



Telehealth and Equity

**Conducted by The Associated Press-NORC Center for Public Affairs Research
Funded by The SCAN Foundation**

Interview dates: November 12-15, 2021

*Nationally representative sample of 1,000 adults age 50 and older, conducted using the Foresight 50+ Panel, the probability-based panel of NORC at the University of Chicago
Margin of error: +/- 4.3 percentage points at the 95% confidence level*

NOTE: All results show percentages among all respondents, unless otherwise labeled.

Q1. Does your home have high-speed internet access, or not?

	AP-NORC 11/12-15/2021
Yes	91
No	8
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	1
N=	1,000

Q2. Do you use a device that can connect to the internet such as a computer, smartphone, or tablet, or not?

	AP-NORC 11/12-15/2021
Yes	94
No	6
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	*
N=	1,000

Q3. Many health care providers have been using technology to safely provide patients with medical care from a distance during the COVID-19 outbreak, for example by using a live video service like Zoom, Doxy.me, or FaceTime, talking over the telephone, or by email or text message. This is often referred to as telehealth.

Have you received any care using any of the following since the COVID-19 pandemic started in March 2020?¹

	AP-NORC 3/25-29/2021	AP-NORC 8/20-23/2021	AP-NORC 11/12-15/2021
Any Telehealth NET	56	63	62
Live video service like Zoom, Doxy.me, or FaceTime	32	33	36
Talking on the telephone	37	45	44
Email	17	25	24
Text message	12	20	16
None of the above	44	37	37
DON'T KNOW	-	-	-
SKIPPED ON WEB/REFUSED	*	*	*
N=	542	1,015	1,000

¹ The August survey phrased this question, “Many health care providers have *begun* using technology...” [emphasis added]. The March survey also used “begun”, and phrased the question as “Have you received any care using any of the following?”

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If used any type of telehealth in Q3

Q4. Have you received any of the following types of care through telehealth, or not?

[GRID ITEMS RANDOMIZED]

AP-NORC 11/12-15/2021	Yes	No	DK	SKP/REF
Mental health services	14	83	-	2
A non-urgent health concern	58	41	-	1
An urgent health concern	14	82	-	4
Ongoing care to manage a chronic condition	40	58	-	2
Wellness check-ins and support	41	58	-	2
Health care services like physical or occupational therapy	9	90	-	2
A prescription or medication consultation	52	48	*	*

N=635

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Ask for each specific type of telehealth used in Q4

Q5. How comfortable were you receiving care through telehealth for each of the following?

[GRID ITEMS RANDOMIZED, SAME ORDER AS Q4]

AP-NORC 11/12-15/2021	Extremely/ Very comfort- able NET	Extremely comfort- able	Very comfort- able	Somewhat comfort- able	Not too/ Not comfort- able at all NET	Not too comfort- able	Not comfort- able at all	DK	SKP/ REF
Mental health services (N=88)	72	31	41	20	9	4	4	-	-
A non-urgent health concern (N=362)	70	25	46	22	6	4	2	-	1
An urgent health concern (N=91)	42	22	20	42	15	13	2	-	1
Ongoing care to manage a chronic condition (N=267)	63	29	35	30	6	6	1	-	*
Wellness check- ins and support (N=276)	74	32	42	20	5	5	-	*	1
Health care services like physical or occupational therapy (N=48)	40	18	22	32	28	27	1	-	-
A prescription or medication consultation (N=311)	82	36	46	14	3	3	*	-	1

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Ask for each specific type of telehealth not used in Q4

Q6. If you needed each of the following types of care, how comfortable would you be receiving that care through telehealth?

[GRID ITEMS RANDOMIZED, SAME ORDER AS Q4]

AP-NORC 11/12-15/2021	Extremely/ Very comfort- able NET	Extremely comfort- able	Very comfort- able	Somewhat comfort- able	Not too/ Not comfort- able at all NET	Not too comfort- able	Not comfort- able at all	DK	SKP/ REF
Mental health services (N=528)	22	8	14	38	35	18	17	-	4
A non-urgent health concern (N=264)	49	16	34	32	17	9	8	-	2
An urgent health concern (N=519)	17	5	12	32	47	23	23	-	3
Ongoing care to manage a chronic condition (N=353)	35	7	28	36	25	13	11	*	4
Wellness check- ins and support (N=349)	49	13	36	38	12	6	6	-	1
Health care services like physical or occupational therapy (N=576)	17	5	11	35	46	28	18	1	1
A prescription or medication consultation (N=319)	59	21	38	31	8	3	4	-	2

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If used any type of telehealth in Q3

Q7. Once the COVID-19 outbreak is over, how likely are you to continue to seek care through telehealth at least some of the time?

[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

	AP-NORC 8/20-23/2021 ²	AP-NORC 11/12-15/2021
Extremely/Very likely NET	18	27
Extremely likely	6	8
Very likely	13	18
Somewhat likely	32	35
Not too/Not at all likely NET	49	38
Not too likely	32	27
Not at all likely	17	11
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	*
N=	613	635

² August survey asked, "Once the COVID-19 outbreak is over, how likely are you to continue to seek care through telehealth?"

Q8. Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care through telehealth instead of in person?

[GRID ITEMS RANDOMIZED]

AP-NORC 11/12-15/2021	Major reason	Minor reason	Not a reason	DK	SKP /REF
It is easier to schedule an appointment at a time that works for you	36	33	31	*	*
It is easier to meet with the specific provider you need to see	35	33	31	-	1
You want to avoid getting exposed to COVID-19 at an in-person appointment	28	31	41	-	1
You don't have transportation to get to an in-person appointment	17	11	72	-	1
It is cheaper than an in-person appointment	19	25	54	*	1
You don't think you needed to meet with a provider in person	27	31	38	1	2
It is easier to have a caregiver or support person with you for your appointment	9	20	68	1	2
Your health makes it difficult to get to an in-person appointment	10	14	74	1	2
You want an immediate response	35	33	29	1	2
You just feel more comfortable at home	17	30	50	1	2

N=1,000

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Q9. When it comes to receiving health care through telehealth, how concerned are you about the following?

[GRID ITEMS RANDOMIZED, HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

AP-NORC 11/12-15/2021	Extremely/ Very concerned NET	Extremely concerned	Very concerned	Somewhat concerned	Not very/ Not concerned at all NET	Not very concerned	Not concerned at all	DK	SKP/ REF
Running into technical issues	16	5	12	33	50	27	23	*	1
The security of your health information	17	9	9	19	62	32	30	*	2
A lack of privacy in your home when communicating about health concerns	8	3	6	10	81	22	59	*	1
Running into issues with health care coverage or reimbursement	13	4	9	22	64	32	32	*	1
Receiving care that is not as effective as a traditional in-person visit	31	11	20	36	31	18	13	*	1
Meeting with a doctor or provider who does not understand your cultural preferences	13	5	9	16	71	25	46	*	*
Not having a personal relationship with your doctor or provider	29	10	18	30	41	20	21	*	*
Not having the appropriate devices to access telehealth	12	4	8	19	68	28	41	*	*

N=1,000

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Q10. When it comes to telehealth, how helpful would each of the following be?

[GRID ITEMS RANDOMIZED, HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

AP-NORC 11/12-15/2021	Extremely/ Very helpful NET	Extremely helpful	Very helpful	Somewhat helpful	A little/ Not helpful at all NET	A little helpful	Not helpful at all	DK	SKP/ REF
Assistance learning how to use the necessary technology	27	10	17	28	44	20	24	*	1
Information from your health insurance on what types of telehealth is covered	50	20	31	26	23	12	12	*	1
The option to use telehealth on a smartphone rather than a desktop or laptop computer	35	14	21	26	37	14	23	1	1
The option to have audio-only visits, rather than live-video visits	18	6	12	27	54	19	35	*	1
The option to exchange emails or direct messages with your doctor or provider	55	26	29	24	20	11	9	*	1
Having a prior relationship with your doctor or provider	69	34	35	17	12	6	6	*	1
Having your doctor or provider provide the necessary devices like a computer, tablet, or smartphone	21	9	12	21	57	13	44	*	1
Translation services	12	6	6	12	75	6	69	*	1

N=1,000

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Q11. If you needed each of the following types of care, how comfortable would you be receiving that care in person?

[GRID ITEMS RANDOMIZED, HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

AP-NORC 11/12-15/2021	Extremely/ Very comfort- able NET	Extremely comfort- able	Very comfort- able	Somewhat comfort- able	Not too/ Not comfort- able at all NET	Not too comfort- able	Not comfort- able at all	DK	SKP/ REF
Mental health services	70	39	31	18	11	7	4	*	1
A non-urgent health concern	74	39	35	21	5	3	1	*	1
Ongoing care to manage a chronic condition	77	42	35	17	5	3	2	*	1
Wellness check-ins and support	78	41	37	17	4	3	1	-	1
A prescription or medication consultation	80	41	39	16	3	2	1	-	1

N=1,000

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Q12. Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care in person instead of through telehealth?

[GRID ITEMS RANDOMIZED, HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

AP-NORC 11/12-15/2021	Major reason	Minor reason	Not a reason	DK	SKP /REF
The costs or co-pays associated with telehealth	16	23	58	1	1
You had difficulty scheduling an appointment	21	28	50	*	1
The internet speed or connection at your home is too slow	17	17	65	*	1
You don't have access to a device, such as a tablet, desktop or laptop computer	18	10	71	*	1
You don't have specific programs installed on your device	20	23	57	-	1
You don't want to be on video or use a camera	18	25	56	-	1
You don't feel comfortable using technology	16	23	60	-	1
You don't like using technology	15	22	62	*	1

N=1,000

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Q13. When it comes to receiving health care in-person, how concerned are you about each of the following?

[RANDOMIZE GRID ITEMS, HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

AP-NORC 11/12-15/2021	Extremely/ Very concerned NET	Extremely concerned	Very concerned	Somewhat concerned	Not very/ Not concerned at all NET	Not very concerned	Not concerned at all	DK	SKP /REF
Receiving low-quality care	22	10	12	19	58	25	34	-	*
The security of your health information	16	7	9	18	66	28	38	-	1
A lack of privacy in the office when communicating about health concerns	10	4	6	15	75	31	44	*	*
Running into issues with health care coverage or reimbursement	17	7	10	18	64	29	35	-	1
Difficulty scheduling an appointment	22	9	13	24	54	25	29	-	1
Difficulty finding a doctor or health care provider who is like you	14	4	9	19	67	28	39	*	*
Meeting with a doctor or provider who does not understand your cultural preferences	14	5	8	11	75	21	54	-	*
Not having a personal relationship with your doctor or provider	27	7	20	23	50	22	28	-	*

N=1,000

DM5. How would you describe the community you live in now?

	AP-NORC 11/12-15/2021
Urban	22
Suburban	53
Rural	24
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	*

N= 1,000

AGE

	AP-NORC 11/12-15/2021
50-64	53
65+	47

N= 1,000

GENDER

	AP-NORC 11/12-15/2021
Male	47
Female	53

N= 1,000

RACE/ETHNICITY

	AP-NORC 11/12-15/2021
White	71
Black or African American	11
Hispanic	12
Other	7

N= 1,000

MARITAL STATUS

	AP-NORC 11/12-15/2021
Married	57
Not married	43

N= 1,000

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EMPLOYMENT STATUS

	AP-NORC 11/12-15/2021
Employed	42
Not employed	58
<i>N=</i>	<i>1,000</i>

EDUCATION

	AP-NORC 11/12-15/2021
Less than a high school diploma	10
High school graduate or equivalent	30
Some college	25
College graduate or above	18
Post grad study/professional degree	16
<i>N=</i>	<i>1,000</i>

INCOME

	AP-NORC 11/12-15/2021
Under \$10,000	3
\$10,000 to under \$20,000	10
\$20,000 to under \$30,000	10
\$30,000 to under \$40,000	10
\$40,000 to under \$50,000	10
\$50,000 to under \$75,000	17
\$75,000 to under \$100,000	13
\$100,000 to under \$150,000	15
\$150,000 or more	11
<i>N=</i>	<i>1,000</i>

Study Methodology

This study, funded by [The SCAN Foundation](#), was conducted by The Associated Press-NORC Center for Public Affairs Research. Staff from NORC at the University of Chicago, The Associated Press, and The SCAN Foundation collaborated on all aspects of the study.

Data were collected using the Foresight 50+ Consumer Omnibus, a monthly multi-client survey using NORC's probability-based panel designed to be representative of the U.S. household population of adults age 50 and older. The survey was part of a larger study that included questions about other topics not included in this report. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame or a secondary national address frame, both with over 97% coverage of all U.S. addresses, and then contacted by U.S. mail, email, telephone, or field interviewers (face to face). Households were screened for having at least one adult age 50 and older. The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings population. Of note for this study, the panel would also exclude adults age 50 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Interviews for this survey were conducted between November 12 and November 15, 2021, with adults age 50 and older representing the 50 states and the District of Columbia. Panel members were randomly drawn from the Foresight 50+ Panel, and 1,000 completed the survey—933 via the web and 67 via telephone. Panel members were invited by email or by phone from an NORC telephone interviewer. Interviews were conducted in English. Respondents were offered a small monetary incentive (\$3) for completing the survey.

The final stage completion rate is 27.0%, the weighted household panel recruitment rate is 17.1%, and the weighted household panel retention rate is 75.6%, for a cumulative response rate of 3.5%. The overall margin of sampling error is +/- 4.3 percentage points at the 95% confidence level including the design effect. The margin of sampling error may be higher for subgroups.

Sampling error is only one of many potential sources of error and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 25 interviews were removed for nonresponse to at least 50% of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a poststratification process is used to adjust for any survey nonresponse as well as any non-coverage or under and oversampling resulting from the study specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, education, and AARP Membership. Weighting variables were obtained from the 2021 Current Population Survey and AARP. The weighted data reflect the U.S. population of adults age 50 and over.

Complete questions and results are available at www.longtermcarepoll.org/project/telehealth-and-equity/. For more information, email info@apnorc.org.

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Additional information on the Foresight 50+ Panel methodology is available at:

<https://www.norc.org/Research/Capabilities/Pages/Foresight50.aspx>.

For more information, email info@norc.org or info@apnorc.org.

About The SCAN Foundation

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

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- NORC at the University of Chicago is one of the oldest objective and non-partisan research institutions in the world. www.norc.org

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