

This survey was conducted for the Harvard T.H. Chan School of Public Health and the Blue Cross Blue Shield of Massachusetts Foundation via telephone (landline and cell phone) by SSRS, an independent research company. Interviews were conducted June 30–July 22, 2015, with a representative sample of 502 Massachusetts residents age 65 and over. The margin of sampling error for total respondents is +/-5.6 percentage points at the 95% confidence level.

PATIENT SATISFACTION

Q1. ARE YOU GENERALLY SATISFIED OR DISSATISFIED WITH THE HEALTH CARE SYSTEM IN MASSACHUSETTS?

(IF SATISFIED: WOULD YOU SAY YOU ARE VERY SATISFIED OR SOMEWHAT SATISFIED?)

(IF DISSATISFIED: WOULD YOU SAY YOU ARE VERY DISSATISFIED OR SOMEWHAT DISSATISFIED?)

	%
Very satisfied	53
Somewhat satisfied	28
Somewhat dissatisfied	9
Very dissatisfied	7
Don't know/Refused	3

Q2. HAVE YOU SEEN A DOCTOR ABOUT YOUR HEALTH IN THE PAST YEAR, OR NOT?

	%
Yes, have	95
No, have NOT	5
Don't know/Refused	–

(ASKED OF THOSE WHO HAVE SEEN A DOCTOR ABOUT THEIR HEALTH IN THE PAST YEAR; N=477)

Q2a. THINKING ABOUT THE LAST TIME YOU VISITED A DOCTOR, WERE YOU SATISFIED OR DISSATISFIED WITH THE CARE YOU RECEIVED?

(IF SATISFIED: WOULD YOU SAY YOU ARE VERY SATISFIED OR SOMEWHAT SATISFIED?)

(IF DISSATISFIED: WOULD YOU SAY YOU ARE VERY DISSATISFIED OR SOMEWHAT DISSATISFIED?)

	%
Very satisfied	80
Somewhat satisfied	13
Somewhat dissatisfied	4
Very dissatisfied	2
Don't know/Refused	1

Q3. HAVE YOU BEEN HOSPITALIZED OVERNIGHT IN THE PAST YEAR, OR NOT?

	%
Yes, have	19
No, have NOT	81
Don't know/Refused	-

(ASKED OF THOSE WHO HAVE BEEN HOSPITALIZED OVERNIGHT IN THE PAST YEAR; N=104)

Q3a. THINKING ABOUT THE LAST TIME YOU WERE HOSPITALIZED OVERNIGHT, WERE YOU SATISFIED OR DISSATISFIED WITH THE CARE YOU RECEIVED?

(IF SATISFIED: WOULD YOU SAY YOU ARE VERY SATISFIED OR SOMEWHAT SATISFIED?)

(IF DISSATISFIED: WOULD YOU SAY YOU ARE VERY DISSATISFIED OR SOMEWHAT DISSATISFIED?)

	%
Very satisfied	72
Somewhat satisfied	19
Somewhat dissatisfied	2
Very dissatisfied	6
Don't know/Refused	1

HEALTH CARE COSTS

Q4. ARE YOU GENERALLY SATISFIED OR DISSATISFIED WITH YOUR HEALTH CARE COSTS, BOTH EXPENSES NOT COVERED BY INSURANCE AND THE COST OF YOUR INSURANCE, IF ANY?

(IF SATISFIED: WOULD YOU SAY YOU ARE VERY SATISFIED OR SOMEWHAT SATISFIED?)

(IF DISSATISFIED: WOULD YOU SAY YOU ARE VERY DISSATISFIED OR SOMEWHAT DISSATISFIED?)

	%
Very satisfied	44
Somewhat satisfied	28
Somewhat dissatisfied	12
Very dissatisfied	14
Don't know/Refused	2

Q5. HOW CONFIDENT ARE YOU THAT YOU WILL HAVE ENOUGH MONEY OR HEALTH INSURANCE TO PAY FOR HEALTH CARE YOU MAY NEED IN THE FUTURE? WOULD YOU SAY YOU ARE VERY CONFIDENT, SOMEWHAT CONFIDENT, NOT TOO CONFIDENT, OR NOT CONFIDENT AT ALL?

	%
Very confident	38
Somewhat confident	38
Not too confident	15
Not confident at all	7
Don't know/Refused	2

Q6. IN THE PAST FIVE YEARS, HAS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS GOTTEN EASIER, GOTTEN HARDER, OR STAYED ABOUT THE SAME FOR YOU?

	%
Gotten easier	13
Gotten harder	23
Stayed about the same	63
Don't know/Refused	1

Q7. WAS THERE A TIME OVER THE PAST YEAR WHEN YOU NEEDED A MEDICAL TEST OR TREATMENT BUT DID NOT GET IT BECAUSE OF THE COST, OR NOT?

	%
Yes	8
No	92
Don't know/Refused	–

Q8. IN THE PAST YEAR, HAVE YOU HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS, OR HAS THIS NOT HAPPENED?

	%
Yes	11
No	89
Don't know/Refused	–

(ASKED OF THOSE WHO HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS IN THE PAST YEAR)

Q8a. WERE THESE MAJOR PROBLEMS OR MINOR PROBLEMS?

COMBO TABLE Q8/Q8a	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, had problems paying for the cost of health care services or prescription drugs in the past year	11
• Major problems	7
• Minor problems	4
No, did not have problems paying for the cost of health care services or prescription drugs in the past year	89
Don't know/Refused	–

(ASKED OF THOSE WHO HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS IN THE PAST YEAR; N=53)

Q9. THINKING ABOUT THE PROBLEMS YOU FACED, PLEASE TELL ME WHETHER THESE COSTS INCLUDED THE FOLLOWING, OR NOT. HOW ABOUT [INSERT ITEM]? DID THESE COSTS INCLUDE [INSERT ITEM]?

BASE: RESPONDENTS WHO HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS IN THE PAST YEAR (N=53)			
	% YES	% NO	% DON'T KNOW/ REFUSED
a. Doctor's bills	45	54	1
b. Prescription drugs	81	18	1
c. Hospitalization	35	63	2
d. Nursing home or assisted living facility fees	16	84	–
e. Home care or home health services	15	85	–
f. Emergency room or urgent care	47	53	–
g. Dental care	27	73	–
h. Premiums, deductibles, copays	75	24	1

COMBO TABLE: Q8/Q9a-h		%
BASE: TOTAL RESPONDENTS (N=502)		
Yes, had problems paying for the cost of health care services or prescription drugs in the past year		11
• Doctor's bills		5
• Prescription drugs		9
• Hospitalization		4
• Nursing home or assisted living facility fees		2
• Home care or home health services		2
• Emergency room or urgent care		5
• Dental care		3
• Premiums, deductibles, copays		8
No, did not have problems paying for the cost of health care services or prescription drugs in the past year		89
Don't know/Refused		–

(ASKED OF THOSE WHO HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS IN THE PAST YEAR; N=53)

Q10. IN THE PAST YEAR, HAVE ANY OF THE FOLLOWING HAPPENED TO YOU BECAUSE OF LARGE MEDICAL BILLS? HAVE YOU [INSERT ITEM] BECAUSE OF LARGE MEDICAL BILLS, OR NOT?

BASE: RESPONDENTS WHO HAD PROBLEMS PAYING FOR THE COST OF HEALTH CARE SERVICES OR PRESCRIPTION DRUGS IN THE PAST YEAR (N=53)			
	% YES	% NO	% DON'T KNOW/ REFUSED
a. Spent all or most of your personal savings	46	53	1
b. Been unable to pay for basic necessities like food, heat, or housing	40	60	–
c. Taken out a loan that may be hard to pay back	9	91	–
d. Taken on credit card debt that may be difficult to pay off	42	58	–
e. Been contacted by bill collectors	44	56	–
f. Declared bankruptcy	10	90	–
g. Set up a payment plan with a hospital or health care professional	21	79	–

Q8/Q10a-g COMBO TABLE	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, had problems paying for the cost of health care services or prescription drugs in the past year	11
• Spent all or most of your personal savings	5
• Been unable to pay for basic necessities like food, heat, or housing	4
• Taken out a loan that may be hard to pay back	1
• Taken on credit card debt that may be difficult to pay off	4
• Been contacted by bill collectors	5
• Declared bankruptcy	1
• Set up a payment plan with a hospital or health care professional	2
No, did not have problems paying for the cost of health care services or prescription drugs in the past year	89
Don't know/Refused	–

Q11. IN THE PAST YEAR, HAVE YOU *[INSERT ITEM]* BECAUSE OF THE PRICE OF PRESCRIPTION DRUGS, OR NOT?

A. NOT FILLED A PRESCRIPTION	%
Yes	12
No	88
Don't know/Refused	–

B. CUT PILLS IN HALF OR SKIPPED DOSES OF MEDICINE	%
Yes	7
No	93
Don't know/Refused	–

NURSING HOMES / ASSISTED LIVING

For these next questions, I am going to ask about your experiences with nursing homes or assisted living facilities and long-term care. By long-term care, I mean providing help for people who are ill or disabled, can no longer take care of themselves, and need help for an extended period of time.

Q13. AT ANY TIME DURING THE PAST YEAR, HAVE YOU OR SOMEONE IN YOUR HOUSEHOLD BEEN A RESIDENT IN A NURSING HOME OR ASSISTED LIVING FACILITY, OR NOT?

	%
Yes	11
No	89
Don't know/Refused	–

(ASKED OF THOSE WHO IN THE PAST YEAR WERE RESIDENTS/SOMEONE IN THEIR HOUSEHOLD WAS A RESIDENT IN A NURSING HOME/ASSISTED LIVING FACILITY; N=50)

Q13a. In the past year, have you or someone in your household had problems paying nursing home or assisted living bills, or not?

	%
Yes	13
No	87
Don't know/Refused	–

COMBO TABLE: Q13/Q13a	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, in the past year was a resident/someone in household was a resident in a nursing home or assisted living facility	11
• Had problems/someone in household had problems paying for nursing home or assisted living bills	1
• Did not have problems/someone in household did not have problems paying nursing home or assisted living bills	10
No, in the past year was not a resident/no one in household was a resident in a nursing home or assisted living facility	89
Don't know/Refused	–

Q14. HAVE YOU HEARD OF PRIVATE LONG-TERM-CARE INSURANCE, OR NOT? THAT IS, PRIVATE INSURANCE THAT PAYS FOR NURSING HOME AND HOME CARE SERVICES OVER A LONG PERIOD OF TIME?

	%
Yes	73
No	26
Don't know/Refused	1

(ASKED OF THOSE WHO HAVE HEARD OF PRIVATE LONG-TERM-CARE INSURANCE; N=365)

Q15. DO YOU HAVE PRIVATE LONG-TERM-CARE INSURANCE, OR NOT?

	%
Yes	20
No	78
Don't know/Refused	2

COMBO TABLE: Q14/Q15	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, have heard of private long-term-care insurance	73
• Yes, have long-term-care insurance	15
• No, do not have long-term-care insurance	57
• Don't know/Refused	1
No, have not heard of private long-term-care insurance	26
Don't know/Refused	1

(ASKED OF THOSE WHO HAVE HEARD OF BUT DO NOT HAVE PRIVATE LONG-TERM-CARE INSURANCE; N=281)

Q16. THERE ARE MANY REASONS WHY PEOPLE DO NOT HAVE PRIVATE LONG-TERM-CARE INSURANCE. WHICH OF THE FOLLOWING THREE REASONS BEST DESCRIBES WHY YOU DO NOT CURRENTLY HAVE PRIVATE LONG-TERM-CARE INSURANCE? IS IT MAINLY BECAUSE [READ LIST]?

	%
It costs too much	57
You do not believe you need it	35
You do not know how to sign up for these policies	1
Other (vol)	4
Don't know/Refused	3

INSURANCE STATUS

Q17. DO YOU CURRENTLY HAVE HEALTH INSURANCE COVERAGE, OR DO YOU NOT HAVE HEALTH INSURANCE TODAY?

	%
Yes, have health insurance coverage	97
No, do not have health insurance coverage	2
Don't know/Refused	1

(ASKED OF THOSE WHO HAVE HEALTH INSURANCE COVERAGE)

Q18. IN TERMS OF THE TYPES OF HEALTH INSURANCE YOU HAVE ... DO YOU CURRENTLY HAVE A PRIVATE HEALTH INSURANCE POLICY THAT SUPPLEMENTS MEDICARE, OR NOT? THESE POLICIES CAN INCLUDE COVERAGE FOR COPAYMENTS OR PRESCRIPTION DRUGS.

COMBO TABLE: Q17/Q18	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, have health insurance coverage	97
• And have a private health insurance policy that supplements Medicare	76
• Do NOT have a private health insurance policy that supplements Medicare	19
• Don't know/Refused	2
No, do not have health insurance coverage	2
Don't know/Refused	1

(ASKED OF THOSE WHO HAVE HEALTH INSURANCE COVERAGE)

Q19. DO YOU CURRENTLY HAVE HEALTH INSURANCE COVERAGE THROUGH MEDICAID OR MASSHEALTH, OR NOT?

COMBO TABLE: Q17/Q19	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, have health insurance coverage	97
• And have health insurance coverage through Medicaid or MassHealth	26
• Do NOT have health insurance coverage through Medicaid or MassHealth	69
• Don't know/Refused	2
No, do not have health insurance coverage	2
Don't know/Refused	1

COMBO TABLE: Q17/Q18/Q19	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, have health insurance coverage	97
• And have a private health insurance policy that supplements Medicare	76
• And have health insurance coverage through Medicaid or MassHealth	26
• Have neither supplement nor MassHealth	11
No, do not have health insurance coverage	2
Don't know/Refused	1

(ASKED OF THOSE WHO HAVE HEALTH INSURANCE COVERAGE; N=491)

Q20. DO YOU CURRENTLY HAVE A HEALTH INSURANCE POLICY THAT COVERS DENTAL CARE, OR NOT?

COMBO TABLE: Q17/Q20	
BASE: TOTAL RESPONDENTS (N=502)	%
Yes, have health insurance coverage	97
• Have health insurance policy that covers dental care	36
• Do NOT have health insurance policy that covers dental care	60
• Don't know/Refused	1
No, do not have health insurance coverage	2
Don't know/Refused	1

DEMOGRAPHICS

NOW I HAVE SOME QUESTIONS FOR STATISTICAL PURPOSES ONLY:

D9a. IN GENERAL, HOW WOULD YOU DESCRIBE YOUR HEALTH—EXCELLENT, VERY GOOD, GOOD, FAIR, OR POOR?

	%
Excellent	16
Very good	37
Good	29
Fair	13
Poor	5
Don't know/Refused	–

Q12. DO YOU CURRENTLY TAKE ANY PRESCRIPTION MEDICINE ON A DAILY BASIS, OR NOT?

	%
Yes	87
No	13
Don't know/Refused	–

Q22. DO YOU HAVE ANY CONDITION THAT SUBSTANTIALLY LIMITS ONE OR MORE BASIC PHYSICAL ACTIVITIES SUCH AS WALKING, CLIMBING STAIRS, REACHING, LIFTING, OR CARRYING, OR NOT?

	%
Yes	35
No	65
Don't know/Refused	–

COMBO TABLE: Q9a/22

BASE: TOTAL RESPONDENTS (N=502)

	%
Fair/poor health or have condition that substantially limits one or more basic physical activities	38
Neither	62

HH1./D12. INCLUDING YOURSELF, HOW MANY ADULTS AGE 18 OR OLDER CURRENTLY LIVE IN YOUR HOUSEHOLD? PLEASE INCLUDE ANYONE WHO IS TEMPORARILY AWAY AT SCHOOL OR IN THE MILITARY.

	%
1	35
2	55
3	7
4	3
5 or more	–

(ASKED OF THOSE WHO HAVE 2+ PEOPLE LIVING IN THEIR HOUSEHOLD)

B1./CB1. AND HOW MANY OF THESE ADULTS ARE 65 YEARS OLD OR OLDER?

COMBO TABLE: HH1/B1/D12/CB1	
BASE: TOTAL RESPONDENTS (N=502)	%
Respondent and no other adult(s)	35
Respondent and other adult(s)	65
• Respondent and other age 65+ adult(s)	48
• Respondent and other adult(s), but not age 65+	14
• Don't know/Refused	3

D13b. ARE YOU CURRENTLY MARRIED, LIVING WITH A PARTNER, DIVORCED, SEPARATED, WIDOWED, OR HAVE YOU NEVER BEEN MARRIED?

	%
Married	54
Living with a partner	1
Divorced	9
Separated	2
Widowed	25
Never married	8
Don't know/Refused	1

D14./D14a. WHAT IS YOUR AGE? / COULD YOU PLEASE TELL ME IF YOU ARE ... ?

	%
65-74	56
75 or older	43
Don't know/Refused	1

D15. WHAT IS THE LAST GRADE OR CLASS THAT YOU COMPLETED IN SCHOOL?

EDUCATION SUMMARY TABLE	
BASE: TOTAL RESPONDENTS (N=502)	%
High school graduate or less (NET)	53
Less than high school graduate (Subnet)	15
• None or grade 1-8	3
• High school incomplete	12
High school graduate + (Subnet)	38
• High school graduate	33
• Business, tech/vocational school	4
Some college or more (NET)	47
• Some college, no 4-year degree	18
College graduate + (Subnet)	29
• College graduate	12
• Post-graduate training	17
Don't know/Refused	–

D19. ARE YOU YOURSELF OF HISPANIC OR LATINO BACKGROUND?
 [IF NECESSARY: SUCH AS MEXICAN, PUERTO RICAN, CUBAN,
 OR OTHER LATIN AMERICAN BACKGROUND?]

(ASKED OF RESPONDENTS WHO ARE NON-HISPANIC)

D21. DO YOU CONSIDER YOURSELF TO BE WHITE, BLACK OR AFRICAN-AMERICAN,
 ASIAN-AMERICAN, OR SOME OTHER RACE?

RACE SUMMARY TABLE	
BASE: TOTAL RESPONDENTS (N=502)	%
White (non-Hispanic)	88
Black or African-American (non-Hispanic)	5
Hispanic	3
Asian-American (non-Hispanic)	1
Some other race	2
Don't know/Refused	1

COMBO TABLE: L1/C1	
BASE: TOTAL RESPONDENTS (N=502)	%
Cell phone only HH	5
Landline only HH	18
Both cell and landline HH	77

D23a. IS YOUR TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES AND BEFORE TAXES:

D23b. IS YOUR TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES AND BEFORE TAXES LESS THAN \$50,000, \$50,000 BUT LESS THAN \$100,000, OR OVER \$100,000?

D23c. IS THAT \$100,000 BUT LESS THAN \$150,000, \$150,000 BUT LESS THAN \$200,000, \$200,000 BUT LESS THAN \$250,000, OR \$250,000 AND OVER?

INCOME SUMMARY TABLE	
BASE: TOTAL RESPONDENTS (N=502)	%
Less than \$50,000 (NET)	52
• Less than \$15,000	11
• \$15,000 but less than \$25,000	14
• \$25,000 but less than \$30,000	7
• \$30,000 but less than \$40,000	8
• \$40,000 but less than \$50,000	9
• Less than \$50,000 (unspecified)	3
\$50,000 but less than \$100,000 (NET)	24
• \$50,000 but less than \$75,000	15
• \$75,000 but less than \$100,000	9
• \$50,000 but less than \$100,000 (unspecified)	1
\$100,000 and over (NET)	11
• \$100,000 but less than \$150,000	6
• \$150,000 but less than \$200,000	1
• \$200,000 but less than \$250,000	1
• \$250,000 and over	1
• \$100,000 and over (unspecified)	2
Don't know	3
Refused	10

	%
Male	43
Female	57