Dual Eligible Beneficiary Survey - Topline Findings from Year 2015, 2016 and 2017 Across the Target Populations -

			YEAR 2015		YEAR 2016			YEAR 2017		
		CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES
How confident are you that you know how to manage your	VERY CONFIDENT	43%	50%	34%	47%	53%	50%	56%	52%	55%
health conditions – very confident, somewhat confident,	SOMEWHAT CONFIDENT	35%	30%	42%	33%	28%	40%	28%	27%	29%
not too confident or not at all confident?	NOT TOO CONFIDENT	12%	11%	14%	10%	8%	6%	7%	8%	8%
	NOT AT ALL CONFIDENT	6%	6%	4%	6%	6%	3%	3%	4%	6%
	DON'T KNOW/REFUSED	4%	4%	5%	4%	5%	2%	6%	9%	3%
Do you know who to call if you have a health need or a	YES	81%	83%	77%	84%	83%	83%	88%	84%	88%
question about your health?	NO	17%	14%	15%	14%	14%	14%	10%	13%	10%
	DON'T KNOW/REFUSED	3%	2%	8%	3%	3%	3%	2%	3%	2%
How confident are you that you can get your questions	VERY CONFIDENT	46%	50%	33%	49%	54%	52%	57%	52%	55%
answered about your health needs – very confident,	SOMEWHAT CONFIDENT	33%	32%	43%	32%	27%	33%	27%	29%	31%
somewhat confident, not too confident or not at all	NOT TOO CONFIDENT	11%	11%	16%	10%	8%	8%	8%	9%	7%
confident?	NOT AT ALL CONFIDENT	6%	4%	3%	5%	6%	4%	3%	3%	6%
	DON'T KNOW/REFUSED	5%	3%	6%	5%	6%	3%	6%	7%	2%
A personal doctor is the doctor who knows you best and	YES	88%	91%	90%	91%	92%	91%	92%	90%	88%
can refer you to other doctors when you need to see a	NO	10%	8%	6%	7%	7%	7%	7%	8%	11%
specialist. Do you have a doctor who you think of as your personal doctor?	DON'T KNOW/REFUSED	2%	2%	4%	2%	1%	2%	1%	2%	1%
personal doctor:										
IF HAS A PERSONAL DOCTOR:										
Was this the same doctor you had before enrolling	YES	69%			70%			59%		
in Cal MediConnect?	NO	26%			23%			31%		
	DON'T KNOW/REFUSED	5%			7%			11%		
	1 YEAR OR LESS	29%	19%	12%	23%	13%	18%	19%	13%	23%
About how long have you been going to this	1 YEAR OR LESS	29%	19%	12%	23%	13%	18%	1	9%	13%

doctor? How many years? Just your best estimate.	2-5 YEARS	35%	32%	32%	38%	38%	35%	40%	31%	43%
(IF LESS THAN 6 MONTHS, ENTER "0")	6-10 YEARS	22%	25%	36%	24%	28%	26%	22%	26%	20%
	MORE THAN 10 YEARS	14%	24%	20%	16%	21%	21%	19%	31%	14%

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The next questions are about different aspects of health care services. For each, please tell me how satisfied or dissatisfied you are with the health care services you are receiving now under Cal MediConnect. Are you very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied with ITEM? (READ ITEMS IN RANDOM ORDER)

		SATISFIED	SATISFIED	<u>NEITHER</u>	DISSATISFIED	DISSATISFIED	DK/REF
() a. the choice of doctors you can see							
	CMC ENROLLEES	27%	51%	6%	8%	3%	5%
YEAR 2015	OPT-OUTS	35%	51%	4%	6%	2%	2%
	NON-CCI COUNTIES	23%	58%	11%	4%	2%	2%
	CMC ENROLLEES	29%	54%	5%	7%	2%	4%
YEAR 2016	OPT-OUTS	35%	53%	3%	4%	2%	3%
	NON-CCI COUNTIES	33%	51%	5%	6%	2%	3%
	CMC ENROLLEES	33%	51%	3%	6%	2%	5%
YEAR 2017	OPT-OUTS	40%	45%	4%	5%	2%	4%
	NON-CCI COUNTIES	39%	47%	2%	7%	3%	3%
() b. the choice of hospitals you can use							
	CMC ENROLLEES	27%	50%	4%	5%	3%	11%
YEAR 2015	OPT-OUTS	34%	50%	3%	4%	1%	7%
	NON-CCI COUNTIES	19%	60%	10%	5%	1%	5%
	CMC ENROLLEES	28%	51%	5%	4%	2%	11%
YEAR 2016	OPT-OUTS	34%	49%	4%	3%	2%	9%
	NON-CCI COUNTIES	33%	48%	5%	4%	1%	8%
	CMC ENROLLEES	31%	48%	4%	4%	1%	11%
YEAR 2017	OPT-OUTS	35%	46%	4%	4%	1%	10%
	NON-CCI COUNTIES	37%	45%	3%	6%	2%	7%
() c. the information that your health plan has given y	ou explaining your benefits						
	CMC ENROLLEES	23%	52%	7%	9%	3%	6%

YEAR 2015	OPT-OUTS	25%	51%	6%	9%	3%	6%
	NON-CCI COUNTIES	14%	56%	13%	6%	3%	8%
	CMC ENROLLEES	27%	55%	6%	6%	2%	4%
YEAR 2016	OPT-OUTS	28%	54%	7%	5%	2%	5%
	NON-CCI COUNTIES	25%	53%	8%	8%	2%	5%
	CMC ENROLLEES	32%	52%	5%	5%	2%	5%
YEAR 2017	OPT-OUTS	24%	51%	7%	6%	2%	9%
	NON-CCI COUNTIES	31%	48%	4%	8%	4%	5%
() d. your ability to call a health provider regard	dless of the time of day						
	CMC ENROLLEES						
YEAR 2015	OPT-OUTS						
	NON-CCI COUNTIES						
	CMC ENROLLEES	23%	52%	7%	6%	2%	11%
YEAR 2016	OPT-OUTS	28%	49%	6%	6%	2%	10%
	NON-CCI COUNTIES	26%	47%	7%	9%	2%	9%
	CMC ENROLLEES	27%	51%	5%	6%	1%	10%
YEAR 2017	OPT-OUTS	26%	45%	5%	7%	2%	15%
	NON-CCI COUNTIES	28%	48%	5%	9%	5%	6%
() e. the amount of time your doctor and othe	r staff people spend with you						
	CMC ENROLLEES	30%	54%	5%	6%	2%	3%
YEAR 2015	OPT-OUTS	39%	49%	4%	5%	2%	1%
	NON-CCI COUNTIES	22%	61%	10%	4%	1%	2%
	CMC ENROLLEES	32%	55%	4%	5%	2%	3%
YEAR 2016	OPT-OUTS	38%	52%	4%	3%	2%	1%
	NON-CCI COUNTIES	35%	52%	4%	6%	2%	2%
	CMC ENROLLEES	34%	54%	4%	4%	1%	3%
YEAR 2017	OPT-OUTS	39%	47%	4%	5%	2%	3%
	NON-CCI COUNTIES	34%	48%	5%	8%	3%	2%
() f. how long you have to wait to see a doctor	r when you need an appointment						
	CMC ENROLLEES	24%	50%	6%	13%	4%	4%
YEAR 2015	OPT-OUTS	31%	47%	6%	11%	4%	2%
	NON-CCI COUNTIES	16%	54%	15%	11%	3%	1%
	CMC ENROLLEES	25%	52%	6%	10%	4%	3%
YEAR 2016	OPT-OUTS	31%	51%	6%	8%	3%	2%
	'		•	•	•	•	•

	NON-CCI COUNTIES	28%	52%	7%	9%	3%	2%
	CMC ENROLLEES	28%	51%	5%	11%	2%	4%
YEAR 2017	OPT-OUTS	32%	47%	5%	9%	3%	4%
	NON-CCI COUNTIES	31%	46%	4%	11%	3%	5%
() g. the way different health care providers work together to g	ive you the services you need						
	CMC ENROLLEES	26%	52%	6%	8%	3%	6%
YEAR 2015	OPT-OUTS	30%	52%	5%	7%	3%	4%
	NON-CCI COUNTIES	18%	63%	10%	5%	1%	3%
	CMC ENROLLEES	28%	55%	5%	5%	2%	5%
YEAR 2016	OPT-OUTS	31%	54%	5%	4%	2%	3%
	NON-CCI COUNTIES	32%	51%	6%	6%	2%	4%
	CMC ENROLLEES	33%	50%	4%	5%	2%	6%
YEAR 2017	OPT-OUTS	32%	48%	5%	6%	2%	8%
	NON-CCI COUNTIES	33%	47%	5%	8%	3%	5%

And now I am going to be a little more specific about two aspects of your health care services.

		YEAR 2016				YEAR 2017	
		CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES
Do you have a single care manager, such as a nurse or	YES	32%	33%	35%	33%	28%	31%
other helper from your health plan, who serves as your main	NO	58%	60%	58%	58%	62%	64%
point of contact and can arrange all aspects of your care?	DON'T KNOW/REFUSED	10%	7%	7%	9%	10%	5%
IF YES, ASK:							
[CMC only who said yes to Q10] Is your care manager from	YES				64%		
[CMC plan name]?	NO				22%		
	DON'T KNOW/REFUSED				14%		
Do you feel that having <u>a single care manager</u> has improved	A LOT	21%	22%	21%	21%	20%	22%
your care a lot, a little or not at all?	A LITTLE	7%	7%	6%	6%	4%	3%
	NOT AT ALL	2%	2%	3%	3%	2%	4%
	DON'T KNOW/REFUSED	3%	3%	3%	3%	2%	2%
IF NO, ASK:							
Do you feel that having a single care manager, such as a	A LOT	21%	18%	23%	20%	16%	22%

nurse or other helper from your health plan, who can serve		12%	14%	13%	10%	11%	15%
as your main point of contact and can arrange all aspects of	NOT AT ALL	16%	17%	14%	16%	19%	20%
your care, would improve your care a lot, a little or not at a	I DON'T KNOW/REFUSED	10%	12%	10%	12%	15%	6%
Do you have a personal care plan designed to take into	YES	33%	37%	40%	33%	29%	36%
account your health goals, needs and preferences?	NO	52%	51%	47%	53%	54%	54%
(Prompt: This is also known as an Individualized Care Plan)	DON'T KNOW/REFUSED	15%	13%	13%	14%	17%	10%
IF YES, ASK:							
Do you feel that having <u>a personal care plan</u> has improved	A LOT	21%	26%	25%	26%	20%	27%
your care a lot, a little or not at all?	A LITTLE	7%	6%	9%	7%	5%	9%
	NOT AT ALL	3%	2%	3%	2%	3%	3%
	DON'T KNOW/REFUSED	2%	2%	3%	3%	4%	1%
IF NO, ASK:							
Do you feel that having <u>a personal care plan</u> designed to take	A LOT	21%	16%	20%	19%	17%	25%
into account your health goals, needs and preferences would	A LITTLE	13%	14%	13%	12%	13%	11%
improve your care a lot, a little or not at all?	NOT AT ALL	10%	12%	8%	13%	12%	14%
	DON'T KNOW/REFUSED	8%	9%	7%	9%	12%	5%

Next, I am going to read some problems or difficulties that people sometimes have with their health care services. For each, please tell me if you had a problem like this since your health care services changed over to Cal MediConnect. (READ ITEMS IN RANDOM ORDER, ASKING:) Has this happened to you since changing over to Cal MediConnect?

		<u>YES</u>	<u>NO</u>	DK/REF
() a. You had a misunderstanding about your health ca	are services or coverage			
	CMC ENROLLEES	20%	75%	4%
YEAR 2015	OPT-OUTS	24%	74%	2%
	NON-CCI COUNTIES	19%	70%	11%
	CMC ENROLLEES	17%	77%	5%
YEAR 2016	OPT-OUTS	19%	78%	4%
	NON-CCI COUNTIES	22%	73%	4%
	CMC ENROLLEES	19%	78%	4%

YEAR 2017	OPT-OUTS	21%	75%	5%
	NON-CCI COUNTIES	21%	77%	2%
() b. Your health plan denied a treatment or	referral for another service recommended by a doctor			
	CMC ENROLLEES	17%	80%	3%
YEAR 2015	OPT-OUTS	16%	82%	2%
	NON-CCI COUNTIES	18%	75%	8%
	CMC ENROLLEES	15%	82%	3%
YEAR 2016	OPT-OUTS	13%	84%	3%
	NON-CCI COUNTIES	15%	81%	4%
	CMC ENROLLEES	14%	83%	3%
YEAR 2017	OPT-OUTS	13%	82%	5%
	NON-CCI COUNTIES	15%	83%	2%
() c. (IF NON-ENGLISH LANGUAGE INTER	VIEW) Your doctor did not speak your language or there was not ar	ı interprete	er available fo	or
you when you visited your doctor or other hea	lth care professional			
	CMC ENROLLEES	13%	85%	2%
YEAR 2015	OPT-OUTS	13%	86%	1%
	NON-CCI COUNTIES	21%	75%	5%
	CMC ENROLLEES	9%	89%	2%
YEAR 2016	OPT-OUTS	9%	90%	1%
	NON-CCI COUNTIES	7%	91%	1%
	CMC ENROLLEES	12%	85%	3%
YEAR 2017	OPT-OUTS	10%	89%	1%
	NON-CCI COUNTIES	12%	88%	0%
) d. Transportation problems kept you from	getting needed health care			
	CMC ENROLLEES	14%	84%	2%
YEAR 2015	OPT-OUTS	15%	84%	1%
	NON-CCI COUNTIES	15%	85%	1%
	CMC ENROLLEES	12%	86%	2%
YEAR 2016	OPT-OUTS	15%	85%	1%
	NON-CCI COUNTIES	16%	83%	2%
		13%	86%	2%
	CMC ENROLLEES	13%	0070	
YEAR 2017	OPT-OUTS	15%	83%	2%

	CMC ENROLLEES	23%	72%	5%
YEAR 2015	OPT-OUTS	19%	79%	2%
	NON-CCI COUNTIES	13%	82%	4%
	CMC ENROLLEES	19%	75%	6%
YEAR 2016	OPT-OUTS	16%	81%	3%
	NON-CCI COUNTIES	16%	80%	4%
	CMC ENROLLEES	18%	77%	4%
YEAR 2017	OPT-OUTS	18%	77%	6%
	NON-CCI COUNTIES	18%	78%	4%
() f. You had trouble communicating with a doctor or h	nealth care provider because of a speech, hearing or other	disability		
	CMC ENROLLEES	12%	86%	2%
YEAR 2015	OPT-OUTS	13%	86%	1%
	NON-CCI COUNTIES	17%	82%	1%
	CMC ENROLLEES	10%	88%	2%
YEAR 2016	OPT-OUTS	11%	88%	2%
	NON-CCI COUNTIES	13%	84%	3%
	CMC ENROLLEES	11%	88%	1%
YEAR 2017	OPT-OUTS	7%	92%	1%
	NON-CCI COUNTIES	14%	85%	1%

		YEAR 2015			YEAR 2016			YEAR 2017		
		CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES
In general, would you say your health is excellent, very	EXCELLENT	7%	6%	3%	6%	7%	5%	7%	5%	6%
good, good, fair, or poor?	VERY GOOD	12%	11%	10%	13%	12%	13%	14%	12%	15%
	GOOD	27%	25%	25%	31%	30%	29%	31%	29%	29%
	FAIR	37%	39%	41%	34%	34%	34%	33%	34%	30%
	POOR	15%	17%	20%	14%	16%	17%	13%	17%	20%
	DON'T KNOW/REFUSED	1%	2%	1%	2%	2%	2%	2%	3%	0%

With this next set of questions, we want to learn about any conditions that may cause difficulties with your daily activities.

YEAR 2015			YEAR 2016			YEAR 2017		
CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES

Do you use any specialized equipment, such as a cane,	YES	49%	56%	59%	46%	52%	54%			
wheelchair, scooter, a special bed or other assistive devices		51%	44%	41%	53%	48%	45%			
	DON'T KNOW/REFUSED		0%	1%	1%	1%	1%			
		0,0	970	. , 0	. , ,	.,,	.,,			
Do you currently use any medical equipment or supplies?	YES							45%	53%	47%
	NO							55%	45%	52%
	DON'T KNOW/REFUSED							1%	2%	1%
Are you deaf or do you have serious difficulty hearing?	YES							18%	24%	19%
	NO							82%	76%	80%
	DON'T KNOW/REFUSED							0%	1%	1%
								1		
Are you blind or do you have serious difficulty seeing even	YES							17%	21%	23%
wearing glasses?	NO							83%	77%	76%
	DON'T KNOW/REFUSED							1%	2%	1%
Because of a physical, mental, or emotional condition, do yo	YES							34%	32%	39%
have serious difficulty concentrating, remembering, or	NO							65%	65%	61%
making decisions?	DON'T KNOW/REFUSED							1%	3%	1%
Do you have difficulty walking or climbing stairs?	YES							56%	68%	60%
	NO							43%	31%	40%
	DON'T KNOW/REFUSED							1%	2%	0%
Do you have difficulty dressing or bathing?	YES							26%	38%	31%
	NO							73%	62%	68%
	DON'T KNOW/REFUSED							1%	1%	1%
Because of a physical, mental, or emotional condition, do yo								38%	51%	44%
have difficulty doing errands alone such as visiting a doctor's	NO							60%	48%	55%
office or shopping?	DON'T KNOW/REFUSED							2%	2%	1%
Do you require assistance for any common daily activities?	YES	43%	48%	50%	37%	45%	45%			
	NO	56%	51%	49%	61%	53%	53%			

	DON'T KNOW/REFUSED	1%	2%	1%	2%	3%	2%			
Are you currently getting any services or assistance with	YES							28%	49%	28%
bathing, dressing, help with preparing meals, help doing	NO							71%	49%	72%
housework, or grocery shopping?	DON'T KNOW/REFUSED							0%	1%	0

			YEAR 2017	
IF USING LTSS, ASK:	ľ	CMC ENROLLEES	OPT-OUTS	NON-CCI
Are you currently using In-Home Supportive Services (IHSS)?	YES	84%	86%	78%
	NO	13%	10%	22%
	DON'T KNOW/REFUSED	3%	4%	0%
IF USING IHSS, ASK:				
Currently, how many IHSS hours are [you/R] getting per month?	QUANTITY (MEAN HOURS)	86	99	77
Did anyone from [CMC plan name] help you get enrolled in	YES	26%		
IHSS or help you get more hours?	NO	62%		
	DON'T KNOW/REFUSED	12%		
IF HAS DIFFICULTY DRESSING, BATHING, OR DOING ERRANI Because of a physical, mental, or emotional problem, do		50%	59%	57%
IF HAS DIFFICULTY DRESSING, BATHING, OR DOING ERRAND Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care	YESNO	50% 49%	59% 38%	57% 42%
Because of a physical, mental, or emotional problem, do	YES			
Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home?	YES	49%	38%	42%
Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home? Because of a physical, mental, or emotional problem, do	YES NO DON'T KNOW/REFUSED	49% 1%	38% 3%	42% 1%
Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home? Because of a physical, mental, or emotional problem, do you need the help of other persons in handling routine	YES NO DON'T KNOW/REFUSED	49% 1% 79%	38% 3% 79%	42% 1% 85%
Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home? Because of a physical, mental, or emotional problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	YES	49% 1% 79% 19%	38% 3% 79% 19%	42% 1% 85% 14%
Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home? Because of a physical, mental, or emotional problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary	YES	49% 1% 79% 19%	38% 3% 79% 19%	42% 1% 85% 14%

	I GET NO HELP AT ALL I DON'T NEED HELP DON'T KNOW/REFUSED	4% 1% 2%	2% 1% 4%	8% 1% 3%
Do you use mental health care?	YES	18%	14%	16%
	NO	81%	85%	83%
	DON'T KNOW/REFUSED	1%	1%	1%
Are there currently any mental health services you feel you	YES	9%	9%	11%
need but you are currently not getting?	NO	88%	89%	88%
	DON'T KNOW/REFUSED	3%	2%	2%

			YEAR 2015		YEAR 2016			YEAR 2017		
		CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CCI COUNTIES
In the past 12 months, have you been an overnight patient	YES	24%	32%	24%	24%	28%	27%	23%	30%	34%
in a hospital for one day or longer?	NO	75%	67%	75%	75%	70%	71%	76%	69%	65%
	DON'T KNOW/REFUSED	1%	2%	2%	2%	2%	2%	1%	2%	1%
What is the highest grade or year of school you completed -	- 8TH GRADE OR LESS	35%	31%	30%	35%	36%	15%	28%	25%	26%
8TH grade or less, some high school, high school graduate	SOME HIGH SCHOOL	11%	11%	11%	11%	11%	11%	12%	11%	9%
or equivalent, trade or vocational school, some college,	HIGH SCHOOL GRADUATE	21%	20%	19%	21%	20%	25%	25%	19%	28%
college graduate or post graduate education?	SOME COLLEGE	15%	16%	14%	15%	14%	22%	15%	17%	16%
	TRADE/VOCATIONAL SCHOOL	4%	3%	3%	3%	3%	3%	4%	5%	5%
	COLLEGE GRADUATE	8%	12%	14%	9%	8%	14%	10%	13%	10%
	POST GRADUATE EDUCATION	3%	3%	3%	4%	4%	5%	3%	4%	2%
	DON'T KNOW/REFUSED	4%	4%	7%	4%	6%	5%	3%	6%	4%
Are you currently receiving Supplemental Security	YES							64%	68%	66%
Income/Payment from the federal government?	NO							31%	26%	29%
	DON'T KNOW/REFUSED							6%	6%	5%
Which of the following best describes the place where you	PRIVATE RESIDENCE	80%	77%	59%	80%	78%	73%	84%	81%	82%
live – a private residence, a nursing home, assisted living	NURSING HOME/ASSISTED LIVING	6%	13%	25%	5%	8%	8%	3%	6%	7%
facility, or are you living in some other type of place?	NURSING HOME				2%	4%	2%	2%	4%	4%

	ASSISTED LIVING OTHER DON'T KNOW/REFUSED		8% 2%	15% 1%	3% 12% 3%	4% 10% 4%	6% 16% 4%	2% 11% 1%	2% 11% 1%	4% 8% 1%
IF PRIVATE RESIDENCE, ASK:										
Including yourself, how many people currently	1	22%	27%	29%	21%	22%	34%	29%	37%	28%
live in your household?	2	26%	30%	37%	27%	30%	29%	28%	28%	34%
	3	19%	15%	14%	17%	16%	16%	19%	15%	15%
	4	13%	11%	8%	14%	12%	9%	11%	11%	13%
	5+	19%	16%	12%	21%	19%	12%	13%	10%	10%
	DON'T KNOW/REFUSED	1%	1%	1%	1%	0%	1%	1%	1%	1%
Gender	MALE	45%	40%	48%	44%	39%	44%	44%	35%	43%
	FEMALE	55%	60%	52%	56%	61%	56%	57%	66%	57%
Age	LESS THAN 45	8%	5%	4%	7%	5%	8%	6%	4%	9%
	45-65	24%	25%	15%	23%	20%	30%	21%	16%	25%

	65-74 75-84 85 OR OLDER
Race/Ethnicity	WHITE NON-HISPANIC BLACK/AFRICAN-AMERICAN ADIAIN/PACIFIC IDLAINDER LATINO/HISPANIC OTHER NOT RECORDED

33%	29%	26%	34%	30%	29%	39%	27%	35%
25%	29%	38%	27%	31%	24%	25%	38%	22%
9%	13%	18%	9%	13%	10%	10%	15%	10%
22%	24%	22%*	23%	21%	26%*	26%	21%	30%
11%	11%	12%*	9%	14%	13%*	13%	16%	14%
10%	13%	11%*	11%	11%	15%*	9%	12%	7%
48%	42%	43%*	54%	51%	45%*	42%	39%	34%
0%	0%	0%*	1%	1%	0%*	9%	9%	12%
9%	10%	13%*	2%	3%	2%*	2%	3%	3%

^{*}For 2015 and 2016 there were only two NON-CCI counties, San Francisco and Alameda, compared to the nine NON-CCI counties in 2017. The weights used to adjust Race/Ethnicity were calculated separately for the 2015 and 2016 NON-CCI counties. See Appendix for more detailed discussion of the weighting procedures.