

A photograph of four adults (two men and two women) of diverse ages and ethnicities, smiling and standing outdoors in a grassy area. One woman is holding a rolled-up yoga mat. A semi-transparent grey box is overlaid on the right side of the image, containing the title and date.

MIDLIFE AND OLDER ADULTS' HEALTH: COVERAGE AND ACCESS

MAY 2021

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EXECUTIVE SUMMARY

Executive Summary

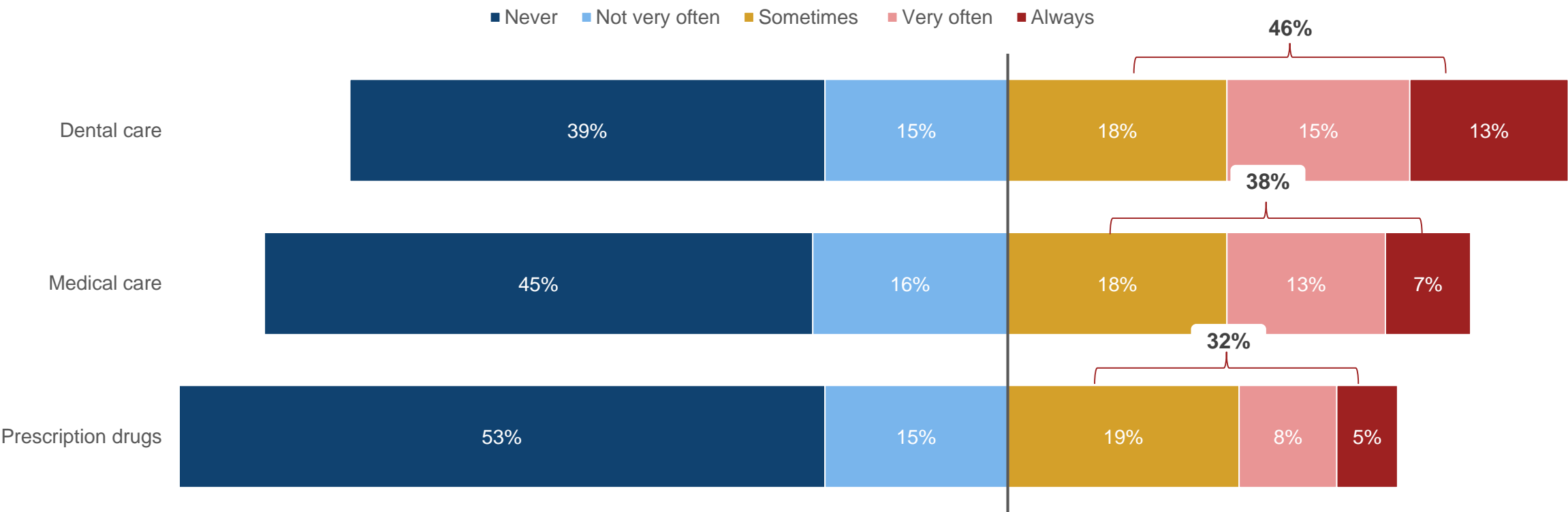
- **Cost appears to be a bigger impediment to seeking dental care** than to obtaining medical care or filling a prescription, especially for younger and less affluent adults. Although prescription drug costs appear relatively less challenging overall than medical and dental care, the **costs of prescription drugs pose difficulties for those 40–49 at least sometimes**, less so for older adults.
- **A doctor's office is the most common site for treatment of non-life-threatening illnesses**, and women were more likely to go to a doctor's office in such a situation. Men were more likely to seek treatment at a public clinic or health center, or at the VA, a military hospital, or clinic.
- **More than eight in 10 adults 40-plus have a “regular” doctor or healthcare provider**, with most having seen their provider recently. Women were more likely to say they have a regular doctor and — among respondents with a regular doctor — women were more likely to say they have seen theirs less than 3 months ago.
 - Adults 40-plus without a regular doctor tend to fend for themselves, with infrequent medical visits, checking online for information, or trying to solve their medical problems on their own.
- **Immunizations and diet and weight were the topics most often discussed with healthcare professionals overall**, but doctors were more likely to speak with men about smoking, brain health, alcohol use, sexual health, and lowering prescription drug costs.
 - Doctors also appeared to **tailor their discussions to their patients' ages**, such that discussions about immunizations (such as flu and pneumonia shots) and taking daily aspirin were more common among older adults, while discussions about depression or anxiety and smoking or tobacco use were more common among younger adults.
 - **Patients' health status** also may play a role as topics such as diet and weight, depression or anxiety, and smoking or tobacco use were mentioned to those in *good*, *fair* or *poor* health. The use of dietary or nutritional supplements and sexual health were raised with adults in *excellent* or *very good* health.



DETAILED FINDINGS

Delaying dental care due to cost was more common among adults 40-plus than delaying medical care or filling a prescription.

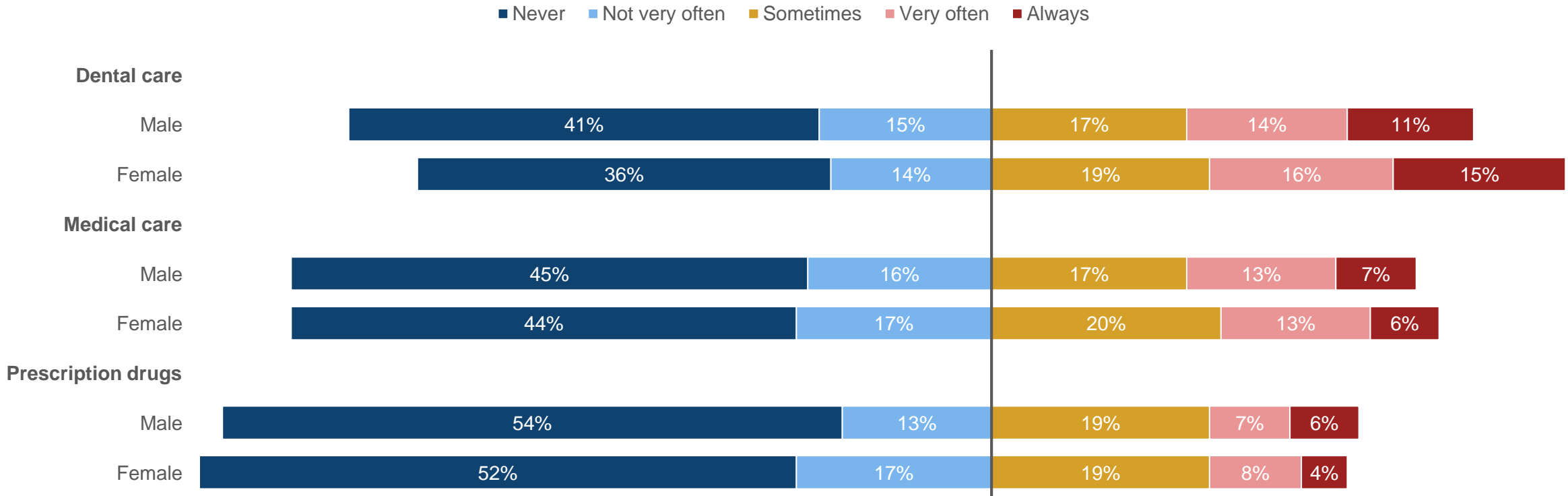
Percent who delay or limit medical care, dental care, and prescriptions due to cost
Among adults 40-plus



Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

More older adults limited dental care than delayed filling or not filling prescriptions, with no notable differences between women and men.

Percent who delay or limit medical care, dental care, and prescriptions due to cost
Among adults 40-plus, by gender

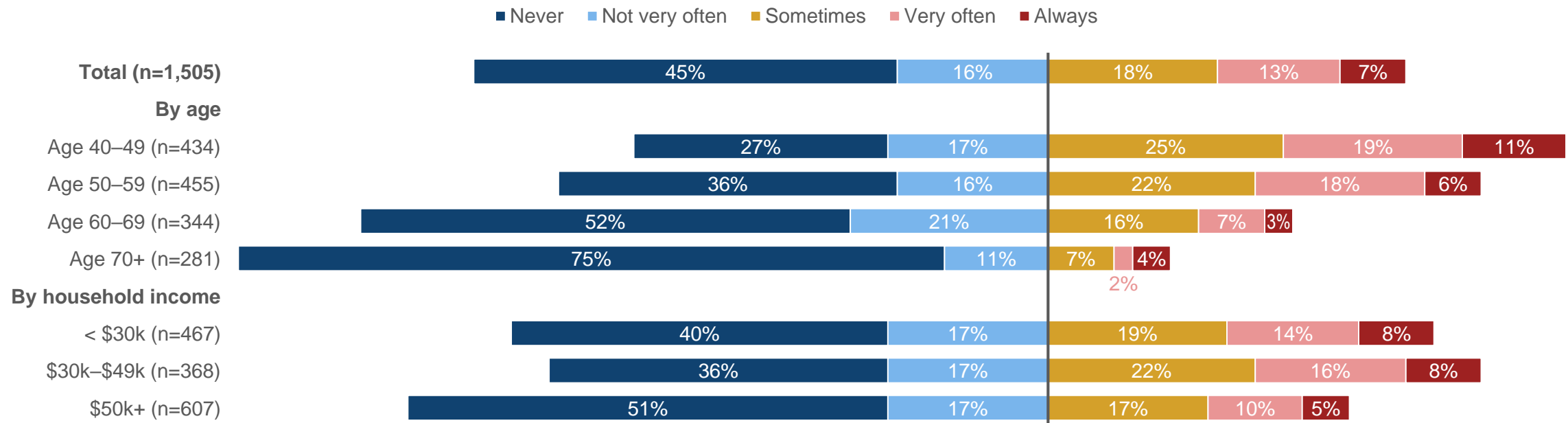


Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

Younger and less affluent adults were more likely to limit seeking medical care.

The majority (61%) reported rarely limiting seeking medical care. However, adults age 40–59 were significantly more likely than those who are 60 or older to say they do so *always* or *very often*. Similarly, those with incomes less than \$50,000 were more likely than those with higher incomes to regularly limit seeking medical care.

Percent who delay or limit medical care due to cost
Total by age and household income

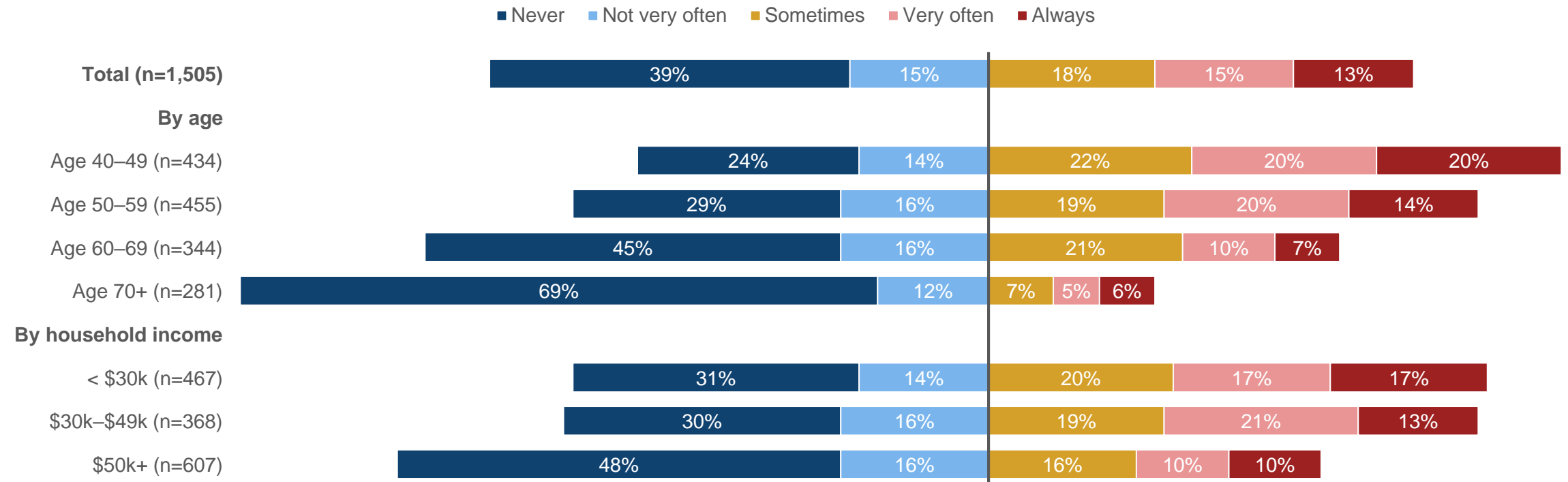


Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

Similarly, younger and less affluent adults often skipped dental care.

Many adults 40-plus reported that cost is an impediment to seeking dental care *at least sometimes*, but adults age 40–59 and those with incomes less than \$50,000 were most common to report cost as an issue.

Percent who delay or limit dental care due to cost
Total and by age and household income

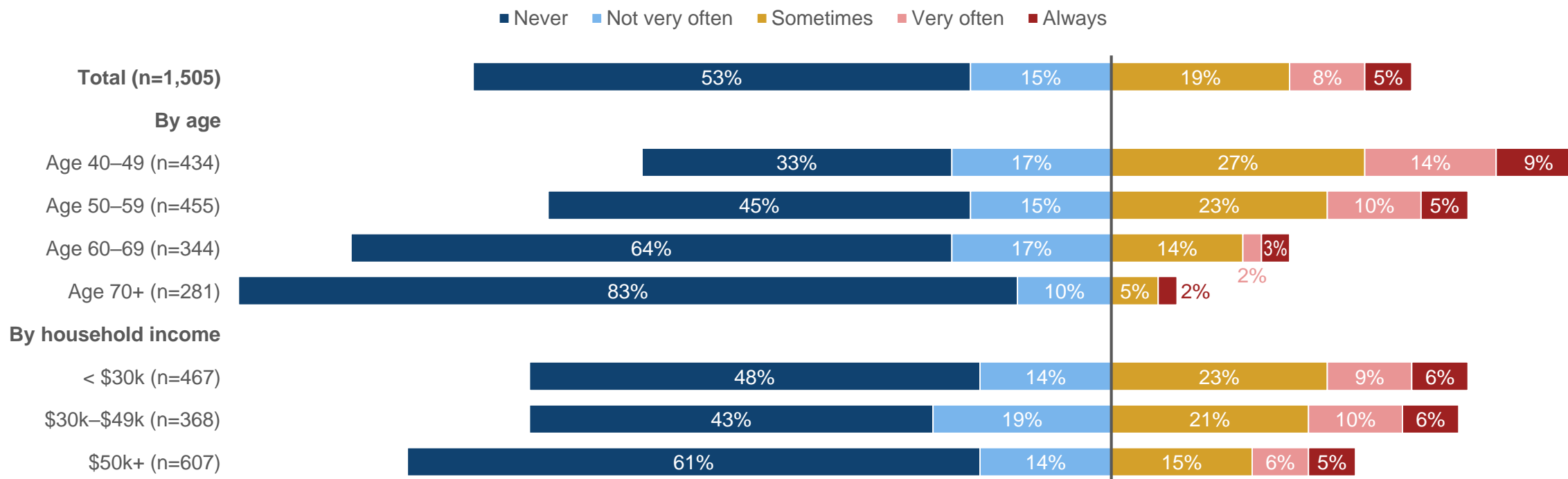


Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

Prescription drug costs were most problematic for adults age 40–49.

Prescription drug costs appear relatively less limiting overall, with about one-third of adults 40-plus opting to not fill or delay filling a prescription. However, as with medical and dental care, the costs of prescription drugs pose difficulties for those 40-49 *at least sometimes*, but less so for their older counterparts.

Percent who delay or limit prescription drugs due to cost
Total and by age and household income

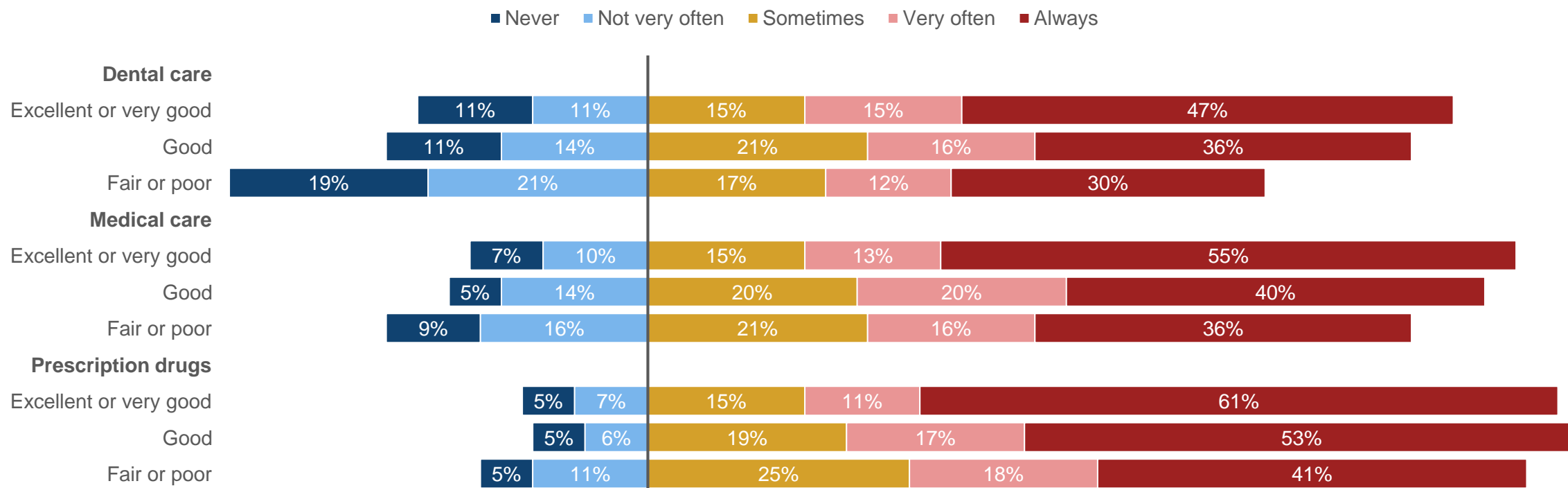


Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

Those in poorer health less likely to seek all types of care due to cost.

Four in ten adults 40-plus in *fair* or *poor* health say they *always* or *very often* limit seeking dental care, one-quarter limit seeking medical care, and one in six opt not to fill a prescription or delay filling one due to cost concerns.

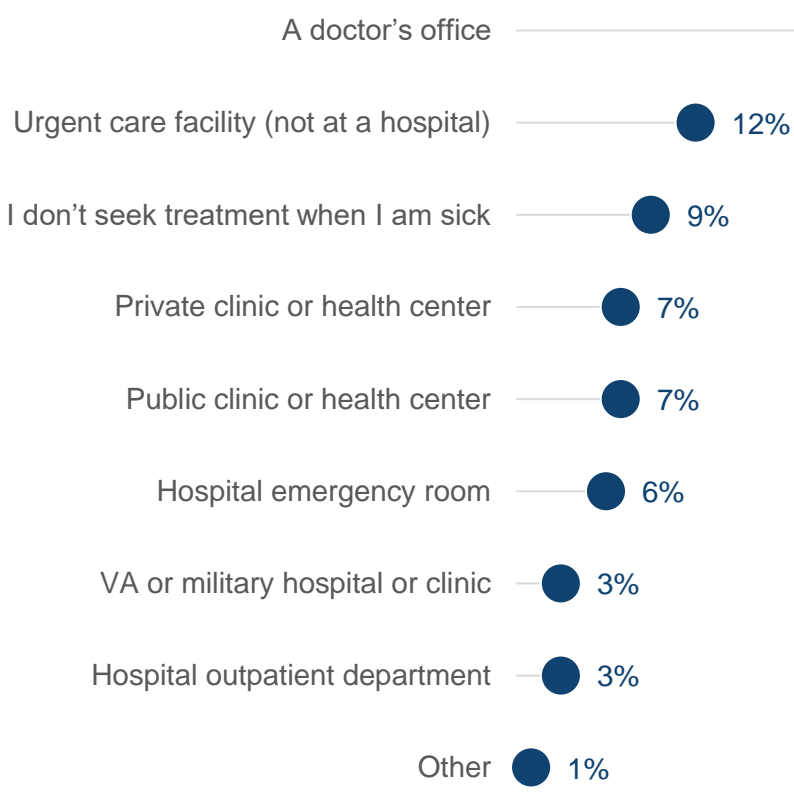
Percent who delay or limit medical care, dental care, and prescriptions due to cost
By reported health status



Q6. How often do you limit seeking medical care because you can't afford it? Q7. How often do you limit seeking dental care because you can't afford it? Q8. How often do you opt not to fill a prescription or delay filling it because of the cost? Base: All respondents (n=1,505)

Non-life-threatening illness is most commonly treated at the doctor's office.

Location of treatment for non-life-threatening illnesses

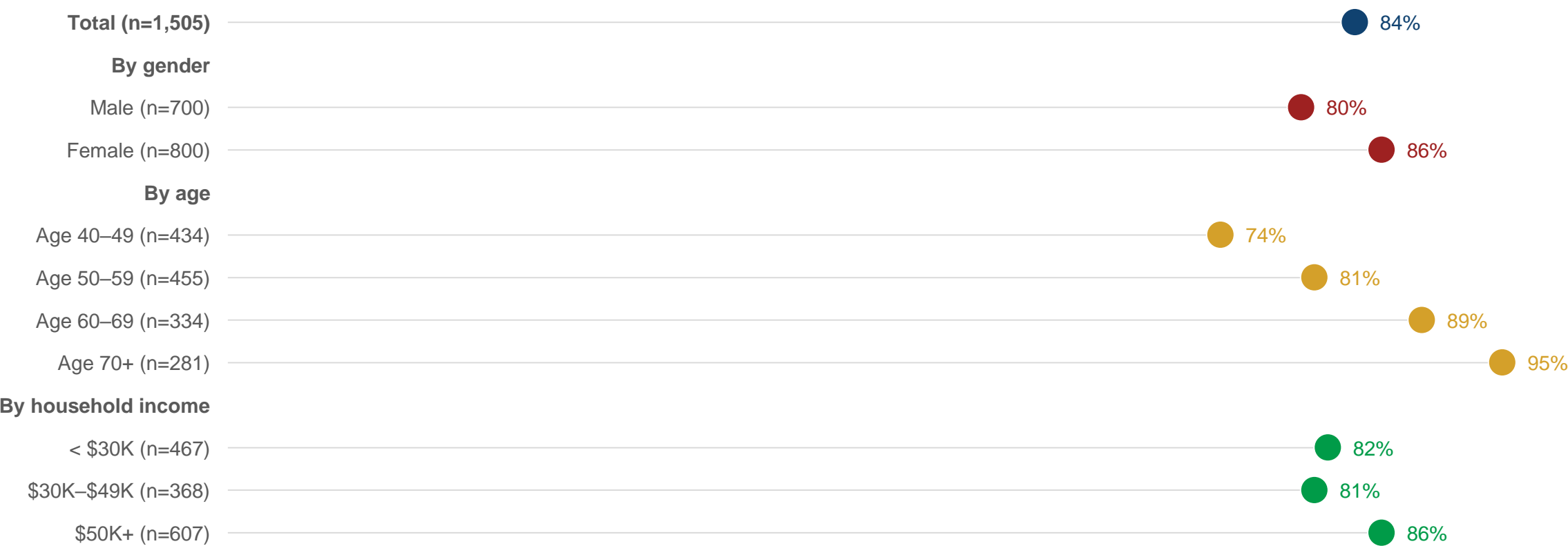


| When sick with a non-life-threatening illness... | | | |
|--|-----------------------------|---|--------------------------|
| Women are more likely to go to... | | Men are more likely to go to... | |
| A doctor's office | 57% vs. 45% | Public clinic or health center | 9% vs. 5% |
| | | Veterans Administration, military hospital, or clinic | 6% vs. 1% |
| Those 60+ are more likely to go to... | | Those < 60 are more likely to go to... | |
| A doctor's office | 59% and 67% vs. 41% and 46% | A hospital emergency room | 10% and 8% vs. 3% and 2% |
| Those with incomes < \$50K more likely to go to... | | | |
| Hospital emergency room | 9% and 8% vs. 3% | | |

Q9. Where do you usually go for treatment when you are sick with a non-life-threatening illness? Would you say you usually go to...? Base: All respondents (n=1,505)

Large majority has a regular doctor or healthcare provider.

Percent who have a regular doctor
Total and by *gender*, *age*, and *household income*

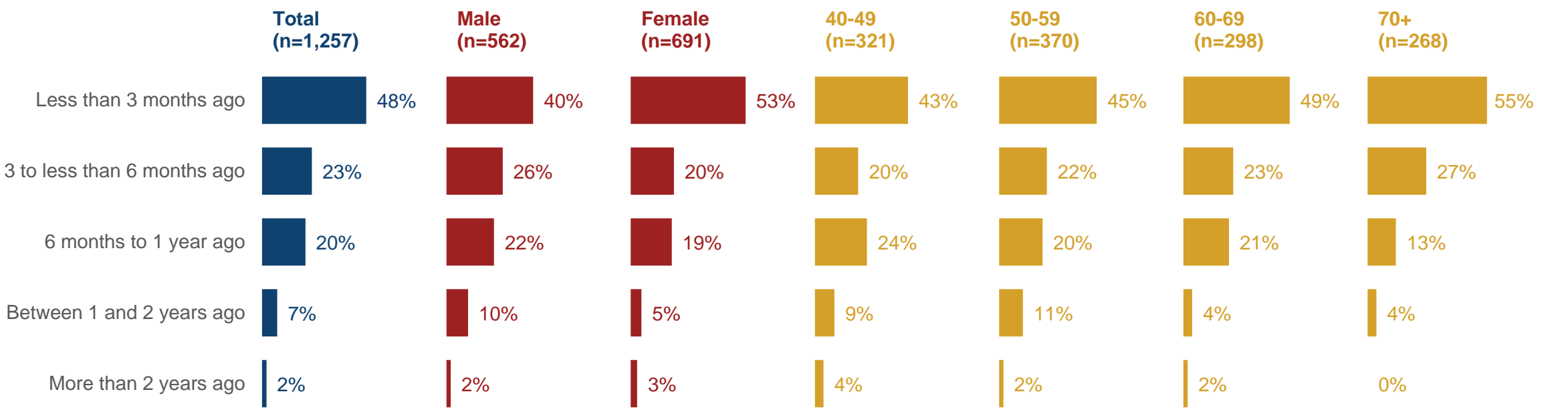


Q10. Do you have a regular doctor or health care provider you go to when you are sick or want medical advice? Base: All respondents (n=1,505)

Most with a regular doctor have seen their provider recently.

About half (48%) of adults age 40-plus who have a regular doctor have seen their provider in the last three months, and the vast majority (91%) have seen their doctor in the last year. Adults 60 and older were more likely to have seen their doctor within the past year.

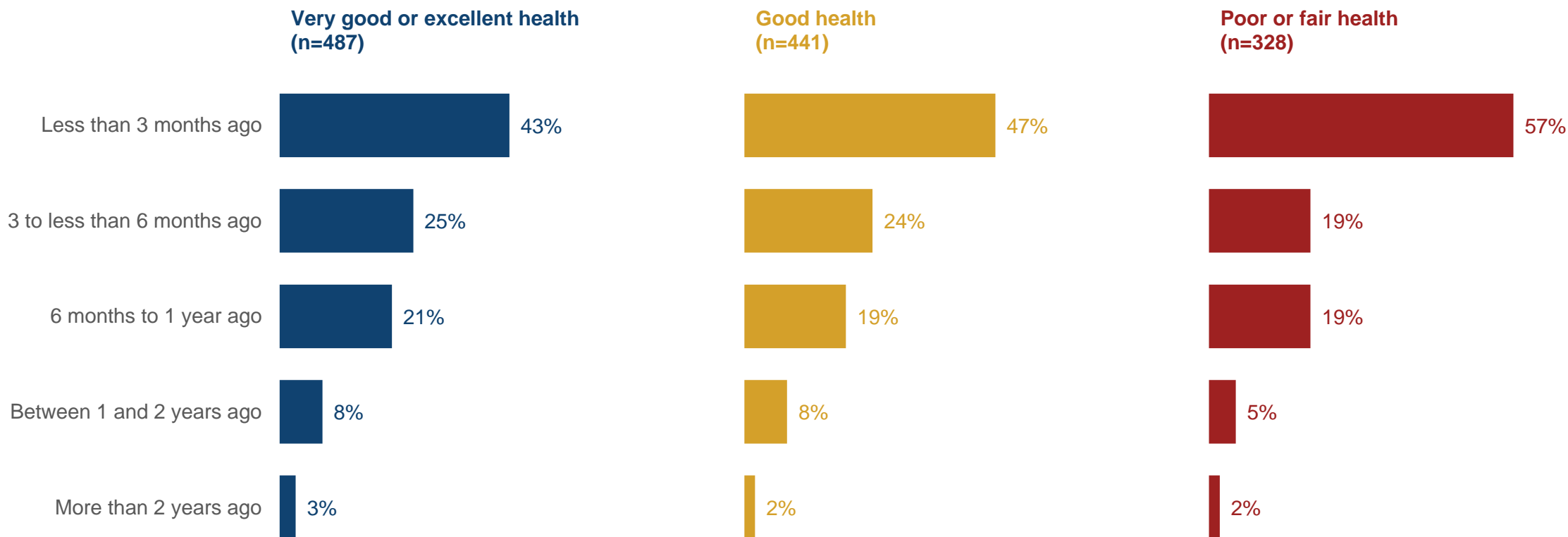
Time since last visit to regular doctor or health care provider
Among those with a regular doctor, **total** and by **gender** and **age**



Q10A. [If yes to Q10] When was the last time you went to your regular doctor or health care provider? (Read list; accept one response) Base: Those with regular doctor (n=1,257)

Those in poorer health have seen their provider most recently.

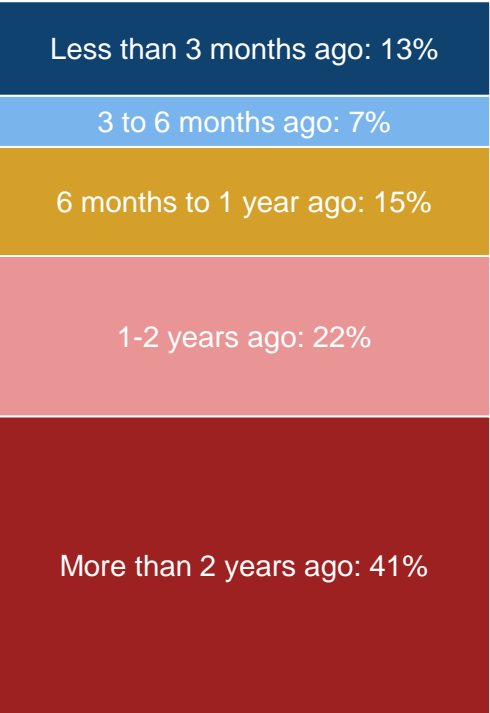
Time since last visit to regular doctor or health care provider
Among those with a regular doctor with **very good or excellent health**, **good health**, and **poor or fair health**



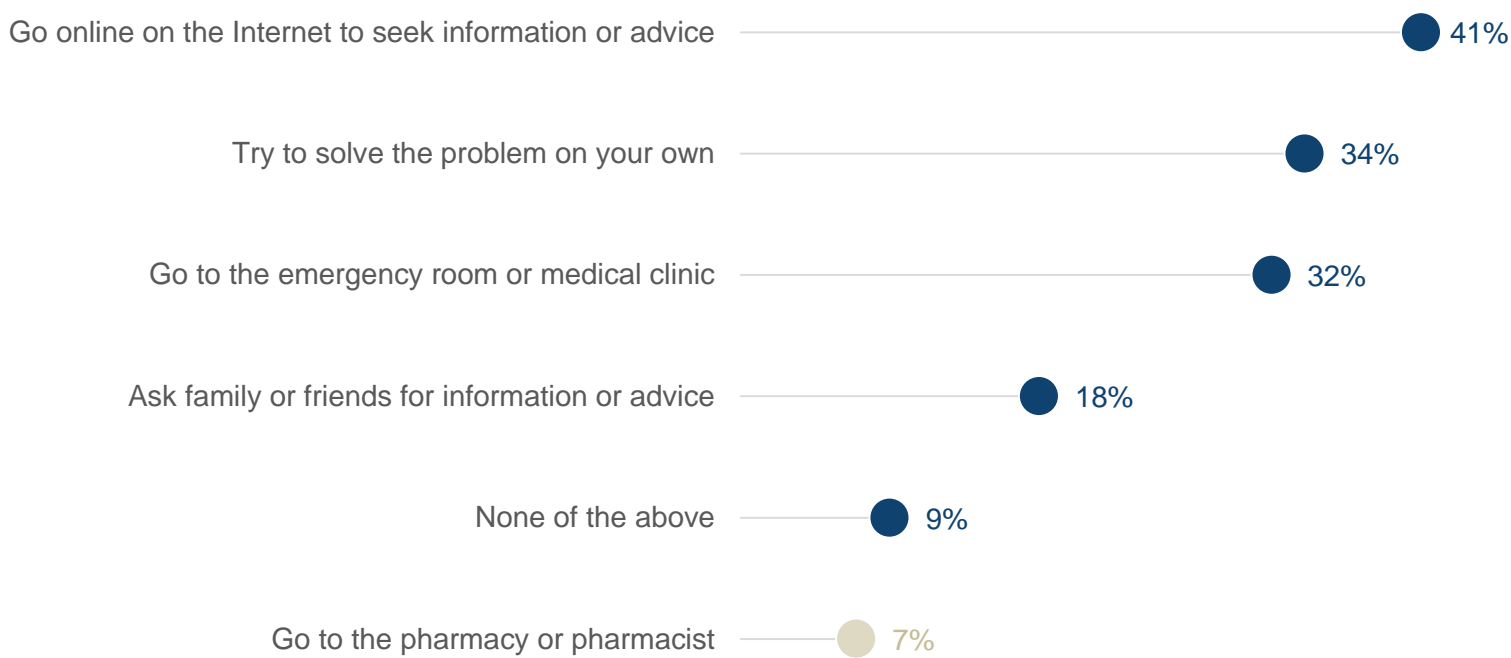
Q10A. [If yes to Q10] When was the last time you went to your regular doctor or health care provider? (Read list; accept one response) Base: Those with regular doctor (n=1,257)

Adults 40-plus without a doctor tended to fend for themselves, with infrequent medical visits.

Last visit to doctor or medical facility
Among those without a regular doctor



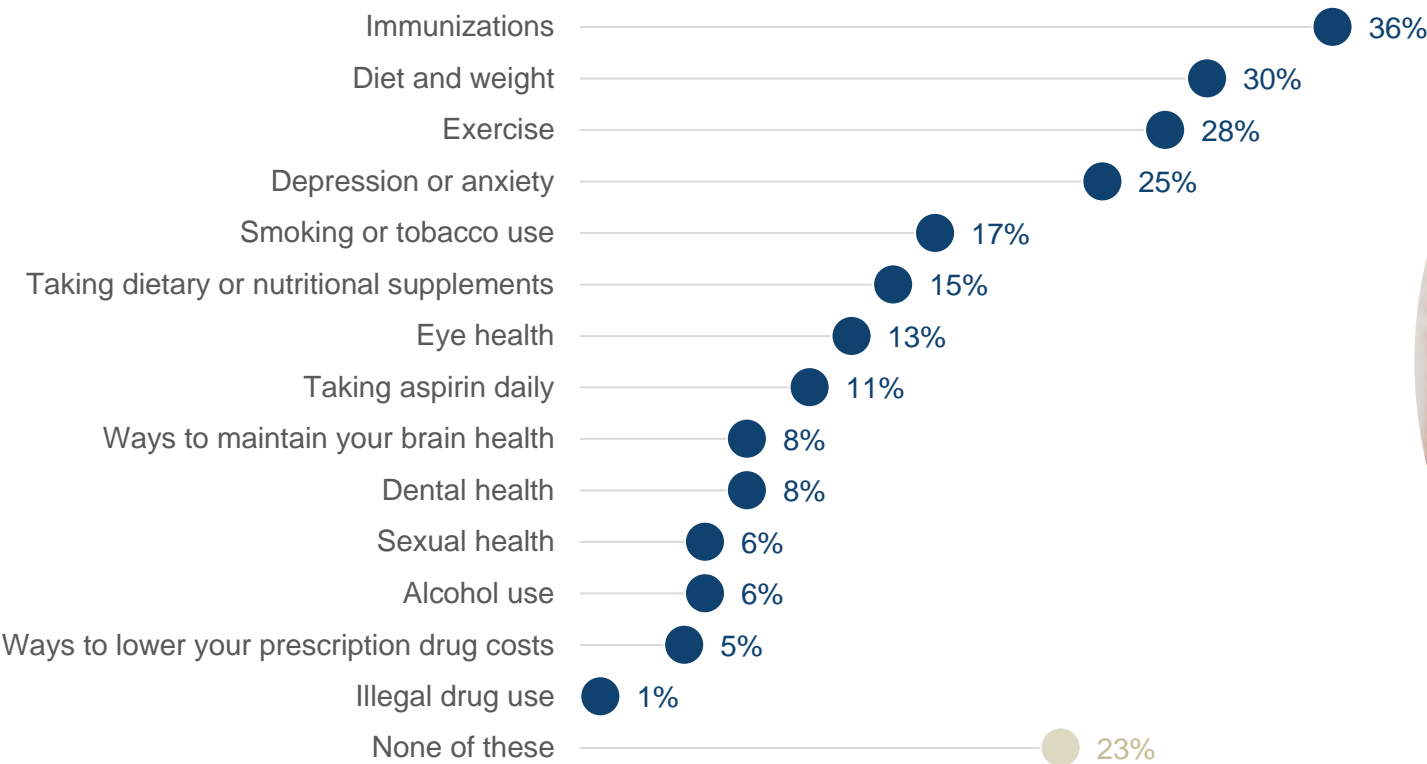
Actions taken when needing medical advice or attention
Among those without a regular doctor



Q10B. What do you do when you need medical advice or attention? Base: Respondents without a regular doctor (n=236) Q10C. When was the last time you went to a doctor, health care provider or medical facility to receive medical care? Base: Respondents without a regular doctor (n=236)

Immunizations and diet and weight were the topics most commonly discussed with healthcare professionals.

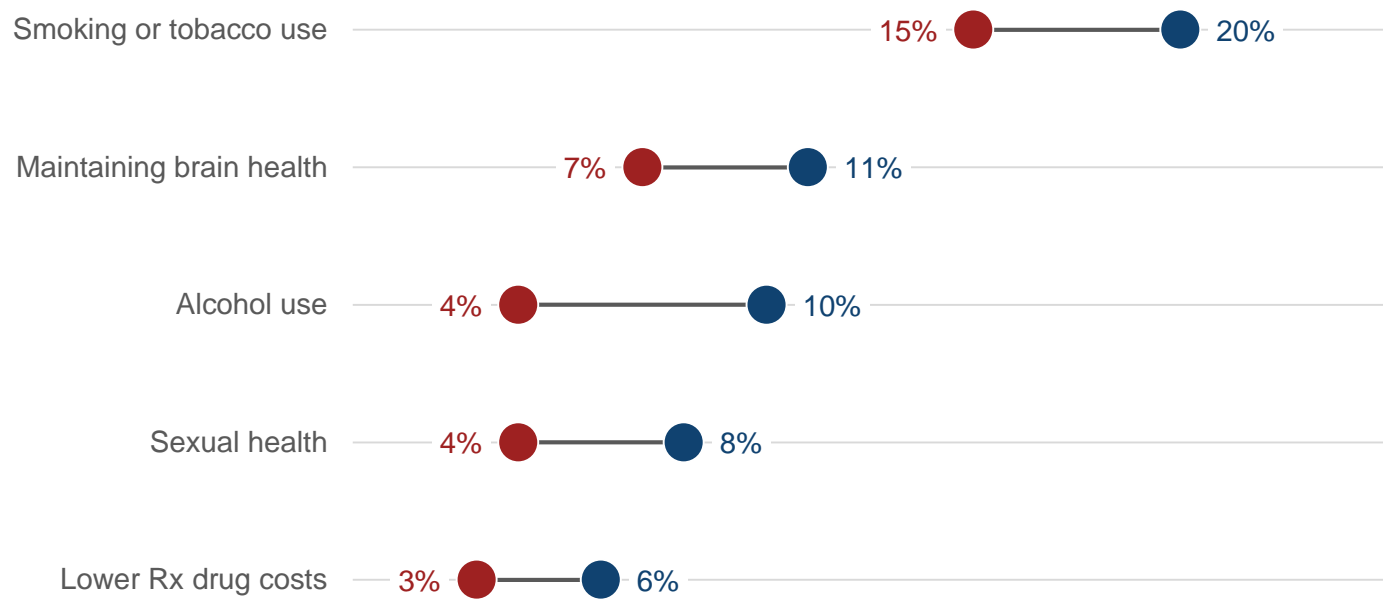
Percent discussing the following topics at their most recent medical appointment



Q11. At your most recent medical appointment, which of the following topics—if any—did a doctor or healthcare professional discuss with you? Base: All respondents (n=1,505)

Doctors were more likely to speak with men about smoking, brain health, alcohol use, sexual health, and lowering prescription drug costs.

Percent discussing the following topics at their most recent medical appointment
Among **females** (n=800) and **males** (n=700)



Q11. At your most recent medical appointment, which of the following topics—if any—did a doctor or healthcare professional discuss with you? Base: All respondents (n=1,505)

Topics discussed with the doctor vary by age, too.

Older adults were more likely to discuss immunizations (e.g., flu and pneumonia shots) and taking daily aspirin with their doctor, while younger adults were more likely to discuss depression or anxiety and smoking or tobacco use.

| Topics Discussed at Most Recent Appt. – by Age | Age 40–49 n=434 | Age 50–59 n=455 | Age 60–69 n=334 | Age 70+ n=281 |
|---|--------------------|--------------------|--------------------|------------------|
| Immunizations (e.g., flu shot) | 20% | 31% | 47% | 58% |
| Diet and weight | 28% | 32% | 27% | 31% |
| Exercise | 26% | 30% | 25% | 34% |
| Depression or anxiety | 33% | 31% | 17% | 16% |
| None of these | 25% | 22% | 23% | 20% |
| Smoking or tobacco use | 22% | 18% | 18% | 6% |
| Taking dietary or nutritional supplements | 15% | 15% | 12% | 20% |
| Eye health | 9% | 11% | 12% | 24% |
| Taking aspirin daily | 4% | 8% | 13% | 26% |
| Ways to maintain brain health | 8% | 7% | 5% | 16% |
| Dental health | 10% | 6% | 4% | 13% |
| Sexual health | 7% | 5% | 4% | 8% |
| Alcohol use | 9% | 6% | 4% | 6% |
| Ways to lower Rx costs | 5% | 3% | 5% | 6% |
| Illegal drug use | 1% | 1% | 1% | 1% |



Q11. At your most recent medical appointment, which of the following topics—if any—did a doctor or healthcare professional discuss with you? Base: All respondents (n=1,505)

And, one's health status seems to influence topics raised.

Doctors appear more likely to discuss diet and weight, depression or anxiety, and smoking or tobacco use with those in *good*, *fair* or *poor* health. In contrast, they appear more likely to discuss the use of dietary or nutritional supplements and sexual health with adults in *excellent* or *very good* health.

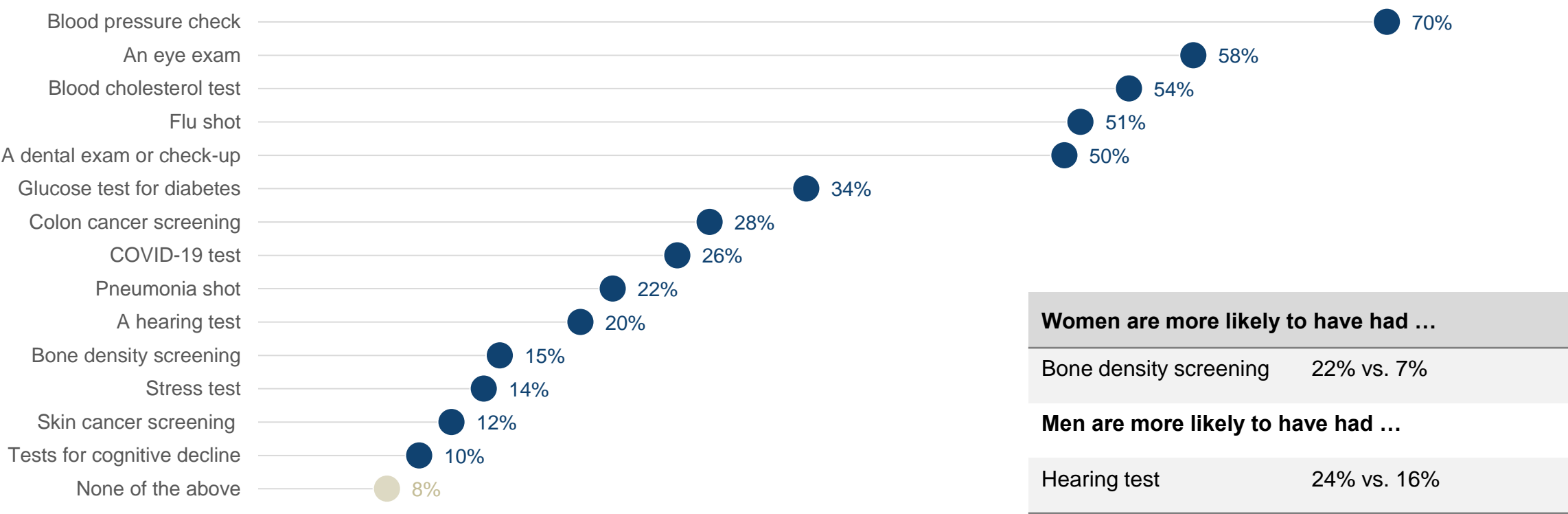
| Topics Discussed at Most Recent Appt. – by Self-Reported Health Status | Excellent/ Very Good | Good | Fair/ Poor |
|---|-------------------------|-------|---------------|
| | n=569 | n=548 | n=388 |
| Immunizations (e.g., flu shot) | 33% | 39% | 37% |
| Diet and weight | 25% | 32% | 32% |
| Exercise | 32% | 27% | 24% |
| Depression or anxiety | 17% | 27% | 35% |
| None of these | 24% | 22% | 22% |
| Smoking or tobacco use | 14% | 18% | 21% |
| Taking dietary or nutritional supplements | 18% | 12% | 15% |
| Eye health | 14% | 12% | 12% |
| Taking aspirin daily | 11% | 11% | 13% |
| Ways to maintain brain health | 10% | 8% | 7% |
| Dental health | 11% | 7% | 7% |
| Sexual health | 10% | 3% | 5% |
| Alcohol use | 8% | 6% | 6% |
| Ways to lower Rx costs | 4% | 5% | 5% |
| Illegal drug use | 1% | 1% | 1% |



Q11. At your most recent medical appointment, which of the following topics—if any—did a doctor or healthcare professional discuss with you? Base: All respondents (n=1,505)

Blood pressure checks, eye exams, cholesterol tests, and flu shots were the most common non–gender-specific medical tests.

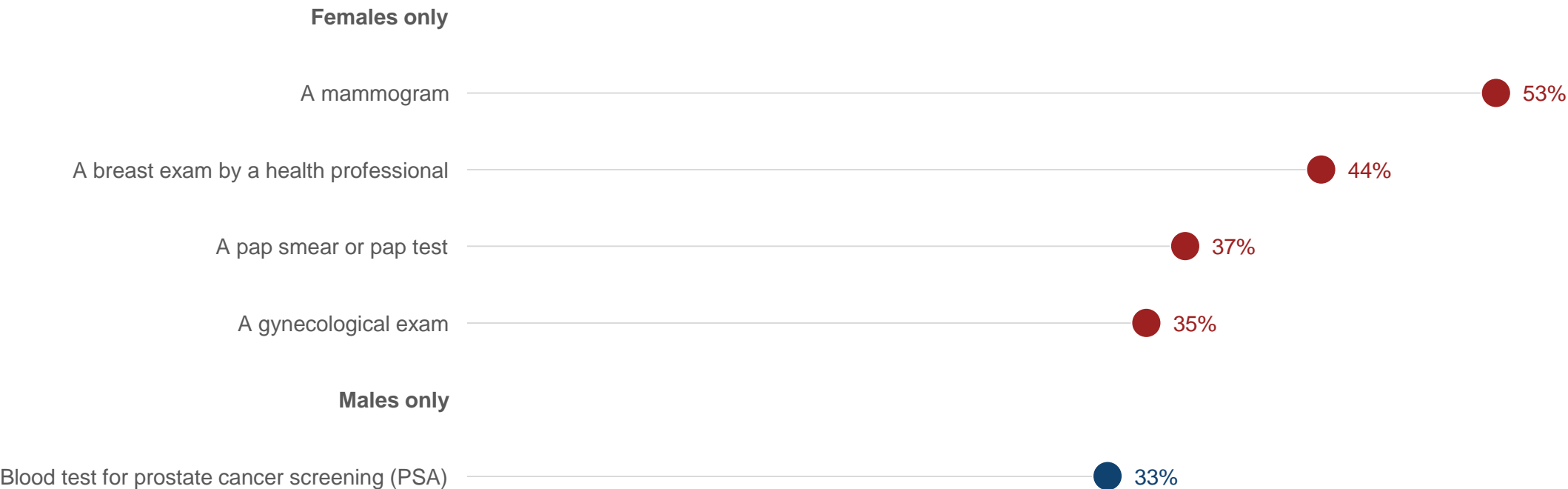
Percent who have received the following non–gender-specific medical tests
During the last two years



Q15. Which of the following medical tests or screenings—if any—have you received in the last two years? Base: All respondents (n=1,505)

Sizeable minorities of adults 40-plus were getting their gender-specific medical tests regularly.

Percent who have received the following gender-specific medical tests
Among *females* and *males*



Q15. Which of the following medical tests or screenings—if any—have you received in the last two years? Base: Men (n=700); Women (n=800)



IMPLICATIONS

Implications

At the time of this survey's fielding in November 2020, the U.S. and the rest of the world were in the midst of the COVID-19 pandemic. Although we may not know the full effect of the pandemic on individuals' health-seeking behavior, some comparisons between our results and those of analyses of National Health Interview Survey data done by the Peterson Center on Healthcare and the Kaiser Family Foundation (KFF) are instructive.

In our study, nearly half of U.S. adults 40 and older at least sometimes delayed seeking dental care, nearly four in ten postponed seeking medical care, and one-third opted not to fill or delayed filling a prescription due to the cost of care. In the Peterson–KFF analyses based on pre-pandemic data of U.S. adults 18 and older, one-quarter delayed dental care, one in nine postponed medical care, and one in eight skipped filling a prescription.

What will happen in a post-pandemic world remains to be seen. Will individuals make up for lost time in seeking medical or dental care or in filling prescriptions, or will the costs of care (or the loss of health insurance during the pandemic) lead them to continue delaying important health care services?





METHODOLOGY

Objectives and Methodology

Objective: To learn more about midlife and older adults' health status and health conditions, insurance and health care coverage, and access to health professionals as well as health concerns and screenings, health habits (including exercise), and concern about COVID-19.

Methodology: Phone, nationally representative survey.

Sample: U.S. adults age 40 and older; n=1,505
(601 via landline telephones and 904 via cell phones).

Interviewing Dates: November 10–20, 2020.

Language: Interviews conducted in English.

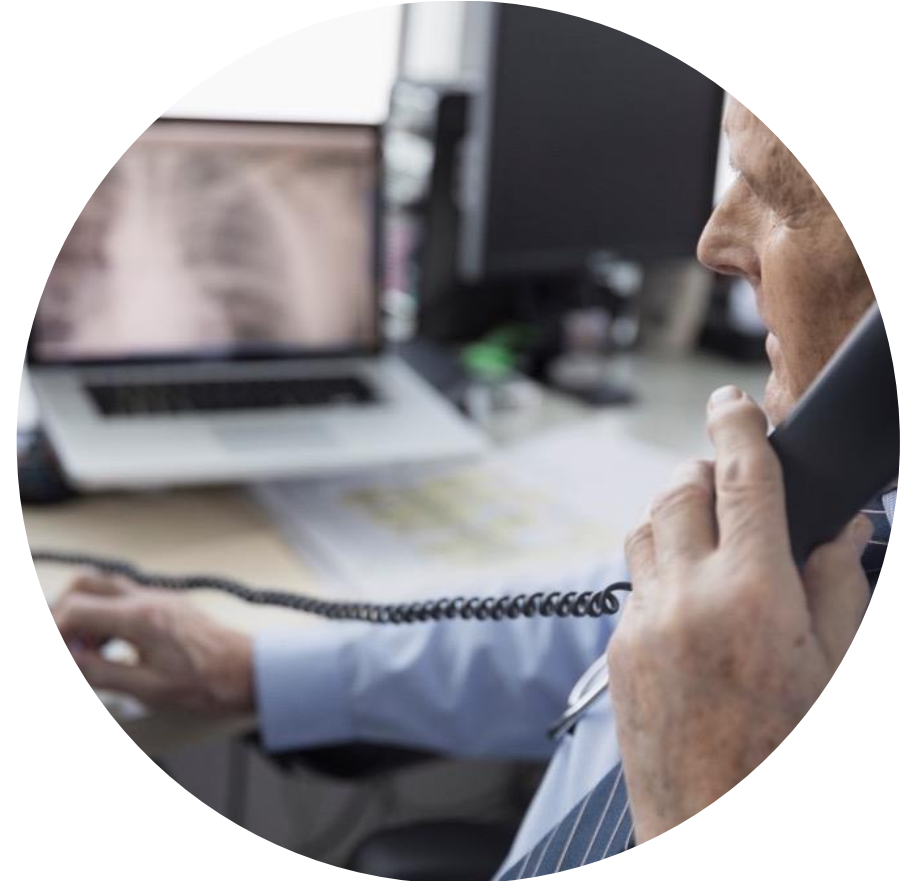
Weighting: Data were weighted by age, gender, race/ethnicity, education, and Census division according to 2017 5-year U.S. Census Bureau American Community Survey (ACS) estimates.

Questionnaire length: 25 minutes (median).

Confidence Intervals: $\pm 2.5\%$.

The margin of error among subgroups is higher.

Note: Some percentages may not equal 100% due to rounding or the use of multiple response question formats.



About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

Acknowledgements

ANR Market Research Consultants conducted this telephone survey for AARP. The author would like to thank Amanda Frail at ANR for her advice and assistance in fielding the survey. This report was prepared by Teresa A. Keenan, Ph.D., in AARP Research. For more information about the survey, contact her at tkeen@aar.org.



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This research was designed and executed by AARP Research