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
- Higher income and wealth
- White race
- Having a usual source of care
- Not being a smoker

### RACIAL DISPARITIES IN PERSON-CENTERED CARE
Likelihood of Reporting that Preferences Were Never Taken Into Account

- White
- Hispanic: 2X
- Other: 2X
- Black: 3X

### NOT HAVING YOUR PREFERENCES TAKEN INTO ACCOUNT CAN HAVE LASTING EFFECTS

<table>
<thead>
<tr>
<th>IN 2014</th>
<th>IN 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who reported not being listened to</td>
<td></td>
</tr>
<tr>
<td>Were:</td>
<td></td>
</tr>
<tr>
<td>23% less likely to use home care</td>
<td></td>
</tr>
<tr>
<td>14% less likely to have outpatient surgery</td>
<td></td>
</tr>
<tr>
<td>39% less likely to take prescription drugs</td>
<td></td>
</tr>
<tr>
<td>And:</td>
<td></td>
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<tr>
<td>had 1.6 fewer doctors’ visits</td>
<td></td>
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</tbody>
</table>

### THE PATH TO PERSON-CENTERED CARE

**Clinical Care:**
- Training
- Goal-oriented care
- Asking what matters (age-friendly)

**Social and Public Policy:**
- Address social and economic disparities

**Health System and Health Policy Changes:**
- Quality measurement
- Payment structure
- Continuity of care and coverage
- Community engagement and leadership
- Being listened to

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

See full report: [Tracking Progress on Person-Centered Care for Older Adults: How Are We Doing?](#)