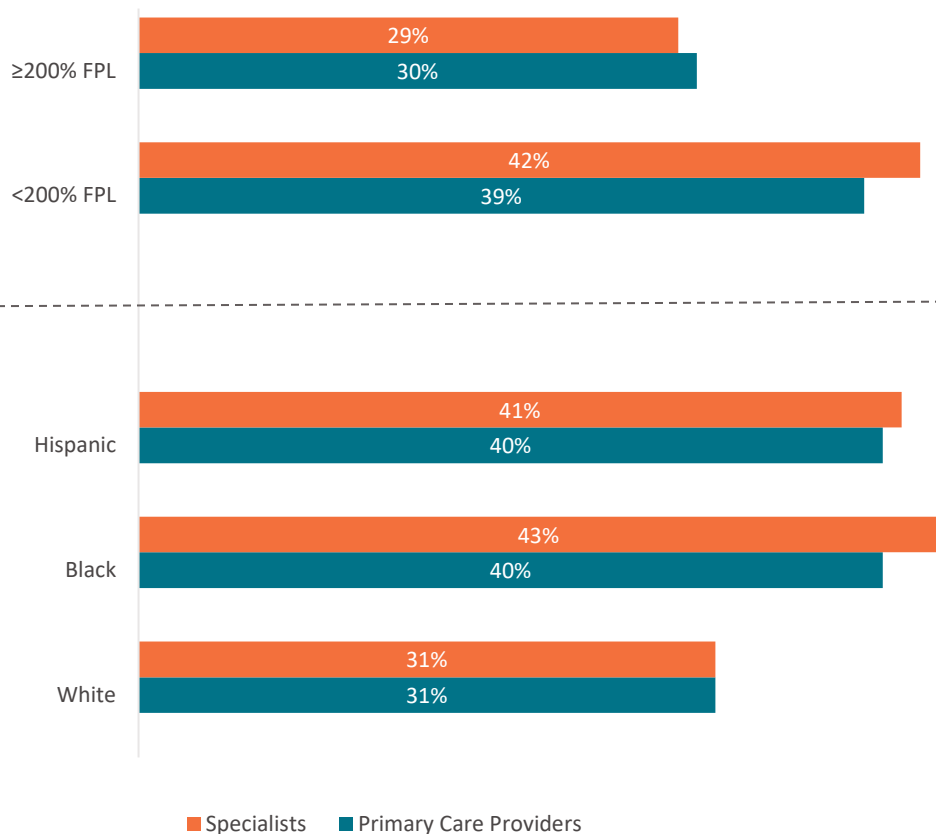


Figure 32. Blacks, Hispanics, and Lower-Income Californians Say Their Local Community Lacks Adequate Providers

PERCENTAGE WHO BELIEVE THEIR LOCAL COMMUNITY DOES NOT HAVE ENOUGH PROVIDERS TO SERVE THE NEEDS OF ITS RESIDENTS



Section 7. Experiences of the Uninsured

More than 1 in 10 Californians (12%) report being uninsured. When asked why they were uninsured, the most commonly cited reason was cost (35%). The next most common reason for lack of insurance was unemployment or job loss (12%) (Figure 33). Similar to results from last year's survey, over a third of uninsured adults (37%) also worry that signing up for health insurance would draw attention to their or a family member's immigration status (25% "very worried"; 12% "somewhat worried") (Figure 34).

Figure 33. Cost Is the Most Common Reason Californians Do Not Have Health Insurance

WHAT'S THE MAIN REASON YOU DO NOT CURRENTLY HAVE HEALTH INSURANCE?

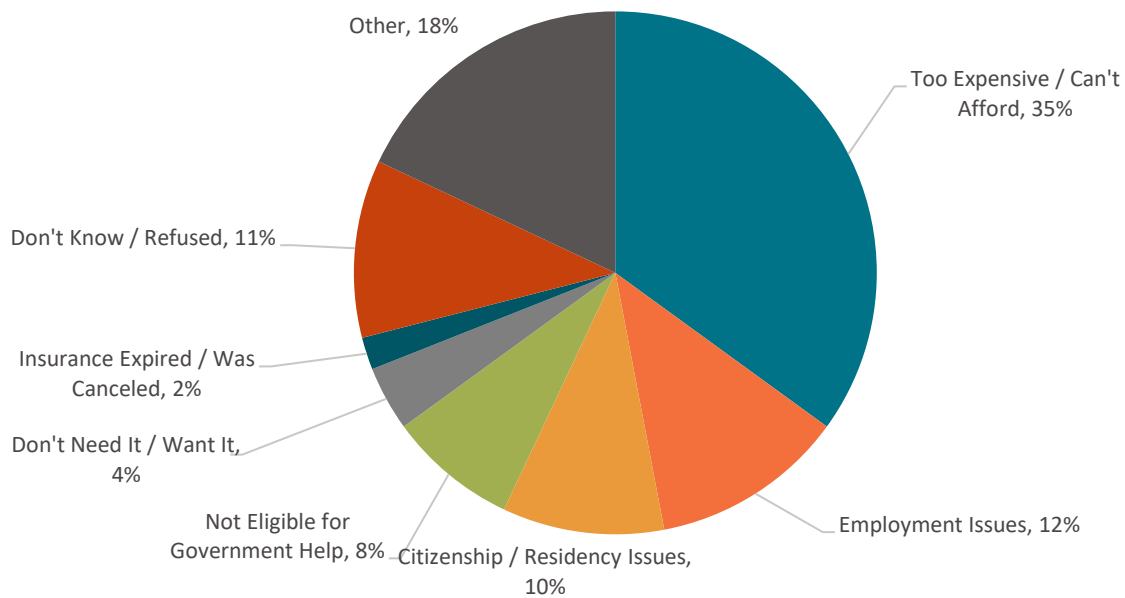
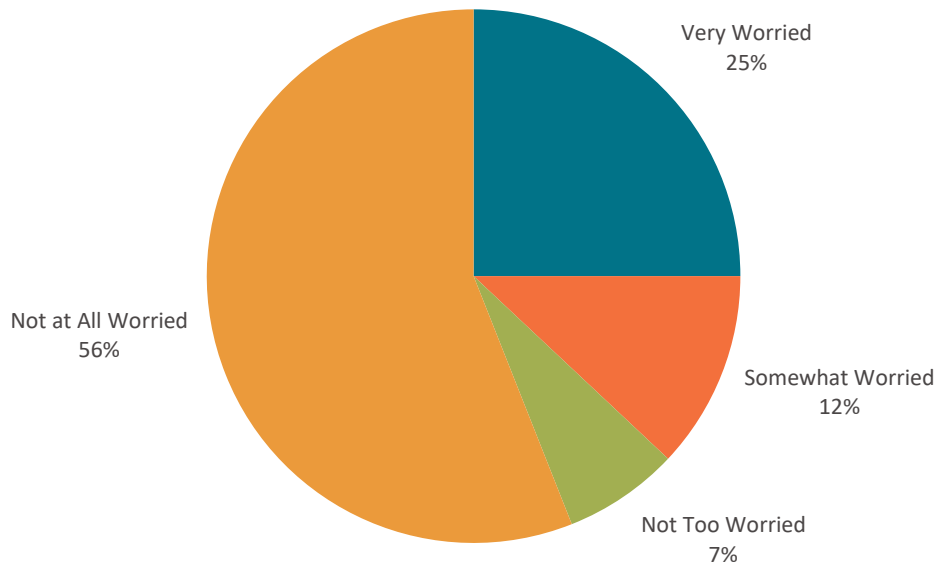


Figure 34. Over a Third of Uninsured Californians Worry That Signing Up for Health Insurance Will Draw Attention to Their or a Family Member's Immigration Status

HOW WORRIED, IF AT ALL, ARE YOU THAT IF YOU SIGN UP FOR HEALTH INSURANCE YOU WILL DRAW ATTENTION TO YOUR OR A FAMILY MEMBER'S IMMIGRATION STATUS?



Appendix A: Survey Methodology

The California Health Care Foundation Health Policy Survey was conducted November 18–December 30, 2019, via a mixed random digit dial (RDD) ($n = 711$) and address-based sample (ABS) ($n = 697$) design among a random representative sample of 1,408 adults age 18 or older living in California. Interviews were administered in English ($n = 1,315$) and Spanish ($n = 93$). Sampling, data collection, weighting, and tabulation were managed by SSRS in close collaboration with California Health Care Foundation (CHCF) researchers. CHCF paid for all costs associated with the survey, and both SSRS and CHCF worked together to design the survey and to analyze the results.

The RDD component included interviews with 247 respondents reached via landline and 464 reached via cell phone (including 318 without landline access in their homes). The sample was designed to complete a sufficient number of interviews with respondents of demographic groups that would allow accurate representation of the California adult population in the overall sample. The RDD frames were stratified by income level to reach more low-income respondents. The RDD landline frame included all telephone exchanges identified as being located in California based on their three-digit area code. The sample was generated through the GENESYS sampling system provided by Marketing Systems Group (MSG).

Using a procedure similar to that used for the landline sample, MSG generated a random list of California-based cell phone numbers. The RDD cell phone frame was stratified to reach a relatively larger share of low-income respondents. The cell phone sample also included an oversample of 68 respondents with prepaid (or pay-as-you-go) cell phone numbers in California, a group that tends to be disproportionately lower income. To address the fact that some qualifying respondents could only be reached by cell phone but had an out-of-state phone number, the sample was augmented with a sample (provided by Dynata) of phone numbers outside of California associated with a billing address that indicated in-state residence ($n = 36$).

The telephone sample also included 274 respondents who were reached by calling back respondents in California who had previously completed the SSRS Omnibus poll and indicated that they were California residents who met some of the income, health insurance coverage, and race categories of interest for this study.

To qualify for the study, all RDD respondents needed to confirm that they were adults, 18 or older, currently residing in California. In households reached via landline, respondents were selected by asking for the youngest adult (randomly selected male or female) in the household at the time of the call. Respondents reached through the callback sample also needed to confirm that they were Black or Asian (for the callback sample) or that their income or insurance status matched the expectations based on their sample type.

The address-based sample was randomly drawn from a sampling frame defined by the United States Postal Service's Computerized Delivery Sequence File, which is licensed by SSRS's sister company Marketing Systems Group. This database covers nearly all households in the US. The ABS frames were stratified into four mutually exclusive categories to allow accurate representation of the California adult population (census blocks with a high proportion identifying as Asian; census blocks with high proportion identifying as Black; low-income households excluding addresses previously defined as high Asian or high Black; any others). Within each of these strata, the sample was also substratified to match the population of households by geographic region.

All ABS sample were sent an invitation letter including a link to complete the survey online and a toll-free number that respondents could call to complete the survey with a telephone interviewer, and a \$2 pre-incentive was included for the first two waves of invitations ($n = 617$). For the first two waves, respondents who were living in census block groups identified as High Asian, High Black, or Low-income were offered \$10 post-incentive if they completed the survey. All respondents in the third wave of invitations were offered \$10. SSRS sent reminder postcards, which included a QR code, one week after the initial mailing and then followed up with telephone calls to households whose address could be matched to a listed cell phone or landline telephone directory about two weeks after the initial mailing.

To randomly select a household member in the ABS sample, the invitation letter requested that the survey be completed by the household member who had the most recent birthday. To qualify for the ABS study, respondents were first asked in the survey to confirm that they are the adult in their household who had the last birthday.⁵ All ABS respondents were screened to verify that they resided at the address that the invitation was sent to, before confirming that they are an adult living in California.

A series of data quality checks were run on the final data, which resulted in 11 completes being removed from the data. A multistage weighting design was applied to ensure accurate representation of the California adult population. The first stage of weighting included corrections to the RDD sample for sample design, including accounting for the disproportionate stratification, the likelihood of nonresponse for the recontacted sample, and an adjustment to account for the fact that respondents with both landline and cell phone have a higher probability of selection. Afterward, the RDD sample underwent demographic adjustment to balance the sample

to match known adult population parameters based on the US Census Bureau’s 2017 American Community Survey. Parameters included age (by gender), educational attainment, race/ethnicity (by education), and region in California. The data were also weighted to match current National Health Interview Survey 2017⁶ estimates for cell phone–only (with projected increases over time), and to the current census estimates for population density based on zip code–level density ranking (divided nationally into five quintiles). Next, to reduce the possibility that single cases would affect the data too much and to keep variance relatively low, the weights were truncated at the top and bottom 2.0 percentage points of their distribution.

For the ABS frame, the weighting first included corrections for sample design including stratification by income, race, and region as well as probability of selection based on number of people in the household. Next the ABS sample underwent demographic adjustments according to the same parameters as the RDD sample, excluding phone status and including an internet access benchmark. The ABS sample also underwent a trimming process to ensure that no single cases would affect the data too much. The weights were truncated at the top and bottom 5.0 percentage points of their distribution. Finally, the weights from the RDD and ABS frames were combined. The combined sample underwent demographic adjustments and trimming.

The margin of sampling error including the design effect for the full sample is plus or minus three percentage points. For results based on specific subgroups, the margin of sampling error may be higher. Note that sampling error is only one of the many potential sources of error in this and any other public opinion poll. SSRS is a charter member of the [Transparency Initiative of the American Association for Public Opinion Research](#).

California regions analyzed in this report are defined as follows:

- **Inland Empire:** Riverside and San Bernardino Counties
- **Los Angeles County**
- **Sacramento/North Valley:** Butte, Colusa, El Dorado, Glenn, Placer, Sacramento, Shasta, Sutter, Tehama, Yolo, and Yuba Counties
- **San Francisco Bay Area:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties
- **San Joaquin Valley:** Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties
- **South Coast:** Orange and San Diego Counties

Appendix B: Demographic Tables

Results of some key survey questions are shown below by various demographic subgroups. Note: Values less than 0.5% are indicated by an asterisk (*).

B.1 Tables by Race and Income

TABLE B.1.1: IMPORTANCE OF MAKING HEALTH CARE MORE AFFORDABLE

HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON MAKING HEALTH CARE MORE AFFORDABLE IN 2020?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
EXTREMELY IMPORTANT	45%	43%	47%	43%	51%	51%	56%	41%
VERY IMPORTANT	39	34	47	40	37	42	33	38
SOMEWHAT IMPORTANT	11	16	4	15	8	5	7	15
NOT IMPORTANT	4	6	2	*	1	2	3	5
SHOULD NOT BE DONE	1	1	-	2	2	-	1	2
DON'T KNOW / REFUSED	*	*	-	-	2	*	*	-

TABLE B.1.2: WORRY ABOUT HEALTH CARE COSTS

HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD _____?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
% WHO SAID VERY OR SOMEWHAT WORRIED								
YOUR MONTHLY HEALTH INSURANCE PREMIUM*	44%	35%	52%	51%	46%	53%	58%	33%
OUT-OF-POCKET COSTS WHEN USING HEALTH CARE SERVICES	66	55	80	66	64	76	81	56
PRESCRIPTION DRUG COSTS	50	36	67	50	60	66	62	36
UNEXPECTED MEDICAL BILLS	69	57	81	70	69	84	75	57
RENT OR MORTGAGE	54	45	70	44	57	73	67	41
GASOLINE OR OTHER TRANSPORTATION COSTS	52	47	64	39	62	69	63	38
MONTHLY UTILITIES LIKE ELECTRICITY OR HEAT	46	35	61	33	55	65	62	29

*Only asked of those with health insurance

TABLE B.1.3: PROBLEMS AFFORDING CARE BECAUSE OF COST

IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER _____ BECAUSE OF THE COST?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
% WHO SAID YES								
SKIPPED A RECOMMENDED MEDICAL TEST OR TREATMENT	21%	22%	22%	19%	19%	29%	24%	18%
NOT FILLED A PRESCRIPTION FOR A MEDICINE	18	17	24	9	18	25	22	13
CUT PILLS IN HALF OR SKIPPED DOSES OF MEDICINE	12	14	11	10	13	20	18	7
PUT OFF OR POSTPONED GETTING MENTAL HEALTH CARE	16	17	18	13	14	19	20	15
PUT OFF OR POSTPONED GETTING PHYSICAL HEALTH CARE	25	23	28	20	30	31	37	19
SKIPPED DENTAL CARE OR CHECKUPS	38	38	42	29	43	52	53	29
YES TO ANY	51	51	54	39	55	64	61	44

TABLE B.1.4: PROBLEMS PAYING MEDICAL BILLS

IN THE PAST 12 MONTHS, DID YOU OR ANYONE IN YOUR FAMILY HAVE PROBLEMS PAYING OR AN INABILITY TO PAY ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
% WHO SAID YES	24%	23%	29%	14%	28%	32%	30%	19%

TABLE B.1.5: TROUBLE FINDING A MENTAL HEALTH CARE PROVIDER

HOW EASY OR DIFFICULT WAS IT TO	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+

FIND A MENTAL HEALTH PROVIDER WHO TOOK YOUR INSURANCE? *		Income Level						
		White	Hispanic	Asian	Black	<138%	138%–200%	200%+
VERY EASY	24%	24%	18%	34%	37%	15%	28%	27%
SOMEWHAT EASY	27	24	33	32	-	43	29	19
SOMEWHAT DIFFICULT	26	33	22	11	36	17	20	33
VERY DIFFICULT	23	19	25	23	25	25	24	20
DON'T KNOW / REFUSED	1	-	2	-	-	*	-	1

*Only asked of those with insurance who have tried to make an appointment for mental health care

TABLE B.1.6: COMFORT WITH A FRIEND OR FAMILY MEMBER KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER KNEW ABOUT THIS?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
% WHO SAID YES								
ASTHMA	85%	87%	84%	83%	94%	83%	83%	87%
DEPRESSION	68	70	68	65	68	69	69	66
ALCOHOL OR DRUG USE	58	57	61	54	62	59	55	57

TABLE B.1.6: COMFORT WITH A FRIEND OR FAMILY MEMBER KNOWING ABOUT TREATMENT (CONTINUED).

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER KNEW ABOUT THIS?	Gender		
	Total	Male	Female
% WHO SAID YES			
ASTHMA	85%	84%	86%
DEPRESSION	68	67	69
ALCOHOL OR DRUG USE	58	60	56

TABLE B.1.7: COMFORT WITH A COWORKER OR CLASSMATE KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER KNEW ABOUT THIS?	Race					Self-reported income (% of FPL)		
	Total	White	Hispanic	Asian	Black	<138%	138%–200%	200%+
% WHO SAID YES								
ASTHMA	68%	67%	69%	68%	73%	67%	73%	68%
DEPRESSION	33	30	42	23	39	41	35	26
ALCOHOL OR DRUG USE	22	18	29	16	26	28	22	17

TABLE B.1.7: COMFORT WITH A COWORKER OR CLASSMATE KNOWING ABOUT TREATMENT (CONTINUED).

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A COWORKER OR CLASSMATE KNEW ABOUT THIS? % WHO SAID YES	Gender		
	Total	Male	Female
ASTHMA	68%	66%	70%
DEPRESSION	33	34	33
ALCOHOL OR DRUG USE	22	26	18

B.2 Tables by Region

TABLE B.2.1: IMPORTANCE OF MAKING HEALTH CARE MORE AFFORDABLE

HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON MAKING HEALTH CARE MORE AFFORDABLE IN 2020?	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
EXTREMELY IMPORTANT	45	50	46	41	43	35	46
VERY IMPORTANT	39	36	38	44	35	41	41
SOMEWHAT IMPORTANT	11	12	10	9	11	13	10
NOT IMPORTANT	4	1	2	5	11	6	2
SHOULD NOT BE DONE	1	*	3	-	-	4	1
DON'T KNOW / REFUSED	*	*	1	*	-	-	-

TABLE B.2.2: WORRY ABOUT HEALTH CARE COSTS

HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD _____?	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
% WHO SAID VERY OR SOMEWHAT WORRIED							
YOUR MONTHLY HEALTH INSURANCE PREMIUM*	44%	48%	40%	43%	49%	41%	46%
OUT-OF-POCKET COSTS WHEN USING HEALTH CARE SERVICES	66	66	62	69	74	72	60
PRESCRIPTION DRUG COSTS	50	59	39	61	67	36	46
UNEXPECTED MEDICAL BILLS	69	75	66	79	78	51	65
RENT OR MORTGAGE	54	59	55	48	57	51	50
GASOLINE OR OTHER TRANSPORTATION COSTS	52	60	47	60	56	63	38
MONTHLY UTILITIES LIKE ELECTRICITY OR HEAT	46	50	35	47	61	49	43

*Only asked of those with health insurance

TABLE B.2.3: PROBLEMS AFFORDING CARE BECAUSE OF COST

IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER _____ BECAUSE OF THE COST? % WHO SAID YES	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
SKIPPED A RECOMMENDED MEDICAL TEST OR TREATMENT	21%	19%	20%	24%	20%	26%	21%
NOT FILLED A PRESCRIPTION FOR A MEDICINE	18	19	13	18	32	17	13
CUT PILLS IN HALF OR SKIPPED DOSES OF MEDICINE	12	13	12	9	18	15	9
PUT OFF OR POSTPONED GETTING MENTAL HEALTH CARE	16	17	18	11	18	13	17
PUT OFF OR POSTPONED GETTING PHYSICAL HEALTH CARE	25	26	21	27	31	29	16
SKIPPED DENTAL CARE OR CHECKUPS	38	44	38	42	33	46	30
YES TO ANY	51	53	51	49	56	53	44

TABLE B.2.4: PROBLEMS PAYING MEDICAL BILLS

IN THE PAST 12 MONTHS, DID YOU OR ANYONE IN YOUR FAMILY HAVE PROBLEMS PAYING OR AN INABILITY TO PAY ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE? % WHO SAID YES	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
	24%	25%	16%	31%	32%	35%	18%

TABLE B.2.5: TROUBLE FINDING A MENTAL HEALTH CARE PROVIDER

Total	California Region
-------	-------------------

HOW EASY OR DIFFICULT WAS IT TO FIND A MENTAL HEALTH PROVIDER WHO TOOK YOUR INSURANCE? *	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
VERY EASY	24%	25%	16%	33%	21%	43%	28%
SOMEWHAT EASY	27	31	24	32	19	17	21
SOMEWHAT DIFFICULT	26	31	26	29	27	8	20
VERY DIFFICULT	23	12	34	5	32	33	31
DON'T KNOW / REFUSED	1	*	-	-	-	-	-

*Only asked of those with insurance who have tried to make an appointment for mental health care

TABLE B.2.6: COMFORT WITH A FRIEND OR FAMILY MEMBER KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER KNEW ABOUT THIS?	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
% WHO SAID YES							
ASTHMA	85%	88%	84%	87%	80%	82%	87%
DEPRESSION	68	68	62	61	68	73	70
ALCOHOL OR DRUG USE	58	61	48	64	53	53	63

TABLE B.2.7: COMFORT WITH A COWORKER OR CLASSMATE KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A COWORKER OR CLASSMATE KNEW ABOUT THIS? % WHO SAID YES	California Region						
	Total	LA County	South Coast	Inland Empire	San Joaquin Valley	Sacramento /North Valley	Bay Area
ASTHMA	68%	69%	66%	67%	61%	68%	69%
DEPRESSION	33	34	31	36	39	31	31
ALCOHOL OR DRUG USE	22	25	16	20	23	21	22

B.3. Tables by Insurance Status 18–64

TABLE B.3.1: IMPORTANCE OF MAKING HEALTH CARE MORE AFFORDABLE

HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON MAKING HEALTH CARE MORE AFFORDABLE IN 2020?	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
EXTREMELY IMPORTANT	45	46	41	43	46
VERY IMPORTANT	39	38	43	35	43
SOMEWHAT IMPORTANT	11	12	7	18	9
NOT IMPORTANT	4	3	4	3	3
SHOULD NOT BE DONE	1	1	4	1	-
DON'T KNOW / REFUSED	*	*	-	1	-

TABLE B.3.2: WORRY ABOUT HEALTH CARE COSTS

HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD _____?	Insurance Status (18–64)		Insurance Type (18–64)		
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
% WHO SAID VERY OR SOMEWHAT WORRIED					
YOUR MONTHLY HEALTH INSURANCE PREMIUM*	44%	46%		38%	60%
OUT-OF-POCKET COSTS WHEN USING HEALTH CARE SERVICES	66	65	88	58	77
PRESCRIPTION DRUG COSTS	50	48	70	36	73
UNEXPECTED MEDICAL BILLS	69	67	93	59	76
RENT OR MORTGAGE	54	54	65	50	75
GASOLINE OR OTHER TRANSPORTATION COSTS	52	51	57	42	84
MONTHLY UTILITIES LIKE ELECTRICITY OR HEAT	46	45	47	32	78

*Only asked of those with health insurance.

TABLE B.3.3: PROBLEMS AFFORDING CARE BECAUSE OF COST

IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER _____ BECAUSE OF THE COST? % WHO SAID YES	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
SKIPPED A RECOMMENDED MEDICAL TEST OR TREATMENT	21%	21%	39%	20%	23%
NOT FILLED A PRESCRIPTION FOR A MEDICINE	18	17	31	13	21
CUT PILLS IN HALF OR SKIPPED DOSES OF MEDICINE	12	11	23	8	18
PUT OFF OR POSTPONED GETTING MENTAL HEALTH CARE	16	18	27	17	15
PUT OFF OR POSTPONED GETTING PHYSICAL HEALTH CARE	25	25	48	20	34
SKIPPED DENTAL CARE OR CHECKUPS	38	38	61	28	57
YES TO ANY	51	51	69	42	67

TABLE B.3.4: PROBLEMS PAYING MEDICAL BILLS

IN THE PAST 12 MONTHS, DID YOU OR ANYONE IN YOUR FAMILY HAVE PROBLEMS PAYING OR AN INABILITY TO PAY ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE? % WHO SAID YES	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
	24%	23%	45%	20%	33%

TABLE B.3.5: TROUBLE FINDING A MENTAL HEALTH CARE PROVIDER

HOW EASY OR DIFFICULT WAS IT TO FIND A MENTAL HEALTH PROVIDER WHO TOOK YOUR INSURANCE? *	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
VERY EASY	24%	23%		29%	21%
SOMEWHAT EASY	27	27		27	39
SOMEWHAT DIFFICULT	26	26		25	16
VERY DIFFICULT	23	24		18	23
DON'T KNOW / REFUSED	1	1		-	1

*Only asked of those with insurance who have tried to make an appointment for mental health care

TABLE B.3.6: COMFORT WITH A FRIEND OR FAMILY MEMBER KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A FRIEND OR FAMILY MEMBER KNEW ABOUT THIS? % WHO SAID YES	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
ASTHMA	85%	86%	80%	85%	89%
DEPRESSION	68	65	66	64	71
ALCOHOL OR DRUG USE	58	55	61	55	60

TABLE B.3.7: COMFORT WITH A COWORKER OR CLASSMATE KNOWING ABOUT TREATMENT

IF YOU WERE RECEIVING CARE FOR A CONDITION SUCH AS _____ WOULD YOU FEEL COMFORTABLE IF A COWORKER OR CLASSMATE KNEW ABOUT THIS? % WHO SAID YES	Insurance Status (18–64)			Insurance Type (18–64)	
	Total	Insured	Uninsured	Employer-Sponsored Insurance	Medi-Cal
ASTHMA	68%	68%	70%	66%	69%
DEPRESSION	33	30	40	24	40
ALCOHOL OR DRUG USE	22	17	31	12	27

Endnotes

¹ Liz Hamel et al., *The Health Care Priorities and Experiences of California Residents: Findings from the Kaiser Family Foundation/California Health Care Foundation California Health Policy Survey*, California Health Care Foundation (CHCF), January 2019, www.chcf.org/wp-content/uploads/2019/02/HealthCarePrioritiesExperiencesCaliforniaResidents.pdf (PDF).

² Meghan Henry et al., *The 2019 Annual Homeless Assessment Report (AHAR) to Congress*, US Department of Housing and Urban Development, January 2020, <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf> (PDF).

³ Janey Rountree, Nathan Hess, and Austin Lyke, *Health Conditions Among Unsheltered Adults in the U.S.*, California Policy Lab, October 2019, www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf (PDF). The analysis suggests that unsheltered people (those sleeping in parks, cars, or other outdoor locations) were more likely than those experiencing homelessness but sheltered to report that loss of housing contributed to their mental health conditions and the use of drugs and alcohol. Additionally, the analysis finds that the majority of people experiencing homelessness who are sheltered do not have a high prevalence of mental health problems. Overall, the results from the analysis suggest that when people become unsheltered, mental health and substance use conditions may become more pronounced.

⁴ Janet Coffman, Margaret Fix, and Michelle Ko, *California Physician Supply and Distribution: Headed for a Drought?*, CHCF, June 2018, www.chcf.org/publication/californias-physicians-headed-drought/.

⁵ For ABS respondents who completed the survey by outbound cell phone ($n = 45$), meaning that SSRS matched their household to a cell phone, and telephone interviewers called the respondents on their cell phone, interviewers asked the respondents to confirm that they were not driving or doing anything that required their full attention and to confirm that they were an adult. Since cell phones are treated as individual devices, there was no “within household” selection.

⁶ Projected to be 58.2% in 2019. *National Health Interview Survey Early Release Program*, Centers for Disease Control and Prevention, March 2019, www.cdc.gov/nchs/data/nhis/earlyrelease/Wireless_state_201903.pdf (PDF).