



In Their Own Words: Black Californians on Racism and Health Care

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About the Author

This report was written by Linda Cummings, PhD, health services research consultant. 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 Shakari Byerly, Managing Partner.

About the Foundation

The **California Health Care Foundation** 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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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 glaring racial and ethnic inequities pervade its health care system, from insufficient access to worse health outcomes to excess mortality. Black residents have the shortest life expectancy (75 years) at birth of any racial/ethnic group, six years shorter than the state average. Black Californians have the highest death rates from breast, cervical, colorectal, lung, and prostate cancers. Black birthing people experience the highest rates of prenatal and postpartum depression, preterm births, low birthweight births, and pregnancy-related mortality. And Black infants have the highest mortality rates.¹

As part of its commitment to ending health inequities, CHCF is funding *Listening to Black Californians*, a three-phase qualitative and quantitative study to understand the health and health care experiences of Black Californians. This project will also explore the impact of racism on Black Californians' experiences in the health care system, as well as the detrimental effects of racism on their health.

EVITARUS, a Black-owned public opinion research firm in Los Angeles, is conducting the research. An advisory group composed of academics, policymakers, providers, and community advocates is guiding the study. *Listening to Black Californians* will identify policy actions and practice changes at the clinical, administrative, and training levels that policymakers and health system leaders can take to eliminate discrimination in health care and to improve the health outcomes of Black Californians.

This report describes the results of Phase I of the *Listening to Black Californians* study, which was conducted during the summer of 2021. The 100 people interviewed for this phase explained how they think about health and described their individual experiences with California's health care system. While each interview provided unique insights, taken together, the conversations revealed many similarities in how Black Californians view health and how they experience health care. Interviewees shared their perceptions about health, their experiences with racism and health care, and their perspectives on what constitutes quality health care. The study results are summarized on the following page.

About *Listening to Black Californians*

PHASE I. Individual, hour-long interviews with 100 Black Californians conducted from June to August 2021 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 3,000 Black Californians to assess the extent to which the Phases I and II findings are represented among the general Black Californian population. Report expected in summer 2022.

www.chcf.org/program/listening-to-black-californians

1. *2021 Edition – Health Disparities by Race and Ethnicity in California: Pattern of Inequity*, California Health Care Foundation, October 2021.

Respondents held a holistic view of health and prioritized it in their everyday lives.

- ▶ Respondents viewed health holistically, emphasizing the integration of physical, mental, and spiritual health.
- ▶ Improving health and maintaining good health were high priorities for respondents.
- ▶ Family health history and attitudes have shaped individual approaches to health.
- ▶ Many respondents felt that their communities made it difficult to be healthy.
- ▶ Insufficient personal resources sometimes made it challenging to maintain good health.

Experiences of racism in health care were widespread and negatively impacted participants' health.

- ▶ Racism and discrimination have taken a toll on the health and well-being of respondents.
- ▶ Participants experienced racism in interactions with the health care system.
- ▶ Participants did not always attribute poor experiences in health care settings to racism or discrimination.
- ▶ Interviewees perceived discrimination based on health insurance coverage.
- ▶ Some respondents attributed negative experiences to the health care system's profit motive.
- ▶ Some participants reported avoiding care due to distrust of the health care system.
- ▶ Respondents have taken measures to prevent or mitigate negative experiences during health care appointments.

Participants envisioned high-quality health care as patient-centered and proactive.

- ▶ Respondents described an ideal health care system that contrasted sharply with their own experiences.
- ▶ Respondents wanted health care providers who are respectful, engaged, and compassionate.
- ▶ Health care providers should be held accountable for negative interactions and poor outcomes.
- ▶ Many, although not all, respondents wanted access to Black physicians.
- ▶ Respondents suggested training health care providers in culturally and linguistically appropriate care.

“As a Black person, I always have to ask the question: Did they just do that because I’m Black? Even if it’s not true, it’s always on my mind. And not every group has to even ask that question or second guess on that level. And that (affects) well-being and (contributes) to anxiety, and even (to) a situation that might cause someone to say, you know what, I’m not going into the doctor, because I don’t feel like having another dismissive experience. And that could contribute to someone’s poor health and even death because maybe something would have been detected on that visit.”

— 50-year-old Black male, San Francisco Bay Area

Listening to Black Californians

About the Study

The aim of *Listening to Black Californians* is to understand Black Californians' experiences with racism as it affects health and health care. In Phase I of the three-phase study, EVITARUS, a Black-owned, Los Angeles-based public opinion research firm, conducted individual, hour-long interviews with 100 Black Californians from June to August 2021. The interviewees were recruited through a variety of channels that included Black-owned newspapers, social media, word of mouth, faith communities, and regional and statewide Black-led organizations. The interviews explored the participants' views on health, their experiences with health care, and their recommendations for an ideal health care system.

About the Participants

The interviewees reflected the diversity of California's Black population. Participants came from across the state and represented a mix of age, gender, racial/ethnic, and geographic backgrounds (see Table 1).

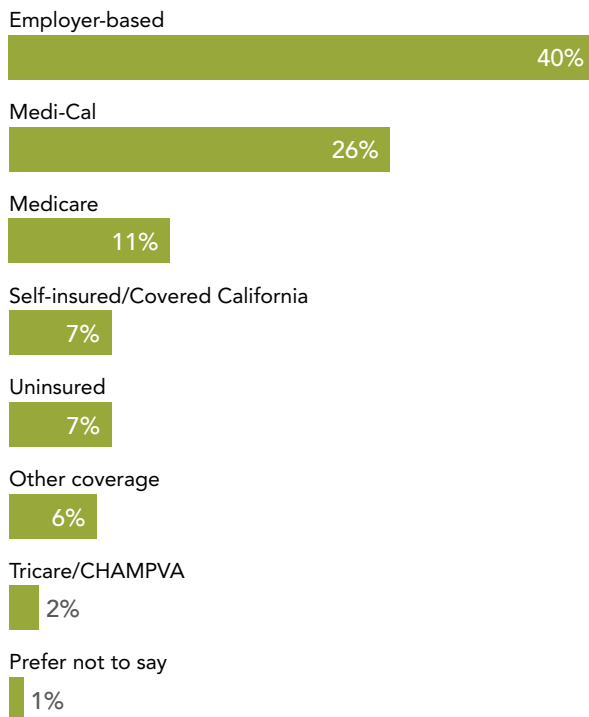
Almost all the respondents (93%) had some form of health insurance, although the type of insurance varied across those interviewed. The majority were covered through employer-sponsored plans at 40% or Medi-Cal at 26% (see Figure 1 on page 6). Participants varied in income levels (see Figure 2 on page 6). More than half the respondents rented their homes (56%) compared to less than a third (31%) who owned their homes. Over half of the respondents said that, at some time in their lives, they had been unhoused, without a stable place to live, or stayed with a family member or friend because they did not have a place of their own.

Table 1. Participant Demographics (N = 100)

RACE/ETHNICITY	n
▶ African American/Black	83
▶ Multiracial	6
▶ African	5
▶ Afro-Caribbean	4
▶ Afro-Latina	1
▶ Native American	1
AGE	n
▶ 18 to 29	20
▶ 30 to 39	21
▶ 40 to 54	19
▶ 55 to 69	22
▶ 70 and older	18
GENDER	n
▶ Women	49
▶ Men	49
▶ Nonconforming/nonbinary	2
REGION*	n
▶ Los Angeles (urban)	24
▶ Bay Area	21
▶ Inland Empire	15
▶ Central Valley	12
▶ Sacramento / Far North	12
▶ San Diego / Orange County	12
▶ Los Angeles: Antelope Valley (rural)	4

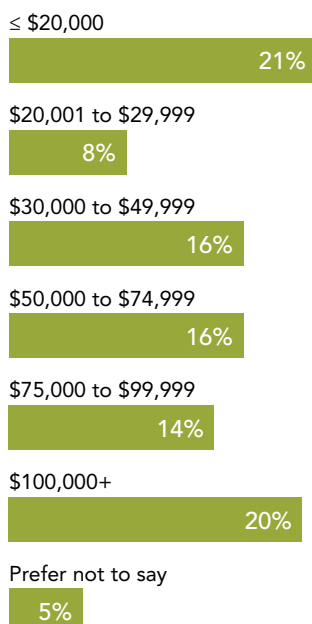
* See Appendix B for a list of cities and counties included in each region.
Source: *Listening to Black Californians*, individual interviews conducted with 100 Black Californians by EVITARUS, 2021.

Figure 1. Main Source of Health Insurance (N = 100)



Notes: *Other coverage* includes other program/coverage and a parent, guardian, or family member's insurance plan. *CHAMPVA* is Civilian Health and Medical Program of the Department of Veterans Affairs.

Figure 2. Household Income Before Taxes, 2020 (N = 100)



FIGURES 1 AND 2:

Source: *Listening to Black Californians*, individual interviews conducted with 100 Black Californians by EVITARUS, 2021.

In Their Own Words

During the summer of 2021, one hundred Black Californians participated in individual, hour-long interviews designed to understand their views on health and well-being, their perceptions of discrimination and bias in the health care system, and their perspectives on what constitutes a quality health care system.

Respondents Held a Holistic View of Health and Prioritized It in Their Everyday Lives

Participants were asked about a range of factors affecting good health: the role of health in their lives, how they viewed their family health history and its influence on their own health, and any challenges they encountered in achieving and maintaining good health. Nearly all the respondents thought daily about their health and actively worked to maintain their health. Many of those interviewed considered good health as essential to their quality of life and sense of well-being.

“Health is being able to live a full life. Health is all-encompassing.”

— 37-year-old Black man, San Francisco Bay Area

“Health is the environment that you surround yourself in. It could be the food you eat, the water you drink, the people that you surround yourself in, the home that you live in, the air that you breathe, and your mental health.”

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

Respondents Viewed Health Holistically, Emphasizing the Integration of Physical, Mental, and Spiritual Health

Respondents generally defined health in broader terms than physical health alone and held a holistic view that integrates physical and mental health as well as spiritual and emotional well-being.

“Health is your overall well-being . . . your mental health and your physical health. You have to balance the two or else one could fall short. You could be so obsessed with keeping your physical health . . . that you start draining yourself mentally, or you could be so in your head that you let yourself go physically. . . . Health to me [is] just your overall well-being.”

— 27-year-old Black woman, Antelope Valley

“I just want to be more physically and mentally and spiritually healthy. Because that’s what I think of health. I think [it’s] all dimensions, not just a physical aspect.”

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

“For me, health includes physical health. So just the health and wellness of the body overall. It includes psychological health. I think, for me, health also includes access to healthy food, fresh food, water. . . . And then of course, for me, health also includes the spiritual aspect . . . you know, we want to be right physically, we want to be right psychologically, we also want to be right spiritually. . . . I think it is important to have a positive racial identity attitude, as well, and that’s another form of health also.”

— 50-year-old Black man, San Francisco Bay Area

Many respondents described mental health as key to maintaining their physical and emotional health.

“Really important to me is mental health and having somewhere where you can call home. And that’s what helped me. I feel like if I didn’t have those things [that are] important to me in my life, it brings about sickness. It brings depression and all the other stuff that manifests in the body and causes illnesses. So a lot of anxiety and all those things cause illness.”

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

Improving Health and Maintaining Good Health Were High Priorities for Respondents

Nearly all respondents took personal responsibility for managing their health. Nearly all thought about their health daily, and participants described actively working to maintain health. Many of the interviewees pointed out their own role in achieving and maintaining good health through exercising, drinking water, taking vitamins, eating a healthy diet, going to therapy, and meditating.

"I'm going to therapy, take medication, things like that. I'm very much always getting physicals to make sure that I'm at the perfect area I can be. I like to go to the gym at least once a day for an hour just to make sure that I'm keeping my body active. I like to make sure that at least once a week I go to the park, the beach, amusement park, really engage in family time to keep that bond strong."

— 20-year-old Black woman, Inland Empire

Even when respondents found it difficult to be proactive with healthy eating and exercise, most considered health a priority and were conscious of actions they needed to take to improve and maintain their health. Others mentioned paying attention to all aspects of their health, echoing the views of many respondents that good health integrates physical, mental, spiritual, and emotional health.

"I do walk. I take a break and walk. Or sometimes I simply do nothing and read a book, watch a game on TV. . . . My relaxing time is either with a book or TV, movie, or walking. . . . I do take a vitamin every day, a man's vitamin. I don't eat any special foods. I have a poor diet. I'm trying to watch my diet."

— 47-year-old Black man, San Francisco Bay Area

"I try to exercise so I can loosen up my joints. I used to weigh 314 pounds. I've lost over 100 pounds, after I had my gallbladder removed. So most of the time I eat vegetarian things because that's easier on my stomach, but other than that, I just try to be optimistic. I was trying to find the silver lining. I don't want to be the woe-is-me. . . . Most of it always starts with mental [health]."

— 35-year-old Black woman, Central Valley

Family Health History and Attitudes Have Shaped Individual Approaches to Health

Some interviewees described growing up in families who actively distrusted the health care system and the medical profession.

“I know my family doesn’t like doctors. A few of them don’t, so a lot of them don’t go. . . . I just grew up that way. That’s what I saw. . . . They always said growing up, we had tough skin, real resilient . . .”

— 24-year-old Black man, Los Angeles

Many respondents said their families rarely discussed health and healthy living when they were growing up. Instead, respondents learned indirectly about health by observing relatives whose health experiences sometimes served as a cautionary, but unstated, tale. Participants acquired information about various conditions, such as heart disease, alcoholism, cancer, and especially diabetes, by witnessing parents and grandparents living with these diseases.

“It wasn’t conversation about health, about what was wrong with someone’s health. [Instead] it was so-and-so has sugar, so-and-so lost their leg, or so-and-so might have high blood pressure. But in terms of general conversation about health and what is healthy, that conversation didn’t exist.”

— 74-year-old Black woman, Los Angeles

Among the participants who grew up in households where health was not specifically discussed, many recognized the factors that contributed to poor health in family members, especially regarding diet, and to a lesser extent, exercise. Family histories made many respondents aware of the effects of unhealthy habits as they witnessed the impact of poor diets, cigarette smoking, and alcohol consumption on their relatives.

“I think it’s created in me a desire to be more healthy, because I’ve observed some of those elders and some of those ancestors, and what happened and how some of them died young or had diseases that were causing them a lot of stress. So it’s helped to motivate me to be more healthy.”

— 74-year-old Black woman, Los Angeles

Other respondents described the positive influence of family members who modeled healthy behaviors. Respondents recalled parents or grandparents who took an active role in maintaining the family's health, including managing their diets, caring for a child's asthma, advocating for a sick spouse with the health care system, and using proven family remedies to treat minor illnesses.

"I will say [healthy modeling] influenced me a lot because I was raised by my great-grandmother. I would always go to the health food store with her. She was on top of vitamins, just making sure that I was eating healthy, having the nutrition that I needed, whether it was iron, vitamins. . . . A lot of stuff that she brought into my life are some of the things I have carried on with me. . . . So that's where I could say me being on top of my health came from her."

— 25-year-old Black woman, Sacramento/Far North

Respondents described parents taking an active role in seeking good health for their families, often in the face of significant challenges.

"In low-income communities health care is terrible — so terrible that when I was growing up, my mother would not take us to the local hospital or clinic in our neighborhood. We caught two buses when I got sick to go somewhere else. . . . And then the other thing that my mother did was that whenever I would be sick . . . or if I had to go to the dentist, she did everything at the children's hospital that was connected to the University of Chicago. It was a university research hospital, and they had really good doctors there. So even though we were on welfare, they did accept her medical card. And the care there was really good. It was night-and-day different than the hospitals and clinics in our neighborhood."

— 55-year-old Black man, Los Angeles

Many Respondents Felt That Their Communities Made It Difficult to Be Healthy.

Many participants mentioned a variety of factors that diminished their quality of life and made it more difficult to be healthy. Respondents described community-related barriers to good health, such as poor air quality, unsafe drinking water, or high levels of crime. Interviewees also noted that their neighborhoods lacked recreational areas and grocery stores that sold fresh, healthy food.

Several interviewees mentioned not feeling safe in their communities due to crime and gun violence; one respondent said she did not feel comfortable being outside in her neighborhood. Others said the prevalence of people experiencing homelessness affected the quality of life in their community.

“We live . . . in one of the nicer areas in San Francisco. . . and because of that, the pandemic brought in a lot of homelessness and a lot of targeted crime in our area. And it’s almost to the point where it’s unsafe. And it’s at the point where we’re moving and we’re leaving California after this month.”

— 40-year-old Black man, San Francisco Bay Area

A number of participants directly linked neighborhood safety to the ability to be outside for exercise and recreation.

“My parents feel safe to walk around, exercise, because they like to count their steps. . . . There’s a little man-made lake across the street from where we live, so it’s a nice area where people can walk around. It’s like a trail, and many families go there. It’s really nice because you get to be outside. . . . Walking is a nice exercise and the easiest thing you can do, so it’s really good.”

— 27-year-old Black woman, San Diego

Many participants pointed to environmental issues affecting the health of their communities. A few respondents mentioned the air pollution caused by California wildfires, but many others pointed to generally poor air quality and unsafe drinking water in their communities.

“It’s a slaughterhouse . . . and the smell sometimes is horrific. And all the residents that’s lived here like myself, all my life, have been affected by it. You can smell it throughout the whole southwest Fresno and the areas, you can smell it is bad—not all the time, [but it’s] unhealthy and unsanitary.”

— 66-year-old Black woman, Fresno

“The water in LA is horrible. Everything comes out of the faucet murky, or it smells weird, or I’ve actually had family get sick on the water just over here. And then there’s a lot of factories and trucks and whatnot. I wouldn’t say the air is the greatest, but that’s California, you know?”

— 24-year-old Black man, Los Angeles

Respondents contrasted the abundance of fast food options in their communities with the scarcity of recreational facilities and walkable areas.

“There’s a lot of fast food around here. We don’t get a lot of exercise because there’s not a lot of places to go. . . . There’s not a lot of parks around here. We got one park, and it’s adjacent with a church. . . . a lot of gang activity, a lot of drugs in this park. . . . It’s not a good place to bring kids, despite it being a park.”

— 35-year-old Black man, Central Valley

Participants repeatedly mentioned nutritious foods as important to good health and described how the lack of access to fresh and healthful foods had implications for their health and for their community. A number of people pointed to the difference between the variety and quality of foods in wealthier neighborhoods and those available in their communities. Others mentioned the outsize prevalence of unhealthy fast food options in their communities.

“In a lot of urban areas, we live in food deserts and food swamps, so people don’t have access to healthy fruits and vegetables.”

— 31-year-old Black man, Los Angeles

“If people don’t have access to fresh foods, then they’re more likely to consume fast food, and the rate of obesity, it gets higher.”

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

A few respondents said they did not face significant barriers to maintaining their health. Some individuals mentioned living in a clean and safe environment, especially if they lived farther away from an industrial area. Some participants mentioned that they tried to work around obstacles or they blamed factors other than the quality of life in their communities for experiencing poor health.

Insufficient Personal Resources Sometimes Made It Challenging to Maintain Good Health

Many interviewees noted that a lack of personal resources presented challenges to pursuing good health. A number of participants mentioned it was difficult to obtain expensive or scarce resources to support their well-being.

“When I think about health, I think about . . . having resources such as health care insurance, resources to get you the proper mental health that you need. And I think a lot of those resources aren’t given out in the community that I stay in.”

— 32-year-old Black man, Los Angeles

"I feel like, in my community, if you don't have the money to be able to maintain a certain lifestyle, then you're probably going to be a little on the unhealthier side. You must pay to go to the gym; you have to pay to eat good groceries."

— 25-year-old Black man, Inland Empire

Several respondents noted that in addition to a lack of availability, fresh produce and meats were also cost prohibitive.

"I think, definitely, it's harder to be healthy. Like, if you go to a grocery store, what can you get cheaper? You can get unhealthy food. Organic food is always priced extremely high. There's fast food places on every corner basically. It's just really tempting to go the unhealthy route in my opinion."

— 22-year-old Black woman, Antelope Valley

Experiences of Racism in Health Care Were Widespread and Negatively Impacted Participants' Health

Interviewees were asked about their views on racism and discrimination in California in response to a range of questions covering three main topics: racism in general, experiences with racism and discrimination in the health care setting, and the impact of racism and discrimination on their health and wellbeing. For most participants, racism was an ever-present backdrop to their lives.

"It's just something that's there. It surrounds you, it's your life. It's what you think about, so you're always aware. I am always thinking about racism and how [you are] being treated."

— 74-year-old Black woman, Central Valley

"Growing up Black. It's . . . a different experience for me than other races . . . People tend to dislike you because of your color."

— 23-year-old Black man, Los Angeles

Racism and Discrimination Have Taken a Toll on the Health and Well-Being of Respondents

Most respondents reported that they had experienced racism in their lives. Many disclosed that racism impacts their health, especially their mental health.

“Oh, I think it does, especially mental health. I really do. I think racism does [affect you]. Just think if someone calls you a name. How do you react? You go home, you may get a headache. You know, like me, everything affects me in my stomach.”

— 70-year-old Black woman, Los Angeles

“Every time I see cops, I can feel my blood pressure rising, and I get scared just because of the incidents that I’ve had with them and just seeing the way they treat African American people. It’s a lot. My blood pressure definitely always rises every time I see [them]. My heart stops. I feel like that impacts my health, because one of these days I’m just going to have a heart attack, and they could’ve been just asking, ‘Are you okay?’”

— 24-year-old Black woman, Antelope Valley

Participants Experienced Racism in Interactions with the Health Care System

The health care system does not exist in isolation for respondents, and most shared personal experiences with racism in health care as well as in other parts of society. Few respondents had expectations that the health care system would resolve their medical issues, improve their health, or provide a rewarding experience because of racism.

“Nobody should ever have to feel like . . . they have to turn themselves away from getting the proper care they need. I have faith in a lot of stuff, but the health care system I don’t have faith in. I don’t. And I do have to turn that around, but I just can’t. I’m afraid.”

— 35-year-old multiracial man, Central Valley

“We are vulnerable. We see things that some people may never see. And we have these holes because of the way we’ve been treated everywhere else. We get discriminated [against] in the street, discriminated against at work, and even within groups of friends, but one place you should feel safe is at the doctor’s.”

— 35-year-old Black man, Central Valley

Many participants felt they were not respected or viewed as an individual because they were Black.

"I think after living a whole lifetime of being Black, I think you know when people are treating you differently. I think we have some sort of radar for that . . .the way that they talk to you, are looking (at) you . . ."

— 40-year-old Black man, San Francisco Bay Area

"I'm coming to you with respect and I'm appreciating all that you guys are doing and working through a pandemic, especially, it's very hard. You know, you guys are appreciated, but it's just like we would want it to be reciprocated to everybody, equal."

— 27-year-old Black woman, San Diego

In some cases, respondents described how health care providers did not listen to them, resulting in delayed or missed diagnoses.

"I don't believe that I get taken seriously for my ailment. One of the worst things I've had happened to me: I went to a clinic and [told] this doctor I have very bad side pains. Now, I normally am a healthy guy. So when my stomach . . . is messing up on me, it concerns me. So I normally would sleep it off, I'll get some rest . . . but it wasn't working. I couldn't hold down any food. I couldn't walk. I couldn't eat, do anything. So I went to a clinic and I told them what was wrong. And they prescribed naproxen, which is generic for Midol and Advil. [So] I went to the hospital and had dual kidney infections. . . . I just don't think they take me seriously. . . . I don't think they take me as seriously as they would a White man or a White woman."

— 35-year-old Black man, Central Valley

Even Celebrities Have Not Been Exempt from Poor Treatment

When asked, many respondents were aware of recent news stories regarding the tennis star Serena Williams, who almost died during childbirth because the medical personnel taking care of her downplayed her prior medical history and her concerns about experiencing a blood clot. Respondents drew a parallel between these incidents and their own experiences and concerns:

"I'm not surprised that it happened. I guess I'm surprised that it happened to someone of such a high profile . . . with that kind of money. So the fact that even someone like Serena Williams can't get decent medical care or get her needs listened to is just an example that it is everywhere. . . . It doesn't really matter how much money you have. If they don't want to listen to you, even being a world star tennis player, they're not going to listen to you."

— 25-year-old Black man, Inland Empire

"It's sad, it's frustrating, but more than anything, it's terrifying, because I haven't had children yet, and I plan to. So it is just a reminder that if it can happen to this world-famous, rich athlete . . . that it could absolutely happen to me when I have children. And I could die from it, so that's terrifying."

— 31-year-old Black woman, Central Valley

Participants recounted numerous episodes of inappropriate treatment that they attributed to racism on the part of medical personnel.

"I was working at UCLA many years ago, and I needed some dental work done. So UCLA has an excellent benefits program. You can go anywhere you want. And so I chose this doctor in Beverly Hills because it was on my way to work. And I just thought, 'Oh okay, it's just a dentist.' And when I met with him, he pretty much told me, 'Don't you want to go somewhere in your neighborhood?' Because at the time, I was still living with my mother in South Central. 'Wouldn't you feel more comfortable?' That's what he said to me. And I was really young. I was in my early 20s. I didn't know how to respond, but I knew that it was racist, that he would say something like that to anyone, regardless of where they lived. That made me really uncomfortable, and I never went back."

— 58-year-old Black man, Los Angeles

"[The dentist] . . . made some kind of remark when I had to have a tooth done, and I wasn't completely asleep, so I could hear. I heard him tell one of the other girls that he was tired of my Black [expletive] . . . and he hoped I wouldn't come back to his office anymore. And then he made a comment about my breasts . . . but he didn't touch them."

— 48-year-old Black woman, Central Valley

Dissatisfaction and Disappointment Occurred at All Points of Contact with Health Care

Respondents described dissatisfaction and disappointment in their treatment at all points of contact with the health system. Many interviewees attributed negative experiences to implicit or explicit racism by health care workers and providers. Some interviewees pointed to receiving different or worse care than patients of other races/ethnicities at the same facility. Many respondents felt like they waited longer than other patients in the hospital or medical office reception area. Several participants related stories of waiting hours to receive care in the emergency department.

"I go to emergency . . . and it was not [very] crowded, but it was a little crowded. They called me in the back, sat me in a chair. The doctor came over and talked to me, asked what was going on. And I explained to him what's going on . . . you know how they put you in the emergency room in a bed. I sat there for two to three hours in that hallway of the emergency room. They never put me in a room. They . . . took me to a lab to do some x-rays and [then] sat me right back in the chair. I asked the nurse, 'Why do you guys have me sitting in this chair the entire time I've been here?' [She said,] 'Oh, well, the beds are full, and the particular doctor you're dealing [with is the only one] working in this particular section.' I said, 'Whoa, wait a minute. I've watched other people come in and out of rooms since I've been here. So why didn't you put me in one of those rooms?' She said, 'Well, that could have been a different doctor.' She came up with all kinds of excuses as to why they left me sitting in a chair. . . . When I walked around the whole emergency ward, everybody was in a bed. Some were in the hallway, but they were in a bed. They weren't sitting in a chair like me. There's only one other African American person I saw there that particular day. So I'm [thinking,] 'Oh gosh, I hope this is not a racial thing.' That just crossed my mind."

— 60-year-old Black woman, Los Angeles

Respondents gave examples of medical encounters in which their concerns were overlooked or downplayed or they received poor treatment.

“It’s a lot of attitude, not letting me finish talking, a lot of rudeness, a lot of disrespect and feeling like they’re a better, higher power. I can personally say that I witnessed that at the . . . hospital that I took my daughter to. It was a lot of rudeness going on, and they said, ‘Just sit her by the door,’ just set me and my baby in the hallway. . . . I said, ‘My daughter has sickle [cell anemia)], she needs to be seen right now; I’m not waiting. All you guys are conversing and laughing. . . . Less laughing, more working and treating my child. I don’t know if my child’s dying right now . . . you guys are sitting back laughing, making comments, being rude, brushing past people.’ I told them, ‘I will be leaving a report on this whole hospital. I don’t like the service . . . it needs to be fixed and upgraded [with] new staff, or you guys need to have a staff meeting and work on how you present yourself.’”

— 21-year-old Afro-Latina woman, Inland Empire

“Yeah, I have had a number of negative experiences, especially people on the front line when I go into the office. They expect you to comply with a regimented system. We rush on the care and we triage the person who we think is most in need of taking. No matter when you came in, we triage the person who’s sickest. So, me with a tight schedule, I just get upset if I have to wait a long time to be seen. . . . I can’t help but think that I’m being discriminated against, they see a Black person. And you don’t get the attention that a White person gets, for example.”

— 86-year-old Black man, Inland Empire

Respondents Reported Their Pain Was Undertreated or Left Untreated

Respondents singled out pain management as a major cause of their distrust of health care and medical professionals. Participants recounted numerous instances when they or a family member were given insufficient pain medication or no medication at all. They told stories of doctors who they described as indifferent to their suffering, who dismissed their concerns because they felt Black people did not feel pain, or who assumed the patient was “drug-seeking.”

“They [doctors] have a perception that . . . we don’t need pain relief . . . that all you have to give them [Black people] is just some ibuprofen, and they’ll be fine . . . because they’re Black, and they can take it.”

— 55-year-old Black man, Los Angeles

“[After breaking a leg], if I received high-quality care, that means that I would be in the hospital, would have had the surgery and everything completed the first day. I would never have had to come back home and wait two or three days and take medication . . . that could have worked better than Advil or Tylenol, that really didn’t help. And I feel like if I did have high-quality care, they would have prescribed something a little bit stronger that really would have taken care of the pain. Because [I was] just getting out of surgery and had holes in my leg, and my leg was swollen maybe the size of a pomegranate. You can’t walk, can’t put pressure on it. You can’t do anything. And I mean I could just remember laying in bed, rocking, crying myself to sleep because I was in pain. And honestly, I’m not gonna lie. If my girlfriend was not going through cancer and didn’t have the medication she had, I would probably have been in more pain. Because she gave me medication that she had to make her better.”

— 34-year-old Black man, Sacramento/Far North

“I’ve had doctors stop me and ask me what’s wrong and make it seem like I’m making it [pain] up.”

— 24-year-old Black man, Los Angeles

Participants Did Not Always Attribute Poor Experiences in Health Care Settings to Racism or Discrimination

Even as many respondents attributed negative interactions to racism, a few hesitated to attribute negative experiences solely to racism and framed the issue as a lack of respect. In expressing uncertainty or doubt about the causes of negative experiences, respondents noted the importance of mutual respect. Some participants were careful to acknowledge the difficult work performed by health care providers, especially in the face of additional challenges presented by the COVID-19 pandemic. One respondent described an exceptionally long wait for care.

“I don’t want to say anything was intentional. Maybe . . . after the pandemic, everybody is trying to get to doctors and trying to get to their appointments, and maybe they were [considering] that, ‘Oh well, she’s just here for follow-up. So she’s not urgent, she can wait.’”

— 72-year-old Black woman, Sacramento/Far North

Interviewees Perceived Discrimination Based on Health Insurance Coverage

For some, discrimination was evident in inferior, ill-equipped health care clinics in their neighborhoods versus better-equipped and better-maintained facilities in other communities. Some respondents attributed the inferior facilities to lack of funding, calling out in particular the lower reimbursement rates provided by Medi-Cal versus that from private insurers.

“The clinics in, let’s say, a Black neighborhood, for Black and brown people . . . the facilities and the equipment will be substandard as well. So [in] their . . . business practice, they’re just trying to get this government money, because . . . most of their clientele isn’t on company insurance — it’s Medi-Cal or it’s some form of general assistance . . . so . . . when you talk about things like Medi-Cal, basically [paying] 10 cents on the dollar for what [the clinics] charge. So how hard are you going to work if I charge \$1 for my services, and you’re only going to pay me 10 cents, 10% of that?”

— 55-year-old Black man, Los Angeles

Other respondents pointed to discrimination around health insurance as a reflection of socioeconomic status. Interviewees described how having “good” employer-sponsored, private coverage resulted in better treatment than that resulting from having Medi-Cal.

“[The hospital where my wife gave birth] did a good job. A reason I know this through my wife’s two best friends . . . I heard about the stuff my wife’s friends went through and their experience during childbirth. I couldn’t imagine the [expletive] they went through. But both of them had their children through Medi-Cal, through the state, through the system, whereas we have private insurance and a private doctor, and we picked the hospital. We picked everything.”

— 31-year-old Black man, Los Angeles

Participants who had not encountered specific problems attributed better treatment to better health insurance coverage and speculated about poor treatment for those with Medi-Cal.

“I can say that the health care that I receive is great only because of the insurance that I have. . . . You don’t have the insurance to pay for it, then they don’t want to see you. They only want to see the people that have the money. . . . the only reason why I have that [insurance] was because of my employment; without my employment, I wouldn’t have the treatment that I’m receiving right now.”

— 49-year-old Black man, Antelope Valley

“People have different kinds of medical coverage. And so if I have Kaiser through my job, and somebody else also has Kaiser, but it’s through Medi-Cal or something like that, they probably get a different kind of treatment at that front desk — probably similar to someone going into the grocery store, and they’re just using their regular ATM card, and someone else is using their card [that] is the equivalent of food stamps, they probably get treated differently . . . they don’t get that extra level of hospitality. And I think that that also happens in the health care field. . . . If you’re not fully paying for your insurance, then you don’t get the full treatment, even though [the provider] is getting their money . . . so give me the treatment that I need.”

— 50-year-old Black man, San Francisco Bay Area

Some Respondents Attributed Negative Experiences to the Health Care System's Profit Motive

Many participants described a system driven by financing and profit rather than patient-centered care. Respondents cited examples of rushed appointments and lengthy wait times due to an overarching focus on the business aspects of health care. Participants experienced a general lack of friendliness and kindness they blamed on excessive attention to the financial bottom line rather than concern for the patient.

"And every time I go behind that door, it's like, how (are) they gonna make me feel today? Are they gonna make me feel like they're gonna do something for me or I'm just going for them to get my money from the insurance? That's the way I feel."

— 74-year-old Black woman, Central Valley

". . . for the providers, it's a business. It's a business. I've managed to get the care I need because I'm a (expletive) about it. But that doesn't mean that they're doing the best by their patients; they could be doing so much better."

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

"The people who run the hospital systems, again, it's for-profit motive. Even Kaiser is a nonprofit, but they turn billions of dollars of profits a year."

— 41-year-old Black man, San Francisco Bay Area

Some Participants Reported Avoiding Care Due to Distrust of the Health Care System

Despite potentially adverse health consequences, many respondents reported delaying care or going without medical care due to prior discrimination experienced by themselves or family members.

"Yes, [the health care system] makes me resistant to get the care that I need. And it makes my health even worse, because I'm not going to do preventative work or intervention. I'm just trying to do work afterwards, which is worse. So it does affect my health in a negative way."

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

"My last option is a doctor, I'm gonna be honest with you. My last full complete option, like if I'm dying, I'll go to a doctor. Like I said before, I'll try to keep all my remedies and stuff at home . . . because I've had crappy doctors. My experience in the health care system has been garbage. I hate going to a doctor. I just hate it."

— 35-year-old Black man, Central Valley

Many interviewees said they relied on home remedies, an approach used by their parents and grandparents. If they needed help with health concerns, a number of participants turned to friends, families, or online advice lines before contacting a health care provider.

“So I am totally a home remedies person as an initial response, if it’s something I’m familiar with. If it’s something really drastic, then I have Kaiser, and I will contact the advice line. . . . My go-to response for any health issue is always a home remedy of some sort as a first line of defense. . . . I’m kind of stubborn about it, but I don’t really take a lot of Tylenol or things like that; I have to be in pretty significant pain for me to take a prescription. . . . If it is something that I do need medical assistance with, or I don’t know what to do and I’ve thrown all the things that I can at it, I will contact the Kaiser advice line, or I’ll email my doctor.”

— 31-year-old Black woman, Central Valley

Respondents Have Taken Measures to Prevent or Mitigate Negative Experiences During Health Care Appointments

Many respondents anticipated discriminatory interactions and attempted to blunt the impact by using a variety of strategies to prevent or mitigate negative experiences or unsatisfactory outcomes: dressing professionally, changing their tone or manner of speaking, and attempting to appear approachable. Those participants who were taller or more full-figured mentioned making those around them more comfortable by always speaking in a happy tone. Some participants described efforts to seem “presentable,” noncombative, or nonthreatening.

Respondents also said they mention relatives in the health care field or their own professional qualifications during doctor visits in order to convey their level of education and information resources. In their view, this information was likely to “make doctors much more careful about how they treat you or what they prescribe for you.”

“I think that, while oftentimes I do not necessarily change my appearance when I go to the doctor, I found myself throwing my job, my education, things like that into [the] conversation differently. Because I think it changes the level of service that I get, at times.”

— 31-year-old Black woman, Central Valley

"I think the only thing that works is I tell them that my brother is a physician, and he will call you. They tend to be a little more careful about what they're prescribing or what they're doing to you. They know that somebody is going to look after you. And I do that for other people. I'll call for them, [offer to] call that hospital, the doctor, because I think having an advocate is important. And it's sad that it has to be that way. But I think that knowing that there might be repercussions, if they don't treat you right [is important]."

— 66-year-old Black woman, Fresno

In many cases, interviewees armed themselves with information prior to a visit, researching their symptoms and treatments.

"I often go in having researched my own things. I can't just rely on what [the doctor is] going to tell me or [when they] just push back and say, 'Oh you're fine, just wait for this.' I do my own research to where I feel like I have to go in informed already and just kind of have them confirm what I'm thinking as opposed to really asking them for advice and their own perspective, because that can just end up being insignificant."

— 31-year-old Black woman, Central Valley

Some respondents described the importance of advocacy.

"It's being [my children's] advocate. . . . I'm the dad that's willing to take off [time]. I don't care if I'm in a meeting with the mayor. My son has a phone. If my son's calling me, and I'm in the middle of a presentation, I don't care, I'm taking that phone call. So, for me, it's about showing I'm going to be there. And I've never missed a doctor's appointment for either one of my kids, and I don't plan on doing it for the near future. So being there, I think a lot of the part is just being there for them . . . until they get older to that point where they don't want dad in the room anymore."

— 37-year-old Black man, San Francisco Bay Area

"Yeah, I recognize that . . . the more you advocate about your own health, the more issues get addressed. And if you're not an advocate, sometimes you can be left kind of on the sidelines."

— 75-year-old Black man, Sacramento/Far North

Older participants described how their ease with advocacy had increased over time.

“I thought of the doctor as the expert. And I was going to him in order to have him tell me what I should do or what I shouldn’t do. I didn’t see myself as a participant in my own health care. I thought [if] you listen to this person and that person, the system will solve whatever problems I have. And as I’ve grown, that’s changed. . . . When you go see your doctor, you’re supposed to have a list of questions to ask.”

— 74-year-old Black woman, Los Angeles

Participants Envisioned High-Quality Health Care as Patient-Centered and Proactive

Interviewees were asked to describe what a high quality health care system would like like. Respondents viewed respect, kindness, and connection as key elements of high-quality care.

“I will welcome you. I will make you feel like family, instead of some person off the street.”

— 38-year-old Black woman, Inland Empire

Respondents Described an Ideal Health Care System That Contrasted Sharply with Their Own Experiences

Respondents described the current system of care as transaction-based and focused on the bottom line rather than one that emphasizes the health and well-being of the individual patient. Many of the comments interviewees made about a quality health care system echoed their views on what constitutes health. In describing the ideal health care system, participants looked for a holistic system of care that understands each patient as an individual and takes into account their life circumstances, social context, and mental health, while treating their physical health.

Respondents had specific recommendations for a health care system that is high quality, addresses discrimination and bias, and is more responsive to the needs of Black patients. The reception area, where patients first interact with a doctor or facility, was singled out as key to making patients feel welcome.

“High-quality care for me is to see a practice that’s really focused on the patient’s well-being from all aspects, from the moment that person picks up the phone and talks to that office or their online interaction — whatever the interaction — from the initial interaction all the way to the end, that the focus is on the patient. And it’s not about anything else. It’s not the agenda of the office. It’s not the agenda of the doctor. It’s this focus on the patient.”

— 54-year-old Black man, San Diego

Respondents Wanted Health Care Providers Who Are Respectful, Engaged, and Compassionate

Many respondents described ideal health care professionals as ones who are proactive and who look for solutions rather than defaulting too quickly to prescriptions or testing.

"[A quality health care system would be that] . . . they actually see what's going on with you, and they listen to you. And they at least show they care. . . . If something is wrong with you, they work with you to get you better. Instead of saying, 'How are you feeling today? Well, I'm going to give you this prescription.' . . . If you do have a test and something is wrong, they're going to work toward you getting better instead of just saying, 'Just take a pill.'"

— 74-year-old Black woman, Central Valley

"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. [Explained,] 'We're going to do blood tests on everything. . .' I was ecstatic. I called my wife: 'I met the best doctor ever.' 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

Most of all, the interviewees would like a system of care built on a relationship with compassionate providers who actively listen and engage with each patient.

“There’s some kind of relationship [with] that person. Although they’re your doctor, they also care about you and your family, as an entity. . . . I think that happens more with pediatricians. Sometimes pediatricians know all the children, they know the mom, they know the dad. And it feels a bit more familial and connected. But with an adult, your practitioner or whatever they’re called, it’s just a transaction. They don’t really know who you are outside of that visit. So my high-quality health care would include the relational aspect, and not feeling like this is just a business.”

— 50-year-old Black man, San Francisco

Health Care Providers Should Be Held Accountable for Negative Interactions and Poor Outcomes

In the stories respondents told of their interactions with the health care system, a number of people pointed to accountability. The lack of accountability on the part of hospitals or doctors was repeatedly mentioned in their descriptions of inadequate or insensitive treatment that resulted in poor outcomes for themselves or family members.

“I think there needs to be some type of [system] where people can acknowledge people’s voices. People need to be accountable for what they do.”

— 65-year-old Black woman, Sacramento/Far North

“Black people need to be educated that they have a right to proper healthcare, no matter what. In that, you have to be willing to demand this, and if you don’t get it, you have to be willing to file a complaint . . . with the state agency. A doctor gets enough complaints, it will affect his license . . . [and] his board certification of practice in that state. If a person . . . is not going to change their behavior towards you, if there are no repercussions and consequences. . . . And so we have to educate ourselves and be willing to do what it takes to cause repercussions and consequences . . . when we’re mistreated by way of discrimination or more bias.”

— 55-year-old Black man, Los Angeles

Many, Although Not All, Respondents Wanted Access to Black Physicians

In general, respondents would like to see more Black physicians. Several mentioned the difficulty of finding one.

“I would prefer to have a Black doctor, probably even a Black female doctor, because I feel like they probably would listen a little bit more. But there weren’t any available in my neighborhood close to me.

— 41-year-old Black man, San Francisco Bay Area.

“We need more Black doctors and more Blacks in the health care field . . . [who] can relate to our issues and will be willing to call their colleagues out, hopefully.”

— 38-year-old Black woman, Central Valley

Several pointed to the lack of available mental health services attuned to Black people and the scarcity of Black therapists.

“I think in terms of health care for Black people and therapy, one of the main calls that I get from Black folks around mental health is trying to find a Black therapist that they can connect to, so definitely in the world of mental or behavioral health. It’s already difficult for some Black people — I think things are getting better — but it’s already difficult for some Black folks to even show up or reach out for counseling or therapy.”

— 50-year-old Black man, San Francisco Bay Area

A few participants cautioned that just having a Black physician did not automatically result in better care, citing negative experiences with Black physicians and other health providers of color:

“So I’m already facing discrimination when the doctor walks in and [says,] ‘Your BMI’. I didn’t even ask about my weight, I’m there for something else. . . . It is the subtle, the microaggressions that happen within the health care field. So I am resistant to get 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.”

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

For LGBTQ+ respondents, seeing a Black physician was less important than seeing one sensitive to the needs of the LGBTQ+ community.

“Well, it can be both ways. Being LGBT, if I was heterosexual, I think that it would feel a lot better to know that an African American doctor is present or whatever for me, but when you’re LGBT, it doesn’t matter. There are African American doctors that are against LGBT individuals. So it’s kind of like you just got to keep going through doctors. Sometimes I’ll go through a lot of doctors before I find the right one . . . because I’m a person. I have a soul, and [I want a doctor who is] willing to take care of me because I came to see the doctor for help rather than to judge me.”

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

“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 there can be an issue with how a doctor treats you, I’d rather not have to deal in my medical care with the potential ramifications of anyone’s beliefs.”

— 23-year-old multiracial man, Inland Empire

Respondents Suggested Training Health Care Providers in Culturally and Linguistically Appropriate Care

Respondents noted that providers should have some understanding of the cultural history and health of all patients, including specific training as part of medical education.

“Cultural competency needs to be a part . . . as much as any other training that the doctors have. They need a year of ongoing cultural competency at the same time that they’re receiving their training and residency or whatever. Because assumptions kill people. Assumptions really do, if you don’t ask the question. A doctor is only as good as the detective that they are.”

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

Conclusion

In Phase I of the three-part *Listening to Black Californians* study, 100 Black Californians were interviewed about their views on health, their experiences with racism and health care, and their perspectives on quality health care. The interviewees, who ranged in age from 18 to 86 and resided in locations across the state, were selected to represent the diversity of Black Californians. Their firsthand stories created a mosaic of experiences and views that illustrated how Black Californians regard health and the health care system.

Most study participants described health in holistic terms that emphasized the importance of all aspects of health: physical, mental, and spiritual. For many, mental health was the key to maintaining physical health. Many conversations highlighted how important good health is to the study participants and the consideration they give to achieving and maintaining their health. At the same time, many participants also described a range of factors that have made it challenging to stay healthy in their communities, including poor air and water quality; unavailability of fresh, affordable food; and limited access to safe outdoor space for recreation and exercise.

Many, although not all, interviewees viewed the health care system with distrust due to experiences with racism and discrimination. Interviewees repeatedly mentioned insufficient pain management as a prime example of the discrimination they had experienced with the health care system. Participants recounted numerous incidents where medical providers ignored or inadequately treated their pain or that of family members.

A substantial number of participants described postponing or avoiding health care rather than taking the risk of encountering discrimination or experiencing a negative interaction.

When asked to define “high-quality care,” many interviewees described a system that is patient centered as opposed, in their view, to one driven by profit. For many, high-quality care was personalized care, evident in doctors who listen to each patient and consider the patient as an individual. A number of participants, although not all, preferred a Black doctor. For some, a proficient, compassionate doctor, regardless of race, was paramount. Several interviewees recommended that medical education include culturally and linguistically appropriate training so that providers would be sensitive and responsive when treating patients of color.

Phase II of *Listening to Black Californians* will highlight structural issues in the health care system through discussions with Black Californians and key health care stakeholders participating in 18 focus groups. The groups will be segmented by gender identity, sexual orientation, age, region, health insurance coverage, and role in the health care system. The third and final phase of the study will be a statewide survey of 3,000 Black California residents, designed to assess the extent to which the Phase I and Phase II findings are represented in the general Black Californian population. The final report is expected in summer of 2022.

Taken together, the three phases of *Listening to Black Californians* present a unique opportunity for policymakers, health system leaders, and health care organizations to respond to the issues and challenges with health care in the state as described by thousands of Black Californians in their own voices.

Appendix A. Methodology

EVITARUS, a Black-owned Los Angeles-based public opinion research firm, is conducting the three-phase *Listening to Black Californians* study. EVITARUS has extensive experience polling California's diverse constituencies and maintains long-standing relationships with Black-led community organizations and media.

Recruitment

A total of 900 people responded to the request to be interviewed about the health and well-being of Black Californians and their experiences with the health care system. Participants were recruited through a variety of channels, including Black newspapers, social media, word of mouth, faith organizations, and regional and statewide Black-led organizations. Respondents were asked to complete a lengthy recruitment questionnaire either online or by telephone. After eliminating duplicates and partial responses, EVITARUS screened 524 questionnaires to reach the final number of 100 interview participants.

A purposive sampling strategy was used to recruit people with specific demographic and geographic characteristics: targeted age cohorts, gender balance, socioeconomic diversity, ethnic identity, regional diversity, and health insurance status. The recruitment questionnaire was designed and administered to ensure that those selected for interviews were demographically diverse and geographically representative of regions across California. Prospective interviewees were asked an initial set of screening questions to describe their racial and ethnic background.

Interviews

Interviews were conducted online or by phone via video platform Zoom by professional interviewers trained on the semistructured interview protocol developed by EVITARUS. Each interview was approximately one hour in length, recorded with the permission of the participant, and transcribed to facilitate data analysis. The interview process was standardized, utilizing the same set of questions for each person interviewed. The interviewers were allowed some flexibility to probe questions further for clarification or to follow up on a line of thought. Interviewees received an honorarium of \$125 each in recognition of their time and participation.

Participant Demographics

Participants reflected the ethnic diversity of Black Californians. The majority of respondents identified as Black or African American. A total of seven participants described themselves as multiracial; one person identified as Afro-Latina, and one person as Native American.

Participants were drawn from seven regions in California: urban Los Angeles, the rural Antelope Valley region in northern Los Angeles and southern Kern Counties, the metropolitan Inland Empire region, San Diego and Orange County, the Bay Area, the Central Valley, and Sacramento and the far northern area of California. Most participants resided in metropolitan regions, with 46% in urban areas and 29% in suburbs. The sample included participants residing in small towns and rural areas. Some areas were oversampled to better understand the experiences and views of residents.

The participants were almost evenly distributed among five age groups between ages 18 and 70 or older, with 10 or 11 participants in each. An equal number of men (49) and women (49) participated in the study, with two respondents identifying as gender-nonconforming or nonbinary.

Over half of the participants rented their homes; almost one-third (31%) owned a home or an apartment. Of the 100 respondents, over half (51%) said they had been unhoused at some point in their lives. At the time of the study, over one-tenth of the respondents said they lived with family, did not have a stable home, or preferred not to say. The greatest number of people experiencing homelessness during their lives were located in urban Los Angeles or the Bay Area.

Four in ten respondents (40%) had employer-provided coverage as their main source of health insurance. Over one in four (26%) received health insurance through Medi-Cal. A few respondents (7%) were self-insured, purchasing coverage directly from a health insurer or through Covered California. Nearly half of the participants (46%) reported household income of less than \$50,000, with one-fifth reporting income of less than \$20,000.

Appendix B. Regions and Included Cities/Communities

REGION	INCLUDED CITIES/COMMUNITIES
Los Angeles (urban)	Los Angeles, Watts, Inglewood, Gardena, Bellflower, Bell, Cudahy, Encino, Pacoima, Lakewood, Pasadena, Torrance, Santa Monica
Los Angeles: Antelope Valley (rural)	Lancaster, Palmdale
Inland Empire	Murrieta, Riverside, Barstow, Moreno Valley, Corona, Rialto, Fontana, Desert Hot Springs, Redlands, Hemet, Ontario, Perris, Beaumont
San Diego / Orange Counties	San Diego, Chula Vista, City of Orange, Spring Valley, La Jolla, Rancho Santa Margarita, Lemon Grove, Carlsbad
Bay Area	San Francisco, Oakland, Brentwood, Fremont, San Leandro, Sunnyvale, Oakley, Newark, Hayward, Berkeley
Central Valley	Fresno, Lodi, Stockton, Bakersfield, Chowchilla
Sacramento / Far North	Sacramento, Del Paso Heights, Roseville, Rancho Cordova