



COVID-19 Tracking Poll, May 2021: Views from California Health Care Providers on the Front Lines

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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 and Key Findings

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 (NP/PAs), and behavioral health specialists to assess their experiences during the COVID-19 pandemic. This survey, conducted March 26 through April 8, 2021, is the third in a three-part series of research assessing COVID-19-related impacts on health care providers. The results of this third-wave study are compared to the first wave conducted in September 2020 and the second wave conducted in January 2021 to assess changing experiences among providers during the often-changing pandemic environment.

The report also highlights differences among occupation types (doctors, behavioral health specialists, NP/PAs, and nurses), by the proportion of providers' patient-of-color population, and by safety-net providers (those with 30% or more of their patient population receiving Medicaid/Medi-Cal or who are uninsured) compared to non-safety-net providers. When reviewing this report, it is important to 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.

Meaningful regional differences are also noted. A breakdown of regions is included in the Methodology and Sample Profile in the appendix.

Key findings include the following:

- **Virtually all providers have gotten and would recommend the COVID-19 vaccines, but many are concerned about variants reducing their efficacy and about another surge.**
 - Ninety-two percent of providers have received both doses (86%) or the first dose (6%) of a COVID-19 vaccine.
 - Ninety-four percent would recommend the Pfizer vaccine and 92% the Moderna vaccine to their patients. Eight in 10 providers (81%) would recommend Johnson & Johnson; 57% would “definitely” do so. (It is important to note that this survey was conducted before use of the Johnson & Johnson vaccine was paused and subsequently restarted.)
 - Nearly 7 in 10 providers (68%) are concerned that new COVID-19 variants may reduce the efficacy of the vaccines.
 - Eight in 10 providers (79%) also believe there will be another surge — with 1 in 4 (24%) “definite” in this view.
- **Large majorities of providers feel the COVID-19 pandemic has better prepared the state of California and their hospital for future emergencies, although crucial areas still lag.**
 - Just over 8 in 10 providers (82%) feel the state of California will be at least “a little” better prepared for future emergencies such as another pandemic, earthquake, or wildfires because of its experience with COVID-19.
 - Of those who work in a hospital or send patients to one, just over 9 in 10 providers (92%) believe their hospital’s experience with COVID-19 will make it better prepared for future emergencies.
 - Less than half of providers working in a hospital or sending patients to one believe the COVID-19 pandemic has improved their ability to efficiently transfer patients to other facilities or exchange clinical data with facilities outside their network during future emergencies.
- **While health care providers’ workplace and personal morale have improved from just a few months ago, significant majorities still feel overworked and burned out.**
 - More than half of providers report their personal (58%) or workplace (53%) morale is positive—the first time a majority of providers have reported positive workplace morale in this three-wave study. However, more than 4 in 10 continue to report modest to negative personal or workplace morale.
 - Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. The proportion expressing these sentiments has remained fairly consistent across all three waves of this study.

- As seen in the previous surveys, safety-net providers and providers with higher proportions of patients of color are more likely than other providers to report experiencing workplace hardships during COVID-19. These providers are more likely to feel overworked, experience staffing shortages that have hampered their response to the pandemic, reuse personal protective equipment (PPE), and to have had their job responsibilities expanded or been reassigned.
- **Providers have faced — and continue to face — financial challenges and uncertainty.**
- Twenty-eight percent say their workplace continues to experience financial instability, with another 21% saying their workplace initially experienced financial instability during the pandemic but has largely recovered.
 - Four in 10 providers (40%) say their patient volume remains down compared to before the pandemic — unchanged from the proportion giving this response in January and down only slightly from 47% in September 2020.
 - Nearly half of providers (48%) report that 2020 was a worse year financially for their workplace than was 2019. Four in 10 providers (42%) who gave this response believe 2021 will be no better — 13% believe it will be worse and 29% the same.
 - Nearly all providers who received federal financial support through the CARES (Coronavirus Aid, Relief, and Economic Security) Act, the Paycheck Protection Program, and/or the American Rescue Plan Act consider it to have been important in not only paying for additional supplies and safety precautions for their patients and staff, but to remain financially solvent.
- **Most providers report increased mental health and substance use impacts among patients, with many worried about forgone and delayed care.**
- Nine out of 10 providers (90%) report seeing an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the pandemic, consistent with prior waves of this study.
 - Two out of three (67%) have seen an increased use of alcohol or other drugs among their patients since the COVID-19 pandemic began.
 - Eighty-six percent of providers are “very” (31%) or “somewhat” (55%) concerned that their patients are forgoing or delaying health services necessary for their long-term health and well-being because of the COVID-19 pandemic.
 - Six in 10 providers (60%) say their office is prepared to manage a backlog of patients who have delayed or deferred care. However, just 12% feel “very” prepared.

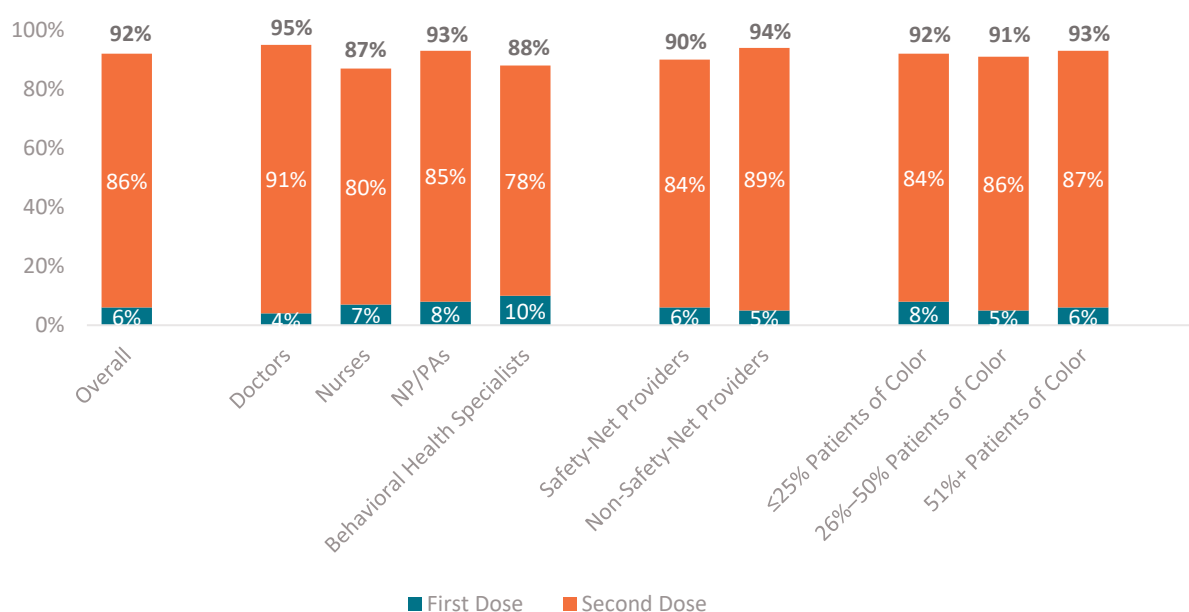
The remainder of this report presents the results in more detail.

Section 1: COVID-19 Vaccine Experience

Vaccination Rates Among Providers

More than 9 in 10 providers surveyed (92%) have received a COVID-19 vaccine, with 86% having received two doses of a vaccine. This represents a significant increase in vaccination rates from the January 2021 survey when 49% had received the first dose and 12% both doses, for a total of 61% (Figure 1).

Figure 1. Nearly 9 in 10 Providers Have Received Both Doses of a COVID-19 Vaccine
Q: HAVE YOU ALREADY RECEIVED A COVID-19 VACCINE?



Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

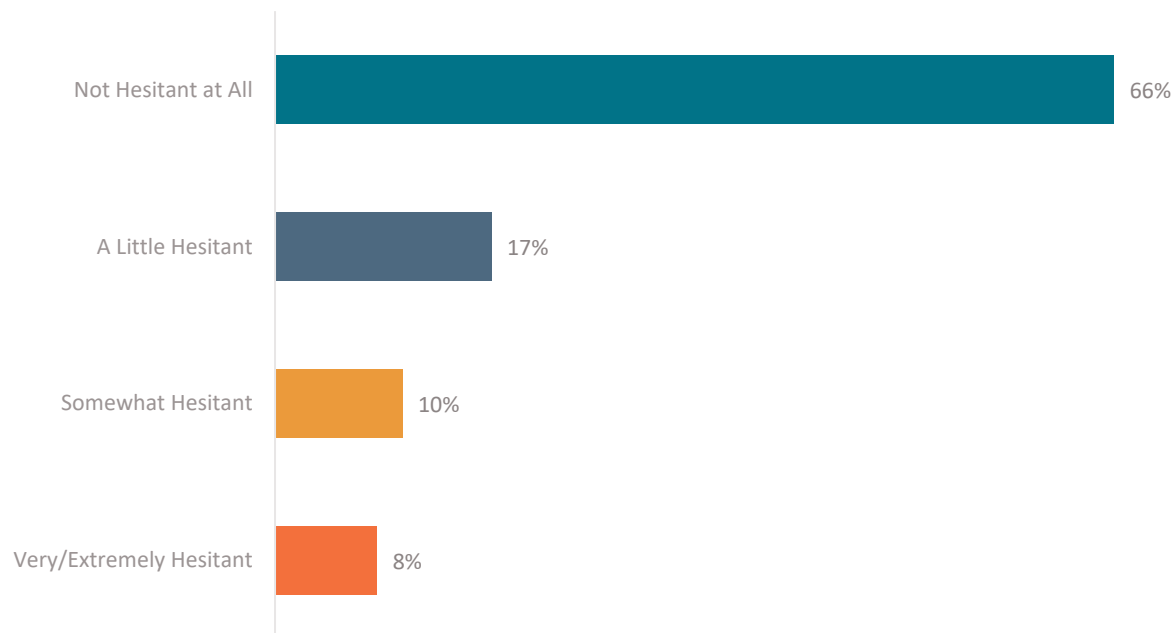
Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- High proportions of providers regardless of proportion of patient-of-color population and safety-net-provider status have received a vaccine. Doctors (95%) and NP/PAs (93%) are more likely to have received a vaccine than nurses (87%) or behavioral health specialists (88%). Doctors are also the most likely to have received both doses (91%, compared to 85% of NP/PAs, 80% of nurses, and 78% of behavioral health specialists).

Most providers who have received a vaccine say they had little (17%) to no (66%) hesitation before getting the vaccine. However, 8% were “extremely” or “very” hesitant at first, while 10% were “somewhat” so (Figure 2).

Figure 2. Most Providers Had Little to No Hesitancy About Getting a COVID-19 Vaccine
Q: WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU INITIALLY FELT BEFORE YOU CHOSE TO GET A COVID-19 VACCINE?



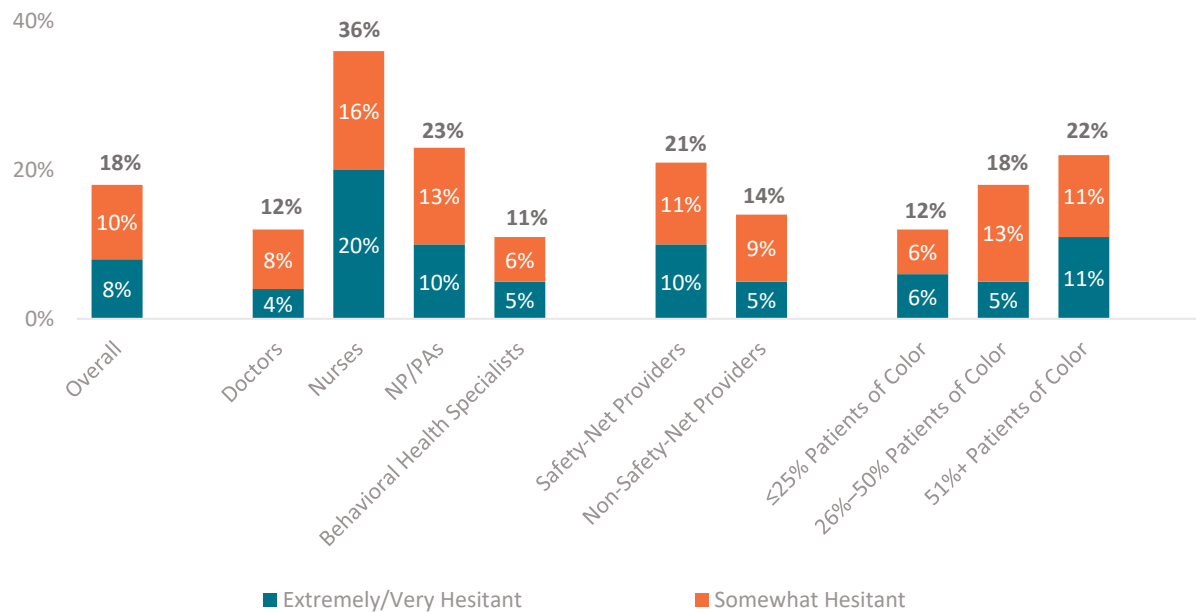
Notes: See detailed topline document for full question wording and response options. Asked only of those providers who have received the first or second dose of a COVID-19 vaccine. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- Nurses say they had more initial hesitancy (36% at least “somewhat” hesitant) than NP/PAs (23%), doctors (12%), and behavioral health specialists (11%) (Figure 3).
- Twenty-two percent of providers with populations of 51% or more patients of color say they were at least “somewhat” hesitant initially about getting a COVID-19 vaccine, while 18% of those with patient-of-color populations of 26% to 50% and 12% of those with smaller patient-of-color populations were.
- Safety-net providers say they had more initial hesitancy (21% at least “somewhat” hesitant) than did non-safety-net providers (14%).
- It is notable that initially hesitancy declines with rising age, with 23% of providers age 18 to 49 saying they were initially at least “somewhat” hesitant, while 16% of those 50 to 64 and 3% of those 65 or older were. Women were also more hesitant than men (21% to 12%), and Black providers were far more hesitant initially, at 48%, than were Latinx (27%), Asian / Pacific Islander (19%), or White (13%) providers.

Figure 3. Over One-Third of Nurses Were Initially Hesitant Before They Got a Vaccine
Q: WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU INITIALLY FELT BEFORE YOU CHOSE TO GET A COVID-19 VACCINE?



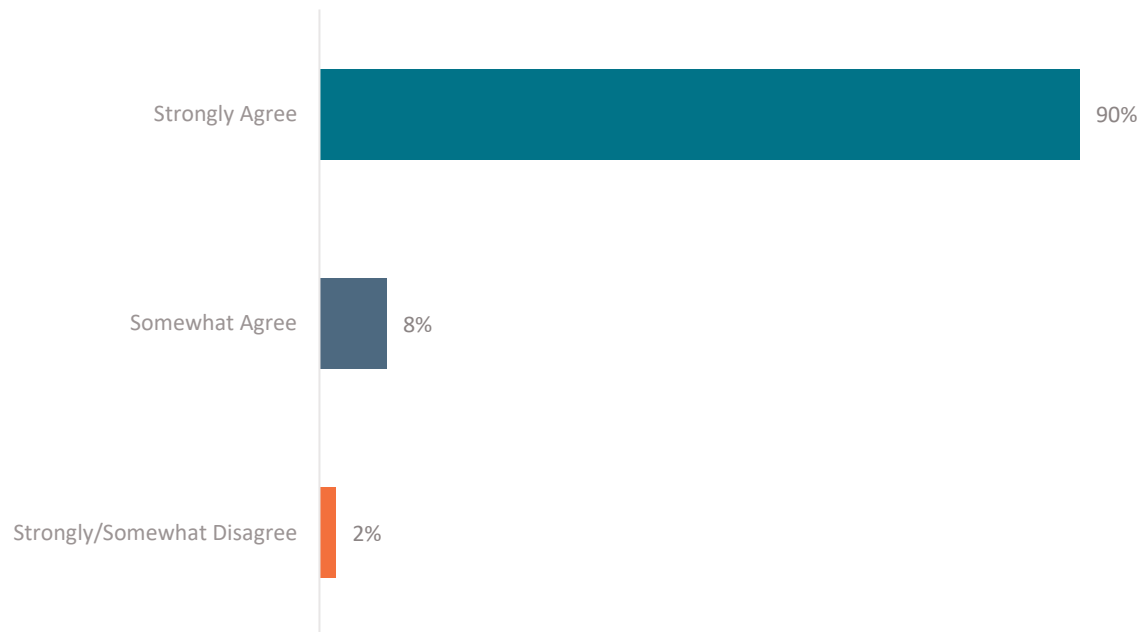
Notes: See detailed topline document for full question wording and response options. Asked of those who have received a COVID-19 vaccine. Totals may not add to 100% due to rounding. *NP/PAs* is nurse practitioners / physician assistants.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Nearly all providers who have received a COVID-19 vaccine are glad they did so, with 98% agreeing with this statement (90% “strongly agree”). Moreover, 94% of those who had expressed at least a little hesitancy initially say they are glad they got a vaccine. High proportions of all subgroups analyzed are glad they received a vaccine (Figure 4).

Figure 4. Nearly All Providers Are Glad They Got a COVID-19 Vaccine

Q: DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT: I AM GLAD I GOT THE COVID-19 VACCINE



Notes: See detailed topline document for full question wording and response options. Asked only of those providers who have received the first or second dose of a COVID-19 vaccine. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

High proportions of providers say they will recommend the vaccines to their patients — with over 9 in 10 saying they would do so regarding the Pfizer and Moderna vaccines. Ninety-four percent would recommend the Pfizer vaccine (87% “definitely”) and 92% the Moderna vaccine (79%) “definitely.” These rates are up slightly from the 89% who said they would recommend each vaccine in the January 2021 survey.

Note that this survey was conducted before the US government paused the use of the Johnson & Johnson vaccine. Eight in 10 providers (81%) said they would recommend the Johnson & Johnson vaccine in the survey, with 57% saying they would “definitely” do so. The lower proportion who would definitely recommend the Johnson & Johnson vaccine may reflect a number of factors not measured in this survey, including that it is newer to the market, a preference for other vaccines based on efficacy or research, or concerns about side effects that had already earned news attention.

Current Results Among Subgroups

- Non-safety-net providers are more likely than safety-net providers to “definitely” recommend Moderna (84% vs. 75%) and Johnson & Johnson (61% vs. 55%). There is little difference between these groups in the proportion that would “definitely” recommend Pfizer.
- Doctors are more likely to “definitely” recommend each vaccine than other providers.
 - While 92% of doctors would “definitely” recommend Pfizer, 85% of NP/PAs, 82% of nurses, and 79% of behavioral health specialists give this response.
 - Eighty-seven percent of doctors would “definitely” recommend Moderna, compared to 78% of NP/PAs, 70% of behavioral health specialists, and 67% of nurses.
 - Doctors (63%) and NP/PAs (60%) were equally likely to “definitely” recommend Johnson & Johnson at the time the survey was conducted — higher than the 51% of behavioral health specialists and 44% of nurses who do so. They were also more likely to say they would recommend it overall (88% of doctors and 84% of NP/PAs compared to 72% of behavioral health specialists and 68% of nurses). Nurses and behavioral health specialists were more likely to be uncertain (19% each) rather than notably more likely not to recommend.

Concern About New COVID-19 Variants and Another Surge

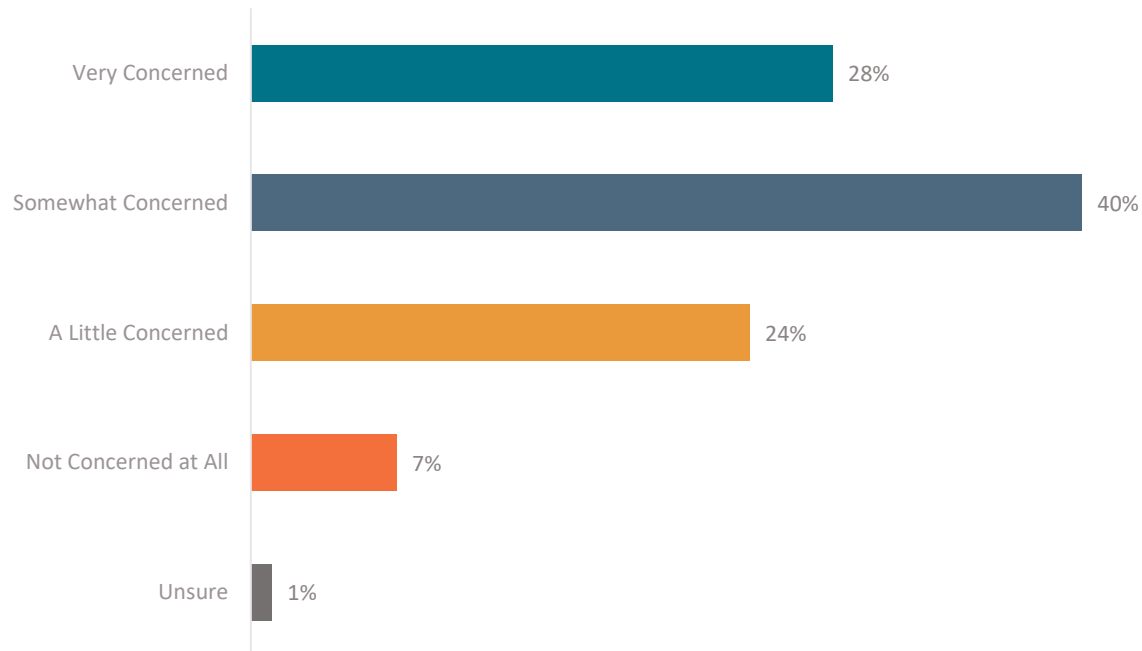
Most providers are concerned about new COVID-19 variants undermining current vaccines.

Nearly 7 in 10 providers (68%) are “very” (28%) or “somewhat” (40%) concerned that new COVID-19 variants may reduce the efficacy of the COVID-19 vaccines. Another 24% of providers are a “little concerned,” while just 7% are not concerned at all (Figure 5).

There is little difference in the proportion of providers concerned about new COVID-19 variants reducing the efficacy of the COVID-19 vaccines by patient-of-color population and safety-net-provider status. Nurses show more concern — both overall, at 74% compared to 67% of other providers on average, and in the proportion “very” concerned, at 37% compared to 26%.

Figure 5. Most Providers Are at Least a Little Concerned About New COVID-19 Variants Reducing Vaccine Efficacy

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



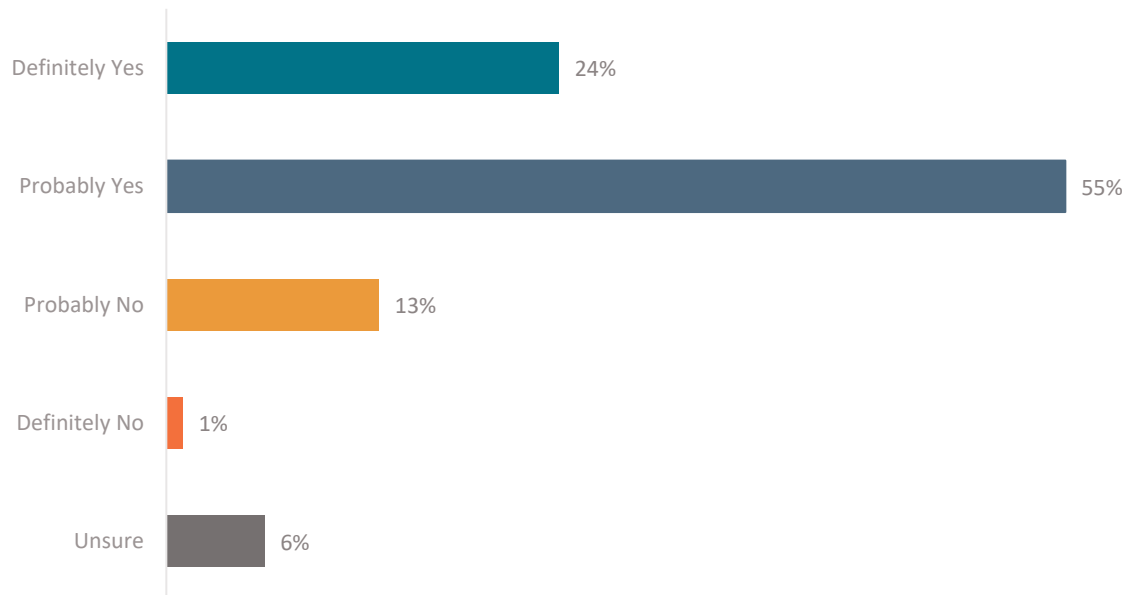
Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Potentially reflecting concerns about new variants, 8 in 10 providers believe there will be another surge in COVID-19 cases. Specifically, 79% overall believe there will be another surge, with 24% “definitely” believing there will be. Thirteen percent say there will “probably” not be another surge, and just 1% say they “definitely” do not think so (6% are uncertain). Near equal proportions of providers regardless of occupation, patient-of-color population, and safety-net-provider status anticipate another surge (Figure 6).

Figure 6. Eight in 10 Providers Think There Will be Another COVID-19 Surge

Q: DO YOU THINK THERE WILL BE ANOTHER SURGE IN COVID-19 CASES OR NOT?



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

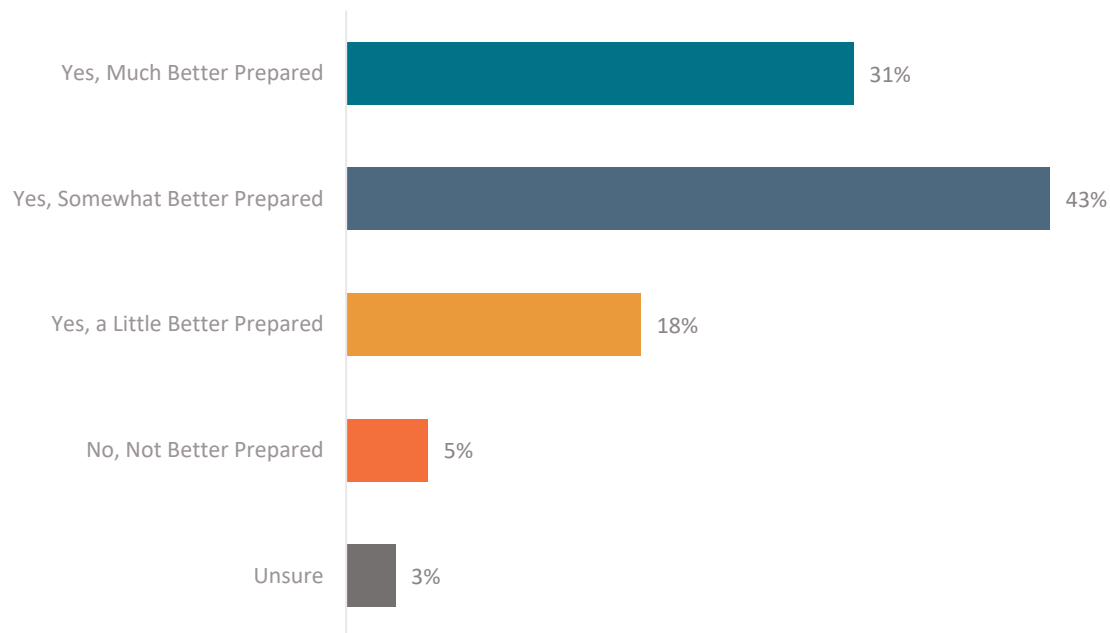
Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Section 2: Future Emergency Preparedness

Of those who work in a hospital or send patients to one, more than 9 in 10 providers (92%) believe their hospital's experience with COVID-19 will make it better prepared for future emergencies such as another pandemic, earthquake, or wildfires. Specifically, 31% believe their hospital is “much” better prepared, 43% “somewhat” better prepared, and 18% “a little” better prepared. Just 5% believe their experience with COVID-19 has not made their hospital better prepared (3% are unsure). There is no notable difference in the proportion who believe their hospital will be better prepared overall and “much” better prepared by occupation, patient-of-color proportion, safety-net-provider status, or region (Figure 7).

Figure 7. Over 9 in 10 Providers Affiliated with a Hospital Say Their COVID-19 Experience Has Made Their Hospital More Prepared

Q: THINKING ABOUT THE HOSPITAL WHERE YOU WORK THE MOST HOURS, WHERE YOU HAVE PRIVILEGES, OR WHERE YOU SEND THE MOST PATIENTS, DO YOU BELIEVE YOUR HOSPITAL'S EXPERIENCE WITH COVID-19 WILL MAKE IT BETTER PREPARED FOR FUTURE EMERGENCIES — SUCH AS ANOTHER PANDEMIC, EARTHQUAKE, OR WILDFIRES?



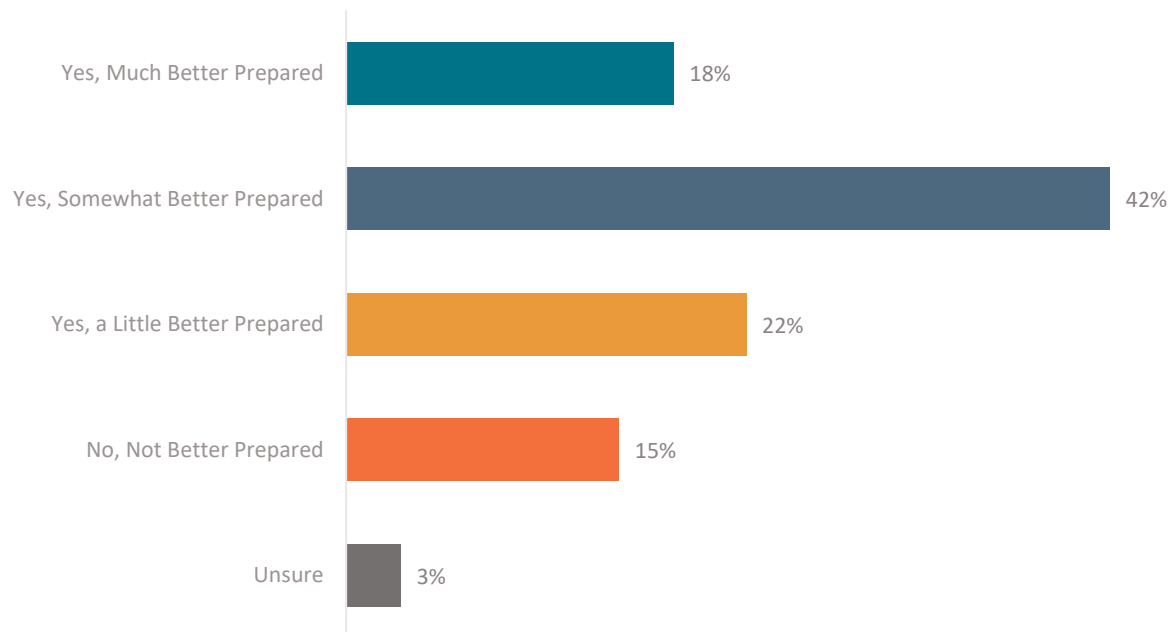
Notes: See detailed topline document for full question wording and response options. Excludes providers who said they do not work at a hospital or send patients to one. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Just over 8 in 10 providers (82%) feel the state of California will be at least “a little” better prepared for future emergencies because of its experience with COVID-19 — but only 2 in 10 providers (18%) believe it will be “much” better prepared. Fifteen percent do not believe the state will be better prepared. There is no notable difference in results by occupation, patient-of-color proportion, safety-net-provider status, or region (Figure 8).

Figure 8. More Than 8 in 10 Providers Believe California Government Will Be Better Prepared for Future Emergencies Because of Its COVID-19 Experience

Q: AND THINKING ABOUT THE STATE OF CALIFORNIA, DO YOU BELIEVE CALIFORNIA STATE GOVERNMENT’S EXPERIENCE WITH COVID-19 WILL MAKE IT BETTER PREPARED FOR FUTURE EMERGENCIES — SUCH AS ANOTHER PANDEMIC, EARTHQUAKE, OR WILDFIRES?



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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

When asked what they think the office, clinic, hospital, or medical facility where they primarily work or practice should do to prepare for the next infectious disease pandemic, responses reflected the myriad challenges and concerns providers have expressed facing during the COVID-19 pandemic. The most mentioned response in this open-ended question (where no response options were given) is to have more personal protective equipment (PPE). Thirty-eight percent gave this response — far more than any other provided. Rounding out the most mentioned responses are having a contingency plan or emergency protocols (16%), having adequate staffing and training (15%), having more supplies and equipment (12%), and more telehealth or telehealth capabilities (11%).

Some comments volunteered by providers include the following:

“We need to improve the quality and quantity of PPEs for the US. While other countries were prepared with respirators and suits for their staff, our nurses are standing there with paper N95s, plastic open face shield, and a paper gown.”

—Nurse

“Continue to provide and order appropriate PPE, remain educated on the current state of affairs. I am so happy I changed jobs during the pandemic. My previous job was not handling the pandemic properly, and actually said that I was ‘spreading propaganda’ when I insisted that we needed N95s in the OR during aerosol generating procedures.”

—Nurse

“Disaster on-call schedules, disaster protocols, improve infection control protocol. Had this had been Ebola, we would all be dead. Infection control must be a priority. Containment must be a priority in the hospital setting.”

—Nurse

“Contingency plans and drills to enact them quickly. Scarce resource allocation plans included.”

—MD/DO

“Provide time to do training and have substitutes available if we need time off due to sickness or to care for family members.”

—BH specialist

“They need to increase nursing staff to more robustly cover sick calls and medical leaves. We are extremely too thinly staffed. They also need to increase the number of infection control nurses and provide more robust infection control training to staff nurses on a yearly basis.”

—Nurse

Current Results Among Subgroups

- The proportion stating the need to have more PPE rose with the proportion of patients of color in their patient population, from 33% among those with 25% or less to 44% among those with 51% or more. However, it was the most mentioned preparation with all three subgroups. Those with 51% or more patients of color were also more likely to state the need for adequate staffing or training (20% vs. 13% of those with 26% to 50% patients of color, and 10% of those with 25% or less).
- While more PPE is the most mentioned preparation regardless of occupation, 42% of doctors, 41% of nurses, and 34% of NP/PAs gave this response, compared to 28% of behavioral health specialists. Behavioral health specialists were far more likely to mention more telehealth capabilities (25%) than were doctors (10%), NP/PAs (6%), or nurses (2%). One in four NP/PAs (24%) mentioned contingency plans or emergency protocols — twice the proportion of doctors who volunteered this response.

Providers were also asked what they believe the state of California should do to better prepare for the next infectious disease pandemic. Again, the most mentioned response was to secure more PPE, with one in four providers (26%) volunteering this response.

Twenty percent of responses related to restrictions, including 10% directly mentioning strict restrictions and enforcing guidelines, 7% shutdowns, and 3% social distancing protocols and restrictions.

The next most mentioned responses include more supplies or equipment generally (10%), public education and transparency (9%), contingency and emergency plans (8%), vaccine supply and distribution (7%), acting sooner (6%), and adequate staffing and training (6%).

There are no notable differences by occupation, patient-of-color population, and safety-net-provider status.

Providers who work at a hospital or send patients to one believe their hospital's experiences with the pandemic have improved its ability to respond to future emergencies in a number of ways (Figure 9). The highest proportion say their hospital has improved its readiness to respond to future emergencies in the following ways:

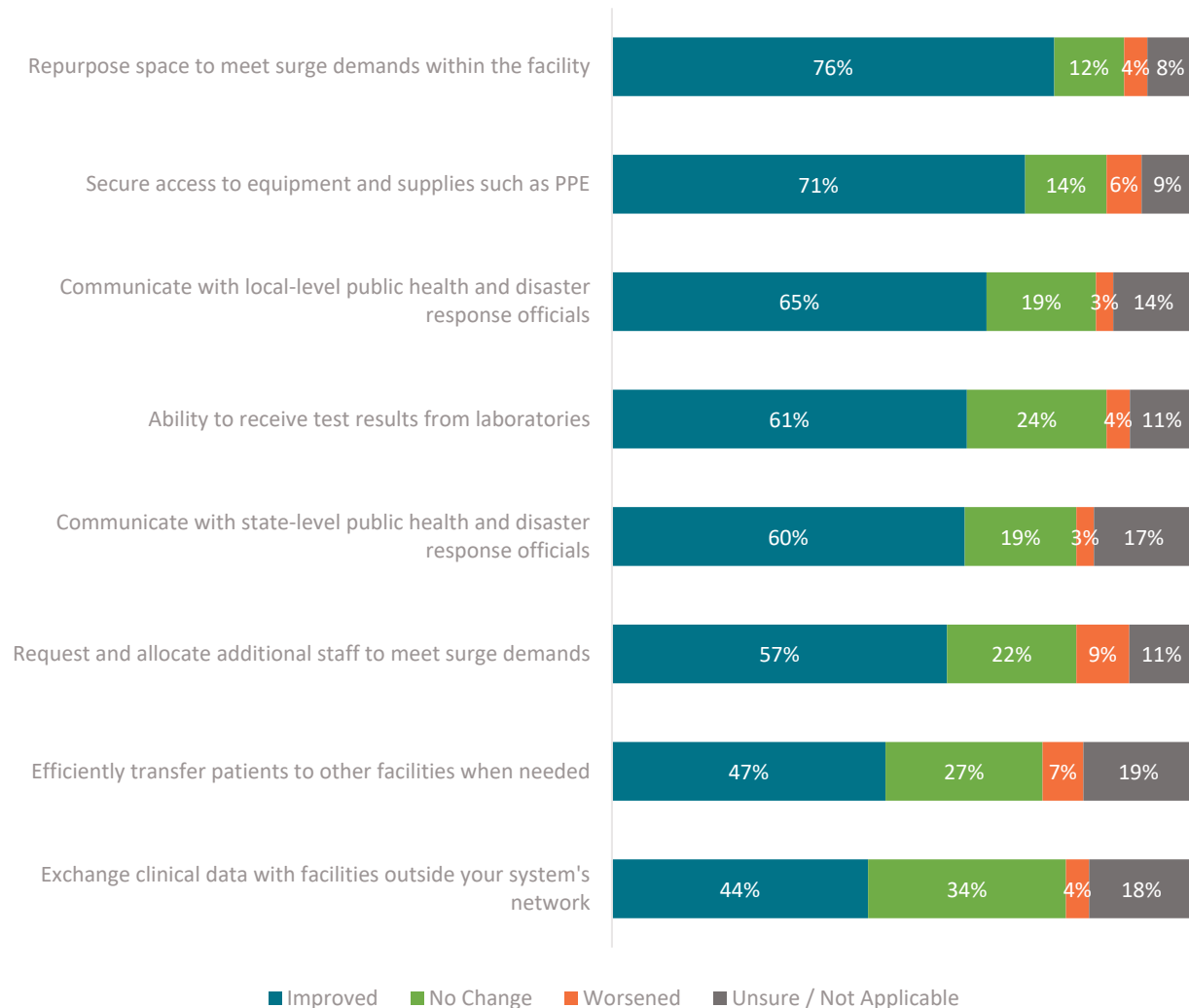
- *Repurpose space to meet surge demands within the facility* (76% improved overall, 29% “significantly”).
- *Secure access to equipment and supplies such as PPE* (71%, 22%).
- *Communicate with local-level public health and disaster response officials* (65%, 21%).
- *Ability to receive test results from laboratories* (61%, 18%).
- *Communicate with state-level public health and disaster response officials* (60%, 17%).

Nearly 6 in 10 providers (57%) also feel their hospital has improved its readiness to “request and allocate additional staff to meet surge demands” (14% “significantly” improved). Just under half give this response to “efficiently transfer patients to other facilities when needed” (47%, 11% significantly) and “exchange clinical data with facilities outside your system’s network” (44%, 12% significantly).

There are no notable differences by occupation, patient-of-color population, or safety-net-provider status.

Figure 9. Providers Feel Their Hospitals' Pandemic Experiences Will Improve Their Response to Future Emergencies in a Number of Specific Areas

Q: DO YOU BELIEVE YOUR HOSPITAL'S EXPERIENCES WITH THE PANDEMIC HAVE IMPROVED ITS ABILITY TO RESPOND TO FUTURE EMERGENCIES IN EACH OF THE FOLLOWING WAYS?



Notes: See detailed topline document for full question wording and response options. Asked only of providers who work at a hospital or send patients to one. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Section 3: COVID-19 Impacts on Health Care Providers

Health Care Providers' Emotional and Mental Health

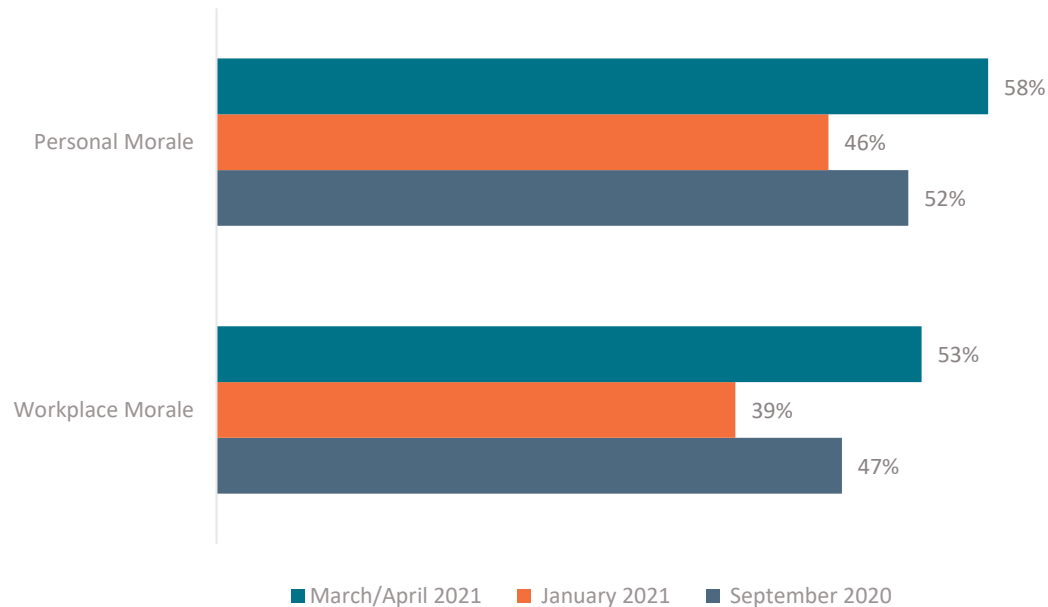
MORALE

Recent survey findings show health care providers' workplace and personal morale have improved from just a few months ago. More than half of providers now report their personal or workplace morale is positive—the first time workplace morale has been over 50% in this three-wave study. However, over 4 in 10 continue to report modest to negative morale (Figure 10).

In the current study, 53% of providers report “excellent” (10%) or “good” (43%) morale in the office or setting where they work most frequently. This is up from 39% giving this response in January — as COVID-19 cases soared — and 47% in September 2020. Forty-six percent currently report “fair” (33%), “poor” (10%), or “very poor” (3%) workplace morale — down from 60% in January 2021 and 52% in September 2020.

As in past studies, assessments of their own morale are slightly more positive than when considering workplace morale. In the current study, 58% say their own morale is “excellent” (12%) or “good” (46%). Personal morale is up notably from January 2021 (46% at that time) and up slightly from September 2020 (52%). Meanwhile, 42% currently call their own morale “fair” (31%), “poor” (8%), or “very poor” (3%) — down from 53% in January 2021 and 48% in September 2020.

Figure 10. Morale Is Up from Past Studies, Yet over 4 in 10 Report Modest to Poor Morale
Q: HOW WOULD YOU RATE THE MORALE IN THE OFFICE OR SETTING WHERE YOU WORK MOST FREQUENTLY / YOUR OWN PERSONAL MORALE? (PROPORTION SAYING “EXCELLENT” OR “GOOD” SHOWN)



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

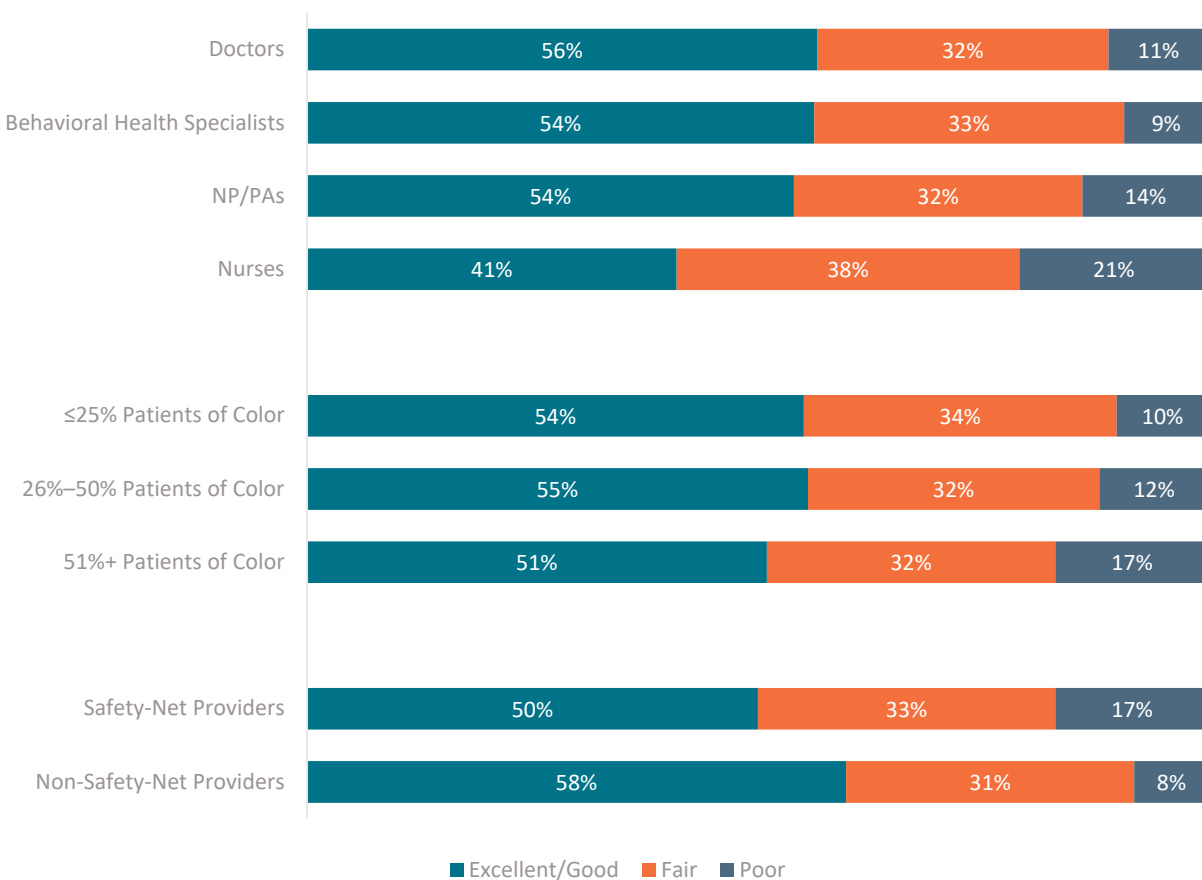
- Doctors, NP/PAs, and behavioral health specialists express higher morale than do nurses. For example, nurses (41%) are less likely to say their *workplace* morale is “excellent” or “good” than are doctors (56%), NP/PAs, and behavioral health specialists (54% each). While 50% of nurses rate their *personal* morale as “excellent” or “good,” 60% of doctors and behavioral health specialists and 64% of NP/PAs do so (Figure 11).
- Morale is lower among those working in emergency medicine than among other providers. Thirty-three percent of doctors, nurses, and NP/PAs who specialize in emergency medicine say their workplace morale is positive, compared to 60% who work in primary care and 57% who are specialists. One in four (26%) of those who specialize in emergency medicine say their workplace morale is poor. Ratings of their personal morale are only slightly more positive, with 40% of doctors, nurses, and NP/PAs specializing in emergency medicine saying their morale is “excellent” or “good,” compared to 66% of primary care providers and 62% of specialists.
- There is no statistically significant difference in the proportion of providers who say they have positive or fair workplace or personal morale based on their proportion of patients

of color. However, those with 51% or more patients of color are slightly more likely to say they have poor workplace morale (17%) than those with lower proportions of patients of color (11%).

- Safety-net providers are less likely than non-safety-net providers to rate their workplace morale (50% vs. 58%) and personal morale (55% vs. 62%) as “excellent” or “good.” Moreover, they are twice as likely to call their workplace morale “poor” than are non-safety-net providers (17% vs. 8%).

Figure 11. Workplace Morale Is Weakest with Nurses

Q: HOW WOULD YOU RATE THE MORALE IN THE OFFICE OR SETTING WHERE YOU WORK MOST FREQUENTLY?



Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

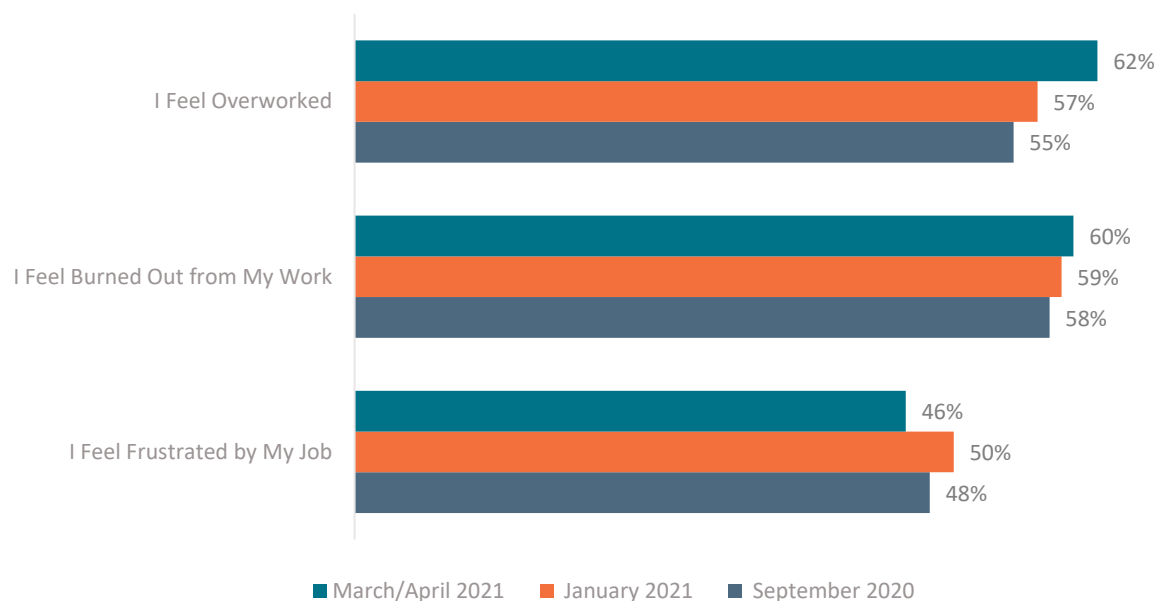
INDICATORS OF BURNOUT

Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. The proportion expressing these sentiments has remained fairly consistent from the first survey conducted six months into the pandemic to the current survey conducted just after the one-year mark of the pandemic (Figure 12).

- Sixty-two percent of providers agree with the statement “I feel overworked.” The proportion giving this response has increased slightly with each wave — it was 57% in January 2021 and 55% in September 2020.
- Sixty percent of providers agree with the statement “I feel burned out from my work,” statistically equal to 59% in January 2021 and 58% September 2020.
- Across all three waves of the study, approximately half of providers agree with the statement “I feel frustrated by my job,” with 46% giving this response currently, 50% in January 2021 and 48% in September 2020.

Figure 12. Providers Feel Increasingly Overworked as the Pandemic Continues; Frustration and Burnout Remain High

Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? (PROPORTION WHO AGREE SHOWN)



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

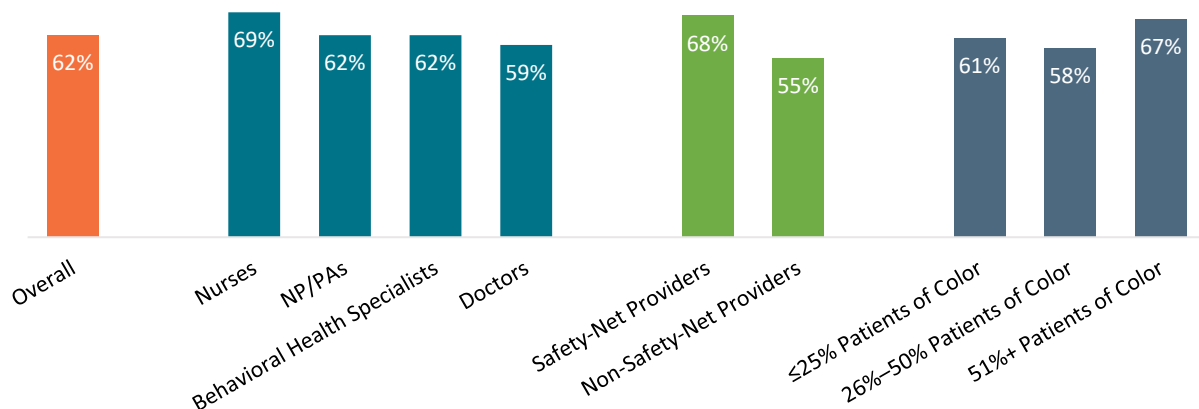
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% among NP/PAs, 57% among doctors, and 56% among behavioral health specialists who say so.
- Nurses are also more likely to feel overworked (69%) than other providers (60%). Among doctors, fewer pediatricians (45%) say they feel overworked than do emergency medicine doctors (69%), primary care doctors (64%), psychiatrists (64%), and other specialists (57%) (Figure 13).
- Behavioral health specialists are less likely to feel frustrated by their job, with 34% agreeing with this statement compared to 55% of nurses, 48% of NP/PAs, and 47% of doctors.
- Providers with populations of color of 51% or greater are more likely to express feeling overworked (67%) than are those with a lower proportion of patients of color (59%). There are no notable differences in the proportion who feel burned out or frustrated.
- Safety-net providers are more likely than non-safety-net providers to say they feel overworked (68% vs. 55%), burned out (63% vs. 57%), and frustrated by their job (51% vs. 42%).

Figure 13. Nurses, Safety-Net Providers, and Providers with Larger Patient-of-Color Populations Are More Likely to Feel Overworked

Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING: / *FEEL OVERWORKED.* (PROPORTION WHO AGREE SHOWN)



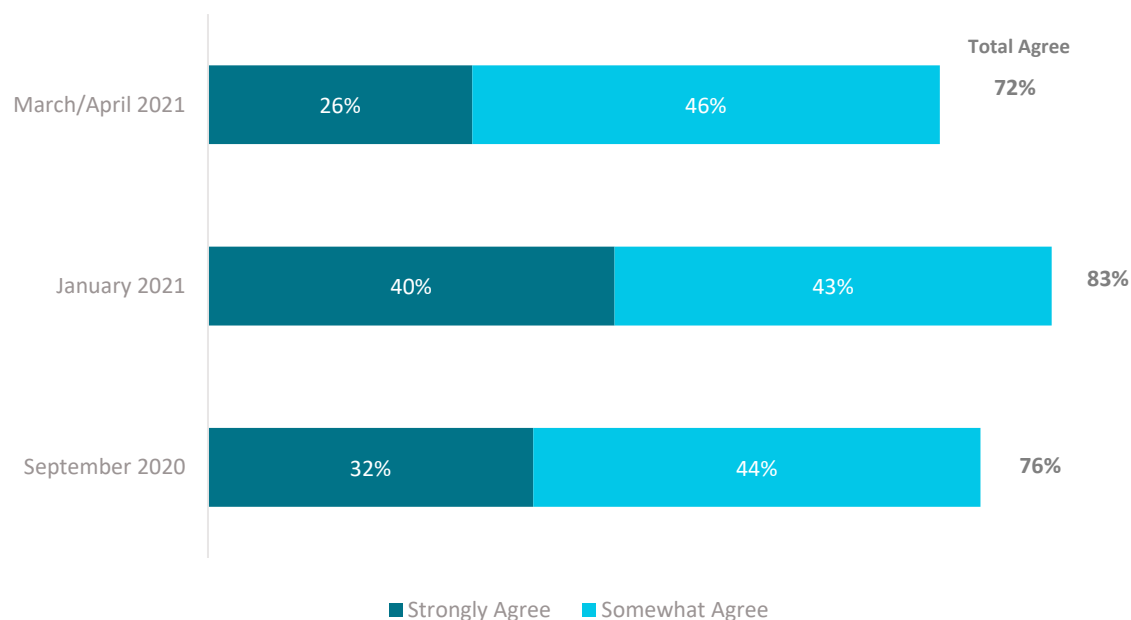
Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Despite lower COVID-19 numbers in California, nearly three in four providers (72%) say “not enough is being done to address the problems facing health care workers right now.” This is down from 83% in the January 2021 survey taken during the winter COVID-19 surge and closer to the 76% who gave this response in September 2020. The proportion who “strongly agree” has declined from 40% in January 2021 and 32% in September 2020 to 26% currently (Figure 14).

Figure 14. Nearly Three in Four Providers Agree Not Enough Is Being Done to Address the Problems Health Care Workers Are Facing

Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? *NOT ENOUGH IS BEING DONE TO ADDRESS THE PROBLEMS FACING HEALTH CARE WORKERS RIGHT NOW.*



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Nurses are more likely to feel that “not enough is being done to address the problems facing health care workers right now.” Eight in 10 nurses (80%) agree with this statement, while 7 in 10 doctors (71%), NP/PAs (69%), and behavioral health specialists (72%) do so.

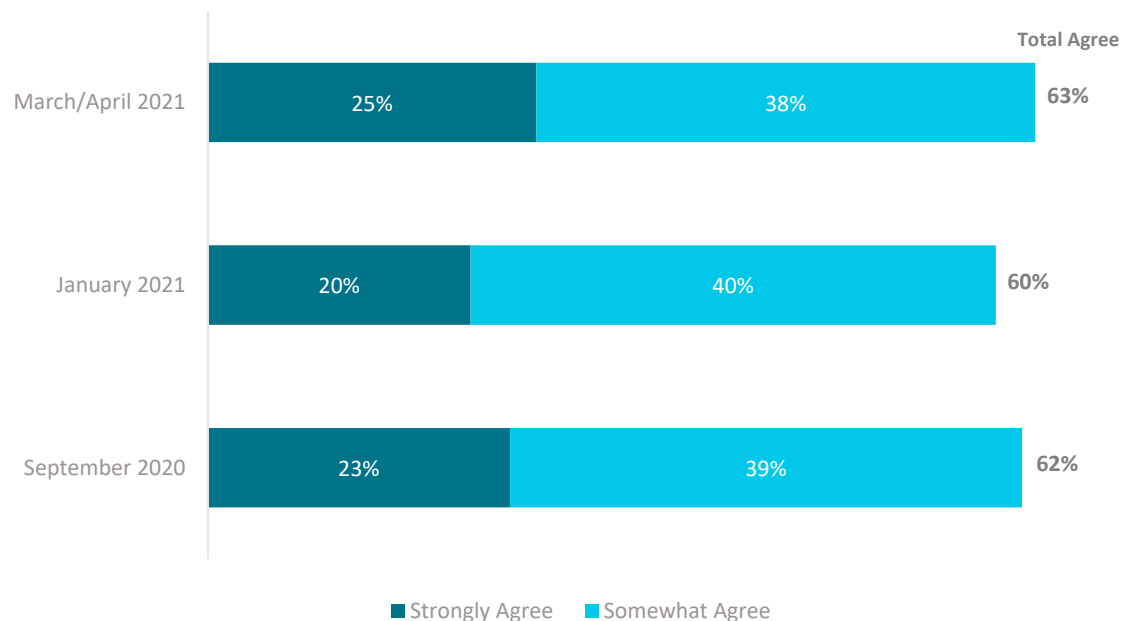
There has been little change in the proportion who agree with the statement “I have sufficient access to the mental health services I need” since the question was first asked in September

2020. At that time, 62% of providers agreed with the statement, while 60% agreed in January and 63% currently do. Approximately one in four providers have disagreed in all three waves of the study that they have sufficient access to the mental health services they need (Figure 15).

There is no notable difference in response by occupation, proportion of patients of color, and safety-net-provider status in the current study.

Figure 15. Approximately 6 in 10 Agree They Have Access to Needed Mental Health Services — with No Notable Change in Response Since September 2020

Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? *I HAVE SUFFICIENT ACCESS TO THE MENTAL HEALTH SERVICES I NEED.*



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

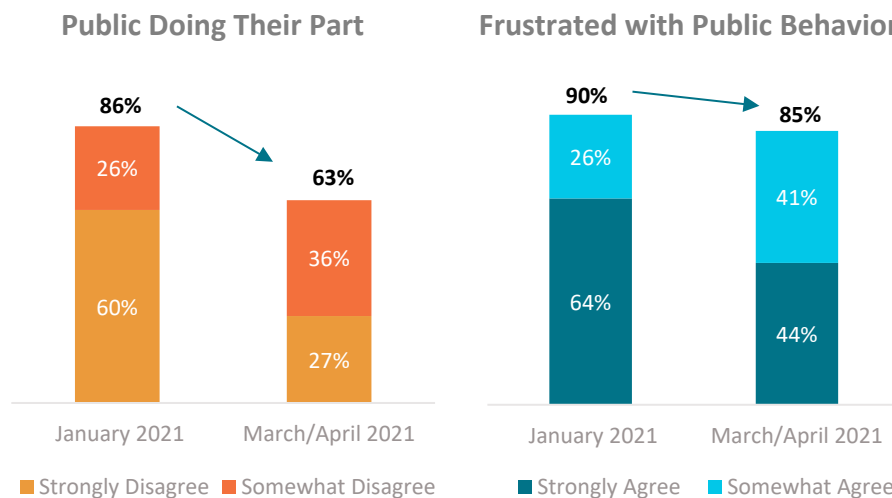
Public Response to the COVID-19 Pandemic

Frustration with the public’s COVID-19-related behaviors remains high — although the intensity of the frustration has declined. In January 2021, 86% disagreed with the statement “the public is doing their part to stop the spread of COVID-19,” compared to 63% in the current study. Moreover, while 60% “strongly” disagreed in January 2021, only 27% “strongly” disagree currently (Figure 16).

A still high proportion agrees with the statement “I am frustrated by the public’s behaviors and attitudes related to COVID-19,” with 85% agreeing in the current study compared to 90% in

January. Again, intensity has fallen, with 44% strongly agreeing now compared to 64% in January.

Figure 16. High Proportions Express Frustration with the Public’s Response to COVID-19
Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? THE PUBLIC IS DOING THEIR PART TO STOP THE SPREAD OF COVID-19; I AM FRUSTRATED BY THE PUBLIC’S BEHAVIORS AND ATTITUDES RELATED TO COVID-19.



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

Source: CHCF/GSSR Survey of California Health Care Providers (January 4–14, 2021, and March 26–April 8, 2021).

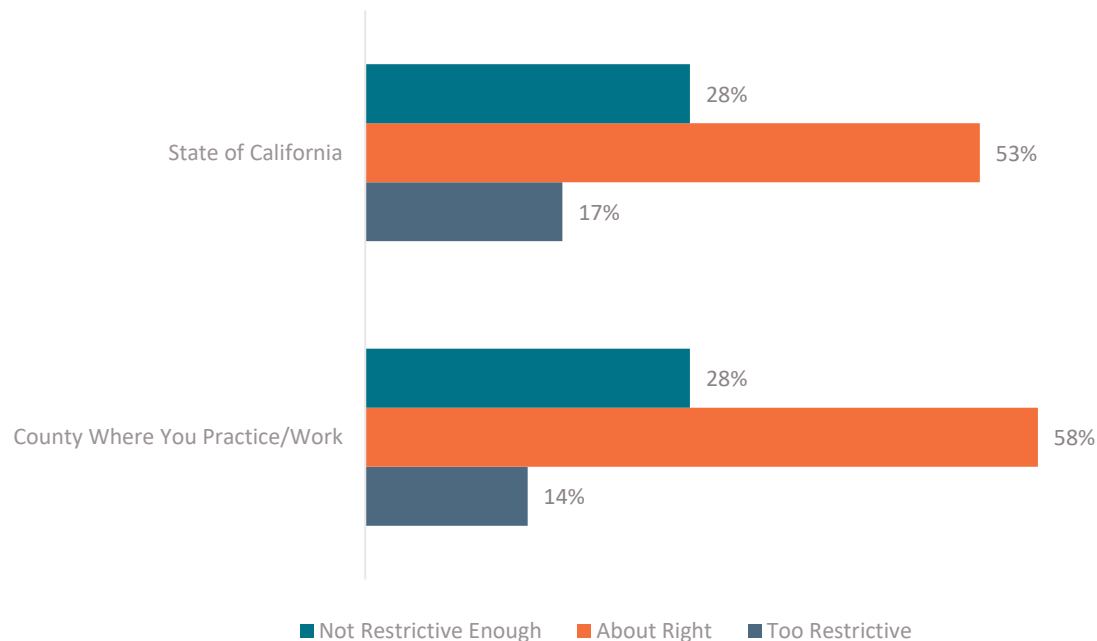
Current Results Among Subgroups

- High proportions of doctors, nurses, NP/PAs, and behavioral health specialists express frustration with public behaviors and attitudes related to COVID-19, and similar proportions disagree that the public is doing its part.
- Providers from the Inland Empire region are the most likely to agree that the public is doing its part, with 48% giving this response compared to the sample average of 35%. However, statistically similar proportions across regions agree that they are frustrated with the public’s behaviors and attitudes related to COVID-19.

Most providers believe public health guidelines in the county where they work and the state of California are either about right or not restrictive enough. Nearly 3 in 10 providers (28%) think current public health guidelines to contain the coronavirus in both the county where they practice or work and in the state of California as a whole are not restrictive enough. Fifty-eight percent believe the restrictions in their county are about right, while 53% give this response regarding state guidelines. Meanwhile, 14% believe their county’s guidelines are too restrictive, and 17% feel this way about state guidelines (Figure 17).

Figure 17. Nearly 3 in 10 Providers Do Not Think County and State Guidelines Are Restrictive Enough

Q: THINKING ABOUT THE COUNTY WHERE YOU WORK, AS WELL AS THE STATE OF CALIFORNIA AS A WHOLE, DO YOU BELIEVE THE CURRENT PUBLIC HEALTH GUIDELINES TO CONTAIN THE CORONAVIRUS ARE TOO RESTRICTIVE, NOT RESTRICTIVE ENOUGH, OR ABOUT RIGHT?



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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

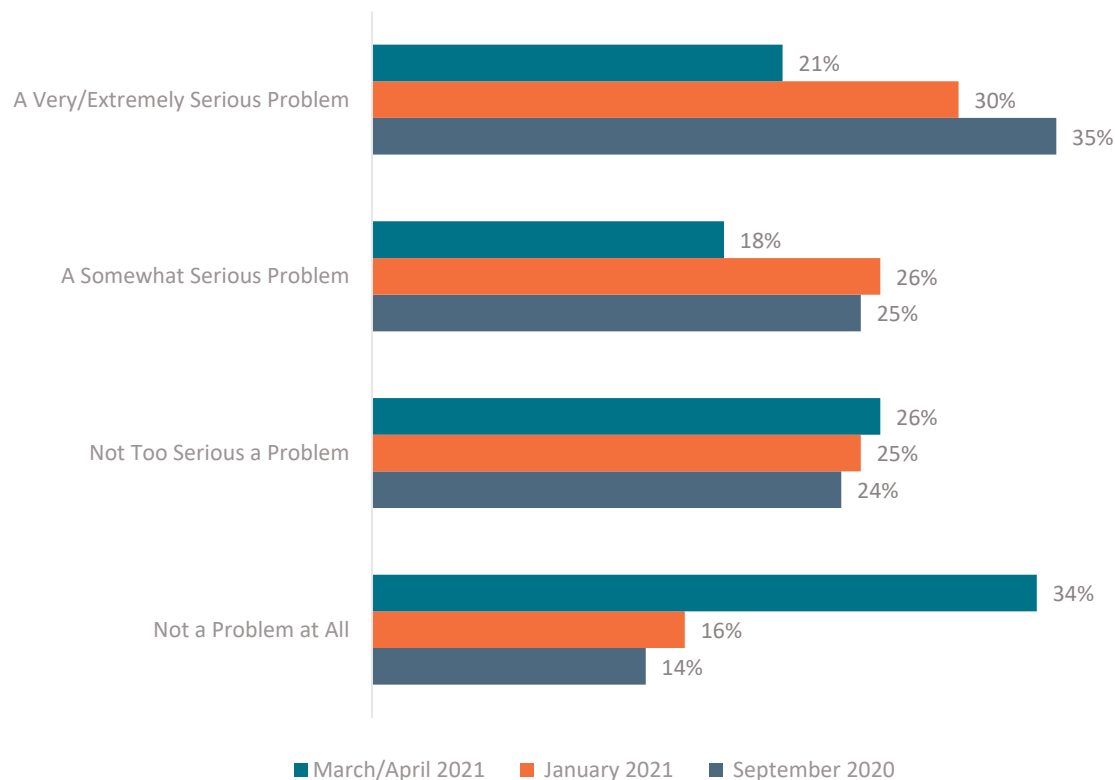
- Nurses (35%) and behavioral health specialists (33%) are more likely than doctors (24%) and NP/PAs (24%) to say their county's guidelines are not restrictive enough. This is also true when considering the state's guidelines, with 36% of behavioral health specialists and 33% of nurses saying the guidelines are not restrictive enough, compared to 26% of NP/PAs and 25% of doctors.
- Non-safety-net providers are more likely to say their county's guidelines are about right (64% vs. 54% for safety-net providers), while safety-net providers are more likely to feel they are not restrictive enough (30% vs. 23%). There is no notable difference regarding state guidelines.
- Bay Area providers are more likely than those in other regions to say their county's guidelines are about right, with 71% giving this response compared to 51% to 57% in other regions. Those in central California are more likely to say their county's guidelines are too restrictive (22% vs. 12% in Northern California and 14% in Southern California).

Availability of PPE

Concern about a shortage of personal protective equipment (PPE) has declined since the second wave of this study in January 2021. Currently, 39% consider a shortage of PPE to be at least a “somewhat” serious problem. This is down from 56% in January 2021 and 60% in September 2020. Moreover, 21% call it an “extremely” or “very” serious problem, down from 30% in January 2021 and 35% in September 2020 (Figure 18).

Figure 18. Four in 10 Are at Least “Somewhat” Concerned About a Shortage of PPE — Down Notably From Past Surveys

Q: THINKING ABOUT THE CURRENT SITUATION AT YOUR PRACTICE OR WORKPLACE, DO YOU CONSIDER A SHORTAGE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) TO BE:



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

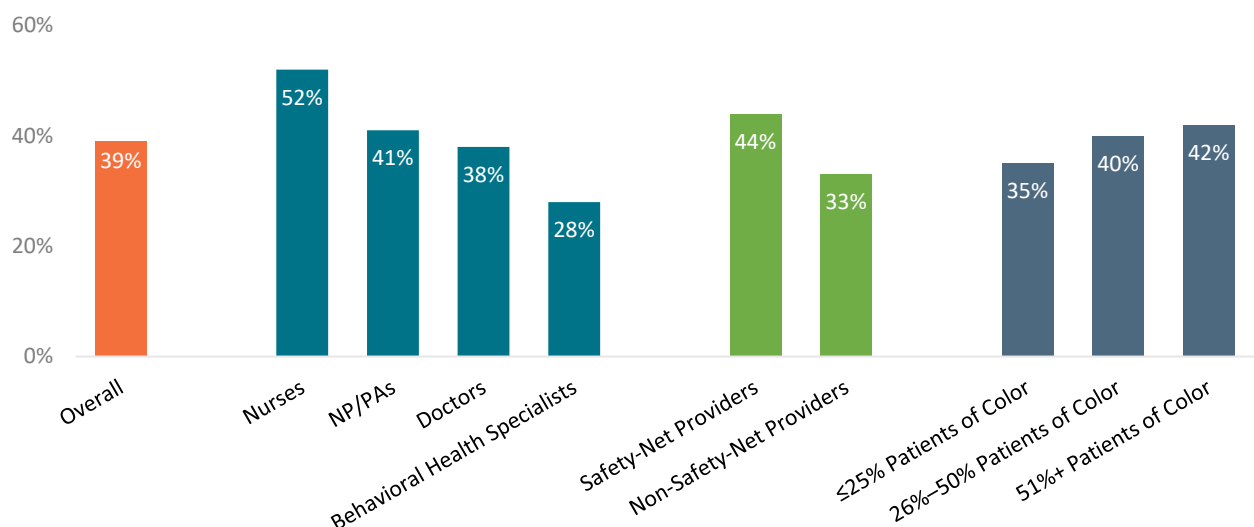
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Nurses say a shortage of PPE is a problem (52%) in higher proportions than NP/PAs (41%), doctors (38%), and behavioral health specialists (28%). Two in 10 nurses (20%) call it an “extremely” serious problem, compared to 12% of NP/PAs, 7% of doctors, and 4% of behavioral health specialists (Figure 19).
- Those with patient-of-color populations of 26% or more are somewhat more likely to say a shortage of PPE is a problem (41% vs. 35% with a lower proportion of patients of color).
- Safety-net providers are more likely to call this a problem than non-safety-net providers (44% vs. 33%).

Figure 19. Nurses, Safety-Net Providers, and Providers with Larger Patient-of-Color Populations Are More Likely to Consider a Shortage of PPE a Problem

Q: THINKING ABOUT THE CURRENT SITUATION AT YOUR PRACTICE OR WORKPLACE, DO YOU CONSIDER A SHORTAGE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) TO BE: (PROPORTION SAYING IT IS AT LEAST A “SOMEWHAT” SERIOUS PROBLEM SHOWN)



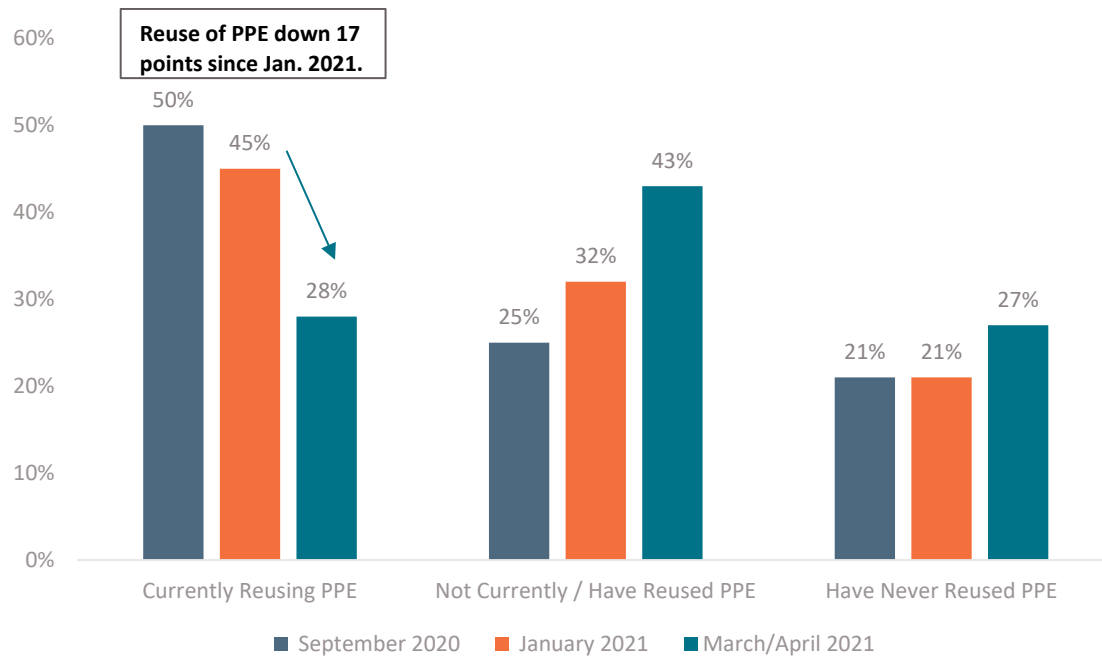
Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

The proportion of providers currently having to reuse all or some PPE is down notably from the January 2021 and September 2020 studies. Twenty-eight percent of providers say they are currently reusing PPE, compared to 45% who gave this response in January 2021 and 50% in September 2020. Reflecting this, a higher proportion say they are not reusing PPE now, but have done so during the pandemic (Figure 20).

Figure 20. Just under 3 in 10 Providers Are Currently Reusing PPE — Down Sharply from Previous Surveys

Q: WHEN THINKING ABOUT YOUR USE OF PPE DURING THE COVID-19 PANDEMIC, PLEASE INDICATE WHICH OF THE FOLLOWING BEST REFLECTS YOUR EXPERIENCE.



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

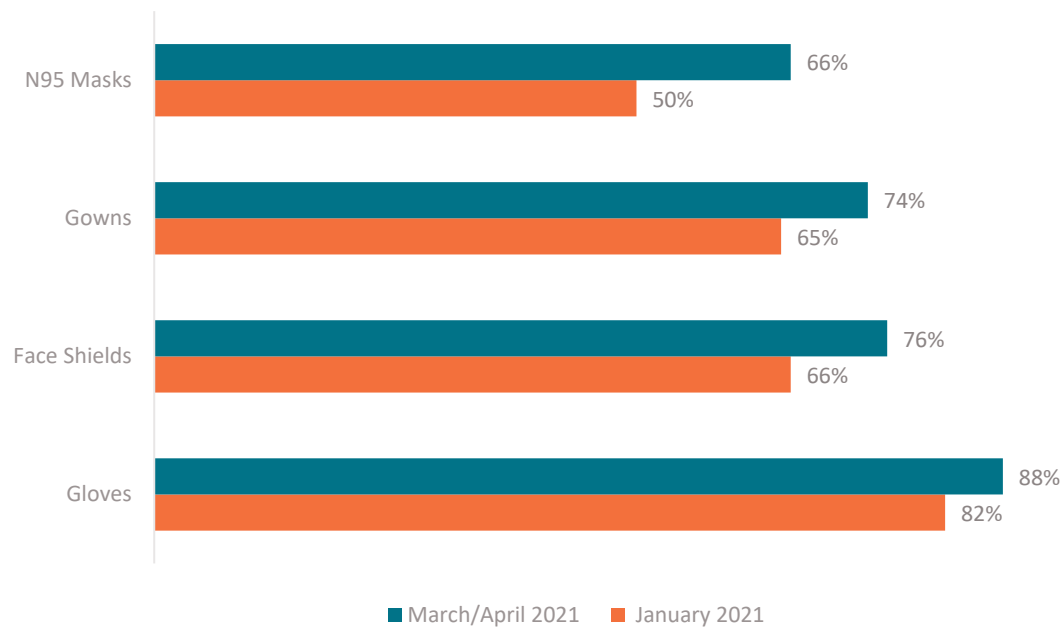
Current Results Among Subgroups

- Behavioral health specialists are far less likely to have had to reuse PPE during the pandemic (43% vs. 75% to 81% of other providers).
- Those with 26% or more of their patient populations made up of patients of color are more likely to have had to reuse PPE during the pandemic than those with a lower proportion of patients of color (75% vs. 63%).
- Safety-net providers are not only currently reusing PPE in higher proportions than non-safety-net providers (31% vs. 24%), but they are more likely to have had to do so at some point during the pandemic (76% vs. 65%).

The proportion of providers reporting they have enough gloves, gowns, face shields, and N95 medical-grade masks is up from the survey conducted three months ago. While 28% of providers report that they do not have enough N95 medical-grade face masks, this is down from 39% in January 2021 (the first time the question was asked). No more than 16% now say they do not have enough face shields (16%), gowns (14%), or gloves (7%) (Figure 21).

Figure 21. Nearly 3 in 10 Providers Do Not Have Enough N95 Masks

Q: GIVEN COVID-19, DO YOU CURRENTLY HAVE ENOUGH OF EACH OF THE FOLLOWING PPE TO MEET YOUR NEEDS? (PROPORTION SAYING THEY HAVE ENOUGH SHOWN)



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

Source: CHCF/GSSR Survey of California Health Care Providers (January 4–14, 2021, and March 26–April 8, 2021).

Current Results Among Subgroups

- There is little difference by occupational groups in the proportion who feel they have enough gloves, gowns, or face shields. However, NP/PAs (34%) and nurses (32%) are slightly more likely to say they do not have enough N95 masks than are doctors (25%).
- There is also little difference in the proportion saying they have enough of each type of PPE by safety-net-provider status. However, safety-net providers are more likely to say they do not have enough gloves (10% vs. 4%), gowns (16% vs. 11%), face shields (19% vs. 11%), and N95 masks (31% vs. 25%).

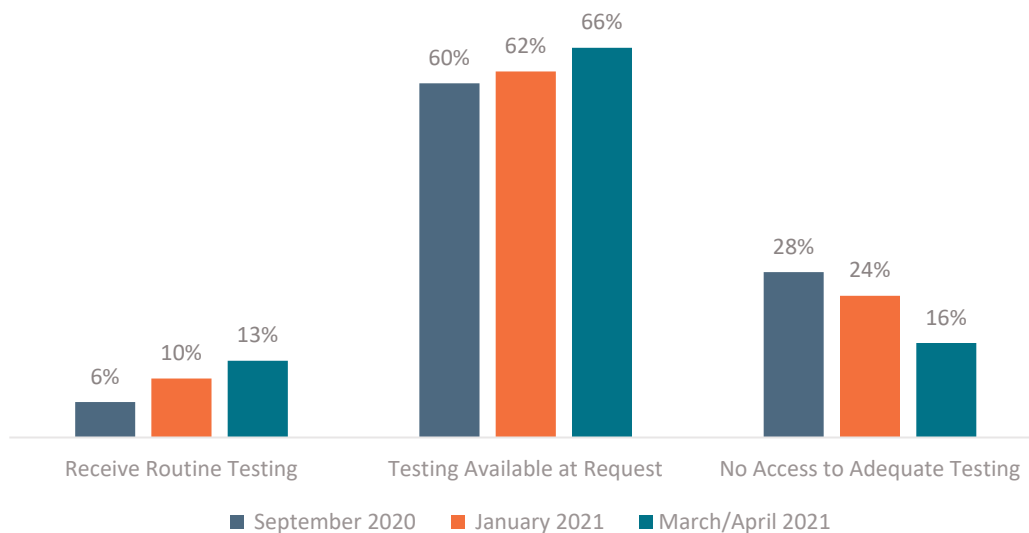
COVID-19 Testing for Providers

Eight in 10 providers (79%) say they have routine testing or testing available to them at their request — a number that has grown from 66% in September 2020 and 72% in January 2021. Specifically, 13% of providers say they receive routine testing in their workplace — continuing the trend upward from 10% in January 2021 and 6% in September 2020. The proportion who say testing is available to them at their request has increased slightly as well, from 60% in September 2020 and 62% in January 2021 to 66% currently. Sixteen percent say they do not

have adequate access to testing — down from 24% in January 2021 and 28% in September 2020 (Figure 22).

Figure 22. Eight in 10 Providers Have Access to Testing in Their Workplace — Up from the Previous Surveys

Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE AVAILABILITY OF COVID-19 TESTING FOR HEALTH CARE PROVIDERS LIKE YOURSELF IN YOUR WORKPLACE?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

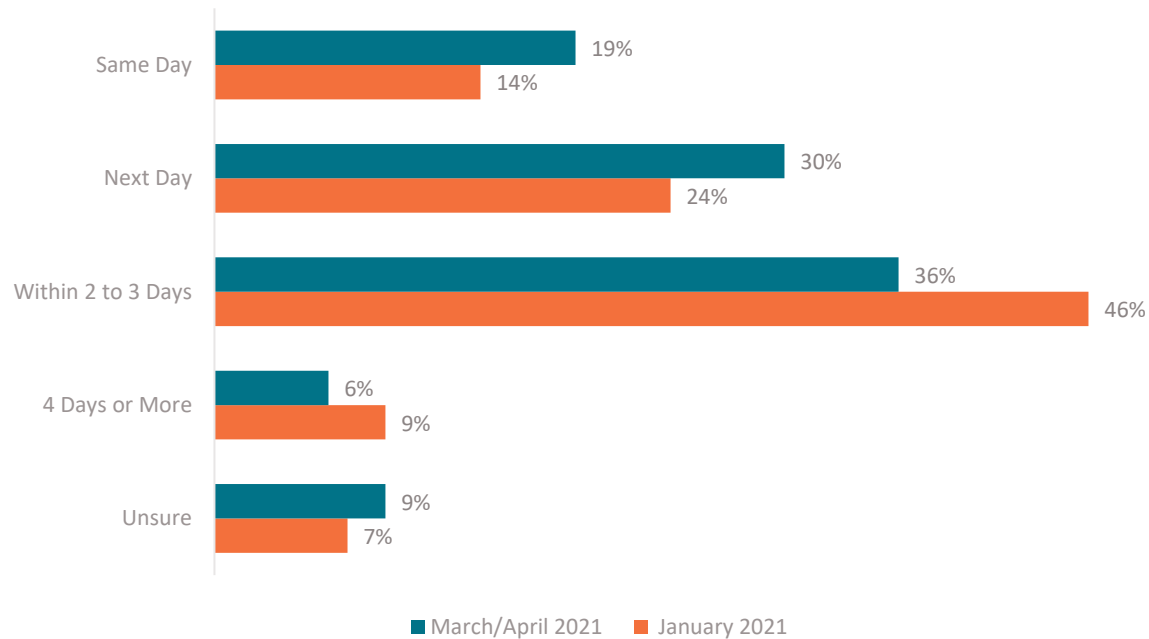
Current Results Among Subgroups

- Nurses (22%) and behavioral health specialists (23%) are more likely than NP/PAs (16%) and doctors (12%) to say they do not have access to adequate testing. There is no notable difference by patient-of-color population and safety-net-provider status.

Half of providers (49%) who have access to testing say they get their COVID-19 test results back the same day (19%) or the next day (30%). This is up slightly from 38% giving this response in the January 2021 survey (the first time the question was asked). Currently, another 36% say they get results back within two to three days, while 6% wait longer than that (9% are unsure) (Figure 23).

Figure 23. Half of Providers with Access to Testing Get Results Back by the Next Day — Up from January 2021

Q: THINKING ABOUT THE HEALTH CARE PROVIDERS AT YOUR WORKPLACE, HOW QUICKLY ARE THEY GETTING RESULTS FROM COVID-19 TESTS THEY ARE TAKING THROUGH WORK?



Notes: See detailed topline document for full question wording and response options. Results exclude providers who do not have access to testing in their workplace. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (January 4–14, 2021, and March 26–April 8, 2021).

Current Results Among Subgroups

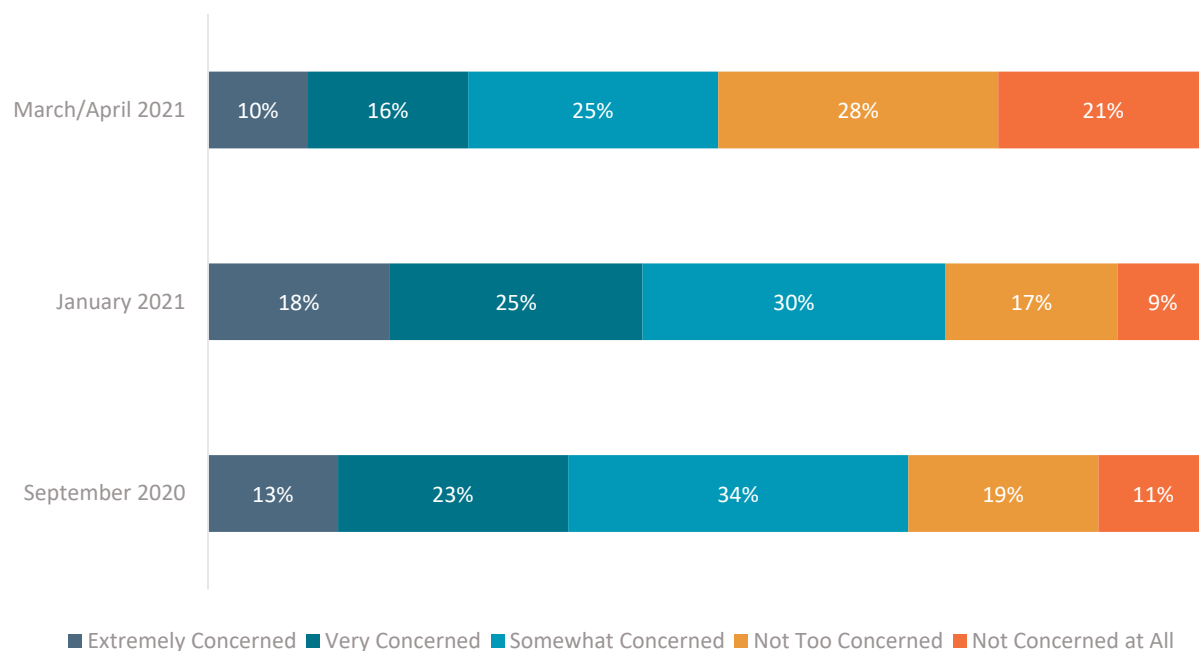
- Doctors are more likely to report that providers receive COVID-19 test results back by the next day (57%, including 81% of emergency medicine doctors) than are nurses (45%), NP/PAs (42%), and behavioral health specialists (31%) — with behavioral health specialists far more unsure (18%).

Exposure to and Concern About Contracting COVID-19 at Work

While half of providers express concern about contracting COVID-19 at work, concern is down overall and in intensity since January. Fifty-one percent of providers are at least “somewhat” concerned about contracting COVID-19 at work in the current study. This is down notably from the 73% who gave this response in January 2021 and 70% in September 2020. Moreover, the proportion of providers “extremely” or “very” concerned is 26%, compared to 43% in January 2021 and 36% in September 2020 (Figure 24).

Figure 24. Half of Providers Are Concerned About Contracting COVID-19 at Work — Down 22 Percentage Points Since January

Q: HOW CONCERNED ARE YOU ABOUT CONTRACTING COVID-19 AT WORK?



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

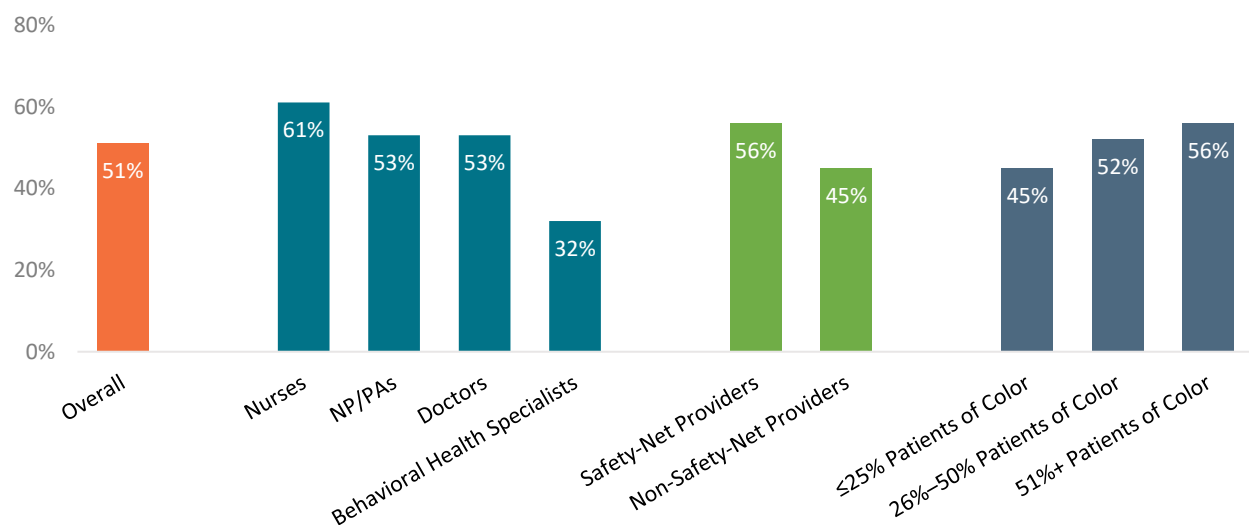
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Six in 10 nurses (61%) are at least “somewhat” concerned about contracting COVID-19 at work, higher than the 53% among NP/PAs, 53% among doctors (higher among ER doctors at 65%), and 32% among behavioral health specialists similarly concerned (Figure 25). Two in 10 nurses (20%) are “extremely” concerned, compared to 12% of NP/PAs, 7% of doctors, and 6% of behavioral health specialists.
- The proportion at least “somewhat” concerned about contracting COVID-19 at work increases with the proportion of patients of color — from 45% of providers with populations of color of 25% or less, to 56% of those with 51% or more. Moreover, those with 51% or more patients of color are twice as likely to say they are “extremely” concerned (16%) than those with a lower proportion of patients of color (7%).
- Safety-net providers are more likely to be at least “somewhat” concerned (56%) than non-safety-net providers (45%) — and twice as likely to be “extremely” concerned (13% vs. 6%).
- Concern is highest among providers in the Central Valley, where 68% say they are at least “somewhat” concerned, compared to the sample average of 51%.

Figure 25. Nurses, Safety-Net Providers, and Providers with Larger Patient-of-Color Populations Are More Concerned About Contracting COVID-19 at Work

Q: HOW CONCERNED ARE YOU ABOUT CONTRACTING COVID-19 AT WORK? (PROPORTION “EXTREMELY,” “VERY,” OR “SOMEWHAT” CONCERNED SHOWN)



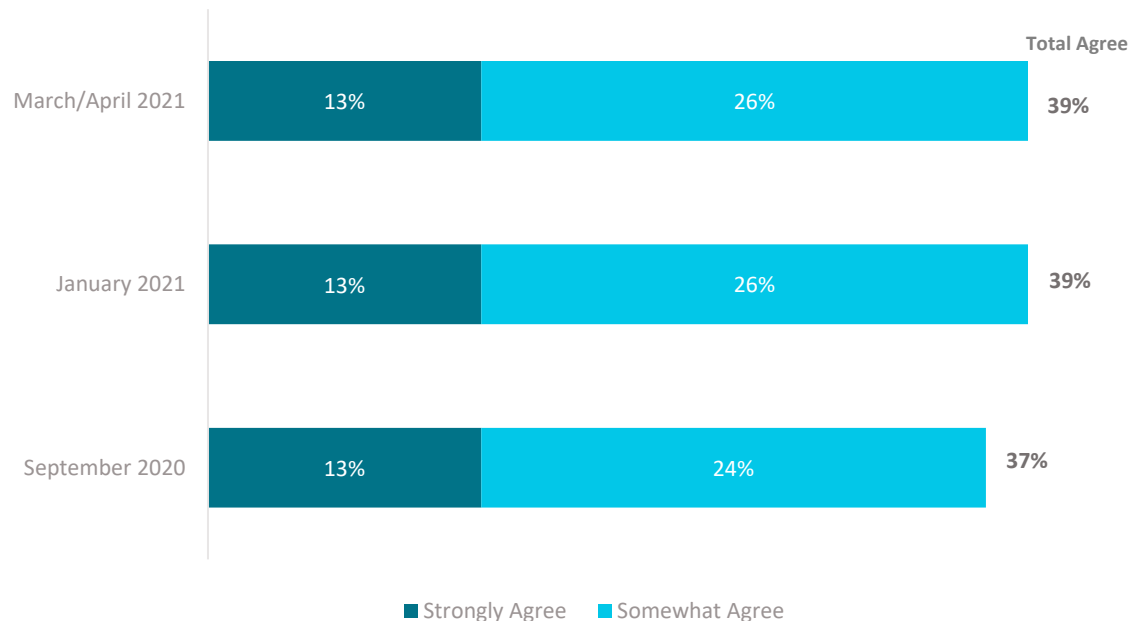
Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Four in 10 providers (39%) agree with the statement “I have felt pressure to go to work even if I know I have been exposed to COVID-19.” The proportion feeling this way is little changed from past surveys (Figure 26).

Figure 26. Four in 10 Feel Pressure to Go to Work Even If They Know They Were Exposed to COVID-19 — Unchanged Since the September 2020 Survey

Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? *I FEEL PRESSURE TO GO TO WORK EVEN IF I KNOW I HAVE BEEN EXPOSED TO COVID-19.*



Notes: See detailed topline document for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Job and Career Impacts

COVID-19 continues to impact providers’ job and career choices. In the current study, between 9% and 23% say they are at least “somewhat” likely to do each of the following as the result of the COVID-19 pandemic (Figure 27).

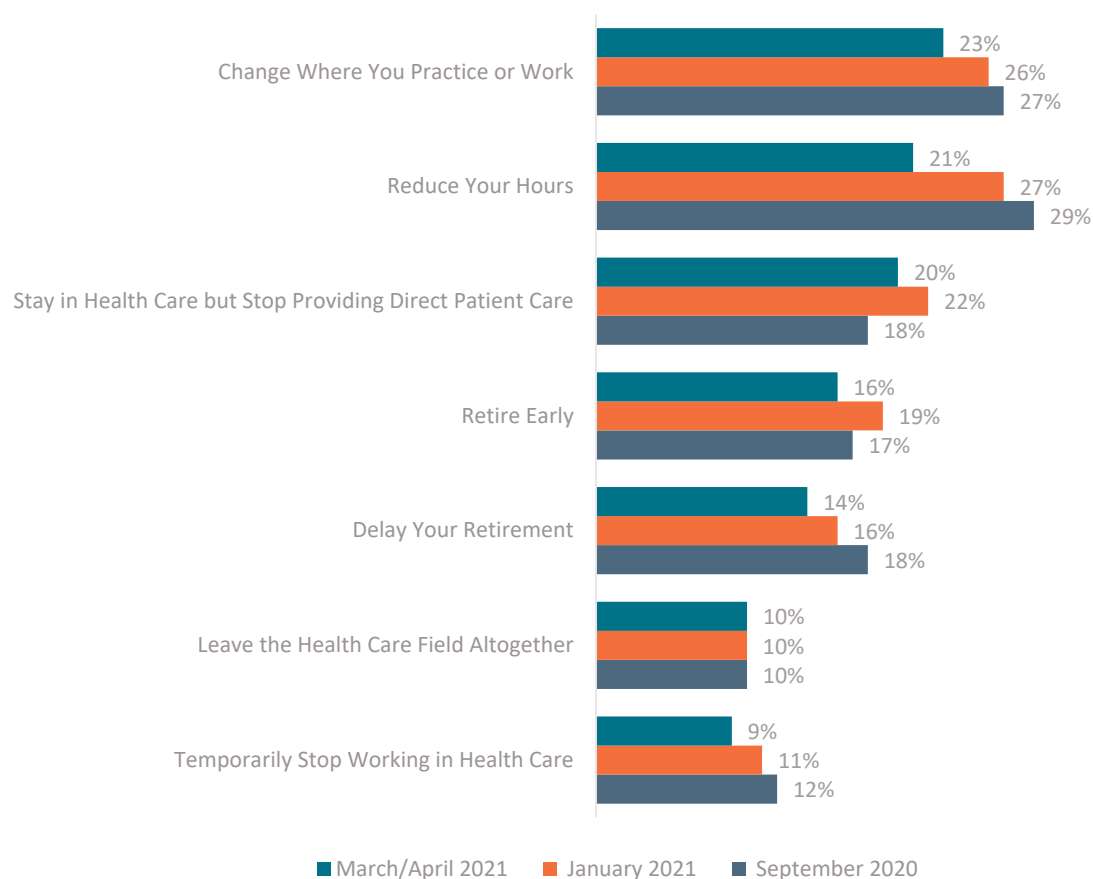
- *Change where you practice or work* (23% at least “somewhat” likely)
- *Reduce your hours* (21%)
- *Stay in the health care field, but stop providing direct patient care* (20%)
- *Retire early* (16%)
- *Delay your retirement* (14%)

- *Leave the health care field altogether* (10%)
- *Temporarily stop working in health care* (9%)

The proportion of providers giving each of these responses is little changed from the January 2021 and September 2020 surveys, with the exception of reducing their hours. Currently, 21% say they are at least “somewhat” likely to reduce their hours — down from 27% in January 2021 and 29% in September 2020.

Figure 27. One in 10 Providers Is Likely to Stop Working in Health Care; 1 in 4 Is Likely to Change Where They Work

Q: AS A RESULT OF THE COVID-19 PANDEMIC, HOW LIKELY ARE YOU TO DO ANY OF THE FOLLOWING? (PROPORTION “EXTREMELY,” “VERY,” OR “SOMEWHAT” LIKELY SHOWN)



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Seventeen percent of doctors say they are at least “somewhat” likely to change where they practice or work as a result of the pandemic, compared to 24% of NP/PAs, 28% of nurses, and 31% of behavioral health specialists who give this response. Nurses are the most likely to say they are “somewhat” likely to stay in the health care field but stop providing direct patient care (27%, compared to 17% of other providers). Twelve percent of doctors and nurses say they are “somewhat” likely to leave the health care field altogether — twice the proportion of behavioral health specialists and NP/PAs (6% each) giving this response.
- Twenty-three percent of safety-net providers say they are “somewhat” likely to stay in the health care field but stop providing direct patient care. This compares to 14% of non-safety-net providers.

Not only have some providers made personal choices to alter their jobs or careers because of the COVID-19 pandemic, others have faced consequences of the pandemic beyond their control (Figure 28).

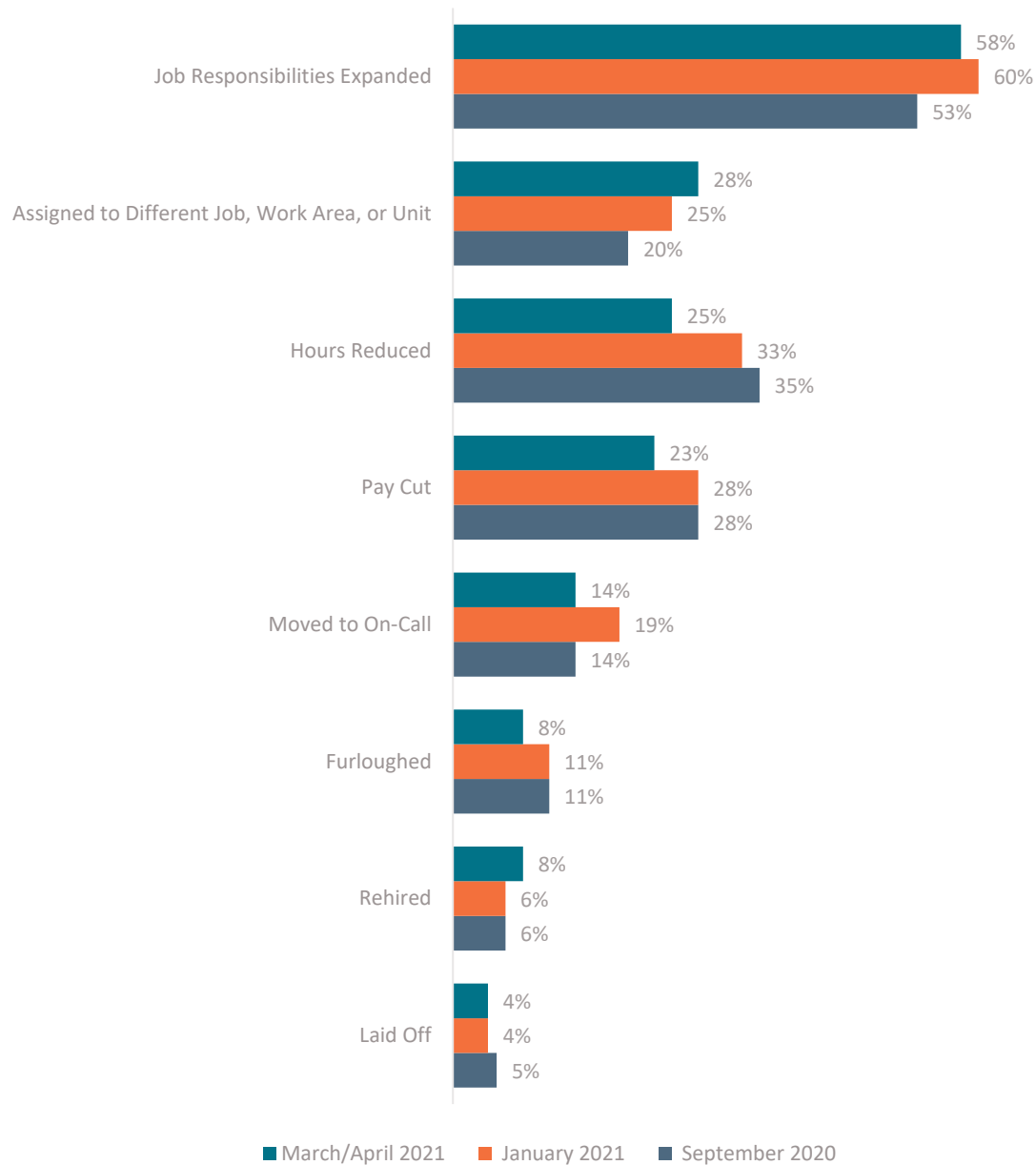
- 58% had their *job responsibilities expanded*
- 28% have been *assigned to a different job, work area, or unit*
- 25% had their *hours reduced*
- 23% had their *pay cut*
- 14% have been *moved to on-call*

Lower numbers report having been furloughed (8%), rehired (8%), or laid off (4%). It is important to note that only providers who have been providing direct patient care during the COVID-19 pandemic were included in this survey. Therefore, those who were laid off but not rehired may not fully be captured in this survey.

In the January 2021 survey, a slightly higher proportion said they had been moved to on-call (19%) than did so in September 2020 or currently (14% each). The proportion assigned to a different job, work area, or unit (20% in September 2020 vs. 25% in January 2021 and 28% currently) or had their job responsibilities expanded (53% in September 2020 vs. 60% in January 2021 and 58% currently) increased since the first survey in September 2020. Notably, the proportion who say their hours have been reduced during the pandemic is lower in the current study (25%) than in previous surveys (35% in September 2020 and 33% in January 2021).

Figure 28. Six in 10 Providers Have Seen Their Job Responsibilities Expanded During the Pandemic; 1 in 4 Has Experienced Changed Assignments, Reduced Hours, and Pay Cuts

Q: PLEASE INDICATE IF YOU HAVE EXPERIENCED EACH OF THE FOLLOWING AT ANY TIME SINCE THE COVID-19 PANDEMIC BEGAN.



Notes: See detailed topline document for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

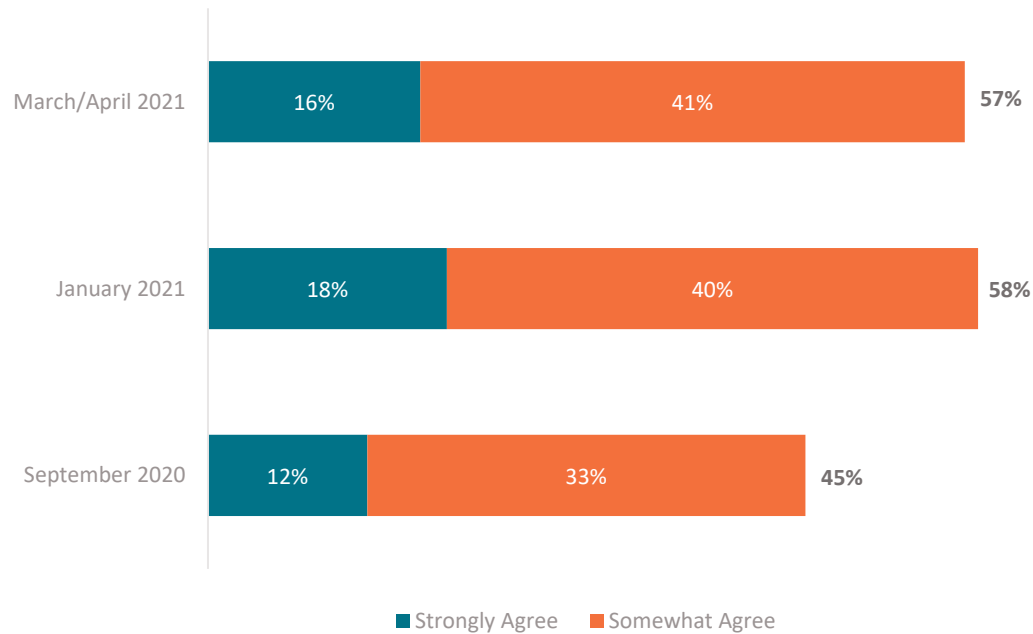
Current Results Among Subgroups

- Nurses have had their jobs or careers impacted more than other providers. They are more likely to have had their job responsibilities expanded (72% vs. 55% of other providers); to have been assigned to a different job, work area, or unit (48% vs. 30% of NP/PAs, 27% of behavioral health specialists, and 21% of doctors); and to be moved to on-call (21% vs. 13% of other providers). However, doctors (29%) and NP/PAs (28%) are more likely than nurses (20%) or behavioral health specialists (18%) to have had their hours reduced. While 33% of doctors say they have had their pay cut, a lower 17% of behavioral health specialists, 14% of NP/PAs, and 9% of nurses give this response.
- Providers with 51% or more patients of color are more likely to say they have had their job responsibilities expanded (64% vs. 57% of those with 26% to 50% patients of color and 51% of those with a 25% or lower proportion of patients of color). Those with 26% or more patients of color are more likely to have been assigned to a different job, work area, or unit than those with a lower proportion of patients of color (31% vs. 20%).
- Safety-net providers are more likely than non-safety-net providers to have had their job responsibilities expanded (64% vs. 49%); been assigned to a different job, work area, or unit (33% vs. 21%); and moved to on-call (17% vs. 11%). Non-safety-net providers are more likely to have had their hours reduced (29% vs. 23%).
- The more COVID-19 patients a provider has seen, the more likely they are to say they have had their job responsibilities expanded during the pandemic. Seven in 10 (72%) of those who have seen more than 100 COVID-19 patients have had their job responsibilities expanded. Sixty-five percent of those who have seen 51 to 100 COVID-19 patients give this response, while 59% of those who have seen 11 to 50 COVID-19 patients do so, and 46% of those who have seen fewer COVID-19 patients.

Just under 6 in 10 providers (57%) for whom the question applies agree with the statement “Staffing shortages have hampered my ability to respond to the COVID-19 pandemic.” This proportion is statistically unchanged from January 2021 when 58% gave this response and remains up from 45% in September 2020 (Figure 29).

Figure 29. Nearly 6 in 10 Providers Continue to Say Staffing Shortages Hamper Their Ability to Respond to COVID-19

Q: HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? *STAFFING SHORTAGES HAVE HAMPERED MY ABILITY TO RESPOND TO THE COVID-19 PANDEMIC.*



Notes: See detailed topline document for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

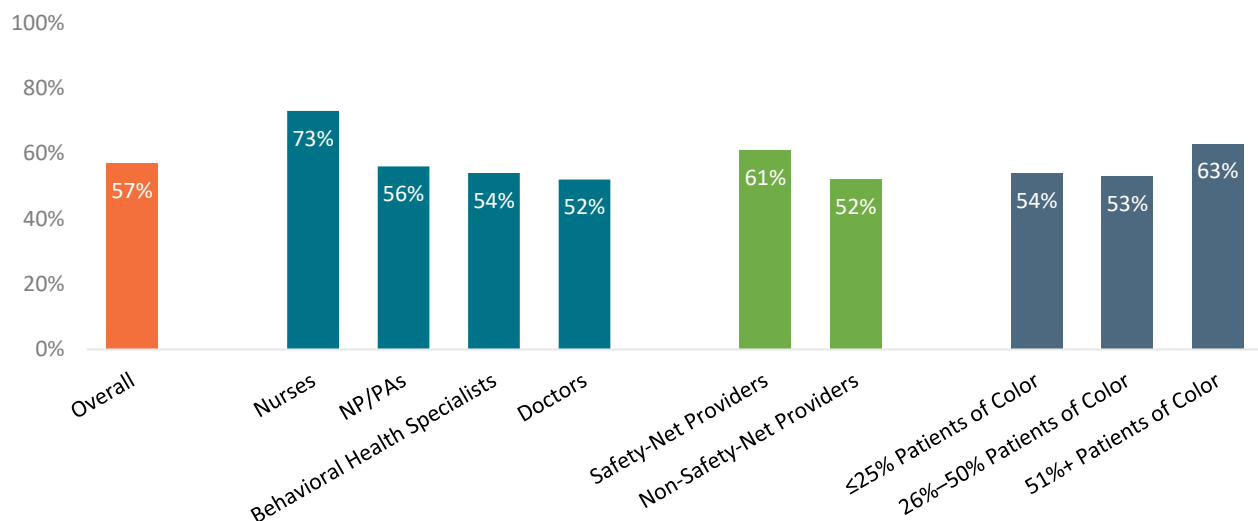
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Findings Among Subgroups

- Nearly three out of four nurses (73%) say staffing shortages have hampered their ability to respond to the pandemic — far higher than the 56% of NP/PAs, 54% of behavioral health specialists, and 52% of doctors who say so (Figure 30).
- Nearly two in three providers (63%) with 51% or more patients of color agree that staffing shortages have hampered their ability to respond to the COVID-19 pandemic. This compares to just over half of those with a lower proportion of patient-of-color population (53%).
- Safety-net providers are more likely than non-safety-net providers to agree that staffing shortages have hampered their ability to respond to the COVID-19 pandemic (61% vs. 52%).

Figure 30. Nurses, Safety-Net Providers, and Providers with Larger Patient-of-Color Populations Are More Likely to Say Staffing Shortages Have Hampered Their COVID-19 Response

Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING: *STAFFING SHORTAGES HAVE HAMPERED MY ABILITY TO RESPOND TO THE COVID-19 PANDEMIC.* (PROPORTION AGREEING SHOWN)



Notes: See detailed topline document for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

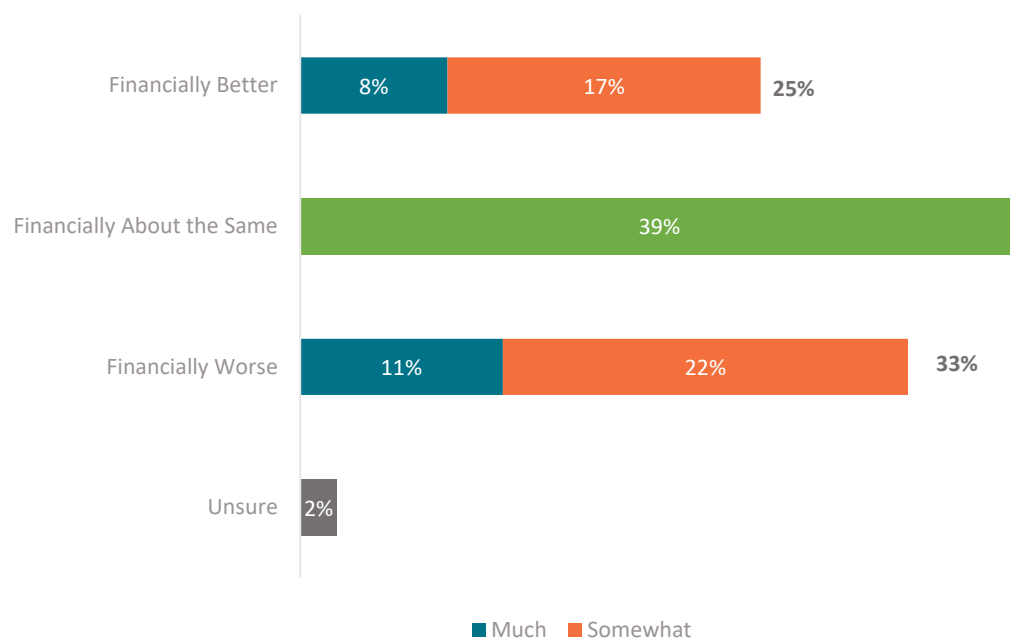
Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Personal Financial Impacts

In addition to feeling emotional, physical, and career impacts from the COVID-19 pandemic, **one in three providers say they have faced negative financial impacts as well.** Thirty-three percent say they were worse off financially in 2020 compared to 2019, while 39% say their personal financial situation was the same, and 25% report being better off financially (Figure 31).

Figure 31. One in Three Providers' Personal Finances Were Worse in 2020 Than in 2019

Q: THINKING ABOUT YOUR OWN PERSONAL FINANCES, WOULD YOU SAY FINANCIALLY YOU DID BETTER OR WORSE IN 2020 COMPARED TO 2019 — OR ABOUT THE SAME?



Notes: See detailed topline document for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- Doctors are more likely to say their personal finances were worse in 2020 than in 2019, with 39% giving this response (and 55% of emergency medicine doctors) compared to 30% of NP/PAs, 27% of behavioral health specialists, and 25% of nurses. Meanwhile, 20% of doctors say their personal finances were better — lower than among behavioral health specialists (34%), NP/PAs (28%), and nurses (27%).
- Safety-net providers say they were personally financially better off in 2020 than in 2019 in higher proportions than non-safety-net providers (27% vs. 20%).

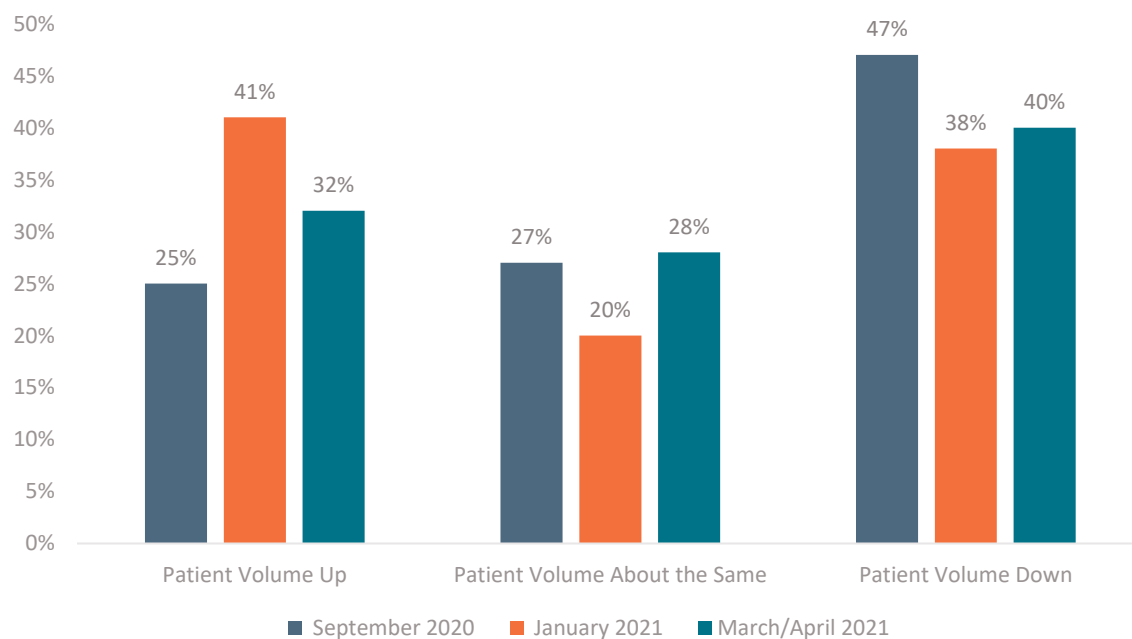
Section 4: Business Impacts

Patient Volume

Four in 10 providers (40%) report that their patient volume is down compared to before the pandemic. This finding is consistent with findings from January 2021 (38%) but lower than in September 2020 (47%). And while 40% say their volume is down, 3 in 10 providers (32%) say it is up — a number driven up in part by the 56% of behavioral health specialists who give this response. In September 2020, 25% of all providers said their volume was up, and in January 2021, 41% gave this response (Figure 32).

Figure 32. Four in 10 Providers Say Patient Volume Is Currently Down Compared to Prepandemic

Q: WOULD YOU SAY YOUR CURRENT PATIENT VOLUME — INCLUDING BOTH IN-PERSON AND TELEHEALTH — IS UP, DOWN, OR ABOUT THE SAME COMPARED TO BEFORE THE COVID-19 PANDEMIC?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- While 23% of doctors say their patient volume is up compared to before the pandemic, 47% report that it is down (18% down “a lot”). The results of NP/PAs are similar: 27% up and 43% down (10% down “a lot”). Similar proportions of nurses say their patient

volume is up (38%) and down (33%—11% down “a lot”). Reflecting the behavioral health impacts of COVID-19, 56% of behavioral health specialists say their patient volume is up — 27% up “a lot.” However, 21% say their patient volume is down (3% “a lot”).

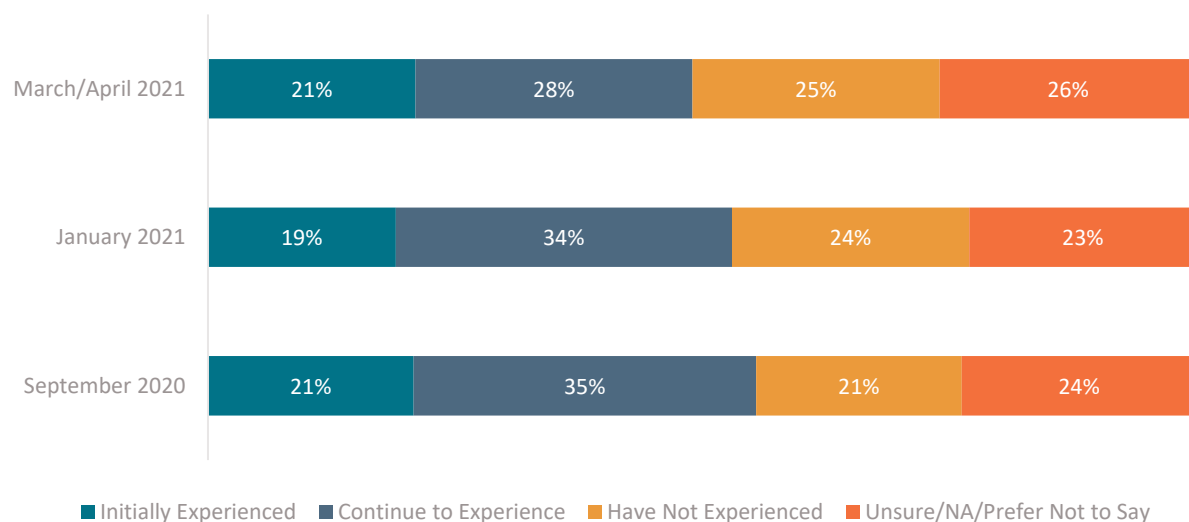
- Among doctors, patient volume is down most among pediatricians (65%) and emergency medicine doctors (73%).
- Safety-net providers are more likely to say their patient volume is up than non-safety-net providers (36% vs. 27%). There is no notable difference in the proportion who say patient volume is down.

Financial Experiences

Approximately half the providers reported experiencing financial instability since the start of the COVID-19 pandemic in all three surveys. Currently, 21% of providers say they initially experienced financial instability but have largely recovered — similar to the past surveys. Twenty-eight percent say they continue to experience financial instability; this is down slightly from 34% in January 2021 and 35% in September 2020 (Figure 33).

Figure 33. Half of Providers Say They Have Experienced Financial Instability During the Pandemic

Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE FINANCIAL POSITION OF YOUR OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY SINCE THE START OF THE COVID-19 PANDEMIC?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

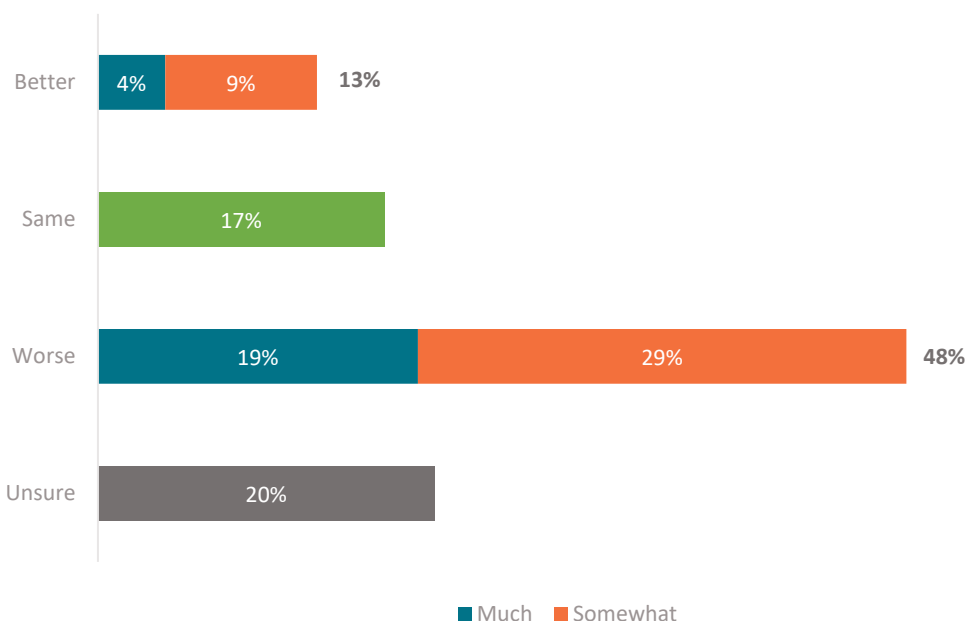
Current Results Among Subgroups

- Fifty-five percent of doctors initially experienced or are continuing to experience financial instability — higher than the 40% of behavioral health specialists with similar experience. NP/PAs (20%) and nurses (31%) are more likely to be unsure.

Half of providers (48%) say the office, clinic, hospital, or medical facility where they work did financially worse in 2020 compared to 2019, with 2 in 10 providers (19%) saying they did “much” worse. Thirteen percent of providers say their office or facility did better, while 17% say 2019 and 2020 were about the same financially (20% were unsure). This question was asked for the first time in the March/April 2021 survey (Figure 34).

Figure 34. Half of Providers Say Their Office or Facility Was Financially Worse Off in 2020 Compared to 2021

Q: WOULD YOU SAY THE OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY WHERE YOU PRIMARILY WORK OR PRACTICE DID FINANCIALLY BETTER OR WORSE IN 2020 COMPARED TO 2019 — OR ABOUT THE SAME?



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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- Doctors (55%) are more likely than NP/PAs (46%), nurses (38%), and behavioral health specialists (37%) to say their hospital or facility was worse off financially in 2020

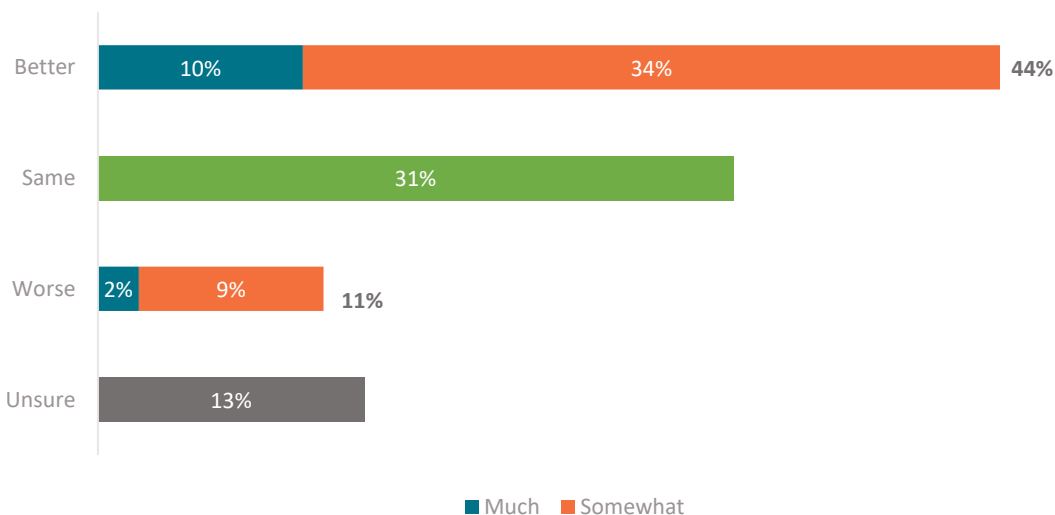
compared to 2019. In fact, one in four doctors (24%) say it was “much” worse, compared to 10% to 16% of other providers by occupation. Behavioral health specialists were the most likely to say their hospital or facility was better off (22%, compared to 11% of other providers)

Most providers do not anticipate 2021 being a worse year financially for their practice or workplace than 2020; in fact, 44% believe it will be better. Another 31% expect 2021 to be the same financially as 2020, while 11% believe it will be worse (13% are unsure and 2% say the question is not applicable to them) (Figure 35).

Of those who said 2020 was *worse* financially for their practice or workplace than 2019, 53% expect 2021 to be better. At the same time, 55% of those who felt 2020 was *better* than 2019 also feel that 2021 will be better still. However, this optimism is not universally shared; of the 48% who said 2020 was financially worse than 2019, 29% expect 2021 to be about the same and 13% worse. Therefore, 42% of those negatively impacted in 2020 do not anticipate an improvement.

Figure 35. Three in Four Providers Expect 2021 to Be Better or the Same Financially for Their Workplace as 2020

Q: LOOKING AHEAD, DO YOU THINK THE OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY WHERE YOU PRIMARILY WORK OR PRACTICE WILL DO FINANCIALLY BETTER OR WORSE IN 2021 COMPARED TO 2020 — OR ABOUT THE SAME?



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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- NP/PAs are more likely to anticipate their workplace being better off in 2021 compared to 2020 than are other providers. While 52% of NP/PAs give this response, 44% of nurses, 43% of doctors, and 37% of behavioral health specialists do. Fourteen percent of doctors expect their hospital or facility to do financially worse (including 31% of emergency medicine doctors) compared to 8% of nurses, 7% of behavioral health specialists, and 5% of NP/PAs. Nurses (22%) and behavioral health specialists (18%) are more uncertain than NP/PAs (12%) and doctors (9%).

Fourteen percent of providers asked say that their office, clinic, hospital, or medical facility is currently exploring new affiliations and mergers. This is unchanged from the 13% who gave this response in the September 2020 survey (the last time the question was asked). This question was asked to nurses involved in the business management of their office as well as to providers in non-nursing positions.

Current Results Among Subgroups

- Twenty percent of safety-net providers asked say their office, hospital, or facility is exploring new affiliations or mergers, while a lower 9% of non-safety-net providers give this response (25% of safety-net providers are also unsure compared to 18% of non-safety-net providers).

Approximately 1 in 10 providers asked say they are at least “somewhat” likely to shut down their office, clinic, hospital, or medical facility permanently (8%) or temporarily (9%) as a result of the COVID-19 pandemic. This finding is unchanged from September 2020, the last time the question was asked. Furthermore, in September 2020, 20% said they were at least “somewhat” likely to lay off or furlough staff. Currently, 12% give this response. This question was asked of nurses involved in the business management of their office as well as to providers in non-nursing positions.

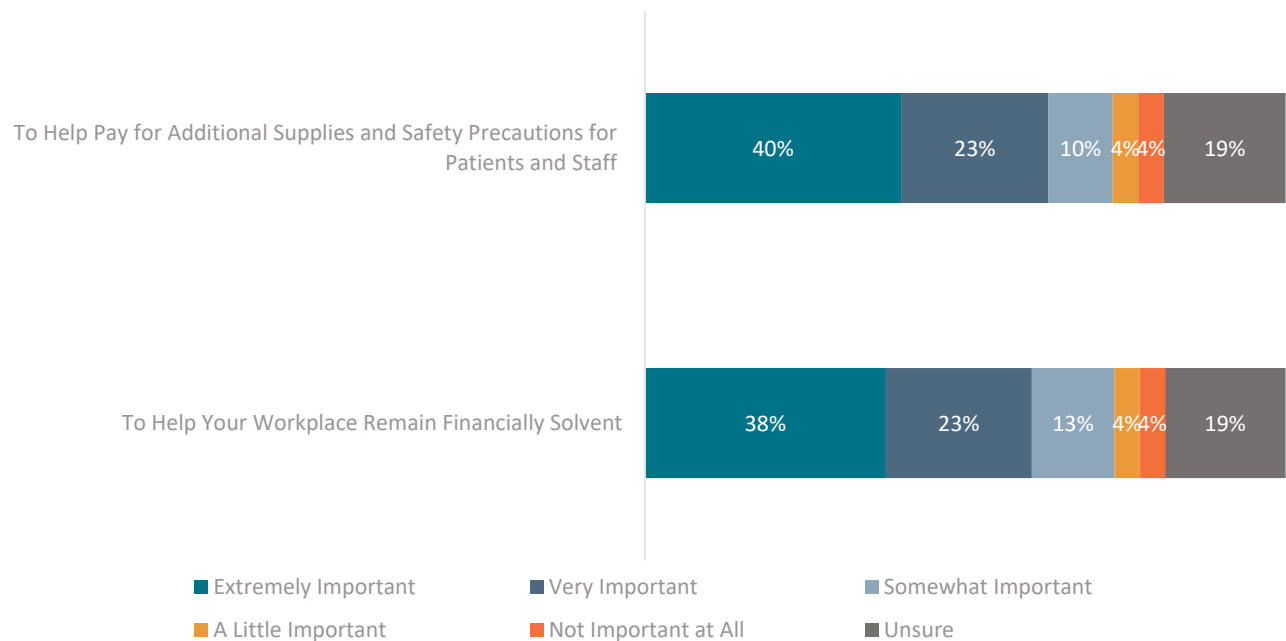
Federal Stimulus Funds

Most providers received federal funds through stimulus packages, and nearly all say they were important to not only pay for supplies and safety precautions but to remain solvent.

Just over 1 in 10 providers say they did not receive any federal COVID-19 funds or that the question was not applicable to them. Excluding those who did not receive funds or who said the question was not applicable to them, virtually all of the providers who were able to give an answer say the funds were at least “a little” important to “help pay for additional supplies and safety precautions for patients and staff” and “to help your workplace remain financially solvent.” More than three in four called each at least “a little” important, while just 4% say each was “not important at all” (the remaining providers say they are uncertain) (Figure 36).

Figure 36. Federal Stimulus Fund Were Important to Nearly All Providers Who Received Them

Q: FROM WHAT YOU KNOW, HOW IMPORTANT WOULD YOU SAY THESE (FEDERAL STIMULUS FUNDS) WERE TO THE OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY WHERE YOU PRIMARILY WORK OR PRACTICE IN THE FOLLOWING AREAS?



Notes: See detailed topline document for full question wording and response options. Excludes providers who said the question was not applicable to them or they did not receive federal COVID-19 funds. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Current Results Among Subgroups

- Nurses (51%) and NP/PAs (48%) are more likely than doctors (34%) and behavioral health specialists (38%) to say the funds were “extremely” important for paying for additional supplies and safety precautions. There is no notable difference in response to the importance of the funds for remaining financially solvent.
- Those with 51% or more patients of color were more likely than those with a lower proportion of patients of color to say that the funds were “extremely” important for purchasing supplies and safety precautions (46% vs. 36%) and remaining financially solvent (45% vs. 34%).
- Safety-net providers were also more likely to call the federal funds “extremely” important for paying for supplies and safety precautions (44% vs. 34%) and to remain financially solvent (41% vs. 34%) than were non-safety-net providers.

Section 5: Patient Impacts

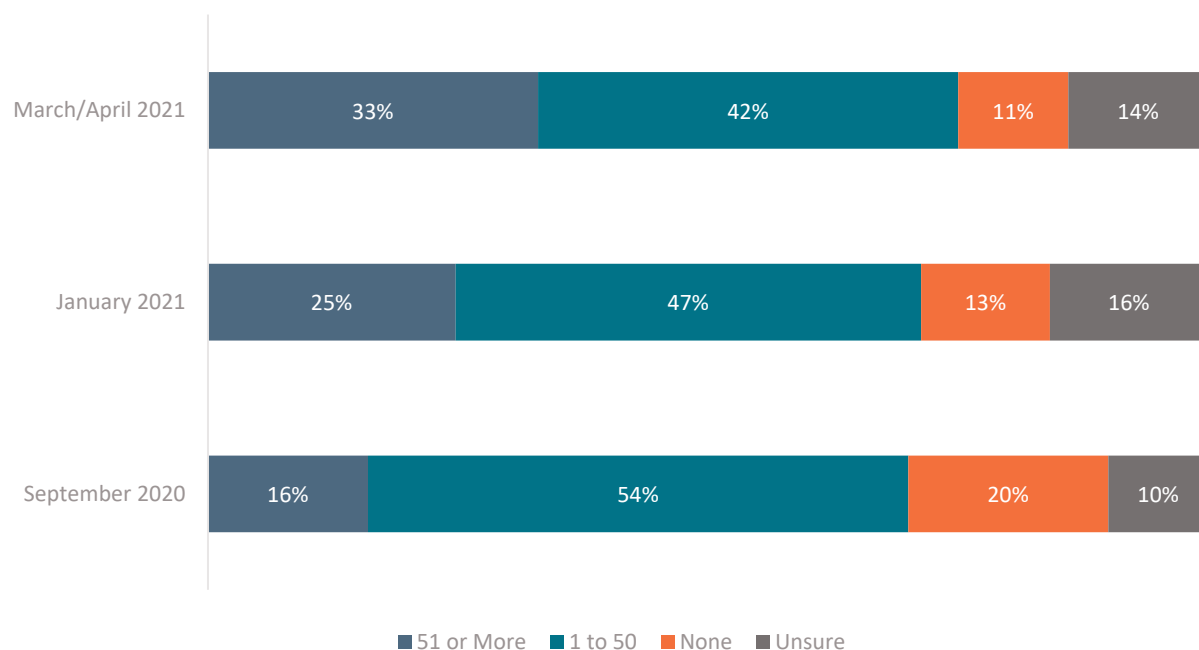
Provider Treatment of COVID-19 Patients

Three out of four providers (75%) have seen or treated COVID-19 patients since the beginning of the pandemic. This proportion is up only slightly from 72% in January 2021 and 70% in September 2020 (Figure 37).

However, the number of COVID-19 patients the providers have seen or treated has increased. In the September 2020 survey, 16% had treated 51 or more COVID-19 patients. This rose to 25% in the January 2021 survey and to 33% currently.

Figure 37. The Proportion of Providers Who Have Seen 51 or More COVID-19 Patients Has Grown as the Pandemic Continues

Q: SINCE THE BEGINNING OF THE COVID-19 PANDEMIC, APPROXIMATELY HOW MANY COVID-19 PATIENTS HAVE YOU SEEN OR TREATED?



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

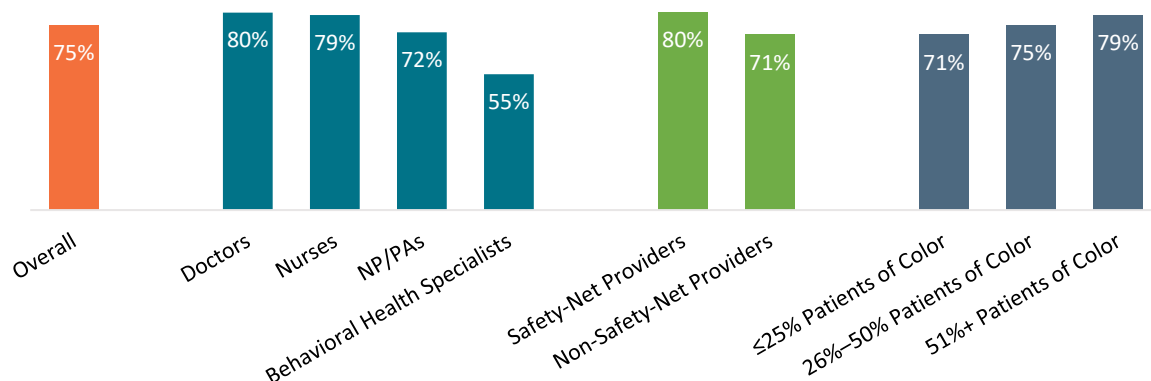
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Behavioral health specialists are the least likely to have treated COVID-19 patients (55%) and more likely to have treated 10 or fewer (33% compared to 13% of doctors, 12% of NP/PAs, and 17% of nurses) (Figure 38).
- Providers with patient populations of color of 26% or more are more likely to have seen or treated COVID-19 patients than those with a lower proportion of patients of color (77% vs. 71%). They are also more likely to have treated more than 100 COVID-19 patients (22% vs. 14%).
- Safety-net providers are more likely to have seen or treated COVID-19 patients than non-safety-net providers (80% vs. 71%) and more likely to have treated more than 100 COVID-19 patients (24% vs. 16%).

Figure 38. Safety-Net Providers and Providers with Larger Patient-of-Color Populations Are More Likely to Have Seen or Treated COVID-19 Patients

Q: SINCE THE BEGINNING OF THE COVID-19 PANDEMIC, APPROXIMATELY HOW MANY COVID-19 PATIENTS HAVE YOU SEEN OR TREATED? (PROPORTION WHO HAVE SEEN COVID-19 PATIENTS SHOWN)



Notes: See detailed topline document for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

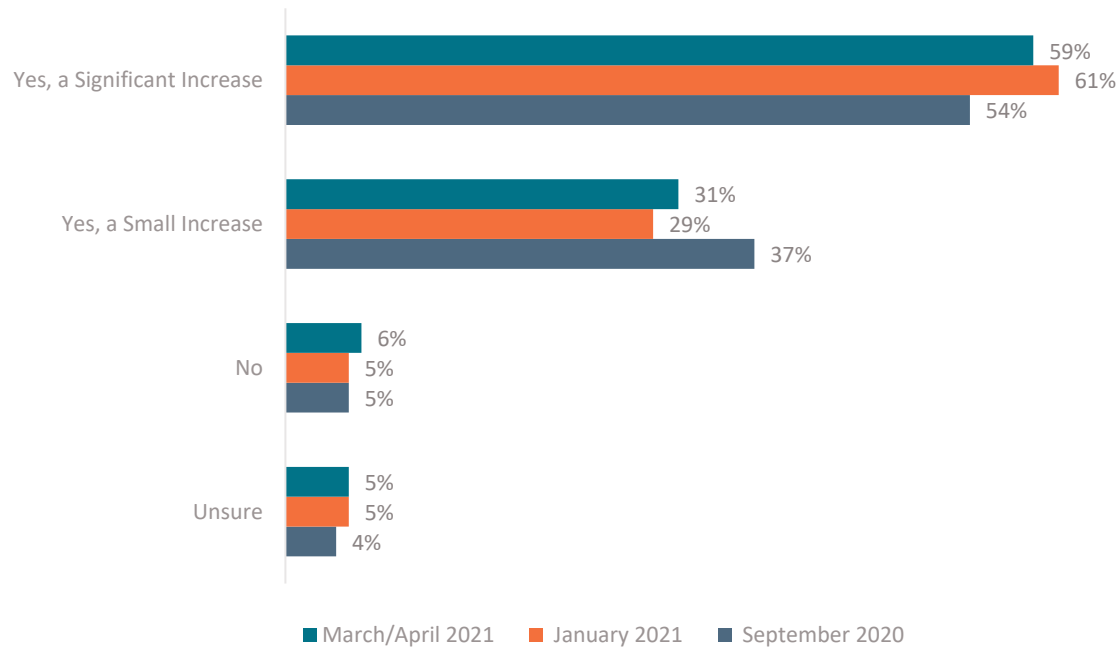
Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Patient Mental Health Impacts

In all three waves of the study, 9 out of 10 providers have consistently reported seeing an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the pandemic. Moreover, there has been only a modest difference in the proportion who say they have seen a “significant” increase — 59% currently, 61% in January 2021, and 54% in September 2020 (Figure 39).

Figure 39. Nine in 10 Providers Have Seen Increased Patient Mental Health Impacts

Q: ARE YOU SEEING AN INCREASE IN PATIENTS EXPERIENCING ANXIETY, DEPRESSION, SUICIDAL IDEATION, STRESS-RELATED DISORDERS, OR OTHER MENTAL HEALTH IMPACTS DURING THE COVID-19 PANDEMIC?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

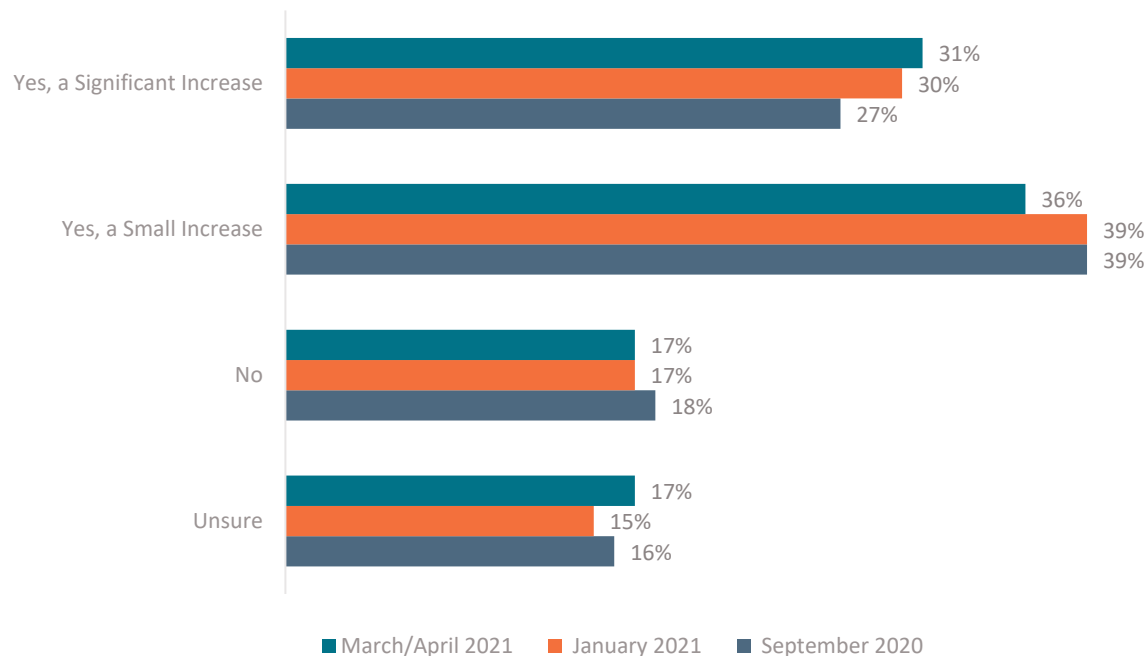
Current Results Among Subgroups

- Not surprisingly, a higher proportion of behavioral health specialists say they are seeing a “significant” increase in their patients experiencing mental health impacts, with 76% giving this response compared to a still high 59% of NP/PAs, 55% of doctors, and 53% of nurses.
- Safety-net providers are more likely to say they are seeing a “significant” increase in mental health impacts than are non-safety-net providers (64% vs. 54%).

Two out of three providers (67%) have seen an increased use of alcohol or other drugs among their patients since the COVID-19 pandemic began; moreover, 3 in 10 providers (31%) have seen a “significant” increase. There is little difference in response to this question in the three waves of the study (Figure 40).

Figure 40. Approximately Two in Three Providers Have Seen Increased Alcohol or Other Drug Use Among Their Patients During COVID-19 — Unchanged Across All Three Studies

Q: SINCE THE COVID-19 PANDEMIC BEGAN, HAVE YOU SEEN AN INCREASED USE OF ALCOHOL OR OTHER DRUGS AMONG YOUR PATIENTS?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

Current Results Among Subgroups

- Three out of four behavioral health specialists (76%) have seen increased alcohol or other drug use among their patients, as have 70% of NP/PAs, 64% of doctors, and 60% of nurses.
- Safety-net providers are more likely than non-safety-net providers to say they have seen increased alcohol or other drug use among their patients (71% vs. 64%), and "significantly" so (38% vs. 23%).

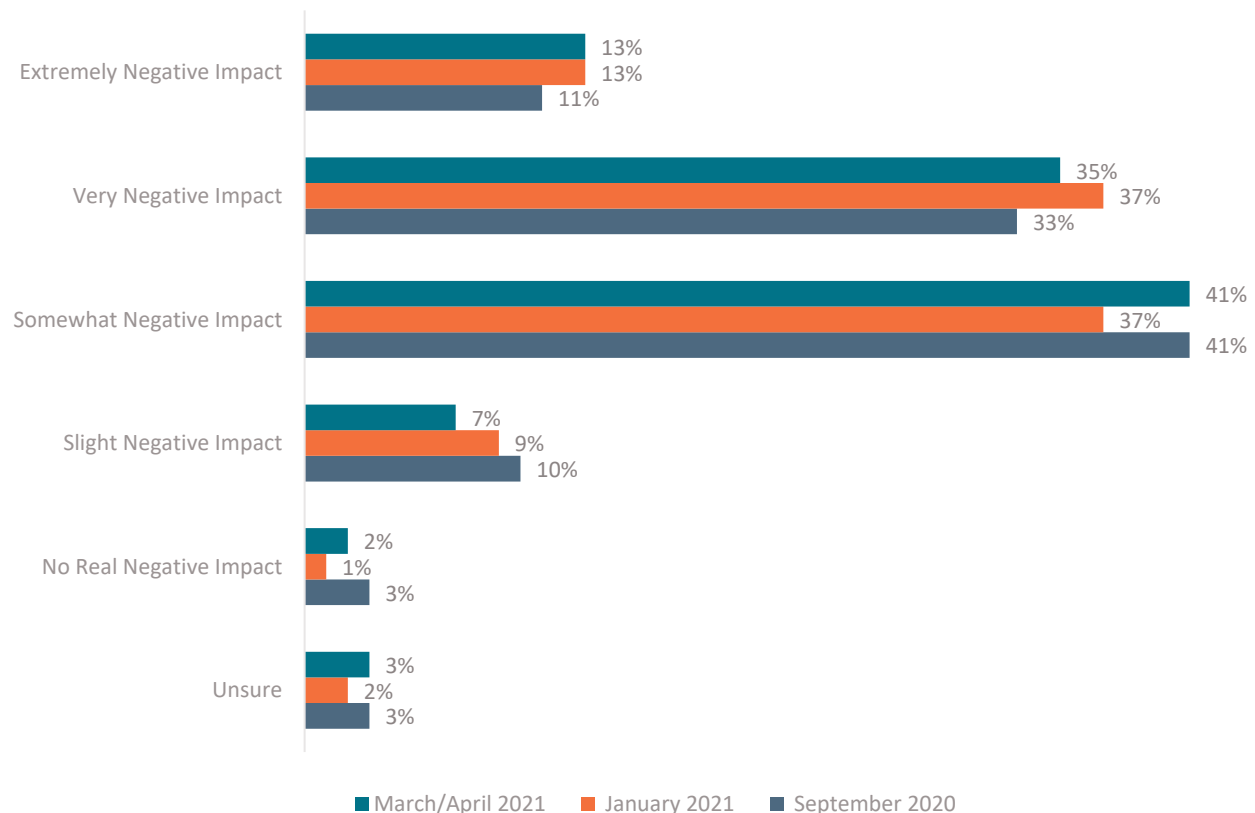
Impacts on Patient Physical Health

Nine in 10 providers (89%) in the current study say that mental health impacts are having at least a “somewhat” negative impact on their patients’ ability to take care of their physical health. Nearly half of providers (48%) say mental health effects are having an “extremely” or “very” negative impact on caring for physical health. The proportion giving these responses is statistically unchanged since the January 2021 study, but up slightly since the September 2020

study when 85% said mental impacts are having at least a “somewhat” negative impact and 44% an “extremely” or “very” negative one (Figure 41).

Figure 41. Nine in 10 Providers Say Mental Health Impacts Are Affecting Patients’ Physical Health Management — Similar to Previous Surveys

Q: TO WHAT EXTENT DO YOU THINK ANXIETY, DEPRESSION, SUICIDAL IDEATION, STRESS-RELATED DISORDERS, OR OTHER MENTAL HEALTH IMPACTS DURING THE COVID-19 PANDEMIC ARE AFFECTING YOUR PATIENTS’ ABILITY TO TAKE CARE OF THEIR PHYSICAL HEALTH?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

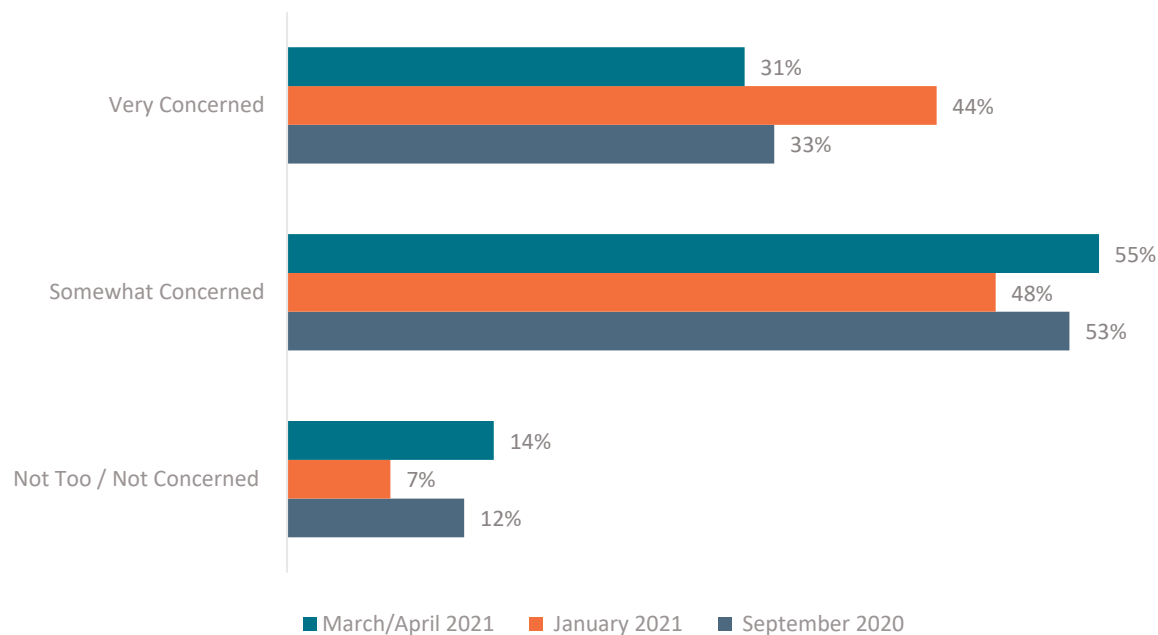
Current Results Among Subgroups

- High proportions of providers regardless of their proportion of patients of color believe mental health impacts are affecting their patients’ ability to take care of their physical health. However, those with 51% or more patients of color are more likely to see an “extremely” negative impact (17%) than are those with 25% or less (9%).
- Safety-net providers are more likely to say mental health impacts are having a negative impact on their patients’ ability to manage their physical health than are non-safety-net

providers (91% vs. 86%), with safety-net providers more likely to say the impact is “extremely” negative (16% vs. 9%).

As the pandemic wears on, providers continue to be concerned about their patients putting off necessary health care. Eighty-six percent of providers are “very” (31%) or “somewhat” (55%) concerned that their patients are forgoing or delaying health services necessary for their long-term health and well-being because of the COVID-19 pandemic. The overall concern is down slightly from 92% in January 2021, but equal to September 2020 (Figure 42).

Figure 42. Nearly 9 in 10 Providers Are Concerned About Patients Delaying Health Care
Q: HOW CONCERNED ARE YOU THAT YOUR PATIENTS ARE FORGOING OR DELAYING HEALTH SERVICES NECESSARY FOR THEIR LONG-TERM HEALTH AND WELL-BEING BECAUSE OF THE COVID-19 PANDEMIC?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020; January 4–14, 2021; and March 26–April 8, 2021).

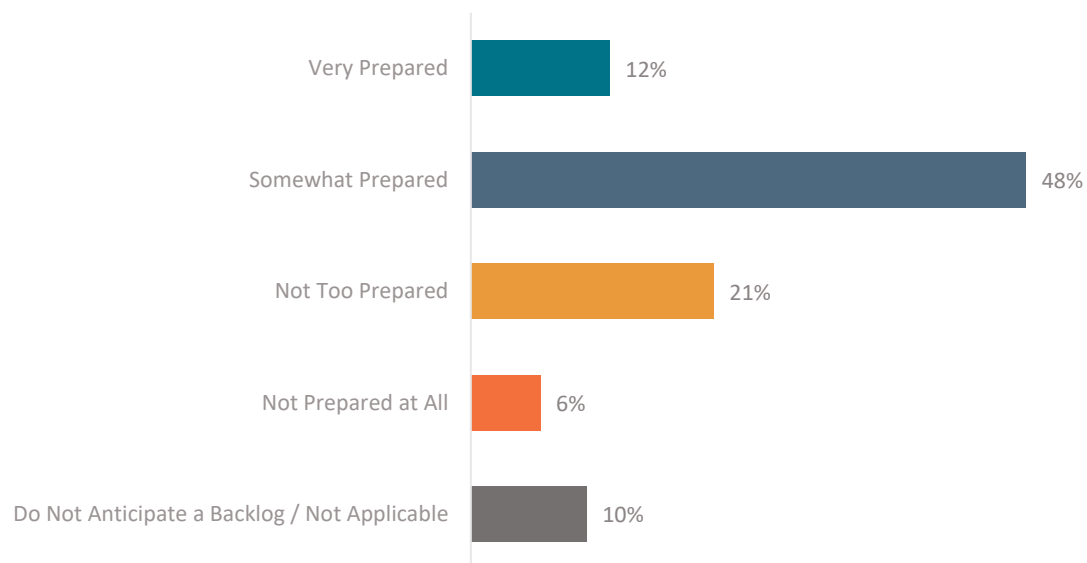
Current Results Among Subgroups

- Higher proportions of providers with 51% or more patients of color say they are “very” concerned about their patients forgoing or delaying health services necessary for their long-term health and well-being because of COVID-19 than those with lower proportions of patients of color (39% vs. 27%).
- Safety-net providers are also more likely to be “very” concerned about their patients forgoing or delaying care than are non-safety-net providers (36% vs. 25%).

Six in 10 providers say their office is prepared to manage a backlog of patients who have delayed or deferred care. However, just 12% feel “very” prepared. Moreover, 27% say they are “not too prepared” (21%) or “not prepared at all” (6%). Seven percent do not anticipate a backlog. This question was asked for the first time in the current study (Figure 43).

Figure 43. Six in 10 Providers Feel Prepared to Manage a Patient Backlog; Nearly 3 in 10 Do Not

Q: SOME HAVE PREDICTED THAT HEALTH CARE PROVIDERS WILL FACE A BACKLOG ONCE PATIENTS WHO HAVE DELAYED OR DEFERRED CARE BECOME MORE COMFORTABLE RETURNING. THINKING ABOUT WHERE YOU PRIMARILY PRACTICE OR WORK, HOW PREPARED DO YOU BELIEVE YOUR PRACTICE OR WORKPLACE IS TO MANAGE SUCH A BACKLOG?



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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

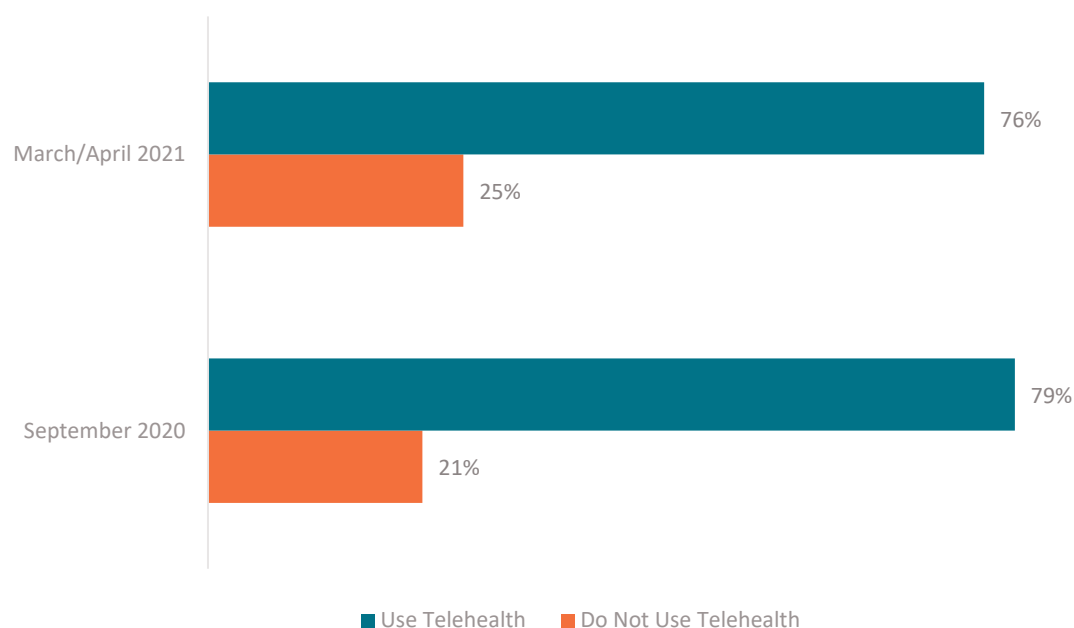
Section 6: Experience with and Opinions of Telehealth

Use of Telehealth

Providers' use of telehealth is unchanged from the September 2020 study (the last time it was asked) — including the proportion using it overall, how often they do so, and how much by video or telephone. Three out of four providers (76%) are using telehealth to provide patient care at this time — statistically equal to the 79% who gave this response in September 2020 (Figure 44).

Figure 44. Three Out of Four Providers Continue to Use Telehealth for Patient Care

Q: APPROXIMATELY WHAT PERCENTAGE OF YOUR PATIENT CARE IS PROVIDED VIA TELEHEALTH AT THIS TIME?



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

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020, and March 26–April 8, 2021).

Current Results Among Subgroups

- Over 9 in 10 behavioral health specialists (92%) are using telehealth at this time, compared to 80% of doctors and 76% of NP/PAs. Nurses are the least likely to be using telehealth, at 40%.
- Providers with 51% or more patients of color are less likely to say they are currently using telehealth (71%) than are those with a 26% to 50% (77%) or lower (80%) proportion of patients of color.

- Eighty-four percent of non-safety-net providers are using telehealth, compared to 71% of safety-net providers.

Thirty-seven percent of providers using telehealth say they are using it for 51% to 70% (6%) or more (31%) of their patient care — again equal to the response in September 2020. However, this is driven largely by behavioral health specialists, with 76% using telehealth for 71% or more of their patient care compared to 19% of doctors and NP/PAs, and 27% of nurses.

Current Results Among Other Subgroups

- Thirty-seven percent of those with a 25% or lower proportion of patients of color report using it for 71% or more of their patient care, compared to 26% of those with 51% or more patients of color.

Telehealth Delivery Choices

There has been virtually no change in the proportion of providers conducting telehealth visits by video or by telephone between the September 2020 survey and the current survey. In fact, 47% of providers using telehealth say they provide more than half of their telehealth visits by video — equal to the 47% who gave this response in September 2020. Thirty-seven percent say they provide over half of their telehealth appointments by phone in the current study, compared to 39% in September. In both studies, 15% said they do not provide telehealth by video, and 10% said they do not provide telehealth by phone (Table 1).

Table 1. Approximately Half of Providers Continue to Use Video for 51% or More of Their Telehealth Visits

	<i>% by Video</i>		<i>% by Telephone</i>	
	March/April 2021	September 2020	March/April 2021	September 2020
None	15%	15%	10%	10%
1%–30%	19%	20%	32%	32%
31%–50%	13%	14%	15%	14%
51%–70%	7%	8%	8%	9%
71%–100%	40%	39%	29%	30%
Unsure	6%	5%	6%	5%

Notes: See detailed topline document for full question wording and response options. Asked only of those providers using telehealth. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020, and March 26–April 8, 2021).

Current Results Among Subgroups

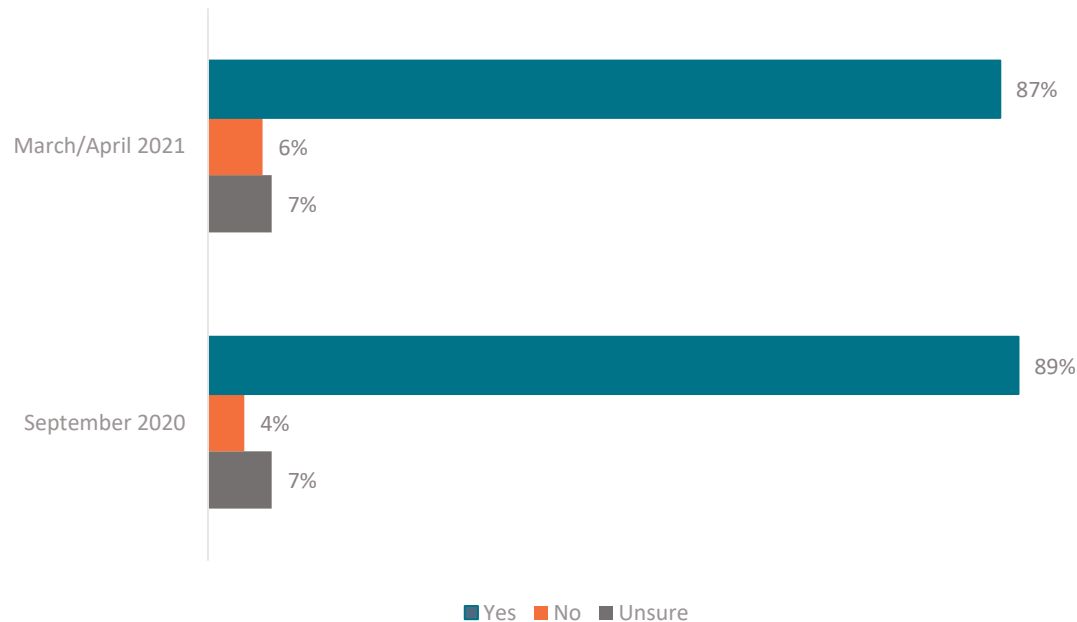
- Behavioral health specialists (59%) and doctors (40%) are more likely to use video for 71% or more of their telehealth appointments than are NP/PAs (29%) and nurses (17%). In fact, 23% of NP/PAs report not using video at all for their telehealth appointments, compared to 15% of doctors, 13% of nurses, and 7% of behavioral health specialists. Nearly half of nurses (49%) who use telehealth do so by phone for 51% or more of their telehealth appointments. This compares to 41% of NP/PAs and 39% of doctors giving this response and 24% of behavioral health specialists.
- Providers with a higher proportion of patients of color are less likely to use video and more likely to use the telephone for their telehealth visits. Fifty-four percent of those with patients of color representing 25% or less of their patient population say they are using video for 71% or more of their telehealth appointments. The proportion using video for 71% of their telehealth appointments is a lower 39% among those with 26% to 50% patients of color and 29% for those with 51% or more patients of color. Nearly half of those with 51% or more patients of color (47%) use the telephone for half or more of their telehealth visits, compared to 37% of those with 26% to 50% patients of color and 27% of those with 25% or less. It should be noted, however, that providers with a lower proportion of patients of color are also more likely to be behavioral health specialists, who are more likely to use video than telephone — and to use telehealth overall.
- Safety-net providers are also less likely than non-safety-net providers to use video for their telehealth appointments and more likely to use the telephone. Non-safety-net providers are more likely to use video for 71% or more of their telehealth appointments than are safety-net providers (52% vs. 30%). Meanwhile, safety-net providers are more likely to do 51% or more of their telehealth appointments by phone than are non-safety-net providers (43% vs. 30%). Over half of non-safety-net providers either do not use telephone at all for these appointments (14% vs. 7% for safety-net providers) or do so for 30% or less of their telehealth appointments (40% vs. 26%).

Continued Interest in Telehealth

Nearly 9 in 10 providers (87%) say they will continue using telehealth after the COVID-19 pandemic ends if payments for telehealth and in-person visits are comparable. This is unchanged from the 89% who gave this response in September 2020. There is little difference in the proportion who will continue to use telehealth by proportion of patients of color, safety-net-provider status, or occupation (Figure 45).

Figure 45. Nearly 9 in 10 Providers Will Continue Using Telehealth After Pandemic If Telehealth and In-Person Payments Are Comparable

Q: LOOKING AHEAD TO AFTER THE COVID-19 PANDEMIC ENDS, DO YOU THINK YOU WILL CONTINUE TO USE TELEHEALTH TO PROVIDE PATIENT CARE IF PAYMENTS FOR TELEHEALTH AND IN-PERSON VISITS ARE COMPARABLE?



Notes: See detailed topline document for full question wording and response options. Asked only of those providers using telehealth. Totals may not add to 100% due to rounding.

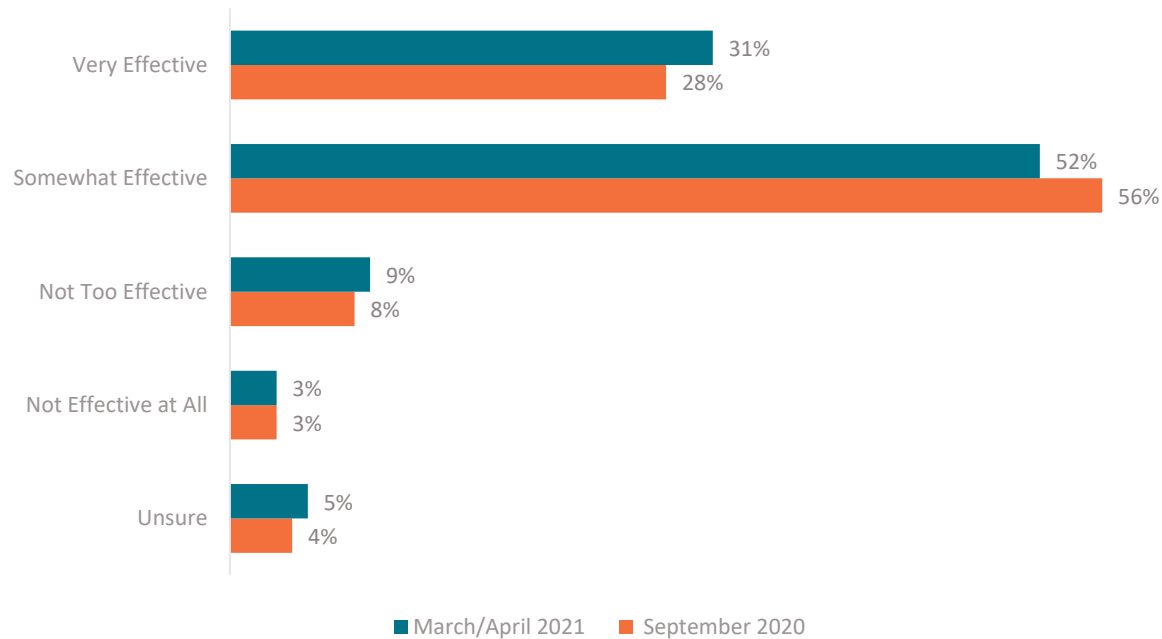
Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020, and March 26–April 8, 2021).

Opinions of Telehealth

The vast majority of providers continue to see telehealth as effective for providing care to their patients, with 83% giving this response — statistically equal to the 84% who did so in September 2020 (Figure 46).

Figure 46. Just over 8 in 10 Consider Telehealth Effective — Unchanged from September 2020

Q: GENERALLY SPEAKING, HOW EFFECTIVE DO YOU BELIEVE TELEHEALTH IS FOR PROVIDING CARE TO YOUR PATIENTS?



Notes: See detailed topline document for full question wording and response options. Excludes those providers who said telehealth is not applicable to them. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020, and March 26–April 8, 2021).

Current Results Among Subgroups

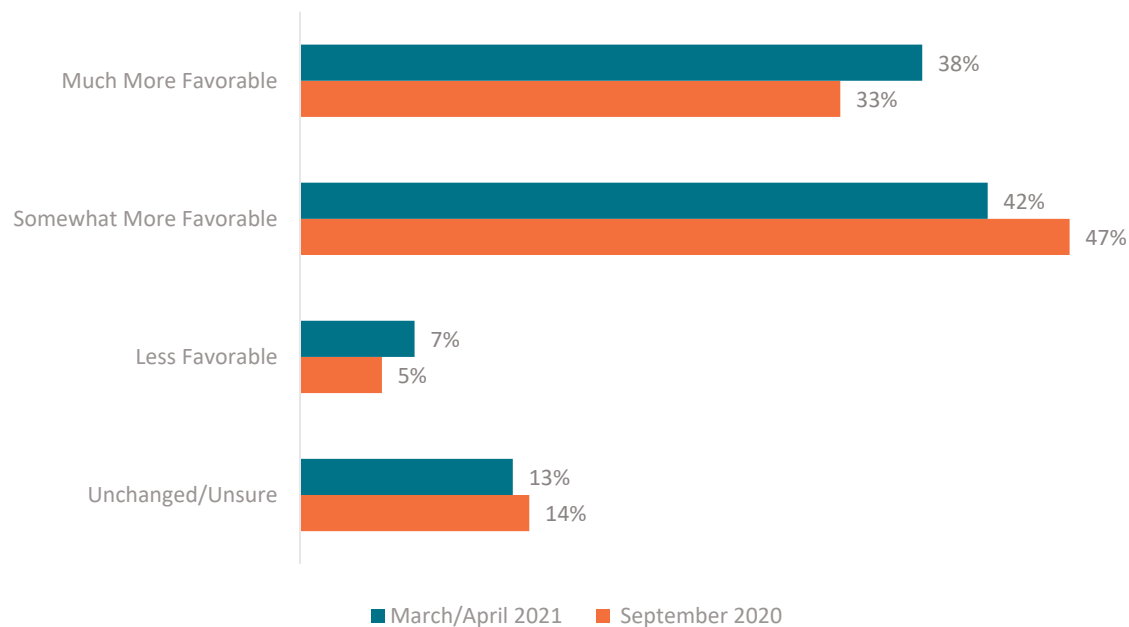
- Ninety percent of behavioral health specialists consider telehealth effective for their patients, while 86% of NP/PAs, 84% of doctors, and 69% of nurses give this response. Behavioral health specialists are the most likely to call telehealth “very” effective for their patients, with 52% giving this response, compared to 29% of doctors and NP/PAs and 15% of nurses. Two in 10 nurses (20%) believe telehealth is not effective for their patients, compared to 12% of doctors, 9% of behavioral health specialists, and 8% of NP/PAs.
- While the vast majority of providers regardless of the proportion of patients of color believe telehealth is effective for providing care to their patients, those with up to 25% patients of color are more likely to call it effective (87% compared to 80% of those with 51% or more patients of color). Moreover, 40% call it “very” effective, compared to 25% of those with 51% or more patients of color. Again, these results may reflect the higher number of behavioral health specialists in the group of providers with a lower proportion of patients of color.

- Eighty percent of safety-net providers consider telehealth effective for their patients, with 27% calling it “very” effective. The proportion with a positive view is higher among non-safety-net providers, where 88% call it effective and 36% “very” effective.

Eight in 10 providers (80%) say their opinion of telehealth has become more favorable since the start of the COVID-19 pandemic — a proportion unchanged since September 2020 when 80% also gave this response. Slightly higher proportions say their view is “much” more favorable in the current study compared to September 2020 (38% vs. 33%) (Figure 47).

Figure 47. Eight in 10 Have a More Favorable Opinion of Telehealth Since Before the Pandemic Began — Unchanged from September 2020

Q: HAS YOUR OPINION OF TELEHEALTH BECOME MORE OR LESS FAVORABLE SINCE THE START OF THE COVID-19 PANDEMIC?



Notes: See detailed topline document for full question wording and response options. Excludes those providers who said telehealth is not applicable to them. Totals may not add to 100% due to rounding.

Source: CHCF/GSSR Survey of California Health Care Providers (September 16–28, 2020, and March 26–April 8, 2021).

Current Results Among Subgroups

- While high proportions of providers regardless of occupation say their opinion of telehealth has become more favorable since the start of the pandemic, behavioral health specialists are more likely to say it has become “much” more favorable (50%, compared to 38% of NP/PAs, 37% of doctors, and 25% of nurses).
- Non-safety-net providers are more likely to have an overall more favorable view than safety-net providers (83% vs. 78%) and a “much” more favorable one (43% vs. 34%).

Appendix: Methodology and Sample Profile

Methodology

The survey was administered online and conducted March 26–April 8, 2021, among 1,209 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 setting — 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, behavioral health specialists, nurse practitioners, physician assistants, and nurses who have provided direct patient care during the COVID-19 pandemic. 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 $N = 1,209$ respondents is ± 2.8 percentage points and is higher for subgroups.

The first wave of this study was conducted September 16–28, 2020, and the second wave was conducted January 4–14, 2021, both among 1,202 health care workers in California. The first two waves of the study were conducted using the same methodology and have 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 (approximately half the survey sample; for the current survey, $n = 602$; January 2021, $n = 601$; September 2020, $n = 603$)
- **Nurse practitioners** (12%) and **physician assistants** (5%), represented together in this report as **NP/PAs** ($n = 200$ in the current survey; January 2021, $n = 201$; September 2020, $n = 201$)
- **Nurses** (17% in the current study, $n = 204$; January 2021, $n = 200$; September 2020, $n = 250$), which includes 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)
- **Behavioral health specialists** (17% in the current survey, $n = 200$; January 2021, $n = 200$; September 2020, $n = 205$), which includes the following:

- Doctor of education (EdD)
- Doctor of philosophy (PhD)
- Licensed Marriage and Family Therapist (LMFT)
- Other licensed behavioral or mental health therapist
- Doctor of psychology (PsyD)
- Licensed Clinical Social Worker
- Licensed Professional Clinical Counselor

Throughout this report, when referring to behavioral health specialists, this excludes MDs (such as psychiatrists) unless that MD also has a license or credential in a behavioral health field.

Quotas for each of these four occupational areas were established, and participants were randomly selected to participate. The sample was randomly drawn from providers registered with Web MD / 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 20-minute survey.

Table A1 shows the proportion of providers who completed the survey by the various licenses, credentials, and degrees used to determine occupational categories. The proportions for each category are largely consistent with the January 2021 and September 2020 surveys.

Table A1. Provider Licenses, Credentials, and Degrees

Occupation	%
Doctors	
MD	46%
Doctor of Osteopathic Medicine (DO)	4%
Behavioral Health Specialists	
PhD, Doctor of Psychology (PsyD), Doctor of Education (EdD)	5%
Licensed Marriage and Family Therapist (LMFT)	5%
Licensed Professional Clinical Counselor	1%
Licensed Clinical Social Worker	6%
Other Licensed Behavioral or Mental Health Therapist	2%
NP/PAs	
Nurse Practitioner (NP)	12%
Physician Assistant (PA)	5%
Nurses	
Registered Nurse (RN)	20%
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)	2%
Certified Nursing Assistant (CNA)	*
Clinical Nurse Specialist (CNS)	*
Certified Nurse-Midwife (CNM)	*
Certified Registered Nurse Anesthetist (CRNA)	*

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

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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Table A2 shows the proportion of respondents in each region of the state and the counties included in those regions. The Northern California region referenced in this report includes those from the Bay Area, Rural North, and Greater Sacramento areas. Central California includes those in the Central Coast and Central Valley areas. Southern California includes those in Los Angeles County, San Diego/Orange, and the Inland Empire/Desert.

Table A2. Regional Breakdown

Regions	%
Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma	23%
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	5%
Central Valley: Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare	6%
Los Angeles County: Los Angeles	30%
San Diego/Orange: Orange, San Diego	20%
Inland Empire/Desert: Imperial, Inyo, Mono, Riverside, San Bernardino	7%

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

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).

Sample Profile

The providers represent a diverse population of practitioners. The demographic profile of the sample overall and by occupation is provided in Table A3.

Table A3. Demographics by Occupation Type and Long-Term Care Facility Providers

Demographic Characteristic	Size of Subgroup (n)	Total (%)	Doctors (%)	Behavior Health Specialists (%)	NP/PAs (%)	Nurses (%)
Gender						
Male	443	37%	59%	18%	14%	10%
Female	759	63%	40%	82%	85%	90%
Age						
18–34	145	12%	8%	6%	22%	21%
35–49	482	40%	42%	25%	47%	41%
50–64	395	33%	34%	38%	24%	31%
65+	185	15%	16%	31%	6%	7%
Race/Ethnicity						
White	666	55%	47%	72%	62%	56%
API	402	33%	46%	11%	26%	25%
Latinx	111	9%	4%	18%	8%	16%
Black	48	4%	2%	8%	6%	4%
Patients of Color						
25% or less POC	343	28%	29%	42%	20%	20%
26%–50% POC	389	32%	35%	28%	32%	28%
51% or more POC	432	36%	32%	26%	46%	47%
Safety-Net-Provider Status						
Safety-net provider	648	54%	47%	45%	64%	72%
Non-safety-net provider	502	42%	51%	50%	31%	17%

Demographic Characteristic	Size of Subgroup (n)	Total (%)	Doctors (%)	Behavior Health Specialists (%)	NP/PAs (%)	Nurses (%)
Region						
Bay Area	284	23%	23%	32%	20%	20%
Rural North	32	3%	2%	3%	4%	3%
Greater Sacramento	72	6%	5%	7%	4%	9%
Central Coast	66	5%	5%	5%	6%	6%
Central Valley	68	6%	4%	7%	10%	5%
Los Angeles County	360	30%	33%	24%	32%	25%
San Diego / Orange	244	20%	21%	17%	19%	23%
Inland Empire / Desert	83	7%	7%	5%	6%	9%

Notes: See detailed topline document for full question wording and response options. *NP/PAs* is nurse practitioners / physician assistants. *API* is Asian / Pacific Islander. *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 1,209 (N) due to multiple or missing responses. Survey used the term *Hispanic*.

Source: CHCF/GSSR Survey of California Health Care Providers (March 26–April 8, 2021).