

Supplemental Online Content

Talcott WJ, Yu JB, Gross CP, Park HS. Social connectedness among Medicare beneficiaries following the onset of the COVID-19 pandemic. *JAMA Intern Med*. Published online May 28, 2021. doi:10.1001/jamainternmed.2021.2348

eMethods. Supplementary methodological description

This supplemental material has been provided by the authors to give readers additional information about their work.

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The response rate for the MCBS COVID-19 Supplement was 78.9%¹. Weighting was performed by applying the full-sample cross-sectional weights derived from nonresponse-adjusted weights among the beneficiaries on the file. The variance estimation method of balanced repeated replication using Fay's adjustment of 0.3 and the subpopulation domain functions of Stata v13.1 (StataCorp, College Station, TX) were used for all analyses involving the subgroup comprising the study cohort (respondents reporting changes in social connectivity). We used *p* value of <0.05 as the *a priori* threshold for statistical significance.

A composite variable representing practice of COVID-related social distancing measures was created by totaling the number of behaviors reportedly practiced by a beneficiary, including avoiding people whenever possible, keeping a 6-foot distance between themselves and others outside the household, avoiding sick contacts, avoiding gatherings of 10 or more people, wearing a facemask in public, and leaving home for essential purposes only. This variable and a composite variable indicating whether a beneficiary had missed any healthcare appointment due to COVID-19 were used in multivariable regression models to avoid collinearity.

Variables selected from the survey that were hypothesized to be potentially associated with decreased social connectedness included: Age, sex, race/ethnicity, metro residence, interview date, annual income, non-English language spoken at home, Medicaid dual-eligibility in 2019, primary location of care receipt, having a primary source of medical care offering telehealth, computer ownership, smartphone ownership, tablet ownership, access to internet, use of video or voice calls over the internet, total number of COVID-19 precautions taken, traditional news media used for information on COVID-19, social media used for information on COVID-19, comments or guidance from government officials used for information on COVID-19, other webpages/internet used for information on COVID-19, friends or family members used for information on COVID-19, healthcare providers used for information on COVID-19, history of immunodeficiency, history of hypertension, history of myocardial infarction, history of angina, history of congestive heart failure, history of a cardiac arrhythmia or valve condition, history of stroke, history of hypercholesterolemia, history of dementia, history of depression, history of osteopenia, history of broken hip, history of chronic obstructive pulmonary disease or asthma, history of diabetes, history of smoking, history of non-skin cancer.

- 1) Centers for Medicare & Medicaid Services. (2020). 2020 Medicare Current Beneficiary Survey COVID-19 Summer Supplement Public Use File [Data files and code books]. Retrieved from [/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index](#)