“How Does It Feel?: The Older Adult Health Care Experience”
Topline Results
From a Survey of N = 1,028 Adults 65 and Older
For the John A. Hartford Foundation
Margin of Error: ± 3.1 percentage points

This survey is sponsored by a national non-profit foundation that works on health issues. It is not political. The purpose is to learn about the health care people are receiving. Thank you for participating.

Gender of respondent        N= 1028
Men.......................................................... 44
Women.......................................................... 56

1. In the last 12 months, how many times have you...

   a. had a doctor’s visit?
      0 ............................................................... 8
      1-2 ............................................................ 29
      3-4 ............................................................ 32
      5-9 ............................................................ 21
      10+ ............................................................ 9
         (Refused) .................................................. 1

   b. had a hospital stay that included spending the night?
      0 ............................................................... 80
      1-2 ............................................................ 13
      3-4 ............................................................ 1
      5-9 ............................................................ 0
      10+ ............................................................ 1
         (Refused) .................................................. 5

2. Do you currently have a primary care doctor that you see regularly? This could be a family doctor, internist, geriatrician, nurse practitioner or someone else you see regularly.
   Yes ............................................................... 93
   No ............................................................... 6
      (Refused) .................................................. 0
3. IF YES: How satisfied are you with the care you get from your primary care provider?

\[N=976\]

- Completely satisfied: 69
- Somewhat satisfied: 27
- Not very satisfied: 3
- Not at all satisfied: 0
- (Refused): 0
- **Satisfied**: 97
- **Not satisfied**: 3

4. IF 1+ HOSPITAL STAY: Thinking about your last overnight stay in a hospital, how satisfied were you with the care you received there?

\[N=137\]

- Completely satisfied: 65
- Somewhat satisfied: 20
- Not very satisfied: 10
- Not at all satisfied: 4
- (Refused): 1
- **Satisfied**: 85
- **Not satisfied**: 14

5. How many different prescription medications do you take on a regular basis?

\[N=1028\]

- 0: 13
- 1-2: 23
- 3-4: 33
- 5-9: 25
- 10-14: 4
- 15+: 1
- (Refused): 0

6. In the last 12 months, has your doctor or health care provider sat down with you and reviewed all the pills and medicines you take, including prescriptions, over-the-counter drugs, herbals, vitamins, and others?

- Yes: 67
- No: 32
- (Refused): 1
7. In the past 12 months, has your doctor or health care provider... RANDOMIZE
   a. asked if you were having any problems with normal daily activities like shopping, preparing meals, or driving?
      Yes .................................................................................................................. 28
      No .................................................................................................................. 71
      (Refused) ..................................................................................................... 1
   b. asked whether you needed help with any personal tasks like bathing or using the bathroom?
      Yes .................................................................................................................. 23
      No .................................................................................................................. 77
      (Refused) ..................................................................................................... 1
   c. asked if you have fallen down?
      Yes .................................................................................................................. 30
      No .................................................................................................................. 70
      (Refused) ..................................................................................................... 1
   d. talked to you about how to avoid falling down?
      Yes .................................................................................................................. 19
      No .................................................................................................................. 81
      (Refused) ..................................................................................................... 1
   e. asked about your mood, such as whether you are sad, anxious, or depressed?
      Yes .................................................................................................................. 37
      No .................................................................................................................. 62
      (Refused) ..................................................................................................... 1

8. In the past 12 months, has your doctor or health care provider talked to you about people other than doctors who can help you with your health, such as counselors, dieticians, or support groups?
   Yes .................................................................................................................. 22
   No .................................................................................................................. 78
   (Refused) ..................................................................................................... 0

9. In the past 12 months, has a doctor told you something that went against the advice of a different doctor?
   Yes .................................................................................................................. 8
   No .................................................................................................................. 91
   (Refused) ..................................................................................................... 1
10. How often do you leave the doctor’s office unsure about what to do?

- Always .............................................................................................................. 0
- Frequently ......................................................................................................... 2
- Occasionally .................................................................................................... 12
- Rarely ............................................................................................................... 41
- Never ............................................................................................................ 45
- (Refused) ....................................................................................................... 0

11. How often do leave the doctor’s office and realize you did not get all of your questions answered?

- Always .............................................................................................................. 2
- Frequently ......................................................................................................... 5
- Occasionally .................................................................................................... 20
- Rarely ............................................................................................................... 47
- Never ............................................................................................................ 26
- (Refused) ....................................................................................................... 1

12. IF 1+ HOSPITAL STAY: Think about your last overnight hospital stay. Before you left the hospital, did a doctor, nurse, social worker or anyone else: RANDOMIZE

a. tell you how to take care of yourself to prevent going back into the hospital?

   - Yes ............................................................................................................... 73
   - No ............................................................................................................... 21
   - I don’t remember ....................................................................................... 5
   - (Refused) ................................................................................................... 1

b. tell you how to look for warning signs?

   - Yes ............................................................................................................... 63
   - No ............................................................................................................... 24
   - I don’t remember ....................................................................................... 13
   - (Refused) ................................................................................................... 0

c. tell you what to do if you had a problem?

   - Yes ............................................................................................................... 84
   - No ............................................................................................................... 10
   - I don’t remember ....................................................................................... 6
   - (Refused) ................................................................................................... 0

d. tell you what your follow-up care would be?

   - Yes ............................................................................................................... 93
   - No ............................................................................................................... 6
   - I don’t remember ....................................................................................... 1
   - (Refused) ................................................................................................... 1
13. Do you feel your doctors and specialists talk to each other enough about your care?

\[ N = 1028 \]

Yes ................................................................. 64
No ................................................................. 34
(Refused) ............................................................. 1

DESCRIPTION Q14/Q15 ALL ON ONE SCREEN IF POSSIBLE

Beginning last year, in January 2011, everyone with Medicare is eligible for a free Annual Wellness Visit to talk about how they could improve their health and prevent future health problems.

The Annual Wellness Visit is a new, special visit with no co-pays or deductibles.

In this visit, the doctor does not do a physical exam – you keep all of your clothes on! This doctor’s visit is just for the doctor (or other health care provider) to talk to you and ask you questions about:

- If you are up-to-date with the preventive screenings and shots you need
- Who are all of the doctors and health care providers involved in your care
- Any problems you are having in your daily life
- Helping you make a plan for how people or groups in your community could help you with your health.

14. Have you heard about this free Annual Wellness Visit?

Yes ................................................................. 32
No ................................................................. 54
I’m not sure ........................................................... 14
(Refused) ............................................................. 1

15. In the last 12 months, have you had your free Annual Wellness Visit?

Yes ................................................................. 17
No ................................................................. 72
I’m not sure ........................................................... 9
(Refused) ............................................................. 2
16. Right now, all medical students and nursing students must take classes and be trained in caring for children. Do you think medical and nursing students should also be required to take classes and training in caring for older people?

Yes ................................................................. 93
No ...................................................................... 6
(Refused) ................................................................ 1

17. Do you think you would get better care from your doctors, nurses, social workers, and other health professionals, if they had more training in caring for older people?

Yes ......................................................................... 67
No ................................................................. 31
(Refused) ................................................................ 2

18. Right now there is a shortage of doctors and nurses who have training in geriatric care (care for older adults). Have you heard about this shortage? It’s okay if you have not heard about it.

Yes, I’ve heard about it ................................................. 29
No, I haven’t heard about it ........................................... 55
I’m not sure .................................................................. 16
(Refused) .................................................................... 0

Age

65 - 69 ......................................................................... 32
70 - 74 ......................................................................... 24
75 & over ....................................................................... 43
(Refused) .................................................................... 0

Education – Highest degree received

1-11th grade ..................................................................... 18
High School Graduate ..................................................... 35
Non-college post H.S. ....................................................... 15
Some college ................................................................... 7
College graduate ............................................................ 14
Post-graduate school ....................................................... 11

Race

White ............................................................................. 80
Black ............................................................................ 9
Latino ........................................................................... 6
Other ............................................................................ 4
2+ Races, Non-Hispanic ............................................... 1
### Household income

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### Marital status

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<td>Never married</td>
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<tr>
<td>Living with partner</td>
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