



What Californians Are Saying About AI in Health Care

Artificial intelligence (AI) is rapidly becoming more integrated into health care and transforming how care is delivered. As with digital health and other technologies, these implementations could be more effective when patient perspectives are heard and incorporated into care. Earlier this year, CHCF conducted focus groups across the state to understand Californians' attitudes about AI in health care. Their responses reveal that people are open to AI's potential to improve care quality and to give medical providers more time with patients — if it is used safely and with an option to opt out. Participants' concerns focused less on AI itself and more on the risks of misuse, depersonalization, and lack of transparency.

Key Findings

People want to understand how AI is being used.

Participants expressed curiosity about how AI is being used in health care settings and wanted clear, accessible information about how it supports and improves their care. They said explanations should be simple, widely available, and easy to understand — without requiring patients to know the right questions to ask.

Transparency and control build trust.

Many patients said they wanted to be informed in advance or at the visit when AI was in use, what data were involved, and what precautions were being taken to protect their data. Most wanted to be able to opt out of AI use in their health care, even as many said they probably would not exercise that option. This

desire for informed consent extended across all demographic groups, with participants suggesting various methods of notification, including verbal explanations and written materials.

Consumers want human connections to remain central.

Across groups, participants emphasized that AI should ease administrative burdens and support providers — not replace the personal, empathic connections between patients and clinicians. Latino/x participants described the value of in-person care and worried that AI might erode it. Many said they felt more comfortable when they understood AI as a tool that supports rather than replaces clinicians.

Cultural and racial context matter for AI adoption.

Participants who speak a primary language other than English valued AI's potential to support translation and help providers communicate with them more effectively. Asian, Native Hawaiian, and Pacific Islander respondents saw potential benefits in AI translation services that could promote inclusivity, dignity, and independence. Latinos/x expressed a deep desire for empathy and connection and viewed translation services as essential. Black participants expressed heightened skepticism about AI in health care, citing concerns that AI could perpetuate existing biases in medical treatment. Many shared personal experiences of being unheard, dismissed, misdiagnosed, or undiagnosed in the current system and expressed concern that AI tools would be created or used with the same biases.

Digital divide affects AI perceptions.

Overall, older and lower-income respondents tended to be less technologically savvy and less aware of and comfortable with AI tools. Some older respondents expressed concern about being left behind in a tech-driven system and a desire for patience, reassurance, and clarity when the features and benefits of new technologies are explained.

Administrative AI applications receive the most support.

Participants embraced the potential of AI most when it was seen as serving practical needs: simplifying administrative work, providing translation, and speeding up insurance hurdles. They viewed these tools as ways to make the health system work better for both patients and providers.

Recommendations

- ▶ Create patient education materials such as videos, interactive tools, illustrated brochures, emails, etc., showing how AI tools are being used.
- ▶ Explain how the tool works, how it empowers providers rather than replaces them, and where in the process human involvement and oversight occurs.
- ▶ Center communications on the human benefits: how AI supports the doctor-patient relationship, helps physicians and health care staff do their jobs better, reduces patient wait times, etc.
- ▶ Include an opt-out feature or at least a paragraph describing the process for doing so.
- ▶ Address data security, data privacy, and oversight practices in the application description/demo to increase trust in AI tools.
- ▶ Consider cultural perspectives and the needs of all traditionally underrepresented groups when developing communications materials around AI tools.

Methodology

CHCF held 16 focus groups with 172 patients from across California in spring 2025 to understand their views on AI in health care. Participants reflected diversity in geography, race/ethnicity, language, age, and insurance type. These qualitative findings highlight key themes that emerged but are not representative of all Californians.

About the Foundation

The [California Health Care Foundation](#) (CHCF) 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.