

COVID-19

Experiences Among the Medicare Population

Winter 2021

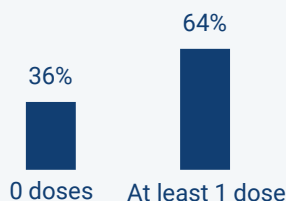
This data snapshot presents information related to Medicare beneficiaries' experiences with the COVID-19 pandemic. It uses preliminary data from the Medicare Current Beneficiary Survey (MCBS) COVID-19 Winter 2021 Community Supplement and preliminary 2020 MCBS data.

COVID-19 VACCINE UPTAKE SINCE DECEMBER 2020¹

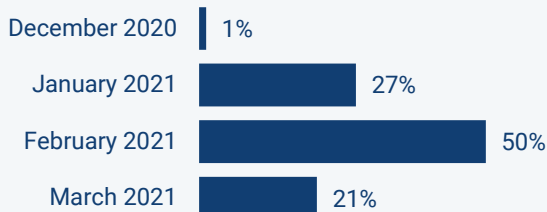
These data were collected from March 1 to April 25, 2021 and represent survey responses at the time of the interview.

64% of beneficiaries reported receiving at least one dose of a COVID-19 vaccine during their interview

(% of beneficiaries)²



Month of first dose
(% of beneficiaries who received at least one dose)^{2,3}



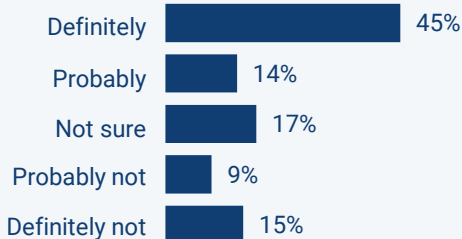
70% of older beneficiaries have received at least one vaccine dose compared to **24%** of beneficiaries under 65⁴



67% of white beneficiaries have received at least one vaccine dose compared to **53%** of non-white beneficiaries⁵

Among beneficiaries who have not received any doses of a COVID-19 vaccine...

Over half of beneficiaries would definitely or probably get a COVID-19 vaccine
(% of beneficiaries)²



Among beneficiaries who would definitely or probably get a vaccine...

The two most common reasons reported for not having received a vaccine during their interview were **lack of availability (64%)** and **not belonging to a priority group (13%)**



Among beneficiaries who would probably not or definitely not get a vaccine...

The two most common reasons reported for not having received a vaccine during their interview were **concerns about vaccine safety or potential side effects (44%)** and **distrust of what the government says about the vaccine (29%)**

¹ A COVID-19 vaccine was first available in the U.S. in December 2020

² Totals may not sum to 100 percent due to rounding and/or missingness

³ The percentage of beneficiaries who received their first dose in April 2021 has been suppressed

⁴ Eligible for Medicare due to disability

⁵ See Methodology document for race/ethnicity definitions

PERCEPTIONS OF COVID-19 SEVERITY

79% of beneficiaries agreed that **Coronavirus is more contagious than the flu**⁶

82% of beneficiaries agreed that **Coronavirus is more deadly than the flu**⁶

96% of beneficiaries agreed that **it is important for everyone to take precautions to prevent the spread of Coronavirus**, even if they are not in a high-risk group⁶

⁶ Responses of "Strongly Agree" have been collapsed under "Agree"

COVID-19 PREVENTIVE HEALTH BEHAVIORS SINCE NOVEMBER 2020

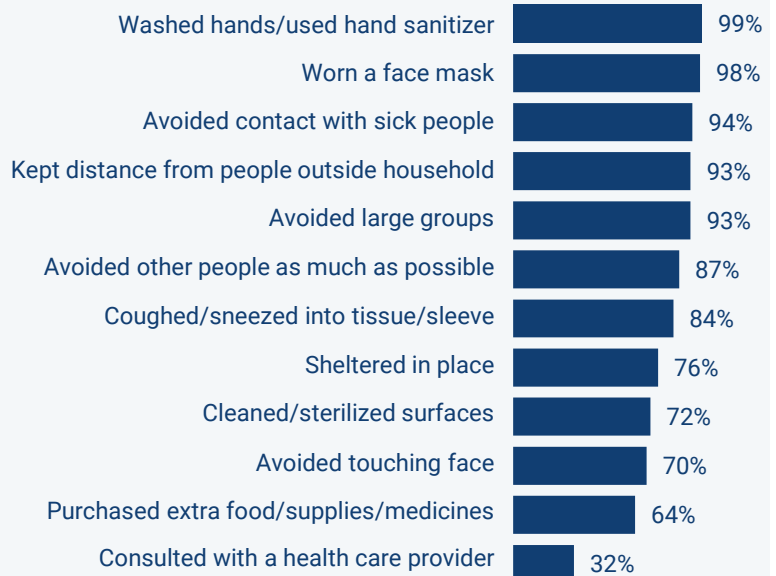
Many beneficiaries have taken preventive measures (% of beneficiaries)



The most commonly reported preventive health behavior was **washing hands or using hand sanitizer (99%)**



The least commonly reported preventive health behavior was **consulting with a health care provider (32%)**



IMPACT OF COVID-19 PANDEMIC ON DAILY LIFE SINCE NOVEMBER 2020

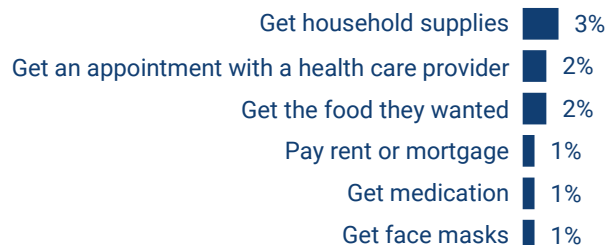


The most commonly reported impact on daily life was **not being able to get household supplies (3%)**



The least commonly reported impacts on daily life were **not being able to get face masks (1%)** or **medication (1%)** and **pay rent or mortgage (1%)**

Some beneficiaries were unable to do essential activities (% of beneficiaries)

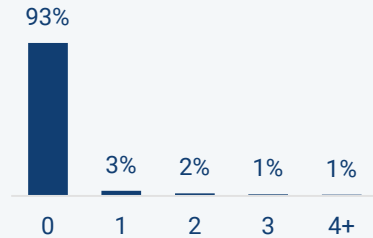


EXPERIENCES WITH FORGONE CARE SINCE NOVEMBER 2020



7% of beneficiaries reported **needing health care** for something other than COVID-19 since November 1, 2020, **but not getting it because of the pandemic**

Number of types of health care forgone
(% of beneficiaries)



Among beneficiaries who reported forgone care...



The most commonly reported types of forgone care were **dental care (32%)** and **treatment for an ongoing condition (32%)**

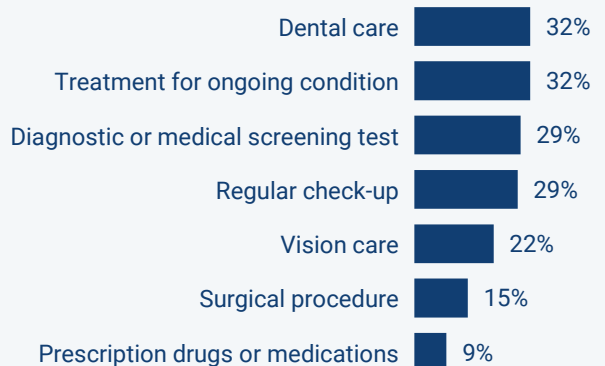


The most common reason the beneficiary decided to forego care was **not wanting to risk being at a medical facility (45%)**



The most common reasons the health care provider rescheduled the appointment were because their **medical office was closed (24%)**, **available appointments were reduced (24%)**, and **other reasons (24%)**

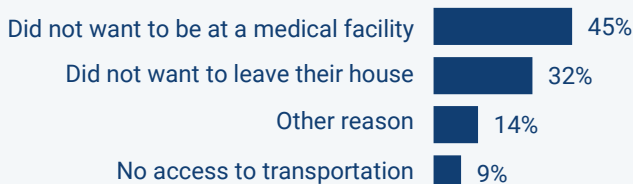
The type of forgone health care varied⁷
(% of beneficiaries)



⁷ Respondents were able to select more than one type

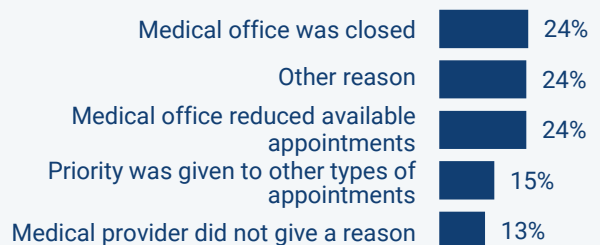
Beneficiaries decided to forgo care for various reasons

(% of reasons)



Health care providers rescheduled appointments for various reasons

(% of reasons)



AVAILABILITY OF TELEMEDICINE APPOINTMENTS



Of beneficiaries who have a usual health care provider, **63%** reported that this **provider currently offers telephone or video appointments**

Among beneficiaries whose usual health care provider offers telemedicine appointments...

62% reported that their provider offers **both telephone and video appointments**

45% reported that they **had a telemedicine appointment** with a provider since November 1, 2020

21% reported that their provider offered telemedicine appointments **before the pandemic**

Access to telemedicine appointments **increases with total household income** (% of beneficiaries)

49% reported that their provider offered a telemedicine appointment to **replace an appointment** since November 1, 2020



ACCESS TO TECHNOLOGY



84% of beneficiaries reported having **access to the Internet**



92% of beneficiaries with a total household income of \$25K or more have **access to the Internet** compared to **67%** of beneficiaries with a total household income of less than \$25K

Smartphones are the most commonly used type of technology among beneficiaries⁸ (% of beneficiaries)



50% have participated in **video, voice calls, or conferencing over the Internet** since November 1, 2020

⁸ Respondents were able to select more than one type

INFORMATION ABOUT COVID-19 PANDEMIC

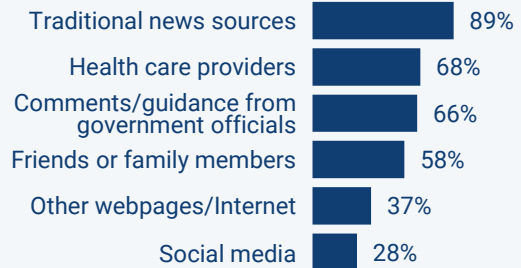


48% reported that **traditional news** (e.g., TV, radio, websites, newspapers) was their **primary source of COVID-19 information**



1% reported that **social media** was their **primary source of COVID-19 information**

Beneficiaries relied on different sources of information about COVID-19⁹ (% of beneficiaries)



⁹ Respondents were able to select other sources in addition to their primary source

IMPACT OF COVID-19 PANDEMIC ON WELL-BEING SINCE NOVEMBER 2020

22% reported **feeling more lonely or sad**



27% of female beneficiaries reported feeling more lonely or sad compared to **14%** of male beneficiaries

38% reported **feeling more stressed or anxious**



43% of female beneficiaries reported feeling more stressed or anxious compared to **31%** of male beneficiaries

13% reported **feeling less financially secure**



14% of female beneficiaries reported feeling less financially secure compared to **11%** of male beneficiaries

40% reported **feeling less socially connected to family and friends**



43% of female beneficiaries reported feeling less socially connected compared to **36%** of male beneficiaries

These preliminary estimates are based on data from the MCBS COVID-19 Winter 2021 Community Supplement, a nationally representative, cross-sectional telephone survey of Medicare beneficiaries living in the community that was administered from March 1, 2021 through April 25, 2021. These data are complemented by MCBS Community interview data collected in Fall 2020 on beneficiaries' health status and demographics as part of the in-person, nationally representative, longitudinal MCBS survey. The MCBS is sponsored by the Centers for Medicare & Medicaid Services (CMS) and directed by the Office of Enterprise Data and Analytics (OEDA). The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

Estimates represent the population of beneficiaries who were enrolled in Medicare in 2020 and alive and living in the community and eligible and enrolled in Medicare at the time of their COVID-19 Winter 2021 Community Supplement interview. The dataset included 11,107 beneficiaries (weighted N=57,387,274). Estimates use preliminary 2020 MCBS Survey File data and are produced prior to final data editing and final weighting to provide early access to the most recent information from the MCBS. See the methodology document for additional information.