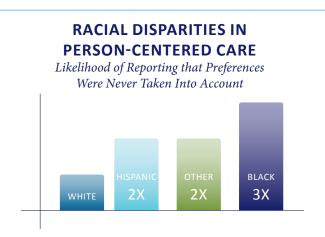
Tracking Progress on Person-Centered Care for Older Adults: How Are We Doing?

Person-centered care is essential for health systems and providers to emphasize a holistic approach oriented around individuals' goals and preferences. Using Health and Retirement Study data, we measure if older adults experience receiving person-centered care, showing differences by race, income, and other factors, and how receiving person-centered care affects satisfaction and use.

One-third of older adults report that their preferences were only rarely or sometimes taken into account with large variations by race. When preferences are ignored, older adults are more likely to forgo medical care and report lower satisfaction. New efforts are needed to strengthen and advance person-centered care, particularly for people of color and those with low incomes.

FACTORS MAKING IT MORE LIKELY PREFERENCES ARE TAKEN INTO ACCOUNT SS HIGHER INCOME AND WEALTH HAVING A USUAL SOURCE OF CARE BEING A NON-SMOKER



NOT HAVING YOUR PREFERENCES TAKEN INTO ACCOUNT CAN HAVE LASTING EFFECTS

PEOPLE WHO REPORTED NOT BEING LISTENED TO

IN 2014

Were:

IN 2016

23%

less likely to use home care 14%

less likely to have outpatient surgery

39%

less likely to take prescription drugs



THE PATH TO PERSON-CENTERED CARE

HEALTH SYSTEM AND HEALTH POLICY CHANGES:

- Quality measurement
- Payment structure
- Continuity of care and coverage
- Community engagement and leadership
- Being listened to

SOCIAL AND

CLINICAL CARE:

- Training
- Goal-oriented care
- Asking what matters (age-friendly)

SOCIAL AND PUBLIC POLICY:

• Address social and economic disparities

FINDINGS ARE FROM 2014 AND 2016 HEALTH AND RETIREMENT STUDY DATA.

See full report:

<u>Tracking Progress on</u>
<u>Person-Centered Care for Older</u>
<u>Adults: How Are We Doing?</u>



