Community Voices:

Priorities and Preferences of Californians with Low Incomes for Health Care Reform

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California Community Foundation

California Health Care Foundation

The California Endowment

California Pan-Ethnic Health Network

FM3 Research

Fenton

Blue sky, map of California and people wearing masks.

Executive Summary

The Healthy California for All Commission (HCFA) was established in 2019 to develop a plan that includes options for consideration that advance progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system including, but not limited to, a single-payer financing system for all Californians. To gather input from people of color, LGBTQ+, indigenous and other Californians with low incomes who may be impacted by potential proposals and whose voices are often missing from policy conversations, the California Health Care Foundation, the California Community Foundation, and The California Endowment commissioned a multi-method stakeholder input process focused on these diverse communities. Almost 2000 Californians with low incomes from across the state participated and contributed their time and perspectives into this process.

To achieve a comprehensive approach, while navigating the limitations for in-person events due to the pandemic and the short time frame of this project, the process included the following three elements:

1. A synthesis of existing research and literature related to the health care experiences and perspectives of Californians with low incomes and communities of color that draws from 15 reports, polling, enrollment and utilization data, and consumer listening sessions from 2012-2021.

2. Qualitative and quantitative independent non-partisan public opinion research engaging Californians with incomes under 250% of the federal poverty level, including: a) two three-day online discussion boards in English and Spanish and b) a statistically representative multilingual poll of 1,982 Californians, including oversamples of African American, Asian Pacific Islander and Native American households conducted in English, Spanish, Chinese, Vietnamese, Hmong, Korean and Tagalog from August 19-September 5, 2021. Californians with incomes under 250% of the federal poverty level represent about one third of California's population.

3. Phone interviews, virtual listening sessions with and survey of over 60 leaders of community-based organizations (CBO), including health advocacy and direct service organizations across the state conducted in August and September 2021.

The full set of findings from each are included as part of this report along with some highlights of the robust set of data collected through this process.

A Single Statewide Healthcare Program: Both the public opinion poll and the CBO leader interviews and surveys conducted show strong support for a single, statewide, government-run health care program that covers all people who live in California. The poll suggests that 65% of Californians with low incomes support the concept, with people of color showing greater support: 76% of African Americans, 71% of Latinos, 73% of Asian/Pacific Islanders, 65% of Native Americans and 54% of whites. Similarly, a majority of CBO leaders indicated support for the concept of a single statewide government-run health care program.

Next is a summary of key findings about what Californians with low incomes value in a reimagined healthcare system.

Cost and Affordability: The synthesis of existing research, the new poll and the CBO interview data all confirm that cost and affordability are the top barriers to receiving care for Californians with low incomes and that affordability is a top priority area to address in a future health system.

In the statewide poll, 63% of Californians with low incomes identify the cost of healthcare as a very serious problem in California, as the top barrier to accessing health care (58% labeling it a challenge that they face), and as the improvement to healthcare they most want (a 49% plurality making it a first or second choice compared to other priorities).

Similarly, in the statewide poll, when asked about envisioning a new system, 73% of Californians with low incomes said eliminating out-of-pocket costs like co-pays and deductibles would be "very important" in an improved health system and 67% felt similarly about eliminating monthly insurance premiums. Consistent with the synthesis of existing research, community-based organization (CBO) leaders unanimously agreed that co-payments and premiums routinely cause individuals to delay or forego necessary care and do not effectively reduce the provision of unnecessary care. Similarly, CBO leaders strongly believe that "cost controls must be put in place on insurance companies and other system players that many believe contribute to affordability issues due to their priority for increasing profits."

Access to Care: Consistent with the synthesis of existing research, the statewide poll and CBO interviews confirm that having health coverage, though necessary, is insufficient for accessing care and providers. CBO leaders consistently cited the hardships experienced by Californians with low incomes in navigating, understanding, and utilizing an overly complex system and that these hardships shut people out of adequate access. A majority of Californians with low incomes particularly people of color identified long waits at doctors' offices (58%) and a lack of available appointments (53%) as among the top challenges to accessing care. These results are consistent with the findings in the synthesis of existing research that found nearly 60% of Californians with low incomes reporting they had to wait longer than they thought was reasonable for a medical appointment. CBO leaders almost universally agreed that effective system navigation must be an essential component to improve access.

The synthesis of existing research shows that social determinants such as immigration status, transportation barriers and others impact access to health care and this is particularly true for people of color, and members of LGBTQ+ and rural communities.

Californians with low incomes want their health providers to understand these non-clinical factors that impact their health and when asked about priorities in a new statewide health system, 74% of poll respondents indicated that providing connections to services that help people stay healthy, like housing, transportation and healthy food is important. CBO leaders believe the health system should support preventive care and "upstream" interventions.

Having access to comprehensive and integrated services was also repeated by Californians surveyed as well as CBO leaders. A large majority of Californians feel a new statewide system should provide dental and vision care (84%), long term care (79%), mental health (79%) connections to social services (74%) and treatment for alcohol or drug use problems (71%). Similarly, CBO leaders agree dental, vision, mental and behavioral health are important to consider in a new statewide health system and that ideally, people would like to address their health care needs in one place and for their providers to work together to address their holistic health needs.

Cultural Humility and Respect: In addition to affordability and access, Californians with low incomes continue to seek care and services in a health system that perpetuates inequities. A system that values cultural humility and respect is a top priority among Californians with low incomes and CBO leaders. The synthesis of existing research found high rates of stigmatizing and disrespectful treatment in clinical care experienced by persons of color, individuals with Limited English Proficiency (LEP), people with disabilities and LGBTQ+ people in California. The statewide poll found that nearly one-third of Californians of color with low incomes who indicated difficulty in accessing care said that they felt discriminated against by staff or a health care provider at their doctor's office or clinic. Interviews with CBO leaders found that over 60% cited language access as a major barrier in providing culturally competent care and systemic biases within the health system continue to be perpetuated against specific population groups. When asked for priorities in a new statewide health system, over 90% of poll respondents indicated that healthcare leaders should prioritize "*safe and effective treatment*" and a system that "*treats everyone with dignity and respect*".

Consumer Engagement in Care and System Design: Engagement of consumers in both clinical care and design of the health system continues to be expressed as a desire by Californians with lower incomes. The synthesis of existing research confirms that consumers experience poor clinical engagement such as short appointments or poor explanation of medical procedures or medications. The statewide poll corroborates these findings, as the lack of attention from doctors is reported as one of the most common barriers to receiving care. Similarly, 88% of poll respondents indicated that they would like to have a role in decision-making about their health care.

Beyond engagement in clinical care decisions, Californians with low incomes would also like to be engaged in the overall system design. Key issues specifically mentioned as barriers to engaging include system navigation difficulties and lack of transparency (i.e., unclear grievance processes). CBO leaders and the synthesis of existing research suggest that enhanced integration of community-based organizations into the health system may be one option for helping to strengthen agency among consumers, while simultaneously addressing cultural competency and workforce issues.

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SECTION I

Health Care Experiences and Priorities of Californians with Low Incomes: A Synthesis of Existing Research

by California Pan Ethnic Health Network

Health Care Experiences and Priorities of Californians with Low Incomes

In 2019, Governor Newsom launched the Healthy California for All Commission (HCFA) to develop a plan for advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system including, but not limited to a single payer financing system.

"… achieving a health care delivery system for California that provides coverage and access through a unified financing system including, but not limited to a single payer financing system."

Healthcare worker in face mask

In 2021, the California Health Care Foundation, the California Community Foundation, and The California Endowment commissioned a stakeholder input and engagement project, including a report of existing literature related to the health care experiences and perspectives of Californians with low incomes and communities of color to inform the Commission's deliberations.

This report draws from a variety of sources including polling, enrollment and utilization data, and consumer listening sessions. It is important to note that the sources cited cover varying time-periods, although all are post-Affordable Care Act, and sampled different populations. At the same time, there is distinct alignment across research methods within key themes: health care coverage and affordability, access to care, clinical care experience, and consumer information and engagement.

In particular, this report draws from the findings of the California Pan-Ethnic Health Network's (CPEHN) Health Equity System Transformation Project (HEST).[1] As part of the HEST project CPEHN partnered with six community-based organizations, each of whom independently conducted consumer listening sessions in 2019 with diverse Californians in multiple languages. Together these groups engaged 58 consumers with diverse identities and backgrounds, including race, ethnicity, sexual orientation and gender identity, primary language, disability status, age, and marital status in discussions centered on key topics, including accessibility and quality of care, health care costs, doctor-patient engagement, and cultural sensitivity.

[1] The California Pan-Ethnic Health Network (2020a). Centering Equity in Health Care Delivery and Payment Reform: A Guide for California Policymakers. https://cpehn.org/assets/uploads/2020/12/cpehn.2020hestreport.12371.digitalversion_1.pdf

Health Care Coverage and Affordability

Health care affordability is a top priority for Californians. 80% of Californians say that making health care more affordable is very or extremely important, placing higher importance on health care affordability than any other policy issue except improving public education.[2]

Californians with low incomes rate the following affordability issues as very important:[1]

- Lowering the amount people pay for health care (46%)
- Making sure all Californians have access to health insurance (49%)
- Making information about health care prices more available to patients (41%)

Consumers with low incomes are likely to delay needed health care due to cost concerns. In 2019, 55% of Californians with low incomes reported that they or a household member put off or postponed health care in the past 12 months due to the cost.[1] Californians with low incomes are more likely to be worried about their ability to afford unexpected medical bills than they are about their ability to pay for housing.[3] One third of Californians with low incomes report that they or a family member had difficulty paying or an inability to pay medical bills within the last year.[2]

Worried middle-aged couple

Among workers, those who are low-wage and/or Black or Latino are less likely to have job-based coverage. Among those low-wage workers who do have job-coverage, many struggle with the cost of premiums, deductibles, and co-pays.[4] CPEHN's Health Equity System Transformation[5] (HEST) focus group participants reported high out-of-pocket costs as a significant barrier.

[2] Hamel, L., Lopes, L., Wu, B., Brodie, M., Aliferis, L., Stremikis, K., & Antebi, E. (2019). *Low-Income Californians and Health Care Selected Findings from the Kaiser Family Foundation/California Health Care Foundation California Health Policy Survey*. The Kaiser Family Foundation and California Health Care

[3] Catterson, R., Rabinowitz, L., and Alvarez, E. (2021). The 2021 CHCF California Health Policy Survey. The California Health Care Foundation and NORC at the University of Chicago. https://www.chcf.org/wp-content/uploads/2021/01/CHCF2021CAHealthPolicySurvey.pdf

[4] UC Berkeley Labor Center (2019, November 14). *Rising Health Care Costs in California: A Worker Issue. UC Berkeley Labor Center.* https://laborcenter.berkeley.edu/rising-health-care-costs-in-california-a-worker-issue/

[5] The California Pan-Ethnic Health Network (2020a). Centering Equity in Health Care Delivery and Payment Reform: A Guide for California Policymakers. https://cpehn.org/assets/uploads/2020/12/cpehn.2020hestreport.12371.digitalversion_1.pdf

Consumers want simple, comprehensive, health care coverage. People of color describe complex enrollment processes and confusing paperwork, which prevents them from gaining coverage or from fully utilizing their coverage.[4] Consumers often have limited understanding of their coverage, benefits, and provider network.

Lack of clear and comprehensive coverage also makes consumers vulnerable to large bills and medical debt. For example, in previous CPEHN research on dental services, Medi-Cal beneficiaries described being charged (or signed up for high-interest loans) for services that are included in Medi-Cal benefits.[6]

Access to Care

Health insurance is necessary but not sufficient for both access and equity, and even with health insurance, low-income consumers are concerned with the accessibility of health care providers and services. Over 40% of consumers with low incomes and Black and Latino consumers believe their community does not have an adequate number of primary care providers or specialists. Making sure there are enough health care providers across California is important to nearly half of low-income consumers (46%).[1] One quarter of Californians with low incomes report difficultly finding a health care provider in their health plan network and nearly 60% of low-income Californians say that they have had to wait longer than they thought was reasonable for a medical appointment.[2] HEST focus group participants reiterated this and commented both on the time it takes to get an appointment and the time that they have to wait at the clinical location. Some mentioned having to take an entire day from work to travel and wait for care, which is especially burdensome for low-wage workers and parents with children.[4]

Healthcare worker helping with forms

[6] The California Pan-Ethnic Health Network (2020b). Hanging By a Thread: Current Threats to California's Progress on Oral Health Equity. https://ca-open.org/wp-content/uploads/2020/11/Hanging-By-a-Thread.pdf

Woman meeting with a counselor

Access to mental health and substance use services is a high priority for consumers.

Making sure people with mental health problems can get treatment is a top priority for consumers with low incomes.[7, 4] The need for access to culturally and linguistically appropriate mental health services has been heightened with the COVID-19 pandemic as more than two-thirds of consumers with low incomes (68%) who wanted to see a provider during the pandemic wanted care for a mental health problem. [7]

Woman on bus

Social determinants and where one lives impact access to providers and services.

Social determinants like **transportation** impact health and access to healthcare for people of color, rural communities, and the LGBTQ+ community. Transportation continues to be a significant barrier to access to care for people of color, particularly in the Central Valley (and other regions with fewer health care providers and less public transportation).[4] For LGBTQ+ consumers, they often travel long distance or wait long durations for primary care, specialty care, and mental health care that meet their needs.

36% of respondents in the State of the LGBTQ Community reported waiting more than 10 days for a primary care appointment, 48% waited more than 10 days to see a gynecologist, and 40% of respondents traveled more than 30 minutes for mental health care. Rural respondents and those who are also people of color were more likely to travel long distances.

Other social determinants such as **immigration status** also impact health. For example, immigrants (DACA youth) report limited access to care and are nearly twice as likely as U.S. born individuals to report being in poor health despite lower rates of asthma and similar rates of overweight or obesity compared to U.S. born individuals.[8]
Fear and mistrust of health care providers is one of several underlying factors that has resulted in DACA-eligible individuals delaying seeking care for physical and mental health issues.

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[7] Joynt, J., Rabinowitz, L., and Catterson, R. (2021). Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future. The California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2021/05/ListeningCaliforniansLowIncome05262021.pdf

[8] Brindis, C., Hadler, M., Jacobs, K., Lucia, L., Pourat N., Raymond-Flesch, M., Siemons, R., Talamantes, E. (2014). Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Health Needs and Access to Health Care. UC Berkeley Labor Center, University of San Francisco, and UCLA Center for Health Policy Research. https://www.chcf.org/wp-content/uploads/2021/01/CHCF2021CAHealthPolicySurvey.pdf

Consumers believe it is important for their providers to understand the **non-clinical factors** that impact their health. For example, 75% of consumers with low incomes want their health care provider to know what's going on in their community.[9] However, there is mixed research on whether or how consumers think the health care system should address social determinants for health. HEST participants, for example, focused on the importance of addressing root causes and risk factors. Some participants suggested that health providers be able to write **prescriptions for food or housing**. However, consumer focus groups recently conducted by McCabe Messaging Partners reported that consumers want the health care system to focus first on improving access to health care. Consumers shared concerns about the health care system's ability to successfully coordinate social services given the serious shortcomings in access to health care.[10]

Mother and child in kitchen

Male couple looking at computer screen

Accessible information about providers is difficult for consumers to find. People of color and limited English proficient individuals report inaccurate provider directories and receiving information that was not consumer-friendly ("it is like a textbook").[4] In addition, consumers often have difficulty determining which, if any, network providers are culturally and/or linguistically congruent, including finding providers with expertise in LGBTQ+ health.[4, 5]

[9] Blue Shield of California Foundation (2012a). Empowerment and Engagement among Low-Income Californians: Enhancing Patient-Centered Care. https://blueshieldcafoundation.org/sites/default/files/publications/downloadable/empowerment%20and%20engagement_final.pdf

[10] Robert Wood Johnson Foundation (2021, March 15). *Consumer Focus Groups* [PowerPoint Presentation]. Raising the Bar: Consumer Focus Group Insights – Listening Session, United States.

Clinical Care Experience

Doctor chatting with patient

Consumers want holistic, person-centered, integrated care. Many consumers, particularly people of color with low incomes, have a desire to get all of their health care needs met in one place at one time. This includes a preference for co-located services, including dental and behavioral health care.[4,7] Unfortunately, the fragmentation of the health care system does not align with how consumers view their health – consumers want providers to have an understanding and appreciation of their holistic wellbeing. For example, participants shared feeling frustrated when trying to access specialty services reporting in some cases that state agencies, insurers and providers "ping-pong" you and as a result it can take forever to access them.[4,7]

Muslim doctor meeting with Muslim patient

The desire for holistic, person-centered, integrated, care is even more critical for those with a dual diagnosis of mental illness and substance use disorder. A recent survey found that these individuals only achieved well-being when all their health care providers across mental health, substance use and physical health systems, worked together, and when other supports were available to them: housing, employment training and placement, and transition from residential treatment or incarceration.[11] Consumers expressed frustration with a system that places a greater emphasis on prescribing medication rather than on treating the holistic needs of the patient.[4]

[11] Susan Anthony; and Rebecca Catterson and Suzanne Campanella, NORC at the University of Chicago "In Their Own Words: How Fragmented Care Harms People with Both Mental Illness and Substance Use Disorder," August 23, 2021, California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2021/08/InTheirOwnWordsFragmentedCareMentalIllnessSUD.pdf

Military female consulting with physician

Consumers want inclusive, physically accessible, culturally congruent providers. HEST participants referred to many experiences with providers who lacked cultural humility. These experiences made consumers nervous about accessing health care in the future. LGBTQ+ consumers often have concerns about provider competence and willingness to provide quality care to LGBTQ+ consumers. Being able to identify LGBTQ+ affirming providers is important.[4, 5] Participants placed a high priority on increasing the diversity of the health care workforce and ensuring that consumers are able to find providers who are culturally and linguistically congruent.

HEST participants often prefer a bilingual provider to utilizing an interpreter, and often struggled to know about their right to language access or to access interpreter services in clinical settings. Two thirds of low-income consumers value having a provider who understands their ethnic and cultural background. Nearly all consumers with low incomes who speak a language other than English at home prefer a provider who can speak with them in their preferred language.[9] Yet, CPEHN's 2020 telehealth survey confirmed that limited English proficient consumers continue to struggle to find linguistically accessible care even utilizing technology.[12]

Access to health care includes physical access for people with disabilities. HEST participants with disabilities shared frustration over the lack of access to medical offices and facilities and a dearth of accommodations such as interpretation and accessible medical diagnostic equipment. An audit of California provider offices published in 2019 found that a minority of offices have accessible exam tables and scales.[13]

Disabled woman in wheelchair

[12] The California Pan-Ethnic Health Network (2020c). Equity in the Age of Telehealth: Considerations for California Policymakers. https://cpehn.org/assets/uploads/2020/12/telehealthfactsheet-12420-d-1.pdf

[13] Mudrick, N., Swager, L., and Breslin, M (2019). Presence of Accessible Equipment and Interior Elements in Primary Care Offices. Health Equity. http://doi.org/10.1089/heq.2019.0006

Consumers want respectful, dignified treatment. Separate focus groups conducted by CPEHN and CHCF found an alarming rate of stigmatizing, discriminatory, or disrespectful treatment in clinical care experienced by people of color, individuals with Limited English Proficiency (LEP), people with disabilities, and LGBTQ+ people. Black women participants for example, described a profound lack of trust with their providers that affected their ability to communicate authentically about their health care needs, including being treated as drug seeking when they asked for assistance with pain management. Limited English Proficient participants felt they were treated differently when they asked for language assistance. LGBTQ+ patients expressed frustration at provider assumptions about pronouns. Participants with disabilities described having to advocate for holistic care because of outdated provider assumptions that patients with disabilities are not capable of being sexually active.[4,7]

Mother and daughter

National studies echo these findings. Seven in ten Black adults believe race-based discrimination in health care happens at least somewhat often, and one in five say they have personally experienced it in the past year. Black women – particularly mothers – report experiencing even higher rates of discrimination in health care settings.[14]

18% of LGBTQ+ consumers have avoided going to a doctor out of fear of discrimination based on their LGBTQ+ identity.[15]

A majority of HEST participants complained of feeling rushed during their patient-provider interactions a barrier to establishing a strong relationship. "I think sometimes they put more patients than they can see. I feel rushed sometimes as if they want me in and out..." (Latinx focus group). Others complained of having to drive 4 hours to see a provider for a 5 to 10 minute appointment.[4]

Despite these experiences, few consumers have an awareness of grievance processes, and even fewer have confidence that those processes can resolve their concerns. Participants expressed a reluctance to complain.[4]

[14] Hamel, L., Lopes, L., Muñana, C., Artiga, S., & Brodie, M. (2020) Race, Health, and COVID-19: The Views and Experiences of Black Americans Key Findings from the KFF/Undefeated Survey on Race and Health. https://files.kff.org/attachment/Report-Race-Health-and-COVID-19-The-Views-and-Experiences-of-Black-Americans.pdf

[15] National Public Radio, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health. (2017). Discrimination in America: Experiences and Views Of LGBTQ Americans. https://legacy.npr.org/documents/2017/nov/npr-discrimination-lgbtq-final.pdf

Consumers want team-based care including providers who coordinate and navigate care, act as patient advocates, and connect them to other services. Consumers, particularly people of color and people with disabilities, note the importance of health navigators, patient advocates, community health workers and others. These team members assist consumers, particularly those who have low incomes or less access to resources, to understand their care plan, advocate for their needs, and feel confident about their health and health care. Connecting health care to social services and community-based resources is valued by consumers of color. The overwhelming consensus of HEST focus group participants is that the healthcare system is so complex, everyone needs help navigating it. This was a feeling shared by providers as well. [4]

Health care team in front of a computer screen

Nearly all consumers with a care team or a navigator, health coach or promotores de salud are satisfied with the experience according to a statewide Blue Shield of California Foundation survey of poor and near-poor Californians. Among the one in four who currently have a care team, a model that achieves continuity and personal connection via a team of medical professionals rather than one care provider, a nearly unanimous 94 percent like it.[16]
Satisfaction also is exceedingly high, 91 percent, among the one in six Californians with low incomes who report having a health care navigator, health coach, or promotores de salud, that someone to help them get the appointments, information, and services they need.[17] Of those who don't have a navigator, more than half, 55 percent, are interested, and the high satisfaction rate implies the approach could hold broader appeal once tried.[13,18]

[16] Blue Shield of California Foundation (2012b). Connectedness and Continuity: Patient-Provider Relationships among Low-Income Californians. https://blueshieldcafoundation.org/sites/default/files/covers/connectedness%20and%20continuity_web.pdf
[17] Ibid, page 10
[18] Note: individuals were considered to have a health care team if they replied affirmatively that they were assigned "a healthcare team that includes a doctor, a healthcare navigator, a nurse or physician's assistant and a health educator." Individuals were considered to have a navigator, health coach or promotores de salud if they replied affirmatively that they had a person "whose job it is to help people get appointments, information and services they need, make sure their questions have been addressed, or may even call to check in on them between visits."

Health care team

Consumers want familiarity and continuity with their primary care team.

The vast majority of consumers want their primary provider, or a team member associated with their primary provider, to know them well but many fewer (barely a third) felt that this was the case in the Blue Shield of California Foundation 2012 Connectedness and Continuity survey.[14] Those who do have a stronger relationship with their primary provider are more likely to be satisfied with their care and to feel informed about their health. Over half of consumers with low incomes express a desire for greater continuity with their primary provider; one third have no preference for a doctor versus another provider type.[9]

Consumer Information and Engagement

Muslim counselor with patient

Consumer or patient engagement, sometimes referred to as activation, has often been shown to have direct positive impacts on both patient satisfaction and health outcomes, and indirect impacts on health care costs. Consumer engagement includes both engagement in individual clinical care and involvement in the design of the health care system. In considering system transformation, it is important to improve the mechanisms for consumers to have ownership over their own health care journeys and to influence the delivery system.

Consumers want more health information and a more active role in their health care decisions.

Consumers report poor clinical engagement including excessively short appointments, inadequate explanation of medical procedures and medications, and lack of language concordance. These experiences leave consumers feeling inadequately cared for, rushed to make important personal decisions, and unable to complete treatment plans.[4]

Healthcare worker taking patient information

At all levels of transformation, from workforce training and development to payment reform, it is important to incentivize robust patient and consumer engagement, shared-decision making, and the collection of data that assesses consumer experience and allows for continuous improvement.

Consumer education and engagement extends outside of the exam room as well. Consumers share that they often receive written notices about their coverage or care that are not readable – either not provided in their primary language, poorly translated, or utilizing complex terminology that is difficult to understand. This prevents consumers from knowing where to go for care, which services are covered, and how to get help accessing care. [4]

Pregnant woman with husband

Unsurprisingly, when consumers have more information about their health, they feel significantly more comfortable asking questions of their providers and more confident to make decisions about their health and health care.[9] This may include decisions about when and how to access preventive care, individual health behaviors, and more complex decisions about treatment options. Many of these have the potential not only to improve consumer health outcomes and satisfaction, but also to lower health care costs. It is important to note that in order for consumers to receive relevant information about their health, health care providers must understand the cultural and linguistic identities of their patients. Not only do consumers want more information about their individual health and health care, but the vast majority (over 80%) want more information about the providers available to them in the delivery system including the training and experience of health care providers, quality ratings of providers, and patient satisfaction ratings of providers.[9] Currently, this information is rarely made available to consumers in order to support their decision-making.

Consumers want to have input to design the health care delivery system but see limited opportunities to do so. In addition to wanting more ability to understand and engage with their own care, consumers express interest in providing robust input to the design of the health care system. Consumers currently feel that the system is exceedingly difficult to navigate and that it isn't clear if or how they can engage, provide feedback, or help shape the transformation of the delivery system. When asked about existing procedures related to consumer grievances and complaints, most respondents either had no knowledge of these mechanism or had little trust in the efficacy of these systems.[4] These mechanisms are important to ensure that providers and systems are protecting the rights of patients, and to provide opportunities for continuous quality improvement based on real-time feedback.

The primary motivation for consumers to participate in processes that shape the future of health care delivery is impact. Consumers want to see their feedback translate into measurable change that meets the needs of their communities. Consumers also express a need for support – information, compensation, and access – to participate in decision making.[4]

Consumers often feel a power imbalance with the health care system, which impacts their engagement and health outcomes. Polling has found that more vulnerable consumers - including people of color, limited English proficient individuals, and people with low educational attainment - prefer to leave decisions up to their health care provider *until and unless* they feel adequately informed about their own health and have clear options and information presented to them. These consumers tend to lack satisfaction with the degree of input they have into care decisions, signaling disempowerment and lack of self-efficacy.[9]

Elderly woman

Conclusion

The research demonstrates that Californians – especially Californians with low incomes, people of color, LGBTQ+ individuals, and individuals with disabilities – want more than health insurance coverage from our health care system. In considering options for a unified financing system, the Healthy California for All Commission might consider how that health care will be accessed, utilized, and experienced by diverse Californians, in addition to how it is financed. Proposed reforms in financing have the potential to address the inequities that so many Californians now experience from our current health care system.

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17. *Ibid, p. 10*
18. Note: individuals were considered to have a health care team if they replied affirmatively that they were assigned "a healthcare team that includes a doctor, a healthcare navigator, a nurse or physician's assistant and a health educator." Individuals were considered to have a navigator, health coach or promotores de salud if they replied affirmatively that they had a person "whose job it is to help people get appointments, information and services they need, make sure their questions have been addressed, or may even call to check in on them between visits."

SECTION II

Views on Improving the Health Care System among Californians with Limited Incomes: Key Findings from Qualitative and Quantitative Research

SUMMARY MEMO

FM3 RESEARCH

by Fairbank, Maslin, Maullin, Metz & Associates

FM3 RESEARCH | OPINION RESEARCH & STRATEGY

TO Interested Parties

FROM Dave Metz, Lucia Del Puppo, and Laura Covarrubias
FM3 Research

RE: Views on Improving the Health Care System among Californians with Limited Incomes

DATE September 14, 2021

Fairbank, Maslin, Maullin, Metz & Associates (FM3) recently completed a survey of 1,982 Californians with incomes under 250% of the federal poverty level to assess their experiences with health care, the challenges that they face within the current health care system, and their priorities for attempts to improve the system in the future.[i] To gather more open-ended, qualitative input, the survey was preceded by two three-day online QualBoards, in English and Spanish, with participants drawn from Californians with limited incomes (select quotes included below).

The survey results show that while most of these Californians generally believe they are receiving the health care they need, many experienced a variety of barriers to getting needed care – most often in the form of high costs, lack of adequate insurance coverage, trouble securing appointments, and a lack of meaningful attention from health care professionals. These Californians favor a health care system that would prioritize safe, effective, affordable care, in which all patients would be treated with dignity and respect. To that end, a majority backs establishing a single, government-run health program that would provide health care to all Californians, and establishing a progressive tax structure to fund it.

Key specific findings of the survey include the following:

- **The cost of housing, the cost of living and homelessness are seen as the biggest problems facing the state – with the cost of health care not far behind.** Approximately three-quarters of respondents say the cost of living, cost of housing, and homelessness are "extremely" or "very serious" (**Figure 1** on the next page). Sixty-three percent also identify the cost of healthcare as a very serious problem, on par with the coronavirus pandemic (64%). Other aspects of healthcare rank lower on the list; 54% say that a lack of affordable health insurance is "very serious," while somewhat fewer say the same for a lack of doctors (37%) and a lack of access to healthy food (35%).

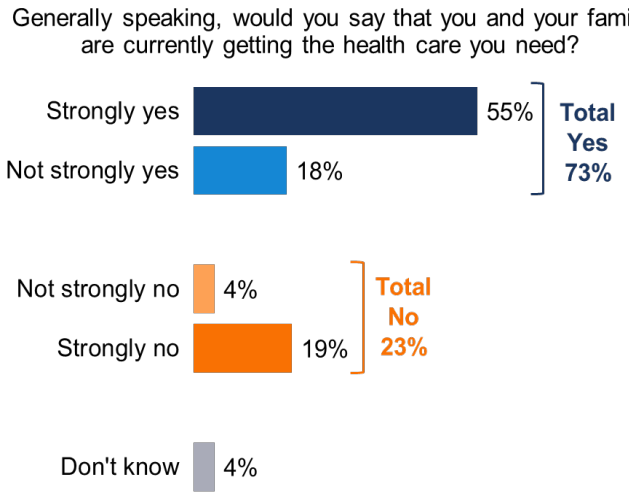
Figure 1: Perception of Problems Facing California

I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community.

Problem	%Extremely/Very Serious
The cost of housing	*77%*
The cost of living	*77%*
Homelessness	*75%*
The coronavirus pandemic	*64%*
The cost of health care	*63%*
Low wages	*60%*
Unemployment	*58%*
Climate change	*57%*
Crime and violence	*56%*
A lack of affordable health insurance	*54%*
The quality of public schools	*47%*
Racial discrimination and prejudice	*45%*
A lack of access to doctors and clinics	*37%*
Divisions and tensions between people of different races or ethnicities	*36%*
A lack of access to healthy food	*35%*

- **Most say their family gets the health care it needs, but only about half feel that way "strongly."** Seventy-three percent say their family is accessing the healthcare they need, with 55% saying they feel that way "strongly" (**Figure 2** on the next page). Twenty-three percent say they do not get the healthcare they need, with nearly all of them (19% of those polled) saying they feel strongly that way. Respondents with incomes under $50,000 are more likely to say they feel that they are strongly not getting the care they need than are more respondents with higher incomes, and renters are much more likely than homeowners to say they aren't getting adequate care. Asian/Pacific Islander respondents are more likely than other ethnic and racial groups to feel like they are getting the necessary care.

Figure 2: Respondent Perceptions of the Adequacy of the Care They Receive



Cost and lack of attention from doctors are seen as the most common barriers to receiving care, among those who feel they do not have adequate access. When asked to volunteer the reasons why they feel they are not getting the care they need, QualBoard participants pointed to cost, poor quality care, wait times, and a lack of doctors.

> *"We don't have medical coverage or insurance. Since [health care] here is so expensive, we go to get treated in Mexico, unless it is a very big emergency then we treat ourselves here in the U.S.A."*
> -Male Spanish Speaker without Health Coverage

> *"Feeling overwhelmed with having to select a physician in your HMO group that will get you and your circumstances. This is a huge problem because if you don't trust your provider, you can't build a relationship and be able to truthfully open up about your healthcare needs."*
> - Female English Speaker with Insurance Offered by an Employer

- **Respondents rate cost, wait times, and insurance coverage as the most commonly-encountered barriers to receiving adequate care.** Respondents were offered a list of challenges that might keep them from getting the health care they need – in some cases, even if they were able to see a health care provider – and were asked to rate each as either a major challenge, minor challenge, or not a challenge for them personally. Majorities identified cost, wait times at providers' offices, and availability of appointments as challenges they face in getting the care they need. As shown in Figure 3 on the following page, Californians of color were more likely to cite most items on the list as a barrier than were white Californians – with particularly notable gaps in the areas of feeling discriminated against, and encountering providers who did not understand their language or culture.

Figure 3: Challenges to Accessing Healthcare

Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. (% Major or Minor Challenge)

Reason	TOTAL	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Amer-icans	*All People of Color*
You were worried about not having money to pay for care	**58%**	45%	63%	60%	73%	51%	*65%*
The wait time at the doctor's office or clinic was too long	**52%**	40%	60%	53%	58%	49%	*58%*
There were no available appointments with your doctor or clinic when you needed health care	**50%**	42%	54%	54%	55%	58%	*53%*
You could not afford the cost of a follow-up appointment or prescribed treatment	**44%**	37%	48%	42%	49%	51%	*48%*
It was too difficult finding a doctor or clinic that accepts your insurance	**44%**	35%	47%	42%	56%	41%	*49%*
The doctors or clinics in your community were not accepting new patients	**41%**	35%	45%	40%	43%	26%	*44%*
Your insurance did not approve the treatment or a test your doctor or clinic prescribed to you	**40%**	35%	41%	44%	44%	57%	*44%*
Your doctor or clinic staff did not listen to your concerns	**40%**	31%	41%	51%	41%	48%	*44%*
The paperwork or requirements were too confusing or complicated	**38%**	29%	43%	42%	46%	32%	*44%*
Doctors and clinics are too far from your home	**36%**	29%	37%	51%	48%	43%	*40%*
You did not have health insurance	**34%**	25%	46%	29%	37%	16%	*41%*
You could not get the time off at work to get the health care you needed	**32%**	18%	39%	33%	49%	36%	*40%*
You were concerned about having to give too much personal information to get an appointment	**31%**	20%	34%	38%	41%	29%	*37%*
You did not have transportation to get to the doctor's office, clinic, or hospital	**31%**	24%	31%	39%	35%	35%	*35%*
The follow-up or home care instructions didn't make sense to you	**29%**	20%	33%	39%	32%	28%	*34%*

Reason	TOTAL	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Amer-icans	*All People of Color*
You have a disability that makes it hard to visit a doctor's office, hospital, or clinic	**28%**	25%	27%	39%	25%	16%	*28%*
You felt discriminated against by staff or a health care provider at your doctor's office or clinic	**27%**	19%	29%	40%	31%	40%	*32%*
The doctor or clinic staff did not understand your culture	**23%**	11%	29%	38%	31%	26%	*30%*
The doctor or clinic staff did not speak your language	**20%**	11%	27%	26%	33%	17%	*26%*
You could not find a doctor or clinic with staff that speaks the same language as you or a family member	**20%**	11%	24%	25%	35%	6%	*25%*

A few examples of discussion of these barriers among QualBoard participants follow below.

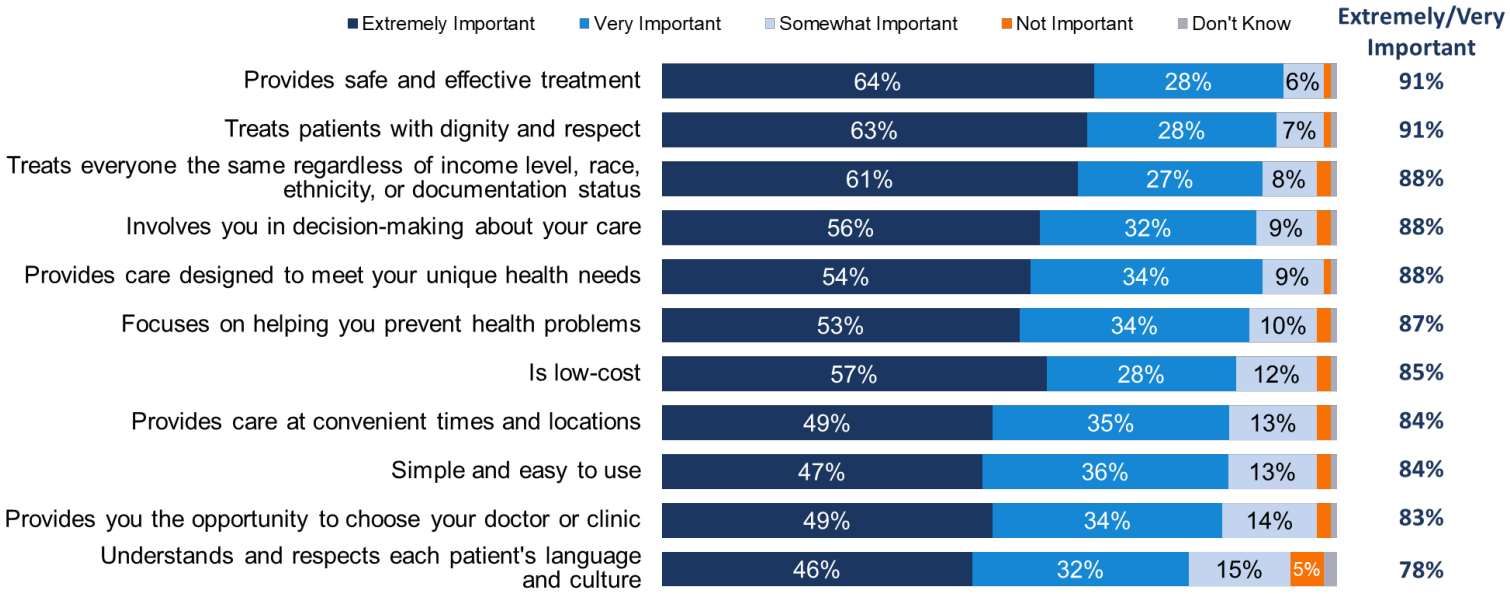
"Being discriminated by sex, race, and weight. Both my family and myself have gone through all of these. We see a new doctor; we tell them our problem and they take one look at us and not see us but our weight/sex/race. And that's the reason why we have the issues but never further investigate."
-Female English speaker with Medi-Cal

"Not having health insurance (is the greatest challenge) because they don't want to treat you at clinics if you can't count on health insurance…"
- Female Spanish Speaker with Covered California

- **Among a range of highly-prioritized goals for an improved system, Californians with limited incomes place the most value on safe and effective treatment and respectful service.** When asked about a series of characteristics that healthcare leaders may aim for in improving the system, overwhelming majorities indicated that each goal was at least "very important" (as illustrated in Figure 4). However, the broadest consensus emerged around a desire for safe and effective treatment and being treated with dignity and respect, which nine in ten respondents rated as at least "very important."

Figure 4: Characteristics Healthcare Leaders Should Prioritize

Here is a list of characteristics that health care leaders might aim for in designing an improved way of delivering health care to people who live in California. Please tell me how important it is to you that health care in California have that characteristic: extremely important, very important, somewhat important, or not important?



Discussion of some of these priorities among QualBoard participants follows below:

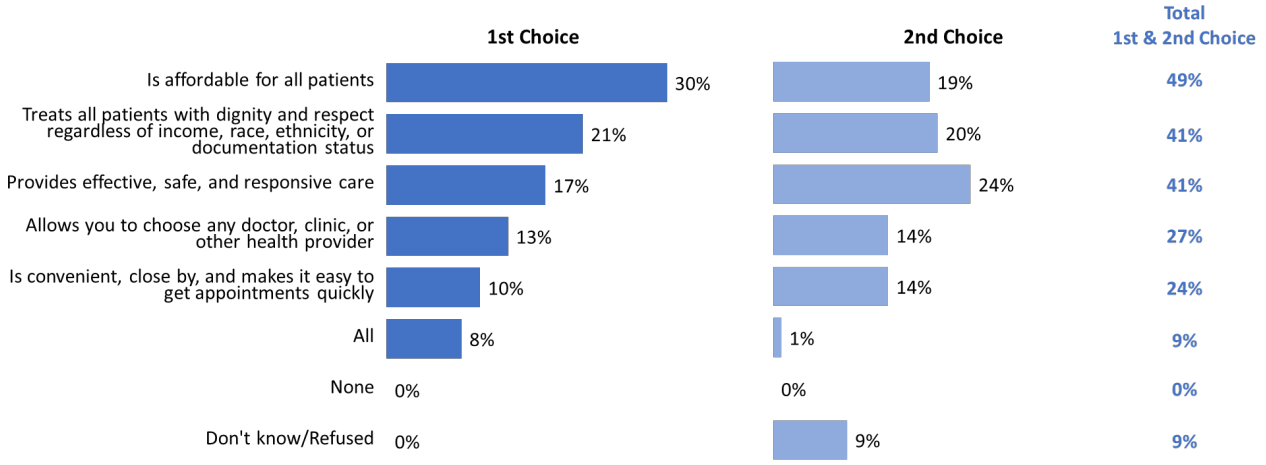
> *"…it is important to be able to understand and have a conversation with doctors, and that they speak one's language. It's crucial to be able to understand."*
> - Male Spanish Speaker without Health Insurance

> *"To me, high-quality care is care that goes above and beyond basic care. Like only spending 2 minutes with a patient because they have Medi-Cal versus spending 10 min for a person who has private insurance."*
> - Female English Speaker with Medi-Cal

- **When asked to name the most important priorities for California's healthcare system, respondents ranked affordability for all patients and being treated with dignity and respect highest.** When asked to name the most important improvements in their own words, respondents said lower costs and universal healthcare were most important. Anticipating that many respondents would prioritize a wide range of improvements to the health care system, a follow-up question asked them to rank a first choice out of five central goals that an improved system might have. As illustrated in Figure 5 on the following page, a 30% plurality chose a system that is "affordable for all patients" and 21% said the same about a system that "treats all patients with dignity and respect regardless of income, race, ethnicity or documentation status." In this framework, convenience and choice of provider were relatively lower priorities.

Figure 5: Healthcare System Priorities

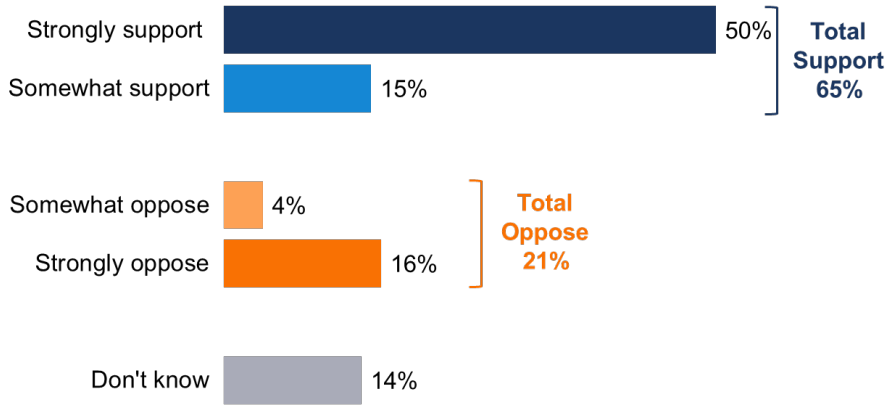
Which of the following five characteristics do you think is <u>most</u> important for health care in California to have?



- **Approximately two-thirds back establishing a single, government-run health care system for all Californians.** Sixty-four percent indicate that they support this proposal in principle, including 50% who "strongly" support it. Only 21% of respondents oppose the concept (Figure 6).

Figure 6: Support for a Single, Statewide Government-Run Health Care System

Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?



Support cuts across many major demographic subgroups of Californians with a limited income, including;

- ✓ 71% of Latinos, 76% of African Americans, 73% of Asian/Pacific Islanders, 65% of Native American respondents and 54% of whites;
- ✓ 67% of respondents under age 50 and 57% of those 50 and over;
- ✓ 65% of men and 66% of women;
- ✓ 74% of Medi-Cal recipients, 70% of the uninsured, 66% of those using Covered California, 62% of those on private insurance, and 57% of Medicare recipients;
- ✓ 82% of LGBTQ+ respondents; and
- ✓ 69% of LA County respondents, 66% in the LA Area, 69% in the Bay Area, 58% in San Diego, 67% respondents from Sacramento and the rural North, and 59% in the Central Valley.

Some QualBoard participant discussion of this concept follows below:

> *"Would everyone be required to get it/pay for it? I'm worried about if the quality of care would go down if everyone gets the same care?"*
> - Female English Speaker with Insurance Offered by an Employer

> *"I definitely think it would help with the whole 'in-network/out of network' problem. That's a big thing. It would also simplify some things in the long-run, but complicate things in the short-run."*
> - Male English Speaker with Medi-Cal

- **A majority of respondents highly value all the features of the proposed government-run health system.** Respondents were offered a list of features that a single, statewide health program might have, and were asked to rate each as either "extremely," "very," "somewhat" or "not important." As illustrated in Figure 7 on the following page, they placed the highest priority on having a doctor who listens and respects them; having access to mental health, dental and vision care; receiving long-term care options; and being able to choose to visit any hospital for routine care. Each of these items was rated a "very" important priority by more than three-quarters of those polled and all of the features were highly valued by a majority of respondents of all ethnic groups.

Figure 7: Prioritizing Potential Features of a Single Statewide Health Program

Here is a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. (% Extremely/Very Important)

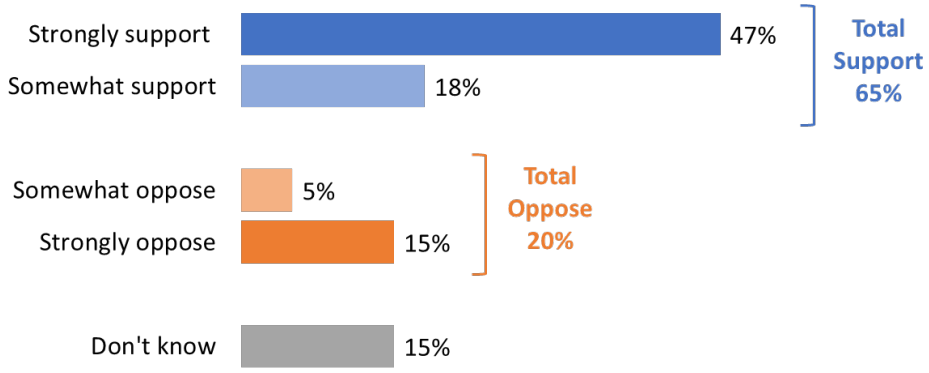
Program Feature	TOTAL	Whites	Latinos	African Americans	Asian/Pacific Islanders	Native Americans	*All People of Color*
Enables you to have a doctor who listens to you and respects you as a person	**86%**	86%	88%	91%	83%	85%	*87%*
Provides dental and vision care	**84%**	79%	89%	89%	81%	81%	*88%*
Provides long-term care, including nursing home care and options allowing people who need help with daily activities to remain in their homes or communities	**79%**	77%	78%	90%	82%	74%	*80%*
Provides mental health care	**79%**	78%	78%	87%	69%	80%	*80%*
Allows you to go to any hospital for routine care	**77%**	75%	75%	81%	76%	85%	*78%*
Provides every person who lives in California who wants it with health coverage	**75%**	71%	81%	88%	73%	77%	*79%*
Allows you to obtain care through any setting – doctors' offices, community clinics, or other locations – based on your preferences	**75%**	72%	77%	81%	80%	62%	*77%*
Also provides connections to services that help people stay healthy, like housing, transportation, and healthy food	**74%**	69%	78%	86%	75%	73%	*78%*
Enables you to get appointments for specialty services – like a dermatologist or cardiologist – without having a referral from your regular doctor	**74%**	68%	73%	81%	73%	69%	*77%*
Eliminates out-of-pocket costs like co-pays and deductibles	**73%**	69%	79%	84%	75%	66%	*76%*

Program Feature	TOTAL	Whites	Latinos	African Americans	Asian/Pacific Islanders	Native Americans	*All People of Color*
Simplifies health care, reducing the need for paperwork, phone calls, and pre-approvals	**72%**	69%	74%	75%	71%	78%	*74%*
Provides treatment for alcohol or drug use problems, including addiction	**71%**	67%	70%	81%	67%	70%	*74%*
Provides access to care where doctors and health care workers speak your language and understand your culture	**70%**	68%	73%	79%	57%	81%	*72%*
Eliminates monthly insurance premiums	**67%**	61%	71%	67%	68%	59%	*70%*
Pays for health care through state taxes, rather than patient payments to doctors and clinics and monthly health insurance premiums	**64%**	54%	73%	68%	61%	64%	*70%*
Provides every person who lives in California who wants it with health coverage, regardless of immigration status	**64%**	55%	69%	73%	64%	64%	*69%*
Provides appointments outside normal work hours	**63%**	53%	68%	82%	64%	62%	*68%*
Eliminates private health insurance companies	**50%**	43%	56%	52%	50%	39%	*55%*

- **Californians with limited incomes generally back a system of progressive taxation as a mechanism for financing such a system.** As illustrated in Figure 8, nearly two-thirds support a proposed system for financing a single statewide health system that would involve higher taxes to replace health insurance premiums, co-pays and deductibles.

Figure 8: Support for a Proposed Financing Mechanism for a Statewide Government-Run Health Care System

Currently, how much people pay for health insurance and care depends on whether they have insurance and what kind, how much care they need, and in some cases their income. Under a single statewide health program, out-of-pocket costs (like co-payments, coinsurance and deductibles) would be eliminated or dramatically reduced for all people who live in California, and everyone's health care would be paid for through California's tax system, with people with higher incomes paying a larger share of their income and people with lower incomes paying a lower share. Does this approach to paying for a single statewide program to cover health care for all people who live in California sound like something you would support or oppose?



> *"Hmm, the richer the people the more they pay into the system for the masses. How else can something like this be paid for?"*
> - Male English Speaker with Medi-Cal

> *"This sounds like a fantastic idea! The fact that people contributing to others health care is very mind-blowing. I would not mind being a part of this and would like for it to be implemented."*
> - Male English Speaker with Insurance Offered by an Employer

Taken together, the findings of the survey show that Californians with limited incomes, while generally satisfied with their own access to health care, perceive a range of barriers that many believe keep them from getting the care they need. These include cost, lack of adequate insurance coverage, limited appointments and long wait times with providers, and a sense that they are not listened to or treated with sufficient respect by health care professionals. Nearly two-thirds are open to the idea of a single, statewide, government-run health care system as a way of addressing these barriers, and support financing it through a system of progressive taxation to replace premiums, copays, deductibles, and other costs currently borne by consumers. Californians with limited incomes are most enthusiastic about the potential that such a system would be affordable; ensure patients are treated with dignity and respect; and cover a wide range of services including mental health, dental and vision care.

[i] **Methodology:** From August 19-September 5, 2021, FM3 completed 1,982 online and telephone (landline and wireless) interviews with Californians below 250% of the federal poverty line for their household size. The survey included oversamples among African American, Asian/Pacific Islander, and Native American Californians. The survey was conducted in English, Spanish, Chinese, Vietnamese, Korean, Tagalog, and Hmong. The margin of sampling error for the study is +/-2.5% at the 95%

confidence level; margins of error for population subgroups within the sample will be higher. Due to rounding, not all totals will sum to 100%.

Survey Cross-Tabs: https://fm3research.com/220-6129-healthy-california-for-all-survey-cross-tabs/

Views on Improving the Health Care System among Californians with Limited Incomes: Key Findings from Qualitative and Quantitative Research

DATA ANALYSIS SLIDE DECK

by Fairbank, Maslin, Maullin, Metz & Associates

Views of Health Care among Californians with Limited Incomes

Key Findings from Qualitative and Quantitative Research

Conducted August 19 - September 5, 2021

FM3 RESEARCH | OPINION RESEARCH & STRATEGY

220-6129

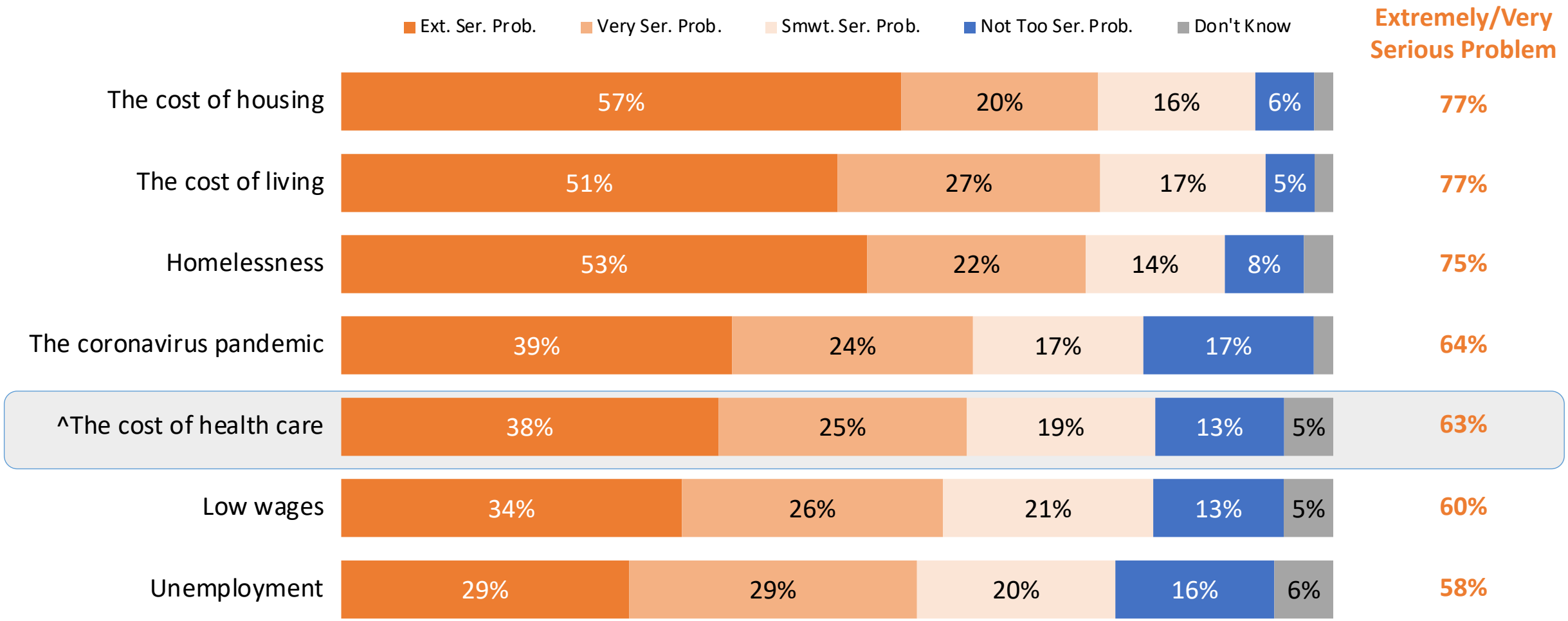
Research Methodology

Dates	August 19 - September 5, 2021
Survey Type	Dual-mode Resident Survey
Research Population	Californians Under 250% of the Federal Poverty Level
Total Interviews	1,982
Margin of Sampling Error	±2.8% at the 95% Confidence Level
Contact Methods	 Telephone Calls  Email Invitations  Text Invitations
Data Collection Modes	 Telephone Interviews  Online Interviews
Languages	English, Spanish, Chinese, Korean, Vietnamese, Tagalog, and Hmong
Qualitative Research	Survey Preceded by Two Three-Day Online QualBoards, in English And Spanish, among Californians with Limited Incomes *(Selected Illustrative Quotations Presented Throughout)*

(Note: Not All Results Will Sum to 100% Due to Rounding)

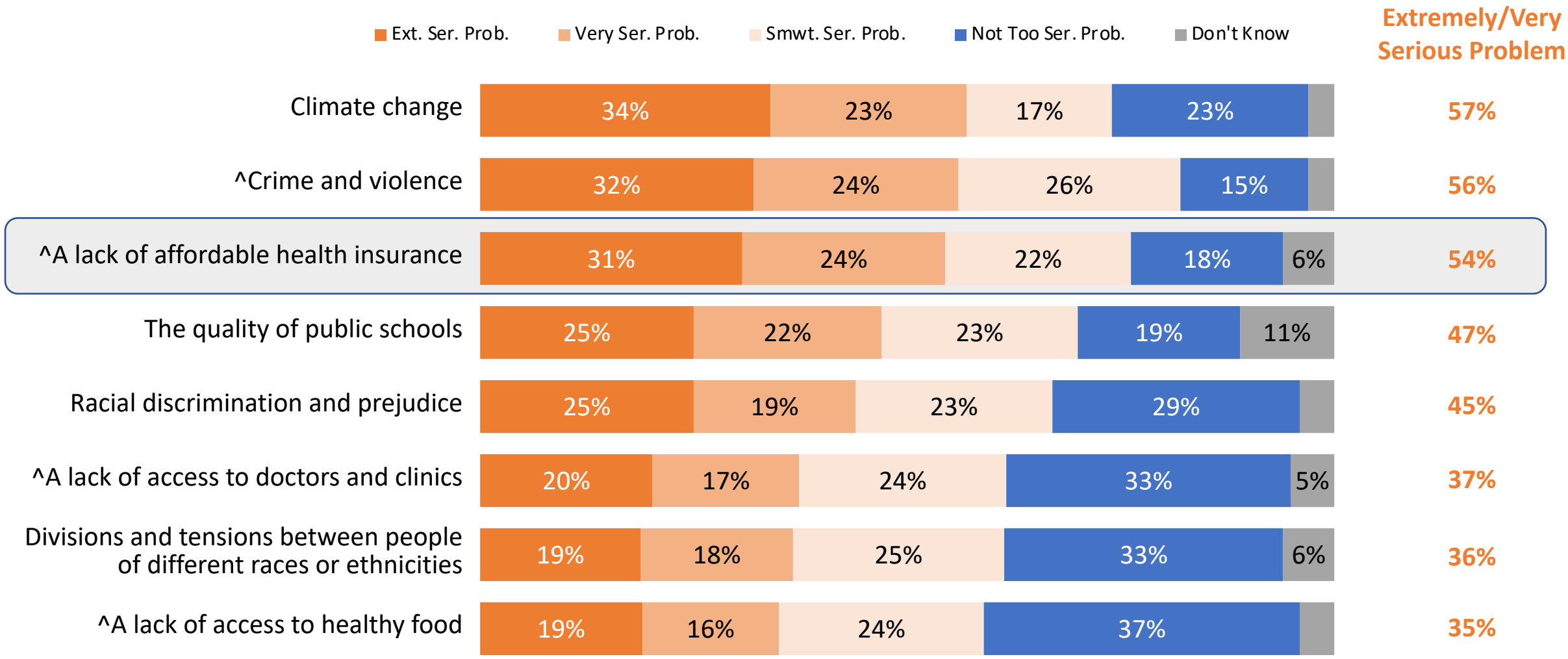
Context for the Issue

The cost of housing, the cost of living and homelessness are seen as the top problems in the state.



Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

A majority says a lack of affordable health insurance is a “very serious” problem.



Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

Respondents of all ethnicities rank the problems similarly, but African-American respondents place greater urgency on the top concerns.

(Extremely/Very Serious Problem: Race/Ethnicity)

Problem	All Respondents	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Americans	*All People of Color*
The cost of housing	**77%**	72%	78%	88%	74%	80%	*79%*
The cost of living	**77%**	75%	75%	83%	76%	75%	*77%*
Homelessness	**75%**	76%	71%	80%	66%	68%	*74%*
The coronavirus pandemic	**64%**	55%	69%	72%	68%	62%	*69%*
^The cost of health care	**63%**	63%	62%	60%	61%	64%	*63%*
Low wages	**60%**	55%	56%	72%	59%	43%	*62%*
Unemployment	**58%**	52%	60%	67%	51%	44%	*61%*
Climate change	**57%**	51%	64%	56%	63%	61%	*62%*
^Crime and violence	**56%**	52%	58%	63%	51%	53%	*58%*
^A lack of affordable health insurance	**54%**	51%	57%	56%	54%	59%	*56%*
The quality of public schools	**47%**	38%	45%	58%	42%	39%	*50%*
Racial discrimination and prejudice	**45%**	38%	46%	61%	47%	43%	*49%*
^A lack of access to doctors and clinics	**37%**	34%	40%	42%	37%	46%	*39%*
Divisions and tensions between people of different races or ethnicities	**36%**	31%	39%	47%	41%	33%	*39%*
^A lack of access to healthy food	**35%**	28%	39%	45%	31%	35%	*39%*

Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

Those living in urban areas are more likely to say the cost of housing, the cost of living and homelessness are “very serious” problems.

(Extremely/Very Serious Problem: Area Type)

Problem	All Respondents	City	Suburban Area	Small Town	Rural Area
The cost of housing	**77%**	81%	77%	69%	73%
The cost of living	**77%**	82%	73%	69%	77%
Homelessness	**75%**	84%	67%	67%	71%
The coronavirus pandemic	**64%**	71%	58%	61%	45%
^The cost of health care	**63%**	64%	62%	60%	65%
Low wages	**60%**	63%	51%	55%	71%
Unemployment	**58%**	64%	49%	59%	52%
Climate change	**57%**	59%	60%	54%	50%
^Crime and violence	**56%**	64%	48%	50%	52%
^A lack of affordable health insurance	**54%**	57%	52%	50%	56%
The quality of public schools	**47%**	52%	45%	37%	43%
Racial discrimination and prejudice	**45%**	53%	38%	37%	36%
^A lack of access to doctors and clinics	**37%**	39%	33%	37%	41%
Divisions and tensions between people of different races or ethnicities	**36%**	41%	32%	33%	37%
^A lack of access to healthy food	**35%**	40%	28%	29%	36%

Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

Affordable health insurance is less concerning to those 65 and over, who tend to be eligible for Medicare.

(Extremely/Very Serious Problem: Age)

Problem	All Respondents	Ages 18-49	Ages 50-64	Ages 65+
The cost of housing	**77%**	79%	83%	63%
The cost of living	**77%**	81%	73%	67%
Homelessness	**75%**	77%	74%	69%
The coronavirus pandemic	**64%**	64%	67%	57%
^The cost of health care	**63%**	64%	66%	54%
Low wages	**60%**	65%	59%	42%
Unemployment	**58%**	62%	54%	48%
Climate change	**57%**	58%	56%	54%
^Crime and violence	**56%**	56%	58%	55%
^A lack of affordable health insurance	**54%**	58%	55%	41%
The quality of public schools	**47%**	54%	38%	29%
Racial discrimination and prejudice	**45%**	49%	41%	31%
^A lack of access to doctors and clinics	**37%**	41%	34%	26%
Divisions and tensions between people of different races or ethnicities	**36%**	39%	37%	27%
^A lack of access to healthy food	**35%**	40%	32%	21%

Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

A lack of access to doctors is most pronounced in rural Northern California and a lack of access to healthy foods is a bigger concern in LA County.

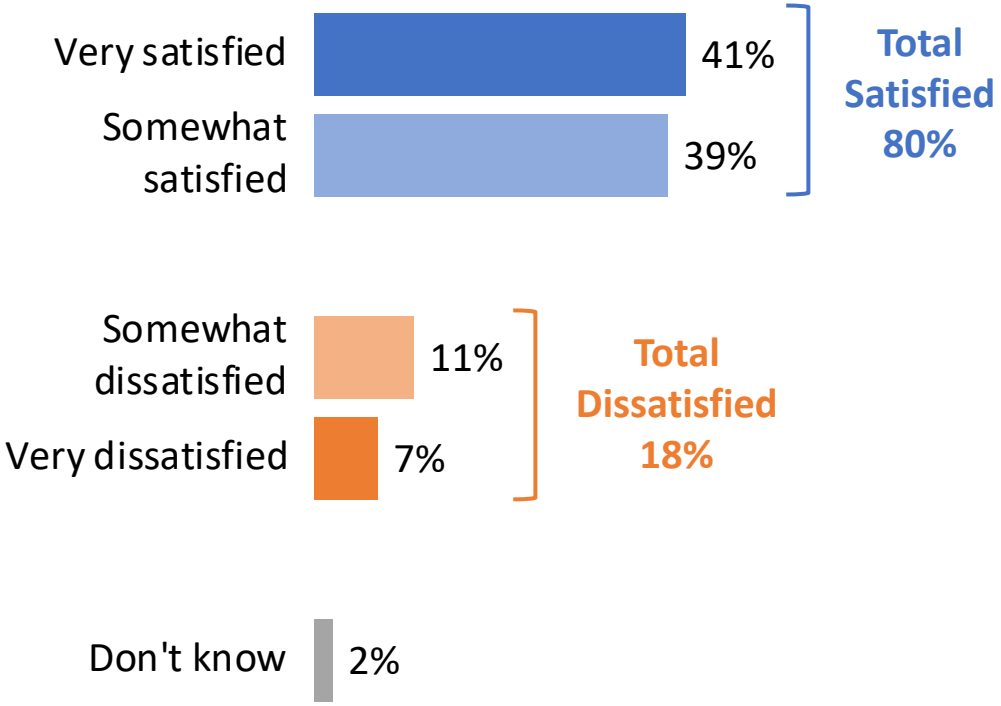
(Extremely/Very Serious Problem: Region)

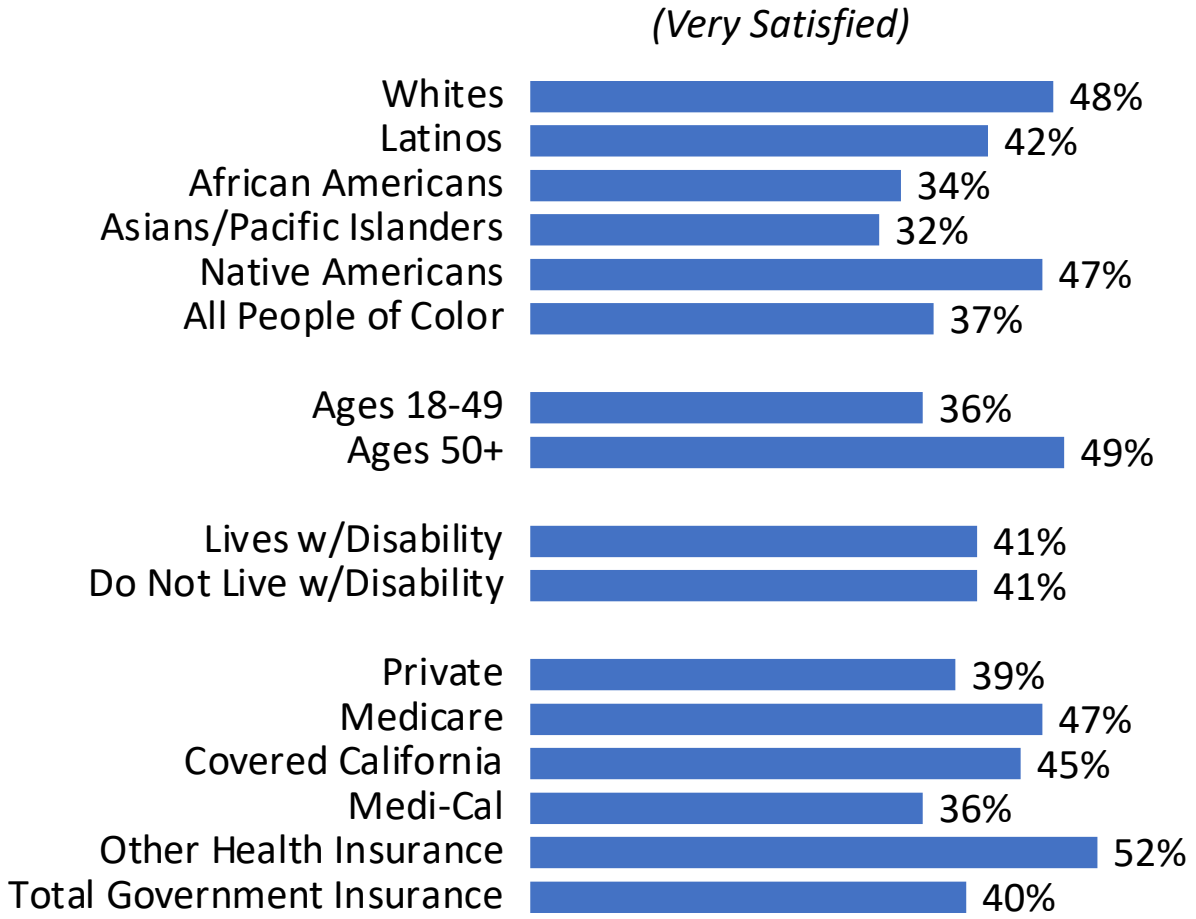
Problem	All Respondents	Los Angeles County	Counties Surrounding Los Angeles	Bay Area	San Diego	Sacramento/ Rural North	Central Valley/ Central Coast
The cost of housing	**77%**	79%	81%	75%	84%	74%	72%
The cost of living	**77%**	82%	74%	73%	85%	76%	73%
Homelessness	**75%**	80%	70%	75%	71%	67%	80%
The coronavirus pandemic	**64%**	74%	62%	72%	78%	56%	52%
^The cost of health care	**63%**	63%	65%	63%	59%	65%	61%
Low wages	**60%**	68%	56%	54%	48%	62%	59%
Unemployment	**58%**	64%	54%	66%	67%	54%	52%
Climate change	**57%**	61%	52%	69%	62%	53%	54%
^Crime and violence	**56%**	61%	53%	54%	50%	43%	63%
^A lack of affordable health insurance	**54%**	60%	52%	58%	53%	59%	46%
The quality of public schools	**47%**	55%	43%	37%	48%	44%	44%
Racial discrimination and prejudice	**45%**	53%	38%	58%	53%	36%	39%
^A lack of access to doctors and clinics	**37%**	39%	33%	38%	38%	**42%**	36%
Divisions and tensions between people of different races or ethnicities	**36%**	46%	33%	35%	40%	29%	33%
^A lack of access to healthy food	**35%**	**44%**	31%	33%	36%	28%	33%

Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

Four in five of those currently insured are satisfied with their health insurance coverage – though only two in five are “very satisfied.”

How satisfied are you with your current health insurance coverage: are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with your current health insurance coverage?

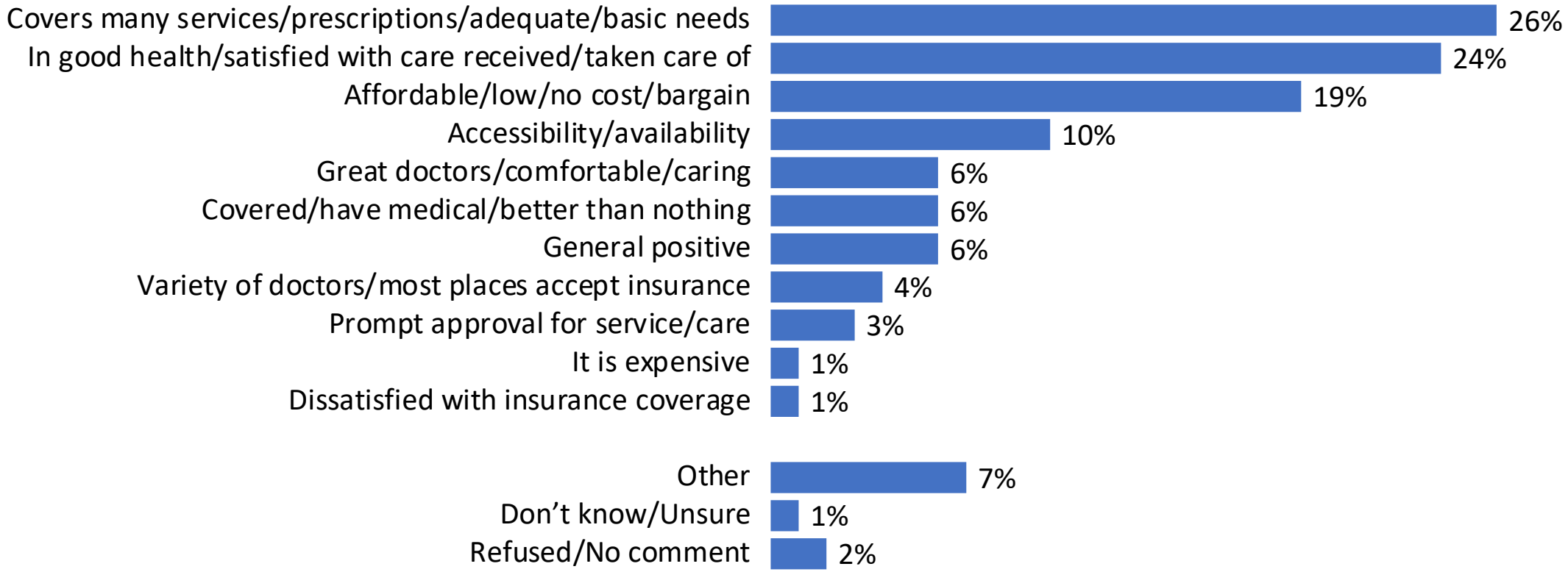




Q16.

Those satisfied with their healthcare coverage say it covers their needs and have been happy with the care received.

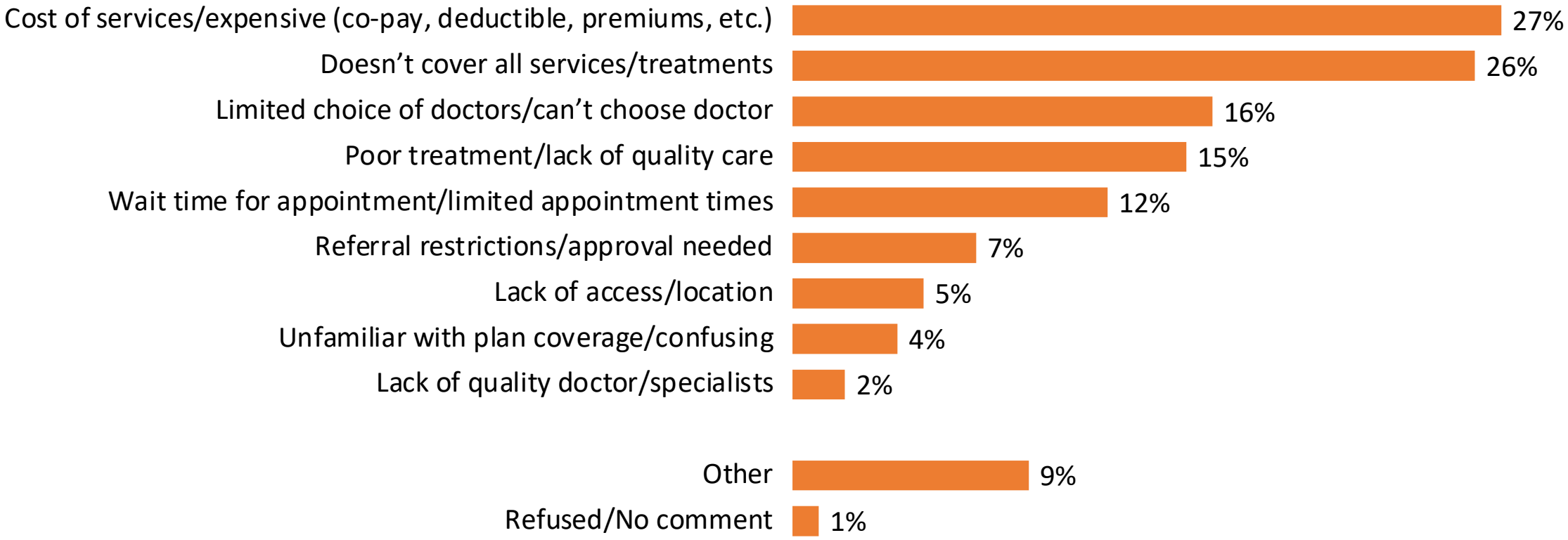
In a few of your own words, why are you **SATISFIED** with your current health insurance coverage?
(Open-ended, Asked of Those Satisfied with Coverage; n=1,431)



Q17a.

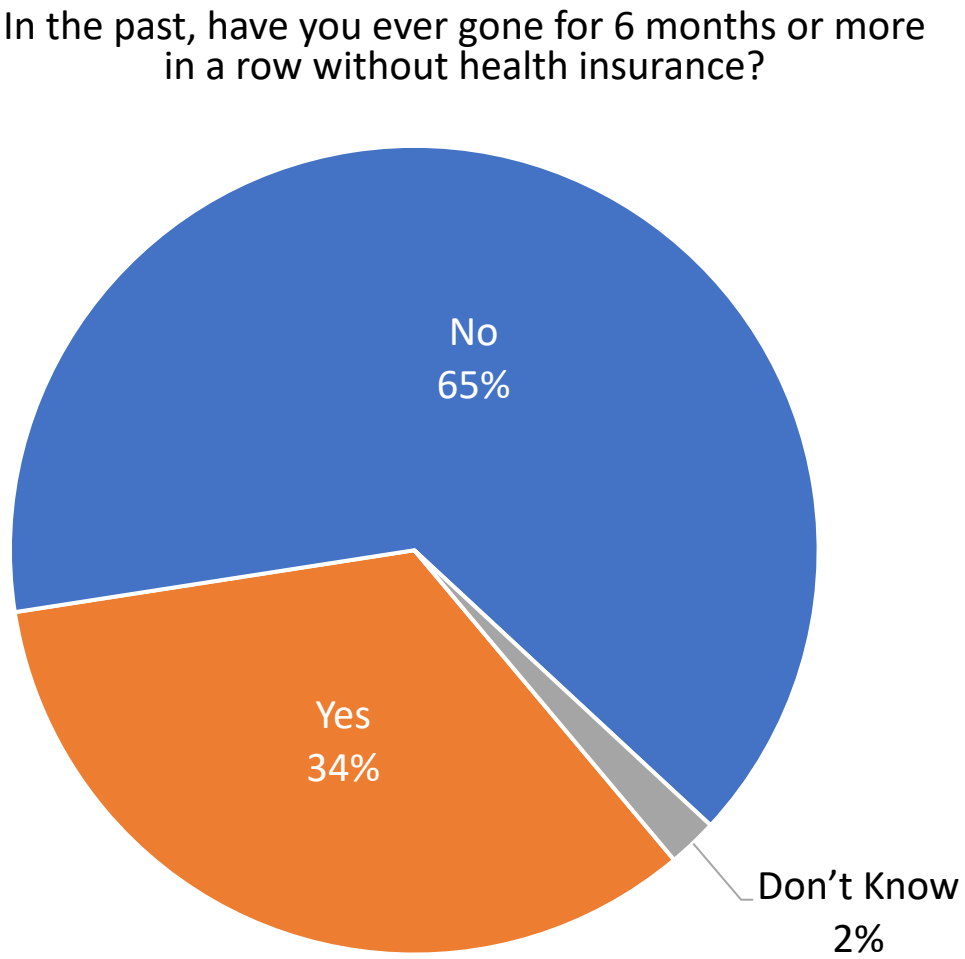
Those dissatisfied say it is expensive and doesn't cover all the treatments they need.

In a few of your own words, why are you **DISSATISFIED** with your current health insurance coverage?
(Open-ended, Asked of Those Dissatisfied with Care; n=323)



Q17b.

One-third of respondents have spent six months or more without health insurance.

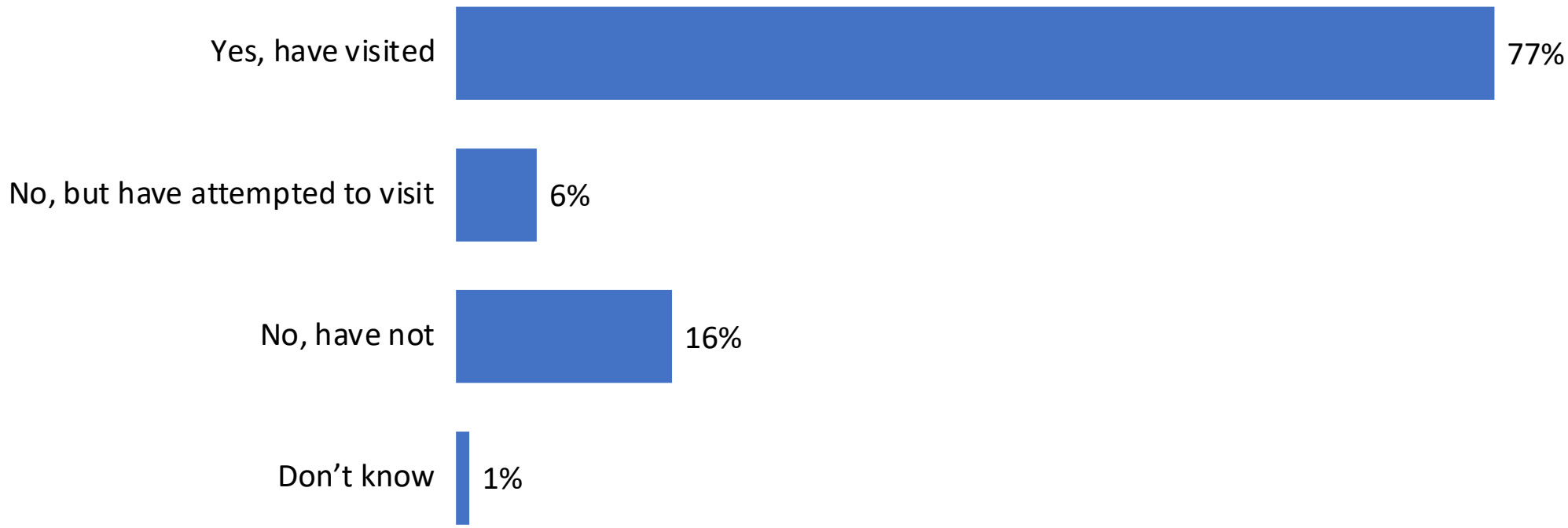


Q18.

Experiences with Accessing Care

More than three-quarters have visited a health care professional in some fashion in the past year.

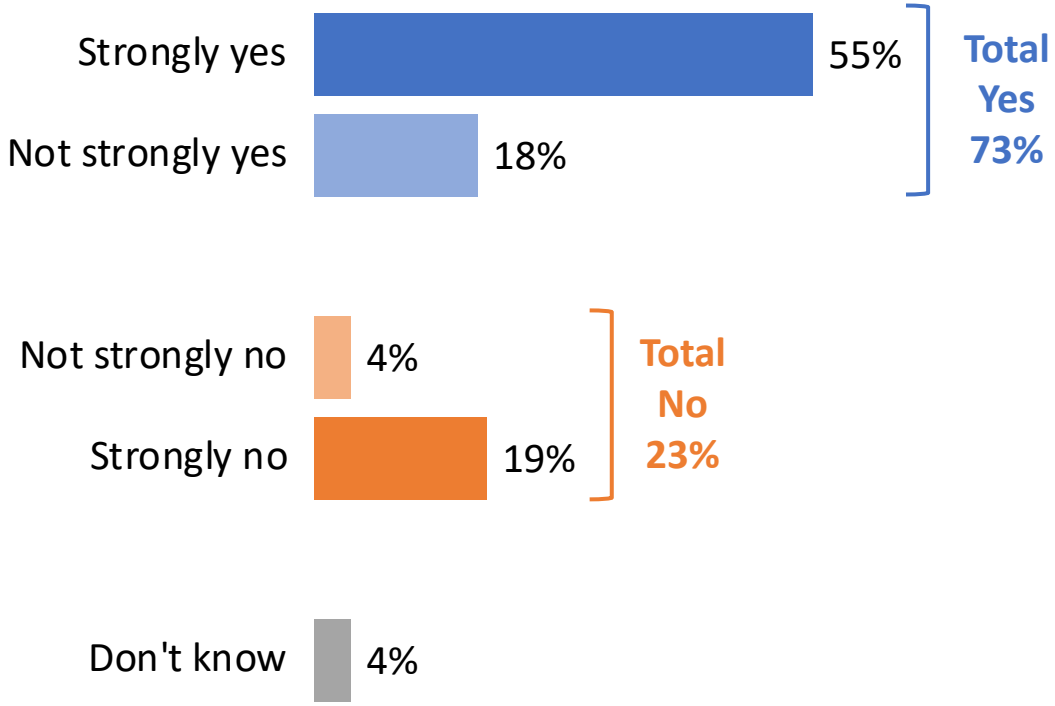
In the past year, have you visited a doctor, nurse, dentist, therapist, clinic, or other health care provider to seek help for a health care issue, either in person, by telephone or by video?



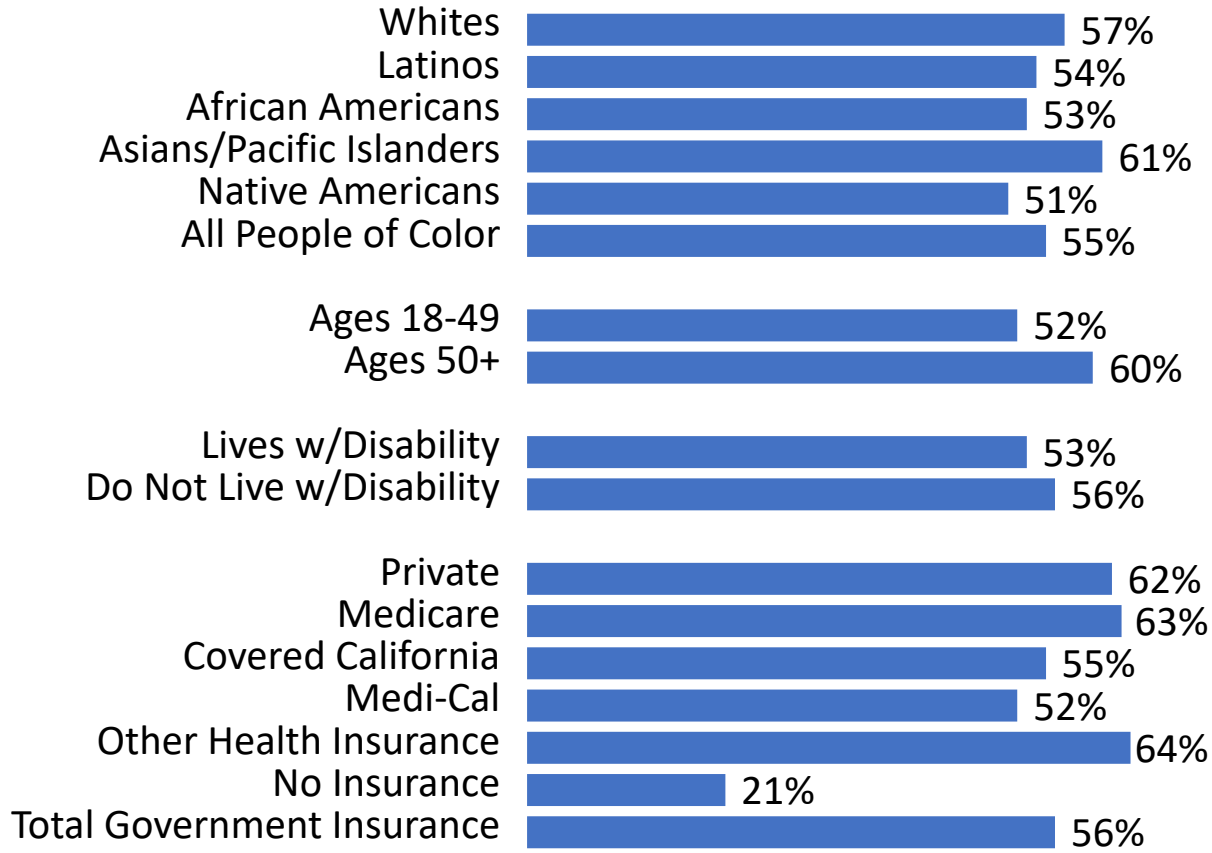
Q10.

Approximately three-quarters say they get the care they need, but only half “strongly” agree.

Generally speaking, would you say that you and your family are currently getting the health care you need?



(% Strongly)



Q11.

QualBoard Comments: Concerns about Access to Care

"Although I don't need to copay for my meds, I worry one day I can't pay for the medications I need."
-Male English Speaker with Medicare

"We don't have medical coverage or insurance. Since [health care] here is so expensive, we go to get treated in Mexico, unless it is a very big emergency then we treat ourselves here in the U.S.A."
-Male Spanish Speaker without Health Coverage

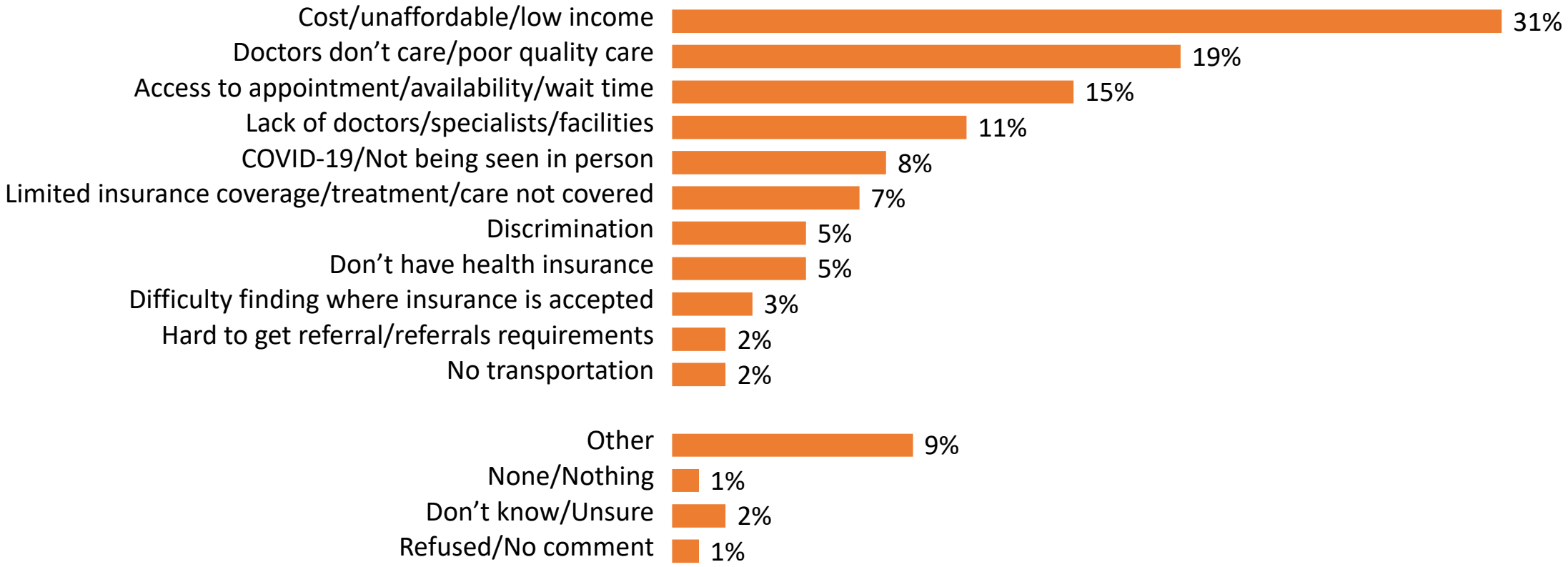
"I think that every day, we lose more and more control. Every day we depend more on the decisions made by our medical insurance. What they approve is what we can have, and in the end, this can end up affecting our quality of life."
- Female Spanish Speaker with Medi-Cal

"Feeling overwhelmed with having to select a physician in your HMO group that will get you and your circumstances. This is a huge problem because if you don't trust your provider, you can't build a relationship and be able to truthfully open up about your healthcare needs."
- Female English Speaker with Insurance Offered by an Employer

"I'd say the biggest issue is getting appointments when they are needed. When you have to wait weeks to see a doctor, it makes it hard to even want to follow through and you just want to give up. Especially when dealing with mental health issues."
-Female English Speaker with Medi-Cal

Cost is the most frequently mentioned barrier among respondents who feel they are not getting the healthcare they need.

In a few of your own words, why do you feel you and your family are not getting the health care you need?
(Open-ended, Asked of Those Not Getting the Care They Need; n=459)



Q12.

Sample Comments from Respondents Who Are Not Getting the Health Care They Need

"We cannot afford the healthcare that we need, and it is proving to be very difficult for my family and I to live safely."

"Appointments and emergency rooms take forever even for urgent conditions and don't give full assessments; [it's] like they're just trying to push everyone through the system to get their money."

"[I am] frequently refused care because I need an interpreter or because I am transgender."

"We have to wait over a month to schedule an important visit to see a specialist."

"The pandemic has put a serious strain on the capacity of healthcare providers and workers."

"There are no specialists in our county, we have to drive out of state or to Los Angeles to see a specialist who is qualified for our needs."

"We are somewhat isolated in this area. We don't have dependable transportation and facilities are very few."

"The public health care system breeds apathy in doctors in poor neighborhoods. Even if you get in, you often get ignored."

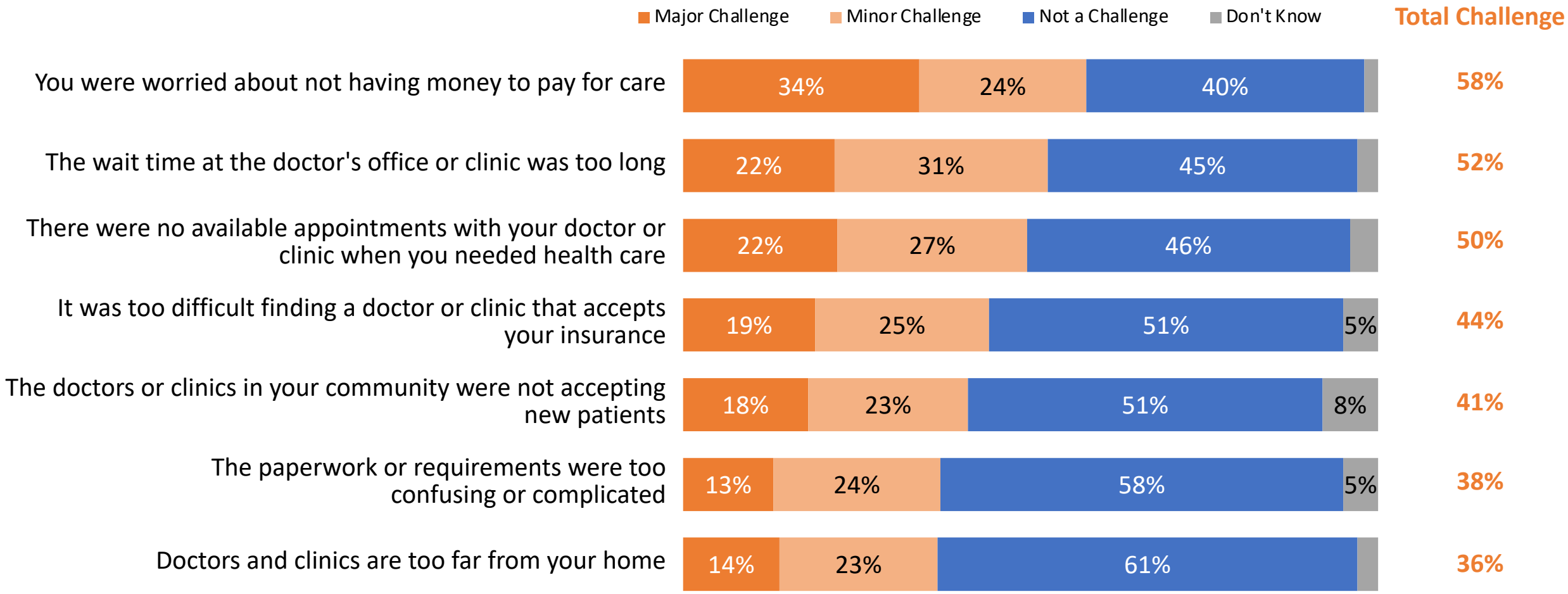
"[I] have no insurance, am unemployed, and healthcare isn't affordable."

"I'm in desperate need of dental but can't afford it."

"They keep kicking my mom off Medi-Cal…. almost every single month they keep us from giving her proper health care."

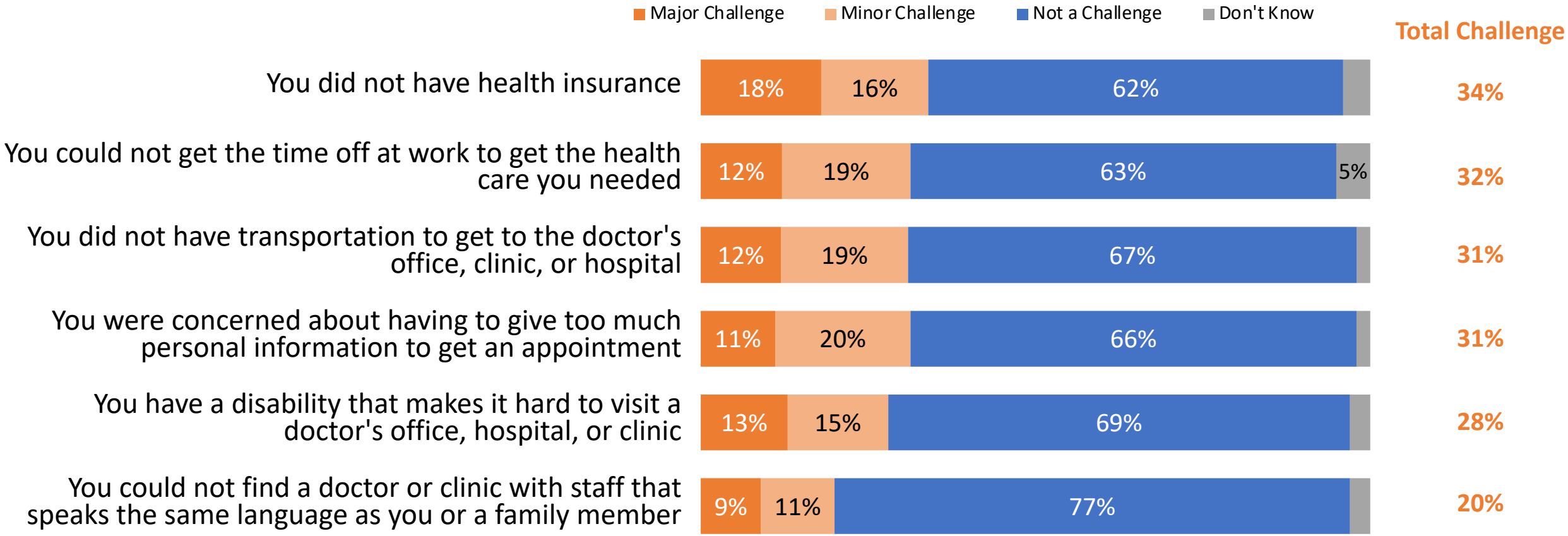
Q12. In a few of your own words, why do you feel you and your family are not getting the health care you need?

Most respondents say the biggest challenges to getting care are cost, wait times, and appointment availability.



Q13. Here are some reasons that some people who live in California have been unable to get access to health care they needed. Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. Split Sample

Fully one-third say a lack of health insurance pose a challenge for them.



- *59% of those living with a disability said it made it hard for them to visit a doctor's office*
- *40% of those who spoke a language other than English or Spanish said staff not speaking their language posed a challenge*

Q13. Here are some reasons that some people who live in California have been unable to get access to health care they needed. Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. Split Sample

Paying for care was the top challenge for respondents of all racial and ethnic backgrounds.

(Total Challenge: Race/Ethnicity)

Reason	All Respondents	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Americans	All People of Color
You were worried about not having money to pay for care	**58%**	45%	63%	60%	73%	51%	65%
The wait time at the doctor's office or clinic was too long	**52%**	40%	60%	53%	58%	49%	58%
There were no available appointments with your doctor or clinic when you needed health care	**50%**	42%	54%	54%	55%	58%	53%
It was too difficult finding a doctor or clinic that accepts your insurance	**44%**	35%	47%	42%	56%	41%	49%
The doctors or clinics in your community were not accepting new patients	**41%**	35%	45%	40%	43%	26%	44%
The paperwork or requirements were too confusing or complicated	**38%**	29%	43%	42%	46%	32%	44%
Doctors and clinics are too far from your home	**36%**	29%	37%	51%	48%	43%	40%
You did not have health insurance	**34%**	25%	46%	29%	37%	16%	41%
You could not get the time off at work to get the health care you needed	**32%**	18%	39%	33%	49%	36%	40%
You did not have transportation to get to the doctor's office, clinic, or hospital	**31%**	24%	31%	39%	35%	35%	35%
You were concerned about having to give too much personal information to get an appointment	**31%**	20%	34%	38%	41%	29%	37%
You have a disability that makes it hard to visit a doctor's office, hospital, or clinic	**28%**	25%	27%	39%	25%	16%	28%
You could not find a doctor or clinic with staff that speaks the same language as you or a family member	**20%**	11%	24%	25%	35%	6%	25%

Q13. Here are some reasons that some people who live in California have been unable to get access to health care they needed. Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. Split Sample

Cost was a bigger concern for respondents under age 50, and was an especially big challenge for LGBTQ respondents.

(Total Challenge: Age, Gender and Sexual Orientation)

Reason	All Respondents	Ages 18-49	Ages 50+	Men	Women	Identifies as LGBTQ
You were worried about not having money to pay for care	**58%**	64%	46%	56%	59%	75%
The wait time at the doctor's office or clinic was too long	**52%**	59%	39%	50%	53%	68%
There were no available appointments with your doctor or clinic when you needed health care	**50%**	53%	42%	45%	53%	53%
It was too difficult finding a doctor or clinic that accepts your insurance	**44%**	52%	29%	45%	43%	57%
The doctors or clinics in your community were not accepting new patients	**41%**	45%	33%	39%	42%	50%
The paperwork or requirements were too confusing or complicated	**38%**	44%	26%	41%	33%	60%
Doctors and clinics are too far from your home	**36%**	39%	31%	32%	40%	51%
You did not have health insurance	**34%**	41%	22%	38%	31%	48%
You could not get the time off at work to get the health care you needed	**32%**	39%	17%	32%	32%	45%
You did not have transportation to get to the doctor's office, clinic, or hospital	**31%**	32%	28%	29%	31%	48%
You were concerned about having to give too much personal information to get an appointment	**31%**	34%	26%	31%	31%	37%
You have a disability that makes it hard to visit a doctor's office, hospital, or clinic	**28%**	26%	31%	26%	29%	36%
You could not find a doctor or clinic with staff that speaks the same language as you or a family member	**20%**	23%	13%	21%	18%	23%

Q13. Here are some reasons that some people who live in California have been unable to get access to health care they needed. Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. Split Sample

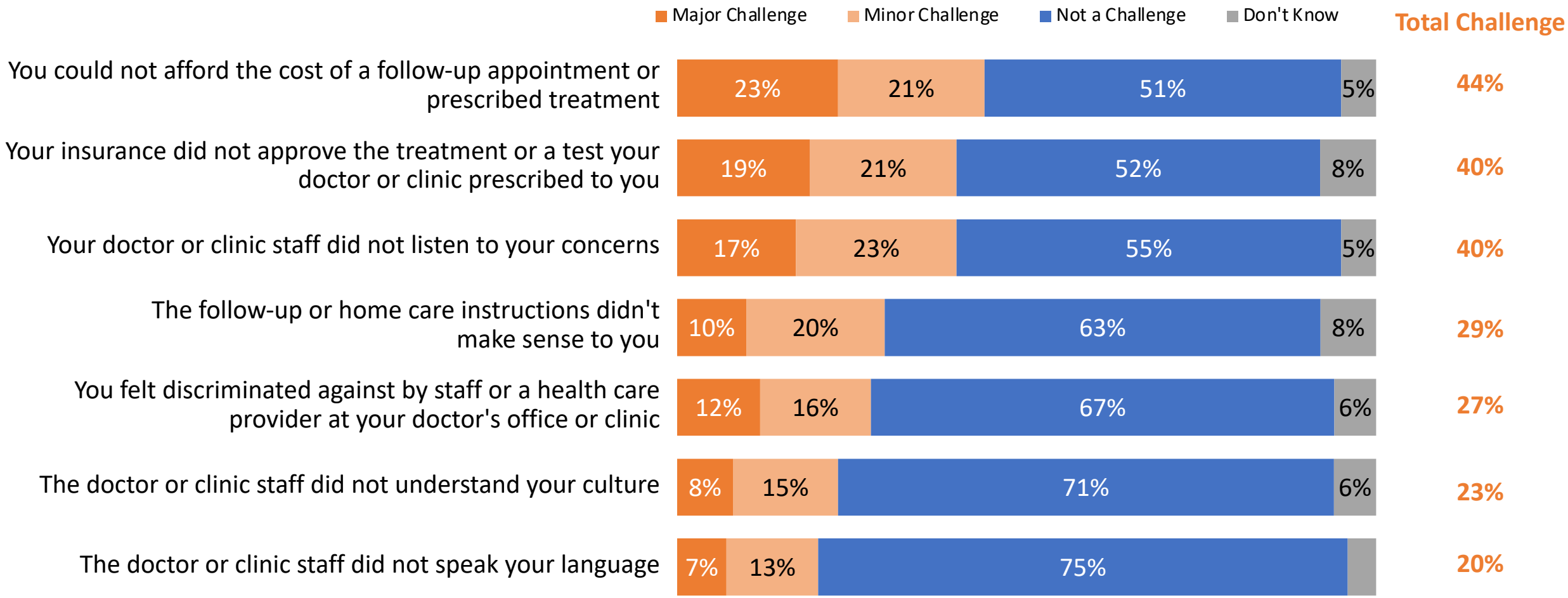
Those on Medicare faced far fewer challenges than those with other forms of insurance.

(Total Challenge: Insurance Type)

Reason	All Respondents	Employer Ins.	Medicare	Covered California	Medi-Cal	Other Health Insurance	No Insurance	*Total Government Insurance*
You were worried about not having money to pay for care	**58%**	62%	39%	61%	59%	54%	78%	*54%*
The wait time at the doctor's office or clinic was too long	**52%**	53%	40%	47%	59%	39%	63%	*52%*
There were no available appointments with your doctor or clinic when you needed health care	**50%**	53%	40%	38%	56%	40%	43%	*49%*
It was too difficult finding a doctor or clinic that accepts your insurance	**44%**	45%	21%	42%	53%	34%	48%	*43%*
The doctors or clinics in your community were not accepting new patients	**41%**	46%	27%	41%	45%	26%	45%	*39%*
The paperwork or requirements were too confusing or complicated	**38%**	36%	31%	39%	42%	24%	41%	*39%*
Doctors and clinics are too far from your home	**36%**	39%	26%	26%	42%	35%	35%	*35%*
You did not have health insurance	**34%**	27%	18%	40%	38%	26%	66%	*33%*
You could not get the time off at work to get the health care you needed	**32%**	42%	18%	30%	32%	19%	38%	*28%*
You did not have transportation to get to the doctor's office, clinic, or hospital	**31%**	26%	26%	21%	38%	27%	30%	*32%*
You were concerned about having to give too much personal information to get an appointment	**31%**	29%	27%	27%	32%	28%	43%	*30%*
You have a disability that makes it hard to visit a doctor's office, hospital, or clinic	**28%**	19%	32%	25%	29%	25%	30%	*29%*
You could not find a doctor or clinic with staff that speaks the same language as you or a family member	**20%**	18%	16%	19%	20%	14%	25%	*19%*

Q13. Here are some reasons that some people who live in California have been unable to get access to health care they needed. Please indicate if this has been a major challenge, minor challenge, or not a challenge for you or a family member in getting the health care you need. Split Sample

Among concerns experienced even after seeing a health care professional, affording a prescription, receiving insurance approval for a treatment, and not having their concerns heard stood out most.



Q14. Here are some reasons that some people who live in California have been unable to get the health care they needed, even if they were able to see a doctor, nurse, or other health care provider. Please indicate if this has been a major challenge, minor challenge, or not a challenge for your or a family member in getting the health care you need. Split Sample

QualBoard Comments:
Experience with Bias and Discrimination

"Being discriminated by sex, race, and weight. Both my family and myself have gone through all of these. We see a new doctor; we tell them our problem and they take one look at us and not see us but our weight/sex/race. And that's the reason why we have the issues but never further investigate."
-Female English speaker with Medi-Cal

"For me, it's very important that they treat us with respect, since if you can't get that from the beginning, you can't trust your doctor."
– Female Spanish Speaker with Private Insurance

"They don't speak my language.
I couldn't understand them."
- Female Spanish Speaker with No Health Coverage

"Not having health insurance (is the greatest challenge) because they don't want to treat you at clinics if you can't count on a health insurance…"
- Female Spanish Speaker with Covered California

White respondents were less likely to encounter all challenges; African-American and Native American respondents were particularly likely to say doctors did not listen to them.

(Total Challenge: Race/Ethnicity)

Reason	All Respondents	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Americans	*All People of Color*
You could not afford the cost of a follow-up appointment or prescribed treatment	**44%**	37%	48%	42%	49%	**51%**	*48%*
Your insurance did not approve the treatment or a test your doctor or clinic prescribed to you	**40%**	35%	41%	44%	44%	**57%**	*44%*
Your doctor or clinic staff did not listen to your concerns	**40%**	31%	41%	**51%**	41%	**48%**	*44%*
The follow-up or home care instructions didn't make sense to you	**29%**	20%	33%	39%	32%	28%	*34%*
You felt discriminated against by staff or a health care provider at your doctor's office or clinic	**27%**	19%	29%	**40%**	31%	**40%**	*32%*
The doctor or clinic staff did not understand your culture	**23%**	11%	29%	**38%**	31%	26%	*30%*
The doctor or clinic staff did not speak your language	**20%**	11%	27%	26%	**33%**	17%	*26%*

Q14. Here are some reasons that some people who live in California have been unable to get the health care they needed, even if they were able to see a doctor, nurse, or other health care provider. Please indicate if this has been a major challenge, minor challenge, or not a challenge for your or a family member in getting the health care you need. Split Sample

Respondents under 50 were more likely to encounter affordability challenges than those 50 and over; women were more likely than men to say that doctors did not listen to their concerns.

(Total Challenge: Age, Gender and Sexual Orientation)

Reason	All Respondents	Ages 18-49	Ages 50+	Men	Women	Identifies as LGBTQ
You could not afford the cost of a follow-up appointment or prescribed treatment	**44%**	50%	32%	42%	45%	51%
Your insurance did not approve the treatment or a test your doctor or clinic prescribed to you	**40%**	45%	33%	32%	47%	50%
Your doctor or clinic staff did not listen to your concerns	**40%**	44%	32%	31%	47%	49%
The follow-up or home care instructions didn't make sense to you	**29%**	33%	23%	28%	31%	36%
You felt discriminated against by staff or a health care provider at your doctor's office or clinic	**27%**	32%	18%	22%	32%	33%
The doctor or clinic staff did not understand your culture	**23%**	28%	14%	19%	26%	35%
The doctor or clinic staff did not speak your language	**20%**	25%	11%	20%	20%	29%

Q14. Here are some reasons that some people who live in California have been unable to get the health care they needed, even if they were able to see a doctor, nurse, or other health care provider. Please indicate if this has been a major challenge, minor challenge, or not a challenge for your or a family member in getting the health care you need. Split Sample

Those with employer-provided insurance were more likely to say they could not afford follow-up care than those with public/government-run insurance.

(Total Challenge: Insurance Type)

Reason	All Respondents	Emp. Ins.	Medicare	Covered California	Medi-Cal	Other Health Insurance	No Insurance	*Total Government Insurance*
You could not afford the cost of a follow-up appointment or prescribed treatment	**44%**	53%	35%	42%	41%	27%	67%	*39%*
Your insurance did not approve the treatment or a test your doctor or clinic prescribed to you	**40%**	40%	38%	42%	47%	19%	40%	*43%*
Your doctor or clinic staff did not listen to your concerns	**40%**	40%	37%	36%	45%	31%	27%	*42%*
The follow-up or home care instructions didn't make sense to you	**29%**	26%	25%	32%	34%	22%	34%	*31%*
You felt discriminated against by staff or a health care provider at your doctor's office or clinic	**27%**	23%	24%	41%	33%	16%	17%	*31%*
The doctor or clinic staff did not understand your culture	**23%**	24%	20%	23%	26%	16%	20%	*24%*
The doctor or clinic staff did not speak your language	**20%**	22%	17%	21%	24%	8%	19%	*21%*

Q14. Here are some reasons that some people who live in California have been unable to get the health care they needed, even if they were able to see a doctor, nurse, or other health care provider. Please indicate if this has been a major challenge, minor challenge, or not a challenge for your or a family member in getting the health care you need. Split Sample

QualBoard Comments: Perceptions of Medi-Cal

"Hard to deal with; grateful for the help; wish it qualified more procedures. My personal experience with Medi-Cal has been hard. Very hard finding doctors that [accept] it. I've had to accept second rate service because of it. We've had to endure pain because certain procedures weren't covered."
- Female English Speaker with Medi-Cal

"Difficult, frustrating, unreliable. More than one friend or relative of mine has had unbelievable difficulties navigating through Medi-Cal after a life-changing health crisis, including cancer and kidney failure."
- Female English Speaker without Insurance

"Beneficial because it is something that benefits a lot of low-income communities. Incomplete because there are a lot of people that need something like Medi-Cal but don't qualify for this service by a bit. I think Medi-Cal is something very good for everyone that should be expanded."
—Male Spanish Speaker without Health Coverage

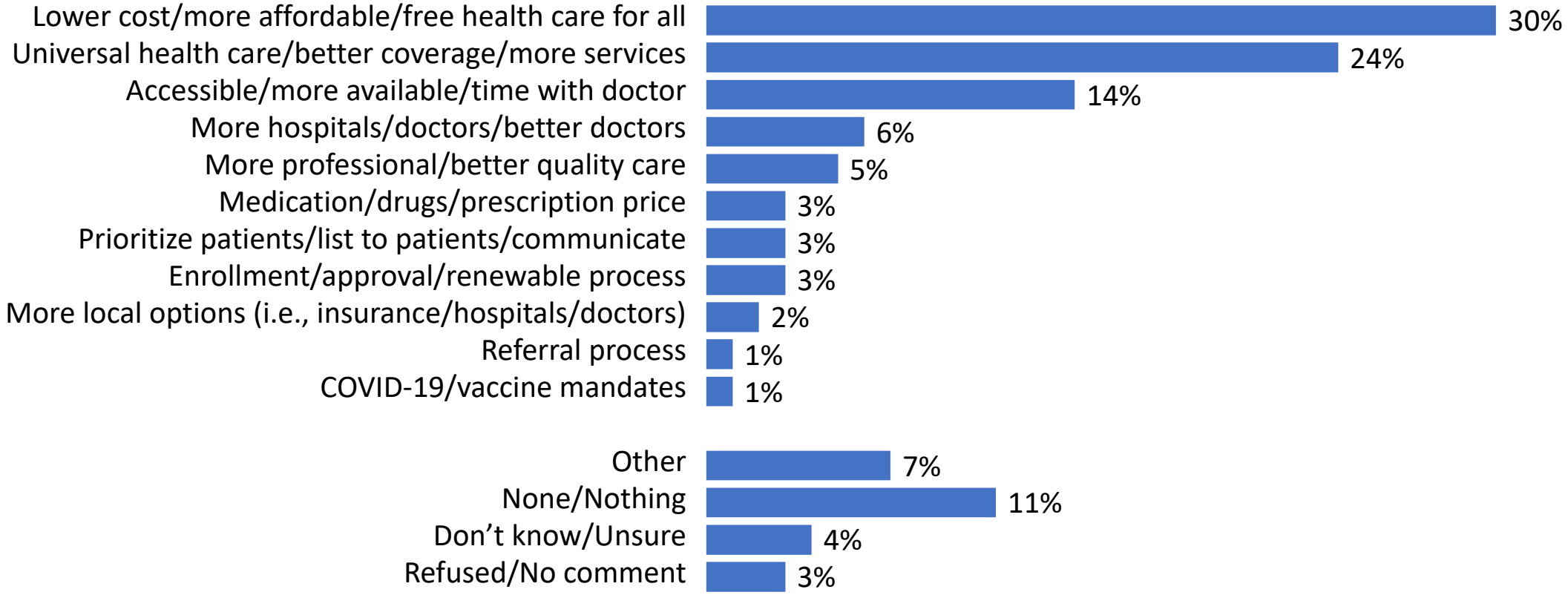
"'You don't have [immigration] papers,' low-income people, and a lot of waiting."
- Female Spanish Speaker with Employer Provided Insurance

Envisioning an Improved Health Care System

Respondents say that more affordable care and universal health coverage are the most important improvements to healthcare.

In a few words of your own, what is the most important change you would like to see made to improve health care for you?

(Open-ended)



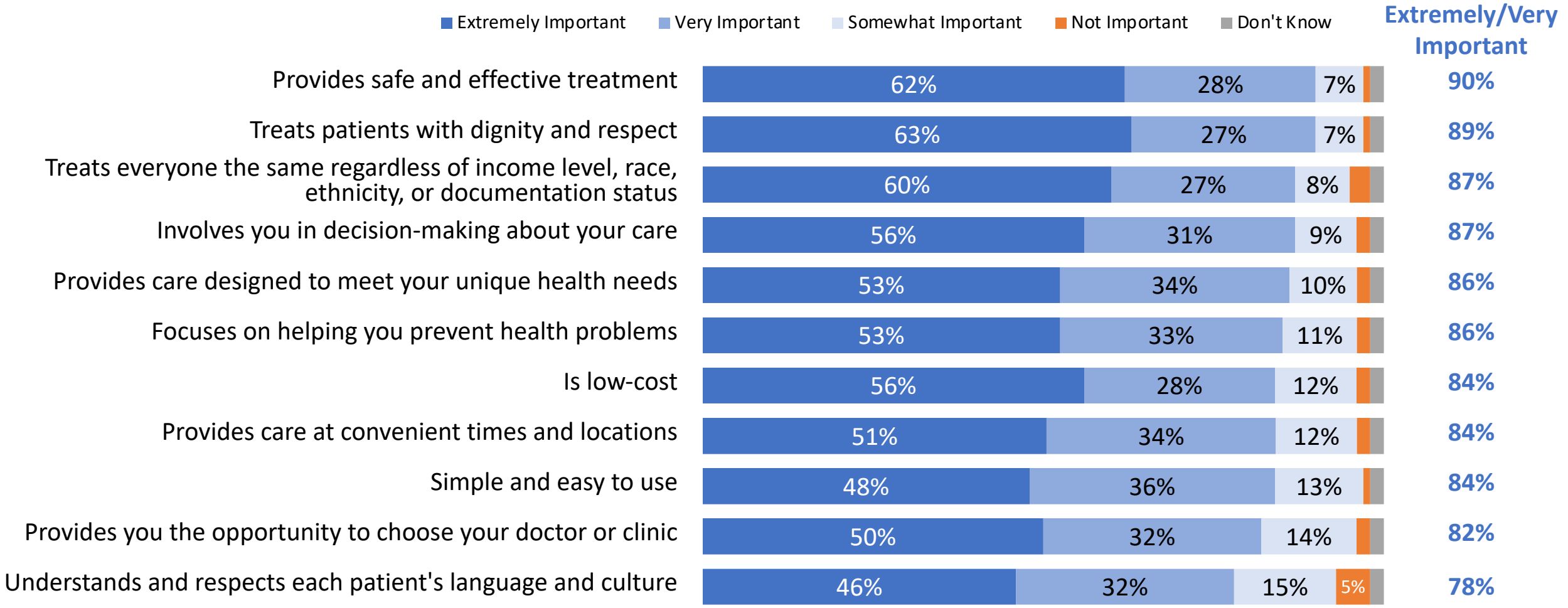
Q19.

QualBoard Comments:
Waving a "Magic Wand" for an Improved Health System

"I'd like for prescription costs to be more affordable for everyone. And also costs for consultations. That you shouldn't have to wait weeks for an appointment with any doctor. That at (every) hospital or consultation they have interpreters to help people with language and that way you're not left with any [questions]."
- Female Spanish Speaker with Employer Provided Insurance

"Obviously the first thing I would do is make it affordable for everyone. Free healthcare would be a dream come true but also impractical and I am a realist. Also, to have care be actually attainable in a reasonable amount of time would be nice as well. Not having to wait forever to get an appointment would be nice. I think that if more money was invested in preventive care and health education the long term cost of care would drop."
-Female English Speaker with Insurance Offered by an Employer

Respondents rate safe and effective care, being treated with dignity and respect and non-discrimination as the most important characteristics for an improved health care system to have.



Q20. Here is a list of characteristics that health care leaders might aim for in designing an improved way of delivering health care to people who live in California. Please tell me how important it is to you that health care in California have that characteristic: extremely important, very important, somewhat important, or not important?

Being treated with dignity and respect is especially important to African-American respondents.

(Extremely Important: Race/Ethnicity)

Characteristic	All Respondents	Whites	Latinos	African Americans	Asians/ Pacific Islanders	Native Americans	*All People of Color*
Treats patients with dignity and respect	**63%**	61%	64%	72%	57%	61%	*64%*
Provides safe and effective treatment	**62%**	62%	63%	65%	55%	60%	*63%*
Treats everyone the same regardless of income level, race, ethnicity, or documentation status	**60%**	57%	61%	69%	58%	57%	*62%*
Involves you in decision-making about your care	**56%**	56%	57%	65%	40%	58%	*56%*
Is low-cost	**56%**	53%	60%	63%	48%	58%	*58%*
Provides care designed to meet your unique health needs	**53%**	51%	51%	65%	50%	53%	*54%*
Focuses on helping you prevent health problems	**53%**	47%	55%	63%	48%	52%	*55%*
Provides care at convenient times and locations	**51%**	48%	53%	59%	44%	44%	*52%*
Provides you the opportunity to choose your doctor or clinic	**50%**	46%	53%	57%	43%	49%	*52%*
Simple and easy to use	**48%**	46%	49%	58%	44%	45%	*50%*
Understands and respects each patient's language and culture	**46%**	40%	51%	58%	44%	43%	*50%*

Q20. Here is a list of characteristics that health care leaders might aim for in designing an improved way of delivering health care to people who live in California. Please tell me how important it is to you that health care in California have that characteristic: extremely important, very important, somewhat important, or not important?

Women place a higher priority on each potential aspect of an improved system than do men.

(Extremely Important: Age, Gender and Sexual Orientation)

Characteristic	All Respondents	Ages 18-49	Ages 50+	Men	Women	Identifies as LGBTQ
Treats patients with dignity and respect	**63%**	63%	63%	57%	69%	65%
Provides safe and effective treatment	**62%**	61%	65%	58%	67%	61%
Treats everyone the same regardless of income level, race, ethnicity, or documentation status	**60%**	61%	59%	55%	65%	62%
Involves you in decision-making about your care	**56%**	55%	58%	52%	61%	56%
Is low-cost	**56%**	56%	55%	54%	58%	60%
Provides care designed to meet your unique health needs	**53%**	51%	56%	48%	57%	59%
Focuses on helping you prevent health problems	**53%**	54%	51%	48%	57%	60%
Provides care at convenient times and locations	**51%**	51%	50%	47%	55%	52%
Provides you the opportunity to choose your doctor or clinic	**50%**	49%	52%	43%	57%	51%
Simple and easy to use	**48%**	47%	52%	45%	52%	53%
Understands and respects each patient's language and culture	**46%**	47%	45%	42%	51%	55%

Q20. Here is a list of characteristics that health care leaders might aim for in designing an improved way of delivering health care to people who live in California. Please tell me how important it is to you that health care in California have that characteristic: extremely important, very important, somewhat important, or not important?

QualBoard Comments: Defining "High-Quality" Care

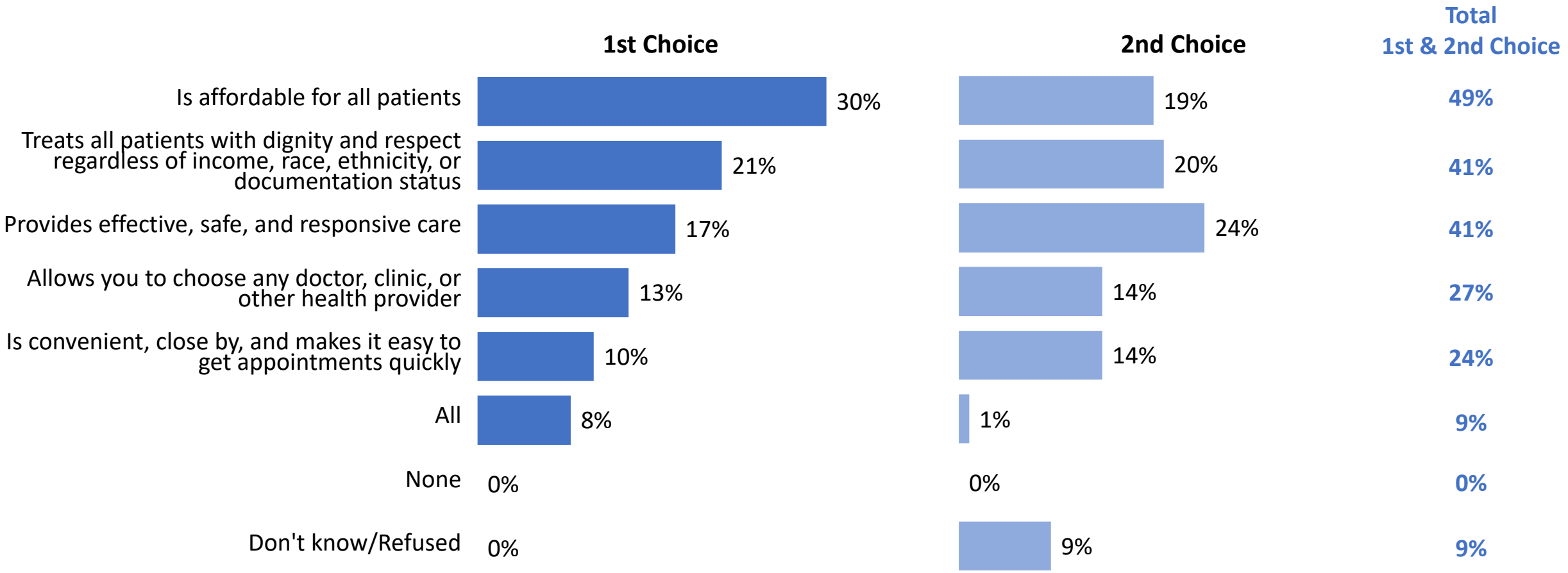
"…it is important to be able to understand and have a conversation with doctors, and that they speak one's language. It's crucial to be able to understand."
- Male Spanish Speaker without Health Insurance

"Having access to the latest medications and the latest technology to cure a disease or illness. Easy access to a specialist, or the best in the field. With the current options, many people die in the waiting period or simply because the hospitals or clinics don't have the equipment technology or specialist."
- Male English Speaker Without Insurance Coverage

"When I say that they should offer high-quality service, that includes thinking about your patients and their basic needs, [their] language, their (right) to choose, so that they can offer (patients) the best and most convenient. That way the patient can get the best results. For patients, it is very important to be treated with dignity and with respect, that is part of being human."
- Female Spanish Speaker with Medi-Cal

"To me, high-quality care is care that goes above and beyond basic care. Like only spending 2 minutes with a patient because they have Medi-Cal versus spending 10 min for a person who has private insurance."
- Female English Speaker with Medi-Cal

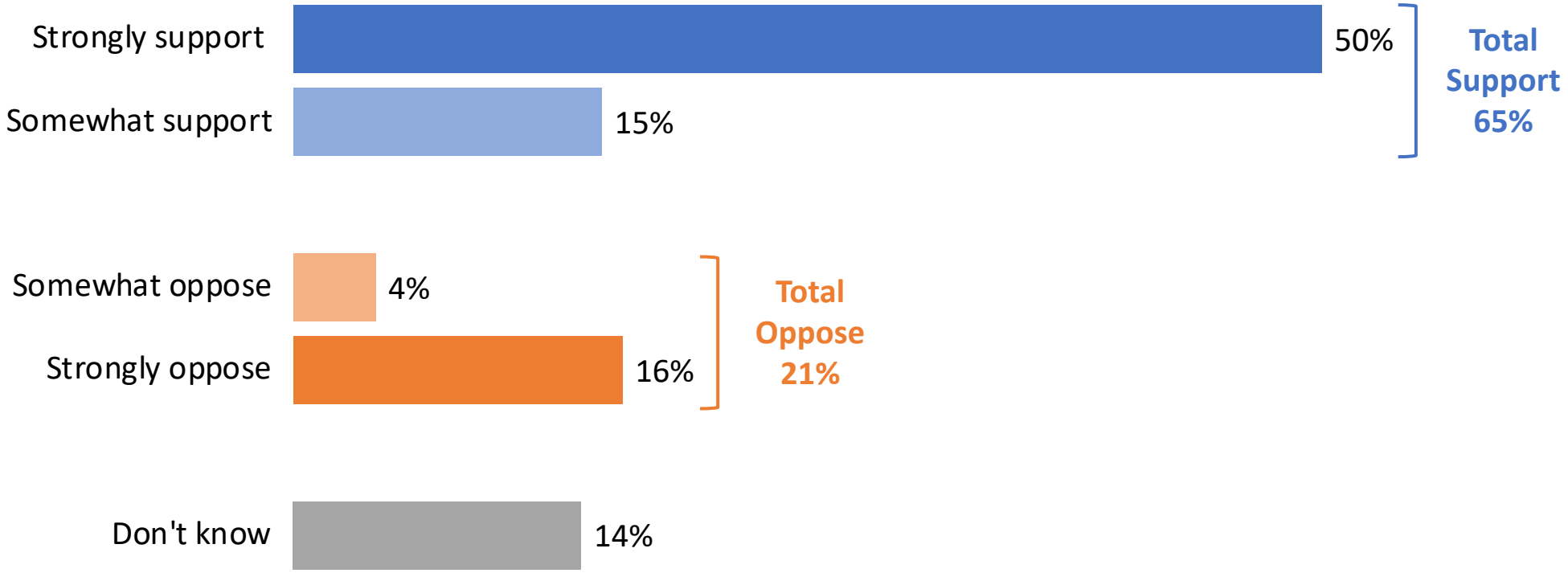
When asked to rank five major categories of potential improvements, affordability is the top priority.



Q21. Which of the following 5 characteristics do you think is most important for health care in California to have?

Nearly two-thirds support a single government-run healthcare system for all Californians.

Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?



Q22.

QualBoard Comments:
A Single State Health Care Program

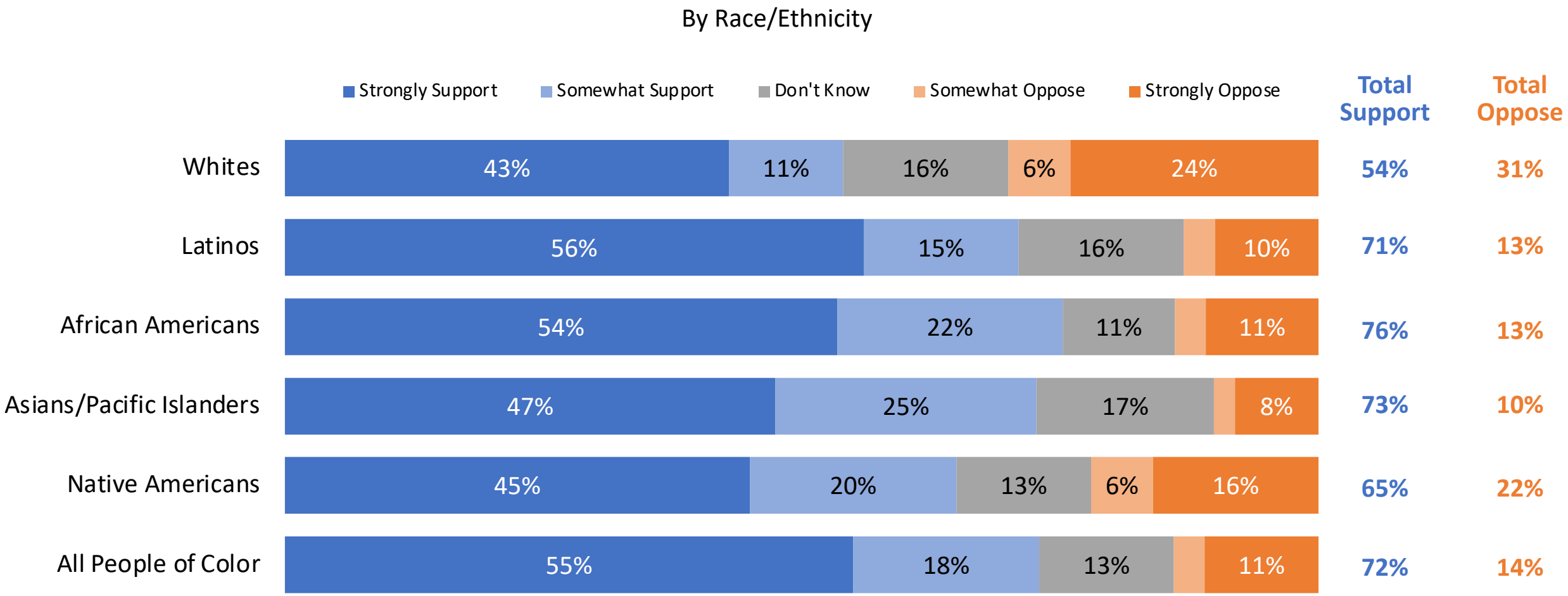
"It allows for consistency in accounting for the hospital and for the patient, making it easier to understand what services they are entitled to given everyone receives the same level of care."
- Male English Speaker with Medicare

"I definitely think it would help with the whole "in-network/out of network" problem. That's a big thing. It would also simplify some things in the long-run, but complicate things in the short-run."
- Male English Speaker with Medi-Cal

"If it required people to drop other private health insurance, that's just not going to go over well and there's no reason to do that."
-Male English Speaker with Medi-Cal

"Would everyone be required to get it/pay for it? I'm worried about if the quality of care would go down if everyone gets the same care?"
- Female English Speaker with Insurance Offered by an Employer

Majorities across all ethnic groups offer support, although white respondents offer the least support.



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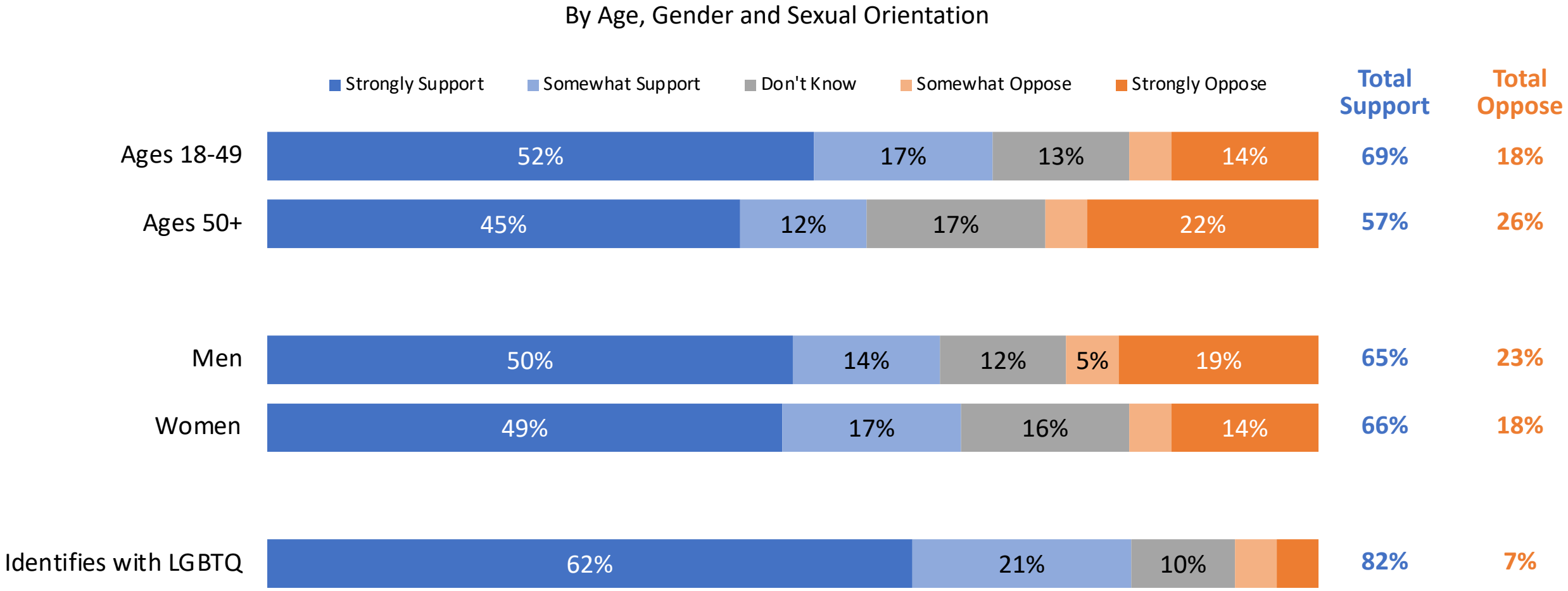
Respondents under age 50 are more supportive than are those age 50 and over; LGBTQ respondents are especially supportive.



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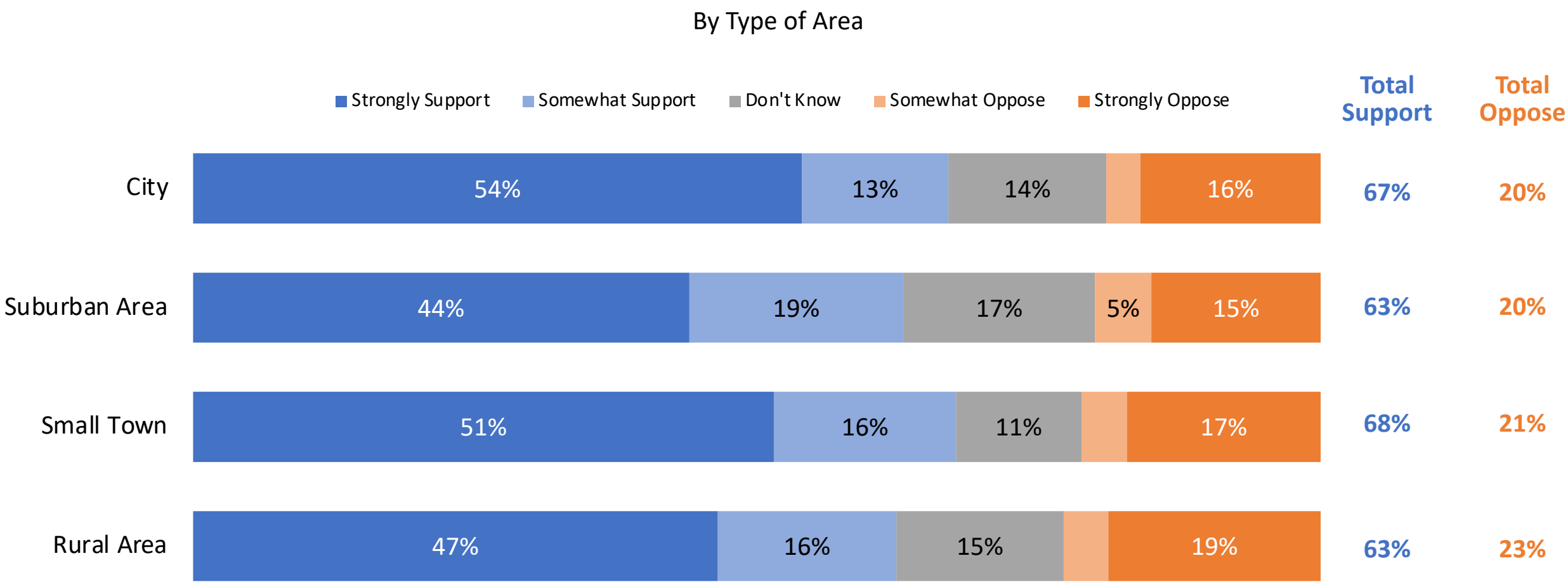
A majority backs a single state system, regardless of the type of community in which they live.



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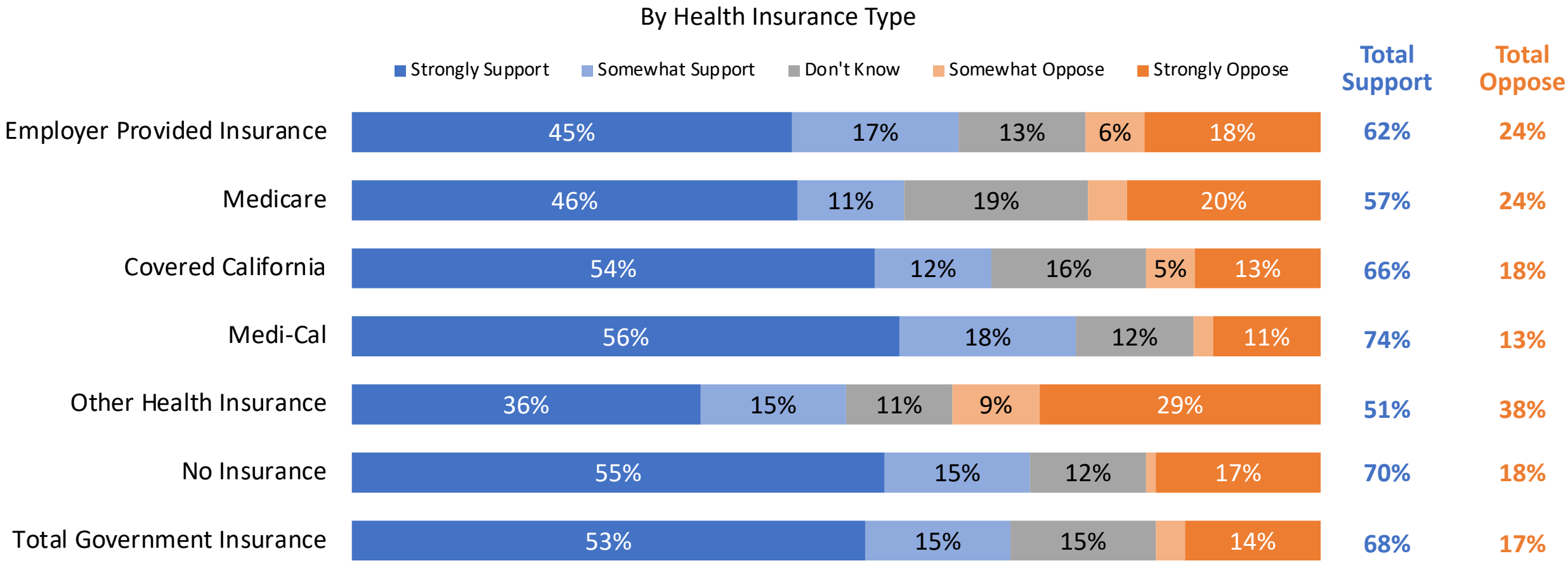
The idea has support across respondents with different types of insurance coverage.



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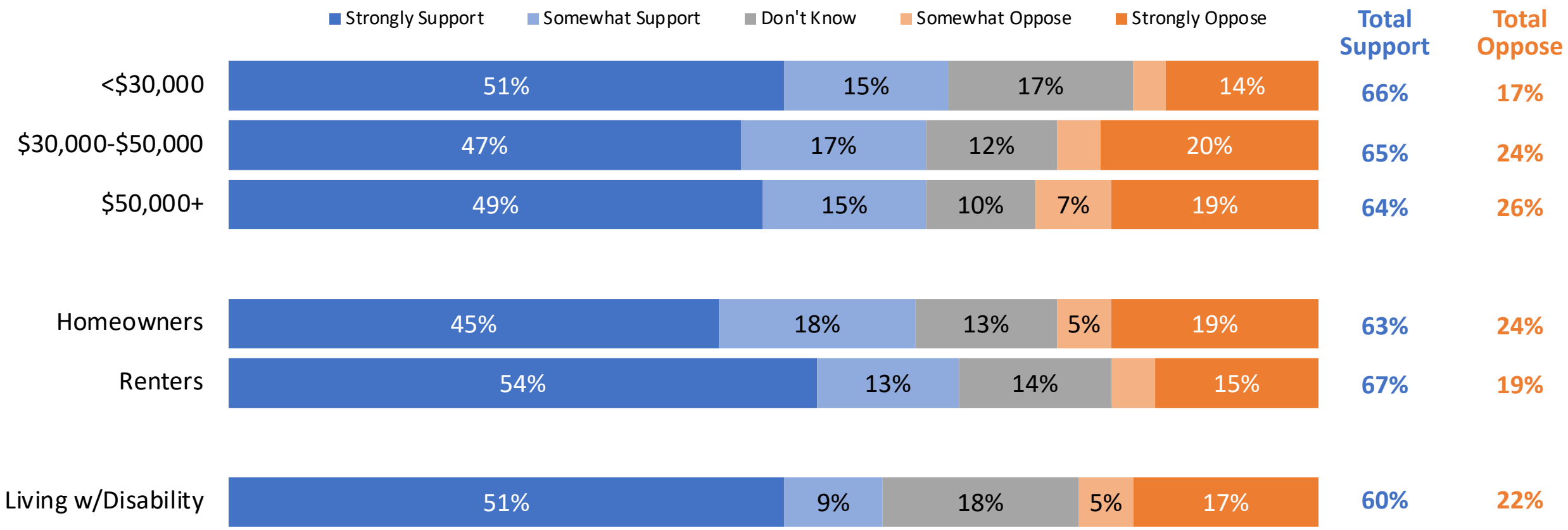
Support for a single statewide program cuts across different income levels.

By Household Income, Residence & Living with a Disability



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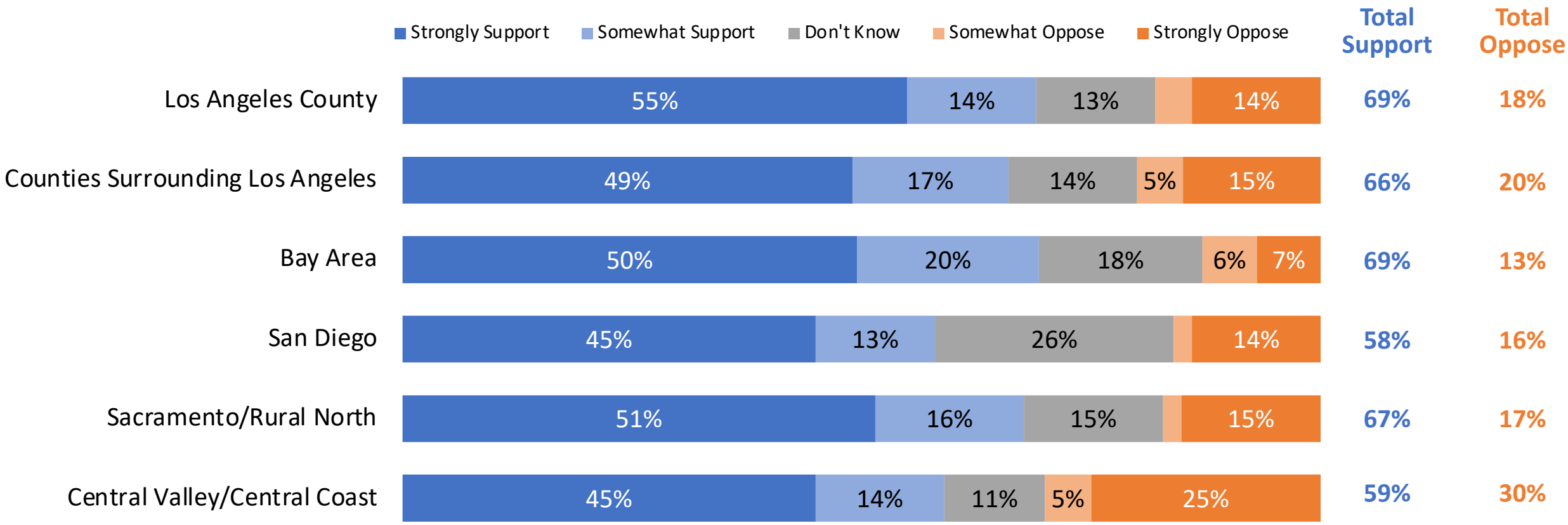
Support cuts across the state's regions, but is broadest in LA County and the Bay Area.

By Region



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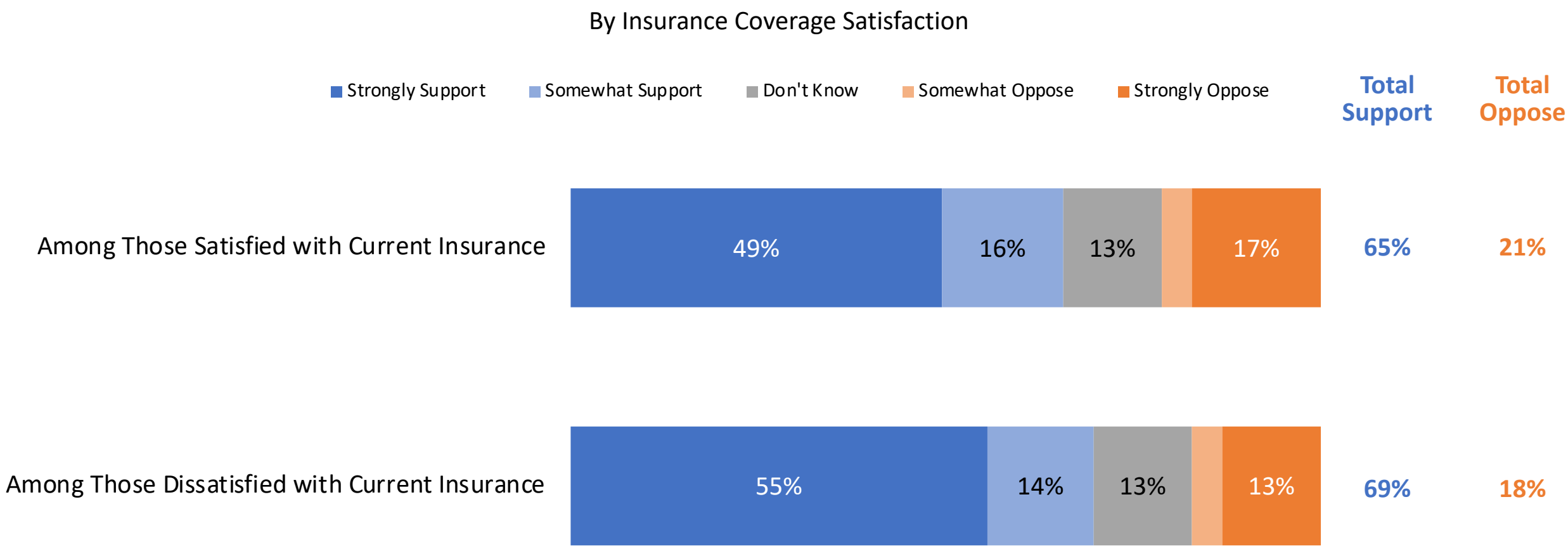
Both those satisfied and those dissatisfied with their insurance support the idea.



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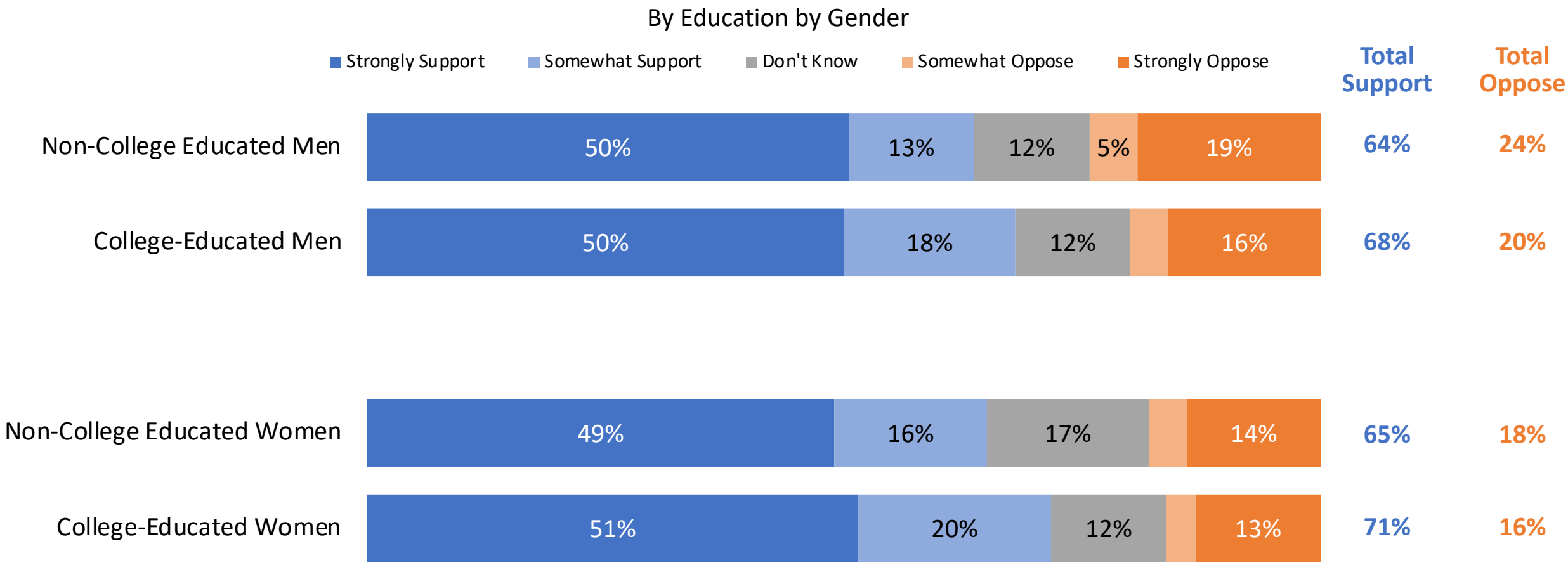
College-educated women offer the broadest support.



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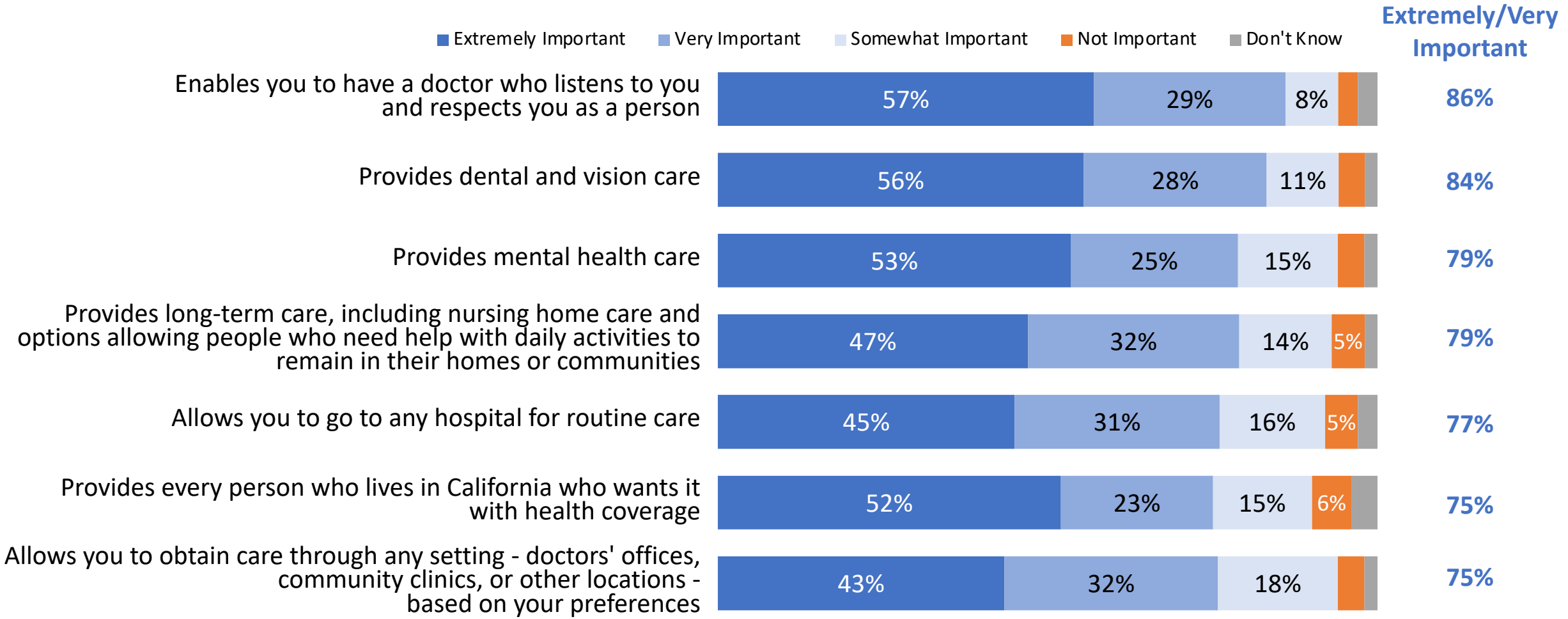
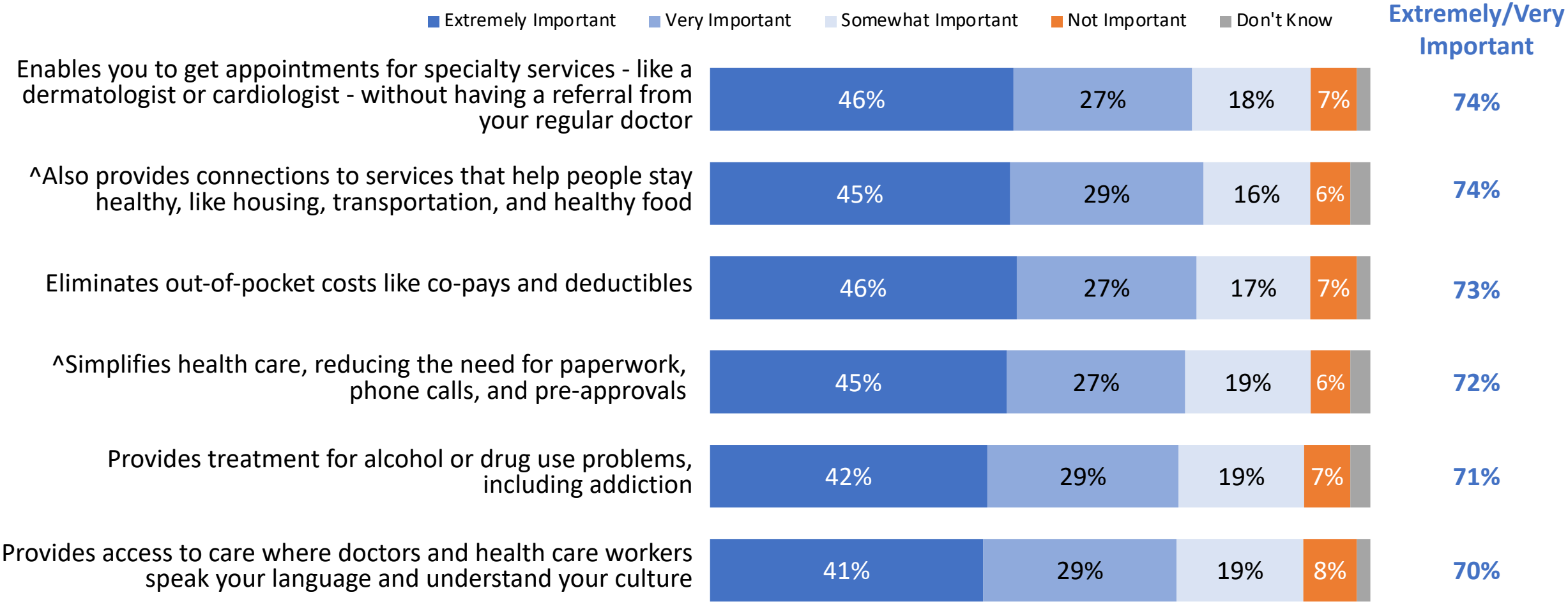
Among potential features of a statewide system, respondents prioritize having a doctor who listens and dental, vision, mental health and long-term care.



Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. Split Sample

Accessing specialty services without a referral and having connections to other services to stay healthy fall into a second tier of importance.



Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. ^Not Part of Split Sample

QualBoard Comments: Having a Choice of Providers

"I would consider it is a good thing to have many options and always seeing which ones you can apply to and obtain benefits."
—Female Spanish Speaker with Employer-Provided Insurance

"Having multiple options or choices is always a good thing. It would be better if each type (Medicare, Medi-Cal, private) had better choices or plans to choose from."
- Female English Speaker with Medi-Cal

"I believe having many options is fabulous! I like the idea that Californians can pick and choose what works best for their particular situation. In addition, having this tiered system can make certain programs more appealable to certain populations. I would keep this amount of options."
- Male English Speaker with Insurance Offered by Employer

"It is somewhat confusing having so many programs, that we don't understand, and even more so when you get on the computer, and you understand even less."
—Male Spanish Speaker without Health Coverage

QualBoard Comments:
Financial Circumstances Limit Provider Choice

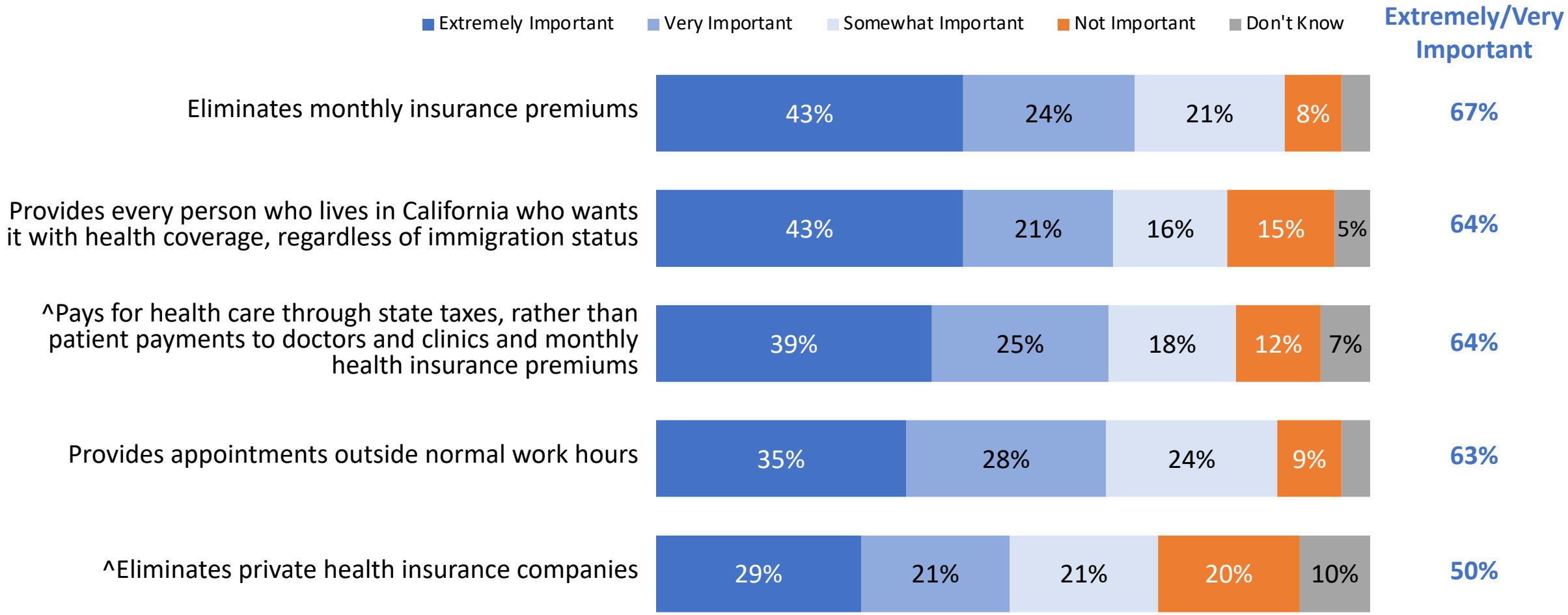
"It can be a good thing but, it depends on if you are financially stable."
- Female English Speaker with Medi-Cal

"I'd love to be a country where there's healthcare for everyone but, that's crazy right? I see how our politicians are trying to plug the holes. I get it. But does everyone get the same level of care with each program? I mean it's a good thing to have options yes. So long as quality of care doesn't suffer."
- Female English Speaker with Insurance Offered by Employer

"Well, it could be if it was possible to get covered by one of them. I gave up on filling out the forms for Covered California because it was too hard and […] when I tried to get help, no one ever got back to me."
- Female English Speaker with Medi-Cal

"[It's] a bad thing as it creates division among different classes of people. I believe a universal type of health care where everyone is given the same health care whether you're presently part of Medi-Cal or you are financially able to afford the most premium private program."
- Male English Speaker with Medi-Cal

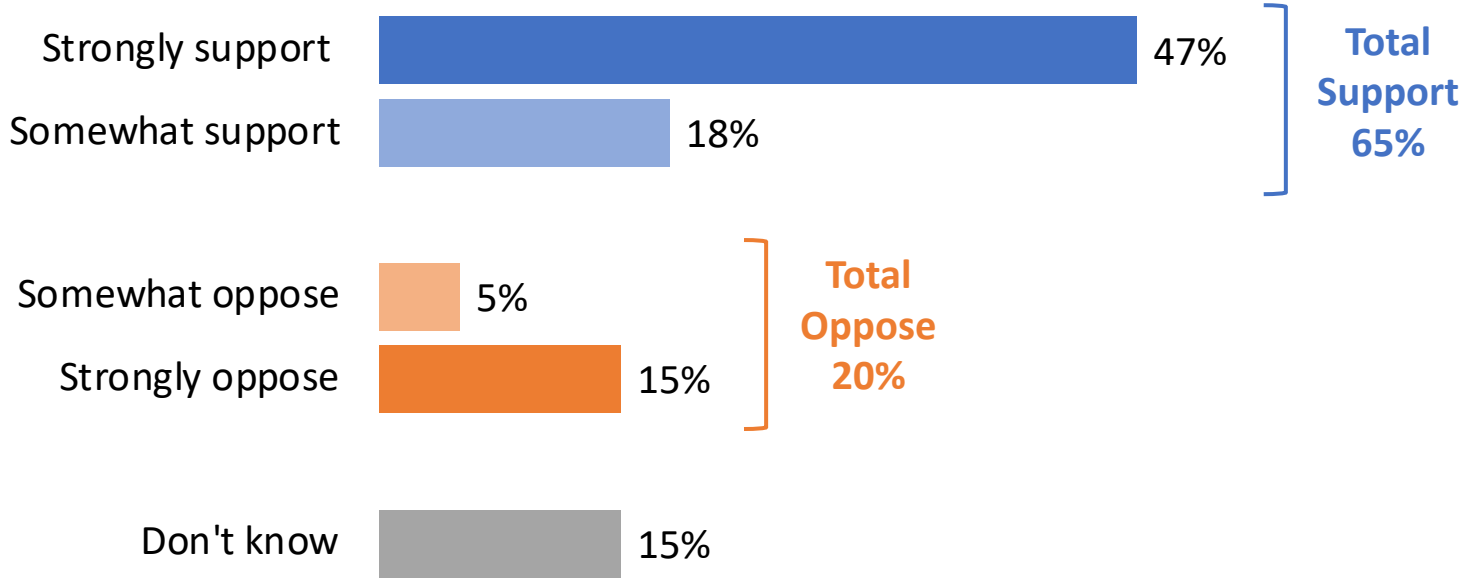
Respondents do not see much urgency to eliminating private health insurance companies.



Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. ^Not Part of Split Sample

Nearly two-thirds support a potential funding approach that replaces co-pays, coinsurance and deductibles with a progressive tax structure.

Currently, how much people pay for health insurance and care depends on whether they have insurance and what kind, how much care they need, and in some cases their income. Under a single statewide health program, out-of-pocket costs (like co-payments, coinsurance and deductibles) would be eliminated or dramatically reduced for all people who live in California, and everyone's health care would be paid for through California's tax system, with people with higher incomes paying a larger share of their income and people with lower incomes paying a lower share.



Q24. Does this approach to paying for a single statewide program to cover health care for all people who live in California sound like something you would support or oppose?

QualBoard Comments:
Funding a Health System with Progressive Taxation

"Hmm, the richer the people the more they pay into the system for the masses. How else can something like this be paid for?"
- Male English Speaker with Medi-Cal

"This sounds like a fantastic idea! The fact that people contributing to others health care is very mind-blowing. I would not mind being apart of this and would like for it to be implemented."
- Male English Speaker with Insurance Offered by an Employer

"My only concern is that with the lower incomes, if you expect nothing from them, they never have anything to grow into. I would hope that "free" would be eliminated in a way that everyone was taxed something, however small. We all have to be responsible in someway. I believe in giving people a helping hand but not a free pass until the next one comes along."
- Male English Speaker with Insurance Offered by an Employer

QualBoard Comments:
Funding a Health System with Progressive Taxation *(Continued)*

"Well, it would be good because it would be proportional to what you earn, but I also think it would have to have a limit because just because you have (more) money you shouldn't have to pay an elevated fortune."
- Male Spanish Speaker Without Health Insurance

"It's a bad idea since those who hustle and gain more have less help from the government while they have more expenses, and those who earn less already receive plenty of government assistance while those who earn more pay more in taxes."
- Female Spanish Speaker with Covered California

"No, I don't think it is a good idea, since it's not fair for those who have more to pay for those of us who don't have [as much]. I think it should be equal."
- Female Spanish Speaker with Employer Provided Insurance

"I think it's a good idea, because it's inclusive and also equitable in the way it depends on (your income) that way every person pays what is just and it would cover the whole population."
- Female Spanish Speaker Without Health Insurance

In the QualBoard sessions, participants were divided between a system that connected them with services like housing and healthy food and one that focused solely on high quality healthcare.

Tradeoff	Times Chosen
Having a system that focuses exclusively on providing you the best possible medical, dental, and mental health care	26
Having a system that provides you health care but also connects you to other services that can improve your health – like housing, access to healthy food, and more	23

- Participants were torn on the choice, recognizing the importance of the social determinants of health (though not in those words) and others stating that getting health care right was most important.

"I believe a person's environment can have an influence on a person's overall health. Issues with housing, food, money, and other necessities of living can provide stress to an individual, leading to health issues."
– Male English Speaker with Medi-Care

"Focusing on the best health care possible is more important, if we want done well. Trying to cover many needs by the same team can be overwhelming and they can lose focus and quality." – Female English Speaker with Employer Provided Insurance

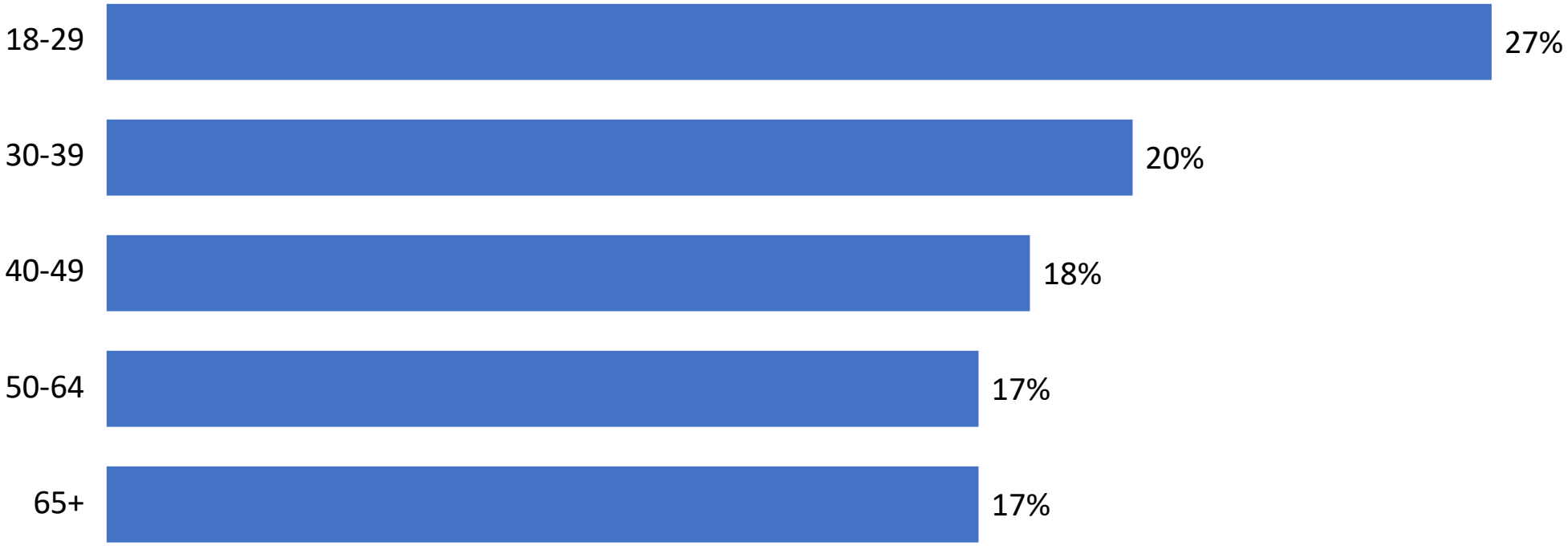
Conclusions

Conclusions

- The cost of housing, the cost of living and homelessness are seen as the biggest problems facing the state – with the cost of health care not far behind.
- Most say their family gets the health care it needs, but only about half feel that way "strongly."
- Californians with limited incomes rate cost, wait times, and insurance coverage as the most commonly-encountered barriers to receiving adequate care.
- When asked to name the most important improvement to the healthcare system, Californians with limited incomes mention affordability and universal care most often.
- Among a range of highly-prioritized goals for an improved system, Californians with limited incomes place the most value on safe and effective treatment and respectful service.
- Approximately two-thirds back establishing a single, government-run health care system for all Californians.
- A majority of respondents highly value all the features of a proposed government-run health system – with a focus on safe and effective care, affordability, and the absence of bias or discrimination.
- Californians with limited incomes generally back a system of progressive taxation as a mechanism for financing such a system.

Profile of Survey Respondents

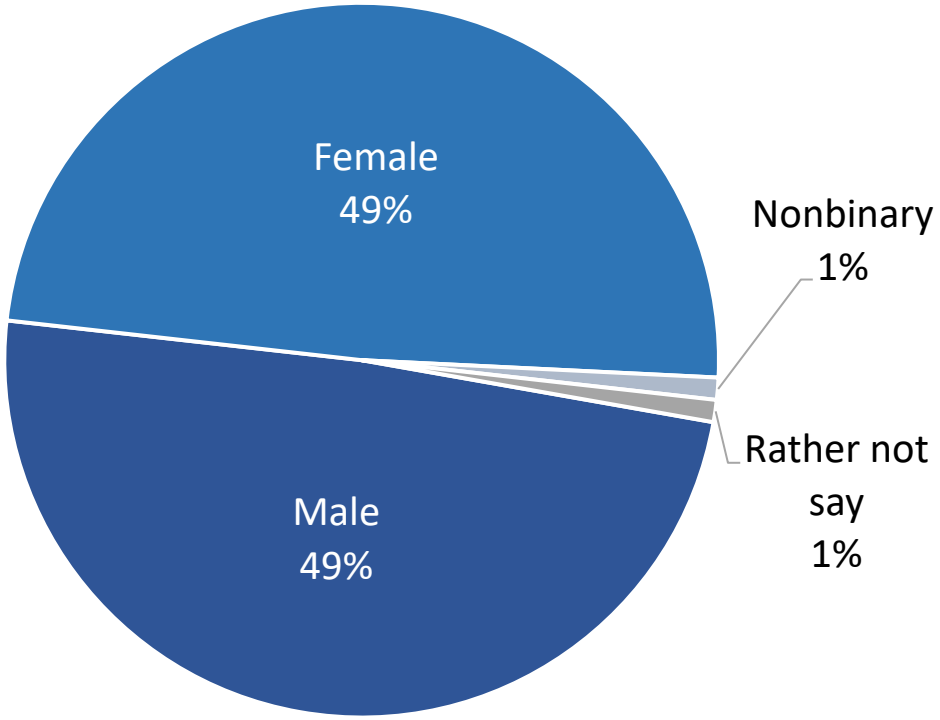
Age Groups



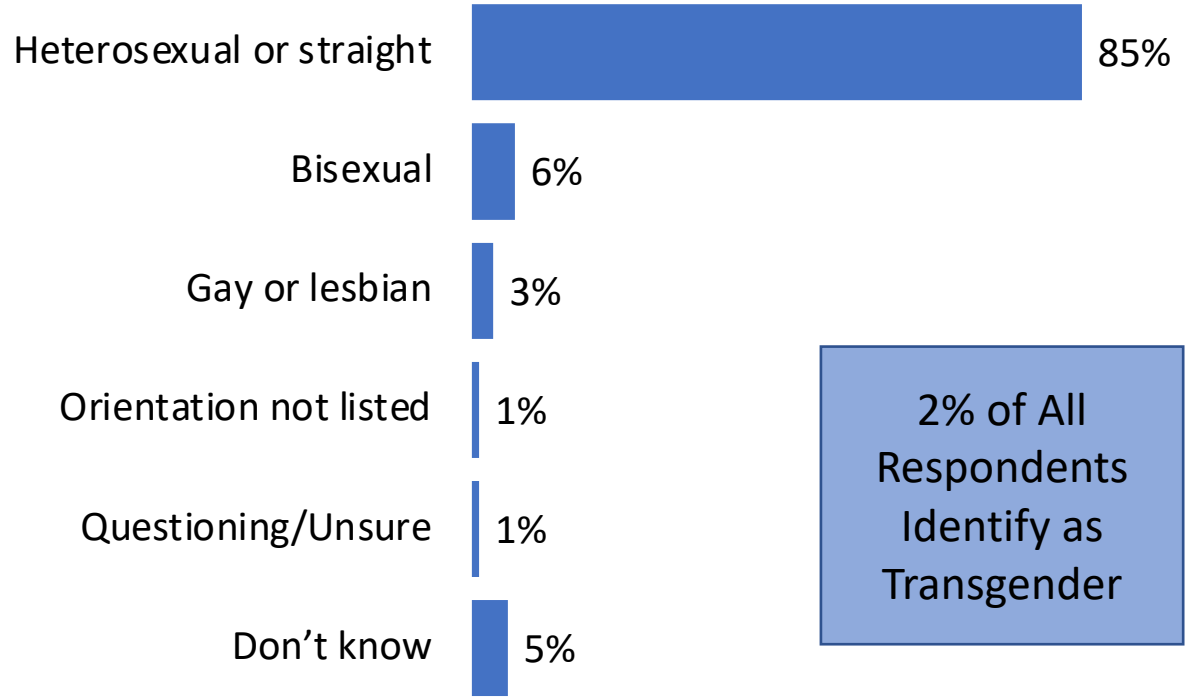
Q3. In what year were you born?

Gender, Sexual Orientation and Transgender Identity

Gender



Sexual Orientation and Transgender Identity

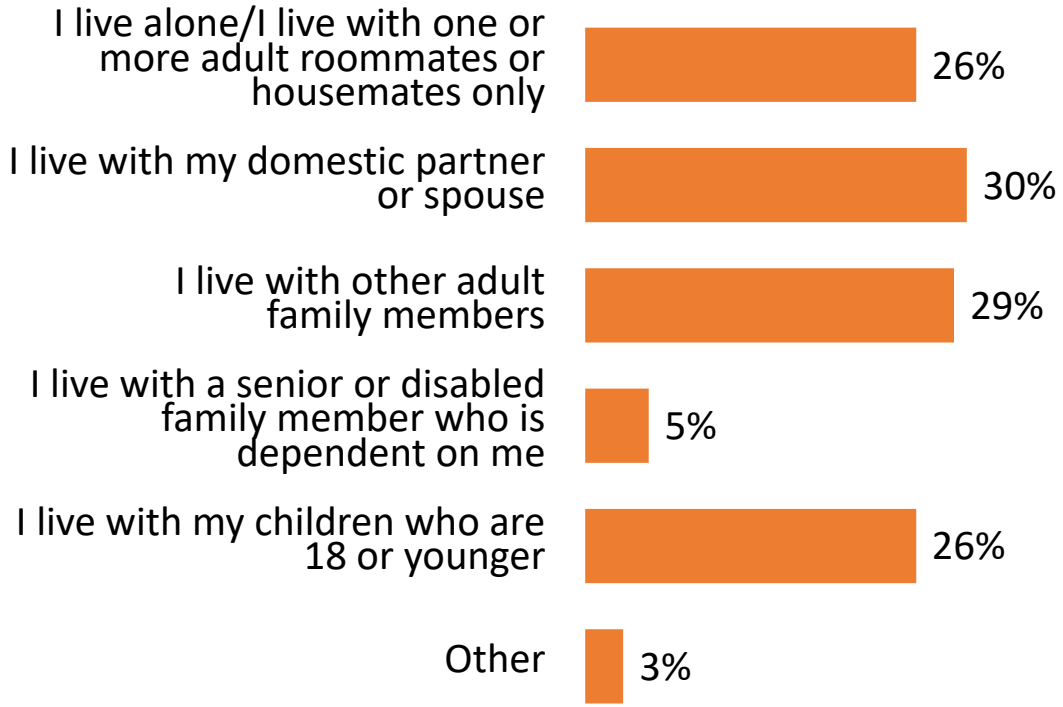


2% of All Respondents Identify as Transgender

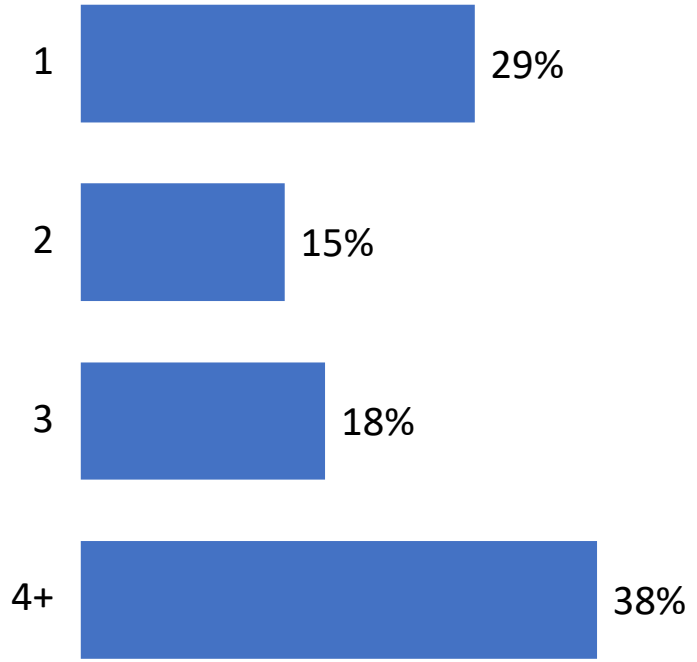
Q29.
Q31. Just to make sure everyone is represented, which of the following best describes your current sexual orientation?
Q32. Do you identify as transgender?

Living Arrangement and Household Size

Living Arrangement
(Multiple Responses Accepted)

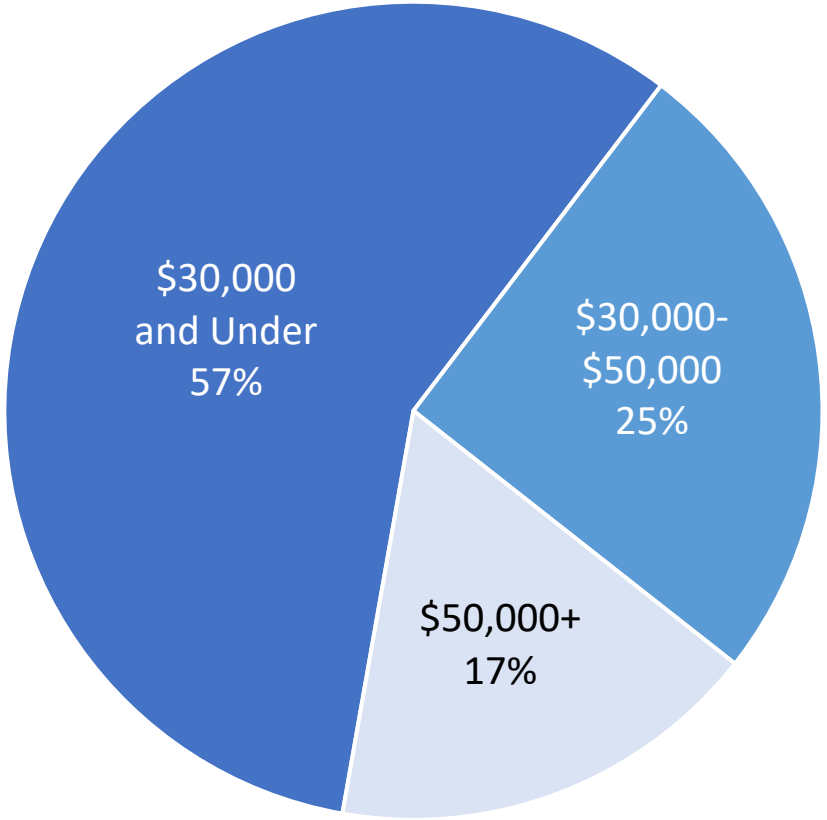


Household Size



Q5. I am going to mention a list of different types of living arrangements. Please let me know which one best describes your living arrangement.
Q6. How many family members live in your household, including children – and not including friends or roommates?

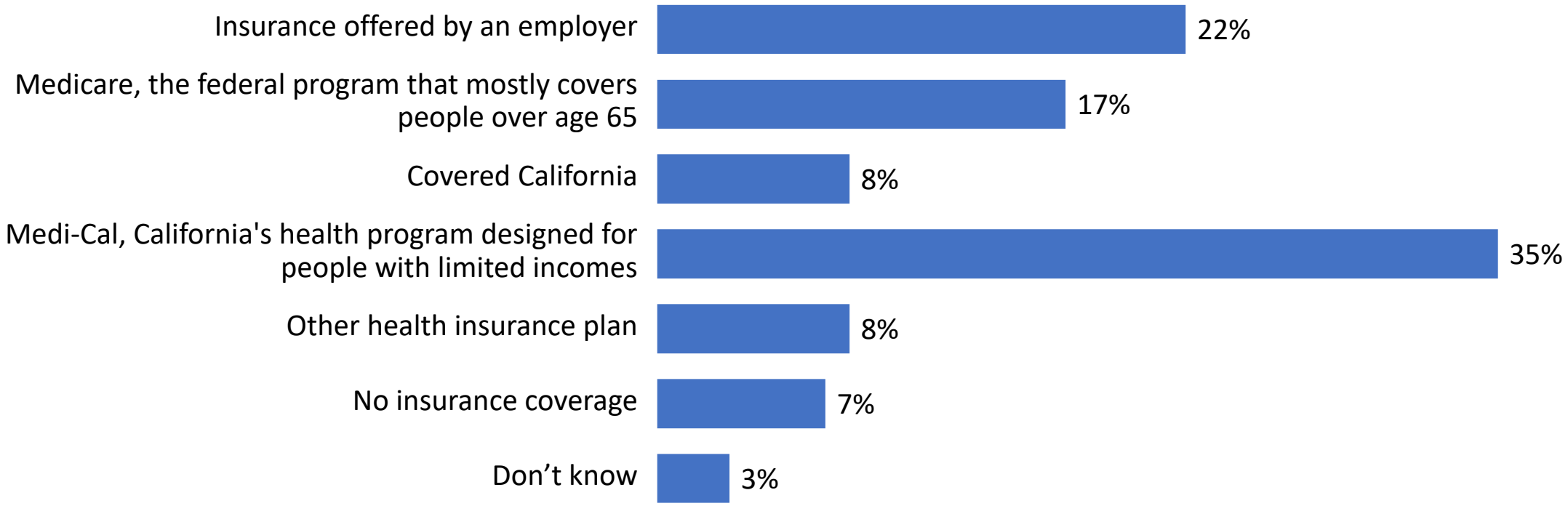
Household Income



Q4. I don't need to know the exact amount, but just to make sure everyone is represented, I'm going to read you some categories for household income. Would you please stop me when I have read the category indicating the total combined income for all the people in your household before taxes in 2020?

Health Insurance Coverage

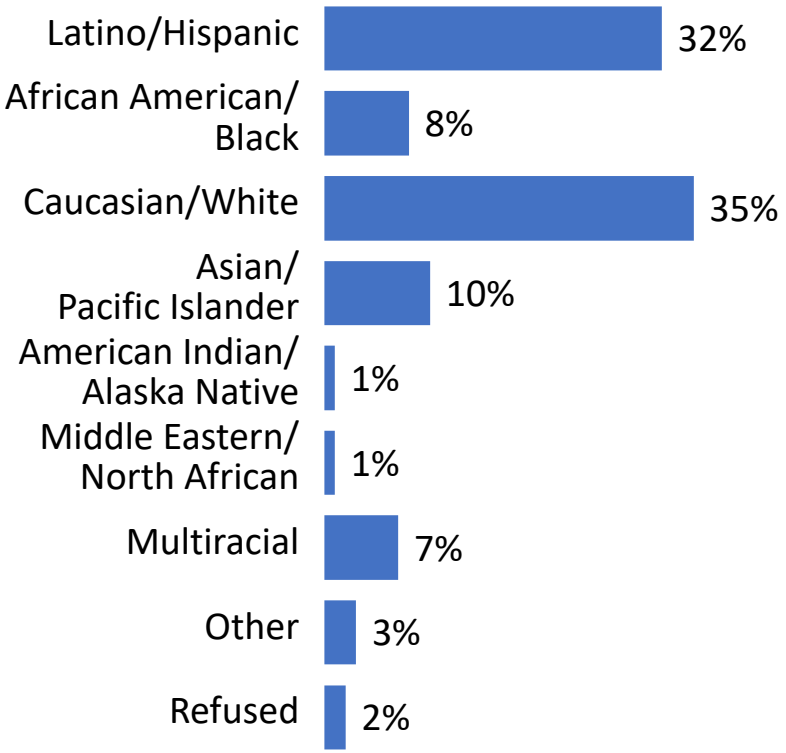
Which of the following best describes your health insurance coverage?



Q15.

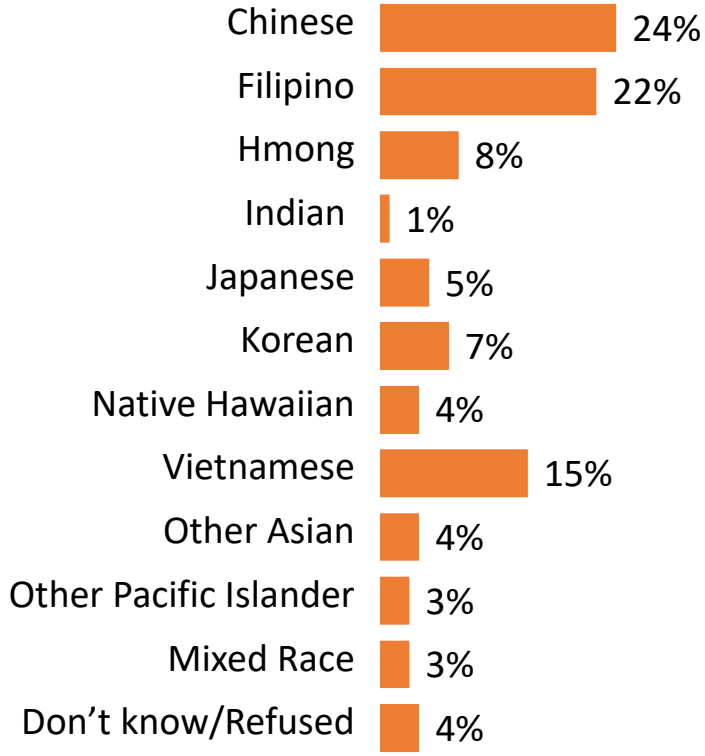
Race/Ethnicity/Language

Race/Ethnicity



Asian/Pacific Island Ethnicities

(Asked Only if XXXX)

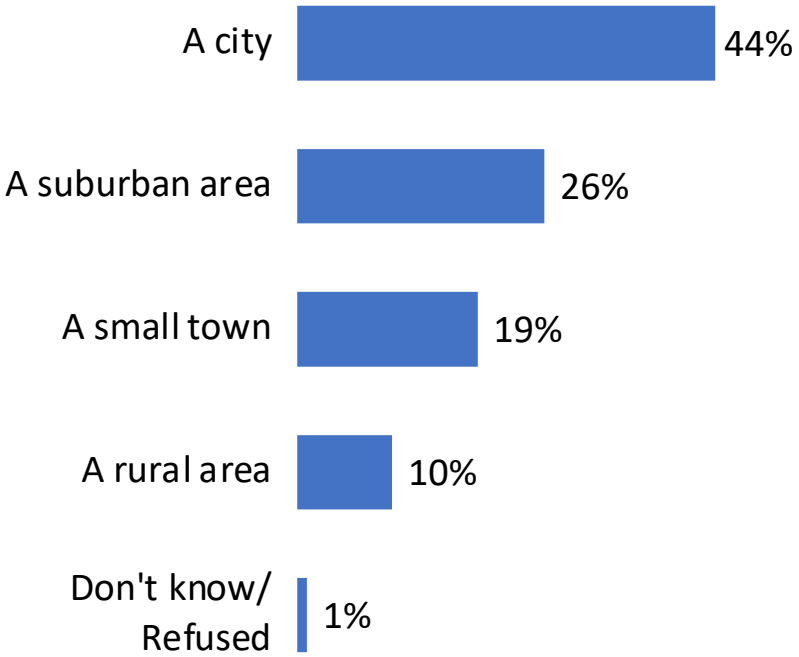


31% Reported Speaking a Language Other than English at Home

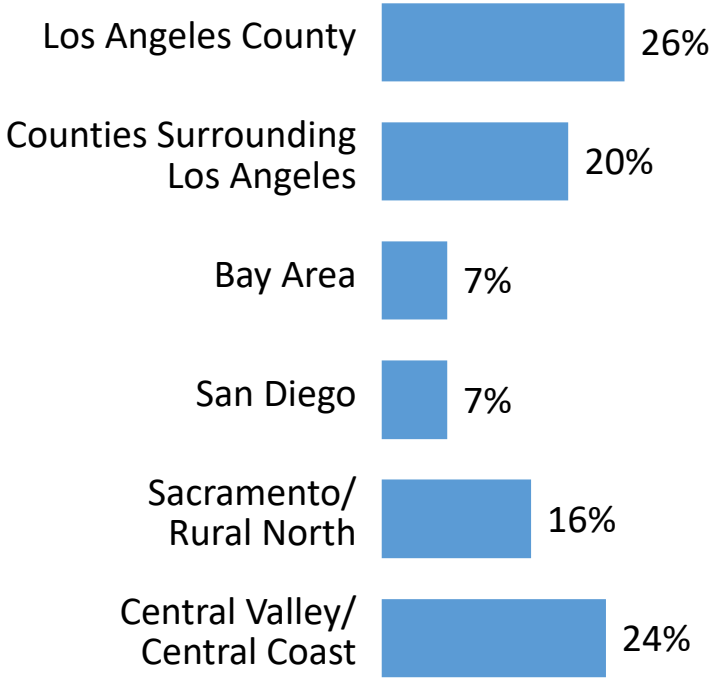
Q7. Just to make sure everyone is represented, with which ethnic group do you identify yourself: Latino or Hispanic, African American or Black, Caucasian or White, Asian or Pacific Islander, American Indian or Alaska Native, Middle Eastern or North African, or are you of another ethnic or racial background?
Q8. More specifically, would you say that you are:
Q30.

Area Type, Region, and Homeownership Status

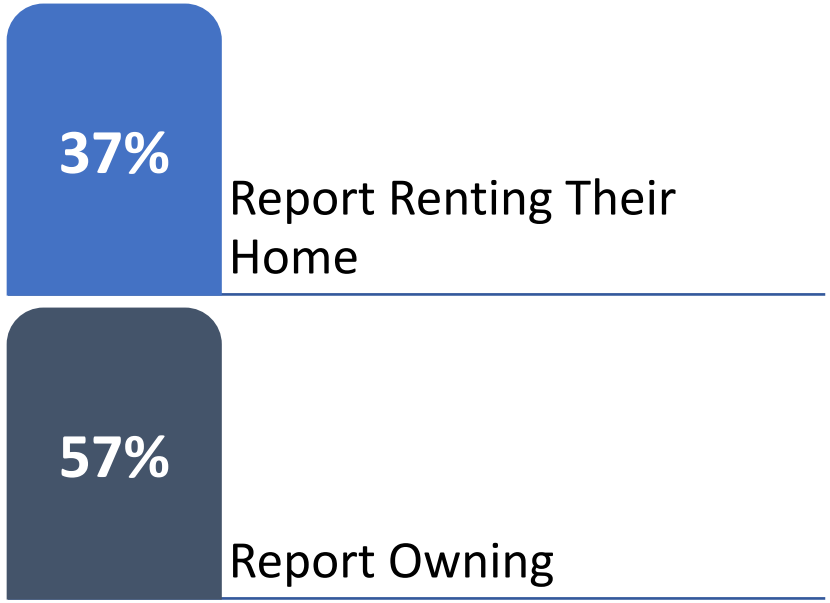
Location



Region



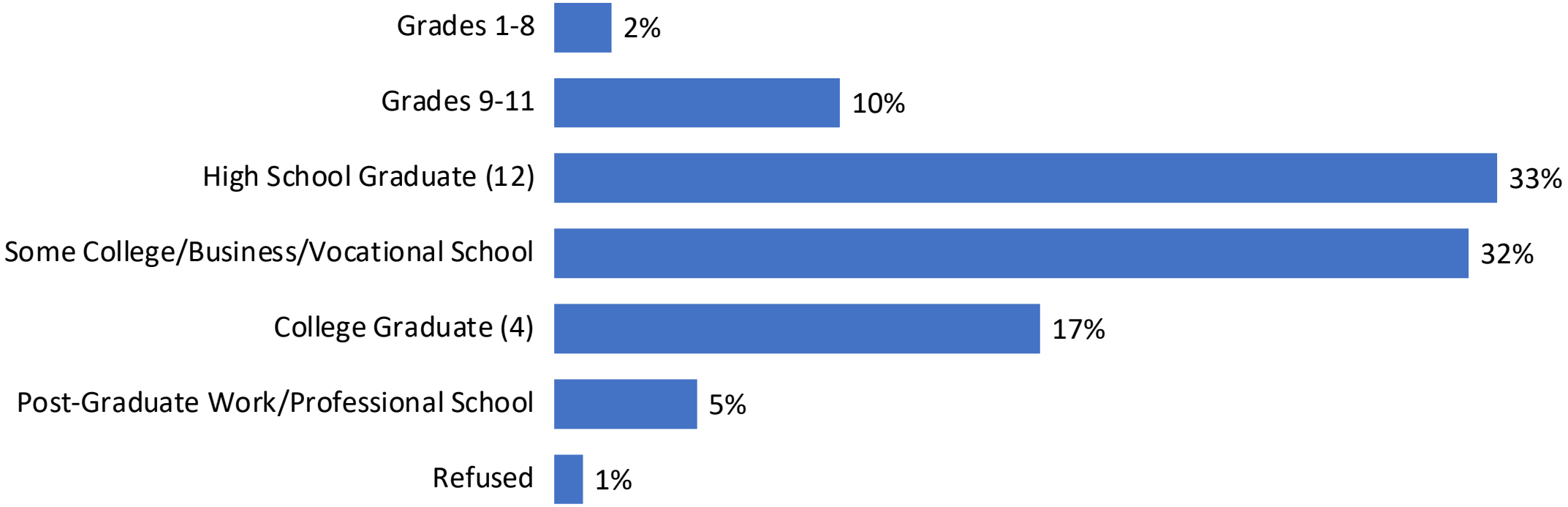
Own/Rent



Q25. Do you own or rent the house or apartment where you live?
Q27. How would you describe the area in which you live? Would you say that you live in:

Educational Attainment

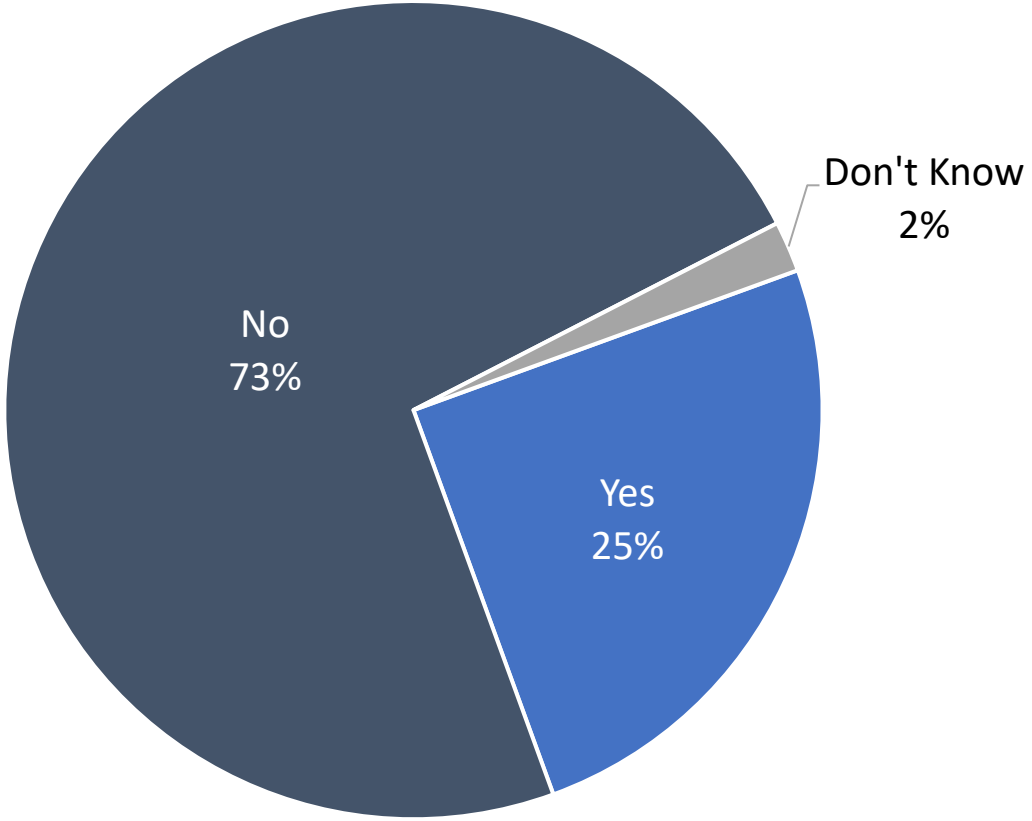
What was the last level of school you completed?



Q26.

Living with a Disability

Do you live with a disability that significantly impacts your day-to-day life or ability to get around?



Q28.

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FM3 RESEARCH | OPINION RESEARCH & STRATEGY

SECTION III

Improving California's Health Care System: Views and Perspectives from Community Based Organizations Serving Californians with Low Incomes

FULL REPORT

September 16, 2021

by Fenton Communications

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Introduction

In partnership with the California Health Care Foundation, California Community Foundation, and The California Endowment, Fenton assembled this report as part of a multi-method stakeholder input and engagement process, to capture the perspectives and priorities of communities of color and populations with low incomes that may be impacted by potential changes considered by the Healthy California for All Commission, which is tasked with developing recommendations for unified public financing of the health care system.

To inform this effort, Fenton sought to capture the perspectives of a broad array of community organizations, community coalitions and stakeholders with knowledge and expertise of urban and rural populations, immigrants, people of color, LGBTQ+, indigenous, and other diverse populations with low incomes.

In individual and group interviews and through an online survey, we asked advocates to discuss the biggest challenges and barriers that those with low incomes currently face in accessing the health care system, and their views on the improvements most needed in order for the health care system to better serve people with low incomes.

The critical feedback we received from advocates who work closely with and serve Californians with low incomes — especially communities of color — touches on issues relating to access, quality of care, system navigation, cultural competency and more.

Online and phone interviewees included health leaders, advocates, and experts from community-based organizations (CBOs) across California who serve people with low incomes. Organizations represented in interviews and survey responses include those who provide social services or health care, focus on policy and legal advocacy, or work to connect people with care or coverage. We sought to ensure that the populations served by participating organizations encompassed the diverse set of ethnicities, urban and rural communities, geographic locations and varied cultural backgrounds of Californians with low incomes.

Through our analysis, we found various health care obstacles that nearly all advocates cited for the communities they serve, including untenable costs required to obtain health care, the complexity of navigating the system and the inability to meet upstream and preventative care needs that would improve health. There were other challenges and opinions that varied across ethnic and cultural lines, including suggested improvements for language access, systemic bias, and workforce issues. Largely, interviewees and survey respondents were in agreement that they would support a single, government-run health care program for the state of California.

Methodology

In the research done to inform this report, Fenton gained insights from health experts and advocates from community-based organizations across California that represent and serve people with low income that span diverse ethnicities, geographies, and identities, including the LGBTQ community, Indigenous and nonprofit landscape of California. We collected data through group interviews, individual interviews, and an online survey.

Interview demographic details:

- We spoke with representatives from 34 community-based organizations with expertise in health advocacy, policy, health care or social services provision.

- 15 of the interviewees worked for CBOs that served Californians in various regions across the state, eight served Los Angeles County, eight served the Central Valley, one served the San Francisco Bay Area and two served the North Coast.

- 14 of the interviewees represented CBOs that served both urban and rural areas, four served primarily rural areas and 16 served primarily urban areas.

- 19 of the interviewees represented CBOs that served a variety of underserved races and ethnicities, 10 served primarily Latinos, two served primarily African Americans, three served primarily Asians, two served primarily Pacific Islanders and two served primarily Indigenous populations. *These totals include organizations who listed two ethnicities as their primarily served communities*

Survey demographic details:

- The survey gained 56 responses

- One respondent specialized in legal advocacy, 10 in policy advocacy, four in health education, eight in social services education, 17 in connecting people to health coverage, six in health care provision and 10 in other specialties.

- When asked what race/ethnicity best describes the majority of the community they serve, five indicated African American, 34 Latino, seven white, three Asian and Pacific Islander, seven multiracial or other.

- Geographies served by respondents included: 10 North Coast, 10 San Francisco Bay Area, 18 Central Valley, four Inland Empire, nine Los Angeles County, two Orange County and three statewide.

Overall Attitudes Towards a Single Unified Health Care System for California

In conversations with and survey of professionals across the state who serve Californians with low incomes, a majority indicated support for moving towards a single statewide government-run health care system in California. They touted various potential benefits of this change, including cost reduction and greater health equity.

In the survey, 83.9% of advocates indicated they would support a proposal to "replace all Medicare, Medi-Cal, Covered California and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income."

Notably, 89% of survey respondents indicated they would support the elimination of out-of-pocket costs such as copays and deductibles and 91% would support the elimination of monthly insurance premiums.

- **Health care as a human right.** Those who advocate for people with low incomes overwhelmingly believe that any new health care system must hold the core value of health care as a fundamental right. There is broad agreement among advocates that protecting people's health must override all profit motives, and that market-based incentives to profit from health care are detrimental to people's lives and health.

> I think that for any type of new health system design, there has to be a discussion around the values that it is based on. Is health care a human right or is it not? Under the current system, it is not. Those decisions need to be made as we're developing the system." - Interviewee

> Can we prevent the profit motive and just design a system that is going to work for people when they need it the most? We want it to work when they get the cancer diagnosis, when they have the child, the child gets the autism diagnosis, they get the schizophrenia diagnosis, whatever's happening to that family, if we can have a system that's ready to kind of surge supports to the family or the individual when they need it the most, that is exciting to me." – Interviewee

> The system is fundamentally built around the needs of providers and the profit motives and not around service." – Interviewee

> Having people take on more ownership of their health, and health needs, and feeling as if these institutions are their institutions. I think this is a really important element of this that needs to be addressed. We need an anti-racist health care system." – Interviewee

- **Designed with need in mind.** Unlike the existing health care system, any new system must specifically be designed in a way that addresses the issues, needs and priorities of people with low incomes, who typically experience higher incidence of chronic and acute disease and other disparities and inequities. When a system is designed to achieve equity by working better for those with the highest needs, it serves all people more effectively.

We would generally be in favor of a single system of care. I am ambivalent about the means and more concerned about the ends. Ultimately people, particularly in low-income communities of color have to see better life expectancy outcomes. That's how we would judge the efficacy of universal coverage." – Interviewee

What is ultimately the way in which the state would measure its success in an effort to provide universal health coverage? If it's just about getting more people health insurance, that is only part of the way there. Fundamentally the health care system has to be set up and run in a way that ensures fewer health disparities in communities of color." - Interviewee

When you're designing a new health care system for California, if you think about the needs of people with disabilities who have really high needs from the health care system, you're going to design a system that works better for everyone when they find themself in a situation where they have high needs." – Interviewee

- **Advocates are supportive of a single unified system, as a path towards equity.** As long as ability to pay dictates the scope and quality of care available, health inequity will persist.

Who gets higher access to health are usually people that can afford it, and the people that cannot afford it are the people who need it the most because of environmental and social factors that make them more sick. We continue to punish our communities for going to work in the heat and the pandemic, for getting sick from the smoke, from eating at fast food restaurants because they don't have the time to cook." – Interviewee

- **Advocates support universal health care coverage, with no limitations on where and with what providers this coverage can be used.** They want it to cover the full range of health care services: physical health, mental health, dental, vision, long-term care, in-home care and treatment for substance use and addiction.

It must cover dental care, mental health, and preventive care. Those are musts." – Interviewee

I want them to go to any facility and be covered." - Interviewee

- **Creating a single system will be challenging.** At the same time that interviewees acknowledged the size of the challenge of completely redesigning health care financing and delivery, they expressed hope that such deep change is possible, particularly in California.

> I think there needs to be some creative thinking beyond what our health care system actually is right now. This is an opportunity to really create a system that actually provides health care for all Californians." – Interviewee

> It's a tough conversation because in my mind you're really talking about changing the entire way that people have known health care in the United States. It's in the realm of possibility to have a unified single payer. I think that it will require a tremendous amount of coordination and really resetting the way that health care has been done." - Interviewee

- **Single system must include all providers.** Advocates have specified that the success of a single system will in part be based on ensuring that all providers are available within it, and that the government has the ability to control costs and ensure equity of care. Some shared concerns that if it were possible to opt in or out, we would end up with a system that is still segregated by income in terms of care quality, similar to the way our system operates now.

> For a single system that's led by the government, we need to make sure the government has the authority and the proactive role in making hard decisions around health care costs, making sure that they have the ability to cap health care costs and hold industries accountable to what they charge." – Interviewee

> Single payer of course on paper looks great, but until you have it for everybody, including high-income, high net worth individuals, it's going to be a second tier system."- Interviewee

- **Maintain consumer protections.** A single, unified government-run health care system must be designed to deepen and expand on what is already available through Medi-Cal. We heard significant opposition to any roll back or decrease of benefits and protections that are currently available to people with low incomes through Medi-Cal, including due process, low or no cost drugs and coverage of care types that are not included in Medicare, like in-home elder care.

> It's important to keep the protections for low-income people and the benefits that are currently in place for Medi-Cal beneficiaries in California. We are open to supporting Universal Health Care reforms or proposals, as long as they don't negatively impact the benefits and protections of Medi-Cal beneficiaries, and the gains that have been achieved in the last couple of years." – Interviewee

> We have really great strong consumer protections in law right now. So making sure that those important pieces are retained and maintained in any sort of

system reform is super important, and that existing consumer protections in law are also potentially improved upon." - Interviewee

- **Advocates are critical of employer-provided coverage** because it is inconsistently available to people with low income, often offers low quality coverage that makes care unaffordable, and causes interruptions in continuity of care for those who work in seasonal or inconsistent employment environments. Interviewees and survey respondents were in agreement that the system's current reliance on employer provided care is not effectively serving people with low incomes.

> While employer-sponsored coverage can be great for many people, employers are not required to provide the essential health benefits that are mandated for Covered California plans. If people have been offered an affordable employer-provided coverage, but have to pay for their dependents through that coverage—they often do just as a practical matter—they can't get coverage for the dependents. And because they have that offer either for themselves or their family members, they are not able to access other options." – Interviewee

> You have folks in our community, in our population who have employment and insurance some parts of the year, and they don't, other parts of the year. That interrupts care. It actually discourages continuity of care." - Interviewee

- **Value in simplicity.** Advocates believe that a single unified health care system can help both reduce costs and increase simplicity and streamlined access to care.

> Hopefully, a single payer system or single unified system will be a lot simpler to administer. So you would eliminate a lot of the costly administration. And from the consumer's perspective, hopefully it's more streamlined so that it's easier to navigate." – Interviewee

> I think it's important not to underestimate the impact of just reducing the cost of health care in general. It's not that we think the state should be saving money by cutting services, or lowering reimbursement. But there's so much overhead costs right now in the system, and because of the different payers in the system, that that makes the health care system in general more costly, and that passes on to people in the form of higher premiums or higher cost sharing." - Interviewee

- **Public support.** In terms of how to implement such a change, advocates advised a new system must be attractive to people of all income levels, and be promoted as such in order to gain public buy-in. Participants recognized that in a restructuring this deep, industries whose profit potential would be eliminated will likely go to great lengths to protect their financial interests. However, in the long run, this is the right way to achieve real health equity. Although the idea of eliminating insurance companies was quite popular with surveyed advocates, interviewees doubt that such a big step could be taken, because of the lobbying

power that these companies are likely to leverage in order to protect their profits. *Among a list of financing characteristics that a redesigned system might have, 70% of advocates said they would support a system which "eliminates private health insurance companies."*

It's very important to be able to create a powerful, strategic communication strategy to sell this notion of single payer. It is such a fraught issue right now, given where the big insurance companies are. So there are political, rather than just practical problems within the single payer structure. Who are the stakeholders that we lose? Health insurers, organized medicine, pharmaceutical companies, they are a very powerful lobby in California. And within that, how is the commission making sure that the story that the commission is telling about the net benefits of a single payer system outweigh the trade-offs that people have argued about for years?" – Interviewee

What has to be sold to people is the idea that if we keep the members of our society well, then they become productive members of the society. We should have an open and transparent evaluation system that shows this is leading to reduced governmental expenses on the other end, that we see the CalFresh and the need for SNAP go down, that we see that the welfare rolls go down, that TANF goes down. Because these individuals are well taken care of and they're more productive members of society. They become well employed." - Interviewee

I think the benefits of a single statewide health system will be that we will have a population that is in better health. And if you don't think that's a good in and of itself, you can say a population that's in better health is more productive. I think it will lead to an increase in economic productivity." - Interviewee

Cost and Affordability

Affordability of coverage is an obvious and unsurprising barrier to care for many Californians with low incomes. While Medi-Cal provides greater accessibility, this demographic struggles with costs associated with employer-based coverage and Covered California. There is near universal agreement among community-based leaders that copays and premiums routinely cause individuals to delay or forgo necessary care for themselves and their families, and that such costs should be completely eliminated as part of a single statewide system. At the same time, a significant number of individuals with low incomes remain uninsured because health coverage is unaffordable, and because employer benefits are of mixed quality and provide uneven access.

From a financing perspective, advocates recognize that taxes are necessary to support a single health system of this scale, but want to ensure greater fairness and equity in how this is done to prevent those with lower incomes from suffering an unfair tax burden.

- *In fact, those surveyed were in the most agreement about the challenges posed by the costs of obtaining care. Every single advocate surveyed (100%) reported affordability of*

care, via copays, premiums, medications or other care costs, as a challenge for the community they work with, with 80% of respondents listing it as a major challenge.

- *Respondents who serve the Latino community were most likely to list affordability of care as a major challenge for their community, with 94% citing it as a major challenge.*
- *Additionally, when we asked survey respondents to prioritize across six options what they would like a redesigned health care system to accomplish, affordability for all residents was the most often chosen number one priority.*

Consensus to Eliminate Copays and Premiums

Even nominal copays decrease care utilization and cause people's conditions to worsen before they seek care. Interviewees told stories of people with low incomes being forced to choose between health care and other essentials and losing coverage for unpaid copays or premiums.

When we asked survey respondents to choose their support level for various financing options for a single, statewide health program, people felt most strongly about eliminating costs — 61% strongly supported eliminating out-of-pocket costs like copays and deductibles and 55% strongly supported eliminating monthly insurance premiums. Notably, all survey respondents who serve the Inland Empire strongly supported eliminating copays, deductibles, and monthly insurance premiums.

- **There is broad consensus that copays and premiums should be eliminated for all people with low incomes.** And people believe that prescription copays should also be reduced or eliminated. Some advocates offered the observation that resources currently spent on billing and collection could be much better spent on care provision, further lowering the overhead costs which many anticipate would be reduced through a single unified system.

> I think copays should be eliminated. As a mother with children, imagine if you have two or three kids and you have to go in and are charged copays of $20, $30, that's a lot." – Interviewee

> If there is a copay, a lot of people delay care or don't fill their prescriptions, because they're trying to save money. If you have a bill to pay, rent due, to pay for food, you're going to choose to take care of your family first over health care." – Interviewee

> Children with autism can need applied behavioral analysis which is a therapy given every day in the home. Parents can't afford to make that type of daily copay. So they will not do that treatment anymore, which is typically very necessary in the early ages for children with autism."- Interviewee

> I think the most important change to the health care system would be paying for health care through state taxes rather than monthly premium contributions. Many people make health care decisions based on what their copay or deductible might be. And so it's really a matter of "Do I go to the ER?" And pay $150 for my copay which I don't have? How will I pay that? And so they don't go to the ER. If that cost was already paid upfront through taxes or through a

monthly premium, then there's nothing prohibiting somebody from going in and being seen because it's already paid for." – Interviewee

- **Respondents generally disagree with the idea that nominal copays are useful** in making sure people seek care they actually need. Even nominal copays for "accountability" can make care unaffordable. And CBOs do not see unnecessary seeking of care as a problem that really exists (thus no deterrent against it is actually needed).
  While no-shows at appointments *are* an issue for providers in low-income communities, charging penalties for missed appointments does not serve as an appropriate disincentive. The inability to get to appointments cannot be ascribed to lack of motivation, but to transportation challenges, competing appointments and red tape to access services, complexity in navigating the social safety net, unpredictable work hours and more. Fees used as disincentive pathologize poverty, make care unaffordable and cause people to lose coverage.

> Some people have this really strong view that if you don't have skin in the game, you're not going to appreciate the expensive, the value. But for lower income people, that cost just creates barriers to accessing care. And second,that it's really not unneeded utilization of services that is driving up the cost, but it's actually the prices of health care services." – Interviewee

Cost Challenges with Coverage Programs

Although the percentage is lower than in many states, there are still a considerable number of uninsured people in California, and the costs of care to them are astronomical. *96% of survey participants surveyed cited lack of health insurance coverage as a challenge to the people with low incomes who they serve.*

> People who are uninsured really avoid seeking care out of fear of what it's going to cost. They don't actually know what that is until they allow their condition to progress to a point where now it's an emergency and it is very expensive." - Interviewee

- **Advocates raised the issue of high costs for low-tier Covered California plans, and low-quality employer coverage.** Although those with extremely low incomes are eligible for Medi-Cal, those who earn lower-middle incomes under the current Covered California plans are still experiencing affordability challenges which cause delay or avoidance of care.

> There's a bunch of folks who are lower middle to middle class for whom the exchanges are unaffordable. The subsidies don't pan out to make it affordable enough for folks to buy into Covered California, so there's still a lot of people who end up going without insurance." – Interviewee

There are many of our workers that unfortunately, still experienced high deductibles, especially when it comes to family coverage. So I would say health care costs are still a number one driver related to barriers." – Interviewee

Taxation & Financing

There is broad consensus that funds to pay for a single system and to secure coverage for all must be raised through taxes, not through cuts to other essential social services. **And, that any taxation to finance a single health care system must not put undue burden on people who earn low incomes.**

You need to make sure that the system is placing greater responsibility on higher income people. It's important to ensure that in the taxation system, lower income people are protected."- Interviewee

Taxation needs to be equitable - not flat by person, perhaps sliding scale, with a small difference between low and middle income, and big difference between middle income and high income for payments, and no loopholes for the wealthy. - Survey Respondent

The cost can't be placed on the middle class or working poor. Tax the millionaire at higher rate to partially pay for health care. Tax the social media giants and millionaires. - Survey Respondent

- **Protection of existing social services.** Advocates are wary of a financing plan that would seek to reduce spending in other places, cutting other essential services.

It's hard to imagine a path where the state could provide universal coverage without significantly raising revenue. In the pursuit of providing universal coverage, it can't come at the expense of other issues that poor people need to help their well-being. Things like housing and support for immigrants and alternatives to incarceration, these are all things that require significant amounts of revenue. And one way or the other, Medicare For All would be an expensive endeavor." - Interviewee

- **Advocates support higher taxes for some, to ensure that all people can be covered.** Many suggest that the cost savings overall may cancel out this increase.

I don't want to pay more taxes, but ideally, we would have health care for all. So I would rather pay a little bit more in taxes and have health care for everybody than to pay a little bit less." – Interview

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Upstream Care and Prevention

Advocates agree that the best way to simultaneously improve health, health equity and reduce costs of care is to improve upstream social determinants of health and increase access to preventive health care. Right now payment structures, navigation challenges, cultural and linguistic barriers, and social determinants of health all stand in the way of good preventive care that can keep people healthier. While our society creates and enforces living, working, housing and environmental conditions which are disproportionately more unhealthy for people with lower incomes, it also restricts access to health care and healthy living conditions for people with lower incomes—a strongly self-perpetuating cycle of inequity.

Interviewees described in detail the many scenarios in which the incentives built into today's system make it more difficult for people with lower incomes to stay healthy, by eating healthy, living in safe housing, receiving routine checkups, and making lifestyle modifications when they are needed to stave off disease. In order to meaningfully improve equitable health outcomes, these barriers must be addressed.

Those working to support low-income communities support greater capacity within the system to support preventive health care and upstream interventions to improve social determinants of health.

- *100% of survey respondents listed helping patients prevent health problems as either an extremely or very important characteristic in designing a system that will better serve low-income Californians. Out of all the types of experts surveyed, policy change advocates were the most adamant about this particular characteristic in designing a better system, with 100% of them listing it as extremely important.*

- *"We need a system that focuses on prevention- how to eat properly, ways to stave off diseases by taking care of oneself, less prescriptions as the only answer."*
  - Survey Respondent

We don't have environments that are promoting good health. So we have a lot of sick people, individuals who are developing those chronic diseases. And what is proof of that is the growing number of dialysis centers that we also have in the Central Valley. And so I feel like we're in this vicious cycle of not having the environments and systems that actually promote and sustain good health, and then we don't have all of the systems and service providers in order to treat people once they do get sick." – Interviewee

We strive to work further upstream in our care to try to prevent and address issues as they contribute to new incidence and prevalence of the health conditions that we see in our clinics.

So if we see high rates of diabetes or alcohol use disorders, depression, trauma, people with adverse childhood experiences, what we're trying to do in our prevention programs is to work further upstream at the family unit level, intensive programs with our youth with the understanding that culture is prevention, with the idea that if we can shape healthy families, we're strengthening the fabric of the community." – Interviewee

You've got to move upstream. The system has to focus on why 45-50 year-olds, and in particular men, are not coming into the doctor. And for 20 something year-olds, getting people connected with preventative care, screenings, chronic care management.

How can we create healthy communities where people can live the full course of their lives, where we can prevent the onset of chronic diseases? Ensuring that there's access to healthy food, ensuring that there are safe places for people to exercise. We do have a very high rate of all of those chronic illnesses here." – Interviewee

- **Advocates point out that poverty itself is a driver of poor health.** Not only in lack of access to quality care, but because the constant stress of economic insecurity causes instability and harm. Interviewees stressed that health and well-being of people with low incomes is not simply based on the quality and access to care they receive. While they have concerns that the health care system takes on everything, they do want integration between health and social services, as well as recognition that you can't fully address health without both components.

Some of the stressors people are under, I do not understand how they are surviving them. Like I just don't understand how they're getting through it all." – Interviewee

This can also be said of immigration status.

There are so many compounding factors for immigrants. More than 2 million people in California. In our circles, we actually consider immigration status as now somewhat a social determinant of health. Many immigrants who have issues with their immigration status have had issues with accessing health care, and had issues with making sure they live healthy lives in the State." - Interviewee

Cost Savings from Preventive Care

Improving the overall health of people will be a financial and economic benefit to all, as people are more able to work, have less costly forms of care that are needed when illness progresses. Better mental, physical and behavioral health care help people stay healthy and out of the hospital, maintain employment and live productive fulfilling lives with lower public system utilization.

There's a broad spectrum of challenges for low-income people in maintaining care. For basic things, like not having a refrigerator for insulin, they go to the emergency department and then they end up being admitted. The cost for a refrigerator is almost negligible compared to the cost of having them to the ER, and then being hospitalized." - Interviewee

Say you have a kid with asthma, you could focus a lot on the things you have to do to treat this kid with medicines. Or you could look around and ask what is causing the asthma. Oh, it's that your landlord keeps spraying pesticides in your house instead of using gel baits which are much safer. We're going to write you a reasonable accommodations letter based on the ADA saying your landlord can't spray anymore. That will get you better long-term health impacts. The kid won't be in the ER as much, parents won't miss work as much. It's also cheaper: buying some gel baits is a lot less money than sending a kid to the ER." – Interviewee

Social Services Should Be Coordinated and Streamlined

Advocates support the coordination of health and social services. They believe greater coordination between health care and social services will improve overall health, and that these services should be easier to access. Right now, the system of referrals between health care and social services is not very effective, and does not guarantee that someone who needs services will actually obtain them. Advocates recommend alignment and integration between social services and health, to ensure connections are made. Greater coordination with the social services sector will help improve utilization of care, as well as overall health and preventive care.

I would say having a system that provides health care and connects patients to services that improve their health, such as housing and access to healthy food, is more important than having a system that focuses completely on providing patients with the best possible medical, dental and mental health care, and the reason for that is it encompasses all of the basic needs of an individual or a family.

I think you could have the best medical, dental and mental health, but if you're worried about your housing, your food security, your childcare, it doesn't really matter because you're not going to be taking care of those other needs until your basic needs are met."- Interviewee

Social services are the fabric of what low-income people need to be okay in their lives, and they need someone to be the bridge to those services. But, it's very difficult to put them all under one program, or have them be under one umbrella, because a lot of them are funded differently. So, you've got to figure out a bridge." - Interviewee

It has to be very clear and it has to be easy for a patient. If you hand a patient a number and say, 'Call this person,' you're probably going to get a 50% fall-off number right there by people who just won't call. So, you have to make it super easy, and be proactive about getting in touch with people and helping them to do preventative steps." – Interviewee

- **Advocates also support streamlining application processes for social services.**

The lack of coordination between health and social services is exacerbated by the complex and burdensome enrollment processes for these services.

It's not just one system they're trying to navigate. I think one of the big challenges is that there's different applications for housing assistance, nutrition assistance, health care assistance. Social Interest Solutions is working to create a single point of entry application across programs, but it has not happened yet" - Interviewee

The paperwork needs to be streamlined! The "single streamlined" application that is given out by Social Services is padded by an inch of other paperwork or informing notices. The paper applications are daunting and not easily or successfully completed by the general public. The ability to apply over the phone is difficult or not available. The C4Yourself online application is terrible and not easy at all. Those in the greatest need are often not able to enroll in benefits they are eligible for because of paperwork or weird, tedious processes." - Survey Respondent

Cost and Payment Reform Should Prioritize Prevention

Within the current structure of the system, costs and payment methodologies disincentivize both patients and providers from prioritizing primary and preventive care, and compel people to wait to obtain care until they are sicker. Advocates offered praise for some payment and care organization reforms which are currently in progress, including CalAIM (California Advancing and Innovating Medi-Cal), which includes plans to implement payment reform toward outcome-based payment, and to reimburse for nonmedical services like housing, personal care, meals and peer supports. Alternative payment methodology is one arena which was specifically noted as promising in moving toward a system that places greater value on prevention.

I think with CalAIM that's coming out in a couple of years… California is doing an excellent job as a step forward in that initiative and making that a priority. We at Native are excited about that and participating when available. But it's like doing those things that are more upstream, holistic type of care and they're

preventative so that you don't end up having to just be in the system where you're running around." - Interviewee

I think that there's ways to do things upstream that can improve care. I think that it's inevitable that something has to be done to change the system. I do think that CalAIM is an excellent start. It's not a single payer, but it's an excellent start in principle to get to the things that are preventative more upstream and moving those things and how you allocate medicine and how you treat patients more holistically versus just the immediate moment." - Interviewee

Currently, how we operate is we get a certain payment for you coming into service. Unfortunately, we are driven by volume. In the new world, alternative payment methodology, we get a fixed payment every month for that member, and we have to meet certain quality outcomes. We are rewarded for keeping a person healthier, rather than paid more if they become sicker." - Interviewee

The focus tends to be way downstream in the hospital, in the really high-cost area. We need to accept that this is going to take time, and commit to the longer approach, by incentivizing or doing alternative payment models." – Interviewee

Care Navigation, Access and System Complexity

Respondents strongly cited that the existing health care system is not suited or designed to serve the health care needs of people with low income. In fact, these Californians experience extraordinary hardships attempting to navigate, understand and utilize an overly complex system that shuts out people from receiving care. More effective system navigation must be an essential component for any single statewide health program— starting from enrollment practices to appointments to actual utilization and follow-up services. Community leaders and advocates expressed significant shortcomings of the state's operation of the Medi-Cal program that must be resolved, should a new single unified health care system be established in California.

Better System Navigation is a Priority

Nearly all (98%) of advocates surveyed indicated that complexity and inability to navigate the system was a challenge for the communities they work with. Ninety-one percent indicated it was a major challenge, and those who were interviewed all echoed this sentiment.

It's a run around. For a lot of those people who are low income, it's very difficult to navigate. We, as a society, have made health care so complicated especially for people who have higher needs." - Interviewee

I feel like the systems that we have now are so difficult to navigate. We help people navigate the Medi-Cal system to find a mental health provider. And even for folks who are technologically savvy, younger, English speakers, they were unable to find a mental health care provider that fit their needs." – Interviewee

- **The current system, which requires patients to find and secure providers who will accept their insurance, is especially burdensome to people who earn low incomes,** whose coverage is less likely to be accepted, especially by specialty care providers. In fact, 45% of advocates reported their community members having difficulty finding a doctor or clinic that accepts their insurance as a major challenge, while an additional 43% cited it as a minor challenge.

I think the idea that... people who are on Medicaid who have a choice of going out, and looking for some provider who will accept their Medi-Cal in the yellow pages or somewhere else is unreasonably unrealistic. The idea that by having an insurance card, you can automatically find a provider is really not a realistic system anymore in California. It is very hard to find providers willing to accept the rates of Medi-Cal. And then, getting them to refer you to a specialist is even harder." - Interviewee

How can I make an informed decision as a consumer about things I don't really understand? You know, this idea that you're going to be lying there in the street, having been hit by a car, being like, 'No, I think that Presbyterian is a much better hospital than County USC.' You're not making that consumer choice, so why pretend that we're making a consumer choice?" – Interviewee

- **There is near universal agreement across the board that care navigation assistance should be part of any plan to improve low-income people's ability to access and navigate care,** in order to increase resiliency and make it possible for people in poor health to adhere to health improvement plans, like chronic illness management. Advocates recommend valuing the service of care navigation and reimbursing accordingly. Navigators and other support staff roles that help people access and adhere to care are not currently billable to Medicaid/Medi-Cal, so they are under-resourced.

Nobody ever provides information about how you do it. There is a certain amount of outreach around enrolling, particularly for Covered California. But once you get your health plan card, there's no information about how you actually use our incredibly complicated convoluted system. And then pile upon that, language access issues, limited transportation options." - Interviewee

So if I have Ms. Juarez as a client, who has a high need in behavioral health, what she needs is someone to help her be resilient. She needs someone to call her, to make her feel that she's not alone and isolated, to give her a sense that someone cares about her problems. Now we can hire a care manager, but they are not billable. We can't afford them. We can't afford dieticians who do follow up on meal planning. You can imagine all the clinically related but non-clinical interventions that keep a

person well, upstream interventions. Unless we get a grant or something, clinics don't have the funding for those." - Interviewee

> *The system needs the same quality of care for all, support navigability and accessibility through community-based health workers that are present in people's daily lives, not just when they are sick."* - Survey Respondent

- **Community-based organizations should have a larger, formalized and more influential role** in a statewide health program, given their level of cultural competence, relationships and trust with residents, and experience helping consumers navigate the system and access services. This also requires significant partnerships and financial support to allow such groups greater capacity to maximize their contribution and impact.

> The community health workers at these community health centers and organizations often have trusted relationships and are able to navigate specific concerns and nuances of the communities they serve. It is critical that these entities continue to receive support from the state of California." - Interviewee

> There has to be recognition, support and resourcing for CBOs to partner with agencies. A true partnership that says, if I walk in and I get diagnosed with diabetes and I go into my community, how is the system going to support CBOs to be able to help me with my diet, to be able to help me with walking, with emotional support that I need, or my family needs. I think that the health system has to expand its relationships and its support systems. And we do that in the community already informally, but there isn't a full integration." – Interviewee

> With the COVID-19 response [to] the vaccine distribution, if the state and county hadn't invested a significant amount of dollars and partnered with CBOs, we would be in a worse situation. I think investments that were made in CBOs and those trusted messengers to get out the word around their resources that are available were really key. To transition to any new health care system, we need dedicated funding for community-based organizations that are partnering with health departments to address the social determinants of health." – Interviewee

Medi-Cal Operational Issues

Medi-Cal's county-based system creates unneeded variation and complexity. Streamlining this system would make it easier to navigate and increase efficiency.

> I think that one of the big problems with Medi-Cal is the county-based eligibility systems... It's really inefficient. There's this incredible duplication of resources. The counties are broke. Their computer systems are way out of date. Anytime there's a need to implement any kind of a change, it takes forever. I think that if we just had a single centralized system, like the Covered California one, it would just be a lot easier to make it nimble, but a lot of people would lose their jobs, too." - Interviewee

Medi-Cal is not implemented the same way in different counties. It's one program statewide, but it is also being done differently through the different delivery systems that California has set up in a way that is much more complicated than most states. It's county by county, it depends on where you live, what your options are, and what choice means, who's available, and what the delivery system looks like. So, we've made it more complicated by allowing a lot of variation within the counties and that has created almost an impossibility in terms of communicating with low-income people about making this simple. Not to mention the complexity of the rules of getting on the program." - Interviewee

The fact that Medi-Cal differs from county to county presents tremendous difficulties for people, especially in places where the counties are so close together and they travel from one to the other. And if somebody moves down the block and they're in another county, they have to switch Medi-Cal." – Interviewee

Enrollment & Utilization

Enrollment and eligibility determination should be automatic, streamlined and not require proactive re-enrollment. Poor coverage enrollment and re-enrollment practices can often lead to disruption of care for the patient, and unnecessary and increased costs to the system.

The fact that we make people fill out a 35-page application to get enrolled in subsidized health insurance should be criminal. When you file your taxes, they should determine whether you're eligible or not. You shouldn't need to fill out another application on top of it. They already have the information they need." – Interviewee

For elderly people, they have to renew their medical benefits every year. Why make them renew every year? It's such a hassle. Their income and resources aren't going to change very much. They have ways to check what their Social Security income is and if they have property. So, that's the only thing they really need to verify. It could just be automated." - Interviewee

- **Interviewees and survey respondents did not seem to strongly value the ability to choose any provider.** When presented with choice between providers, or low-cost, accessible coverage, advocates primarily chose access and cost. They did, however, note that in the current environment where cultural competence and language access are pervasive barriers, that choice is of particular importance. When those issues are alleviated, it will become less urgent as a consideration.

  - *When we asked respondents to prioritize across six options what they would like a redesigned health care system to accomplish, allowing people of any income to choose any doctor, clinic or other health provider was tied for the least often chosen number one priority.*

  - *"Provides you the opportunity to choose your doctor or clinic." Ranked the lowest among advocates in our survey to the question, "How important is each of these characteristics in designing a system*

that will better serve low-income Californians?" Sixty-one percent of respondents marked this as extremely important. It is the only attribute which was marked as extremely important by less than 77% of respondents.

Integration and Navigation as a Path to Better Health Care

People with low income often have to move between systems of coverage which do not transfer records, an issue which harms quality of care and sets people back in their recovery journeys. Health services for children and adolescents in school, including mental health services, do not work in proper parallel with clinical setting health services they receive, leading to suboptimal outcomes.

> Another systemic headache is for patients in the mental health world, historically there's been this division between clinics and the county. There's long wait lists at the county level. If somebody is out of our scope , we make a referral, but there's very little confidence that that person will be followed up with in a timely and appropriate and comprehensive way." - Interviewee

> School-based settings are not well integrated into the clinical setting, so that they often are disjointed, and difficult for families to navigate. Let's say the adolescent, they may be getting some mental health services through the school, but the school is not connected to the health plan. And the two don't know how to talk to each other. Also, the early childhood settings are not connected to the clinical setting." – Interviewee

- **Advocates support a system which would offer universal acceptance of coverage,** or be very straightforward in accessing, and would not require people to figure out what providers to use.

> I think one thing I definitely think is having this system integration, so that it's easier for people to access the system, and from there to be referred to specialists and to have that care be integrated." – Interviewee

- **Advocates support greater records compatibility, and/or a universal health database system, to ensure better portability of medical records.** Any new system must support integration between various health providers, and a more successful tracking system to ensure that patient referrals are completed and followed up on.

> If all of these care managers and providers who touched this person had a way to understand the interrelationships amongst the providers it would be so helpful. Like the county of Alameda has something called the Alameda Care Connect, a health information exchange." - Interviewee

> In a well-designed single system you'd have social determinants of health, you'd have clinical care, and then you'd have hospital care, all in the same payer system, in this model of care. And also, you'd have an underlying EHR, like a care management system or platform that is allowing for care management across entities, across sectors, so that we're able to track and manage health improvements for people. That would be my dream state." – Interviewee

Care Accessibility and Logistics

Low-income people have many logistical barriers to accessing care, including transportation, lack of childcare and inability to take time off work to get care. Transportation is an especially acute barrier to those in rural areas. Ninety-five percent of survey respondents cited lack of transportation to get to the doctor's office, clinic or hospital as a challenge for the low-income communities they work with, compared to only 4% who said it wasn't a challenge at all. Additionally, 77% of advocates reported that folks having a hard time visiting a doctor's office, hospital or clinic due to a disability was a challenge in their community.

> The traditional barrier with this population [is that] it's hard to take time off work to get to appointments. It is hard to get to appointments because transportation is not always reliable, even the ones that are funded and paid for by Medi-Cal. And they may not have sick time to get to appointments, they may not know where to go and they may have other priorities that are more important." - Interviewee

- *We work with many families that live on isolated ranches in areas with no public transportation or internet service." - Survey Respondent*

- *Transportation is a MAJOR challenge in rural areas." - Survey Respondent*

- **Interviewees and survey respondents reflected mixed feelings on the value of telehealth,** because while on one hand it can help alleviate transportation challenges and needing to take time off work, it is not evenly accessible to all people with low income. Some lack the internet connection, technology, skills, or private space in the home needed to access telehealth or video care.

> When the pandemic happened, everything went online. The majority of the people we serve, not only do they have either a language or a cultural barrier, they don't have access to the internet. They didn't know how to use computers. They didn't know how to navigate the system. Lots of them lost services because of the shift." - Interviewee

> Telehealth does not work, especially for our farmworker communities. Creating emails and log-ins on different systems just doesn't work. I keep hearing telehealth as something new that came out of the pandemic, but it definitely leaves communities behind." - Interviewee

> We saw telehealth improve that access to care for our members. We saw an over three-fold increase in services once we were able to provide those services through telehealth. A lot of the barriers previous to that were related to transportation concerns or just a chaotic schedule at home. Family needs, job loss, any number of stressors that just prevent people from carving out an hour of their time and coming into the clinic." - Interviewee

- *"The telehealth waiver has removed many barriers for people for access to care, but language and a coordinated health care system remain considerable barriers." - Survey Respondent*

Health Care Equity, Workforce and Cultural Competency

Racism and Lack of Language Access Harm Low-Income Communities of Color

Time and again, community leaders suggested that the lack of a culturally competent health care workforce is a fundamental structural issue that has to be addressed and resolved as part of a system redesign. People with low income and people of color face lower quality and lower availability of care. This is a health equity issue. Poor quality and lack of culturally appropriate and affirming care harm people directly, driving people out of the system and reducing their likelihood of staying healthy. Racism and classism within the health system directly harm Californians with low incomes and people of color. People of color and immigrant communities are often not believed, or criminalized for having different cultures or languages.

- *Eighty percent of survey respondents who serve the low-income African American community cited systemic bias, including lack of respect by providers, as a major challenge for their community, compared to 14% of respondents who serve the low-income white community. Overall, 46% of respondents cited systemic bias as a major challenge to their community.*

- *Survey respondents and interviewees were largely in agreement that treating everyone the same regardless of income level, race, ethnicity or documentation status must play an integral role in a new health care system to better serve low-income Californians. Out of all types of experts surveyed, those who work in connecting people to coverage were most likely to list this area of focus as crucial, with 94% listing it as extremely important in designing a new health care system.*

- *"There is systemic discrimination against the African American community at all levels of service, including state health departments, local governments and local providers. The low-income African American community has been excluded from funding models for the past 20 years, this contributes to their early death due to non access to health care systems.Funding has not been invested in this community. They have been passed over." -Survey Respondent*

> Immigrant communities, farmworking communities, are experiencing low quality care because of systemic racism." - Interviewee

> With quality of care, I think there is a sense that low-income people should feel lucky to get any care at all, as though health care were like a consumer good. Well I suppose it currently is a consumer product and a luxury, not a right. I think there is a cultural problem there." – Interviewee

- **There is a high level of distrust of the existing health care system, due to lack of cultural competency,** bad experiences with low care quality in the past and immigration status/fears around being undocumented and giving personal information. Poor quality and lack of culturally appropriate and affirming care harm people directly, driving people out of the system and reducing their likelihood of staying healthy.

People haven't had good experiences with doctors and clinics just with the entire process, and so the word gets around that the clinic in town does not offer good services. That has a deep impact." – Interviewee

Undocumented individuals fear coming into facilities and giving information. They fear being in any kind of system and that using public resources could negatively impact their immigrations status applications later." – Interviewee

Coerced or forced sterilizations continue to happen. What happens when somebody is seeking medical care because they're pregnant and then that particular physician has assumptions of their family and is pushing for them to be sterilized or to have that as a way to prevent them from having future children. And that can have devastating consequences for people in their ability to feel safe to seek these services. If they have a negative experience with a particular doctor or institution, it's hard to gain that trust again for people to feel comfortable to be able to go back and seek the care that they should be getting." – Interviewee

Many of our children are not properly diagnosed early for interventions because of racism and classism. White parents are believed when they say, 'My child's not talking yet.' Whereas Brown or Black parents often hear the pediatrician say, 'Don't worry.' And then they lose three years where they could have had that intervention. It needs to be equal, because these are our children." – Interviewee

I remember talking to one of our partners about an Indigenous family with a newborn. The baby was having what's called failure to thrive. It wasn't gaining weight. And so the health care facility called social services on them, without having done the full medical and they took all the children because they said that the child wasn't thriving. And it turns out that the infant had some kind of a syndrome or condition that caused the failure to thrive. It was not about how the parents were treating the child or how they were parenting their children. And so both children were removed from their house and they were having difficulties when they were reintegrated into the family. So when you look at the ways that bias is ingrained in the system, you see the damage it causes." - Interviewee

- **Cultural competence and language access are major roadblocks to care quality and health equity for low-income people in California.** *59% of advocates surveyed listed language barriers or lack of care in their language as a major challenge for folks in their community, with an additional 38% citing it as a minor challenge.* Many people are unaware of their right to interpretation and translation and so they never request it. In many cases when interpreter services are available, they remain inadequate, especially within Latinx communities who speak Spanish and Indigenous languages. Some mentioned that in their communities, adults ages 40 years or older often rely on interpretation by their children, a circumstance which is inappropriate and insufficient.

Language access and cultural competency are a huge issue. While achieving access and coverage is obviously a foundational element and very important, the quality of care and whether it is competent and in-language should not be taken for granted. Nearly 20% of all Californians, seven million people in the state, are limited English proficient." - Interviewee

The doctors send them a letter, they're not able to read it. It happens with my parents a lot. The doctor never gives them a diagnosis. My parents have no idea what that letter says. They think it means one thing. I read it and I tell them what it actually means. So there's a lot of confusion in how that works, based on their level of understanding." - Interviewee

The basic delivery of translation services is expensive. And we're not even happy with those services. It's very impersonal. You're talking about women's health issues, your pregnancy, your cancer, emotional topics with your provider. But now here it is, a piece of plastic, a phone there or a computer talking three ways to someone that changes every time. And you as a provider don't know that they're translating appropriately." - Interviewee

We had several families who ended up losing their Medi-Cal because they didn't know what was going on or they weren't able to schedule an appointment because they couldn't go through the phone tree system because it was in English." - Interviewee

When it comes to mental health needs, there are very few providers who can sign an ASL. They have to depend on a third party and then confidentiality comes into play. Generally across the board, the deaf community is often overlooked and underserved." – Interviewee

Greater Cultural Competency is Essential for Improved Health

Access is insufficient. Simply making enough providers available to community members is not good enough. The quality of a health care visit is often dictated by the provider's ability to understand the language and culture of their patient. A patient accessing a doctor that they cannot trust or lacks cultural competency is largely unproductive and a waste of time, as patients will then forgo or delay care until they can find an alternative provider.

> Availability of someone who is not culturally competent doesn't create access. So if I go to the doctor and the doctor is telling me that I'm doing things wrong and that I have to do things differently to fix my health issues that are absolutely not within my control, capacity, understanding or ability, I will just not go back. I will feel bad about myself and my health issues will probably get worse." - Interviewee

> Accessibility works as long as the quality is high. I think it's really important whatever care is provided, mental health care or physical health care, that it meets the linguistic and cultural needs because I think that goes back to quality. If the quality is poor, potentially the individual may not seek the treatment or they may not follow the treatment plan correctly." – Interviewee

- **Greater partnerships between community-based organizations and system providers will improve cultural competency,** create greater health equity and chip away at systemic racism. CBOs routinely have an informal role within the health care system, and often operate "outside" of it versus within it. Moving forward, such organizations should be seen as equal partners and stakeholders with decision-making authority and have greater influence over operational practices. Their experience with and trust among populations with low incomes, coupled with their cultural knowledge, can be invaluable in helping patients navigate the system, educating providers and ensuring greater representation of those with lived experience in the health care setting.

> Many clinics or hospitals lack someone that understands the culture, that has the linguistic ability to communicate with the community. We can play that role. I see those relationships as important and we need the compensations to be right. To be compensated equally, that linguistic and cultural knowledge that we all hold, I think that is key." – Interviewee

- *We need more culturally responsive care from providers and entry programs that are easy to access. More trained community health care workers who can reach residents where they live and not expect them to access a system that seems foreign and potentially dangerous to status."- Survey Respondent*

> When thinking about the use of intermediaries to manage care, my question is always about what their approach is - are services inclusive, affirming, and accommodating? What is their history working with these communities, who are they, how are they going to communicate, their role in their services, etc.?" - Interviewee

- **Advocates support co-ownership and redesign of the care system in a way that truly centers the needs of people with low incomes.** In order to achieve health equity, the system must be designed to do so, and measure its success by measuring equitable health outcomes.

When we asked respondents to prioritize across six options what they would like a redesigned health care system to accomplish, treating all patients with dignity and respect regardless of income, race, ethnicity or documentation status was the second most often chosen number one priority.

The system has to equate to ownership and shared power. And it's not just about whether there is enough access to a thing, but more about whether those people are able to have the government and markets meet their needs in whatever way they think they need to be met." - Interviewee

I think having more formal spaces, whether they be coalitions or committees, for community members to co-develop services with those in leadership positions of health systems will help create a truly patient-centered health care experience." - Interviewee

The way we measure success has to be rooted in reducing racial disparities. And just because you achieve a universal outcome doesn't mean that it necessarily has an equal impact on the people who are structurally disadvantaged at the outset. If we achieve progress, the question is 'How is that progress having an impact on reducing racial disparities, reducing barriers for people of color and creating improvement in their ability to live well?'" - Interviewee

Workforce Development Can Alleviate Provider Shortage and Cultural Competency Gaps

Many who advocate for people with low incomes cited shortages of available providers, especially providers willing to accept Medicaid, and specialists. In rural areas of the state, provider shortages are even more acute, with long wait times and the need to travel long distances to receive care.

57% of advocates we surveyed cited lack of available providers for the low-income communities they work with as a major challenge, compared to only 5% who said it wasn't a challenge at all.

Having health insurance coverage in a place like the Central Valley isn't the end-all be-all, because of this provider shortage. There aren't a sufficient amount of health care facilities or health care providers for people. So I think for us, I would have to say that prioritization of having those service providers is actually greater than the objective around just ensuring more people are insured." - Interviewee

A big challenge is the difficulty patients have getting in to see primary care providers. It's so hard to get an appointment - doctors are inundated. And then if you need more complicated health intervention, that adds a layer of complexity and challenge for folks who are low income who depend on Medi-Cal to get appointments to get in." - Interviewee

- **Advocates support workforce development and training initiatives,** both to improve care availability and to improve the availability of culturally relevant and high quality care. Creating more pathways to employment in the health care sector for low-income communities and communities of color will not only expand availability of quality and culturally-responsive care, it will build up public health infrastructure, reinforce cultures of health and ensure greater economic success and resilience within communities through quality employment opportunities.

It's nearly impossible to find therapists, psychiatrists, anybody who is LGBTQ affirming or culturally competent. Most of the mental health field is populated by white doctors and white care providers." - Interviewee

The health care delivery system in general does not have good representation of people with disabilities. And there's ableism built-in to many of the health care professions, where if you have lived experience with a disability, it's not viewed as an asset, it's viewed as a liability." - Interviewee

It is critical to build the pipeline of people who look like the people they're serving, ensuring that people in the community are becoming nurses, physician assistants, community health aides and physicians." - Interviewee

There are thousands of medical assistants across California that are bilingual, bicultural, come from the community and have barely over a high school education. What are we going to do in health care to help them become nurses? We have an entire workforce that we should be working with to build up." - Interviewee

- **Some have suggested expanding scopes of practice to increase diversity of workforce, while others saw this as an equity issue.**

I think that one way that we get more diversity into our health care provider workforce is to expand the scope of practice and allow people, like nurse practitioners, to provide more basic medical services. I mean, that helps those who have medical credentials from their home countries who can't get relicensed in the U.S., as well as building a shorter on-ramp for people who have linguistic and cultural competency from different aspects of the community get into a provider role." - Interviewee

- *Health care is needed by everyone working: poor, low income, middle income, young adults and seniors. It should be provided by a professional medical doctor, not a PA or nurse. Everyone deserves to see a doctor, not just the rich or politicians. Anti racist, equitable and inclusive access to health care is what is needed by all Californians." - Survey Respondent*

Other Pertinent Issues

For people with low incomes, health is often tied to important corollary issues that are impacted by identity, ability, race, location and more. These considerations, which are specific to communities, types of care and structures needed within the system, should be considered in a single system to ensure it is equitable and able to meet the needs of all Californians.

Dental and Vision Care

Dental and vision care are often not included in plans, face provider shortages and negatively impact quality of life when they are not received.

> Access to dental care is a big issue. We don't have a lot of dentists. And since we live close to the border, a lot of people will go to Mexico to see a dentist." - Interviewee

> Dental issues are prevalent and it is painful and it interferes with nutrition. And I think there's also a cultural detriment to it, too. And also not being able to see is really hard in this society. If you can't see what's happening around you and you don't think of yourself as vision impaired, and you're not set up that way, and even if you are, it's hard. I think a lot of people have these low-grade problems all the time and they're not being dealt with." – Interviewee

Mental and Behavioral Health Care

The ongoing stress and adversity of poverty, housing insecurity and race/gender/immigration status oppression puts low-income people at higher risk to develop a host of illnesses and poor outcomes, including heart disease, diabetes, cancer, domestic violence, substance and mental health issues. Substance abuse and mental health issues can be pervasive in many communities. Systems of care to address these issues are lacking in many places, and even where they do exist, exorbitant costs stand in the way of proper treatment. Language access issues are especially crucial in mental and behavioral health, since translation can stand in the way of client-provider trust and ability to share and communicate openly.

> Substance use disorder services are highly utilized within the Indian health care delivery system, and many patients will use them more than once. They are often thought of as chronic issues that a person might live with for the rest of their life and need to seek substance use help is not as it seems sometimes in non-Indian communities where a person may go in for treatment for six months and they come back rehabilitated. In Indian country, we often see issues of addiction as lifelong. When our spirit and mental health is not well, we can never achieve full physical oneness either. In Indian country, the two have always been linked. We've long understood this idea that a person can't achieve full wellness in any realm of until they have a clear mind. On the patient utilization side within both urban and Tribal facilities, substance use disorder is at the very top." - Interviewee

There is a huge, gaping hole in service around mental health and wellness, behavioral health type issues. Where we're just at ground zero here in the Central Valley. We don't have enough drug rehabilitation centers, we see that in the growing homelessness population, the crime that we experience here. So there's just a lot in terms of wellness that we have to do more and do better, and a lot of intervention that's needed in those areas here." - Interviewee

Mental health is something so intimate, so private, so one-on-one. There are very few providers for the Latino community. Language and cultural sensitivity are difficult. There's a lack of interpreters for many languages, including Spanish, and many of the providers do not reflect the patients that they are seeing culturally or ethnically, racially, and linguistically." - Interviewee

Mental health and counseling can be especially expensive and inaccessible. If you are forced to pay out of pocket, that can mean anywhere from $150 to $250 per session, which can result in $800 per month for weekly sessions." – Interviewee

In-Home Care for Older Adults

Several interviewees specifically pointed out the need for greater coverage of intensive and supportive care for elderly people, especially the need for in-home care, which can be exorbitantly expensive. Changing family structures and roles mean that as people age, their increasing needs for care and support cannot normally be met by family members, especially within families with low incomes.

I would like to see a model where there are incentives to keep people in their homes if possible, because that is the best place for them to be. And the system does not really cover aides who come into the home. Medicaid will cover parts of that and Medicare only covers it for certain weeks after a hospital visit. So I think there's going to be more of a need for that in the coming years." - Interviewee

We should be working to keep our seniors at home. There's a historical assumption about Latinos, that our families will take care of us. But if you look around in communities that have a lower income, they're all working. Seniors don't have that support because everybody's working two or three jobs." - Interviewee

I've been getting a lot of calls about home health care that allows people to stay in their homes, so that they don't need to go into an institution. We do have those in-home support service programs, but it's only if you're low income and qualified for Medicaid. But what about for people who don't qualify for Medicaid? That's what's going to be coming up because the population is aging." - Interviewee

Community-Specific Needs

In our research, we sought to ensure that all communities were represented. Among California's most high-need communities, several specific and unique needs were identified by those who work within and come from these communities as important considerations in a redesigned health care delivery system.

- **Those who serve Native communities raised the need for specific benefits and services eligibility**, in order to ensure that cultural forms of healing and health care can be included in care delivery.

We have this dream that's called the Indian Healthcare Organized Delivery System, and it hasn't come to fruition, but there have been concerted efforts to develop our own 59th county equivalent, which would be our own state-wide health system where we would have a set of special benefits and services allowable within the Indian health care delivery system. The goal is that if an individual wanted to seek care and be treated with traditional medicines, the traditional healer was onsite. Whether it was for behavioral health or a medical visit, that visit then could be a billable service to state Medicaid." - Interviewee

I think that there are quality issues around American Indian patients. I know folks who end up being assigned to health care providers through the state-managed care system that are not their local Indian health provider and these folks do not realize that they have a choice in providers. Maybe not knowing what might be available to them specifically as an American Indian patient. We expect American Indian people in general to understand what their patient rights are, but the majority of community members that I come across don't know about provider choice. They don't know that they can go out of network, that they can always choose their Indian health care provider regardless of the facility that may be assigned to them." – Interviewee

- **Asian American and Pacific Islander community advocates also support greater access to traditional and culturally relevant healing practices.**

The health system has really failed Asians and Pacific Islanders, because everything is centered around Western approaches in Western medicine, in Western thinking. And we've only seen a couple of insurance plans that actually cover healing practices like acupuncture, for example. Even then, it's still difficult for the broader health care system to recognize treatments that are not Western based to be acknowledged as legitimate practices that actually do help our communities' health and wellbeing." – Interviewee

- **Those serving the LGBTQ community emphasized the need for culturally competent care,** and for system-wide reform to ensure that trans people have appropriate accommodations, including medical form options to indicate their correct gender, and be consistently called by a preferred name.

Having accessible and affordable LGBTQ affirming care is always a challenge. The system that's in place doesn't really recognize LGBTQ individuals. Specifically when it comes to individuals who are trans or gender nonconforming. So even when you're filling out, whether it be through Medi-Cal or through your employer, the paperwork that you have to fill out is very binary when it comes to gender, it doesn't really take into account the spectrum of the LGBTQ community." - Interviewee

- **Disability advocates spoke in strong terms about the many ways that the health care system systematically excludes and underserves people with disabilities.**

> Anytime there's tables or anytime there's an advisory group of any sort, there needs to be a seat for the disability community as well. In California, one out of four, 25% of the population of California is disabled, and we are often underserved and not thought about. As advisors, individuals with disabilities with lived experience can go a long way in ensuring that these populations are better served." - Interviewee

> We need providers that would be more understanding of disabilities because in my experience, it definitely has been considered negative. They may think as a patient, you're not competent to be a parent or you're not competent to do certain things. So I think more sensitive providers would be really helpful in kind of ending that stigma and it invites more people to want to go and get treatment. We need to have folks with lived experience in these positions, who are medical professionals, who are advising medical professionals, who can inform them on ways to work with the disability population, and really kind of letting the individual with lived experience make the choices for themselves on the services that they need from the medical professional." - Interviewee

> Individuals who are deaf or hard of hearing that require American Sign Language for communications, a complaint that I've heard is that they make appointments with their doctors and then the doctors sometimes don't know how to facilitate that. When they go to the appointment and the ASL interpreter is not present. So they're not going to be able to get that care. There needs to be a greater understanding and greater access to medical services for individuals who are deaf." – Interviewee

Appendix A: Organizations Represented in Interviews

- API Equality—LA
- Asian American and Pacific Islander Health Forum
- California Consortium for Urban Indian Health
- California Coverage and Health Initiatives
- California Covering Kids & Families Initiative
- California Immigrant Policy Center
- California Latinas for Reproductive Justice (CLRJ)
- California Rural Legal Assistance
- Cedars-Sinai
- Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)
- Community Health Councils
- Community Health Initiative of Kern County
- Comprehensive Community Health Center
- Cultiva La Salud
- Disability Rights California
- El Concilio
- Faith In The Valley
- Get Enrollment Moving (GEM) Program
- InnerCity Struggle
- Latino Coalition for a Healthy California
- Level Up NorCal
- Los Angeles County Department of Health Services*
- National Health Law Program
- National Immigration Law Center
- Native American Health Center
- PICO California
- Policy Link
- Saban Community Clinic
- Salud Para La Gente
- Service Employees International Union (SEIU) State Council
- Strategic Actions for a Just Economy (SAJE)
- The Children's Partnership
- Vision y Compromiso
- Yolo County Children's Alliance

Appendix B: Organizations Represented in Survey Responses

- Alameda Health Consortium
- Anderson Valley Health Center
- Bear Valley Community Healthcare District
- Bright Beginnings Early Childhood Development Initiative
- Central Coast Early Childcare Network
- Central Coast Early Childhood Advocacy Network
- Child and Family Guidance Center
- Childhood Advisory Council of Santa Cruz County*
- Children Now
- Chinese for Affirmative Action
- Community Health Initiative
- Community Health Initiative of Orange County
- Community Power Collective
- County of Mendocino*
- County of Monterey*
- Cradle to Career Initiative
- Divine Truth Unity Fellowship Church
- Emanate Health
- Family Service Agency
- First 5 San Benito
- First 5 Santa Cruz County
- First AME Church of Los Angeles
- Give for a Smile
- Indian Health Center of Santa Clara Valley
- Inland Empire Coverage and Health Initiative
- InnerCity Struggle
- Jakara Movement
- Live Oak Cradle to Career
- Los Angeles Black Worker Center
- Los Angeles County Office of Education-Health Outreach Programs*
- MCHC Health Centers
- Mendocino Coast Clinics, Inc.
- Mujeres Unidas y Activas
- Native American Health Center
- Natividad Medical Center
- Padres Unidos
- Public Health Strategies
- RCMS Healthcare
- Redwood Coast Medical Services
- Salud Para La Gente
- Santa Ynez Valley People Helping People
- Street Level Health Project
- The Unity Council
- The West Oakland Health Council
- Trybe
- UC Santa Cruz
- Watts Healthcare Corporation
- Worksite Wellness LA

* Local government entity that is a Community Health Councils coalition member