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# Table of Contents

Introduction .....	2
Section 1. Priorities for California State Government .....	2
Health Care Priorities .....	7
Section 2. Health Care Affordability.....	13
Section 3. Housing and Homelessness.....	19
Section 4. Equity .....	25
Section 5. COVID-19 .....	40
Section 6. Access and Experiences with Health Care.....	45
Experiences with Physical Health Care .....	46
Experiences with Mental Health Care.....	47
Care Experience .....	47
Telehealth .....	48
Deferred Care.....	52
Healthy Behaviors .....	54
Section 7. Views on Medi-Cal.....	59
Appendix A: Survey Methodology .....	60
Appendix B: California Regions .....	61

## About the Authors

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## About the Foundation

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

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

For more information, visit [www.chcf.org](http://www.chcf.org).

## About the Survey

The California Health Care Foundation / NORC Health Policy Survey was conducted September 27 through November 17, 2021, among a random representative sample of 1,681 adults age 18 or older living in California. Interviews were administered in English ( $n = 1,647$ ) and Spanish ( $n = 34$ ). For the purposes of the survey, Spanish speakers ( $n = 255$ ) are defined as those who took the survey in Spanish ( $n = 34$ ) or took the survey in English and reported that they spoke Spanish at home ( $n = 221$ ). A multistage weighting design was applied to ensure accurate representation of the California adult population. Additional detail on survey methodology is available in Appendix A.

Where comparisons are made by income groups, “people with lower incomes” refers to those with household incomes below 200% of the federal poverty level (e.g., \$42,440 for a family of three). “People with higher incomes” refers to those with household incomes at 200% or above the federal poverty level. Any result reported as “different from,” “more than,” or “less than” another result is a statistically significant difference at  $p < .05$ .

## Introduction

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

The California Health Care Foundation and NORC at the University of Chicago, a nonpartisan research organization, conducted a representative statewide survey of California’s residents in late 2021 to understand their views on health care policy, as well as their experiences with COVID-19 and the health care system overall. Results from this survey are reported and, where applicable, compared to the prior annual survey published in early 2021 to understand emerging trends.

Key findings from this year’s survey include:

- Half of Californians (49%) have skipped or postponed some type of health care in the last 12 months due to cost. Among those who postponed care, 47% report that their condition worsened as a result, an increase from last year’s survey (41%). More than 8 in 10 Californians say it is “extremely” or “very” important for the California governor and legislature to work on “making health care more affordable” in the coming year. It is the second most important priority to Californians.
- One in four Californians (25%) say they or someone in their family had problems paying at least one medical bill in the past 12 months, an increase from 20% in last year’s survey. Forty-three percent of Californians with lower incomes report having issues paying for medical bills, an increase from 32% compared to last year.
- One in five Californians (19%) say they or someone close to them has experienced a period of homelessness in the past five years. The same proportion (19%) are “very” or “somewhat” worried about experiencing homelessness themselves. Californians also see a connection between affordable housing and health status, with 80% of Californians saying lack of affordable housing impacts the physical or mental health of people with low incomes “a lot” or “some.”
- More Californians are receiving care via telehealth than last year. More than half (55%) report receiving care by phone in the last 12 months, an increase from 45% in last year’s poll, and more than 4 in 10 (44%) by video, an increase from 35%. Californians are satisfied with the quality of health care they receive via telehealth, with more than 8 in 10 (83%) “very satisfied” or “satisfied” with their care by video, and a similar proportion (79%) “very satisfied” or “satisfied” with care by phone.
- Nearly 6 in 10 Californians (59%) believe that the health care system treats people unfairly based on their racial or ethnic background — a quarter (26%) “regularly” and a third (33%) “occasionally.” Eighty-three percent of Black Californians expressed this belief, a significantly higher percentage than any other racial or ethnic group. In addition, Black and Latinx Californians were more likely than White or Asian Californians to report negative experiences by a doctor or other health care provider.

## Section 1. Priorities for California State Government

As in previous years, the survey asks about Californians’ priorities for the California governor and legislature to work on in the coming year. Addressing wildfires (included for the first time this year) topped the list, with 54% saying it is an “extremely important” priority. It is followed by making health care more affordable and improving public education, which both had 53% saying it is an “extremely important” priority. Just under half say making housing affordable (49%) and addressing homelessness (48%) is “extremely” important. More than 4 in 10 say addressing COVID-19 (46%), addressing climate change (43%), and attracting and retaining business and jobs (41%) is “extremely” important. Fewer say improving infrastructure (38%), addressing racial inequality (33%), and enforcing immigration laws (29%) is “extremely” important (Figure 1).



Taken together, more than half of Californians think each item is at least “very” important to address. Few see any item as not important at all.

In last year’s survey, addressing COVID-19 was the top priority for Californians. In this year’s poll the percentage of Californians who say that addressing COVID-19 is “extremely” or “very” important fell 17 percentage points from 63% to 46%, the largest decrease across all items. The only other item that saw a decrease in Californians who view it as “extremely” or “very” important was attracting and retaining business and jobs, which fell 5 percentage points from 87% in 2021 to 82% in 2022.

The item that saw the largest increase in Californians who view it as “extremely” or “very” important was making housing more affordable, which increased 9 percentage points from 71% last year to 80% this year. The percentage who say addressing climate change is “extremely” important increased 5 percentage points from 65% last year to 70% this year.

There were no year-over-year differences for the following: addressing racial inequality, addressing homelessness, and making health care more affordable.

Differences emerge by race and ethnicity, income level, and party identification.

Asian, Black, Latinx, and White Californians differ on their top issue of importance. For Asian Californians, making health care more affordable ranks as most important, with 86% saying it is “extremely” or “very” important. For Black Californians, 97% say making housing more affordable is “extremely” or “very” important. For Latinx Californians, 90% say improving public education is “extremely” or “very” important. For White Californians, 93% say addressing wildfires is “extremely” or “very” important (Figure 2).

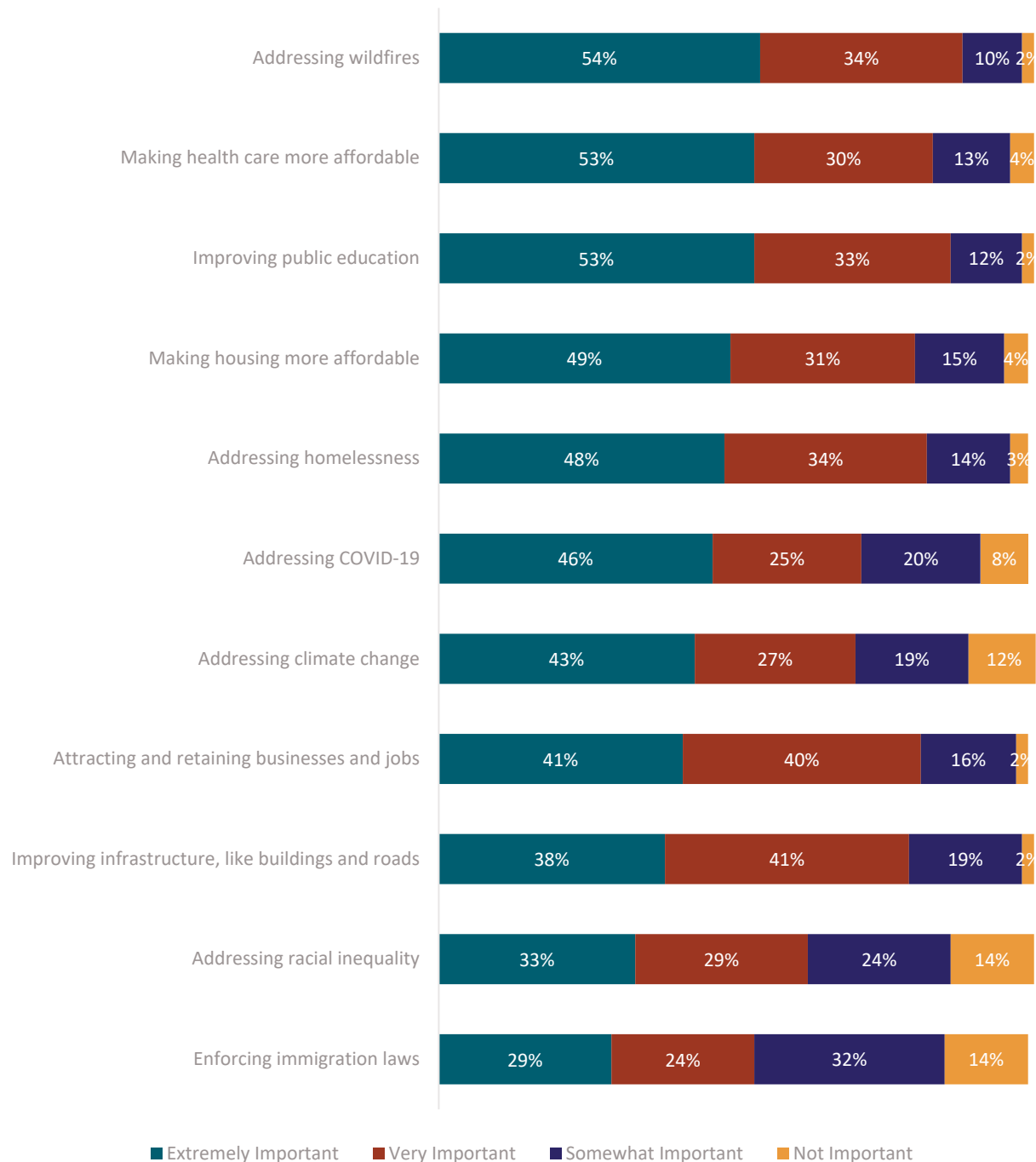
Racial and ethnic differences also emerge for each item. Ninety-five percent of Black Californians say addressing racial inequality is “extremely” or “very” important, more than the 66% of Latinx Californians, 61% of Asian Californians, and 53% of White Californians who responded the same. Other large gaps between Black Californians and others emerge on making housing more affordable, addressing climate change, improving public education, and addressing homelessness. On enforcing immigration laws, Latinx Californians (47%) are less likely than Black Californians (61%), Asian Californians (56%), and White Californians (56%) to say it is “extremely” or “very important” to address.

There are fewer differences by income level. Californians with incomes less than 200% of the federal poverty level are more likely than those with incomes of 200% or more of the federal poverty level to say addressing COVID-19 (75% vs. 70%), making health care more affordable (89% vs. 80%), making housing more affordable (89% vs. 77%) and addressing racial inequality (67% vs. 60%) are “extremely” or “very” important. They are less likely to see improving infrastructure as “extremely” or “very” important (76% vs. 80%) (Figure 3).

Democrats and Republicans differ in their views on the importance of addressing each item except for public education and infrastructure. For those, similar numbers of Democrats and Republicans say they are “extremely” or “very” important to address. The largest gaps occur when it comes to addressing racial inequality (83% of Democrats say it is “extremely” or “very” important compared with 23% of Republicans) and addressing climate change (90% of Democrats say it is “extremely” or “very” important compared with 31% of Republicans). On two items Republicans are more likely than Democrats to say it is “extremely” or “very” important: enforcing immigration (85% of Republicans say it is “extremely” or “very” important compared with 35% of Democrats) and attracting and retaining businesses and jobs (87% of Republicans say it is “extremely” or “very” important compared with 81% of Democrats) (Figure 4).

**Figure 1. Addressing Wildfires, Making Health Care More Affordable, and Improving Public Education Top Californians' Policy Priorities**

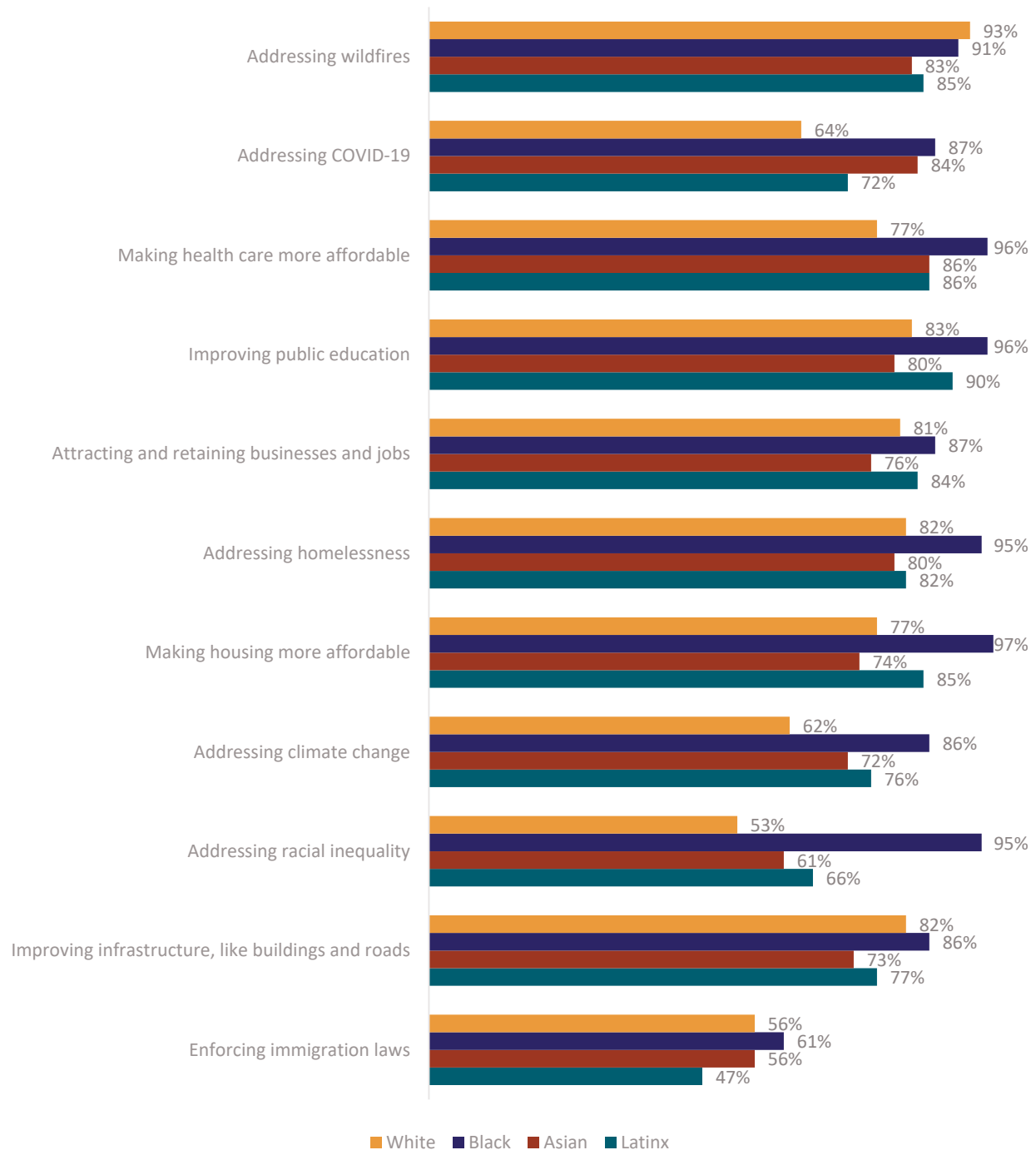
PERCENTAGE WHO SAY IT IS EXTREMELY IMPORTANT, VERY IMPORTANT, SOMEWHAT IMPORTANT, OR NOT IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 2. Black Californians Are More Likely Than Other Racial and Ethnic Groups to Prioritize Addressing Racial Inequality, Making Housing More Affordable, Addressing Climate Change, Improving Public Education, and Addressing Homelessness**

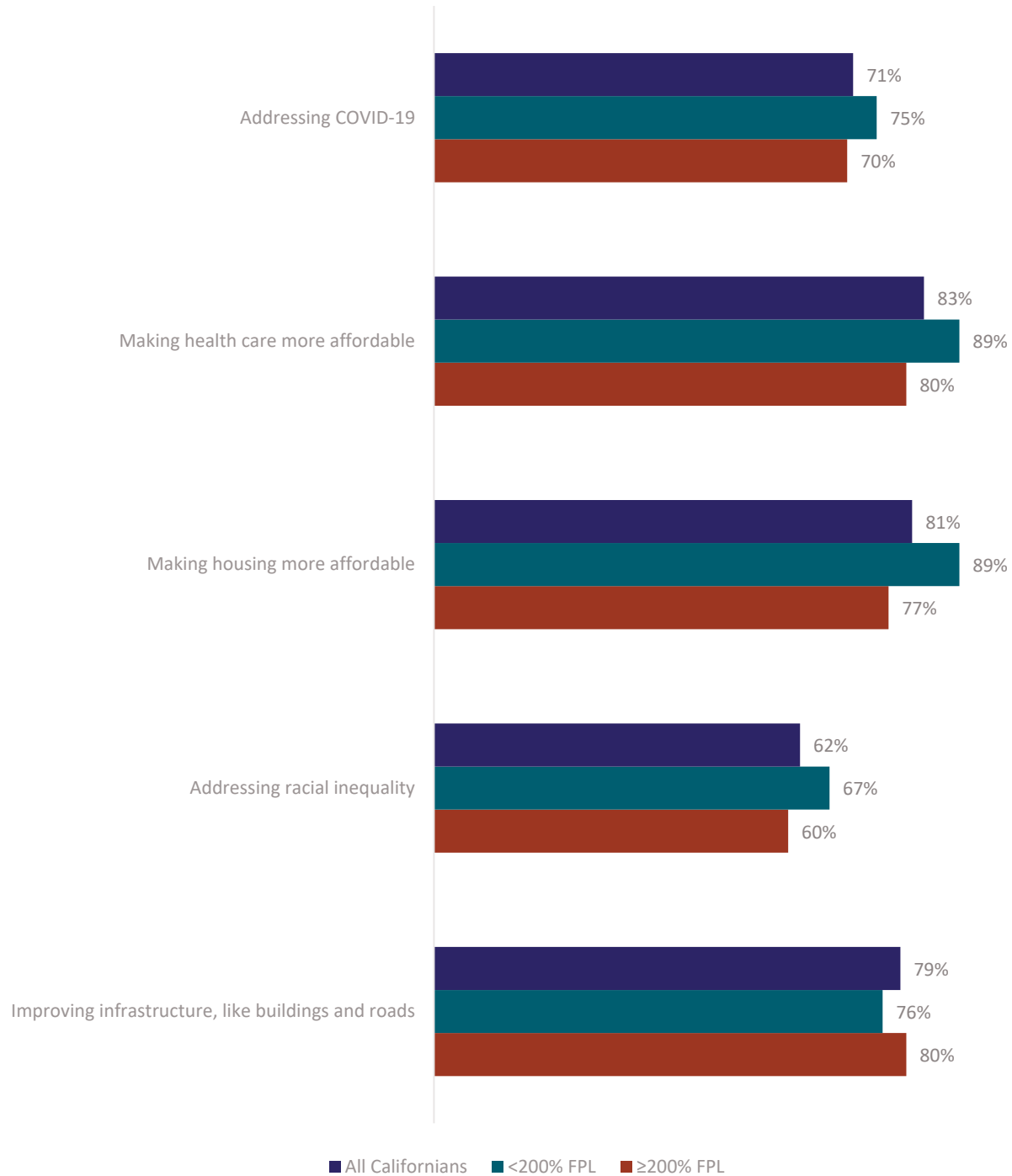
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Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

**Figure 3. Californians with Lower Incomes Are More Likely to Prioritize a Number of Issues — Particularly Making Health Care and Housing More Affordable**

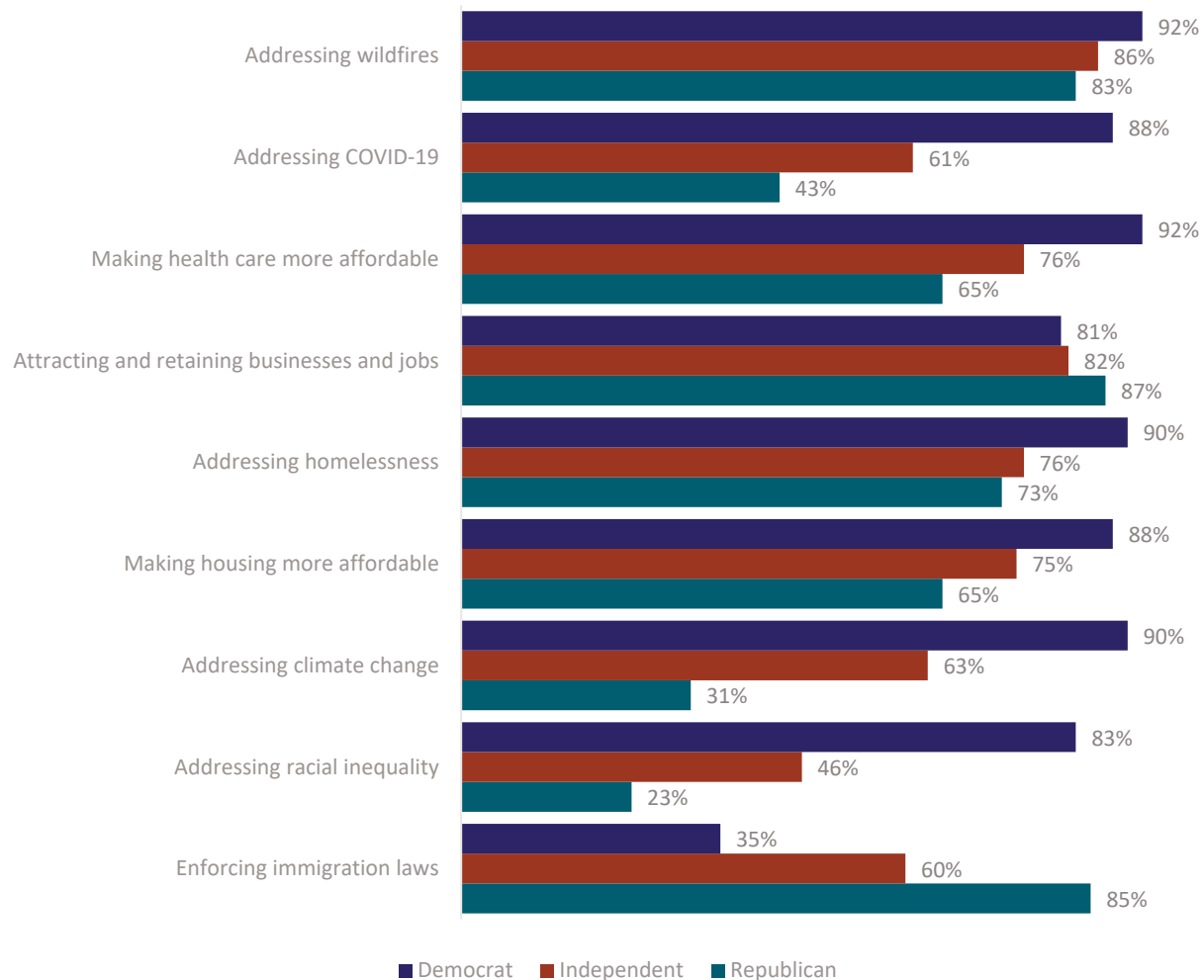
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

**Figure 4. Democrats and Republicans Differ on Most Policy Priorities**

PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

## Health Care Priorities

Making sure state and county health departments have the resources they need to respond to emergencies and crises such as pandemics, earthquakes, and fires tops the list of health care priorities for Californians, with 51% saying it is “extremely” important for the California governor and legislature to address in 2022. Close behind is making sure there are enough health care workers across California, with 48% saying it is an “extremely” important issue to address. This issue jumps to the top of the list when combined with the percentage who say it is a “very” important issue (39%). Another 48% say that making sure all Californians have access to health insurance is “extremely” important for the California governor and legislature to address in 2022.

Lowering the amount people pay for health care and making sure people with mental health problems can get the treatment they need are “extremely” important priorities for 47% of Californians. Forty-four percent say lowering the price of prescription drugs is an “extremely” important priority. About one-third say the following topics are “extremely” important: making information about the price of doctors’ visits, tests, and procedures more available to patients (37%); funding health care for people experiencing homelessness (35%); reducing differences in health care quality between racial and ethnic groups (33%); and making sure people with substance abuse problems can get needed treatment (32%). Just 14% say decreasing state government spending on health care is an “extremely” important priority (Figure 5).

The top priority for Black and Latinx Californians is making sure there are enough doctors, nurses, and other health care providers across California, with 99% of Black and 90% of Latinx Californians saying it’s an “extremely” or “very” important issue. For White Californians, making sure state and county public health departments have the resources they need to respond to emergencies and crises is the highest priority with 86% saying it’s “extremely” or “very” important. Asian Californians report two items that tie for the top health priority, with 85% saying making information about the price of doctor visits, tests, and procedures more available to patients and lowering the amount that people pay for health care are “extremely” or “very” important issues to address.

More than half of all racial and ethnic groups say each item is an “extremely” or “very” important priority except for decreasing state funding on health care. For every other item except for making information about the price of doctor visits, tests, and procedures more accessible, Black Californians are more likely than every other group to say it is an “extremely” or “very” important issue to be addressed. One of the biggest gaps in attitudes is on addressing differences in health care quality between racial and ethnic groups, where 92% of Black Californians say it is an “extremely” or “very” important issue to be addressed compared to 74% of Latinx Californians, 58% of Asian Californians, and 58% of White Californians (Figure 6).

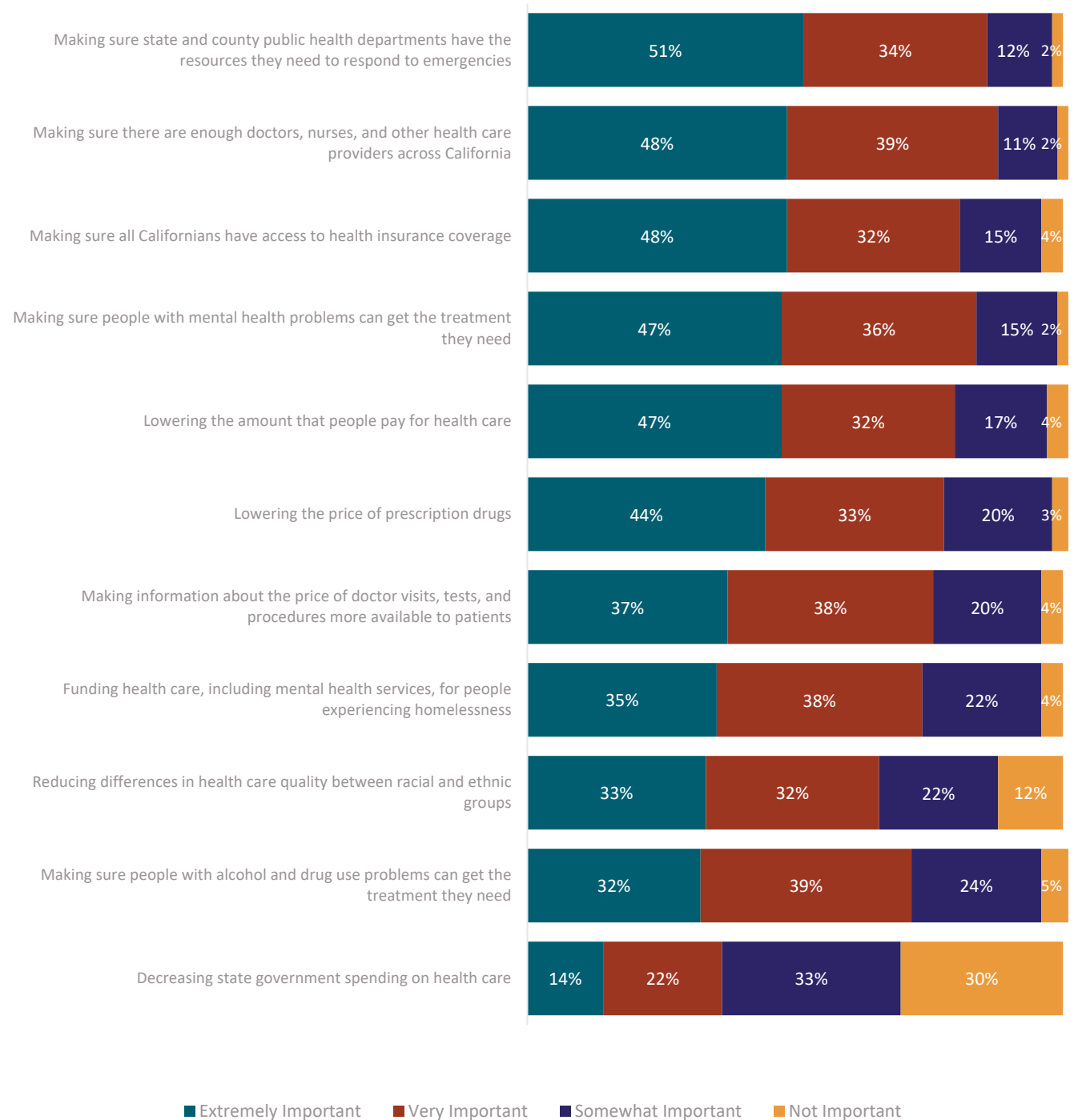
For every item except one, Californians with incomes of less than 200% of the poverty line are more likely than those with incomes of 200% of the poverty line or more to think it is an “extremely” or “very” important issue. The largest difference in attitudes is on funding health care for people experiencing homelessness. Eighty-four percent of Californians with lower incomes say it is an “extremely” or “very” important issue to prioritize compared with 67% of those with higher incomes (Figure 7). One notable item where there aren’t differences by income is decreasing state government spending on health care. Californians with lower incomes are no more or less likely than those with incomes of 200% of the poverty line or more to think decreasing government funding for health care should be prioritized.

Democrats and Republicans differ in attitudes toward every health care item in the list. For most, Democrats are more likely than Republicans to say it should be an “extremely” or “very” important issue to address. When it comes to decreasing state funding for health care, 49% of Republicans say it is an “extremely” or “very” important priority compared with 28% of Democrats. The largest gap in attitudes between Democrats and Republicans is about reducing differences in health care quality between racial and ethnic groups. Eighty-four percent of Democrats say this is an “extremely” or “very” important priority compared with 35% of Republicans, a difference of 49 percentage points (Figure 8).

There are no year-over-year differences for any items.

**Figure 5. Californians Prioritize Making Sure State and County Health Departments Have the Resources They Need to Respond to Emergencies and Crises**

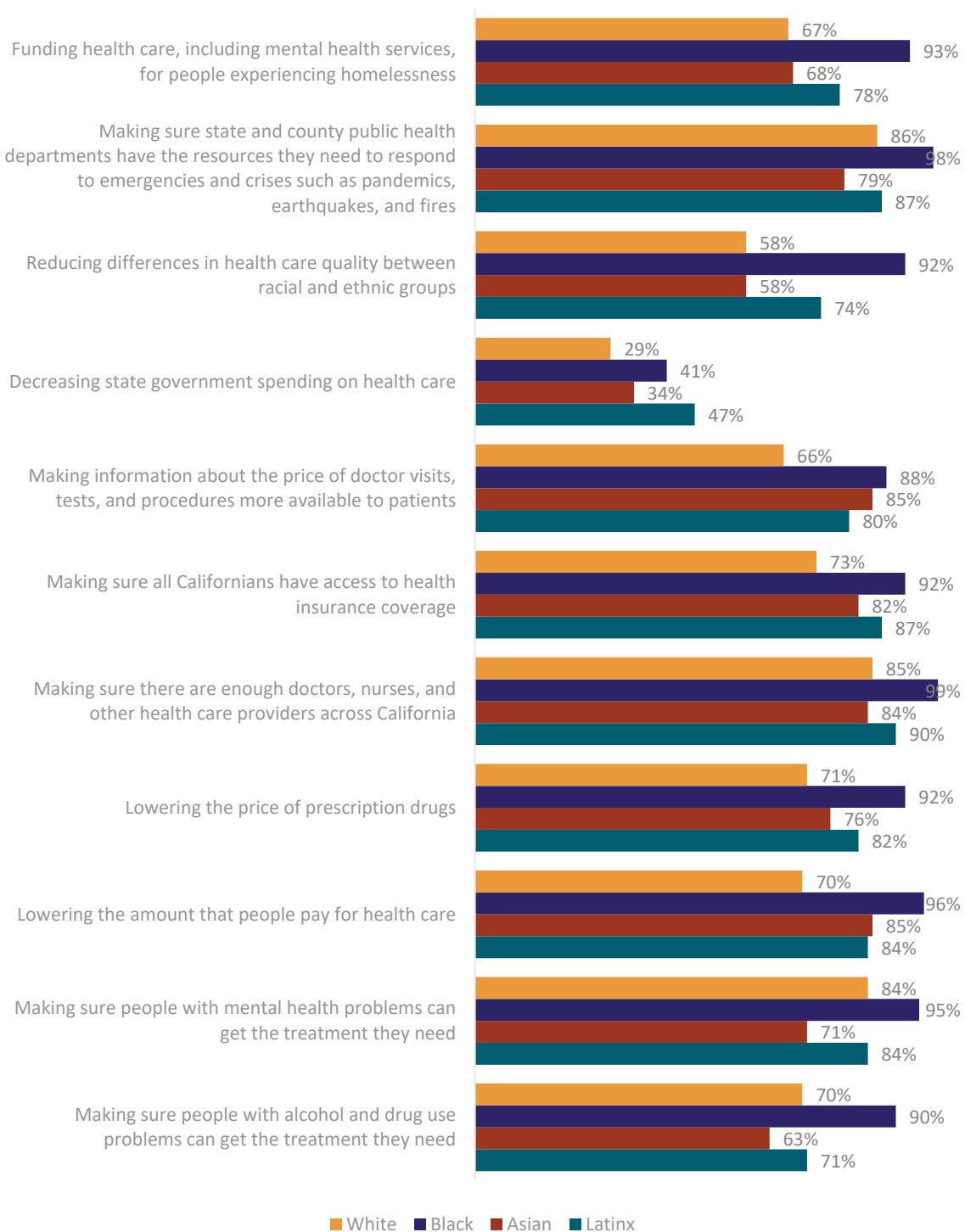
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Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 6. Californians' Health Care Priorities Differ Between Racial and Ethnic Groups**

PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.

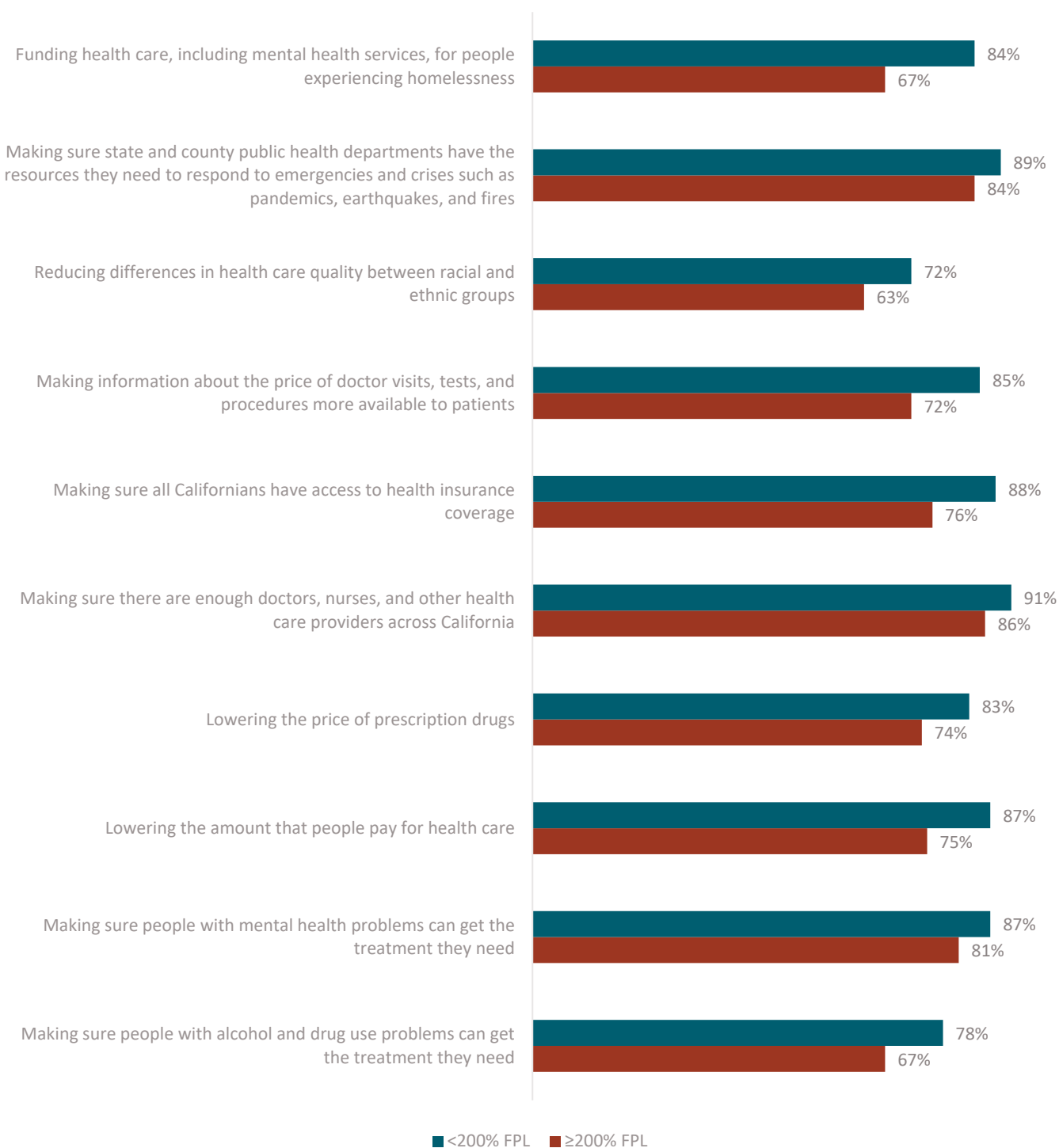


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.



**Figure 7. Californians of Different Income Levels Differ in How Much They Prioritize Health Care Issues**

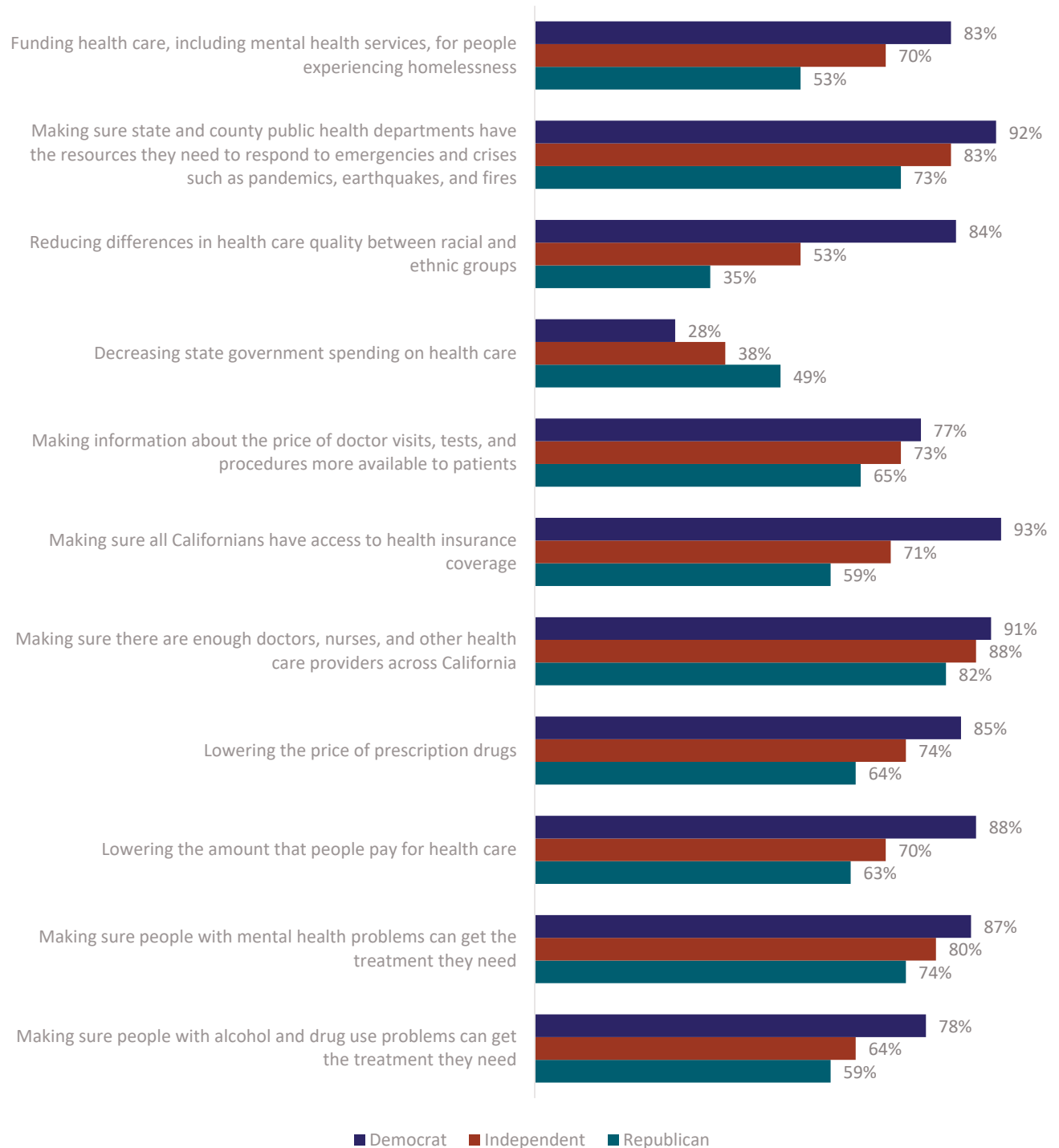
PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

**Figure 8. Californians' Priorities for the State Vary by Political Party**

PERCENTAGE WHO SAY IT IS EXTREMELY OR VERY IMPORTANT FOR CALIFORNIA'S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2022.



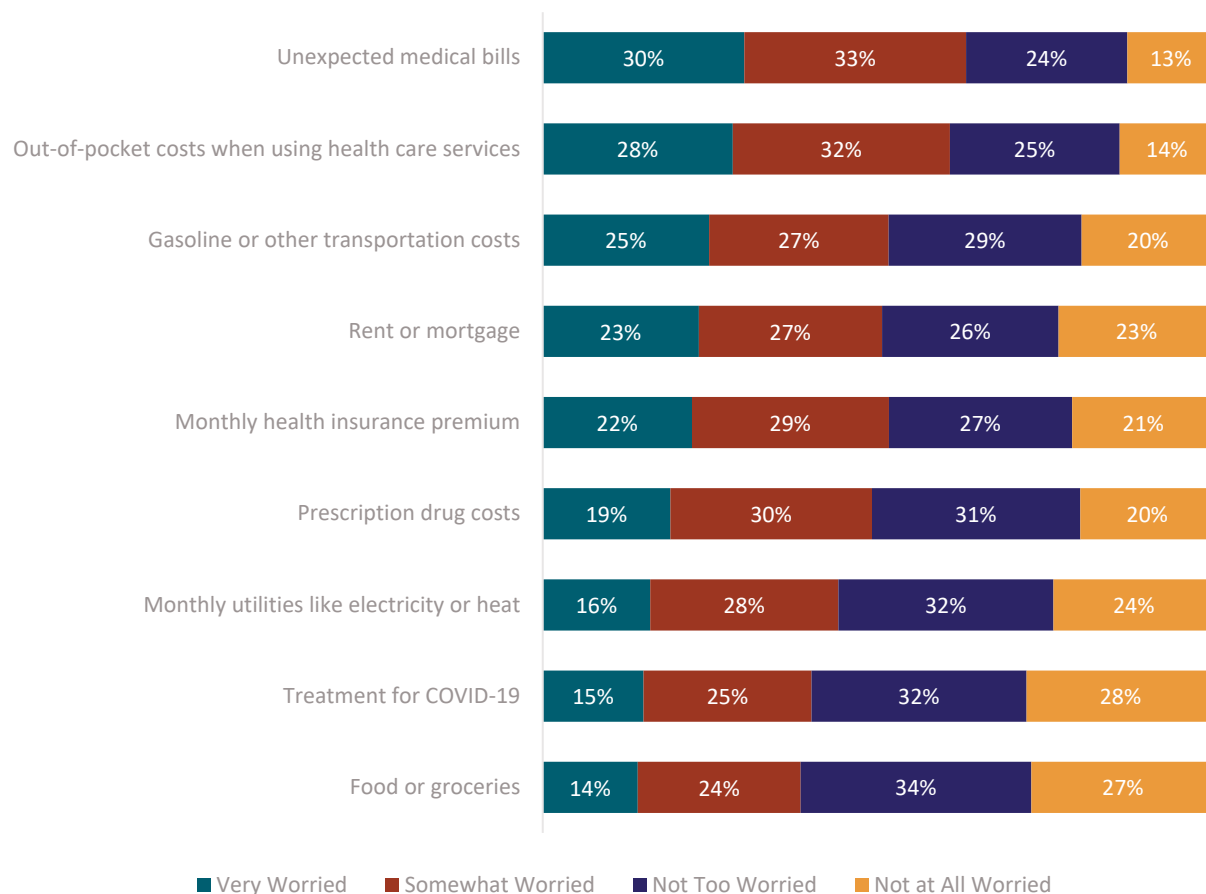
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

## Section 2. Health Care Affordability

Californians are worried about health care costs. Identical to last year’s poll, 83% of Californians report that making health care more affordable is an “extremely” or “very” important priority for California’s governor and legislature to work on in 2022. Six in 10 Californians are either “very” or “somewhat” worried about unexpected medical bills (63%; 30% “very”) and out-of-pocket health care costs (60%; 28% “very”). Half of Californians are worried about affording monthly health insurance premiums (51%; 22% “very”), prescription drugs (49%; 19% “very”), rent or mortgage (50%; 23% “very”), and gasoline or other transportation costs (52%; 25% “very”). Smaller shares of Californians are worried about affording monthly utilities like electricity or heat (44%; 16% “very”), treatment for COVID-19 (40%; 15% “very”), and food or groceries (38%; 14% “very”) (Figure 9). Similar to last year’s poll, 4 in 10 Californians with lower incomes are very worried about affording unexpected medical bills (42%), rent or mortgage (41%), and out-of-pocket costs when using health care services (39%). Four in 10 lower-income Californians (40%) are also concerned about affording gasoline or other transportation costs, an increase from last year (28%) (Figure 10).

**Figure 9. Unexpected Medical Bills and Out-of-Pocket Costs for Health Care Services Top Californians’ Affordability Concerns**

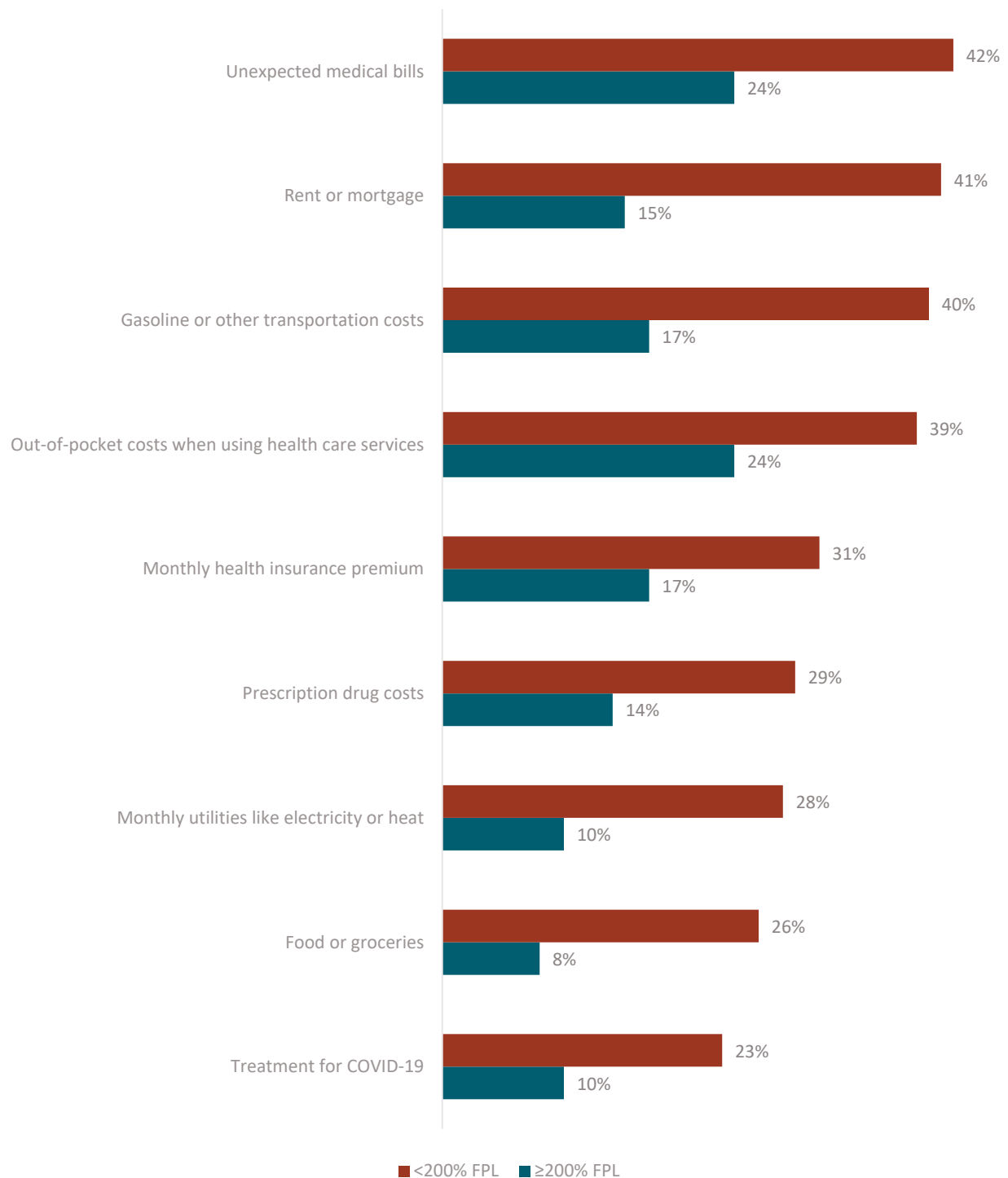
Q: HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR YOU AND YOUR FAMILY?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 10. Californians with Lower Incomes Are More Likely to be Worried About Health Care Costs**

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

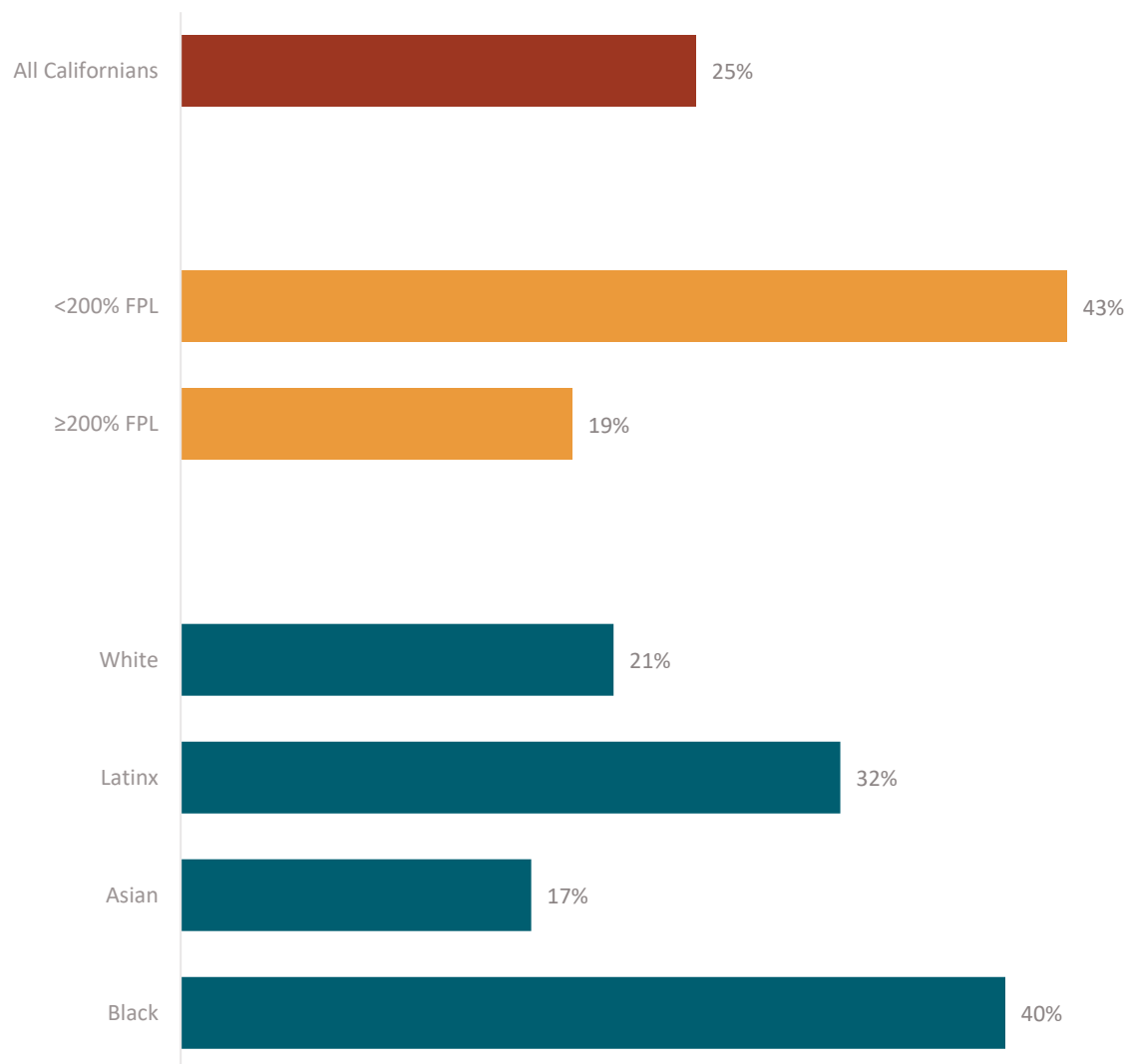


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

One in four Californians (25%) say they or someone in their family had problems paying at least one medical bill, such as a bill for doctors, dentists, medication, or home care in the past 12 months, an increase from 20% from last year's poll. Californians with lower incomes are more than twice as likely to report having problems paying for medical bills compared to Californians with higher incomes (43% compared to 19%). A higher percentage of Californians with lower incomes say they had problems paying medical bills this year compared to last year (43% this year compared to 32% last year). When looking at differences by race and ethnicity, Black Californians are most likely to experience problems paying for medical bills (40%), followed by Latinx (32%), White (21%), and Asian (17%) (Figure 11).

**Figure 11. One-Quarter of Californians Report Problems Paying Medical Bills in the Past 12 Months**

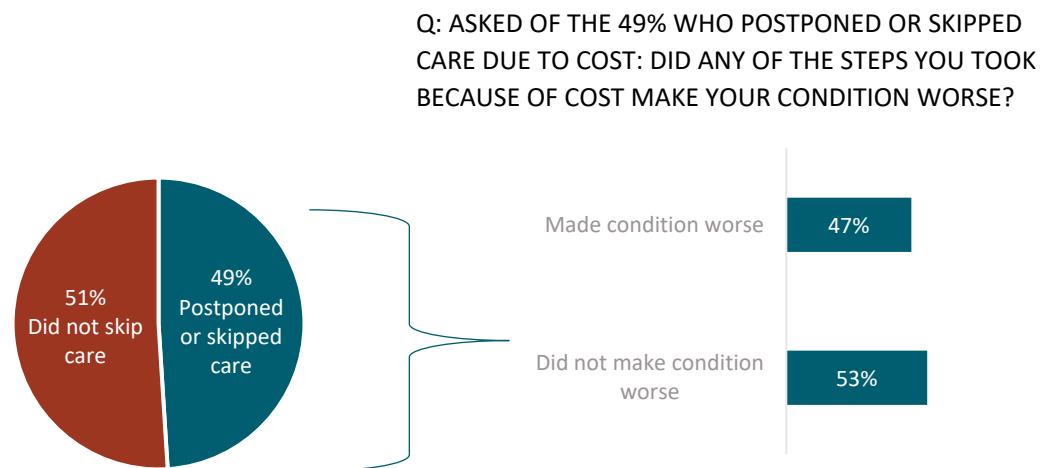
PERCENTAGE WHO SAY THAT THEY OR SOMEONE IN THEIR FAMILY HAD PROBLEMS PAYING OR AN INABILITY TO PAY ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE IN THE LAST 12 MONTHS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

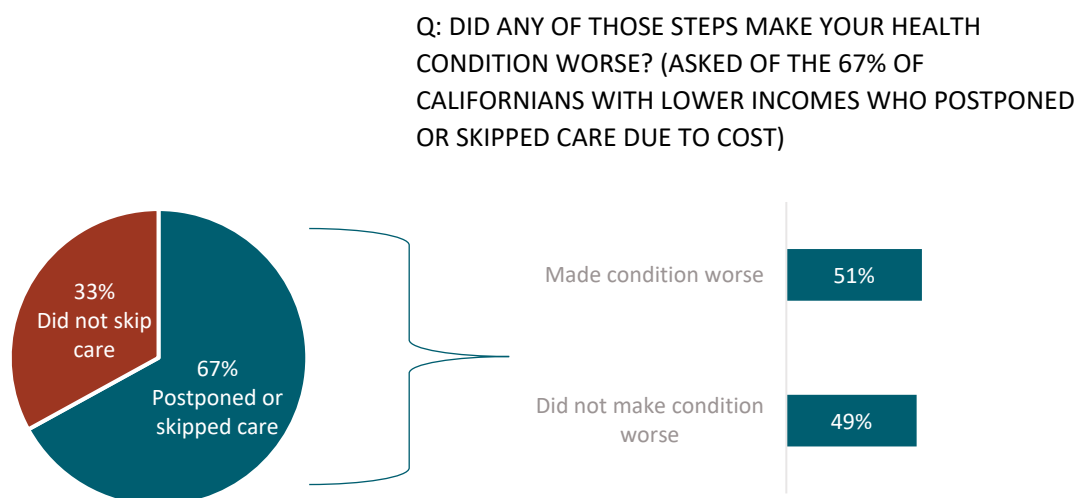
Like the previous two polls, half of Californians (49%) report skipping or delaying at least one kind of health care due to cost in the past 12 months. Among those who postponed care, 47% report that their condition worsened as a result, an increase from last year (41%) (Figure 12). When observing differences by income, Californians with lower incomes are more likely than those with higher incomes to skip or delay health care due to costs in the past 12 months (67% compared to 42%) (Figure 13). There is no year-over-year difference in the percentage of Californians with lower incomes delaying health care due to costs (2021 poll: 38%).

**Figure 12. Half of Californians Say They or a Family Member Skipped Health Care in the Past Year Due to Cost; Many Say This Made Their Health Condition Worse**



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 13. Two-Thirds of Californians with Lower Incomes Skipped Health Care in the Past Year Due to Cost**

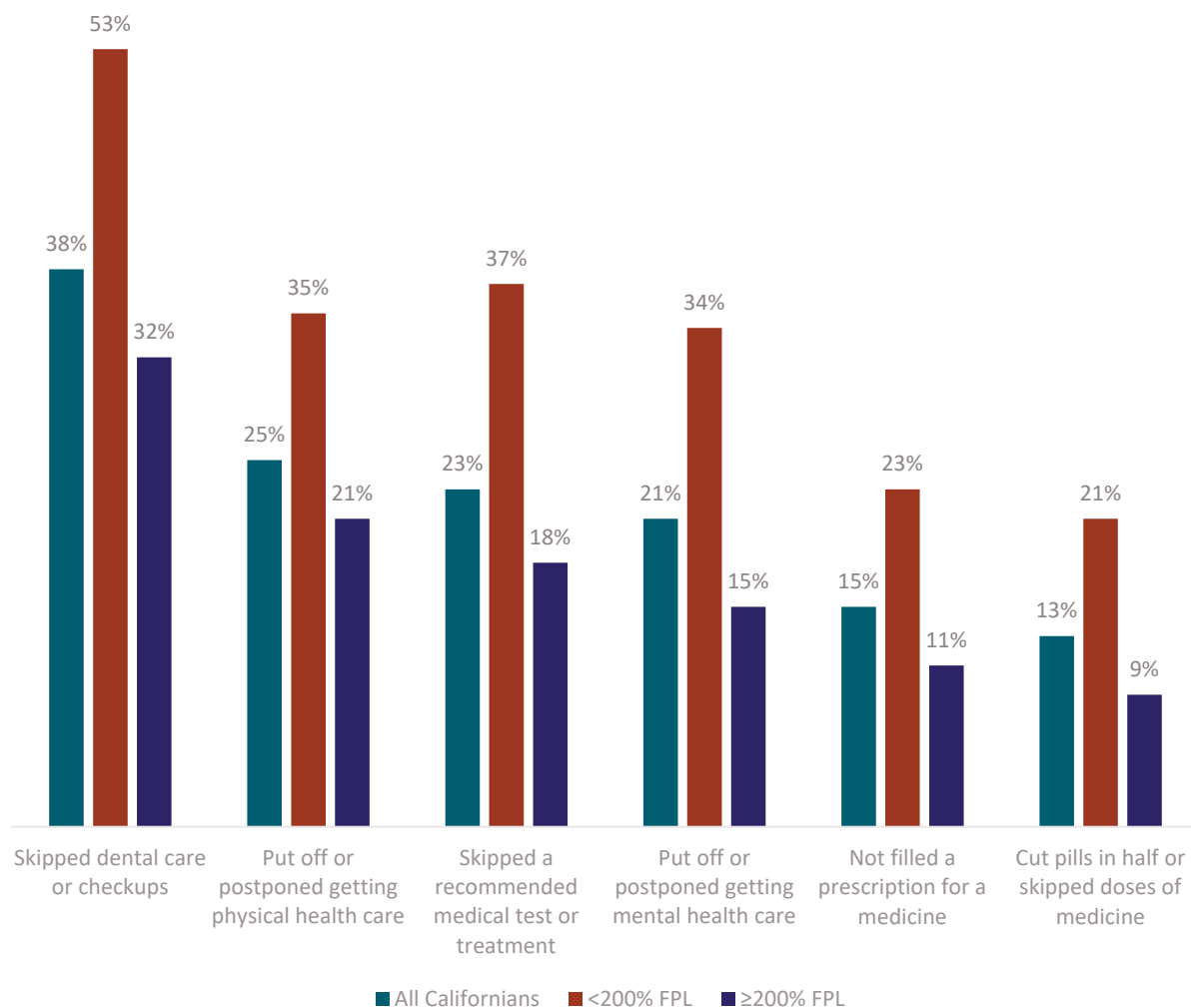


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Commonly skipped health care practices include dental care or checkups (38%), physical health care (25%), recommended medical tests or treatment (23%), and mental health care (21%). When stratifying differences by income, Californians with lower incomes are more likely to skip each of these steps compared to Californians with higher incomes (Figure 14). When looking at differences by race and ethnicity, Black and Latinx Californians report higher rates of postponing almost all these health care steps compared to their White and Asian counterparts (Figure 15). More Californians this year compared to last year (21% compared to 18%) postponed getting mental health care. There are no other year-to-year differences.

**Figure 14. Californians with Lower Incomes Are More Likely to Skip Care Because of Cost**

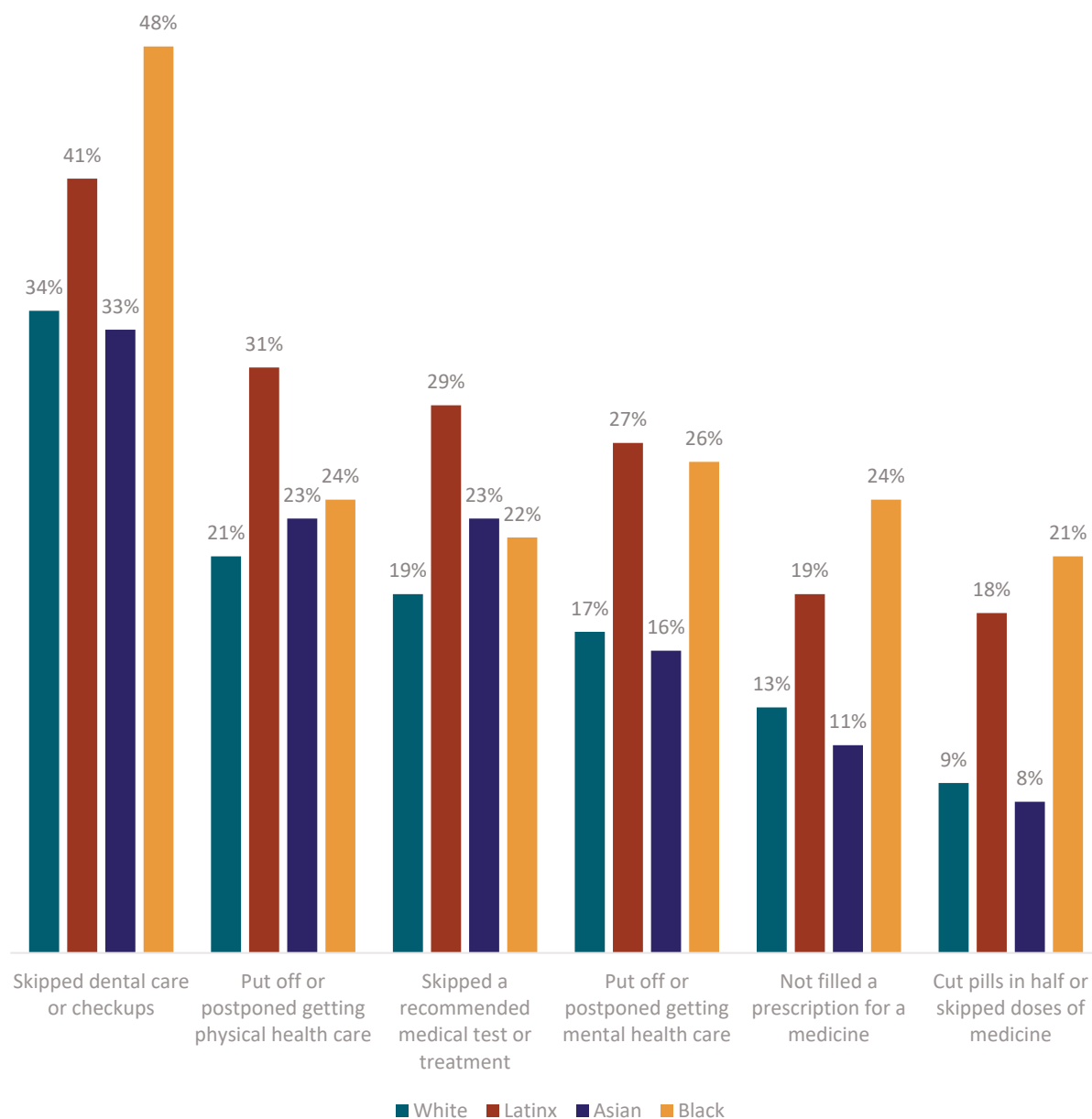
PERCENTAGE WHO SAY THAT THEY OR ANOTHER FAMILY MEMBER DID THE FOLLOWING BECAUSE OF COST IN THE LAST 12 MONTHS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

**Figure 15. Black and Latinx Californians Are More Likely to Have Skipped Care Due to Cost**

PERCENTAGE WHO SAY THAT THEY OR ANOTHER FAMILY MEMBER DID THE FOLLOWING BECAUSE OF COST IN THE LAST 12 MONTHS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

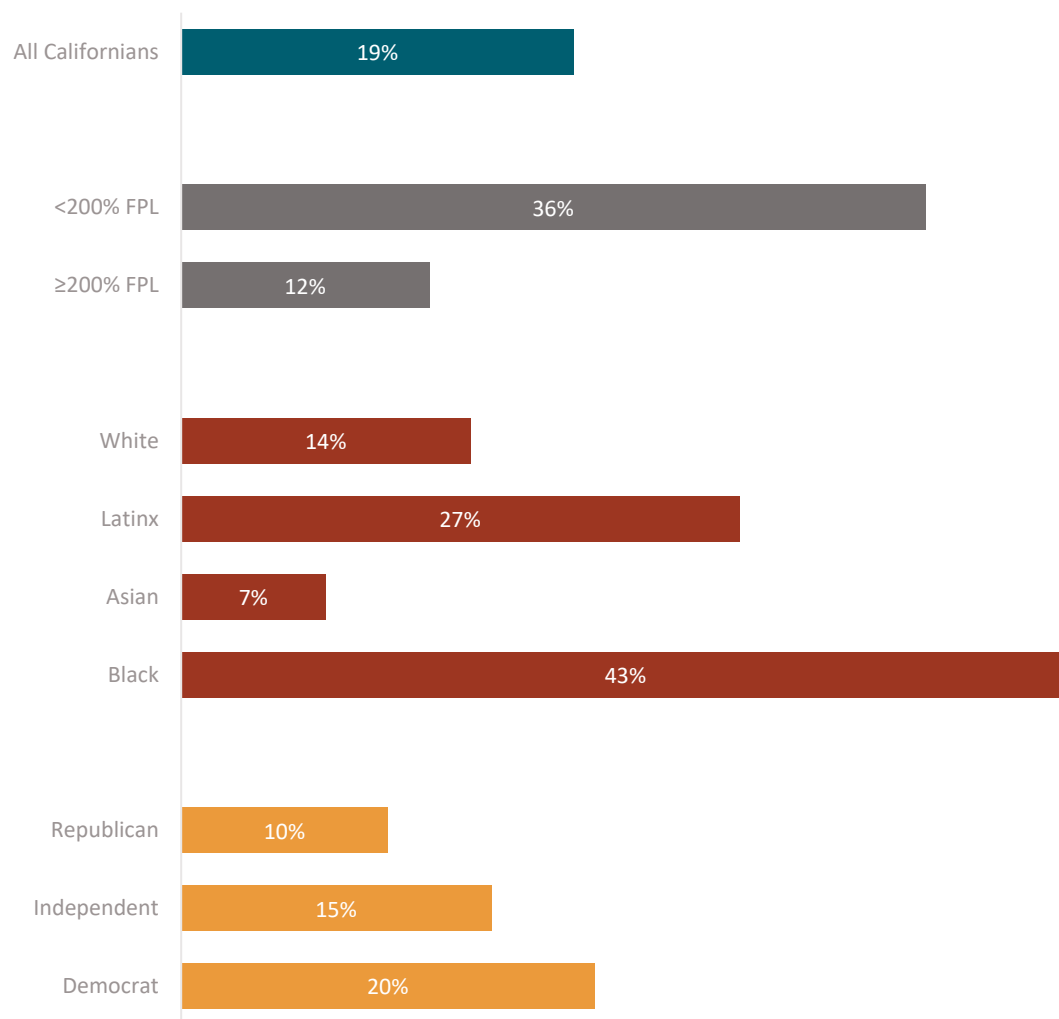


## Section 3. Housing and Homelessness

Nearly one in five Californians (19%) say they or someone close to them has experienced a period of homelessness in the past five years. More than one in three Californians with lower incomes (36%) report experiencing homelessness or knowing someone who did, three times as likely as those with higher incomes (12%). When looking at differences by race, Black Californians (43%) are more likely than those who belong to any other racial or ethnic group to report having experienced or known someone who has experienced a period of homelessness. Latinx Californians (27%) are more likely than White (14%) or Asian Californians (7%) to have experienced or known someone who has experienced homelessness (Figure 16).

**Figure 16. One in Five Californians Has — or Knows Someone Who Has — Experienced Homelessness in the Past Five Years**

Q: THINKING OF THE LAST FIVE YEARS, HAVE YOU OR ANYONE CLOSE TO YOU EXPERIENCED A PERIOD OF HOMELESSNESS?

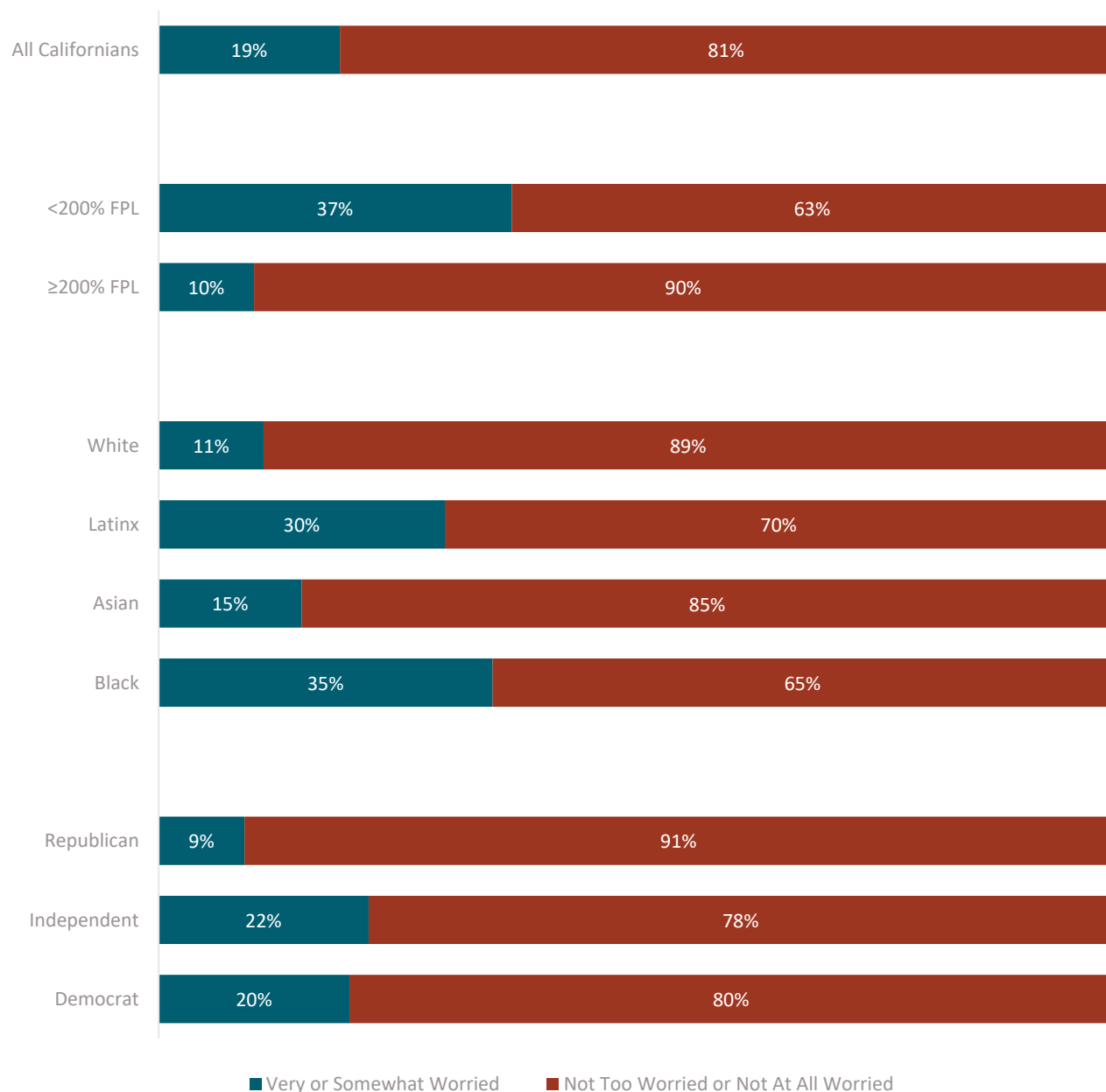


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

One in five Californians (19%) say they are “very” or “somewhat” worried about experiencing homelessness. Californians with lower incomes (37%) are close to four times more likely than those with higher incomes (10%) to be “very” or “somewhat” worried about experiencing homelessness. Black (35%) and Latinx Californians (30%) are more likely than Asian (15%) and White Californians (11%) to report being “very” or “somewhat” worried about experiencing a period of homelessness (Figure 17).

**Figure 17. One in Five Californians Is Currently Worried About Experiencing Homelessness**

Q: HOW WORRIED ARE YOU *CURRENTLY* ABOUT EXPERIENCING A PERIOD OF HOMELESSNESS?

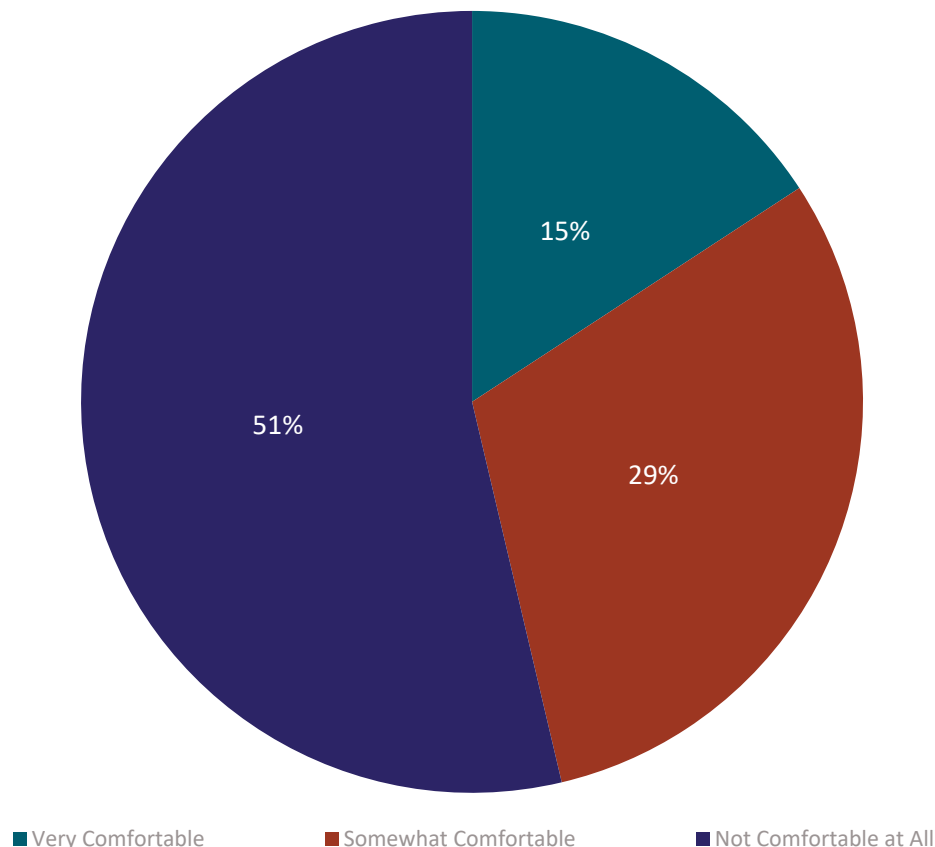


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Californians who are currently worried about experiencing a period of homelessness and who have a primary care provider were asked if they would be comfortable talking to their primary care provider about their housing situation concerns. Half (51%) say they would not be comfortable, and about one-third (29%) would be “somewhat” comfortable (Figure 18). There are no differences across demographic subgroups.

**Figure 18. Half of Californians Currently Worried About Homelessness Are Not Comfortable Talking to Their Primary Care Provider About Their Concerns**

Q: HOW COMFORTABLE WOULD YOU BE TALKING TO YOUR PRIMARY CARE PROVIDER ABOUT YOUR CONCERNS ABOUT YOUR HOUSING SITUATION?

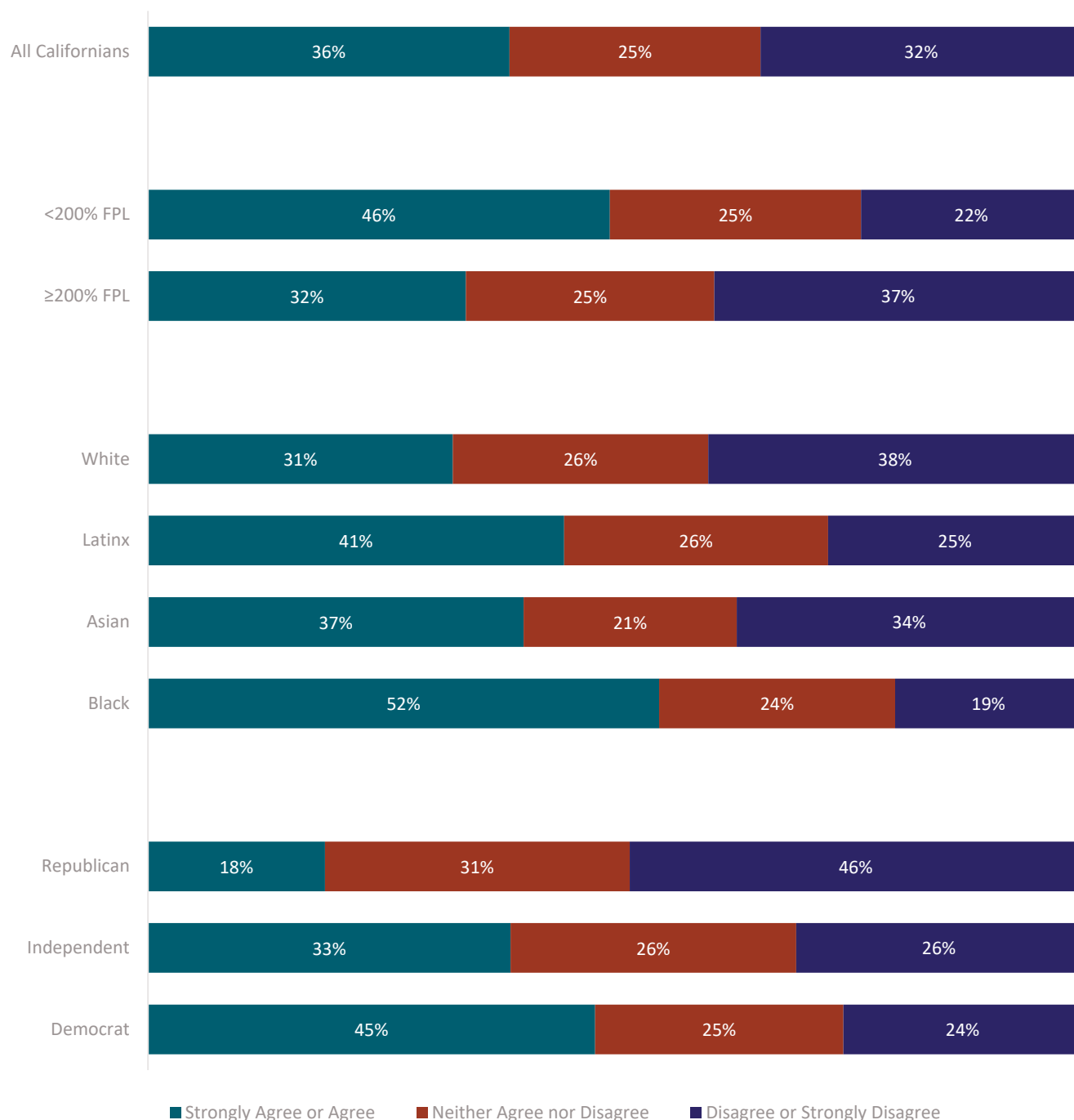


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

More than one-third of Californians (36%) either “agree” or “strongly agree” that the health care system should help patients experiencing homelessness find housing. A higher proportion of Californians with lower incomes than those with higher incomes “agree” or “strongly” support this view (46% compared to 32%). When examining results by race and ethnicity, more than half of Black Californians (52%) believe the health system should help, followed by 41% of Latinx Californians, 37% of Asian Californians, and 31% of White Californians. Democrats in California are more than twice as likely to hold this belief compared to Republicans (45% compared to 18%) (Figure 19).

**Figure 19. Californians Are Split on Whether the Health Care System Should Help Patients Experiencing Homelessness Find Housing**

DO YOU AGREE, DISAGREE, OR NEITHER AGREE NOR DISAGREE WITH THE FOLLOWING STATEMENT: THE HEALTH CARE SYSTEM SHOULD HELP PATIENTS WHO ARE EXPERIENCING HOMELESSNESS FIND HOUSING.



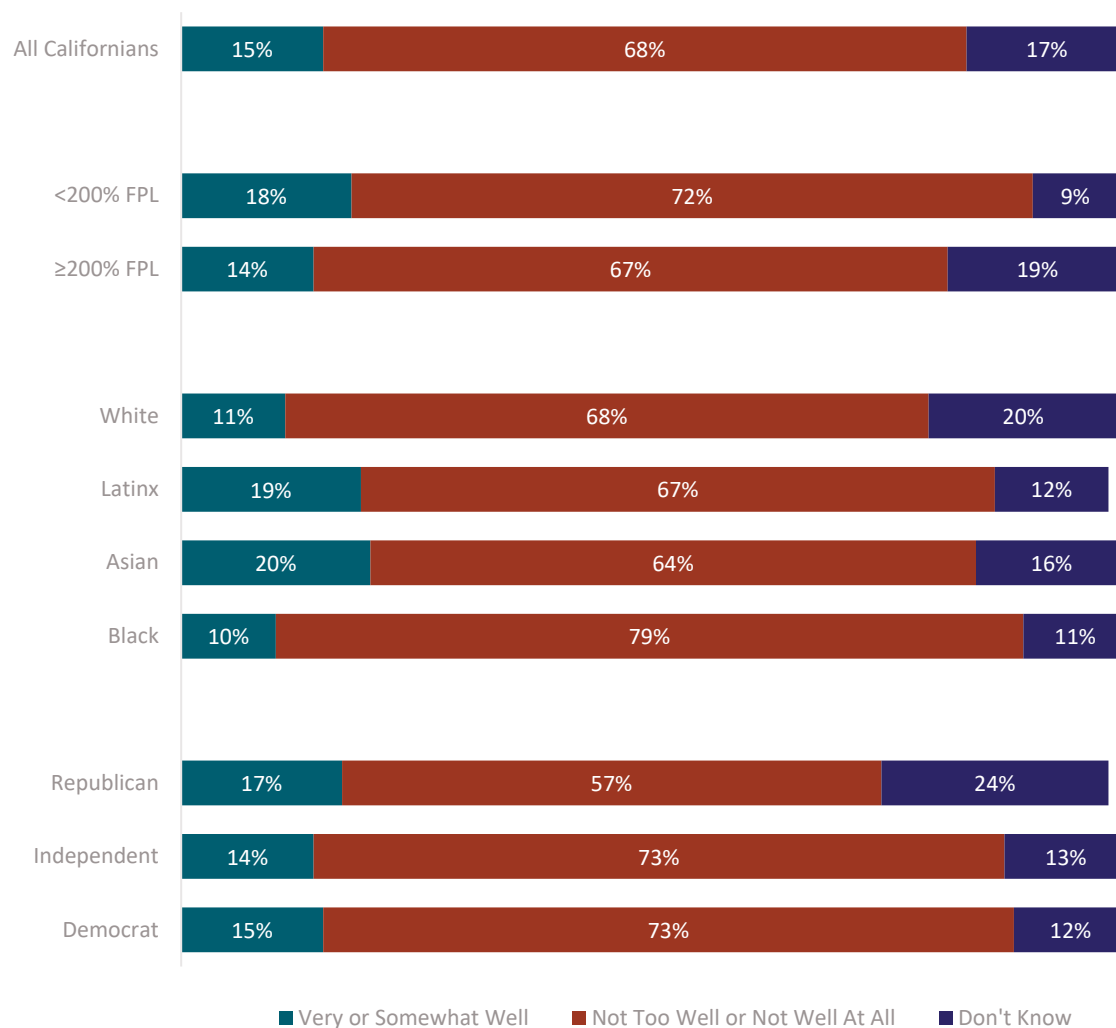
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Nearly 7 in 10 Californians (68%) think that the state is not doing well in terms of making housing affordable for people with low incomes. Large majorities of every racial and ethnic group hold this view, with Black Californians reporting the highest percentage (79%) followed by White (68%), Latinx (67%), and Asian Californians (64%). When examining differences by party affiliation, a higher proportion of Democrats (73%) and Independents (73%) think the state is not doing well in addressing housing affordability compared to Republican Californians (57%) (Figure 20).

Eight in 10 Californians (80%) believe that the lack of affordable housing impacts mental or physical health among people with low incomes “a lot” or “some.” Democratic Californians are more likely to hold this belief compared to Republicans (88% compared to 69%) (Figure 21).

**Figure 20. Californians Do Not Think the State Is Doing Well in Making Affordable Housing Available**

Q: HOW WELL IS CALIFORNIA DOING IN MAKING AFFORDABLE HOUSING AVAILABLE FOR PEOPLE WITH LOW INCOMES?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

**Figure 21. Californians Think the Lack of Affordable Housing Has a Large Impact on the Physical or Mental Health of People with Low Incomes**

Q: HOW MUCH DO YOU THINK LACK OF AFFORDABLE HOUSING IMPACTS MENTAL OR PHYSICAL HEALTH AMONG PEOPLE WITH LOW INCOMES?



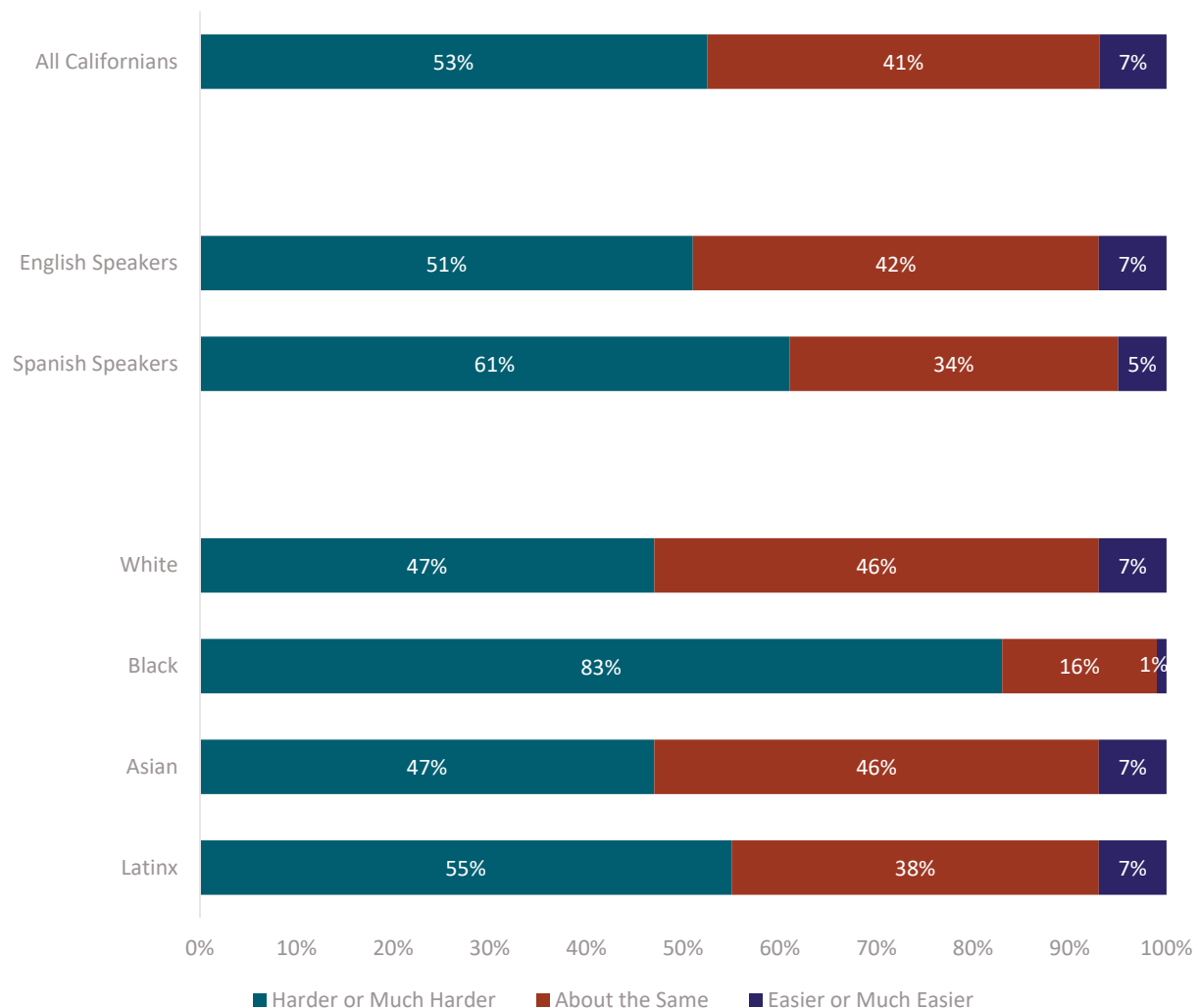
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

## Section 4. Equity

Similar to last year’s poll, the majority of Californians (53%) say that it is “harder” or “much harder” for Black people to get the care they needed compared to White people. Eight in 10 Black Californians (83%) report it is more difficult, compared to the 55% of Latinx, 47% of Asian, and 47% of White Californians who say so. Black Californians are less likely to say that it was “about the same” for Black people to get the health care they need (16%) when they are sick compared to all other racial groups (46% of Asian, 46% of White, and 38% of Latinx Californians). Spanish speakers (61%) are more likely than English speakers (51%) to say it is “harder” or “much harder” for Black people (Figure 22).

**Figure 22. The Majority of Californians Think It Is Harder for Black People to Get the Health Care They Need**

Q: DO YOU THINK IT IS HARDER, ABOUT THE SAME, OR EASIER FOR BLACK OR AFRICAN AMERICAN PEOPLE TO GET THE HEALTH CARE THEY NEED WHEN THEY ARE SICK COMPARED TO WHITE PEOPLE?

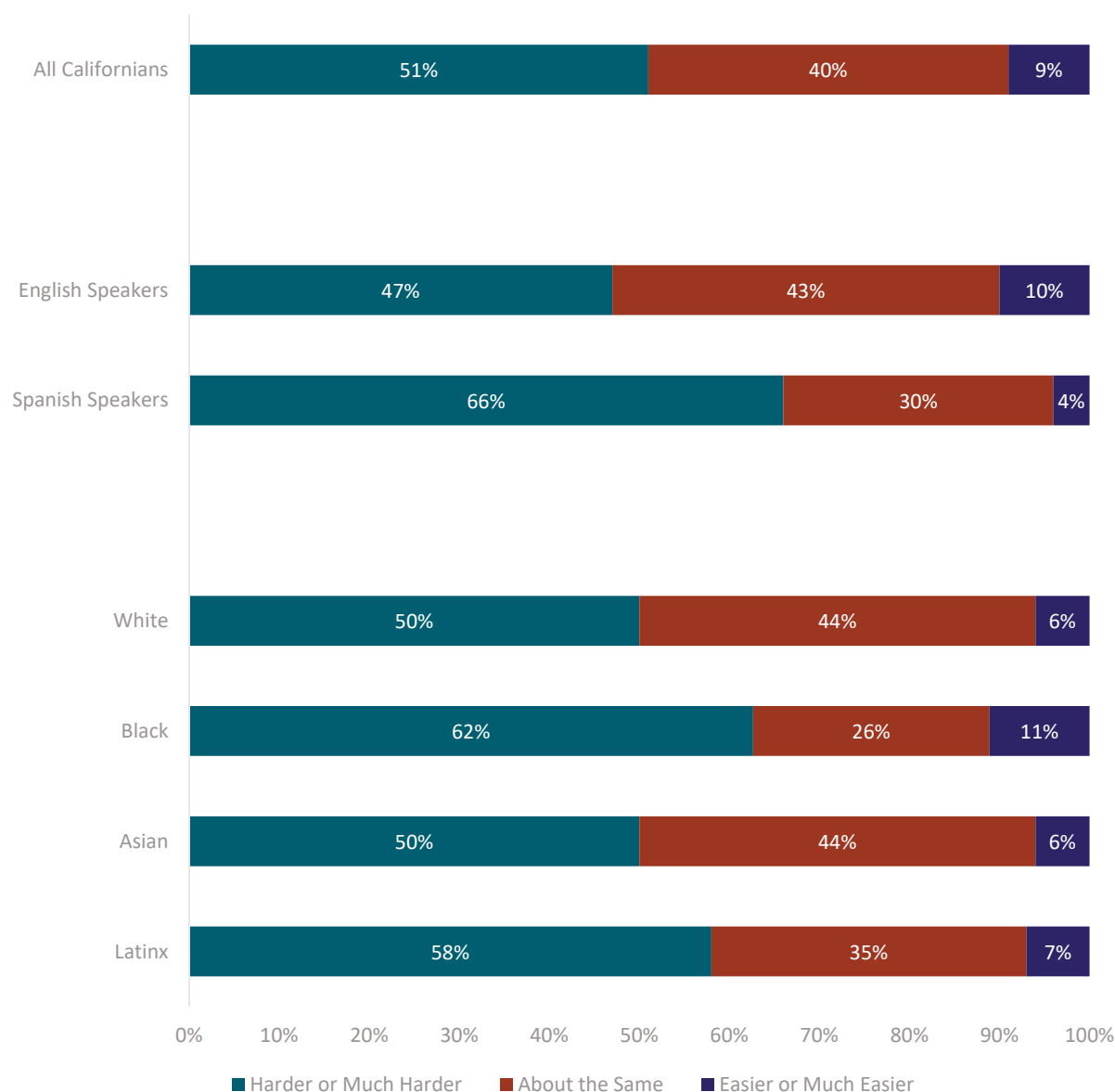


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Similarly, about half of Californians (51%) say that it is “harder” or “much harder” for Latinx people to get the care they needed compared to White people. This proportion did not change appreciably from last year’s poll. Black Californians (62%) are the most likely to say it was “harder” or “much harder” followed by Latinx (58%), Asian (50%), and White Californians (50%). About two-thirds of Spanish speakers (66%) say it is “harder” or “much harder” for Latinx people to get care, compared to 47% of English speakers (Figure 23).

**Figure 23. The Majority of Californians Think It Is Harder for Latinx People to Get the Health Care They Need**

Q: DO YOU THINK IT IS HARDER, ABOUT THE SAME, OR EASIER FOR HISPANIC OR LATINX PEOPLE TO GET THE HEALTH CARE THEY NEED WHEN THEY ARE SICK COMPARED TO WHITE PEOPLE?



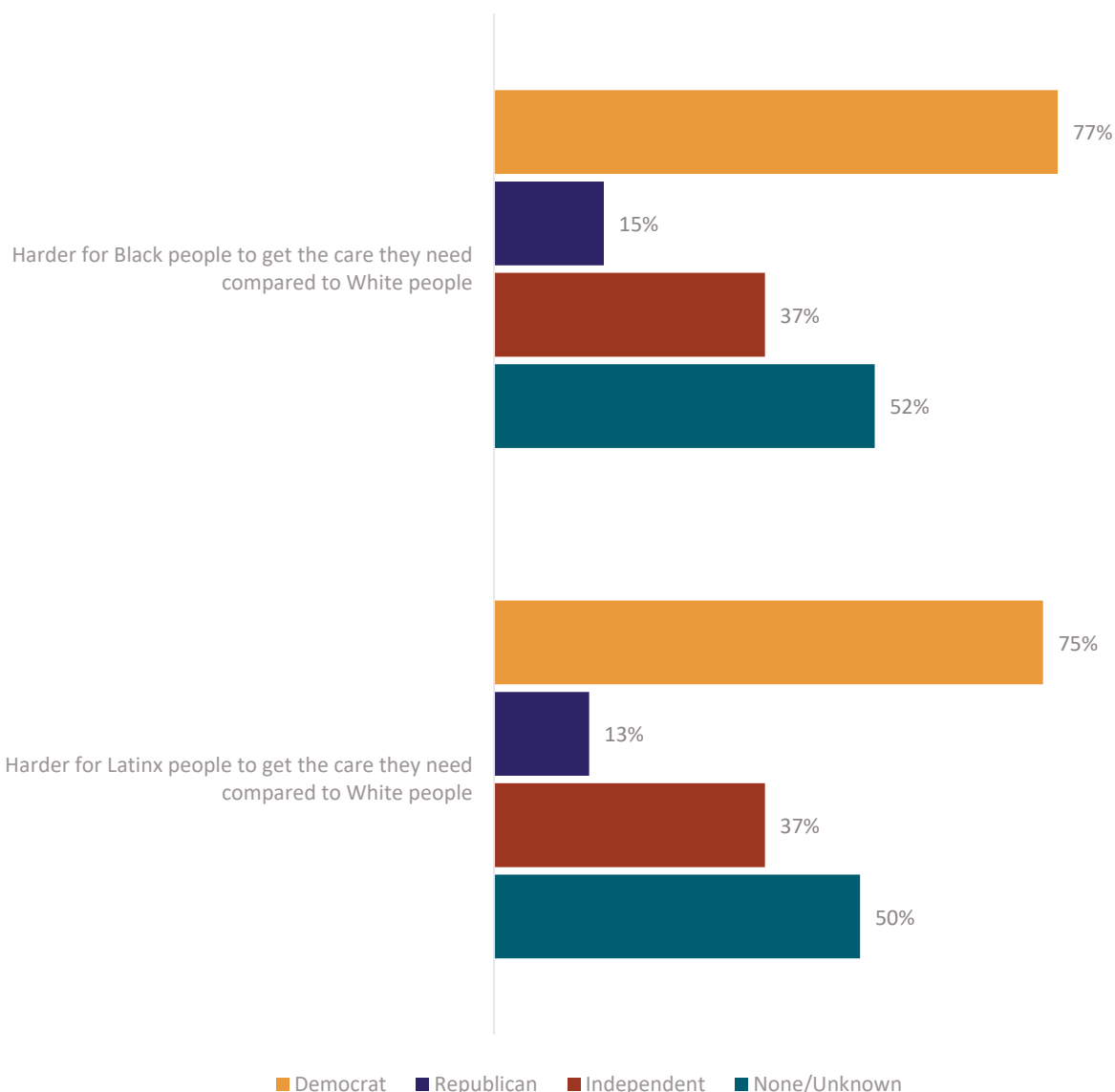
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.



There were also differences in views on racial and ethnic health disparities by political party. Democrats (77%) are much more likely than Republicans (15%) and Independents (37%) to say it was “harder” or “much harder” for Black people to get the care they needed compared to White people. The political party alignment on this item is similar to last year’s results. Three-quarters of Democrats (75%) say it is “harder” or “much harder” for Latinx people to get the care they need compared to White people, compared to only 13% of Republicans and 37% of Independents (see Figure 24).

**Figure 24. Views on Racial and Ethnic Health Disparities Vary by Party**

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



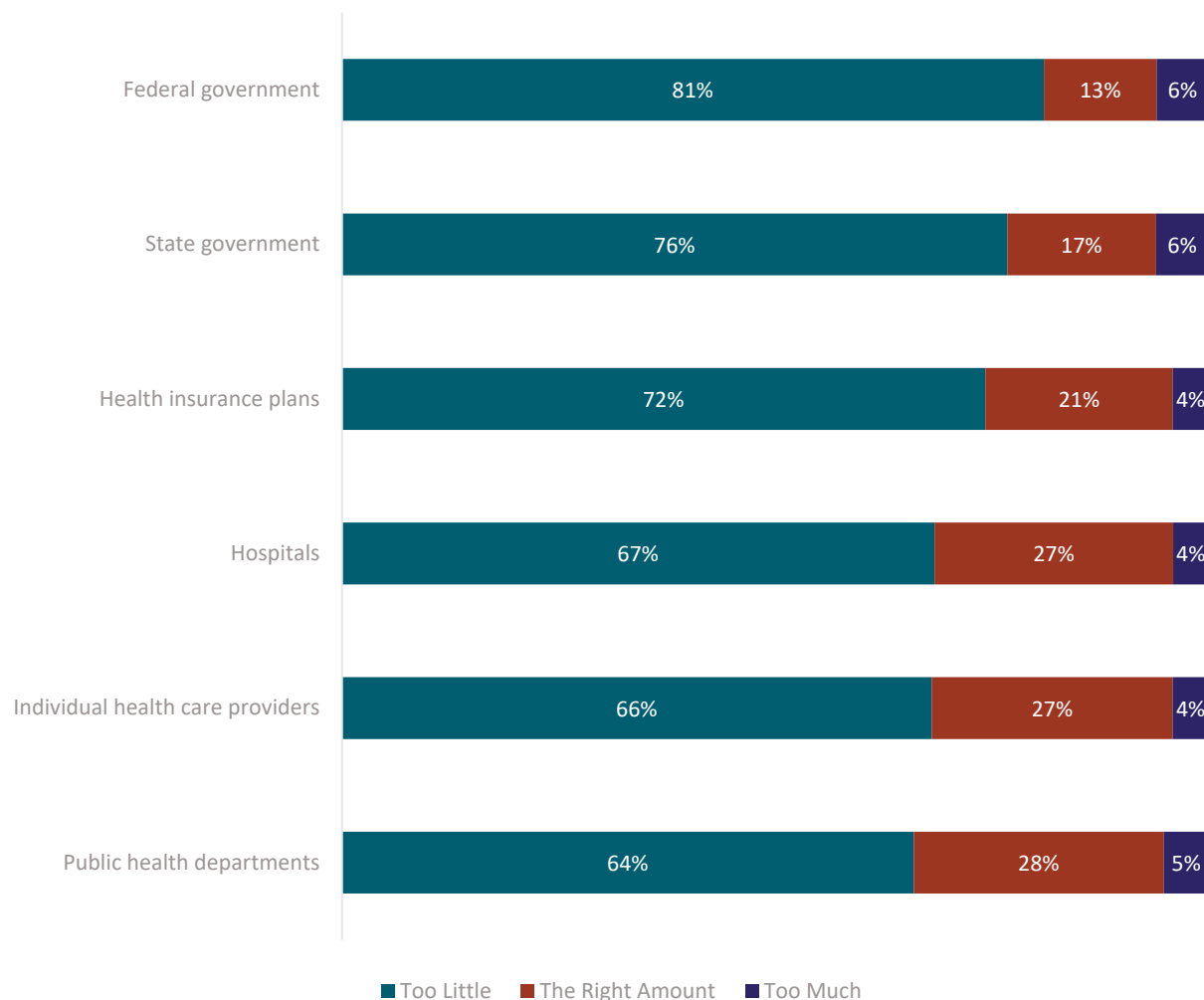
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Californians who say that they think it is “harder” or “much harder” for Black or Latinx people to get the health care they need when they are sick compared to White people were then asked whether different actors were doing enough to address racial and ethnic inequality in the health care system. Strong majorities believe that the federal government (81%), state government (76%), health insurance plans (72%), hospitals (67%), individual health care providers (66%), and public health departments (64%) are all doing “too little” (Figure 25).

Across four of the six actors asked about, Californians were less likely to report that they were doing too little to address racial and ethnic inequality in the health care system in this year’s poll compared to last year’s.

**Figure 25. Californians Who Believe That Black and Latinx People Have a Harder Time Getting Health Care Than White People Also Say That the Government Is Doing “Too Little” to Address Racial and Ethnic Inequality in the Health Care System**

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



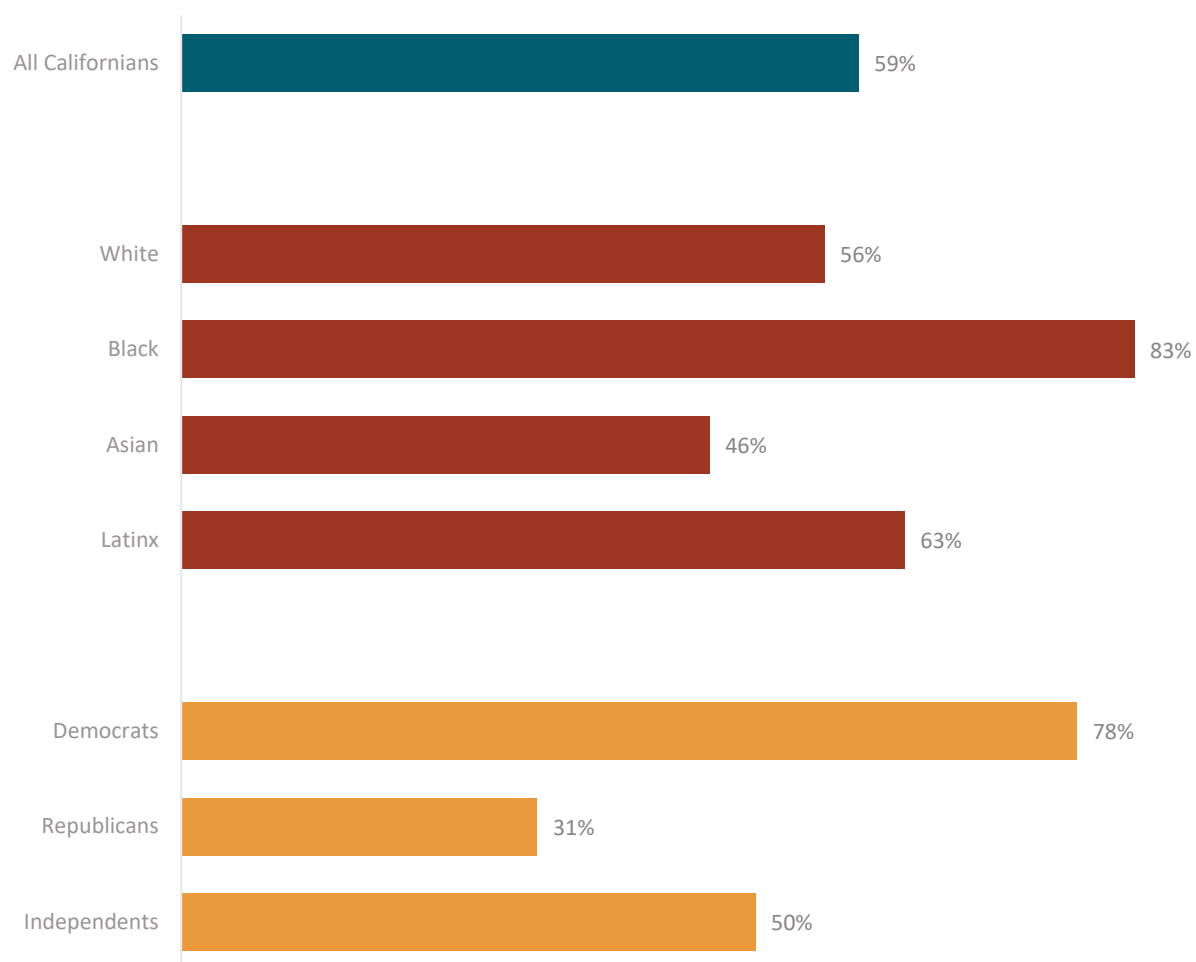
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Californians were also asked how often they thought the health care system treats people unfairly based on their racial or ethnic background. One-quarter (26%) say “regularly” and another third (33%) say “occasionally.” Another quarter (24%) say “rarely” and only 6% say “never.”

Views about how the health care system treats people varied by race of respondent, with 8 in 10 Black Californians (83%) saying that the system “regularly” or “occasionally” treats people unfairly based on their race, compared to 63% of Latinx, 56% of White, and 46% of Asian Californians. Californians are also divided on this topic by political party, with 78% of Democrats saying the system “regularly” or “occasionally” treats people unfairly based on race, compared to 50% of Independents and 31% of Republicans (Figure 26). Further, only 1% of Democrats say this “never” happens compared to 15% of Republicans.

**Figure 26. One-Quarter of All Californians and the Majority of Black Californians Believe That the Health Care System Regularly or Occasionally Treats People Unfairly Based on Their Race or Ethnic Background**

CALIFORNIANS WHO SAY THAT THE HEALTH CARE SYSTEM “REGULARLY” OR “OCCASIONALLY” TREATS PEOPLE UNFAIRLY BASED ON THEIR RACE OR ETHNIC BACKGROUND.



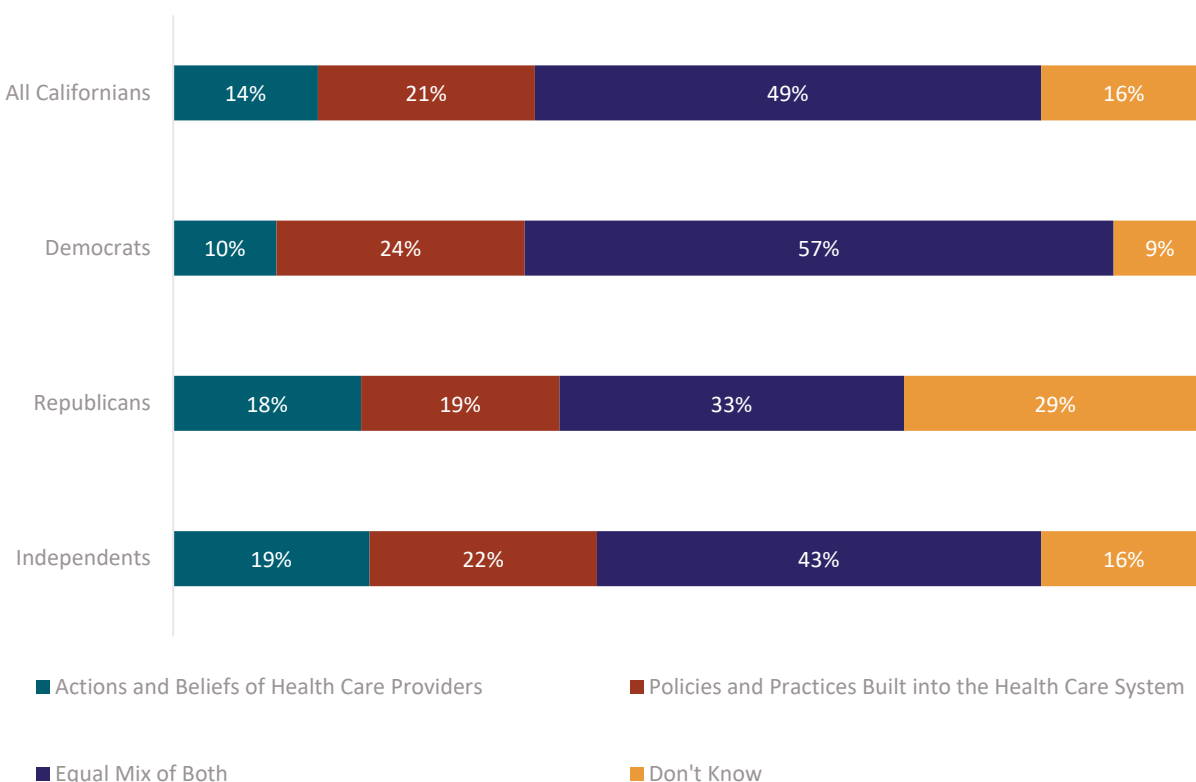
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Californians who say that the health care system “regularly,” “occasionally,” or “rarely” treats people unfairly based on their race or ethnic background were then asked if they think that this is more because of the actions and beliefs of health care providers, more because of policies and practices built into the health care system, or an equal mix of both. Half (49%) say it is an equal mix of both. About one in five (21%) say this was more because of “policies and practices built into the health care system,” and 14% of Californians attributed unfair treatment to the “actions and beliefs of health care providers.” Spanish speakers are more likely to attribute unfair treatment to an equal mix of both aspects (56%) than English speakers (47%).

Democrats are most likely (57%) to attribute unfair treatment to both the actions and beliefs of providers and to policies and practices, compared to Republicans (33%) and Independents (43%). Almost one-third of Republicans (29%) say that they “don’t know” compared to 16% of Independents and 9% of Democrats (Figure 27).

**Figure 27. Democrats Are Most Likely to Attribute Unfair Treatment by the Health Care System to an Equal Mix of Actions and Beliefs of Health Care Providers and of Policies and Practices Built into the Health Care System**

Q: TO THE EXTENT THAT THE HEALTH CARE SYSTEM TREATS PEOPLE UNFAIRLY BASED ON THEIR RACE OR ETHNIC BACKGROUND, DO YOU THINK THIS IS MORE BECAUSE OF THE ACTIONS AND BELIEFS OF HEALTH CARE PROVIDERS, MORE BECAUSE OF POLICIES AND PRACTICES BUILT INTO THE HEALTH CARE SYSTEM, OR IS IT AN EQUAL MIX OF BOTH?

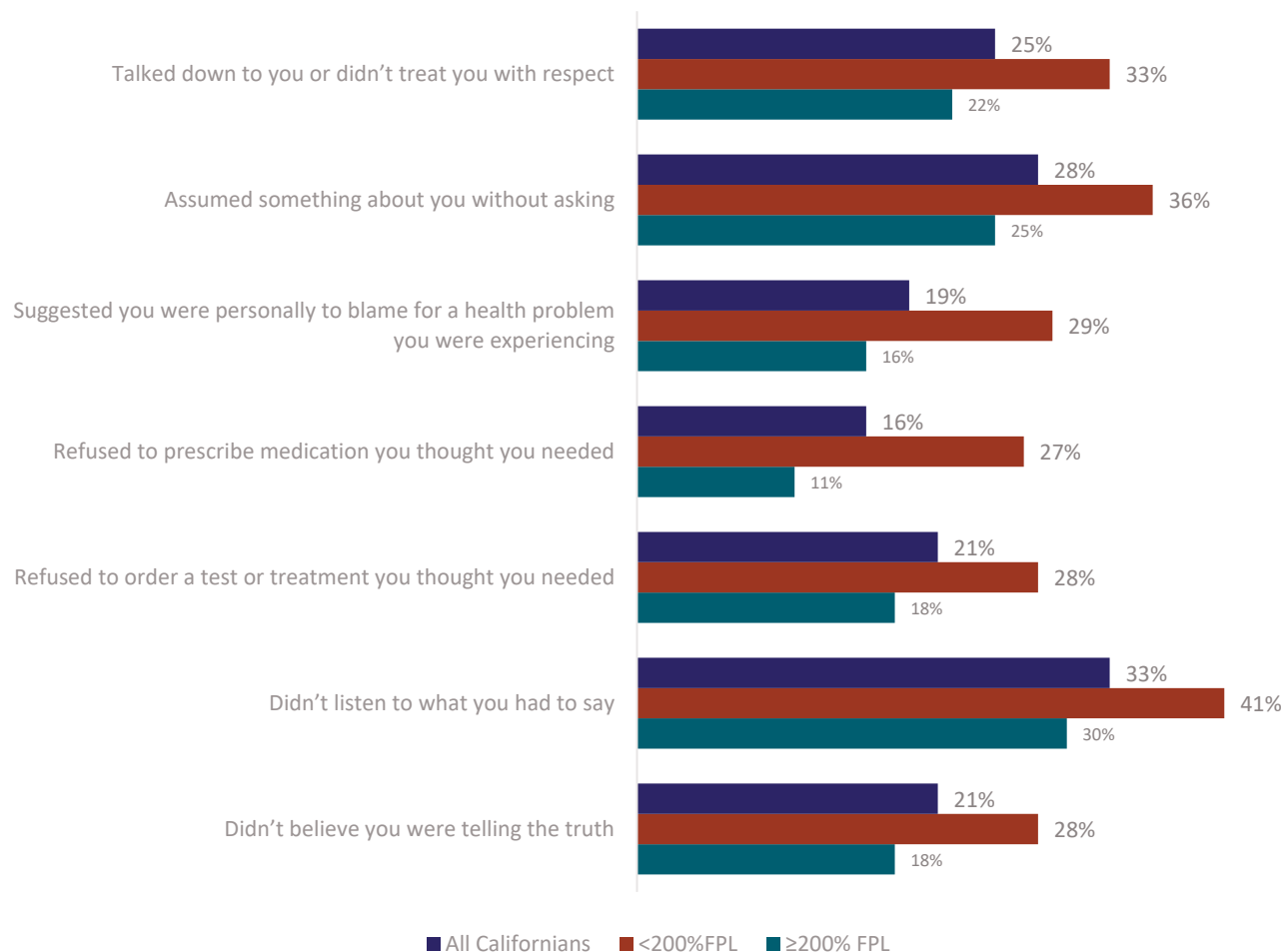


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Californians were also asked to think about their experiences with health care visits in the last few years and report whether or not they had been treated negatively. Specifically, they were asked if they ever felt that a doctor or other health care provider talked down to them or didn't treat them with respect, assumed something about them without asking, suggested they were personally to blame for a health problem they were experiencing, refused to prescribe medication they thought they needed, refused to order a test or treatment they thought they needed, didn't listen to what they had to say, or didn't believe they were telling the truth. Californians with low incomes are more likely to report experiencing each of these negative health care experiences (Figure 28). Additionally, Black and Latinx Californians were more likely than White or Asian Californians to report each of the negative health care experiences asked about (Figure 29).

**Figure 28. Californians With Low Incomes are More Likely than Those with Higher Incomes to Report That They Felt a Doctor or Health Care Provider Treated Them Negatively in the Past Few Years**

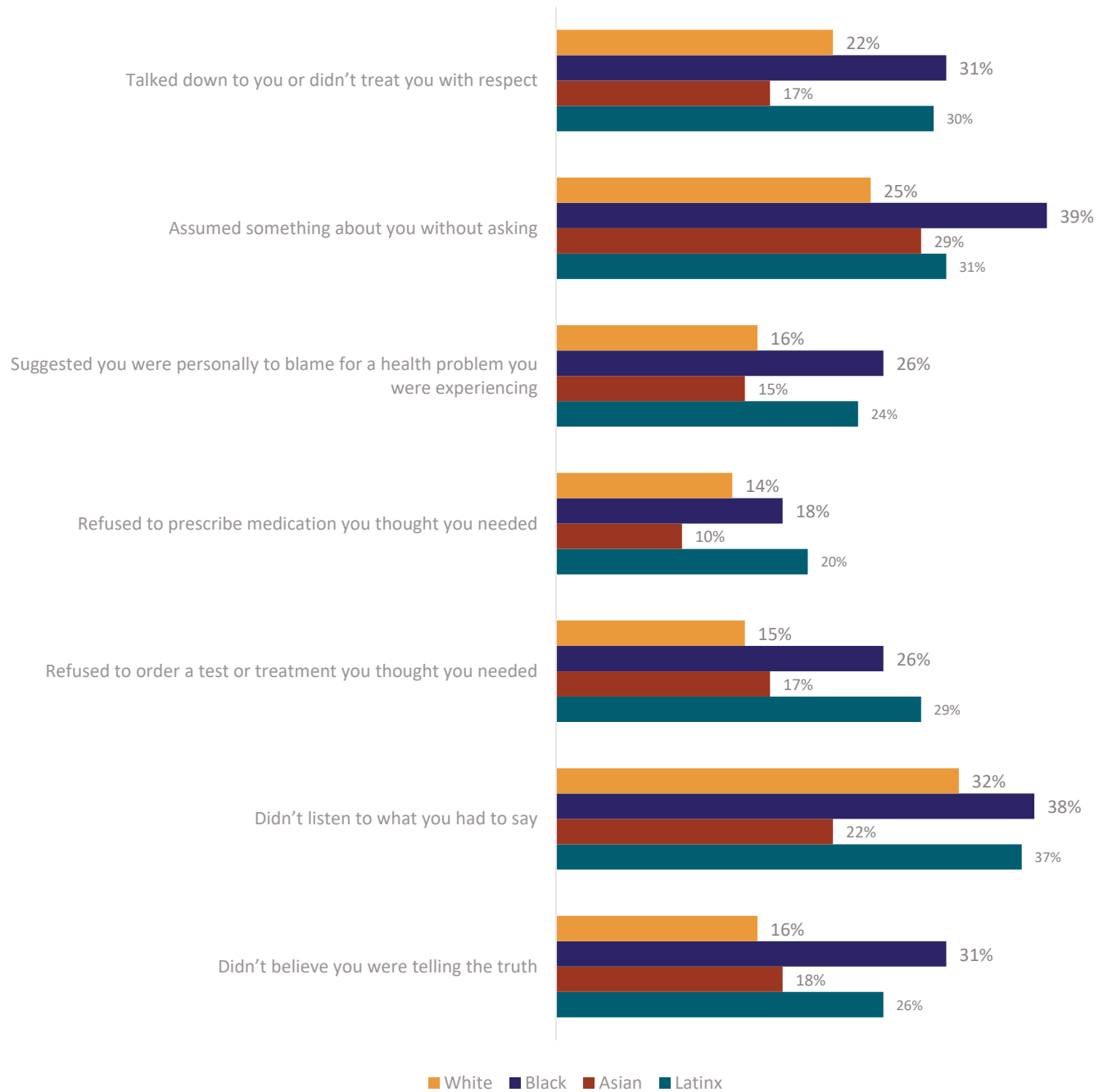
PERCENTAGE WHO SAY THEY HAD EVER FELT THAT A DOCTOR OR HEALTH CARE PROVIDER DID THE FOLLOWING WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

**Figure 29. Black and Latinx Californian Are More Likely Than Asian or White Californians to Report Negative Treatment in the Last Few Years**

PERCENTAGE WHO SAY THEY HAD EVER FELT THAT A DOCTOR OR OTHER HEALTH CARE PROVIDER DID THE FOLLOWING WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS.

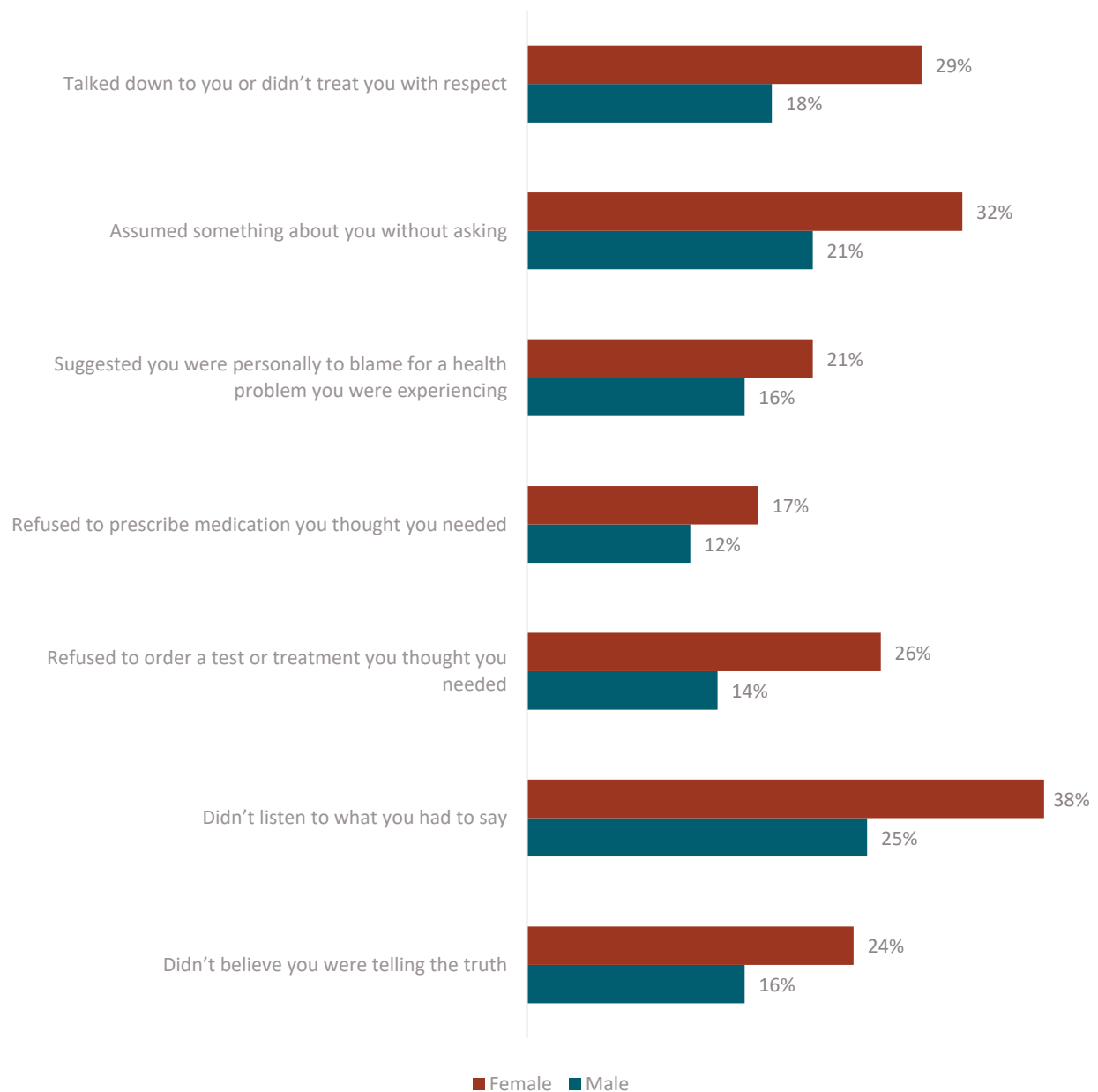


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Women are more likely than men to report negative experiences with a doctor or other health care provider, although the majority of Californians overall do not report such behaviors (Figure 30).

**Figure 30. Female Californians Are More Likely to Report Negative Experiences with a Doctor or Other Health Care Provider Than Male Californians**

CALIFORNIANS WHO REPORT THAT THEY HAD EVER FELT THAT A DOCTOR OR OTHER HEALTH CARE PROVIDER DID THE FOLLOWING WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS.

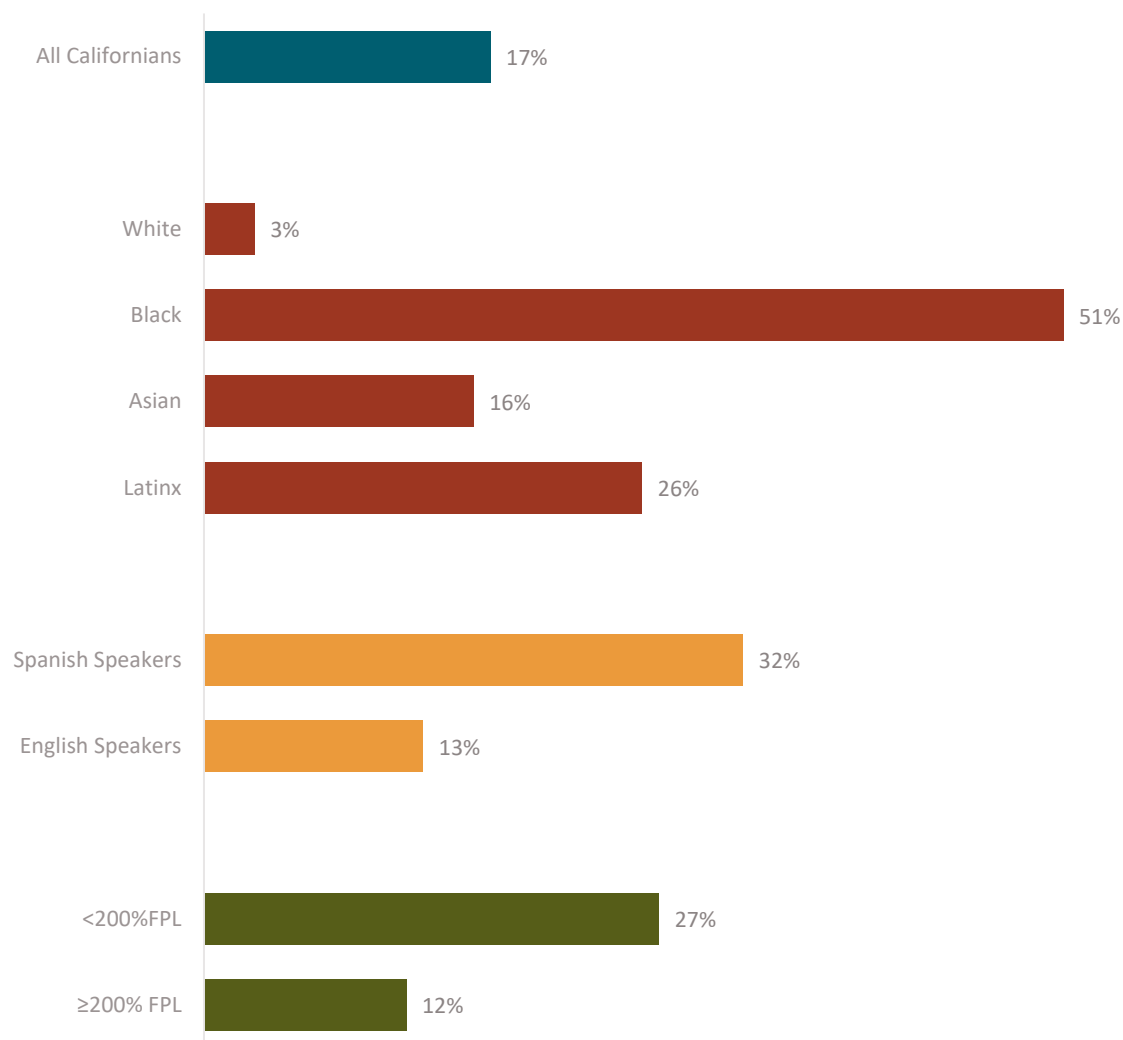


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Californians were asked if there was a time in the last few years when they thought they would have gotten better medical care if they had belonged to a different racial or ethnic group. Seventeen percent of Californians overall say they think they would have. Black Californians (51%) are most likely to think so, more than Latinx (26%), Asian (16%), and White Californians (3%). Spanish speakers are more than twice as likely as English speakers to think so (32% compared to 13%), and Californians with lower incomes are also more than twice as likely as people with higher incomes to say there was a time in the last few years when they think they would have gotten better care if they belonged to a different racial or ethnic group (27% compared to 12%) (Figure 31).

**Figure 31. Black Californians Are Most Likely to Think They Would Get Better Medical Care If They Belonged to Another Racial Group**

PERCENTAGE WHO SAY THERE WAS A TIME IN THE LAST FEW YEARS WHEN THEY THOUGHT THEY WOULD HAVE GOTTEN BETTER MEDICAL CARE IF THEY HAD BELONGED TO A DIFFERENT RACIAL OR ETHNIC GROUP.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

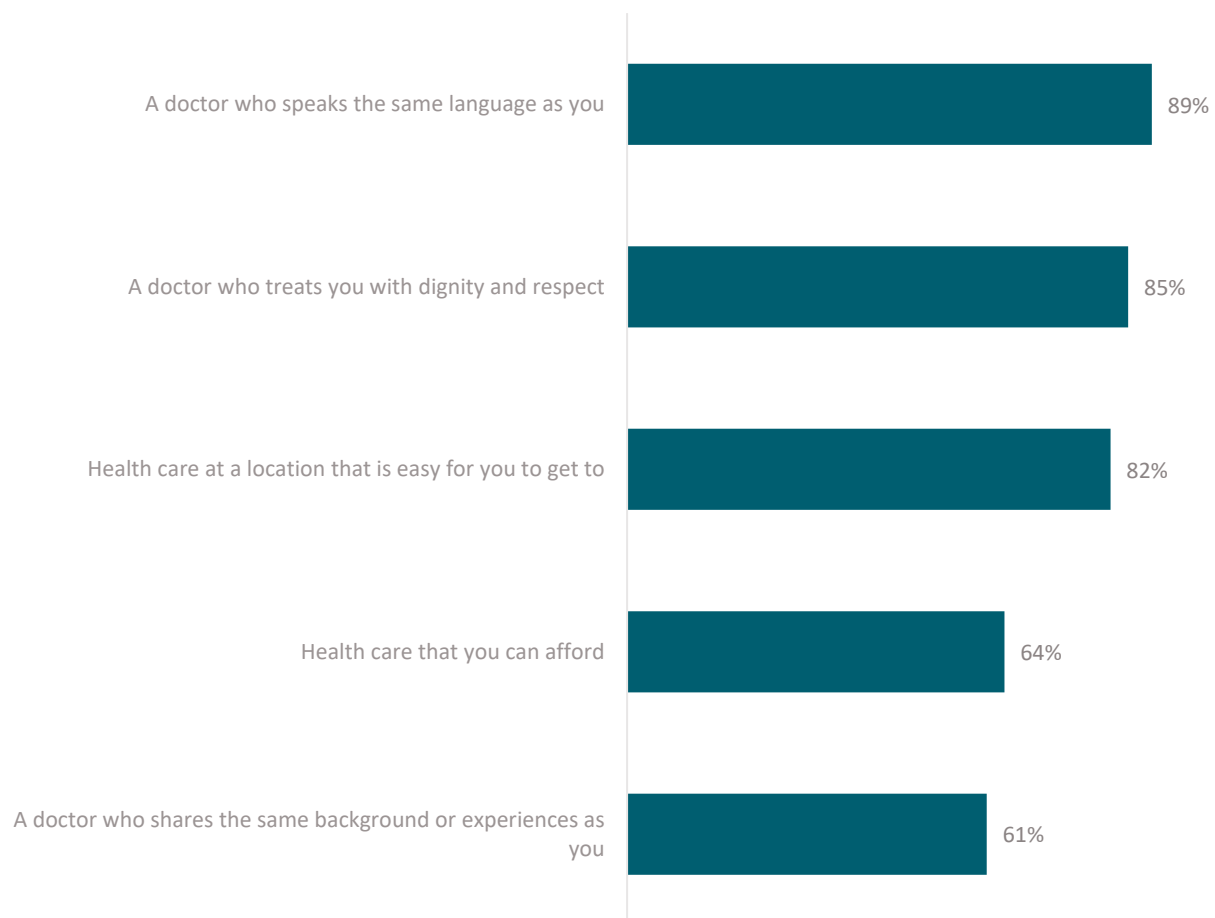


Californians were also asked about how easy or difficult it is to find doctors and health care providers that meet their personal, cultural, linguistic, and budget needs. Overall, 85% of Californians say it was “easy” or “very easy” to find a doctor who treats them with dignity and respect, and 82% say it was “easy” or “very easy” to find health care at a location easy for them to get to. Nearly 9 in 10 Californians (89%) say it was “easy” or “very easy” to find a doctor who spoke the same language. Sixty-four percent say it was “easy” or “very easy” to find health care they can afford, and 61% say it was “easy” or “very easy” to find a doctor who shares the same background or experiences (Figure 32).

Californians who live in rural areas are much less likely to say it was “easy” or “very easy” for them to find health care at a location easy for them to get to (68%) compared to those living in urban areas (83%). Rural Californians are also less likely to say that it was “easy” or “very easy” for them to find health care they can afford (52%) compared to those in urban Californians (66%).

**Figure 32. Most Californians Found It Easy to Find Providers That Met Their Personal, Linguistic, Cultural, and Budget Needs**

PERCENTAGE WHO SAY IT WAS “EASY” OR “VERY EASY” TO FIND THE FOLLOWING ITEMS, THINKING ABOUT THEIR EXPERIENCE GETTING HEALTH CARE FOR THEMSELVES AND THEIR FAMILY IN THE LAST FEW YEARS.

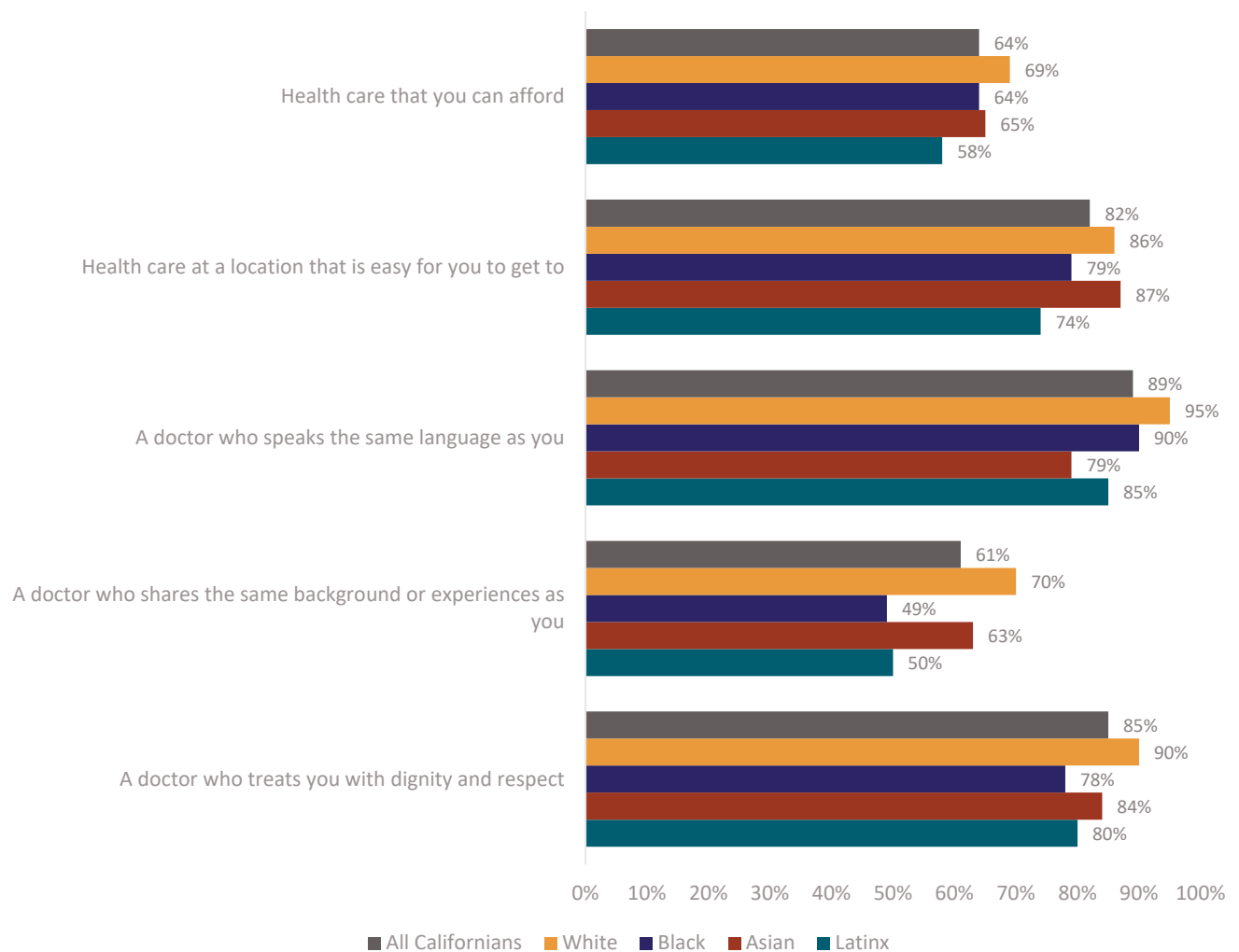


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

White Californians are more likely to report that it was “easy” or “very easy” for them to find a doctor that treats them with dignity and respect (90%) compared to Black (78%), Asian (84%) and Latinx Californians (80%). Black (49%) and Latinx Californians (50%) are much less likely than Asian (63%) and White Californians (70%) to say that it was “easy” or “very easy” for them to find a doctor who shares the same background or experiences. Asian Californians (79%) are less likely than White (95%), Black (90%) and Latinx Californians (85%) to say it was “easy” or “very easy” for them to find a doctor who speaks the same language. Latinx Californians (74%) are less likely to say that it was “easy” or “very easy” for them to find health care at a location easy for them to get to than White (86%) and Asian Californians (87%). White Californians are much more likely to say that it was “easy” or “very easy” for them to find health care that they can afford (69%) compared to Latinx Californians (58%) (Figure 33).

**Figure 33. White Californians Find It Easier to Find Providers Who Meet Their Needs Than Californians of Color**

PERCENTAGE WHO SAY IT WAS “EASY” OR “VERY EASY” TO FIND THE FOLLOWING ITEMS, THINKING ABOUT THEIR EXPERIENCE GETTING HEALTH CARE FOR THEMSELVES AND THEIR FAMILY IN THE LAST FEW YEARS.

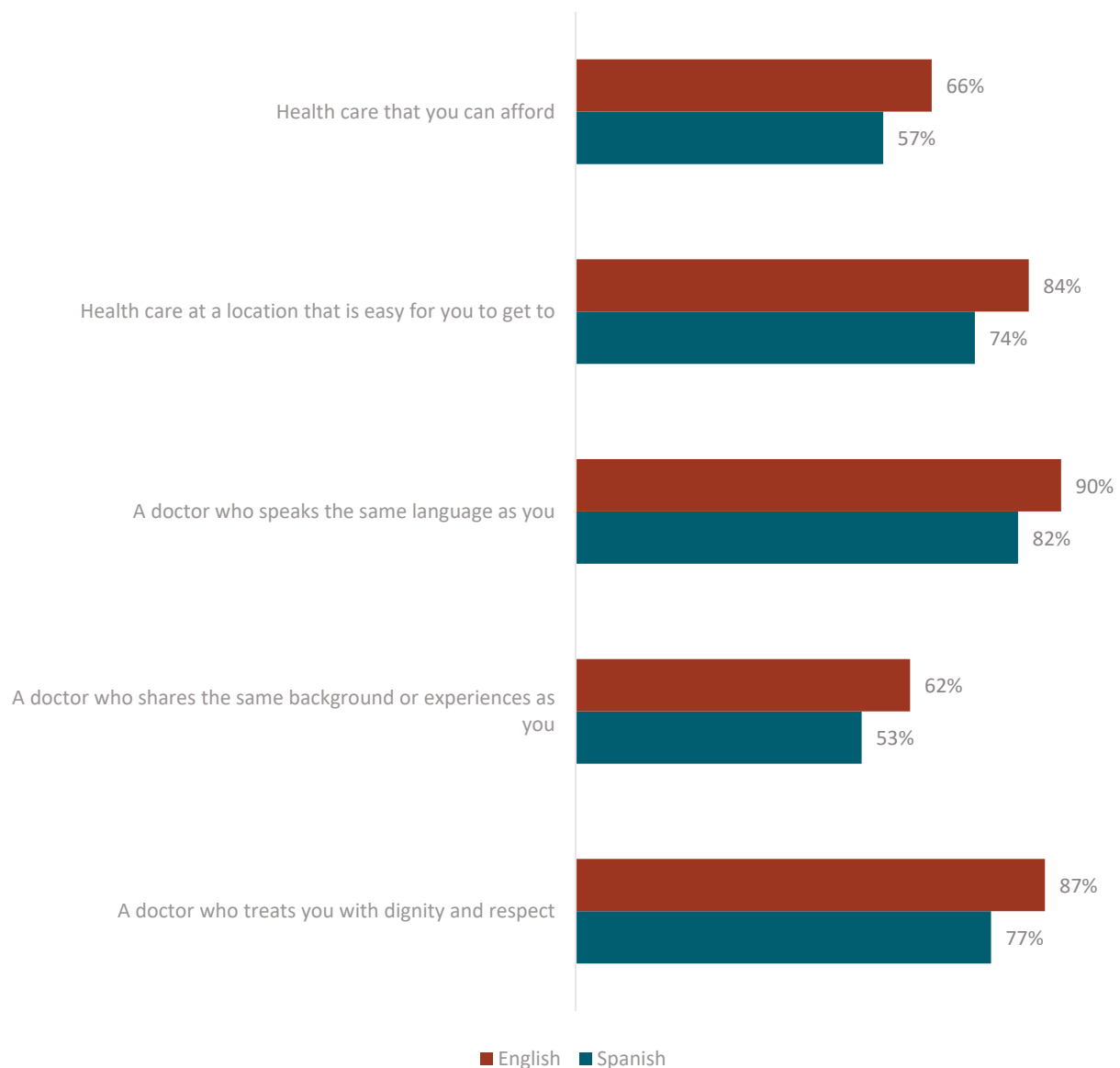


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Californians who speak English are more likely than those who speak Spanish to say that it was "easy" or "very easy" to find a doctor that treats them with dignity and respect (87% vs. 77%), a doctor who shares the same background and experiences (62% vs. 53%), a doctor that speaks the same language (90% vs. 82%), health care at a location "easy" or "very easy" to get to (84% vs. 74%), and health care they can afford (66% vs. 57%) (Figure 34).

**Figure 34. English-Speaking Californians Report an Easier Time Finding Providers That Meet Their Needs Than Spanish Speakers**

PERCENTAGE WHO SAY IT WAS "EASY" OR "VERY EASY" TO FIND THE FOLLOWING ITEMS, THINKING ABOUT THEIR EXPERIENCE GETTING HEALTH CARE FOR THEMSELVES AND THEIR FAMILY IN THE LAST FEW YEARS.

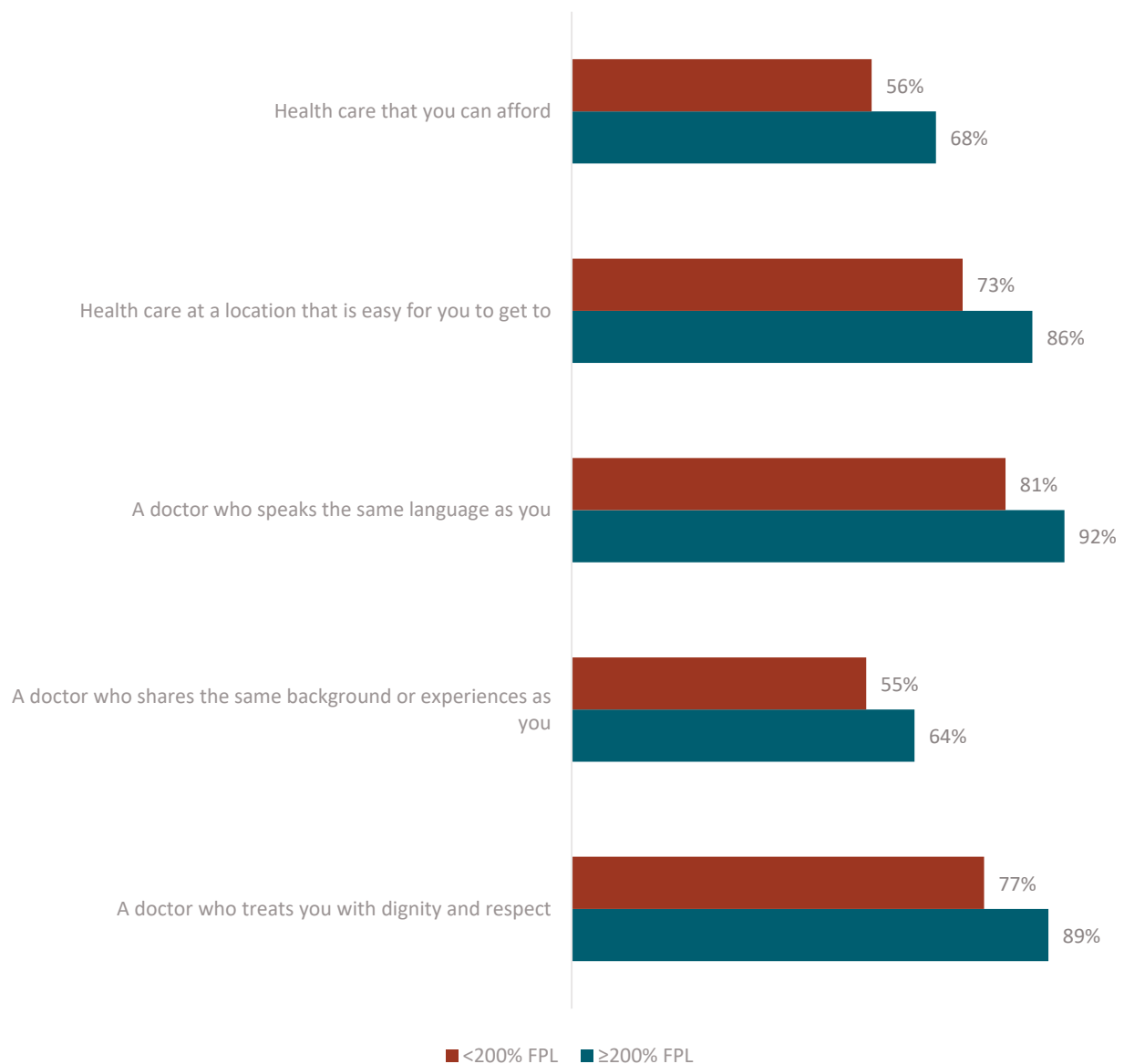


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Californians with lower incomes are less likely than those with higher incomes to say that it was “easy” or “very easy” for them to find a doctor who treats them with dignity and respect (77% vs. 89%), a doctor who shares the same background and experiences (55% vs. 64%), a doctor that speaks the same language (81% vs. 92%), health care at a location easy to get to (73% vs. 86%), and health care they can afford (56% vs. 68%) (Figure 35).

**Figure 35. Californians with Higher Incomes Found It Easier to Find Care That Met Their Needs Than Those with Lower Incomes**

PERCENTAGE WHO SAY IT WAS “EASY” OR “VERY EASY” TO FIND THE FOLLOWING ITEMS, THINKING ABOUT THEIR EXPERIENCE GETTING HEALTH CARE FOR THEMSELVES AND THEIR FAMILY IN THE LAST FEW YEARS.

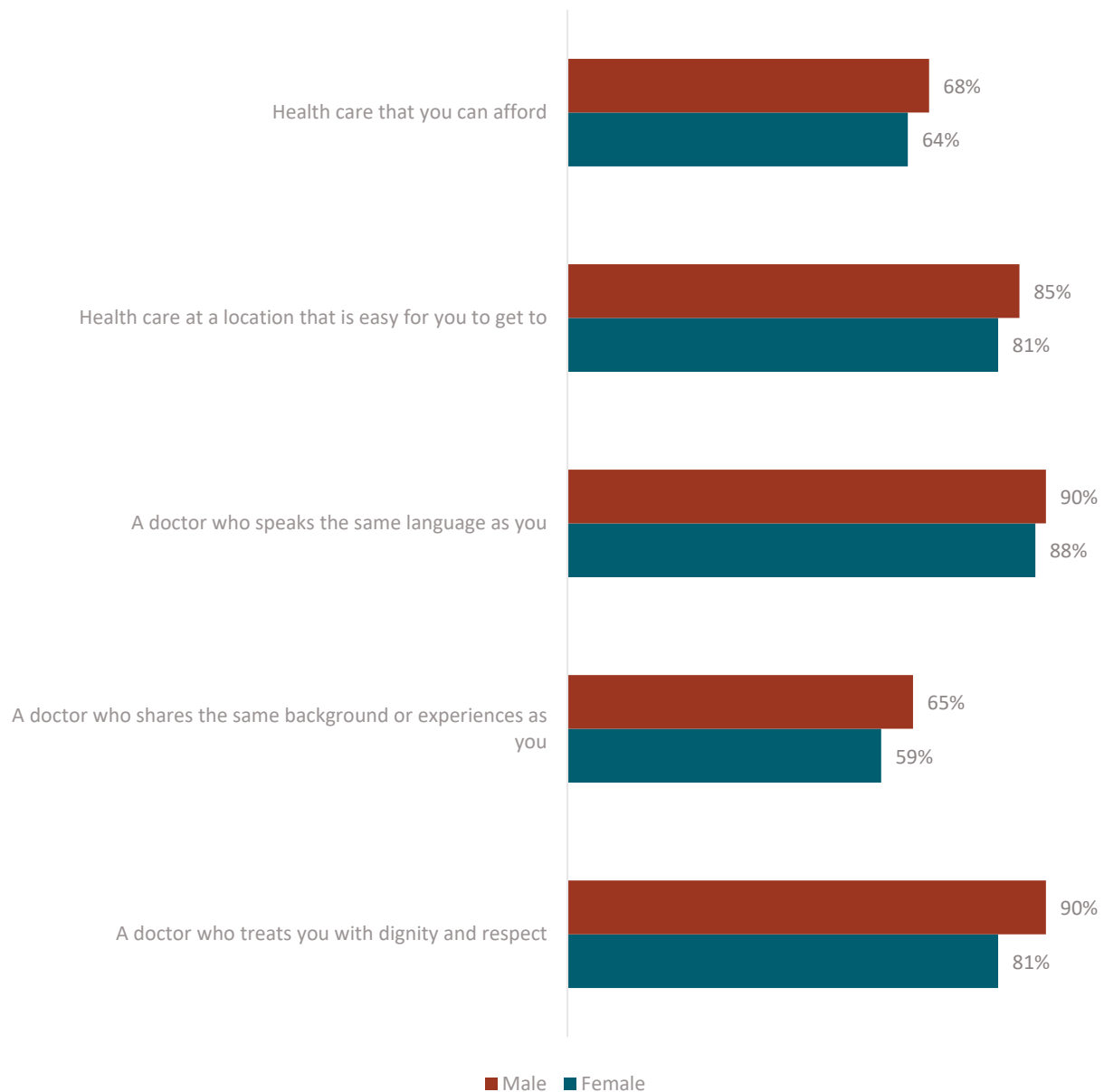


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

Male Californians are more likely to say that it was “easy” or “very easy” to find health a doctor that treats them with dignity and respect (90%), a doctor who shares the same background and experience (65%), and health care at a location easy for them to get to (85%) compared to female Californians (81%, 59%, and 81%, respectively) (Figure 36).

**Figure 36. Male Californians Report an Easier Time Finding Health Care and Doctors That Meet Their Needs Than Female Californians**

PERCENTAGE WHO SAY IT WAS “EASY” OR “VERY EASY” TO FIND THE FOLLOWING ITEMS, THINKING ABOUT THEIR EXPERIENCE GETTING HEALTH CARE FOR THEMSELVES AND THEIR FAMILY IN THE LAST FEW YEARS.



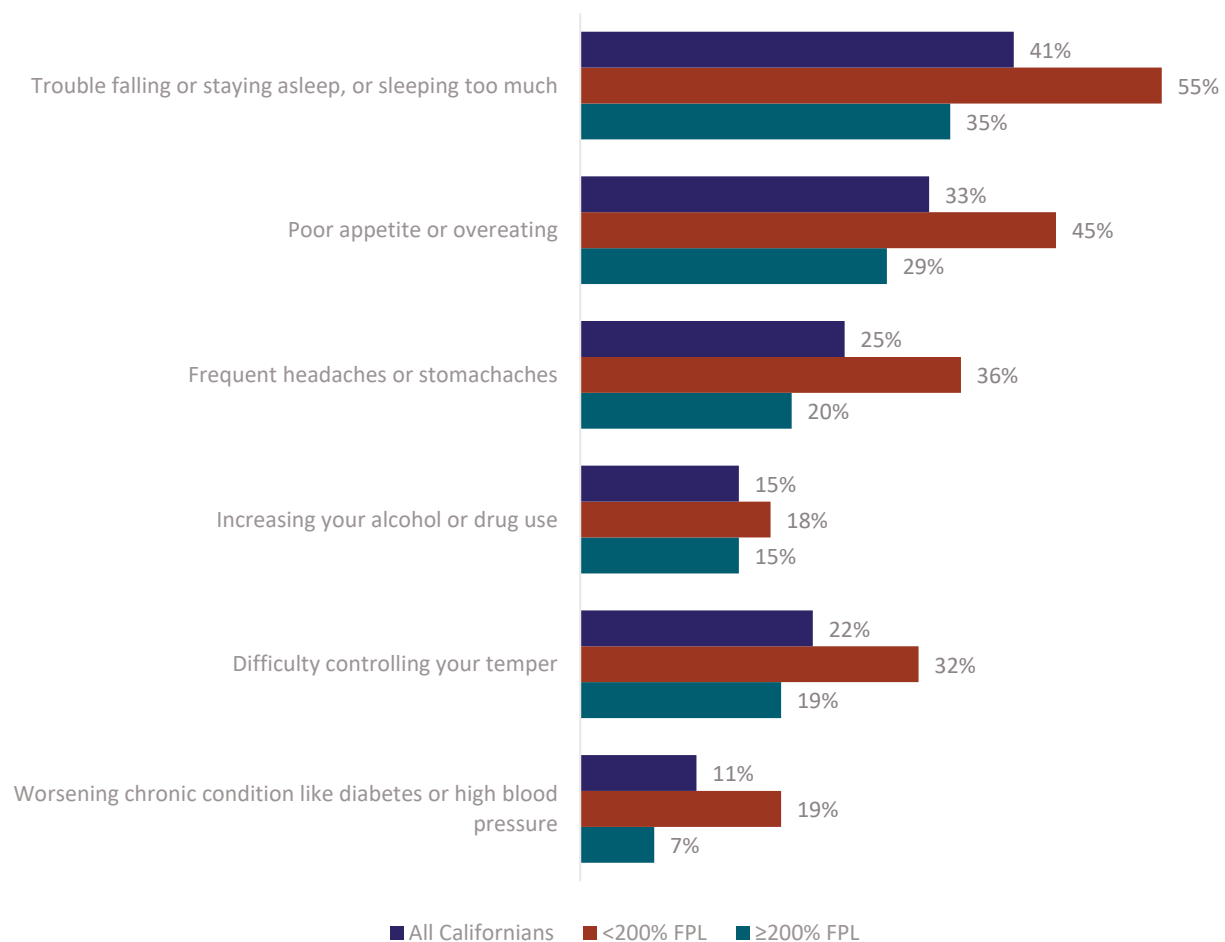
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

## Section 5. COVID-19

The stress from the COVID-19 pandemic continues to impact the health and well-being of Californians. Like last year's poll, more than half of Californians (56%) say that they have been negatively impacted by the worry or stress related to the COVID-19 public health emergency. The most commonly cited experiences include sleep interruptions (41%) and changes in eating habits (33%). One in 10 Californians says that the stress of the pandemic has worsened chronic conditions (Figure 37). Compared to those with higher incomes, Californians with lower incomes are more likely to experience negative impacts due to worry or stress from the pandemic. There are differences between income groups in terms of sleep interruptions (55% compared to 35%), changes in eating habits (45% compared to 29%), and frequency of headaches or stomachaches (36% compared to 20%). Black and Latinx Californians are also more likely to report experiencing stressors caused by COVID-19 than those who are White and Asian (Figure 38).

**Figure 37. Stress from the COVID-19 Pandemic Has Worsened Chronic Conditions in 1 in 10 Californians**

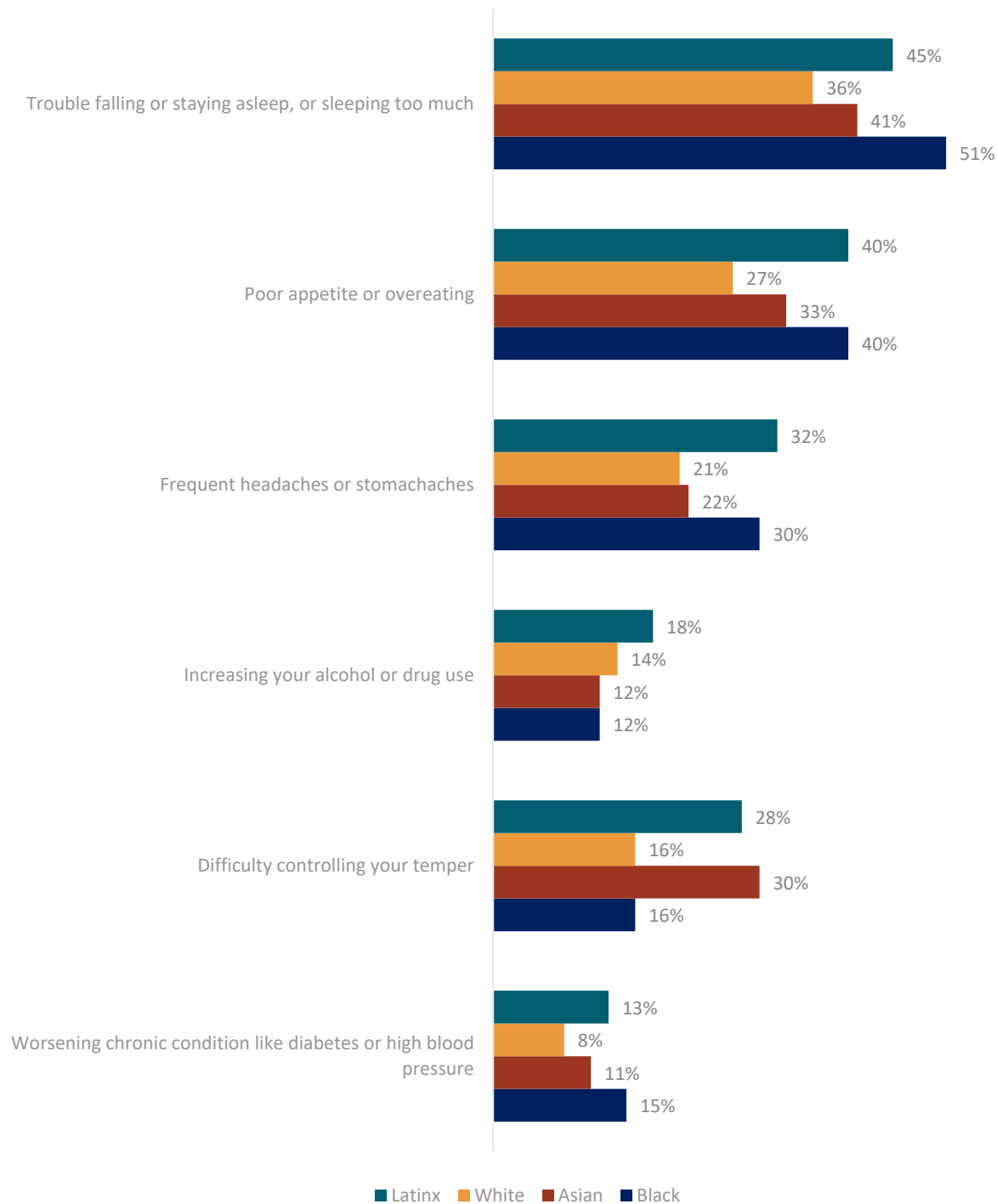
Q: HAS WORRY OR STRESS RELATED TO THE COVID-19 PANDEMIC CAUSED YOU TO EXPERIENCE THE FOLLOWING IN THE PAST 12 MONTHS?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

**Figure 38. Symptoms of Stress Due to COVID-19 Vary by Racial and Ethnic Group**

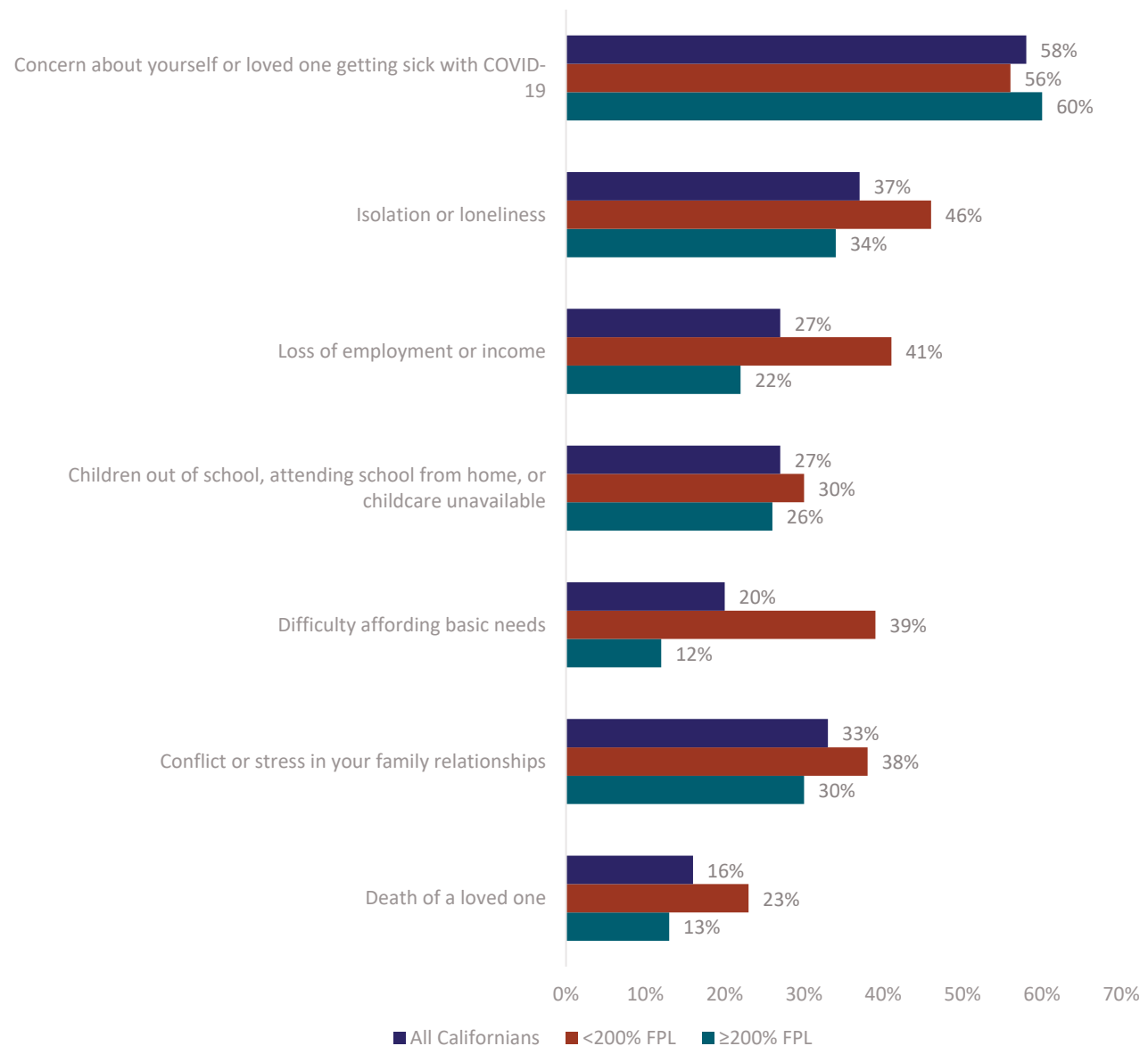
Q: HAS WORRY OR STRESS RELATED TO THE COVID-19 PANDEMIC CAUSED YOU TO EXPERIENCE THE FOLLOWING IN THE PAST 12 MONTHS?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Common stressors from the COVID-19 pandemic include concerns about becoming infected with COVID-19 (58%), isolation or loneliness (37%), and conflict in family relationships (33%). Californians with lower incomes are much more likely to be stressed from loss of employment or income (41% compared to 22%) and challenges affording basic needs (39% vs. 12%) compared to those with higher incomes (Figure 39). When looking at differences by race and ethnicity, Black and Latinx Californians are more likely to stress about affording basic needs and death of a loved one (Figure 40).

**Figure 39. Most Californians Are Concerned About Themselves or a Loved One Getting Sick from COVID-19**  
PERCENTAGE WHO EXPERIENCED STRESS BECAUSE OF ANY OF THE FOLLOWING DURING THE COVID-19 PANDEMIC.

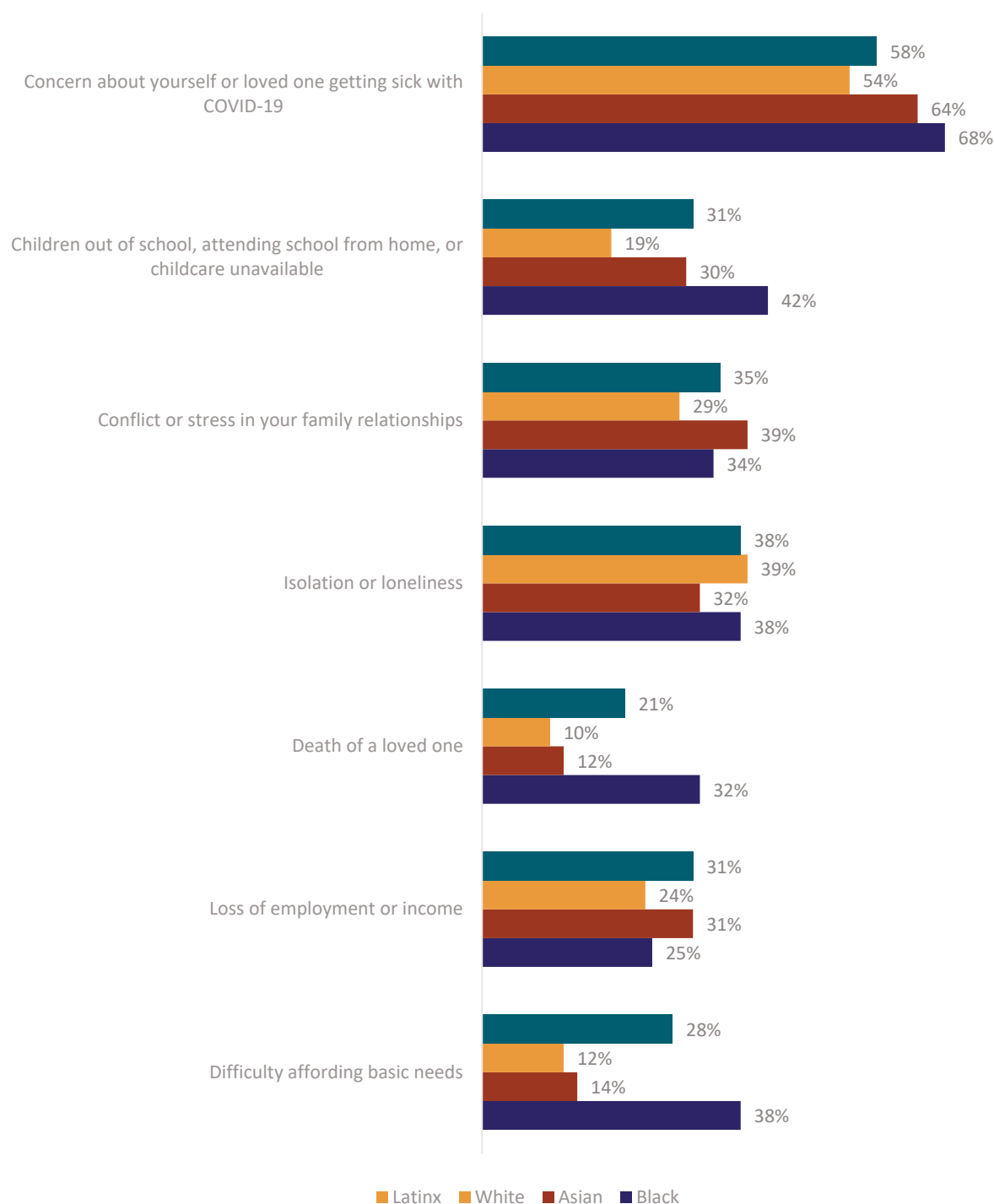


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.



**Figure 40. COVID-19 Related Stressors Vary by Race and Ethnicity**

PERCENTAGE WHO EXPERIENCED STRESS BECAUSE OF ANY OF THE FOLLOWING DURING THE COVID-19 PANDEMIC.

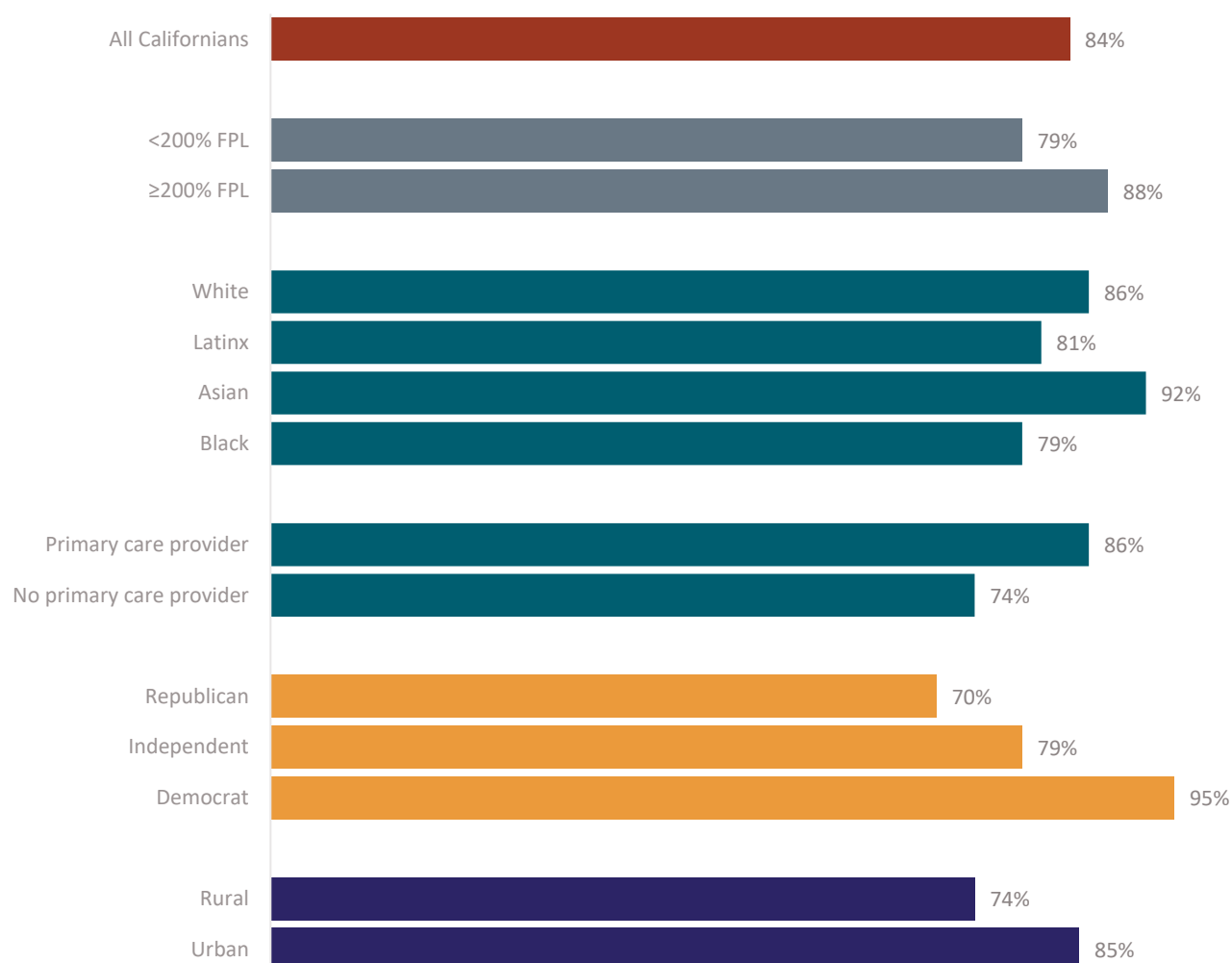


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

More than 8 in 10 Californians (84%) report being vaccinated against COVID-19. This poll did not define vaccination by number of doses or ask details about vaccine type. This is higher than the percentage of vaccinated Californians (77%) who received one dose as of the last day of the survey field period, November 17, 2021, as reported by the State of California. Californians with higher incomes (88%) are more likely than those with lower incomes (79%) to report being vaccinated. When looking across racial and ethnic groups, Asian Californians (92%) are the most likely to report being vaccinated followed by White (86%), Latinx (81%), and Black Californians (79%). The largest differences across subgroups are in party affiliation and rurality. More than 9 in 10 Democratic Californians (95%) say they are vaccinated against COVID-19 compared to 70% of Republican Californians. Similarly, 85% of Californians living in urban areas are vaccinated compared to 74% of Californians residing in rural areas (Figure 41).

**Figure 41. Californians Living in Urban Areas and Democrats Most Likely to Report Being Vaccinated for COVID-19**

Q: HAVE YOU BEEN VACCINATED FOR COVID-19?



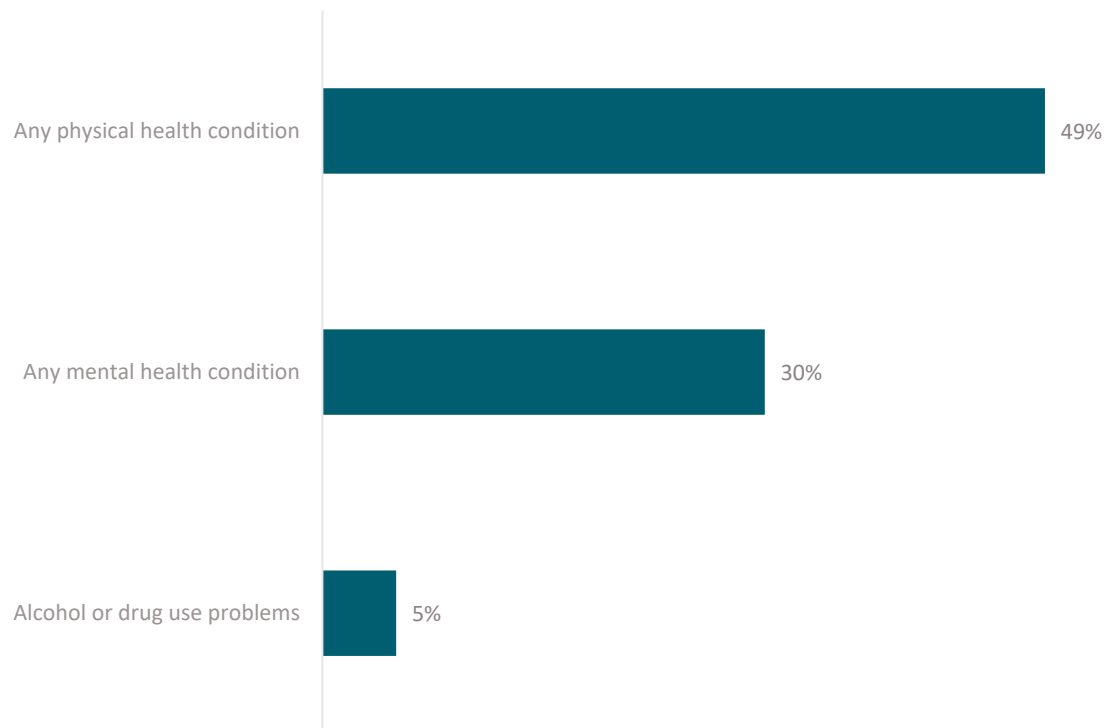
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

## Section 6. Access and Experiences with Health Care

Half of Californians (49%) report that they or a family member received treatment for a physical health condition in the past 12 months, similar to last year's findings (52%). Three in 10 Californians (30%) report that they or a family member received treatment for a mental health condition, an increase from the last three years, when 25% of Californians reported receiving treatment for a mental health condition. Much of the increase was due to a rise in Californians with lower incomes reporting receiving treatment for a mental health condition. The rate of Californians who say that they or a family member received treatment for an alcohol or drug use problem was 5%, similar to last year's finding (4%) (Figure 42).

**Figure 42. Half of Californians Received Treatment for Physical Health**

PERCENTAGE WHO SAY THAT THEY OR A FAMILY MEMBER RECEIVED TREATMENT OR COUNSELING FOR ANY OF THE FOLLOWING IN THE PAST 12 MONTHS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Proportions of Californians receiving treatment for a physical or substance use issue did not differ across income groups; however, Californians with lower incomes (37%) are more likely to report that they or a family member received treatment for a mental health condition than those with higher incomes (28%). Black Californians (62%) are more likely than Californians of all other racial and ethnic groups to report receiving physical health care, followed by White (52%), Latinx (50%), and Asian Californians (37%).

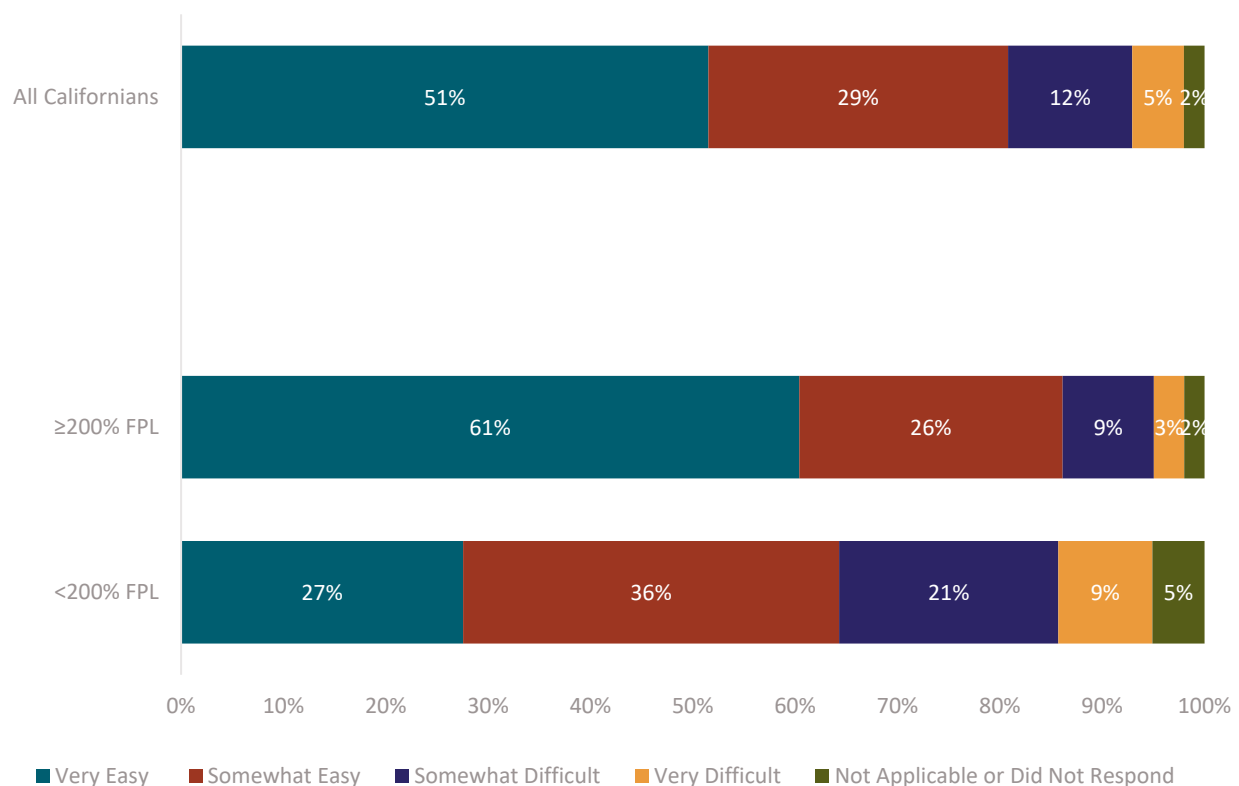
## Experiences with Physical Health Care

Four in 10 Californians (42%) report trying to make an appointment for physical health care in the past 12 months, significantly less than the proportion reporting doing so in the prior year's survey (68%). Half of Black Californians (51%) report trying to make an appointment for physical health care, followed by White (45%), Latinx (40%), and Asian Californians (31%). Of those Californians who report trying to make an appointment for physical health care, 4 in 10 (44%) report waiting longer than they thought was reasonable, the same proportion reporting this in last year's survey.

Similar to last year's findings, nearly one in five Californians (17%) who report trying to make an appointment for physical health care say it was "very" or "somewhat" difficult to find a provider who took their insurance. Latinx Californians (21%) are twice as likely as White Californians (11%) to report difficulty, and those with lower incomes (30%) are more likely than those with higher incomes (12%) to report that it was difficult to find a physical health care provider who took their insurance (Figure 43).

**Figure 43. More Than 4 in 10 Californians with Low Incomes Report Difficulty Finding a Provider Who Takes Their Insurance**

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



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level. Five percent of Californians with incomes <200% FPL did not respond.

## Experiences with Mental Health Care

Nearly 1 in 5 Californians (18%) report trying to make an appointment for mental health care in the last 12 months, similar to the proportion who reported this in last year's survey. There were no differences across income groups, with roughly 2 in 10 Californians with lower and higher incomes (21% compared to 17%) reporting trying to make an appointment for mental health care. Of those who tried to make an appointment, half (49%) report waiting longer than they thought reasonable to get one. In addition, 45% say it was difficult for them to find a mental health care provider who accepted their insurance (22% "very" difficult). Proportions of Californians who report waiting longer than they thought reasonable to get an appointment with — or difficulty finding — a mental health care provider who took their insurance remained stable relative to last year.

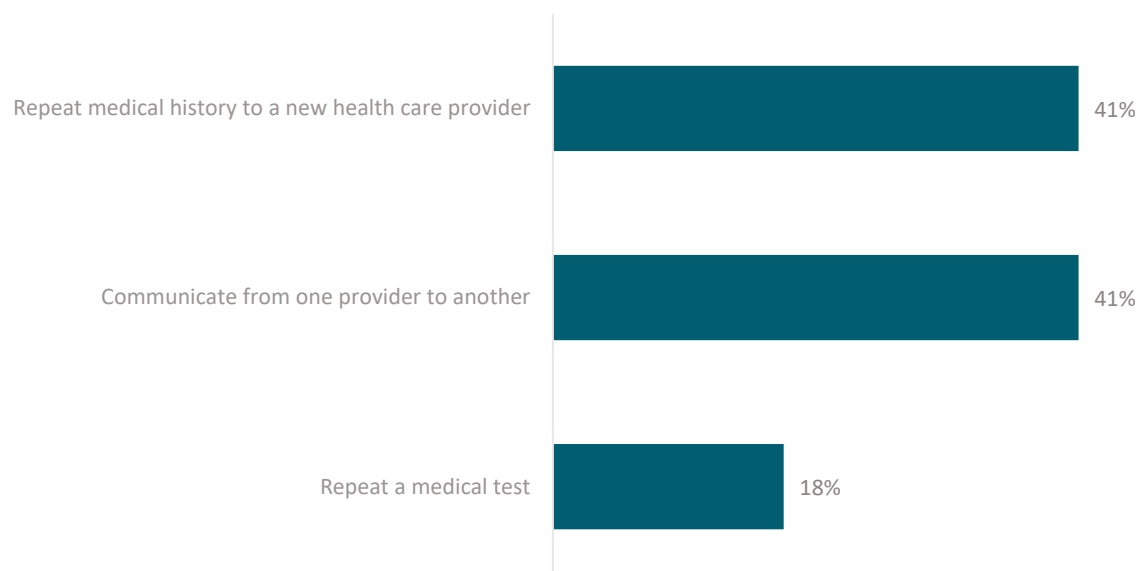
## Care Experience

Four in 10 Californians (41%) report having needed to repeat their medical history to a new health care provider in the last five years. This was the case for half of White Californians (48%), followed by Latinx (41%), Black (36%), and Asian Californians (27%). Four in 10 Californians (41%) also report communicating information about their condition or treatment from one provider to another provider in the last five years.

Two in 10 Californians (18%) report needing to repeat a medical test because prior results are not available to a new provider (Figure 44). Californians with lower incomes are more likely than those with higher incomes to say they repeated a test in this circumstance (26% compared to 14%).

**Figure 44. Four in 10 Californians Report Needing to Repeat Their Medical History or Communicate Health Information Between Providers**

PERCENTAGE WHO HAD TO DO THE FOLLOWING IN THE LAST FIVE YEARS.

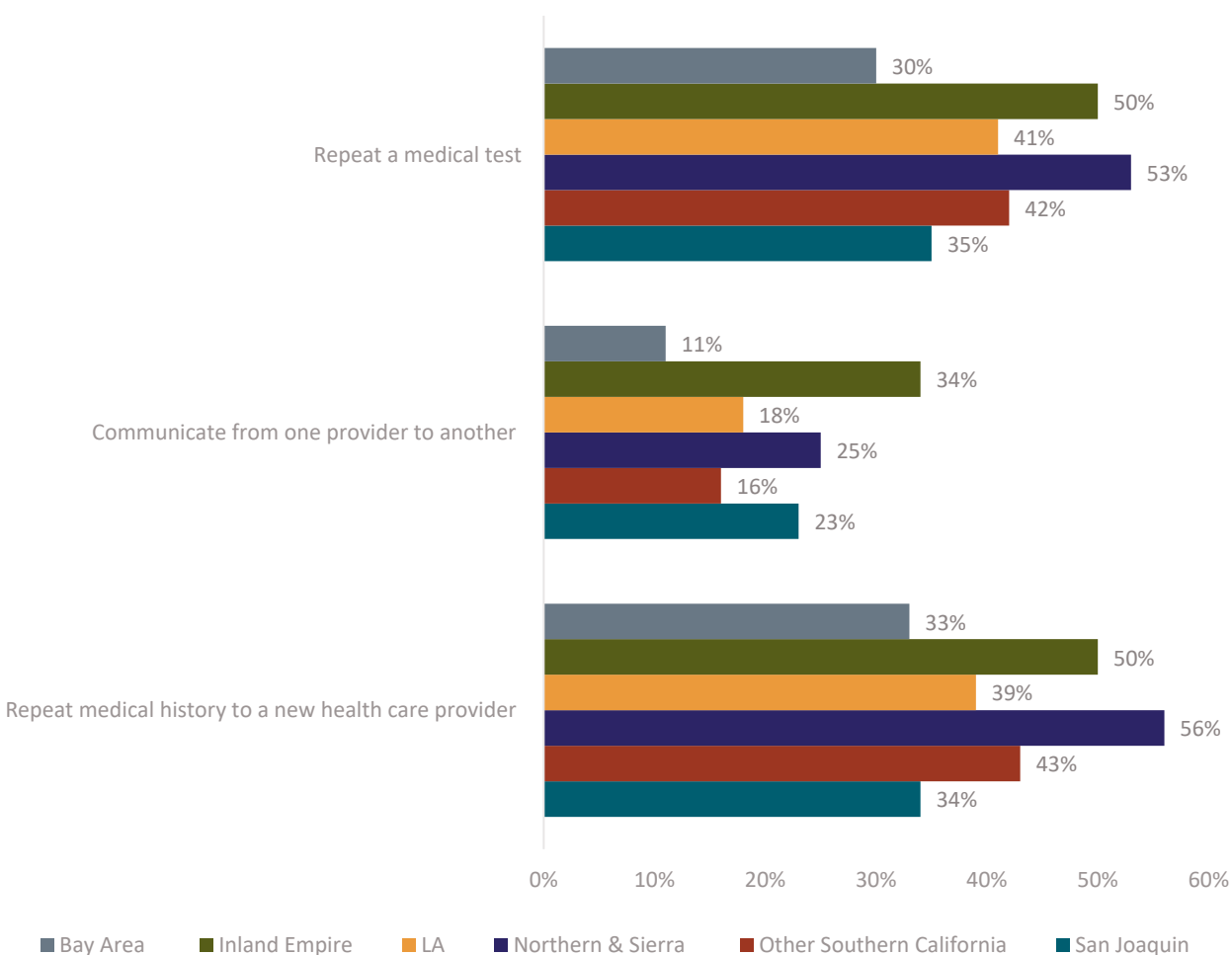


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Regional differences exist for care experience. Californians who live in the Inland Empire and the Northern & Sierra regions are more likely to report repeating medical history to a new health care provider (50% and 56%, respectively) and communicating other information about their condition or treatment from one provider to another (50% and 53%, respectively) (Figure 45).

**Figure 45. Some Care Experiences Differ by Region**

PERCENTAGE WHO HAD TO DO THE FOLLOWING IN THE LAST FIVE YEARS.



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

## Telehealth

Telehealth refers to care delivered in a variety of electronic platforms — including a live video connection (where the patient and health care provider can see each other) or by telephone. Seventy-five percent of Californians report receiving care via telehealth (by either “talking on the telephone” or “live video”) in the past 12 months, up from 68% in last year’s survey.

### Phone

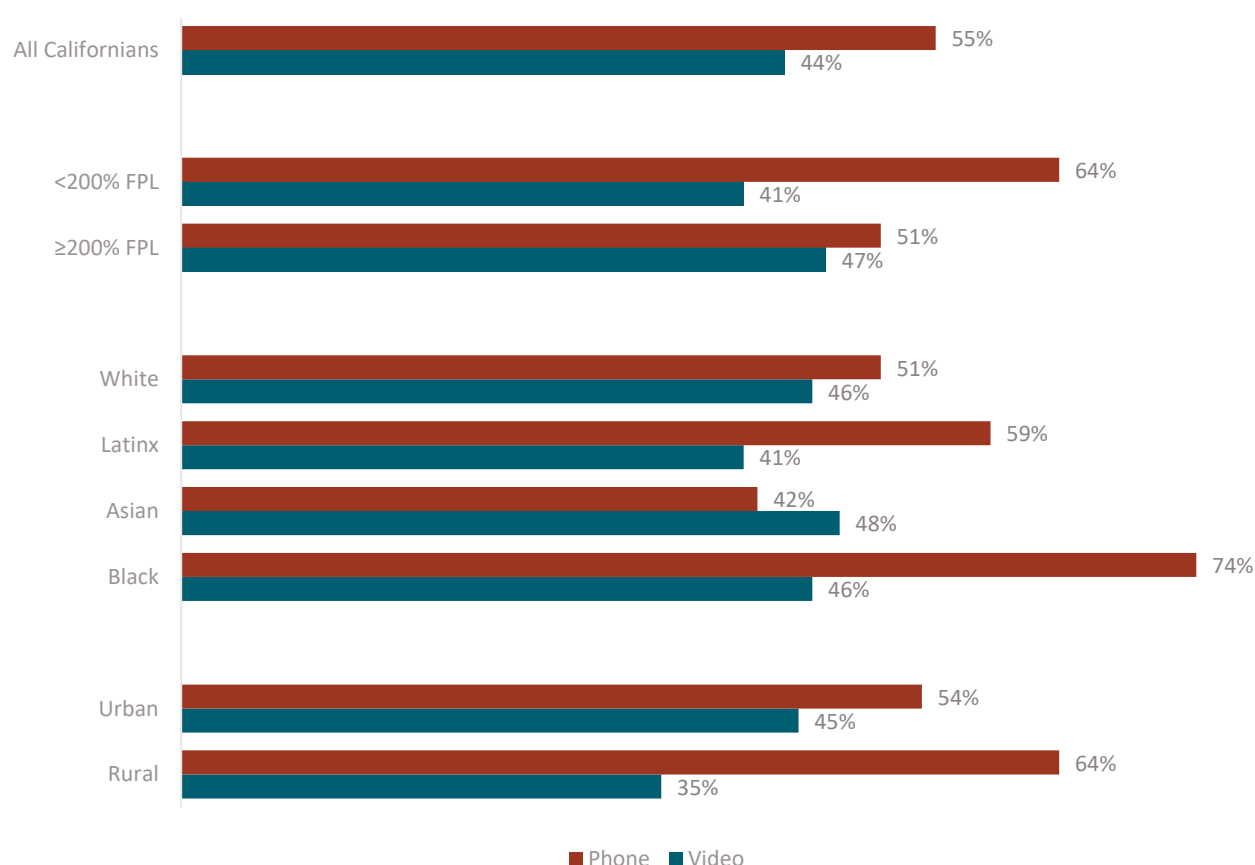
More than half of Californians (55%) report receiving care by “talking on the telephone” in the past 12 months, an increase from the 45% who reported using phone telehealth in last year’s poll. There are differences among subgroups. Californians with lower incomes (64%) are more likely than those with higher incomes (51%) to receive care via telephone. Black Californians (74%) are more likely to report receiving care via telephone than Latinx (59%), White (51%), and Asian Californians (42%). Spanish-speaking Californians (61%) are more likely than those who speak English (53%) (not shown) and likewise, those who live in rural areas (64%) are more likely than Californians who live in urban settings (54%) to receive care via telephone.

### Video

More than 4 in 10 Californians (44%) report receiving care “by live video” in the past 12 months, an increase from the 35% who reported this in last year’s poll. There are no differences in reports of experiencing care by video between Californians with lower and higher incomes, racial and ethnic groups, or between English- and Spanish-speaking Californians (Figure 46).

**Figure 46. More Than Half of Californians Experienced a Phone Telehealth Visit, 4 in 10 a Video Visit**

PERCENTAGE WHO RECEIVED CARE USING ANY OF THE FOLLOWING IN THE PAST 12 MONTHS.

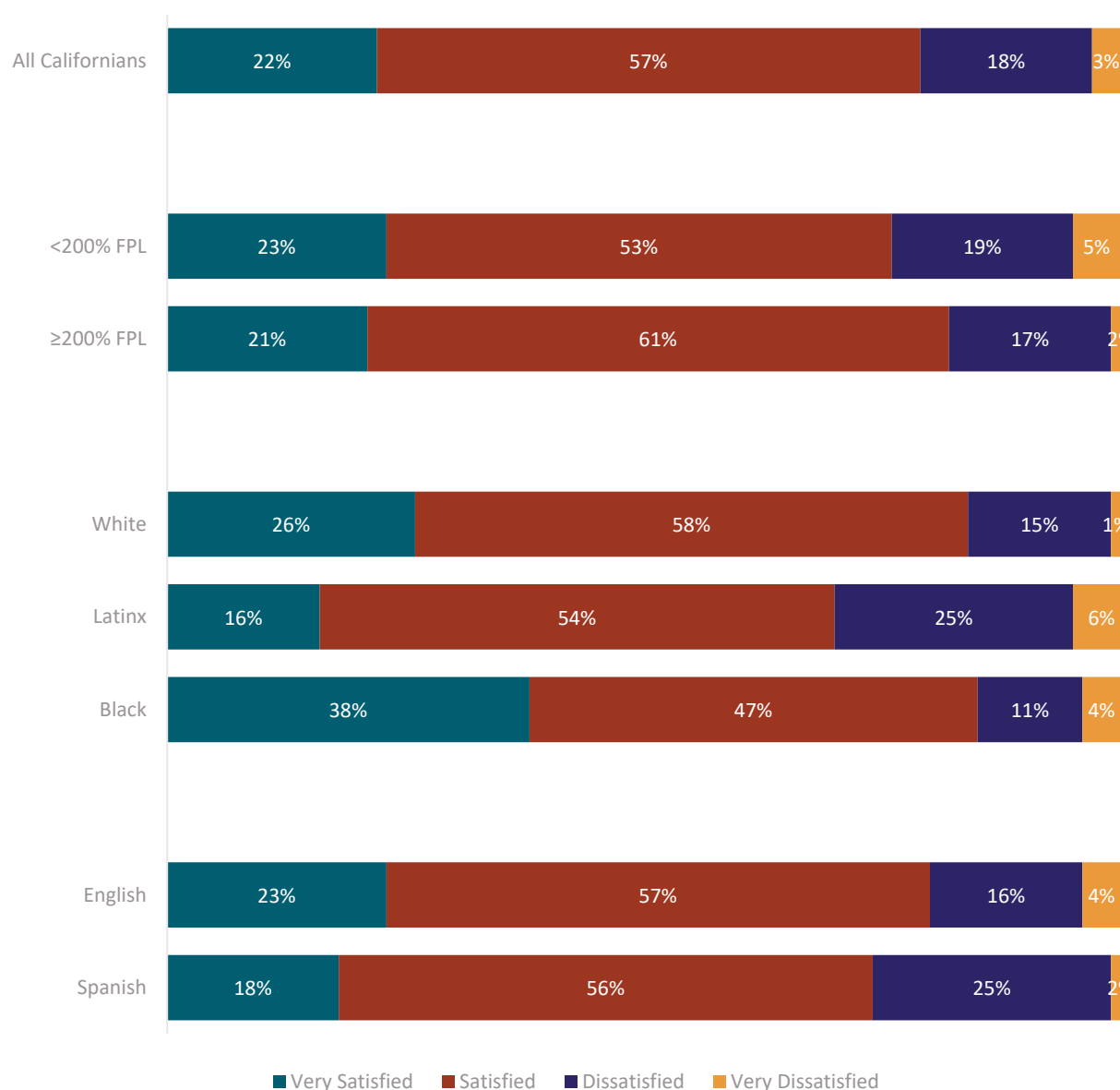


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

Eight in 10 Californians (79%) say they are satisfied with the quality of the health care they received via phone (22% “very” satisfied). Californians with higher incomes are more satisfied with the quality of the health care they received via phone (82% “very satisfied” or “satisfied”) compared with Californians with lower incomes (76% “very satisfied” or “satisfied”). Black (85%) and White Californians (84%) are more satisfied with the quality of care they received via phone than Latinx Californians (70%), and English-speaking Californians (80%) are more satisfied than those who speak Spanish (74%) (Figure 47).

**Figure 47. Eight in 10 Californians Are Satisfied with the Quality of Care They Receive via Phone**

Q: HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE QUALITY OF CARE YOU RECEIVED VIA PHONE?



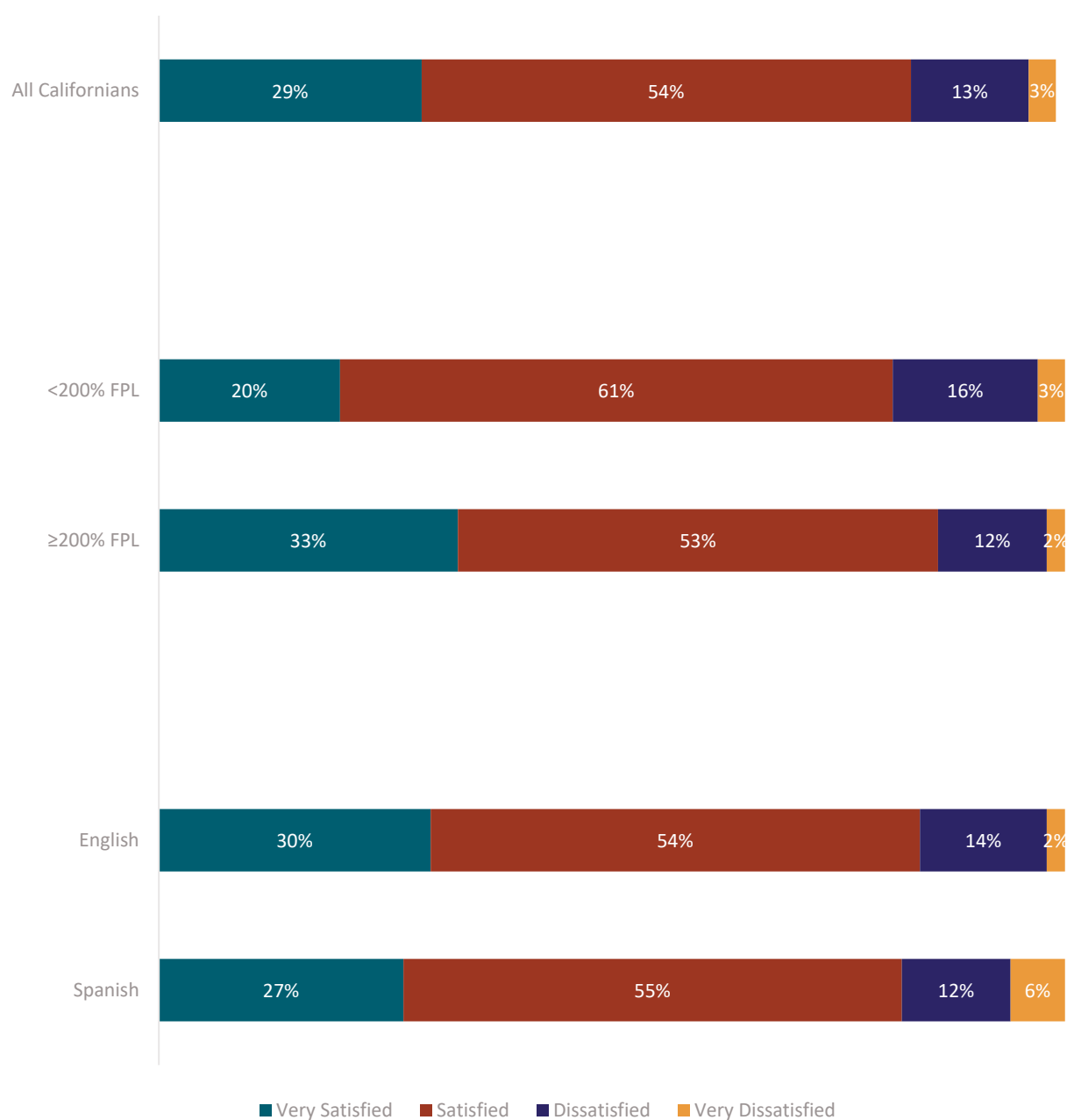
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level. The number of Asian respondents for this question (n = 71) is too small to report meaningful results.



More than 8 in 10 Californians (83%) who received care via video express satisfaction with the quality of the health care they received, with 29% reporting they are “very” satisfied and half (54%) reporting they are “satisfied.” Of the 16% of Californians dissatisfied with the quality of care they received via video, 1 in 10 (13%) say they are “dissatisfied” and 3% report feeling “very dissatisfied” (Figure 48).

**Figure 48. More Than 8 in 10 Californians Are Satisfied with the Quality of Care They Receive via Video**

Q: HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE QUALITY OF CARE YOU RECEIVED VIA VIDEO?

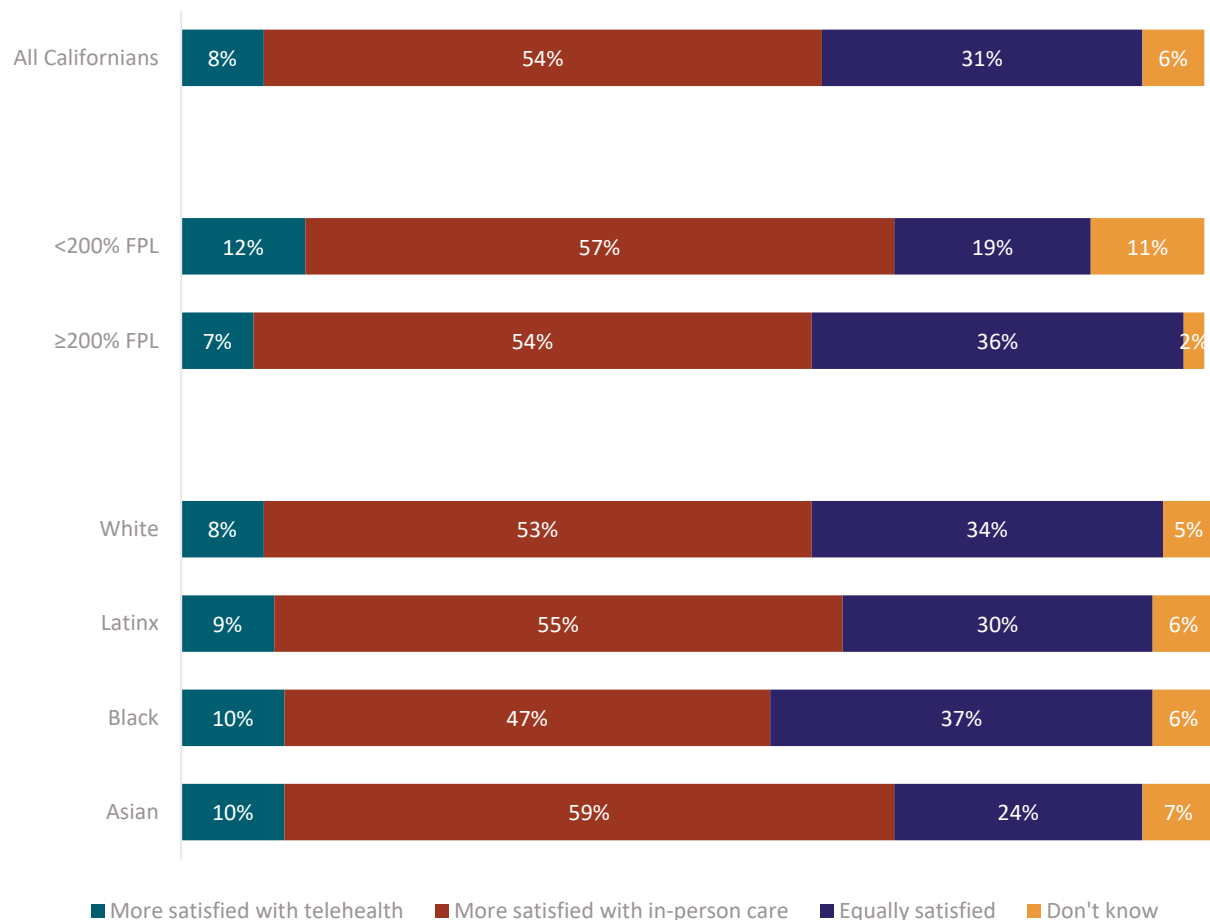


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Californians who received care either by phone or video in the last 12 months were asked how it compared to in-person care. Three in 10 (31%) say they are equally satisfied with in-person and telehealth care. Half (54%) are more satisfied with care in person, and 8% are more satisfied with telehealth. Californians with higher incomes are almost twice as likely (36% compared to 19%) to be equally satisfied with in-person and telehealth care. There were no statistically significant differences across racial and ethnic groups (Figure 49).

**Figure 49. Three in 10 Californians Are Equally Satisfied with the Care They Receive via Telehealth and In Person**

Q: THINKING ABOUT THE LAST TIME YOU RECEIVED IN-PERSON CARE, ARE YOU MORE SATISFIED WITH THE CARE YOU RECEIVED VIA TELEHEALTH OR IN PERSON?



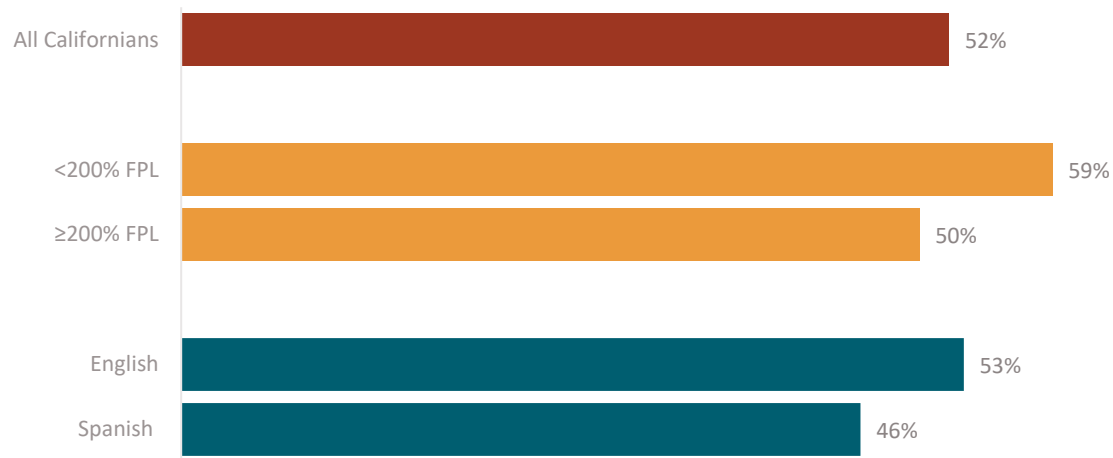
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

## Deferred Care

Half of Californians (52%) say they or a member of their household has skipped or postponed some type of medical or dental care in the last 12 months. This proportion is similar to last year's poll, when 51% of Californians reported skipping or postponing care. Californians with lower incomes (59%) are more likely than those with higher incomes (50%) to say they skipped or postponed care, and those who speak English (53%) are more likely to report skipping or delaying care compared to those who speak Spanish (46%) (Figure 50).

**Figure 50. Half of Californians Report Skipping or Postponing Care in the Last 12 Months**

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

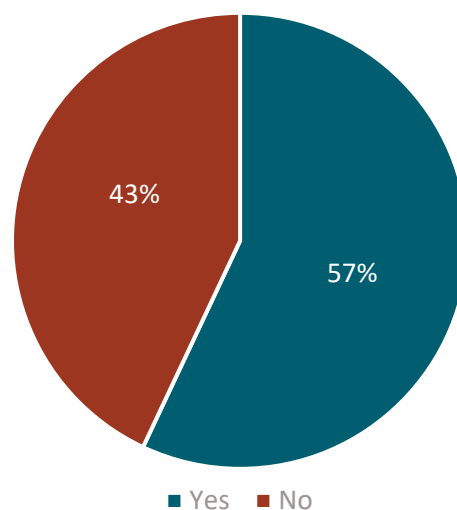


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

For those Californians who report skipping or postponing care in the last 12 months, more than half (57%) cite the conditions caused by the COVID-19 pandemic as the reason they skipped or postponed care (Figure 51). There are no differences between population subgroups (Figure 51).

**Figure 51. More Than Half of the Californians Who Skipped or Deferred Care Did So Because of the COVID-19 Pandemic**

Q: WAS THE REASON YOU OR YOUR FAMILY MEMBER POSTPONED CARE DUE TO THE CONDITIONS CAUSED BY THE COVID-19 PANDEMIC?



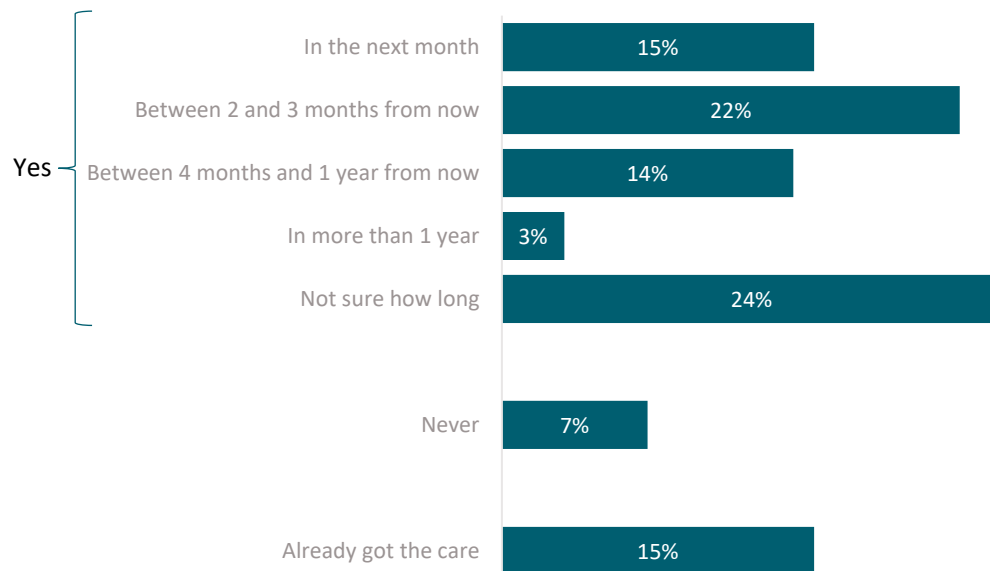
Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

Three in 10 Californians (29%) who report they or a family member skipped or postponed care say that their or their family member’s condition got worse as a result, similar to the third (33%) of Californians who reported this last year. Californians with lower incomes (37%) and Latinx Californians (39%) are more likely than those with higher incomes (25%) and White Californians (25%), respectively, to report their condition got worse.

Of those Californians who skipped or postponed care, 15% “have already gotten the care they needed.” More than half (51%) say they will get this care in the next year: 15% “in the next month,” 22% “between 2 and 3 months from now,” and 14% “between 4 months and 1 year from now.” Three percent of Californians say they will get this care “in more than 1 year,” and a quarter (24%) say they are “not sure how long” it will take for them to get this care. Seven percent of Californians say they will never get this care (Figure 52).

**Figure 52. A Quarter of Californians Who Skipped or Postponed Care Are Not Sure When They Will Get the Care They Skipped or Postponed — More Than 1 in 20 Say They Will Never Get It**

Q: THINKING ABOUT THE CARE YOU OR YOUR FAMILY MEMBER SKIPPED OR POSTPONED, DO YOU THINK YOU OR THEY WILL EVENTUALLY GET THIS CARE, OR NOT?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

## Healthy Behaviors

### Preventive Health Behaviors

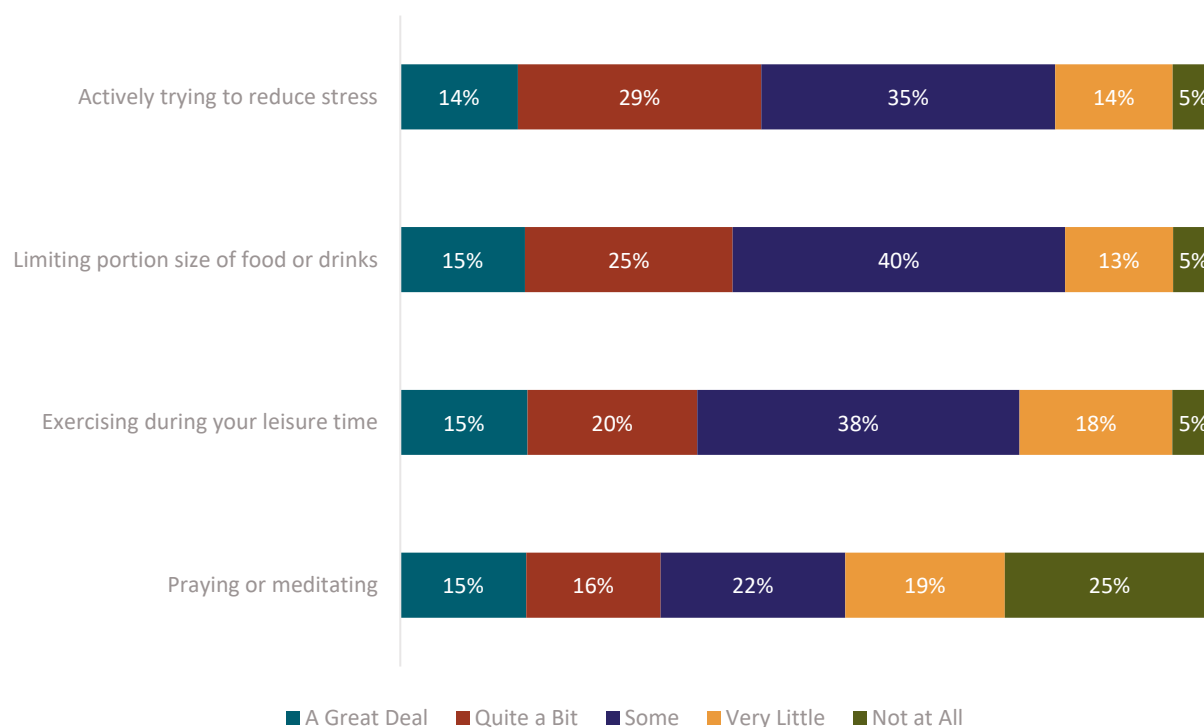
When asked about the extent to which Californians put effort into some preventive health behaviors, more than 4 in 10 (43%) say that they put “a great deal” or “quite a bit” of effort into actively trying to reduce stress. This is followed by those who say they put “a great deal” or “quite a bit” of effort into limiting portion size of food or drinks (40%), exercising during leisure time (35%), and praying or meditating (31%) (Figure 53).

Black Californians (57%) are more likely to report that they put “quite a bit” or “a great deal” of effort into actively trying to reduce stress than White (42%) and Asian Californians (39%). Half of Latinx Californians (46%) say that they put “quite a bit” or “a great deal” of effort into actively trying to reduce stress. Black Californians (51%) are more likely than Californians in other racial and ethnic groups to say that they put “quite a bit” or “a great deal” of effort into praying or meditating followed by Latinx (36%), White (31%), and Asian Californians (18%). There are also differences between Asian and both Latinx and White reports of putting effort into praying or meditating. White Californians (46%) are the most likely to say they put “quite a bit” or “a great deal” of effort into limiting portion size, followed by Asian (37%), Latinx (36%), and Black Californians (34%). There were no statistically significant differences between racial and ethnic groups in terms of the amount of effort put into exercising during leisure time (Figure 54).

Though there are no differences among income groups in trying to reduce stress and limiting portion size, though there are differences in exercising and praying. Californians with lower incomes are more likely to describe the effort they put into exercise during their leisure time as “not at all” or “very little” (31%), which is more than those with higher incomes (22%). Conversely, Californians with higher incomes (39%) are more likely to say that they put “a great deal” or “quite a bit” of effort into exercise than those with lower incomes (29%).

**Figure 53. Eight in 10 Californians Say They Put at Least Some Effort into Actively Trying to Reduce Stress or Limit Portion Sizes**

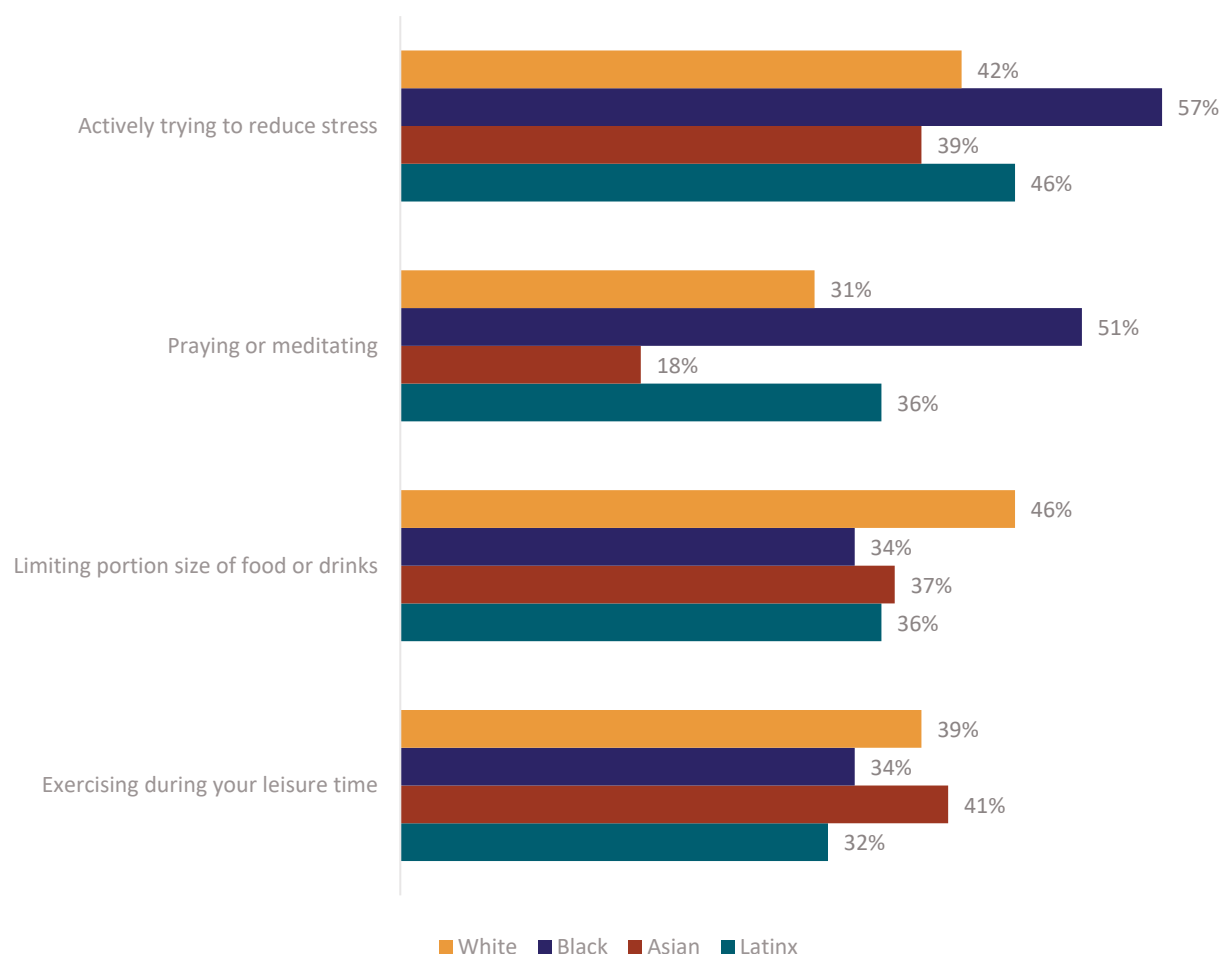
Q: HOW MUCH EFFORT DO YOU PUT INTO EACH OF THE FOLLOWING?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 54. Black Californians Are More Likely Than Those in Other Racial or Ethnic Groups to Report Putting Quite a Bit or a Great Deal of Effort into Actively Trying to Reduce Stress and Praying or Meditating**

PERCENTAGE WHO SAY THEY PUT “QUITE A BIT” OR “A GREAT DEAL” OF EFFORT INTO THE FOLLOWING . . .



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

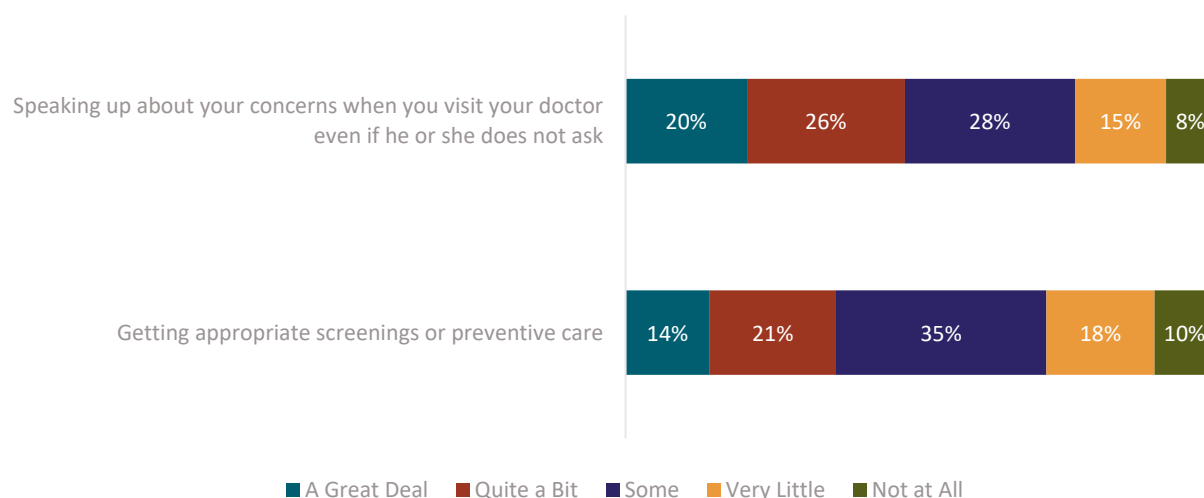
### **Appropriate Care Seeking**

More than 4 in 10 Californians (46%) report putting “a great deal” or “quite a bit” of effort into speaking up about their concerns when they visit their doctor “even if he or she does not ask,” with an additional quarter (28%) reporting “some” effort. Close to 3 in 10 Californians say they put “very little” or no effort into getting appropriate screenings or preventive care (Figure 55). Californians with lower incomes (37%) are more likely to report “very little” or no effort into getting appropriate screeners compared to those with higher incomes (26%).

Black Californians (66%) are more likely than other racial or ethnic subgroups to say they put “a great deal” or “quite a bit” of effort into speaking up about their concerns when they visit their doctor followed by White (59%), Latinx (45%), and Asian Californians (38%) (Figure 56). Additionally, Californians who speak English (49%) are more likely than those who speak Spanish (40%) to put “a great deal” or “quite a bit” of effort into speaking up about their concerns at the doctor.

**Figure 55. Most Californians Say They Put Some Effort into Speaking Up About Concerns with Their Doctors; 3 in 10 Say They Put Very Little or No Effort into Getting Screening or Preventive Care**

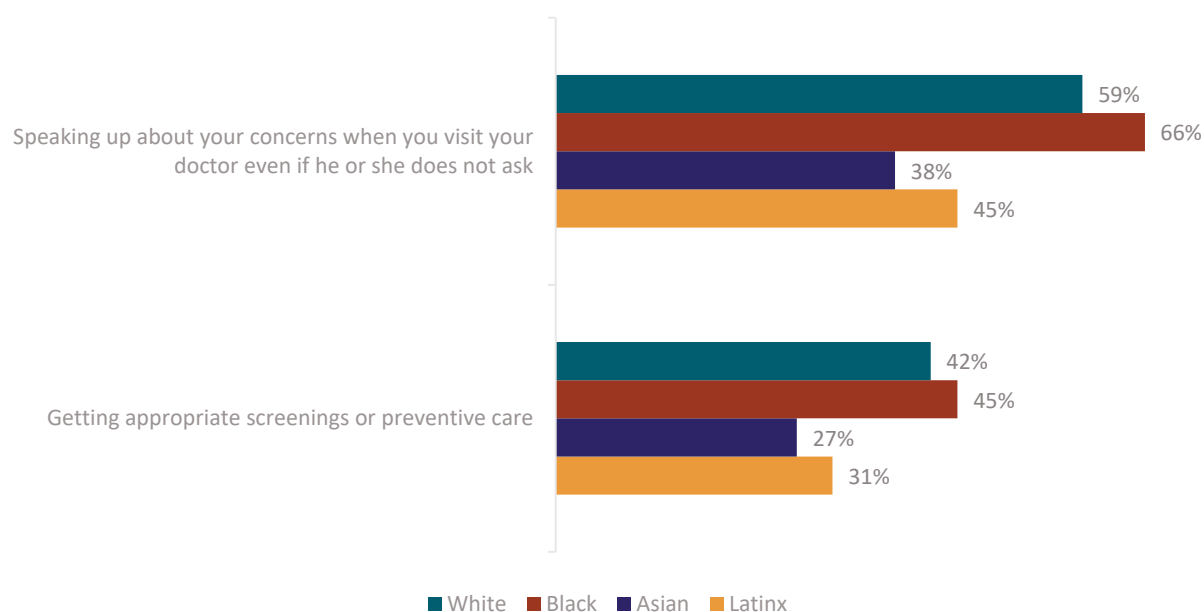
Q: HOW MUCH EFFORT DO YOU PUT INTO EACH OF THE FOLLOWING?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. Figures may not sum due to rounding.

**Figure 56. Black Californians Are More Likely Than Those in Other Racial or Ethnic Groups to Report Putting Quite a Bit or a Great Deal of Effort into Speaking Up About Concerns When Visiting the Doctor**

PERCENTAGE WHO SAY THEY PUT “QUITE A BIT” OR “A GREAT DEAL” OF EFFORT INTO THE FOLLOWING . . .

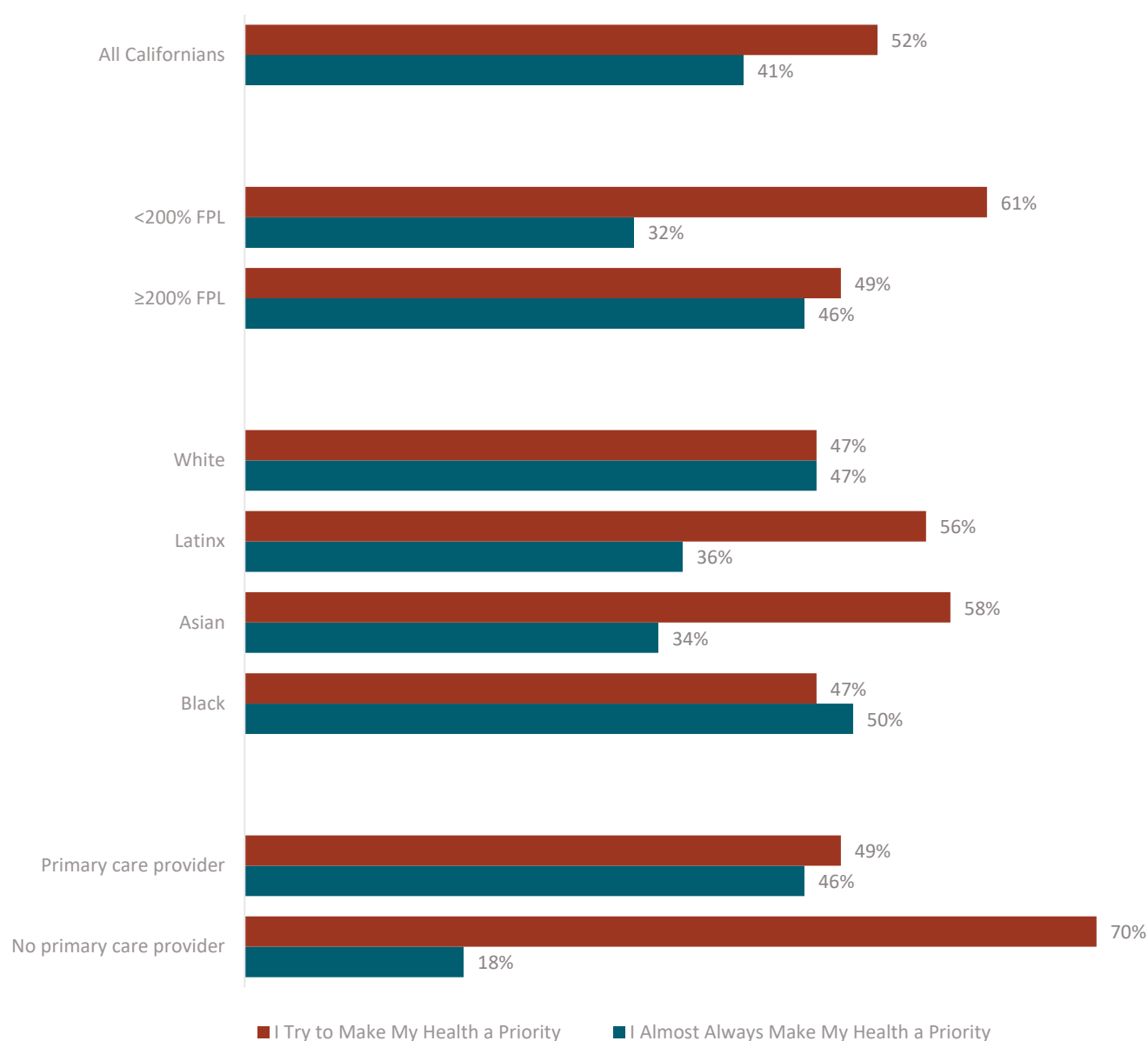


Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

Half of Californians (52%) report that they try to make their health a priority but often have to put other things ahead of it. Four in 10 Californians (41%) say they almost always make their health a priority. Californians with lower incomes (61%) are more likely than those with higher incomes (49%) to say that they try to make their health a priority but often have to put other things ahead of it. Asian (58%) and Latinx Californians (56%) are more likely than White (47%) and Black Californians (47%) to say that they try to make their health a priority but often have to put other things ahead of it (Figure 57).

**Figure 57. More Say They Try to Make Their Health a Priority but Often Have to Put Other Things Ahead of Their Health Than Those That Say They Almost Always Make Their Health a Priority**

Q: WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES YOU, EVEN IF NEITHER IS EXACTLY RIGHT?



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

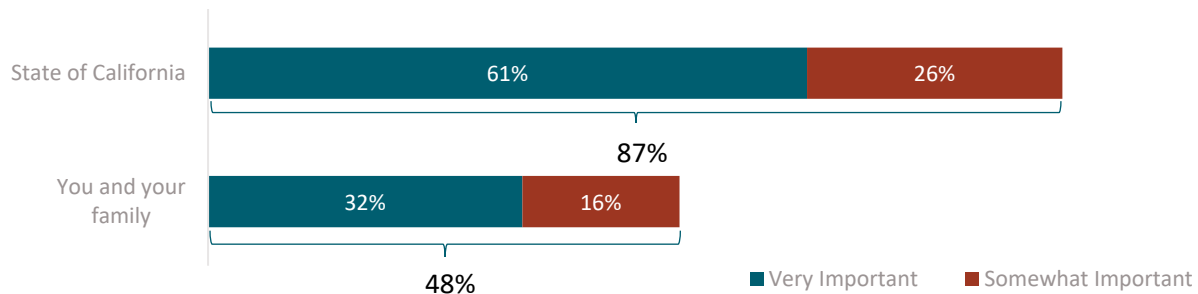


## Section 7. Views on Medi-Cal

For the third year in a row, Californians overwhelmingly support the Medi-Cal program, with 87% saying it is “very” or “somewhat” important to the state (61% “very”). Half (48%) say Medi-Cal is “very” or “somewhat” important to themselves and their family (32% “very”) (Figure 58). There is strong support for the program across racial and ethnic groups, income levels, and political party affiliations (Figure 59).

**Figure 58. Nine in 10 Californians Say Medi-Cal Is Important to the State — Half Say It Is Important to Them and Their Family**

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



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options.

**Figure 59. Across Racial and Ethnic, Income, and Party Lines, Californians Think Medi-Cal Is Important to the State**

PERCENTAGE WHO SAY THAT MEDI-CAL IS “VERY” OR “SOMEWHAT” IMPORTANT TO CALIFORNIA



Notes: CHCF/NORC California Health Policy Survey (September 27, 2021–November 17, 2021). See topline for full question wording and response options. *FPL* is federal poverty level.

## Appendix A: Survey Methodology

The California Health Care Foundation California Health Policy Survey was conducted September 27, 2021, through November 17, 2021, via a mixed AmeriSpeak Panel ( $n = 1,399$ ) and address-based sample (ABS) ( $n = 282$ ) design among a random representative sample of 1,681 adults age 18 and older living in California. Interviews were administered in English ( $n = 1,647$ ) and Spanish ( $n = 34$ ). Sampling, data collection, weighting, and tabulation were managed by NORC at the University of Chicago in close collaboration with California Health Care Foundation (CHCF) researchers. CHCF paid for all costs associated with the survey, and both NORC and CHCF worked together to design the survey and to analyze the results.

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

To qualify for the study, all AmeriSpeak California respondents 18 and older invited to take the survey needed to confirm that they were currently residing in California. Most of the AmeriSpeak sampled panelists completed the survey via the web, with a small proportion completing the survey by phone with NORC telephone interviewers.

The address-based sample was randomly drawn from a sampling frame defined by the United States Postal Service's Computerized Delivery Sequence File, which is licensed by NORC. This database covers nearly all households in the US. To augment Asian and Black populations in the survey, the ABS frame was stratified into four mutually exclusive categories to allow accurate representation of the California adult population. This was accomplished by appending auxiliary data from commercial address databases to the ABS frame to construct four sampling strata: (1) addresses with a high proportion identifying as Asian, (2) addresses with a high proportion identifying as Black, (3) addresses with a high proportion identifying as Asian and Black, and (4) all other addresses. Only addresses identified in sampling strata 1–3 were selected and fielded in order to achieve an augmented ABS sample of Asian and Black Californians for this survey. New this year, an independent ABS sample of rural addresses in California was also selected and fielded to augment the number of rural completes.

All ABS sample were sent an invitation letter including a web link to complete the survey online and a toll-free number for which respondents could call to complete the survey with a telephone interviewer. A \$2 pre-incentive was included for the mailed invitations ( $n = 8,269$ ). Respondents were offered a \$10 post-incentive if they completed the survey before October 25, 2021. NORC sent one reminder letter, which included a survey web link and a unique participant code, around one week after the initial mailing and then followed up with a final postcard reminder and telephone calls about two weeks after the initial mailing to households whose address could be matched to a listed cellphone or landline telephone directory.

To qualify for the study, all ABS respondents needed to confirm that they were adults, age 18 or older, and currently residing in California.

A series of data quality checks were run on the final data, which resulted in 19 completes being removed. A multistage weighting design was applied to ensure accurate representation of the California adult population. The first stage of weighting included adjustments to the AmeriSpeak and ABS samples for their unique sample designs. Subsequent weighting steps included an adjustment to account for ABS undeliverable mailings, construction of weights for the combined AmeriSpeak and ABS samples, and an adjustment for nonresponse to the screener qualification questions on age and California residency. Finally, the combined AmeriSpeak and ABS sample weights underwent demographic adjustment via poststratification raking to balance the sample to match known adult population totals based on the US Census Bureau's 2021 Current Population Survey March Supplement. Demographic benchmark distributions utilized in the raking included age, race/Latinx ethnicity, region, in California, and household income relative to 200% of the federal poverty level. Next, to reduce the possibility that single cases could affect the data too excessively and to keep variance relatively low, the weights were truncated at the 5th and 90th percentile points of their distribution.

The margin of sampling error including the design effect for the full sample for an estimated percentage of 50% is plus or minus 3.5 percentage points. For results based on percentages other than 50%, the margins of sampling error are typically lower. For results based on specific subgroups, the margins of sampling error may be higher. Note that sampling error is only one of the many potential sources of error in this and any other public opinion poll.

## Appendix B: California Regions

For this report, regions were defined as follows:

- **Bay Area:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties
- **Inland Empire:** Riverside and San Bernardino Counties
- **Los Angeles:** Los Angeles County
- **Northern & Sierra:** Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba Counties
- **South Coast:** Imperial, Orange, and San Diego Counties