

Summary of Statistically Significant ($p < 0.05$) Findings for Trust Outcome- Aggregated Population (n = 1437)

1. Compared to high school graduates, the odds of reporting high levels of trust in their primary care providers are reduced by 39.6% for respondents with an 8th grade education (*or a 12.3% lower probability for reporting high levels of trust in their primary care provider among respondents with an 8th grade education compared to high school graduates*).
2. Compared to whites, the odds of reporting high levels of trust in their primary care provider are reduced by 36.4% for black respondents (*or there is an 11.1% lower probability for reporting high levels of trust in their primary care provider among black respondents compared to white respondents*).
3. Compared to respondents who reported high levels of satisfaction with their health care experience, the odds of reporting high levels of trust in their primary care provider are reduced by 61.4% for respondents reporting low levels of satisfaction (*Among those reporting low levels of satisfaction with their health care experience, there was a 22.1% lower probability for reporting high trust levels with their primary care provider compared to respondents who reported high satisfaction levels*).

Summary of Statistically Significant ($p < 0.05$) Findings for Trust Outcome- White Subpopulation (n = 858)

1. Compared to high school graduates, the odds of reporting high levels of trust in their primary care providers are reduced by 41% for respondents with an 8th grade education (*or a 13.1% lower probability for reporting high levels of trust in their primary care provider among respondents with an 8th grade education compared to high school graduates*).
2. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of trust in their primary care provider are reduced by 52% for respondents who reported a big problem accessing specialty care (*or there is a 17.9% lower probability for reporting high levels of trust in their provider among respondents reporting a big problem accessing specialty care compared to those reporting no problem accessing specialty care*).
3. Compared to respondents living in urban counties, the odds of reporting high levels of trust in their primary care provider are increased by 59% for respondents living in rural counties (*or there is a 11.1% greater probability for reporting high levels of trust in their primary care provider among rural respondents compared to urban respondents*).
4. Compared to respondents who reported high levels of satisfaction with their health care experience, the odds of reporting high levels of trust in their primary care provider are reduced by 60% for respondents reporting low levels of satisfaction (*Among those reporting low levels of satisfaction with their health care experience, there was a 22% lower probability for reporting high trust levels with their primary care provider compared to respondents who reported high satisfaction levels*).

Summary of Statistically Significant ($p < 0.05$) Findings for Trust Outcome- Black Subpopulation (n = 579)

1. Compared to respondents who reported high levels of satisfaction with their health care experience, the odds of reporting high levels of trust in their primary care provider are reduced by 62.4% for respondents reporting low levels of satisfaction (*Among those reporting low levels of satisfaction with their health care experience, there was a 21.2% lower probability for reporting high trust levels with their primary care provider compared to respondents who reported high satisfaction levels*).
2. For each one-month increase in the length of time enrollees were connected to a provider's practice, there was a 1% decrease in the odds ratio of reporting high levels of trust with their primary care provider.

Summary of Statistically Significant ($p < 0.05$) Findings for Satisfaction Outcome- Aggregated Population (n = 1437)

1. For each year increase in age, there is a 2.2% increase in the odds of reporting high levels of satisfaction with their health care experience (*the odds ratio for a 60-year old reporting a high level of satisfaction with their health care experience is 242% greater than that for a 20-year old; OR there is a 19.2% higher probability for reporting high levels of satisfaction with their health care experience among 60-year olds compared to 20-year olds*).
2. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of satisfaction with their health care experience are reduced by 69.5% for respondents who reported a big problem accessing specialty care (*or there is a 28.2% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting a big problem accessing specialty care compared to those reporting no problem accessing specialty care*).
3. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of satisfaction with their health care experience are reduced by 53.2% for respondents who reported a small problem accessing specialty care (*or an 18.7% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting a small problem accessing specialty care compared to those reporting no problem accessing specialty care*).
4. Compared to high school graduates, the odds of reporting high levels of satisfaction with their health care experience are reduced by 27.1% for respondents who had a college education that did not result in a 4-year degree (*or compared to high school graduates, there was a 7.9% lower probability for reporting high levels of satisfaction with their health care experience among respondents with a college education that did not result in a 4-year degree*).
5. Compared to respondents who reported good health status, the odds of reporting high levels of satisfaction with their health care experience are reduced by 54.9% for respondents who reported low health status (*or there is a 19.6% lower*

- probability for reporting high levels of satisfaction with their health care experience among respondents claiming low health status compared to those reporting good health status).*
6. Compared to respondents who reported good health status, the odds of reporting high levels of satisfaction with their health care experience are reduced by 30.7% for respondents who reported moderate health status (*or there is a 9.1% lower probability for reporting high levels of satisfaction with their health care experience among respondents claiming moderate health status compared to those reporting good health status).*
 7. Compared to respondents who reported high levels of trust in their primary care provider, the odds of reporting high levels of satisfaction with their health care experience are reduced by 61.4% for respondents who reported low levels of trust. (*or there is a 23.2% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting low levels of trust in their primary care provider compared to those reporting high levels of trust).*
 8. For each 1% increase in the percentage of female providers, there is a 2% increase in the odds ratio of reporting high levels of satisfaction with their health care experience.

Summary of Statistically Significant ($p < 0.05$) Findings for Satisfaction Outcome-White Subpopulation (n = 858)

1. For each year increase in age, there is a 2.9% increase in the odds of reporting high levels of satisfaction with their health care experience (*the odds ratio for a 60-year old reporting a high level of satisfaction with their health care experience is 314% greater than that for a 20-year old; OR there is a 23.4% higher probability for reporting high levels of satisfaction with their health care experience among 60-year olds compared to 20-year olds).*
2. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of satisfaction with their health care experience are reduced by 71.3% for respondents who reported a big problem accessing specialty care (*or there is a 29.5% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting a big problem accessing specialty care compared to those reporting no problem accessing specialty care).*
3. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of satisfaction with their health care experience are reduced by 55.8% for respondents who reported a small problem accessing specialty care (*or there is an 20.1% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting a small problem accessing specialty care compared to those reporting no problem accessing specialty care).*
4. Compared to high school graduates, the odds of reporting high levels of satisfaction with their health care experience are reduced by 73.6% for respondents who had a 4-year degree (*or compared to high school graduates,*

- there was a 31.2% lower probability for reporting high levels of satisfaction with their health care experience among respondents with a 4-year college degree).*
5. Compared to respondents living in urban counties, the odds of reporting high levels of satisfaction with their health care experience are increased by 53.9% for respondents living in mixed rural/urban counties (*or there is a 10.1% greater probability for reporting high levels of satisfaction with their health care experience among mixed urban/rural respondents compared to urban respondents*).
 6. Compared to respondents living in urban counties, the odds of reporting high levels of satisfaction with their health care experience are increased by 62% for respondents living in rural counties (*or there is a 11.2% greater probability for reporting high levels of satisfaction with their health care experience among mixed urban/rural respondents compared to urban respondents*).
 7. Compared to respondents who reported good health status, the odds of reporting high levels of satisfaction with their health care experience are reduced by 59.1% for respondents who reported low health status (*or there is a 21.9% lower probability for reporting high levels of satisfaction with their health care experience among respondents claiming low health status compared to those reporting good health status*).
 8. Compared to respondents who reported good health status, the odds of reporting high levels of satisfaction with their health care experience are reduced by 34% for respondents who reported moderate health status (*or there is a 10.3% lower probability for reporting high levels of satisfaction with their health care experience among respondents claiming moderate health status compared to those reporting good health status*).
 9. Compared to respondents who reported high levels of trust in their primary care provider, the odds of reporting high levels of satisfaction with their health care experience are reduced by 60% for respondents who reported low levels of trust (*or there is a 22.4% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting low levels of trust in their primary care provider compared to those reporting high levels of trust*).
 10. For each 1% increase in the percentage of minority providers, there is a 1.7% increase in the odds ratio of reporting high levels of satisfaction with their health care experience.

Summary of Statistically Significant ($p < 0.05$) Findings for Satisfaction Outcome-Black Subpopulation (n = 579)

1. For each year increase in age, there is a 1.7% increase in the odds of reporting high levels of satisfaction with their health care experience (*the odds ratio for a 60-year old reporting a high level of satisfaction with their health care experience is 196% greater than that for a 20-year old; OR there is a 15.2% higher probability for reporting high levels of satisfaction with their health care experience among 60-year olds compared to 20-year olds*).
2. Compared to respondents who reported no problem accessing specialty care, the odds of reporting high levels of satisfaction with their health care experience are

- reduced by 69.8% for respondents who reported a big problem accessing specialty care *(or there is a 28.4% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting a big problem accessing specialty care compared to those reporting no problem accessing specialty care)*.
3. Compared to respondents who reported good health status, the odds of reporting high levels of satisfaction with their health care experience are reduced by 50.1% for respondents who reported low health status *(or there is a 17.2% lower probability for reporting high levels of satisfaction with their health care experience among respondents claiming low health status compared to those reporting good health status)*.
 4. Compared to respondents who reported high levels of trust in their primary care provider, the odds of reporting high levels of satisfaction with their health care experience are reduced by 62.2% for respondents who reported low levels of trust *(or there is a 23.6% lower probability for reporting high levels of satisfaction with their health care experience among respondents reporting low levels of trust in their primary care provider compared to those reporting high levels of trust)*.
 5. For each 1% increase in the percentage of female providers, there is a 4.5% increase in the odds ratio of reporting high levels of satisfaction with their health care experience.