

DESCRIPTION OF SAMPLE

INTRODUCTION

The survey data in this summary represent the population of older adults and people with physical disabilities receiving publicly funded long-term services and supports programs—known as LTSS. For more information, visit: [nci-ad.org](https://www.nci-ad.org).

GENDER AND AGE

18-44 years: **14%**
 45-65 years: **33%**
 66+ years: **53%**

62.5
years old
(average)

63% Female

37% Male

RACE AND ETHNICITY

57% White
26% Black or African American
7% Hispanic or Latino
4% Asian
3% American Indian/Alaska Native
3% Other

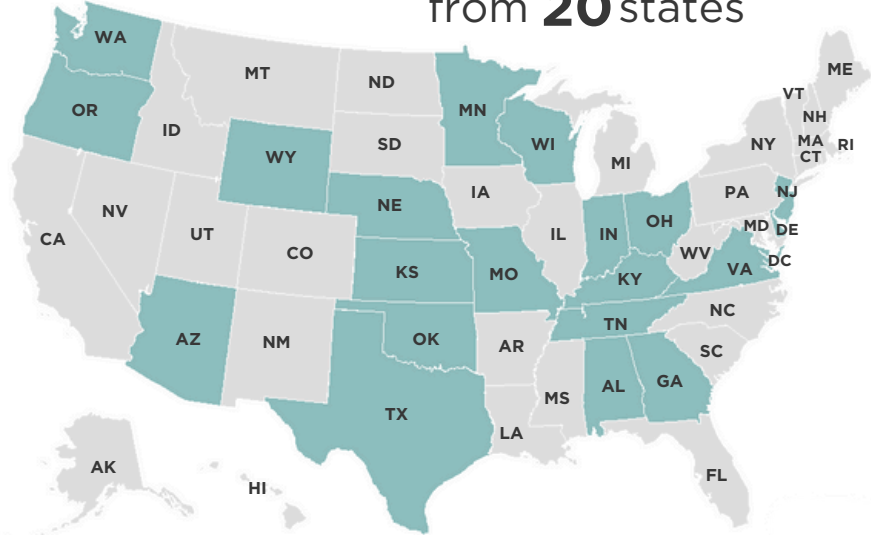
DIAGNOSES*

9% Intellectual or Developmental Disability
10% Traumatic Brain Injury
12% Alzheimer's or Dementia
28% Mental health condition
44% Physical disability

*Note: Diagnoses are not mutually exclusive

SAMPLE

21,041 total respondents from **20** states

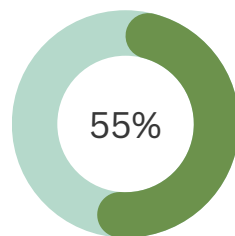


*State samples vary from year to year. For details and all outcomes, visit: [nci-ad.org/reports](https://www.nci-ad.org/reports)

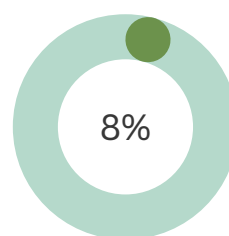
RESIDENCE TYPE & LOCATION



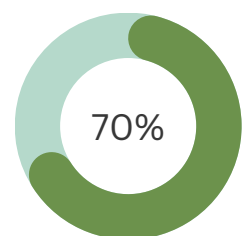
PERSONAL CHARACTERISTICS



Need some support for mobility



Indicate preferred language other than English



Receives Medicare

2023-2024 DATA AT A GLANCE

OUTCOMES

COMMUNITY PARTICIPATION AND RELATIONSHIPS



66% can do the things they want outside of their home as much as they want



21% say they often feel lonely



91% always have transportation to get to medical appointments



72% always have transportation to do the things they want outside of the home



12% want a paid job in the community



33% of those who want to work say that someone talked to them about job options



PERSON-CENTERED PLANNING

84%

Very involved in making decisions about what is in the service plan

77%

People at service planning meeting completely listened to needs and preferences

87%

Choices and preferences are completely reflected in current service plan

HEALTH AND WELLNESS

89%

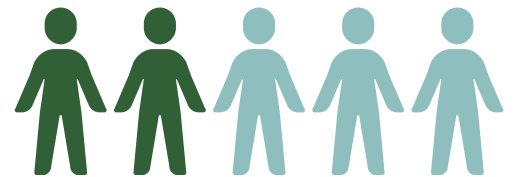
Have access to mental health services if they want them

83%

Had physical exam/wellness visit in past 12 months

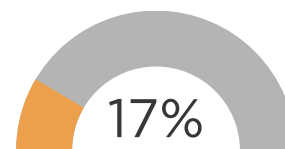
46%

Had routine dental visit in past 12 months

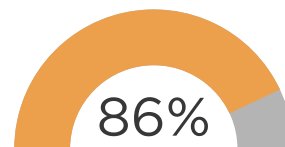


More than 2 out of every 5 NCI-AD respondents (43%) went to the emergency room for any reason in the past 12 months

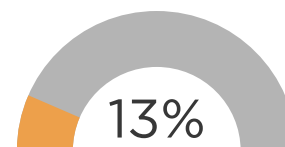
11% of those who went to the ER did so because they could not see their primary care providers



The percent of people who say their overall health is poor



The percent of people who always have access to healthy foods when they want them



The percent of people who had to skip meals due to financial worries

OUTCOMES

CHOICE AND CONTROL

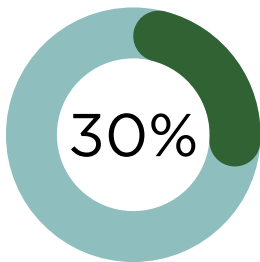
72% Always feel in control of their life

88% Can choose or change their services

76% Can choose or change the people who provide paid supports

70% Can choose or change when and how often they receive services

Use self-directed supports:



11% of those who use self-directed supports say that **someone else makes the decisions about the services that are self-directed**

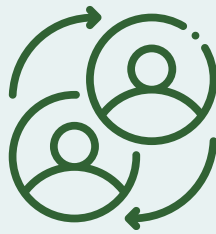
SERVICE COORDINATION AND WORKFORCE

Who helps person most often...

Paid support staff: 50%

Paid family or friend: 21%

Unpaid family, friend, or volunteer: 28%



28% say their **paid staff change too much**

30% say their **case manager/care coordinators change too much**



73% say they have a **backup plan** if the people who are paid to help do not show up



93% say the people paid to help them **treat them with respect**



88% say the people who are paid to help **come and leave when they are supposed to**

SATISFACTION



say services and supports help them **live the life they want**



7 out of every 10 people (71%) say their **services meet all their needs and current goals**

Among those with unmet needs:

22% need support with personal care

26% need support with transportation

17% need support with housing assistance



90% of respondents say they **like where they live**



63% of respondents say they usually **like how they spend their time during the day**

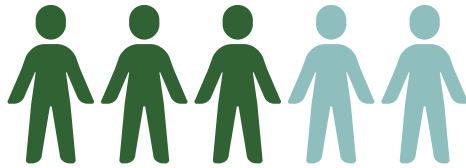
2023-2024 DATA AT A GLANCE

OUTCOMES: SPOTLIGHT ON OLDER AMERICANS ACT RECIPIENTS

OLDER AMERICANS ACT

The Older Americans Act (OAA) was first passed in 1965. The OAA authorizes the provision of services across numerous agencies on aging, including information and referral, congregate and home-delivered meals, health and wellness programs, in-home care, transportation, elder abuse prevention, caregiver support, and adult day care.

ACCESS TO SERVICES

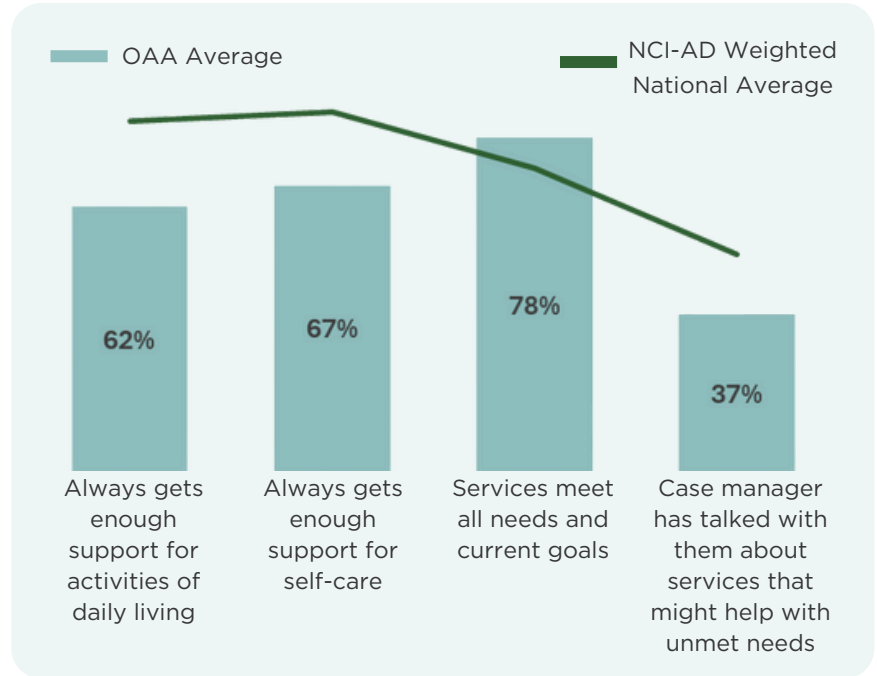


More than 3 out of every 5 OAA recipients report that an unpaid family member, friend, or volunteer is the person who helps them most.

These family members and friends need training and education about how to best support older adults. According to a [recent study](#), 26 states provide family caregiver education and training resources through home and community-based services waivers.

The type of caregiver (paid staff, paid family, and unpaid) is connected to outcomes. This may be part of the reason we see OAA recipients have different rates of several outcomes around workforce, as seen below.

| Measure | Weighted NCI-AD Average | OAA Average |
|--|-------------------------|-------------|
| People who are paid to help come and leave when they are supposed to | 88% | 83% |
| People who are paid to help them always do things the way they want | 86% | 76% |
| Has a backup plan if the people who are paid to help them do not show up | 73% | 63% |



This graph shows responses to four NCI-AD questions related to the quality of services and supports. The **vertical bars display the average percent** of each outcome in 2023-24 among Older Americans Act recipients, while the **green line show the weighted NCI-AD national averages**.

These data show that, relative to the weighted NCI-AD average, OAA recipients report higher rates of services meeting all needs and current goals. At the same time, they report **lower rates of always getting enough support for both activities of daily living and self-care, and lower rates of saying a case manager has talked with them about services to help with unmet needs**.

Although OAA recipients are much more likely to be supported primarily by unpaid family and friends, the table to the left shows several outcomes related to paid staff for which OAA respondents have lower values.

These data can be used by states to **meet new OAA Final Rule guidance** that states use data to assess service effectiveness. NCI-AD data support setting benchmarks and marking progress toward goals described in **State Plans on Aging**, and can also be used in support of state Multi-sector Plans on Aging.

Note: "weighted" averages account for any nonproportional sampling of programs across states, and rebalance state sample sizes according to their populations of survey-eligible service recipients.