



# The 2024 CHCF California Health Policy Survey

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## AUTHORS

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# Table of Contents

Table of Contents .....	1
About the Authors .....	3
About the Survey .....	3
Executive Summary .....	3
Section 1: Health Policy Priorities and Health System Performance .....	6
Priorities for California State Government .....	6
Health Care Priorities .....	11
Overall Health System Performance .....	16
Section 2: Views on Emerging Health Care Topics .....	18
Weather and Environmental Impacts .....	18
AI in Health Care .....	20
Section 3: Racial Equity .....	24
Section 4: Affordability .....	27
Health Care Costs .....	27
Medical Debt .....	33
Section 5: Access and Experiences with Physical Health Care .....	37
Relationship with Regular Provider .....	37
Making Appointments and Finding Providers .....	42
Section 6: Access and Experiences with Mental Health and Substance Use Care .....	50
Experiences Making Appointments .....	50
Needing Treatment for Serious Mental Illness or Substance Use or Addiction Issues .....	52
Section 7: Navigating the Health Care System .....	55
Experiences with Prior Authorization .....	55
Health Care Navigation and Coordination .....	58
Health Insurance Transitions .....	61
Section 8: Health Care Workforce and Supply .....	64
Community Supply of Providers .....	64
Views on Hospital Closures .....	66
Section 9: Housing and Homelessness .....	68
Appendix. Survey Methodology .....	70

## About the Authors

This report was written by Jen Joynt, independent health care consultant. Research was conducted by NORC at the University of Chicago, a nonprofit public opinion research center. The survey and data analysis were led by Rebecca Catterson, MPH, principal research director at NORC, with support from Emily Alvarez, MA, senior research scientist; Larry Bye, MA, senior fellow; Vicki Pineau, MS, principal statistician; and Lin Liu, MA, statistician.

## About the Survey

The California Health Care Foundation 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. Interviews were administered in English ( $n = 3,199$ ), Spanish ( $n = 135$ ), and Chinese ( $n = 97$ ). Survey respondents were asked whether they identified as Hispanic or Latino and then asked their racial identity. All respondents who did not identify as Latino/x are reported with concise labels (Asian, Black, Multiracial, or White). Multiracial Californians refers to non-Latino/x respondents who selected more than one race. 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.

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 in 2023). “People with higher incomes” refers to those with household incomes at 200% or above the federal poverty level in 2023. Any result reported as “different from,” “more than,” or “less than” another result is a statistically significant difference at  $p < .05$ .

## Executive Summary

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 2023. Results are reported and, where applicable, compared to the [prior annual survey](#), which was conducted in late 2022.

Key themes and findings from this year's survey include:

**Dissatisfaction with mental health care is high among Californians, especially those who have direct experience with the system. Increasing access to mental health treatment is among Californians' top health care priorities for state government.**

- More than half of Californians (55%) who tried to make a mental health appointment reported waiting longer than they thought reasonable to get an appointment (Figure 42).
- More than half of Californians (52%) who tried to make a mental health appointment report trouble finding a mental health provider who takes their insurance (Figure 43). In comparison, 14% of Californians who tried to make a physical health appointment report trouble finding a provider who takes their insurance (Figure 36).
- Two in three Californians overall believe improvement is needed in the treatment of people with serious mental illness (SMI), with 42% saying "significant" improvement is needed. Among those who say that they, or someone close to them, has needed treatment for SMI, 63% say "significant" improvement is needed (Figure 45).
- Eighty-one percent of Californians overall say it's "extremely" or "very" important to increase access to mental health treatment, making it one of Californians' highest health priorities for state government (Figure 5).

**Californians, especially Californians with low incomes, continue to be burdened by high health care costs and medical debt. Reducing what people pay for health care is one of Californians' top health care priorities for state government.**

- More than half of Californians overall (53%), and nearly three in four Californians with low incomes (74%), say they skipped or postponed care due to cost in the past year (Figure 19 and Figure 20).
- More than a quarter of Californians (28%), and nearly half of Californians with low incomes (46%), report trouble paying medical bills (Figure 24). Close to 4 in 10 Californians (38%), and over half of Californians with low incomes (52%), report having medical debt (Figure 25).
- 82% of Californians say it's "extremely" or "very" important to reduce what people pay for health care, making it a top health care priority for state government (Figure 5).

**Data reveal mixed views on progress toward racial equity in health care.**

- 45% of Californians say that the health care system "regularly" or "occasionally" treats people unfairly because of their race (Figure 17).

- Black Californians are still more likely (67%) than any other race to say the health care system “regularly” or “occasionally” treats people unfairly because of their race (Figure 17).
- 42%\* of Californians believe the state has made “a great deal” or “some” progress in achieving racial and ethnic equity in the health care system in recent years. Similar percentages of Californians across race and income also say “a great deal” or “some” progress has been made (Figure 18).
- Black Californians (44%) and Latino/x Californians (33%) are more likely than White Californians (21%\*) to think the state has made “only a little progress” or “no progress at all” (Figure 18).

**The effects of weather and environmental factors on health are especially a concern for Californians with low incomes and for Spanish speakers.**

- More than half of Californians overall (53%) and two in three Californians with low incomes (65%) 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 11).
- Californians who speak Spanish (82%) are more likely to be “very” or “somewhat” worried than those who speak English (52%) or Chinese (51%) (Figure 11).
- One in five Californians overall (21%) and almost a third of Californians with low incomes (29%) report that the weather or environment impacted their own or their family member’s physical health. Among those who report physical health impacts, more than half (56%) say the weather or environmental factors caused them to spend less time outdoors (Figure 12).

**Substantial percentages of Californians report waiting for authorization from their health insurers before receiving doctor-approved care.**

- Four in 10 Californians report that they or a family member needed to wait for an authorization from their health insurance company before receiving care. Approvals were for a treatment, procedure, or medicine that their doctor prescribed in the past year (Figure 47).
- Among Californians who had to wait for authorization, nearly 6 in 10 with low incomes (57%) report waiting for authorization of the same type of care more than once, compared to less than 4 in 10 with higher incomes (38%) (Figure 49).

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\* May not match figure due to rounding.

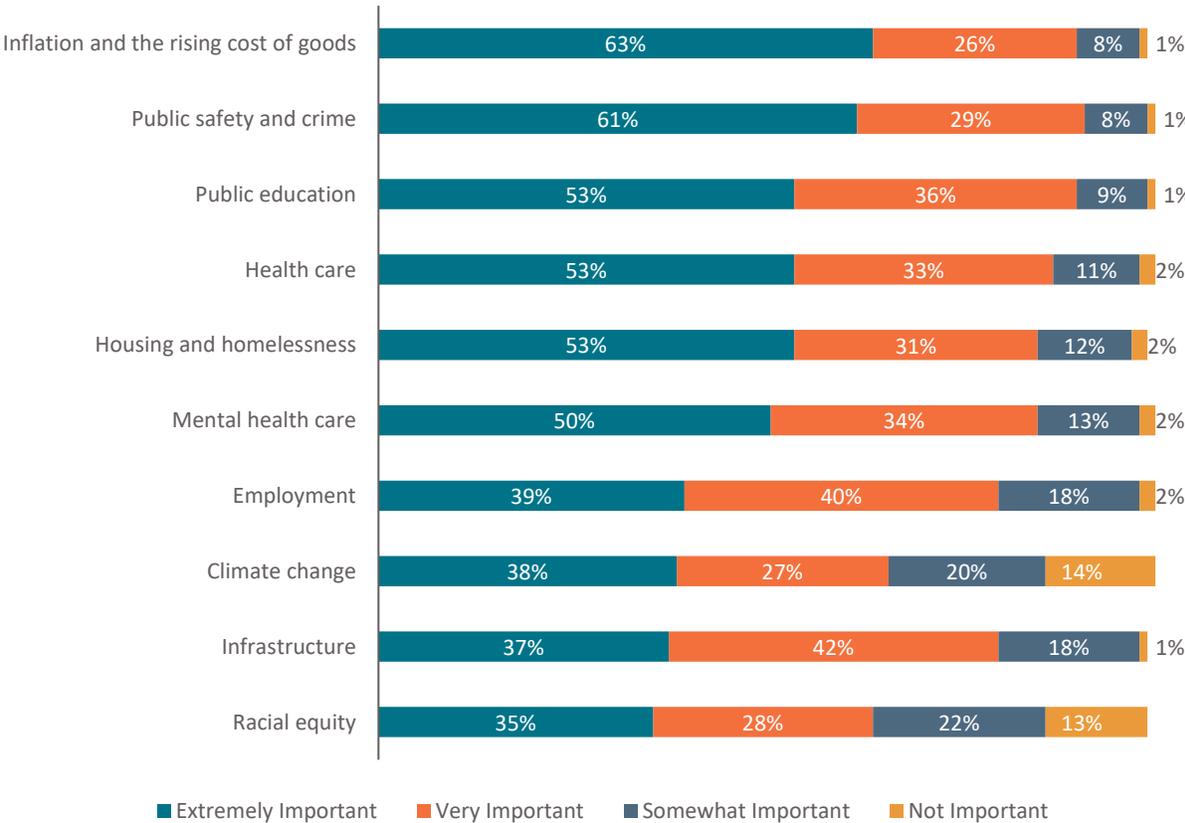
# Section 1: Health Policy Priorities and Health System Performance

## Priorities for California State Government

Californians were asked about overall priorities for the governor and state legislature to address in 2024. Californians are most likely to identify public safety and crime (90%; 61% “extremely”) as an “extremely” or “very” important priority for the government in 2024, followed closely by inflation and the rising cost of goods (89%; 63% “extremely”). More than 8 in 10 Californians identify health care (86%) and mental health care (84%) as “extremely” or “very” important priorities (Figure 1).

**Figure 1. Nine in 10 Californians Identify Addressing Inflation and Public Safety and Crime as “Extremely” or “Very” Important Priorities for State Policymakers in 2024**

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO PRIORITIZE IMPROVEMENT IN THE FOLLOWING AREAS IN 2024?



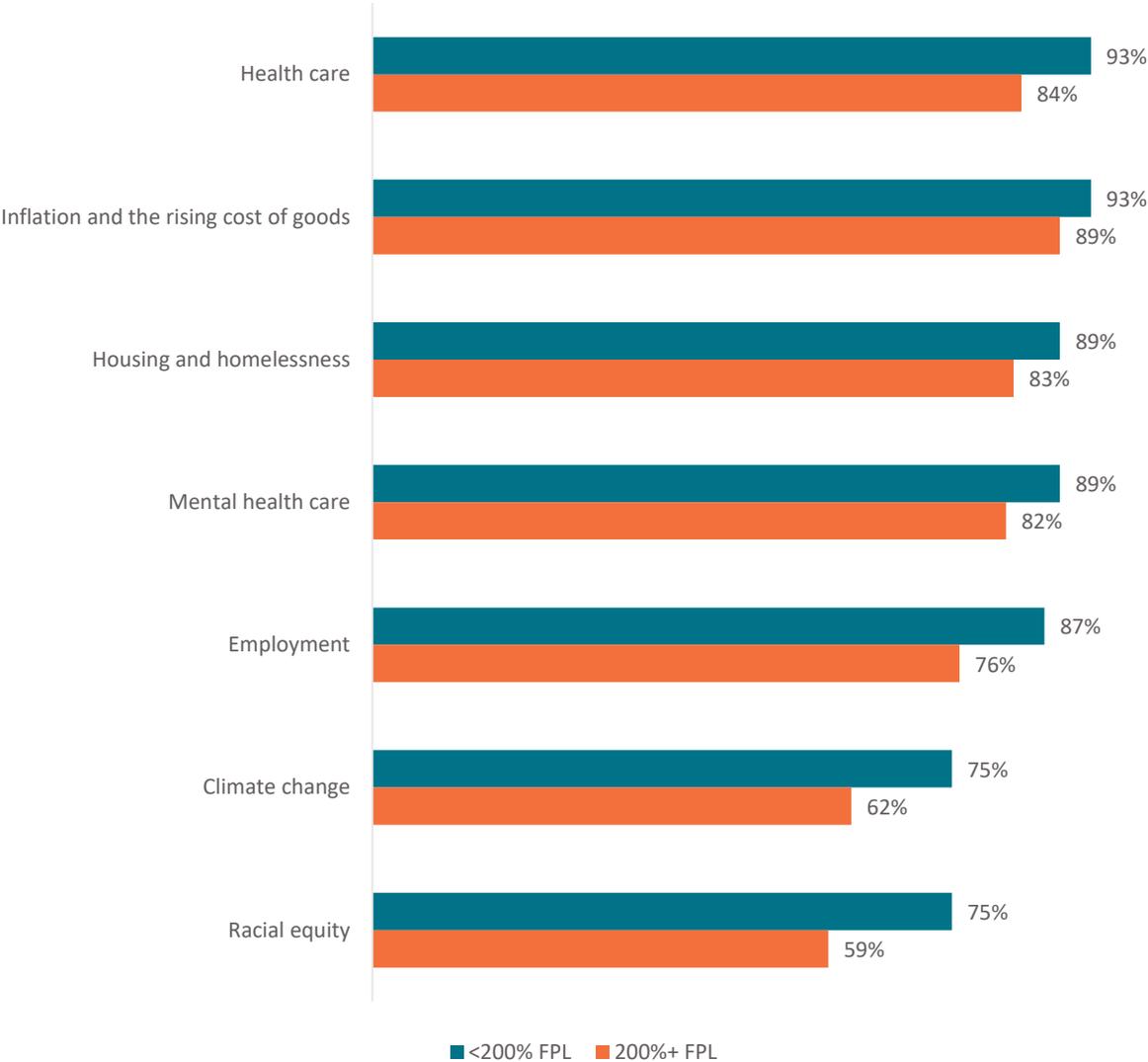
Notes: Sample includes 3,431 California residents age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options. Figures may not sum due to rounding.

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

There are seven issues (highlighted in Figure 2) that Californians with low incomes are more likely than those with higher incomes to consider "extremely" or "very" important for the state government to focus on. Despite the differences, more than three in four Californians across income groups consider five of these issues to be "extremely" or "very" important. About 90% of Californians with low incomes say four issues — health care, inflation, housing and homelessness, and mental health care — are "extremely" or "very" important priorities (Figure 2).

**Figure 2. Around 9 in 10 Californians with Low Incomes Want State Policymakers to Focus on Health Care, Inflation, Housing and Homelessness, and Mental Health Care in 2024**

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



Notes: Sample includes 3,431 California 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).

Priorities for the governor and state legislature vary across racial and ethnic groups. Black Californians (97%) and Latino/x Californians (89%) are more likely to say mental health care is “extremely” or “very” important than Asian Californians (74%) and White Californians (83%). Black Californians (94%) and Latino/x Californians (90%) are also more likely to consider health care to be an “extremely” or “very” important priority than Asian (84%) and White Californians (82%).

Ninety-five percent of Black Californians say housing and homelessness is “extremely” or “very” important, more than Californians of all other races/ethnicities. And more Black Californians (88%) consider racial equity to be an “extremely” or “very” important priority compared to Californians of other races/ethnicities (Figure 3).

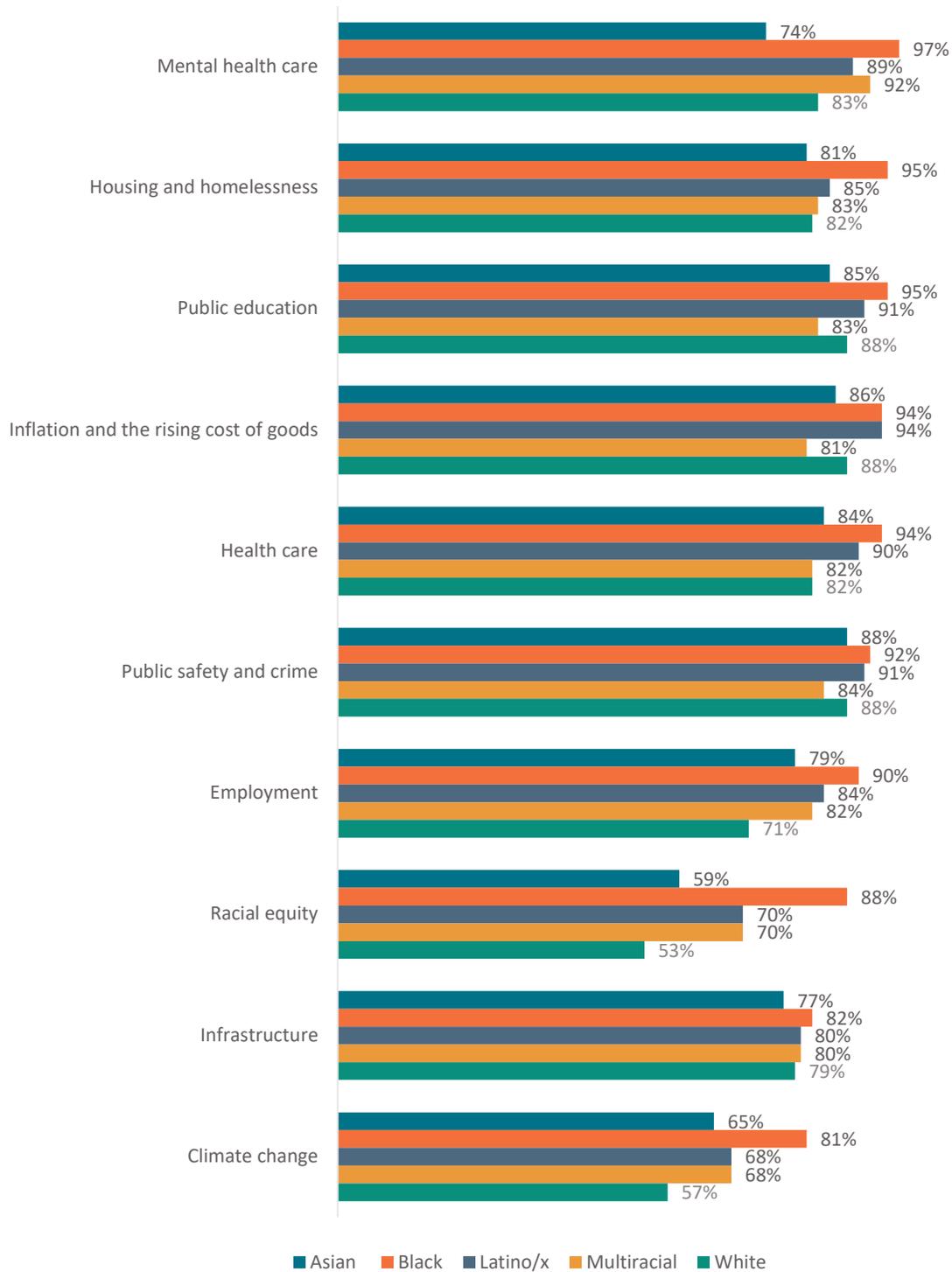
Despite these differences across race/ethnicity, more than 70% of respondents across racial/ethnic groups consider 8 of these 10 policy areas “extremely” or “very” important. Although there is less consensus around climate change and racial equity, more than 50% of respondents across all racial/ethnic groups still consider both issues “extremely” or “very” important.

Californians across political parties are generally united around the importance of the governor and the legislature prioritizing many policy areas. More than 70% across all parties consider 8 of the 10 issues to be “extremely” or “very” important priorities. Very large majorities consider inflation and the rising cost of goods to be a high priority, with 97% of Other Party, 92% of Republicans, 89% of those without a party preference and 88% of Democrats saying this is “extremely” or “very” important. Similarly, 93% of Republicans, 89% of those without a party preference, 89% of Other Party, and 87% of Democrats say public safety and crime is an “extremely” or “very” important priority.

For two policy priorities, climate change and racial equity, there are substantial differences between California Republicans and California Democrats, Other Party, and those with no party preference. For climate change, 86% of Democrats, 64% of those without a party preference, and 63% of Other Party say this is “extremely” or “very” important compared to 27% of Republicans. Similarly, 79% of Democrats, 66% of Other Party, and 62% of those without a party preference say racial equity is “extremely” or “very” important compared to 34% of Republicans (Figure 4).

**Figure 3. More Than 9 in 10 Black Californians Say It Is “Extremely” or “Very” Important for State Policymakers to Prioritize Mental Health and Health Care in 2024**

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

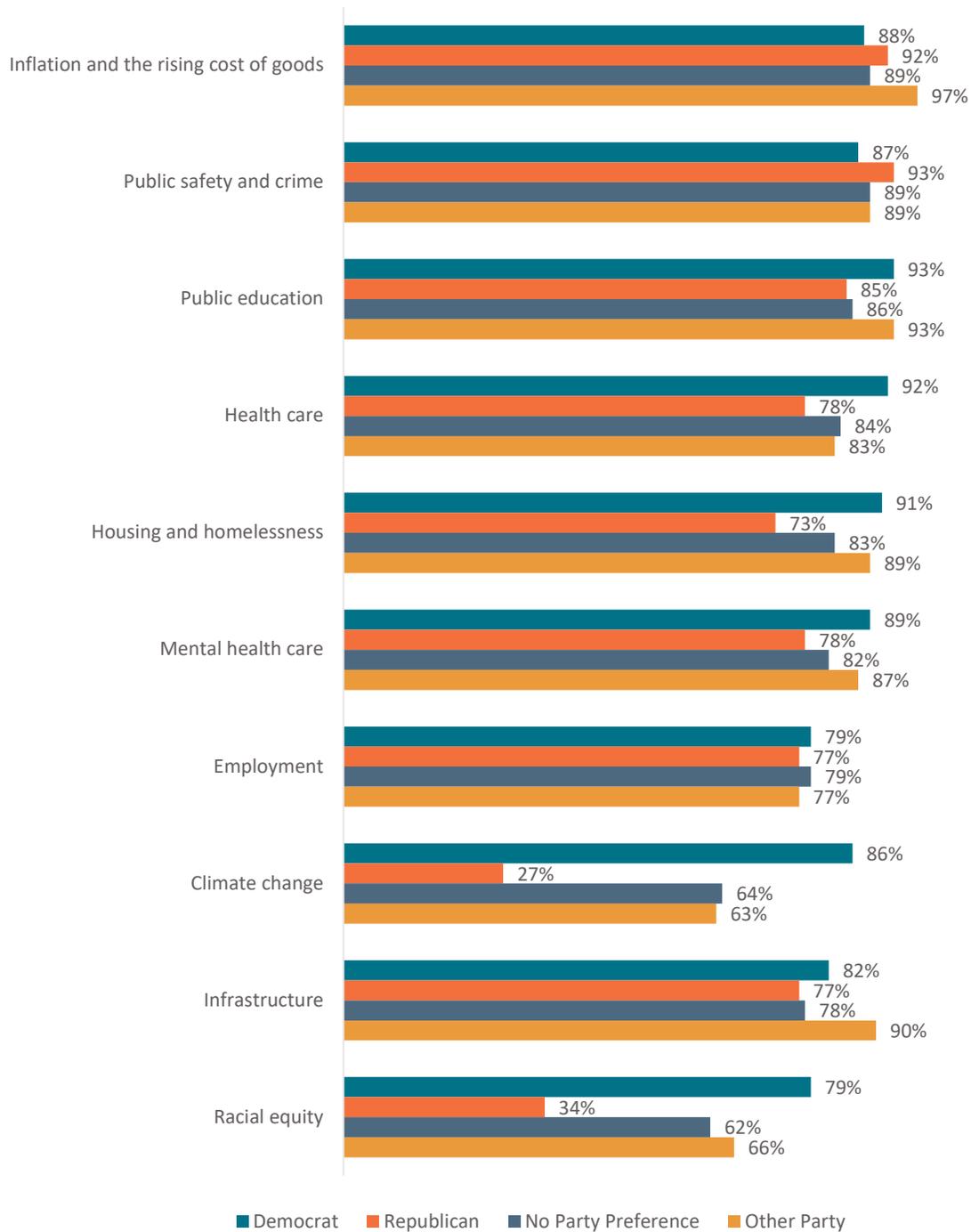


Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options.

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

**Figure 4. Importance of Policy Priorities for California State Government in 2024 Varies by Political Party Affiliation**

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



Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat, 35% No Party Preference, 21% Republican, and 3% Other Party.

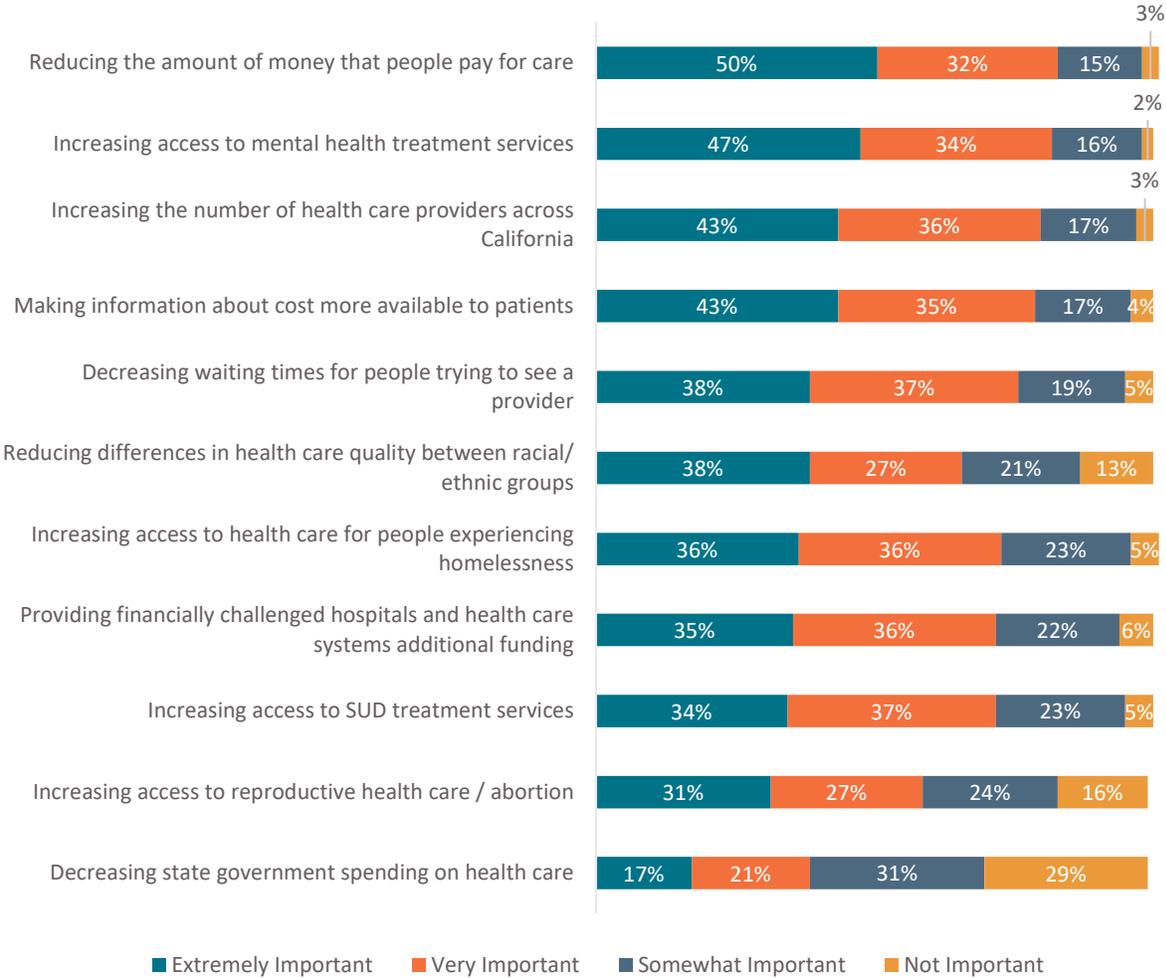
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

# Health Care Priorities

Californians were asked how important it is for the governor and state legislature to work on a variety of health care-related items in 2024. More than 8 in 10 Californians (82%) say reducing the amount of money people pay for care is important (50% “extremely” important and 32% “very” important). Similarly, 81% of Californians say increasing access to mental health treatment services is important (47% “extremely” important and 34% “very” important) (Figure 5.)

**Figure 5. Eight in 10 Californians Identify Reducing the Amount of Money People Pay for Care and Increasing Access to Mental Health Treatment as “Extremely” or “Very” Important Priorities for Policymakers in 2024**

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON THE FOLLOWING THINGS IN 2024?



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

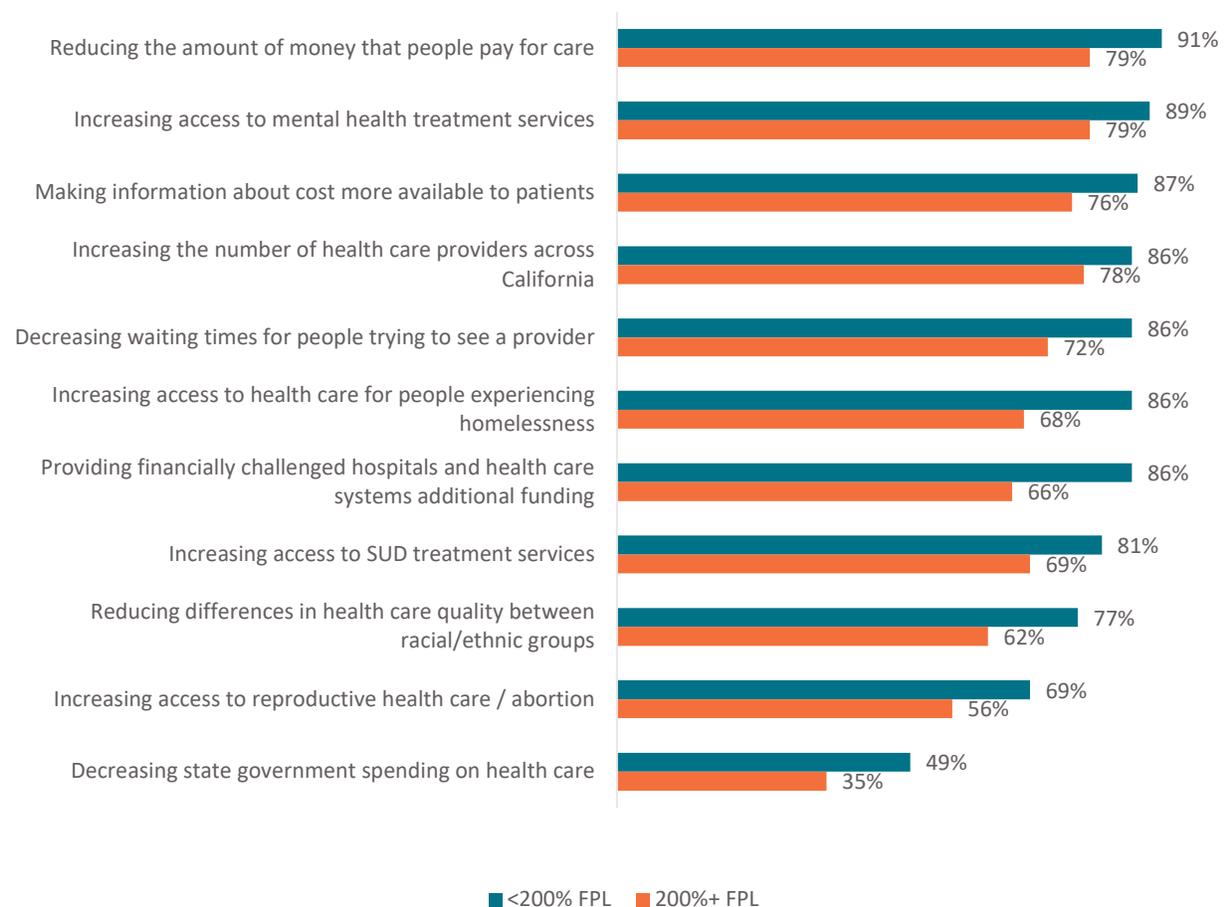
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Californians with low incomes are more likely to say each of the 11 health care priorities is “extremely” or “very” important than Californians with higher incomes. Nine in 10 Californians with low incomes (91%) say reducing the amount of money people pay for care is “extremely” or “very” important compared to 8 in 10 (79%) of those with higher incomes. Similarly, 89% of Californians with low incomes say increasing access to mental health treatment services is “extremely” or “very” important compared to 79% of those with higher incomes (Figure 6).

Although there are differences between Californians with low and higher incomes, clear majorities (well over 50%) of both income groups think that almost all these health care items are “extremely” or “very” important. The only exception is decreasing state government spending on health care.

**Figure 6. Californians with Low Incomes Are More Likely to Say Health Care Priorities Are “Extremely” or “Very” Important for Policymakers in 2024**

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



Notes: Sample includes 3,431 California 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).

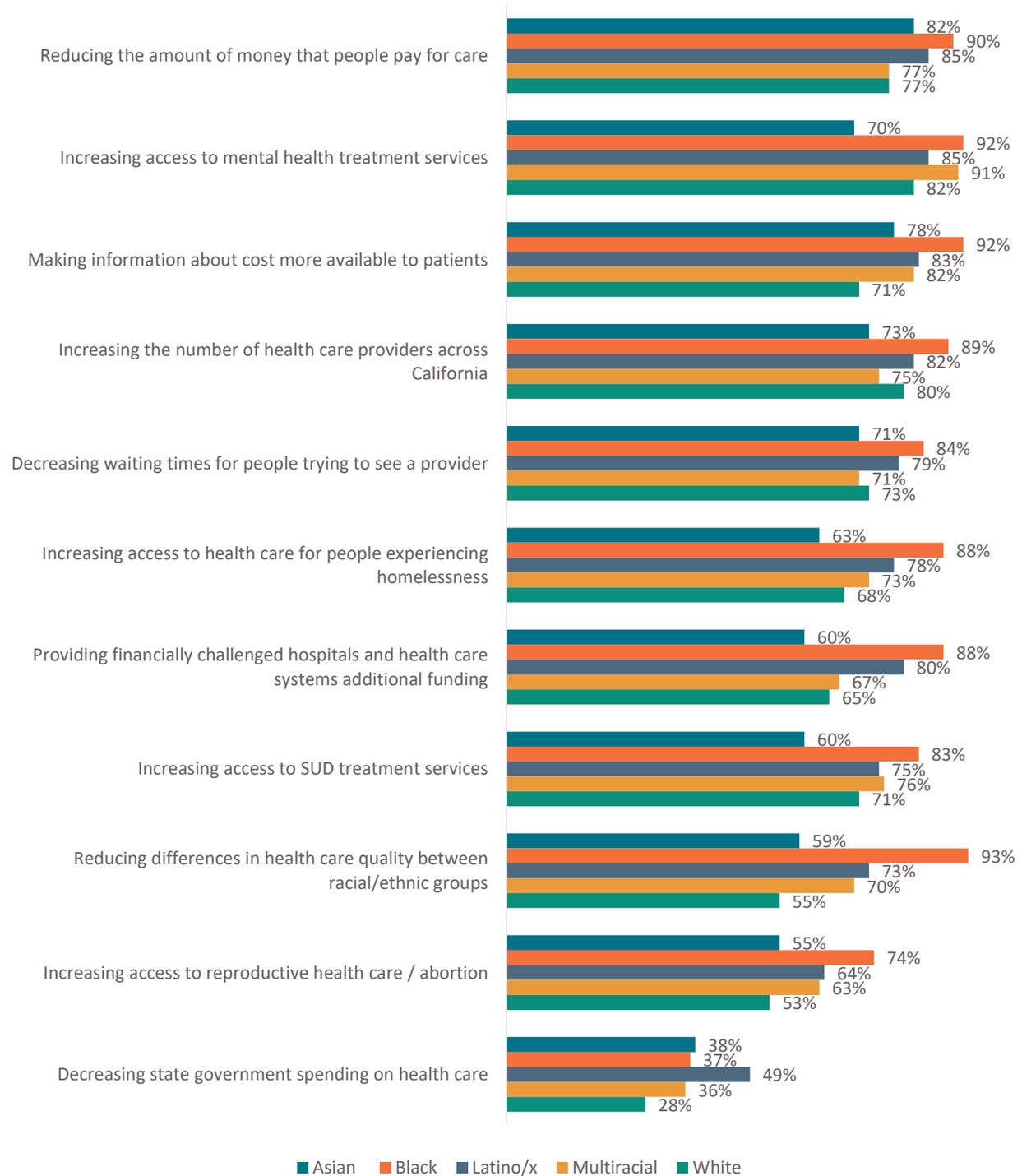
Most Californians across races/ethnicities think each health care issue is “extremely” or “very” important, with the exception of decreasing state government spending on health care. More than 9 in 10 Black Californians (93%) say it is “extremely” or “very” important to reduce differences in health care quality between racial/ethnic groups; this is significantly higher than any other racial or ethnic group. Black Californians (92%) are more likely to say both increasing access to mental health treatment services and making information about cost more available to patients is “extremely” or “very” important than Asian, Latino/x, and White Californians.

Black (90%) and Latino/x Californians (85%) are more likely to consider reducing the amount of money people pay for care to be important than White Californians (77%). Black Californians (88%) are more likely to say increasing access to health care for people experiencing homelessness is “extremely” or “very” important than Californians from other races/ethnicities (Figure 7).

California Democrats are more likely to consider each health care priority to be “extremely” or “very” important than Republicans, with the exception of decreasing state government spending on health care. Still, clear majorities (well over 50%) across all four party categories find eight of these issues “extremely” or “very” important. The biggest differences occur around three issues: increasing access to reproductive health care and abortion, reducing racial disparities, and increasing access to health care for people experiencing homelessness (Figure 8).

**Figure 7. Importance of Health Care Priorities for California Policymakers in 2024 Varies by Race/Ethnicity**

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

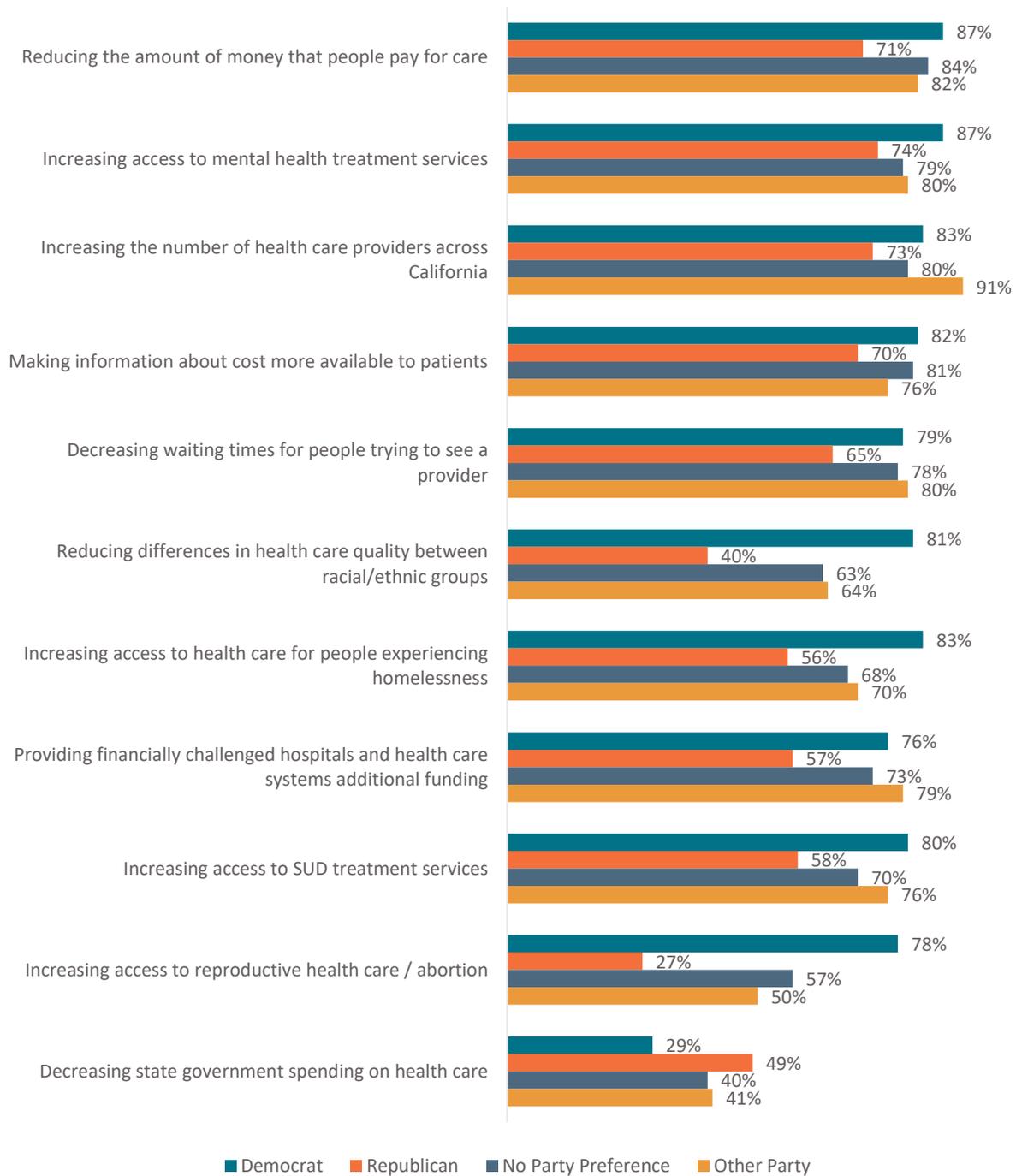


Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options.

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

**Figure 8. Importance of Health Care Priorities for California Policymakers in 2024 Varies by Political Party Affiliation**

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



Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat, 35% No Party Preference, 21% Republican, and 3% Other Party.

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

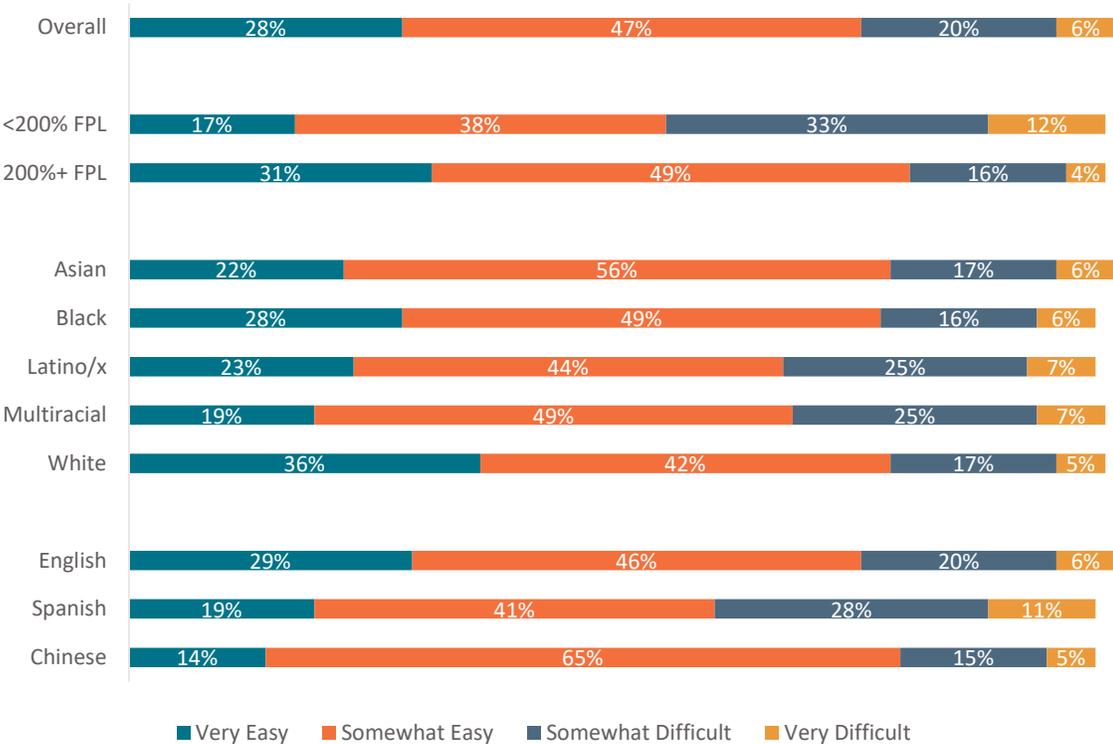
# Overall Health System Performance

One in four Californians (26%) find it “somewhat” or “very” difficult to access high-quality, affordable health care for them and their families. Californians with low incomes (45%) are more likely to say it is “somewhat” or “very” difficult to access high-quality, affordable health care than Californians with higher incomes (20%).

Latino/x Californians (33%\*) are more likely to say it is “somewhat” or “very” difficult than Asian (23%), Black (23%\*), and White Californians (22%). Californians who speak Spanish (39%) are more likely to say it is “somewhat” or “very” difficult than those who speak English (25%\*) or Chinese (21%\*) (Figure 9).

**Figure 9. Nearly Half of Californians with Low Incomes 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?



Notes: Sample includes 3,431 California 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).

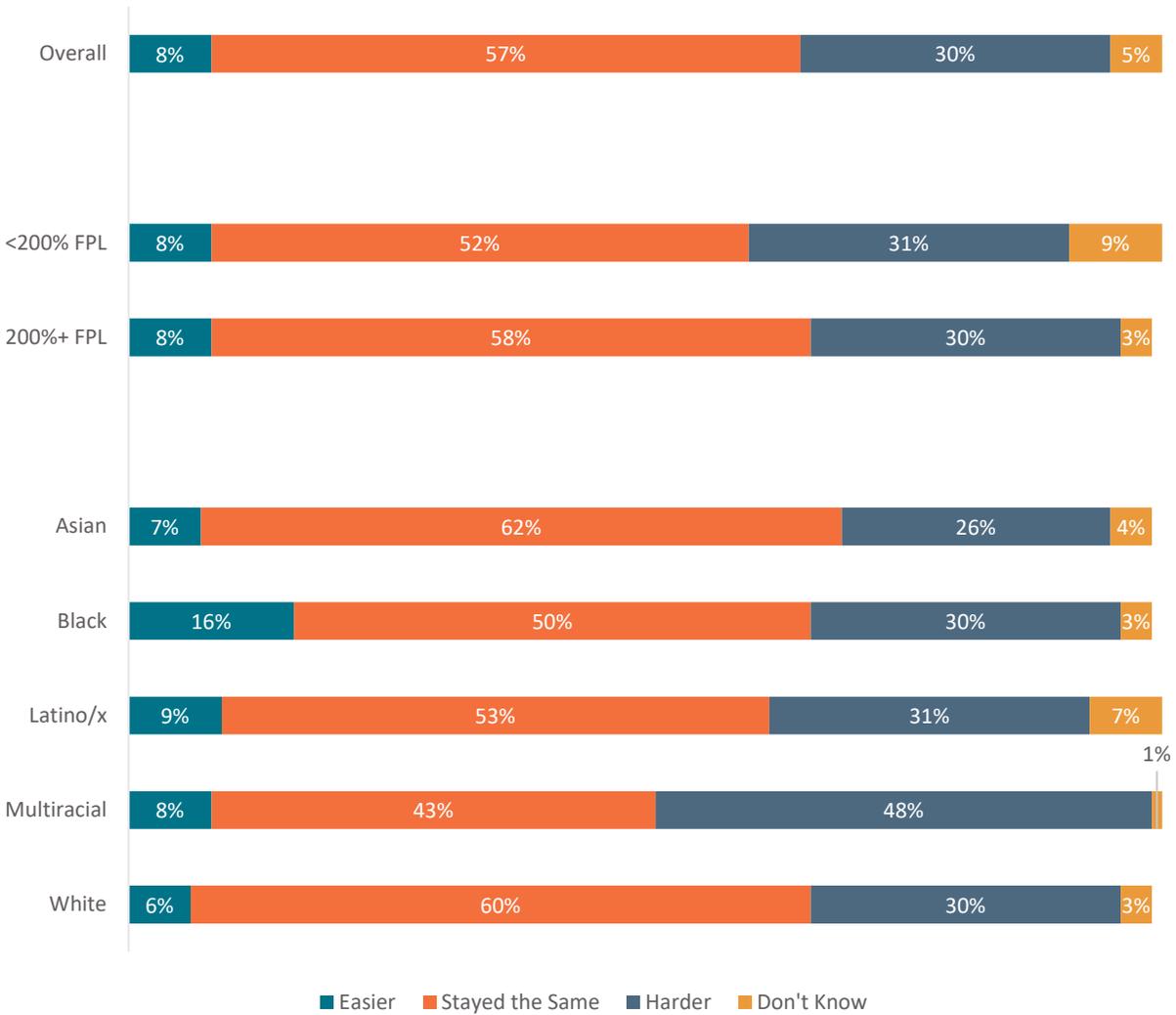
\* May not match figure due to rounding.

Thirty percent of Californians say that their ability to access high-quality, affordable care has gotten harder over the past several years (Figure 10). Similar percentages of Californians across income levels, races, ethnicities, and languages spoken report a similar level of difficulty. The only exception is multiracial Californians, 48% of whom say it has gotten harder over the past several years, more than other races/ethnicities.

Black Californians (16%) are more likely to say that it has gotten easier to access high-quality, affordable care than Asian (7%), Latino/x (9%), and White Californians (6%).

**Figure 10. Three in 10 Californians 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?



Notes: Sample includes 3,431 California residents age 18 and older. 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

This year’s 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.

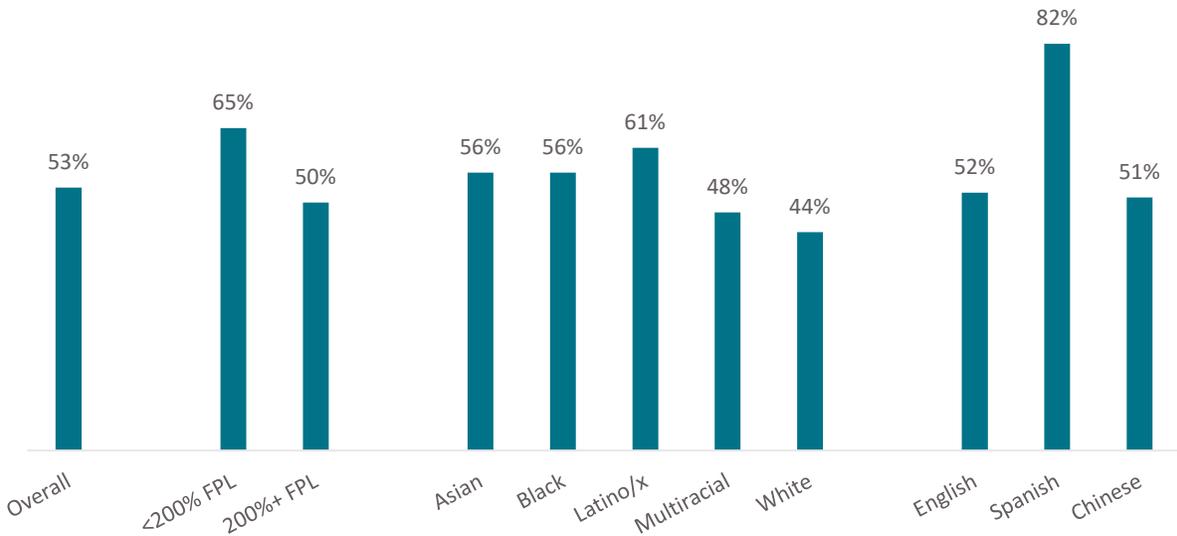
## Weather and Environmental Impacts

This year’s poll asked Californians how worried they are about the effect of weather and environmental factors — such as extreme heat, floods, wildfires, and air quality — on their or their family member’s physical or mental health. More than half of Californians (53%) say they are “very” or “somewhat” worried about the health impacts of weather and environmental factors.

Californians with low incomes (65%) are more likely to report being “very” or “somewhat” worried than those with higher incomes (50%). Latino/x Californians (61%), Asian Californians (56%), and Black Californians (56%) are more likely to be “very” or “somewhat” worried than White Californians (44%). Californians who speak Spanish (82%) are more likely to be “very” or “somewhat” worried than those who speak English (52%) or Chinese (51%) (Figure 11).

**Figure 11. Over Half of Californians Are “Very” or “Somewhat” Worried About the Effect of Weather and Environmental Factors on Physical or Mental Health**

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



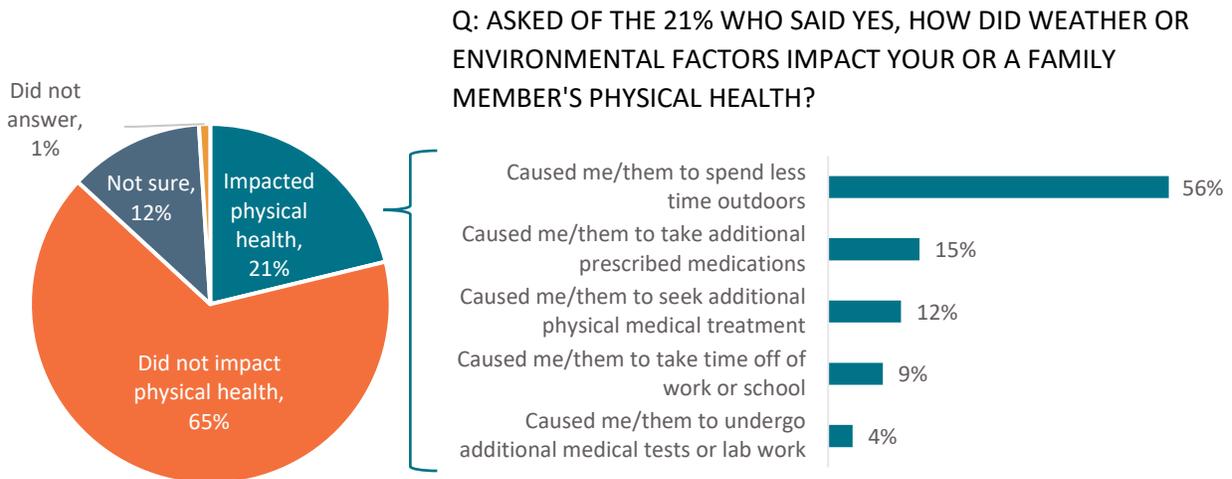
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

One in five Californians (21%) say the weather or environmental factors impacted their own or their family member’s physical health in the past year. Californians with low incomes (29%) are more likely to report physical health impacts than Californians with higher incomes (20%).

Among those who report physical health impacts from the weather or environment, more than half (56%) say the weather or environmental factors caused them to spend less time outdoors. Fifteen percent say weather or environmental factors caused them to take additional prescribed medications, and 12% to seek additional medical treatment (Figure 12).

**Figure 12. One in Five Californians 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 age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

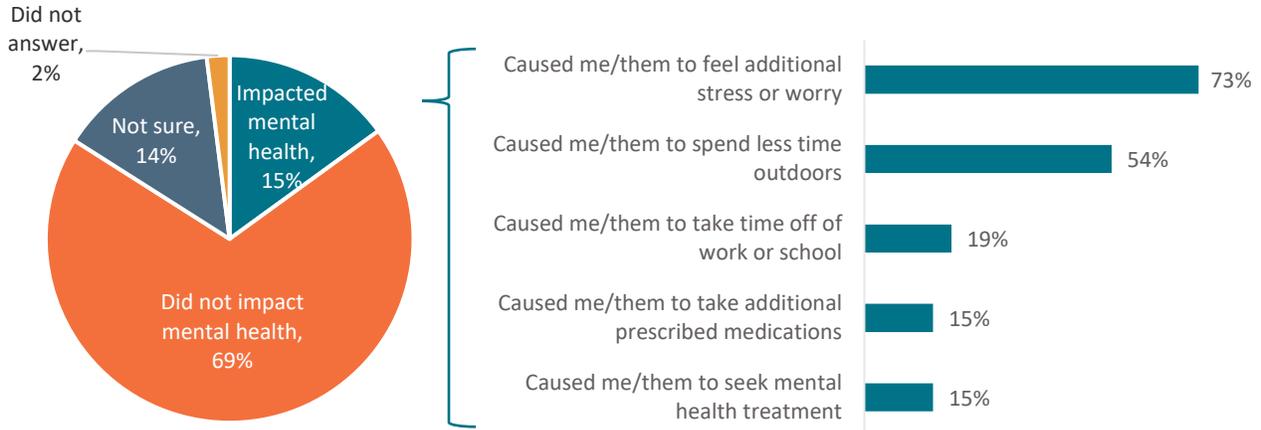
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Fifteen percent of Californians say the weather or environmental factors impacted their own or their family member’s mental health in the past year. Californians with low incomes (24%) are more likely to report mental health impacts than Californians with higher incomes (13%).

Among those who report mental health impacts from the weather or environment, nearly three in four (73%) say the weather or environmental factors caused them to feel additional stress or worry. Fifteen percent report weather or environmental factors caused them to take additional prescribed medications, and 15% say those factors caused them to seek mental health treatment (Figure 13).

**Figure 13. Fifteen Percent of Californians Say the Weather or Environmental Factors Impacted Their Own or Their Family Member’s Mental Health in the Past Year**

**Q: ASKED OF THE 15% WHO SAID YES, HOW DID WEATHER OR ENVIRONMENTAL FACTORS IMPACT YOUR OR A FAMILY MEMBER'S MENTAL HEALTH?**



Notes: Sample includes 3,431 California 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).

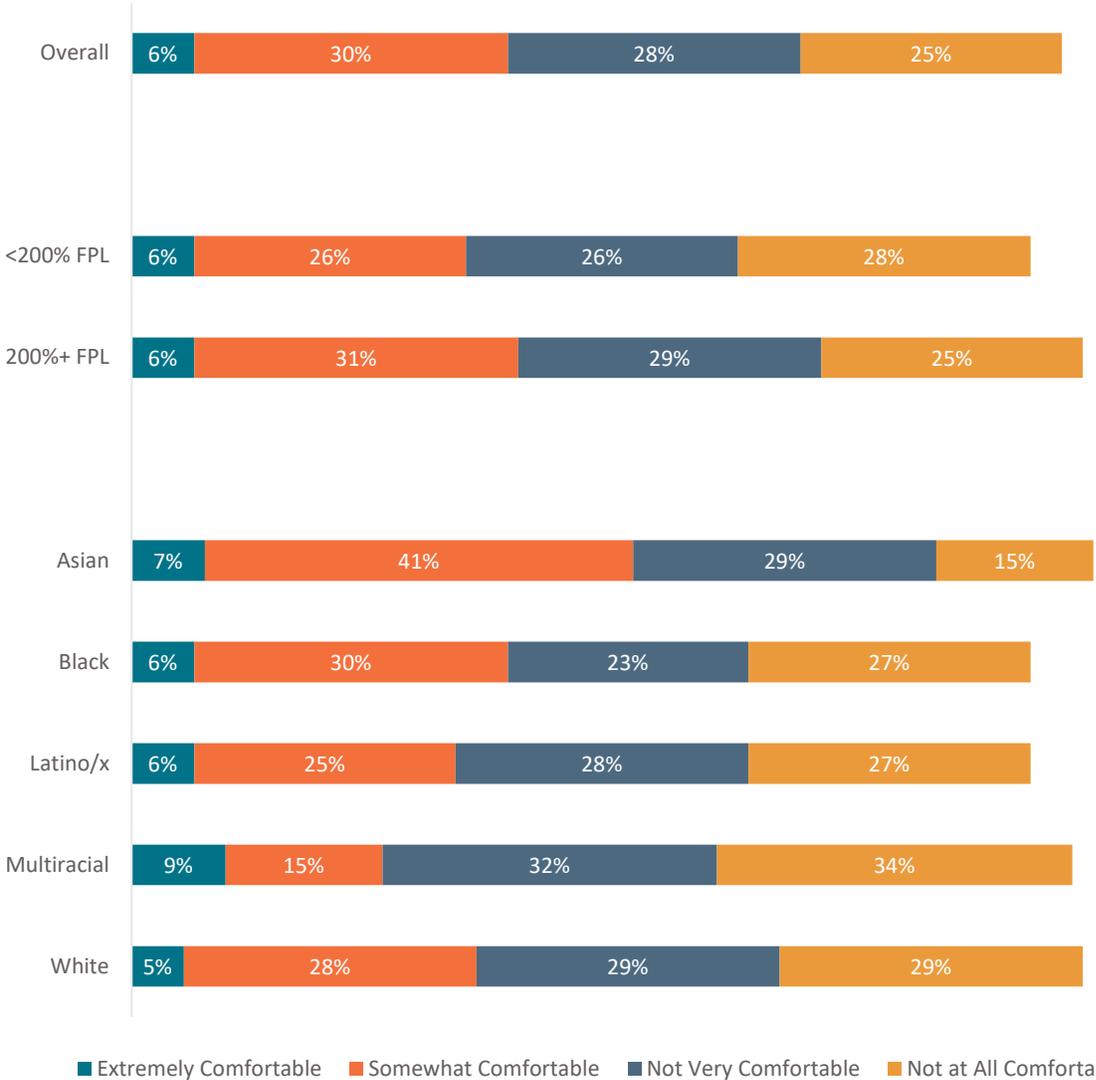
## AI in Health Care

New this year, the CHCF poll asked Californians about their comfort with the use of artificial intelligence (AI) in health care. More than half of Californians overall and across income, racial, and ethnic groups (except for Asian Californians) report being “not very” or “not at all” comfortable with the use of AI in health care.

One in four Californians overall (25%) are “not at all” comfortable. Only 6% are “extremely” comfortable, and 30% are “somewhat” comfortable. Asian Californians (48%) are more likely to be “extremely” or “somewhat comfortable” with AI than Californians of other races and ethnicities (Figure 14).

**Figure 14. More Than Half of Californians 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?



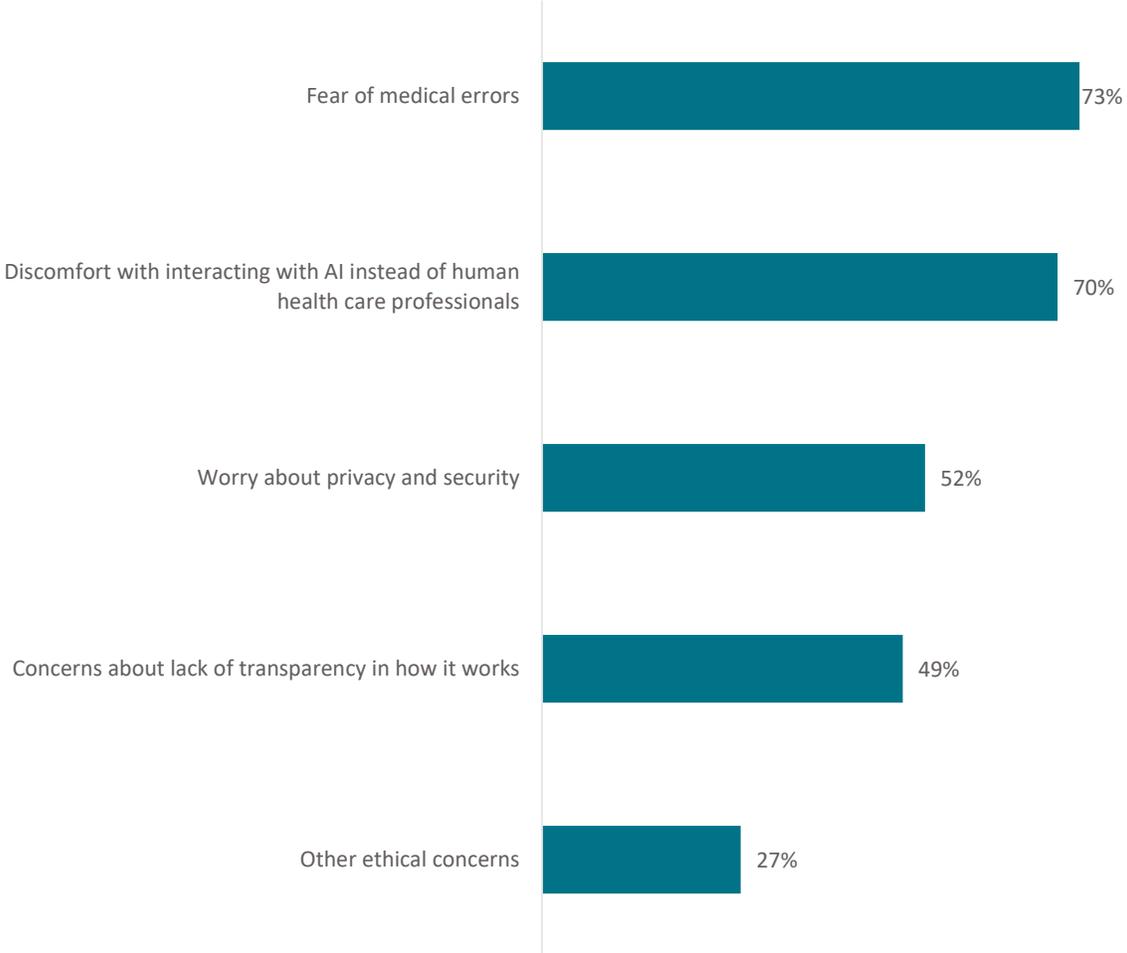
Notes: Sample includes 3,431 California residents age 18 and older. "Not Sure" or did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

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

Among Californians “not very” or “not at all” comfortable with the use of AI in health care, multiple factors contribute to their discomfort. Seven in 10 Californians not comfortable with the use of AI fear medical errors (73%) and report discomfort with interacting with AI instead of human health care professionals (70%). Half of Californians not comfortable with the use of AI in health care worry about privacy and security (52%) and report concerns about the lack of transparency in how AI works (49%) (Figure 15).

**Figure 15. Among Californians Who Say They Are Not Comfortable with AI, Nearly Three in Four 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?



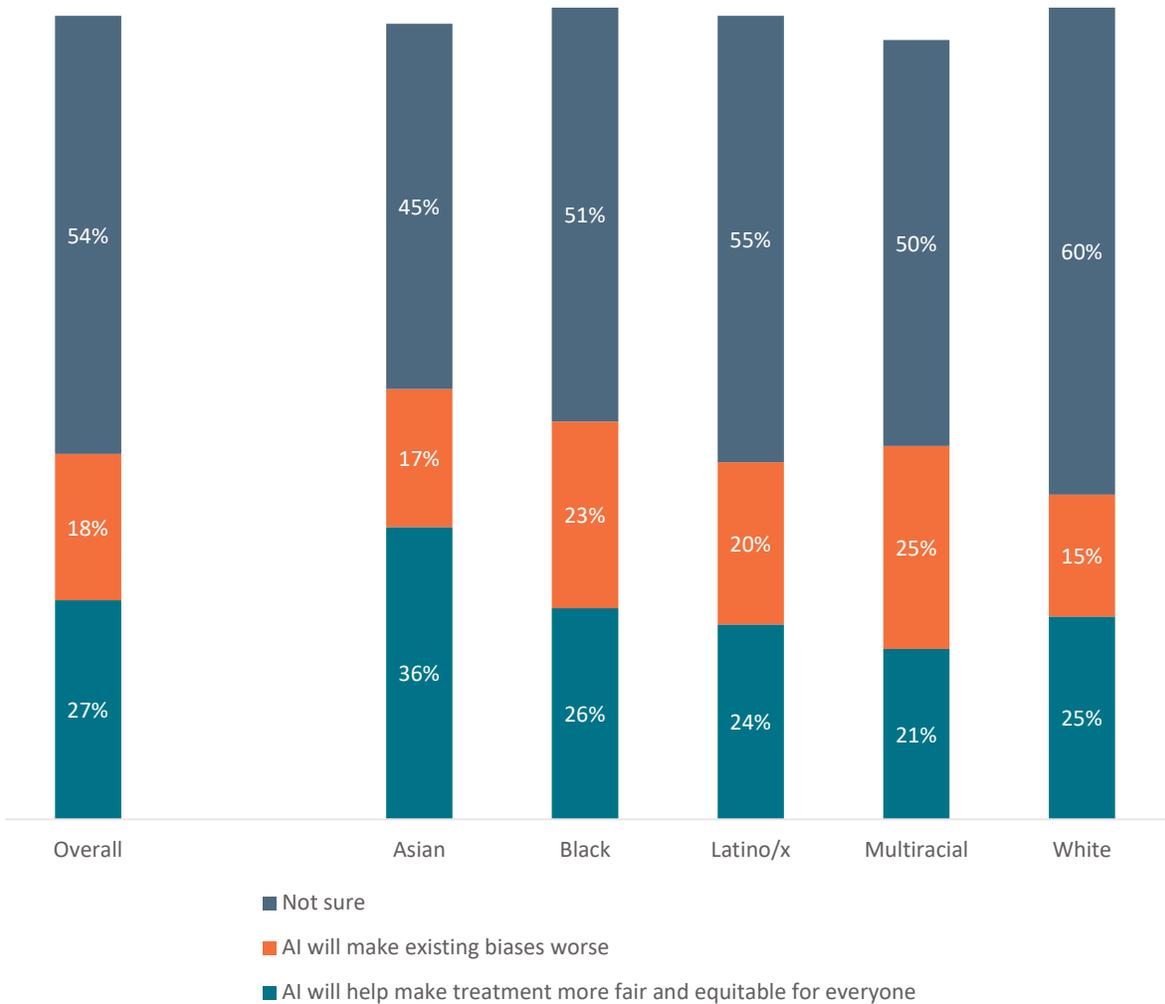
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options.

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

Californians are asked what impact they think AI would have on the treatment and outcomes for people of different races and ethnicities. At least half of Californians overall and across racial and ethnic groups (except for Asian Californians) are not sure what impact AI will have on health care for people of different races and ethnicities. One in four Californians (27%) think AI will make treatment more fair and equitable for everyone. Eighteen percent think AI will make existing biases worse. Asian Californians (36%) are more likely to say AI will help make treatment more fair and equitable for everyone than Californians of other races and ethnicities (Figure 16).

**Figure 16. Most Californians 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?



Notes: Sample includes 3,431 California 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

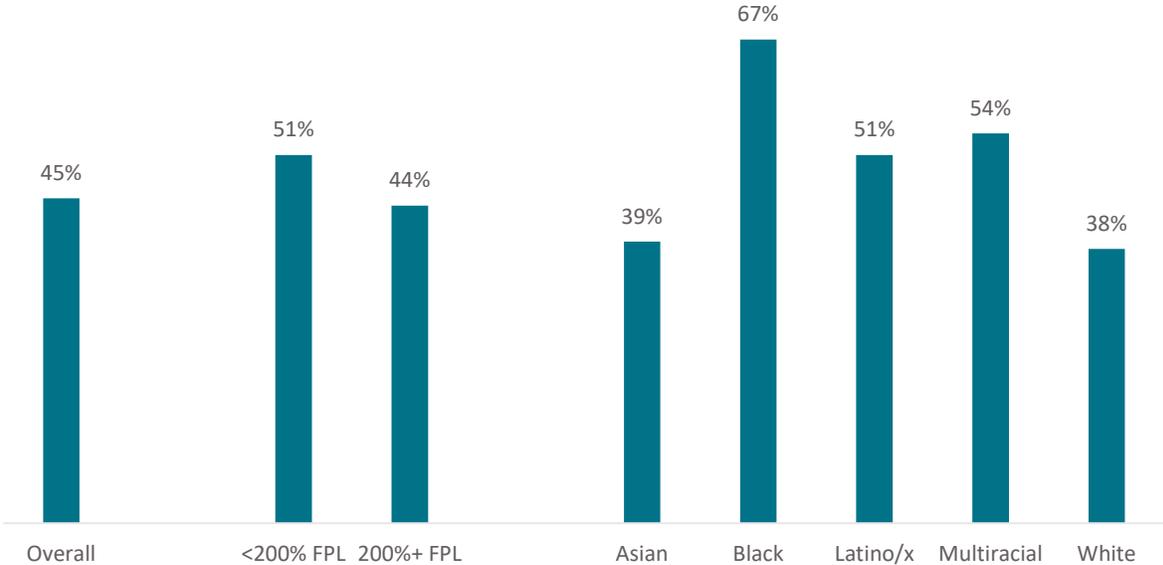
Californians were asked how often they think the health care system in California treats people unfairly based on their racial/ethnic background. In 2023, 45% of Californians say that the health care system “regularly” or “occasionally” treats people unfairly. This is an 11% decline from the previous year, when 56% of Californians said this.

Black Californians (67%) are more likely to say that the health care system in California “regularly” or “occasionally” treats people unfairly based on their racial/ethnic background than Californians of other races/ethnicities.

Half of Californians with low incomes (51%) say California’s health care system “regularly” or “occasionally” treats people unfairly based on their racial/ethnic background, more than Californians with higher incomes (44%) (Figure 17).

**Figure 17. Two in Three Black Californians Think California’s Health Care System “Regularly” or “Occasionally” Treats People Unfairly Based on Their Racial/Ethnic Background**

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



Notes: Sample includes 3,431 California 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).

Forty-two percent\* of Californians believe the state has made “a great deal of” or “some” progress in achieving racial and ethnic equity in the health care system over the past several years, while 21% think the state has only made a little progress and 7% no progress. There are not significant differences across income and race/ethnicity in respondents who noted “a great deal of” or “some” progress.

However, Black Californians (44%) and Latino/x Californians (33%) are more likely than White Californians (21%\*) to think the state has made “only a little progress” or “no progress at all.” White Californians (40%) are more likely to say “don’t know” than Asian, Black, and Latino/x Californians (Figure 18).

Looking within racial groups, Black Californians are fairly split on the issue of progress, with 41%\* saying “a great deal of” or “some” progress and 44% saying “only a little progress” or “no progress at all.” All other racial groups have larger percentages expressing “a great deal of” or “some” progress compared to “only a little progress” or “no progress at all.”

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\* May not match figure due to rounding.

**Figure 18. Around 40% of Californians, Across Race and Income, Think California Has Made “a Great Deal of” or “Some” Progress in Achieving Racial Equity in Health Care**

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?



Notes: Sample includes 3,431 California residents age 18 and older. 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).

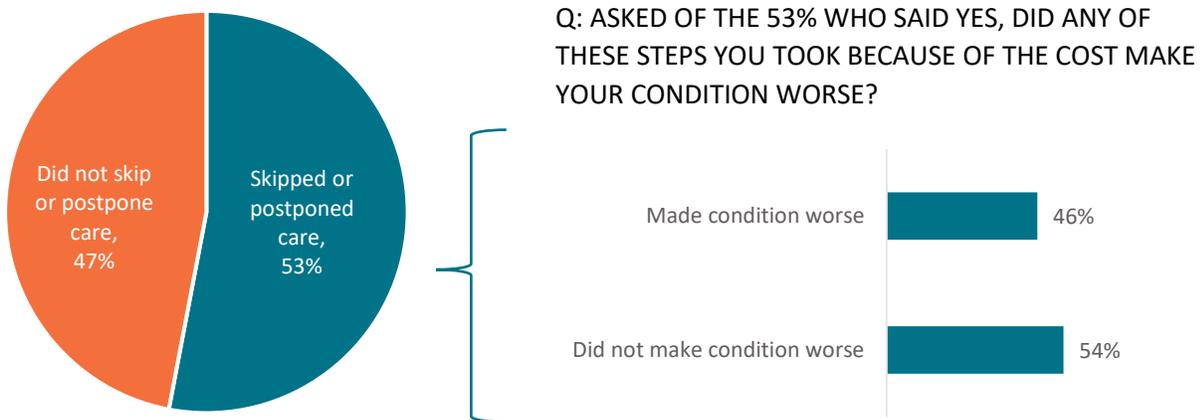
# Section 4: Affordability

## Health Care Costs

Consistent with prior CHCF polls, health care costs and affordability continue to be a key policy priority for Californians. Eighty-two percent of Californians overall and 91% of those with low incomes consider it “extremely” or “very” important for the state legislature and the governor to work on reducing the amount of money people pay for care in 2024.

This year’s poll reveals that Californians continue to struggle with health care costs. Similar to prior years, 53% of Californians say they skipped or postponed health care in the past year because of the cost. Among those who skipped or postponed care, 46% say this made their condition worse (Figure 19).

**Figure 19. More Than Half of Californians Report Skipping Care in the Past Year Due to Cost; Nearly Half of Those Say Skipping Care Made Their Condition Worse**

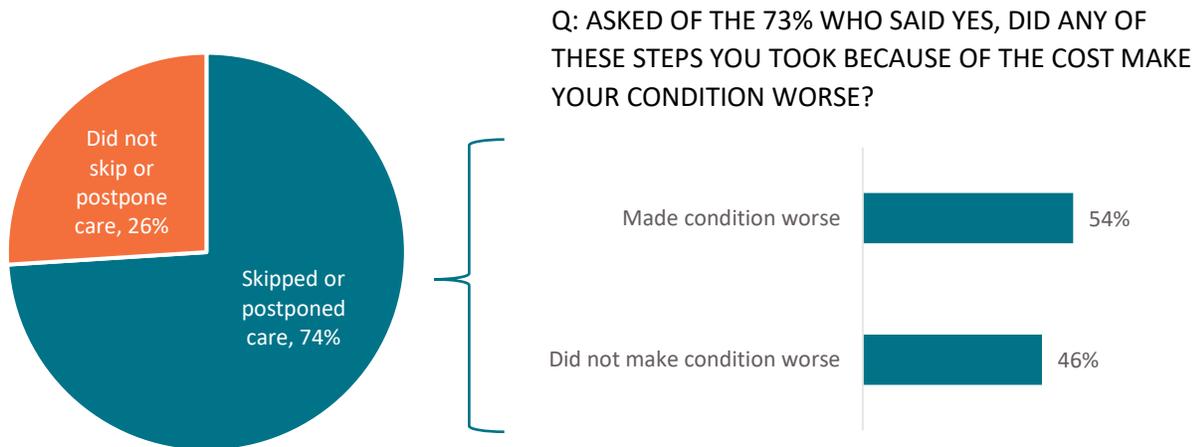


Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

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

The situation is even worse for Californians with low incomes, 74% of whom say they skipped or postponed health care in the past year due to cost. More than half of those (54%) who did so say their condition became worse as a result of skipping or postponing care (Figure 20).

**Figure 20. Nearly Three in Four Californians with Low Incomes Report Skipping Care in the Past Year Due to Cost; More Than Half Say Skipping Care Made Their Condition Worse**



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

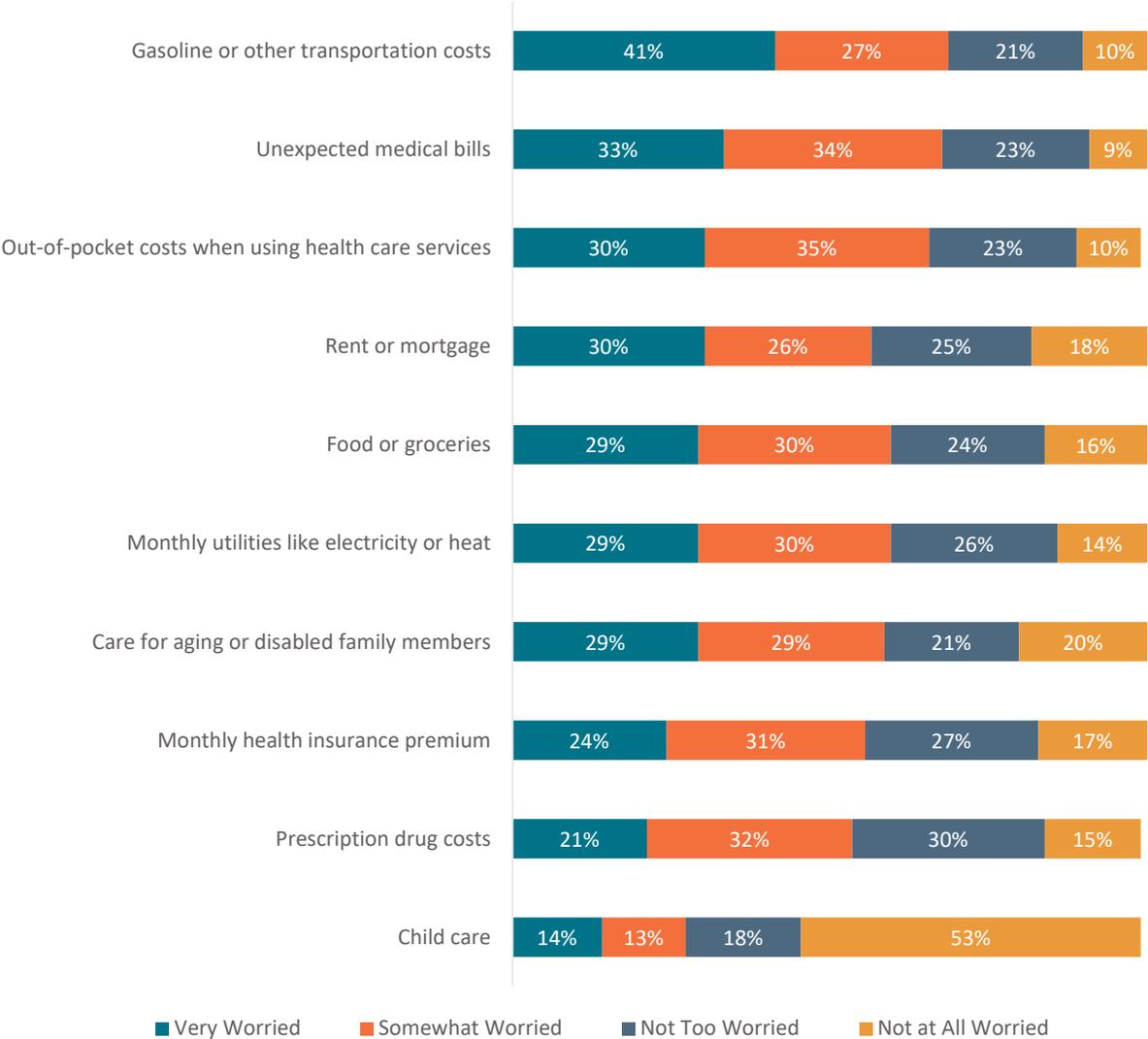
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Californians were asked how worried they were about being able to afford basic living expenses and health care costs. About two in three Californians say they are “very” or “somewhat” worried about being able to afford unexpected medical bills (67%; 33% “very”) and out-of-pocket costs (65%; 30% “very”). The only item that Californians expressed more worry about was gasoline or other transportation costs (68%; 41% “very”).

More than half of Californians are “very” or “somewhat” worried about being able to afford care for aging or disabled family members (58%), monthly health insurance premiums (55%), and prescription drug costs (53%). More than half of Californians also say they are “very” or “somewhat” worried about various costs not related to health care: 56% for rent or mortgage, 59% for food or groceries and for monthly utilities like electricity or heat. (Figure 21.)

**Figure 21. About Two in Three Californians Are “Very” or “Somewhat” 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?



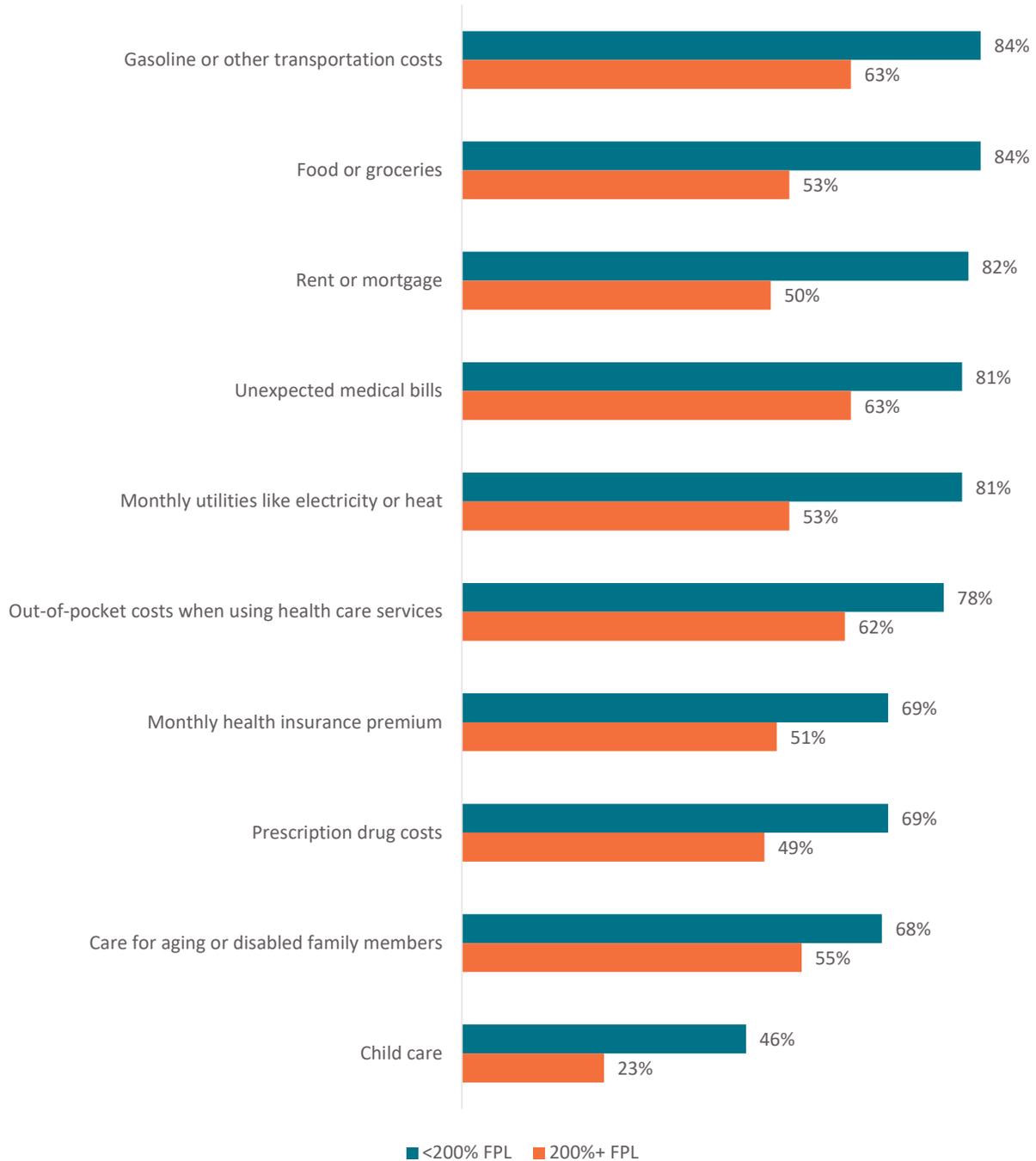
Notes: Sample includes 3,431 California residents age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options.

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

Californians with low incomes are more likely than those with higher incomes to be “very” or “somewhat” worried about each of the costs asked about in the survey. Notably, 81% of Californians with low incomes are “very” or “somewhat” worried about affording unexpected medical bills, and 78% about affording out-of-pocket costs (Figure 22).

**Figure 22. More Than Three in Four Californians with Low Incomes Are Worried About Being Able to Afford Unexpected Medical Bills and Out-of-Pocket Costs**

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



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

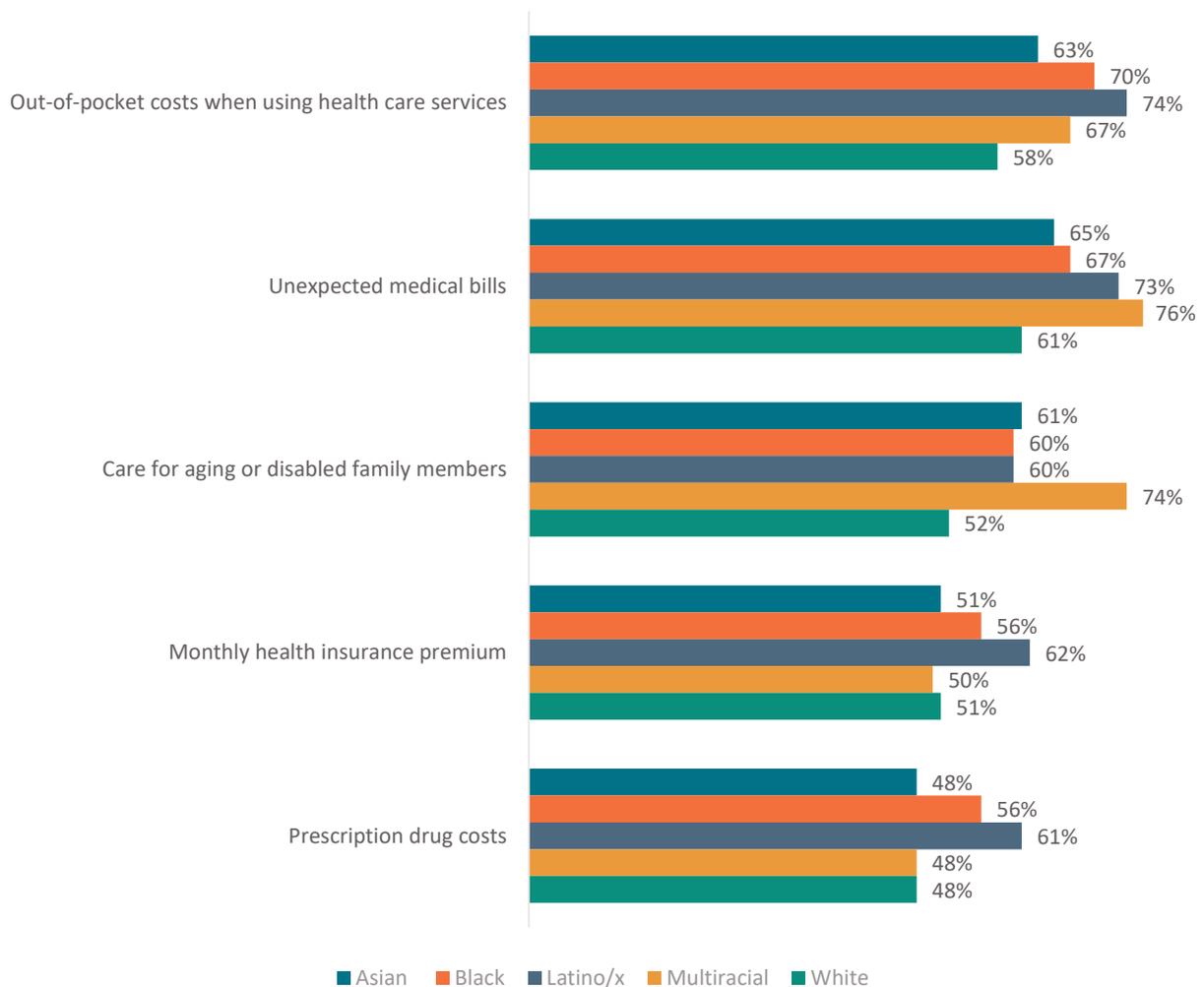
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Concerns about being able to afford various costs vary by race/ethnicity. Latino/x Californians are more likely to be “very” or “somewhat” worried about being able to afford out-of-pocket health care costs, unexpected medical bills, health insurance premiums, and prescription drugs than Asian and White Californians (Figure 23).

Black Californians are more likely to be worried about out-of-pocket costs (70%) than White Californians (58%). Multiracial (74%), Asian (61%), and Latino/x Californians (60%) are more worried about affording care for aging or disabled family members than White Californians (52%).

**Figure 23. Latino/x Californians Are More Likely to Be Worried About Health Care Costs Than Asian and White Californians**

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



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

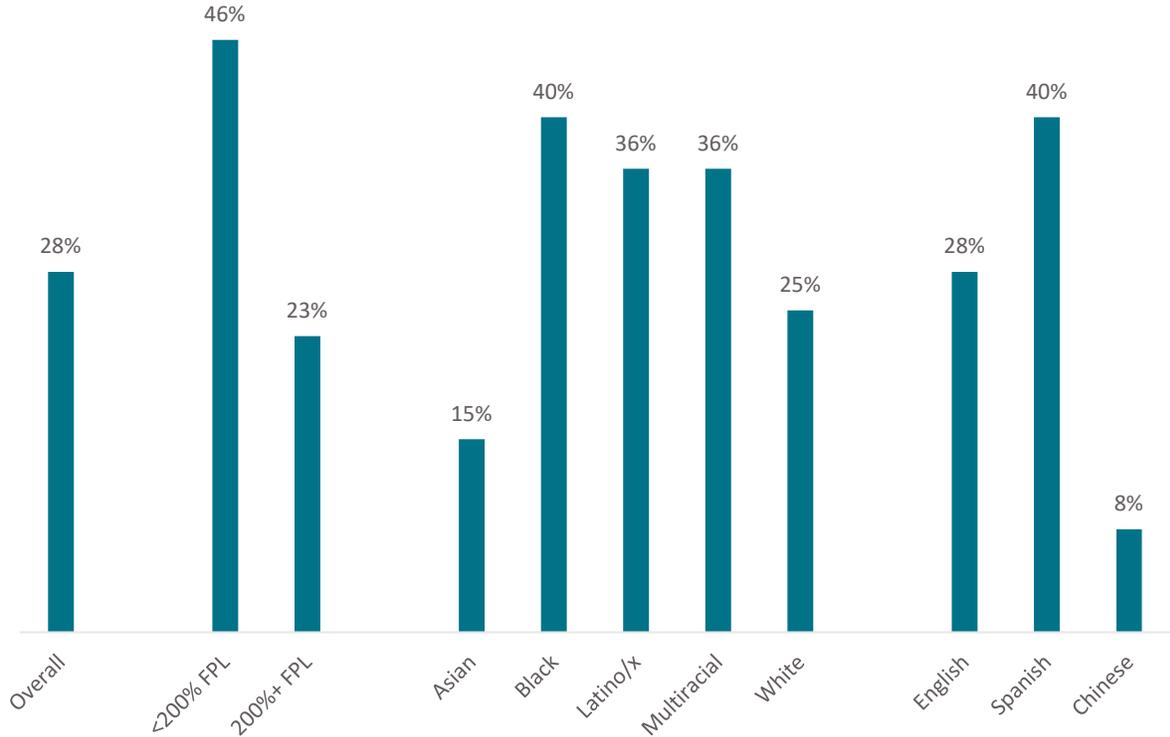
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

More than one in four Californians (28%) say that they or someone in their family had problems paying any medical bills (e.g., bills for doctors, dentists, medication, or home care) in the past year. This was similar to last year (27%). Californians with low incomes (46%) are more likely to report problems paying medical bills than those with higher incomes (23%).

Black (40%), Latino/x (36%), and multiracial Californians (36%) are more likely to report problems than White (25%) and Asian Californians (15%). Californians who speak Spanish (40%) are more likely to have problems paying bills than those who speak English (28%) or Chinese (8%) (Figure 24).

**Figure 24. More Than One in Four Californians and Nearly Half of Californians with Low Incomes Had Problems Paying Medical Bills in the Past Year**

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



Notes: Sample includes 3,431 California 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).

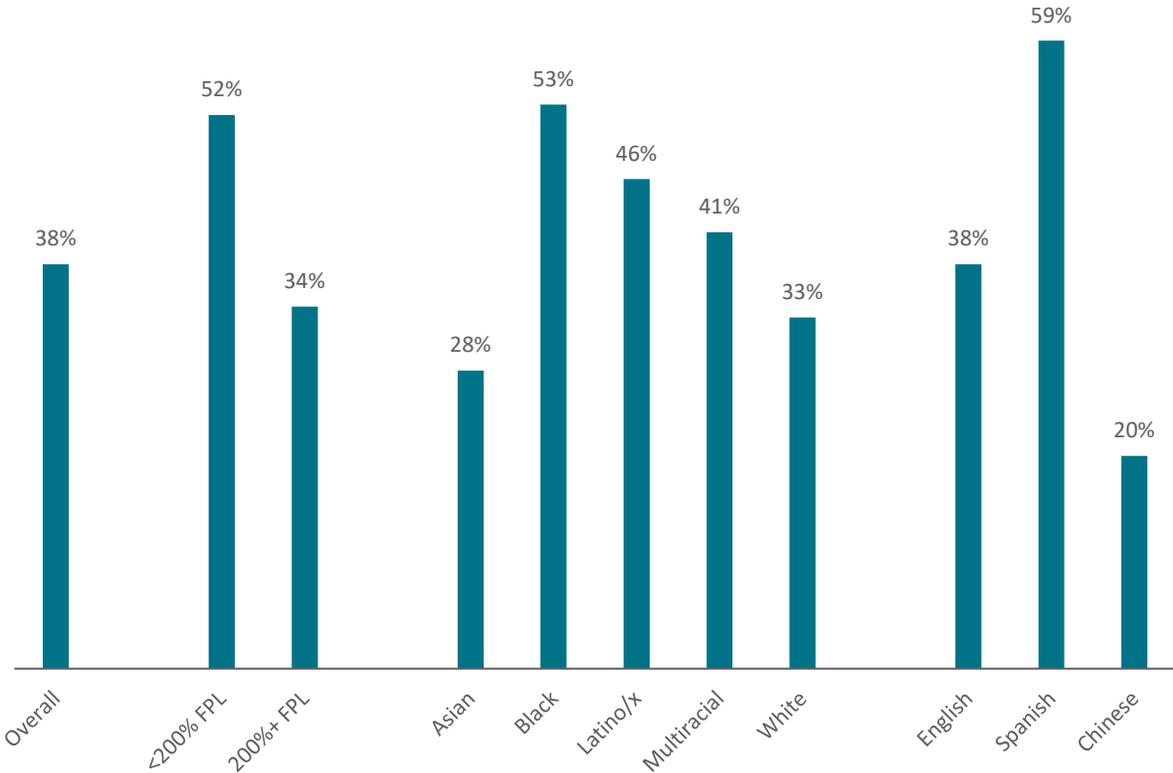
# Medical Debt

Nearly 4 in 10 Californians (38%) report having any kind of medical debt. Californians who report any kind of medical debt (78%) are more likely to report skipping care due to cost than Californians who report no medical debt (38%).

Californians with low incomes (52%) are more likely to report any type of medical debt than those with higher incomes (34%). Black (53%) and Latino/x Californians (46%) are more likely to report debt than White (33%) or Asian Californians (28%). Californians who speak Spanish (59%) are more likely to say they have medical debt than those who speak English (38%) or Chinese (20%) (Figure 25).

**Figure 25. More Than One in Three Californians Overall and One in Two Californians with Low Incomes Have Medical Debt**

PERCENTAGE WHO SAY THEY HAVE ANY TYPE OF MEDICAL DEBT



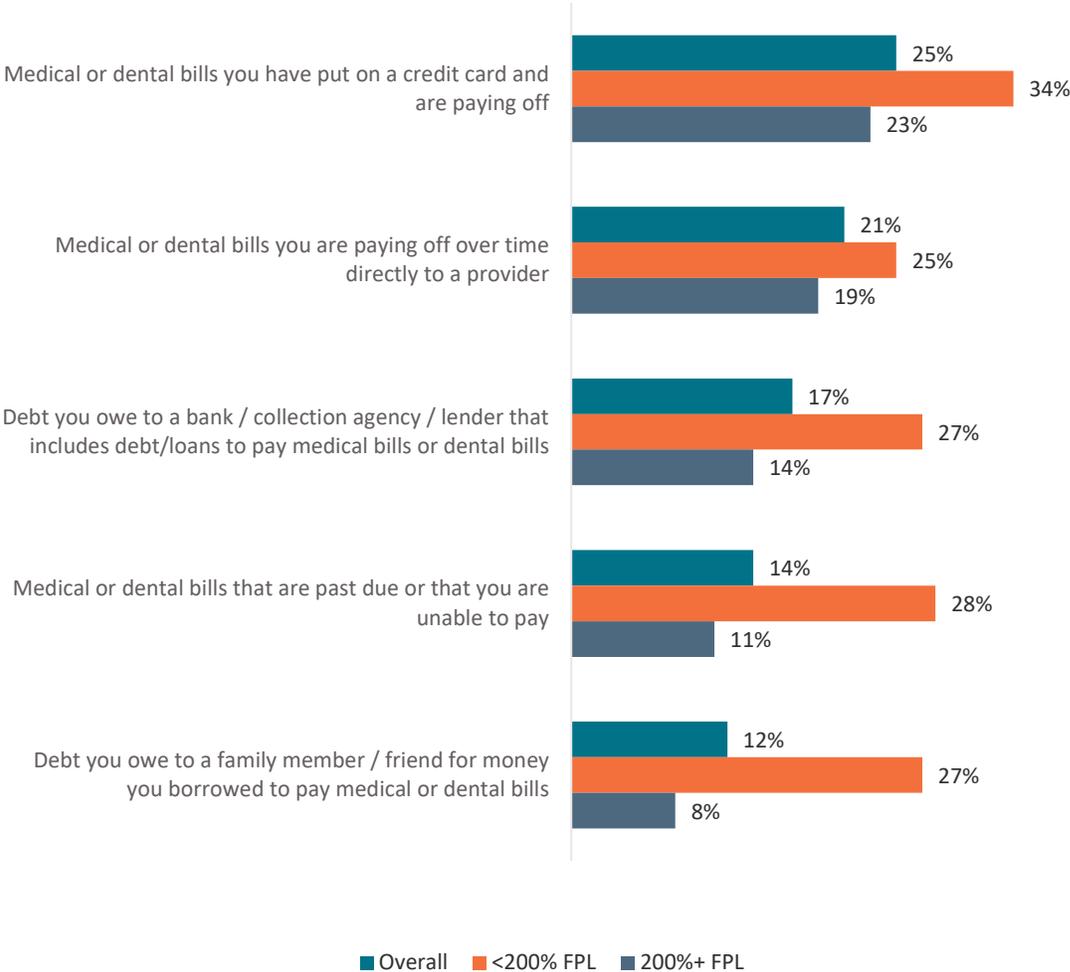
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Californians with low incomes are more likely to have each type of medical debt than Californians with higher incomes. The most often reported type of medical debt for Californians overall and across income groups is medical or dental bills that they have put on a credit card and are paying off (Figure 26).

**Figure 26. Californians with Low Incomes Are More Likely Than Those with Higher Incomes to Report Different Types of Medical Debt**

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



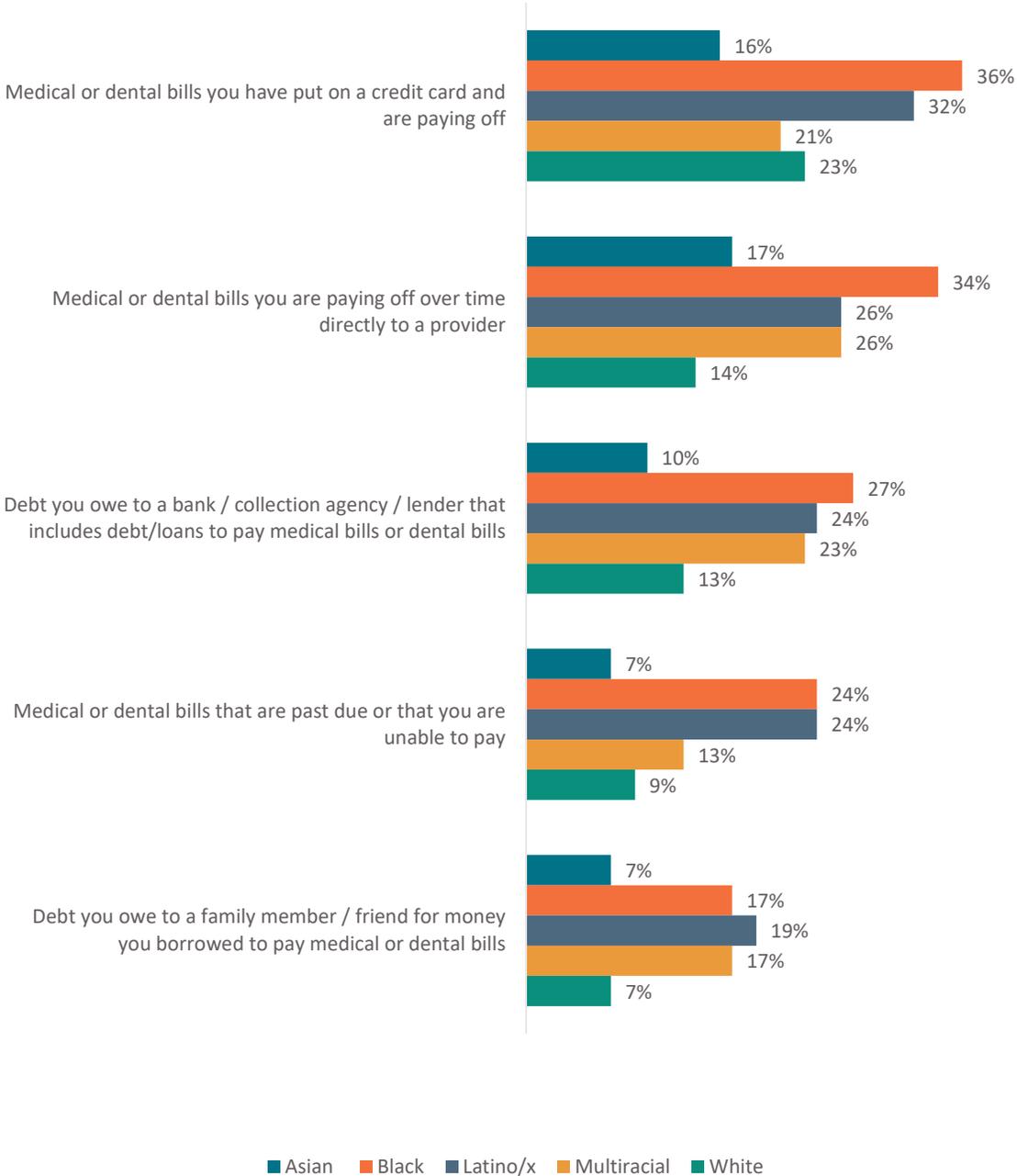
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Black Californians and Latino/x Californians are more likely to report having each type of medical debt than Asian and White Californians (Figure 27).

**Figure 27. Black and Latino/x Californians Are More Likely to Report Different Types of Medical Debt Than Asian and White Californians**

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



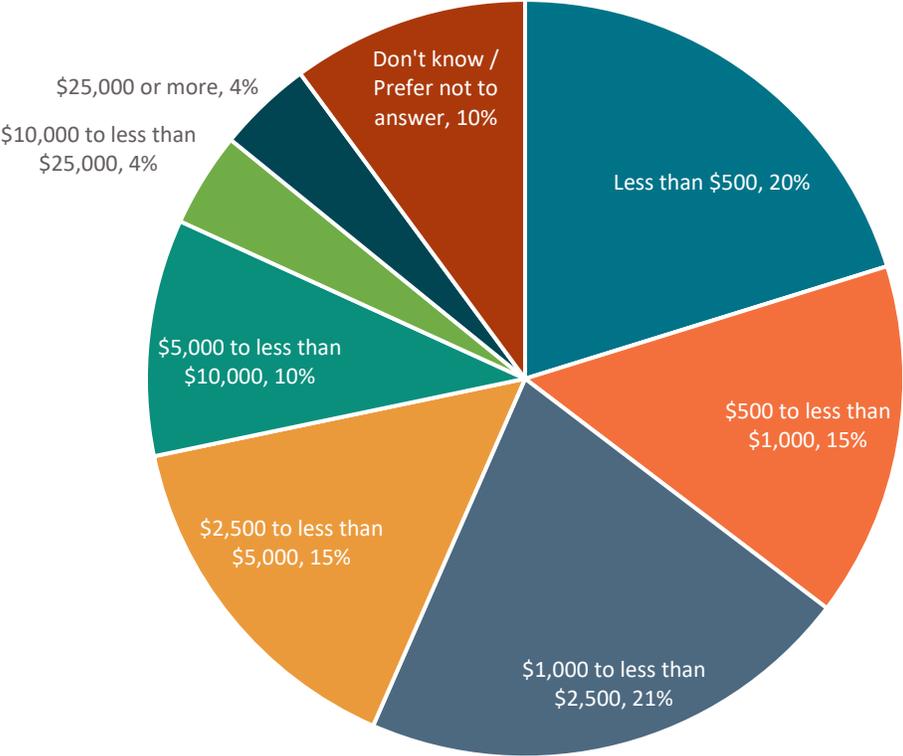
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options.

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

Among Californians who report medical debt, 18% owe \$5,000 or more, with 10% reporting \$5,000 to \$10,000, 4% reporting \$10,000 to \$25,000, and 4% reporting \$25,000 or more. The amount of medical debt owed was similar across Californians by income, race/ethnicity, and language spoken (Figure 28).

**Figure 28. One-Third of Californians with Medical Debt Owe \$2,500 or More**

TOTAL AMOUNT OF MEDICAL DEBT OWED



Notes: Sample includes 3,431 California 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).

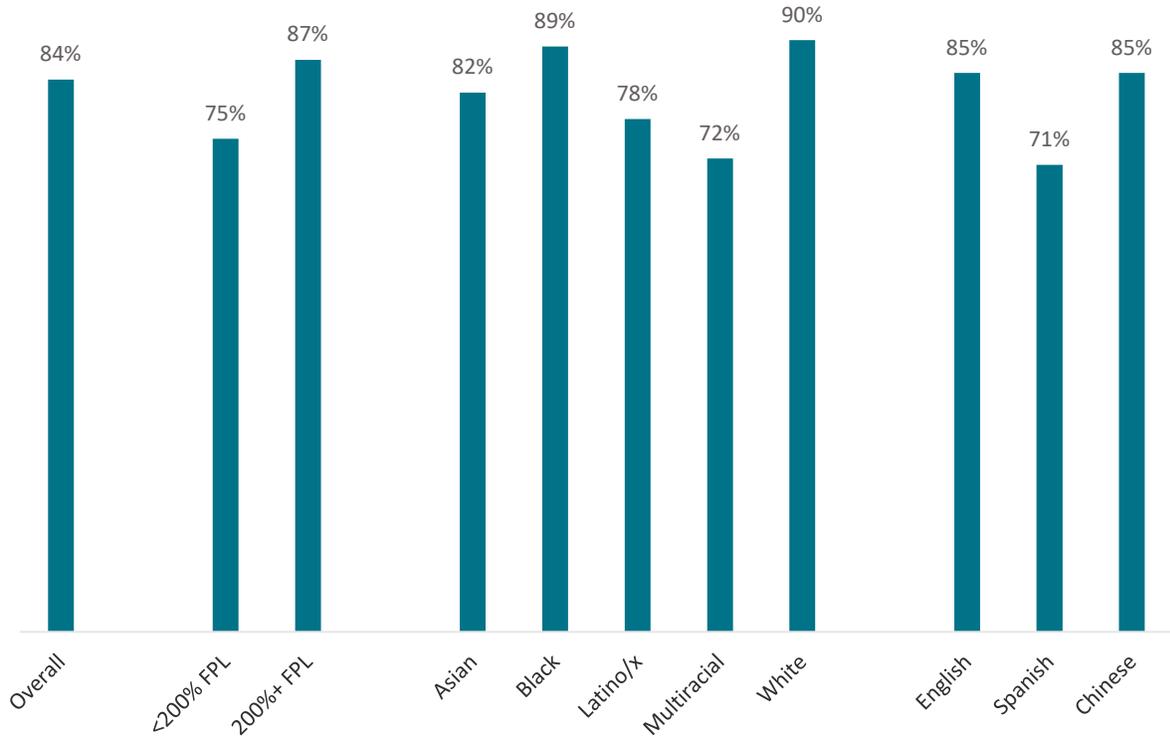
# Section 5: Access and Experiences with Physical Health Care

## Relationship with Regular Provider

Most Californians (84%) have a regular doctor or health care provider. Californians with low incomes (75%) are less likely to have a regular provider than those with higher incomes (87%). Latino/x (78%) and multiracial Californians (72%) are less likely to have a regular provider than Black (89%) and White Californians (90%) (Figure 29).

**Figure 29. Most Californians Across Income and Racial and Ethnic Groups Have a Regular Doctor or Health Care Provider**

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



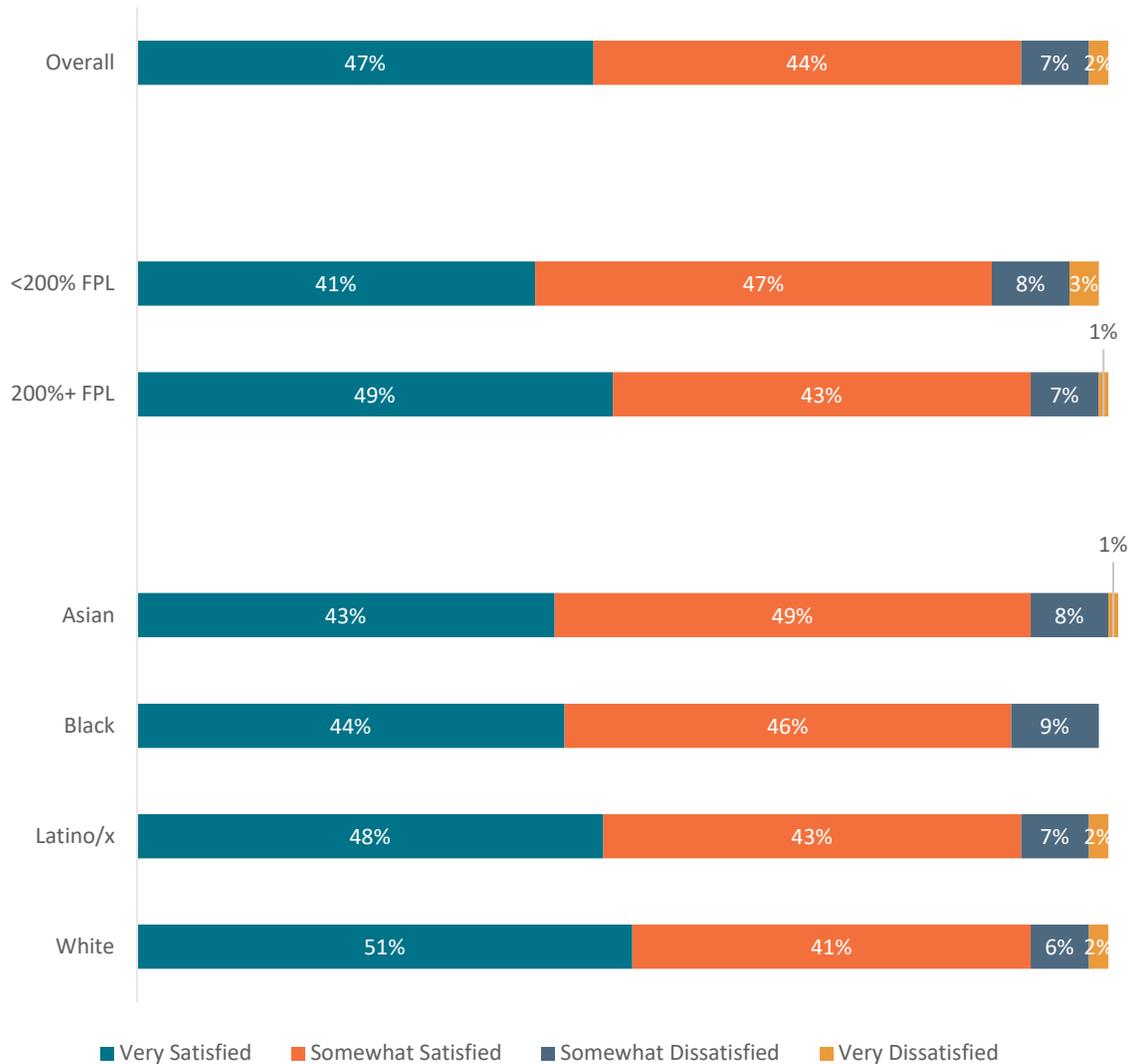
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Nine in 10 Californians overall and across races/ethnicities report being “very” or “somewhat” satisfied with their primary care provider. Californians with low incomes (12%\*) are more likely to say they are “very” or “somewhat” dissatisfied than those with higher incomes (8%). (Figure 30.)

**Figure 30. Nine in 10 Californians Overall and Across Racial and Ethnic Groups Are “Very” or “Somewhat” Satisfied with Their Primary Care Provider**

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



Notes: Sample includes 3,431 California 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.

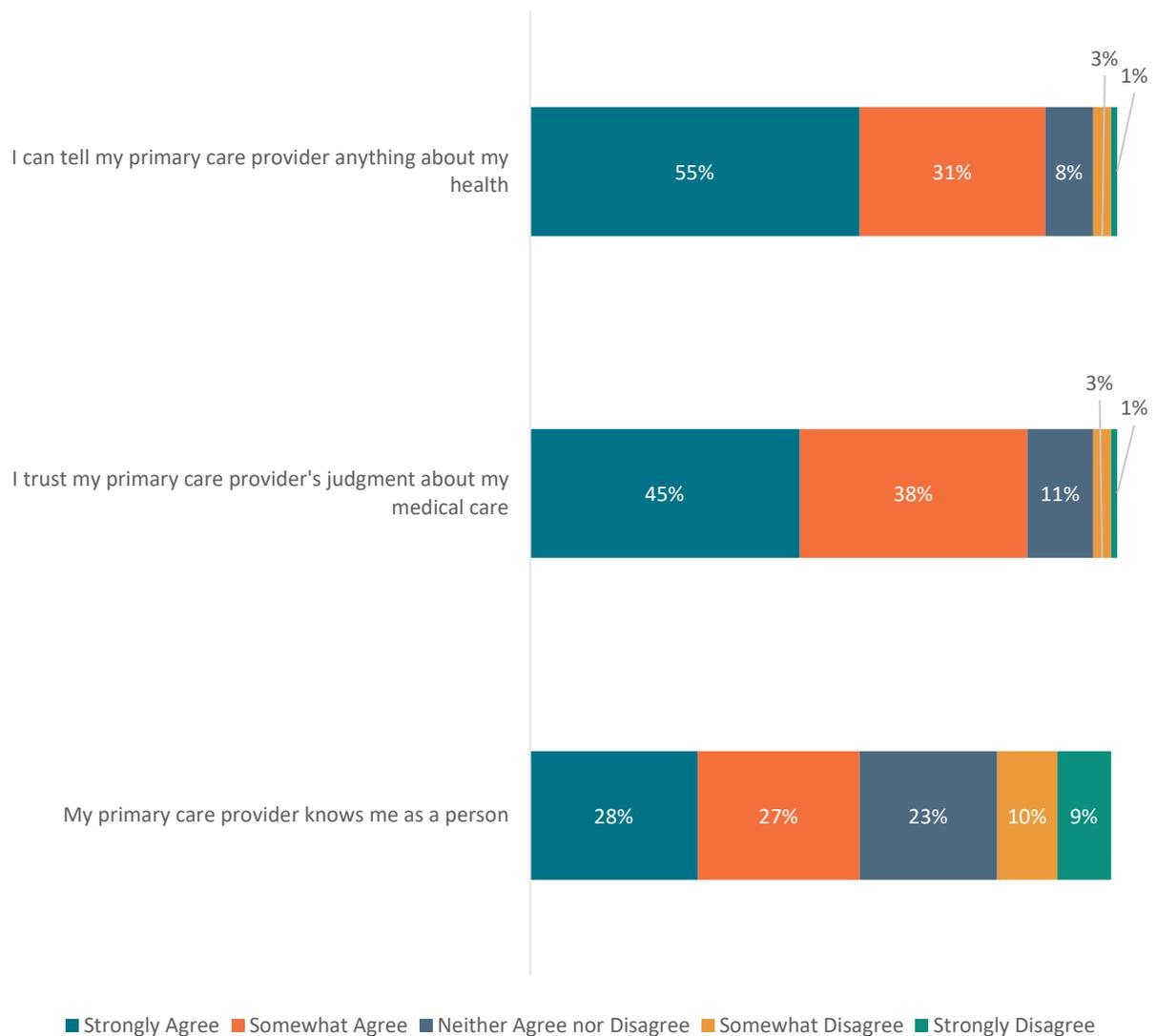
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

\* May not match figure due to rounding.

Among Californians with a regular provider, 86% “strongly” or “somewhat” agree they can tell their primary care provider (PCP) anything about their health (Figure 31), which is lower than in last year’s poll (91%). And 83% “strongly” or “somewhat” agree that they trust their PCP’s judgment about their medical care. Fifty-five percent “strongly” or “somewhat” agree that their PCP knows them as a person, less than in last year’s poll (62%). Views on these questions are similar across racial and ethnic groups (not shown).

**Figure 31. More Than 8 in 10 Californians with a Regular Primary Care Provider “Strongly” or “Somewhat” Agree They Can Tell Them Anything About Their Health and Trust Their Provider’s Judgment**

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



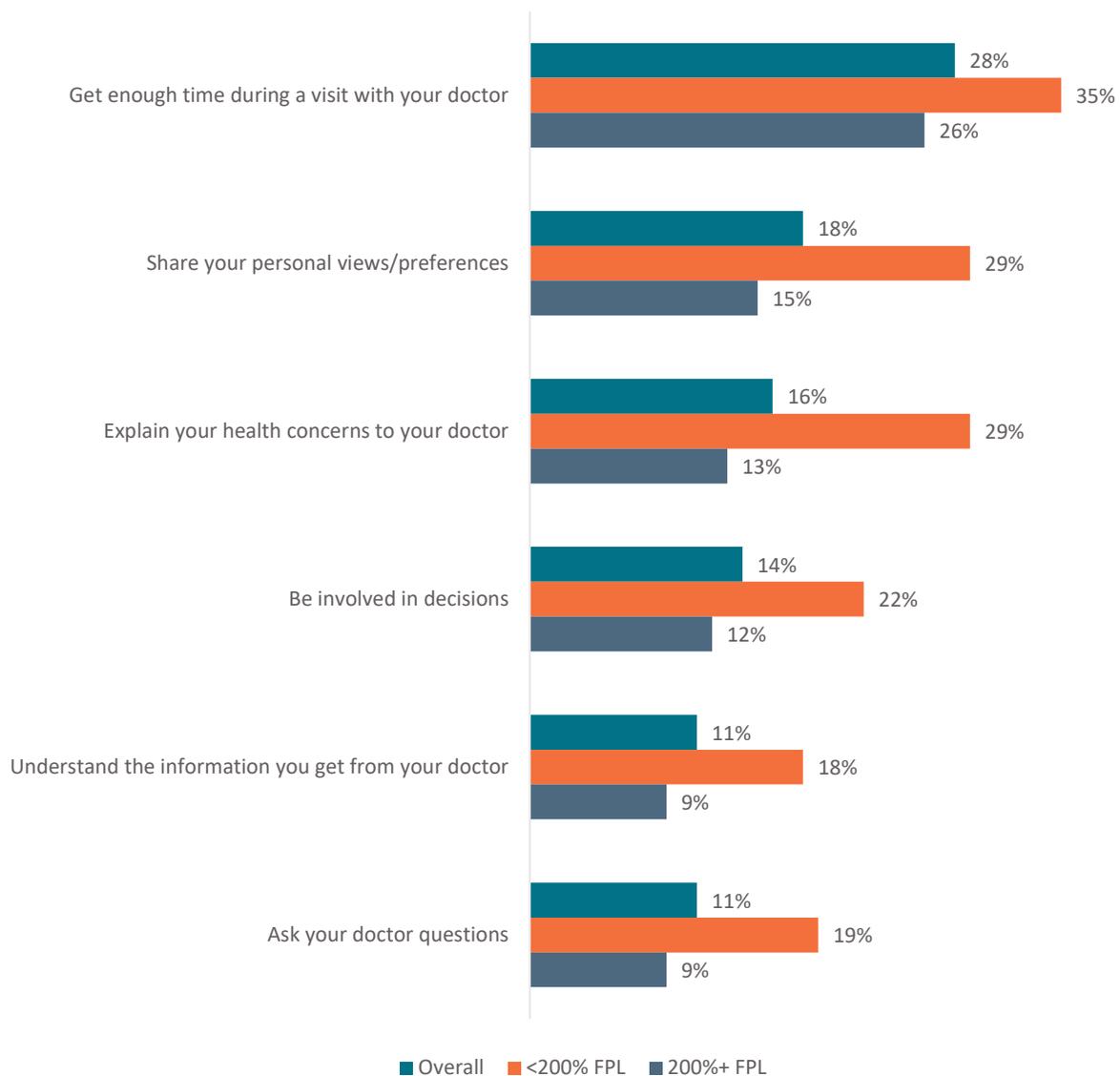
Notes: Sample includes 3,431 California residents age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options.

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

Respondents were asked how easy or difficult it is to communicate with their health care providers. More than one in four Californians (28%) say it is “very difficult” or “difficult” to get enough time during doctor visits. Californians with low incomes are more likely than those with higher incomes to consider it “very difficult” or “difficult” to communicate with their doctors (Figure 32).

**Figure 32. More Than One in Three Californians with Low Incomes 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



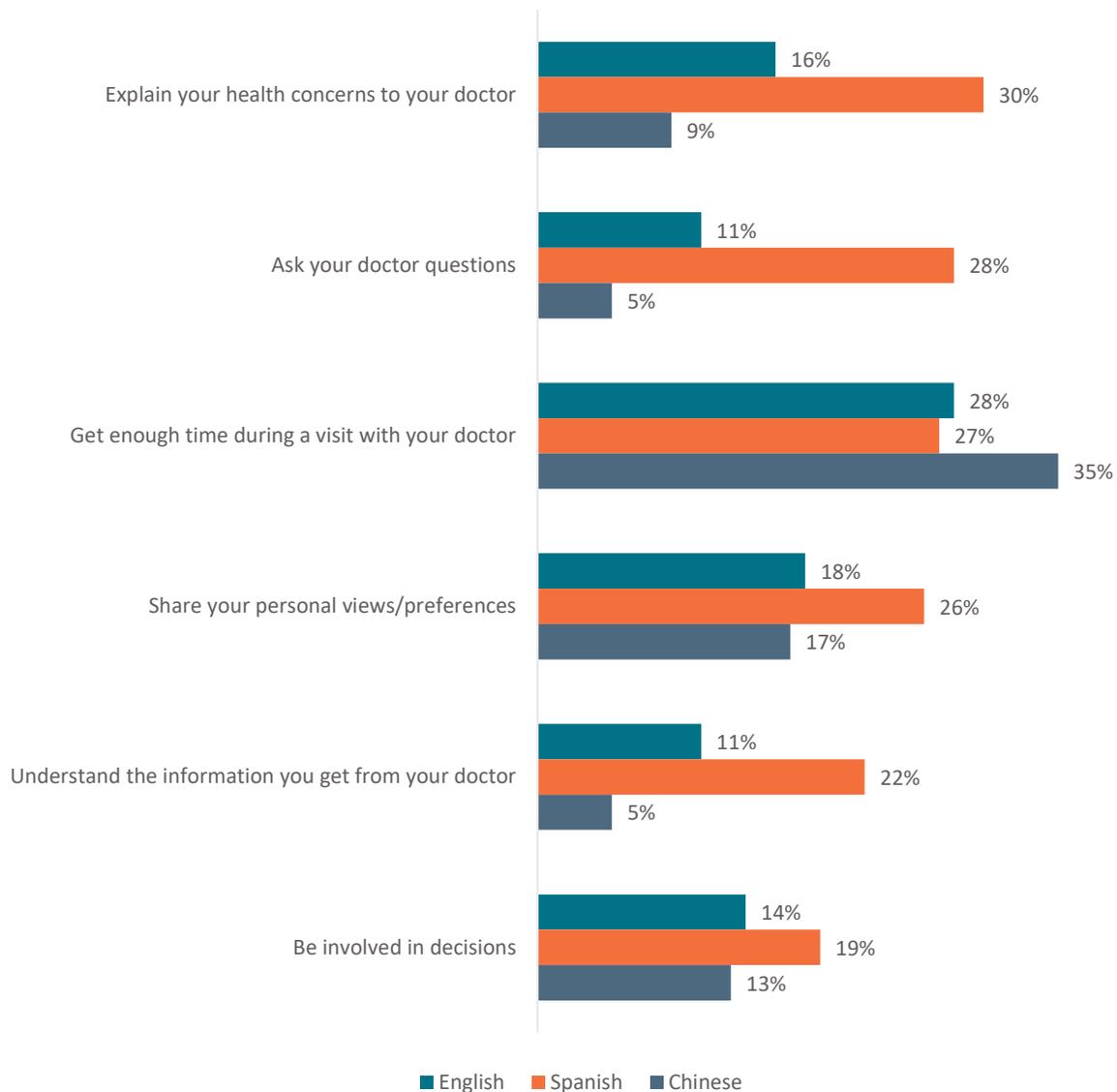
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Californians who speak Spanish are more likely to find it “very difficult” or “difficult” to explain their health concerns to a doctor, ask their doctor questions, and understand the information they get from their doctor than Californians who speak English or Chinese. (Figure 33.) More than one in three Californians who speak Chinese (35%) and more than one in four who speak Spanish (27%) and English (28%) say it is difficult to get enough time during doctor visits.

**Figure 33. Three in 10 Californians Who Speak Spanish Find It “Very Difficult” or “Difficult” to Explain Their Health Concerns to a Doctor**

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



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

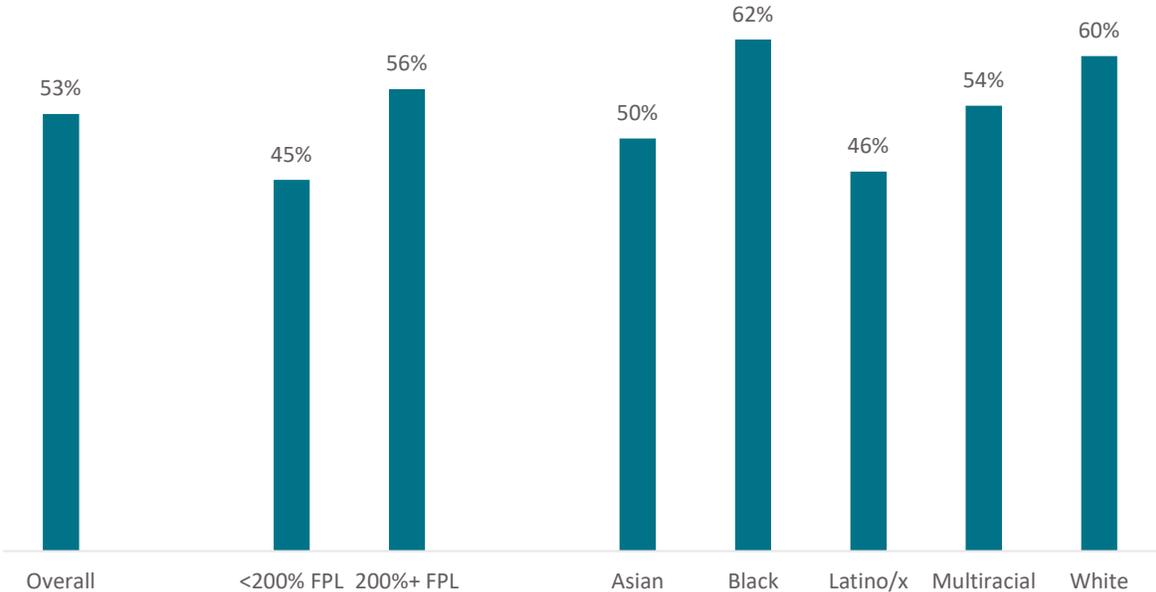
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

# Making Appointments and Finding Providers

More than half of Californians (53%) say they tried to make an appointment for physical health care in the past 12 months, which is higher than last year (44%). Californians with high incomes (56%) are more likely than those with low incomes (45%) to say they tried to make an appointment. Black Californians (62%) and White Californians (60%) are more likely to have tried to make an appointment than Latino/x Californians (46%) (Figure 34).

**Figure 34. More Than Half of Californians Tried to Make an Appointment for Physical Health Care in the Last Year**

PERCENTAGE WHO SAY THEY TRIED TO MAKE AN APPOINTMENT FOR PHYSICAL HEALTH CARE IN PAST 12 MONTHS



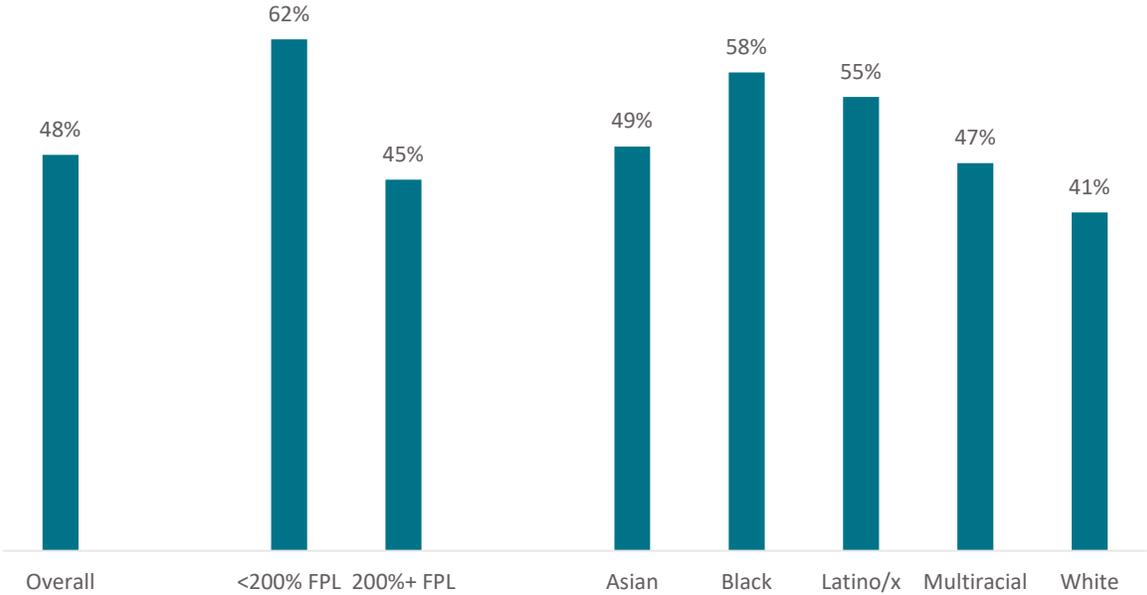
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Among Californians that tried to make an appointment for physical health care, 48% report waiting longer than they thought was reasonable to get an appointment. Californians with low incomes (62%) are more likely than those with higher incomes (45%) to report waiting longer than reasonable. Black Californians (58%) and Latino/x Californians (55%) are more likely than White Californians (41%) to report waiting longer than reasonable (Figure 35).

**Figure 35. Six in 10 Californians with Low Incomes Who Tried to Make an Appointment for Physical Health Care Report Waiting Longer Than They Thought Was Reasonable to Get an Appointment**

PERCENTAGE WHO TRIED TO MAKE AN APPOINTMENT AND REPORT HAVING TO WAIT LONGER THAN THEY THOUGHT WAS REASONABLE TO GET AN APPOINTMENT FOR PHYSICAL HEALTH CARE



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

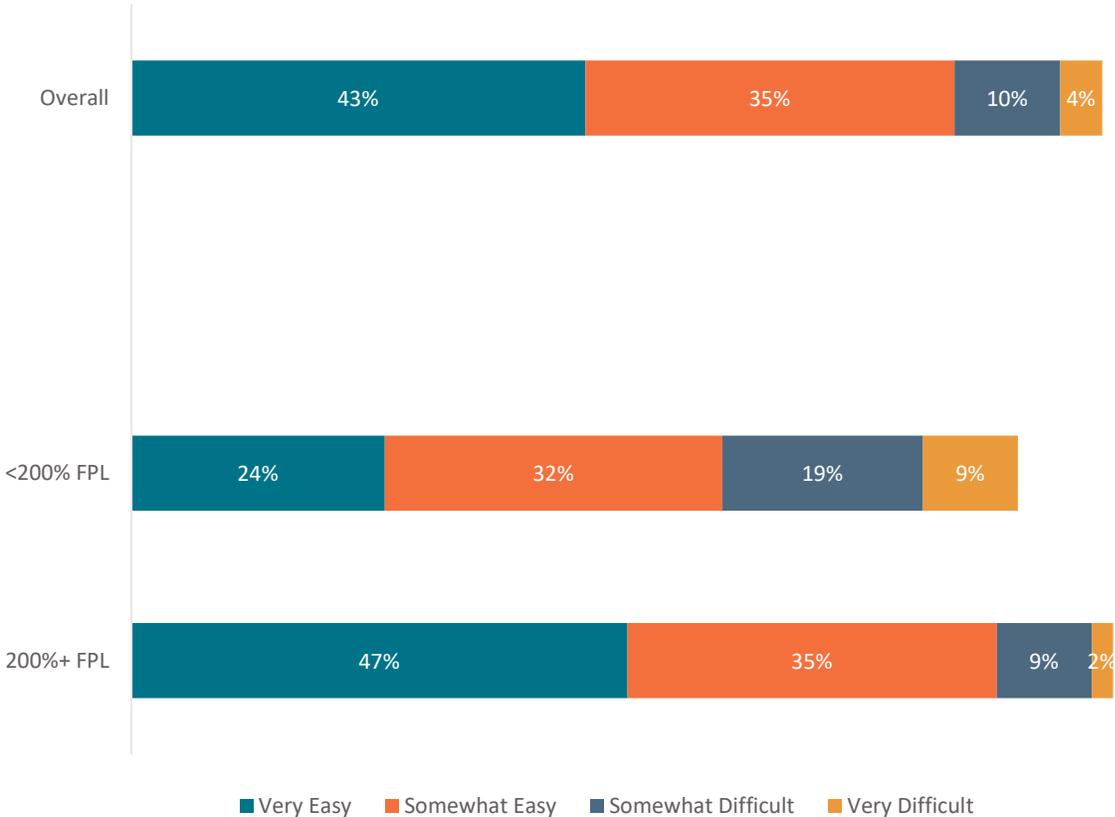
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Ordered logistic regression analysis was used to examine the independent association of key demographic factors (i.e., region, race/ethnicity, income, gender, language, and age) on waiting longer than one thought was reasonable for a physical health care appointment. Controlling for region, income, gender, language, and age, the odds of Black Californians are twice the odds of White Californians reporting waiting longer than they thought was reasonable to make an appointment for physical health care (odds ratio = 2.032,  $p = .010$ ).

Nearly 3 in 10 Californians with low incomes (28%) who tried to make a physical health appointment say it is “somewhat” (19%) or “very” difficult (9%) to find a physical health care provider who takes their insurance. In contrast, nearly half of Californians with higher incomes 47% say it is “very” easy to find a provider that takes their insurance, and only 1 in 10 (11%) say it is “somewhat” or “very” difficult (Figure 36).

**Figure 36. More Than One in Four Californians with Low Incomes Who Tried to Make a Physical Health Appointment Experience Difficulty Finding a Physical Health Care Provider Who Takes Their Insurance**

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



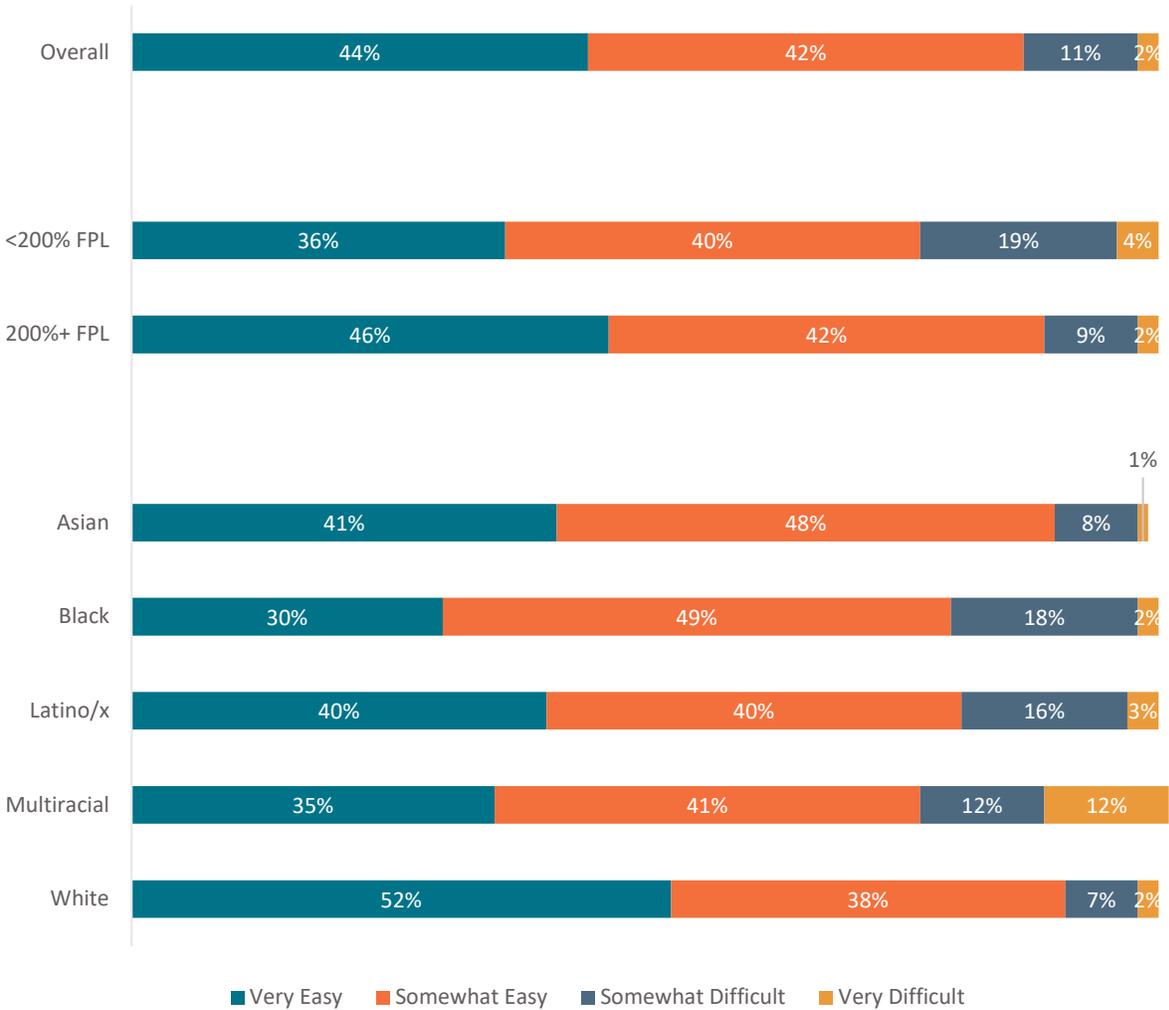
Notes: Sample includes 3,431 California residents age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

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

Most Californians (86%) say it is “very” or “somewhat” easy to find a doctor that treats them with dignity and respect. Californians with low incomes (23%) are more likely than those with higher incomes (11%) to say it is “very” or “somewhat” difficult to find a doctor who treats them with respect. Multiracial (24%), Black (20%), and Latino/x Californians (19%) are more likely to say it is “very” or “somewhat” difficult to find a doctor who treats them with respect than Asian (9%) and White Californians (9%) (Figure 37).

**Figure 37. 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?



Notes: Sample includes 3,431 California 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.

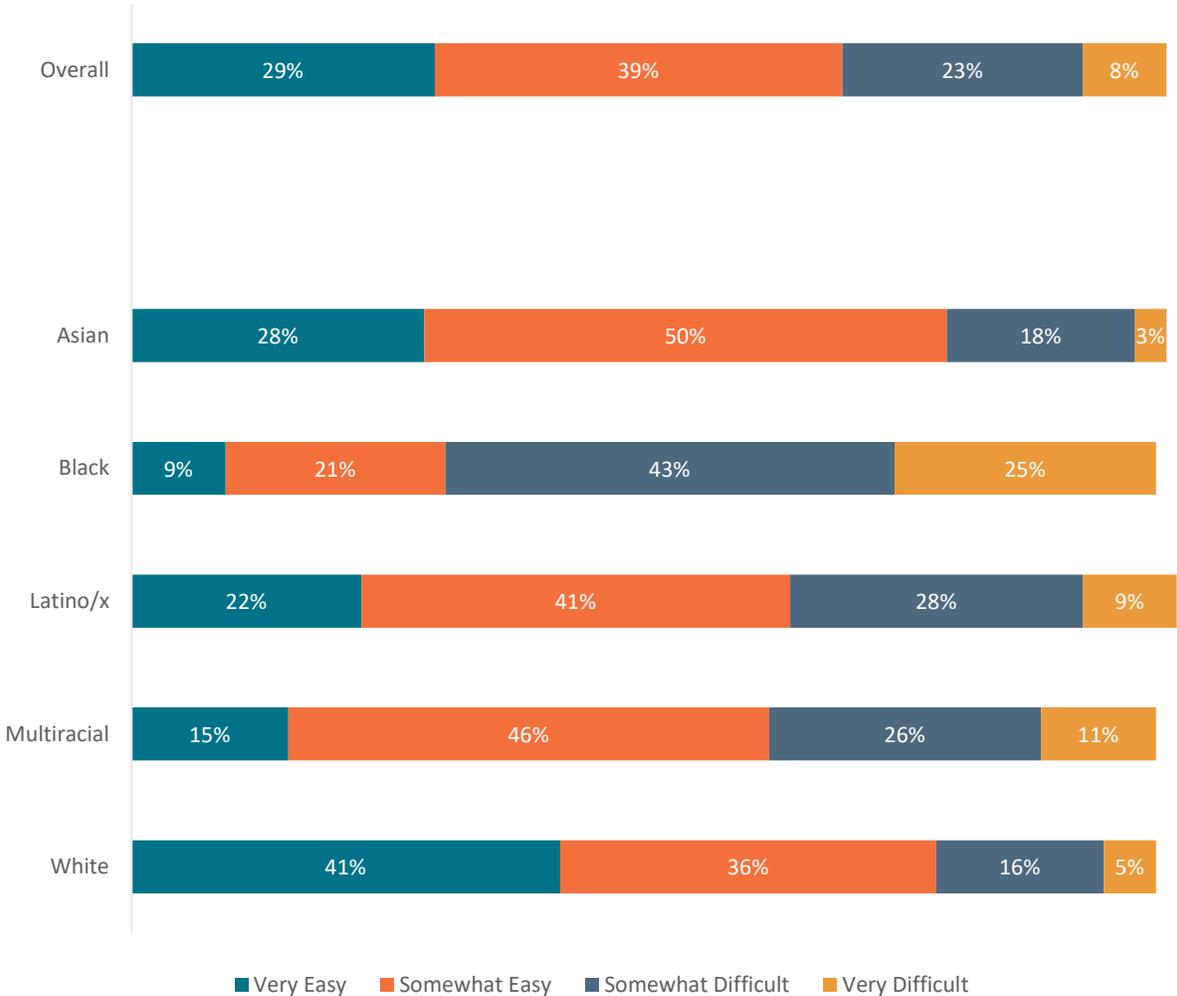
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Ordered logistic regression analysis was used to examine the independent association of key demographic factors (i.e., region, race/ethnicity, income, gender, language, and age) on how easy it is to find a doctor who treats you with dignity and respect. Controlling for region, income, gender, language, and age, the odds of Black Californians are over two times the odds of White Californians to report that that it is not “very easy” to find a doctor who treats them with dignity and respect (odds ratio = 2.1203,  $p = .001$ ).

Black Californians (68%) are much more likely to say it is “somewhat” or “very” difficult to find a doctor who shares the same racial/ethnic background as them than Californians of other races/ethnicities. Multiracial (37%) and Latino/x Californians (36%\*) are more likely to find it “somewhat” or “very” difficult than Asian (21%) or White Californians (21%) (Figure 38).

**Figure 38. Two in Three Black Californians Have a “Somewhat” or “Very” 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?



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

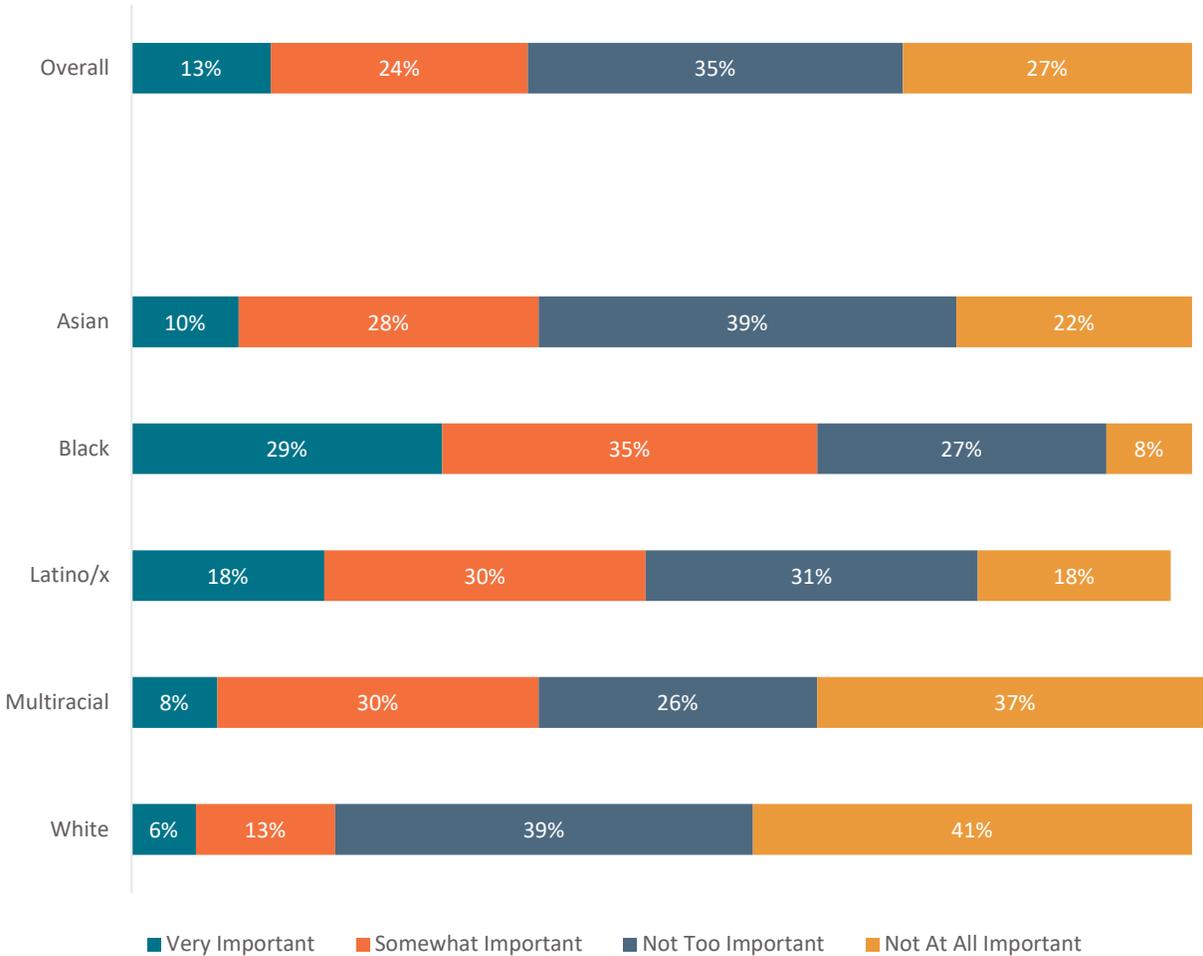
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

\* May not match figure due to rounding.

Black Californians (64%) are more likely to consider it “very” or “somewhat” important to find a doctor that shares their racial or ethnic background than Californians of other races/ethnicities. Black Californians (29%) are the most likely of any racial or ethnic group to say it is “very” important. Half of Latino/x Californians (49%\*) say it is important, more than Asian (38%) and White Californians (19%) (Figure 39).

**Figure 39. Nearly Two in Three Black Californians and Half of Latino/x Californians 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?



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

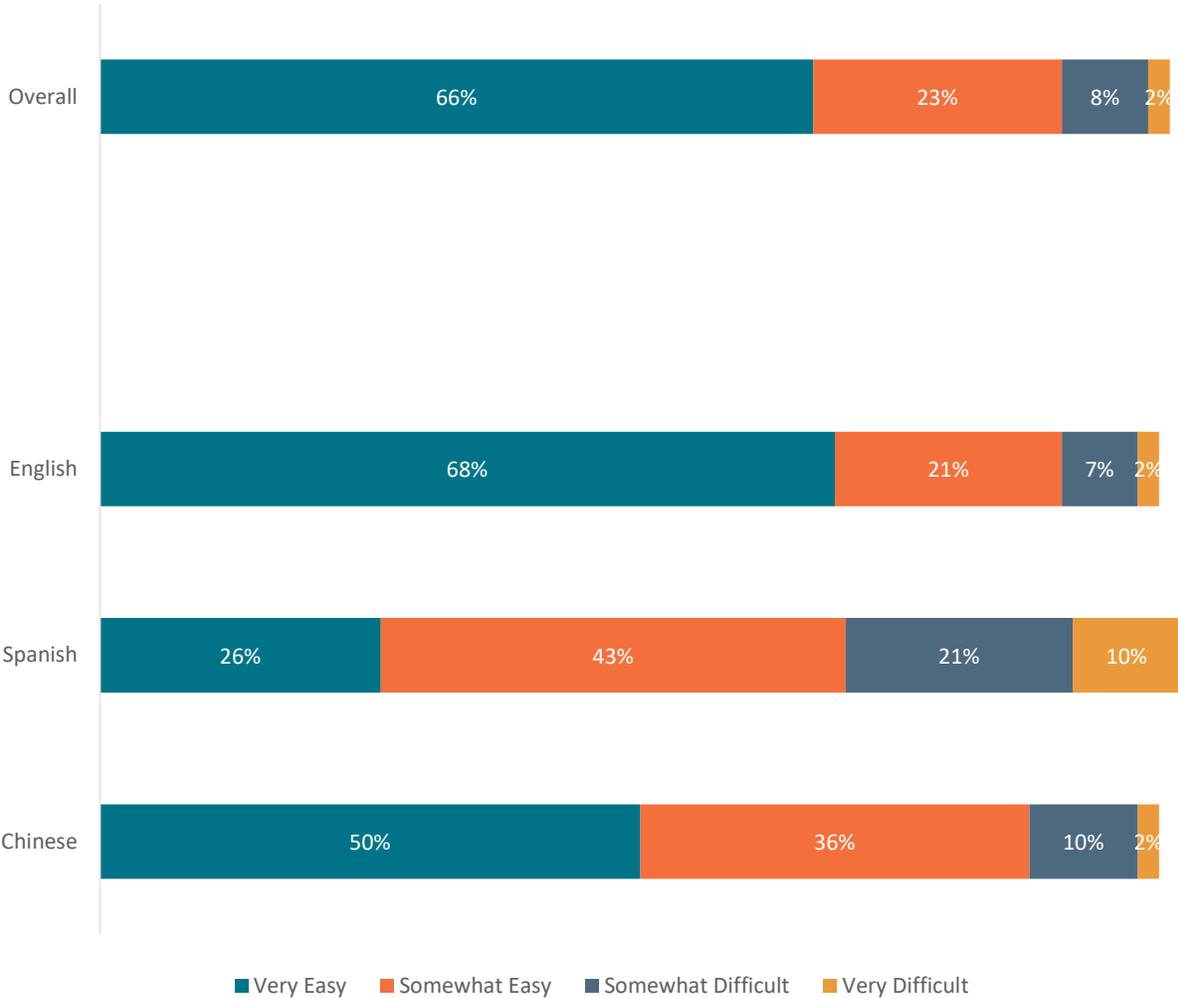
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

\* May not match figure due to rounding.

Most Californians (88%\*) have a “very” or “somewhat” easy time finding a doctor who speaks the same language as them. Californians who speak Spanish (31%) are more likely to have a “very” or “somewhat” difficult time finding a doctor who speaks their language than Californians who speak English (9%) or Chinese (12%) (Figure 40).

**Figure 40. Three in 10 Californians Who Speak Spanish Have a “Very” or “Somewhat” Difficult 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?



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

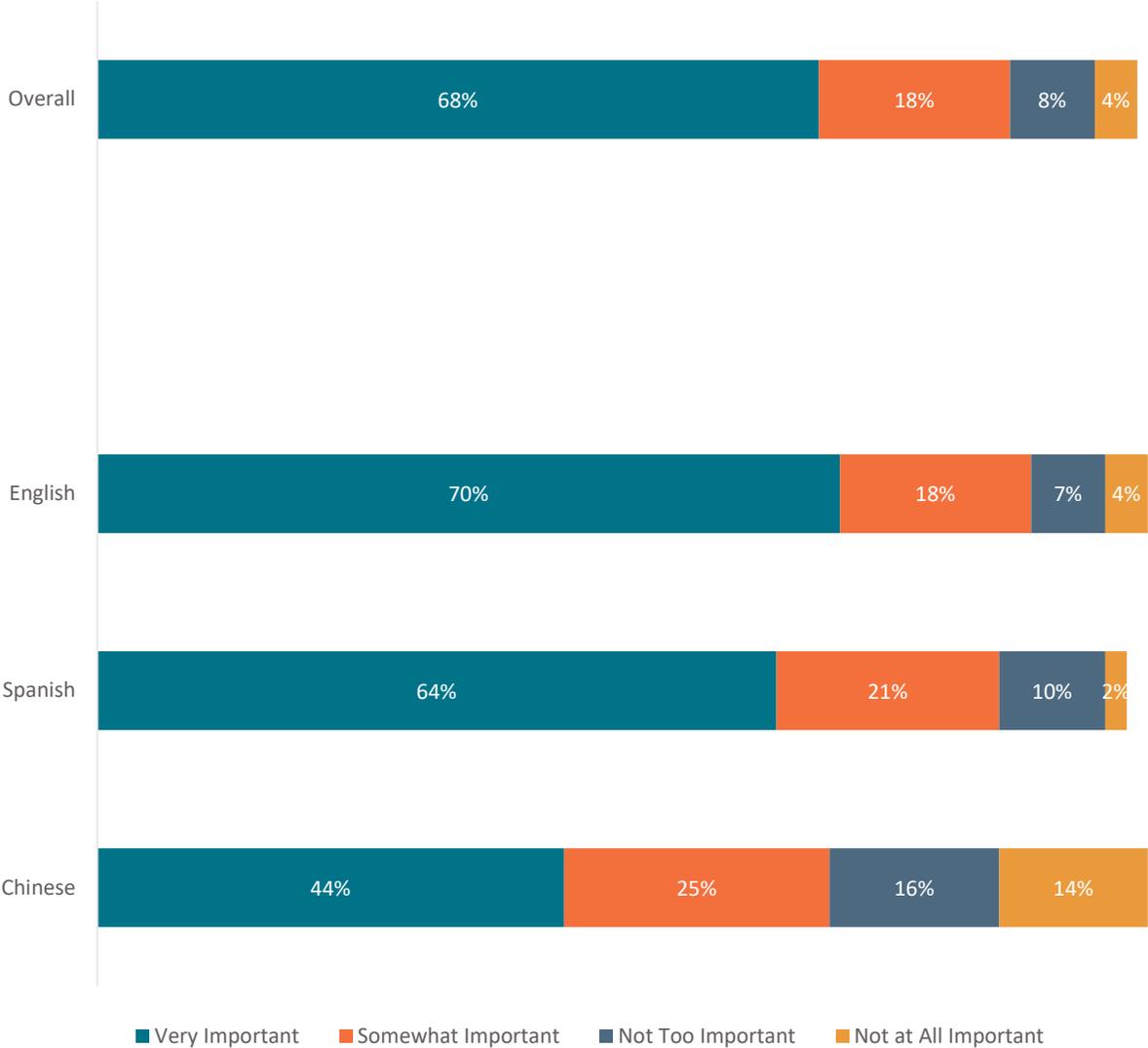
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

\* May not match figure due to rounding.

Californians who speak English (88%) and Spanish (85%) are more likely to say it is “very” or “somewhat” important to find a doctor who speaks the same language as they do than Californians who speak Chinese (68%\*) (Figure 41).

**Figure 41. Nearly 9 in 10 Californians 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?



Notes: Sample includes 3,431 California 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).

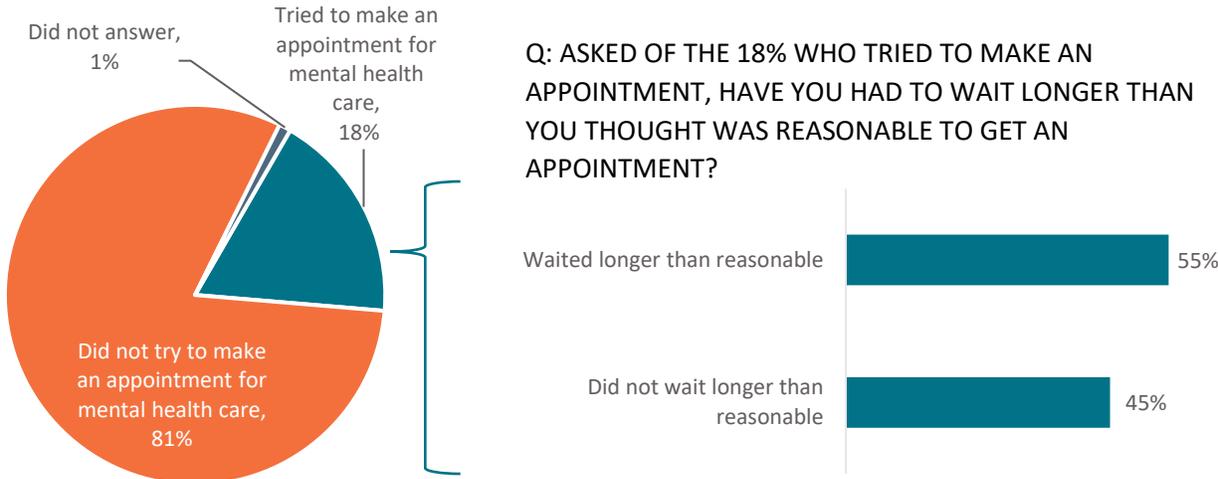
\* May not match figure due to rounding.

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

## Experiences Making Appointments

Eighteen percent of Californians report trying to make an appointment with a mental health provider in the last year, similar to last year’s poll. Californians with low incomes (22%) are more likely to have tried to make an appointment with a mental health provider than Californians with higher incomes (17%). Among Californians that tried to make an appointment for mental health care, 55% report waiting longer than they thought was reasonable to get an appointment (Figure 42).

**Figure 42. More Than Half of Californians Who Tried to Make a Mental Health Appointment Waited Longer Than They Thought Reasonable**



Notes: Sample includes 3,431 California 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.

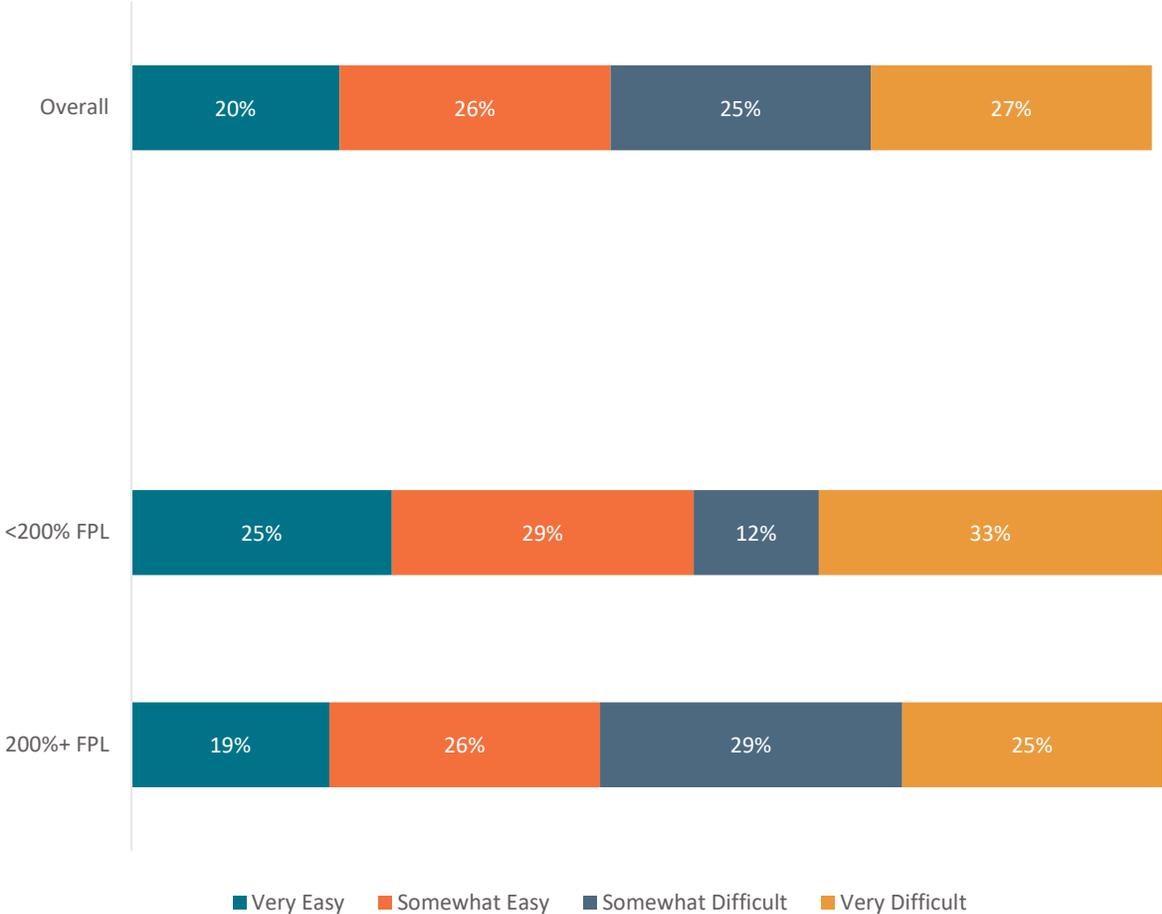
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Ordered logistic regression analysis was used to examine the independent association of key demographic factors (i.e., region, race/ethnicity, income, gender, language, and age) on waiting longer than one thought was reasonable for a mental health care appointment. Controlling for region, income, gender, language, and age, the odds of Black Californians are almost three times the odds of White Californians reporting waiting longer than they thought was reasonable to make an appointment for mental health care (odds ratio = 2.92,  $p = .049$ ).

More than half of Californians (52%) who tried to make a mental health care appointment say it is “somewhat” or “very” difficult to find a mental health care provider who takes their insurance (Figure 43).

**Figure 43. More Than Half of Californians Who Tried to Make a Mental Health Appointment 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 age 18 and older. "I don't have insurance" 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).

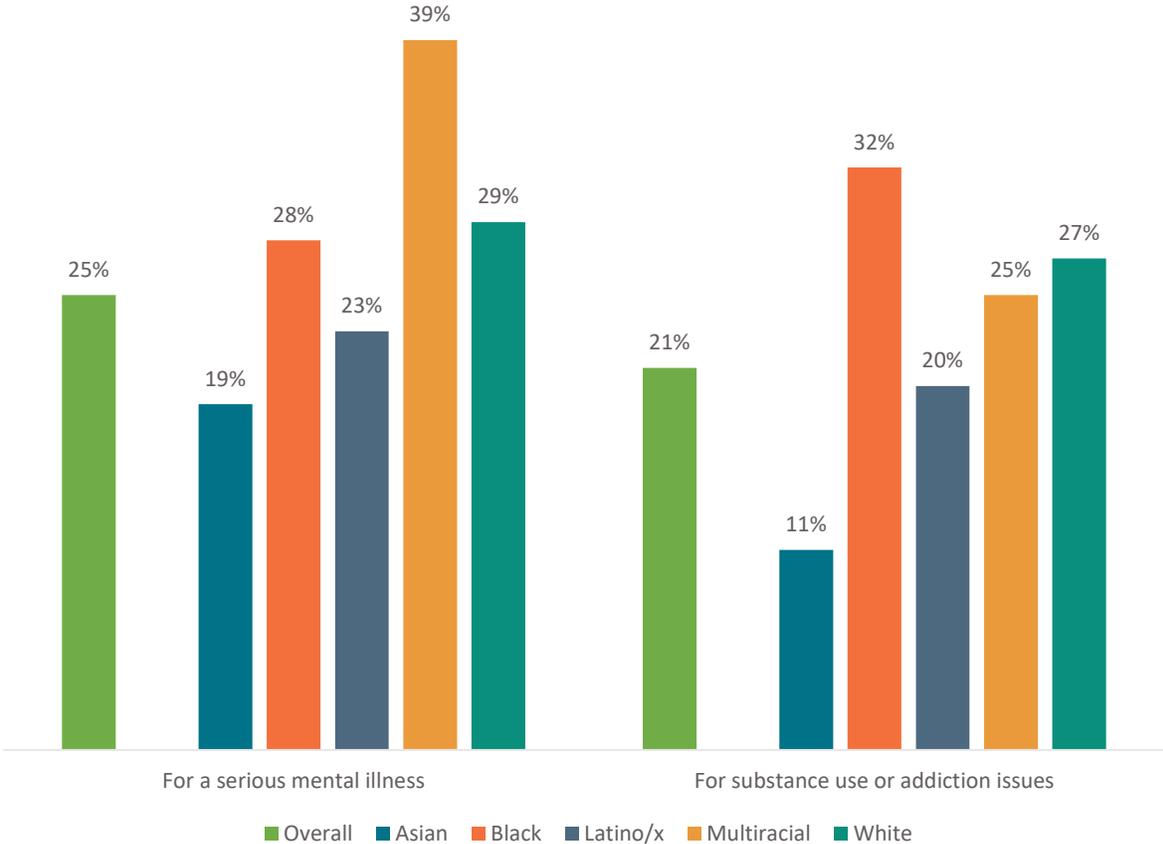
Californians who report trying to make a mental health appointment are more likely than those who did not try to make an appointment to report having difficulty paying medical bills (41% vs. 25%) and having any kind of medical debt (49% vs. 36%).

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

One in four Californians (25%) has ever needed or had someone close to them need treatment for a serious mental illness (SMI), defined in the survey as a mental illness that interferes with a person’s life and ability to function (examples include bipolar disorder, major depressive disorder, and schizophrenia). And one in five (21%) has ever needed or had someone close to them need treatment for substance use or addiction issues (Figure 44).

**Figure 44. One in Four Californians Has Needed or Had Someone Close to Them Need Treatment for a Serious Mental Illness, and One in Five for Substance Use or Addiction Issues**

PERCENTAGE WHO SAY THEY OR SOMEONE CLOSE TO THEM NEEDED TREATMENT



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

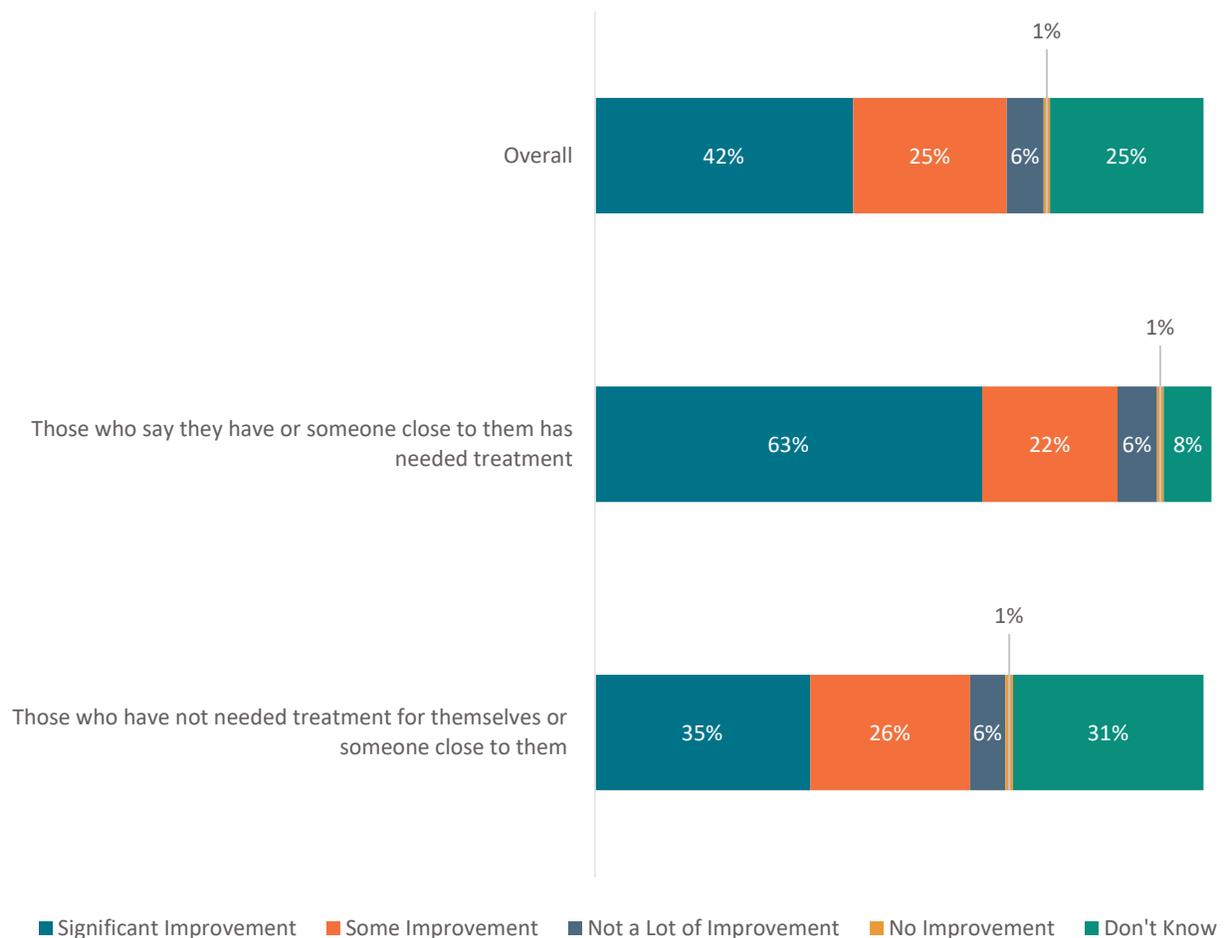
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Two in three Californians (67%) believe “significant” or “some” improvement is needed in the treatment of people with serious mental illness. Four in 10 Californians think “significant” improvement is needed, and one in four think “some” improvement is needed in the treatment of people with SMI. Only 6% say that “not a lot of improvement is needed” and 1% that “there is no need for improvement.”

Californians who say they or someone close to them has needed treatment for SMI (63%) are more likely than those who have not needed treatment (35%) to say “significant” improvement is needed in their community for treating people with SMI (Figure 45).

**Figure 45. Six in 10 Californians Who Have Needed Treatment for Serious Mental Illness (SMI) Say “Significant” 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?



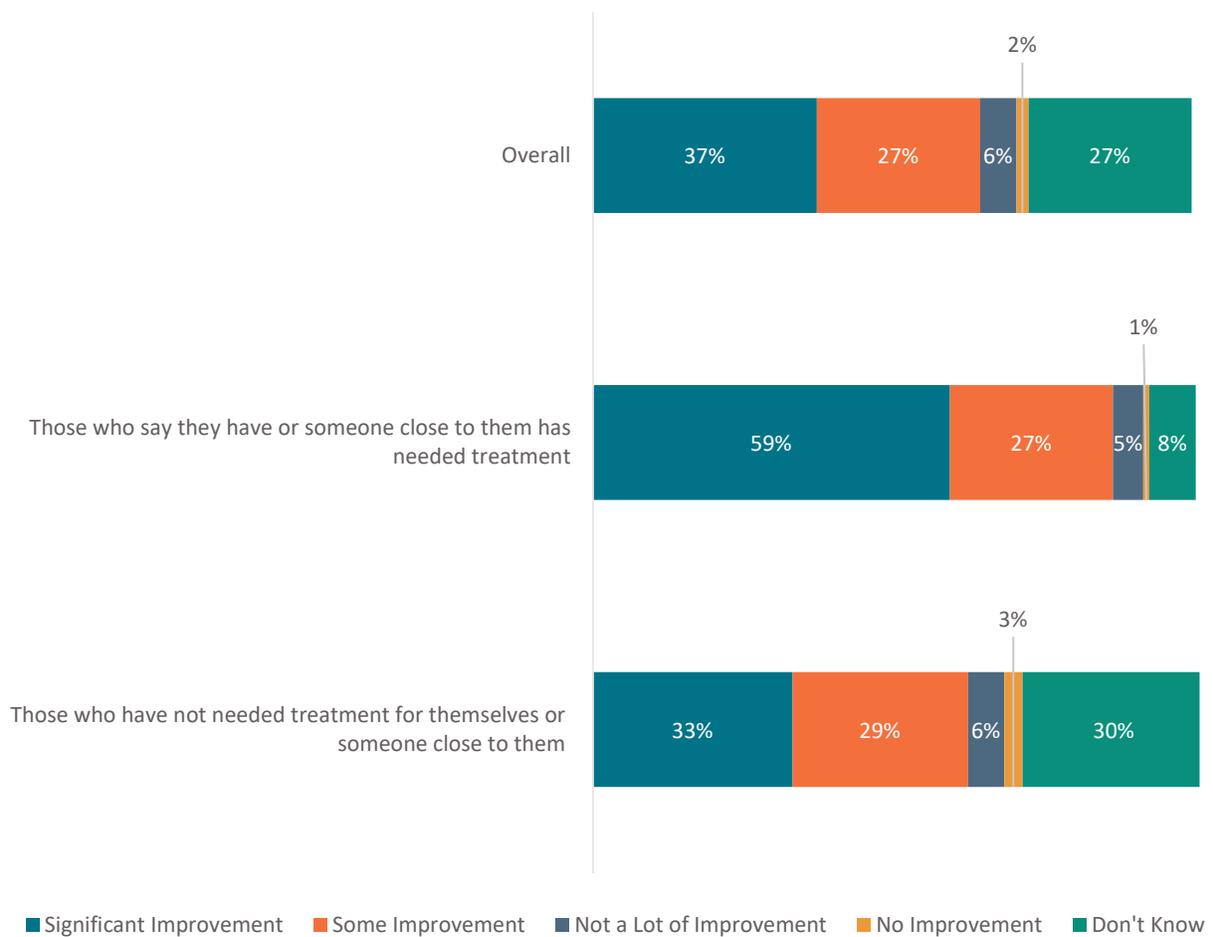
Notes: Sample includes 3,431 California residents age 18 and older. Did not answer not shown. See topline for full question wording and response options.

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

Nearly two in three Californians (64%) believe “significant” or “some” improvement is needed in their communities for the treatment of people with substance use or addiction issues. Californians who say they or someone close to them has needed treatment for substance use or addiction issues (59%) are more likely than those who have not needed treatment (33%) to say “significant” improvement is needed in treating people with substance use or addiction issues (Figure 46).

**Figure 46. Six in 10 Californians Who Have Needed Treatment for Substance Use Say “Significant” 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 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).

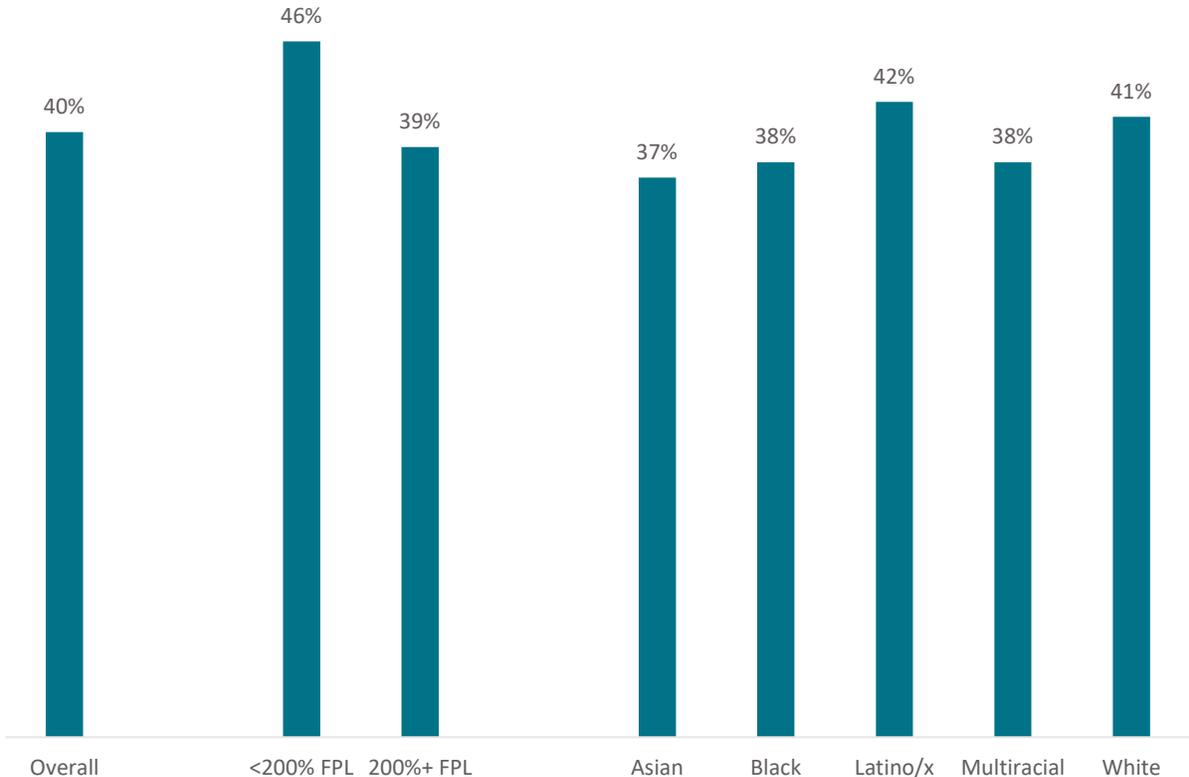
# Section 7: Navigating the Health Care System

## Experiences with Prior Authorization

Four in 10 Californians report that they or a family member has needed to wait for their health insurance company to approve or authorize a treatment, procedure, or medicine that their doctor prescribed in the past year. Californians with low incomes (46%) are more likely to have waited for authorization than those with higher incomes (39%) (Figure 47).

**Figure 47. Four in 10 Californians Report Waiting for Insurance Authorization of a Treatment, Procedure, or Medicine Prescribed by Their Doctor in the Past Year**

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



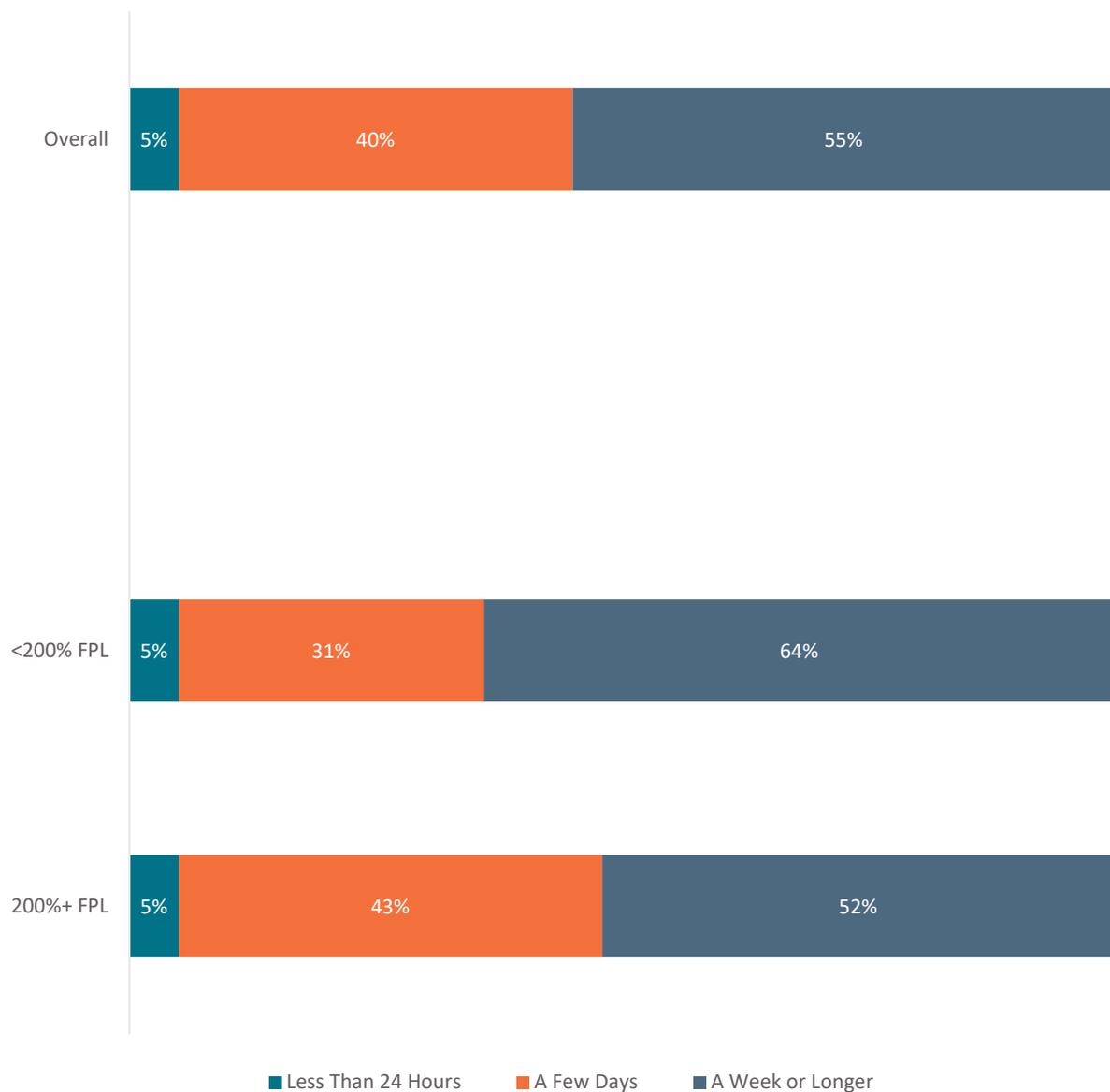
Notes: Sample includes 3,431 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

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

Among Californians who report waiting for prior authorization of a treatment, procedure, or medicine, more than half (55%) report waiting a week or longer. Californians with low incomes (64%) are more likely to report waiting a week or longer than those with higher incomes (52%) (Figure 48).

**Figure 48. More Than Half of Californians Who Had to Wait for Authorization Remember Waiting 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



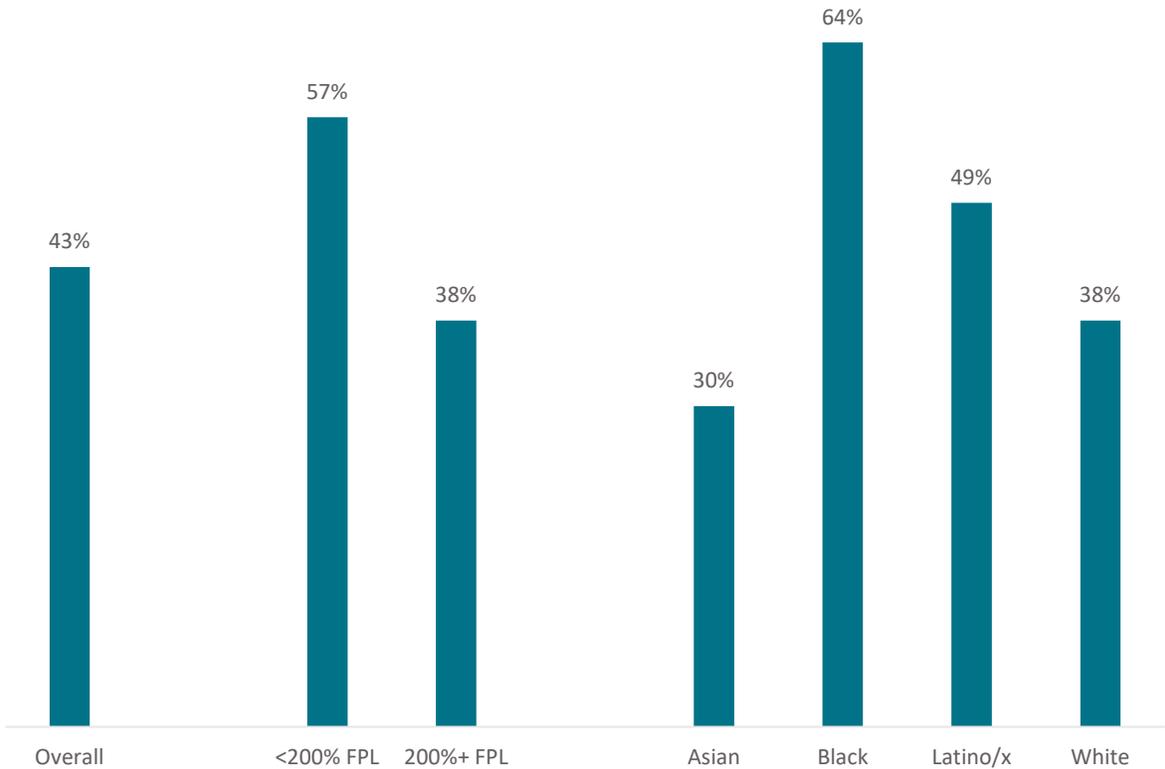
Notes: Sample includes 3,431 California residents age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options. *FPL* is federal poverty level. Figures may not sum due to rounding.

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

Forty-three percent of Californians who had to wait for prior authorization report waiting for insurance authorization of the same treatment, procedure, or medicine more than once in the past year. Nearly 6 in 10 Californians with low incomes (57%) report waiting for authorization of the same type of care more than once, compared to less than 4 in 10 Californians with higher incomes (38%). Black Californians (64%) and Latino/x Californians (49%) are more likely than White (38%) and Asian Californians (30%) to report waiting for authorization of the same type of care more than once (Figure 49).

**Figure 49. Among Californians Who Waited for Insurance Authorization, 4 in 10 Report Waiting for Authorization of the Same Type of Care More Than Once in the Last Year**

Q: 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



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

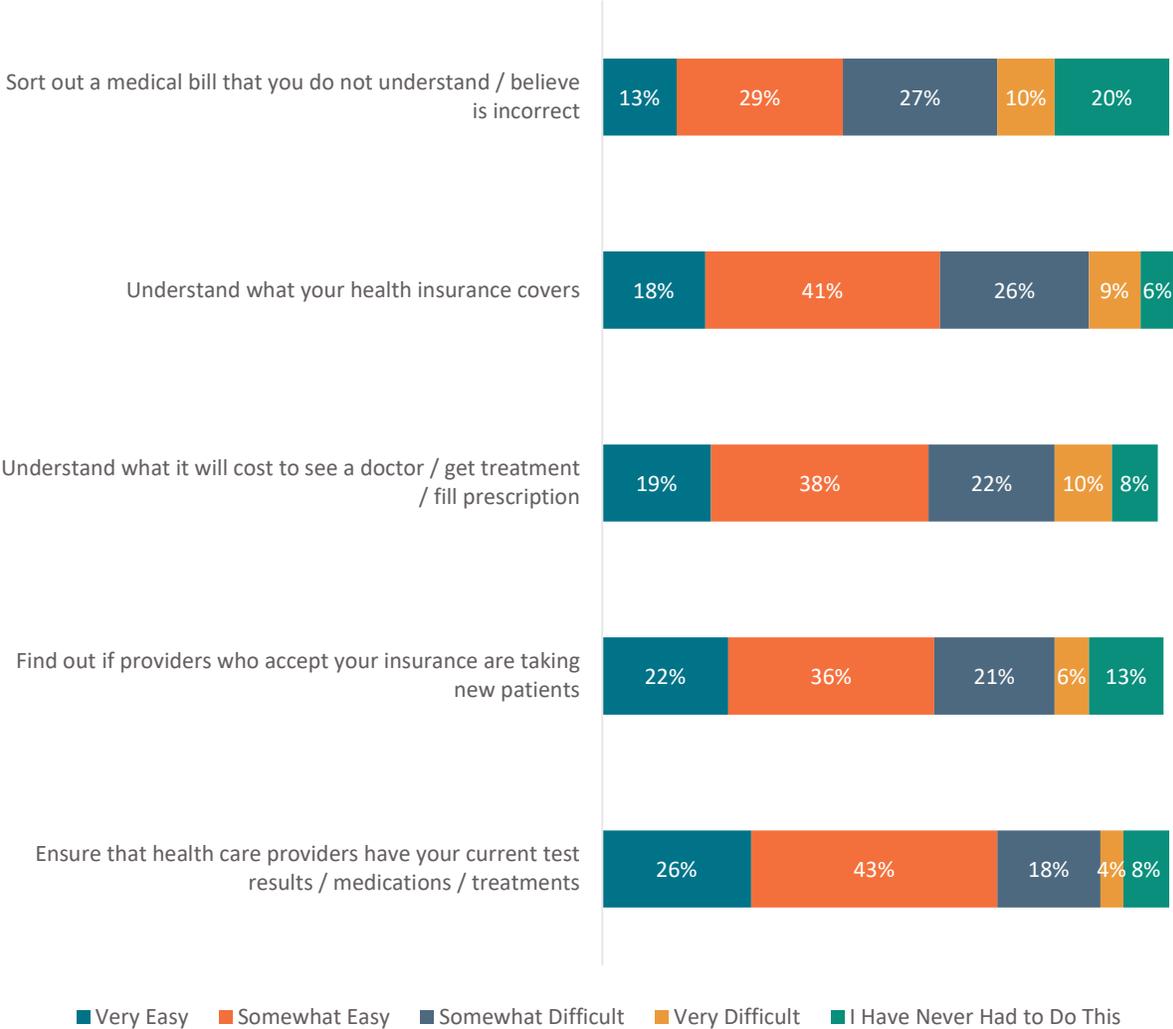
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

# Health Care Navigation and Coordination

One in three Californians say it is “very” or “somewhat” difficult to sort out a medical bill, understand what their health insurance covers, and understand what it will cost to see a doctor, get treatment, or fill a prescription (Figure 50). Californians with low incomes are more likely to find it hard to determine if providers who accept their insurance are taking new patients.

**Figure 50. One in Three Californians Find 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 age 18 and older. "Don't Know" or did not answer not shown. See topline for full question wording and response options.

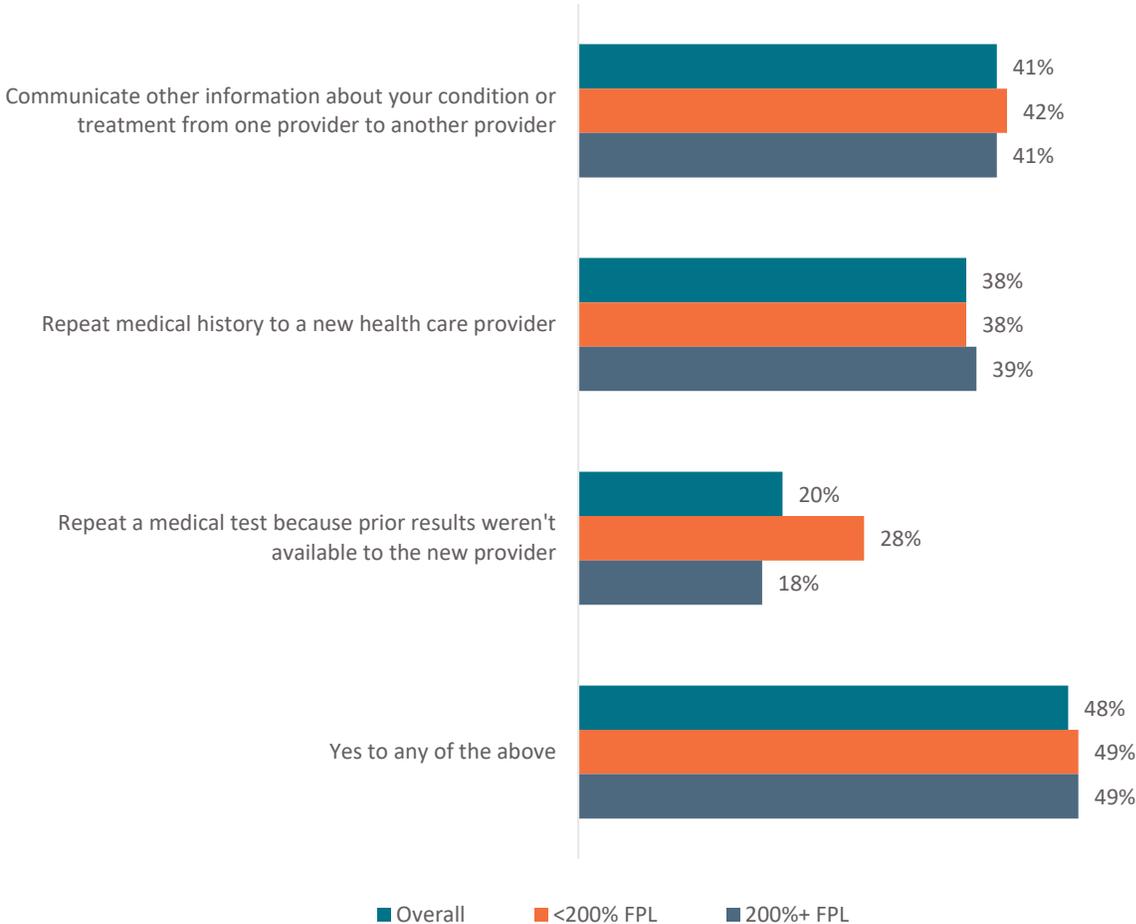
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Californians who speak Chinese are more likely to have difficulty sorting out a medical bill and understand what health care will cost than Californians who speak English.

Nearly half of Californians (48%) report having challenges with coordinating care, with 4 in 10 (41%) reporting they have had to communicate information about their condition or treatment from one provider to another. One in five Californians overall (20%) and more than one in four Californians with low incomes (28%) say they have had to repeat a medical test because prior results weren't available to the new provider (Figure 51).

**Figure 51. Many Californians Report They Have Had to Repeat a Medical History or Test or Communicate from One Provider to Another**

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



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

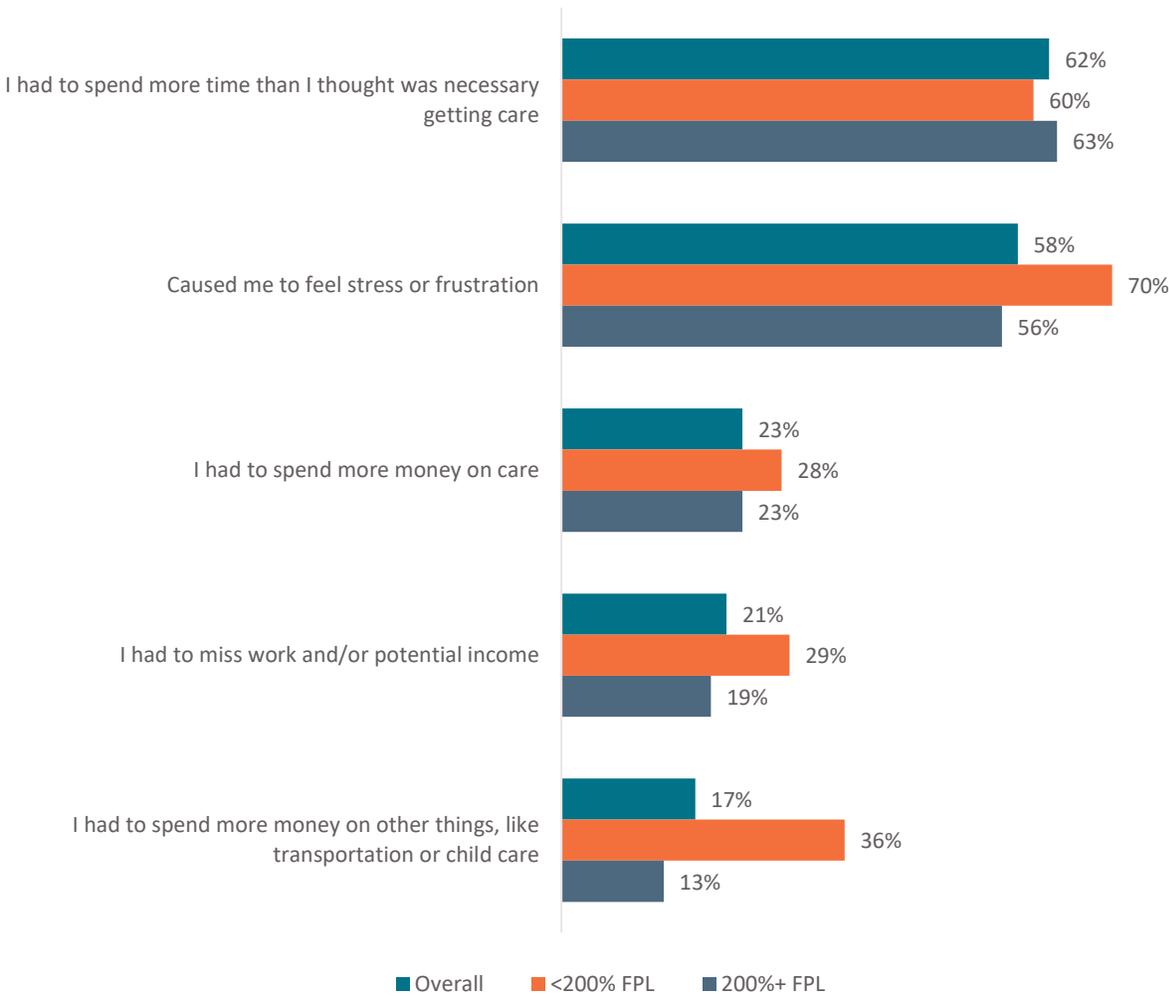
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Californians report many negative impacts related to having to repeat a medical history or test or communicate from one provider to another. More than 2 in 10 Californians report having to spend more money on care (23%) and having to miss work or potential income (21%).

Californians with low incomes are more likely than those with higher incomes to spend more money on transportation or child care (36% vs. 13%) and to miss work or potential income (29% vs. 19%) (Figure 52). Latino/x Californians are more likely than White Californians to report missing work (32% vs. 14%) and having to spend more money on transportation or child care (23% vs. 10%).

**Figure 52. Many Californians 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?



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

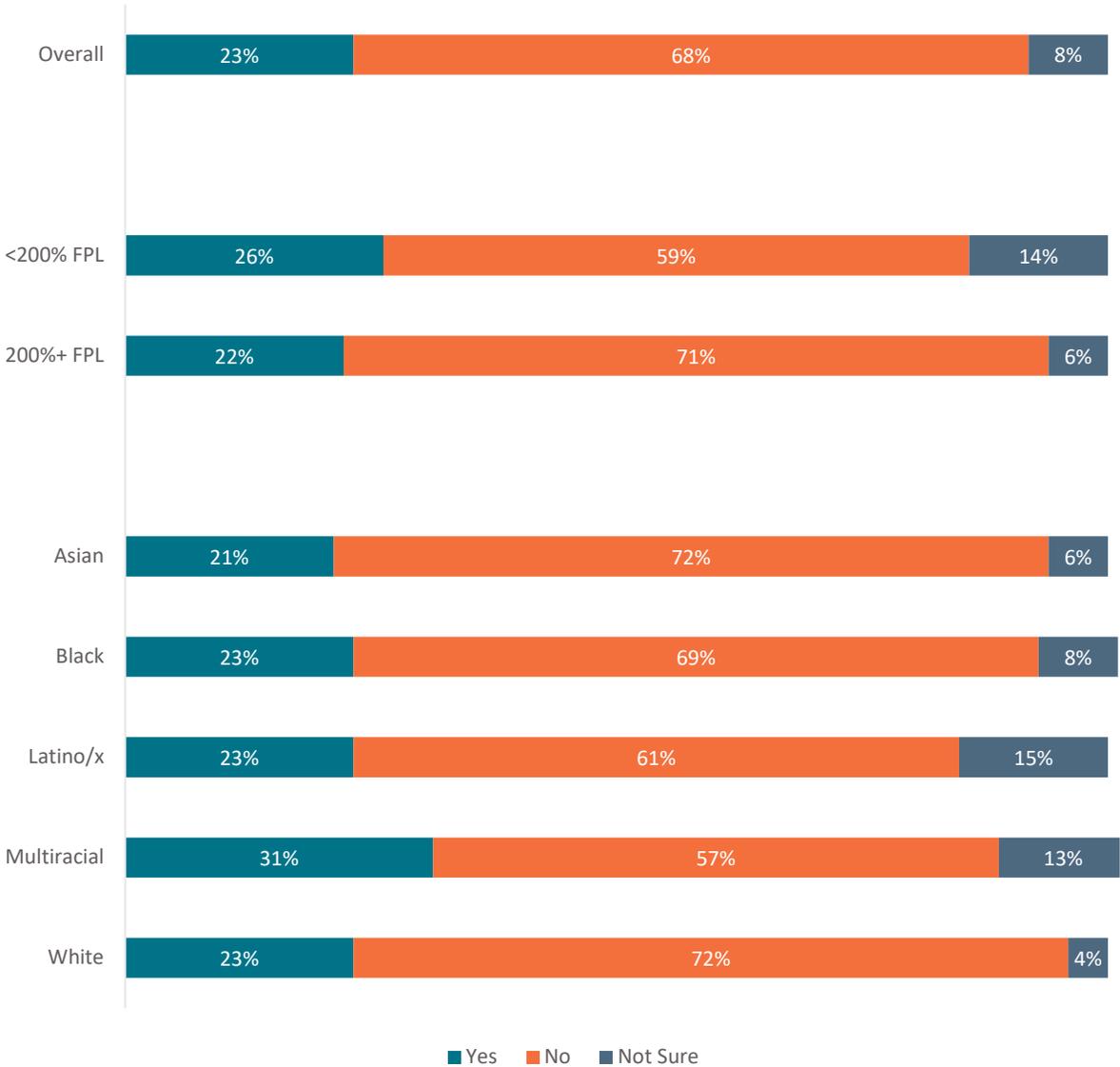
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

# Health Insurance Transitions

Nearly one in four Californians (23%) report changing insurance in the last year. Similar percentages of Californians across income and racial/ethnic groups report changing insurance (Figure 53).

**Figure 53. Nearly One in Four Californians 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?



Notes: Sample includes 3,431 California residents age 18 and older. Did not answer not shown. See topline for full question wording and response options. FPL is federal poverty level.

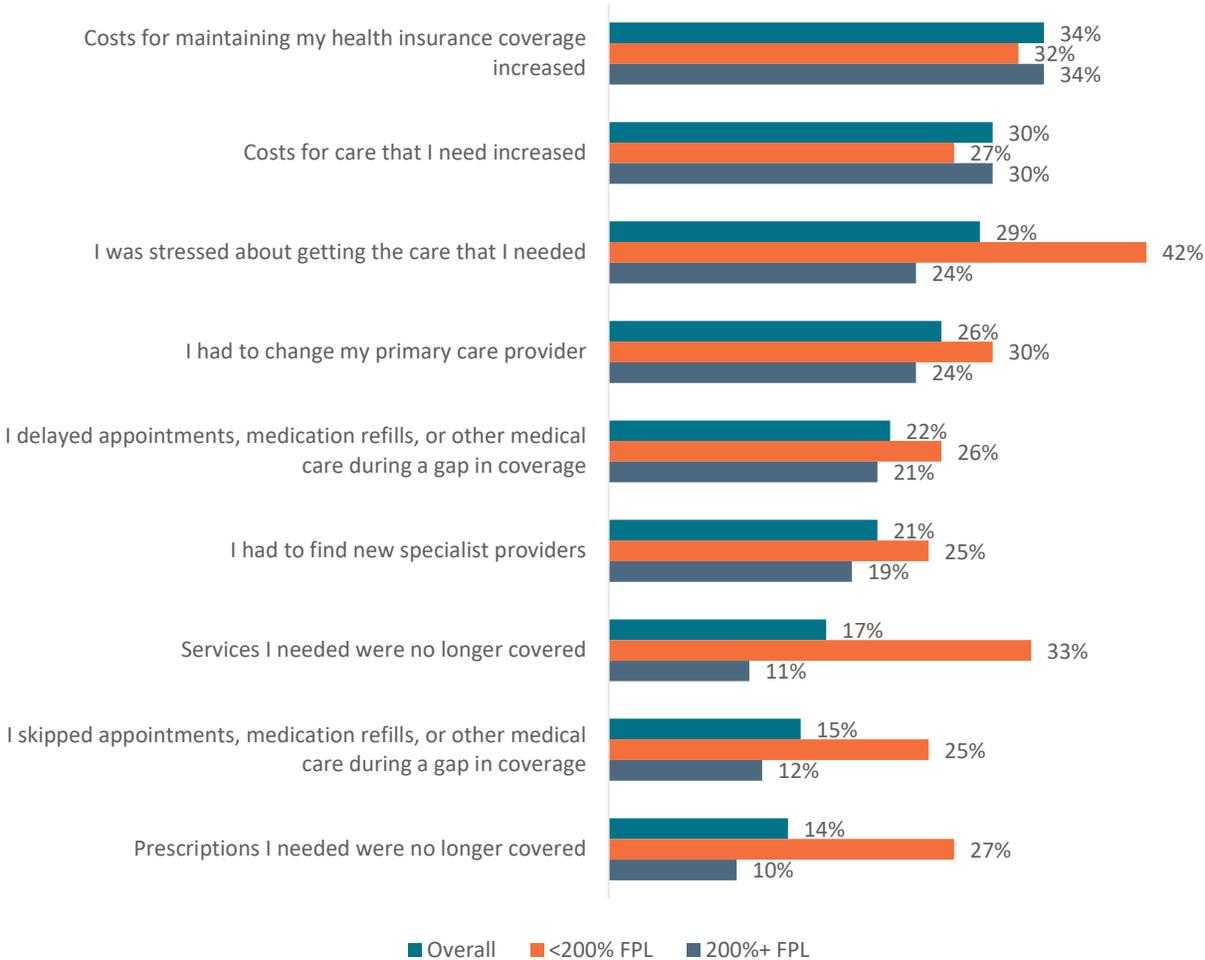
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

The two most common reasons for changing insurance were a change in job or employment (25%) or a change in employer-offered insurance (15%). Californians with low incomes are more likely than those with higher incomes to say they changed insurance because they could no longer afford it (14% vs. 3%) or due to an age-related change in eligibility (14% vs. 7%).

Among Californians who changed insurance, one in three (34%) report that their costs for maintaining health insurance increased as a result. And 3 in 10 (30%) report that costs for needed care increased as a result. Californians with low incomes were more likely than those with higher incomes to report that services (33% vs. 11%) or prescriptions (27% vs. 10%) they needed were no longer covered (Figure 54).

**Figure 54. Three in 10 Californians Who Changed Insurance Report Increased Costs for Health Insurance Coverage or for Care**

PERCENTAGE WHO REPORT EACH IMPACT FROM CHANGING HEALTH INSURANCE COVERAGE



Notes: Sample includes 3,431 California 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).

More than one in four Californians (27%) say it is “somewhat” or “very” difficult to go through the necessary processes to enroll in health insurance or to renew coverage. Californians with low incomes (38%) are more likely than those with higher incomes (24%) to say this is “somewhat” or “very” difficult (Figure 55).

**Figure 55. More Than One in Four Californians Overall and More Than One in Three Californians with Low Income 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?



Notes: Sample includes 3,431 California 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).

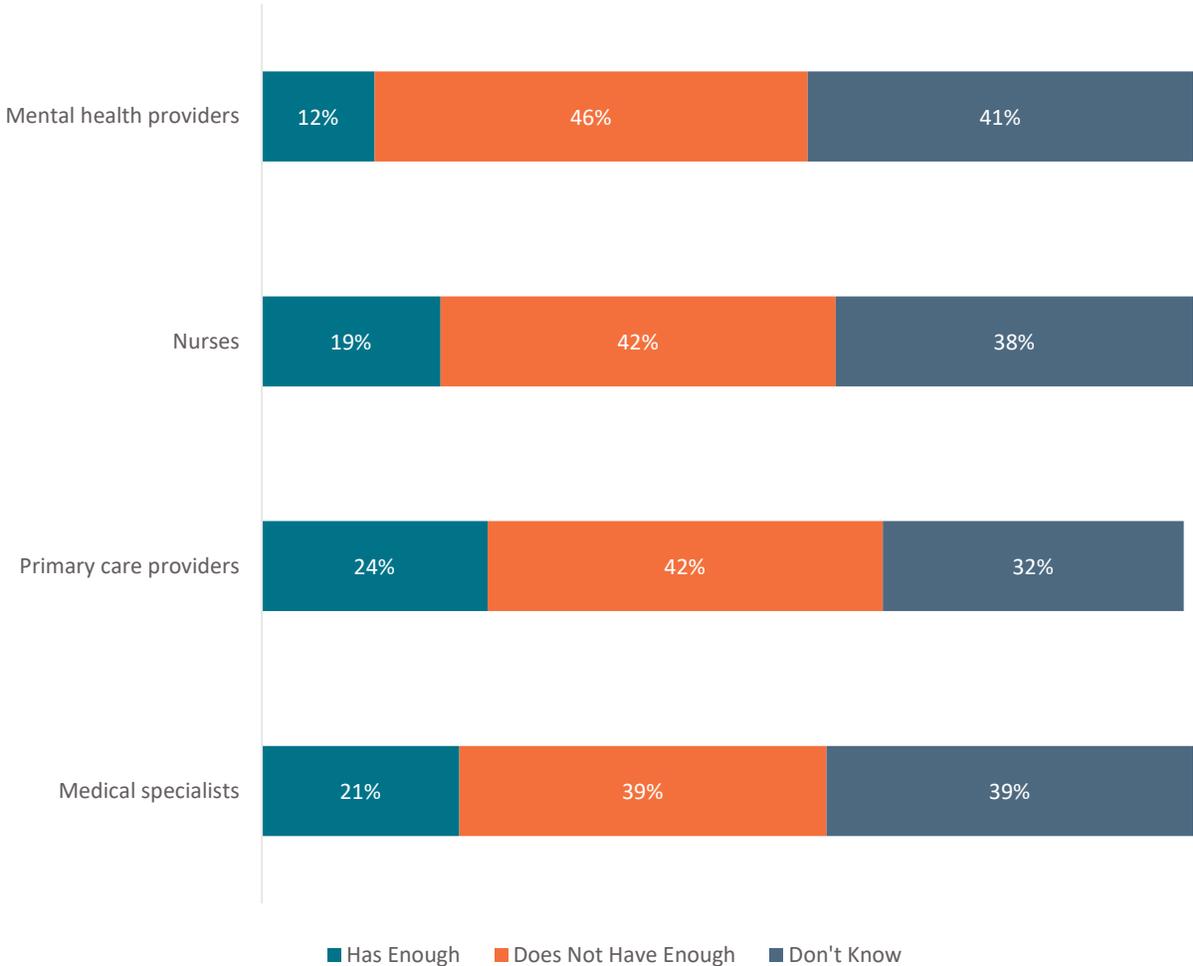
# Section 8: Health Care Workforce and Supply

## Community Supply of Providers

Forty-six percent of Californians think their community does not have enough mental health care providers, including psychologists and therapists, to serve the needs of residents. And 42% say their community does not have enough nurses or primary care providers. Many Californians say they do not know whether their community has enough providers (Figure 56).

**Figure 56. More Than 4 in 10 Californians 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 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).

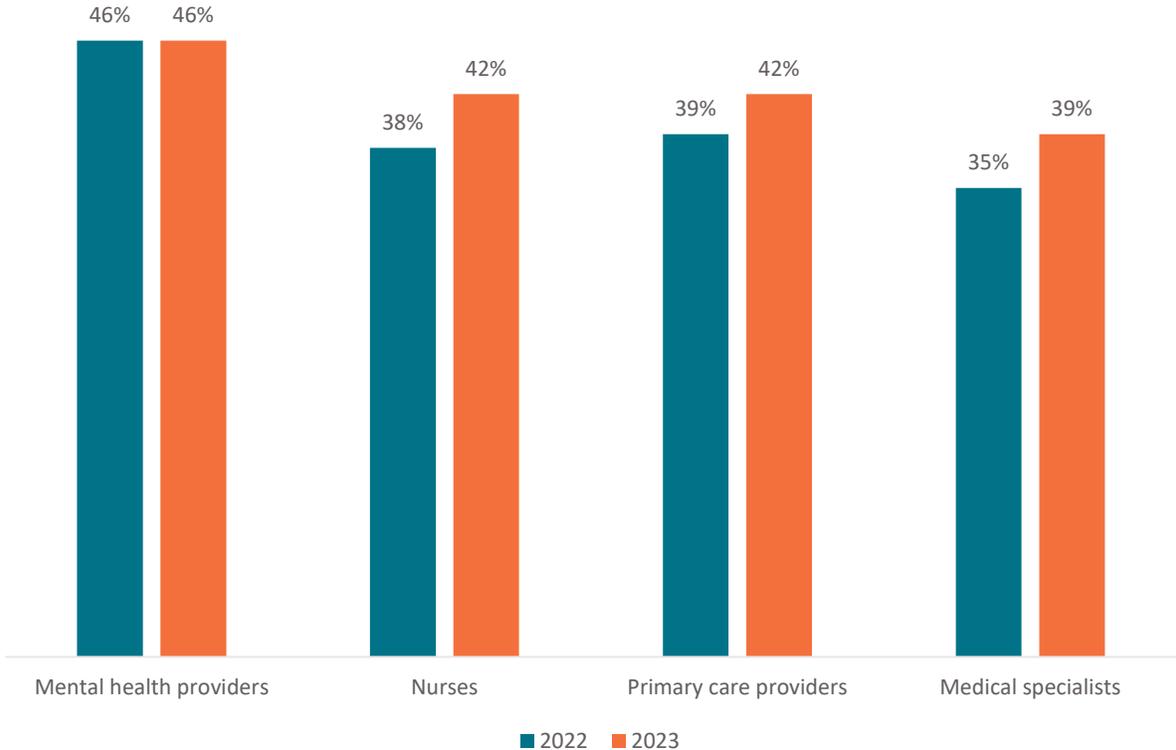
More than half of Californians with low incomes (53%) think their community does not have enough mental health providers, more than Californians with higher incomes (45%). Half of Californians with low incomes (50%) think their community does not have enough primary care providers, more than Californians with higher incomes (41%).

Multiracial Californians (69%) and Black Californians (56%) are more likely to think their community does not have enough mental health providers than Asian (37%) and White Californians (45%). Among Californians who tried to make an appointment for mental health care, 73% say their community does not have enough mental health providers, compared to 41% of Californians who did not try to make an appointment.

Californians are more likely to say that their communities do not have enough nurses, primary care providers, and medical specialists in this poll, conducted in 2023, than in the 2022 poll (Figure 57).

**Figure 57. In 2023, More Californians Think Their Community Does Not Have Enough Providers Than in 2022**

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



Notes: 2023 sample includes 3,431 California residents age 18 and older, and 2022 sample includes 1,739 California 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).

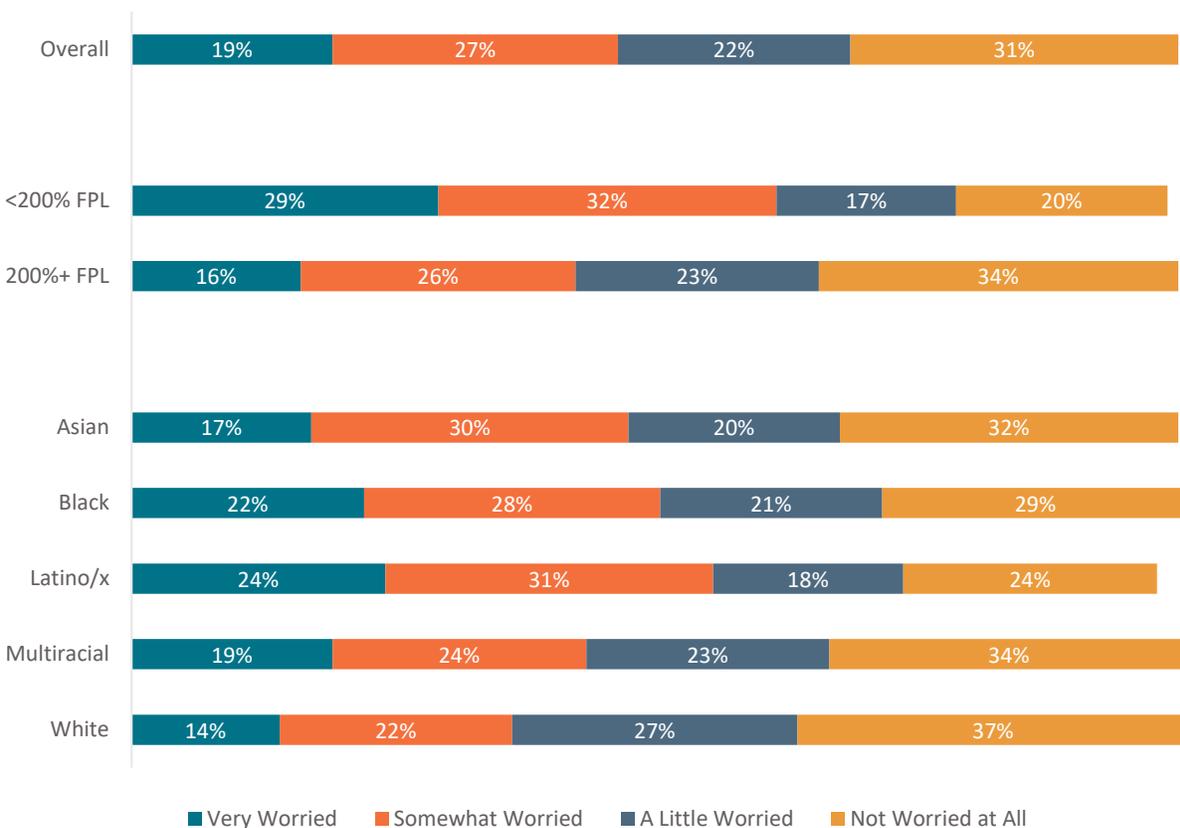
## Views on Hospital Closures

Nearly half of Californians (46%) are “very” or “somewhat” worried about hospitals in their communities closing. Californians with low incomes (62%\*) are more likely to be “very” or “somewhat” worried than those with higher incomes (42%).

Latino/x (56%\*), Black (50%), and Asian Californians (47%) are more likely to be “very” or “somewhat” worried than White Californians (36%) (Figure 58). Californians who speak Spanish (68%) are more likely to be “very” or “somewhat” worried than Californians who speak English (45%) or Chinese (37%).

**Figure 58. Six in 10 Californians with Low Incomes Are “Very” or “Somewhat” Worried About Hospitals in Their Community Closing**

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



Notes: Sample includes 3,431 California 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).

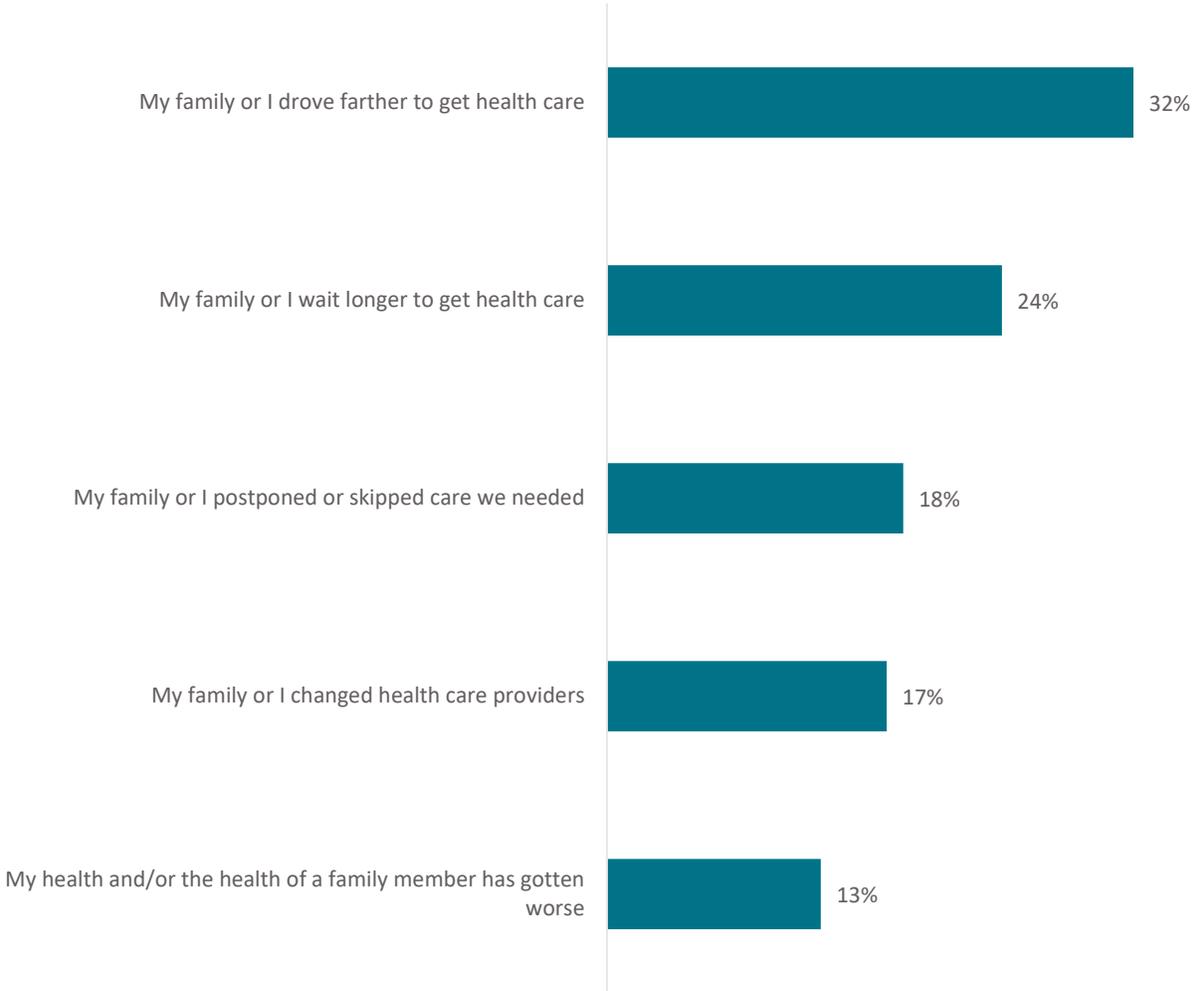
\* May not match figure due to rounding.

Eight percent of Californians report living in a community where a hospital has closed in the last year. Californians with low incomes (11%) are more likely to say they live in a community where a hospital closed than those with high incomes (7%). Latino/x Californians (10%) are more likely to report living in a community where a hospital closed than White Californians (6%).

Among Californians who report living in a community where a hospital has closed in the last year, 32% report that the hospital closure has caused them to have to drive farther for health care. And one in four (24%) say they or their family has had to wait longer to get health care (Figure 59).

**Figure 59. 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 age 18 and older. See topline for full question wording and response options.

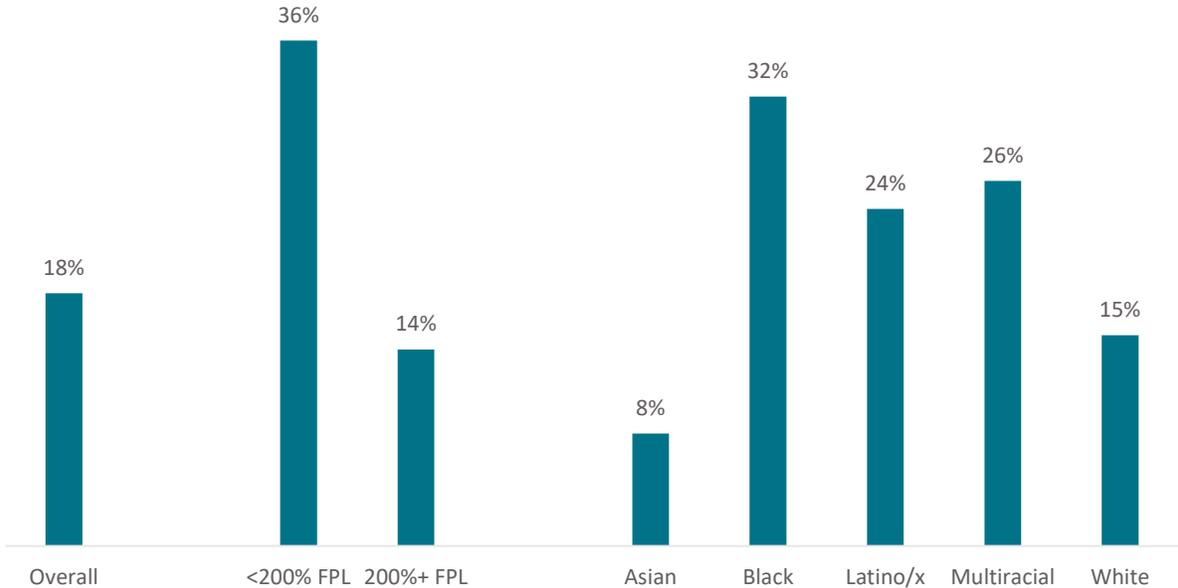
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

# Section 9: Housing and Homelessness

Eighteen percent of Californians have either experienced or had someone close to them experience a period of homelessness in the past five years. Californians with low incomes (36%) are more likely to say they or someone close to them has experienced homelessness than Californians with higher incomes (14%). Black Californians (32%) and Latino/x Californians (24%) are more likely to report this experience than White (15%) and Asian Californians (8%) (Figure 60).

**Figure 60. Nearly 2 in 10 Californians 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 IN THE PAST FIVE YEARS



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

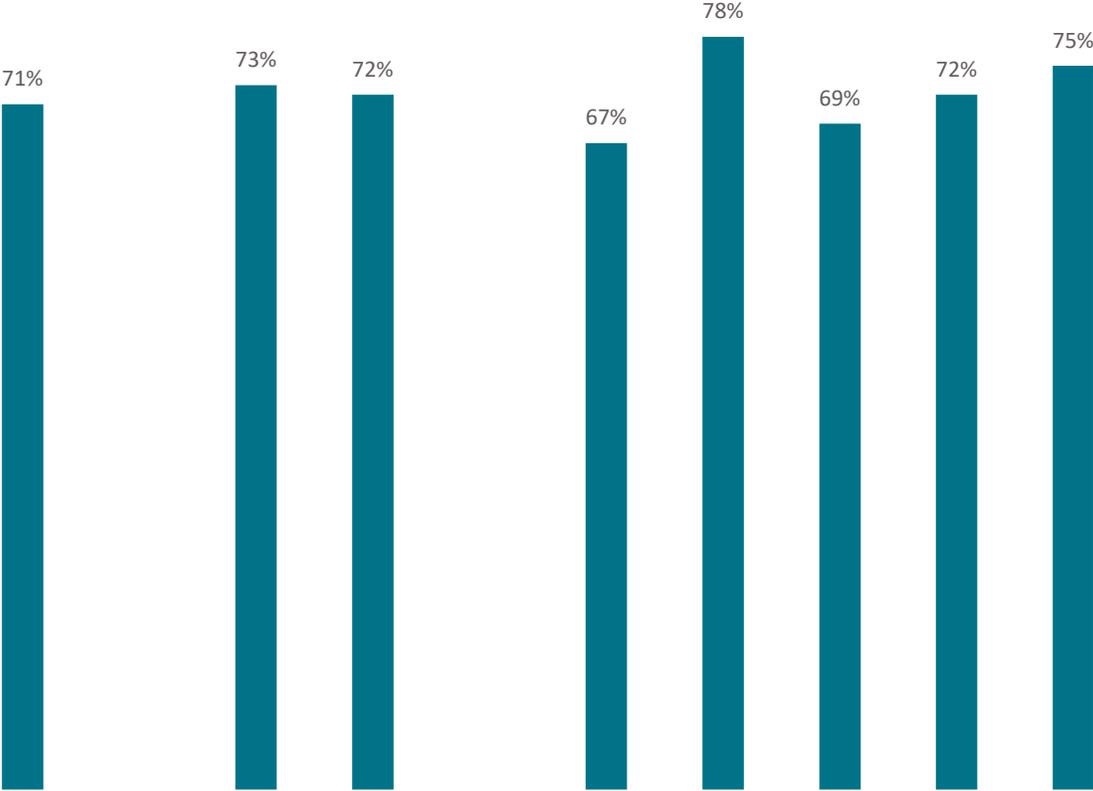
Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Californians were asked how much improvement is needed in their community in providing mental and physical health care to people experiencing homelessness.

Half of Californians say “significant” improvement is needed in providing mental or physical health care to people experiencing homelessness, and 23% “some” improvement. Only 2% say “there is no need for improvement.” Black Californians (78%) and White Californians (75%) are more likely to say “significant” or “some” improvement is needed than Latino/x (69%) and Asian Californians (67%) (Figure 61).

**Figure 61. Seven in 10 Californians 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 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).

Californians who have personally experienced or had someone close to them experience a period of homelessness (65%) are more likely to say “significant” improvement is needed than those who have not experienced a period of homelessness (46%).

## Appendix. Survey Methodology

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 (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 that they were currently residing in California. Most of the AmeriSpeak sampled panelists completed the survey via the web, with a small proportion completing the survey by phone with NORC telephone interviewers.

The address-based sample was randomly drawn from a sampling frame defined by the United States Postal Service’s Computerized Delivery Sequence File, which is licensed by NORC. This database covers nearly all households in the US. To augment 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 for which respondents could call to complete the survey with a telephone 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. All respondents who did not identify as Latino/x are reported with concise labels (Asian, Black, Multiracial, or White). Multiracial Californians refers to non-Latino/x respondents who selected more than one race. The most commonly selected multiple race categories were White and Black ( $n = 24$ ), White and American Indian or Alaskan Native ( $n = 24$ ), White and Japanese ( $n = 12$ ), and White and Filipino ( $n = 11$ ).

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.