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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's California Health Policy Survey was conducted September 18, 2023, through October 25, 2023, via a mixed AmeriSpeak Panel ($n = 1,641$) and address-based sample ($n = 1,790$) design among a random representative sample of 3,431 adults age 18 and older living in California. This year's survey includes an oversample of the Central Valley, composed of Mariposa, Madera, Fresno, Kings, and Tulare Counties, with 1,525 Central Valley respondents age 18 and older.

Central Valley interviews were administered in English ($n = 1,443$), Spanish ($n = 77$), and Chinese ($n = 5$). A multistage weighting design was applied to ensure accurate representation of the California adult population. More details on survey methods are available in the appendix.

Survey respondents were asked whether they identified as Hispanic or Latino and then asked their racial identity. In the Central Valley sample, only Latino/x and non-Latino/x White residents (reported as White) have a sufficient N to report findings.

Where comparisons are made by income groups, "people with low incomes" refers to those with household incomes below 200% of the federal poverty level (e.g., \$42,440 for a family of three in 2023). "People with higher incomes" refers to those with household incomes at 200% or above the federal poverty level in 2023.

Statistical testing was conducted to compare the Central Valley versus the rest of California; Central Valley residents with low incomes versus Central Valley residents with higher incomes; Latino/x Central Valley residents versus White Central Valley residents. Any statistically significant differences ($p < .05$) will be noted in figures with a symbol. If there is not symbol, differences were not significant. Any result reported as “more than” or “less than” another result in the text is a statistically significant difference at $p < .05$.

Executive Summary

The Central Valley counties of Mariposa, Madera, Fresno, Kings, and Tulare are home to 1.8 million people and one of the nation’s most productive agricultural areas. The Central Valley is geographically, ethnically, and economically diverse. Fifty-seven percent of residents are Latino/x. And 45% have family incomes below 200% of the federal poverty level (FPL) compared to 30% statewide.*

The Central Valley faces challenges with access to care, especially for behavioral health services and primary care, and struggles to recruit physicians and other health care professionals.

Annually since 2019, the California Health Care Foundation has funded a representative, statewide survey of residents’ opinions and experiences on a variety of health care topics. The California Health Care Foundation (CHCF) and NORC at the University of Chicago, a nonpartisan research organization, conducted the survey again in late 2023.

For the first time, the 2023 survey includes an oversample of respondents from the Central Valley, composed of five counties — Mariposa, Madera, Fresno, Kings, and Tulare. This allows CHCF to report statistically representative results for the region, as well as comparisons among key sociodemographic groups residing there and differences between the region and the rest of California.

Key themes and findings from this analysis of Central Valley survey responses include:

High health care costs and medical debt are particularly acute issues in the Central Valley, especially among those with low incomes and Latino/x residents. Reducing the amount of money that people pay for care is one of the top health care priorities of Central Valley residents.

- More than 6 in 10 Central Valley residents (63%) report skipping or delaying care due to cost. This is significantly higher than Californians in the rest of the state (52%) (Figure 16).

* Len Finocchio and James Paci, *San Joaquin Valley: Despite Poverty and Capacity Constraints, Health Care Access Improves*, California Health Care Foundation, December 2020.

- More than three in four Central Valley residents are “very” or “somewhat” worried about being able to afford out-of-pocket health care costs (78%) and unexpected medical bills (77%). In contrast, 63% of Californians in the rest of the state are “very” or “somewhat” worried about out-of-pocket health care costs, and 65% about unexpected medical bills (Figure 17).
- More than 8 in 10 Central Valley residents with low incomes and Latino/x residents are “very” or “somewhat” worried about being able to afford out-of-pocket health care costs and unexpected medical bills (Figure 18 and Figure 19).
- Nearly half of Californians in the Central Valley (48%) have medical debt compared to 36% of Californians in the rest of the state. Fifty-six percent of Central Valley residents with low incomes and Latino/x residents report medical debt (Figure 21).
- Eighty-six percent of Central Valley residents say reducing the amount of money that people pay for care is “extremely” or “very” important for the legislature and governor to focus on in the coming year (Figure 3).

A significant proportion of Central Valley residents report challenges accessing health care, especially for mental health concerns. Most Central Valley residents think their community does not have enough health care providers.

- Thirty-five percent* of Central Valley residents overall, 44% of those with low incomes, and 37% of Latino/x residents say it is “somewhat” or “very” difficult to access high-quality, affordable health care for them and their families (Figure 6).
- Among the 20% of Central Valley residents who tried to make a mental health appointment, 62% report waiting longer than they thought was reasonable to get an appointment (Figure 37). Among the 51% of Central Valley residents who tried to make an appointment for physical health care, half (50%) say they had to wait longer than reasonable (Figure 30).
- Central Valley residents (78%) are less likely to have a regular doctor or health care provider than residents in the rest of the state (85%). Latino/x Central Valley residents (73%) are less likely to have a regular doctor or provider than White residents (87%) (Figure 25).
- Half or more of Central Valley residents think their community does not have enough providers, especially mental health providers (56%) (Figure 51).
- Nearly one in four Central Valley residents (23%) report a hospital closure in their community in the last 12 months, more than four times higher than residents in the rest of California (5%) (not shown).

* May not match figure due to rounding.

Most Central Valley residents are concerned about the health effects of weather and environmental factors.

- Nearly 6 in 10 Central Valley residents (58%) and about two in three Central Valley residents with low incomes (67%) and Latino/x Central Valley residents (64%) are “very” or “somewhat” worried about the effect of weather and environmental factors — such as extreme heat, floods, wildfires, and air quality — on their or a family member’s physical or mental health (Figure 8).
- Three in 10 Central Valley residents (29%) say the weather or environment has impacted their or their family’s physical health (Figure 9), and 2 in 10 (20%) say that it has impacted their or their family’s mental health (Figure 10).

Nearly half of Californians in the Central Valley report waiting for authorization from their health insurers before receiving doctor-approved care.

- Central Valley residents (47%) are more likely to report waiting for insurance authorization of a treatment, procedure, or medicine prescribed by their doctor than residents in the rest of the state (39%) (Figure 42).
- Nearly 6 in 10 Central Valley residents (58%) who had to wait for authorization report waiting a week or longer (Figure 43).
- Among Central Valley residents who waited for insurance authorization, 46% report waiting for authorization of the same type of care more than once in the last year (Figure 44).

Californians in the Central Valley are more likely to have experienced a change in health insurance coverage in the past year than Californians in the rest of the state, often resulting in increased costs of coverage or care.

- Three in 10 Californians in the Central Valley (30%) and one in three Latino/x Central Valley residents (33%) report experiencing a change in health insurance coverage in the past year (Figure 48).
- Among Central Valley residents who changed insurance coverage, 33% say their costs for coverage increased and 32% that their costs for care they needed increased (Figure 49).

Section 1: Health Policy Priorities and Health System Performance

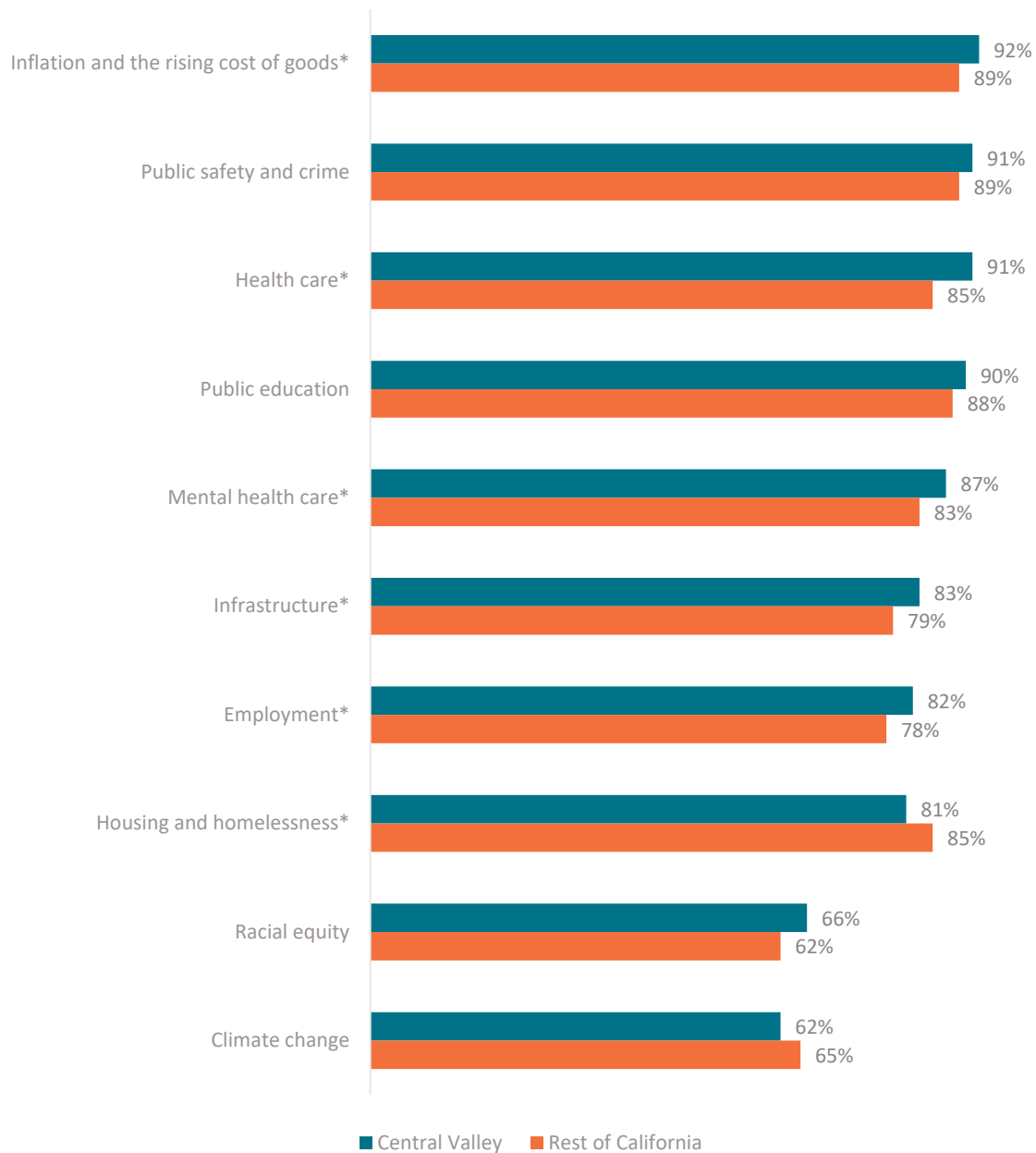
The 2024 CHCF poll asked Californians about how state leaders should prioritize health issues and their views on the performance of the health system.

Priorities for California State Government

- Californians were asked about 10 overall priorities for the governor and state legislature to address in 2024. Nine in 10 Central Valley residents think it is “extremely” or “very” important for the state government to prioritize addressing inflation and the rising cost of goods, public safety and crime, health care, and public education (Figure 1).
- Ninety-five percent of Latino/x Central Valley residents say health care is “extremely” or “very” important, compared to 87% of White residents. Latino/x Central Valley residents were much more likely to say racial equity (75%) and climate change (70%) are “extremely” or “very” important compared to White Central Valley residents (52% and 49%, respectively) (Figure 2).
- Californians were asked how important it is for the governor and state legislature to work on 11 health care–related items in 2024. Reducing the amount of money that people pay for care, increasing access to mental health treatment services, and increasing the number of health care providers are among the highest health care priorities for Central Valley residents, with 86% saying that each is “extremely” or “very” important (Figure 3).
- Nine in 10 Central Valley residents (91%) with low incomes say reducing the amount of money that people pay for care is “extremely” or “very” important. Central Valley residents with low incomes are more likely to say each of the 11 health care policy areas is “extremely” or “very” important than those with higher incomes (Figure 4).
- Most Latino/x and White Central Valley residents agree that many health care–related items are “extremely” or “very” important priorities for the state government. Nine in 10 Latino/x Central Valley residents (90%) say reducing the amount of money that people pay for care is “extremely” or “very” important compared to 79% of White Central Valley residents (Figure 5).

Figure 1. Nine in 10 Central Valley Residents Want the State Government to Focus on Inflation, Public Safety, Health Care, and Public Education

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



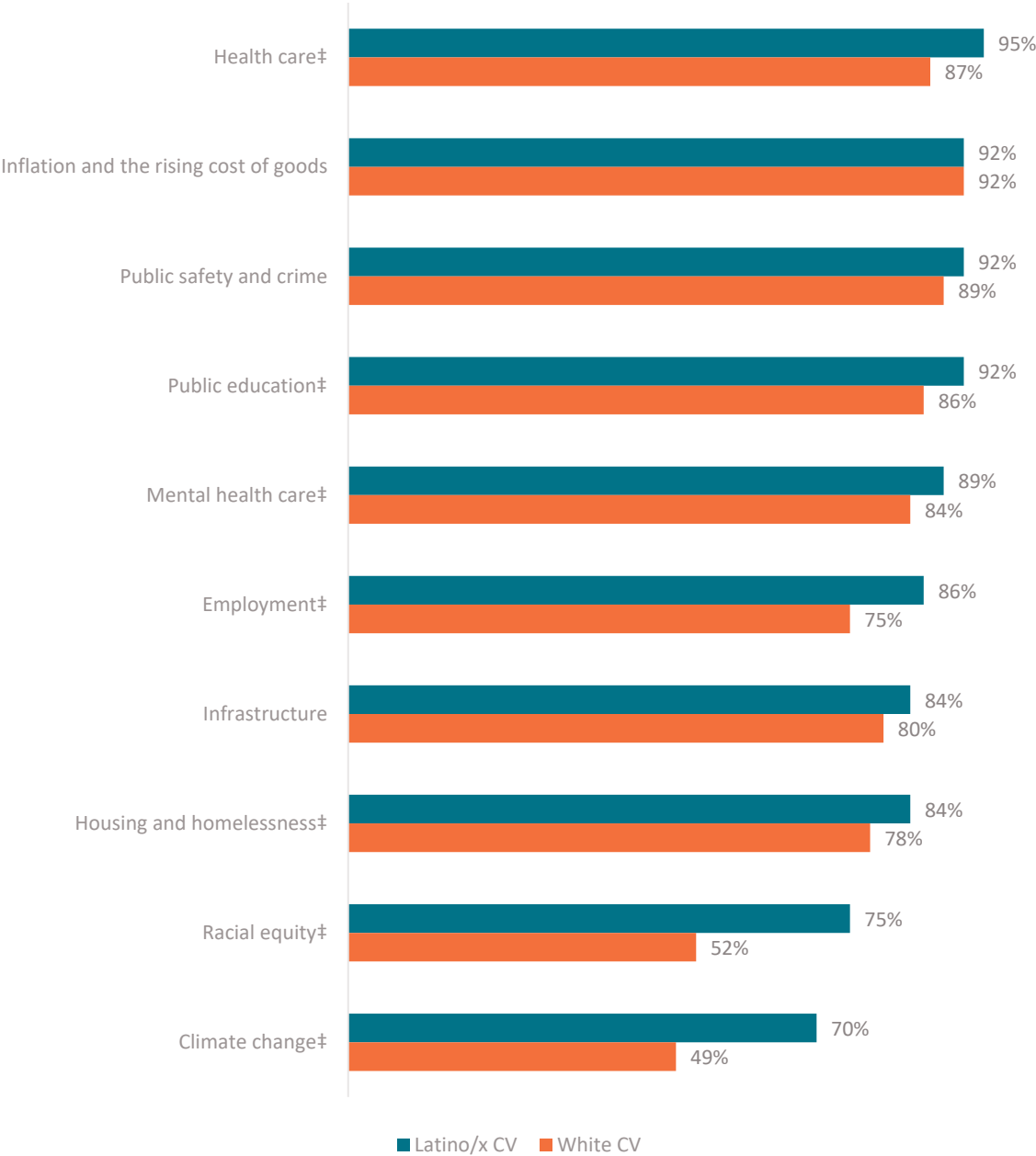
* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 2. Ninety-Five Percent of Latino/x Central Valley Residents Want the State Government to Focus on Health Care

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



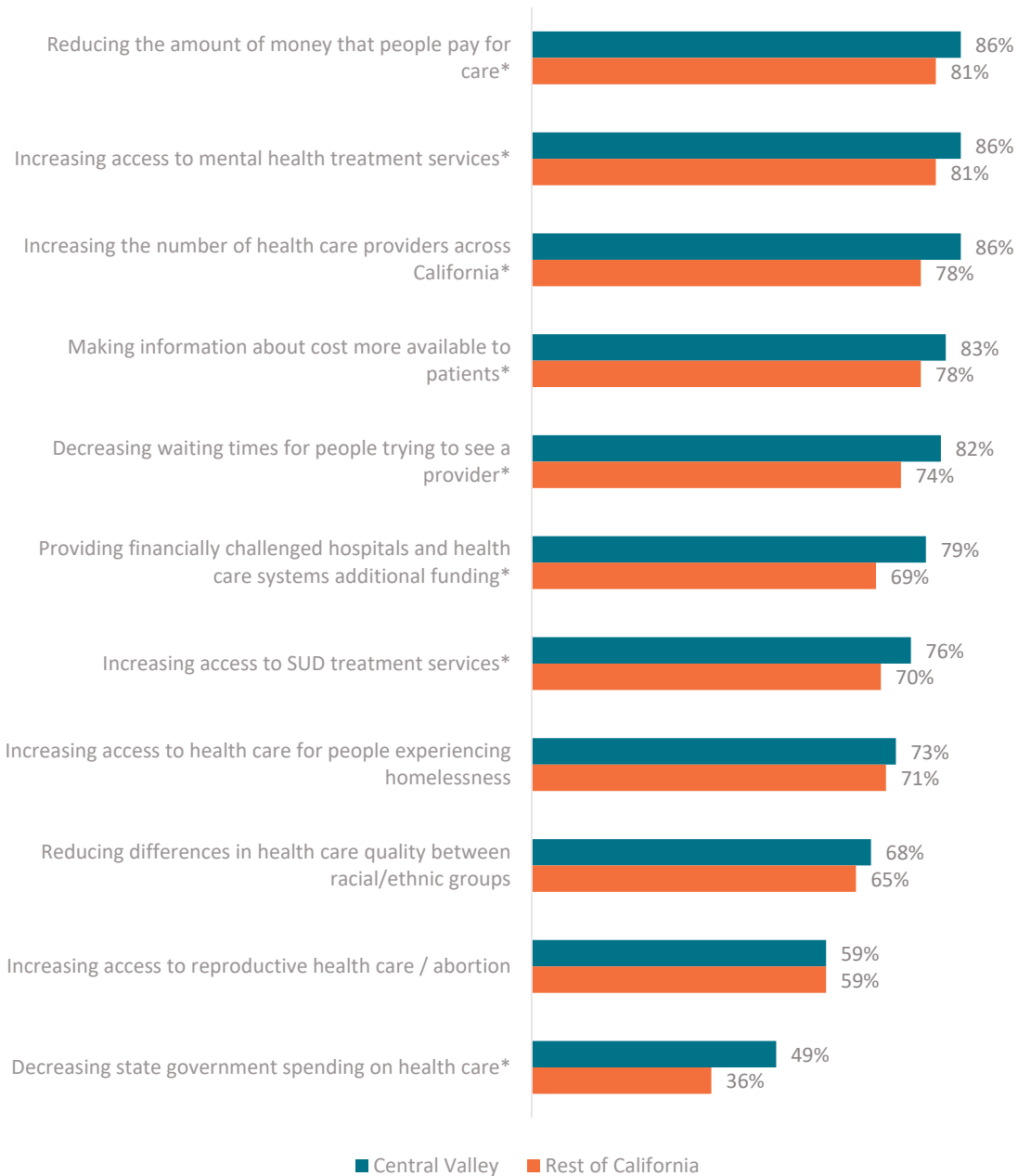
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 3. More Than 8 in 10 Central Valley Residents Say Five Health Care Priorities Are “Extremely” or “Very” Important

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



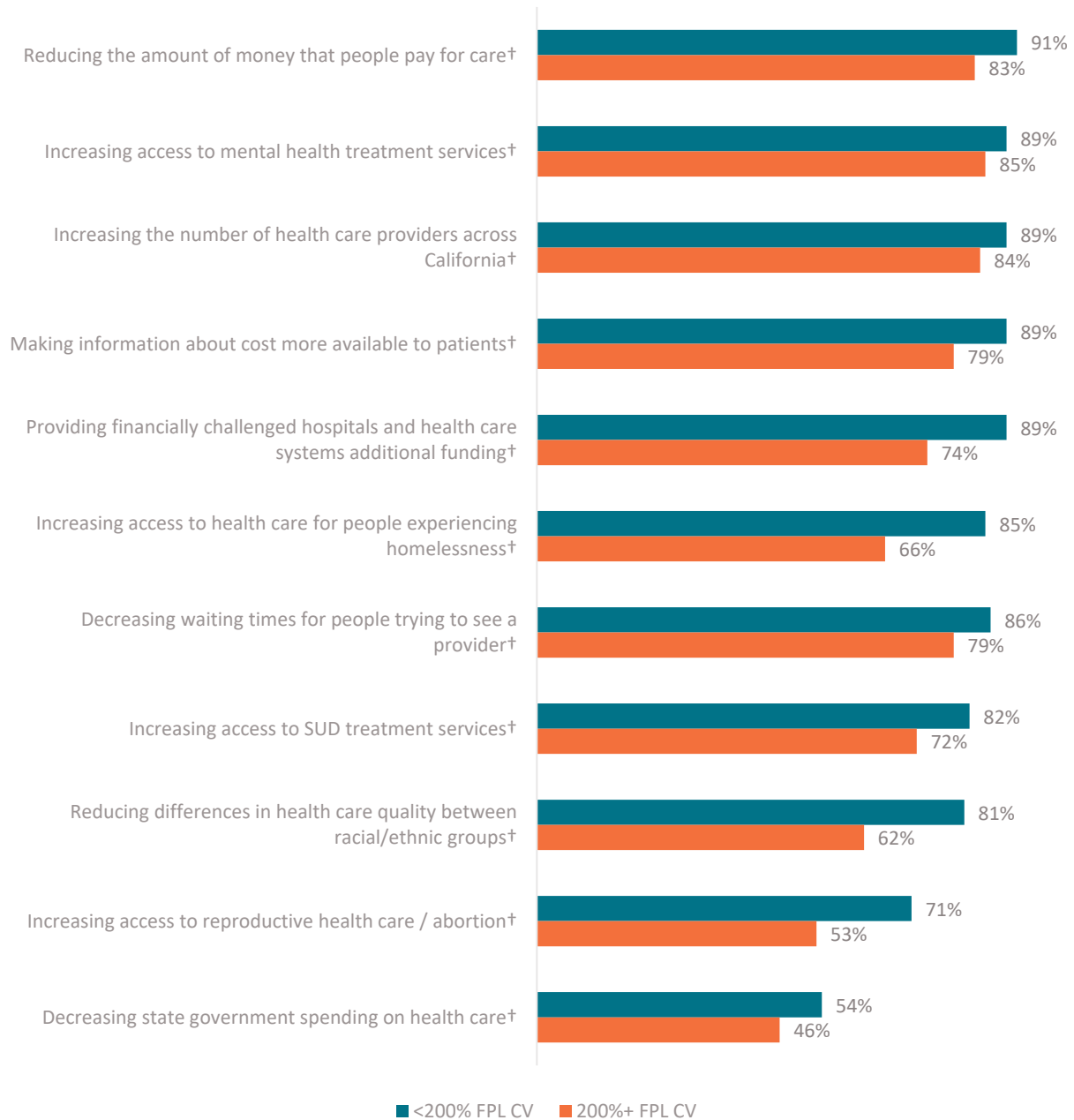
* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 4. Nine in 10 Central Valley Residents with Low Incomes Say Reducing the Amount of Money People Pay for Care Is an “Extremely” or “Very” Important Policy Priority

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



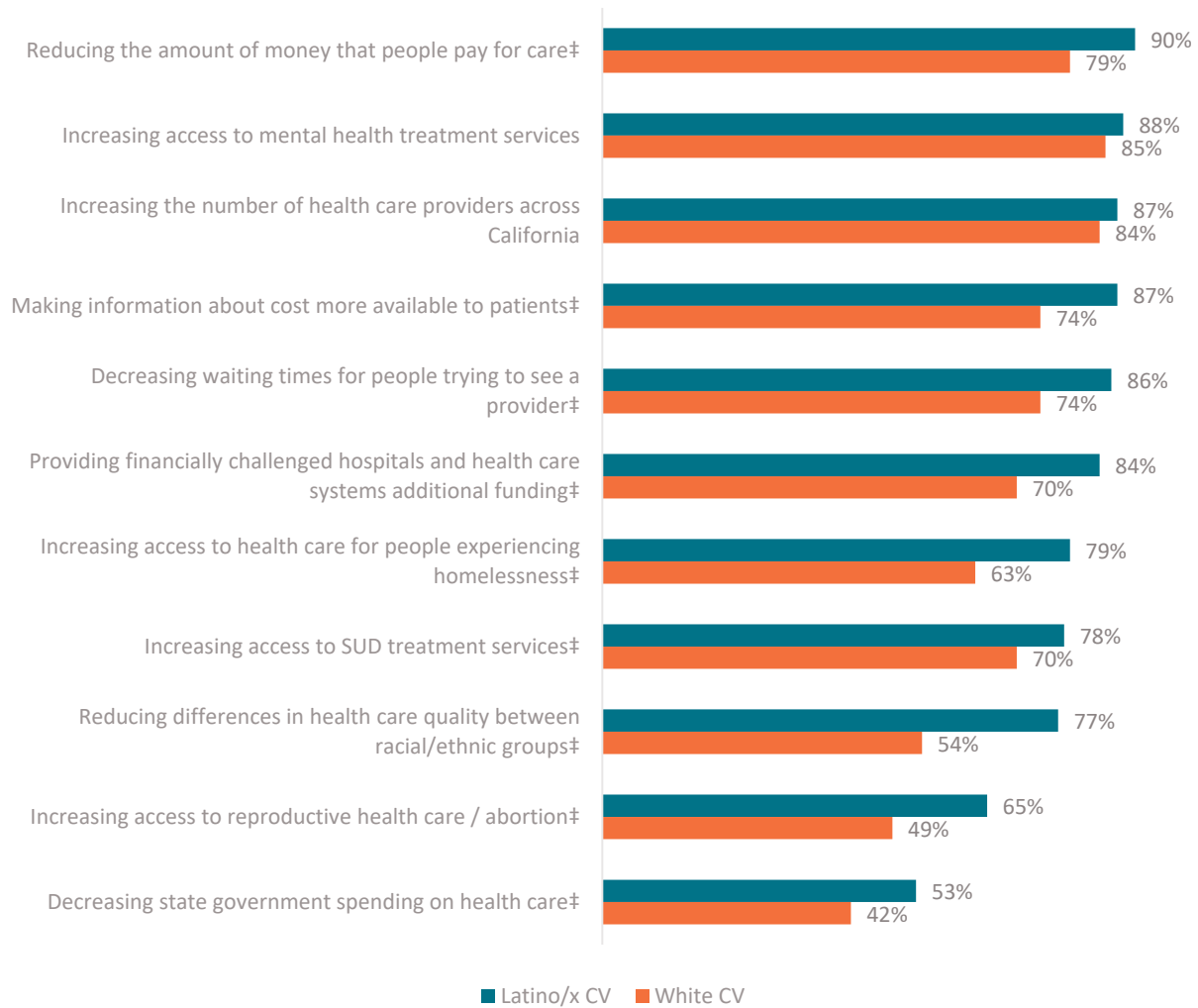
† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 5. Latino/x Central Valley Residents Are More Likely Than White Residents to Say Many Health Care Priorities Are “Extremely” or “Very” Important

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



‡ $p < .05$ for differences between Latino/x and White respondents.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Overall Health System Performance

- More than one in three Californians in the Central Valley (35%*) say it is “somewhat” or “very” difficult to access high-quality, affordable health care for them and their families,

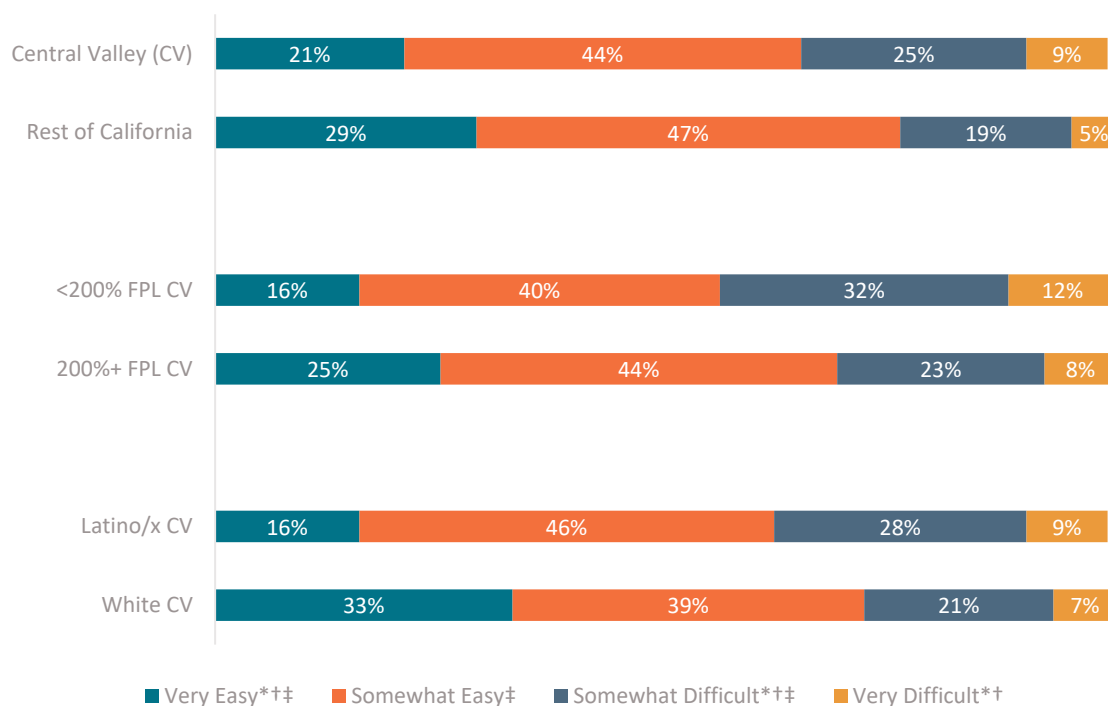
* May not match figure due to rounding.

compared to 24% of Californians in the rest of the state. Forty-four percent of Central Valley residents with low incomes say it is “somewhat” or “very” difficult compared to 31% of those with higher incomes. Latino/x residents (37%) in the Central Valley are more likely to say it is “somewhat” or “very” difficult compared White residents (28%) (Figure 6).

- More than one in three Californians in the Central Valley (35%) say it has gotten harder to access high-quality, affordable health care. Central Valley residents with low incomes (12%) are more likely to say it has gotten “easier” than those with higher incomes (6%). Latino/x residents (10%) in the Central Valley are more likely to say it has gotten “easier” than White residents (4%) (Figure 7).

Figure 6. More Than One in Three Californians in the Central Valley Say It Is “Somewhat” or “Very” Difficult to Access High-Quality, Affordable Health Care

Q: OVERALL, HOW EASY OR DIFFICULT IS IT FOR YOU AND YOUR FAMILY TO ACCESS HIGH-QUALITY, AFFORDABLE HEALTH CARE IN THE STATE OF CALIFORNIA?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

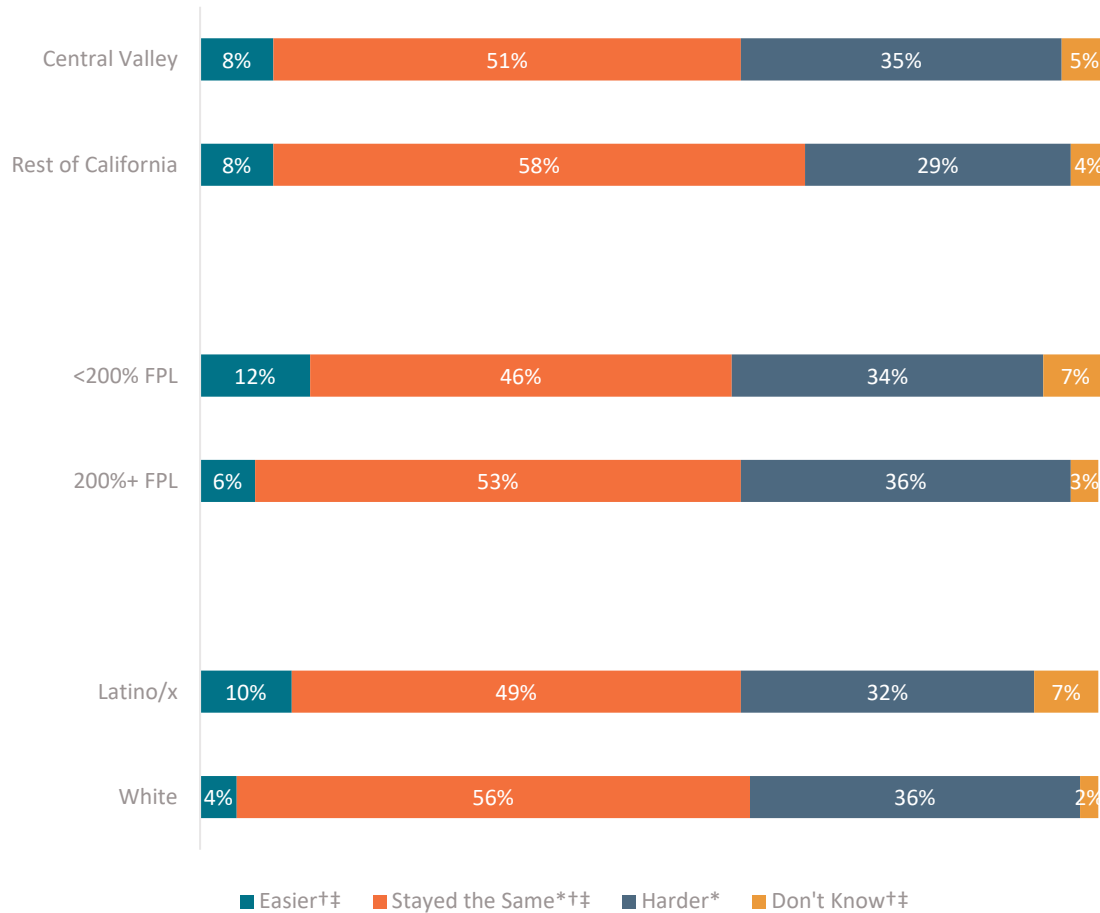
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don't know” or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 7. Thirty-Five Percent of Californians in the Central Valley Say That Their Ability to Access High-Quality, Affordable Care Has Gotten Harder

Q: IN THE PAST SEVERAL YEARS, HAS IT GOTTEN EASIER, HARDER, OR STAYED THE SAME FOR YOU AND YOUR FAMILY TO ACCESS HIGH-QUALITY, AFFORDABLE HEALTH CARE IN THE STATE OF CALIFORNIA?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Section 2: Views on Emerging Health Care Topics

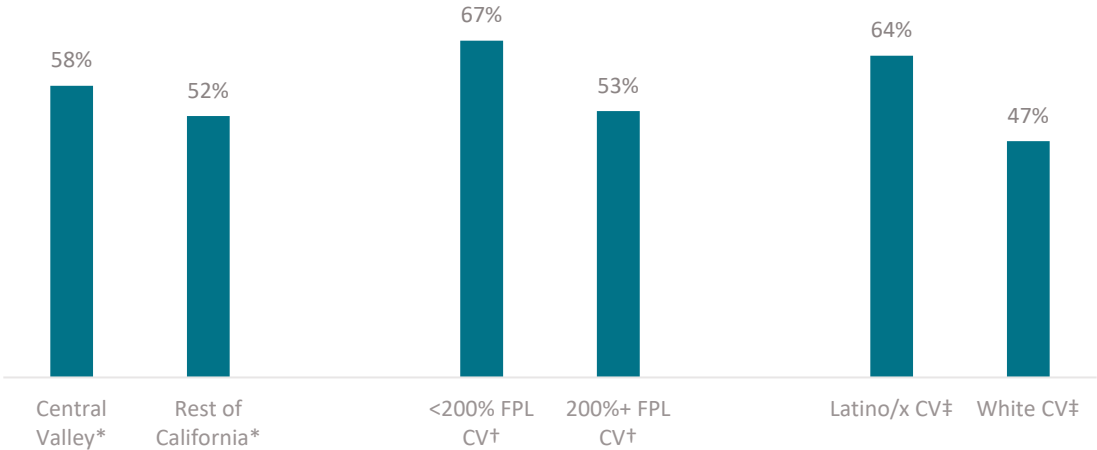
The 2024 CHCF poll asked Californians about two emerging topics: the impact of weather and the environment on physical and mental health and the use of artificial intelligence in health care.

Weather and Environmental Impacts

- Californians in the Central Valley are worried about the effects of weather and environmental factors on their or a family member’s physical or mental health. Fifty-eight percent of Central Valley residents overall, 67% of those with low incomes, and 64% of Latino/x residents say they are “very” or “somewhat” worried (Figure 8).
- Central Valley residents (29%) are more likely to say the weather or the environment impacted their or a family member’s physical health in the past year than Californians in the rest of state (20%). Similar percentages of Central Valley residents across income groups and across Latino/x and White residents say weather or environment had physical health impacts. Among those who say the weather or environment had physical health impacts, 52% say it caused them or a family member to spend less time outside. And 15% say it caused them or a family member to seek additional medical treatment (Figure 9).
- One in five Central Valley residents (20%) say the weather or the environment impacted their or a family member’s mental health in the past year — more than the rest of state (15%). Similar percentages of Central Valley residents across income groups and across Latino/x and White residents say weather or environment had mental health impacts. Among those who say the weather or environment had mental health impacts, 78% say it caused them or a family member to feel additional stress or worry. And 20% say it caused them or a family member to take additional prescribed medicine (Figure 10).

Figure 8. Nearly Six in 10 Californians in the Central Valley Are “Very” or “Somewhat” Worried About the Effect of Weather and Environmental Factors

PERCENTAGE WHO SAY THEY ARE “VERY” OR “SOMEWHAT” WORRIED ABOUT THE EFFECT OF WEATHER AND ENVIRONMENTAL FACTORS ON THEIR OR A FAMILY MEMBER’S PHYSICAL OR MENTAL HEALTH



* $p < .05$ for differences between the Central Valley and Rest of California.

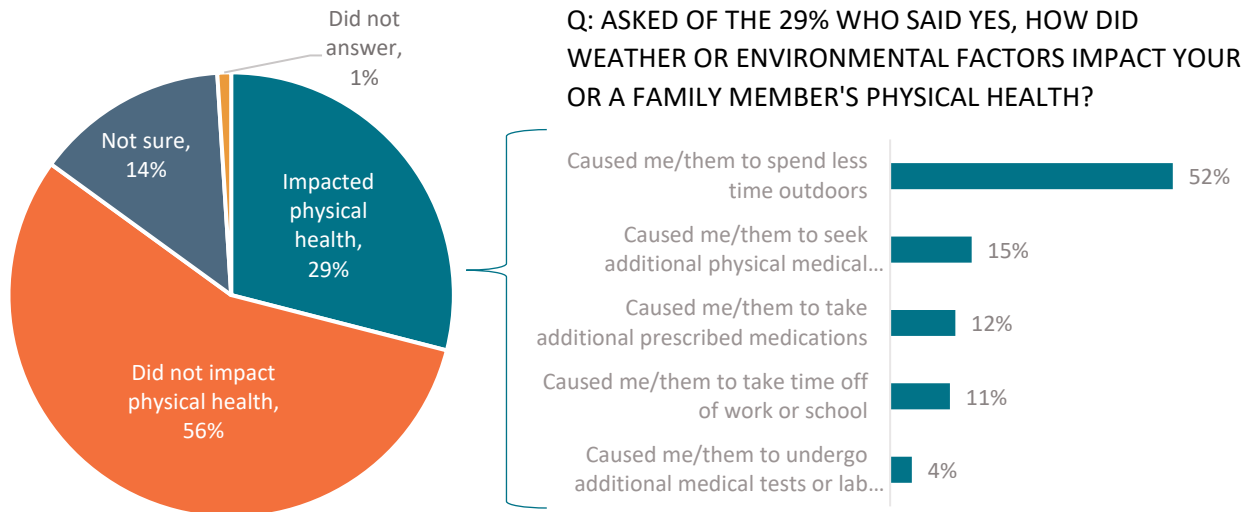
† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

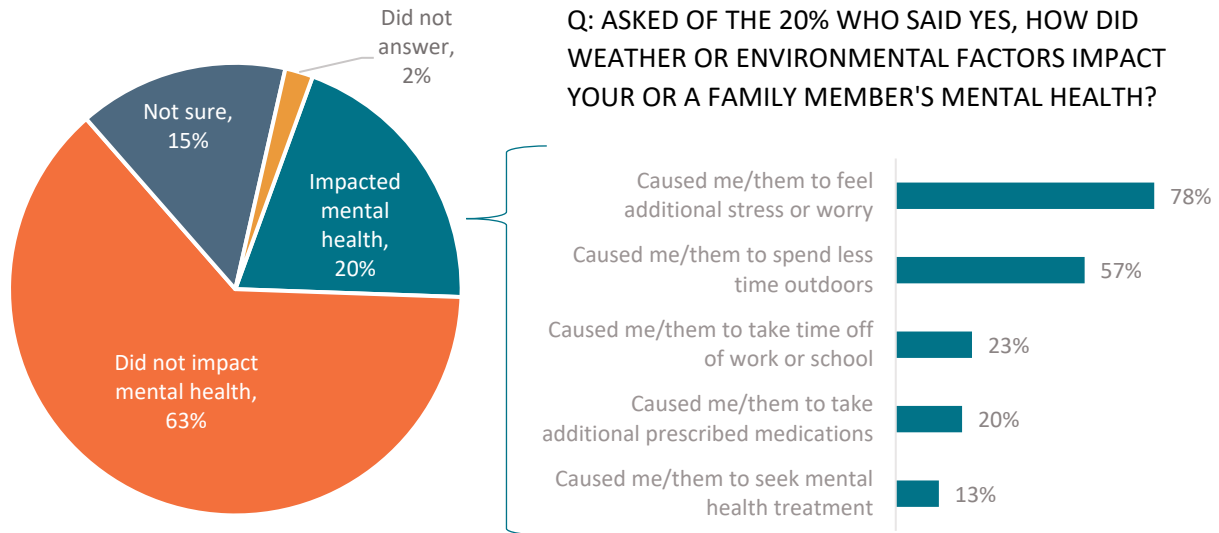
Figure 9. Three in 10 Central Valley Residents Say the Weather or Environmental Factors Impacted Their Own or Their Family Member’s Physical Health in the Past Year



Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 10. One in Five Central Valley Residents Say the Weather or Environmental Factors Impacted Their Own or Their Family Member’s Mental Health in the Past Year



Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

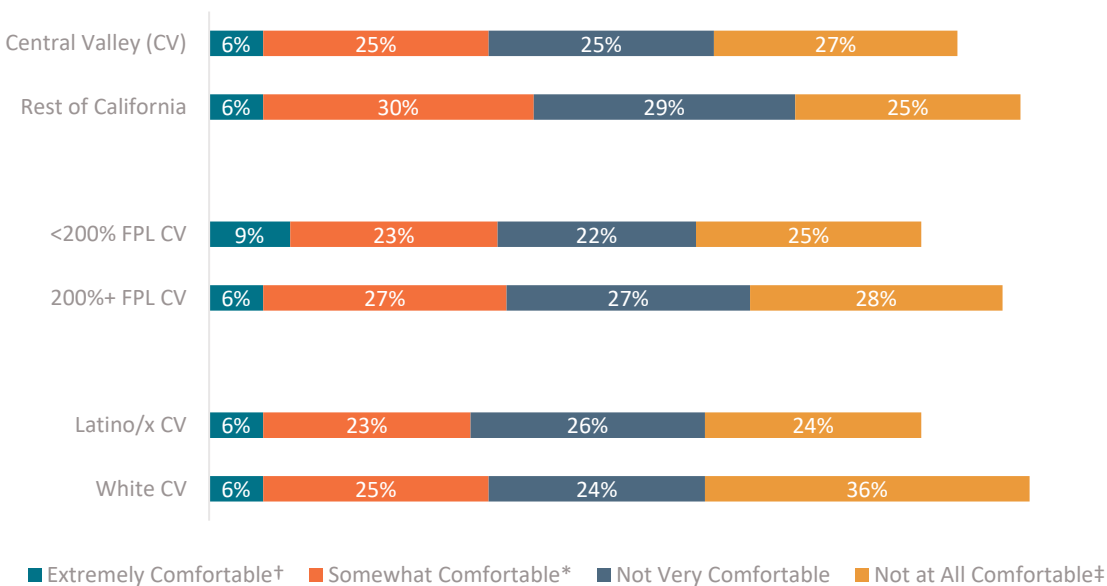
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

AI in Health Care

- More than half of Central Valley residents (52%) are “not very” or “not at all” comfortable with the use of artificial intelligence (AI) in health care, similar to the rest of the state (54%) (Figure 11).
- Among Central Valley residents who are not comfortable with the use of AI in health care, 7 in 10 fear medical errors (70%) or report feeling discomfort with interacting with AI instead of human health care professionals (69%) (Figure 12).
- Six in 10 Central Valley residents (59%) are not sure what impact AI will have on the treatment and outcomes for people of different races and ethnicities. An equal percentage of Latino/x residents in the Central Valley say AI will make treatment more fair and equitable for everyone (21%) and will make existing biases worse (21%) (Figure 13).

Figure 11. More Than Half of Californians in the Central Valley Are “Not Very” or “Not at All” Comfortable with the Use of AI in Health Care

Q: HOW COMFORTABLE ARE YOU WITH THE USE OF AI IN HEALTH CARE FOR TASKS SUCH AS DIAGNOSING MEDICAL CONDITIONS AND RECOMMENDING TREATMENTS?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

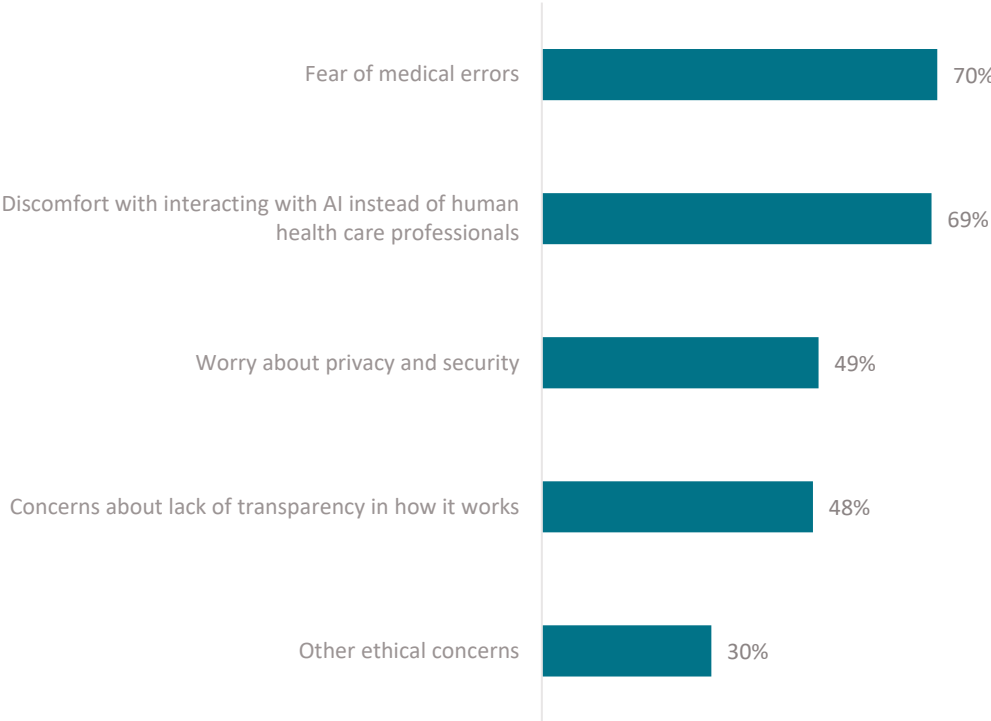
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. "Not sure" or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 12. Seven in 10 Central Valley Residents Fear Medical Errors Would Result from the Use of AI

ASKED OF RESPONDENTS WHO ANSWERED “NOT VERY” OR “NOT AT ALL” COMFORTABLE WITH AI IN HEALTH CARE: WHAT FACTORS, IF ANY, CONTRIBUTE TO YOUR DISCOMFORT OR HESITATION IN ACCEPTING AI TECHNOLOGIES IN HEALTH CARE?

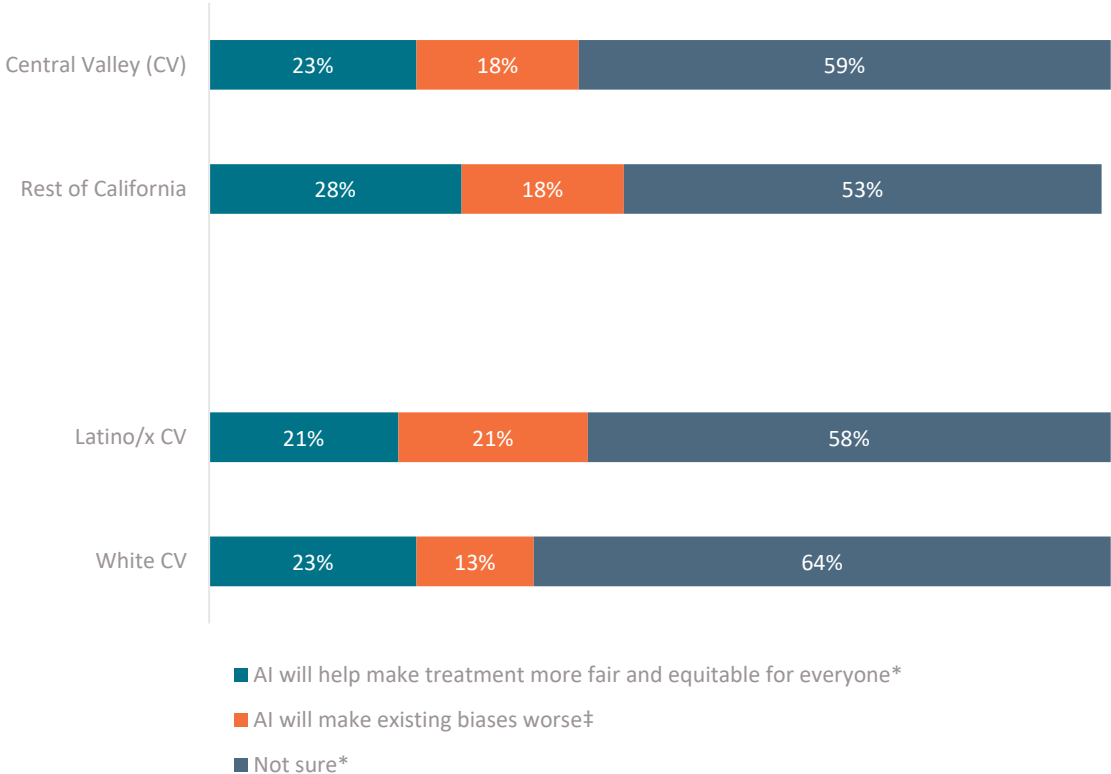


Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 13. Most Californians in the Central Valley Are Unsure About the Impact of AI on Racial and Ethnic Inequity in Health Care

Q: HOW DO YOU PERCEIVE THE IMPACT OF AI IN HEALTH CARE ON THE TREATMENT AND OUTCOMES FOR PEOPLE OF DIFFERENT RACES AND ETHNICITIES?



* $p < .05$ for differences between the Central Valley and Rest of California.
 ‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. Did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

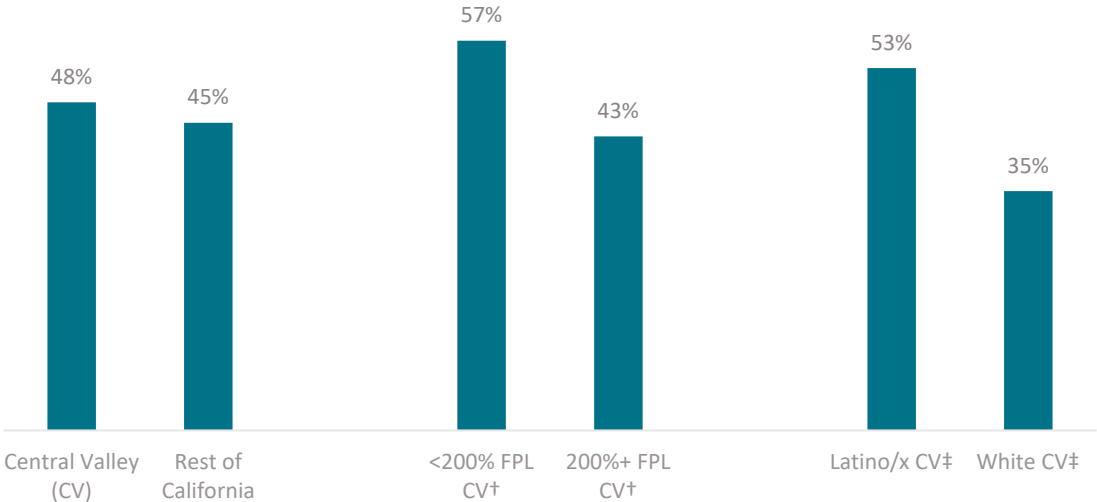
Section 3: Racial Equity

Californians were asked how often they think the health care system in California treats people unfairly based on their racial/ethnic background.

- Nearly half of Central Valley residents (48%) say the health care system “regularly” or “occasionally” treats people unfairly based on their racial/ethnic background. Fifty-seven percent of Central Valley residents with low incomes, and 53% of Latino/x residents say the health care system “regularly” or “occasionally” treats people unfairly (Figure 14).
- About half of Central Valley residents (49%) say California has made “a great deal of” or “some” progress in achieving racial and ethnic equity in the health care system. And 25% of Central Valley residents say California has made “only a little progress” or “no progress at all.” Some differences emerge across income and race. For example, 17% of Central Valley residents with low incomes believe “a great deal of” progress has occurred compared to 10% of residents with higher incomes (Figure 15).

Figure 14. More Than Half of Latino/x Central Valley Residents Think California’s 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



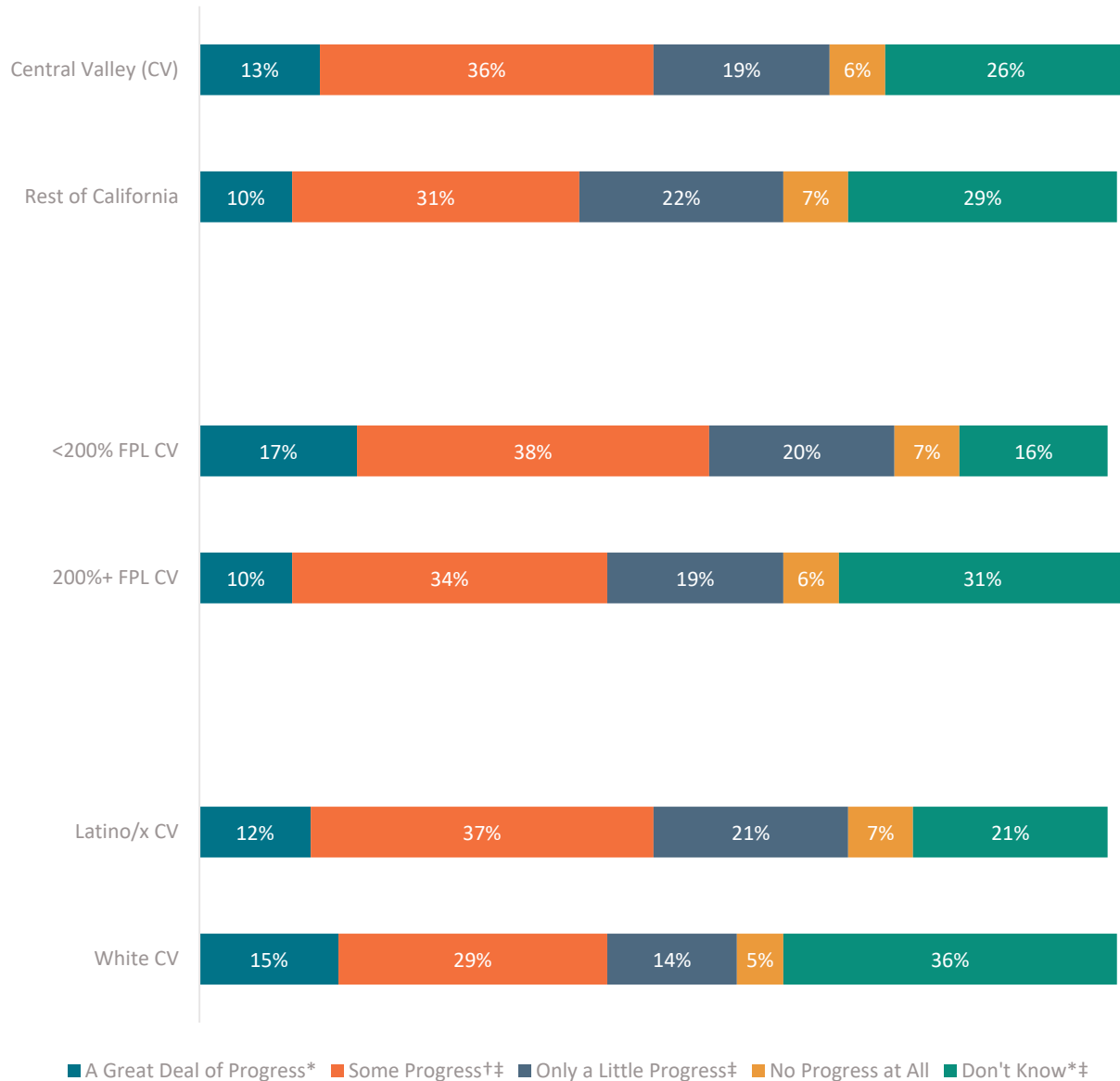
† $p < .05$ for differences between income groups.
 ‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 15. Nearly Half of Central Valley Residents Think California Has Made “a Great Deal of” or “Some” Progress in Achieving Racial and Ethnic Equity in the Health Care System

Q: IN THE PAST SEVERAL YEARS, HOW MUCH PROGRESS DO YOU THINK HAS BEEN MADE IN ACHIEVING RACIAL AND ETHNIC EQUITY IN THE HEALTH CARE SYSTEM IN THE STATE OF CALIFORNIA?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

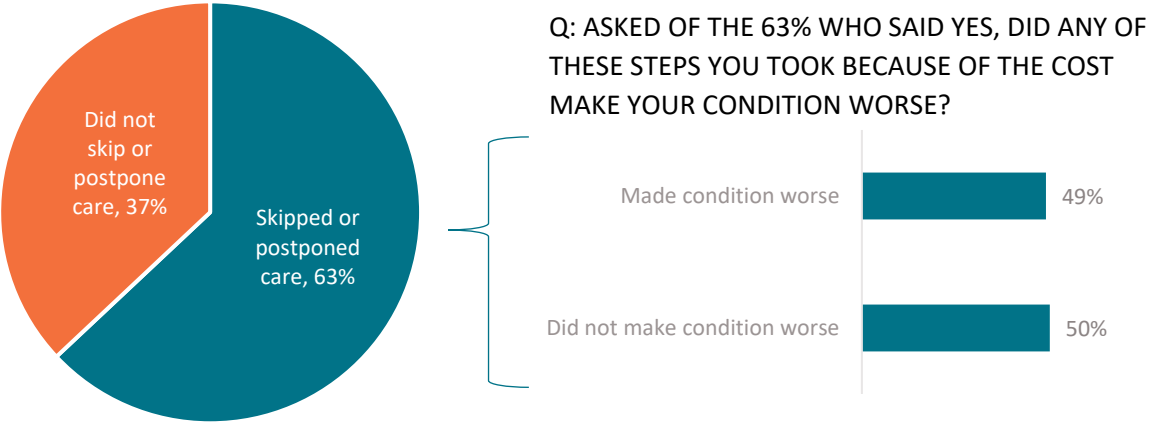
Section 4: Affordability

California residents were asked about the cost of health care, the role of medical debt in their lives, and the impact of cost and debt on their health.

Health Care Costs

- More than 6 in 10 Central Valley residents (63%) report skipping care due to cost. This is significantly higher than Californians in the rest of the state (52%). Among those who skipped care due to cost, half (49%) say it made their condition worse (Figure 16).
- The CHCF poll asked respondents how worried they were about being able to afford basic living expenses and health care costs. For each of the 10 items asked about, Central Valley residents are more likely to be “very” or “somewhat” worried than residents in the rest of the state (Figure 17).
- Eight in 10 or more Central Valley residents with low incomes are “very” or “somewhat” worried about being able to afford 6 of the 10 basic expenses, including unexpected medical bills (82%) and out-of-pocket costs (81%) (Figure 18).
- Eight in 10 or more Latino/x residents in the Central Valley are “very” or “somewhat” worried about being able to afford 5 of the 10 items. Latino/x residents are more likely to be worried than White residents about affording out-of-pocket health care costs (84% vs. 67%) and unexpected medical bills (82% vs. 66%) (Figure 19).
- Nearly 4 in 10 Central Valley residents (38%) say they or a family member has had problems paying medical bills in the last year, more than residents in the rest of the state (26%). Half of Central Valley residents with low incomes (49%) say they had difficulty compared to 34% of those with higher incomes. Forty-four percent of Latino/x Central Valley residents report difficulty paying bills compared to 30% of White residents (Figure 20).

Figure 16. More Than 6 in 10 Central Valley Residents Report Skipping Care Due to Cost; Nearly Half Say Skipping Care Made Their Condition Worse

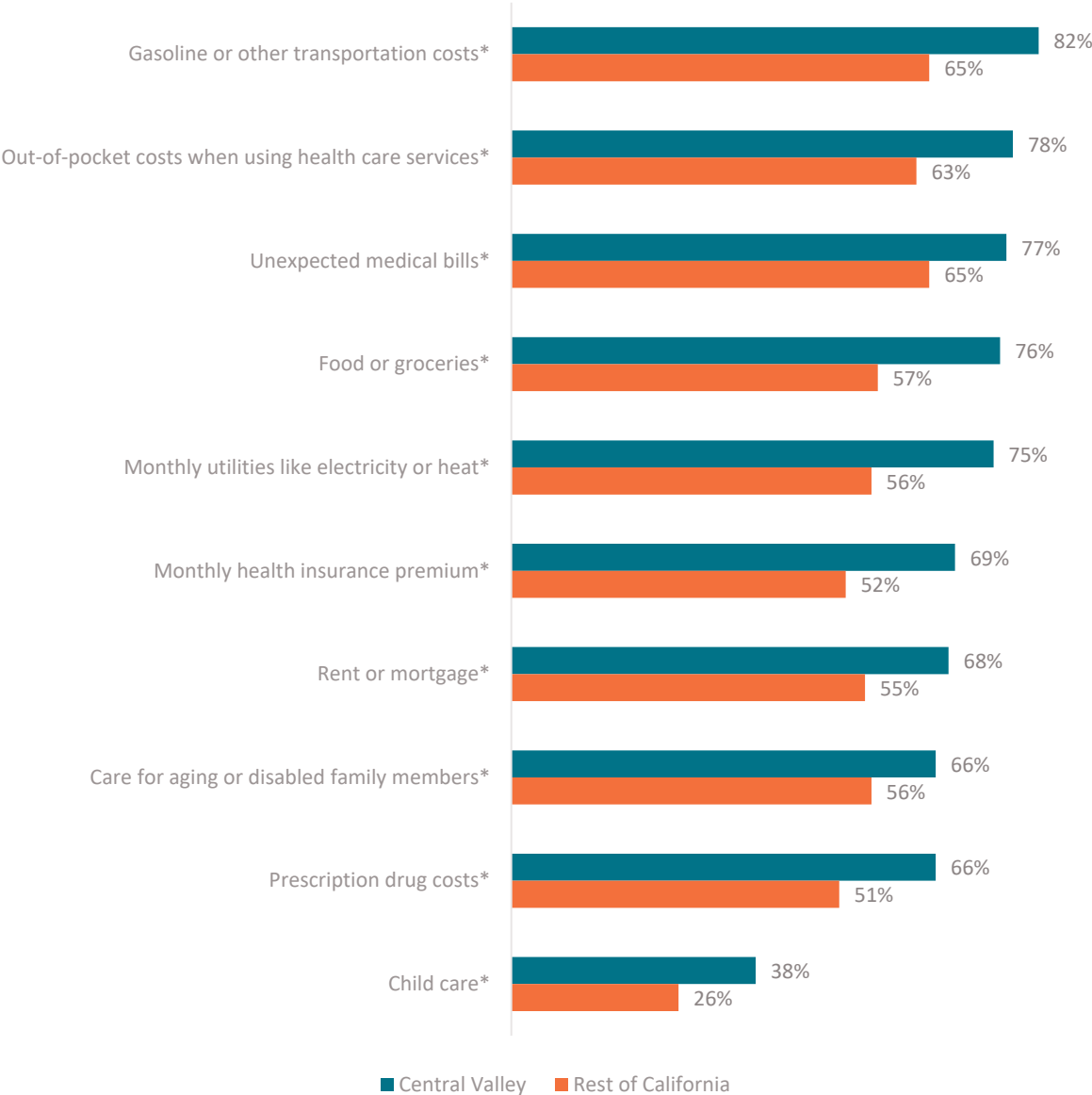


Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 17. More Than Three in Four Californians in the Central Valley Are Worried About Being Able to Afford Out-of-Pocket Costs and Unexpected Medical Bills

PERCENTAGE “VERY” OR “SOMEWHAT” WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



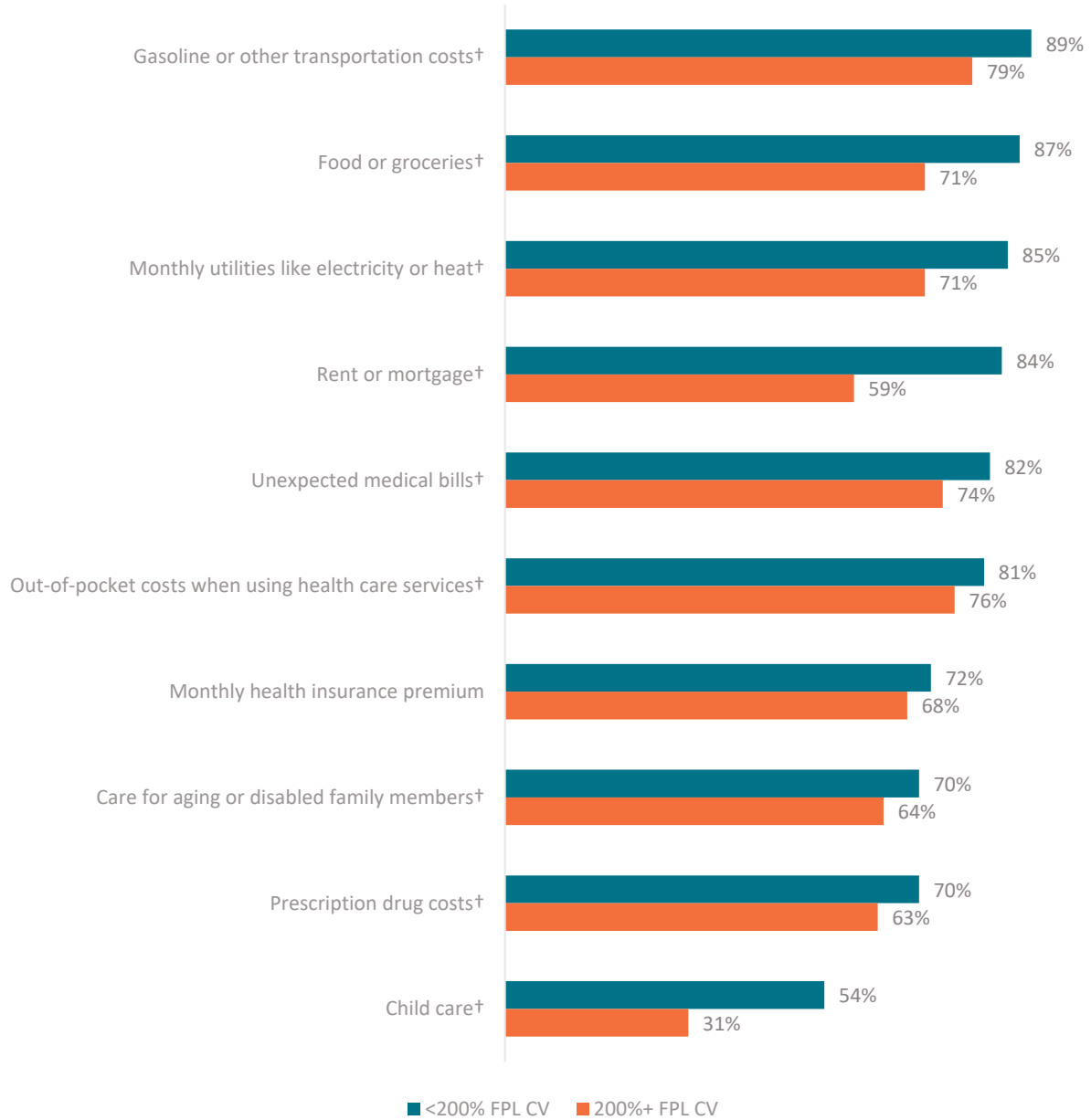
* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 18. Eight in 10 Central Valley Residents with Low Incomes Are Worried About Being Able to Afford Out-of-Pocket Costs and Unexpected Medical Bills

PERCENTAGE “VERY” OR “SOMEWHAT” WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



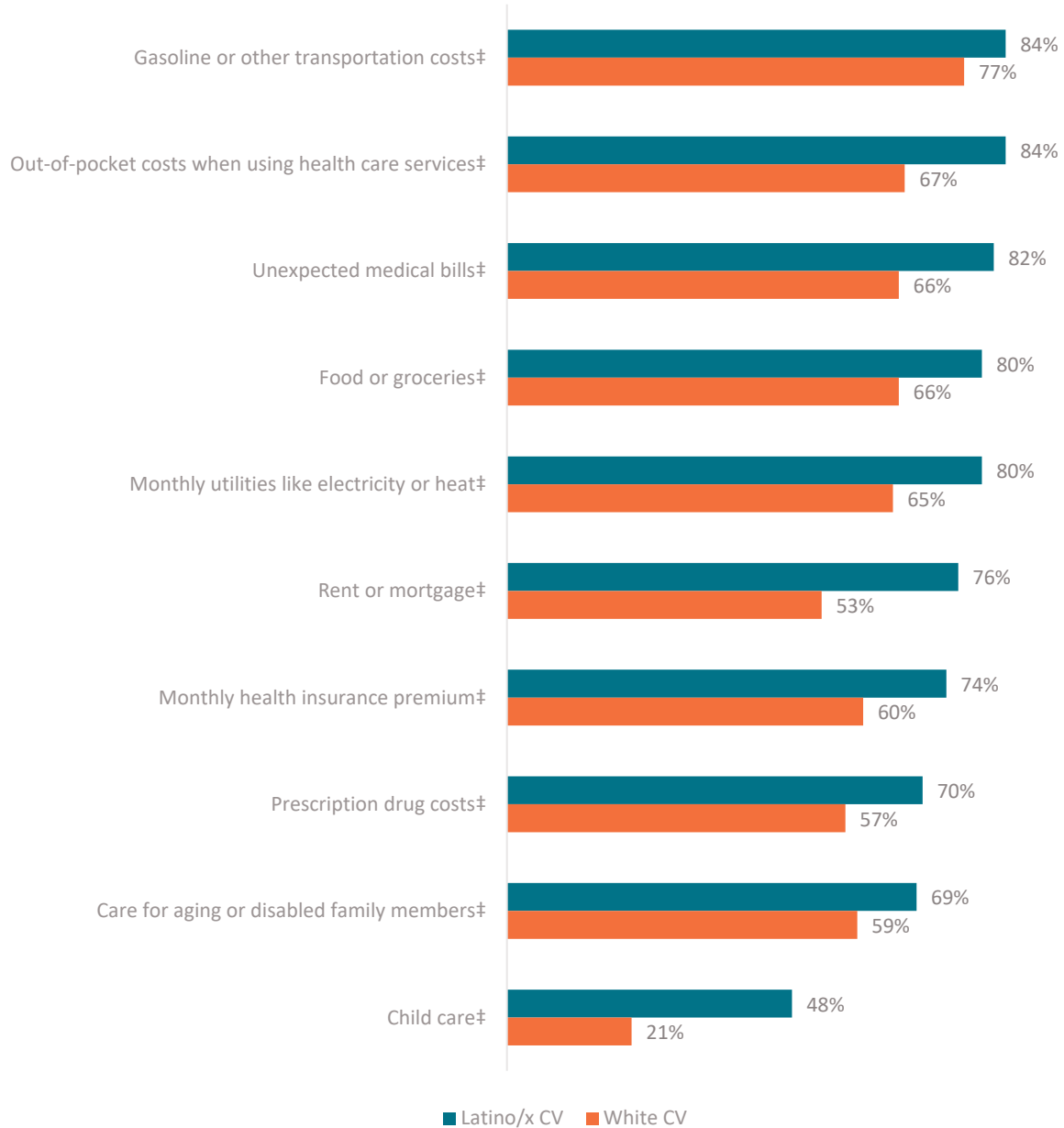
† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 19. More Than 8 in 10 Latino/x Residents in the Central Valley Are Worried About Being Able to Afford Out-of-Pocket Costs and Unexpected Medical Bills

PERCENTAGE "VERY" OR "SOMEWHAT" WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



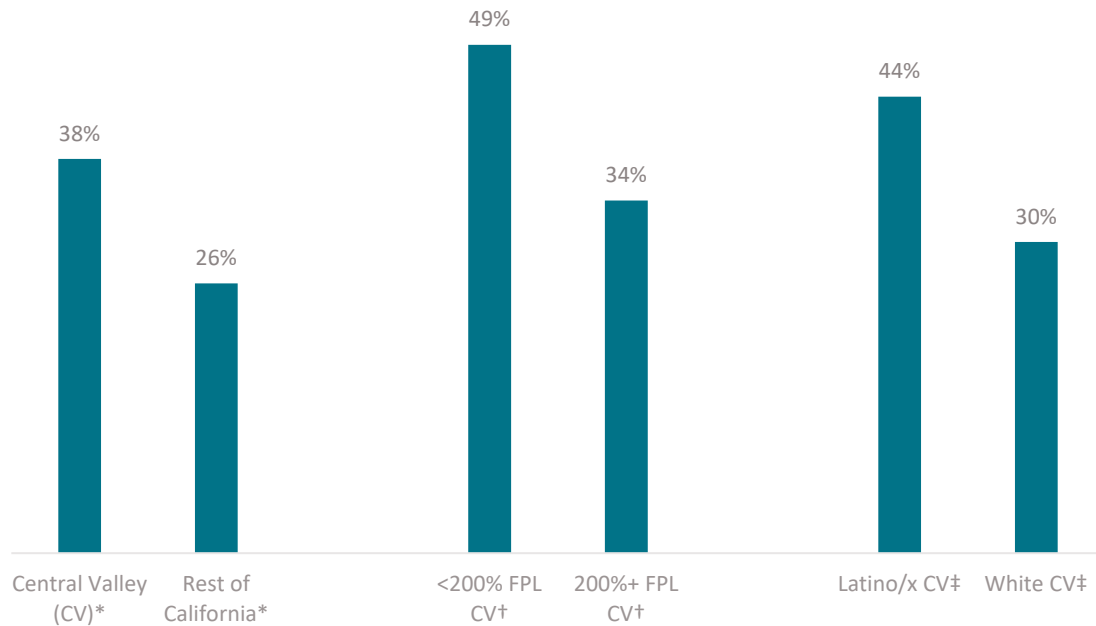
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. "Don't know" or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 20. About Half of Central Valley Residents with Low Incomes Had Problems Paying Medical Bills

PERCENTAGE WHO SAY THAT THEY OR ANYONE IN THEIR FAMILY HAD PROBLEMS PAYING ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE IN THE PAST 12 MONTHS



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Medical Debt

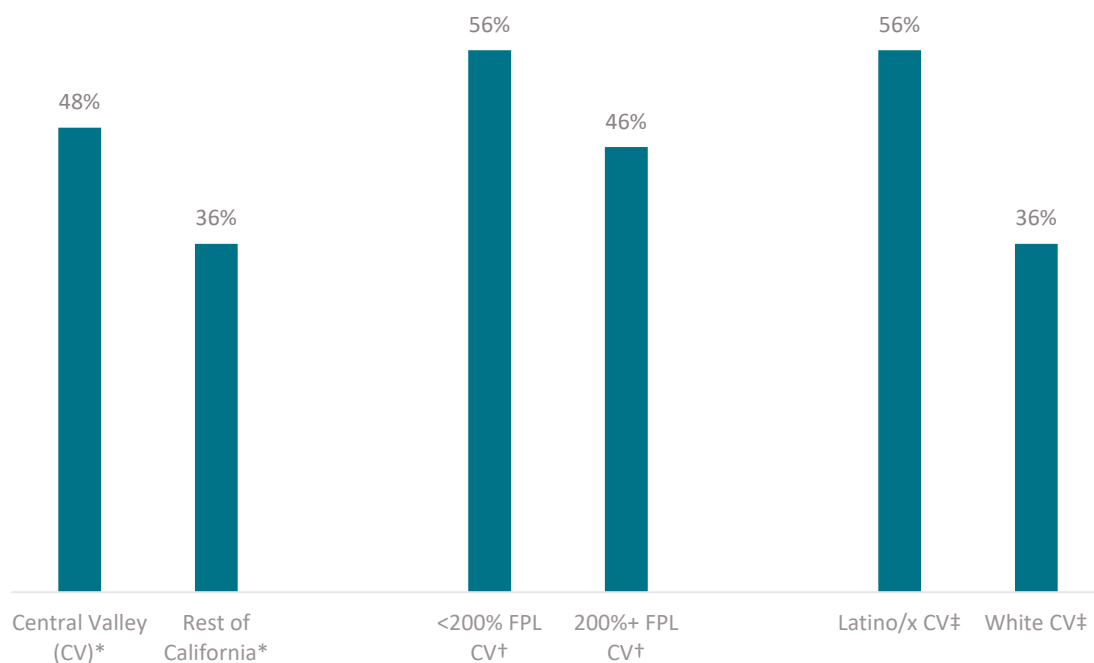
- Close to half of Central Valley residents (48%) report having any type of medical debt compared to 36% of residents in the rest of the state. Fifty-six percent of Central Valley residents with low incomes report having any type of medical debt compared to 46% of those with higher incomes. And 56% of Latino/x residents report any type of medical debt compared to 36% for White residents (Figure 21).
- One-third of Central Valley residents with low incomes have medical or dental bills that are past due or that they are unable to pay (33%), debt they owe to a family member to pay

medical or dental bills (33%), and medical or dental bills they have put on a credit card and are paying off (32%) (Figure 22).

- One in three Latino/x Central Valley residents (34%) have medical or dental bills they have put on a credit card and are paying off compared to one in four White residents (26%). One in three Latino/x residents (33%) have medical or dental bills they are paying off over time directly to a provider compared to 20% of White residents (Figure 23).
- Among Californians in the Central Valley who report medical debt, 19% owe \$5,000 or more, with 10% reporting \$5,000 to about \$10,000, 6% reporting \$10,000 to about \$25,000, and 3% reporting \$25,000 or more (Figure 24).

Figure 21. Nearly One in Two Central Valley Residents Overall and More Than One in Two with Low Incomes Have Medical Debt

PERCENTAGE WHO SAY THEY HAVE ANY TYPE OF MEDICAL DEBT



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

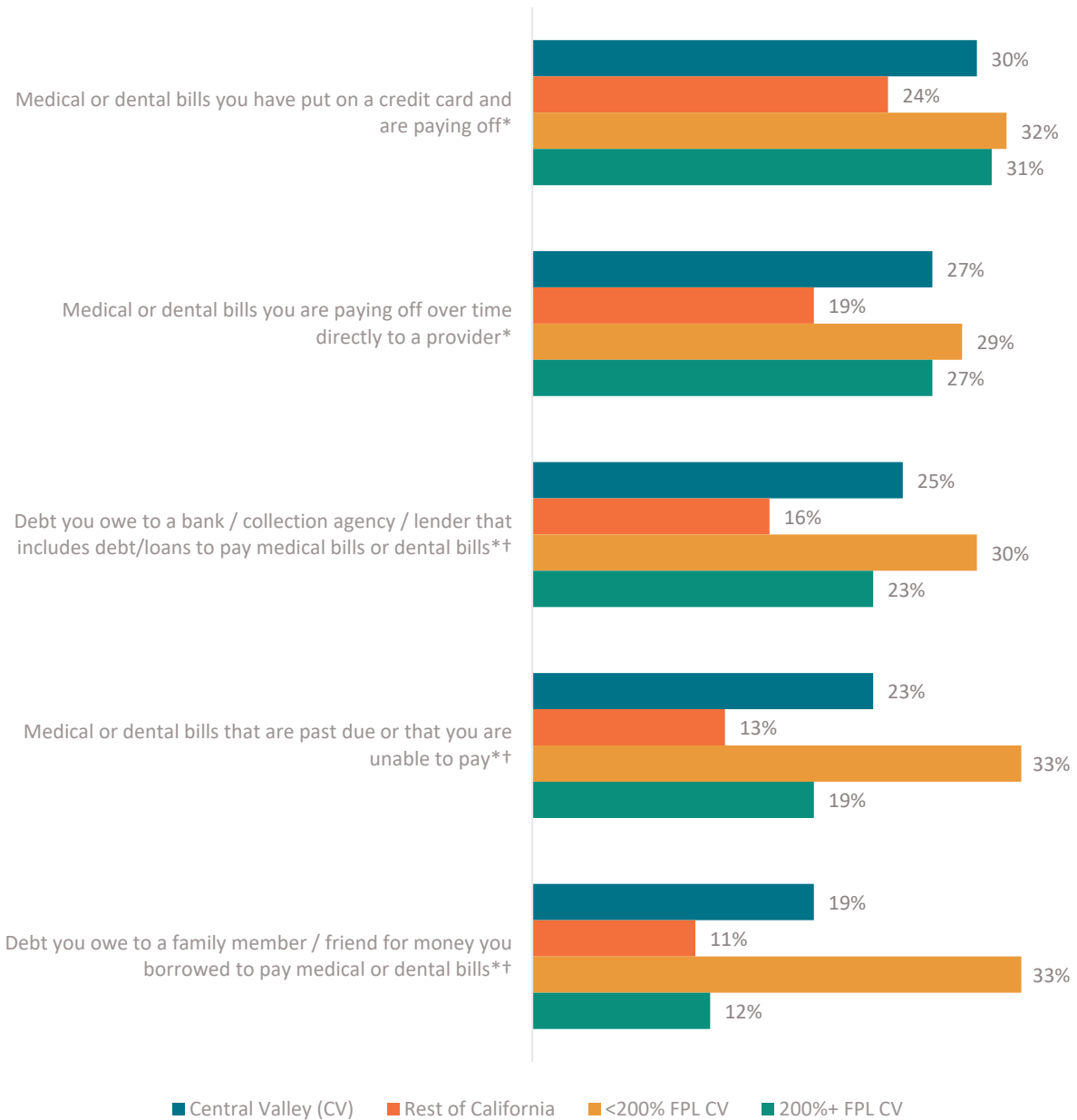
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 22. Central Valley Residents Are More Likely Than Those Who Live in the Rest of California to Report Different Types of Medical Debt

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



* $p < .05$ for differences between the Central Valley and Rest of California.

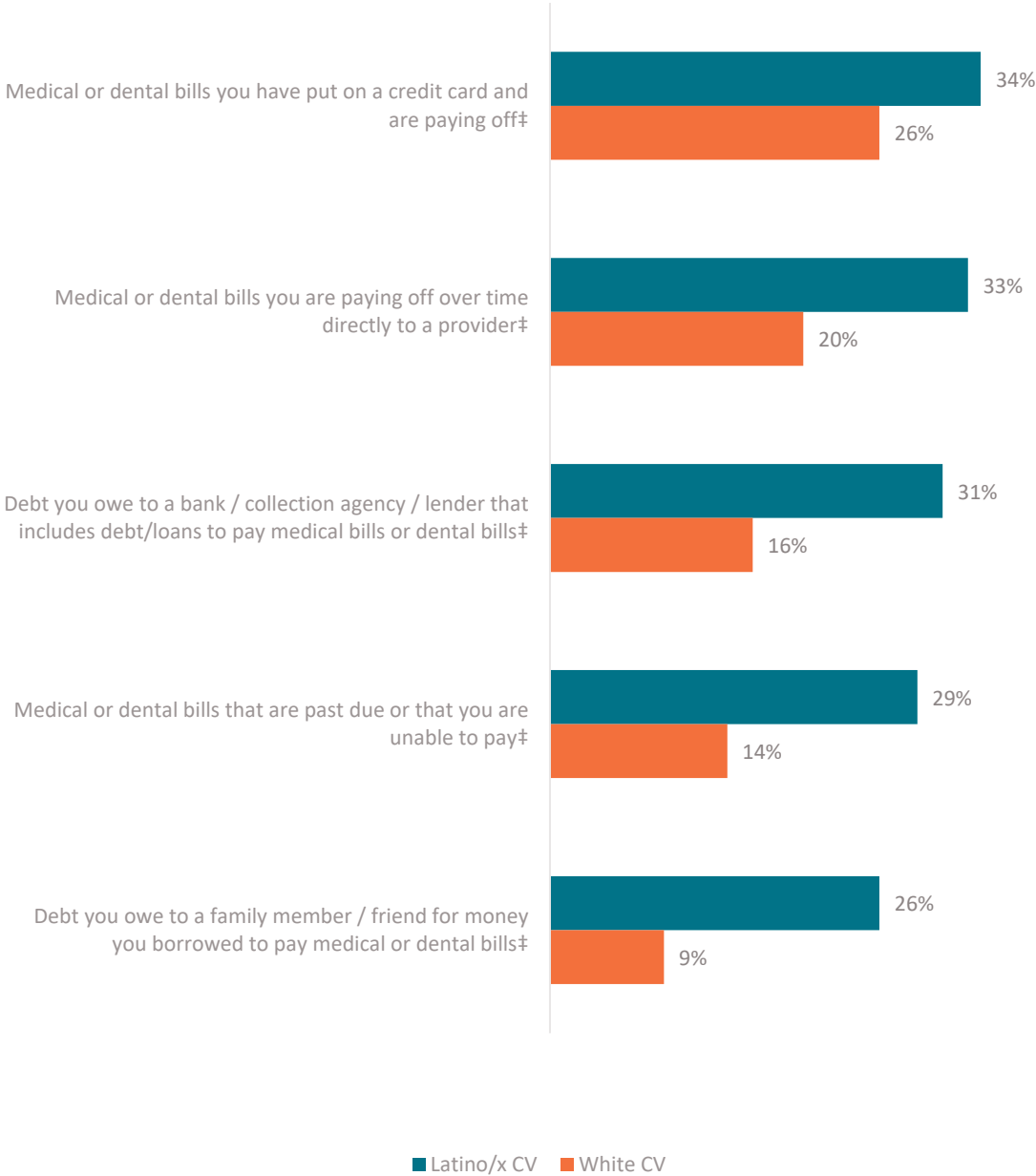
† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 23. Latino/x Central Valley Residents Are More Likely to Report Different Types of Medical Debt Than White Residents

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



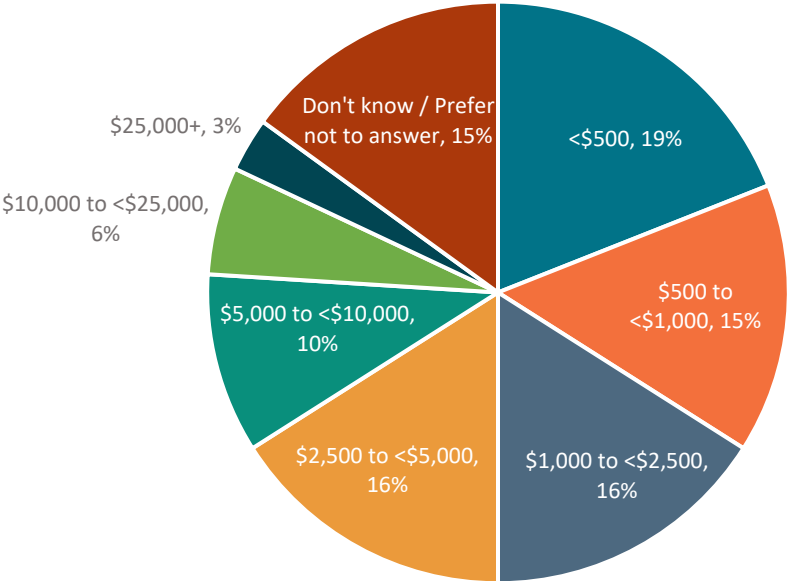
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 24. More Than One-Third of Central Valley Residents with Medical Debt Owe \$2,500 or More

TOTAL MEDICAL DEBT OWED



Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Section 5: Access and Experiences with Physical Health Care

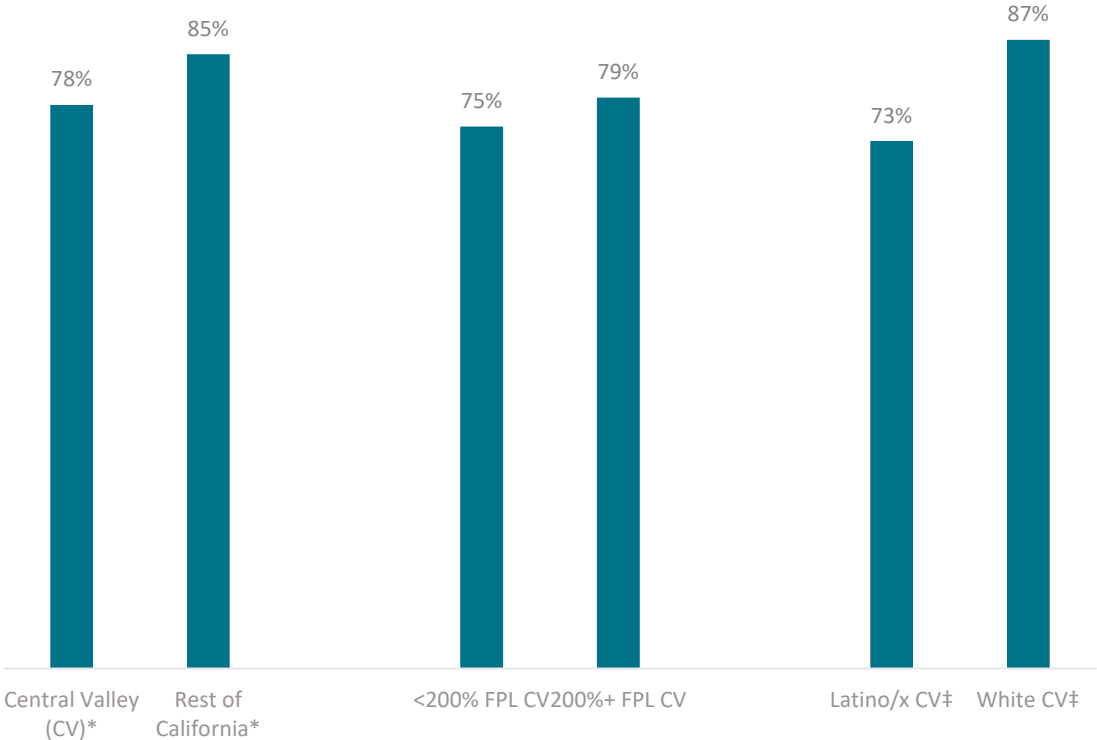
California residents were asked about access to a health care provider and their experiences when visiting a provider.

Relationship with Regular Provider

- Central Valley residents (78%) are less likely to have a regular doctor or health care provider than residents in the rest of the state (85%). Latino/x Central Valley residents (73%) are less likely to have a regular doctor or provider than White residents (87%) (Figure 25).
- Nine in 10 Central Valley residents overall and across income and racial/ethnic groups are “very” or “somewhat” satisfied with their primary care provider (Figure 26).
- More than 8 in 10 Central Valley residents “strongly” or “somewhat” agree they can tell their primary care provider anything about their health and trust their provider’s judgment (Figure 27).
- Three in 10 Central Valley residents overall and across income groups say it is “very difficult” or “difficult” to get enough time during a visit with their doctor (Figure 28).
- Twenty-two percent of Latino/x Central Valley residents say it is “very difficult” or “difficult” to share their personal views or preferences and to explain their health concerns to their doctor (Figure 29).

Figure 25. Less Than Three in Four Latino/x Central Valley Residents Have a Regular Doctor or Health Care Provider

PERCENTAGE WHO SAY THEY HAVE A REGULAR DOCTOR OR HEALTH CARE PROVIDER



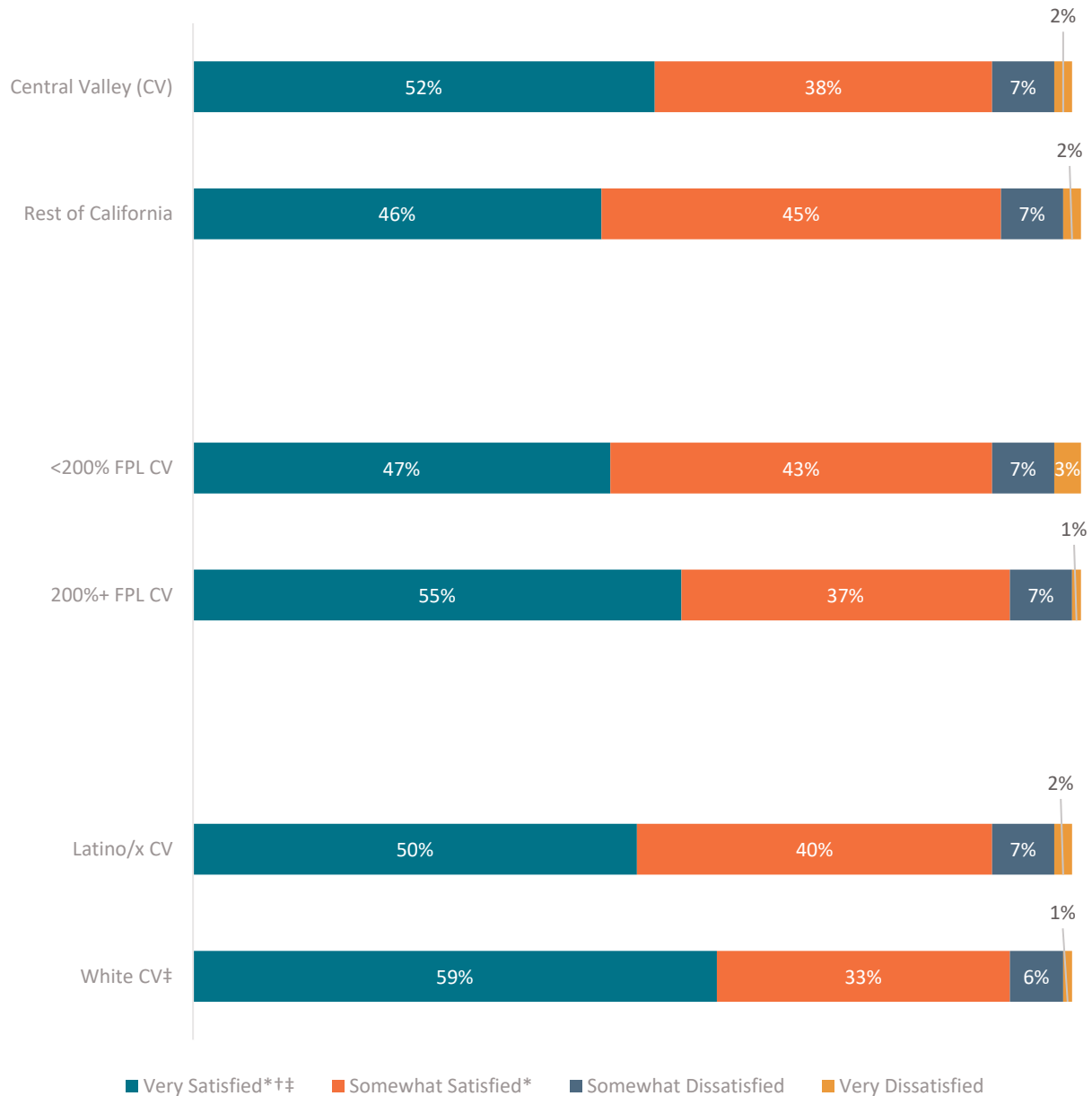
* $p < .05$ for differences between the Central Valley and Rest of California.
 ‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 26. Nine in 10 Central Valley Residents Overall and Across Income and Racial/Ethnic Groups Are “Very” or “Somewhat” Satisfied with Their Primary Care Provider

Q: HOW SATISFIED ARE YOU WITH YOUR PRIMARY CARE PROVIDER?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

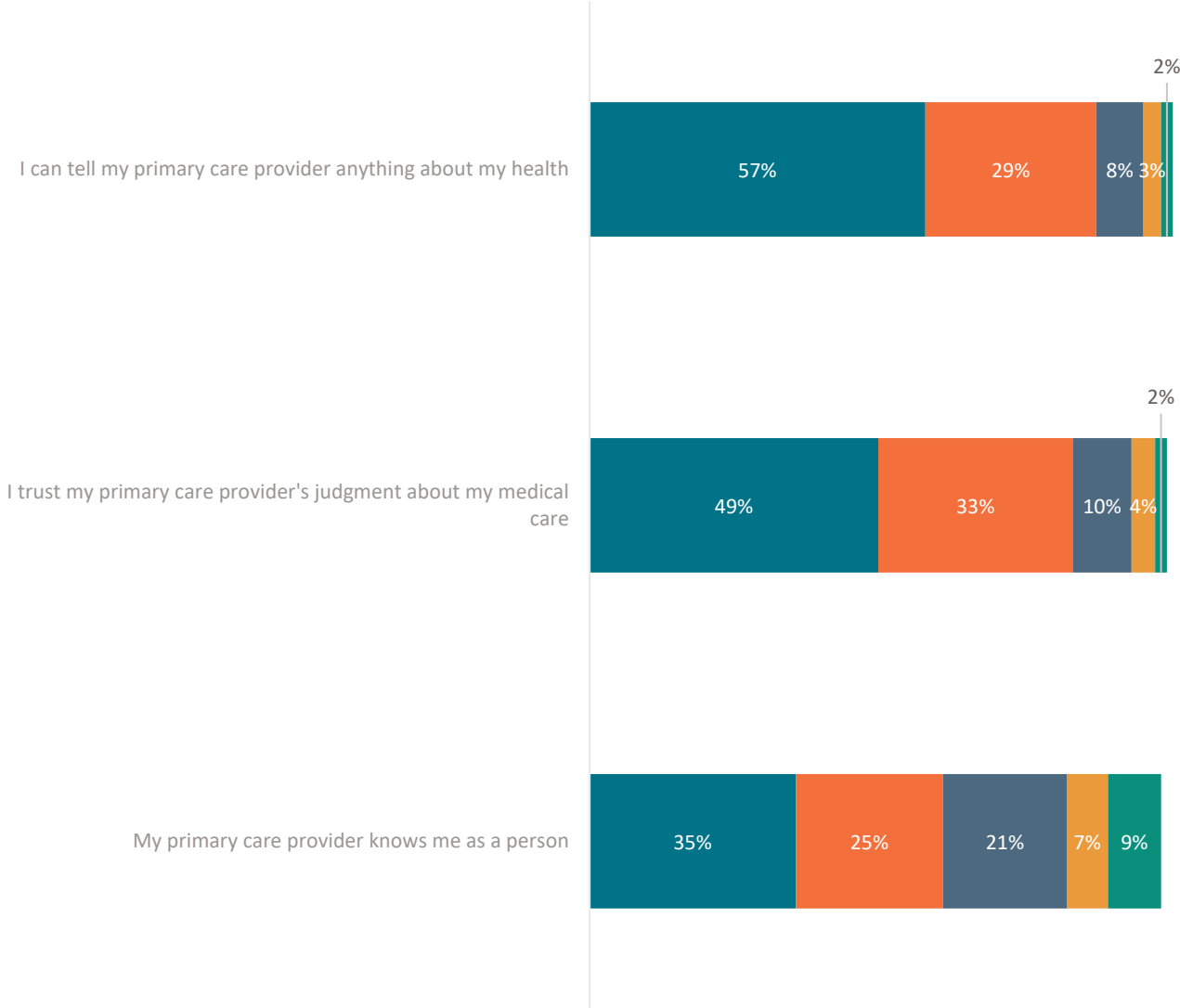
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 27. More Than 8 in 10 Central Valley Residents “Strongly” or “Somewhat” Agree They Can Tell Their Primary Care Provider Anything About Their Health and Trust Their Provider’s Judgment

Q: TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?



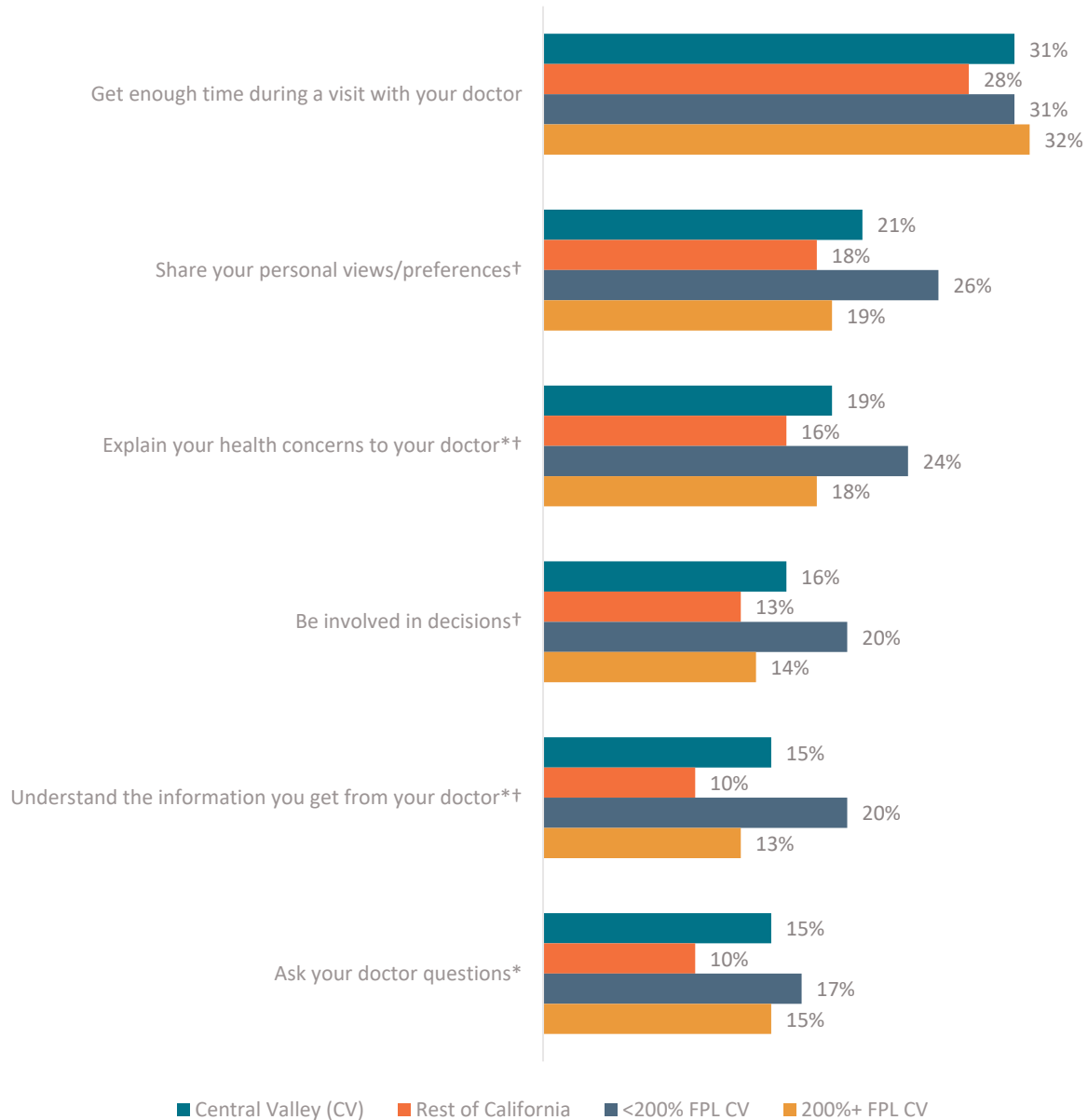
■ Strongly Agree ■ Somewhat Agree ■ Neither Agree nor Disagree ■ Somewhat Disagree ■ Strongly Disagree

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 28. Three in 10 Central Valley Residents Consider It “Very Difficult” or “Difficult” to Get Enough Time During a Visit with Their Doctor

PERCENTAGE WHO SAY IT IS “VERY DIFFICULT” OR “DIFFICULT” TO COMMUNICATE WITH THEIR HEALTH CARE PROVIDERS



* $p < .05$ for differences between the Central Valley and Rest of California.

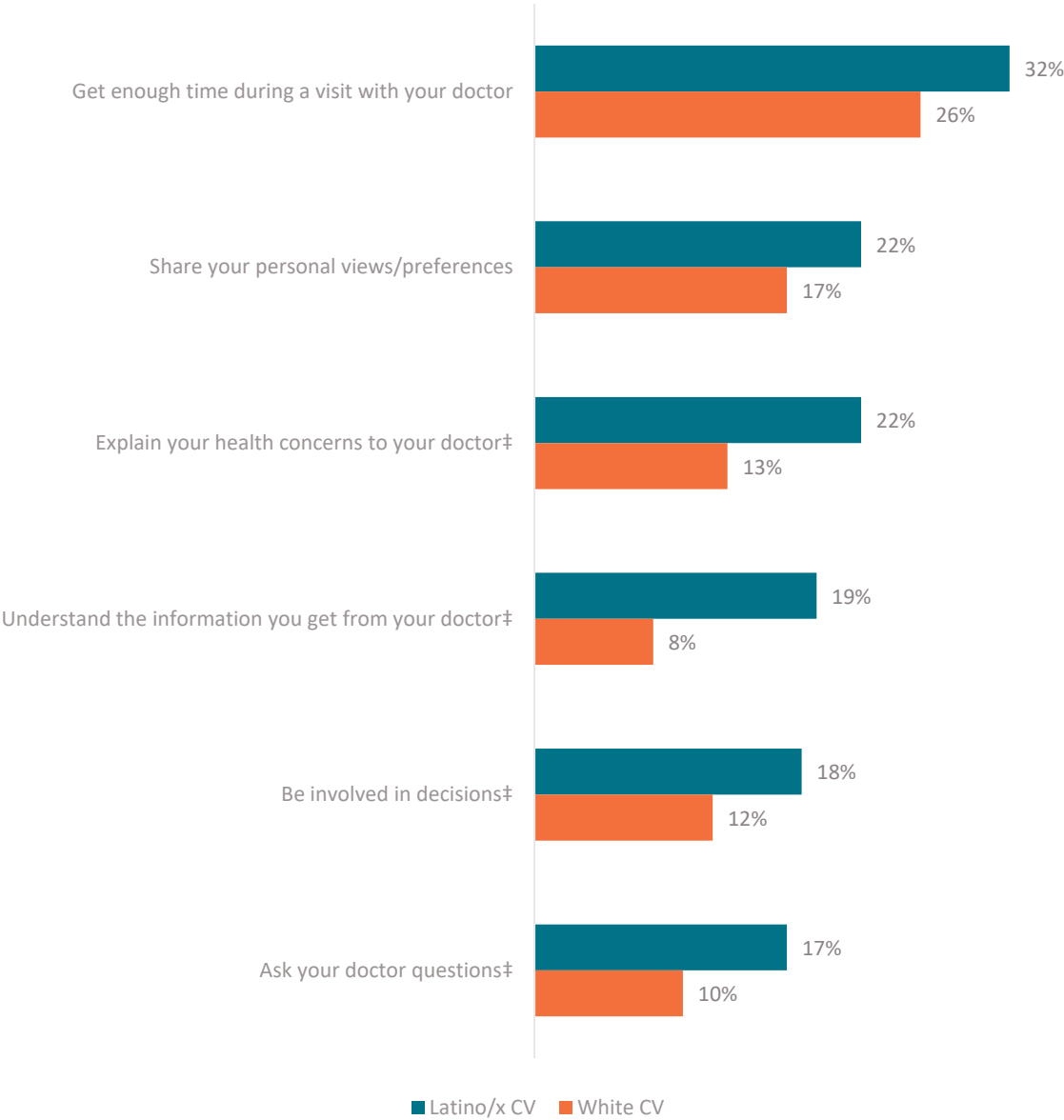
† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 29. About One in Five Latino/x Central Valley Residents Find It “Very Difficult” or “Difficult” to Explain Their Health Concerns and Understand the Information They Get from Their Doctor

PERCENTAGE WHO SAY IT IS “VERY DIFFICULT” OR “DIFFICULT” TO COMMUNICATE WITH THEIR HEALTH CARE PROVIDERS



‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

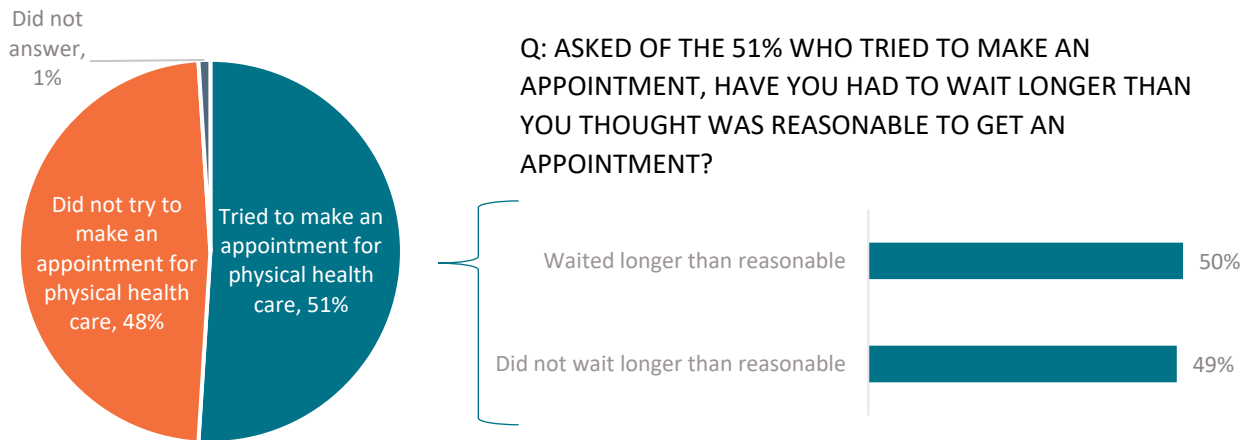
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Making Appointments and Finding Providers

- Half of Central Valley residents (51%) tried to make an appointment for physical health care in the past year. Among those who tried to make an appointment, half (50%) say they had to wait longer than they thought was reasonable to get an appointment (Figure 30). Fifty-five percent of Latino/x Central Valley residents who tried to make an appointment say they waited longer than reasonable, compared to 42% of White residents.
- Seventeen percent of Central Valley residents overall and 20% of its Latino/x residents say it is “somewhat” or “very” difficult to find a physical health provider who takes their insurance (Figure 31).
- More than 8 in 10 Central Valley residents (83%) say it is “very” or “somewhat” easy to find a doctor that treats them with respect. White Central Valley residents (52%) are more likely than Latino/x residents (40%) to say it is “very” easy to find a doctor who treats them with respect (Figure 32).
- More than one in three Central Valley residents overall (36%) and Latino/x residents (35%) have a “very” or “somewhat” difficult time finding a doctor who shares the same racial/ethnic background as they do (Figure 33). Fifty-seven percent of Latino/x residents consider it “very” or “somewhat” important to find a doctor that shares their racial or ethnic background (Figure 34).
- More than 8 in 10 Central Valley residents (84%) say it is “very” or “somewhat” easy to find a doctor that who speaks the same language as they do. Eighty-two percent of Latino/x residents say it is easy to find a doctor who speaks the same language as they do; however, Latino/x residents (16%) are more likely to say it is “somewhat” or “very” difficult than White residents (8%*) (Figure 35).
- Nine in 10 Central Valley residents (90%) consider it “very” or “somewhat” important to find a doctor that speaks the same language as they do (Figure 36).

* May not match figure due to rounding.

Figure 30. Half of Central Valley Residents Who Tried to Make a Physical Health Appointment Waited Longer Than They Thought Reasonable

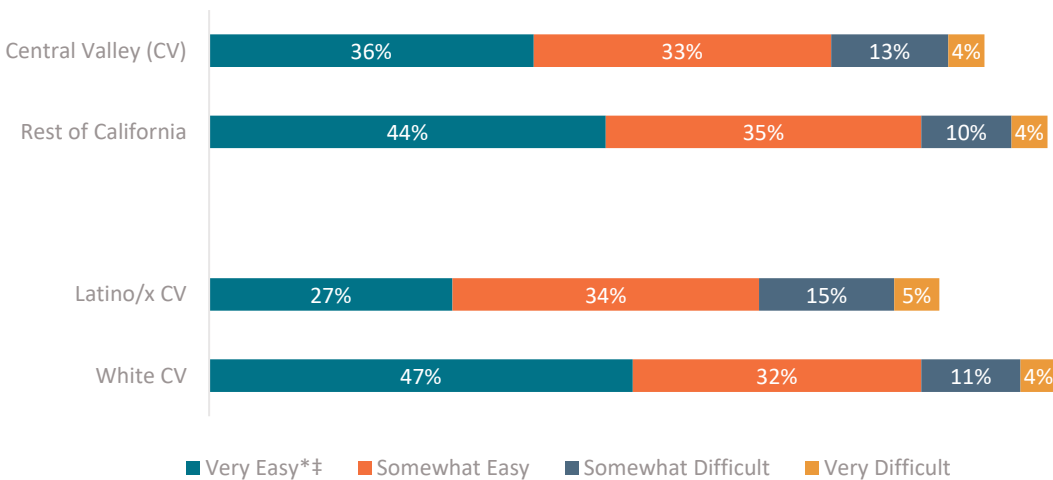


Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 31. One in Five Latino/x Central Valley Residents Experience Difficulty Finding a Physical Health Care Provider Who Takes Their Insurance

Q: ASKED OF THOSE WHO TRIED TO MAKE AN APPOINTMENT FOR PHYSICAL HEALTH CARE: HOW EASY OR DIFFICULT IS IT FOR YOU TO FIND A PHYSICAL HEALTH PROVIDER WHO TOOK YOUR INSURANCE?



* $p < .05$ for differences between the Central Valley and Rest of California.

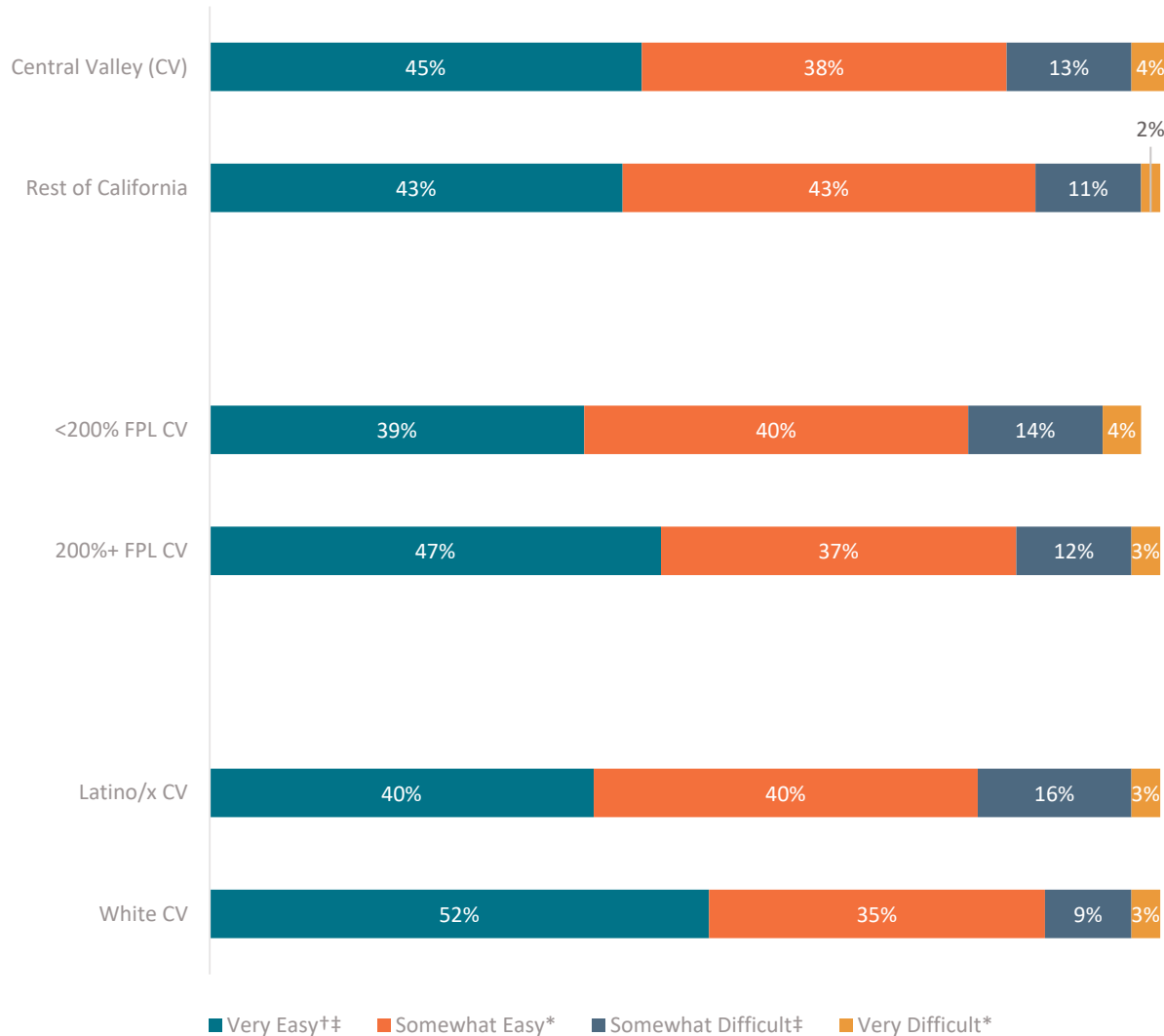
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 32. Most Californians Across Income Levels and Racial/Ethnic Groups Say It Is Easy to Find a Doctor That Treats Them with Respect

Q: THINKING ABOUT YOUR EXPERIENCES GETTING HEALTH CARE FOR YOURSELF AND YOUR FAMILY IN THE LAST FEW YEARS, HOW EASY OR DIFFICULT IS IT TO FIND A DOCTOR WHO TREATS YOU WITH DIGNITY AND RESPECT?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

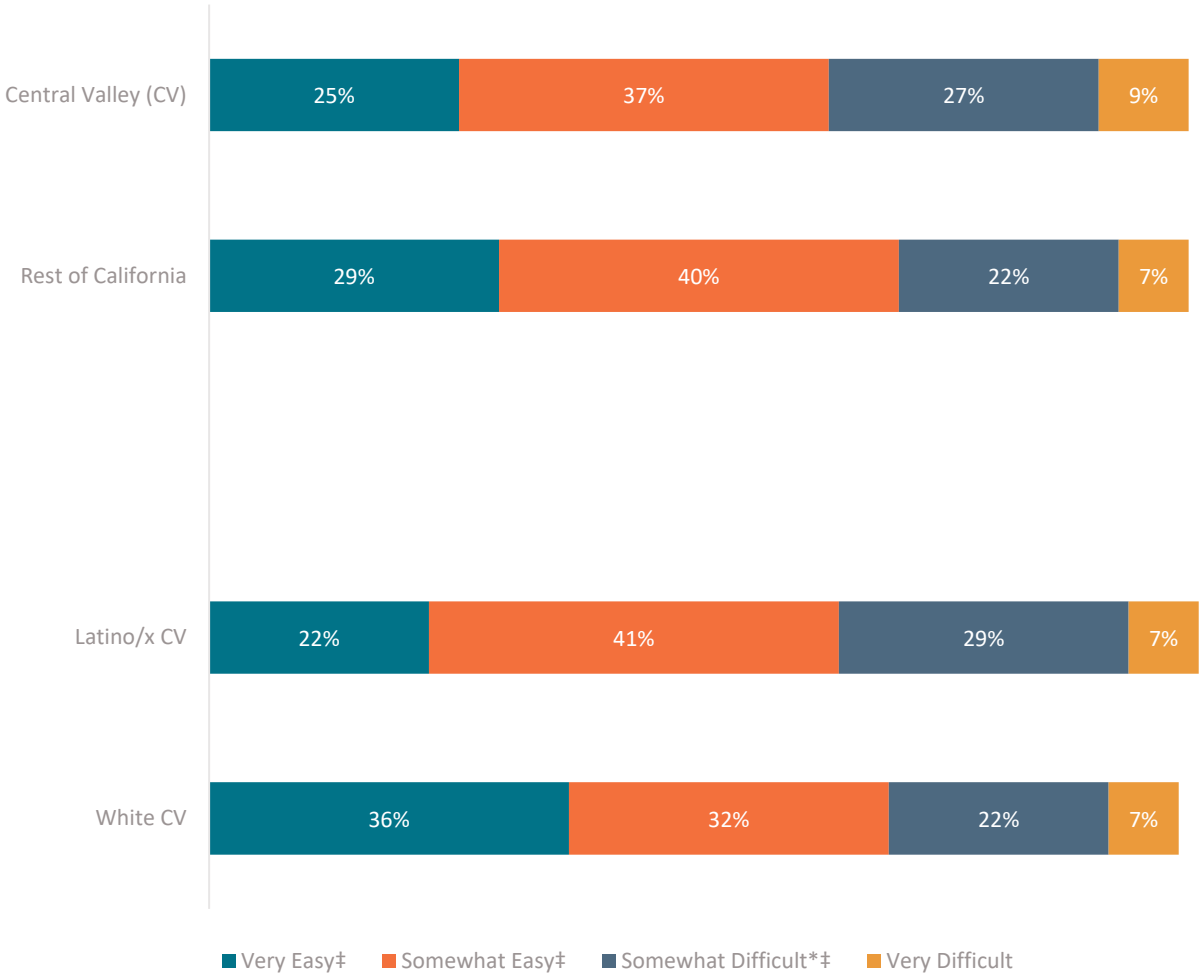
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 33. More Than One in Three Central Valley Residents Have a “Very” or “Somewhat” Difficult Time Finding a Doctor Who Shares the Same Racial/Ethnic Background as They Do

Q: THINKING ABOUT YOUR EXPERIENCES GETTING HEALTH CARE FOR YOURSELF AND YOUR FAMILY IN THE LAST FEW YEARS, HOW EASY OR DIFFICULT IS IT TO FIND A DOCTOR WHO SHARES THE SAME RACIAL OR ETHNIC BACKGROUND AS YOU?



* $p < .05$ for differences between the Central Valley and Rest of California.

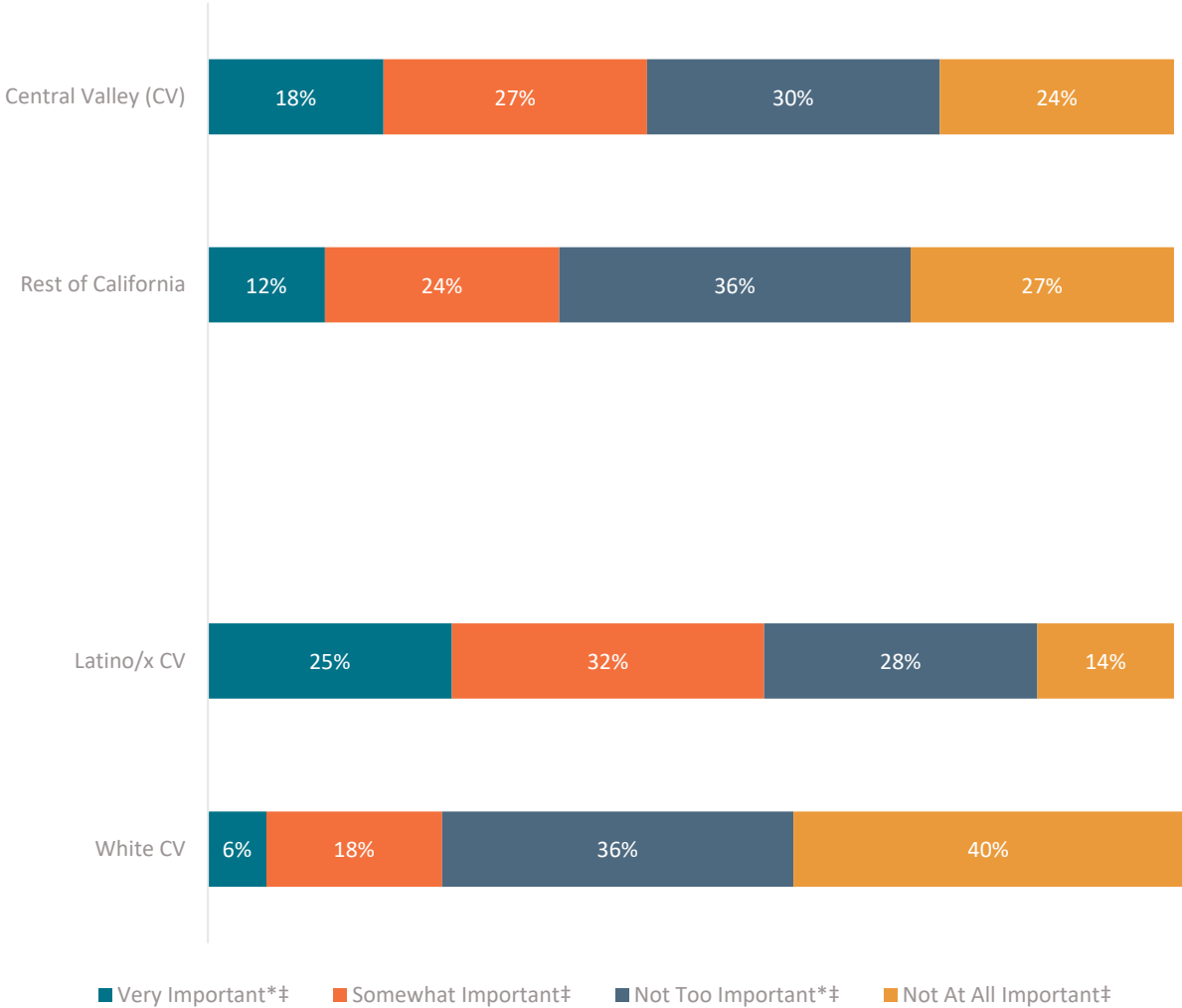
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 34. More Than Half of Latino/x Central Valley Residents Consider It “Very” or “Somewhat” Important to Find a Doctor That Shares Their Racial or Ethnic Background

Q: THINKING ABOUT YOUR PREFERENCES FOR GETTING HEALTH CARE, HOW IMPORTANT IS IT TO FIND A DOCTOR THAT SHARES THE SAME RACIAL OR ETHNIC BACKGROUND AS YOU?



* $p < .05$ for differences between the Central Valley and Rest of California.

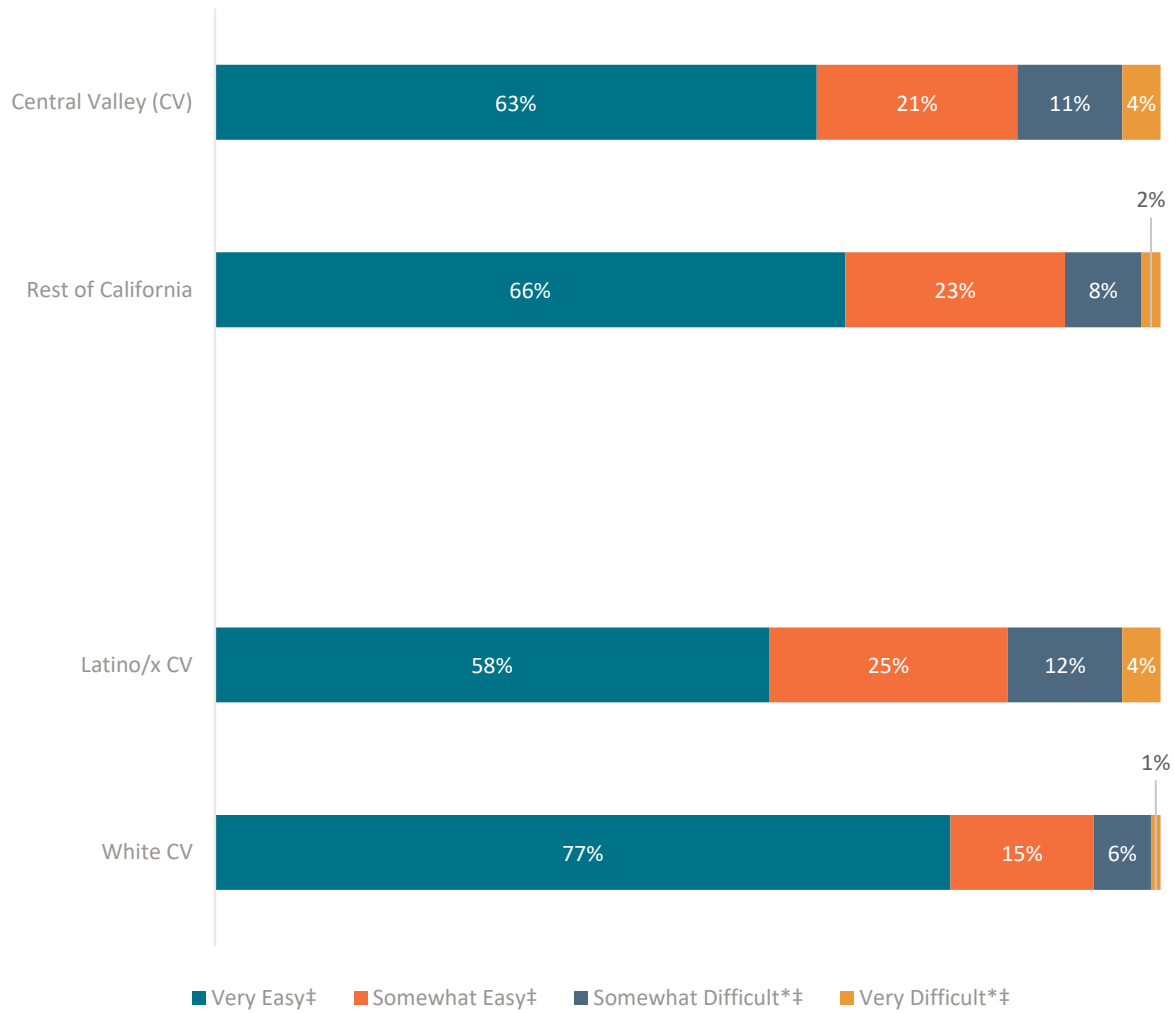
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 35. More Than 8 in 10 Central Valley Residents Have a “Very” or “Somewhat” Easy Time Finding a Doctor Who Speaks the Same Language as They Do

Q: THINKING ABOUT YOUR EXPERIENCES GETTING HEALTH CARE FOR YOURSELF AND YOUR FAMILY IN THE LAST FEW YEARS, HOW EASY OR DIFFICULT IS IT TO FIND A DOCTOR WHO SPEAKS THE SAME LANGUAGE AS YOU?



* $p < .05$ for differences between the Central Valley and Rest of California.

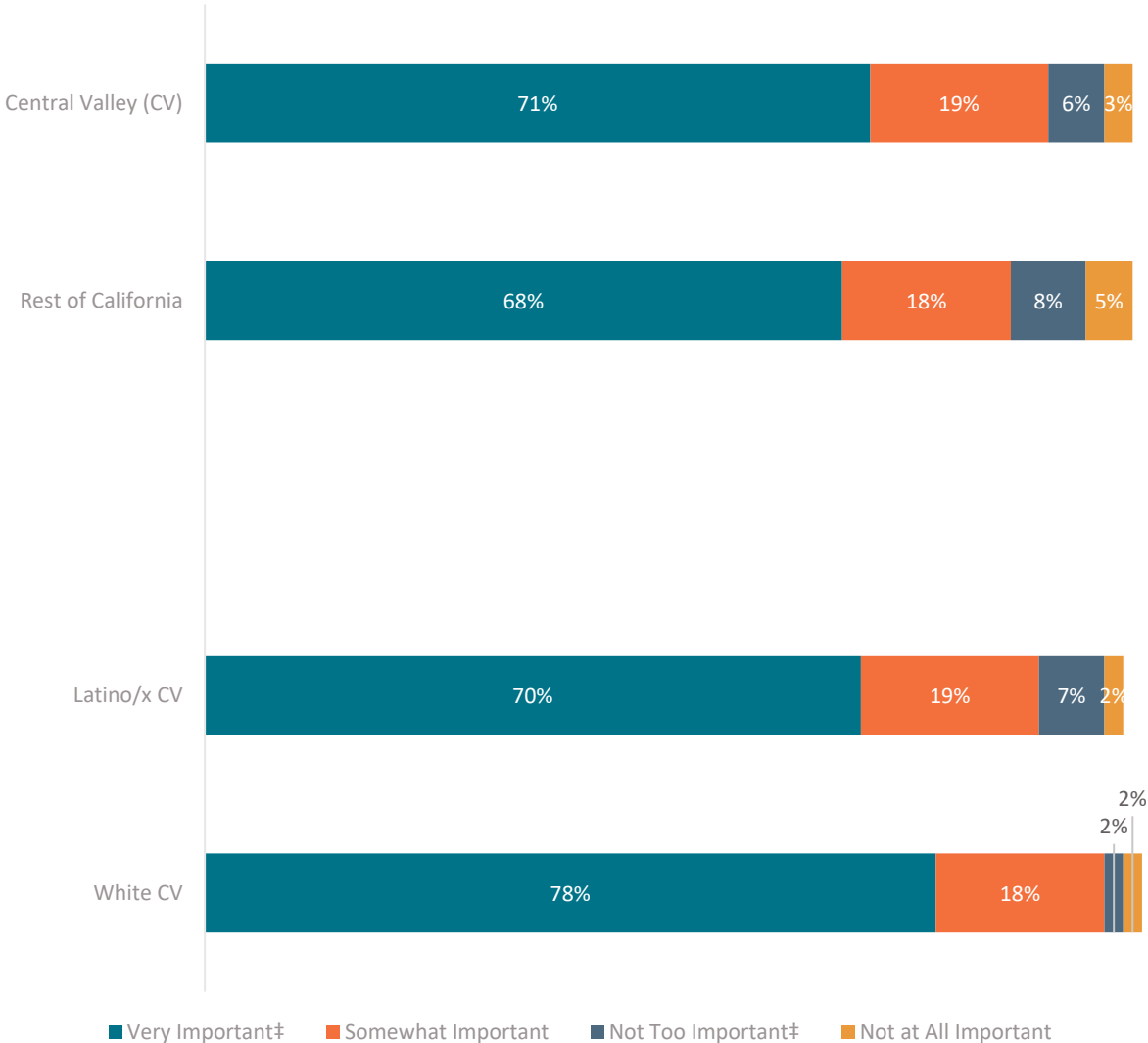
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 36. Nine in 10 Central Valley Residents Say It Is “Very” or “Somewhat” Important to Find a Doctor Who Speaks the Same Language as They Do

Q: THINKING ABOUT YOUR PREFERENCES FOR GETTING HEALTH CARE, HOW IMPORTANT IS IT TO FIND A DOCTOR THAT SPEAKS THE SAME LANGUAGE AS YOU?



‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

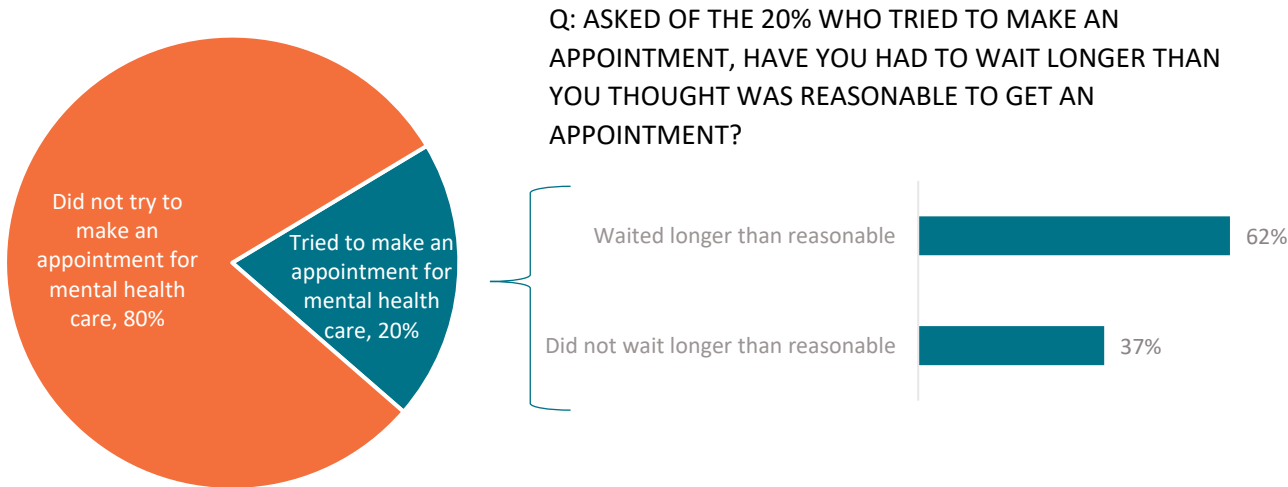
Section 6: Access and Experiences with Mental Health and Substance Use Care

California residents were asked about experiences accessing mental health care and needing treatment for substance use care.

Experiences Making Appointments

- One in five Californians in the Central Valley overall (20%) and one in four residents with low incomes (25%) say they tried to make an appointment for mental health care in the past year. Among Central Valley residents who tried to make a mental health appointment, 62% report waiting longer than they thought was reasonable to get an appointment (Figure 37).
- Fifty-four percent of Central Valley residents who tried to make a mental health appointment say it was “somewhat” or “very” difficult to find a mental health provider who takes their insurance (Figure 38).

Figure 37. Six in 10 Central Valley Residents Who Tried to Make a Mental Health Appointment Waited Longer Than They Thought Reasonable

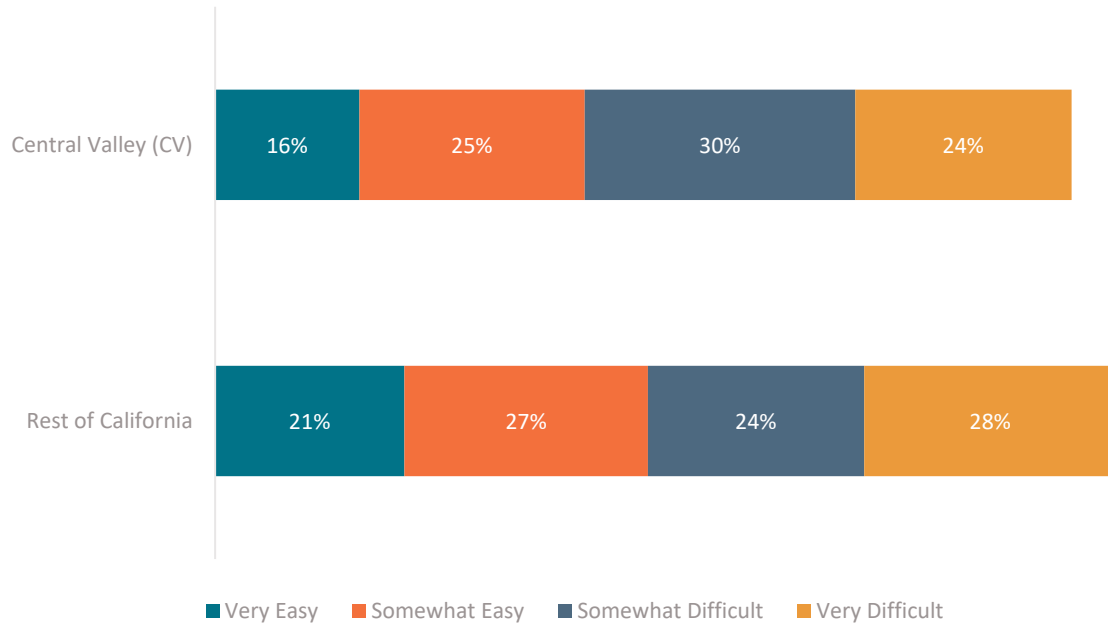


Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. Did not answer not shown. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 38. More Than Half of Central Valley Residents Report Having Difficulty Finding a Mental Health Care Provider Who Takes Their Insurance

Q: OVERALL, HOW EASY OR DIFFICULT IS IT FOR YOU TO FIND A MENTAL HEALTH PROVIDER WHO TOOK YOUR INSURANCE?



Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. “I don't have insurance” or did not answer not shown. See topline for full question wording and response options.

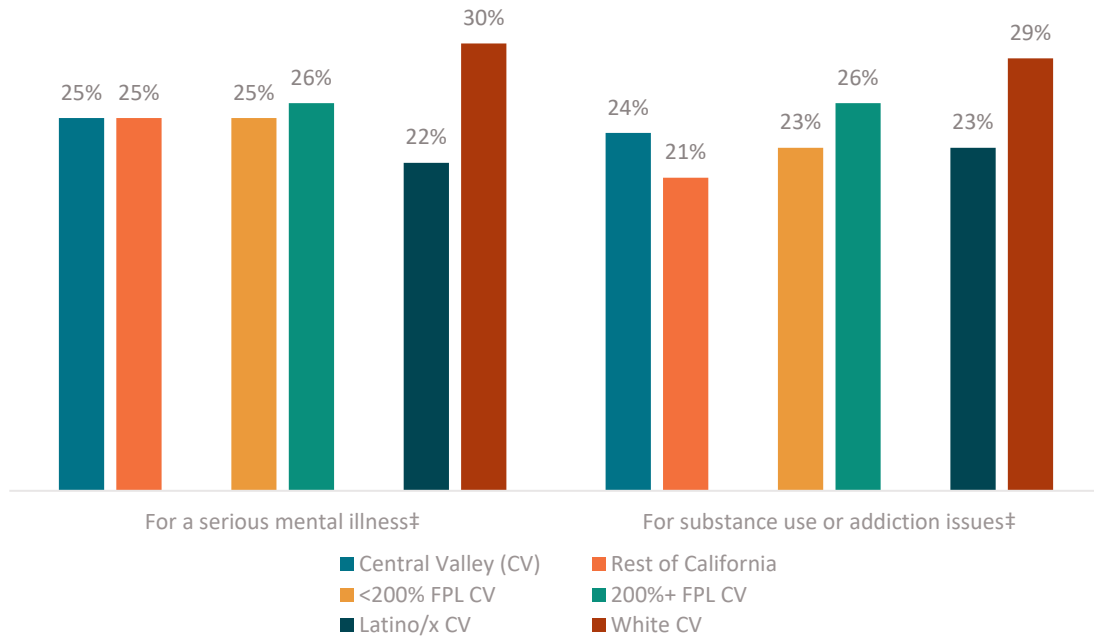
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Needing Treatment for Serious Mental Illness or Substance Use or Addiction Issues

- One in four Central Valley residents says that they or someone close to them has needed treatment for a serious mental illness (25%) or a substance use or addiction issue (24%). White Central Valley residents are more likely to say they or someone close to them has needed treatment for a serious mental illness or a substance use or addiction issue (Figure 39).
- Seven in 10 Central Valley residents (70%) think “significant” or “some” improvement is needed in treating people with serious mental illness (Figure 40).
- Sixty-six percent of Central Valley residents say “significant” or “some” improvement is needed in treating people with substance use or addiction issues (Figure 41).

Figure 39. One in Four Central Valley Residents Has Needed or Had Someone Close to Them Need Treatment for a Serious Mental Illness or for Substance Use or Addiction Issues

PERCENTAGE WHO SAY THEY OR SOMEONE CLOSE TO THEM NEEDED TREATMENT



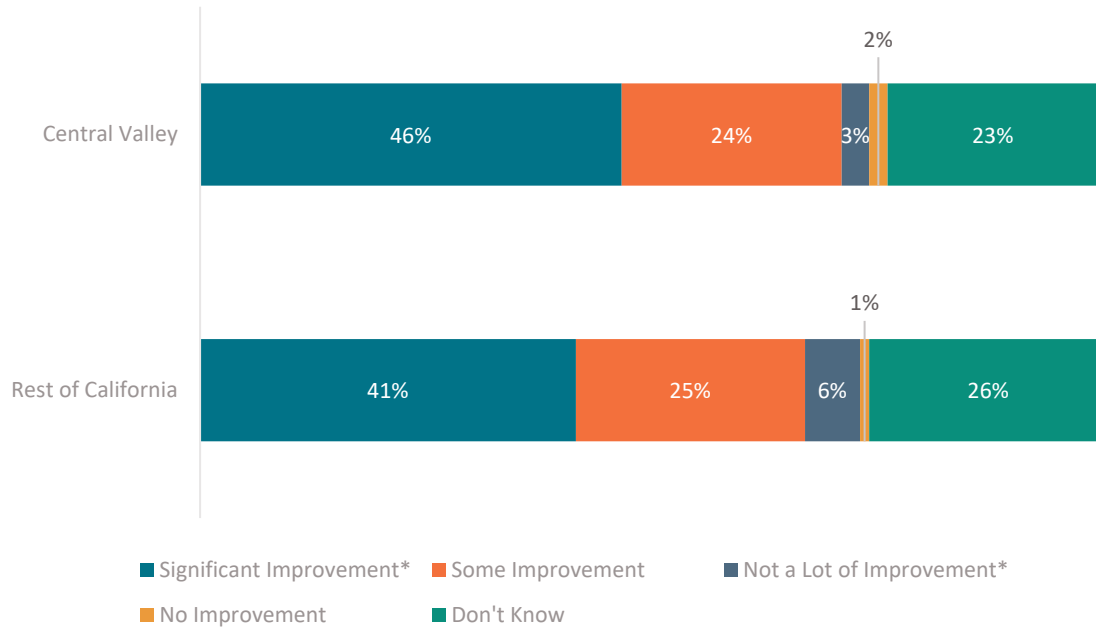
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 40. Seven in 10 Central Valley Residents Say “Significant” or “Some” Improvement Is Needed in Treating People with SMI

Q: HOW MUCH IMPROVEMENT, IF ANY, IS NEEDED IN YOUR COMMUNITY WHEN IT COMES TO TREATING PEOPLE WITH SERIOUS MENTAL ILLNESS?



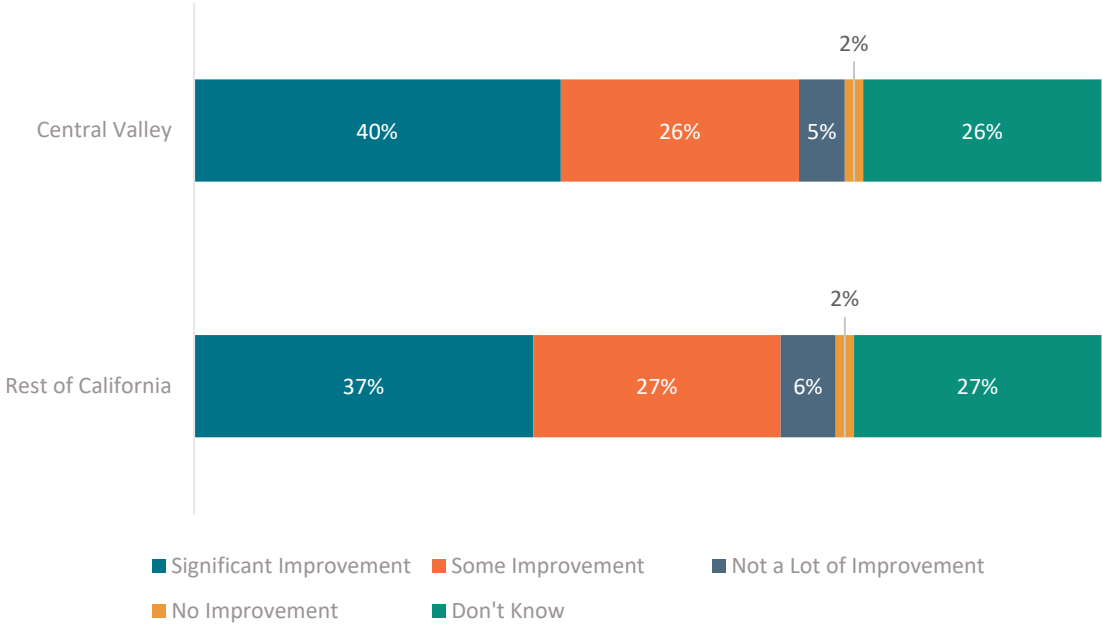
* $p < .05$ for differences between Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. Did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 41. Two in Three Central Valley Residents Say “Significant” or “Some” Improvement Is Needed in Treating People with Substance Use

Q: HOW MUCH IMPROVEMENT, IF ANY, IS NEEDED IN YOUR COMMUNITY WHEN IT COMES TO TREATING PEOPLE WITH SUBSTANCE USE OR ADDICTION ISSUES?



Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. Did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Section 7: Navigating the Health Care System

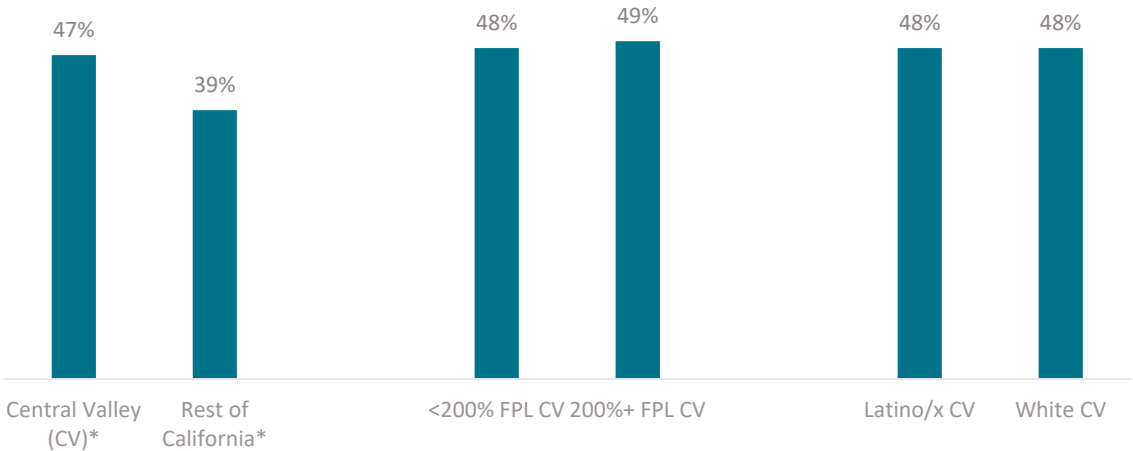
California residents were asked about their experiences receiving authorization for care, understanding cost of care, and navigating health insurance.

Experiences with Prior Authorization

- Nearly half of Central Valley residents (47%) report waiting for insurance authorization of a treatment, procedure, or medicine prescribed by their doctor. This is significantly higher than the rest of California (39%). Similar percentages of Central Valley residents across income groups, Latino/x residents, and White residents report waiting for prior authorization (Figure 42).
- Among Central Valley residents who report waiting for authorization, 68% say their request was approved, and they received their care. Twenty percent say the request was denied, and they did not receive their treatment, procedure, or medicine.
- Nearly 6 in 10 Central Valley residents (58%) who had to wait for authorization report waiting a week or longer (Figure 43).
- Among Central Valley residents who waited for insurance authorization, 46% report they or a family member waited for authorization of the same type of care more than once in the last year. Fifty-seven percent of Central Valley residents with low incomes say they or a family member waited for authorization of the same type of care more than once, compared to 40% of residents with higher incomes (Figure 44).

Figure 42. Nearly Half of Central Valley Residents Report Waiting for Insurance Authorization of a Treatment, Procedure, or Medicine Prescribed by Their Doctor

PERCENTAGE WHO SAY THAT THEY OR A FAMILY MEMBER NEEDED TO WAIT FOR THEIR HEALTH INSURANCE COMPANY TO APPROVE OR AUTHORIZE A TREATMENT, PROCEDURE, OR MEDICINE THAT THEIR DOCTOR PRESCRIBED OVER THE PAST YEAR



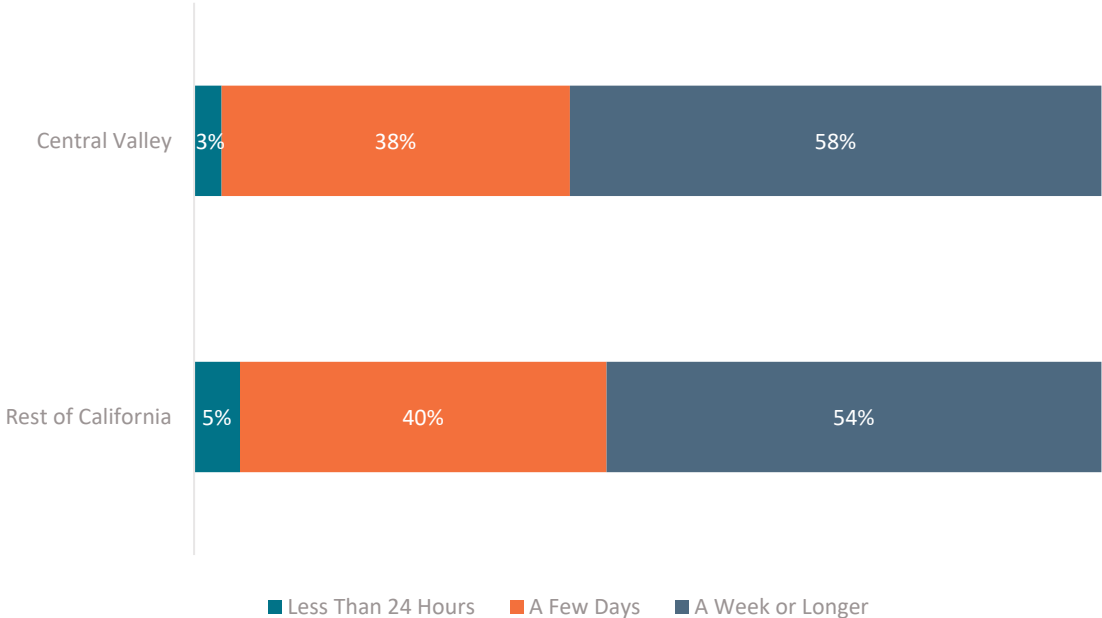
* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 43. Nearly 6 in 10 Central Valley Residents Who Had to Wait for Authorization Say They Waited a Week or Longer

HOW LONG RESPONDENTS NEEDED TO WAIT FOR THEIR HEALTH INSURANCE COMPANY TO APPROVE OR AUTHORIZE A TREATMENT, PROCEDURE, OR MEDICINE THAT THEIR DOCTOR PRESCRIBED

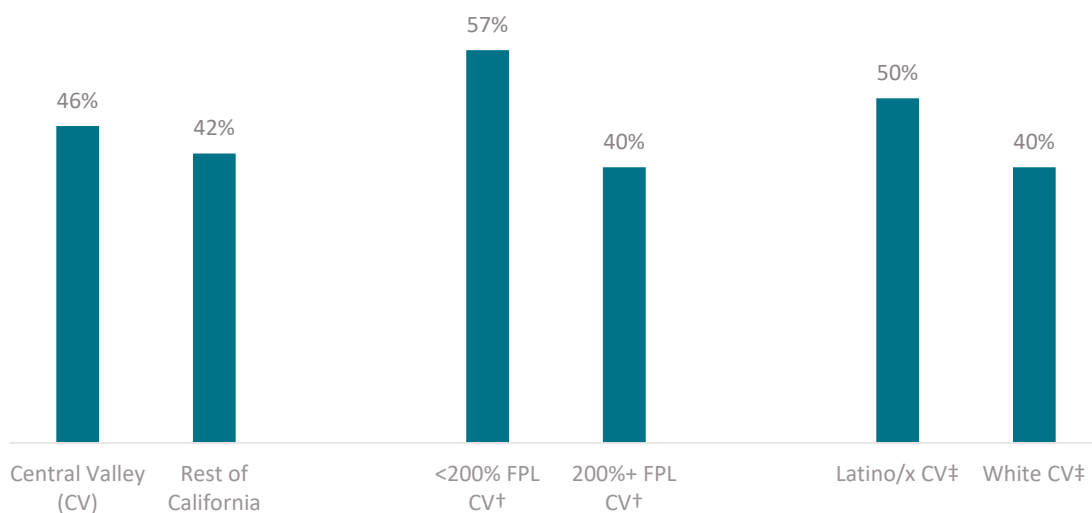


Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. “Don't know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 44. Among Central Valley Residents Who Waited for Insurance Authorization, 46% Report Waiting for Authorization of the Same Type of Care More Than Once in the Last Year

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER NEEDED TO WAIT FOR THEIR HEALTH INSURANCE COMPANY TO AUTHORIZE THE SAME TREATMENT, PROCEDURE, OR MEDICINE ON MORE THAN ONE OCCASION



† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Health Care Navigation and Coordination

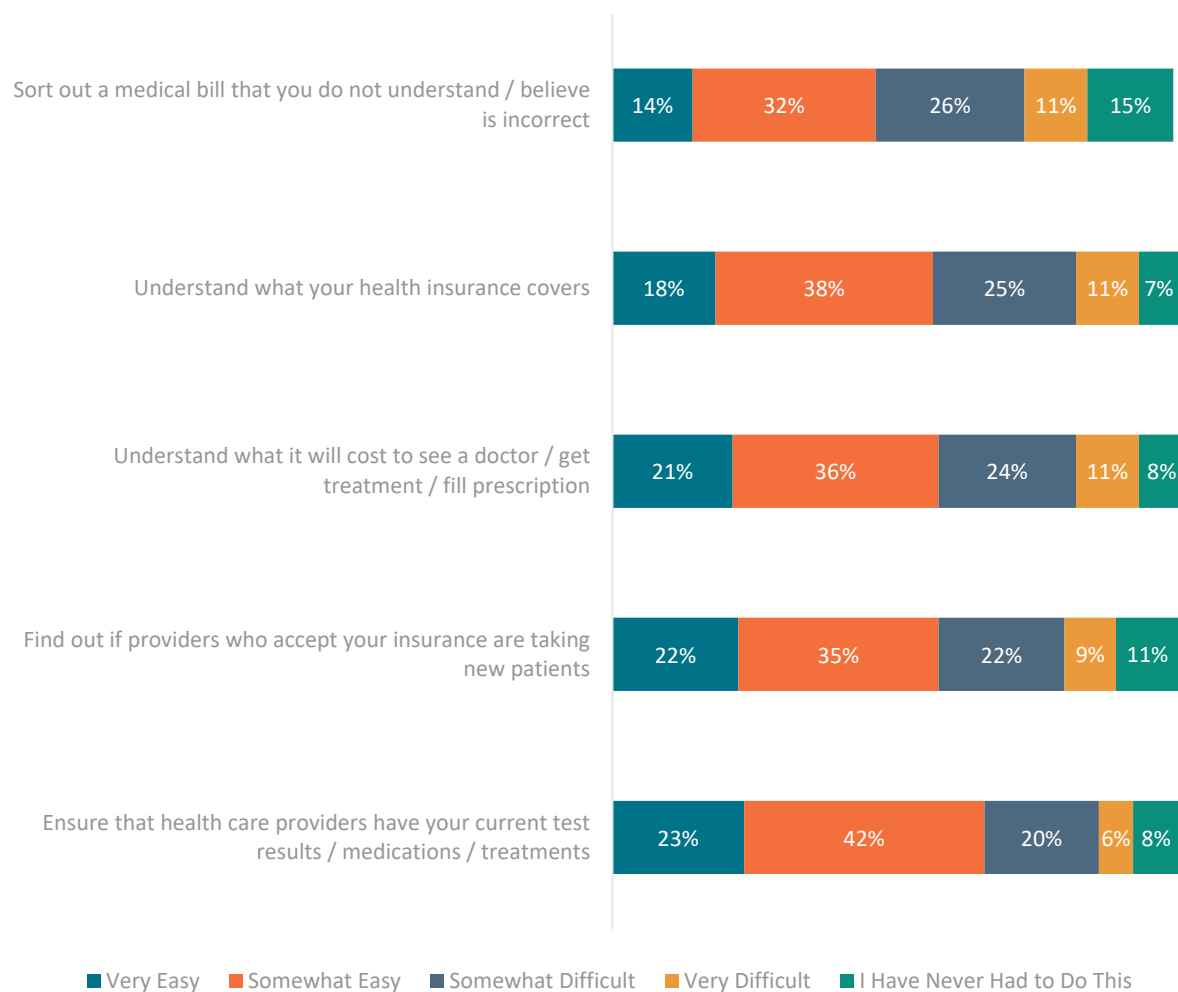
- More than one in three Central Valley residents finds it “very” or “somewhat” difficult to sort out a medical bill (37%), understand what their insurance covers (36%), and understand cost of care (35%) (Figure 45).
- More than half of Californians in the Central Valley (53%) report having challenges with coordinating care. Forty-three percent of Central Valley residents say they had to communicate other information about their condition or treatment from one provider to another, and 43% say they had to repeat medical history to a new health care provider. One in four Californians in the Central Valley (24%) and 3 in 10 residents with low incomes (31%)

say they have had to repeat a medical test because prior results weren't available to the new provider (Figure 46).

- Three in 10 Central Valley residents (29%) who report repeating communications or tests say this resulted in their missing work and/or other potential income (Figure 47).

Figure 45. More Than One in Three Central Valley Residents Finds It “Very” or “Somewhat” Difficult to Sort Out a Medical Bill, Understand What Their Insurance Covers, and Understand Cost of Care

Q: GENERALLY SPEAKING, HOW EASY OR DIFFICULT IS IT FOR YOU TO DO EACH OF THE FOLLOWING WHEN IT COMES TO GETTING CARE FOR YOU AND YOUR FAMILY?

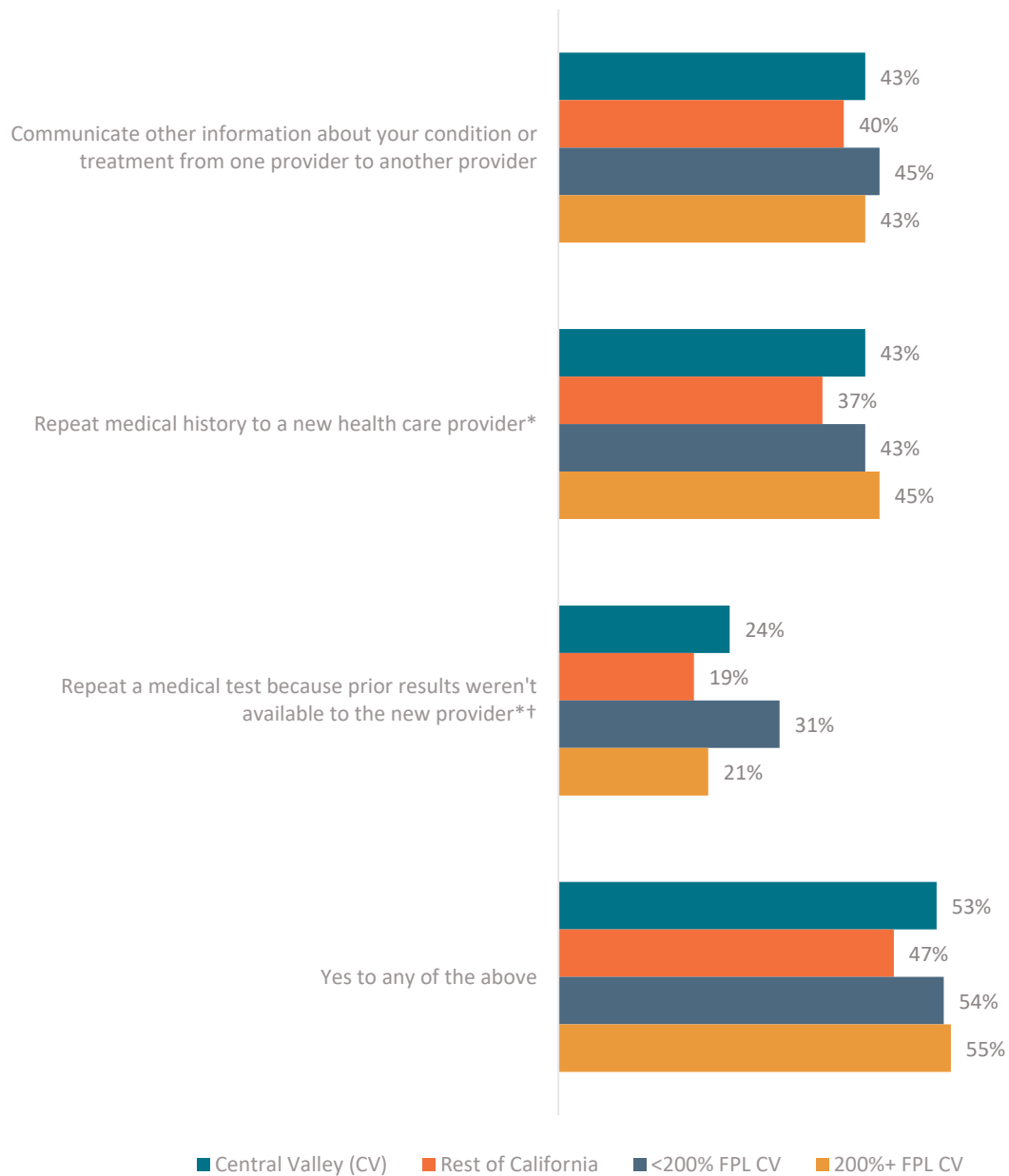


Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. “Don't know” or did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 46. Many Central Valley Residents Report They Have Had to Repeat Communications with Providers

PERCENTAGE WHO SAY THEY HAVE HAD TO DO EACH IN THE PAST FIVE YEARS



* $p < .05$ for differences between the Central Valley and Rest of California.

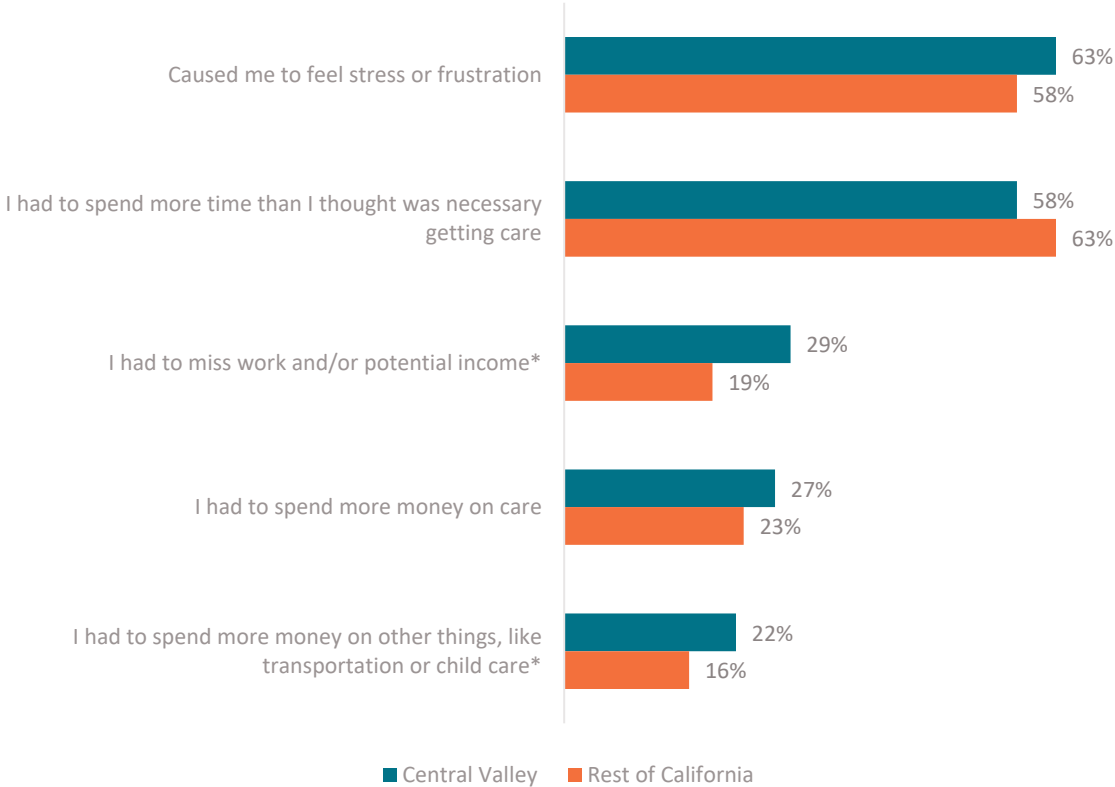
† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 47. Many Californians in the Central Valley Have Been Negatively Impacted by Having to Repeat a Medical History or Test or Communicate from One Provider to Another

Q: ASKED OF RESPONDENTS WHO ANSWERED YES TO REPEATING COMMUNICATION OR TEST: WHAT IMPACT DID THIS HAVE ON YOU?



* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

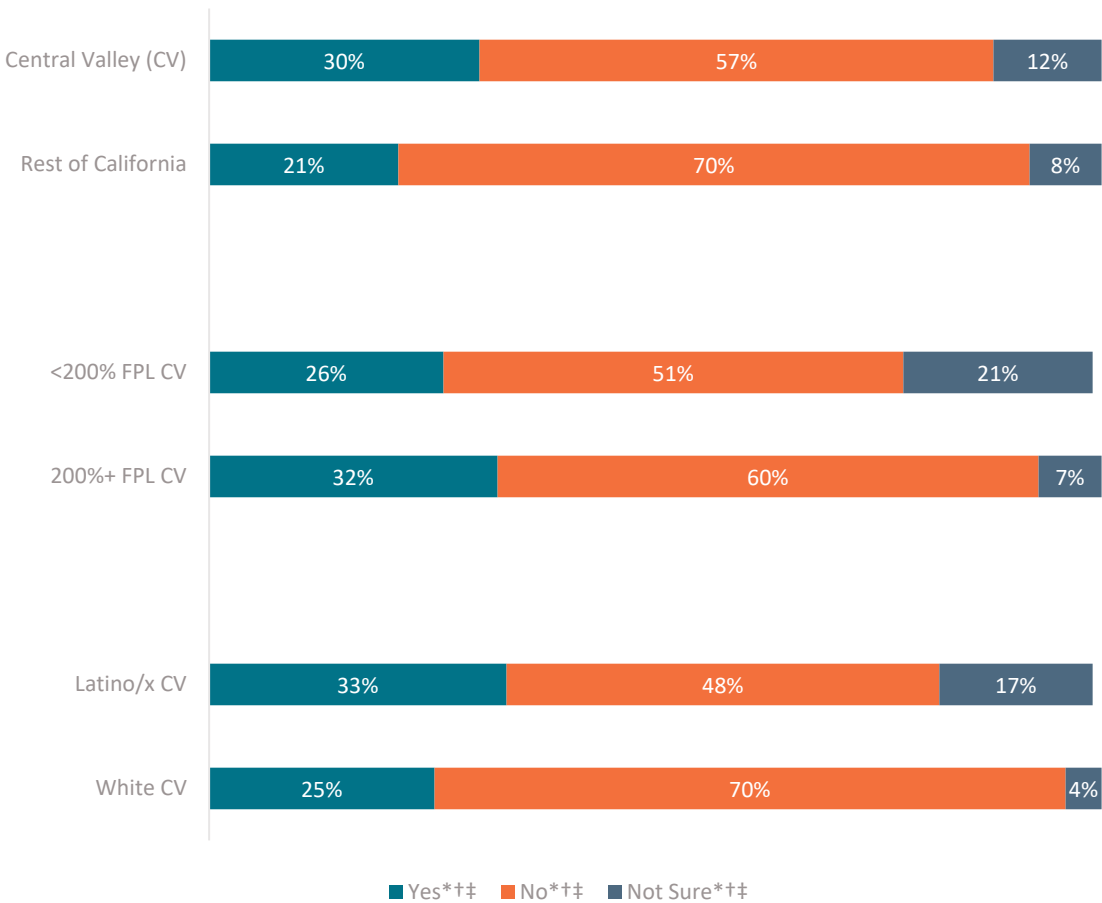
Health Insurance Transitions

- Three in 10 Californians in the Central Valley (30%) report experiencing a change in health insurance coverage in the past year, more than residents in the rest of the state (21%). One in three Latino/x Central Valley residents (33%) say they changed health insurance coverage (Figure 48).
- The two most common reasons for changing insurance were a change in job or employment (20%) or a change in employer-offered insurance (19%).

- Among Central Valley residents who changed insurance coverage, 33% say their costs for coverage increased and 32% that their costs for care they needed increased (Figure 49).
- Three in 10 Central Valley residents and one in three with low incomes say it is “somewhat” or “very” difficult to enroll in or renew insurance coverage (Figure 50).

Figure 48. Three in 10 Central Valley Residents Experienced a Change in Health Insurance Coverage in the Last Year

Q: HAVE YOU EXPERIENCED A CHANGE IN HEALTH INSURANCE COVERAGE, SUCH AS GAINING, LOSING, OR SWITCHING, IN THE LAST 12 MONTHS?



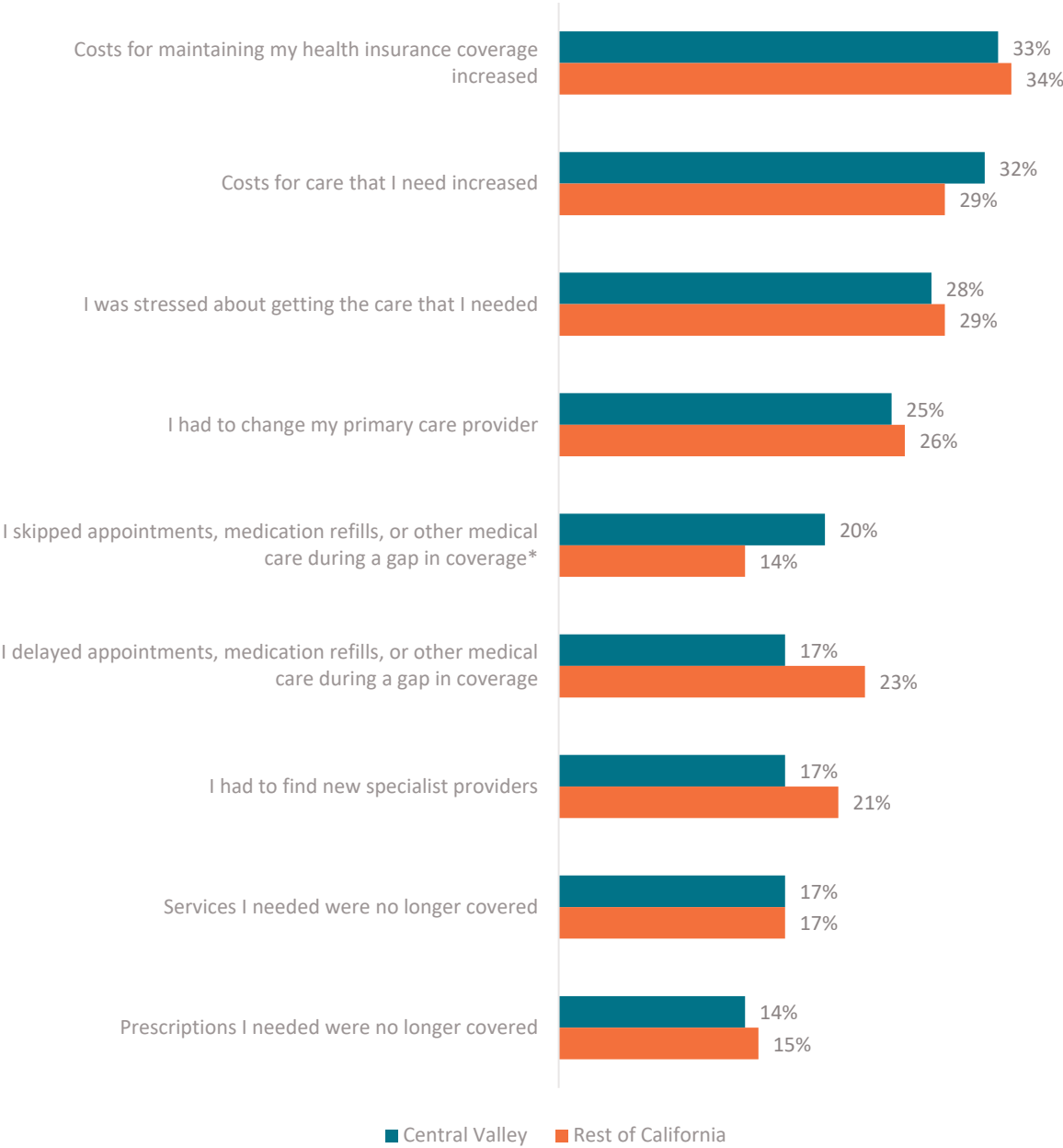
* $p < .05$ for differences between the Central Valley and Rest of California.
 † $p < .05$ for differences between income groups.
 ‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 49. One in Three Central Valley Residents Who Changed Insurance Report Increased Costs for Health Insurance Coverage or for Care

PERCENTAGE WHO REPORT EACH IMPACT FROM CHANGING HEALTH INSURANCE COVERAGE



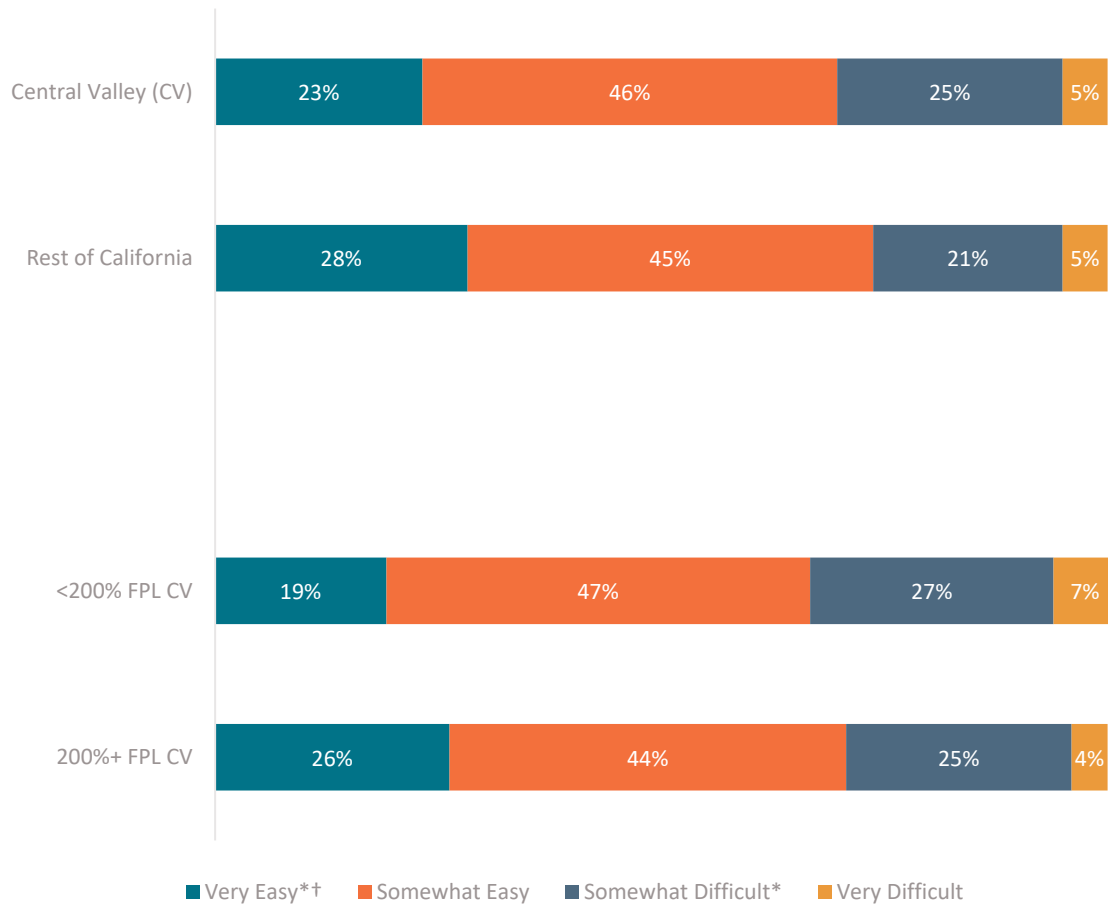
* $p < .05$ for differences between the Central Valley and Rest of California.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 50. Three in 10 Central Valley Residents and One in Three with Low Incomes Say It Is “Somewhat” or “Very” Difficult to Enroll in or Renew Insurance Coverage

Q: THINKING ABOUT TIMES YOU HAVE NEEDED TO ENROLL IN HEALTH INSURANCE OR RENEW YOUR COVERAGE, HOW EASY OR DIFFICULT IS IT TO GO THROUGH THE PROCESSES YOU NEED TO ENROLL OR RENEW?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Section 8: Health Care Workforce and Supply

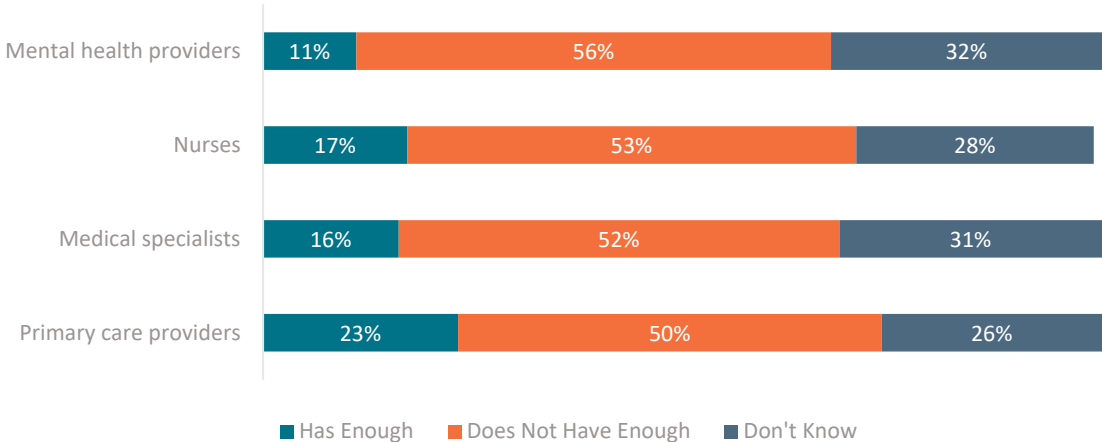
California residents were asked about the supply of health care providers in their communities, hospital closures in their communities, and what effect hospital closures have on their health.

Community Supply of Providers

- Half or more of Central Valley residents think their community does not have enough providers, especially mental health providers (56%) (Figure 51).
- For each type of provider (mental health, nurse, medical specialist, and primary care provider), Californians in the Central Valley are more likely to think their community does not have enough providers than Californians in the rest of the state.

Figure 51. Half of Central Valley Residents Think Their Community Does Not Have Enough Providers, Especially Mental Health Providers

Q: DO YOU THINK YOUR COMMUNITY HAS ENOUGH PROVIDERS TO SERVE THE NEEDS OF LOCAL RESIDENTS OR NOT?



Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. Did not answer not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Views on Hospital Closures

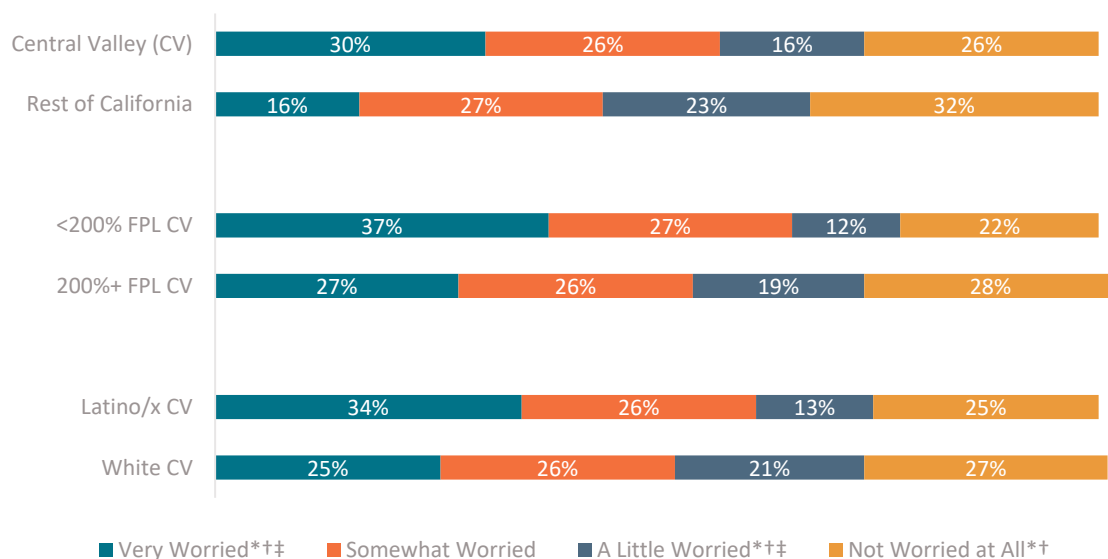
- Hospital closures are a bigger concern for Central Valley residents than for residents in the rest of the state. Fifty-seven percent* of Central Valley residents are “very” or “somewhat” worried about hospitals in their communities closing, significantly higher than for residents

in the rest of the state (44%^{*}). Sixty-five percent^{*} of those with low incomes and 60% of Latino/x residents are “very” or “somewhat” worried (Figure 52).

- Nearly one in four Central Valley residents (23%) report a hospital closure in their community in the last 12 months, significantly higher than residents in the rest of California (5%).
- Among Central Valley residents who report living in a community with a hospital closure in the last year, 32% say this has caused them or their family to drive farther to get health care. And 24% say this has resulted in them or their family waiting longer to get health care (Figure 53).

Figure 52. Three in 10 Central Valley Residents Are “Very” Worried About Hospitals in Their Community Closing

Q: HOW WORRIED ARE YOU ABOUT HOSPITALS IN YOUR COMMUNITY CLOSING?



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

‡ $p < .05$ for differences between Latino/x and White respondents.

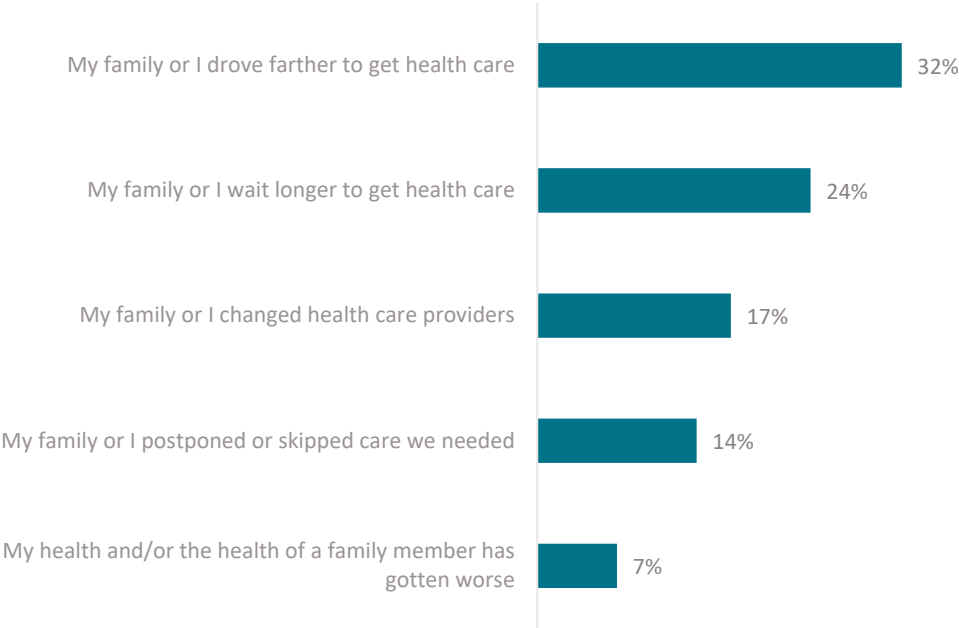
Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. “Don’t know” or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

* May not match figure due to rounding.

Figure 53. The Most Reported Impacts of Hospital Closures Are Having to Drive Farther or Wait Longer for Health Care

ASKED OF RESPONDENTS WHO ANSWERED YES TO HOSPITAL CLOSURE: HOW HAS A HOSPITAL CLOSING IMPACTED THE HEALTH AND WELL-BEING OF YOU AND/OR YOUR FAMILY?



Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

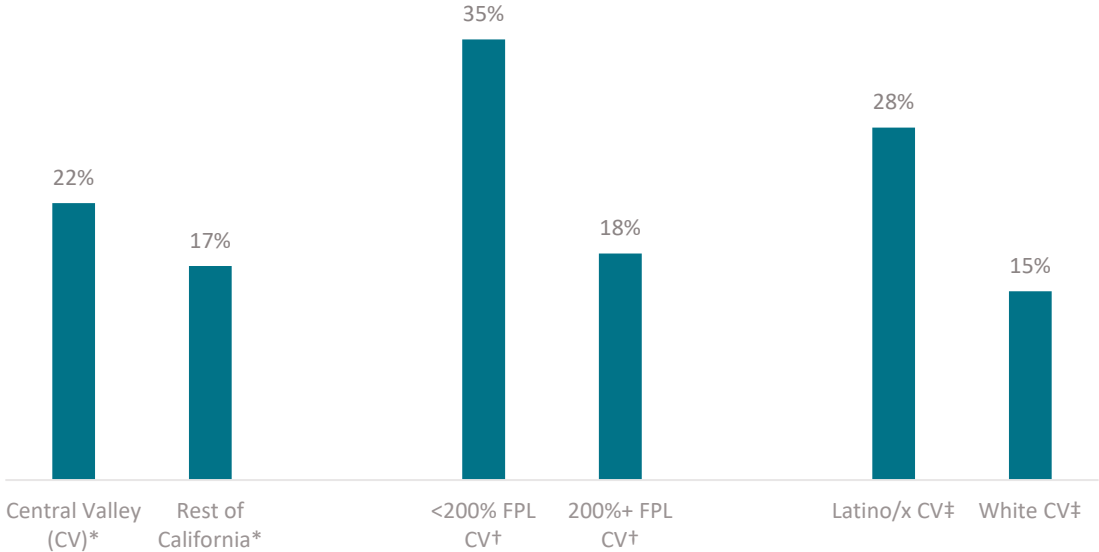
Section 9: Housing and Homelessness

California residents were asked about their experiences with housing instability and homelessness, and the importance of providing health care to people experiencing homelessness.

- More than one in five Central Valley residents (22%) and more than one in three residents with low incomes (35%) have personally experienced or had someone close to them experience a period of homelessness (Figure 54).
- Two in three Central Valley residents (68%) think “significant” or “some” improvement is needed in providing health care to people experiencing homelessness. This is similar to the rest of California (72%). Similar percentages of Central Valley residents across income levels, Latino/x residents, and White residents say “significant” or “some” improvement is needed (Figure 55).

Figure 54. More Than 2 in 10 Central Valley Residents Have Either Personally Experienced or Had Someone Close to Them Experience a Period of Homelessness

PERCENTAGE WHO SAY THEY OR SOMEONE CLOSE TO THEM HAS EVER EXPERIENCED A PERIOD OF HOMELESSNESS



* $p < .05$ for differences between the Central Valley and Rest of California.

† $p < .05$ for differences between income groups.

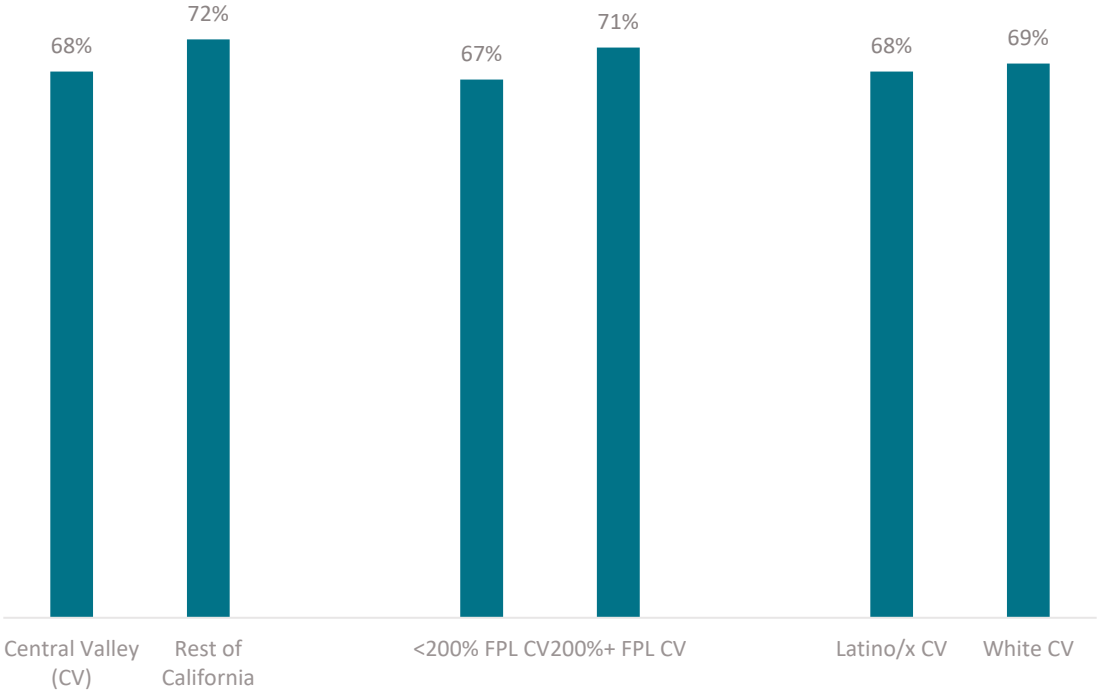
‡ $p < .05$ for differences between Latino/x and White respondents.

Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Figure 55. Two in Three Central Valley Residents Think “Significant” or “Some” Improvement Is Needed in Providing Health Care to People Experiencing Homelessness

PERCENTAGE WHO SAY “SIGNIFICANT” OR “SOME” IMPROVEMENT IS NEEDED IN THEIR COMMUNITY WHEN IT COMES TO PROVIDING MENTAL AND PHYSICAL HEALTH CARE TO PEOPLE EXPERIENCING HOMELESSNESS



Notes: Sample includes 3,431 California residents overall and 1,525 Central Valley residents age 18 and older. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Appendix. Survey Methodology

The California Health Care Foundation’s California Health Policy Survey was conducted September 18 through October 25, 2023, via a mixed AmeriSpeak Panel ($n = 1,641$) and address-based sample (ABS) ($n = 1,790$) design among a random representative sample of 3,431 adults age 18 and older living in California. Interviews were administered in English ($n = 3,199$), Spanish ($n = 135$), and Chinese ($n = 97$).

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 and to analyze the results.

The sample was designed to achieve a sufficient number of interviews with respondents age 18 and older that would support accurate representation of the California resident adult population in the overall sample and for sociodemographic subgroups such as by age, race, Latino/x ethnicity, and region. This 2024 Health Policy Poll also included an oversample of adults in the Central Valley, comprising the following counties: Fresno, Kings, Madera, Mariposa, and Tulare.

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

The address-based sample was randomly drawn from a sampling frame defined by the United States Postal Service’s Computerized Delivery Sequence File, which is licensed by NORC. This database covers nearly all households in the US. To augment Central Valley counties, Latino/x, non-Latino/x Black, non-Latino/x Asian, and low income populations in the survey, the ABS frame was stratified into eight mutually exclusive categories to allow accurate representation of the California adult population. This was accomplished by appending auxiliary data from commercial address databases to the ABS frame to construct eight sampling strata:

1. Central Valley counties (not NH-Black, NH-AAPI, or low income)
2. Central Valley, Latino/x, low income
3. Not Central Valley, Latino/x, low income
4. Central Valley, non-Latino/x, low income
5. Not Central Valley, non-Latino/x, low income
6. Non-Latino/x AAPI
7. Non-Latino/x Black
8. Residual Latino/x and non-Latino/x, no vendor match

Only addresses identified in sampling strata 1–7 were selected and fielded to achieve an augmented ABS sample of Central Valley, low income, Asian, and Black Californians for this survey.

All ABS sample 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 an interviewer. A \$1 pre-incentive was included for the mailed invitations ($n = 50,174$). Respondents were offered a \$10 post-incentive if they completed the survey. NORC sent one reminder letter, which included a survey web link and a unique participant code, around one week after the initial mailing and then followed up with a final postcard reminder and telephone calls about two weeks after the initial mailing to households whose address could be matched to a listed cellphone or landline telephone directory.

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

Survey respondents were asked whether they identified as Hispanic or Latino and then asked their racial identity. In the Central Valley sample, only Latino/x and non-Latino/x White residents (reported as White) have a sufficient N to report findings.

A series of data quality checks were run on the final data; a total 3,431 survey completes were finalized. A multistage weighting design was applied to ensure accurate representation of the California adult population. The first stage of weighting included adjustments to the AmeriSpeak and ABS samples for their unique sample designs. Subsequent weighting steps included an adjustment to account for ABS undeliverable mailings, construction of weights for the combined AmeriSpeak and ABS samples, and an adjustment for nonresponse to the screener qualification questions on age and California residency. Finally, the combined AmeriSpeak and ABS sample weights underwent demographic adjustment via poststratification raking to balance the sample to match known adult population totals obtained from the 2022 American Community Survey. Demographic benchmark distributions utilized in the raking included gender, age, race/Latino/x ethnicity, household income relative to 200% of the federal poverty level, household size, and Central Valley resident status. Next, to reduce the possibility of outlier cases affecting the data too excessively and to control the impact on sample variance from such cases, the weights were truncated at the 15th and 85th percentile points of their distribution.

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 finding a provider you can trust and waiting longer than reasonable for health care appointments) and predictor variables (composed primarily of demographic information).

The margin of sampling error including the design effect for the full sample for an estimated percentage of 50% is plus or minus 2.5 percentage points. For results based on percentages other than 50%, the margins of sampling error are typically lower. For results based on specific subgroups, the margins of sampling error may be higher. Note that sampling error is only one of the many potential sources of error in this and any other public opinion poll.