



Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health

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This report was written by Linda Cummings, PhD, health services research consultant. The research was designed, conducted, and analyzed by **EVITARUS**, a Black-owned public opinion research firm in Los Angeles. The interviews were conducted by a cohort of interviewers led by Managing Partner Shakari Byerly.

About the Foundation

The **California Health Care Foundation** (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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About *Listening to Black Californians*

PHASE I. Individual, hour-long interviews with 100 Black Californians to understand their views on health and well-being, their perceptions of discrimination and bias in the health care system, and their views on what a quality health care system looks like.

PHASE II. A series of 18 focus groups segmented by gender identity, sexual orientation, age, region, and health insurance status. Discussions focused on structural issues in the health care system.

PHASE III. A statewide survey of 3,325 Black Californians to assess the extent to which the findings of Phases I and II are represented among the general Black Californian population.

Executive Summary

California, home to the most culturally diverse population in the country and the fifth-largest Black population of any state, has a major opportunity to be a leader in health equity. But, again and again, research has shown that racism and structural barriers in the health care system prevent Black Californians from achieving the health they actively seek.¹

Long-standing racial and ethnic health disparities laid bare by the COVID-19 pandemic, coupled with the powerful demonstrations against police violence catalyzed by the murder of George Floyd, prompted CHCF to investigate the relationship between racism and health care that leads to unacceptable health outcomes for Black Californians.² To identify solutions for dismantling persistent health inequities, CHCF engaged EVITARUS, a Black-owned public opinion research firm in Los Angeles, to conduct qualitative and quantitative research that listens deeply to Black Californians talking about their experiences with racism and health care.

Listening to Black Californians is one of the largest studies focused on the health care experiences of Black Californians to date. The qualitative phases, conducted from June to December 2021, included in-depth interviews with 100 Black Californians and 18 focus groups consisting of Black Californians and key health care stakeholders. The interviews and focus groups informed the content of a statewide survey, conducted from March to May 2022, and completed by 3,325 adult Black Californians recruited to reflect the population based on the 2020 US Census and 2019 American Community Survey.

Key Findings

The *Listening to Black Californians* study found that many Black Californians share similar attitudes about health and similar experiences in the health care system. However, there are also important differences, as Black Californians are a diverse group. This report focuses primarily on the findings from the statewide survey, illuminating what Black Californians have in common about health and health care and where their attitudes and experiences diverge.

Black Californians are highly intentional in their pursuit of physical and mental health. Most Black Californians report putting a great deal or quite a bit of effort into getting appropriate screenings or preventive care (77%); tracking health indicators, such as blood pressure and cholesterol (71%); and working to reach or maintain a healthy weight (71%). A strong majority (79%) focus a great deal or quite a bit on their mental health.

Most Black Californians are insured, have a regular provider, and have had at least one visit with a health care provider in the last year. Nine in ten Black Californians (90%) say they currently have health insurance coverage, and 83% have a regular provider. Over 9 in 10 Black Californians (92%) have seen a doctor or health care provider in the last year.

Nearly one in three Black Californians has been treated unfairly by a health care provider because of their race or ethnicity. This experience is most common among Black Californians with mental health conditions (47%); those who identify as LGBTQIA+, which includes lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (43%); those with disabilities (40%); and women (40%). A significant number of Black Californians overall (38%) and of Black women in

particular (47%), say there has been a time when a health care provider did not treat their pain adequately.

“Based on the Listening to Black Californians survey results, Black people are actively engaged in their own health care advocacy, but this has not eliminated the systemic issues that result in poor health outcomes.”

— Venise C. Curry, MD, *Listening to Black Californians*
Advisory Group Member, Consultant, and
Western Director, Climate Health and Equity Fellowship
(Medical Consortium on Climate and Health)

More than one in four Black Californians avoids care due to concerns that they will be treated unfairly or with disrespect. Even higher numbers of Black Californians who identify as LGBTQIA+ (41%) and those enrolled in Medi-Cal (35%) report having avoided care.

Many Black Californians adopt measures to mitigate potential negative experiences in preparation for a health care visit. Two-thirds (66%) of Black Californians report researching a health condition or concern before meeting with a health care provider, and over one-third (35%) say they have tailored their speech and/or behavior to make a provider feel at ease.

Black Californians agree on the importance of strengthening the patient-provider relationship. Virtually all Black Californians consider it extremely important or very important to have a provider who listens to them (98%), who spends the time needed to answer questions (97%), and who discusses specific health goals (93%).

Black Californians have clear opinions on how to make the health care system work better for them. A strong majority of respondents believe it is extremely important or very important to:

- ▶ Increase Black representation among health care leadership (85%) and in the health care workforce (80%), as well as establish more Black-led, community-based clinics (80%).
- ▶ Expand community-based education on how to navigate the health care system and advocate for quality care (84%) and increase the number of Black community health care advocates (77%).
- ▶ Establish accountability for equitable care by implementing financial (82%) and accreditation (80%) incentives in the health care system, as well as through provider training (80%).
- ▶ Develop more holistic approaches to health care (73%) and expand access to non-Western and alternative medicine (69%).

“I think by having more Black people represented in the health care profession and in those positions of power and able to make the changes that we need for us . . . will allow us to have our voices heard and our concerns addressed better in the health care system.”

— Black man, focus group participant,
Central Valley stakeholders

The diverse voices of participants speak loudly through *Listening to Black Californians*. They tell us that eliminating the detrimental effects of racism and discrimination on their health is within our grasp if we are willing to listen to Black Californians, build trust and partner with them, and hold the health care system accountable for equitable care.

About the Research

In 2021, CHCF engaged EVITARUS, a Black-owned public opinion research firm in Los Angeles, to conduct *Listening to Black Californians*, a study to understand Black Californians' views on health and their experiences with racism and health care. The three-phase study listened deeply to Black Californians to identify solutions to dismantle persistent and unacceptable health inequities.

Qualitative: Interviews and Focus Groups

In Phase I of *Listening to Black Californians*, 100 Black Californians were interviewed about their views on health, their experiences with racism and health care, and their perspectives on quality health care. Interviewees, who ranged in age from 18 to 86 and resided in locations across the state, were selected to reflect the diversity of Black Californians. Interviews were conducted from June to August 2021. The interview findings are summarized in *In Their Own Words: Black Californians on Racism and Health Care*.

Phase II of the study comprised 18 focus groups with Black Californians and key health care stakeholders. The focus groups were organized by participants' type of health insurance coverage, urban/rural classification, gender and age, sexual orientation, and geographical region. The focus groups expanded the findings of Phase I through two hour-long discussions with each group. The focus group discussions explored, in depth, participants' experiences with racism and health care as well as participants' thoughts about specific recommendations for improving the health care system. The focus groups were held in November and December 2021.

Quantitative: Statewide Survey

Phase III, the *Listening to Black Californians* statewide survey, quantified the views of Black Californians on their health and their experiences with the health care system. EVITARUS used multiple-frame sampling to achieve a population sample of 3,325 adults in California who self-identify as Black or African American. The sample included an oversample of 330 Black Californians who identify as LGBTQIA+. Participants were recruited through voter registration rolls, a cell phone sample drawn from census tracts with 25% or more African American density, and a convenience sample partially screened against the voter file. The survey was conducted from March 5 to May 8 of 2022.

The state-level survey is one of the largest-scale surveys to date focused on the health care experiences of Black Californians. The survey sample is reflective of the population of Black adults in California and was benchmarked against 2020 US Census and 2019 American Community Survey data. Phase I and Phase II participants were screened out or otherwise did not participate in the Phase III survey.

This report focuses primarily on the findings from the statewide survey, with illustrative quotations from the qualitative phases. More details about the survey are available in the appendix.

Demographics of the Survey Sample

The *Listening to Black Californians* statewide survey attempts to capture the diversity of Black Californians, who hold many views in common but also display distinct differences among subgroups (Table 1).

The majority of the survey respondents identify as Black/African American (76%), with the next largest segments identifying as Black-multiracial (8%), or as represented in the survey, “Black and mixed race/biracial,” and African (7%). Respondents age 18 to 35 were more likely to describe their ethnicity as Black-multiracial (13%) than other age groups.

Survey participants reflect California’s Black population in gender, age, geography, and whether they were raised in California. The survey sample includes 1,829 women, 1,235 men, and 20 people who identify as gender nonconforming/nonbinary. About 10% of participants identify as LGBTQIA+. Participants range in age from 18 to 100 and live in every region of the state in urban, suburban, and rural areas. More than three-quarters of the people surveyed were raised in California. Participants reflect the range of socioeconomic status of Black Californians. The largest segment of respondents has some college or community college education (29%), followed by those with a four-year college/Bachelor’s degree (18%), an Associate’s degree (16%), or a Master’s degree (6%). Income levels are distributed across the Federal Poverty Level (FPL) scale, with 28% of respondents at <200% FPL, 25% at <200% to 399% FPL, and 30% at ≥400% FPL. Most participants are registered to vote (89%).

Slightly more women (40%) than men (38%) report having a serious health condition, such as high blood pressure, high cholesterol, diabetes, or other conditions. Almost one-fourth (23%) of participants have a mental health condition, with a greater portion of women (30%) indicating so than men (19%).

Table 1. Participant Demographics (N = 3,325, age 18+)

| RACE/ETHNICITY | n | % |
|--|-------|-----|
| Black / African American | 2,533 | 76% |
| Black-Multiracial | 275 | 8% |
| African | 241 | 7% |
| Black and American Indian / Native American / Indigenous | 145 | 4% |
| Afro-Caribbean | 88 | 3% |
| Afro-Latinx | 34 | 1% |
| Of African Descent | 8 | <1% |
| AGE | | |
| 18 to 24 | 64 | 6% |
| 25 to 34 | 339 | 10% |
| 35 to 44 | 554 | 17% |
| 45 to 54 | 607 | 18% |
| 55 to 64 | 700 | 21% |
| 65 to 74 | 555 | 17% |
| 75 and older | 276 | 8% |
| GENDER | | |
| Women | 1,829 | 48% |
| Men | 1,235 | 47% |
| Gender Nonconforming / Nonbinary | 20 | <1% |
| REGION | | |
| Los Angeles County | 1,393 | 36% |
| Inland Empire | 364 | 15% |
| Other Southern California | 339 | 10% |
| San Francisco Bay Area | 704 | 20% |
| Central Valley | 194 | 9% |
| North | 259 | 2% |
| Central Coast | 49 | 7% |
| Far North | 19 | 1% |
| INCOME, BY FEDERAL POVERTY LEVEL (FPL) | | |
| <200% FPL | 630 | 28% |
| 200% to 399% FPL | 814 | 25% |
| ≥400% FPL | 1,292 | 30% |

Notes: Ns are unweighted, %s are weighted (see page 38 for details). Prefer not to say is not shown.

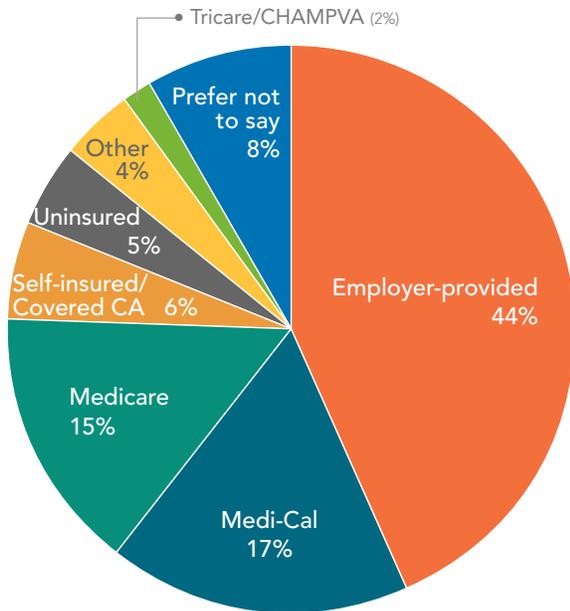
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Significant numbers of both women (21%) and men (18%) report a disability of any type (e.g., mobility, cognitive, visual, or sensory). One-fourth (25%) of LGBTQIA+ respondents indicate having a disability. Of those with a disability, 65% also report a serious health condition and 47% report a mental health condition. Among those with a disability, 34% are covered by private insurance, 32% by Medicare, and 30% by Medi-Cal.

Most respondents have health insurance (90%). Five percent are uninsured. Forty-four percent have employer-provided coverage, 17% have Medi-Cal, and 15% have Medicare (Figure 1).

Figure 1. Health Insurance Coverage, by Type

Do you currently have health insurance?
Which of the following is your main source of coverage?



Notes: Sample includes 3,325 Black California residents age 18 and older. CHAMPVA is the Civilian Health and Medical Program of the Department of Veterans Affairs.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

SECTION 1

Black Californians' Health Behaviors and Utilization

"This survey dispels the narrative that Black people don't care about their health, when actually, they are very intentional."

— Connie Stewart, *Listening to Black Californians* Advisory Group Member and Executive Director of Initiatives, Humboldt State University

Both the qualitative and quantitative phases of the *Listening to Black Californians* study reveal a high level of engagement with improving physical and mental health. Although survey participants vary by age, ethnicity, gender, income, insurance coverage, and education, as a whole, the survey findings demonstrate a strong commitment to health.

Black Californians are highly intentional about maintaining and improving their health and regularly engage in healthy behaviors.

Listening to Black Californians interviewees and focus group participants uniformly described the close attention they pay to managing their personal health. Survey respondents corroborate these views and demonstrate a prevailing focus on engaging in healthy behaviors. More than three in four Black Californians report putting a great deal or quite a bit of effort into getting appropriate screenings or preventive care (77%). Over 7 in 10 put a great deal or quite a bit of effort into tracking health indicators, such as blood pressure, cholesterol, and sleep patterns, and working to reach or maintain a healthy weight (71%). Fifty-seven percent of Black

Californians put a great deal or quite a bit of effort into exercising during leisure time (Figure 2).

Figure 2. Things to Maintain/Improve Personal Health

Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.

THOSE WHO ANSWERED “A GREAT DEAL / QUITE A BIT”

Speaking up about your concerns when you go to the doctor (even when they do not ask)

85%

Getting appropriate screenings or preventive care

77%

Tracking indicators of personal health or symptoms (i.e., blood pressure, glucose, cholesterol, and sleep patterns)

71%

Working to reach or maintain a healthy weight

71%

Exercising during your leisure time

57%

Notes: Sample includes 3,325 Black California residents age 18 and older. Prefer not to say is not shown.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Most respondents (85%) speak up a great deal or quite a bit about their concerns when they visit a doctor, even when not asked. Nearly 9 in 10 women (89%) speak up a great deal or quite a bit, compared to 8 in 10 men (81%). Eighty-eight percent of respondents with a disability and 88% with a mental health condition speak up a great deal or quite a bit about their concerns during a visit.

Black Californians across all types of insurance coverage engage regularly in healthy behaviors.

Almost all the survey respondents (90%) are covered by health insurance. The majority of Black Californians across all types of insurance coverage devote a great deal or quite a bit of effort to a variety of healthy behaviors. More than two-thirds of Black Californians with Medi-Cal coverage make a significant effort to speak up about concerns (84%), get appropriate screenings (78%), track indicators of personal health (72%), and work to reach or maintain a healthy weight (69%) (Figure 3, page 10).

“I work out. I have a little workout regimen I do. And I walk, ride my bike, and meditate. I try to eat right. I try to eat healthy. I try to stay away from fast food and stuff as much as possible. Limit my alcohol intake . . . just in general, try to stay on the healthier side of things.”

— 54-year-old Black man, San Diego

Figure 3. Things to Maintain/Improve Personal Health, by Insurance Coverage Type

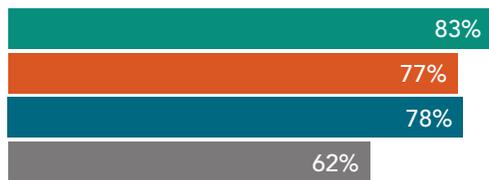
Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.

THOSE WHO ANSWERED “A GREAT DEAL / QUITE A BIT”

Speaking up about your concerns when you go to the doctor (even when they do not ask)



Getting appropriate screenings or preventive care



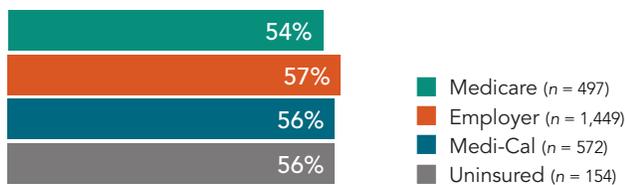
Tracking indicators of personal health or symptoms (i.e., blood pressure, glucose, cholesterol, and sleep patterns)



Working to reach or maintain a healthy weight



Exercising during your leisure time



Notes: Sample includes 3,325 Black California residents age 18 and older. Prefer not to say is not shown.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians view their health holistically and actively attend to their mental health.

“Everything in our life influences our health; the provision of health care is an important aspect.”

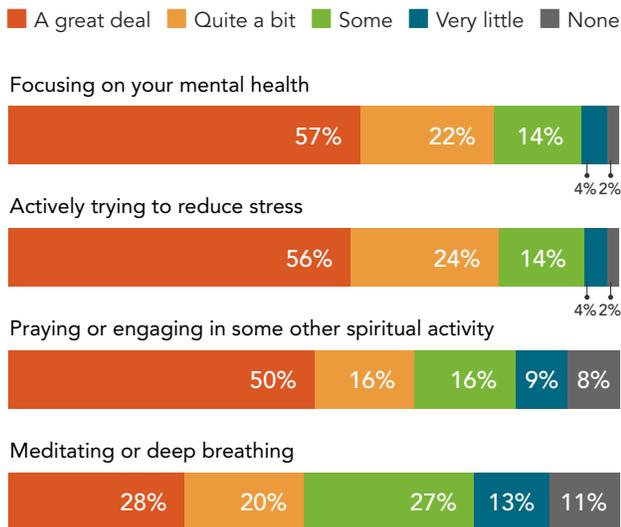
— Oliver T. Brooks, MD, *Listening to Black Californians* Advisory Group Member and Chief Medical Officer, Watts Healthcare

Many Black Californians who participated in the qualitative phases of the study held a holistic view of health that encompasses physical and mental health. Interview and focus group participants emphasized their efforts to attend to their whole health and well-being. Survey respondents are also highly intentional about addressing factors that affect their mental health.

Just under 8 in 10 survey respondents (79%) devote a great deal or quite a bit of effort to focusing on their mental health. A large majority (80%) of survey participants say they actively work to reduce stress a great deal or quite a bit. Respondents also see spiritual health as an integral component of health, with approximately two-thirds (66%) praying or engaging in some other spiritual activity a great deal or quite a bit (Figure 4, page 11).

Figure 4. Things to Maintain/Improve Mental Health, by Level of Effort

Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.



Notes: Sample includes 3,325 Black California residents age 18 and older. Prefer not to say is not shown. Segments may not sum to 100% due to rounding.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

“I think of health as being the totality of well-being, so that means being in good physical condition, but it also means mental health is an important part of your health. In my case, how I feel determines everything else. If I don’t feel good, I’m not going to exercise or eat right. It’s all connected for me. . . . I think, also, the spiritual component of well-being and feeling connected to the universe, to God, to community [is] an important element in being healthy and having healthy relationships, family relationships.”

— 66-year-old Black woman, San Diego

The degree of effort put into mental health declines with age. Respondents age 18 to 34 pay more attention to mental health than all other age groups, with 84% focusing a great deal or quite a bit on their mental health. By contrast, 73% of those age 75 and older say they put a great deal or quite a bit of effort into focusing on their mental health (Figure 5).

Figure 5. Focusing on Mental Health, by Age

Please tell me how much effort, if any, you put into focusing on your mental health.

THOSE WHO ANSWERED “A GREAT DEAL / QUITE A BIT”



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences between 18 to 34 and all other age groups.

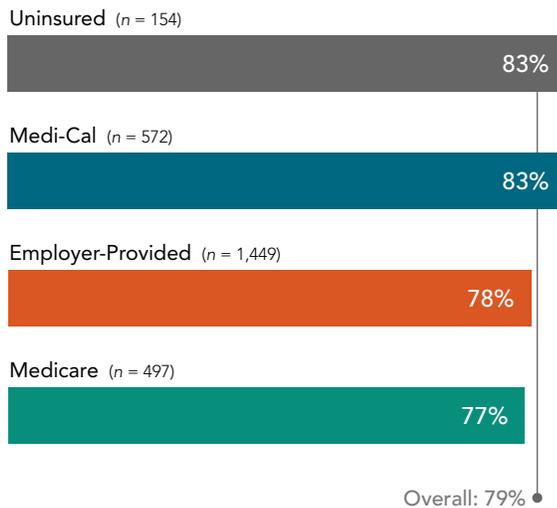
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians who are uninsured or covered by Medi-Cal focus more on mental health than other Black Californians. Those who are uninsured (83%) and those with Medi-Cal (83%) are more likely to put a great deal or quite a bit of effort into focusing on their mental health. Those who are covered by employer-provided insurance (78%) and those on Medicare (77%) are less likely to do so (Figure 6).

Figure 6. Focusing on Mental Health, by Coverage Type

Please tell me how much effort, if any, you put into focusing on your mental health.

THOSE WHO ANSWERED "A GREAT DEAL / QUITE A BIT"



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences between Medi-Cal, Employer-Provided, and Medicare.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians seek alternative and non-Western approaches to health care.

One key finding from the qualitative research was that many Black Californians use alternative and non-Western approaches to medicine, and many more expressed interest in increased access to these types of care. The survey confirms this high level of interest in alternative medicine.

Many Black Californians put effort into seeking out alternative care, especially women and those with lower incomes. Four in ten respondents (40%) put a great deal or quite a bit of effort into seeking out alternative or non-Western approaches to health care. Women (45%) are more likely to put a great deal or quite a bit of effort into seeking alternative types of care than men (33%).

"I do a lot of acupuncture and massage. I take supplements, and it's because I had a doctor tell me that he wanted to put me on a chemo-like pill for inflammation. When I researched it and found out it was a chemo pill, I refused to take the pill. I did my own research, and after six months, my inflammation went away. The doctor told me, 'Well, you keep that up.' I asked, 'Why wouldn't you suggest I do [my alternative treatment] from the start?' His answer was, 'I practice medicine.' I said, 'Did you know that this was an alternative?' He said again, 'I practice medicine.' He practices giving medication to solve any and every problem instead of giving an alternative."

— Black woman, focus group participant, LGBTQIA+

The degree of effort put into seeking alternative approaches to health care is inversely correlated with income. Forty-five percent of Black Californians with lower incomes put a great deal or quite a bit of effort into seeking out alternative approaches to health care compared to 34% of those with an income $\geq 400\%$ FPL (Figure 7).

Figure 7. Sought Alternative/Non-Western Approaches to Health Care, by Gender and Income

Please tell me how much effort, if any, you put into seeking out alternative care.

THOSE WHO ANSWERED "A GREAT DEAL / QUITE A BIT"



Notes: Sample includes 3,325 Black California residents age 18 and older. FPL is federal poverty level. $p < .05$ for differences by gender and for $\geq 400\%$ FPL compared to other income groups.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

FIGURE 8:

Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences by insurance coverage. Values within ovals represent the percentage of those who were covered by this type of insurance.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians actively engage with the health care system.

"For me, health involves the ability to have a doctor, a practitioner . . . [then] the ability to go to the doctor, the ability of the doctor to monitor your health, and if you have issues, to be able to go to the right party, the right doctor, the right agency to correct it."

— 61-year-old Black man, Los Angeles

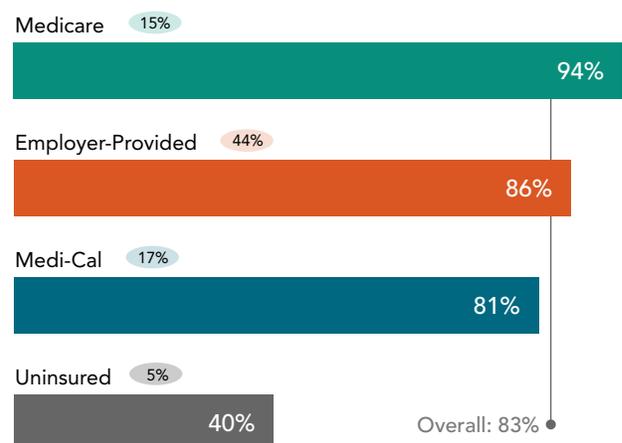
Most Black Californians, especially those with insurance, have a regular health care provider.

More than 8 in 10 Black Californians (83%) have a regular doctor or health care provider for illness, routine care, or care for a specific condition. Nearly all Black Californians with Medicare have a regular provider (94%), as do 86% of those with employer-covered insurance and 81% of those with Medi-Cal. In contrast, only 4 in 10 uninsured Black Californians have a regular health care provider (Figure 8).

Figure 8. Regular Doctor or Health Care Provider, by Insurance Coverage Type

Do you have a regular doctor or health care provider that you see when you are sick, for routine check-ups, and/or care for a specific condition?

THOSE WHO ANSWERED "YES"

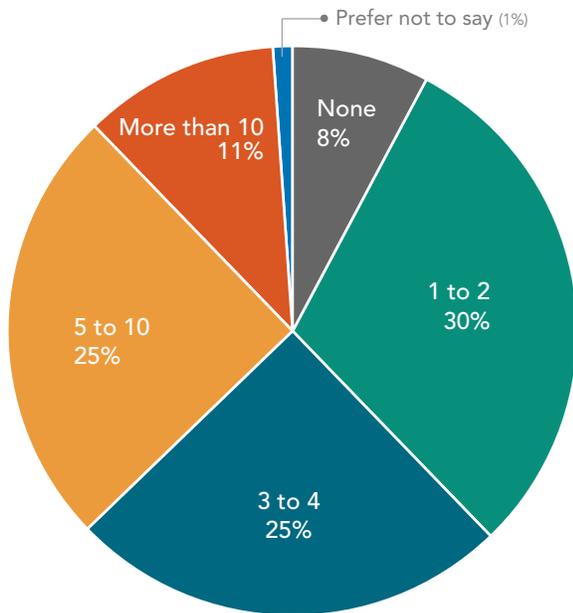


Respondents without a regular doctor or health care provider go to the emergency department (48%) or an urgent care facility (20%) when they need care.

A vast majority of Black Californians have received health care recently. Almost all respondents (92%) have either seen a doctor or health care provider in person, by phone, or by video in the last 12 months, with a median number of three visits (Figure 9).

Figure 9. Number of Health Care Visits in the 12 Months Prior to the Survey

During the past 12 months, about how many times have you seen a doctor or health care provider either in person, by phone, or by video?



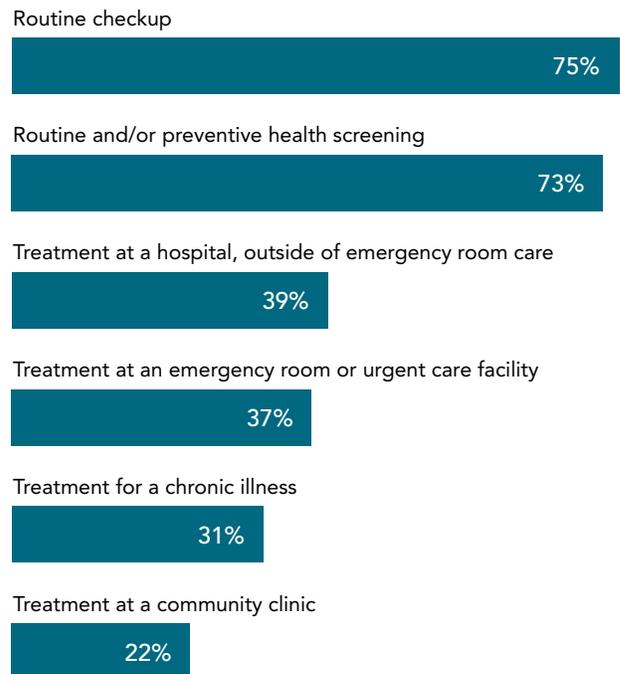
Note: Sample includes 3,325 Black California residents age 18 and older. Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

More than 7 in 10 Black Californians have received a routine checkup (75%) or a routine and/or preventive health screening (73%) since 2021. More than one in three have received treatment at a hospital (39%) or at an emergency room or urgent care facility (37%) since January 2021 (Figure 10).

Figure 10. Care Received Since January 2021, by Type of Care

Since January 2021, have you done any of the following, either in person, by phone, or by video?

THOSE WHO ANSWERED "YES"



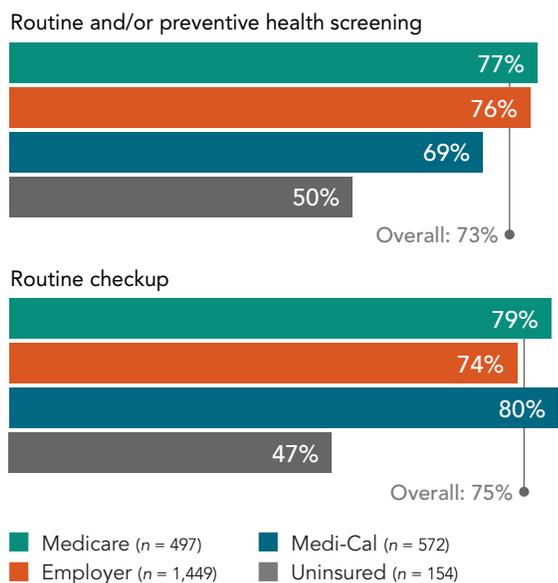
Note: Sample includes 3,325 Black California residents age 18 and older. Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians with insurance are more likely to receive routine checkups and health screenings. Only half of uninsured Black Californians (50%) have received a routine or preventive health screening since 2021, and fewer than half (47%) have received a routine checkup since 2021 (Figure 11).

Figure 11. Routine Care Received Since January 2021, by Insurance Coverage Type

Since January 2021, have you done any of the following, either in person, by phone, or by video?

THOSE WHO ANSWERED “YES”



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences for differences between *uninsured* and the other groups, and between *employer* and the other groups for routine checkup. $p < .05$ for differences between *uninsured* and the other groups, and between *Medi-Cal* and the other groups for health screening.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

SECTION 2

Black Californians’ Experiences with the Health Care System

“What stands out from the survey results was the way that people identified themselves and how the impact of health care diverged depending on the individual. The Black community is not homogeneous.”

— Danté Allen, MA, *Listening to Black Californians* Advisory Group Member and Executive Director, CalABLE Act Board, California State Treasurer’s Office

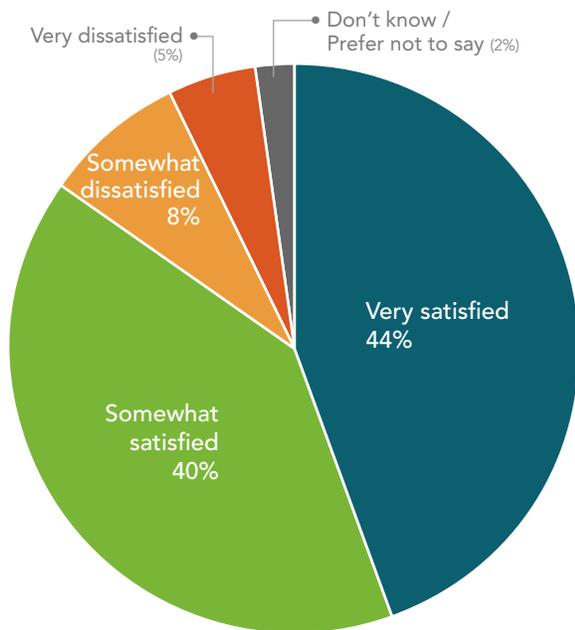
Although many Black Californians report satisfaction with their health care, there is widespread agreement that the health system is not providing the care that Black people need and deserve. Unacceptably large numbers of Black Californians experience racism, discrimination, and inadequate treatment when accessing health care. These experiences are more common among the most disenfranchised segments of the Black population.

Satisfaction with health care is generally high, with important exceptions.

In general, many Black Californians report satisfaction with their health care, with 44% reporting being very satisfied and 40% being somewhat satisfied with their main source of care (Figure 12).

Figure 12. Satisfaction with Main Source of Care

How satisfied or dissatisfied are you with your main source of care?



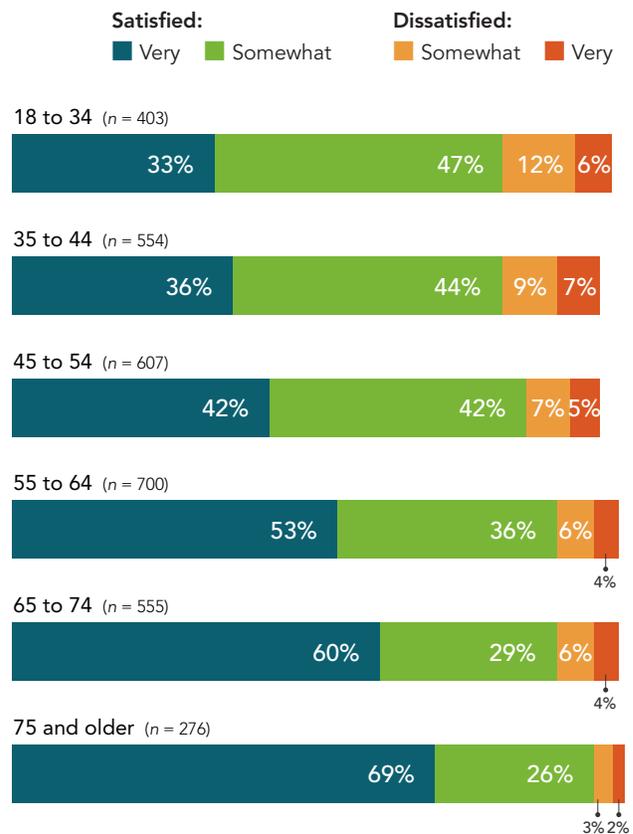
Notes: Sample includes 3,325 Black California residents age 18 and older. Segments do not sum to 100% due to rounding.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Satisfaction with care increases with age. Ninety-five percent of Black Californians age 75 and older and 90% of those age 65 to 74 are very or somewhat satisfied with their main source of care. In contrast, 80% of those ages 18 to 34 are very or somewhat satisfied (Figure 13).

Figure 13. Satisfaction with Main Care Source, by Age

How satisfied or dissatisfied are you with your main source of care?



Notes: Sample includes 3,325 Black California residents age 18 and older. Segments may not sum to 100% due to rounding.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

While only 13% of respondents overall report being somewhat or very dissatisfied with their care, some subsets of Black Californians are much more likely to express dissatisfaction. Specific groups more likely to report higher levels of being somewhat or very dissatisfied with their main source of care are:

- ▶ 31% of those who are uninsured
- ▶ 27% of women with Medi-Cal coverage
- ▶ 22% of those with Medi-Cal coverage
- ▶ 22% of those with a mental health condition
- ▶ 19% of those with a disability
- ▶ 18% of those age 18 to 34

Many Black Californians report being treated poorly by health care providers due to their race or ethnicity.

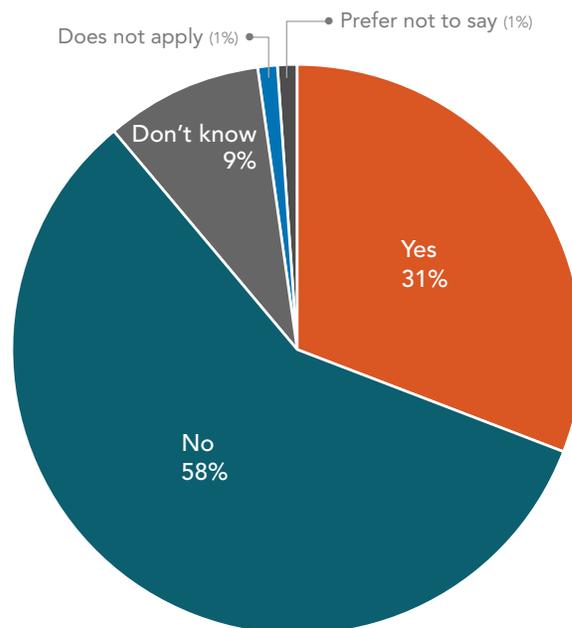
“It is a tragedy that Black Californians don’t feel they can trust the health care system, a tragedy that it’s viewed as a place to go when you’re at the end of your rope.”

— David M. Carlisle, MD, PhD, *Listening to Black Californians* Advisory Group Member, President and Chief Executive Officer, Charles R. Drew University of Medicine and Science

Many Black Californians who participated in the qualitative phases of the study described experiences of racism, discrimination, and mistreatment when seeking health care for themselves and their family. The survey validates these experiences. Almost one-third (31%) of respondents, or 1,095 Black Californians, report being treated poorly by a health care provider because of their race or ethnicity. This is higher than those who have been treated poorly because of their perceived ability to pay (22%), weight or body type (15%), or age (13%).

Figure 14. Experience with Being Treated Poorly Because of Race/Ethnicity

Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your race or ethnicity?



Note: Sample includes 3,325 Black California residents age 18 and older.
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

More women than men experience poor treatment by providers and report negative interactions with the health care system. Four in 10 Black women in California (40%) report being treated poorly by a health care provider because of their race or ethnicity, compared to just over 2 in 10 men (22%). In addition, 26% of women report poor treatment due to perceived ability to pay and 23% due to their weight or body type (Figure 15, page 18).

By significant margins, more women than men report negative experiences with the health care system, including not having their symptoms taken seriously (51%), being prescribed medications they did not feel were needed (38%), and not being treated with respect (37%) (Figure 16, page 18).

Figure 15. Reason for Being Treated Poorly, by Gender

Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your...?

THOSE WHO ANSWERED "YES"

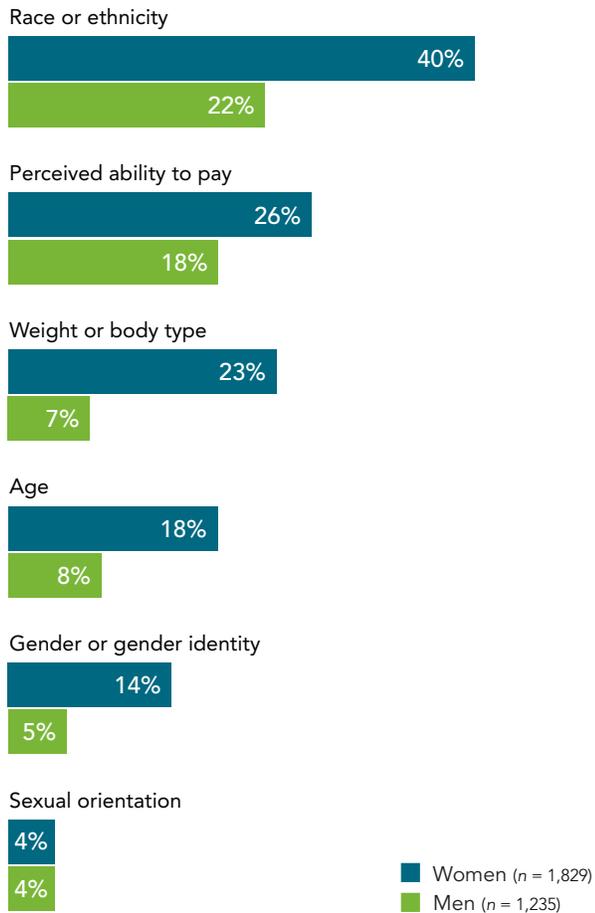
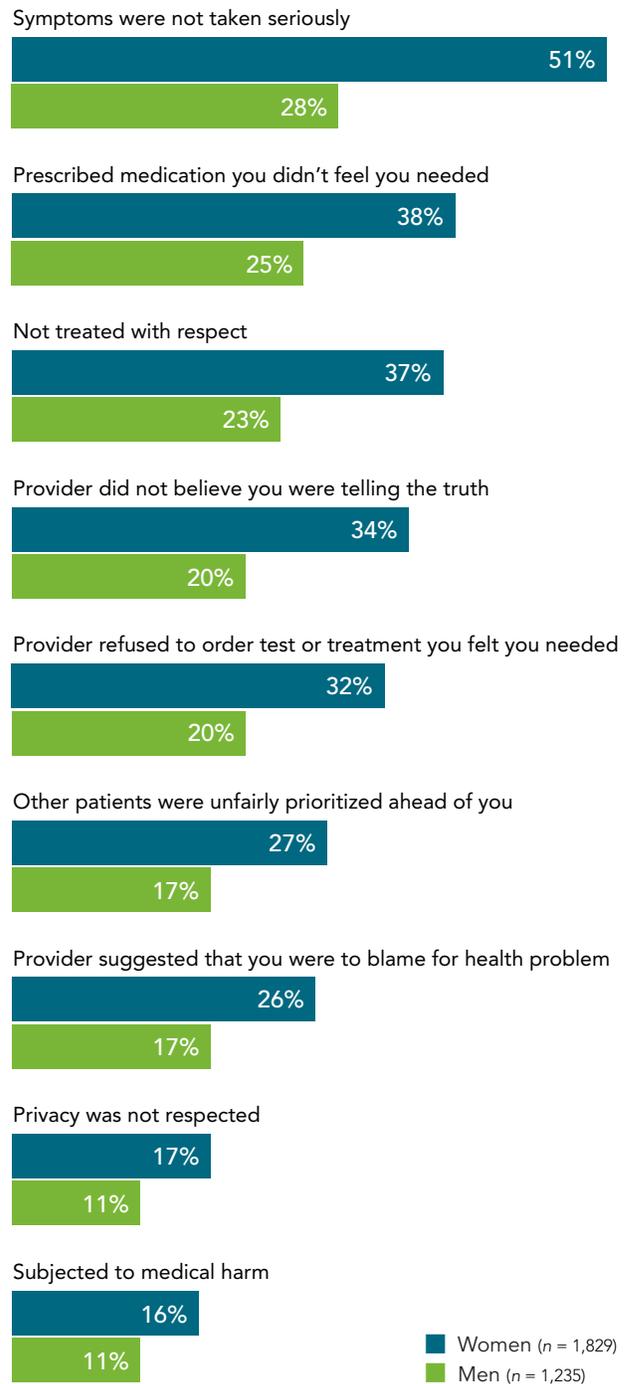


Figure 16. Adverse Experiences with Health Care Visits, by Gender

Thinking more generally about your experiences with health care visits, have any of the following ever happened to you?

THOSE WHO ANSWERED "YES"



FIGURES 15 and 16:

Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences by gender.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

“I feel like Black voices aren’t as loud. They are not taken as seriously. In this case, I wasn’t listened to, and it ended up being a very serious, actually life-threatening problem. But the doctor, I told him I was short of breath, and he told me, ‘You are out of shape.’ I was like, ‘I have been out of shape for a long time, [and] I wasn’t out of breath. [But] I’m out of breath now.’ And he told me, ‘You just need to lose weight and exercise more.’ And it ended up being that I was severely anemic and had to have two blood transfusions.”

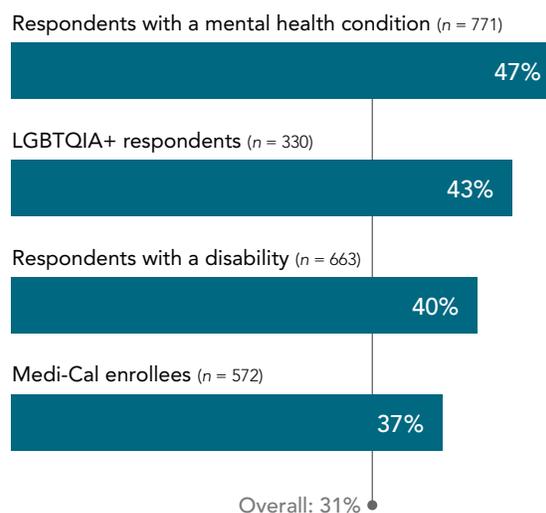
— Black woman, focus group participant, private insurance – urban

The most marginalized segments of the Black California population report especially high rates of poor treatment by providers due to their race or ethnicity. More than 4 in 10 respondents with a mental health condition (47%) and those who identify as LGBTQIA+ (43%) report being treated poorly because of their race or ethnicity. Reports of mistreatment are also high for respondents with a disability (40%) and for Medi-Cal enrollees (37%) (Figure 17).

Figure 17. Experience with Being Treated Poorly Because of Race/Ethnicity, by Select Groups

Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your race or ethnicity?

THOSE WHO ANSWERED “YES”



Note: Sample includes 3,325 Black California residents age 18 and older.
 Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Many LGBTQIA+ respondents report being treated poorly by a health care provider.

Overall, LGBTQIA+ respondents are more likely to report being treated poorly by a provider because of their race or ethnicity, weight or body type, gender or gender identity, or sexual orientation than other respondents. More than 4 in 10 LGBTQIA+ respondents (43%) report being treated poorly by a health care provider because of their race or ethnicity, compared to 3 out of 10 straight-cisgender respondents (30%). LGBTQIA+ respondents (19%) are also more than twice as likely to experience poor treatment because of gender or gender identity than non-LGBTQIA+ respondents (9%), and are five times more likely to experience poor treatment based on sexual orientation (Figure 18).

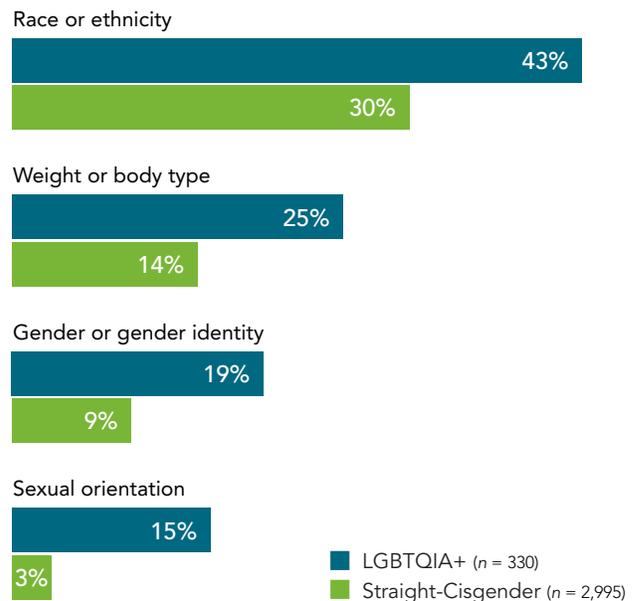
“Because if you’re LGBT, for example, and you don’t know who your doctor is, and you get in there, you may feel like the doctor may try to kill you or try to give you something or not give you the right medication because they don’t like LGBT people. And that’s a constant thing that’s on your mind when you’re LGBT when you go see the doctor . . . Oh my god, is this person going to hurt me or help me? Sometimes you would rather just not even go.”

— 48-year-old Black gender-nonconforming person, Inland Empire

Figure 18. Reason for Being Treated Poorly, by Sexual Orientation

Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your...?

THOSE WHO ANSWERED “YES”



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences between groups.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Many Black Californians experience inadequate treatment for pain.

“I used to work in a hospital, and I saw how some doctors — if a Black patient came in — they would poke and prod them. The patients would cry out in pain and say, ‘What’s the matter? Why are you doing that to me, Doctor?’ It was as if the doctor felt like they didn’t feel any pain.”

— Black man, focus group participant, Medi-Cal/uninsured

Respondents in all phases of the *Listening to Black Californians* study emphasize inadequate treatment for pain as a singular example of how the health care system negatively affects Black people. Interviewees and focus group participants described instances when their pain was ignored or inadequately treated during a health care visit.

Black Californians report alarmingly high rates of inadequate treatment for pain, especially certain segments of the population.

“Pain control is a metaphor for the performance of the health care system.”

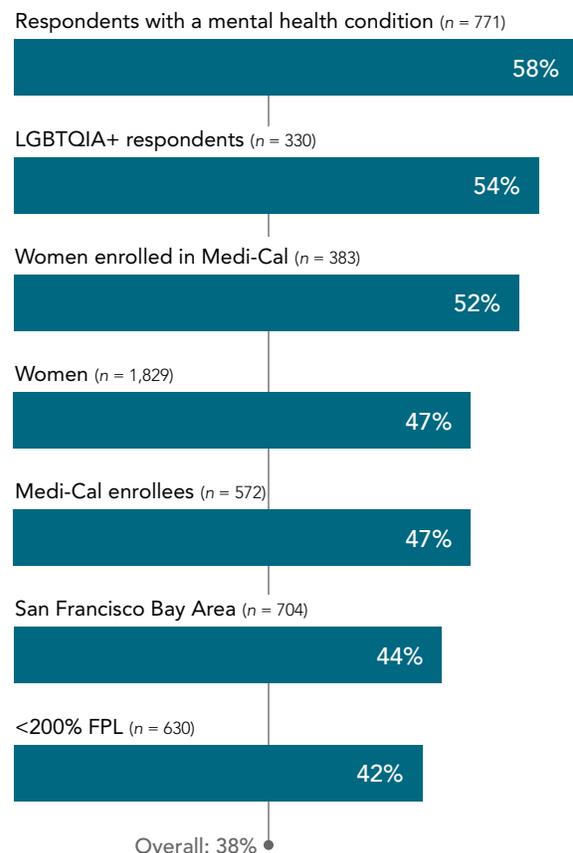
— Dr. David M. Carlisle, *Listening to Black Californians* Advisory Group Member

Across the state, nearly 4 in 10 respondents (38%) say that their pain was not treated adequately by a health care provider. Specific groups within the Black California population experience even higher instances of insufficient pain treatment, with more than half of respondents with a mental health condition (58%), LGBTQIA+ respondents (54%), and women with Medi-Cal coverage (52%) reporting inadequate treatment for pain (Figure 19).

Figure 19. Inadequate Pain Treatment, by Select Groups

Has there ever been a time when your pain was not treated adequately by a health care provider?

THOSE WHO ANSWERED “YES”



Notes: Sample includes 3,325 Black California residents age 18 and older. FPL is federal poverty level.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Many Black Californians avoid care due to concerns about not being treated fairly or with respect.

More than one in four Black Californians (26%) avoids care due to concerns they will not be treated fairly or with respect. The tendency to avoid care varies by insurance coverage. More than one in three Medi-Cal enrollees (35%) and 3 in 10 uninsured respondents (31%) report avoiding care due to concerns about being treated fairly (Figure 20).

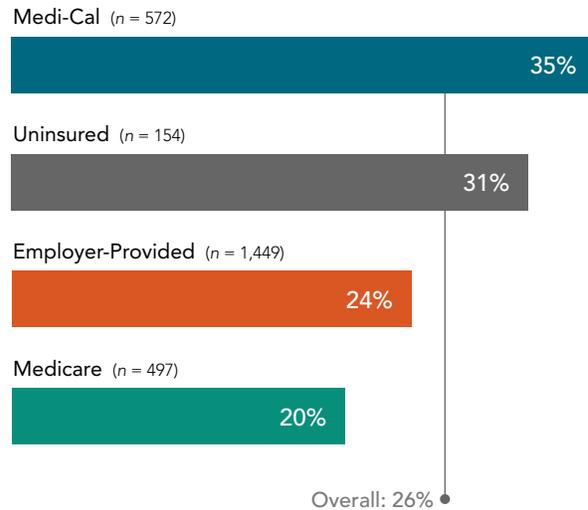
“As far as going to the doctor and hospitals, it makes it hard for me to even tell myself to go make an appointment, because I know that I’m going to get discriminated against in some form or fashion. Even when people hear my name as [an African American–sounding name], like . . . they see my weight, they see my name. . . . I am resistant to getting help unless I feel comfortable with the person who may or may not look like me. But I also have been discriminated against a lot from Black physicians as well. It makes it pretty challenging. I am hesitant to go, which I know affects my health.”

— 33-year-old Black woman,
San Francisco Bay Area

Figure 20. Avoided Care Due to Concerns About Fair and Respectful Treatment, by Insurance Coverage Type

Have you ever avoided going to a doctor or hospital because you felt you would not be treated fairly or with respect?

THOSE WHO ANSWERED “YES”



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences between Medi-Cal and employer-provided and Medicare, and between uninsured and Medicare.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

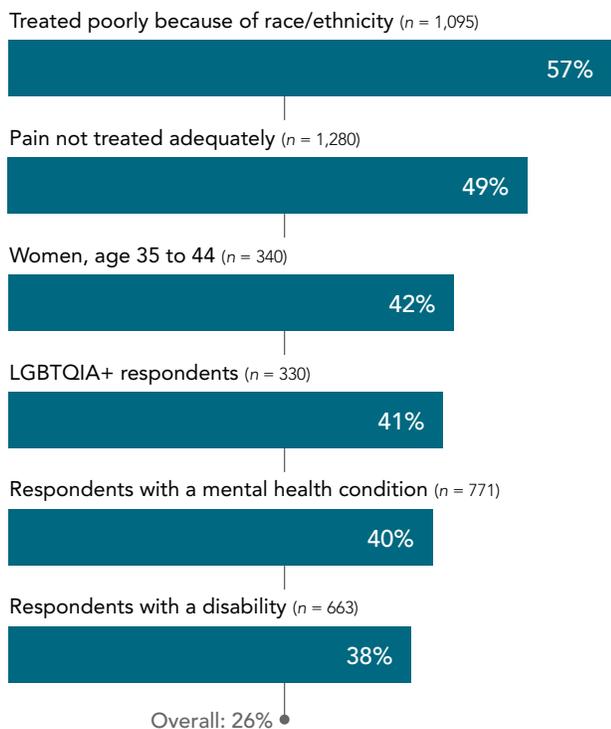
Specific subgroups of the Black population report avoiding care at higher rates than the overall population. One concerning finding is the high rate of avoidance among those who have previously experienced poor treatment when seeking health care: 57% of respondents who say they have been treated poorly because of their race or ethnicity avoid care, as do 49% of respondents who say their pain has not been treated adequately.

Equally concerning is the high rate of avoidance among respondents who may need regular health care, including Black Californians with a mental health condition (40%) and those with a disability (38%). In addition, 42% of women age 35 to 44 and 41% of LGBTQIA+ respondents report avoiding care due to concerns they will be treated unfairly (Figure 21).

Figure 21. Avoided Care Due to Concerns About Fair and Respectful Treatment, Select Groups

Have you ever avoided going to a doctor or hospital because you felt you would not be treated fairly or with respect?

THOSE WHO ANSWERED “YES”



Note: Sample includes 3,325 Black California residents age 18 and older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Many respondents deliberately take steps to mitigate negative health care experiences.

“I feel people judge appearance[s], so I always make sure my kids are in nice, neat clothes, something appropriate for the doctor. I always make sure I give them a bath before the doctor, so they can look their very best. I make sure I brush their teeth before they see the dentist — just little things like that to protect myself from being treated unfairly and [to prevent] people looking at my kids sideways. And I always make sure I have everything I need: doctor’s cards, their social [security cards], my ID, immunization cards — I just keep all that stuff ready. I pack 7 diapers and wipes because I don’t want to be embarrassed about them not being changed. . . . I protect myself because I don’t want people to judge me, because it makes me feel uncomfortable.”

— 24-year-old Black woman, Antelope Valley

In interviews and focus groups, Black Californians described the efforts they make prior to any health care visit to decrease the chance of being treated poorly or being discriminated against. The survey corroborates the widespread use of these approaches.

Some of these strategies, such as researching a condition or concern prior to the visit (used by 66% of Black Californians), are commonly used by people of all races and ethnicities before accessing health care. Other approaches represent more defensive

strategies adopted by Black Californians to prevent mistreatment and discrimination. Just over 4 in 10 (41%) signal to providers that they are educated, knowledgeable, and/or prepared to hold the provider accountable. Over one in three (35%) tailor their speech and/or behavior to make providers feel at ease. And one in three (33%) have a companion accompany them in the exam room during an appointment.

“First and foremost, just keep in mind that I’m a Black American male. My actions will probably be looked at and applied to the whole race, especially if my actions are negative. And especially if they are perceived as aggressive [or] unnecessarily aggressive. So in case I run into a situation like that . . . I try to find a way to disarm things. But it depends, though. If something comes off the wrong way, I’m not going to be that diplomatic. But I try first and foremost to understand that, right or wrong, people are going to look at me like I’m every Black man out there. And if I look like a fool, then I’ll probably reinforce some negative thing that they’ve learned in life. If I conduct myself in a way with some dignity, hopefully, they will learn that too.”

— 72-year-old Black man,
Los Angeles

One strategy, minimizing questions and concerns to avoid being perceived as difficult, can potentially prevent the receipt of needed care or lead to adverse outcomes. Over one in four Black Californians overall (27%) and one in three women (32%) use this strategy (Figure 22).

Figure 22. Strategies Used to Increase Chances of Being Treated with Respect

Next is a list of things some people may do to increase the chances that they will be treated with respect when seeking health care. For each one, please indicate if you have ever used that approach/strategy when seeking care.

THOSE WHO ANSWERED “YES”

Researched a health condition or concern before meeting with a provider

66%

Signaled to providers that you are educated, knowledgeable, and/or prepared to hold them accountable

41%

Tailored your speech, and/or behavior, to put providers “more at ease” or to avoid being off-putting

35%

Took a companion with you into the exam room during an appointment

33%

Paid special attention to how you were dressed

32%

Minimized questions and concerns to avoid being perceived as “difficult”

27%

Recorded interactions

9%

Note: Sample includes 3,325 Black California residents age 18 and older.
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Respondents who have been treated poorly due to race or ethnicity regularly use strategies to mitigate negative health care visits. The majority of those who were treated poorly because of race or ethnicity prepare for health care visits with prior research (82%), signal to providers that they are educated (64%), and tailor their speech or adopt other behaviors to make the provider feel more at ease (63%). Half of Black Californians (50%) who have been treated poorly minimize questions and concerns to avoid being perceived as “difficult” (Figure 23).

“A lot of times I go to Google, before I get going [to a doctor’s appointment]. I go to Google and look up [my concerns], read up as much as I can. . . . I try to go in with as much information so that if they try to dismiss me, I’ll say, ‘Hey, well, what about this, I read this online.’ You know, to try to back it up. . . . I’m not just coming in complaining, I’m actually doing some research.”

— 39-year-old Black woman, Sacramento

Figure 23. Strategies Used to Increase Chances of Being Treated with Respect, Among Those Who Reported Being Treated Poorly Due to Race/Ethnicity

Next is a list of things some people may do to increase the chances that they will be treated with respect when seeking health care. For each one, please indicate if you have ever used that approach/strategy when seeking care.

THOSE WHO ANSWERED “YES”

Researched a health condition or concern before meeting with a provider

82%

Signaled to providers that you are educated, knowledgeable, and/or prepared to hold them accountable

64%

Tailored your speech, and/or behavior, to put providers “more at ease” or to avoid being off-putting

63%

Paid special attention to how you were dressed

55%

Minimized questions and concerns to avoid being perceived as “difficult”

50%

Took a companion with you into the exam room during an appointment

45%

Recorded interactions

17%

Notes: Sample includes 3,325 Black California residents age 18 and older. Data are presented for the 1,095 respondents who report being treated poorly due to race or ethnicity.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians consider strong relationships with providers to be central to quality health care.

"I mentioned the doctor [who gave me] the best level of care that I ever received. He sat down quietly, looked at me in my face . . . wasn't looking around. Talked to me about my life. [He explained,] 'We're going to do blood tests on everything.' . . . And that was the best care I received. And that's what I envision it would look like . . . a doctor saying, 'Anything else you want to ask me?,' because I [didn't] ever feel like I got to ask the questions, and if I did, maybe I was just too spooked to ask because of how I felt inside about not being believed. . . . That's how it would look for me to receive great care. And I received it once, so I keep going back to this doctor."

— 35-year-old Black man, Central Valley

In interviews and focus groups, Black Californians consistently described what high-quality care means to them: care that is centered around the patient, encompasses the patient's experiences, and recognizes the patient's knowledge and desires. Survey respondents corroborate this view.

Virtually all Black Californians consider it extremely or very important to have a provider who listens to them (98%), spends the time needed to answer questions (97%), and discusses specific health goals (93%) (Figure 24).

Figure 24. Importance of Provider Relationship

When it comes to health care, how important are each of the following to you?

HAVING A PROVIDER WHO...



Notes: Sample includes 3,325 Black California residents age 18 and older. Don't know / Prefer not to say is not shown.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

"My doctor is Black, which I think is a plus. So if I ever go through anything, I don't feel [a Black doctor] will [dismiss] it. . . . Having a Black doctor, or somebody that looks like me at least to some degree, feels more comfortable than not having one."

— Black woman, focus group participant, age 18 to 21

Many respondents prefer a Black / African American doctor.

Research studies have shown that patients often benefit from having a physician of the same race or ethnicity. A recent Urban Institute study, *Improving and Expanding Programs to Support a Diverse Health Care Workforce*, sponsored by CHCF, cited findings that "when the race or ethnicity of a patient matches that of their physician, patients have greater satisfaction with and trust in them,

and in some cases receive more effective care.”³ In California, only 3% of physicians are Black, compared with 6% of the overall population.⁴

Responses from the interviews, focus groups, and survey amplify that research, with participants across the study expressing high levels of interest in having Black physicians. Nearly half of Black Californians

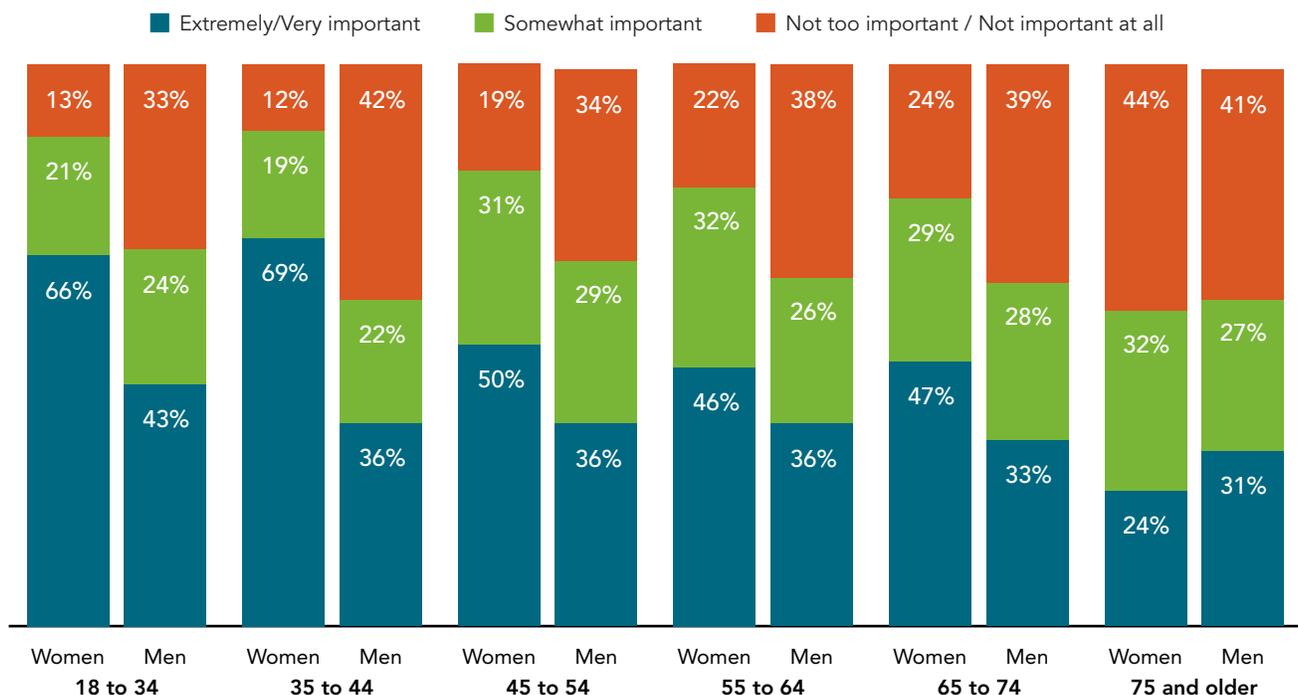
(47%) say it is extremely or very important to have a Black or African American doctor. Across all age categories, women are more likely to express a strong preference for a Black doctor than men, except for the 75+ age group. Two-thirds of women of child-bearing age (66% of those age 18 to 34 and 69% of those age 35 to 44) say it is extremely or very important to have a Black doctor (Figure 25).

“The first day that I was in the hospital, I did have a Black pediatrician, which was amazing. It made all the difference because she was talking about things, educating me about things. If there was a minor issue, she [reassured me that] it was nothing to worry about. I felt great. She listened to me. She heard me. She was there only one day, and another person came who was the pediatrician [on duty], and that all went out of the window. If I asked any questions, they told me, ‘We have other patients that we have to see.’”

— Black woman, focus group participant, Medi-Cal/uninsured

Figure 25. Importance of Having a Black Doctor, by Gender and Age

When it comes to health care, how important is having a Black or African American doctor?



Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences between female and male for each age group. *Don't know / Prefer not to say* not shown.

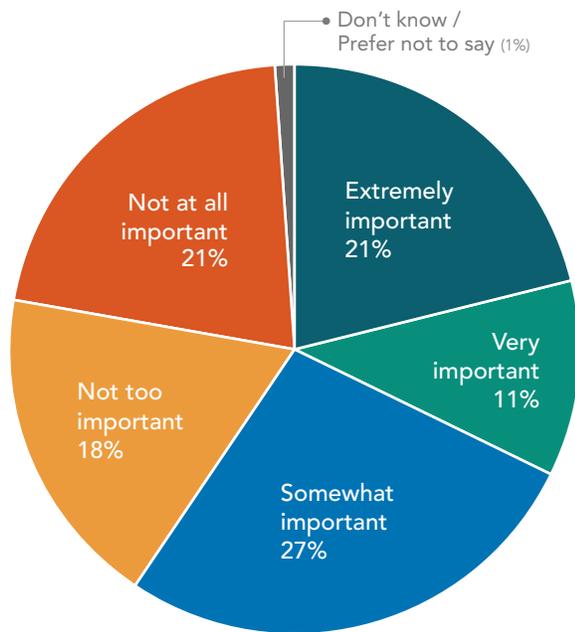
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Half of LGBTQIA+ respondents consider it important to have a doctor who identifies as LGBTQIA+.

In the qualitative research, many LGBTQIA+ participants discussed the difficulty of finding providers who respect them and provide care to them without bias. In the survey, having a doctor who identifies as LGBTQIA+ is extremely important to 21% of LGBTQIA+ respondents, very important to 11%, and somewhat important to 27% of LGBTQIA+ respondents (Figure 26).

Figure 26. Importance of LGBTQIA+ Doctors to LGBTQIA+ Respondents (n = 330)

When it comes to health care, how important is having a doctor who identifies as LGBTQIA+?



Notes: Sample includes 3,325 Black California residents age 18 and older. Segments do not sum to 100% due to rounding.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

“In addition to being multiracial, I’m part of the LGBTQ community. So, I do try to find doctors that are LGBTQ friendly. That is one thing I do look for, for sure. Because I do know that can be an issue with a doctor treating you and I’d rather not have to deal with potential ramifications of anyone’s beliefs in my medical care.”

— 25-year-old Black man, Inland Empire

SECTION 3

Black Californians’ Recommendations for Addressing Racism and Discrimination in Health Care

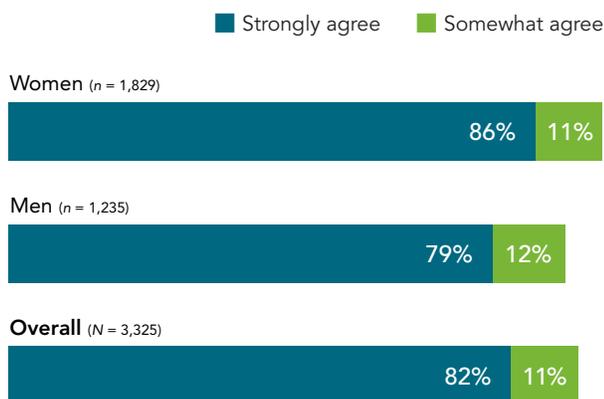
Although the *Listening to Black Californians* study reveals many differences in the health care experiences of Black Californians, survey respondents universally recognize that the health care system requires transformative change to improve the health and well-being of Black residents. This shared belief in the need for change is grounded in a strong sense of Black identity and linked fate, the sense that what happens to one Black person affects all Black people.

Black identity is central to the lives of Black Californians and informs their views on how to improve the health care system.

To establish a context for Black Californians' views on health and health care, survey respondents were asked whether they feel being Black is an important part of their identity. Across every major demographic category, around 90% of respondents strongly or somewhat agree that "being Black is an important part of my identity" (Figure 27).

Figure 27. Importance of Black Identity, by Gender

To what extent do you agree with this statement?:
"Being Black is an important part of my identity."



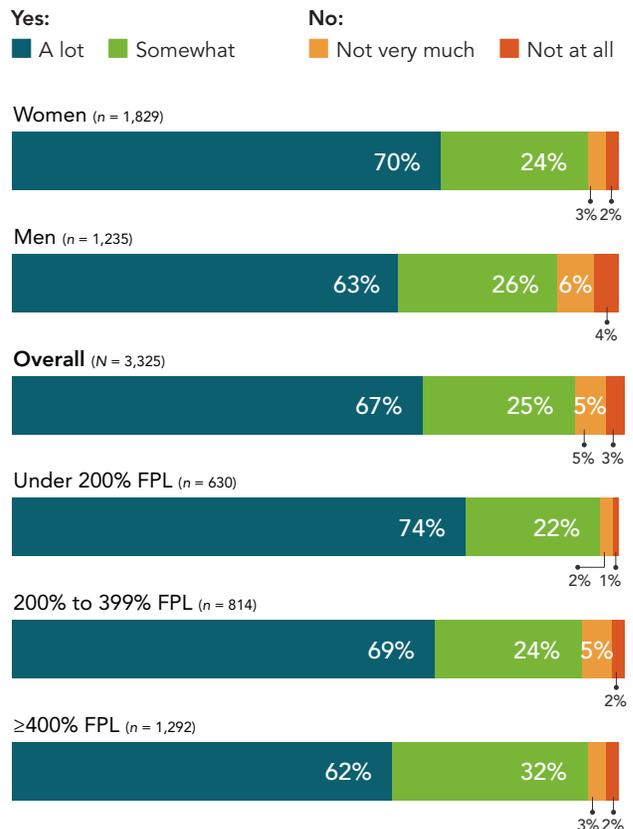
Notes: Sample includes 3,325 Black California residents age 18 and older. $p < .05$ for differences by gender for total who agree. Somewhat agree, strongly agree, and don't know / prefer not to say are not shown.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Nearly all respondents hold a belief in linked fate, the sense that what happens to one Black person affects all Black people. More than 9 in 10 Black Californians overall (92%) believe in linked fate. Those with incomes under 200% FPL (95%) and women (94%) express an especially strong belief in linked fate (Figure 28). The belief in linked fate is reflected in the universal recommendations that survey respondents endorse to improve the health care system.

Figure 28. Belief in Linked Fate, by Gender and Income

Do you think that what happens to Black people in this country affects you and what happens in your life?



Notes: Sample includes 3,325 Black California residents age 18 and older. FPL is federal poverty level. $p < .05$ for differences by gender except for yes, somewhat. $p < .05$ for yes, a lot and no total between <200% and other groups. Don't know / Prefer not to say are not shown. Segments may not sum to 100% due to rounding.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Black Californians universally endorse specific recommendations to address racism and discrimination in health care.

Participants in the interviews and focus groups offered many recommendations for addressing and preventing racism and discrimination in health care. Survey respondents were asked to weigh in on these recommendations, and a strong majority think these solutions are extremely or very important for addressing racism and discrimination in health care.

Recommendations are grouped into four major categories:

1. Increasing Black representation among health care leaders and providers
2. Expanding community-based education and advocacy
3. Training providers and holding the health care system accountable
4. Developing more holistic approaches to health care

“Black people need to be educated that they have a right to proper health care. . . . You have to be willing to demand it, and if you don’t get it, you have to be willing to file a complaint. . . . [If] a doctor gets enough complaints, it will affect his license, his board certification, and practice in that state. [If there are no repercussions and consequences,] a person . . . is not going to change behavior toward you. . . . So we have to educate ourselves and be willing to do what it takes to cause repercussions and consequences . . . when we’re mistreated [because of] discrimination or bias.”

— 55-year-old Black man,
Los Angeles

1. Increasing Black representation among health care leaders and providers

“In systems with diverse leadership, you can see the change.”

— Dr. David M. Carlisle, *Listening to Black Californians*
Advisory Group Member

“[To reach Black men,] it’s helpful to use data and have messages come from a Black male physician to another Black man.”

— Dr. Oliver T. Brooks, *Listening to Black Californians*
Advisory Group Member

A common criticism among Black Californians who were interviewed or participated in the focus groups was the lack of Black representation across the health care system, from a lack of Black doctors and other providers to a lack of Black individuals leading health care organizations, clinics, and hospitals. Survey respondents overwhelmingly endorse increasing Black representation in the health care leadership ranks (85% say this action is extremely or very important) and among providers (80% say this action is extremely or very important) to help address racism and discrimination in health care. In addition, 80% say it is extremely or very important to expand the number of Black-led, community-based clinics and medical practices (Figure 29).

Figure 29. Increasing Black Representation to Address Racism in Health Care

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED “EXTREMELY/VERY IMPORTANT”

Increasing the number of...

Black health care leaders

85%

Black doctors, nurses, and other health care providers

80%

Black-led, community-based clinics and medical practices

80%

Note: Sample includes 3,325 Black California residents age 18 and older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

“I feel like we need more Black doctors, we need more Black nurses. We need more Black [people] on boards, politicians, stuff like that. So if my kids can be the next doctor or the next nurse, or the next practitioner, I’ll take that, if that’s what it takes for us to get our people out. I’m definitely with that.”

— 34-year-old Black man,
Sacramento

2. Expanding community-based education and advocacy

“I think more assistance and advocacy at the street level [are needed] rather than [with] the bureaucracy and going through social services. Put the help where people need it. . . . [We need] advocates who support dignified health care for people who are poor and homeless.”

— 74-year-old Black woman,
Los Angeles

More than 8 in 10 Black Californians (84%) say it is extremely or very important to expand community-based education on how to navigate the health care system and advocate for high-quality care. Three in four (77%) say it is extremely or very important to expand the number of Black community health advocates and medical chaperones available to patients (Figure 30).

Figure 30. Expanding Community-Based Resources to Address Racism in Health Care

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED “EXTREMELY/VERY IMPORTANT”

Expanding community-based education on how to navigate the health care system and advocate for high-quality care

84%

Expanding the number of Black community health advocates and/or medical chaperones available to patients

77%

Notes: Sample includes 3,325 Black California residents age 18 and older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

3. Training providers and holding the health care system accountable

“Acknowledge that there are race issues among medical professionals in the medical system. Acknowledge it. The data is there . . . of doctors giving more care to a White patient than to a Black patient who’s suffering the same issues. . . . What is that about? How do we explain that? We have a problem. And we need to address it collectively, together. . . . It just needs to be taken head on. Because once again, [the medical system] is a matter of life and death for many Black people.”

— 58-year-old Black man,
Los Angeles

A majority of survey respondents agree with recommendations to hold the health system and providers accountable. Over 8 in 10 Black Californians (82%) believe it is extremely or very important to ensure there are financial consequences and other accountability measures when incidents of racism or discrimination occur. There is similarly high support (80%) for requiring that providers and other health care professionals receive implicit bias training (Figure 31).

Figure 31. Training Providers and Creating Accountability to Address Racism in Health Care

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED “EXTREMELY/VERY IMPORTANT”

Ensuring that there are financial consequences and other accountability measures when incidents of racism or discrimination occur

82%

Requiring that doctors, nurses, and other health care professionals receive implicit bias training

80%

Broader recognition of the history and existence of racism in medicine

78%

Tying accreditation for doctors and hospitals to improvements in health disparities and ratings of patient experiences

75%

Notes: Sample includes 3,325 Black California residents age 18 and older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

4. Developing more holistic approaches to health care

“The focus on wellness and alternative medicines in the study is key. . . . It is imperative to incorporate this into medical training.”

— Dr. Oliver T. Brooks, *Listening to Black Californians*
Advisory Group Member

Throughout the study, participants expressed interest in broadening the definition of medicine to include holistic and alternative approaches to care. The survey findings echo comments from participants in the interviews and focus groups who thought holistically about their health and the connections between mind, body, and spirit, and those who turn to alternative approaches for care or medical treatment. Approximately 7 in 10 Black Californians think it is extremely or very important to develop more holistic approaches (73%) and to expand access to non-Western or alternative approaches to care (69%) (Figure 32).

Figure 32. Increasing Holistic Approaches to Address Racism in Health Care

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED “EXTREMELY/VERY IMPORTANT”

Developing more holistic approaches that consider the connection between mind, body, and spirit

73%

Expanding access to non-Western or alternative approaches to care and/or medical treatment

69%

Notes: Sample includes 3,325 Black California residents age 18 and older.
Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5 to May 8, 2022).

Conclusion

The *Listening to Black Californians* study shows that Black Californians are actively engaged in the pursuit of health and are consistent users of the health care system. They have health insurance, get preventive screenings, prepare for doctor visits, and monitor their physical health, often at higher rates than other racial and ethnic groups.⁵ In addition, they exert great effort to tend to their mental health and seek holistic medicine and alternative approaches to care. Yet, while the average Californian lives to be 81, the average Black Californian lives only to 75. In this study, Black Californians share their experiences of how California's health care system — public and private — is failing them, and offer specific recommendations for how to improve the health care system for them.

Although Black Californians share many similar attitudes toward health and similar experiences in the health care system, there are important differences by gender, socioeconomic status, health status, and sexual orientation. In many cases, this study finds that the greatest burden is borne by those most in need of health care.

An unacceptably high proportion of the *Listening to Black Californians* study respondents (31%), or more than 1,000 people, has been treated poorly by a health care provider because of their race or ethnicity. In addition to experiencing racism and discrimination, too many Black Californians report inadequate treatment for their pain, not having their symptoms taken seriously, and not being treated with respect. Although alarmingly widespread, this mistreatment is most likely to be experienced by women who are enrolled in Medi-Cal, people with low incomes, uninsured individuals, people with mental health conditions and/or physical disabilities, and people who identify as LGBTQIA+.

The effects of this mistreatment are costly to Black Californians and to the health care system. This survey finds that Black Californians who have received poor treatment are much more likely to avoid care altogether or to engage in understandable defensive behaviors during health care appointments, both of which may prevent timely diagnosis and treatment.

“The missing piece is that there’s still not quality care. . . . [I]t isn’t about knowing what to do as a provider; it’s about not doing it. And at this point, I don’t see any other way to change that behavior other than to add an uncomfortable sense of accountability.”

— Dr. Venise C. Curry, *Listening to Black Californians*
Advisory Group Member

There is broad agreement among survey respondents on pragmatic approaches to making the health care system work better for Black people. At the core of their recommendations is developing strong patient-provider relationships. Overwhelmingly, Black Californians want providers who listen to them, spend time with them, speak respectfully with them about health goals — providers who are partners and advisors. Eight in ten Black Californians agree that it is extremely or very important to have more Black doctors and health care providers, as well as more clinics staffed by Black health care workers in their communities.

Survey participants also want health systems to be held accountable for delivering equitable care. Whether through accreditation or financial consequences, they want to see good behavior incentivized and bad behavior penalized.

Black Californians already play an active role in their own health and health care, and their responses suggest that many are ready to become more savvy users of health care systems. More than 8 in 10 respondents want more information about navigating the health care system so they can advocate for themselves and their families (84%). Over three in four want more community advocates to help and support them (77%).

The diverse voices of participants speak loudly through *Listening to Black Californians*. They tell us that eliminating the detrimental effects of racism and discrimination on their health is within our grasp if we are willing to listen to Black Californians, build trust and partner with them, and hold the health care system accountable for equitable care.

Appendix. Methodology

CHCF's *Listening to Black Californians* statewide survey was conducted from March 5 to May 8, 2022, by EVITARUS, a Black-owned public opinion research firm, using multiple-frame sampling to achieve a total sample of 3,325 adults who self-identify as Black or African American. This included an oversample of 330 Black Californians who identify as LGBTQIA+. The survey is one of the largest-scale surveys to date focused on the health care experiences of Black Californians. The survey was administered by phone (landline and cell phone; $n = 738$) and online ($n = 2,587$). Opinion Services administered the survey by phone using a team of live interviewers who identify as Black or African American. EVITARUS administered the survey online, including distribution of invitations to participate via text and email. All survey respondents were offered an incentive for completing the survey.

The research and sampling design of this study was developed to help ensure that as many California residents who identify as Black and/or African American as possible had at least some probability of inclusion in the survey sample. According to the 2020 US Census, the Black population in California is less than 10% of the population. California's Black population is also becoming increasingly geographically dispersed, as is apparent when census estimates are compared over time. Both factors, in combination with the general decline in response rates for general population studies, present challenges to efficiently and effectively reaching a sample of Black Californians large enough to reflect the geographic and demographic diversity of the population.

A multiple-frame sampling design was used to maximize coverage of the study's target population and overcome some of the limitations that might be associated with relying on a single sample source or a single-frame approach. The sampling frames were

composed of a combination of probability and non-probability samples, including the following:

- ▶ A probability sample based on cell phone billing addresses drawn by Dynata ($n = 388$), to capture known California cell phone numbers most likely belonging to residents who currently live in the state, increase coverage of the target population, and minimize bias that might be associated with the listed sample frames included in the design
- ▶ A probability sample of registered voters obtained from Political Data Inc. ($n = 2,090$), to maximize the likelihood of reaching the target sample size of 3,200 respondents
- ▶ A nonprobability sample of nonregistered voters drawn by Catalist ($n = 420$), to increase coverage of the nonvoting population
- ▶ A nonprobability sample drawn from a proprietary panel of self-identified Black Californians maintained by EVITARUS ($n = 427$), to increase coverage of the nonvoting population and enhance the efficiency of reaching self-identified Black Californians with predetermined willingness to participate in research

Both the EVITARUS panel and the Catalist database were screened against the full file of California registered voters maintained by the California Secretary of State, to help ensure that these two sampling frames included only persons who were not registered to vote or who were registered to vote but did not have a phone number or email address associated with their registration and would therefore not be captured by the registration-based sample. For each sampling frame, live interviewers first called records containing a phone number (landline or cell), then followed up with invitations to nonrespondents by text, email, or both text and email, depending upon the contact information available. Records that contained only an email address were

sent an email invitation to participate in the survey online.

Poststratification weights were applied using a raking procedure to align the distribution of the data with the adult population of Black Californians by gender, region, insurance status, insurance type, percent living below the FPL, and education, and to account for the oversampling of those who identify as LGBTQIA+. The weights were calibrated using the following sources:

- ▶ 2020 US Census data for the regional distribution of Black Californians and levels of education
- ▶ 2019 American Community Survey for population estimates by age, gender, and percentage below the FPL
- ▶ 2020 California Health Interview Survey (CHIS) for population estimates for rates of insurance coverage and insurance type reported among self-identified Black adults over the age of 18
- ▶ 2019 American Community Survey data analyzed and reported by the Williams Institute at UCLA for population estimates of the percentage of Black Californians who identify as LGBTQIA+

The weighted percentages included in Table 1, page 7 were calculated using the above procedure.

Research and sampling design, implementation, weighting, tabulation, and data analysis were conducted by EVITARUS.

Endnotes

1. Megan Thomas and Allison Valentine, *2021 Edition – Health Disparities by Race and Ethnicity in California*, CHCF, October 22, 2021.
2. **“Advancing Black Health Equity,”** California Health Care Foundation (CHCF), accessed August 19, 2022.
3. Nicole Torres, **“Research: Having a Black Doctor Led Black Men to Receive More-Effective Care,”** *Harvard Business Review*, August 10, 2018. Cited in Kimá Joy Taylor et al., ***Improving and Expanding Programs to Support a Diverse Health Care Workforce: Recommendations for Policy and Practice***, Urban Institute, May 2022.
4. Janet M. Coffman, Emmie Calimlim, and Margaret Fix, ***California Physicians: A Portrait of Practice***, CHCF, March 2021.
5. *Health Disparities by Race and Ethnicity in California*, CHCF.