



The Associated Press-NORC  
Center for Public Affairs Research

# The Long-Term Care Poll 2020

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

## *2020 Data:*

*Interview dates: August 27-September 14, 2020*

*Nationally representative sample of 1,893 adults, conducted using the AmeriSpeak® Panel, the probability-based panel of NORC at the University of Chicago*

*Margin of error: +/- 3.0 percentage points at the 95% confidence level*

## *2018 Data:*

*Interview dates: March 13-April 5, 2018*

*Nationally representative sample of 1,945 adults, conducted using the AmeriSpeak Panel*

*Margin of error: +/- 3.3 percentage points at the 95% confidence level*

*Interview dates: June 26-July 10, 2018*

*1,024 adults with past or current experience providing long-term care, conducted using the AmeriSpeak Panel*

*Margin of error: +/- 4.1 percentage points at the 95% confidence level*

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

**Q1. In general, how would you rate your overall health?**
**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Excellent/Very good NET</b>	<b>42</b>	<b>40</b>
Excellent	9	8
Very good	33	32
<b>Good</b>	<b>40</b>	<b>41</b>
<b>Poor/Fair NET</b>	<b>17</b>	<b>19</b>
Fair	14	16
Poor	3	3
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	*
N=	1,893	1,945

**Q2. Thinking about your own personal situation as you get older, does each of the following cause you a great deal of concern, quite a bit of concern, a moderate amount, only a little, or none at all?**
**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

AP-NORC 8/27-9/14/20	<b>A great deal/ Quite a bit NET</b>	A great deal	Quite a bit	<b>A moderate amount</b>	<b>Only a little/None at all NET</b>	Only a little	None at all	DK	SKP/ REF
Losing your independence and having to rely on others	<b>47</b>	23	24	<b>26</b>	<b>26</b>	17	9	*	*
Losing your memory or other mental abilities	<b>46</b>	25	21	<b>25</b>	<b>29</b>	17	12	*	*
Being able to pay for any care or help you might need as you grow older	<b>40</b>	20	21	<b>26</b>	<b>33</b>	22	12	*	*
Having to leave your home and move into a nursing home	<b>36</b>	19	17	<b>21</b>	<b>43</b>	24	19	*	*
Being a burden on your family	<b>39</b>	21	18	<b>25</b>	<b>36</b>	20	16	*	*
Leaving debts to your family	<b>29</b>	16	14	<b>17</b>	<b>53</b>	24	29	*	*
Not planning enough for the care you might need when you get older	<b>34</b>	17	17	<b>30</b>	<b>36</b>	24	11	*	*
Being alone without family or friends around you	<b>34</b>	17	17	<b>25</b>	<b>41</b>	25	16	*	*

N=1,893

**Q3. Some people need ongoing living assistance as they get older. This assistance can be help with things like keeping house, cooking, bathing, getting dressed, getting around, paying bills, remembering to take medicine, or just having someone check in to see that everything is okay. This help can happen at your own home, in a family member's home, in a nursing home, or in a senior community. And, it can be provided by a family member, a friend, a volunteer, or a health care professional.**

**Are you currently providing ongoing living assistance on a regular basis to a family member or close friend or not?**

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Yes	17	16
No	83	84
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	*
N=	1,893	1,945

*If "No," "DON'T KNOW," "SKIPPED ON WEB," OR "REFUSED" in Q3*

**Q4. Have you ever provided ongoing living assistance on a regular basis to a family member or close friend or not?**

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Yes	34	29
No	66	71
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	*
N=	1,328	1,633

*If current caregiver in Q3*

**Q5. Were you already providing ongoing living assistance for an aging family member or close friend before the COVID-19 outbreak began, or did you start providing ongoing living assistance after the COVID-19 outbreak began?**

	AP-NORC 8/27-9/14/20
Before the COVID-19 outbreak began	88
Started after the COVID-19 outbreak began	12
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	*
N=	565

*If “Started after the COVID-19 outbreak began” in Q5*

**Q6. Did you start providing ongoing living assistance for any of the following reasons?**

*Please select all that apply.*

	AP-NORC 8/27-9/14/20
The person you provide care to was infected with COVID-19	8
The person who usually provides care was infected with COVID-19	8
Restrictions because of the pandemic made the person who needed care less able to care for themselves	37
The person’s previous care situation no longer seemed safe due to the COVID-19 outbreak	13
The person started needing care for reasons unrelated to COVID-19 or the pandemic	48
DON’T KNOW	*
SKIPPED ON WEB/REFUSED	1
N=	69

*If age 40+*

**Q7. Are you currently receiving ongoing living assistance or not?**

As a reminder, this assistance can be help with things like keeping house, cooking, bathing, getting dressed, getting around, paying bills, remembering to take medicine, or just having someone check in to see that everything is okay. This help can happen at your own home, in a family member’s home, in a nursing home, or in a senior community. And, it can be provided by a family member, a friend, a volunteer, or a health care professional.

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Yes	9	5
No	91	95
DON’T KNOW	*	-
SKIPPED ON WEB/REFUSED	*	*
N=	1,175	1,522

If "No," "DON'T KNOW", "SKIPPED ON WEB", or "REFUSED" in Q7

**Q8. Have you ever received ongoing living assistance like this or not?**

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Yes	5	4
No	95	96
DON'T KNOW	*	-
SKIPPED ON WEB/REFUSED	-	*
N=	1,062	1,428

**Q9. The next question is about people who provide in-home ongoing living assistance other than those who solely provide housekeeping assistance.**

**Have you employed someone to provide in-home ongoing living assistance for yourself, a family member, or a friend:**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
Before the COVID-19 outbreak	14	86	-	*
Since the COVID-19 outbreak began	5	94	*	1

N=1,893

If age 18-39 or if "No", "DON'T KNOW", "SKIPPED ON WEB", or "REFUSED" in Q7

**Q10. How likely do you think it is that you will personally require ongoing living assistance some day?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Extremely/Very likely NET</b>	<b>17</b>	<b>22</b>
Extremely likely	4	4
Very likely	14	18
<b>Somewhat likely</b>	<b>42</b>	<b>43</b>
<b>Not at all/Not too likely NET</b>	<b>40</b>	<b>35</b>
Not too likely	33	29
Not at all likely	8	6
DON'T KNOW	*	1
SKIPPED ON WEB/REFUSED	*	*

N=

1,780

1,851

**Q11.**

*If “Yes” in Q7: If you could choose, what would be your first choice as to where you would receive assistance right now?*

*If “No,” “DON’T KNOW,” “SKIPPED ON WEB,” OR “REFUSED” in Q7: In the event that you need ongoing living assistance someday, if you could choose, what would be your first choice as to where you would receive that assistance?*

	AP-NORC 8/27-9/14/20
Your own home	79
Friend or family member’s home	10
Nursing home	3
Senior community	8
DON’T KNOW	*
SKIPPED ON WEB/REFUSED	*

N=

1,893

*If age 40+*

**Q12. How much planning, if any, [did you do/have you done] for your own needs for ongoing living assistance?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>A great deal/Quite a bit NET</b>	<b>10</b>	<b>12</b>
A great deal	3	5
Quite a bit	7	7
<b>A moderate amount</b>	<b>18</b>	<b>23</b>
<b>None at all/Only a little NET</b>	<b>72</b>	<b>64</b>
Only a little	26	27
None at all	46	37
DON’T KNOW	-	*
SKIPPED ON WEB/REFUSED	1	*

N=

1,175

1,522

*If age 40+*

**Q13. [If "None at all" in Q12: The following actions might be considered planning for living assistance even if you haven't thought about them that way.]**

**What actions have you taken to plan for your own needs as you age? Have you done each of the following or not?**

**[ITEMS RANDOMIZED]**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
Set aside money to pay for ongoing living assistance expenses including nursing home care, senior community, or care from a home healthcare aide	28	72	-	*
Discussed your preferences for the kinds of ongoing living assistance you do or do not want with your family	37	63	*	*
Created a legal document such as a living will or advance treatment directive that allows someone you trust to make decisions for you if you cannot on your own	46	54	-	*
Looked for information about aging issues or ongoing living assistance	23	76	-	1
Modified your home in any way to make it easier to live in as you grow older	25	75	-	*
Moved/made plans to move to a community or facility designed for older adults	7	93	-	1
Discussed your preferences for your funeral arrangements with someone you trust	55	44	-	*
Looked for information about long-term care insurance. That's extra insurance that covers expenses of ongoing living assistance.	24	76	-	*
Moved or made plans to move in with a family member or friend	8	91	-	*

*N=1,175*

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AP-NORC 3/13-4/5/18	Yes	No	DK	SKP/ REF
Set aside money to pay for ongoing living assistance expenses including nursing home care, senior community, or care from a home healthcare aide	29	70	*	1
Discussed your preferences for the kinds of ongoing living assistance you do or do not want with your family	39	60	*	*
Created a legal document such as a living will or advance treatment directive that allows someone you trust to make decisions for you if you cannot on your own	44	55	*	*
Looked for information about aging issues or ongoing living assistance	25	74	*	1
Modified your home in any way to make it easier to live in as you grow older	29	70	*	1
Moved/made plans to move to a community or facility designed for older adults	8	91	-	1
Discussed your preferences for your funeral arrangements with someone you trust	57	43	-	1
Looked for information about long-term care insurance. That's extra insurance that covers expenses of ongoing living assistance.	23	76	*	1
Moved or made plans to move in with a family member or friend	9	89	*	1

N=1,522

*If current or former caregiver in Q3/Q4*

**Q14. When you think about your personal experience providing ongoing living assistance, would you say you [feel/felt]...?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Extremely/Very stressed NET</b>	<b>26</b>	<b>31</b>
Extremely stressed	8	13
Very stressed	17	18
<b>Moderately stressed</b>	<b>36</b>	<b>40</b>
<b>Not at all/Only a little stressed NET</b>	<b>38</b>	<b>29</b>
Only a little stressed	27	22
Not at all stressed	11	7
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	*

N=

1,020

784



*If current or former caregiver in Q3/Q4*

**Q15. About how many hours [do/did] you provide unpaid care to a family member or friend?**

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
5 hours per week or less	28	29
More than 5 hours per week but less than 10 hours per week	21	20
10 hours per week or more	50	51
DON'T KNOW	-	*
SKIPPED ON WEB/REFUSED	1	*
N=	1,020	784

*If "Before the COVID-19 outbreak began" in Q5*

**Q16. As a result of the COVID-19 outbreak, would you say your caregiving responsibilities have...?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20
Increased	36
Decreased	10
Stayed about the same	54
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	*
N=	493

*If current or former caregiver in Q3/Q4*

**Q17. Would you say that the [primary person you provide care to needs/most recent person you provided care to] needed care because of any of the following?**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
Loss of memory or other mental abilities, such as Alzheimer's disease or dementia	37	63	-	1
Short-term physical conditions or diseases, such as pneumonia or an injury from a fall or accident	39	61	-	1
Long-term physical conditions, diseases, or disabilities, such as diabetes, loss of vision, or loss of mobility	68	32	-	*
Mental health conditions, such as anxiety or depression	34	66	-	1
COVID-19 or complications stemming from a COVID-19 infection	5	94	-	1
Something else	9	88	-	3

N=1,020

AP-NORC 3/13-4/5/18	Yes	No	DK	SKP/ REF
Loss of memory or other mental abilities, such as Alzheimer's disease or dementia	32	66	*	2
Short-term physical conditions or diseases, such as pneumonia or an injury from a fall or accident	32	64	*	3
Long-term physical conditions, diseases, or disabilities, such as diabetes, loss of vision, or loss of mobility	69	30	-	1
Mental health conditions, such as anxiety or depression	28	69	*	3
Something else	6	81	1	3

N=1,024

If current caregiver in Q3

**Q18. Thinking about the person you are currently providing ongoing living assistance to, where does this person live?**

	AP-NORC 8/27-9/14/20	AP-NORC 6/26-7/10/18 <sup>1</sup>
Your home	32	38
Their own home	50	38
Another friend or family member's home	9	12
Nursing home	7	7
Senior community	3	5
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	*	-

N=

565

481

If current caregiver in Q3

**Q19. Did the person you are providing ongoing living assistance to need to move their primary residence due COVID-19 at any point during the pandemic, or not?**

	AP-NORC 8/27-9/14/20
Yes	13
No	86
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	*

N=

565

<sup>1</sup> 2018 Question text: "Are you currently providing this ongoing living assistance in your own home, in your aging friend or family member's home, in another friend or family members' home, in a nursing home, or in a senior community?"

If "Yes" in Q19

**Q20. Where did this person live before they moved?**

	AP-NORC 8/27-9/14/20
Your home	10
Their own home	39
Another friend or family member's home	38
A nursing home	10
A senior community	2
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	-
N=	60

If current caregiver in Q3

**Q21. Thinking about each of the following, how concerned are you about providing in-person care during the COVID-19 outbreak when it comes to...?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

AP-NORC 8/27-9/14/20	<b>Extremely/ Very con- cerned NET</b>	Extremely con- cerned	Very con- cerned	<b>Moder- ately con- cerned</b>	<b>Not at all/Only a little con- cerned NET</b>	Only a little con- cerned	Not at all con- cerned	DK	SKP/ REF
Your own risk of being infected with COVID-19	<b>28</b>	14	14	<b>26</b>	<b>46</b>	26	20	-	*
The risk of the person you care for becoming infected with COVID-19	<b>44</b>	23	21	<b>27</b>	<b>29</b>	18	11	-	*

N=565

*If current caregiver in Q3 and employed someone to provide in-home ongoing living assistance either before or since the COVID-19 outbreak*

**Q22. As a result of the COVID-19 outbreak, have you or has anyone in your family canceled in-home ongoing living assistance, or not?**

	AP-NORC 8/27-9/14/20
Yes	28
No	71
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	1
N=	176

*If current caregiver in Q3*

**Q23. Has the person you provide care for had difficulty understanding lifestyle changes related to the COVID-19 outbreak like: wearing a mask, having fewer visitors, or the cause of other disruptions?**

	AP-NORC 8/27-9/14/20
Yes, they have had difficulty	35
No, they have not had difficulty	65
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	*
N=	565

*If current caregiver in Q3*

**Q24. Since the COVID-19 outbreak began, have you used any of the following services in order to provide ongoing living assistance to your family member or friend, or not?**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
Meal, grocery, or pharmacy delivery service	50	50	*	*
"Senior only" hours at stores	33	66	-	*
A transportation service	18	82	-	*
Video chat technology to check in on the person in order to limit in-person exposure	38	61	-	*
Telehealth or virtual care visits with a health care provider	50	50	-	1

N=565

If "Yes" in Q3

**Q25. Has the COVID-19 outbreak affected your ability to provide care in any of the following ways, or not?**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
You weren't able to get groceries for the person you care for	23	76	-	1
You weren't able to get medications or health care supplies for the person you care for	23	77	-	1
[If "Their own home" in Q18] You weren't able to get help around their house, such as housekeeping (N=281)	27	72	-	1
You didn't have the financial resources you need to provide care	29	70	-	1
You had to cancel or postpone medical care for the person you care for	43	57	-	*
[If "A nursing home" or "A senior community" in Q18] You weren't able to visit or provide care in the nursing home or senior community (N=48)	68	32	-	-
[If "Their own home" in Q18] You weren't able to visit or provide care in their home as often (N=281)	34	66	-	1

N=565

If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3

**Q26. How likely do you think it is that an aging family member or close friend will need ongoing living assistance in the next five years?**

[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Extremely/Very likely NET</b>	<b>25</b>	<b>30</b>
Extremely likely	8	11
Very likely	17	19
<b>Somewhat likely</b>	<b>32</b>	<b>35</b>
<b>Not at all/Not too likely NET</b>	<b>43</b>	<b>34</b>
Not too likely	30	27
Not at all likely	12	8
DON'T KNOW	*	1
SKIPPED ON WEB/REFUSED	*	*

N=

1,328

1,633

*If age 18-39*

**Q27. As a result of the COVID-19 outbreak, have you had conversations about aging and ongoing living assistance with your family members or friends more often than before the outbreak, less often than before the outbreak, or neither more nor less often?**

	AP-NORC 8/27-9/14/20
More often	17
Less often	14
Neither more nor less often	68
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	*

N=

718

**Q28. Thinking about your [current/possible] needs for ongoing living assistance, how confident are you that you will have the financial resources to pay for any care you need as you get older?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Extremely/Very confident NET</b>	<b>15</b>	<b>17</b>
Extremely confident	4	3
Very confident	11	14
<b>Somewhat confident</b>	<b>44</b>	<b>38</b>
<b>Not at all/Not too confident NET</b>	<b>41</b>	<b>45</b>
Not too confident	28	29
Not at all confident	13	15
DON'T KNOW	-	*
SKIPPED ON WEB/REFUSED	1	*

N=

1,893

1,945

**Q29. Now, thinking about who should be responsible for paying for the costs of ongoing living assistance...**

**How much responsibility should each of the following have for paying for the costs of ongoing living assistance?**

**[ITEMS RANDOMIZED; HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	<b>Very large/ Large NET</b>	Very large	Large	<b>Moderate</b>	<b>Small/ None at all NET</b>	Small	None at all	DK	SKP/ REF
AP-NORC 8/27-9/14/20									
Individuals	<b>29</b>	9	20	<b>36</b>	<b>34</b>	23	11	*	1
Families	<b>15</b>	5	11	<b>32</b>	<b>51</b>	31	20	*	1
Medicare	<b>56</b>	24	32	<b>31</b>	<b>12</b>	9	3	*	1
Medicaid	<b>47</b>	21	26	<b>32</b>	<b>19</b>	12	7	*	1
Health insurance companies	<b>59</b>	23	36	<b>29</b>	<b>11</b>	7	4	*	1

*N=1,893*

	<b>Very large/ Large NET</b>	Very large	Large	<b>Moderate</b>	<b>Small/ None at all NET</b>	Small	None at all	DK	SKP/ REF
AP-NORC 3/13-4/5/18									
Individuals	<b>34</b>	12	22	<b>35</b>	<b>29</b>	19	10	1	1
Families	<b>22</b>	7	14	<b>33</b>	<b>44</b>	26	18	*	1
Medicare	<b>45</b>	17	28	<b>38</b>	<b>16</b>	11	4	*	1
Medicaid	<b>36</b>	14	22	<b>36</b>	<b>25</b>	16	9	1	2
Health insurance companies	<b>50</b>	19	32	<b>33</b>	<b>14</b>	9	6	1	1

*N=1,945*

**Q30. Many health care providers have begun 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.**

*If current caregiver in Q3: Has the person you provide care to received any care using any of the following?*

*If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: Have you received any care using any of the following?*

	AP-NORC 8/27-9/14/20
Live video service like Zoom, Doxy.me, or FaceTime	28
Talking on the telephone	33
Email	16
Text message	11
None of the above	49

N=

1,893

*If "Yes" to any "Live video service like Zoom, Doxy.me, or FaceTime," "Talking on the telephone," "Email," or "Text message" in Q30*

**Q31. If current caregiver in Q3: How comfortable were you with them receiving care through telehealth?**

*If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: How comfortable were you receiving care through telehealth?*

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20
<b>Extremely/Very comfortable NET</b>	<b>51</b>
Extremely comfortable	18
Very comfortable	34
<b>Somewhat comfortable</b>	<b>36</b>
<b>Not at all/Not too comfortable NET</b>	<b>12</b>
Not too comfortable	8
Not comfortable at all	4
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	*

N=

1,009



If "Yes" to "Live video service like Zoom, Doxy.me, or FaceTime," "Talking on the telephone," "Email," or "Text message" in Q30

**Q32. If current caregiver in Q3: Once the COVID-19 outbreak is over, how likely are they to continue to seek care through telehealth?**

If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: **Once the COVID-19 outbreak is over, how likely are you to continue to seek care through telehealth?**

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

	AP-NORC 8/27-9/14/20
<b>Extremely/Very likely NET</b>	<b>26</b>
Extremely likely	10
Very likely	16
<b>Somewhat likely</b>	<b>36</b>
<b>Not at all/Not too likely NET</b>	<b>37</b>
Not too likely	25
Not at all likely	12
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	*

N=

1,009

**Q33. If current caregiver in Q3: If the person you provide care to needed each of the following types of care, how comfortable would you be receiving that care through telehealth?**

*If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: If you needed each of the following types of care, how comfortable would you be receiving that care through telehealth?*

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

AP-NORC 8/27-9/14/20	<b>Extremely/ Very comfort- able NET</b>	Extremely comfort- able	Very comfort- able	<b>Somewhat comfort- able</b>	<b>Not at all/Not too comfort- able NET</b>	Not too comfort- able	Not comfort- able at all	DK	SKP/ REF
A non-urgent health concern	<b>53</b>	24	30	<b>33</b>	<b>13</b>	7	5	*	1
An urgent health concern	<b>14</b>	5	10	<b>25</b>	<b>60</b>	33	26	*	1
Ongoing care to manage a chronic condition	<b>33</b>	13	20	<b>41</b>	<b>25</b>	15	10	*	1
<i>[If current caregiver]</i> Wellness check-ins and support for people needing ongoing living assistance (N=565)	<b>50</b>	19	31	<b>37</b>	<b>13</b>	9	4	*	*
Mental health services	<b>29</b>	11	19	<b>36</b>	<b>34</b>	20	14	*	*
Health care services like physical or occupational therapy	<b>16</b>	6	10	<b>30</b>	<b>54</b>	30	23	*	1

N=1,893

**Q34. If current caregiver in Q3: When it comes to the person you provide care to receiving telehealth<sup>2</sup>, how concerned are you about each of the following?**

*If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: When it comes to receiving telehealth, how concerned are you about each of the following?*

**[ITEMS RANDOMIZED; HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

AP-NORC 8/27-9/14/20	<b>Extremely/ Very con- cerned NET</b>	Extremely con- cerned	Very con- cerned	<b>Moder- ately con- cerned</b>	<b>Not at all/Only a little con- cerned NET</b>	Only a little con- cerned	Not at all con- cerned	DK	SKP/ REF
Running into technical issues that prevent [them/you] from communicating effectively	<b>29</b>	10	20	<b>38</b>	<b>33</b>	25	8	*	*
Receiving low-quality care	<b>36</b>	14	22	<b>36</b>	<b>28</b>	21	7	*	*
The security of [their/your] health information	<b>27</b>	11	16	<b>33</b>	<b>40</b>	28	12	*	*
A lack of privacy when communicating [their/your] health care provider	<b>23</b>	9	14	<b>30</b>	<b>46</b>	32	14	*	1

N=1,893

<sup>2</sup> 2018 question wording used the phrase “medical care from a distance” rather than “telehealth.”

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AP-NORC 3/13-4/5/18	<b>Extremely/ Very con- cerned NET</b>	Extremely con- cerned	Very con- cerned	<b>Moder- ately con- cerned</b>	<b>Not at all/Only a little con- cerned NET</b>	Only a little con- cerned	Not at all con- cerned	DK	SKP/ REF
Running into technical issues that prevent [them/you] from communicating effectively	<b>39</b>	17	22	<b>33</b>	<b>26</b>	19	7	1	1
Receiving low-quality care	<b>47</b>	21	27	<b>33</b>	<b>18</b>	12	6	1	1
The security of [their/your] health information	<b>39</b>	17	23	<b>29</b>	<b>30</b>	22	8	1	1
A lack of privacy when communicating [their/your] health care provider	<b>31</b>	14	18	<b>28</b>	<b>39</b>	28	11	1	1

N=1,945

**Q35. Compared to before the COVID-19 outbreak, would you say that you now have a more favorable or unfavorable opinion of the nursing home care experience?**

	AP-NORC 8/27-9/14/20
<b>Much/Somewhat more favorable NET</b>	<b>10</b>
Much more favorable	4
Somewhat more favorable	6
<b>Neither more favorable nor more unfavorable</b>	<b>48</b>
<b>Much/Somewhat more unfavorable NET</b>	<b>41</b>
Somewhat more unfavorable	24
Much more unfavorable	17
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	1

N=

1,893

**Q36. If current caregiver in Q3: If another aging family member or friend were to need ongoing living assistance during the COVID-19 outbreak, how concerned would you be about having them receive the following types of care in a nursing home?**

*If "No", "DON'T KNOW", "SKIPPED ON WEB", OR "REFUSED" in Q3: If an aging family member or friend were to need ongoing living assistance during the COVID-19 outbreak, how concerned would you be about having them receive the following types of care in a nursing home?*

**[HALF SAMPLE ASKED RESPONSE OPTIONS IN REVERSE ORDER]**

AP-NORC 8/27-9/14/20	<b>Extremely/ Very con- cerned NET</b>	Extremely con- cerned	Very con- cerned	<b>Moder- ately con- cerned</b>	<b>Not at all/Only a little con- cerned NET</b>	Only a little con- cerned	Not at all con- cerned	DK	SKP/ REF
Short-term stays for rehabilitation before moving home	<b>44</b>	20	24	<b>37</b>	<b>19</b>	15	4	*	*
Long term or permanent residence	<b>60</b>	31	29	<b>27</b>	<b>12</b>	9	4	*	1

N=1,893

**Q37. If a vaccine against the coronavirus becomes available, do you plan to get vaccinated, or not?**

	AP-NORC 8/27-9/14/20	AP-NORC 05/14-18/20
Yes, I will get a coronavirus vaccine	46	49
No, I will not get a coronavirus vaccine	25	20
Not sure	29	31
SKIPPED ON WEB/REFUSED	*	1

N=

1,893

1,056

*If current caregiver in Q3*

**Q38. If a vaccine against the coronavirus becomes available, do you think the person you currently provide care for plans to get vaccinated, or not?**

	AP-NORC 8/27-9/14/20
Yes, they will get a coronavirus vaccine	43
No, they will not get a coronavirus vaccine	23
Not sure	34
SKIPPED ON WEB/REFUSED	*

N=

565

**Q39. Regarding COVID-19, have you ever had...**

	AP-NORC 8/27-9/14/20
A test indicating that you had the disease	4
A medical diagnosis indicating that you had the disease, but no test results	2
Some possible symptoms, but no diagnosis by doctor	11
No symptoms or signs, or tested as not having the disease	82
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	1

N=

1,893

*If current caregiver in Q3*

**Q40. Now how about the person you provide ongoing living assistance to, regarding COVID-19, has that person ever had...**

	AP-NORC 8/27-9/14/20
A test indicating that they had the disease	5
A medical diagnosis indicating that they had the disease, but no test results	5
Some possible symptoms, but no diagnosis by doctor	11
No symptoms or signs, or tested as not having the disease	77
DON'T KNOW	*
SKIPPED ON WEB/REFUSED	1
N=	565

**Q41. We would now like to ask you some questions about friends or family who have passed away.**

**Have you experienced the death of a family member or close friend this year?**

	AP-NORC 8/27-9/14/20
Yes	37
No	63
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	*
N=	1,893

*If “Yes” in Q41*

**Q42. How many losses during that time, if any, were a result of COVID-19 or COVID-19-related factors?**

	AP-NORC 8/27-9/14/20
None	64
One	16
Two	9
Three	3
Four or more	4
Unsure	5
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	-
<i>N=</i>	<i>723</i>

*If “One,” “Two,” “Three” or “Four or more” in Q42*

**Q43. Thinking about those you lost as a result of COVID-19 or COVID-19 related factors, how was this person related to you? Please select all that apply.**

	AP-NORC 8/27-9/14/20
Your spouse/partner	3
Your parent or parent-in-law	11
Your sibling or sibling-in-law	4
Child	3
Other family member	51
Friend or neighbor	43
Coworker	11
Other	14
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	-
<i>N=</i>	<i>238</i>



If “One,” “Two,” “Three” or “Four or more” in Q42

**Q44. Thinking about those you lost as a result of COVID-19 or COVID-19 related factors, did [they/any of them] live in a nursing home when they passed away?**

	AP-NORC 8/27-9/14/20
Yes	26
No	73
DON'T KNOW	-
SKIPPED ON WEB/REFUSED	1

N=

238

**Q45. Have you or has someone in your household experienced each of the following because of the COVID-19 outbreak, or not?**

**[GRID ITEMS RANDOMIZED; TOP ITEM ANCHORED]**

AP-NORC 8/27-9/14/20	Yes	No	DK	SKP/ REF
Been laid off	26	73	-	*
Been scheduled fewer hours	35	64	-	1
Taken unpaid time off	20	79	-	1
Had your wages or salary reduced	30	69	*	1
Had difficulty paying for basic expenses like rent, food, or medical care	29	71	-	*
Filed for unemployment benefits	31	69	*	*

N=1,893

AP-NORC 8/17-19/20	Yes	No	DK	SKP/ REF
Been laid off	23	76	*	1
Been scheduled fewer hours	34	65	*	1
Taken unpaid time off	22	77	*	1
Had your wages or salary reduced	25	74	*	1
Had difficulty paying for basic expenses like rent, food, or medical care	(Not asked)			
Filed for unemployment benefits	(Not asked)			

N=1,075

*If someone in household has been laid off in Q45*

**Q46. Do you think that you or the person in your household who was laid off will or will not be able to go back to the same job once the coronavirus outbreak is over?**

	AP-NORC 8/27- 9/14/20	AP-NORC 8/17-19/20
<b>Definitely/probably will</b>	<b>41</b>	<b>39</b>
Definitely will	16	14
Probably will	25	25
<b>Definitely/probably will <u>NOT</u></b>	<b>41</b>	<b>49</b>
Probably will <u>NOT</u>	22	30
Definitely will <u>NOT</u>	19	19
<b>Already back at the same job</b>	<b>18</b>	<b>11</b>
DON'T KNOW	-	1
SKIPPED/REFUSED	*	-
N=	514	232

**PID1. Do you consider yourself a Democrat, a Republican, an Independent or none of these?**

*If Democrat:*

**PIDA. Do you consider yourself a strong or moderate Democrat?**

*If Republican:*

**PIDB. Do you consider yourself a strong or moderate Republican?**

*If independent, none of these, don't know, skipped, or refused:*

**PIDI. Do you lean more toward the Democrats or the Republicans?**

**Combines PID1, PIDI, PIDA, and PIDB.**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
<b>Democrat NET</b>	<b>46</b>	<b>46</b>
Strong Democrat	15	13
Moderate Democrat	19	20
Lean Democrat	11	12
<b>Independent/None – Don't lean</b>	<b>15</b>	<b>18</b>
<b>Republican NET</b>	<b>38</b>	<b>36</b>
Lean Republican	11	10
Moderate Republican	15	18
Strong Republican	12	8
Unknown	*	1
N=	1,893	1,945

**CADEM2. Do you speak a language other than English at home?**

AP-NORC	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Yes	22	22
No	77	77
DON'T KNOW	-	-
SKIPPED ON WEB/REFUSED	1	*
<i>N=</i>	<i>1,893</i>	<i>1,945</i>

**AGE**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
18-24	11	12
25-34	18	21
35-44	18	13
45-54	13	16
55-64	18	18
65-74	15	13
75+	7	7
<i>N=</i>	<i>1,893</i>	<i>1,945</i>

**EDUCATION**

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Less than a high school diploma	10	11
High school graduate or equivalent	28	29
Some college	28	29
College graduate or above	34	31
<i>N=</i>	<i>1,893</i>	<i>1,945</i>

## RACE/ETHNICITY

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
White	63	64
Black or African American	12	12
Hispanic	17	16
Other	9	8
<i>N</i> =	1,893	1,945

## INCOME

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Under \$10,000	6	8
\$10,000 to under \$20,000	8	10
\$20,000 to under \$30,000	12	13
\$30,000 to under \$40,000	10	10
\$40,000 to under \$50,000	8	10
\$50,000 to under \$75,000	19	18
\$75,000 to under \$100,000	16	13
\$100,000 to under \$150,000	13	12
\$150,000 or more	8	7
<i>N</i> =	1,893	1,945

## MARITAL STATUS

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Married	58	47
Not married	42	53
<i>N</i> =	1,893	1,945

## GENDER

	AP-NORC 8/27-9/14/20	AP-NORC 3/13-4/5/18
Male	48	48
Female	52	52
<i>N</i> =	1,893	1,945

## Study Methodology

This study, funded by [The SCAN Foundation](#), was conducted by The Associated Press-NORC Center for Public Affairs Research. Data were collected using AmeriSpeak®, NORC's probability-based panel designed to be representative of the U.S. household population. 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 and then contacted by U.S. mail, email, telephone, and field interviewers (face to face). 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. Of note for this study, the panel would also exclude recipients of long-term care 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. Staff from NORC at the University of Chicago, The Associated Press, and The SCAN Foundation collaborated on all aspects of the study.

Interviews for this survey were conducted between August 27 and September 14, 2020, with adults age 18 and older representing the 50 states and the District of Columbia. Panel members were randomly drawn from AmeriSpeak, and 1,893 completed the survey—1,809 via the web and 84 via telephone. A general population sample was screened in field for those currently providing ongoing living assistance, who were weighted back to their proper proportion in the screener. Interviews were conducted in both English and Spanish, depending on respondent preference. Respondents were offered a small monetary incentive (\$3) for completing the survey.

The final stage completion rate is 14.9 percent, the weighted household panel response rate is 21.0 percent, and the weighted household panel retention rate is 80.4 percent, for a cumulative response rate of 2.5 percent. The overall margin of sampling error is +/- 3.0 percentage points at the 95 percent confidence level including the design effect. The margin of sampling error for the 565 completed interviews with current caregivers is +/-5.9 percentage points at the 95 percent confidence level including the design effect.

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, and education. Weighting variables were obtained from the 2020 Current Population Survey. The weighted data reflect the U.S. population of adults age 18 and over.

Topline data and reports for all previous years, including full methodology statements, are available at [www.longtermcarepoll.org](http://www.longtermcarepoll.org). For more information, email [info@apnorc.org](mailto:info@apnorc.org).

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