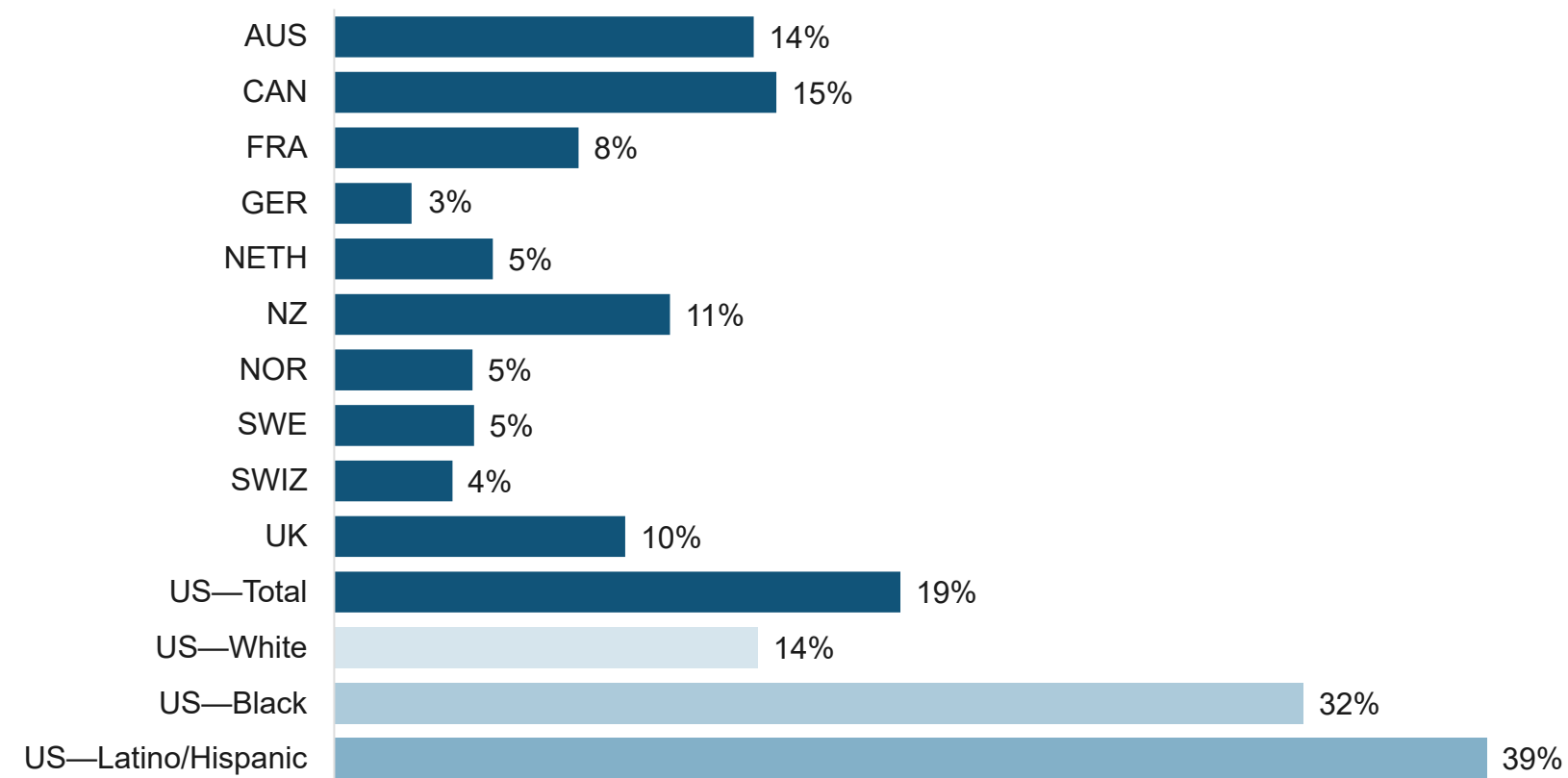


# Older adults in the U.S. were the most likely to experience economic difficulties related to the pandemic.

Percent of adults age 65+ who reported either using up all or most of their savings or losing job/source of income because of the coronavirus pandemic

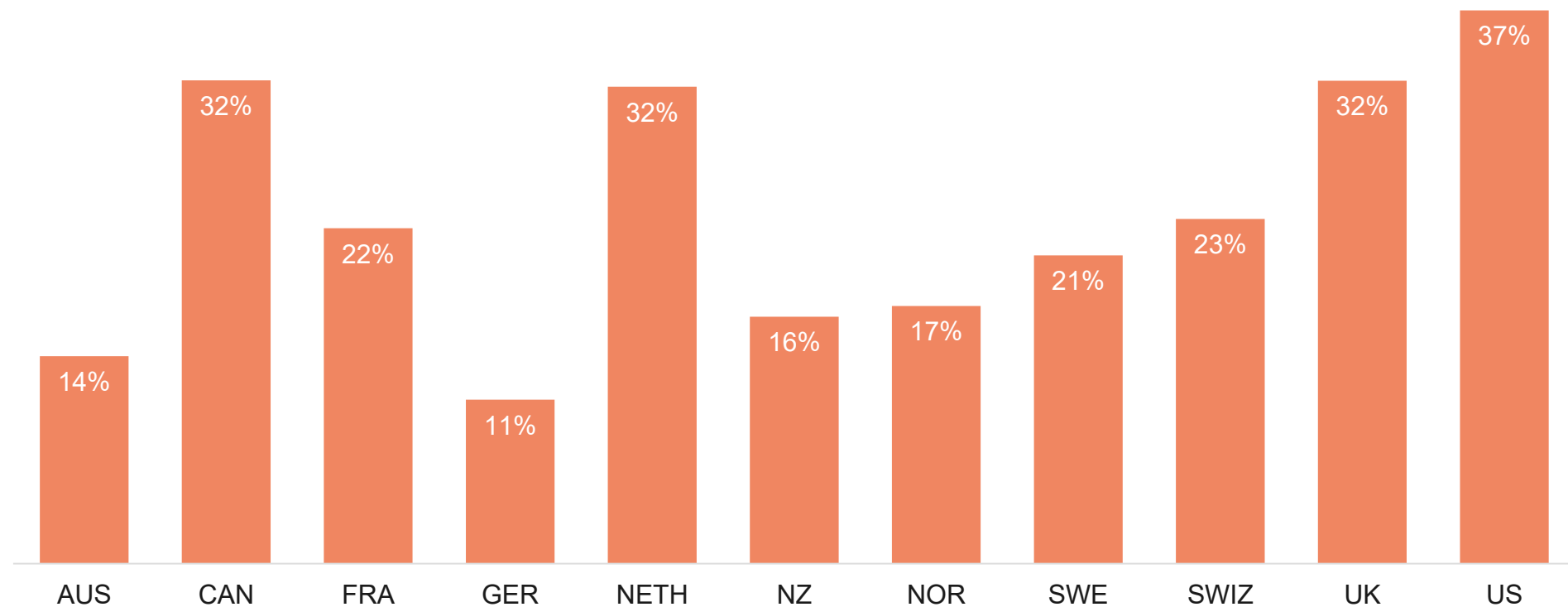


Notes: Differences between US and all other surveyed countries except AUS were statistically significant at the  $p < 0.05$  level. Within US, differences between white respondents and both Black and Latino/Hispanic respondents were statistically significant at the  $p < 0.05$  level.

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

# Among older adults with multiple chronic conditions, those in the U.S. were among the most likely to have appointments cancelled or postponed because of the pandemic.

*Percent of adults age 65+ with two or more chronic conditions who reported they had an appointment with a doctor or other health care professional cancelled or postponed because of the coronavirus pandemic*

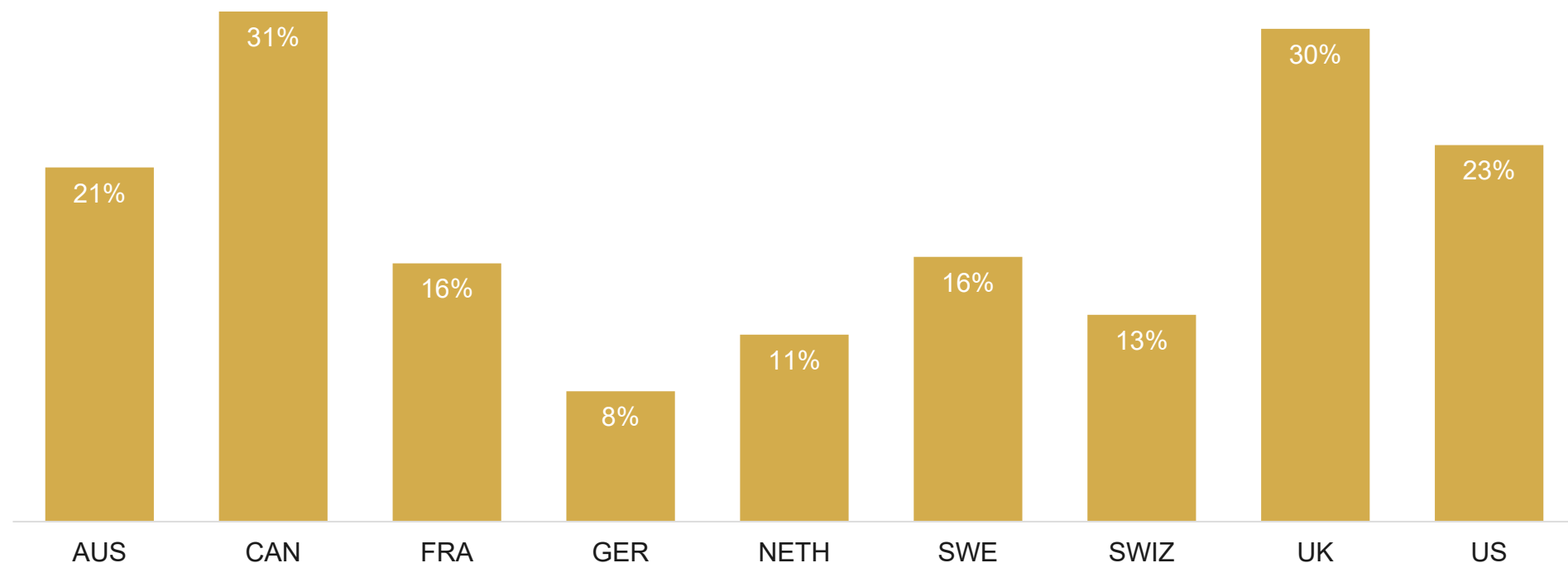


Notes: Respondents reported ever being told by a doctor they had at least two of the following conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or COPD; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke. Differences between US and all other surveyed countries except CAN, NETH, and UK were statistically significant at the  $p < 0.05$  level.

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

# Among older adults needing help with daily activities, those in Canada, the U.K., the U.S., and Australia were the most likely to say they did not receive needed help because services were cancelled or very limited during the pandemic.

*Percent of adults age 65+ who reported needing help with instrumental activities of daily living who said they did not receive needed help during the past year because services were cancelled or very limited due to the coronavirus pandemic*

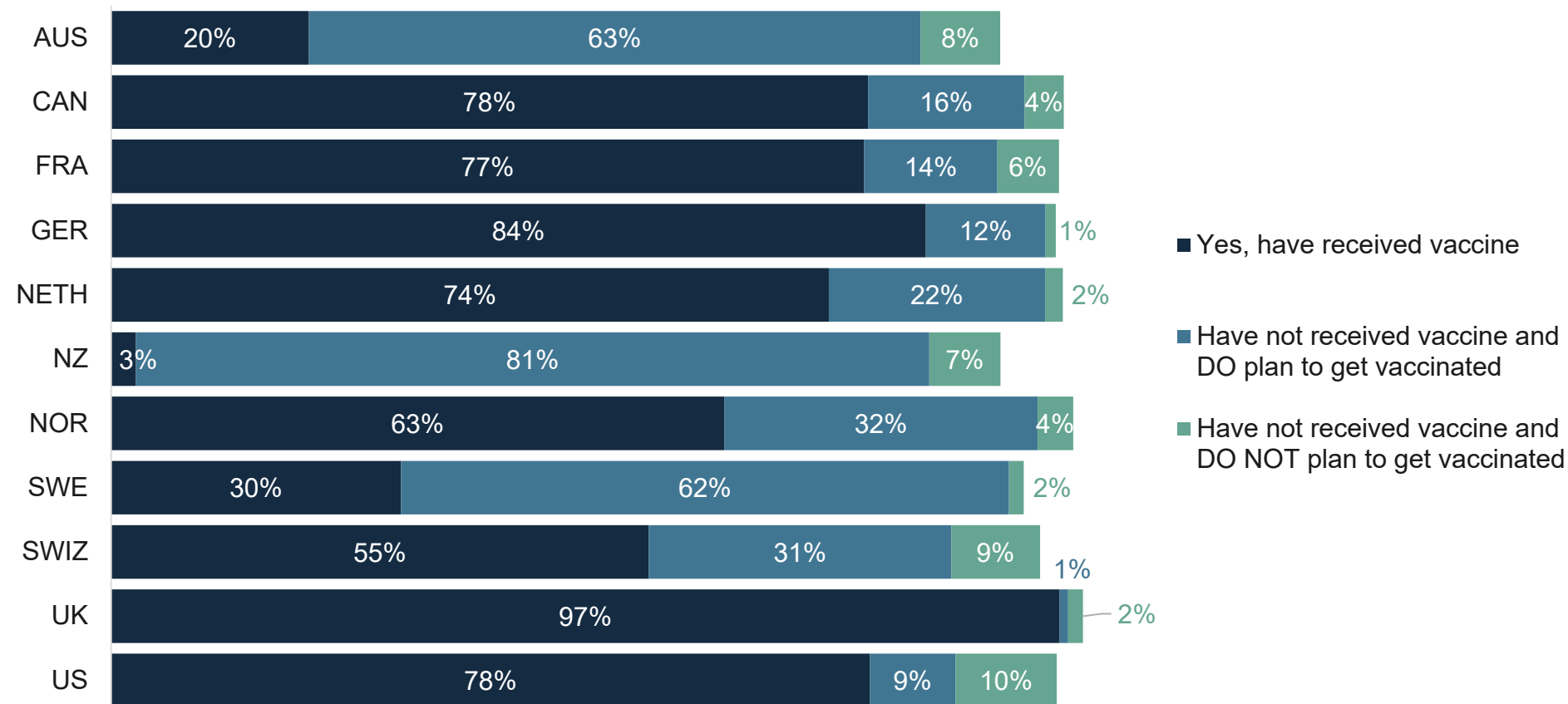


Notes: Instrumental activities of daily living include housework, preparing meals, managing daily medications, or shopping. NZ and NOR excluded because  $n < 100$ . Differences between US and GER, NETH, and SWIZ were statistically significant at the  $p < 0.05$  level.

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

# COVID-19 vaccination rates for older adults are high where vaccines are available.

Percent of adults age 65+



Notes: "Not sure" and "Already had the coronavirus" responses not shown. Differences between US and all other surveyed countries except CAN, FRA, and NETH for "yes, have received vaccine" were statistically significant at the  $p < 0.05$  level. Differences between US and all other surveyed countries for "have not received vaccine and do plan to get vaccinated" were statistically significant at the  $p < 0.05$  level. Differences between US and all other surveyed countries except AUS, NZ, and SWIZ for "have not received vaccine and do not plan to get vaccinated" were statistically significant at the  $p < 0.05$  level.

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

# Lack of trust in the government and concerns about side effects were the reasons most cited by older Americans who did not plan to get vaccinated.

Main reason for not planning to get the coronavirus vaccine, among those who do not plan to get vaccinated when available	CAN	FRA	SWE	SWIZ	US
Unweighted N (base: those who do not plan to get the vaccine when available respondents) =	231	155	172	327	219
Do not trust vaccines in general	14%	15%	6%*	12%	14%
Worried about possible side effects	25%	24%	48%*	45%*	22%
Do not trust the government to make sure the vaccine is safe	17%	28%	15%	8%*	24%
It is too difficult to get the vaccine	1%	0%	2%	2%*	0%
Do not think you need the vaccine	7%	3%*	1%*	9%	13%
Some other reason	25%	22%	17%	18%	20%

Notes: AUS, GER, NETH, NZ, NOR, and UK excluded because n < 100. \* Indicates country's result on specific response is statistically different from the U.S. at the p < 0.05 level.

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

# Appendix. Demographics of older adults (age 65+) in the 11 countries surveyed.

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Unweighted N (base: total respondents) =	501	4,332	1,751	1,163	630	500	500	3,018	2,597	1,876	1,609
<b>Chronic conditions</b>											
Two or more	60%	59%	55%	41%	40%	48%	46%	56%	47%	48%	68%
Three or more	35%	31%	29%	17%	16%	24%	22%	29%	20%	20%	42%
<b>Instrumental activities of daily living (IADLs)</b>											
Needed help with housework, preparing meals, managing daily medications, or shopping because of a health problem	19%	13%	15%	14%	22%	13%	13%	8%	10%	15%	17%
<b>Material hardship</b>											
Always or usually stressed about having enough money to pay for nutritious meals or to pay rent, mortgage, or other monthly bills	5%	6%	6%	1%	2%	4%	3%	—	9%	2%	11%

Notes: Data for Sweden excluded from material hardship because of an ongoing data review. Differences between US and all other surveyed countries for both chronic conditions variables were statistically significant at the  $p < 0.05$  level. Differences between US and CAN, NETH, SWE, and SWIZ for IADLs were statistically different at the  $p < 0.05$  level. Differences between US and all other surveyed countries except SWIZ for material hardship were statistically significant at the  $p < 0.05$  level.

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