



The 2023 CHCF California Health Policy Survey

FEBRUARY 2023



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About the Authors

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About the Foundation

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

About the Survey

The California Health Care Foundation California Health Policy Survey was conducted September 30, 2022, through November 1, 2022, via a mixed AmeriSpeak Panel ($n = 1,522$) and address-based sample ($n = 217$) design among a random, statistically representative sample of 1,739 adults age 18 and older living in California. Interviews were administered in English ($n = 1,430$) and Spanish ($n = 309$). A multistage weighting design was applied to ensure accurate representation of the California adult population. More details on survey methods are 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 nearly 40 million people of different incomes, ages, and racial and ethnic backgrounds, and who live in different regions. Annually since 2019, the California Health Care Foundation has conducted a representative, statewide survey of residents' views and experiences on a variety of health care topics, some of which are tracked to detect meaningful shifts over time.

The California Health Care Foundation and NORC at the University of Chicago, a nonpartisan research organization, conducted the survey again in late 2022. Results are reported and, where applicable, compared to the [prior annual survey](#), which was conducted in late 2021.

Key findings from this year's survey include:

- Californians' top health policy priorities are making sure people with mental health problems get the treatment they need, making sure state and county public health departments have the resources they need, and making sure there are enough doctors, nurses, and other health care providers across California.
- Like prior years, half of Californians (52%) report skipping or delaying health care due to cost in the past 12 months. More than one in three (36%) report having some medical debt, and of those with medical debt, one in five (19%) report owing \$5,000 or more.
- More than four in 10 Californians (44%) report trying to make an appointment for physical health care in the past 12 months. Of those, almost half (47%) report waiting longer than they thought was reasonable.
- One in five Californians (21%) report trying to make an appointment for mental health care in the last 12 months. Of those, more than half (53%) report waiting longer than they thought reasonable.
- More than half of Californians (54%) experienced at least one negative interaction with a health care provider in the last few years. Black and Latino/x Californians were more likely (69% and 62%, respectively) to report having negative experiences than White and Asian Californians (48% each).

Section 1. Priorities for California State Government

Californians were asked about overall priorities for the governor and state legislature to address in 2023. Sixty-two percent identify addressing inflation and the rising cost of goods as “extremely” important for the governor and state legislature to tackle in the coming year (Figure 1). More than half say making housing more affordable (57%), making health care more affordable (54%), and improving public education (51%) are “extremely” important priorities. More than four of 10 say addressing homelessness (50%), addressing wildfires (46%), addressing climate change (43%), and attracting and retaining businesses and jobs (42%) are “extremely” important for the governor and legislature to address. Fewer see infrastructure improvements (37%), addressing racial inequality (31%), and addressing COVID-19 (25%) as “extremely” important priorities.

Californians’ policy priorities for the governor and legislature have remained stable over the past year on most issues. However, there are a few key changes. The percentage of Californians who say making housing more affordable is “extremely” important jumped to 57% from 49% in last year’s poll. In addition, addressing wildfires topped the list of priorities last year, with 54% saying it’s “extremely” important. This year, it has fallen to 46%. The largest year-over-year difference is in addressing COVID-19. Last year, 46% of Californians saw it as an “extremely” important issue for the governor and legislature to address. This year, 25% say the same.

When it comes to priorities among different racial and ethnic groups, Black Californians are more likely than Latino/x, White, and Asian Californians to want the governor and legislature to prioritize making health care more affordable, addressing homelessness, addressing racial inequality, and addressing COVID-19 (Figure 2). Latino/x and Black Californians are more likely than Asian and White Californians to want policymakers to prioritize making housing more affordable.

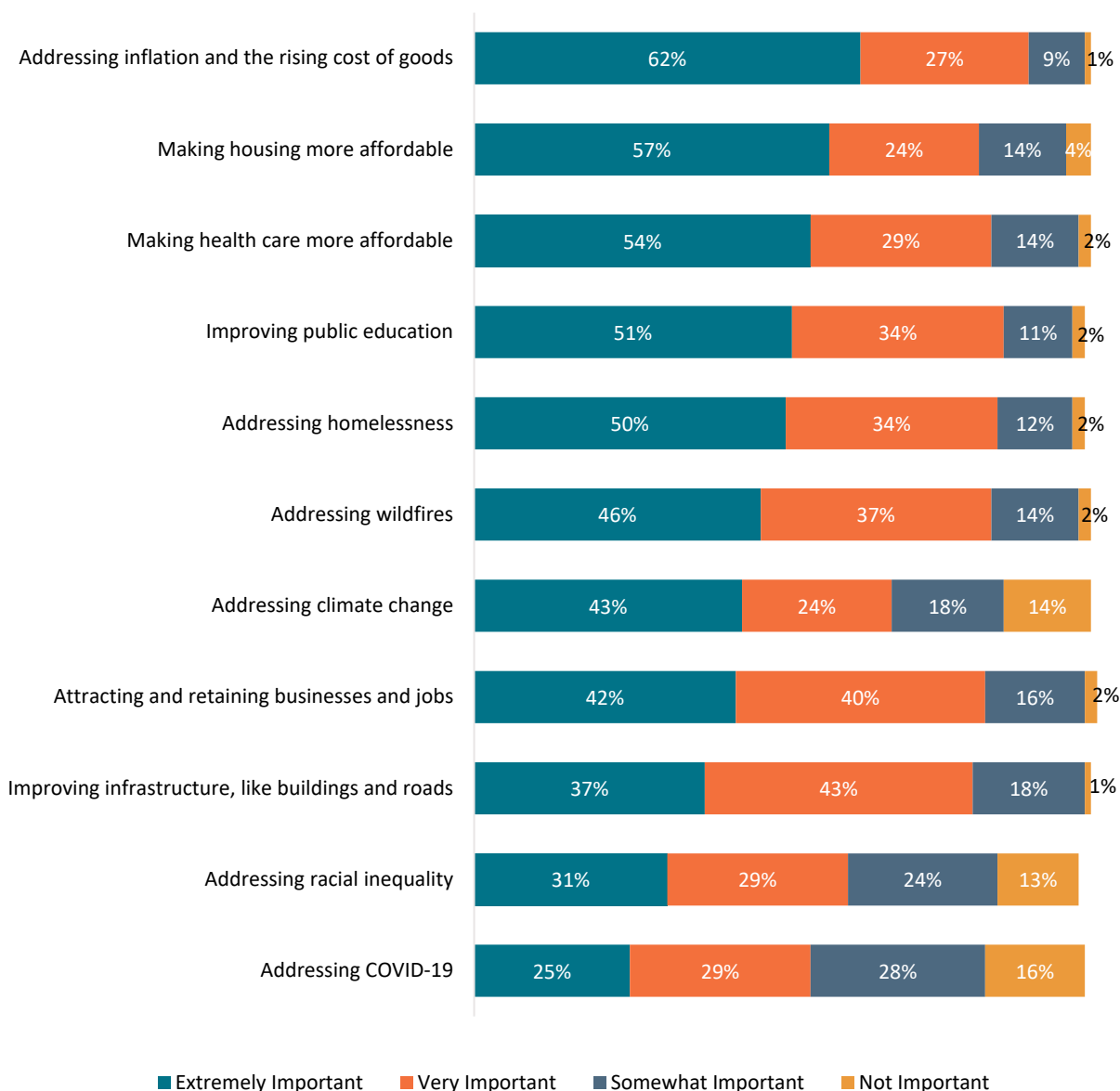
Those with incomes of less than 200% of the federal poverty level are more likely than those with incomes of 200% or more of the federal poverty level to say making health care more affordable (90% vs. 79%), making housing more affordable (89% vs. 77%), addressing racial inequality (68% vs. 56%), and addressing COVID-19 (63% vs. 48%) are “extremely” or “very” important issues for the governor and legislature to prioritize (Figure 3). Those with incomes of 200% or more of the federal poverty level are more likely than those with lower incomes to say addressing wildfires is an “extremely” or “very” important priority.

Addressing inflation and the rising cost of goods is a high priority for both Democrats and Republicans, with 88% from each party saying it’s “extremely” or “very” important for the governor and legislature to work on it in the coming year (Figure 4). Republicans and Democrats are also closely aligned when it comes to infrastructure improvement. Beyond those two issues, however, there are significant gaps in priorities, with the largest differences being on the issues of climate change, COVID-19, and racial inequality. Eighty-seven percent of Democrats say

addressing climate change is “extremely” or “very” important compared with 34% of Republicans. Sixty-eight percent of Democrats say addressing COVID-19 is “extremely” or “very” important, while 32% of Republicans say the same. Seventy-eight percent of Democrats say addressing racial inequality is “extremely” or “very” important compared with 29% of Republicans.

Figure 1. Almost Two in Three Californians Identify Addressing Inflation as an Extremely Important Priority

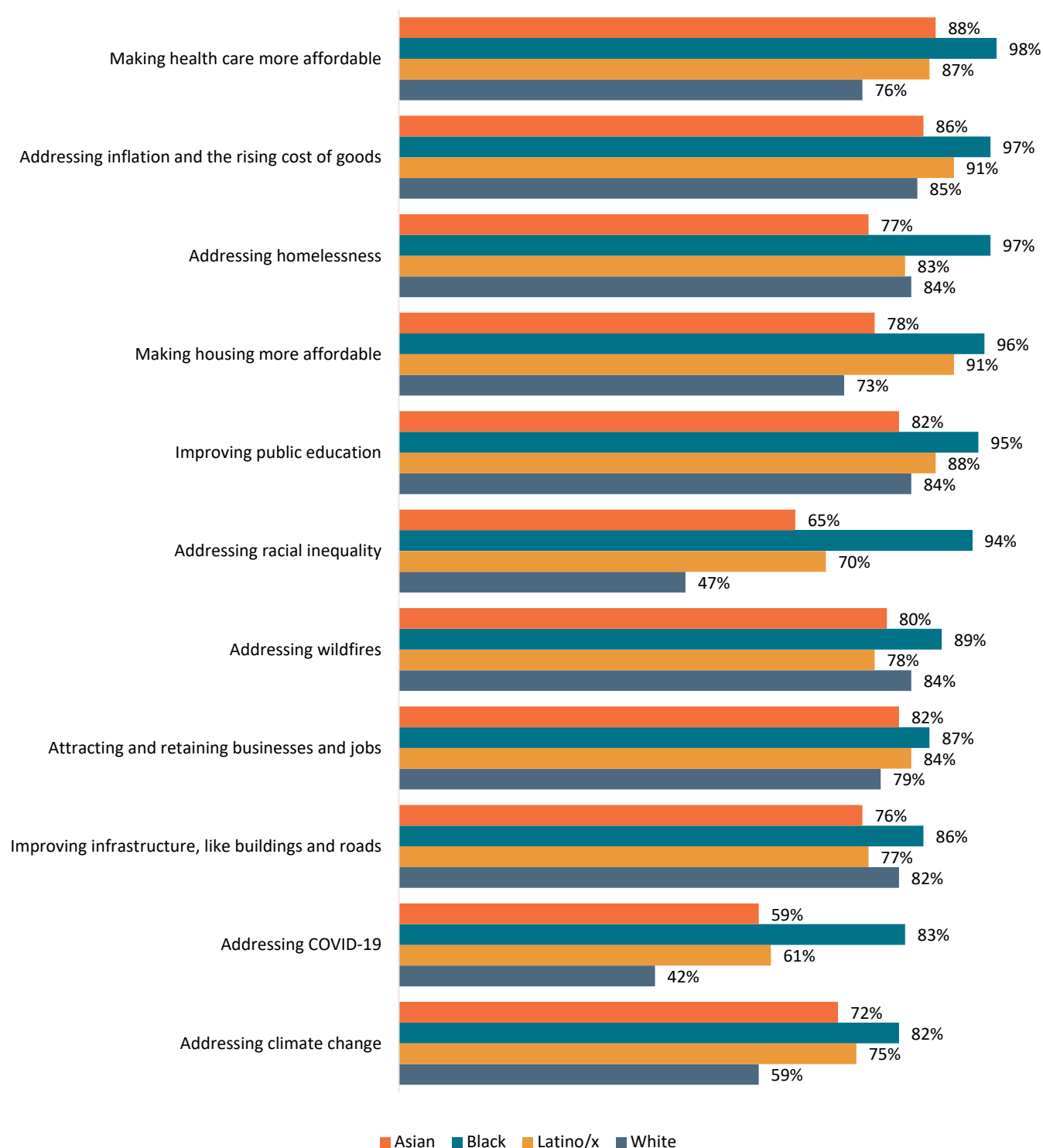
PERCENTAGE OF CALIFORNIANS WHO SAY IT IS “EXTREMELY,” “VERY,” “SOMEWHAT,” OR “NOT” IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2023



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Figure 2. More Than Eight in 10 Black Californians See Each Issue as “Extremely” or “Very” Important

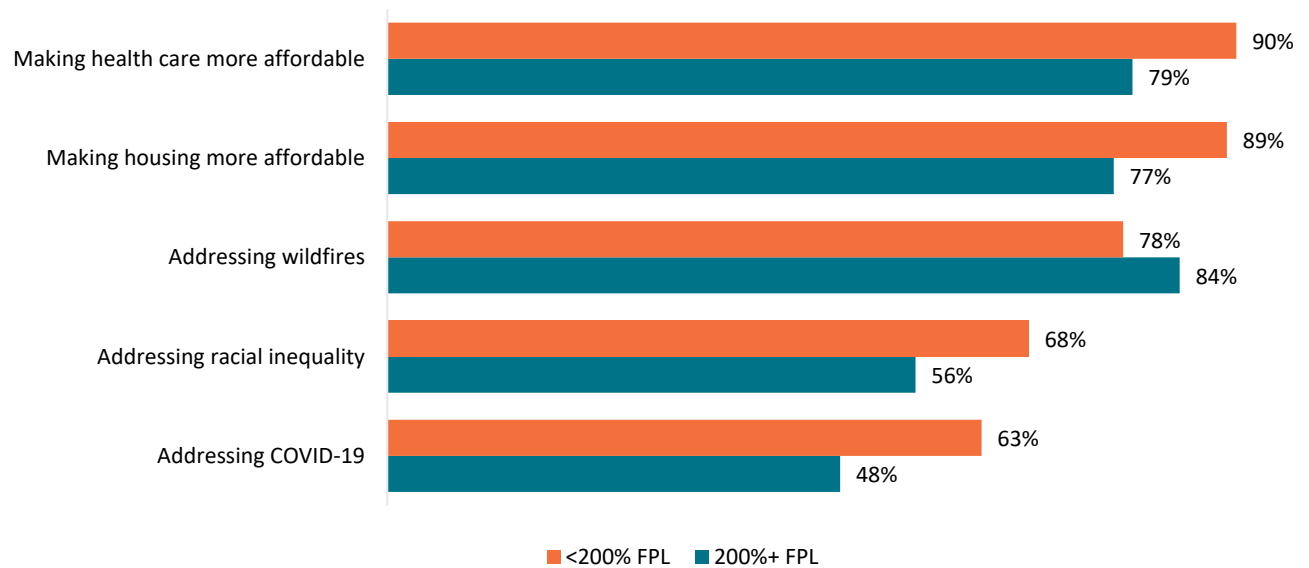
PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 3. Nine in 10 Californians with Lower Incomes Would Like the Governor and Legislature to Work on Making Health Care and Housing More Affordable

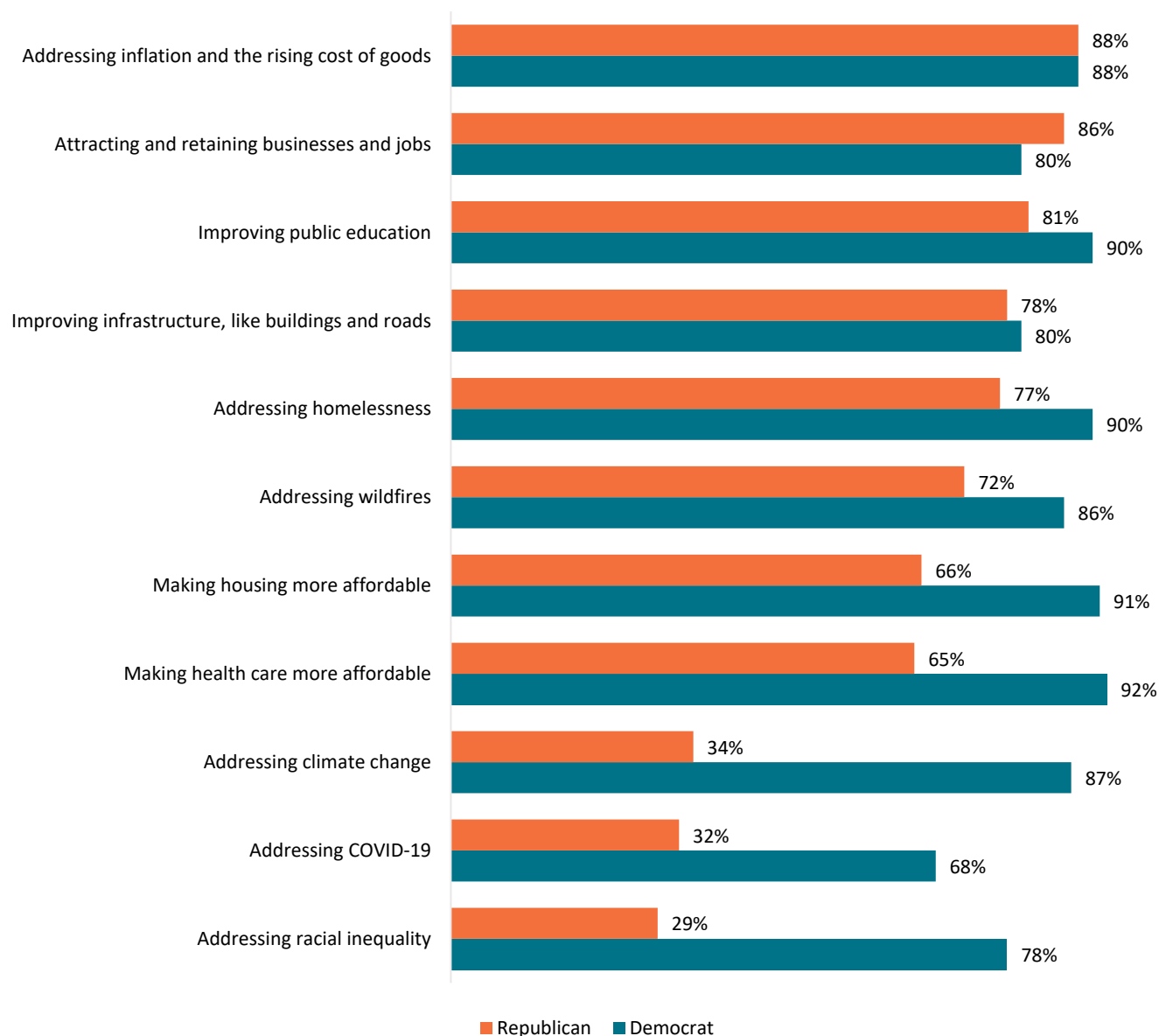
PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 4. Similar Proportions of Republicans and Democrats Identify Addressing Inflation as a Policy Priority

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Health Care Priorities

Half of Californians (50%) say it is “extremely” important for the governor and legislature to work on making sure people with mental health problems can get the treatment they need (Figure 5). Similar proportions identify making sure state and county public health departments have the resources they need to respond to emergencies (49%), making sure there are enough

doctors, nurses, and other health care providers across California (49%), and lowering the amount people pay for health care (48%) as “extremely” important priorities.

About four in 10 Californians identify making sure people have access to reproductive health care including abortion (41%); making information about the price of doctor visits, tests, and procedures more available to patients (40%); funding health care, including mental health services, for people experiencing homelessness (39%); and reducing differences in health care quality between racial and ethnic groups (38%) are “extremely” important priorities. Thirty-four percent of Californians say making sure people with alcohol and drug use problems can get the treatment they need is an “extremely” important priority. Sixteen percent of Californians say decreasing state government spending on health care is an “extremely” important priority for the governor and legislature to address.

While attitudes on policy priorities have remained generally stable in recent years, attitudes on two items have shifted since last year. The percentage of Californians who say funding health care, including mental health services, for people experiencing homelessness is “extremely” important has increased to 39%, up from 35% a year ago. The percentage of Californians who say reducing differences in health care quality between racial and ethnic groups is “extremely” important has increased to 38%, up from 33% last year.

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, 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 reducing differences in health care quality between racial and ethnic groups, where 95% of Black Californians say it is an “extremely” or “very” important issue to be addressed compared to 77% of Latino/x Californians, 67% of Asian Californians, and 54% of White Californians (Figure 6).

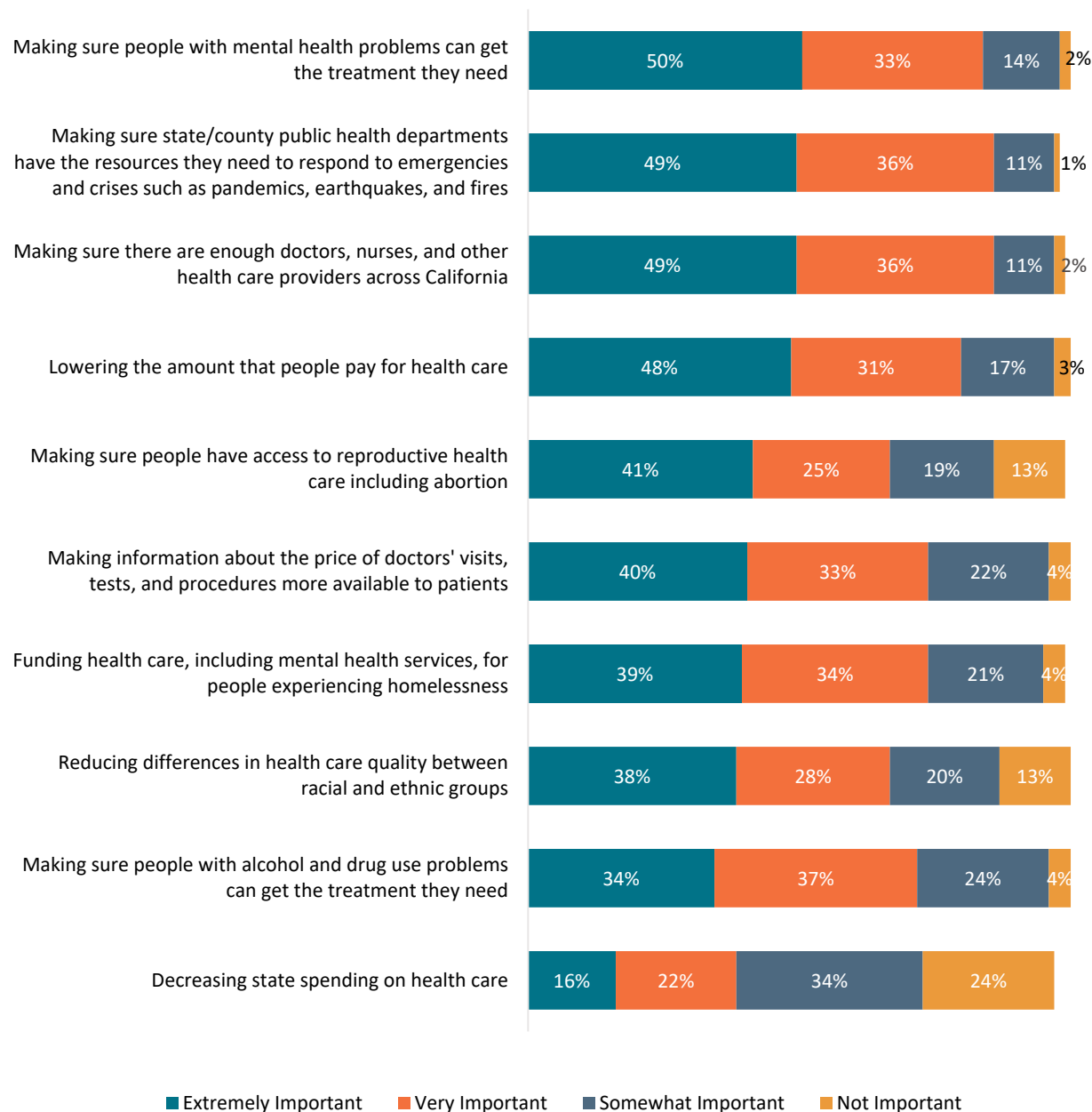
For every item except one, more than half of Californians with lower incomes say each policy priority is “extremely” or “very” important. In addition, Californians with low incomes are more likely than those with higher incomes to think each item is “extremely” or “very” important. The largest differences are in funding health care, including mental health care for people experiencing homelessness (82% compared to 69%) and reducing differences in health care quality between racial and ethnic groups (75% compared to 62%) (Figure 7).

While there are substantial differences between Californians who identify as Republican and those who identify as Democrats in terms of health care priorities, large proportions of both groups say making sure California health departments have the resources to respond to the next public health crisis, making sure there are enough health care workers in California, and making sure people with mental health problems can get the treatment they need are important (Figure 8). The largest differences in policy prioritization among Republicans and Democrats are around reducing differences in health care quality between racial and ethnic groups (83% of Democrats say this is an “extremely” or “very” important priority compared

with 38% of Republicans) and making sure people have access to reproductive health care, including abortion (82% of Democrats say this is an “extremely” or “very” important priority compared with 35% of Republicans).

Figure 5. Half of Californians Say Ensuring That People with Mental Health Problems Can Get the Treatment They Need Is an Extremely Important Health Policy Priority

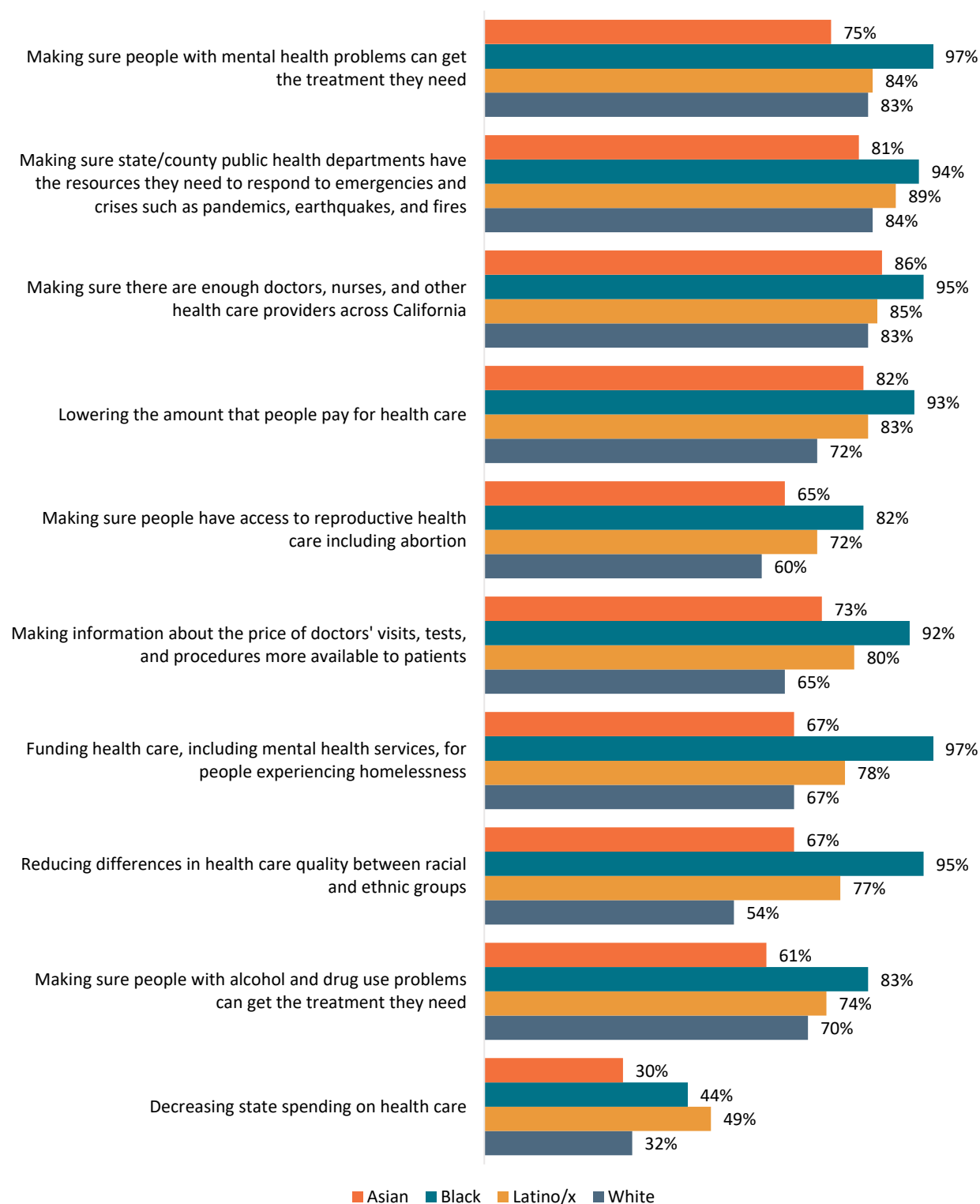
PERCENTAGE OF CALIFORNIANS WHO SAY IT IS “EXTREMELY,” “VERY,” “SOMEWHAT,” OR “NOT” IMPORTANT FOR CALIFORNIA’S GOVERNOR AND LEGISLATURE TO WORK ON EACH OF THESE AREAS IN 2023



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

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

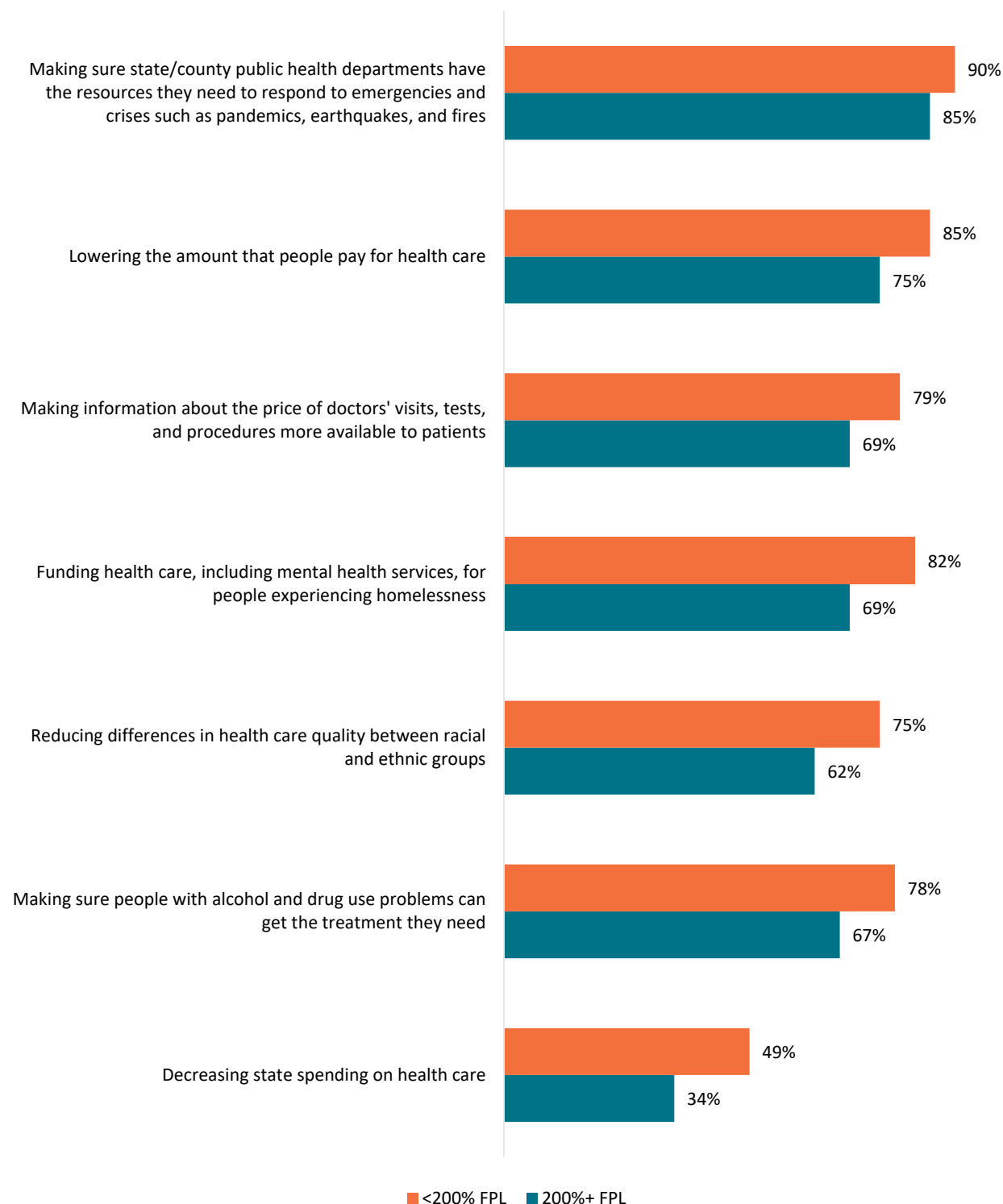
PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 7. Larger Proportion of Californians with Lower Incomes Say Health Policy Priorities Are “Extremely” or “Very” Important

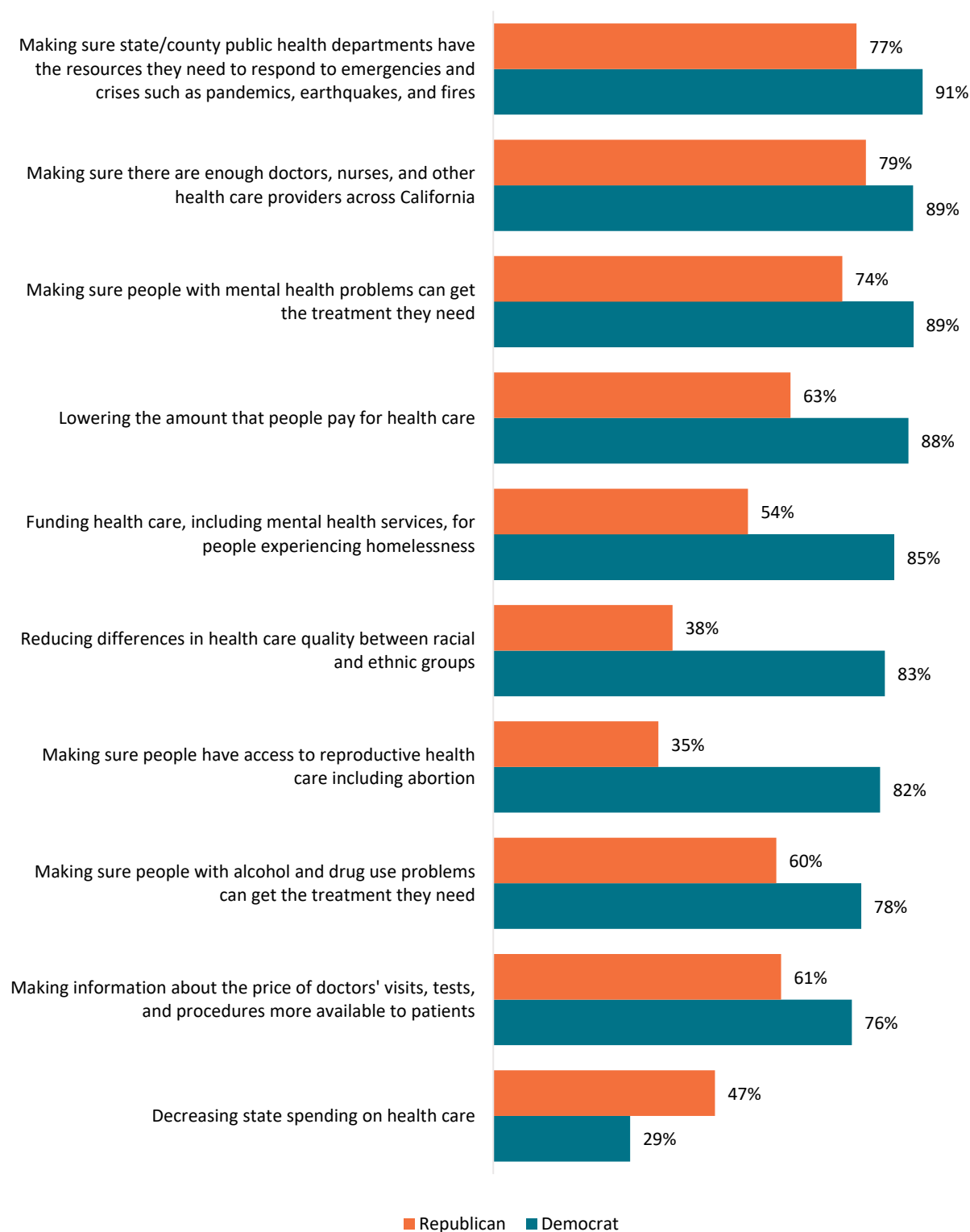
PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 8. There Are Large Partisan Gaps in Californians' Health Care Priorities

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS "EXTREMELY" OR "VERY" IMPORTANT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

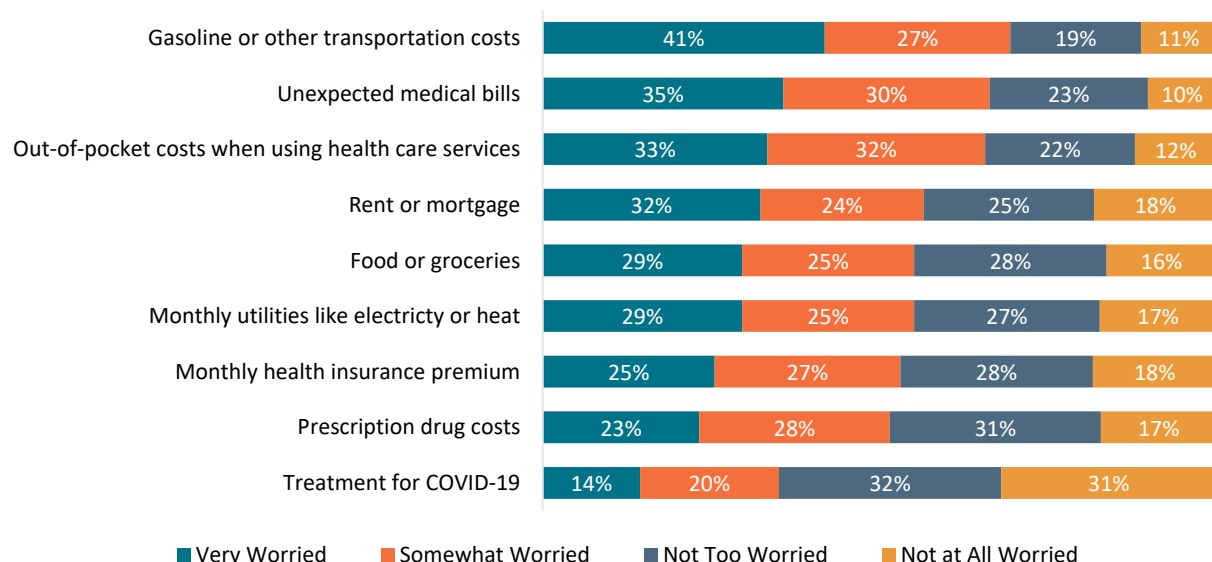
Section 2. Health Care Affordability

Like last year's poll, more than eight in 10 Californians (83%) report that making health care more affordable is an “extremely” or “very” important priority for California’s governor and legislature to work on in 2023. Nearly two-thirds of Californians (65%) report they are “very” or “somewhat” worried about unexpected medical bills. The proportion of Californians “very” worried about unexpected medical bills has grown from 30% last year to 35% this year. Similarly, two in three Californians (65%; 33% “very”) are worried about out-of-pocket health care costs (Figure 9).

Nearly seven in 10 Californians (68%; 41% “very”) report worry over being able to afford gasoline and other transportation costs, a significant increase from last year, when 52% (25% “very”) were worried about affording gasoline and other transportation costs. Half of Californians are worried about affording rent or mortgage (56%; 32% “very”), food or groceries (54%; 29% “very”), monthly utilities like electricity or heat (54%; 29% “very”), and prescription drugs (51%; 23% “very”). A smaller share of Californians are worried about affording treatment for COVID-19 (34%; 14% “very”). Californians are reporting more worry in all areas related to affordability this year compared to last year, except for worries about affording treatment for COVID-19. For that specific issue, the share of Californians expressing worry fell to 34% from 40% last year. Across all measures, Californians with lower incomes are more worried about affording health and basic expenses compared to those with higher incomes (Figure 10).

Figure 9. Nearly Two Out of Three Californians Worried About Unexpected Medical Bills and Out-of-Pocket Costs

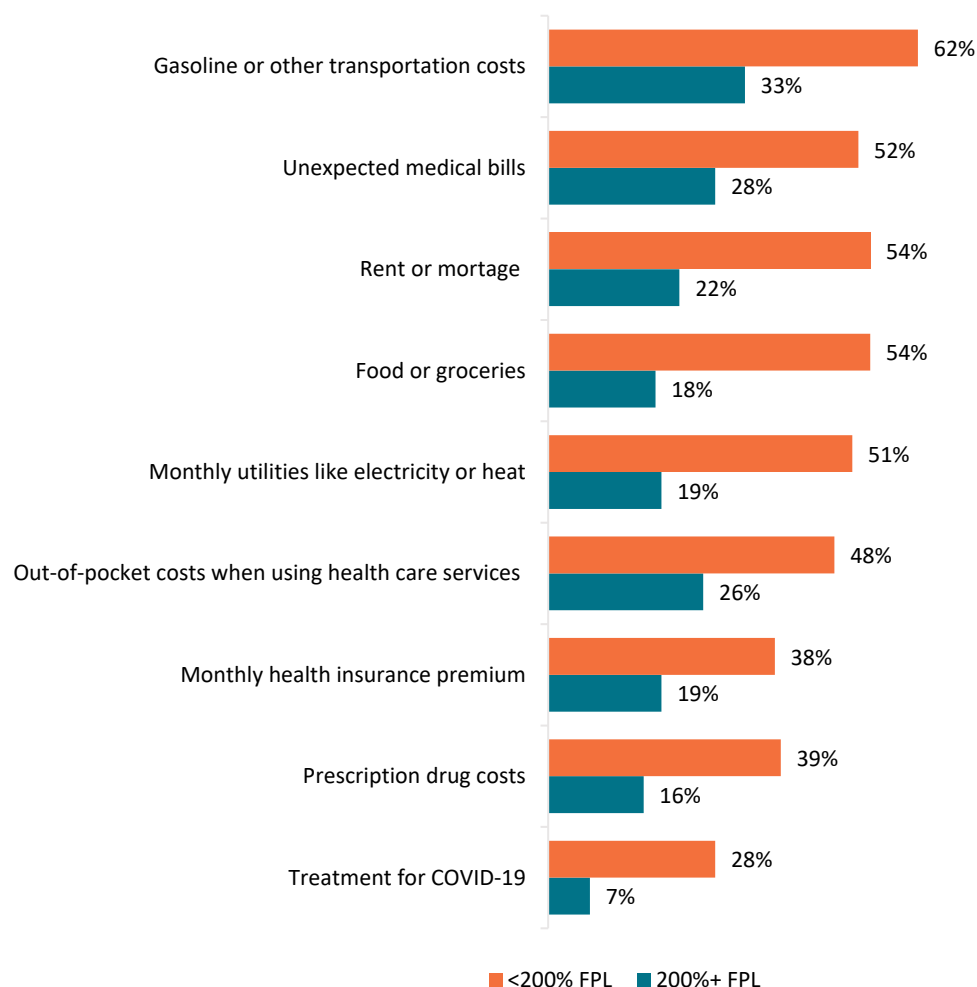
Q: HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR YOU AND YOUR FAMILY?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). 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



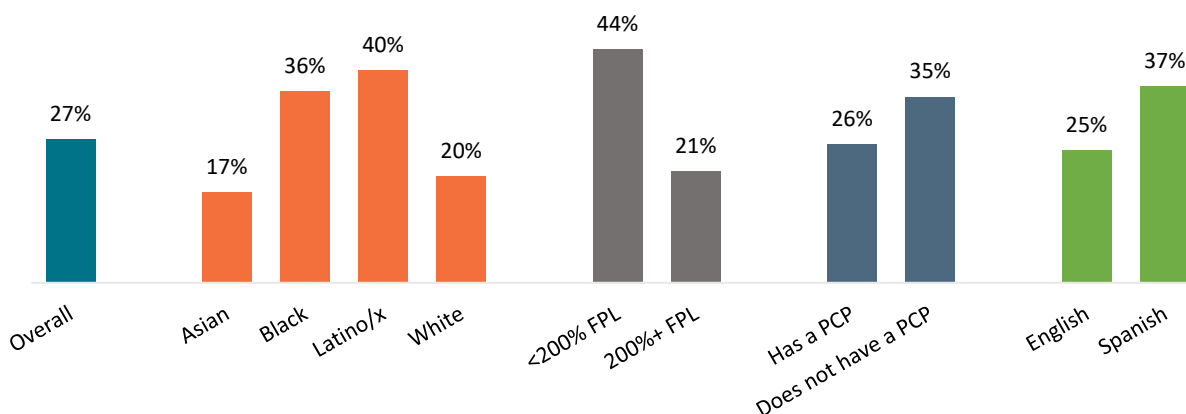
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

About one in four Californians (27%) 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 (Figure 11). When looking at differences by race and ethnicity, Latino/x Californians are most likely to experience problems paying for medical bills (40%), followed by people who are Black (36%), White (20%), or Asian (17%). Californians with lower incomes are more than twice as likely to report having problems paying medical bills compared to Californians with higher incomes (44% compared to 21%). Those who do not have a primary care provider are more likely than those who do (35% compared to 26%), and Spanish speakers are more likely to have problems paying medical bills than those who speak English (37%

compared to 25%). A higher percentage of Latino/x Californians say they had problems paying medical bills this year compared to last year (40% compared to 32%).

Figure 11. A Quarter of Californians Report Problems Paying Medical Bills in the Last Year; Latino/x, Black, Low-Income Californians Are More Likely to Experience This Than Others

PERCENTAGE WHO SAY THAT THEY OR SOMEONE IN THEIR FAMILY HAD PROBLEMS PAYING OR COULDN'T 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 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level. *PCP* is primary care provider.

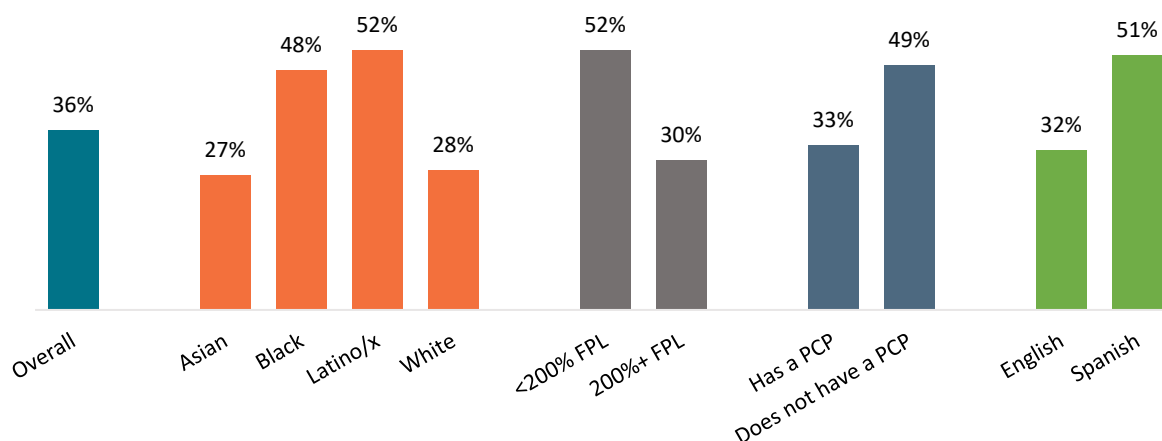
More than one in three Californians (36%) report having medical debt (Figure 12). Latino/x Californians (52%) and Black Californians (48%) were more likely to report having medical debt than White Californians (28%) and Asian Californians (27%). Californians with lower incomes (52%) are more likely than those with higher incomes (30%) to report medical debt. Also, those who speak Spanish (51%) and those who do not have a primary care provider (49%) were more likely than those who speak English (32%) and those who have a primary care provider (33%) to report medical debt.

When asked about what kind of medical debt they have, two in 10 Californians report owing debt to a bank, collection agency, or other lender (20%), having medical or dental bills on a credit card (19%), paying off medical or dental bills directly to a provider (19%), and having medical or dental bills that are past due or they are unable to pay (17%) (Figure 13). Fewer Californians report owing medical debt to a family member or friend (12%).

Californians with lower incomes report having each type of medical debt more often than Californians with higher incomes. The most common type of medical debt for Californians with lower incomes, reported by more than one-third (35%), is medical or dental bills that are past due or that they cannot pay.

Figure 12. More Than One in Three Californians Report Medical Debt

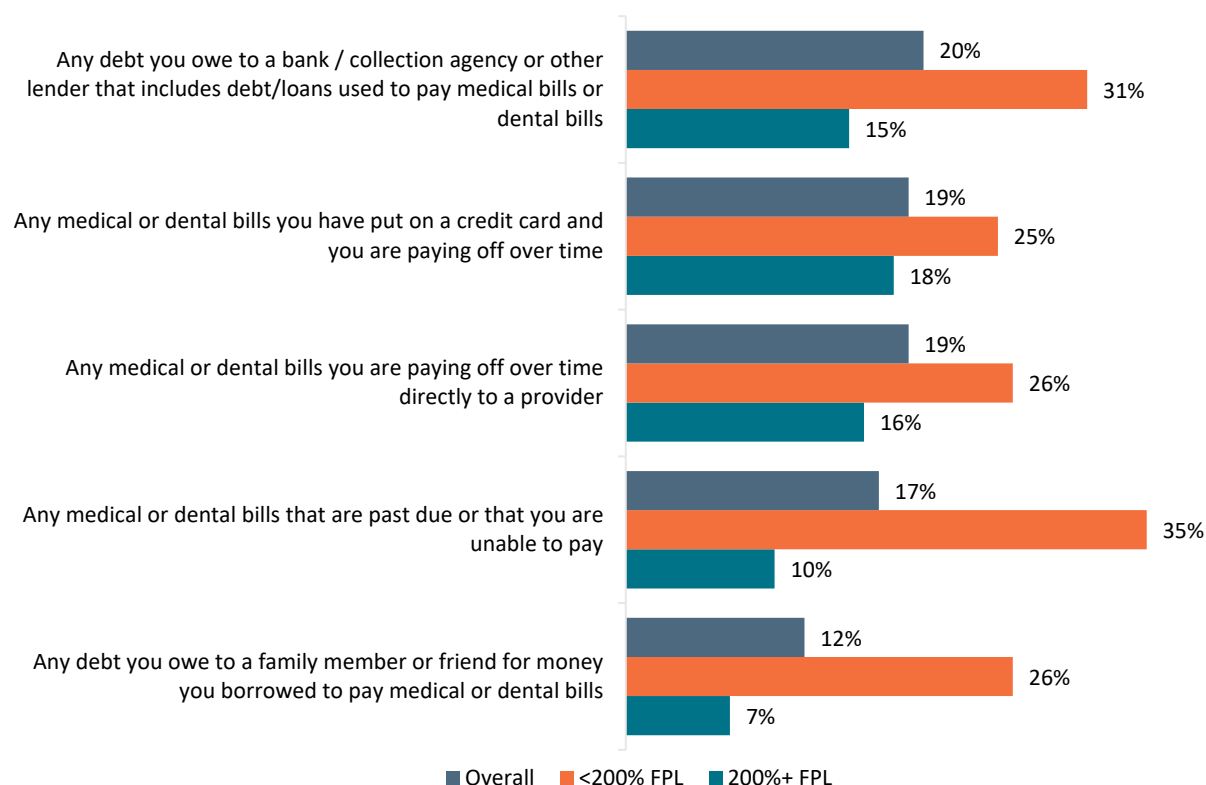
PERCENTAGE WHO SAY THEY HAVE ANY TYPE OF MEDICAL DEBT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level. *PCP* is primary care provider.

Figure 13. Californians with Lower Incomes Are More Likely Than Others to Have Different Kinds of Medical Debt

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT

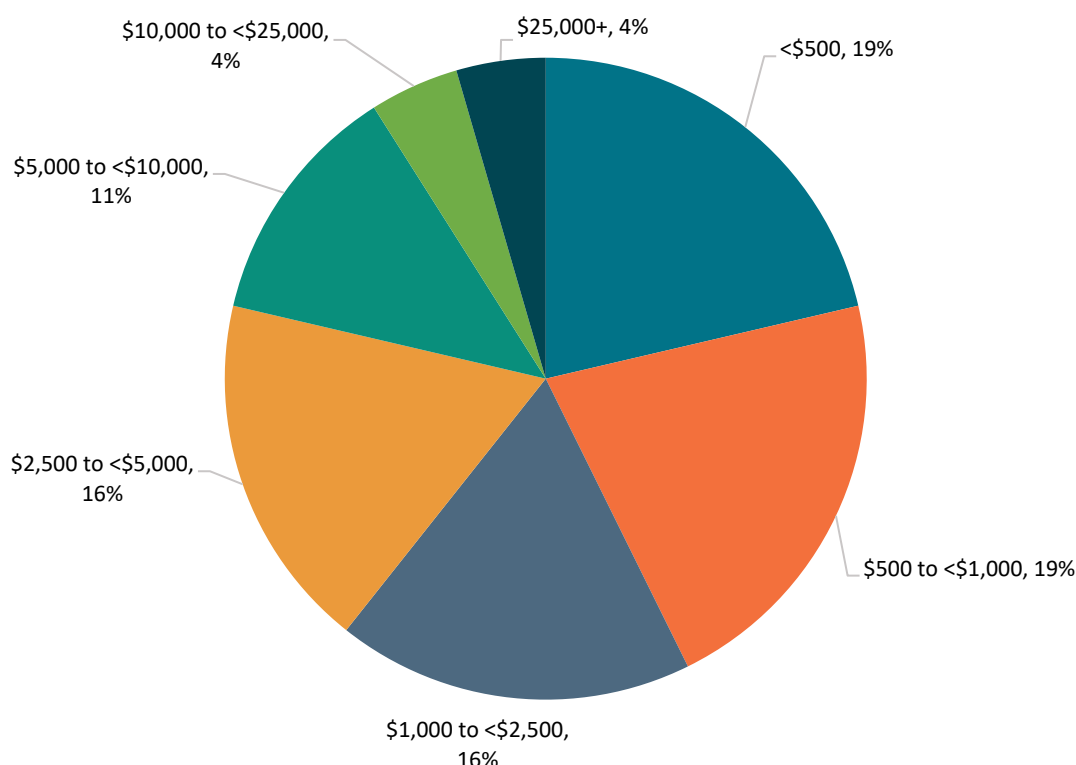


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Among Californians who report having some medical debt, two in 10 (19%) report debt of either “less than \$500” or “\$500 to less than \$1,000,” and 16% report debt of either “\$1,000 to less than \$2,500” or “\$2,500 to less than \$5,000” (Figure 14). Nearly 20% of Californians with medical debt report an amount of \$5,000 or more, with one in 10 (11%) reporting “\$5,000 to less than \$10,000” and 4% reporting either “\$10,000 to less than \$25,000” or “\$25,000 or more.” Six percent of Californians don’t know how much medical debt they have. The proportion of Californians with medical debt does not differ significantly among population subgroups other than income.

Figure 14. Nineteen Percent of Californians with Medical Debt Owe at Least \$5,000

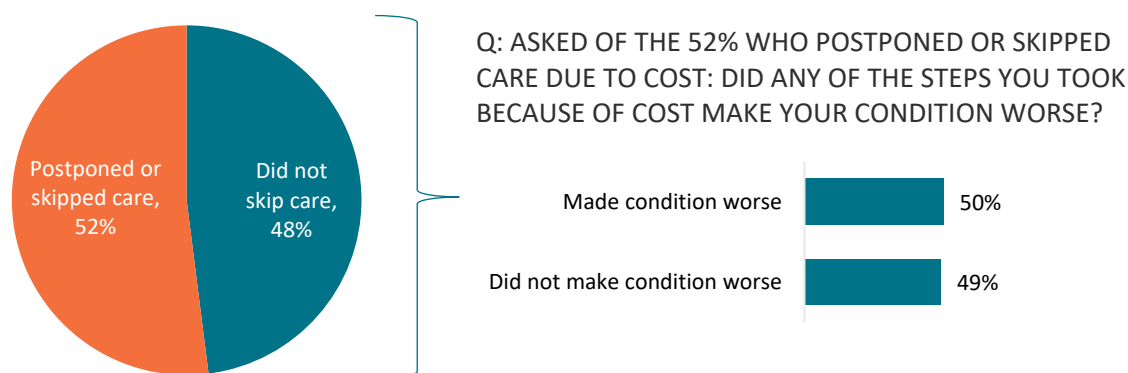
TOTAL AMOUNT OF MEDICAL DEBT CURRENTLY OWED



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

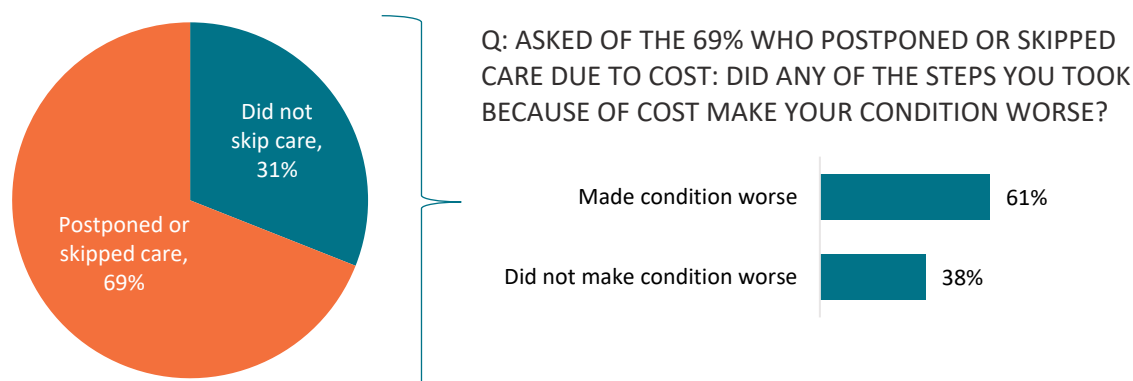
Like prior years, half of Californians (52%) report skipping or delaying at least one kind of health care due to cost in the past 12 months. Half of Californians who delayed care (50%) said their condition got worse as a result (Figure 15). Californians with lower incomes are more likely to delay care due to cost than those with higher incomes (69% compared to 45%). Six in 10 Californians with lower income who delayed care (61%) said their condition worsened as a result (Figure 16). Also, people who are Black (67%) or Latino/x (53%) are more likely than those who are White (47%) or Asian (35%) to report that skipping care due to cost made their condition worse.

Figure 15. 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 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Figure 16. Sixty-Nine Percent of Californians with Lower Incomes Skipped Health Care in the Past Year Due to Cost; Six in 10 Say Skipping Care Made Their Condition Worse

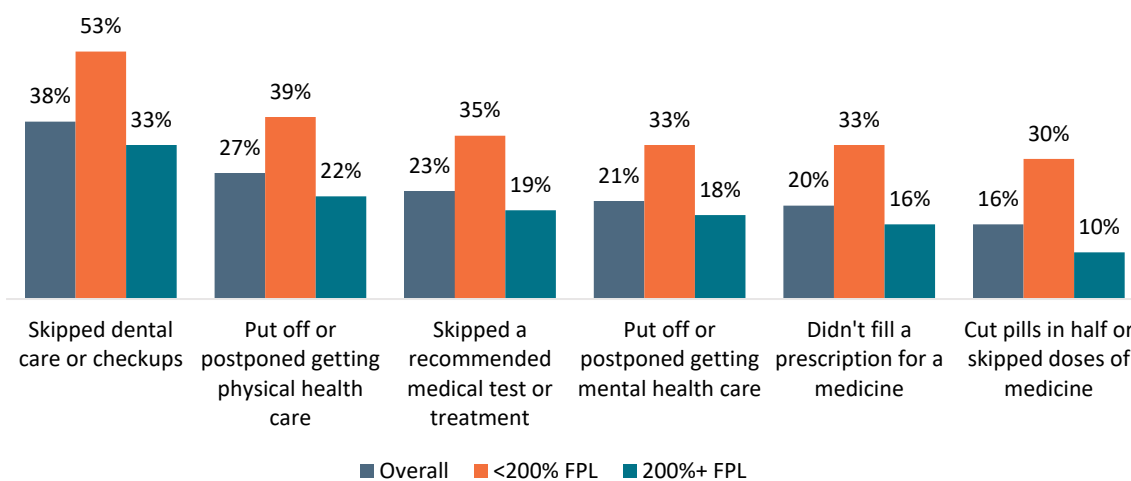


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Californians were asked whether they or a family member had skipped or delayed specific types of health care in the last 12 months. Thirty-eight percent report skipping dental care, 27% report delayed physical health care, 23% skipped recommended medical tests or treatment, 21% delayed mental health care, 20% did not fill a prescription, and 16% reported cutting pills in half or skipping doses. When examining differences by income, Californians with lower incomes are more likely to skip each of these care types compared to Californians with higher incomes (Figure 17). When looking at differences by race and ethnicity, Black and Latino/x Californians report higher skip and delay rates than those who are White or Asian (Figure 18).

Figure 17. Californians with Lower Incomes Are More Likely to Skip Care Because of Cost

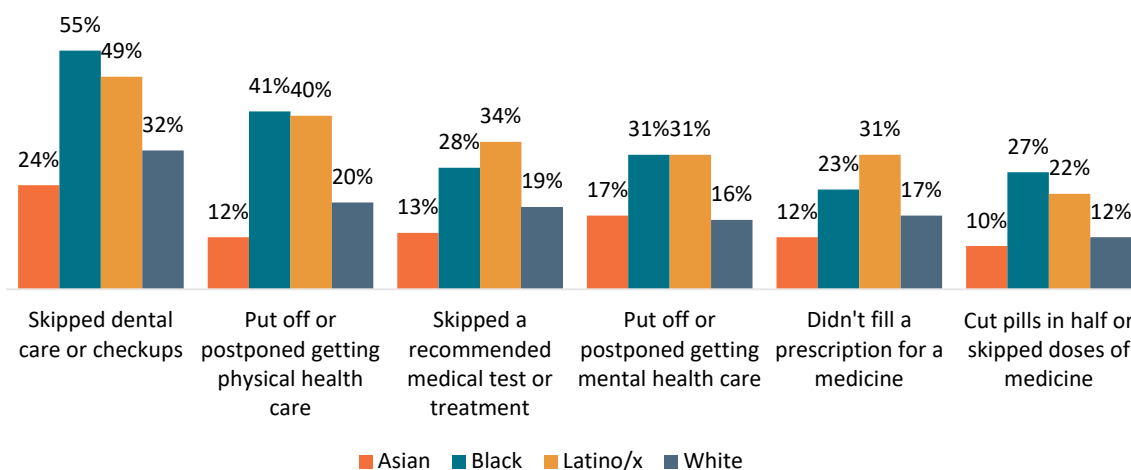
PERCENTAGE WHO SAY THAT THEY OR ANOTHER FAMILY MEMBER DID THE FOLLOWING BECAUSE OF COST IN THE LAST 12 MONTHS



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 18. Black and Latino/x Californians Are More Likely to Have Skipped Care Due to Cost; Half Skipped Dental Care and Four in 10 Postponed Physical Health Care

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



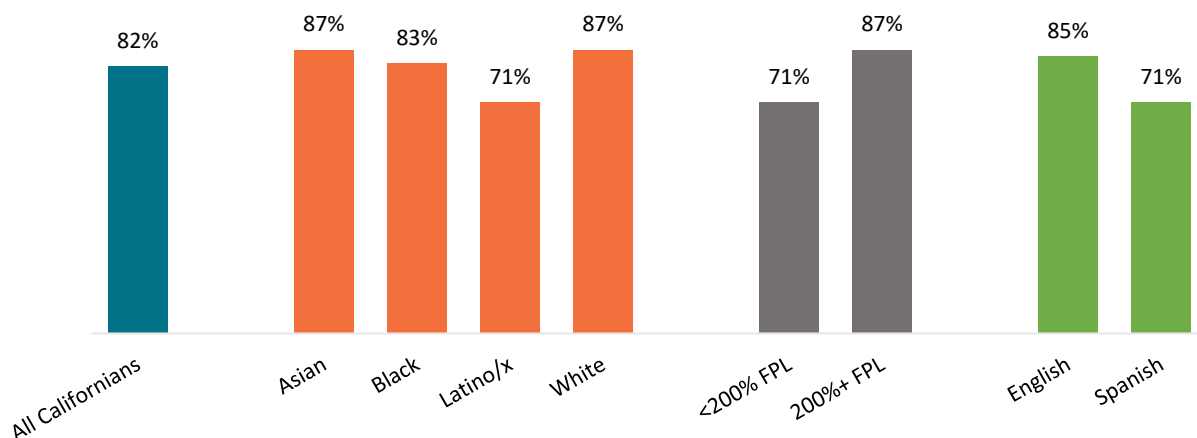
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Section 3. Access and Experiences with Health Care

Eight in 10 Californians (82%) say they have a regular doctor or health care provider they usually see when they are sick or need routine care, also called a primary care provider (PCP). Californians with higher incomes are more likely to say they have a PCP (87%) compared to those with lower incomes (71%). Latino/x Californians are less likely to say they have a PCP (71%) compared to Californians who are Asian (87%), White (87%), or Black (83%). English speakers are more likely than Spanish-speaking Californians to say they have a PCP (85% vs. 71%) (Figure 19).

Figure 19. Majority of Californians Have a Primary Care Provider, with Latino/x Californians and Californians with Lower Incomes Reporting Lower Rates

PERCENTAGE WHO REPORT THEY HAVE A PRIMARY CARE PROVIDER



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

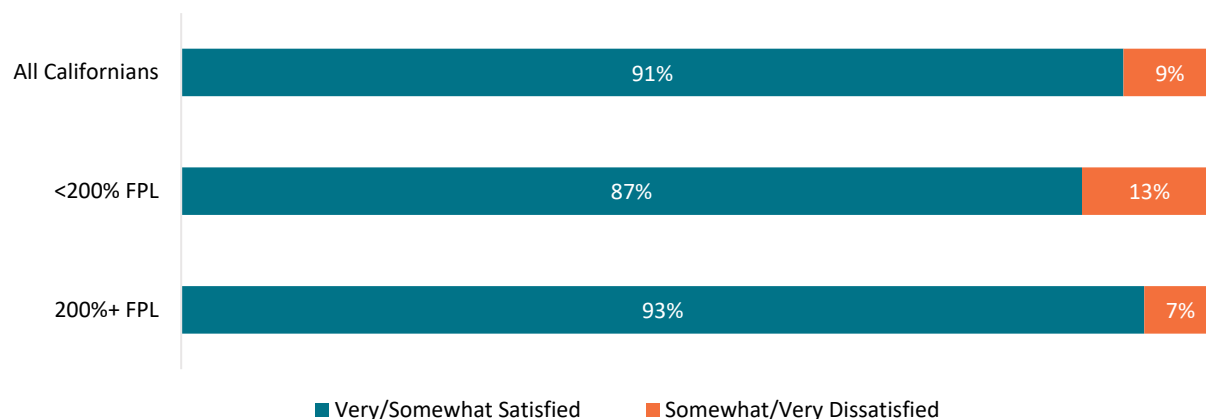
Californians with a PCP were asked how satisfied they are with their primary care provider. About nine in 10 Californians (92%) with a PCP say they are “very” or “somewhat” satisfied with their PCP. Californians with lower incomes reporting slightly lower levels of satisfaction (87% “very” or “somewhat” satisfied) than those with higher incomes (93%). Also, Californians with lower incomes are twice as likely to say they are “somewhat” or “very dissatisfied” with their PCP compared to those with higher incomes (13% compared to 7%) (Figure 20).

Californians with a PCP were also asked about their level of agreement with statements related to trust in their PCP. The majority of Californians with a PCP “strongly” or “somewhat” agreed that they can tell their PCP anything about their health (91%), that they trust their PCP’s judgment about their medical care (85%), and that their PCP knows them as a person (62%). Californians with higher incomes are more likely to report they can tell their PCP anything about their health compared to those with lower incomes (92% vs. 87%) and that they trust their PCP’s judgment about their medical care (88% vs. 73%) (Figure 21).

Black Californians are less likely to trust their PCP’s judgment about their medical care (72%) than Californians who are Asian (89%), White (87%), or Latino/x (82%) (Figure 22).

Figure 20. Californians with PCPs Are Satisfied with Their Providers

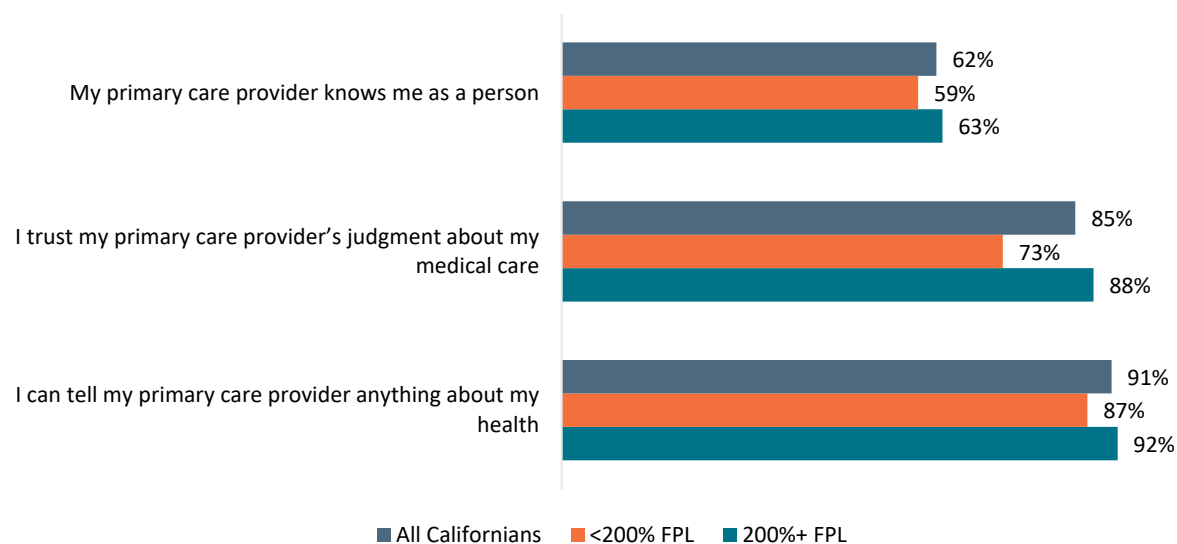
PERCENTAGE WHO SAY THEY ARE “VERY” OR “SOMEWHAT” SATISFIED WITH THEIR PRIMARY CARE PROVIDER



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Figure 21. Californians with Higher Incomes Who Have a PCP Are More Likely To Report Trust in Their PCP Compared to Those with Lower Incomes

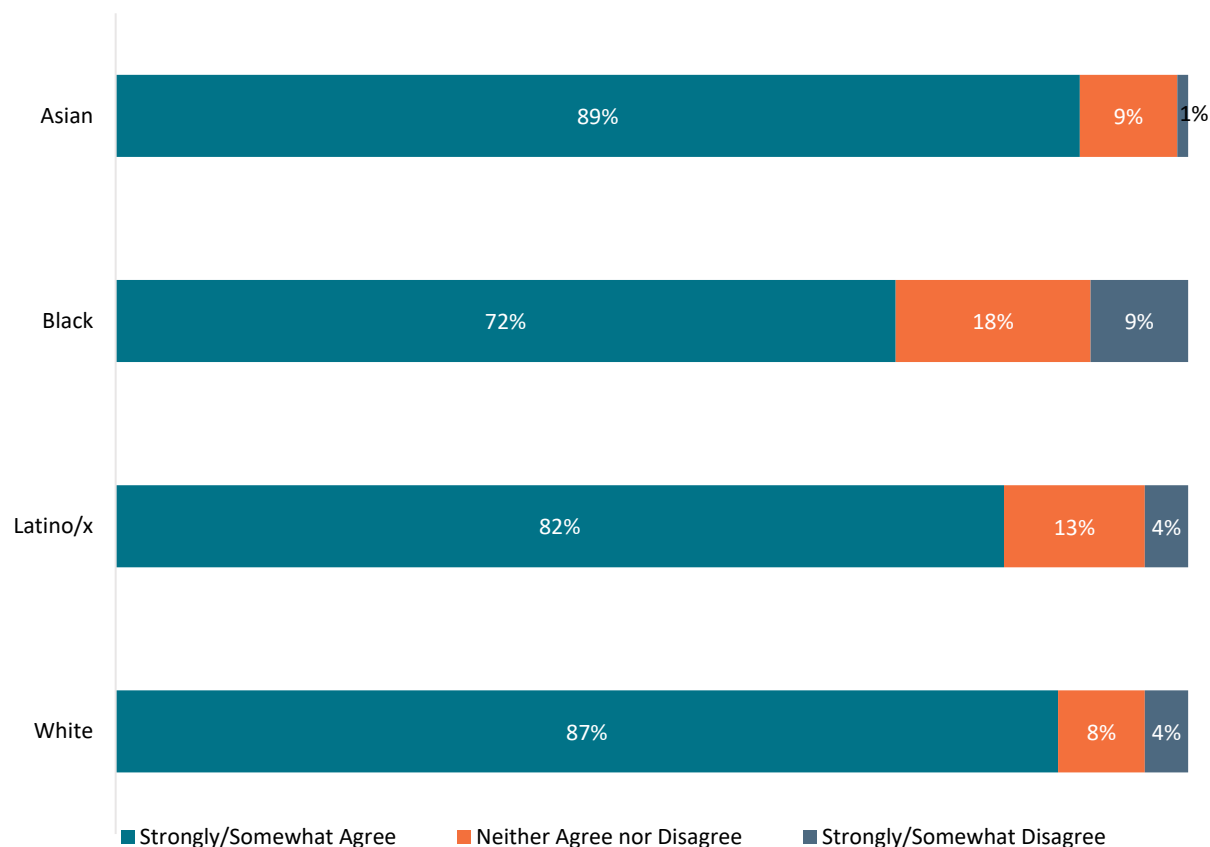
PERCENTAGE WHO SAY THAT THEY “STRONGLY” OR “SOMEWHAT” AGREE WITH THE FOLLOWING STATEMENTS



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 22. Black Californians Are Less Likely to Trust Their PCP’s Judgment About Their Medical Care Compared to Other Racial/Ethnic Groups

PERCENTAGE WHO SAY THEY “STRONGLY” OR “SOMEWHAT” AGREE THAT THEY TRUST THEIR PRIMARY CARE PROVIDER’S JUDGMENT ABOUT THEIR MEDICAL CARE

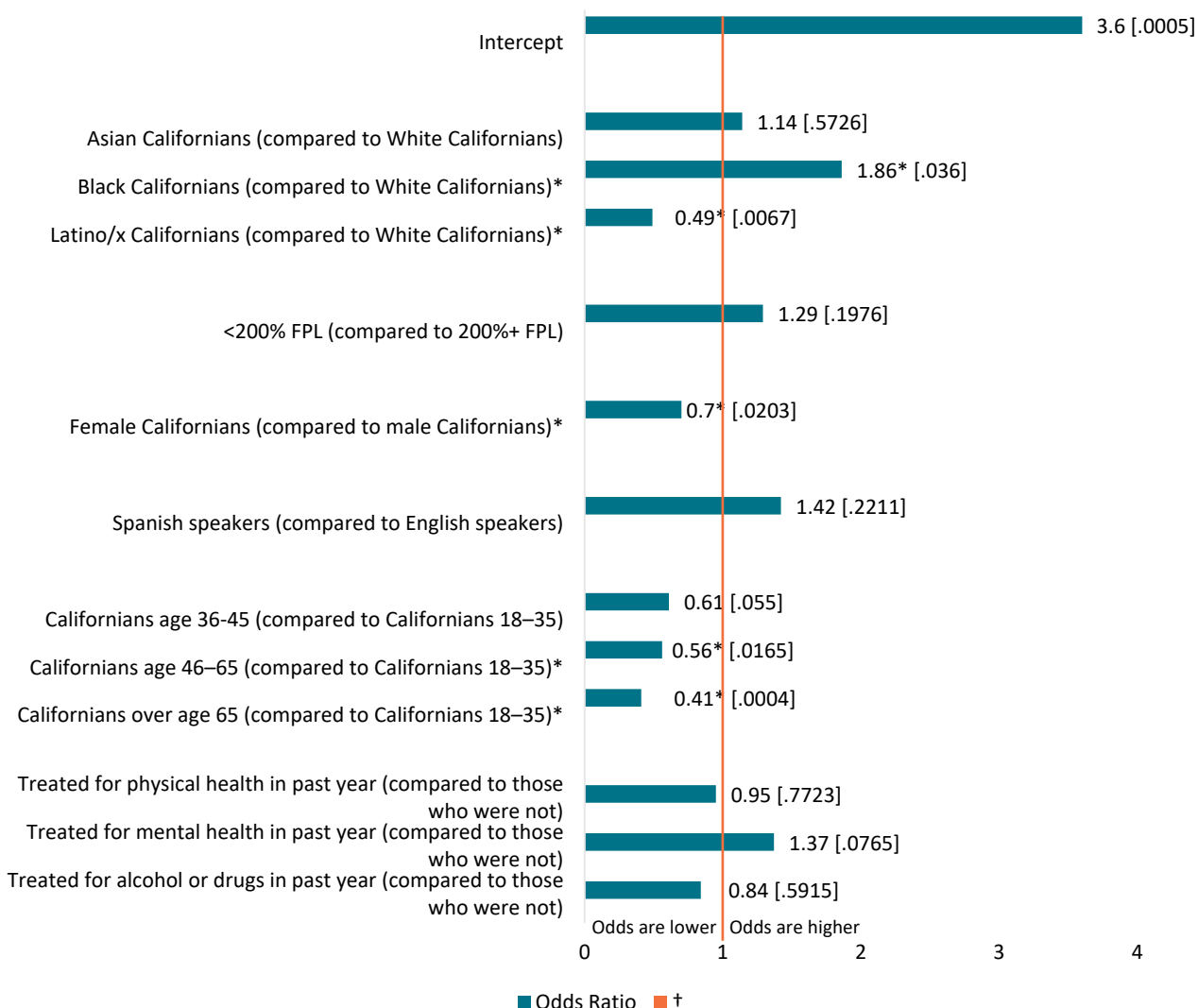


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Ordered logistic regression analysis was used to examine the independent association of key demographic factors (i.e., region, race, income, gender, language, age, and whether someone had received physical or mental health care in the last year) on levels of trust in a PCP’s judgment. Controlling for region, income, gender, language, age, and whether they received care in the past year, Black Californians are almost twice as likely as White Californians to report that they do not trust their PCP’s judgment ($OR = 1.86, p = .036$), while Latino/x Californians are more likely to report that they trust their PCP’s judgment compared to White Californians ($OR = .49, p = .0067$). Holding all other demographic variables constant, Californians over age 65 are about 59% more likely to report trusting their PCP’s judgment compared to younger Californians ($OR = .41, p = .0004$), and female Californians are slightly more trusting than male Californians ($OR = .70, p = .0203$) (Figure 23).

Figure 23. Black Californians Are Almost Twice as Likely to Report That They Do Not Trust Their PCP’s Judgment

ODDS RATIO OF SELECTED GROUPS’ TRUST IN PROVIDER JUDGMENT, WHERE HIGHER ODDS RATIO INDICATES MORE DISTRUST



* $p < .05$ * Denotes finding significant at $p < .05$.

† Odds ratio of 1 indicates that the odds of distrusting their PCP's judgment is the same between the two groups analyzed.

Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Health Care Utilization

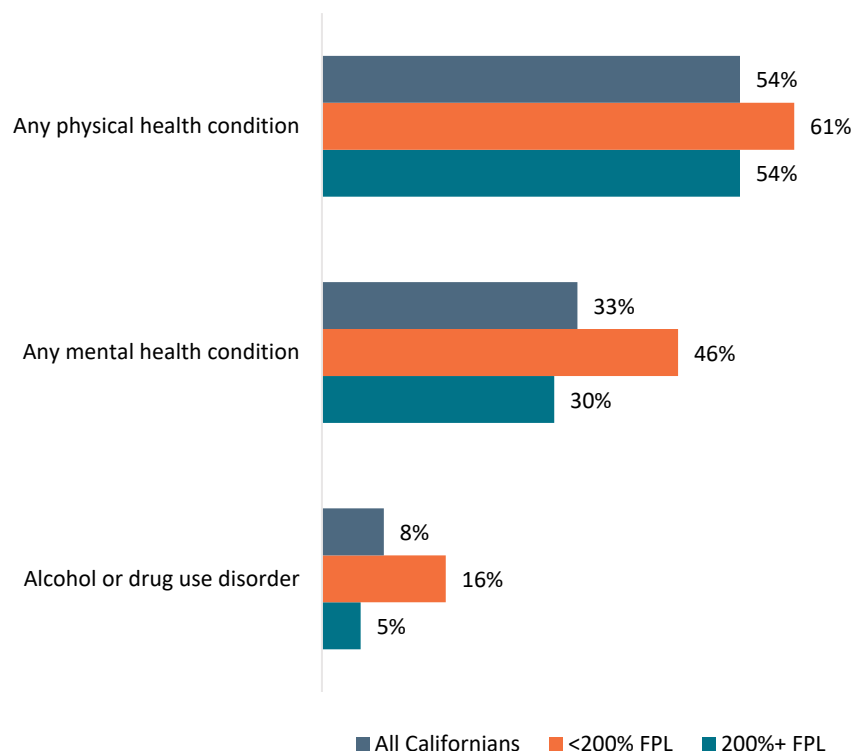
Californians report receiving more care for physical and mental health, as well as for substance use, compared to last year. More than half of Californians (54%) report that they or a family member received treatment for a physical health condition in the past 12 months, an increase in the proportion who reported this last year (49%). One-third of Californians (33%) report that they or a family member received treatment for any mental health condition (compared to 30%

last year). The rate of Californians who say they or a family member received treatment for alcohol or substance use disorders is 8%, an increase from last year (5%) (Figure 24).

Californians with lower incomes are more likely to report receiving mental health treatment (46%) compared to those with higher incomes (30%). There were no statistically significant differences for physical health. Californians with lower incomes were also more likely to receive alcohol or substance use treatment in the last year compared to those with higher incomes (16% compared to 5%). Female Californians are more likely than male Californians to report receiving mental health care (40% vs. 26%), and older adults (65+) are the least likely to report receiving mental health care (21%) compared to all other age groups.

Figure 24. Half of Californians Received Treatment for Physical Health and One-Third Received Treatment for Mental Health

PERCENTAGE WHO SAY 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 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Experiences with Physical Health Care

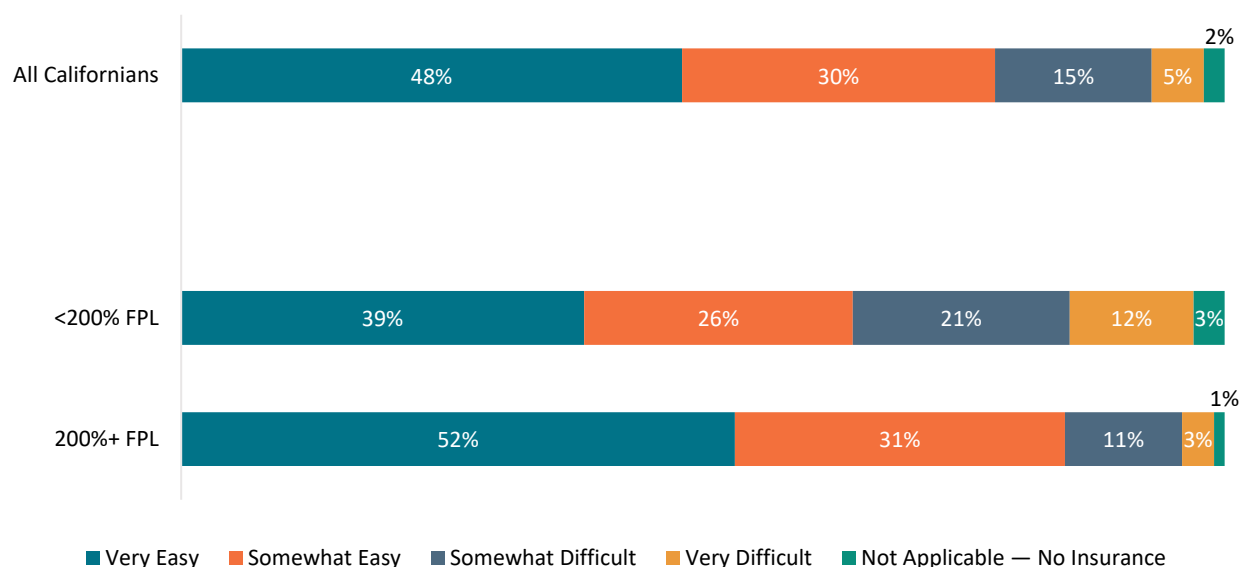
More than four in 10 Californians (44%) report trying to make an appointment for physical health care in the past 12 months, similar to last year's survey (42%). More Californians who speak English (47%) tried to make an appointment than those who speak Spanish (36%). Of

those Californians who report trying to make an appointment for physical health care, almost half (47%) report waiting longer than they thought was reasonable (similar to last year’s survey).

About one in five Californians (20%) say it was “very” or “somewhat” difficult to find a provider who took their insurance (compared to 17% last year). Californians with higher incomes are more likely to say it was “easy” or “very easy” to find a provider who took their insurance compared to those with lower incomes (83% vs. 65%). Californians with lower incomes are more than twice as likely to say it was “very” or “somewhat” difficult to find a provider who takes their insurance than those with higher incomes (33% compared to 14%) (Figure 25).

Figure 25. One-Third of Californians with Lower 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 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Experiences with Mental Health Care

One in five Californians (21%) report trying to make an appointment for mental health care in the last 12 months, an increase from last year (18%). Californians with lower incomes are more likely than those with higher incomes to report trying to make an appointment with a mental health provider (31% compared to 18%). Of those who tried to make an appointment, more than half (53%) report waiting longer than they thought reasonable to get one, similar to last year (49%). Also, 49% of Californians who tried to make an appointment for mental health care

say it was difficult for them to find a mental health care provider who took their insurance (27% “very”).

Health Care Navigation

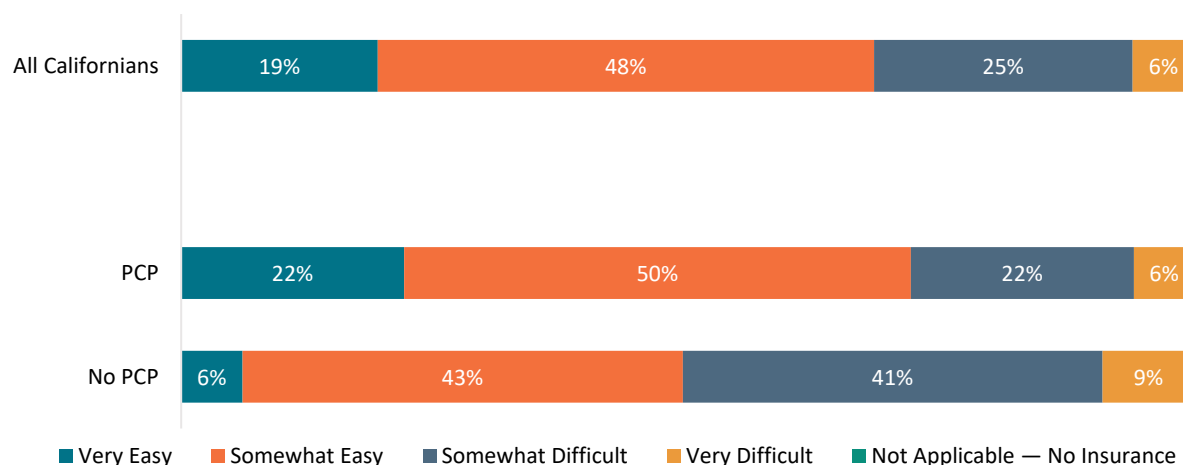
More than two-thirds of Californians (67%) find it “very” or “somewhat” easy (19% “very”) to navigate the health care system to find the right providers and to access appointments for their or their family’s health care needs, although three in 10 find it “somewhat” or “very” difficult (31%; 6% “very”). There were no differences across population subgroups, except that Californians with a primary care provider were more likely to find it “very” or “somewhat” easy (72%; 22% “very”) to find the right providers and to access appointments compared to those without a primary care provider (49%; 6% “very”) (Figure 26).

Californians with a serious physical or mental health condition are twice as likely to say it is “very” difficult for them and their families to navigate the health care system to find the right providers and to access care compared to those who do not have a serious physical or mental health condition (10% compared to 5%).

Also, almost half of Californians (43%) who report trying to make an appointment for mental health care in the last year say it is “somewhat” or “very” difficult to navigate the system, compared to only 28% of those who have not tried to make mental health appointments.

Figure 26. One in Three Californians Find It Difficult to Navigate the Health Care System; Californians with a Primary Care Provider Report That Navigation Is Easier

Q: HOW EASY/DIFFICULT IS IT TO NAVIGATE THE HEALTH CARE SYSTEM TO FIND THE RIGHT PROVIDERS AND ACCESS APPOINTMENTS FOR YOUR OR YOUR FAMILY MEMBER’S HEALTH CARE NEEDS?



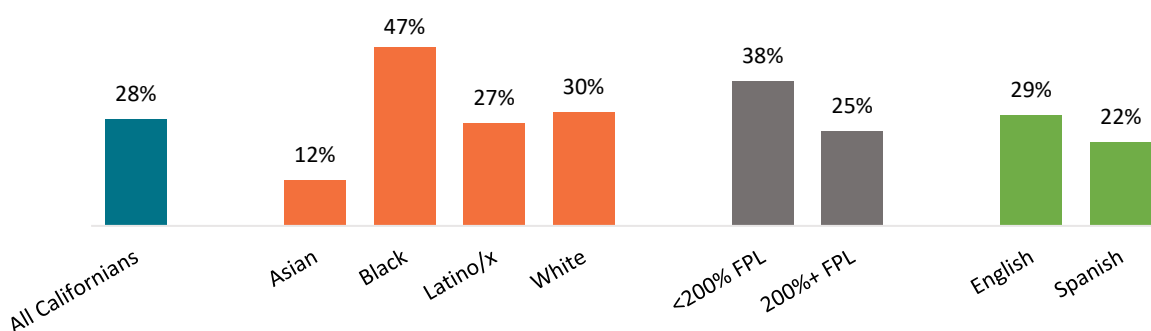
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *PCP* is primary care provider.

Home Supports

A quarter of Californians (28%) report that they or a family member has a serious physical or mental health condition, including a disability, that requires regular care. When looking at differences by race and ethnicity, Black Californians are most likely to report a serious health condition for themselves or a family member (47%) followed by White (30%), Latino/x (27%), and Asian Californians (12%) (Figure 27).

Figure 27. More Than a Quarter of Californians Report That They or a Family Member Have a Serious Physical or Mental Health Condition Requiring Regular Care

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER HAVE A SERIOUS PHYSICAL OR MENTAL HEALTH CONDITION, INCLUDING A DISABILITY, THAT REQUIRES REGULAR CARE

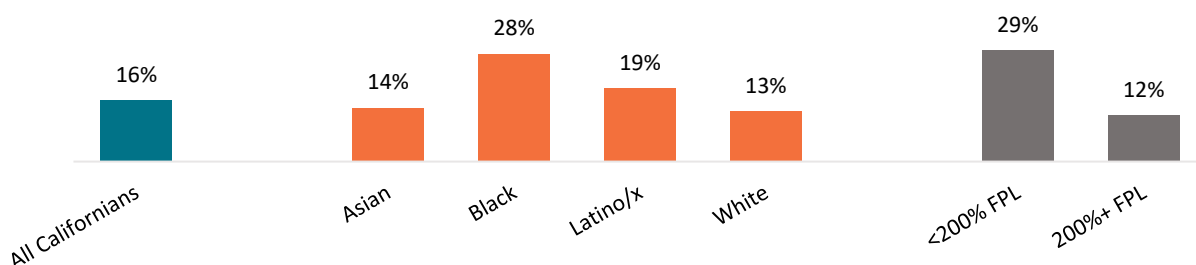


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Sixteen percent of Californians are providing ongoing living assistance — such as cooking, cleaning the house, or getting dressed — to a family member or close friend. Californians with lower incomes are more than twice as likely as those with higher incomes to be providing this support (29% compared to 12%). Black Californians (28%) are more likely than Latino/x (19%), Asian (14%), or White Californians (13%) to be providing ongoing living assistance to a family member or close friend (Figure 28). Of the 16% of Californians providing the ongoing living assistance, less than a quarter (23%) are paid for providing this care (Figure 29).

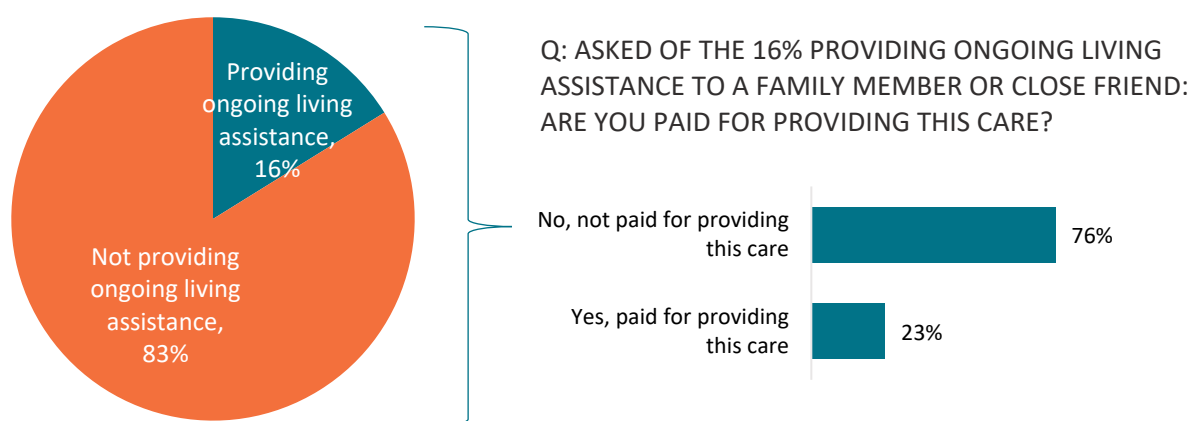
Figure 28. Sixteen Percent of Californians Are Providing Ongoing Living Assistance to a Family Member or Close Friend; Californians Who Are Black and Those with Lower Incomes Are Twice as Likely to Provide This Assistance Compared to Others

PERCENTAGE WHO SAY YES, THEY ARE CURRENTLY PROVIDING ONGOING LIVING ASSISTANCE TO A FAMILY MEMBER OR CLOSE FRIEND



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 29. Sixteen Percent of Californians Are Providing Ongoing Living Assistance to a Family Member or Close Friend — a Quarter Are Paid for Providing This Care



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Forty-four percent of Californians report they are “not too” or “not at all” confident in having the financial resources to pay for any home-based support they or their family members will need as they get older (28% “not too” and 16% “not at all” confident). More Californians with lower incomes report they are “not too” or “not at all” confident compared to those with higher incomes (56% compared to 41%). Californians who are Black (52%), Latino/x (50%), and White (44%) are more likely to say they are “not too” or “not at all” confident in having the financial resources, compared to Asian Californians (31%). Spanish speakers (50%; 22% “not at all,” 28% “not too” confident) are less likely to report confidence than English speakers (43%; 15% “not at all,” 28% “not too” confident) (Figure 30).

Figure 30. Forty-Four Percent of Californians Are “Not Too” or “Not at All” Confident They Will Be Able to Afford Home-Based Support as They Age

Q: HOW CONFIDENT ARE YOU THAT YOU WILL HAVE THE FINANCIAL RESOURCES TO PAY FOR ANY HOME-BASED SUPPORT YOU OR YOUR FAMILY MEMBERS WILL NEED AS YOU GET OLDER?



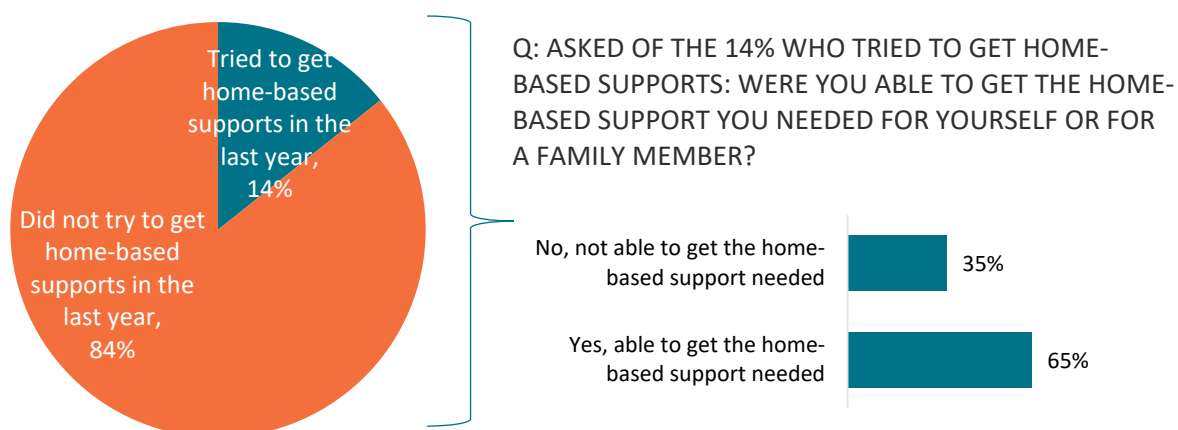
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

In the past 12 months, 14% of Californians have tried to get home-based support for themselves or a family member. Californians with lower incomes are twice as likely as those with higher incomes to have tried (22% compared to 11%). Of those Californians who tried to get home-based support, two-thirds (65%) succeeded (Figure 31), and the rest did not, for the reasons indicated (see box).

The 35% of Californians who were unable to get the home-based support they needed could not do so because:

- They were unable to afford the help they needed.
- The help they needed was not available in their area.
- They did not know where to go to find the help they needed.
- They or their family member did not feel comfortable receiving support from someone else.

Figure 31. Fourteen Percent of Californians Have Tried to Get Home-Based Supports in the Last Year — Four in 10 Were Not Successful

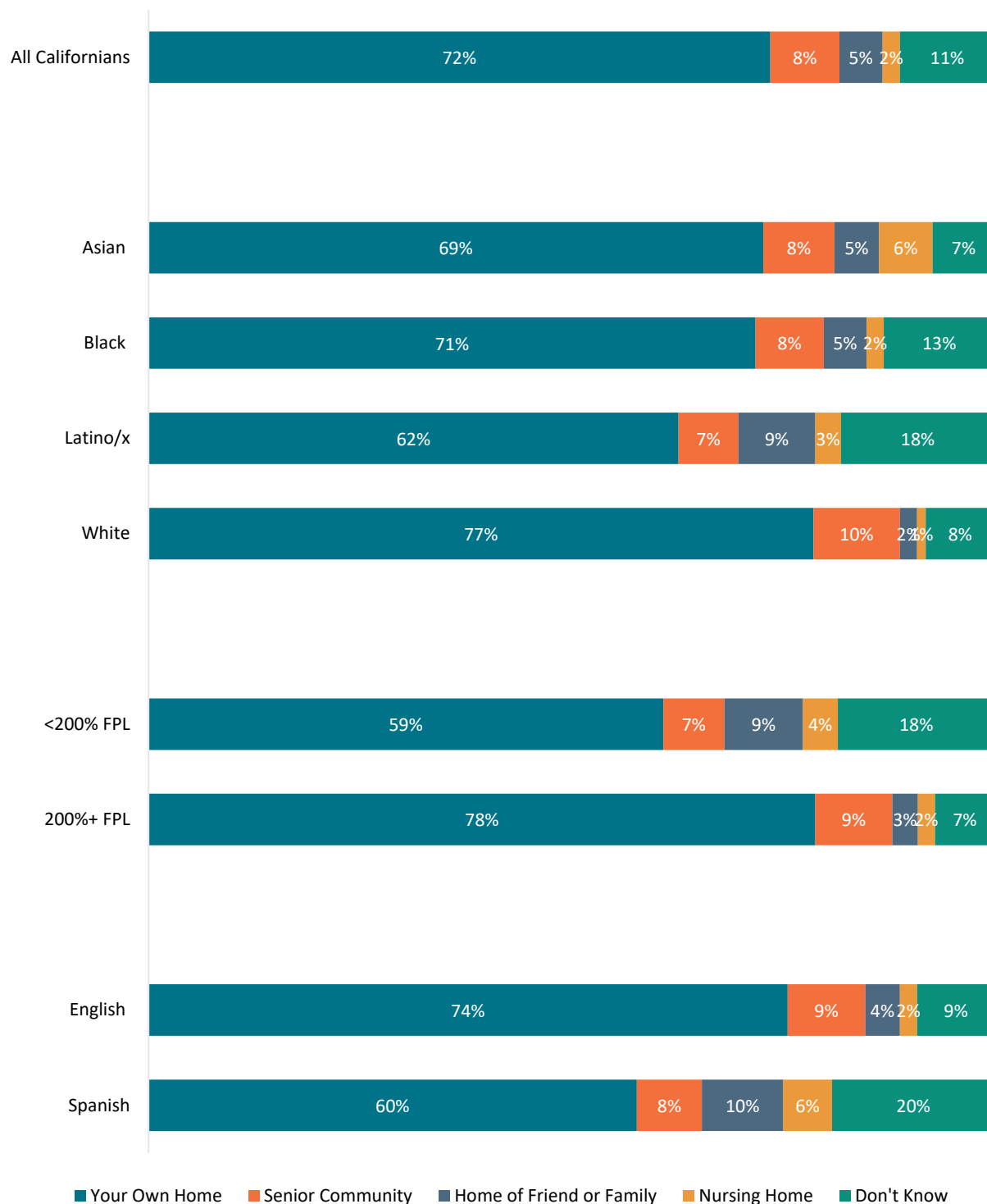


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

If they need ongoing living assistance someday, 72% of Californians say their first choice is to receive that assistance in their own home. The next most frequent response was a senior community (8%), a friend or family member’s home (5%), and a nursing home (2%). One in 10 Californians (11%) say they don’t know. In all population subgroups, at least six in 10 Californians choose their own home as their first choice to receive ongoing living assistance. Californians with lower incomes were more likely than those with higher incomes to choose a friend or family member’s home (9% compared to 3%) or a nursing home (4% compared to 2%). Californians with lower incomes (18%), those who are Latino/x (18%), and those who speak Spanish (20%) were more likely than other population subgroups to respond “don’t know” regarding their first choice of where to receive ongoing living assistance if they needed it in the future (Figure 32).

Figure 32. Almost Three-Quarters of Californians (72%) Would Prefer to Receive Ongoing Living Assistance in Their Own Home

Q: IN THE EVENT THAT YOU NEED ONGOING LIVING ASSISTANCE SOMEDAY, IF YOU COULD CHOOSE, WHAT WOULD BE YOUR FIRST CHOICE AS TO WHERE YOU WOULD RECEIVE THAT ASSISTANCE?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. FPL is federal poverty level.

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. About six in 10 Californians (61%) received any telehealth visits in the last year, a drop from last year’s survey, where three-quarters of Californians (75%) reported telehealth use.

Phone

About four in 10 Californians (42%) report receiving care in the past 12 months by “talking on the telephone,” a decrease from last year (55%). There are no differences in reports of experiencing care by phone between Californians with lower and higher incomes, racial and ethnic groups, or between English- and Spanish-speaking Californians. The majority of Californians who received care via phone were satisfied with the care they received (83%; 27% “very”), an increase from last year, when 79% of Californians who received care by phone expressed satisfaction. There are no differences in satisfaction with phone care among population subgroups.

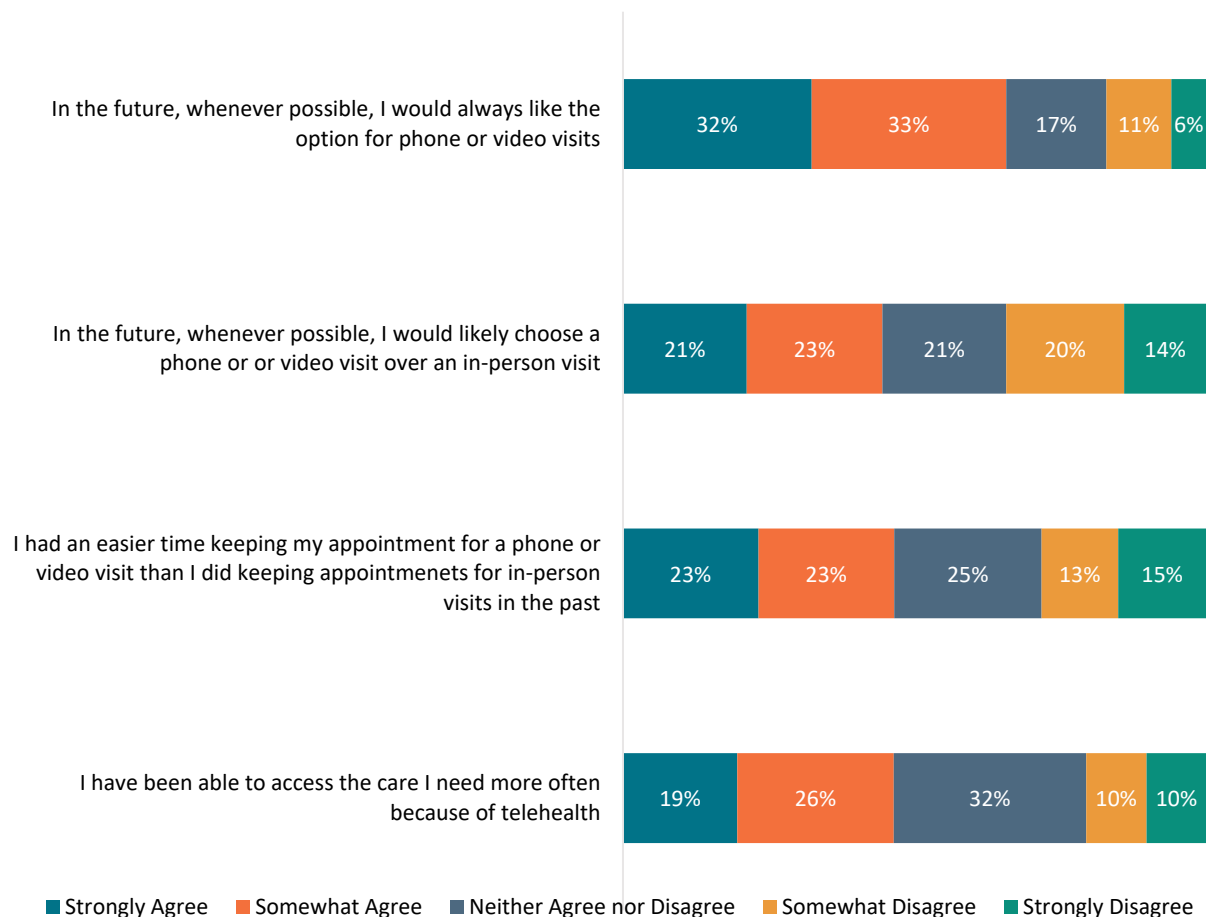
Video

About four in 10 Californians (39%) report receiving care by “live video, where you and your health care provider can see each other” in the past 12 months, a decrease from last year (44%). 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. Similar to last year’s results, the majority of Californians who received care via video were satisfied with the care they received (85%; 35% “very”).

Californians who received telehealth care were also asked about their level of agreement with statements about their preferences and use of telehealth in the future. More than six in 10 Californians (65%) agreed that in the future, whenever possible, they would always like the option for phone or video visits. More than four in 10 Californians (44%) agree that in the future, whenever possible, they would likely choose a phone or video visit over an in-person visit. A similar proportion of Californians (46%) agree that they had an easier time keeping their appointment for a phone or video visit than they did keeping appointments for in-person visits in the past. Finally, 45% of Californians agree that they have been able to access the care they need more often because of telehealth (Figure 33). There are no differences in reports of agreement with telehealth statements between subgroups.

Figure 33. Most Californians Who Received Telehealth Want the Option for Phone or Video Visits in the Future

Q: THINKING ABOUT YOUR TELEHEALTH EXPERIENCES, PLEASE RATE YOUR LEVEL OF AGREEMENT WITH EACH OF THE FOLLOWING STATEMENTS



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

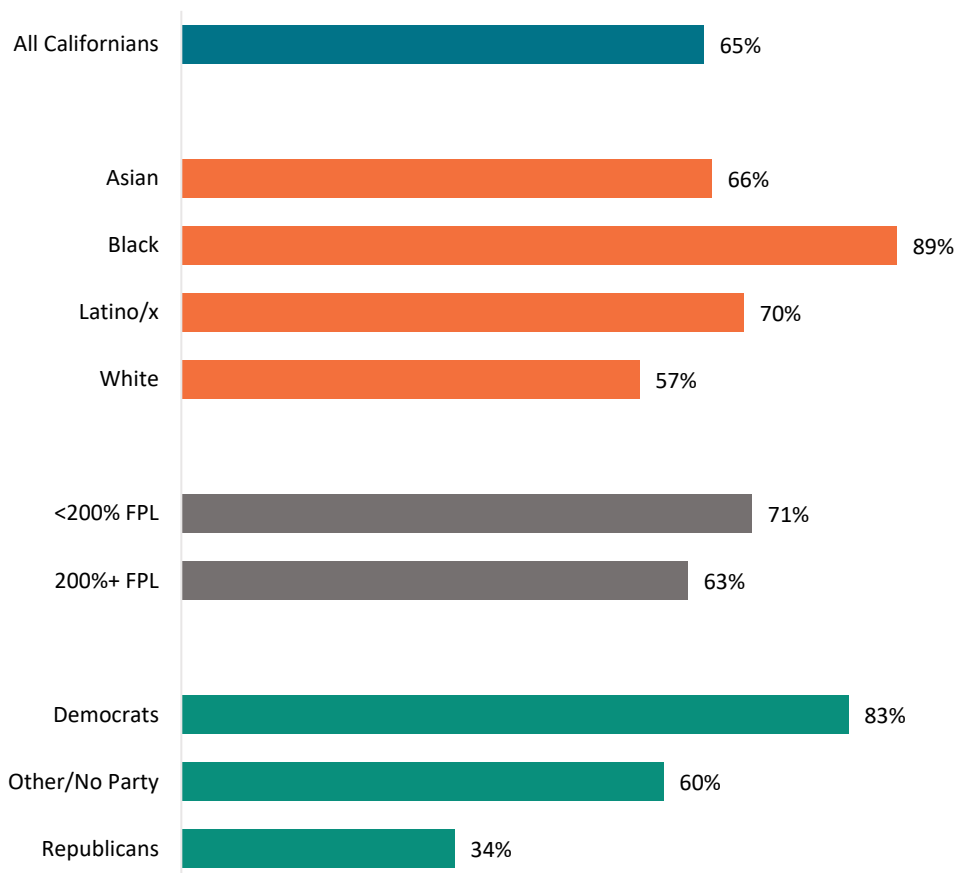
Section 4. Equity

Californians were asked how often they thought the health care system treats people unfairly based on their racial or ethnic background. Similar to last year's poll, about one-quarter (24%) say "regularly" and another third (32%) say "occasionally." Twenty-two percent say "rarely" and 9% say "never." Californians with low incomes (71%) are more likely to say that the system "regularly" or "occasionally" treats people unfairly based on race than those with higher incomes (63%).

Views about how often the health care system treats people unfairly based on race/ethnicity vary based on race, with 89% of Black Californians saying "regularly" or "occasionally" compared to Californians who are Latino/x (70%), Asian (66%), or White (57%) (Figure 34).

Figure 34. Majority of 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

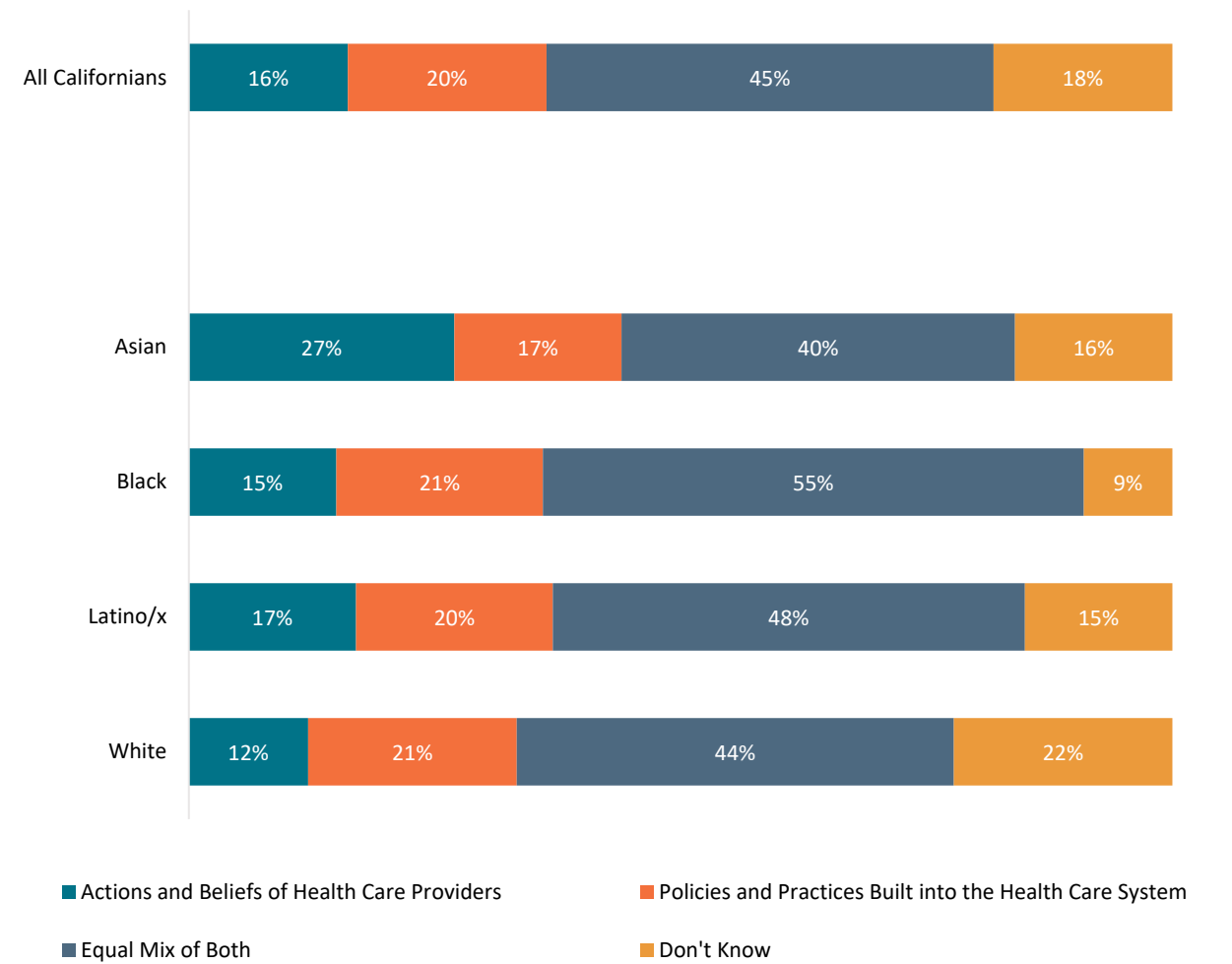


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Californians who say that the health care system treats people unfairly based on their race or ethnic background “regularly,” “occasionally,” or “rarely” were then asked if they 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 an equal mix of both. More than four in 10 (45%) say it is an equal mix of both, 20% say it is due to practices and policies, and 16% say it’s due to the actions and beliefs of health care providers (Figure 35). There were no differences between English and Spanish speakers.

Figure 35. Black Californians 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 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Californians were asked why some Americans have access to quality care and others do not. The majority of Californians cited the following as “major” reasons:

- “Some people do not have the financial resources to afford quality care” (79%)
- “Some people have health insurance that does not cover high-quality providers” (67%)
- “Some people have less access to quality medical care where they live” (62%)

Four in 10 Californians say that “some people experience discrimination from US institutions and policies” (42%) and “some people experience discrimination from other individuals” (40%) are major reasons. Only 35% say that “some people work harder than others” is a major reason, and only 22% say that “some people are more naturally able to succeed” is a major reason.

Californians differ in their opinions on the major reasons people do not have equal access to care by income, language, and race. Californians with lower incomes are more likely than those with higher incomes to cite “some people have health insurance that does not cover high-quality providers” as a major reason (73% compared to 65%). They are also more likely to identify discrimination as a major reason compared to those with higher incomes; Californians with lower incomes are more likely to cite discrimination from institutions (52% compared to 38%) and from other individuals (54% compared to 35%) as major reasons some people have access to quality care and others do not (Figure 36). Californians who speak Spanish are more likely to say that “some people have health insurance that does not cover high-quality providers” is a major reason (73%) compared to 65% of English-speaking Californians.

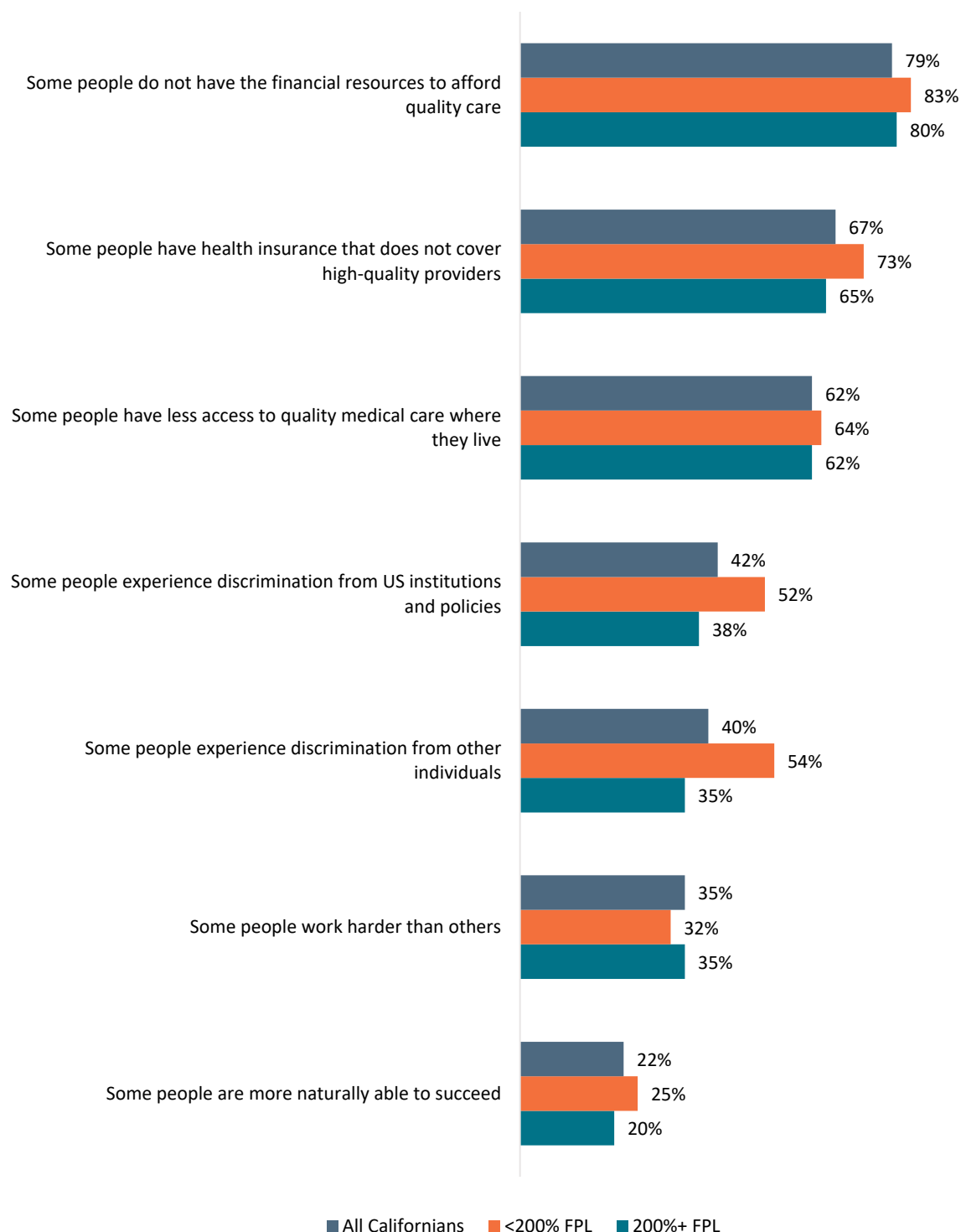
Black Californians are much more likely than Asian, White, and Latino/x Californians to cite the following as major reasons some people have access to quality care and others do not:

- “Some people have health insurance that does not cover high-quality providers” (85%)
- “Some people have less access to quality medical care where they live” (82%)
- “Some people experience discrimination from US institutions and policies” (76%)
- “Some people experience discrimination from other individuals” (77%)

Asian Californians are more likely to say that “some people work harder than others” is a major reason (46%) compared to all other racial/ethnic groups (Figure 37).

Figure 36. Majority of Californians Believe That Financial Resources and Health Insurance Are Major Reasons Some People Have Access to Quality Care and Others Do Not

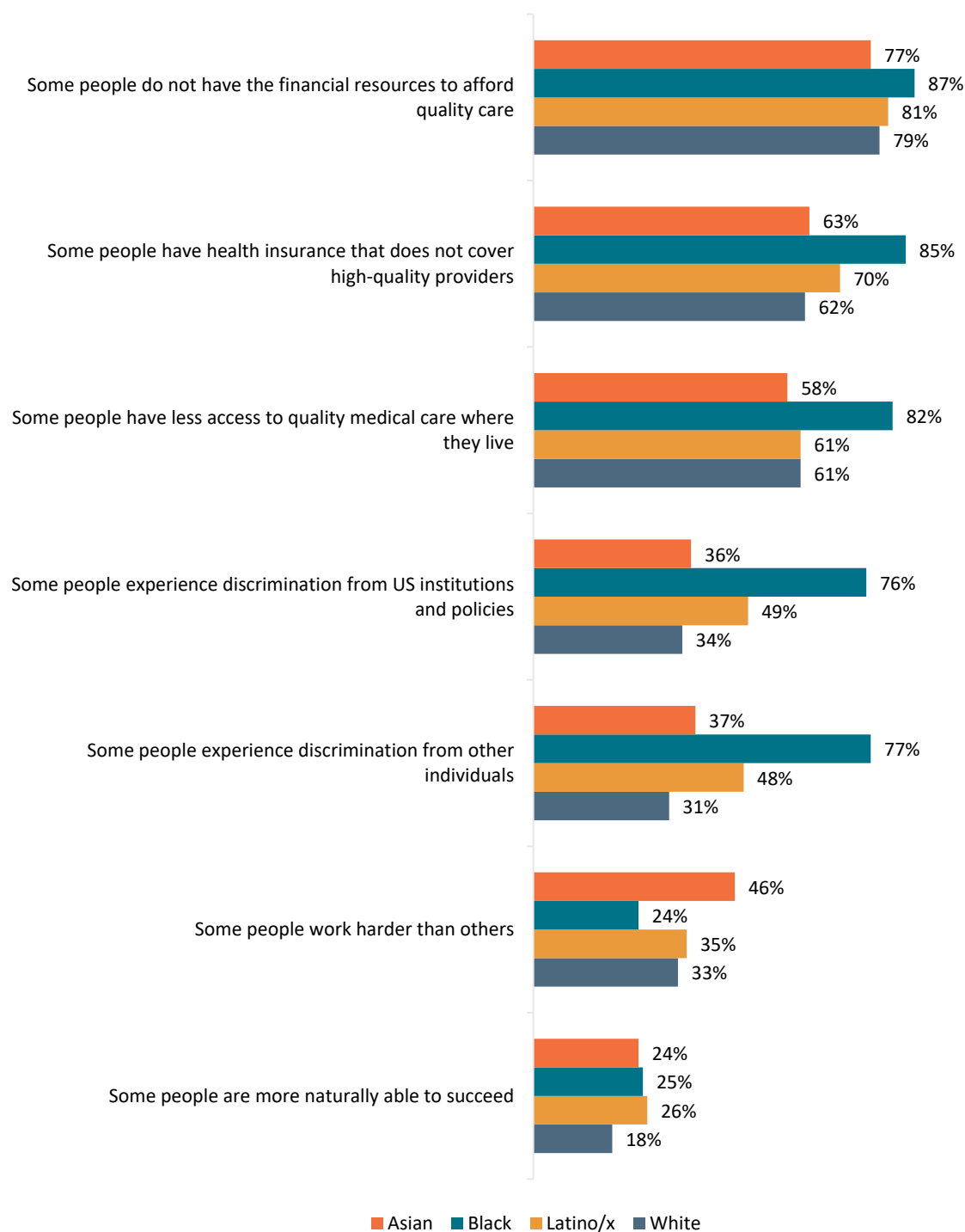
PERCENTAGE WHO SAY EACH IS A “MAJOR” REASON SOME PEOPLE HAVE ACCESS TO QUALITY CARE AND OTHERS DO NOT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 37. Three-Quarters of Black Californians Believe That Discrimination from Individuals and Institutions Are Major Reasons Some People Have Access to Quality Care and Others Do Not

CALIFORNIANS WHO SAY EACH IS A “MAJOR” REASON SOME PEOPLE HAVE ACCESS TO QUALITY CARE AND OTHERS DO NOT



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

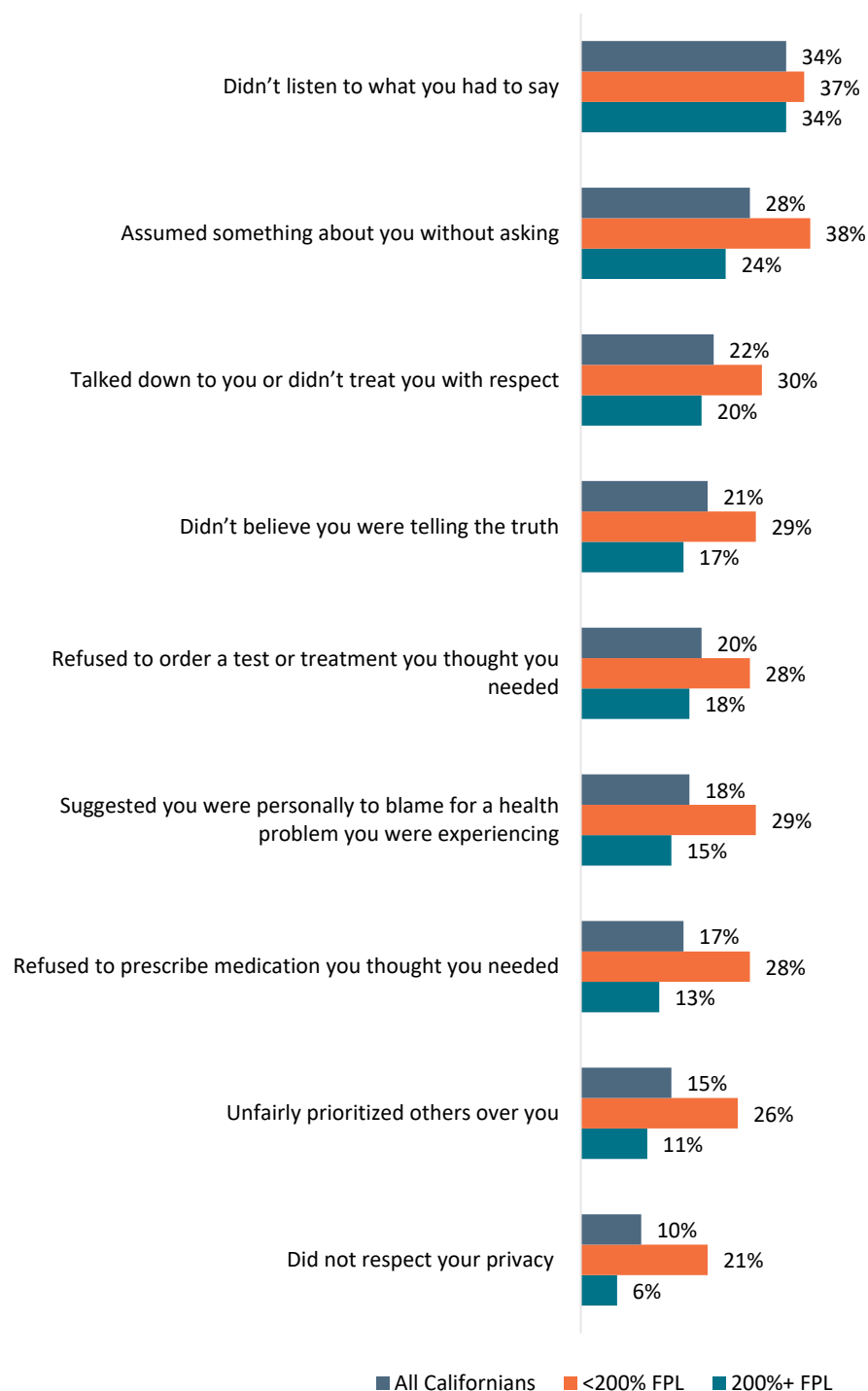
Californians were also asked whether they had had negative experiences during health care visits in the last few years. Specifically, they were asked if they ever felt that a doctor or other health care provider didn't listen to what they had to say, assumed something about them without asking, talked down to them or didn't treat them with respect, didn't believe they were telling the truth, refused to order a test or treatment they thought they needed, suggested they were personally to blame for a health problem they were experiencing, refused to prescribe medication they thought they needed, unfairly prioritized others over them, or did not respect their privacy.

Overall, 54% of Californians had experienced at least one of these negative provider interactions, including 64% of Californians with low incomes and 50% of those with higher incomes. Across most questions, Californians with lower incomes are more likely than those with higher incomes to report they experienced any of these negative interactions with providers (Figure 38). Black Californians (69%) and Latino/x Californians (62%) are more likely to report having any of these experiences than those who are White (48%) or Asian (48%). Further, Black Californians are more likely than Asian and White Californians to report any of these negative experiences (Figure 39). Female Californians are more likely to report all of these experiences than male Californians (Figure 40).

Ordered logistic regression analysis was used to examine the independent association of key demographic factors (i.e., region, race, income, gender, language, age, health care received in the past year) on the rate of self-reported negative experiences with health care providers. Controlling for region, income, gender, language, and age, Black Californians are twice as likely ($OR = 2.05, p = .0139$) as White Californians to report any negative experiences with health care providers in recent years. Californians who received treatment for physical health ($OR = 1.63, p = .0017$) or mental health ($OR = 1.40, p = .0426$) were more likely to report any negative experiences with health care providers compared to those who did not receive treatment for these conditions in the last year. Holding all other demographic variables constant, Californians over the age of 65 are about half as likely ($OR = .44, p = .0003$) to report any negative experience compared to younger Californians (Figure 41).

Figure 38. Californians with Lower Incomes Were More Likely to Have Negative Experiences with Health Care Providers Than Those with Higher Incomes

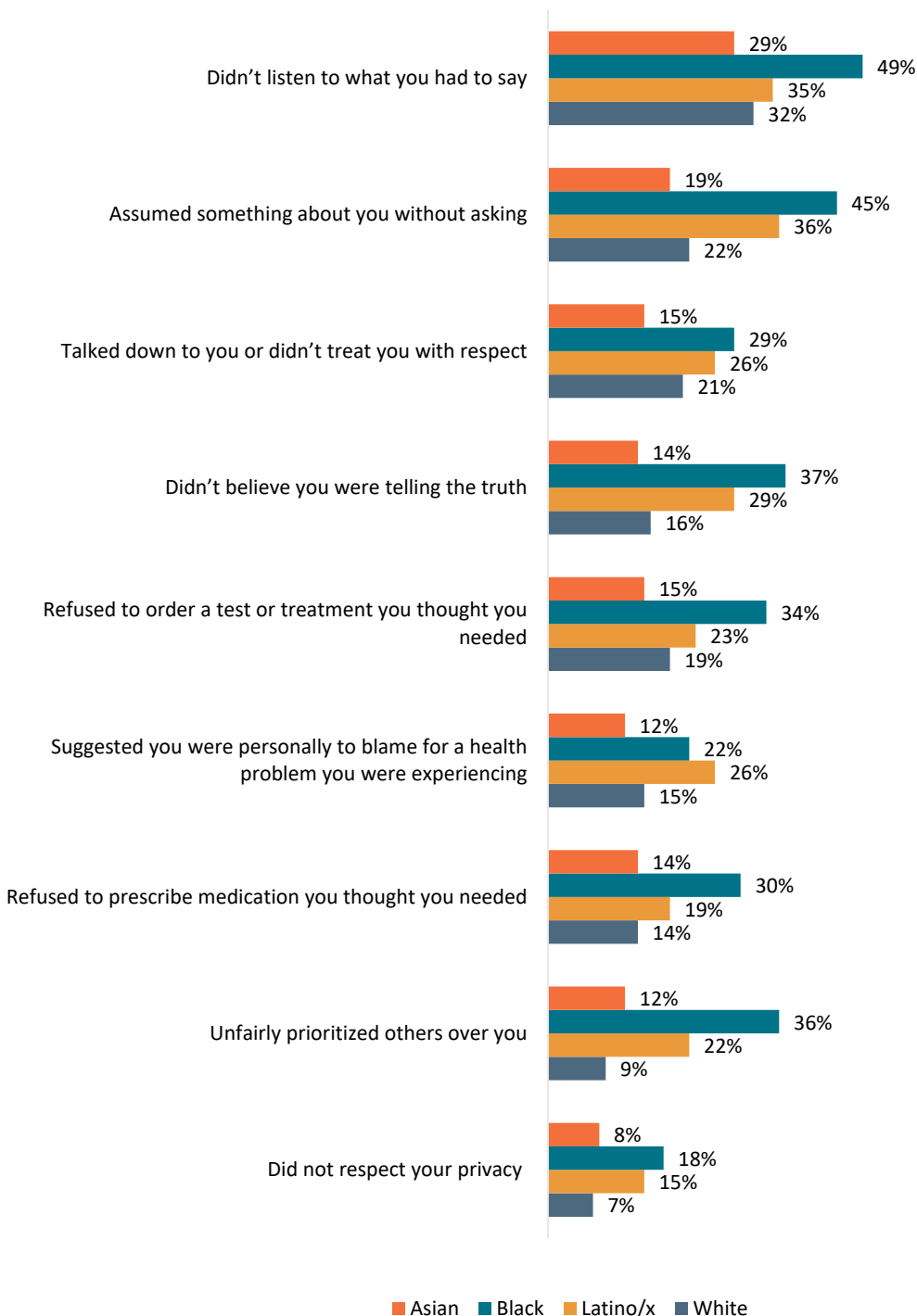
WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS, PERCENTAGE WHO SAY THEY HAD EVER FELT THAT A DOCTOR OR HEALTH CARE PROVIDER DID THE FOLLOWING



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 39. Black Californians Are More Likely to Report Negative Health Care Experiences Than White or Asian Californians

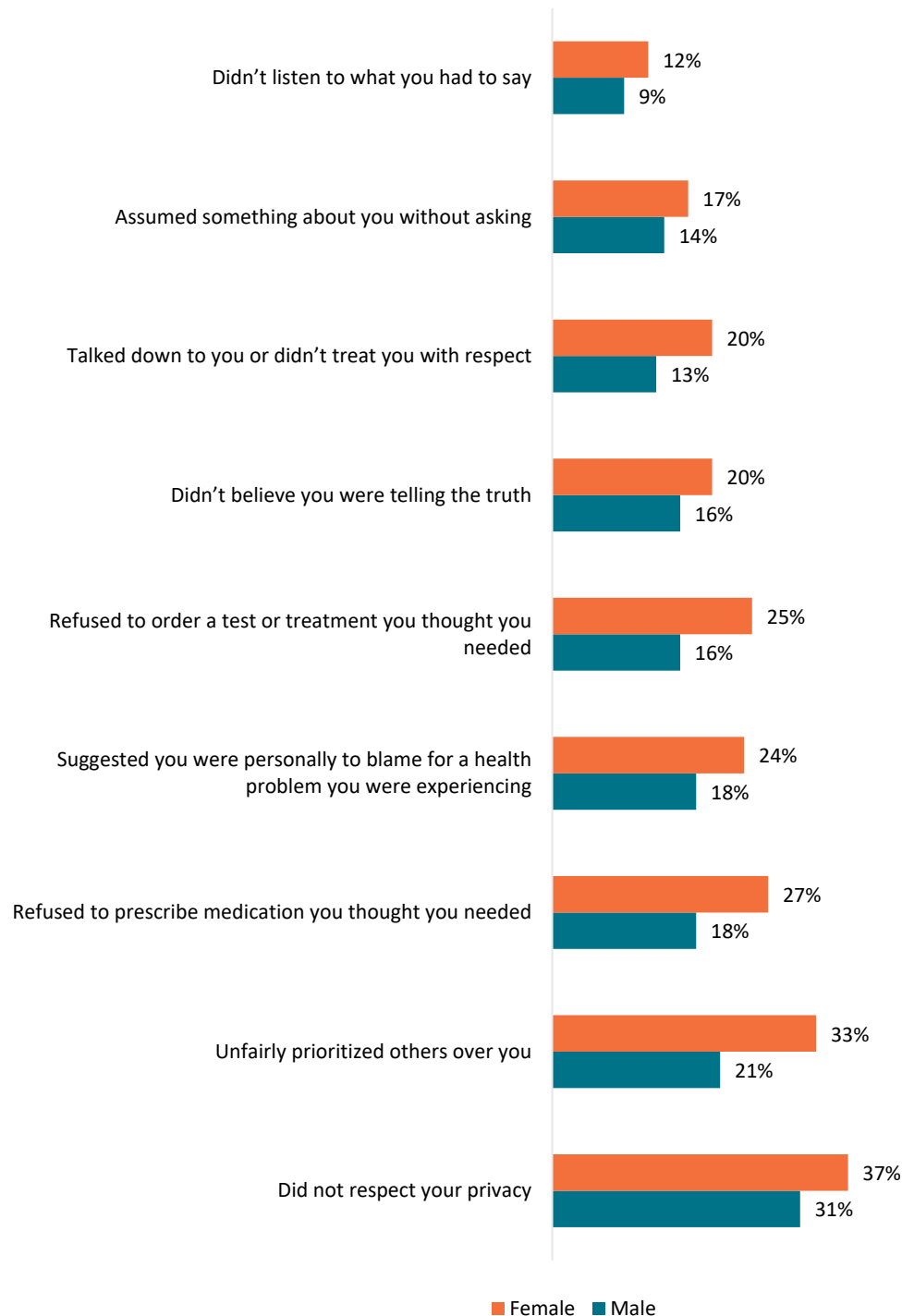
WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS, PERCENTAGE WHO SAY THEY HAD EVER FELT THAT A DOCTOR OR HEALTH CARE PROVIDER DID THE FOLLOWING



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 40. Female Californians Are More Likely to Report Negative Health Care Experiences Than Male Californians

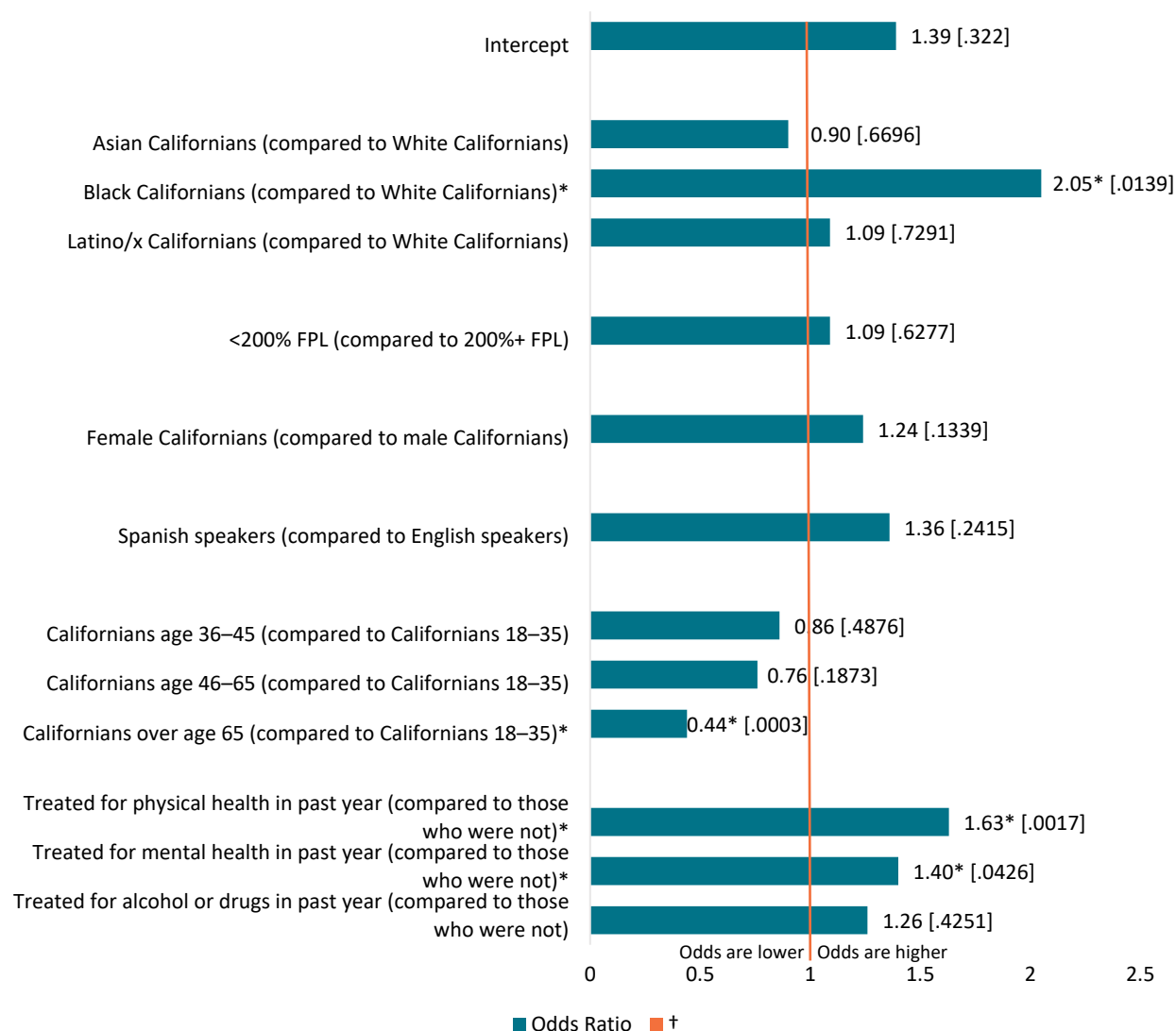
WHEN THINKING ABOUT THEIR EXPERIENCES WITH HEALTH CARE VISITS IN THE LAST FEW YEARS, PERCENTAGE WHO SAY THEY HAD EVER FELT THAT A DOCTOR OR HEALTH CARE PROVIDER DID THE FOLLOWING



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 41. Black Californians Are More Than Twice as Likely to Report Any Negative Experiences with Health Care Providers Than White Californians

ODDS RATIO OF SELECTED GROUPS' NEGATIVE HEALTH CARE EXPERIENCES, WHERE HIGHER ODDS RATIO INDICATES MORE NEGATIVE EXPERIENCES



* Denotes finding significant at $p < .05$.

† Odds ratio of 1 indicates that the odds of having had negative experiences is the same between the two groups analyzed.

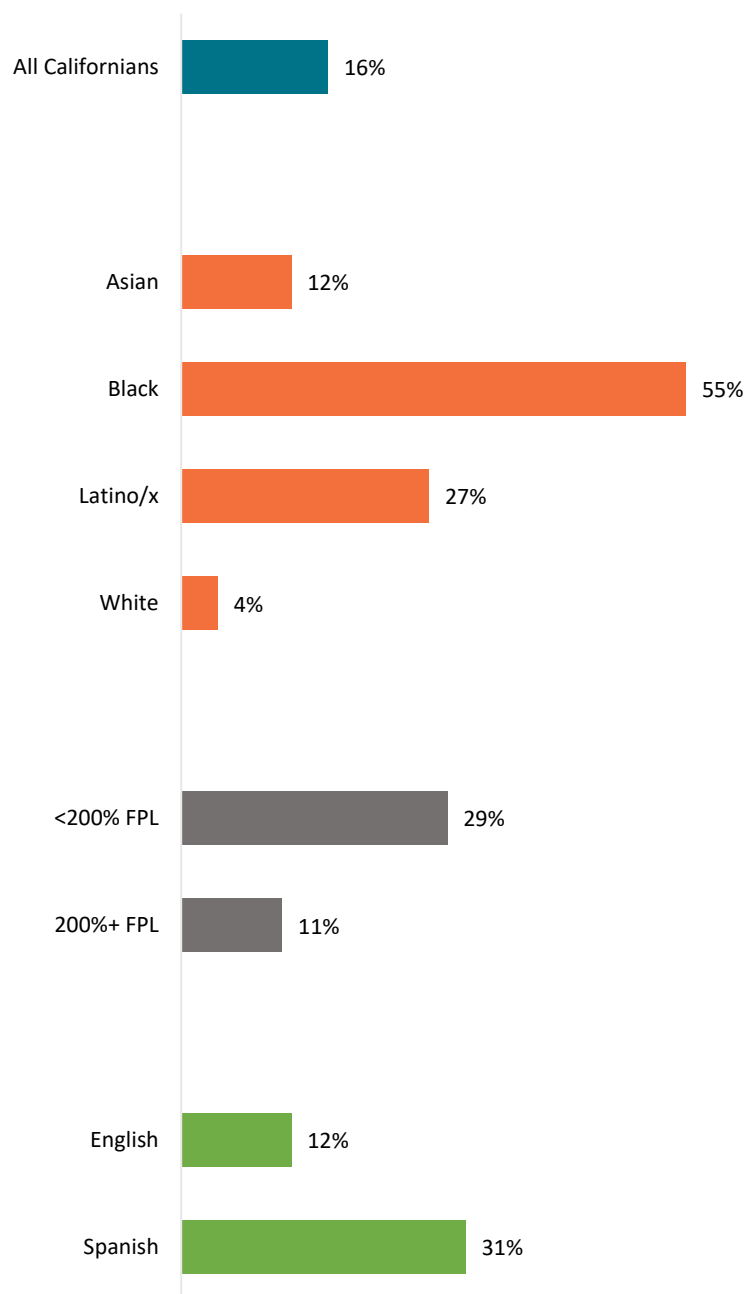
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Finally, Californians were asked if there was ever a time in the last few years when they thought they would have gotten better medical care if they belonged to a different racial or ethnic group. Overall, 16% of Californians say yes, while 14% say they didn't know, and 69% say no. Similar to last year, Black Californians are most likely to think so (55%) compared to Latino/x (27%), Asian (12%), and White (4%), and Spanish-speaking Californians are more likely than

English-speakers to think so (31% vs. 12%). Californians with lower incomes are also more likely to think so (29%) compared to those with higher incomes (11%) (Figure 42).

Figure 42. 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



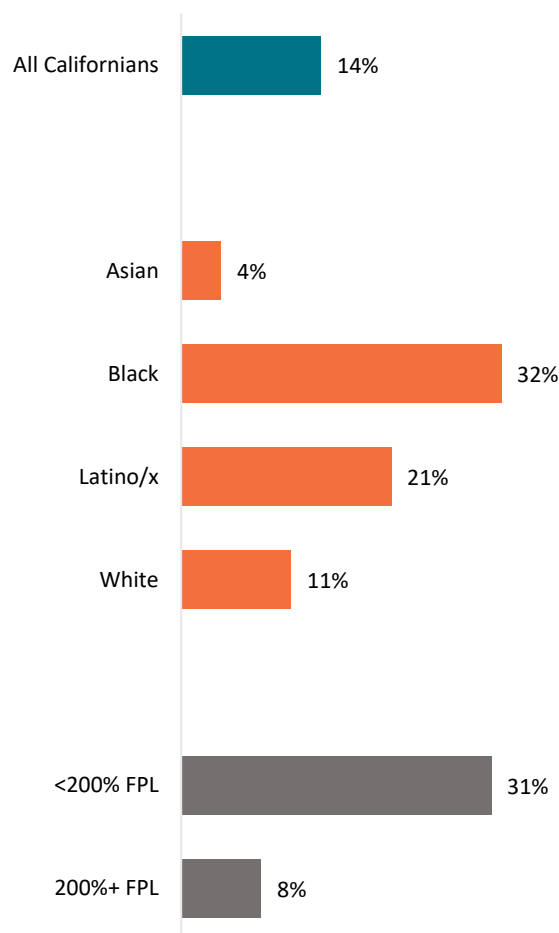
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Section 5. Housing and Homelessness

Fourteen percent of Californians say they or someone close to them has experienced a period of homelessness in the past five years. About one in three Californians with lower incomes (31%) report experiencing homelessness or knowing someone who did in the last five years, compared to less than one in 10 (8%) of those with higher incomes. When looking at differences by race, Black Californians (32%) 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. Latino/x Californians (21%) are more likely than White (11%) or Asian Californians (4%) to have experienced or known someone who has experienced homelessness (Figure 43).

Figure 43. Fourteen Percent of Californians Have — or Know Someone Who Has — Experienced Homelessness in the Past Five Years

PERCENTAGE WHO SAID THAT THEY OR SOMEONE CLOSE TO THEM HAS EXPERIENCED A PERIOD OF HOMELESSNESS IN THE PAST FIVE YEARS

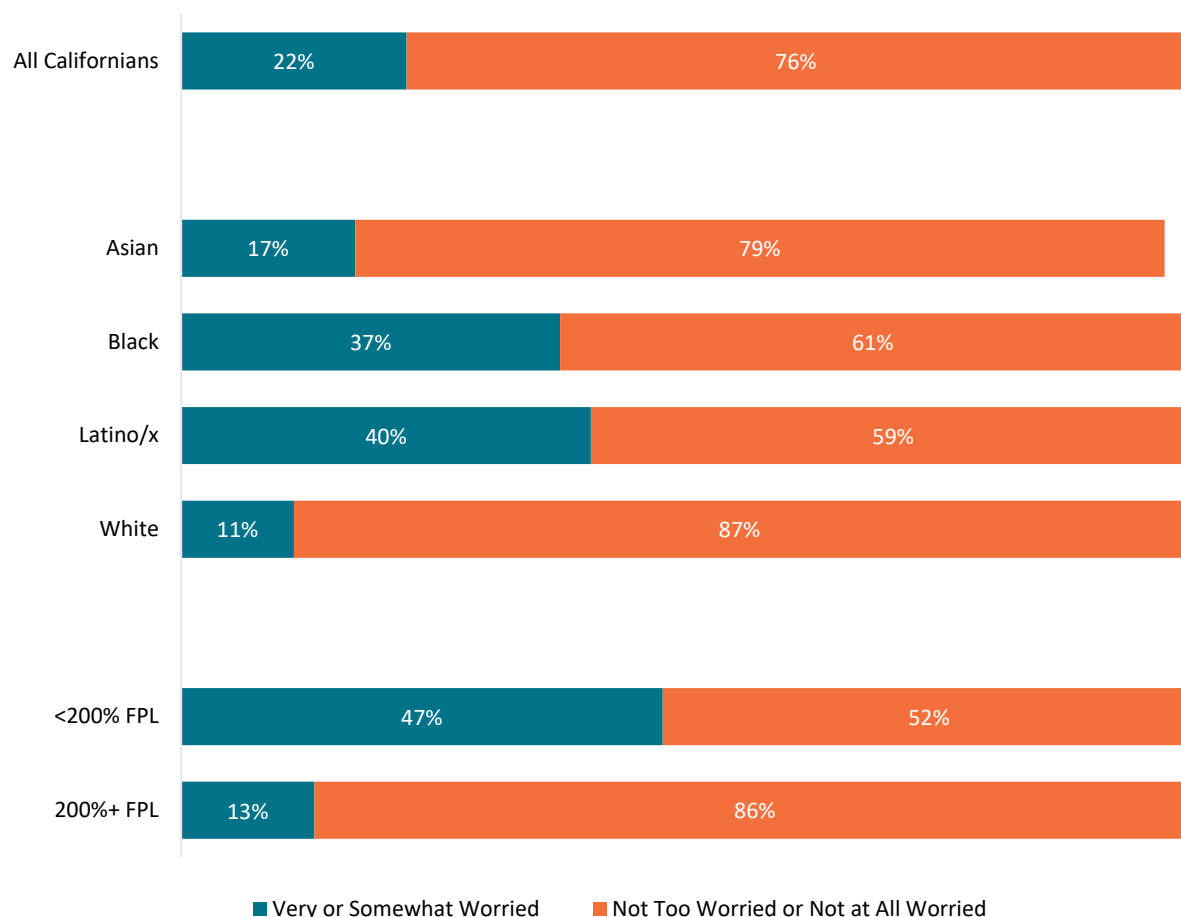


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

More than one in five Californians (22%) say they are “very” or “somewhat” worried about experiencing homelessness. Californians with lower incomes (47%) are more likely than those with higher incomes (13%) to be “very” or “somewhat” worried about experiencing homelessness. Latino/x (40%) and Black Californians (37%) are more likely than Asian (17%) and White Californians (11%) to report being “very” or “somewhat” worried about experiencing a period of homelessness (Figure 44).

Figure 44. More Than One in Five Californians Are Currently Worried About Experiencing Homelessness

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

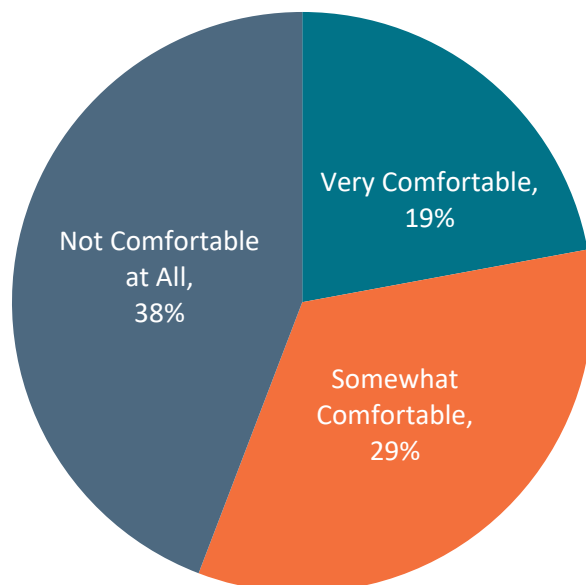


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Californians who are worried about experiencing a period of homelessness and who have a primary care provider (PCP) were asked if they would be comfortable talking to their PCP about their housing concerns. More than a third (38%) say they would be “not comfortable at all,” and 29% would be only “somewhat” comfortable (Figure 45).

Figure 45. More Than One-Third 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?



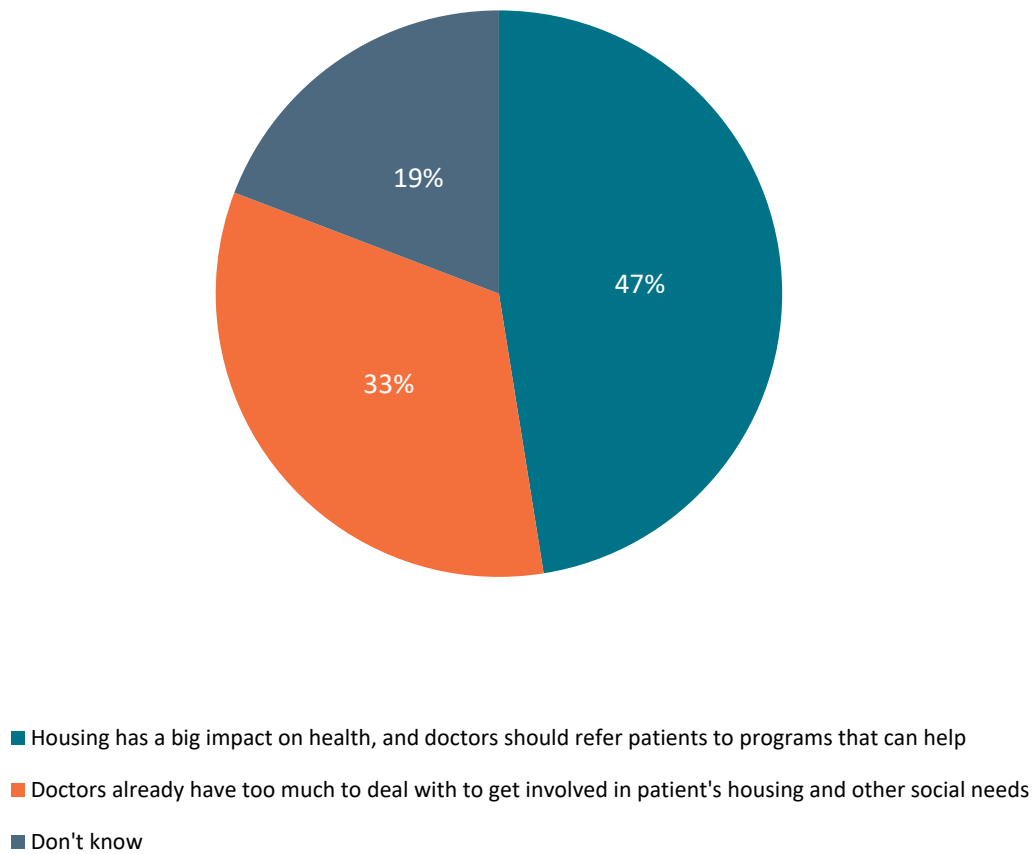
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

About half of Californians (47%) agree with the statement “housing has a big impact on health, and doctors should refer patients to programs that can help” (Figure 46). A higher proportion of Californians with lower incomes (53%) hold this view compared to Californians with higher incomes (46%). When examining results by race and ethnicity, over two-thirds of Black Californians (68%) believe that housing has a big impact on health and that doctors should refer patients to helpful programs, followed by 50% of Latino/x Californians, 44% of White Californians, and 39% of Asian Californians. In comparison, one-third of Californians (33%) report that “doctors have too much to deal with to get involved in patient housing and other social needs.” A higher proportion of those with higher incomes (37%) hold this view than Californians with lower incomes (26%) (Figure 47).

Californians who report they or someone close to them has experienced a period of homelessness in the last five years are more likely to agree with the statement “housing has a big impact on health, and doctors should refer patients to programs that can help” (75%) compared to Californians who have not experienced or know someone who has experienced homelessness (55%).

Figure 46. Almost Half of Californians Think That Doctors Should Help Patients with Housing

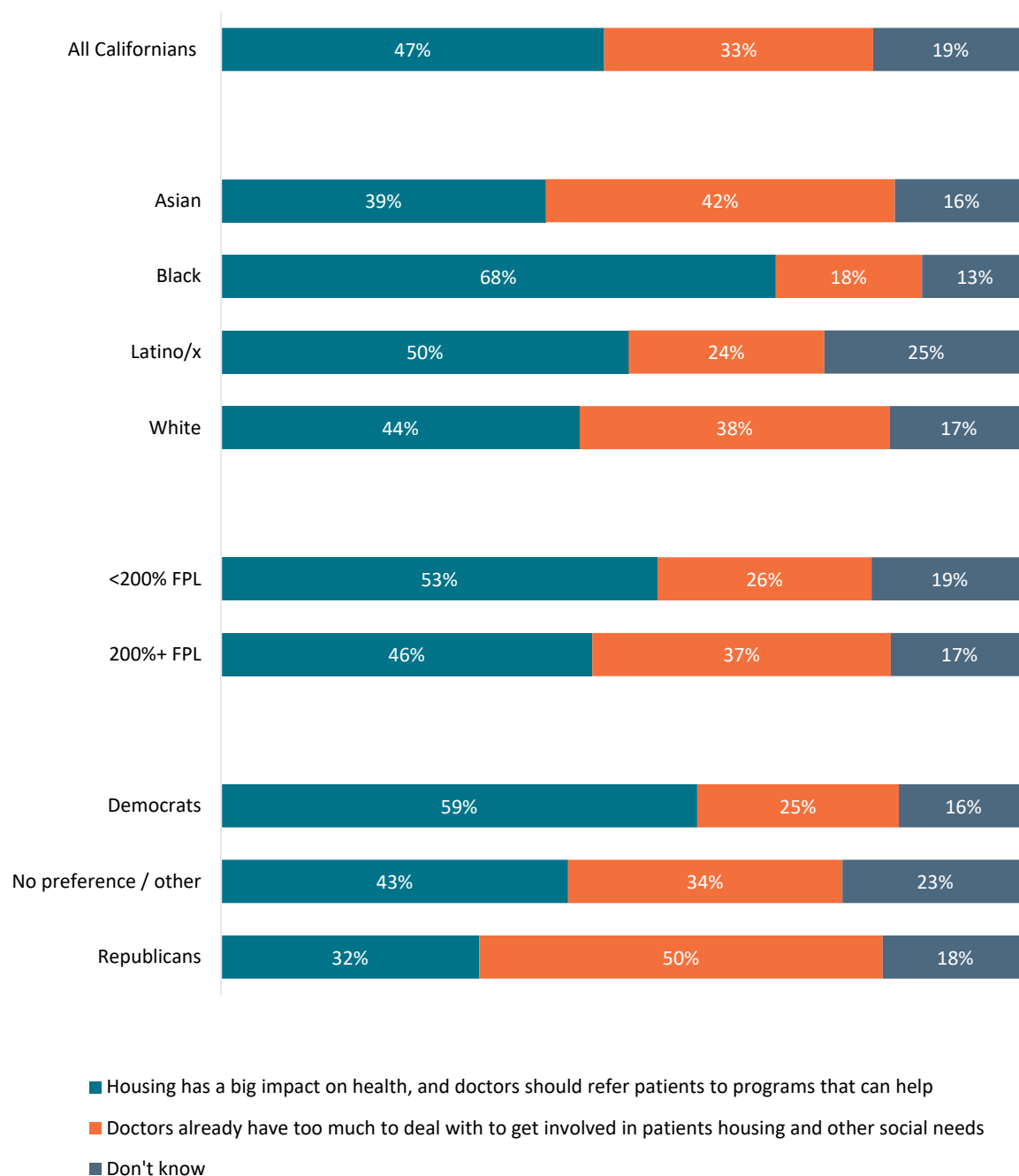
Q: WHICH STATEMENT COMES CLOSER TO YOUR VIEWS, EVEN IF NEITHER IS EXACTLY RIGHT?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Figure 47. Californians Who Believe Housing Has a Big Impact on Health, and Doctors Should Refer Patients to Programs That Can Help

Q: WHICH STATEMENT COMES CLOSER TO YOUR VIEWS, EVEN IF NEITHER IS EXACTLY RIGHT?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

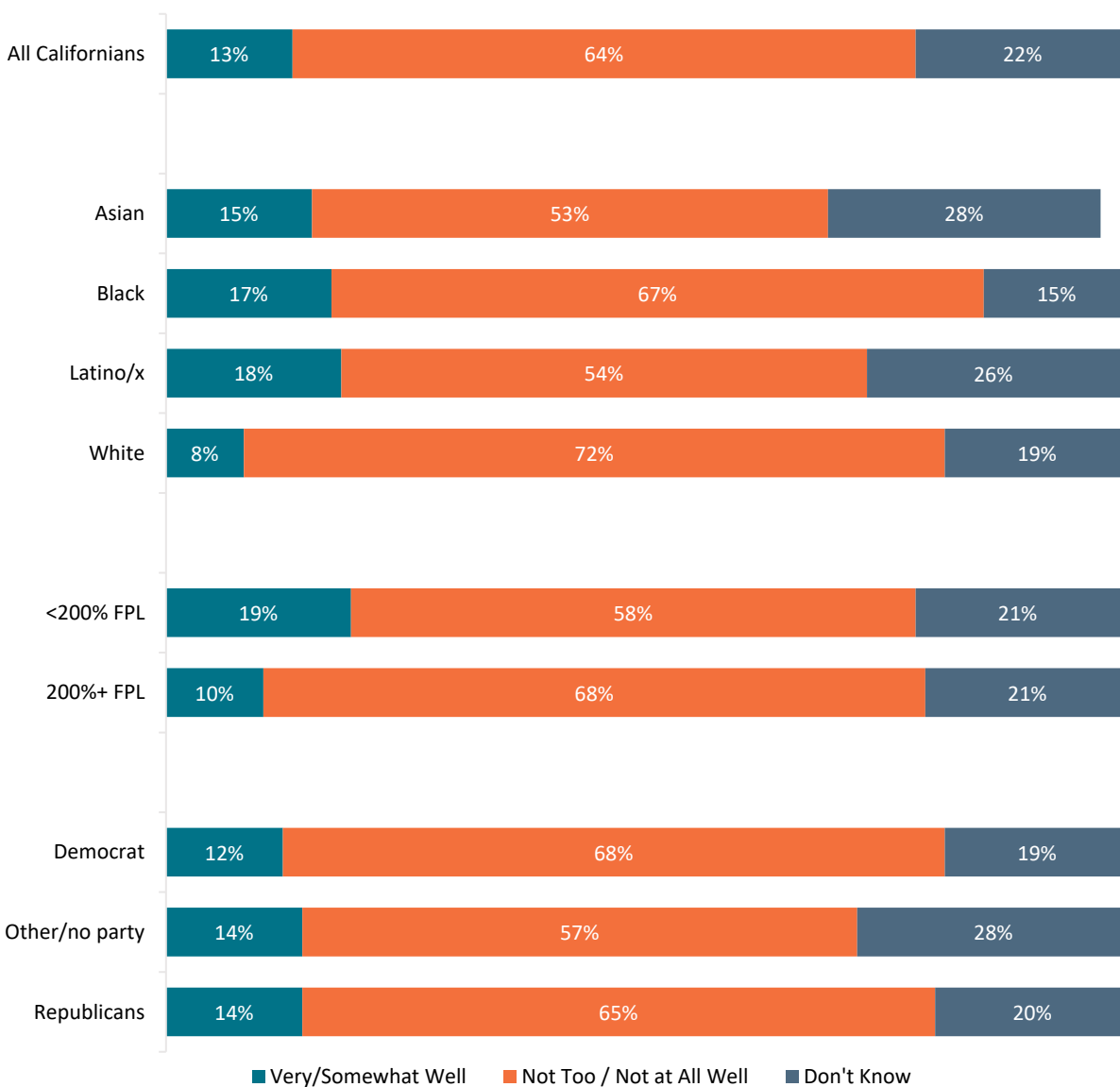
Two-thirds of Californians (64%) think the state is doing “not too” or “not at all” well in providing mental and physical health care to people experiencing homelessness. At least half of

every racial and ethnic group hold this view, with White Californians reporting the highest percentage (72%) followed by Black (67%), Latino/x (54%), and Asian Californians (53%).

Nearly six in 10 Californians (58%) with low incomes say that California is doing “not too” or “not at all” well in providing mental and physical health care to people experiencing homelessness, compared to 68% of Californians with higher incomes (Figure 48).

Figure 48. Two-Thirds of Californians Think the State Is Not Doing Well in Providing Mental and Physical Health Care to People Experiencing Homelessness

Q: HOW WELL IS CALIFORNIA DOING IN PROVIDING MENTAL AND PHYSICAL HEALTH CARE TO PEOPLE EXPERIENCING HOMELESSNESS?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. FPL means federal poverty level.

Section 6. Views on Medi-Cal, Health Provider Workforce, and Preventive Care

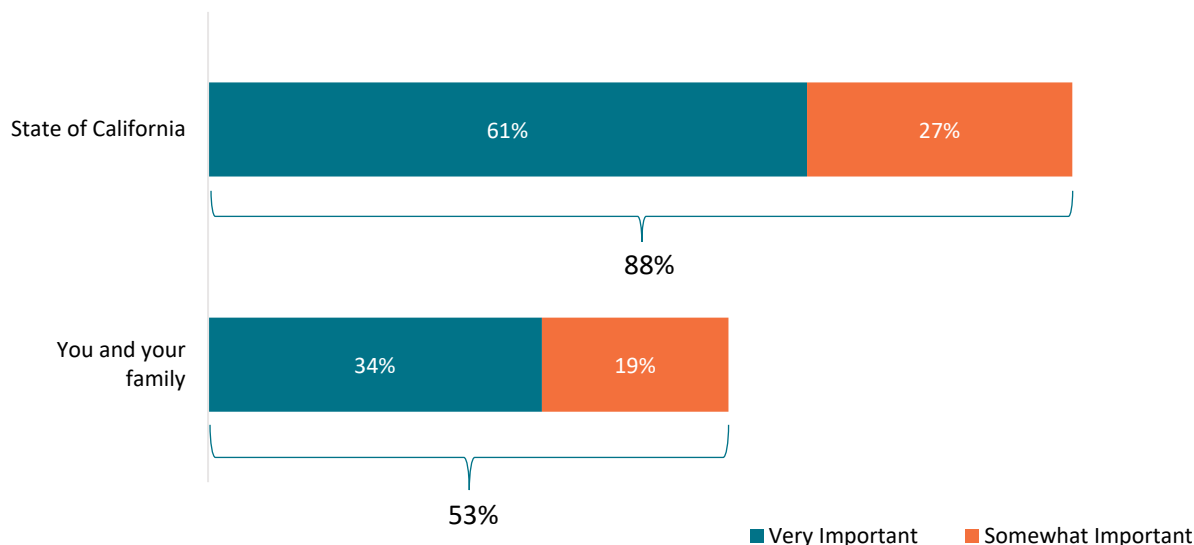
Medi-Cal

Medi-Cal is California’s Medicaid program, a source of health insurance coverage for millions of Californians with low incomes. Nearly nine in 10 Californians (88%) say the Medi-Cal program is “very” or “somewhat” important for the state (Figure 49). Large majorities of every racial or ethnic group share this view, with Black Californians (93%) most likely to say Medi-Cal is “very” or “somewhat” important, followed by Latino/x (91%), White (85%), and Asian Californians (83%). Lower income (91%) and higher income Californians (86%) also agree that Medi-Cal is either “very” or “somewhat” important for the state (Figure 50).

More than half of Californians (53%) say Medi-Cal is “very” or “somewhat” important to themselves and their family. More than eight in 10 Californians with lower incomes (84%) say that Medi-Cal is “very” or “somewhat” important to themselves and their family, compared to four in 10 Californians with higher incomes (40%). Black (76%) and Latino/x Californians (72%) are more likely to report that Medi-Cal is “very” or “somewhat” important to themselves and their family compared to Asian (55%) and White Californians (37%). More Spanish-speaking Californians (73%) report that Medi-Cal is “very” or “somewhat” important for themselves and their family than English-speaking Californians (47%) (Figure 51).

Figure 49. Nine in 10 Californians Say Medi-Cal Is Important to the State — Many Say It Is Important Personally

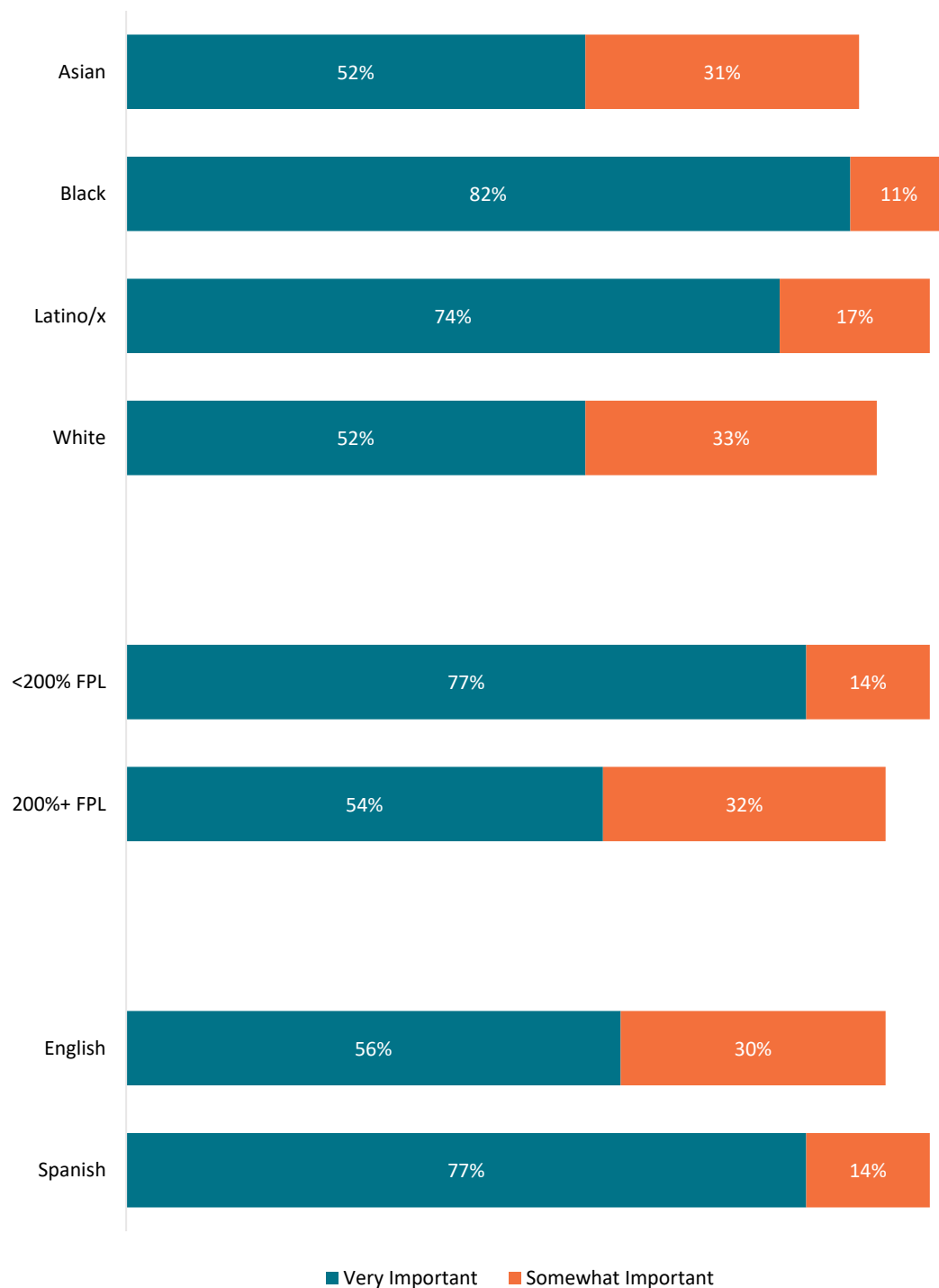
Q: HOW IMPORTANT IS MEDI-CAL FOR . . . ?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 50. Across Racial and Ethnic, Income, and Language Spoken Lines, Californians Think Medi-Cal Is Important to the State

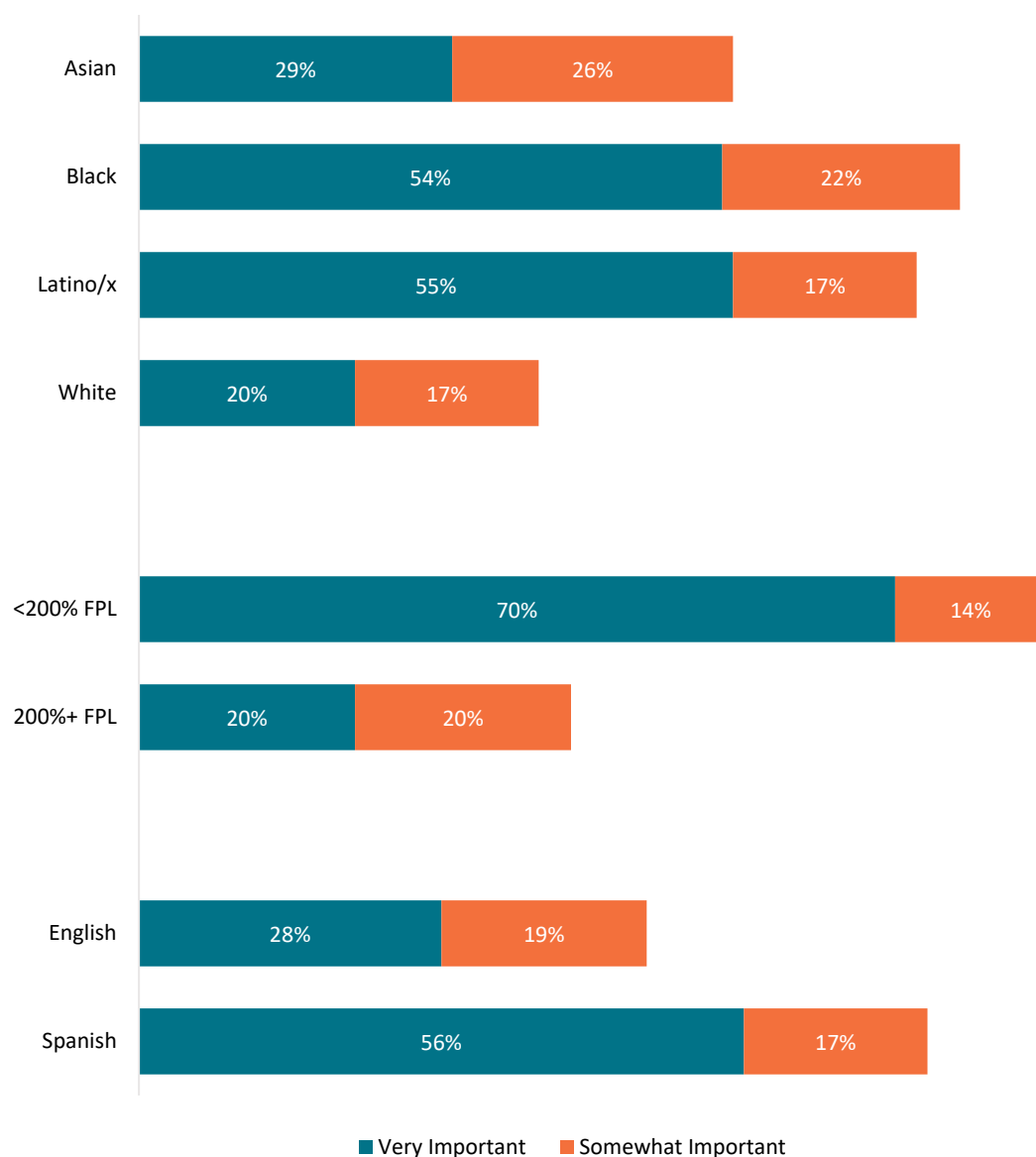
PERCENTAGE OF CALIFORNIANS WHO SAY THAT MEDI-CAL IS “VERY” OR “SOMEWHAT” IMPORTANT TO CALIFORNIA



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Figure 51. Californians with Low Incomes and Black and Latino/x Californians Most Likely to Report That Medi-Cal Is Important to Themselves and Their Family

PERCENTAGE OF CALIFORNIANS WHO SAY THAT MEDI-CAL IS “VERY” OR “SOMEWHAT” IMPORTANT TO THEMSELVES AND THEIR FAMILY



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Health Workforce

As mentioned above, the majority of Californians (85%) say that “making sure there are enough doctors, nurses, and other health care providers across California” should be an important priority for the state government to address, including 49% who call it an “extremely”

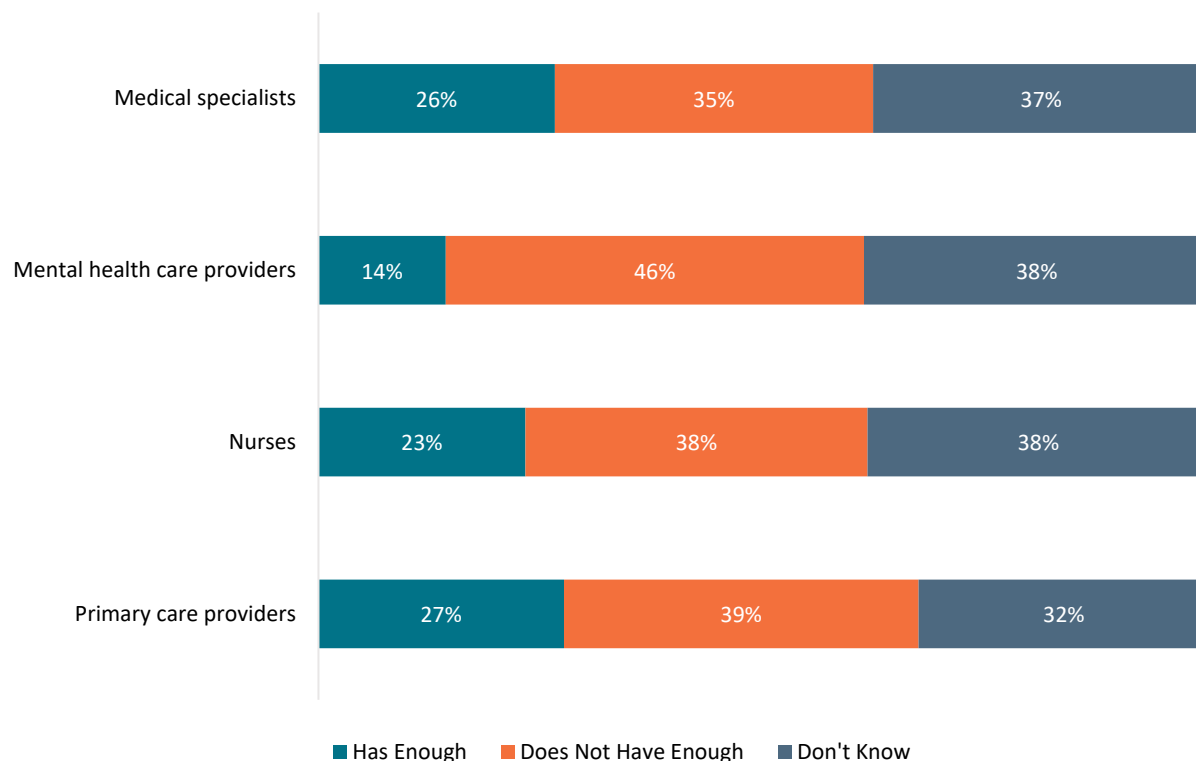
important priority. Over one-third of Californians say their community does not have enough primary care doctors (39%), nurses (38%), or specialists (35%) to serve the needs of local residents, and almost half (46%) say it doesn't have enough mental health care providers (Figure 52).

Black and Latino/x Californians are more likely than their counterparts to say their community lacks adequate numbers of providers (Figure 53). Among all racial and ethnic groups surveyed, the majority of Black (54%) and Latino/x Californians (50%) report that their community does not have enough mental health care providers, compared to Asian Californians (38%). Black and Latino/x Californians are also more likely than White Californians to report that their community does not have enough medical specialists (43%, 40%, and 31%, respectively).

Finally, regarding regions, Californians from the San Joaquin region share the view that their community does not have enough primary care providers, nurses, mental health providers, or medical specialists in their communities. Specifically, almost half of Californians from the San Joaquin region (47%) say their communities do not have enough nurses (Figure 54).

Figure 52. Over One-Third of Californians Report That Their Community Does Not Have Enough Primary Care Doctors, Mental Health Care Providers, Nurses, and Medical Specialists to Serve Californians' Needs

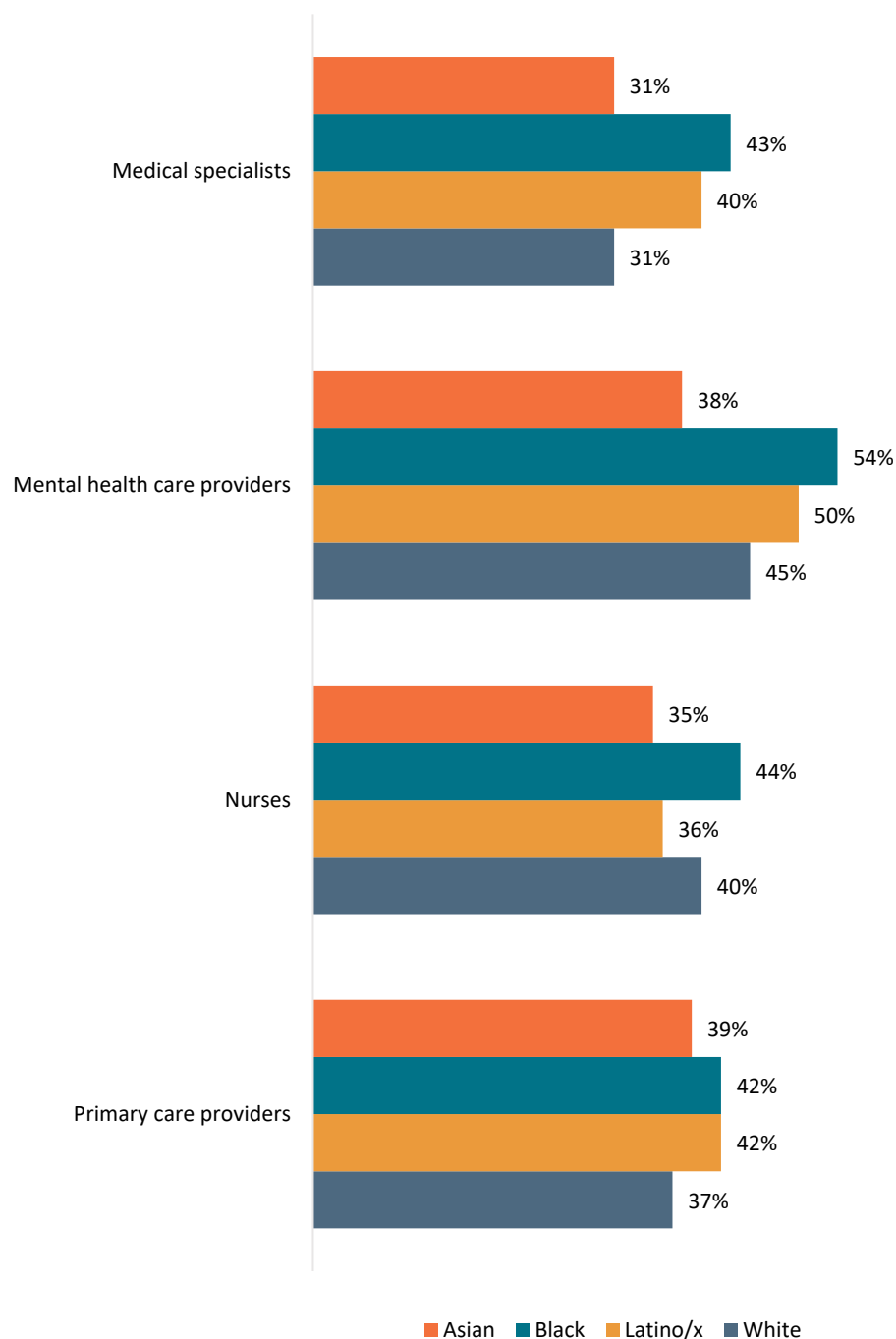
Q: DOES YOUR COMMUNITY HAVE ENOUGH OF THE FOLLOWING?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Figure 53. Black and Latino/x Californians More Likely to Say Their Community Lacks Adequate Numbers of Specialists and Mental Health Providers

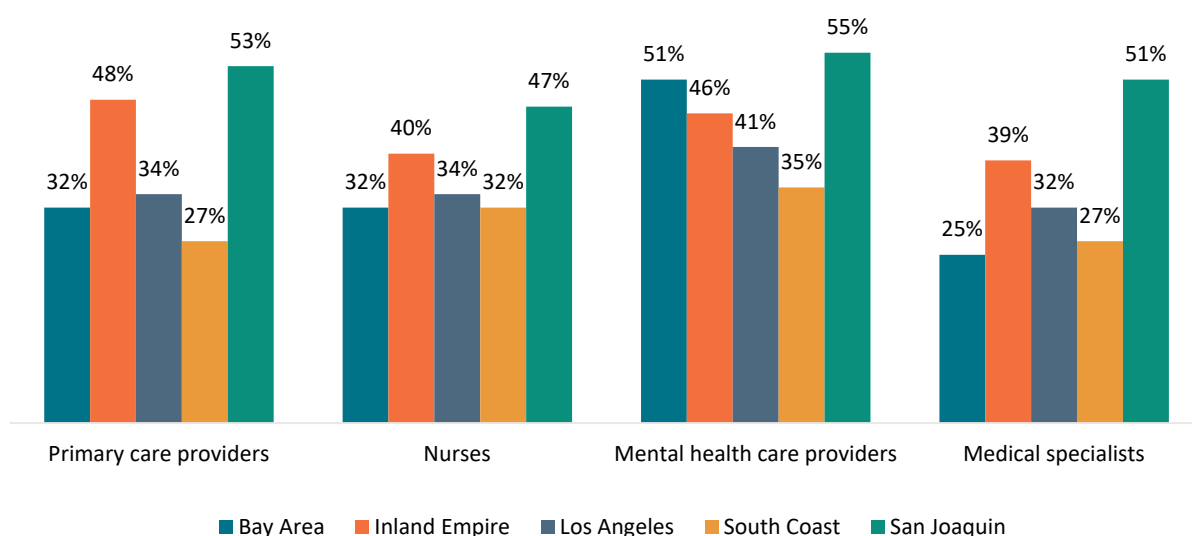
PERCENTAGE WHO SAY THEIR COMMUNITY DOES NOT HAVE ENOUGH PROVIDERS TO SERVE THEIR HEALTH CARE NEEDS



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

Figure 54. Residents of San Joaquin More Likely to Perceive Lack of Adequate Providers

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

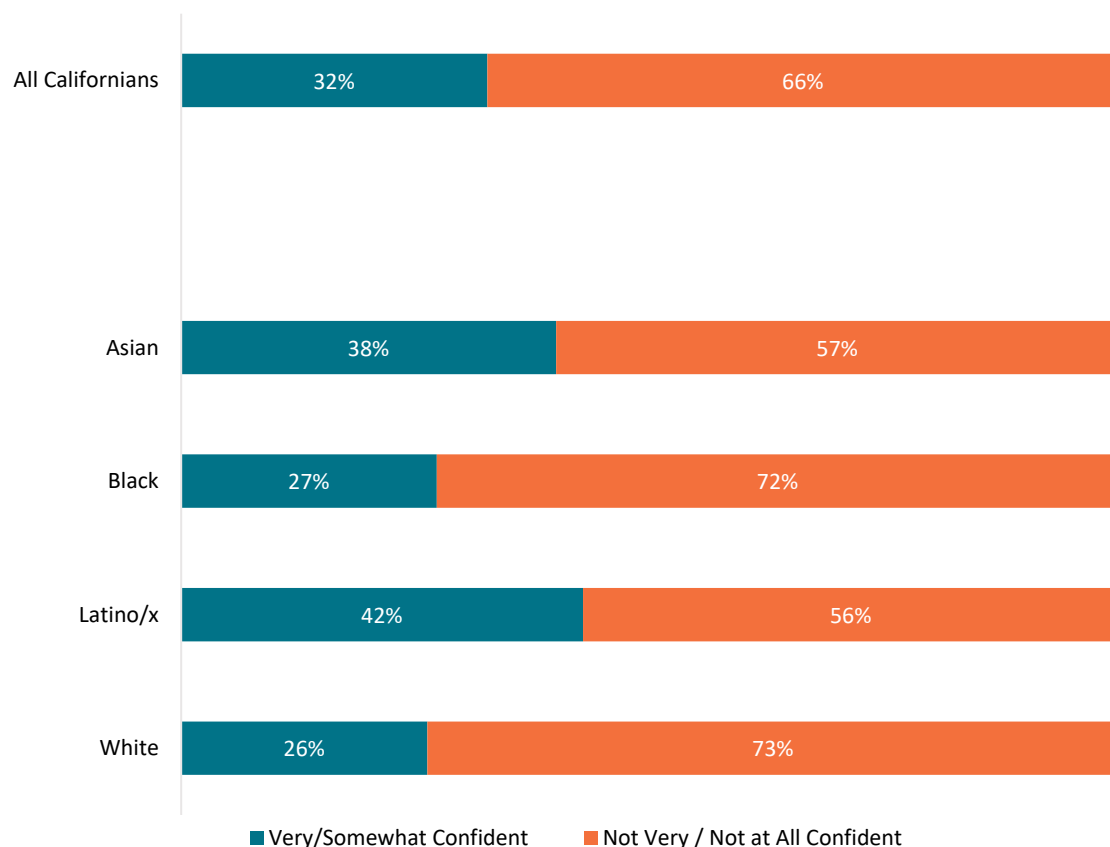


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options.

More than six in 10 Californians (66%) are “not very” or “not at all” confident that the state has enough mental health care providers to treat people with serious mental illness, compared to 32% who are “very” or “somewhat” confident the state has enough mental health providers. There are no meaningful differences by income. Latino/x Californians and Asian Californians are least likely to report they are “not very” or “not at all” confident that the state has enough mental health care provider (56% and 57% respectively) compared to 72% of Black Californians and 73% of White Californians (Figure 55).

Figure 55. Six in 10 Californians Are Not Confident That the State Has Enough Mental Health Care Providers

Q: HOW CONFIDENT ARE YOU THAT THE STATE OF CALIFORNIA HAS ENOUGH MENTAL HEALTH PROVIDERS TO TREAT PEOPLE WITH SERIOUS MENTAL ILLNESS?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Almost three-quarters of Californians (72%) who tried to make an appointment for mental health care in the past year report they are “not very” or “not at all” confident that California has enough mental health care providers to treat people with serious illness compared to two-thirds of Californians (66%) who have not tried to make mental health appointments.

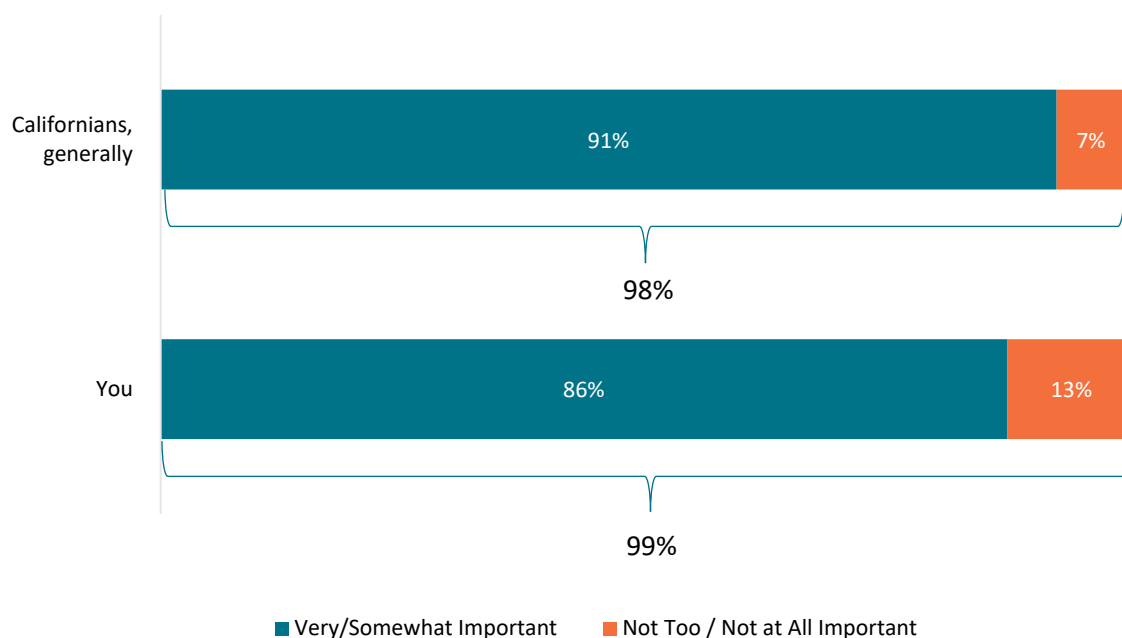
Preventive Care

Eighty-six percent of Californians think it is “very” or “somewhat” important to them personally that health insurers provide preventive health care services at no cost (Figure 56). Black Californians (98%) are more likely than Asian (88%), Latino/x (88%), and White Californians (83%) to report it is “very” or “somewhat” important to them personally that these preventive services continue to be available at no cost (Figure 57).

Similarly, more than nine in 10 Californians (91%) think it is “very” or “somewhat” important to Californians generally for health insurers to provide preventive health services at no cost to patients with insurance (Figure 56). Californians with higher incomes (93%) are slightly more likely to report this than those with low incomes (91%). Also, Black Californians (99%) are more likely than Asian (93%), White (91%), and Latino/x Californians (89%) to say it is “very” or “somewhat” important to Californians in general that these preventive services continue to be available at no cost (Figure 57).

Figure 56. Californians Who Say It Is “Very” or “Somewhat” Important to Provide Preventive Health Care Services at No Cost to Patients with Insurance (to Themselves and to Californians in General)

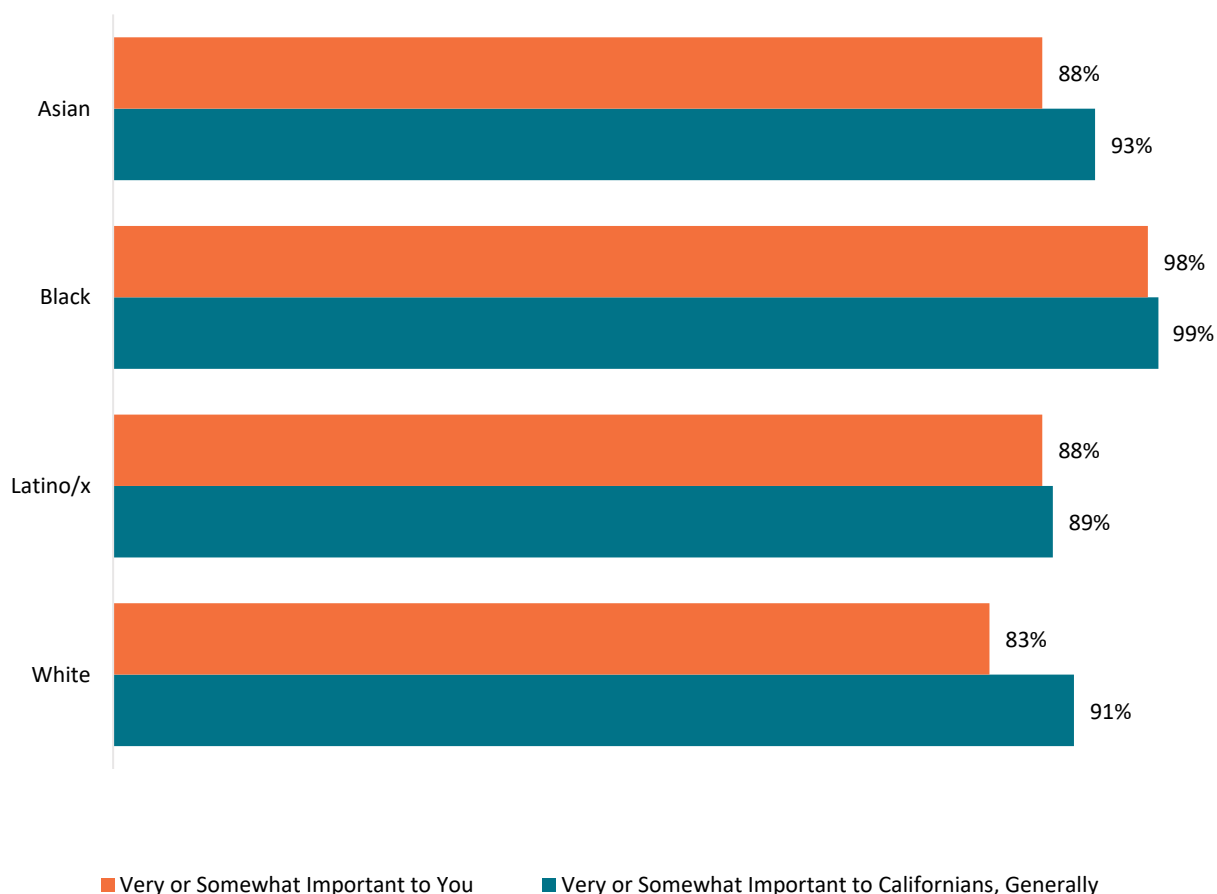
IMPORTANCE OF PROVIDING PREVENTIVE HEALTH CARE SERVICES AT NO COST TO PATIENTS WITH INSURANCE TO THE FOLLOWING



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Figure 57. Across Racial and Ethnic Lines, Californians Say It Is Important to Provide Preventive Services at No Cost to Patients with Insurance

PERCENTAGE WHO SAY IT IS “VERY” OR “SOMEWHAT” IMPORTANT TO THEMSELVES OR CALIFORNIANS GENERALLY TO PROVIDE PREVENTIVE HEALTH CARE SERVICES AT NO COST TO PATIENTS WITH INSURANCE

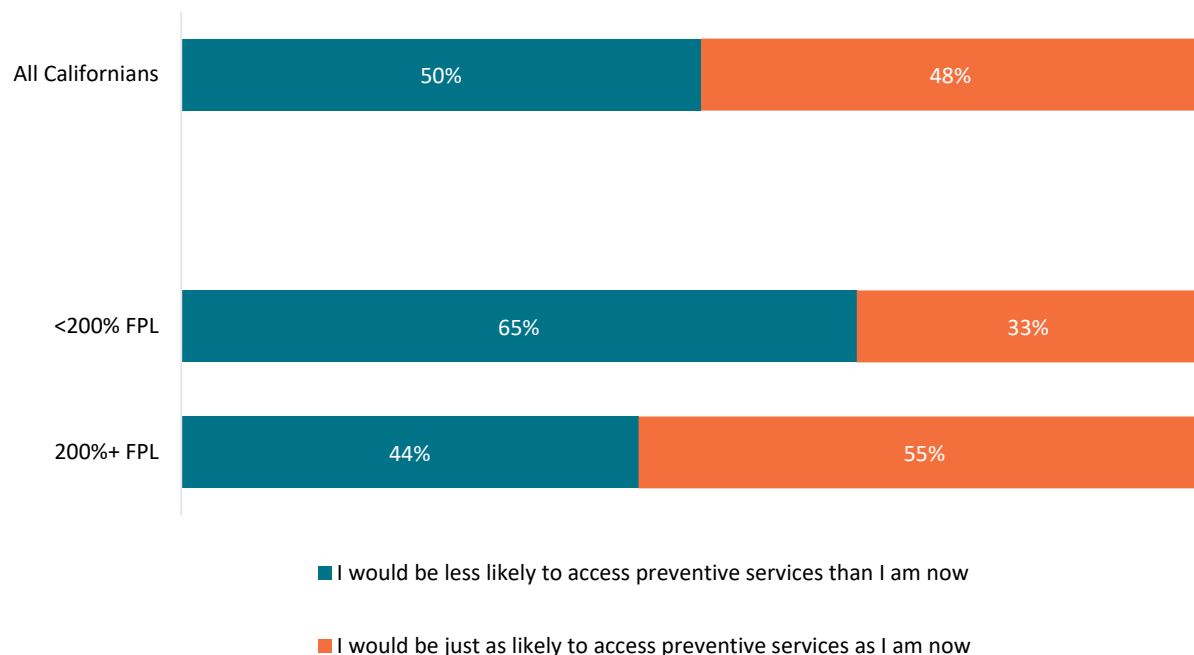


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level.

Californians were asked if they would be “just as likely” or “less likely” to access services if preventive services were no longer free and they had to pay a copay or out of pocket. Half of Californians say they would be less likely to access preventive services than they currently are, compared to 48% who would be just as likely to access preventive services as they currently are. Finally, more Californians with lower incomes (65%) say they would be less likely to access preventive services than they currently are, compared to those with higher incomes (44%) (Figure 58).

Figure 58. The Majority of Californians with Lower Incomes Would Be Less Likely to Access Preventive Services If They Were No Longer Free

Q: IF PREVENTIVE SERVICES LIKE THESE WERE NO LONGER FREE AND YOU WERE REQUIRED TO PAY A COPAY OR OUT OF POCKET, WHICH STATEMENT MOST CLOSELY DESCRIBES YOU?



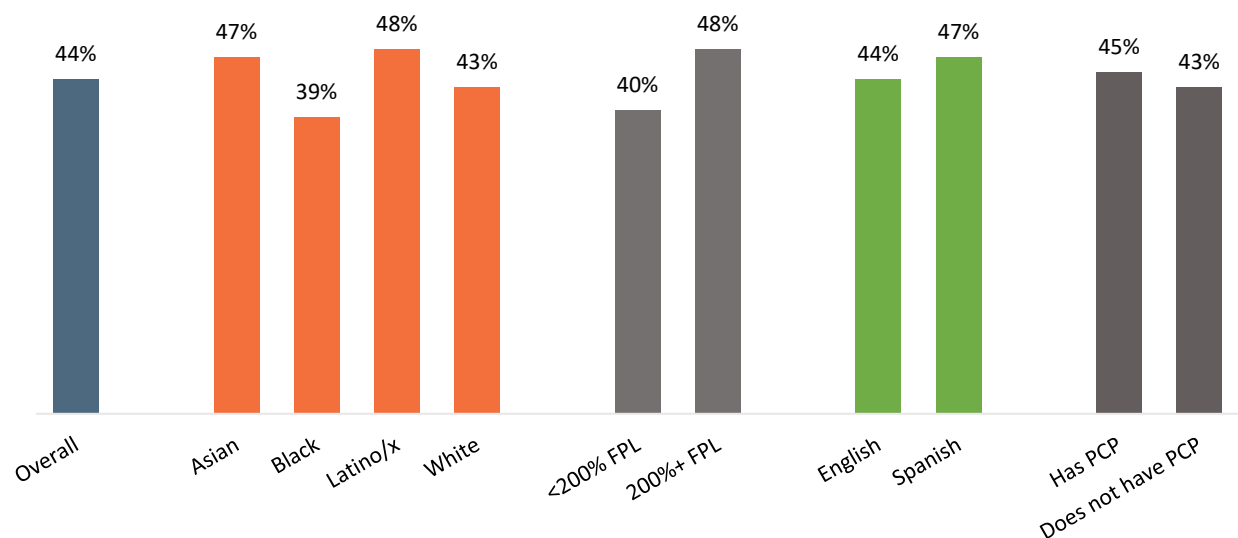
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding. *FPL* is federal poverty level.

Section 7. COVID-19

Overall, 44% of Californians say they have tested positive for COVID-19, and 54% say they have not. There are no significant differences by race and ethnicity, having a primary care physician, or language of interview, but there is a difference by income. Californians with lower incomes (40%) are less likely than those with higher incomes (48%) to say they have tested positive for COVID-19 (Figure 59).

Figure 59. Almost Half of Californians Say They Have Tested Positive for COVID-19

PERCENTAGE WHO REPORT THAT THEY HAVE EVER TESTED POSITIVE FOR COVID-19

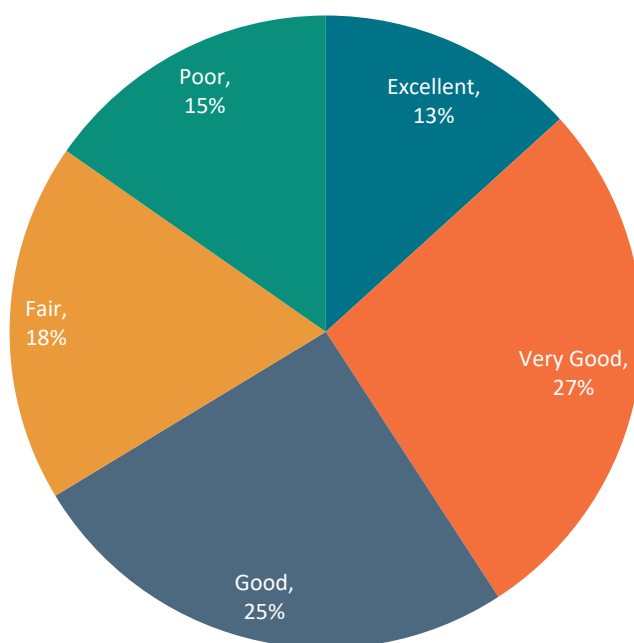


Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. *FPL* is federal poverty level. *PCP* is primary care provider.

Nearly three years into the COVID-19 pandemic, nearly two-thirds of Californians (65%) say the state government has done an “excellent” (13%), “very good” (27%), or “good” job (25%). Eighteen percent say the response has been “fair,” and 15% say it has been “poor” (Figure 60).

Figure 60. Californians Give the State Government Good Ratings on Its Response to the COVID-19 Pandemic

Q: HOW WOULD YOU RATE THE CALIFORNIA STATE GOVERNMENT’S RESPONSE TO THE COVID-19 PANDEMIC?



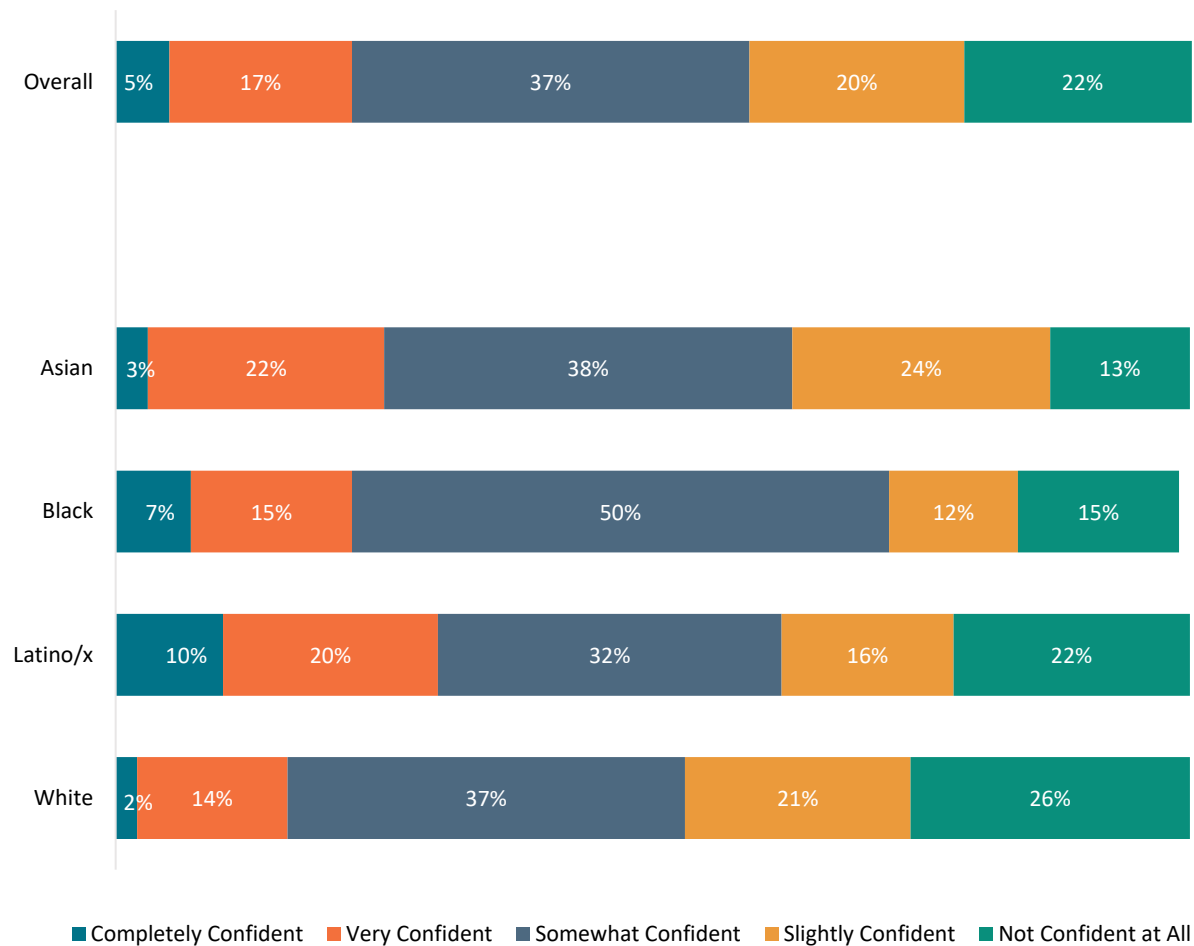
Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

When it comes to preparing for the next public health emergency, most Californians (59%) are at least “somewhat” confident that California is prepared (5% “completely,” 17% “very,” and 37% “somewhat”). Twenty percent say they are “slightly” confident, and 22% say they are “not confident at all.”

Some differences emerge by race and ethnicity. Black (72%) and Latino/x Californians (62%) are more likely than White Californians (53%) to say they are “completely,” “very,” or “somewhat” confident (Figure 61).

Figure 61. Most Californians Are at Least “Somewhat” Confident That California Is Prepared for the Next Public Health Emergency

Q: HOW CONFIDENT ARE YOU THAT CALIFORNIA IS PREPARED FOR THE NEXT PUBLIC HEALTH EMERGENCY?



Notes: CHCF/NORC California Health Policy Survey (September 30–November 1, 2022). See topline for full question wording and response options. Figures may not sum due to rounding.

Appendix A. Survey Methodology

The California Health Care Foundation's California Health Policy Survey was conducted September 30, 2022, through November 1, 2022, via a mixed AmeriSpeak Panel ($n = 1,522$) and address-based sample (ABS) ($n = 217$) design among a random representative sample of 1,739 adults age 18 and older living in California. Interviews were administered in English ($n = 1,430$) and Spanish ($n = 309$). Sampling, data collection, weighting, and tabulation were managed by NORC at the University of Chicago. CHCF paid for all costs associated with the survey, and NORC and CHCF worked together to design the survey questionnaire and to analyze the results.

The sampling strategy for this study was designed to achieve enough interviews to support accurate representation of the California resident adult population, while also allowing for directional comparisons among key sociodemographic categories such as age, race, income, and region. AmeriSpeak, a nationally representative panel sample that uses both area probability sampling and address-based sampling methods, was the foundational sample for this study.

To qualify for the study, invited AmeriSpeak respondents confirmed they were 18 or older and living in California. Most qualified AmeriSpeak respondents completed the survey via the web, with a small proportion completing the survey by phone with NORC telephone interviewers.

ABS was used to augment the number of respondents with low incomes, as well as those who identify as Asian and those who identify as Black. The study ABS was randomly drawn from a sampling frame defined by the United States Postal Service's Computerized Delivery Sequence File. All California addresses were sorted into six mutually exclusive sampling strata:

1. Addresses with a high proportion of residents identifying as Asian
2. Addresses with a high proportion of residents identifying as Black
3. Addresses with a high proportion of residents identifying as Asian and Black
4. Addresses with a high proportion of residents identifying as having low incomes and not identifying as Asian or Black
5. Other residual addresses
6. No vendor match

Addresses identified in strata one through four were sampled and fielded, and sampling weights were constructed for selection probabilities across the sampling strata.

Selected addresses in the ABS sampling strata were sent an invitation letter including a web link to complete the survey online and a toll-free number 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, 2022. NORC sent one reminder letter, which included a survey web link and a unique participant code, around one week after the initial mailing. NORC then sent a final postcard reminder and placed a telephone call about two weeks after the initial mailing to households whose address could be matched to a listed cellphone or landline telephone number.

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

A multistage weighting design was used 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 were balanced to match the known California adult population totals based on the US Census Bureau's 2022 Current Population Survey March Supplement. Demographic benchmark distributions used in the raking included age, gender, race (including Latino/x ethnicity), CHCF region, household size, and household income relative to 200% of the federal poverty level. Finally, weights were truncated at the 10th and 90th percentile of their distribution to mitigate sensitivity and keep variance low.

The results in this report are based on comparison of means tests for between-group differences. Any result reported as “different from,” “more than,” or “less than” another result is a statistically significant difference at $p < .05$. Ordered logistic regression analysis was used to examine the relationship between a limited number of outcome variables (including levels of trust in a PCP's judgment and perceived negative experiences with health care providers) and predictor variables (composed primarily of demographic information).

The margin of sampling error, including the design effect for the full sample for 50%, is plus or minus 3.3 percentage points. For results based on percentages other than 50%, the margins of sampling error are typically lower. For results based on specific demographic 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 by county as follows:

- Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma
- Inland Empire: Riverside and San Bernardino
- Los Angeles: Los Angeles
- San Joaquin: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
- South Coast: Imperial, Orange, and San Diego