



Aging in the Suburbs

**A Comprehensive Needs Assessment
of Cook County Suburbs
50+ Population**



Aging in the Suburbs: A Comprehensive Needs Assessment of Cook County Suburbs 50+ Population

A project funded through a grant (CFDA #03.045) from AgeOptions, the Area Agency on Aging of suburban Cook County, Illinois.

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About AgeOptions

This Report was prepared by the University of Illinois Department of Disability and Human Development, College of Applied Health Sciences with the support of a grant from AgeOptions.

AgeOptions is a not-for-profit organization committed to improving the quality of life and maintaining the dignity of older adults and those who care about them. Our purpose is to connect older adults, aged 60 and over, with resources and options for care so that they have a range of choices and the opportunity to live their lives to the fullest.

AgeOptions is nationally recognized for its innovative programming, strong community partnerships, excellent service provision, and powerful advocacy.

AgeOptions Strategic Plan includes the following vision, mission, values, and diversity statement.

AgeOptions Vision: *People thriving as they age.*

AgeOptions Mission: *AgeOptions innovates, partners, and advocates to improve systems and services in order to strengthen communities so people thrive as they age.*

AgeOptions Values:

- **Commitment:** *AgeOptions is committed to the people and communities we serve, our partners and staff. We show it through our fortitude, capacity, dedication, passion, and perseverance.*
- **Integrity:** *AgeOptions strives to align its principles, words, and actions. We act with integrity and honesty in the work that we do, through interactions, with clients, partners, and funders, and in the decisions that we make. We are accountable to one another and to those whom we serve.*
- **Connectedness:** *AgeOptions is active and engaged with our communities. We believe that we can best serve our mission by listening, partnering, and convening.*

AgeOptions Diversity Statement: *The diversity of our organization and communities is a rich asset that strengthens our mission and guides our decisions and direction.*



Dear Partners and Community Leaders:

AgeOptions and its community-based partners play a key role in making Suburban Cook County a better place for the 593,499 older adults in our 130 communities. To understand the changing demographics, AgeOptions commissioned the University of Illinois at Chicago, Department of Disability and Human Development to conduct this Comprehensive Needs Assessment. In addition, we commissioned Rob Paral and Associates to prepare a companion in-depth demographic analysis available on AgeOptions website www.ageoptions.org.

The data in these reports will shape the agency's plans for deploying resources, enhancing or re-thinking programs, and establishing new programs that will improve the lives of older adults and informal caregivers.

The last cohort of baby boomers, born in 1964, will be sixty years old next year and the population of older adults is expected to continue to increase. Although AgeOptions conducts regular needs assessments, this Comprehensive Needs Assessment is the first to be conducted by external researchers since 1981. A lot has changed in thirty-plus years.

This Needs Assessment was designed to better understand the needs of older adults, with a focus on the changing demography and increased diversity of the older adult population. It does matter where you live in terms of the impact of Social Determinants of Health. Disparities loom large and impact the very life expectancy of older Black and Brown adults. Non-English-speaking older adults are especially at risk of social isolation.

AgeOptions views this Comprehensive Needs Assessment Report as a beginning, not an end. The agency will use this as a living document to help shape programs, services, and advocacy strategies. We invite our partners including health departments, those providing housing, health care, transportation other vital services for older adults to use this report to address the needs of older adults. We cannot do this alone!

AgeOptions welcomes feedback from government agencies, stakeholders, policymakers, and the community at-large. We will arrange for in-depth discussion sessions by various community groups over the coming months to react to the findings and explore ideas on how to address the data in the Report.

AgeOptions thanks the researchers, community-based organizations, houses of worship, community groups, and general members of the population who participated in the research by completing surveys and attending focus groups. Because of your participation, we are in a better position to plan for the future and meet your needs. It is our great pleasure to present the Needs Assessment and the companion demographic analysis. Thank you for taking the time to review this very important study.

Sincerely,

A handwritten signature in blue ink that reads "Diane Slezak".

Diane Slezak
President and CEO

Executive Summary

The Department of Disability and Human Development (DHD) at the University of Illinois Chicago (UIC) was contracted by AgeOptions to collaborate with community partners and other state service providers to identify the needs of individuals aged 50 years and older living in suburban Cook County. Considering the national aging trend and demographic changes in this region, conducting a comprehensive needs assessment of the needs of older people in this area is essential. This report is based on population-based census data and self-report surveys. As a result, some results are fully representative (i.e., demographics, impairment, technology use, grandparents caring for grandchildren, linguistic isolation), and some results from self-report surveys might not be representative.

This needs assessment addresses the following questions:

- 1 Which groups are posed to be underserved in the Cook County suburb based on the American Community Survey (ACS)?
- 2 What are the needs among older adults and caregivers in the Cook County suburbs?
- 3 To what extent do social factors, including cultural norms, disability, and ageism, impact service access across ethnic groups?
- 4 What are the existing efforts to provide services for older adults and their caregivers?

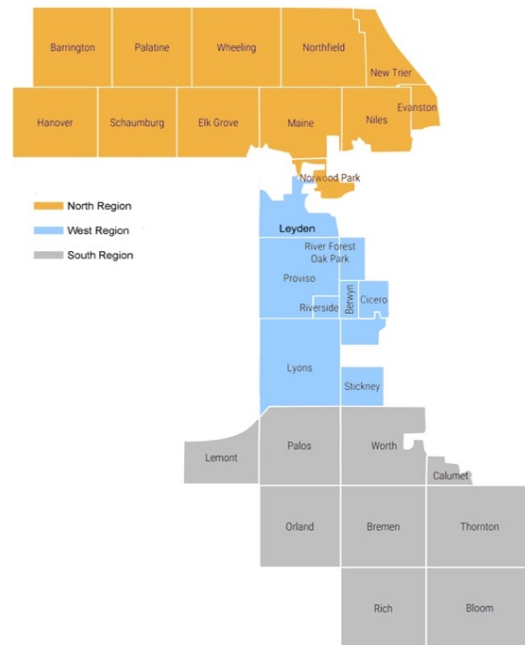
To better understand the needs of older adults and gaps in services, we utilized mixed methods that included quantitative and qualitative data collection. The quantitative data sources are the surveys from older adults, caregivers, and service providers, and the ACS micro dataset. The qualitative data collection included open-ended survey questions and focus groups. Data was collected between June 2022 and January 2023. In the analysis, we used the Social Determinates of Healthy Aging (SDHA) and the World Health Organization (WHO) International Classification of Functioning (ICF) framework to operationalize needs and service gaps.

The final sample size was 501 participants for the older adult survey, 100 for the caregiver survey, 17 for provider surveys and 111 participants across 17 focus groups. The older adult survey participants were 49.5% White, 33.7% Black, 6.6% Hispanic, 4.2% Arabs, 4.0% Asian/Pacific Islander, and 2.0% Mixed race. Most of the focus group participants (49.5%) were from the North region, followed by 36.9% from the South region, and 13.5% from the West region. In this report, we used a simplified version of the Census Bureau Public Use Microdata Areas (PUMAs) to define regions in this analysis.¹ The following map illustrates the townships that represent each PUMA region:

¹ PUMA areas are non-overlapping, statistical geographic areas that partition each state or equivalent entity into geographic areas containing no fewer than 100,000 people each.

AGING IN THE SUBURBS

- **North region townships:** Barrington, Elk Grove, Evanston, Hanover, Leyden, Maine, New Trier, Niles, Northfield, Norwood Park, Palatine, Schaumburg, and Wheeling.
- **South region townships:** Bloom, Bremen, Calumet, Lemont, Orland, Palos, Rich, Thornton, and Worth.
- **West region townships:** Berwyn, Cicero, Leyden, Lyons, Norwood Park, Oak Park, Proviso, River Forest, Riverside, and Stickney.



Question 1. Which groups are posed to be underserved in the Cook County suburb?



Certain population groups, particularly those in the South and West regions, may be at a higher risk of being underserved due to factors such as poverty, linguistic isolation, technology access, disability, and responsibility for grandchildren.

The key findings from the American Community Survey 5-year data (2017-2021) are summarized.

- The North has the highest percentage of individuals with internet access (92.3%), while the West has the highest percentage of individuals without internet access (13.1%), followed by the South (12.2%). The South and the West regions have lower rates of computer or tablet ownership compared to the North.
- The South region has the highest percentage of individuals with any impairment (mobility, sensory, or mental) (21.0%), followed by the West (20.1%) and the North (17.3%).
- The South region has the highest percentage of grandparents caring for grandchildren (1.3%), followed by the West (1.0%) and the North (0.7%). Black and Arabs are more likely to be grandparents taking care of grandchildren (2.2% and 3.4% respectively).

- The West has the highest percentage of immigrants and linguistic isolation, while the South has the highest percentage of Black individuals and poverty rates.

Question 2. What are the needs among older adults and caregivers in the Cook County suburbs?



There are significant disparities among older adults regarding economic status, health and well-being, and preventive health care utilization.

Older adults living in the South region are more likely to report economic hardship and are less likely to receive breast cancer screening. Those living in the North and South regions are less likely to access meals on wheels or other assistance programs. There are also racial disparities, such as lower prostate cancer screening rates among Black men and lower pneumonia vaccination rates among Black older adults. Caregivers of older adults expressed a need for training, support groups, paid caregiving, assistance with household chores, and other services such as respite care, transportation, and emergency services.

Our needs assessment of the Cook County suburbs population age 50 and older has identified key areas of concern for older adults and caregivers in the area. However, the findings may not be generalized to the whole population 50+ since we intended to over sample people in the South region. The following findings highlight important insights gathered from surveys and focus groups conducted with this population.

A. Older adults' characteristics and needs

Economic Status

- Older adults aged 50-59 are more likely to have economic hardship in paying bills.
- Older adults living in the South region are more likely to report not having enough money to pay bills.
- Two-thirds of those who reported having economic hardship did not know where to seek financial support.

Health and Well-being

- Hypertension and high cholesterol are the top two chronic health conditions across the age and region groups.
- Reported depression and anxiety are among the top five chronic health conditions in both age 50-59 and 60-69 groups.

- There is a trend of increasing anxiety with age, rising from 10.3% in the age 50-59 group to 14.4% in the age 70+ group.
- Over one in three older adults identified as lonely.

Preventive Health Care Utilization

- Breast cancer screening rate is lower in the South region than the other two regions.
- Prostate cancer screening rate is lower in Black men than White men.
- Adults aged 50-59 are more likely to not receive vaccination such as flu, shingles, and COVID-19.
- Black older adults had a lower pneumonia vaccination rate than White older adults.
- The South region reported needing more information on vaccinations.

Fall and Fall Related Consequences

- Almost one in every five older adults reported at least one fall in the past three months.
- Age 70+ had more reported fractures, daily activity restrictions, feelings of depression or isolation, and fear of falling.
- About 40% who experienced falls in the past three months expressed a desire to learn skills to better manage fear and the risk of falling.

Pain and Pain Management

- More than two-thirds of older adults experienced pain in the last month.
- Adults in both age groups (50-59, 60-69) are more likely to take painkillers than to manage pain than those aged 70+.
- More than one-third reported receiving social and emotional support to manage their pain.
- About 19% who suffered from pain expressed a desire to attend a program with other adults to better manage their pain.

Nutrition

- Only 5% of older adults met the recommended daily vegetable and fruit intake.
- More than one in four older adults reported an inability to afford meals that meet diet requirements.
- Age 60-69 and living in the West region are more likely to report inability to afford meals that meet diet requirements.
- Age 60 and older adults living in the North and South regions are less likely to utilize Meals on Wheels or other assistance programs.

Housing

- Older adults living in the South region reported a higher percentage of fair or poor physical conditions of their residences than those living in the other two regions.

- One in two reported considering moving, and the top three reasons were to reduce the cost of living, to live in a place with better weather or climate, and too many stairs to climb in their house.
- The most common resources to obtain housing and aging services are from friends or family or searching on the internet.
- Less than 30% of age 50+ respondents reported seeking information and resources about housing and aging services from local agencies.
- Older adults living in the South region are more likely to get information and resources about aging services from a faith-based organization.

Social Participation

- More than one in five older adults had health and functional barriers that prevented them from going out for enjoyment or social activities and engaging in exercise.
- Barriers in attending religious services due to transportation problems are more prevalent in the South region.
- Almost one-third of older adults reported COVID-19 prevented them from visiting friends or families and going out for enjoyment and attending social activities.

B. Caregivers' characteristics and findings

Health Well-being

- Most caregivers reported their health status as either Very Good or Good, with a smaller proportion reporting Excellent or Fair.
- Among chronic illnesses, the most common were back or neck problems, hypertension, arthritis, depression or anxiety, and diabetes.
- A significant proportion of caregivers experienced stress, depression, and problems with emotions in the past 30 days, which impacted their daily activities.

Unmet Needs for Caregivers

- Transportation is the most reported unmet need.
- Support paying for utility and medical bills is another high unmet need.
- Information about paid caregiving, social groups, legal services, and information about resources on local services and respite options/hours is also an often-mentioned unmet need.

Caregivers of older adults expressed a need for services including:

- Training in working with older adults, including specific issues such as behavioral management and communication techniques.
- Access to support groups and information about services and resources for both the caregiver and the older adult.
- Information about getting paid as a caregiver or financial assistance.
- Assistance with household chores such as cooking and cleaning.

- Other services such as respite care, transportation, social, emotional, and cognitive activities, culturally relevant services, and emergency services and support from the employer under the Family Medical Leave Act.

C. Focus groups findings and needs

In the focus groups, we conducted listening and discussion sessions with community members, and several areas of need among older adults and caregivers in the Cook County suburbs were identified.

Transportation:

- Transportation services need to operate throughout the entire week. This is because current bus and train schedules have limited availability and infrequent stops, which affects accessibility and availability regardless of location. They noted this as a barrier to full participation in social and economic activities.
- Participants emphasized the importance of trust and customer service in transportation services.
- On-time and dependable services are essential.

Information Sharing:

- Obtaining information about available services is a crucial need for many individuals.
- Reliable and trustworthy sources of information are sought after.
- A person to speak with would be more helpful than other alternatives.
- Reading newsletters and receiving information from their villages are beneficial.
- Many participants have learned about services through word of mouth or independent online searches.
- Most prefer in-print or mail delivery of information, as it is more accessible for older people.
- Online is also a successful and convenient way to get information.
- Local libraries and township or village newsletters are positive resources for information about services.

Service Experiences:

- Older participants living in the North were more familiar with available services compared to younger participants living in the South.
- Lack of knowledge about eligibility criteria for services, particularly for those with disabilities or serving as caregivers, was a common issue.
- Services tailored to the individual's disability are needed.
- Participants mentioned the issue of familiarity and social circles when it comes to attending social events.
- Mental health services and wellness check-ins for older adults are needed.
- Some older adults may face a stigma associated with seeking mental health services.

Question 3. To what extent do social factors, including cultural norms, disability and ageism, impact service access across ethnic groups?



Minority older adults have specific needs and preferences that should be addressed in service provision, including access to culturally competent services, information sharing, and trust in service providers. This highlights the importance of targeted outreach and education programs to increase access to these services for minority older adults.

The results of a multiple logistic regression model indicate that race, region, and education are significant predictors of service access. Black individuals, those living in the West region, and those with less education are more likely to use state and federal programs. Additionally, focus groups were conducted to better understand the relationship between service use and racial and cultural factors. Key points from the focus groups with minority participants are summarized below:

Arab and Muslim Participants

- Expressed a need for mental health services, home-delivered meals, home repairs, and grocery delivery.
- Discussed the difficulty in finding information on services.
- Had difficulty finding information on services was also discussed.
- Suggested the Muslim community should build a senior center to provide support for older adults who do not have anyone else.
- Emphasized the importance of having someone they trust to provide services and the need for a central place to coordinate these services.

Korean Participants

- Discussed concerns about the poor quality of Korean translation for driver's license exams and the need for more programs at agencies customized for the Korean community.
- Emphasized the importance of receiving services through agencies familiar with their culture and language and the need for more programs catering to the Korean community.

LGBTQ Participants

- Discussed the importance of living in a safe and accessible community for older adults.
- Stressed the importance of having a trusted source for information, particularly in the form of a central hub or individual who could provide updates and important announcements.

Black Participants

- Discussed the specific needs and challenges faced by Black participants, including the importance of township-specific services, accessible information, reliable healthcare providers, and support for caregivers.
- Emphasized the need for more services and programs to support older adults and caregivers in their community.

Question 4. What are the existing efforts to provide services for older adults and their caregivers?



More agencies reported services targeting Hispanic/Latino groups while fewer reported programs targeting Black or African American, Arab American, and LGBTQ+ caregivers. Most agencies provide services for only one or two racial groups. Some service providers are making their efforts to remove barriers to access services by expanding outreach, hiring staff, improving transportation, providing technology and training, increasing meal services and socialization opportunities, and targeting underrepresented communities.

The service provider survey revealed the types of services currently offered by providers, as well as their future directions for enhancing access to services, particularly for minority groups.

- Most agencies provide services for only one or two racial groups, with over 40% of agencies offering programs for Hispanic/Latino groups.
- Black or African American, Arabs, and LGBTQ+ caregivers have limited access to programs, with only 29.4% and 23.5% of agencies offering specifically targeted programs, respectively.
- Only two agencies offer programs specifically for refugees, but five provide services for immigrants in general. Only one out of the 17 agencies provides services for Filipino individuals.

The most valuable services for older adults aged 60 and above are:

- Social meetings or groups
- Health and exercise
- Emotional support groups

The most valuable services for caregivers are:

- Help with medical insurance
- Social clubs or groups
- Virtual programming
- Emotional support groups

Outreach efforts should consider the following:

- A. Use successful strategies for outreach including printed materials, social media, word of mouth, and partnerships.
- B. Tailor outreach strategies to the specific needs and preferences of the senior population.
- C. Involve the clients in the planning process by gathering feedback, assessing needs, and tailoring services to meet their preferences and priorities.
- D. Common partners include AgeOptions, Solutions for Care, Catholic Charities, and local government departments.

Efforts to remove barriers to access services include:

- Improving advertising and outreach efforts through various channels.
- Hiring more staff to assist with programs including social work support and make services more accessible.
- Expanding transportation services beyond traditional township transportation.
- Providing more technology services and training for older adults.
- Increasing meal services and socialization opportunities.
- Targeting services and support to underrepresented communities and populations.
- Providing needed support to limited English proficient caregivers to access services.

Recommendations

Improve Economic Support for Older Adults



- Increase outreach efforts to inform older adults of financial support services and programs.
- Develop financial education programs tailored for older adults, especially for those age 50-59 and those living in the South region.
- Create partnerships with local banks and credit unions to offer special services for older adults, such as low-interest loans and waived fees.

Enhance Health and Well-being Services for Older Adults



- Increase access to mental health services for older adults.
- Develop wellness check-in programs that are tailored to meet the specific needs of older adults, including those from different racial and cultural backgrounds.
- Provide community-based health education programs that target age 50-69 for pain management.

Target Preventive Health Education and Services for Minority Older Adults



- Increase awareness and knowledge of preventive health services among older adults with minority and ethnic backgrounds.
- Develop culturally tailored health education programs and materials.
- Create partnerships with community organizations and leaders to disseminate health information and resources.

Expand Fall Prevention Programs



- Develop and implement community-based fall prevention programs.
- Increase access to physical therapy and rehabilitation services.
- Provide skills training for managing fear and risk of falling.

Promote Social Engagement for Older Adults



- Develop innovative ways to support social engagement, such as virtual or outdoor activities with appropriate safety measures.
- Expand transportation services to promote participation in social activities and attending religious services.
- Increase awareness of the benefits of social participation among older adults, including improved mental and physical health.

Improve Access to Information and Services



- Establish a centralized hub (e.g., one-stop shop) for aging related information and referral services.
- Increase use of print and online media to deliver information to older adults.
- Expand services to support individuals with disabilities and caregivers, including information on eligibility criteria and tailored services.
- Increase partnerships with local agencies and community organizations to improve access to services and information.

Develop Relevant Services to Minority Cultural Groups



- Address service needs for Black older adults and caregivers in the South region.
- Address the specific linguistic needs of immigrants.
- Identify effective methods to reach isolated groups particularly among the Hispanic population.
- Establish programs to support grandparents who are caring for grandchildren, with a focus on the South and North regions, and tailored to the needs of Arab Americans.

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List of Acronyms

ACS	American Community Survey
ADL	Activities of daily living
BIPOC	Black, Indigenous, and people of color
CDC	Centers for Disease Control and Prevention
DHD	Department of Disability and Human Development
FG	Focus group
FPL	Federal Poverty Level
GCG	Grandparents caring for grandchildren
HPV	Human papillomavirus
IADL	Instrumental activities of daily living
ICF	International Classification of Functioning
IPUMS	Integrated Public Use Microdata Series
LGBTQ+	lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms
OA	Older adult survey
PCV	Pneumococcal conjugate vaccine
PSA	Prostate-specific antigen
PUMA	Public Use Microdata Areas
SDHA	Social Determinates of Healthy Aging
SHIP	Senior Health Insurance Program
UCLA	University of California Los Angeles
UIC	University of Illinois Chicago
WHO	World Health Organization

Introduction

The Department of Disability and Human Development (DHD) at the University of Illinois Chicago (UIC) was contracted by AgeOptions to collaborate with their community partners and other state service providers to identify the needs of individuals aged 50 years and older living in suburban Cook County. A needs assessment of older adults in suburban Cook County is regularly conducted, however given the national aging trend and demographic changes in this region, it is essential to conduct a comprehensive needs assessment of older people in this area. Approximately 15.3% of the population living in suburban Cook County are 50-60 years, and 21.5% are 61 years or older. A snapshot of the population in Cook County using the 2019 American Community Survey (ACS) 5-years estimates shows the diverse population living across the suburban communities.² Most older adults identify as white (73%), followed by 15% Black, and 7% Asian. In terms of ethnicity, 10.5% of older adults identify as Hispanic, with 40% living in the West-Central areas and 21% in the southern areas. In addition, we looked at Arab Americans in Cook County suburbs as a minority group. The Census Bureau counts people who trace their ancestry to a country in the Arab region or Middle East as White.³ However, many Arab Americans are immigrants or refugees, and they are diverse in terms of culture and religion. As an aging and expanding group their needs may not be similar to other Whites. We also acknowledge state and local efforts to recognize Arabs and Middle Eastern as a distinct ethnic category. Using the ACS data, approximately 1.3% of the population age 50 and older identify as Arab American.

The widespread ethnic communities in suburban Cook County require careful and strategic planning to identify the needs of these groups and the gaps in accessing and utilizing meaningful and relevant services. Therefore, we applied a conceptual framework that takes the context of the individual, including personal factors (e.g., age, gender, race, culture, language) and the environment (e.g., housing, technology, and region to examine the needs of the older adults.

Methodology

To better understand the needs and gaps of older adults, we utilized mixed methods that included quantitative and qualitative data collection. We used multiple quantitative data sources including the American Community Survey five-year estimates (2017-2021), online surveys for older adults, caregivers, and service providers. We also conducted online and in person focus groups with community members. Recruitment for the surveys and focus groups

² U.S. Census Bureau. 2014-2019 American Community Survey 5-year Public Use Microdata Samples [SPSS Data file]. Published online 2021. <https://data.census.gov/cedsci/>

³ For further information about Arab Americans in Cook County suburb see Naber, N., Nguyen, N., Poulos, C., Arenas, I., Cainkar, L., Sankari, N., Lewis, A., Shoman-Dajani, N., and Zaatari, Z. (2023). *Beyond Erasure and Profiling: Cultivating Strong and Vibrant Arab American Communities in Chicagoland*. Institute for Research on Race and Public Policy (IRRPP). University of Illinois at Chicago.

commenced in May 2022, with various efforts made to engage respondents residing in the Cook County suburbs. Initially, we utilized emails and phone calls to reach out to potential respondents from AgeOptions partner agencies (n=113); however, only 34 agencies agreed to assist by distributing flyers to their constituents. Additionally, we compiled a list of libraries and park districts (n= 169) in Cook County suburbs and reached out via email and phone calls, resulting in 54 agreeing to assist by distributing flyers or placing them on their ad boards.

To further engage survey respondents and focus group participants, we also utilized mail recruitment. We sourced information on households' demographic information from an online compiler (Melissa.com). Between September and December 2022, we mailed flyers to households in the North, South, and West suburbs. In total, 501 participants completed the older adult survey, 100 completed the caregiver survey, and 111 participated in the focus groups. In addition, we received 17 provider surveys.

Conceptual Framework

In this project, we operationalize needs and service gaps for the population age 50+ using the Social Determinants of Healthy Aging (SDHA) and the World Health Organization (WHO) International Classification of Functioning (ICF) frameworks. The SDHA covers health, disability, the neighborhood and built environment, social support, and economics,⁴ while the ICF provides a framework to examine aging and disability.⁵ Both frameworks allowed us to recognize healthy aging by examining who people are and where they live.

As illustrated in Figure 1, the needs assessment conceptual framework examines the relationships between the various SDHA and ICF factors. The first level consists of personal and environmental factors that influence service needs. In general, personal factors can be defined as individual characteristics including age, gender, race, ethnicity, education, and employment status. Environmental factors refer to the physical, social, and attitudinal environment in which an individual lives and works, and they can have a significant impact on a person's functioning and disability. The physical environment includes aspects such as region and housing conditions, among others. The region where a person lives influences the types of services available such as transportation. In addition, the conditions of a person's home can affect their health and well-being and may impact their ability to carry out daily activities. Both the personal and environmental factors are connected to social consequences in the second level of the framework. In this needs assessment, we examined economic hardship, linguistic isolation, cultural barriers, and technology in relation to the person's characteristics and living conditions. Economic hardships can be measured by looking at the person's ability to pay for

⁴ Jurkowski ET, Guest MA. *Healthy Aging through the Social Determinants of Health*. The American Public Health Association; 2021. Accessed August 26, 2021. <http://ajph.aphapublications.org/>

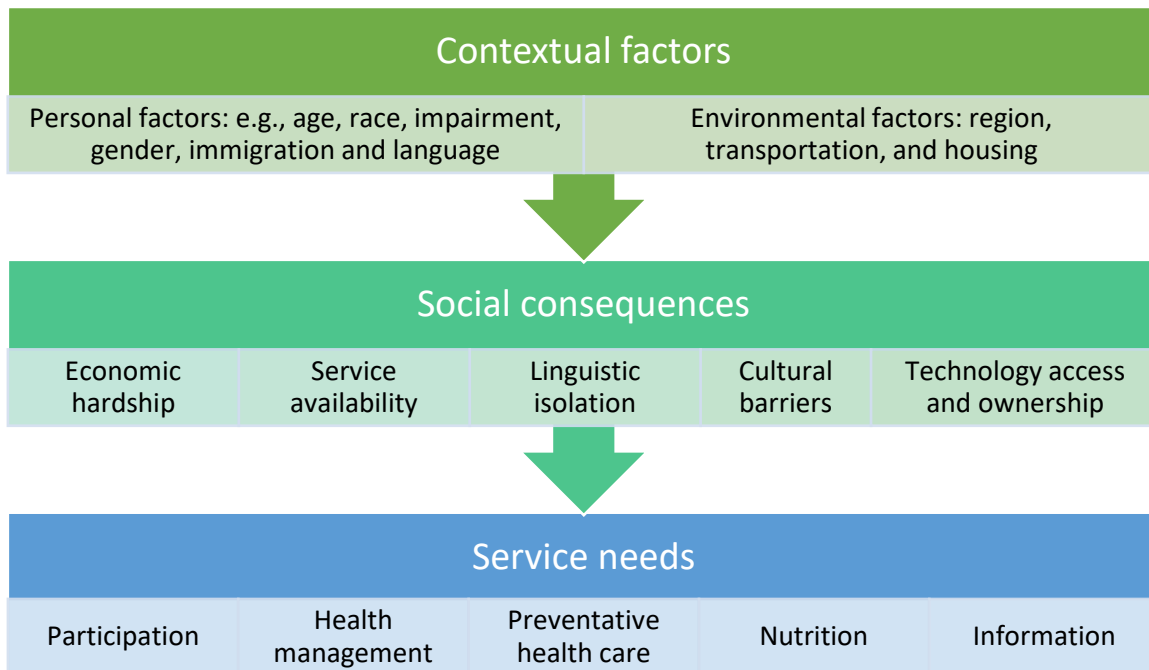
⁵ Kostanjsek N. Use of The International Classification of Functioning, Disability and Health (ICF) as a conceptual framework and common language for disability statistics and health information systems. *BMC Public Health*. 2011;11(4):S3. doi:10.1186/1471-2458-11-S4-S3

essential bills such as utility and prescription drugs and rent or mortgage. Linguistic isolation refers to a person who lives in a household where all the members speak English less than very well. We also examined cultural attitudes as a factor that may impact service needs. In addition, technology can enable the older adult to communicate with others and access information and resources. Hence, we placed technology at the second level as part of the social consequences. It is important to recognize that social consequences are interrelated and intertwined with personal and environmental factors. For example, technology access such as phone, or computer ownership can be a consequence of the person’s economic status. However, access to the internet depends on both the person’s economic status and where they live.

Social consequences lead to service needs by examining the factors that enhance healthy aging including, participation, health care services, nutrition, and resources and information access. Overall, the needs assessment framework allows us to explore whether economic and social consequences impact older adult well-being and whether this differs based on individual contexts. Considering AgeOptions project goals, we used the conceptual framework to address the following research questions:

1. Which groups are posed to be underserved in the Cook County suburbs based on the American Community Survey (ACS)?
2. What are the needs among older adults and caregivers in the Cook County suburbs?
3. To what extent do social factors, including cultural norms, disability and ageism, impact service access across ethnic groups?
4. What are the existing efforts to provide services for older adults and their caregivers?

Figure 1. Framework to examine older adults’ needs and gaps

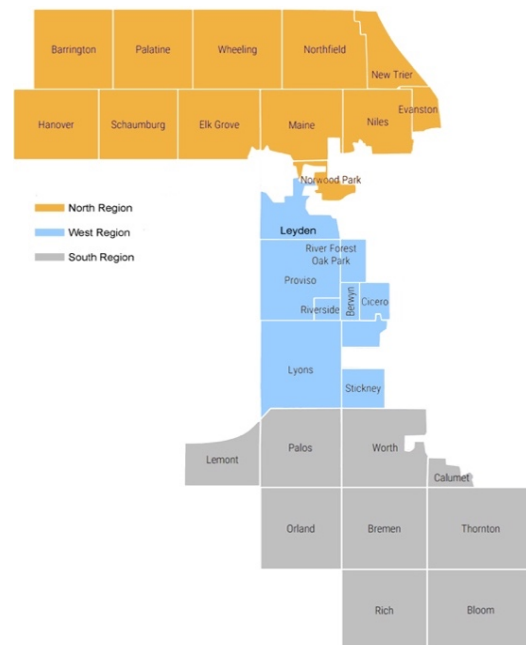


Question 1. Underserved groups in the Cook County suburbs

Overview

In this section, we analyzed data from the American Community Survey (ACS) 5-year dataset (2017-2021) of the non-institutionalized population aged 50 and over residing in Cook County suburbs. The ACS data was obtained from the IPUMS USA database.^{6, 7} This section focuses mainly on the contextual factors, including personal and environmental factors, which are available from the ACS, in line with the conceptual framework of this needs assessment. Specifically, we utilized the ACS data to determine age, gender, race, impairment, immigration and language, responsibility for grandchildren, education and employment, income, and household couple type. For these personal factors we looked at differences across regions. To assess social consequences, we examined linguistic isolation, technology access, and poverty levels. We used a simplified version of the Census Bureau Public Use Microdata Areas (PUMAs) to define regions in this analysis.⁸ The following map illustrates the townships that represent each PUMA region:

- North region townships:** Barrington, Elk Grove, Evanston, Hanover, Leyden, Maine, New Trier, Niles, Northfield, Norwood Park, Palatine, Schaumburg, and Wheeling.
- South region townships:** Bloom, Bremen, Calumet, Lemont, Orland, Palos, Rich, Thornton, and Worth.
- West region townships:** Berwyn, Cicero, Leyden, Lyons, Norwood Park, Oak Park, Proviso, River Forest, Riverside, and Stickney.



⁶ Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. IPUMS USA: Version 13.0 [American Community Survey 2017-2021]. Minneapolis, MN: IPUMS, 2023. <https://doi.org/10.18128/D010.V13.0>

⁷ The non-institutionalized population refers to individuals who reside in households, excluding those in group quarters or vacant houses.

⁸ PUMA areas are non-overlapping, statistical geographic areas that partition each state or equivalent entity into geographic areas containing no fewer than 100,000 people each.

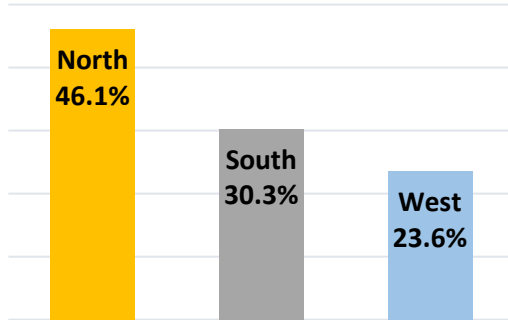


Figure 2. Percentage of the population 50 and older in Cook County Suburbs regions

The Figure shows the distribution of the non-institutionalized population age 50 and older in Cook County suburbs. The North has the highest percentage with 46.1%, followed by the South with 30.3%, and the West with 23.6%.

Analysis Results

A. Population Characteristics

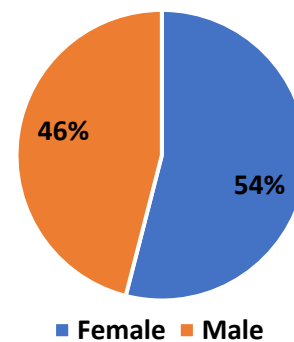
- Age.** The ACS reports that there are 939,276 individuals aged 50 and older residing in households (not group quarters) in Cook County suburbs. Over one-third of the population (36.9%) are 50 to 59 years old followed by 33.6% who are between 60 and 69 years old and 29.8% 70 years and older. A closer look at the distribution of the population across regions shows that almost half (46.1%) live in the North followed by 30.3% in the South, and 23.6% in the West (see figure 2). Differences across age groups in regions were statistically significant ($p < .001$) (see table 1).

Table 1. Age distribution of the non-institutionalized people who are 50 and older in Cook County suburbs from the ACS 2017-2021

Age groups	Population in Cook County suburbs	Population in South	Population in West	Population in North
	N (% in Cook County)	N (% in region)	N (% in region)	N (% in region)
50-59	346,446 (36.9%)	103,801 (36.5%)	85,482 (38.6%)	157,163 (36.3%)
60-69	313,362 (33.4%)	97,999 (34.5%)	74,174 (33.5%)	141,189 (32.6%)
70 and older	279,468 (29.8%)	82,465 (29.0%)	62,033 (28.0%)	134,970 (31.1%)
Total	939,276 (100%)	284,265 (100%)	221,689 (100%)	433,322 (100%)

- Gender.** The gender distribution of people over 50 years old in Cook County suburbs shows that 54% are female, while 46% are male. Gender disparities in employment are observed, with females representing a higher percentage of unemployed people regardless of age, highlighting the gender gap in employment. Specifically, for people aged 50-59 years old, 62% of females are unemployed compared to 38% of males. This trend is consistent across regions, with 59% of females in the South, 57% in the West, and 54% in the North being unemployed.

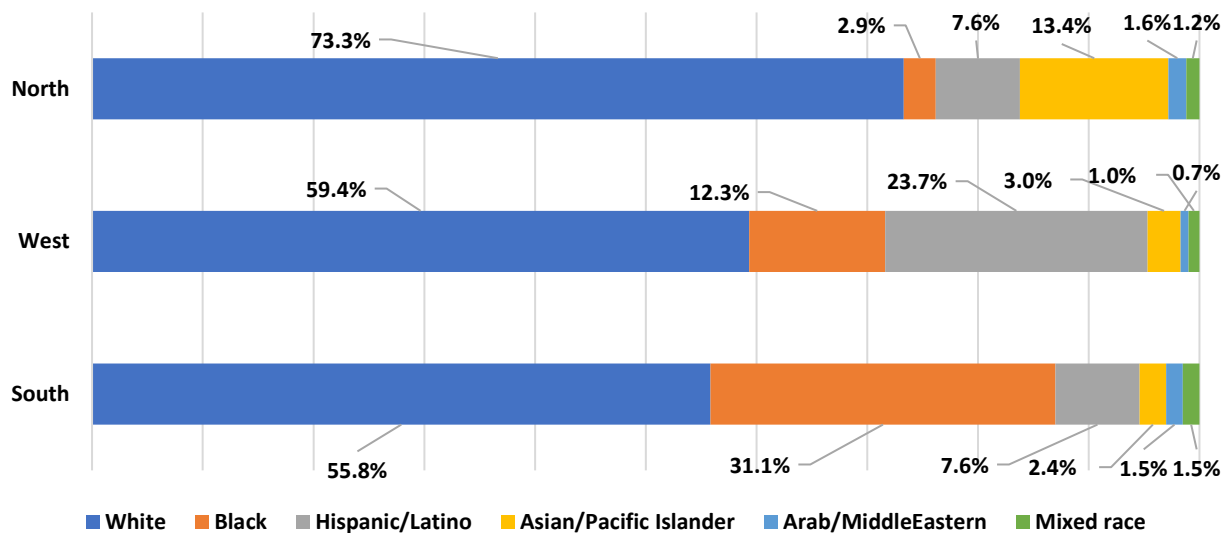
Figure 3. Gender percentage



3. **Race by region.** The population in Cook County suburbs is diverse in terms of race. To ensure a comprehensive understanding of this diversity and the associated needs, we applied an equity lens when examining race categories. In our analysis using the American Community Survey (ACS), we utilized the category Black, Indigenous, and people of color (BIPOC) and compared it to the category White to examine social consequences. Under the BIPOC umbrella, we define people of color as individuals belonging to any race or ethnicity other than White. This includes Hispanic, Asian, and Arab populations. We also included mixed-race individuals under the BIPOC category, as only a small percentage of older adults identifying as mixed race also identified as White. However, we acknowledge the complexity of the term "people of color" as some Hispanic and Arab individuals may identify as White, although recent research suggests including both ethnicities under the BIPOC category.^{9,10} Despite this complexity, our aim in the analysis is to identify any service needs that may impact the BIPOC population and uncover systemic barriers.

Upon examining race in the Cook County suburbs, we find that although White remains the most prevalent racial category across all regions, Black, Indigenous, and people of color (BIPOC) make up nearly half of the population in the South (41%). In the West, 33.4% identify as BIPOC, and 23.8% in the North. Notably, the South has the highest percentage of Black (31.1%), while the West has a high percentage of individuals who identify as Hispanic (23.7%), and the North has the highest percentage of individuals who identify as Asian (13.4%).

Figure 4. Race distribution by region



⁹ Hill, L, Ndugga, N., Artiga, S. (2023). Key Data on Health and Health Care by Race and Ethnicity. KFF. <https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/>

¹⁰ Starr, P. (2022). The Re-Emergence of “People of Color.” Du Bois Review: Social Science Research on Race, 1–20. <https://doi.org/10.1017/S1742058X22000145>

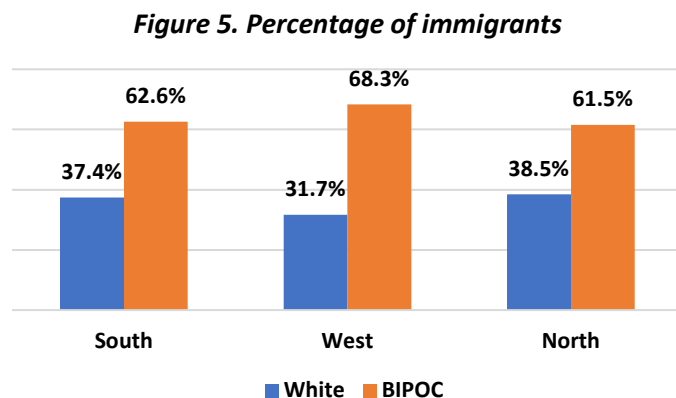
We also created a race/ethnicity category for Arab Americans using the information about ancestry origin in the IPUMS data.¹¹ The percentage of the population in the South and North regions is similar, at 1.5% and 1.6%, respectively, while only 0.7% of the population in the West identify as Arab. Only 0.1% of the older adults age 50+ in Cook County suburbs identify as American Indian/Alaska Native.

4. **Impairment.** The highest percentage of older adults with impairment is in the South region, where 21.7% - of individuals have any type of disability. In comparison, the West region has a slightly lower percentage of individuals with disability (20.1%), and the North region has the lowest percentage of individuals with disability (17.3%). In general, Whites have a higher percentage of people with disabilities, which may be attributed to the fact that they are older (22% - 18%). In the South region 20% of BIPOC individuals have any disability compared to 17.5% in the West region, and 16.3% in the North region.

Looking at impairment in each race group in the South, Arabs have the highest percentage of older adults with any disability with 27.6% followed by mixed race (24.2%), Black (21.2%), Hispanic (14.8%), and Asian (13.8%).

5. **Immigration and language.** As illustrated in Figure 5, the percentage of immigrants who are BIPOC is higher across all regions compared to Whites.

In the South, 62.6% of immigrants are BIPOC, while in the West and North, 68.3% and 61.5% of immigrants are BIPOC, respectively.



In the South, the majority of the Arab (95.2%) and Asian (94%) groups are immigrants, followed by Hispanics at 61.7%. Only 10.2% of the White group and 3% of the Black in the South identify as immigrants. Similar trends are observed in the North and West regions. However, in the North, 28.9% of the Black group identify as immigrants, which is higher than the Black immigrants in the South and West regions.

¹¹ Arabs in this needs assessment are people who trace their ancestry to a country that is part of The League of Arab States (LAS), an intergovernmental pan-Arab organization of all Arab states in the Middle East and North Africa. Currently it gathers 22 Arab countries: Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen. We also included ethnic minorities living in the Middles East or North Africa including Assyrians.

6. **Relationship to partner in household.** People with same-sex partners are present in all three regions, but in relatively low numbers. Only 5,734 (1%) of the non-institutionalized population in Cook County suburbs who are 50 of years or older reported having a same-sex partner. The highest percentage of people with same-sex partners were found in the West region with 1.5% of the region's population followed by 0.9% in the North region. The South region had the lowest number of people with same-sex partners, with only 0.6% of the region's population reporting having a same-sex partner. The difference across region was statistically significant ($p < .0001$).
7. **Education and employment.** Almost half of the older adults in Cook County suburbs are employed part time or full time (49.3%) while the rest (50.7%) are not working or retired. The highest percentage in terms of education is 37.6% for those with Bachelor or a graduate degree followed by 35.6% who have high school or less and 26.8% who have a certificate or an associate degree.
8. **Grandparents caring for grandchildren (GCG).** Only 1% of the population identify as grandparents caring for grandchildren. Most grandparents (42%) live in the South with a majority identifying as Black (53.5%) followed by 35% in the North with a majority identifying as White (53.5%), and 23% in the West with a majority identifying as Hispanic (36.5%). Despite having a small number of Arabs, in general, they are likely to be GCG with a 3.4% of all Arabs identifying as GCG compared to 2.2% of the Black group. Only 1.7% Hispanic, 1.6% mixed race, 0.8% Asian, and 0.5% White identify as GCG (see table 2).

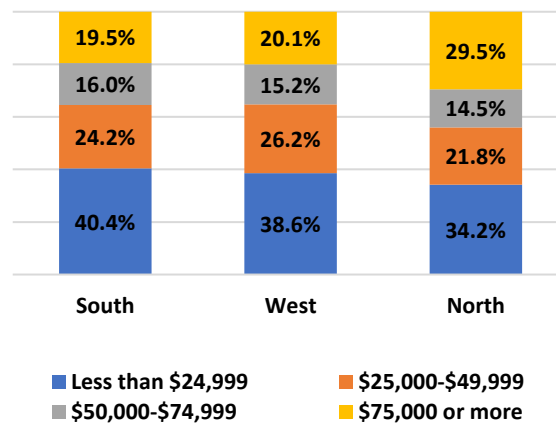
Table 2. Percentage of grandparents caring for grandchildren in race groups

Race	Arab	Black	Hispanic	Mixed race	Asian/Pacific Islander	White
Percent of GCG in race group	3.4%	2.2%	1.7%	1.6%	0.8%	0.5%

9. **Income.** The South region has the highest percentage of respondents with an annual income of less than \$24,999 at 40.4%, followed by the West at 38.6% and the North at 34.2%.

The North region has the highest percentage of respondents in the "\$75,000 or more" income category at 29.5%, followed by the West at 20.1% and the South at 19.5% (see Figure 6).

Figure 6. Income by region



The data indicates that regardless of region, a higher percentage of BIPOC groups earn personal incomes less than \$24,999 compared to White individuals. In the South region, two-thirds (67%) of Arab individuals, as well as 50% of Hispanic and Mixed-race individuals, and 43% of Black and Asian individuals have a personal income of less than \$24,999, while only 34% of Whites fall into this category. A similar pattern is observed in the West and North regions, where BIPOC individuals have a higher percentage of personal income less than \$24,999 (45.5% of all BIPOC in both regions) compared to White individuals (ranging from 30% to 33%).

B. Social consequences

1. **Linguistic isolation.** A person is considered linguistically isolated if they live in household where no member speaks English very well. The West region has the highest percentage of individuals who fall into this category, with 8.8% of the population being linguistically isolated. On the other hand, the South and North regions have lower percentages of individuals who are linguistically isolated, at 3.4% and 7.4%, respectively. The difference in the percentage of linguistically isolated individuals across regions was statistically significant ($p < 0.001$). The high percentage of Hispanic individuals (23.7%) and immigrants (32.5%) in the West region may explain the higher percentage of linguistic isolation in this area.
2. **Poverty status.** The Federal Poverty Level (FPL) for a family of 1 is \$14,580, and for a family of 2, it is \$19,720 in 2023. At 125% of the FPL, a family of 1 should earn a gross monthly income of \$1,500, and a family of 2 should earn around \$2,000.

The South region has the highest proportion of older individuals living below 125% of the Federal Poverty Line (FPL), with 12.5% (35,398 older adults) falling into this category. The West region has a slightly lower poverty rate at 11.2%, while the North region has the lowest poverty rate at 8.5%. These differences between the regions are statistically significant, with a p-value of less than 0.05. As shown in Figure 7, regardless of region, BIPOC has higher percentages of people living at or below 125% of the FPL compared to Whites. The Arab group has the highest percentage of people living below the 125% FPL, with 25.9% (3,318 out of 12,800), and Black people have 16.3% of the population living under the 125% FPL (or 20,948 out of 128,461), while only 8.3% of Whites live under the 125% FPL.

Figure 7. Percentage of people who live below the 125% FPL for each race

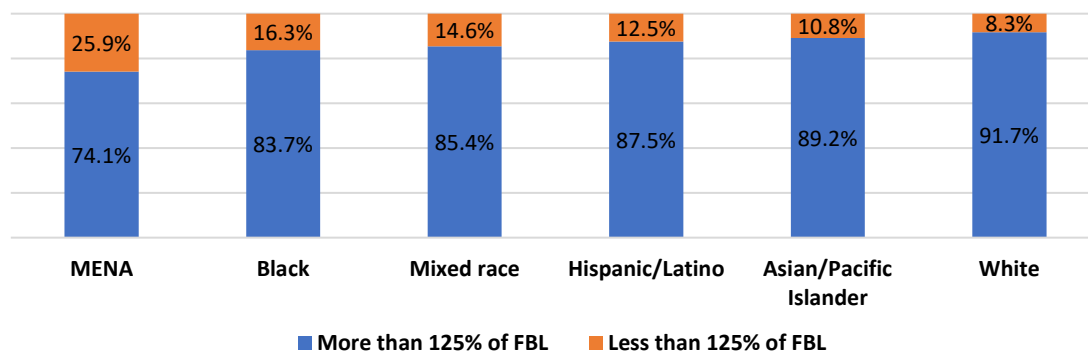
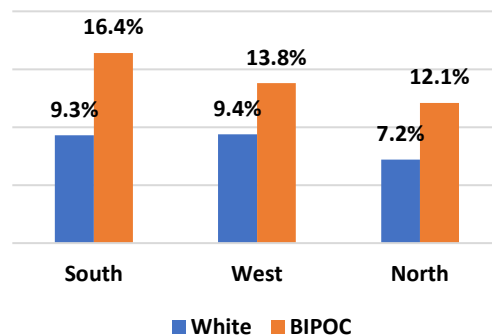


Figure 8 shows the percentage distribution of people who live below 125% of the Federal Poverty Level (FPL), categorized by region and BIPOC category. In the South region, 9.3% of Whites and 16.4% of BIPOC live below 125% of the FPL.

In the West region, the percentages are 9.4% for Whites and 13.8% for BIPOC. In the North region, 7.2% of Whites and 12.1% of BIPOC live below 125% of the FPL.

Figure 8. People who live below 125% of the FPL by region and BIPOC category



3. Access to technology

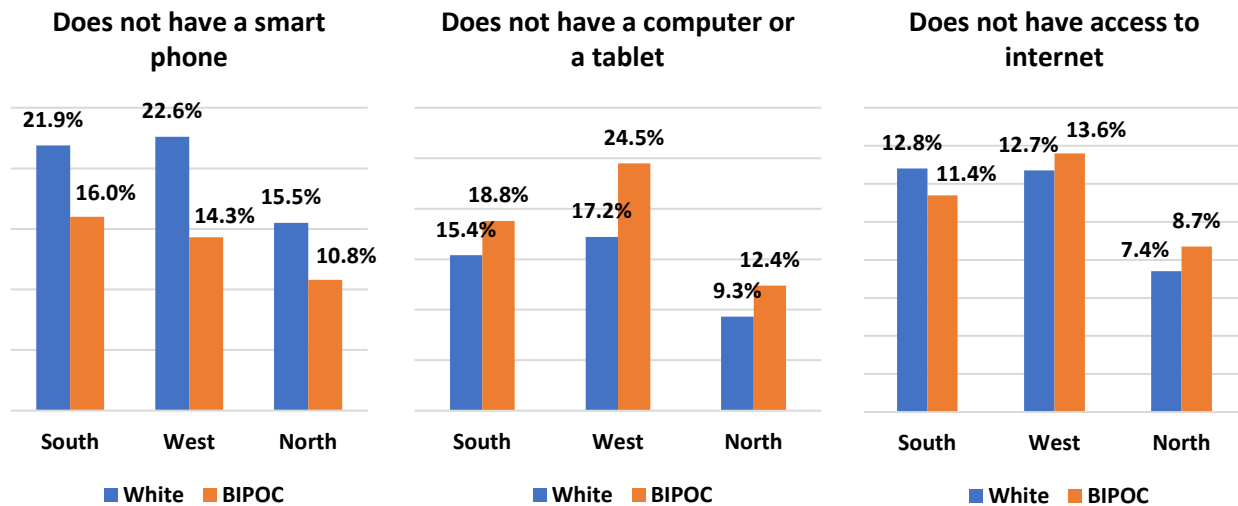
Internet. Overall, 10.4% or 97,249 older adults in all three regions lack access to the internet. This corresponds to 13.1% of the older adults in the West, 12.2% in the South, and 7.7% in the North. In the South region, a higher percentage of White older adults (12.8%) lack internet access compared to BIPOC (11.4%). The percentages of BIPOC without internet access are higher in the West and North regions. Specifically, 13.6% of BIPOC in the West and 8.7% in the North do not have access to the internet (See Figure 9.)

Smart phone. In terms of having a phone, only 0.5% of the population does not have a phone, while 16.4% or (153,930) have a non-smart phone (i.e., landline or non-smart mobile phones). Looking at the percentages for each region, both the South and West regions have an equal percentage (19.2%) of individuals who do not have a phone or a smart phone. The North region has a slightly lower percentage at 14.3%. In terms of race in the regions, more Whites do not have a smart phone across all regions. BIPOC who do not have a smart phone are 16% in the South, 14.3% in the West, and 10.8% in the North (See Figure 9.)

Technological device. Regardless of the region, a higher percentage of BIPOC older adults do not own a computer or a tablet compared to White older adults. In the West region, 24.5% of BIPOC and 17.2% of White do not own a computer or a tablet. In the South region, the percentages are 18.8% for BIPOC and 15.4% for White older adults. In the North region, 12.4% of BIPOC and 9.3% of White do not own a computer or tablet (See Figure 9.)

The high percentage of people identifying as White who do not access internet or own a smart phone could be attributed to their older age compared to BIPOC. On the other hand, the low-income levels of BIPOC might explain the high percentages of those who do not own a computer or tablet or access the internet.

Figure 9. The percentage of White and BIPOC populations in three regions - South, West, and North and technology access



Summary and Recommendation Based on The ACS Data Findings

1. These findings from the ACS data suggest that certain population groups, particularly those in the South and West regions, may be at a higher risk of being underserved due to factors such as poverty, linguistic isolation, technology access, disability, and responsibility for grandchildren.
2. The North has the highest percentage of individuals with cell phone access (92.3%), while the West has the highest percentage of individuals without internet access (13.1%), followed by the South (12.2%). The South and the West regions have lower rates of computer or tablet owning compared to the North.
3. The South region has the highest percentage of individuals with a disability (21.0%), followed by the West (20.1%) and the North (17.3%). Additionally, the South region has the highest percentage of grandparents caring for grandchildren (1.3%), followed by the West (1.0%) and the North (0.7%).
4. The West has the highest percentage of immigrants and linguistic isolation, while the South has the highest percentage of Black individuals and poverty rates.
5. We recommend working with the Black and Arab community and agencies to establish programs for grandparents caring for grandchildren in the South and North regions. Additionally, efforts should be made to address linguistic isolation, particularly among the Hispanic population.

Question 2. The needs of older adults and caregivers in the Cook County suburbs

I. Older Adult Survey Findings

Overview

To answer this question, we analyzed data from the online older adult survey and caregiver survey and the focus groups. The aim of this analysis is to complement and support the previous analysis conducted using the ACS data. Following the conceptual framework of this needs assessment, in this section we explored social consequences and service needs. In particular, we examined economic hardships, health and well-being, housing conditions, and activity participation of the survey respondents.

Analysis Results

A. Characteristics of the older adult survey respondents

The demographic characteristics of the older adult survey (OA) participants were similar to the ACS percentages for age distribution, income, employment, and education level with no significant differences in these factors. However, the regional distribution showed an over-representation of participants in the South and under-representation in the North compared to the ACS (see Figure 10). The OA also had a higher percentage of female participants compared to the ACS average, while the percentage of male participants was lower (see Figure 11).

Figure 10. Region distribution of the older adult survey respondent comparing to percentages from the ACS 2017-2021

In terms of regional distribution, the OA had a higher percentage of participants in the South (49%) compared to the ACS (30%), while the ACS shows that had a higher percentage of participants in the North (46%) compared to the OA (26%).

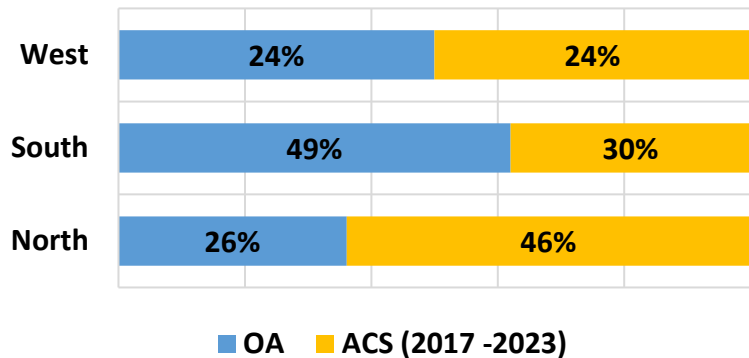
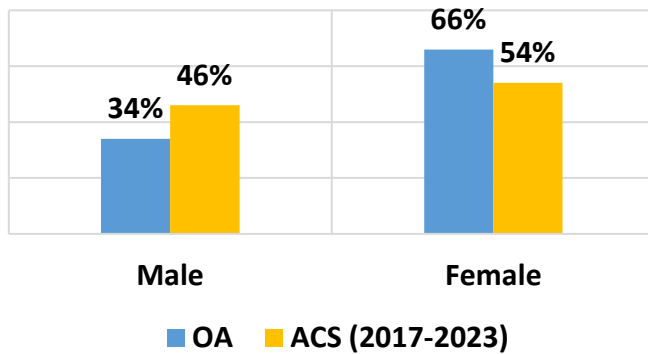


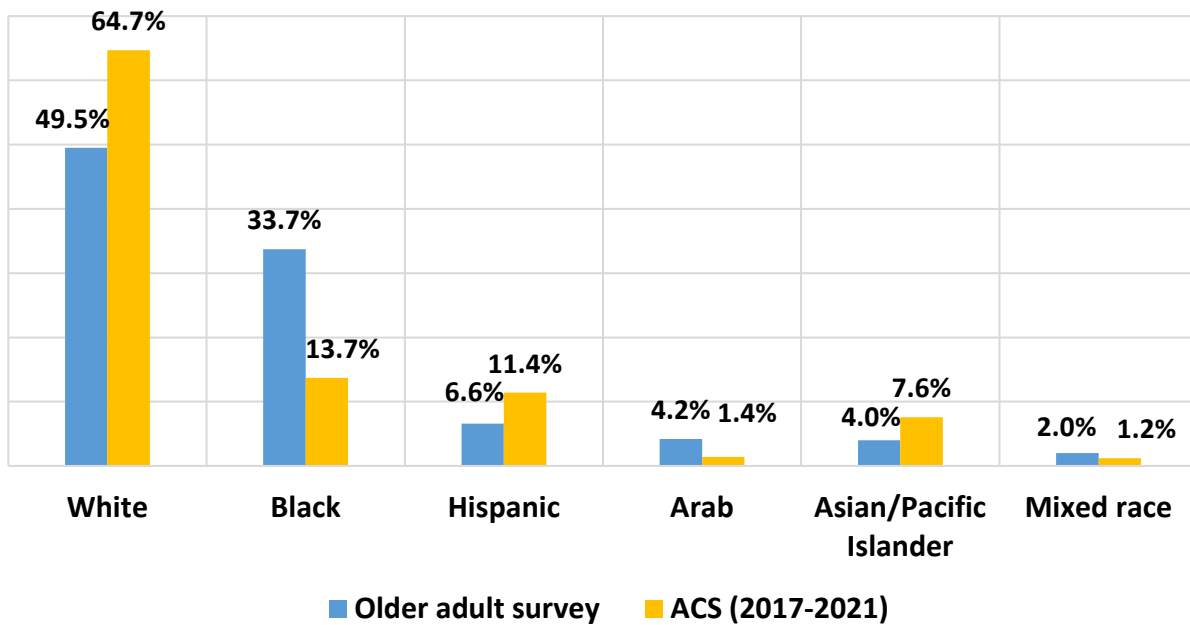
Figure 11. Sex of the older adult survey respondent comparing to the percentages from the ACS 2017-2021



The older adult survey (OA) and ACS 2017-2021 had different percentages of male and female participants. The OA had a higher percentage of female participants at 66.5%, compared to the ACS average of 53.9%. On the other hand, the OA had a lower percentage of male participants at 33.5%, compared to the ACS average at 46.1%.

The OA had a higher percentage of Black and Arab American participants in the South compared to other groups. As Figure 12 illustrates, the OA had a notably higher percentage of Black participants at 33.7%, which is significantly higher than the average of 13.7% in the ACS. Similarly, the OA had 4.2% Arab respondents, compared to the 1.4% in the ACS. However, the ACS had a higher percentage of Hispanic participants at 11.4% compared to the OA at 6.6%. The Asian/Pacific Islander and Mixed-race categories had higher averages in the ACS compared to the OA respondents. The OA had 501 participants, with 49.5% White, 33.7% Black, 6.6% Hispanic, 4.2% Arab, 4.0% Asian/Pacific Islander, and 2.0% Mixed race.

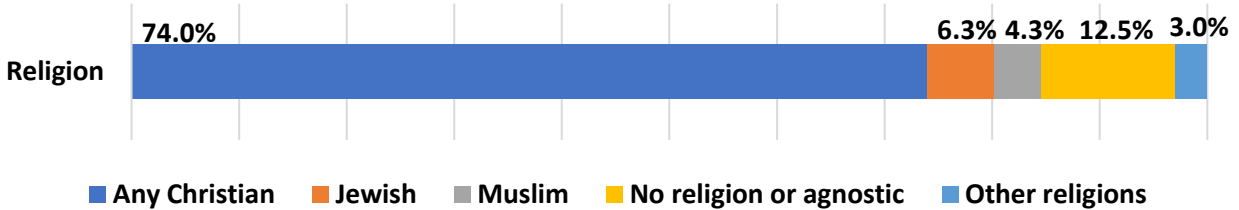
Figure 12. Race distribution of the older adult survey respondent comparing to percentages from the ACS 2017-2021



The OA included data about religious affiliation. As illustrated in Figure 13, 74% of the respondents identify as Christian. Jewish and Muslim follow at 6.3% and 4.3%, respectively

while 12.5% identify as having no religion or as agnostic. The remaining 3% of the respondents identify with other religions such as Buddhism.

Figure 13. Religious affiliation of the adult survey respondent

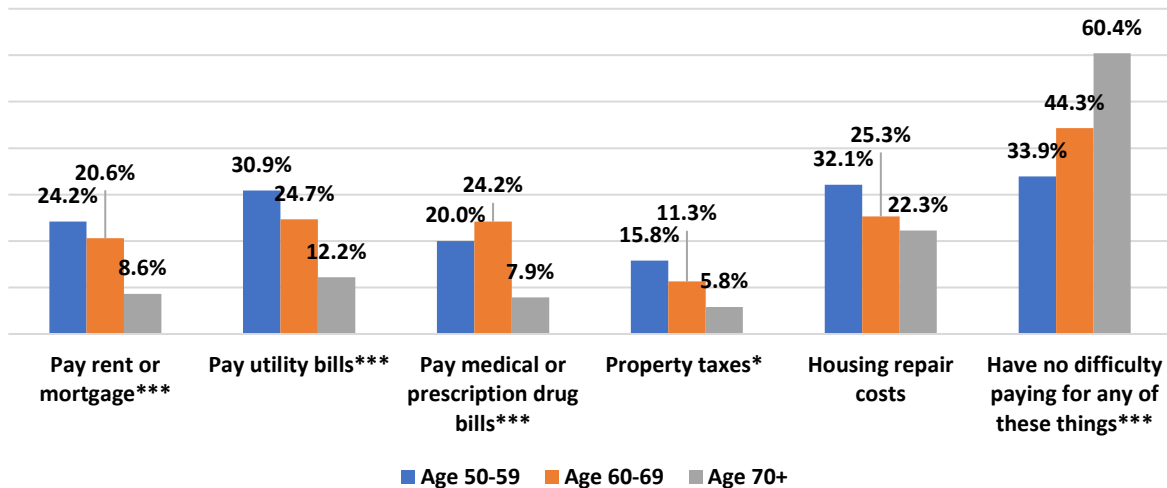


B. Social consequences

To assess economic status and needs, respondents are asked the following questions: 1) Were there times in the last year when you did not have enough money to pay the rent or mortgage, utility bills, medical or prescription drug bills, property taxes, housing repair costs? 2) Do you know where to go to get support paying your bills? and 3) Do not have access to meals that meet dietary requirements or eating fewer than two meals was the inability to afford such meals.

- Paying bills.** Among the listed items, age group 50-59 reported the highest levels of economic hardship in paying for rent/mortgage, utility bills, and housing repair costs. However, the age group 70+ reported the lowest levels of economic hardship in paying for these items, with less than 10% reporting difficulties.

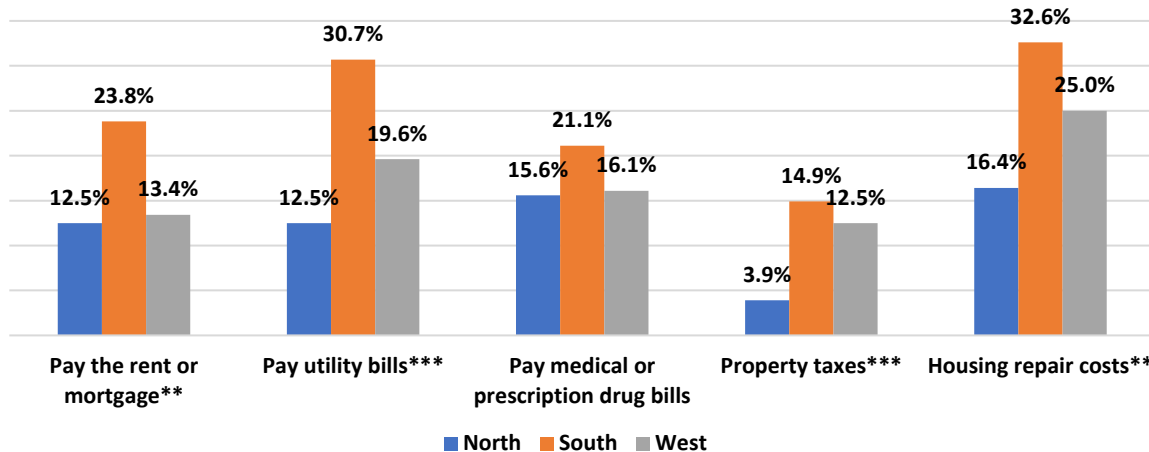
Figure 14. Did not have enough money to pay bills in the last year by age group



Statistically significant level: *p <.05, **p <0.01, ***p <0.001

Figure 15 presents the percentage of respondents who reported not having enough money to pay for various expenses in the last year, by region. The South had the highest percentage of respondents who reported difficulty paying rent or mortgage (23.8%) and utility bills (30.7%). The North had the lowest percentage of respondents who reported difficulty paying for these expenses. Property taxes were the most difficult to pay in the South (14.9%), followed by the West (12.5%). Housing repair costs were the most difficult to pay in the South (32.6%), followed by the West (25.0%).

Figure 15. Did not have enough money to pay bills in the last year by region



Statistically significant level: *p <.05, **p <0.01, ***p <0.001

Resources for economic hardship. Among those who reported experiencing any economic hardship by age group and region, two-thirds of the respondents reported not knowing where to seek support for paying their bills. No group differences were found by age or region. These findings highlight the significant need to provide information about available resources to address economic hardship, regardless of the age group or region to which individuals belong.

2. **Health and well-being.** To assess health status including chronic health conditions, we asked questions regarding self-rated health, self-reported health conditions, and psychological and social wellbeing.

The prevalence of having no chronic health conditions decreases with age, with a significant drop from 40% in the 50-59 age group to 11.5% in the 70+ age group. As age increases, the prevalence of hypertension, high cholesterol, heart disease, and urinary incontinence significantly increases. Top five chronic health conditions differ across three age groups, with hypertension, depression, high cholesterol, diabetes, and anxiety for the age 50-59 group, while hypertension high cholesterol, diabetes, depression, and anxiety are the top five for the age 60-69. For age 70+, the top five chronic health conditions are hypertension, high cholesterol, heart disease, diabetes, and urinary incontinence. Although there is no significant difference in the prevalence of self-reported anxiety and depression across the three age groups, there is a trend of increasing anxiety with age, rising from 10.3% in younger age groups to 14.4% in older age

group (see Figures 16-18). This finding suggests the need for mental health care and support, especially for the younger older adults.

The prevalence of each chronic health condition is relatively similar across the three regions. The top five chronic health conditions in each region include hypertension, high cholesterol, diabetes, and depression. However, there is a slight difference between the North region and the other two regions. In the North, heart disease replaces anxiety in the top five list. This suggests that mental health services and support are needed across all regions.

Figure 16. Top five chronic health conditions for age 50-59

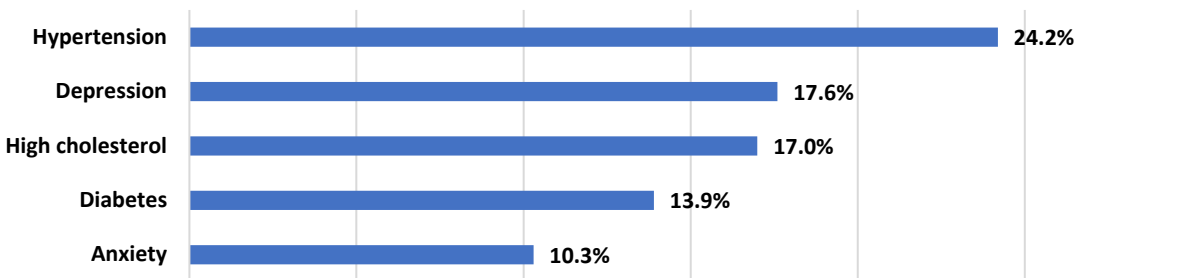


Figure 17. Top five chronic health conditions for age 60-69

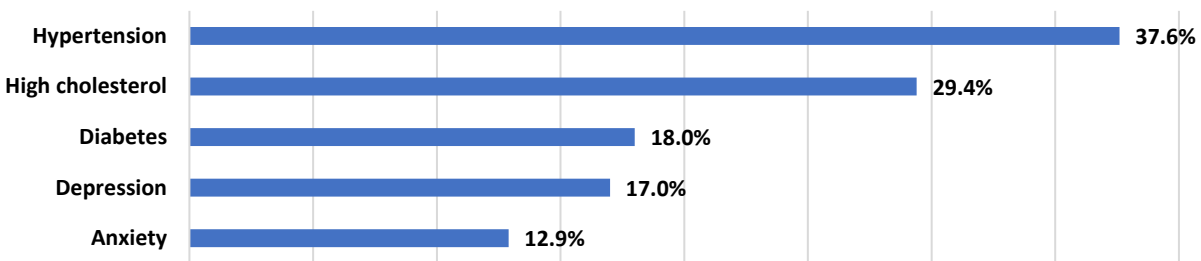
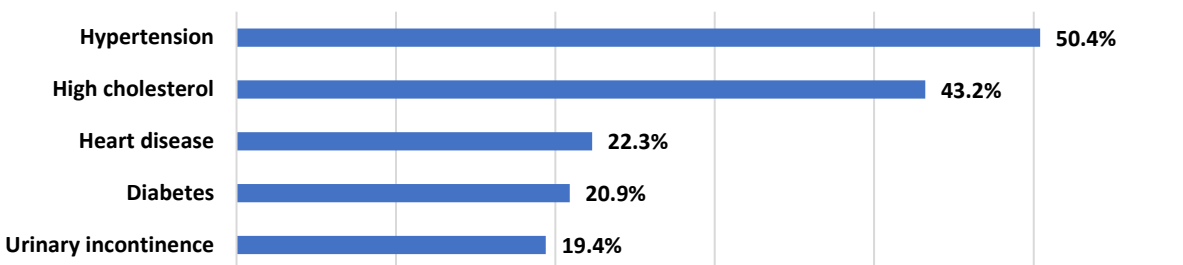


Figure 18. Top five chronic health conditions for age 70+



- Loneliness and happiness (positive affect).** In addition to self-reported anxiety and depression, we assessed psychological and social well-being by asking a series of questions that cover positive and negative affect (i.e., cheerful, bored, full of life, upset) in the past month and loneliness. Positive and negative affect are measured on a scale ranging from 4

to 20, where higher scores indicate greater positive affect, and lower scores indicate greater negative affect. Loneliness is measured using the UCLA short loneliness score, which ranges from 3 to 9. Respondents who score between 3-5 are classified as "not lonely," while those who score between 6-9 are classified as "lonely."

Table 3 shows that respondents reported a high level of positive affect with a mean of 14.19. The mean score of positive affect was significantly higher in the 70+ age group (M=14.63) compared to the 50-59 age group (M=13.88), indicating that the age 70+ group is more likely to have a positive affect than the age 50-59 group. There were no significant group differences found in the regions.

Table 3. Summary of mean positive and negative affect by age group

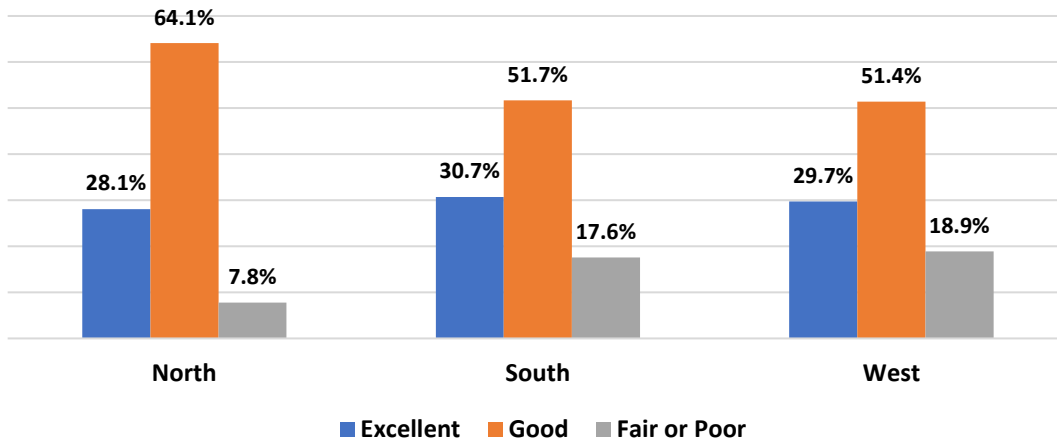
	Age 50-59		Age 60-69		Age 70+		All	
	N	Mean	N	Mean	N	Mean	N	Mean
Positive and Negative Affect Scale*	165	13.88	194	14.20	138	14.63	497	14.22

Note. The mean of positive affect in age 70+ group is significantly higher than the age 50-59 group, *p<0.05.

Loneliness. One-third of participants were identified as "lonely" based on the UCLA short loneliness form, without significant differences across the three age groups and regions. This highlights the need for interventions aimed at reducing loneliness and promoting social engagement, regardless of where the individual lives.

- Housing.** To assess needs and gaps in the home and neighborhood environment, we asked participants to rate the physical condition of their place of residence, indicate the main reason why they would consider moving, and specify who they would contact to get response and information about housing options as they age.

Physical condition of the house. The results indicate that there were no group differences in the rating of the physical condition of the residence across all the three age groups, with most respondents rating their residence as "excellent" or "good". There is a statistically significant difference in the proportion of respondents who rated their place of residence as "fair" or "poor" across the three regions. Specifically, the highest proportion of respondents in the West region (18.9%) rated their place of residence as "fair" or "poor", followed by the South (17.6%) and the North (7.8%). This suggests that there may be a need to address the issue of housing conditions, particularly in the South and West regions (see Figure 19).

Figure 19. Physical conditions of residence by region

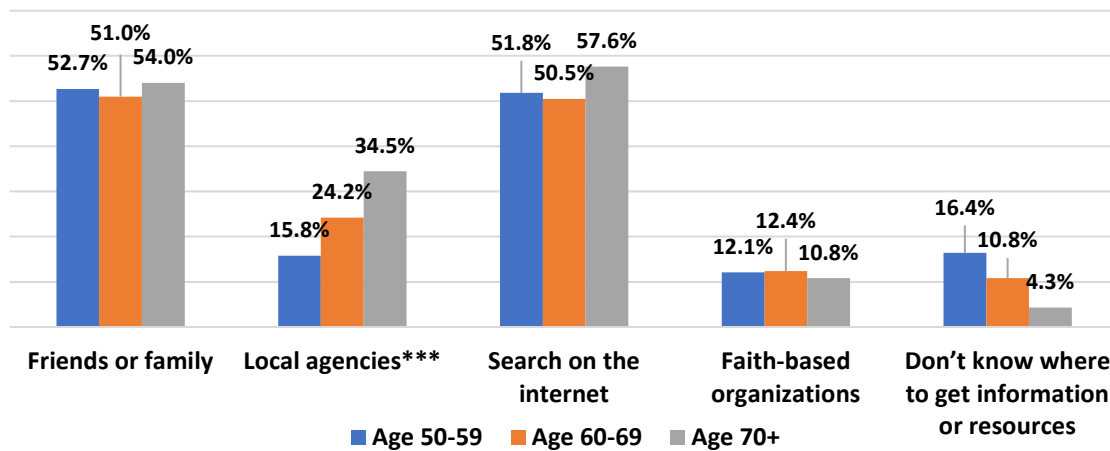
Significant group differences, * $p < .05$.

Reasons for considering moving. Approximately half of the respondents reported considering moving. Among those who reported considering moving, the top three reasons were to reduce the cost of living (19%), to live in a place with better weather or climate (15.5%), and because their homes have too many stairs to climb (11.9%). These findings highlight the importance of affordable housing and accessibility in residential options for older adults.

Resources and information about housing options and other aging services. Figure 20 displays the percentage of respondents in each age group (50-59, 60-69, and 70+) who would contact different sources to get resources and information about housing. Over half of the respondents in all age groups (52.4%) would contact friends or family. Searching the internet is the most common source of information for all the three age groups. Faith-based organizations are the least common source of information for all age groups. A significant difference ($p < .001$) is observed in the percentage of respondents who reported not knowing where to get information or resources, with the highest percentage found in the 50-59 age group (16.4%).

A possible explanation that the 50-59 age group had the highest percentage (16.4%) not knowing where to get information or resources regarding housing options and other aging services could be due to them not feeling an immediate need for aging services. Since most individuals in this age group are still working and may not yet be experiencing age-related challenges, they may not feel an immediate need for aging services or may not have yet thought about where to go for information or resources about housing options and aging services.

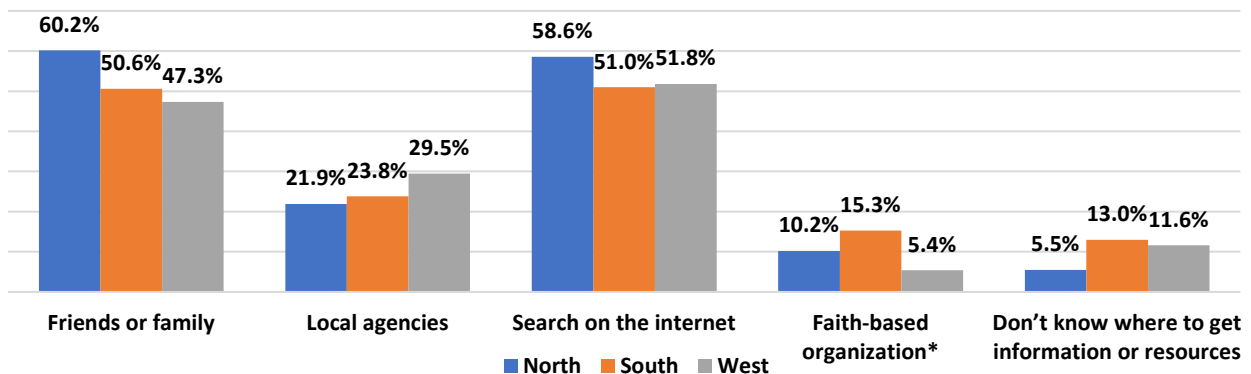
Figure 20. Get resources and information about housing options and other aging services by age group



Significant group differences, ***p<.001

Figure 21 presents the percentage of respondents by region who would contact to get resources and information about housing and other aging services. The results indicate that the most common resources for all regions are friends or family and searching on the internet. The percentage of respondents who would contact local agencies is highest in the West region with 29.5%, followed by the North and South regions with 21.9% and 23.8%, respectively. A faith-based organization is a less popular option in the West region with 5.4% compared to the North and South regions with 10.2% and 15.3%, respectively. A significant difference was found in the percentage of respondents who would contact a faith-based organization by region. The percentage of respondents who reported contacting local agencies for resources and information about housing options and other aging services ranged from 21.9% in the North region to 29.5% in the West region. This suggests that there may be a need for local agencies to engage in more active outreach to promote their services and ensure that older adults are aware of the resources available to them.

Figure 21. Get resources and information about housing options and other aging services by region



Significant group differences, *p<.05

C. Service needs

1. Health care services

Health insurance and long-term insurance. Most respondents (97.5%) reported having health insurance, with private insurance being the most common type across all regions. A small percentage (2.5%) reported not having health insurance, with no significant differences between regions. When respondents were asked “Do you have a long-term insurance policy”, 33.9% of respondents reported having one, but most of those policy holders did not know the type of policy they had. According to the 2019 National Association of Insurance Commissioners, less than 6% of the population ages 60 and older had a long-term care policy.¹² The cross-tabulation results indicate that there is no significant difference in the prevalence of reporting having a long-term care insurance policy across three age groups and three regions. The most reported types of policies were nursing home care, home care, and assisted living, with no significant regional differences in the type of policy. However, a higher percentage of long-term policy holders in the South region were unsure of the type of policy they had compared to the other regions. A significant number of policyholders across all age groups and regions were unsure about the type of policy they had. This finding suggests that the respondents may have a lack of understanding what is long-term care insurance, and some may potentially confuse it with Medicare’s short term skilled nursing benefit. This highlights a need for education and support for individuals to better understand long-term care insurance and their insurance options.

Access to preventative health care. The percentages of respondents who reported having blood pressure, cholesterol, and blood sugar tests in the past 12 months significantly increased with age. However, the percentage of respondents who reported having a colonoscopy in the past 12 months was much lower than the national rate (67% had a colonoscopy in the past 10 years), which may be due to the recommended time frame for the test. Colonoscopy is typically recommended every 10 years for individuals without an increased risk of colorectal cancer, and every 5 years if the risk of cancer is higher.

Women’s preventive screening and racial disparities. Cervical cancer screening rates were considered low, possibly due to the time frame of the question and age of the survey respondents. The American Cancer Society new guideline recommends cervical cancer screening with an HPV test alone every 5 years for everyone with a cervix from age 25 until age 65. If HPV testing alone is not available, people can get screened with an HPV/Pap co-test every 5 years or a Pap test every 3 years. Among the women aged 50-65 in our study, the prevalence of Pap or HPV testing in the past 12 months was 20.7%. Due to the difference in time frames between our study and national data, it is not possible to compare our findings with national averages.

¹² National Association of Insurance Commissioners (2019). Long-Term Care Insurance Experience Reports for 2018. Washington, DC: National Association of Insurance Commissioners. https://naic.org/prod_serv/LTC-LR-19.pdf.

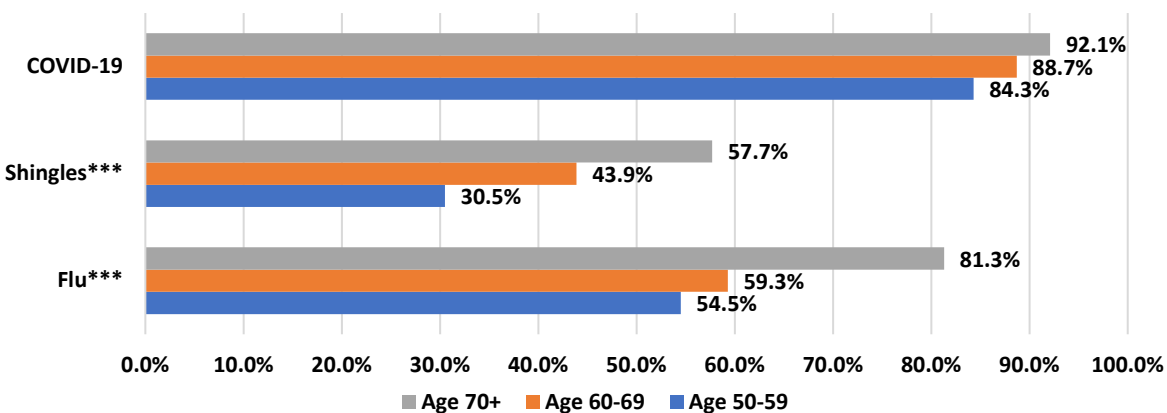
The breast cancer screening rate ranged from 61.0% to 68.3% across the three age groups. There were no statistically significant differences in screening rates across regions, but the rate was lower in the South (58.7%) compared to the North region (68.1%) and the West region (74.3%). As the breast cancer screening rate was lower in the South region and Black women are more likely to live in that region, increasing access to breast cancer screening services for this population could help improve overall screening rates and reduce disparities in breast cancer outcomes.

Men’s preventive screening and racial disparities. The screening rates for prostate cancer were relatively low for the age 50-59 (34%) and age 60-69 (29.7%) groups, but higher for the age 70+ group (52.2%). The screening rate was also lower in the South (34.3%) and West (31%) regions compared to the North region (45.5%), although these differences were not statistically significant across age groups and regions. Regarding race, the data indicate that 44.3% of White men reported having a prostate screen, while only 28.6% of Black men reported the same. These findings suggest a need for targeted interventions to improve prostate cancer screening rates, particularly among men in the younger age groups and those from racial and ethnic minority groups.

Vaccinations. We asked respondents whether they received flu, pneumococcal, shingle, and COVID-19 vaccinations and the reasons for not vaccinating.

Figure 22 illustrates the percentage of vaccinations by age groups. The results show that the age 70+ group had a higher vaccination rate for COVID-19, shingles, and flu compared to the younger age groups, particularly for shingles and flu vaccinations. This finding suggests that vaccination education should be targeted towards younger older adults.

Figure 22. Percentage of vaccinations by age groups

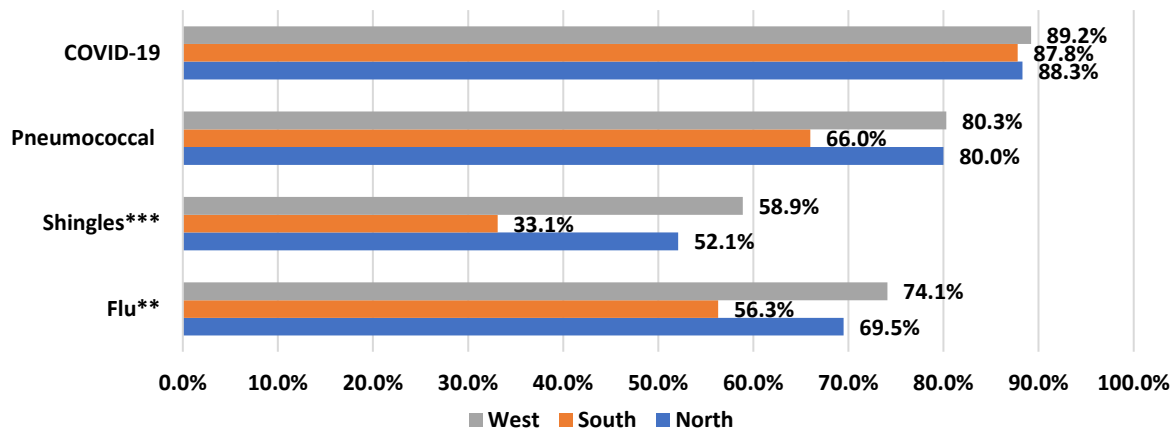


Significant group differences, ***p<.001

Racial disparities and vaccinations. Figure 23 displays the vaccination rates for COVID-19, pneumococcal, shingles, and flu by region. Overall, the South region had lower rates of

vaccination for these three types of vaccinations, particularly for shingles and flu are significant. Given that Black individuals are more likely to live in the South region, targeted vaccination education for this region and population is crucial. It is important to note that the CDC recommends that adults aged 65 years and older receive a pneumococcal vaccine, either PCV15 or PCV20. However, the national pneumococcal vaccine rate for this age group was 67.5% according to the National Health Interview Survey in 2019-2020.¹³ Our study found racial disparities in pneumococcal vaccination rates, with White adults aged 65 and older having a higher rate of vaccination (81.3%) compared to Black adults (65.6%), indicating a need for targeted vaccination education for minority groups on the importance of pneumococcal vaccination.

Figure 23. Percentages of vaccinations by region



Significant group differences, **p<.01, ***p<.001

Barriers to vaccinations. Although the specific reasons for not getting vaccinated vary slightly across the different types of vaccines, the top reason for not getting vaccinated overall is not thinking that one is needed. Other top reasons include concerns about side effects and not having enough information about the vaccine.

There are significant age group differences in the reasons for not getting vaccinated against pneumonia. The age 50-59 group is more likely to report "Don't think I need one" and "Never get the pneumonia" than other age groups, with a p-value of less than .001.

There is a need for targeted education and awareness campaigns to address the reasons for not getting vaccinated, particularly among younger age groups who are less likely to perceive the

¹³ The Centers for Disease Control and Prevention (CDC). (2022, September 28). *Vaccination coverage among adults in the United States, National Health Interview Survey, 2019–2020*, CDC. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html>

need for vaccination. Efforts should be made to increase access to information about vaccines and their potential side effects to address concerns and increase vaccination rates.

In terms of region, respondents in the South region (25.7%) are more likely to report "Don't think I need one" as the reason for not getting vaccinated against pneumonia compared to the other two regions, with a p-value of less than .05. The South region also reports needing more information on the shingles vaccine compared to the other two regions, with a p-value of less than .05.

Hence, in the South region, there is a particular need for targeted education and awareness campaigns to address the reasons for not getting vaccinated, particularly for pneumonia and shingles vaccines.

2. Fall management

To make our data comparable to national data, we divided our participants into three age groups (50-64, 65-69, 70+). In the United States, about 27.5% age 65 and older report falling each year.¹⁴ In our study, the falling rate among adults aged 65 and older was 19.7%, which is lower than the national rate. One possible explanation for this difference is that we asked about falls in the past three months, rather than the entire year. It is worth noting that our data revealed a fall rate of 18.2% in the past 3 months for the 50-64 age group. In addition, of those who fell in the past 3 months, 52% reported experiencing activity limitations for at least one day or visiting a doctor because of their fall. These findings underscore the importance of fall prevention measures for older adults, given that one out of every five adults aged 65 and older had at least one fall in the past three months. Our study highlights the need to prioritize fall prevention efforts for older adults.

Consequences of falls. Table 4 presents the consequences of fall-related injuries reported by respondents across different age groups. The table shows that more than half of the respondents (55.3%) had a full recovery from their falls, with similar percentages reported across all age groups. However, the percentage of respondents reporting fractures because of their falls was significantly higher in the 70+ age group (17.2%) than in the other two age groups. The percentage of respondents reporting fear of falling also significantly increased with age, with 48.3% of those aged 70 and above reporting fear of falling. Furthermore, about 30% of those aged 70 and above reported daily activity restrictions therefore, which is significantly higher than the other age groups. Other consequences reported included depression, isolation, and the need for modifications in habits or assistance in activities, which tended to increase with age. Fear of falling can lead to decreased physical activity and social participation, which can in turn lead to further functional decline and increased risk of falling. Therefore, it is important to address fear of falling as part of fall prevention strategies.

¹⁴ Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years - United States, 2012-2018. *MMWR Morb Mortal Wkly Rep.* 2020 Jul 10;69(27):875-881. doi: 10.15585/mmwr.mm6927a5.

Table 4. Consequences of the fall-related injuries by age group

	Age 50-64		Age 65-69		Age 70+		Total	
	N	%	N	%	N	%	N	%
Had a fully recovery	23	46.9%	12	75.0%	17	58.6%	52	55.3%
Fractures*	2	4.1%	0	0.0%	5	17.2%	7	7.4%
Fear of falling**	9	18.4%	1	6.3%	14	48.3%	24	25.5%
Restriction in daily activities	7	25.0%	13	35.1%	11	37.9%	31	33.0%
Need modify habits†	5	10.2%	0	0.0%	7	24.1%	12	12.8%
Feel depressed or isolated	3	10.7%	4	10.8%	5	17.2%	12	12.8%
Hospitalization	3	6.1%	0	0.0%	3	10.3%	6	6.4%

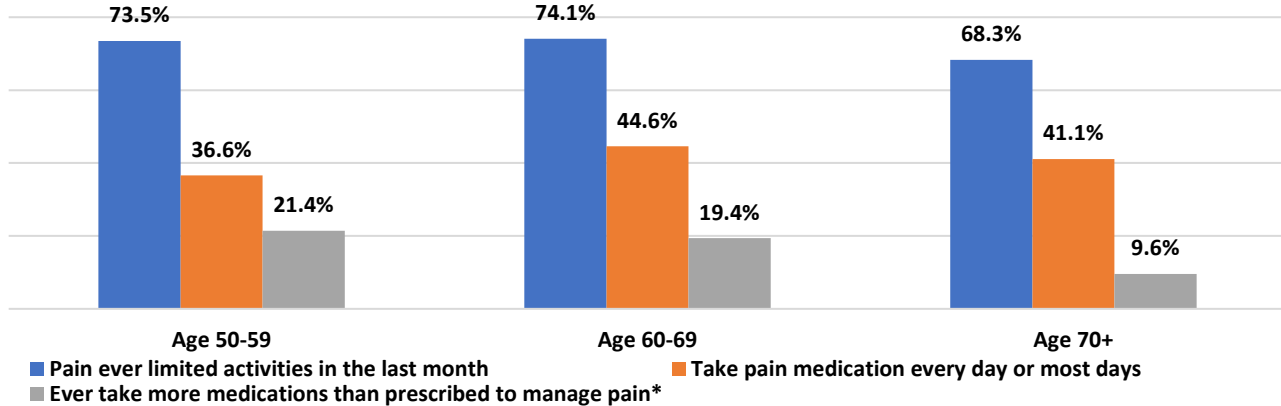
†p=0.05, *P<.05, **P<0.01

Training for fall management. The data indicate that there are no significant differences in the desire to learn skills to better manage the fear and risk of falling across different age and regional groups. Almost 40% of respondents who experienced falls in the past three months expressed a desire to learn skills to better manage their fear and the risk of falling, while 21.5% were uncertain about participating in such a program. These findings suggest that fall prevention programs may be highly valuable for older adults who have experienced falls in the past and that there may be a need for greater education and awareness about the benefits of these programs.

3. Pain and Pain Management

The cross-tabulation results suggest that there is no significant difference in the prevalence of pain across three age groups (69.3% - 73.5%) and three regions (69.4% - 72.2%). The overall findings indicate that 72.1% of the respondents reported experiencing pain that had bothered them in the last month.

Impact of pain management. The cross-tabulation results indicate that there is no significant difference in the prevalence of limited activities due to pain across three age groups and three regions, with 72.1% of respondents reporting limited activities due to pain. Among those who experienced pain, more than one-third reported taking pain medication every day or most days. However, there was a statistically significant difference in the prevalence of taking more medications than prescribed to manage pain between age groups. Specifically, 21.4% of respondents aged 50-59 and 19.4% of those aged 60-69 had taken more medications than prescribed, compared to only 9.6% among respondents aged 70+ (see Figure 24). These findings suggest that individuals who experience pain, especially those aged 50-69, may be at risk of developing painkiller addiction or overdose. Therefore, it is important to develop targeted interventions to promote safe and effective pain management among these age groups.

Figure 24. Limited activities due to pain and pain management by age group (N=344)

Significant group differences, * $p < .05$

Support to pain management. The cross-tabulation results suggest that there are no significant differences in the frequency of receiving social and emotional support to manage pain across age groups and regions. Overall, 37.2% of respondents reported usually or always receiving social and emotional support to manage pain, indicating the potential benefits of interventions such as support groups that provide social and emotional support for pain management.

Based on the results, there is no significant difference in the desire to attend a pain management program across age groups and regions. Around 18.5% of respondents who reported having pain expressed a desire to attend a program with other adults to better manage their pain. However, more than one-third responded “not sure.” These findings suggest that there may be a need for pain management programs that provide education and support for individuals with chronic pain, particularly for those who are unsure about attending such programs.

4. Nutrition

Daily fruits and vegetables intake. The 2020-2025 Dietary Guidelines for Americans Adult recommend adults should consume 1.2-2 cup equivalents of fruits and 2-3 cup-equivalent of vegetables daily.¹⁵ Only approximately one in 10 adults met the recommendation based on the 2019 national data.¹⁶ Our study found no significant differences in the prevalence of daily intake of fruits and vegetables among the age groups and regions, with most respondents in all groups not meeting the recommended daily intake of at least 5 servings of fruits and vegetables. Less than 5% of respondents in each age group and region reported consuming 5 or more servings per day. Therefore, it is important to increase access to healthy food options, such as farmer's

¹⁵ USDA. (2020). Dietary Guidelines for Americans, 2020-2025.

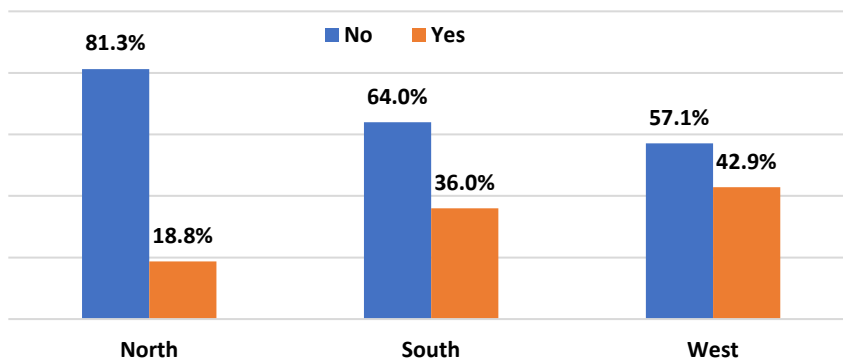
¹⁶ Lee SH, Moore LV, Park S, Harris DM, Blanck HM. Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2019. *MMWR Morb Mortal Wkly Rep* 2022;71:1–9. DOI: <http://dx.doi.org/10.15585/mmwr.mm7101a1>

markets, community gardens, and healthy corner stores, to increase fruit and vegetable intake among adults.

Barriers to accessing nutritious meals. The most frequently reported reason for not having access to meals that meet dietary requirements or eating fewer than two meals was the inability to afford such meals, with 29.2% of the total sample reporting this issue. This was consistent across age and regional groups. However, the age group of 60-69 and the West region had the highest percentage of respondents, both at 33.3%, reporting this issue.

Food support programs. The data suggests that there are no significant differences in the receipt of food stamps, home delivered meals, congregate meals, take home meals, Top Box, or food pantry across age groups. However, there are significant differences in the receipt of any meal assistance programs across regions, as shown in Figure 25, the West region had the highest percentage of individuals reporting sometimes having meals from these programs (42.9%), while the North region had the lowest percentage (18.8%). Conversely, the North region had the highest percentage of individuals reporting not receiving meals from these programs (81.3%). While keeping in mind that the finding is based on the self-report survey, which may not fully reflect the actual service utilization, these findings suggest that there may be differences in access to meal assistance programs across regions. Therefore, efforts may be needed to increase access in areas with lower utilization rates.

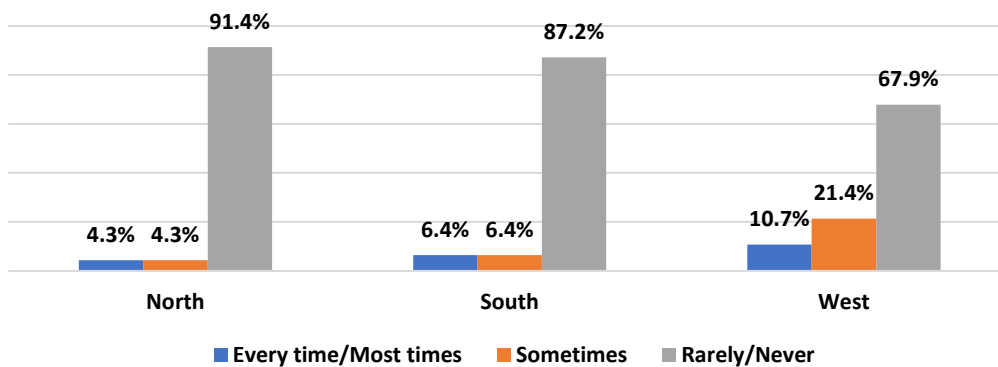
Figure 25. Receiving food stamps and food assistance programs by region



Meals on Wheels or other food assistance programs. Because of the eligibility for the Meals on Wheels program or other food assistance programs, we examined the frequency of having Meals on Wheels in the last month in age 60 and older. The results indicate that there is no significant age group (age 60-69 vs. age 70+) difference in reported frequency of reporting having Meals on Wheels between the age groups (60-69 and 70+). Across all age groups, most respondents (83.5% had rarely or never received meals from these programs. However, there was a slightly higher percentage of the older age group (9.4%) who reported receiving Meals on Wheels every time or most times, compared to the younger age 60-69 group (5.2%).

Figure 26 shows that the percentage of individuals aged 60 and older who had meals from these programs differed significantly across the regions. The West region had the highest percentage of individuals reporting sometimes having meals from these programs (21.4%), while the North region had the lowest percentage (4.3%). On the other hand, the North and South regions had the highest percentage of individuals reporting never having meals from these programs (91.5% and 87.2% respectively). It is important to note that the data presented in Figure 26 only covers the last month, there could be variations in program utilization over a more extended period. Again, the finding is based on the self-report survey, which may not fully reflect the actual service utilization.

Figure 26. Frequency of having meals on wheels or other assistance programs by region



Significant group differences at *** $p < .001$.

5. Social participation

To evaluate the needs and gaps in participation in various activities, we asked respondents if health issues, transportation limitations, or COVID-19 had prevented them from participating in any activities within the past month. These activities included visiting friends or family, attending religious services, going out for enjoyment, or participating in social activities such as clubs, classes, or other organized activities, doing volunteer work, engaging in exercise, working for pay, and caring for adults or children.

Activities participation in the past month. Table 5 displays the percentage of participation in various activities across different age groups. The data indicates that many respondents across all age groups participate in visiting friends or family (77.5%), engaging in exercise (62.2%), and going out for enjoyment or social activities (65.1%). However, there are significant group differences in the participation rates of attending religious services, doing volunteer work, working for pay, and caring for an adult or child. Specifically, older adults aged 70+ were more likely to attend religious services, do volunteer work, and less likely to work for pay and care for an adult or child compared to the younger age groups.

Table 5. Activities participation in the last month by age group

	50-59	60-69	70+	Total
Participation in activities	%	%	%	%
Visiting friends or family	77.0%	77.3%	78.4%	77.5%
Attending religious services	44.8%	47.4%	52.5%	48.0%
Out for enjoyment or social activities participation	67.9%	60.8%	67.6%	65.1%
Doing volunteer work**	22.4%	19.6%	33.8%	24.5%
Engaging in exercise	61.8%	63.4%	61.2%	62.2%
Working for pay***	41.2%	30.4%	8.6%	27.9%
Caring for adult or child**	29.7%	23.2%	13.7%	22.7%
None	6.1%	3.6%	5.0%	4.8%

Significant group differences, **p<.01, ***p<.001.

Table 6 suggests that there were significant differences in the participation in various activities across the three regions. Respondents in the North region had higher participation rates in attending religious services and doing volunteer work, while those in the South region had higher participation rates in caring for adults or children. Those in the West region had the highest participation rate in working for pay. However, there were no significant differences in participation rates for visiting friends or family, engaging in exercise, and having enjoyment or social activities participation across regions.

Table 6. Activities participation in the last month by region

	North	South	West	Total
Participation in activities	%	%	%	%
Visiting friends or family	81.3%	75.5%	76.8%	77.2%
Attending religious services	56.3%	45.2%	44.6%	47.9%
Out for enjoyment or social activities participation	69.5%	62.1%	66.1%	64.9%
Doing volunteer work***	32.0%	17.2%	32.1%	24.4%
Engaging in exercise	63.3%	61.3%	63.4%	62.3%
Working for pay*	33.6%	29.6%	17.9%	27.9%
Caring for adult or child	19.5%	25.7%	19.6%	22.8%
None	5.5%	5.0%	3.6%	4.8%

Significant group differences, *p<.05, ***p<.001.

Barriers to social participation due to health or functioning. There are no significant differences in health or functioning prevented from participation from visiting friends or families (19.3%), attending religious services (13.9%), going out for enjoyment or social activities (23.7%), and engaging in exercise (29.7%), and doing volunteer work (10.2%) across the three age groups and regions.

Based on the findings, it may be beneficial to develop interventions that encourage older adults to engage in social activities and exercise, particularly for those who experience health or functioning limitations. This could include programs that offer adapted exercises for individuals

with mobility or health issues or activities that provide opportunities for social interaction, such as group outings or events. Additionally, it may be important to provide education and resources to older adults on how to manage and improve their health and functioning to minimize the impact of limitations on their participation in various activities.

Barriers to social participation due to transportation problems. The data suggests that transportation is generally not a significant barrier to social participation for the older adult survey respondents. However, it is worth noting that there are significant regional differences in the prevalence of a transportation problem preventing attendance at religious services, with the West (10.7%) and South (9.6%) regions experiencing higher rates than the North (2.3%). This highlights the need for targeted interventions to improve transportation access for older adults in these regions, particularly for attending religious services. Possible interventions may include community transportation services or partnerships with rideshare companies to provide discounted rides for older adults.

Barriers to social participation due to COVID-19. There were no significant differences in the percentage of individuals reporting that COVID-19 prevented them from visiting friends or families (29.7%), attending religious services (17.9%), going out for enjoyment or social activities (28.1%), and engaging in exercise (7.8%), and doing volunteer work (9.2%) across the three age groups and regions. It is important to note that the high percentage of individuals reporting COVID-19 prevented them from participating in social activities and attending religious services highlights the impact of the pandemic on the social lives of older adults. Therefore, it is important to find innovative ways to support their social engagement, such as virtual events and outdoor activities with appropriate safety measures. Overall, the findings suggest the need for continued attention to the social and emotional well-being of older adults during and after the COVID-19 pandemic.

Summary and Recommendations Based on Findings from the Older Adult Survey

There are significant disparities among older adults regarding economic status, health and well-being, and preventive health care utilization. Older adults living in the South region are more likely to report economic hardship and are less likely to receive breast cancer screening. Those living in the North and South regions are less likely to access Meals on Wheels or other assistance programs. There are also racial disparities, such as lower prostate cancer screening rates among Black men and lower pneumonia vaccination rates among Black older adults. Caregivers of older adults expressed a need for training, support groups, paid caregiving, assistance with household chores, and other services such as respite care, transportation, and emergency services.

1. To address economic hardship, financial support resources should be made easily accessible and more widely advertised, particularly in the South region.

2. Health education and interventions that address the prevalence of chronic conditions such as hypertension and high cholesterol should be implemented across age and region groups. Mental health resources should be made available to older adults, especially for those aged 50-69 who reported higher levels of depression and anxiety.
3. In terms of preventive healthcare, targeted efforts should be made to increase cancer screening rates for both breast and prostate cancer, with a focus on addressing racial disparities. Access to vaccinations, including flu, shingles, and COVID-19, should be increased, and educational resources on vaccines should be made more available in the South region.
4. To address falls and fall-related consequences, older adults who reported falls should be provided with resources and training to manage fear and the risk of falling.
5. Efforts to address nutrition should focus on improving access to affordable meals that meet diet requirements, particularly for age 60-69 older adults living in the West region.
6. Housing interventions should prioritize physical improvements for older adults in the South region who reported fair or poor physical conditions of their residences. Efforts to provide information and resources about housing and aging services should be expanded, including partnerships with local agencies and outreach to older adults who rely on faith-based organizations for information.
7. Interventions that encourage social participation and exercise for older adults experiencing health or functioning limitations, should be developed, including programs that offer adapted exercises for individuals with mobility or health issues or activities that provide opportunities for social interaction. Transportation services should be made more widely available, particularly for older adults in the South region who reported transportation barriers to attending religious services. Innovative ways to support social engagement, such as virtual events and outdoor activities with appropriate safety measures, should be explored to address the impact of COVID-19 on the social lives of older adults.

II. Caregiver Survey Findings

Overview

We conducted an online survey for people who are family or informal caregivers and live in Cook County suburbs.¹⁷ The survey included questions about the type of support caregivers provide to the care recipient, the burden of caregiving, well-being and health, and the services caregivers require or currently utilize. In this section, we present the findings from 100 respondents who completed the caregiver survey.

Analysis Results

A. Characteristics of the caregiver respondents

Age. Approximately one-third of the participants, i.e., 35%, belong to the age group of 60 years or older, while 36% represent individuals who are between the ages of 40 to 59 years. The remaining 29% of participants belong to the age group of 18 to 39 years (see Figure 27).

Gender. Most of the participants were female (71%) (see Figure 28). In terms of sexual orientation, 92 participants identified as straight, while 8 people identified themselves as LGBTQ or preferred not to answer.

Figure 28. Gender categories of caregivers

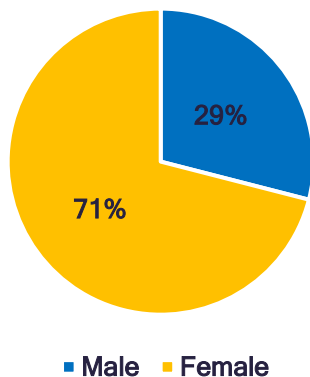
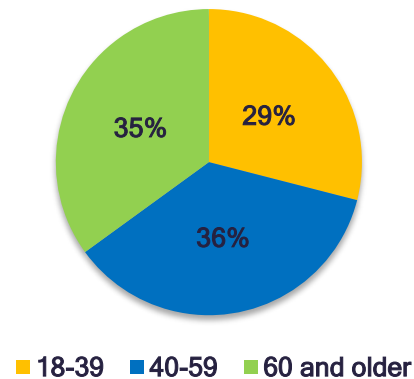


Figure 27. Age categories of caregivers



Education and employment. The education level of the participants includes 14% having a high school education or less, 36% having some college or an associate degree, 50% with a bachelor's degree, master's, professional, or doctoral degree. In terms of employment, 64% of the participants work in full-time or part-time jobs while 36% are unemployed or retired.

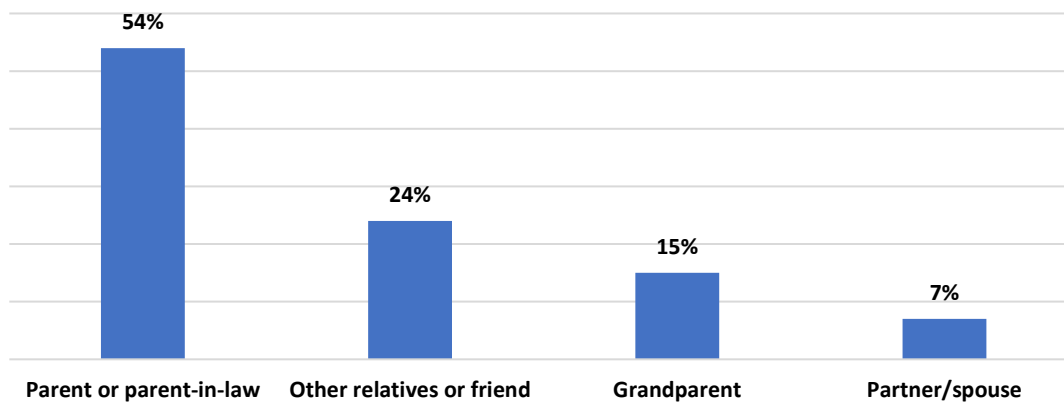
¹⁷ In this needs assessment we defined informal or family caregivers as a person who is 18 years or older providing at least 4 hours per week of unpaid support to an older adult who is 60 years and older.

Immigration status. Of the 100 participants, 18% indicated they are immigrants. In terms of language spoken at home, 22% respondents reported speaking a language other than English at home. Language spoken at home were Arabic (N=6), Assyrian (N=3), Spanish (N=2), and one of each of these languages Urdu, Chinese, Japanese, Taiwanese, Serbian, Italian, and Gujarati. Participants preferred to speak in English with providers except for three who prefer to speak in another language including Spanish, Mandarin, and Serbian. In general participants speak English very well (90%).

Religion. The majority, 70%, identified as Christian, while 5% identified as Muslim, and 8% as atheist or agnostic. The remaining 16% identified with other religions including Jewish (n=1) and Buddhism (n=4).

Relation to care recipient. In terms of the care recipient relationship to the caregiver, 7% were caring for their partner/spouse, 54% were caring for a parent or a parent-in-law, 15% were caring for a grandparent, and 24% were caring for other relatives or friends/neighbors (see Figure 29).

Figure 29. Care recipient relationship to the caregiver



B. Social consequences

Caregiving situation. In this section we provide the results of the caregiving burden, well-being, and type of support the caregiver receives.

Caregiver burden refers to the physical, emotional, and financial strain experienced by individuals who provide care to a family member or friend who has a chronic illness, disability, or aging-related condition. Caregiving responsibilities can be challenging and demanding and can have a significant impact on the caregiver's health, well-being, and quality of life. Caregiver burden can be caused by various factors, including the intensity of care, the type of support provided, and duration of care measured by living situation of the care recipient. In the survey, objective burden was measured using the type of support the caregiver provided and the living

situation of the care recipient. We also examined the impact of caregiving on the caregiver's participation in activities and well-being.

Support the caregiver provides. The type of support that a caregiver provides to a care recipient can vary widely depending on the individual's needs and abilities. Some common types of support include assisting with daily living tasks such as bathing, dressing, and grooming, providing transportation to appointments and activities, administering medications, managing finances and household tasks, and providing emotional and social support. The caregiver may also be responsible for coordinating and managing medical care and communicating with healthcare providers. The specific type of support provided can have a significant impact on the caregiver's burden and well-being.

1. **Help with medical services.** Help with medical services was defined as the total number of medical services a caregiver provided to the care recipient in the past year. These services included:
 - a) making appointments with medical providers,
 - b) logging into online accounts to access medical information and test results,
 - c) coordinating care among providers or insurance companies,
 - d) ensuring that different providers agree on the treatment plan,
 - e) assisting after overnight hospital stays, and
 - f) making the home safer by coordinating with providers to get disability related modifications such as ramps, grab bars, or emergency call systems,
 - g) finding paid helpers for household chores or personal care, and
 - h) paying out-of-pocket for medical bills.

The maximum number of services a caregiver provided was 8 (2%) and the minimum 0 (3%) (mean score = 3.5). Most caregivers (46%) provided three or four types of support, while only 12% provided six or more of these services.

2. **Practical support.** Practical support was calculated as the sum of scores for eight statements related to caregiving, including:
 - a) making medical appointments,
 - b) accessing online medical information,
 - c) coordinating care,
 - d) assisting after a hospital stay,
 - e) improving home safety,
 - f) finding paid helpers,
 - g) paying medical bills, and
 - h) paying utility bills.

The maximum number of services a caregiver provided was 8 (6%) and the minimum 0 (10%) (mean score = 3.6). Most caregivers provided between 3 and 4 supports (37%), regardless of age group.

3. **Instrumental activities of daily living (IADL).** The IADLs assessed in this study were helping with laundry, cleaning, making meals or other chores, shopping for groceries or personal items, driving the care recipient places, and accompanying them in a van, shuttle, or cab, or taking public transportation. The IADL score was determined by calculating the mean score of the responses to the activities. The scale for each activity ranged from never = 0 to every day = 4.

The results show that on average, caregivers in all age groups provided help with IADL "some days" to "most days". Specifically, for the 18-39 age group, the mean score was highest for "some days" (16) and lowest for "every day" (1). For the 40-59 age group, the mean score was highest for "most days" (15) and lowest for "every day" (1). For the 60 and older age group, the mean score was highest for "every day" (0) and "some days" (25) and lowest for "rarely" (2). Overall, the data suggest that caregivers of all ages are helping with IADL on a regular basis, with the most frequent assistance being provided for transportation-related tasks.

4. **Activities of daily living (ADL).** The ADLs measured include personal care such as eating, showering, or bathing, dressing, or grooming, or using the toilet, getting around inside and outside of the home, lifting from a seated or lying position, and supporting while standing or walking. The ADL score was determined by calculating the mean score of the responses to the ADL items using a scale ranging from never = 0 to every day = 4.

The results show that 48% of caregivers provided ADL support most days or every day. While 22% of the caregivers provided ADL support some days, and 30% provided care rarely or never. Overall, caregivers who are 60 and older provide the most assistance with ADLs, and that assistance with ADLs is provided most frequently on a "most days" basis.

Living situation. Most caregivers (58%) lived with the care recipient. Those who did not live with the caregiver, stayed with other people (11%), lived alone (25%), and stayed in a residential facility (6%).

Participation. Over half of the participants worked for pay (53%) and half of them missed work in the last month because of the help they provided, with an average of 9.2 hours. Half of the participants who worked for pay indicated that caregiving impacted a lot or somewhat getting work done.

Table 7. Caregivers' participation in activities

Type of activity	Participation in the last month	Care impact on participation last month
Go walking	75%	33%
Visit friends or family	71%	55%
Go out for enjoyment	62%	52%
Attend religious services	56%	20%
Vigorous exercise activities	57%	22%
Participate social organized activities	38%	31%

Do volunteer work	31%	20%
Care for a child	19%	8%

The table shows the percentage of caregivers who participated in various activities in the last month. The highest participation rates were for going for a walk (75%) and visiting friends or family (71%), while the lowest participation rate was for caring for a child (19%). The table suggests that caregivers may have limited time to engage in activities due to caregiving responsibilities. The third column represents the impact of caregiving on the caregiver's participation in those activities. Looking at the second and third columns, we can see that for all activities listed, caregiving has a negative impact on participation. For example, 71% of caregivers visited friends or family in the last month, but caregiving had a negative impact on 55% of those caregivers, meaning they were not able to visit as often or for as long as they would have liked due to their caregiving responsibilities.

Similarly, 56% of caregivers attended religious services in the last month, but caregiving had a negative impact on 20% of those caregivers, meaning they were not able to attend as often or for as long as they would have liked. The same pattern can be seen for all other activities listed in the table. Overall, the table suggests that caregiving can have a significant impact on a caregiver's ability to participate in activities they enjoy or find meaningful.

Caregiver well-being. Overall, 67% of caregivers reported their health as very good or excellent, 26% rated it as good, and only 7% reported their health as fair or poor. In terms of chronic illnesses, 63% of respondents indicated that they experienced stress, depression, and problems with emotions in the past 30 days, with an average of 10 days (maximum 30, minimum 1). Of those who reported experiencing issues with their emotions, 58% reported that their stress impacted their daily activities, such as work, self-care, or recreation. The most common chronic illnesses reported by caregivers were back or neck problems (24%), followed by hypertension 19%, arthritis 18%, depression or anxiety 14%, and diabetes 13%.

Support the caregiver received. We asked caregivers to name the agencies that provided them with support. Most of the participants (56%) did not receive help from an agency. Among those who did receive help from an agency, the most common agency was the Illinois Department of Aging (20%), with about 6% reaching out to a local agency. The majority of caregivers (61%) had support from family members or friends, regardless of whether they had reached out to an agency or not.

Table 8 illustrates the different types of help and resources that caregivers received. Of the participants, 23% received respite in the past year, while 30% received care from other informal caregivers, allowing them to take a small break from their caregiving responsibilities. Additionally, 14% of caregivers participated in a support group for people who gave care in the past year, while 25% received training to help them take care of their loved one. Approximately 10% of the caregivers received financial compensation for their services, while 27% received help securing food for the care recipient, including finding out about meal programs and food

pantries. A total of 33% of participants received help applying for insurance in the last year, while 33% received social support in the last month, indicating that they had someone to talk to and provide emotional support. Finally, about half of the participants (51%) indicated that the older adult needed more hours of paid caregiving, while only 12% received the extra hours compared to 39% who did not receive the services.

Table 8. Type of support the caregiver received

Type of service or support	%
Help to apply for insurance	33%
Social support	33%
A paid caregiver ³	30%
Care from other informal caregivers ²	30%
Help securing food	27%
Training to help you take care of them	25%
Respite in the past year	23%
Support group for people who give care in the past year	14%
Financial compensations ¹	10%

¹ 10% of the participants indicated that they get paid for the care they provide with a monthly average of \$1,051.

² Average hour per week 8.7 hours.

³ Average hour is 27.75.

Caregivers also highlighted the source of information about services. The most common sources of information are friends/family (43%), internet site (35%), and health care provider (27%). The least common source of information is employee training (1%).

Culture and caregiving. We asked participants if the services they received were tailored towards their culture, religion, or beliefs and 74% said no while only 26% said yes. We also measured their cultural beliefs toward caregiving using the cultural justification scale.¹⁸ The scale consists of ten statements, each rated on a 4-point scale from strongly disagree (1) to strongly agree (4), which are as follows:

- a. Providing care to elderly dependent family members is my duty.
- b. Setting an example for the younger generation in my family is important, which is why I provide care.
- c. I was taught by my parents to take care of elderly dependent family members, which is why I do it.
- d. My religious and spiritual beliefs motivate me to provide care to elderly dependent family members.
- e. Giving care to elderly dependent family members is a way of giving back what has been given to me.
- f. Providing care to elderly dependent family members strengthens the bonds between me and them.

¹⁸ Dilworth-Anderson, P., Brummett, B. H., Goodwin, P., Williams, S. W., Williams, R. B., & Siegler, I. C. (2005). Journal of Gerontology: Social Sciences. 60B(5), A257-262. doi: 10.1093/geronb/60.5.S257

- g. I believe that care should be provided within the family, which is why I provide care.
- h. Providing care to elderly dependent family members is consistent with the cultural values of my people.
- i. I feel that providing care to elderly dependent family members is a useful contribution to my family.
- j. My family expects me to provide care, which is why I do it.

The results show that most of the caregivers regardless of age agreed with the statements related to cultural justification for providing care to older adults' family members. The mean score (3.3) for the somewhat agree category was the highest for all age groups, indicating that caregivers generally agreed with the cultural justification scale.

Caregivers' voices about service needs

Generally, the caregivers expressed their desired services as follows:

1. Training on working with older adults, including specific issues such as behavioral management and communication techniques 13%.
 - *"I would really like to receive more support on activities to stimulate the elderly and how to address them whenever they're being obstinate or aggressive."*
 - *"Training to help me understand working with someone who has Parkinson's. Training on communication techniques."*
 - *"Training. I am increasingly at a loss how to respond as my parents' condition changes."*
 - *"Managing pain, how to turn loved one in the bed, how to change incontinent person in the bed; what equipment do they have in the hospital that have a home version that might be useful -- lifting devices, urine collection, etc."*
2. Some participants indicated that they need access to support groups 14% and access to information about services and resources for both the caregiver and the older adult 20%. For example:
 - *"Information regarding programs my parents may be eligible to receive."*
 - *"What kind of resources are available! Information?"*
 - *"Support from others on how to balance self-care without guilt when not caring or sitting with my loved one."*
 - *"I don't know what is even available. I just feel totally overwhelmed at times, information sessions are very beneficial and helps to get information across clearly and give caregivers a chance to see that there is help and others to turn to when the job gets difficult."*
 - *"Services that would help navigate financial and insurance issues for the person I care for. Also, help with elder-care services. It's difficult to identify and apply for these services. The information is very scattered. A central clearing house where I could find that information would be helpful."*
3. Paid caregiving or financial assistance 6%.

- *“Have heard that many receive payments/stipends and have no clue how to apply and get if it possible. This would help financially also.”*
 - *“Would like a safe place like assisted living to be affordable--to leave to help my husband a pastor to minister elsewhere cost my parents \$9,000 for 3 weeks. We went to work and not even relax come back to same caretaking routine, but it cost them so much money.”*
 - *“Senior's appropriate services who are on a fixed budget/ income - that's provided by phone services, electronic bills, cable/ service providers etc.”*
 - *“I was so overwhelmed, the only thing would be to have someone who could get her up, dress her, and feed her breakfast every day. Since my husband died, it was a struggle.”*
4. Assistance with household chores such as cooking and cleaning (5%).
 5. Other services such as respite care (3%), transportation (3%), social, emotional, and cognitive activities (8%), culturally relevant services (3%), and emergency services and support from the employer under the Family Medical Leave Act.
 6. Some caregivers indicated that they have everything they need (13%), while others were uncertain (5%).

Summary and Recommendations Based on Findings from the Caregiver Survey

These findings from the survey emphasize the importance of addressing service needs for family or informal caregivers. In general, caregivers are less likely to utilize services from agencies that are specific to them such as trainings or support groups. They also face some challenges identifying services and supports for the older adult. Based on this finding, here are some recommendations:

1. Enhance outreach efforts to provide information to caregivers about existing services through local agencies.
2. Establish services that are tailored to caregivers' culture and religious background. This may include establishing partnerships with providers that can meet the needs of minority groups.
3. Provide training sessions on working with older adults, and expand access to support groups, and assistance with household chores.
4. Offer information about paid caregiving or financial assistance.
5. Expand services for older adults to include cognitive and emotional support groups, as well as respite care that allows caregivers to take a break.

III. Focus Groups Findings

Overview

We conducted a total of 17 focus group meetings, with 5 being conducted in person and 12 online via Zoom. Recruitment for participants was done through flyers that were distributed via mail and through local agencies. Additionally, those who completed an online survey were invited to participate in a focus group. Overall, 111 participants attended the focus group sessions. The figures and tables below provide the demographic information of the participants.

Analysis Results

A. Participants characteristics

Most of the participants live in the North region (n=55) followed by the South (n=41) and the West (n=15).

Figure 31. Age distribution of participants

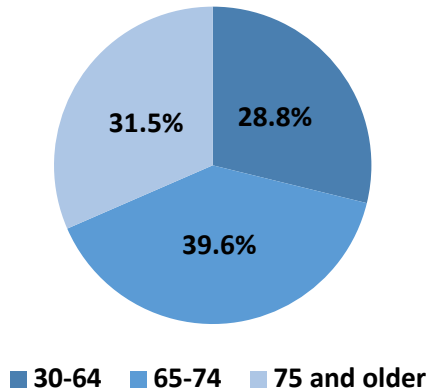
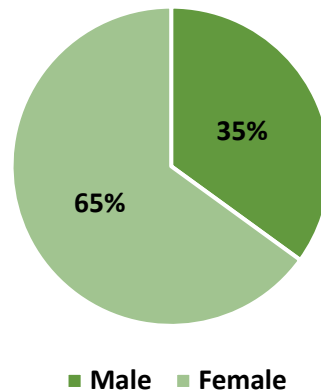


Figure 30. Gender of participants



As illustrated in Figure 30, the focus groups had a higher representation of individuals aged 65 to 74 years (39.6%) compared to those aged 30 to 64 (28.8%) and those aged 75 years and older (31.5%). In addition, the focus groups had a higher representation of females (65%) compared to males (35%) (Figure 31). In terms of sexual orientation 89% of the participants identified as straight, while the remaining participants (11%) identified as members of the LGBTQ community.

Figure 32. Race distribution of FG respondents

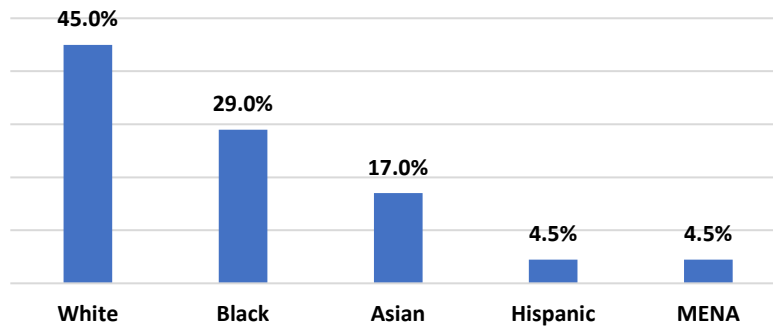


Figure 32 shows the racial/ethnic distribution of the participants. The largest racial group is White (45.0%), followed by Black (29.0%), Asian (17.0%), Hispanic (4.5%), and Arab (4.5%).

Figure 34. Region distribution of FG respondents

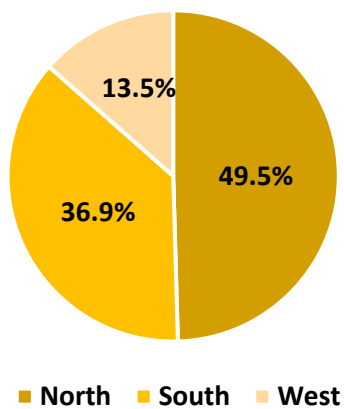
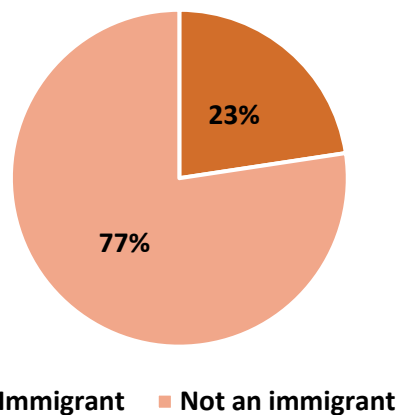


Figure 33. Immigration status of FG respondents



In terms of where the focus group respondents live, about 49.5% of the participants lived in the North region, while 36.9% lived in the South region, and 13.5% lived in the West region (see Figure 34). The majority (77%) of the participants are not immigrants (see Figure 34). Languages the immigrant participants speak include Korean (11%), Spanish (3.6%), Urdu (4.5%), Arabic (4.5%), and Mandarin (1%).

In terms of the religious affiliation most participants (80%) identified as Christian, while 6.3% identified as Muslim. Around 9% of the participants identified as having no religion or as atheist, and 4.7% identified with other religions including Hindu (2.5%), Jewish (1%), and Buddhist (1%).

B. Thematic analysis

During the discussions, participants talked about various topics related to where they live, the services they receive, and the services they may need in the future. In general, the participants talked about the following topics:

- Likes and dislikes about the living environment, including factors such as transportation, parks, accessibility, and overall quality of life.
- Impacts of community changes, such as new construction or shifts in demographics, on people's experiences and perceptions of their living environment.
- Availability of services for older adults in the area.
- Sources of information about services for older adults and connections to local agencies.
- Types of services that participants wish to have available in one or five years from now.
- Types of culturally or religiously appropriate services that participants would like to have.

While some participants appreciated the positive aspects of their living area, such as proximity to stores and parks, many highlighted the need for access to transportation to access services in their area. Participants who utilized services noted that their village or township had many activities for older adults, including social events and meals, but those who were caregivers did not seek social support services.

The main needs identified by participants were related to information and transportation. All participants expressed a desire for better information dissemination and outreach regarding available services, but many (81%) found navigating the eligibility criteria and application process challenging. Suggestions for improvement included creating a one-stop-shop for information, offering a hotline for inquiries, and sending a booklet or list of services by mail. Additionally, participants identified the need for home chores and modification services, as well as affordable and accessible transportation options for older adults. The thematic analysis indicated that individuals typically have access to services that they are aware of, and without actively seeking information, they may not be aware of other available services. This pattern was consistent across participants, regardless of their location. Generally, access to information and services is limited to individuals who are involved in their communities. As a result, minority groups including individuals with limited English proficiency or members of the LGBTQ community seek information from trusted sources.

The results of the content analysis for the focus group transcripts are presented as themes organized into transportation, information sharing, service experiences (including types of services), COVID-19's impact on services, and cultural factors affecting service access and utilization.

1. Transportation

The focus group participants described the challenges of accessing public transportation. The availability and accessibility of buses and trains have decreased over time, with limited schedules and infrequent stops. This has resulted in difficulties for individuals who do not have access to a car, such as those who are ill or unable to drive. The shutdown of transportation services, especially during COVID, has also affected older adults who rely on them for doctor visits and shopping. There is a need to extend transportation services, even on weekends, to address these issues, regardless of location.

Participants emphasized the importance of trust and customer service in transportation services. People need to rely on transportation services to be on time and dependable. Some participants explained that while there are service options for older adults, such as social programs, they often require the use of a vehicle. This can be a barrier for individuals who do not have access to a car or are unable to drive. Overall, the participants highlighted the need for accessible and reliable transportation options for all individuals, regardless of their ability to drive or access to a vehicle.

- *"There is no bus that goes directly to the eye doctor, and I need to go there because my eyes get dilated. The bus stop is too far away, and I have to walk to get there. The township used to provide transportation, but it was shut down for two and a half years, which was a problem for me and other seniors who depend on it for doctor visits, shopping, and other things. Now it's back up and running, but I'm not sure how reliable it will be in the future."*
- *"If they could just have even one more day of transportation, which would be helpful. We do have a township bus, but they only come on Mondays. Other than that, if they could extend some kind of weekend service for the Pace bus, even if it's not every few minutes but just certain times, it would be helpful because I'm sure there won't be that many people needing it."*
- *"Dealing with transportation services can be unpredictable. You never know if they will be on time or take longer than expected. It's important to have trust and good customer service in these situations."*
- *"There are several transportation options available, but they are not public transportation. They have a special section for seniors and offer discounts, but they are not open to the public."*
- *"There are programs available, but they require the ability to drive. So, unfortunately, not everyone can participate in them."*

2. Information dissemination

Regardless of where people live, obtaining information about available services is a crucial need for many individuals. Often, people are unaware of the services available to them or do not know where to find the necessary information. While some individuals may turn to friends or family members for guidance, they seek a reliable and trustworthy source of information.

Therefore, participants suggested that having a person to speak with would be more helpful than other alternatives. Additionally, participants found reading newsletters and receiving information from their village to be beneficial.

Participants also discussed how those who actively seek out information about services are more likely to find them, while those who do not may face access barriers. Many participants learned about services through word of mouth or by conducting independent online searches. For example, one participant accidentally discovered services offered by the Township while talking to others online.

- *“I was talking to someone online who said, why, don't you check your township? They probably have a nurse' and I called, and they had all types of things to borrow free of charge. But I had. I had no idea about that. So, I wonder how many other people don't know.”*

Similarly, other participants talked about not knowing what services are available or where to go to ask about services. For example, a participant said:

- *“I leave home at 6 in the morning and return at 6 in the evening. Unfortunately, many people are not aware of the resources available to them, and this lack of awareness becomes more concerning as I get older. I realize that there may be resources out there that I am not aware of, and it's important to find them before I need them.”*
- *“Often, people are not aware that these resources exist or how to access them, which is why there needs to be better information distribution.”*

The participants suggested that newsletters can be obtained either online or through mail, but most preferred the information to be delivered in-print or through mail, as it is more accessible for older people. They also acknowledged the increasing reliance on technology but highlighted that it presents a challenge for older adults who may have difficulty accessing certain services, such as printing documents that were previously provided in paper form, like bank statements or bills.

- *“Getting information through a direct mail is always a good one.”*
- *“Regarding bills and bank statements... previously, you could receive all the material in the mail. But now, you must print out all the material yourself. I'm sure you all are experiencing this. I think it disproportionately affects seniors, especially those on fixed incomes and those who are not oriented towards technology.*
- *“It would be helpful to distribute more information through physical mail, as not everyone is comfortable with technology. Sending out information through mail can ensure that more people are aware of the resources available to them.”*
- *“I've been living in this community for eleven years, and it wasn't until I got injured at work that I discovered the social service and food pantry just two blocks away from me. It's surprising how little we know about the resources available in our own community.”*
- *“I'm attending many Zoom meetings like you, such as lectures from around the world, which is great. However, it's also highlighting how much our cultural and other*

institutions and organizations are depending on technology and disregarding other methods of reaching people. This trend particularly affects seniors."

However, some participants acknowledge that online is also a successful and convenient way to get information.

- *"Sending information through email or digital means is fine, but it may not be effective if the recipient is not checking their emails regularly. In such cases, the information may end up in the recycling bin and never read when needed. This has happened to us and to many other people. For instance, my wife, who is the president of our Condo Association, provides a packet of information to new residents, including bylaws, pet licensing information, and vehicle regulations. However, many people do not read it, and when they receive a warning or ticket for violating the rules, they wonder why they were not informed earlier. In such cases, it is better to hand-deliver the information to ensure that it reaches the recipient and is not overlooked."*
- *"I like signed up for the village newsletter, but it's online. I'm comfortable with that."*
- *"Some kind of email, or you know, through a doctor, your regular doctor, your primary care doctor."*

Participants had positive experiences finding out about services through local agencies like libraries and township or village newsletters. However, for health-related services like hospice, they felt the need to get information from a hospital or doctor.

- *"The library offers great services to help those who are not technologically savvy. They try to teach you the basics so that you can use your library card, access online resources, or complete your homework. The library staff are very good at providing information about services and resources that can benefit people in the community."*
- *"The doctor had to step in and say, 'Hey, provide these services,' and I had to go to social services at the hospital. Having open communication with him made me aware of certain things that were going on. Some services are hard to obtain, especially if you have limited income. It's a fine line to navigate."*

3. Experiences with services

Overall, participants noted that there were varying types of services available depending on their location. Older participants were more familiar with available services compared to younger ones. A common issue was the lack of knowledge about eligibility criteria for these services, particularly for those with disabilities or serving as caregivers. Additionally, some participants expressed dissatisfaction with the quality of free services and had to pay out-of-pocket for caregiving and other services for their relatives.

- *"So, after the accident, I had trouble with food, utilities, and getting home healthcare services. Despite that, I haven't received any assistance until today."*
- *"These services are mainly provided by social security, and even though I try to call them, they never call me back. When I was in hospice care, that was the only assistance I received, and I had to hire a caregiver."*

- *"It seems like you have to be almost homeless to qualify for most of the services, and I have given up on most of them. I no longer look to the government for help."*
- *"I have experience with my aunt and father, and I know that for most senior services in townships or files, you have to be low income to qualify. My aunt, for example, was getting meals on wheels."*

Types of services

Some participants discussed the need for services that are tailored to the individual's disability. For example, a participant suggested the need for a database to document health or dementia issues of the elderly or loved ones to avoid misunderstandings with authorities. She suggested that this can be helpful when taking the person to another area for activities, dining, or in case of interactions with the police.

- *"There should be a database or some system where you can report health or dementia issues related to your loved ones. This information could be documented and shared so that if you take your loved one to a different location, such as for dining or activities, and they display concerning behavior, there is a record of their condition. This could prevent misunderstandings with police or other individuals who may not be aware of their health issues."*

Additionally, participants mentioned the issue of familiarity and social circles when it comes to attending social events. Older adults may not attend these activities because they do not have friends in that circle, and as they age, their social circle becomes smaller unless they find ways to connect with new people.

- *"I was thinking that maybe it would be helpful for my loved one to spend some time with other seniors during the day. However, due to her episodes, she was not allowed at the facility, and I couldn't bring her there. Even if the person had mild dementia, they were restricted."*
- *"As we age, we tend to lose the people we care about because they pass away, leaving our social circle smaller. Unless we actively seek out new connections, it can be challenging to maintain a social life. Many seniors struggle with transportation, technology, or feeling awkward and may not find ways to connect with new people and move forward."*

Participants expressed a need for mental health services and wellness check-ins for older adults. However, some older adults may face a stigma associated with seeking mental health services. To improve quality-of-life among older adults, it is important to address this need for mental health support.

- *"Apart from physical health, mental health services are also important, especially for seniors. Unfortunately, there is still a stigma attached to seeking mental health services, with many believing that it's embarrassing or shameful. They feel like they should be able to handle depression, isolation, or other issues on their own. However, seniors often need mental health services to improve their quality of life."*

4. COVID-19 impact

Some participants discussed how the COVID-19 pandemic affected access to services such as libraries and social agencies, which were not fully operational. However, as services are gradually reopening, COVID-19 did not emerge as a major concern during the interviews.

- *"Many places have started to resume their activities after COVID-19, but some are still closed, such as our library. Before the pandemic, they used to have many programs, activities, classes, and meeting rooms available. However, they haven't fully reopened yet, which is causing loneliness and isolation for some people. It's challenging to get back to doing things we used to enjoy when so many resources are no longer available."*
- *"Accessing social services and other resources has become challenging due to many things shutting down or limited availability."*

5. Cultural aspects

Participants who reported that they act as a caregiver for their senior relatives, provided support with ADLs/IADLs. They barely access formal services for themselves and are unsure if they qualify to get paid for their work. While they handle caregiving within the family, they express a need for respite support.

- *"My mom is also a senior, but she doesn't receive services because my siblings and I take care of her. She lives with me, so I take her everywhere she needs to go, like to the doctor or shopping. I'm in a similar situation where I don't really understand the services available for caregivers, even though I know they exist."*
- *"Caregivers are allowed to be paid, but it's usually only in the critical phases or before the person is admitted to hospice. So, a caregiver may only get paid to take care of them during that time."*

Participants from minority groups including Black, people who do not speak English very well or are immigrants, and people who are members of the LGBTQ community talked about the need to get information about services from someone they know or speaks their language.

Black participants

The overall needs of the Black group are similar to other older adults, however a specific group of participants living in the South (n=8) identified unique needs related to where they live. The participants generally provide informal caregiving at home and have been living in the South for at least 20 years. Those who moved recently struggle to find information especially since places closed because of COVID-19. They like where they live but wish there was a hospital that provides urgent care. When asked about services for seniors, one of them talked about nutrition program (Meals on Wheels) and Top Box. In general, the types of services they accessed are mostly related to health such as SilverSneakers fitness classes, and Medicare program.

- *“I drive. So, I’ve seen Pace buses and I see the Metra train. But as far as things going on, it’s kind of hard to know information, because COVID-19 shut down so many things. But I’m still learning.”*
- *“I’m not involved in any senior activities. I have SilverSneakers with my insurance. And I was going to water aerobics. But I haven’t done that in a while. So, I’m not actively involved in any of the senior activities, and don’t really know about them.”*
- *“I think the trauma centers should be a little more widely available and more hospitals.”*

The participants also shared their experiences with medical appointments, highlighting the importance of reliable and trustworthy healthcare providers. However, they also discussed the difficulties of accessing services and programs due to income eligibility requirements. While they are grateful for the services, they have access to, they believe that more services for older adults need to be provided in the community.

- *“I would like to see is someplace that is open year-round to go swim that’s not – you know, that’s more affordable.”*
- *“Income guidelines. Because, you spend all your time trying to apply, only to find out, that you are \$50 or \$25 more than, you know, what the minimum is. So, if they would just give you a list of services that are available to seniors. Where you can apply and the income, guidelines. That would be very, very helpful.”*
- *“What we’re lacking in is activities for seniors who are still active.”*

They also shared their experiences and challenges caring for an older adult. One participant shared her experience of caring for her mother with dementia and the support she received from her mother's doctor. Another participant discussed the challenges of finding reliable and trustworthy caregivers.

- *“I would also like to see more activities for seniors or caregivers. Some type of services that involve, where they could kind of relax and get away and maybe have something to do, maybe an activity.”*
- *“I had respite care, but you never know when they’re going to come. And if I have to leave or do some work and they decide to switch the date or make it later and then I’m not here, my husband can’t get to the door.”*

Overall, the focus group discussion highlighted the diverse needs and challenges faced by older Black adults in Cook County suburbs. While some services and programs are available, income eligibility requirements and transportation remain significant barriers. The participants emphasized the need for more services and programs to support older adults and caregivers in their community.

Arab and Muslim participants

One of the focus groups with 10 participants covered issues related to Arab and Muslim older adults. The group explored thoughts on their living environment and the services they receive. The participants appreciated the diversity of their neighborhoods and proximity to schools, parks, mosques, and amenities. However, they expressed a need for mental health services,

home-delivered meals, home repairs, and grocery delivery. They also discussed the difficulty in finding information on services.

- *“So, if we can get it some delivery that we could trust. Delivered meal at home.”*
- *“also, for us seniors, sometimes we don’t know what is out there and what is available to us. I once heard a presentation about what food we should eat is nutritious for us. And certain benefits. Like health-related stuff.”*

The participants suggested that the Muslim community should build a senior center to provide support for older adults who do not have anyone else. They discussed the importance of staying connected to family and community and the need to qualify for government services. However, one Asian participant pointed out that those who work and receive social security may not qualify for these services.

- *“It all depends on how much you are making, your house, and assets and so if you are not in the low-income level, they won’t help us. Thank God, I have a daughter.”*

The conversation emphasized the need for a senior center or village where they can receive services and live comfortably as they age. The older adults envisioned a place with a doctor's office, grocery store, and other amenities, but acknowledged that these places are expensive and often have long waitlists. They expressed concern about planning for aging and the need to save and purchase long-term care insurance to afford the services they need in the future.

- *“We are not from this country, and we didn't plan to age early. We are not like other Americans who plan ahead. Maybe some of them purchase long-term care services and can move into retirement homes or assisted living facilities because they planned accordingly. They buy a suitable place, so they have had insurance for a long time, and they have nice places like hotels with dining areas, play areas, and food delivery services. This is great, but it requires wealth to afford or being on a waiting list for a long time.”*

Overall, the conversation highlighted the challenges faced by older adults in accessing services and the need for community-based solutions to support aging in place. The older adults emphasized the importance of having someone they trust to provide services and the need for a central place to coordinate these services.

Korean participants

The Korean group (n=11) discussed several issues related to senior living and housing in the Mount Prospect area. One member expressed frustration at being on the waitlist for senior living for over four years due to the difficulty in managing a single-family home in old age. The group also discussed concerns about the poor quality of Korean translation for driver's license exams and the need for more programs at agencies that are customized for the Korean community. The participants preferred to receive services through an agency that is familiar with their culture due to the language barrier.

- *“The driver license exam questions could be translated better you could ask yes or no question, but a lot of the true or false questions are translated in a very confusing way. People fail the exam because of the poor translation.”*

The participants suggested improving the food available at congregate meal sites. Before COVID-19, there were side dishes, but now they feel that there are fewer options. They also discussed technology as a barrier to accessing services, especially when calling to ask for information and having to navigate through a menu while also trying to talk on the phone.

- *“So, I come here every day. I travel about 40 min to come here to participate in the congregate meal program, and I think the food should be improved.”*
- *“When I call, I get directed to an automated menu where I must press 1 for something and press 2 for something else. However, it is difficult to do so on my cell phone because I must hold it in my hand and then navigate through the options by tapping the numbers. I wish that when calling agencies, there would be a person available to answer the phone and directly assist me with the services I need.”*

The group also discussed the difficulty in obtaining information about services available to older adults, and the lack of public assistance programs for repairs. However, they did discuss services available such as free ride permits and energy assistance programs. The group suggested contacting township offices for information about available services for older adults, although language barriers often prevent them from doing so.

- *“I have a single-family home and it's very hard to get assistance for repair. Wind chill is coming through the windows, and there's no public assistance program that helps with this kind of repair.”*
- *“we rarely reach out to the government offices because it's hard to get the language services. In big hospitals, there is less of a language barrier because the doctor can easily call a phone interpreter if needed.”*

Overall, the conversation highlighted the importance of staying active and engaged in later life, and the need for accessible and inclusive services that are customized to meet the needs of different cultural communities. The Korean group emphasized the importance of receiving services through agencies that are familiar with their culture and language, and the need for more programs that cater to the Korean community.

LGBTQ participants

Participants who identified as members of the LGBTQ community (n=8) shared their satisfaction with their neighborhood, especially for those who live in a community that has a high number of LGBTQ people and provide easy access to many amenities such as grocery stores, gyms, and public transportation. All the participants lived in the West region and so to them the only downside was the high cost of living.

- *“Everything is within walking distance, including Trader Joe's, Whole Foods, Mariano's, and the gym. The only downside is that it's become more expensive to live in the area.”*

Only one person felt isolated living in their community because of their identity.

- *“I feels isolated in this neighborhood because I think I am the only gay person living here, and some of my neighbors are probably anti-gay. They do not talk to me.”*

The participants discussed the importance of living in a safe and accessible community for older adults, and the importance of having a trusted source for information, particularly in the form of a central hub or individual who could provide updates and important announcements. The participants mentioned knowing about various organizations that offered support, but they had not used them yet due to having support from family and friends or still being employed full-time.

- *“I wish there was a gay senior center in town, and I feel comfortable going to gay social places.”*
- *“I appreciate receiving information from a trusted source, such as the head of the LGBTQ+ support group, and I prefer a centralized place for information.”*
- *“I know about Aging Care Connections, AgeOptions, and this LGBTQ+ friendly group but hasn't used them because I still work full-time and have friends and family for support.”*

Summary and Recommendations Based on Findings from the Focus Groups

These findings from the focus groups emphasize the importance of addressing the unique needs and preferences of minority older adults in service provision, such as providing culturally competent services, sharing information effectively, and building trust with service providers. It also suggests the need for targeted outreach and education programs to improve access to these services for minority older adults. Based on this finding, here are some recommendations:

1. **Increase cultural competence:** Service providers should receive training on cultural competence to better understand and meet the unique needs of minority older adults.
2. **Improve language access:** Providers should ensure that their services are accessible to older adults who speak languages other than English by providing interpretation services, translated materials, and bilingual staff.
3. **Increase outreach and education:** Service providers should increase targeted outreach and education efforts to reach minority older adults who may not be aware of the services available to them.
4. **Build trust with service providers:** Service providers should take steps to build trust with minority older adults, such as partnering with community organizations and faith-based groups and having bilingual staff who can speak to the needs and concerns of these groups.

Question 3. Social factors and service access across ethnic groups

We used a multiple logistic regression model to examine the relationship between service access and various independent variables. The outcome variable was defined as receiving any state and federal programs. The independent variables included personal factors (e.g., age, sex, race, region, education), social factors (e.g., speaking a language other than English, religion), disability, and ageism.

The results of the analysis revealed that race, region, and education are significant predictors of state and federal service access. Black individuals, those living in the West region, and those with less education are more likely to use state and federal programs. Additionally, focus groups were conducted to better understand the relationship between service use and racial and cultural factors. Key points from the focus groups with minority participants are summarized below:

Arab and Muslim participants

- Expressed a need for mental health services, home-delivered meals, home repairs, and grocery delivery.
- They also discuss the difficulty in finding information on services.
- Difficulty finding information on services was also discussed.
- Suggested the Muslim community should build a senior center to provide support for older adults who do not have anyone else.
- Emphasized the importance of having someone they trust to provide services and the need for a central place to coordinate these services.

Korean participants

- Discussed concerns about the poor quality of Korean translation for driver's license exams and the need for more programs at agencies customized for the Korean community.
- Emphasized the importance of receiving services through agencies familiar with their culture and language and the need for more programs catering to the Korean community.

LGBTQ participants

- Discussed the importance of living in a safe and accessible community for older adults.
- Stressed the importance of having a trusted source for information, particularly in the form of a central hub or individual who could provide updates and important announcements.

Black participants

- Discussed the specific needs and challenges faced by Black participants, including the importance of township-specific services, accessible information, reliable healthcare providers, and support for caregivers.
- Emphasized the need for more services and programs to support older adults and caregivers in their community.

Question 4. What are the existing efforts to provide services for older adults and their caregivers?

Overview

To address this question, we conducted a provider survey using a mix of multiple choices and open-ended questions. The survey was available online on Qualtrics. AgeOptions partners were invited by email to participate in the survey. In addition, the UIC research team compiled a list of libraries and park districts in Cook County suburbs outside of AgeOptions partners and reached out to them to complete the survey online. In total 17 providers anonymously completed the survey online. The following are the findings of the provider responses.

Analysis Results

A. Characteristics of provides’ services

Table 9. Percentage of agencies that offer programs for older adults and caregivers by race/ethnicity

	Older adults	Caregiver
Race/Ethnicity	%	%
Hispanic or Latinx	41.2%	35.3%
Black or African American	35.3%	29.4%
LGBTQ+	35.3%	23.5%
Asian American	29.4%	29.4%
Immigrants	29.4%	29.4%
Arab or Middle Eastern	23.5%	23.5%
Refugees	11.8%	11.8%
Indian, Filipino	5.9%	5.9%

- Most agencies provide services for one or two racial groups. The majority (over 40%) of agencies offering programs for Hispanic/Latino group.
- Black or African American, Arab or Middle Eastern, and LGBTQ+ caregivers have only 29.4%, and 23.5% of agencies that provide programs, respectively.
- Only 2 agencies provide programs for refugees, but 5 provide services for immigrants in general, and only 1 of the 17 agencies provide services for Filipino.

Providers' marketing and outreach

Successful outreach and marketing strategies for older adults include a combination of printed materials, social media, word of mouth, and partnerships. Some effective methods are:

- Printed materials such as newsletters, flyers, and postcards
- Social media platforms like Facebook and email blasts
- Word of mouth through community and faith-based organizations, senior centers, and outreach events
- Partnerships with other agencies and senior centers
- Traditional media outlets like newspapers, radio, and TV ads
- Personal communication methods like text messages and emails

Different methods work for different communities, and it is important to tailor outreach strategies to the specific needs and preferences of the senior population.

Providers' strategic planning

To ensure that clients' input is used in strategic planning, agencies use a variety of methods such as surveys, advisory boards, focus groups, interviews, and conversations. Some agencies also gather feedback from program attendees and library patrons. The following methods are commonly used:

- Yearly surveys for all programs
- Advisory boards and consumer advisory boards
- Informal focus groups and discussions after a program
- Satisfaction surveys after gatherings, speakers, and events
- Interviews and assessments
- Additional input from funders and public hearings

Overall, agencies aim to involve their clients in the planning process by gathering feedback, assessing needs, and tailoring services to meet the preferences and priorities of their clients.

Partnering with agencies

Partnering with other agencies is a common practice to serve older adults and caregivers in a service area. Agencies collaborate with a range of partners such as senior living facilities, libraries, park districts, hospitals, and service providers to provide support and services to older adults. Some agencies collaborate with multiple partners to offer a variety of services, while others partner with specific agencies that provide respite services, social programming, or other necessities to older adults. Common partners include AgeOptions, Solutions for Care, Catholic Charities, and local government departments. Overall, partnering with other agencies helps to expand services, share resources, and better serve the needs of older adults and caregivers in a community.

B. Older adults and caregivers service needs

Table 10. Most valuable service for older adults and caregivers

Services	Older adults	Caregiver
	%	%
Social clubs or groups	58.8%	35.3%
Fitness programs	52.9%	11.8%
Help with medical insurance	47.1%	29.4%
Virtual programming*	41.2%	17.6%
Puzzles, games	35.3%	11.8%
Emotional support groups or clubs	35.3%	35.3%
Home delivered meals	29.4%	17.6%
Congregate meals	29.4%	17.6%
Memory Café	17.6%	17.6%
Legal services	5.9%	41.2%

*The virtual programs offered include:

- One-on-one and small group technology classes & support
- Online and hybrid lifelong learning classes
- Support groups, educational programs, counseling, and virtual meetings with staff are all available to meet the needs of participants.
- Virtual programming through the Family Caregiver Program; help with medical insurance through SHIP.

The most valuable services for older adults 60 years and older are social clubs or groups (58.8%) and fitness programs (52.9%). Other services that are highly valued include home delivery meals, puzzles/games, and emotional support groups or clubs. Most valuable services for caregivers are help with medical insurance (41.2%) and social clubs or groups (35.3%). Other services include emotional support groups or clubs (29.4%) and virtual programming (35.3%).

Table 11. Unmet needs for older adults and caregivers

Services	Older adults	Caregiver
	%	%
Transportation	58.8%	35.3%
Information about paid caregiving	-	35.3%
Support paying for utility bills	47.1%	29.4%
Support paying medical bills	47.1%	23.5%
Technology for the older adult	41.2%	-
Support applying for insurance	29.4%	29.4%
Resources on local services	29.4%	23.5%
Culturally relevant programs	29.4%	23.5%
Social groups	11.8%	23.5%
Food or meals programs	11.8%	11.8%
Support in case of abuse or legal services	11.8%	29.4%
Low-income housing	5.9%	-
Books	-	5.9%

Table 11 illustrates that older adults have unmet needs, with transportation being the most frequently mentioned need at 58.8%. Other significant needs include support paying for utility and medical bills, with both at 47.1%. Technology for older adults, resources on local services, and support applying for insurance are also noted as unmet needs, with percentages ranging from 29.4% to 41.2%. Social groups, food or meals programs, support in case of abuse, culturally relevant programs, and low-income housing were also mentioned as unmet needs, but at lower percentages. Overall, the findings suggest that there are various areas where older adults may require additional support and assistance.

The most reported unmet needs for caregivers are transportation, support paying for utility bills, and information about paid caregiving, all at 29.4%. Social groups and legal services are also frequently reported unmet needs, both at 23.5%. Additionally, according to the providers a significant percentage of caregivers ask for information about resources related to local services, applying for insurance, and respite options/hours.

Barriers to access services

There are several barriers that limit access to older adult services in different service areas. One major barrier is the cultural stigma associated with accepting help, which may stem from religious/spiritual beliefs or values concerning gender/family roles. In addition, finances can also be a significant barrier, especially for programs that have asset limits or eligibility requirements. Worker shortages and turnover in caregiver positions can also lead to hesitancy in accepting homemaker services.

For some communities, such as the expanding Hispanic population, there may be a distrust of government services, which can limit access to older adult services. Lack of knowledge about available services and technology can also be a barrier, as not all older adults have access to or knowledge of how to use technology. Isolation and personal mobility can also be factors that limit access to services.

There may also be a stigma associated with attending senior centers, with some people perceiving them as being for nursing home residents rather than active adults. Convincing older adults that attending senior centers is not charity but a low-cost way to have healthy meals and socialize with friends can be challenging.

Transportation is a significant factor that limits access to older adult services for many older adults, especially those who stop driving and find buses inconvenient or expensive. Librarians also face challenges promoting e-books and audiobooks to older adults who may not leave the house or have difficulty using technology.

Barriers that limit access to caregiver services in service areas vary widely. Some believe that there are no significant barriers other than a lack of knowledge of available resources. Others point to cultural stigmas surrounding accepting help, values regarding gender and family roles,

and religious or spiritual beliefs. Some caregivers may not identify themselves as such and therefore may not access caregiver services. There may also be internalized feelings of failure or inadequacy as a family member that leads to hesitancy in seeking support. Additionally, compensation for caregivers may be inadequate, and there may be a lack of resources for caregivers, such as free time or the ability to find a replacement caregiver while attending programs.

Service development

The providers suggested several themes regarding steps that agencies would take to reduce or eliminate barriers to accessing older adult services, if money was not an issue. These themes include:

1. improving advertising and outreach efforts through various channels,
2. hiring more staff to assist with programs including social work support and make services more accessible,
3. expanding transportation services beyond traditional township transportation,
4. providing more technology services and training for older adults,
5. increasing meal services and socialization opportunities,
6. targeting services and support to underrepresented communities and populations, and
7. providing needed support to limited English proficient caregivers to access services.

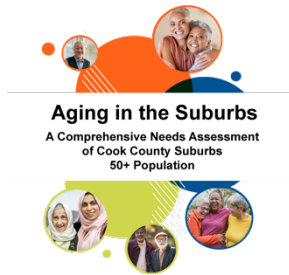
Summary and Recommendations Based on the Provider Survey Findings

These findings from the provider survey indicate that Hispanic/Latino groups are the most served by agencies, while Black or African American, Arab, and LGBTQ+ caregivers have limited access to programs. Most agencies only serve one or two racial groups. Service providers are working to remove barriers to access services by expanding outreach, hiring staff, improving transportation, providing technology and training, increasing meal services and socialization opportunities, and targeting underrepresented communities. Access to transportation and lack of knowledge about available services and technology were identified as significant barriers to accessing services. Stigma associated with accepting help and cultural values related to gender and family roles were also identified as potential barriers for accessing caregiver services. The recommendations based on the findings are:

1. Increase funding for agencies serving minority populations: As the survey results suggest, certain minority groups are underserved by agencies providing older adult services. Increasing funding for these agencies can help them expand their reach and provide more comprehensive services to underrepresented communities.
2. Improve outreach and marketing efforts: Agencies should tailor their outreach strategies to the specific needs and preferences of the senior population. This can involve utilizing a combination of printed materials, social media, word of mouth, and partnerships. It is also

essential to develop effective outreach strategies for caregivers, who may not self-identify as such and may not be aware of available resources.

3. **Expand transportation options:** Transportation is a significant factor that limits access to older adult services for many older adults, especially those who stop driving and find buses inconvenient or expensive. Agencies should explore ways to expand transportation options for older adults, such as partnering with ride-sharing services or providing shuttle services.
4. **Provide more technology and training services:** Technology and digital literacy are crucial for accessing many services, including health care and social programs. Agencies should provide more technology services and training for older adults, especially those from underrepresented communities.
5. **Increase meal services and socialization opportunities:** Social clubs and fitness programs are highly valued by older adults, and agencies should increase their efforts to provide these services. Meal services and socialization opportunities can also help reduce isolation and promote healthy aging.
6. **Target underrepresented communities:** Agencies should prioritize outreach and services to underrepresented communities, such as Arab, LGBTQ+, and Asian older adults, who currently have limited access to programs.
7. **Address cultural barriers:** Cultural stigmas and values can be significant barriers to accepting help for some communities. Agencies should work to address these barriers by providing culturally competent services and building trust with these communities.
8. **Involve clients in strategic planning:** Agencies should involve their clients in the planning process by gathering feedback, assessing needs, and tailoring services to meet the preferences and priorities of their clients.



Aging in the Suburbs: A Comprehensive Needs Assessment of Cook County Suburbs 50+ Population

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