

Overview

These preliminary estimates are based on data from the second Medicare Current Beneficiary Survey (MCBS) COVID-19 Rapid Response Community Supplement, a nationally representative, cross-sectional telephone survey of persons who were continuously enrolled in Medicare from the beginning of 2020 and alive and living in the community in Fall 2020, fielded from October 5, 2020 through November 15, 2020. These data are complemented by additional 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).

The first MCBS COVID-19 Community Supplement was administered in Summer 2020 from June 10, 2020 through July 15, 2020. The COVID-19 Summer 2020 Community Supplement used a reference period of "since the coronavirus pandemic began..." while the COVID-19 Fall 2020 Community Supplement used a reference period of "since July 1, 2020".

The MCBS COVID-19 Summer 2020 Data Snapshot can be found at <https://www.cms.gov/files/document/mcbs-covid-19-snapshot.pdf>. The accompanying methodology document can be found at <https://www.cms.gov/files/document/medicare-current-beneficiary-survey-covid-19-infographic-methodology.pdf>.

Both the MCBS COVID-19 Summer 2020 and Fall 2020 Community Supplement Public Use Files (PUF) and Data User Guides are available to the public as a free download and can be found on CMS' MCBS PUF website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

Methodology

In addition to providing definitions of key terms, this section describes the construction of the analytic variables used to create the preliminary estimates presented in the MCBS COVID-19 Fall 2020 Community Supplement Data Snapshot.

Medicare population: The universe for the COVID-19 Fall 2020 Community Supplement Data Snapshot included all Medicare beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and alive and living in the community in Fall 2020 who responded (either themselves or via a proxy respondent) to the COVID-19 Fall 2020 Community Supplement. The final dataset included 9,686 beneficiaries (weighted N=55,327,472).

Survey population weights: The data are weighted using preliminary weights derived from nonresponse-adjusted weights among the respondents to the COVID-19 Fall 2020 Community Supplement. First, base weights for the beneficiaries from the 2019 panel were calculated as the inverse of each beneficiary's cumulative probability of selection, and nonresponse-adjusted weights for the 2016, 2017, and 2018 panels were obtained from the Fall 2018 adjustments. These weights were then further adjusted to reflect eligibility and completion of the COVID-19 Fall 2020 Community Supplement. To account for overlap between the panels, the adjusted weights were composited across panels by age group and accretion year.

Beneficiary: An individual selected from the MCBS sample about whom the MCBS collects information. Beneficiary may also refer to a person receiving Medicare services who may or may not be participating in the MCBS.

Chronic conditions: Comprises a group of 14 health conditions measured as part of the Fall 2019 Community interview: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, arthritis, osteoporosis/broken hip, pulmonary disease, stroke, high cholesterol, and Parkinson's disease. It is possible for a beneficiary to have "ever" been diagnosed with both Alzheimer's disease and dementia other than Alzheimer's disease as previous survey responses are carried forward into subsequent data years. For the purposes of the number of chronic conditions measure, Alzheimer's disease and dementia other than Alzheimer's disease were counted as one chronic condition for beneficiaries diagnosed with both conditions, and depression and mental condition were counted as one chronic condition for beneficiaries diagnosed with both conditions. See the Appendix for details on these estimates.

Community interview: Survey administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview. An interview may be conducted with the beneficiary or a proxy.

Coronavirus (COVID-19 or SARS-CoV-2): An illness caused by a new coronavirus that can spread person to person. Symptoms range from mild (or no symptoms) to severe illness.¹ The virus has been named "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) and the disease it causes has been named "coronavirus disease 2019" ("COVID-19").

COVID-19 Community supplements: These data collections were a supplement to the MCBS annual data collection. The purpose of these supplements was to provide data to better understand beneficiaries' knowledge of the COVID-19 pandemic and understand potential Medicare program changes in response to the pandemic.

Dual eligible status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Beneficiaries were considered "dual-eligible" and assigned a dual eligible status if they were enrolled in Medicaid for at least one month. Specific Medicaid eligibility (full, partial, or Qualified Medicare Beneficiary) was determined by the beneficiary's status in the last month of the year in which he or she qualified as dually eligible. This information was obtained from *administrative* data sources.

Preventive health behaviors: Respondents were asked in the COVID-19 Community Supplement whether they have practiced 15 different behaviors in response to the COVID-19 pandemic. The following behaviors were collapsed into a single behavior:

- "Washed hands for 20 seconds with soap and water" and "Used hand sanitizer"
- "Purchased extra food", "Purchased extra cleaning supplies", and "Purchased or picked up extra prescription medicines beyond usual purchases"

¹ "What you should know about COVID-19 to protect yourself and others." Centers for Disease Control and Prevention. Last modified June 6, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.

Respondents indicated “Yes” or “No” to most of the behavior items. A third response option, “Unable due to shortages”, was offered for the following health behaviors: “Washed hands for 20 seconds or used hand sanitizer” and “Purchased extra food, cleaning supplies, or prescription medicines”. This response option has been collapsed under “No or Not Applicable” for these behaviors.

Race/ethnicity: Responses to race and ethnicity questions were self-reported in the Fall 2019 Community interview by the respondent. Respondents who reported they were white and not of Hispanic origin were coded as white non-Hispanic; those who reported they were black/African-American and not of Hispanic origin were coded as black non-Hispanic; persons who reported they were Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic; persons who reported they were American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or two or more races and not of Hispanic origin were coded as other race/ethnicity.

Respondent: The person who answers Community interview questions for the MCBS; this person can be the beneficiary or a proxy.

Telemedicine: The use of remote clinical services such as videoconferencing or audio-only appointments for consultations with health professionals.²

Traditional news source: Respondents were asked in the COVID-19 Community Supplement which sources they relied on for information about COVID-19. Traditional news sources include television, radio, websites, and newspapers (as opposed to other sources like social media, government, friends, family, and health care providers).

Type of care: Respondents were asked in the COVID-19 Community Supplement whether they were unable to get nine types of care because of the pandemic: urgent care for an accident or illness, a surgical procedure, a diagnostic or medical screening test, treatment for an ongoing condition, a regular check-up, prescription drugs or medications, dental care, vision care, or hearing care.

Weakened immune system: Respondents were asked in the COVID-19 Community Supplement whether they have taken prescription medication or had any medical treatments since July 1, 2020 that weaken their immune system. Respondents were also asked whether they currently have a health condition that weakens their immune system. These two questions were collapsed into a single item indicating “weakened immune system”.

² Telehealth Interventions to Improve Chronic Disease.” Centers for Disease Control and Prevention. Last modified May 11, 2020. <https://www.cdc.gov/dhdsp/pubs/telehealth.htm>.

Appendix

This appendix provides tables of weighted preliminary estimates and standard errors (SE) for all data points presented in the COVID-19 Fall 2020 Community Supplement Data Snapshot, along with estimates of select demographics and self-reported health conditions from the Fall 2019 MCBS Community interview.

Table 1. Likelihood of COVID-19 vaccine uptake in Fall 2020 by select demographic characteristics among Medicare beneficiaries who were living in the community in 2019³

Sex, Age, and Race/Ethnicity	If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it? ⁴				
	Definitely Weighted % (SE)	Probably Weighted % (SE)	Not Sure Weighted % (SE)	Probably Not Weighted % (SE)	Definitely Not Weighted % (SE)
TOTAL	34.2 (0.8)	24.4 (0.6)	26.0 (0.7)	8.6 (0.5)	6.6 (0.4)
FEMALE	28.7 (0.9)	24.5 (0.8)	30.0 (1.1)	9.1 (0.6)	7.5 (0.6)
<i>< 65 years</i>	24.4 (2.6)	19.7 (2.1)	32.7 (2.9)	9.9 (1.5)	13.3 (1.6)
<i>65-74 years</i>	28.7 (1.3)	23.8 (1.2)	30.7 (1.5)	9.3 (0.9)	7.4 (0.9)
<i>75-84 years</i>	30.1 (1.1)	27.6 (1.3)	28.0 (1.2)	8.6 (0.8)	5.5 (0.7)
<i>85+ years</i>	30.6 (2.1)	27.2 (2.0)	28.2 (2.0)	*	*
<i>White non-Hispanic</i>	30.9 (1.1)	25.9 (0.9)	28.3 (1.1)	8.0 (0.6)	6.8 (0.7)
<i>Black non-Hispanic</i>	13.5 (1.6)	17.0 (2.2)	41.4 (3.3)	15.2 (2.0)	12.8 (2.1)
<i>Hispanic</i>	22.9 (2.6)	24.3 (2.2)	30.6 (3.3)	11.8 (2.2)	*
MALE	41.4 (1.2)	24.2 (0.9)	20.9 (0.9)	7.9 (0.6)	5.5 (0.5)
<i>< 65 years</i>	30.4 (2.2)	20.6 (2.0)	26.7 (2.1)	12.2 (1.9)	9.8 (1.4)
<i>65-74 years</i>	42.0 (1.8)	24.6 (1.3)	20.4 (1.3)	7.7 (0.7)	5.3 (0.7)
<i>75-84 years</i>	46.3 (1.5)	25.4 (1.3)	18.8 (1.5)	5.9 (0.9)	*
<i>85+ years</i>	45.0 (2.9)	24.2 (2.3)	19.5 (2.2)	*	*
<i>White non-Hispanic</i>	43.8 (1.3)	25.3 (1.1)	18.7 (1.0)	6.9 (0.7)	5.1 (0.6)
<i>Black non-Hispanic</i>	28.8 (3.2)	15.1 (2.3)	37.1 (4.0)	*	*
<i>Hispanic</i>	30.0 (3.0)	24.6 (2.8)	26.2 (3.1)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019

³ Totals may not sum to 100 percent due to rounding and/or missingness. Suppression is used in order to protect the confidentiality of Medicare beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. Estimates with a denominator of less than 50 sample persons or with a numerator of zero sample persons are suppressed and denoted by an asterisk (*).

⁴ Only beneficiaries were asked these questions (i.e., not proxy respondents).

Table 2. Reasons for not getting a COVID-19 vaccine if one were available in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

For what reason would you not get a Coronavirus vaccine? ⁵	Weighted % (SE)
<i>The vaccine could have side effects/is not safe</i>	41.0 (1.9)
<i>Doesn't trust what government says about vaccine</i>	40.8 (2.1)
<i>Doesn't think the vaccine would prevent COVID-19</i>	12.0 (1.3)
<i>The vaccine could cause COVID-19</i>	11.1 (1.2)
<i>Doesn't like vaccines or needles</i>	7.9 (1.2)
<i>Ongoing health condition/allergy/medical reason</i>	5.4 (0.6)
<i>COVID-19 is not serious</i>	*
<i>Doesn't have time to get the vaccine</i>	*
<i>Not in high risk/priority group</i>	*
<i>Other</i>	20.8 (1.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 3. Number of reasons selected for not getting a COVID-19 vaccine if one were available in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Number of reasons ⁵	Weighted % (SE)
1	65.0 (2.1)
2	19.8 (1.3)
3+	11.6 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 4. Perceptions of COVID-19 severity in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

For each statement, rate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree ^{4,6} :	Agree	Neither Agree Nor Disagree	Disagree
	Weighted % (SE)	Weighted % (SE)	Weighted % (SE)
<i>Coronavirus is more contagious than the flu</i>	79.6 (0.6)	5.5 (0.3)	9.0 (0.4)
<i>Coronavirus is more deadly than the flu</i>	79.7 (0.7)	5.2 (0.3)	9.9 (0.5)
<i>It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group⁷</i>	95.8 (0.3)	1.5 (0.2)	1.8 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

⁵ This question was only asked of respondents who reported they would “Probably Not” or “Definitely Not” get a COVID-19 vaccine if one was available. Respondents were able to report more than one reason.

⁶ Questions were sourced from the University of California Irvine COVID-19 Outbreak Study, conducted by NORC at the University of Chicago in March-April 2020 on behalf of Principal Investigators Roxanne Cohen Silver and Alison Holman. Responses of “Strongly Agree” have been collapsed under “Agree”, and responses of “Strongly Disagree” have been collapsed under “Disagree”.

⁷ Examples of high-risk groups include elderly or chronically ill individuals.

Table 5. COVID-19 preventive health behaviors in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Since July 1, 2020, have you...	Yes Weighted % (SE)	No or Not Applicable Weighted % (SE)
<i>Washed hands for 20 seconds or used hand sanitizer⁸</i>	98.6 (0.1)	1.3 (0.1)
<i>Worn a face mask in public</i>	97.2 (0.2)	2.7 (0.2)
<i>Avoided contact with sick people</i>	92.9 (0.4)	6.2 (0.3)
<i>Kept a six-foot distance from people outside household</i>	92.4 (0.3)	7.1 (0.3)
<i>Avoided large groups of people</i>	92.3 (0.4)	7.4 (0.4)
<i>Avoided other people as much as possible</i>	86.0 (0.6)	13.5 (0.5)
<i>Coughed/sneezed into tissue or sleeve</i>	81.9 (0.5)	17.3 (0.5)
<i>Left home for essential purposes only (i.e., “sheltering in place”)</i>	74.1 (0.7)	25.5 (0.7)
<i>Cleaned or sterilized commonly-touched surfaces</i>	73.1 (0.7)	26.3 (0.7)
<i>Avoided touching face</i>	71.0 (0.7)	27.4 (0.7)
<i>Purchased extra food, cleaning supplies, or prescription medicines⁸</i>	62.9 (1.0)	36.7 (1.0)
<i>Consulted with a health care provider about coronavirus</i>	23.1 (0.6)	76.5 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 6. Impact of COVID-19 on daily life in Fall 2020 of Medicare beneficiaries who were living in the community in 2019³

Since July 1, 2020, have you been able to...	Yes Weighted % (SE)	No Weighted % (SE)	Have Not Needed Weighted % (SE)
<i>Pay rent or mortgage</i>	62.0 (0.9)	1.7 (0.2)	35.8 (0.9)
<i>Get medication</i>	90.6 (0.4)	1.5 (0.2)	7.7 (0.4)
<i>Get doctor’s appointment/other healthcare</i>	84.6 (0.6)	3.1 (0.2)	12.0 (0.5)
<i>Get food</i>	96.1 (0.3)	2.6 (0.2)	1.0 (0.1)
<i>Get household supplies</i>	92.7 (0.5)	5.2 (0.4)	1.8 (0.2)
<i>Get face masks</i>	96.0 (0.3)	1.1 (0.1)	2.7 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 7. Impact of COVID-19 on forgone care in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Since July 1, 2020, have you needed medical care for something other than coronavirus, but not gotten it because of the pandemic?	
Response	Weighted % (SE)
Yes	7.8 (0.3)
No	91.8 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

⁸ A third response option, “Unable due to shortages”, was offered for this behavior and has been collapsed under “No or Not Applicable”.

Table 8. Number of types of forgone care in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Number of types of forgone care since July 1, 2020	Weighted % (SE)
<i>Did not report forgone care</i>	92.2 (0.3)
0 ⁹	0.7 (0.1)
1	3.4 (0.2)
2	1.8 (0.2)
3	1.1 (0.2)
4+	0.8 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 9. Types of forgone care among Medicare beneficiaries who were living in the community in 2019 and reported forgone care in Fall 2020³

Among beneficiaries who reported forgone care since July 1, 2020, the type of care forgone was... ¹⁰	Yes Weighted % (SE)	No ¹¹ Weighted % (SE)
<i>Regular check-up</i>	36.3 (2.0)	63.3 (2.0)
<i>Treatment for ongoing condition</i>	32.4 (2.5)	66.9 (2.5)
<i>Dental care</i>	31.7 (2.0)	67.9 (1.9)
<i>Diagnostic or medical screening test</i>	29.3 (2.1)	70.2 (2.1)
<i>Vision care</i>	21.8 (2.1)	77.6 (2.1)
<i>Surgical procedure</i>	13.8 (1.5)	85.1 (1.5)
<i>Prescription drugs or medications</i>	7.3 (1.1)	92.5 (1.1)
<i>Hearing care</i>	*	94.4 (0.9)
<i>Urgent care for an accident or illness</i>	*	94.6 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

⁹ Respondents who reported forgone care but did not indicate “Yes” to any of the nine types of care are included under zero.

¹⁰ Respondents were able to select more than one type of forgone care.

¹¹ Only respondents who reported forgone care were asked about the types of care they were unable to get. Respondents who did not report forgone care have been excluded from this table.

Table 10. Reasons for forgone care among Medicare beneficiaries who were living in the community in 2019 and reported forgone care in Fall 2020³

Among beneficiaries who reported forgone care since July 1, 2020, the reasons were...	Reason(s) Selected Weighted % (SE)
<i>Beneficiary decided¹²</i>	
<i>Did not want to be at a medical facility</i>	49.2 (1.9)
<i>Did not want to leave their house</i>	30.5 (1.7)
<i>Other reason</i>	14.4 (1.6)
<i>No access to transportation</i>	5.9 (1.2)
<i>Medical provider decided¹³</i>	
<i>Medical office was closed</i>	30.5 (1.9)
<i>Medical office reduced available appointments</i>	24.8 (1.4)
<i>Priority was given to other types of appointments</i>	17.6 (1.3)
<i>Other reason</i>	15.8 (1.8)
<i>Medical provider did not give a reason</i>	11.3 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 11. Availability of telemedicine services to Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider in Fall 2020³

Does/did your usual medical provider offer telephone or video appointments... ¹⁴	Yes Weighted % (SE)	No Weighted % (SE)
<i>So that you don't need to physically visit their office or facility</i>	63.8 (1.0)	13.4 (0.6)
<i>Before the coronavirus pandemic</i>	18.0 (1.0)	52.4 (1.1)
<i>To replace a regularly scheduled appointment since July 1, 2020</i>	48.4 (1.0)	48.9 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 12. Availability of telemedicine services by total household income of Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider in Fall 2020³

Total household income	Does your usual provider offer telephone or video appointments?	
	Yes Weighted % (SE)	No Weighted % (SE)
<i>< \$25,000</i>	58.3 (1.3)	18.6 (1.0)
<i>\$25,000 or more</i>	66.7 (1.1)	10.7 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

¹² Only respondents who reported forgone care and the beneficiary made the decision themselves or made the decision together with their medical provider were asked this question. Respondents were able to select more than one reason for this decision. Respondents who did not report forgone care have been excluded from this table. Estimates are based on all reasons reported across all types of forgone care.

¹³ Only respondents who reported forgone care and either their medical provider made the decision or the beneficiary made the decision together with their medical provider were asked this question. Respondents were able to select more than one reason for this decision. Respondents who did not report forgone care have been excluded from this table. Estimates are based on all reasons reported across all types of forgone care.

¹⁴ The first question in this series asked about current experiences in general with telemedicine, while the second and third questions asked about telemedicine offered specifically before the COVID-19 pandemic and since July 1, 2020 for respondents who reported "Yes" to the first question.

Table 13. Types of telemedicine services offered to Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider who offers telemedicine appointments in Fall 2020³

What type of telemedicine appointment does your provider offer?	Weighted % (SE)
<i>Telephone</i>	20.1 (0.9)
<i>Video</i>	5.9 (0.4)
<i>Both telephone and video</i>	60.6 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 14. Utilization of telemedicine services by Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider who offers telemedicine appointments in Fall 2020³

Since July 1, 2020, have you had an appointment with a doctor or other health professional by telephone or video?	Weighted % (SE)
<i>No</i>	54.6 (1.0)
<i>Yes, by telephone</i>	24.9 (0.8)
<i>Yes, by video</i>	12.4 (0.6)
<i>Yes, by telephone and video</i>	7.1 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 15. Internet access in Fall 2020 by total household income among Medicare beneficiaries who were living in the community in 2019³

Total household income	Do you have access to the Internet?	
	Weighted % (SE)	
TOTAL	82.8 (0.5)	16.7 (0.5)
<i>< \$25,000</i>	66.8 (1.1)	32.2 (1.1)
<i>\$25,000 or more</i>	91.1 (0.4)	8.6 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 16. Access to technology in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Do you own or use any of the following types of computers? ¹⁵	Yes	No
	Weighted % (SE)	Weighted % (SE)
<i>Smartphone</i>	70.1 (0.7)	28.9 (0.7)
<i>Desktop or laptop</i>	64.3 (0.8)	35.5 (0.8)
<i>Tablet/portable wireless computer</i>	45.3 (0.7)	54.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

¹⁵ Respondents were able to select more than one type of technology.

Table 17. Participation in video or voice calls in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

Response	Since July 1, 2020, have you participated in video or voice calls or conferencing over the Internet?	
	Weighted % (SE)	
Yes	42.9 (0.8)	
No	56.8 (0.8)	

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 18. Sources of information about COVID-19 in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

What sources do you rely on for information about COVID-19?	Yes Weighted % (SE)	No Weighted % (SE)
<i>Traditional news sources</i>	90.0 (0.4)	9.5 (0.4)
<i>Health care providers</i>	67.0 (.0.9)	32.1 (0.9)
<i>Comments or guidance from government officials</i>	61.2 (0.9)	36.9 (0.9)
<i>Friends or family members</i>	56.1 (0.8)	43.0 (0.8)
<i>Other webpages/internet</i>	34.0 (0.8)	65.2 (0.8)
<i>Social media</i>	27.9 (0.7)	71.5 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 19. Primary source of information about COVID-19 in Fall 2020 among Medicare beneficiaries who were living in the community in 2019³

What source do you rely on most for information about COVID-19?	Weighted % (SE)
<i>Traditional news sources</i>	49.6 (0.7)
<i>Health care providers</i>	20.0 (0.7)
<i>Friends or family members</i>	9.4 (0.4)
<i>Comments or guidance from government officials</i>	8.0 (0.4)
<i>Other webpages/internet</i>	7.3 (0.4)
<i>Social media</i>	1.5 (0.1)
<i>Did not select an information source¹⁶</i>	1.1 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

¹⁶ Respondents who did not report relying on any sources of information about COVID-19 were not asked this question and are represented under "Did not select an information source".

Table 20. Impact of COVID-19 on well-being in Fall 2020 by sex among Medicare beneficiaries who were living in the community in 2019³

Since July 1, 2020, have you felt more/less/about the same... ⁴	More Weighted % (SE)	Less Weighted % (SE)	About the Same Weighted % (SE)
<i>Stressed or anxious</i>	40.6 (0.7)	3.1 (0.2)	55.8 (0.7)
<i>Female</i>	45.4 (0.9)	2.8 (0.3)	51.3 (1.0)
<i>Male</i>	34.1 (1.0)	3.4 (0.3)	61.9 (1.0)
<i>Lonely or sad</i>	20.6 (0.6)	3.3 (0.2)	75.3 (0.6)
<i>Female</i>	25.4 (0.8)	3.2 (0.3)	70.7 (0.9)
<i>Male</i>	14.2 (0.7)	3.5 (0.4)	81.3 (0.8)
<i>Financially secure</i>	3.9 (0.3)	15.1 (0.5)	80.4 (0.5)
<i>Female</i>	3.8 (0.3)	16.3 (0.7)	79.6 (0.8)
<i>Male</i>	4.1 (0.4)	13.4 (0.8)	81.7 (0.9)
<i>Socially connected to friends and family</i>	9.1 (0.4)	37.7 (0.8)	52.6 (0.7)
<i>Female</i>	8.9 (0.5)	41.8 (1.0)	49.0 (0.9)
<i>Male</i>	9.3 (0.6)	32.7 (1.0)	57.3 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 21. Select demographic and socioeconomic characteristics of Medicare beneficiaries who were living in the community in 2019 and completed a COVID-19 Fall 2020 Community Supplement interview³

Demographic characteristic	Category	Weighted % (SE)
<i>Age</i>	< 65 years	14.3 (0.4)
	65-74 years	51.3 (0.6)
	75-84 years	25.1 (0.4)
	85+ years	7.3 (0.2)
<i>Sex</i>	Female	53.9 (0.6)
	Male	44.3 (0.6)
<i>Race/ethnicity</i>	White non-Hispanic	75.7 (0.8)
	Black non-Hispanic	9.7 (0.7)
	Hispanic	8.4 (0.6)
	Other race/ethnicity	5.4 (0.4)
<i>Language spoken at home</i>	English	88.6 (0.7)
	Language other than English	11.3 (0.7)
<i>Total household income</i>	< \$25,000	30.8 (0.7)
	\$25,000 or more	65.6 (0.7)
<i>Dual eligible status</i>	Full-benefit dual eligible	9.7 (0.5)
	Partial-benefit dual eligible	5.6 (0.3)
	Non dual eligible	84.7 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

Table 22. Self-reported health conditions among Medicare beneficiaries who were living in the community in 2019 and completed a COVID-19 Fall 2020 Community Supplement interview³

Health condition	Weighted % (SE)
<i>High cholesterol</i>	63.4 (0.5)
<i>Hypertension</i>	61.2 (0.7)
<i>Arthritis</i>	36.2 (0.7)
<i>Diabetes</i>	32.8 (0.6)
<i>Heart disease</i>	30.9 (0.6)
<i>Depression</i>	26.2 (0.6)
<i>Osteoporosis/broken hip</i>	19.8 (0.5)
<i>Cancer, other than skin</i>	19.0 (0.5)
<i>Pulmonary disease</i>	18.3 (0.5)
<i>Weakened immune system</i>	18.1 (0.5)
<i>Stroke</i>	9.3 (0.3)
<i>Mental condition</i>	3.1 (0.2)
<i>Dementia, other than Alzheimer's</i>	2.0 (0.2)
<i>Parkinson's disease</i>	1.3 (0.1)
<i>Alzheimer's disease</i>	1.2 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.