



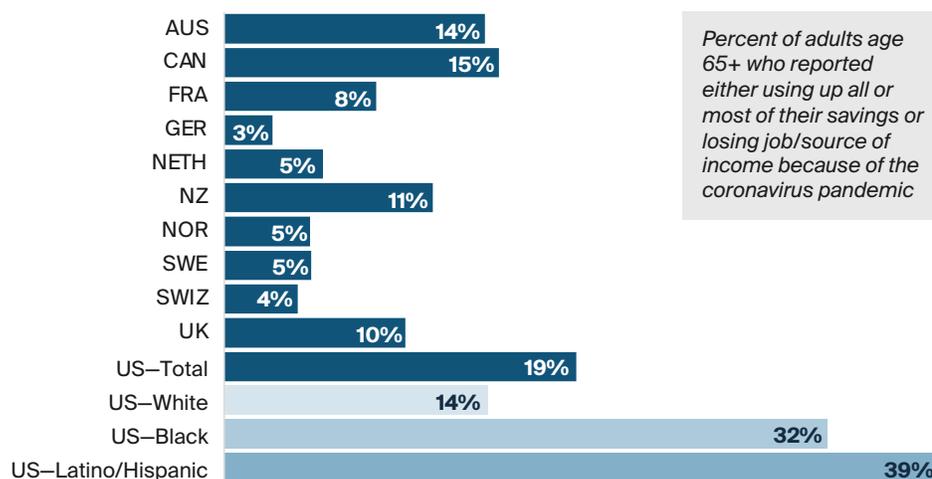
NEW INTERNATIONAL SURVEY: Seniors Face Greater Economic Hardship and Health Care Disruption During COVID-19 Than Older Adults in Other Wealthy Nations

Commonwealth Fund Analysis of 11 High-Income Countries Reveals Older Black and Latino/Hispanic Adults Have Fared Much Worse Economically Compared to Older White Adults in the U.S.

As the world continues to battle the COVID-19 pandemic, new findings from the 2021 Commonwealth Fund International Health Policy Survey show that older adults in the United States have suffered the most economically compared to their counterparts in other wealthy countries. Nearly one in five (19%) older Americans in the survey reported they used up their savings or lost their main source of income because of the pandemic — four to six times higher than rates in Germany (3%), Switzerland (4%), the Netherlands (5%), Norway (5%), and Sweden (5%).

In the U.S., the pandemic has been particularly difficult for older Black and Latino/Hispanic adults. Thirty-nine percent of older Latino/Hispanic adults and 32 percent of older Black adults said they experienced economic difficulties related to the pandemic, compared to 14 percent of older white adults reporting the same.

Older adults in the U.S. were the most likely to experience economic difficulties related to the pandemic.



Notes: Differences between US and all other surveyed countries except AUS were statistically significant at the $p < 0.05$ level. Within US, differences between white respondents and both Black and Latino/Hispanic respondents were statistically significant at the $p < 0.05$ level.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

Fielded between March and June 2021, the survey analyzed responses of more than 18,000 adults age 65 and older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and adults age 60 and older in the United States. Findings reveal how COVID-19 has affected the economic security of older adults as well as their access to health care and supportive services for chronic conditions. The survey responses also highlight the state of vaccination for older adults during the second quarter of 2021.

Key findings include:

- **Among older adults with multiple chronic conditions, those in the U.S. were more likely to have appointments cancelled or postponed because of the pandemic.** More than a third (37%) of older U.S. adults with multiple chronic conditions reported pandemic-related disruptions in their care, slightly more than rates in Canada (32%), the Netherlands (32%), and the U.K. (32%). In Germany, only 11 percent of seniors had cancelled or postponed appointments.
- **Among older adults needing help with daily activities, those in Canada, the U.K., the U.S., and Australia were the most likely to say they did not receive needed services.** Older adults in Canada (31%), the U.K. (30%), the U.S. (23%), and Australia (21%) who needed assistance with daily activities such as eating and dressing were more likely to experience a disruption in care — either from professional caregivers or from family or friends — because services were cancelled or very limited during the pandemic.

MOVING FORWARD

Based on the survey findings, authors of the Commonwealth Fund study highlight the following opportunities to help reduce the pandemic's burden on older Americans while addressing their most pressing short- and long-term health care needs:

- **Reduce care barriers.** Despite having nearly universal health coverage through Medicare, older adults in the U.S. are sicker than those in other countries and are more likely to go without needed care because of economic hardship. Ensuring timely, affordable access to care could help solve this problem.
- **Expand the role of telemedicine.** Further reducing barriers to virtual care may improve older adults' access to health care services during the pandemic. Doing so also might help reduce the risks of spreading COVID-19, particularly for those who are unvaccinated.
- **Invest more in social services.** Factors beyond traditional health care, such as housing, education, nutrition, and transportation, have a substantial effect on people's health. Greater access to social services could improve the economic security of older adults and address the deep-seated racial and ethnic inequities the pandemic has exacerbated.

When the embargo lifts, the full report will be available at:

<https://www.commonwealthfund.org/publications/surveys/2021/sep/impact-covid-19-older-adults>

FROM THE EXPERTS:

David Blumenthal, M.D.,
Commonwealth Fund
President

“This study makes it clear that COVID-19’s impact on older adults goes well beyond their higher risk for serious infection. The chronic lack of economic security facing seniors in the United States, especially those who are Black or Latino/Hispanic, is exacerbating the devastating toll. The richest nation on earth can afford to address the underlying social and racial inequities driving these disparities to ensure affordable, quality health care is within reach for all Americans during a global pandemic.”

Reginald D. Williams II,
Commonwealth Fund Vice
President for International
Health Policy and Practice
Innovations

“As the number of confirmed COVID-19 cases and deaths in the U.S. continues to increase with the Delta variant, policymakers at all levels of government can look abroad for innovative solutions. This study highlights the urgent need to improve access to social services for older adults, strengthen Medicare protections, and address our country’s long-standing income inequality.”

HOW WE CONDUCTED THIS STUDY

The 2021 Commonwealth Fund International Health Policy Survey of Older Adults was conducted from March 1 to June 14, 2021, by SSRS, a U.S. survey research firm, and contractors in the other countries. The survey was administered to a nationally representative sample of adults age 65 and older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom and of adults age 60 and older in the United States.

A total of 18,477 interviews were completed for the 2021 survey; final country samples (age 65 and older) ranged from 500 to 4,332. Interviews were completed either online or using computer-assisted telephone interviews.

A common questionnaire was developed, translated, adapted, and adjusted for country-specific wording as needed. Not all questions were asked in each country (as noted in the report exhibits). Interviewers were trained to conduct interviews using a standardized protocol. Response rates varied from 7.2 percent in the United Kingdom to 47.7 percent in Switzerland.

International partners joined with the Commonwealth Fund to sponsor surveys, and some countries supported the use of expanded samples to enable within-country analyses. Data were weighted to ensure that the final outcome was representative of the adult population in each country. Weighting procedures considered sample design, probability of selection, and systematic nonresponse across known population parameters, including region, sex, age, education, and other demographic characteristics deemed consistent with standards for each country. In the U.S., weighted variables also included race and ethnicity.

The margin of sample error for the 2021 International Health Policy Survey of Older Adults was approximately ± 2 percent for Canada and Sweden; ± 3 percent for France, Germany, Switzerland, and the United States; ± 4 percent for the Netherlands and the United Kingdom; ± 5 percent for Australia and New Zealand; and ± 6 percent for Norway, all at the 95 percent confidence interval.

ADDITIONAL PERTINENT RESEARCH

[Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries](#)

[Income-Related Inequalities in Affordability and Access to Primary Care in Eleven High-Income Countries](#)

[International Health Care System – Country Profiles](#)
