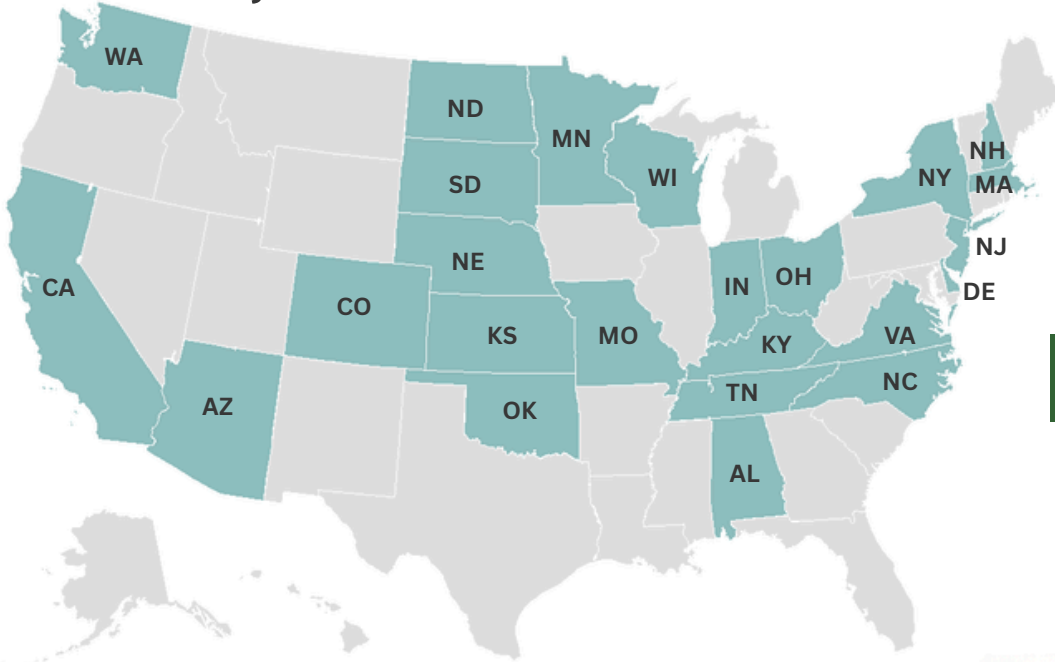


NCI-AGING AND DISABILITIES 2024-25 ADULT CONSUMER SURVEY

Data At-A-Glance

SAMPLE

20,026 respondents from **24** states



85% Metropolitan
8% Micropolitan
7% Small town/
Rural

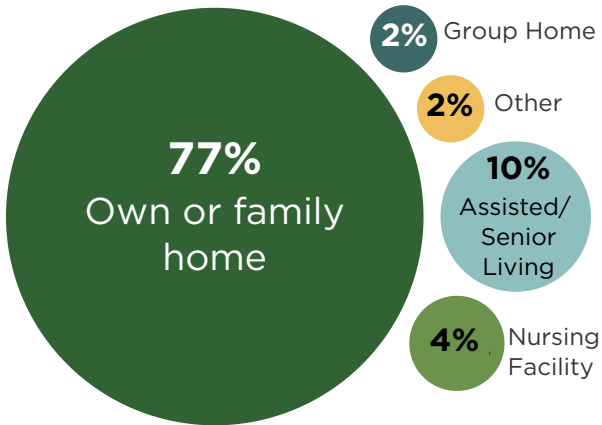
64% Female
36% Male



18-44 years: **16%**
45-64 years: **29%**
65-89 years: **50%**
90+ years: **5%**

*State samples vary from year to year. For details and all outcomes, visit: nci-ad.org/reports

RESIDENCE TYPE



30% Live Alone

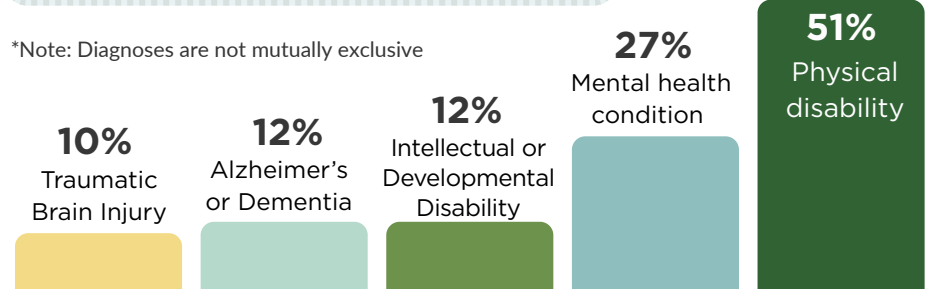
PERSONAL CHARACTERISTICS

44%: White
24%: Black or African American
15%: Hispanic/Latino
11%: Asian
4%: Other
2%: American Indian/Alaska Native
1%: Pacific Islander



Preferred language is English

*Note: Diagnoses are not mutually exclusive



ABOUT THE SURVEY

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

NCI-AGING AND DISABILITIES 2024-25 ADULT CONSUMER SURVEY

Data At-A-Glance

ACCESS TO COMMUNITY

92%

Always have transportation to get to medical appointments

73%

Always have transportation to do things they want outside the home

67%

Take part in activities with others as much as they want to

Spotlight on Transportation



Among those who cannot take part in activities, **31% say the reason is transportation**

Among those who have unmet needs, **28% say they need help with transportation**



Among those who cannot always see friends or family, **24% say the reason is transportation**

RELATIONSHIPS



92% Have friends or family *they do not live with* who are part of their life

95% Always able to see or talk to friends or family when they want

17% Often feel lonely

HEALTH AND HEALTH CARE

89% Have access to healthy foods when they want them

87% Had a physical exam/wellness visit in the past 12 months

54% Had dental exam in past 12 months

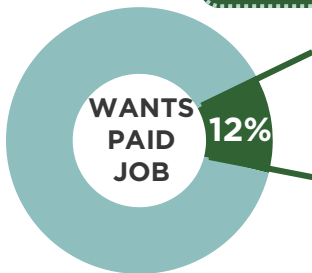
42% Went to the emergency room in the past 12 months

26% Stayed overnight in a hospital or rehab/nursing facility in past 12 months

17% Describe overall health as poor

WORK

5% Have a paid job in the community



32% Someone talked with them about job options

DATA SUMMARY



Access to the community is considered a key feature of home and community-based services. Many of these outcomes vary widely across states, as well as by residence type. While the majority of respondents say they have transportation, relationships, and access to the community, a small percent of people have paid jobs in the community; among those who want to work, just 1 in 3 have talked with someone about job options. Additionally, more than 2 in 5 people went to the emergency room, and almost 1 in 5 people describe their health as poor. **These data suggest that systems can better leverage person-centered planning to support people to engage in communities and have optimal health outcomes.**

NCI-AGING AND DISABILITIES 2024-25 ADULT CONSUMER SURVEY

Data At-A-Glance

CHOICE AND RIGHTS

88% can choose or change their services

84% can choose or change the people who provide paid supports



73% can choose or change when and how often they receive services

76% can have visitors at any time if living in a group setting



70% can eat meals when they want

62% use self-directed supports



UNMET NEEDS

89%

Services and supports help them live the life they want

72%

Services meet all needs and current goals

55%

Case manager has talked to them about services to help with unmet needs

WORKFORCE

Who helps person most often...

44%
Paid support worker

40%
Paid family or friend

16%

Unpaid family, friend, or volunteer

96%

say the people who are paid to help them treat them with respect

90%

say the people who are paid to help them always do things the way they want

73%

have a back-up plan if people who are paid to help do not show up

29%

say their case manager/care coordinator changes too much

22%

say their paid staff change too much

DATA SUMMARY



The HCBS Settings Final Rule describes the rights of people who are using home and community-based services. These data show the variation across outcomes related to choice and control, support coordination, and unmet needs. While most respondents feel respected by their paid staff, 1 in 4 do not have a back-up plan if staff fail to show up, and 1 in 5 say their paid staff change too much. The data also show that among those with unmet needs, just half say their case manager has discussed services that can help with unmet needs. **These data highlight that services play a pivotal role in ensuring older adults and people with disabilities have good quality of life, and there are still areas for improvement.**

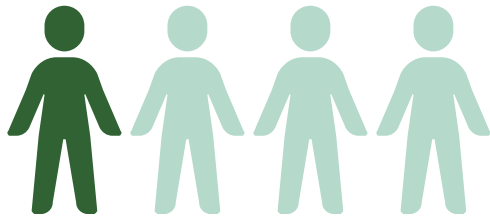
NCI-AGING AND DISABILITIES 2024-25 ADULT CONSUMER SURVEY

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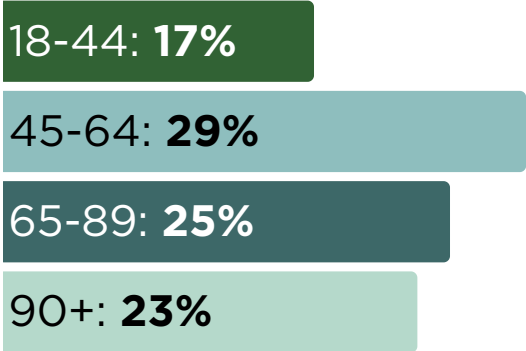
SPOTLIGHT ON FALLS

Although falls can be common for older adults, falls are usually avoidable. Falls can occur at any age when people have unmet needs for home modifications, assistive devices, and supports generally. In this spotlight, we take a closer look at what NCI-AD data tells us about those with a frequent history of falls.

OVERVIEW



One out of every four NCI-AD respondents (25%) **have a history of frequent falls** (more than two falls in a six month period).

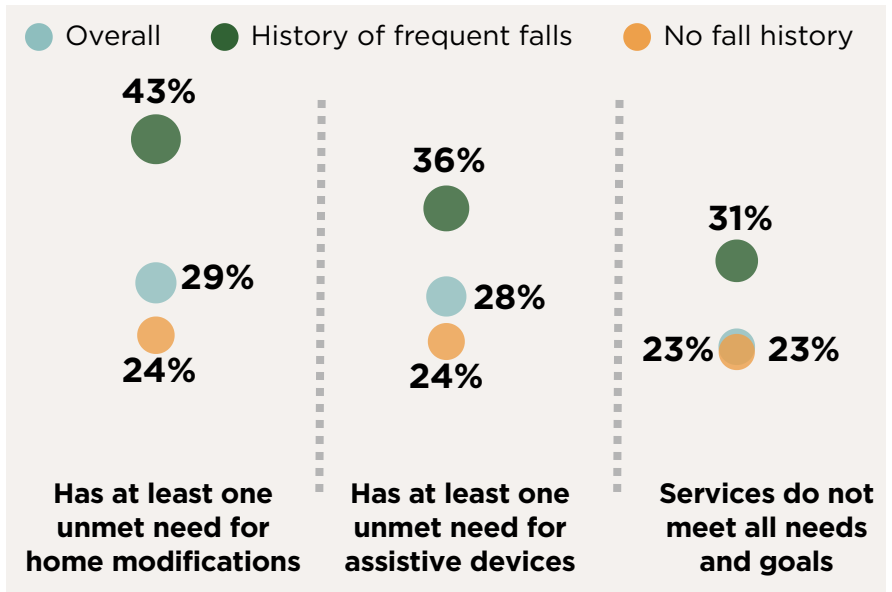


Those who are 45-65 have the highest rates of frequent falls. In addition, those who **live alone** as well as those who **live in their own home or senior living complex** have higher rates of having a history of frequent falls.



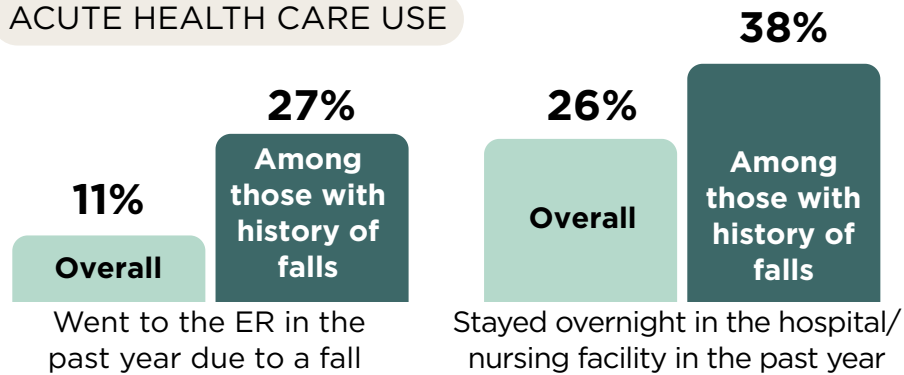
Among those with a history of frequent falls, about **3 out of every 4 people had talked to or worked with somebody to reduce risk of falls**

UNMET NEEDS AND FALLS



Those with a history of frequent falls have **higher rates of at least one unmet need for home modifications** (i.e., grab bars, specialized bed) and at **least one unmet need for assistive devices** (i.e., wheelchair, walker). They also have higher rates of unmet needs overall.

ACUTE HEALTH CARE USE



In addition to having higher rates of unmet needs, those with a **history of frequent falls have higher rates of acute health care use, including ER visits and hospitalizations.**