

# 2017 Findings from the Cal MediConnect Rapid Cycle Polling Project

*Conducted for*  
The SCAN Foundation

*In conjunction with*  
The California Department  
of Health Care Services

*By*  
Institute for Health and Aging,  
University of California, San Francisco

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Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

Orange

# California's Dual Financial Alignment Demonstration "Cal MediConnect"

**Background:** In 2014, California implemented a dual financial alignment demonstration called the Coordinated Care Initiative. Part of the demonstration Cal MediConnect (CMC), created integrated health plan options in seven counties for people eligible for both Medicare and Medi-Cal.

**Beneficiaries enrolled in Cal MediConnect had all of their medical care, ancillary services and long-term services and supports (LTSS) coordinated through one integrated managed care plan.**

**Cal MediConnect beneficiaries received some new benefits such as care coordination and non-emergency transportation.**

**Approximately half of eligible beneficiaries opted out of the program and kept their original Medicare. Those who opted out were still enrolled in Medi-Cal managed care plans for their long-term services and supports.**

# Survey Objectives

**Objectives:** To evaluate and track over time the experiences of dually eligible beneficiaries enrolled in coordinated care under CMC, compared to those who opted out and those in non-CMC counties.

- *Assess the confidence and satisfaction of CMC enrollees with the health services they are receiving.*
- *Compare CMC enrollees' level of confidence and satisfaction with beneficiaries who chose to opt out of CMC or who live in non-CMC counties.*
- *Identify how CMC beneficiaries confidence and satisfaction changes over time.*

# About the Surveys (1)

## Survey method

- Telephone interviews with stratified random samples of dual eligible beneficiaries in Cal MediConnect (CMC) counties, as well as beneficiaries in 9 non-CMC counties.

## Data collection periods

- 2015 (includes Wave 1 in September; and Wave 2 in November)
- 2016 (includes Wave 3 in April; and Wave 4 in September)
- 2017 (includes Wave 5 in August)

## Populations surveyed

- 2015: CMC enrollees and opt-outs in 5 counties (Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara), and two non-CMC counties (Alameda and San Francisco)
- 2016 and 2017: CMC counties were expanded to two additional counties (San Mateo and Orange)
- 2017: Non-CCI counties were expanded to include a total of 9 non-CMC counties

## About the Surveys (2)

### Sample Sizes by Survey Year

- **2017:** 2,865 interviews, including 1,711 CMC enrollees, 747 CMC opt-outs, and 407 beneficiaries in non-CMC counties.
- **2016:** 6,513 interviews, including 3,351 CMC enrollees, 2,031 CMC opt-outs, and 1,131 beneficiaries in non-CMC counties.
- **2015:** 5,002 interviews, including 2,764 CMC enrollees, 1,368 CMC opt-outs, and 870 beneficiaries in non-CMC counties.

### Sample Sizes (aggregated across years)

- **7,824 CMC Enrollees:** including 2,610 in Los Angeles, 539 in Orange, 1,046 in Riverside, 1,019 in San Bernardino, 1,025 in San Diego, 619 in San Mateo, and 966 in Santa Clara.
- **4,146 CMC Opt-Outs:** including 1,972 in Los Angeles, 158 in Orange, 502 in Riverside, 515 in San Bernardino, 528 in San Diego, 134 in San Mateo, and 337 in Santa Clara.

# Findings in Brief

Overall

Los  
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## Confidence Navigating Health Care

Large majorities of CMC enrollees continue to express confidence that they know how to manage their health conditions (85%), know how to get questions about their health needs answered (84%) and know who to call if they have a health need or question (88%).

While confidence ratings in earlier years had been similar across enrollees and opt-outs, in 2017 CMC enrollees confidence was higher in all three areas.

CMC enrollees' confidence in these areas has steadily increased between 2015 and 2017; while confidence among opt-outs has remained steady.

## Satisfaction with Health Care Services

Large majorities of CMC enrollees – ranging from 78% to 88% – report being satisfied with the health care services they are receiving in each of seven areas tracked.

The satisfaction levels of CMC enrollees increased between 2015 and 2017 in all seven areas.

In 2017, CMC enrollees were more satisfied than opt-outs in the areas of:

- amount of time the doctor spends with them,
- the information they get from their health plan explaining benefits,
- the way different providers work together, and
- their ability to call a provider regardless of the time of day.

In 2017, those who opted out were more satisfied than CMC enrollees with their choice of doctor.



## Problems Encountered with Health Care

Less than 1 in 5 CMC enrollees reported they encountered any of six potential problems with their health services. The two most commonly reported problems among CMC enrollees were: a doctor they had been seeing was no longer available through their plan (18%), and they had a misunderstanding about their health care services or coverage (19%).

CMC enrollees in 2017 had lower rates of reported problems than in previous years in two areas: a doctor they had been seeing was no longer available through their plan (23% in 2015 down to 18% in 2017), and denied treatment or referral for a service recommended by a doctor (17% in 2015 down to 14% in 2017).

CMC enrollees were slightly less likely than opt-outs to have trouble in two areas: transportation problems keeping them from getting needed health care, and having a misunderstanding about health care coverage.

Opt-outs were slightly less likely than CMC enrollees to report that they had a treatment or referral denied, the doctor did not speak their language/no interpreter available, a doctor they were seeing was not available through their plan, and that they had trouble communicating with a doctor because of a speech, hearing, or other disability.

## Length of Time with a Personal Doctor

**The percentage of both CMC enrollees and opt outs that report they have been seeing their personal doctor\* for 1 year or less declined significantly over the years, from 29% in 2015, down to 19% in 2017.**

**Only 13% of opt-out beneficiaries reported that they had been seeing their personal doctor for 1 year or less, lower than CMC enrollees (19%) and non-CCI beneficiaries (23%).**

**Conversely, CMC enrollees that report having been with their personal doctor for 2-5 years increased from 35% in 2015 to 40% in 2017.**

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*\* A “personal doctor” was defined in the survey as “the doctor who knows you best and can refer you to other doctors when you need to see a specialist.”*

## Reported Use of Single Care Managers and Personal Care Plans by Enrollees and Opt-outs

**About 1 in 3 CMC enrollees in 2017 reported that they had a single care manager\* from their health plan.**

**While the proportion of CMC enrollees who reported having a single care manager remained steady, the proportion of opt-outs who reported a single care manager decreased between 2016 (33%) and 2017 (28%).**

**About 1 in 5 CMC enrollees and opt-outs with single care managers in 2017 said that having such a manager has improved their care “a lot.”**

**More CMC enrollees (33%) report having a personal care plan\*\* than opt-outs (29%); and CMC enrollees (26%) are more likely to say that this personal care plan improved their care “a lot” than opt-outs are (20%).**

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*\* A single care manager was defined in the survey as a nurse or other helper from their health plan who serves as their main point of contact and can arrange all aspects of their care.*

*\*\* A personal care plan was defined in the survey as a plan designed to take into account their health goals, needs and preferences.*

## Health Status and Disability of CMC Enrollees and Opt-outs

A slightly higher proportion of opt-outs (51%) report they are in fair or poor health compared to CMC, of whom (47%) report fair or poor health.

A slightly larger percent of opt-outs (30%) than CMC enrollees (24%) say they have been in a hospital overnight in the past 12 months.

Among opt-outs, 49% include LTSS beneficiaries reported they were currently getting assistance for common daily activities. This compares to 28% among CMC enrollees.

More opt-outs (53%) than enrollees (45%) also report using specialized equipment, such as a cane, wheelchair, scooter, or special bed.

## LTSS Needs and Use of In-Home Supportive Services

In 2017, LTSS beneficiaries in all three groups were asked about their needs for LTSS and use of In-Home Supportive Services (IHSS), California's consumer directed personal assistance program.

CMC enrollees report lower rates of needing help with personal care\* (50%) compared to opt-outs (59%) and non-CMC beneficiaries (57%).

Of those who reported needing help, about 4 in 10 beneficiaries in all groups had unmet needs for personal or routine care.

Despite lower reported rates of needing LTSS assistance, more CMC enrollees and opt-outs reported receiving IHSS (84% and 86%) in 2017 compared to non-CMC counties, where only 78% of LTSS beneficiaries received IHSS.

Furthermore, average monthly IHSS hours reported by CMC enrollees and opt-outs were significantly higher than hours reported by beneficiaries in non-CMC counties.

\* Personal care needs defined as: eating, bathing, dressing, or getting around inside the home.

\*\* Routine needs defined as: everyday household chores, doing necessary business, shopping or getting around for other purposes

## Characteristics of CMC Enrollees & Opt-outs

Both CMC enrollees and opt-outs have very low levels of educational attainment, with 40% of CMC enrollees and 36% of opt-outs who did not graduate high school. Only a quarter of CMC enrollees and 19% of opt-outs have a high school diploma.

Large majorities of both enrollees and opt-outs are people of color, with Latinos comprising the largest segment of both groups, accounting for 42% of CMC enrollees and 39% of opt-outs. Just 26% of enrollees, and an even smaller proportion of opt-outs (21%), are white non-Hispanic.

Age varied across groups, with a larger percent (27%) of CMC enrollees under age 65, compared to only 20% of opt-outs.

While both groups are majority female, opt-outs have a higher distribution of females (66%) and a higher percent of opt-outs live alone (37%) than do CMC beneficiaries, of whom 57% are female and 29% live alone.

# Overall Findings Across the Three Survey Years

Overall

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Mateo

Orange

# 1. Beneficiary Confidence Navigating Health Care

Very large majorities of CMC enrollees in 2017 continue to express confidence that they know how to manage their health conditions (85%), can get questions about their health needs answered (84%), and know who to call if they have a health need or question (88%).

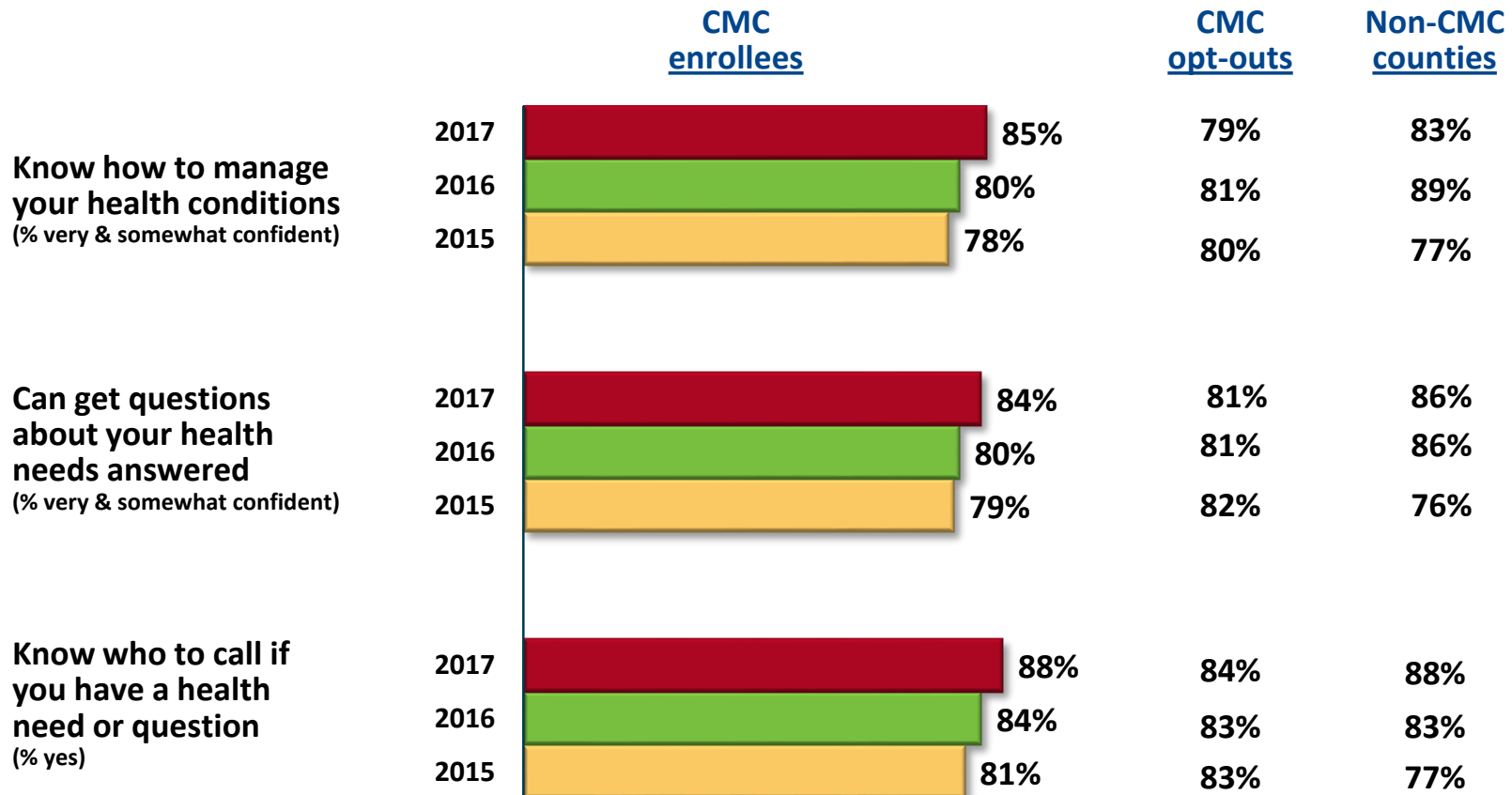
In 2017, CMC enrollees' confidence in these areas was significantly higher than opt-outs.

Furthermore, CMC enrollees confidence in these areas has steadily increased between 2015 and 2017; while confidence among opt-outs has remained steady.



Table 1

## Beneficiary Confidence Navigating Health Care



## 2. Satisfaction with Health Care Services

Large majorities of CMC enrollees in 2017 – ranging from 78% to 88% – report being satisfied with the health services they are receiving in each of 7 areas.

Satisfaction levels expressed by CMC enrollees have improved over time in each of the 7 areas.

In 2017, CMC enrollees were more satisfied than opt-outs in the areas of:

- amount of time the doctor spends with them,
- the information they got from their health plan explaining benefits,
- the way different providers work together, and
- their ability to call a provider regardless of the time of day.

In 2017, those who opted out were more satisfied than CMC enrollees with their choice of doctor.

Table 2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

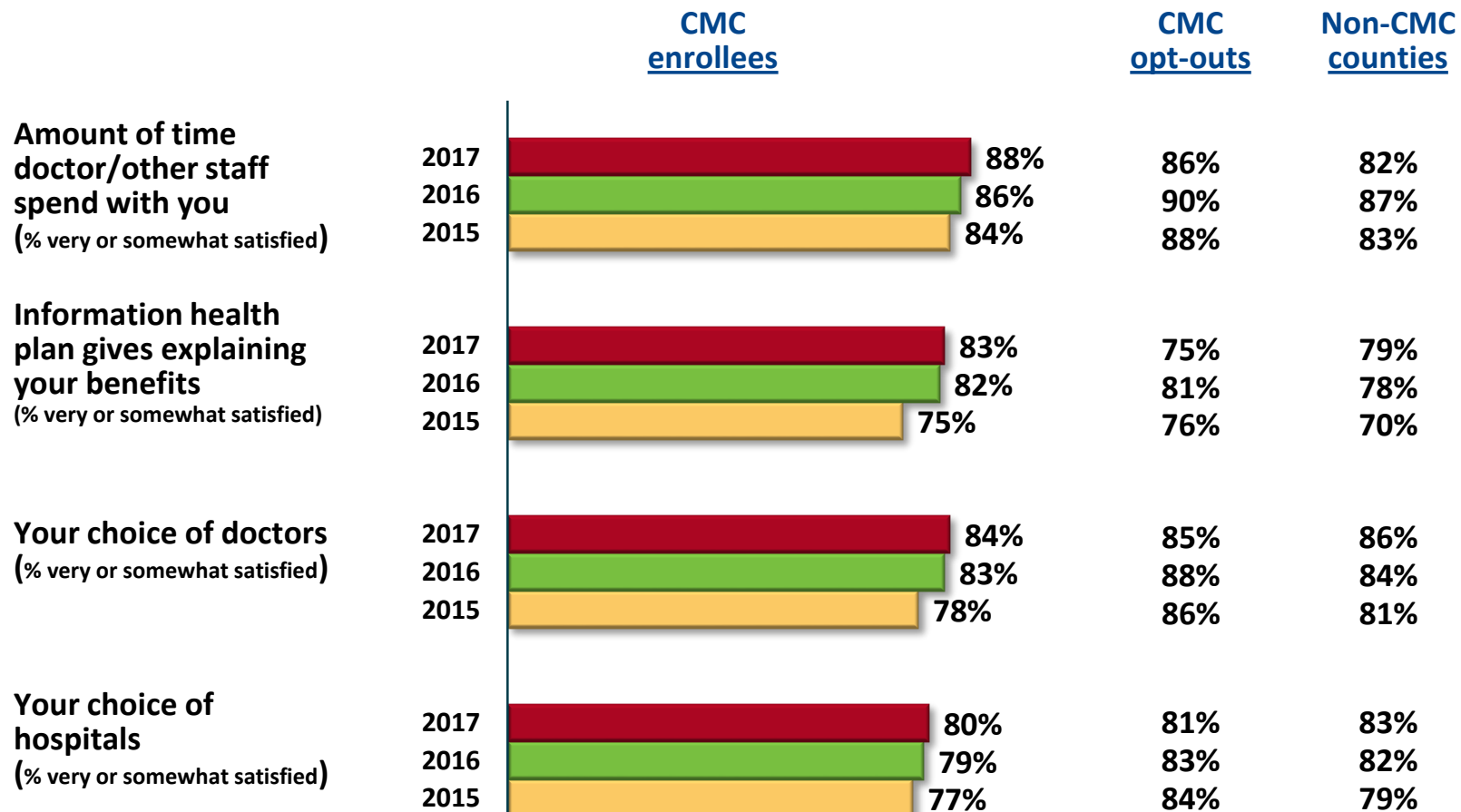
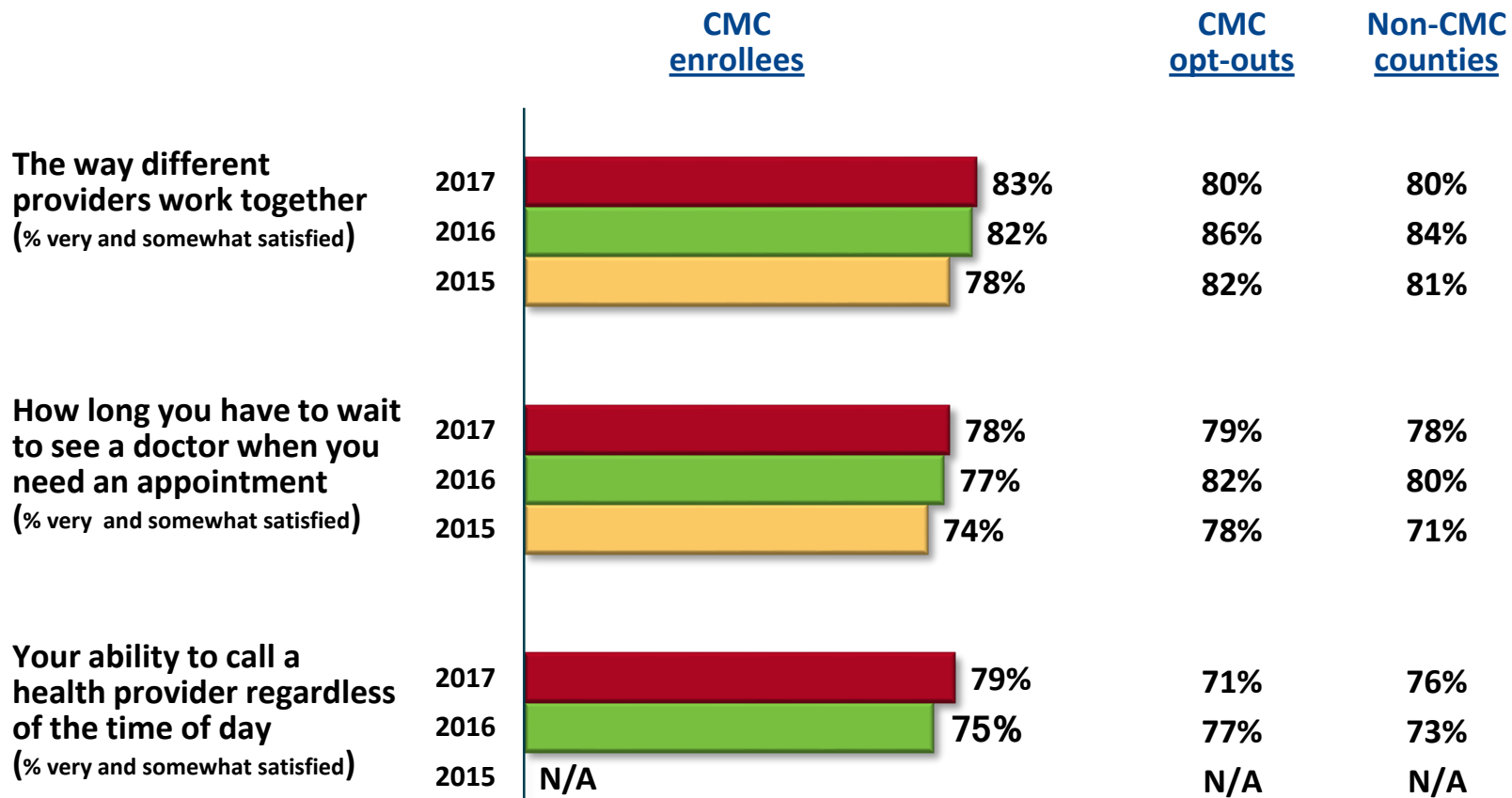


Table 2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



Note: N/A indicates the question was not asked in Year 1.

### 3. Specific Problems with Health Care Services

In 2017, no single problem was reported by more than 1 in 5 CMC enrollees.

The two most commonly reported problems encountered by CMC enrollees were that a doctor they had been seeing was no longer available through their plan (18%), and that they had a misunderstanding about their health care services or coverage (19%).

In two areas, CMC enrollees in 2017 had lower rates of reported problems than they had in previous years, including: a doctor they had been seeing was no longer available through their plan (23% in 2015 down to 18% in 2017); and denied treatment or referral for a service recommended by a doctor (17% in 2015 down to 14% in 2017).

CMC enrollees were slightly less likely than opt-outs to have trouble in the areas of transportation problems keeping them from getting needed health care and having a misunderstanding about health care coverage.

Opt-outs were slightly less likely than CMC enrollees to report that they had a treatment or referral denied, the doctor did not speak their language/no interpreter available, doctor they were seeing was not available through their plan, and that they had trouble communicating with a doctor because of a speech, hearing, or other disability.

Table 3

## Specific Problems with Health Care Services (1)

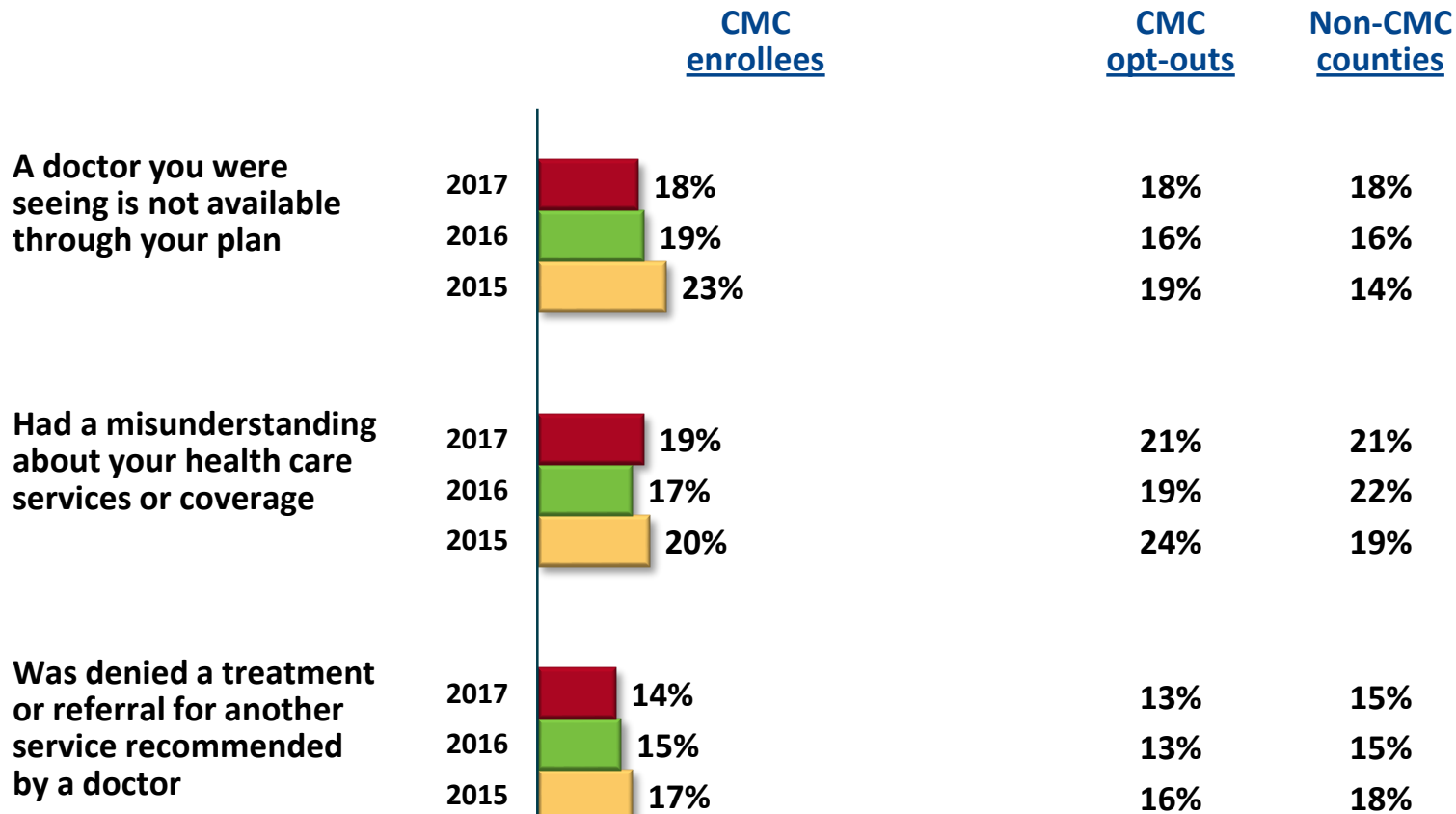


Table 3

## Specific Problems with Health Care Services (2)

		<u>CMC enrollees</u>	<u>CMC opt-outs</u>	<u>Non-CMC counties</u>
Transportation problems kept you from getting needed health care	2017	13%	15%	15%
	2016	12%	15%	16%
	2015	14%	15%	15%
Had trouble communicating with a health provider because of a speech, hearing or other disability	2017	11%	7%	14%
	2016	10%	11%	13%
	2015	12%	13%	17%
Health provider did not speak your language and no interpreter was available (among non-English speakers)	2017	12%	10%	12%
	2016	9%	9%	7%
	2015	13%	13%	21%

## 4. Length of Time Beneficiaries Have Been Going to their Personal Doctor

The proportions of both CMC enrollees and opt-outs that report they have been seeing their personal doctor\* for 1 year or less has declined significantly over the years. 2017 is the first year that the percent of CMC enrollees having a doctor for 1 year or less has been lower than non-CMC counties where the opposite trend has occurred.

Only 13% of opt-out beneficiaries reported that they had been seeing their personal doctor for 1 year or less, lower than CMC enrollees (19%) and non-CMC beneficiaries (23%).

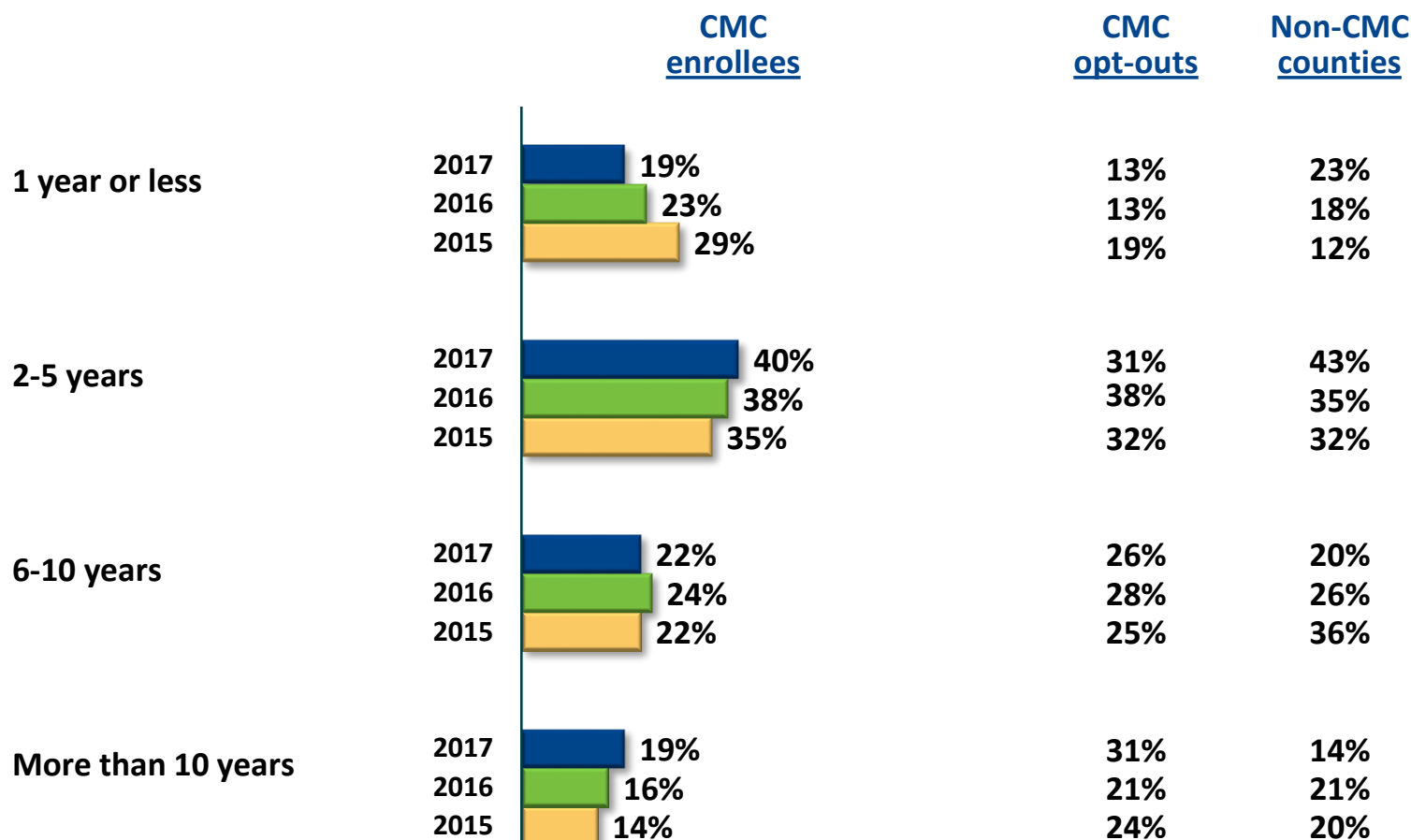
Conversely, CMC enrollees that report having been with their personal doctor for 2-5 years increased from 35% in 2015 to 40% in 2017.

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\* A “personal doctor” was defined in the survey as “the doctor who knows you best and can refer you to other doctors when you need to see a specialist.”



## Length of Time Beneficiaries Have Been Going to the Doctor They Consider their Personal Doctor



Note: Asked only of beneficiaries who report having a personal doctor.

Differences between 100% and the sum of the percentages for each group equal proportion who could not give an estimate.

## 5. Beneficiaries' Experiences with Single Care Managers

About 1 in 3 CMC enrollees in 2017 reported that they had a single care manager,\* such as a nurse or other helper from their health plan, who serves as their main point of contact and arranges all aspects of their care.

While the proportion of CMC enrollees who reported having a single care manager remained steady, the proportion of opt-outs who reported a single care manager decreased between 2016 (33%) and 2017 (28%).

About 1 in 5 of CMC enrollees and opt-outs with single care managers in 2017 said that having such a manager has improved their care “a lot.”

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\* Single care manager described as “the person who serves as your main point of contact and arranges all aspects of your care.”

## Beneficiaries Who Report Having a Single Care Manager and Its Perceived Impact on Quality of Care

	<u>CMC enrollees</u>		<u>CMC opt-outs</u>		<u>Non-CMC counties</u>	
	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>
Has a single care manager*	<u>32%</u>	<u>33%</u>	<u>33%</u>	<u>28%</u>	<u>35%</u>	<u>31%</u>
<u>Has improved care...</u>						
A lot	21	21	22	20	24	22
A little	7	6	7	4	6	3
Not at all	2	3	2	2	3	4
Not reported	3	3	3	2	3	2

\* Single care manager described as “the person who serves as your main point of contact and arranges all aspects of your care.”  
 Note: Question not asked in 2015.

## 6. Beneficiaries' Experiences with a Personal Care Plan

Thirty-three percent of CMC enrollees reported in 2017 that they have a personal care plan\* that takes into account their health goals, needs and preferences. This is significantly higher than the proportion of opt-outs reporting this (29%) but slightly lower than what is reported by beneficiaries in non-CMC control counties (36%).

Twenty-six percent of CMC enrollees said that having a personal care plan improved their care “a lot.” This is similar to beneficiaries in non-CMC counties (27%), but significantly higher than opt-outs, of whom 20% said the personal care plan improved their care “a lot.”

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\* Personal care plan described as a plan designed to take into account your health goals, needs and preferences.

## Beneficiaries Who Report Having a Personal Care Plan and Its Perceived Impact on the Quality of their Care

	<u>CMC enrollees</u>		<u>CMC opt-outs</u>		<u>Non-CMC counties</u>	
	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>
Has a personal care plan*	<u>33%</u>	<u>33%</u>	<u>37%</u>	<u>29%</u>	<u>40%</u>	<u>36%</u>
<u>Has improved care...</u>						
A lot	21	26	26	20	25	27
A little	7	7	6	5	9	9
Not at all	3	2	2	3	3	3
Not reported	2	3	2	4	3	1

\* Personal care plan described as a plan designed to take into account your health goals, needs and preferences.

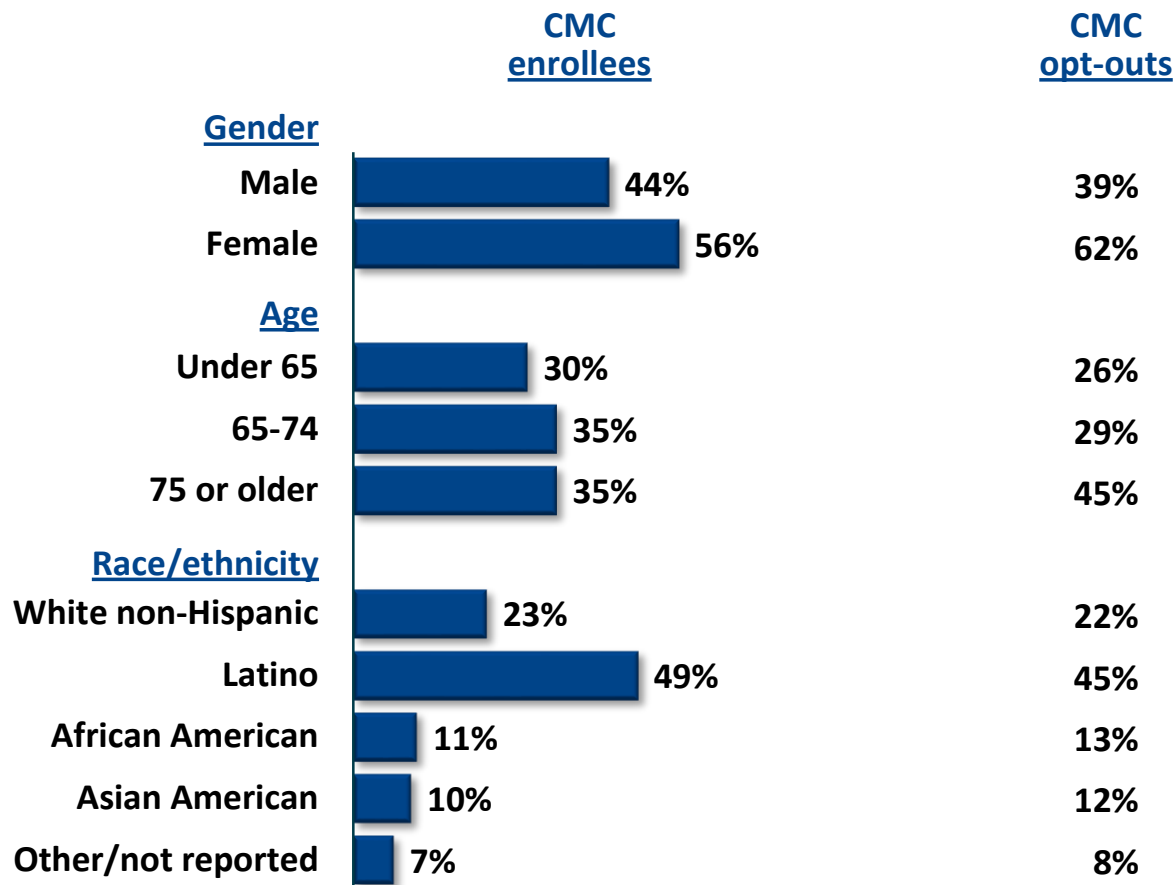
Note: Question not asked in 2015.

## 7. Demographic Characteristics of Enrollees and Opt-outs Across the Seven CMC Counties (1)

The following are the demographic characteristics of each population combined across all 3 years of the survey:

- Majorities of both enrollees and opt-outs are women, although women constitute a slightly larger proportion of opt-outs (62%) than enrollees (56%).
- A large majority of both CMC enrollees and opt-outs are people of color. For example, among enrollees 49% are Latino, 11% are African American and 10% are Asian American, while just 23% are white non-Hispanic. The distributions are similar among opt-outs with 45% Latino, 13% African American and 12% Asian American. Only 22% of opt-outs are white non-Hispanic.
- About 70% of enrollees and 75% opt-outs are age 65 or older. Among those over 65, a greater proportion of opt-outs are 75 and older (45%) compared to CMC enrollees (35%).

# Comparing the Demographic Characteristics of Enrollees and Opt-outs in CMC Counties (1)



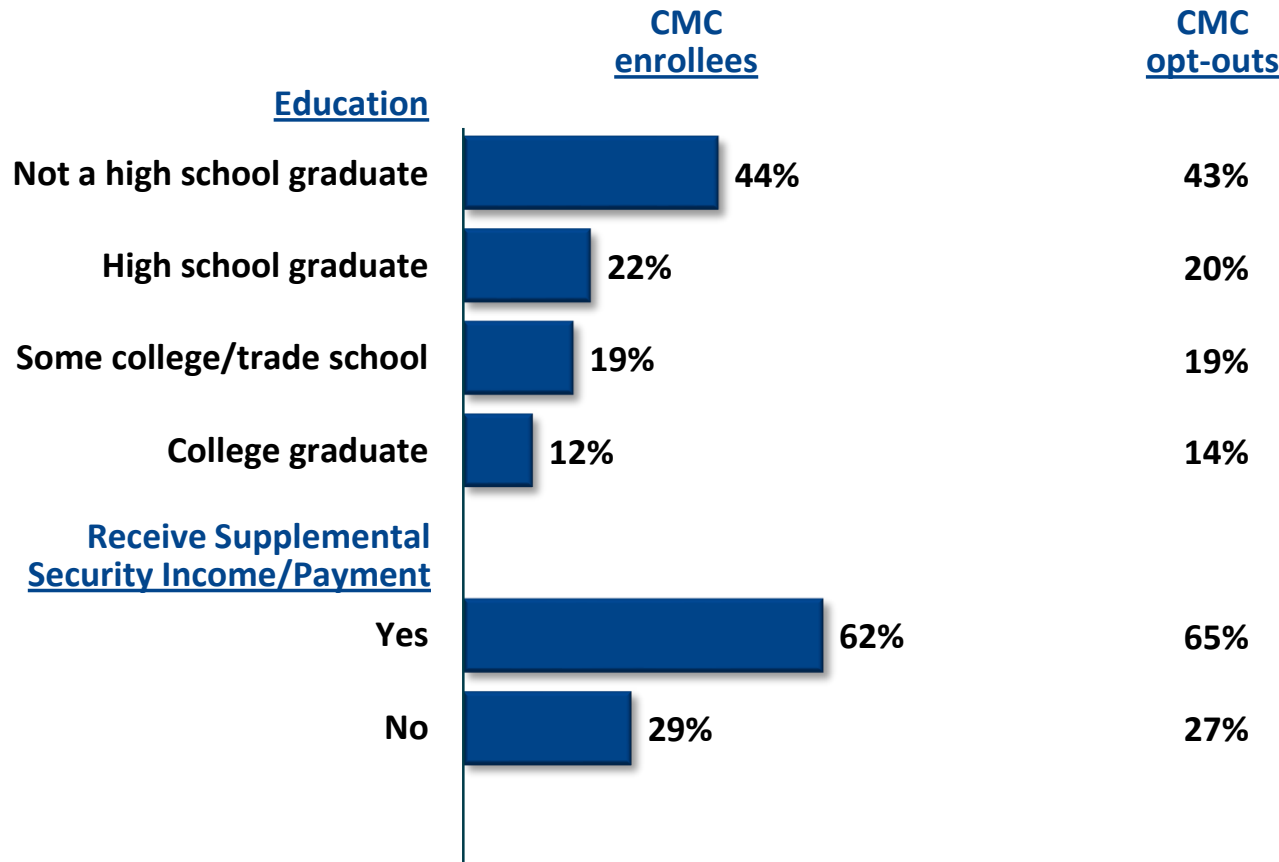
Note: Percentages shown are the combined totals for enrollees and opt-outs in CMC counties across all survey waves.

## Demographic Characteristics of Enrollees and Opt-outs in CMC Counties (2)

- Among both CMC enrollees and opt-outs, over 4 in 10 have not graduated from high school, while another one in five have no more than a high school degree. Very few – 12% of enrollees and 14% of opt-outs – are college graduates.
- Nearly two-thirds of both enrollees (62%) and opt-outs (63%) report receiving Supplemental Security Income/Payment or other support from the federal government.



## Comparing the Demographic Characteristics of Enrollees and Opt-outs in CMC Counties (2)



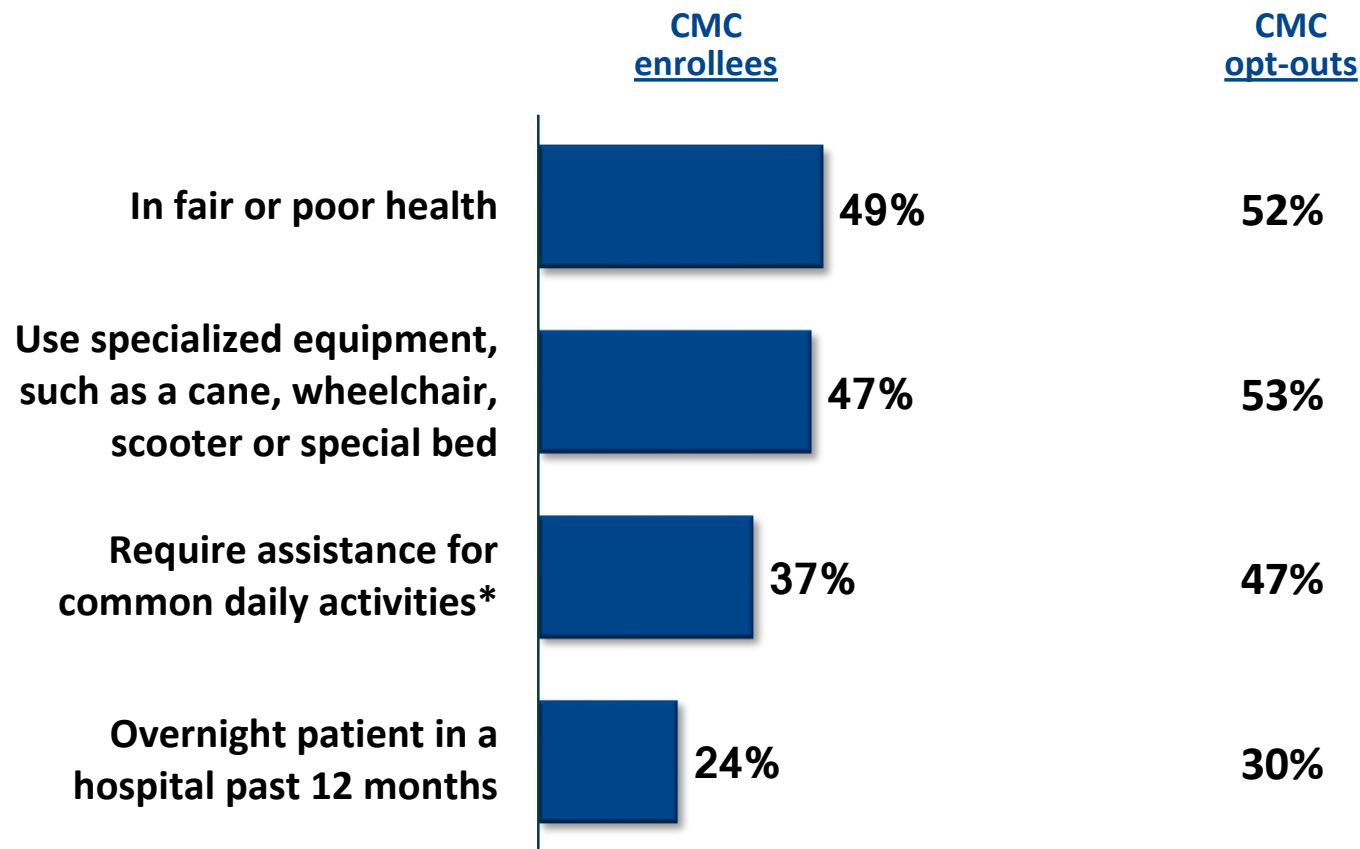
Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

## 8. Health-status and Disability of CMC Enrollees and Opt-outs

Opt-outs report worse health, more disability, and more acute care utilization than those enrolled in CMC.

- A slightly higher percentage of opt-outs (52%) rate their own health as fair or poor, compared to 49% of CMC enrollees.
- Among opt-outs 47% are LTSS beneficiaries who are require assistance for common daily activities. This compares to 37% among CMC enrollees.
- More opt-outs (53%) than enrollees (47%) also report using specialized equipment, such as a cane, wheelchair, scooter or special bed.
- A slightly larger proportion of opt-outs (30%) than enrollees (24%) say they have been an overnight patient in a hospital in the past 12 months.

## Comparing Health Status and Disability of Enrollees and Opt-outs in CMC Counties



\* Common daily activities are defined as bathing, dressing, help with prepared meals, help doing housework, or grocery shopping.

## 9. Disability and Use of In-Home Supportive Services

In 2017, LTSS beneficiaries in all three groups were asked about their LTSS needs and use of In-Home Supportive Services (IHSS), California's consumer directed personal assistance program.

CMC enrollees have lower rates of reporting needing help with personal care\* (50%) compared to opt-outs (59%) and non-CMC beneficiaries (57%).

Of those who reported needing help, about four in ten beneficiaries in all groups had unmet needs for personal or routine care.

Despite lower reported rates of needing LTSS assistance, more CMC enrollees and opt-outs reported receiving IHSS (84% and 86%) in 2017 compared to non-CMC counties, where only 78% received IHSS. Furthermore, average monthly hours for CMC enrollees and opt-outs were significantly higher than hours received by beneficiaries in non-CMC counties.

\* Personal care needs defined as: eating, bathing, dressing, or getting around inside the home.

\*\* Routine needs defined as: everyday household chores, doing necessary business, shopping or getting around for other purposes

## LTSS Needs and Use of IHSS in 2017

	<u>CMC enrollees</u>	<u>CMC opt-outs</u>	<u>Non-CMC counties</u>
Needs help with personal care needs	50%	59%	57%
Needs help with routine needs	79%	79%	85%
LTSS beneficiaries currently using IHSS*	84%	86%	78%
Average number IHSS hours/month	86	99	77
Unmet need for personal or routine care	41%	43%	40%

\* The question about IHSS was only asked if the beneficiary responded yes that they needed assistance with personal care and/or assistance with routine needs

# Los Angeles County: Aggregated Results from Years 1-3

Overall

Los  
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Riverside

San  
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Diego

Santa  
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Mateo

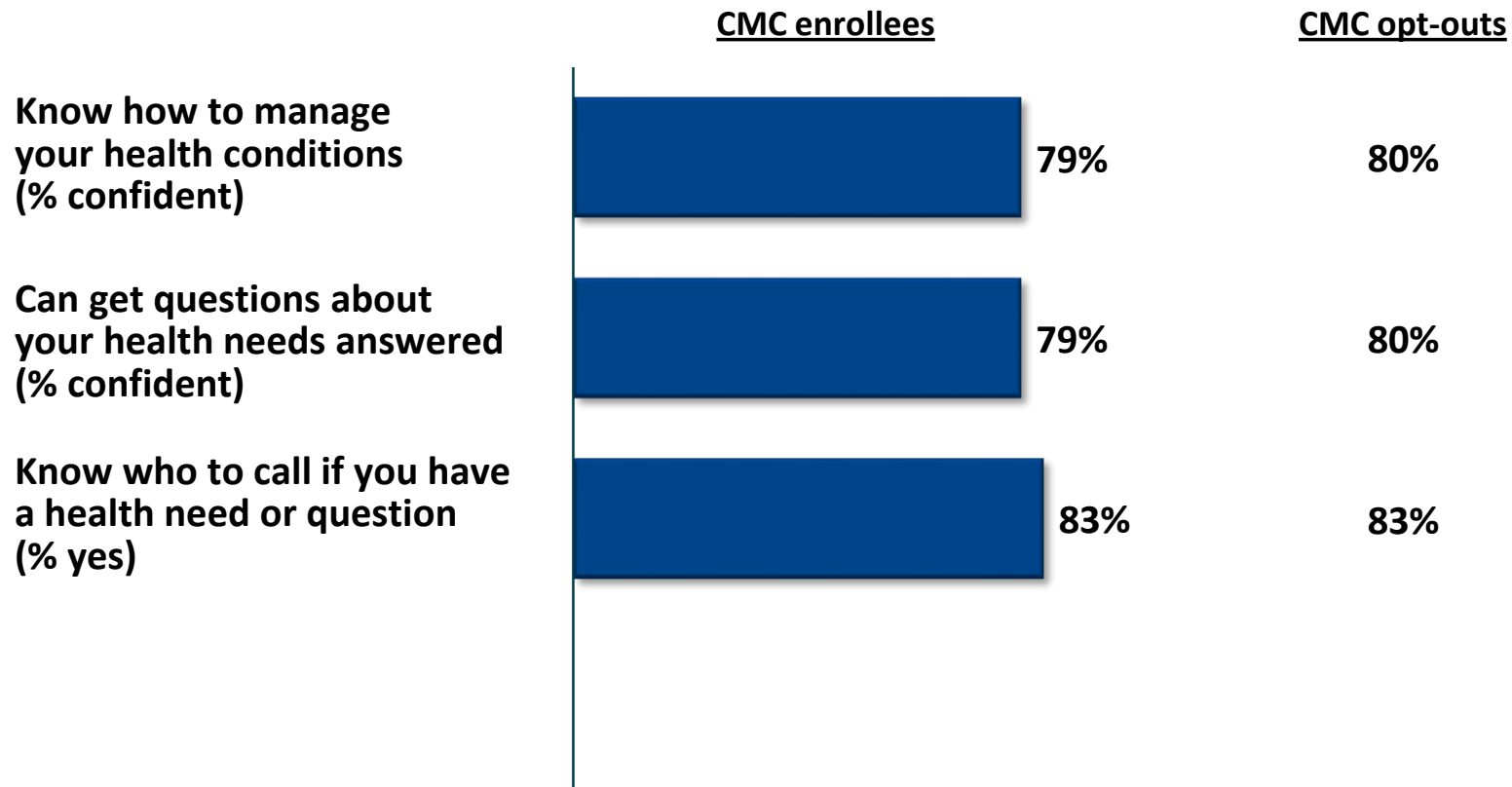
Orange

## 1. Beneficiary Confidence Navigating Health Care in Los Angeles County

Both CMC enrollees and opt-outs in Los Angeles County express similar high levels of confidence that they know how to manage their health conditions, can get questions about their health needs answered and know who to call if they have a health need or question. In each area, about eight in ten of both Los Angeles County enrollees and opt-outs express confidence in their ability to manage their condition.

Table LA-1

## Beneficiary Confidence Navigating Health Care in Los Angeles County





## 2. Satisfaction with Health Care Services in Los Angeles County

While large majorities of CMC enrollees in Los Angeles County (between 77% and 87%) say they are satisfied with the health care services they are receiving in each of seven areas measured, slightly more CMC opt-outs than enrollees are satisfied in five areas. These include:

- Amount of time doctor/other staff spend with you (87% among enrollees vs. 89% among opt-outs)
- Choice of doctors (82% vs. 88%)
- Choice of hospitals (77% vs. 82%)
- The way different providers work together (80% vs. 84%)
- Wait time to see a doctor when you need an appointment (77% vs. 81%).

Table LA-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

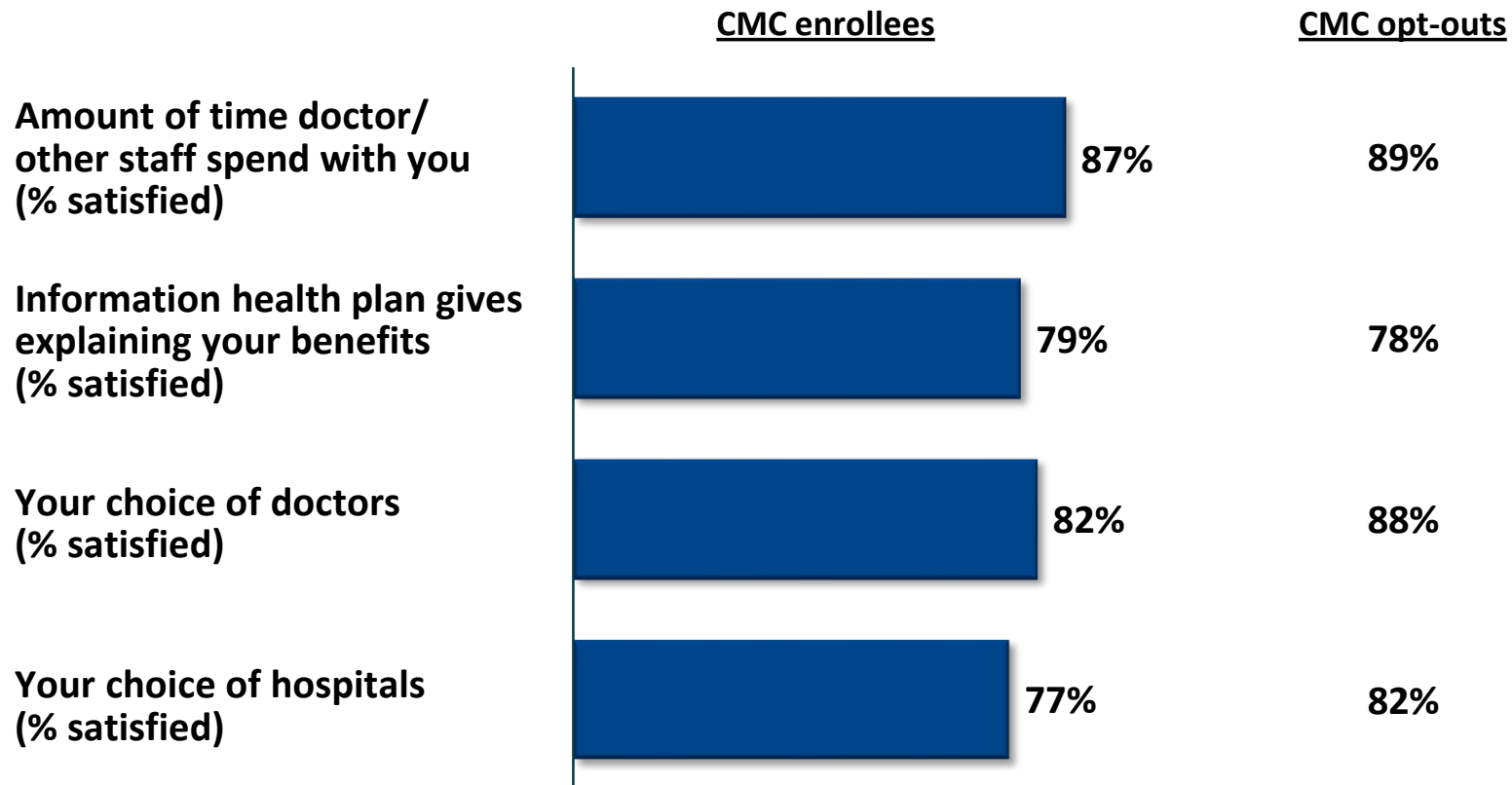
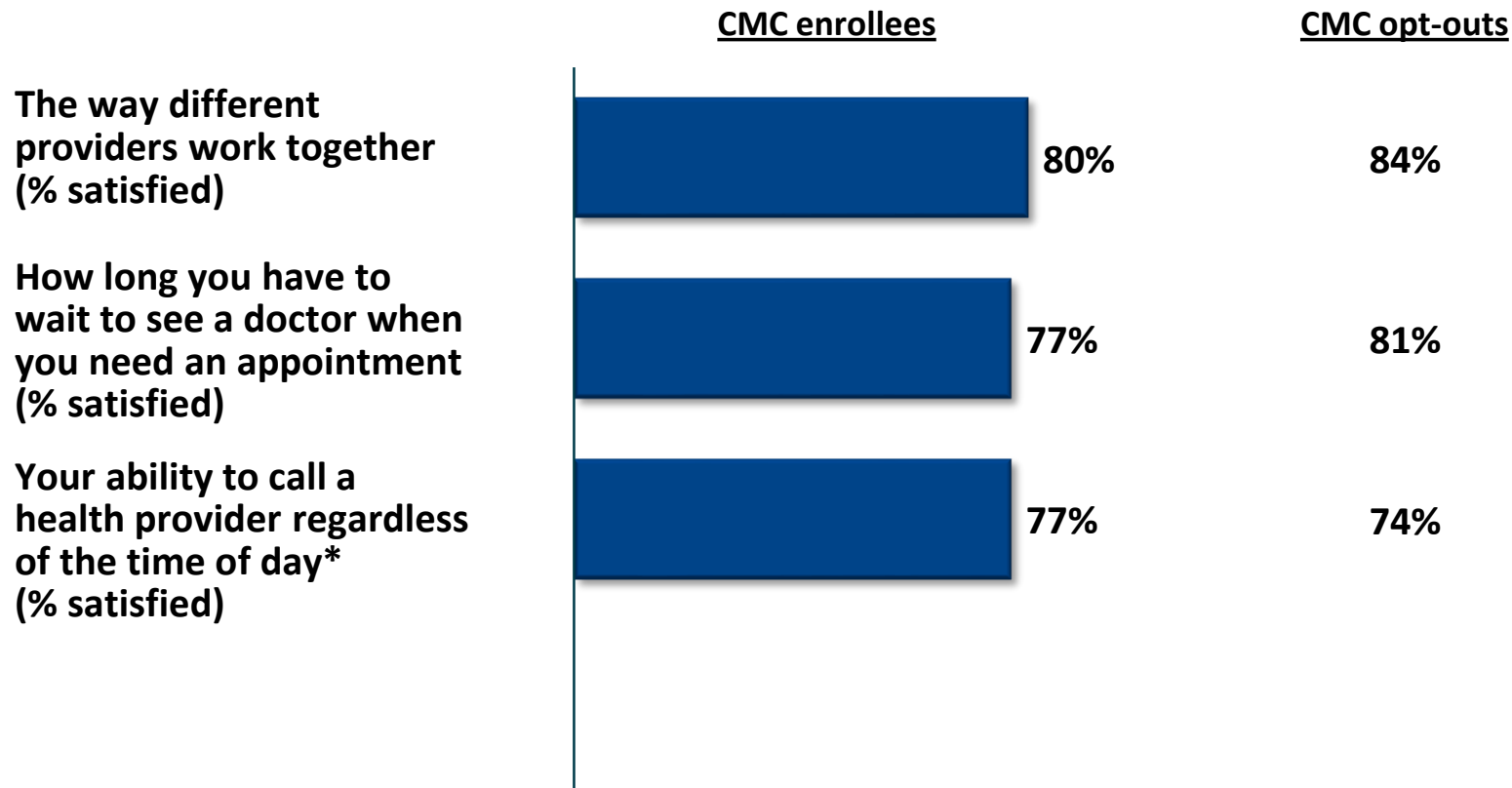


Table LA-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

### 3. Specific Problems with Health Care Services in Los Angeles County

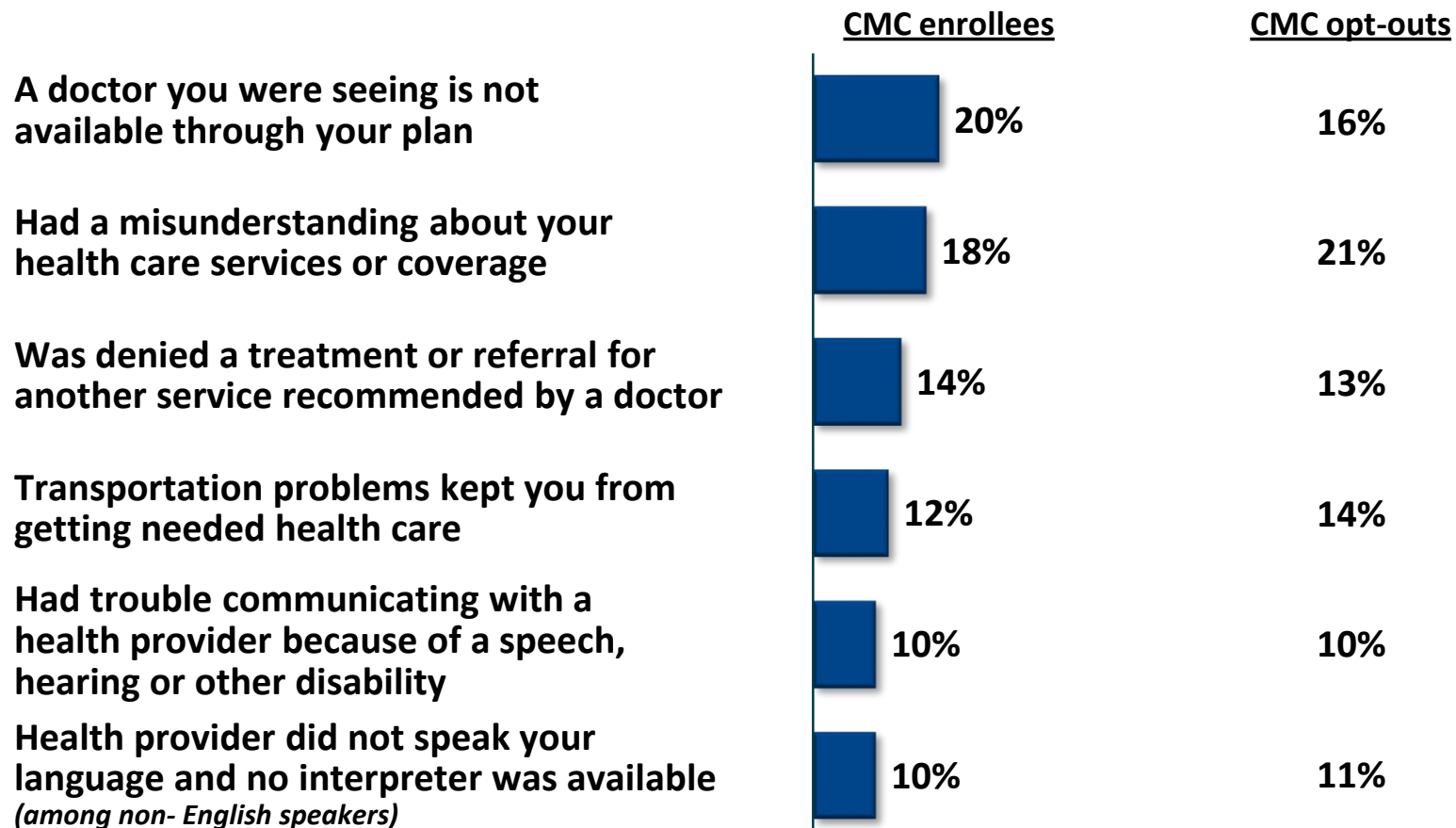
Relatively small proportions of enrollees and opt-outs in Los Angeles County say they encountered any of six specific problems relating to their health services in the recent past.

The two most frequently mentioned problems, reported by about one in five of both groups, are that a doctor they were seeing is not available through their plan or they had a misunderstanding about their health care services or coverage.

When comparing the incidence of problems reported by enrollees to those of opt-outs, enrollees are somewhat more likely to report that a doctor they were seeing is not available through their plan.

Table LA-3

## Specific Problems with Health Care Services in Los Angeles County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in Los Angeles County

Over half of CMC enrollees in Los Angeles County are Latino (58%), a larger proportion than is found in the opt-out population (49%).

Women comprise a somewhat larger share of the opt-out population in Los Angeles County (62%) than they do of CMC enrollees (54%).

Less than 30% of both enrollees and opt-outs in Los Angeles County are under age 65, while over 70% are age 65 or older.

A large plurality of both CMC enrollees (48%) and opt-outs (45%) in Los Angeles County have not graduated from high school. Very small proportions are college graduates – 9% among enrollees and 13% among opt-outs.

Greater than six in ten of CMC enrollees (61%) and opt-outs (65%) in the county say they receive Supplemental Security Income/Payment from the federal government.

Table LA-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

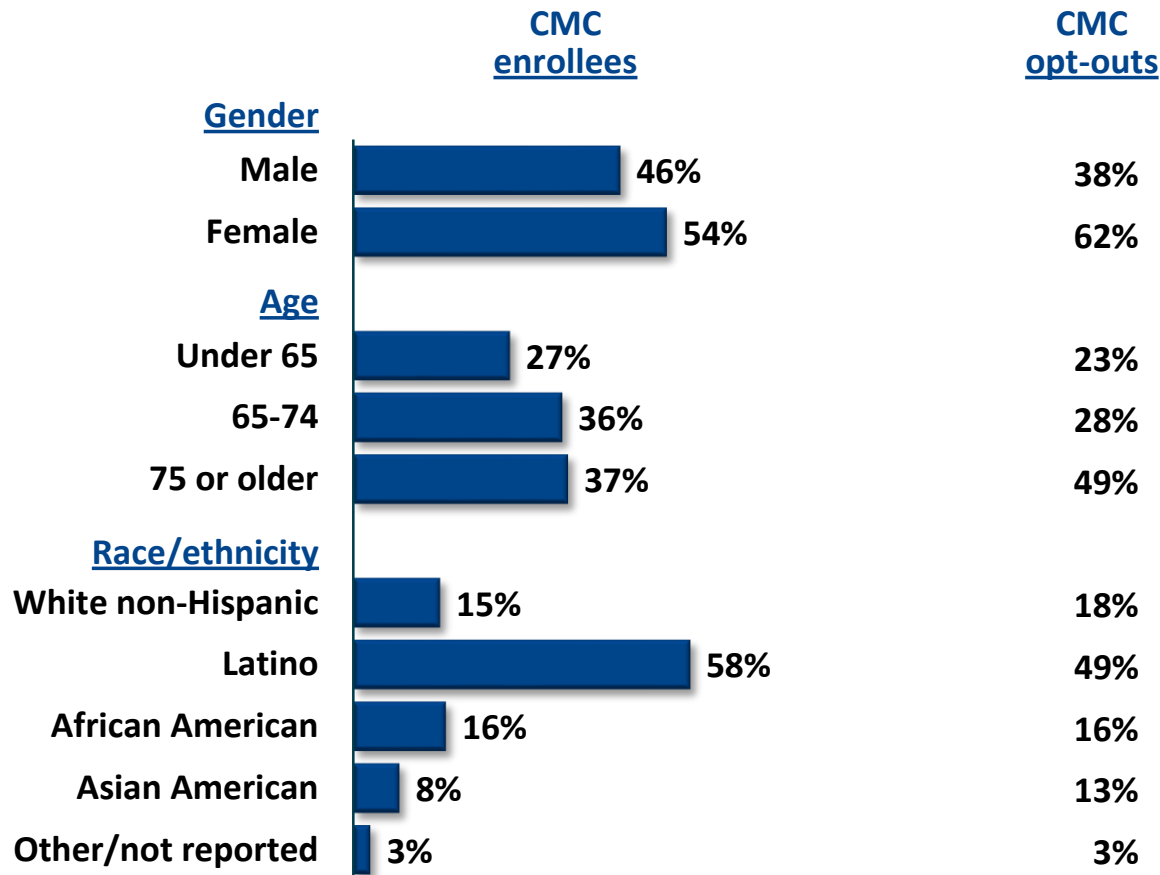
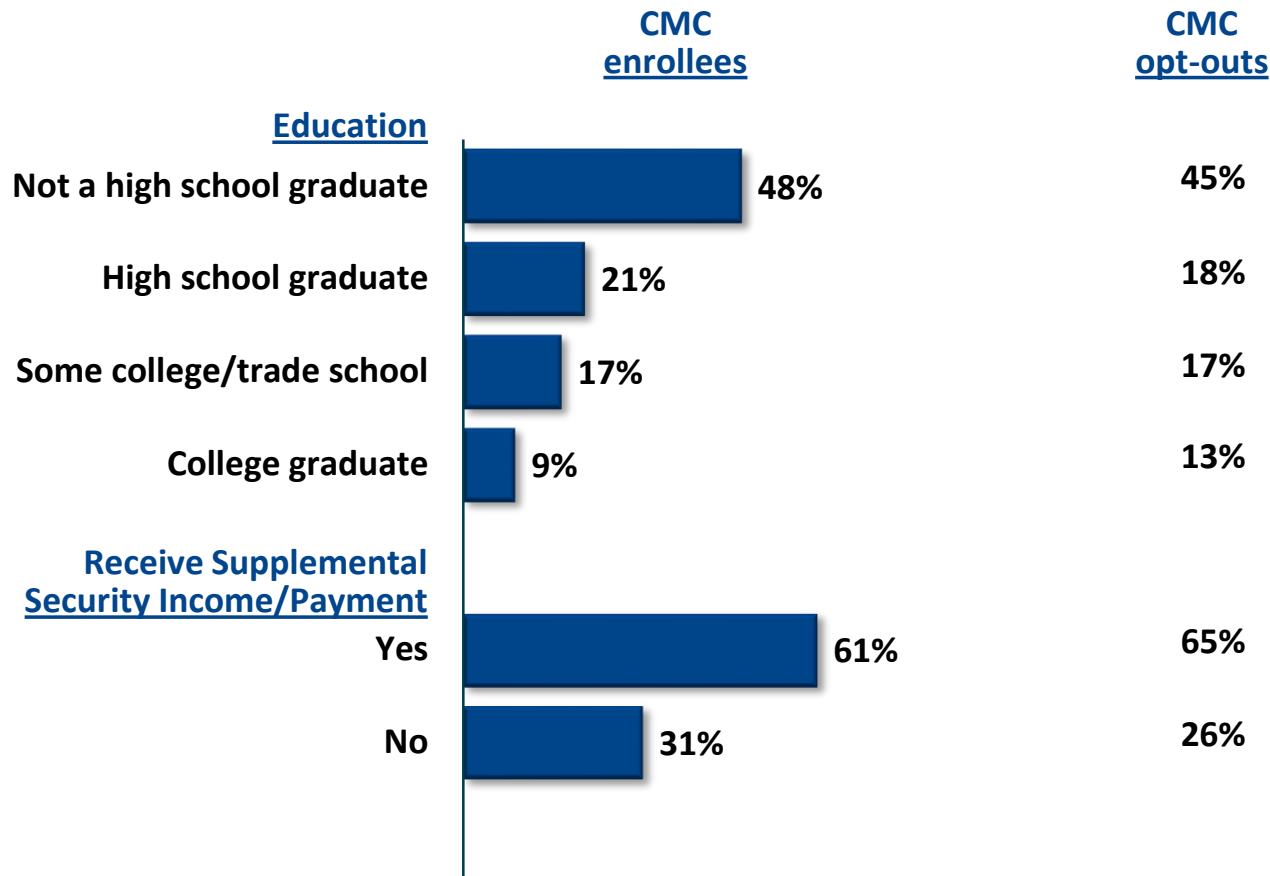


Table LA-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.



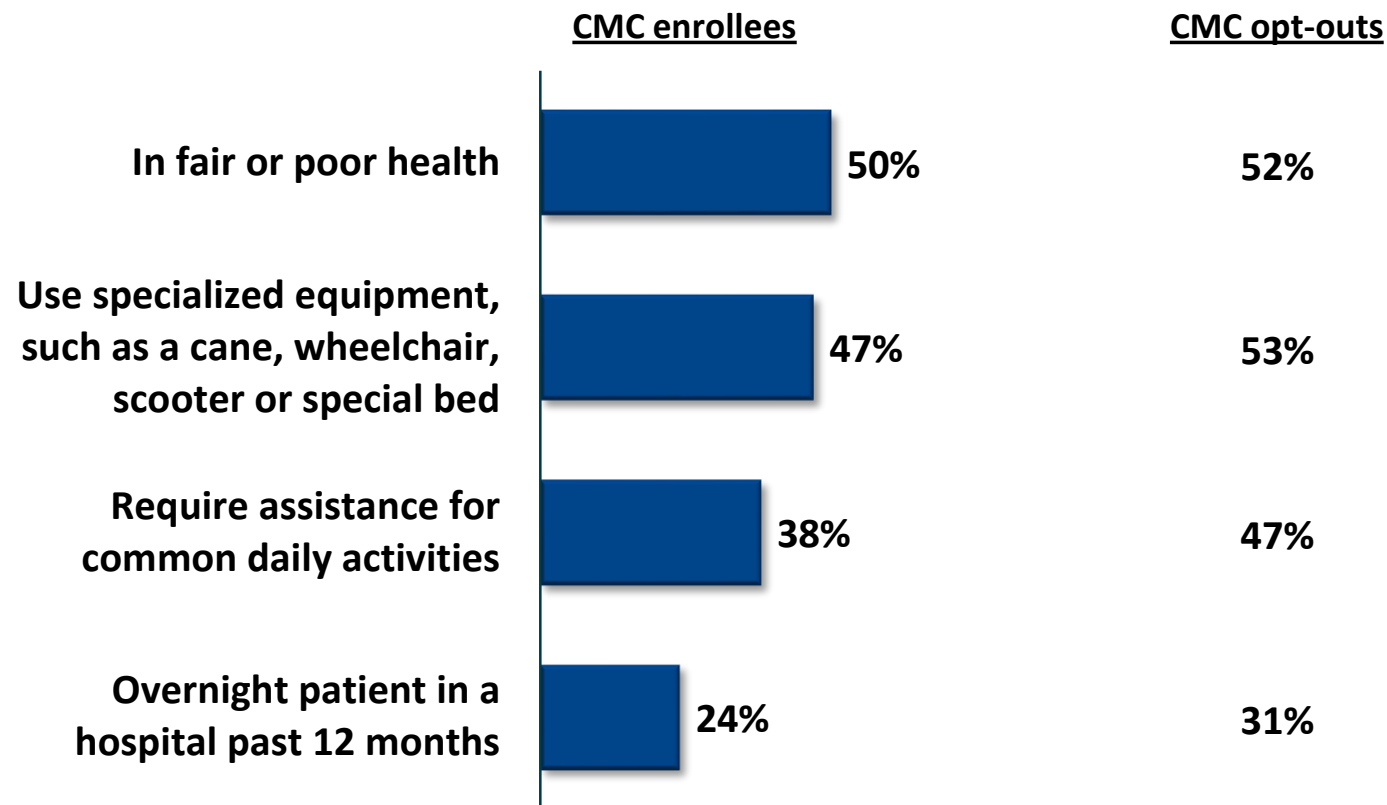
## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in Los Angeles County

A somewhat smaller proportion of CMC enrollees (24%) than beneficiaries who opted out in Los Angeles County (31%) say they were an overnight patient in the hospital in the past year.

This is noteworthy, especially since differences observed in the self-reported health status of the two populations in the county report being in fair or poor physical health at similar percentages: CMC enrollees (50%) and opt-outs (52%).

However, a slightly larger proportion of opt-outs (53%) than enrollees (47%) does report using specialized equipment, such as a cane, wheelchair, scooter or special bed or report requiring assistance for common daily activities (47% vs. 38%).

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# Riverside County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

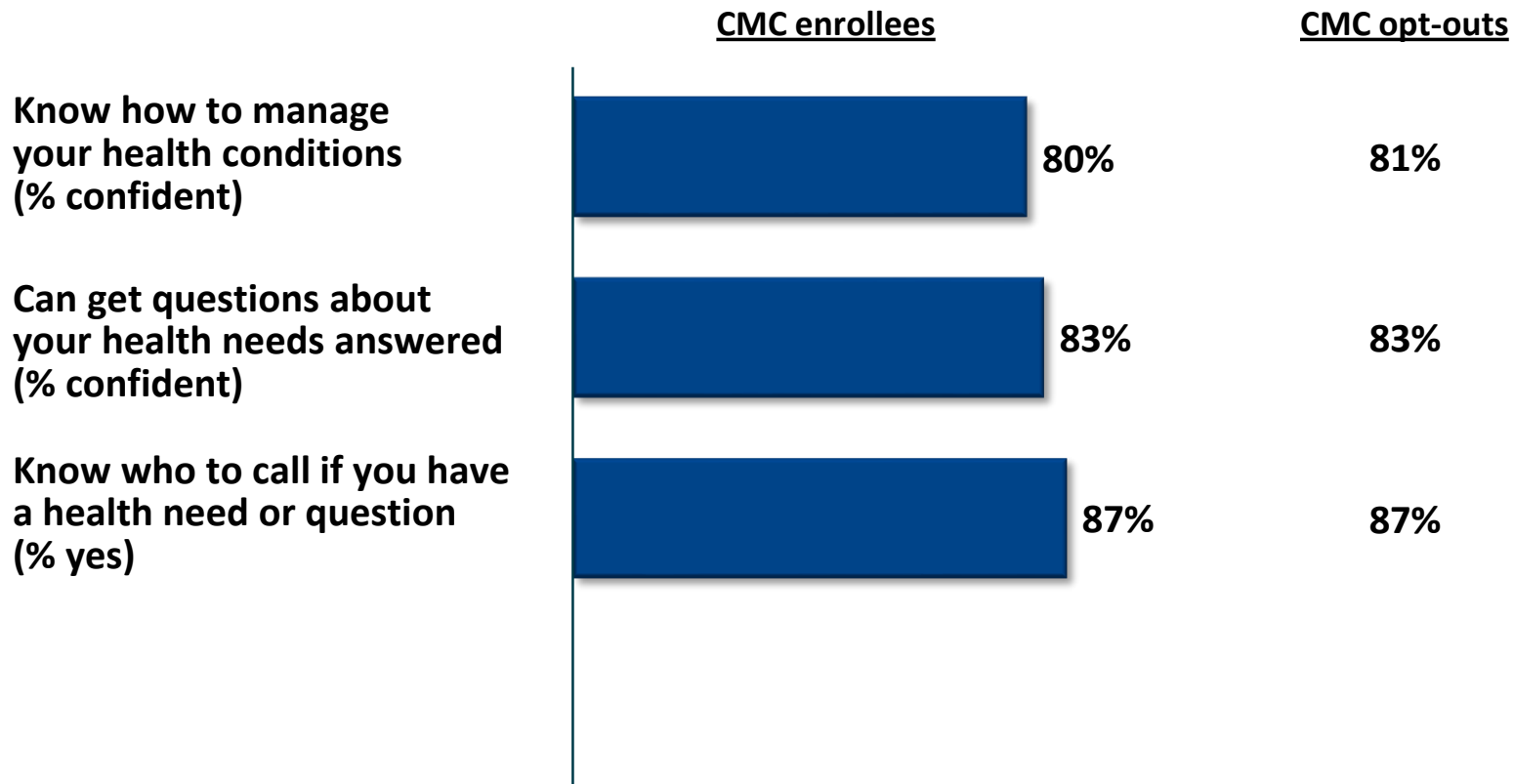
Orange

## 1. Beneficiary Confidence Navigating Health Care in Riverside County

Both CMC enrollees and opt-outs in Riverside County express similar high levels of confidence that they know how to manage their health conditions, can get questions about their health needs answered and know who to call if they have a health need or question. In each area, greater than eight in ten of both Riverside County enrollees and opt-outs express confidence in their ability to perform these tasks.

Table RIV-1

## Beneficiary Confidence Navigating Health Care in Riverside County



## 2. Satisfaction with Health Care Services in Riverside County

Large majorities of CMC enrollees in Riverside County (between 73% and 84%) say they are satisfied with the health care services they are receiving in seven areas measured. However, slightly larger proportions of CMC opt-outs than enrollees in the county report being satisfied in five areas. These include:

- Choice of hospitals (79% among enrollees vs. 85% among opt-outs)
- Amount of time the doctor or other staff spend with them (84% vs. 88%)
- Choice of doctors (82% vs. 83%)
- The way different providers work together (81% vs. 82%)
- Wait time to see doctors when in need for an appointment (73% vs. 75%)

Table RIV-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

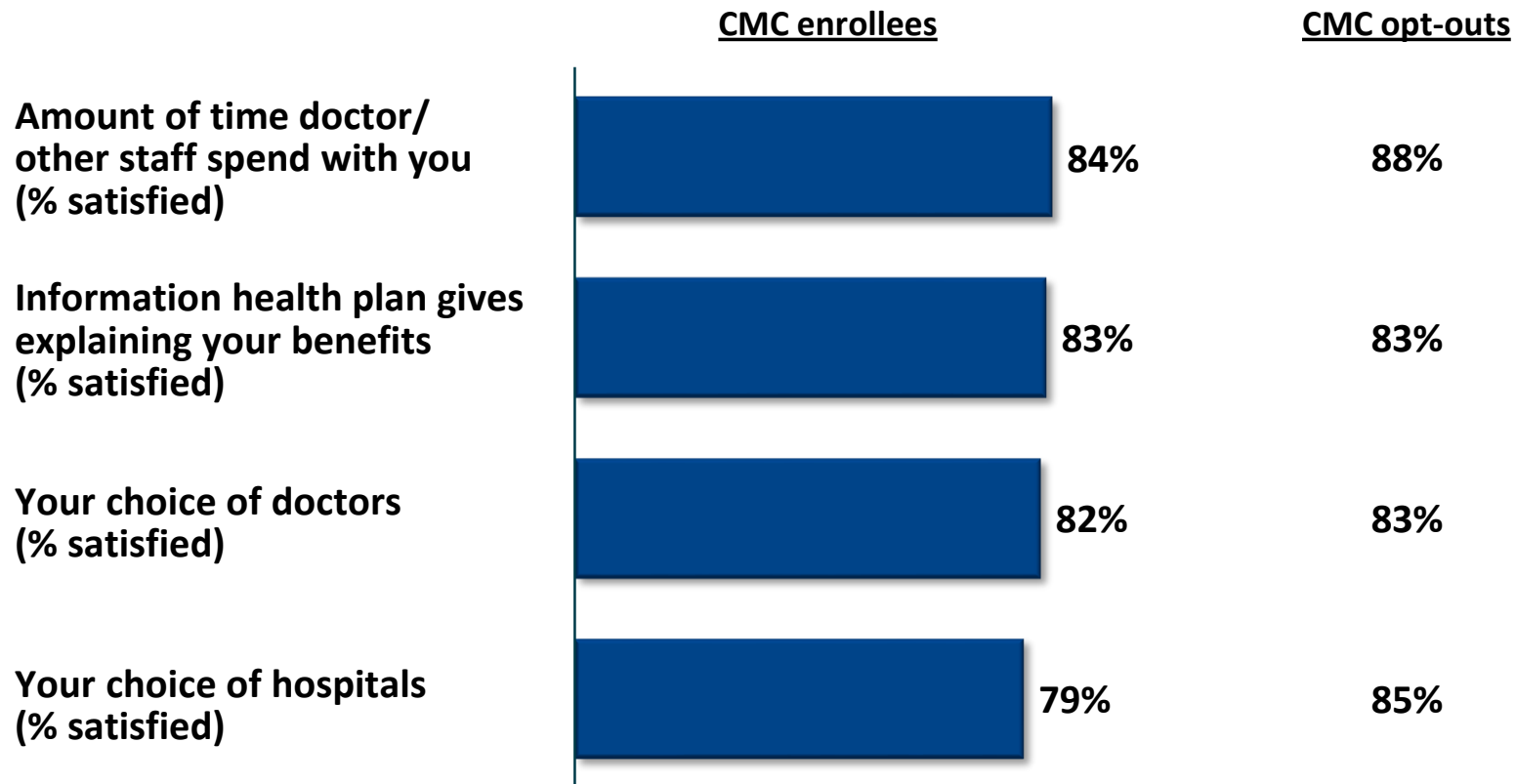
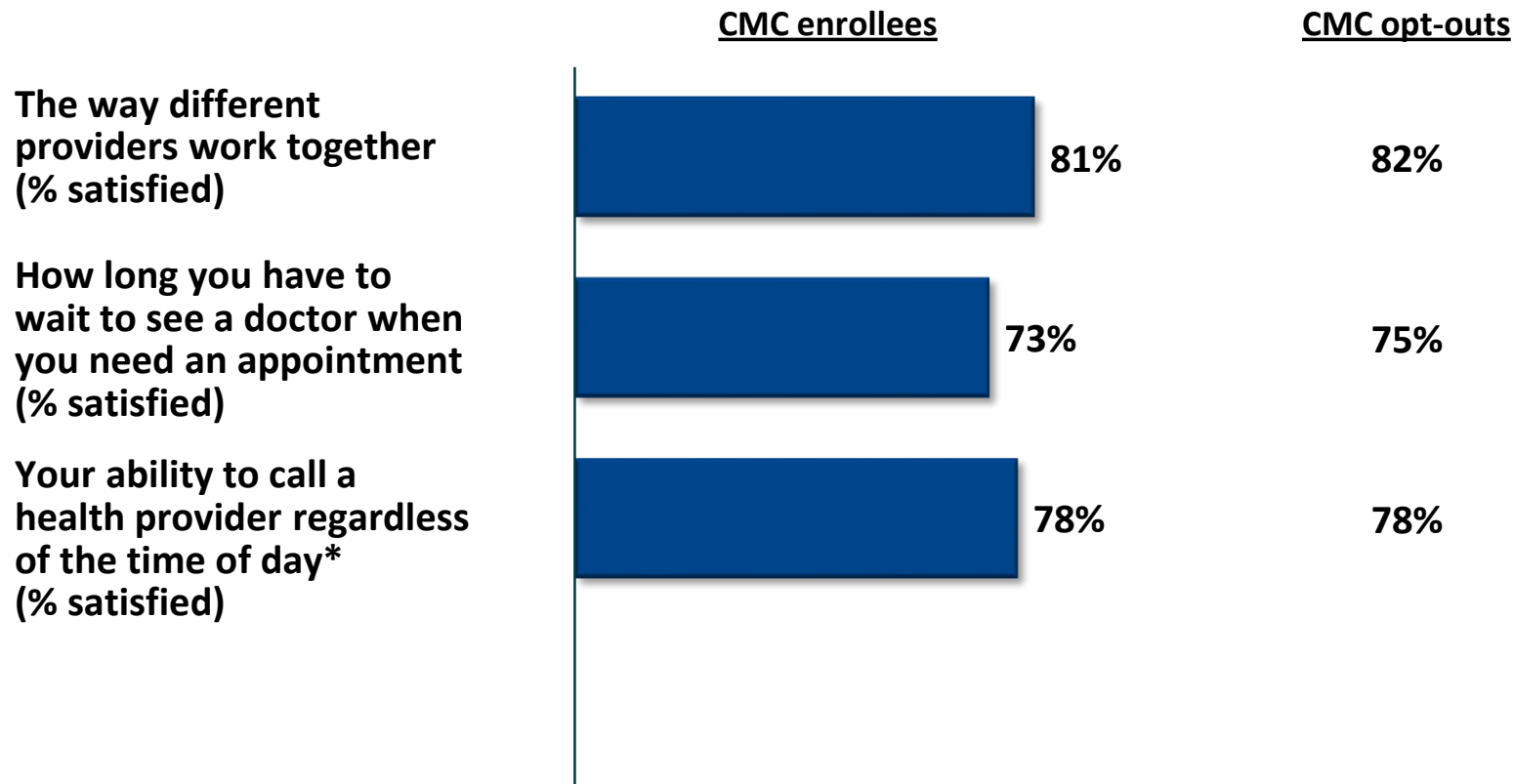


Table RIV-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

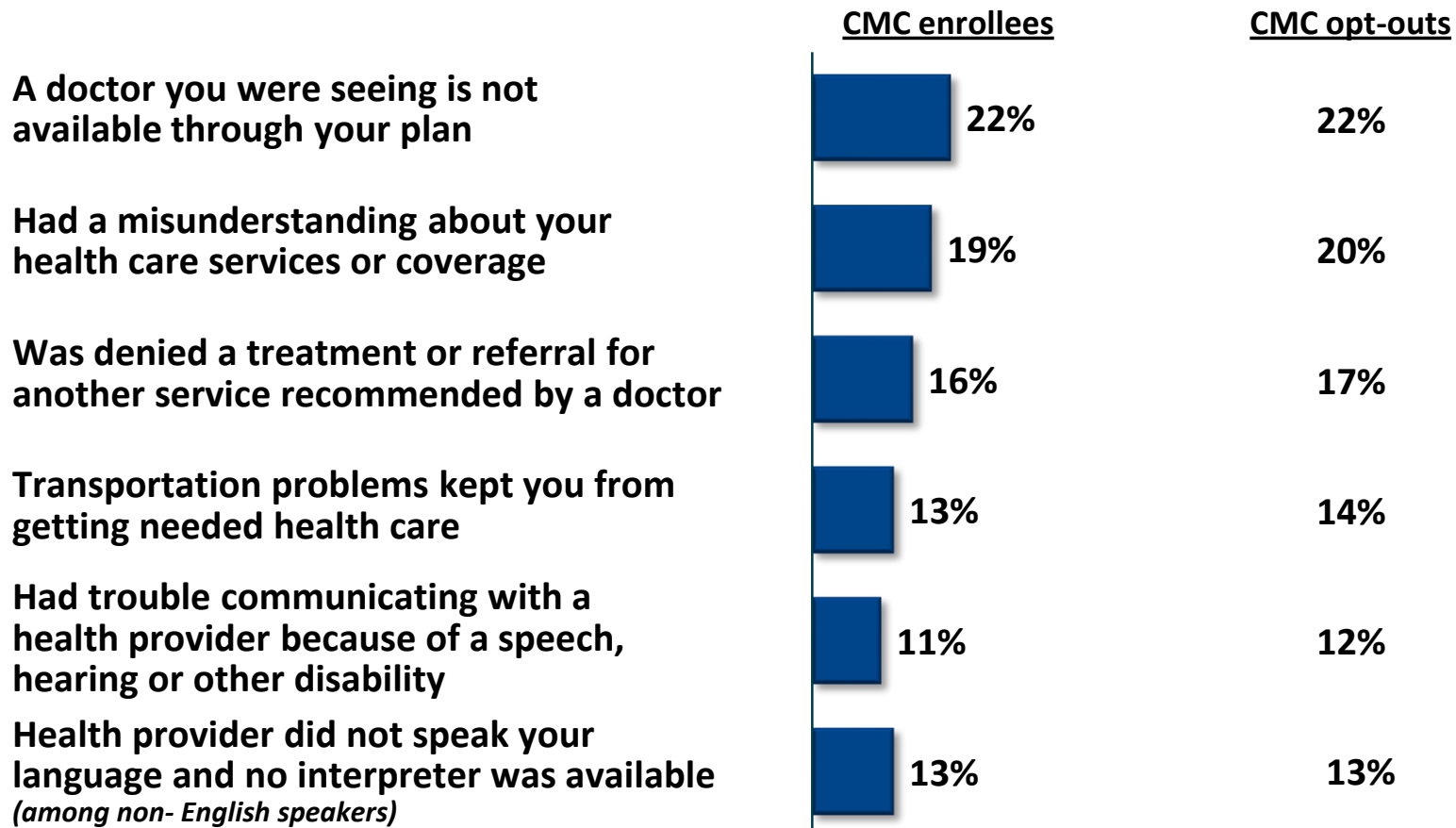


### 3. Specific Problems with Health Care Services in Riverside County

Relatively small proportions of enrollees and opt-outs in Riverside County say they encountered any of six specific problems relating to their health services in the recent past. The two most commonly reported problems are that a doctor they were seeing is not available through their plan or that they had a misunderstanding about their health care services or coverage.

Table RIV-3

## Specific Problems with Health Care Services in Riverside County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in Riverside County

Slightly over half of CMC enrollees in Riverside County are Latino (52%), while among opt-outs, a 56% majority are Latino.

Women comprise a somewhat larger share of the opt-out population (61%) than they do of the county's CMC enrollees (53%).

A little less than four in ten enrollees in Riverside County are under age 65 (39%), 35% are age 65-74 and 26% are age 75 or older. This differs slightly from the age distribution of opt-outs, of whom 32% are under age 65, 33% are age 65-74 and 35% are age 75 or older.

A plurality of CMC enrollees (46%) in Riverside County have not graduated from high school, and this increases to 49% among opt-outs. Very small proportions of beneficiaries in the County are college graduates – 9% among enrollees and 7% among opt-outs.

Nearly two in three of CMC enrollees (62%) and opt-outs in the County (64%) say they receive Supplemental Security Income/Payment from the federal government.

Table RIV-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

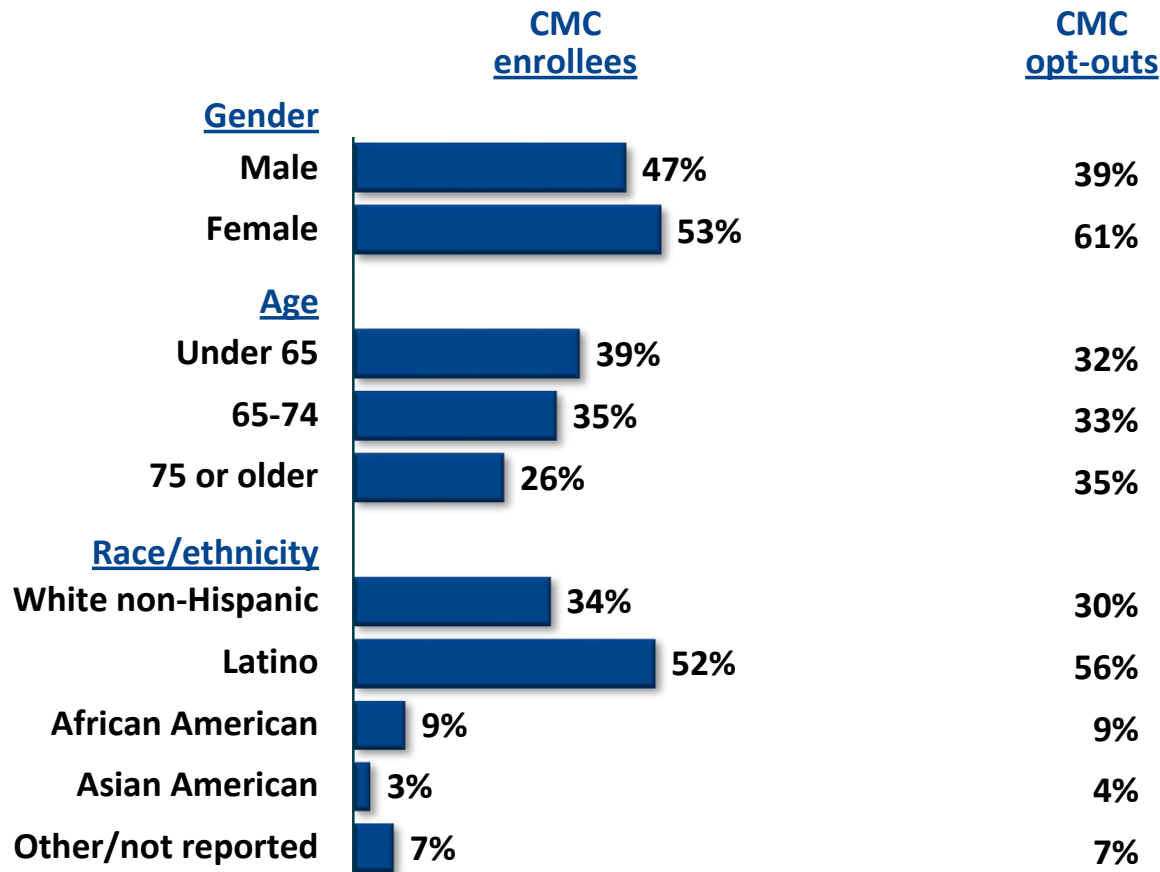
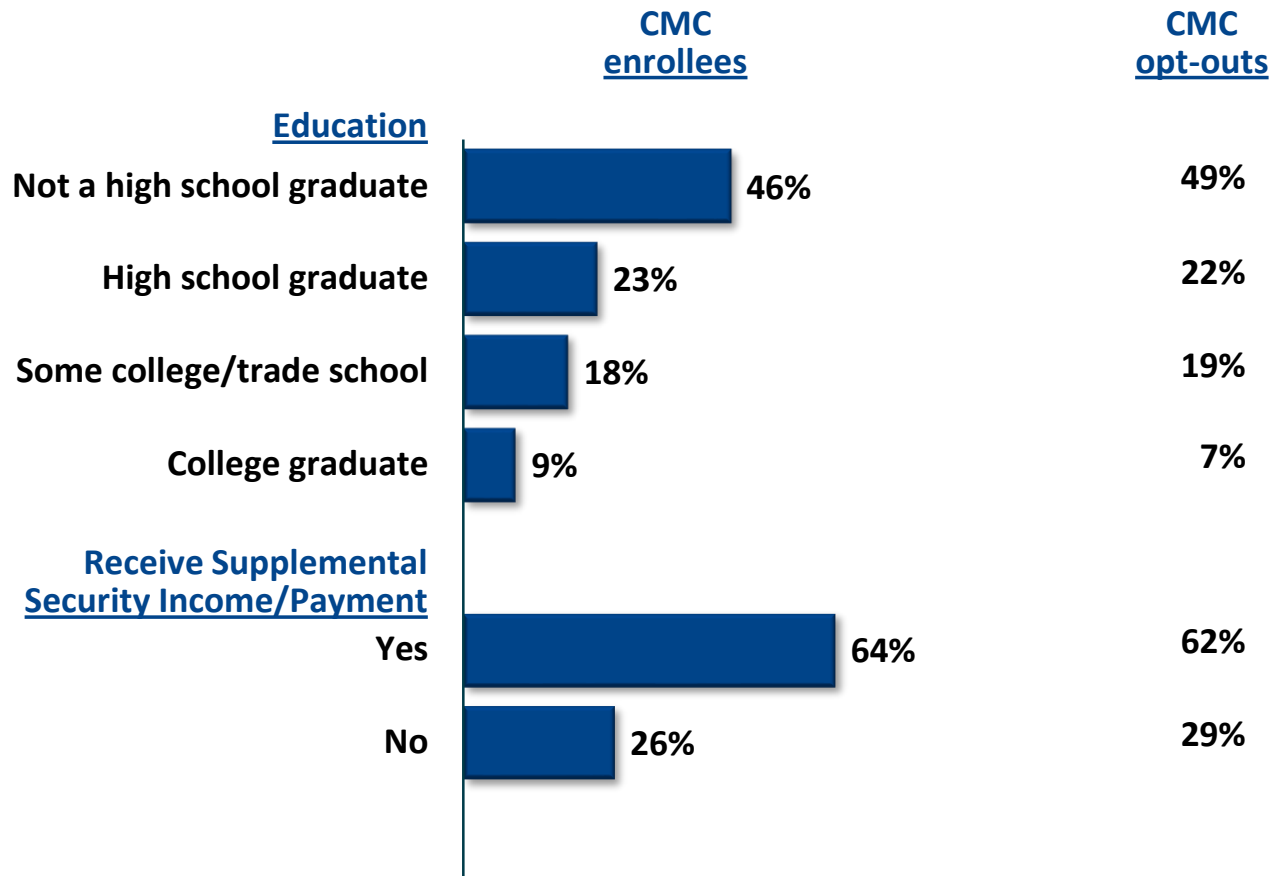


Table RIV-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in Riverside County

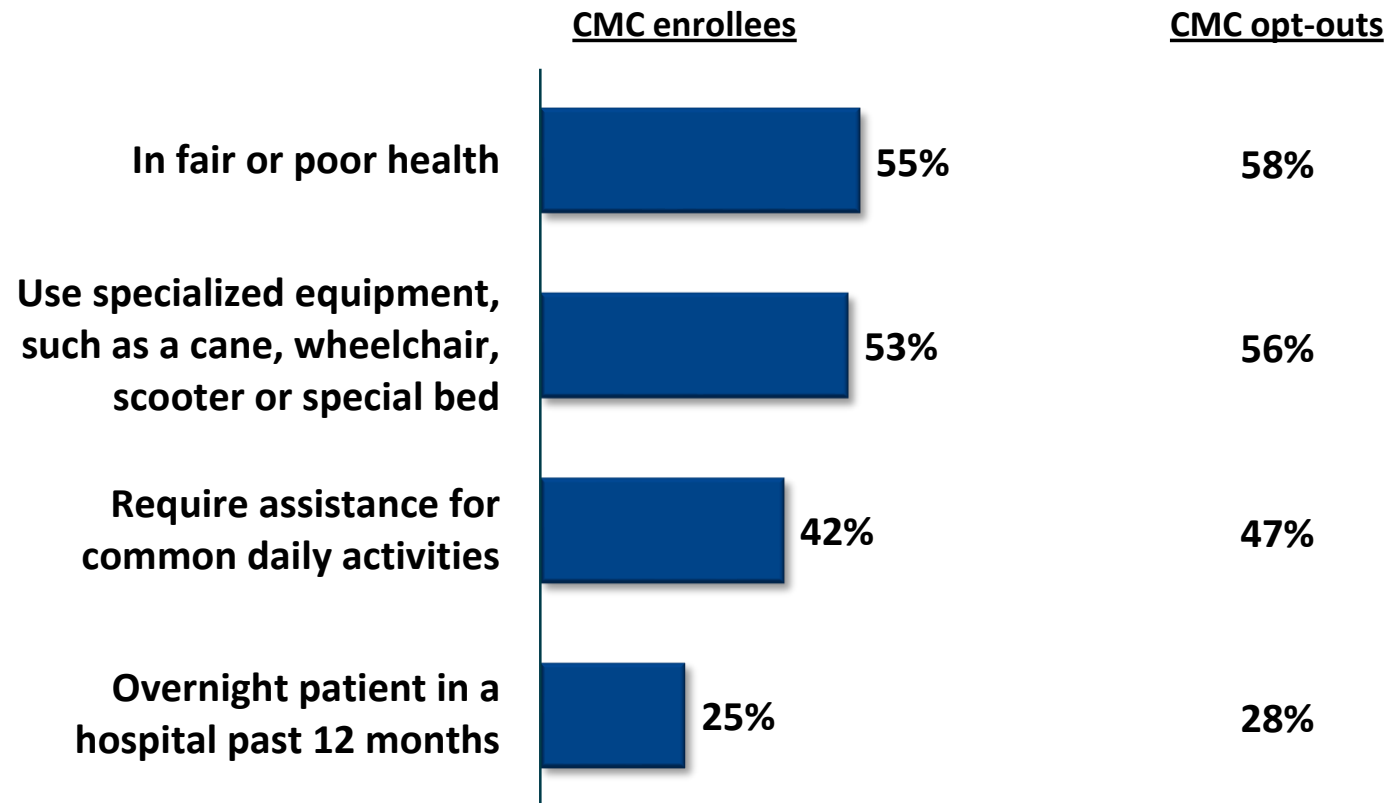
Slightly less proportion of CMC enrollees (55%) report being in fair or poor physical health compared with opt-outs in the county (58%).

More than half of both enrollees (53%) and opt-outs (56%) also report using specialized equipment, such as a cane, wheelchair, scooter or special bed, and slightly less than half (42% among enrollees and 47% among opt-outs) require assistance in performing common daily activities.

Self-reported hospitalization of enrollees and opt-outs in the county have similar proportions, with about one in four enrollees (25%) and opt-outs (28%) reporting this.

Table RIV-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# San Bernardino County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

Orange

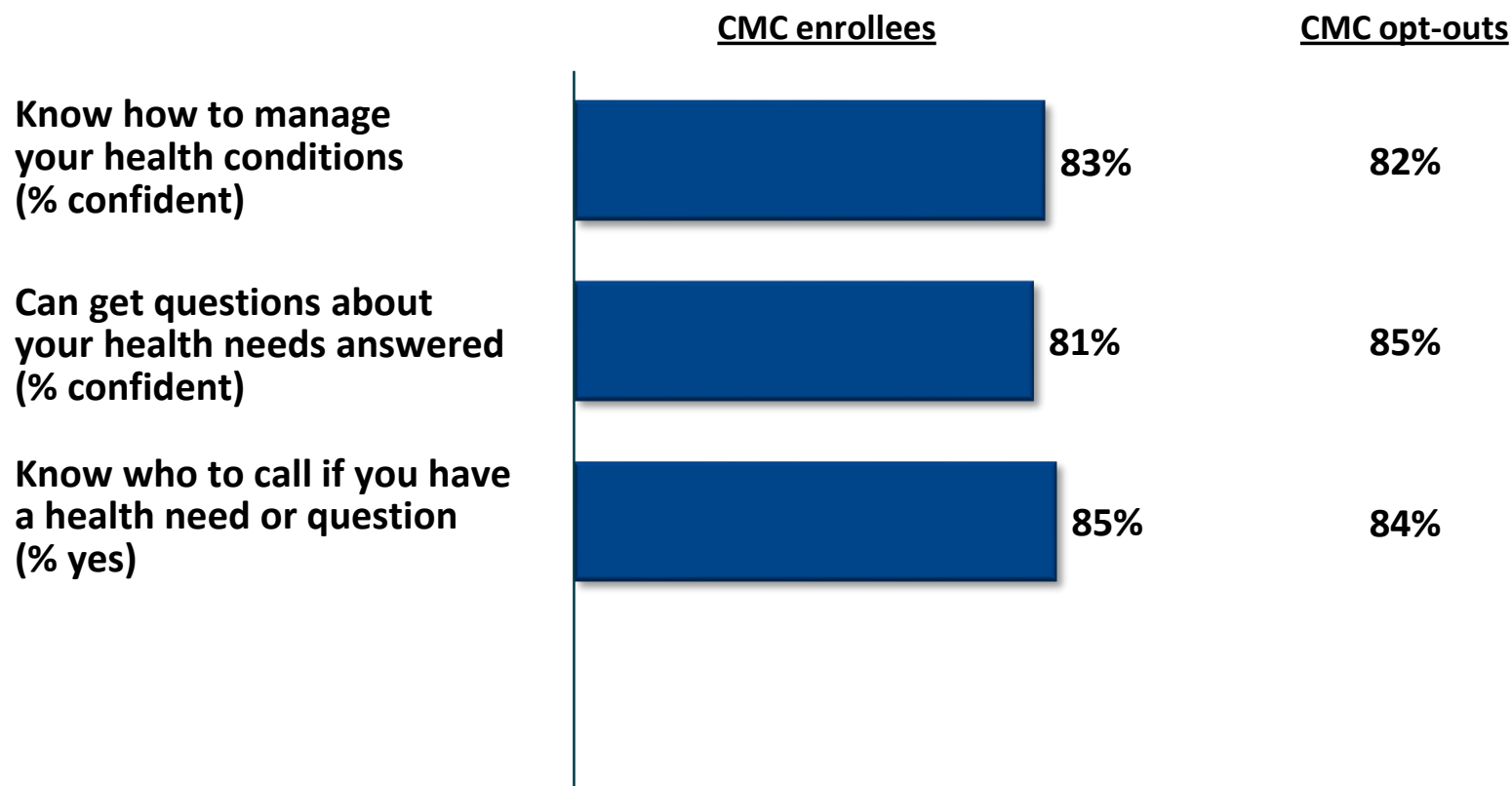


## 1. Beneficiary Confidence Navigating Health Care in San Bernardino County

When asked whether they are confident that they know how to manage their health conditions, 83% of enrollees and 82% of opt-outs say they are. While 81% of enrollees say they are confident that they can get their questions about their health needs answered, an even larger proportion of opt-outs (85%) report this. Similar large majorities of enrollees (85%) and opt-outs (84%) also say they know who to call if they have a health need or question.

Table SB-1

## Beneficiary Confidence Navigating Health Care in San Bernardino County



## 2. Satisfaction with Health Care Services in San Bernardino County

While large majorities of CMC enrollees in San Bernardino County (between 70% and 83%) are satisfied with the health care services they are receiving in each of the seven areas measured, slightly more CMC opt-outs than enrollees report being satisfied in six areas. These include:

- Amount of time their doctor or other staff spend with them (83% among enrollees vs. 89% among opt-outs)
- Information health plan gives in explaining benefits (79% vs. 82%)
- Choice of doctors (80% vs. 86%)
- Choice of hospitals (79% vs. 83%)
- The way different providers work together (80% vs. 83%)
- Wait time to see a doctor when you need an appointment (70% vs. 76%)

Table SB-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

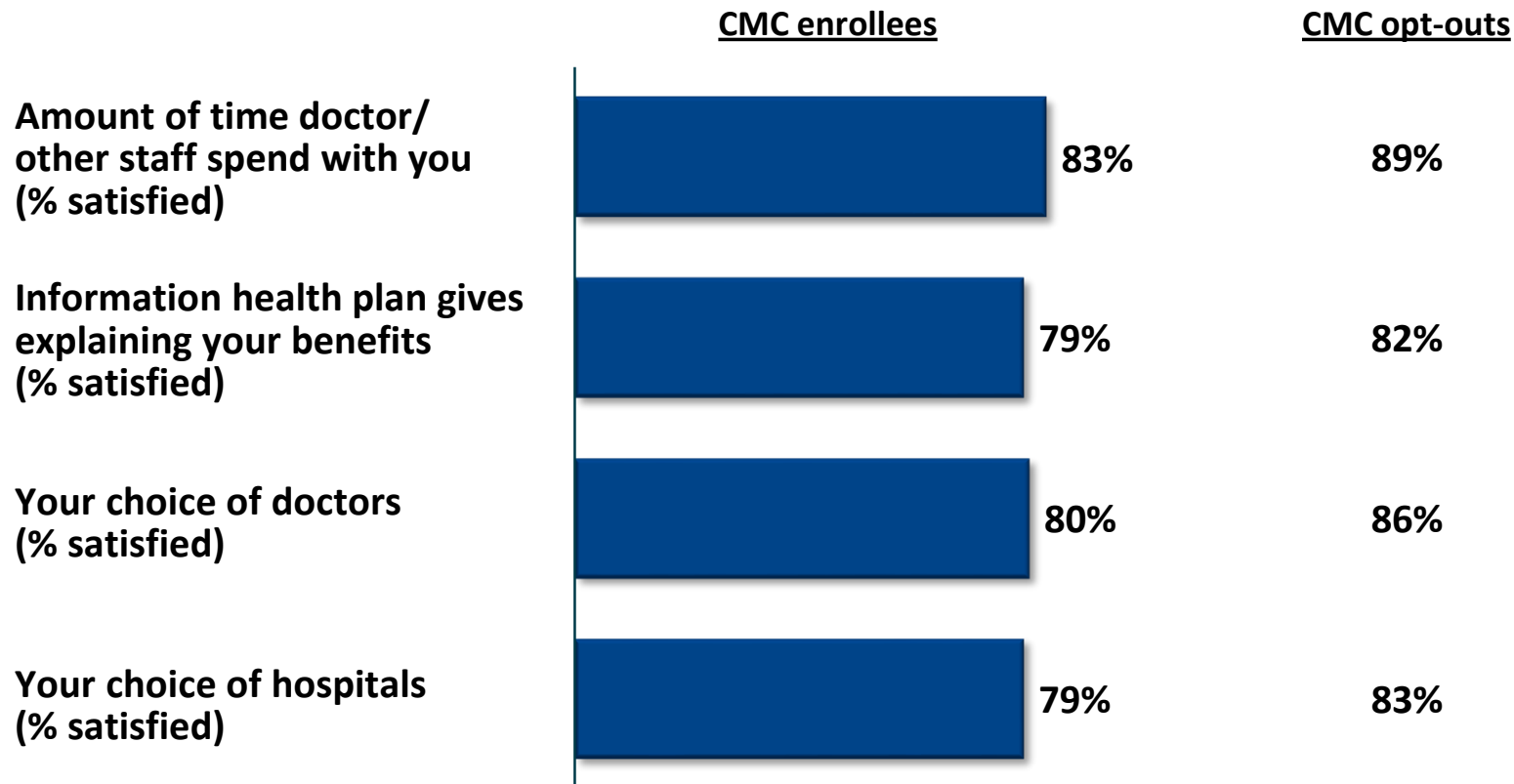
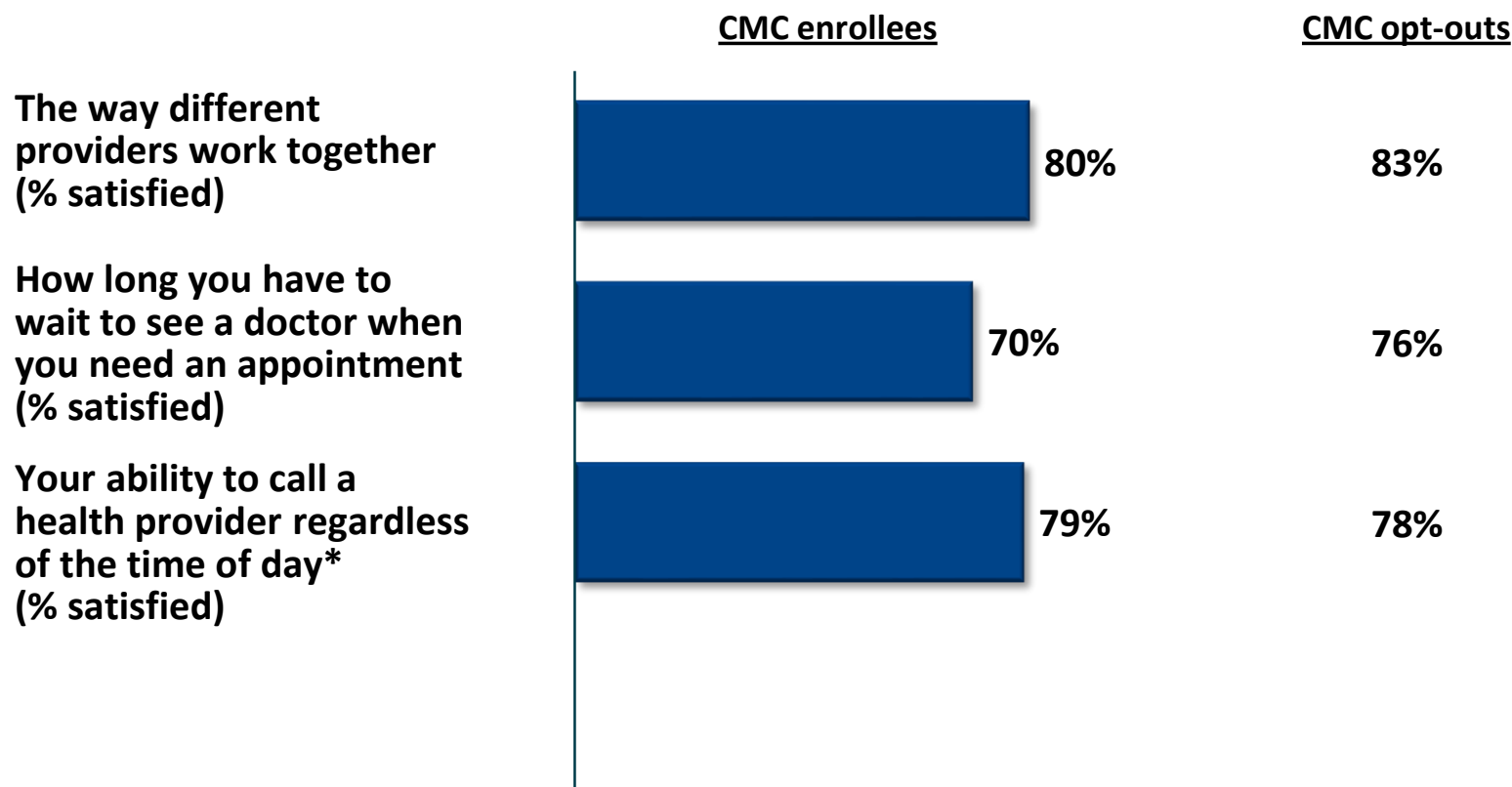


Table SB-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

Overall

Los Angeles

Riverside

San Bernardino

San Diego

Santa Clara

San Mateo

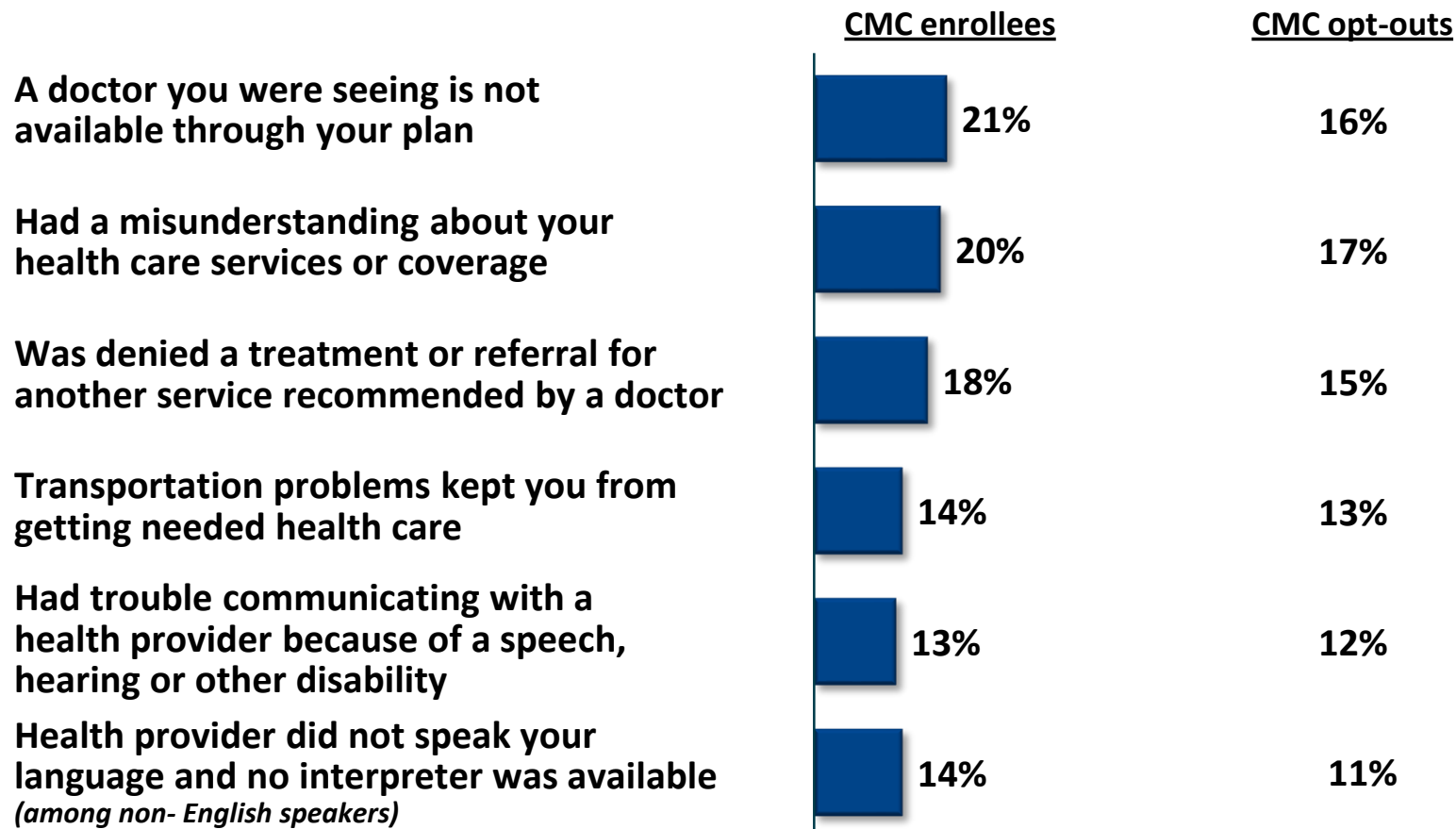
Orange

### 3. Specific Problems with Health Care Services in San Bernardino County

Relatively small proportions of enrollees or opt-outs in the county say they encountered any of six specific problems relating to their health services in the recent past. The two most commonly reported problems are that a doctor they were seeing was not available through their plan or that they had a misunderstanding about their health care services or coverage.

Table SB-3

## Specific Problems with Health Care Services in San Bernardino County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in San Bernardino County

Almost half of CMC enrollees in San Bernardino County are Latino (46%), while among opt-outs, 43% are Latino. Another 12% of enrollees are African American, while among opt-outs 14% are African American. Relatively few enrollees or opt-outs are Asian American.

Women comprise a somewhat larger share of the opt-out (60%) than they do among CMC enrollees (56%).

A relatively large proportion of enrollees and opt-outs are under age 65, comprising 42% of the County's enrollee population and 38% of all opt-outs. By contrast, only about a quarter of enrollees (25%) or opt-outs (31%) in the County are age 75 or older among enrollees.

Slightly more than four in ten CMC enrollees (42%) and opt-outs (41%) have not graduated from high school. Only 8% of each group are college graduates.

About two in three of both CMC enrollees (64%) and opt-outs (66%) say they receive Supplemental Security Income/Payment from the federal government.



Table SB-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

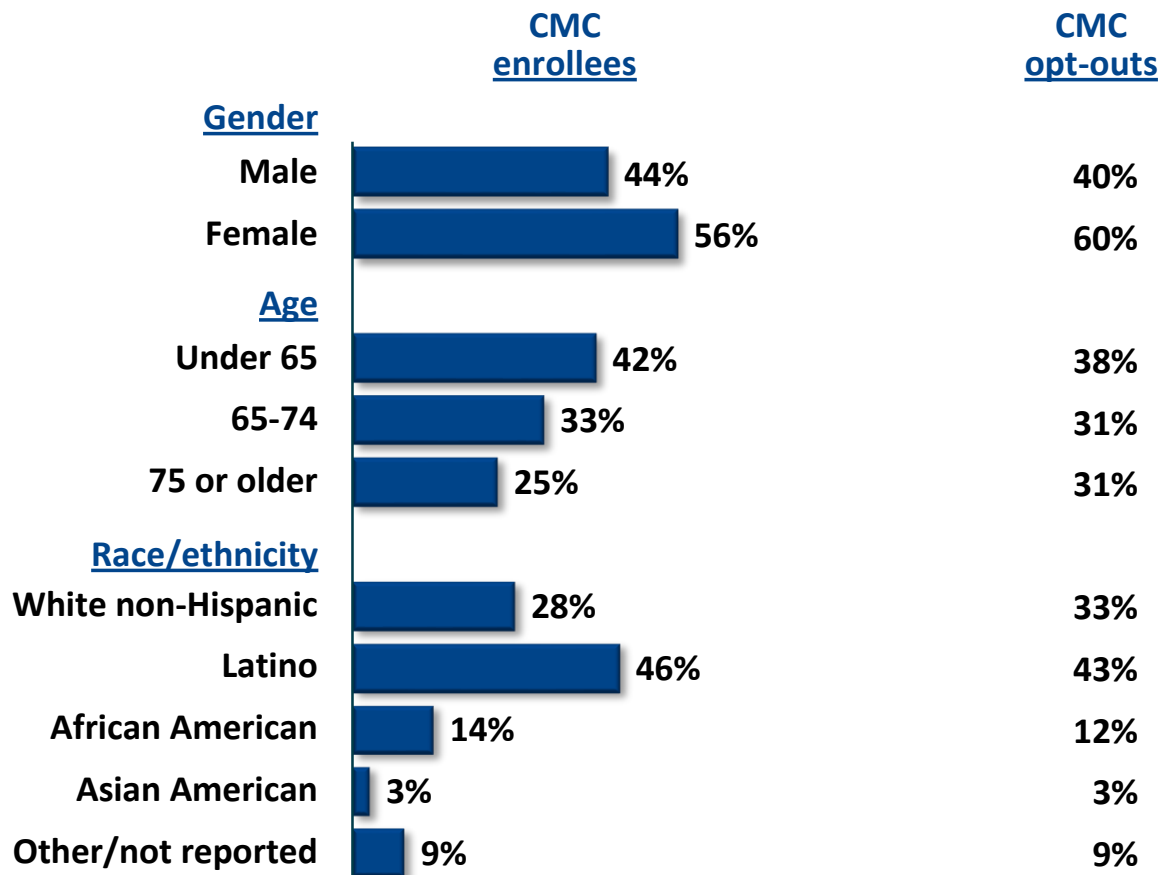
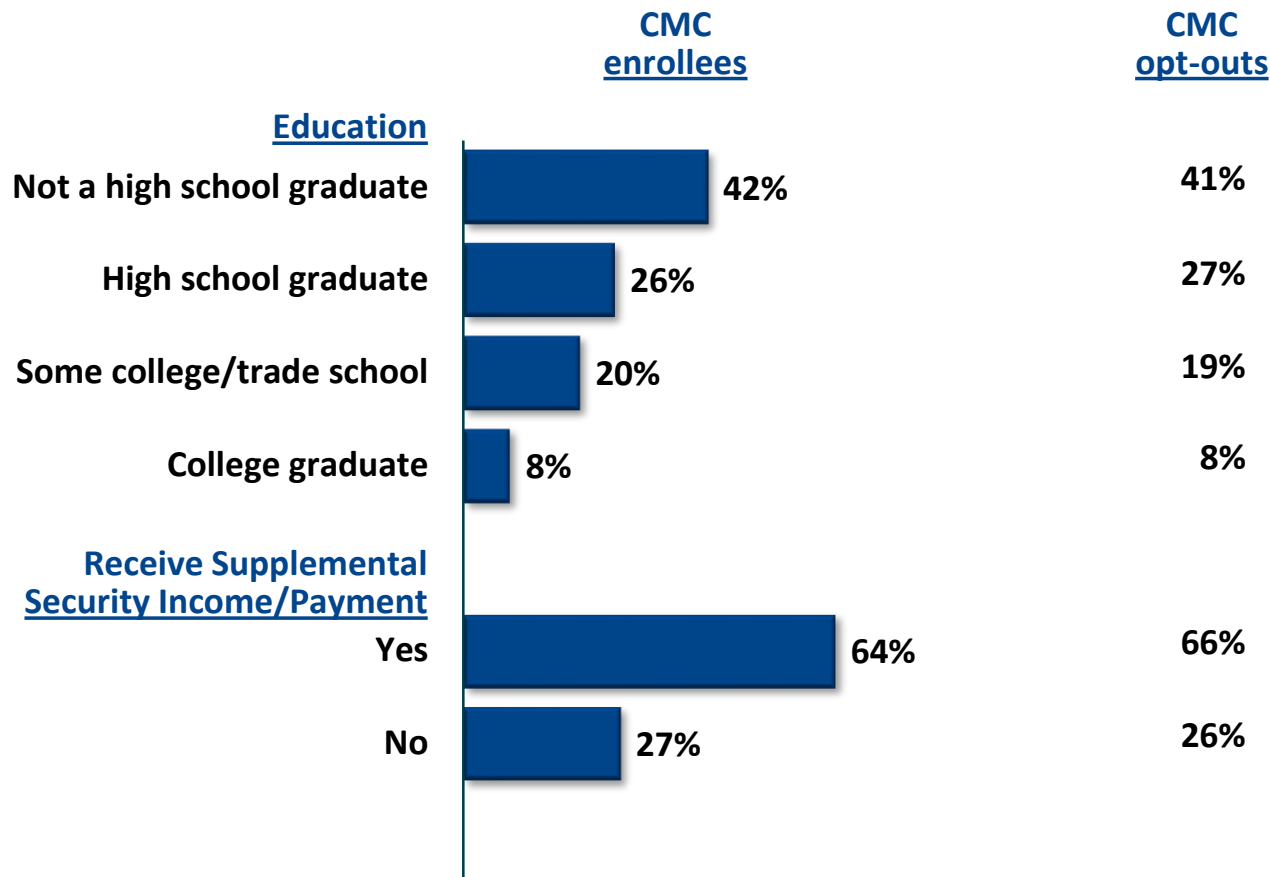


Table SB-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in San Bernardino County

About half of CMC enrollees (53%) and opt-outs (53%) in San Bernardino County say they are in fair or poor physical health.

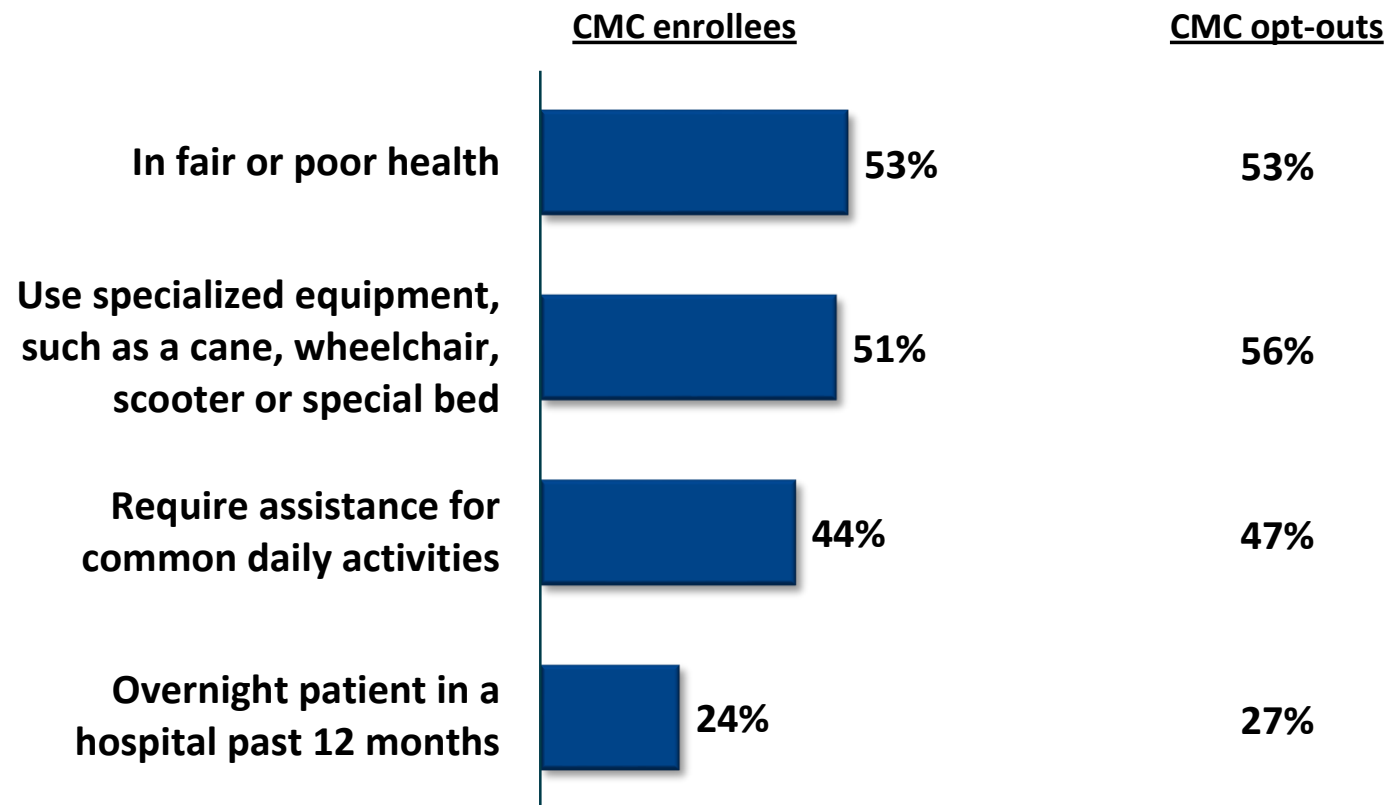
Slightly less than half of enrollees (44%) and opt-outs (47%) say they require assistance for common daily activities.

Similar proportions of enrollees (24%) and opt-outs (27%) in the county – about one in four – say they have been an overnight patient in a hospital in the past year.

However, a larger proportion of opt-outs (56%) than enrollees (51%) say they use specialized equipment, such as a cane, wheelchair, scooter or special bed.

Table SB-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# San Diego County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

Orange

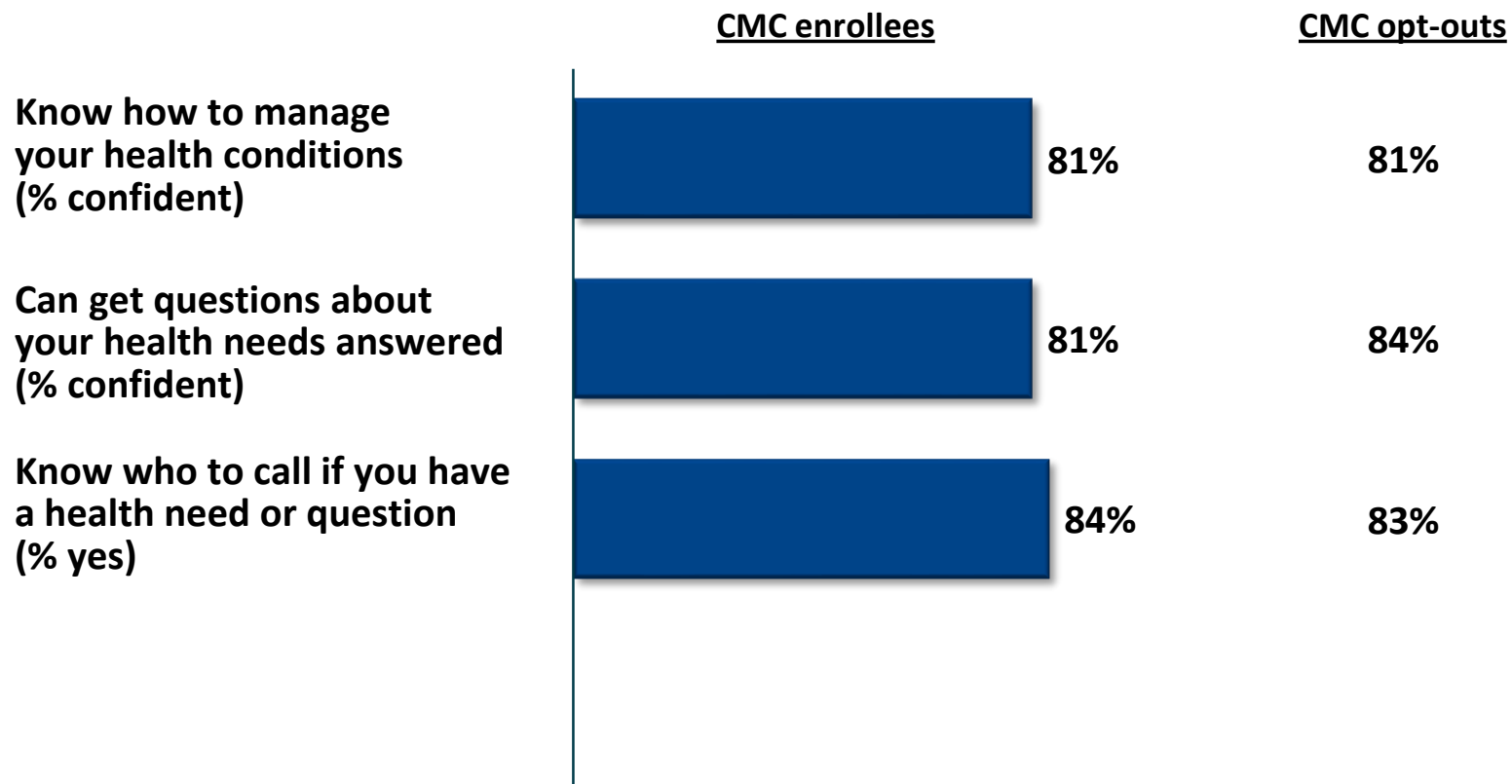
## 1. Beneficiary Confidence Navigating Health Care in San Diego County

Both CMC enrollees and opt-outs in San Diego County express similar high levels of confidence that they know how to manage their health conditions, can get questions about their health needs answered, and know who to call if they have a health need or question. In each area, about eight in ten of both enrollees and opt-outs express confidence in their ability to perform each task.

Opt-outs are somewhat more likely than enrollees to say they are confident that they can get answers to questions they might have about their health needs.

Table SD-1

## Beneficiary Confidence Navigating Health Care in San Diego County



## 2. Satisfaction with Health Care Services in San Diego County

While large majorities of CMC enrollees in San Diego County (between 73% and 86%) say they are satisfied with the health care services they are receiving in each of seven areas measured, slightly fewer enrollees than opt-outs say they are satisfied in six areas. These include:

- Amount of time their doctor or other staff spend with them (86% among enrollees vs. 89% among opt-outs)
- Choice of doctors (80% vs. 84%)
- Choice of hospitals (81% vs. 86%)
- The way different providers work together (81% vs. 82%)
- Wait time to see a doctor when you need an appointment (77% vs. 80%)
- Ability to call a health provider regardless of the time of day (73% vs. 76%)



Table SD-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

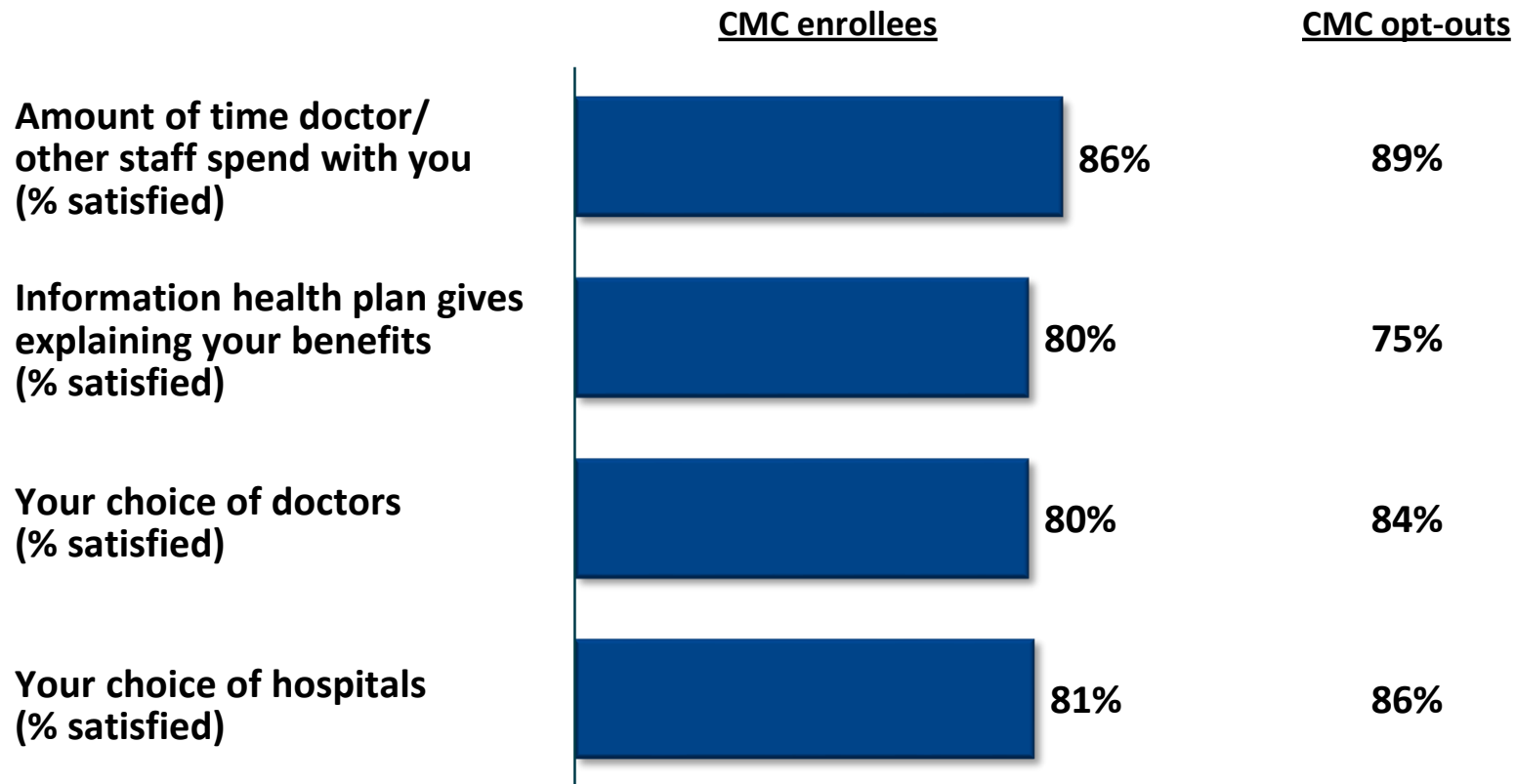
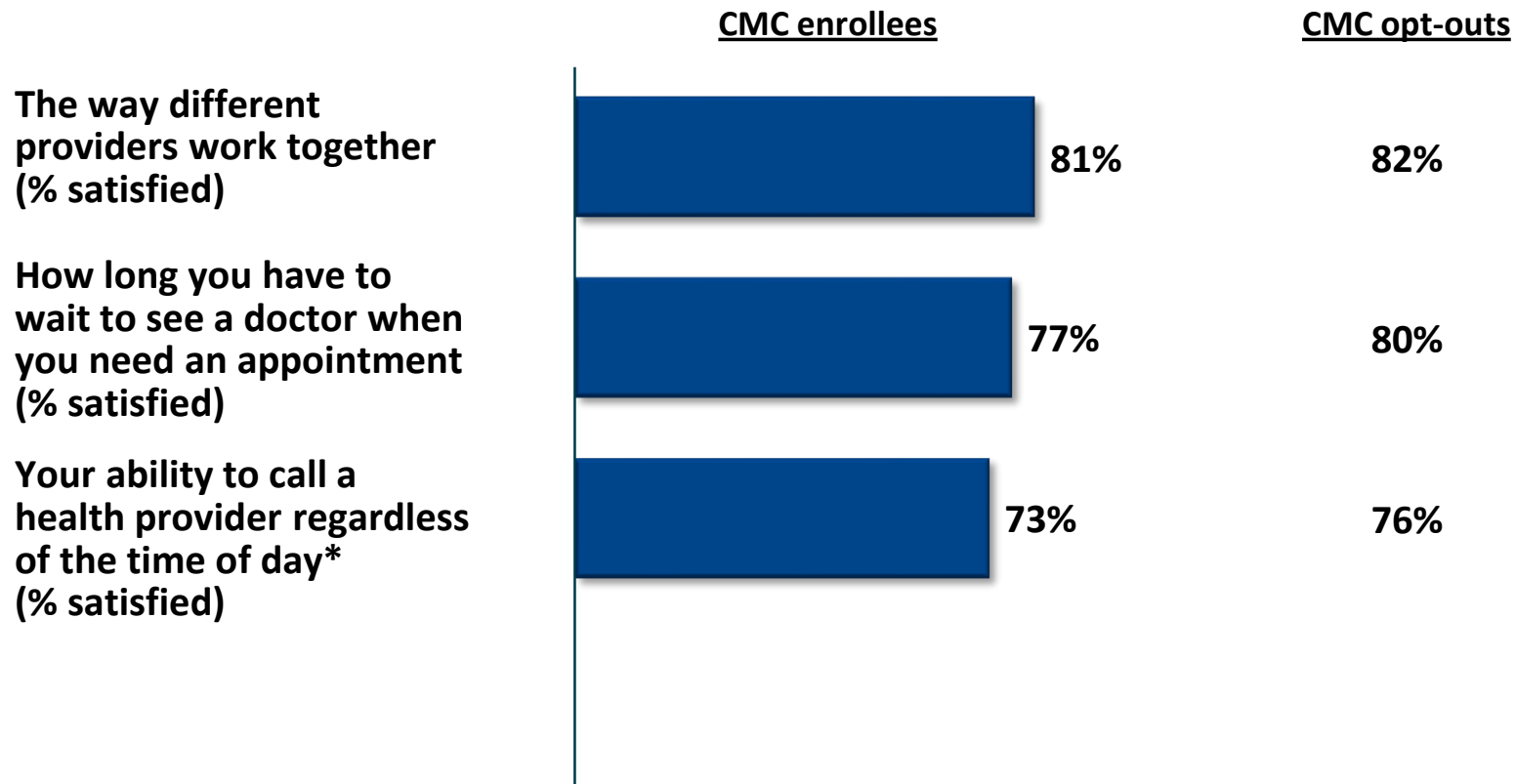


Table SD-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

Overall

Los Angeles

Riverside

San Bernardino

San Diego

Santa Clara

San Mateo

Orange

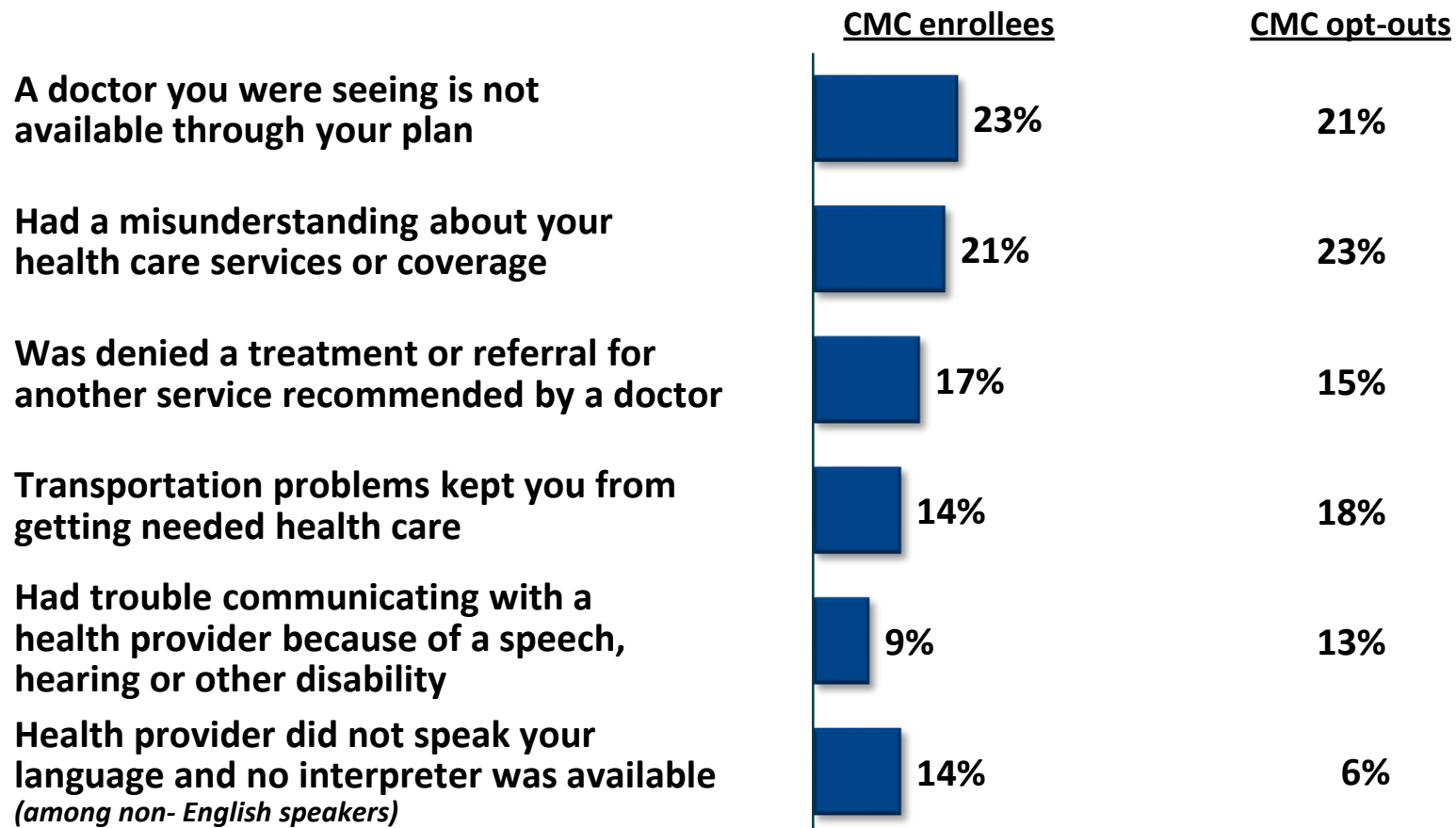
81

### 3. Specific Problems with Health Care Services in San Diego County

Relatively small proportions of enrollees or opt-outs say they encountered any of six specific problems relating to their health services in the recent past. Most frequently mentioned are that a doctor they were seeing is not available through their plan or they had a misunderstanding about their health care services or coverage. In each case, about one in five enrollees and opt-outs report experiencing this problem.

Table SD-3

## Specific Problems with Health Care Services in San Diego County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in San Diego County

The largest minority group is Latinos (44% among enrollee and 39% opt-out), with each group accounting for around four in ten of the total.

A majority of both enrollees (56%) and opt-outs (61%) are women.

Slightly more than a third of each group are under age 65, about nearly two thirds of age 65 or older.

Over one in three CMC enrollees (39%) and opt-outs (34%) have not graduated from high school, while relatively few are college graduates.

Greater than six in ten of CMC enrollees (64%) and opt-outs (63%) say they receive Supplemental Security Income/Payment from the federal government.

Table SD-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

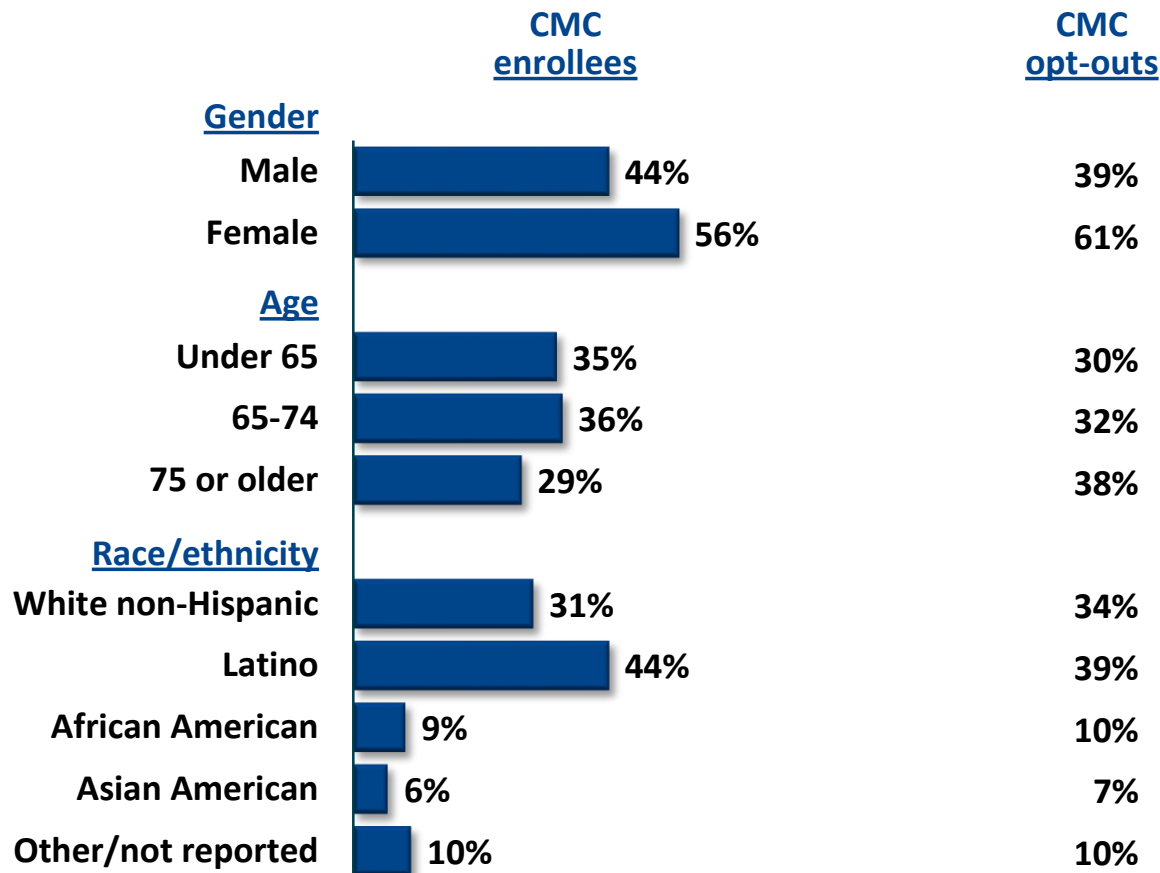
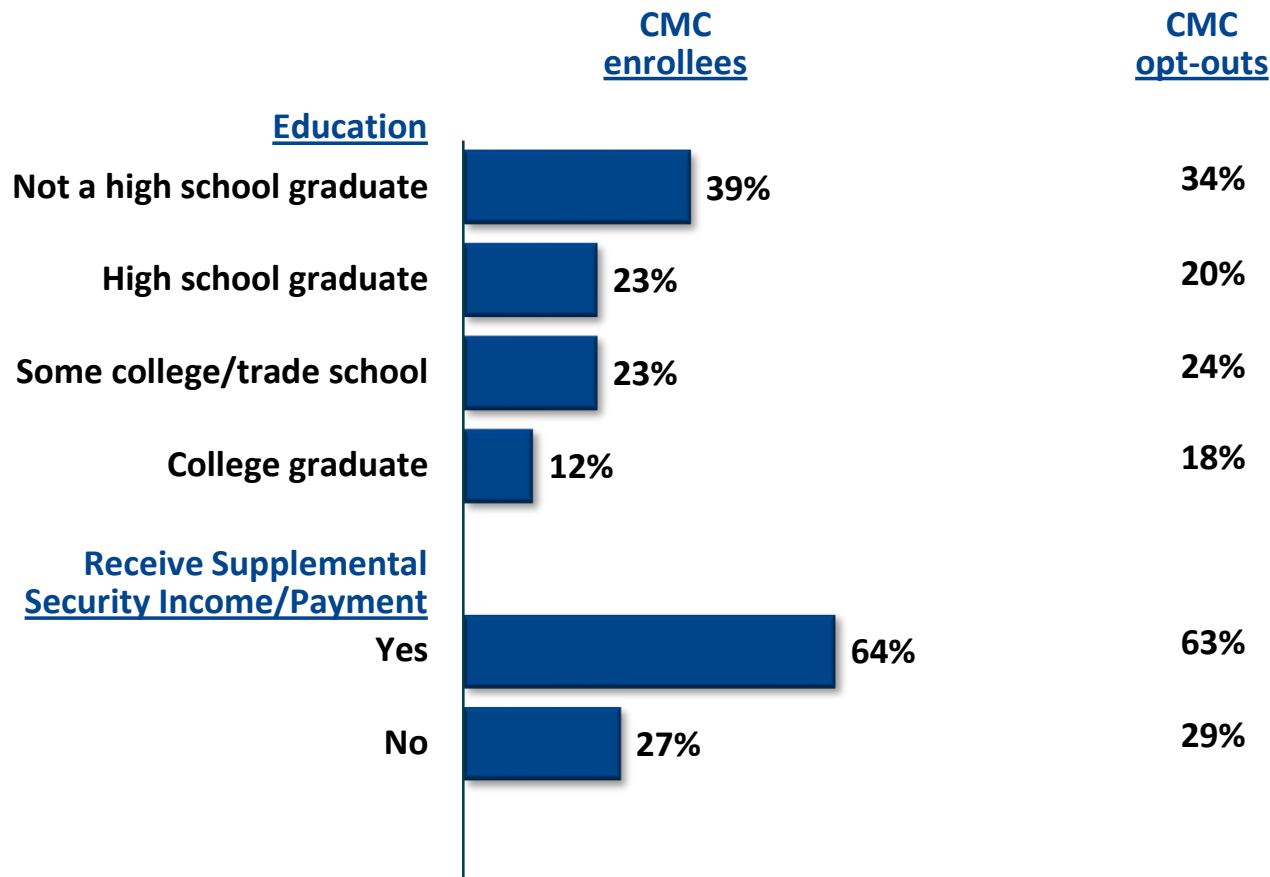


Table SD-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in San Diego County

A smaller proportion of CMC enrollees (24%) than opt-outs (30%) in San Diego County report having been an overnight patient in a hospital in the past year.

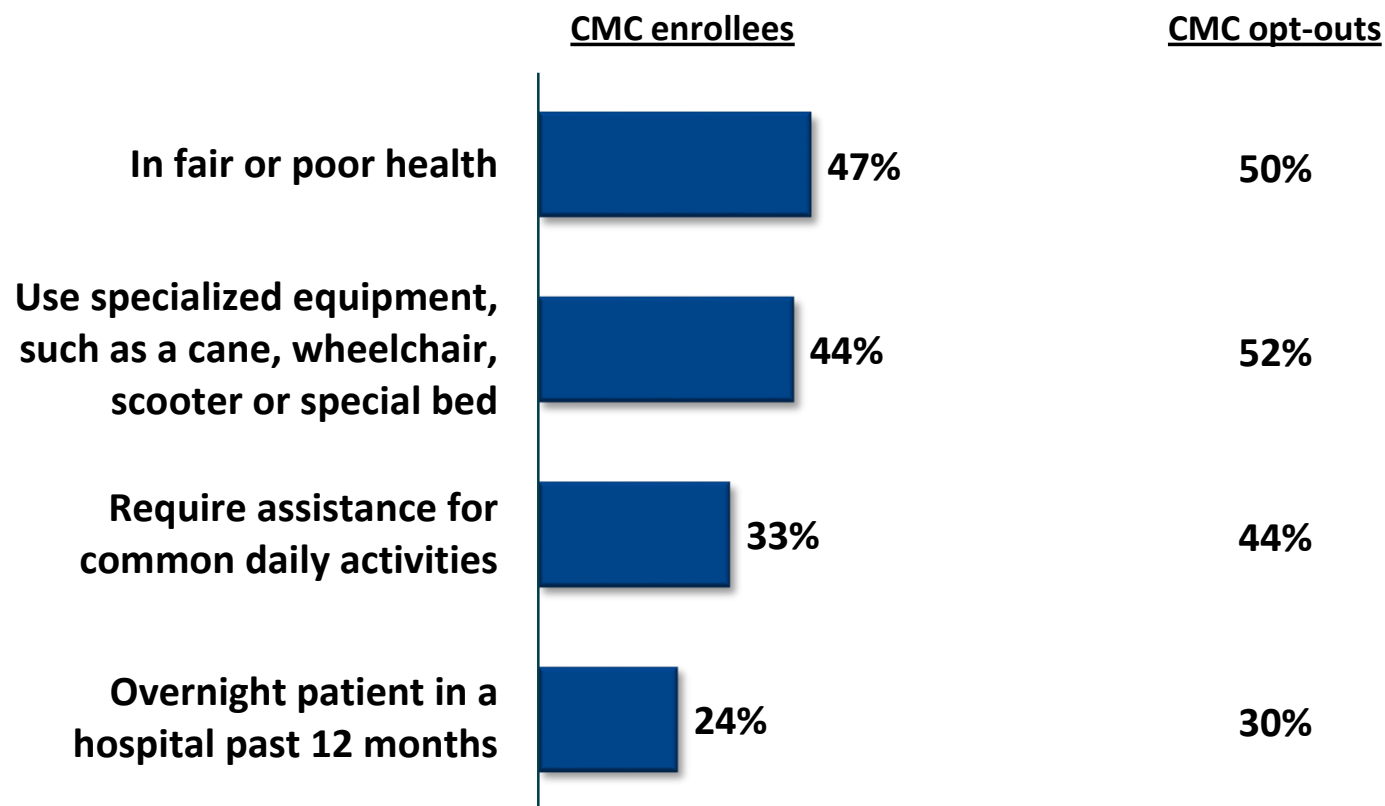
About half of CMC enrollees (47%) and opt-outs (50%) report being in fair or poor physical health.

However, a slightly larger proportion of opt-outs (52%) than enrollees (44%) say they use specialized equipment, such as a cane, wheelchair, scooter or special bed, and opt-outs (44%) are also more likely than enrollees (33%) to report requiring assistance for common daily activities.



Table SD-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# Santa Clara County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

Orange

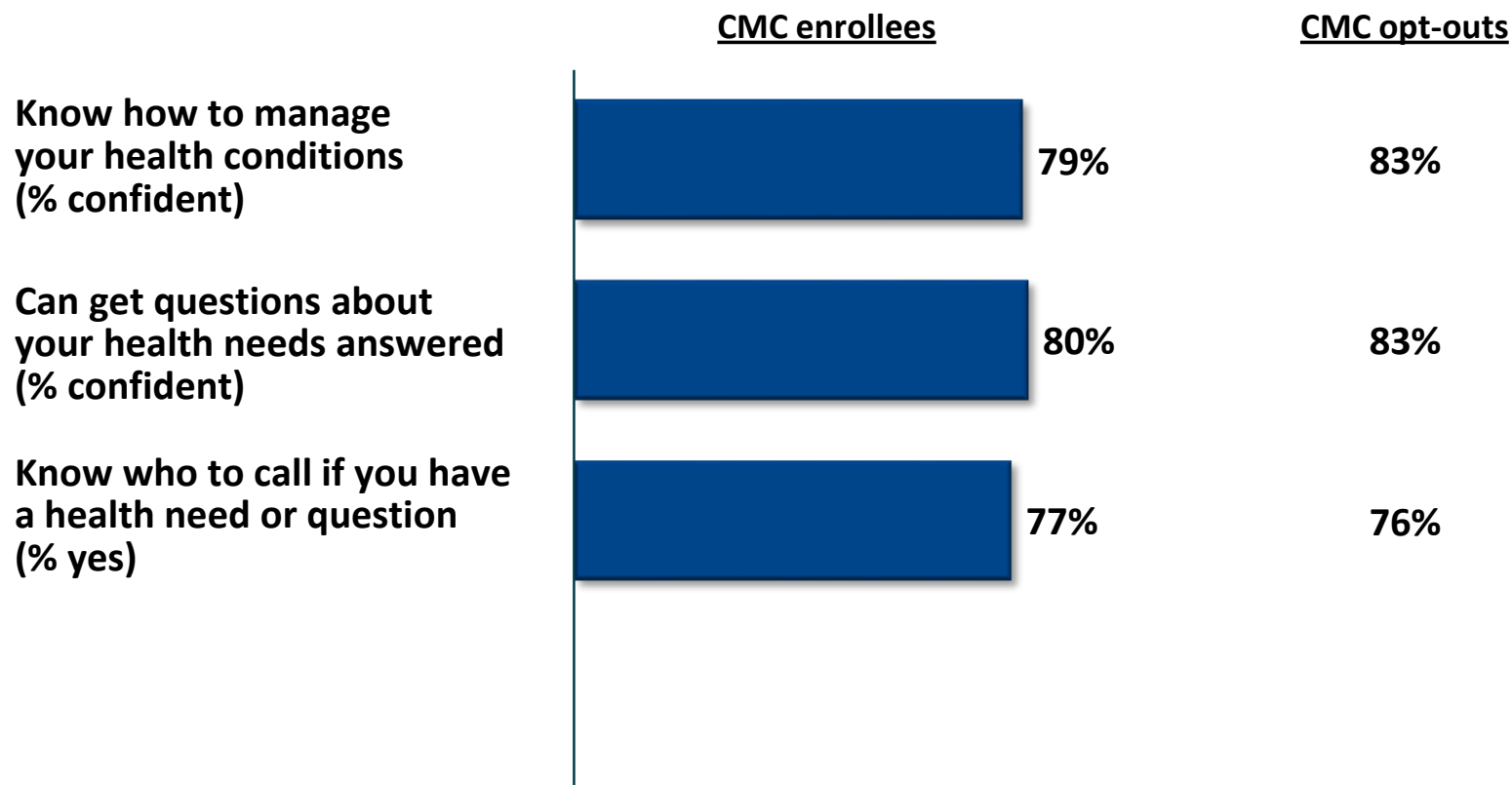
## 1. Beneficiary Confidence Navigating Health Care in Santa Clara County

While large majorities of CMC enrollees and opt-outs in Santa Clara County express confidence that they know how to manage their health conditions and can get questions about their health needs answered, enrollees express somewhat lower levels of confidence than opt-outs. For example, while about eight in ten enrollees say they are confident that they can perform each of these two tasks, 83% opt-outs report this.

There are no differences between enrollees and opt-outs in the County regarding knowing who to call if they have a health need or question.

Table SC-1

## Beneficiary Confidence Navigating Health Care in Santa Clara County



## 2. Satisfaction with Health Care Services in Santa Clara County

While large majorities of CMC enrollees in Santa Clara County (between 71% and 82%) say they are satisfied with the health care services they are receiving in each of seven areas measured, slightly fewer enrollees than opt-outs report being satisfied in five areas. These include:

- The amount of time their doctor or other staff spend with them (82% among enrollees and 84% among opt-outs)
- Choice of doctors (78% vs. 83%)
- Choice of hospitals (79% vs. 82%)
- The way different providers work together (77% vs. 80%)
- Wait time to see a doctor when you need an appointment (73% vs. 75%)

Table SC-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

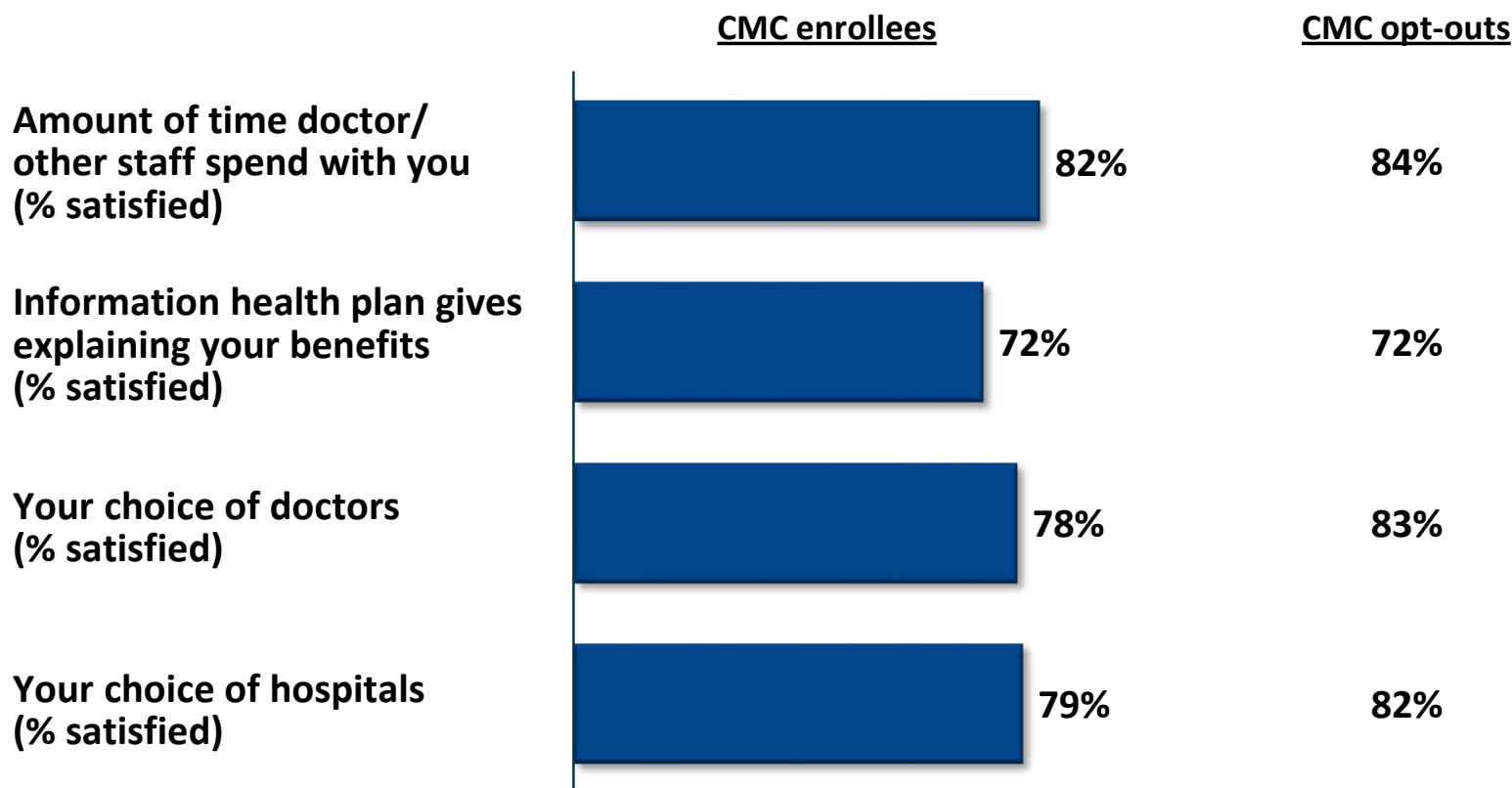
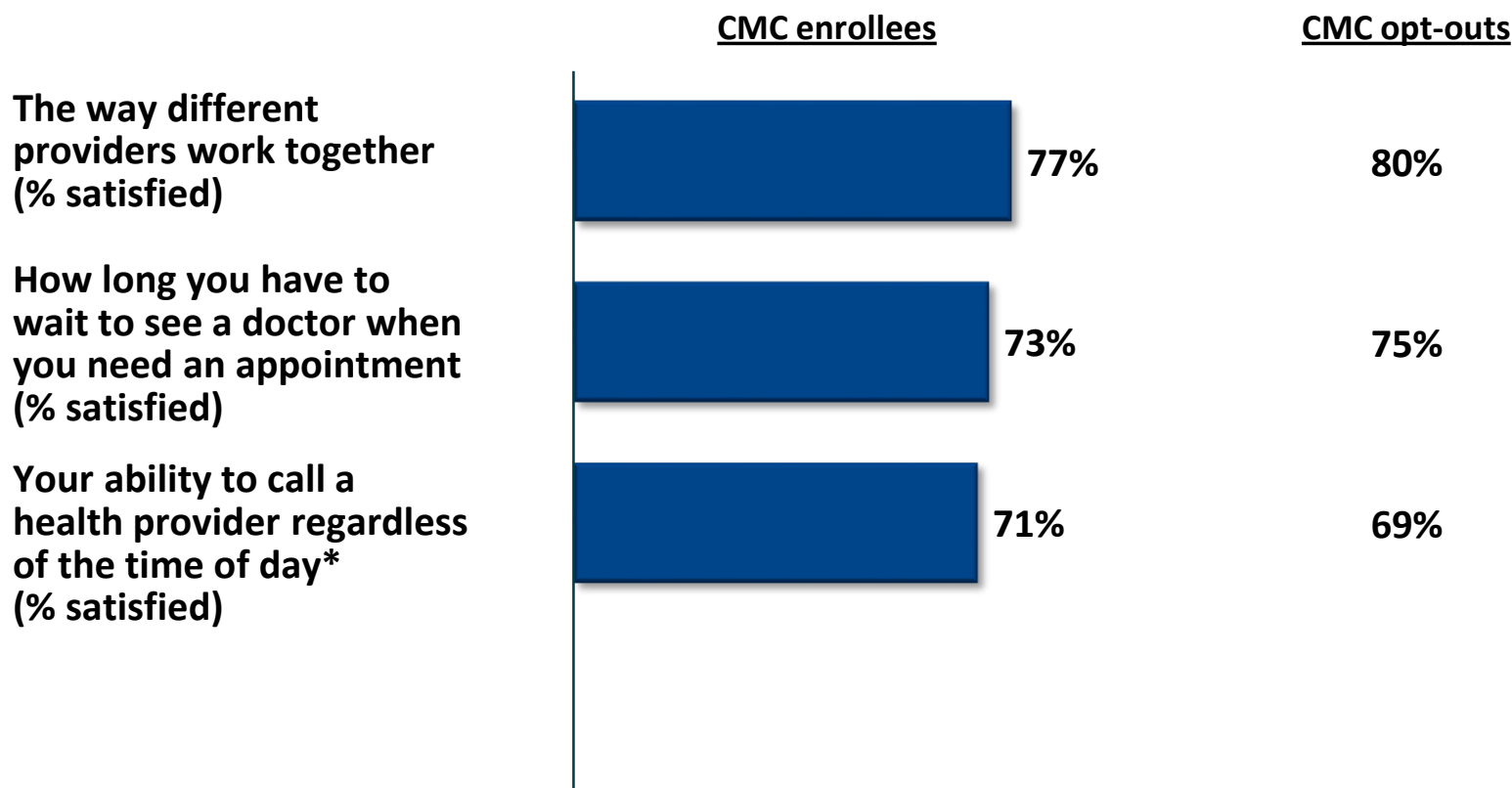


Table SC-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

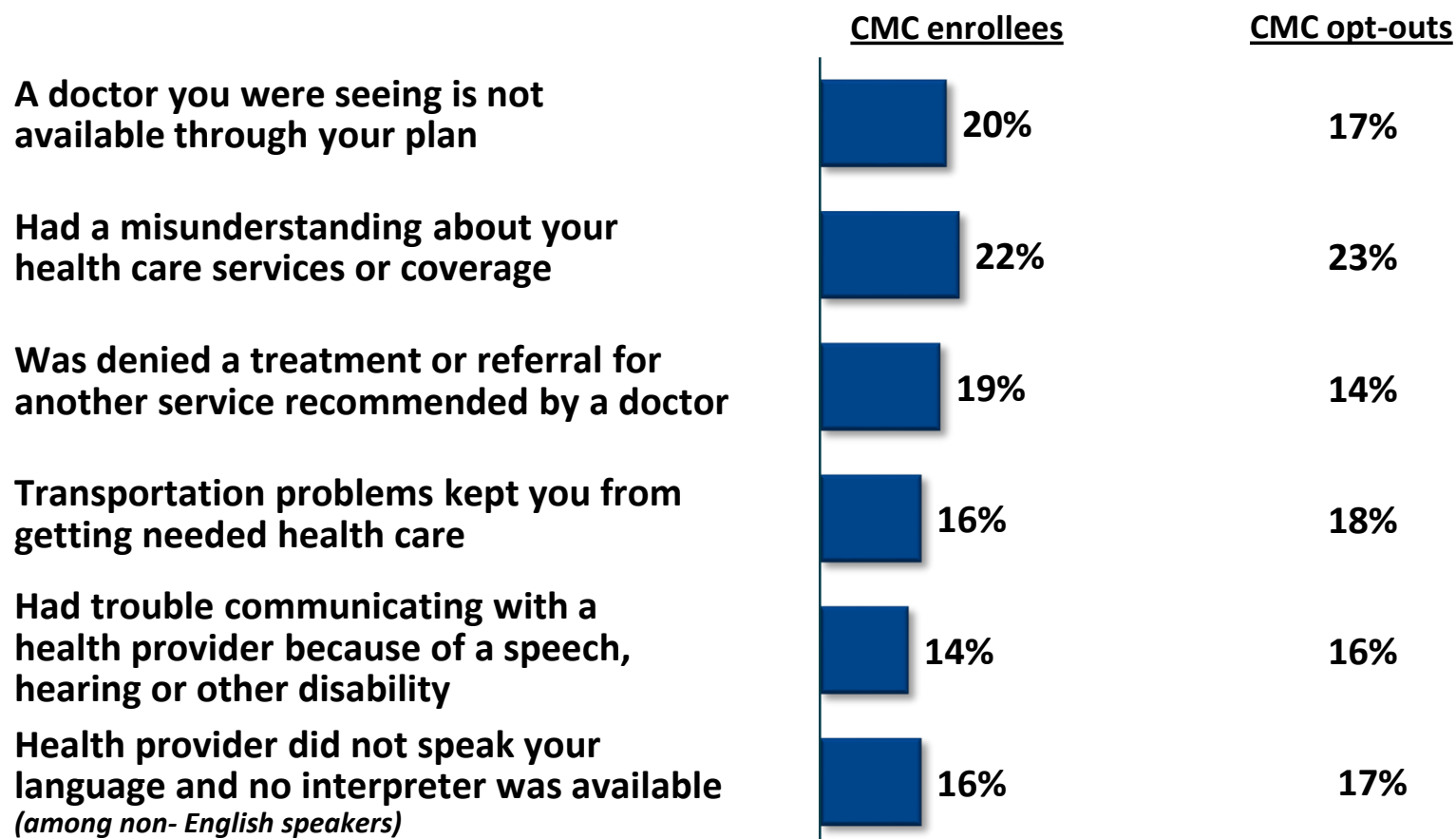
### 3. Specific Problems with Health Care Services in Santa Clara County

Relatively small proportions of enrollees and opt-outs in Santa Clara County say they encountered any of six specific problems relating to their health services in the recent past. About one in five CMC enrollees say that a doctor they were seeing is not available through their plan or that they had a misunderstanding about their health care services or coverage.



Table SC-3

## Specific Problems with Health Care Services in Santa Clara County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in Santa Clara County

A relatively large proportion of the CMC enrollees are Asian American (27%), and Asian Americans comprise an even greater share of the county's opt-outs (38%). Latinos also account for a large share of both enrollees and opt-outs, followed by white non-Hispanics.

A large proportion of CMC enrollees (40%) and 29% of opt-outs have not graduated from high school. At the other end of the scale, college graduates account for 19% of the county's enrollees, and 26% of its opt-outs.

The enrollee and opt-out populations in Santa Clara County are similar on most of their other demographic characteristics. For example:

- A majority of both enrollees (58%) and opt-outs (59%) are women.
- About one in four of each group are under age 65 (26% CMC, 22% opt outs), while greater than four in ten are age 75 or older.
- About six in ten of CMC enrollees and seven in ten of opt-outs say they receive Supplemental Security Income/Payment from the federal government.

Table SC-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

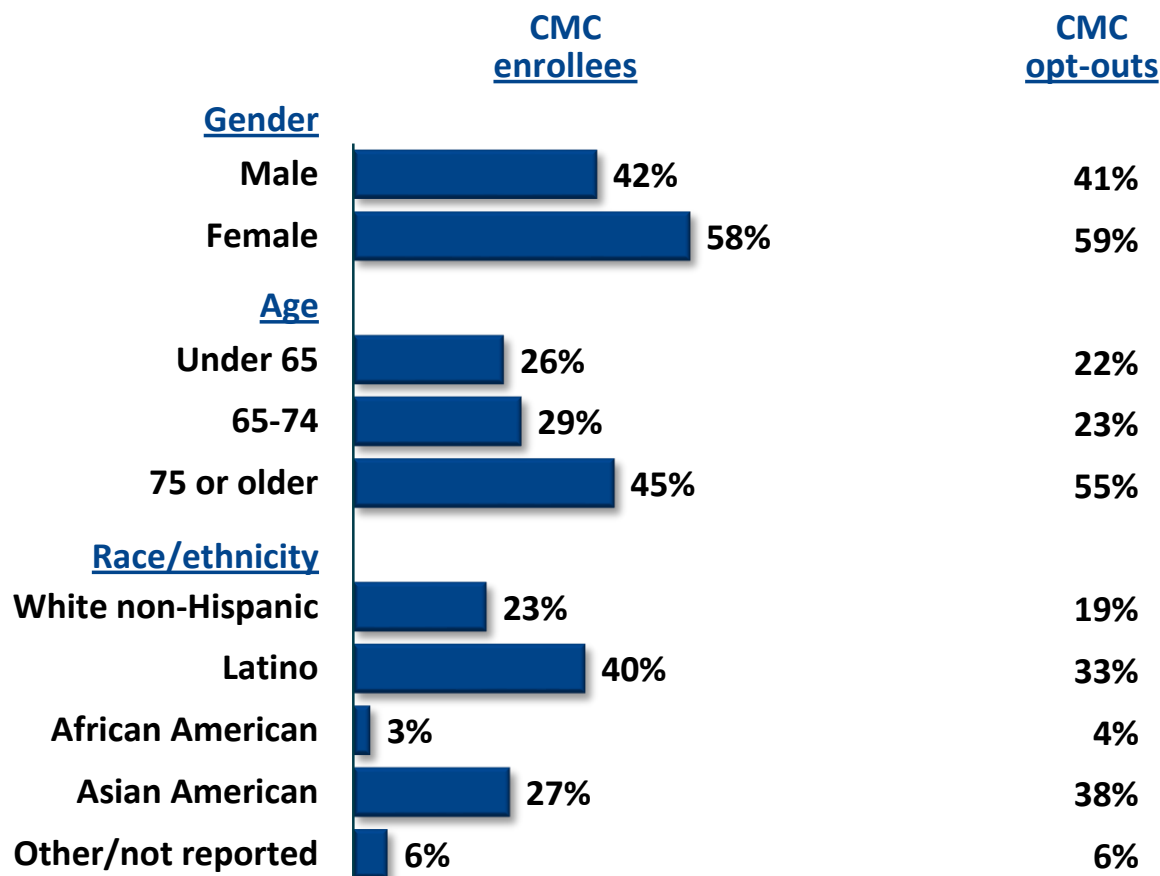
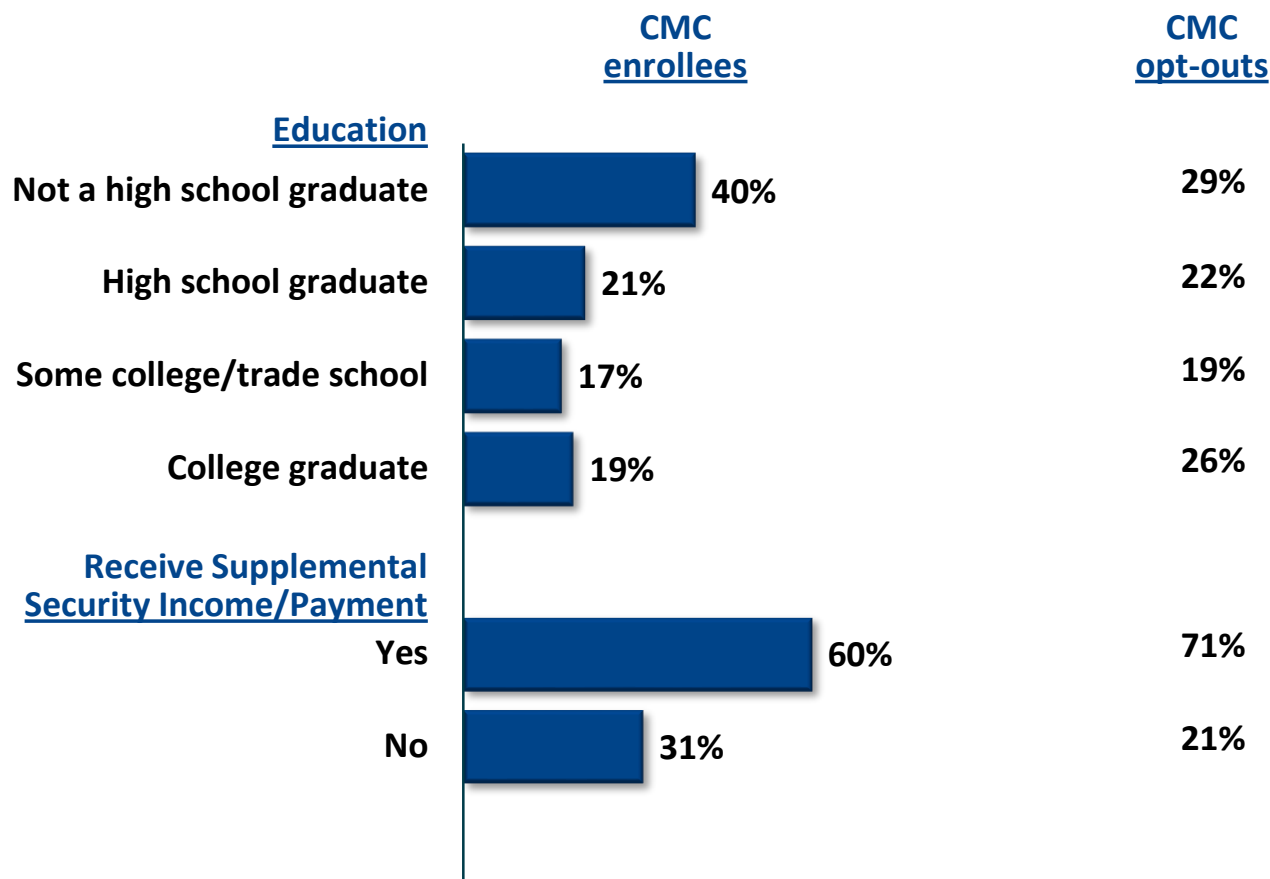


Table SC-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in San Diego County

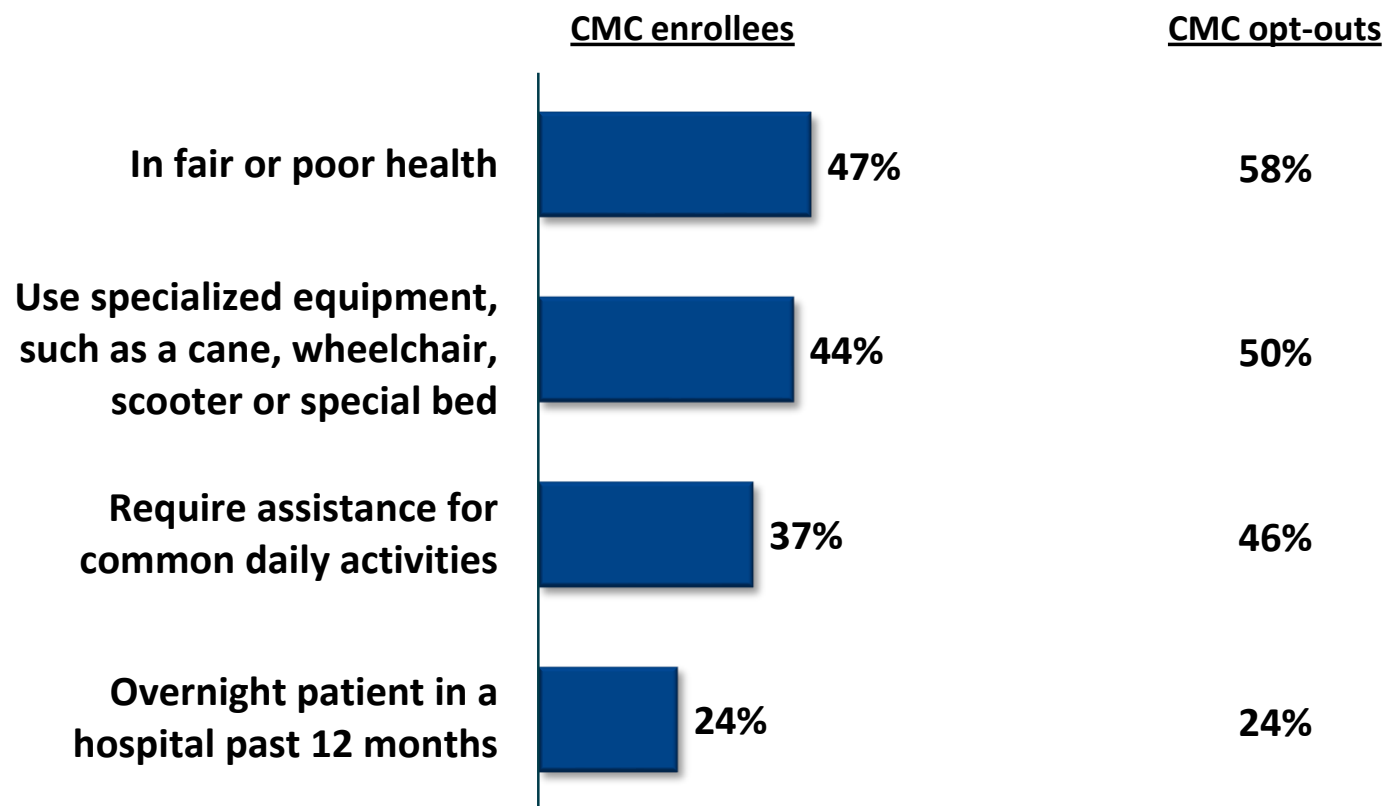
Slightly fewer enrollees (47%) than opt-outs (58%) in Santa Clara County report being in fair or poor physical health.

Larger proportion of opt-outs (50%) than enrollees (44%) say they use specialized equipment, such as a cane, wheelchair, scooter or special bed, and opt-outs (46%) are also more likely than enrollees (37%) to report requiring assistance for common daily activities.

There are no differences between enrollees and opt-outs being an overnight patient in a hospital in the past year.

Table SC-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# San Mateo County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

Orange

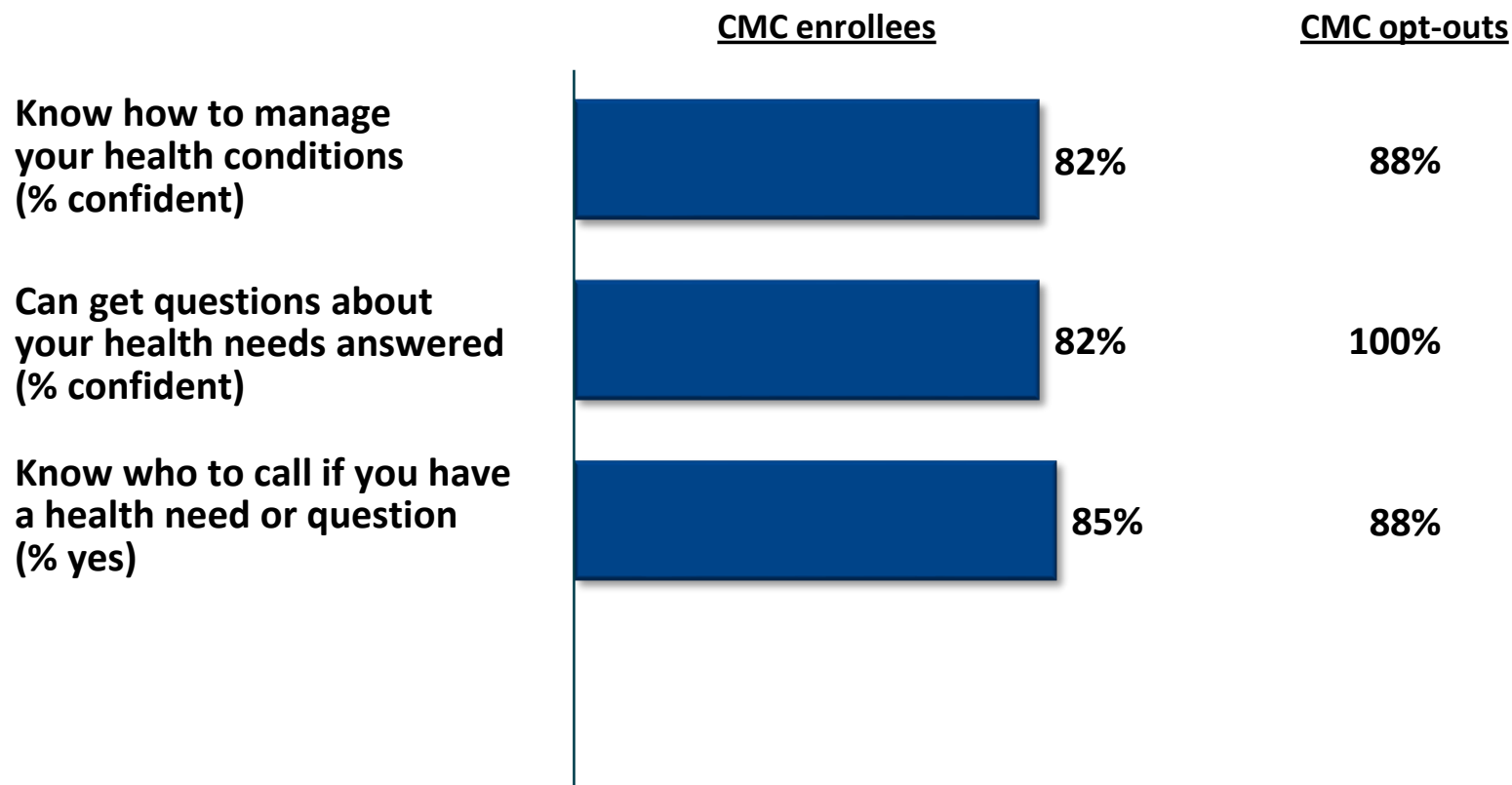
## 1. Beneficiary Confidence Navigating Health Care in San Mateo County

Both CMC enrollees and opt-outs in San Mateo County express similar high levels of confidence that they know how to manage their health conditions and can get questions about their health needs answered. In each area, greater than eight in ten say they are confident that they can perform each task, but San Mateo County has a very small sample size for opt-outs.



Table SM-1

## Beneficiary Confidence Navigating Health Care in San Mateo County



## 2. Satisfaction with Health Care Services in San Mateo County

While large majorities of CMC enrollees in San Mateo County (between 57% and 88%) say they are satisfied with the services they are receiving in each of seven areas, on each measure even larger proportions of CMC opt-outs report being satisfied; however, San Mateo County has a very small sample size for opt-outs.

Table SM-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

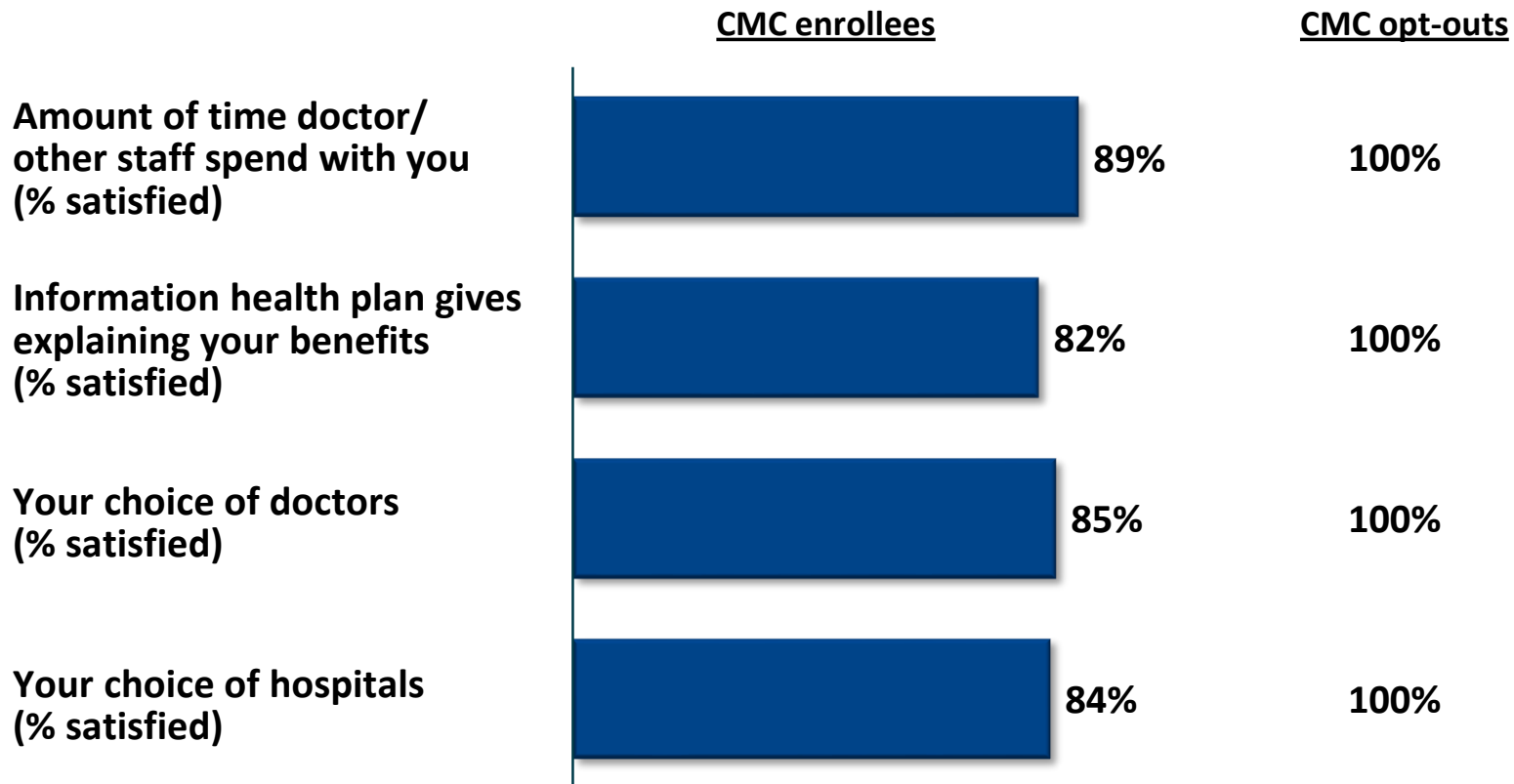
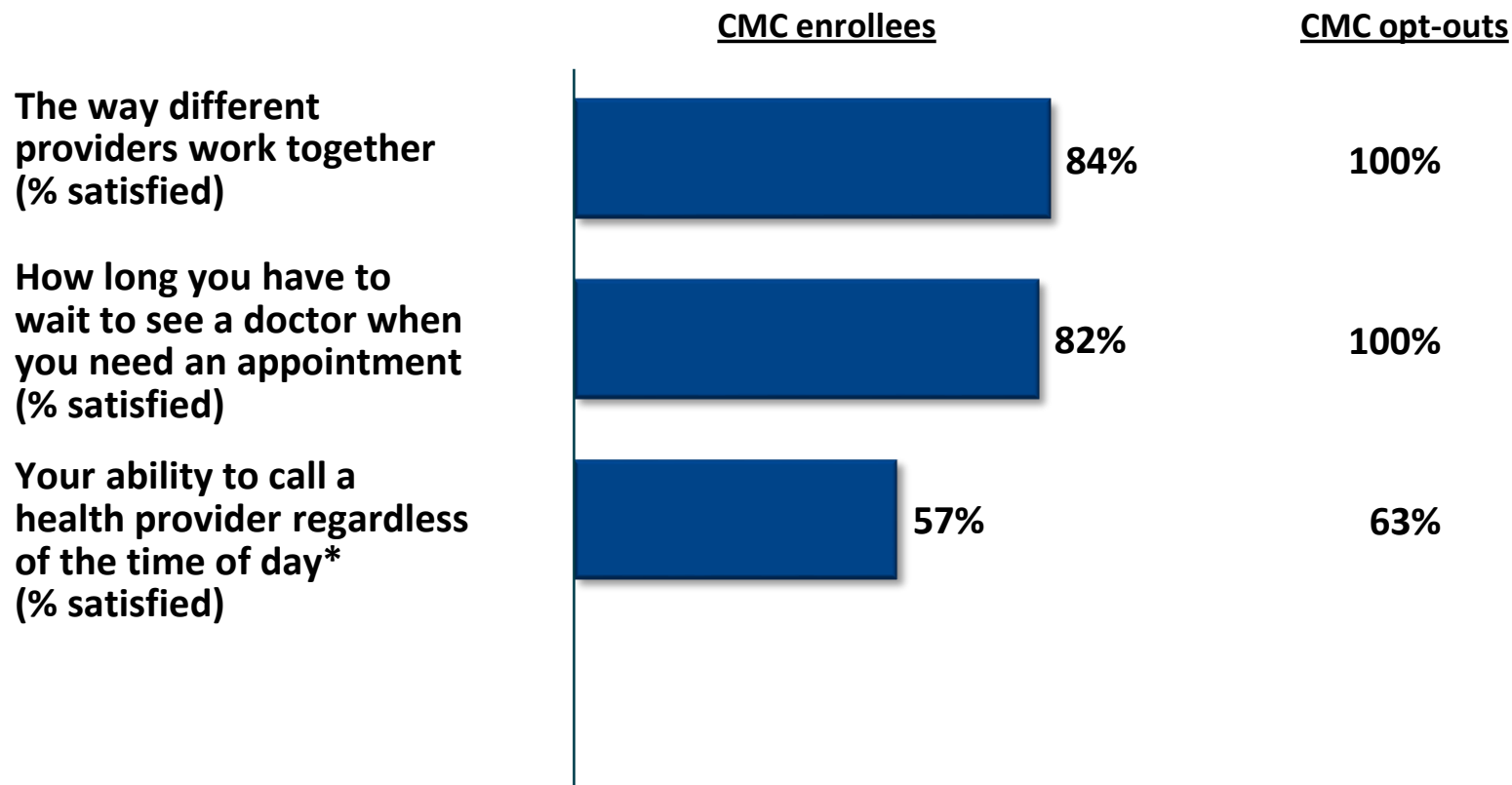


Table SM-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



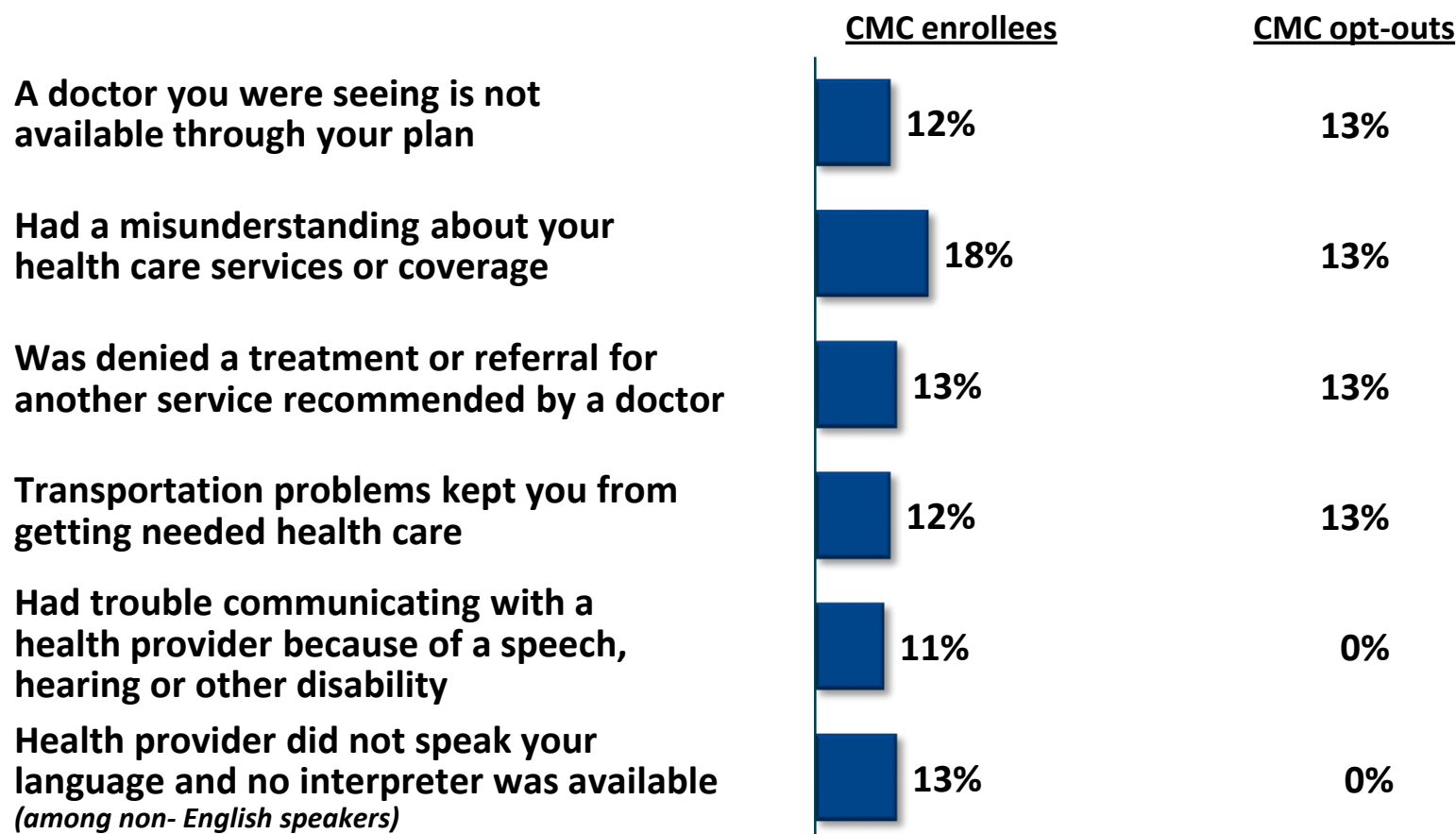
\* Asked only in Year 2 and 3.

### 3. Specific Problems with Health Care Services in San Mateo County

Fewer than one in five enrollees say they encountered any of six specific problems relating to their health services in the past year. Most commonly reported was having a misunderstanding about their health care services or coverage (18%).

Table SM-3

## Specific Problems with Health Care Services in San Mateo County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in San Mateo County

White non-Hispanics account for a larger share of the County's CMC enrollees (23%) than are found among its opt-outs (11%). By contrast, Latinos comprise a far larger share of the county's opt-outs (56%) than they do of its enrollees (36%). Significant proportions of the enrollees (29%) and opt-outs (22%) in the county are Asian American.

About six in ten of both enrollees (62%) and opt-outs (63%) are women.

One in five of enrollees and one in four of opt-outs in the county are under age 65, and a larger proportion are age 65 or older (80% enrollees vs. 75% opt-outs).

Fewer than half of CMC enrollees (33%) have no more than a high school education. This compares to 56% among opt-outs.

Majorities of both enrollees (57%) and opt-outs (63%) say they are receiving Supplemental Security Income/Payment from the federal government.

Table SM-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

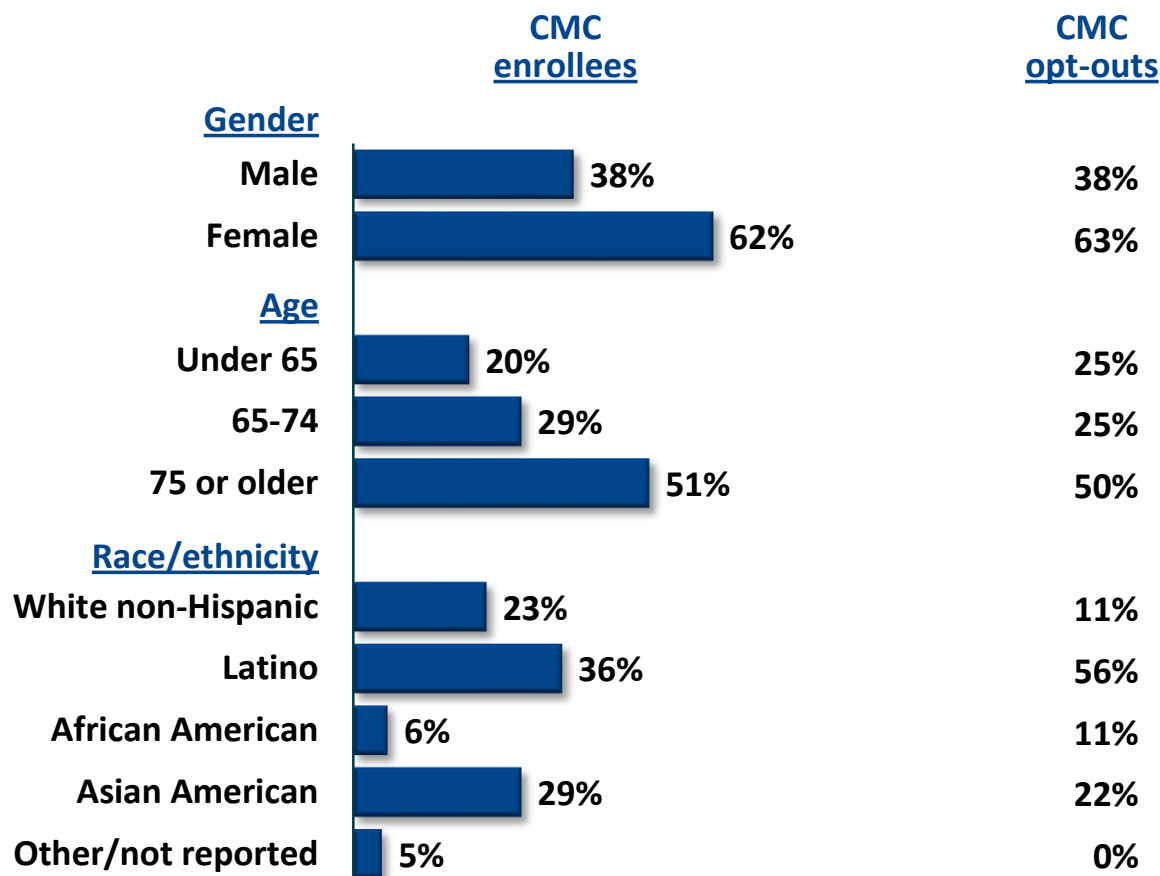
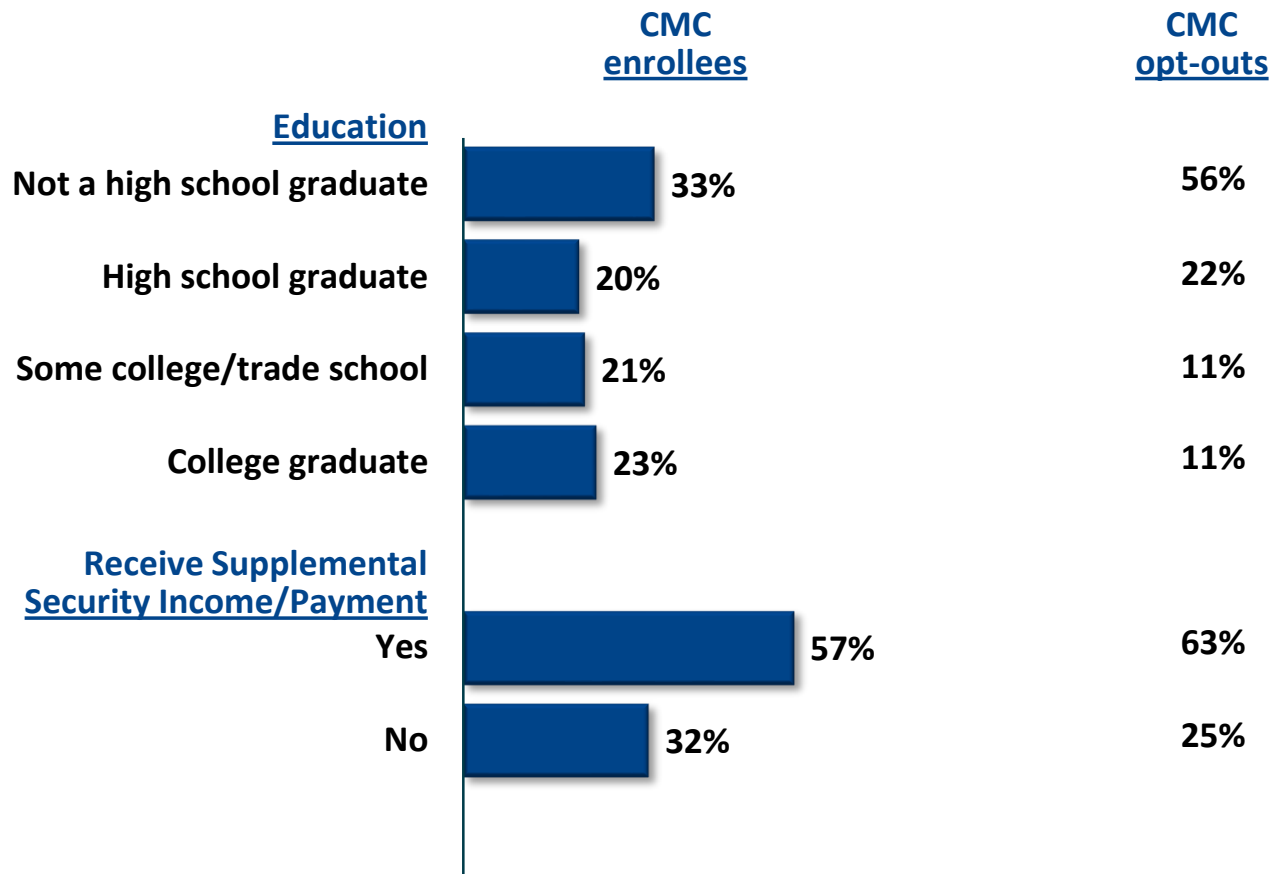




Table SM-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

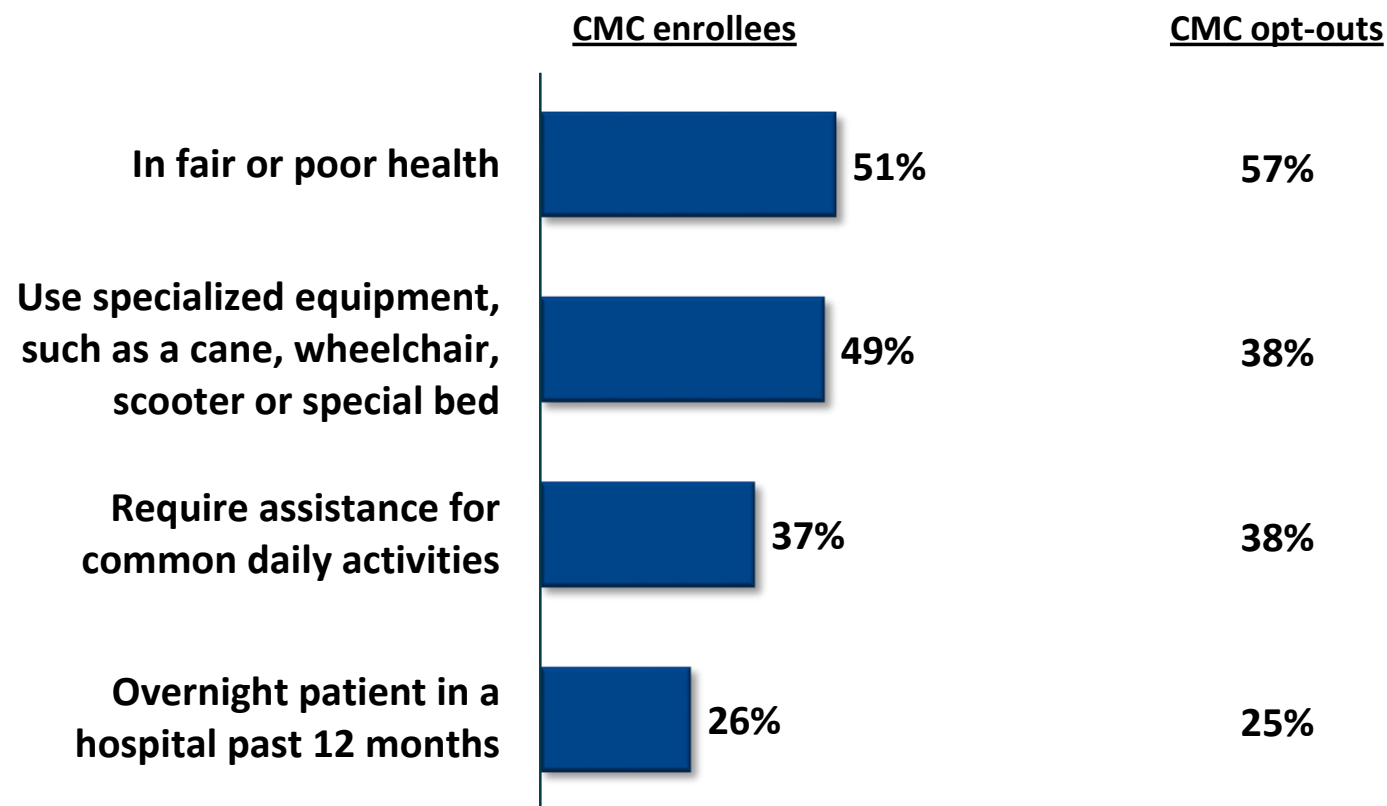
## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in San Diego County

About half of enrollees in San Mateo County (51%) report being in fair or poor physical health, and a 57% majority of opt-outs report this.

More CMC enrollees (49%) report using specialized equipment compared with opt-outs (38%). However, similar proportions of the two populations report requiring assistance to perform common daily activities (37% CMC vs. 38% opt-outs), or being an overnight patient in a hospital in the past year.

Table SM-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



# Orange County: Aggregated Results from Years 1-3

Overall

Los  
Angeles

Riverside

San  
Bernardino

San  
Diego

Santa  
Clara

San  
Mateo

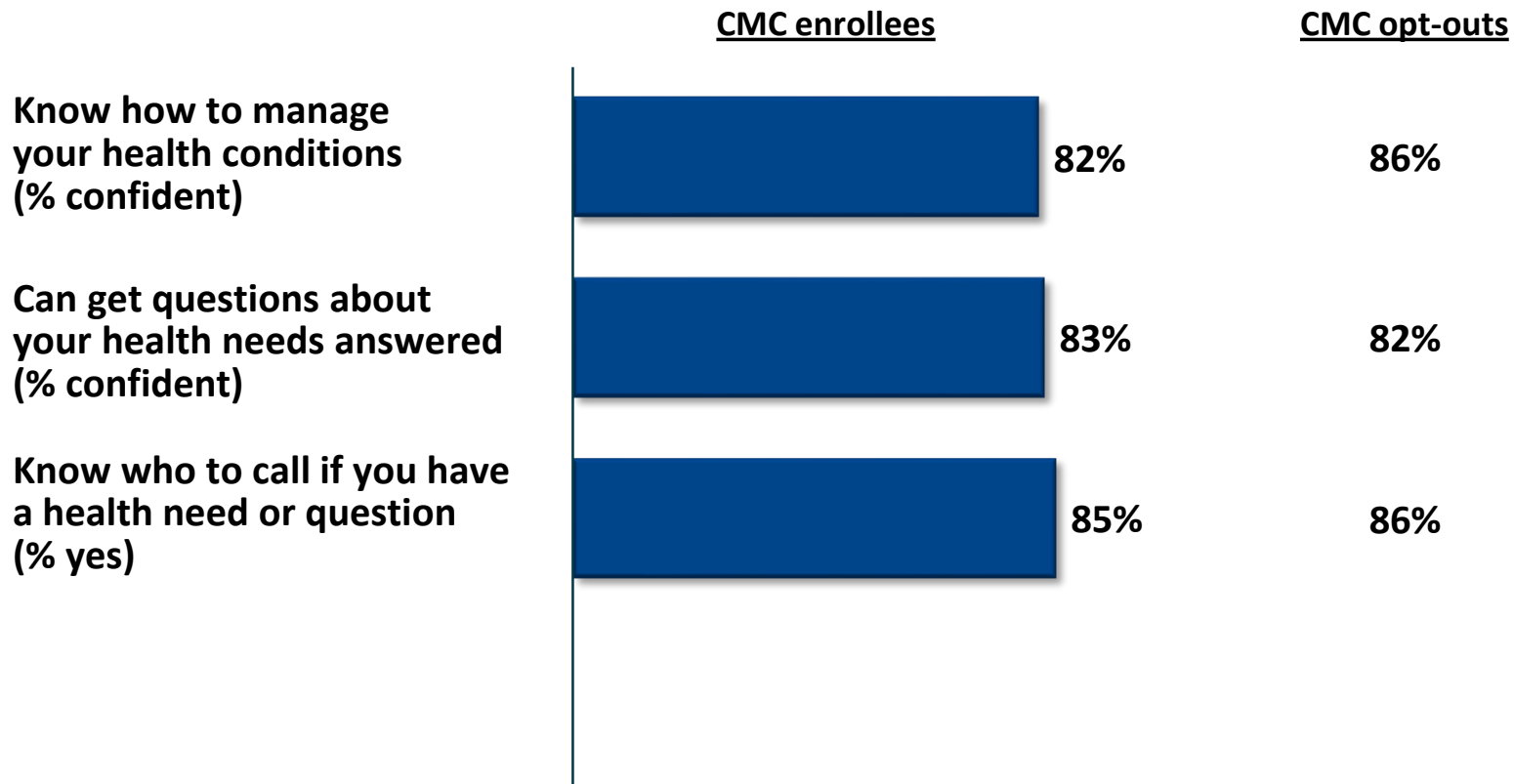
Orange

## 1. Beneficiary Confidence Navigating Health Care in Orange County

Over eight in ten CMC enrollees in Orange County express confidence that they know how to manage their health conditions, can get questions about their health needs answered and know who to call if they have a health need or question. Opt-outs express higher levels of confidence than enrollees in two areas – knowing how to manage their health conditions and knowing who to call when they have a health need or question.

Table OR-1

## Beneficiary Confidence Navigating Health Care in Orange County



## 2. Satisfaction with Health Care Services in Orange County

Large majorities of CMC enrollees in Orange County (between 76% and 87%) are satisfied with the health services they are receiving across the seven areas measured. However, even larger proportions of opt-outs in the county report being satisfied in three areas. These include:

- Choice of hospitals (78% among enrollees vs. 84% among opt-outs)
- The way different providers work together (85% vs. 88%)
- Ability to call a health provider regardless of the time of day (76% vs. 78%)

Table OR-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (1)

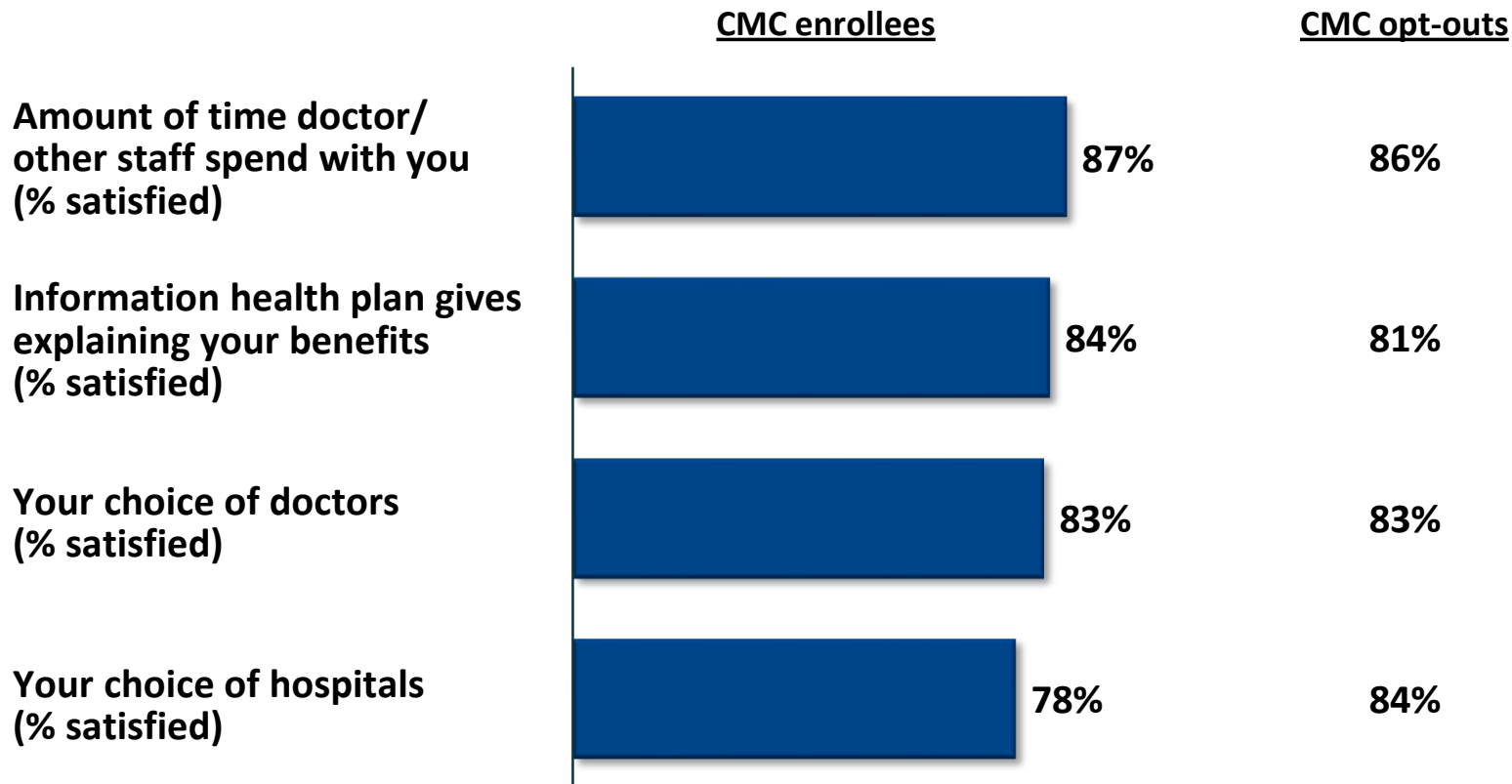
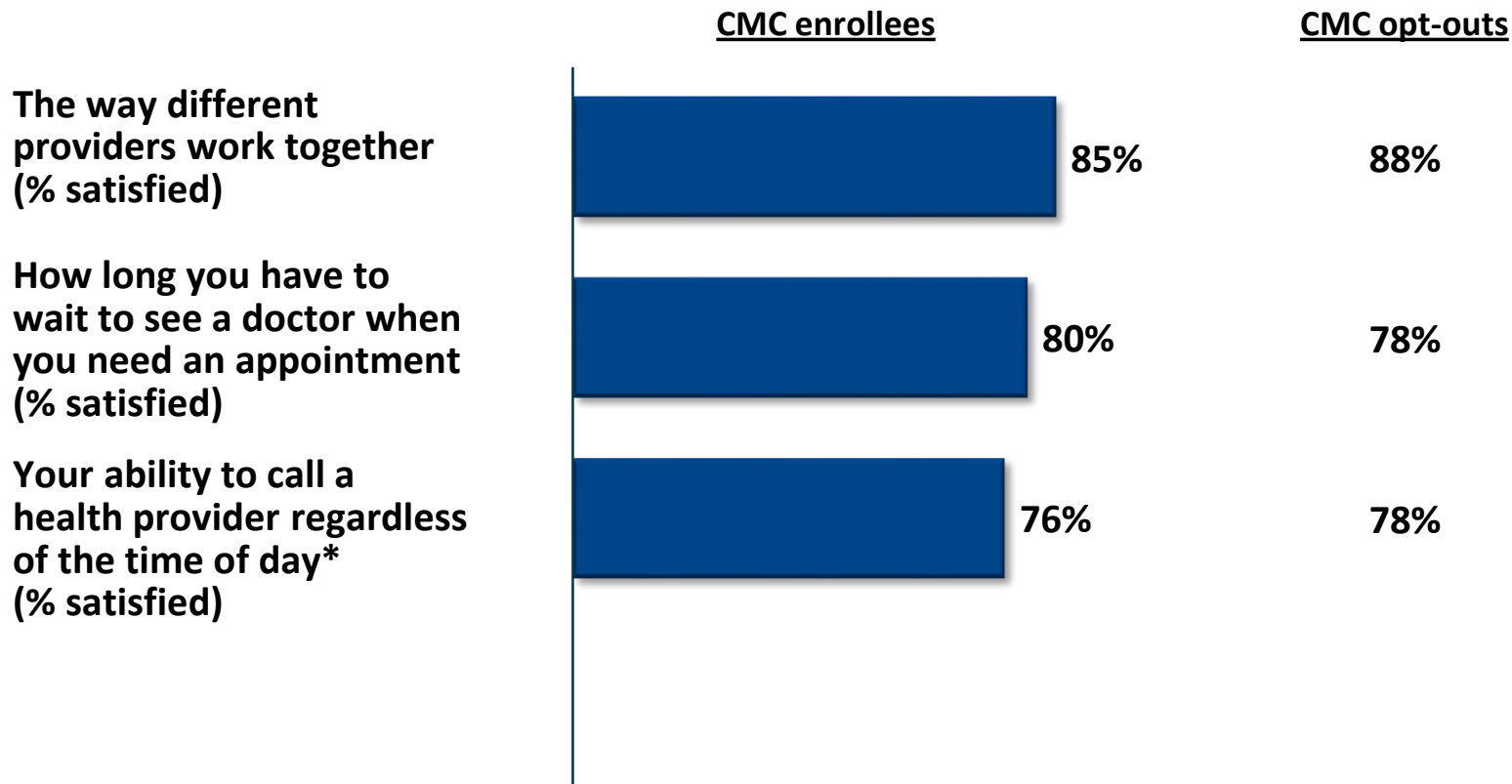




Table OR-2

## Satisfaction with Different Aspects of the Health Care Services Beneficiaries Are Receiving (2)



\* Asked only in Year 2 and 3.

Overall

Los Angeles

Riverside

San Bernardino

San Diego

Santa Clara

San Mateo

Orange

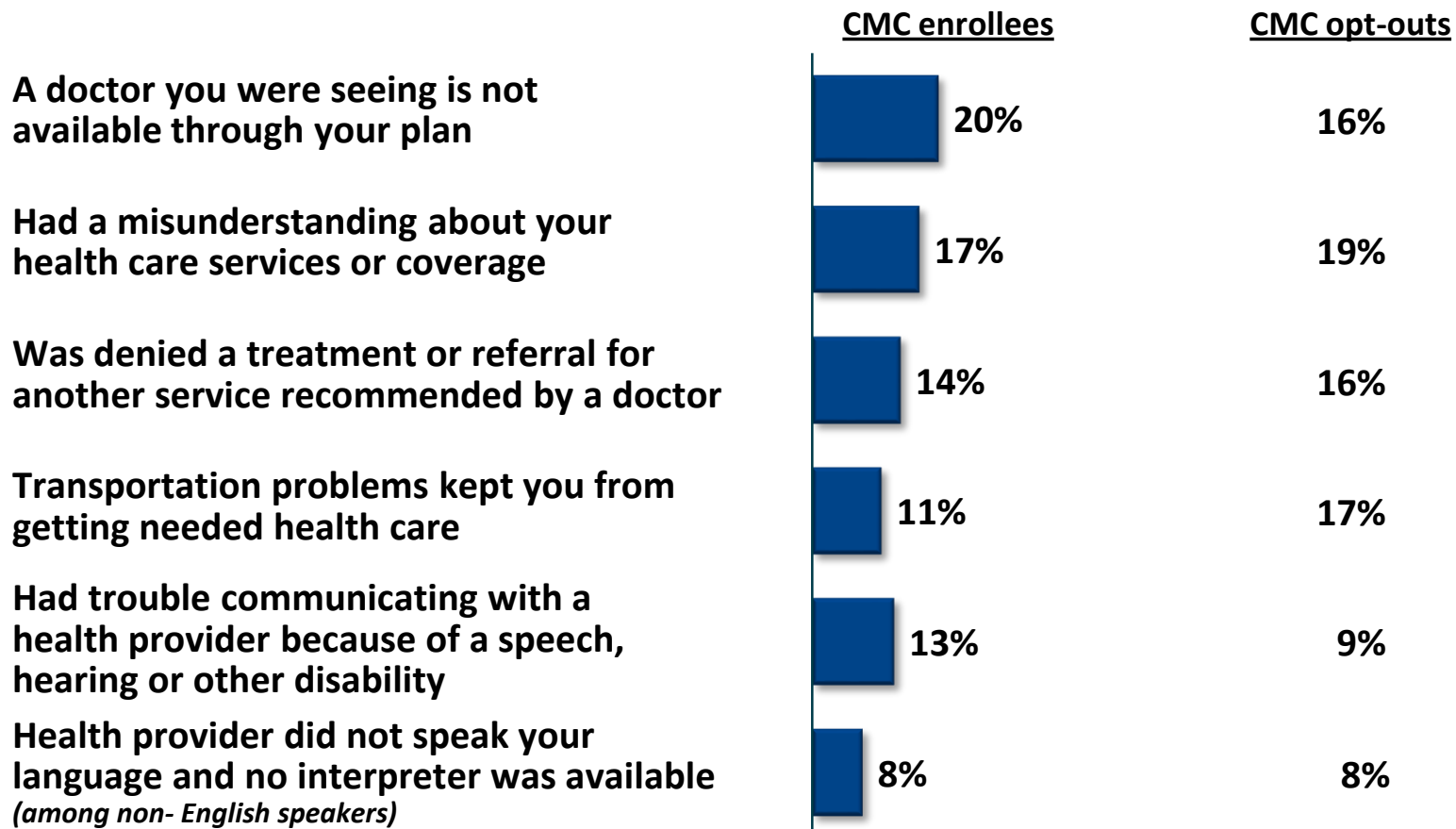
### 3. Specific Problems with Health Care Services in Orange County

Relatively small proportions of CMC enrollees and opt-outs in Orange County say they encountered any of six specific problems with their health services in the recent past. Most commonly reported among enrollees are that a doctor they were seeing was no longer available through their plan (20%) or that they had a misunderstanding about their health care services or coverage (17%).

Among opt-outs, 19% report having a misunderstanding about their health care services or coverage. Sixteen percent of opt-outs report that a doctor they were seeing was not available through their plan, and 16% of opt-outs report that they were denied a treatment or referral for another service recommended by a doctor. Seventeen percent of opt-outs also report that transportation problems kept them from getting needed care.

Table OR-3

## Specific Problems with Health Care Services in Orange County



## 4. Demographic Characteristics of CMC Enrollees and Opt-outs in Orange County

Almost half of CMC enrollees (46%) and opt-outs (46%) are Latino. However, more enrollees (32%) than opt-outs (26%) are white non-Hispanic.

Women comprise a somewhat smaller share of enrollees (58%) than among opt-outs (60%).

Beneficiaries, both enrollees and opt-outs, skew older. Only about one in four enrollees (25%) and one in five opt-outs (21%) are under age 65.

Slightly over four in ten CMC enrollees (43%) have not graduated from high school, while 44% opt-outs report this. At the other end of the scale, 15% of enrollees and 21% of opt-outs in the county are college graduates.

Six in ten enrollees (60%) and opt-outs (60%) say they are receiving Supplemental Security Income/Payment from the federal government.

Table OR-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (1)

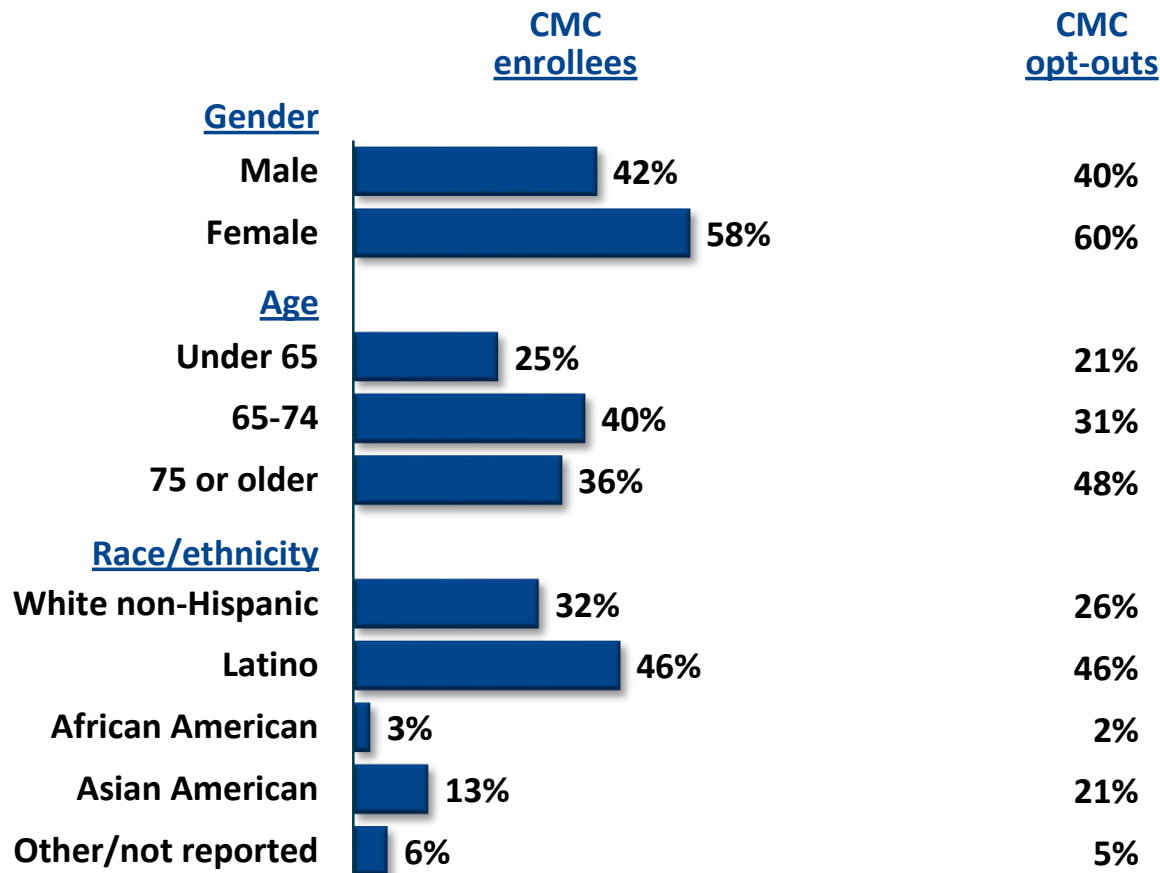
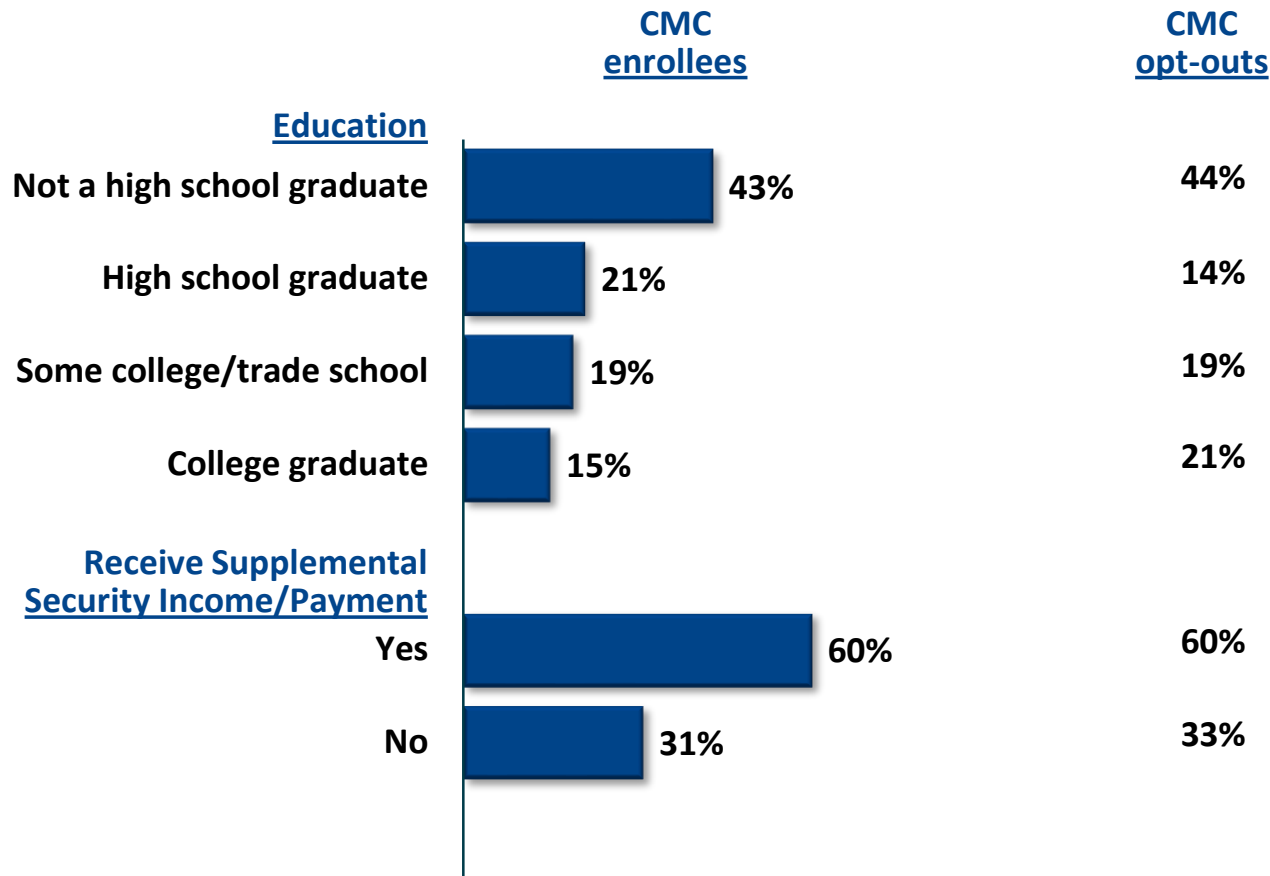


Table OR-4

## Comparing the Demographic Characteristics of CMC Enrollees and CMC Opt-outs (2)



Note: Differences between 100% and the sum of percentages for each characteristic equal proportion not reporting an answer.

Overall

Los Angeles

Riverside

San Bernardino

San Diego

Santa Clara

San Mateo

Orange

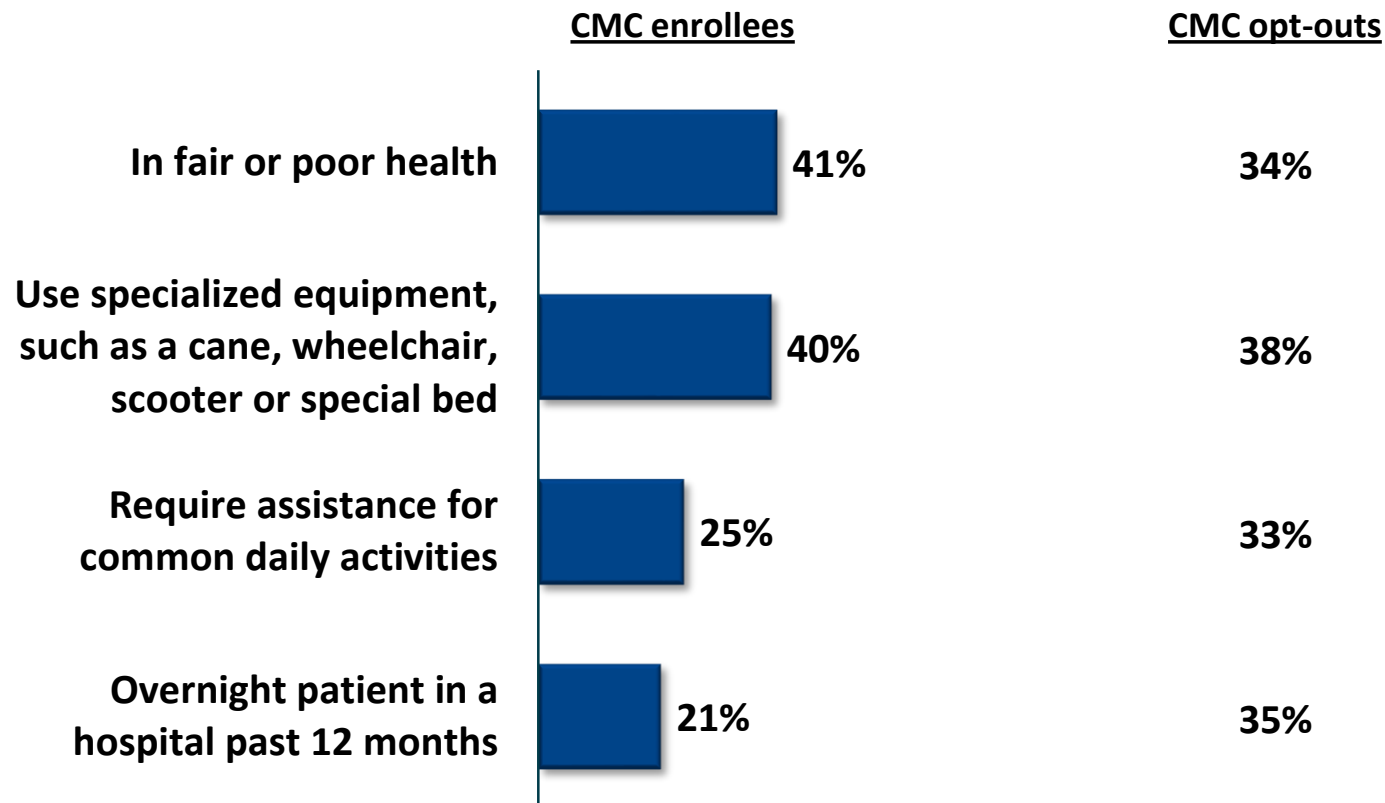
## 5. Health-related Characteristics of CMC Enrollees and Opt-outs in Orange County

Fewer enrollees (21%) than opt-outs (35%) in Orange County report having been an overnight patient in the hospital in the past year. This is noteworthy, especially since similarly more enrollees (41%) than opt-outs in Orange County (34%) report being in fair or poor physical health.

A slightly larger proportion of enrollees (40%) than opt-outs (38%) say they use specialized equipment, such as a cane, wheelchair, scooter or special bed. However, fewer enrollees (25%) report requiring assistance to perform common daily activities compared with opt-outs (33%).

Table OR-5

## Comparing the Health Characteristics of CMC Enrollees and CMC Opt-outs



Overall

Los Angeles

Riverside

San Bernardino

San Diego

Santa Clara

San Mateo

Orange



# Methodology

- IBM SPSS Statistics for Macintosh, Version 21.0 was used for statistical analyses such as frequencies and chi-squared tests to compare differences across comparison groups within survey year.
- IBM SPSS Statistics for Windows, Version 23.0 was used to weight the data to adjust the polling sample so that it was representative of the target population. Weights were derived using a form of post-stratification weighting known as Raking or RIM weighting. RIM weighting permits the adjustment of multiple characteristics in a dataset all at the same time in a way that it keeps the different characteristics proportionate as a whole. The following population estimates were obtained from DHCS in 2017 and used with the SPSS Raking procedure – gender (male, female); language (ASL, Spanish, Cantonese, Mandarin, English, other sign languages); age; and county. Weights were determined separately for the three groups: CMC enrollees, dually eligible beneficiaries who chose to opt-out of the CMC program, and dually eligible beneficiaries in non-participating CMC counties.

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