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 available\(^1\) (% of beneficiaries)

- **Definitely**: 34%
- **Probably**: 24%
- **Not sure**: 26%
- **Probably not**: 9%
- **Definitely not**: 7%

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 vaccine\(^1\) (% of beneficiaries)

- **1 reason**: 65%
- **2 reasons**: 20%
- **3+ reasons**: 12%

Reasons reported for not getting a COVID-19 vaccine\(^2\) (% of beneficiaries)

- **Side effects/unsafe**: 41%
- **Distrust of what government says about vaccine**: 41%
- **Won’t prevent COVID-19**: 12%
- **Could cause COVID-19**: 11%
- **Dislike of vaccines/needles**: 8%
- **Ongoing health condition/allergy/medical reason**: 5%
- **Other**: 21%

\(^2\) Beneficiaries could select more than one reason

\(^1\) Totals may not sum to 100 percent due to rounding and/or missingness
COVID-19 PREVENTIVE HEALTH BEHAVIORS

Many beneficiaries have taken preventive measures (% of beneficiaries)

- Washed hands/used hand sanitizer: 99%
- Worn a face mask: 97%
- Avoided contact with sick people: 93%
- Kept distance from people outside household: 92%
- Avoided large groups: 92%
- Avoided other people as much as possible: 86%
- Coughed/sneezed into tissue/sleeve: 82%
- Sheltered in place: 74%
- Cleaned/sterilized surfaces: 73%
- Avoided touching face: 71%
- Purchased extra food/supplies/medicines: 63%
- Consulted with a health care provider: 23%

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)

- Get household supplies: 5%
- Get an appointment with a health care provider: 3%
- Get the food they wanted: 3%
- Pay rent or mortgage: 2%
- Get medication: 2%
- Get face masks: 1%

PERCEPTIONS OF COVID-19 SEVERITY

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

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

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 group

3 Responses of “Strongly Agree” have been collapsed under “Agree”
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.

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 varied:

- Regular check-up: 36%
- Treatment for ongoing condition: 32%
- Dental care: 32%
- Diagnostic or medical screening test: 29%
- Vision care: 22%
- Surgical procedure: 14%
- Prescription drugs or medications: 7%

Respondents were able to select more than one type.

Beneficiaries decided to forgo care for various reasons:

- Did not want to be at a medical facility: 49%
- Did not want to leave their house: 31%
- Other reason: 14%
- No access to transportation: 6%

Health care providers rescheduled appointments for various reasons:

- Medical office was closed: 31%
- Medical office reduced available appointments: 25%
- Priority was given to other types of appointments: 18%
- Other reason: 16%
- Medical provider did not give a reason: 11%
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.
- 18% reported that their provider offered telemedicine appointments before the pandemic.
- 48% reported that their provider offered a telemedicine appointment to replace an appointment since July 1, 2020.
- 45% reported that they had a telemedicine appointment with a provider since July 1, 2020.

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

- $25K+ 67%
- < $25K 58%

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 beneficiaries ( % of beneficiaries):

- Smartphone 70%
- Computer 64%
- Tablet 45%

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

*Respondents were able to select more than one type*
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.

**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-19** (% of beneficiaries)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional news sources</td>
<td>90%</td>
</tr>
<tr>
<td>Health care providers</td>
<td>67%</td>
</tr>
<tr>
<td>Comments/guidance from government officials</td>
<td>61%</td>
</tr>
<tr>
<td>Friends or family members</td>
<td>56%</td>
</tr>
<tr>
<td>Other webpages/Internet</td>
<td>34%</td>
</tr>
<tr>
<td>Social media</td>
<td>28%</td>
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</tbody>
</table>

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.

15% reported feeling less financially secure.

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

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.