

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.

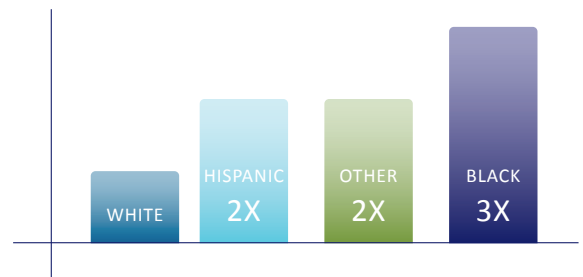
One-third of older adults report that their preferences were only rarely or sometimes taken into account with large variations by race. When preferences are ignored, older adults are more likely to forgo medical care and report lower satisfaction. New efforts are needed to strengthen and advance person-centered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

FACTORS MAKING IT MORE LIKELY PREFERENCES ARE TAKEN INTO ACCOUNT



RACIAL DISPARITIES IN PERSON-CENTERED CARE

*Likelihood of Reporting that Preferences
Were Never Taken Into Account*



NOT HAVING YOUR PREFERENCES TAKEN INTO ACCOUNT CAN HAVE LASTING EFFECTS

IN 2014



IN 2016

Were:



*less likely to use
home care*

14%

*less likely to have
outpatient surgery*

39%

*less likely to take
prescription drugs*

And:

had



fewer doctors' visits

THE PATH TO PERSON-CENTERED CARE



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

See full report:

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