



STATEWIDE SURVEY OF OLDER PENNSYLVANIANS – 2007:

A Profile of General Health and Prescription Drug Coverage

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pennsylvania 



Results of the 2007 Statewide Survey of Pennsylvania's Seniors

**Submitted to:
Pennsylvania Department of Aging**

**Submitted by:
Penn State Harrisburg's Center for Survey Research**

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STATEWIDE SURVEY OF OLDER PENNSYLVANIANS – 2007: A PROFILE OF SENIOR’S GENERAL HEALTH AND PRESCRIPTION DRUG COVERAGE

EXECUTIVE SUMMARY

The Pennsylvania Department of Aging contracted with Penn State Harrisburg (PSH) to conduct a Random Digit Dial (RDD) telephone survey of adult Pennsylvanians age 65 and older during 2007. The goals of the survey were to gauge the extent to which older Pennsylvanians have adequate prescription drug and health care coverage, are enrolled in Medicare Part D and PACE, and are satisfied with the Medicare Part D program. The survey provides updated information on similar indicators collected in 2001 and 2003. A total of 1,762 interviews were conducted by the Center for Survey Research (CSR) at PSH between July 24 and September 30, 2007.

Prescription Drug Coverage

- 11% of respondents report having no coverage at all when it comes to assistance with prescription drugs;
- 49% reported being enrolled in Medicare Part D;
- 36% reported having assistance for prescription drugs through a health insurance program;
- 24% reported having assistance for prescription drugs through some type of public program;
- Only 7% of respondents said that they have prescription drug coverage through the VA;
- The main reason respondents report not having Medicare Part D is “I don’t need to enroll because I already have another plan”;
- The most important reason given by respondents for why those chose their Medicare Part D plan is “I don’t know or I am not sure” (29% of the sample) followed by “It was recommended to me by someone else” and “The amount of the monthly premiums”;
- 86% of seniors under a Medicare Part D plan report that they are somewhat or very satisfied with that plan;
- For those respondents who report having a gap in coverage under their Medicare Part D plan, 59% say that they do not believe they will reach that gap;
- 49% of seniors said that their prescription drug plan pays for almost or all of associated costs;

- The most common problems associated with a Medicare drug plan were paying costs that were not expected and having to switch medications because the plan would not cover them.

Utilization of Prescription Drugs

- The average number of prescription drugs used by seniors in 2007 was reported as 5.1, compared to 3.9 in 2001 and 4.5 in 2003;
- Costs associated with out-of-pocket expenses are about the same in 2007 (average = \$89.78) as they were in 2001 (average = \$84.20).

Health Insurance

- An overwhelming number of respondents (N = 1,674; 96% of the sample) reported having health insurance through Medicare;
- Only 20 respondents reported having no health insurance.

Quality of Life

- 37% of Pennsylvania's seniors reported their overall general health as "poor or fair" in 2007 as compared to 26% in 2001 and 25% in 2003;
- The average number of days respondents reported as being in poor mental health in 2007 in the month prior to the study was 2.2;
- The average number of days reported by respondents that they were not able to perform their usual activities, in the month prior to the study, due to poor mental or physical health was 5.6.

Veteran Respondents

- 27% of the sample reported being a veteran and 46% reported being the spouse of a veteran;
- 17% of veterans or spouses of veterans reported having health insurance through the VA.

Internet Usage by Pennsylvania's Seniors

- 42% of respondents say that they have access to the Internet;
- Younger respondents (65-70 years-of-age) were more likely to report having access to the Internet than were older respondents (71 + years-of-age);

- Respondents in the Northwest, North Central, and Southeast regions of Pennsylvania were more likely to report having access to the Internet than were those living other regions.

Respondents' Use of Agencies for Obtaining Information

- 19% of seniors reported contacting or calling an agency, group, or person, within the year prior to the study, to get information or help related to Medicare or health insurance problems;
- Only 11% of seniors said that they attended a senior center to get information; 22% contacted Area Agency on Aging; 5% contacted Apprise.

TABLE OF CONTENTS

Executive Summary	i
Prescription Drug Coverage.....	i
Utilization of Prescription Drugs	ii
Health Insurance	ii
Quality of Life.....	ii
Veteran Respondents	ii
Internet Usage by Pennsylvania’s Seniors.....	ii
Respondents’ Use of Agencies for Obtaining Information.....	iii
Introduction.....	1
Profile of Respondents.....	2
Prescription Coverage and Drug Use.....	4
Questions Related to Medicare Part D Prescription Drug Coverage.....	5
Changes over Time Related to Number of Prescriptions Filled and Out-of-Pocket Costs Associated with those Prescriptions.....	20
Quality of Life Issues for Pennsylvania’s Elderly Population.....	21
Additional Questions about Foreign Pharmacies, Copays, and Deductibles.....	22
Foreign Pharmacies.....	22
Copays and Deductibles.....	23
Brand and Generic Copays	23
Questions Related to Healthcare Coverage.....	24
Respondents to the 2007 Survey Who Reported Being a Veteran or the Spouse of a Veteran.....	25
Questions Related to Internet Usage by Pennsylvania’s Seniors.....	27

Respondents’ Use of Various Agencies for Obtaining Information on Medicare or Health Insurance Problems.....	28
Appendix A: Disposition of Calls for the 2007 Survey.....	30
Appendix B: Map of Pennsylvania’s Regions.....	32

LIST OF TABLES

Table 1: Profile of Respondents	2
Table 2: Prescription Drug Coverage by Region	4
Table 3: Respondents’ Reported Prescription Drug Coverage by Source.....	5
Table 4: Respondents’ Reports of Reasons for Not Being Enrolled in a Medicare Drug Plan	6
Table 5: Prescription Drug Coverage through Medicare Part D by Selected Demographics, Region and Prescription Drug Use in the Last Month Preceding the Survey.....	7
Table 6: Extent to Which Higher Out-of-Pocket Costs Predicts Having Medicare Part D Coverage.....	8
Table 7: Method Used by Respondent to Choose Part D Plan	9
Table 8: Extent to Which the Respondent Made a Comparison of Plan Costs and Coverage.....	9
Table 9: Most Important Reason for Choosing Medicare Part D	10
Table 10: Problems Associated with Medicare Drug Plan	11
Table 11: Extent to Which Respondents Are Spending More or Less on Prescriptions Since Enrolling in the Medicare Prescription Drug Program.....	12
Table 12: Extent to Which Respondents Expect to Reach the Coverage Gap or Donut Hole	14
Table 13: Satisfaction with Medicare Drug Plan by Whether Respondent Reports Having a Gap in Coverage (Donut Hole) and Whether They Compared Before Enrolling in Medicare Drug Plan	15

Table 14: Respondents’ Perceptions about the Extent to Which the Medicare Drug Plans Are Working by Has or Does Not Have Medicare Part D Assistance.....	16
Table 15: Percent of Medicine Costs Covered by Respondents’ Prescription Drug Plan(s)....	16
Table 16: Unfilled or Delayed Prescriptions Due to Costs.....	17
Table 17: Relationship between the Number of Times Respondents Delayed Getting a Prescription Filled and Out-of-Pocket Costs and Income.....	17
Table 18: Profile of Respondents Who Report Having No Prescription Drug Coverage from Any Source.....	18
Table 19: Changes over Time related to the Number of Prescriptions Filled by Pennsylvania’s Seniors	20
Table 20: Changes over Time related to the Out-of-Pocket Costs Associated with Prescription Drugs	20
Table 21: Respondents’ Perceptions of Their General Health: 2001, 2003, and 2007.....	21
Table 22: Differences in Avoiding Seeing a Doctor Because of Concerns About the Cost of Prescription Drugs by Perceptions About General Health.....	22
Table 23: Characteristics of Co-Pay Expenses and Deductibles	23
Table 24: Type of Health Insurance reported by Pennsylvania’s Seniors	25
Table 25: Respondents Reporting Being a Veteran or the Spouse of a Veteran	26
Table 26: Access to the Internet by Age, Region, and Urban vs. Rural	28

LIST OF FIGURES

Figure 1: Respondents’ Perception of What They Are Saving under Their Medicare Part D Plan with What They Expected Those Savings Would Be	12
Figure 2: Respondents’ Satisfaction with their Medicare Part D Plan	13
Figure 3: Respondents’ Report Whether Their Part D Plan Contains a Gap or Donut Hole....	13
Figure 4: Veterans or Veteran Spouses Who Have Health Insurance through the VA	26

Figure 5: Respondents' Access to the Internet 27

Figure 6: Extent to Which Respondents' Contacted an Agency or Someone for
Questions or Problems with Medicare or Health Insurance 29

Figure 7: Resources Contacted by Seniors for Solving Problems Related to Medicare
or Health Insurance 29

INTRODUCTION

The Pharmaceutical Assistance Contract for the Elderly, known as the PACE/PACENET Program (hereinafter referred as the Program), provides limited prescription coverage for qualified older Pennsylvanians of low to moderate income. The ability to assess the prescription coverage of older Pennsylvanians is critical to program planning and forecasting. A review of the literature on prescription drug costs and coverage for Medicare beneficiaries provided limited forecasting utility to the Program since the prescription drug costs and coverage studies that exist are not specific to Pennsylvania.

In order to examine more closely the needs of Pennsylvania's sixty-five and older population with regard to health insurance coverage in general, and more specifically, prescription drug coverage, the Program contracted with Penn State Harrisburg's Center for Survey Research (CSR) to conduct a statewide survey of older Pennsylvanians. That study was conducted in 2001, and it provided the Program with a critical baseline measure of the extent and nature of both health and prescription drug coverage for this particular population. A second study was conducted in 2003.

In 2007, the Program was in need of a follow-up study to explore the current needs of Pennsylvania's seniors along the same dimensions as those examined in the 2001 and 2003 study. Of particular interest in the 2007 study was the extent to which changes in the new Federal legislation related to Medicare Part D were viewed by Pennsylvania's seniors as being beneficial to them.

CSR utilized the same methodology as that employed for the 2001 and 2003 study, namely, a statewide, telephone survey of Pennsylvanians, age 65 and older, using random-digit dialing and a Computer-Assisted Telephone Interviewing System. A total of 1,762 interviews were completed between July 24 and September 30, 2007 with a cooperation rate of 49% and confidence interval of 95%, plus or minus 2.4%. This means that if the survey were conducted 100 times, the resulting data would be within 2.4 percentage points of the percentages reported in the current study in 95 of every 100 completed surveys. Additional information about the methodology for the current study and the survey instrument can be found in the Technical Compendium for the Study (see Appendix A for a table related to the final disposition of calls associated with the study).

PROFILE OF RESPONDENTS

As reported below in Table 1, 40% of the sample of males and 60% are females; 32% report their age as between 65 and 70, 24% as between 71 and 75, and 44% report their age as 76 or older. The majority of the sample are white (95%), and about four in 10 report having a high school education with only 9% reporting having a college degree. Almost half (46%) of respondents report being married or living with a partner and 40% say that they are widowed. When it comes to income, the highest percentage for married respondents is found in the \$18,000 to \$49,999 range (57%) and for single respondents, in the \$10,000 to \$23,999 range (55%). Forty-three percent of respondents report their household size as just a single person, 47% as two or more members, and only 10% report a household size of three or more members.

Table 1: Profile of Respondents (N = 1,762)*

	<u>Number</u>	<u>Percentage</u>
Gender		
Male	708	40
Female	1,054	60
Age		
65-70	563	32
71-75	415	24
76-80	374	21
80+	409	23
Race/ethnicity		
White	1,658	95
Non-white	90	5
Education		
Less than high school	267	15
High school/GED	744	42
Some college/tech degree	375	21
College graduate	165	9
Post graduate work	207	12
Marital status		
Married/living with a partner	806	46
Divorced	145	8
Widowed	709	40
Married, living separately	14	Less than 1%
Never married	83	5
Income-Married		
Under \$14,000	27	4
\$14,000-\$17,999	42	6
\$18,000-\$31,999	202	31
\$32,000-\$49,999	167	26
\$50,000-\$74,000	109	17
\$75,000 and over	106	16

Table 1: (Continued)

	<u>Number</u>	<u>Percentage</u>
Income-Single		
Under \$10,000	111	14
\$10,000-\$14,999	212	27
\$15,000-\$23,999	219	28
\$24,000-\$39,999	129	16
\$40,000-\$59,999	77	10
\$60,000 and over	41	5
Household size		
Single-member	761	43
Two-member	816	47
Three or more-member	176	10
Employment status		
Retired, but working	200	11
Retired, not working	1,351	77
Not retired, working	107	6
Not retired, not working/homemaker	100	6
Region		
Northwest	157	9
North Central	131	8
Northeast	230	13
Southwest	246	14
South Central	251	14
Southeast	425	24
Allegheny County	202	16
Philadelphia County	117	7
Rural vs. Urban		
Rural	613	35
Urban	1,149	65

*Numbers may not total to 1,762 and percentages to 100% due to missing data and/or rounding.

Overwhelmingly, respondents report that they are retired and not working (77%), with 11% saying that they are retired but still working. Six percent report that they are not retired and still working and another 6% say that they are not retired, not working, and/or are homemakers.

Also shown in Table 1, 9% of respondents reside in the Northwest region of Pennsylvania; 8% in the North Central region; 13% in the Northeast region; 14% in the Southwest region and in the South Central region; 24% in the Southeast region; 16% in Allegheny County; and, 7% in Philadelphia County (See Appendix B for a list illustrating the counties associated with the various regions). Finally, 35% of respondents reside in rural counties and 65% in urban counties.

PRESCRIPTION COVERAGE AND DRUG USE

This section of this report describes the extent and nature of prescription drug use and coverage among Pennsylvania's senior citizen population. Table 2 presents the differences in prescription drug coverage from any source by eight key regions of the Commonwealth. As indicated, 89% of Pennsylvania's seniors reported having some type of prescription drug coverage with 11% reporting that they had no assistance for prescription drugs from any source. Also shown in Table 2, there were very few differences found among the various regions. Although Allegheny and Philadelphia counties report the highest percentages for no coverage (12% and 15%, respectively), those differences were not statistically significant.

Table 2: Prescription Drug Coverage by Region
(N = 1,762; percentages reported)

REGION	<u>Some Rx Coverage</u>	<u>No Rx Coverage</u>
All Regions	89	11
Northwest	90	10
North Central	89	11
Northeast	90	10
Southwest	89	11
South Central	89	11
Southeast	89	11
Allegheny	88	12
Philadelphia	85	15

The information reported in Table 3 indicates that 36% of the sample reported having prescription drug assistance through an employer, either past or current and from either him/herself or a spouse; 49% reported being covered under Medicare Part D; 24% under some type of public assistance program (e.g. PACE, PACENET, etc.); and, 7% report receiving assistance for prescription drugs through the Veterans Administration. The numbers in Table 3 do not total to 1,762 or percentages to 100 because some respondents have more than one type of assistance program.

Table 3: Respondents' Reported Prescription Drug Coverage by Source

	<u>Number</u>	<u>Percent of Sample</u>
Under a health insurance program provided by current or former employer or spouse's employer	638	36
Through Medicare Part D	824	49
Some type of public program	411	24
Through the VA	126	7

QUESTIONS RELATED TO MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Several questions in the survey asked respondents about the new Medicare Part D prescription drug assistance. As reported above in Table 3, almost half (49%) of the sample reported being enrolled in Medicare Part D. Of those respondents not enrolled in this program, a question was asked about the reasons why they had not done so. Those results are reported in Table 4. Overwhelmingly, respondents not enrolled in Medicare Part D reported as a major reason for not doing so (73%) “I don’t need to enroll because I already have drug coverage under another plan.” Thirty-seven percent of the sample reported as either a major or minor reason, “I don’t think it will save me money.” Another 33% said that “It’s too complicated,” and 31% stated “It’s too hard to figure out which plan to choose.” It is noteworthy that 39% of those not enrolled in Medicare Part D reported either a major or minor reason as “I don’t know enough about it.”

Table 4: Respondents’ Reports of Reasons for Not Being Enrolled in a Medicare Drug Plan (Percentages reported)

	<u>Major Reason</u>	<u>Minor Reason</u>	<u>Not a Reason</u>
I don’t take enough prescriptions to need it.	19	13	63
It’s too hard to figure out which plan to choose.	21	10	64
I don’t think it will save me money.	28	9	53
It’s too complicated.	22	11	60
I don’t need to enroll because I already have drug coverage under another plan.	73	7	16
I don’t know enough about it.	24	15	57

Table 5 shows the results of an examination of statistically significant differences by Medicare Part D coverage and several background characteristics (age, race/ethnicity, education and income), region, and the number of prescriptions used in the month prior to the survey. As indicated, there were no statistically significant differences found by race/ethnicity or number of prescriptions utilized in the previous month. There were differences, however, found for age, education, income, and region. Older seniors, for example, were more likely to report “I don’t know” when asked about Medicare Part D coverage. Further, those in the 71-75 age category were more likely to report having such coverage (53%) than their cohorts in other age categories. Those respondents without a high school education (54%) were more likely to report having coverage than were their more educated counterparts. They also were more likely to report “I don’t know” (14%) to that question than those in any other education category.

When it comes to income, and for married respondents, the highest percentages for Medicare Part D coverage was found for those in the \$14,000 to \$17,999 income category (85%). Those in the over \$75,000 income category were the least likely to report having this type of coverage. For single respondents, a somewhat similar pattern was found. Those in the \$10,000 or under income category were much more likely to report having Medicare Part D coverage (65%) than were those in the higher income categories.

Table 5: Prescription Drug Coverage Through Medicare Part D by Selected Demographics, Region and Prescription Drug Use in the Last Month Preceding the Survey (Percentages reported)*

	<u>Yes</u>	<u>No</u>	<u>Don't know/Not sure</u>
Overall	49	42	9
Age*			
65-70	51	44	6
71-75	53	41	6
76-80	47	41	13
Over 80	45	41	14
Race/ethnicity			
White	49	42	9
Non-white	49	39	12
Education*			
Less than H/S	54	31	14
High school/GED	49	42	9
Some college/tech degree	48	45	7
College graduate	47	46	8
Post graduate work	45	45	10
Income-married*			
Under \$14,000	42	39	19
\$14,000-17,999	85	13	3
\$18,000-31,999	48	44	9
\$32,000-49,999	48	47	4
\$50,000-74,000	44	50	5
\$75,000 and over	34	62	4
Income-single*			
Under \$10,000	65	22	13
\$10,000-14,999	54	31	16
\$15,000-23,999	50	41	7
\$24,000-39,999	47	46	10
\$40,000-59,999	37	59	4
\$60,000 and over	56	33	11

Table 5: (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't know/Not sure</u>
Region*			
Northwest	51	42	7
North Central	47	41	11
Northeast	47	45	8
Southwest	53	33	14
South Central	48	47	5
Southeast	47	47	7
Allegheny	52	36	11
Philadelphia	47	38	15
Rx usage in previous month			
None	59	34	7
1-2	53	40	7
3-4	54	40	6
5 or more	53	38	9

*Denotes significance at $p = .05$ or better.

By region, and also shown in Table 5, those respondents residing in Southwest Pennsylvania were more likely to report having Medicare Part D coverage (53%) than were those living in other regions. However, a high percentage of seniors with such coverage is also associated with both the Northwest (51%) and the Allegheny County (52%) regions.

When it comes to out-of-pocket costs for prescription drugs, and as shown in Table 6 below, those respondents who have Medicare Part D coverage spend, on the average, more per year on out-of-pocket costs than do those respondents who report not having Part D coverage.

Table 6: Extent to Which Higher Out-of-Pocket Costs Predicts Having Medicare Part D Coverage

	<u>Average (Mean) Out-of-Pocket Expenses</u>
Respondents Who Have Part D Coverage	\$1,427
Respondents without Part D Coverage	\$1,400

Significant at $p = .008$.

Respondents were next asked to respond to the question, “How did you choose your Part D plan?” As shown in Table 7, 31% said that they were assigned to a plan by a health insurer or agency; 18% said that someone helped them choose; 43% reported that they chose the plan on their own; and, 8% said that they did not know or were not sure how they chose their Part D plan.

Table 7: Method Used by Respondent to Choose Part D Plan (N = 733)

Question: “How did you choose your Part D plan?”

Chose on my own	43%
Assigned to a plan by health insurer or an agency	31%
Someone helped me to choose	18%
Don’t know/Not sure	8%

Table 8 illustrates information about the extent to which respondents made a comparison of Part D plan costs and coverage. The sample is split on this question with 48% saying they did such comparisons and 47% stating that they did not.

Table 8: Extent to Which the Respondent Made a Comparison of Plan Costs and Coverage (N = 733)

Question: “Before you finally chose your plan, did you or the person helping you do a comparison of plan costs and coverage based on your own drug use or situation?”

	<u>Number</u>	<u>Percent</u>
Yes	349	48
No	343	47
Don’t know/Not sure	40	5

For those who reported that they did do a comparison of plan costs and coverage:

- 64% (N = 226) reported using information that was mailed to their home;
- 19% (N = 65) used information provided by an insurance agent who came to their home and 21% (N = 75) used information that was provided by an insurance company at a public meeting; and,
- 25% (N = 86) said that they looked up information on the Internet.

When asked about the most important reason for choosing their Medicare Part D plan, and as shown in Table 9, 29%, the highest percentage shown said that they did not know or were not sure. Sixteen percent reported that they chose their plan based on a recommendation from someone already enrolled, with another 16% saying “the amount the plan charges in monthly premiums.” Fourteen percent of the sample said that they chose their plan because of the reputation of the company offering the plan, and 12% because of the amount the plan charges for each prescription. Fewer respondents reported that they chose their plan because of specific drugs covered by the plan (6%) or because the plan provides prescription coverage through the coverage gap or donut hole (6%).

Table 9: Most Important Reason for Choosing Medicare Part D (N = 733)

	<u>Number</u>	<u>Percent</u>
Recommendation from someone already enrolled.	119	16
Amount the plan charges for each Rx.	88	12
Specific drugs covered by the plan.	47	6
Amount the plan charges in monthly premiums.	114	16
Reputation of the company offering the plan.	104	14
Plan provides Rx coverage through the coverage gap or donut hole.	47	6
Don't know/Not sure	209	29

When it comes to problems associated with their Medicare Part D plan, the highest percentages in the “major problem” category were for “paying costs you had not expected” (8%) and, “switching medications because one of the drugs you were taking was not covered” (6%). Other problems, reported by at least 5% of the sample, included: “getting Rx medicines,” “switching from a brand-name drug to a generic drug”, and “leaving the pharmacy without your Rx because one of the drugs you were taking was not covered” (see Table 10).

**Table 10: Problems Associated with Medicare Drug Plan (N = 733)
(Percentage reported)**

	<u>Not a Problem</u>	<u>Minor Problem</u>	<u>Major Problem</u>
Getting your enrollment card?	94	2	2
Getting your Rx medicines?	91	4	4
Paying costs you had not expected?	82	9	8
Dealing with a billing mistake?	93	5	2
Switching medications because one of the drugs you were taking was not covered?	83	10	6
Switching from a brand-name drug to a generic drug?	86	9	4
Leaving the pharmacy without your Rx because one of the drugs you were taking was not covered?	89	6	4
Leaving the pharmacy without your Rx because you could not afford it?	92	5	3

Of the 231 respondents who said that they had a problem associated with their Medicare Part D plan, 80% reported that the problem had been resolved, 16% indicated that their problem had not been resolved, and 3% said that they did not know or were not sure as to whether the problem had been resolved.

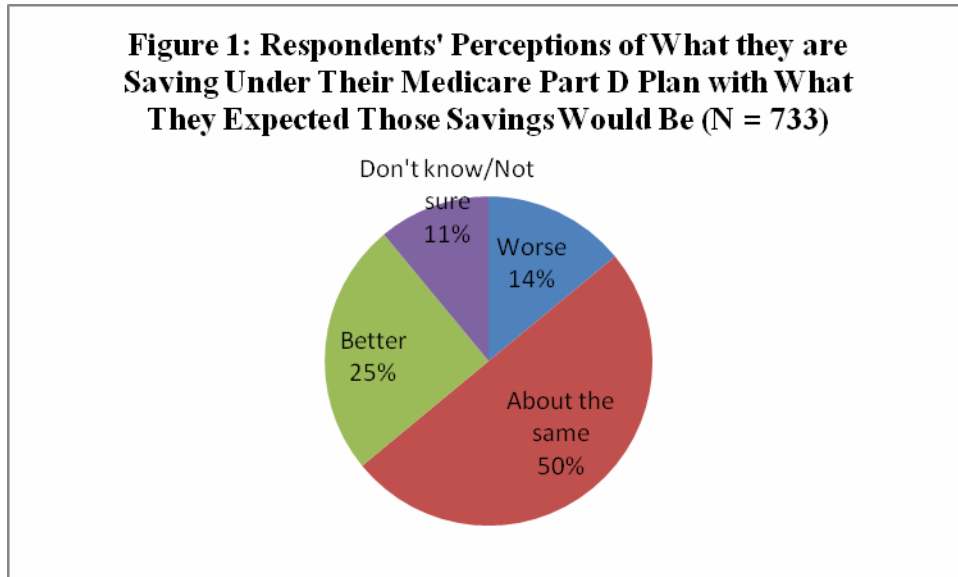
As indicated in Table 11, 20% of respondents said that they were spending more money on prescription drugs since enrolling in a Medicare prescription drug program; 38% said they were spending less money; 37% reported spending about the same as before; and, 6% of the sample said that they either did not know or were not sure.

Table 11: Extent to Which Respondents are Spending More or Less on Prescriptions Since Enrolling in the Medicare Prescription Drug Program (N=733)

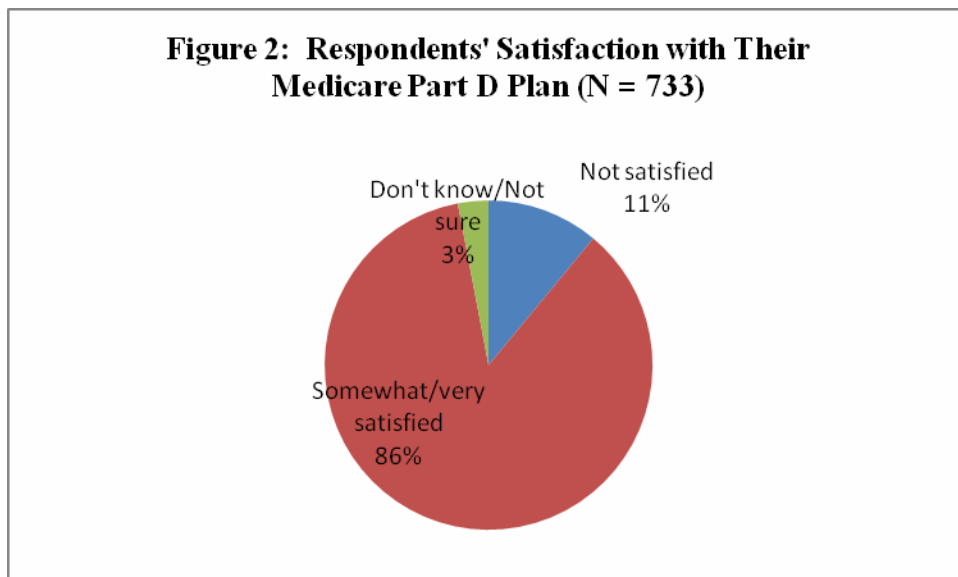
Question: “Since enrolling in the Medicare prescription drug program, are you spending more money, less money, or about the same as before on prescription drugs?”

	<u>Number</u>	<u>Percent</u>
Spending more money	143	20
Spending less money	278	38
Spending about the same as before	269	37
Don’t know/Not sure	41	6

When asked the extent to which they were saving under their Medicare Part D plan compared to what they expected they would save, half of the sample (50%) said that things were about the same; 25%, however, said that they were saving more than they expected. Only 14% of respondents said that their savings were worse than what they expected to save under the new drug assistance plan (see Figure 1).

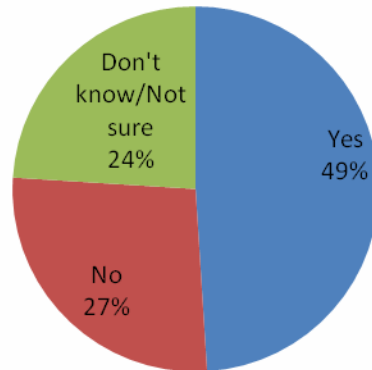


When it comes to their satisfaction with their Medicare Part D plan, as indicated in Figure 2, a majority of respondents said that they were either somewhat or very satisfied with their plan.



Almost half (49%) of respondents reported that their Medicare Part D plan contains a gap in coverage (donut hole). Twenty-seven percent responded “no” to that question; 24%, however, said they did not know or were not sure (see Figure 3).

Figure 3: Respondents Report Whether Their Part D Plan Contains a Gap or Donut Hole (N = 733)



The information reported in Table 12 suggests that of those respondents who reported having a gap in coverage with their Medicare Part D plan, well over half (59%) said that they did not believe they had or would reach that gap. Fourteen percent said that they had already reached that gap at the time of the interview, and 15% said they expected to reach that gap in coverage. Eleven percent of respondents said that they did not know or were not sure.

Table 12: Extent to Which Respondents Expect to Reach the Coverage Gap or Donut Hole (N = 356)

Question: “Based on your prescription drug use so far this year, have you reached or do you anticipate reaching the coverage gap or donut hole? The donut hole is reached after \$2,400 in medication expenses.”

	<u>Number</u>	<u>Percent</u>
Have already reached	51	14
Expect to reach	54	15
Will not reach	213	59
Don't know if will reach	38	11

Statistically significant differences were examined on the question of respondents' satisfaction with their Medicare Part D plan and whether their plan included a coverage gap as well as whether they made a comparison of plan costs and coverage prior to enrolling in a plan. No differences were found related to levels of satisfaction when it came to whether respondents comparison shopped. Statistically significant differences were found, however, for whether or not respondents' plans contained a coverage gap. As shown in Table 13, a higher degree of satisfaction was found for those who reported no coverage gap (94%) than was found for those who reported having a gap in coverage under their Medicare Part D plan (83%).

Table 13: Satisfaction with Medicare Drug Plan by Whether Respondent Reports Having a Gap in Coverage (Donut Hole) and Whether They Compared Before Enrolling in Medicare Drug Plan (Percentages reported)

	<u>Not at all/Not too satisfied</u>	<u>Somewhat/Very satisfied</u>
Does Plan Include a Coverage Gap?*		
Yes	17	83
No	6	94
Don't know/Not sure	7	92
Did you or the person helping you do a comparison of plan costs and coverage?		
Yes	11	89
No	12	88
Don't know/Not sure	17	83

*Denotes significance at .000.

When asked for their opinions about whether the Medicare drug plans are working well, those with Part D assistance gave slightly different responses than did those without that assistance. As shown in Table 14, 71% of those respondents with Part D coverage said that their program was “working well and that no real changes are needed.” Only 21% of respondents without Part D coverage agreed with that statement. Further, whereas one-third (33%) of seniors with Part D coverage said that the program is “not working well and should be replaced,” 57% of seniors without such coverage agreed with that statement.

Table 14: Respondents’ Perceptions About the Extent to Which the Medicare Drug Plans are Working by Has or Does Not Have Medicare Part D Assistance*

Question: “Overall, would you say the new Medicare drug benefit is working well and no real changes are needed, could be improved with some minor changes, is not working well and needs major changes, or is not working well and should be replaced?”

	Percentages reported**	
	<u>Has Part D</u>	<u>Does not have Part D</u>
Working well and no real changes are needed.	71	21
Could be improved with some minor changes.	63	28
Not working well and needs major changes.	49	44
Not working well and should be replaced.	33	57
Don’t know/Not sure.	19	70

*Statistically significant differences found at $p = .000$.

**Note: Percentages may not total to 100 due to missing information.

When asked about the percentage of medicine costs covered by their prescription drug plan, almost half (49%) of the survey responded “almost all or all of it.” Twenty-seven percent reported “about half, or up to 74%”, and 9% reported “less than half” (see Table 15).

Table 15: Percent of Medicine Costs Covered by Respondents’ Prescription Drug Plan(s)
(N = 1,599)

Question: “Now, thinking about just your total medicine cost, what percent of your total medicine cost does your prescription plan pay? Would you say that is...”

	<u>Number</u>	<u>Percent</u>
Less than half	150	9
About half, up to 74%	432	27
Almost or all of it (75% to 100%)	775	49
Don’t know/Not sure	242	15

As shown in Table 16, well over a majority (90%) of respondents said that they did not delay or fail to get a prescription filled due to costs. There were no statistically significant differences found between those with coverage and those without coverage when it comes to delaying or failing to get a prescription filled. There were, however, statistically significant differences across 2001, 2003, and 2007. A higher percentage of seniors reported failing to get a prescription filled due to concerns about costs in 2003 (19%) than in either 2001 (16%) and for the current study (2007 = 10%).

Table 16: Unfilled or Delayed Prescriptions Due to Costs (Percentages reported)*

Question: “During the last 12 months, how many times did you decide not to fill a prescription because it was too expensive?”

	<u>Survey Year 2001</u>	<u>Survey Year 2003</u>	<u>Survey Year 2007</u>
None	84	81	90
One or more times	16	19	10

*p = .000

There were, however, statistically significant differences found when it comes to income and the number of times a respondent decided not to get a prescription filled because they considered it too expensive. The greatest differences, however, are found for married respondents. Bivariate correlations reveal that for both single and married respondents, as income increases, the less likely it is that an individual failed to get a prescription filled (see Table 17).

Table 17: Relationship between the Number of Times Respondents Delayed Getting a Prescription Filled and Out-of-Pocket Costs and Income

	<u>Pearson's r</u>	<u>Significance</u>
Income – Single	-.091	.01
Income – Married	-.162	.00

The data in Table 18 represent a profile of Pennsylvania’s seniors who reported having no prescription drug coverage from any source (N = 201; 11%). Twenty nine percent of seniors in the 80 or older category say that they have no coverage compared with 19% of seniors in the 71-75 category; 42% have a high school education, with 11% reporting that they have a college degree. Forty-five percent are widowed, and 35% of single respondents are in the \$15,000 to \$23,999 income category. The highest percentage for married respondents without prescription drug coverage when it comes to income is in the \$18,000 to \$31,999 income category (52%). By region, 23% of respondents reside in the Southeast region of the Commonwealth and 64% of seniors who report having no prescription drug coverage reside in urban areas. For “general health,” 42% of seniors who report not having prescription coverage say that their overall general health is either “very good” or “excellent,” with 24% saying that their general health is either poor or fair.

The data were examined for statistically significant differences between those with and without prescription drug coverage, using the same variables included in Table 17. No significant differences were found for race, education, income for single respondents, region, urban vs. rural, or general health. Statistically significant differences were found, however, for age and income for married respondents. These differences are reflected in Table 17 and are reported above.

An overwhelming number of respondents (N = 1,696; 96%) reported that in the last 12 months prior to the survey, they did not avoid seeing a doctor because of concerns about the cost of prescription drugs.

Table 18: Profile of Respondents Who Report Having No Prescription Drug Coverage from Any Source (N = 201)

	<u>Number</u>	<u>Percent</u>
Age*		
65-70	54	27
71-75	38	19
76-80	50	25
Over 80	59	29
Race/ethnicity		
White	187	95
Non-white	11	5
Education		
Less than high school	38	19
High school/GED	82	42
Some college/technical degree	35	18
College graduate	22	11
Post-graduate work	20	10

Table 18: (Continued)

	<u>Number</u>	<u>Percent</u>
Marital status*		
Married/living together as a couple	75	38
Divorced	15	8
Widowed	90	45
Married, but living separately	4	2
Never married	15	8
Income – Single		
Under \$10,000	11	12
\$10,000 to \$14,999	21	23
\$15,000 to \$23,999	32	35
\$24,000 to \$39,999	16	18
\$40,000 to \$59,000	8	9
\$60,000 plus	3	3
Income – Married		
Under \$14,000	6	10
\$14,000 to \$17,999	3	5
\$18,000 to \$31,999	32	52
\$32,000 to \$49,999	11	19
\$50,000 to \$74,000	7	11
\$75,000 plus	2	4
Region		
Northwest	16	8
North Central	15	8
Northeast	23	12
Southwest	28	14
South Central	28	14
Southeast	46	23
Allegheny	25	12
Philadelphia	18	9
Urban vs. Rural		
Urban	130	64
Rural	72	36
General Health Status		
Poor/fair	47	24
Good	68	34
Very good/excellent	83	42

CHANGES OVER TIME RELATED TO NUMBER OF PRESCRIPTIONS FILLED AND OUT-OF-POCKET COSTS ASSOCIATED WITH THOSE PRESCRIPTIONS

Common questions were asked of respondents across the three time periods, 2001, 2003, and 2007, that asked respondents to report the number of prescription drugs they had used in the month prior to the survey and about their estimates associated with out-of-pocket costs for those drugs.

As shown in Table 19, there were statistically significant differences found across the three surveys related to number of prescriptions filled by Pennsylvania’s seniors. It appears that, over time, seniors are using more prescription drugs in 2007 (mean = 5.1) than they did in either 2003 (mean = 4.5) or 2001 (mean = 3.9).

Table 19: Changes over Time Related to the Number of Prescriptions Filled by Pennsylvania’s Seniors*

	<u>Mean</u>	<u>Standard Deviation</u>
2001	3.94	3.121
2003	4.45	6.385
2007	5.10	6.201

*p = .000

Average out-of-pocket costs associated with prescription drugs rose between 2001 (\$84.20) and 2003 (\$195.30), but then dropped down to \$89.78 for 2007. These differences are statistically significant (see Table 20).

Table 20: Changes over Time Related to the Out-of-Pocket Costs Associated with Prescription Drugs*

	<u>Mean</u>	<u>Std. dev.</u>
2001	\$84.20	128.13
2003	\$195.30	302.55
2007	\$89.78	258.03

*p = .000

QUALITY OF LIFE ISSUES FOR PENNSYLVANIA’S ELDERLY POPULATION

A common question about the overall general health of Pennsylvania’s seniors was included in the 2001, 2003, and 2007 (current) survey. An examination of the question, “Would you say that your general physical health is poor, fair, good, very good, or excellent,” by survey year shows that there are statistically significant differences over time. As shown in Table 21, whereas 26% of respondents in 2001 reported their general health as either “poor or fair,” a little over one third (37%) did so in 2007.

Table 21: Respondents’ Perceptions of Their General Health: 2001, 2003, and 2007 (Percentages reported)*

Question: “Would you say that your general health is...”

	<u>2001</u>	<u>2003</u>	<u>2007</u>
Poor/fair	26	25	37
Good	39	35	35
Very good/excellent	35	40	29

*Significance at $p = .000$.

Three separate questions about respondents’ physical and mental health were included in the 2007 survey. First, respondents were asked to report, for the last 30 days prior to the survey, the number of days that their physical health was not good. They were next asked to report the number of days in the past 30 days that their mental health was not good. One final question asked respondents to report the number of days leading up to the survey that their poor physical or mental health kept them from doing their usual activities. The mean (average) numbers of days that respondents reported related to these three questions are summarized below:

- Mean (average) number of days respondents reported being in poor *physical* health in the month prior to the study = 5.8;
- Mean (average) number of days respondents reported being in poor *mental* health in the month prior to the study = 2.2; and,
- Mean (average) number of days in the 30 days prior to the study that respondents said that their poor physical or mental health kept them from doing their usual activities = 5.6;

Significant differences were found by age when it comes to mean number of days respondents reported being in poor physical health with those in the “over 80” years of age category reporting a higher number of days (mean = 7.0) than those in the 65-70 (mean = 4.8), the 71-75 (mean =

5.5), or the 76-80 (mean = 6.5) age categories. No significant differences were found by race/ethnicity on any of these questions.

Although, as reported earlier, only 4% (65 respondents) reported that they avoided seeing a doctor in the past 12 months because of a concern about the costs of prescription drugs, statistically significant differences were found between those who responded no and yes to that question when it comes to questions about respondents' physical and mental health. As shown in Table 22, those who responded "yes" to that question reported a higher average number of days for being in poor physical health, poor mental health, and the number of days that both their physical and mental health kept them from performing their usual activities than did those who responded "no" to that question. This means that those respondents who are in poorer physical and mental health were more likely to delay seeing a doctor more so than those in better physical and mental health.

Table 22: Differences in Avoided Seeing a Doctor Because of Concerns about the Cost of Prescription Drugs by Perceptions about General Health (Average Number of Days Reported)

Question: "During the last 12 months, was there any time you avoided seeing a doctor because of concerns about the cost of prescription drugs?"

	<u>Yes</u>	<u>No</u>	<u>Sig.</u>
For how many days during the past 30 days Respondent's physical health was not good.	8.7	5.7	.018
For how many days during the past 30 days Respondent's mental health was not good.	5.6	2.1	.000
For how many days during the past 30 days Respondent's mental or physical health kept the person from performing usual activities.	8.1	5.5	.079

ADDITIONAL QUESTIONS ABOUT FOREIGN PHARMACIES, COPAYS, AND DEDUCTIBLES

Foreign Pharmacies

One additional question about prescription drugs asked respondents whether, at any time during the year leading up to the survey, they used a pharmacy outside the United States. Only 35 respondents said “yes” to that question (2%). Fifty-six percent of those individuals said they did so because they were trying to save money.

Copays and Deductibles

Several questions were asked of respondents that dealt with copays and deductibles. Copays were defined as “out-of-pocket expenses associated with the purchase of a prescription drug.” Deductibles were described as, “With a deductible, you have to pay up to a certain amount on your own before your prescription drug coverage benefits begin. Does your drug coverage have a deductible?” The data in Table 23 indicate that 86% of the sample said that they have a copay, with a range of \$1.00 to \$250.00. The average amount of copays associated with prescription drugs is \$13.21. Further, 23% of the sample reported having a deductible with 53% of those individuals reporting it as \$500 or less, 5% as \$500 or more, and 42% saying that that they either did not know or were not sure.

When it comes to how often a deductible has to be met, two-thirds (66%) of respondents reported that as annually; 3% as quarterly; 10% as monthly; 6% as “other”; and 14% said that they did not know or were not sure.

Table 23: Characteristics of Copay Expenses and Deductibles (Percent responding “yes”)

	<u>Number</u>	<u>Percent</u>
<u>Do you have a copay?</u>	1,382	86
Range	\$1 to \$250	
Average copay	\$13.21	
<u>Do you have a deductible?</u>	375	23
\$500 or less =		53%
\$500 or more =		5%
Don’t know/Not sure =		42%

Brand and Generic Copays

Several additional questions were included that addressed copays related to brand drugs, generic drugs, and drugs on the preferred drug list. Some respondents reported having copays based on dollar amounts while others reported copays based on a percentage. The results of those questions are best summarized as:

- 90% of respondents reported having a copay for brand drugs with 57% of those saying that their copay is based on a dollar amount;
- The average dollar amount associated with copays for brand drugs was reported as \$44.80;
- Thirteen percent of respondents said that the brand drugs copay is based on a percentage with the most frequent percentages reported as 15, 20 and 25% copays;
- 88% of seniors said that they had a copay associated with generic drugs with 61% saying that the copay is based on a dollar amount;
- The average dollar amount associated with copays for generic drugs was reported as \$8.84;
- Only 10% of respondents said that they copay associated with generic drugs was based on a percentage amount; The most frequent percentages under these circumstances was reported as 20, 25 and 50% copays;
- For those prescriptions on a non-preferred drug list (29% of seniors reporting having a copay for these drugs), over half are based on a dollar amount (54%) with the average being \$39.79; and,
- For those 12% of respondents who reported having a copay for prescriptions on the non-preferred drug list based on a percentage, 38% reported that percentage as 50% or lower; 9% as between 51% and 80%; and 52% said that they did not know what percentage was associated with a copay for prescriptions on the non-preferred drug list.

QUESTIONS RELATED TO HEALTHCARE COVERAGE

Only 20 respondents said that they had no health insurance in the year leading up to the survey. This means that 99% of the sample (N = 1,739) reported having some type of health insurance. The 20 respondents who reported having no health insurance were asked a follow up question, “Does that mean that you are not covered by Medicare, even though you are age 65 or older?” Three respondents said “Correct, I am not covered by Medicare,” although the remaining 16 respondents said, “No, that is not correct. I am covered by Medicare.” This means that nearly the entire sample associated with the 2007 survey was covered by some type of health insurance in the 12 months prior to participating in the survey.

Table 24 below describes the type of health insurance that Pennsylvania’s seniors report having.

Table 24: Type of Health Insurance Reported by Pennsylvania’s Seniors

	Respondents who reported “yes”	
	<u>Number</u>	<u>Percent</u>
Medicare	1,674	96
Federal retiree w/out Medicare	6	7
Access card, Medical Assistance, or Welfare health insurance	85	5
Military healthcare, CHAMPUS, CHAMP-VA, OR VA	3	4
Current employer or spouse’s employer	33	50*

*This does not indicate that half of the sample is covered by an employer or spouse’s employer. Rather, this indicates that of those who reported that they or their spouse were working, half of them said that they were current for health insurance by an employer.

When asked about the type of Medicare coverage held by respondents, 22% reported “An HMO or PPO or Medicare Advantage Plan”. Another 62% reported, “Regular Medicare, fee-for-service”. Only 2% reported “Medicare private fee-for-service plan. It should be noted, however, that 14% of the sample responded “don’t know/not sure” to that question.

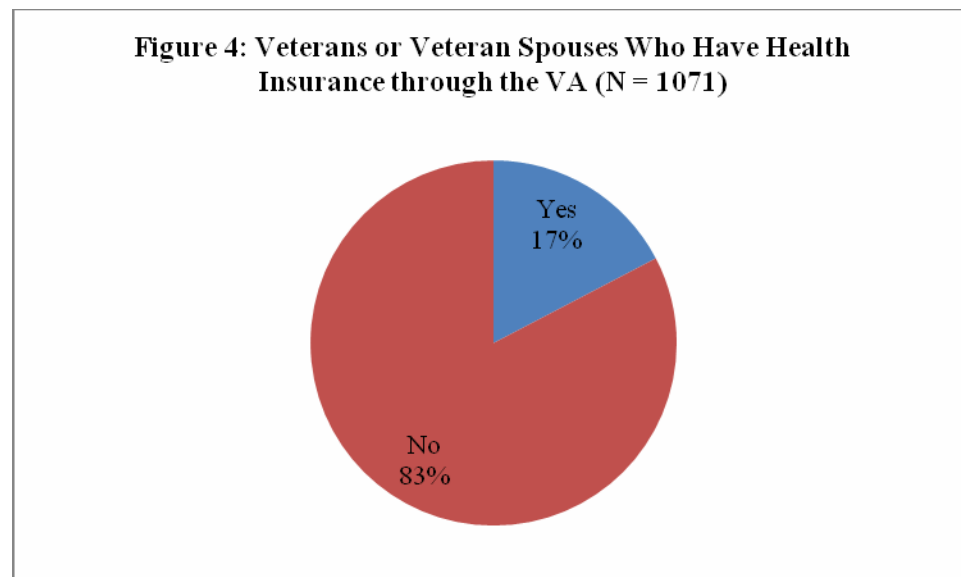
Eighty-five respondents (5%) said that they received some assistance through the County Assistance Office of the Department of Public Welfare.

RESPONDENTS REPORTING AS A VETERAN OR THE SPOUSE OF A VETERAN

As shown below in Table 25, 27% of the sample says that they are a veteran and 46% that they are the spouse of a veteran. When it comes to having health insurance through the VA, 17% say that they do so (combined responses for both veterans and spouses of veterans) (See Figure 4).

Table 25: Respondents Reporting Being a Veteran or the Spouse of a Veteran

	Those responding “yes”	
	<u>Number</u>	<u>Percent</u>
Are you a veteran?	477	27
Are you the spouse of a veteran?	594	46



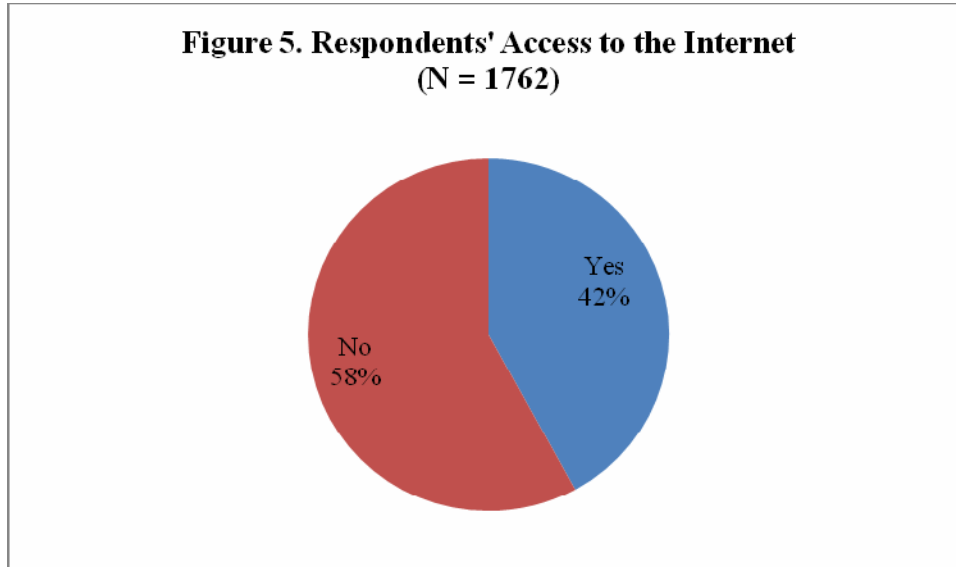
When it comes to reasons that veterans or their spouses are not registered to receive health services at a Department of Veteran’s Affairs or through a VA facility, a third (33%) report, “I don’t think I’m eligible for benefits from the VA.” Six percent report that they tried but were denied benefits through the VA, and 6% say that it either is too far of a drive to a VA facility or that the wait is “too long.”

Fifty percent of veterans or their spouses, however, listed some other reason for why they do not have benefits through the VA. Those reasons are best summarized here as:

- Having sufficient coverage from some other source;
- Get better coverage from some other source;
- Unclear about whether they would be covered; and,
- Never have looked into and concerns about the length of time it would take.

QUESTIONS RELATED TO INTERNET USAGE BY PENNSYLVANIA'S SENIORS

As shown below in Figure 5, 42% of respondents said that they have access to the Internet. That percentage was lower in the 2003 survey when 35% of seniors indicated that they had access to the Internet. Whereas 10% of seniors in 2003 reported using the computer or Internet to get information about Medicare or other health insurance, 35% did so in 2007. Fifteen percent of respondents also reported that someone else had used the Internet to get information for them.



In the 2007 survey, 95% of those who have access to the Internet said that they access the Internet most often at home or at the home of a family member or friend. Less than one percent of respondents say that they access the Internet at either the library or a senior center.

Differences by age, region, and urban vs. rural were examined when it comes to Internet usage by respondents. As shown in Table 26, no differences were found between those residents who reside in urban areas and those who reside in rural areas. Statistically significant differences were found, however, for both age and region. As might be expected, older respondents (e.g. aged 80 and over) were less likely to report having access to the Internet (31%) than were their younger counterparts. Further, residents in the Southwest, and in both Allegheny and Philadelphia counties were less likely to report having access to the Internet than were residents in the remaining regions.

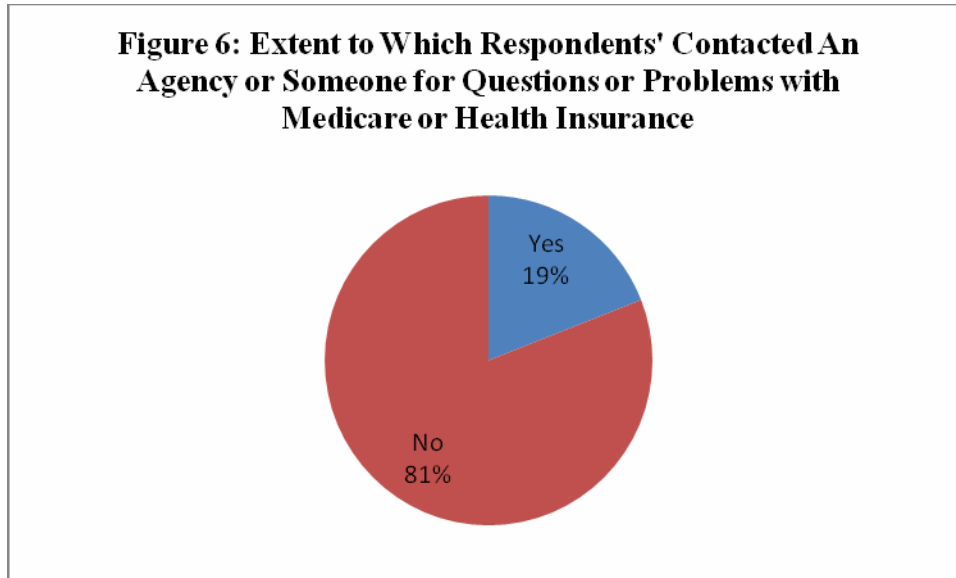
**Table 26: Access to the Internet by Age, Region, and Urban vs. Rural
(Percentages reported)**

	<u>Yes</u>	<u>No</u>
Overall	42	58
Age*		
65-70	45	23
71-75	27	21
76-80	16	25
80 and over	12	31
Region*		
Northwest	47	54
North Central	52	48
Northeast	41	59
Southwest	35	65
South Central	40	60
Southeast	48	52
Allegheny	36	64
Philadelphia	35	65
Urban vs. Rural		
Urban	34	66
Rural	35	65

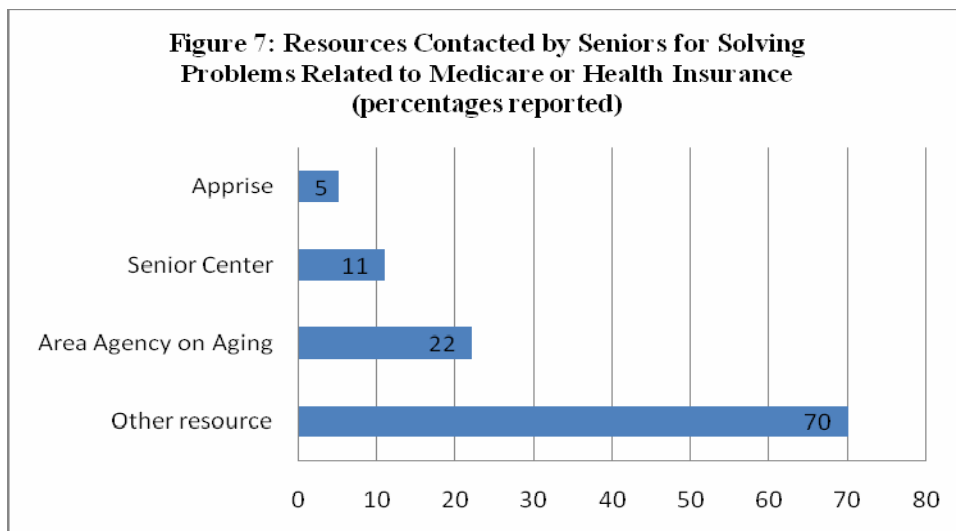
*Denotes significance at $p = .000$.

RESPONDENTS' USE OF VARIOUS AGENCIES FOR OBTAINING INFORMATION ON MEDICARE OR HEALTH INSURANCE PROBLEMS

As shown in Figure 6, 19% of respondents said that they contacted or called an agency, group, or person, within the year prior to the survey, to get information or help related to Medicare or health insurance problems.



When asked about the agencies or persons they contacted for problems associated with Medicare or health insurance, as indicated in Figure 7, 22% reported that they contacted the Area Agency on Aging, 11% a senior center, and 5% reported that they contacted the Apprise health insurance counseling program. Most seniors (70%) reported contacting some other source. An examination of the open-ended responses to those questions reveals that the resources most often cited by respondents include: Medicare, AARP, the Veteran's Association, or their health insurance provider (e.g. Highmark, Blue Shield, etc.).



APPENDIX A: DISPOSITIONS OF CALLS FOR THE 2007 SURVEY

[HOLD THIS PAGE FOR DISPOSITIONS]

APPENDIX B: LIST OF PENNSYLVANIA'S REGIONS

Northwest Region

Cameron County
Clarion County
Clearfield County
Crawford County
Elk County
Erie County
Jefferson County
Lawrence County
McKean County
Mercer County
Venango County
Warren County

North Central Region

Bradford County
Centre County
Clinton County
Columbia County
Lycoming County
Montour County
Northumberland County
Potter County
Snyder County
Sullivan County
Tioga County
Union County

Northeast Region

Carbon County
Lackawanna County
Lehigh County
Luzerne County
Monroe County
Northampton County
Pike County
Susquehanna County
Wayne County
Wyoming County

Southwest Region

Armstrong County
Beaver County
Butler County

Cambria County
Fayette County
Greene County
Indiana County
Somerset County
Washington County
Westmoreland County

South Central Region

Adams County
Bedford County
Blair County
Cumberland County
Dauphin County
Franklin County
Fulton County
Huntingdon County
Juniata County
Lebanon County
Mifflin County
Perry County
York County

Southeast Region

Berks County
Bucks County
Chester County
Delaware County
Lancaster County
Montgomery County
Schuylkill County

Allegheny Region

Allegheny County

Philadelphia Region

Philadelphia County