

California Health Providers' Attitudes Regarding a COVID-19 Vaccine, March 2021

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About the Authors

Goodwin Simon Strategic Research (GSSR) is an independent opinion research firm with decades of experience in polling, policy analysis, and communications strategy for clients in the public and private sectors. GSSR Founding Partner Amy Simon, Partner John Whaley, Research Analyst Andrea Hackl, and independent researcher Sharon Pinkerton all contributed their thought leadership on this survey research in collaboration with the California Health Care Foundation.

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. For more information, visit www.chcf.org.

Introduction

On behalf of the California Health Care Foundation, Goodwin Simon Strategic Research conducted a California statewide online survey among doctors; nurses; nurse practitioners and physician assistants (NPs/PAs); and providers working in long-term care facilities, which includes those working in skilled nursing, assisted living, or residential care facilities. Note that the providers working in long-term care facilities could include doctors, nurses, and NPs/PAs — along with other types of providers, such as dietitians and physical therapists. Only providers who have been providing direct patient care during the COVID-19 pandemic were included in the survey.

This survey, conducted February 17–28, 2021, is the second wave of a two-part series of research focused primarily on COVID-19 vaccination, including health care providers' personal vaccine experience and perspectives on issues around COVID-19 vaccines and the vaccination program for the general public in California. The results of this second-wave study are compared to the first wave of the survey, conducted December 2–9, 2020, where applicable.

Analysis of the results by subgroups, including occupational types (doctors, NPs/PAs, and nurses, as well as providers working in long-term care facilities), safety-net provider status, the proportion of patients of color in a provider's patient population, and region of the state, revealed remarkably similar responses — most often with no statistical significance between them. This report mentions where differences are most notable. Please note that some of the demographic predictors may be collinear (e.g., safety-net providers are more likely to serve

patients of color), and thus survey findings between these groups may be similar. A profile of the sample and a breakdown of regions are included in the appendix.

Key findings include the following:

- **Nearly all providers (99%) have received a COVID-19 vaccine or plan to get it when a vaccine becomes available to them.** Vaccination rates are largely consistent across occupation, workplace setting, region, gender, age, race/ethnicity, and patient population (safety-net and non-safety-net, proportion patients of color).
- **Providers who have been vaccinated are less worried about getting COVID-19 or giving it to someone else.** Eighty-eight percent agree that they are *less worried about contracting COVID-19 at work*, and 74% agree that they are *less worried about giving someone else COVID-19*.
- **Providers see multiple challenges facing the mass vaccination campaign in California.** Providers overwhelmingly view *the lack of vaccine supply* as the most serious problem (95% view it as at least “somewhat” serious). However, large numbers also see problems with *the system for the general public to make vaccine appointments* (93% at least a “somewhat” serious problem), *a lack of coordination between state government and the organizations and health systems administering the vaccine* (90%), *a lack of coordination between federal government and state government* (89%), *public distrust* (88%), and *inequitable access to the vaccine for people with low incomes* (81%) and *people of color* (77%).
- **Providers believe new variants will make it harder to get the pandemic under control.** Nearly 9 in 10 (87%) say the new variants will make it either “much” (21%) or “somewhat” (66%) harder. Moreover, 7 in 10 (70%) are concerned that the new variants may reduce the efficacy of the COVID-19 vaccines.
- **By a 3 to 1 margin, providers favor their employers and the state of California mandating that health care providers get a COVID-19 vaccine.** Seventy-three percent favor the state of California mandating that all health care providers get a COVID-19 vaccine, up from 65% when this question was asked in December 2020.

The remainder of this report presents the results in more detail. The full survey and cross-tabulations showing results for various subgroups are available at www.chcf.org/publication/california-health-providers-attitudes-regarding-covid-19-vaccine-march-2021.

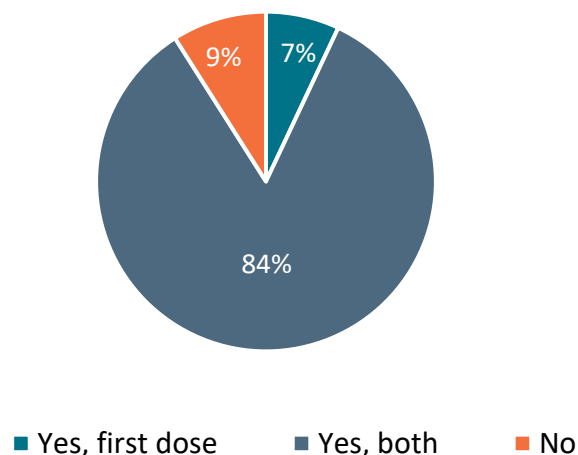
Section 1: Vaccination Rates Among Health Care Providers in California

There is near universal uptake of COVID-19 vaccines among health care providers surveyed. Ninety-nine percent of providers have received a COVID-19 vaccine or plan to get it when a vaccine becomes available to them.

Ninety-one percent of providers have received either the first dose (7%) or both doses (84%) of a COVID-19 vaccine (Figure 1). Moreover, high vaccination rates are far-reaching, with nearly 9 in 10 or more of providers having received at least one dose regardless of occupation, gender, age, race/ethnicity, region, the proportion of patients of color in a provider's patient population, and safety-net provider status.

Figure 1. Nine Out of 10 Providers Have Received at Least One Dose of the COVID-19 Vaccine

Q: HAVE YOU ALREADY RECEIVED A COVID-19 VACCINE?



Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. Totals may not add to 100% due to rounding.

The vaccination rate found in this survey is up from the 61% who said they had received at least one dose of a vaccine in a [CHCF/GSSR health care provider survey](#) conducted just one month earlier (from January 4 to 14, 2021).¹

¹ Note that the January 2021 Health Care Provider Survey included behavior health specialists, which the current survey did not. The January 2021 Health Care Provider survey also did not include providers at skilled nursing facilities.

Half of respondents who have not yet gotten the vaccine say they would like to get it immediately (20%), within the next one to two months (17%), or in three to four months (14%). Slightly over 2 in 10 (22%) will wait longer than that, and 15% are unsure. Thirteen percent of those who have not yet received a vaccine say they will “never” do so, which represents 1% of the entire sample of providers surveyed.

- While large numbers have gotten a vaccine regardless of occupation, doctors are more likely to have done so (94%) than NPs/PAs, nurses, and providers working in long-term care facilities (89% for each). Doctors are also more likely to have received both doses compared to other providers.
- Safety-net and non-safety-net providers are equally likely to have received one or both doses.
- Those practicing in small towns or rural areas (83%) are less likely than the sample average (91%) to have received a vaccine — with the findings suggesting that this slightly lower rate of vaccination reflects a greater hesitancy rather than reduced access. Of the small number of small town/rural providers who have not been vaccinated, 43% said they do not plan to do so. This is far higher than the sample average of 13%.

In this study’s first wave, conducted in early December 2020 — before a COVID-19 vaccine received emergency use authorization — 84% of health care providers said they would definitely or probably get the vaccine when it became available to them. However, at that time, just half (53%) were definite about it. The current finding that 93% have either received the vaccine (91%) or will do so immediately when it becomes available to them (2%) suggests that much of this initial hesitation has decreased.

Side effects and safety concerns are the most mentioned reasons providers give for never wanting a COVID-19 vaccine or for not wanting a vaccine immediately when it becomes available to them (Figure 2).

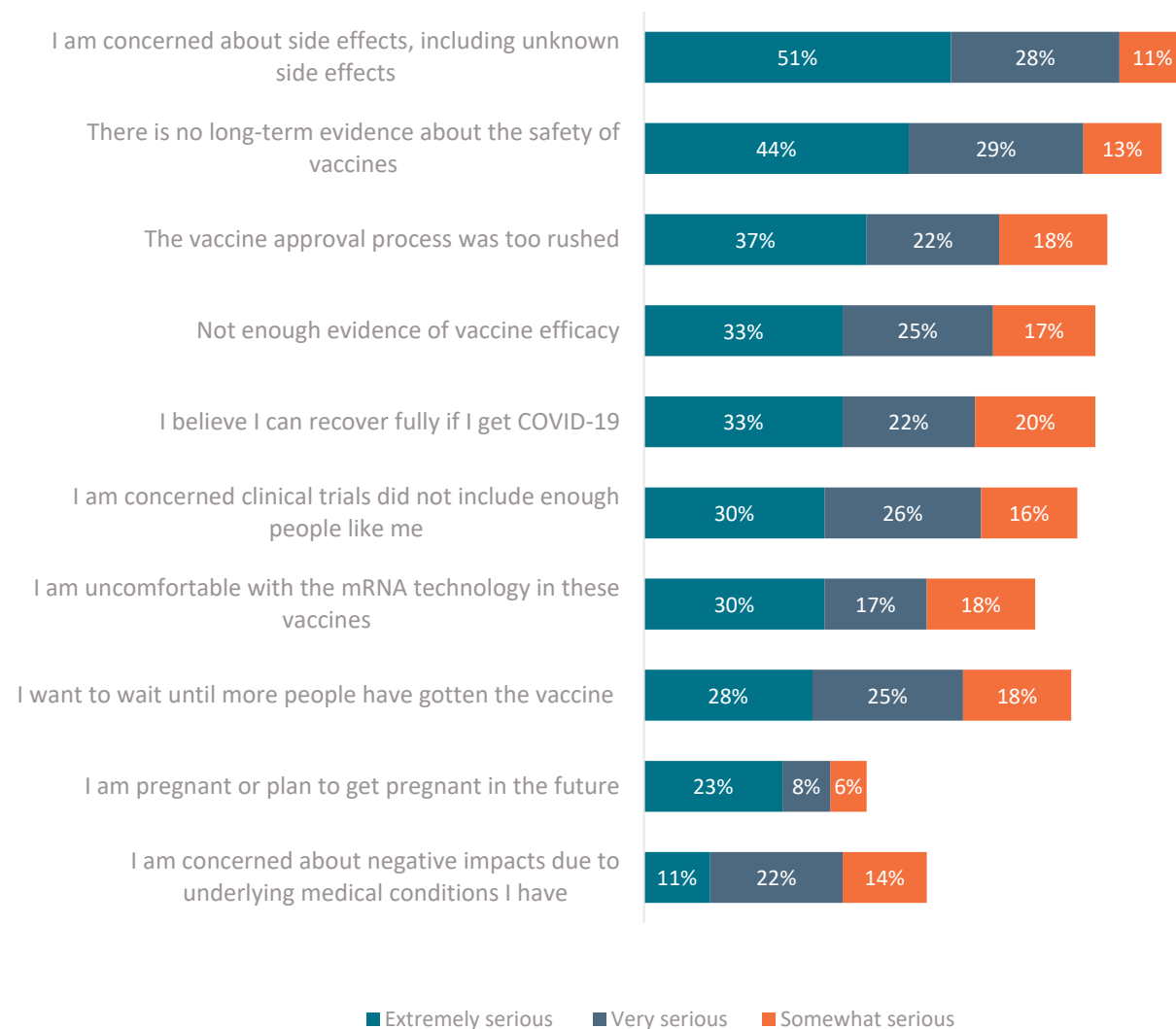
Eight in 10 (79%) of those who have not received a vaccine and do not plan to get one immediately when it is available to them say that *concerns about side effects, including unknown side effects* is an “extremely” (51%) or “very” (28%) important reason why they feel this way. An only slightly lower 73% say that *a lack of long-term evidence about the vaccines’ safety* is an “extremely” (44%) or “very” (29%) important reason.

These two reasons are far stronger than any others tested. However, other reasons related to safety considerations as well as efficacy are “extremely” or “very” important to approximately half or more of these respondents, including the following: *the vaccine approval process was too rushed* (59% extremely/very important), *not enough evidence of vaccine efficacy* (58%), *clinical trials did not include enough people like me* (56%), *I want to wait until more people have gotten the vaccine* (53%), and *I am uncomfortable with the mRNA technology in these vaccines* (47%).

Moreover, 55% say that believing *I can recover fully if I get COVID-19* is an “extremely” or “very” important reason why they have chosen to not get a vaccine or will not do so immediately when it becomes available to them.

Figure 2. Concerns About Side Effects and Safety Are the Top Reasons for Vaccine Hesitancy

Q: HOW IMPORTANT ARE EACH OF THE FOLLOWING IN YOUR DECISION TO NOT GET A COVID-19 VACCINE IMMEDIATELY WHEN IT BECOMES AVAILABLE TO YOU? (CONCERNS ARE RANKED BY THE PROPORTION ANSWERING “EXTREMELY SERIOUS.”)



Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

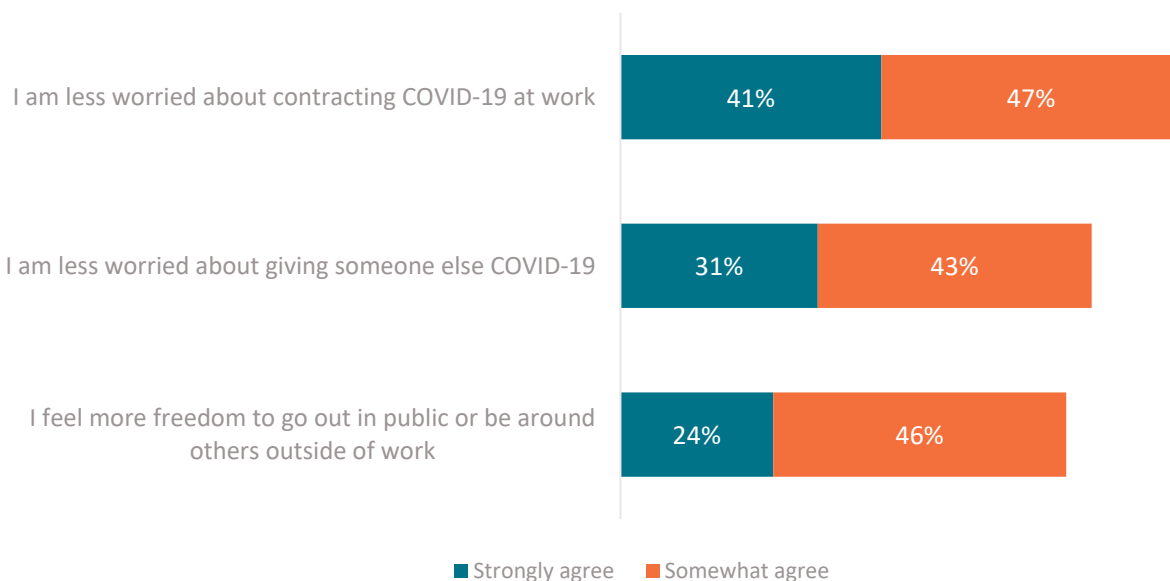
Notes: See detailed “topline” document for full question wording and response options. Asked only of those who have not received a COVID-19 vaccine and do not plan to get it immediately when it becomes available to them.

The study suggests that receiving a COVID-19 vaccine gives providers more peace of mind. Nearly 9 in 10 (88%) of those who have received a COVID-19 vaccine are *less worried about contracting COVID-19 at work*, with 41% “strongly” agreeing with this statement (Figure 3). This is particularly notable in light of the finding from the first wave of the CHCF Vaccine Study conducted in December which showed that 80% of health care providers were at least somewhat concerned about contracting COVID-19 at work. **Additionally, three out of four (74%) are less worried about giving someone else COVID-19** (31% strongly agreeing with this statement).

Seven in 10 (70%) of those who have been vaccinated agree they *feel more freedom to go out in public or be around others outside of work* (24% strongly agreeing). Note that this survey was conducted before the Centers for Disease Control and Prevention’s (CDC’s) revised guidance stating that those who have been vaccinated can be around others outside their household within certain parameters. The proportion of providers who feel this way might therefore be larger now in light of this new CDC guidance.

Figure 3. Nearly 9 in 10 Vaccinated Providers Are Less Worried About Contracting COVID-19

Q: HAVING RECEIVED A COVID-19 VACCINE, HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING?



Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. This question was asked only of those who have received a COVID-19 vaccine.

Section 2: Opinions About the Public Vaccination Campaign

Nearly every provider views the lack of vaccine supply as a serious problem — with 95% considering it at least a “somewhat” serious problem. However, the survey shows that health care providers consider several other factors to be serious challenges to the California COVID-19 vaccination program — running the gamut from public education and communication to vaccination sites and the tiered-priority system (Figure 4).

Health care providers were asked to describe in their own words what they believe are the one or two most important things that should be done to improve California’s COVID-19 public vaccination program — beyond increasing the vaccine supply. The responses highlight that there is no consensus — or dominant top-of-mind — priority. Instead, the providers offer a vast array of potential improvements — both in terms of the aspect of the system that needs improvement and the specific way providers suggest to improve it.

The most frequently mentioned suggestions fall into the following coded categories:

- Educating the public/addressing hesitancy (22%)
- Ease of scheduling appointments (18%)
- More vaccine sites or locations (18%)
- More vaccine supply equity (10%)
- Administering vaccines at pharmacies or doctors’ offices (10%)
- Integrated system/better organization (9%)
- Clear guidelines and communication (9%)
- Availability for underserved communities (8%)
- Accessibility in general (8%)
- Vaccinate the elderly, those at high risk, and essential workers (6%)
- Provide mobile vaccination/drive-thru (6%)
- More staff to provide vaccines (5%)

While many providers suggest the need for more sites or providing the vaccine at local pharmacies and medical offices, many specifically mention the need to increase efforts to reach underserved populations by “literally [bringing it] to the doors of households.” Examples of specific provider suggestions include the following:

“Increase the number of facilities giving the shots, and consider having someone go to the complexes where a lot of high-risk patients live.” —Doctor

“Have a mobile unit to go to the homebound and rural areas. Have smaller vaccination centers in all areas of a county.” —Doctor

“Could be much improved by having stations set up at areas where indigent/homeless congregate [such as] bus stations, parks. Many do not have access to the internet to schedule an appointment or don’t care about getting the vaccine.” —NP

“Bring vaccines to larger places of employment and directly to smaller communities. For example, set up clinics in community centers or utilize mobile vaccination centers.” —RN

“Church-based vaccination centers in underserved areas.” —RN

“Availability in more places [such as] stores, malls, mobile clinics.” —RN

“1. Make it easy to access the vaccine in all areas. 2. Allow ERs, food kitchens for homeless, mental health facilities to provide the vaccines. 3. Keep providing good, up-to-date information on safety/benefits of vaccine.” —RN

When it comes to who should be prioritized to receive the vaccine, most providers support prioritizing vulnerable populations, including the elderly, those at high risk, essential workers, and teachers. Few providers support efforts to “open it up” to everyone.

“Vaccinate homeless, jailed populations, and lower SES [socioeconomic status] populations ASAP.” —Doctor

“Make sure it doesn’t leave out certain cultural/ethnic/socioeconomic groups. This requires acknowledging barriers.” —Doctor

“California should follow West Virginia’s and Alaska’s lead and find ways to make it easier for the poor, the uneducated, and the elderly to make appointments to be immunized. The structure that was created for immunization essentially made those people that are ... upper-class and educated have access to immunizations.” —PA

“Open it up to anyone who wants it. Trying too hard to be fair. Then no one is getting it.” —Doctor

Those who mention the need to improve the appointment scheduling system generally focus on making it easier to use, with many specifically mentioning making the system more accessible for underserved populations who do not have access to the internet.

“Straighten out scheduling because there have been a series of misfires.” —Doctor

“Vastly improve vaccine appointment information and accessibility. Continued work on ensuring equality.” —NP/RN

“Better access. I have a number of patients who are not online. It’s almost impossible to get through with the telephone.” —RN

“1. Allow people to make appointments when they first register on a site. 2. Being told they’ll be emailed or called back is not very reassuring. Have vaccine assistants whose job it is to call patients and set up appointments for them.” —RN

Many providers suggest improving public education around vaccines. This includes education to reduce vaccine hesitancy as well as educating people on how to make appointments and navigate the system.

“Public health outreach regarding vaccine hesitancy. Taking vaccines to lower-resource areas and delivering vaccines in neighborhoods, aka bringing the vaccine to people, especially in areas where hesitancy is higher.” —NP

“Clear public health widespread campaign to INFORM the public of 1) the process for scheduling (who, how, when) and 2) what having been vaccinated actually means with respect to social practice.” —NP/RN

“Science-based education campaign, particularly for the underserved in communities in their native language by educators of the same ethnic background.” —RN

“Work on a campaign to make people feel more at ease about getting the vaccine because, although a lot of people aren’t able to receive the vaccine yet (because of supply), a LOT are turning it down. They are afraid.” —Dietitian

“Clear messaging/public awareness campaign in multiple mediums (billboards, etc.) on how to get an appointment.” —Physical therapist

In addition to being asked to volunteer improvements to the public vaccination program in California, providers rated how serious (or not) they consider potential challenges to the campaign.

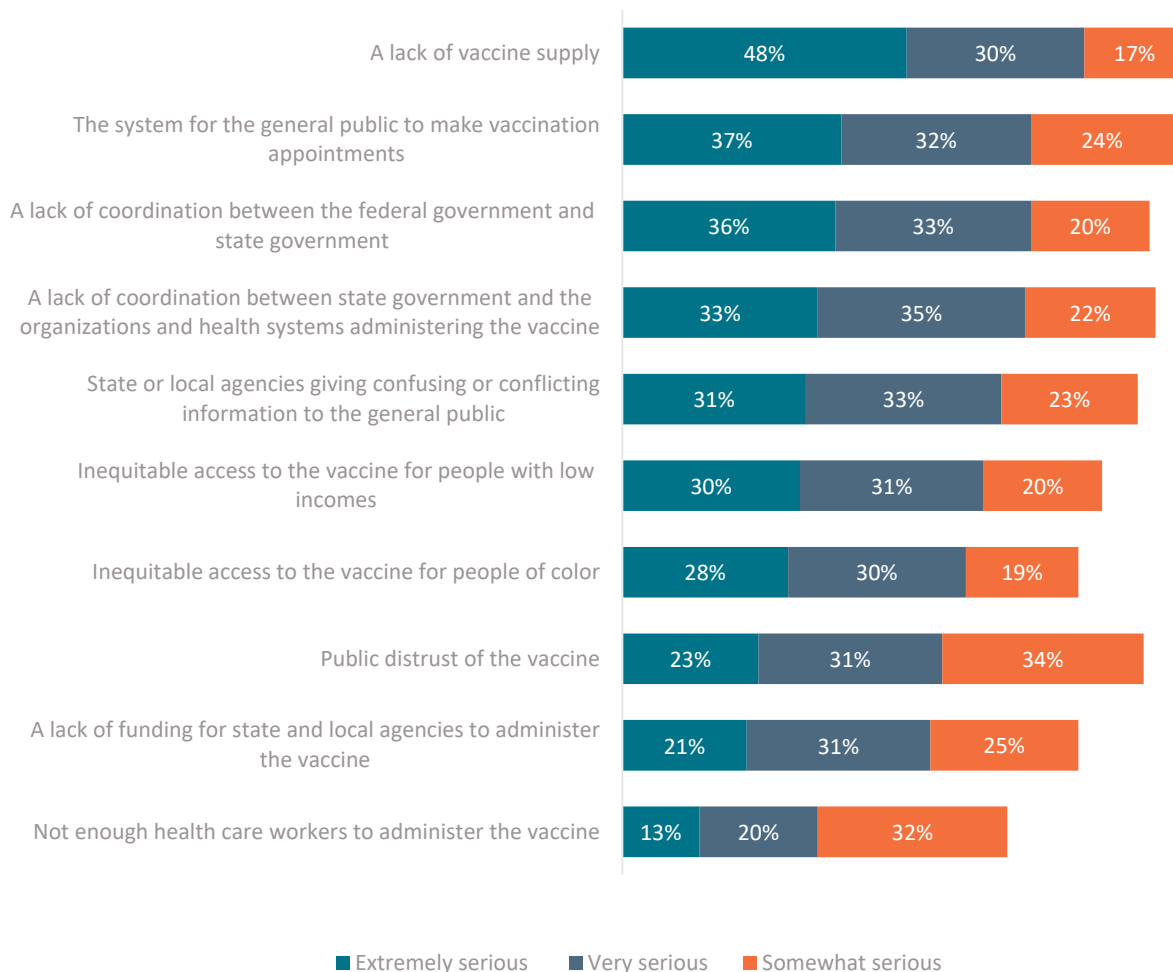
- **Beyond the lack of sufficient vaccine supply, topping the list of problems are factors related to systems and coordination.** Nearly 7 in 10 consider *the system for the general public to make vaccination appointments* (69%), *a lack of coordination between the federal government and state government* (69%), and *a lack of coordination between state government and the organizations and health systems administering the vaccine* (68%) to be “extremely” or “very” serious problems. *State or local agencies giving confusing or conflicting information to the general public* is considered an “extremely”

or “very” serious problem to 64% of providers (87% to 93% call these issues at least “somewhat” serious).

- Six in 10 consider *inequitable access to the vaccine for people with low incomes* (61%) and *people of color* (58%) to be an “extremely” or “very” serious problem (81% and 77%, respectively, at least “somewhat” serious).
- Just over half (54%) consider *public trust of the vaccine* to be an “extremely” or “very” serious problem (88% at least “somewhat” serious).
- Resource-related concerns generate the least intensity of response. Just over half (52%) consider *a lack of funding for state and local agencies to administer the vaccine* to be an “extremely” or “very” serious problem (77% at least “somewhat” serious). Relatively few providers (33%) consider *not enough health care workers to administer the vaccine* to be an “extremely” or “very” serious problem.

Figure 4. Providers Consider Vaccine Supply, the Appointment System, and Lack of Coordination to Be Serious Problems Facing the Public Vaccination Program in California

Q: THINKING OF THE CHALLENGES FACING CALIFORNIA'S COVID-19 VACCINATION PROGRAM, HOW SERIOUS OF A PROBLEM DO YOU CONSIDER EACH OF THE FOLLOWING? (CONCERNS ARE RANKED BY THE PROPORTION ANSWERING "EXTREMELY SERIOUS.")



Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options.

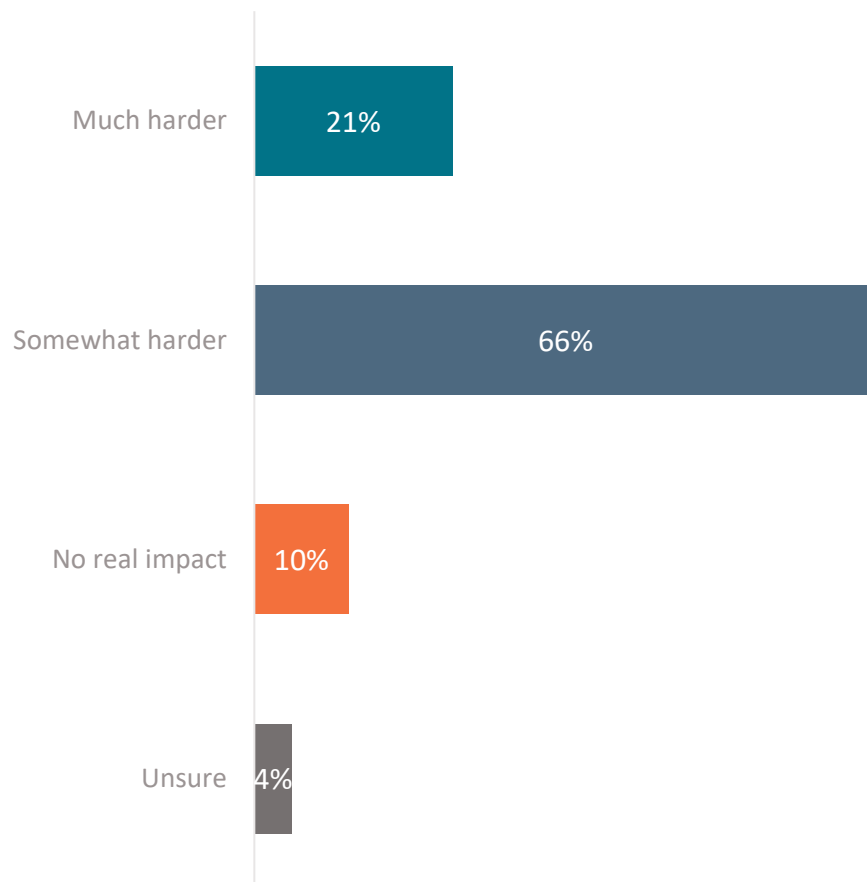
At the time this survey was conducted (February 17–28, 2021) — which is before President Biden announced that the country would have enough vaccines for every adult by the end of May — about half of providers surveyed did not anticipate everyone in the United States having access to a COVID-19 vaccine before the fall or later. Fifteen percent felt everyone in the United States who wanted a COVID-19 vaccine would have the opportunity to get it by May or June, with another 36% predicting this widespread availability by July or August. However, 23% felt full access would not occur until September or October, and 12% not until November or December. Twelve percent felt everyone would not have this opportunity until either 2022 (11%) or later (1%).

Section 3: Impact of New Variants

Nearly 9 in 10 (87%) of health care providers believe new COVID-19 variants will make it either “much” (21%) or “somewhat” (66%) harder to get the pandemic under control (Figure 5). One in 10 believe new variants will have no impact (4% are unsure).

Figure 5. Nearly 9 in 10 Believe New COVID-19 Variants Will Make It Harder to Get the Pandemic Under Control

Q: DO YOU THINK NEW COVID-19 VARIANTS WILL MAKE IT MUCH HARDER, SOMEWHAT HARDER, OR HAVE NO REAL IMPACT ON GETTING THE PANDEMIC UNDER CONTROL?



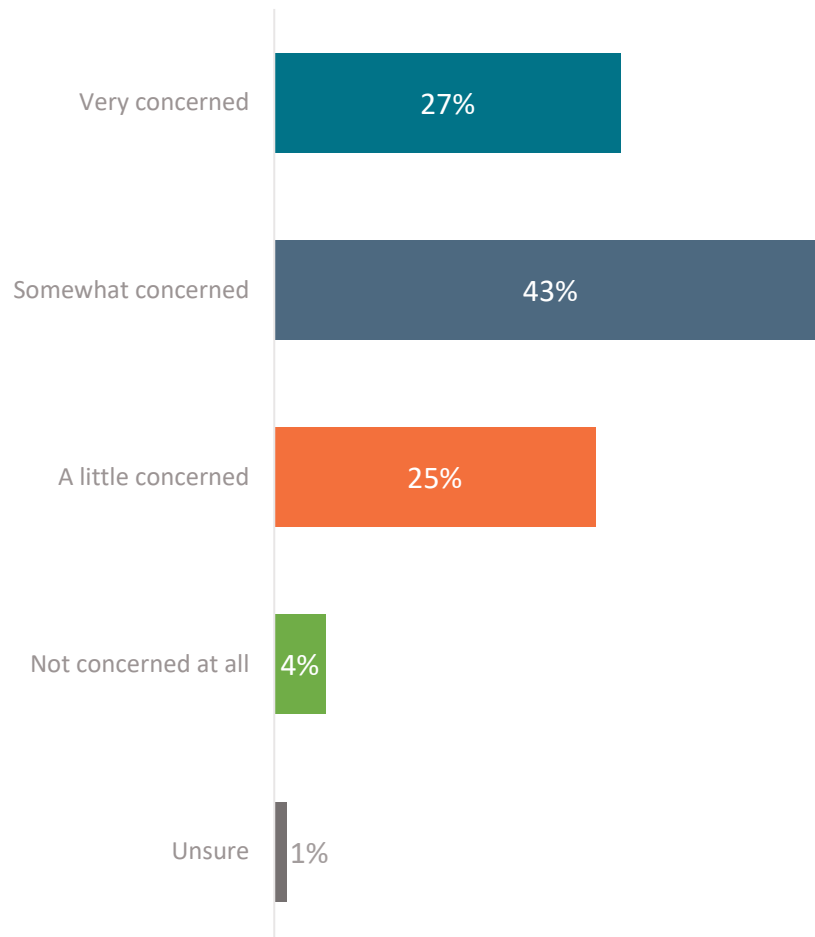
Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. Totals may not add to 100% due to rounding.

Seven in 10 are “very” or “somewhat” concerned that new COVID-19 variants may reduce the efficacy of the COVID-19 vaccines (Figure 6). In total, 95% are at least “a little” concerned. There was no notable difference in the proportion concerned by subgroups.

Figure 6. Seven in 10 Providers Are Concerned New COVID-19 Variants May Reduce COVID-19 Vaccine Efficacy

Q: HOW CONCERNED ARE YOU THAT NEW COVID-19 VARIANTS MAY REDUCE THE EFFICACY OF THE COVID-19 VACCINES?



Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. Totals may not add to 100% due to rounding.

Section 4: Vaccine Mandate for Health Care Providers

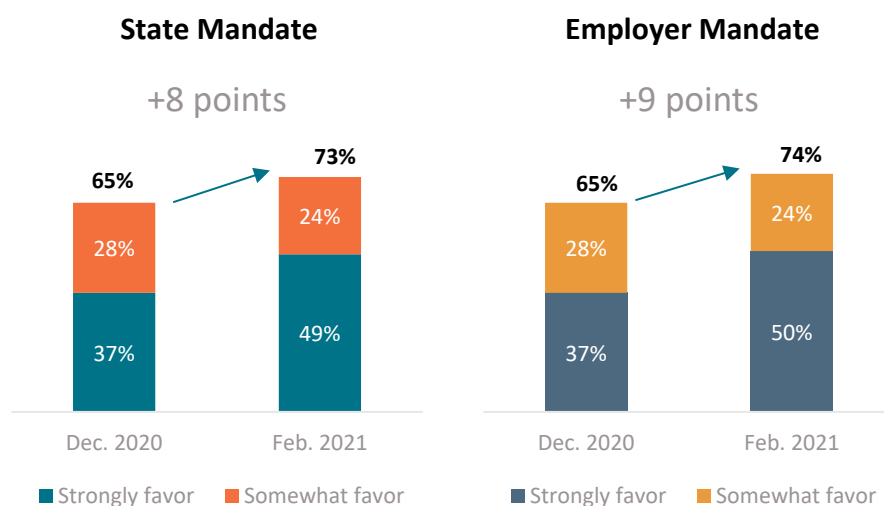
By a 3 to 1 margin, providers favor the state and their employers mandating that health care providers get a COVID-19 vaccine (Figure 7).

Seventy-three percent either “strongly” (49%) or “somewhat” (24%) favor the state of California mandating that all health care providers get a COVID-19 vaccine. This proportion is up from the December 2020 survey, where 65% favored these mandates. One in 4 (24%) oppose such a requirement, with 13% “strongly” opposed.

The same proportions favor employers at health care facilities like theirs mandating health care providers at their facilities get a COVID-19 vaccine, with 50% “strongly” in favor and 24% “somewhat” so. Twenty-three percent oppose it, with 13% “strongly” opposed. As with support for state mandates, this support is up from the December survey, where 65% favored an employer mandate.

Figure 7. Nearly 3 in 4 Providers Favor State and Employer COVID-19 Vaccine Mandates — an Increase from Three Months Ago

Q: WOULD YOU FAVOR OR OPPOSE THE STATE OF CALIFORNIA/EMPLOYERS AT HEALTH CARE FACILITIES LIKE YOURS MANDATING THAT ALL HEALTH CARE PROVIDERS GET A COVID-19 VACCINE?



Source: CHCF/GSSR Survey of California Health Care Providers (Wave 1: December 2–9, 2020; Wave 2: February 17–28, 2021).

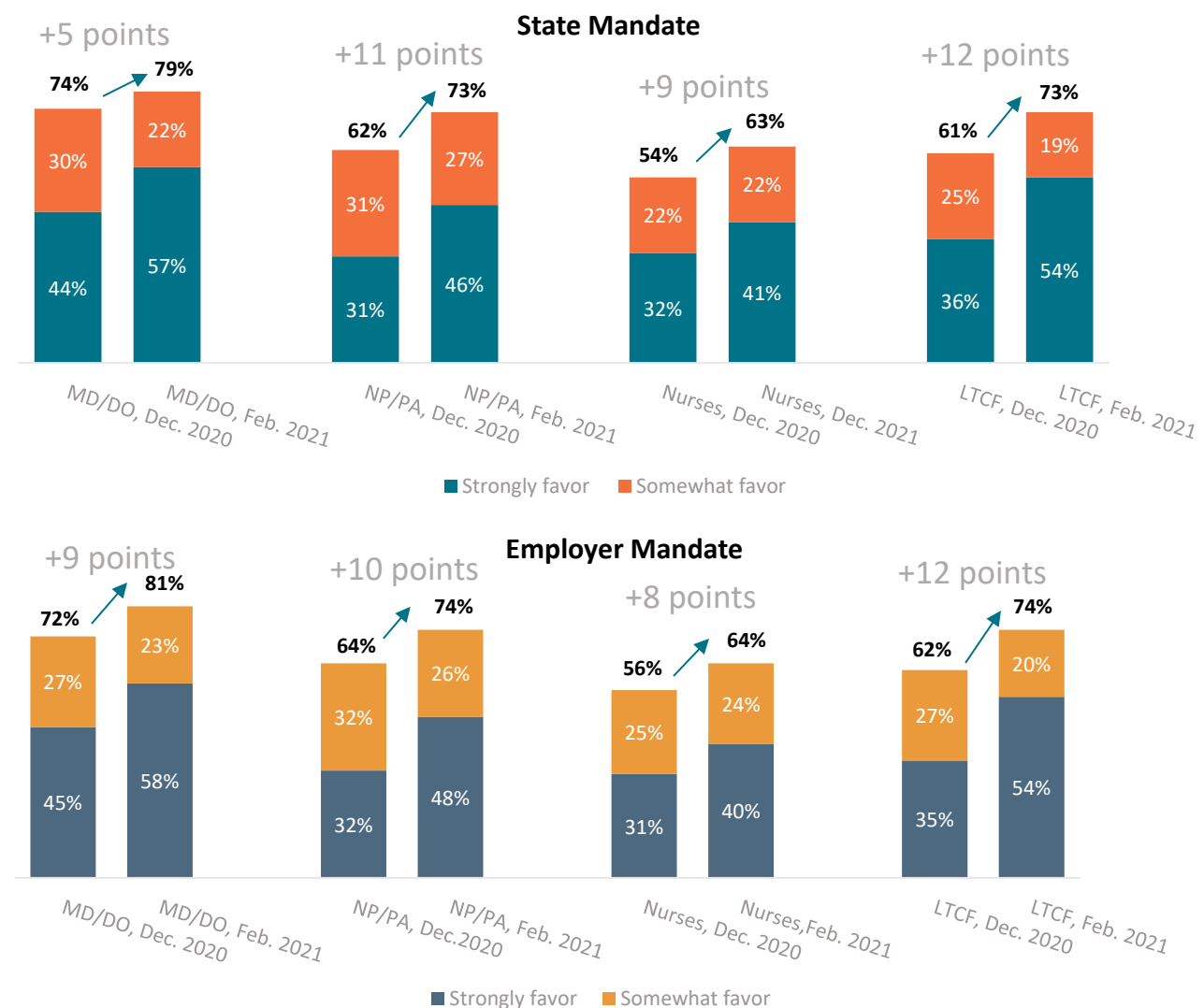
Notes: See detailed “topline” document for full question wording and response options.

The proportion supporting a state or an employer mandate that all health care providers receive a COVID-19 vaccine rose among doctors, NPs/PAs, nurses, and providers working in long-term care facilities (Figure 8). The greatest increase is among NPs/PAs and providers working in long-term care facilities. Moreover, intensity of response — measured by the proportion who say they “strongly favor” the mandates — increased most notably, between 9 percentage points and 15 points across provider groups.

Across both waves of the survey, nurses are less likely compared to other occupations to support both a state and a health care facility mandate. In the most recent survey, for example, 63% favor state mandates, compared to 79% of doctors and 73% of both NPs/PAs and providers in long-term care facilities. Likewise, 63% of nurses favor employer mandates, compared to 81% of doctors and 74% of both NPs/PAs and providers in long-term care facilities.

Figure 8. Support for COVID-19 Vaccine Mandates Increased from Three Months Ago Among All Provider Groups

Q: WOULD YOU FAVOR OR OPPOSE THE STATE OF CALIFORNIA/EMPLOYERS AT HEALTH CARE FACILITIES LIKE YOURS MANDATING THAT ALL HEALTH CARE PROVIDERS GET A COVID-19 VACCINE?



Source: CHCF/GSSR Survey of California Health Care Providers (Wave 1: December 2–9 2020; Wave 2: February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. *NPs/PAs* are nurse practitioners/physician assistants. *LTCF providers* are providers in long-term care facilities.

Appendix: Methodology and Sample Profile

Methodology

The survey was administered online and conducted February 17–28, 2021, among 1,202 health care providers in California. Throughout this report, the survey respondents are referred to as *providers*. While the survey sample was designed to ensure it captured a broad cross section of providers in California — both by occupation and by workplace settings — it is not a technically representative sample across the entire health care worker population in California. Instead, the survey was intentionally designed to focus on doctors, nurse practitioners, physician assistants, and nurses, as well as providers working in long-term care facilities (defined as those providing direct care to residents in a skilled nursing facility; nursing home; or residential care facility, including assisted living or long-term care). Potential respondents who reported that they have not provided direct patient care since the COVID-19 pandemic began were excluded from the survey. The margin of error for $N = 1,202$ respondents is ± 2.8 percentage points and is higher for subgroups.

The first wave of this study was conducted December 2–9, 2020, and included 1,203 health care providers in California. It was conducted using the same methodology and has the same margin of error.

The survey includes the following sample sizes in each of these subgroups (please note that some providers qualified in more than one category):

- **Doctors**, which includes those with an MD or a Doctor of Osteopathic Medicine (DO) degree ($n = 501$ in current survey and December 2020)
- **Nurse practitioners and physician assistants**, represented together in this report as **NPs/PAs** ($n = 351$ current survey; $n = 320$ December 2020)
- **Nurses** ($n = 288$ current survey; $n = 318$ December 2020), which could include those with the following licenses or credentials:
 - Registered Nurse (RN)
 - Certified Nursing Assistant (CNA)
 - Certified Nurse-Midwife (CNM)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Clinical Nurse Specialist (CNS)
 - Licensed Practical Nurse (LPN)
 - Licensed Vocational Nurse (LVN)
- **Providers working in long-term care facilities** ($n = 300$ in current survey and December 2020), which could include the following licenses or credentials:
 - MD or a Doctor Osteopathic Medicine (DO)
 - Nurse Practitioner (NP)
 - Physician Assistant (PA)
 - Registered Nurse (RN)
 - Certified Nursing Assistant (CNA)
 - Certified Nurse-Midwife (CNM)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Clinical Nurse Specialist (CNS)
 - Licensed Practical Nurse (LPN)
 - Licensed Vocational Nurse (LVN)
 - Respiratory therapist
 - Dietitian

- Occupational therapist
- Physical therapist
- Speech therapist

It is important to note that, in this study, the subgroup of providers working in long-term care facilities is a categorization of *where* a provider works rather than an occupational type as compared to the categories of doctors, NPs/PAs, and nurses. Doctors, NPs/PAs, and nurses who provide direct care to residents in a skilled nursing facility, nursing home, or residential care facility (assisted living or long-term care) qualified as providers working in long-term care facilities in this research. Respiratory therapists, dietitians, occupational therapists, physical therapists, and speech therapists were only included if they qualified as providers working in long-term care facilities. To this point, 17% of doctors surveyed qualified as providers in long-term care facilities (2% only in these settings and 15% in these and other settings), and 83% did not. Similar proportions of NPs/PAs surveyed work in long-term care facilities (15%), while 28% of nurses do so. Five percent of the sample is made up of those from other occupations (dietitians and therapists) who only work in long-term care facilities.

Quotas for the three occupational areas, as well as providers working in long-term care facilities, were established, and participants were randomly selected to participate. The sample was randomly drawn from providers registered with WebMD/Medscape. Those selected received an invitation email with a link to complete the survey online. The participants were also provided with a financial incentive to complete the 10-minute survey.

Table 1 shows the proportion of providers who completed the survey by the various licenses, credentials, and degrees used to determine the occupational categories of doctors, NPs/PAs, and nurses.

Table 1. Provider Licenses, Credentials, and Degrees

Occupation	%
Doctors	
MD	37%
Doctor of Osteopathic Medicine (DO)	4%
NPs/PAs	
Nurse Practitioner (NP)	18%
Physician Assistant (PA)	11%
Nurses	
Registered Nurse (RN)	25%
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)	4%
Certified Nursing Assistant (CNA)	*
Clinical Nurse Specialist (CNS)	1%
Certified Nurse-Midwife (CNM)	*
Certified Registered Nurse Anesthetist (CRNA)	*

Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options.

* Indicates that <0.5% of respondents gave this response.

— Indicates that no respondents gave this response.

Table 2 shows the percentage of providers working in long-term care facilities in each occupation included in the sample.

Table 2. Licenses, Credentials, and Degrees of Providers Working in Long-Term Care Facilities

Occupation	%
Doctors	
MD	29%
Doctor of Osteopathic Medicine (DO)	3%
NPs/PAs	
Nurse Practitioner (NP)	10%
Physician Assistant (PA)	7%
Nurses	
Registered Nurse (RN)	19%
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)	13%
Certified Nursing Assistant (CNA)	1%
Clinical Nurse Specialist (CNS)	*
Certified Nurse-Midwife (CNM)	--
Certified Registered Nurse Anesthetist (CRNA)	--
Other Occupations	
Physical Therapist	12%
Dietitian	7%
Occupational Therapist	1%
Speech Therapist	*
Respiratory Therapist	—

Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Note: See detailed “topline” document for full question wording and response options. Totals may not add to 100% due to rounding and multiple responses.

* Indicates that <0.5% of respondents gave this response.

— Indicates that no respondents gave this response.

Table 3 shows the proportion of respondents in each region of the state and the counties included in those regions.

Table 3. Regional Breakdown

Regions	%
Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma	21%
Rural North: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba	3%
Greater Sacramento: El Dorado, Placer, Sacramento, Yolo	6%
Central Coast: Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura	6%
Central Valley: Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare	5%
Los Angeles County: Los Angeles	28%
San Diego/Orange: Orange, San Diego	23%
Inland Empire/Desert: Imperial, Inyo, Mono, Riverside, San Bernardino	7%

Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Note: See detailed “topline” document for full question wording and response options. Totals may not add to 100% due to rounding.

Sample Profile

The providers represent a diverse population of practitioners. The demographic profile of the sample overall, by occupation, and by providers working in long-term care facilities is provided in Table 4.

Table 4. Demographics by Occupation Type and LTCF Providers

Demographic Characteristic	Size of Subgroup (n)	Total (%)	Doctors (%)	NPs/PAs (%)	Nurses (%)	LTCF (%)
Gender						
Male	367	31%	54%	16%	10%	30%
Female	829	69%	45%	83%	90%	70%
Age						
18–34	189	16%	8%	20%	24%	17%
35–49	522	43%	45%	48%	35%	40%
50–64	365	30%	33%	24%	33%	33%
65+	125	10%	14%	8%	8%	10%
Race/Ethnicity						
White	643	53%	49%	51%	61%	56%
Hispanic	119	10%	5%	15%	13%	8%
Black	32	3%	3%	4%	2%	2%
API	435	36%	45%	34%	25%	34%
Patients of Color						
25% or less POC	331	28%	30%	23%	26%	40%
26%–50% POC	380	32%	37%	28%	30%	30%
51% or more POC	463	39%	33%	47%	40%	28%
Safety-net Provider Status						
Safety-net provider	732	61%	51%	66%	73%	61%
Non-safety-net provider	405	34%	45%	28%	19%	33%
Region						
Bay Area	258	21%	22%	19%	23%	22%
Rural North	32	3%	2%	3%	4%	3%
Greater Sacramento	71	6%	6%	5%	7%	6%
Central Coast	76	6%	6%	7%	5%	8%
Central Valley	64	5%	5%	4%	8%	7%
Los Angeles County	339	28%	29%	34%	22%	23%
San Diego/Orange	276	23%	24%	19%	26%	25%
Inland Empire/Desert	86	7%	6%	9%	6%	7%

Source: CHCF/GSSR Survey of California Health Care Providers (February 17–28, 2021).

Notes: See detailed “topline” document for full question wording and response options. *API* is Asian/Pacific Islander. *LTCF* refers to providers working in long-term care facilities. *POC* is patients of color. Totals may not add to 100% due to rounding and either multiple or missing responses. Within each demographic category, subgroup sizes (*n*) may not add up to 1,202 (*N*) due to multiple or missing responses.