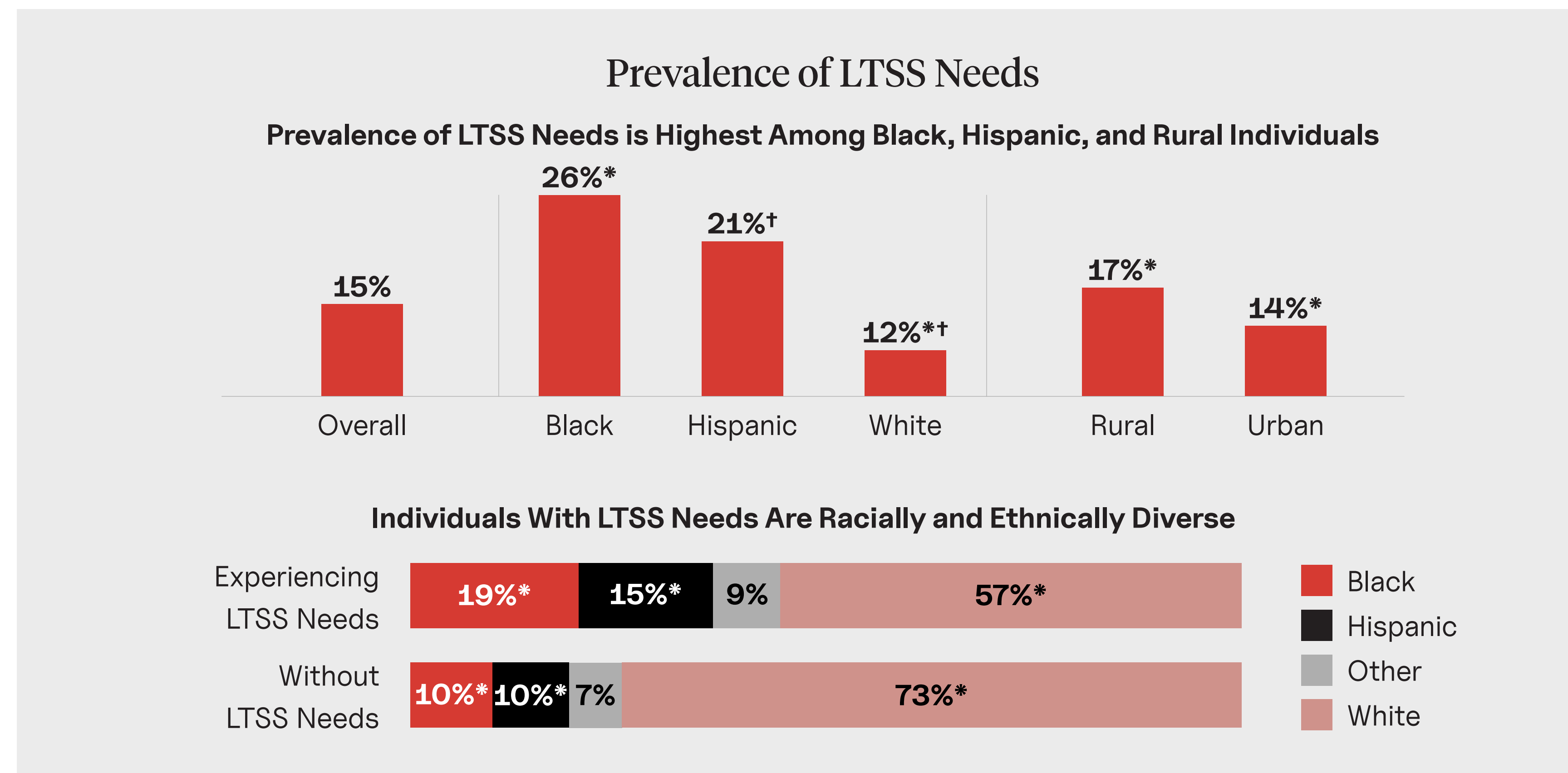




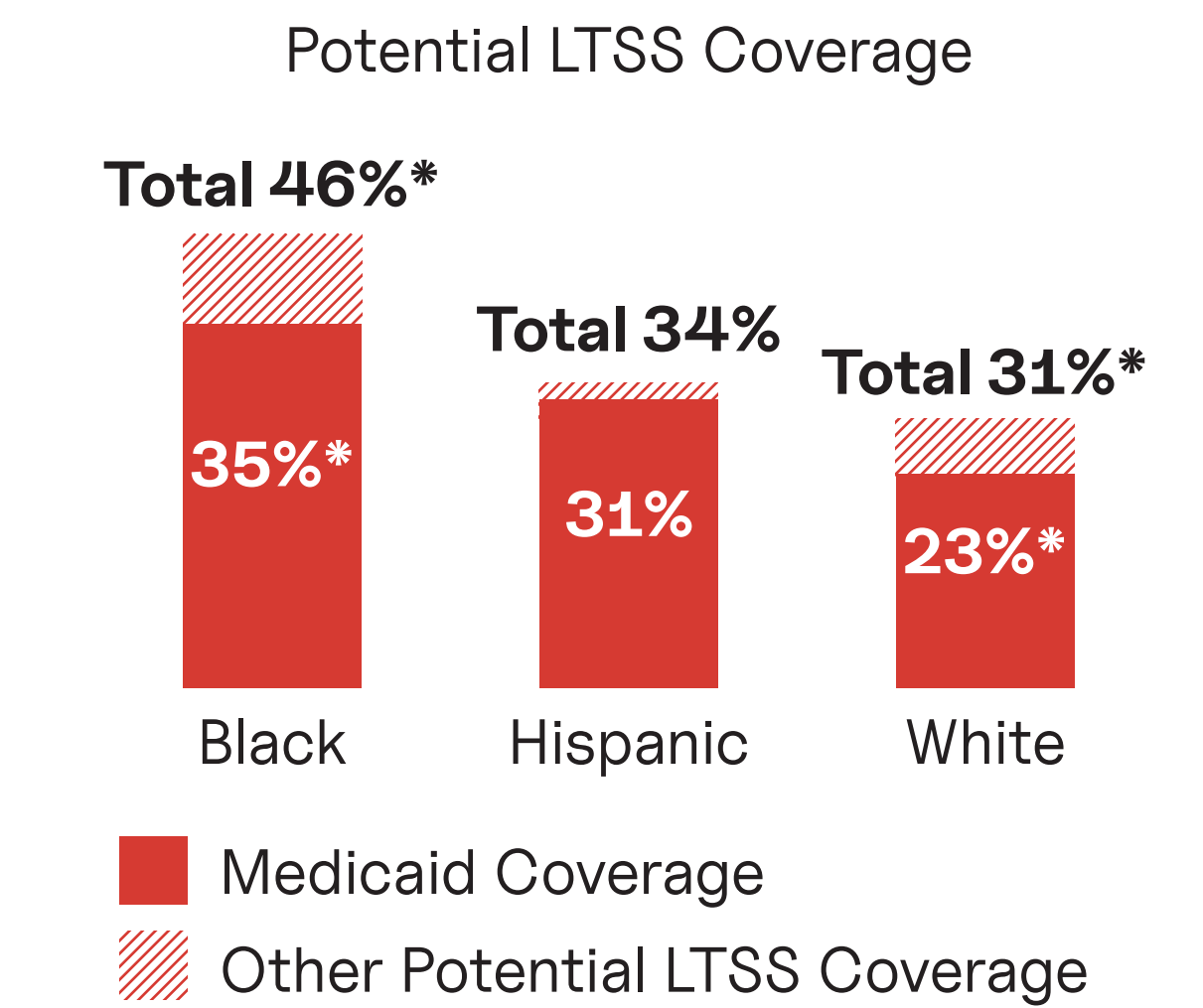
Background

LTSS encompass the supports that are needed by individuals experiencing difficulty with activities of daily living (ADLs) and disease management. Individuals' access to LTSS can be constrained by cost, and unpaid caregivers provide the majority of LTSS nationwide. Evidence indicates inequities in the prevalence of LTSS needs and in access to and utilization of LTSS, but that evidence focuses on older adults (65+). This study highlights disparities in the prevalence of LTSS needs at age 55, as well as resource and outcomes disparities, by race and ethnicity, gender, and geography.

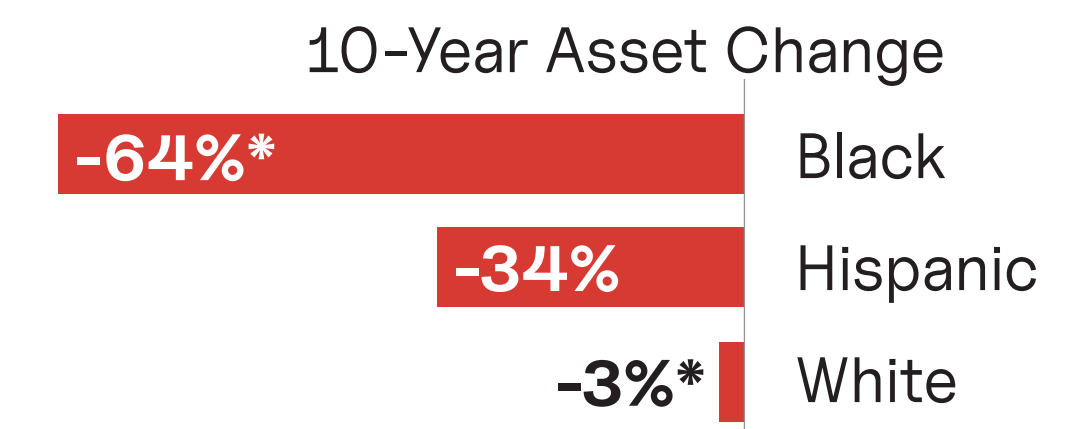


Resource and Outcomes Disparities

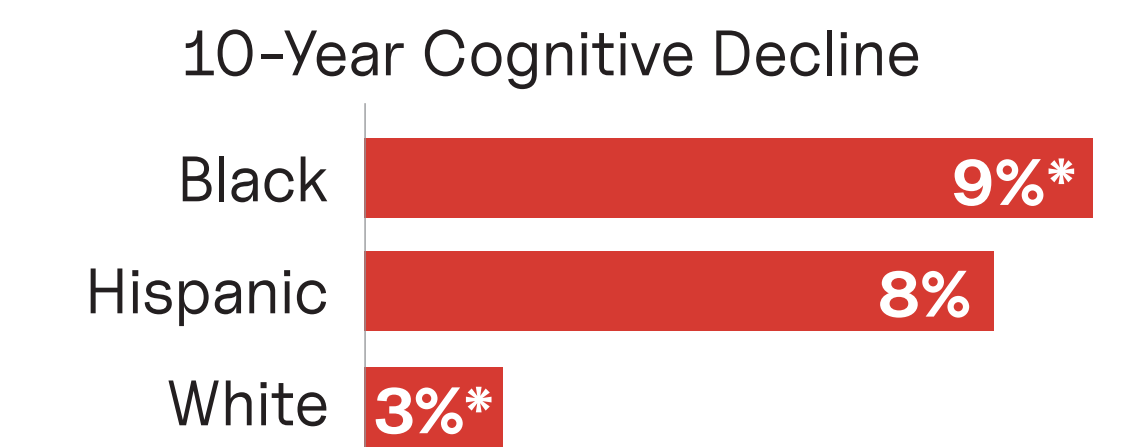
More Black Individuals Have Medicaid Coverage than White Individuals



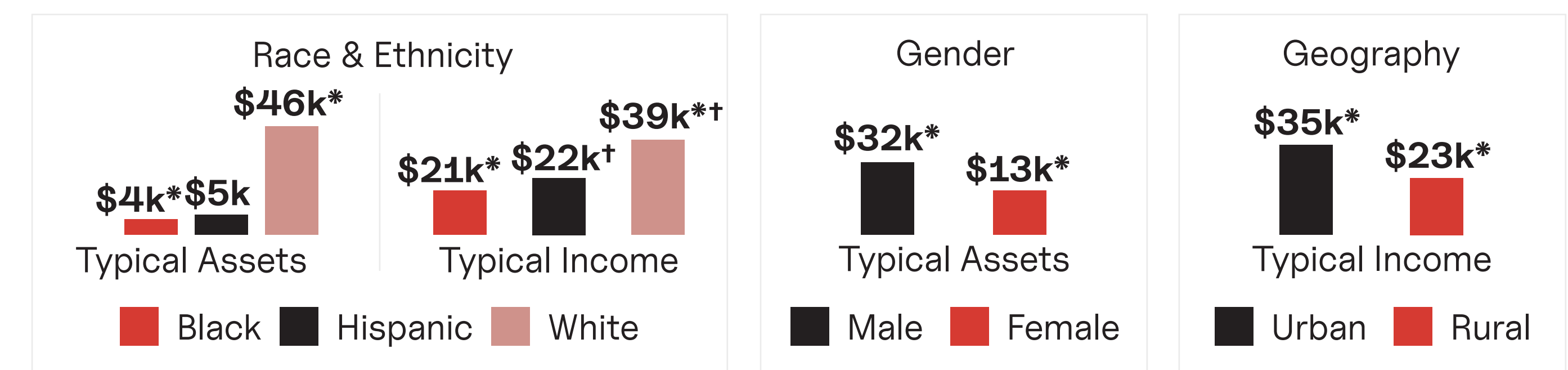
Black Individuals Lost More Assets than White Individuals After Experiencing LTSS Needs



More Black and Hispanic Individuals Experienced Cognitive Decline than White Individuals After Experiencing LTSS Needs



Black, Hispanic, Female, and Rural Individuals Had Less Income and Fewer Assets than Other Groups



Methods

ATI Advisory analyzed data for U.S. residents at age 55 in the Health and Retirement Study from 2002-2018 using chi-square and Mood's median tests through the R survey package. LTSS needs is having difficulty with 1+ late-loss ADL, with all four executive-functioning IADLs (instrumental ADLs), or with just 1+ (I)ADL and cognitive impairment or intellectual or developmental disability. Asterisks and daggers indicate which comparisons are statistically significant at the 5% level. In the absence of asterisks or daggers, a comparison was not significant.

Prevalence & Resources	Age 55 from 2008–2018	Cross-sectional
Outcomes	Age 55 from 2002–2008	10 years of follow-up

Limitations

All data are self- or proxy-report. Study drop-out may affect outcome analysis. HRS does not allow identification of major demographic groups, like Asian individuals.

