This infographic 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 Summer 2020 Supplement and preliminary 2019 MCBS data.

### COVID-19 PREVENTIVE HEALTH BEHAVIORS

Many beneficiaries have taken preventive measures (% of beneficiaries)

- Washed hands/used hand sanitizer: 98%
- Kept distance from people outside household: 93%
- Wore a facemask: 93%
- Avoided contact with sick people: 92%
- Avoided groups of 10+: 90%
- Avoided other people as much as possible: 90%
- Sheltered in place: 85%
- Coughed/sneezed into tissue/sleeve: 77%
- Cleaned/sterilized surfaces: 74%
- Avoided touching face: 73%
- Purchased extra food/supplies/medicines: 68%
- Consulted with a health care provider: 19%

### IMPACT OF COVID-19 PANDEMIC ON DAILY LIFE

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

- Get household supplies: 12%
- Get an appointment with a health care provider: 9%
- Get the food they wanted: 5%
- Get medication: 2%
- Pay rent or mortgage: 2%
21% of beneficiaries reported needing health care for something other than COVID-19, but not getting it because of the pandemic.

The most commonly reported type of foregone care was dental care (43%).

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

The most common reason the health care provider rescheduled the appointment was because their medical office was closed (38%).

Experiences with Foregone Care During COVID-19 Pandemic

Among beneficiaries who reported foregone care...

- The type of foregone health care varied
  - Dental care: 43%
  - Regular check-up: 36%
  - Treatment for ongoing condition: 36%
  - Diagnostic or medical screening test: 32%
  - Vision care: 24%
  - Surgical procedure: 17%
  - Prescription drugs or medications: 8%
  - Hearing care: 6%
  - Urgent care for an accident/illness: 5%

- Beneficiaries decided to forego care for various reasons
  - Did not want to be at a medical facility: 45%
  - Did not want to leave their house: 35%
  - Other reason: 13%
  - No access to transportation: 7%

- Health care providers rescheduled appointments for various reasons
  - Medical office was closed: 38%
  - Medical office reduced available appointments: 27%
  - Priority was given to other types of appointments: 19%
  - Other reason: 9%
  - Medical provider did not give a reason: 7%
**AVAILABILITY OF TELEMEDICINE APPOINTMENTS**

Of beneficiaries who have a usual health care provider, 60% reported that this provider currently offers telephone or video appointments.

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

- **58%** reported that their provider offers both telephone and video appointments.
- **22%** reported that their provider offered telemedicine appointments before the pandemic.
- **57%** reported that their provider offered a telemedicine appointment to replace an appointment during the pandemic.

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

- $25K+ 63%
- < $25K 54%

**ACCESS TO TECHNOLOGY**

- **82%** of beneficiaries reported having access to the Internet.

**Smartphones** are the most commonly used type of technology among beneficiaries³ (% of beneficiaries)

- Smartphone 68%
- Computer 65%
- Tablet 44%

92% of beneficiaries with a total household income of $25K or more have access to the Internet compared to 65% of beneficiaries with a total household income of less than $25K.

52% have ever participated in video, voice calls, or conferencing over the Internet.

³ Respondents were able to select more than one type
These preliminary estimates are based on data from the MCBS COVID-19 Summer 2020 Supplement, a nationally representative, cross-sectional telephone survey of Medicare beneficiaries living in the community that was administered from June 10, 2020 through July 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 Summer 2020. The dataset included 11,114 beneficiaries (weighted N=56,094,955). 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 appendices for additional information.

**IMPACT OF COVID-19 PANDEMIC ON WELL-BEING**

- **23%** reported feeling more lonely or sad
- **29%** of female beneficiaries reported feeling more lonely or sad compared to **16%** of male beneficiaries
- **18%** reported feeling less financially secure
- **19%** of female beneficiaries reported feeling less financially secure compared to **17%** of male beneficiaries
- **46%** reported feeling more stressed or anxious
- **51%** of female beneficiaries reported feeling more stressed or anxious compared to **39%** of male beneficiaries
- **37%** reported feeling less socially connected to family and friends
- **41%** of female beneficiaries reported feeling less socially connected compared to **31%** of male beneficiaries

**INFORMATION ABOUT COVID-19 PANDEMIC**

- **56%** 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)*

- Traditional news sources: 91%
- Comments/guidance from government officials: 65%
- Friends or family members: 55%
- Health care providers: 49%
- Other webpages/Internet: 46%
- Social media: 31%

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