

# 2024 SOCIAL THREATS TO AGING WELL IN AMERICA SURVEY



Alignment Health™



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# Executive Summary









Alignment Health's **2024 Social Threats to Aging Well in America** survey aims to identify and understand the primary social and environmental factors preventing seniors in the United States from receiving the care and support they need to thrive in their later years. This year, the report examines eight key social determinants of health: aging in place, lack of transportation and access, economic challenges, lack of support, mental health issues, loneliness, cultural barriers, and food insecurity. By delving into these unique health care challenges, we can better advocate for seniors' needs and help them age well and live healthier, more prosperous lives.

While this is the third consecutive year that Alignment Health has studied these issues affecting senior health, the 2024 report is the first time it has partnered with Ipsos, one of the world's largest market research and polling companies.

The 2024 survey conducted an online poll of more than 2,000 Americans aged 65 and older, with additional polling specifically in Arizona, Nevada, and North Carolina, to provide reliable sample sizes. These three states along with California, Florida, and Texas are those where the company has members. State-level findings reflect the opinions of these respondents only.

**Figure 1:**

## 2024 TOP SOCIAL THREATS TO AGING WELL IN AMERICA

SOCIAL THREATS	PERCENTAGE IMPACTED
Aging in Place	69% 
Transportation/Access	64% 
Economic*	56% 
Lack of Support	38% 
Mental Health	33% 
Loneliness	30% 
Cultural	21% 
Food Insecurity	18% 

**\*44% of those impacted by economic barriers have medical debt.** These results are a net of barriers mentioned throughout the survey (Q4-Q6b, Q8, Q10-Q12, Q15-Q17, Q21-Q25)

## 2024 Top Three Social Threats to Aging Well

- 1. Aging in Place**
- 2. Lack of Transportation and Access to Medical Care**
- 3. Economic Insecurity**

## Highlights and Key Findings

- Nine out of 10 (91%) seniors are impacted by at least one of the social determinants of health examined in this study.
- Nearly seven out of 10 (69%) seniors cite aging in place as the top barrier to their health and well-being.
- Two-thirds (64%) cite lack of reliable transportation and access as their main reason for skipping medical care.
- Surprisingly, those who are more impacted by economic instability tend to be employed and lean younger (72.4 years) compared to the national average (73.6 years).
- Lack of support (38%), mental health (33%) and loneliness (30%) each impact roughly one-third of today's seniors.
- One in 5 seniors also cite cultural barriers (21%) and food insecurity (18%) as barriers to their health and well-being.
- Interestingly, seniors suffering from food insecurity and loneliness are more likely to live in an urban setting.
- Among the six states surveyed, Nevada and North Carolina seniors seem to be most impacted by social determinants of health, reporting higher numbers in all eight categories studied in the survey.
- And, while California has the highest number of seniors, the Golden State seems to be faring relatively well among the states surveyed. Californians are less impacted by three of the eight social determinants and are on par with seniors across the U.S. on the other five.

# 1. National Findings

This year, the most cited barrier to senior health and well-being is **aging in place**, with nearly 7 out of 10 (69%) seniors in the survey report this issue (Figure 1). Notably, the survey found that those impacted by aging in place do not differ significantly with respect to most demographic, geographic or socioeconomic statuses and ethnic characteristics.

The second major barrier is the **lack of transportation and access to medical care**, with almost two-thirds of seniors (64%) identifying this as an obstacle to getting the care they need (Figure 1).

**Economic insecurity continues to be a major hurdle**, ranking third in the 2024 survey, with 56% of seniors reporting it as an obstacle of concern (Figure 1). Seniors, often on low, fixed incomes, may still feel the impact of rising costs over the two-year period from April 2021 to April 2023, when inflation rates for essentials such as groceries, utilities and gas jumped by 20% or more.<sup>1</sup>

## National Highlights

Nearly 7 out of 10 (69%) seniors consider **AGING IN PLACE** a top social barrier to their health.



64%

Lack of **TRANSPORTATION AND ACCESS** to medical care affects 64% of survey respondents.



31%

**ECONOMIC BARRIERS** are among the top three stressors, affecting 31% of survey respondents.



44%

Of those facing economic barriers, 44% are burdened by **MEDICAL DEBT**.



38%

**LACK OF SUPPORT** is the fourth most cited factor, affecting 38% of seniors.



33%

**MENTAL HEALTH** ranks as seniors' fifth most cited threat, affecting 33% of the population.



30%

**LONELINESS** affects the health and well-being of 30% of survey respondents.

1 in 4  
**FEEL LONELY**

When asked about their experiences, 1 in 4 respondents (25%) report feeling lonely sometimes or often (Figure 5).

1 in 5  
**ARE LONELIER NOW**

1 in 5 seniors (19%) say they are lonelier now than they were a year ago.

<sup>1</sup> [These 5 charts show how much 2 years inflation have really cost you](#) (CNBC, April 14, 2023)

# No. 1 Social Threat: Aging in Place

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*Seniors Share:*

## WHY AGING IN PLACE IS A BARRIER

**“If I move to another area, I may not be able to have the same coverage that I have in my present location.”**

– Male, age 71, Missouri

**“[There’s a] strong possibility of being evicted, because I’m unable to clean my apartment well enough. ... [I have] nowhere to go if evicted, meaning my health care will be impossible to maintain.”**

–Female, age 72, Kentucky

**“One situation [I’m worried about] is if I have a medical emergency alone at home, and I can’t call for help.”**

– Male, age 74, California

**“Getting old ain’t for sissies has been my mantra. [My] children have their own worries, and I try not to add to them. As long as I can live alone, I will!”**


– Female, age 82, Florida

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The number of older Americans is growing, and they are living longer than before. According to the 2020 U.S. Census, the 65-and-over group grew nearly five times faster than the total population over the 100 years from 1920 to 2020.<sup>1</sup>

Life expectancy in the U.S. has been on an upward trajectory. In 1900, the average life expectancy was 47 years; in 1950, it was 68 years; and by 2019, it climbed to almost 79 years.<sup>2</sup>

With this rapidly growing and aging population, it’s important to understand the challenges that seniors may face regarding aging in place, which refers to older adults living in their homes safely and independently as they age.<sup>3</sup> The 2024 Social Threats to Aging Well in America survey revealed that nearly 7 out of 10 (69%) seniors consider aging in place a top social barrier to their health and well-being.



**Nearly 7 out of 10 (69%) seniors consider aging in place a top social barrier to their health and well-being.**

1 [U.S. Older Population Grew from 2010 to 2020 at Fastest Rate Since 1880 to 1890](#) (U.S. Census, May 25, 2023)

2 [Why Health Expectancy in the U.S. is Falling](#) (Harvard Health Publishing, Oct. 20, 2022)

3 [Aging in Place: Growing Older at Home](#) (National Institute on Aging, Oct. 12, 2023)

Accordingly, of those who expressed experiencing any stress and anxiety in the past year, 22% rank aging in place as the No. 1 factor causing them the most stress or anxiety, while 45% rank it among their top three stressors.

Interestingly, aging in place is the only determinant where household income is on par with the national population. Those concerned with aging in place have the same average household income of \$81,400 as the national survey respondents.

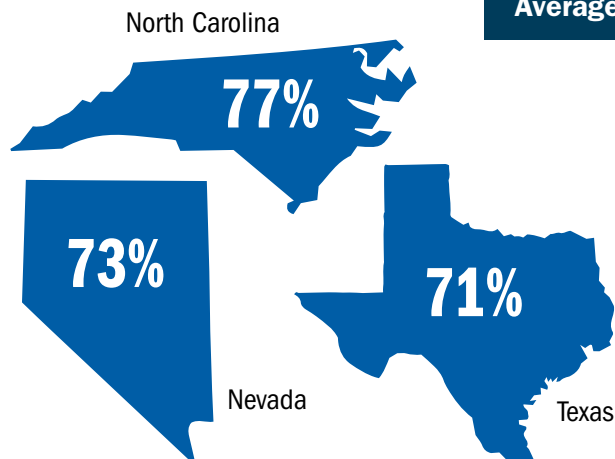
This senior wave means more Americans are choosing to age in place. While they desire to live in their own homes, the homes themselves may not be the most desirable in terms of physical safety.

More than two-thirds (67%) say they would use benefits that support independent living if they were offered by their health insurance in the next 12 months, 15% of whom list these benefits as most needed or important (Figure 3). These benefits include help with making their homes safer, personal medical safety alert systems, in-home health care visits and non-medical companion care.

**More than two-thirds (67%) say they would use benefits that support independent living if they were offered by their health insurance in the next 12 months.**

## STATE BREAKOUT: AGING IN PLACE

- While aging in place is a broad-based issue that impacts all seniors regardless of where they live, some states in our survey are feeling its effects more so than others. Compared to the national average, **more senior respondents in North Carolina (77%), Nevada (73%) and Texas (71%)** cited aging in place as a top concern.



- Aging in place impacts surveyed North Carolinians more in a variety of ways, including being a primary reason for skipping medical care and a major barrier to their future health and well-being.
- Compared to seniors nationwide, aging in place also disproportionately affects seniors surveyed in Arizona and Nevada. Thirty percent (30%) of respondents in Arizona and 28% in Nevada say it is a reason they may skip medical care in the future.

# No. 2 Social Threat: Lack of Transportation and Access to Medical Care

Transportation and accessibility significantly impact older adults' health and well-being, with 64% of this year's respondents citing **lack of transportation and access to medical care as a top barrier** (Figure 1).

Among those who have skipped medical care, almost two-thirds (64%) cite the lack of reliable transportation and access as the main reason (Figure 9). Additionally, of those who skipped medical care, 50% say they may do so in the future for the same reason.

A majority (**71%**) of respondents say they would use transportation benefits, such as rides to medical appointments, if offered by their health insurance in the next 12 months, while 18% indicated these benefits as the most needed or important (Figure 3).

Demographically, the survey found that those citing lack of transportation and access most often are more likely to be female, live alone, have never been married, and have a lower average household income.

## Seniors Share:

### WHY TRANSPORTATION/ ACCESS TO MEDICAL CARE IS A BARRIER

**"I skipped medical care due to lack of driver to get me to the appointment. I don't drive."**

- Female, age 66, Ohio

**"With the wheelchair, it is hard to find transportation"**

- Female, age 68, California

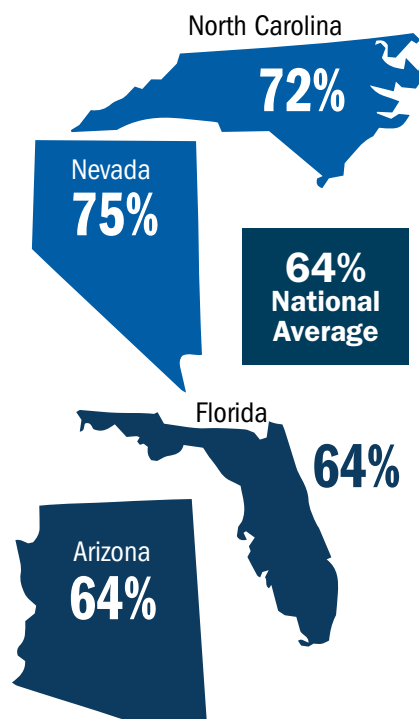
**"[I] don't drive. Hard getting around."**

- Male, age 76, Nevada

## STATE BREAKOUT: TRANSPORTATION AND ACCESS

- When compared to seniors across the U.S. (64%), more **Nevadans (75%)** and **North Carolinians (72%)** in our survey cited transportation and access as a major concern.

- At the same time, **Arizona and Florida** respondents (**64%**) expressed concerns about transportation and access at the same rate as the national average.





# No. 3 Social Threat: Economic Insecurity

Many older adults who struggle economically may refrain from seeking medical care due to rising housing costs, health care bills, groceries and other expenses. The 2024 Social Threats to Aging Well in America survey revealed that while **economic insecurity is the third highest social threat**, 15% of seniors ranked it as the top driver of stress or anxiety in the past 12 months, and 31% listed it among their top three stressors.

## Seniors Share:

### WHY ECONOMIC INSECURITY IS A BARRIER

**“Not having the money for copay and prescription delivery.”**

– Female, age 65, Illinois

**“The cost keeps going up and insurance is limiting what they will cover or pay for.”**

– Male, age 68, Connecticut

**“Having to pay more out-of-pocket expenses being on a fixed income.”**

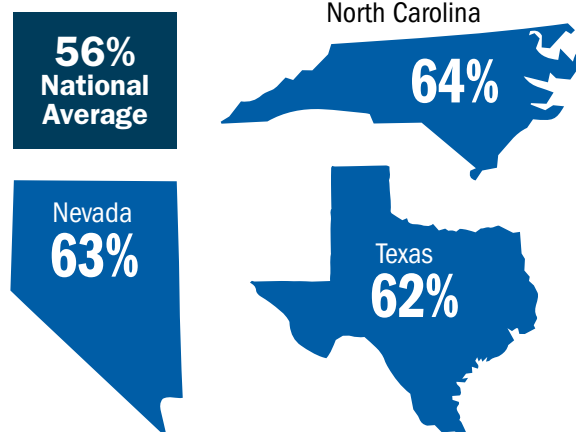
– Female, age 68, Florida

**“Bills too high. Don’t want to add more debt.”**

– Female, age 79, Oklahoma

## STATE BREAKOUT: ECONOMIC INSECURITY

- Compared to the national survey (56%), more respondents in **North Carolina (64%)** and **Nevada (63%)** consider economic insecurity a top barrier, with respondents in **Texas (62%)** following closely behind.



- For Nevadans in our survey, economic insecurity is not only a current threat but also a future concern, with 48% citing it as a potential barrier compared to seniors nationwide (39%).
- Similarly, survey respondents in Texas (47%) are more likely than the national population, ages 65-and-older (39%) to view economic insecurity as a future threat to their health and well-being.

# Medical Debt: A Growing Obstacle to Aging Well

Medical debt poses a significant obstacle to the health and well-being of older Americans, despite having some form of health insurance. This year’s survey reveals that 44% of those facing economic barriers are burdened by medical debt.

Of those in debt, 59% report owing an amount equivalent to one or more months of basic living expenses (e.g., rent/mortgage, utilities, groceries, non-medical insurance).

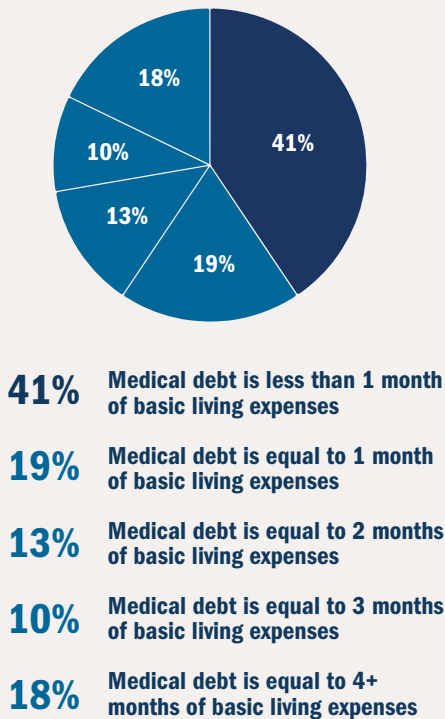
Among those with medical debt, 5% have unpaid credit card balances while a smaller fraction – 1% – are taking out home loans or home equity lines of credit (HELOCs) to cover their medical expenses.

One in 4 seniors (26%) admit to skipping medical care. Of those, more than a third (35%) are worried about having enough money to pay for care (Figure 9).

Unfortunately, 1 in 5 seniors (21%) indicate they do not have or are unsure they have the resources to pay their debt within the next year.

Figure 2:

## MEDICAL DEBT IN RELATION TO BASIC LIVING EXPENSES



Percentages may not equal 100% due to rounding

Base: Total Respondents (2,051); Have medical dept (299)

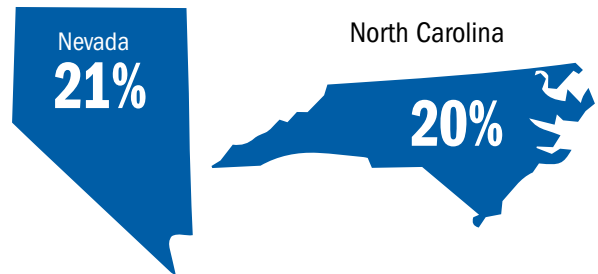
Q15. Do you currently have any medical debt? Please select all that apply.; Q17. Do you feel you have the resources and support to pay your medical expenses and/or debt in the next 12 months?; Q16. Thinking about the amount you owe related to medical debt, how does that relate to your basic living expenses?

Figure 2:

## STATE BREAKOUT: MEDICAL DEBT

**13%**  
National  
Average

- Compared to the 13% of seniors nationwide with medical debt, significantly more **Nevadans (21%)** and **North Carolinians (20%)** surveyed are burdened by unpaid medical bills.

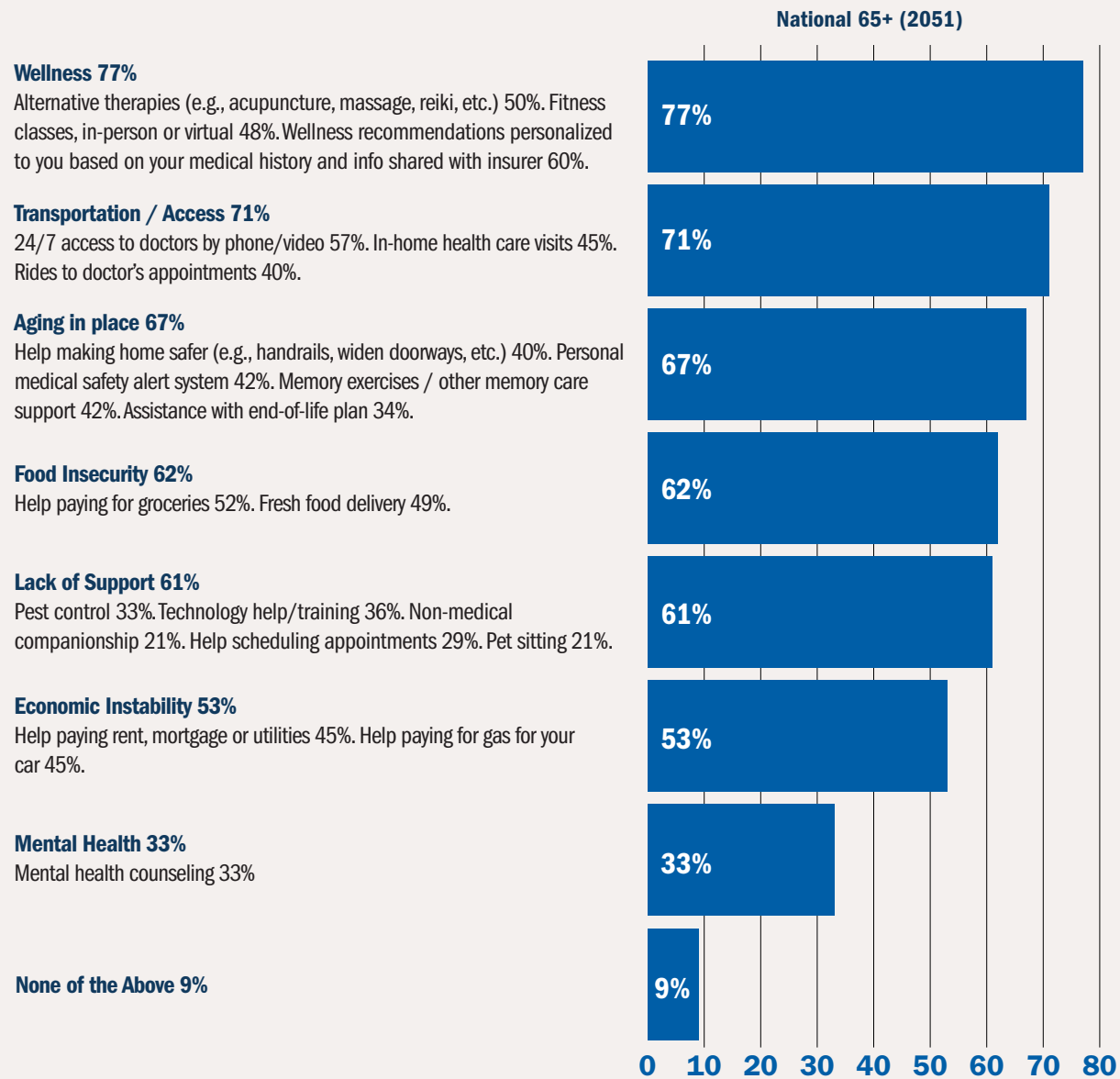


- At the same time, almost one-third (32%) of respondents in Nevada say they do not have the resources to or are unsure they can pay off their medical debt in the next 12 months, which is significantly higher than the 21% nationwide who share the same concern.

When seniors were asked which health benefits they would use in the next 12 months, help paying for rent, mortgage, utilities as well as gas for their car were selected by 53% nationwide (Figure 3). Separately, 16% of seniors say that financial assistance with these basic living essentials is most needed in terms of health benefits.

Figure 3:

## HEALTH INSURANCE BENEFITS SENIORS WOULD USE IF AVAILABLE IN NEXT YEAR



Base: Total Respondents (2,051).

Q18. Would you use the following benefits in the next 12 months if available to you through your health insurance; Q19. Which is most needed or important to you? Please select one List has been restricted to show all Net categories and any detailed benefit with 10%+ response for most needed.

# No. 4 Social Threat: Lack of Support

The 2024 Social Threats to Aging Well in America survey reveals that **lack of support is the fourth most significant social and environmental factor**, affecting approximately 38% of the senior population. **As seniors age, they may need greater levels of support, such as assistance with new technology, care during or after a medical visit, or understanding medical information.**

At the same time, nearly 1 in 5 (19%) seniors who skipped care in the last year cite lack of support as a key reason why they skipped medical care (Figure 9), while 1 in 4 seniors (24%) say it may become a reason in the future.

The good news is that only 11% of seniors nationwide anticipate lack of support being the main barrier to their future health (Figure 11).

Compared to other social barriers, those affected by lack of support surprisingly tend to have lived longer in their community and are more likely to reside in urban rather than suburban settings. These respondents are more likely to be older, live alone, and have lower household incomes with no college education.

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## Seniors Share:

### WHY LACK OF SUPPORT IS A BARRIER

**“No help with caring for family member, so I am unable to have any time to do things I would enjoy.”**

– Female, age 65, West Virginia

**“I was moving to a different state and had to enroll in different Medicare plan and find all new doctors with no family or friend support.”**

– Male, age 68, Texas

**“[I] need help organizing and cleaning my home.”**

– Female, age 75, New York

**“[I’m the] last surviving member of my family.”**

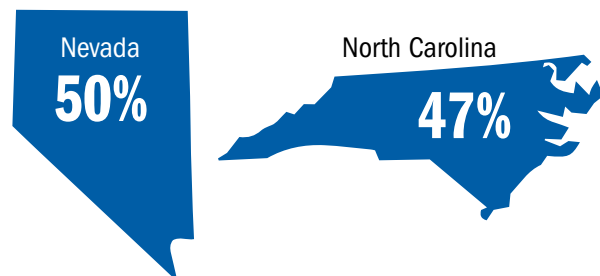
– Female, age 75, Oklahoma

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## STATE BREAKOUT: LACK OF SUPPORT

**38%**  
National  
Average

- Similar to the top three social barriers, lack of support also significantly affects both **Nevada (50%)** and **North Carolina (47%)** respondents compared to the national average (38%).



- One common reason that respondents in Arizona, Nevada and North Carolina are more inclined to skip medical care in the future is lack of support. Specifically, 45% of surveyed Nevadans report that lack of support may impact their future health, compared to 32% in the national survey.

# No. 5 Social Threat: Mental Health

Mental health concerns, depression and anxiety in particular, are increasingly more prevalent among older adults.<sup>5</sup> According to the 2024 Social Threats to Aging Well in America survey, **mental health ranks as seniors' fifth most significant social threat, affecting 33% of the senior population.** Those affected by mental health concerns are more likely to live in urban areas, identify as Hispanic, be female, and be unmarried with lower household incomes.

When asked how often they feel depressed, 23% of respondents report sometimes or often feeling depressed (Figure 4), and one in 5 seniors (20%) say they are more depressed now than they were a year ago.

A much lower percentage of seniors (3%), however, identify mental health as the primary obstacle to their future health (Figure 11).

*Seniors Share:*

## WHY MENTAL HEALTH IS A BARRIER

**“A potential obstacle would be that I sink farther into depression and give up on taking care of myself.”**

– Female, age 68, Virginia

**“I could have mental health problems in the future: loneliness, depression, anxiety and social difficulties.”**

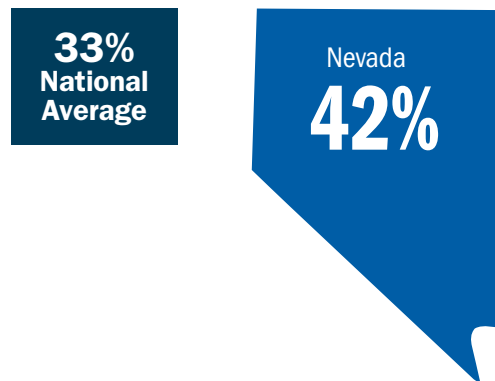
– Male, age 86, Arizona

**“I fear my mental health will get worse.”**

– Female, age 79, Missouri

## STATE BREAKOUT: MENTAL HEALTH

- Seniors surveyed in Arizona and North Carolina are more likely than the national senior population to cite mental health as their primary reason for skipping medical care.
- Mental health negatively impacts **Nevadans in our survey (42%)** more than seniors at a national level (33%) or in the other states surveyed.

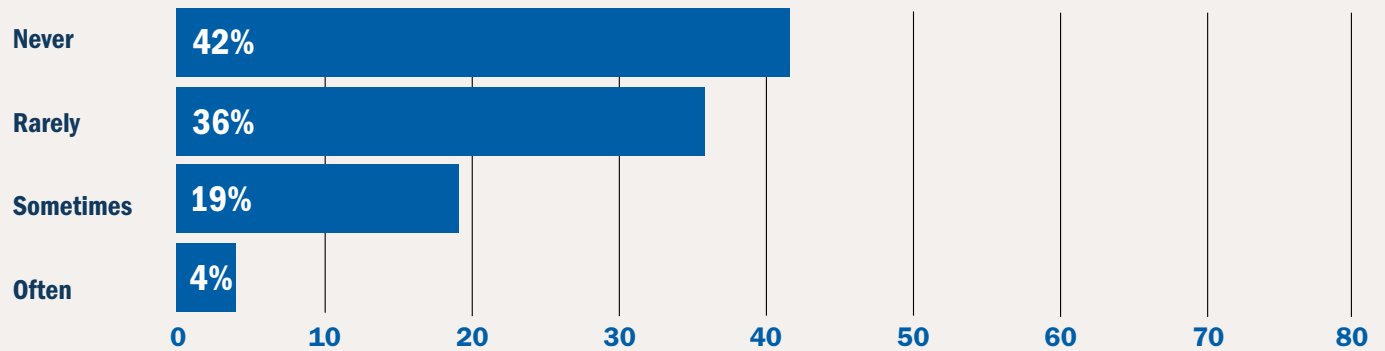


<sup>5</sup> [Mental Health of Older Adults](#) (World Health Organization, Oct. 20, 2023)

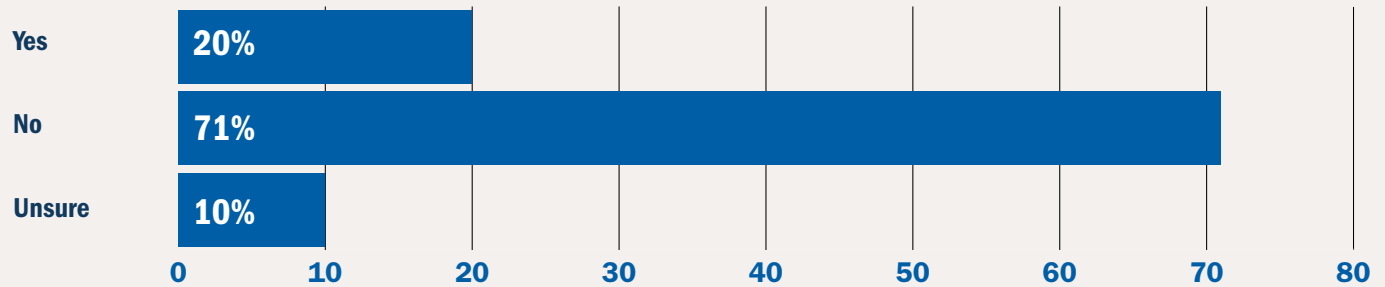
Figure 4:

## DEPRESSION IN SENIORS

### Regularity of Feeling Depressed, National 65+ (2051)



### Depression Greater than 12 Months Ago, National 65+ (1200)



Base: Total Respondents (2,051) with reduced bases for follow-up questions.

Q23. Which of the following describes how often you feel depressed?; Q24. Do you feel more depressed now than you did 12 months ago? (Asked of those who are rarely, sometimes, or often depressed)

# No. 6 Social Threat: Loneliness

**Loneliness poses another significant challenge, affecting the health and well-being of 30% of survey respondents.** When asked about their experiences, 1 in 4 respondents (25%) report feeling sometimes or often lonely (Figure 5), and one in 5 seniors (19%) say they are lonelier now than they were a year ago.

More concerning is the classification of loneliness and social isolation among older adults as “serious public health risks” by the U.S. Centers for Disease Control (CDC). According to the CDC, there is strong evidence linking these conditions to premature death, a 50% higher likelihood of developing dementia, a 29% increased risk of heart disease and a 32% higher risk of stroke.<sup>6</sup>

## Seniors Share:

### WHY LONELINESS IS A BARRIER

**“Living alone, no close friends.”**

- Female, age 83, Nevada

**“Living alone with no support nearby. Afraid to go to a bigger city I’m unfamiliar with.”**

- Female, age 66, Wisconsin

**“Being isolated and alone will be barriers in seeking health care.”**

- Female, age 68, California

**One in 5 seniors (19%) say they are lonelier now than they were a year ago.**

## STATE BREAKOUT: LONELINESS

- Seniors surveyed in **Nevada** spend less time overall with others, with **63%** seeing family, friends and other companions on a daily or weekly basis, compared to 72% of seniors nationwide.

**72%**  
National Average

Nevada  
**63%**

- The percentage of Nevadan respondents who report feeling lonely often is twice as high as the national number: 8% versus 4%.

- Thirty-eight percent of respondents in Nevada also cite loneliness as a top threat, which is higher than 30% nationally.

**19%**  
National Average

- In **Texas**, a much higher percentage of respondents (**33%**) – 1 in 3 seniors versus 1 in 5 seniors (19%) nationwide – feel lonelier now compared to 12 months ago.

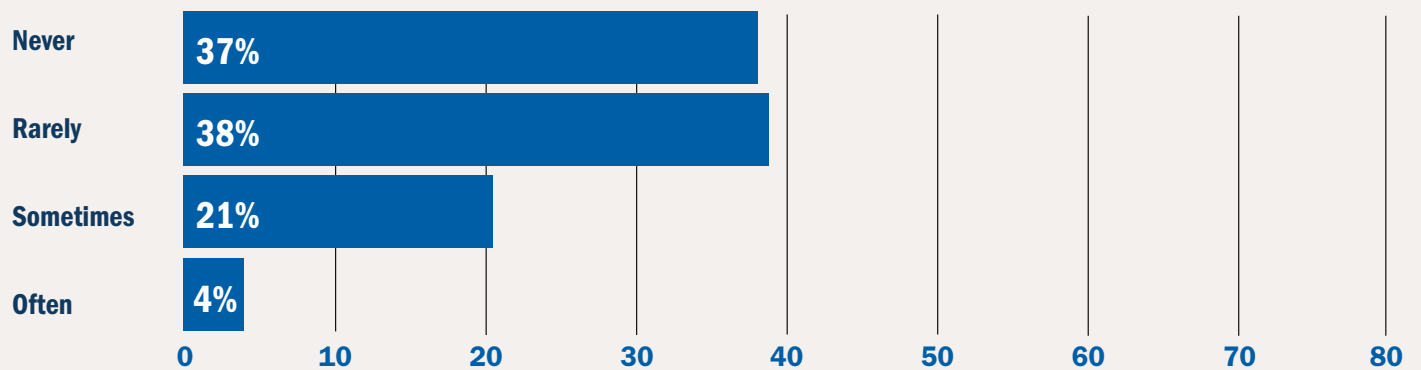
Texas  
**33%**

<sup>6</sup> [Loneliness and Social Isolation Linked to Serious Health Condition](#) (CDC)

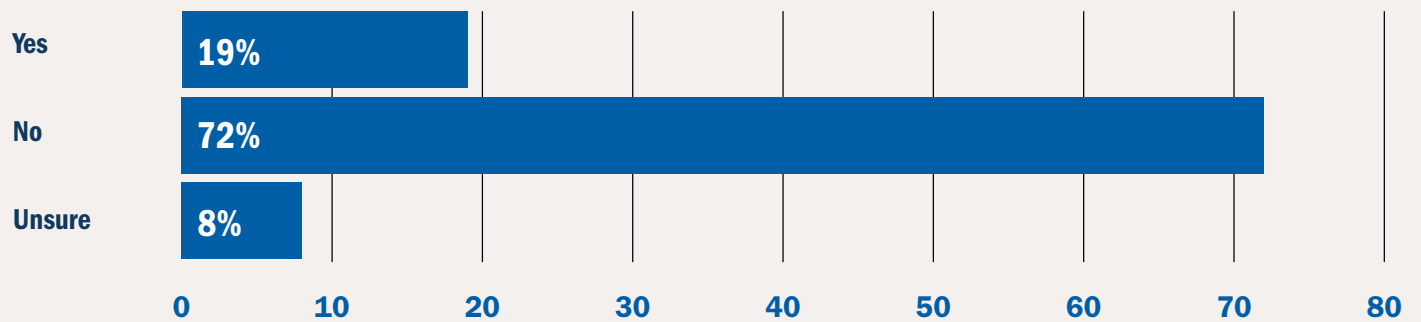
Figure 5:

## LONELINESS IN SENIORS

### Regularity of Feeling Lonely, National 65+ (2051)



### Loneliness Greater than 12 Months Ago, National 65+ (1247)



Base: Total Respondents (2,051) with reduced bases for follow-up questions.

Q21. Which of the following describes how often you feel lonely?; Q22. Do you feel lonelier now than you did 12 months ago? (Asked of those who are rarely, sometimes, or often lonely)



# Additional Social Threats: Cultural Barriers and Food Insecurity

The 2024 Social Threats to Aging Well survey found that **1 in 5 seniors (21%) cite cultural barriers** as a reason for not seeking needed care, particularly among female seniors, those with a lower household income and who live in Arizona. Respondents cited challenges understanding medical information and instructions, as well as concerns about doctors and nurses not understanding their needs because of their language or culture, as primary reasons for skipping medical care.

The report also identified **food insecurity as another major factor** impeding the health and well-being of adults ages 65 and older, affecting 18% of respondents. Many seniors live on fixed incomes, which often makes it difficult to afford essentials such as food, rent and necessary medical care. When asked about the benefits they would use in the next 12 months if covered by their health insurance, 62% of seniors express interest in help paying for groceries and fresh food delivery (Figure 3).

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## Seniors Share:

### WHY CULTURE AND FOOD INSECURITY ARE BARRIERS

**“Cultural barriers to seeking mental health treatment and support.”**

– Male, age 89, North Carolina

**“Inflation and rising food costs make buying healthy foods difficult.”**

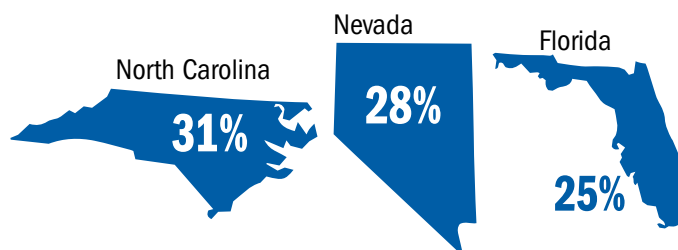
– Female, age 71, Florida

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## STATE BREAKOUT: FOOD INSECURITY

**18%**  
National Average

Food insecurity rates are highest among seniors surveyed in **North Carolina (31%)**, **Nevada (28%)** and **Florida (25%)**, compared to the national rate of 18%.



- Food insecurity affects the future well-being of seniors in five of the six surveyed states more so than the national senior population. California is the exception.
- More seniors surveyed in Arizona, Florida and Nevada report that cultural barriers are among the primary reasons they skip medical care.

# Comparing Socio-Demographics to Social Threats

## Health Care Coverage

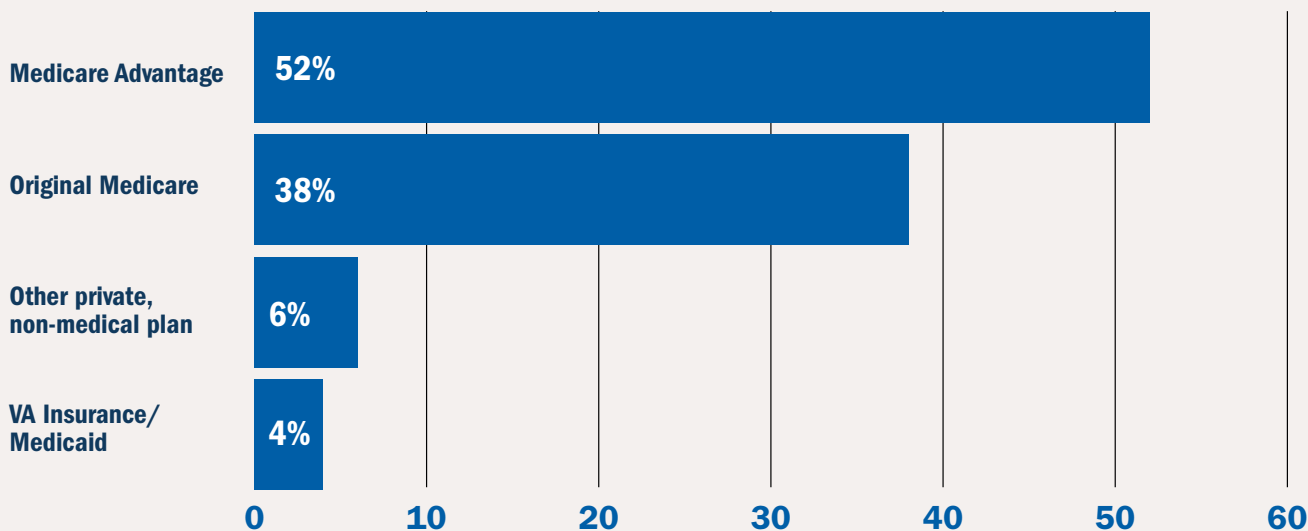
Just over half (52%) of the surveyed population with health insurance were enrolled in Medicare Advantage (MA), the all-in-one private insurance option for U.S. seniors. This is comparable to the national average. According to KFF, 31 million Medicare beneficiaries – or 51% – were enrolled in an MA plan.<sup>7</sup> The remaining respondents had Original Medicare, other private health care insurance or coverage through Veterans Affairs/Medicaid (Figure 6).

Among respondents enrolled in MA, 40% were in a health maintenance organization (HMO) plan and 57% were in a preferred provider organization (PPO) plan (Figure 7). Those enrolled in MA HMO plans (33%) were less likely to cite cultural barriers than the national senior population (40%).

While there were slight differences in insurance coverage among those affected by social determinants of health, those enrolled in MA special needs plans (SNPs) reported higher vulnerability to food insecurity (32%) and cultural barriers (26%) than their national counterparts. A SNP is a type of Medicare Advantage plan designed for individuals with specific health or financial needs. Types of SNPs include chronic special needs plans (C-SNPs), dual-eligible special needs plans (D-SNPs) and institutional special needs plans (I-SNPs).

Figure 6:

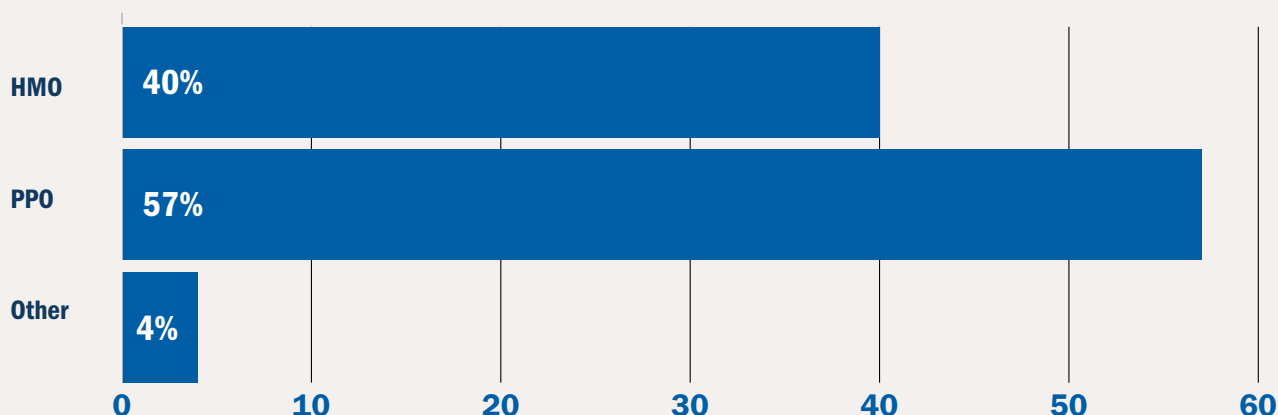
## PRIMARY HEALTH INSURANCE



<sup>7</sup> [Medicare Advantage 2024 Spotlight: First Look](#) (KFF, Nov. 15, 2023)

Figure 7:

## TYPE OF MEDICARE ADVANTAGE PLAN



Numbers may not add up to 100% due to rounding.

## Residence

In 2024, the survey assessed various dimensions of residence, including

- Type of dwelling (e.g., single family, townhome/condominium and retired community/assisting living)
- Length of residency, measured by average number of years lived in the community
- Type of community (e.g., urban, suburban, residential)

The survey found that seniors suffering from food insecurity differ from the national 65+ population across these residential dimensions. They are less likely to live in a single-family home, have lived in the community for fewer years on average, and are more likely to live in urban settings. Those negatively affected by loneliness also share similar residence dimensions.

## Ethnicity

The survey identified differences in how social factors affect different racial and ethnic groups – White, Black, Asian, Native American and Hispanic. Food insecurity (15%) and economic barriers (11%) disproportionately affect Black seniors when compared to the 10% of Black seniors in the nationwide survey.

Furthermore, the percentage of Hispanic seniors (12%) affected by mental health concerns is significantly higher than the percentage of Hispanics (9%) surveyed.

## Education and Household Income

The average household income of surveyed seniors is \$81,400. However, those impacted by food insecurity have a significantly lower average income – nearly 30% or \$24,400 less than the overall average.

Employed seniors experience higher levels of economic instability, with 22% reporting this impact compared to 16% of the general employed senior population. The good news is that employed seniors tend to feel less lonely (12%).

The survey also found that having a college degree lessens the impact of lack of support (45%), economic instability (42%), and food insecurity (37%) when compared to the national 65+ population with a college degree (48%).

# Skipping Medical Care

Transportation barriers can lead to rescheduled or missed appointments, or delayed care. In our 2024 survey, lack of transportation and access ranked highest (64%) among reasons for skipping care (Figure 9).

The U.S. Federal Reserve’s 2023 Economic Well-Being of U.S. Households report revealed that 27% of adults skipped medical care due to cost.<sup>8</sup> Similarly, the 2024 Social Threats to Aging Well in America report found that 26% of seniors admit to skipping medical care, with 13% missing it as frequently as once a month to once or twice a year (Figure 8). Among those who skip medical care, more than a third (35%) are worried about not having enough money to pay for necessary care.

## Seniors Share: WHY THEY SKIPPED MEDICAL CARE

**“I didn’t want to burden my family or feel like I was asking for too much help.”**

– Male, age 85, Arizona

**“My local access to mammograms closed and I had no transportation to the nearest imaging center. I cannot afford a taxi or Uber, and there is no bus service where I live.”**

– Female, age 71, Maryland

**“I have so many medical issues, I get tired of seeing doctors, so oftentimes I just try to ‘tough it out.’”**

– Male, age 70, New Jersey

**“Problem is incurable, so why bother? If it kills me, so be it.”**

– Male, age 79, Maryland

## STATE BREAKOUT: SKIPPING MEDICAL CARE

- Even at a few times a year, **13%** of **Arizonan** respondents are still skipping care at a much higher rate than those nationally (5%).
- Sadly, seniors surveyed in Arizona, Nevada and North Carolina are skipping care at a much higher rate than respondents in the national survey (Figure 10).

**5%**  
National  
Average

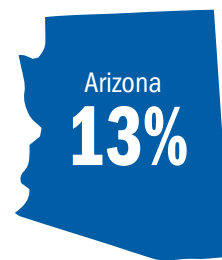
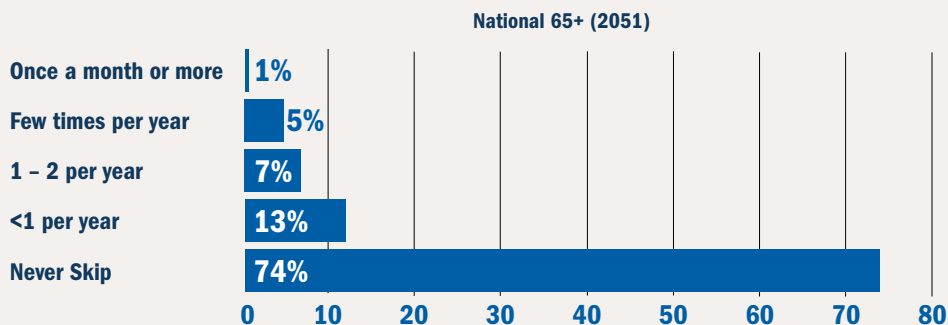


Figure 8:

## HOW OFTEN SENIORS SKIP MEDICAL CARE



Base: Total Respondents (2,051)

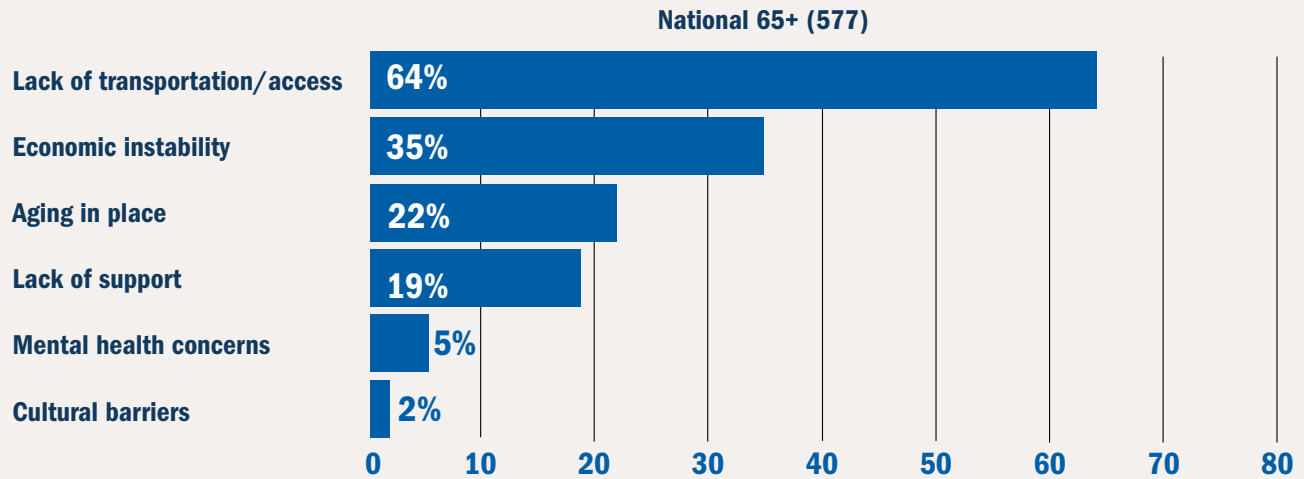
Q2 How many times, on average, do you seek medical care? Please include physical exams, visits for laboratory or other tests and any incident related visits. Do not include dentist visits.

Q3 How many times, on average, do you skip medical care when you need it?

8 [Economic Well-Being of U.S. Households in 2023](#) (U.S. Federal Reserve, May 2024)

Figure 9:

## REASONS SENIORS SKIP MEDICAL CARE



Base: Skipped medical care (557); Never skipped medical care (1494)

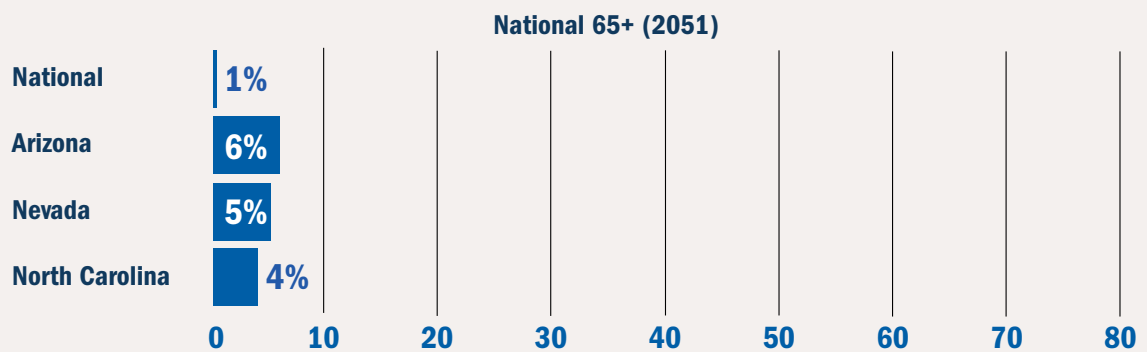
Q4. Please explain why you skipped medical care. (unaided)

Q5. Even though you just told us in your own words, please select the reasons below that caused you to skip medical care. Please select a response for each item (% Yes)

Q6. Even though you haven't skipped seeking medical care, please tell us how likely is it that you may skip medical care in the future due to each of the following? (% Very/Somewhat likely). Q6b. Is there anything else likely to make you skip medical care in the future?

Figure 10:

## TOP THREE STATES SURVEYED WITH SENIORS SKIPPING NECESSARY CARE AT LEAST ONCE A MONTH



Base: Total Respondents (2,051)

Q2 How many times, on average, do you seek medical care? Please include physical exams, visits for laboratory or other tests and any incident related visits. Do not include dentist visits.

Q3 How many times, on average, do you skip medical care when you need it?

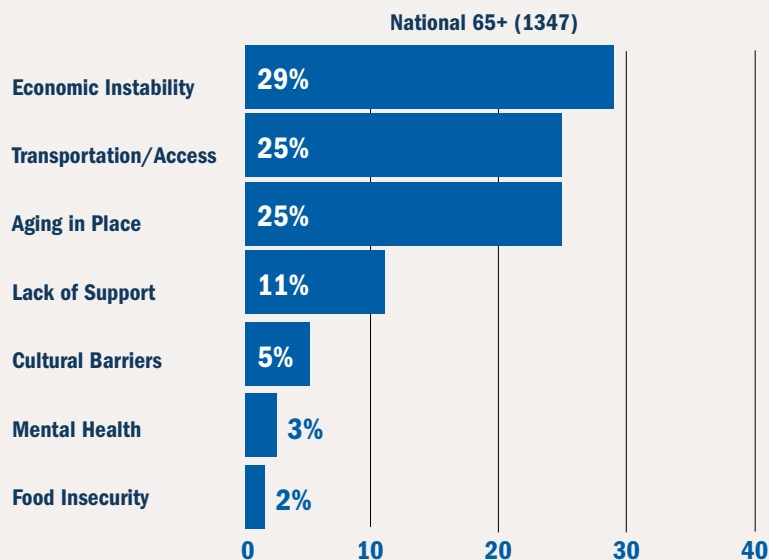
# Top Future Barriers to Senior Health and Well-Being

The 2024 Social Threats to Aging Well in America survey also asked respondents to forecast what they believe will impede, or continue to impede, their health journey in the future.

The survey found that 29% of seniors nationwide rank **economic instability** as their No. 1 future concern. **Lack of transportation and access to care**, along with **aging in place**, tied for the second spot, with both cited by 25% of respondents. **Lack of support** was ranked a primary future concern by 11% of survey respondents, making it the No. 3 future barrier (Figure 11).

Figure 11:

## TOP FUTURE BARRIERS

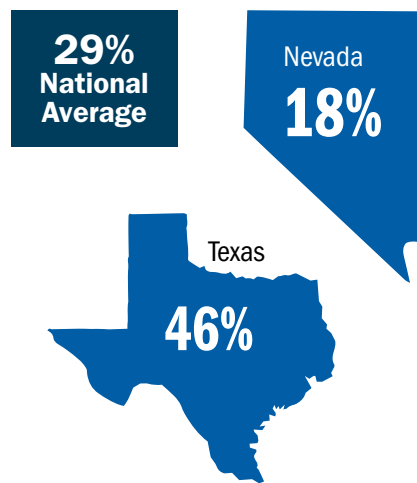


Base: Selected at least one barrier that is somewhat or very likely to impact future health and well-being (1347)

Q13. Which of those do you feel could be the main barrier?  
Please select one

## STATE BREAKOUT: ECONOMIC INSTABILITY

- Respondents in **Texas** are most concerned about economic instability, with **46%** ranking it as their top future concern, significantly higher than the 29% of the national 65+ population. In contrast, **Nevadans** are the least concerned about this barrier, with only **18%** selecting it, well below the national average.



- In terms of lack of support, the survey found that seniors surveyed in Florida (5%) are least worried about this future issue when compared to their national counterparts (11%).

## 2. Noteworthy State Findings\*

Throughout the report, we've highlighted when respondents in certain states report significantly higher or lower than national average response rates of social impacts. Notably:

Surveyed seniors in Nevada and North Carolina are most impacted by social determinants of health, with higher numbers in six of the eight categories. North Carolinians report major concerns in all areas except mental health and loneliness. Nevadans show significantly higher differences than the national senior population in transportation/access (75%), lack of support (50%), mental health (42%), loneliness (38%) and food insecurity (20%) (Figure 12).

The findings for seniors surveyed in Nevada are particularly troubling. They are more likely to stop taking medication against their doctors' advice and to have medical debt. At the same time, they have fewer resources to pay off that debt and are more likely to feel lonelier and more depressed when compared to seniors nationwide or their counterparts in other surveyed states. Similarly, seniors surveyed in North Carolina are also more likely to stop taking medication against their doctor's orders and to have medical debt.

With nearly 6 million seniors, California has the highest number of seniors of any U.S. state.<sup>9</sup> Still, **seniors in the Golden State seem to be faring the best among those surveyed.** Californians are less impacted on three of the eight social determinants and on par with seniors throughout the U.S. in the other five. Despite California's higher cost of living, senior respondents in the state are less likely to have medical debt. While 87% of the national senior population has no medical debt, an even higher percentage of Californians – 94% – have no medical debt.



**Surveyed seniors in Nevada and North Carolina are most impacted by social determinants of health, with higher numbers in six of the eight categories.**

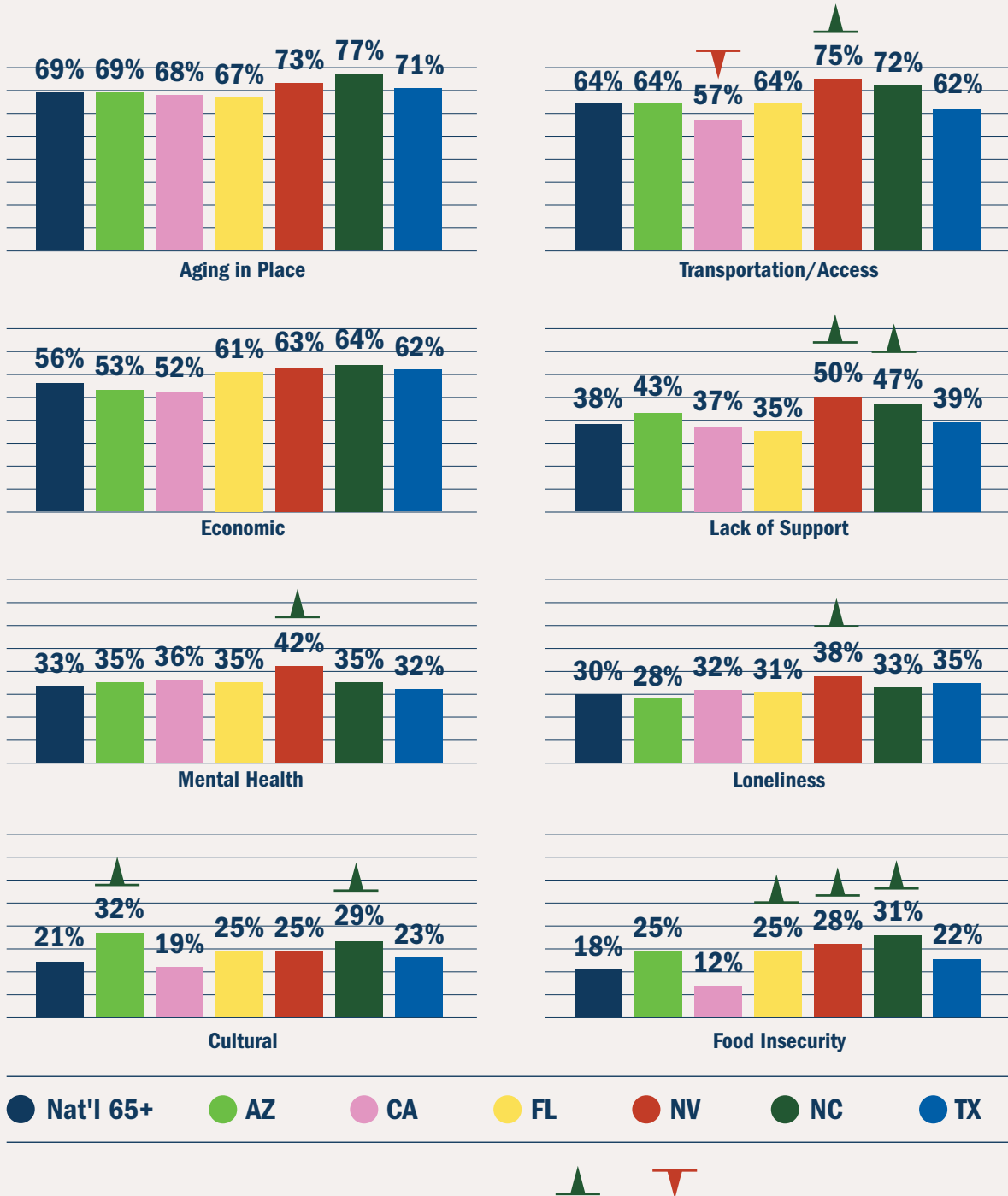
\*State-level findings reflect the opinion of these respondents only.

9 [Which U.S. States Have the Oldest Populations?](#) (Population Reference Bureau, Dec. 22, 2021)

Figure 12:

## BARRIERS TO HEALTH AND WELL-BEING BY STATE

Surveyed seniors in North Carolina and Nevada over-index on many barriers to health and well-being.



**Boxed finding indicates significant difference greater or less than the general population.**

Base: Nat'l (2051), AZ (102), CA (171), FL (167), NV (131), NC (117), TX (130).  
 These results are a net of barriers mentioned throughout the survey (Q4 - Q6b, Q8, Q10 - Q12, Q15 - Q17, Q21 - Q25)



# 3. Methodology

The 2024 Social Threats to Aging Well in America survey is sponsored by Alignment Health, a Medicare Advantage company, and administered by Ipsos, one of the world’s largest market research and polling companies.

A total of 2,051 surveys were conducted online among U.S. residents aged 65 and older between April 30 and May 21, 2024. The group labeled Nat’l (national 65+) is representative of the U.S. Census in terms of age, gender, religion, income and race. Additional surveys were collected in Arizona, Nevada and North Carolina to reach a minimum sample size of 100 per state for analysis purposes. The additional “boost” surveys were weighted down to avoid over-representation within the general population. The states of California, Florida and Texas were also part of the state analysis; however, boost samples were not necessary in these states.

Weights were only applied at the national level (individual states were not weighted separately) and insights are representative of the 65+ age group. State-level findings reflect the opinion of these respondents only.

## Demographics

Of the 2,051 individuals surveyed, 45% were male and 55% were female, with an average age of 73.6 years old. In terms of residential settings, 19% of respondents lived in urban areas, 59% in suburban areas and 22% in rural areas. For ethnicity, 74% of survey respondents identified as White, 10% as Black, 9% as Hispanic, 4% as Asian and 2% as Native American.

Figure 13:

### ETHNIC/RACIAL BACKGROUND OF SENIORS SURVEYED

