

FINAL RESULTS: Childcare Providers Survey

Sample Size: n=1713

Margin of Error: $\pm 2.4\%$

Field Dates: July 20th to 26th, 2022



David Binder Research

Methodology: Online with invitations sent by text and email, including incentives.

Results may not add to 100 due to rounding.

SCREENING AND WARM-UP

1. In what language do you prefer to complete this survey?

English	96
Spanish	4

2. Do you currently provide childcare?

Yes	96
No	3
Other (Specify: _____)	0

3. To ensure we get a representative sample, in what zip code do you currently live?

North State/Sierras	7
Sacramento/Yolo/San Joaquin	8
Napa/Sonoma/Contra Costa	5
San Francisco/Alameda/Marin	7
San Mateo/Santa Clara	3
Central Valley	15
Central Coast	6
Los Angeles	25
Orange	2
San Bernardino/Riverside/Imperial	14
San Diego	7

4. What is your age?

Under 35	24
35-44	21
45-54	26
55-64	23
65+	6

5. Are you...?

Female	93
Male	6
Other (Specify: _____)	0
Prefer not to say	1

6. Are you currently licensed as a child care home, or are you exempt from needing a license?

Yes, licensed for a maximum of 14 children	31	
Yes, licensed for a maximum of 8 children	23	→56%
Yes, licensed with a different maximum (Specify: _____)	1	
License exempt	36	
Don't know	8	

7. Do you currently have any health care coverage or insurance?

Yes	78	
No	19	SKIP TO Q18
Don't know	4	

IF HAVE HEALTH CARE COVERAGE:

For each of the following, please indicate if you currently receive health care coverage in this way. If you aren't sure, just indicate that. (n=1394)

		Yes	No	Don't Know
8.	Covered California, also known as Obamacare	23	69	8
9.	Medi-Cal	45	50	6
10.	Medicare	16	77	7
11.	Private insurance through employer	17	77	6
12.	Private insurance through someone else's employer	25	71	5
13.	COBRA	3	90	7
14.	Veterans' Association (VA)	1	95	3
15.	Tricare (for uniformed service members, retirees, and families)	2	92	6
16.	Tribal or Indian Health Service	1	94	4
17.	SHOW LAST. Other. Specify: _____	9	82	9

18. **IF NO HEALTHCARE COVERAGE:**

What are the biggest reasons that you don't currently have health care coverage? **(n=393)**

The monthly cost (or premium) is too high	61
The out-of-pocket cost (or cost of services) is too high	37
I am not eligible for any health care plans	10
I don't know how to enroll	5
I don't need health care coverage	3
I tried to enroll, but could not	3
Don't know	17

19. **IF HAVE HEALTHCARE COVERAGE:**

What is the average premium – the monthly amount you pay for health care coverage for yourself – not including other family members? **(n=1320)**

None	16
Under \$100	6
\$100-\$499	19
\$500 or More	6
Don't Know	53

20. **IF HAVE HEALTHCARE COVERAGE:**

In addition to the monthly payment for health care coverage, how much do you spend in a typical year on other health care costs for yourself – not including other family members?

This can include any amount you pay for health care, such as copayments, deductibles, coinsurance, and any other out-of-pocket expenses when you access health care including dental and vision. **(n=1320)**

None	11
Under \$100	3
\$100-\$499	11
\$500-\$999	7
\$1000 or More	17
Don't Know	52

21. **IF INSURED VIA MEDICARE:**

What type of Medicare coverage do you have? **(n=218)**

Medicare advantage - I can only see doctors in the health plan's network	35
Traditional Medicare - I can see any doctor	28
Kaiser	24
Don't know	17

22. **IF INSURED VIA COVERED CALIFORNIA OR MEDI-CAL: What type of health care plan do you have? (n=325)**

Catastrophic Coverage	1
Bronze	9
Silver	29
Gold	5
Platinum	4
None of these	20
Don't know	32

23. **IF SILVER: What type of silver health care plan do you have? (n=95)**

Silver 70 (base plan)	38
Silver 73	13
Silver 87	11
Silver 94	2
Don't know	37

For each of the following, please indicate if it is something you have used in the last 12 months, have used before that, or have never used. If you aren't sure, just indicate that.

		Yes, Last 12 Months	Yes, More Than 12 Months Ago	Never Used	Don't Know	TOTAL YES
24.	Prescription drugs	65	13	16	6	78
25.	Physical therapy, chiropractic care, or other therapies	23	20	50	7	43
26.	Visits to a primary care doctor	71	17	8	4	88
27.	Visits to specialist doctors	42	22	28	9	64
28.	Bloodwork, x-rays, or other laboratory services	66	19	10	5	85
29.	Vision care	43	27	23	6	71
30.	Dental care	51	27	16	6	78
31.	Mental health care	12	9	73	7	21

32. **When you get sick, where do you typically go for care?**

Doctor's office or clinic	56
Urgent care	17
Emergency Department or ER	7
Virtual doctor's visit	6
County Health Department	1
I don't seek medical attention	9
Other (Specify: _____)	2
Don't know	2

During the past 12 months, please indicate if there is any health care that you felt you needed that you delayed or did not get.

		Yes, Did Not Get	Yes, Delayed	No	Don't Know	TOTAL YES
33.	Medical Care	13	21	57	9	34
34.	Dental Care	19	27	48	6	46
35.	Vision Care	15	21	57	7	36
36.	Mental Health Care	8	9	75	8	17

IF DELAYED OR DID NOT GET ANY:

Below is a list of reasons that some people delayed or did not care they needed.

For each, please indicate if it has been a reason that you delayed or did not get care you needed in the last 12 months.
(n=994)

		Yes	No	Don't Know
37.	Could not afford the monthly cost (premium)	46	47	7
38.	Could not afford the out-of-pocket cost (cost of service)	60	35	5
39.	Too hard to get there due to lack of transportation, child care, limits hours, or other scheduling limitations	42	53	5
40.	My insurance was not accepted or did not cover the care, or I do not have insurance	46	45	9
41.	I did not know how to find a doctor, dentist, or counselor	20	76	5
42.	I was nervous about exposure to COVID-19 or other illnesses	40	57	3
43.	I was nervous about possible diagnosis	22	72	6
44.	No available appointments, or too long to wait	48	47	5
45.	Language difficulties	8	89	3

46. Is there any other reason that you were unable to access care over the last 12 months?

PROVIDED SEPARATELY

DEMOGRAPHICS

47. Which of the following best describes you?

Latino, Hispanic, or Mexican American	47
Black or African American	22
White or Caucasian	19
Asian American or Pacific Islander	4
Native American	1
Middle Eastern or North African	1
A combination of these (SPECIFY: _____)	3
Something else (SPECIFY: _____)	0
Prefer not to say	2

48. Are you currently married or partnered?

Currently married	45
Currently partnered	7
No, but previously married or partnered	13
No, always single	25
Prefer not to say	10

49. Do you have children?

Yes	64
No	22
Prefer not to say	14

50. **IF HAVE CHILDREN:** How many children in each of the age categories do you have? If you have multiple children, please select all of the categories that apply. (n=1091)

Under 18	47
18 to 26	43
27 and older	45
Prefer not to say	16

51. How many people live in your household? Please include yourself, your spouse, and any dependents included on your tax return.

1 Person	10
2 People	18
3 People	14
4 People	15
5 People	11
6 People	6
7+ People	4
Prefer not to say	23

52. To determine eligibility for funding to help with the cost of health care coverage, please indicate / tell me your total household income before taxes for the year 2021. (n=1325)

PROGRAMMING NOTE: SHOW CATEGORY NAMES BASED ON HOUSEHOLD SIZE IN PREVIOUS QUESTION.

1 Person	2 People	3 People	4 People	5 People	6 People	7+ People
Under \$18,755	Under \$25,268	Under \$31,782	Under \$38,295	Under \$44,809	Under \$51,323	Under \$57,836
Up to \$28,947	Up to \$39,001	Up to \$49,054	Up to \$59,108	Up to \$69,162	Up to \$79,215	Up to \$89,269
Up to \$51,520	Up to \$69,680	Up to \$87,840	Up to \$106,000	Up to \$124,160	Up to \$142,160	Up to \$160,480
More than \$51,520	More than \$69,680	More than \$87,840	More than \$106,000	More than \$124,160	More than \$142,160	More than \$160,480

CATEGORY 1 (LOWEST)	33
CATEGORY 2	23
CATEGORY 3	16
CATEGORY 4 (HIGHEST)	11
Don't know	9
Prefer not to say	9

53. And to determine eligibility, what were your total self-employment expenses for the year 2021? Please round to the closest \$1000.

Zero	2
Under \$10,000	18
\$10,000-\$49,999	14
\$50,000 or More	5
Prefer not to say	61

54. To receive information about eligibility for Covered California and other benefits, from which of the following do you prefer to receive information? You may select as many as you like.

Email	41
Postal mail to my house	33
Text messages	17
Website	5
App on my smartphone	2
Don't know	25