

COVID-19

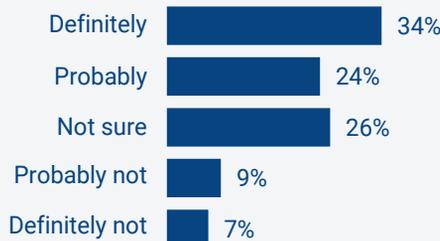
Experiences Among the Medicare Population

Fall 2020

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 Fall 2020 Community Supplement and preliminary 2019 MCBS data.

LIKELIHOOD OF COVID-19 VACCINE UPTAKE

Over half of beneficiaries said they would definitely or probably get a COVID-19 vaccine if one were available¹
(% of beneficiaries)



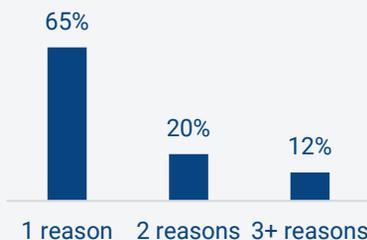
66% of male beneficiaries would **definitely or probably** get a COVID-19 vaccine compared to **53%** of female beneficiaries

Among beneficiaries who reported that they would definitely not or probably not get a COVID-19 vaccine if one were available...

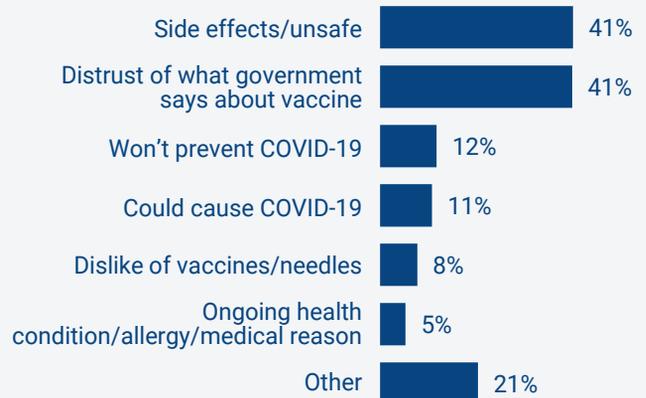


The two most common reasons they would not get a COVID-19 vaccine are possible **side effects or safety concerns (41%)** and **distrust of what the government says about the vaccine (41%)**

32% of beneficiaries gave more than one reason for not getting a COVID-19 vaccine¹
(% of beneficiaries)



Reasons reported for not getting a COVID-19 vaccine² (% of beneficiaries)



² Beneficiaries could select more than one reason

¹ Totals may not sum to 100 percent due to rounding and/or missingness

PERCEPTIONS OF COVID-19 SEVERITY

80% of beneficiaries agreed that **Coronavirus is more contagious than the flu**³

80% of beneficiaries agreed that **Coronavirus is more deadly than the flu**³

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 group³

³ Responses of "Strongly Agree" have been collapsed under "Agree"

COVID-19 PREVENTIVE HEALTH BEHAVIORS

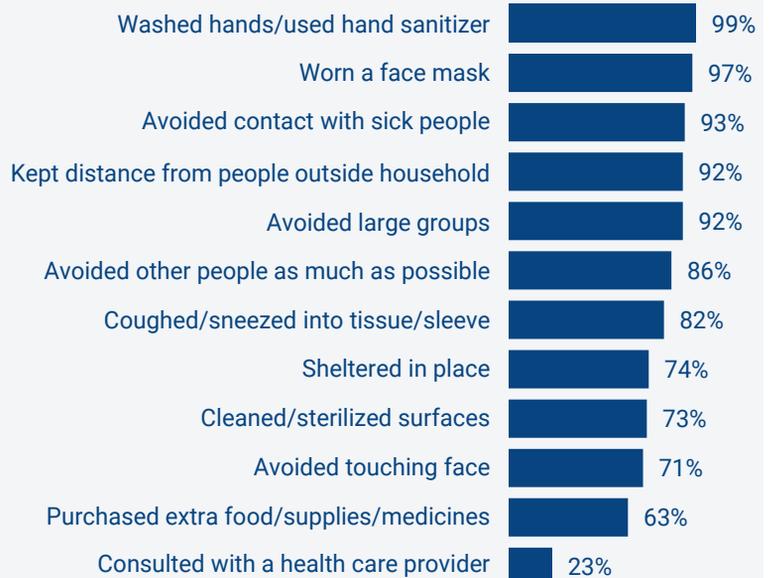
Many beneficiaries have taken preventive measures (% of beneficiaries)



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 (23%)**



IMPACT OF COVID-19 PANDEMIC ON DAILY LIFE

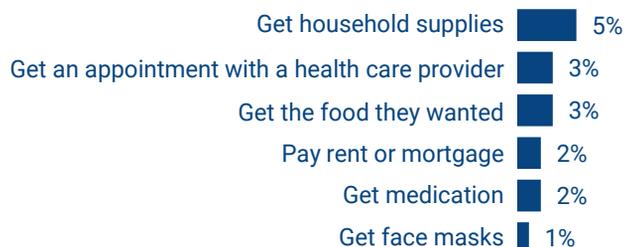


The most commonly reported impact on daily life was **not being able to get household supplies (5%)**



The least commonly reported impact on daily life was **not being able to get face masks (1%)**

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

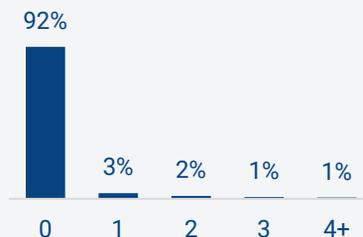


EXPERIENCES WITH FORGONE CARE SINCE JULY 2020



8% of beneficiaries reported **needing health care** for something other than COVID-19 since July 1, 2020, **but not getting it because of the pandemic**

Number of types of health care forgone⁴
(% of beneficiaries)



⁴Total does not sum to 100 percent because 1 percent of beneficiaries reported forgone health care but did not select a type

Among beneficiaries who reported forgone care...



The most commonly reported type of forgone care was a **regular check-up (36%)**

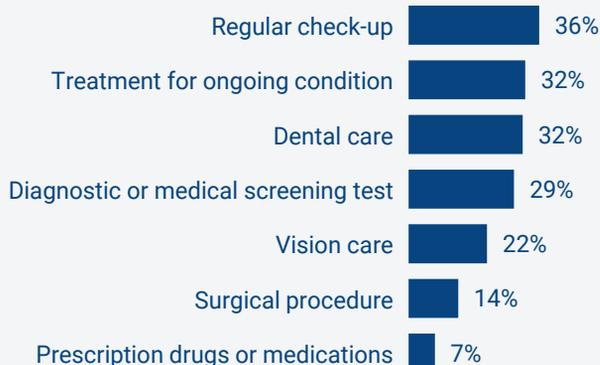


The most common reason the beneficiary decided to forego care was **not wanting to risk being at a medical facility (49%)**



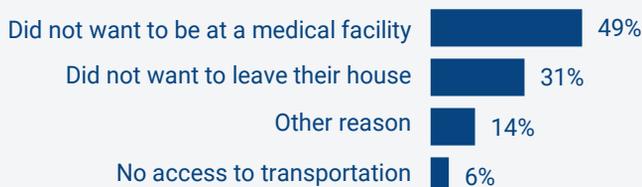
The most common reason the health care provider rescheduled the appointment was because their **medical office was closed (31%)**

The type of forgone health care varied⁵
(% of beneficiaries)



⁵ 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, **64%** reported that this **provider currently offers telephone or video appointments**

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

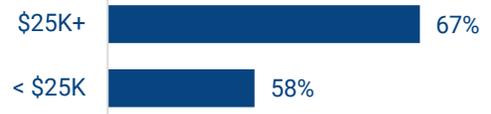
61% reported that their provider offers **both telephone and video appointments**

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

18% reported that their provider offered telemedicine appointments **before the pandemic**

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

48% reported that their provider offered a telemedicine appointment to **replace an appointment** since July 1, 2020



ACCESS TO TECHNOLOGY



83% of beneficiaries reported having **access to the Internet**



91% 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 beneficiaries⁶ (% of beneficiaries)



43% have participated in **video, voice calls, or conferencing over the Internet** since July 1, 2020

⁶ Respondents were able to select more than one type

INFORMATION ABOUT COVID-19 PANDEMIC

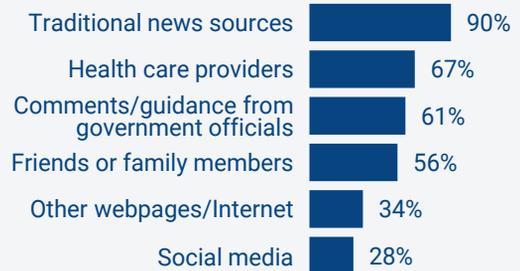


50% reported that **traditional news** (e.g., TV, radio, websites, newspapers) was their **primary source of COVID-19 information**



Only **2%** reported that **social media** was their **primary source of COVID-19 information**

Beneficiaries relied on different sources of information about COVID-19⁷ (% of beneficiaries)



⁷ Respondents were able to select other sources in addition to their primary source

IMPACT OF COVID-19 PANDEMIC ON WELL-BEING

21% reported **feeling more lonely or sad**



25% of female beneficiaries reported feeling more lonely or sad compared to **14%** of male beneficiaries

41% reported **feeling more stressed or anxious**



45% of female beneficiaries reported feeling more stressed or anxious compared to **34%** of male beneficiaries

15% reported **feeling less financially secure**



16% of female beneficiaries reported feeling less financially secure compared to **13%** of male beneficiaries

38% reported **feeling less socially connected to family and friends**



42% of female beneficiaries reported feeling less socially connected compared to **33%** of male beneficiaries

These preliminary estimates are based on data from the MCBS COVID-19 Fall 2020 Community Supplement, a nationally representative, cross-sectional telephone survey of Medicare beneficiaries living in the community that was administered from October 5, 2020 through November 15, 2020. These data are complemented by MCBS Community interview data collected in Fall 2019 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).

Estimates represent the population of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community in Fall 2020. The dataset included 9,686 beneficiaries (weighted N=55,327,472). Estimates use preliminary 2019 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.