Slide 1: University of Massachusetts Medical School
Commonwealth Medicine, Public & Private Health Solutions

One Care
MassHealth+Medicare
Findings from One Care Member Experience Surveys 2017-2019
June 2021

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Note: This footer appears on each of the following slides. "© 2021. *The consulting and operations division of UMass Medical School. Confidential* "

Slide 2: Acknowledgments

- The University of Massachusetts Medical School (UMMS) authors of this report would like to express our thanks to our UMMS colleagues Bittie Behl-Chadha, PhD, Director of the Office of Survey Research and Rossana Valencia-Hoang, MPH, former Project Director for providing their expertise in survey development and for administering this survey. Our thanks as well go to Alexis Henry, ScD, OTR/L for her previous work on this project and to Jianying Zhang, MS for her analytical support.

Slide 3: Who We Are

Founded in 1999, **Commonwealth Medicine** is the health care consulting and operations division of **UMass Medical School.**

We work with you to **enhance the effectiveness of health and human service programs** to improve **outcomes for vulnerable populations.**

Our **comprehensive suite of health care solutions** supports program integrity, improves respondent health, enhances public programs and fosters a high-quality delivery system.

Our **highly skilled professionals and health care subject matter experts** are carefully matched to project goals and client needs.

The **value of our mission** as one of the nation's top medical schools is our commitment to reinvest revenue to advance research and prepare the next generation of health care providers.

We have real-time access to the **latest academic research and clinical advancements** in development at UMass Medical School.

Slide 4: Outline

- Research Questions
- Methods
- Results
- Conclusions

Slide 5: RESEARCH QUESTIONS

No data on slide

Slide 6: Research Questions and Domains

Research Questions

- What were enrollees' experiences with services in One Care?
- Overall, how satisfied were enrollees with services in One Care?

Domains

- Experiences with providers on the Care Team
- Experiences with the assessment and care planning process
- Experiences with getting medical services
- Experiences with getting Long-term Services and Supports (LTSS)
- Overall satisfaction with care

Slide 7: Methods

No data on slide

Slide 8: Survey Sample

- Sampling Method
  - Random sample of Commonwealth Care Alliance (CCA) enrollees
  - All Tufts enrollees, due to sample size
  - Certain ineligible respondents excluded from data set (See Appendix A)
- Respondents compared to non-respondents and weights applied to adjust for significant differences on specific variables (See Appendix B)
  - Demographic characteristics
  - Enrollment type (i.e., self-selected and passive)
  - Enrollment duration

Slide 9: Survey Methodology

- Survey administered annually in English and Spanish
- Two-wave mail survey with up to 5 telephone follow-ups for non-respondents
- Survey response rates
  - 2017 - 41% (n=4,052)
  - 2018 - 32% (n=5,306)
  - 2019 - 30% (n=5,000)

Slide 10: RESULTS

No data on slide

Slide 11: Overview

- Enrolling in One Care
- Care Team
- Assessment and Care Planning Process
- Individualized Care Plan
- Medical Services
- Long-term Services and Supports
- Overall Experience in One Care

Slide 12: Enrolling in One Care

No data on this slide

Slide 13: What were the Main Reasons for Enrolling in One Care?*

The main reasons respondents enrolled in One Care were to get better health care or additional services. These were followed by better dental care, plan simplicity, access to a care coordinator and lower cost. There was no significant change during the three survey years. *Respondents could choose more than one option.
Note: the following statistics were shown in a bar chart.

Get better health care
- 2017=73%
- 2018=78%
- 2019=80%

Get additional services
- 2017=63%

- 2018=67%
- 2019=69%

Get better dental care
- 2017=51%
- 2018=55%
- 2019=54%

Have one plan rather than two
- 2017=50%
- 2018=52%
- 2019=56%

Get care coordinator
- 2017=42%
- 2018=27%
- 2019=53%

Lower health care cost
- 2017=42%
- 2018=42%
- 2019=44%

Someone recommended
- 2017=35%
- 2018=37%
- 2019=45%

Get LTSS
- 2017=34%
- 2018=41%
- 2019=80%

Others
- 2017=18%
- 2018=18%
- 2019=17%

Slide 14: Experience with The Care Team

No data on this slide

Slide 15: Primary Care Provider (PCP)

Nearly all respondents who had a PCP (95%-96%) met with their PCP in the past 12 months (95%-96%), and nearly all (96%) were extremely or somewhat satisfied with their PCP. There were no significant changes over the three survey years.

Note: the following statistics were shown in a line graph.

Have PCP
- 2017=95%
- 2018=96%
- 2019=96%

Met with PCP
- 2017=95%
- 2018=95%
- 2019=96%

Extremely or somewhat satisfied with PCP
- 2017=95%
- 2018=95%
- 2019=96%

Slide 16: Care Coordinator

There were no significant changes in the percentage of Respondents who reported having a Care Coordinator between 2017 and 2019. Of those with a Care Coordinator, about 80% met with their Care Coordinator in the past 12 months, and a consistently high percentage (93-94%) were extremely or somewhat satisfied with their Care Coordinator.

Note: the following statistics were shown in a line graph.

Extremely or somewhat satisfied
- 2017=93%
- 2018=93%
- 2019=94%

Have CC
- 2017=82%
- 2018=79%
- 2019=80%

Met with CC
- 2017=75%
- 2018=82%
- 2019=78%

Slide 17: LTS Coordinator

There was a significant reduction in the percentage of respondents reporting being offered an LTS Coordinator or having an LTS Coordinator. Most respondents who had an LTS Coordinator had met with their LTS Coordinator

in the past 12 months, and the majority were extremely or somewhat satisfied with their LTS Coordinator.

Note: the following statistics were shown in a line graph.

Have or were offered an LTS Coordinator

Have LTS Coordinator
- 2017=54%
- 2018=52%
- 2019=47%

Offered LTS Coordinator
- 2017=37%
- 2018=28%
- 2019=24%

Those with LTS Coordinator who met and were satisfied
Extremely or somewhat satisfied
- 2017=96%
- 201=93%
- 2019=97%

Met with LTS Coordinator
- 2017=83%
- 2018=83%
- 2019=82%

Slide 18: Assessment Process and Individualized Care Plan

No data on this slide

Slide 19: Assessment of Member's Needs

There was a significant increase in the percentage of respondents who reported receiving an assessment of their medical and LTSS needs. There was also a significant increase in the percentage of respondents who reported being asked about personal and health goals. There was no significant change in the percentage of respondents who reported being asked about their skills, ability, and support.

Note: the following statistics were shown in a line graph.

Met to assess medical and other services needs (Yes)
- 2017=80%
- 2018=84%
- 2019=84%

Extent member asked about personal and health related goals (completely)
- 2017=76%
- 2018=81%
- 2019=80%

Extent member asked about skills, ability, and support (completely)
- 2017=70%
- 2018=75%
- 2019=73%

Slide 20: Assessment for Medical Needs

Respondents were asked if they been assessed for their needs for specific services. Over the three survey years, about three-quarters (71%-88%) stated that they had been assessed for:
1) prescription drugs
2) medical transportation

3) mental health services
4) specialty care, and
5) dental care.

Fewer, but more than half of respondents (53%-62%) reported being assessed for PT, OT and speech therapy or substance use treatment

Note: the following statistics were shown in a bar chart.

Prescription medications
- 2017=88%
- 2018=87%
- 2019=87%

Transportation to med appts
- 2017=83%
- 2018=82%
- 2019=83%

Mental Health Services
- 2017=79%
- 2018=79%
- 2019=75%

Specialty Care
- 2017=75%
- 2018=78%
- 2019=73%

Oral/dental care
- 2017=71%
- 2018=74%
- 2019=73%

PT, PT or Speech therapy
- 2017=58%
- 2018=62%
- 2019=59%

Substance use treatment
- 2017=54%
- 2018=59%
- 2019=53%

Slide 21: Assessment for LTSS Needs

Personal care, day program services, and transportation to the community were the most common services respondents reported having been assessed. There were no statistically significant differences among the three survey years.

Note: the following statistics were shown in a bar chart.

Help with personal care
- 2017=77%
- 2018=81%
- 2019=77%

Help with transportation
- 2017=69%
- 2018=74%
- 2019=68%

Medical Equipment
- 2017=33%
- 2018=35%

- 2019=32%

Help with doing things in the community
- 2017=51%
- 2018=54%
- 2019=50%

Day program services
- 2017=74%
- 2018=77%
- 2019=73%

Assistive Technology
- 2017=45%
- 2018=47%
- 2019=46%

Slide 22: Needs Identified and Discussed during Assessment

There was a statistically significant improvement over the three survey years in the percentage of respondents who felt their needs were identified and discussed completely during the assessment and care planning meeting.

Note: the following statistics were shown in a bar chart.

Completely
- 2017=68%
- 2018=28%
- 2019=3%

Somewhat
- 2017=74%
- 2018=23%

- 2019=3%

Not at all
- 2017=72%
- 2018=26%
- 2019=3%

Slide 23: Experience with Person Doing Assessment

Nearly all respondents (95%) were completely or somewhat satisfied with the person conducting the assessment. The respondent reported that person completing the assessment listened to their personal goals, how they want to get help, and treated them with respect (99%). There were no significant differences over the three survey years.

Note: the following statistics were shown in a line graph.

Treated me with respect (Agree Completely or Somewhat)
- 2017=99%
- 2018=99%
- 2019=99%

Listen to personal goals (Agree Completely or Somewhat)
- 2017=96%
- 2018=97%
- 2019=96%

Satisfied with assessment process (Agree Completely or Somewhat)
- 2017=95%
- 2018=96%
- 2019=95%

Slide 24: Experience with Individualized Care Plan

There was a significant increase in the percentage of respondents who reported having individualized care plans over the three survey years from 48% to 54%.

Among respondents with individualized care plans, the majority (90%-92%) agreed with their plans. The percentage of respondents who reported having a written copy of their plan increased significantly over the three survey years. More than half (56%-61%) stated that their care team discussed ways to change their plans. Nearly all respondents completely or somewhat agreed that their plans included services that they need in all survey years.

Note: the following statistics were shown in a line graph.

Have an individualized care plan (Yes)*
2017   48%
2018 58%
2019 54%

*All other categories are subsets of "Have an individualized care plan"

Individualized care plan includes needed services (Agree Completely or Somewhat)
- 2017=96%
- 2018=97%
- 2019=96%

Agree with what is in member's individualized care plan (Yes)
- 2017=60%
- 2018=67%
- 2019=67%

Received a written copy of member's individualized care plan (Yes)
- 2017=60%
- 2018=67%
- 2019=67%

Care team discussed ways to change member's individualized care plan (Yes)
- 2017=56%
- 2018=62%
- 2019=61%

Slide 25: Use or Need for Medical Services

No data on this slide

Slide 26: Use or Need for Medical Services

Nearly all respondents reported using or needing prescription drugs with about half also needing oral or dental care, specialty care and mental health services. About half reported needing transportation to medical appointments. Smaller percentages reported needing physical, occupational, or speech therapy or substance use disorder treatment. There were no significant changes in respondents' reported needs across the three survey years.

Note: the following statistics were shown in a bar chart.

Prescription medications
- 2017=96%
- 2018=95%
- 2019=95%

Oral health or dental care
- 2017=82%

- 2018=79%
- 2019=79%

Specialty care
- 2017=75%
- 2018=74%
- 2019=77%

Mental health services
- 2017=57%
- 2018=57%
- 2019=58%

Transportation for medical appointment
- 2017=51%
- 2018=51%
- 2019=51%

Physical, occupational or speech therapy
- 2017=27%
- 2018=26%
- 2019=26%

Substance use treatment
- 2017=9%
- 2018=8%
- 2019=6%

Slide 27: One Care Met Members' Needs for Medical Services (Very Well)

- Respondents were asked how well One Care met their needs for specific services. A majority of respondents who needed medical services stated that their need for these services was met very well across the three survey years.

- *Note: the following statistics were shown in a bar chart.*

Prescription medications
- 2017=87%
- 2018=90%
- 2019=91%

Specialty care
- 2017=77%
- 2018=80%
- 2019=80%

Mental health services
- 2017=77%
- 2018=78%
- 2019=77%

Substance use treatment
- 2017=69%
- 2018=77%
- 2019=67%

Transportation for medical appointment

- 2017 =8%
- 2018=73%
- 2019=66%

Oral health or dental care
- 2017=63%
- 2018=65%
- 2019=65%

Physical, occupational or speech therapy
- 2017=62%
- 2018=69%
- 2019=63%

Slide 28: Needs for Long-term Services and Supports (LTSS)

No data on this slide

Slide 29: Use or Need for LTSS

Less than half of respondents reported using or needing LTSS. The top two LTSS needs were transportation to community activities and medical equipment and supplies. Only 14% used or needed day program services and 7% used or needed assistive technology. There were no statistical differences among the three survey years.

Note: the following statistics were shown in a bar chart.

Transportation to community activities
- 2017=40%
- 2018=37%
- 2019=38%

Medical equipment and supplies
- 2017=37%
- 2018=38%
- 2019=42%

Doing things in the community
- 2017=34%
- 2018=32%
- 2019=35%

Personal care and everyday tasks
- 2017=34%
- 2018=34%
- 2019=37%

Day program services
- 2017=14%
- 2018=14%
- 2019=14%

Assistive technology
- 2017=7%
- 2018=7%
- 2019=7%

Slide 30: One Care Met Members' Needs for LTSS (Very Well)

There were significant improvements in the percentage of respondents who stated their One Care plan met their needs very well for transportation to community activities and in getting help with personal care and everyday tasks. Less than half said their needs for help doing things in the community

or assistive technology were met. There was no significant change for the other services over the three survey years.

Note: the following statistics were shown in a bar chart.

Medical equipment and supplies
- 2017=72%
- 2018=74%
- 2019=76%

Personal care and everyday tasks
- 2017=57%
- 2018=66%
- 2019=64%

Day program services
- 2017=54%
- 2018=59%
- 2019=56%

Transportation to community activities
- 2017=49%
- 2018=52%
- 2019=57%

Doing things in the community
- 2017=37%
- 2018=43%
- 2019=42%

Assistive technology
- 2017=33%

- 2018=38%
- 2019=43%

Slide 31: Overall Experience in One Care

No data on this slide

Slide 32: Overall Experience under One Care

The percentage of respondents who stated that, in the past 12 months, they had lost a service under One Care (23%-25%) or that it was more difficult to get a service in One Care (11%-12%) remained relatively stable. There was some evidence that there was greater stability in respondents' relationships with providers. There was a significant decline in the percentage of respondents who reported getting a new provider, having to give up a provider, or could not find a provider. In addition, there was a significant decline in the percentage of respondents who stated they got a new service.

Note: the following statistics were shown in a bar chart.

Got a new provider
- 2017=25%
- 2018=25%
- 2019=20%

Got a new service
- 2017=20%
- 2018=18%
- 2019=15%

Was easier to get a service
- 2017=10%
- 2018=9%

- 2019=11%

Had to give up a provider
- 2017=14%
- 2018=14%
- 2019=11%

Couldn't find a provider
- 2017=12%
- 2018=11%
- 2019=9%

Lost a service
- 2017=25%
- 2018=23%
- 2019=26%

Was more difficult to get a service
- 2017=11%
- 2018=12%
- 2019=12%

None of the above
- 2017=48%
- 2018=50%
- 2019=56%

Slide 33: Overall Satisfaction

One a scale of 1 to 10 where 1 is not at all satisfied and 10 is completely satisfied, respondents' average overall satisfaction with their One Care plan was 8.6 out of 10. Respondents' average overall satisfaction with medical and other services provided under One Care was 8.8 out of 10.

Note: the following statistics were shown in a bar chart.

Overall satisfaction with One Care Plan
- 2017=8.5
- 2018=8.6
- 2019=8.6

Overall satisfaction with medical and other services under One Care
- 2017=8.7
- 2018=8.8
- 2019=8.8

Slide 34: Ease of Understanding MassHealth Communication about One Care

The majority of One Care respondents found it very or somewhat easy to understand the information MassHealth mailed to them about One Care. 81% found the information very or somewhat easy to understand in 2017, 79% in 2018, and 78% in 2019.

Note: the following statistics were shown in a bar chart.

Very or somewhat easy
- 2017=81%
- 2018=79%
- 2019=78%

Very or somewhat difficult
- 2017=19%
- 2018=21%
- 2019=22%

Slide 35: Option to Stay in One Care

Nearly all respondents said they plan to stay in One Care (90%-91%). Only 2% stated they are planning to leave One Care. There was a significant decrease in the percentage who reported they were told they could leave One Care at any time.

Note: the following statistics were shown in a bar chart.

Plan to stay in One Care:
Yes
- 2017=90%
- 2018=90%
- 2019=91%

No
- 2017=2%
- 2018=2%
- 2019=2%

Don't know/Not sure
- 2017=7%
- 2018=9%
- 2019=7%

Were told could leave One Care:
Yes
- 2017=55%
- 2018=56%
- 2019=9151

No
- 2017=45%
- 2018=44%
- 2019=49%

Slide 36: Conclusions

- Overall satisfaction with One Care and the medical and LTSS services it provides was high.
- The main reasons respondents enrolled in One Care were to get better health care or additional services.
- Nearly all respondents had a PCP and the majority had a Care Coordinator. There were high rates of satisfaction with both provider types.
- The percentage of respondents with an LTS Coordinator fell, but the majority of those with LTS Coordinators were satisfied.
- Most respondents reported having received an assessment and this percentage increased over time. Satisfaction with the person conducting the needs assessment was high.

Slide 37: Conclusions

- The percentage of respondents who reported having individualized care plans increased and most respondents with a plan agreed with its contents.
- A majority of respondents who needed medical services stated that these needs were met very well.
- Satisfaction with transportation to the community and help with personal care & everyday tasks increased, but satisfaction decreased for help doing things in the community and assistive technology.
- The percentage who reported getting a new provider or a new service declined.
- The percentage who could not find a provider or reported having to give up a provider also decreased.
- The majority of respondents were planning to stay in One Care. However, the percentage of respondents who knew they could disenroll decreased.

Slide 38: Contacts

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Slide 39: Appendices

Slide 40: Appendix A Ineligible and Excluded Respondents

Slide 41: Ineligible and Excluded Members

- Ineligible Respondents
  - Unable to complete survey
  - Language difficulties*
  - Not a legal guardian for One Care enrollee
  - Deceased
- Excluded Respondents:
  - Invalid contact information

- Reside outside MA
- Primary language not English or Spanish
- Enrolled in One Care for less than 90 days
- Selected for Quality of Life survey

*Survey administered in English and Spanish in print or on telephone.

Slide 42: Appendix B – Non-Response Analyses

Slide 43: Non-Response Analyses

For the 2019 survey there were statistically significant differences between respondents and non-respondents in most characteristics except for sex and race.

For the 2018 survey there were statistically significantly differences between respondents and non-respondents in most characteristics except for sex, race, and duration of enrollment.

For the 2017 survey the characteristics of respondents and non-respondents were similar for most characteristics except for enrollment in One Care plan by type of plan.

This analysis was performed in order to create weights to be used to ensure the results reflected the One Care population as a whole.

Note: the following information was shown in a table on this slide.

2017	Non-Respondents	Respondents
Sex: Female	51%	52%
Sex: Male	49%	48%
Chi-square p-value	**0.5129**	
Race: White	35%	36%
Race: Hispanic	11%	11%

Race: Black	12%	14%
Race: Others	41%	39%
Chi-square p-value	**0.2208**	
Age category: 25-34	6%	5%
Age category: 35-44	15%	14%
Age category: 45-54	24%	24%
Age category: 55-64	39%	39%
Age category: 65+	17%	17%
Chi-square p-value	**0.9816**	
MassHealth region: Western	22%	21%
MassHealth region: Central	23%	21%
MassHealth region: Northeast	11%	12%
MassHealth region: Metro West	10%	11%
MassHealth region: Southeast	3%	4%
MassHealth region: Boston	30%	31%
Chi-square p-value	**0.5113**	
Primary language: English	94%	94%
Primary language: Spanish	6%	6%
Rating category: C1	25%	24%
Rating category: C2A	30%	30%
Rating category: C2B	6%	7%
Rating category: C3A	37%	37%
Rating category: Others	1%	1%
Chi-square p-value	**0.7671**	
One care plan: CCA	73%	78%
One care plan: Tufts	27%	22%
Chi-square pvalue	**<0.001**	
Enrollment method: missing	55%	57%
Enrollment method: passive	30%	27%
Enrollment method: self-enrolled	16%	17%
Chi-square pvalue	**0.1555**	
Enrollment duration 3-6 months	11%	12%
Enrollment duration 7-12 months	14%	14%

	Non-Respondents	Respondents
Enrolled for more than 1 year	66%	65%
Chi-square p-value	**0.7565**	
2018	Non-Respondents	Respondents
Sex: Female	50%	53%
Sex: Male	50%	47%
Chi-square p-value	**0.0783**	
Race: White	35%	39%
Race: Hispanic	12%	9%
Race: Black	11%	12%
Race: Others	40%	38%
Chi-square p-value	**0.0064**	
Age category: 25-34	7%	3%
Age category: 35-44	18%	9%
Age category: 45-54	27%	20%
Age category: 55-64	37%	51%
Age category: 65+	11%	18%
Chi-square p-value	**<0.0001**	
MassHealth region: Western	22%	24%
MassHealth region: Central	19%	20%
MassHealth region: Northeast	16%	17%
MassHealth region: Metro West	9%	13%
MassHealth region: Southeast	3%	4%
MassHealth region: Boston	31%	23%
Chi-square p-value	**<0.0001**	
Primary language: English	94%	94%
Primary language: Spanish	6%	6%
Rating category: C1	21%	20%
Rating category: C2A	34%	32%
Rating category: C2B	8%	4%
Rating category: C3A	36%	42%
Rating category: Others	2%	1%
Chi-square p-value	**<0.0001**	

One care plan: CCA	73%	78%
One care plan: Tufts	27%	22%
Chi-square pvalue	**<0.001**	
Enrollment method: missing	51%	58%
Enrollment method: passive	36%	25%
Enrollment method: self-enrolled	12%	17%
Chi-square pvalue	**<0.0001**	
Enrollment duration 3-6 months	0%	0%
Enrollment duration 7-12 months	22%	20%
Enrolled for more than 1 year	78%	80%
Chi-square p-value	**0.1888**	

2019	Non-Respondents	Respondents
Sex: Female	53%	55%
Sex: Male	47%	45%
Chi-square p-value	**0.22**	
Race: White	36%	40%
Race: Hispanic	13%	11%
Race: Black	10%	10%
Race: Others	40%	38%
Chi-square p-value	**0.1501**	
Age category: 25-34	9%	4%
Age category: 35-44	20%	12%
Age category: 45-54	27%	22%
Age category: 55-64	37%	49%
Age category: 65+	7%	13%
Chi-square p-value	**<0.0001**	
MassHealth region: Western	23%	23%
MassHealth region: Central	20%	20%
MassHealth region: Northeast	17%	20%
MassHealth region: Metro West	11%	12%
MassHealth region: Southeast	5%	5%
MassHealth region: Boston	25%	20%

Chi-square p-value	**0.0172**	
Primary language: English	95%	94%
Primary language: Spanish	5%	6%
Rating category: C1	19%	18%
Rating category: C2A	34%	30%
Rating category: C2B	6%	4%
Rating category: C3A	40%	47%
Rating category: Others	1%	1%
Chi-square p-value	**<0.0001**	
One care plan: CCA	66%	79%
One care plan: Tufts	34%	21%
Chi-square pvalue	**<.0001**	
Enrollment method: missing	46%	52%
Enrollment method: passive	42%	30%
Enrollment method: self-enrolled	12%	18%
Chi-square pvalue	**<0.0001**	
Enrollment duration 3-6 months	19%	16%
Enrollment duration 7-12 months	16%	21%
Enrolled for more than 1 year	65%	63%
Chi-square p-value	**<0.0001**	

Slide 44:
Adjustment for Non-Response Bias and Analysis

Inverse probability weighting was used to address potential bias due to non-response (Seaman, 2013; Little, 1986) by certain subpopulations. A binary variable was created to differentiate respondents from non-respondents. A logistic regression model estimated the probability of response based on the individual level covariates, e.g. demographics, enrollment type and duration, and type of One Care plan.

Non-response weights were generated as the inverse of the probability of response (1/p). To mitigate extreme weights, these weights were stabilized

by dividing the mean weight in the sample by each observation weight value (Austin & Stuart 2015).

We report results of descriptive analyses by year and report the year over year differences between base performance year (2017) and subsequent performance years. Weighted percentages are presented separately by performance year (2017, 2018 and 2019), along with the difference between base performance year (2017) and subsequent performance years.

References: Austin, P.C. and Stuart, E.A. 2015. Moving towards best practice when using inverse probability of treatment weighting (IPTW) using the propensity score to estimate causal treatment effects in observed studies. *Statistics in Medicine*. 34: 3661-3679. DOI: 10.1002/sim.6607; Little, RJA. Survey nonresponse adjustments for estimates of means. International Statistical Review, 1986. 54(2):139-157; Seaman SR, White IR. Review of inverse probability weighting for dealing with missing data. Stat Methods Med Res. 2013 Jun;22(3):278-95.

Slide 45: Appendix C Respondent Demographics

Slide 46: Member Characteristics: Age

There were significant changes in the distribution of age among One Care respondents who responded to the survey. The majority of respondents (59%-65%) were in the 55-64 age group with the smallest percentage in the 25-34 age category (2%-4%)*. There was a decline in the percentage of respondents in the 45-54 year-old category and an increase in the percentage of One Care Respondents in the 55-64 age category.
*There were no respondents under age 25

Note: the following statistics were shown in a bar chart.

25-34
- 2017=4%

- 201=2%
- 2019=4%

35-44
- 2017=9%
- 2018=7%
- 2019=9%

45-54
- 2017=28%
- 2018=26%
- 2019=22%

55-64
- 2017=59%
- 2018=65%
- 2019=65%

Slide 47: Member Characteristics: Race and Ethnicity

There were no significant changes in the distribution of respondents by race between 2017 and 2019. A slight majority of respondents identified themselves as White and about a quarter of respondents identified themselves as Hispanic. Black/African American respondents made up 12%-15% of the sample while only 1% identified as Asian. Members who chose the "other" category made up 12%--14% of the sample.

Note: the following statistics were shown in a bar chart.

White
- 2017=51%
- 2018=52%
- 2019=51%

Hispanic
- 2017=21%
- 2018=20%
- 2019=24%

Black/African American
- 2017=15%
- 2018=14%
- 2019=12%

Other
- 2017=14%
- 2018=12%
- 2019=12%

Slide 48: Member Characteristics: Education and Gender

Note: the following statistics were shown in a bar chart.

Most respondents had at least some high school education or were high school graduates. The change in respondents' educational attainment across the three survey years was not significant.

Education
Less than high school
- 2017=22%
- 2018=23%
- 2019=19%

High school or GED
- 2017=36%
- 2018=37%

- 2019=38%

Some college or more
- 2017=42%
- 2018=40%
- 2019=43%

Most respondents reported identifying as female (54%-57%).

Gender
Male
- 2017=43%
- 2018=45%
- 2019=43%
Female
- 2017=57%
- 2018=54%
- 2019=57%

Slide 49: Member Characteristics: Work and Homelessness

The percentage of respondents who worked for pay was stable at 15%-16%. There was no significant change among respondents who reported working for pay among the three survey years.
There was a significant drop in the percentage of respondents who were homeless in the 12 months preceding the survey.

Note: the following statistics were shown in a line graph.

Worked for pay in the last 12 months
- 2017=16%
- 2018=15%
- 2019=15%

Homelessness
- 2017=8%
- 2018=6%
- 2019=6%

Slide 50: Member Characteristics Disabilities or Health Conditions

There were no significant changes in the distribution of types of disability or health condition during the three years of the survey. The majority of respondents reported having a physical disability (67%-69%), followed by mental or psychiatric conditions (62%-63%), and long-term illness (52%-53%).

84%-86% of respondents reported having at least two disabilities or health conditions and 14%-16% reported having only one disability or health condition.

Disabilities/Health Condition (self-reporting) / Average Percent 2017-2019
- Physical disability=67%
- Mental or psychiatric=63%
- Long-term illness=52%
- Blindness/visual impairment=30%
- Learning disability=25%
- Hearing loss/deafness=17%
- Developmental disability=10%
- Alcohol/drug use=8%
- Other=53%

Slide 51: Appendix D
2019 Member Experience Survey

Slides 52-59: Note: slides 52-59 contain the pages of the Member Experience survey.