THE NEW MEDICARE PRESCRIPTION DRUG COVERAGE: HOW WELL DO SENIORS UNDERSTAND THE PROGRAM?

By Abbe E. Linscott

The purpose of this research is to explore the views, perceived knowledge, actual knowledge and access to information of seniors regarding the new Medicare prescription drug benefit. This program, enacted in December 2003, is designed to add prescription drug coverage to the benefits provided by Medicare. Structured telephone interviews were conducted with a random sample of 87 seniors. Information regarding participants’ impression, knowledge levels, and access to information in relation to the program was gathered and analyzed. Findings suggest a lack of knowledge and confidence by beneficiaries concerning the program. On average, participants correctly responded to 5 out of 8 true/false statements, which tested their knowledge of the program and over half indicated that they did NOT understand the program well or at all. Since this is a benefit that could have a crucial impact on the lives of older adults, the implications of low knowledge and confusion are significant.
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# Table of Contents

Chapter I:
Statement of the Problem............................................................................ 1

Chapter II:
Background/Literature Review................................................................. 3
  Knowledge of Medicare and Related Issues............................................ 3
  Factors Affecting Knowledge Levels....................................................... 7
Knowledge and Views of the Medicare Prescription Drug Coverage...... 7
  January/February 2004 Health Poll Report............................................ 10
Views of the New Medicare Drug Law: A Survey of People
  on Medicare............................................................................................ 10
March/April 2005 Health Poll Report Survey........................................... 11
July/August 2005 Health Poll Report Survey............................................ 11
The Medicare Drug Benefit: Beneficiary Perspectives Just Before
  Implementation......................................................................................... 13

Chapter III:
Research Questions.................................................................................... 16
Methodology............................................................................................... 16
  Survey/Measures..................................................................................... 16
  Sample..................................................................................................... 18

Chapter IV:
Findings....................................................................................................... 20
  Demographics.......................................................................................... 20
  Prescription Drug Use and Involvement in Drug Program.................... 21
  Views of Medicare Prescription Drug Program..................................... 22
Knowledge of Program: Actual and Perceived........................................ 22
  Information Resources............................................................................ 29

Chapter V:
Discussion................................................................................................. 31
  Limitations.............................................................................................. 34
  Implications/Conclusions........................................................................ 35

References................................................................................................. 37

Appendices
  Appendix A: Survey............................................................................... 39
  Appendix B: Consent Form................................................................. 44
  Appendix C: Letter to Senior Center Members.................................... 45
List of Tables

Table 1. Comparison of Findings from Kaiser Family Foundation Surveys………… 9
Table 2. Demographic Characteristics……………………………………………….. 20
Table 3. Percentage of Correct, Incorrect and “I don’t know” Responses to the Eight True/False Statements………………………………………………………… 24
Table 4. Average # of Correct Responses and “I don’t know” Responses by Perceived Knowledge……………………………………………….. 26
Table 5. Comparison of Knowledge Level by age, gender, education, decision to join and perceived knowledge of program………………………….. 27
Table 6. Regression Model Reporting Total Correct and Total “Don’t Know”…… 28
Table 7. Informational Resources Identified by Participants……………………….. 30
CHAPTER I

Statement of Problem

In December of 2003, nearly 40 years after Medicare was established, President George Bush signed the Medicare Modernization Act into law. One of the most significant changes to Medicare since its enactment, the new legislation, among other changes, added prescription drug coverage to the benefits available to over 40 million Medicare recipients (Centers for Medicare and Medicaid, 2003). The development and implementation of this legislation was followed by an enormous outreach effort and vast media coverage. As of the time of this writing, a large majority of articles and reports describe widespread confusion and frustration among seniors who are trying to work through the details of the program. The new legislation places an unprecedented burden on beneficiaries to navigate a complicated information system. Beneficiaries must gather, interpret and synthesize information in order to decide about their place in the program. To say the least, this program has enormous implications for policy makers, educators, and Medicare beneficiaries.

The new Medicare Prescription Drug Benefit gives Medicare beneficiaries the option of receiving prescription drug coverage through Medicare approved plans. If beneficiaries choose to enroll in a plan, they have the option of receiving coverage either through a stand alone prescription drug plan (PDP) or a Medicare Advantage Plan, which includes both medical coverage and prescription drug coverage. The program was opened to the market, allowing private companies to offer a variety of different plans in different regions, so seniors could have a number of plans from which to choose. The plans vary with respect to premiums, deductibles, co-payments, formularies, preferred pharmacies and dosages, giving beneficiaries a multitude of drug plans to choose from and to decide which best fits their needs.

While the plans did not have to be uniform in what they offered, all plans had to be approved by the Centers for Medicare and Medicaid Services (CMS) and had to provide at least the standard cost schedule CMS set forth. CMS estimated that the average, standard plans would have a $32/month premium and a $250 deductible. After the deductible is met, Medicare will cover 75% of drug costs up to $2,250 while the beneficiary pays the remaining 25%. Between $2,250 and $5,100 (equivalent to $3,600 in out of pocket spending) Medicare will pay nothing,
while the beneficiary pays 100%. Following this “gap” in coverage, for drug costs above $5,100, Medicare will cover 95% of drug costs while the beneficiary covers the remaining 5% and/or co-payments that may vary depending upon whether the drug is brand name or generic.

As a result of a multitude of companies offering plans, there is a plethora of options from which seniors choose. For example, for one county in southwestern Ohio, seniors had the option to choose from 19 different Medicare Advantage Prescription Drug Plans offered by 7 different companies and 43 Stand Alone Plans offered by 18 different companies. The premiums for the Medicare Advantage Prescription Drug Plans range from $0-$30.69 while the deductible ranged from $0-under $250. The premiums for the Stand Alone plans range from $14.43-$68.05 while the deductible ranged from $0 to the standard of $250. These plans also vary by co-payments, formulary list, preferred pharmacy and dosages.

Other complicating factors that effect both eligibility and the selection process include, income level, prescription drug coverage from a former employer, drug coverage from Medicaid, or complex medical situations. It is crucial that the Medicare population understand the details of the program so that they can make informed choices. Therefore, along with the enactment of the Medicare Prescription Drug Benefit came a massive outreach effort to inform Medicare beneficiaries about the new drug coverage and the decisions they will need to make as the law takes effect. Unlike other changes to Medicare over its 40-year history, the addition of prescription drug coverage requires beneficiaries to make vital decisions regarding how they are to receive the proposed coverage. It is not just enough for them to know about the coverage; individuals need to decide what is best for them, and if they decide it is necessary, they need to enroll in a particular drug plan.

Although seniors have many options and can potentially find a drug plan that works best with their specific needs, the number and variability of plans and the decisions older people need to make have created confusion for many beneficiaries. Due to the historical and political implications that will follow this momentous legislation, it is important to explore how seniors view the prescription drug coverage, how much they know, and how they are being informed as this complex new program is being implemented.
CHAPTER II

Background/Literature Review

Over the years, many studies have explored how well seniors understand various aspects of the Medicare program and health insurance in general. Overall, results show that many beneficiaries are confused about and do not completely understand the many different aspects of their Medicare coverage including the basics of Medicare, supplemental insurance and managed care. This section reviews the literature about the level of knowledge Medicare beneficiaries have regarding their benefits, and what characteristics affect levels of knowledge. Recent surveys conducted by the Kaiser Family Foundation on beneficiary knowledge of the new Medicare prescription drug plan are particularly salient to this review.

Knowledge of Medicare and Related Issues

Overall, beneficiaries typically have low levels of knowledge regarding Medicare (McCall et al. 1986), Supplemental Health Insurance Benefits (McCall et al. 1986, Lambert 1980), HMOs and managed care (Hibbard et al. 1998), and basic health insurance (Lambert 1980).

In the article titled “The Medicare Catastrophic Coverage Act (MCCA): A Post-Mortem,” Rice et al. (1990) explored beneficiary views and knowledge of the Medicare Catastrophic Act, legislation that was put into law, but repealed within a year. The authors discuss reasons for the repeal of this controversial act and provide insight into health policy decisions and the impact on the Medicare beneficiary population. MCCA expanded benefits but financed the new benefits entirely through taxes, deductibles and co-pays. The Medicare Catastrophic Coverage Act sought to phase in prescription drug coverage as the legislation was implemented. Through a survey of 500 Medicare beneficiaries six months before the repeal of the act, the authors identify lack of understanding of the legislation, lack of support, fear of deductibles and coinsurance, and existing satisfaction with private insurance policies as contributing to the failure of the Catastrophic Coverage Act. The researchers asked eight true/false questions that covered the five aspects of the new act. They found that the respondents answered an average of 2.4 questions correctly out of eight, demonstrating a very low knowledge level of the legislation.

Education, marital status, income level and supplemental insurance ownership played a factor in
whether or not the respondent correctly answered the questions regarding the prescription drug coverage aspect of the legislation. Those who had more education, were married, had higher incomes and owned a supplemental insurance policy tended to answer correctly. The authors note that education was an influential factor that contributed to higher levels of understanding; beneficiaries with at least some college education provided a correct answer 54% of the time, compared to 26% for those with less education.

With respect to basic insurance coverage, Cafferata (1984), sought to explore factors that were associated with knowledge as it related to 11 specific services provided by the coverage. Overall, she found that for respondents age 65 and older, knowledge of coverage of the 11 health services was found to be low. She also found that in addition to age, race and insurance status played a role in knowledge levels, while education, health status and income levels were not associated with knowledge levels. Therefore, she found that being older, nonwhite and being enrolled in Medicare but not Medicaid led to lower levels of knowledge.

In another comparable study that explored consumer knowledge of Medicare and supplemental health insurance benefits, McCall et al. (1986), found that typically, Medicare beneficiaries do not have high levels of knowledge regarding Medicare and supplemental insurance. A survey was conducted with individuals of six states (New Jersey, California, Florida, Wisconsin, Washington, Mississippi) who either did or did not own Medicare supplemental health insurance policies. Through true/false statements that dealt specifically with costs and benefit coverage, as well as questions dealing specifically with an individual’s policy, the researchers assessed knowledge of the Medicare program as well as respondent’s knowledge of their supplemental health insurance policies. Regarding knowledge of Medicare, the researchers found that beneficiary knowledge varied depending upon the benefit that was identified in the statements. The respondents were more knowledgeable of the benefits they used most often and were less knowledgeable of the benefits they used less often. Thus, they were more knowledgeable when it came to cost coverage of eyeglasses, physician care and prescription drugs and less knowledgeable when it came to cost coverage of hospital and nursing home care. The average correct responses for the six true/false statements varied from state to state from 2.8 to 3.8, with the overall average correct was 3.3 out of 6 for all states combined.

While exploring knowledge of Medicare and supplemental health insurance in this study, the authors found that whether or not the respondents had supplemental insurance policies had an
impact on the number of questions they correctly answered. Beneficiaries who owned policies appeared to be more knowledgeable than non-policy owners. Other characteristics they found to have an impact on the amount of correct answers included race, education, marital status and income levels. Respondents who were white, more educated, married and had higher income levels were more knowledgeable about Medicare than nonwhite, less educated, unmarried, and lower income respondents. Two characteristics for which they found little pattern were age and gender. With respect to knowledge of supplemental insurance policies, the researchers found that gender and race do not affect knowledge of policies, but found that as the age of the respondent increased their knowledge about their policy decreased.

With respect to HMOs and managed care options, through a survey of Medicare beneficiaries, half enrolled in HMOs and half in the traditional Medicare program, Hibbard et al. (1998), explored beneficiaries understanding of differences between these two options, as well as their use of information for learning about HMOs. The researchers found that the most common information source used to learn about HMO plans by both groups was HMO advertisements. Probably the most surprising finding by the researchers was that 30% of all the respondents knew almost nothing about HMOs, including individuals who were enrolled in an HMO. The researchers went on to test whether those who at least had some minimal knowledge of HMOs could distinguish between characteristics of HMO plans from the traditional Medicare benefits. They found that 16% of those who had at least some minimal knowledge of HMOs had adequate knowledge to choose between HMOs and the traditional Medicare program. The authors found that factors influencing level of knowledge of HMOs include gender, enrollment type, number of information sources used, income levels and education. They found that “males, traditional Medicare enrollees, those who use more information sources, and those with higher education and higher incomes have higher knowledge scores” (p. 186).

Looking at another dimension of health insurance, Lambert (1980) explored “older persons’ knowledge about (a) the protection offered by Medicare and (b) basic attributes and factors important in buying medigap insurance” (p. 436). Respondents were asked two sets of true/false statements to measure knowledge about health insurance, as well as knowledge about protection provided my Medicare. For the respondents age 65 or older, the average score was 4.94 out of 11 with respect to basic knowledge of health insurance. “Individuals who were older, least educated, lowest in income, and female had the least knowledge as a basis for wisely selecting
private policies to fill gaps in Medicare” (p. 444). With respect to respondents’ knowledge of Medicare, the average score was 8.47 out of 15, with the percentage ranging from 16.6 to 79.8 depending on the question asked. The author found that females had a marginally lower mean score than males, and males who had incomes below $4,800 had the lowest mean score while those with the highest mean score, were males who had incomes between $4,800 to $8,399, even though the income levels went up to $19,000 a year. The study also found that there exists a correlation between health insurance knowledge and Medicare knowledge, indicating that those over age 65 who had low levels of knowledge about health insurance were also not well informed about the protection Medicare offered.

In yet another study that explored supplemental health insurance, McCormack and Uhrig (2003), conducted a survey with 3,738 Medicare beneficiaries that measured knowledge of Medicare by beneficiaries, as well as explored how the knowledge by beneficiaries varied depending upon the type of supplemental insurance they had. The results indicated that beneficiaries who had any type of insurance beyond regular Medicare had higher knowledge levels than those with just Medicare only. While it was found that overall, low levels of knowledge were realized, it was also found that knowledge varied depending upon the type of insurance beneficiaries possessed. Thus, those who had fee-for-service or Original Medicare were more informed about that service while those who had an HMO were more informed about issues that related to their type of insurance.

There have been a number of articles written that address the impact of informational resources on levels of knowledge among beneficiaries. In an article that reports the results of two randomized experiments, McCormack et al. (2001), sought to identify the steps needed to increase awareness and knowledge understanding of Medicare beneficiaries. The researchers were interested in finding out “how much and what kind of knowledge is gained from the distribution of the Medicare and You handbook? And, in what areas are beneficiaries the least and most knowledgeable” (p. 48). Using data from two different surveys, they found that in general, the knowledge of the beneficiaries increased after they were sent the “Medicare and You” handbook. Areas where beneficiary knowledge was lower included their ability to differentiate between regular Medicare and Medicare managed care, understanding the how one can obtain a medigap policy and how to get information on Medicare.
In another study that assessed the effect of information materials regarding the Medicare program on beneficiary knowledge of their health coverage, McCormack et al. (2002) found that the materials that were provided had a positive effect on the Medicare beneficiary’s knowledge of the program. They found that higher education and higher income were associated with higher beneficiary knowledge scores. They also found that depending on whether the respondent was a new beneficiary (defined as age 64 years and 9 months to 64 years and 11 months) or experienced beneficiary, race and gender was significantly associated with level of knowledge. Thus, for new beneficiaries whites were found to be more knowledgeable while men were found to be more knowledgeable for the experienced beneficiaries.

Factors Affecting Knowledge Levels

Overall, throughout various studies described above, a number of characteristics have been identified as affecting the knowledge levels of respondents on matters related to Medicare. Characteristics that have been identified include: age, race, gender, education, marital status, income level and type of insurance owned or enrolled in. These studies, which overall explored knowledge levels of various aspects of Medicare and other insurance coverage, found similar patterns on knowledge as it relates to different demographic characteristics. It was found that largely, being male, married, having higher education levels and higher incomes contribute to a person having higher levels of knowledge as it relates to Medicare, HMOs, supplemental insurance and other aspects of coverage. Other studies however, found that a few of the characteristics listed above do not play a large factor on knowledge levels of the respondents. These factors include age (McCall et al. 1986), gender (McCall et al. 1986), education, health status, and income levels (Cafferata 1984) as it relates to knowledge of specific services provided by a coverage plan and supplemental health insurance.

Knowledge and Views of the Medicare Prescription Drug Coverage Program

While the Medicare prescription drug program is relatively new and the impact of the program has yet to be realized, it is important to direct attention to recent and relevant studies that have sought information from potential beneficiaries about the program. This review will provide a basic overview of what has been explored thus far as it relates to beneficiaries’ views,
knowledge and involvement in the prescription drug program, all of which is relevant to the
proposed research.

In a national survey conducted by AARP, Love (2002) explored the opinions participants had
about the Medicare prescription drug legislation. Over 80% of respondents strongly or
somewhat supported the prescription drug legislation, and over 50% indicated that it was very
important for the Senate to pass the legislation. Interestingly, the survey indicated that the
details of the drug legislation that the participants were responding to, included an affordable
premium, some cost sharing, no gap in coverage, was voluntary and available to everyone
eligible for Medicare; this particular description of the legislation looks different than the final
result realized today.

Over the course of the prescription drug legislation process, the Kaiser Family Foundation,
along with the Harvard School of Public Health, conducted a series of surveys to track the
opinions and views of those with Medicare. There were a total of five separate surveys
conducted from January of 2004 to November 2005 that are included in this discussion. While
each survey was unique in that each took place at different times during the progress of the
program, from the time right after the bill was passed to right before implementation, each
successive survey provided more information regarding participants’ views, potential
involvement and sources of information and assistance. Overall, the surveys consistently asked
about the participants’ impression of the program and how well they felt they understood the
program. As the program progressed and more detailed information was being disseminated, the
surveys began asking participants about the amount of information they were receiving, their
potential involvement in the program and even questions that tested their knowledge of the
specifics of the program.

A comparison of the five studies (Table 1) reveal that over the course of the surveys, from
January 2004 to November 2005, there were only slight changes in the percentages of
individuals who had a favorable impression of the drug benefit (varying 6%) and participants’
perceived knowledge (how well they felt they understood the program-varying 6%). This
finding is interesting because it reveals that over the course of 23 months it remained consistent
that only 1 in 3 older adults had a favorable impression of the program or felt they understood
the program somewhat or very well. This is important especially since this is a program that
could have a notable impact on the lives of older adults. Another finding of interest is the
<table>
<thead>
<tr>
<th>Date/Name/Sample of Study</th>
<th>% who say they have a favorable impression of the drug benefit</th>
<th>% who said they understood the program not too well or not well at all</th>
<th>% who said they did not have enough information to understand how the program would impact them personally</th>
<th>% who said they do not think they will join a plan</th>
<th>% who said not joining plan because: already had some form of drug coverage</th>
<th>% who said not joining plan because: did not know enough about the program</th>
<th>% who received information about the program</th>
<th>To the best of your knowledge, do seniors need to sign up to get their new Medicare prescription drug benefit, or will coverage automatically begin by January 1, 2006?</th>
<th>To the best of your knowledge, do seniors need to sign up for a Medicare drug plan for 2006, but wants to enroll in a future year, which of the following is true? % who said that seniors need to sign up.</th>
<th>% who said that seniors will face a financial penalty for late enrollment</th>
</tr>
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<tbody>
<tr>
<td>January/February 2004 Health Report Survey n=1,201 (n=237 65+)</td>
<td>25 (of law)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</tr>
<tr>
<td>August 2004 Views of the New Medicare Drug Law: A Survey of People on Medicare n=1,223 (n=973 65+)</td>
<td>26</td>
<td>55</td>
<td>59</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</tr>
<tr>
<td>March/April 2005 Health Poll Report Survey n=1,203 (n=273 65+)</td>
<td>21</td>
<td>68</td>
<td>66</td>
<td>37</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</tr>
<tr>
<td>July/August 2005 Health Poll Report Survey n=1,205 (n=300 65+)</td>
<td>32</td>
<td>60</td>
<td>62</td>
<td>33</td>
<td>55</td>
<td>41</td>
<td>52</td>
<td>55</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>November 2005 The Medicare Drug Benefit: Beneficiary Perspectives Just Before Implementation n=802 65+</td>
<td>31</td>
<td>61</td>
<td>n/a</td>
<td>37</td>
<td>60</td>
<td>46</td>
<td>74</td>
<td>64</td>
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percentage of participants who say that they did not have enough information to understand how
the program would impact them personally, which increased (very slightly) over time but
remained close to 60%, a majority of the population. Interestingly, a large leap in the
percentages came with regard to participants receiving information about the program, increasing
by 22% from August 2005 to November 2005. Finally, another interesting finding is the nine
percent (from 55% to 64%) increase in knowledge from August 2005 to November 2005
regarding the enrollment process for seniors into the program. This suggests the possible success
of the media and information resources designed to educate seniors about the upcoming program.

The following summaries report additional findings from the five separate surveys that were
not discussed in the above table. These summaries provide further information about the view,
knowledge, and involvement of seniors in the drug program as well as question who seniors turn
to when seeking advice about the benefit.

January/February 2004 Health Report Survey
Between February 5\textsuperscript{th} and February 8\textsuperscript{th} of 2004, the Kaiser Family Foundation surveyed
1,201 adults (237 age 65 and older) about governmental issues as well as the newly passed
prescription drug law. After informing the respondents that they may have heard about a bill that
would add prescription drug benefits to Medicare, all respondents (all ages) were asked, to the
best of their knowledge, had the bill been passed by Congress and signed into law by the
president. Only 23\% indicated that yes, it had been passed and signed into law while 24\% said
that it had not been passed and 53\% said that they did not know or refused to answer.
Interestingly, 68\% of seniors who answered this question did not know the law was passed.
Respondents (all ages) were asked to respond to how well they would say they understood the
new law and at that date, only 33\% indicated that they understood the law very or somewhat
well.

Views of the New Medicare Drug Law: A Survey of People on Medicare
In August of 2004, a survey, which included a total of 1,223 respondents (973 age 65 and
older and 250 age 18-64 who receive Medicare) reported on the views and understanding
respondents have of the new ‘Medicare Drug Law.’ Among seniors and individuals under the
age of 65 who receive Medicare, 47\% indicated that they had an unfavorable impression of the
new drug law, and another 26% reported that they did not know enough to offer an opinion. The reasons for the unfavorable impression of the new law included respondents saying that the law does not provide enough help with drug costs for people on Medicare, it is too complicated, and it will benefit pharmaceutical companies and private plans too much. When respondents were asked how much they had heard or read about the new law, 57% of respondents age 65 or older indicated that they had heard or read a lot or some about the new law, while the other 43% indicated that they had heard or read not much or nothing at all about the law (14% saying nothing at all).

March/April 2005 Health Poll Report Survey

Survey results released in April 2005 by the Kaiser Family Foundation reported various findings collected from a nationally representative sample of 1,203 adults with 273 of the respondents being age 65 or older. While the survey covered many health care issues, it covered information on the Medicare prescription drug benefit including understanding, impression, and enrollment plans. It was found that only 29% of adults age 65 and older said that they understand the new benefit somewhat or very well, with 68% indicating they understood the benefit not too well or not well at all. The respondents were asked to think ahead to 2006 and to indicate if they think they will enroll in a Medicare drug plan. While 37% said that they would not enroll in a plan (refer to Table 1), 47% said that they hadn’t heard enough to decide. At the time of the survey, 34% of respondents, age 65 or older, had an unfavorable impression and 45% either said they thought neither way or were neutral, did not know or refused to answer. When the respondents were asked to indicate how likely they were to turn to various sources in receiving help with deciding whether to enroll in a drug plan, those age 65 and older said they would very likely turn to their doctor (49%), their friends or family members (27%), a Social Security office, website, or phone number (27%), their pharmacist (33%) as well as others. Only 18% indicated that they would be very likely to turn to a local seniors’ group or community organization.

July/August 2005 Health Poll Report Survey

Between August 4 and August 8, 2005, the Kaiser Family Foundation conducted phone interviews with a representative sample of 1,205 adults ages 18 and over (300 respondents were
65 or older). The topics covered in the interview ranged from problems the government should address to respondents understanding of the prescription drug coverage to basic demographic questions. Specific to the prescription drug coverage, the survey asked respondents questions relating to the understanding of the benefit, their impression of the benefit, whether they plan on enrolling in a plan, reasons for not enrolling, how helpful they think the benefit will be for different beneficiaries, the information they are receiving, their own health status and tendencies related to medication use, and information on their current insurance coverage situation.

The survey found that an equal amount of individuals age 65 and older (32%) responded that they had a favorable or unfavorable impression of the new benefit, while 18% responded that it was neither or they were neutral, and 18% said that they did not know or refused to answer the question. When asked if they think they will enroll in a Medicare drug plan, 40% of respondents age 65 or older said they hadn’t heard enough to decide, while 22% said they will enroll in a drug plan, 33% said they will not enroll in a plan. Of those age 65 and older who either will not or don’t know if they will enroll in a drug plan, 55% that the major reason they are not planning to enroll in a drug plan is because they already get help from an insurance plan or program paying for their prescriptions (refer to Table 1). Other major reasons include: They don’t know enough about the drug benefit (41%), it is too complicated or too much trouble to sign up (26%), they don’t think it will save them money (42%), they don’t take enough prescription medicine or don’t spend much money on prescriptions drugs so they do not think they need a drug plan (28%) or for some other reason (24%).

Of the 52% of respondents age 65 and older who said that they had received information about the prescription drug benefit, 90% received information about the benefit in the mail. Also of the 52%, the information they had been receiving was coming from the Social Security Administration, Centers for Medicare and Medicaid Services, health insurance companies, pharmacies, state Medicaid or Medical Assistance Program, AARP, or other senior or community organization, with the most cited sources being SSA (55%) and AARP (52%) and the least being other senior or community organizations (12%). Of those who had received information about the benefit, 70% stated that they read through the information somewhat closely or very closely, while only 40% stated that they had talked to someone about the information they received.
One question rather tested the respondents by asking, “To the best of your knowledge, do seniors need to sign up to get their new Medicare prescription drug benefit, or will coverage automatically begin by January 1, 2006?” The correct response to this question is that seniors need to sign up in order to receive the drug benefit. Of participants age 65 or older, 55% responded that seniors have to sign up, while 15% said they the coverage will begin automatically and 31% either did not know or refused to answer. When asked if the respondents had ever NOT filled a prescription because of the cost, cut pills in half or skipped doses in order to make a medicine last longer, 74% said no. When asked if respondents had any insurance plan or program that helped them pay for prescriptions, 74% of those age 65 or older, said yes.

The Medicare Drug Benefit: Beneficiary Perspectives Just Before Implementation

In November 2005, the Kaiser Family Foundation and the Harvard School of Public Health provided the results of a survey that was conducted between October 13 and October 31, 2005, just a few weeks before the start of the enrollment period for the prescription drug benefit that started November 15, 2005. The surveyed population included 802 respondents age 65 and older. At this point in time, when respondents were asked how well they understood the benefit, only 35% said they understood it somewhat or very well. When asked if the respondents knew more or less or about the same about the drug benefit compared to a year before, 29% said more, while 50% said they knew about the same.

When asked about their impression, 37% said they have an unfavorable impression of the new drug benefit while another 31% indicated that they did not know. When asked if the respondents thought they would enroll in a drug plan for 2006, 20% said they will enroll, 37% said they will not enroll and 43% said they do not know. Major reasons why respondents indicated that they are not planning to enroll in a Medicare drug plan at the time of the survey include not knowing enough about it (46% state this as a major reason), they already have insurance that helps pay for prescriptions (60%), it is too complicated (37%), they do not think it will save them money (45%), they do not take enough prescriptions to need a plan (28%).

When the respondents were asked to indicate how likely they were to turn to various sources in receiving help with deciding whether to enroll in a drug plan or not, those age 65 and older said they would very likely turn to their doctor (32%), their pharmacist (25%), Medicare (33%) and Social Security (24%) along with others. Only 16% indicated that they would turn to a local
seniors’ group or community organization. Respondents were asked “To the best of your knowledge, do seniors generally need to sign up to get their new Medicare prescription drug benefit, or will coverage automatically begin by January 1, 2006.” Of those who responded, 64% said that beneficiaries have to sign up while 10% said that coverage will begin automatically and 25% did not know.

Respondents were then asked “To the best of your knowledge, if a senior does NOT sign up for a Medicare drug plan for 2006, but wants to enroll in a future year, which of the following is true?” The correct response to this question is that seniors will face a financial penalty for delaying their enrollment into the program. 53% of respondents said that he or she may or will face a financial penalty for late enrollment while 19% said that there were not financial penalties for late enrollment and 27% did not know.

Only 37% of respondents indicated that they were very confident in their ability to choose a plan that is right for them. When asked if the respondents think people have too many, too few, or about the right amount of drug plan to choose from, 22% said too many, 20% said too few, 29% said the right amount and 30% did not know. Interestingly enough, when respondents were asked to how many drug plans they thought most people on Medicare had to choose from, only 5% said more than 20 (average is around 40 plans) and 37% did not know. The most popular guess was either 2 or 3 plans to choose from. When informed that the government had announced that most Medicare beneficiaries will have at least 40 plans to choose from, 73% indicated that having many plans to choose form makes it confusing and difficult to pick the best plan.

Of the 74% who indicated that they had received information about the drug benefit, 97% said that the information came in the mail. It was found that they had been receiving information from Social Security (41%), Medicare or CMS (64%), a health insurance company offering a drug plan (39%), a pharmacy (11%), a seniors’ group or community organization (19%) and a former employer or union (10%). 33% of respondents indicated that they had talked to someone about the drug benefit. When the respondents were asked who they had been talking to about the drug benefit those listed include, spouse (83%), son or daughter (32%), another family member or friend (49%), pharmacist (19%), doctor (11%), and someone who counsels seniors about health insurance (14%).
In their survey, 81% of respondents indicated that they currently take prescription medicines on a daily basis with only 14% saying that they have not filled a prescription because of the cost and 15% saying that they have either cut pills in half or skipped doses in order to make the medicine last longer.
CHAPTER III

Research Questions

Prior research has revealed that many beneficiaries have low levels of knowledge about the various aspects of Medicare and the benefits they receive. The new Medicare prescription drug coverage adds another layer of knowledge and choices for beneficiaries to embrace. The scope, importance, and complexity of this massive change to Medicare and the challenge of reaching out to the target population warrant further exploration of the degree of knowledge about the prescription drug coverage, a better understanding of the perceptions seniors have of the new program, and an assessment of how older persons have received information that pertains to the coverage. Information on these three issues will be beneficial in assessing the implementation of the program. This research will also explore older peoples’ plans to enroll in the program.

Specifically, this research will address the following questions: How well do seniors feel they understand the new Medicare Prescription Drug Coverage? How well do they actually understand the new coverage? What are their views of the program? Where have they been receiving their information? What will be their involvement in the new program?

Methodology

In order to obtain information regarding the perceived knowledge, actual knowledge and access to information resources about the new Medicare Prescription Drug Coverage from seniors, a quantitative study was designed. A quantitative approach was chosen for this particular study in order to obtain a generous amount of information from several seniors who are now faced with understanding a new program and observe if any trends emerge from their responses. Structured phone interviews were utilized to collect such information regarding these topics.

Survey/Measures

A short, quantitative survey tool was designed for this particular study. The participants were asked to respond to questions about their perceived knowledge of the drug coverage, their
actual knowledge, their views, their access to information, and basic demographic information. A copy of the survey used can be found in Appendix A.

At the beginning of the survey, in order to assess the potential involvement in the program, the participants were asked if they received Medicare and if they had heard of the new Medicare Prescription Drug Plan. Participants were then asked to describe how well they felt they understood the drug coverage, in order to gather information on their perceived knowledge of the program. In order to access the knowledge of beneficiaries, eight true/false statements were created for the survey. A number of other studies (Murray and Shatto 1998, Lambert 1980, Rice et al. 1990, McCall et al. 1986, Bann et al. 2003) that sought to measure knowledge levels of Medicare information have used true/false statements as a tool.

The true/false statements included basic information about the drug coverage that was assumed to be part of the outreach efforts that had taken place since the legislation was approved, especially throughout the 2005 year. The statements covered information about eligibility, dates relevant to the program, participation the program, and specifics about the plans offered by the program. Participants were given the option of responding with either “true,” “false,” or “I don’t know.” They were given the choice to answer with “I don’t know” to reduce the chances of guessing, which could ultimately skew the final, total correct amount. The eight statements are:

1) All seniors are automatically enrolled in the Medicare Prescription Drug Coverage. (False)
2) There is extra help available for seniors who have difficulty covering the cost of prescriptions. (True)
3) Seniors can choose from different prescription drug plans offered in their area. (True)
4) Once I choose a plan, I have to stay with that plan for at least 5 years. (False)
5) I am able to enroll in a Medicare Prescription Drug plan between November 15, 2005 and May 16th, 2006 (True)
6) There is a chance that I could face a penalty if I do not sign up for a Medicare Prescription Drug Plan by May 15, 2006 (True)
7) I may have to pay a premium for the Medicare Prescription Drug Coverage (True)
8) If I have my prescription drugs covered by my former employer, I have to drop it and sign up for a Medicare prescription drug plan (False)
In an analysis of beneficiary knowledge of the Medicare Program, Bann et al., (2003) found a true/false quiz to be more accurate and to meet standards for acceptable internal consistency.

In order to reveal the use of information and the resources participants turned to, the survey continued with a number of questions regarding how seniors had been receiving information about the drug plan, what sources they had been receiving information from, whether they sought information on their own, whether they attended presentations or received information from the senior center, and if so, whether the information provided improved their knowledge of the program. To gain an idea of the path seniors would be taking in the upcoming months regarding their involvement in the program, participants were asked if they were going to sign up for a plan and if not, the reason for not joining. The survey also asked information about the number of prescriptions the participants took daily and whether they had ever not filled a prescription because of the cost. Finally, basic demographic information was gathered about the participants, including: age, gender, race, marital status, employment status, level of education, income level and number of individuals residing in the household.

A pilot survey was given to a group of individuals who attended a Medicare Prescription Drug Coverage presentation at a local senior center and who volunteered to stay after the presentation to take part in a survey and a discussion of the same survey. Consent for the participation of the volunteers was collected by asking them to read, sign and date a consent form that explained the research and their rights as participants. This form can be found in Appendix B. The initial test of the survey in a group setting allowed the participants to provide feedback to the researcher about the format of the survey, the nature of the questions, and any changes that might make the survey more understandable. The pilot survey took about 5 minutes for the participants to complete. The participants indicated that the length of the survey was adequate, that there were enough responses from which to choose, and that the structure of the survey read well and did not cause confusion.

**Sample**

Structured telephone interviews were conducted with randomly selected individuals residing in one southwestern Ohio county. The participants were randomly selected from a mailing list provided by a large senior center. A random sample of 222 members was selected from a mailing list that included 1335 names. Twelve names were excluded due to either the member
not residing in the county of interest or not having a complete address. In two instances, one name was excluded if both the husband and wife in a household were chosen. The remaining 210 selected individuals were mailed a letter during the last week of November, one month prior to the beginning of the new drug coverage and only 2 weeks after the start of the enrollment period. The letter, written in partnership with the senior center, informed the members of the study, and that the principal researcher would be calling them within 3 weeks of the receipt of the letter. The letter included information regarding the purpose of the study and informed the member of their rights as participants. A copy of the letter can be found in Appendix C. The letter was signed both by the principal researcher as well as the executive director of the senior center.

Each member of the sample was contacted in a span of 11 days after the letter had been mailed and assumed received. If there was no response when the calls were made, one more attempt was made to reach each member. When contact was made, members were reminded of the letter, informed of the research and informed of their rights as participants.

Out of the 210 individuals randomly selected to participate in the study, 76 could not be reached due to issues such as wrong phone number, death, incorrect address, busy line or simply no answer. Of the remaining 134 members, 40 chose not to participate in the study, and 7 had communication difficulties or indicated they were sick, leaving 87 who agreed to participate and at least started the survey. These 87 who agreed to participate represented 64.9% of the contacted sample. Of the final 87, there were a few participants who did not complete the survey due to cognitive issues, or who decided not to finish the survey after starting.
CHAPTER IV

Findings

Demographics

A demographic profile of the sample can be found in Table 2. More women than men participated in the study; 68.3% of the participants were female. The age of participants ranged from 56-93 with an average age of 75.8 and nearly all (98.8%) were white. Most of the participants were either married (45.1%) or widowed (46.3%). With regard to employment, 85.4% of the participants indicated that they were retired, while the remaining 14.6% either worked part-time or were unemployed. A large proportion of the participants (47.6%) had at least a high school diploma. Finally, when asked about annual income level, many participants did not wish to provide such information (29.3%); the majority who did respond indicated that their income was less than $20,000, or between $20,000 to under $40,000.

Table 2. Demographic Characteristics (n=82)

<table>
<thead>
<tr>
<th>Gender (%)</th>
<th>Education (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Less than HS diploma</td>
</tr>
<tr>
<td>Mean age</td>
<td>High School diploma</td>
</tr>
<tr>
<td>Age Range</td>
<td>Some college, including Associate degree</td>
</tr>
<tr>
<td>Race</td>
<td>Bachelor degree or higher</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>Annual Income (%)</td>
</tr>
<tr>
<td>Marital Status (%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>&lt; 20,000</td>
</tr>
<tr>
<td>Widowed</td>
<td>20,000-under 40,000</td>
</tr>
<tr>
<td>Divorced or Never Married</td>
<td>40,000-over 80,000</td>
</tr>
<tr>
<td>Employment Status (%)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Retired</td>
<td>Refused to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (%)</th>
<th>68.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>75.8</td>
</tr>
<tr>
<td>Age Range</td>
<td>56-93</td>
</tr>
<tr>
<td>Race</td>
<td>98.8</td>
</tr>
<tr>
<td>Marital Status (%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>45.1</td>
</tr>
<tr>
<td>Widowed</td>
<td>46.3</td>
</tr>
<tr>
<td>Divorced or Never Married</td>
<td>8.5</td>
</tr>
<tr>
<td>Employment Status (%)</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>85.4</td>
</tr>
</tbody>
</table>
Membership at the Senior Center does not require individuals to be over the age of 65; there were 7 (8%) participants who indicated that they did not have Medicare at the time of the survey. When asked whether or not the participant had heard about the new prescription drug coverage, two had not heard of the coverage, so the survey was stopped at that point for those individuals.

**Prescription Drug Use and Involvement in Drug Program**

To gain an idea of the impact of prescription drugs in the lives of the respondents, the participants were asked about prescription drug use. Almost the entire sample (96.4%) stated that at the time of the study they took prescription medicines on a daily basis. When asked how many different prescriptions they take, 41.3% indicated that they took 1-3 different prescriptions on a daily basis, while 54% said they took 4 or more. Participants were also asked whether or not they had ever NOT filled a prescription because of the cost of the medicine. While the majority indicated that they had never NOT filled a prescription due to the cost, 13.9% of the sample responded yes to this question.

Expected involvement in the Medicare prescription drug program in the near future is an important gauge of awareness of the program. Respondents were asked whether or not they think they would be signing up for a plan and, if not, what reasons they give for not being involved. At the time of the survey, only 32.5% of the sample indicated that they were planning on signing up for a prescription drug plan, with few stating that they already had. Forty-seven percent stated that they did not think they were going to sign up for a plan, and 19.3% indicating that they didn’t know at that time. Some of the participants provided additional comments after indicating either yes or no to signing up for a plan. Those who said that they did think they were going to sign up for a plan said:

- “Have to”
- “Because [I] cannot afford drugs otherwise”
- “With Medicare Complete, United Health Care”
- “Have to…haven’t decided what to do yet”
- “Already did” (2)
- “Already have signed up”
- “Going to have to…”(with an company who dropped prescription drug coverage after benefit was introduced).
- “If I can afford”
- “If I understand one”
- “If mandatory”
• “Yes, looking ahead” (individual not eligible for Medicare at time of survey)

Those who said they did not think they were going to sign up for a plan said:

• “Because [I] don’t need [to]”
• “Because it doesn’t cover all prescriptions”
• “Too many plans to choose from” (already had drug coverage)
• “Afraid going to mix everything up”

Interestingly, of those who said that they did not think they were going to sign up for a plan, 95% said the reason was that they already had drug coverage. If they said no, 100% of men and 91% of women said they already had drug coverage. Also, in every age category, except the 85+ category, 100% of those who indicated that they are not going to sign up for a plan said that the reason was because they already had drug coverage.

**Views of Medicare Prescription Drug Program**

Participants were asked to indicate whether they had a favorable, unfavorable or neutral impression of the drug benefit based on what they knew at the time of the survey. Thirty-one percent indicated that they had an unfavorable view of the drug benefit; 21.4% had a favorable view; 14.3% had a neutral view and 33.3% did not know. Some participants provided comments after answering this question, qualifying their favorable impression with “[Of what] little I know” and “For those who need help.” Those who said they had a neutral impression said, “Still gathering info” and “Isn’t an easy thing to follow” and a participant who said they did not know said they had a “wait to see” attitude.

**Knowledge of Program: Actual and Perceived**

Regarding knowledge of the program, participants were asked to respond with either true, false, or don’t know to eight true/false statements about the drug coverage. Findings are reported only for those who answered all eight questions (n=83). On average, the participants answered 5 out of 8 correct. Therefore, on average, participants responded either incorrectly or said “I don’t know” to 3 of the statements. In most cases, more respondents said “I don’t know” than answered incorrectly. In comparison to other studies that looked at knowledge of Medicare and related issues, the participants in this study, on average, answered more correct than those of prior studies.
It is of interest to identify which statements the participants were more likely to answer correct, incorrect or provide “I don’t know” as the answer. The top three statements the participants answered correctly include: “Seniors can choose from different prescription drug plans offered in their areas,” “I may have to pay a premium for the Medicare Prescription Drug Coverage,” and “There is extra help through the Medicare Prescription Drug Coverage available for seniors who have difficulty covering the cost of prescriptions.” These statements related more to the structure of the plans as well as the extra help that is available for some limited income seniors. The top three statements the participants answered “I don’t know” to had more to do with the regulations of the plan, current coverage and dates inherent to the program. These statements include: “Once I choose a plan, I have to stay with that plan for at least 5 years,” “If I have my prescription drugs covered by my former employer, I have to drop it and sign up for a Medicare prescription drug plan” and “I am able to enroll in a Medicare Prescription Drug plan between November 15, 2005 and May 15, 2006.” Finally, the top three statements the participants answered incorrectly include: “All seniors are automatically enrolled in the Medicare Prescription Drug Coverage,” “There is a chance that I could face a penalty if I do not sign up for a Medicare Prescription Drug Plan by May 15, 2006” and “If I have my prescription drugs covered by my former employer, I have to drop it and sign up for a Medicare prescription drug plan.” These statements related more to the actual enrollment process, penalties and current coverage of prescriptions. A complete list of the statements asked and the responses for each question are provided in Table 3.

There were two true/false statements posed in this study that were closely related to two questions posed in the Kaiser survey’s listed above. These questions relate to the enrollment process as well as the potential penalty beneficiaries could face if not enrolled by a specific date. In the Kaiser study, 64% of respondents correctly indicated that seniors needed to sign up to get their new coverage, which is comparable to the 61.4% from this study that knew that all seniors are NOT automatically enrolled in the Medicare prescription drug program. With respect to the question about the penalty, which is unique to the drug coverage, there appeared to be slightly more people in the present study that correctly knew that seniors could face a penalty if they did not sign up for a plan by May 15, 2006 than in the Kaiser study: 61.4% compared to 53%.
Table 3. Percentage of Correct, Incorrect and “I Don’t Know” Responses to the Eight True/False Statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Correct</th>
<th>Incorrect</th>
<th>“I don’t know”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) All seniors are automatically enrolled in the Medicare Prescription Drug Coverage. (False)</td>
<td>61.4</td>
<td>20.5</td>
<td>18.1</td>
</tr>
<tr>
<td>2) There is extra help through the Medicare prescription drug coverage available for seniors who have difficulty covering the cost of prescriptions. (True)</td>
<td>69.9</td>
<td>3.6</td>
<td>26.5</td>
</tr>
<tr>
<td>3) Seniors can choose from different prescription drug plans offered in their areas. (True)</td>
<td>81.9</td>
<td>n/a</td>
<td>18.1</td>
</tr>
<tr>
<td>4) Once I choose a plan, I have to stay with that plan for at least 5 years. (False)</td>
<td>47</td>
<td>4.8</td>
<td>48.2</td>
</tr>
<tr>
<td>5) I am able to enroll in a Medicare Prescription Drug plan between November 15, 2005 and May 15, 2006. (True)</td>
<td>68.7</td>
<td>3.6</td>
<td>27.7</td>
</tr>
<tr>
<td>6) There is a chance that I could face a penalty if I do not sign up for a Medicare Prescription Drug plan by May 15, 2006. (True)</td>
<td>61.4</td>
<td>18.1</td>
<td>20.5</td>
</tr>
<tr>
<td>7) I may have to pay a premium for the Medicare Prescription Drug Coverage. (True)</td>
<td>69.9</td>
<td>9.6</td>
<td>20.5</td>
</tr>
<tr>
<td>8) If I have my prescription drugs covered by a former employer, I have to drop it and sign up for a Medicare prescription drug plan. (False)</td>
<td>50.6</td>
<td>13.3</td>
<td>36.1</td>
</tr>
</tbody>
</table>

It was of interest to explore what demographic characteristics could be found as indicators of a person answering correctly to the true/false statements. Also, since “I don’t know” was the response most participants provided rather than providing a potentially incorrect answer,
demographic characteristics related to this response were also explored. Although it was not found to be statistically significant, women were more likely to say “I don’t know” than men but were close to equal when answering correctly.

A correlation between single years of age and total correct reveal a statistically significant inverse relationship such that as age increases, the total amount correct decreases (Pearson correlation -.224 p<.05). As expected, there was also a statistically significant correlation between single years of age and total not correct (Pearson correlation .224 p<.01). Thus, as age increases, the more likely participants were to get the statement not correct by either answering with “I don’t know” or answering incorrectly. While not statistically significant, a comparison of means reveals that as age increases the more likely a person would respond to the statements with “I don’t know.”

Although not statistically significant, those who had less than a high school diploma were more likely to answer “I don’t know” and those with at least some college, including an Associates degree, were least likely to answer with “I don’t know.” Those with less than a high school diploma, on average, responded with “I don’t know” to 3.7 out of the 8 statements while those with some college averaged 1.5 out of 8. The reverse is true for amount correct. Those who had at least some college, including an Associates degree were most likely to answer the most correct (average of 5.7 out of 8) and those with less than a high school diploma were least likely to answer the questions correctly (average of 3.3 out of 8).

Importantly, those who were unsure (said “I don’t know”) as to whether they were intending to join a plan were more likely to say “I don’t know” to the statements than those who had decided either yes or no that they were going to join a plan. On average, these respondents would answer “I don’t know” to more than 3 of the 8 statements while those who were sure about their decision to join a plan would answer “I don’t know” to less than 2 statements (p<.01). Likewise, those who had indicated for sure, yes or no, regarding their involvement in the plan, were more likely to respond to more questions correctly (p<.01). Those who were sure about their involvement, on average, answered correctly to 5.45 of the 8 statements. This finding may indicate that those who were sure about their decision to join a plan had made more effort to find out about the program and had, based on the information about the program, decided what would be best for them.
Participants were asked to identify how well they felt they understood the Medicare prescription drug plan (very well, somewhat well, not very well or not at all). More than half of the respondents (56.5%) stated that they did NOT understand the program very well or did NOT understand it at all. Surprisingly, 10.6% stated that they understood the program very well. Again, some of the participants provided comments to help explain and support their response. Even some participants who responded that they understood the program somewhat well said, “Companies [are] so different” and “Very confusing.” Participants who responded that they did not really understand the program offered comments such as, “Too many to choose,” “Don’t really have a reason [to try to understand]” (this participant was under age 65), and “No need” (this participant indicated later that they already had drug coverage).

How the participants measured their own level of knowledge of the program was compared to how they actually performed with the true/false statements. Those who said they understood the program very or somewhat well were less likely to answer with “I don’t know” than those who said they understood it not very well or not at all. Likewise, those who said they understood the program very or somewhat well were more likely to provide a correct answer. Those who said they felt they understood the program somewhat well, overall, had the highest average correct. Therefore, there appears to be a match between what the respondent perceive their knowledge to be and what it actually is based on the eight true/false statements. Table 4 shows a comparison of the average number of correct and “I don’t know” responses by the participants’ perceived knowledge.

<table>
<thead>
<tr>
<th>Perceived Knowledge</th>
<th>Responded Correctly</th>
<th>Responded With “I don’t know”</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand it very well</td>
<td>5.8</td>
<td>1.4</td>
</tr>
<tr>
<td>I understand it somewhat well</td>
<td>6.3</td>
<td>1.3</td>
</tr>
<tr>
<td>I do not understand it very well</td>
<td>4.8</td>
<td>2.5</td>
</tr>
<tr>
<td>I do not understand it at all</td>
<td>3.7</td>
<td>3.2</td>
</tr>
</tbody>
</table>
It was of interest to explore the characteristics of participants who were the most knowledgeable and least knowledgeable. Those providing a correct answer to 7 or 8 of the true/false statements were considered to be the most knowledgeable and those providing correct answers to 3 or fewer of the statements were considered to be the least knowledgeable. A total of 23 participants (26.4% of total population) were considered to be the most knowledgeable while there were 17 (19.4% of the total population) who would be considered to be the least knowledgeable. A comparison between the total population, the most knowledgeable, and the least knowledgeable was conducted to observe differences on age, gender, education level, decisions about joining a plan and perceived knowledge of the program. Table 5 provides the comparison of this information.

Table 5. Comparison of Knowledge Level by Age, Gender, Education, Decision to Join and Perceived Knowledge of Program

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Most Knowledgeable</th>
<th>Least Knowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>75.9</td>
<td>72.1</td>
<td>77.1</td>
</tr>
<tr>
<td>% Female</td>
<td>67.9</td>
<td>59.1</td>
<td>62.5</td>
</tr>
<tr>
<td>% Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS diploma</td>
<td>7.4*</td>
<td>0*</td>
<td>18.8*</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>48.1*</td>
<td>36.4*</td>
<td>37.5*</td>
</tr>
<tr>
<td>Some College, including</td>
<td>29.6*</td>
<td>36.4*</td>
<td>18.8*</td>
</tr>
<tr>
<td>Associates degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor Degree or Higher</td>
<td>14.8*</td>
<td>27.3*</td>
<td>25*</td>
</tr>
<tr>
<td>% Undecided about Joining a Plan</td>
<td>19.5*</td>
<td>4.5*</td>
<td>41.2*</td>
</tr>
<tr>
<td>% Who Feel they Understand the Program Somewhat or Very Well</td>
<td>44.6**</td>
<td>87**</td>
<td>23.5**</td>
</tr>
</tbody>
</table>

*p<.05
**p<.01

The most knowledgeable group was predominately female (as in the total sample), had education levels skewed to the higher end, were likely to be decided about whether or not they were going to join a plan, and felt they understood the program somewhat or very well. Those who were in the least knowledgeable group were also predominately female, had education levels that were
skewed to the lower end, were undecided about joining a plan, and felt they did not understand the program very well or at all. Overall, education, decision to join a plan and perceived knowledge differentiated the most knowledgeable group from the least knowledgeable group.

Based on bivariate analyses, the predictive power of demographic characteristics (age, gender, education, income, marital status, and employment, choice to join a plan, and level of perceived understanding) was explored. Number of correct and “I don’t know” answers were treated as the dependent variables. Linear regression (see Table 6) was conducted to determine which variables were better predictors of answering correct and answering “I don’t know” to the true and false statements.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Predicting Total Correct</th>
<th>Predicting Total “Don’t Know”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standardized Beta</td>
<td>Significance</td>
</tr>
<tr>
<td>Gender</td>
<td>-.103</td>
<td>.515</td>
</tr>
<tr>
<td>Age</td>
<td>-.225</td>
<td>.127</td>
</tr>
<tr>
<td>Marital Status</td>
<td>-.310</td>
<td>.095</td>
</tr>
<tr>
<td>Education</td>
<td>-.027</td>
<td>.843</td>
</tr>
<tr>
<td>Employment</td>
<td>-.188</td>
<td>.187</td>
</tr>
<tr>
<td>Income</td>
<td>.218</td>
<td>.195</td>
</tr>
<tr>
<td>Perceived Understanding</td>
<td>-.451</td>
<td>.002**</td>
</tr>
<tr>
<td>Plan Decision</td>
<td>-.124</td>
<td>.370</td>
</tr>
</tbody>
</table>

Table 6. Regression Model Reporting Total Correct and Total “Don’t Know”

The independent variables including: gender, age, education, income, employment status, marital status, level of perceived understanding, and decision to join a plan explained 36% of the variance in total correct responses. Perceived understanding level (somewhat or very well vs. not very or not at all) was a statistically significant predictor of answering correctly. These above independent variables also helped to explain 33% of the variance in total “don’t know” responses. Perceived understanding level, marital status, and income (<$20,000, $20,000-under
$40,000, and $40,000-over $80,000) were found to be statistically significant (p<.05) predictors of answering with “I don’t know.”

**Information Resources**

Participants were asked a series of questions relating to information they may have received regarding the new program. A large majority (89.2%) of those asked indicated that they had received information either by mail or in person about the prescription drug coverage, with 97.3% stating that they received information by mail. After stating that they had in fact received information either by mail or in person, the participants were read a list of possible sources of information, and were asked to indicate whether (yes or no) they had received anything from that given source. The top three sources of information were the Centers for Medicare and Medicaid Services, watching the news or television, and from reading the newspaper. The sources that they participants were least likely to receive information from include community events, the Social Security Administration and pharmaceutical companies. The percentages of all the resources identified by the participants can be found in Table 7. There were a number of participants who indicated that they received information from sources other than those read from the list. Participants identified their own insurance companies, own retirement groups, pharmacies, pharmacists, AARP, specific drug plans, church meeting and the computer as some of the other sources they received information from regarding the drug benefit.

The senior center whose members were used as the sample for this study took the initiative to offer presentations to their members so they could gain a better understanding of the programs. The presentations started in early October and continued as the program took shape and beneficiaries could begin enrolling in the program. Therefore, it was of interest to both the researcher and the participating senior center to learn how many of those surveyed had attended a presentation or had received assistance regarding the drug benefit by speaking with a representative from the center. A very small number of individuals indicated that they had attended a presentation and an even smaller number said they had talked with a representative from the senior center. Only eight participants had attended a presentation and only three had talked with a representative of the organization. Of those who had attended a presentation, the majority (5) indicated that the information from the presentation had improved their knowledge of the program while three said their knowledge was not improved or they did not know if it
helped them. One individual who said the presentation did not improve his/her knowledge reported that the presentation just went over basics, while another said that the lack of improved knowledge may have been her fault because she did not ask the right questions. The one individual who said he/she did not know if his/her knowledge was improved stated that he/she was “still confused.”

Table 7. Informational Resources Identified by Participants (n=73)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>News/Television</td>
<td>54.8%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>53.4%</td>
</tr>
<tr>
<td>Senior Center (used for this study)</td>
<td>50.7%</td>
</tr>
<tr>
<td>Talking with Friends and Family</td>
<td>50.7%</td>
</tr>
<tr>
<td>Pharmaceutical Companies</td>
<td>34.2%</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>32.9%</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid</td>
<td>56.2%</td>
</tr>
<tr>
<td>Community Events</td>
<td>24.7%</td>
</tr>
<tr>
<td>Other (n=74)</td>
<td>44.6%</td>
</tr>
</tbody>
</table>

It was also of interest to ask how proactive the participants were in seeking out information about the program on their own. Thirty-six percent said they had sought out information on their own regarding the new program. Those who indicated that they had sought information on their own were asked to share where and how they received the information. The most frequently mentioned source was the pharmacy or a pharmacist. Others mentioned receiving assistance from sons, daughters, spouses, cousins and individuals from their own insurance companies. Still others said they sought out information from Social Security, Medicare, AARP, online or the specific plans they were considering. These could all be seen as trusted sources to the participants as they worked through the details of the program.
CHAPTER V

Discussion

The findings from this study reveal valuable information and interesting trends about a very important and complex program that will affect the lives of millions of Americans. While the relatively small sample size coupled with the homogeneity of the participants hinders any generalization to the larger Medicare beneficiary population, the findings do reveal insight into the views seniors have of the drug program, their knowledge of the program, their potential involvement in the program, their sources of information and the impact demographic characteristics have on all of these factors.

The demographics of the population, along with their prescription drug use, reveal that this is a population who, thankfully, has not had to resort too often to skipping medications because of the cost. But, this is a population that relies on prescription drugs and will undoubtedly continue to do so in the future. While some in this group have the luxury of already having prescription drug coverage, they may be faced with choosing a Medicare prescription drug plan in the future if their current coverage ends. While close to half of the sample already had drug coverage, only a third of the population said they were planning on signing up for a plan, leaving 20% of the population unsure at the time. This twenty percent of individuals is likely still confused about the program or do not feel that they can make an accurate decision regarding their involvement. The 47% of seniors in this survey who stated that they were not going to participate in the program is a higher percentage than the national averages collected by the Kaiser surveys (average 35.5%), which may have to do with the demographics of the population for this particular study.

Surprisingly, 2 out of 3 respondents stated that they had an unfavorable view of the prescription drug program or did not know how they viewed the program. When compared to the national averages presented by Kaiser, the present study had a lower percentage of individuals who had a favorable view of the program. The impression beneficiaries have of this type of program can have an impact on the involvement of beneficiaries and their willingness to understand the program, thus having a greater effect on the overall success of the program.
While the average amount of correct responses provided by the participants in this study appears to be higher than the averages collected in other studies, there is definitely room for improvement. In any other situation, 5 out of 8 would still be considered a failing percentage. The fact that many participants chose to respond with “I don’t know” still reveals a lack of knowledge or confidence regarding the program. The questions the respondents were most likely to provide a correct response to were related to the set up of the plans as well as the extra help that is available for seniors who may have difficulty covering the cost of prescriptions. This knowledge may have come from repeated information, via mail or email about the plans as well as the outreach effort that specifically addressed the limited income aspect of the drug coverage. The questions the respondents were most likely to provide an incorrect response to had more to do with the actual enrollment process, penalties and current coverage of prescriptions. Confusion with the enrollment process may have to do with the confusion between being eligible for the program and actually being in the program which are very different in this particular situation. When seniors turn 65, and have worked 4 quarters, they automatically receive Medicare and some health coverage, which may confuse the current situation whereby they have to take extra steps to be involved. There may also be continued confusion with respect to the penalty that may not have been promoted as much with outreach strategies or may just not be understood by a population who has also been told that this is a voluntary program. Finally, confusion as to whether or not a beneficiary has to drop their current coverage to sign up for a Medicare drug plan could stem from the participants either not having prescription drug coverage by their former employer, or having not received accurate information from their former employer or from Medicare explaining their rights as persons with drug coverage.

It was surprising to find that over half of the respondents perceived their knowledge of the program as low (that is, they indicated that they did not understand the program very well or at all). Compared to the Kaiser surveys, this study had a higher percentage of individuals indicating that they understood the program somewhat or very well and had a lower percentage of individuals indicating that they understood the program not very much or not at all. When compared to their actual knowledge levels, there did appear to be a match between what the respondents perceived their knowledge to be and what was actually found, indicating that they were accurate judges of their own knowledge.
There was a trend among those who were more likely to answer correctly and those who were more likely to answer with “I don’t know” to the statements with respect to age, education, plan decision, and perceived knowledge. Those who were younger in age, higher in education (some college), had decided whether they were going to join a plan, and who felt that they understood the program somewhat or very well, were more likely to answer correctly; women, those who were older in age, lower in education (less than high school diploma), were unsure as to whether they were going to join a plan, and said that they understood the program not very well or not at all, were more likely to respond to the statements with “I don’t know.” Thus, how the participants perceived their knowledge of the program and how well they knew what their involvement would be in the program reflects how well they performed when asked to respond to statements about the coverage.

Education, plan decision and perceived knowledge played a role in separating those who were most knowledgeable from those who were least knowledgeable. The most knowledgeable group had education levels skewed toward the higher end, had made a decision about joining a plan and perceived their understanding of the program to be somewhat well or very well. The least knowledgeable group had education levels skewed toward the lower end, were unsure about their involvement in the program and perceived their understanding of the program to be low.

This study revealed that the participants were receiving a lot of information from a variety of resources about the program and its details. They were receiving information from federal organizations, local organizations, work organizations, pharmaceutical companies, friends, families, pharmacies and media outlets (to name a few) which all may have the same message, but may be presented in many different ways that could only lead to confusion for a senior. Interestingly, it was found that this group of individuals, who, as members of the senior center, have the opportunity to attend presentations or at least talk with a representative about the program, did not appear to take advantage of such services offered by the senior center. This may be in part due to the lack of knowledge that the senior center could be a reliable and valuable resource to turn to about this topic, or that the seniors had little knowledge that the senior center was offering such services. This trend may also be related to the fact that half of the selected participants already had drug coverage and felt that attending a presentation or talking with a representative was unnecessary. It is important to note that about a third of the respondents had sought out information on their own. When they did seek out information on
their own they were most likely to reach out to their pharmacist, family, and insurance companies, clearly people and organizations they may consider as trusted sources.

**Limitations**

While the information collected from the participants in this study provides useful and interesting findings, there were many limitations to the study in general. The timing of the interviews could have played a factor in not reaching as many participants as initially hoped. The interviews took place during the time between Thanksgiving and Christmas or Hanukkah, which may not have been the best time to reach members due to the holiday season. This may have also been a time of the year that the members were not necessarily thinking about the Medicare Prescription Drug Program and concentrating more on the holidays. Even though these limitations were acknowledged before the research was conducted, it was felt that the reasons for conducting the research at that time outweighed the costs, namely, more participants.

Another limitation is that some of the calls to the homes of the members may have been ‘blind’ calls in effect. The members may have not received the letter, may have not read the letter or may have discarded the letter before the call was made. When calls were made, it was clear that some members were unsure about the true intention of the call and of the study. When the respondents were asked if they would be interested in participating, many stated that they either already had drug coverage and didn’t need to know anything about the program or didn’t know enough about the program and would not be a good person to interview. Therefore, there did appear to be a mix of those who were not interested in participating and they were not just those who already had drug coverage or those who did not feel like they knew enough to participate.

Due to the relatively small size of the sample coupled with the participants of the study being predominately white and female no larger generalizations regarding views, knowledge or information resources can be made to the older population, even though some of the findings were consistent with the national trends explored by Kaiser.

Throughout this study, comparisons were made to prior research that looked at knowledge levels of beneficiaries as it related to the basics of Medicare and similar issues such as supplemental insurance. While this provides a good base comparison, one needs to keep in mind that the Medicare prescription drug program varies quite differently from the basics of Medicare.
and other topics on which prior research focused. The prescription drug program was accompanied by a large outreach effort that spanned over time and joined together hundreds of organizations, a step that is not typically taken for other plans/programs/ or details related to regular Medicare and related supplemental insurance.

**Implications/Conclusions**

During phone interviews for this particular research, many of the respondents indicated that there was still quite a bit of tension about the program. While some of the interviews ended within 8 to 10 minutes of the start, some lasted as long as 45 minutes due to respondents inquiring about details of the program. Often, time was spent answering questions about the program and even walking some respondents through the online program created by Medicare. There appeared to be real concern from the respondents about their involvement in the program and their lack of knowledge needed to make an accurate and adequate decision. This clear thirst for knowledge and assistance only speaks to the need of one-on-one attention as seniors navigate their way through the program.

The views and knowledge levels of programs such as the Medicare prescription drug program are extremely important for the involvement of seniors and ultimately the success of the program. The Medicare prescription drug program was designed to be a benefit that would help cut costs of prescriptions for seniors and relieve stress about rising costs in the future; but the confusion about the program, lack of knowledge, and information overload created circumstance for a negative view of the benefit. Programs designed to assist older adults need to be designed and implemented in the most simple and understandable way possible. In this particular case, the Medicare prescription drug program may offer too many choices (something we value as Americans); this is certainly a road block for many seniors. The results of this research show that there are many seniors who have an unfavorable view of the program and who lack knowledge of the basics of the program. While many respondents are fortunate enough to maintain their current drug coverage, the lack of knowledge by those who may eventually take part in the program presents a real concern when considering the future of this and similar programs.

Since the Medicare prescription drug benefit is a relatively new program and an enormously important issue facing seniors, it is clear that further research is necessary. We need to
understand how well seniors understand the program and why they don’t; factors which are no doubt contributors to the successes and failures of the program and the accompanying outreach efforts. It will be of great significance, once the enrollment period ends and the program is in full effect, to evaluate how views, knowledge levels and outreach efforts impacted the success of the program.


McCormack, Lauren and Jennifer Uhrig. 2003. How Does Beneficiary Knowledge of the


Appendix A: Survey
ID #________________

My name is Abbe Linscott and I am with XXXXXX XXXXXXXX XXX. We are interested in understanding your thoughts and knowledge of the Medicare Prescription Drug Coverage. We really appreciate your willingness to take the time to provide us with some valuable information. The information you provide will help with programs provided by XXX in the future. Your participation in the survey is completely voluntary and you are not required to answer any of the questions you do not wish to answer. Your refusal to participate will not result in any penalties and will not affect your involvement with XXXXXX XXXXXXXX XXX. or with the Medicare Drug Benefit. Your responses will be confidential and will not be linked to your personal information in any way. The survey should only take about 10 minutes. Please place a check by your response. Thank you.

Do you currently have Medicare?
___Yes
___No
___Not sure
___I don’t know
___I do not wish to answer

Have you heard about the new Medicare Prescription Drug Coverage?
___Yes
___No
___I don’t know
___I do not wish to answer

How well do you feel you understand the new Medicare Prescription Drug Coverage?
___I understand it very well
___I understand it somewhat well
___I do not understand it very well
___I do not really understand it at all
___I do not wish to answer

Given what you know about it, in general, do you have a favorable or unfavorable impression of the new Medicare Prescription Drug Benefit?
___Favorable
___Unfavorable
___Neither/Neutral
___I don’t know
___I do not wish to answer
I am going to ask you some true/false questions about the Medicare Prescription drug coverage. If you are unsure or you do not know the answer, please let me know. Again, you are not required to answer any question you do not wish to. Please circle your response.

1) All seniors are automatically enrolled in the Medicare Prescription Drug Coverage.
   TRUE     FALSE

2) There is extra help through the Medicare prescription drug coverage available for seniors who have difficulty covering the cost of prescriptions.
   TRUE     FALSE

3) Seniors can choose from different prescription drug plans offered in their areas.
   TRUE     FALSE

4) I am able to enroll in a Medicare Prescription Drug plan between November 15, 2005 and May 15, 2006.
   TRUE     FALSE

5) There is a chance that I could face a penalty if do not sign up for a Medicare Prescription Drug Plan by May 15, 2006.
   TRUE     FALSE

6) I may have to pay a premium for the Medicare Prescription Drug Coverage.
   TRUE     FALSE

7) If I have my prescription drugs covered by my former employer, I have to drop it and sign up for a Medicare prescription drug plan.
   TRUE     FALSE

Have you received any information in the mail or in person about the Medicare Prescription Drug Coverage?
___Yes
___No
___I don’t know
___I do not wish to answer

How have you received information about the Medicare Prescription Drug Coverage?
___In the Mail
___News/Television
___Newspaper
___Senior Citizens Inc.
___Talking with friends and family
___Pharmaceutical Companies
___Social Security Administration
___Centers for Medicare and Medicaid (CMS)
___Community Events

40
I have not received any information
___ I received information in other ways ________________________________

Have you sought out information on the Medicare Prescription Drug Coverage?
___ Yes
___ No
___ I don’t know
___ I do not wish to answer

If so, where/how did you receive the information?

Do you think you will sign up for a plan?
___ Yes
___ No
___ I don’t know
___ I do not wish to answer

If No, what is the reason?
___ I already have drug coverage
___ I do not know enough about the program
___ I do not agree with the program
___ Other ________________________________
___ I don’t know
___ I do not wish to answer

Do you currently take any prescription medicines on a daily basis?
___ Yes
___ No
___ I don’t know
___ I do not wish to answer

How many different prescriptions do you take?
___ 1-3 prescriptions
___ 4 or more prescriptions
___ I do not know how many
___ I do not take any prescriptions
___ I don’t know
___ I do not wish to answer

Have you ever not filled a prescription because of the cost of your medicines?
___ Yes
___ No
___ I don’t know
___ I do not wish to answer
Demographic
I am interested in knowing about the demographic characteristics of our participants. It would be greatly appreciated if you would answer the following questions about yourself, by selecting the appropriate category. Remember, you are not required to answer any question you do not wish to answer. All of the following information will be kept confidential. We will never link your personal information with your specific answers.

What is your date of birth? ________________

Zip Code: ________________
What is your gender?
___Male
___Female

Which category best describes your race? You may answer to more than one if that best describes your race.
___White or Caucasian
___Black or African American
___Hispanic, Spanish or Latino
___Asian
___American Indian or Alaska Native
___Native Hawaiian or Other Pacific Islander
___Other (Please specify__________________________)

What is your marital status?
___Now married
___Widowed
___Divorced
___Separated
___Never Married

What is your current employment status?
___Full-Time
___Part-Time
___Unemployed
___Retired

What is your highest level of education?
___Less than High School Diploma
___High School Diploma
___Some college, including Associate degree
___Bachelor’s Degree
___Some post-graduate work or advanced degree
Income Levels (Total Household Income)
___Less than 20,000
___20,000 to under 40,000
___40,000 to under 60,000
___60,000 to under 80,000
___80,000 or more
___I don’t know
___I do not wish to answer

How many people live in your household? (Including yourself) ________

Would you be interested in more information about the Medicare Prescription Drug Coverage?
___Yes
___No
___I don’t know
___I do not wish to answer

If so, I would be happy to send you some information or let you know about events taking place in your area.

Thank You! If you would like to know more about this study or are interested in the results you may contact Abbe Linscott at:
396 Upham Hall
Miami University
Oxford, Ohio 45056
Appendix B: Consent Form

Consent to Participate

Focus Group- Senior Center

I understand that I am participating in a study that will help obtain an idea of the knowledge seniors have of the new Medicare Prescription Drug Coverage. Along with other volunteers, we will participate in completing a survey and will discuss the aspects of the surveys in a group setting.

I understand that my participation in the survey and in the group discussion is completely voluntary. Any question that I answer in the survey will be confidential and will not be traced back to me in any way. Everything that is being said in the discussion will be confidential, and no written reports, publication, or presentations will include anything that might identify me. If my words are quoted, they will not be linked to me in any way.

I understand that if I become tired, or uncomfortable, or do not wish to continue, I may withdraw from the survey or the discussion group at any time and for any reason. I also understand that my decision to withdraw will in no way affect my position or my relationship to Senior Citizens Inc. or my involvement in the Medicare Prescription Drug Benefit. I am giving my consent to participate freely, and with full understanding. In addition, I am also giving my permission to be audiotaped.

Signed__________________________________ Date______________________
Appendix C: Letter to Senior Center Members

November 22, 2005

Dear XXX Member:

As most of you know, Medicare has created a new Prescription Drug coverage to add to the benefits available to seniors who have Medicare. You may have received information in the mail or heard about the program in the news. We are interested in getting an idea of what information seniors are receiving and how much knowledge seniors have about the new drug coverage.

At the request of the Scripps Gerontology Center of Miami University, we are randomly contacting XXXXXX XXXXXXXX XXX members to take part in a survey to explore how much you know right now about the coverage as well what views you have of the new program.

Your participation in the survey is completely voluntary and you are not required to answer any questions you do not wish to answer. Protecting your privacy is of great importance to both XXX and Miami University. Your responses are completely confidential and the information you provide or the answers you give will never be traced back to you specifically.

The information you provide will be very useful in the future and will help XXXXXX XXXXXXXX XXX understand the needs of its members and provide appropriate information about important issues such as Medicare.

In the next three weeks, as a follow up to this letter, Abbe Linscott, a graduate student in Gerontology at Miami University will contact you by phone to conduct this survey. Again, your participation is completely voluntary. If you do not wish to participate, please indicate this when Abbe calls.

Thank you.

Sincerely,

Abbe Linscott,  
Executive Director

Miami University Graduate Student