



Olmstead Quality of Life Survey 2024 Findings



2024 Olmstead Quality of Life Survey Results Summary

Minnesota's Olmstead Plan outlines what the State of Minnesota must do to ensure people with disabilities live, learn, work, and enjoy life in the most integrated setting statewide. As part of this effort, Executive Order 19-13 requires the State to measure quality of life for some people with disabilities through the Olmstead Quality of Life Survey. The survey measures change over time for a group of people with disabilities eligible to get services in potentially segregated settings at the time of the first survey, in 2017. The intention of the survey is to communicate directly with Minnesotans with disabilities about their lives over time.

In 2024, 506 people took the survey. 87% of participants lived in a potentially segregated setting, with half living in a Community Residential Setting. 32% of participants received day services. 75% of participants had a guardian.

The survey results have been steady in most areas since 2017, with most scores having small changes.

Participants' average quality of life, interaction with community members, and activities outside the home have increased slightly since 2017. Their decision-making control has not changed. Participants had fewer close relationships than in 2017. The percentage of people participating in structured day activities also decreased.

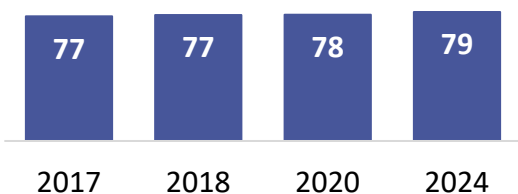
Survey results suggest that life has improved for survey respondents in some areas and worsened in others. None of the changes have been dramatic, suggesting the overall quality of life of those in the survey pool has remained relatively steady.

Survey results do not tell us why changes have or have not occurred, or the reasons people answered as they did. However, the results provide some direction on what might improve people's quality of life.

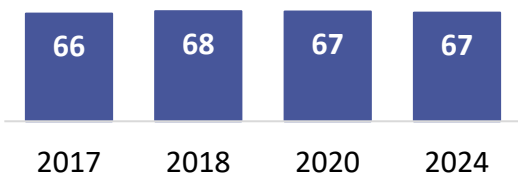
- People who interacted more with others in the community and had more control over decisions tended to have higher quality of life scores.
- People who lived independently tended to have higher quality of life scores, more close relationships, and more decision-making control.
- People with jobs tended to have higher quality of life scores and more close relationships.

Survey results support what participants said in their own words: if people have more choice, inclusion, and independence, their lives may improve. Participants said interacting more with their community, having more close relationships, having more autonomy and decision-making control, living more independently, and having more opportunities to work would improve their lives.

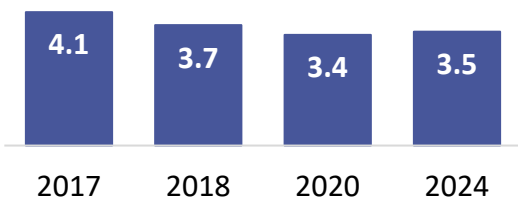
The average quality of life score (out of 100) has increased slightly.



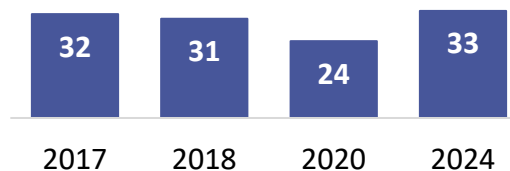
Participants' average decision-making control score (out of 100) has not changed much.



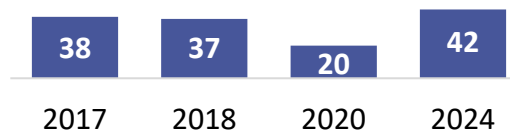
The average number of close relationships (participants could name up to 5) has decreased.



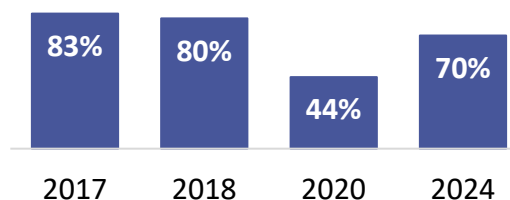
The average number of activities outside the home in the previous four weeks has increased past pre-COVID amounts.



The average participant interaction with community members (out of 100) has increased past pre-COVID amounts.



The percentage of participants who do any formal day activity has increased since the onset of COVID but is still lower than pre-COVID.



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The Minnesota Olmstead Implementation Office (OIO) works at the intersection of the state government and the disability community. The office oversees the Olmstead Quality of Life Survey.

The Improve Group

The Improve Group, working with OIO and the Quality of Life Survey Advisory Group, conducted the survey. The Improve Group is an evaluation consulting cooperative in Minnesota.

A special thank you to everyone who made this survey possible, especially the 506 people who took the time to participate in the survey.

Introduction

Minnesota’s Olmstead Plan outlines what the State of Minnesota must do to ensure people with disabilities live, learn, work, and enjoy life in the most integrated setting. As part of this effort, Executive Order 19-13 requires the State to measure quality of life for some people with disabilities through the Olmstead Quality of Life Survey. The intention of the survey is to communicate directly with some Minnesotans with disabilities about their lives over time.

[Click here to learn more about Minnesota’s Olmstead Plan.](#)

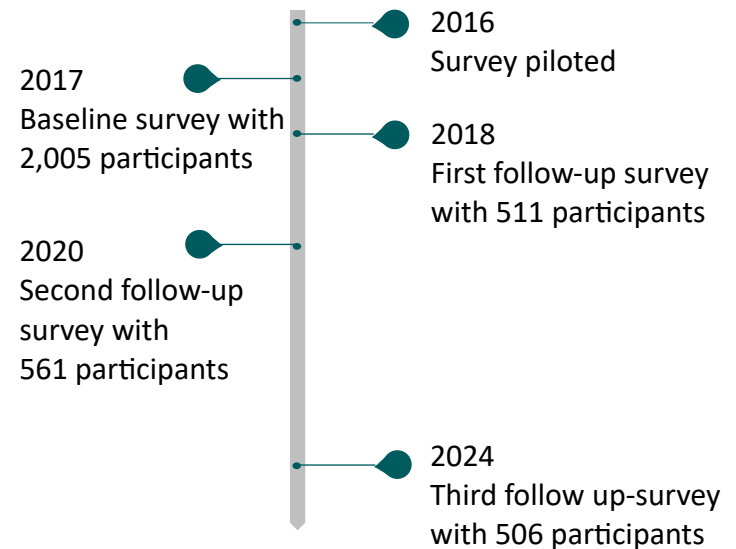
The survey measures change over time for a group of people. This group was eligible to get services in potentially segregated settings at the time of the first survey, in 2017. Segregated settings are places where people with disabilities live, work, go to school, or do activities only or primarily with other people with disabilities. Segregated settings may have rules or restrictions that do not allow people to make basic life choices, such as what to eat or how to spend free time.

The first survey provided information about quality of life for the 2,005 Minnesotans with disabilities

who participated that year. Every few years, the State re-surveys roughly 500 people from that initial larger group to see what has or has not changed.

This report shares the findings of the third follow-up survey, which took place in 2024. These results are only representative of the experiences of people who were eligible for services in some potentially segregated settings in 2017. The results do not tell us about quality of life for Minnesotans with disabilities in general or for people in all segregated settings.

Olmstead Quality of Life Survey timeline



[Click here to learn more about the survey and see more results.](#)

Who took the survey?

In 2024, 506 people took the survey. Most lived in a potentially segregated setting, with half living in a Community Residential Setting. Most participants had guardians. People with all types of disabilities, including people with physical, cognitive, and intellectual disabilities, took the survey.

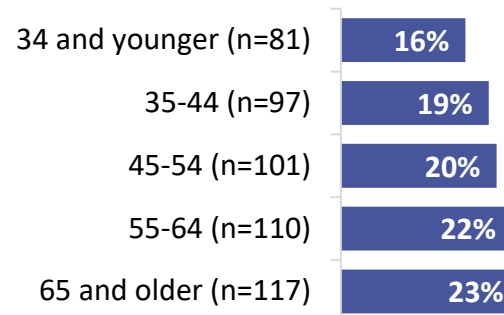
All participants were eligible for services in potentially segregated settings during the first survey in 2017, but not all participants received these services at the time of the 2024 survey.

An interviewer supported each participant to take the survey. Participants also had varying levels of help from their support people. 69% of participants answered most or all of the survey questions themselves. 9% were at the interview, but a support person answered questions for them. 6% were not at the interview and had someone else complete the survey on their behalf.

There were relatively small numbers of participants in some groups; for example, assisted living residents or people who are Black, Indigenous, and people of color. In some cases, this can make it difficult to compare quality of life across groups.

14% of participants (n=70) identified as Black, Indigenous, and people of color.

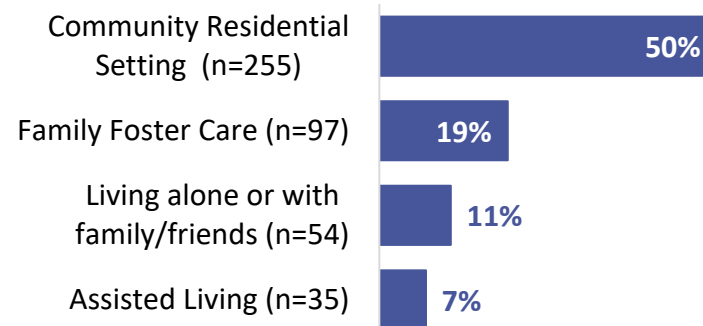
Participants included people across age groups.



75% of participants (n=378) have a guardian.

91% of participants (n=462) receive residential and/or day services in potentially segregated settings. These include places like group homes or day programs.

Most participants live in the following home types.

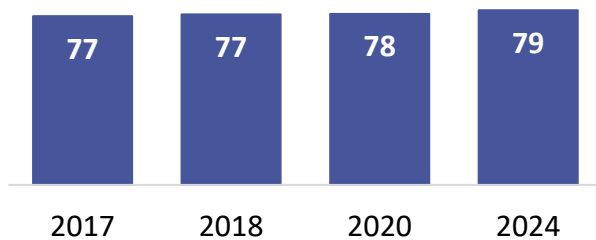


Quality of life

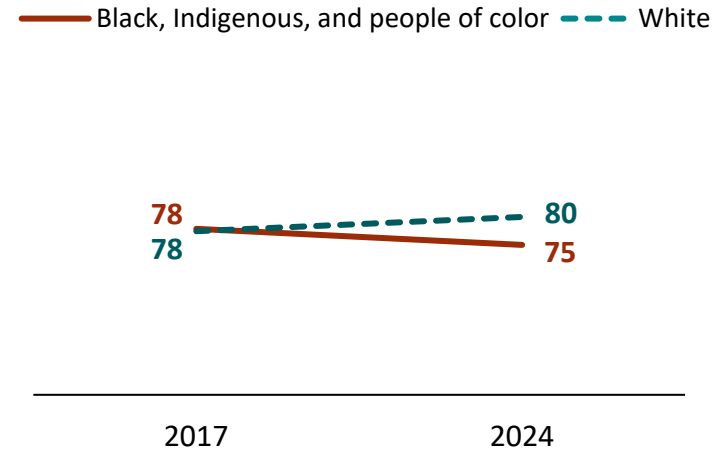
The survey asked participants how they felt about different areas of their lives, like their health, happiness, and comfort. They used a scale from “very bad” to “very good.” The survey did not tell participants what “bad” or “good” meant. Instead, people could draw on their own beliefs and experiences to answer.

The quality of life score is out of 100 points. A higher score means a better quality of life. Looking at scores over time shows whether quality of life is changing and by how much. We do not have a standard for a “good” score, partly because we do not know the average quality of life score for the general public.

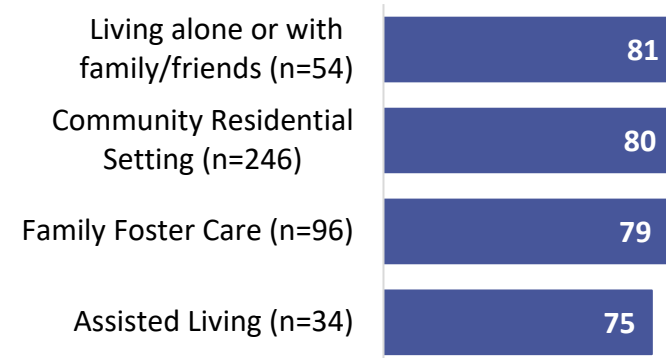
Over time, the average quality of life score has increased slightly.



The average quality of life score for participants who are Black, Indigenous, and people of color (n=68) has decreased since 2017, while the average score for participants who are white (n=387) has increased.



The average quality of life score was highest for those living alone or with family or friends.



What would improve participants' quality of life?

Participants shared in their own words what would improve their quality of life. Below are some of the common themes.

What people said	What people said this looked like
More access to leisure activities. (n=138)	Going to restaurants or the movies, playing games or sports, collecting items, going on vacations.
Closer personal relationships. (n=103)	Spending more time with specific people in their lives, socializing more with others, having a romantic partner.
Changes to their living situation. (n=99)	Being closer to family, living independently, moving in with a partner or friend, having more choice of housemates, having more privacy.
More opportunities to be out in their communities. (n=90)	Going to concerts, attending sporting events, going to worship services, volunteering in the community.
Better program staffing and capacity. (n=84)	Having consistent and well-trained staff to support activities.
More freedom to make decisions. (n=69)	Making more decisions for daily choices, having a choice to live independently, spending more time alone.
Better personal health and wellbeing. (n=64)	Losing weight, exercising more, eating healthier, sleeping better, going off certain medications, being pain-free.
More access to transportation. (n=60)	Having more frequent, flexible, and accessible transportation options, including public transportation; learning to drive.
Better financial security. (n=50)	Having more money, having lower barriers of income and savings limits for receiving disability benefits.
Improvements to healthcare, health insurance, medical devices, or assistive technology. (n=49)	Access to specialized therapies like physical therapy, speech therapy, or equine therapy, medical devices, assistive technology, or basic dental care.
More opportunities to work. (n=39)	Having a job, changing jobs, having more options for the type of work they do.

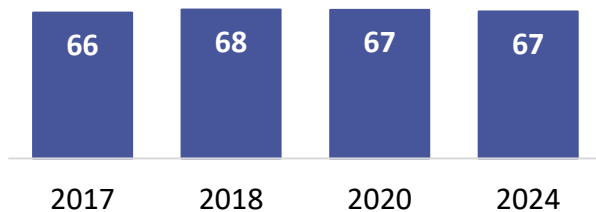
Decision-making control

The survey asked participants how decisions affecting their lives are made. Participants shared how decisions are made about basic daily activities like what they eat and when they sleep, as well as decisions about where they live, how they spend money, and the services they receive.

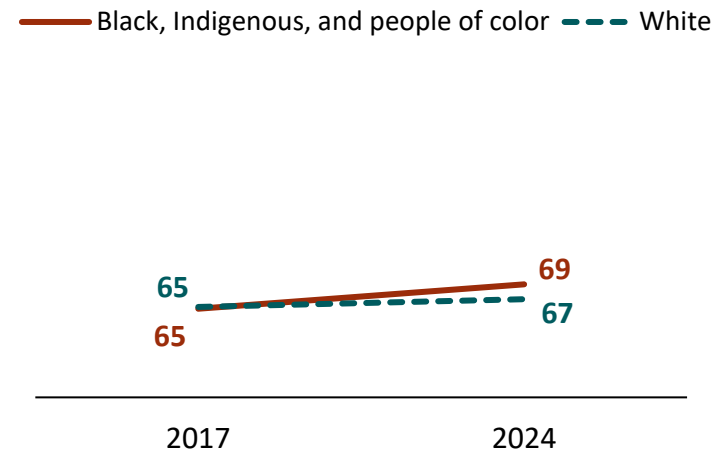
The survey asked participants who makes these decisions: you and/or your family and friends (called “unpaid allies”), or paid staff?

A higher score—closer to 100—means the participant and/or their unpaid allies make more decisions. The survey did not identify whether the person (instead of an unpaid ally) made decisions themselves. A lower score means paid staff make more decisions for the participants.

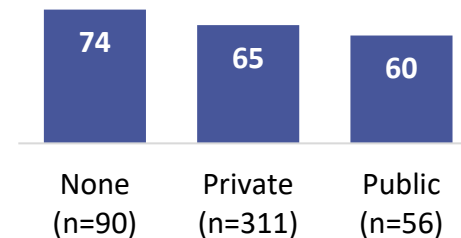
Over time, participants’ average decision-making control has not changed much.



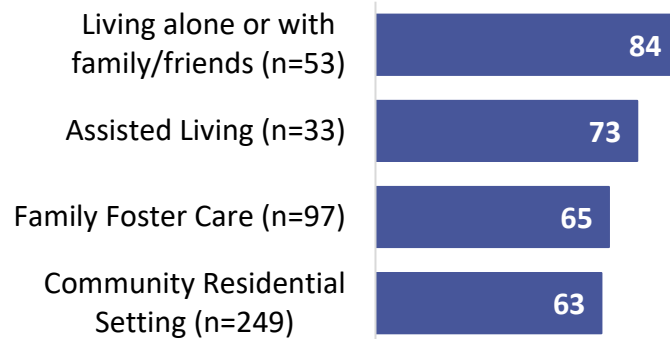
The average decision-making control score for participants who are **Black, Indigenous, and people of color (n=70)** and **white (n=395)** has increased since 2017.



The average decision-making control score was the highest for participants with no guardian.



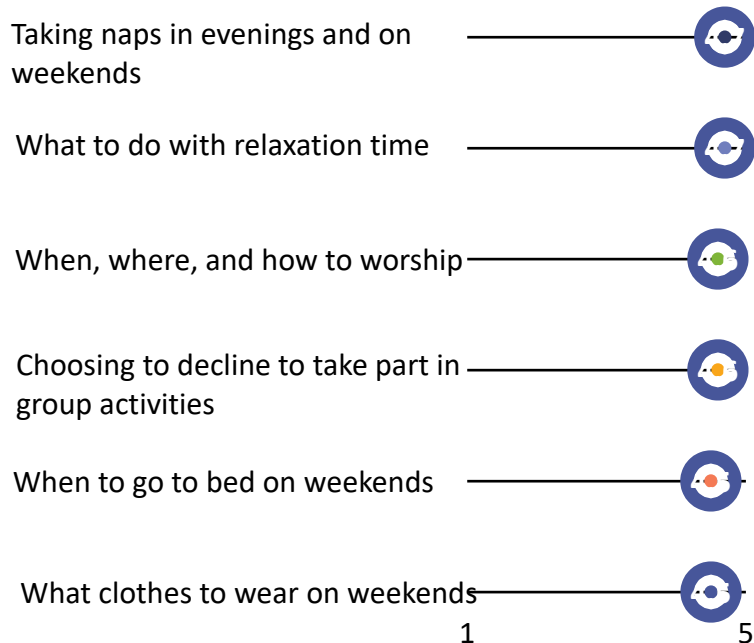
The average decision-making control score was the highest for participants who lived alone or with family or friends.



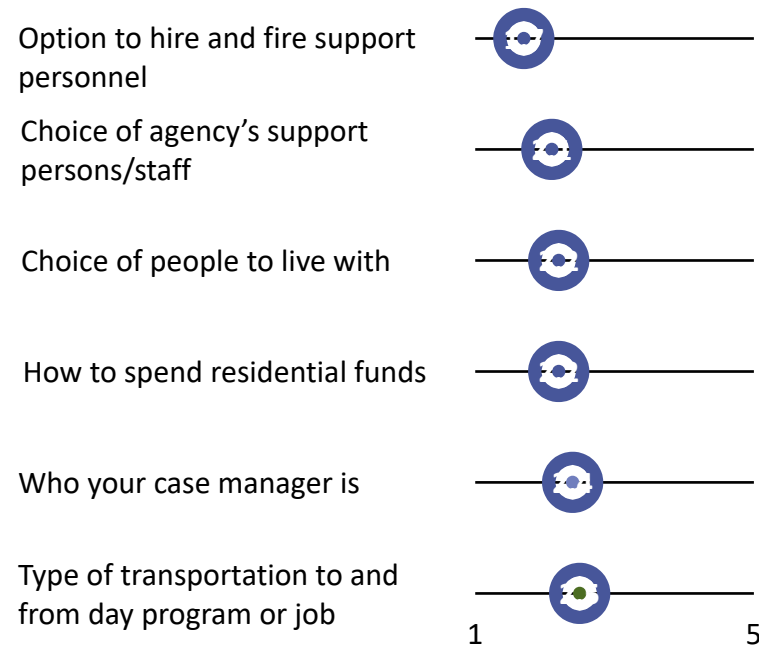
One participant described how a lack of decision-making control and choices affects their quality of life. They want to move out of their current home, where conflict is frequent—staff yell at them, and they yell back. They do not like their current guardian. They want to have a job but are on a waiting list. They also have been without a phone for a while because they could not afford one. Their quality of life and decision-making control scores are well below the average score.



Participants have more control over day-to-day choices. A score closer to 5 means participants and their unpaid allies make the decision more of the time.



Participants have less control over decisions where options may be limited. These include some of the biggest choices about who a person interacts with and who influences their lives – like choosing their roommates, care staff, support staff, and case manager. A score closer to 1 means paid staff make the decision more of the time.

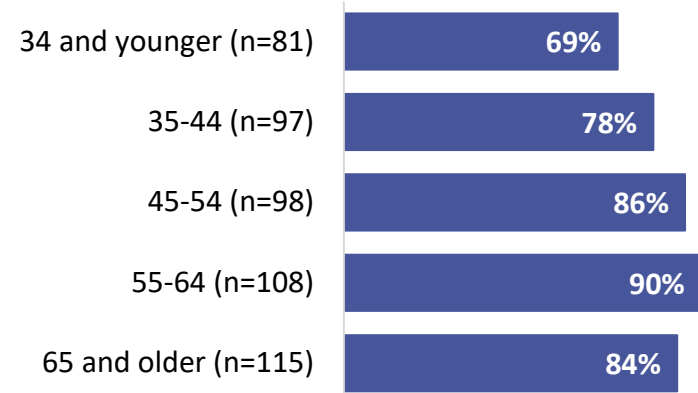
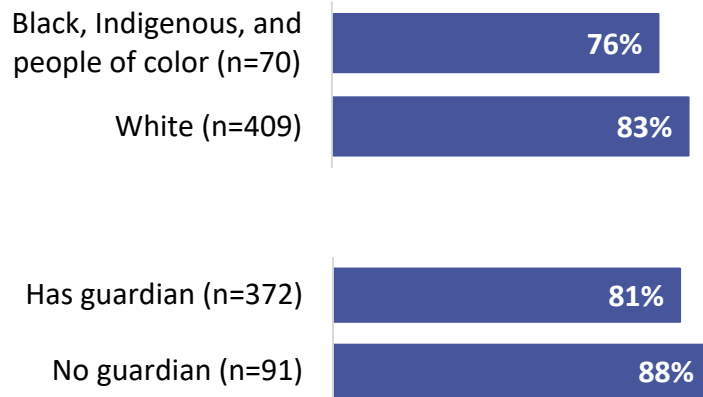


Some participants have few options to choose from in the first place, even if they have full decision-making control. For one participant in a rural area, there are few options, so he either accepts the option that is available or goes without. His decision-making control score was below the average score.

82% of participants said they are happy with who makes decisions.

Many participants said they are happy with who makes decisions for them. However, someone else was present during the survey about half the time, which could influence answers. 17% of participants had a guardian or parent present, and 41% had a staff member present. In addition, the question focused on happiness with who makes the decision, not happiness with the options available.

It is also important to look at how different groups answered this question. The percentage of participants who were happy with who makes decisions for them was lower for participants who are Black, Indigenous, and people of color; have a guardian; or are younger.

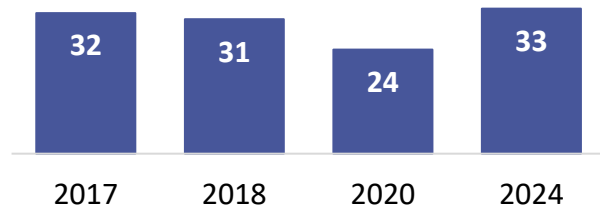


One participant's story shows how decision-making control affects big life decisions. This person used to live in a residential facility. From there, he moved to a less restrictive setting. Staff at the less restrictive setting told him he could live even more independently and be his own decision-maker. They helped him take steps toward independent living. Now, this participant visits an independent living skills worker regularly. He interacts with people through various platforms online, volunteers, and has a part-time parking attendant job. Since taking the survey in 2017, his quality of life and decision-making control scores have increased significantly.

Community integration and engagement

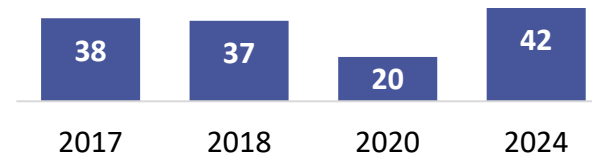
Integration, social inclusion, and participation are central to quality of life for Minnesotans with disabilities, just like everyone else. The survey asked participants how often in the previous four weeks they did activities like visiting friends, going to the store, or attending an event. Participants told us how many times they did each activity, who they did it with, and how often they interacted with people in the community during these activities.

The average number of activities outside the home in the previous four weeks has increased past pre-COVID amounts.



An “interaction score” out of 100 was calculated based on how often participants interacted with people in the broader community during these activities. A higher score—closer to 100—means participants interact more with people in the broader community.

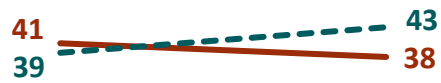
The average amount of participant interaction with community members has increased past pre-COVID amounts.



One participant shared positive aspects of his life: he works at a grocery store three days a week and has a job coach. He does activities in the community regularly with a service provider. He is a big sports fan and has been part of a local baseball team for several years. He sees his father weekly. Since taking the survey in 2017, his quality of life score has increased.

The average interaction score for participants who are **Black, Indigenous, and people of color** has decreased (n=65) since 2017, while the average score for participants who are **white** (n=399) increased.

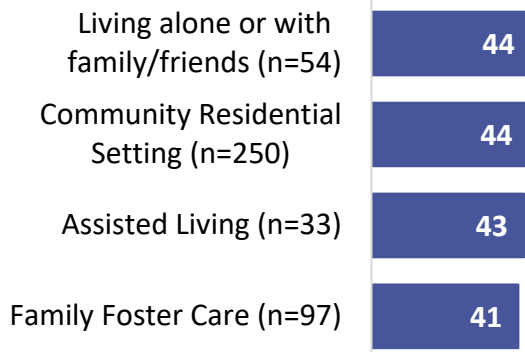
— Black, Indigenous, and people of color - - - White



2017

2024

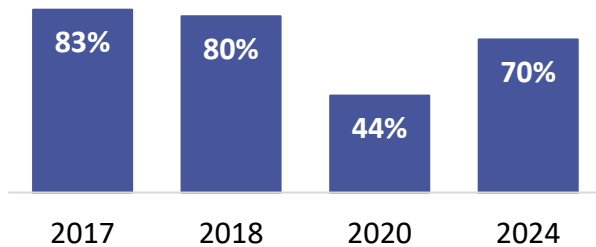
The average interaction score was similar across home types.



Time and integration during the day

The survey asked participants to answer questions about the formal activities they do during the day. These included work, school, and other scheduled activities they do in the community.

The percentage of participants who do any formal activity during the day has increased since the onset of COVID but is still lower than pre-COVID.

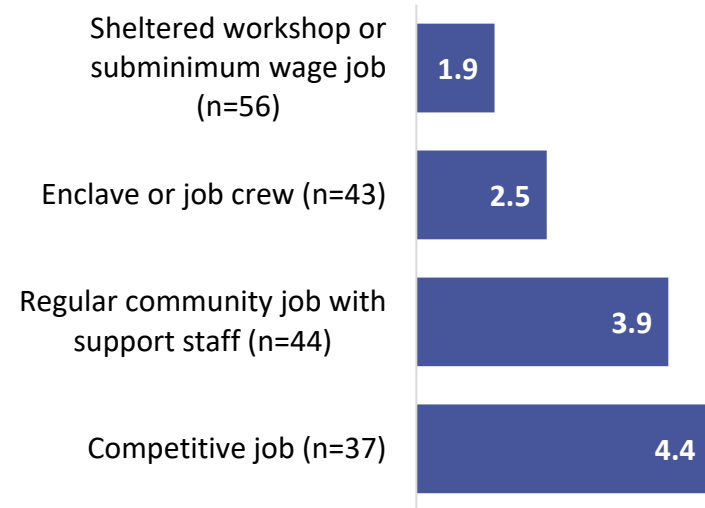


For each formal activity they did, participants told us who else was there: people with disabilities, people without disabilities, or a mix. Based on this, an “integration score” was calculated to measure how often the person is around people who do not have disabilities. An integration score closer to 5 means the person is nearly always in the presence of those who do not have disabilities during these activities. A score closer to 1 means the participant is often only around others with disabilities, which is considered more segregated.

42% of participants have a job or go to a vocational program.

For participants who had a job, the average integration scores increased from 2.2 in 2017 to 3.0 in 2024. Additionally, the average integration score increased for each job type.

Participants who are employed in less integrated settings, on average, have lower integration scores.

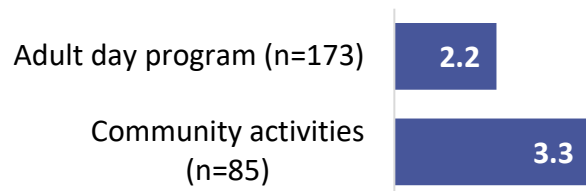


One participant shared positive parts of her life: she likes her roommates and the location where she recently moved. She was looking forward to an upcoming birthday party. She expressed pride in her more than 30 years of experience working at a gas station. Her quality of life score is significantly above the average score.

46% of participants do other scheduled activities in the community outside of work and school, such as going to a day program and volunteering.

For participants who did these other scheduled activities, the average integration score increased from 2.0 in 2017 to 2.6 in 2024.

On average, participants who go to adult day programs are more segregated. Participants who do other scheduled activities in the community, such as volunteering, have higher integration scores.



One participant shared that he misses his day program, which became less available to him after the pandemic. He also likes getting out into the community, but his group home does not have enough staff to support this. His quality of life score is below the average score.

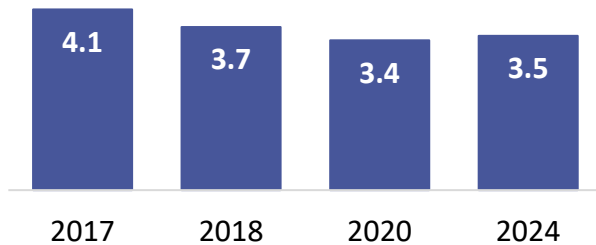


Close relationships

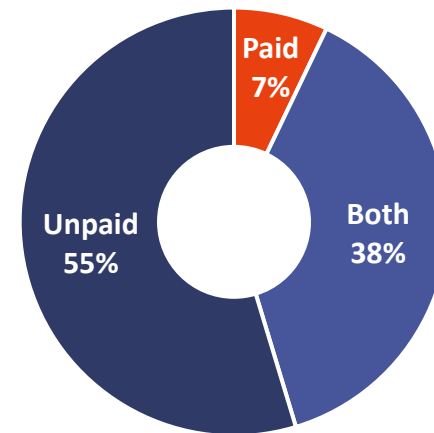
Who are your closest friends, and how do they improve your life? Does your work, school, or community enable you to start and keep these relationships? Everyone deserves the ability to develop friendships, but for some who receive services in segregated settings, it can be hard to develop these close relationships.

The survey asked participants to name up to five close relationships. No matter their total number of close relationships, participants could not report more than five. Participants shared how long they had known each person, how often they connected with each other, and whether the person was paid staff. About half of the participants named fewer than five close relationships.

The average number of close relationships (participants could name up to 5) has decreased since 2017.

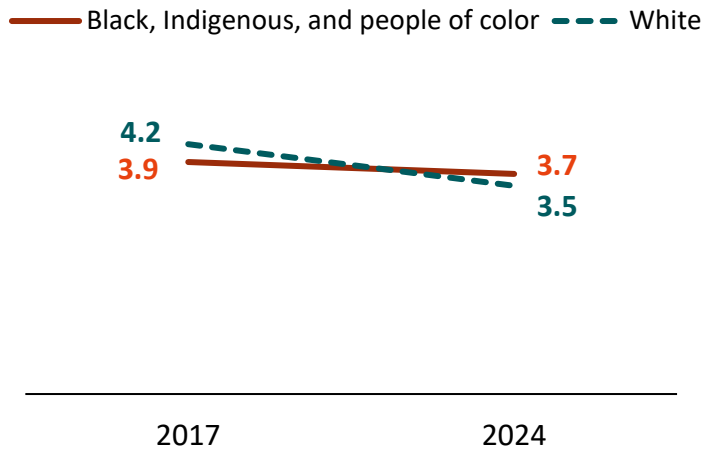


8% of participants had no close relationships. Of those who named at least one close relationship, 7% only named relationships with paid staff. Most participants named relationships with people who were unpaid, like family, or a mix of both paid staff and unpaid people.

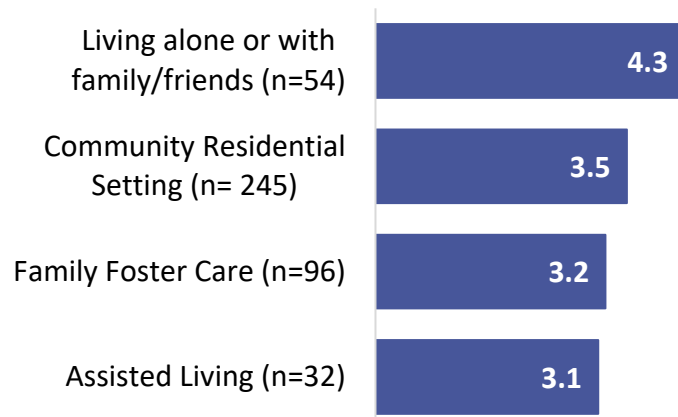


One participant has a girlfriend he wants to marry. He also has relationships with a large and supportive extended family, who make him feel very loved. He hopes to move closer to his family and would like to live independently. His quality of life score is below the average score.

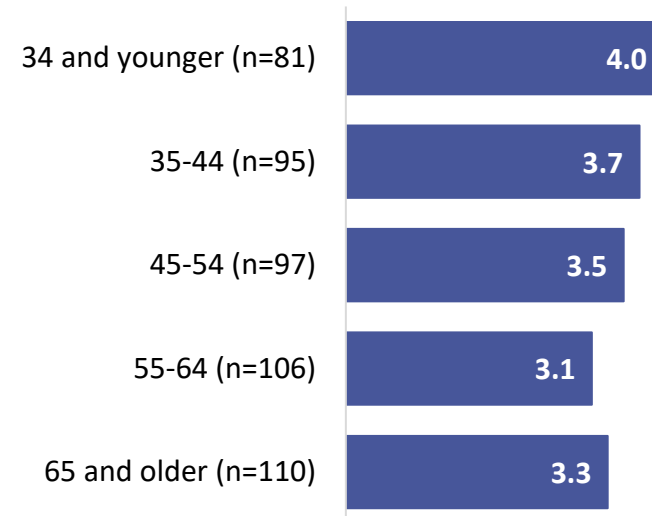
The average number of close relationships (up to 5) for participants who are **Black, Indigenous, and people of color (n=68)** and **white (n=383)** has decreased since 2017.



The average number of close relationships (up to 5) was highest for people living alone or with family or friends.



The average number of close relationships was lower for **older participants**. Over time, the participants in this survey are getting older. Since 2017, the average number of close relationships has decreased for each age group.



One participant who lives with three other women in a group home said personal relationships are very important to her. She values her family and considers her parents to be her heroes. She named five close relationships, which included her family and housemates. Her quality of life score is well above the average score.

Assistive technology

Assistive technology is anything that helps people with daily activities. These tools can help people speak, walk, remember, see, hear, learn, and more. The survey asked participants about the tools they use to help them do things on their own.

60% of participants use assistive technology.

For those who use it, the most frequently used assistive technology included:

Assistive technology	Examples
Mobility aids	Wheelchair, walker, cane, chair lift
Vision aids	Glasses, cane for blindness/low vision
Standard technology	Computer, cell phone, digital calendar, digital reminders, GPS maps
Hearing aids	Hearing aids
Medical devices	Heart monitor, CPAP machine, blood sugar monitor, life alert safety monitor
Specialized technology	Speech-to-text device, text-to-speech device

The survey asked people how much of a difference assistive technology has made in increasing their independence, community integration, and productivity, and decreasing their need for help from another person.

Most people who use assistive technology said it has made “a lot” or “some” difference in their lives in the following ways.

