



The 2021 CHCF California Health Policy Survey

JANUARY 2021



AUTHORS

Rebecca Catterson, Lucy Rabinowitz, and Emily Alvarez, NORC at the University of Chicago

Contents

- Contents 1
- About the Authors 2
- About the Foundation..... 2
- About the Survey 2
- Introduction 3
- Section 1. Priorities for California State Government 4
 - Health Care Priorities 7
- Section 2. COVID-19 11
 - Plans for Getting Vaccinated..... 13
 - Trust in COVID-19 Vaccine Information Sources and Contact Tracing Efforts..... 15
 - Stress Related to COVID-19..... 17
- Section 3. Access and Experiences with Health Care..... 21
 - Experiences with Physical Health Care 22
 - Experiences with Mental Health Care..... 23
 - Experiences with Telehealth 24
 - Deferred Care..... 27
- Section 4. Equity 28
- Section 5. Views on Health Care Affordability 32
- Section 6. Perceptions of Homelessness 38
- Section 7. Views on Coverage Expansion..... 41
- Section 8. Data Exchange 49
- Appendix A: Survey Methodology 55
- Appendix B: California Regions 56
- Endnotes 57

About the Authors

Rebecca Catterson, MPH, is a senior research director at NORC at the University of Chicago; Lucy Rabinowitz, MPH, is a principal research analyst at NORC; and Emily Alvarez, MA, is a research scientist at NORC. NORC at the University of Chicago is a nonprofit public opinion research center.

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 lower 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.

For more information, visit www.chcf.org.

About the Survey

The California Health Care Foundation/NORC Health Policy Survey was conducted November 19, 2020, through January 12, 2021, among a random representative sample of 1,541 adults age 18 or older living in California. Interviews were administered in English ($n = 1,512$) and Spanish ($n = 29$). For the purposes of the survey, Spanish speakers ($n = 205$) are defined as those who took the survey in Spanish ($n = 29$) or took the survey in English and reported that they spoke Spanish at home ($n = 176$).

A multistage weighting design was applied to ensure accurate representation of the California adult population. Additional detail on survey methodology is available in Appendix A.

Where comparisons are made by income groups, “people with lower incomes” refers to those with household incomes below 200% of the federal poverty level — \$42,660 for a family of three. “People with higher incomes” refers to those with household incomes at 200% or above the federal poverty level. Results reported as statistically significant were found to be significant at $p < .05$.

Introduction

California is home to a diverse population varying by income, age, region, and racial and ethnic backgrounds. Annually since 2019, the California Health Care Foundation has conducted a survey of residents' views on a variety of health care topics, some of which are tracked over time to detect meaningful differences in public opinion.

This year, the COVID-19 pandemic has changed the lives of Californians in a multitude of ways and has impacted residents' views on priorities for state government in 2021. The disproportionate impact of COVID-19 on communities of color in the state as well as the protests in support of the Black Lives Matter movement during the summer of 2020 cast new light on racial and ethnic health disparities and the importance of achieving equity.

The California Health Care Foundation and NORC at the University of Chicago, a national nonprofit public opinion research organization, conducted a representative statewide survey of California's residents in late 2020 and early 2021 about their views on health care policy and their experiences with COVID-19, as well as the health care system overall. Results from this survey are reported and, where applicable, compared to previous surveys published in 2019 and 2020 to understand emerging trends.¹

Key findings from this year's survey include:

- Making sure state and county public health departments have the resources they need to control the spread of COVID-19 is the number one health care priority for Californians, followed closely by making sure there are enough doctors, nurses, and other health care providers across the state.
- Nearly three in four Californians (71%) say they will get the COVID-19 vaccine once available. Large majorities trust health care providers, federal health agencies, and public health departments to provide them accurate information about the vaccine.
- About half of Californians say that it is harder for Black people (51%) and Latinx people (49%) to get the care they need compared to White people. Of those who believe it is harder, at least three of four think the federal government (86%), health insurance plans (82%), state government (78%), and individual health care providers (75%) are doing too little to address racial and ethnic inequality in the health care system.
- Half of Californians (52%) say they have skipped or delayed health care in the prior 12 months. The primary reasons are related to the COVID-19 pandemic: Either their doctor's office was closed or offering limited appointments, or because people felt unsafe visiting a doctor's office or clinic during the pandemic. Half of Californians (51%) also say they took at least one action to delay, skip, or cut back on care because of cost in the last 12 months. Of those who cut back on care, 41% say the steps they took because of cost made their health condition worse.

- More than three in four Californians (76%) say the state is doing a “fair” or “poor” job in providing health care to people experiencing homelessness, and 71% think it is important that California lawmakers address funding for health care, including mental health care, for them.

Section 1. Priorities for California State Government

When asked to rate public policy priorities for the state’s governor and legislature to work on in 2021, Californians clearly expressed their deep concern about the COVID-19 pandemic. The top priority identified by Californians is addressing the COVID-19 pandemic, with 63% ranking it “extremely important” for California’s governor and lawmakers to work on in 2021. The next-highest priority is also health-related, with half (50%) of Californians rating making health care more affordable as “extremely important.” Concerns about the economy and education were also high priorities for Californians, with 47% rating improving public education as “extremely important” and 45% rating attracting and retaining businesses and jobs as “extremely important.” Housing is another concern of Californians, with 41% rating addressing homelessness as “extremely important” (Figure 1).

Five of these public policy priorities are nearly equally important to Californians when looking at both “very important” and “extremely important” responses. More than 8 in 10 say it is “very” or “extremely” important for the governor and lawmakers to work on attracting businesses and jobs (87%), improving public education (83%), addressing COVID-19 (83%), health care affordability (82%), and addressing homelessness (81%).

Among subgroups, there are strong levels of support for the top priority — addressing COVID-19 — across income levels, and by race and ethnicity. More than 8 in 10 (83%) of Californians with higher incomes (200% or more of the federal poverty level) and 86% of Californians with lower incomes (below 200% of the federal poverty level) rating this as “extremely” or “very” important. Eighty-two percent of White Californians rate addressing COVID-19 as “extremely” or “very important” (56% “extremely”) along with 82% of Latinx Californians (66% “extremely”), 93% of Black Californians (86% “extremely”), and 90% of Asian Californians (76% “extremely”) (Figures 2 and 3).

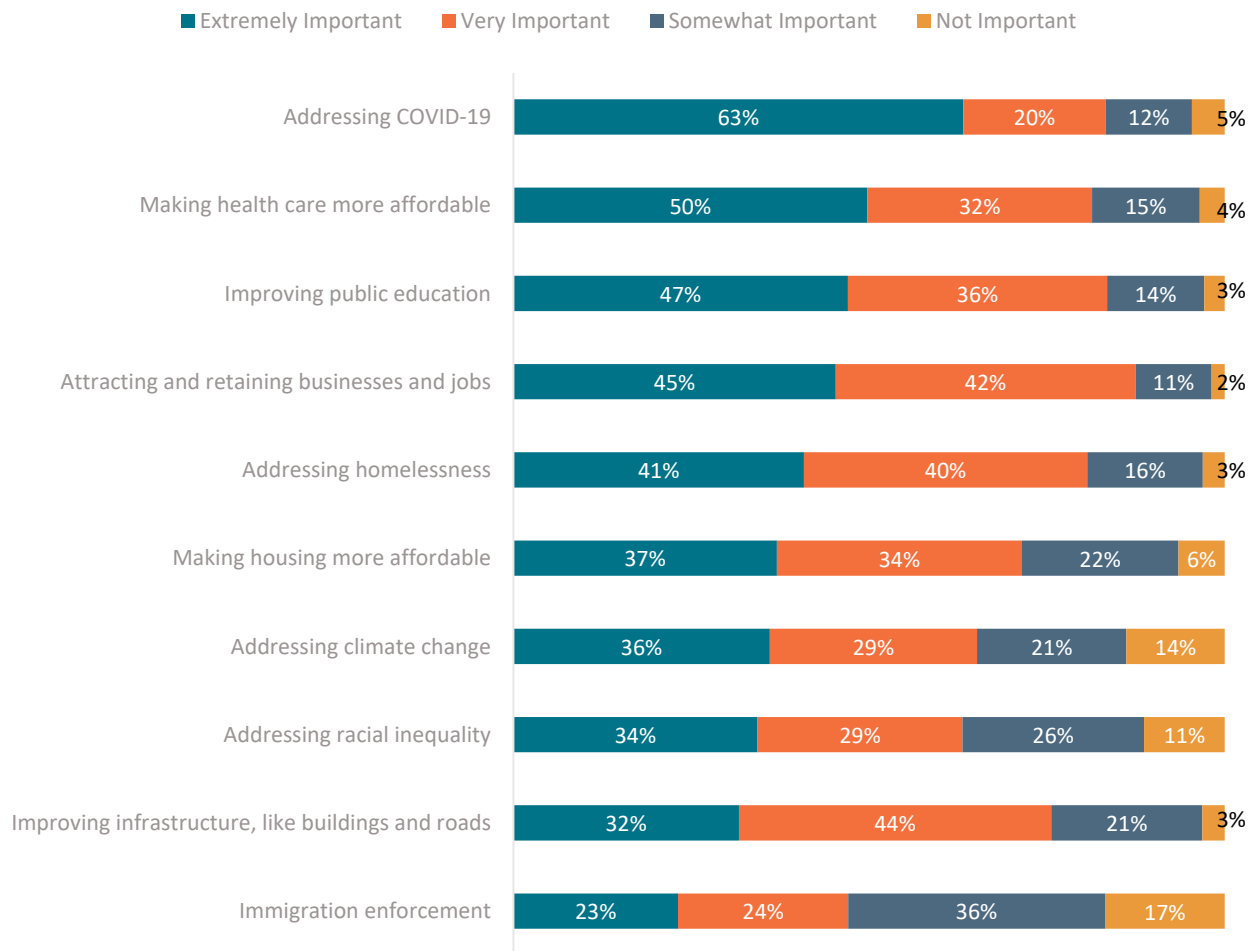
Support for addressing COVID-19 varies by party affiliation. More than 6 in 10 Republicans (63%) rate this as “extremely” or “very important” (36% “extremely”) compared to nearly 83% of Independents (61% “extremely”). Almost all Democrats (96%) rate addressing COVID-19 as “extremely” or “very important” (83% “extremely”) (Figure 4).

Support for making health care more affordable is also high among racial and ethnic groups, and income groups. Three-quarters (75%) of White, 85% of Latinx, and 90% of Asian Californians rate making health care more affordable as “extremely” or “very” important. Almost all Black Californians (96%) rate health care affordability as “extremely” or “very”

important. Nine in 10 Californians (90%) with lower incomes and 79% of Californians with higher incomes rate making health care more affordable as “extremely” or “very” important. Health care affordability as a priority has majority support across party affiliation groups; however, almost two-thirds of Republicans (61%) rate this as “extremely” or “very” important compared to 82% of Independents and 93% of Democrats.

FIGURE 1. COVID-19 and Health Care Affordability Top Californians’ Policy Priorities

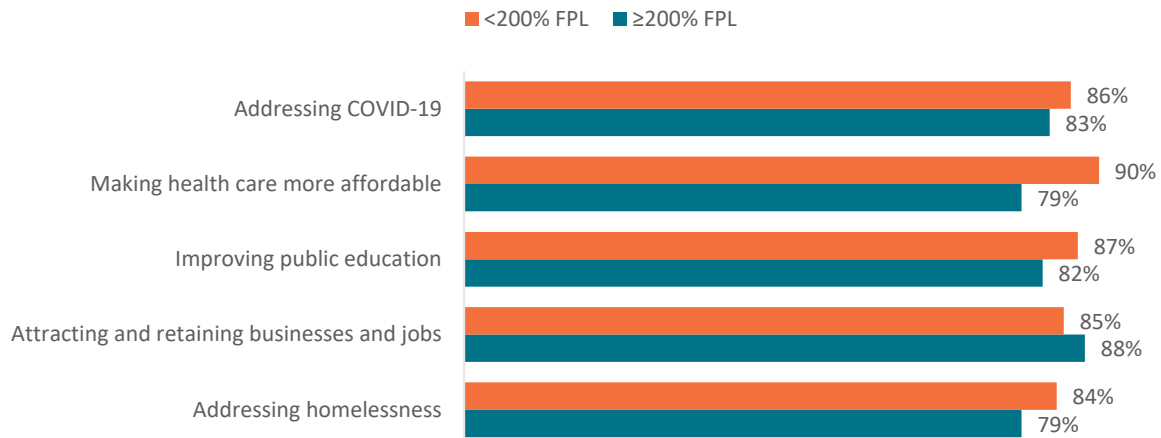
Q: HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 2. Views of What California Lawmakers Should Work on by Income

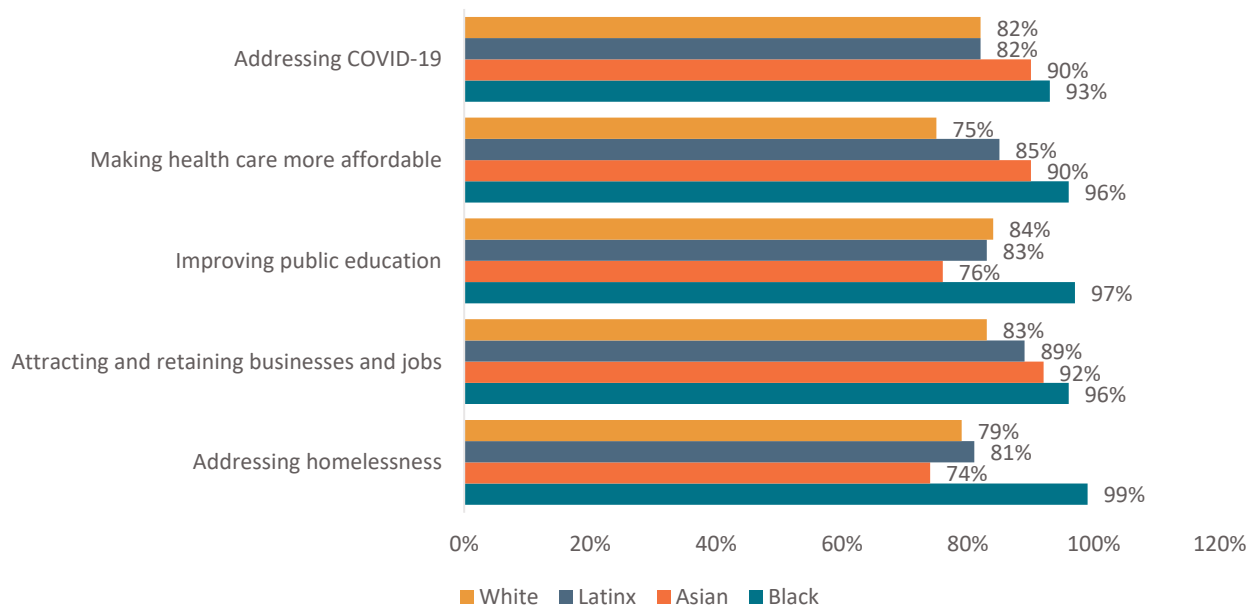
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

FIGURE 3. Views of What California Lawmakers Should Work on Vary by Race/Ethnicity

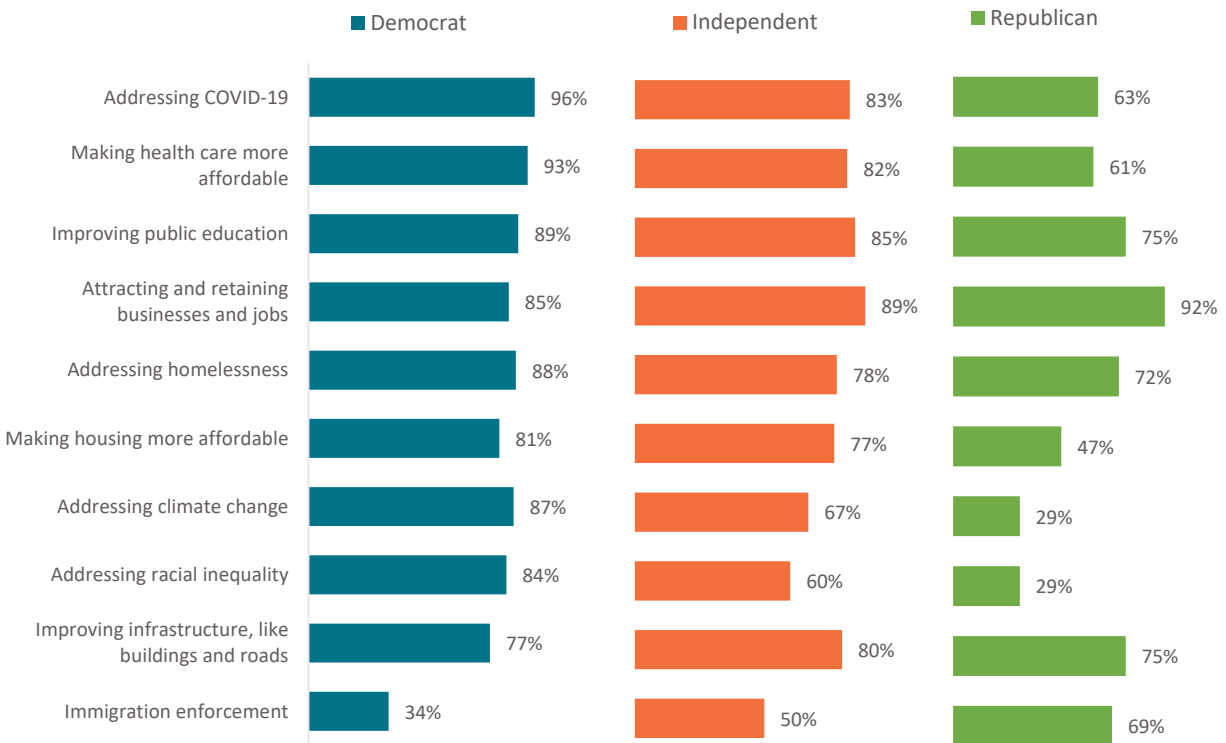
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 4. Views of What California Lawmakers Should Work on Vary by Party

PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Health Care Priorities

In addition to asking about broad policy priorities, the survey also asked about specific health care policy priorities. Addressing COVID-19 is also at the top of Californians’ priorities related to health care. Nearly 6 in 10 Californians (59%) believe that making sure state and county public health departments have the resources they need to control the spread of COVID-19 is “extremely important.” Nearly half (49%) say making sure there are enough doctors, nurses, and other health care providers is “extremely important.” This is a statistically significant increase over last year’s poll when 41% called this priority “extremely important.”²

Close behind were making sure all Californians have access to health insurance coverage (46%) and making sure people with mental health problems can get the treatment they need (45%). More than 4 in 10 (41%) say it is “extremely important” to lower the amount people pay for health care.

When combining the responses of “extremely important” and “very important,” three priorities had similarly high rankings. More than 8 in 10 say it is “extremely important” or “very important” for the governor and lawmakers to work on making sure there are enough doctors, nurses, and other health care providers in California (87%), making sure state and county public health departments have the resources they need to control the spread of COVID-19 (85%), and making sure people with mental health problems can get the treatment they need (83%) (Figure 5).

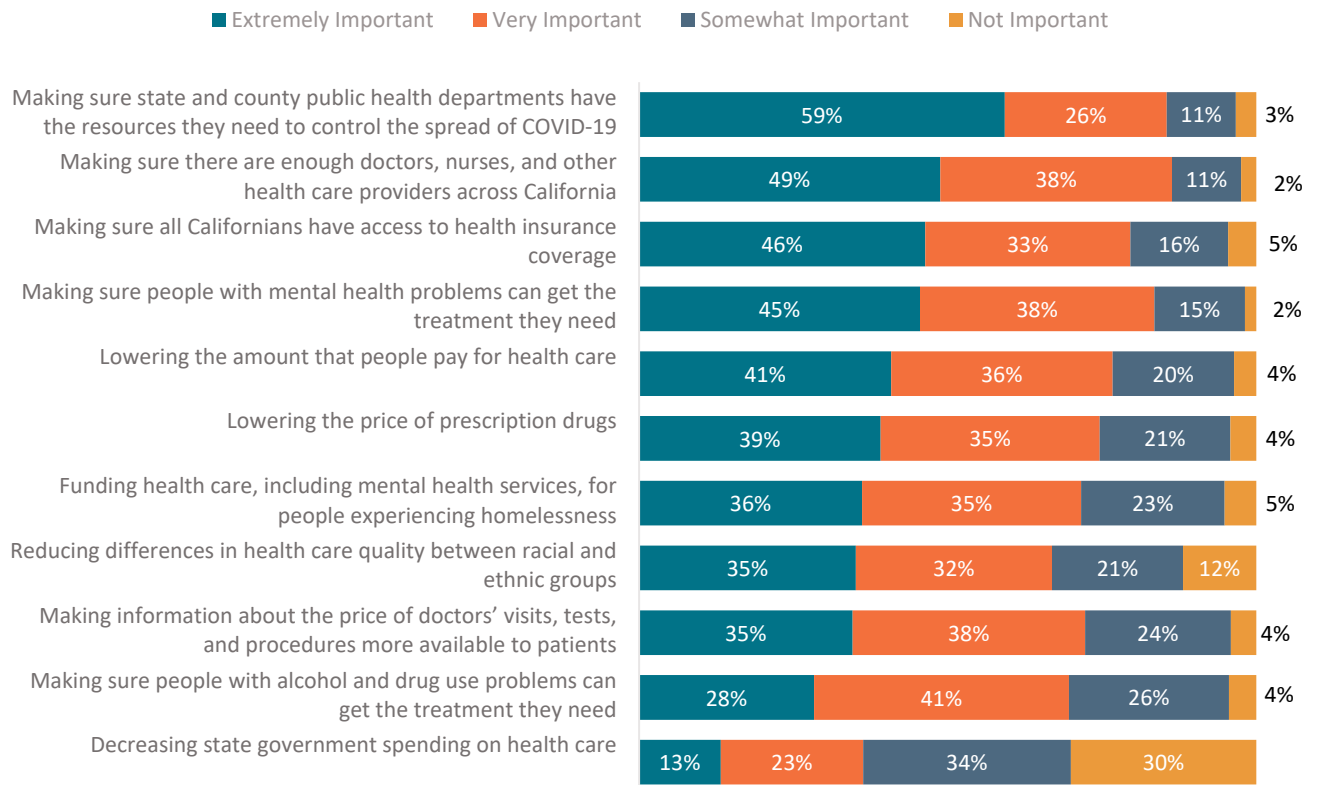
When looking across income and racial and ethnic groups, there are high levels of support (above 80%) for making sure that public health officials have the resources they need to control the spread of COVID-19 (Figures 6 and 7). By contrast, support varies by party identity, with 96% of Democrats saying this is “extremely” or “very important” (75% “extremely”), 83% of Independents (56% “extremely”) and 71% of Republicans saying this (36% “extremely”) (Figure 8). Differences between people from different parties who report this as “extremely important” are statistically significant.

There are also high levels of support across income groups for making sure there are enough doctors, nurses, and other health care providers in California. In addition, more than three-quarters (82%) of White Californians rate this as “extremely” or “very” important (45% “extremely”), while 97% of Black Californians (68% “extremely”), 88% of Asian Californians (49% “extremely”), and 88% (51% “extremely”) of Latinx Californians report this. Over half of Democrats believe this is “extremely important” (56%), while 49% of Independents and 36% of Republicans say the same.

Some differences emerge between income groups, racial and ethnic groups, and across political affiliations related to the importance of making sure all Californians have access to health insurance. Nine in 10 Californians with lower incomes report that making sure all Californians have access to health insurance is “extremely” or “very” important (91%; 56% “extremely”), a statistically significantly greater proportion than the three-quarters of those with higher incomes who say the same (76%; 44% “extremely”) (Figure 6). A statistically significantly greater proportion (98%) of Black Californians say this is “extremely” or “very” important (68% “extremely”) compared to the more than three-quarters of Asian Californians, (85%, 47% “extremely”), 82% (49% “extremely”) of Latinx, and 75% (41% “extremely”) of White Californians who believe the same (Figure 7). More than 9 in 10 Democrats (94%) report that expanding access to health insurance is “extremely” or “very” important (62% “extremely”) compared to 82% of Independents (45% “extremely”) and 56% of Republicans (19% “extremely”). Differences between people of different parties who report this as “extremely important” are all statistically significant (Figure 8).

FIGURE 5. COVID-19 and Health Care Access Top Californians’ List of Health Care Priorities

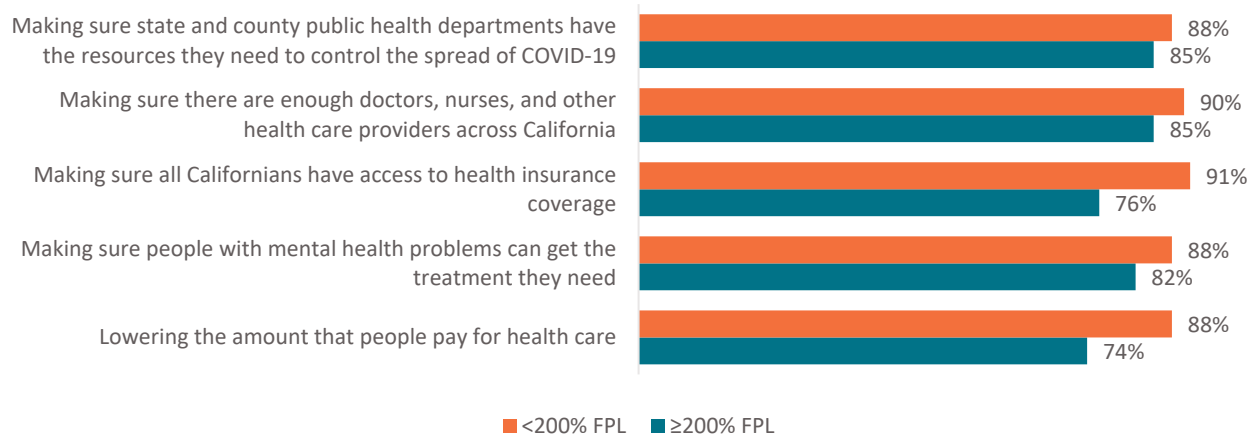
Q: HOW IMPORTANT DO YOU THINK IT IS FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 6. Views on Health Care Affordability and Coverage Vary by Income

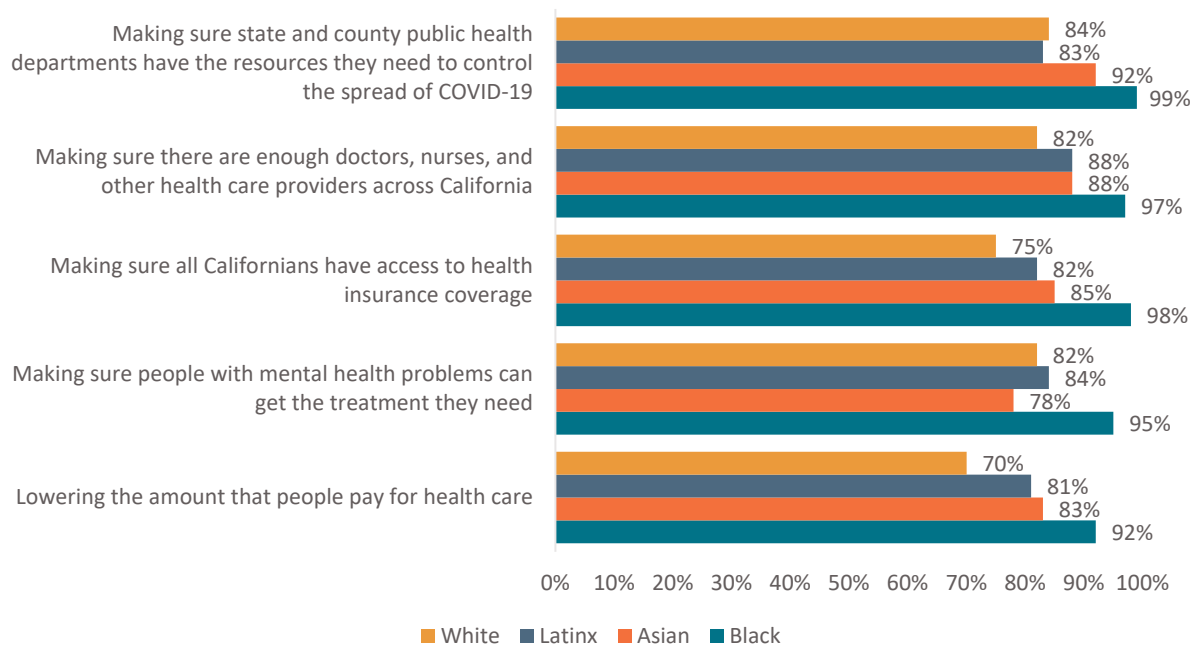
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

FIGURE 7. Ranking of Californians’ Health Care Priorities Varies by Race/Ethnicity

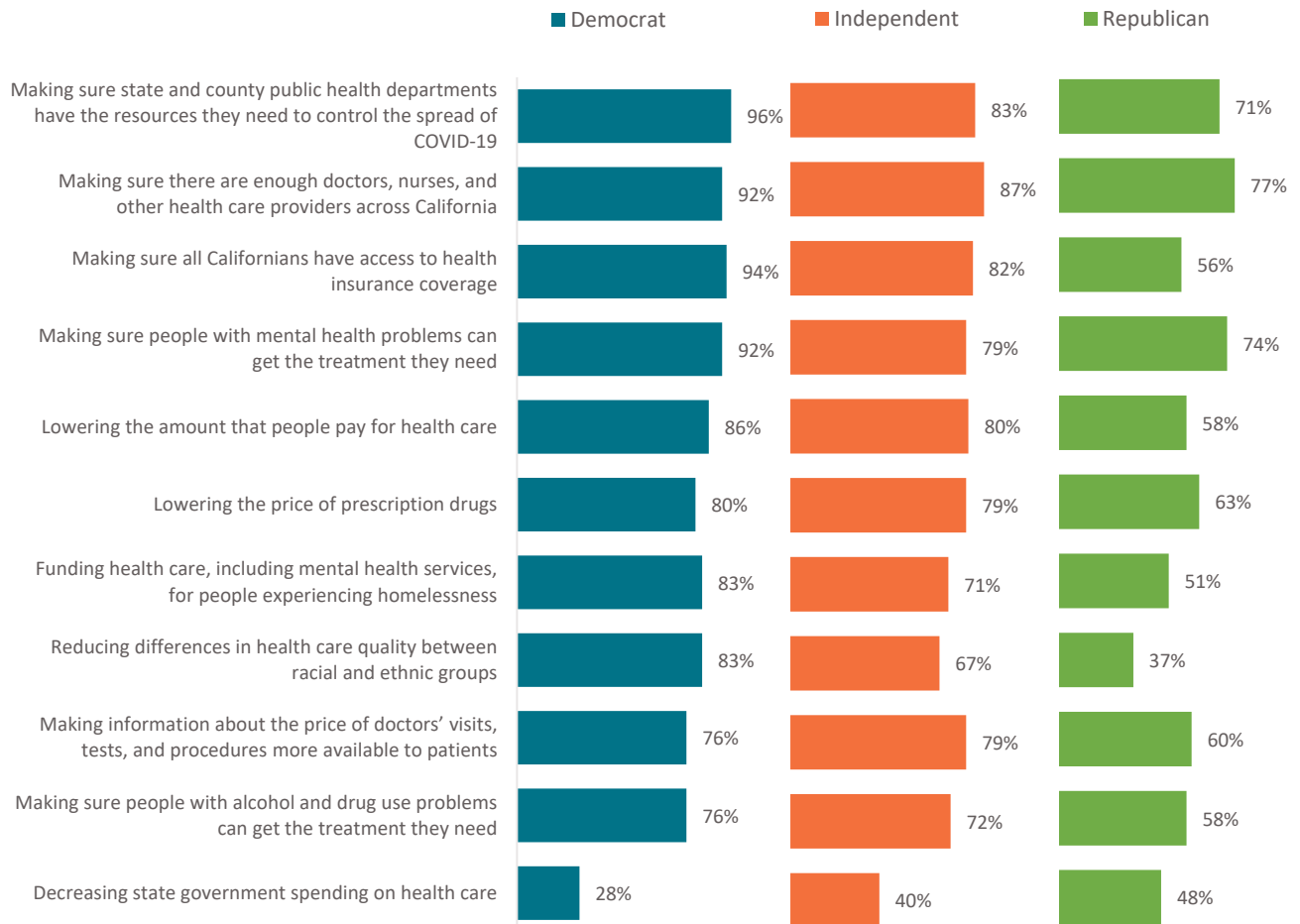
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 8. Ranking of Californians’ Health Care Priorities Varies by Party

PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2021



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Section 2. COVID-19

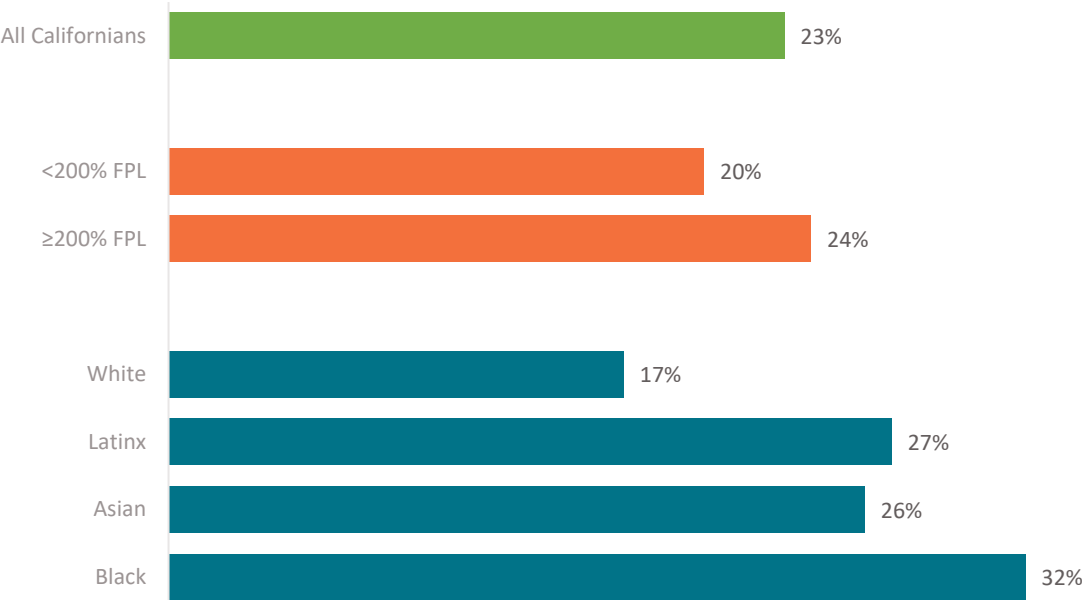
Almost one in four Californians (23%) say they know someone who has died of COVID-19 (Figure 9). This is an increase from a September 2020 CHCF/Ipsos poll, when nearly one in five Californians (19%) said they knew someone who had died of COVID-19.³

Black (32%) and Latinx (27%) Californians are all statistically significantly more likely than White people in the state (17%) to know someone who has died. One-quarter of Asian Californians (26%) also report this. There are no statistically significant differences by income (Figure 9).

Four in 10 Californians say they have been tested for COVID-19. Black Californians have the highest testing rate, with 56% saying they have been tested followed by people who are Latinx (44%), Asian (42%), and White (36%). Los Angeles County has the highest regional testing rate, with nearly half of the population there (48%) reporting being tested, a statistically significantly higher rate than the Sacramento and Inland Empire regions. There are no statistically significant differences by income (Figure 10).

FIGURE 9. Nearly One in Four Californians Know Someone Who Has Died of COVID-19

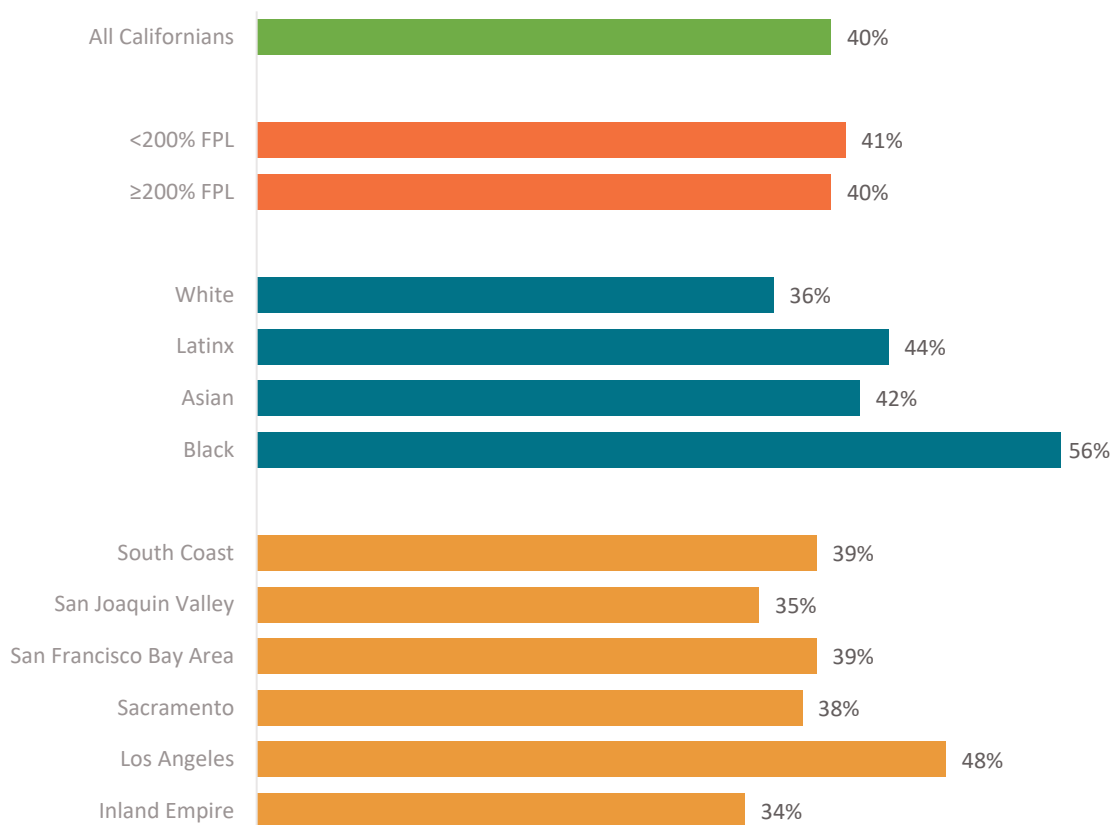
PERCENTAGE WHO SAY THEY PERSONALLY KNOW SOMEONE WHO DIED OF COVID-19



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

FIGURE 10. Four in 10 Californians Have Been Tested for COVID-19

PERCENTAGE WHO SAY YES, THEY HAVE BEEN TESTED FOR COVID-19



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Plans for Getting Vaccinated

Seventy-one percent of Californians say they will “definitely” or “probably” be vaccinated once a vaccine is available to them. Thirteen percent say they will “probably not” be vaccinated, and 16% say they will “definitely not” get the vaccine (Figure 11). (The California Health Care Foundation/NORC California Health Policy Survey began fielding in mid-November, before the US Food and Drug Administration issued Emergency Use Authorizations for both the Pfizer and Moderna vaccines.)

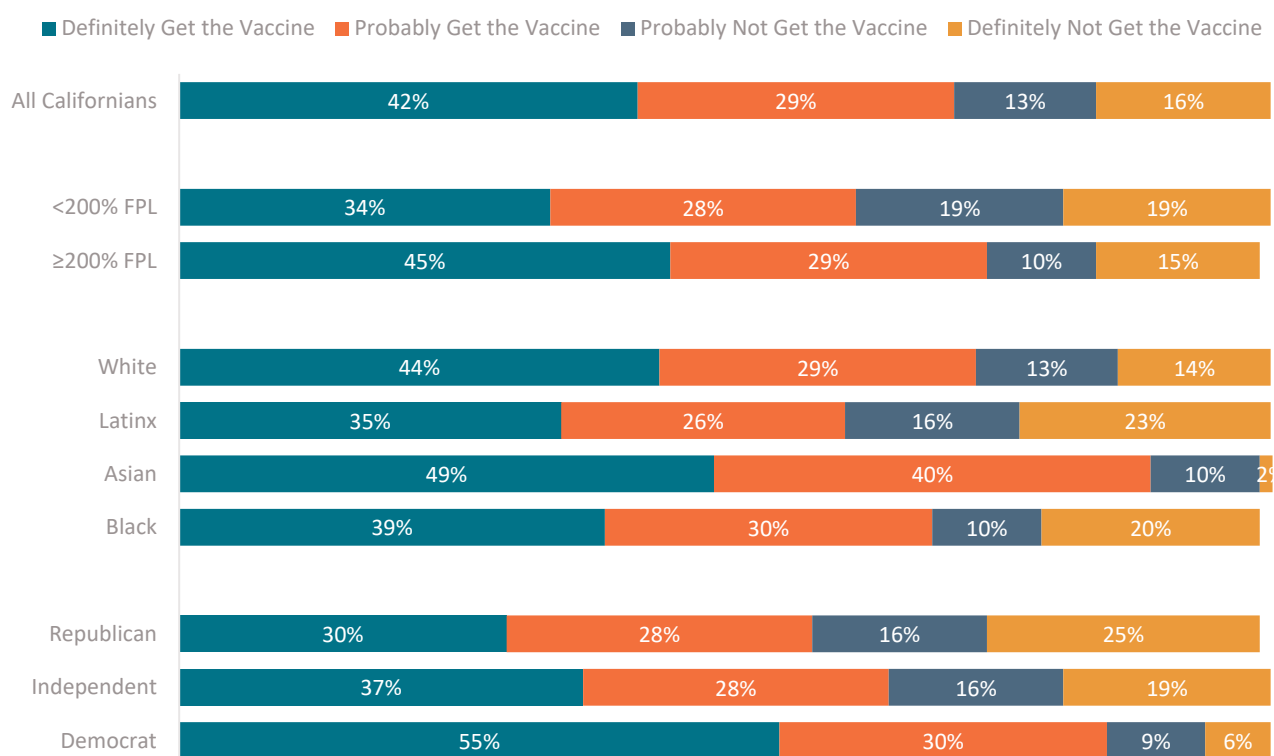
Californians with lower incomes are less likely than those with higher incomes (62% compared to 74%) to report that they will “definitely” or “probably” get the vaccine. Californians with lower incomes are statistically significantly less likely to report that they will definitely get the vaccine compared to those with higher incomes (34% compared to 45%) (Figure 11).

Nearly 9 in 10 Asian Californians (89%) say they definitely or probably will get the vaccine, a statistically significantly greater proportion than the 69% of Black Californians, the 73% of White, and 61% of Latinx Californians who say the same (Figure 11).

Democrats (55%) are much more likely than Republicans (30%) and Independents (37%) to be certain they will get the vaccine (Figure 11).

FIGURE 11. Most Californians Are Likely to Get a COVID-19 Vaccine

Q: IF THE STATE OF CALIFORNIA DETERMINES THAT A SAFE AND EFFECTIVE VACCINE IS AVAILABLE TO PREVENT COVID-19 TODAY, WOULD YOU . . .

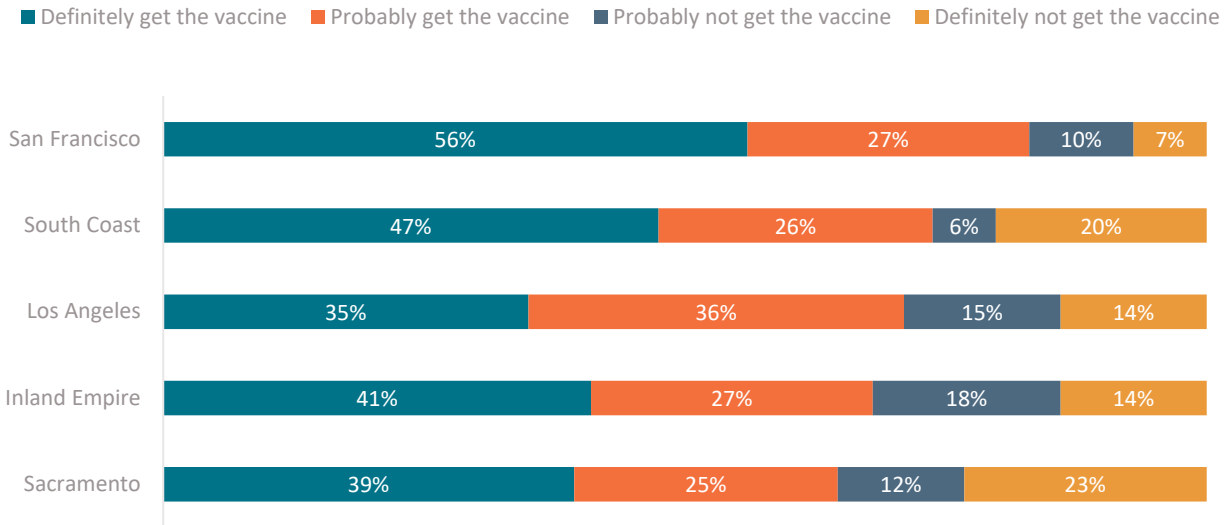


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

When looking by region, people who live in the San Francisco Bay Area are most likely to get the vaccine. More than 8 in 10 (83%) say they will “definitely” or “probably” be vaccinated compared to the South Coast (73%), Los Angeles (71%), Inland Empire (68%), and the Sacramento region (64%) (Figure 12; see Appendix B for regional details).

FIGURE 12. Californians Likely to Get a COVID-19 Vaccine by Region

Q: IF THE STATE OF CALIFORNIA DETERMINES THAT A SAFE AND EFFECTIVE VACCINE IS AVAILABLE TO PREVENT COVID-19 TODAY, WOULD YOU . . .



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

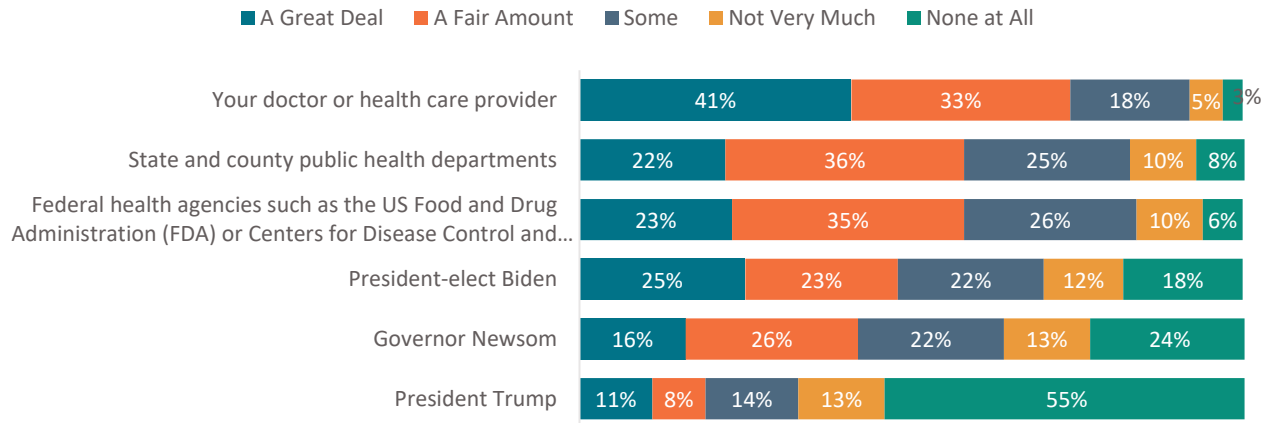
Trust in COVID-19 Vaccine Information Sources and Contact Tracing Efforts

For accurate information about a COVID-19 vaccine, Californians express more trust in health care providers, and in public health agencies and departments, than they do in politicians. Nearly three-quarters of Californians (74%) trust their doctor or health care provider “a great deal” or “a fair amount” for such information. Nearly 6 in 10 Californians (58%) trust federal health agencies, and state and county public health departments. Less than half trust President-elect Biden (48%), Governor Newsom (42%), or President Trump (19%) for accurate information regarding the vaccine (Figure 13). (The survey was conducted while Donald Trump was president, and Joseph Biden was president-elect.)

Democrats (82%), Independents (69%), and Republicans (67%) all express the most trust in their doctor or health care provider; however, the proportion of Democrats who report this is statistically significantly higher than the other groups. For Democrats, President-elect Biden (77%) and state and county public health departments (73%) are the next most trusted sources. For Independents, it's state and county public health departments (57%) and federal health agencies (56%). For Republicans, trust in doctors and health care providers is followed by trust in President Trump (49%) and federal health agencies (44%) as sources for vaccine information (Figure 14).

FIGURE 13. For Accurate Information About the COVID-19 Vaccine, Californians Trust in Their Doctor or Health Care Provider Above Others

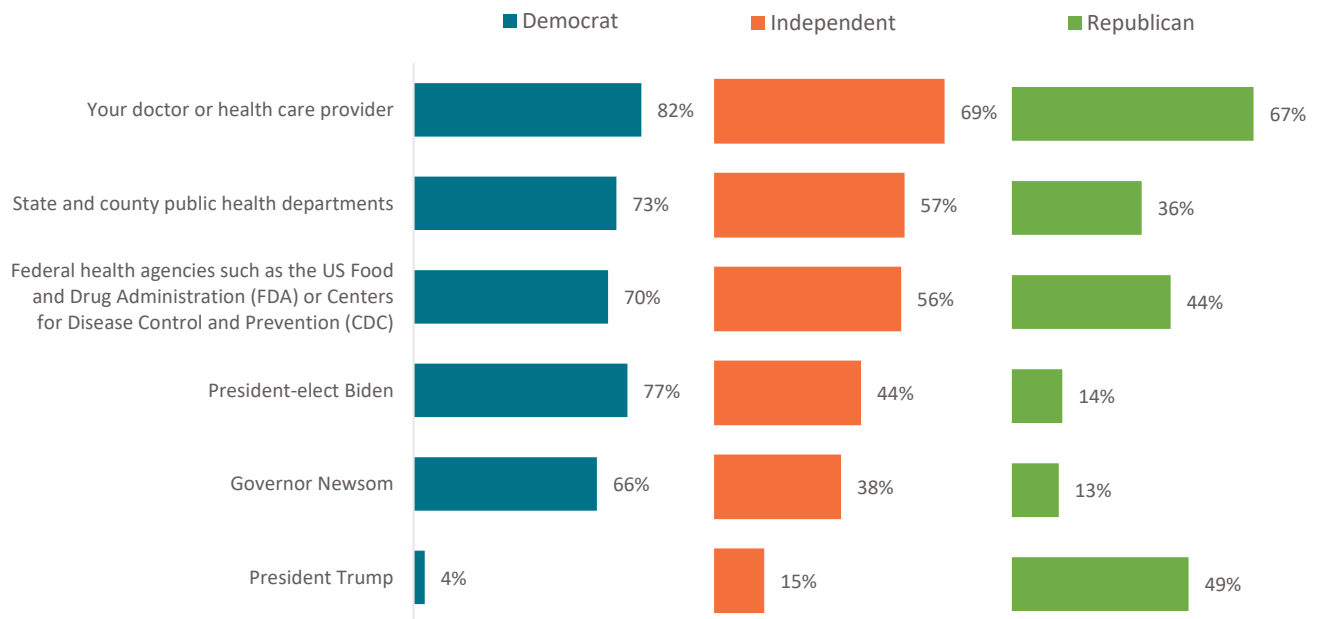
Q: HOW MUCH TRUST DO YOU HAVE IN EACH OF THE FOLLOWING TO PROVIDE YOU WITH ACCURATE INFORMATION ABOUT A VACCINE FOR COVID-19?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 14. Trust in Sources for COVID-19 Vaccine Information Varies by Party

PERCENTAGE WHO SAY THEY TRUST EACH SOURCE A GREAT DEAL OR A FAIR AMOUNT

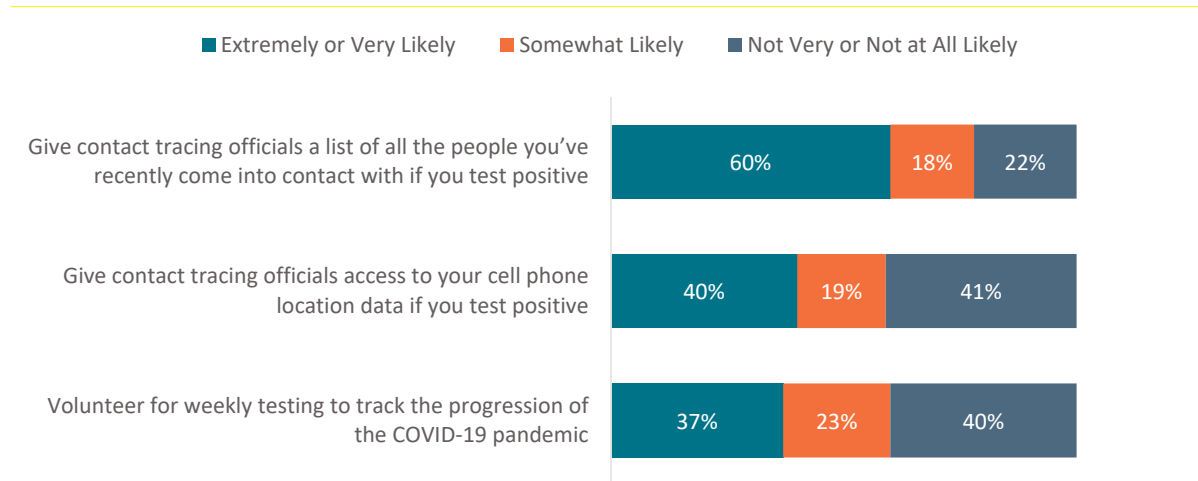


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

If they test positive for the coronavirus, 6 in 10 Californians (60%) would be “extremely” or “very” likely to provide a list of recent contacts they've had for contact tracing activities. Fewer say they would be willing to give officials access to their cell phone location data in the event they test positive (40%) or volunteer for weekly testing to track the progression of the pandemic (37%) (Figure 15).

FIGURE 15. Californians Divided Over Different Approaches to Contact Tracing

Q: AS A PART OF A CONTACT TRACING SYSTEM LED BY HEALTH OFFICIALS IN YOUR LOCAL AREA, HOW LIKELY WOULD YOU BE TO DO THE FOLLOWING?



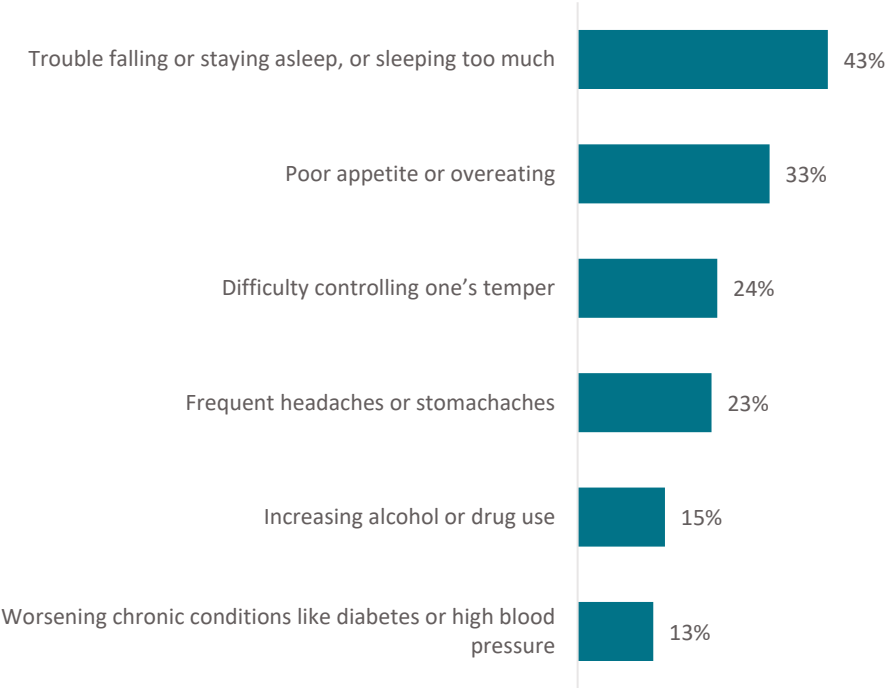
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Stress Related to COVID-19

The stress of the COVID-19 pandemic has had a clear impact on the health and well-being of Californians. More than half (54%) say they or someone in their household has been negatively impacted in at least one way by the worry or stress caused by the pandemic during the past three months. Most commonly, the pandemic has interrupted sleep patterns (43%) or affected eating habits (33%). Other effects reported include difficulty controlling one’s temper (24%), frequent headaches or stomachaches (23%), increased drug or alcohol use (15%), or worsening of chronic health conditions (13%) (Figure 16).

FIGURE 16. Many Californians Say They Are Experiencing Symptoms Related to Worry or Stress Due to the Pandemic

Q: HAS WORRY OR STRESS RELATED TO THE COVID-19 OUTBREAK CAUSED YOU OR SOMEONE IN YOUR HOUSEHOLD TO EXPERIENCE THE FOLLOWING IN THE PAST 3 MONTHS? (PERCENTAGE SAYING YES)



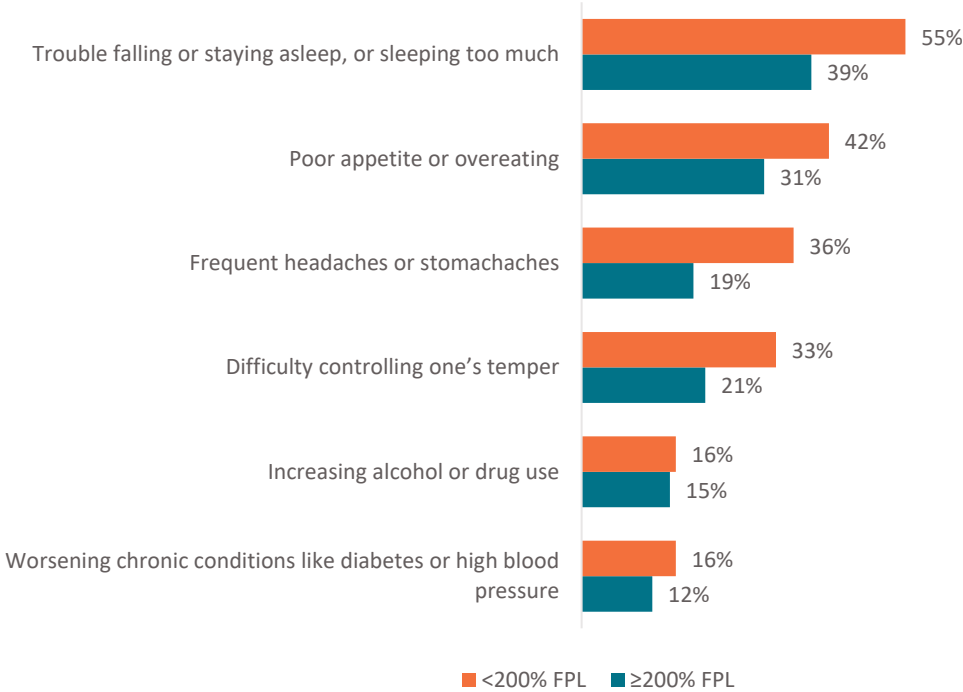
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Californians with lower incomes are more likely than those with higher incomes to report experiencing the following negative health effects due so stress or worry caused by the pandemic: sleep trouble (55% compared to 39% of those with higher incomes), changes in eating habits (42% compared to 31% of those with higher incomes), difficulty controlling one's temper (33% compared to 21% of those with higher incomes), and frequent headaches or stomachaches (36% compared to 19% of those with higher incomes) (Figure 17).

Fewer White Californians (37%) say they or someone in their household has had sleep trouble compared to 50% of Latinx, 48% of Asian, and 48% of Black Californians (Figure 18).

FIGURE 17. Californians with Lower Incomes More Likely to Experience Some Symptoms of Stress and Worry Related to the COVID-19 Pandemic Than Those with Higher Incomes

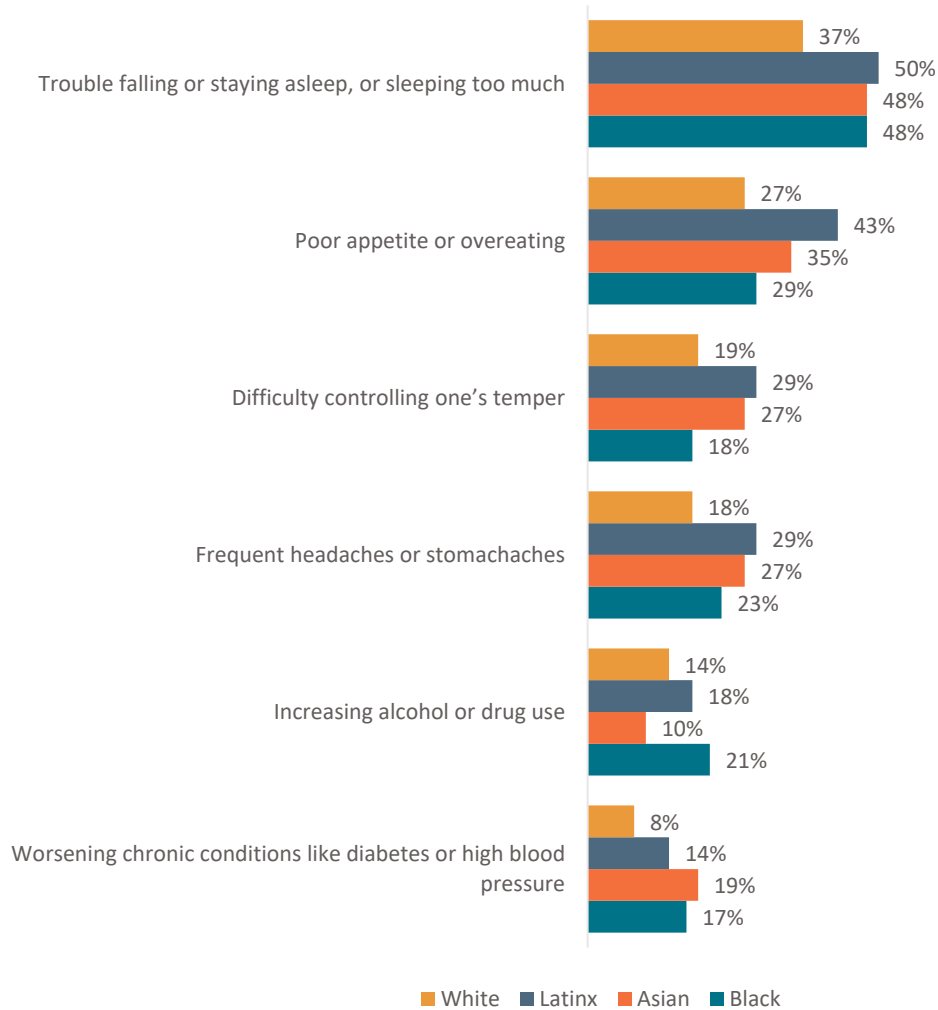
Q: HAS WORRY OR STRESS RELATED TO THE COVID-19 OUTBREAK CAUSED YOU OR SOMEONE IN YOUR HOUSEHOLD TO EXPERIENCE THE FOLLOWING IN THE PAST 3 MONTHS?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

FIGURE 18. Black, Asian, and Latinx Californians Are More Likely Than White Californians to Experience Some Symptoms of Stress and Worry Related to the COVID-19 Pandemic

Q: HAS WORRY OR STRESS RELATED TO THE COVID-19 OUTBREAK CAUSED YOU OR SOMEONE IN YOUR HOUSEHOLD TO EXPERIENCE THE FOLLOWING IN THE PAST 3 MONTHS?



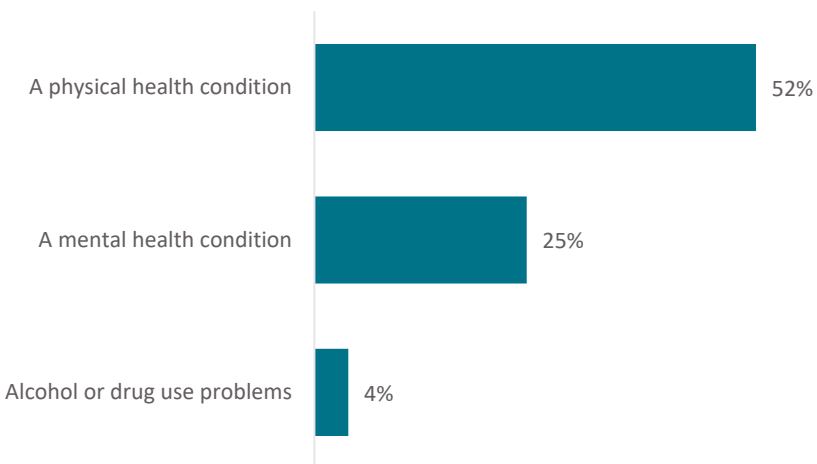
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Section 3. Access and Experiences with Health Care

Half of Californians (52%) report that they or a family member received treatment for a physical health condition in the past 12 months. Similar to the last two years' polls, one-quarter (25%) of Californians report that they or a family member received treatment for a mental health condition (no statistically significant change). But the rate of Californians who say they or a family member received treatment for an alcohol or drug use problem is about half that of the prior survey — 4% compared to 7% (a statistically significant decrease from the 2020 survey)⁴ (Figure 19).

FIGURE 19. 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 . . .

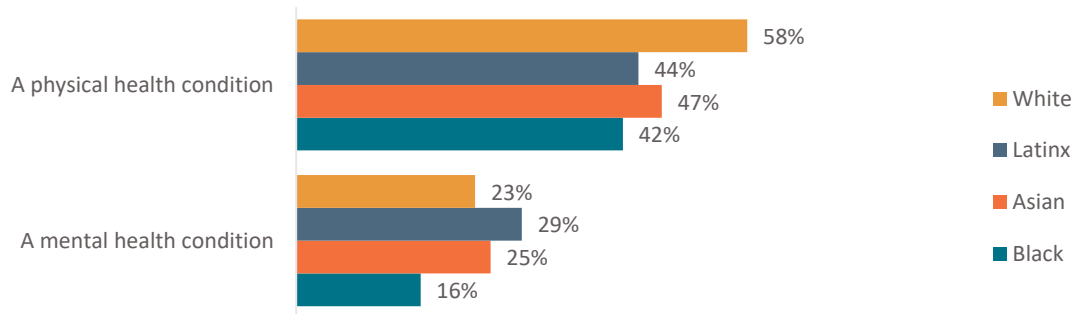


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

While there are no sizable differences in treatment levels across income groups, regions, and party affiliations, there are differences across racial and ethnic groups. White Californians were statistically significantly more likely to report receiving care than Black and Latinx Californians. More than half of White Californians (58%) report that they received care for a physical health problem followed by 47% of Asian, 44% of Latinx, and 42% of Black Californians. Almost 3 in 10 Latinx Californians (29%) say they or a family member received care for a mental health condition, followed by 25% of Asian, 23% of White, and 16% of Black Californians (Figure 20). Due to the small percentage of people who report receiving care for alcohol or drug use problems, comparisons between groups cannot be made.

FIGURE 20. Percentage Who Received Treatment by Race and Ethnicity

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



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Experiences with Physical Health Care

Californians were asked about their experiences with seeking medical care, defined as seeking care for any physical health problems. Nearly 7 in 10 Californians (68%) say they tried to make an appointment for physical care in the past 12 months. Of those who had tried to make an appointment, 44% report they had to wait longer than they thought was reasonable to get that appointment. Concerns about wait times vary by income and racial and ethnic groups, with 59% of Californians with lower incomes who tried to make an appointment reporting that they had to wait longer than was reasonable compared to 40% of those with higher incomes (Figure 21). Differences between income groups were statistically significant.

FIGURE 21. More than 4 in 10 Californians Say They Had to Wait Longer Than Was Reasonable for a Medical Appointment; Higher Rate for Those with Lower Incomes

PERCENTAGE OF CALIFORNIANS WHO TRIED TO MAKE AN APPOINTMENT WHO SAY THEY HAD TO WAIT LONGER THAN THEY THOUGHT WAS REASONABLE FOR MEDICAL CARE

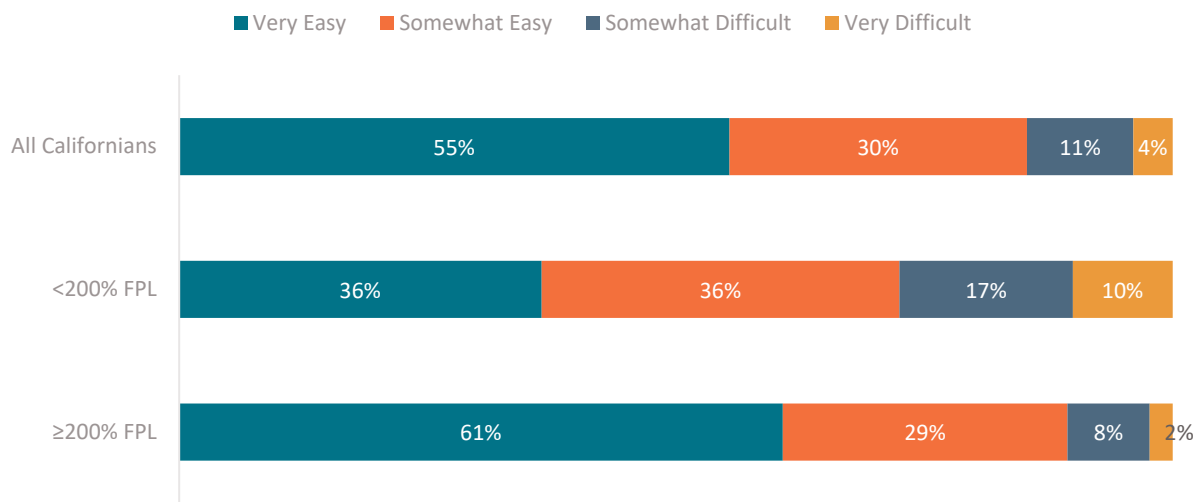


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 68% of respondents who tried to make an appointment for medical care in the past 12 months. *FPL* is federal poverty level.

Among those who tried to make a medical appointment in the past 12 months, the majority (85%) say that it was “very” or “somewhat” easy to find a medical provider who took their insurance. Yet more than one in four Californians (27%) with lower incomes report that it was “somewhat” or “very” difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (Figure 22). Differences between income groups were statistically significant.

FIGURE 22. More Than One in Four Californians with Lower Incomes Report Difficulty Finding a Provider Who Takes Their Insurance

Q: HOW EASY OR DIFFICULT WAS IT TO FIND A MEDICAL CARE PROVIDER WHO TOOK YOUR INSURANCE?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 68% of respondents who tried to make an appointment for medical care in the past 12 months.

Experiences with Mental Health Care

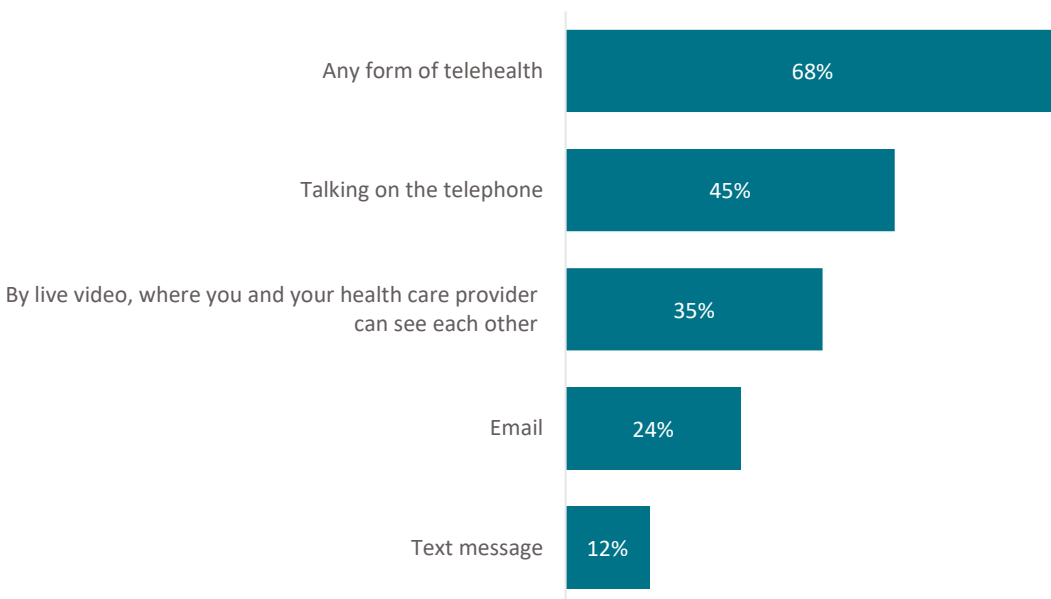
Nearly one in five Californians (19%) say that they tried to make an appointment with a mental health provider in the past 12 months. Of those people, 45% say they had to wait longer than was reasonable to get an appointment. Of those who tried to make an appointment with a mental health provider, over half (57%) believe that it was “very” or “somewhat” easy to find a provider who took their insurance. The total number of people trying to make an appointment for mental health care was too small to report differences between subgroups.

Experiences with Telehealth

Telehealth refers to care delivered in a variety of electronic platforms — through a live video connection (where the patient and health care provider can see each other) or by telephone, email, or text message. More than two-thirds of Californians (68%) report receiving care via telehealth in the past 12 months. The most common telehealth platform is telephone, with 45% of Californians saying they spoke on the phone with providers, followed by live video (35%) and email (24%). Twelve percent report receiving care via text message (Figure 23).

FIGURE 23. Nearly 7 in 10 Californians Received Care via Telehealth in the Past 12 Months

Q: IN THE PAST 12 MONTHS, HAVE YOU RECEIVED ANY CARE USING ANY OF THE FOLLOWING . . .

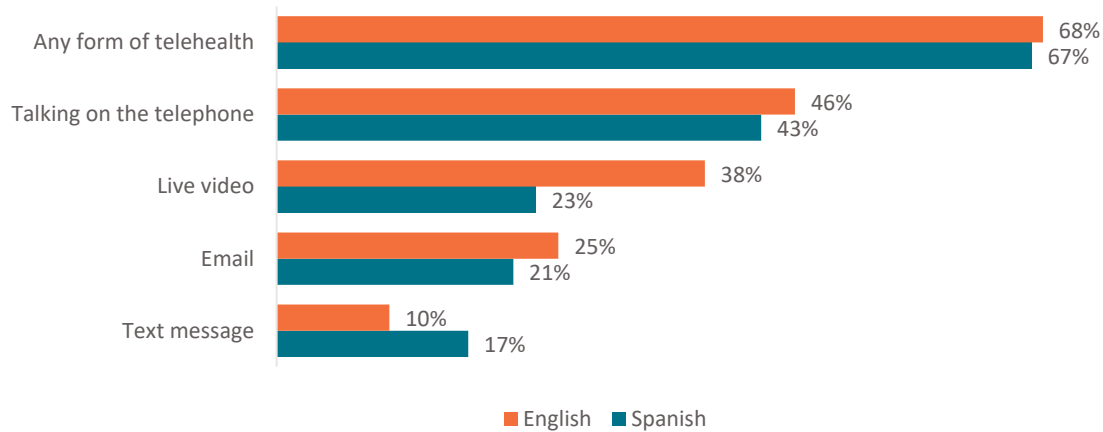


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Some differences emerge between language, and racial and ethnic groups, in the different telehealth platforms. A statistically significantly greater proportion of people who speak English (38%) report receiving care via live video than those who speak Spanish (23%) (Figure 24). About 4 in 10 (41%) of Asian Californians report receiving care by live video along with 39% of White, 37% of Black, and 27% of Latinx Californians (Figure 25).

FIGURE 24. Californians Who Speak English Are More Likely to Have Received Care via Some Modes of Telehealth Compared to Californians Who Speak Spanish

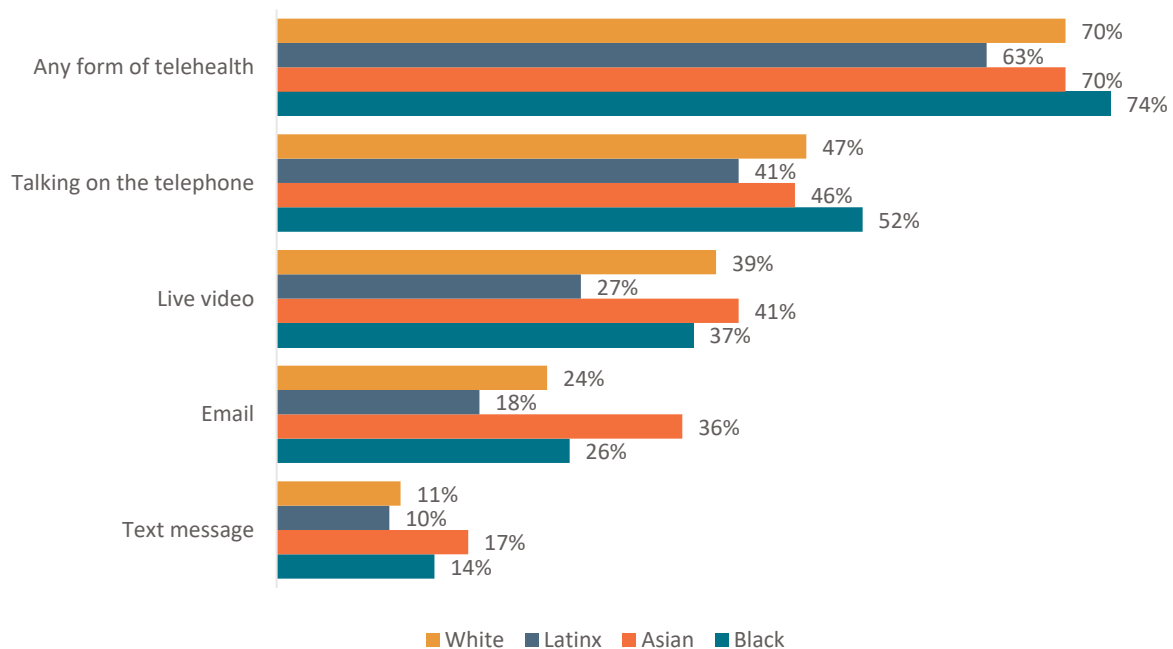
Q: IN THE PAST 12 MONTHS, HAVE YOU RECEIVED ANY CARE USING ANY OF THE FOLLOWING . . .



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 25. Californians’ Use of Telehealth Platforms Varies by Race/Ethnicity

Q: IN THE PAST 12 MONTHS, HAVE YOU RECEIVED ANY CARE USING ANY OF THE FOLLOWING . . .

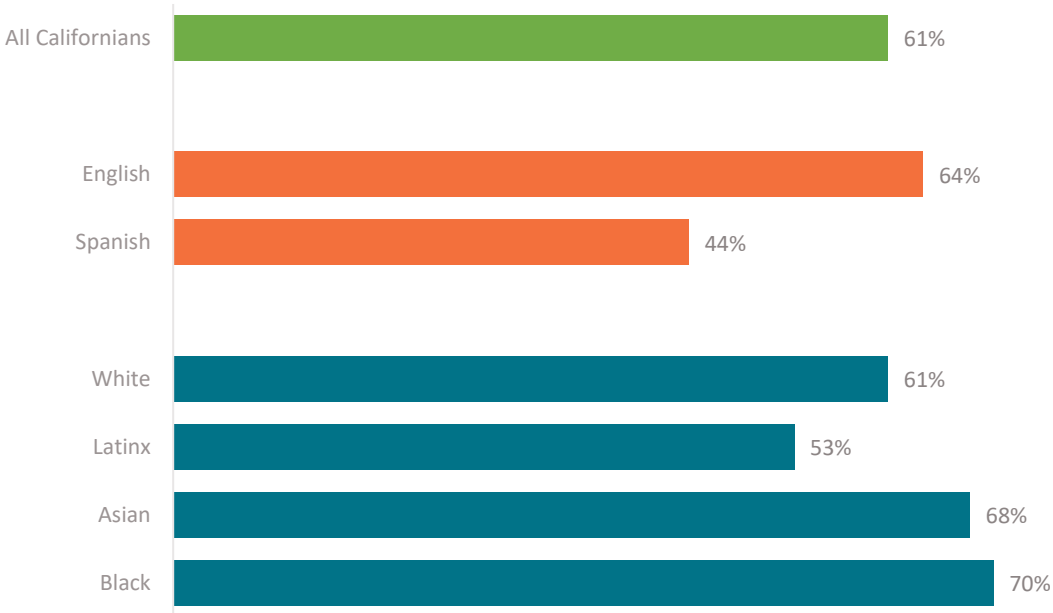


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Interest in telehealth as an option for receiving care is strong. More than 6 in 10 Californians (61%) say they “strongly” or “somewhat” agree with the statement, “In the future, whenever possible, I would always like the option for phone or video visits.” One in five (21%) neither agree nor disagree with the statement. Agreement with this statement is similar across income groups but varies among language, and racial and ethnic groups (Figure 26). People who speak English are statistically significantly more likely (64%) to agree that they would like the option for phone or video visits, compared to 44% of Spanish-speaking Californians. Seven in 10 Black Californians (70%) agree with this, compared to 68% of Asian Californians, 61% of White Californians, and 53% of Latinx Californians. There is less agreement among Californians with the statement “In the future, whenever possible, I would likely choose a phone or video visit over an in-person visit,” with 42% agreeing and another 26% neither agreeing nor disagreeing. This is consistent across language, racial and ethnic, and income groups.

FIGURE 26. Black and Asian Californians Most Interested in Future Use of Telehealth

PERCENTAGE WHO STRONGLY OR SOMEWHAT AGREE WITH THE FOLLOWING STATEMENT: IN THE FUTURE, WHENEVER POSSIBLE, I WOULD ALWAYS LIKE THE OPTION FOR PHONE OR VIDEO VISITS



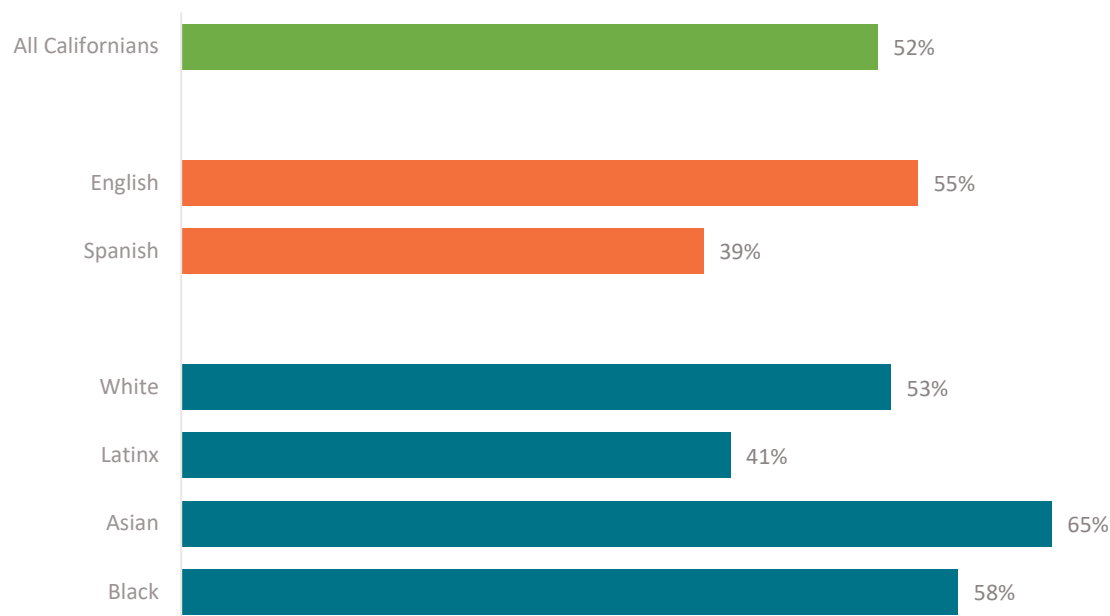
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Deferred Care

Just over half of Californians (52%) report that they or a familiar member skipped or postponed health care in the last 12 months. This is consistent across income groups. However, there are some statistically significant differences between language groups — 55% of Californians who speak English report postponing care compared to 39% of those who speak Spanish. Two-thirds of Asian Californians (65%) report deferring care, the highest rate of any racial or ethnic group. Fifty-eight percent of Black Californians, 53% of White Californians, and 41% of Latinx Californians report skipping or postponing care (Figure 27).

FIGURE 27. Half of Californians Overall Report Postponing or Skipping Care; Asian and Black Californians Most Likely to Have Done So

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER IN THEIR HOUSEHOLD HAVE SKIPPED OR POSTPONED ANY TYPE OF MEDICAL OR DENTAL CARE FOR ANY REASON IN THE PAST 12 MONTHS



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 52% of respondents who say that they or a family member in their household skipped or postponed any type of medical or dental care for any reason in the past 12 months.

Of those who report delaying care, the most frequent reasons were related to the COVID-19 pandemic — the doctor’s office or facility was closed or offering limited appointments due to COVID-19 (65%), followed by they or their family member felt unsafe visiting a doctor’s office or medical facility during the COVID-19 outbreak (62%). Forty percent of those who report delaying care say the reason was that they or their family member were unable to afford or

were concerned about the cost of care; however, when asked if they had skipped specific types of care due to cost, those who had taken such actions grew to 51% of Californians (see more about [Affordability](#) below). Nineteen percent say the reason was that they or their family member could not miss work.

One-third of Californians (33%) who report delaying care say their condition got worse as a result — 17% of all Californians in the survey. More than half of Californians (55%) who report delaying care for any reason believe they will get this care in the next year. One in five (21%) say they will get the care but are not sure when, and 15% report that they already received the care they skipped or postponed.

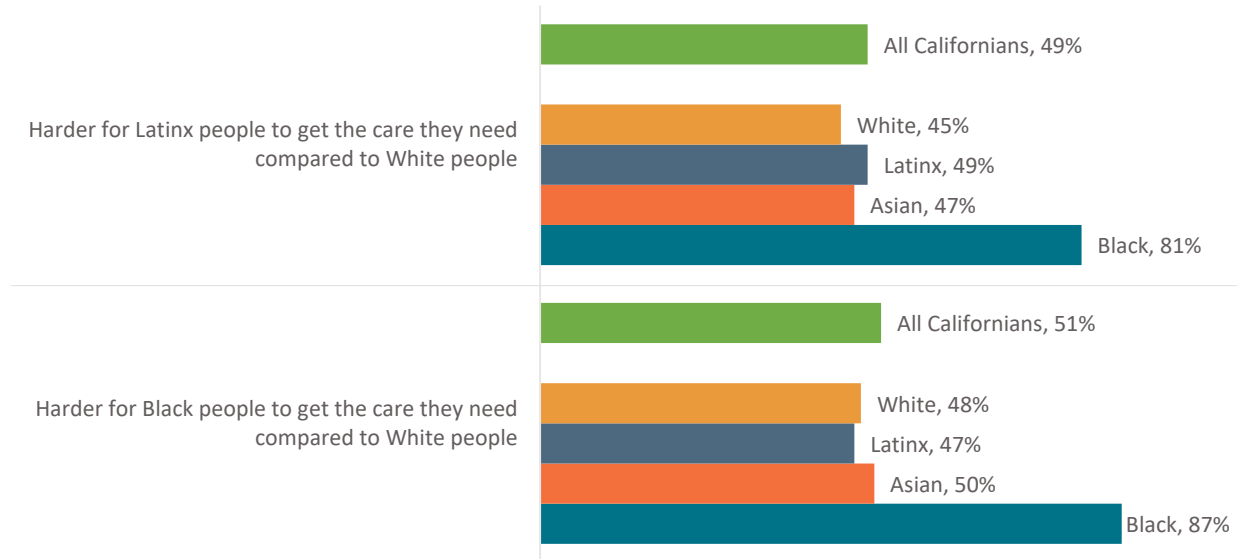
Section 4. Equity

Just over half (51%) of Californians say it is “harder” or “much harder” for Black people to get the health care they need when they are sick compared to White people (Figure 28). Similar proportions report this across income and language groups; however, there are differences between racial and ethnic groups, and political parties. Eighty-seven percent of Black Californians say it is “harder” or “much harder” for Black people to get the health care they need, a statistically significantly greater proportion compared to 50% of Asian Californians, 48% of White Californians, and 47% of Latinx Californians. Three-quarters (76%) of Democrats say it is “harder” or “much harder,” compared to 47% of Independents and 17% of Republicans (Figure 29). These differences between political party groups are statistically significant.

Californians were also asked if they think it is harder, about the same, or easier for Latinx people to get the health care they need when they are sick compared to White people (Figure 28). Just under half (49%) report that it is “harder” or “much harder” for Latinx people. There is no variation between income and language groups on this, though there are differences among racial and ethnic groups, as well as party identification. Eighty-one percent of Black Californians say it is “harder” or “much harder” for Latinx people to get the health care they need, which also is a statistically significantly greater proportion than the other groups (49% of Latinx Californians, 47% of Asian Californians, and 45% of White Californians). Seventy-four percent of Democrats, 46% of Independents, and 16% of Republicans say it is “harder” or “much harder” (Figure 29). These differences between political party groups are also statistically significant.

FIGURE 28. Half of Californians Think It Is Harder for Black or Latinx People to Get the Health Care They Need

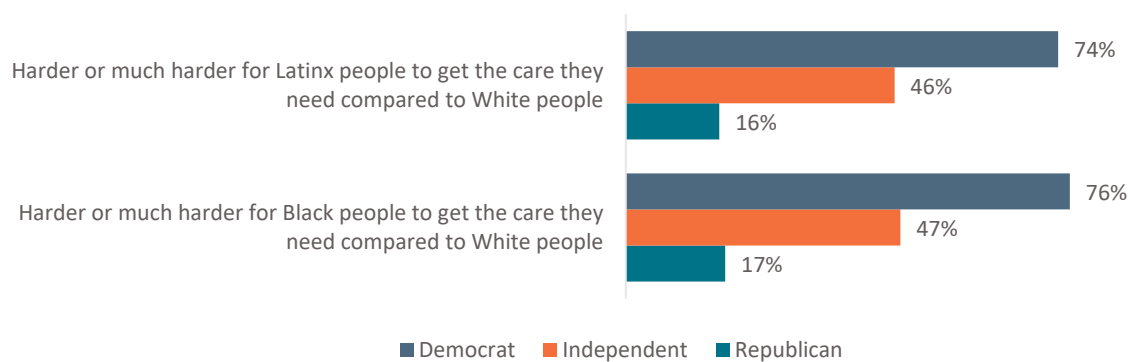
PERCENTAGE WHO SAY IT IS HARDER OR MUCH HARDER FOR BLACK/LATINX PEOPLE TO GET THE HEALTH CARE THEY NEED WHEN THEY ARE SICK COMPARED TO WHITE PEOPLE



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 29. Views on Racial and Ethnic Health Disparities Vary by Party

PERCENTAGE WHO SAY IT IS HARDER OR MUCH HARDER FOR BLACK/LATINX PEOPLE TO GET THE HEALTH CARE THEY NEED WHEN THEY ARE SICK COMPARED TO WHITE PEOPLE

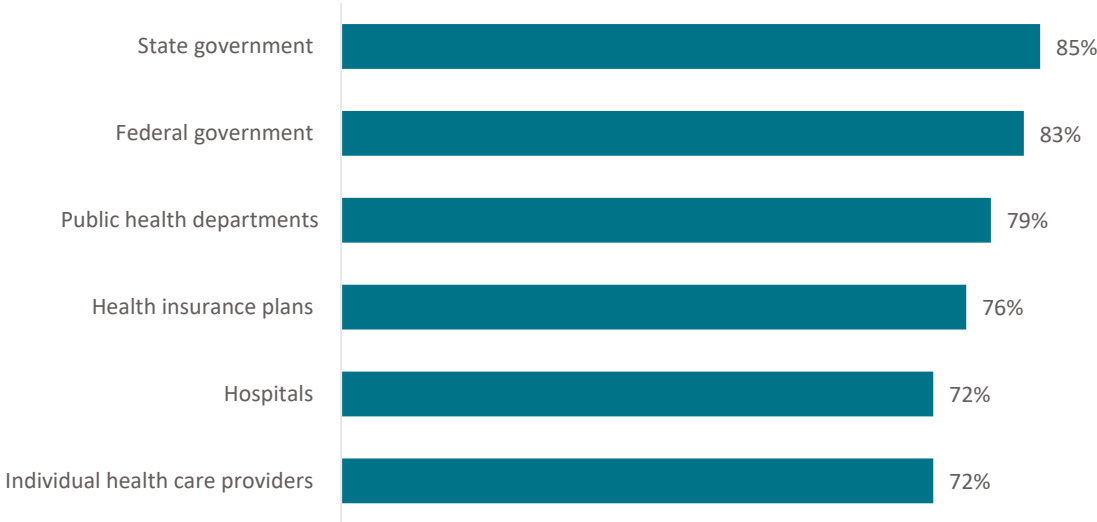


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Californians who say that they think it is “harder” or “much harder” for Black or Latinx people to get the health care they need when they are sick compared to White people were then asked how much responsibility different actors have for addressing racial and ethnic inequality in the health care system. More than 70% of these respondents report that each actor had a “very large” or “large” amount of responsibility, with state government at the top of the list (85%), followed by the federal government (83%), public health departments (79%), health insurance plans (76%), hospitals (72%), and individual health care providers (72%) (Figure 30). Eighty-two percent of Californians with lower incomes believe that individual health care providers have a “very large” or “large” amount of responsibility for addressing inequality compared to 69% of Californians with higher incomes (Figure 31).

FIGURE 30. Californians Who Believe That Black and Latinx People Have a Harder Time Getting Health Care Than White People Assign Responsibility to Multiple Actors for Addressing Racial and Ethnic Inequality in Health Care

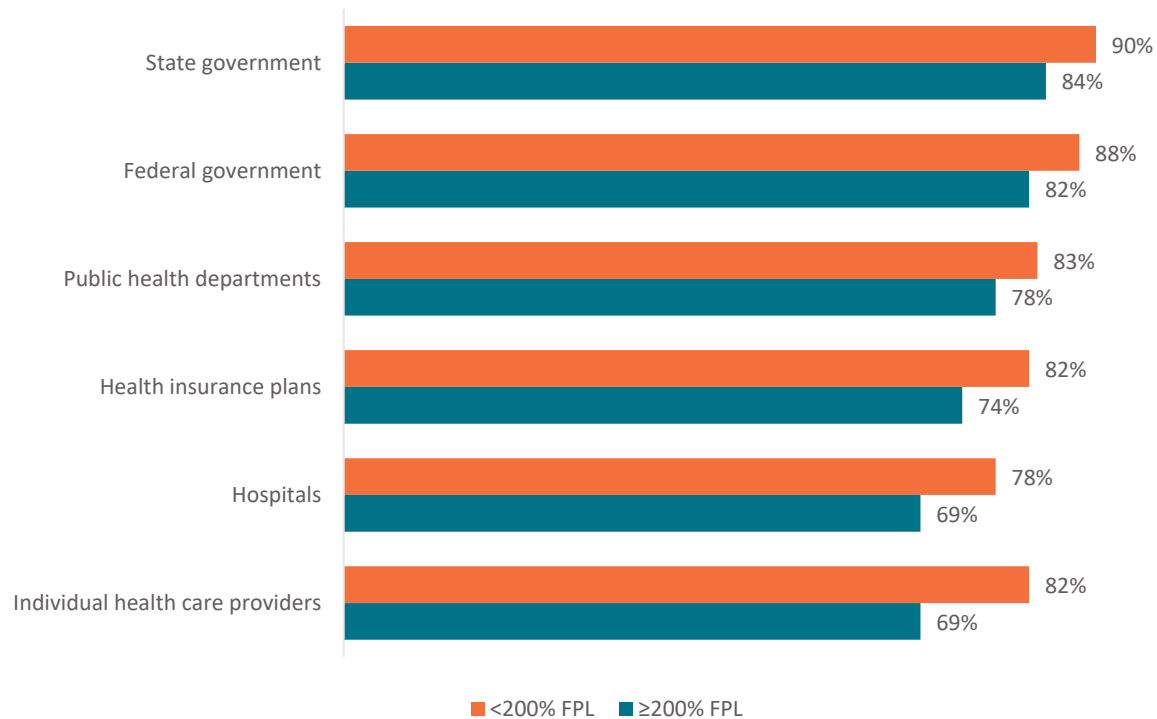
PERCENTAGE WHO SAY EACH HAS A VERY LARGE OR LARGE AMOUNT OF RESPONSIBILITY FOR ADDRESSING RACIAL AND ETHNIC INEQUALITY IN THE HEALTH CARE SYSTEM



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 51% of Californians who report they think it is harder or much harder for Black or Latinx people to get the care they need compared to White people.

FIGURE 31. Californians with Lower Incomes Who Believe That Black and Latinx People Have a Harder Time Getting Health Care Than White People Assign Greater Responsibility to Multiple Actors for Addressing Racial and Ethnic Inequality in Health Care Than Californians with Higher Incomes

PERCENTAGE WHO SAY EACH HAS A VERY LARGE OR LARGE AMOUNT OF RESPONSIBILITY FOR ADDRESSING RACIAL AND ETHNIC INEQUALITY IN THE HEALTH CARE SYSTEM

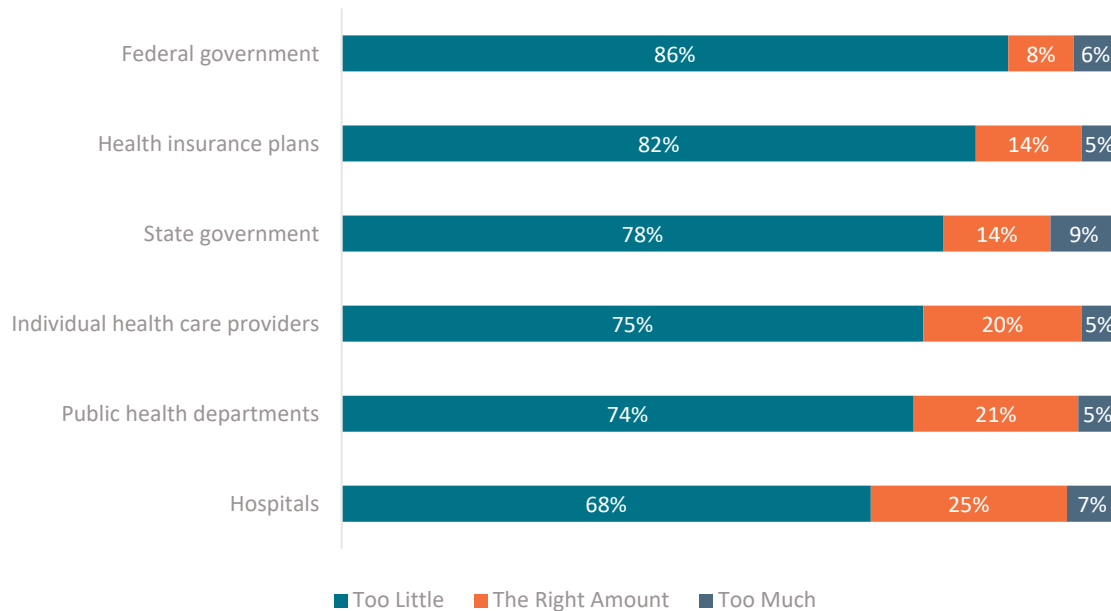


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 51% of Californians who report they think it is harder or much harder for Black or Latinx people to get the care they need compared to White people. *FPL* is federal poverty level.

Californians who say that they think it is “harder” or “much harder” for Black or Latinx people to get the health care they need when they are sick compared to White people were also asked if each actor is doing too much, too little, or the right amount to address racial and ethnic inequality in the health care system. The majority (86%) believe that the federal government is doing “too little,” followed by health insurance plans (82%) and state government (78%). One-quarter (25%) believe that hospitals are doing “the right amount” (Figure 32).

FIGURE 32. Many Californians Who Believe That Black and Latinx People Have a Harder Time Getting Health Care Than White People Also Say That the Government Is Doing “Too Little” to Address Racial and Ethnic Inequality in the Health Care System

Q: IS EACH OF THE FOLLOWING DOING TOO MUCH, TOO LITTLE, OR THE RIGHT AMOUNT TO ADDRESS RACIAL AND ETHNIC INEQUALITY IN THE HEALTH CARE SYSTEM?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. Asked of the 51% of Californians who report they think it is harder or much harder for Black or Latinx people to get the care they need compared to White.

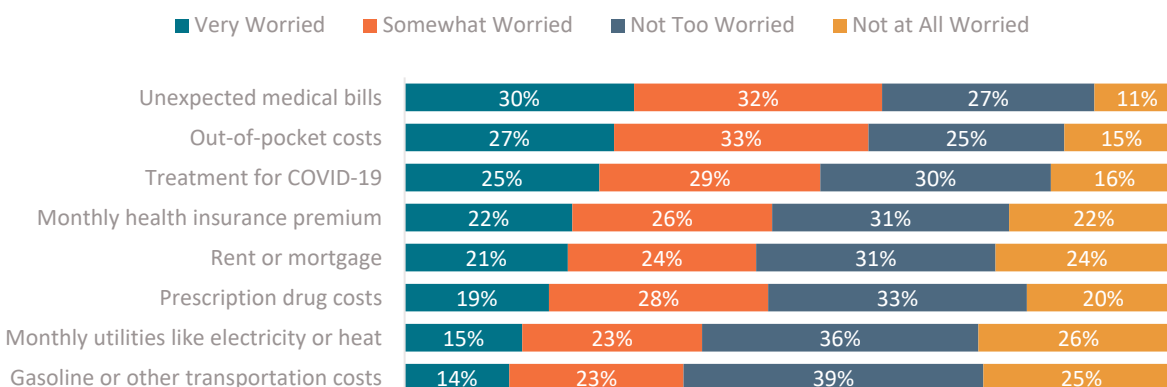
Section 5. Views on Health Care Affordability

Californians are worried about health care costs. As noted in the [Priorities](#) section, 83% of Californians say that making health care more affordable is an “extremely” or “very” important priority for California’s governor and legislature to work on in 2021. Six in 10 Californians (62%) are either “very” or “somewhat” worried about unexpected medical bills (30% “very”) and out-of-pocket costs (60%; 27% “very”). More than half of Californians are worried about affording treatment for COVID-19 (54%; 25% “very”). Smaller shares of Californians are worried about affording rent or mortgage (45%, 21% very), or gasoline or transportation costs (37%, 14% “very”) (Figure 33). For Californians with lower incomes, 4 in 10 are very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%), and rent or mortgage (39%) (Figure 34). About one-third of Latinx (34%), Black (33%), and Asian Californians (29%) are very worried about affording treatment for COVID-19, compared to 17% of White Californians

who say they are very worried (Figure 35). The differences between White Californians and the other racial and ethnic groups are statistically significant.

FIGURE 33. Most Californians Are Worried About Health Care Costs

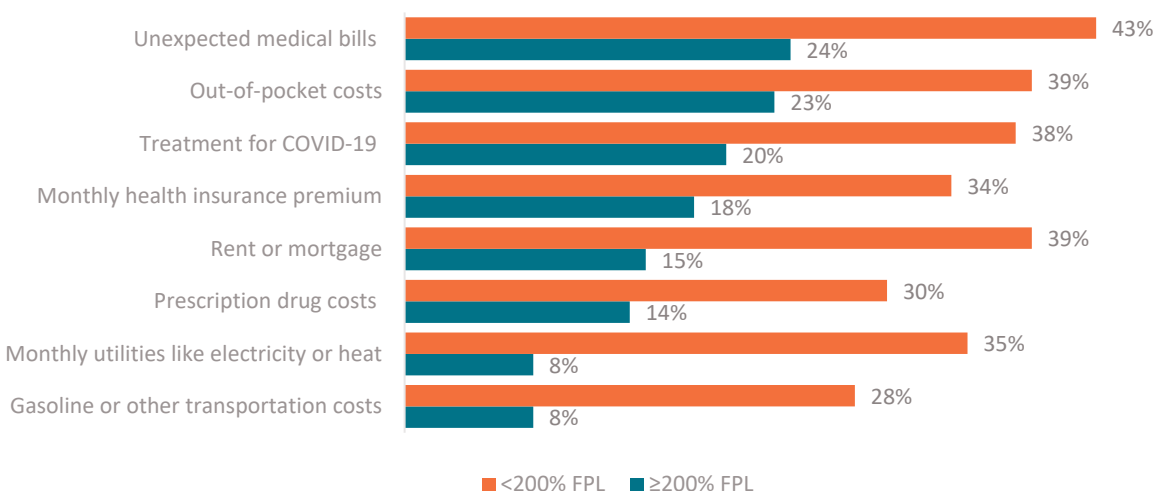
Q: HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR YOU AND YOUR FAMILY?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 34. Californians with Lower Incomes More Likely to Be Very Worried About Health Care Costs

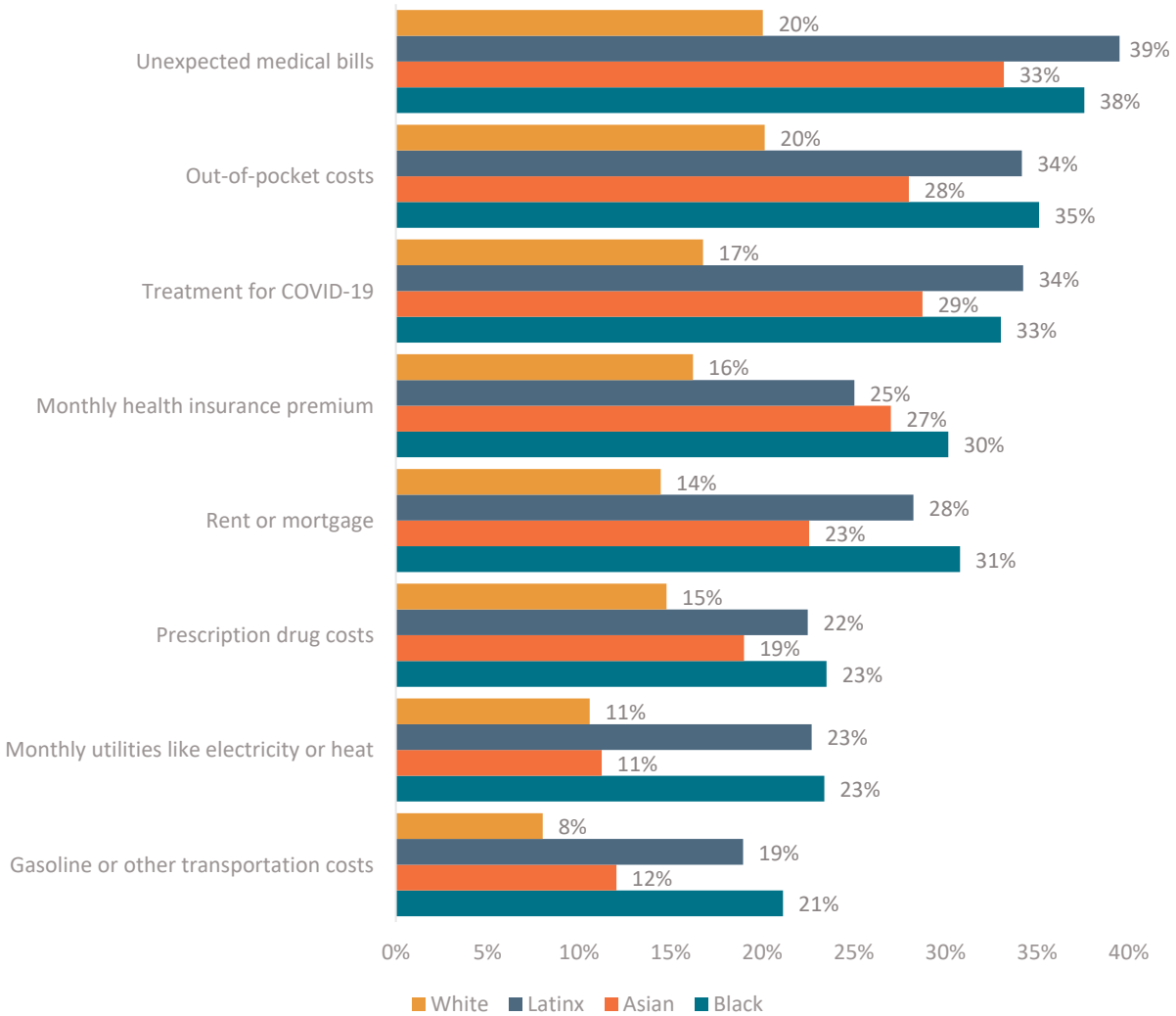
PERCENTAGE VERY WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEMSELVES OR THEIR FAMILY



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

FIGURE 35. Black, Asian, and Latinx Californians More Likely to Be “Very Worried” About Health Care Costs

PERCENTAGE VERY WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEMSELVES OR THEIR FAMILY



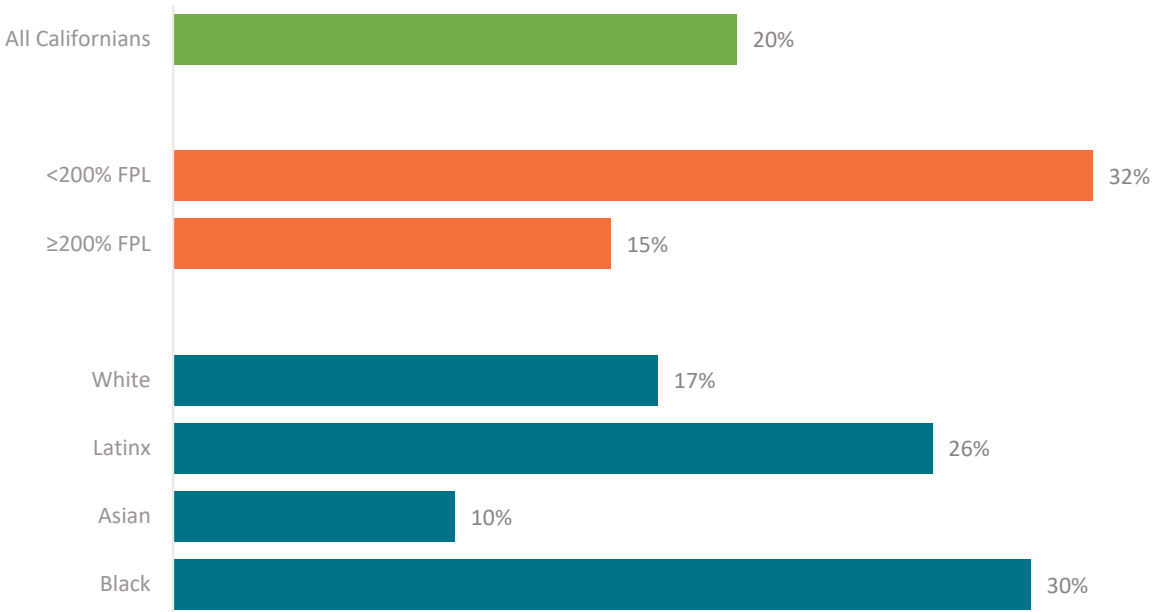
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Two in 10 Californians (20%) report they or someone in their family had problems paying — or had an inability to pay — at least one medical bill in the past 12 months. The rate of Californians with lower incomes who report problems paying or an inability to pay at least one medical bills is more than double that of Californians with higher incomes (32% compared to 15%), which is a statistically significant difference. When looking at differences by race and

ethnicity, Black Californians are most likely to experience problems paying medical bills (30%), followed by Californians who are Latinx (26%), White (17%), and Asian (10%) (Figure 36).

FIGURE 36. One in Five Californians Report Problems Paying Medical Bills

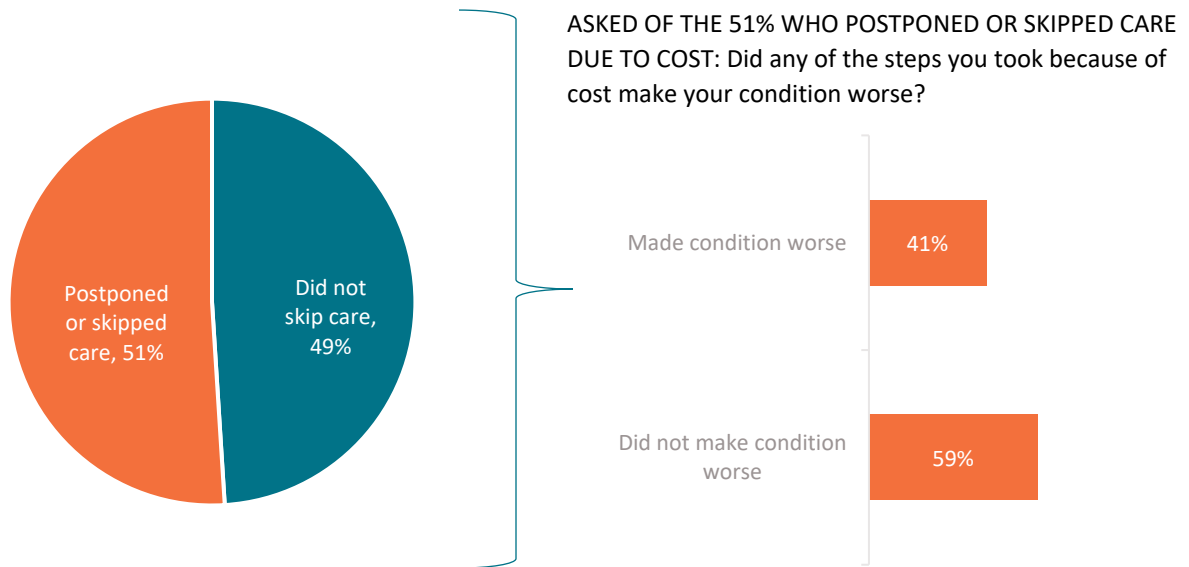
IN THE PAST 12 MONTHS, DID YOU OR ANYONE IN YOUR FAMILY HAVE PROBLEMS PAYING OR AN INABILITY TO PAY ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

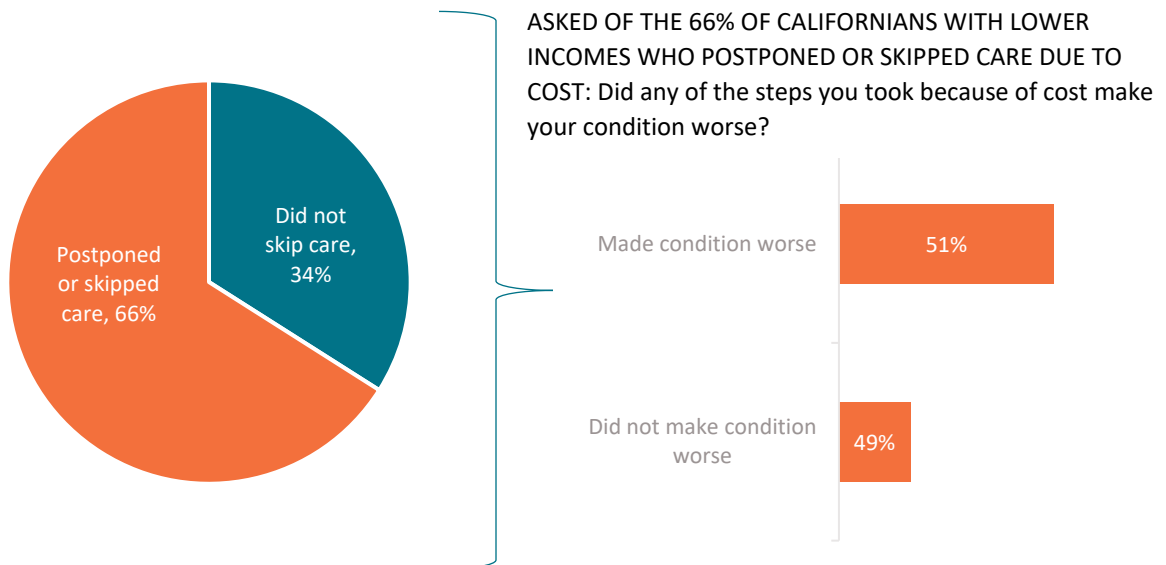
Half of Californians (51%) have skipped or delayed at least one kind of health care due to cost in the past 12 months, the same proportion as in last year’s survey.⁵ Of those who postponed or skipped care due to cost, 4 in 10 Californians (41%) say that their condition got worse as a result (Figure 37). Californians with lower incomes are more likely than those with higher incomes to have skipped or delayed health care due to cost in the past 12 months (66% compared to 51%) and say their condition got worse (51% compared to 38%) (Figure 38 – results for Californians with higher incomes not shown).

FIGURE 37. Half of Californians Say They or a Family Member Have Skipped Health Care in the Past Year Due to Cost; Many Say This Made Their Health Condition Worse



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 38. Two-thirds of Californians with Lower Incomes Skipped Health Care in the Past Year Due to Cost

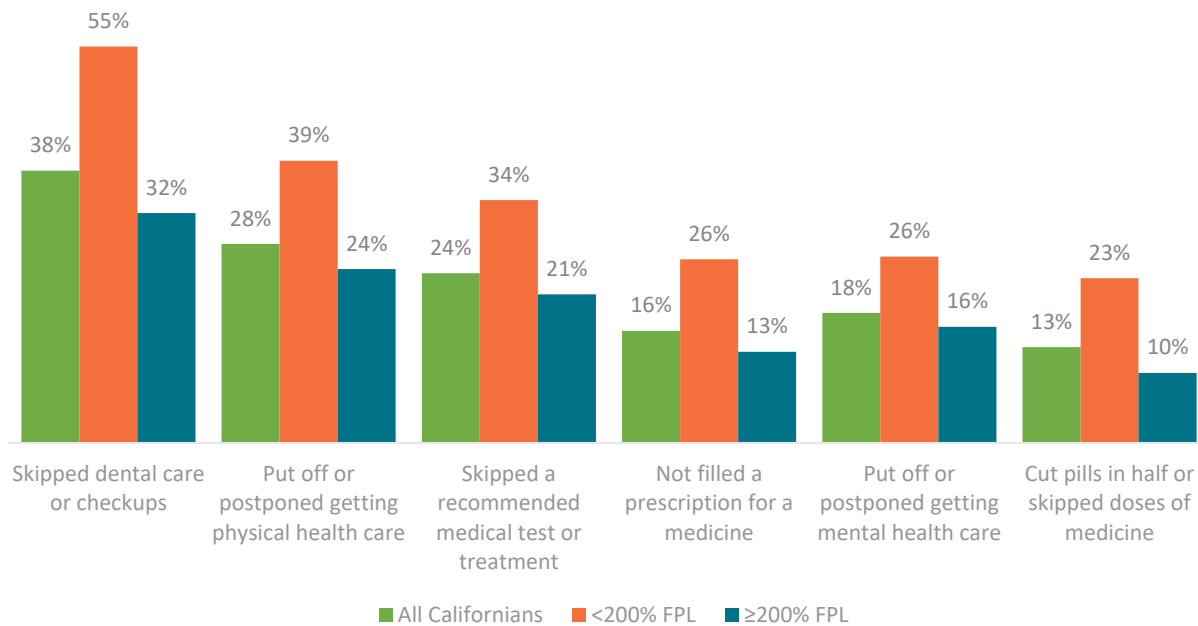


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Steps Californians have taken include skipping dental care or checkups (38%), postponing physical health care (28%), skipping a recommended medical test or treatment (24%), and putting off or postponing getting mental health care (18%) (Figure 39). Californians with lower incomes report taking each step at higher rates than Californians with higher incomes. Black and Latinx Californians are most likely to have used each step (Figure 40).

FIGURE 39. Californians with Lower Incomes Are More Likely to Skip Different Kinds of Care Because of Cost

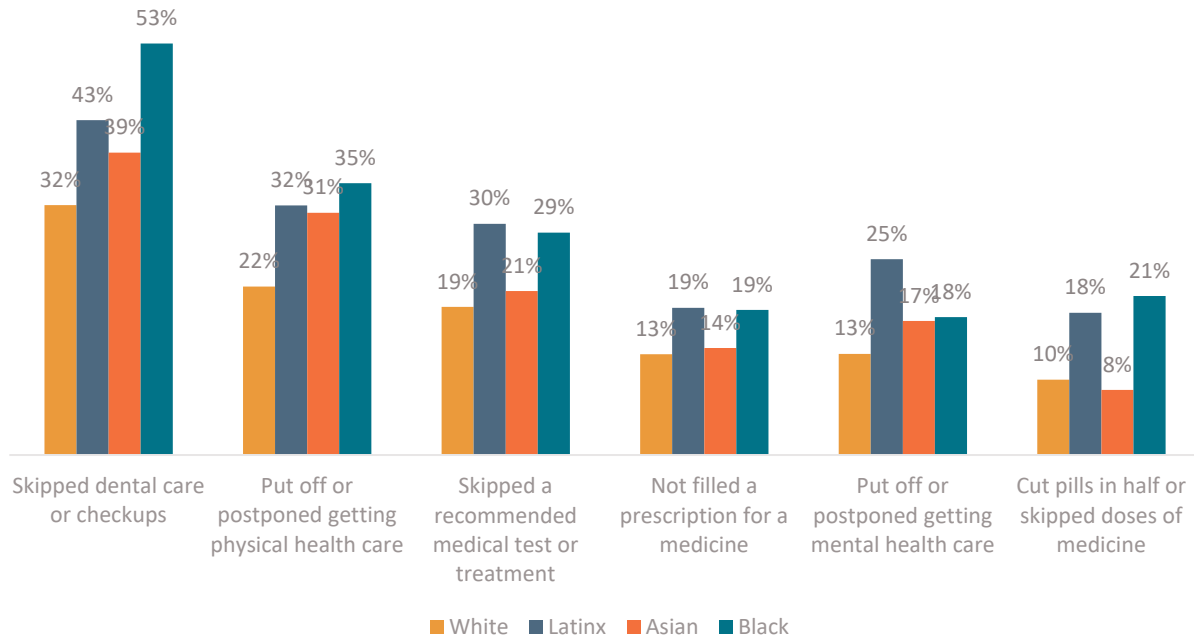
Q: IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER DONE THE FOLLOWING BECAUSE OF THE COST?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

FIGURE 40. Black and Latinx Californians Are More Likely to Have Skipped Care Due to Cost

Q: IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER DONE THE FOLLOWING BECAUSE OF THE COST?



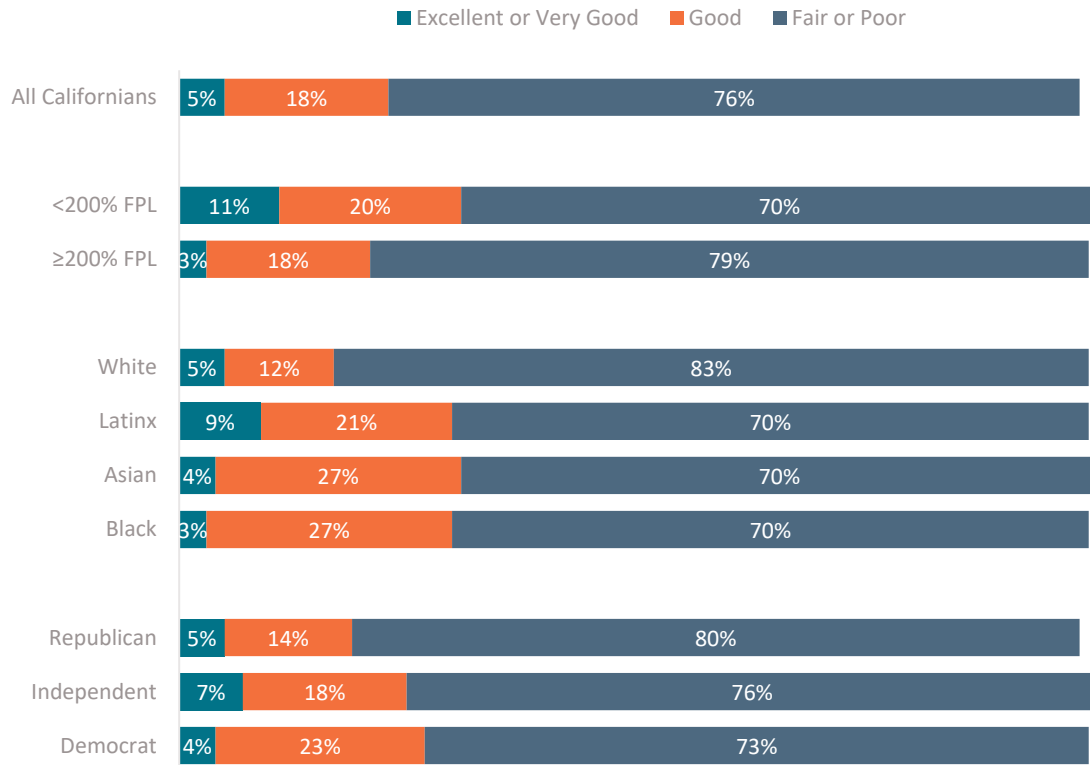
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Section 6. Perceptions of Homelessness

More than three in four Californians (76%) say the state is doing a “fair” or “poor” job in providing health care, including mental health care, to people experiencing homelessness. Eighteen percent say the state is doing a “good” job, and 5% say California is doing an “excellent” or “very good” job (Figure 41). Eighty-three percent of White Californians say the state is doing a “fair” or “poor” job providing health care for those experiencing homelessness. Seven in 10 Black, Asian, and Latinx Californians (70%) give the state a “fair” or “poor” rating (Figure 41).

FIGURE 41. Most Californians Say the State Is Doing a “Fair” or “Poor” Job in Providing Health Care to People Experiencing Homelessness

Q: HOW GOOD A JOB IS CALIFORNIA DOING IN PROVIDING HEALTH CARE, INCLUDING MENTAL HEALTH CARE, TO PEOPLE EXPERIENCING HOMELESSNESS?

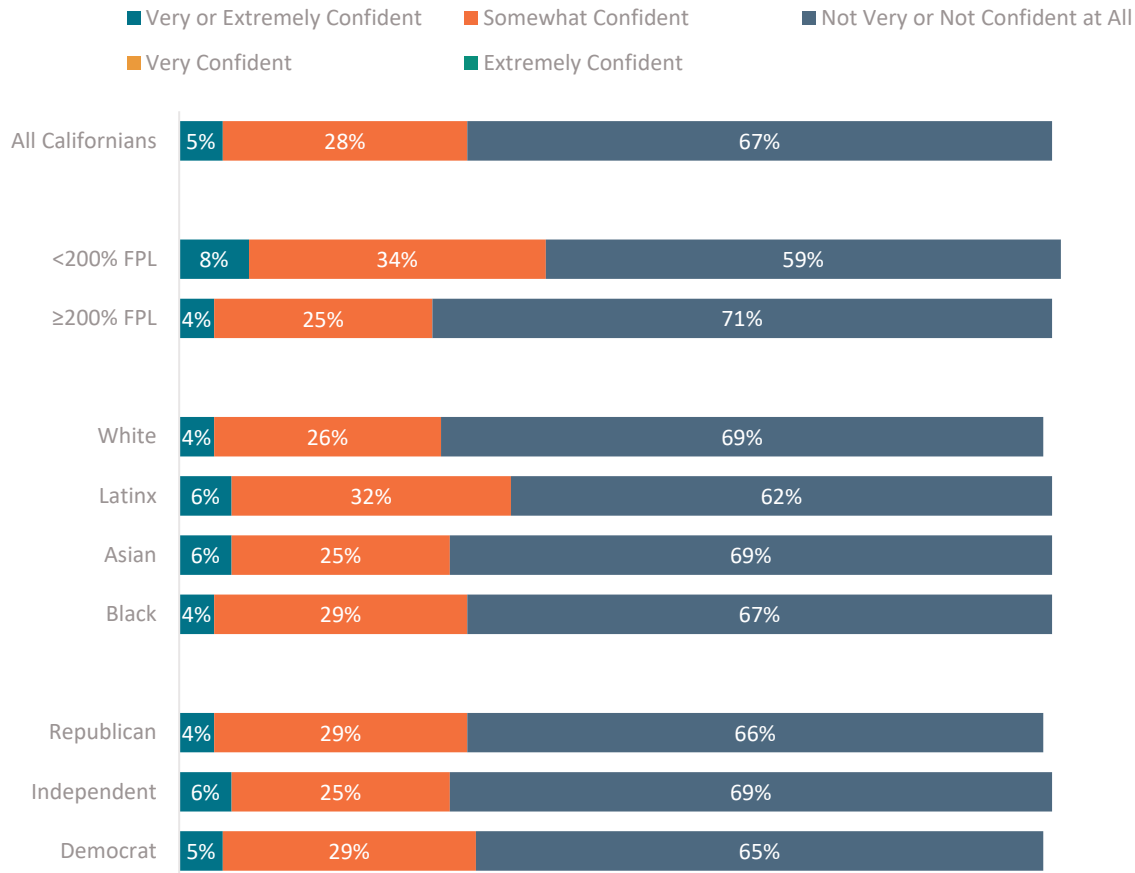


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Two-thirds of Californians (67%) lack confidence that government agencies in health, housing, and other social services work together to help people experiencing homelessness. Twenty-eight percent say they are “somewhat” confident, and only 5% say they are “very” or “extremely” confident these agencies work together to help people experiencing homelessness (Figure 42).

FIGURE 42. Two-Thirds of Californians Lack Confidence in Government Agencies Working Together to Help People Experiencing Homelessness

Q: HOW CONFIDENT ARE YOU THAT GOVERNMENT AGENCIES IN HEALTH, HOUSING, AND OTHER SOCIAL SERVICES WORK TOGETHER TO HELP PEOPLE EXPERIENCING HOMELESSNESS?



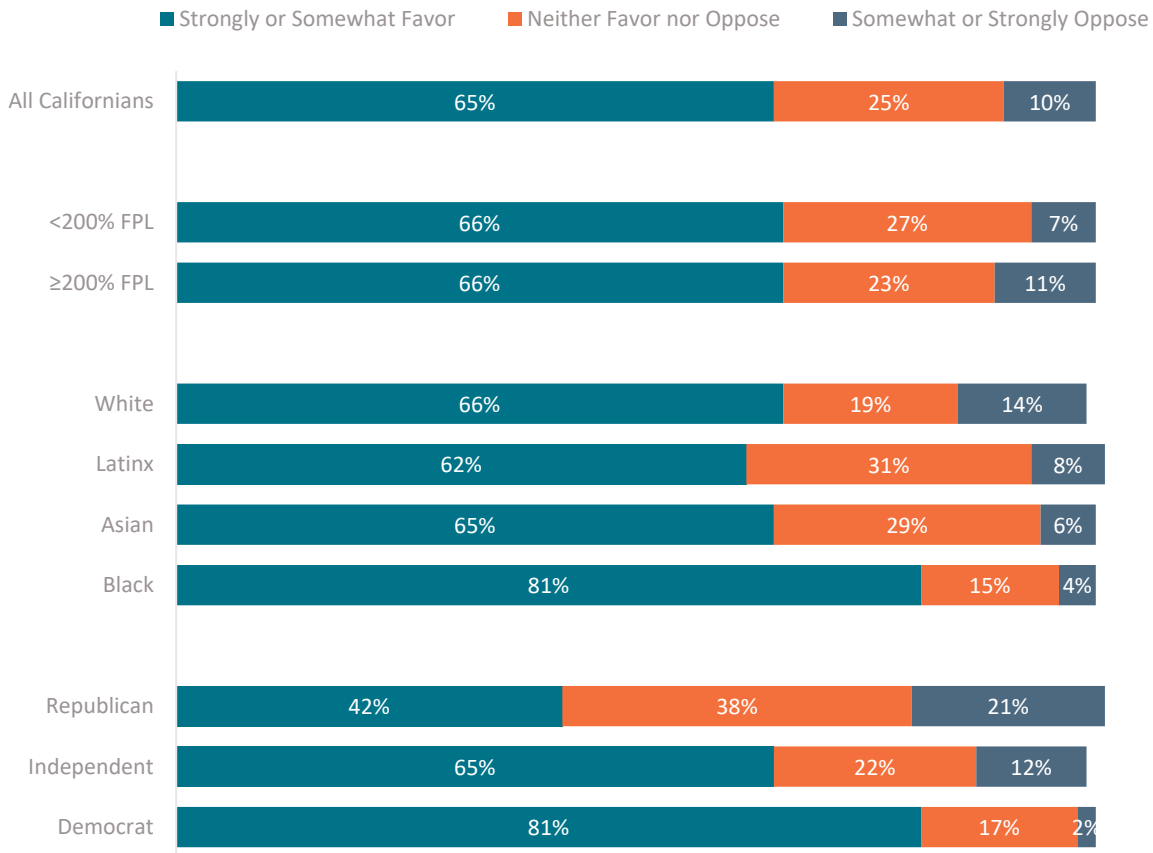
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Nearly two-thirds of Californians (65%) support the use of service providers such as social workers and mental health professionals to respond to emergency calls about addiction, mental illness, and homelessness. One in four (25%) neither favor nor oppose, and 10% oppose this policy idea (Figure 43). Democrats are nearly twice as likely as Republicans (81% compared to 42%) to favor such a policy idea. More than 8 in 10 Black Californians (81%) say they favor the idea compared to 66% of White, 65% of Asian, and 62% of Latinx Californians (Figure 43).

Californians support the exchange of data across sectors and provider types, especially for management of people with complex needs such as those experiencing homelessness. See the [Data Exchange](#) section below for more detail.

FIGURE 43. Most Californians Support Having Service Providers for Emergency Calls About Addiction, Mental Illness, and Homelessness

Q: DO YOU FAVOR, OPPOSE, OR NEITHER FAVOR NOR OPPOSE INCREASING THE USE OF SERVICE PROVIDERS SUCH AS SOCIAL WORKERS AND MENTAL HEALTH PROFESSIONALS TO RESPOND TO EMERGENCY CALLS ABOUT ADDICTION, MENTAL ILLNESS, AND HOMELESSNESS?



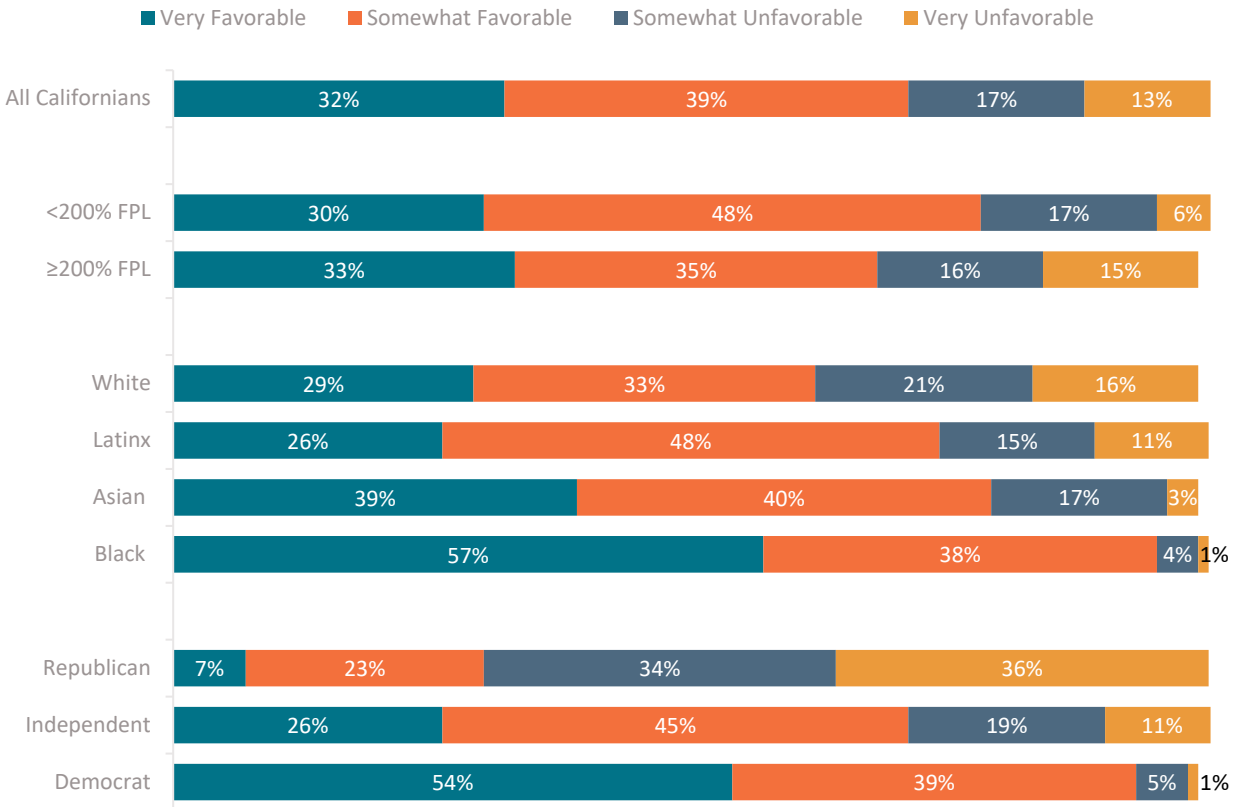
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Section 7. Views on Coverage Expansion

Seven in 10 Californians (71%) have a “very” or “somewhat” favorable opinion of the Affordable Care Act (32% “very”). Among Californians with lower incomes, 78% have a favorable opinion (30% “very”) compared to 68% of Californians with higher incomes (33% “very”). More than 9 in 10 Black Californians (95%) report a favorable opinion of the Affordable Care Act (57% “very”), followed by Californians who are Asian (79%; 39% “very”), Latinx (74%; 26% “very”), and White (62%; 29% “very”). More than three times as many Democrats as Republicans have a favorable opinion of the Affordable Care Act (93% compared to 30%) (Figure 44).

FIGURE 44. Seventy Percent of Californians Have a Favorable Opinion of the Affordable Care Act

Q: GIVEN WHAT YOU KNOW ABOUT THE HEALTH REFORM LAW (ACA), DO YOU HAVE A FAVORABLE OR UNFAVORABLE OPINION OF IT?



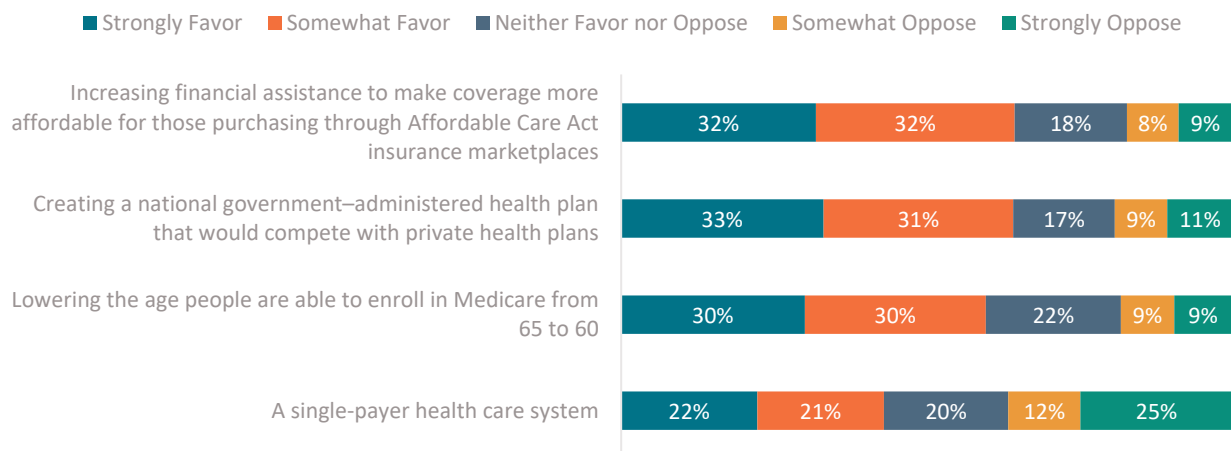
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Majorities of Californians favor approaches to expanding health care coverage. Nearly two-thirds (64%) favor increasing financial assistance to make coverage more affordable for those purchasing through Covered California and the other Affordable Care Act insurance marketplaces (32% “strongly favor”), and 64% favor creating a national government–administered health plan that would compete with private health plans and give people the option to enroll in it if they prefer (33% “strongly favor”). Six in 10 (60%) favor lowering the age people are able to enroll in Medicare from 65 to 60 (30% “strongly favor”). Less than half of Californians (43%) favor a single-payer system, including 22% who “strongly favor.” One in four (25%) strongly oppose such a policy (Figure 45).

Majorities of Democrats and Independents favor three of the four options. Less than half of Republicans favor any of these approaches to increase coverage (Figure 46).

FIGURE 45. Support for Four Approaches to Increase Coverage Among Californians

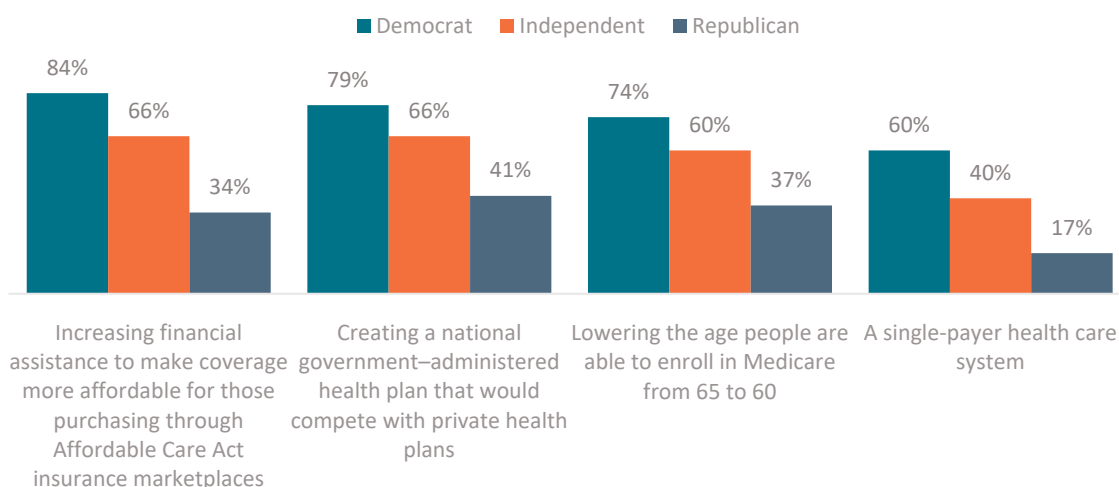
Q: WOULD YOU FAVOR OR OPPOSE, OR NEITHER FAVOR NOR OPPOSE . . .



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 46. Support for Options to Increase Coverage Varies by Political Party

PERCENTAGE WHO STRONGLY OR SOMEWHAT FAVOR . . .

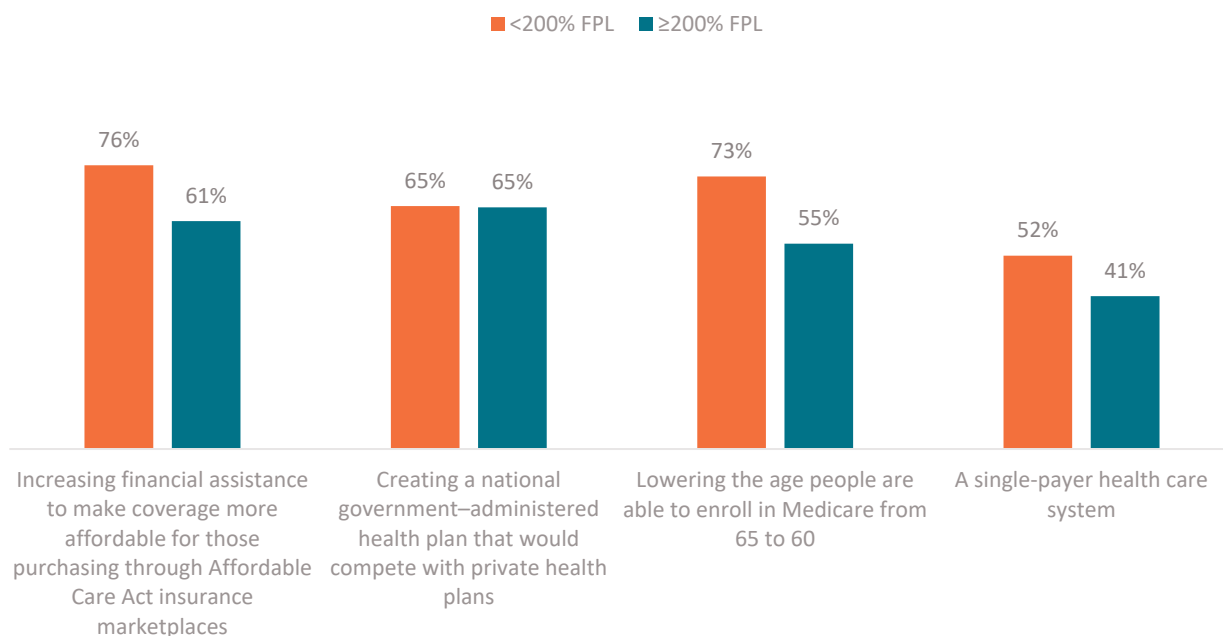


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Nearly two in three Californians with lower incomes (65%) favor creating a national government-administered health plan that would compete with private health plans and give people the option to enroll. A similar proportion of Californians with higher incomes also favor this federal “public option.” Californians with lower incomes are more likely than those with higher incomes to favor increasing financial assistance for people purchasing through Covered California to make coverage more affordable (76% compared to 61%). Those with lower incomes are also more likely than those with higher incomes to favor lowering the age people are able to enroll in Medicare from 65 to 60 (73% compared to 55%) and a single-payer system (52% compared to 41%) (Figure 47).

FIGURE 47. Favorability for Options to Increase Coverage Varies by Income

PERCENTAGE WHO STRONGLY OR SOMEWHAT FAVOR . . .

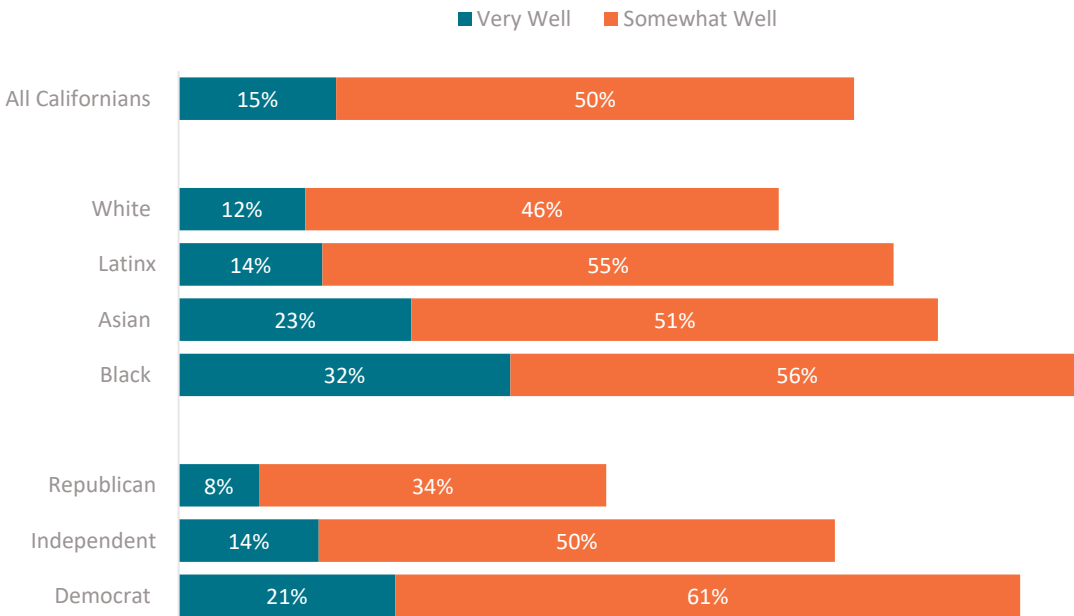


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Two-thirds of Californians (65%) believe that Covered California is working well (15% “very well”) (Figure 48). Eighty-eight percent of Black, 74% of Asian, and 69% of Latinx Californians believe Covered California is working well compared to 58% of White Californians, a statistically significant difference. Democrats are almost twice as likely as Republicans (82% compared to 42%) to say Covered California is working well (Figure 48). Differences between party groups are statistically significant. Californians’ opinions on Covered California do not differ by income.

FIGURE 48. Most Californians Say Covered California Is Working Well

Q: HOW WELL WOULD YOU SAY THE HEALTH INSURANCE MARKETPLACE, CALLED COVERED CALIFORNIA, IS WORKING IN CALIFORNIA?

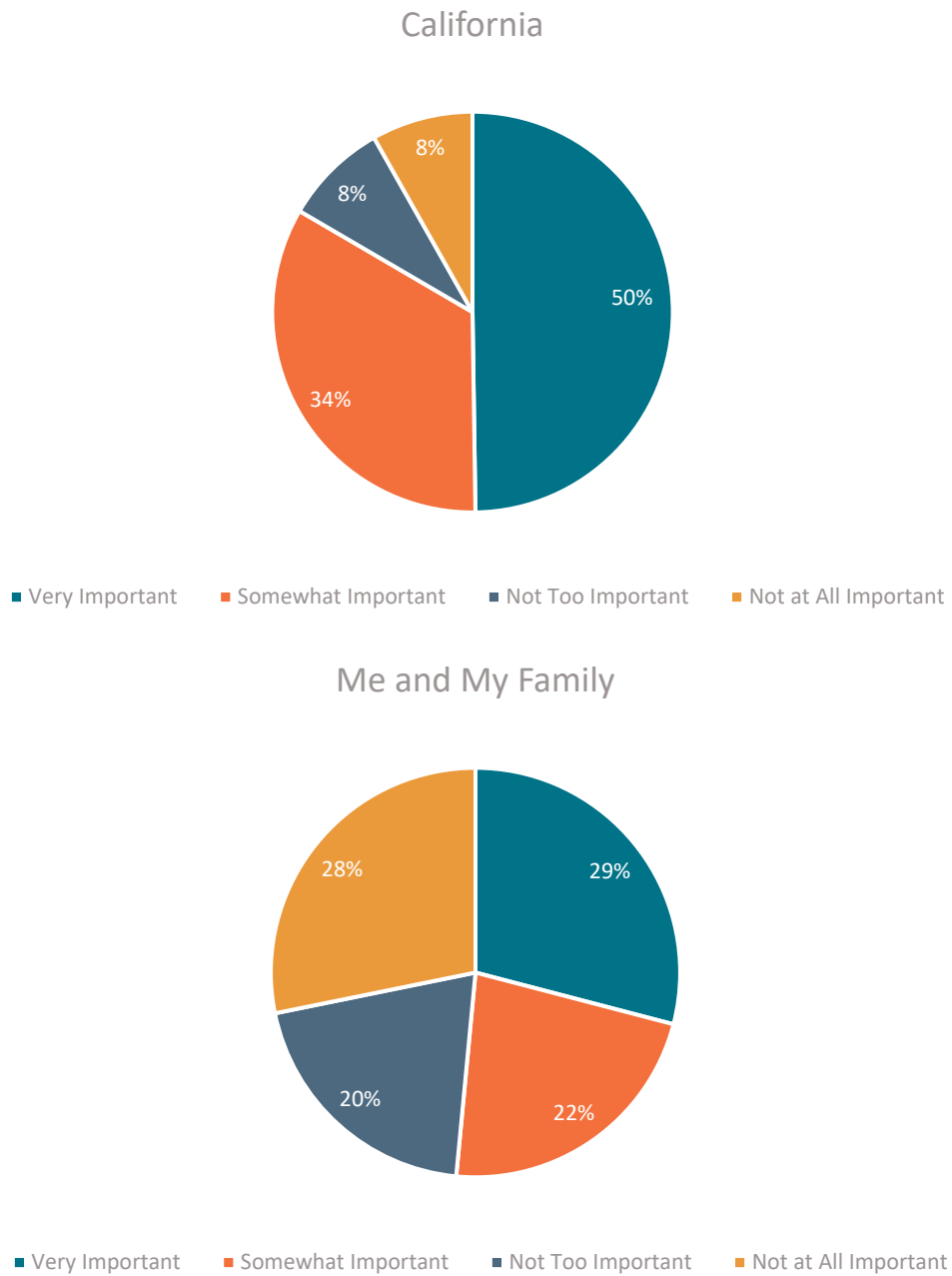


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

There is bipartisan support for the ACA among Californians, with more than 8 in 10 (84%) saying the ACA is “very” or “somewhat” important to the state (50% “very important”). Across racial and ethnic groups, incomes, and political party, majorities believe that the ACA is important to the state. Half of Californians (51%) say it is personally important to themselves or their family (29% “very important”) (Figures 49 and 50).

FIGURE 49. More Than 8 in 10 Californians Say the ACA Is Important to the State; Half Say It Is Important to Themselves and Their Family

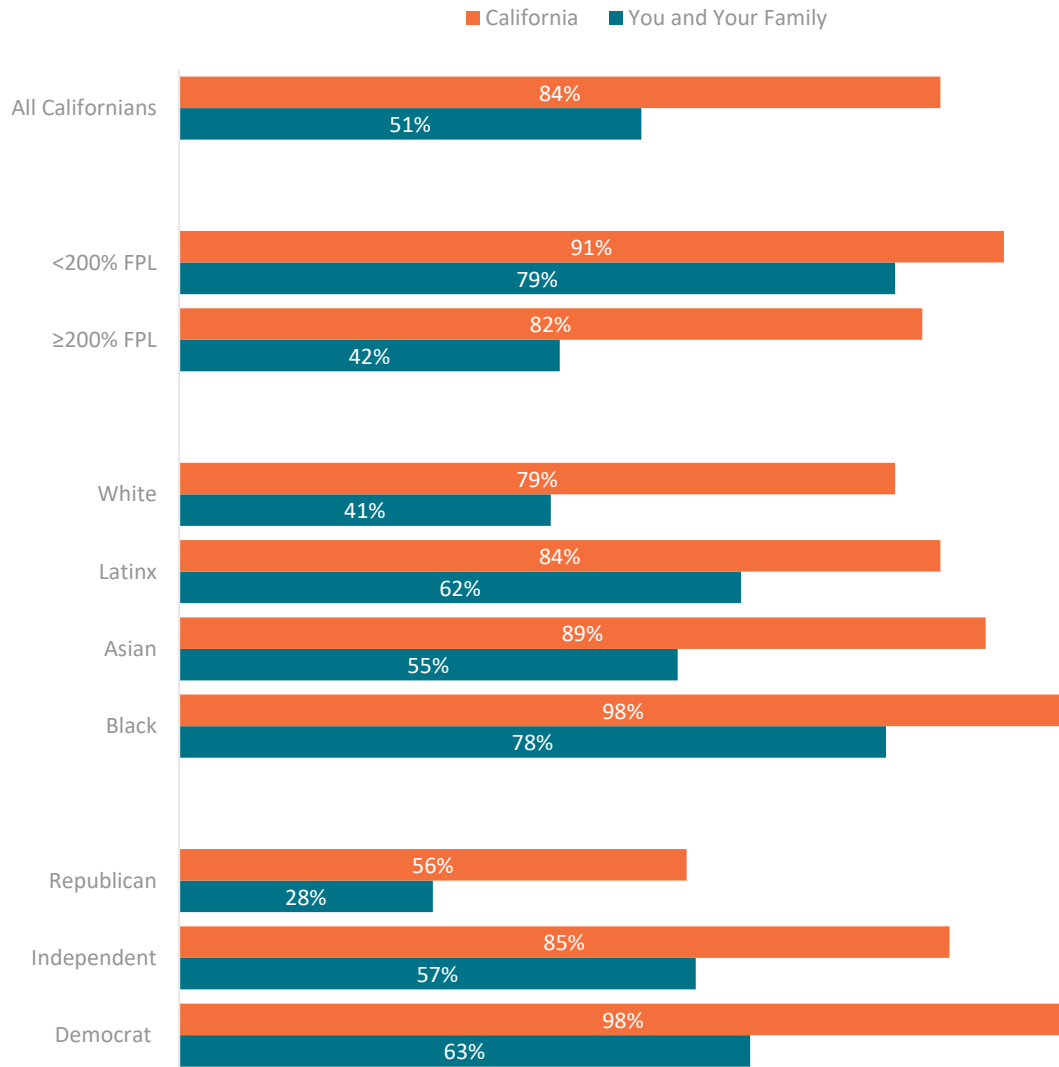
Q: HOW IMPORTANT IS THE AFFORDABLE CARE ACT FOR . . .



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 50. Across Racial and Ethnic Groups, Income Levels, and Party Affiliations, Californians Say the ACA Is Important to the State

PERCENTAGE RESPONDING THAT THE ACA IS VERY OR SOMEWHAT IMPORTANT TO CALIFORNIA



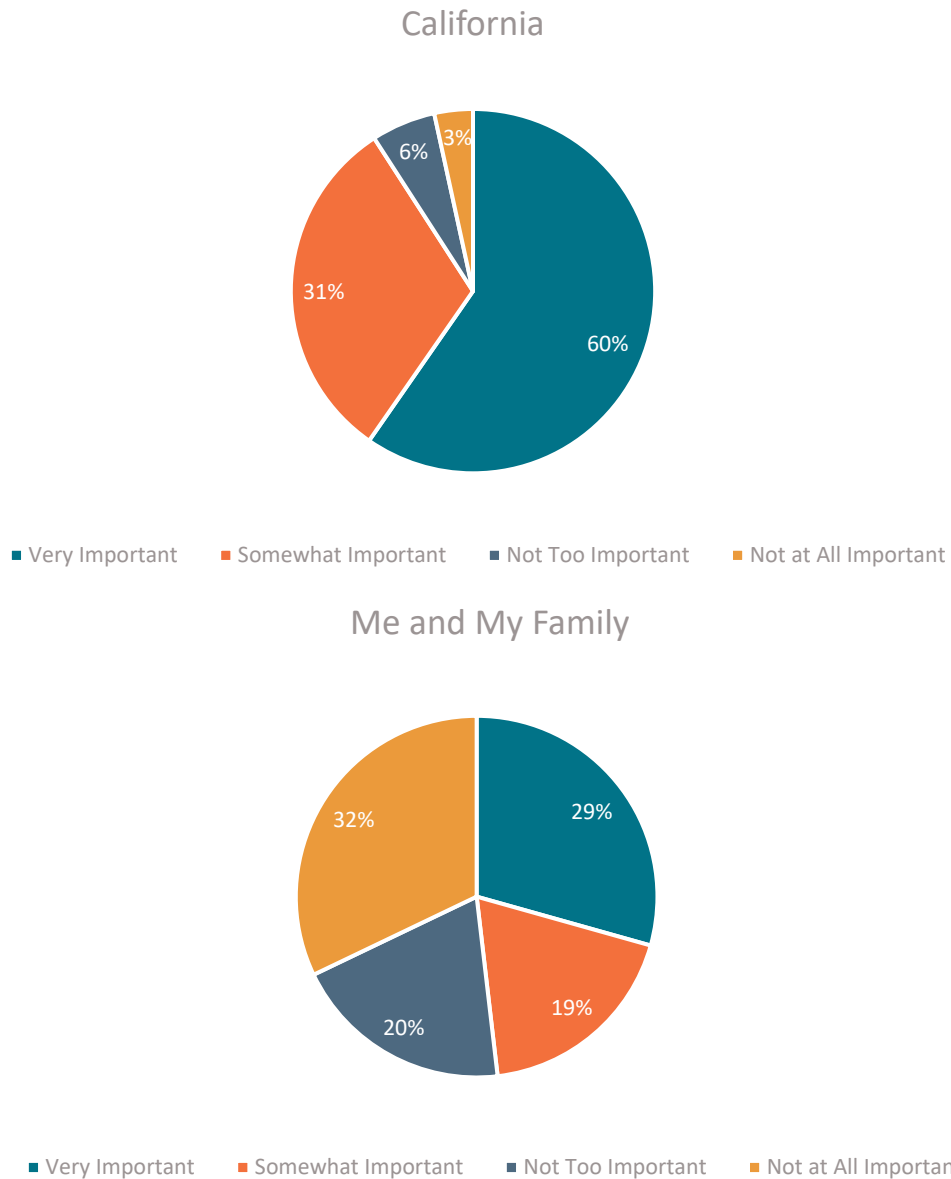
Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Californians strongly support Medi-Cal. Similar to the past two years of this survey,⁶ 91% of Californians say the program is “very” or “somewhat” important to the state (60% “very”). Half (48%) say the program is “very” or “somewhat” important to themselves and their families (29% “very”) (Figure 51).

Support for the program remains high across income levels, party affiliations, and insurance types, as well as racial and ethnic groups. A large majority of Democrats (98%; 73% “very”), Independents (89%; 60% “very”) and Republicans (80%; 38% “very”) believe the program is important to the state (Figure 52).

FIGURE 51. 91% of Californians Say Medi-Cal Is Important to the State; Half Say It Is Important to Themselves and Their Family

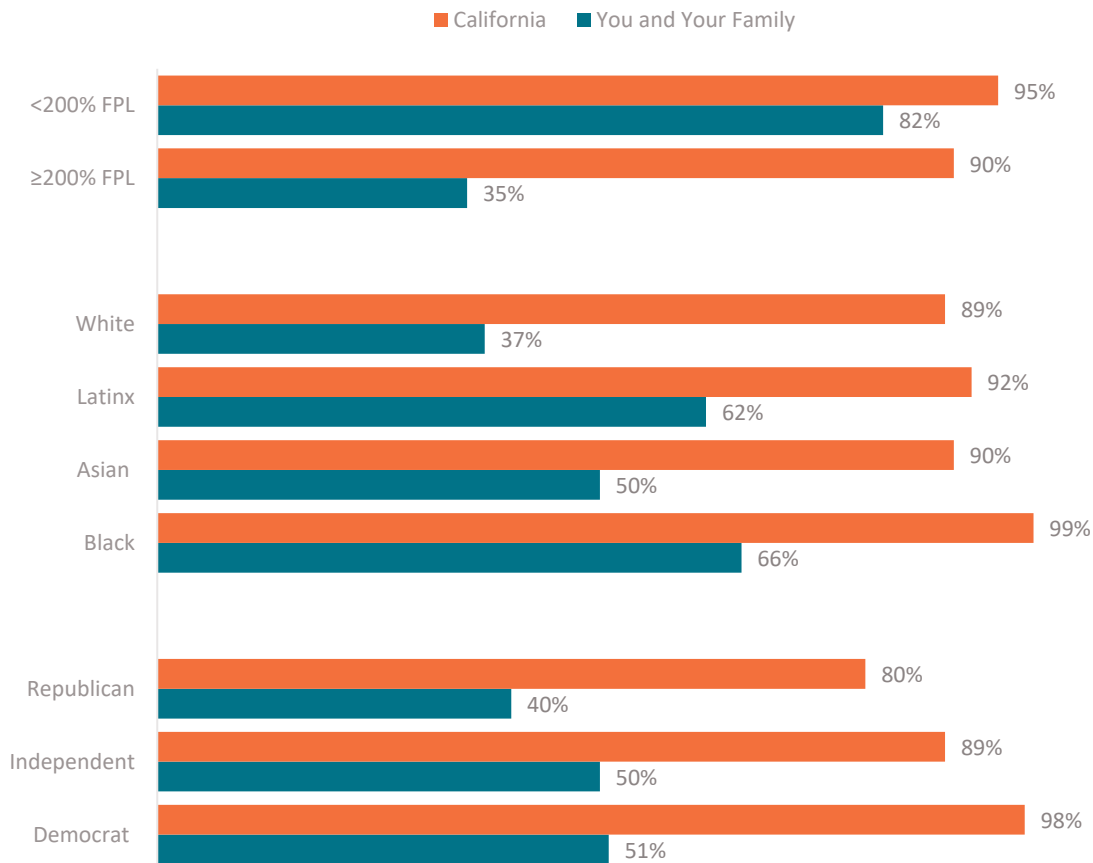
Q: HOW IMPORTANT IS MEDI-CAL FOR . . .



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 52. Across Racial and Ethnic, Income, and Party Lines, Californians Think Medi-Cal Is Important to the State

PERCENTAGE RESPONDING THAT MEDI-CAL IS VERY OR SOMEWHAT IMPORTANT TO CALIFORNIA



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

Section 8. Data Exchange

More than 8 in 10 Californians (84%) favor medical specialists sharing medical records and results with primary care providers. Californians with higher incomes are more likely to support this type of data exchange than those with lower incomes (88% compared to 75%). Ninety percent of White, 91% of Asian, and 91% of Black Californians are more likely to favor data exchange between specialists and primary care providers compared to 70% of Latinx Californians (Figure 53).

FIGURE 53. Californians Support Medical Specialists Sharing Records with Their Primary Care Provider

PERCENTAGE WHO WANT THEIR PRIMARY CARE PROVIDER TO RECEIVE THEIR MEDICAL RECORDS AND RESULTS IF THEY SOUGHT TREATMENT FROM A MEDICAL SPECIALIST, SUCH AS A CARDIOLOGIST, OR VISITED THE EMERGENCY ROOM

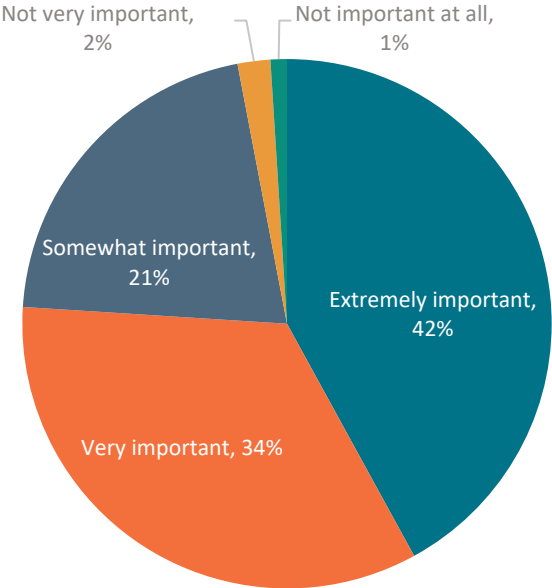


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Three-quarters of Californians (76%) say it is “very” or “extremely” important (42% “extremely important”) that health care providers, hospitals, and public health departments are able to share medical records electronically during a pandemic or other health emergency (Figures 54 and 55).

FIGURE 54. Most Californians Say It Is Important for Health Care Providers to Share Medical Records Electronically During a Pandemic

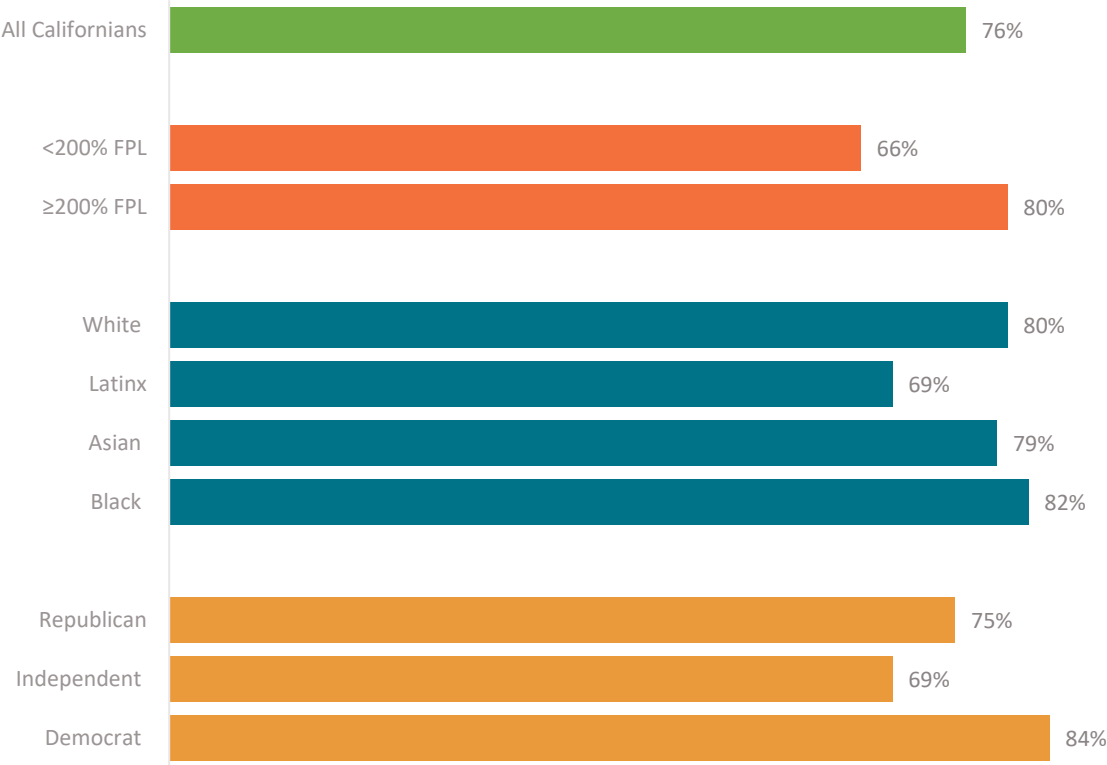
Q: HOW IMPORTANT IS IT THAT HEALTH CARE PROVIDERS, HOSPITALS, AND PUBLIC HEALTH DEPARTMENTS BE ABLE TO SHARE MEDICAL RECORDS ELECTRONICALLY DURING A PANDEMIC OR OTHER HEALTH EMERGENCY?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

FIGURE 55. Across Racial and Ethnic, Income, and Party Lines, Californians Think It Is Important for Health Care Providers to Share Medical Records Electronically During a Pandemic

Q: HOW IMPORTANT IS IT THAT HEALTH CARE PROVIDERS, HOSPITALS, AND PUBLIC HEALTH DEPARTMENTS BE ABLE TO SHARE MEDICAL RECORDS ELECTRONICALLY DURING A PANDEMIC OR OTHER HEALTH EMERGENCY?

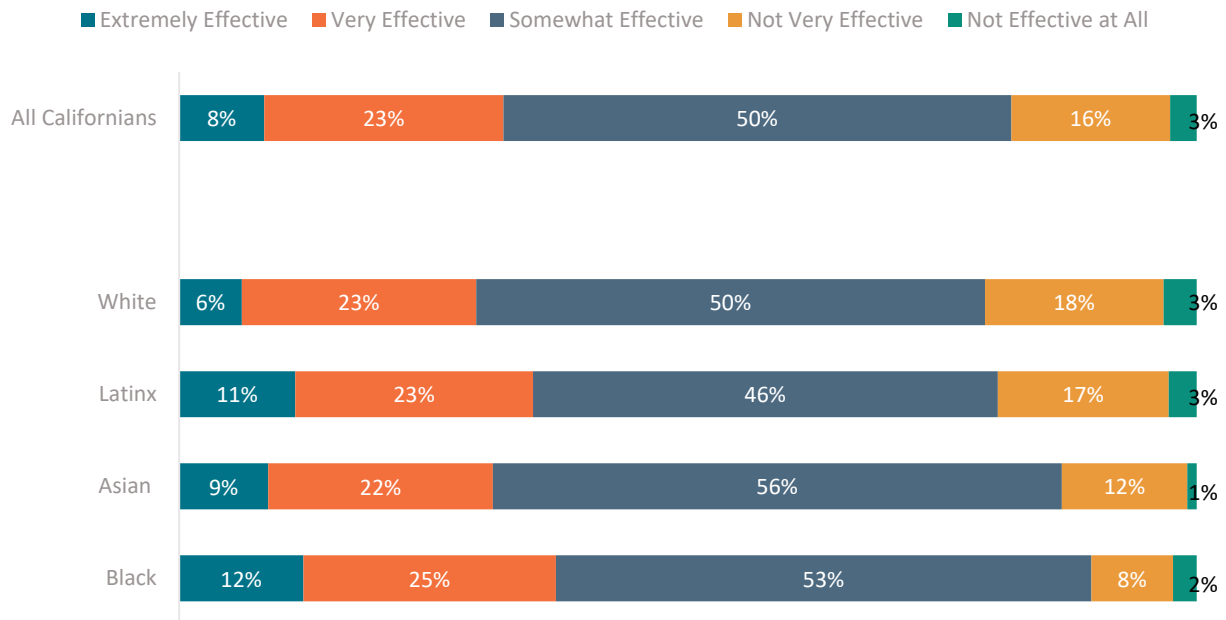


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Less than one-third of Californians (31%) say that health care providers, hospitals, and public health departments have been “extremely” or “very” effective in sharing medical records electronically. About half say they have been somewhat effective. This proportion is generally consistent across political parties and income levels (Figure 56).

FIGURE 56. Minority of Californians Say That Electronic Sharing of Medical Records During the Pandemic Has Been Effective

Q: DURING THE COVID-19 PANDEMIC, HOW EFFECTIVE DO YOU THINK HEALTH CARE PROVIDERS, HOSPITALS, AND PUBLIC HEALTH DEPARTMENTS HAVE BEEN AT SHARING MEDICAL RECORDS ELECTRONICALLY?

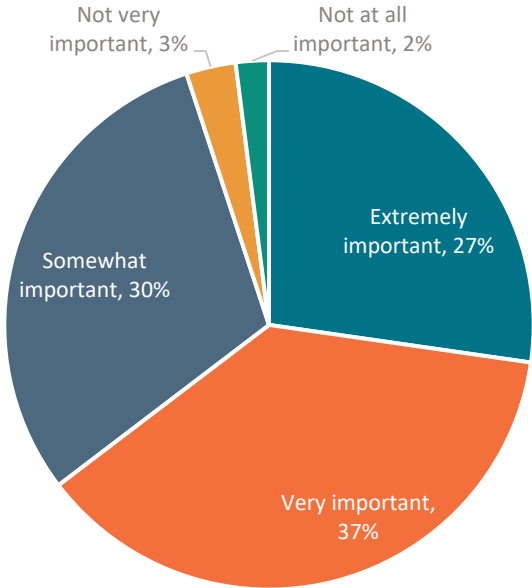


Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

As noted in the [Priorities](#) section, 8 in 10 Californians say that addressing homelessness is “extremely” or “very” important for California’s governor and legislature to work on in 2021. More than 9 in 10 Californians (94%) believe that it is at least “somewhat important” that health care and social service providers who work with people experiencing homelessness are able to share information electronically (Figure 57). This proportion is high across income levels, race and ethnicity groups, region, and political party affiliation.

FIGURE 57. Most Californians Believe That It Is at Least “Very Important” That Providers Working with People Experiencing Homelessness Are Able to Share Information Electronically

Q: HOW IMPORTANT IS IT THAT HEALTH CARE PROVIDERS AND SOCIAL SERVICE PROVIDERS THAT WORK WITH PEOPLE EXPERIENCING HOMELESSNESS ARE ABLE TO SHARE INFORMATION ELECTRONICALLY?



Notes: CHCF/NORC California Health Policy Survey (November 19, 2020–January 12, 2021). See detailed topline for full question wording and response options. Figures may not sum due to rounding.

Appendix A: Survey Methodology

The California Health Care Foundation California Health Policy Survey was conducted November 19, 2020, through January 12, 2021, via a mixed AmeriSpeak Panel ($n = 1,330$) and address-based sample (ABS) ($n = 211$) design among a random representative sample of 1,541 adults age 18 or older living in California. Interviews were administered in English ($n = 1,512$) and Spanish ($n = 29$). For the purposes of the survey, *Spanish speakers* ($n = 205$) are defined as those who took the survey in Spanish ($n = 29$) or took the survey in English and reported that they spoke Spanish at home ($n=176$). Sampling, data collection, weighting, and tabulation were managed by NORC at the University of Chicago in close collaboration with California Health Care Foundation (CHCF) researchers. CHCF paid for all costs associated with the survey, and both NORC and CHCF worked together to design the survey and to analyze the results.

The AmeriSpeak Panel component included interviews with 1,259 respondents reached via the web and 71 reached via phone. The sample was designed to achieve a sufficient number of interviews with respondents age 18 or older that would support accurate representation of the California resident adult population in the overall sample and for sociodemographic subgroups such as by age, race, Latinx ethnicity, and region. AmeriSpeak was selected as the foundational sample for this study for its probability-based survey platform, and its unique in-person recruitment that attains response rates, on average, 5 to 10 times higher than other probability panels. The AmeriSpeak Panel is a nationally representative panel sample recruited using NORC's National Frame based on both area probability sampling and address-based sampling methods to achieve coverage of around 97% of the US population.

To qualify for the study, all AmeriSpeak California respondents 18 or older invited to take the survey needed to confirm that they were currently residing in California.

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 NORC. This database covers nearly all households in the US. The ABS frame was stratified into four mutually exclusive categories to allow accurate representation of the California adult population. This was accomplished by appending auxiliary data from commercial address databases to the ABS frame to construct four sampling strata: (1) addresses with a high proportion identifying as Asian, (2) addresses with a high proportion identifying as Black, (3) addresses with a high proportion identifying as Asian and Black, and (4) all other addresses. Only addresses identified in sampling strata 1–3 were selected and fielded in order to achieve an augmented ABS sample of Asian and Black Californians for the CHCF California Health Policy Survey.

All ABS sample were sent an invitation letter including a web link to complete the survey online and a toll-free number that respondents could call to complete the survey with a telephone interviewer. A \$2 pre-incentive was included for the mailed invitations ($n = 4,273$). Respondents were offered a \$10 post-incentive if they completed the survey. NORC sent one reminder postcard, which included a survey web link and a unique participant code, around 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 qualify for the study, all ABS respondents needed to confirm that they were adults, age 18 or older, and currently residing in California.

A series of data quality checks were run on the final data, which resulted in 36 completes being removed. A multistage weighting design was applied to ensure accurate representation of the California adult population. The first stage of weighting included adjustments to the AmeriSpeak and ABS samples for their unique sample designs. Subsequent weighting steps included an adjustment to account for ABS undeliverable mailings, construction of weights for the combined AmeriSpeak and ABS samples, and an adjustment for nonresponse to the screener qualification questions on age and California residency. Finally, the combined AmeriSpeak and ABS sample weights underwent demographic adjustment via post-stratification raking to balance the sample to match known adult population totals based on the US Census Bureau's 2020 Current Population Survey March Supplement. Demographic benchmark distributions utilized in the raking included age, race/Hispanic ethnicity, region in California, and household income relative to 200% of the federal poverty level. Next, to reduce the possibility that single cases could affect the data too excessively and to keep variance relatively low, the weights were truncated at the top and bottom 5.0 percentage points of their distribution.

The margin of sampling error including the design effect for the full sample for an estimated percentage of 50% is plus or minus 3.6 percentage points. For results based on percentages other than 50%, the margins of sampling error are typically lower. For results based on specific subgroups, the margins 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.

Appendix B: California Regions

For this report, we defined regions as follows:

- **Inland Empire:** Riverside and San Bernardino Counties
- **Los Angeles:** Los Angeles County
- **Sacramento:** Butte, Colusa, El Dorado, Glenn, Placer, Sacramento, Sutter, Yolo, and Yuba Counties
- **San Francisco:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties
- **South Coast:** Orange and San Diego Counties

Endnotes

¹ Eran Ben-Porath et al., Health Care Priorities and Experiences of California Residents: Findings from the California Health Policy Survey, California Health Care Foundation (CHCF), February 2020, www.chcf.org/publication/mental-health-tops-californians-health-care-priorities-in-statewide-survey/.

² Ben-Porath et al., *Health Care Priorities*.

³ Kristof Stremikis, *One in Five Californians Knows Someone Who Died of COVID-19*, CHCF, September 3, 2020, www.chcf.org/blog/covid-19-tracking-poll-one-five-californians-know-someone-who-died-covid-19/#related-links-and-downloads.

⁴ Ben-Porath et al., *Health Care Priorities*.

⁵ Ben-Porath et al.

⁶ Ben-Porath et al.