

Medicare Current Beneficiary Survey (MCBS) 2022 Women's Health Data Book and Executive Summary

This data book presents estimates on health and well-being among people with Medicare living in the community by sex

EXECUTIVE SUMMARY

To advance our knowledge of women’s health among the Medicare population, the Centers for Medicare & Medicaid Services (CMS) is releasing this first-ever data book on the experiences of women in the Medicare program. As of August 2024, the Medicare program covers 67.8 million people, approximately 37 million of whom are women. This Women’s Health Data Book reports the percentages of Medicare beneficiaries living in the community – broken out by sex – who report certain physical and mental health conditions, living conditions, and conditions that impact access to care and health outcomes (e.g., affordability, transportation). For instance, among people with Medicare living in the community in 2022, women reported disparate health conditions and outcomes when compared with men in the following areas:

- Prevalence of chronic conditions: Women were more likely to report (48%) having four or more chronic conditions when compared with men (41%).
- Pulmonary disease: Women were significantly more likely to report (20%) having pulmonary disease compared with men (17%).
- Osteoporosis: Women were significantly more likely to report (30%) experiencing a broken hip or having osteoporosis compared with men (6%).
- Disability: Women were more likely to report (24%) having two or more disabilities than men (21%).

- Depression: Women were more likely to report (31%) having depression than men (21%) in every age group.
- Sleep: Women were more likely to report (19%) having trouble falling or staying asleep compared with men (15%).

The data book is based on results from the 2022 Medicare Current Beneficiary Survey (MCBS): a longitudinal survey that collects detailed information on social and medical risk factors among people with Medicare and the relationship between these risk factors, health care utilization, and health outcomes. MCBS data are used to conduct research on effectiveness of health care and policy interventions, develop and evaluate innovative tools to identify at-risk populations, and inform policymakers' decisions at HHS.

Since 1991, the MCBS has completed over a million interviews with thousands of respondents. The survey captures experiences of all people enrolled in Medicare, including people enrolled in either Fee-for-Service or Medicare Advantage and people living in the community or residing in facility settings. It is designed to produce nationally representative estimates for various subgroups of Medicare enrollees, including estimates by age, race and ethnicity, dual enrollment status, metropolitan residence status, and more. Details about the MCBS sample design, survey operations, and data files are available on the [CMS MCBS website](#).

MCBS is based on survey data reported directly by beneficiaries so it captures the self-reported experience of people with Medicare. The data book shows that women with Medicare are half as likely to report having heart disease compared to men while heart disease is the leading cause of death for women and men. Additional research is needed, but this could suggest that women are not being diagnosed with heart disease at the same rate as men or that health care providers are less likely to recognize heart disease in women because symptoms manifest differently than in men. For other women's health conditions, studies have shown that there is a meaningful [variation between prevalence and diagnosis](#); for example, [one study](#) estimated that 8 in 10 women with menopause are not diagnosed, and 6 in 10 women with endometriosis are not diagnosed.

These and other findings included in the Data Book highlight some of the disparities faced by women with Medicare and the need for additional research and analysis of women's health. These efforts are consistent with Executive Order on Advancing Women's Health Research and Innovation ([EO 14120](#)), which [directed federal agencies](#) to ensure women's health is integrated and prioritized across the federal research portfolio and budget.

Since January 2021, CMS has made multiple policy changes to improve the health and well-being of Medicare beneficiaries, the majority of whom are women. For instance, the Inflation Reduction Act (IRA) expanded the low-income subsidy (LIS) program, which helps people with Medicare pay for prescription drugs; [women are disproportionately represented](#) among people receiving low-income subsidy (LIS) and among those whose out-of-pocket costs have gone down due to the expansion of LIS eligibility under the IRA. These and other policy advances set the backdrop for the findings in this first-ever MCBS Women’s Health Data Book.

Physical Health and Chronic Conditions

Prevalence of Chronic Conditions¹

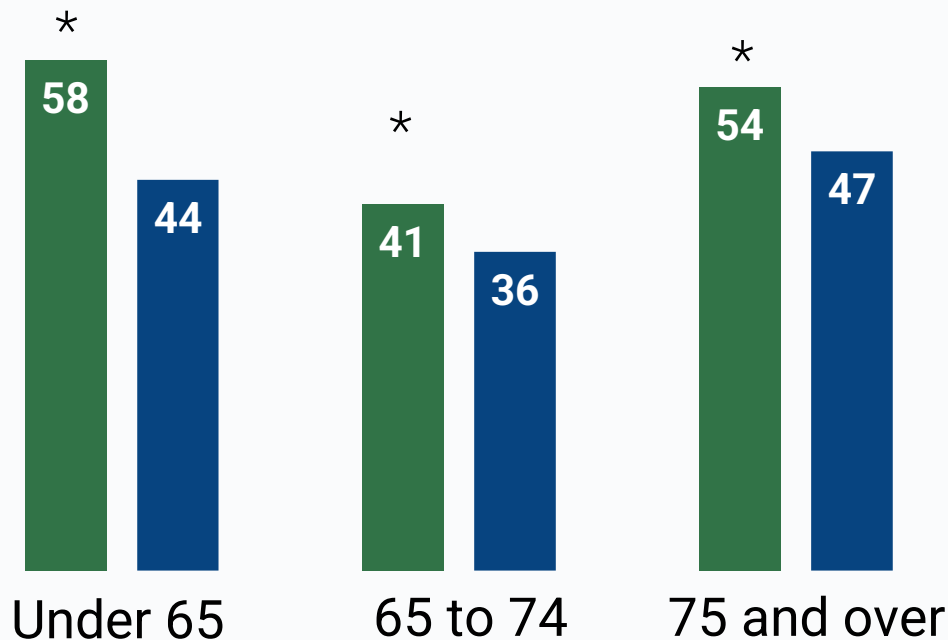
Among people with Medicare living in the community² in 2022, women were more likely to have four or more chronic conditions compared with men.

Female Male

48%* 41%

Percentage of Medicare beneficiaries with four or more chronic conditions, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File.

¹ Chronic conditions include heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, osteoporosis/broken hip, pulmonary disease, stroke, high cholesterol, Parkinson's disease and arthritis.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

* Indicates that the difference is statistically significant at the 90 percent level of confidence.

Hypertension¹

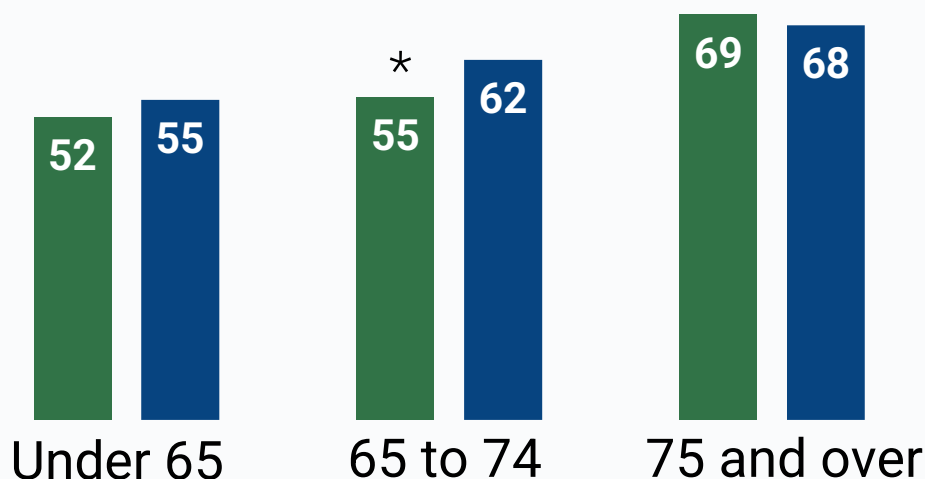
Among people with Medicare living in the community² in 2022, approximately 60 percent of women and 63 percent of men had hypertension.

■ Female ■ Male

60% 63%

Percentage of Medicare beneficiaries with hypertension, all ages, by sex

By Age



97% of women and **96%** of men reported receiving blood pressure screening in the last 12 months

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File.

¹ Respondents were asked if a doctor or other health professional has ever told them that they had hypertension or high blood pressure.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Blood Cholesterol¹

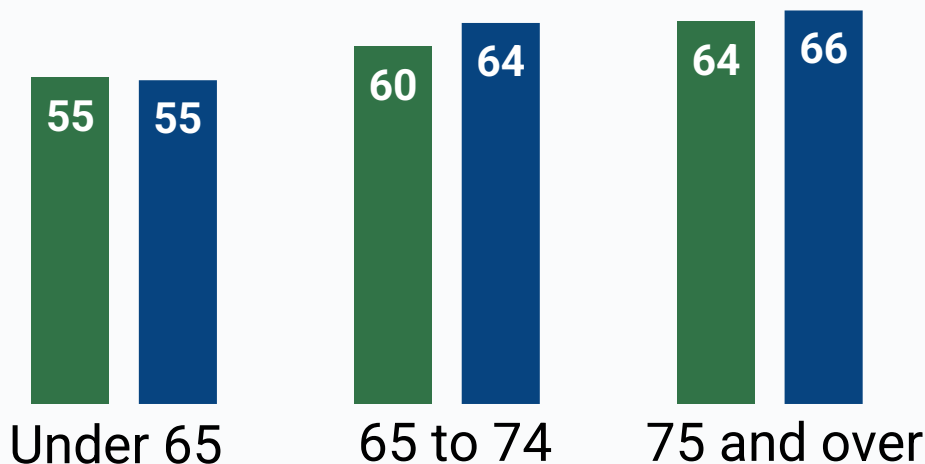
Among people with Medicare living in the community² in 2022, approximately 6 out of 10 had high cholesterol.

Female Male

61% 64%

Percentage of Medicare beneficiaries with high cholesterol, all ages, by sex

By Age



90% of women and 91% of men reported receiving blood cholesterol screening in the last 12 months

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

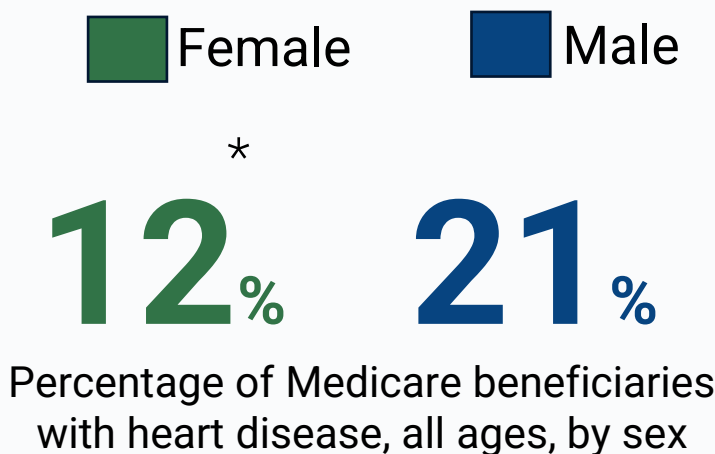
¹ Respondents were asked if a doctor or other health professional has ever told them that they have high cholesterol.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

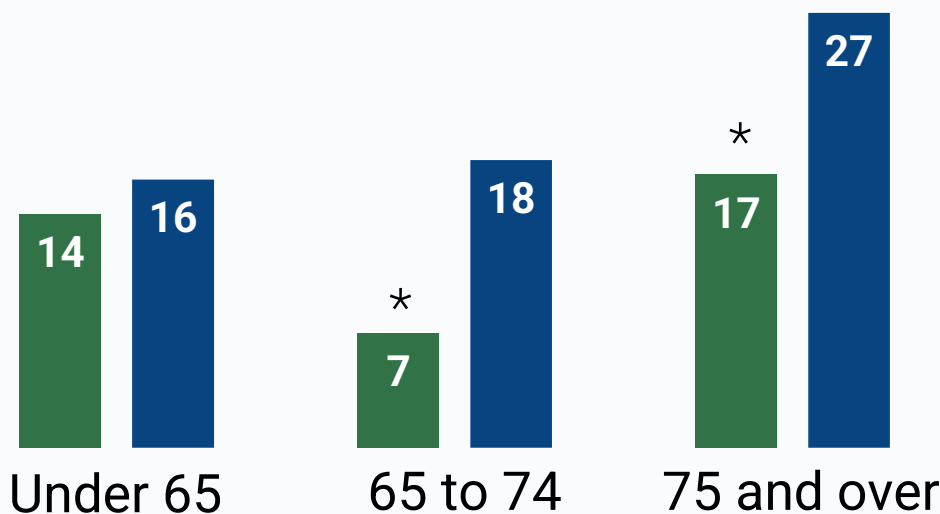
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Heart Disease¹

Among people with Medicare living in the community² in 2022, men were almost twice as likely to have heart disease compared with women.



By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked if a doctor or other health professional had ever told them that they had myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, or any other heart condition. The heart disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with heart disease.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Stroke¹

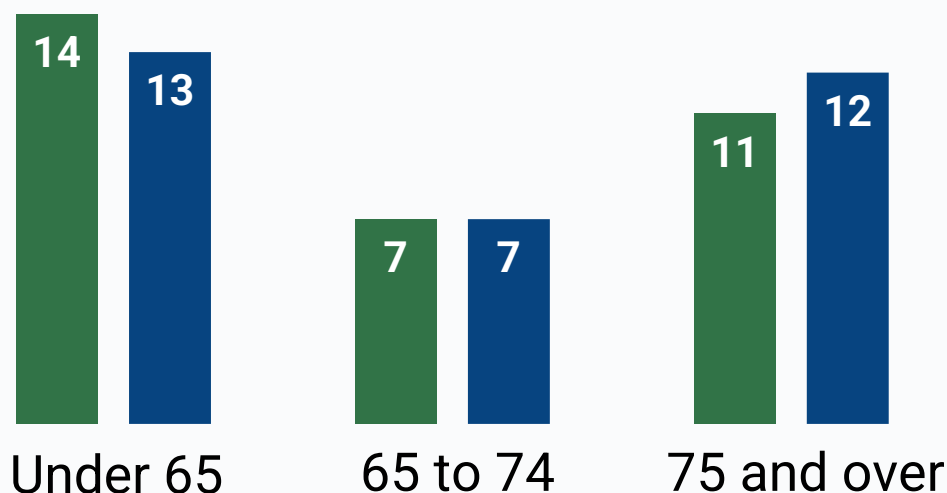
Among people with Medicare living in the community² in 2022, approximately 1 out of 10 individuals had a history of stroke.

Female Male

9% 10%

Percentage of Medicare beneficiaries with history of stroke, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked if a doctor or other health professional had ever told them that they had a stroke, brain hemorrhage, or cerebrovascular accident, including transient ischemic attack. The stroke measure counts the presence of at least one of these diagnoses. Beneficiaries who have more than one diagnosis are only counted once for the purposes of calculating the proportion of beneficiaries with history of stroke.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Pulmonary Disease¹

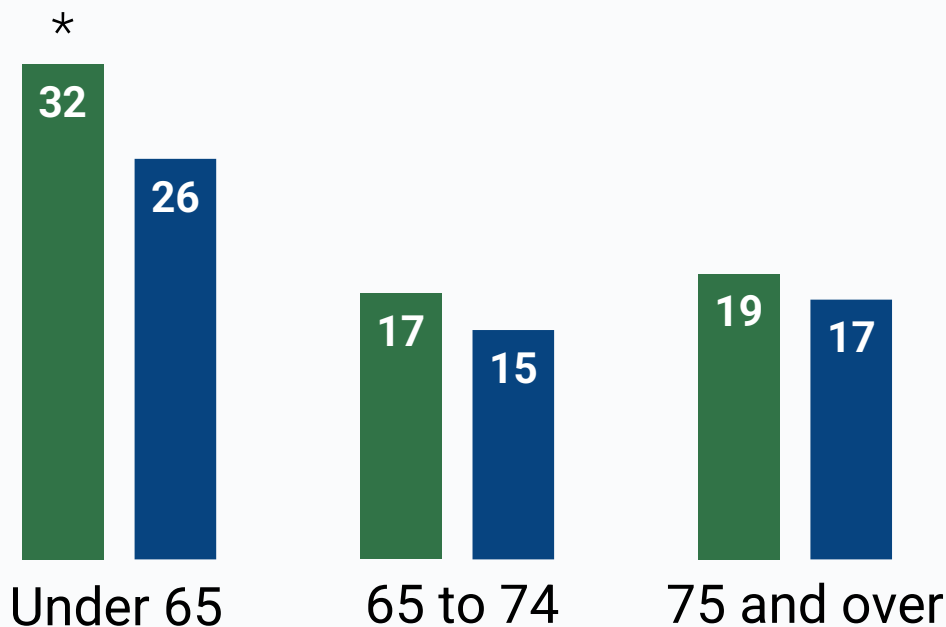
Among people with Medicare living in the community² in 2022, women and individuals under 65 years of age were significantly more likely to have pulmonary disease compared with men and individuals aged 65 and over.

■ Female ■ Male

20%* **17%**

Percentage of Medicare beneficiaries with pulmonary disease, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked if a doctor or other health professional had ever told them that they had emphysema, asthma, or chronic obstructive pulmonary disease (COPD). The pulmonary disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with pulmonary disease.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Osteoporosis / Broken Hip¹

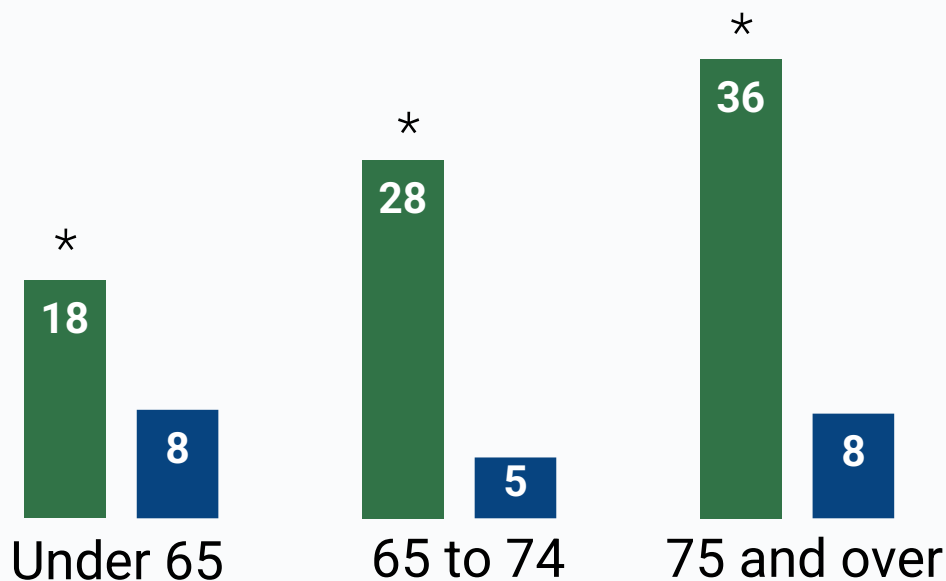
Among people with Medicare living in the community in 2022², women were significantly more likely to break a hip or have osteoporosis compared with men, and women's likelihood of developing osteoporosis increased sharply with age.

■ Female ■ Male

30%* **6%**

Percentage of Medicare beneficiaries with osteoporosis or broken hip, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked whether a doctor or other health profession has ever told them that they had osteoporosis or a broken hip. The osteoporosis/broken hip measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with osteoporosis/broken hip.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Extreme or High-risk Obesity¹

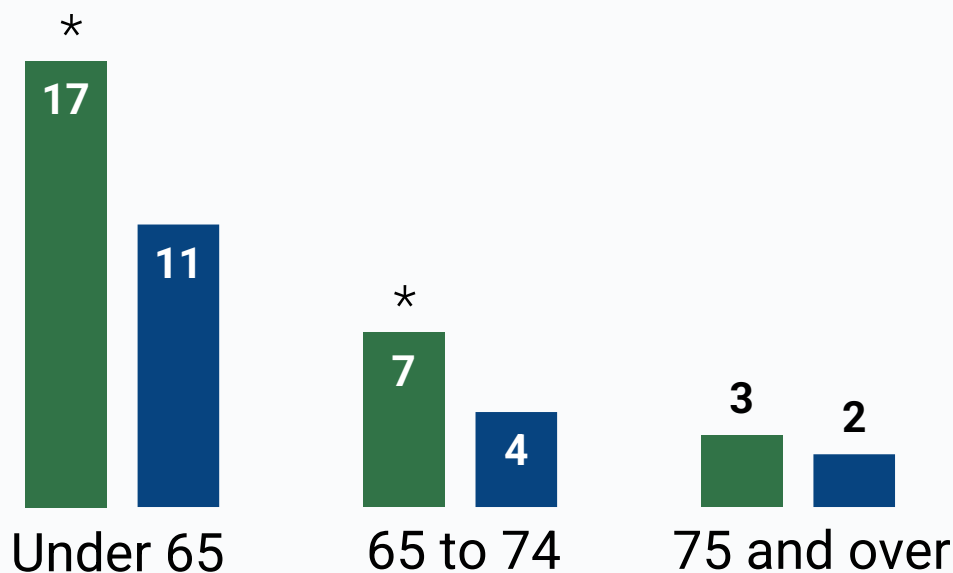
Among people with Medicare living in the community² in 2022, women and individuals under 65 years of age were more likely to have extreme or high-risk obesity compared with men and individuals aged 65 and over.

■ Female ■ Male

6%^{*} 4%

Percentage of Medicare beneficiaries with extreme or high-risk obesity, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Body Mass Index (BMI) is a measure of body fat that is calculated by multiplying survey-reported weight in pounds by 703 and dividing that value by survey-reported height in inches squared. BMI values under 18.5 were categorized as "Underweight," values greater than or equal to 18.5 and less than 25 were categorized as "Healthy," values greater than or equal to 25 and less than 30 were categorized as "Overweight," values greater than or equal to 30 and less than 40 were categorized as "Obese," and values greater than or equal to 40 were categorized as "Extreme or high-risk obesity."

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Trouble Eating Solid Food Because of Problems with Teeth¹

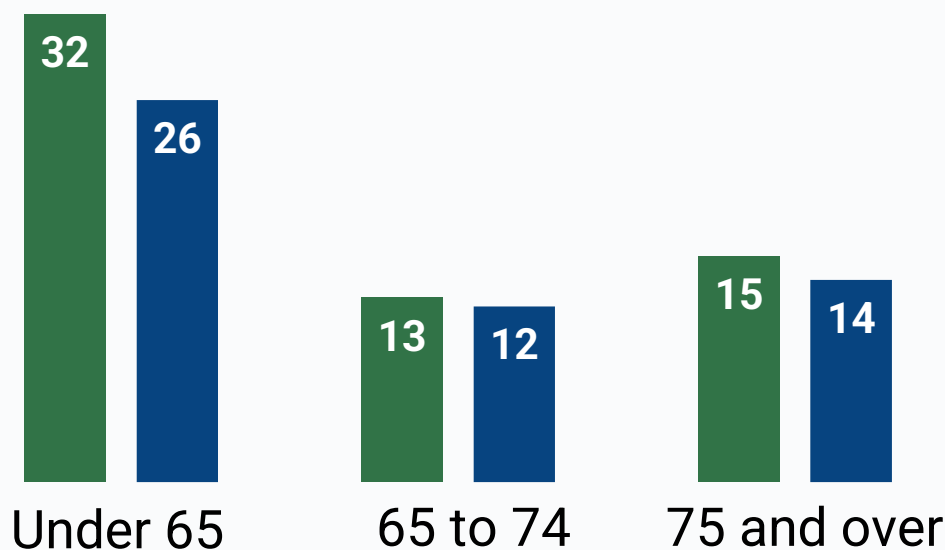
Among people with Medicare living in the community² in 2022, 16 percent of women and 14 percent of men had trouble eating solid food because of problems with their teeth.

■ Female ■ Male

16% 14%

Percentage of Medicare beneficiaries who have trouble eating solid food because of problems with their teeth or mouth, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries were asked how much trouble they have eating solid foods because of problems with their teeth or mouth. Responses of "A lot of trouble" or "A little trouble" were classified as "Has trouble," and responses of "No trouble" were classified as "No."

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Diabetes Prevalence and Self-Management

Diabetes¹

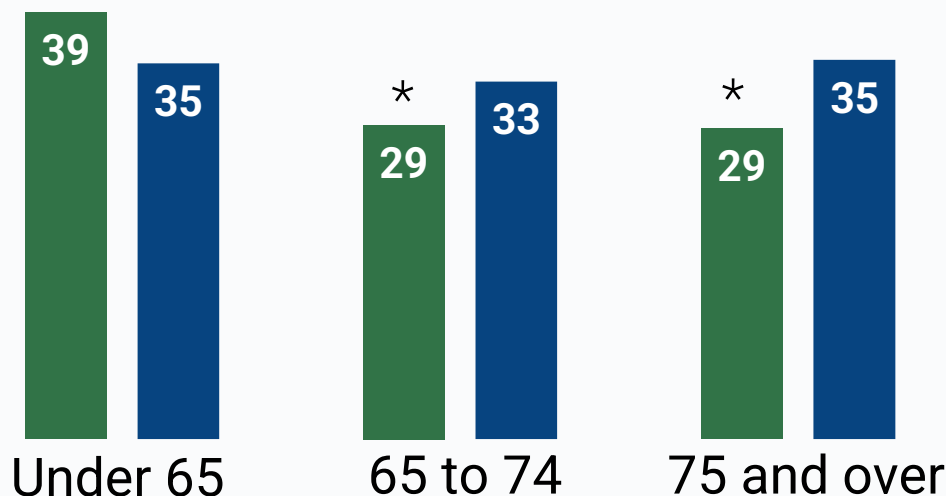
Among people with Medicare living in the community in 2022², men had a higher prevalence of diabetes overall. However, women under 65 years of age were more likely than men of the same age to have diabetes.

■ Female ■ Male

30%* **34%**

Percentage of Medicare beneficiaries ever diagnosed with any form of diabetes or prediabetes, all ages, by sex

By Age



21% of people with Medicare living in the community with non-gestational diabetes reported taking insulin to manage their diabetes

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked whether a doctor or other health professional had ever told them that they had any type of diabetes, including Type I, Type II, borderline diabetes, prediabetes, gestational diabetes, or high blood sugar.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Diabetes Self-management¹

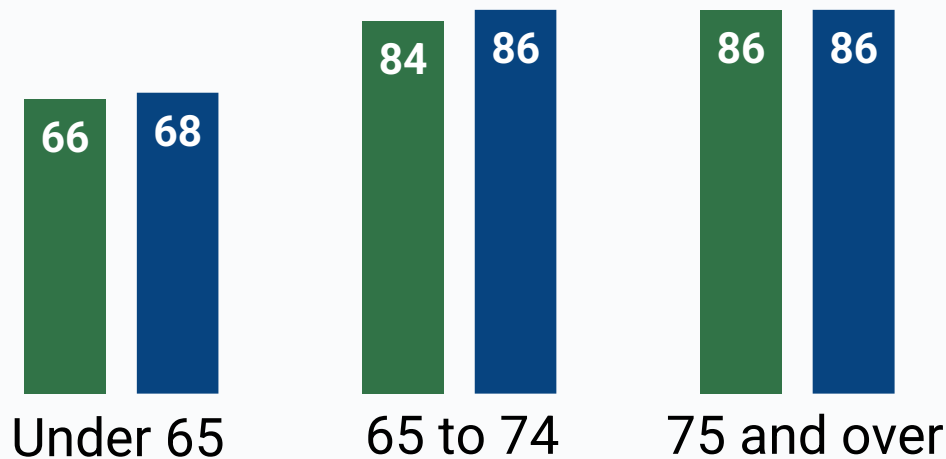
Among people with Medicare living in the community² in 2022, 82 percent of women and 84 percent of men with diabetes believed that their blood sugar was well-controlled.

Female Male

82% 84%

Percentage of Medicare beneficiaries with non-gestational diabetes who report that their blood sugar is well-controlled, all ages, by sex

By Age



67% of people with Medicare living in the community with non-gestational diabetes reported that they had good or excellent knowledge of how to manage their diabetes

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents with non-gestational diabetes were asked if their blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time. "Well controlled" was defined as a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less. Responses of "All of the time" or "Most of the time" were classified as "Well controlled," and the rest of the responses were classified as "Not well controlled."

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Disability and Functional Limitations

Disability¹

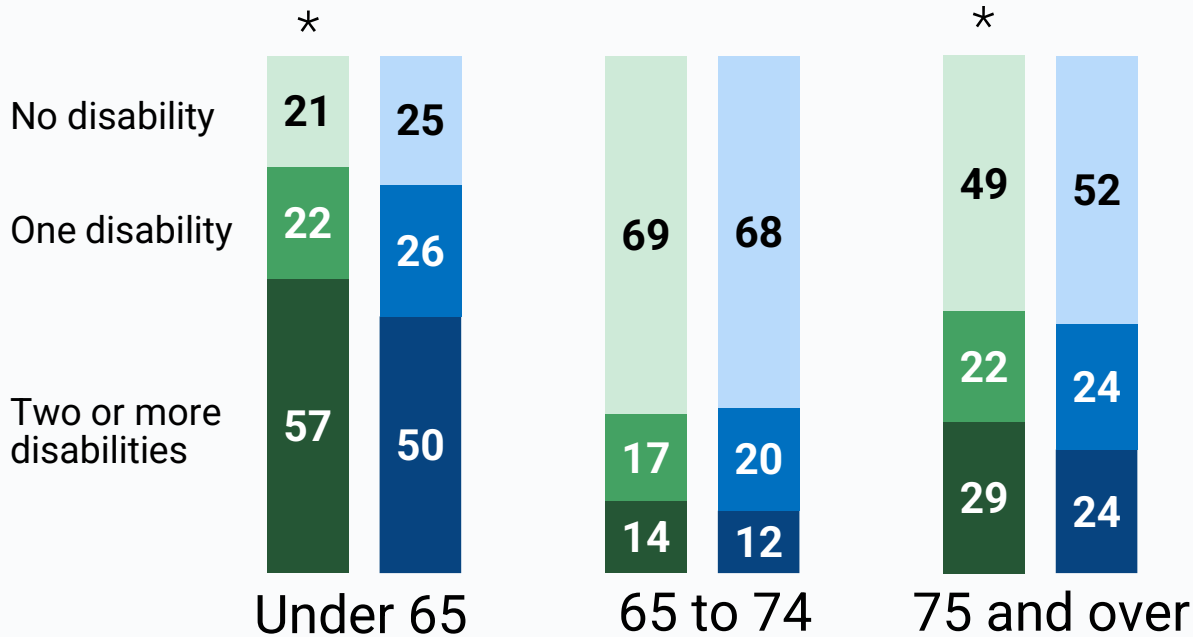
Among people with Medicare living in the community² in 2022, individuals under 65 years of age were more likely to have two or more disabilities compared with other age groups.

Female Male

24%* 21%

Percentage of Medicare beneficiaries with two or more disabilities, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Disability status: Respondents were asked whether they have serious difficulty hearing; seeing; concentrating, remembering, or making decisions; walking or climbing stairs; dressing or bathing; or with errands. Beneficiaries who had no serious difficulties with these activities were included in the category "No disability." Beneficiaries who had a serious difficulty in one area were categorized as "One disability." Beneficiaries who had a serious difficulty in more than one area were categorized as "Two or more disabilities."

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Functional Limitations¹

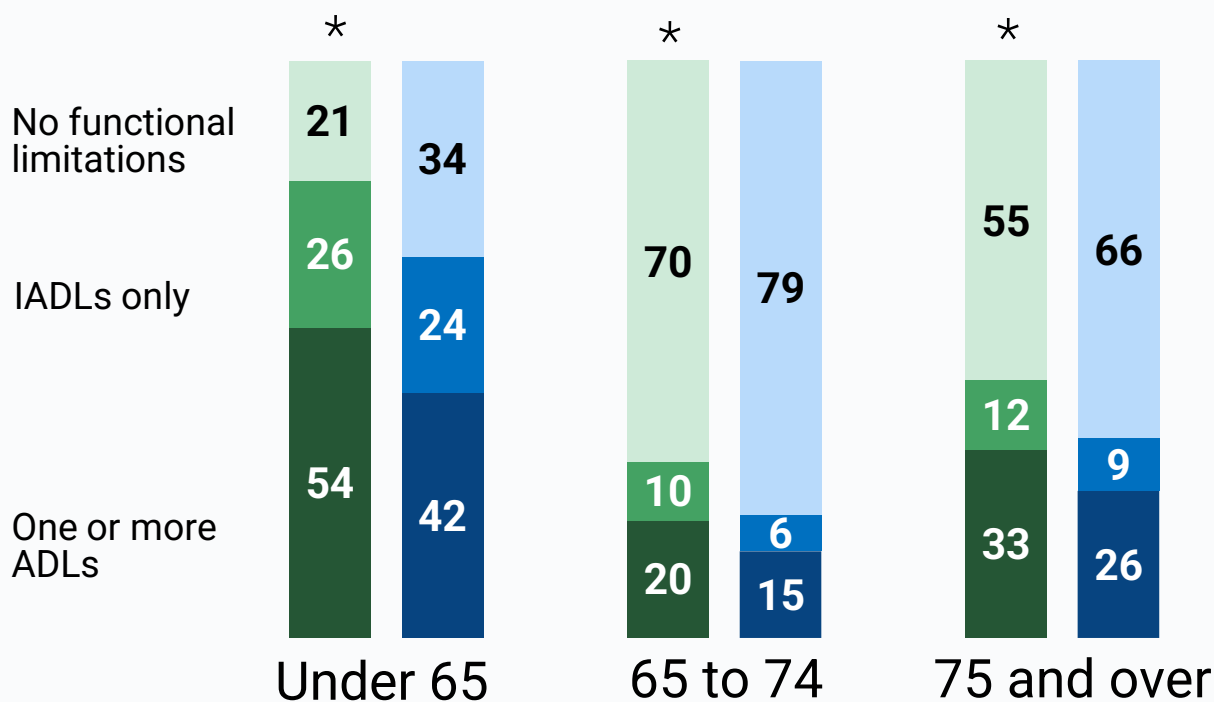
Among people with Medicare living in the community² in 2022, women were more likely to have difficulty with activities of daily living (ADLs) or functional limitations across all age groups.

Female Male

29%* 22%

Percentage of Medicare beneficiaries with one or more functional limitations, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Activities of daily living (ADLs) are activities related to personal care. They include bathing or showering; dressing; getting in and out of bed or a chair; walking; using the toilet; and eating. If a person with Medicare had any difficulty performing an activity by themselves and without special equipment or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Beneficiaries who reported difficulty performing two or more ADLs were categorized as having two or more functional limitations. Instrumental activities of daily living (IADLs) are activities related to independent living. They include preparing meals; managing money; shopping for groceries or personal items; performing light or heavy housework; and using a telephone. If a beneficiary had any difficulty performing an activity by themselves or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey.

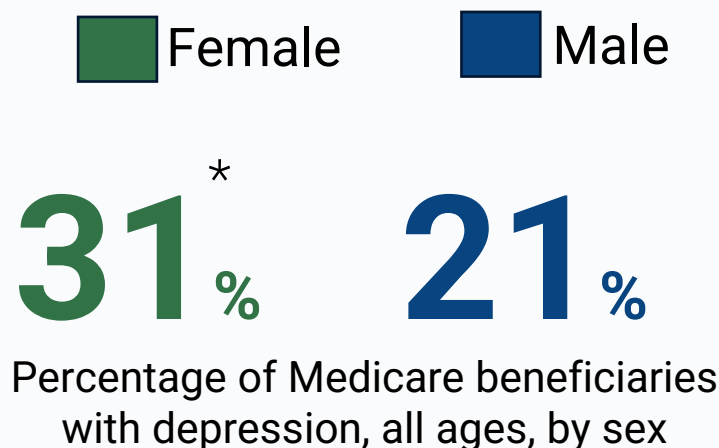
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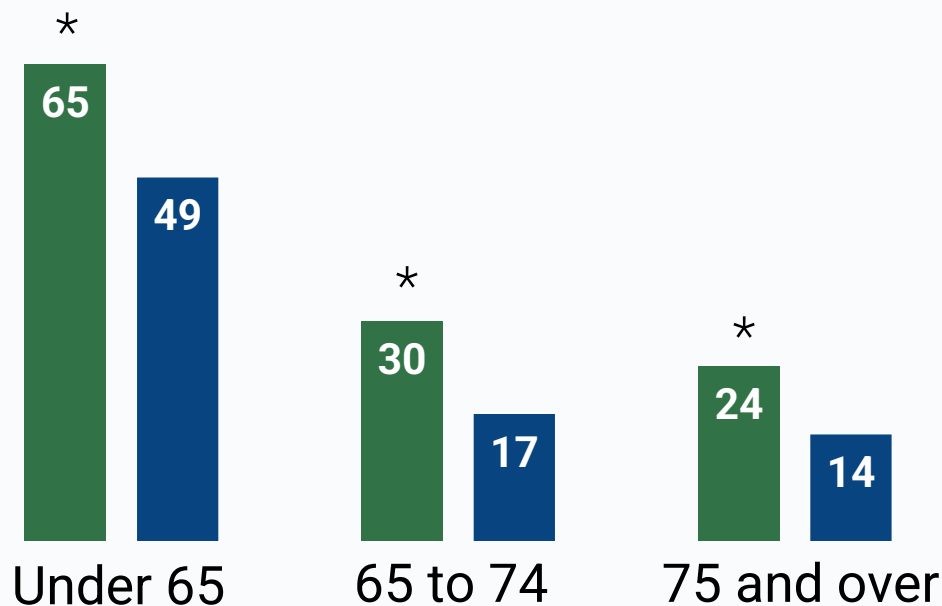
Mental Health

Depression¹

Among people with Medicare living in the community² in 2022, individuals under 65 years of age were most likely to have depression, and women were more likely to have depression than men in every age group.



By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked whether a doctor or other health professional had ever told them that they had depression.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities..

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Trouble Falling Asleep or Staying Asleep¹

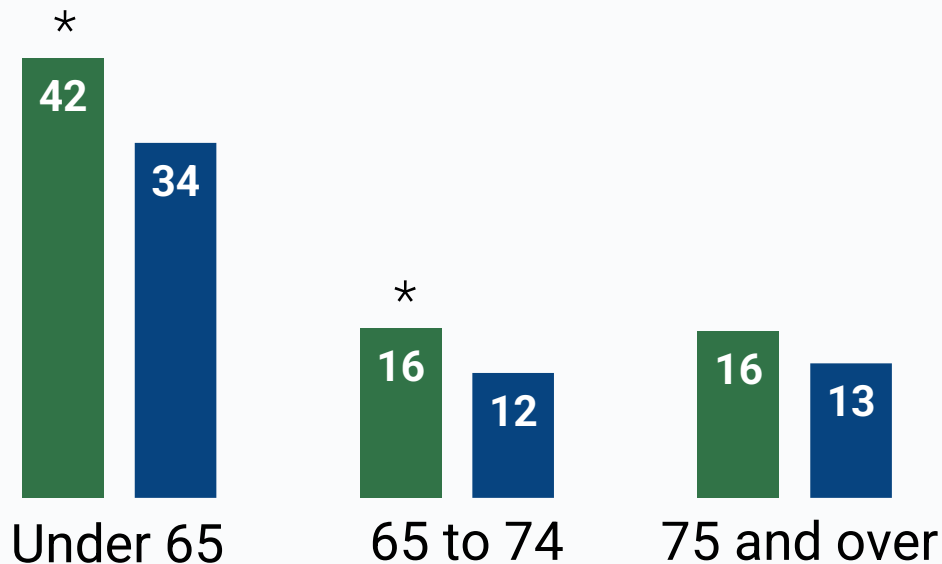
Among people with Medicare living in the community² in 2022, women were more likely to have trouble falling or staying asleep compared with men.

Female Male

19% 15%

Percentage of Medicare beneficiaries who had trouble falling asleep or staying asleep more than half the days or nearly every day, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked how often they had trouble falling or staying asleep, or sleeping too much, in the last 2 weeks. Responses of "Not at all" and "Several days" and responses of "More than half" and "Nearly every day" were collapsed into single categories. This question was only asked of beneficiaries (i.e., not proxy respondents) and sourced from the Patient Health Questionnaire-9 (PHQ-9).

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Chronic Pain

Chronic Pain¹

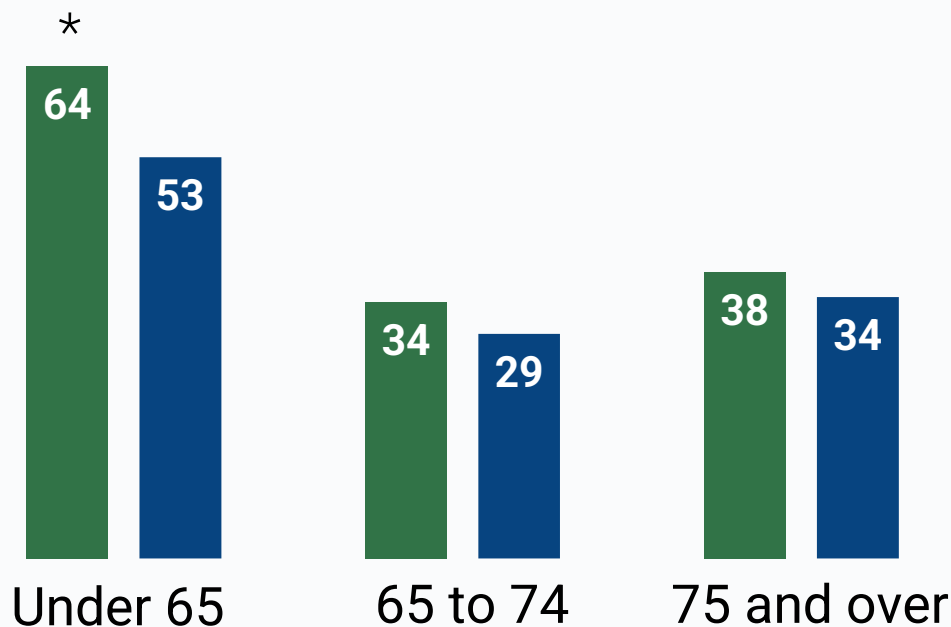
Among people with Medicare living in the community² in 2022, a greater proportion of women and individuals under 65 years of age experienced chronic pain compared with men or individuals aged 65 and over.

Female Male

38%* 34%

Percentage of Medicare beneficiaries who experience chronic pain, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked how often they experienced pain. Respondents who reported "Most days" or "Every day" were categorized as having chronic pain. Respondents who reported "Some days" or "Never" were categorized as not having chronic pain. This question was only asked of beneficiaries (i.e., not proxy respondents) during the summer interview.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Chronic Pain That Limits Life or Work Activities¹

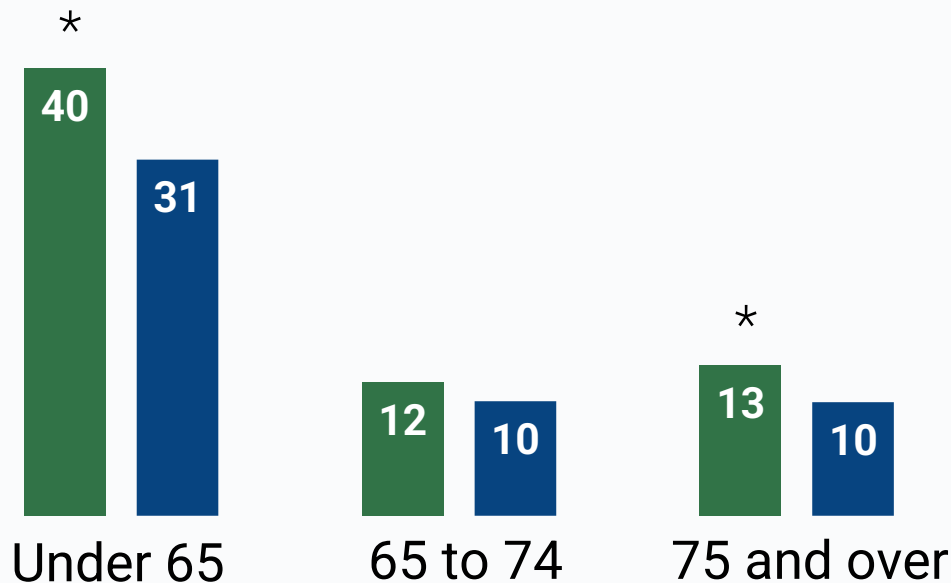
Among people with Medicare living in the community² in 2022, women under 65 years of age or over the age of 75 were more likely to experience chronic pain that limited life or work activities compared with men in the same age groups.

■ Female ■ Male

15%* 13%

Percentage of Medicare beneficiaries with chronic pain that limits life or work activities most days or every day, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked how often they experienced pain and how frequently pain limited their life or work activities. Respondents who reported having pain mostly every day or every day that limited their life or work activities most days or every day were categorized as having pain that limited their life or work activities. Other respondents were categorized as not having pain that limited their life or work activities. These questions were only asked of beneficiaries (i.e., not proxy respondents) during the summer interview.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Social and Mobility Limitations

Household Composition

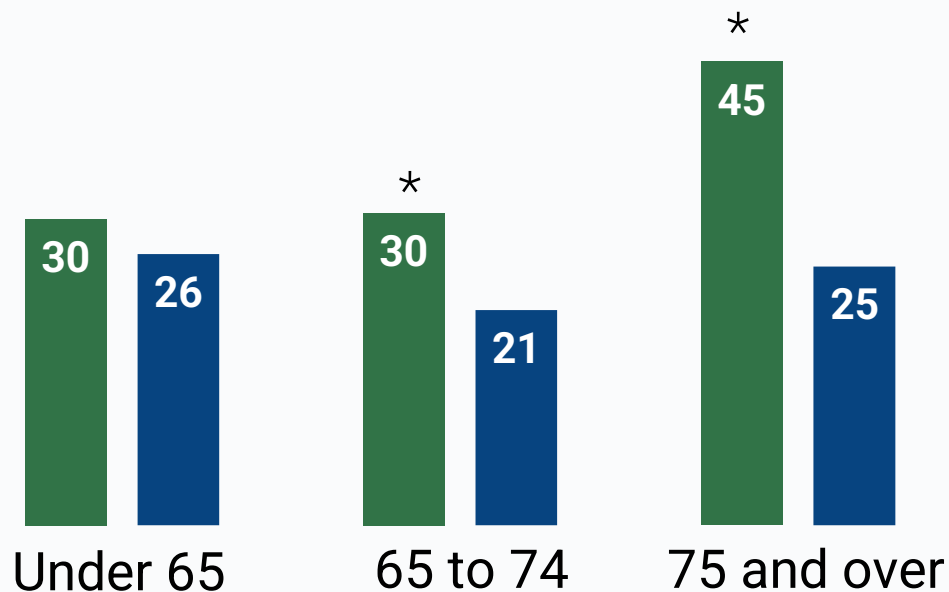
Among people with Medicare living in the community¹ in 2022, women were significantly more likely to live alone than men.

■ Female ■ Male

36%* **23%**

Percentage of Medicare beneficiaries who live alone, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

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Housing Quality Issues¹

Among people with Medicare living in the community² in 2022, 12 percent of women under 65 years of age lived in housing with two or more housing quality issues.

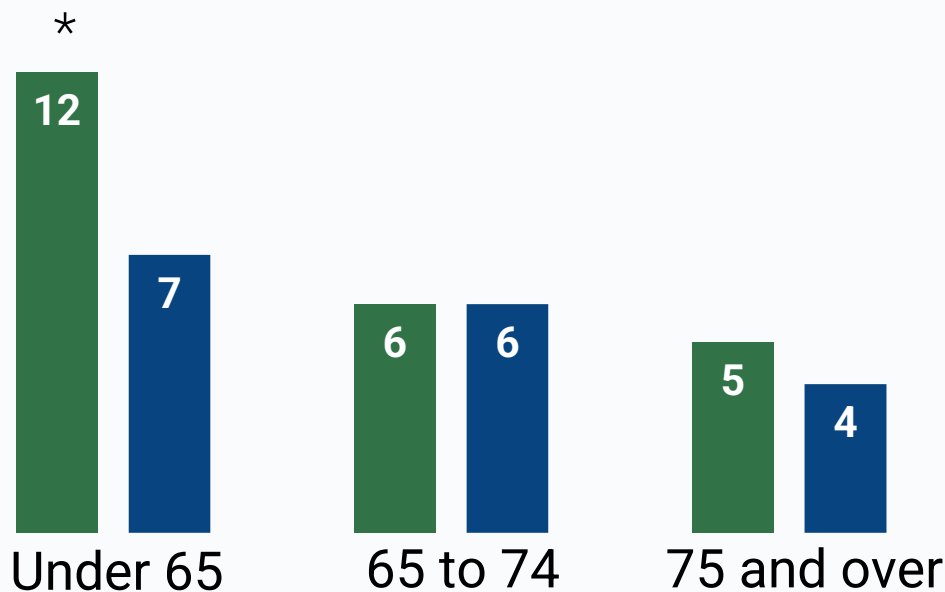
Female Male

6%

5%

Percentage of Medicare beneficiaries living in housing with two or more housing issues, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Respondents were asked if any of the following conditions were present in their place of residence: pests such as bugs, ants, or mice; mold; lead paint or pipes; lack of heat; lack of cooling system; oven or stove not working; smoke detectors missing or not working; or water leaks. Beneficiaries who live in residences without any of these conditions were included in the category "No housing quality issues." Those who live in residences with one of these conditions were included in the category "One housing quality issue." Those who live in residences with two or more of these conditions were included in the category "Two or more housing quality issues."

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Mobility Limitations¹

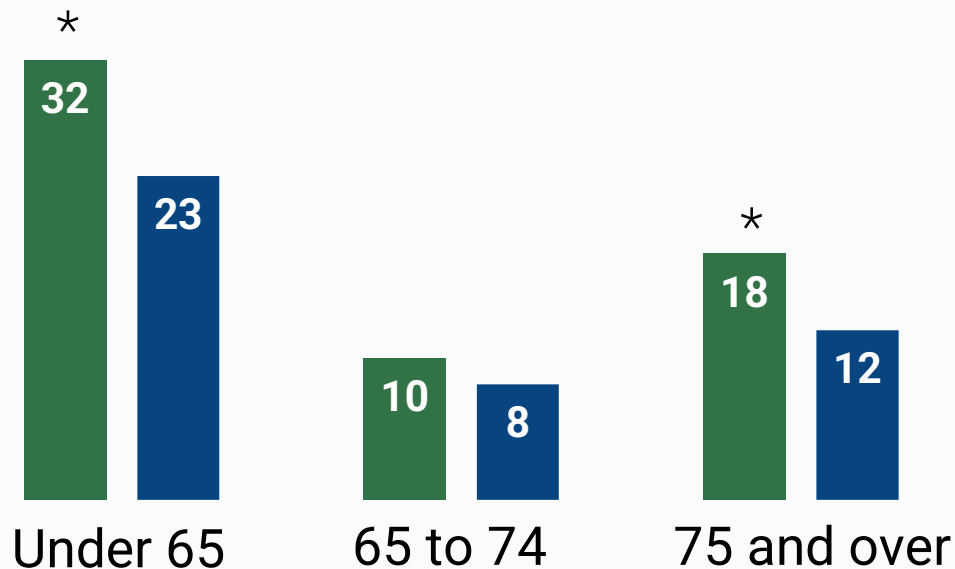
Among people with Medicare living in the community² in 2022, women under 65 years of age and over the age of 75 were more likely to experience trouble getting places due to health compared with men in the same age groups.

■ Female ■ Male

15%* 12%

Percentage of Medicare beneficiaries who experience trouble getting places because of a health or physical problem, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries were asked if they have had trouble getting places (like the doctor's office, a supermarket, or a friend's house) in the last 12 months because of a health or physical problem.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

* Indicates that the difference is statistically significant at the 90 percent level of confidence.

Poverty Status¹

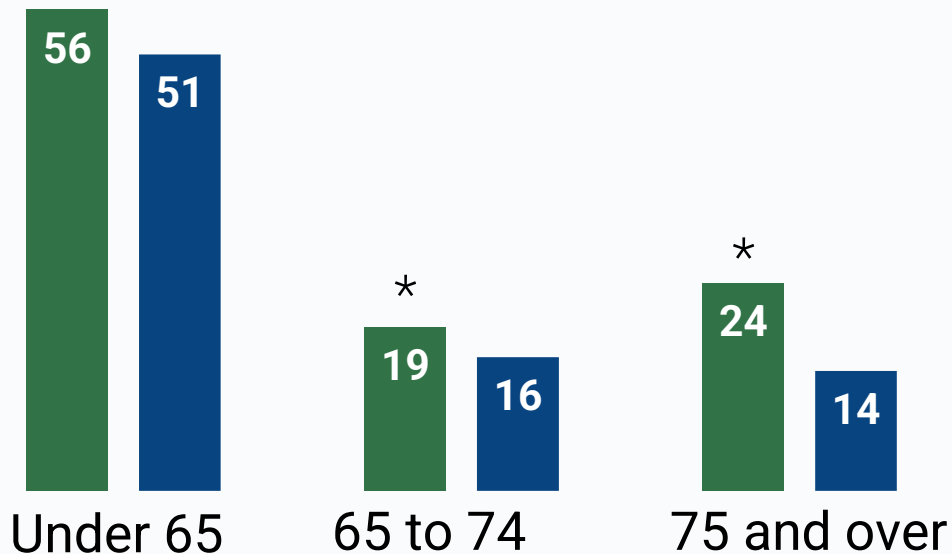
Among people with Medicare living in the community² in 2022, women were more likely to have income below 138% of the federal poverty level (FPL) compared with men.

■ Female ■ Male

25%* **20%**

Percentage of Medicare beneficiaries with incomes below 138% of the FPL, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Poverty status is defined as Income-to-Poverty Ratio (IPR) below 138 percent of the federal poverty line. IPR is calculated only for household sizes of one (beneficiary living alone) or two (beneficiary living with a spouse/partner only) as the income and asset information is collected only from the beneficiary and the beneficiary's spouse/partner. Medicare beneficiaries have slightly different poverty level indices used for program eligibility. The IPR uses the Medicare poverty thresholds for calculation.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

* Indicates that the difference is statistically significant at the 90 percent level of confidence.

Food Insecurity¹

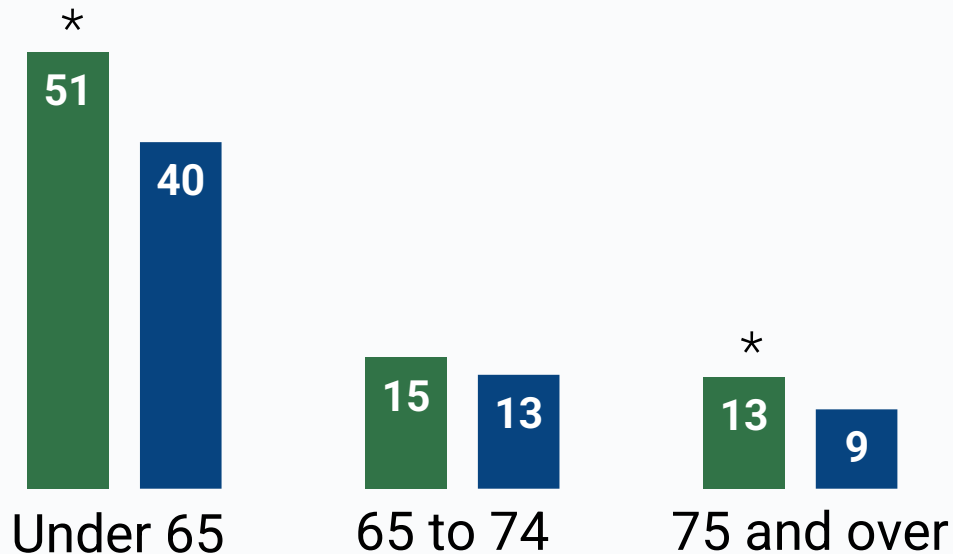
Among people with Medicare living in the community in 2022², 5 out of 10 women and 4 out of 10 men under 65 years of age reported being food insecure.

■ Female ■ Male

18% **16%**

Percentage of Medicare beneficiaries who experience food insecurity, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries are categorized as food insecure if respondents reported any of the following five food insecurity measures: Food didn't last and no money to buy more, cut size of meals or skip meals, eat less because not enough money for food, didn't eat because not enough money for food, and couldn't afford balanced meals. The reference period for these measures is "in the last 12 months."

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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Barriers to Healthcare Access and Affordability

Trouble Getting Needed Health Care¹

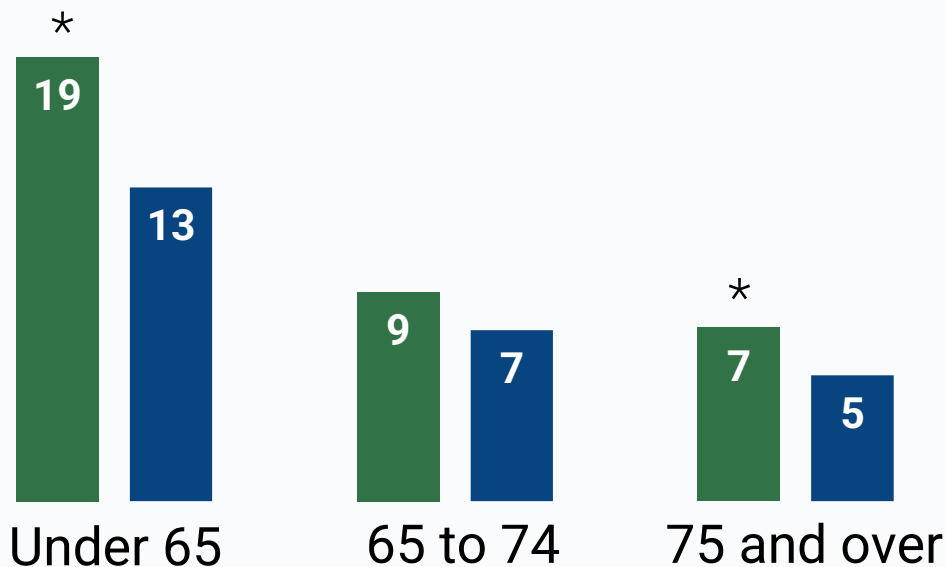
Among people with Medicare living in the community² in 2022, women were more likely to report having trouble getting needed care compared with men.

Female Male

9% 7%

Percentage of Medicare beneficiaries who had trouble getting needed health care, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries were asked if they had trouble getting health care they wanted or needed in the last 12 months.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

* Indicates that the difference is statistically significant at the 90 percent level of confidence.

Delaying Care Due to Cost¹

Among people with Medicare living in the community² in 2022, 1 out of 5 women under 65 years of age reported delaying medical care because they were worried about the cost.

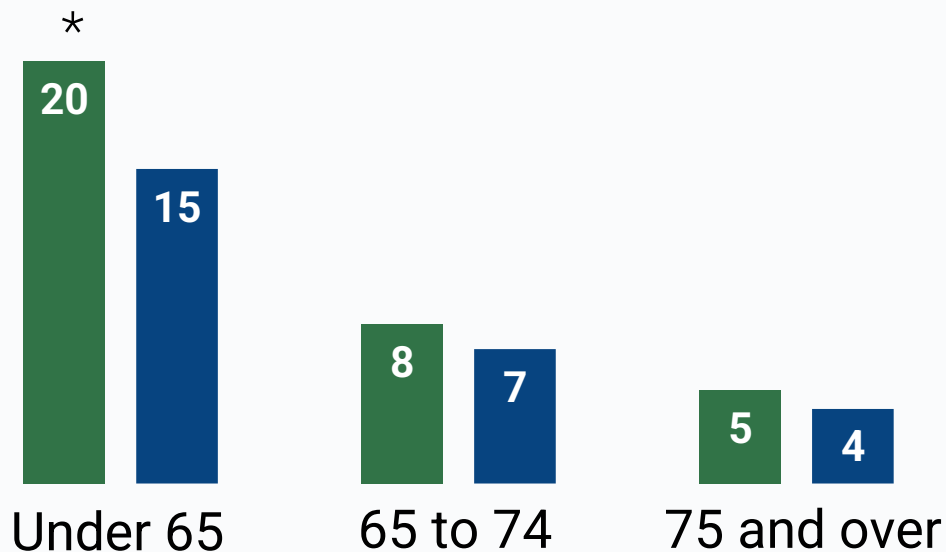
■ Female ■ Male

8%

7%

Percentage of Medicare beneficiaries who reported delaying seeking medical care because they were worried about the cost, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries were asked if they had delayed seeking medical care in the past 12 months because they were worried about cost.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

* Indicates that the difference is statistically significant at the 90 percent level of confidence.

Problems Paying Medical Bills¹

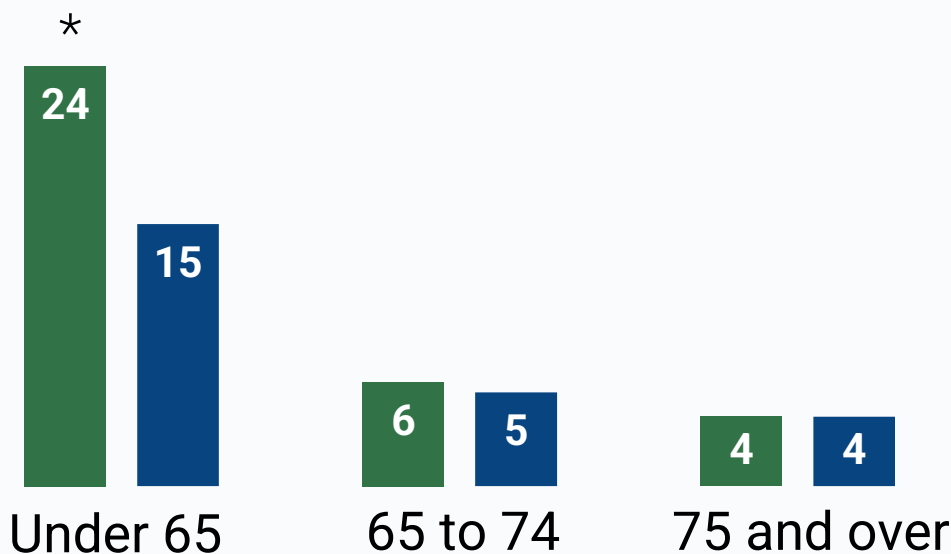
Among people with Medicare living in the community² in 2022, individuals under 65 years of age were more likely to have problems paying medical bills, and women were more likely to have problems paying medical bills than men.

■ Female ■ Male

7%^{*} 6%

Percentage of Medicare beneficiaries who had problems paying for care or were unable to pay medical bills, all ages, by sex

By Age



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, 2022 Survey File

¹ Beneficiaries were asked if they had problems paying for care or were unable to pay any medical bills in the last 12 months.

² "People with Medicare living in the community" refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Estimates presented in this data book may not be representative of people with Medicare living in facilities.

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TECHNICAL APPENDIX

The estimates presented here are based on 2022 data from the Medicare Current Beneficiary Survey (MCBS) – a nationally representative, longitudinal survey of people with Medicare sponsored by the Centers for Medicare & Medicaid Services (CMS). The MCBS is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through operations and administration of the Medicare program. The MCBS represents the population of Medicare enrollees aged 65 and over and Medicare enrollees aged 64 and below with certain disabling conditions residing in the United States.

Estimates are presented for individuals who were ever enrolled in Medicare in 2022 and completed a Community interview in Fall 2022, Winter 2023, or Summer 2023. “People with Medicare living in the community” refers to individuals who live in their own residence or with family or friends (i.e., not in a long-term care facility such as a nursing home). Medicare enrollees who received a Community interview answered questions themselves or by proxy. Estimates for enrollees who completed a Community interview may not be representative of people with Medicare living in facilities.

The Survey File ever-enrolled weights were used to produce estimates that represent the population that was ever enrolled in Medicare and still alive, entitled, and living in the community during the season in which the corresponding questionnaire item was fielded (Fall 2022, Winter 2023 and Summer 2023). Balanced repeated replication survey weights were used to account for the complex sample design. Weighted counts may not sum up to the total number of beneficiaries living in the community in the U.S. due to missingness. The dataset includes 12,958 beneficiaries (weighted N = 64,298,632).

For details about the MCBS sample design, survey operations, weighting procedures, and data files, please see the most recent *MCBS Methodology Report* and *Data User’s Guides* available on the CMS MCBS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS>.

Some measures are constructed from survey questions that involve questionnaire skip logic. For these items, unless otherwise noted, if the respondent provided a “No” response and subsequently skipped the follow-up question, the response was still included in the denominator and the follow-up question that was skipped was treated as a “No” response for measure calculation. “Don’t know” and “Refused” responses were treated as missing values and excluded from both the numerator and denominator in measure calculation.

For more estimates from the MCBS, visit: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables>.

The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

Additional technical questions concerning these estimates may be directed to: MCBS@cms.hhs.gov.

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Centers for Medicare & Medicaid Services. (2024). Medicare Current Beneficiary Survey (MCBS) 2022 Women’s Health Data Book. Retrieved from <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-briefs-tutorials>.