



HEALTH CARE SURVEY OF CALIFORNIANS AGE 55 AND OLDER

In partnership with the California Department of Health Care Services (DHCS) Office of Medicare Innovation and Integration and The SCAN Foundation, NORC at the University of Chicago conducted a survey of Californians age 55 and older with the goal of learning about the needs, experiences, and opinions of California's current and future Medicare beneficiaries. This report will provide a high-level summary of the survey findings along with deeper explorations of key populations of interest.

The survey includes 1,540 interviews with a representative sample of adults age 55 and older living in California using TrueNorth®, which combines probability sample from AmeriSpeak®, the probability-based panel of NORC at the University of Chicago, with nonprobability panel sample. The data reflects the population of Californians age 55 and older by age, race and ethnicity, gender, education, and region. The sample does not include adults age 55 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Interviews were conducted between January 25 and February 10, 2022, online and by phone in English and Spanish. The overall margin of sampling error is +/- 4.1 percentage points.

NORC at the University of Chicago conducted this study with funding from The SCAN Foundation.

This report contains the following sections:

- A demographic breakdown of the survey respondents, including health insurance status
- Key findings from the survey
- A description of the physical health status of this population
- Mental health and cognitive impairment
- Experience with social isolation
- Economic security, including the ability to get enough food and pay for health care
- What health care services they have used in the past six months and how well their care is coordinated
- Experiences accessing care, including delays in receiving care and the perceived reasons for those delays
- Personal and routine care needs, and whether those needs are being met
- Experiences of those providing care to a family member or friend
- A deeper dive into key populations, including:

- o Medicare Advantage Enrollees
- o Dual Eligible Beneficiaries
- o Near-Duals (Income within 139-220% of the Federal Poverty Level¹)
- o Californians Age 75 and Older
- o Hispanic Californians Age 55 and Older
- o Asian Californians Age 55 and Older
- o Women in California Age 55 and older

The report also highlights differences between subgroups of Californians surveyed when appropriate. This includes differences by age, gender, race and ethnicity, household income, and insurance status. All differences reported are significant in a multivariate² and bivariate analysis at the $p < 0.05$ level.

SECTION 1: SURVEY SAMPLE DEMOGRAPHICS

Among Californians age 55 and older, 45% are ages 55-64, 33% ages 65-74, and 21% are 75 and older. Women make up 54% of this group, and men make up 46%. Fifty-four percent are non-Hispanic white, 23% are Hispanic, 11% are Asian, 6% are non-Hispanic Black, 4% are multi-racial, and 3% are other non-Hispanic race and ethnicities.³

Among survey respondents, 8% of respondents reported having less than a high school diploma, 28% a high-school diploma but no college experience, and 31% report having some college or an Associate's degree. Nineteen percent report having a bachelor's degree, and 15% say they have completed postgraduate study or a professional degree.

Forty-five percent of respondents reported household incomes of less than \$50,000 a year, 30% report income above \$50,000 but less than \$100,000, and 25% income of \$100,000 or more.

Eighteen percent of respondents have household incomes at or below 138% of the Federal Poverty Level (FPL), which qualifies them for Medi-Cal. Another 13% fall within 139-220% of FPL. Seventy percent have income at 221% of FPL or higher, including 40% at 401% of FPL or above.

A full demographic breakdown can be found in Table 1 below.

¹ The poverty guidelines used by the federal government are constructed using the number of people in a household and the household income. The 2021 poverty guidelines can be found here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>

² Multivariate analyses used logistic regression with the following independent variables: age, race/ethnicity, household income, gender, education, and employment status. Additional models removed age and household income and included status as a Medicare enrollee vs. not and status as a Medi-Cal enrollee vs. not.

³ Asian includes those who consider their racial background to be Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian. Also, Black respondents were included in the sample and asked all of the same questions as other respondents, but the sample size was too small to report findings among this group.

Table 1.

	Percent of California Residents Age 55+ in the Survey Sample
Age*	
55-64	45
65-74	33
75+	21
Gender*	
Female	54
Male	46
Race/ethnicity*	
White, Non-Hispanic	54
Black, Non-Hispanic	6
Other, Non-Hispanic	3
Hispanic	23
Multiracial, Non-Hispanic	4
Asian, Non-Hispanic	11
Education*	
Less than a high school diploma	8
High school graduate or equivalent	28
Some college or Associate's degree	31
College graduate or above	19
Post-grad study/professional degree	15
Income	
Under \$10,000	5
\$10,000 to under \$20,000	11
\$20,000 to under \$30,000	11
\$30,000 to under \$40,000	11
\$40,000 to under \$50,000	8
\$50,000 to under \$75,000	18
\$75,000 to under \$100,000	13
\$100,000 to under \$150,000	14
\$150,000 or more	11
Federal Poverty Level	
0%-138%	18
139%-220%	13
221%-400%	30
401% and above	40

N= 1,540

**The survey sample is weighted to state benchmarks for age, race/ethnicity, gender, education, and region. Additional details are included in Section 12 on the survey methods.*

When asked about their health insurance, nearly all respondents (98%) report they are insured, including 58% who are enrolled in Medicare, 20% in Medi-Cal, 11% who are dually enrolled in Medicare and Medi-Cal, and 32% with other coverage.

Of those enrolled in Medicare, 65% report being enrolled in Medicare Advantage. Twenty-nine percent of Californians age 55 and older report having a Medigap or a Medicare Supplement plan.

Seventy-one percent report having dental coverage and 18% report being enrolled in a long-term care insurance plan.

SECTION 2: SUMMARY OF KEY FINDINGS

Health Status

- 38% rate their health as very good or excellent.
- 78% say they have been diagnosed with at least one chronic condition, including 56% who have been diagnosed with two or more. Asian adults are less likely than white or Hispanic adults to report a chronic condition.

Mental Health and Cognitive Impairment

- 9% report symptoms of moderate to severe depression.
- Those within 0-138% of FPL are twice as likely to show symptoms of moderate to severe depression (16%) than older Californians who are within 221-400% of FPL (7%) and 400+% of FPL (8%).
- 12% of respondents report having trouble concentrating, remembering, or making decisions due to their medical conditions.
- Cognitive issues are most common among lower income older Californians. Twenty-five percent of those surveyed within 0-138% of FPL report having trouble concentrating, remembering, or making decisions compared to 5% of older Californians within 139%-220% of FPL and 10% of older Californians at 221% of FPL and higher.

Economic Security

- In the past six months, 7% report having problems paying or were unable to pay medical bills.
- Those within 0-138% of the FPL are more likely to have had problems paying medical bills (12%) than those above 400% of the FPL (4%). The ability to pay for care did not vary by type of health insurance.
- 88% of Californians age 55 and older are very or extremely confident in their ability to get enough food to eat, while 10% are somewhat confident and 2% are not very or not at all confident.
- Those age 75 and older (96%) are more likely than those age 55-64 (84%) or those age 65-74 (89%) to feel very or extremely confident in their ability to get enough food.

Social Isolation

- 11% have experienced feelings of social isolation often or very often in the past four weeks.

- Those at 0-138% of the Federal Poverty Level (FPL) are more likely to feel isolated often or very often (21%) compared to those at the 139-220% of FPL (9%), 221-400% of FPL (9%), and 400%+ of FPL (10%).

Health Care Utilization and Coordination of Services

- 93% report needing health care of some kind in the past six months, and 82% have needed more than one type of care. The most common types of care received were prescription medication (80%), primary care (60%), and dental care (57%).
- Individualized care plans⁴ (22%) and single care managers (22%) are not common services.
- Those age 75 and older (30%) are more likely to report having an individualized care plan compared to those age 55-74 (20%).
- Older Californians with two or more chronic conditions (26%) are more likely than those without a chronic condition (13%) to report having a single care manager.
- 57% of those with a single care manager think their care manager has improved their care a lot, 38% a little, and just 5% say not at all. Those without a single care manager are skeptical that having one would improve their care: just 14% think it would improve care a lot, 34% a little, and 51% think it would not improve their care at all.
- Those without a single care manager who are in good, fair, or poor health are more likely to think having one would improve their care a lot (18%) compared to those in very good or excellent health (8%).
- Those with a single care manager are more likely to report that their doctors often share important information with one another (26%) compared to those who do not have a single care manager (14%).
- 10% say they have had instances where their test results, medical records, and reasons for referrals were unavailable at the time of a scheduled doctor's appointment.
- Those with two or more chronic conditions were more likely to experience a time in the last six months where their results or records were not ready ahead of a scheduled doctor's appointment (13%) compared to those with one (7%) or no chronic conditions (6%).

Accessing Care and Desired Benefits

- Among those who have needed them, a majority think it is easy to access medications (90%), emergency care (87%), their primary health care provider (83%), dental services (77%), mental or behavioral health services (71%), and health care and support services at home (61%).
- 14% reported delays or problems getting care in the past six months. While the COVID-19 pandemic was the most common reason (66%), about 1 in 5 reported delays in care because of a lack of providers in their area (21%), insurance coverage issues (19%), or the cost of care being too expensive (18%).

⁴ For the purposes of this survey, an individualized care plan was defined as a paper sent through the mail with your name on it that lists some of your health care needs with suggestions about how to best get those needs met.

- Among a list of benefits not included in a typical health insurance plan, Californians age 55 and older think that the most important benefits when choosing a health insurance plan are coverage for vision (68% think it is extremely or very important), dental (64%), and discounted medications (64%).
- 14% reported needing an interpreter, and 4% were able to get one. Hispanic adults were more likely to need one (26%) compared to white adults (8%).

Meeting Personal and Routine Needs

- Only 2% reported needing help with personal care needs like bathing, eating, and getting dressed.
- 9% reported needing help with routine needs like household chores, shopping, and getting around outside the home. Of that group, 24% indicate they are not receiving the help they need with these tasks. Not knowing where to get help and not being able to afford help are the most common reasons.
- For 62% of those getting help with routine needs, that help is entirely unpaid.

Experiences of Caregivers

- Almost a quarter (24%) of older Californians report they are currently providing care to a loved one.
- Among caregivers, 19% feel very or extremely financially stressed by providing care, and 16% report suffering physical or mental health problems from it in the past six months.

SECTION 3: HEALTH STATUS OF CALIFORNIANS AGE 55 AND OLDER

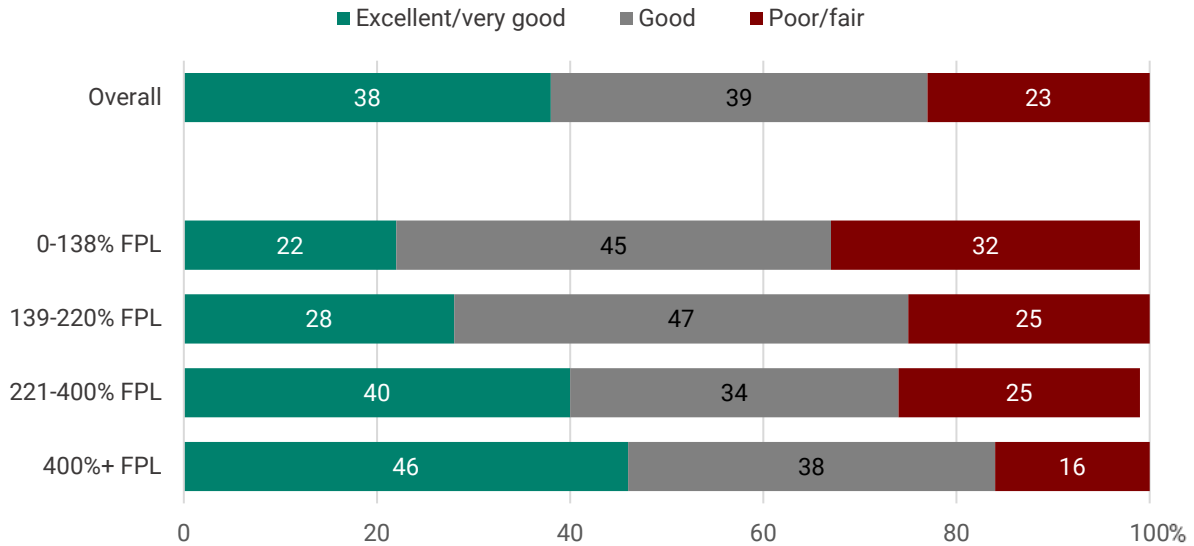
Overall, older Californians report being in good health, though issues with health, including chronic conditions, are worse among lower-income older Californians. Disparities in self-reported health status also exist between older Californians of different racial and ethnic groups.

Thirty-eight percent report that they are in excellent or very good health, and 39% are in good health. However, nearly a quarter describe their health as fair or poor (See Figure 1).

Self-reported health declines as income decreases. Older Californians with incomes within 0-138% of FPL (32%) report having fair or poor health more often than older Californians with incomes within 221-400% of FPL (25%) and 400%+ of FPL (16%).

Figure 1: Most older Californians are in good health or better, but lower-income older Californians report poorer health.

Percent of Californians age 55+



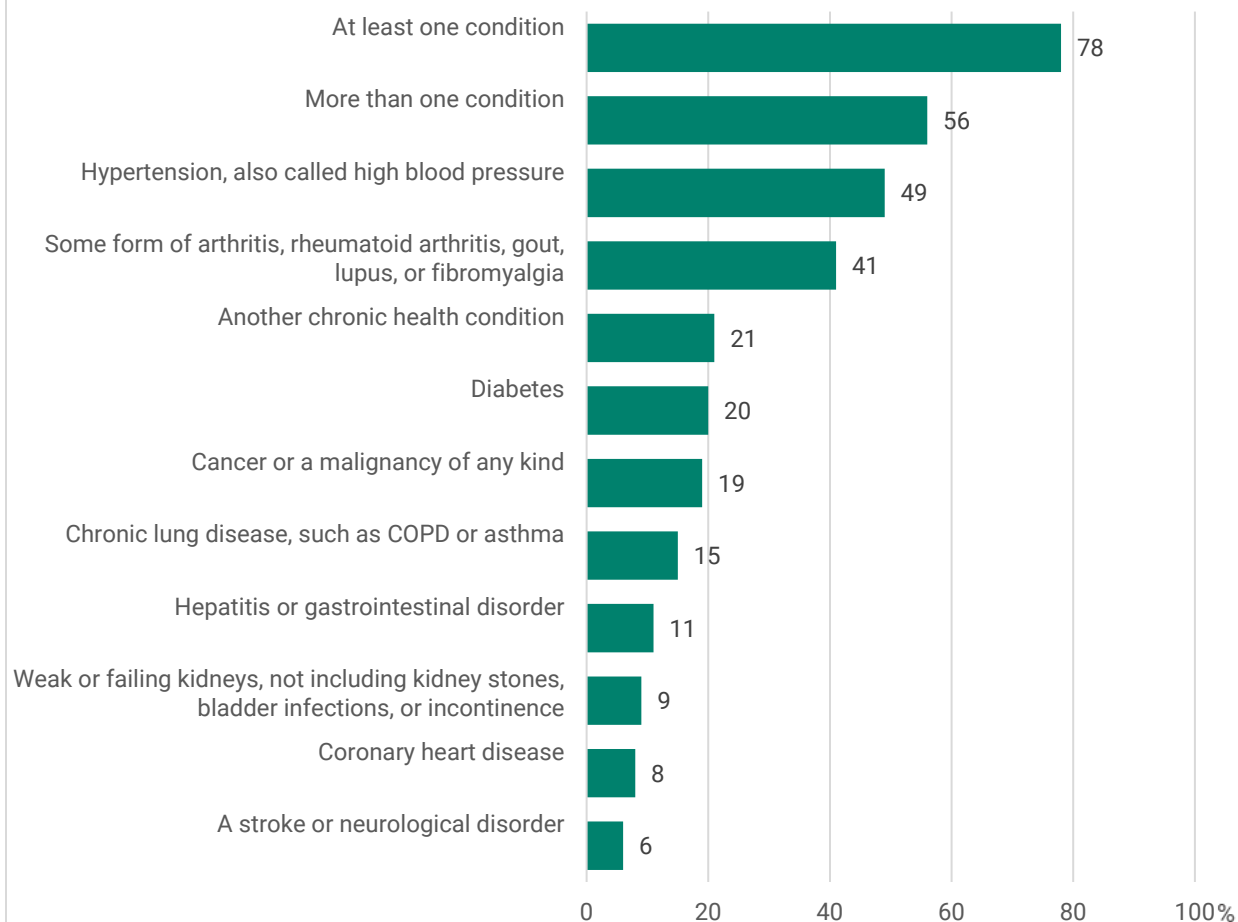
Question: In general, how would you rate your overall health?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Even with many reporting at least good health, 78% of older Californians say they have been diagnosed with at least one chronic condition, and 56% have been diagnosed with more than one. The most common chronic conditions are hypertension (49%), some form of arthritis (41%), and diabetes (20%). Less common are weak or failing kidneys (9%), coronary heart disease (8%) or a stroke or neurological disease (6%). The rate of all conditions asked about can be found in Figure 2.

Figure 2: More than three out of four older Californians have been diagnosed with at least one chronic condition and over half have more than one.

Percent of Californians age 55+



Question: The next questions are about certain medical conditions. Have you ever been told by a doctor or other health professional that you had...

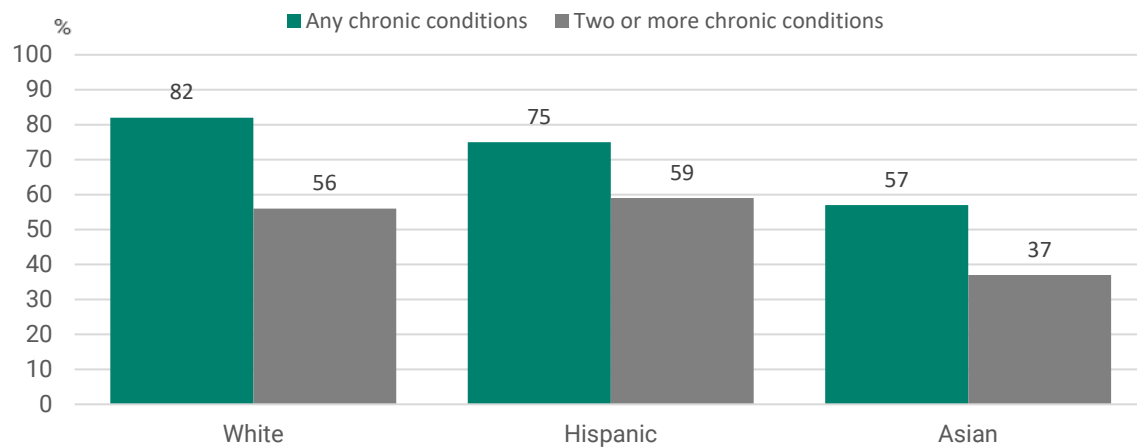
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Differences in prevalence of chronic conditions emerge by race and ethnicity. Just 57% of Asian older Californians report having any chronic conditions, which is a smaller rate than among those who identify as white (82%) or Hispanic (75%). Over a third (37%) of Asian older Californians reported they had more than one chronic condition. This is fewer than white (56%) or Hispanic older Californians (59%) who report more than one chronic condition. (See Figure 3).⁵

⁵ Black respondents were also included in the sample and asked all of the same questions as other respondents, but the sample sizes are too small to report.

Figure 3: Asian older Californians are less likely to report having chronic conditions than older Californians of other races and ethnicities.

Percent of Californians age 55+



Question: The next questions are about certain medical conditions. Have you ever been told by a doctor or other health professional that you had...

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

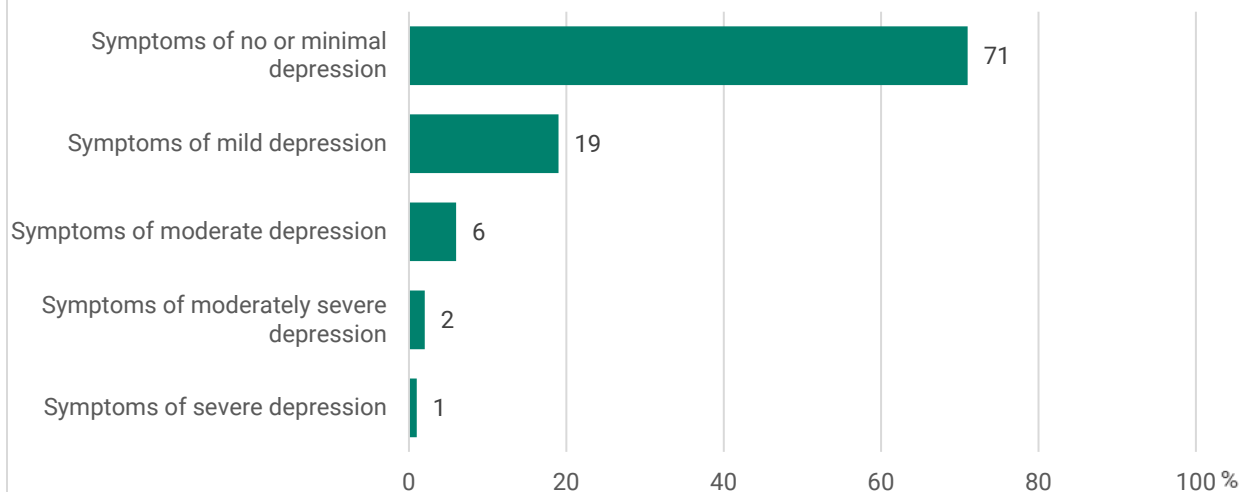
SECTION 4: MENTAL HEALTH AND COGNITIVE IMPAIRMENT OF CALIFORNIANS AGE 55 AND OLDER

The survey used questions from the Patient Health Questionnaire-9 (PHQ-9) to rate older Californians' levels of depression.^{6,7} Seventy-one percent of older Californians report show no symptoms of depression or symptoms of minimal depression over the past two weeks, and 19% show symptoms of mild depression. Six percent experienced moderate depression, 2% moderately severe depression, and 1% severe depression (See Figure 4).

⁶ Kroenke K, Spitzer RL, Williams JB, "The PHQ-9: validity of a brief depression severity measure," *J Gen Intern Med*16, no.9 (2001): 606-13, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>.

⁷ For a copy of the PHQ-9, please see: <https://integrationacademy.ahrq.gov/sites/default/files/2020-07/PHQ-9.pdf>.

Figure 4: About 10% of older Californians experienced symptoms of moderate to severe depression over the last two weeks.

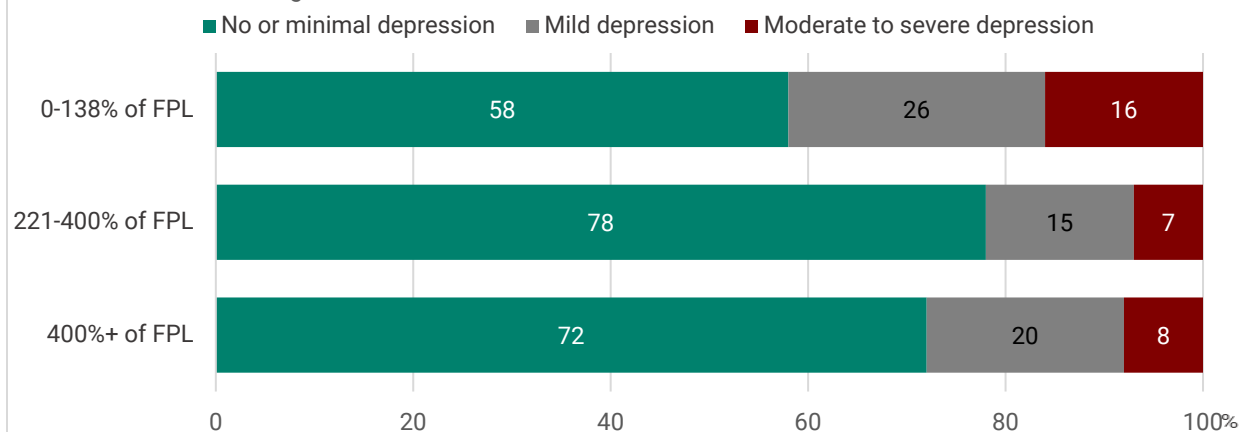


Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Older Californians within 0-138% of FPL (Medi-Cal eligible) are more likely to experience mild, moderate, or severe depression than those with higher incomes (See Figure 5). They are twice as likely to show symptoms of moderate to severe depression than older Californians who are within 221-400% of FPL and 400+% of FPL (16% vs. 7% and 8%, respectively).

Figure 5: Older Californians at 0-138% of FPL are more likely to experience moderate to severe depression than Californians with higher incomes.

Percent of Californians age 55+



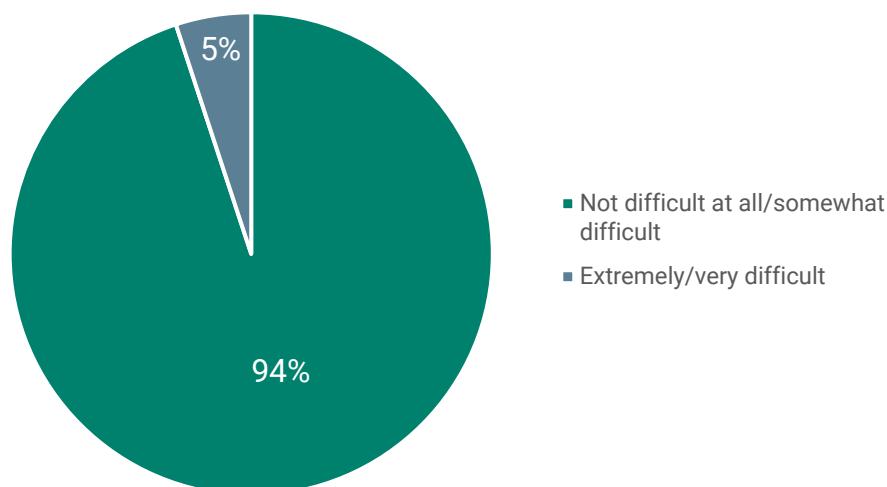
Question: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Most older Californians experiencing at least one symptom of depression feel that it has not seriously impacted their work, taking care of things at home, or getting along with people. However, 5% do report that their depression has made these activities very or extremely difficult (See Figure 6).

Figure 6: Few older Californians report having a very or extremely difficult time managing their daily activities due to depression.

Percent of Californians age 55+ experiencing symptoms of depression

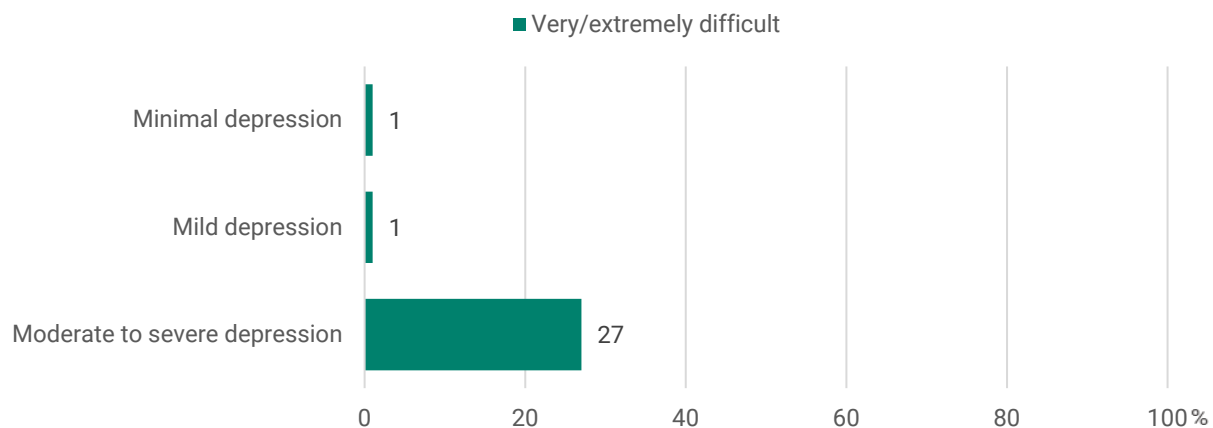


Question: If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Older Californians who experience moderate to severe symptoms of depression have a harder time managing their daily activities. Only 1% of older Californians who experienced no symptoms, minimal symptoms, or mild symptoms of depression had a very or extremely difficult time managing their daily activities, but this share jumps to 27% for those who experienced moderate to severe depression (See Figure 7).

Figure 7: Over a quarter of older Californians who experienced moderate to severe depression over the last two weeks report having a very or extremely difficult time managing daily activities.



Question: If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

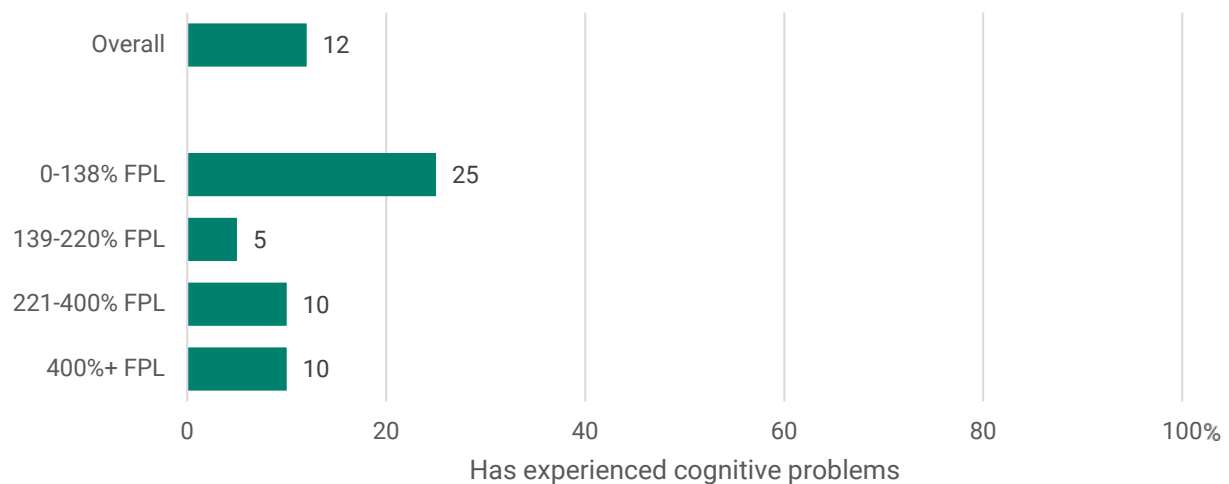
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

As for cognitive impairments, 12% of respondents report having trouble concentrating, remembering, or making decisions due to their medical conditions.

Cognitive issues are most common among lower income older Californians. A quarter of those surveyed within 0-138% of FPL report having trouble concentrating, remembering, or making decisions compared to 5% of older Californians within 139%-220% of FPL and 10% of older Californians at 221% of FPL and higher (See Figure 8).

Figure 8: Few older Californians experience cognitive problems due to their medical conditions, but it is more common among lower-income older Californians.

Percent of Californians age 55+



Question: Because of a physical, mental, or emotional conditions, do you have serious difficulty concentrating, remembering, or making decisions?

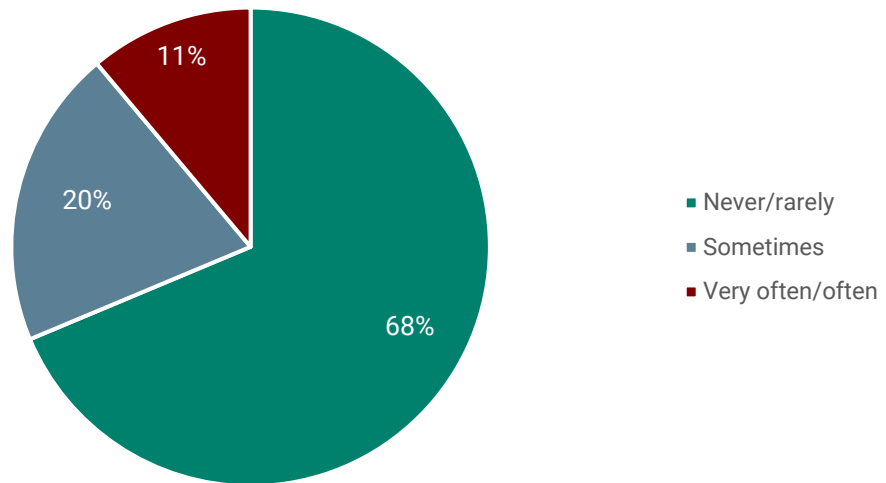
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

SECTION 5: SOCIAL ISOLATION OF CALIFORNIANS AGE 55 AND OLDER

When asked about their social engagement, most Older Californians' report never or rarely experiencing feelings of isolation in the past four weeks (68%). Still, 20% sometimes experienced feelings of isolation, and 11% felt that way often or very often (See Figure 9).

Figure 9: About 1 in 10 older Californians have felt isolated often or very often in the past four weeks.

Percent of Californians age 55+



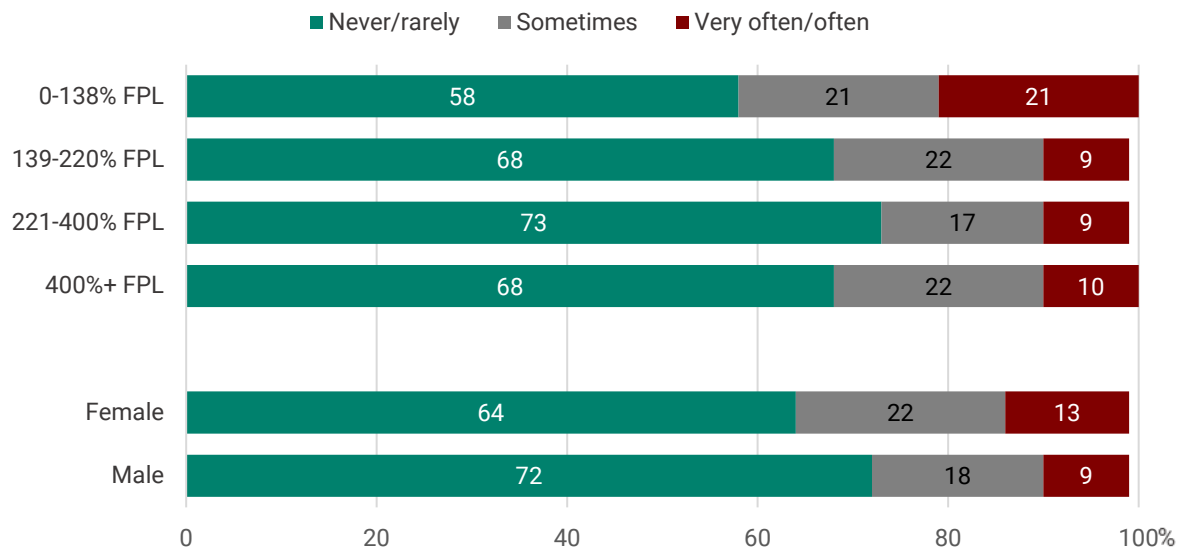
Question: How often in the past 4 weeks have you felt that you are isolated from others?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

As shown in Figure 10, older Californians who are lower income and female feel isolated more frequently. Californians at 0-138% of FPL are more likely to feel isolated often or very often (21%) compared to those at the 139-220% of FPL (9%), 221-400% of FPL (9%), and 400%+ of FPL (10%). Older female Californians also report at least sometimes feeling isolated more often than male Californians (35% vs. 28%).

Figure 10: Feeling isolated often or very often is more common among lower-income and female older Californians.

Percent of Californians age 55+



Question: How often in the past 4 weeks have you felt that you are isolated from others?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

SECTION 6: ECONOMIC SECURITY OF CALIFORNIANS AGE 55 AND OLDER – PAYING FOR MEDICAL BILLS AND FOOD

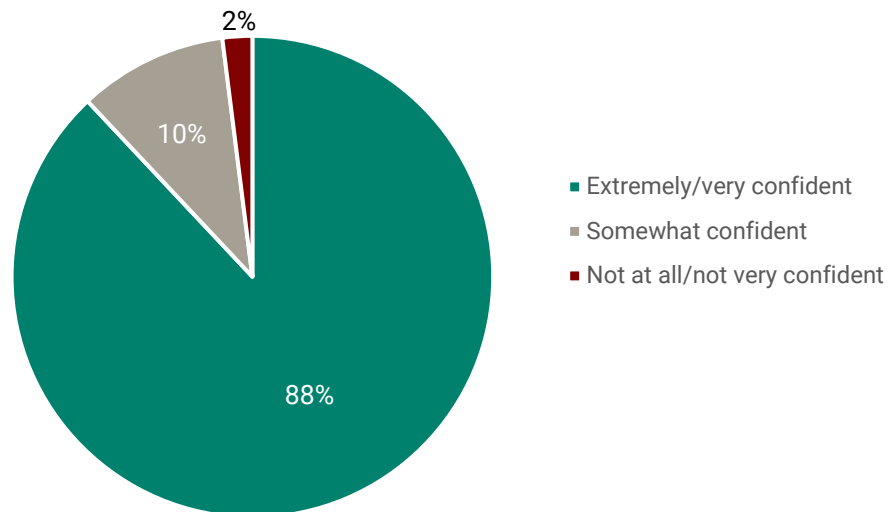
In the past six months, 7% report having problems paying or were unable to pay medical bills, but most (92%) have not had that problem. Those within 0-138% of FPL are more likely to have had problems paying bills than those above 400% of FPL (12% vs. 4%).

The ability to pay for care did not vary by type of health insurance.

Food insecurity is impacting 12% of older Californians including 2% who are not very or not at all confident in their ability to get enough food to eat and 10% who are somewhat confident (See Figure 11).

Figure 11: Almost all older Californians are at least somewhat confident in their ability to get enough food to eat.

Percent of Californians age 55+



Question: These days, how confident are you in your ability to get enough food to eat?

Source: NORC survey conducted for The SCAN Foundation and California OMII January 25-February 10, 2022 with 1,540 California residents age 55 and older.

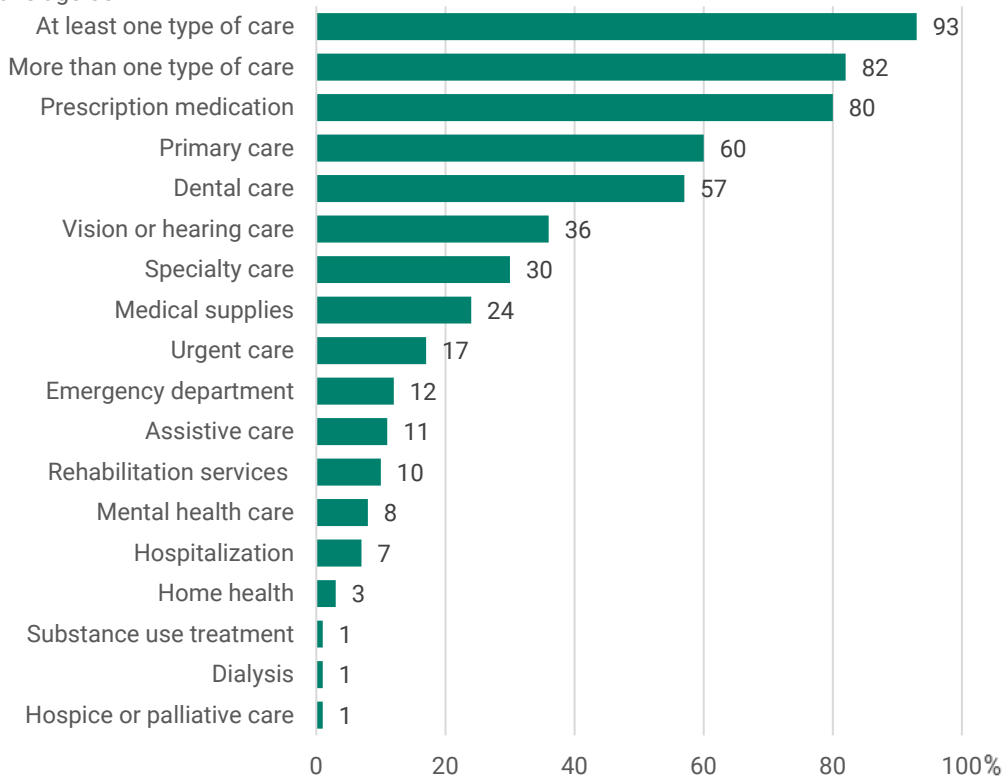
Those age 75 and older are more likely than those age 55-64 or those age 65-74 to feel very or extremely confident in their ability to get enough food (96% vs. 84% and 89%, respectively).

SECTION 7: HEALTH CARE UTILIZATION AND COORDINATION OF SERVICES OF CALIFORNIANS AGE 55 AND OLDER

Most Californians age 55 and older report regularly needing health care. In the last six months, more than 9 in 10 report needing at least one type of health care in the past six months, and over 8 in 10 required more than one (see Figure 12). The most common types of health care treatment were prescription medications (80%), primary care (60%), and dental care (57%). Fewer needed substance-use treatment, dialysis, or hospice or palliative care (1% each). The rates for each type of care asked about on the survey can be found in Figure 12.

Figure 12: Most older Californians needed at least one type of health care in the last six months.

Percent of Californians age 55+

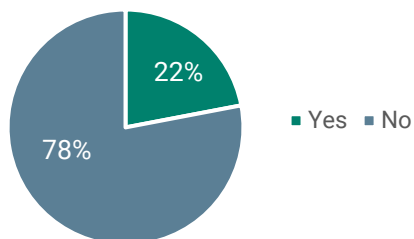
**Question:** In the last six months, did you need any of the following types of health care, or not?**Source:** NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Despite the prevalence of chronic conditions and the frequency of needing health care, just 22% of older Californians report having an individualized care plan designed to take into account their personal goals and preferences (See Figure 13). This rate is similar across older Californians' income and type of insurance. Those age 75 and older are more likely to have an individualized care plan compared to those age 55-74 (30% vs. 20%).

A similar proportion (22%) report having a single care manager who serves as a point of contact for health care and can coordinate all aspects of their health care (See Figure 14). Many of those older Californians with an individualized care plan also have a single care manager (46%).

Figure 13: Most older Californians do not have an individualized care plan...

Percent of Californians age 55+

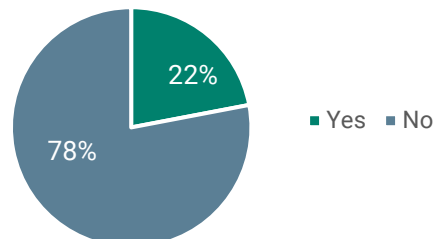


Question: Do you have an individualized care plan designed to take into account your personal goals and preferences?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Figure 14: ...or a single care manager to coordinate their care.

Percent of Californians age 55+



Question: Do you have a single care manager who serves as a point of contact and can coordinate all aspects of your care?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Older Californians with more than one chronic condition are more likely than those without to report having a single care manager. Just 13% of those without any chronic conditions have a care manager compared with 26% of those with two or more chronic conditions.

Those enrolled in Medi-Cal are more likely than those not enrolled in Medi-Cal to report having a single care manager (32% vs. 19%). Other types of insurance did not significantly predict older Californians' having single care managers.

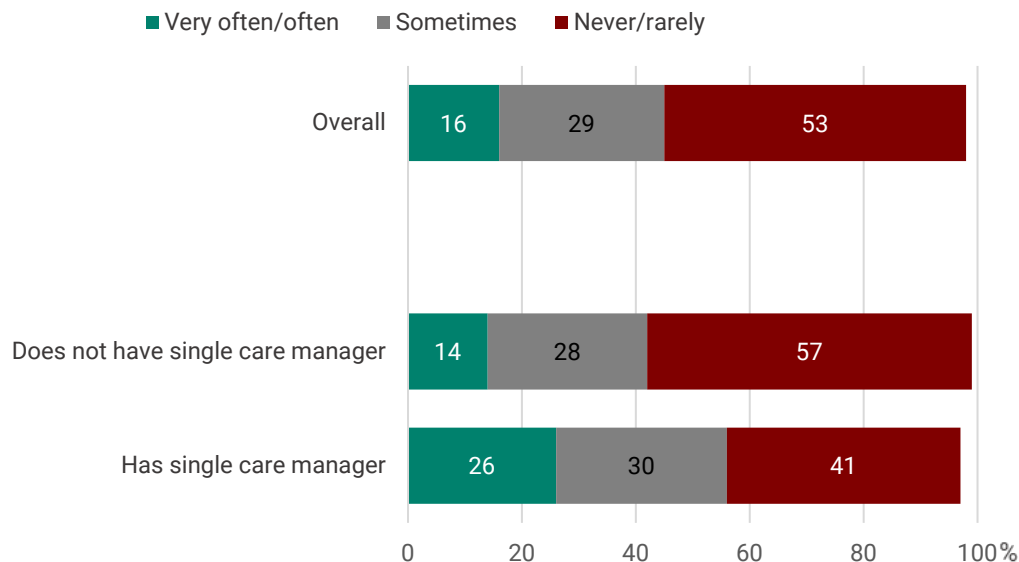
No differences emerge by age in likelihood of having a single care manager.

With most lacking an individualized care plan or a single care manager, many report having trouble organizing their health care across multiple doctors or health care providers. Fifty-three percent of older Californians report that their doctors or other health care professionals rarely or never shared important information about their medical history or treatment with one another, and another 29% report that they only sometimes do. Just 16% report that their providers often or very often share their health care information.

Indeed, older Californians with a single care manager are more likely to report that their doctors more frequently share important information on their health care with one another than those without one. Twenty-six percent of those with a single care manager say their doctors and other health care professional very often or often share important information about their medical history and treatment with one another, compared to only 14% of older Californians who do not have a single care manager. Still, 41% of those with a care manager say their providers rarely or never share health care information (See Figure 15).

Figure 15: Most older Californians report their doctors rarely or never share important information with each other.

Percent of Californians age 55+



Question: In the last six months, how often did doctors or other health care professionals share important information about your medical history or treatment with each other?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

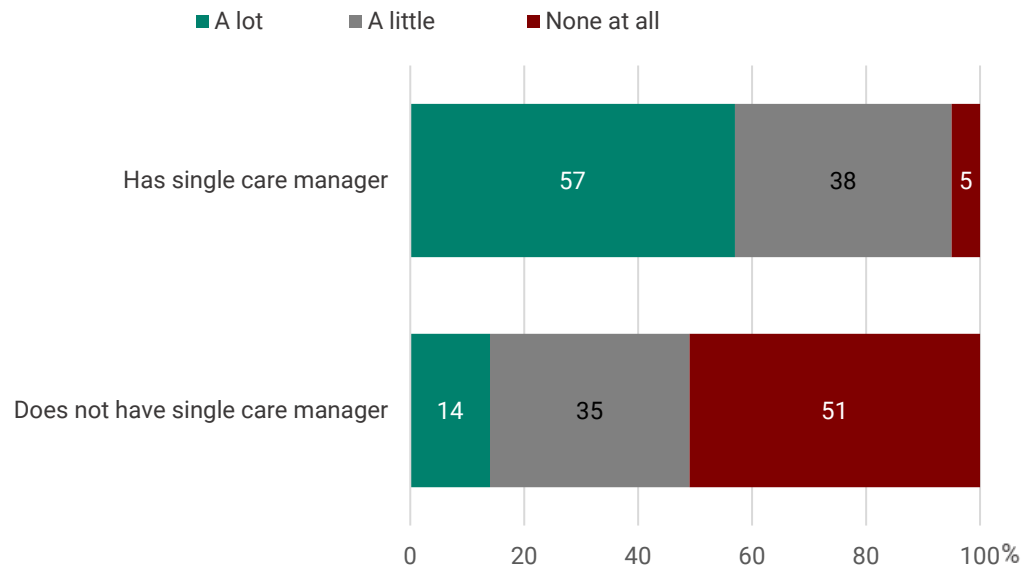
Ten percent report instances where their test results, medical records, and reasons for referrals were unavailable at the time of their scheduled doctor's appointment. Those with two or more chronic conditions were more likely to experience a time in the last six months where their results or records were not ready ahead of a scheduled doctor's appointment compared to those with one or no chronic conditions (13% vs. 7% and 6%, respectively). Having a single care manager was not associated with how often results or records were not being ready ahead of an appointment.

Five percent of older Californians report that their doctor has ordered a medical test or procedure they felt was unnecessary because the test had already been done. These rates did not vary by type of insurance or having a single care manager.

Overall, older Californians with single care managers are happy with the improvements it has led to in their care. Fifty-seven percent with a single care manager think their manager has improved their care a lot, 38% a little, and just 5% say not at all. Those without a single care manager, however, are skeptical that having one would improve their care; just 14% think it would improve care a lot, 34% a little, and 51% think it would not improve their care at all (See Figure 16).

Figure 16: Older Californians with a single care manager say it has improved their care a lot, but those without do not believe it would improve care.

Percent of Californians age 55+ with and without a single care manager



Question: Do you feel that having a single care manager who serves as a point of contact and can coordinate all aspects of your care has improved/would improve your care...?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Among those without a single care manager, lower ratings of self-reported health are associated with more positive views of a single care manager. Those who rate their health as good (17%) or fair or poor (18%) are more likely than those who describe their health as very good or excellent (8%) to think a single care manager would improve their care a lot.

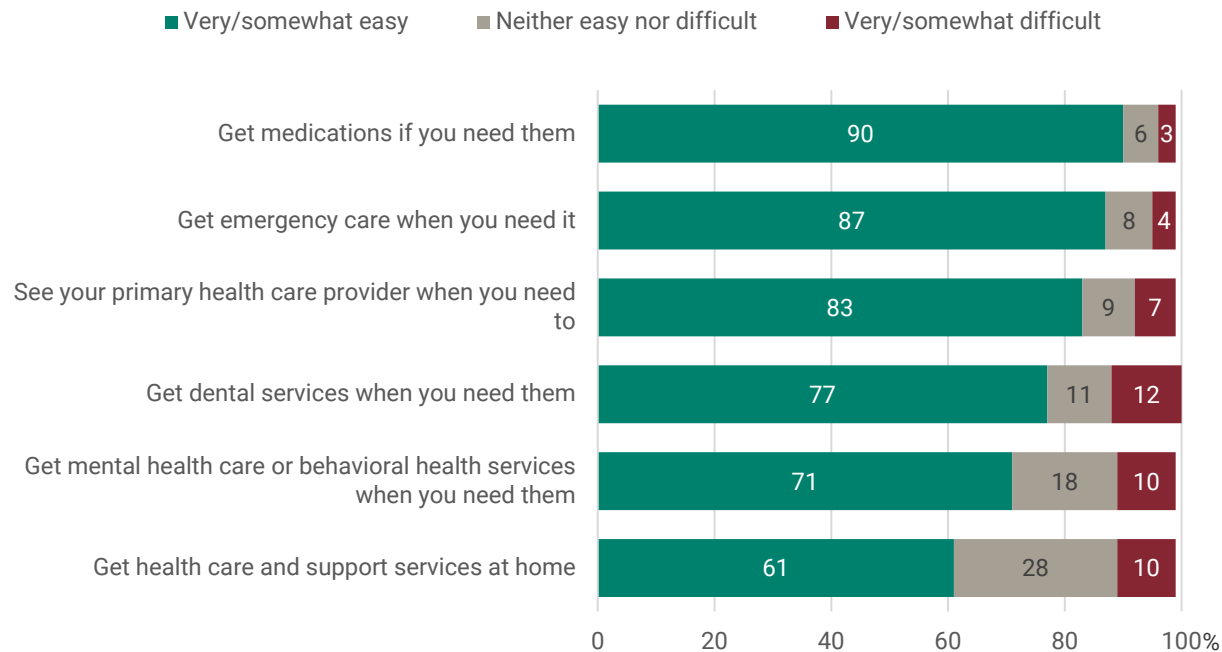
SECTION 8: ACCESSING CARE AND DESIRED BENEFITS OF CALIFORNIANS AGE 55 AND OLDER

When it comes to their personal health care experience, most Californians age 55 and older are confident that they can get the care they need.

Looking at specific types of care, for those who needed each, more than 8 in 10 feel that it is easy to get medications, emergency care, and primary care when needed. Seven in 10 think it is easy to get dental services or mental health. Fewer, 6 in 10, think it is easy to get health care and support services at home (See Figure 17).

Figure 17: Most report it is easy to find medications, but fewer say the same about getting care at home.

Percent of Californians age 55+ who have needed each



Question: When it comes to your personal health care experience, is it easy, difficult, or neither easy nor difficult to do each of the following?

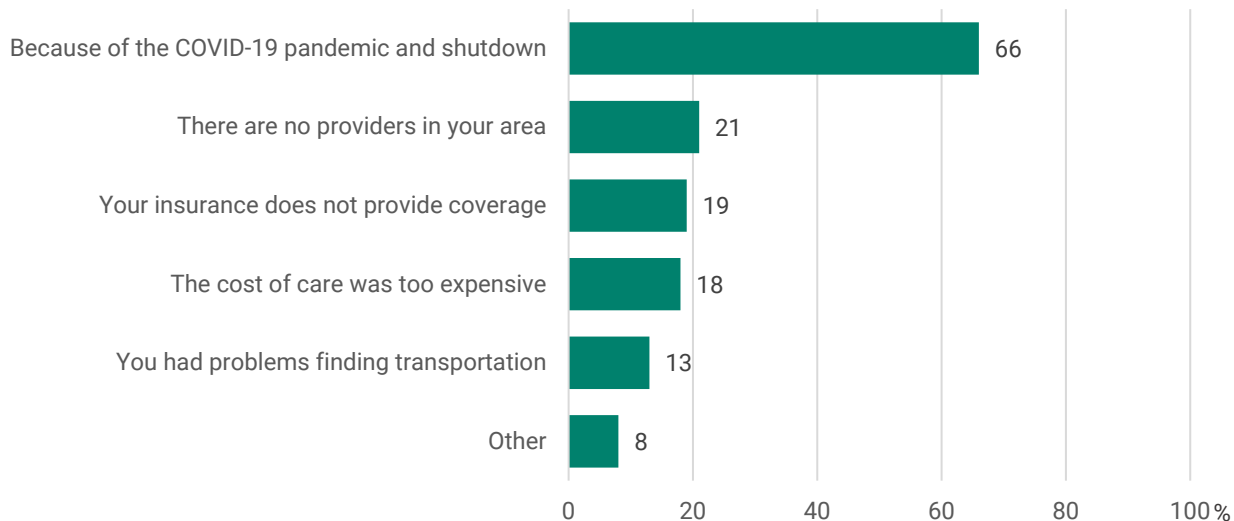
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

The vast majority of older Californians (94%) feel they know who to call when they have an urgent question about their health care. Five percent, however, feel they do not know who to call. Those within 0-138% of FPL are more likely to not know who to call than those above 400% of FPL (8% vs. 2%).

Few older Californians (14%) report having experienced delays in getting care, services, or supplies in the last six months. However, among those who did, the most common reason was the COVID-19 pandemic and shutdown (66%). About 1 in 5 have experienced delays because of the cost of care (18%), insurance coverage issues (19%), or not having providers in their area (21%). These rates can be found in Figure 18 below.

Figure 18: Most who experienced delays in care did so because of the COVID-19 pandemic.

Percent of Californians age 55+ who had care delayed



Question: In the last 6 months, have you delayed care for any of the following reasons?

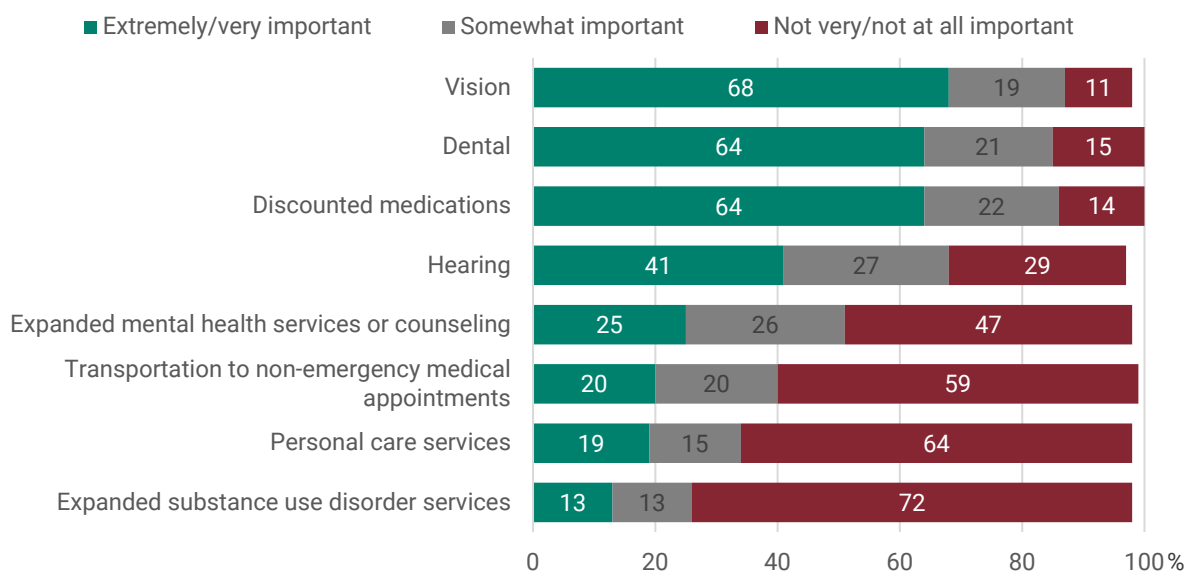
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Overall, 14% of older Californians needed an interpreter, and 4% were able to get one. Hispanic adults were more likely to need one (26%) compared to white adults (8%).

When it comes to choosing health insurance coverage, Californians age 55 and older think vision, dental, and discounted medications are the supplemental benefits they value most. Coverage of hearing, mental health, transportation to care, personal care services, and substance use disorder services are viewed as less important (See Figure 19).

Figure 19: Most older Californians rate vision, dental, and discounted medications as the most important supplemental insurance benefits.

Percent of Californians age 55+



Question: When choosing health insurance coverage, how important are each of the following benefits?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

SECTION 9: MEETING PERSONAL AND ROUTINE CARE NEEDS OF CALIFORNIANS AGE 55 AND OLDER

Only 2% of Californians age 55 and older⁸ need help from someone else with their personal care needs like bathing, dressing, and eating.⁹

When it comes to routine needs such as household chores, shopping, and getting around outside their home, only 9% of Californians age 55 and older require someone else's help. However, those within 0-138% of FPL are more likely than those within 221-400% and those over 400% of FPL to require help with these needs (18% vs. 6% vs. 7%). In addition, individuals enrolled in Medi-Cal are three times as likely to require help than those who are not (20% vs. 6%).

Of those who need help, 75% receive it, but 24% lack the assistance they require. Most (62%) report that the person who helps them most with routine needs is unpaid, while 17% say that person is paid and 20% say both paid and unpaid.

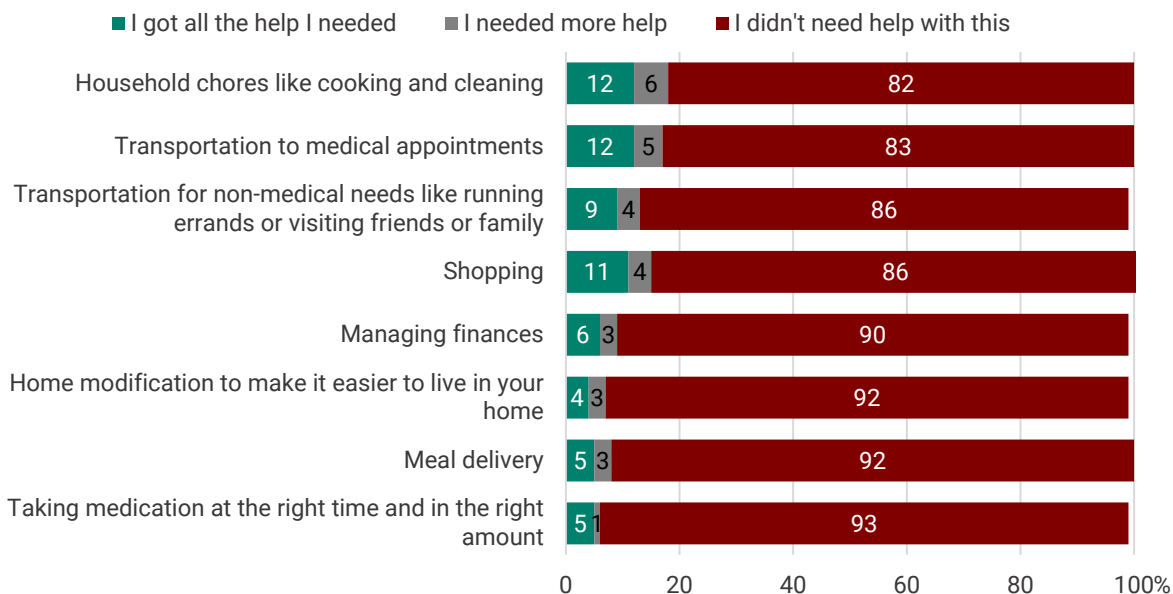
The survey then asked about a variety of specific routine needs. Of the specific routine care needs asked about, 6% needed more help with household chores, 5% needed more help with transportation to medical appointments, and 4% needed help with transportation for non-medical needs or shopping. Three percent or less needed help with all other needs (See Figure 20).

⁸ Note that the survey sample does not include those who live in facilities such as nursing homes.

⁹ Questions about receiving the help they need, whether that help was paid or unpaid, need for specific types of care, and why that help wasn't received were also asked about personal care needs, but the sample sizes are too small to report.

Figure 20: Most older Californians do not need help with routine needs.

Percent of Californians age 55+



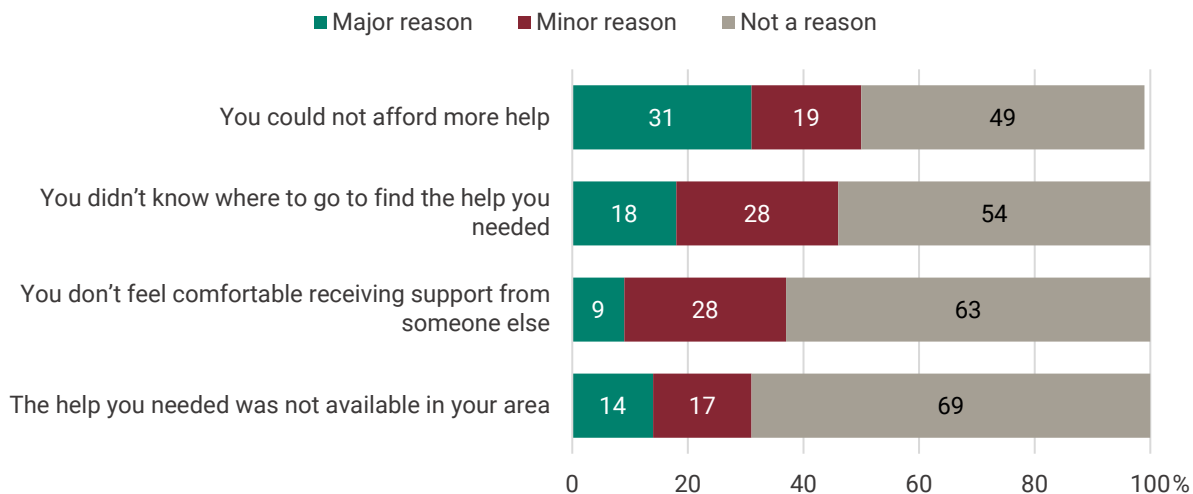
Question: In the last six months, would you say you got all the help you needed with each of the following, or did you need more help?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Not being able to afford help and not knowing where to go to find help are the most common reasons why older Californians did not receive all the help they needed with these tasks (See Figure 21).

Figure 21: Lack of affordability is the most common reason why older Californians do not get the help they need for routine care.

Percent of Californians age 55+ who needed more help with routine needs



Question: Was each of the following a major reason, a minor reason, or not a reason you did not get all the help you needed with your routine care needs?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

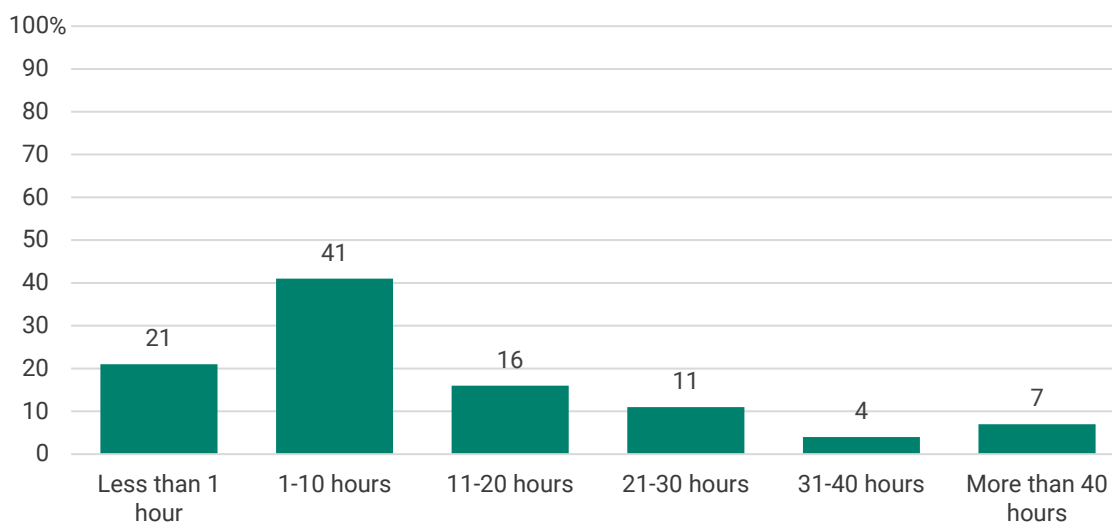
SECTION 10: EXPERIENCES OF CAREGIVERS OF CALIFORNIANS AGE 55 AND OLDER

Nearly a quarter of Californians age 55 and older (24%) are caregivers. These older Californians are providing an adult family member or friend with help with things like baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing.

Among these older caregivers, 7% provide more than 40 hours of care a week, but most (62%) provide 10 hours a week of care or less. Women provide more hours of care than men; 29% of female caregivers provide 20 or more hours of care per week, compared to 12% of male caregivers (See Figure 22).

Figure 22: About 4 in 10 caregivers spend between 1-10 hours providing care in a typical week.

Percent of Californians age 55+ who provide care to an adult.



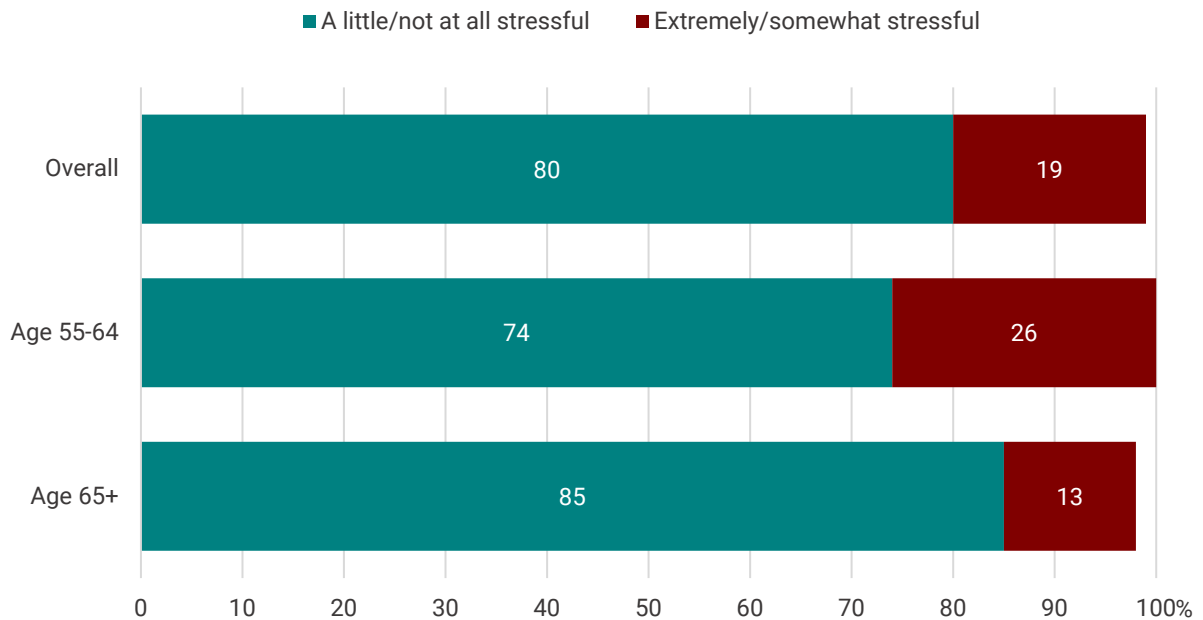
Question: In a typical week, about how many hours did you spend, on average, helping your family member or friend?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

For 80% of caregivers, providing care was only a little or not at all stressful financially, while it was somewhat or extremely stressful for 19%. As shown in Figure 23, caregivers age 55-64 are more likely to experience financial stress from caregiving compared to those 65 and older (26% vs. 13%). In addition to financial stress, 16% of caregivers report suffering from physical or mental health problems as a result of caregiving during the past six months.

Figure 23: Caregivers age 55-64 are more likely to experience financial stress than those 65 and older.

Percent of caregivers



Question: How much of a financial stress would you say that caring for your adult family member or friend was for you? Was it...
Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

Among caregivers, 80% did not need any support services that they didn't receive. Six percent needed access to services, 4% needed respite care, 3% needed support groups or counseling, 3% needed caregiver training in Alzheimer's disease and related dementias, and 2% needed general caregiver training or education classes.

SECTION 11: KEY POPULATIONS OF CALIFORNIANS AGE 55 AND OLDER

Medicare Advantage Enrollees

Thirty-eight percent of Californians age 55 and older are enrolled in Medicare Advantage. Among those enrolled in Medicare, 65% reported being enrolled in Medicare Advantage. The results below are among those enrolled in Medicare Advantage. When significantly different, comparisons to those enrolled in Medicare but not in Medicare Advantage are included.

Health Status

- 34% of Medicare Advantage enrollees rate their health as excellent or very good, 39% as good, and 26% as fair or poor.
- 81% of Medicare Advantage enrollees have at least one chronic condition, and 61% have two or more.

Economic Security

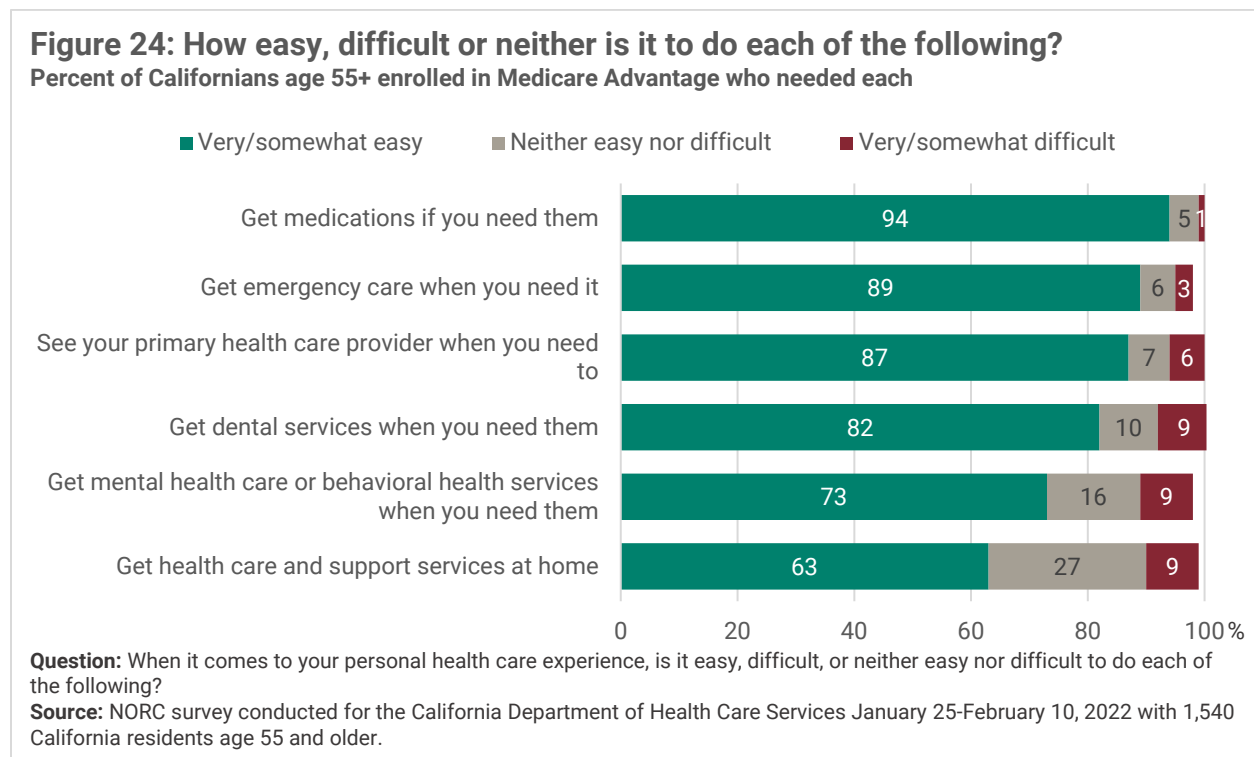
- 7% of Medicare Advantage enrollees have had problems paying or were unable to pay any medical bills in the past six months.
- 92% of Medicare Advantage enrollees are very or extremely confident in their ability to get enough food to eat, 8% somewhat confident, and 1% are not very or not at all confident.

Access to Care

- 93% of Medicare Advantage enrollees have accessed some type of health care in the past six months, including 82% who have accessed more than one type.
- 14% of Medicare Advantage enrollees experienced a delay in getting care in the past six months

Health Care Utilization and Coordination of Services

- A majority of Medicare Advantage enrollees find it easy to access most of the types of care they have needed in the past six months (Figure 24).



- Medicare Advantage enrollees are more likely to have an individualized care plan than Medicare beneficiaries who are not enrolled in Medicare Advantage (29% vs. 12%).
- 24% of Medicare Advantage enrollees have a single care manager.
- Of Medicare Advantage enrollees with a single care manager, 64% think it has improved their care a lot, 31% a little, and just 4% not at all.
- Among Medicare Advantage enrollees without a single care manager, just 13% think it would improve their care a lot, 31% a little, and 55% not at all.
- 11% of Medicare Advantage enrollees have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment.

- Medicare beneficiaries not enrolled in Medicare Advantage are more likely to report that their doctors rarely or never share important medical information compared to Medicare Advantage enrollees (57% vs. 47%).

Dual Eligible – Medicare and Medi-Cal

Eleven percent of Californians age 55 and older are dual beneficiaries of both Medicare and Medi-Cal. The results below are among dual beneficiaries. When significantly different, comparisons to those enrolled in Medicare but who are not dual beneficiaries are included.

Health Status

- 24% of dual beneficiaries report being in excellent or very good health, 43% in good health, and 33% in fair or poor health.
- 83% of dual beneficiaries have at least one chronic condition, including 69% who have more than one.

Economic Security

- 10% of dual beneficiaries have had problems paying or were unable to pay any medical bills in the past six months.
- Dual beneficiaries are less likely than those enrolled in Medicare who are not dual beneficiaries to feel very or extremely confident in their ability to get enough food to eat (81% vs. 93%).

Access to Care

- 96% of dual beneficiaries have accessed some type of health care in the past six months, including 92% who have accessed more than one type. They are more likely than those enrolled in Medicare who are not dual beneficiaries to have accessed more than one type of care (92% vs. 85%).
- 14% of dual beneficiaries experienced a delay in getting care in the past six months.

Health Care Utilization and Coordination of Services

- 27% of dual beneficiaries have an individualized care plan.
- Dual beneficiaries are more likely than those enrolled in Medicare who are not dual beneficiaries to have a single care manager (44% vs. 20%).
- 25% of dual beneficiaries report that their doctors share information often or very often, 29% sometimes, and 47% rarely or never.
- Dual beneficiaries are more likely than those enrolled in Medicare who are not dual beneficiaries to have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment (19% vs. 7%).

Near-Duals (139-220% of FPL)

Nine percent of Californians age 55 and older have incomes of 139-220% of FPL and are not currently dual beneficiaries. This group can be called “Near-Duals” as they are just above the income limit for Medi-Cal, and do not qualify for the services and supports available through Medi-Cal. The results below are among those with incomes of 139%-220% of FPL who are not currently dual beneficiaries. When significantly different, comparisons to current dual beneficiaries are included.

Health Status

- Among Near-Duals, 30% describe their health as excellent or very good, 49% as good, and 20% as fair or poor.
- 78% of Near-Duals have at least one chronic condition, and 54% have two or more.

Mental Health and Social Isolation

- 9% of Near-Duals show symptoms of moderate to severe depression, 18% show symptoms of mild depression, and 73% show minimal or no depression.
- 6% of Near-Duals report feeling isolated from others often or very often in the past four weeks, 23% sometimes, and 70% rarely or never.

Economic Security

- 8% of Near-Duals have had problems paying or were unable to pay any medical bills in the past six months.
- 87% of Near-Duals are very or extremely confident in their ability to get enough food to eat, 11% somewhat confident, and 1% are not very or not at all confident.

Access to Care

- 91% of Near-Duals have accessed some type of health care in the past six months, including 73% who have accessed more than one type. Current dual beneficiaries are more likely to have accessed more than one type of care compared to Near-Duals (92% vs. 73%).
- 10% of Near-Duals reported experiencing a delay in getting care.

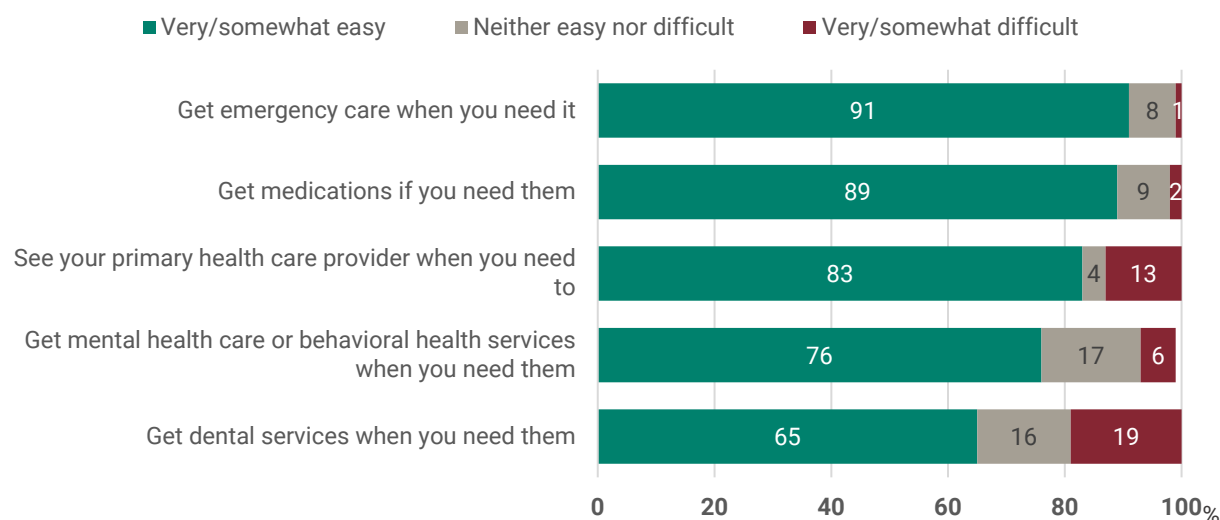
Health Care Utilization and Coordination of Services

- A majority of Near-Duals who have needed health care services report ease with accessing those services, but dental services and mental or behavioral health care were less easy to come by (Figure 25).¹⁰

¹⁰ Near-Duals were also asked about the ease or difficulty receiving health care services at home, but the sample sizes are too small to report.

Figure 25: How easy, difficult or neither is it to do each of the following?

Percent of Californians age 55+ with income 139-220% of FPL who needed each



Question: When it comes to your personal health care experience, is it easy, difficult, or neither easy nor difficult to do each of the following?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

- 27% of Near-Duals have an individualized care plan.
- Current dual beneficiaries are more likely than Near-Duals to have a single care manager (44% vs. 21%).
- Among Near-Duals without a single care manager, just 21% think it would improve their care a lot, 29% a little, and 51% not at all.
- Looking at experiences with coordination of care, just 5% of Near-Duals report that their doctors share information often or very often, 33% sometimes, and 60% rarely or never.
- 8% of Near-Duals have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment.

Californians Age 75 and Older

Twenty-one percent of Californians age 55 and older are 75 or older. The results below are among those age 75 and older. When significantly different, comparisons to those age 55-74 are included.

Health Status

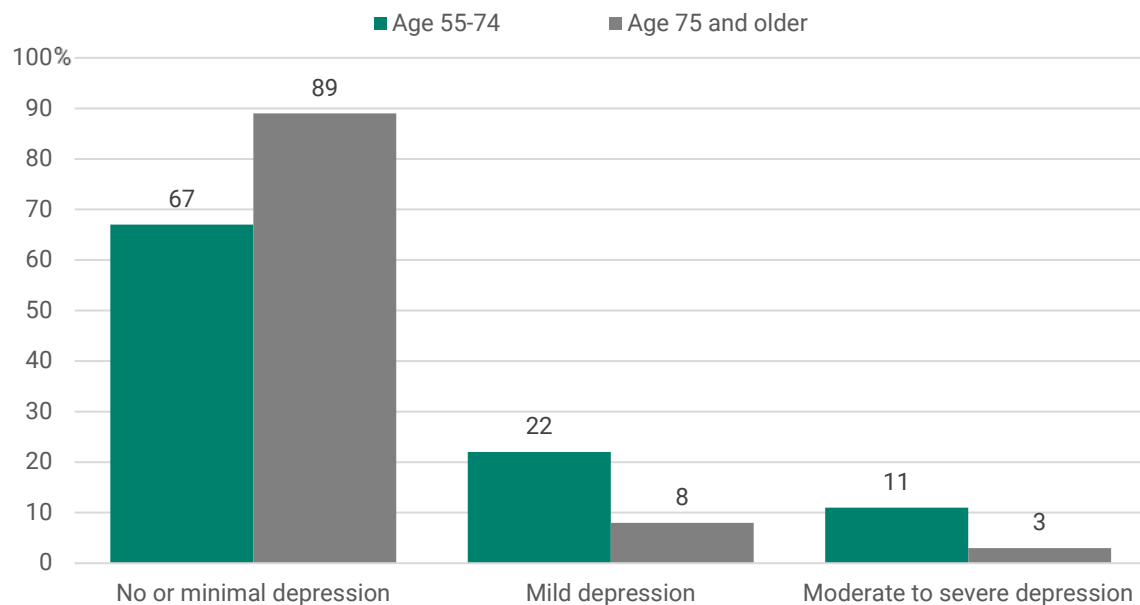
- 32% of Californians age 75 and older are in excellent or very good health, 50% in good health, and 17% in fair or poor health.
- Older Californians age 75 and older are more likely than those age 55-74 to have at least one chronic condition (85% vs. 75%), and report two or more (67% vs. 53%).

Mental Health and Social Isolation

- As shown in Figure 26, Californians age 75 and older are less likely than those age 55-74 to show symptoms of moderate to severe depression (3% vs. 11%), show symptoms of mild depression (8% vs. 22%), and more likely to report no or minimal symptoms of depression (89% vs. 67%).

Figure 26: Californians age 75 and older show fewer symptoms of depression than those age 55-74.

Percent of Californians who show symptoms of...



Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

- In the past four weeks, Californians age 75 and older are less likely than those age 55-74 to have felt socially isolated often or very often (3% vs. 14%) and more likely to have rarely or never felt isolated (79% vs. 65%).

Economic Security

- 5% of those age 75 and older have had problems paying or were unable to pay any medical bills in the past six months.
- Californians age 75 and older are more likely than those age 55-74 to be very or extremely confident in their ability to get enough food to eat (96% vs. 86%) but less likely to be somewhat confident (2% vs. 12%).

Receiving and Providing Care

- Just 2% of those age 75 and older report needing help with personal care needs.
- 10% of those age 75 and older report needing help with routine care needs.
- 23% of those age 75 and older are providing care to a loved one.

Hispanic Californians Age 55 and Older

This section presents findings among Hispanic adults age 55 and older. Hispanic adults make up 23% of Californians age 55 and older.

Health Status

- 32% of Hispanic Californians rate their health as excellent or very good, 40% as good, and 29% as fair or poor.

- 75% of Hispanic Americans have at least one chronic condition, and 59% have two or more.

Mental Health and Social Isolation

- 10% of Hispanic Californians show symptoms of moderate to severe depression, 20% show symptoms of mild depression, and 70% show minimal or no symptoms of depression.
- 13% of Hispanic Californians report feeling isolated from others often or very often in the past four weeks, 18% sometimes, and 69% rarely or never.

Economic Security

- 9% have had problems paying or were unable to pay any medical bills in the past six months.
- 87% of Hispanic Californians are very or extremely confident in their ability to get enough food to eat, 11% somewhat confident, and 2% are not very or not at all confident.

Access to Care

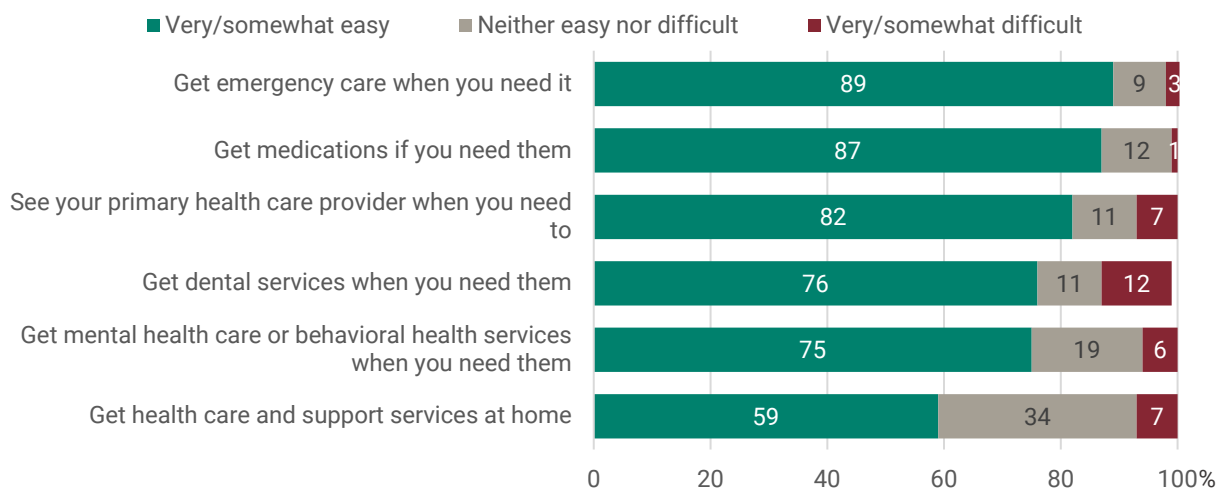
- 93% have accessed some type of health care in the past six months, including 82% who have accessed more than one type.
- 9% of Hispanic older Californians experienced a delay in getting care.
- Hispanic adults were more likely to need an interpreter (26%) compared to white adults (8%).

Health Care Utilization and Coordination of Services

- Most Hispanic adults age 55 and older find it easy to get emergency care, medications, dental services, mental health care, and to see their primary care doctor when they have needed to (Figure 27).

Figure 27: How easy, difficult or neither is it to do each of the following?

Percent of Hispanic Californians age 55+ who needed each



Question: When it comes to your personal health care experience, is it easy, difficult, or neither easy nor difficult to do each of the following?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

- 27% of Hispanic Californians have an individualized care plan.
- 20% of Hispanic Californians have a single care manager.
- Among Hispanic Californians without a single care manager, just 20% think it would improve their care a lot, 28% a little, and 51% not at all.
- When it comes to experiences with care coordination, 19% of Hispanic Californians report that their doctors share information often or very often, 29% sometimes, and 49% rarely or never.
- 17% of Hispanic older Californians have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment.

Asian Californians Age 55 and Older

This section presents findings among Asian adults age 55 and older. Asian Californians make up 11% of those age 55 and older.

Health Status

- 44% of Asian Californians describe their health as excellent or very good, 38% as good, and 18% as fair or poor.
- 57% of Asian Californians have at least one chronic condition, and 37% have two or more.
- Asian Californians are less likely to have a chronic condition compared to white or Hispanic Californians (57% vs. 82% and 75%, respectively). They are also less likely to have two or more chronic conditions (37% vs. 56% and 59%, respectively).

Mental Health and Social Isolation

- 8% of Asian Californians show symptoms of moderate to severe depression, 17% show symptoms of mild depression, and 76% show minimal or no symptoms of depression.
- 13% of Asian Californians report feeling isolated from others often or very often in the past four weeks, 14% sometimes, and 73% rarely or never.

Economic Security

- 3% of Asian Californians have had problems paying or were unable to pay any medical bills in the past six months.
- 87% of older Asian Californians are very or extremely confident in their ability to get enough food to eat, 10% somewhat confident, and 3% are not very or not at all confident.

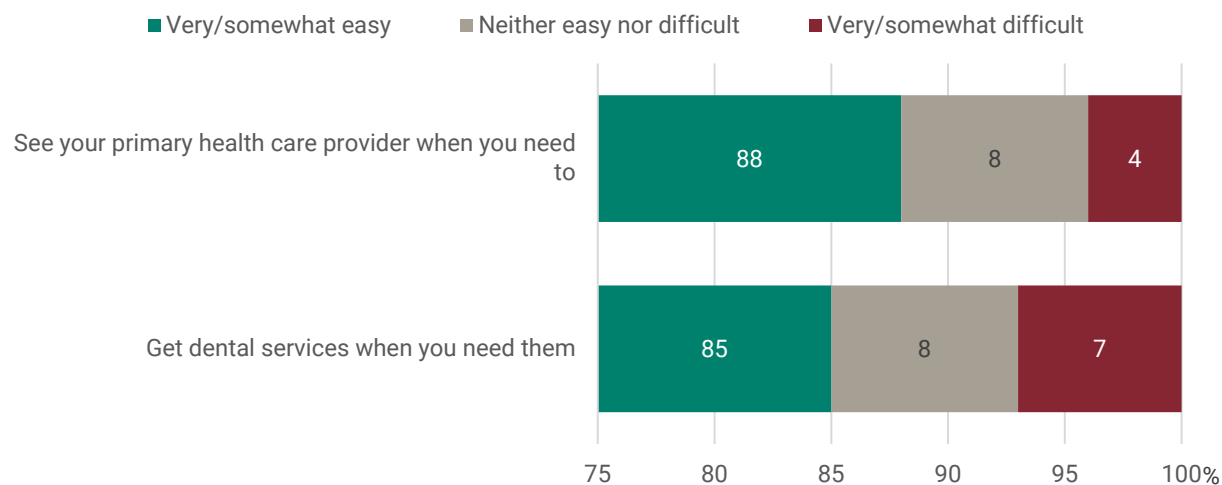
Access to Care

- 87% of Asian Californians have accessed some type of health care in the past six months, including 72% who have accessed more than one type
- 9% of Asian Californians experienced a delay in getting care.

Health Care Utilization and Coordination of Services

- Most Asian adults age 55 and older in California have found it easy to get primary care and dental services when they needed them (See Figure 28).¹¹

Figure 28: How easy, difficult or neither is it to do each of the following?
Percent of Asian Californians age 55+ who needed each



Question: When it comes to your personal health care experience, is it easy, difficult, or neither easy nor difficult to do each of the following?

Source: NORC survey conducted for the California Department of Health Care Services January 25-February 10, 2022 with 1,540 California residents age 55 and older.

- 16% of Asian Californians have an individualized care plan.
- 19% of Asian Californians have a single care manager.
- When it comes to experiences with care coordination, 9% of Asian Californians report that their doctors share information often or very often, 29% sometimes, and 62% rarely or never.
- 2% of Asian Californians have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment.

Women Age 55 and Older in California

This section presents findings among women age 55 and older. Women make up 54% of the population of Californians age 55 and older. When significantly different, comparisons to men are included.

Health Status

- 38% of women in California age 55 and older rate their health as excellent or very good, 41% as good, and 20% as fair or poor.
- 78% of women have at least one chronic condition, and 57% have two or more.

¹¹ Asian adults were also asked about the ease or difficulty receiving emergency care, medications, mental health care, and health care services at home, but the sample sizes are too small to report.

Mental Health and Social Isolation

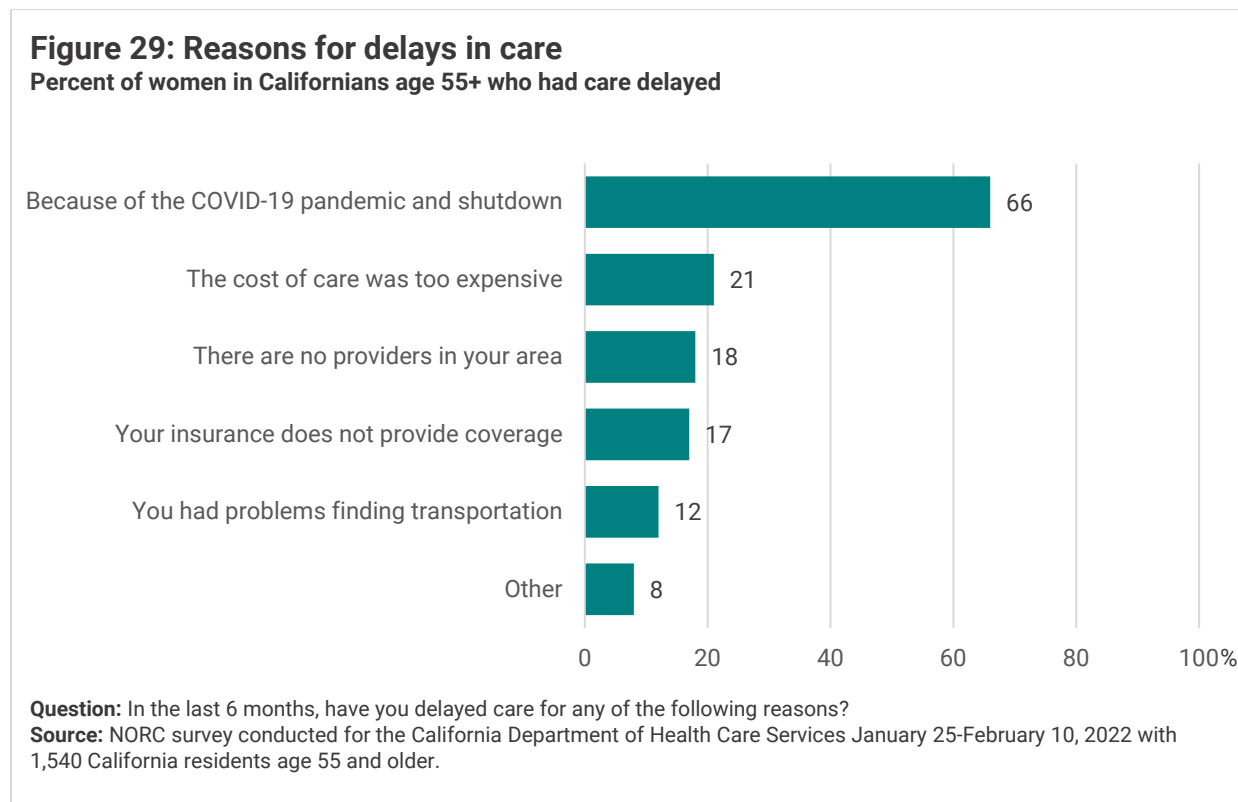
- Women are similarly likely as men to show symptoms of moderate to severe depression (9%), but more likely to show symptoms of mild depression (24% vs. 14%), and less likely to show minimal or no symptoms of depression (66% vs. 77%).
- Women are more likely than men to report feeling isolated from others at least sometimes in the past four weeks (35% vs. 28%) and less likely to report feeling isolated rarely or never (64% vs. 72%).

Economic Security

- 7% of women have had problems paying or were unable to pay any medical bills in the past six months.
- 88% of older women in California are very or extremely confident in their ability to get enough food to eat, 10% somewhat confident, and 2% are not very or not at all confident.

Access to Care

- 94% of women have accessed some type of health care in the past six months, including 81% who have accessed more than one type.
- 16% of women experienced a delay in getting care in the past six months.
- COVID-19 was the most common reason for care delays among women. Other reasons include the cost of care, a lack of providers in the area, and a lack of insurance (Figure 29).



Health Care Utilization and Coordination of Services

- 21% of women have an individualized care plan.
- 19% of women have a single care manager.

- Of women with a single care manager, 58% think it has improved care a lot, 36% a little, and 5% not at all.
- Among women without a single care manager, just 17% think it would improve their care a lot, 32% a little, and 50% not at all.
- As for experiences with care coordination, 18% of women report that their doctors share information often or very often, 27% sometimes, and 53% rarely or never.
- 9% of women have experienced a time when their test results, medical records, or reasons for referrals were not available for an appointment.

Providing Care

- 26% of women age 55 and older in California are currently providing care to a family member or close friend.
- 10% of these women who provide care are providing more than 40 hours of care a week. 19% are providing 21-40 hours, and 71% 1-20 hours. Women provide more hours of care than men; 29% of female caregivers provide 20 or more hours of care per week, compared to 12% of male caregivers.
- Providing care has been somewhat or extremely financially stressful for 23% of women.
- 19% of women suffered physical or mental health problems as a result of providing care.

SECTION 12: STUDY METHODOLOGY

This survey, funded by The SCAN Foundation, was conducted by NORC at the University of Chicago. Staff from NORC at the University of Chicago, The SCAN Foundation, and the Department of Health Care Services Office of Medicare Innovation and Integration collaborated on all aspects of the study.

Data were collected using both probability and non-probability sample sources. Interviews for this survey were conducted between January 25 and February 10, 2022, with adults age 55 and over in California and living in community settings. A total of 1,540 completed the survey. Interviews were conducted in either English and Spanish, depending on respondent preference.

The probability sample source is AmeriSpeak®, NORC's probability-based panel designed to be representative of the U.S. household population. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone, and field interviewers (face to face). The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings. Of note for this study, the panel would also exclude adults age 55 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Panel members ages 55 and older who are residents of California were randomly drawn from AmeriSpeak, and 826 completed the survey—793 via the web and 33 via telephone. Panel members were invited by email or by phone from an NORC telephone interviewer. Respondents were offered a small monetary incentive (\$5) for completing the survey. The final stage completion rate is 37.1 percent,

the weighted household panel response rate is 17.1 percent, and the weighted household panel retention rate is 75.6 percent, for a cumulative response rate of 4.8 percent.

Lucid provided 714 non-probability interviews with adults age 55 and over in California. The non-probability sample was derived based on quotas related to age, race and ethnicity, gender, and education. Interviews were conducted via the web only. For panel recruitment, Lucid uses invitations of all types including email invitations, phone alerts, banners, and messaging on panel community sites to include people with a diversity of motivations to take part in research. Because non-probability panels do not start with a frame where there is known probability of selection, standard response rates cannot be calculated.

Quality assurance checks were conducted to ensure data quality. In total, 23 interviews were removed for nonresponse to at least 50% of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a raking process is used to adjust for any survey nonresponse in the probability sample, as well as any noncoverage or under and oversampling in both probability and non-probability samples resulting from the study specific sample design. Raking variables for both the probability and nonprobability samples included age, gender, California Health Region, race/ethnicity, and education. Population control totals for the raking variables were obtained from the 2021 Current Population Survey. The weighted data reflect the California population of adults age 55 and over.

In order to incorporate the nonprobability sample, NORC used TrueNorth calibration, an innovative hybrid calibration approach developed at NORC based on small area estimation methods in order to explicitly account for potential bias associated with the nonprobability sample. The purpose of TrueNorth calibration is to adjust the weights for the nonprobability sample to bring weighted distributions of the nonprobability sample in line with the population distribution for characteristics correlated with the survey variables. Such calibration adjustments help to reduce potential bias, yielding more accurate population estimates.

The weighted AmeriSpeak sample and the calibrated nonprobability sample were used to develop a small area model to support domain-level estimates, where the domains were defined by race/ethnicity, age, and gender. The dependent variables for the models were:

- Q11D: [Feeling tired or having little energy] Over the last 2 weeks how often have you been bothered by any of the following problems?
- Q13E: [Cancer or a malignancy of any kind] The next questions are about certain medical conditions. Have you ever been told by a doctor or other health professional that you had...
- Q18K: [Dental care] In the last six months, did you need any of the following types of health care, or not?
- Q24A: [Transportation to non-emergency medical appointments] When choosing health insurance coverage, how important are each of the following benefits?
- Q43: Some people provide help to an adult family member or friend who has a serious or chronic illness or disability. This may include help with things they can no longer do for themselves. During the past six months, did you provide any such help to a family member or friend?

These were found to be key survey variables, in terms of model fit. The model included covariates, domain-level random effects, and sampling errors. The covariates were external data available from other surveys such as health insurance, internet access, voting behavior, and housing type from the American Community Survey (ACS) or the Current Population Survey (CPS).

Finally, the combined AmeriSpeak and nonprobability sample weights were derived such that for the combined sample, the weighted estimate reproduced the small domain estimates (derived using the small area model) for key survey variables.

The overall margin of error for the combined sample is +/- 4.1 percentage points at the 95 percent confidence level, including the design effect. The margin of sampling error may be higher for subgroups.

Sampling error is only one of many potential sources of error and there may be other unmeasured errors in this or any other survey.

Additional information on the TrueNorth approach can be found here:

<https://amerispeak.norc.org/our-capabilities/Pages/TrueNorth.aspx>.

For more information, email info@norc.org.

This study was supported by a grant from The SCAN Foundation – advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

About The SCAN Foundation

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

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NORC contributing researchers include Dan Malato, Claire Inciong Krummenacher, Nick Leberer, and Jennifer Benz.