

A decorative graphic is present on the page. It features a solid green rectangle in the top-left corner. A thin grey line extends from the bottom-right corner of this rectangle across the page. A thin grey line also extends from the top-left corner of the text area down to the bottom-right corner of the page. These two lines intersect at a small yellow square. A large, thin, light green arc curves from the top-right towards the bottom-right, passing behind the text.

Preventive Health Screenings Among Midlife and Older Adults

February 2010



Preventive Health Screenings Among Midlife and Older Adults

**Data Collected by Woelfel Research, Inc.
Report Prepared by Teresa A. Keenan, Ph.D.**

**©Copyright 2010
AARP
Knowledge Management
601 E Street, NW
Washington, DC 20049
<http://research.aarp.org>
Reprinting with Permission**

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.7 million readers; AARP Bulletin, the go-to news source for AARP's millions of members and Americans 50+; AARP Segunda Juventud, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The views expressed herein are for information, debate, and discussion, and do not necessarily represent official policies of AARP.

Acknowledgements

This work was done for the Health Promotions team in Education and Outreach. The author would like to thank Margaret Hawkins, Amy Slonim, and Kelly Griffin for their input. She would also like to thank Woelfel Research, Inc. for collecting and tabulating the data. For additional information contact Teresa Keenan at (202) 434-6274.

Table of Contents

| | |
|---|-----------|
| Executive Summary | 1 |
| Background | 2 |
| Detailed Findings | 2 |
| Health Self-Assessment | 2 |
| Importance of Health Practices | 3 |
| Vaccinations or Health Screenings | 6 |
| Reasons for Not Receiving Vaccines or Screenings | 9 |
| Reminders and Information Sources | 13 |
| Discussion with Health Professional | 15 |
| Welcome to Medicare Visit | 16 |
| Conclusions | 17 |
| Appendix A: Annotated Questionnaire | 18 |
| Appendix B: Methodological Note | 25 |

List of Figures

| | |
|---|-----------|
| Figure 1: Health Self-Assessment | 3 |
| Figure 2: Importance of Health Practices | 4 |
| Figure 3: Receipt of Vaccinations or Health Screenings in Last Three Years | 6 |
| Figure 4: Reasons for Not Receiving Vaccines or Screenings: Top Tier | 9 |
| Figure 5: Reasons for Not Receiving Vaccines or Screenings: Second Tier | 11 |
| Figure 6: Information from Individuals or Groups Would Help in Decision to Receive a Shot or Screening | 14 |

List of Tables

| | |
|---|-----------|
| Table 1: Importance of Health Practices by Age, Gender, and Income | 5 |
| Table 2: Receipt of Vaccinations or Health Screenings in Last Three Years by Age, Gender, and Income | 7 |
| Table 3: Top Tier Reasons for Not Receiving Vaccines or Screenings by Age, Gender, and Income | 10 |
| Table 4: Second Tier Reasons for Not Receiving Vaccines or Screenings by Age, Gender, and Income | 12 |
| Table 5: Information Sources Helpful in Decision-Making About Receiving Shots or Screenings by Age, Gender, and Income | 15 |
| Table 6: Discussion with Health Professional about Health-Related Issues by Age, Gender, and Income | 16 |

Executive Summary

In an effort to learn more about preventive health services among midlife and older adults, in December 2009 AARP Knowledge Management fielded a short telephone survey among a nationally representative sample of 803 adults ages 45 and older.

Key Findings:

- While nearly half of the respondents rated their health as *excellent* or *very good*, younger respondents and those with higher annual household incomes were more likely than their demographic counterparts to do so.
- Eating right in order to stay healthy is the health practice given the highest level of importance by respondents, noted by more than nine in ten as *extremely* or *very important*. Maintaining a healthy weight, getting enough sleep, getting enough regular exercise, reducing stress, practicing safe sex, or having a yearly physical or check-up were also given high importance marks, with at least eight in ten respondents rating them as *extremely* or *very important*.
- When it comes to vaccinations or health screenings they have had in the last three years, more than nine in ten respondents reported having their blood pressure checked, while more than eight in ten said they had a weight/height measure (body mass index) taken, had a blood cholesterol test, had a dental exam, or had an eye exam. About two-thirds of respondents reported having a test for diabetes in the last three years, and nearly six in ten said they had received a flu shot during the same time period. Somewhat fewer respondents noted having screenings for colon cancer, skin cancer, or bone density or having taken a stress test.
- In general, older respondents were more likely than younger ones to say they have had a myriad of vaccinations or health screenings in the last three years, perhaps because they see a doctor or other health professional on a more regular basis.
- Roughly one-fifth of respondents mentioned five “top tier” reasons for not receiving vaccines or health screenings: cost of the screening, insufficient funds to cover co-payments or deductibles, uncertainty over what health insurance covers, lack of importance to them, or lack of health insurance. Notably, younger respondents were more likely than older ones to mention four or the five “top-tier” reasons, all of which relate to financial or insurance issues.
- Four in ten respondents said it would be either *extremely* or *very helpful* to receive reminders about getting vaccines or health screenings, while roughly one-quarter said it would be *somewhat helpful*.
- When asked if receiving information from certain individuals or organizations would make them more likely to receive a shot or health screening, nearly nine in ten respondents said information from their doctor would motivate them, while two-thirds noted that prompting from a friend or family member would help.
- Discussions with health professionals about their level of physical activity, their use of alcohol, and their smoking or use of smokeless tobacco appear to be quite common, at least in our survey, noted by at least three-quarters of the respondents. A discussion about depression and its symptoms seems less common, cited by fewer than six in ten respondents.

Background

In December 2009, AARP Knowledge Management contracted with Woelfel Research, Inc. to field a short telephone survey among a nationally representative sample of adults ages 45 and older to learn more about their knowledge and use of preventive health services^{1,2}.

In this survey, respondents were asked how they would rate their health, the importance they place on a number of health practices, their receipt of vaccinations or health screenings, the reasons for not receiving vaccines or health screenings, and the helpfulness of reminders. They were also asked about the influence receiving information from particular individuals or organizations would have on the decision to receive vaccines or screenings and whether a health professional had spoken to them about exercise, alcohol use, smoking, or depression. Respondents ages 65 and older were asked additional questions about the *Welcome to Medicare* visit and their receipt of a pneumonia shot.

Detailed Findings³

Health Self-Assessment

Nearly half of the respondents rated their health as *excellent* (16%) or *very good* (30%), while one-third (31%) rated their health as *good* (see Figure 1). Roughly one-fifth of respondents rated their health as either *fair* (16%) or *poor* (7%).

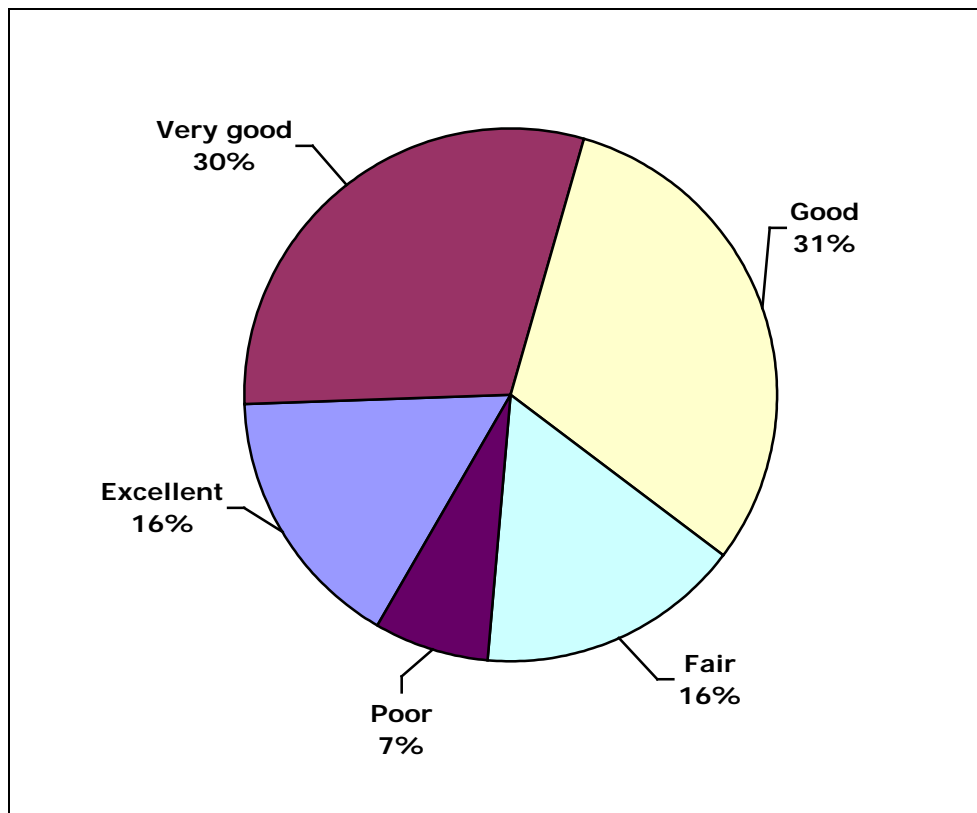
- While there are no gender differences in respondents' rating of their health, their ratings do vary by age and income. Specifically, younger respondents are more likely than older ones to rate their health as *excellent* or *very good* (50% for those 45-54 and 49% for those 55-64 vs. 40% for those 65+).
- Additionally, those with higher annual incomes are more likely than those with lower annual incomes to do the same thing (54% *excellent* or *very good* for those with incomes between \$30,000 and \$74,999 and 60% for those with incomes of \$75,000 or higher vs. 29% for those with incomes less than \$30,000).

¹ The survey was fielded between December 2 and December 11, 2009. At the conclusion of the fielding period, responses had been received from 803 individuals. The sampling error is +/- 3.5 percentage points at the 95% confidence level. This means that in 95 out of 100 samples of this size, the results would fall in a range of no more than three and one-half percentage points of what would have been obtained if every person age 45 or older had been surveyed.

² Data were weighted by age and gender to reflect the U.S. population age 45 and older.

³ Respondents in this study are ages 45 and over with two-thirds (65%) between the ages of 45-64, one in six (17%) between the ages of 65-74 and roughly one in seven (15%) ages 75+. Somewhat more than half were women (54%) and slightly less than half were men (46%). More than eight in ten (84%) are white, non-Hispanic; one in twelve (8%) are black, non-Hispanic; two percent are Hispanic. One-third (34%) had a high school education or less, while nearly three in ten (28%) had some college or technical training and slightly more than one-third (37%) had a college or post-graduate education. Nearly three in ten (27%) have household incomes of less than \$30,000 per year, while roughly one-fifth (19%) have household incomes of \$30,000-\$49,999 per year. Thirteen percent reported an annual household income of \$50,000-\$74,999, while one-fifth (20%) reported an annual household income of \$75,000 or more.

Figure 1
Health Self-Assessment
(n=803)

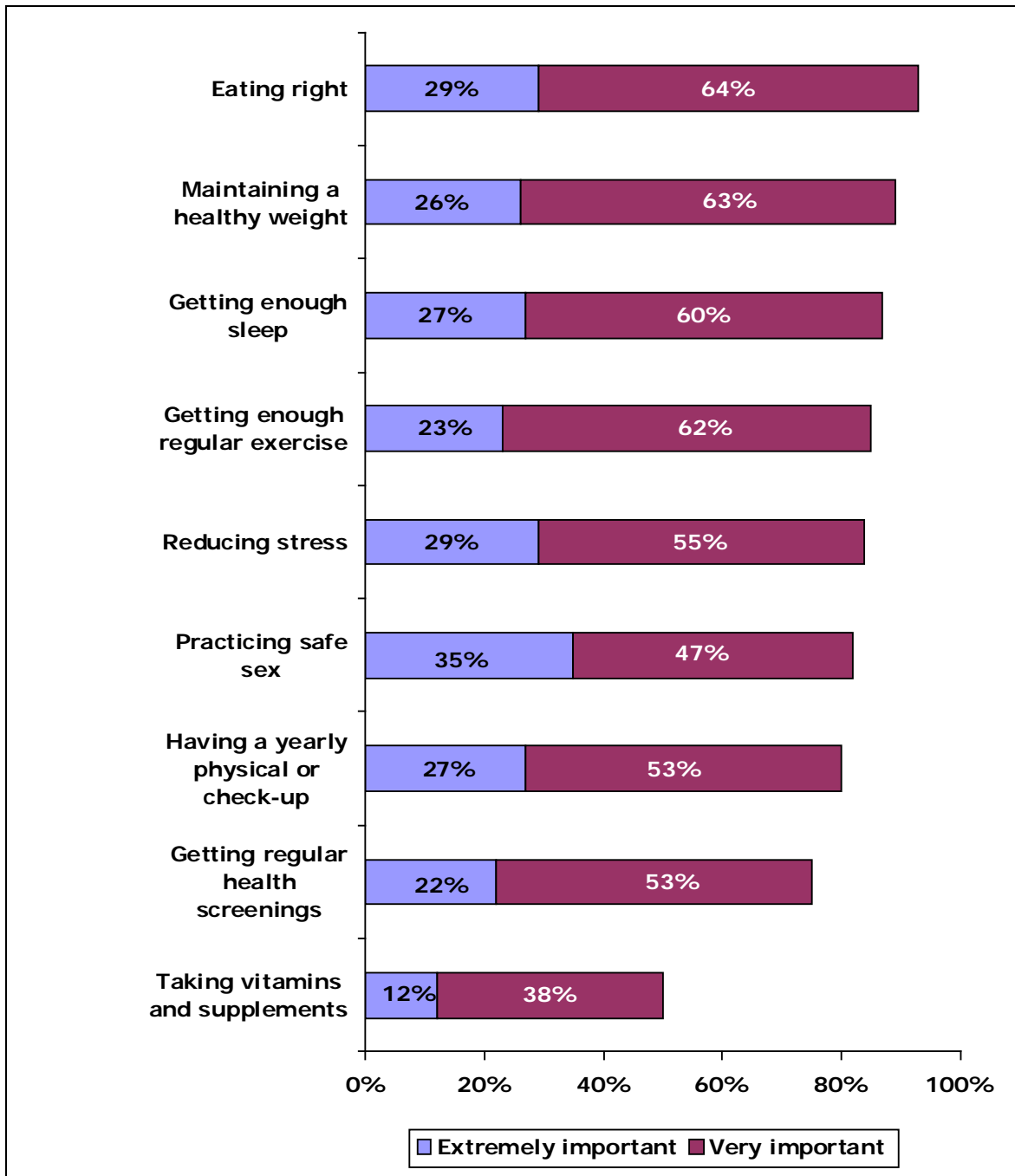


Source: Preventive Health Screenings Among Midlife and Older Adults, February 2010

Importance of Health Practices

When asked about the importance they place on nine different health practices, more than nine in ten respondents said it is *extremely important* (29%) or *very important* (64%) to eat right in order to stay healthy (see Figure 2). At least eight in ten respondents said it is either *extremely important* or *very important* to maintain a healthy weight (89%), get enough sleep (87%), get enough regular exercise (85%), reduce stress (84%), practice safe sex (82%), or have a yearly physical or check-up (80%). Additionally, three-quarters (75%) of respondents said it is *extremely* or *very important* to get regular health screenings, while half (50%) said they same thing about taking vitamins and supplements.

Figure 2
Importance of Health Practices
 (n=803)



Source: Preventive Health Screenings Among Midlife and Older Adults, February 2010

- In general, as shown in Table 1, older respondents and women are more likely than their demographic counterparts to note the importance of eating right, getting enough sleep, reducing stress, having a yearly physical, getting regular health screenings, and taking vitamins and supplements. Notably, younger respondents are more likely than older respondents to rate practicing safe sex as *extremely* or *very important* to them.
- When it comes to annual household income, respondents with incomes less than \$75,000 are more likely to rate reducing stress and taking vitamins and supplements as *extremely* or *very important* to them. In contrast, those with incomes of \$30,000 or more are more likely than those with incomes below that level to note the importance of practicing safe sex, and those with incomes of \$75,000 or more place higher importance on maintaining a healthy weight and getting enough regular exercise than do respondents with incomes below that level.

Table 1
Importance of Health Practices
Extremely or Very Important
By Age, Gender, and Income⁴

| | Age | | | Gender | |
|--------------------------------------|------------------------|-------------------------|------------------------|---------|------------------------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| Eating right | 90% | 91% | 95%^a | 90% | 94%^d |
| Maintaining a healthy weight | 87% | 89% | 91% | 88% | 90% |
| Getting enough sleep | 84% | 91%^a | 87% | 81% | 92%^d |
| Getting enough regular exercise | 82% | 88% | 84% | 83% | 86% |
| Reducing stress | 81% | 90%^{ac} | 84% | 80% | 89%^d |
| Practicing safe sex | 86%^c | 86%^c | 71% | 82% | 80% |
| Having a yearly physical or check-up | 73% | 82%^a | 84%^a | 76% | 83%^d |
| Getting regular health screenings | 68% | 80%^a | 79%^a | 68% | 81%^d |
| Taking vitamins and supplements | 92% | 54%^a | 55%^a | 44% | 55%^d |

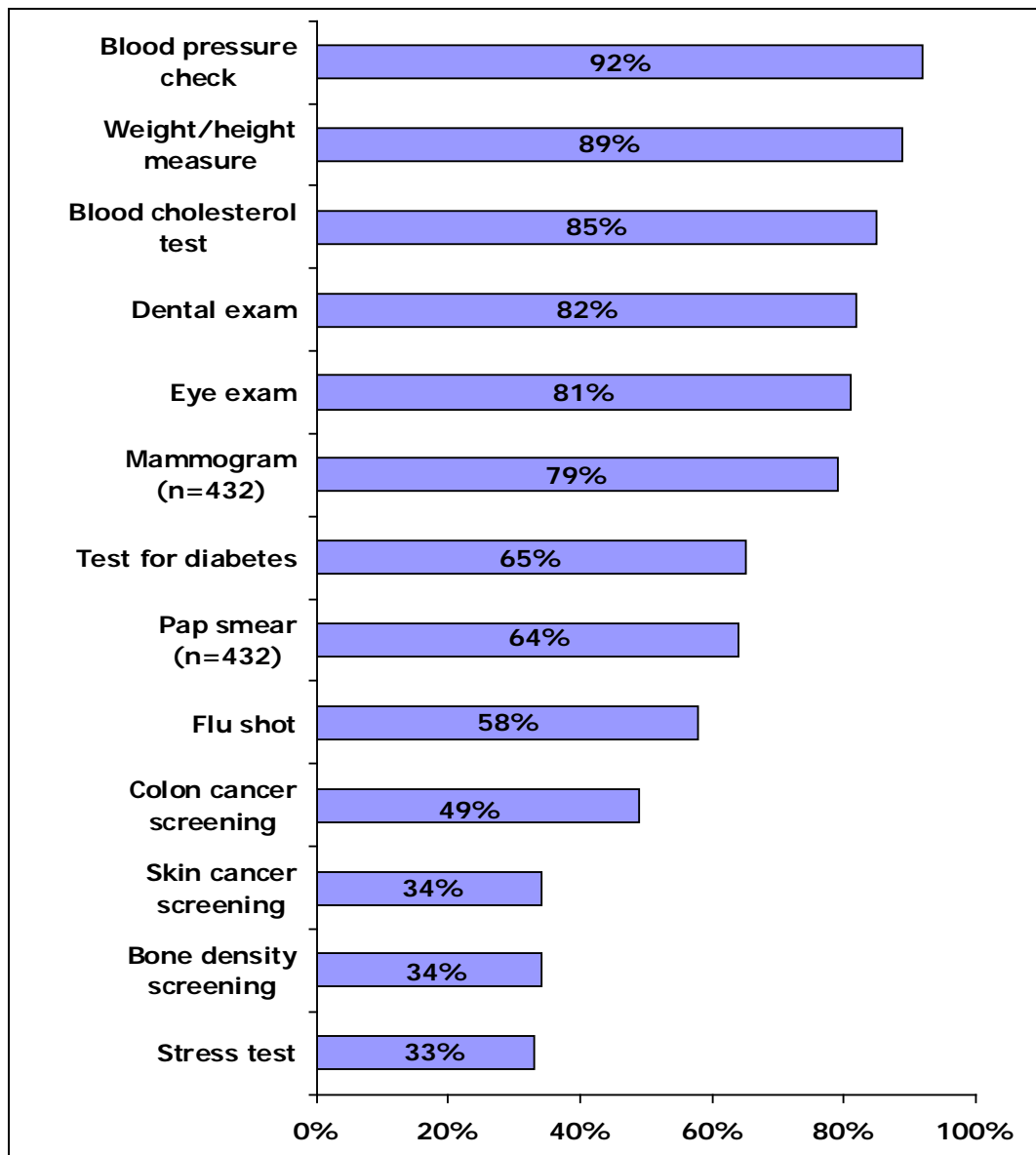
| | Income | | |
|--------------------------------------|------------------------|------------------------|------------------------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | F | G | H |
| | (n=223) | (n=257) | (n=159) |
| Eating right | 92% | 91% | 93% |
| Maintaining a healthy weight | 88% | 87% | 92%^g |
| Getting enough sleep | 87% | 86% | 85% |
| Getting enough regular exercise | 80% | 84% | 88%^f |
| Reducing stress | 87%^h | 86%^h | 75% |
| Practicing safe sex | 77% | 84%^f | 85%^f |
| Having a yearly physical or check-up | 80% | 80% | 77% |
| Getting regular health screenings | 74% | 78% | 72% |
| Taking vitamins and supplements | 53%^h | 55%^h | 34% |

⁴ How to Read the Tables: **Bold face** percents in columns (which represent demographic subgroups) are significantly higher than percents in adjacent columns. Superscripts (^{a/b/c, d/e, f/g/h, i/j}) indicate those columns in which there is a statistically significant difference. Dashes (----) indicate no responses were reported.

Vaccinations or Health Screenings

More than nine in ten (92%) respondents reported having their blood pressure checked in the last three years, while more than eight in ten said they had a weight/height measure (body mass index) taken (89%), a blood cholesterol test (85%), a dental exam (82%), or an eye exam (81%). About two-thirds (65%) of respondents reported having a test for diabetes in the last three years, and nearly six in ten (58%) said they had received a flu shot during the same time period. Somewhat fewer respondents noted having screenings for colon cancer (49%), skin cancer (34%), or bone density (34%) or having taken a stress test (33%).

Figure 3
Receipt of Vaccinations or Health Screenings in Last Three Years
(n=803)



Source: Preventive Health Screenings Among Midlife and Older Adults, February 2010

Among women, nearly eight in ten (79%) reported having a mammogram and two-thirds (64%) reported having a pap smear in the last three years.

Table 2
Receipt of Vaccinations or Health Screenings in Last Three Years
By Age, Gender, and Income

| | Age | | | Gender | |
|-------------------------|------------------------|------------------------|-------------------------|------------------------|------------------------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| Blood pressure check | 94% | 96% | 97% | 94% | 96% |
| Weight/height measure | 88% | 91% | 90% | 85% | 92%^d |
| Blood cholesterol check | 81% | 86% | 88%^a | 85% | 85% |
| Dental exam | 82% | 85% | 80% | 81% | 82% |
| Eye exam | 75% | 78% | 89%^{ab} | 78% | 83%^d |
| Mammogram (women only) | 77% | 84% | 78% | ----- | 79% |
| Test for diabetes | 56% | 72%^a | 71%^a | 66% | 65% |
| Pap smear (women only) | 71%^c | 70%^c | 54% | ----- | 64% |
| Flu shot | 47% | 49% | 79%^{ab} | 51% | 64%^d |
| Colon cancer screening | 38% | 51%^a | 60%^{ab} | 57%^e | 42% |
| Skin cancer screening | 26% | 32% | 45%^{ab} | 36% | 32% |
| Bone density screening | 19% | 40%^a | 46%^a | 15% | 50%^d |
| Stress test | 25% | 32% | 42%^{ab} | 35% | 30% |

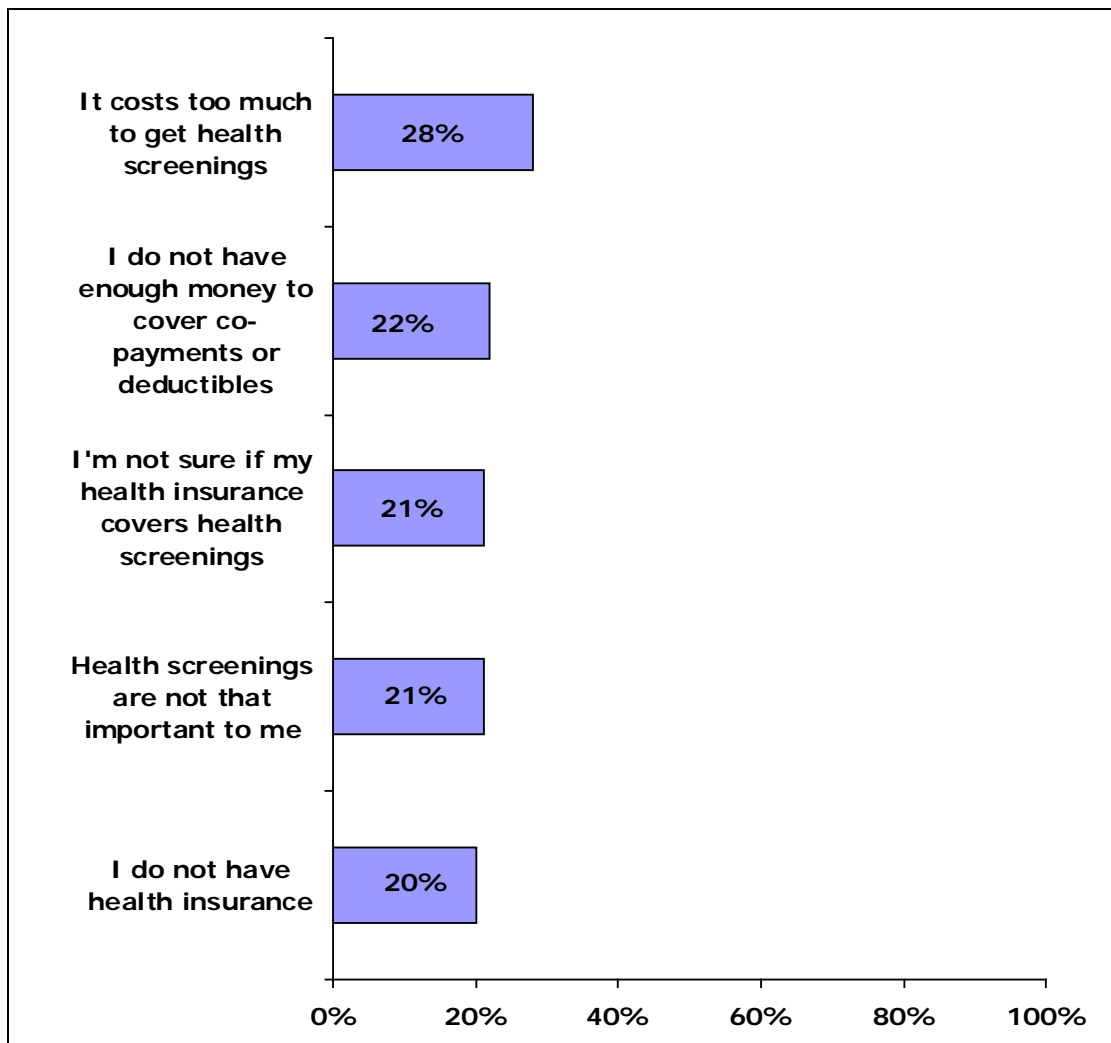
| | Income | | |
|-------------------------|---------|------------------------|-------------------------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | E | F | G |
| | (n=223) | (n=257) | (n=159) |
| Blood pressure check | 94% | 96% | 97% |
| Weight/height measure | 87% | 88% | 97%^{ef} |
| Blood cholesterol check | 81% | 86% | 89%^e |
| Dental exam | 67% | 85% | 96%^{ef} |
| Eye exam | 77% | 82% | 81% |
| Mammogram (women only) | 70% | 84%^e | 88%^e |
| Test for diabetes | 62% | 66% | 66% |
| Pap smear (women only) | 53% | 69%^e | 81%^{ef} |
| Flu shot | 61% | 58% | 54% |
| Colon cancer screening | 49% | 46% | 51% |
| Skin cancer screening | 25% | 37%^e | 35%^e |
| Bone density screening | 34% | 35% | 30% |
| Stress test | 34% | 30% | 33% |

- In terms of demographic differences, in general, older respondents are more likely than younger ones to say they have had a myriad of vaccinations or health screenings in the last three years (see Table 2). As for gender, women are more likely than men to say they have received four of the eleven non-gender-specific screenings, namely, a weight/height measure, an eye exam, a flu shot, and a bone density screening. Additionally, women younger than age 65 are more likely than those ages 65 and older to report having received a pap smear in the last three years, but there is no difference in the receipt of mammograms by age.
- When it comes to income differences, more affluent respondents are more likely than less affluent ones to say they have had four screenings in the last three years: the weight/height measure, a blood cholesterol check, a dental exam, or a skin cancer screening. And, among women, more affluent ones are more likely than less affluent ones to say they have received a mammogram or pap smear in the same time period.

Reasons for Not Receiving Vaccines or Health Screenings

When asked why they may not have received vaccines or screenings, roughly one-fifth of respondents mentioned five “top tier” reasons: cost (28%), insufficient funds to cover co-payments or deductibles (22%), uncertainty over what health insurance covers (21%), lack of importance to them (21%), or lack of health insurance (20%) (see Figure 4).

Figure 4
Reasons for Not Getting Vaccines or Screenings
Top Tier
(n=803)



Source: Preventive Health Screenings Among Midlife and Older Adults, February 2010

- In general, younger respondents are more likely to cite four of the five top tier reasons for not getting vaccines or screenings: cost, insufficient funds, uncertainty about coverage, and lack of health insurance (see Table 3).
- Women are more likely to cite cost, while men are more likely to cite the lack of perceived importance of vaccines or screenings.
- Finally, the less affluent respondents are more likely than more affluent ones to note all five top tier reasons as reasons that preclude their getting vaccines or health screenings.

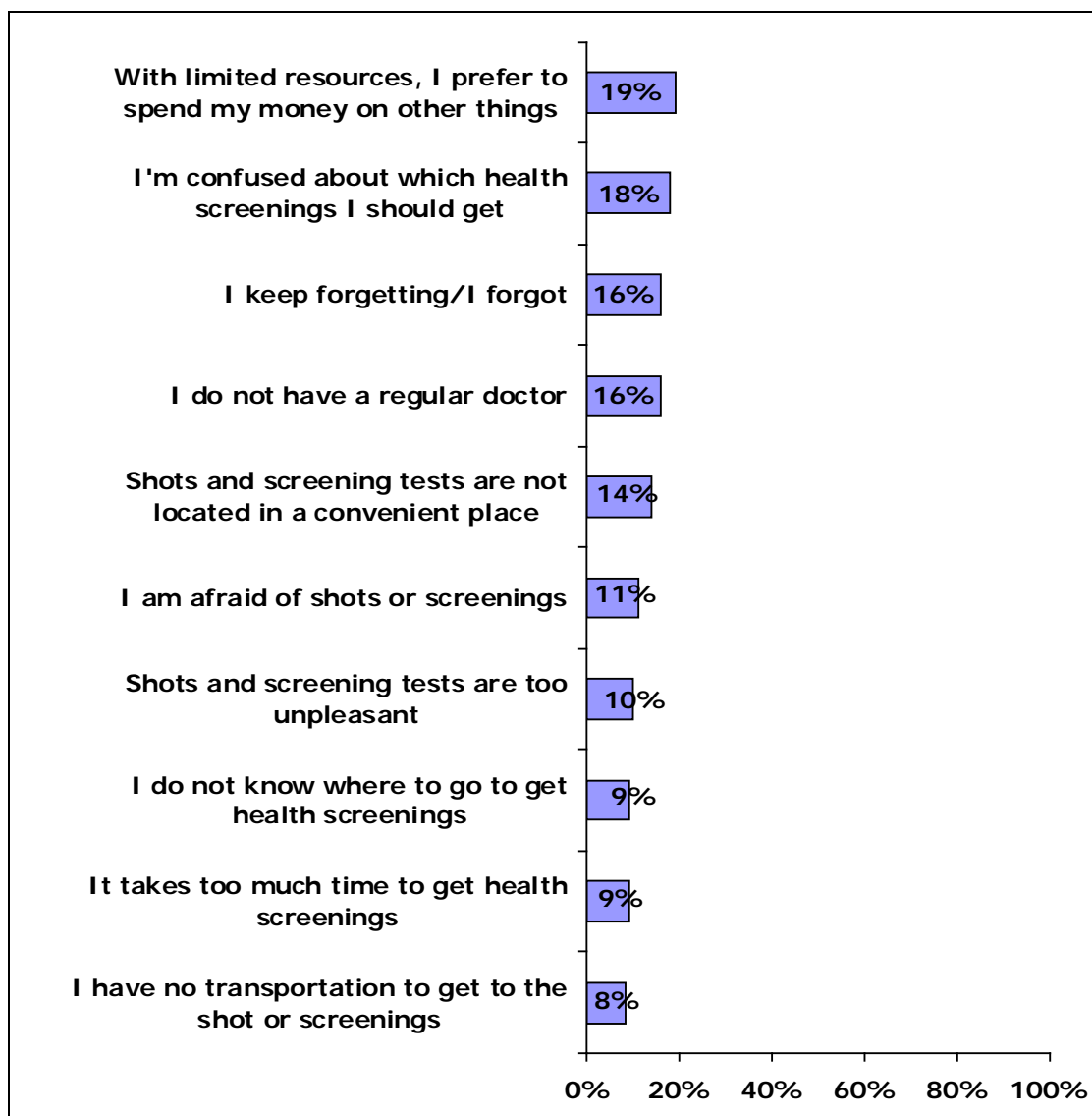
Table 3
Top Tier Reasons for Not Getting Vaccines or Screenings
By Age, Gender, and Income

| | Age | | | Gender | |
|--|--------------------------|-------------------------|---------|-------------------------|-------------------------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| It costs too much | 38% ^{bc} | 25% ^c | 18% | 21% | 33% ^d |
| I do not have enough money to cover co-payments or deductibles | 28% ^{bc} | 17% | 19% | 20% | 23% |
| I'm not sure if my health insurance covers health screenings | 27% ^c | 20% | 17% | 19% | 23% |
| Health screenings are not that important to me | 25% | 18% | 21% | 27% ^e | 17% |
| I do not have health insurance | 23% ^c | 21% | 16% | 22% | 17% |

| | Income | | |
|--|--------------------------|-------------------------|---------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | F | G | H |
| | (n=223) | (n=257) | (n=159) |
| It costs too much | 43% ^{gh} | 24% | 18% |
| I do not have enough money to cover co-payments or deductibles | 39% ^{gh} | 21% ^h | 8% |
| I'm not sure if my health insurance covers health screenings | 32% ^{gh} | 19% | 18% |
| Health screenings are not that important to me | 32% ^{gh} | 17% | 17% |
| I do not have health insurance | 31% ^{gh} | 15% | 14% |

The “second tier” of reasons for not receiving vaccines or health screenings includes preferences for spending money on other things, confusion, forgetfulness, not having a regular doctor, inconvenience, fear, unpleasantness, not knowing where to go, lack of time, or lack of transportation (see Figure 5).

Figure 5
Reasons for Not Getting Vaccines or Screenings
Second Tier
(n=803)



Source: Preventive Health Screenings Among Midlife and Older Adults, February 2010

- In general, as with the top tier reasons, younger respondents are more likely than older ones to say that half of the second tier reasons are reasons which influence their decision not to get vaccines or screenings: preferences for spending money on other things, confusion, inconvenience, fear, and lack of time (see Table 4).

- As for gender differences, men are more likely to cite a preference for spending money on other things, while women are more likely to note a lack of transportation as reasons for not getting vaccines or other health screenings.
- Notably, when it comes to income differences, just as with the five top tier reasons, less affluent respondents are more likely than more affluent ones to report eight of the ten second tier reasons as precluding their receiving vaccines or screenings.

Table 4
Second Tier Reasons for Not Getting Vaccines or Screenings
By Age, Gender, and Income

| | Age | | | Gender | |
|--|-------------------------|------------------------|---------|------------------------|------------------------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| With limited resources, I prefer to spend my money on other things | 30%^{bc} | 15% | 12% | 23%^e | 16% |
| I'm confused about which health screenings I should get | 22%^b | 14% | 17% | 17% | 18% |
| I keep forgetting/I forgot | 16% | 19% | 14% | 14% | 18% |
| I do not have a regular doctor | 17% | 15% | 13% | 16% | 15% |
| Shots and screening tests are not located in a convenient place | 19%^{bc} | 12% | 12% | 15% | 14% |
| I'm afraid of shots or screenings | 13%^c | 11%^c | 6% | 9% | 12% |
| Shots and screening tests are too unpleasant | 12% | 11% | 8% | 10% | 11% |
| I do not know where to go to get health screenings | 9% | 7% | 11% | 9% | 9% |
| It takes too much time to get health screenings | 14%^c | 9%^c | 5% | 10% | 9% |
| I have no transportation to get to the shots or screenings | 7% | 9% | 7% | 5% | 10%^d |

| | Income | | |
|--|-------------------------|------------------------|---------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | F | G | H |
| | (n=223) | (n=257) | (n=159) |
| With limited resources, I prefer to spend my money on other things | 28%^{gh} | 18% | 14% |
| I'm confused about which health screenings I should get | 28%^{gh} | 15% | 12% |
| I keep forgetting/I forgot | 23%^{gh} | 14% | 12% |
| I do not have a regular doctor | 21%^{gh} | 14% | 12% |
| Shots and screening tests are not located in a convenient place | 20%^h | 14% | 10% |
| I'm afraid of shots or screenings | 15%^h | 11%^h | 5% |
| Shots and screening tests are too unpleasant | 11% | 12% | 7% |
| I do not know where to go to get health screenings | 16%^{gh} | 8%^h | 3% |
| It takes too much time to get health screenings | 10% | 9% | 9% |
| I have no transportation to get to the shots or screenings | 17%^{gh} | 3% | 4% |

Reminders and Information Sources

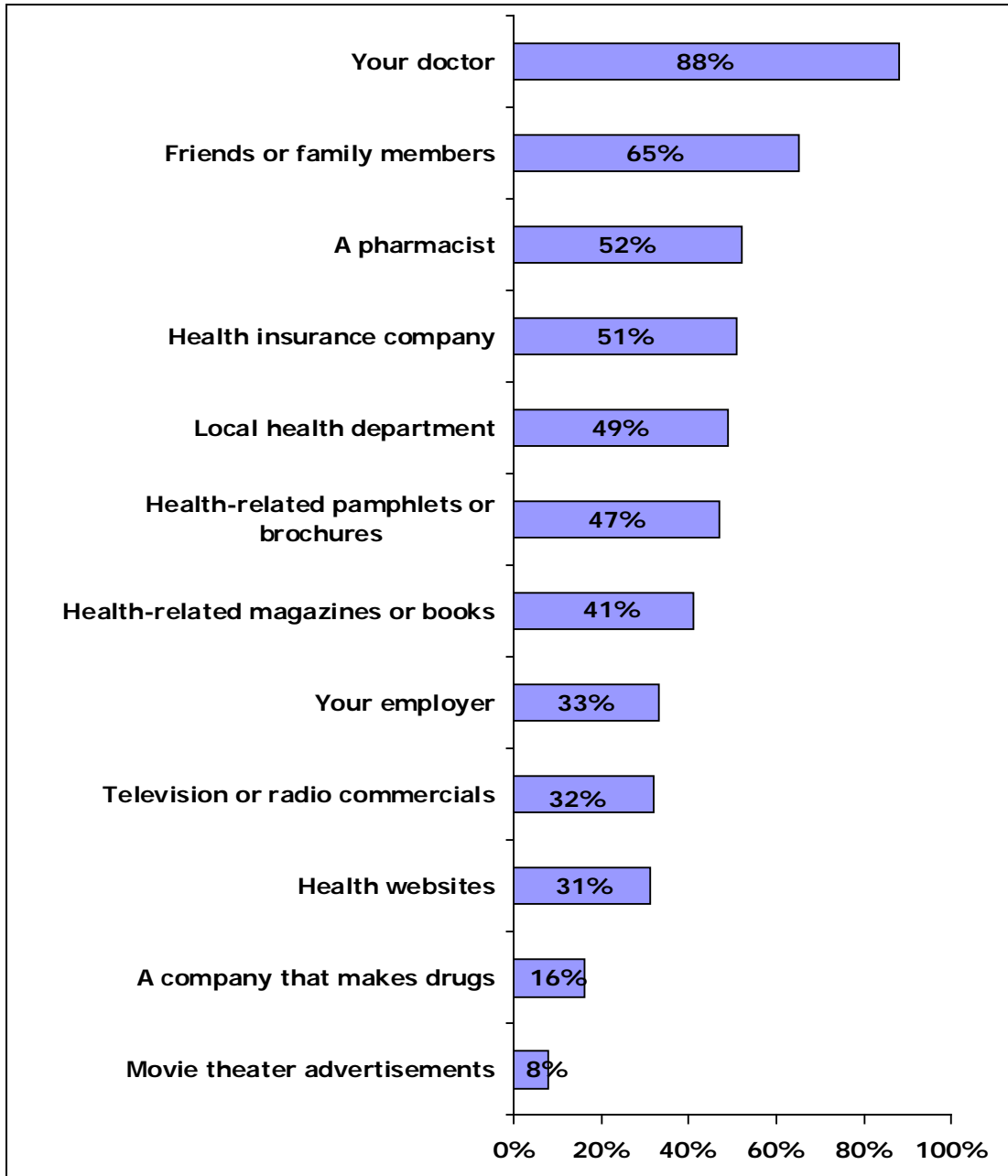
When asked about receiving reminders about getting vaccines or screenings, four in ten respondents said it would be either *extremely helpful* (12%) or *very helpful* (28%), while roughly one-quarter (25%) said it would be *somewhat helpful*. However, the remaining third of respondents said reminders would be *not very helpful* (14%) or *not at all helpful* (21%).

- Although there are no age differences in the perceived helpfulness of reminders, women are more likely than men to consider them to be either *extremely* or *very helpful* (46% vs. 33%). Additionally, respondents with annual household incomes of less than \$30,000 are more likely than those with incomes of \$75,000 or more to consider reminders as either *extremely* or *very helpful* to them (44% vs. 32%).

Respondents were asked if receiving information from certain individuals or organizations would make them more likely to receive a shot or health screening. As noted in Figure 6, nearly nine in ten (88%) said information from their doctor would motivate them, while two-thirds (65%) noted that prompting from a friend or family member would help.

- As shown in Table 5, younger respondents are more likely than older ones to say that information from family or friends, their local health department, health-related magazines or books, their employer, and health websites would aid in their decision to receive shots or health screenings.
- Women are more likely than men to say information from their doctor, their friends and family members, and their pharmacist, as well as from health-related pamphlets, brochures, magazines, and books would help in their decision-making.
- Younger respondents cite information from television and radio commercials, from companies that manufacture drugs, and from movie theater advertisements as helping them, while older respondents cite information from their employer and from health-related websites as helping them.

Figure 6
Information from Individuals or Groups Would Help
in Decision to Receive a Shot or Screenings
(n=803)



Source: *Preventive Health Screenings Among Midlife and Older Adults*, February 2010

Roughly half of respondents said information from a pharmacist (52%) or their own health insurance company (51%) would be helpful to them, while roughly four in ten said the same thing about information from their local health department (49%), from health-related pamphlets or brochures (47%) or from health-related magazines or books (41%).

Table 5
Information Sources Helpful in Decision-Making
About Receiving Shots or Screenings
By Age, Gender, and Income

| | Age | | | Gender | |
|---------------------------------------|------------------------|------------------------|---------|---------|------------------------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| Your doctor | 88% | 88% | 87% | 83% | 91%^d |
| Friends or family members | 70%^c | 66% | 61% | 60% | 70%^d |
| A pharmacist | 51% | 54% | 53% | 48% | 56%^d |
| Health insurance company | 50% | 56% | 50% | 50% | 52% |
| Local health department | 49% | 53% | 45% | 46% | 51% |
| Health-related pamphlets or brochures | 48% | 50% | 43% | 41% | 52%^d |
| Health-related magazines or books | 45%^c | 40% | 36% | 33% | 47%^d |
| Your employer | 41%^c | 39%^c | 17% | 34% | 31% |
| Television or radio commercials | 33% | 37%^c | 28% | 30% | 34% |
| Health websites | 39% | 36%^c | 20% | 29% | 33% |
| A company that makes drugs | 15% | 19% | 17% | 14% | 18% |
| Movie theater advertisements | 8% | 11% | 6% | 7% | 9% |

| | Income | | |
|---------------------------------------|-------------------------|------------------------|-------------------------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | F | G | H |
| | (n=223) | (n=257) | (n=159) |
| Your doctor | 86% | 80% | 89% |
| Friends or family members | 66% | 65% | 69% |
| A pharmacist | 54% | 54% | 48% |
| Health insurance company | 51% | 53% | 53% |
| Local health department | 54% | 49% | 45% |
| Health-related pamphlets or brochures | 50% | 49% | 44% |
| Health-related magazines or books | 36% | 43% | 43% |
| Your employer | 27% | 34%^f | 48%^{fg} |
| Television or radio commercials | 41%^{gh} | 33% | 27% |
| Health websites | 24% | 33%^f | 41%^f |
| A company that makes drugs | 24%^{gh} | 15% | 11% |
| Movie theater advertisements | 11%^h | 10% | 5% |

Discussion with Health Professional

Three-quarters (or more) of respondents said a health professional had asked them about three health-related issues: their level of physical activity (74%), their use of alcohol (75%), and their smoking or use of smokeless tobacco (81%). Nearly six in ten (59%) respondents noted that a health professional had asked them if they suffer any symptoms of depression.

- As noted in Table 6, younger respondents are more likely than older ones to say their doctor or other health professional has discussed smoking, alcohol use, and depression with them.
- In addition, more affluent respondents are more likely than less affluent ones to say their doctor has discussed their level of physical activity, their smoking or use of smokeless tobacco, or their use of alcohol with them.

Table 6
Discussion with Health Professional about Health-Related Issues
By Age, Gender, and Income

| | Age | | | Gender | |
|-------------------------------------|------------------------|------------------------|---------|---------|---------|
| | 45-54 | 55-64 | 65+ | Male | Female |
| | A | B | C | D | E |
| | (n=301) | (n=224) | (n=260) | (n=371) | (n=432) |
| Level of physical activity | 75% | 76% | 71% | 73% | 75% |
| Smoking or use of smokeless tobacco | 87%^c | 85%^c | 70% | 79% | 82% |
| Use of alcohol | 81%^c | 78%^c | 66% | 73% | 76% |
| Symptoms of depression | 63%^c | 64%^c | 51% | 56% | 61% |

| | Income | | |
|-------------------------------------|---------|------------------------|-------------------------|
| | <\$30K | \$30K-\$74,999 | \$75K+ |
| | F | G | H |
| | (n=223) | (n=257) | (n=159) |
| Level of physical activity | 67% | 76%^f | 85%^{fg} |
| Smoking or use of smokeless tobacco | 78% | 81% | 89%^{fg} |
| Use of alcohol | 66% | 77%^f | 87%^{fg} |
| Symptoms of depression | 61% | 58% | 63% |

Welcome to Medicare Visit

Respondents ages 65 and older were read the following description of the *Welcome to Medicare* visit:

Medicare is the health insurance program for people aged 65 and older as well as for certain people with disabilities. In 2003, it expanded its menu of preventive benefits by covering an initial preventive physical examination. This benefit, also referred to as the "*Welcome to Medicare*" visit, is an excellent way for new Medicare beneficiaries to get up-to-date on important screenings and vaccinations, as well as to talk with their health care provider about their medical history and how to stay healthy.

Slightly more than one-third (36%) of respondents ages 65 and older reported that they had the *Welcome to Medicare* visit when they turned age 65, while nearly half (46%) said they had not. Another one in six (17%) said they did not know if they had.

- The only demographic difference found is that women are more likely than men to say they have had a *Welcome to Medicare* visit (42% vs. 32%).

About one-quarter of respondents ages 65 and older said they had read, seen, or heard *a great deal* (10%) or *a fair amount* (16%) about the *Welcome to Medicare* visit. In contrast, nearly six in ten said they had read, seen, or heard *very little* (23%) or *nothing at all* (36%) about it.

- Less affluent respondents are more likely than more affluent ones to say they have read, seen, or heard *a great deal* or *a fair amount* about the *Welcome to Medicare* visit (29% for those with incomes less than \$30,000 and 30% for those with incomes between \$30,000 and \$74,999 vs. 13% for those with incomes of \$75,000 or more).

When asked if they had ever had a shot for pneumonia, more than seven in ten (72%) respondents ages 65 and older noted that they had had the shot.

- Notably, women are more likely than men to say they have received a pneumonia shot (76% vs. 67%).

Conclusions

Prevention seems to be top-of-mind when more than three-quarters of respondents report having had discussions with their health professionals about physical activity, alcohol use, and smoking, and when slightly fewer than six in ten note having similar conversations about depression and its symptoms. Although we can not know if these conversations have had an impact on individual behavior, it is heartening to know that they are occurring.

With large majorities of respondents reporting that they value several health practices as *extremely* or *very important* to them, it seems as if the health messages that permeate our culture have been reaching them. Consistent with previous research in this area, this study shows anew that midlife and older adults know what they should be doing to keep healthy, but, as with other research, this also points to the discrepancy between knowledge and action. For example, if these results are any indication, younger men—between 45 and 54 years of age—could perhaps be targeted more effectively in the hopes of their getting vaccines and health screenings on a more regular basis.

Although the results are generally encouraging, they also point to the continuing difficulty some midlife and older adults have in attending to their health when roughly one-fifth of respondents point to cost and insurance issues as key reasons for their not receiving vaccinations or health screenings.

Appendix A: Annotated Questionnaire

Preventive Services Survey
Final Questionnaire
November 18, 2009
(N=803, sampling error = ±3.5%)

Q1. In general, how would you rate your health?

| Base: Total Respondents | N=803 % |
|-------------------------|------------|
| Excellent | 16 |
| Very good | 30 |
| Good | 31 |
| Fair | 16 |
| Poor | 7 |
| Don't know | <0.5 |

Q2. I'm going to read you a short list and ask you how important you think each item is in your staying healthy. (That is, is it extremely important, very important, somewhat important, not too important or not at all important?) (**Randomize list**)

| Base: Total Respondents N=803 | Extremely Important % | Very Important % | Somewhat Important % | Not Too Important % | Not At All Important % | DK % | Ref % |
|--------------------------------------|-----------------------------|------------------------|----------------------------|---------------------------|------------------------------|---------|----------|
| Having a yearly physical or check-up | 27 | 53 | 14 | 4 | 2 | 1 | <0.5 |
| Maintaining a healthy weight | 26 | 63 | 9 | 1 | <0.5 | <0.5 | <0.5 |
| Reducing stress | 29 | 55 | 13 | 1 | 1 | 1 | 1 |
| Eating right | 29 | 64 | 6 | 1 | <0.5 | - | <0.5 |
| Practicing safe sex | 35 | 47 | 6 | 3 | 4 | 2 | 4 |
| Getting enough regular exercise | 23 | 62 | 12 | 2 | 1 | <0.5 | <0.5 |
| Taking vitamins and supplements | 12 | 38 | 35 | 10 | 5 | 1 | <0.5 |
| Getting regular health screenings | 22 | 53 | 19 | 4 | 1 | 1 | <0.5 |
| Getting enough sleep | 27 | 60 | 11 | 2 | <0.5 | <0.5 | <0.5 |

Q3. I'm going to read you a list of vaccines or health screenings you may have received in the last 3 years. For each one, please tell me if you have received it. **(Randomize list)**

| Base: Total Respondents N=803 | Yes % | No % | DK % | Ref % |
|---|------------------|-----------------|-----------------|------------------|
| An eye exam | 81 | 19 | <0.5 | - |
| A dental exam or check-up | 82 | 18 | <0.5 | <0.5 |
| Blood pressure check | 95 | 5 | - | - |
| Weight/height measure | 89 | 10 | <0.5 | - |
| Bone density screening | 34 | 64 | 2 | - |
| Blood cholesterol test | 85 | 15 | 1 | - |
| Flu shot | 58 | 42 | - | - |
| Test for diabetes | 65 | 32 | 3 | <0.5 |
| Stress test | 33 | 67 | 1 | - |
| Colon cancer screening | 49 | 50 | 1 | <0.5 |
| Skin cancer screening | 34 | 65 | 2 | - |
| For women only: A mammogram N=432 | 79 | 21 | <0.5 | - |
| For women only: A pap smear/pap test N=432 | 64 | 35 | <0.5 | - |

Q4. There are many reasons why individuals don't get vaccines or screenings. I'd like to read you a short series of statements and, for each one I'd like you to tell me if this reason influences your decision to get vaccines or screenings. [Yes or No answer] **(Randomize list)**

| Base: Total Respondents N=803 | Yes % | No % | DK % | Ref % |
|--|------------------|-----------------|-----------------|------------------|
| I keep forgetting/I forgot | 16 | 83 | <0.5 | <0.5 |
| I do not know where to go to get health screenings | 9 | 91 | <0.5 | - |
| I'm confused about which health screenings I should get | 18 | 81 | 1 | <0.5 |
| I do not have a regular doctor | 16 | 84 | 1 | - |
| It costs too much to get health screenings | 28 | 70 | 2 | <0.5 |
| I do not have health insurance | 20 | 80 | 1 | - |
| I do not have enough money to cover co-payments or deductibles | 22 | 77 | 1 | <0.5 |
| I'm not sure if my health insurance covers health screenings | 21 | 74 | 4 | 1 |
| It takes too much time to get health screenings | 9 | 90 | 1 | - |
| Health screenings are not that important to me | 21 | 77 | 1 | 1 |
| With limited resources, I prefer to spend my money on other things | 19 | 80 | 1 | <0.5 |
| I have no transportation to get to the shot or screenings | 8 | 92 | <0.5 | - |
| I am afraid of vaccines or screenings | 11 | 89 | <0.5 | <0.5 |
| Shots and screening tests are too unpleasant | 10 | 89 | 1 | <0.5 |
| Shots and screening tests are not located in a convenient place | 14 | 84 | 1 | - |

Q5. How helpful would receiving reminders about getting vaccines or screenings be to you?

| Base: Total Respondents N=803 | % |
|----------------------------------|------|
| Extremely helpful | 12 |
| Very helpful | 28 |
| Somewhat helpful | 25 |
| Not very helpful | 14 |
| Not at all helpful | 21 |
| Don't know | 1 |
| Refused | <0.5 |

Q6. I'm going to read you a list of different people and organizations that may influence people's decisions about getting shots or health screenings. After each one, I'd like you to tell me if getting information from these individuals or groups would help you decide to get a shot or screenings. [Yes or No answer] (**Randomize list**)

| Base: Total Respondents N=803 | Yes % | No % | DK % | Ref % |
|---------------------------------------|----------|---------|---------|----------|
| Your health insurance company | 51 | 47 | 1 | 1 |
| Health websites | 31 | 67 | 1 | <0.5 |
| A pharmacist | 52 | 46 | 1 | <0.5 |
| Your doctor | 88 | 12 | 1 | <0.5 |
| Your employer | 33 | 64 | 1 | 3 |
| Local health department | 49 | 51 | 1 | <0.5 |
| Friends or family members | 65 | 34 | 1 | <0.5 |
| A company that makes drugs | 16 | 82 | 2 | - |
| Movie theater advertisements | 8 | 91 | 1 | - |
| Television or radio commercials | 32 | 67 | 1 | <0.5 |
| Health-related pamphlets or brochures | 47 | 51 | 2 | 1 |
| Health-related magazines or books | 41 | 58 | 1 | <0.5 |

Q7. Has a health care professional asked you about the following?

| Base: Total Respondents N=803 | Yes % | No % | DK % | Ref % |
|---|----------|---------|---------|----------|
| Your level of physical activity | 74 | 25 | 1 | <0.5 |
| Whether or not you smoke or use smokeless tobacco | 81 | 19 | <0.5 | <0.5 |
| Your use of alcohol | 75 | 25 | <0.5 | <0.5 |
| Whether you suffer any symptoms of depression | 59 | 40 | 2 | <0.5 |

For those ages 65 and older ONLY:

Medicare is the health insurance program for people aged 65 and older as well as for certain people with disabilities. In 2003, it expanded its menu of preventive benefits by covering an initial preventive physical examination. This benefit, also referred to as the "Welcome to Medicare" visit, is an excellent way for new Medicare beneficiaries to get up-to-date on important screenings and vaccinations, as well as to talk with their health care provider about their medical history and how to stay healthy.

Q8. Did you have a *Welcome to Medicare* visit when you turned age 65?

| Base: Total Respondents | N=268 % |
|-------------------------|------------|
| Yes | 36 |
| No | 46 |
| Don't know | 17 |
| Refused | 1 |

Q9: How much have you read, seen, or heard about the *Welcome to Medicare* visit?

| Base: Total Respondents | N=268 % |
|-------------------------|------------|
| A great deal | 10 |
| A fair amount | 16 |
| Some | 13 |
| Very little | 23 |
| Nothing at all | 36 |
| Don't know | 2 |

Q10. Have you ever had a shot for pneumonia?

| Base: Total Respondents | N=268 % |
|-------------------------|------------|
| Yes | 72 |
| No | 26 |
| Don't know | 2 |

Demographic Characteristics

We're almost finished. I just have a few additional questions that I'd like to ask for classification purposes.

What is your age as of your last birthday? _____ years

| Base: Total Respondents | N=803 % |
|-------------------------|------------|
| 45 to 54 | 37 |
| 55 to 64 | 28 |
| 65 to 74 | 17 |
| 75+ | 15 |
| Refused | 2 |

Are you male or female?

| Base: Total Respondents | N=803 % |
|-------------------------|------------|
| Male | 46 |
| Female | 54 |

Are you or your spouse or partner currently a member of AARP?

| Base: Total Respondents | N=803 % |
|--------------------------------|--------------------|
| Yes | 41 |
| No | 57 |
| Don't Know | 2 |
| Refused | <0.5 |

What type of health insurance coverage do you have?

| Base: Total Respondents N=803 | PRIMARY INSURANCE % | ALL MENTIONS % |
|--|------------------------------------|-------------------------------|
| Through my current employer | 28 | 29 |
| Through my spouse's current employer | 11 | 13 |
| Through a plan I bought myself, not through my employer | 8 | 15 |
| Through a previous employer or spouse's previous employer <may be retiree benefit> | 8 | 14 |
| Through veterans or military benefits | 3 | 5 |
| Through Medicaid or Medi-cal | 3 | 5 |
| Through Medicare | 28 | 36 |
| Through Healthy Families or SCHIP (State Children's Health Insurance Program) | - | <0.5 |
| I do not have health insurance | 8 | 8 |
| Don't know | 1 | 1 |
| Refused | 3 | 3 |

What is your current marital status?

| Base: Total Respondents | N=803 % |
|--------------------------------|--------------------|
| Married | 63 |
| Widowed | 13 |
| Divorced | 11 |
| Separated | 1 |
| Single | 11 |
| Refused | 1 |

What is the highest level of education that you completed?

| Base: Total Respondents | N=803 % |
|---|--------------------|
| Less than high school | 7 |
| High school graduate | 27 |
| Some college or technical training beyond high school | 28 |
| College graduate | 21 |
| Post-graduate or professional degree | 16 |
| Refused | 1 |

Which of the following best describes your current employment status?

| Base: Total Respondents | N=803 % |
|--|--------------------|
| Employed or self-employed <u>full-time</u> | 35 |
| Employed or self-employed <u>part-time</u> | 9 |
| Retired and not working | 33 |
| Unemployed and looking for work | 5 |
| Other such as homemaker | 6 |
| Disabled/handicapped | 11 |
| Refused | 1 |

What best describes your race?

| Base: Total Respondents | N=803 % |
|--------------------------------|--------------------|
| White, non-Hispanic | 84 |
| Black, non-Hispanic | 8 |
| Hispanic | 2 |
| Other | 4 |
| Refused | 2 |

Households are sometimes grouped according to income. Please indicate which group best estimates your annual household income before taxes. *(Check only one.)*

| Base: Total Respondents | N=803 % |
|--------------------------------|--------------------|
| Less than \$10,000 | 7 |
| \$10,000 to \$19,999 | 10 |
| \$20,000 to \$29,999 | 10 |
| \$30,000 to \$39,999 | 7 |
| \$40,000 to \$49,999 | 12 |
| \$50,000 to \$74,999 | 13 |
| \$75,000 or more | 20 |
| Refused | 20 |

Appendix B: Methodological Note

Summary

Telephone interviews were conducted with a sample of 803 respondents aged 45 and older drawn at random from the United States. Quotas were established so that half the respondents (402) were 45-64 years old and the other half (401) were 65 and older. The interviews were conducted in English by Woelfel Research, Inc. from December 2 to December 11, 2009. The results from the study were weighted by age and gender. The margin of sampling error for the random sample of 803 is $\pm 3.5\%$.

Sample Design

The random-digit-dial sample of U.S. residents ages 45 and older was drawn at random from the United States adult population in telephone households. The telephone sample was provided by STS, Inc. according to Woelfel Research, Inc. specifications and was drawn using standard list-assisted random digit dialing or Weighted (Type B) (RDD) methodology. *Active blocks* of telephone numbers (area code + exchange + two-digit block number) were selected with probabilities in proportion to their share of listed telephone households; after selection, two more digits were added randomly to complete the number. This method guarantees coverage of every assigned phone number regardless of whether that number is directory listed, purposely unlisted, or too new to be listed. Sampled phone numbers were compared against business directories and matching numbers purged.

Questionnaire Development and Testing

The questionnaire was developed by AARP staff. In order to improve the quality of the data, the questionnaire was pretested with a small number of respondents. The pretest interviews were monitored by Woelfel Research, Inc. and AARP staff and conducted using experienced interviewers who could best judge the quality of the answers given and the degree to which respondents understood the questions.

Contact Procedures

As many as ten attempts were made to contact every sampled telephone number. The sample was released for interviewing in replicates, which are representative subsamples of the larger sample. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample. It also ensures that the geographic distribution of numbers called is appropriate. Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents.

Weighting

The sample was weighted by age and gender. The table below contains information about the weighting. The column labeled "Population" shows the actual age/sex distribution for the 45+ age segment in the United States. The column labeled "Sample" shows the age/sex distribution of the sample. The column labeled "Weighted Sample" shows the age/sex distribution in the sample after the weights were applied. Those respondents who did not provide their age were given a weight of 1. The Weighted Sample Distribution does not match the Population Distribution exactly because of the missing data for age.

| | Population* | Sample | Weighted Sample |
|--------------|-------------|---------|-----------------|
| Male | | | |
| 45-54 | 18.859% | 10.959% | 18.431% |
| 55-64 | 13.758% | 10.336% | 13.450% |
| 65+ | 13.978% | 18.057% | 13.699% |
| Not Provided | | 0.623% | 0.623% |
| Female | | | |
| 45-54 | 19.443% | 12.578% | 18.929% |
| 55-64 | 14.778% | 14.944% | 14.446% |
| 65+ | 19.184% | 30.884% | 18.804% |
| Not Provided | | 1.619% | 1.619% |

*Source: U.S. Census Bureau, 2006-2008 American Community Survey

Response Rate/ Cooperation Rate /Refusal Rate

The response rate for this study was measured using American Association of Public Opinion Research's (AAPOR) response rate 3 method. The cooperation rate was measured using AAPOR's cooperation rate 3 method. The refusal rate was measured using AAPOR's refusal rate 3 method. The table below contains these rates separately for the RDD sample and the boost sample.

| | Response Rate | Cooperation Rate | Refusal Rate |
|-----|---------------|------------------|--------------|
| RDD | 41% | 91% | 8% |

Source: AAPOR Outcome Rate Calculator Version 2.1 May 2003



Knowledge Management
601 E Street, NW, Washington, DC 20049
www.aarp.org/research

©2010 AARP
Reprinting with permission only

**For additional information please contact Terry Keenan at:
(202) 434-6274 or email tkeenan@aarp.org**