

Research Findings

Seniors Rate Physical and Emotional Health Support as Most Important When It Comes to Programs/Resources Offered by Their Health Plan

Nearly Half Do Not Feel That the Programs/Resources Made Available by Their Health Plan are Relevant and Personalized to Them

Washington, DC, January 16, 2018 — More than nine in in ten (92%) adults over the age of 65 who have Medicare coverage say that it is important to them that their health plan offers programs/resources that support physical health (physical activity programs, weight loss, nutrition, etc.) and nearly as many (86%) say the same thing about having access to programs/resources that support emotional health (stress management programs, counseling, etc.). Two thirds also stress the importance of having a health plan that offers social connectedness (68%) or financial health (67%) programs/resources, though at least a third nevertheless say these are important to them.

Seniors are typically content with their current health plan, with 59% saying they strongly agree/agree that their health plan does enough to support their health and wellbeing needs - yet nearly half (48%) do not strongly agree/agree that the programs and resources made available to them by their health plan are relevant and personalized to their health goals and interests.

Nearly six in ten (58%) would consider switching their current plan in the near future (versus 42% who say that they would not change their plan selection). The most common reason mentioned for contemplating switching or selecting another plan is out of pocket costs (42%), while about one in four would consider switching for prescription drug coverage (26%) or because their physician is not part of their current plan's network (24%).

Email is the preferred means of communication for seniors – both when it comes to communicating *with* their health plan (50%) and receiving communication *from* their health plan (56%). When it comes to communicating *with* their health plan, telephone calls (automated voice or live agent, 45%) ranks second, while a third say that communicating via regular mail (33%) is among their top two preferences. Regular mail (43%) ranks second when it comes to preferred means to receive communications *from* their health plan, while telephone calls round out the top three, though at a distance (27%). Fewer mention text messages (5% communicating with and 6% receiving communication from), automated phone calls (5% and 3%), and online chats (4% and 2%) as their preferred means of communicating with their health plan.

Two in three (62%) seniors report using technology to manage or support their health (internet resources, mobile application, monitoring device, etc.).

Attitudes and Opinions Towards Health

Most seniors say that they feel younger than their actual age – and act that way too (85%). A similar proportion also believe that they are healthier than their parent's generation (88%). Despite this, 82% agree that most seniors are viewed as medical burdens by the healthcare system.



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When asked to rank the importance of establishing and maintaining a variety of lifestyle habits in their own lives, seniors are most likely to say financial stability (94%), adequate sleep (91%), and positive relationships (90%) are very important/important to them. Nearly nine in ten say the same thing of managing stress levels (87%) and controlling/maintaining existing health conditions (87%), while 85% say that establishing/maintaining healthy eating habits (85%) is important to them. In comparison, not quite eight in ten report that maintaining an appropriate level of physical activity is important to them (78%).

About the Study

These are the findings from an Ipsos poll conducted October 31 – November 1, 2018 on behalf of Welltok. For the survey, a sample of 1,004 adults ages 65 and over from the continental U.S., Alaska and Hawaii was interviewed online, in English. In order to qualify for the survey, seniors had to be covered by Medicare. This includes 503 adults who currently have an original Medicare plan (Parts A/B through government) and 501 adults who have a Medicare Advantage Plan. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ±3.5 percentage points for all respondents.

The sample for this study was randomly drawn from Ipsos's online panel (see link below for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see link below for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2016 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Post-hoc weights were made to the population characteristics on gender, age, and region.

Statistical margins of error are not applicable to online nonprobability sampling polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following (n=1,004, DEFF=1.5, adjusted Confidence Interval=5.0).

For more information about conducting research intended for public release or Ipsos' online polling methodology, please visit our <u>Public Opinion Polling and Communication</u> page where you can download our brochure, see our public release protocol, or contact us.

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