



Age-Friendly Communities
COLLABORATIVE

Aging in a Changing Region: Program Launch

Aging for a Changing Region Program Launch

Aging for a Changing Region: Program Launch!

Funded by the Retirement Research Foundation on Aging, free assistance provided by the MMC and Planning/Aging.

Designed to address issues identified by the MMC Age-friendly Communities Collaborative:

- Municipalities were looking to next steps after becoming age/dementia-friendly;
- Needed help with setting initial direction, taking small steps, adding capacity;
- No dedicated source of technical assistance in the Chicago region.



Aging for a Changing Region: Program Approach

Tailored
Workshops



AmeriCorps
Expansion



Targeted
Technical
Assistance

Lead: Planning/Aging
Beginning in early 2021

Lead: Mayors' Caucus
Beginning in mid/late 2021

Lead: CMAP
Beginning in 2022



Aging for a Changing Region: Tailored Workshops

- Each Workshop will be totally designed to address the particulars of each selected municipality:
 - Your application (& follow-up discussions)
 - Your self-assessment as to your assets & challenges, identified goals, and potential opportunities
 - Workshops may include discussions with municipal staff/elected officials and/or presentations to broader community gatherings
- Each selected municipality will be able to learn about & draw from examples & lessons learned from the national age/dementia-friendly practice group



Aging for a Changing Region: Tailored Workshops

- Our goal is to provide Tailored Workshops to municipalities that represent a range of previous age/dementia-friendliness efforts
- We intend -- to the degree possible -- to provide Tailored Workshops for municipalities throughout the region
- As COVID-related considerations continue to evolve, we will work with each selected municipalities on Workshop logistics & participation platforms



Aging for a Changing Region: How To Apply

First Phase is **NOW OPEN** and **FREE** for interested AFCC members.

Expression of Interest Form asks for:

- **Municipality or Organization**
- **Progress To Date** in Age/Dementia-friendliness
- **Short Self-Assessment:** Key Issues, Challenges, and Goals

The Expression closes on March 23 at the below link:

<http://tiny.cc/AICR-workshopapplication>



DISRUPT DISPARITIES



DISRUPT DISPARITIES: CHALLENGES & SOLUTIONS FOR 50+ ILLINOISANS OF COLOR



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INTRODUCTION

Illinois is at a turning point. While the total state population is shrinking, it continues to age and diversify. More than 34 percent of the state population of Illinois is above the age of 50 and continues to age. Of Illinoisans above the age of 50, more than a third are African American/Black, Hispanic/Latino, or Asian American/Pacific Islander. In large population centers, such as suburban Cook County and Chicago, one-half to two-thirds of older adults are of color.

Yet even with these changing demographics, there has been little study of the experiences and needs of African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults in Illinois and the public policy responses to the needs and challenges of these communities. With the onset of the COVID-19 pandemic, and the devastating effects of the pandemic on older adults in particular, the need to focus on these older communities of color is more paramount than ever.

Given these changing demographics and growing challenges, AARP, in partnership with collaborating organizations Asian Americans Advancing Justice – Chicago, Chicago Urban League and The Resurrection Project, engaged Loyola University Chicago’s Center for Urban Research & Learning to conduct a literature review and analysis of the existing research and data focused on African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults in Illinois.

This resulting report focuses on the issues of economic security, health and digital connectivity for older adults of color in communities. We have outlined first-step policy recommendations that should be taken at the state and local level to begin to address these challenges for older adults of color.

This report and policy recommendations are just the beginning of a multiyear effort to create systemic policy changes on behalf of, and with, African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults in Illinois. The goal is to create an Illinois where older adults across communities can age with the economic stability, health care resources and digital connectivity they need to lead healthy, stable and rewarding lives.

COLLABORATION PARTNERS

AARP Illinois

AARP Illinois is the state office for the nation’s largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With 1.7 million members in Illinois, AARP strengthens communities and advocates for what matters most to families: health security, financial stability and personal fulfillment.

Asian Americans Advancing Justice | Chicago

For almost 30 years, Asian Americans Advancing Justice | Chicago has worked to bring together Asian Americans and empower them to create change in their communities. With a mission to achieve racial equity for all through collective advocacy and organizing, Advancing Justice | Chicago mobilizes Asian Americans in Chicago and the Midwest to fight for immigrant rights, education equity, language access, voting rights and police accountability.

Chicago Urban League

The Chicago Urban League works to achieve equity for Black families and communities through social and economic empowerment. Since 1916, the organization has helped people find jobs, secure affordable housing, enhance their educational experiences and grow their businesses. One of the oldest and largest affiliates of the National Urban League, we promote strong, sustainable communities through advocacy, innovation, and collaborative community, corporate and civic relationships.

The Resurrection Project

The Resurrection Project (TRP) is a multifaceted organization that creates and preserves affordable housing, provides financial education and counseling, provides immigration services and advocacy strategies and develops leaders who advocate for improving systems that achieve family stability and create vibrant, healthier and involved communities.



EXECUTIVE SUMMARY

ECONOMIC SECURITY

KEY FINDINGS:

- Racial economic disparities accumulate across the life course as a result of racial disparities in education opportunities and attainment, employment rates, wages and resulting personal income. These wealth differences are also caused by lack of access to banking and credit in communities of color, which decrease access to mortgages and home ownership, as well as lack of access to retirement savings, pensions and 401k plans. This results in significant wealth differences at retirement age between whites and African American/Blacks, Hispanic/Latinos, and Asian American/Pacific Islanders, especially in the areas of Social Security benefits, employment pensions and retirement plans and personal savings.
- Economic insecurity among African American/Blacks, Hispanic/Latinos, and Asian American/Pacific Islanders can be seen in poverty rates among older adults. Compared to whites, African American/Blacks are three times more likely to live in poverty, Hispanic/Latinos are 1.7 times likely, and Asian American/Pacific Islanders are 1.2 times as likely. Over the age of 80, poverty rates for Hispanic/Latinos and Asian American/Pacific Islanders increase even more significantly.
- In Illinois, whites over the age of 50 have a median annual income one-third more than African American/Blacks, Hispanic/Latinos and Asian American/Pacific Islanders over 50. These older adults of color are less likely than their white counterparts to have income from savings, stocks, pensions or 401k's.
- African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults in Illinois are more likely to work past 64 than their white counterparts, and are significantly more likely to have income levels that qualify for the Earned Income Tax Credit (EITC), if it were available to them.
- Almost half of homeowners in Illinois over 80 years of age and who are African American/Black, Hispanic/Latino, or Asian American/Pacific Islander still hold mortgages on their homes, twice as high as their white counterparts.
- Regardless of income, 42.6 percent of white, non-Hispanic renter households in Illinois spent 30 percent or more of total income on housing in 2016. By contrast, African American/Black renter households spent almost double, and Hispanic/Latino renter households spent 50 percent more of total income on housing than white households.

POLICY RECOMMENDATIONS:

- **Expand Secure Choice:** Illinois should pass legislation to expand the Secure Choice program by reducing the employee threshold from a minimum of 25 employees to one. Passage of this legislation would expand retirement savings access to around 1.2 million Illinois workers, with particular gains in African American/Black, Hispanic/Latino and Asian American/Pacific Islander communities.
- **Emergency Savings Program:** Illinois should pass an opt-in, employer-based, payroll-deduction emergency savings program.
- **Lift the Age Cap on the Illinois Earned Income Tax Credit (EITC):** Illinois should expand eligibility for the state EITC to cover caregivers and adults 65 years and older to increase the amount of dollars going directly to African American/Black, Hispanic/Latino and Asian American/Pacific Islander filers.
- **Prohibitions on Evictions and Foreclosures:** Long-term policy solutions need to be implemented to address the anticipated influx of housing evictions and home foreclosures caused by the economic downturn related to the COVID-19 pandemic. Solutions must include payment plans and other financial support to households so they can stay in place.
- **Property Tax Relief:** Illinois needs to provide property tax relief for older adult homeowners, such as decreasing the current interest rate related to and fully funding the Senior Citizen Property Tax Deferral Program.

HEALTH

KEY FINDINGS:

- In Illinois, African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults suffer significantly higher rates of chronic diseases than their white counterparts. For example, in Chicago, 75 percent of older African American/Blacks and 64 percent of older Hispanic/Latinos are diagnosed with hypertension.
- In Illinois, access to health care services is significantly harder for older African American/Blacks, Hispanic/Latinos and Asian American/Pacific Islanders than older whites. In urban areas, healthcare providers and pharmacies are concentrated in white neighborhoods; across the state, whites are three times more likely to have access to a car – the highest of any racial or ethnic group.
- Close to one quarter of older adults in Chicago have difficulty speaking English, while the vast majority of physicians practice only English.

- Since 7.2 million older adults in the United States are primarily homebound, telemedicine is an important tool. Yet, Medicaid telemedicine use rates were three times less for African American/Black beneficiaries compared to white beneficiaries.
- In Illinois, 9 percent of adults ages 50-64, almost a quarter of a million individuals, lack health insurance coverage. In Illinois, while only 6.1 percent of age 50-64 whites lack health insurance coverage, 11.5 percent of Asian American/Pacific Islanders, 11.7 percent of African American/Blacks and 22.2 percent of Hispanic/Latinos age 50-64 lack health insurance coverage.
- In Illinois, once older adults turn 65 and insurance coverage increases significantly, Hispanic/Latinos are still 18 times more likely and Asian American/Pacific Islanders are 13 times more likely not to have coverage compared to their white counterparts.

POLICY RECOMMENDATIONS:

- **Invest in Health Equity Models:** The State of Illinois, as well as county-level and municipal-level governments and health systems, should invest in community-based health equity programs with measurable outcomes on chronic health issues that target African American/Black, Hispanic/Latino, and Asian American/Pacific Islander communities. These programs should not only be culturally-humble, but language-inclusive, and be designed and implemented in partnership with community members and trusted community-based organizations. Long-term investment in the programs (five or more years) is necessary in order for long-term and permanent impact to be possible, and should be created as part of a comprehensive public health framework.
- **Increase Health Insurance Coverage Options for Older Adults 50-64:** Improve access to affordable care by setting income-based standards for premiums, co-payments, deductibles and all out-of-pocket health care costs, and by providing subsidies for people with low and moderate incomes.
- **Expansion of Telehealth:** Illinois should make permanent health insurance coverage of and benefit parity for telehealth services, and expand access to telehealth by targeting resources and accessibility to African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults and their caregivers. Policymakers and the private sector should provide funding for high-speed internet access and necessary equipment to ensure access to telehealth.

CONNECTIVITY:

KEY FINDINGS:

- Internet use positively contributes to the mental well-being of older adults by not only connecting older adults to health care services and information, but also improving interpersonal connections and increasing independence.
- While access to the internet is beneficial for older adults, in Illinois, African American/Black and Hispanic/Latino older adults experience lower rates of broadband access at home than their white counterparts. For example, more than one-third of African American/Black and Hispanic/Latinos age 65-79 in Illinois have no broadband access at home.
- The biggest barrier to broadband access is cost, with a “low-cost” service defined as \$60 a month or less. Next is technology skills, where 48 percent of older adults report needing outside help to set up or use internet devices.
- Connectivity is both a rural and urban issue. Fifty-six percent of rural Illinoisans do not have broadband access.
- Hispanic/Latino households are the least connected to broadband. Seventeen percent of both African American/Black and Hispanic/Latino households in Cook County lack a computer.
- Access to more government and health services, such as Medicare, Social Security and telemedicine, are moving to online platforms, making connectivity for older adults more important than ever.

POLICY RECOMMENDATIONS:

- **Focus the Illinois Broadband Council:** The Illinois Broadband Advisory Council should make an assessment of broadband availability, reliability and affordability in low-income and communities of color. The Illinois Broadband Advisory Council should reflect the racial and ethnic makeup of the State of Illinois.
- **Target Broadband Expansion into Communities of Color:** Advocate for city, county and state entities to specifically address broadband disparities in low-income and communities of color, including funding for digital literacy programs. Explore potential legislation that would increase access to affordable, reliable high-speed broadband to all communities, rural and urban, youth and older adults. Illinois should pursue ways to expand broadband access, including support of municipal broadband networks to provide broadband service.

CALLS TO ACTION: POLICY RECOMMENDATIONS

ECONOMIC SECURITY

RECOMMENDED CALL TO ACTION

Pillar: ECONOMIC SECURITY

Issue: Expansion of Secure Choice

“Nearly half (48 percent) of households headed by someone 55 and older lack some form of retirement savings... 29 percent of those who are retired or nearing the traditional retirement stage of life still have no retirement savings or a defined benefit plan, such as a job-based pension, and will need to rely on Social Security.”

-U.S. General Accounting Office

Studies have shown that one-half of all private sector workers in the United States do not have access to an employment-based retirement plan. (Woodstock Institute, 2012). The situation for lower wage workers is more drastic since they tend to be in industries that do not offer retirement savings plans. (Woodstock Institute, 2015). The Illinois Secure Choice Savings Program (Secure Choice) provides workers with a way to save their own money for retirement. Currently, Illinois businesses with at least 25 employees, that have been in business for two or more years, and who do not currently provide a retirement plan, must either offer a qualified plan, or automatically enroll their employees into Secure Choice. (Illinois State Treasurer, 2020). The program currently has 71,000 participants with more than \$36 million saved.

In order to address the racial wealth gap in retirement savings, Illinois should pass legislation to expand the Secure Choice program by reducing the employee threshold from a minimum of 25 employees to one. Passage of this legislation would expand retirement savings access to over 1 million Illinois workers, with particular gains in African American/Black, Hispanic/Latino, and Asian American/Pacific Islander communities.



RECOMMENDED CALL TO ACTION

Pillar: ECONOMIC SECURITY

Issue: Emergency Savings Program

“According to the Federal Reserve, the median black family had just \$3,600 in household wealth in 2018, the median Latino family had \$6,600, and the median white family had \$147,000.”

-AARP Public Policy Institute

According to a recent survey by Bankrate, nearly one-third of adults aged 53 – 62 had no emergency savings. Despite this age group being close to retirement, it was the lowest savings percentage of any age range in the survey. Additionally, according to the Federal Reserve, four in ten American households could not come up with \$400 in a financial emergency. Financial experts advise people to maintain an easily accessible fund with at least 3-6 months’ worth of expenses on hand in case of an emergency (AARP, 2017).

In 2018, the AARP Public Policy Institute (PPI) found that employer-based solutions have great potential to help people save for the unexpected. The ideal program would automatically enroll employees into a payroll-deduction savings account. During the survey, PPI found that seven in ten employees would participate in a rainy-day savings program if their employer offered one.

We recommend proposing legislation that will allow employers to provide rainy-day savings programs – giving employees an opt-in option.

RECOMMENDED CALL TO ACTION**Pillar:** ECONOMIC SECURITY**Issue:** Lift Age Cap of State Earned Income Tax Credit (EITC)

“Today, the 65-and-older population often remains employed out of financial necessity, not by choice.”

-AARP Public Policy Institute

The Earned Income Tax Credit (EITC) is a benefit for people with low to moderate income that reduces the amount of tax owed and may result in a refund – helping people in Illinois get a cost-of-living refund. By expanding the age of eligible taxpayers to include caregivers and adults 65 years and over, we will ensure equity expansion to older adults and their families. African American/Black and Hispanic/Latino Illinoisans are overrepresented in low-paid occupations that are not currently covered by the EITC. According to the Shriver Center on Poverty Law, 14 percent of all dollars spent on EITC go to African American/Black filers, and 10 percent of all dollars spent on Illinois’ EITC go to Hispanic/Latino filers.

We recommend supporting measures to expand the list of taxpayers eligible for the EITC. Passing legislation to expand coverage to caregivers and adults 65- plus would increase the amount of dollars going directly to African American/Black, Hispanic/Latino and Asian American/Pacific Islander filers.

RECOMMENDED CALL TO ACTION**Pillar:** ECONOMIC SECURITY**Issue:** Housing

“Standing on the street with her son and two grandchildren, Ms. Thomas watched as she was suddenly barred access from the house she’d rented for years. And then she heard the word that she should’ve heard months ago: foreclosure.”

-Lawyers Committee for Better Housing

One important tool for wealth accumulation is stable housing, and in particular home ownership. There are significant racial gaps in homeownership among older adults in Illinois. For example, between the ages of 50-64, while 86 percent of whites own their homes, other racial groups have significantly lower home ownership rates: 76.7 percent for Asian American/Pacific Islanders; 69.4 percent for Hispanic/Latinos; and only 50.9 percent for African American/Blacks. While this gap decreases as adults age, the racial gap between those holding mortgages widens: only 19 percent of white homeowners over 80 years still hold a mortgage, while 45 percent of Asian American/Pacific Islander, Hispanic/Latino and African American/Black homeowners over 80 years still hold a mortgage. This significant percentage of debt holders among older homeowners of color make these adults financially vulnerable in their older years.

While the majority of older adults of color in Illinois are homeowners, a significant percentage are renters, and a considerable portion of their income is spent on rent. Regardless of income, 42.6 percent of white, non-Hispanic renter households spent 30 percent or more of their total income on housing in 2016. By contrast, African American/Black renter households spent almost double, and Hispanic/Latino renter households spent 50 percent more of their total income on housing than white households. (U.S. Census Data).



With the onset of the COVID-19 pandemic, both older homeowners and renters have become financially precarious. The Aspen Institute estimates between 31 percent and 51 percent of Illinois renters are at risk of eviction. (Aspen Institute, 2020). Twenty-three of the 25 community areas in Chicago with the highest eviction filing rates are majority African American/Black and have four times the eviction rates of majority white areas. (Lawyers Committee, 2020). While there are currently moratoria on evictions and foreclosures during the pandemic, long-term policy solutions must be put in place before the moratoria are lifted – solutions that allow payment plans and other financial support to all these households to stay in place.

Older homeowners also grapple with the rising costs of property taxes, creating challenges to older adults aging in place. Illinois needs to provide property tax relief for older adult homeowners. For example, in Cook County, the Senior Citizen Property Tax Deferral Program needs to have its current interest rate of six percent reduced, the program expanded, and the program fully appropriated. The purpose of the program is to help those older adults at risk of losing their homes due to unpaid property taxes. However, the program is missing its mark: for example, in Chicago, all 11 community areas with the most services whose homes are subject to tax sales in 2020 are majority African American/Black neighborhoods. (Cook County Treasurer, 2020).

Illinois needs a comprehensive housing policy for older adults of color that targets these older adults to stabilize homeownership, decrease debt and stabilize rentals. Such a comprehensive policy will increase wealth, create housing stabilization and allow older adults to age in place in the communities of choice.

HEALTH

RECOMMENDED CALL TO ACTION

Pillar: HEALTH

Issue: Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences...”

-“What Is Health Equity?” by the Robert Wood Johnson Foundation (May 2017)

Health inequities are the result of human decisions and not biological predisposition. They stem from systemic policies and practices that are born of an unequal distribution of power and resources across groups, supported by biases/assumptions/discriminatory beliefs about groups, and are unnecessary, avoidable and unjust. In the United States, racism is a significant driver of health inequities. People of color, and particularly African American/Black people and Hispanic/Latino people, are at greater risk for hypertension, diabetes and other chronic health issues because being of color in the United States exposes them to a legacy of racism, and social, economic and residential segregation that negatively impacts their health and wellbeing. Responses to these health inequities require a structural approach.

Past responses to racial disparities in health have included clinical or relational responses: for example, a focus on a decrease in risk behaviors of individuals or communications between clinical medical providers and patients. While these interventions are still important, a health equity policy response includes an understanding of social context and history and focuses on creating structural changes to systems. (Cooper, 2020).

An example of a healthy equity policy response would be a community health program targeting older Asian American/Pacific Islanders with diabetes through a partnership between a health system and a community-based organization. The community-based organization would provide health workers to conduct home visits with patients in-language as well as a food delivery program to the community-based organization and to the homes of patients to increase access to culturally-relevant healthy foods in their food desert neighborhood. The program structurally changes the way health care is provided and addresses the food access issue in the neighborhood.

Models of successful health equity programs at the community level exist that can be replicated in Illinois. For example, Healthy Delaware, a consortium of the State of Delaware, health care providers, and community-based organizations, created a colorectal cancer screening program that targeted older African American/Blacks age 50 and older. The critical components of the program were colorectal cancer screenings, a cancer treatment program for the uninsured (up to 650 percent of poverty), and the use of community health workers through trusted community-based organizations. As a result of the program, over a seven-year period, screening rates from older African American/Blacks increased from 48 percent to equal the rates of whites of 74 percent. Diagnoses of advanced colorectal cancer decreased from 79 percent to 40 percent, and diagnoses of early-stage colorectal cancer increased from 16 percent to 50 percent. Mortality rates for older African American/Blacks decreased by 42 percent to a rate almost equal to whites. “These data demonstrate that the disparities in CRC screening, incidence and advanced stage of disease have been eliminated and the mortality rate difference is declining between whites and African Americans in Delaware.” (Grubbs, 2013).

The State of Illinois, as well as county-level and municipal-level governments and health systems, should invest in community-based health equity programs with measurable outcomes on chronic health issues that target African American/Black, Hispanic/Latino and Asian American/Pacific Islander communities. These programs should not only be culturally-humble, but language-inclusive, and be designed and implemented in partnership with community members and trusted community-based organizations. Long-term investment in the programs (five or more years) is necessary in order for long-term and permanent impact to be possible, and should be created as part of a comprehensive public health framework.



RECOMMENDED CALL TO ACTION***Pillar:*** HEALTH***Issue:*** Health Coverage for Adults age 50-64

“Forty-five percent of [Americans between 50-64 years] polled say they have little or no confidence that they’ll be able to afford health coverage when they retire and 27 percent say they’re not sure if they will be able to afford their insurance in the next year.”

-AARP and the University of Michigan

Health care is a right and everyone in Illinois should have access to quality affordable health care. Health care changes must address health inequities and ensure that the reduction and eventual elimination of health care disparities is a community, state and national priority.

Communities of color and immigrant populations are disproportionately hurt by a lack of health insurance, high health care costs, poor quality treatment, service gaps and other barriers to care. Any health care changes, particularly for adults aged 50-64, provide an important opportunity to make systemic improvements that can reduce these problems and move toward providing equal access to affordable coverage and care.

Lack of health insurance is a particular problem for Illinoisans age 50-64. This age group tends to be the most uninsured or underinsured age group and has the most risk of developing chronic conditions and/or disability. Research shows that adults of color age 50-64 face additional systemic issues that make coverage even more complicated, causing access issues and burdening a health care system not designed to address these issues.

The following represent recommendations for action now.

- Improve access to affordable care by setting income-based standards for premiums, co-payments, deductibles and all out-of-pocket health care costs, and by providing subsidies for people with low and moderate incomes.
- Support community-based outreach, health promotion and prevention efforts, including services of community health workers, with special attention to low-income, communities of color and immigrant communities.
- Establish benchmarks for reducing disparities in health care by race, ethnicity and primary language, and provide financial incentives to institutions for progress.
- Strengthen incentives for primary care practices that can provide medical homes in underserved areas, especially for low-income, communities of color and immigrant populations.

- Require and fund the standardized collection of race, ethnicity and primary language data across all public and private health insurance plans and care settings, especially for Asian American/Pacific Islander populations.
- Fund the use of data to set benchmarks for improvement.
- Support and incentivize the healthcare needs in developing diversity in the workforce.
- Adopt and use technology by providers in their clinical practices to manage and coordinate care in real-time, share clinical and behavioral data and collaborate to reduce disparities. Examples of the different types of technologies that should be utilized in underserved communities to address health disparities include: 1) electronic medical records 2) consumer e-health tools such as patient health records, health kiosks, and smartphone applications 3) telemedicine/telehealth systems 4) population health information systems and electronic registries and 5) health information exchanges.



RECOMMENDED CALL TO ACTION

Pillar: HEALTH

Issue: Telehealth

“Propelled by the emergence of broadband technology and the contact risks associated with COVID-19, telemedicine has come into the forefront of Illinois health sector as a way to dramatically improve access to health care. By making care more affordable and increasing accessibility, the telehealth industry is projected by AARP to reach over \$36 billion at the end of this year.”

-Center for Urban Research & Learning, Loyola University Chicago

Older adults with complex care needs want to live as independently as they can for as long as they can, and limit stress on family caregivers. COVID-19 has exacerbated and enhanced the already present needs with telehealth, caregiving and social isolation, especially in communities of color. Telehealth strategies offer the potential to improve access to care and the quality of care, while reducing strain on family caregivers.

By improving the continuity of care, home telehealth can reduce crises that may lead to hospitalization and lower health care spending associated with unmet needs for care. In so doing, telehealth can improve the experience of care for older adults and their family caregivers and improve quality and outcomes of care. Overall, this helps improve quality of life for older adults and their family caregivers.

A primary goal of telehealth must be to improve equity in access and outcomes for vulnerable groups. Health care systems need to ensure that telehealth reaches the most vulnerable and narrows—rather than widens—health care disparities. A digital divide is a barrier to achieving these objectives.

Telehealth strategies need to be designed to be acceptable and usable by those with the greatest need, and to be effectively targeted to them. Reaching people with cognitive challenges and other disabilities may require the involvement of family caregivers to optimize strategies that deliver benefits that outweigh burdens in engaging with telehealth technologies.

Due to COVID-19, regulatory barriers to telehealth, along with patients' financial concerns, were removed by executive orders under Governor Pritzker and continue to be extended on a month-by-month basis. We implore the Governor and the General Assembly to advocate on behalf of Illinois' aging population and their family caregivers and codify these executive orders into law. Additional telehealth policy must include a definition of family caregivers and their ability to join their loved ones in telehealth appointments, if authorized by the patient.

Telehealth laws, policies and regulations that promote an individual's access to health, home and community-based care services and choice of providers, and that also support family caregivers and independent living, will be a first step to addressing health disparities. Additional telehealth policies that should also be considered include:

- Allow providers to practice across state lines through the enactment of Interstate Licensure Compacts for physicians, APRNs or RNs to expand provider networks and reduce interstate barriers to the use of telehealth services.
- Require benefit (coverage) parity in private health plans, Medicaid or state employee health plans.
- Enact legislation, regulation or policy to require insurers to include information about telehealth capabilities in provider network directories.

- Remove barriers that limit or prevent access to care via telehealth for family caregivers and their loved ones, including coverage for remote patient monitoring and other care received in the home and non-clinical settings.
- Facilitate access to care for mental health services via telehealth.
- Enact legislation, regulation or policy that facilitates family caregiver engagement in care planning meetings via audio/video.
- Policymakers and the private sector should provide funding for high-speed internet access and necessary equipment to ensure access to telehealth.
- Federal and state governments should help rural, urban and communities of color improve access to health care by facilitating community-based discussions about potential solutions, including increased access to care provided by telehealth.
- Provide increased access and coverage for care provided by telehealth, and technical assistance to rural, urban and underserved communities that seek to develop delivery systems and identify alternative ways to provide access to health care.
- Inclusion of family caregivers in telehealth legislation, including task forces and implementation.

CONNECTIVITY

RECOMMENDED CALL TO ACTION

Pillar: CONNECTIVITY

Issue: Broadband

“It is now widely acknowledged (thanks in part to the wrenching experiences of school districts trying to institute online learning for their students during COVID-19 lockdowns) that the tens of millions of Americans who still lack high-speed internet connections include large numbers of low income and older adult city residents, as well as residents of unserved rural communities.”

-National Digital Inclusion Alliance



Once thought of as a luxury or convenience, it has become abundantly clear through the COVID-19 pandemic that broadband is not simply a means for leisure, but has transformed into something essential for modern living and access to basic and essential human services (e.g. telehealth, e-learning, etc.). More than ever, older adults must be connected to services and provided access to broadband as a potential deterrent to social isolation. Two main categories must be addressed at the city, county and state levels: access and digital literacy. Additionally, an emphasis must be made to address these categories through the lens of racial equity and inclusion which includes an in-language focus for multicultural and non-English speaking communities.

To that end, we make the following recommendations:

- Work with national policy experts to ensure that service maps correctly reflect broadband availability to Illinois residents vs. commercial entities and that disparities are addressed.
- Advocate for city, county and state entities to specifically address broadband disparities in low-income and multicultural communities including funding for digital literacy programs.
- The Illinois Broadband Advisory Council should make an assessment of broadband availability, reliability, and affordability in low-income and multicultural communities.
- The Illinois Broadband Advisory Council should reflect the multicultural makeup of Illinois.
- Explore potential legislation that would increase access to affordable and reliable high-speed broadband to all communities.

- Illinois should pursue ways to expand broadband access, including support of municipal broadband networks to provide broadband service.
- Partner with local organizations on the issue of advocacy for racially equitable broadband access.

RESEARCH BRIEFINGS:

ECONOMIC SECURITY: Racial and Ethnic Economic Disparities Among Older Adults 50 and Above

This is a difficult economic time for many residents of Illinois, particularly for the economically vulnerable, many of whom are African American/Black, Asian American/Pacific Islander and Hispanic/Latino residents. While COVID-19 has made things worse, these economic disparities are not new. Illinois is 10th in the nation in terms of economic inequality among all its population. (Duffin, 2020) This inequality is the most glaring when looking at economic disparity between whites and African American/Blacks. The causes of these and other disparities are derived from the historical and structural discrimination that impacts people of color across the life course. Adults 50- plus experience both new economic inequality and the effects of those they have accumulated throughout their lives. This report shares preliminary findings, focusing on how racial and ethnic inequality experienced through one's lifetime create a racial wealth gap that impacts the economic health of the 50- plus residents of color in Illinois.

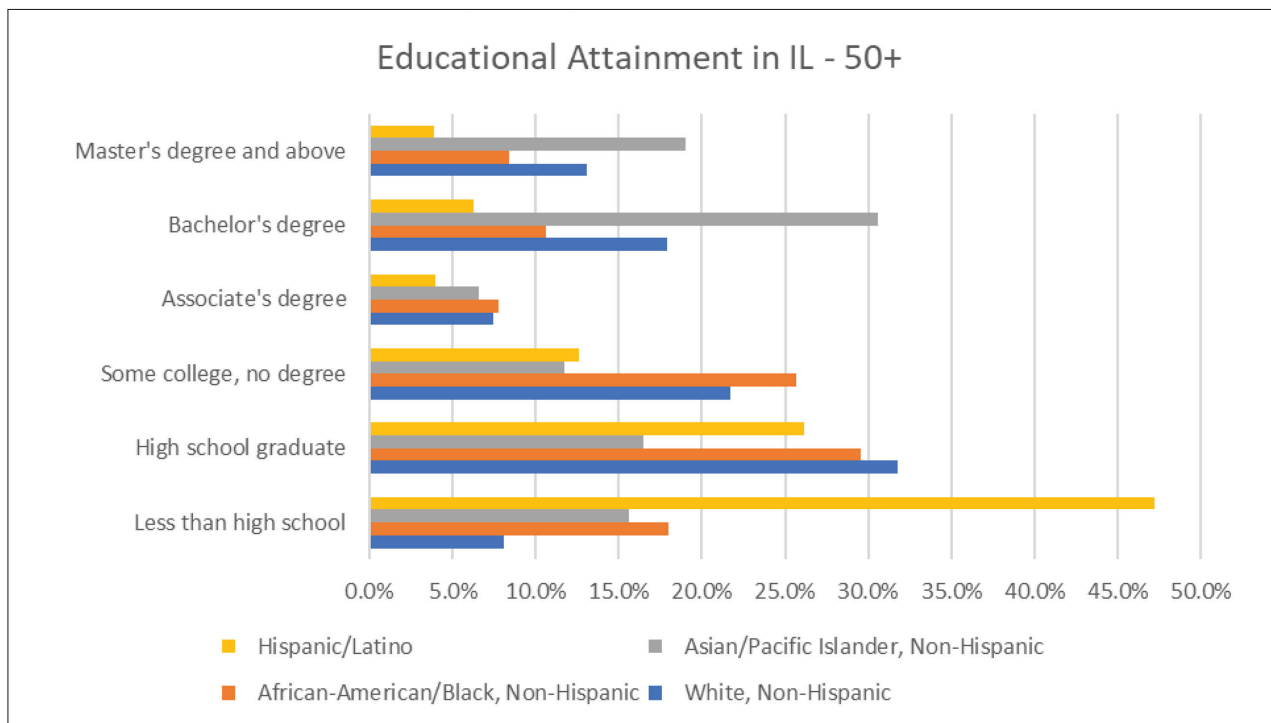
Economic inequality across the life course

A “three-legged stool” is an idealistic metaphor used to describe most common sources of a sustainable foundation for retirement income: Social Security, employee pensions, and personal savings. This metaphor assumed an equal economic opportunity that was never a reality, even in the best of economic times, for many older Americans due to systemic disparities that maintained and exacerbated injustice, economic distress and social segregation. Rather, many older Americans, especially African American/Blacks, Asian American/Pacific Islanders and Hispanic/Latinos, have experienced throughout their lives restrictive economic opportunities, beginning with a lack of educational opportunities, that has narrowed and restricted their ability to build an enduring and sustainable economic foundation.

Education

Older adults of color in Illinois in their youth had fewer educational opportunities than their white counterparts. For example, while only 8.1 percent of the white adults did not graduate high school, 15.6 percent of Asian American/Pacific Islanders, 18 percent of African American/Blacks and 47.2 percent of Hispanic/Latinos did not (Guengerich, T., 2020). These disparities in educational attainment translate into substantially different lifetime earnings (Social Security Administration, 2015).

Figure 1A. Educational Attainment in IL Ages 50 and Over. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Employment

Looking at Illinois employment and wage data, this pattern of substantially different earnings between different racial/ethnic groups is evident. Illinois African American/Blacks historically have had the highest unemployment rate among all major racial and ethnic groups. For example, in the last 20 years they have had unemployment rates that are at least double that of the rate for whites. (U.S. Bureau of Labor Statistic, 2020). In addition, Hispanic/Latinos and African American/Blacks both have high levels of employment in the occupational categories tend to pay lower wages. African American/Blacks in Illinois had a high proportion of employment as service workers (26.8 percent), laborers (25.0 percent), operatives (19.3 percent), and office and clerical workers. Hispanic/Latinos had their highest rates of employment in Illinois as laborers (38.3 percent), operatives (26.7 percent), service workers (22.6 percent), and craft workers (18.0 percent). (Flatt, C. & Reinhold, R, 2020).

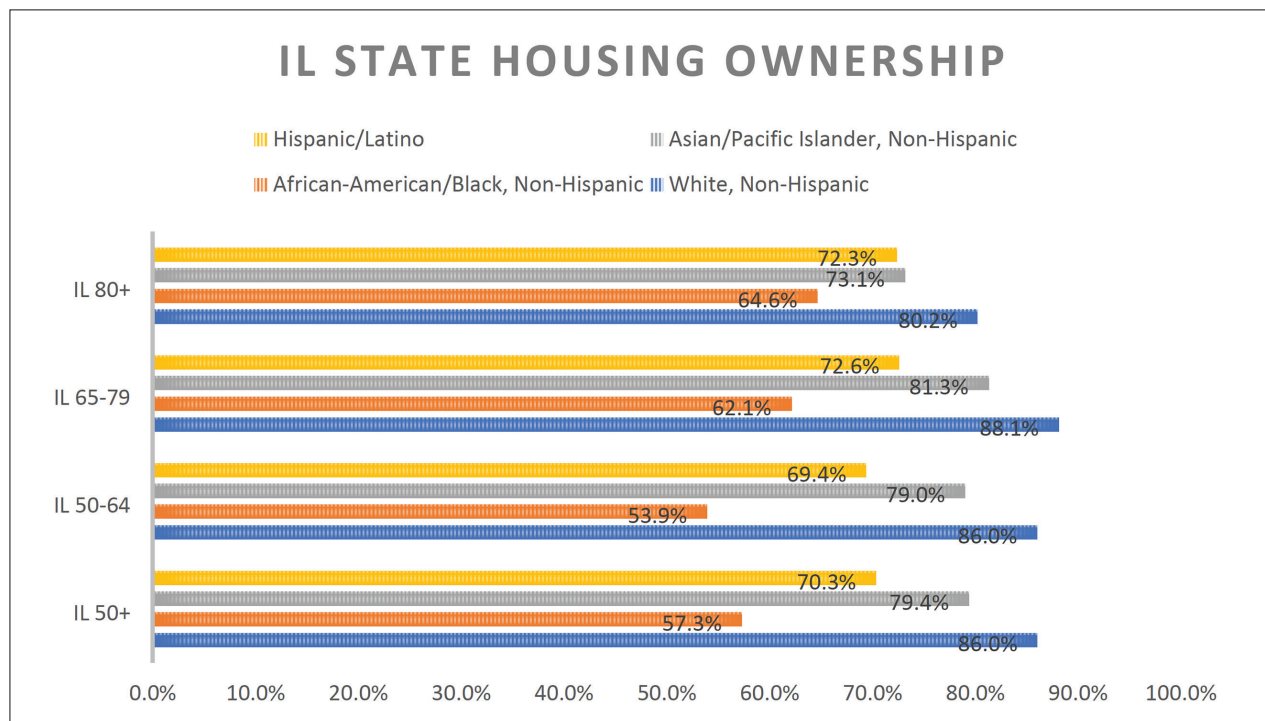
With disparities in occupations within employment, this leads to vast differences in personal income. In comparison to the median income for white workers hovering around \$30,044 per year, Asian American/Pacific Islanders incomes are 20 percent less (\$24,039). Hispanic/Latino and African American/Black workers fair even worse with 40 percent (\$18, 026) and 51% (\$14,504) less respectively. Contextualizing the difference in median income for racial/ethnic groups against the backdrop of a national poverty threshold of \$17,240 for a household of two paints a picture of economic burden over the life course (Office of the Assistant Secretary for Planning and Evaluation, 2020).

The ability to accumulate wealth

A median white household in 2013 in the U.S. had 13 times the wealth of the typical African American/Black household – \$141,900 versus \$11,000; ten times that of the typical Hispanic/Latino household, which held \$13,700. The racial wealth gap is not a fading remnant but has endured and been replicated on with each new generation (Pew, 2014).

Home ownership has been an important generator of wealth. While the majority (68.2 percent) of Illinoisans own their own homes rather than rent, these numbers vary significantly between whites (77.9 percent), African American/Blacks (41.8 percent), Asian American/Pacific Islanders, (66.6 percent) and Hispanic/Latinos (56.1 percent) (Guengerich, T., 2020). It is not just that people of color are less likely than whites to own their home; layered on top of this disparity are large and growing differences in the value of property that people own. For example, in the Chicago metropolitan area, homes in predominantly African American/Black communities appreciate in value at slower rates and have lower peak values than homes in majority-white neighborhoods. And those living in these homes are less likely to accumulate comparable levels of equity over time. (Henricks, C. et al., 2017)

Figure 1B. Illinois State Housing Ownership. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



While there are many reasons for these disparities, the ability to access mortgage credit is critical. Nationally, there are significant disparities in mortgage denial rates. While in 2015, the overall mortgage denial rate was 12 percent, for African American/ Blacks it was 27.4 percent, and for Hispanic/Latinos, 19.2 percent. Also, in 2017, African American/Blacks and Hispanic/Latinos who obtained mortgages were much more likely to pay higher, and in some cases predatory, mortgage rates than the national average (DeSilver, D. & Bialik, K., 2017).

Accessing Banking and Credit

Unbanked households, which the FDIC defines as those that do not have an account at an insured institution, cannot use savings accounts to build emergency funds or turn to time-saving tools for transactions such as paying bills and transferring money (Armstrong, 2020). Nationally, African American/Black (16 percent) and Hispanic/Latino (14 percent) populations are disproportionately more likely to be unbanked compared to white (3 percent) and Asian American/Pacific Islander (2.5 percent) populations (FDIC, 2017). Those who are left unbanked suffer economic disadvantages due to the lack of access to banking and credit services – having to resort to higher-rate alternative financial providers for services such as cashing checks and issuing money orders. In addition, there are significant disparities in obtaining a mortgage. These disparities are stark when looking at mortgage denial rates.

The overall mortgage denial rate in 2017 was 12 percent. However, for African American/Black applicants, mortgage denial rates were more than double (27.4 percent), and for Hispanics/Latino applicants, more than 50 percent higher than the overall denial rate (19.2 percent). Moreover, the African American/Black and Hispanic/Latino applicants who obtained mortgages were much more likely to pay higher, and in some cases predatory, mortgage interest rates than the national average (DeSilver, 2017).

Retirement savings, pensions, 401K's

By whatever metric you use, workers of color are less likely to have employment with retirement benefits and to be able to save for retirement. Nationally, only 54 percent of African American/Black and Asian American/Pacific Islander employees and 38 percent of Hispanic/Latino employees aged 25-64 work for an employer that sponsors a retirement plan, as opposed to 62 percent of white employees. A large majority of African American/Black and Hispanic/Latino working age households—62 percent and 69 percent, respectively—do not own assets in a retirement account, compared 37 percent of white households. Only 19 percent of households of color near retirement have adequate savings, compared to 41 percent of white households of the same age. (Ree, 2013).



Subsequent economic insecurity among older adults in Illinois

Disparities in economic security become more pronounced among older adults as incomes become fixed and susceptible to being diminished by inflation and subject to increasing costs of health care and housing. Whites, with much higher educational and employment opportunities, are more likely to have multiple sources of income –and significantly higher income–in retirement, including savings, unencumbered home ownership, Social Security and pensions, than African American/Blacks, Asian American/Pacific Islanders, and Hispanic/Latinos. And older African American/Black’s and Hispanic/Latino’s incomes, although steadied by Social Security, reflect the lower wages and discriminatory practices that were experienced by these individuals throughout their lives. For those Asian American/Pacific Islander and Hispanic/Latino immigrants above 80 years for whom Social Security is not an option, the loss of wage income as they age out of the workforce increases the risk of falling into poverty.

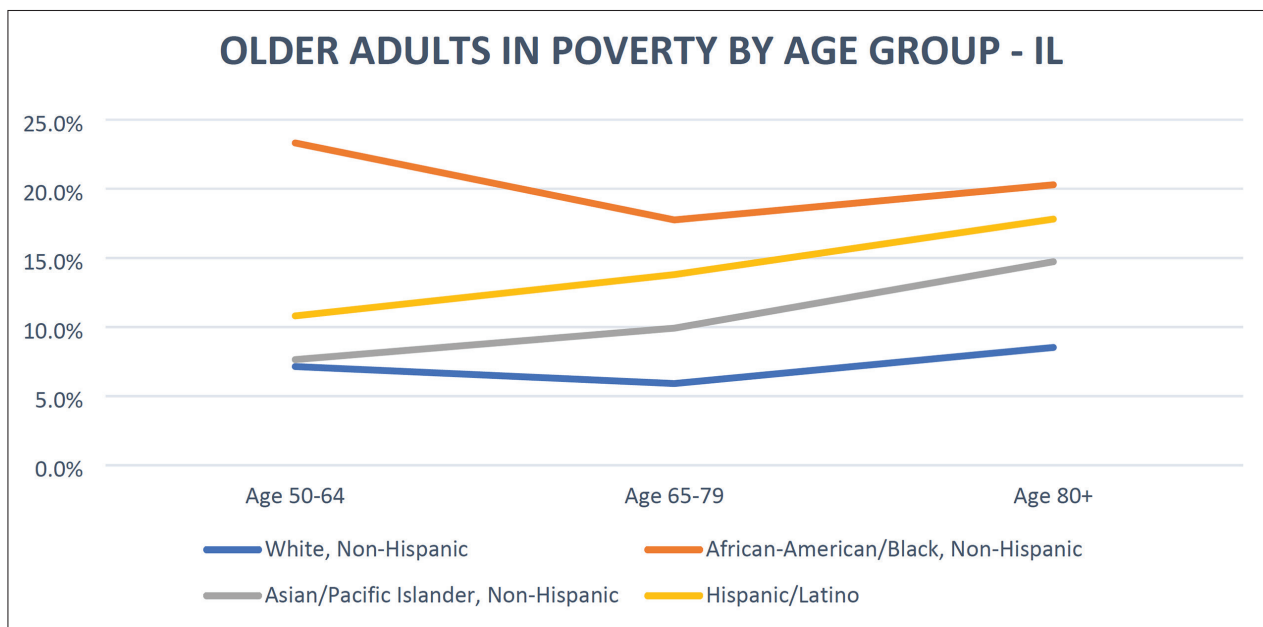
Poverty

In Illinois, 9.3 percent of older adults 50-plus live under the poverty line, with racial/ethnic older adults more likely to live in poverty than white counterparts. This is especially true of African Americans/Black older adults who are over three times more likely to live in poverty than white older adults. Hispanic/Latino and Asian American/Pacific Islander older adults who also experience additional economic insecurity are 1.7 and 1.2 times more likely to live in poverty. The percent of older individuals in poverty is even more stark for Cook County and Chicago.

For all Illinois older adults above 80 years, the poverty rate increases to 10.3 percent with spikes in poverty rates for Asian American/Pacific Island (14.7 percent) and Hispanic/Latino (17.8 percent) populations next to white and African American/Black counterparts (Guengerich, T., 2020). What is especially striking is the spike in the poverty rate for Asian American/Pacific Islanders in Chicago. It is possible that this increase is due, in part, to the fact that those Asian American/Pacific Islander and Hispanic/Latino older adults 80-plus arrived in the U.S. under immigration family reunification

provisions and are not eligible for most entitlement and welfare programs due to a lack of qualifying work history and legal immigration status. Compared to immigrants who arrive earlier in life, late-life immigrants are more likely to be female and widowed and have lower education attainment and limitations in physical functioning (Population Reference Bureau, 2013).

Figure 1C. Older Adults in Poverty by Age Group - Illinois. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Personal Income Disparities

In Illinois, the median income for older adults 50 years and above looks different for racial/ethnic groups. White older adults (\$32,116) make around one-third more than Hispanic/Latino (\$19,373), African American/Black (\$19,093) and Asian American/Pacific Islander (\$22, 994) older adults (Guengerich, T., 2020).

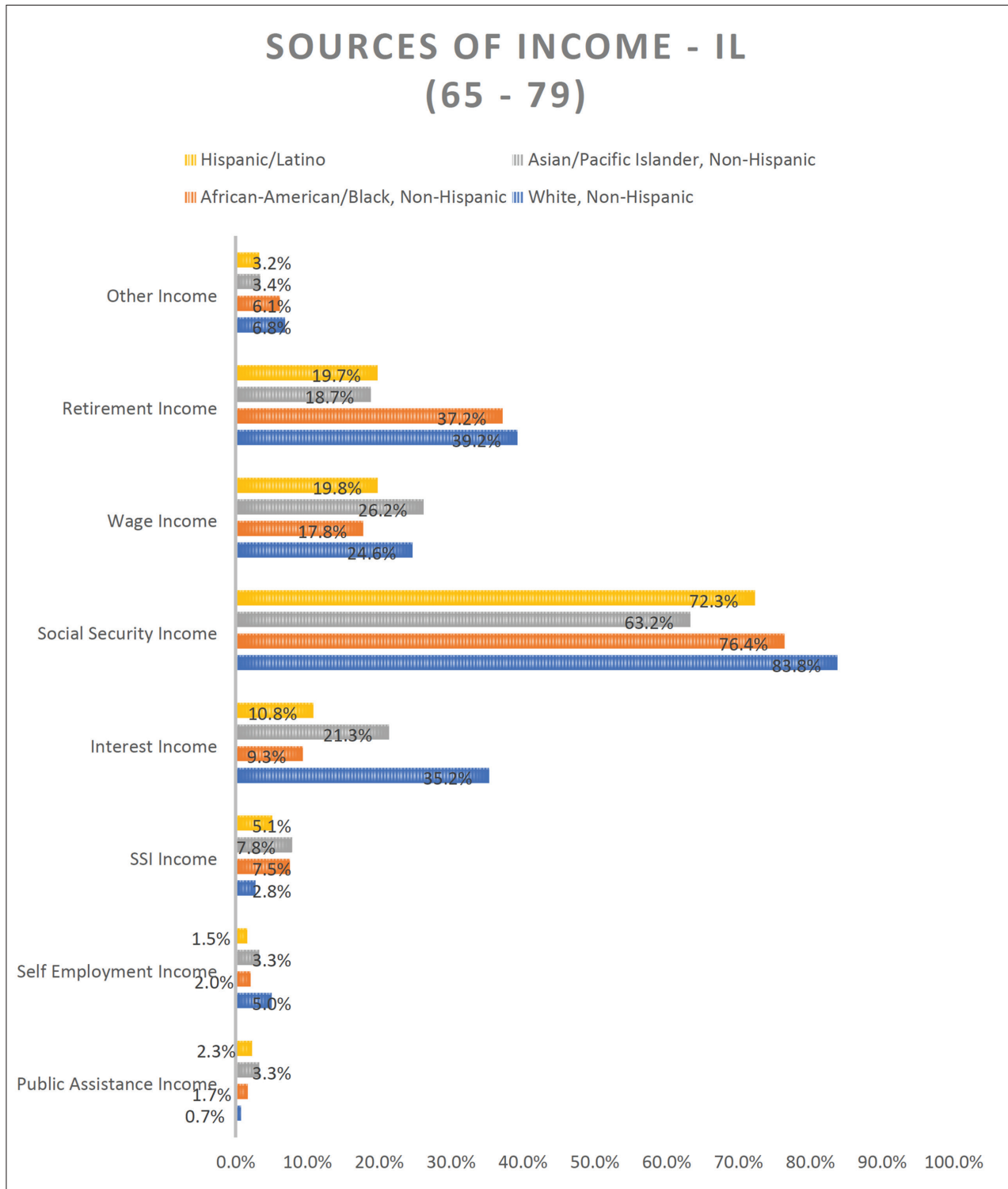
Looking more closely at the personal income of individuals, income is significantly reduced for all groups as with age. By age 65, the median income level for African American/Black older adults is 150 percent below poverty (\$19,140), and for Hispanic/Latino and Asian American/Pacific Islander older adults is 133 percent below poverty at \$16,971. Increasingly, by age 80, the median income for African American/Blacks falls 133 percent below poverty, and for Hispanic/Latino and Asian American/Pacific Islander older adults, the economic situation becomes even more dire with median incomes falling to \$12,760.

Disparities in the sources of income support in retirement

When looking at people 65 and older, 84 percent of older adults report Social Security as the main source of income – with income from assets (reported by 63 percent), earnings (reported by 29 percent), private pensions (reported by 37 percent), and government employee pensions (reported by 16 percent) as additional sources. Yet the income sources, which various racial/ethnic groups rely on, and the amount of income from those sources are disparate. Racial/ethnic older adults rely on less total income and from fewer income sources. (Wolff, 2017)

Looking at Illinois (see Figure 1E), African Americans/Black older adults are much less likely to have interest from assets such as savings and stocks. Asian American/Pacific Islander and Hispanic/Latino older adults are much less likely to have retirement income from pensions and 401Ks. In addition, white older adults are most likely to receive income - and a higher income - from a combination of the classic three legs of the stool - savings, pensions and Social Security - reflecting economic advantages accrued in the labor market, and asset income derived from multigenerational wealth.

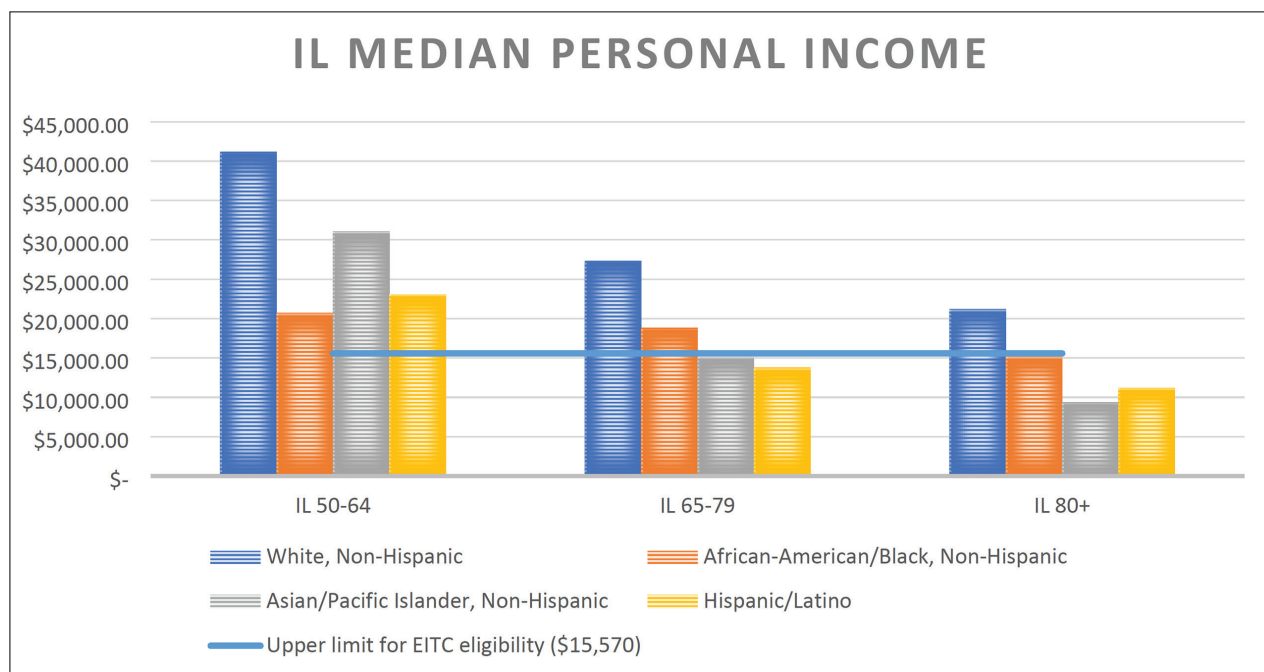
Figure 1D. Sources of Income, Ages 65 – 79 - IL. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Earned Income Tax Credit

A quarter of older adults between the ages of 65 and 79 in Illinois report wage incomes as one of their sources of income, ranging from 26.2 percent (Asian American/Pacific Islander older adults) to 17.8 percent (African American/Black older adults). As we can see in Figure 1E, many total personal incomes are under \$15,570, the upper limit for Earned Income Tax (EITC) eligibility for a single adult. EITC is available to adults aged 25 to 65 without children. However, under the Federal and Illinois EITCs policies, older adults (65 and above) without dependent children are ineligible, even if fiscal requirements of having taxable net income below \$15,570 is met. Eliminating age requirements for EITC may yield significant economic benefits for those older adult residents who have earned taxable wages.

Figure 1E. Illinois Median Personal Income. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Housing cost burden and economic instability

Challenges related to housing affordability undermine older adult economic security and the ability to remain in safe and stable housing. Incomes in retirement typically become fixed and decline – susceptible to erosion by inflation and subject to increasing costs of health care and housing (HUD, 2017). This leads to a housing cost burden on older adults – requiring an allocation of more than 30 percent of total income for housing.

Approximately a quarter of all older adults experience economic burden, including 12 percent of older adults who have several economic burdens, and still pay 50 percent or more for housing (Molinsky & Airgood-Obrycki, 2018). For these housing-cost-burdened older adults, personal economic crises,

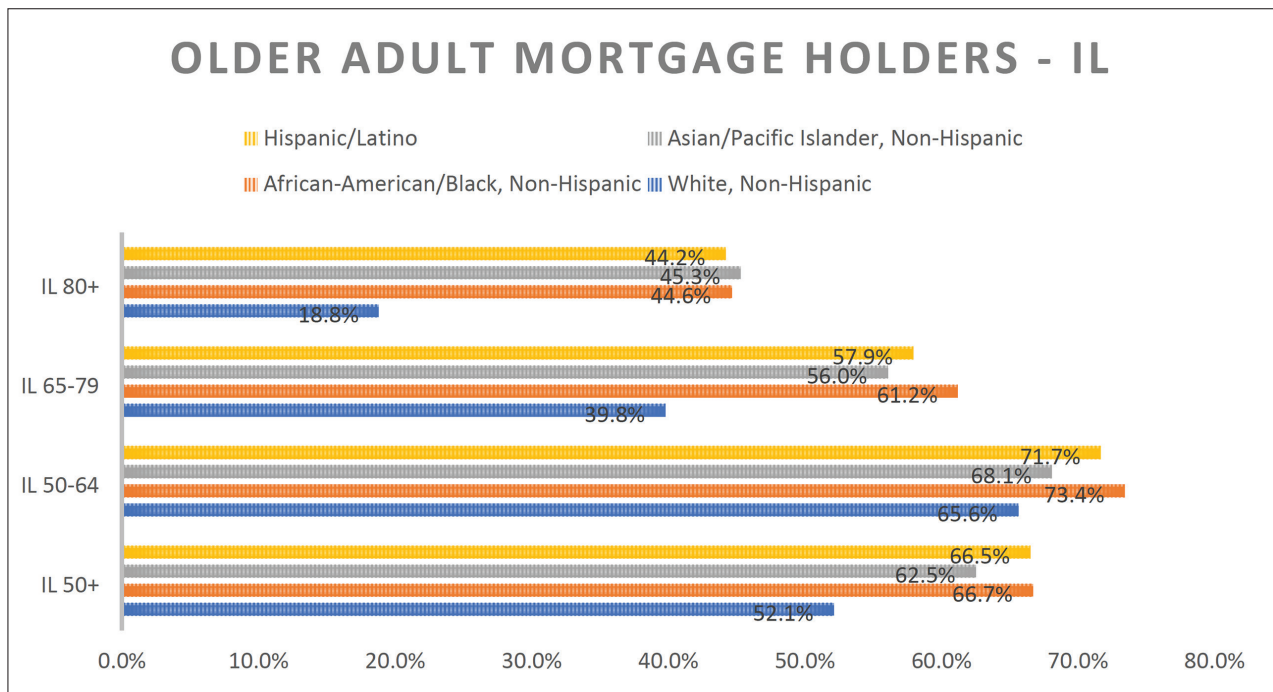
such as illness, or economic downturn can increase risk of foreclosure and eviction. A Wharton study (Trawinski, 2017) found that even in an improving economy of 2017, borrowers age 50 and older experienced higher foreclosure rates than in 2007.

It is no surprise that in this current COVID-19 pandemic there are fears that all mortgage holders are likely to be exposed to greater housing and economic instability. This instability will especially put at risk homeowners of color. For example, during the Great Recession there were significantly more foreclosures nationally among African American/Black and Hispanic/Latino homeowners than white homeowners. During the aftermath of the Great Recession, while non-Hispanic white homeowners represented the majority of at-risk borrowers, African American/Black and Hispanic/Latino borrowers were more likely to be at imminent risk of foreclosure (21.6 percent and 21.4 percent, respectively) than non-Hispanic white borrowers (14.8 percent) (Gruenstein Bocian, Li, & Ernst, 2010).

Disparities in risk for Older Illinois Homeowners

The majority of older adults have homes with mortgages. Racial/ethnic older adult homeowners are especially more likely to have mortgages compared to white homeowners. This is concerning since those older adult homeowners who are still paying mortgages face higher rates (43 percent) of housing economic burden. (Molinsky & Airgood, 2018) In Illinois, almost half of African American/Black, Asian American/Pacific Islander, and Hispanic/Latino older adults 80-plus still hold mortgages, more than twice the number of white homeowners.

Figure 1F. Older Adult Mortgage Holders in Illinois. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Disparities in rental burdens

In 2018, the average two-bedroom apartment in Illinois cost \$1,058 per month. Regardless of income, 42.6 percent of white, non-Hispanic renter households spent 30 percent or more of total income on housing in 2016. By contrast, African American/Black renter households spent almost double, and Hispanic/Latino renter households spent 50 percent more of total income on housing than white households. For example, Housing Action Illinois estimates that nearly three quarters of extremely low-income renter households spend more than half of their income on rent and utilities. In order for a worker earning minimum wage (\$8.25) to maintain a 30 percent rent-to-income ratio for a two-bedroom apartment, they must work just shy of 100 hours per week. For older adults who have limited fixed income, such as Social Security, and live alone, paying rent for a one-bedroom or studio apartment can exhaust their entire income (Housing Action Illinois, n.d.). Yet there is a dearth of affordable housing in Illinois, Housing Action Illinois estimates that there are only 36 affordable and available rental homes for every 100 extremely low-income renter households in Illinois.

In Cook County and Chicago alike, half of all renter households and the vast majority of lower-income households are rent-burdened (Institute for Housing Studies at DePaul University, 2019). Within the context of COVID-19, a strained economy, and stagnant job market, these extremely challenging economic limitations can translate into devastating financial setbacks from minor and/or unexpected life circumstances. Changes in work hours or auto repairs can bring people to the brink of eviction.

Evictions

One looming economic impact of COVID-19 is a spike in eviction rates. Because of federal, state, and local policies that have been put into place restricting evictions and providing slight economic relief through the CARES Act, a huge uptick in evictions has been thus far abated. However, it is feared that without an extension of these policies into 2021, this housing catastrophe may be on the horizon. Evictions are often the result of economic crises for individuals and families. In times of large-scale economic downturn, such as the Great Depression of the 1930's and the Great Recession in recent history, rental defaults as well as foreclosures due to mortgage defaults led to a wave of evictions. Unfortunately, these evictions disproportionately impact racial/ethnic communities. The Chicago-based Lawyers' Committee for Better Housing (2019) analyzed Housing Court cases from 2010 to 2017 and pointed to the disproportionate number of eviction cases and resulting evictions in the African American/Black and Hispanic/Latino communities in Chicago. In addition, evictions in gentrifying neighborhoods in Chicago have been linked to landlords converting affordable housing into more lucrative rental properties or condominiums – disproportionately impacting lower income racial/ethnic households.

Figure 1G. Eviction Rates by Race. Chart from the Lawyers’ Committee for Better Housing (2019).

Eviction Rates

Reference: Lawyers’ Committee for Better Housing. (2019, May). *Opening the Door on Chicago Evictions: Chicago’s On Going Crisis.*

Majority Race (over 50% of total population)	Number of Community Areas		Eviction Filing Rate (filings per 100 rental units)		% of Cases Ending in Eviction Orders	
	2010	2017	2010	2017	2010	2017
White	20	19	2.5%	1.4%	55%	53%
Black	30	28	6.6%	6.2%	62%	60%
Latinx	16	17	3.0%	2.7%	61%	62%
Citywide	77	77	4.1%	3.1%	60%	59%

One Community Area that had a majority Asian population and the others that did not have a majority race are not included in our brief discussion below. Data on race were obtained from American Community Survey 5-year estimates. The 2006-2010 estimates were used as a proxy for 2010 and the 2013-2017 estimates were used for 2017. Eviction cases are aggregated by the year in which they are filed.

HEALTH: Racial and Ethnic Health Disparities Among Older Adults 50 and Above

Health is a critical factor in successful aging for older adults. In Illinois, one third of the population is above 50 years old, and 42 percent of those older adults are 65 and older (Guengerich, T., 2020). The older adult landscape in the state of Illinois is diverse – African American/Black, Hispanic/Latino, Asian American/Pacific Islanders, and other non-white populations comprise just over a quarter of the state older adult population, almost half of the Cook County older adult population, and almost two-thirds of the Chicago older adult population (Guengerich, T., 2020).

The older racial/ethnic populations are among the most vulnerable members of our communities and have been disproportionately impacted by negative health outcomes. For example, preliminary data indicates that the COVID-19 pandemic has disproportionately impacted older adults in Illinois communities - among them, African American/Black, Hispanic /Latino and Asian American/Pacific Islander older adults (see Appendix #1). However, the disproportionate impact of negative health outcomes on racial/ethnic communities is not new. Rather, they reflect the disparities in health outcomes that have existed throughout the life course which have become exacerbated by COVID-19.

Our initial findings from national and local research highlight these health disparities, painting an uneven health equity landscape. These disparities include specific older populations experiencing higher rates of chronic illness, more health stressors, less insurance coverage and more barriers to accessing health care.

From ages 50 to 64, Illinois older adults are strained due to a variety of contributing factors such as lack of health coverage, food insecurity and air pollution . In older adulthood, these compounding burdens can be seen in lower life expectancies, preventable hospitalizations, and lingering chronic illnesses. With a state of over 12.8 million people, the issue of health care and access to resources and services plays an ever-important role in how our state helps to determine our ability to age successfully (Guengerich, T., 2020).



Racial and Ethnic older populations suffer poor health outcomes¹

With increases in life expectancy comes the increased likelihood of limitations in mobility and the onset of chronic illness. Among older adults, African American/Black and Hispanic/Latino populations experience a higher proportion of chronic conditions and tend to have earlier onset of those conditions than white populations. Moreover, African American/Black and Hispanic/Latino older adults are more likely to be hospitalized, seek emergency room care, and lack preventative care. They report having at least one or more chronic condition(s) such as asthma, hypertension, obesity, diabetes, heart disease and/or anxiety (IL Departments on Aging, Healthcare and Family Services, Human Services, and Public Health, 2019).

Life Expectancy and Mortality

Heart disease, cancer and stroke ranked as the top three leading causes of death across all racial/ethnicity groups. However, mortality rates look different – with heart disease and cancer accounting for more than half of the deaths of African American/Black older adults. The compounding negative health impacts on African American/Black and other racial/ethnic older adults ultimately translate into shorter life expectancies. Currently, African American/Black older adults are expected to live more than 2.5 years less than Hispanic/Latino, Asian American/Pacific Islander, and white older adults (Laflamme et al., 2019).

Hospitalization

Older adults experience higher rates of preventable hospitalization associated with age. In the state of Illinois, 6 out of every 10 preventable hospitalizations were attributed to older adult patients 65 and over, with those who are lower income or uninsured experiencing higher rates than those with higher income or insurance (United Health Foundation, 2019). African American/Black and Hispanic/Latino older adults 65 and older not only have higher rates of preventable hospitalizations, but also have higher costs per preventable hospitalization (United Health Foundation, 2019). Overall, in Chicago, older adults 65 and older account for almost 30 percent of all inpatient hospitalizations and 11 percent of all Emergency Department visits (United Health Foundation, 2019).

A study that focuses on delayed treatment reports notable behavioral differences in how and when racial/ethnic groups decide to seek treatment (Evangelista, 2000). Delays in seeking treatment is linked with more severe symptoms and preventable Emergency Department admissions (Oster, 2003). Unsurprisingly in Chicago, the Chicago Department of Public Health reported African American/Black older adults having the highest rates of preventable hospitalizations followed by Hispanic/Latino, white, and Asian American/Pacific Islander older adults respectively (Oster, 2003).

Cancer

African American/Black and white populations experience the highest rates of breast cancer (Susan G. Komen Foundation, 2017). Cancer screening is a critical preventative health care service. For majority of older adults in Chicago, those from 65 to 74 received breast cancer screening in the past two years (Laflamme et al., 2019), with African American/Black older adults screened more than Hispanic/Latino

¹ There is a lack of information on Asian-American/Pacific Islander populations by ethnic group in areas of chronic health (see Appendix #1).

or whites (Laflamme et al., 2019). Similar trends in preventative care are also present in colorectal cancer screening. Interestingly, while African American/Black older adults have the highest rates of cancer screening of any racial/ethnic population, African American/Black older adults also experience the highest mortality rate and are almost twice as likely than Hispanic/Latino, 40% more likely than white, and 1.5 times more likely than Asian American/Pacific Islander older adults to die of cancer (Susan G. Komen Foundation, 2017).

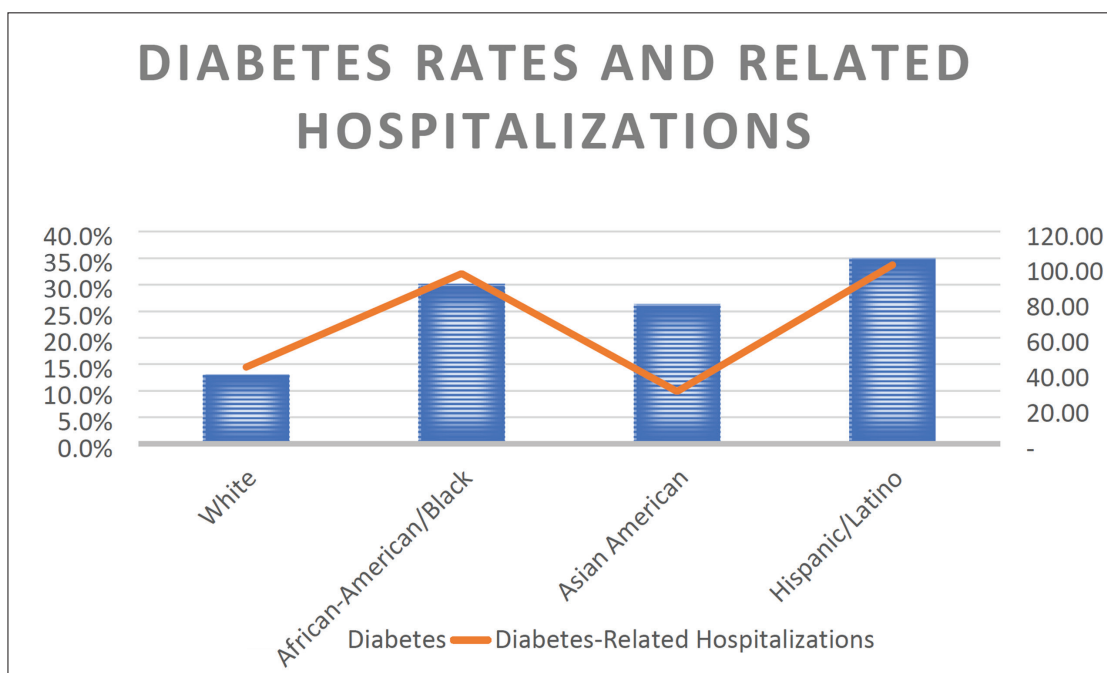
Obesity

While obesity itself is not a chronic condition, it is a risk factor for many chronic conditions, including four out of the ten leading causes of death in the U.S. (Laflamme et al., 2019). African American/Black and Hispanic/Latino older adults have the highest rates of obesity compared to other older adult populations. In Chicago, just under 30 percent of older adults 65 and over are obese, with African American/Black and Hispanic/Latino older adults accounting for two-thirds of obese older adults (Laflamme et al., 2019).

Diabetes

Nationally, multicultural populations show higher incidences of late onset diabetes. African American/Black and Hispanic/Latino older adults have higher rates of diabetes and diabetes-related hospitalizations compared to other older adult populations (Laflamme et al., 2019). Similar to African American/Black adults, Hispanic/Latino adults were more likely than white adults to be diagnosed with diabetes (Centers for Disease Control and Prevention (CDC), 2020). In Chicago, these differences in diabetes translate into African American/Black and Hispanic/Latino older adults experiencing more overall diabetes-related hospitalizations for those 65 and over (Laflamme et al., 2019) (see Figure 2A).

Figure 2A. Diabetes Rates and Related Hospitalizations by Race. Data from the Healthy Chicago Databook: Older Adult Health (2019).



Chronic Lower Respiratory Diseases

The prevalence of disparities in care is especially pronounced when looking at chronic lower respiratory diseases. In Chicago, close to 8 percent of older adults have asthma with African American/Black and white older adults exhibiting the highest rates of diagnoses. African American/Black older adults also have significantly higher rates of emergency department visits for asthma. African American/Black older adults were almost 7 times more likely to visit the Emergency Department than white older adults (Laflamme et al., 2019). Similar trends are present for COPD hospitalizations with African American/Black older adults more than 25 percent more likely than white counterparts to be hospitalized (Chicago Urban League, 2020).

Hypertension

High blood pressure is considered the major precursor of heart attacks and strokes, with approximately 54 percent of strokes and 47 percent of coronary heart diseases worldwide attributed to hypertension (Wu, C., et al., 2015). Not only do African American/Black older adults experience the highest prevalence of hypertension of all racial/ethnic populations, but African American/Black older adults are also more likely to develop hypertension at a younger age compared to white older adults (United Health Foundation, 2019).

In Chicago, the majority of older adults (62 percent) have been diagnosed with having hypertension or high blood pressure (Laflamme et al., 2019). Among racial/ethnic populations, African American/Black and Hispanic/Latino older adults experience the highest prevalence of hypertension – with 75 percent of African American/Black older adults and 64 percent of Hispanic/Latino older adults with the diagnoses (Laflamme et al., 2019). With much higher rates of hypertension, African American/Black older adults also experience higher rates of emergency department use for hypertension compared to other populations in the state (Centers for Medicare & Medicaid Services, 2020).

Dental

Growing research has linked oral health to chronic diseases, including diabetes, heart disease, and stroke (Bensley, L., 2011). Focusing on periodontal (gum) disease and oral prevention is key. However, only 6 out of 10 older adults in Chicago reported to have had their teeth cleaned by a dentist or dental hygienist in the past year (Laflamme et al., 2019). This rate was especially low among African American/Black older adults, followed by Hispanic/Latino, and Asian older adults in annual dental cleaning. Similar trends are reflected in dental care emergencies – with African American/Black older adults being almost three times more likely and Hispanic/Latino older adults being more than twice as likely to visit the Emergency Department for dental care emergencies (Laflamme et al., 2019).

Disparities in Health Insurance Coverage

In the United States, there are significant racial disparities in access to health coverage and in health outcomes. Racial/ethnic older adults are far more likely to be uninsured. Most older adults 50 and older in Illinois are covered by some form of health insurance. However, close to a quarter of a million Illinoisans have no coverage at all. Of those without coverage, 92 percent are younger than 65.

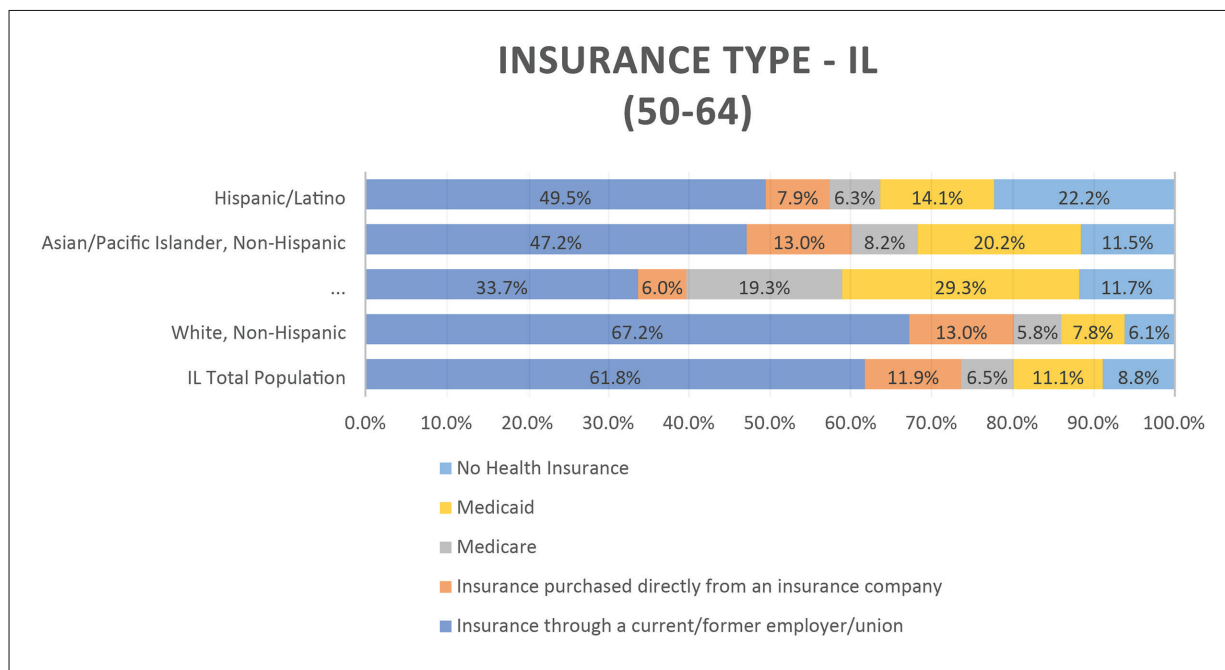
Insurance coverage for those 50 to 64

Racial/ethnic older adults experience disproportionate health insurance coverage above the age of 50. While 6 percent of white older adults are without coverage, uninsured rates are double for African American/Black and Asian American/Pacific Islander older adults and are more than triple for Hispanic/Latino older adults (Guengerich, T., 2020).

Among those with insurance coverage, African Americans/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults 50 to 64 are more likely to be on public insurance (Guengerich, T., 2020). The majority of health insurance is provided through current/former employer/union (56%) and/or Medicare (47 percent). The percentage of racial/ethnic older adults on public insurance may be indicators of population unemployment and/or disability rates (Illinois Department of Public Health, 2016).

In Illinois, African American/Black, Asian American/Pacific Islander, and Hispanic/Latino older adults are the least likely to have insurance coverage – in comparison to white older adults. As illustrated in Figure 2B - this trend continues in Cook County and Chicago for those older adults between the ages of 50 and 64 (Guengerich, T., 2020). In Chicago, for example, African American/Black older adults reported insurance coverage of 87 percent while more than 91 percent of white older adults have insurance (Guengerich, T., 2020).

Figure 2B. Insurance Type - Illinois. Data from the U.S. Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Insurance coverage for those 65 and older

The rates of insurance coverage in Illinois changes dramatically for those 65 and older, with 99 percent of older adult residents covered by insurance - most of whom are covered through Medicare. However, there are some glaring exceptions – namely, Hispanic/Latino (6.75%) and Asian American/Pacific Islander (5.1%) older adults experience more lack of coverage than African American/Black (just less than 1%) and white older adults (less than 0.4%) (Guengerich, T., 2020).

This disparity in coverage may be explained by the recent immigration status of the older adults and the prevalence of undocumented immigrants within the Hispanic/Latino and Asian American/Pacific Islander older adult populations. Illinois reports that the state has a significant immigrant population, with a very high portion of the Hispanic/Latino and Asian American/Pacific Islander population being foreign-born (IL Departments on Aging, Healthcare and Family Services, Human Services, and Public Health, 2019). In an unpublished study by Rush University Medical Center, Illinois is projected to experience an increase in older immigrant population with mixed status over the next decade (Rodriguez, P., 2020). By the year 2030, there may be over 55,000 undocumented older adult immigrants in the state (Rodriguez, P., 2020).

Most of these older adult immigrants came to the United States in the 1980s while in their late 20s to 40s and are reaching retirement age. With chronic health issues impacting older adults, insurance coverage is a particular focus of the state. In order to address this projected increase in health care need, the Illinois General Assembly recently passed, and the Governor signed, legislation providing Medicaid access to non-citizens over the age of 65 for whom income is at or below the federal poverty level (Illinois General Assembly, 2020).

Difficulties in accessing health care services

In Illinois, barriers to accessing health care services for older adults are primarily distinguished by rural and urban systems of transportation and proximity to hospitals/clinics and health care services. In major urban areas, nearly 35 percent of African American/Black older adults report using some form of public transit on a daily basis, indicating a dependency on public transportation and limitations by public transportation schedules and availability (Anderson, M., 2016). The lack of geographically-placed health care providers and a dependency on public transportation result in African American/Black and Hispanic/Latino older adults traveling longer and farther on average than other older adults to access care (Anderson, M., 2016). While healthcare providers and pharmacies are positioned throughout Chicago, they are concentrated in city center and predominantly white neighborhoods. By contrast, African American/Black and Hispanic/Latino neighborhoods have relatively fewer healthcare providers and pharmacies, making access to those services more challenging.

These barriers and disparities can be found outside urban areas as well. For example, the issues surrounding the geographic location of hospitals are even more pronounced in rural areas throughout the state. The lack of public transportation in rural areas compounds the difficulties of accessing health care, which have racially disparate consequences. Across the state, white households are over

three times more likely to have access to a car - the highest of any racial/ethnic group (Illinois Rural Health Summit Planning Committee, 2018). For those older adults who do not have access to a regular health care provider, they are less likely to seek preventative services, treatment, or management for chronic illnesses (Georgetown University McCourt School of Public Policy, n.d.). In order to better address issues of access, systemic infrastructural frameworks are needed to help support racial/ethnic communities.

Cultural competency, language, and distrust of the health system



With a growingly diverse older adult population at risk of increasing chronic conditions, culturally competent health care is a critical component in overcoming linguistic and cultural barriers to care. A variety of factors contribute to the disparities in care due to cultural competency. For example, medical school graduates in Illinois in 2018 consisted of mostly white graduates (564) and Asian American/Pacific Islander graduates (270) followed starkly behind by Hispanic/Latino (80) and African American/Black graduates (72) (Kaiser Family Foundation, 2018). While the level of cultural competency is assumed based on racial/ethnic identity, the distribution of medical care professionals in this case is notable and perceptions of trustworthiness in medical professionals by patients may be greatly impacted. A new nationwide poll found that 7 in 10 African American/Blacks believe that there is biased treatment for racial/ethnic populations when seeking medical care (Fletcher, M. A., 2020).

Related to cultural competence is “language.” Close to one quarter of Chicago older adults self-assess to having difficulty speaking English (Laflamme et al., 2019). The older adult populations experiencing disparities are often those from groups with limited English proficiency. Therefore, even when appropriate health services are provided, a functional level of literacy and understanding is needed for patient follow-through (American College of Physicians, 2010). In Chicago, there are over 70,000 older adults who have Limited English Proficiency (LEP) – consisting of 35% of the total LEP population in

Chicago and 13% of the overall Chicago population (Paral, R., 2012). Issues with language may lead to more patient dissatisfaction and lower quality of care (Georgetown University McCourt School of Public Policy, n.d.). For example, Spanish-speaking Hispanic/Latino populations report less satisfaction with overall care than English-speaking counterparts (Laflamme et al., 2019). With more than 37 million adults in the U.S. who speak a primary language other than English, language and communication are key in promoting health literacy and overcoming barriers to quality of care (Georgetown University McCourt School of Public Policy, n.d.).²

Telemedicine

Propelled by the emergence of broadband technology (see Connectivity Section) and the contact risks associated with COVID-19, telemedicine has come to the forefront of Illinois' health sector as a way to dramatically improve access to health care. By making care more affordable and increasing accessibility, the telehealth industry is projected by AARP to reach over \$36 billion at the end of this year (Katz, 2018).

Expansions to telemedicine may bolster more vulnerable older adult populations. 7.2 million older adults in the United States are either homebound (1.9 million) or are so functionally limited (5.3 million) as to make it very difficult to leave their homes (Richie & Leff, 2016). African American/Black older adults, in particular, are more likely to experience limitations in mobility (e.g. walking, bathing, dressing) due to chronic illness than other racial/ethnic groups. Yet, Medicaid telemedicine use rates were three times less for African American/Black beneficiaries compared to white beneficiaries (Centers for Medicare & Medicaid, 2018).

In March of 2020, Governor Pritzker signed an Executive Order (2020-09) requiring health-insurance companies and Medicaid to cover services, including those related to mental health and substance abuse, by in-network providers using telephone or video technology (Governor Pritzker, 2020). The Executive Order is not permanent and will require legislative action to be made permanent. In addition, as is delineated in the next briefing, the video technology option will not be available to many older adults who do not have access to the internet or the high-speed broadband technology necessary to utilize this option.

² Language barriers and a lack of language services impact the Asian-American/Pacific Islander ethnic populations differently. However, there is a lack of data collected on how varying the impact of cultural and language competency is on ethnic subgroups (see Appendix #1).

CONNECTIVITY: Racial and Ethnic Disparities on Access and Uptake of Broadband and Digital Resources Among Older Adults 50 and Older

Bridging the digital divide among older adults

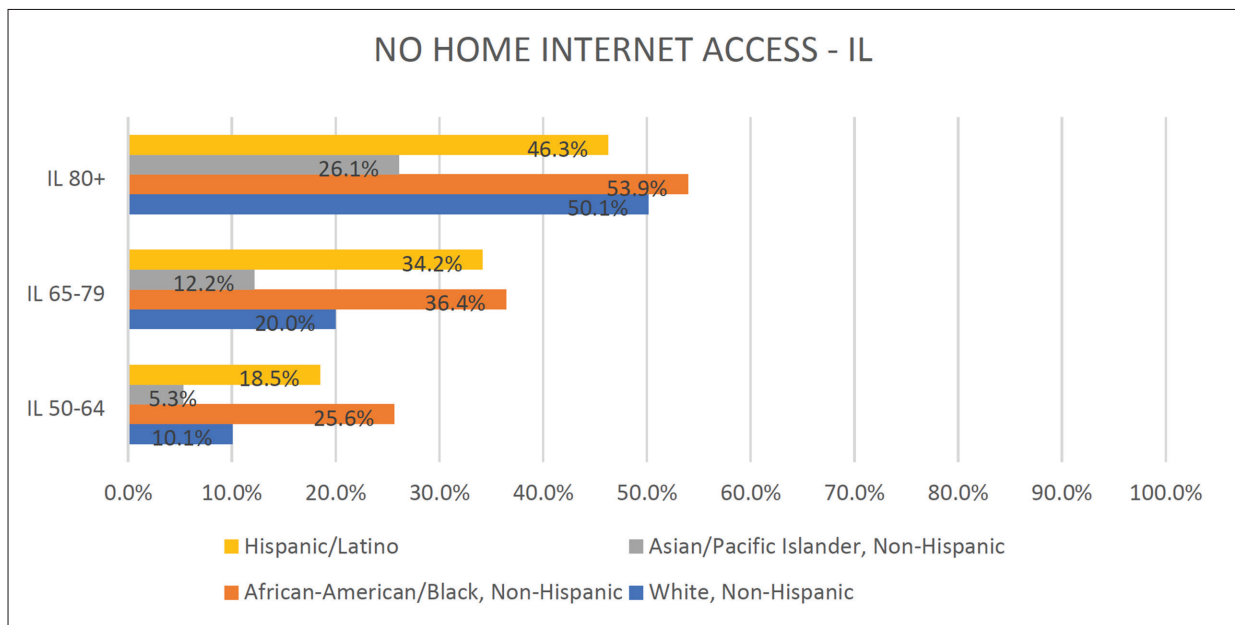
The social distance safety measures placed on individuals due to COVID-19 pandemic have highlighted the importance of internet and broadband access as an essential tool to combat social isolation. Especially for older adults, who experience physiological limitations and/or lack ready access to transportation, internet and broadband access can aid in the vital day-to-day functions of those most in need. In particular, access to technology supports can assist older adults in areas of telehealth, online banking, information to government services such as social security and Medicaid, transportation and ride sharing services, wellness applications, and virtual shopping for essential goods. Additionally, home internet access can provide virtual media applications to help maintain and facilitate relationships with family and friends for those more home-bound and/or geographically limited, warding off symptoms of social isolation. For example, internet use positively contributed to older adult mental well-being even prior to social distancing measures (Cotten et al, 2012). Studies report older adults who use the internet to seek out health-related information experience improved outcomes with respect to overall knowledge of health issues, health communication with medical professionals, and appropriate use of health services (Hong & Cho, 2016). In addition, numerous studies report other benefits for older adults using the internet such as improving interpersonal interactions, promoting better cognitive functioning, and enhancing perceived control and exercised independence (Anderson, 2017; Jackson et al., 2010; Shapira et al., 2007).

Usage of the internet and broadband connection among older adults

Historically, older adults 50 and over have been slower to adopt new digital technology than younger adults. This gap has narrowed for all but those who are 80 and older. However, internet and broadband access are not uniformly shared among older adults. Recent national studies found that older adults with low socio-economic status and/or from racial/ethnic groups were much less likely to use the internet. (Yoon et al., 2020).

While increasingly more older adults 50 and over have digital access in Illinois, approximately 20 percent of the older adult population in the state is still without internet access. African American/Black and Hispanic/Latino older adults experience lower rates of access to the internet at home than either white or Asian American/Pacific Islander older adults. When looking at older age groups, the rates of connectivity plummet - for older adults 80 and over, all racial/ethnic groups experience low rates of access – with almost half having no access and, notably, a dramatic drop in access for white and Asian American/Pacific Islander older adults (see Figure 3A, below).

Figure 3A. No Home Internet Access. Data from the Census Bureau 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples.



Most older adults with digital access (85%) obtain services through broadband (high-speed), or internet services (cable, fiber optic, or ISP). Only 3% of older adults under the age of 80 have slower dial-up services. Of those older adults 80 years and older, 8% have dial-up services. While the majority of older adults have some form of service, almost 60% of older adults 80 and over, throughout the state, in both in rural and urban areas, continue to be in need of reliable broadband access.

The lack of adequate broadband infrastructure to enable adequate home internet connections in rural Illinois is especially stark. The Illinois rural areas which experience less internet use are more likely to be both older in age demographically and lower in income economically. Fifty-six percent of rural Illinoisans, approximately 770,000 residents, do not have broadband access according to the Federal Communications Commission (Laurenbach, 2019). Rural southern and western regions of Illinois have some of the lowest internet access. Households in rural areas of Illinois, which are more isolated, are almost four times as likely to have dial-up connection. (Broadband Illinois,2013).



Barriers to Internet Use

Even with sufficient broadband access, older adults experience continued barriers which limit their usage of the internet. A number of national studies report barriers to internet use at home that are pervasive among older adults across race/ethnicity.

Cost

National data show the most pervasive barriers are cost, and a lack of skill/confidence in using broadband technology. Low-income older adults are most likely to cite affordability as a main reason why they do not have access to the internet at home. However, only 62.2 percent of Illinoisans have access to service \$60 a month or less, which can still be a financial burden for many older households (Cooper, 2020). With the lowest personal income in retirement, African American/Black and Hispanic/Latino older adults emerge as the group most sensitive to cost (HUD, 2016).

In order to address the cost issues associated with broadband access, public financing options can be put in place. In a survey conducted within the past five years of Chicago residents, 89% favored some form of municipal wire policy and 6 in 10 residents support financing such initiatives through taxes or fees (Mossberger et al, 2013).

Adapting to new technologies

A study of older adults has described challenges in adapting to new broadband technologies. One third (34 percent) of the state reported little or no confidence in using electronic devices, while just under half (48%) reported needing outside help to set up and/or use such internet devices. Only 1 in 5 internet users 65 years and older feel confident using smartphones, computers, and other electronic devices to access the internet (Anderson & Perrin, 2017). Older adults report that successfully utilizing recent technologies can be hampered due to the physical challenges associated with age. Perceptions of technological competency may also impact willingness to adopt new technology for some older adults.

Additionally, assessments of difficulty level may also contribute to a lack of interest, or a helpless attitude. Interestingly, African American/Black populations have more positive attitudes toward digital access than Hispanic/Latinos or whites – implying barriers to access may be cost or infrastructure and not attitudes (Mossberger & Anderson, 2013).

Current efforts to expand connectivity and address the digital divide

The centrality of digital communication is a focus of various infrastructural initiatives in Illinois. In the past few years, Chicago, Cook County, and Illinois state governments have initiated efforts to expand broadband and increase access to the internet. In 2019, recognizing the centrality in all arenas of business and community, the state established Connect Illinois, with the goal of “ubiquitous statewide broadband access – for homes, businesses, and community anchor institutions throughout the state” (Illinois Department of Commerce and Employment Opportunity, n.d.). Cook County has established the Council on Digital Equity (CODE) which focuses on addressing income barriers to access and the 25 percent of Cook County residents who lack high-speed Internet. With the increased opportunity to connect with older adult populations across the state and infrastructural support by municipalities and local governments, digital connectivity and broadband access can serve as a critical center point to facilitate essential services impacting the lives of older adults in Illinois.

CONCLUSION

Racial and ethnic disparities in the areas of economic security, health, and connectivity are well-documented. As the population of Illinois ages, we face oncoming challenges that will continue to grow and will place older adults of color at risk in their health and economic well-being. These challenges have only been intensified with the COVID-19 pandemic and the resulting economic and health crises. We must make policy changes now to address these challenges, reduce these disparities, and make sure all older adults in Illinois can age with dignity, health and security in the communities of their choice.

We welcome policy makers, thought leaders, elected officials, community leaders, and academia to join us in this multi-year initiative to craft solutions and implement the policy changes necessary to address the disparities identified in this report and in the future work of this initiative.

AARP Illinois, Asian Americans Advancing Justice – Chicago, Chicago Urban League, and The Resurrection Project, along with our community partners, look forward to working with our governor and state legislators, as well as local elected officials, to address these challenges and opportunities to make Illinois a more vibrant, healthy, age-friendly state.

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APPENDICES

Appendix #1: Lack of Asian American/Pacific Islander Data

Asian American/Pacific Islander: A Gap in Understanding

In the state of Illinois, non-white populations comprise close to 40 percent of the total population. The state is becoming increasingly more diverse – and within this growing landscape is a gap in understanding of the Asian American/Pacific Islander population. Historically, Asian American/Pacific Islander communities of Illinois were predominantly foreign-born and relatively smaller in size compared to other racial groups. However, as of 2017, the Asian American/Pacific Islander population exceeded over 670,000 in the state – with over 186,000 older adults 50 and over (Guengerich, T., 2020).

Projections and estimates show Asian American/Pacific Islander older adults 50 and older in Chicago alone are one of the fastest growing aging populations – increasing at a rate more than twice of resident counterparts (AARP, n.d.). Increasing research and policy focus has been placed on Asian American/Pacific Islanders and more information has been made available in recent history as a result of these efforts. However, there is still a vast amount of information not yet fully understood about Asian American/Pacific Islander communities. More research efforts are needed in order to gain access to this population.

A key component to capturing a more representative snapshot of Asian American/Pacific Islander communities are data collection methods and tools which reflect a diverse portfolio of ethnicities, cultures, and languages within the overarching racial population. With 1 in 4 Asian American/Pacific Islander residents born outside of the country, and 8 out of 10 older Asian American/Pacific Islander adults speaking a language other than English at home, understanding of the ethnic communities within this population hinges on research and data which are culturally and language competent (Guengerich, T., 2020) (AARP, n.d.).

Limitation of English proficiency hinders the effectiveness of survey instruments and tools. The nuance of cultural and linguistic translation can result in bias in research outcomes. Additionally, these challenges add complexity to the research through compensating through over sampling and translating survey instruments in a representative range of Asian American/Pacific Islander languages.

The importance of representative diversity within the Asian American/Pacific Islander population cannot be emphasized enough – statistical data reflects wide variance between ethnic populations within the Asian American/Pacific Islander population in areas such as poverty, income, and employment. Across varying industry sectors such as health, insurance, education, employment, and income, Asian American/Pacific Islanders consistently exhibit relatively higher rates than racial/ethnic

counterparts. What is not apparent is the dramatically divergent distribution of those rates between Asian American/Pacific Islander groups. Household composition also plays an essential role in older adult aging – potentially impacting aspects of social isolation, connectivity, and economic security and is often not fully captured in data on Asian American/Pacific Islander communities.

The challenge of collecting data to better understand Asian American/Pacific Islander communities still remains a major barrier. Small sample sizes, large variances and margins of error bring into question the reliability of research estimates and act as impediments to the critical insights into Asian American/Pacific Islander communities. By reporting Asian American/Pacific Islanders as a monolith dilutes and cloaks the disparate needs of vulnerable groups within the population.

To illustrate the importance of ethnic population research within the Asian American/Pacific Islander population are the rates of poverty in Chicago. For the first decade of the century, there was a 40% increase of Asian Americans/Pacific Islanders living in poverty – the highest rate of any racial group (Asian American Center for Advancing Justice, 2012). When taking a closer look at ethnic variance within this group, a wide range of experiences can be found. Close to 20% of Pakistani Americans live in poverty while 13% of Vietnamese Americans and 5% of Filipino Americans live below the federal poverty line (Asian American Center for Advancing Justice, 2012). While income and employment of Asian American/Pacific Islanders trend higher than other racial groups, 1 in 5 Chinese American older adults and 1 in 4 Korean American older adults in Chicago live in poverty (Asian American Center for Advancing Justice, 2012). While this groundbreaking work points to the variations between different Asian ethnic groups, it does not look at these variations by age. The main barriers to better understanding the growing Asian American/Pacific Islander population are impacted by how data is collected and how funding for focused research is distributed. Immediate action is needed to make the necessary research investments to deepen understanding and harness the potential of this rapidly growing segment of the older adult population.

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Appendix #2: Initial Impacts of COVID-19 on Older Adults of Color in Illinois

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Since the beginning of the COVID-19 pandemic, older adults have remained the most at risk of infection, serious complications, and death. Among this population, people of color remain the most vulnerable to disproportionate rates of infection and death, largely due to historic inequalities in access to and quality of care as well as other structural conditions that negatively impact health outcomes for people of color.

Disparate Infection and Death Rates

Of the population 50 and over, there are significant disparities in infection and death rates by race and ethnicity when compared to respective population rates from the US Census American Community Survey (ACS). Data obtained from the Illinois, Cook County and Chicago Departments of Health demonstrate that these disparities are consistent at various geographic levels.

Illinois

Disparities present at the state level are reflected in Figures 1 and 2, which show cumulative COVID-19 infections and deaths, by age and race, for the population 50 and over.

Fig. 1:
*Illinois COVID-19 Infections by Age and Race
 For the Population 50 and Over*

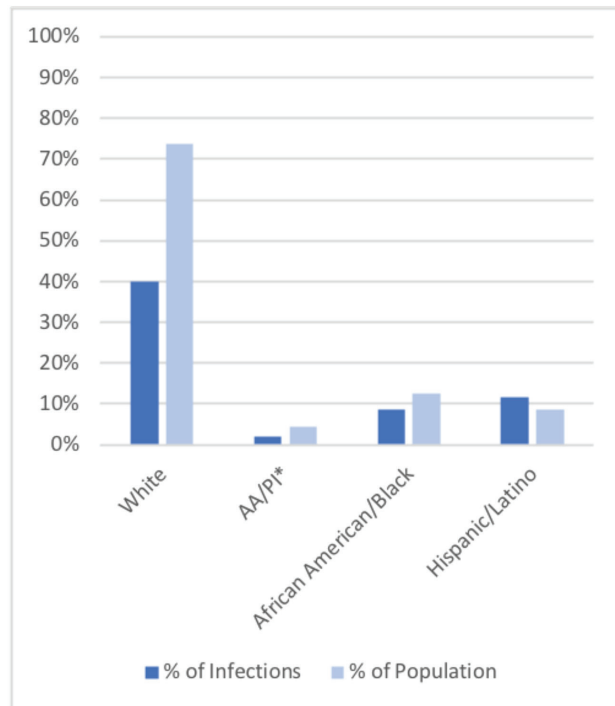
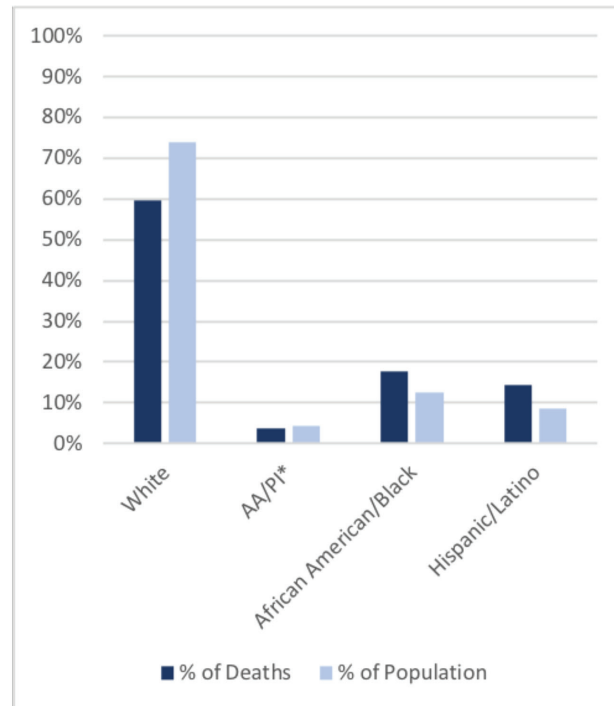


Fig. 2:
*Illinois COVID-19 Deaths by Age and Race
 For the Population 50 and Over*



*Asian American/Pacific Islander.

Source: Analysis of IDPH COVID-19 Data and 2013-2017 PUMS ACS Illinois Population Data

African American/Black and Hispanic/Latino older adults make up a much greater share of COVID-19 infections and deaths than the portion of the population they represent. African American/Black adults over 50 comprise 8.7% of infections and 18% of COVID-19 deaths in Illinois, while Hispanic/Latino older adults account for 11.5% of infections and 15% of deaths. African American/Black and Hispanic/Latino older adults are 12.5% and 8.6% of the Illinois population 50 and over, respectively. Moreover, Asian American/Pacific Islander adults 50 and over account for 2% of infections and 3.7% of COVID-19 deaths in Illinois, while constituting just 4.3% of the population. By comparison Whites constitute 73.8% of the state population, while making up 40% of infections and 60% of deaths in the 50 plus age group. Overall, older adults in Illinois account for 37.9% of infections and 95% of all deaths due to COVID-19 (Illinois Department of Health, 2021). While we know that older adults have remained more likely to suffer negative and often fatal health outcomes from the virus, it is apparent that those negative outcomes are not borne equally among all older adults. African American/Black, Hispanic/Latino and Asian American older adults thus constitute an especially vulnerable population, as they are getting sick and dying at rates much higher than their share of the population in the state.

Cook County

Unfortunately, the Cook County Department of Public Health does not report data on infections and deaths by both age and race. Furthermore, while county level data does not report deaths by race/ethnicity, it does report hospitalizations, which indicate more serious outcomes. However, it is unknown in 81% of recorded cases whether or not the infection led to a hospitalization. Of those cases in which a hospitalization was reported, and the race/ethnicity of the patient was recorded, we see similar discrepancies between population share and share of those hospitalized. Figures 3 and 4 illustrate racial disparities in infections and hospitalizations for all age groups in Suburban Cook County, IL

Fig. 3.
Suburban Cook COVID-19 Infections
by Race, All Ages

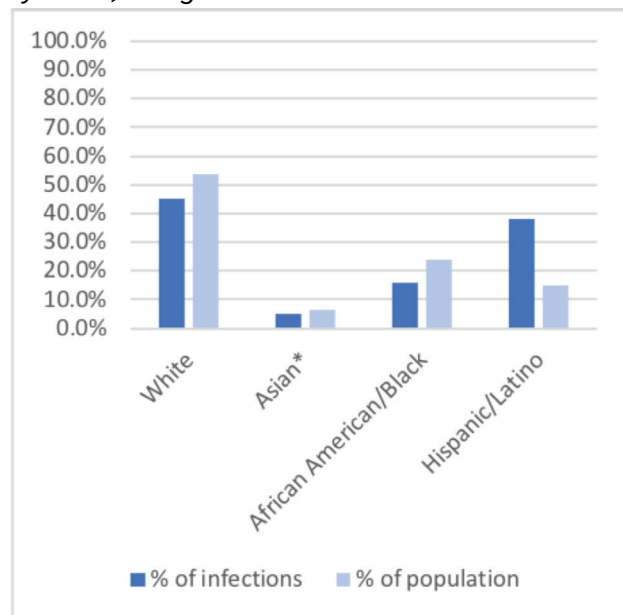
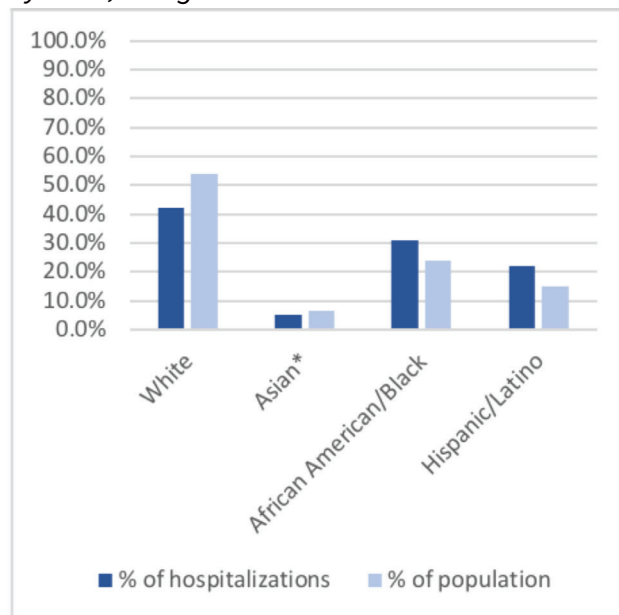


Fig. 4.
Suburban Cook County COVID-19 Hospitalizations
by Race, All Ages



Source: Cook County Department of Public Health and 2013-2017 PUMS ACS Illinois Population Data. *While the ACS Population Data category is Asian American/Pacific Islander, CCDPH does not specify whether or not Asian includes Pacific Islanders.

Despite constituting only 14.8% of the Suburban Cook County population, Hispanic/Latino residents account for 37.9% of infections and 22% of recorded hospitalizations where the race/ethnicity of the patient was known. This is followed by African American/Black residents, who make up 24% of the Suburban Cook County population, 16% of infections and 31% of hospitalizations. Further, Asian American¹ residents of Suburban Cook County represent 6% of the population, 5% of infections, and 5% of hospitalizations. By comparison, Whites in Suburban Cook County are 53.8% of the population, 45% of infections, and 42% of hospitalizations – the only racial/ethnic group which accounts for less hospitalizations than it does infections. Considering that older adults constitute 32% of the Cook County population (CCDPH 2021), and taking into account significant racial disparities present on both the city and state levels, it is imperative we better understand how COVID-19 is affecting older adults of color at the county level.

¹ Since the ACS population category is Asian American/Pacific Islander and it is unclear if Pacific Islanders are included in the Cook County Asian racial/ethnic category, it is possible that the infection rate and hospitalization rate of Asian Americans is slightly higher.

Chicago

Disparities at the state and county levels are similarly reflected at the city level in Chicago. Most recent data from the Chicago Department of Public Health are reflected in Figures 5 and 6, which show cumulative COVID-19 infections and deaths by age and race for the population 50 and over, through December 31st, 2020.

Fig. 5:

Chicago COVID-19 Infections by Age and Race For the Population 50 and Over March – December 31st, 2020

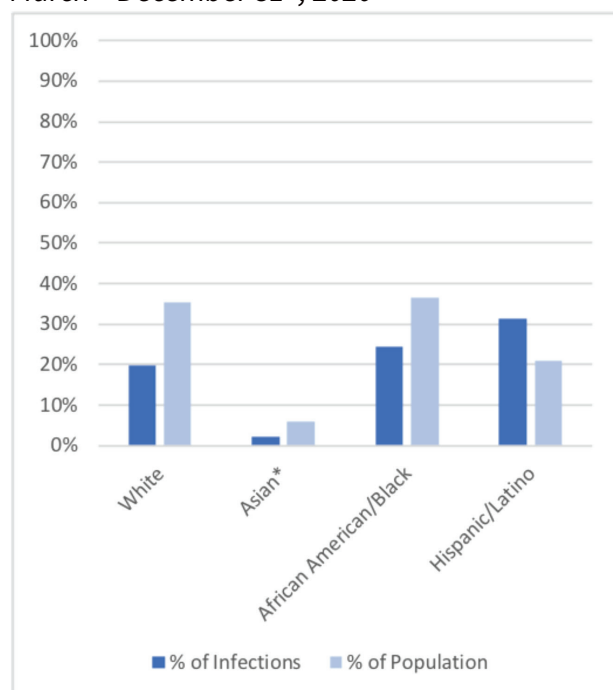
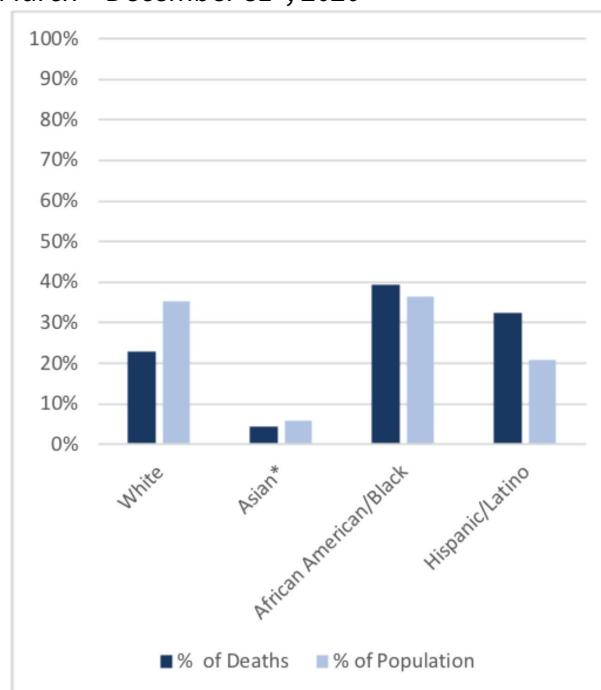


Fig. 6:

Chicago COVID-19 Deaths by Age and Race For the Population 50 and Over March – December 31st, 2020



Source: Chicago Department of Public Health, Department of Epidemiology and 2013-2017 PUMS ACS Illinois Population Data
*While the ACS Population Data category is Asian American/Pacific Islander, CDPH does not specify whether or not Asian includes Pacific Islanders.

This data reflects cumulative infections and deaths from March 2020 to December 31st, 2020, and so shows persistent racial disparities among older adults both in contraction of the virus and in serious outcomes for the duration of the pandemic. Concerningly, while African American/Black Chicagoans in the 50+ age range account for 24.6% COVID-19 infections, they constitute 39.3% of deaths for this timeframe despite representing 37% of Chicagoans 50 and over. Hispanic/Latino residents 50 and over experience both infection and death rates far disproportionate to their share of the population. Hispanic/Latino older adults in Chicago account for 21% of the population 50 and over yet make up 31.4% of infections and 32.5% of deaths from COVID-19, since March 2020 until the most recent date of data collection. Asian American residents 50 and over constitute 5.9% of the population, 2.3% of infections, but account for 4% of deaths.² By comparison, White residents account for 35% of the older adult population, 20% of cases, and 23% of deaths. These data point to ongoing, racially disparate

impacts of COVID-19 on older adults, specifically African American/Black and Hispanic/Latino Chicago residents 50 and over. Particularly, the outside incidence of fatal outcomes from COVID-19 for African American/Black and Hispanic/Latino older adults is cause for grave concern and points to the need for greater mobilization of resources and support for these communities.

Impact of COVID-19 on the Nursing Home Population

Older adults residing in nursing homes, where spread of the virus is facilitated by close quarters, constitute an especially at-risk population, as well as those without insurance coverage. Of this population, African Americans/Blacks are exceptionally vulnerable as they make up 20% of nursing home residents in Illinois (Bechteler et al., 2020). While the federal government has yet to track data on death rates and infection by race for nursing home residents, a Washington Post analysis of data from more than two dozen states (including Illinois) found that the death rate was 20% higher in majority African American/Black nursing homes (King & Jacobs, 2020). In fact, analysis showed that as the proportion of African American/Black residents in nursing homes increased, death rates increased as well (King & Jacobs, 2020). A similar national study by the Kaiser Family Foundation found that COVID-19 outbreaks were more severe in those nursing homes with a larger share of African American/Black or Hispanic/Latino residents (Chidambaram, Neuman, & Garfield, 2020). Furthermore, 72% of nursing homes in Illinois with majority African American/Black residents reported at least one COVID-19 death, as compared to the statewide average of 48% (Chidambaram et al., 2020). Additionally, a Sun Times investigation found that the lowest rated nursing homes in Cook County have the highest concentration of deaths from COVID-19, with 28% of deaths occurring in the lowest rated facilities (Main et al., 2020). Lower-rated nursing homes were found to be less equipped, often lacking PPE or failing to adhere to proper hygiene standards (Main, et a., 2020). A multi-state study of the correlation between nursing home ratings and deaths found the strongest relationship between the two among Cook County nursing homes as compared to other facilities nationally, suggesting a greater need for oversight of these facilities (Main et al., 2020).

As of the writing of this report, the Illinois Department of Public Health has reported 67,407 COVID-19 cases and 8,670 deaths in long-term care facilities. This represents an increase of 39,407 cases and 4,670 deaths in these facilities since data was first collected for this report in mid-September (Mahr & McCoppin, 2020). According to recent data released by AARP, nursing home residents account for 39% of all COVID-19 deaths in Illinois since June 2020 (9% higher than the national average), despite nursing home resident infections accounting for only 2.4% of cases statewide. The most up to date data available on Illinois nursing home staff and PPE levels comes from the first four weeks of November, and while the numbers of nursing homes reporting PPE shortages are slightly lower or on par with national averages, 35.5% of nursing homes reported a shortage of direct care workers, somewhat higher than the national average of 29.2% (AARP, 2021). 17.6% of Illinois nursing homes reported a shortage of all PPE in this time period, as compared to 19.1% nationally (AARP, 2021). While any amount of shortage, no matter how small, is cause for concern, it appears that the majority of Illinois nursing

² Since the ACS population category is Asian American/Pacific Islander and it is unclear if Pacific Islanders are included in the City of Chicago Asian racial/ethnic category, it is possible that the infection rate and death rate of Asian Americans is slightly higher.

homes report having access to at least one week's supply of proper protective equipment. However, staff shortages and the high concentration of deaths in these facilities remain cause for concern and further action.

As the second wave of COVID-19 is fully upon us, there is also increasing concern over the mental health and wellbeing of nursing home residents, who have spent almost a year in extremely isolating conditions (Mahr & McCoppin, 2020). Overall, the lack of centralized, standardized, and disaggregated public demographic data on nursing home deaths and infection rates presents a significant barrier to decreasing death rates and closing racial gaps in health outcomes. While recent studies show that nursing homes with higher proportions of African American/Black and Hispanic/Latino residents have seen higher infection and death rates, the overall lack of data on nursing home infections and deaths by race and ethnicity prevents us from fully understanding the impact of COVID-19 on nursing home residents of color.

Uninsured Older Adults

Another area of concern is that of the uninsured older population. Low-income individuals, immigrants, and people of color, as well as those who do not yet qualify for Medicare, are especially vulnerable populations. Pre-existing gaps in Medicare coverage leave beneficiaries vulnerable to higher out-of-pocket spending, costs which are especially difficult to manage for low-income families facing job loss during the pandemic (Waddill, 2020). While changes were made to Medicare in response to the current public health emergency, Commonwealth Fund researchers have found them to be inadequate, as the focus has been more on assisting healthcare providers than it has been on expanding coverage and access for Medicare beneficiaries and low-income older adults (Waddill, 2020).

Overall, older adults of color have experienced greater impacts to their health during the COVID-19 pandemic than their White counterparts. These impacts – both infection and loss of life – have been borne most heavily by African American/Black and Hispanic/Latino adults over 50. Racial disparities in how COVID-19 has impacted the older adult population mirror larger trends at the city, county, state and national levels, in which people of color are both contracting and dying from the virus at much higher rates than White people. Longstanding inequities, from the social conditions that lead to poor health to disparities in access to and quality of care, have only been exacerbated by the current crisis. While this appendix does not cover every racial/ethnic group disproportionately impacted by COVID-19 – specifically the variety of ethnic groups and nationalities grouped under the umbrella term Asian, as well as Indigenous and undocumented older adults, it hopes to be a tool for researchers, advocates, and policy makers to continue to advocate for the equality, dignity, and health of older adults of color in Illinois.

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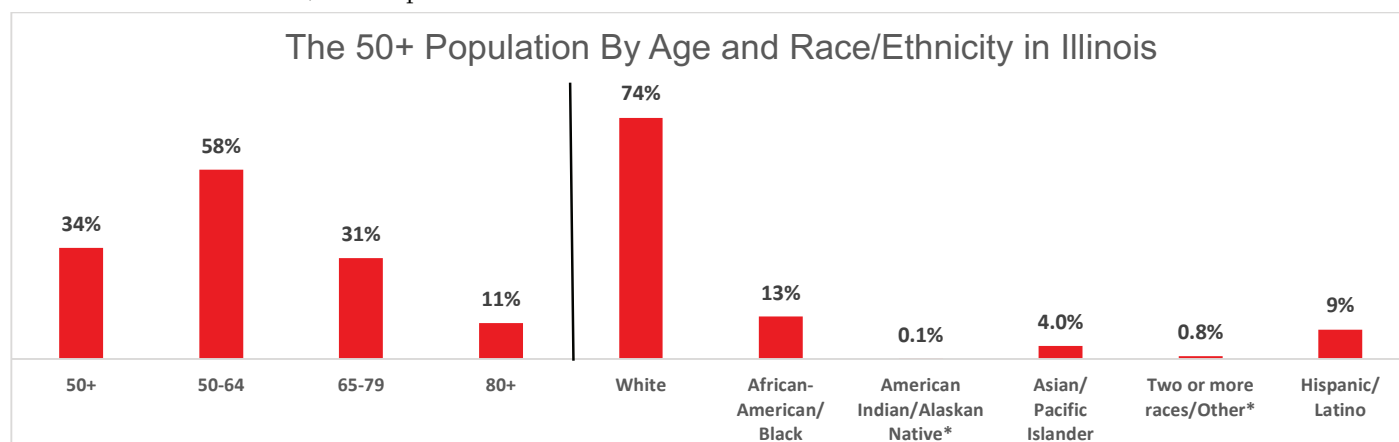
Appendix #3: Race/ethnicity and Age Statewide Snapshots

The Age 50 and Older Population in Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent about a third (34%) of the total population living in Illinois. The distribution of the 50-plus Illinois population by age shows that most are under age 65; however, over one in ten is 80 years or older. The largest group by race/ethnicity is White, non-Hispanic. One in eight reported their race/ethnicity as African-American/Black, non-Hispanic, about one in ten reported their race/ethnicity as Hispanic/Latino, and four percent reported their race/ethnicity as Asian/Pacific Islander, non-Hispanic. Less than one percent reported their race/ethnicity as American Indian/Alaskan Native, non-Hispanic and two or more races/other, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Illinois, those 80 years and older, are more likely to have income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have income under \$25,000. Asian/Pacific Islander, non-Hispanics are more likely to have incomes of \$135,000 and above.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	17%	20%	20%	23%	20%
50-64	13%	16%	20%	26%	25%
65-79	19%	25%	22%	20%	14%
80+	32%	30%	18%	12%	9%
White, non-Hispanic, 50+	14%	20%	21%	24%	22%
African-American/Black, non-Hispanic, 50+	31%	22%	19%	18%	10%
Asian/Pacific Islander, non-Hispanic, 50+	12%	15%	17%	24%	32%
Hispanic/Latino, 50+	17%	24%	23%	23%	13%

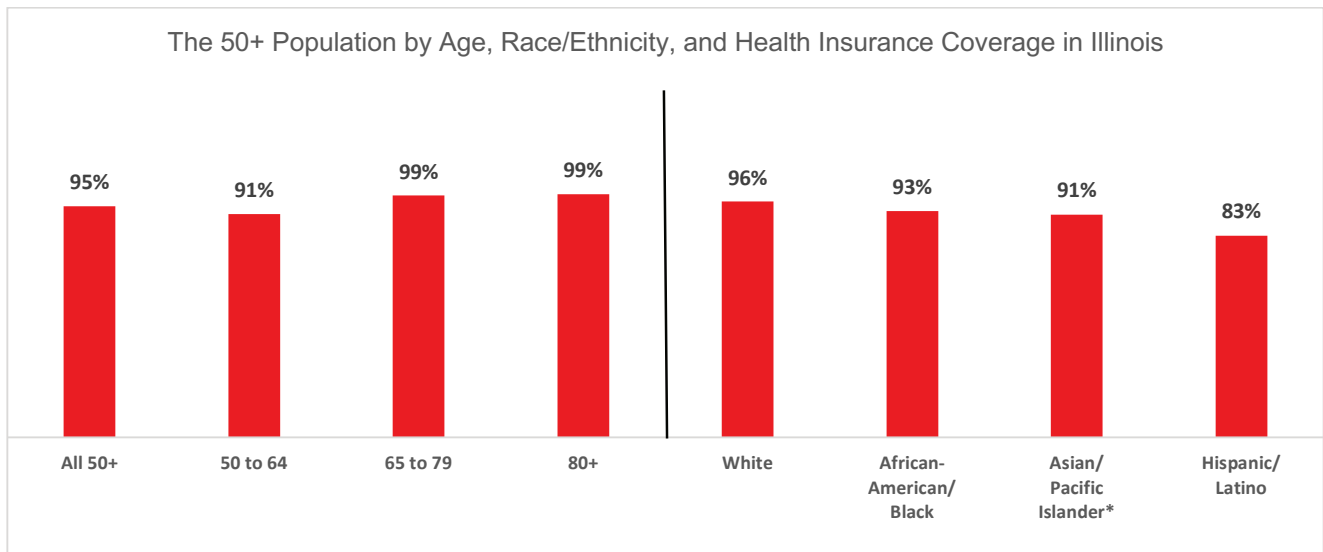
About one in ten of people 50+ in Illinois have income under 100% of the poverty level. African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level.

Poverty Level by Age and Race/Ethnicity (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	9%	7%	8%	15%	61%
50-64	10%	6%	6%	13%	66%
65-79	8%	8%	9%	17%	58%
80+	10%	13%	14%	21%	42%
White, non-Hispanic, 50+	7%	6%	7%	14%	66%
African-American/Black, non-Hispanic, 50+	21%	12%	10%	15%	41%
Asian/Pacific Islander, non-Hispanic, 50+	9%	8%	6%	13%	64%
Hispanic/Latino, 50+	12%	11%	13%	23%	42%

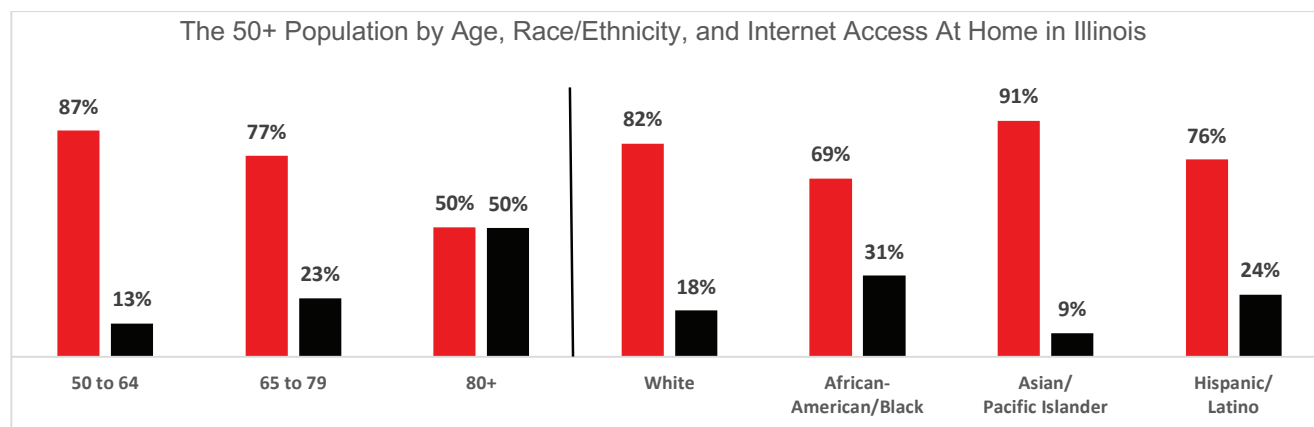
Overall, about one in ten (11%) people 50+ in Illinois have received SNAP benefits – this rate appears to decline as people age. African-American/Black, non-Hispanics, Asian/Pacific Islander, non-Hispanics, and Hispanic/Latinos are more likely to have received SNAP benefits than White, non-Hispanics.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
	11%	12%	10%	8%	7%	29%	15%	19%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. Hispanic/Latinos are less likely to have health insurance coverage than are White, non-Hispanics, African-American/Black, non-Hispanics, and Asian/Pacific Islander, non-Hispanics.



Overall, eight in ten (80%) people 50 years and older in Illinois have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – only half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with Asian/Pacific Islander, non-Hispanics having the highest rate of access, followed by White, non-Hispanics, Hispanic/Latinos, and African-American/Black, non-Hispanics.



Overall, over eight in ten people 50+ in Illinois have broadband access to the Internet in their homes. These rates are similar as age declines and by race/ethnicity.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
	85%	85%	84%	84%	84%	84%	90%	82%

Over three in four people 50+ in Illinois have a laptop or desktop computer. These rates fall as age declines. African-American/Black, non-Hispanics and Hispanic/Latinos are also less likely to have such a device. Nearly half of people 50+ have a tablet, and over six in ten have a smartphone. These rates also fall as age declines. Asian/Pacific Islander, non-Hispanics, however, are more likely to own these devices.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
Laptop or Desktop	77%	84%	75%	48%	80%	64%	88%	69%
Tablet/portable wireless computer	49%	57%	43%	23%	49%	42%	62%	50%
Smartphone	63%	74%	54%	28%	63%	57%	80%	68%

The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

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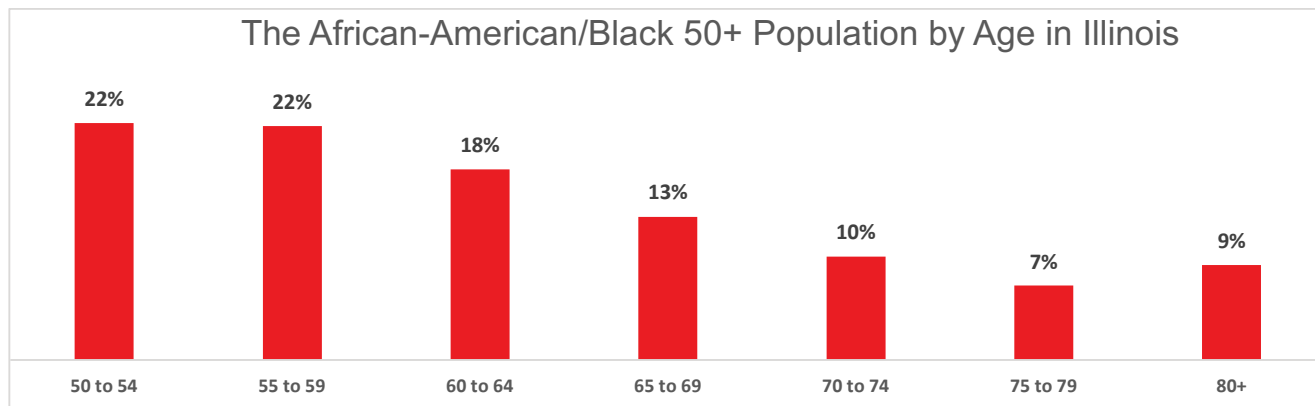


The African-American/Black Age 50 & Older Population in Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



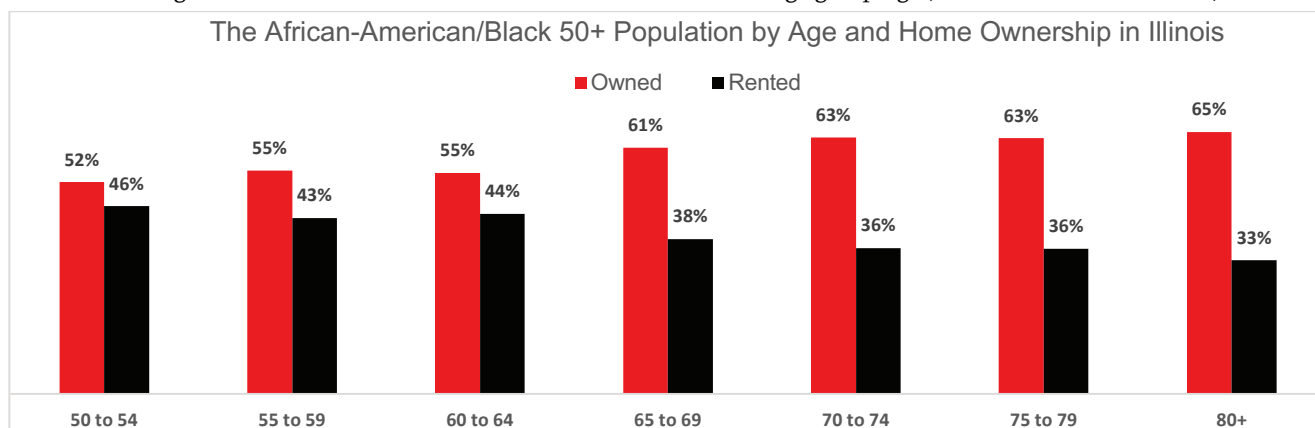
People 50 years and older represent a third (34%) of the total population living in Illinois, and African-American/Blacks (who are not Hispanic) comprise 13 percent (12.5%) of the 50+ population. The median age of the 50+ African-American/Black population in Illinois is 61 years of age. The distribution of the 50+ African-American/Black population by age shows that most are under age 65 (61%); however, one in ten is 80 years of age or older.



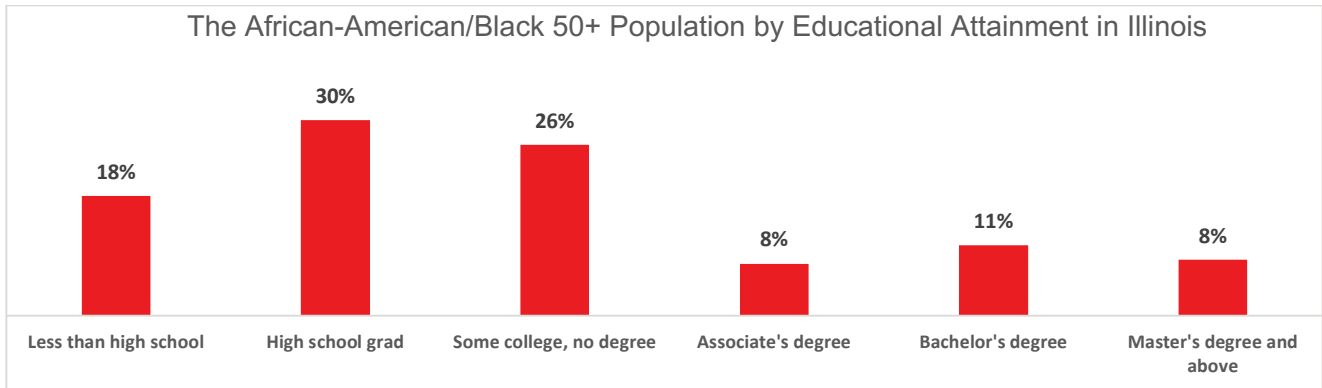
Overall, there are more African-American/Black females 50 and older than African-American/Black males. This gap widens as the African-American/Black population ages.

Sex	50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Male	43%	46%	45%	43%	42%	40%	37%	33%
Female	57%	54%	55%	57%	58%	60%	63%	67%

Nearly six in ten (57%) of the 50+ African-American/Black population own a home – a rate that rises as the population ages. A third (32%) of this population lives alone, a rate that also increases as age rises (50-54 – 25% vs. 80+ – 44%). One in ten (11%) lives in a multi-generational household, a rate that is similar across these age groupings (50-54 – 12% vs. 80+ – 11%).



About two in ten of the 50+ African-American/Black population in Illinois did not graduate from high school; however, nearly three in ten have attained at least a two-year college degree, and about this same percentage had attended some college.



The median income of the 50+ African-American/Black population in Illinois is \$45,480. Three in ten African-American/Blacks 50+ live in households with income under \$25,000; this rate does increase among the oldest.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50 years and older	31%	22%	19%	18%	10%
50-54 years	26%	20%	19%	22%	13%
55-59 years	28%	21%	19%	20%	12%
60-64 years	32%	22%	20%	18%	9%
65-69 years	31%	24%	19%	18%	7%
70-74 years	35%	25%	18%	16%	7%
75-79 years	37%	27%	17%	13%	7%
80 years and older	43%	25%	16%	12%	5%

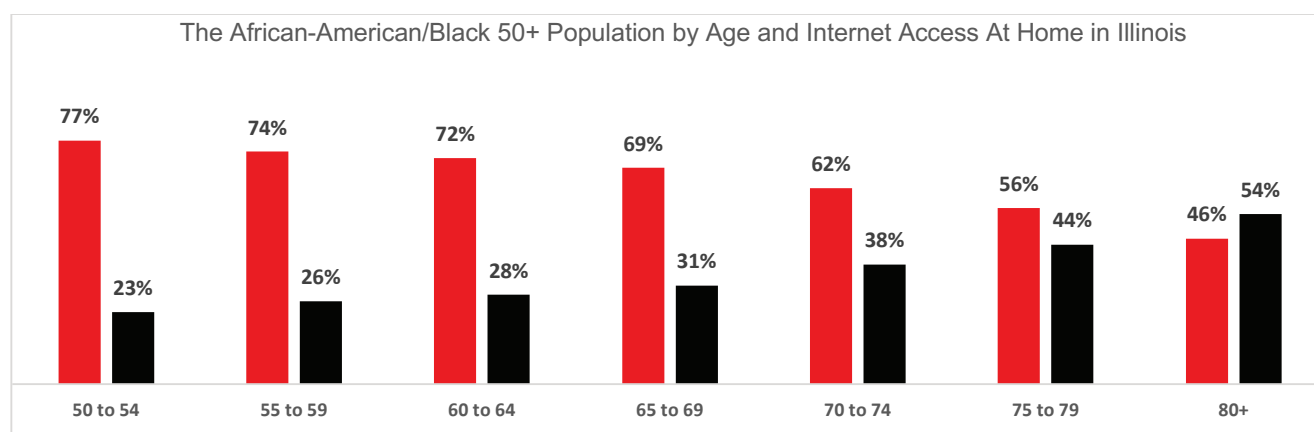
Two in ten African-American/Blacks 50+ have income under 100% of the poverty level. Younger residents appear more likely to have income under 100% of the poverty level.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50 years and older	21%	12%	10%	15%	41%
50-54 years	23%	10%	8%	14%	45%
55-59 years	23%	10%	8%	15%	44%
60-64 years	24%	11%	9%	16%	41%
65-69 years	19%	13%	11%	15%	43%
70-74 years	17%	16%	14%	15%	39%
75-79 years	17%	16%	13%	19%	35%
80 years and older	20%	17%	15%	18%	30%

Overall, three in ten of the African-American/Black population 50+ in Illinois have received SNAP benefits – this rate declines as people age. African-American/Blacks under 65 years are more likely to have received SNAP benefits than those 65 years and older.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	29%	33%	32%	31%	27%	23%	24%	24%

Overall, seven in ten (69%) of the African-American/Black 50+ population in Illinois have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – less than half of people 80 and older have access to the Internet at home.



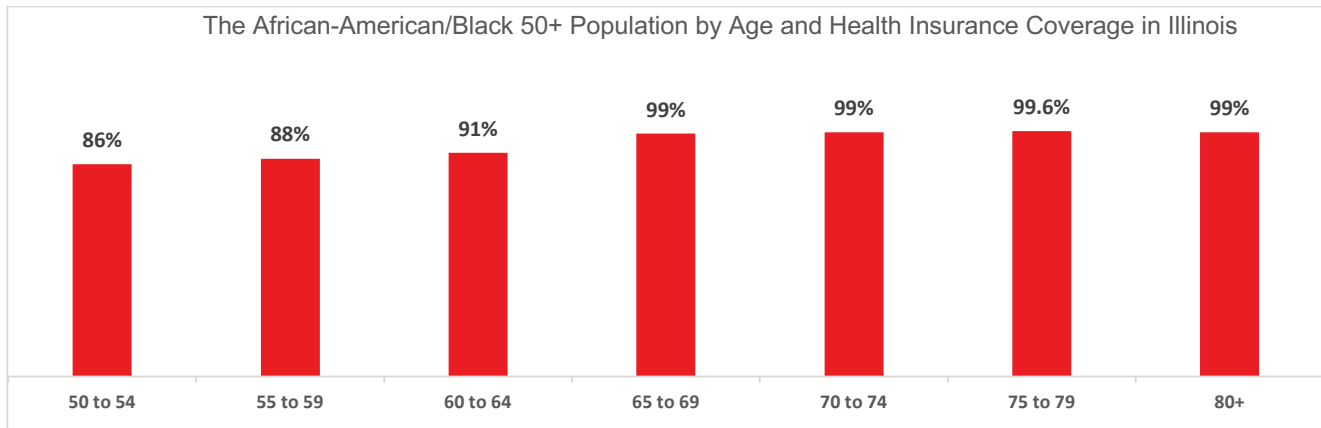
Overall, over eight in ten of the African-American/Black population 50 and older have broadband access to the Internet in their homes. These rates are similar as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	84%	84%	83%	85%	84%	83%	82%	84%

About two in three of the African-American/Black 50+ population have a laptop or desktop computer. These rates decline as people age. Over four in ten have a tablet or other wireless computer, and nearly six in ten have a smartphone. Ownership of these devices also declines as people age.

Access to Technology at Home	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Laptop or Desktop	64%	72%	68%	67%	64%	58%	52%	43%
Tablet/portable wireless computer	42%	51%	46%	44%	40%	37%	29%	23%
Smartphone	57%	69%	64%	60%	55%	47%	39%	32%

Overall, over nine in ten (93%) of the 50+ African-American/Black population has health insurance coverage, this rate rises as this population ages.



Overall, over three in ten of the African-American/Black Islander 50+ population in Illinois have some type of difficulty – a rate that increases with age. Each of the six difficulties shown below increase dramatically for people 80 and older.

Have Any One of the Following Difficulties	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Self-care difficulty (dressing or bathing)	32%	21%	26%	31%	32%	36%	45%	63%
Hearing difficulty (deaf or serious difficulty hearing)	9%	5%	6%	8%	8%	9%	15%	27%
Vision difficulty (blind or serious difficulty seeing even when wearing glasses)	5%	2%	3%	4%	5%	7%	10%	18%
Independent living difficulty (doing errands, shopping, visiting a doctor)	7%	4%	5%	7%	7%	8%	10%	15%
Ambulatory difficulty (walking or climbing stairs)	15%	9%	11%	13%	13%	16%	24%	43%
Cognitive difficulty (concentrating, remembering, making decisions)	24%	14%	18%	24%	25%	27%	35%	49%
	11%	8%	9%	9%	9%	10%	14%	24%

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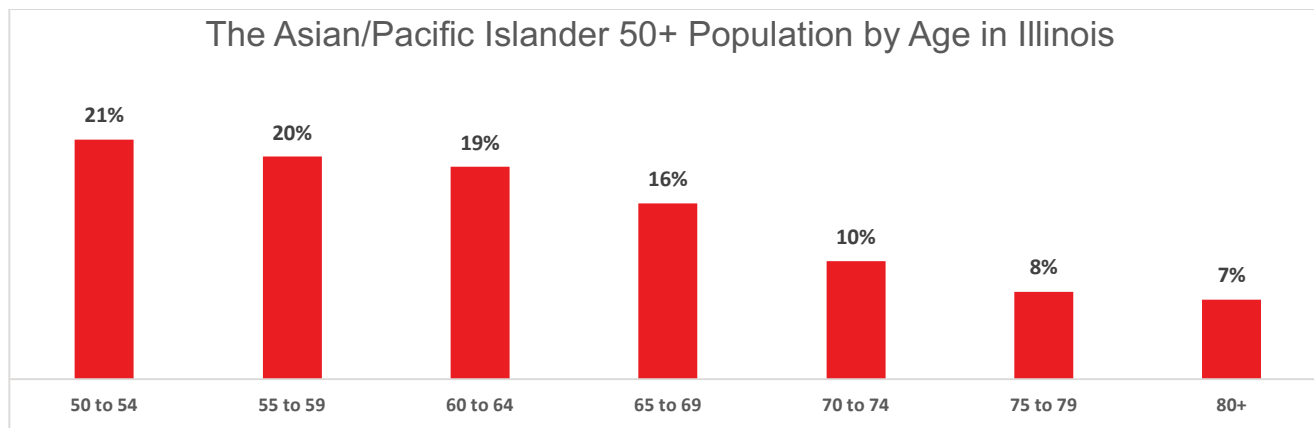
The Asian/Pacific Islander Age 50 and Older Population in Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent a third (34%) of the total population living in Illinois, and Asian/Pacific Islanders (who are not Hispanic) comprise four percent of the 50+ population. The median age of the 50+ Asian/Pacific Islander (A/PI) population in Illinois is 62 years of age. The distribution of the 50+ Asian/Pacific Islander population by age shows that most are under age 65 (59%); however, seven percent is 80 years of age or older.

The Asian/Pacific Islander 50+ Population by Age in Illinois

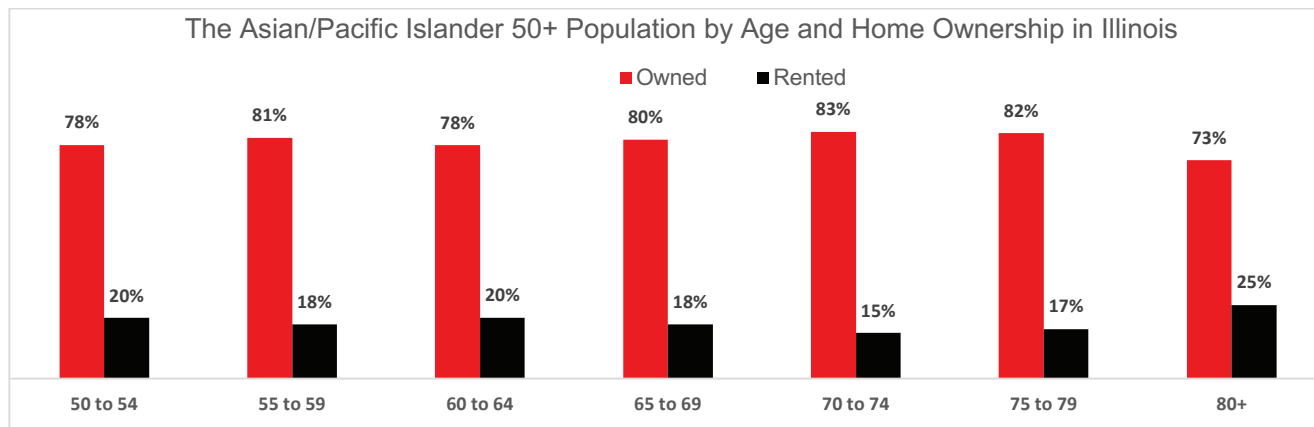


Overall, there are more Asian/Pacific Islander females 50 and older than Asian/Pacific Islander males. This gap widens as the Asian/Pacific Islander population ages.

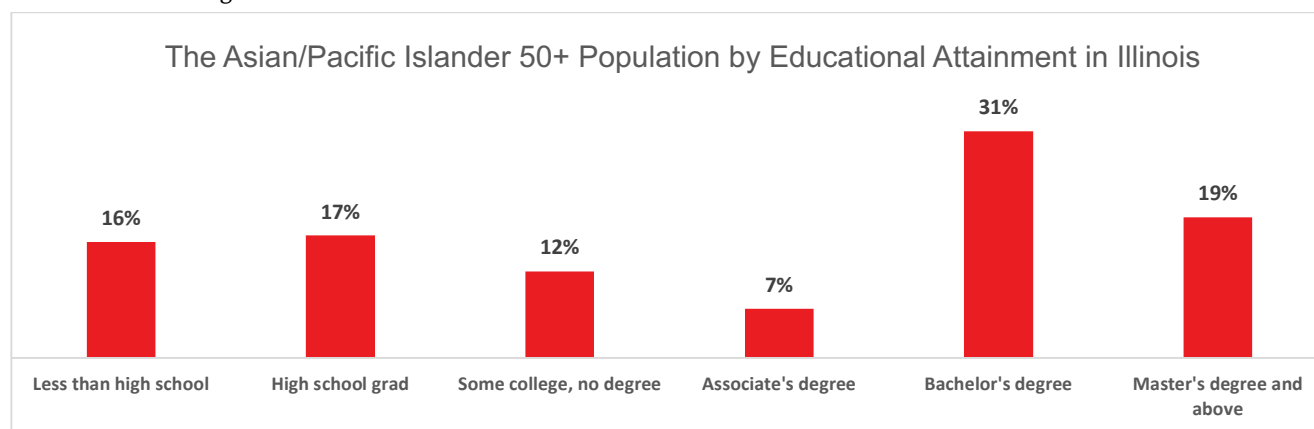
Sex	50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Male	45%	46%	47%	45%	46%	47%	41%	40%
Female	55%	54%	53%	55%	54%	53%	59%	60%

Seven in ten (79%) of the 50+ Asian/Pacific Islander population own a home – a rate that is steady as the population ages. One in ten (9%) lives alone, a rate that increases as age rises (50-54 – 6% vs. 80+ – 23%). Nearly two in ten (18%) live in a multi-generational household, a rate that also increases as age rises (50-54 – 11% vs. 80+ – 30%).

The Asian/Pacific Islander 50+ Population by Age and Home Ownership in Illinois



Sixteen percent of the 50+ Asian/Pacific Islander population did not graduate from high school; however, half have attained at least a Bachelor's degree.



The median household income of the 50+ Asian/Pacific Islander population in Illinois is \$90,932. Asian/Pacific Islanders who are 80 and older are more likely to have household income under \$25,000.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50 years and older	12%	15%	17%	24%	32%
50-54 years	8%	14%	17%	23%	37%
55-59 years	8%	13%	17%	27%	36%
60-64 years	12%	15%	18%	24%	31%
65-69 years	14%	16%	18%	24%	28%
70-74 years	16%	14%	20%	21%	29%
75-79 years	16%	24%	13%	20%	27%
80 years and older	24%	18%	12%	21%	25%

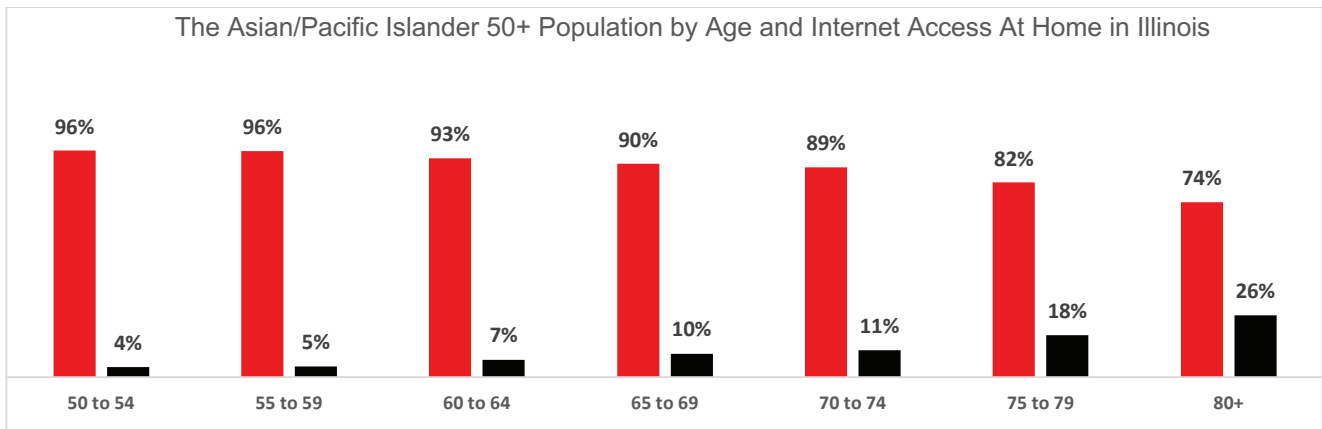
Asian/Pacific Islanders 75 years and older are less likely to have income over 300% of the poverty level than those who are under 75 years.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50 years and older	9%	8%	6%	13%	64%
50-54 years	8%	7%	6%	13%	66%
55-59 years	6%	7%	6%	11%	71%
60-64 years	9%	8%	6%	13%	65%
65-69 years	9%	8%	5%	12%	66%
70-74 years	10%	7%	7%	15%	62%
75-79 years	11%	8%	11%	17%	54%
80 years and older	15%	9%	9%	16%	51%

Overall, about one in seven of the Asian/Pacific Islander 50+ population in Illinois have received SNAP benefits – this rate increases as people age. Asian/Pacific Islanders who are 70 and older are more likely to have received SNAP benefits than younger residents.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	15%	11%	9%	13%	15%	20%	24%	27%

Overall, nine in ten (91%) of the Asian/Pacific Islander 50+ population in Illinois have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – just three in four of people 80 and older have access to the Internet at home.



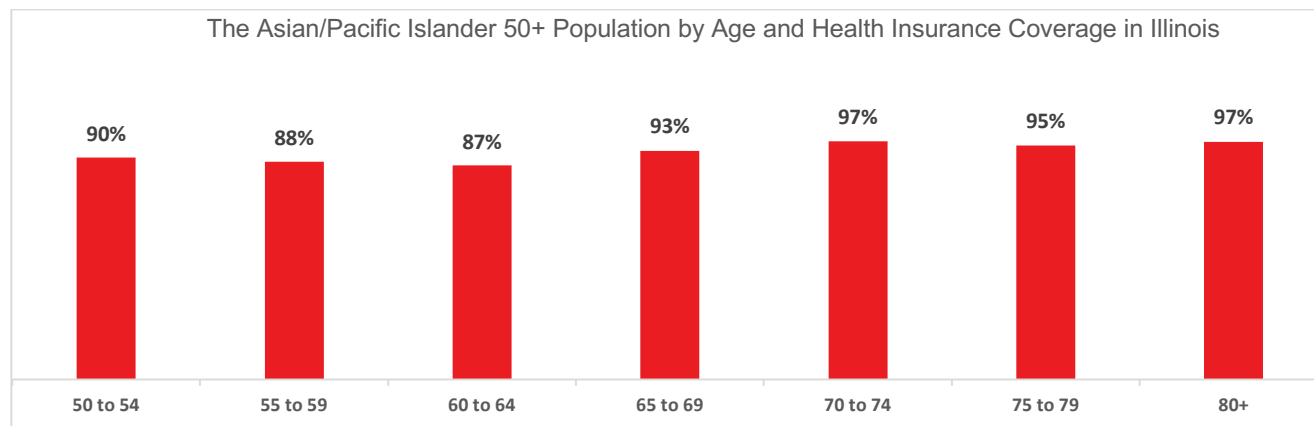
Overall, nine in ten of the Asian/Pacific Islander population 50 and older have broadband access to the Internet in their homes. These rates are similar as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	90%	91%	90%	92%	89%	86%	91%	87%

Nearly nine in ten of the Asian/Pacific Islander population 50+ have a laptop or desktop computer. These rates falls as age declines. Over six in ten have a tablet or other wireless computer, and eight in ten have a smartphone. Rates of these devices also declines with age.

Access to Technology at Home	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Laptop or Desktop	88%	94%	92%	90%	86%	85%	81%	71%
Tablet/portable wireless computer	62%	68%	65%	64%	58%	60%	56%	45%
Smartphone	80%	87%	85%	80%	79%	75%	69%	61%

Overall, nine in ten (91%) of the Asian/Pacific Islander 50+ population has health insurance coverage, this rate rises as this population ages.



Overall, almost two in ten of the Asian/Pacific Islander 50+ population in Illinois have some type of difficulty – a rate that increases with age. Each of the six difficulties shown below increase dramatically for people 80 and older.

Have Any One of the Following Difficulties	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	18%	5%	8%	12%	15%	26%	42%	68%
Self-care difficulty (dressing or bathing)	5%	1%	1%	3%	4%	6%	13%	26%
Hearing difficulty (deaf or serious difficulty hearing)	5%	1%	2%	2%	5%	5%	12%	32%
Vision difficulty (blind or serious difficulty seeing even when wearing glasses)	4%	1%	2%	3%	2%	6%	6%	14%
Independent living difficulty (doing errands, shopping, visiting a doctor)	9%	1%	3%	4%	6%	13%	23%	48%
Ambulatory difficulty (walking or climbing stairs)	11%	2%	5%	8%	9%	17%	27%	49%
Cognitive difficulty (concentrating, remembering, making decisions)	5%	1%	2%	3%	3%	6%	12%	29%

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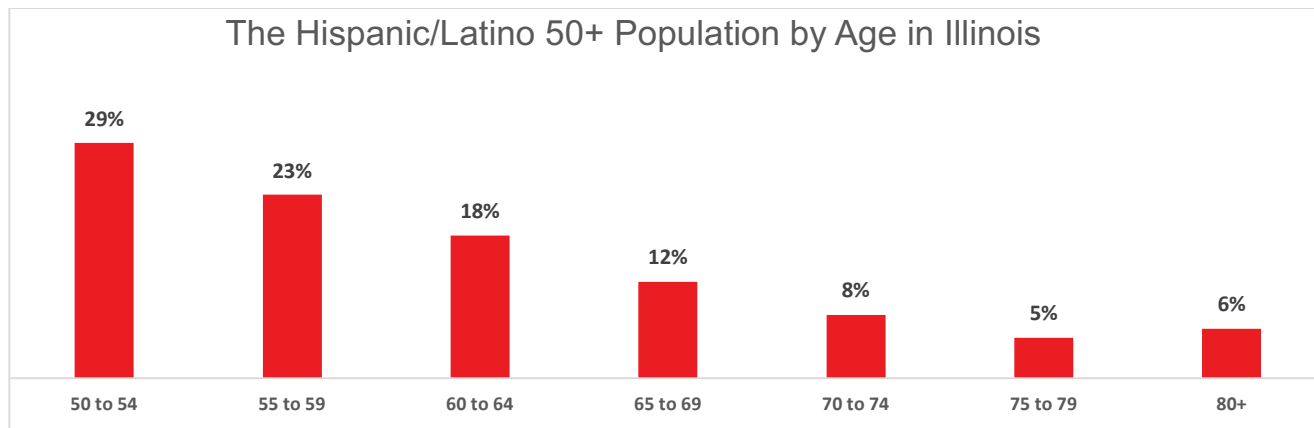
The Hispanic/Latino Age 50 and Older Population in Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent a third (34%) of the total population living in Illinois; and Hispanic/Latinos comprise nine percent of the 50+ population. The median age of the 50+ Hispanic/Latino population in Illinois is 59 years of age. The distribution of the 50+ Hispanic/Latino population by age shows that most are under age 60 (52%); however, about one in ten is 75 years of age or older.

The Hispanic/Latino 50+ Population by Age in Illinois

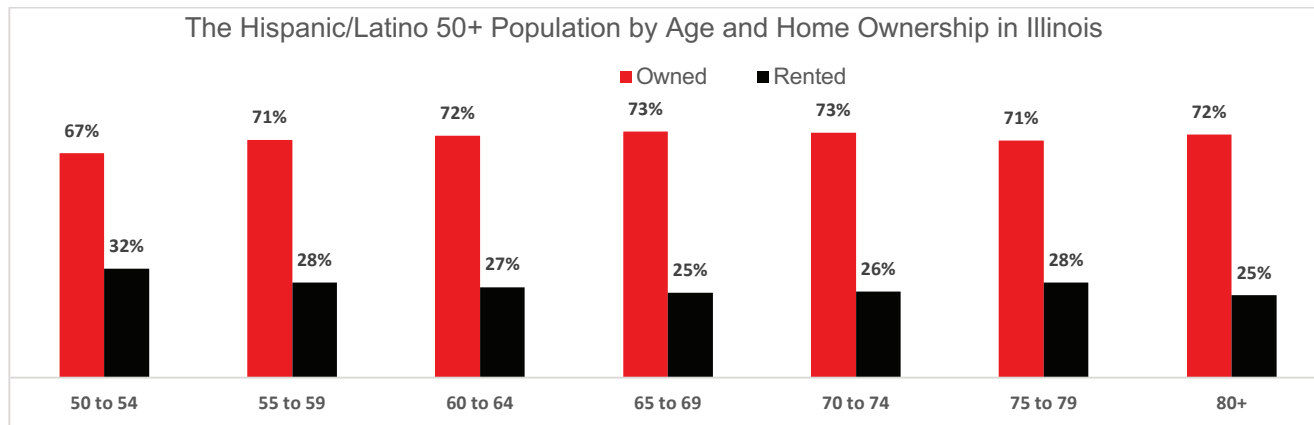


Overall, there are exactly the same percentage of Hispanic/Latino females 50 and older as Hispanic/Latino males. This gap does widen for the Hispanic/Latino population as age declines.

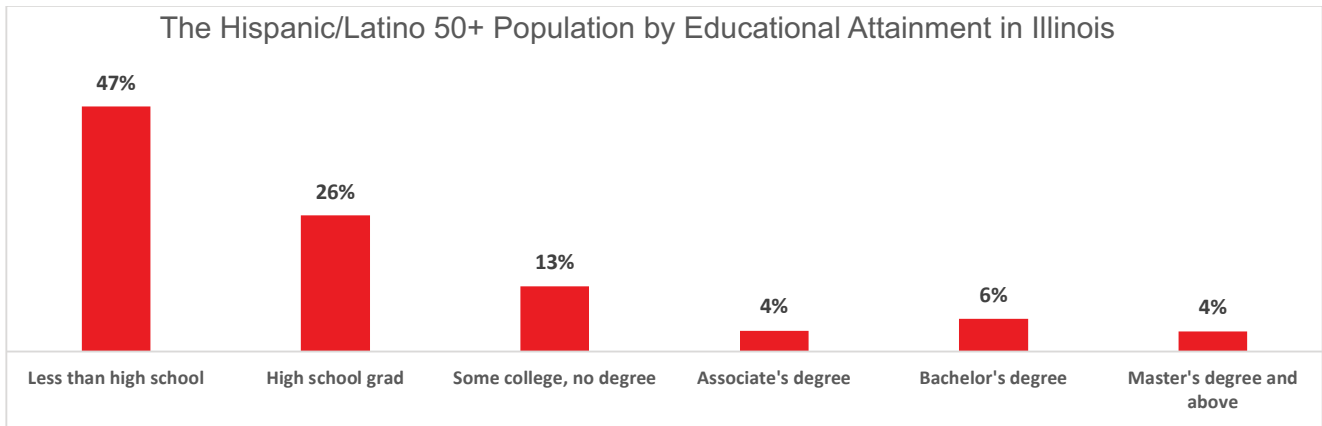
Sex	50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Male	50%	52%	51%	51%	47%	49%	43%	40%
Female	50%	48%	49%	49%	53%	51%	57%	60%

Seven in ten (70%) of the 50+ Hispanic/Latino population own a home – a rate that is steady as the population ages. Over one in ten (12%) lives alone, a rate that increases as age rises (50-54 – 8% vs. 80+ – 26%). Two in ten (20%) live in a multi-generational household, a rate that also increases as age rises (50-54 – 16% vs. 80+ – 24%).

The Hispanic/Latino 50+ Population by Age and Home Ownership in Illinois



Almost half of the 50+ Hispanic/Latino population did not graduate from high school; however, over a quarter have at least attended college, and nearly the same percentage are high school graduates.



The median household income of the 50+ Hispanic/Latino population in Illinois is \$60,670. Less than two in ten Hispanic/Latinos live in households with income under \$25,000, a rate that increases among the oldest.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50 years and older	17%	24%	23%	23%	13%
50-54 years	11%	22%	25%	28%	15%
55-59 years	13%	25%	23%	26%	15%
60-64 years	17%	24%	24%	23%	12%
65-69 years	21%	25%	23%	20%	11%
70-74 years	25%	29%	20%	16%	11%
75-79 years	27%	29%	20%	15%	10%
80 years and older	31%	27%	16%	15%	11%

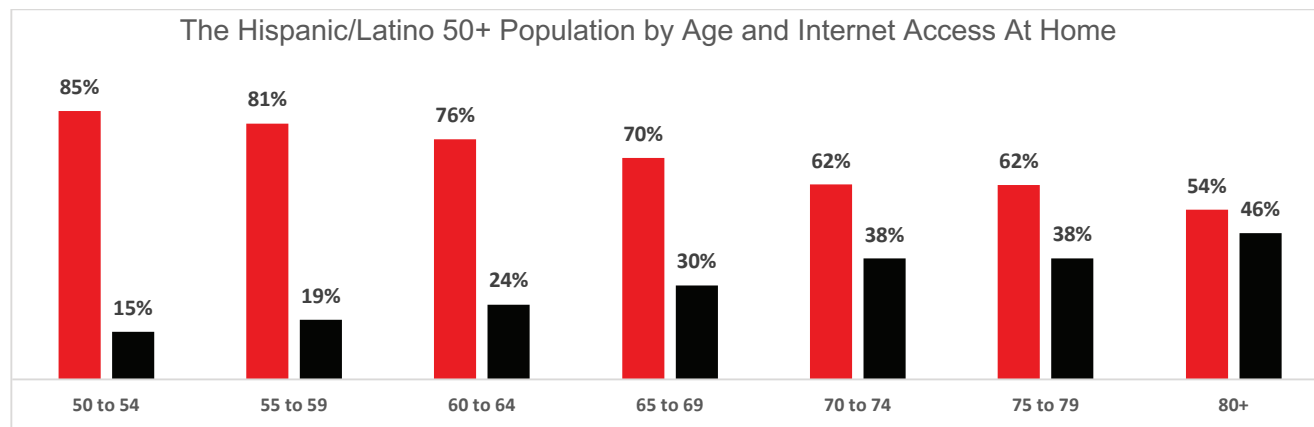
Over one in ten Hispanic/Latinos 50+ have income under 100% of the poverty level.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50 years and older	12%	11%	13%	23%	42%
50-54 years	9%	11%	12%	22%	46%
55-59 years	11%	9%	12%	23%	45%
60-64 years	13%	11%	12%	21%	43%
65-69 years	13%	11%	14%	23%	38%
70-74 years	14%	15%	14%	25%	32%
75-79 years	15%	18%	13%	23%	32%
80 years and older	18%	14%	16%	21%	31%

Overall, about two in ten of the Hispanic/Latino 50+ population in Illinois have received SNAP benefits – this rate is similar as people age.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	19%	17%	18%	20%	18%	20%	24%	19%

Overall, three in four (76%) of the Hispanic/Latino 50+ population in Illinois have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – just over half of people 80 and older have access to the Internet at home.



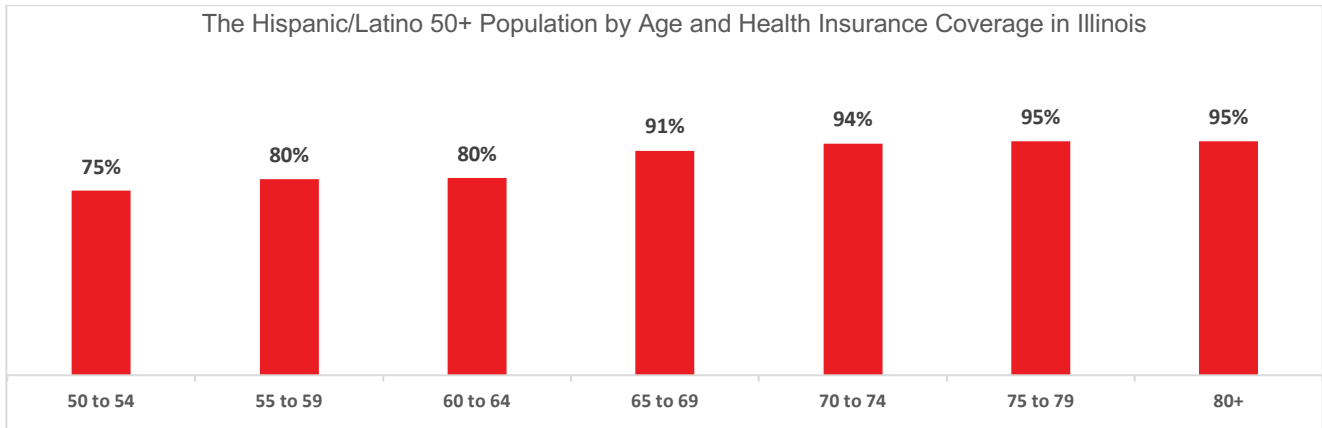
Overall, over eight in ten of the Hispanic/Latino population 50 and older have broadband access to the Internet in their homes. These rates are similar as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
	82%	82%	82%	82%	81%	84%	83%	82%

Seven in ten of the Hispanic/Latino population 50+ have a laptop or desktop computer. These rates decline as people age. Exactly half have a tablet or other wireless computer, and nearly seven in ten have a smartphone. Ownership of these devices also declines with age.

Access to Technology at Home	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Laptop or Desktop	69%	78%	73%	68%	64%	56%	54%	46%
Tablet/portable wireless computer	50%	58%	53%	50%	46%	38%	39%	32%
Smartphone	68%	79%	73%	69%	60%	51%	52%	44%

Overall, over eight in ten (83%) of the Hispanic/Latino 50+ population has health insurance coverage, this rate rises as this population ages.



Overall, two in ten of the Hispanic/Latino 50+ population in Illinois have some type of difficulty – a rate that increases with age. Each of the six difficulties shown below increase dramatically for those who are 80 and older.

Have Any One of the Following Difficulties	All 50+	50-54	55-59	60-64	65-69	70-74	75-79	80+
Self-care difficulty (dressing or bathing)	20%	10%	15%	20%	22%	30%	39%	62%
Hearing difficulty (deaf or serious difficulty hearing)	5%	2%	2%	3%	6%	8%	15%	26%
Vision difficulty (blind or serious difficulty seeing even when wearing glasses)	4%	2%	4%	4%	5%	7%	9%	11%
Independent living difficulty (doing errands, shopping, visiting a doctor)	9%	3%	6%	8%	8%	14%	19%	44%
Ambulatory difficulty (walking or climbing stairs)	14%	6%	10%	14%	15%	19%	24%	45%
Cognitive difficulty (concentrating, remembering, making decisions)	6%	3%	4%	6%	5%	9%	11%	24%

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Appendix #4: Geographic Snapshots by Race/ethnicity and Age

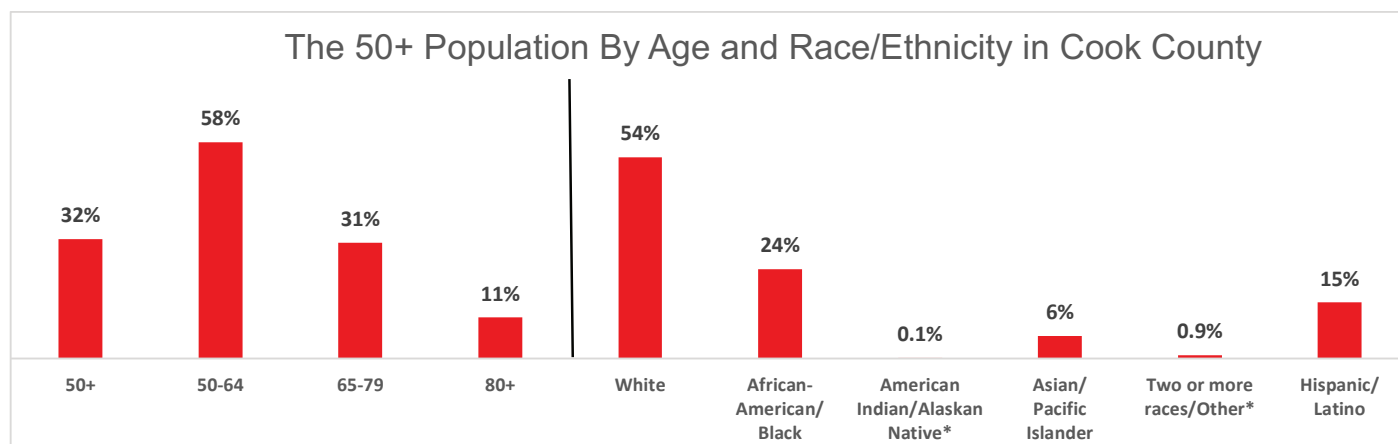
- **Cook County**
- **Chicago**
- **Peoria**
- **Springfield**
- **Metro East**
- **Rockford**
- **Aurora**
- **Naperville**
- **Waukegan**
- **Elgin**

The Age 50 and Older Population in Cook County, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent about a third (32%) of the total population living in Cook County, Illinois. The distribution of the 50-plus Cook County population by age shows that most are under age 65; however, over one in ten is 80 years of age or older. The largest group by race/ethnicity is White, non-Hispanic. One in four reported their race/ethnicity as African-American/Black, non-Hispanic, about one in seven reported their race/ethnicity as Hispanic/Latino, and six percent reported their race/ethnicity as Asian/Pacific Islander, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Cook County, those 80 years of age and older, are more likely to have income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have income under \$25,000. Asian/Pacific Islander, non-Hispanics and White, non-Hispanics are more likely to have incomes of \$135,000 and above.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	20%	20%	20%	21%	20%
50-64	15%	17%	20%	24%	24%
65-79	23%	23%	20%	19%	15%
80+	34%	26%	18%	13%	9%
White, non-Hispanic, 50+	15%	17%	19%	23%	26%
African-American/Black, non-Hispanic, 50+	32%	23%	19%	18%	9%
Asian/Pacific Islander, non-Hispanic, 50+	15%	16%	18%	22%	28%
Hispanic/Latino, 50+	18%	25%	23%	22%	12%

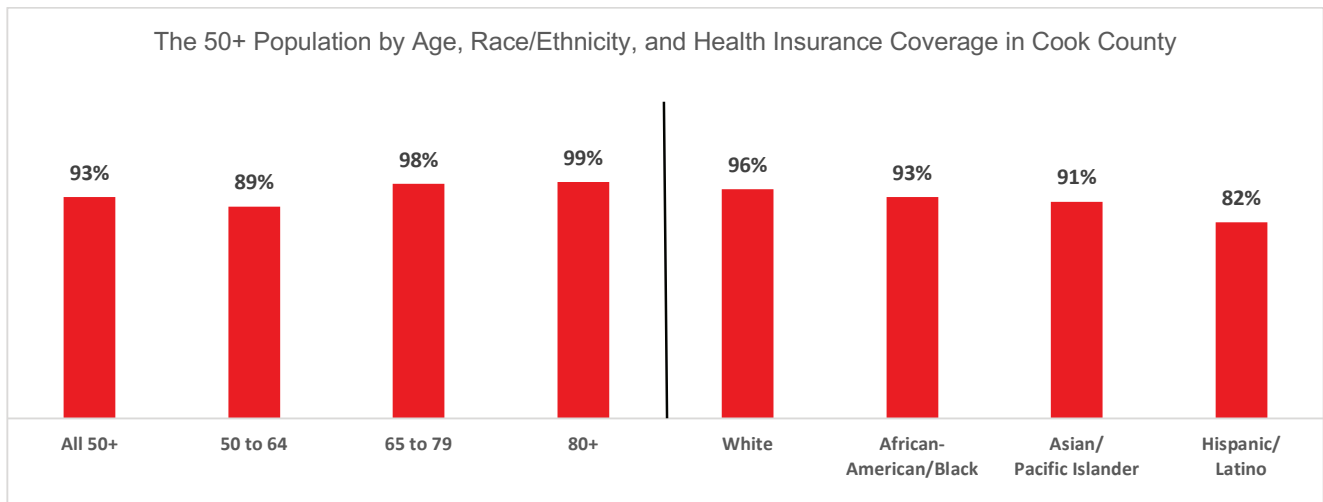
Overall, over one in ten people 50+ in Cook County had income under 100% of the poverty level. African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level. The oldest (80+) age group is less likely to have income under 300% of the poverty level.

Poverty Level by Age and Race/Ethnicity (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	12%	9%	9%	15%	56%
50-64	12%	7%	7%	14%	60%
65-79	11%	10%	10%	16%	53%
80+	13%	13%	14%	19%	41%
White, non-Hispanic, 50+	7%	6%	7%	13%	67%
African-American/Black, non-Hispanic, 50+	22%	12%	10%	16%	40%
Asian/Pacific Islander, non-Hispanic, 50+	11%	9%	6%	14%	60%
Hispanic/Latino, 50+	13%	12%	13%	23%	39%

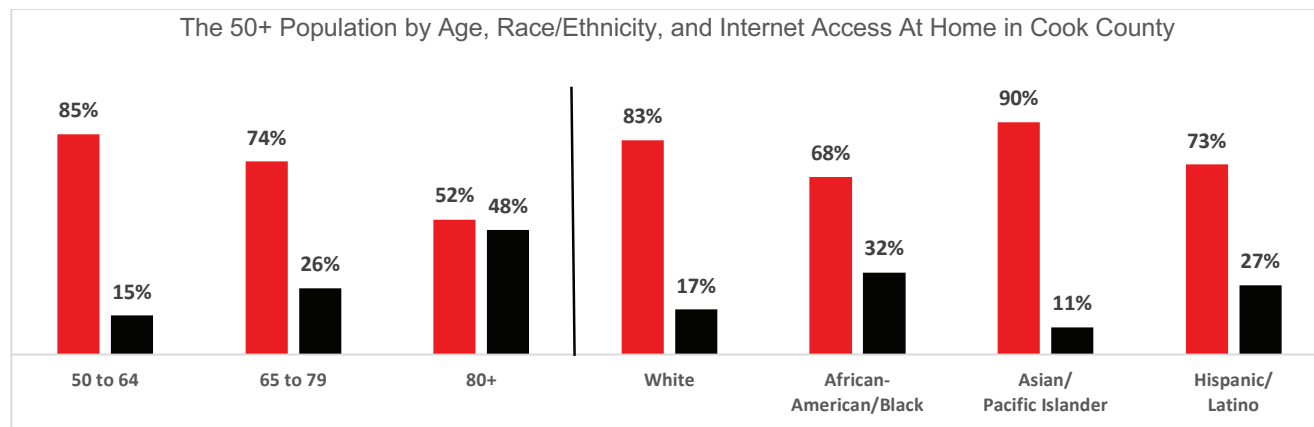
Overall, about one in seven (15%) people 50+ in Cook County have received SNAP benefits – this rate appears to decline as people age. People 50+ who identify as African-American/Black, non-Hispanic, Asian/Pacific Islander, non-Hispanic, and Hispanic/Latino are more likely to have received SNAP benefits than those with identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
	15%	16%	14%	12%	6%	30%	18%	20%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. Hispanic/Latinos are less likely to have health insurance coverage than are White, non-Hispanics, African-American/Black, non-Hispanics, and Asian/Pacific Islander, non-Hispanics.



Overall, about eight in ten people 50 years and older (78%) in Cook County have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – only half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with Asian/Pacific Islander, non-Hispanics having the highest rate of access, followed by White, non-Hispanics, Hispanic/Latinos, and African-American/Black, non-Hispanics.



Overall, nearly nine in ten people 50+ in Cook County have broadband access to the Internet in their homes. These rates are similar as age declines. African-American/Black, non-Hispanics and Hispanic/Latinos are less likely to have broadband access at home.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
	88%	88%	87%	86%	90%	84%	89%	83%

Three in four people 50+ in Cook County have a laptop or desktop computer. These rates are similar as age declines, except for those people 80+, who less than half have such a device. African-American/Black, non-Hispanics and Hispanic/Latinos are also less likely to have such a device. Similarly, people 80+ in Cook County are also less likely to have a tablet or a smartphone, while Asian/Pacific Islander, non-Hispanics are more likely to have these devices as well as a laptop/desktop.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
Laptop or Desktop	75%	82%	71%	49%	81%	64%	86%	67%
Tablet/portable wireless computer	48%	55%	42%	25%	50%	41%	59%	47%
Smartphone	64%	74%	55%	33%	64%	57%	78%	65%

The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau. For more information about these data, contact Terri Guengerich at 202-434-6306 or terri.guengerich@aarpp.org. For more information on this issue at AARP, please contact Mary Anderson at 312-458-3636 or manderson@aarpp.org.

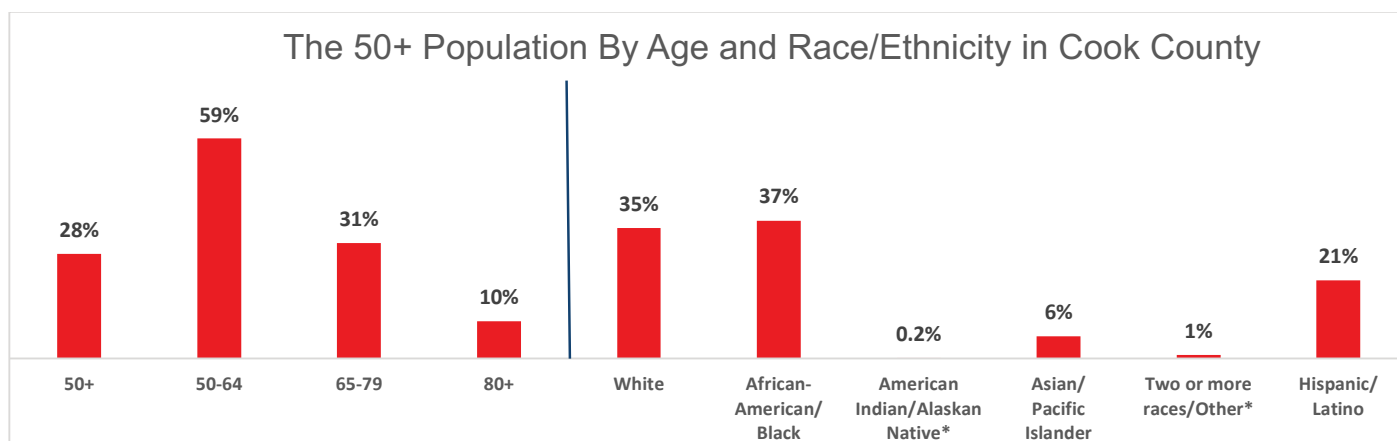


The Age 50 and Older Population in Chicago, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent about three in ten (28%) of the total population living in Chicago. The distribution of the 50-plus Chicago population by age shows that most are under age 65; however, one in ten is 80 years of age or older. The largest group by race/ethnicity is African-American/Black, non-Hispanic followed by White, non-Hispanic. One in five reported their race/ethnicity as Hispanic/Latino, and six percent reported their race/ethnicity as Asian/Pacific Islander, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Chicago, those 80 years of age and older, are more likely to have income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have income under \$25,000. Asian/Pacific Islander, non-Hispanics and White, non-Hispanics are more likely to have incomes of \$135,000 and above.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	26%	22%	18%	18%	16%
50-64	21%	20%	19%	21%	18%
65-79	30%	24%	17%	16%	13%
80+	38%	25%	16%	12%	9%
White, non-Hispanic, 50+	18%	18%	17%	21%	27%
African-American/Black, non-Hispanic, 50+	36%	23%	18%	15%	7%
Asian/Pacific Islander, non-Hispanic, 50+	21%	20%	18%	19%	22%
Hispanic/Latino, 50+	21%	27%	21%	21%	10%

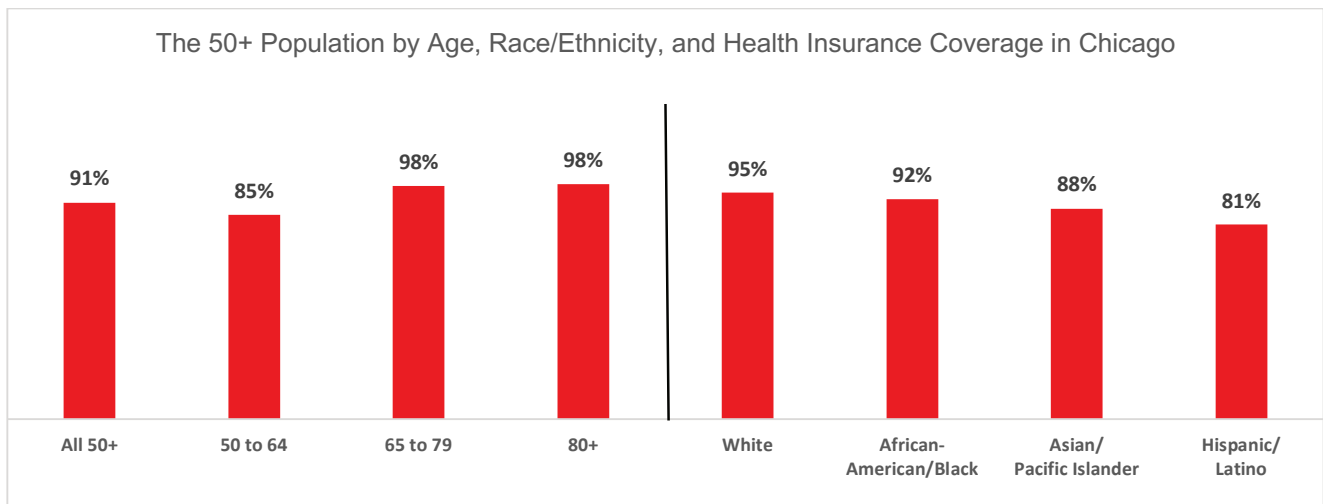
Under two in ten people 50+ in Chicago had income under 100% of the poverty level. African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level. The oldest (80+) age group is less likely to have income above 300% of the poverty level.

Poverty Level by Age and Race/Ethnicity (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	17%	11%	10%	16%	46%
50-64	18%	10%	8%	15%	49%
65-79	15%	13%	12%	16%	43%
80+	18%	15%	14%	17%	35%
White, non-Hispanic, 50+	10%	7%	7%	12%	64%
African-American/Black, non-Hispanic, 50+	25%	14%	11%	16%	35%
Asian/Pacific Islander, non-Hispanic, 50+	16%	13%	8%	15%	49%
Hispanic/Latino, 50+	15%	14%	13%	23%	35%

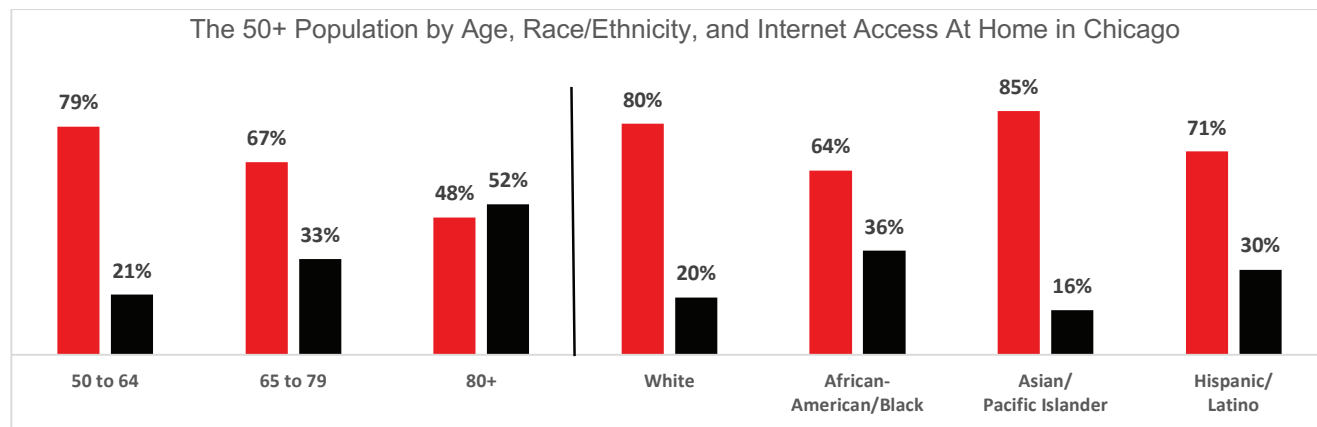
Overall, over one in five (22%) people 50+ in Chicago have received SNAP benefits – this rate appears to decline as people age. People 50+ who identify as African-American/Black, non-Hispanic, Asian/Pacific Islander, non-Hispanic, and Hispanic/Latino are more likely to have received SNAP benefits than those who identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	AA/B, non-Hispanic, 50+	A/PI, non-Hispanic, 50+	Hispanic/Latino, 50+
	22%	23%	21%	19%	9%	34%	23%	22%

Nine in ten people 50+ in Chicago have health insurance coverage. People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. Hispanic/Latinos and Asian/Pacific Islander, non-Hispanics are less likely to have health insurance coverage than are White, non-Hispanics and African-American/Black, non-Hispanics.



Overall, over seven people 50 years and older (72%) in Chicago have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – less than half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with Asian/Pacific Islander, non-Hispanics having the highest rate of access, followed by White, non-Hispanics, Hispanic/Latinos, and African-American/Black, non-Hispanics.



Overall, over eight in ten people 50+ in Chicago have broadband access to the Internet in their homes. These rates are similar as age declines. African-American/Black, non-Hispanics and Hispanic/Latinos are slightly less likely to have broadband access at home.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
	85%	85%	84%	84%	89%	81%	88%	81%

About two in three people 50+ in Chicago have a laptop or desktop computer. These rates are similar as age declines, except for those people 80+, who less than half have such a device. African-American/Black, non-Hispanics and Hispanic/Latinos are also less likely to have such a device. Similarly, people 80+ in Chicago are also less likely to have a tablet or a smartphone, while Asian/Pacific Islander, non-Hispanics are more likely to have these devices.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+	Asian/Pacific Islander, non-Hispanic, 50+	Hispanic/Latino, 50+
Laptop or Desktop	68%	75%	62%	44%	78%	59%	79%	64%
Tablet/portable wireless computer	44%	50%	38%	25%	47%	38%	54%	45%
Smartphone	60%	69%	51%	34%	63%	54%	71%	63%

The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau. For more information about these data, contact Terri Guengerich at 202-434-6306 or tguengerich@aarpp.org. For more information on this issue at AARP, please contact Mary Anderson at 312-458-3636 or manderson@aarpp.org.

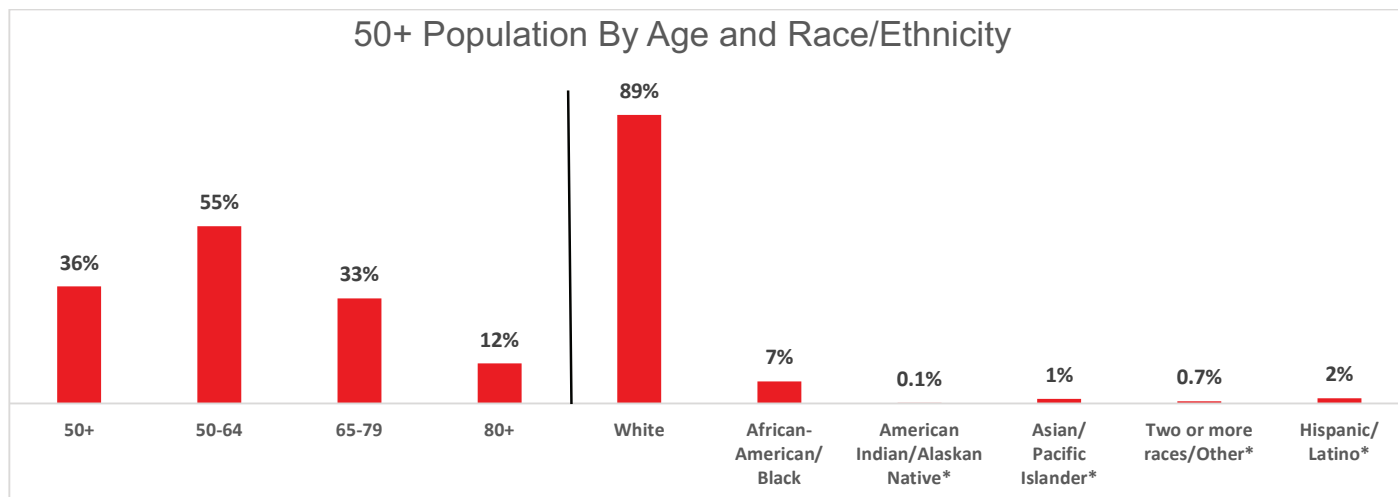


People Age 50 and Older in Peoria¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent over a third of the total population living in Peoria. The distribution of the 50+ Peoria population by age shows that most are under age 65; however, one in eight is 80 years of age or older. The largest group by race/ethnicity is White, non-Hispanic. Combined, about one in ten report their race/ethnicity as African-American/Black, non-Hispanic, Asian/Pacific Islander, non-Hispanic, and Hispanic/Latino.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Peoria, those 80 years of age and older, are more likely to have household income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have income under \$25,000.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	16%	23%	24%	22%	15%
50-64	14%	20%	23%	26%	18%
65-79	17%	26%	27%	20%	12%
80+	29%	34%	18%	14%	5%
White, non-Hispanic, 50+	15%	23%	24%	23%	15%
African-American/Black, non-Hispanic, 50+	40%	25%	16%	14%	6%

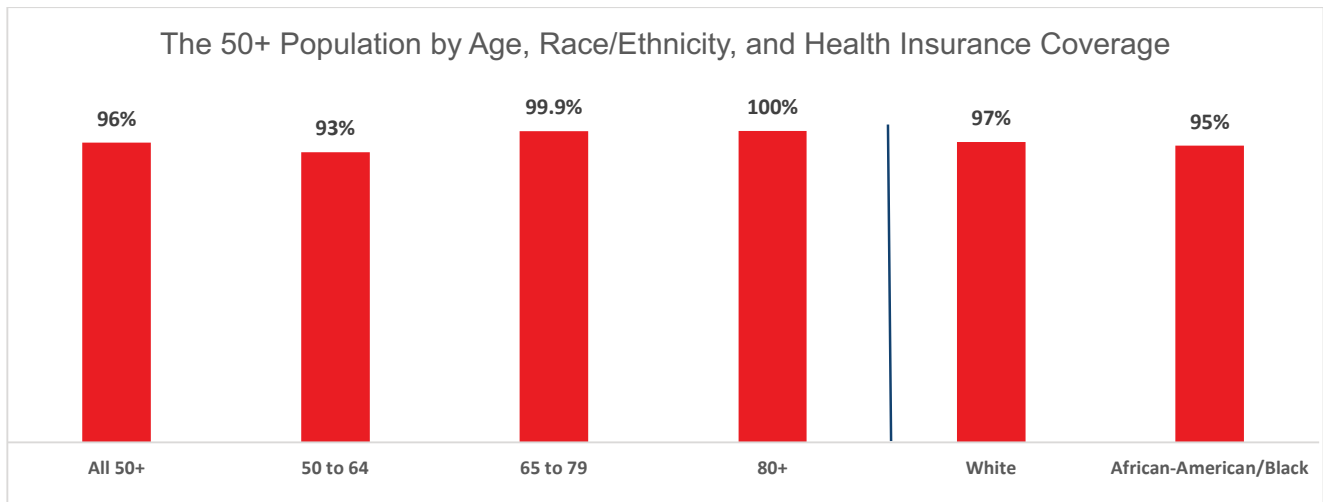
African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level than White, non-Hispanics. The oldest (80+) age group is less likely to have income above 300% of the poverty level.

Poverty Level (Percent above and below) by Age and Race/Ethnicity	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	8%	7%	8%	16%	61%
50-64	9%	6%	6%	15%	63%
65-79	6%	8%	8%	17%	62%
80+	6%	12%	15%	21%	45%
White, non-Hispanic, 50+	6%	7%	7%	16%	64%
African-American/Black, non-Hispanic, 50+	28%	17%	8%	15%	32%

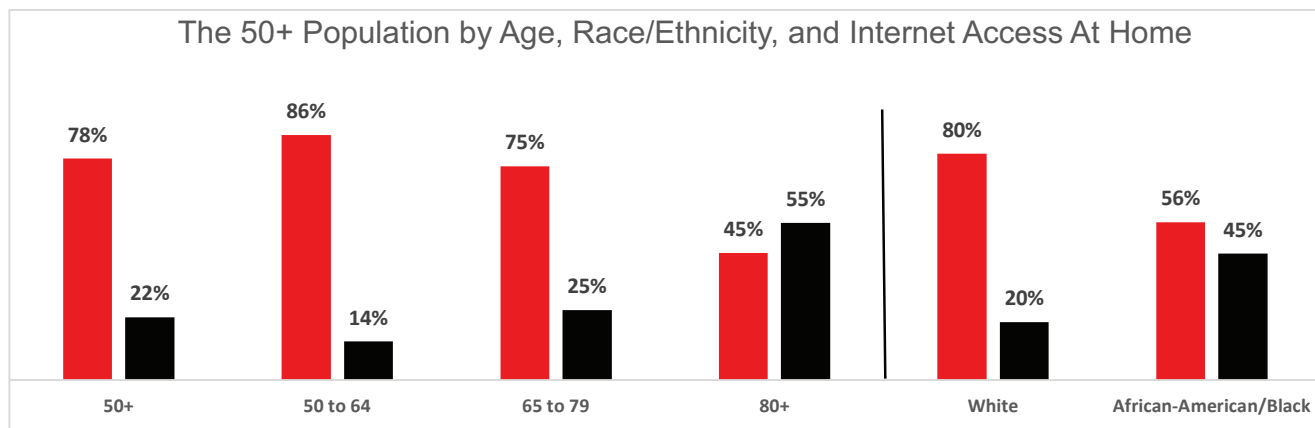
Overall, one in ten people 50+ in Peoria have received SNAP benefits – this rate appears to decline as people age. People 50+ who identify as African-American/Black, non-Hispanic are more likely to have received SNAP benefits than those who identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
	10%	12%	7%	4%	8%	32%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. Both White, non-Hispanics and African-American/Black, non-Hispanics appear about equally likely to have health insurance coverage.



Overall, over three in four people 50 years and older (75%) in Peoria have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – less than half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with White, non-Hispanics having the highest rate of access compared to African-American/Black, non-Hispanics.



Overall, over eight in ten people 50+ in Peoria have broadband access to the Internet in their homes. These rates are similar as age declines. African-American/Black, non-Hispanics and White, non-Hispanics appear equally likely to have broadband access at home.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
	85%	85%	86%	86%	85%	84%

Three in four people 50+ in Peoria have a laptop or desktop computer. These rates decline as age declines, especially for those people 80+, who less than half have such a device. African-American/Black, non-Hispanics are also less likely to have such a device. Similarly, people 80+ and African-American/Black, non-Hispanics in Peoria are also less likely to have a tablet or a smartphone.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
Laptop or Desktop	75%	82%	74%	42%	77%	57%
Tablet/portable wireless computer	44%	53%	38%	18%	45%	34%
Smartphone	58%	70%	48%	24%	58%	49%

ⁱ Rockford represents the following area: 17 01701 Peoria County – Peoria City PUMA; 17 01900 Tazewell County PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5-Year Public Use Microdata Samples. U.S. Census Bureau.

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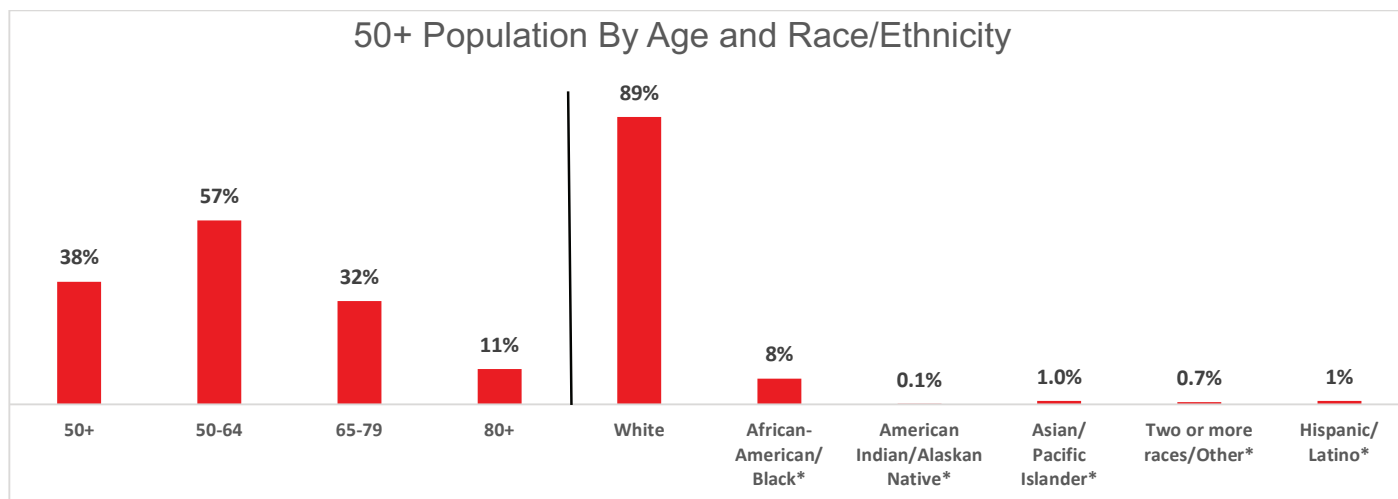


People Age 50 and Older in Springfield¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent over a third of the total population living in Springfield. The distribution of the 50-plus Springfield population by age shows that most are under age 65; however, over four in ten are 65 years of age or older. The largest group by race/ethnicity is White, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

People 80 and over in Springfield are more likely to have household income under \$25,000.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	17%	19%	21%	25%	18%
50-64	15%	15%	19%	28%	23%
65-79	17%	21%	25%	25%	12%
80+	28%	35%	19%	11%	8%

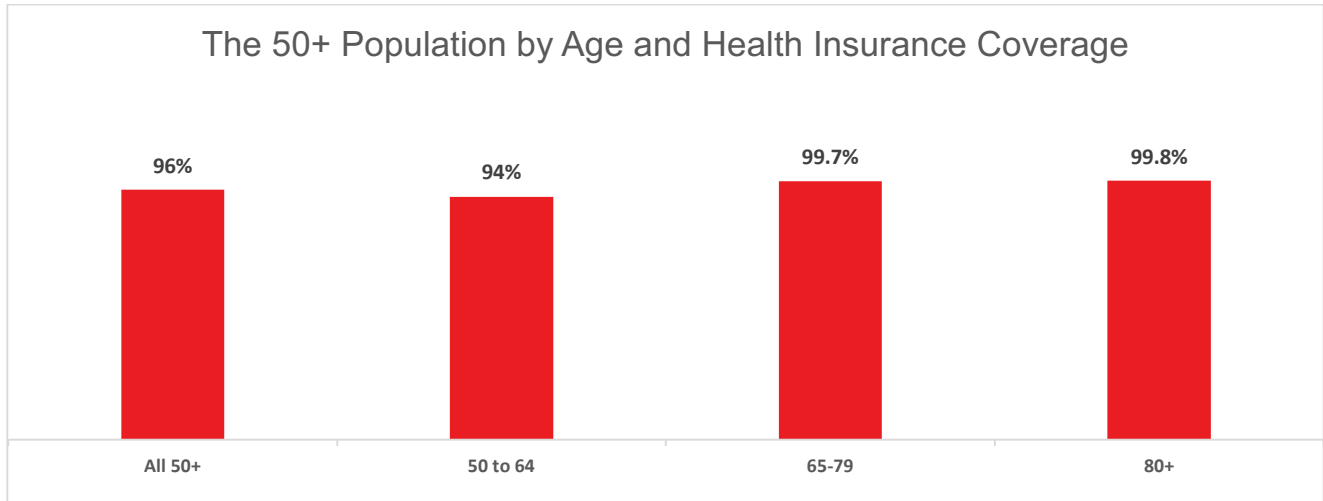
People 80 and over are also less likely to have income above 300% of the poverty level compared to younger residents.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	9%	7%	74%	10%	77%
50-64	11%	6%	5%	11%	67%
65-79	6%	7%	8%	13%	65%
80+	7%	13%	13%	21%	46%

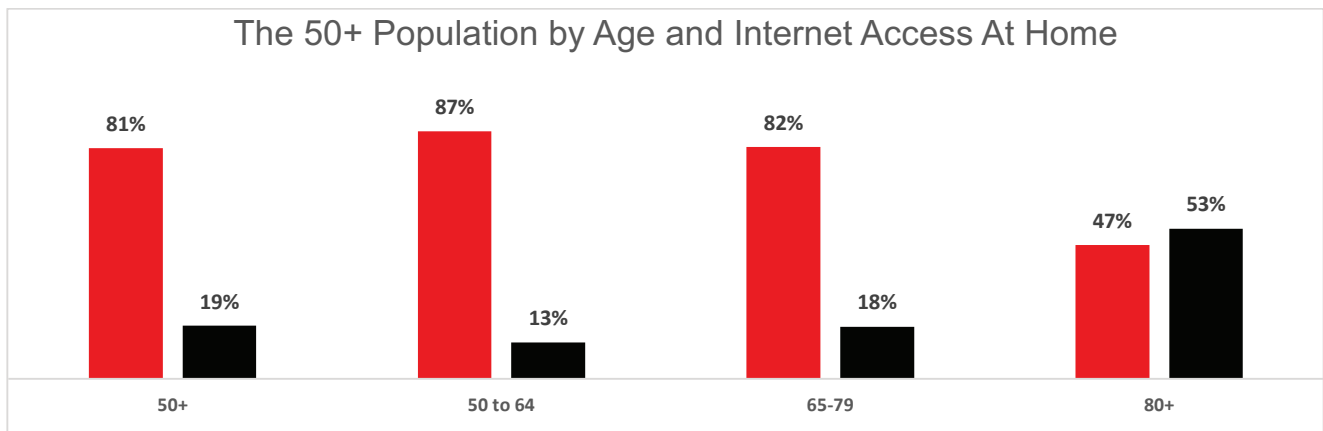
Overall, less than one in ten people 50+ in Springfield have received SNAP benefits – this rate declines as people age.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	85+
	8%	10%	5%	4%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older.



Overall, eight in ten people 50 years and older in Springfield have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate does drop as people age – less than half of people 80 and older have access to the Internet at home.



Overall, over eight in ten people 50+ in Springfield have broadband access to the Internet in their homes. These rates are similar as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	85+
	85%	84%	87%	85%

Eight in ten people 50+ in Springfield have a laptop or desktop computer. People 80 and older are less likely to have such a device. People 65 and older are also less likely to have a tablet or smartphone.

Access to Technology at Home	All 50+	50-64	65-79	80+
Laptop or Desktop	79%	83%	80%	49%
Tablet/portable wireless computer	49%	56%	46%	21%
Smartphone	63%	73%	57%	21%

ⁱ Springfield represents the following area: 17 01300 Sangamon County--Springfield City PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

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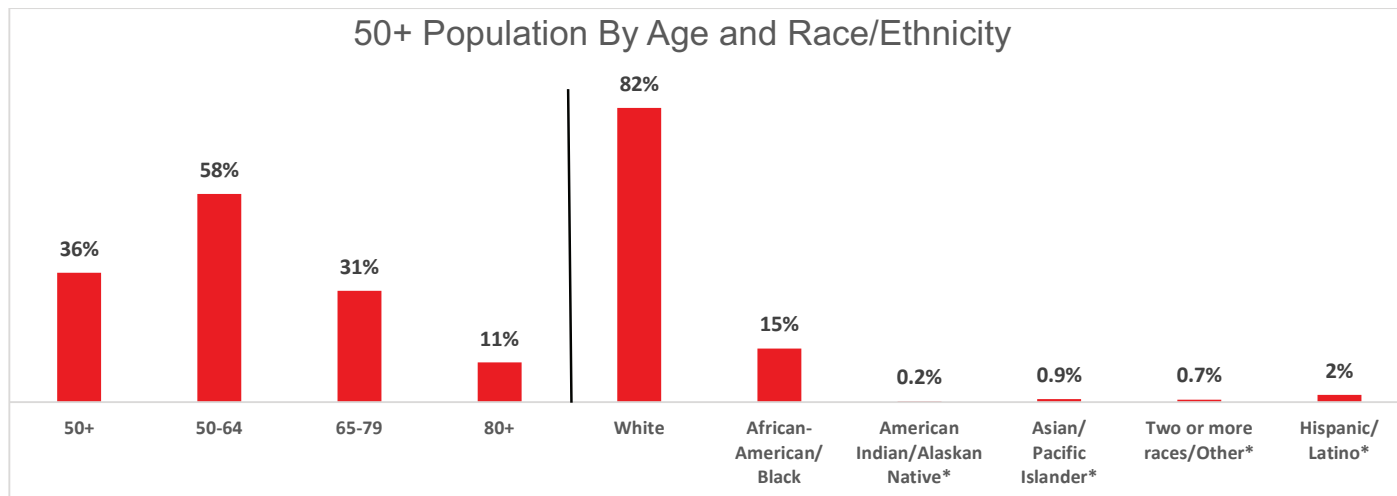


People Age 50 and Older in Metro East¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent over a third of the total population living in Metro East. The distribution of the 50-plus Metro East population by age shows that over half are under age 65; however, one in ten is 80 years of age or older. The largest group by race/ethnicity is White, non-Hispanic followed by African-American/Black, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Metro East, those 80 years of age and older, are more likely to have household income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have household income under \$25,000.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	18%	23%	21%	23%	15%
50-64	15%	18%	20%	27%	20%
65-79	17%	29%	24%	21%	9%
80+	37%	35%	14%	10%	4%
White, non-Hispanic, 50+	15%	23%	21%	24%	16%
African-American/Black, non-Hispanic, 50+	34%	25%	18%	16%	8%

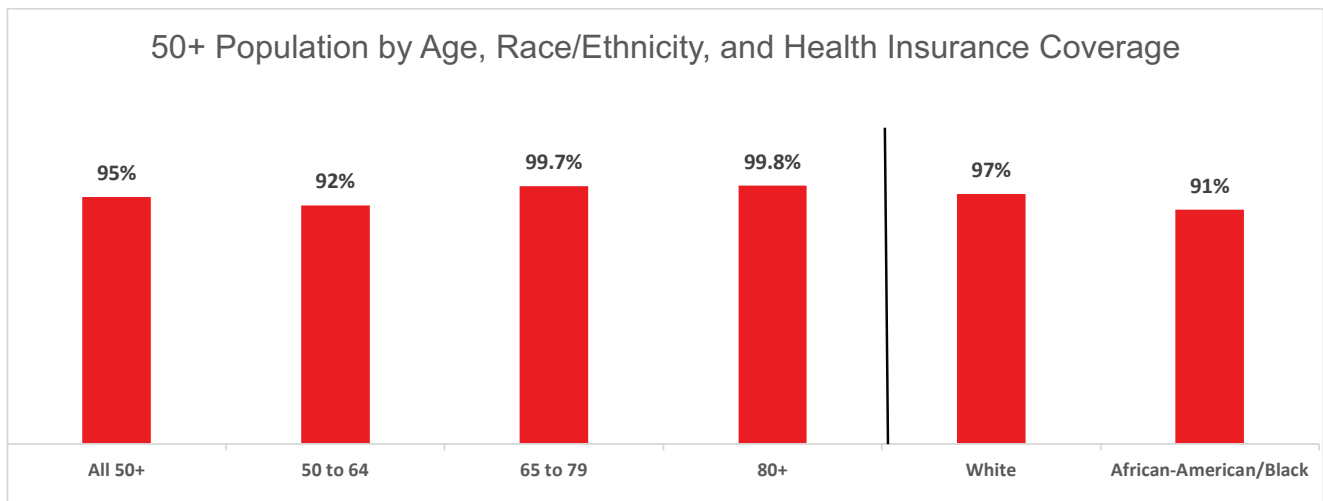
People 80 and older in Metro East are less likely to have income over 300% of the poverty level. African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level.

Poverty Level (Percent above and below) by Age and Race/Ethnicity	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	9%	8%	8%	16%	59%
50-64	11%	7%	6%	13%	65%
65-79	7%	8%	9%	21%	56%
80+	11%	14%	17%	24%	35%
White, non-Hispanic, 50+	7%	7%	8%	16%	62%
African-American/Black, non-Hispanic, 50+	22%	14%	9%	16%	39%

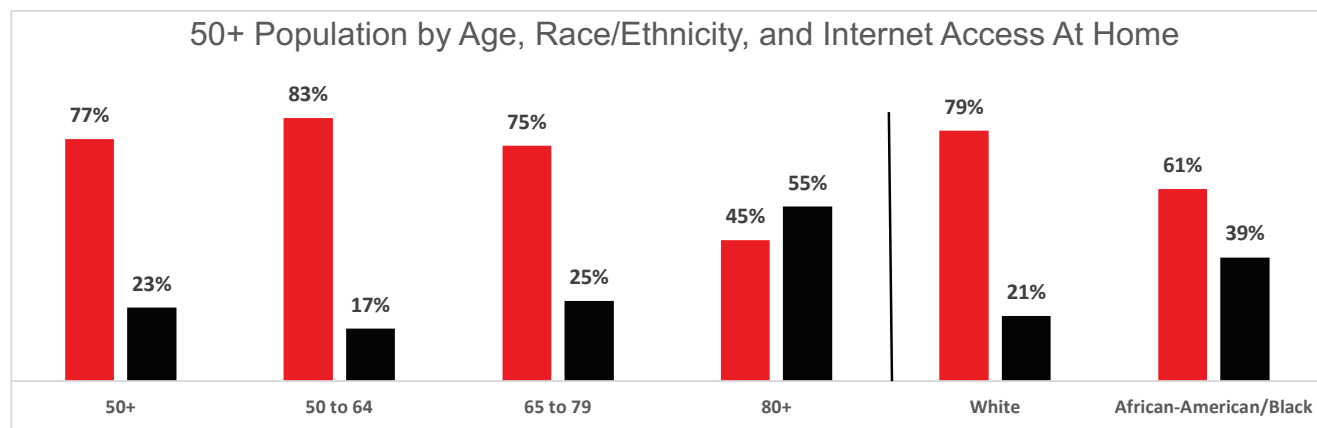
Overall, one in ten people 50+ in Metro East have received SNAP benefits – this rate declines as people age. People 50+ who identify as African-American/Black, non-Hispanic are also more likely to have received SNAP benefits than those who identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American, non-Hispanic, 50+
	10%	13%	7%	5%	8%	26%

While at least nine in ten people 50+ in Metro East have health insurance, people 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. African-American/Black, non-Hispanics are also less likely to have health care coverage than White, non-Hispanics.



Overall, over three in four people 50 years and older in Metro East have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – less than half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with White, non-Hispanics having the highest rate of access, followed by African-American/Black, non-Hispanics.



Overall, over eight in ten people 50+ in Metro East have broadband access to the Internet in their homes. These rates are steady as age declines but slightly lower among African-American/Black, non-Hispanics.

Have Broadband (hi-speed Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
	84%	83%	84%	85%	84%	77%

Over seven in ten people 50+ in Metro East have a laptop or desktop computer. These rates decline with age – less than half of people 80+ had such a device. African-American/Black, non-Hispanics are also less likely to have such a device. Similarly, people 80+ and African-American/Black, non-Hispanics in Metro East are also less likely to have a tablet or a smartphone.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
Laptop or Desktop	73%	80%	71%	42%	77%	53%
Tablet/portable wireless computer	46%	54%	39%	19%	47%	36%
Smartphone	59%	70%	49%	25%	59%	53%

ⁱ Metro East represents the following areas: 17 01104 St. Clair County (Central & Northeast) PUMA; 17 01105 St. Clair County (Northwest, Southwest & Southeast) PUMA; 17 01204 Madison County (East) PUMA; 17 01205 Madison County (West)--Granite City, Alton, Wood River Cities & Godfrey Village PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

For more information about these data, contact Terri Guengerich at 202-434-6306 or tguengerich@aarp.org. For more information on this issue at AARP, please contact Mary Anderson at 312-458-3636 or manderson@aarp.org.

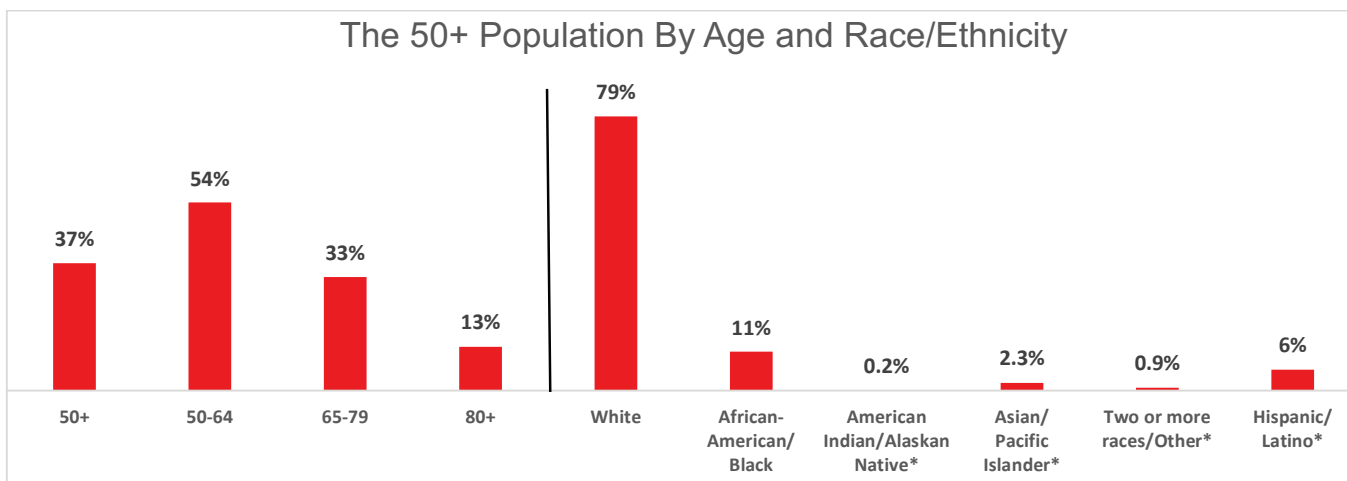


People Age 50 and Older in Rockford¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent nearly four in ten of the total population living in Rockford. The distribution of the 50-plus Rockford population by age shows that just over half are under age 65; however, over one in ten is 80 years of age or older. The largest group by race/ethnicity is White, non-Hispanic followed by African-American/Black, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Rockford, those 80 years of age and older, are more likely to have household income under \$25,000 than younger residents. African-American/Black, non-Hispanics are also more likely to have household income under \$25,000.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	21%	24%	24%	20%	11%
50-64	19%	18%	24%	23%	15%
65-79	19%	31%	24%	19%	8%
80+	36%	34%	19%	10%	3%
White, non-Hispanic, 50+	19%	24%	24%	22%	12%
African-American/Black, non-Hispanic, 50+	36%	28%	19%	14%	4%

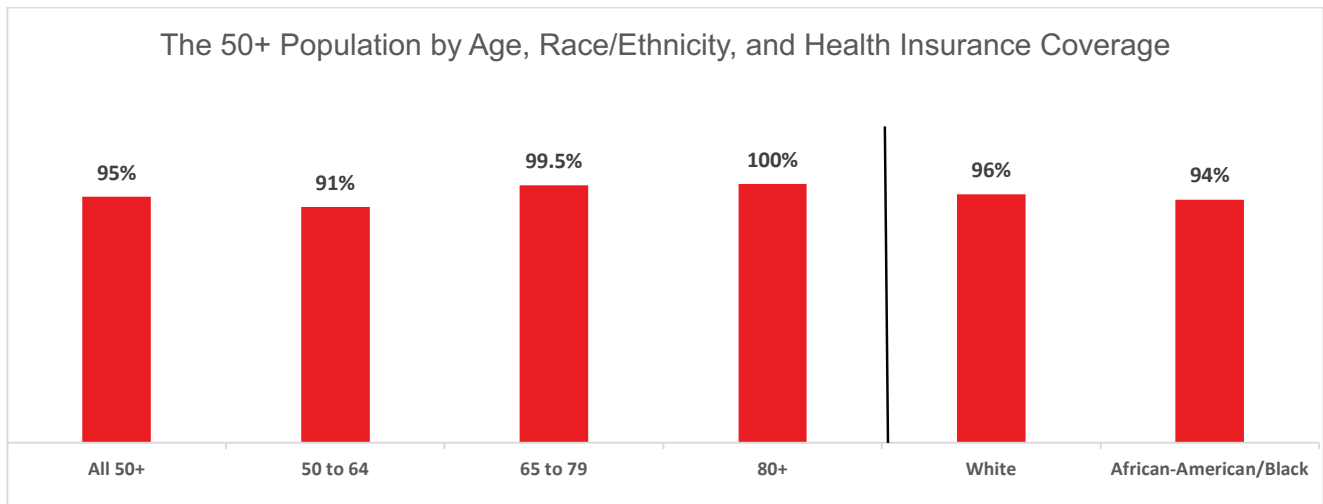
People 80 and older in Rockford are less likely to have income over 300% of the poverty level. African-American/Black, non-Hispanics are more likely to have income under 100% of the poverty level.

Poverty Level (Percent above and below) by Age and Race/Ethnicity	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	11%	9%	10%	16%	55%
50-64	15%	7%	8%	13%	57%
65-79	5%	9%	11%	18%	56%
80+	10%	13%	19%	22%	36%
White, non-Hispanic, 50+	9%	7%	9%	16%	59%
African-American/Black, non-Hispanic, 50+	25%	14%	13%	13%	35%

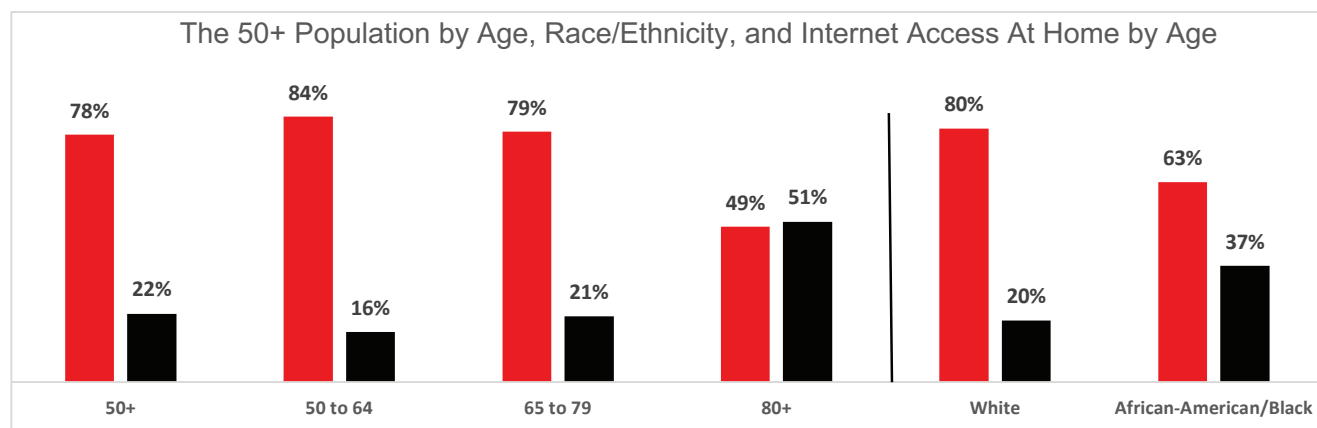
Overall, about one in seven people 50+ in Rockford have received SNAP benefits – this rate declines as people age. People 50+ who identify as African-American/Black, non-Hispanic are also more likely to have received SNAP benefits than those who identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
	15%	19%	10%	6%	10%	32%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. No difference in health care coverage exist between Hispanic/Latinos and White, non-Hispanics.



Overall, nearly eight in ten people 50 years and older in Rockford have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – less than half of people 80 and older have access to the Internet at home. Rates of Internet access at home also vary by race/ethnicity, with White, non-Hispanics having the highest rate of access, followed by African-American/Black, non-Hispanics.



Overall, over eight in ten people 50+ in Rockford have broadband access to the Internet in their homes. These rates are similar as age declines and among White, non-Hispanics and African-American/Black, non-Hispanics.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
	84%	83%	85%	85%	85%	83%

About three in four people 50+ in Rockford have a laptop or desktop computer. These rates are similar as age declines, except for those people 80+, who less than half have such a device. African-American/Black, non-Hispanics are also less likely to have such a device. Likewise, people 80+ and African-American/Black, non-Hispanics in Rockford are also less likely to have a tablet or a smartphone.

Access to Technology at Home	All 50+	50-64	65-79	80+	White, non-Hispanic, 50+	African-American/Black, non-Hispanic, 50+
Laptop or Desktop	74%	79%	76%	48%	78%	56%
Tablet/portable wireless computer	46%	53%	42%	22%	47%	37%
Smartphone	58%	69%	52%	21%	58%	49%

ⁱ Rockford represents the following area: 17 02801 Winnebago County (Southeast & West)--Rockford City PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

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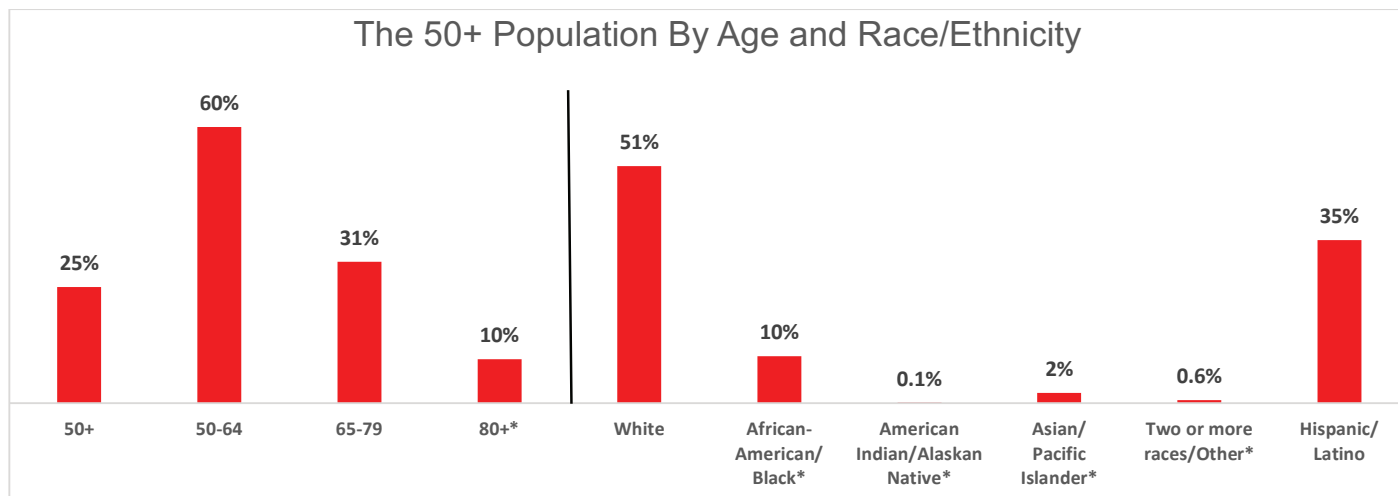


People Age 50 and Older in Aurora¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent a quarter of the total population living in Aurora. The distribution of the 50+ Aurora population by age shows that most are under age 65; however, one in ten is 80 years of age or older. The largest group by race/ethnicity is White, non-Hispanic, followed by Hispanic/Latino.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities or for those 80+ in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

The oldest of the 50-plus in Aurora, those 65 years of age and older, are more likely to have income under \$25,000 than younger residents. The household income distribution across these groupings are similar among White, non-Hispanics and Hispanic/Latinos.

Household Income by Age and Race/Ethnicity	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	16%	25%	20%	25%	14%
50-64	13%	21%	20%	30%	16%
65+	22%	31%	19%	17%	11%
White, non-Hispanic, 50+	18%	23%	18%	27%	15%
Hispanic/Latino, 50+	13%	29%	24%	21%	13%

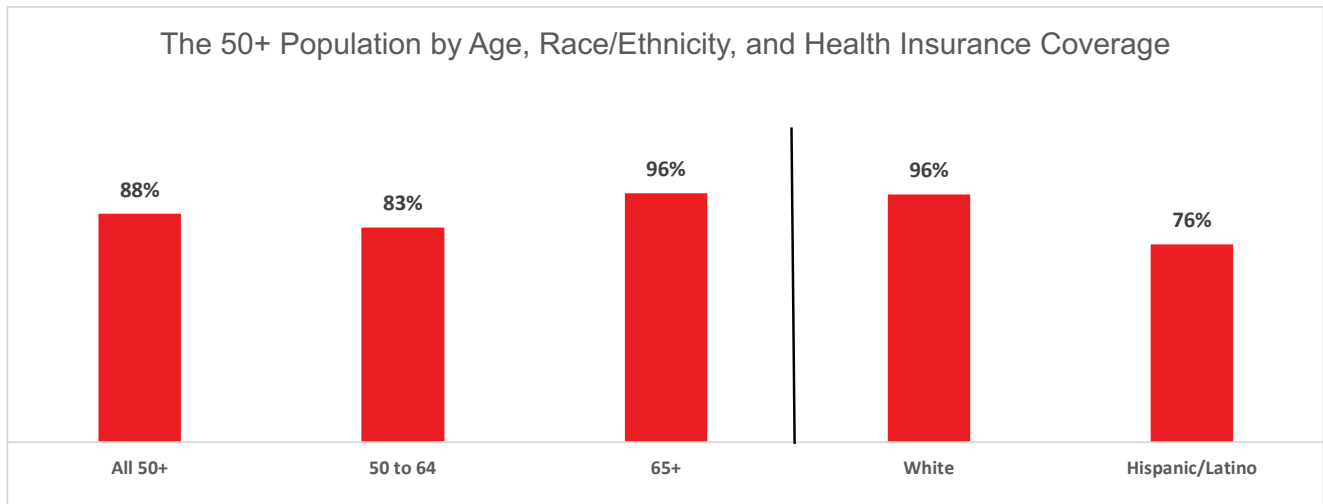
Those 65 and older are less likely to have income above 300% of the poverty level compared to those 50-64 as are Hispanic/Latinos compared to White, non-Hispanics.

Poverty Level (Percent above and below) by Age and Race/Ethnicity	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	11%	9%	9%	20%	52%
50-64	11%	8%	7%	18%	56%
65+	11%	11%	11%	22%	46%
White, non-Hispanic, 50+	8%	7%	8%	15%	62%
Hispanic/Latino, 50+	13%	12%	11%	27%	37%

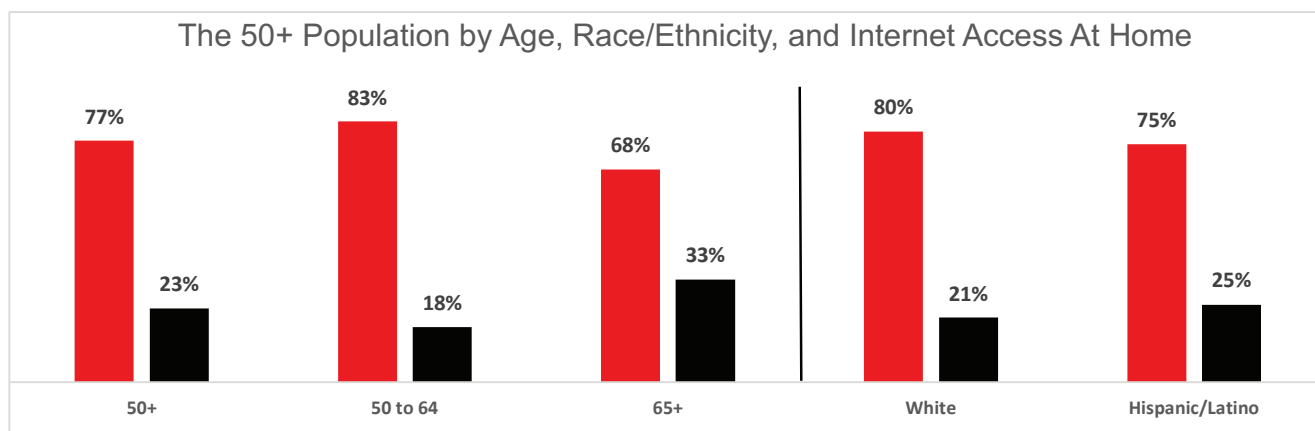
Overall, nearly one in five (19%) people 50+ in Aurora have received SNAP benefits – this rate appears to decline as people age. People 50+ who identify as Hispanic/Latino are more likely to have received SNAP benefits than those who identify as White, non-Hispanic.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65+	White, non-Hispanic, 50+	Hispanic/Latino, 50+
	19%	21%	16%	10%	27%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older. Hispanic/Latinos are also less likely to have health insurance coverage than are White, non-Hispanics.



Overall, over three in four people 50 years and older in Aurora have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate drops as people age – just over two-thirds of people 65 and older have access to the Internet at home. Rates of Internet access at home among White, non-Hispanics and Hispanic/Latinos are similar.



Overall, over eight in ten people 50+ in Aurora have broadband access to the Internet in their homes. These rates are similar as age declines. White, non-Hispanics are more likely to have broadband access at home than Hispanic/Latinos.

Have Broadband (hi-speed Internet Service (cable, fiber, DSL)	All 50+	50-64	65+	White, non-Hispanic, 50+	Hispanic/Latino, 50+
	85%	84%	86%	90%	77%

Over seven in ten people 50+ in Aurora have a laptop or desktop computer. These rates fall as age declines. Hispanic/Latinos are less likely to have such a device. People 65 and older are also less likely to have a tablet or a smartphone. Hispanic/Latinos are more likely to have a smartphone and equally likely to have a tablet.

Access to Technology at Home	All 50+	50-64	65+	White, non-Hispanic, 50+	Hispanic/Latino, 50+
Laptop or Desktop	72%	76%	65%	78%	66%
Tablet/portable wireless computer	49%	55%	39%	49%	52%
Smartphone	65%	76%	48%	59%	75%

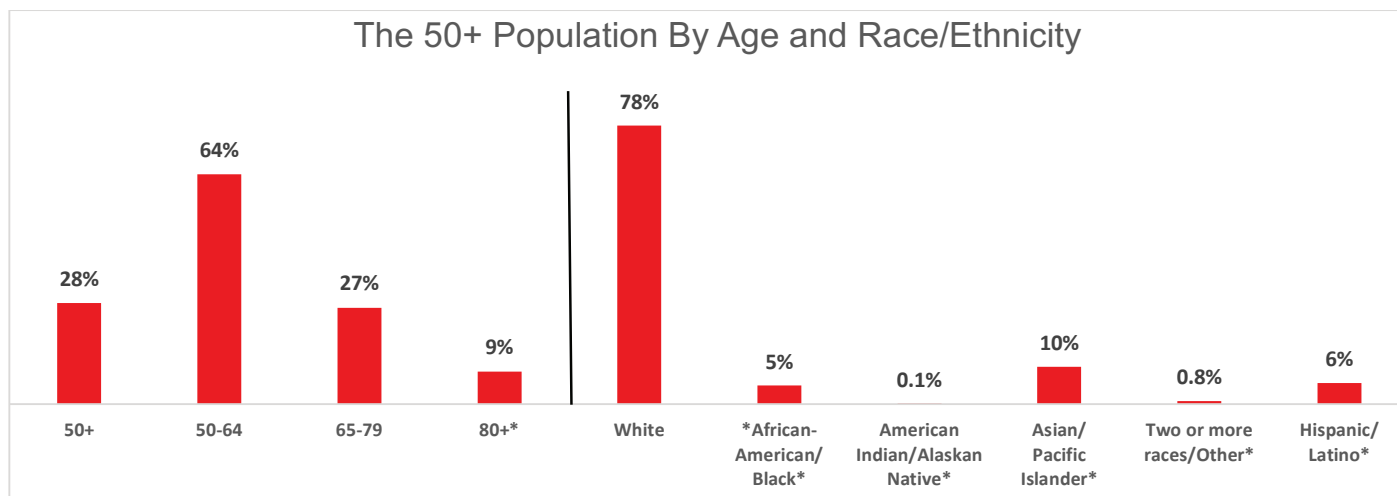
ⁱ Aurora represents the following area: 17 03005 Kane County (Southeast)--Aurora Township PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5-Year Public Use Microdata Samples. U.S. Census Bureau. For more information about these data, contact Terri Guengerich at 202-434-6306 or tguengerich@aarp.org. For more information on this issue at AARP, please contact Mary Anderson at 312-458-3636 or manderson@aarp.org.

People Age 50 and Older in Napervilleⁱ, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent over a quarter of the total population living in Naperville. The distribution of the 50-plus Naperville population by age shows that most are under age 65; however, over a third are 65 years of age or older. The largest group by race/ethnicity is White, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities or for those 80+ in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

People 65 and older in Naperville are more likely to have household income under \$50,000 than are people 50-64 years.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	9%	13%	16%	26%	36%
50-64	7%	9%	14%	28%	46%
65+	14%	20%	20%	22%	23%

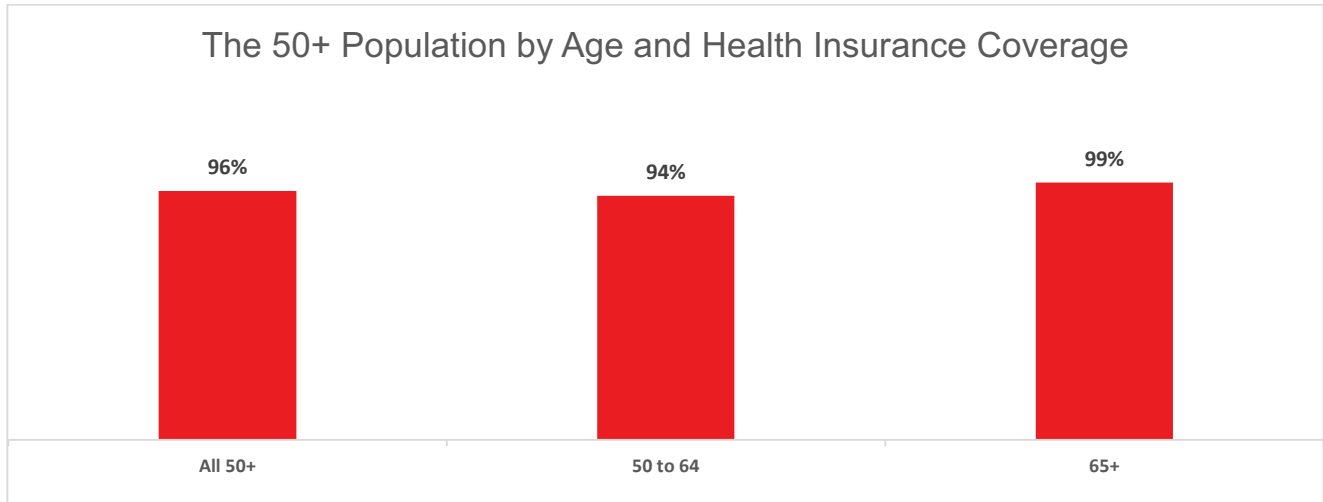
People 65 and older are also less likely to have income above 300% of the poverty level compared to people 50-64 years.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	5%	4%	4%	10%	77%
50-64	4%	3%	4%	8%	81%
65+	6%	5%	5%	15%	69%

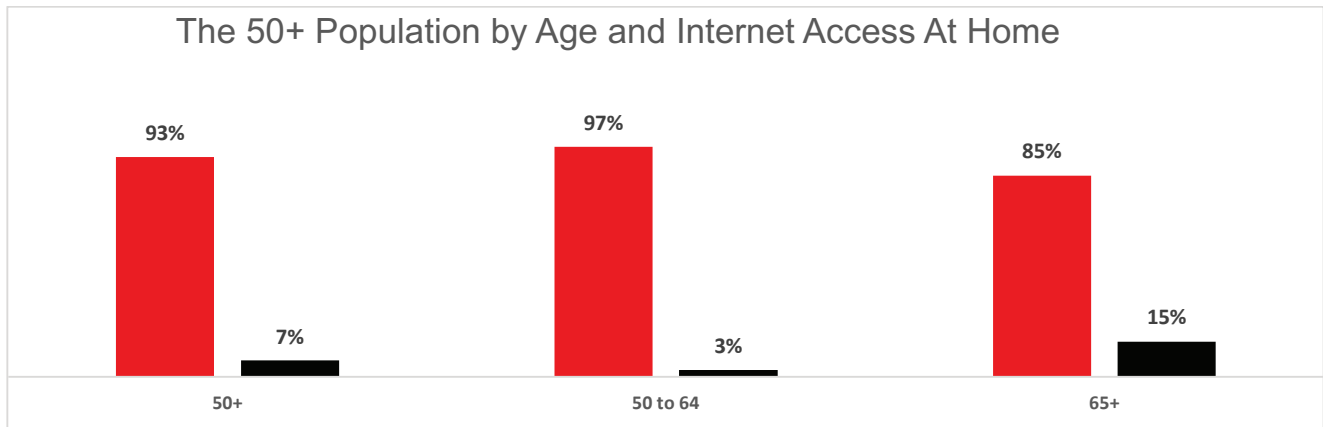
Overall, very few people 50+ in Naperville have received SNAP benefits – this rate is the same as people age.

Received SNAP Benefits (Supplemental Nutrition Assistance Program)	All 50+	50-64	65+
		5%	5%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older.



Overall, over nine in ten people 50 years and older in Naperville have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate does drop as people age – over eight in ten people 65 and older have access to the Internet at home.



Overall, over nine in ten people 50+ in Naperville have broadband access to the Internet in their homes. These rates are the same as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65+
	92%	92%	92%

Nine in ten people 50+ in Naperville have a laptop or desktop computer. People 65 and older are less likely to have such a device or a tablet or smartphone.

Access to Technology at Home	All 50+	50-64	65+
Laptop or Desktop	91%	95%	82%
Tablet/portable wireless computer	61%	67%	50%
Smartphone	77%	85%	61%

ⁱ Naperville represents the following area: 17 03209 DuPage County (Southwest)--Naperville & Winfield (South) Townships PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5-Year Public Use Microdata Samples. U.S. Census Bureau.

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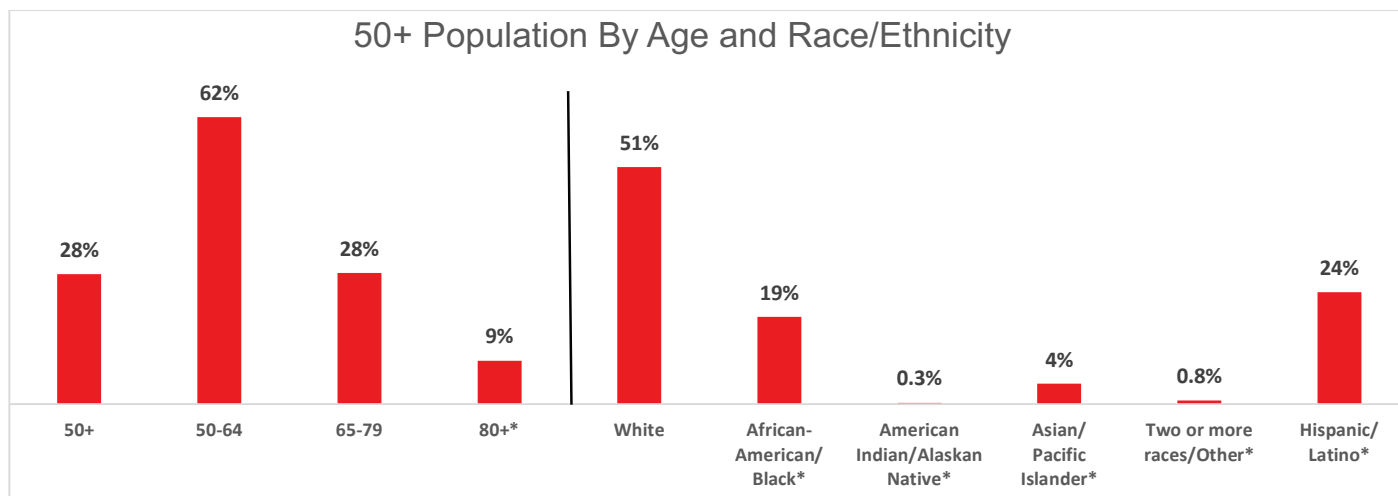


People Age 50 and Older in Waukegan¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent over a quarter of the total population living in Waukegan. The distribution of the 50+ Waukegan population by age shows that most are under age 65; however, over a third are 65 years of age or older. The largest group by race/ethnicity is White, non-Hispanic, followed by Hispanic/Latino and African-American/Black, non-Hispanic.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by race and ethnicity or for those 80 years and older in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

People 65 and older in Waukegan are more likely to have household income under \$25,000 than those who are 50-64 years of age.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	17%	20%	23%	24%	15%
50-64	15%	16%	25%	28%	17%
65+	21%	28%	20%	19%	12%

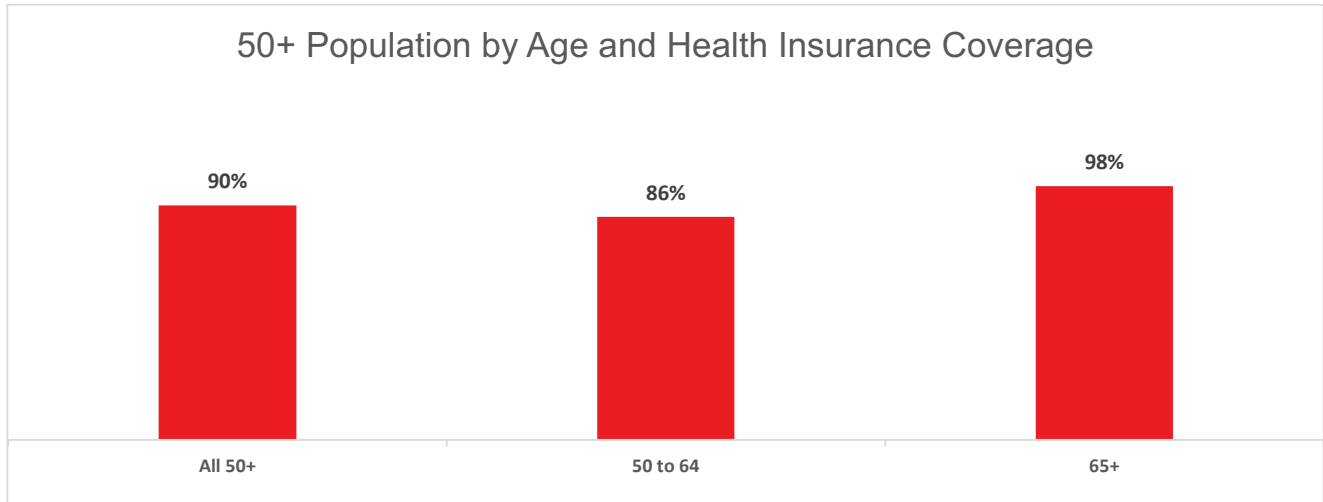
People 65 and older in Waukegan are less likely to have income above 300% of the poverty level compared to those 50-64 years of age.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	10%	9%	11%	17%	53%
50-64	11%	8%	10%	15%	55%
65+	9%	10%	11%	21%	49%

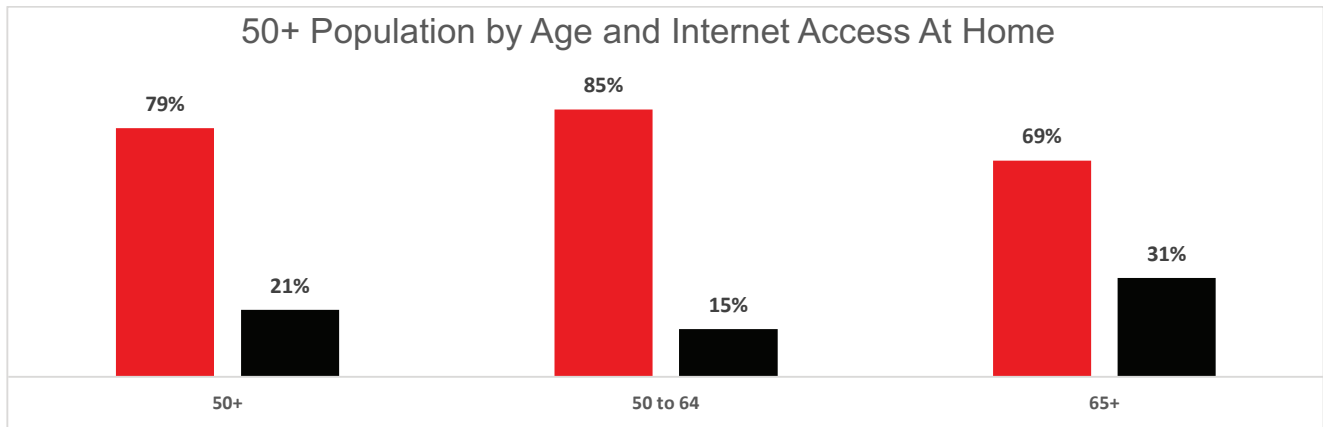
Overall, over one in ten people 50 and older in Waukegan have received SNAP benefits – this rate declines as people age.

	All 50+	50-64	65+
Received SNAP Benefits (Supplemental Nutrition Assistance Program)	15%	17%	12%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older.



Overall, eight in ten people 50 years and older in Waukegan have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate does drop as people age – about seven in ten people 65 and older have access to the Internet at home.



Overall, over eight in ten people 50 and older in Waukegan have broadband access to the Internet in their homes. These rates are similar as age declines.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65+
	83%	82%	85%

Over seven in ten people 50 and old in Waukegan have a laptop or desktop computer. People 65 and older are less likely to have such a device; they are also less likely to have a tablet or a smartphone.

Access to Technology at Home	All 50+	50-64	65+
Laptop or Desktop	73%	77%	65%
Tablet/portable wireless computer	50%	56%	40%
Smartphone	64%	74%	47%

ⁱ Waukegan represents the following area: 17 03307 Lake County (Northeast)--Waukegan, Zion, Benton & Newport Townships PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

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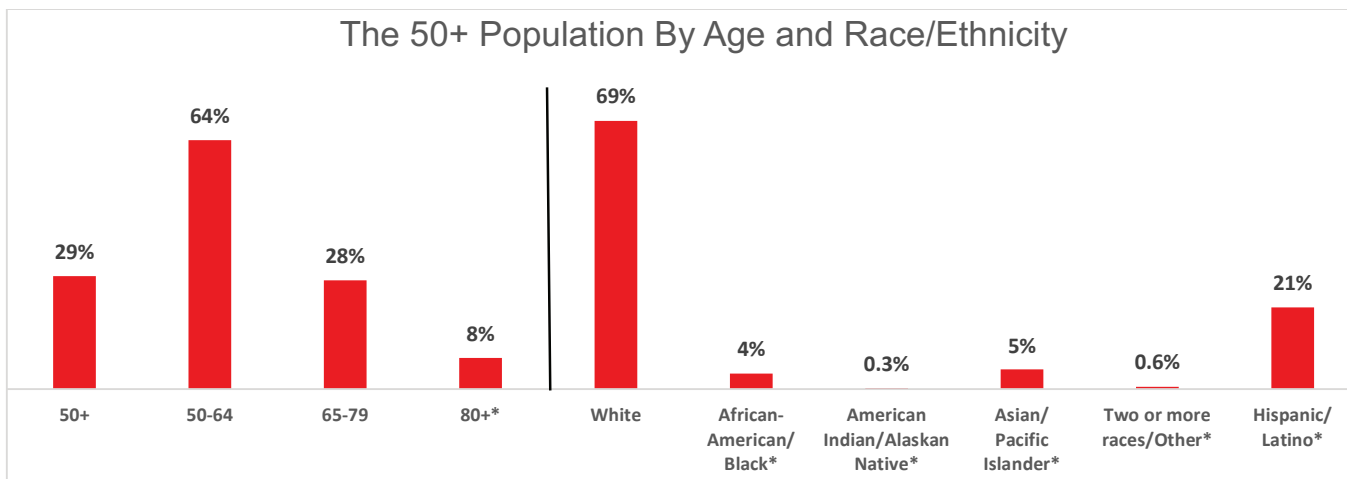


People Age 50 and Older in Elgin¹, Illinois

A demographic profile based on the 2017 American Community Survey PUMS 5-year estimates for Illinois



People 50 years and older represent about thirty percent of the total population living in Elgin. The distribution of the 50-plus Elgin population by age shows that most are under age 65; however, over a third are 65 years of age or older. The largest group by race/ethnicity is White, non-Hispanic. The next largest group, over two in ten, is Hispanic/Latino.



*Please use caution in interpreting these percentages due to very small sample sizes. There is not enough sample data to report percentages separately by all races and ethnicities or for people 80+ in this report. Whites, African-American/Blacks, American Indian/Alaskan Natives, and Asian/Pacific Islanders include those who report only one race and are non-Hispanic. Two or more races include those who selected the other category and are non-Hispanic.

Those 65 and older are less likely to have household income of \$135,000 and above.

Household Income by Age	Less than \$25,000	\$25,000 to \$49,999	\$50,000 to \$79,999	\$80,000 to \$134,999	\$135,000 or more
All 50+	12%	21%	22%	23%	23%
50-64	9%	17%	24%	24%	26%
65+	16%	28%	18%	22%	16%

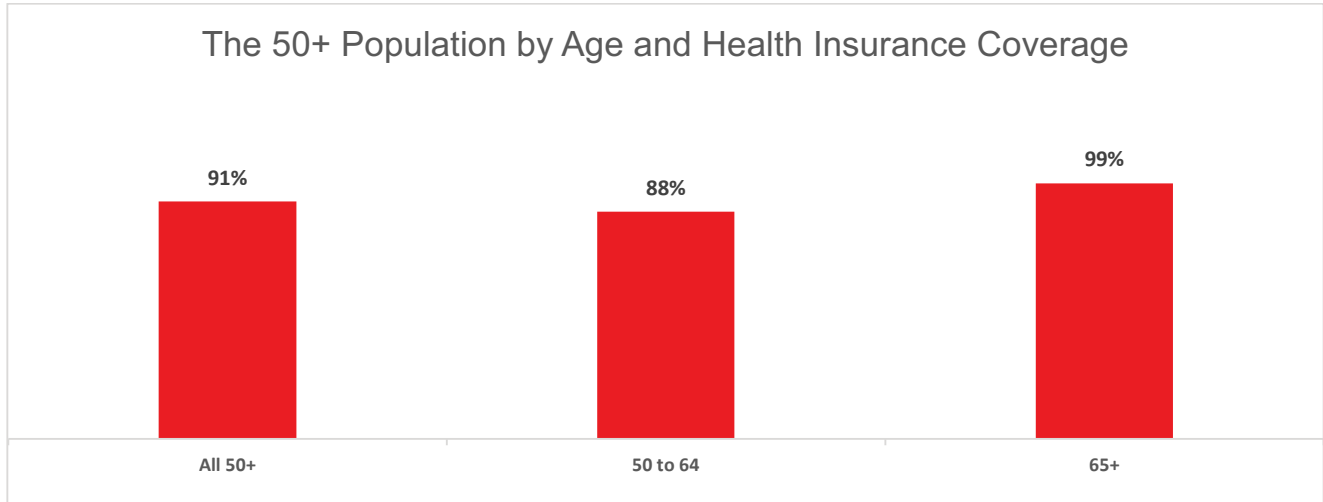
Those 65 and older are also less likely to have income above 300% of the poverty level compared to those 50-64 years of age.

Poverty Level by Age (Percent above and below)	Less than 100%	100-150%	151-200%	201-300%	More than 300%
All 50+	7%	7%	8%	16%	62%
50-64	7%	7%	7%	13%	65%
65+	8%	8%	8%	22%	55%

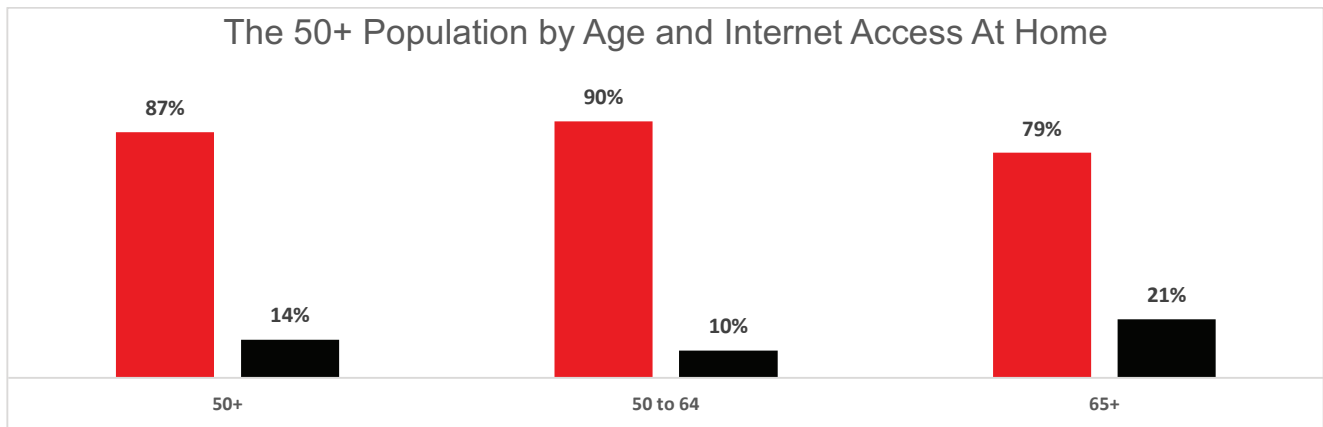
Overall, over one in ten people 50+ in Elgin have received SNAP benefits – this rate is similar steady as people age.

	All 50+	50-64	65+
Received SNAP Benefits (Supplemental Nutrition Assistance Program)	12%	12%	11%

People 50 to 64 years of age are less likely to have health insurance coverage than are people 65 years of age and older.



Overall, over nearly nine in ten people 50 years and older in Elgin have access to the Internet at home via a cell phone company or an Internet service provider. However, this rate does drop as people age – about eight in ten people 65 and older have access to the Internet at home.



Overall, over eight in ten people 50+ in Elgin have broadband access to the Internet in their homes. These rates drop a bit for those 65 years and older.

Have Broadband (hi-speed) Internet Service (cable, fiber, DSL)	All 50+	50-64	65+
	86%	88%	82%

Eight in ten people 50+ in Elgin have a laptop or desktop computer. These rates are similar as age declines. People 65 and older are less likely to have any of these devices.

Access to Technology at Home	All 50+	50-64	65+
Laptop or Desktop	80%	85%	72%
Tablet/portable wireless computer	56%	63%	44%
Smartphone	71%	78%	58%

ⁱ Elgin represents the following area: 17 03008 Kane County (Northeast)--Elgin (North & Central) & Dundee Townships PUMA. The data used in this report is from the 2017 American Community Survey PUMS 5- Year Public Use Microdata Samples. U.S. Census Bureau.

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EXECUTIVE SUMMARY

ECONOMIC SECURITY

KEY FINDINGS:

- Racial economic disparities accumulate across the life course as a result of racial disparities in education opportunities and attainment, employment rates, wages and resulting personal income. These wealth differences are also caused by lack of access to banking and credit in communities of color, which decrease access to mortgages and home ownership, as well as lack of access to retirement savings, pensions and 401k plans. This results in significant wealth differences at retirement age between whites and African American/Blacks, Hispanic/Latinos, and Asian American/Pacific Islanders, especially in the areas of Social Security benefits, employment pensions and retirement plans and personal savings.
- Economic insecurity among African American/Blacks, Hispanic/Latinos, and Asian American/Pacific Islanders can be seen in poverty rates among older adults. Compared to whites, African American/Blacks are three times more likely to live in poverty, Hispanic/Latinos are 1.7 times likely, and Asian American/Pacific Islanders are 1.2 times as likely. Over the age of 80, poverty rates for Hispanic/Latinos and Asian American/Pacific Islanders increase even more significantly.
- In Illinois, whites over the age of 50 have a median annual income one-third more than African American/Blacks, Hispanic/Latinos and Asian American/Pacific Islanders over 50. These older adults of color are less likely than their white counterparts to have income from savings, stocks, pensions or 401k's.
- African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults in Illinois are more likely to work past 64 than their white counterparts, and are significantly more likely to have income levels that qualify for the Earned Income Tax Credit (EITC), if it were available to them.
- Almost half of homeowners in Illinois over 80 years of age and who are African American/Black, Hispanic/Latino, or Asian American/Pacific Islander still hold mortgages on their homes, twice as high as their white counterparts.
- Regardless of income, 42.6 percent of white, non-Hispanic renter households in Illinois spent 30 percent or more of total income on housing in 2016. By contrast, African American/Black renter households spent almost double, and Hispanic/Latino renter households spent 50 percent more of total income on housing than white households.

POLICY RECOMMENDATIONS:

- **Expand Secure Choice:** Illinois should pass legislation to expand the Secure Choice program by reducing the employee threshold from a minimum of 25 employees to one. Passage of this legislation would expand retirement savings access to around 1.2 million Illinois workers, with particular gains in African American/Black, Hispanic/Latino and Asian American/Pacific Islander communities.
- **Emergency Savings Program:** Illinois should pass an opt-in, employer-based, payroll-deduction emergency savings program.
- **Lift the Age Cap on the Illinois Earned Income Tax Credit (EITC):** Illinois should expand eligibility for the state EITC to cover caregivers and adults 65 years and older to increase the amount of dollars going directly to African American/Black, Hispanic/Latino and Asian American/Pacific Islander filers.
- **Prohibitions on Evictions and Foreclosures:** Long-term policy solutions need to be implemented to address the anticipated influx of housing evictions and home foreclosures caused by the economic downturn related to the COVID-19 pandemic. Solutions must include payment plans and other financial support to households so they can stay in place.
- **Property Tax Relief:** Illinois needs to provide property tax relief for older adult homeowners, such as decreasing the current interest rate related to and fully funding the Senior Citizen Property Tax Deferral Program.

HEALTH

KEY FINDINGS:

- In Illinois, African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults suffer significantly higher rates of chronic diseases than their white counterparts. For example, in Chicago, 75 percent of older African American/Blacks and 64 percent of older Hispanic/Latinos are diagnosed with hypertension.
- In Illinois, access to health care services is significantly harder for older African American/Blacks, Hispanic/Latinos and Asian American/Pacific Islanders than older whites. In urban areas, healthcare providers and pharmacies are concentrated in white neighborhoods; across the state, whites are three times more likely to have access to a car – the highest of any racial or ethnic group.
- Close to one quarter of older adults in Chicago have difficulty speaking English, while the vast majority of physicians practice only English.

- Since 7.2 million older adults in the United States are primarily homebound, telemedicine is an important tool. Yet, Medicaid telemedicine use rates were three times less for African American/Black beneficiaries compared to white beneficiaries.
- In Illinois, 9 percent of adults ages 50-64, almost a quarter of a million individuals, lack health insurance coverage. In Illinois, while only 6.1 percent of age 50-64 whites lack health insurance coverage, 11.5 percent of Asian American/Pacific Islanders, 11.7 percent of African American/Blacks and 22.2 percent of Hispanic/Latinos age 50-64 lack health insurance coverage.
- In Illinois, once older adults turn 65 and insurance coverage increases significantly, Hispanic/Latinos are still 18 times more likely and Asian American/Pacific Islanders are 13 times more likely not to have coverage compared to their white counterparts.

POLICY RECOMMENDATIONS:

- **Invest in Health Equity Models:** The State of Illinois, as well as county-level and municipal-level governments and health systems, should invest in community-based health equity programs with measurable outcomes on chronic health issues that target African American/Black, Hispanic/Latino, and Asian American/Pacific Islander communities. These programs should not only be culturally-humble, but language-inclusive, and be designed and implemented in partnership with community members and trusted community-based organizations. Long-term investment in the programs (five or more years) is necessary in order for long-term and permanent impact to be possible, and should be created as part of a comprehensive public health framework.
- **Increase Health Insurance Coverage Options for Older Adults 50-64:** Improve access to affordable care by setting income-based standards for premiums, co-payments, deductibles and all out-of-pocket health care costs, and by providing subsidies for people with low and moderate incomes.
- **Expansion of Telehealth:** Illinois should make permanent health insurance coverage of and benefit parity for telehealth services, and expand access to telehealth by targeting resources and accessibility to African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults and their caregivers. Policymakers and the private sector should provide funding for high-speed internet access and necessary equipment to ensure access to telehealth.

CONNECTIVITY:

KEY FINDINGS:

- Internet use positively contributes to the mental well-being of older adults by not only connecting older adults to health care services and information, but also improving interpersonal connections and increasing independence.
- While access to the internet is beneficial for older adults, in Illinois, African American/Black and Hispanic/Latino older adults experience lower rates of broadband access at home than their white counterparts. For example, more than one-third of African American/Black and Hispanic/Latinos age 65-79 in Illinois have no broadband access at home.
- The biggest barrier to broadband access is cost, with a “low-cost” service defined as \$60 a month or less. Next is technology skills, where 48 percent of older adults report needing outside help to set up or use internet devices.
- Connectivity is both a rural and urban issue. Fifty-six percent of rural Illinoisans do not have broadband access.
- Hispanic/Latino households are the least connected to broadband. Seventeen percent of both African American/Black and Hispanic/Latino households in Cook County lack a computer.
- Access to more government and health services, such as Medicare, Social Security and telemedicine, are moving to online platforms, making connectivity for older adults more important than ever.

POLICY RECOMMENDATIONS:

- **Focus the Illinois Broadband Council:** The Illinois Broadband Advisory Council should make an assessment of broadband availability, reliability and affordability in low-income and communities of color. The Illinois Broadband Advisory Council should reflect the racial and ethnic makeup of the State of Illinois.
- **Target Broadband Expansion into Communities of Color:** Advocate for city, county and state entities to specifically address broadband disparities in low-income and communities of color, including funding for digital literacy programs. Explore potential legislation that would increase access to affordable, reliable high-speed broadband to all communities, rural and urban, youth and older adults. Illinois should pursue ways to expand broadband access, including support of municipal broadband networks to provide broadband service.

AARP® HomeFit Guide

Smart ways to make a home comfortable, safe and a great fit
for older adults — and people of *all* ages

Most houses and apartments in the United States are designed for young, able-bodied adults and don't meet the needs of older residents or people with disabilities.

In fact, in much of the nation, most housing was built more than a generation ago to serve a population of family households, generally consisting of two parents and at least two children.

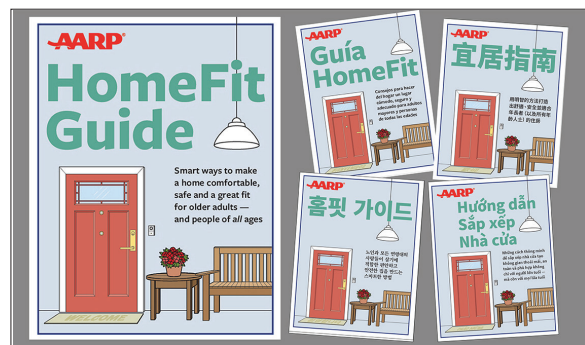
But in America circa 2020, the dominant household type, accounting for nearly 30 percent of all households, consists of single adults living alone. By 2030, one in five people in the U.S. will be age 65 or over.

AARP surveys consistently find that older adults want to remain in their current homes and communities for as long as possible. Yet barely one percent of the nation's housing supply contains any "universal design" elements — such as single-story living or a sink that can be reached from a wheelchair.

America's housing stock doesn't fit its rapidly changing and rapidly aging population.

That's where the **AARP HomeFit Guide** comes in.

- The guide was created to help people live safely and comfortably by enabling where they live to be a "lifelong home," suitable for themselves and others in their household, no matter a person's age or life stage.
- The guide can help individuals and families make their current or future residence — or that of a loved one — "aging-friendly."
- The guide can help elected officials, policymakers and local leaders learn about and advocate for the housing options that communities need, so residents of all ages can live safely and comfortably — and thrive.



The **AARP HomeFit Guide** is available in English, Chinese, Korean, Spanish and Vietnamese.

The all new, 36-page edition of this popular AARP publication is about homes not houses. Most of the more than 100 tips and suggestions in this room-by-room guide are doable regardless of housing type (single-family house, apartment, mobile home, etc.) or ownership status (owner, renter).

Through color illustrations and detailed captions, the guide explains how a smartly designed or modified home can meet the varied and changing needs of its residents. For instance, a zero-step entrance clearly benefits older occupants and people who use a wheelchair, but the same step-free entry also helps a parent who's pushing a stroller, or a teenager with a sports injury, or anyone carrying heavy grocery bags.

The guide features easy-to-do low-cost and no-cost fixes that lessen the risk of trip hazards and increase the safety of high-use areas (bathroom, kitchen, stairways). Research shows that home modifications — even ones as small as installing night-lights and lamp timers — can reduce the need for costly medical care, increase the ability of older adults to manage activities of daily living, and enhance independence.

The guide also explains and explores options for door locks, light bulbs, appliances, home electronics, storage and more.

Visit [AARP.org/HomeFit](https://www.aarp.org/HomeFit) to order or download the free **AARP HomeFit Guide** | Questions? Email Livable@AARP.org

The new **AARP HomeFit Guide** was published by the AARP Livable Communities initiative in 2020.



A GRANT PROGRAM TO MAKE COMMUNITIES MORE LIVABLE FOR PEOPLE OF ALL AGES WITH TANGIBLE IMPROVEMENTS THAT JUMP-START LONG-TERM CHANGE

**\$6.1M
GRANTED**
for quick-action
PROJECTS

**560
GRANTS**
delivered in first
FOUR YEARS

**60%
OF GRANTS**
have gone to local
NONPROFITS

**40%
OF GRANTS**
have gone to local
GOVERNMENTS

GRANTS BY LOCATION:

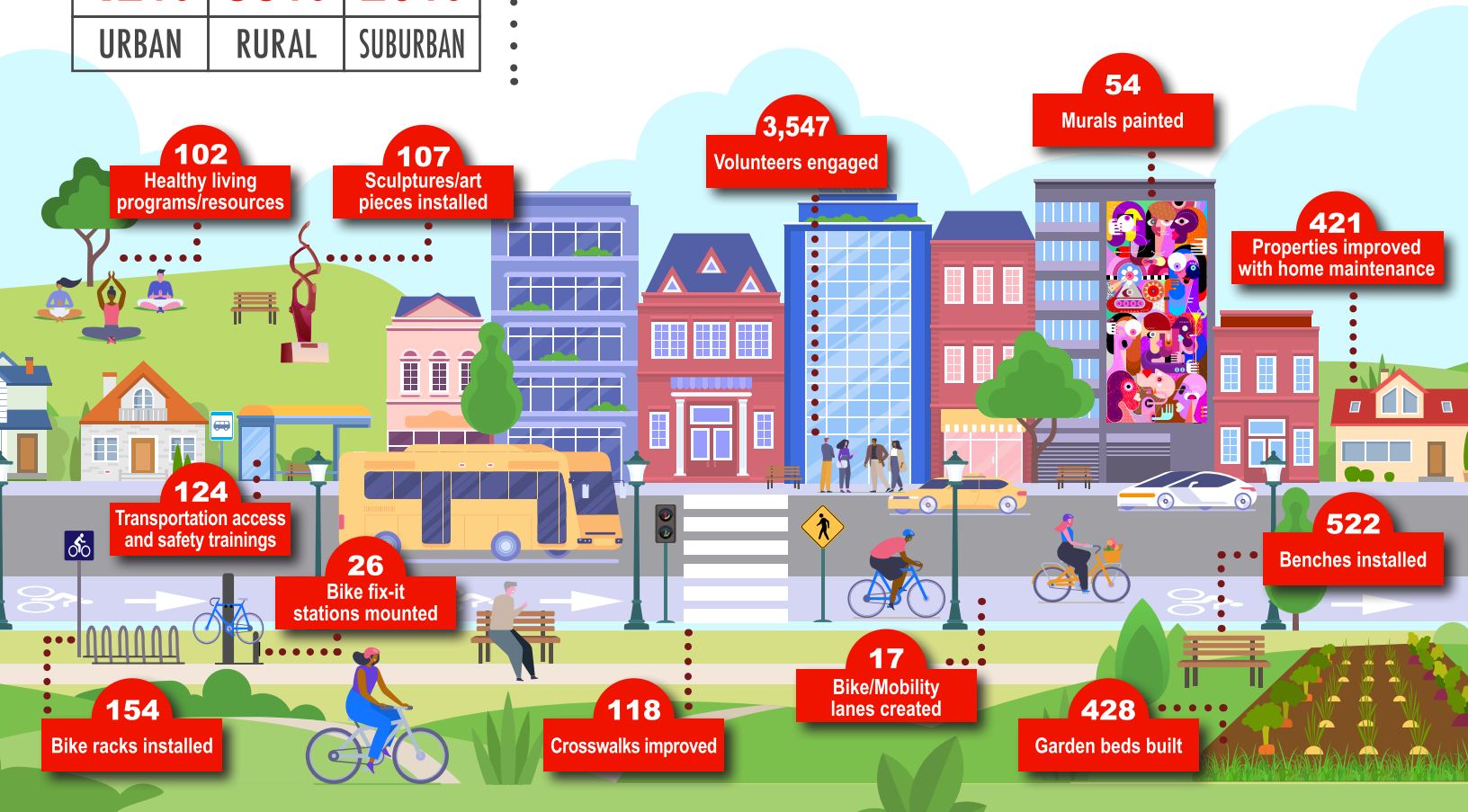
42%	38%	20%
URBAN	RURAL	SUBURBAN

Have a great project idea for your community?
APPLY FOR A 2021 GRANT TODAY!

Eligible applications for the 2021 grant program will be accepted from:
February 17 - April 14, 2021 at 8:00 pm ET

Learn more and apply:
AARP.org/CommunityChallenge

Since 2017, grantees installed **5,649** tangible permanent or temporary improvements in their communities, and supported **938** resources, activities or programs, including the ones below.



SMALL DOLLARS, BIG IMPACT

45% of grantees demonstrate the grant helped them leverage additional funds and support from public and private organizations.

“Our design efforts catalyzed city-led fundraising for the project, with \$100,000 coming from Capital Improvement Project Funds.” – *Utah grantee*

81% of grantees demonstrate the grant helped to overcome policy barriers or advance change.

“The City has updated the master plan map to incorporate the new route (where the Complete Streets demonstration was held). It was unanimously approved by City Council.” – *New York grantee*

100% of grantees demonstrate the grant led to greater awareness, engagement, and new relationships.

“More than 500 people have visited our project to learn more after the initial installation.” – *Oregon grantee*

PAST PROJECTS FUNDED

The Community Challenge grant program is part of AARP’s nationwide Livable Communities initiative, which supports the efforts of cities, towns, neighborhoods and rural areas to become great places to live for people of all ages. Projects are funded in these categories:



54%

PUBLIC PLACES that improve open spaces, parks and access to other amenities



27%

TRANSPORTATION and mobility options that increase connectivity, walkability, bikeability, and access



6%

HOUSING support that increases the availability of accessible and affordable choices



4%

CIVIC ENGAGEMENT/SMART CITIES projects that bring residents and local leaders together to address challenges



5%

CORONAVIRUS recovery support with an emphasis on economic development, improvements to public spaces and transportation services



4%

OTHER investments in projects that address additional community priorities

2021 FOCUS AREA - Focus on **DIVERSITY and INCLUSION** while improving the built and social environment of a community.



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HomeFit Guide



Smart ways to make
a home comfortable,
safe and a great fit
for older adults —
and people of *all* ages





AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 or older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, AARP strengthens communities and advocates for what matters most to families, with a focus on health security, financial stability and personal fulfillment.

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TTY user dial 711 (English: 1-877-434-7598 | Spanish: 1-866-238-9488)

AARP Livable Communities

The first edition of the *AARP HomeFit Guide* was published in 2010, having originated from a program created by AARP Michigan. Its focus was on the ways older adults could modify their homes in order to safely age-in-place. Over time, the guide has expanded to encourage people of all ages to think about and implement the types of improvements and features that can make where they live a lifelong home. The *AARP HomeFit Guide* is now part of the AARP Livable Communities initiative, which supports the efforts of local leaders and residents throughout the nation to make their communities more livable and age-friendly.

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AARP HomeFit Guide

Smart ways to make a home comfortable, safe and a great fit
for older adults — and people of *all* ages

What if a home could be suitable for any resident, of any age or physical ability? What if an older adult who wants to live independently despite changing abilities or evolving needs could do just that?

The **AARP HomeFit Guide** was created to help people live safely and comfortably in their home by enabling where they live to be a “lifelong home,” suitable for themselves and others in their household, no matter a person’s age or life stage.

The **AARP HomeFit Guide** can help individuals and families make their current or future residence age-friendly. In addition, elected officials, policymakers and local leaders can learn about and advocate for the types of housing features and designs that communities need so their residents can live safely and comfortably — and thrive.

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Visit [AARP.org/HomeFit](https://www.aarp.org/HomeFit) for related resources and to download or order the **AARP HomeFit Guide**, which is available in English, Spanish, Chinese, Korean and Vietnamese.

A ‘HomeFit’ Home Fits People of All Ages

Most houses and apartments are designed for young, able-bodied adults and don’t meet the needs of older residents or people with disabilities.

In fact, in many parts of the United States, most housing units were built more than a generation ago to serve a population of family households, generally consisting of two parents and at least two children.

But two decades into the 21st century, America is a nation in which the dominant household type — accounting for about 30 percent of all households — consists of single adults living alone.¹ Another 20 percent of Americans reside in a home that’s occupied by three or more generations (a grandparent, an adult child and a grandchild) under one roof.²

By 2030, one in five people in the U.S. will be age 65 or over. And it’s projected that by 2034, such older adults will outnumber children under 18 for the first time ever.³

AARP surveys consistently find that older adults want to remain in their current homes and communities for as long as possible. But America’s housing stock doesn’t fit its rapidly changing and rapidly aging population.

Barely 1 percent of the nation’s housing supply contains any “universal design” elements — such as single-story living or a sink that can be reached from a wheelchair.⁴

Having a no-step way for getting into or out of a home clearly benefits older residents and people who use a wheelchair. But a step-free entrance also helps a parent who’s pushing a stroller, or a teenager with a sports injury, or anyone carrying heavy grocery bags.

The reality is few people have the resources to build their perfect home. And it isn’t realistic to expect that a large enough quantity and broad enough variety of housing options will be built soon enough to meet the nation’s diverse and changing needs.

That’s where the *AARP HomeFit Guide* comes in.

When possible, “home-fitting” a residence should take place *before* easier-to-use home spaces and features become must-haves.

The *AARP HomeFit Guide* examines what makes a home aging-friendly. And it suggests the kinds of designs and modifications that can make a home safer, more comfortable and a better “fit” for its residents — of every age.

¹ AARP and the National Building Museum, *Making Room: Housing for a Changing America* | AARP.org/MakingRoom (2019)

² Pew Research Center, “A Record 64 Million Americans Live in Multigenerational Households” (April 5, 2018)

³ U.S. Census Bureau, “Older People Projected to Outnumber Children for the First Time in History” (October 8, 2019)

⁴ U.S. Department of Housing and Urban Development, “Meeting the Future Housing Needs of Seniors,” *PD&R Edge* (November 2017)

⁵ Community Aging-in-Place – Advancing Better Living for Elders (CAPABLE), Johns Hopkins School of Nursing



Home Sweet Home

The *AARP HomeFit Guide* is about *homes* not *houses*. While a single-family detached house is a home, so is a town house and an apartment and a mobile home. Most of the suggestions in the guide are doable regardless of home type or ownership status. However, renters will likely need to seek permission from the property owner for changes that require remodeling or installation work. (Know that fair-housing and accessibility laws tend to favor the requests of renters seeking reasonable accommodations. See page 29 to learn more.)



Home Safe Home

The *AARP HomeFit Guide* addresses a range of household hazards and safety solutions. Although the phrase “home security” typically refers to an alarm system that protects a residence and its occupants from intruders, a safe and secure home protects residents from other risks, including fire, carbon monoxide poisoning, slips and falls. Research shows that home modifications — even ones as small as installing night-lights and lamp timers — can reduce the need for costly medical care, increase the ability of older adults to manage activities of daily living, and enhance independence.⁵



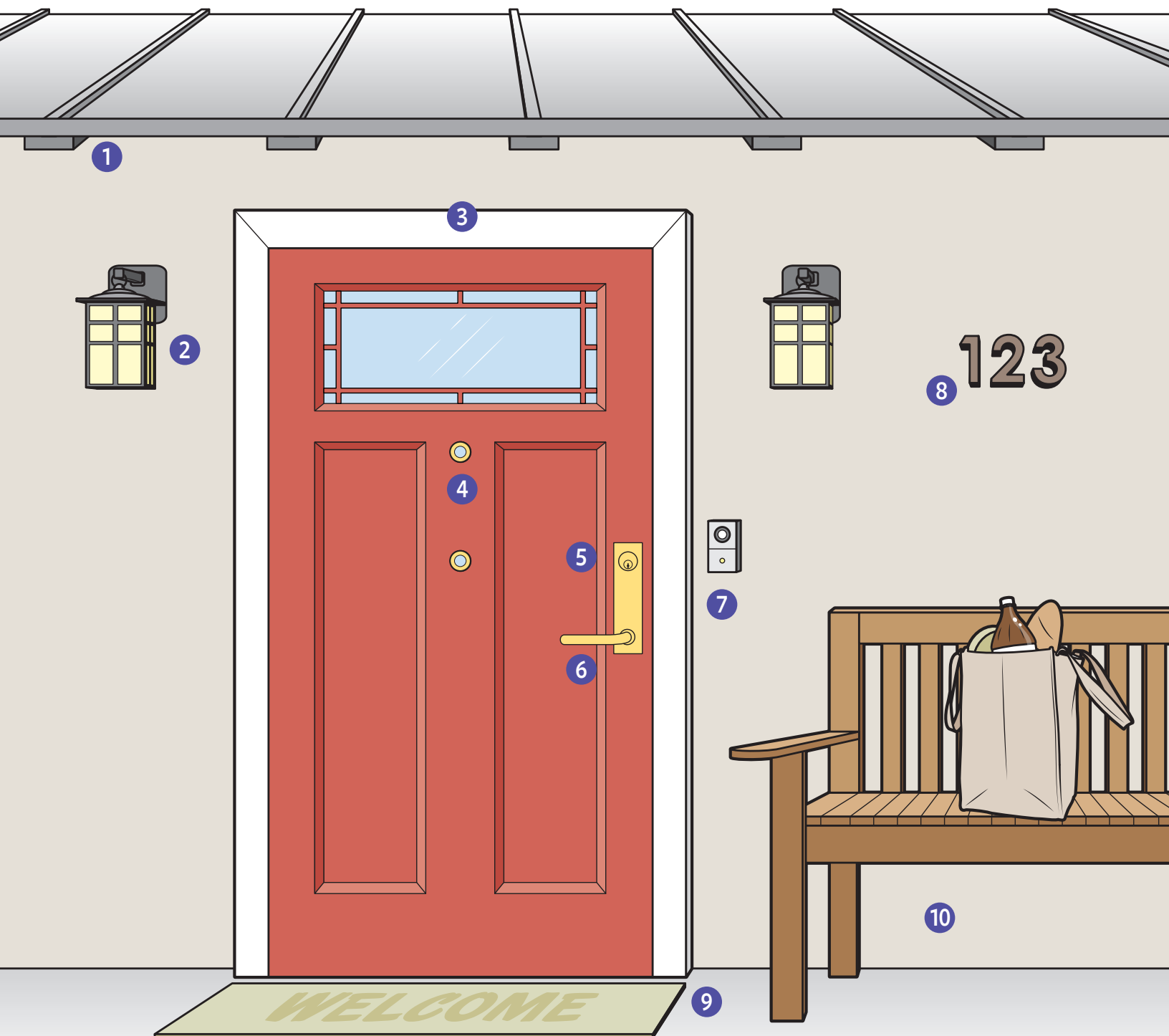
Home Smart Home

Technology and how it’s used in homes has changed greatly since the *AARP HomeFit Guide* was first published more than a decade ago. When a later edition of the guide was produced in 2015, fewer than 5 percent of U.S. households routinely used “smart home” systems — i.e., internet-connected appliances, thermostats, speakers, door locks. This edition contains information (on page 14 and elsewhere) about the ways home technology can improve residents’ comfort and independence.

Entrances and Exits

Whether a residence is a house or an apartment, its exterior doorways should allow a smooth transition into and out of the property. Many homes have entrance steps, which can make the dwelling inaccessible to a person who uses a wheelchair, relies on crutches or has difficulty climbing stairs.

The ideal is for all homes to have at least one zero-step exterior doorway. If step-free access isn't possible for the front of the home, a side door, back door or door located inside the garage may be a suitable substitute. Another solution is a ramp. (Learn more about that option on page 28.)



FOLLOW THE NUMBERS

1. For exterior doorways, an **overhang** — to protect from rain, snow, sun — is a plus, as is a stoop or porch with room enough for sitting.

2. Outdoor lighting is a safety must. It's helpful for at least one entryway light to be placed at a height that doesn't require a ladder when changing the bulb.

3. The “clear width” of a **doorway** opening should be at least 32 inches to allow for a wheelchair to pass through. When the measurement is just an inch or so too small, swing-clear hinges can provide the needed space. (To see how such hinges work, search online for “swing-clear,” “wide-throw” or “offset hinges.”) The “clear height” of a door opening should be at least 80 inches.

4. A **peephole** can help residents see who's outside before opening the door. If the height isn't suitable for all users, two peepholes — one for tall residents, the other for shorter adults, wheelchair users or children — might be needed.

5. The keyed **door lock** should be separate from the door handle. (See the box below for more about locks.)

6. A **lever-style door handle** is easier to use than a doorknob or thumb-latch handle. (And that's especially true for people with arthritis or when hands are full.)

7. A **video doorbell** can often be paired with a smartphone app, enabling a door to be answered remotely and a visitor identified whether or not anyone is home.

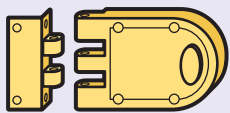
8. A visible **address number** helps delivery people and first responders locate a residence. Numbers made of a shiny, reflective or glow-in-the-dark material are the most visible at night.

9. A heavy, solid-surface **doormat** is less likely to shift, result in uneven footing or, when used in an outdoor location, blow away in the wind.

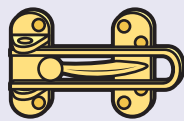
10. Placing a piece of furniture, such as a table or **bench**, near the entrance door provides a useful spot for setting down items while locking or unlocking the door. The same furniture — or a nearby bin, box or basket — can be used by a mail carrier or delivery person for leaving a package if no one answers the door.

A Look at Locks

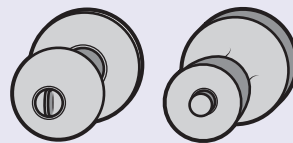
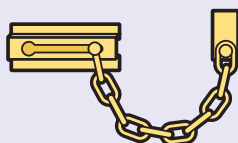
Different locks serve different purposes.



A **deadbolt or cylinder lock** is a strong device for securing a door. If a window is near enough for someone to break the glass and reach inside to turn the bolt, a double-sided keyed bolt is used instead. (If such a lock is installed, it's very important to keep a key inside the home and near the door so no one becomes locked indoors without a way to get out.)



A **swing bar or chain lock** is installed on the interior of the door and allows a person inside the home to open the door a few inches — to speak with whoever is on the other side or to sign for a delivery — while keeping the door relatively secured.



A **doorknob lock**, like the push-button or thumb-turn styles often used on bedroom or bathroom doors, isn't the best choice for an exterior door. The lock can too easily be pressed or turned, resulting in someone being accidentally locked out of the home.



A higher-tech solution for an entryway lock eliminates having to find or fumble with a door key. A battery-powered **digital door lock** can be opened by using a code or a fingerprint. Some devices also work with a key, others provide a way to lock and unlock a door via a smartphone app or remote control.

The Foyer

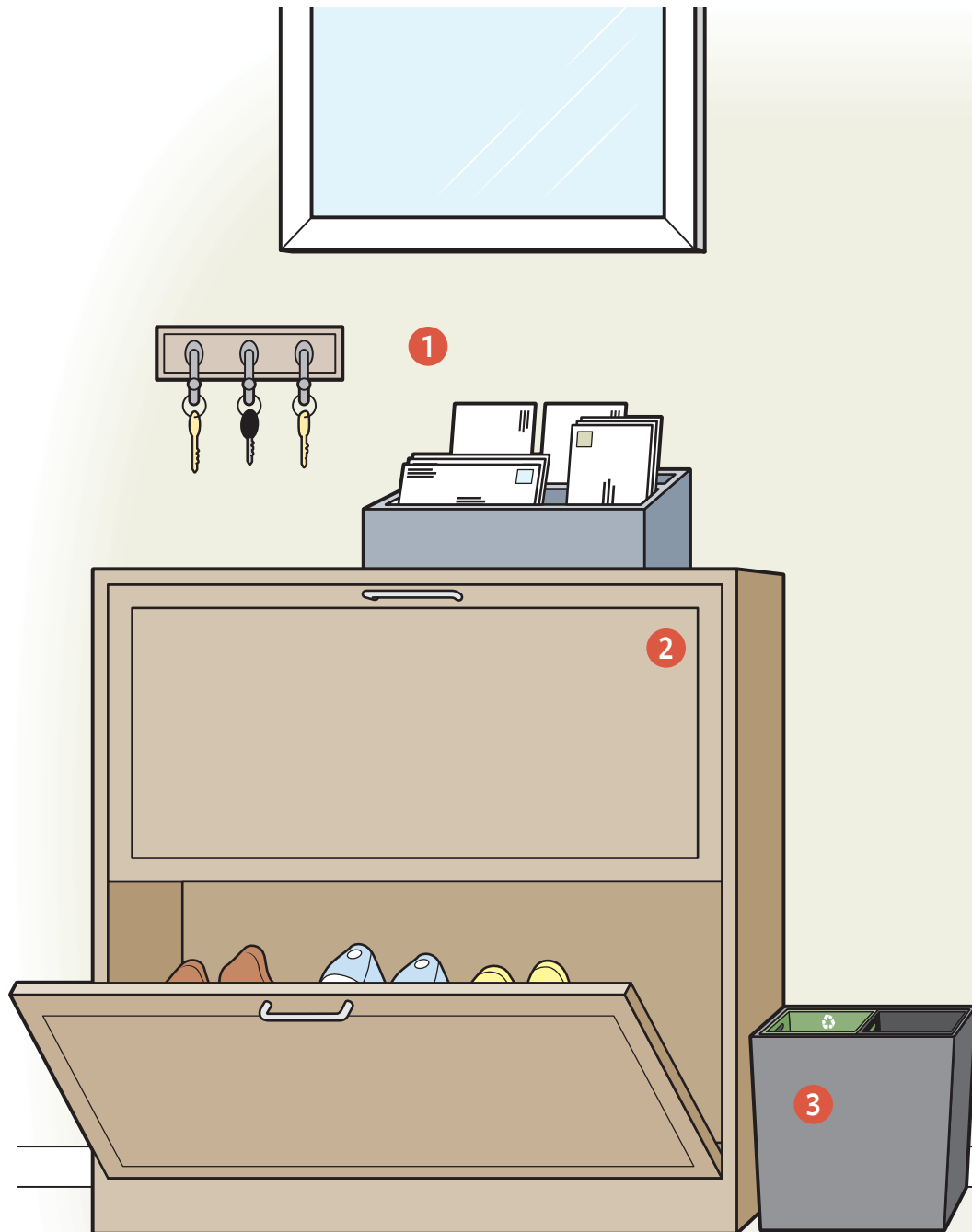
Not every home has a large, formal foyer, but most homes have some sort of transition area just inside the entry door. That space should be free of clutter and, when there's enough room, provide storage for things carried (a handbag, backpack, briefcase, umbrella) or worn (shoes, gloves, a hat and coat). Objects strewn about can be hard to find — and easy to trip over.

FOLLOW THE NUMBERS

1. Although the names used to describe the space vary, professional home organizers suggest creating a **“command station”** or **“landing pad”** near a home's most-used door. Equipped with a desk, table, credenza or wall-mounted shelving, this is the spot where the car keys can be kept, or the wallet placed, so time isn't wasted searching for them. Outgoing mail can also go here — as can supermarket coupons, shopping totes and other items that are easy to forget when rushing out the door.

2. Many households have a shoes-off policy when inside. In many cultures, **shoe-and-slipper storage** is a must-have feature in the foyer, which is where outdoor footwear is removed and house slippers are put on. **TIP:** A supply of unisex slippers of varied sizes can be kept on hand for use by visitors.

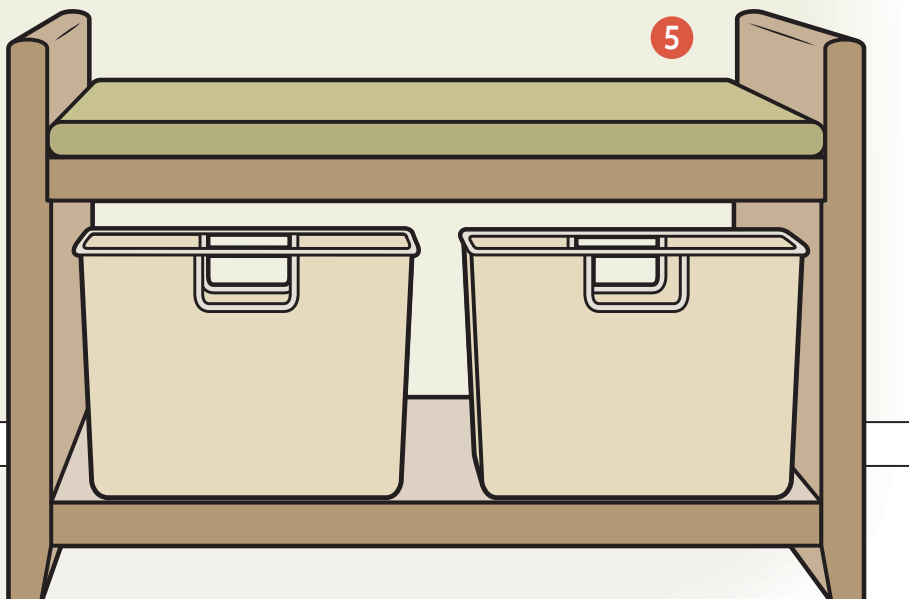
3. Keeping a dual compartment **wastebasket** nearby helps with the immediate disposal of junk mail, much of which is recyclable. To guard against identity theft, shred any mail or papers that contain personal information. (See page 31 to learn about the AARP Fraud Watch Network, a free resource that helps people protect themselves from scams.)



4. If a closet isn't located near the home's main door, a tall wardrobe cabinet, a no-tip coat rack or securely installed **wall hooks** can be used for keeping coats, jackets, handbags and backpacks within easy reach.



5. It's helpful to have a **place to sit** when putting on or taking off shoes. (A bench or chair is also handy for an adult who has to get shoes on and off of a toddler.) The space beneath a seat can be a spot for bins that hold shoes, slippers, hats and gloves. Dog owners might use a bin or wall hooks for storing a leash and other pet accessories.



'Visitability' and 'Universal Design'

The terms refer to housing and building features that are designed for people who have a disability or mobility challenge.

According to *Visitability.org*, a website hosted by the National Council on Independent Living, a home is visitable if it meets three requirements:

1. It has a zero-step entrance.
2. The doorways provide at least 32 inches of clear passage space.
3. A bathroom is accessible by someone using a wheelchair.

But visitability can also mean that a grandparent's home is safely visitable by young grandchildren.

According to the Center for Inclusive Design and Environmental Access, Universal Design, or UD, "is a design process that enables and empowers a diverse population by improving human performance, health and wellness, and social participation."

However, the center adds, UD "is not a synonym for accessibility. Accessibility usually refers to minimum compliance with prescriptive codes and standards for people with disabilities. UD is performance-based and addresses usability issues for people of all ability levels."

The Kitchen

Regardless of how many rooms a home has, residents and guests tend to congregate in the kitchen (unless banished by the household chef). But even the most welcoming kitchen has its hazards. Fires, spills, slips, trips and drops can cause injuries and home damage. Home-fitting interventions can make the kitchen safer and easier to use for every diner, visitor and cook.

FOLLOW THE NUMBERS

1. A **wall cabinet** that covers the entire top of the refrigerator turns the space into usable (albeit not the most easily reached) storage.

2. A french-door **refrigerator** opens in the middle, which makes it easier to see and reach what's inside. The external drawer can store small, frequently used items. The bottom freezer typically contains an easy to access upper basket and a lower bin.

3. D-shaped **handles and drawer pulls** are easier to grasp than knobs.

4. Lower-level cabinets with **pullout drawers** are easier to see and reach into than those with stationary shelving. Cabinet manufacturers and home improvement stores sell kits for adding sliding bins and shelves. **TIP:** Frequently used items are best stored between hip and shoulder height.

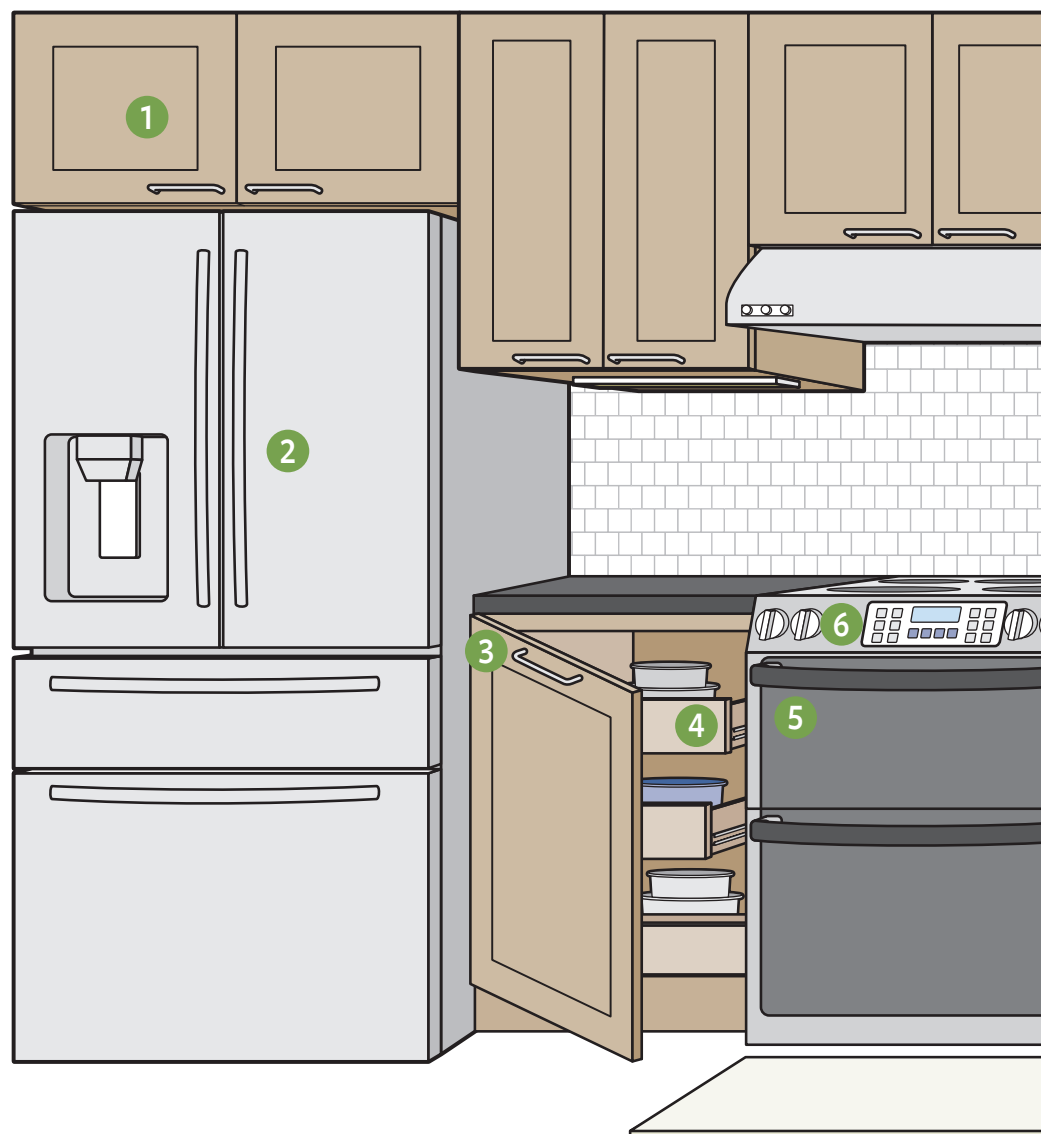
5. The top oven in a **double-oven range** can be used to prepare small meals. And the height is helpful if bending and lifting is difficult. **TIP:** Unlike a traditional microwave oven, a convection microwave is suitable for baking and roasting. For some households, the dual-function appliance can eliminate the need for a full-sized oven, especially if the kitchen contains a separate cooktop.

6. Controls at the front of a **range** save users from having to reach over hot burners and pots. Colored or backlit controls are the easiest to read. Controls that can be locked, covered or removed are useful if children live in or visit the home.

7. **Open shelving** makes items easier to see, reach and reshelve after use. Another plus: Exposed shelves eliminate the possibility of walking into an open door.

8. Not every **small appliance** needs to be kept on the kitchen counter. Items that are used daily — such as a coffee maker or rice cooker — might be worthy of countertop real estate. Since it's easy to forget to turn off a plug-in appliance, choose models with an automatic shutoff.

9. **Drawers** of varying depths can maximize space when storing flatware, cooking utensils, dishcloths, bowls, plates, pots and pans.



10. Ceiling lights illuminate the room. **Task lighting** is needed above the sink, stove and other work areas, such as along the countertop or over a kitchen island. If hardwired lighting isn't available — or if very direct lighting is needed — a plug-in desk lamp can be an option. (An example appears on the next page.)

11. A lever-style, light-touch or sensor **faucet** is both easier to use and more sanitary than one with turn-style knobs or handles.

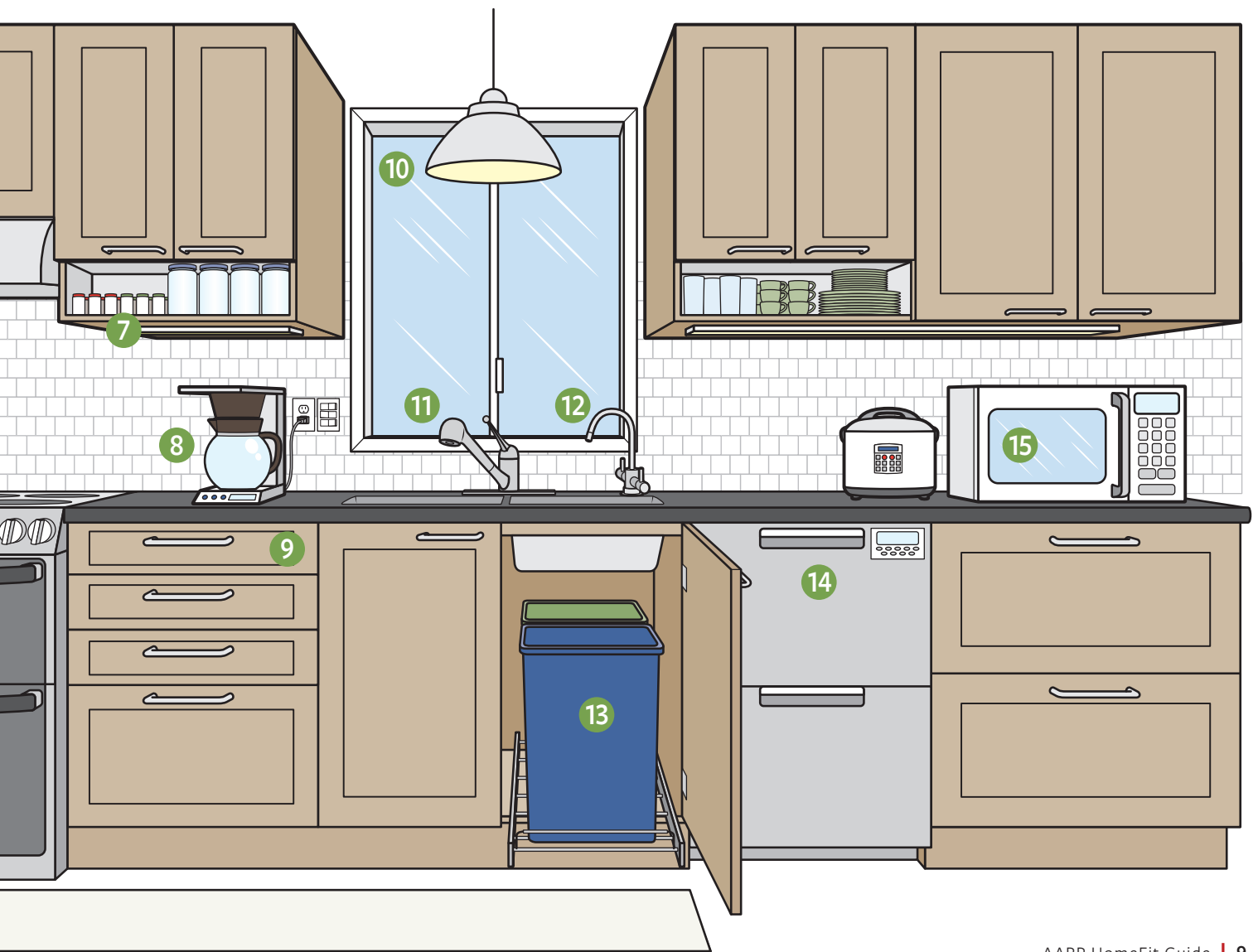
12. A **hot water dispenser** is very useful for tea drinkers — or anyone who doesn't want to wait for water to boil.

13. Pullout pails beneath the sink keep **trash and recyclables** out of the way and out of sight. If the sink doesn't have a garbage disposal, a small bucket can be placed nearby for collecting and then composting food scraps.

14. Drawer-style appliances — such as the pictured refrigerator, range and double-drawer **dishwasher** — are more expensive than single-door swing-open models. But the ease of use and energy savings (gained by not having to operate or open the entire appliance at once) can be worth the cost. A single-drawer dishwasher could be suitable for a small kitchen or small household.

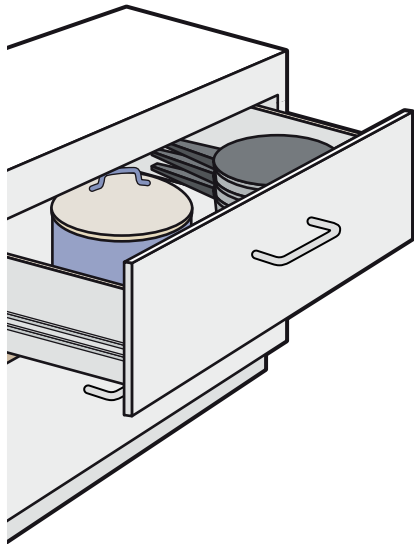
15. While an over-the-range microwave oven is an efficient use of space — one with the added benefit of providing an exhaust fan and lighting — the placement can cause problems. Lifting and lowering heavy and often hot cookware is difficult and dangerous. A **countertop microwave oven** or one built-in at that height is safer and easier to access. A safety note: A countertop microwave needs at least 3 inches of clearance along its top and sides and a minimum 1 inch of clearance in the back. Also, the appliance must be located at least 2 feet from a stove or else installed using a built-in kit from the manufacturer.

Continued ▶



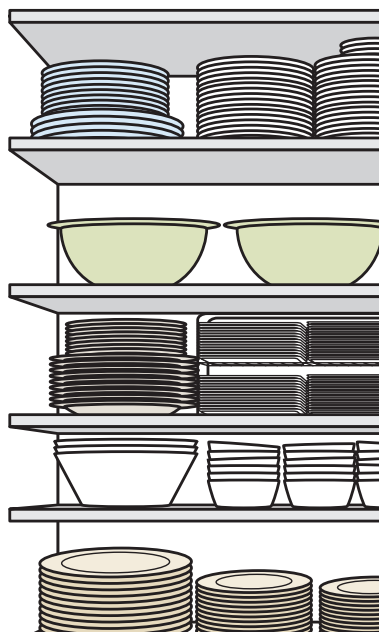
The Kitchen *Continued*

Storage



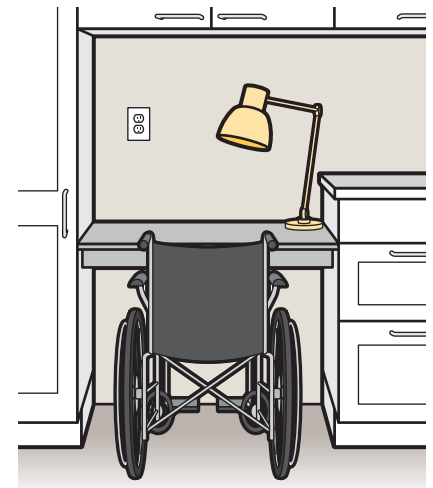
- Storing **pots and pans** in drawers or on open shelves rather than in cabinets makes cookware easier to locate and is friendlier to backs and knees. (No more bending, stooping or stretching while searching for a skillet or digging it out from the back of a deep, dark cabinet.)
- Adding a **turntable** to a corner cabinet can make pots, bowls and other items more accessible.
- If **medications** are stored in the kitchen, keep them away from any heat source. If small children live in or visit the home, keep medicines (as well as cleaning products and other toxins) out of reach or in a locked space.
- If the kitchen has a walk-in **pantry**, ensure that the space is well-lighted and has adjustable shelving to accommodate varied content heights. Protect against tripping by not using the floor for storage.

- If a **step stool** is needed for reaching higher shelves, select one that has grip handles and nonslip surfaces. (See examples on pages 21 and 25.) Another option is to use a “reacher” or “grabber” stick, which allows a user to stand at floor-level while retrieving items from an otherwise inaccessible spot.
- Although wall cabinets typically come with just one or two shelves, **extra shelves** are often available from the manufacturer or a home improvement store. Added shelving can allow mugs, bowls, glasses and stacks of plates to be stored without wasting vertical space (see below). Another benefit: When the lower portion of a wall cabinet provides two or three levels of storage, more items can be kept within easy reach. The very high shelves can store extra or infrequently used dishes.



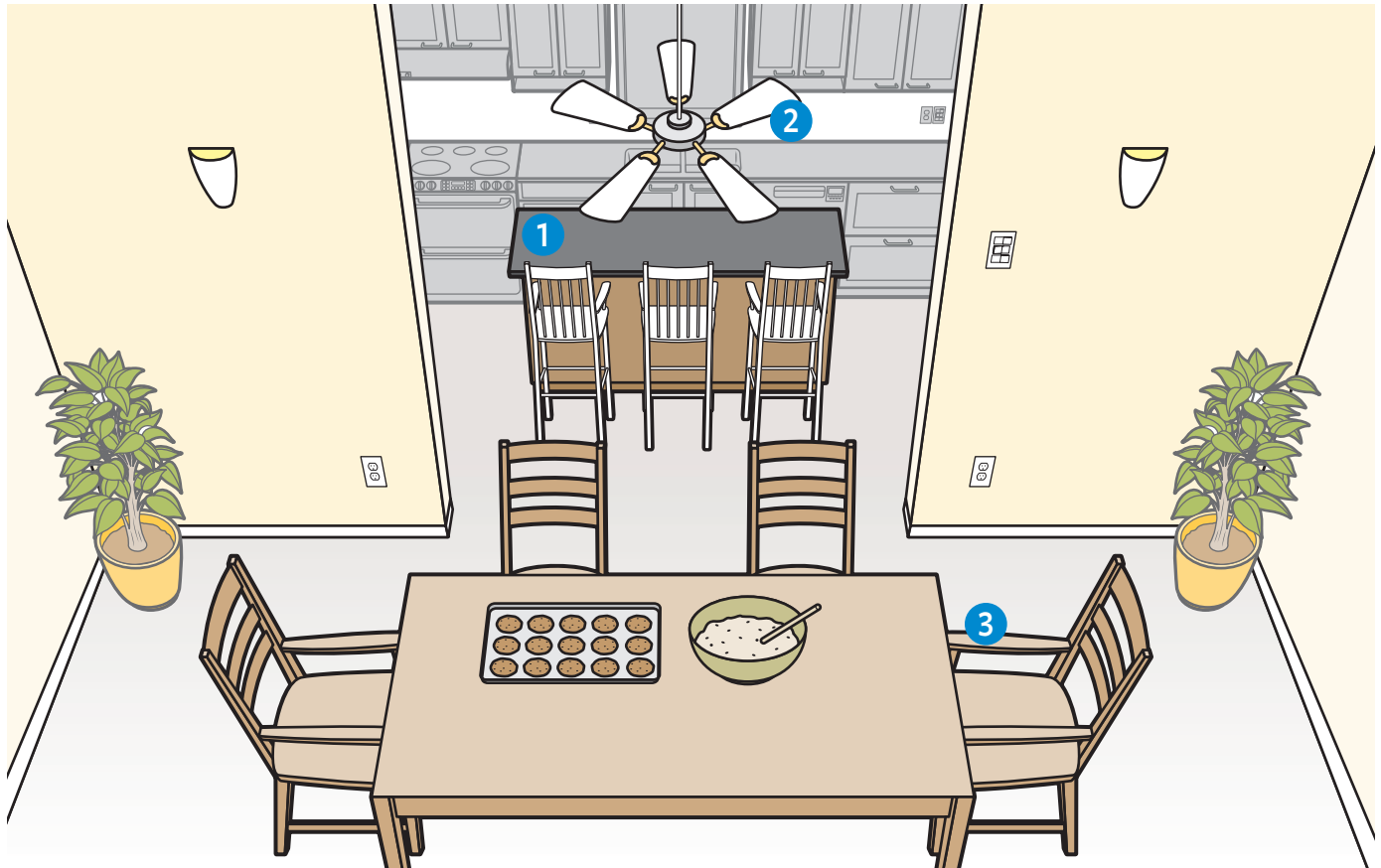
Work Spaces

- It’s helpful to have a spot in the kitchen where household paperwork or cooking **tasks can be done while seated**. The work surface can be a table, multilevel countertop or pullout platform. Another option is to remove a lower cabinet so the counter space above it can be used as a desk. (See below.)
- When a countertop and floor are the same or similar colors, it can be hard for people with a vision impairment to distinguish between the edge of a counter and the floor below. **Contrasting colors or patterns** — or even a piece of brightly colored duct tape placed along the counter’s edge — can differentiate the surfaces.
- A polished floor can be slippery, and a wood or tile floor can be tough to stand on for long periods. Placing **cushioned, slip-resistant floor mats** by the sink and stove can improve safety and comfort. (See the long mat on the previous page.)



The Dining Area

There was a time when most meals were served and eaten at a kitchen or dining room table. Nowadays, both quick bites and full meals are often consumed on the go or at a kitchen island or in front of a television or computer. As a result, many rooms are now dining rooms.



FOLLOW THE NUMBERS

1. When a **kitchen island or countertop** serves as a spot for eating, working on a laptop computer or simply hanging out, select seating that's sturdy and safe for all potential users. Since a countertop is usually taller than a typical tabletop, barstools are a common seating choice. Stools with a seat-back, armrests and solid, widely spaced legs are a more stable choice than styles without those features.

2. If the breeze from a **ceiling fan** in a kitchen or dining area extinguishes the flames when cooking on a gas range, cools plates of hot food or sends lightweight items flying, toggle the fan's direction switch so the blades rotate in a clockwise direction. (See page 30 for more about ceiling fans.)

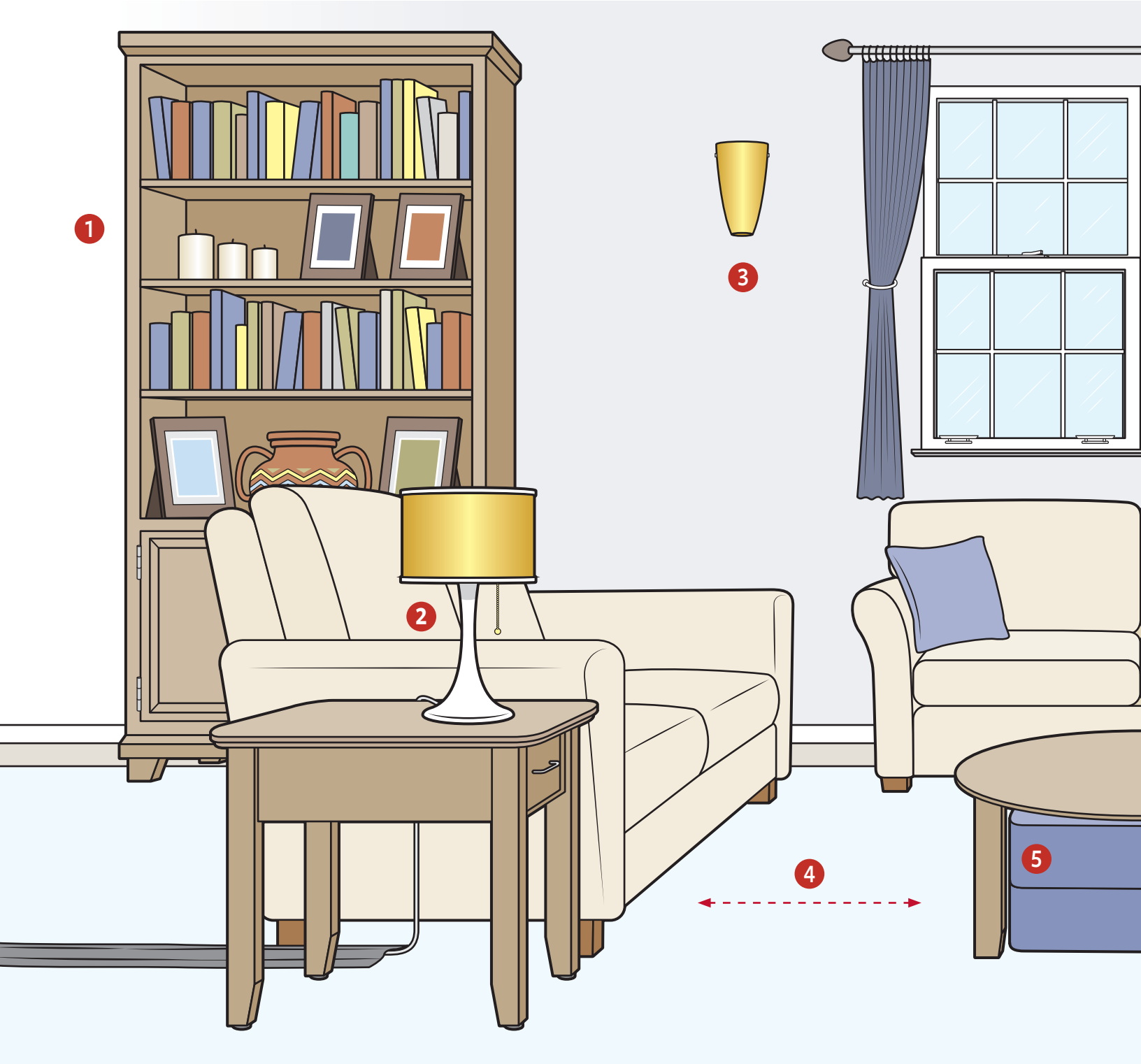
3. Dining table **chairs with armrests** provide support for getting into or up from the seat.

Takeout Trays

If a meal will be eaten elsewhere in the home — in front of a TV, for instance — use lightweight **servicing trays** to transport plates, drinks and utensils instead of carrying each item by hand. (Tip: Trays are available for attaching to a walker or wheelchair.) Another option is to use a **divided dinner tray** with compartments for an entrée, some sides, utensils and a beverage.

The Living Room

Like the dining room, the living room in most American homes has become more casual, serving as a family or TV room rather than a rarely used, off-limits space for entertaining guests.



FOLLOW THE NUMBERS

1. To prevent tipping, **tall furnishings** — such as a bookcase or breakfront — should be anchored to a wall by using furniture safety straps or brackets.

2. When lamps or plugged-in electronics sit on furnishings that aren't flush to a wall, the **exposed cords** should be secured to the floor or a piece of furniture by using an electrical-cord-approved adhesive or covering. Check the cord regularly to ensure there's no fraying or breakages.

3. Hardwired ceiling fixtures and **wall sconces** provide lighting without cords.

4. If someone in the home uses a walker or a rollator (which is a walker with wheels), provide about 2 feet of **clear space** between a coffee table and the couch so the person has room to maneuver while sitting down and getting up.

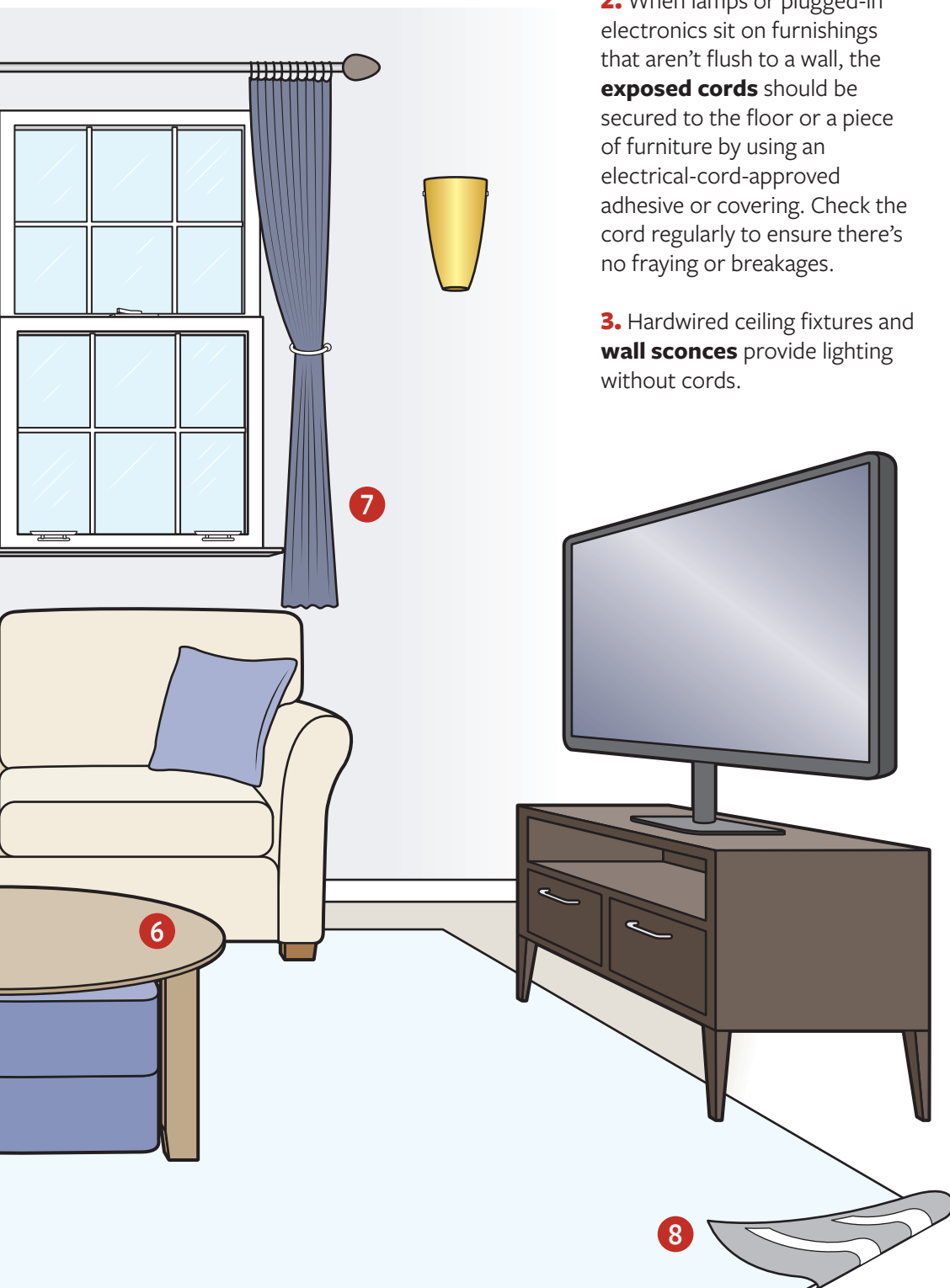
5. It's nice and sometimes necessary to sit with one's feet elevated. Keep an **ottoman or footrest** nearby — but out of the way (such as beneath a coffee table) when not in use.

6. Avoid choosing furniture with **sharp corners**, which are bumping, bruising and cutting hazards for people of every age.

7. Window treatments in the living room or anywhere in the home should be easily accessible for opening, closing and cleaning. Secure the curtain and blind cords so no one becomes tangled in them and trips.

8. Secure **area rugs** to the floor with nonslip mats or double-sided tape, which will also keep the edges from curling up. (Note: The folded carpet corner shown below and elsewhere in the guide is for demonstrating the use of tape and is *not* a decorating tip or safety solution.)

Continued ►



The Living Room *Continued*

TV Guides

Watching television is complicated. TVs come in numerous styles and sizes and offer a dizzying array of functions and “smart” features.

Models with names that include one of an expanding list of acronyms — HDTV, HDR, LCD, UHD, DLP, OLED, QLED — or other designations such as 4K or 8K are all high-definition televisions with either a curved or flat screen. These televisions typically weigh less than the older, deeper, bulkier cathode-ray tube (also called picture tube) TVs that were the norm until the early 2000s. The choice of shows, series, networks and delivery methods (cable, Direct TV, internet TV and, yes, those original antenna-access channels) is similarly complex.

Select the correctly sized set for a specific space

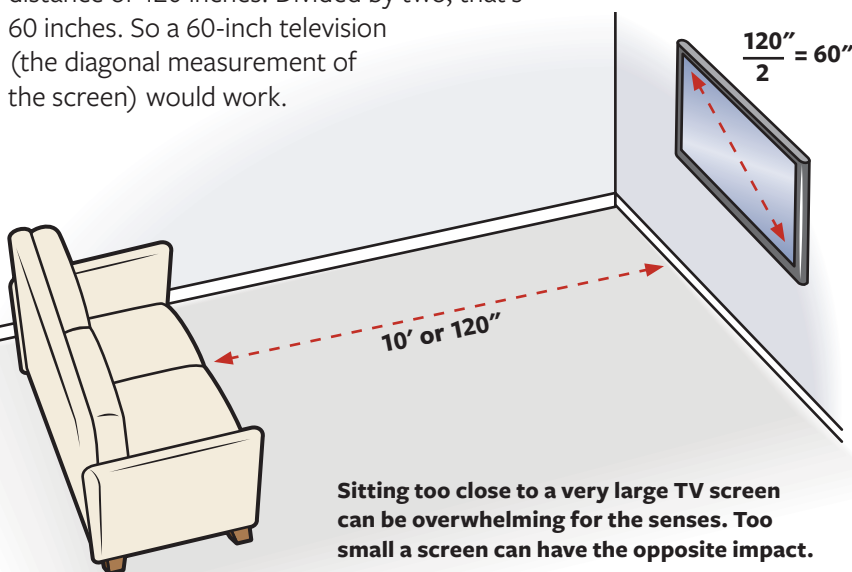
Old-style televisions need to sit on furniture or, in some cases, are as big as a large piece of furniture.

Flat-screen televisions can sit on a piece of furniture (as shown on the previous page) or be mounted on a wall, much like a mirror or large artwork. Such installations should be done by professional installers.

When choosing a location to hang or place a new television, select a spot where — if it falls due to a bad installation or, in some regions, an earthquake — there will be minimal risk of it hurting a person or pet.

One way to determine what size television is best for a space is to divide the viewing distance in inches by two. The result is the recommended size.

For instance, if a TV will be located 10 feet from a couch, that’s a distance of 120 inches. Divided by two, that’s 60 inches. So a 60-inch television (the diagonal measurement of the screen) would work.



Virtual Assistants

Home-based automation systems and products (think Google Home or the Alexa-equipped Amazon Echo smart speakers) are able to provide real-time information and perform home-based tasks with little more than an internet connection and a voice command. The systems can, among other actions:

- turn a TV on and off
- tune to specific shows
- play music and podcasts
- tell stories and jokes
- lead games
- control lights and appliances
- do online research
- adjust thermostats
- lock and unlock doors
- make shopping lists
- place telephone calls
- provide reminders

But convenience comes with concerns.

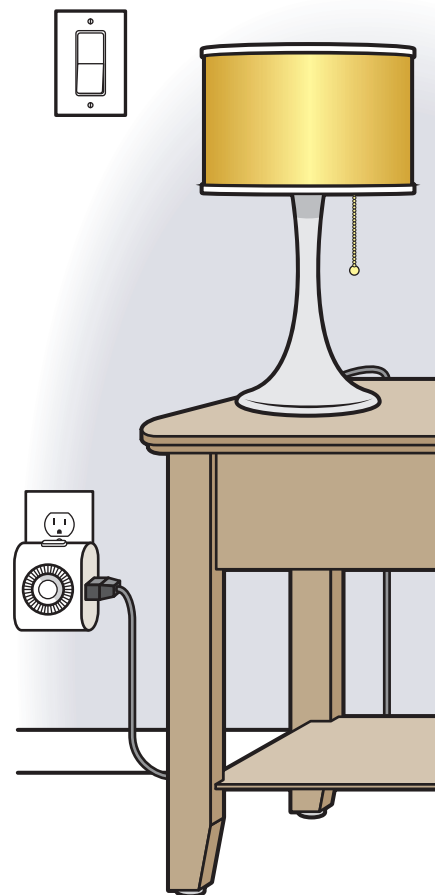
In order to both meet and anticipate needs, data is collected by the devices, as well as by the internet service providers, internet browsers, and the websites a user visits.

Having at-the-ready information can be helpful to a user, but it can also be worrisome. When considering or using internet-connected automation systems, it’s important to evaluate the privacy pros and cons.

Tip: If a home’s internet network isn’t password protected, instructions and the settings for adding security can be found on the service provider’s website or by calling its customer service department.

Lights On, Lights Off

- The ideal **height for light switches** is 36 to 44 inches from the floor.
- Since it's tough to turn lights on and off when one's hands are full, or impaired by arthritis or an injury, a **rocker-style “push” switch** (shown) is a more practical option than the small toggle on a traditional up-and-down flip switch. A rocker switch can be turned on or off by leaning against it, nudging it with an elbow or pressing it with whatever is being carried.
- **Electrical outlets** are best placed 18 to 24 inches above the floor unless needed at another height for a specific reason, such as to power kitchen appliances or electronics in a home office, or to better serve a mobility or accessibility need.
- Connecting table lamps or other plug-in lighting fixtures to an **automatic timer** (pictured) will ensure that lights are turned on and off at set times so no one has to walk into a dark room — and the home won't look unoccupied even if it is.
- Touch control or **pull-chain lamps** and on-off “clapper” devices are helpful for people who have trouble turning small knobs.
- **Dimmer switches** allow a user to adjust a fixture's lighting level as needed. They're sold as hardwired wall switches as well as corded options that work with lamps and other plug-in lights.



A Bit About Bulbs

Light bulbs come in a range of shapes, sizes and brightness levels. Choosing the right bulbs can make a home safer and a space more useful and enjoyable. These are the most common types for homes:

- incandescent
- fluorescent
- compact fluorescent lamps (CFL)
- halogen
- light-emitting diode (LED)

CFL and LED bulbs are energy-efficient and super long-lasting — up to 20 years. Using them reduces

the need to climb a ladder to replace burned-out, hard-to-reach bulbs. Fluorescent, halogen and traditional incandescent light bulbs range in energy efficiency from highest to lowest in that order.

Viewing a light bulb demonstration display at a hardware or home improvement store is a good way to choose what “color” bulb to use. For instance, warm white or soft white light bulbs provide a less harsh light than cool white or daylight white bulbs, which emit a brighter, bluer tone.

A few more things to keep in mind:

- Frosted bulbs result in less glare than clear bulbs.
- Using a bulb wattage higher than the rating indicated on the light fixture is a safety hazard.
- While dimmer switches and timers will work for any properly rated halogen or incandescent bulb, the same isn't true for all fluorescent, CFL or LED bulbs. Read the light bulb packaging to ensure compatibility.

Hallways and Stairways

A dark hallway can lead to unwelcome bumps in the night, the result of banging into furniture or tripping over random items left on the floor. Proper lighting, handrails and an absence of clutter can make halls, staircases and other passageways safe for all residents.

FOLLOW THE NUMBERS

1. Homes are often built with just one handrail along a staircase. But **two handrails** — one on each side — are a safer and more helpful configuration.

2. Stairway and hallway lights need to have **on and off switches** at both ends of the hall and at the top and bottom of the stairs. Light switches that glow in the dark are especially helpful in those areas. (An electrician is required for these installations.)

3. Placing plug-in or battery operated dusk-to-dawn or motion-sensor **night-lights** in hallways and near steps and staircases is a simple safety solution. When deciding where and how many night-lights to install, think of these low-wattage fixtures as lights for a residential runway.

4. The **safest surface and covering for steps** is a tightly woven, low-pile carpet with thin padding. If someone in the home has a vision impairment, visual or sensory cues (such as a front edge that has a different color or texture) can help distinguish each step from the tread of the next.

5. Uncarpeted steps are safest when they have a **nonslip surface**, such as adhesive strips or securely placed rubber stair treads.

6. Sinking **protruding nails and screws** will make steps safer, stronger and sometimes less squeaky. Steps with open backs should be closed with risers.

7. Don't leave anything meant to be carried up or down the stairs *on* the stairs. Collect the items nearby and carry them in a **tote or basket** that can be held with one hand so the other can grip the handrail.

8. As noted in the box on page 5, a bolt-style lock secures a door. A **chain lock** allows a person inside the home to partially open the door in order to speak with someone on the other side while still maintaining safety.

9. If a **hallway electrical outlet** isn't being used, plug in a night-light to brighten the path.

Get a Lift

When single-story living is needed but not possible, a **stair chairlift** can be a practical and safe mobility solution. A **home elevator**, increasingly available at a variety of price points, is another solution.

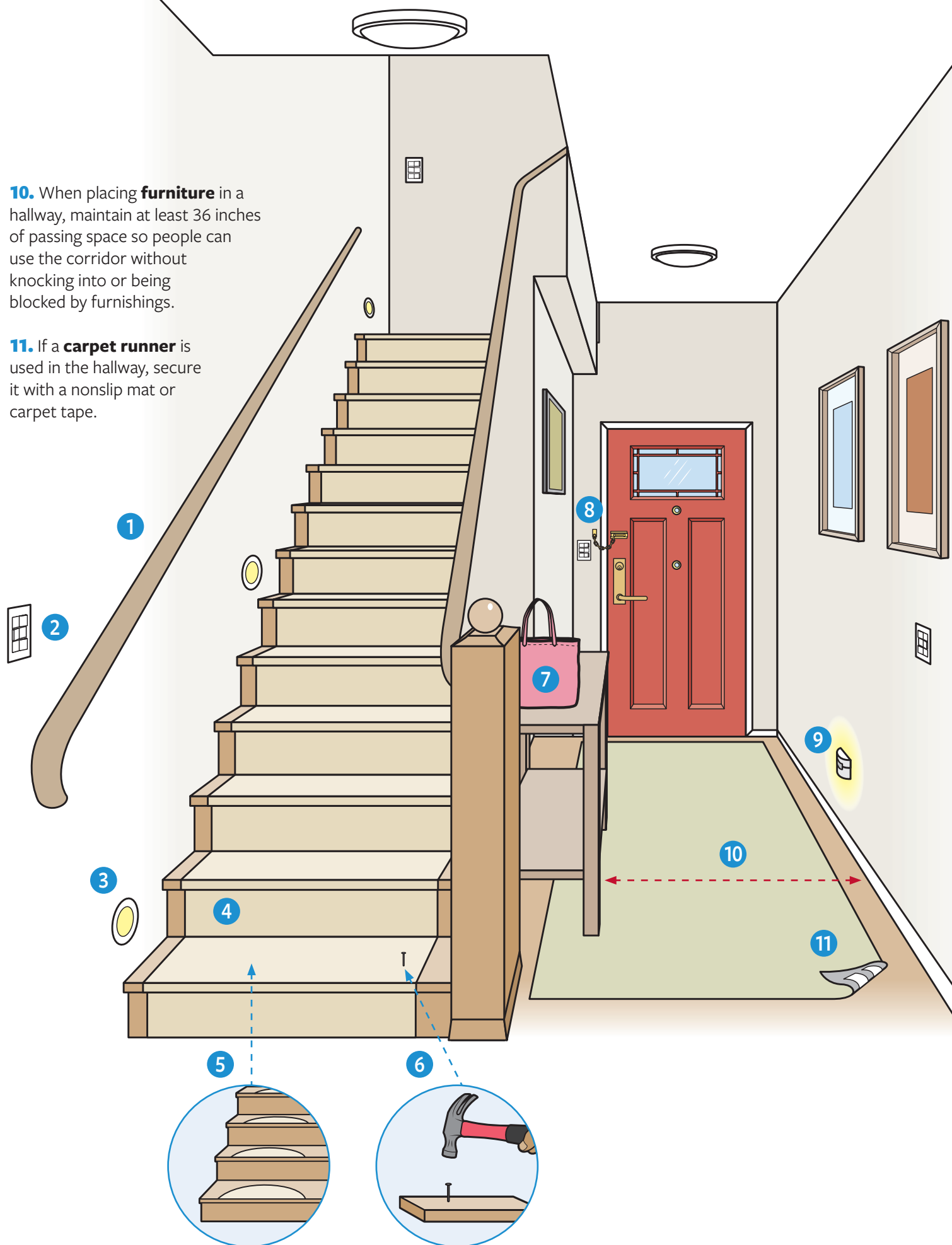
To fit an elevator into a home, one option is to convert stacked closets (e.g. one on the first floor, the other above or below it) into an elevator shaft. A shaft can also be attached to the exterior of a house and situated so the elevator doors open into the residence. Other tips:

- If a new home is being built, it's smart to include a pair of stacked closets so an elevator can be installed at a later time if necessary.
- Another new construction solution is to build staircases so they're 42 inches wide. That allows two people to use the stairs while walking side by side, as might happen when one person is needed to help the other manage the steps.
- Installing electrical outlets at the top and bottom of a staircase during a home's construction will reduce the cost and complications of adding a motorized chairlift in the future, if one is ever needed.
- Stair chairlifts can be purchased used, which greatly reduces the price.

Home elevators and stair chairlifts aren't inexpensive, but they can be a better and more affordable choice than relocating. Each option costs much less than moving into an independent- or assisted-living facility.

10. When placing **furniture** in a hallway, maintain at least 36 inches of passing space so people can use the corridor without knocking into or being blocked by furnishings.

11. If a **carpet runner** is used in the hallway, secure it with a nonslip mat or carpet tape.



The Bedroom

With so many portable and high-tech devices at our disposal, the bedroom has become more than just a bedroom. Smartphones, laptop computers, exercise gear and game consoles often make their way into the space. While the devices and their accessories are typically visible during daylight hours, they can pose serious tripping hazards in the dark — especially if the charging cords and items are left on the floor.

FOLLOW THE NUMBERS

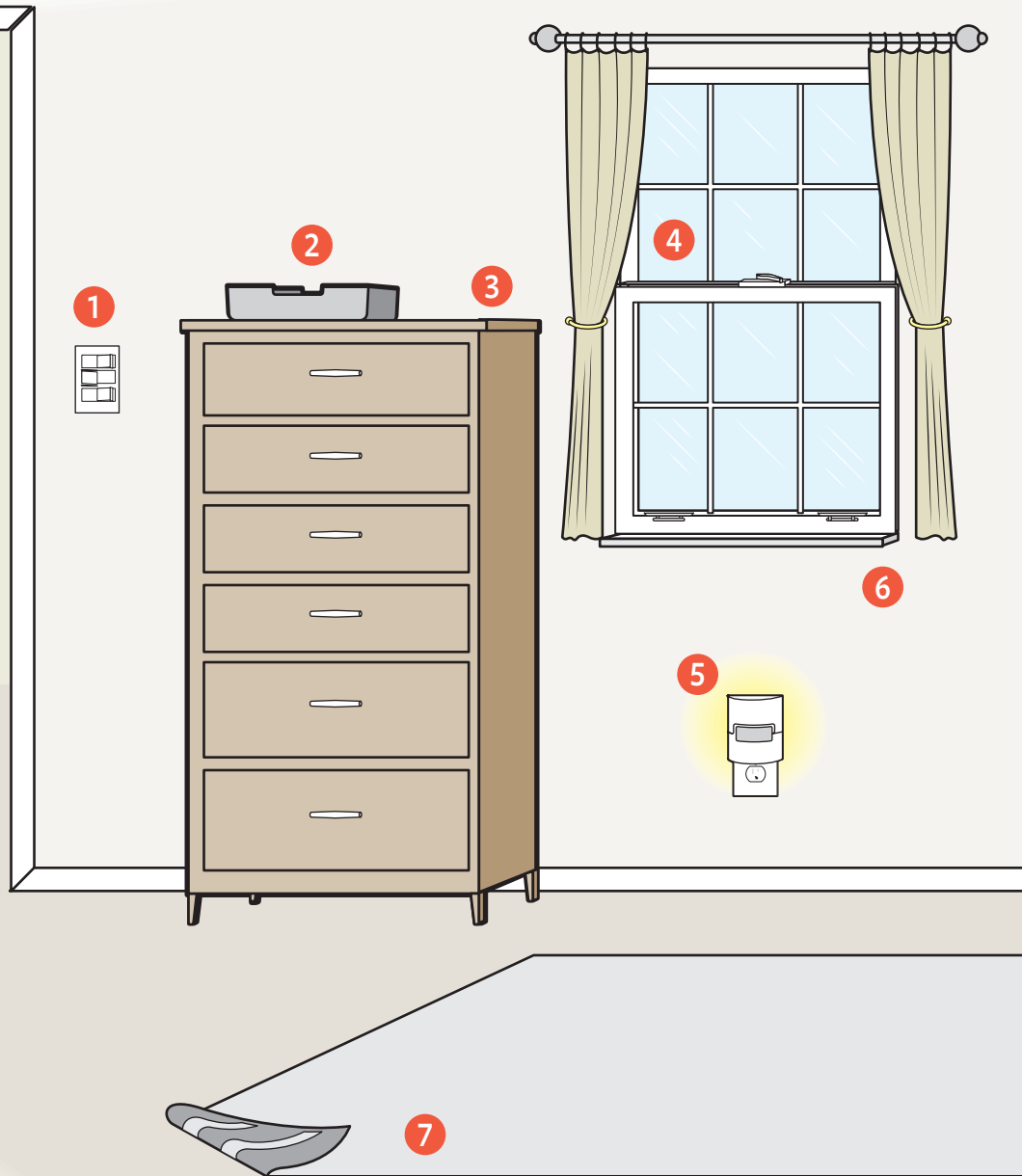
1. A **light switch** near the doorway should turn on a ceiling fixture so the room can be lighted when someone enters. If the room doesn't have a ceiling fixture, the switch can instead power a wall outlet into which a lamp is plugged. The downside of that setup: The light will only work when both the lamp and the wall switch are in the on position.

2. Create a **designated spot** — such as a basket, dresser top, drawer or nightstand — for storing any electronics, charging cords or computer accessories that end up in the bedroom.

3. Ensure that **tall furniture** is either secured to the wall or is stable enough not to tip over. (If the home is in an earthquake zone, wall hangings and tall furniture should not be placed near a bed.)

4. **Windows** need screens so fresh air can come in while bugs stay out. Windows should be able to open if needed as an emergency exit.

5. A **motion-sensor night-light** aids visibility when walking between the bedroom and bathroom after dark. Another option is to place a motion- or voice-activated ceiling or tabletop light fixture in the room.



6. Let **natural light** in by keeping curtains, blinds or shades open during the day.

7. If **area rugs** are used, be sure they're secured to the floor with a nonslip mat or anti-slip rug tape.

8. If there isn't enough room on a bedside table for a lamp as well as all the other items that end up in the spot, consider hanging a **wall sconce light fixture** with an adjustable arm. The lighting can be hardwired or corded. Attaching adhesive clips or a cord cover to the wall will keep the electrical cord taut and out of the way.

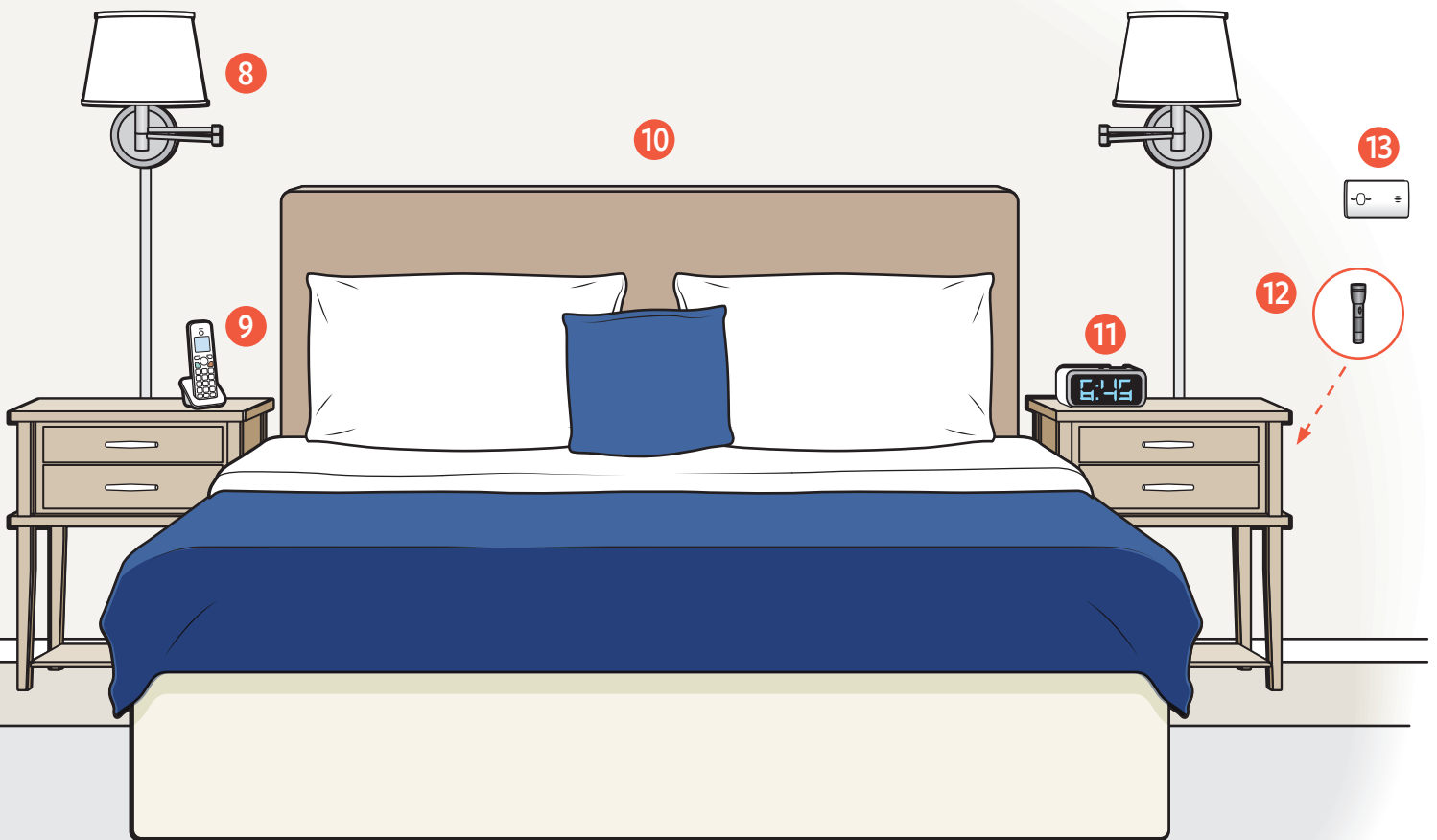
9. If the bedroom doesn't have a landline **telephone**, a cell phone should be brought into the room each night. (Invest in an extra charger so there's always one plugged in and ready.)

10. Positioning a bed so one side is flush to the wall means it will be hard to make on a daily basis — and even harder to manage when changing the sheets. Placing the **bed so both sides are accessible** is a more practical solution.

11. A **digital clock** with large, lighted numbers will make the time visible from distances and at night without the need to put on glasses or turn on a light.

12. Power outages happen. Keep a working **flashlight** near the bed or else know how to use a smartphone flashlight.

13. Carbon monoxide (CO) is a deadly, colorless and odorless byproduct of burning carbon fuels, such as natural gas, propane, wood, heating oil or gasoline. Any home with a fuel-burning appliance, fireplace or attached garage needs at least one **carbon monoxide detector** on every level — and especially in or near the bedrooms. The detectors (also called monitors or alarms) are siren-equipped and come in battery-powered, plug-in and hardwired versions. CO detectors are most effective when placed 5 feet from the ground or a few feet below the ceiling.



Closets

Clothes closets, linen closets, coat closets and pantries work best when set up for the specific purpose each serves. Having organized, uncluttered closets makes it easier to find belongings, helps save money by averting duplicate purchases, and eliminates the need to dig through overstuffed spaces and the risk of injury from falling items.

FOLLOW THE NUMBERS

1. It's helpful to have a place to sit while dressing, especially when putting on pants, socks or stockings, and shoes. A **chair** can be placed next to or near a wall closet or inside a walk-in closet.

2. A light outside of the closet can be directed to shine into the space. For instance, a **recessed ceiling light** can become a spotlight by replacing the fixture's standard trim with an adjustable eyeball-style trim. (The same solution can work for lighting near stairs, as well as in kitchens, hallways and many other spaces.)

3. If a **closet light** isn't already hardwired into or near the space, it's easy to install a peel-and-stick, battery-operated fixture. Some closet lighting solutions feature a sensor that turns the light on or off as the door is opened or closed.

4. Most closets have a single clothing rod, usually placed around head height, which works well for hanging dresses or coats. If the closet is used for skirts or shirts, or pants that are folded over a hanger, consider a **double clothing rod** set-up instead.

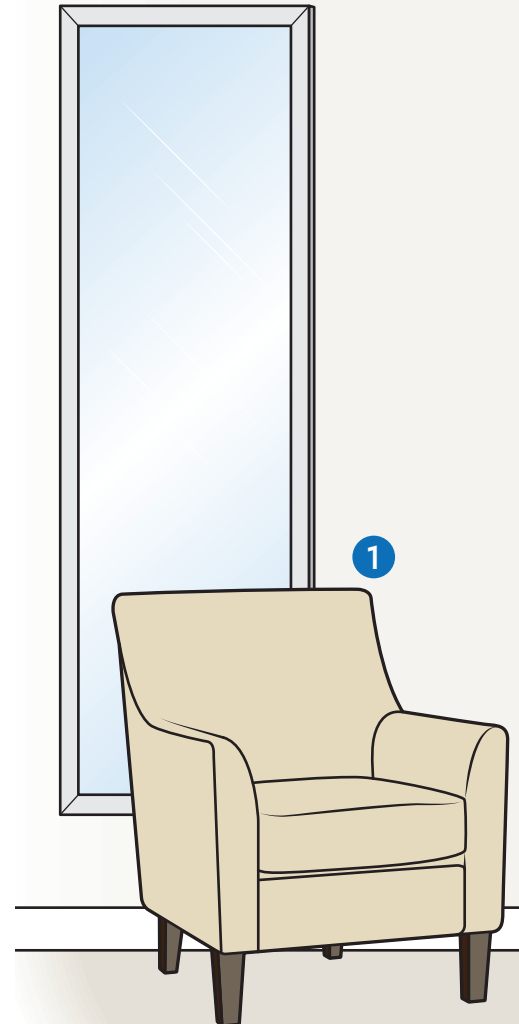
5. Use bins to prevent items stored on the **closet floor** from becoming a messy pile or spreading beyond the space.

6. **Adjustable shelving** provides options for storing folded clothing or bed linens. Bins can hold socks and undergarments. High shelves can be used for seasonal items, such as a cold weather comforter.

7. The lower portion of a closet can be reserved for **shelves and wire bins**, built-in drawers, or a piece of furniture, such as a dresser.

8. A flexible, **lightweight basket with handles** makes it easier to carry clothing to and from the laundry area.

9. Keep a sturdy, nonslip **stepladder** with handgrips nearby for reaching items on high shelves or clothing rods. A snazzier solution: Install a mechanized closet system that, with the push of a button, lowers and extends shelves and clothing rods.



Cutting the Clutter

Organizing and consolidating belongings can be a physically and emotionally daunting task.

Recruiting family and friends to help is one solution. Or a professional organizer can be hired to guide or do the work.

The AARP webinar *Downsizing and Decluttering: You Can't Take It With You!* offers these tips:

- **Set a Timer:** Select a 2-foot by 2-foot spot in a room and spend 10 minutes — not more, not less — focused on decluttering.



- **Sort:** Create four piles — *Keep*, *Sell*, *Donate* and *Trash* — and divide the items accordingly. (Place the *Keep* pile the farthest away so it's the least convenient.)

- **Purge the Papers:** Run unneeded mail and documents through a shredder.

- **Don't Punt:** Punting is a form of decluttering by guilt-tripping others, especially younger family members, into taking the purged possessions.

- **Get Real:** Don't continue keeping clothes that don't fit, haven't fit for years and are unlikely to ever be worn again.

- **Pare Down the Pictures:** Select a quantity of printed photographs (say, 100 or 200) that are worth keeping. Write captions on the back of each. Discard or digitize whatever doesn't make the cut.

The Bathroom

Sometimes, more attention is paid to how a bathroom is decorated than to the safety of the space. Water on a bathroom floor is a slipping hazard, and often an invisible one. Falling in a bathroom is painful and potentially life-threatening because of the many hard surfaces — the floor, toilet, countertop, tub.

FOLLOW THE NUMBERS

1. A **comfort-height toilet** is taller (17 to 19 inches from the floor to the seat top) and, depending on a person's height, often easier to sit down on and get up from than a standard 15-inch version. A similar, more affordable solution is to use a portable toilet seat riser with support handles.

2. A **bidet** is a personal hygiene device for cleaning one's bottom. Sometimes recommended for health reasons, it can also be a way to reduce toilet paper use. For many people, the use of a bidet is a personal preference or cultural norm. Traditional bidets were basins installed next to a toilet. Modern versions come preinstalled into toilet seats or as an attachment for them. (Many are available for under \$100 and easily tap into the toilet's water supply piping.)

3. This toilet paper holder is also a **grab bar**. (Learn more below.)

4. **Wheelchair users** need a minimum 5 feet of open space to maneuver into and turn around in a room. A standard 32-inch wall-mounted or open-base sink is usually usable from a wheelchair. **TIP:** A sink that's set within a vanity base can be made wheelchair accessible by opening or taking off the door(s) and removing the cabinet's toe kick and floor.

5. Bathroom **shelves** can keep a small supply of towels and toiletries nearby.

6. A **motion-sensor night-light** provides safety lighting.

7. A 36-inch-high **sink base and vanity** requires less bending for someone using the sink.

8. Lever-style sink, shower and tub **faucets** are easiest to use. (See page 30 for information about faucets and water safety.)



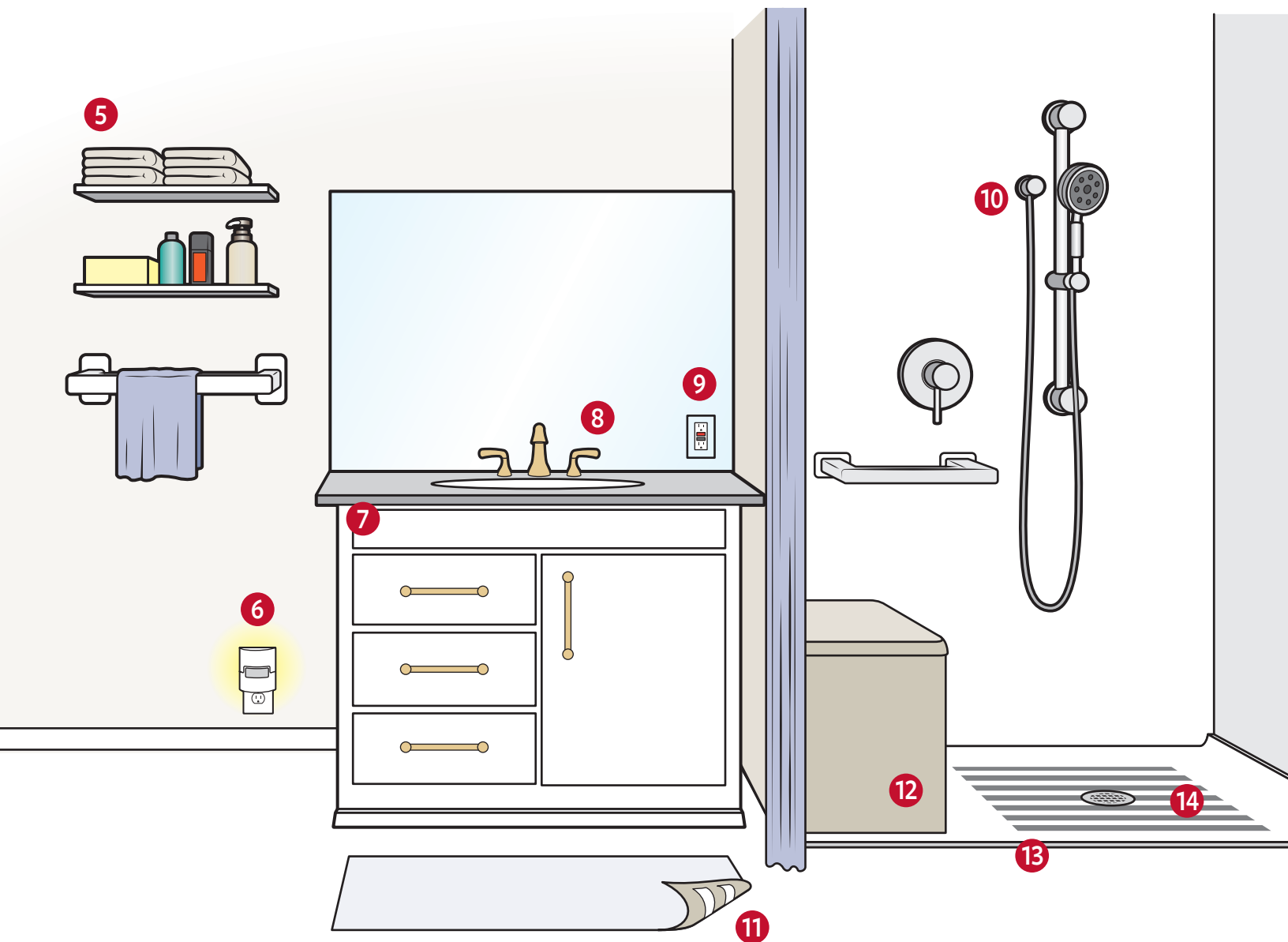
Take This Bar Exam **QUESTION: Is a towel bar the same as a grab bar? ANSWER: Usually no.**

A grab bar, sometimes called an assist bar, is secured to a surface that's backed by a wooden stud. That way, the bar won't detach when gripped, such as to prevent a fall. (Suction-cup handles are *not* suitable substitutes.)

A grab bar's placement will vary based on the space or a resident's needs. In general, a horizontal bar near the toilet and in the shower and tub should be 33 to 36 inches from the floor. Bathtubs are safest with two

bars, the second on the long wall, 9 inches from the tub rim. Grab bars with a textured, nonslip surface are best.

A vertical grab bar helps with balance and is easiest to grip. A horizontal placement helps with forward and backward movements. A diagonal installation is useful for getting into a seated or standing position. Grab bars are increasingly available in decorative, dual-purpose styles — and some *do* include a towel bar.



9. A full-length **mirror** above the sink is suitable for people of varying heights. Electrical outlets near water need to be equipped with a **GFCI** (ground fault circuit interrupter).

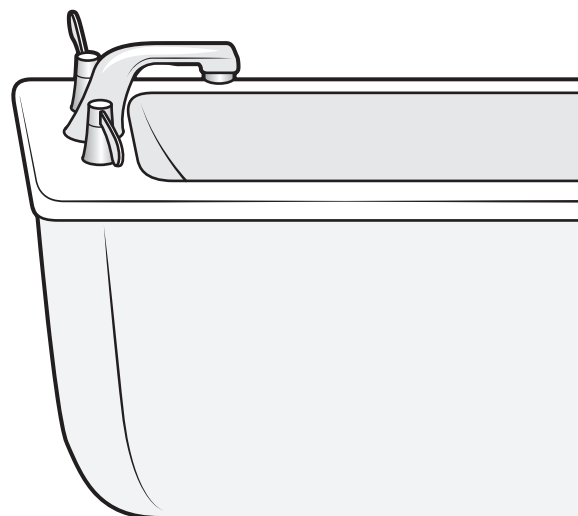
10. An adjustable-height, handheld **showerhead** makes the shower customizable for users of different heights and abilities.

11. Bathroom **rugs or mats** should be rubber-backed or secured with rug tape or a rubberized under-carpet mesh.

12. Permanent or portable **shower seating** is a relaxing safety feature.

13. A wide, **doorless shower** with a **no-step entry** is accessible for all, including wheelchair users and others with a disability or anyone who needs another person's assistance. (Such barrier-free showers are increasingly common in high-end hotels.) Similarly suitable options include full-swing shower doors or the use of a shower curtain or partial wall to cover the opening.

14. To prevent slipping, the shower floor and bathtub bottom can be covered with **nonskid mats** or lined with several **nonslip strips**.



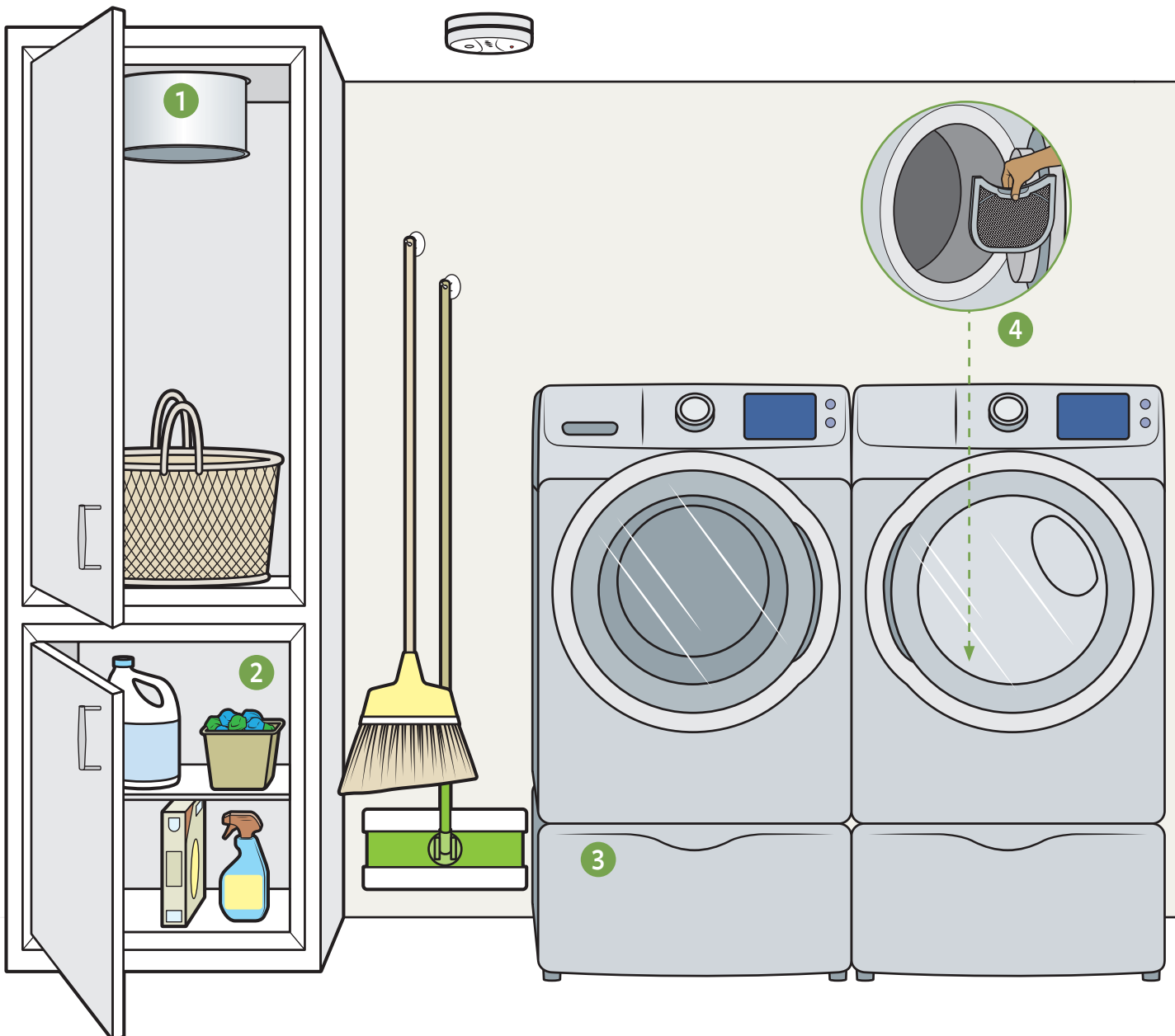
The Laundry Area

The best location for a laundry room or area is near the rooms where clothing is put on and taken off. In many homes, especially older ones, that's not possible.

In fact, in most older homes, the laundry "room" is little more than a washer and dryer in a corner of the basement. Since even one load of wash can require multiple trips up and down one or more flights of stairs (often while carrying a hard-to-manage basket), laundry day brings with it the risk of trips, falls and muscle strains.

Doing laundry in an apartment complex's laundry room or at a laundromat several blocks or miles away requires taking dirty clothes and linens on a journey. Investing in a laundry basket with wheels (as shown in the illustration) or using a foldable shopping cart is a better and safer option than hoisting heavy bags or baskets and carrying them to and fro.

Using a laundry service that offers pickup and delivery can be a helpful solution when doing laundry becomes too difficult or time-consuming (or both).



FOLLOW THE NUMBERS

1. If the washer and dryer can't be relocated out of the basement, a **laundry chute**, through which dirty clothing, bath towels and bed linens are dropped from an upper floor to a spot near the machines, may be an option. Another solution is to install a motorized stair chairlift (see the box on page 16) along the stairway.

2. Detergent and bleach containers can be heavy. Store them in a **cabinet**, on a table or on a shelf that's properly secured to the wall so they're easy to reach and lift. If lifting is difficult, consider using detergent pods, which are both lightweight and very portable.

3. When purchasing a new **washer or dryer**, consider the style options and which door placement (top or front) will be easiest to use. Stacked units save space, but can be difficult for some users to reach. If bending to load or empty a front-load washer or dryer is difficult, the units can be placed on a **platform**. The bases sold by appliance manufacturers often include storage drawers.

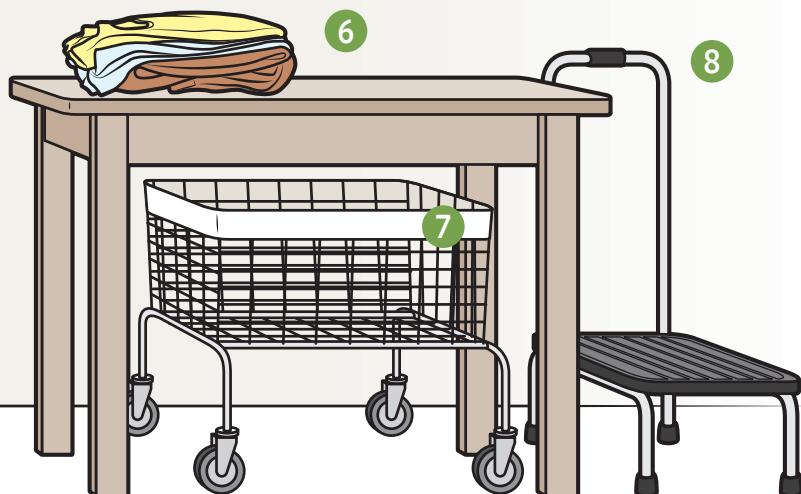
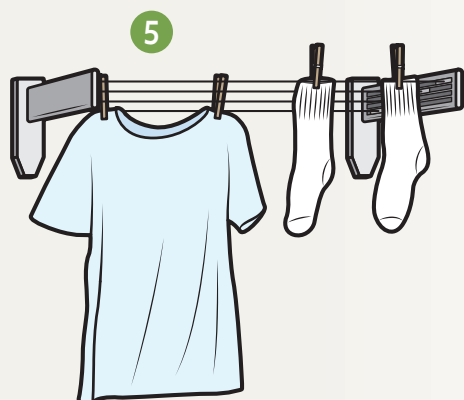
4. Dryer lint can clog exhaust vents, undermine the effectiveness of the dryer and even cause a fire. Empty the **lint trap** before or after every use. See page 30 for important information about the dryer's exhaust vent ductwork.

6. If the home has an actual laundry room with adequate space, add a **table** so clean clothes can be sorted and folded on site. (In a multi-person household, each member can be tasked with carrying his or her own laundry to and from the room.)

7. A **wheeled laundry basket** can eliminate or reduce the need to lift heavy baskets. A flexible basket with handles that can be gripped with one hand (such as what's pictured beneath the laundry chute) is easier and safer to carry than a rigid basket that's awkward to hold and can block a person's view of where their feet are stepping.

8. If a **step stool** is needed for reaching a hanging rack, select one that's sturdy, won't slip and includes a grab bar. Other safety features for the space are a **smoke detector** (like the one shown on the ceiling) and, if there's a gas dryer, a carbon monoxide detector. See pages 19 and 26 for more about those.

5. When using a clothesline or installed **drying rack**, be sure it's not located where someone might accidentally walk into it. A retractable line can be put away when not in use. If a safe hanging location isn't available, or if lifting items to hang them is difficult, use a drying rack that can sit on the floor.



The Broom Closet

Not every home can have a dedicated closet space suited for this purpose, but it's handy to designate a section of a closet or an accessible but discreet spot for storing a mop, vacuum cleaner, dusting wand and, of course, a broom. Keeping cleaning equipment and supplies in one location means less searching for what's needed. Hooks can be used to hang most items. (See the examples next to the washer.) If wall space isn't available, use a tall kitchen trash pail to store brooms and mops in an upright position.

The Garage

In 2015, nearly 25 percent of new single-family homes had a garage that could hold three or more cars. In fact, according to the National Association of Home Builders, more three-car garages were built in the nation that year than one-bedroom apartments.

At the same time, the American Housing Survey reported that nearly 80 percent of owner-occupied

housing had a garage or carport. Two years earlier, a Home Innovation Research Labs survey found that “only about 70 percent of garage space in single-family homes is available for parking because the floor space is occupied by something other than a parked car.”

Home-based spaces that are used for parking cars or possessions need to be safe for people.

FOLLOW THE NUMBERS

1. Garage doors are heavy, and they can drop quickly if not carefully opened and closed. A professionally installed **automatic garage door opener** makes the door easier and safer to use. Sensors prevent the garage door from closing on anything in its path, including people and pets.

2. If a garage houses a vehicle *and* other items (a lawn mower, **trash receptacles**, bicycles), avoid placing things where they will prevent car doors from opening.

3. A home’s **electrical control panel** might be located in the garage or basement, or in a utility room or closet. Label the switches inside the panel box in case a circuit needs to be turned off or tested.

4. Yard tools can be tripping hazards when stored on the floor or simply leaned against a wall. **Storage racks and tool hangers** are good solutions and come in many styles.

5. Garage door openers typically include a light fixture that turns on when the remote control or wall switch is used to open the door. However, more light is needed in a garage than what an opener provides. Adding **motion-sensor lighting** can avert the need to wander around in the dark.

6. **Wall-mounted controls** for the garage door and overhead lights enable both to be turned on and off from the door to the house.

7. An uncluttered space near the interior door is a good spot for installing a wall-mounted **fire extinguisher**.

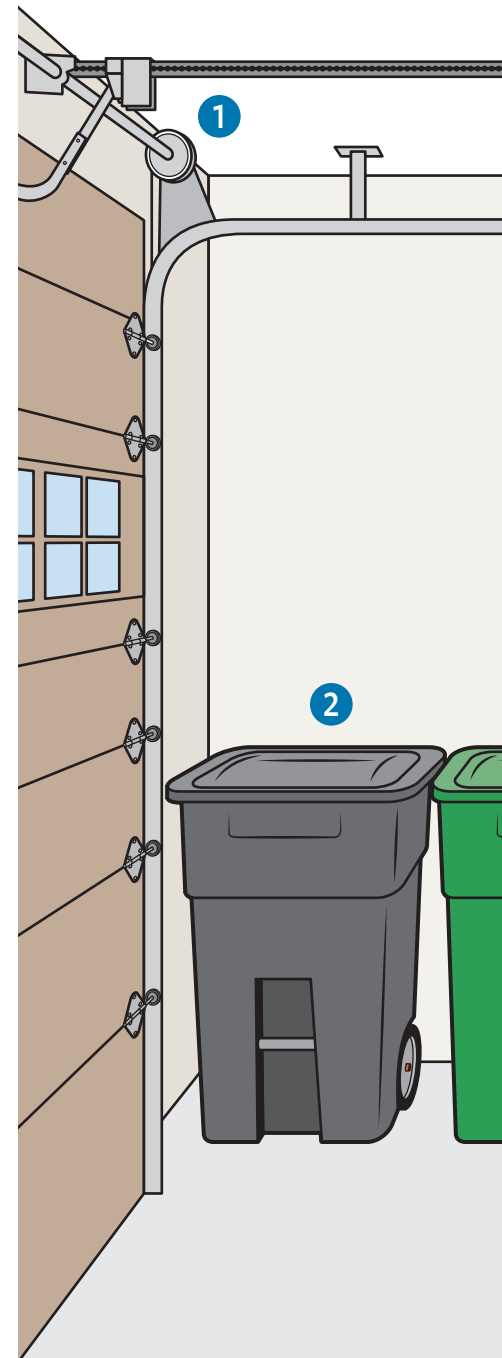
8. A small **table or workbench** is handy for placing packages that are being moved into or out of the home.

9. A garage should be equipped with a **smoke and fire detector**. A home with an attached garage needs a carbon monoxide detector inside the living space within 10 feet of the door to garage.

10. The door between a home and an attached garage should have a secure **door lock**. Garage doors are often left open or unlocked. Older opening systems often don’t have the security features newer models contain.

11. The wood or metal **threshold strip** on the floor of an entry doorframe primarily serves as a weather seal. Flat thresholds are friendlier to feet, wheelchairs and baby strollers than raised ones.

12. A disorganized garage can become a home to clutter and tripping hazards. **Storage bins and secure shelving** are useful additions.



13. Driving too quickly or deep into a garage can have dangerous consequences. By marking where a driver entering a garage should stop, a **garage parking aid** can prevent injuries and damage. (The freestanding version shown here is among the many types available.) In a narrow or very tight garage, rubber molding strips can be installed along the side walls to prevent damage from opening car doors.

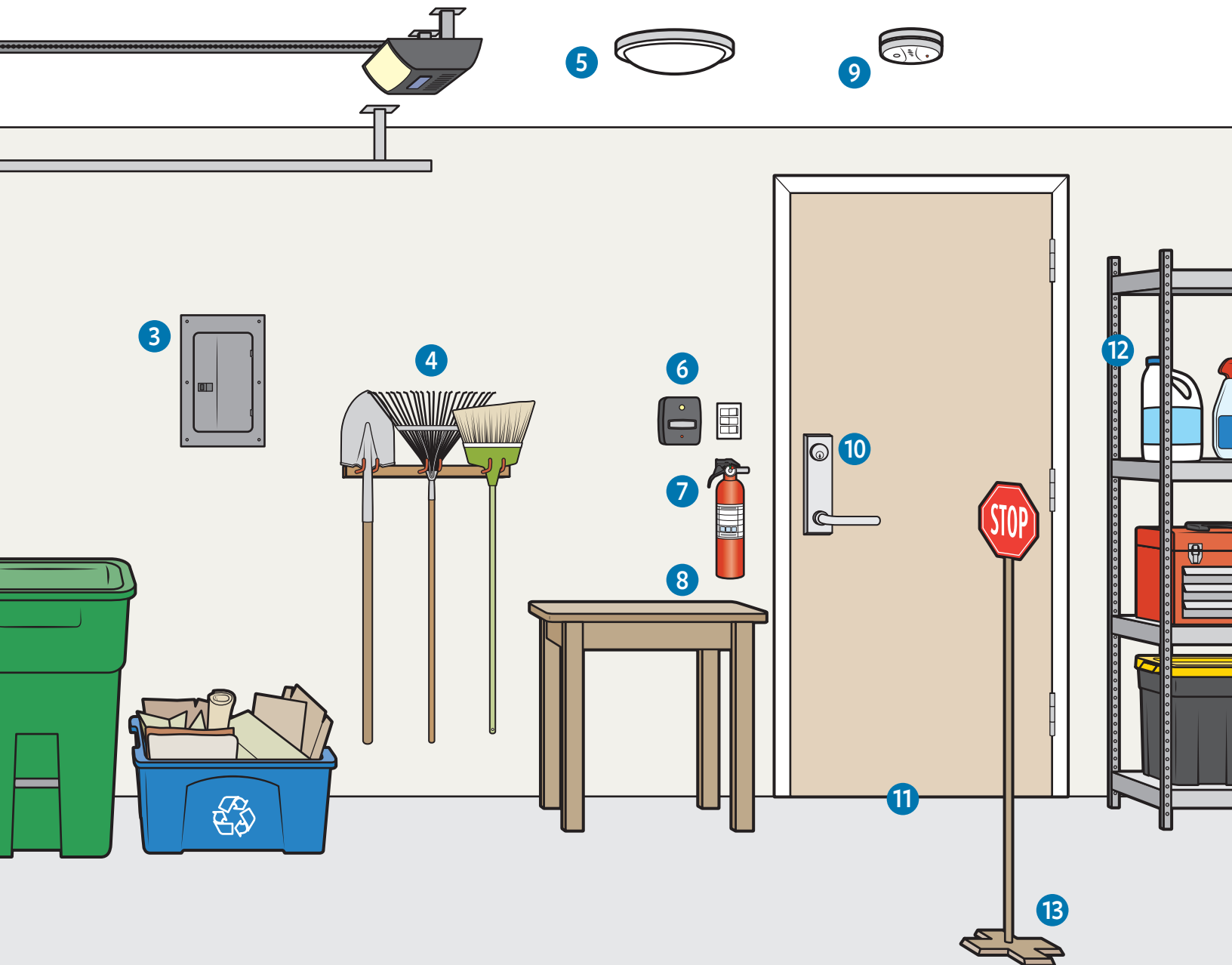
Trash Talk

Residents of single-family houses usually need to bring their trash to the curb. People residing in an apartment or mobile home typically carry their trash to a central location.

Trash bins come in many sizes and styles. Large bins with wheels work well for households that have outdoor or garage storage.

In an apartment, there usually isn't room for multiple or large bins, so the trash must be taken out frequently.

If the disposal location is far away, the trash bag and recyclables can be placed in a foldable, wheeled shopping cart for carrying to the community receptacles.



Outdoor Places and Shared Spaces

Caring for a home is work. Caring for a home with a yard is even more work. Freedom from lawn care, snow-shoveling, raking, weeding and mulching are among the many benefits of living in an apartment building, some town house developments or a full-service community.

The concerns listed below apply regardless of someone's owner or renter status, or the dwelling type. One difference is whether the necessary work must be either done or arranged by the resident, a non-occupying owner, a homeowners' association or a management company.

FOLLOW THE NUMBERS

1. An entrance **overhang or awning** provides needed shade from the sun and cover from rain.

2. People of all ages ride **bicycles**, so apartment buildings, community centers and locations in residential developments are well-advised to designate places where the bicycles of residents and guests can be stored or at least temporarily secured.

3. Placing a **bench** near an entrance allows someone who's expecting the arrival of a ride, a delivery or a child's school bus to sit while waiting.

4. Residents and passersby might leave litter on the ground if **trash receptacles** aren't readily available. Bins that separate paper and other recyclables from ordinary garbage can both help the environment and keep shared spaces clean.

5. If the property has steps, a pair of sturdy, easy to grip **handrails** are needed.

6. As noted on page 5, **entrance lighting** is a home safety must.

7. Outdoor furniture — placed on a porch, patio or lawn — can encourage people of all ages to enjoy good weather by spending time outside.

8. For the safety of all residents and guests, **exterior pathways** should be kept free of holes, loose bricks, uneven pavement, branches, leaves, moss, mold and other tripping and slipping hazards. The paths should be quickly cleared following snowfall or storms.

9. For both appearance and safety, a property's **landscaping** needs to be maintained, with the lawn mowed before it overgrows and shrubbery kept trimmed.

10. Pathway lighting enables residents and visitors to approach a house or apartment building safely after dark. The lighting also allows the people inside the home to see what's happening outside. Outdoor lighting fixtures can be equipped with timers or sensors to automatically turn the lights on at dusk and off at dawn and/or when movement is detected.

On- and Off-Ramps

An access ramp (like the one shown at right behind the chairs) can be permanently or temporarily added to a home or building that doesn't have a zero-step entry.

The Americans with Disabilities Act calls for a 5-degree incline or 1:12 slope. That means every inch of vertical rise requires 12 inches of horizontal length.

Since a three-step entrance, for instance, is about 22 inches high, a ramp would require a 22-foot horizontal length.

When an extended length of space isn't available, a ramp can be built with switchbacks. Each section ends at a landing where users turn and continue moving up or down until the end.

TIP: A home ramp doesn't need to be at the front door. It can lead to any suitable door, including one inside a garage, which provides the bonus of protection from inclement weather.

Tenant Rights

The legal rights and protections for residents who rent rather than own vary by both location and situation. For instance, the rights of tenants who rent from an individual or private

company differ from those who live in government-sponsored housing. The website of the U.S. Department of Housing and Urban Development provides links to resources for every state, Puerto Rico, the U.S. Virgin Islands and the

District of Columbia. Visit HUD.gov and enter the search term "tenant rights." Information about the Fair Housing Act and the Americans with Disabilities Act can be found on the same website by searching the phrase "disability overview."

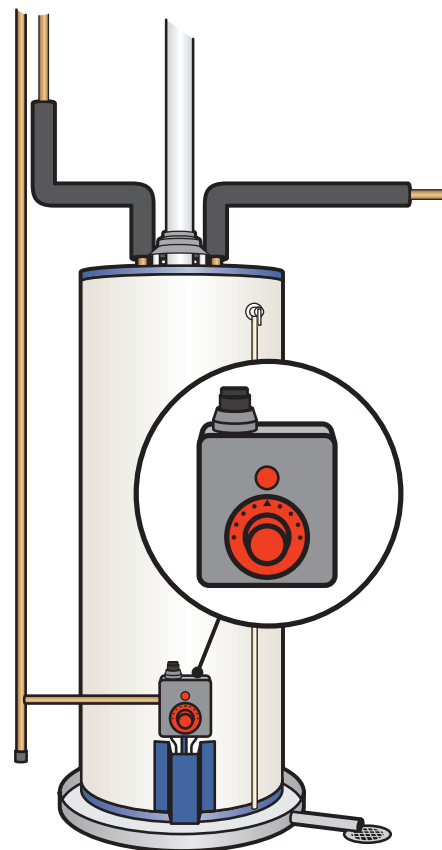


Home Safe Home

The *AARP HomeFit Guide* offers a range of household safety solutions and home modifications that serve people of all ages and, in some cases, older adults specifically. The following aspects of life at home also require attention and examination.

Water Safety

- To prevent scalding, residential water heaters are typically set at or below 120°F (49°C). Some health experts advise that people with a compromised immune system or chronic respiratory condition use a setting of 140°F (60°C) to further reduce the risk of bacteria. The illustration at right shows what a temperature control can look like.
- The other element of scalding protection is for shower valves to be pressure balanced, which means the cold water won't all be diverted away when a toilet is flushed, a dishwasher turned on or a washing machine started elsewhere in the home. A plumber can determine whether the fixture is balanced and, if it isn't, install the proper hardware.
- Another safety measure is to have a plumber install a thermostatic valve, so the temperature of the water, not simply the balance of hot and cold water, is controlled.
- Water leaks can cause significant damage, and leaks near wiring and electrical outlets can be dangerous. Placing water leak sensors near the water heater and in potential wet spots will provide an early alert to a problem.
- Insulate exposed hot water pipes to conserve energy and protect against accidental contact.
- Never use an electrical device near a filled sink or tub, even if plugged into a GFCI safety outlet. Note: A GFCI (ground fault circuit interrupter) is sometimes called a GFI (ground fault interrupter). Same device, different names.



Comfort and Cleanliness

Keep systems (heating, cooling, plumbing) in good working condition by keeping up with maintenance tasks:

- Replace refrigerator, vacuum cleaner and water dispenser filters as indicated in the manual or on the devices themselves.
- If the home uses well water, regularly check the sediment filter and water conditioner salt levels.
- Have fireplaces and woodburning stoves inspected and cleaned before use each season.
- For homes with HVAC systems, replace or clean the air filters every 30 to 90 days (according to the filter manufacturer's instructions). Vacuum or dust the vents and registers. **TIP:** In a home with HVAC and ceiling fans, set the blades to rotate counterclockwise during the summer (to circulate cool air) and clockwise in the winter (to circulate warm air).
- In addition to clearing the dryer lint trap before or after every load of laundry, periodically clean the unit's exhaust vent (the flexible silver tube that connects the dryer to the outdoors). If the cleaning can't be done by someone living in the home, hire a ductwork specialist.

Catching Fires

Residential smoke alarms (or detectors) have evolved greatly since the first low-cost models for homes appeared on the market in the 1960s. For many households, it's become routine to swap out the smoke detector batteries when changing the clocks twice a year for daylight saving time. But that routine is changing.

In some communities, the zoning code requires new construction homes to be built with hardwired, battery-free smoke alarms. Several states mandate that all newly purchased smoke detectors run on a 10-year battery. The devices cost more, but they're reliable and save both time and money by eliminating the need to repeatedly buy and install new batteries. Some smoke detectors also monitor CO, or carbon monoxide, levels.

Another safety step forward: Many home security systems will contact the authorities when a smoke or

CO alarm goes off. And some models can be checked through a smartphone app.

Every room and hallway should have a smoke detector on the ceiling or high on a wall. The detector used in the kitchen needs to be positioned so it responds to an actual fire risk and not every slightly burnt piece of toast.

In case of real fires, the kitchen needs an ABC-rated fire extinguisher (suitable for fighting fires involving trash, wood, paper, cooking liquids or electrical equipment) that's stored in an easy-to-reach spot. Place lightweight, multipurpose fire extinguishers in accessible locations throughout the home.

With all safety equipment, take the time to register any purchased items or occasionally visit the manufacturers' websites to check for use advisories and recalls.

A Few Points About Pets

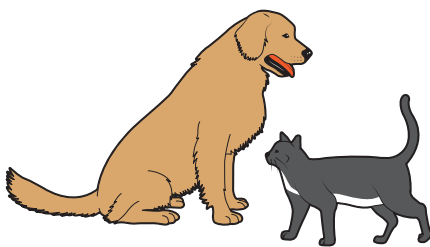
Nearly seven out of 10 households in the United States include a pet. The most common types are dogs, cats and freshwater fish (in that order).

A report by the U.S. Centers for Disease Control and Prevention reveals that about 85,000 people suffer nonfatal injuries each year during falls that involve dogs or cats.

Dogs accounted for 88 percent of the tumbles — and females were twice as likely to be injured as men.

A related hazard: tripping over pet toys and accessories.

Since, for pet owners, not having the pet is not an option, the best prevention, according to the National Institute on Aging, is to "Know where your pet is whenever you're standing or walking."



Other ways to protect against pet-related tumbles:

- Limit the number of pet toys in the home (or limit the number of toys that are out and available to the pet at one time).
- Regularly pick up the toys and place them in a designated spot — and *try* to train the pet to do the same.
- When carrying packages, a laundry basket or other bulky items, put the pet in the basement, garage, utility room or a pen until the lifting and moving tasks are done.

Fight Fraud

- When hiring a home improvement or maintenance contractor, ask family and friends if they can recommend a skilled, trustworthy professional.
- Beware of the stranger who shows up or calls and says something along the lines of "I'm finishing a job down the street, so I can give you a good price if you commit right now by paying a deposit." Offers like that are usually scams.
- Visit [AARP.org/Fraud](https://www.aarp.org/fraud) to sign up for the AARP Fraud Watch Network's free Watchdog Alerts, find information about local and online scams, report scams, or get help if victimized by a scam.

Quick Fixes

There are several simple solutions that will make a home safer, more efficient and a better “fit” without having to hire a contractor or invest a lot of money in supplies. In fact, some instant improvements are free!

Make a Home Safer

- Place fire extinguishers in accessible locations throughout the home, especially in the kitchen and in any rooms that are far from an exit or have a fireplace or wood stove. (Check the ratings to be sure the extinguishers are appropriate for home use, and keep an eye on the expiration dates.)
- Install or update smoke and CO detectors. (Many have an expiration date.)
- Replace throw rugs with cushioned, slip-resistant mats. Or use double-sided carpet tape to secure existing floor coverings.
- Add adhesive nonslip strips to uncarpeted steps.
- Gather medications from throughout the home and keep them in a single location. Sort out expired or unneeded medications for safe disposal at a pharmacy or police station. (Remove any personal information from the bottles and boxes or discard the packaging and place the loose pills in a single container or bag.)
- Install motion-sensor night-lights in hallways and bathrooms, near steps and along staircases.
- Replace light bulbs that are too dim or too bright with long-lasting, energy-efficient bulbs. (Check the wattage ratings on the light fixtures to avoid installing bulbs that are too powerful.) If a stool or ladder is needed to reach any fixtures, ask someone to serve as a spotter.
- Store flashlights throughout the home in case of a power outage. Regularly test to check the batteries.
- Maintain a landline phone, especially in the bedroom and kitchen, and/or carry or keep a cell phone nearby.
- Keep a fully powered portable charger or power bank on hand so a cell phone, laptop computer or tablet device can be recharged during a power outage.
- Position and secure electrical and telephone cords along a wall, where they won't be a tripping hazard.

- Install an address number that will be visible to first responders, especially at night.

Make a Home a Better ‘Fit’

- Locate a bench or table outside the entry door for placing bags when unlocking the door. Also locate a piece of furniture inside for setting down packages and putting shoes on or taking them off.
- Determine where deliveries should be left when no one is home. Post instructions at the door or contact the carrier through its website or by calling its customer service number.
- Establish a shoe and slipper storage spot near the entrance door. (Any slippers worn in the house should have nonslip soles.)
- When extra lighting is needed, add stick-on battery-operated lights to closets, along steps, in hallways and in the kitchen.
- Place a basket or tote with a handle near stairways for carrying items up and down.
- Add baskets or bins to areas prone to floor clutter.
- Rearrange the contents of kitchen cabinets so frequently used items are in easy to reach locations.
- Add a turntable (available at many housewares stores) to corner cabinets and shelves for efficient storage and easy access.
- Place a chair next to or inside of clothes closets for use while dressing, disrobing or putting clothing away.
- Sort, organize and consolidate belongings in order to donate or dispose of items that are no longer needed or wanted.
- Store reading glasses or a magnifying glass wherever help might be needed for reading small print.

More About Making a Home ‘Fit’

- **AARP Foundation/The Hartford**, AARPFoundation.org/HeretoStay: Download *Here to Stay: Home Upkeep for All*.
- **AARP Public Policy Institute**, AARP.org/LivablePolicy: Search for “Expanding Implementation of Universal Design and Visitability Features in the Housing Stock.”
- **American Occupational Therapy Association**, AOTA.org: Visit the “Patients and Clients” section.
- **National Association of Home Builders**, NAHB.org: Search for Certified Aging-in-Place Specialist, or CAPS.

Find More Resources
AARP.org/HomeFit

Harder To-Do's

Some home improvements can be do-it-yourself projects for people who have the right skills and tools. When that's not the case, hiring a professional (such as a carpenter, electrician or locksmith) might be the better choice.

- Install dusk-to-dawn light sensors.
- Add a security peephole to exterior doors.
- Replace push-button or turn-knob door handle locks with bolt-style locks.
- Install a video doorbell and lock that can be answered, opened and secured through a smartphone app.
- Replace doorknobs with lever-style handles.
- Remove an over-the-range microwave oven.
- Add handrails to steps and staircases outside of the home — and add a second handrail to any interior steps and staircases that have only one.
- Create a zero-step entrance to the home (and ideally do so before one is needed because of injury, illness or age).
- Replace toggle-style light switches with rocker-style switches.
- Install swing-away or swing-clear hinges on doors in order to gain a few extra inches of width in the home's doorways.
- Add bathroom grab (or assist) bars.
- Install a comfort-height toilet.
- Add a bidet attachment to an existing toilet.
- Install lever-style faucets and pressure-balancing and/or thermostatic valves to the kitchen and bath.
- Install a handheld, adjustable-height showerhead.
- Replace cabinet and drawer knobs with easier-to-grip D-style handles.
- Replace upper kitchen cabinets with open shelving, and/or lower cabinets with drawers.
- Install a laundry chute.
- Clean the dryer's ductwork.
- Wrap exposed hot water pipes with insulation.
- Secure tall furnishings to the wall.
- Mount a flatscreen television on a wall.
- Install an automatic garage door opener.

AARP HomeFit Guide

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* Karen Kafantaris is the co-creator of the AARP HomeFit program and workshop, which inspired the first edition of the AARP HomeFit Guide.



HomeFit Guide

Most houses and apartments are designed for young, able-bodied adults and don't meet the needs of older residents or people with disabilities.

In fact, in many parts of the United States, most housing units were built more than a generation ago to serve a population of family households, generally consisting of two parents and at least two children.

But two decades into the 21st century, America is a nation in which the dominant household type, accounting for about 30 percent of all households, consists of single adults living alone.

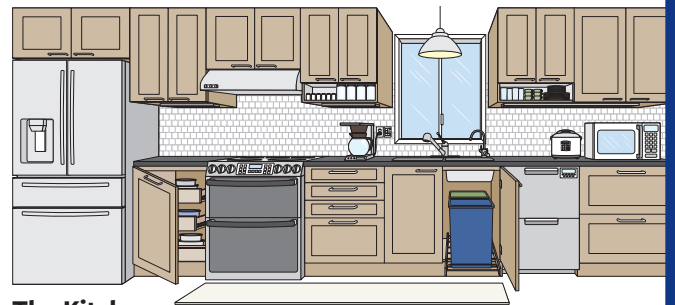
By 2030, one in five people in the U.S. will be age 65 or over. And it's projected that by 2034, such older adults will outnumber children under 18 for the first time ever.

America's housing stock doesn't fit a rapidly changing and rapidly aging population.

That's where the *AARP HomeFit Guide* comes in.

The guide examines what makes a home aging-friendly. And it suggests the kinds of designs and modifications that can make a home safer, more comfortable and a better "fit" for its residents — of every age.

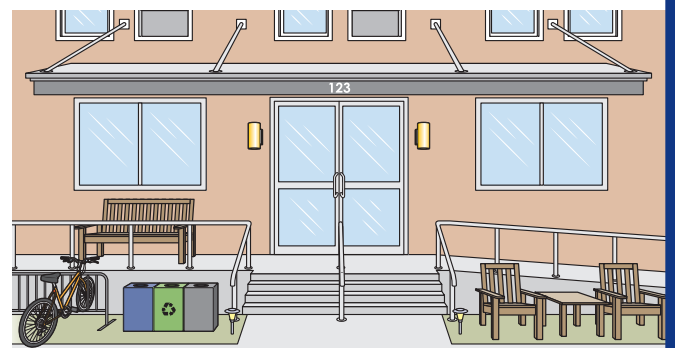
A LOOK INSIDE!



The Kitchen



The Bedroom



Outdoor Places and Shared Spaces

Find the **AARP HomeFit Guide online at [AARP.org/HomeFit](https://www.aarp.org/HomeFit)**

To learn when AARP releases new livability publications, sign up for the free, weekly, award-winning AARP Livable Communities e-Newsletter. Visit [AARP.org/LivableSubscribe](https://www.aarp.org/LivableSubscribe) or text the word LIVABLE to 50757.

February Heats Up with a New Report and Action on COVID-Relief

Illinois Advocacy Update

Just in time for Black History Month, AARP and other advocates just released a new report, Disrupt Disparities, which focuses on the issues of economic security, health, and digital connectivity for older adults of color across Illinois. The report outlines disparities faced by this specific population and makes a series of policy recommendations to remedy these challenges.

This report and policy recommendations are part of a multiyear effort to create systemic policy changes on behalf of older adults of color in Illinois. The goal is to move the needle in Illinois so that older adults across communities can age with the economic, health and digital resources they need to lead healthy, stable and rewarding lives.

- A few highlights about Illinois older adults from the report:
- Economic Disparity: 9.3 percent of older adults in Illinois live below the poverty line, with older adults of color more likely to live in poverty than their white counterparts. This is especially true of African American/Black older adults who are over three times more likely to live in poverty than white older adults.
- Health Disparity: African American/Black, Hispanic/Latino, and Asian American/Pacific Islander older adults suffer significantly higher rates of chronic diseases than their white counterparts.
- Digital Disparity: While access to the internet is essential in today's society, it is particularly beneficial for older adults. In Illinois, more than one-third of African American/Black and Hispanic/ Latinos residents over 55 have no broadband access at home.

A few policy recommendations from the report:

- Expand eligibility for the state Earned Income Tax Credit (EITC) to cover caregivers and adults 65 years and older to increase the amount of dollars going directly to African American/Black, Hispanic/Latino and Asian American/Pacific Islander residents.
- Invest in Health Equity Models at the State, county, and municipal level: invest in community-based health equity programs with measurable outcomes on chronic health issues that target African American/ Black, Hispanic/Latino, and Asian American/Pacific Islander communities.
- Advocate for city, county and state level legislation to specifically address broadband disparities in low-income and communities of color, including funding for digital literacy programs, and expansion of municipal broadband service.

The Disrupt Disparities Report contains many more insights and recommendations.

View the full report [here](#).



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Federal Legislative Update

Despite the cold and snow blanketing our own state, things were heating up in Washington this week. The House was advancing several COVID-relief proposals, including the House Education and Labor bill which includes \$1.44 billion in emergency funding for Older Americans Act (OAA) programs and services. This proposal includes:

- \$470 million for Supportive Services for vaccine support and social isolation mitigation
- \$750 million for Congregate and Home-Delivered Nutrition Services
- \$44 million for Evidence-Based Health Promotion
- \$145 million for family caregiver support
- \$10 million for the Long-Term Care Ombudsman Program

The first item is a particularly noteworthy victory, as it reflects the aging network's efforts to play a critical role in helping older adults get vaccinated. It also addresses our legislative priority to address the increased incidence of social isolation and loneliness during the pandemic.

Another proposal to increase the Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services is also in the works in the House Energy and Commerce Committee. This includes a 7.35% increase for one year, which can be used to support the caregiving workforce, reduce waiting lists, provide PPE/supplies, and more.

What Happens Next?

Ultimately, these two measures will be merged with several other pieces of legislation from other committees to form one massive COVID-19 relief and recovery bill. The House just passed the full reconciliation bill so now the Senate will take up the House measure. The Senators are likely to amend the bill, so please stay closely tuned to our updates and speak out!

State Legislative Updates

On February 17th Governor Pritzker presented his SY22 Proposed \$41.6B Budget. The IL Dept. on Aging's budget included an \$11.3M increase for Home Delivered Meals (47.5%) and maintained the \$1M for Social Isolation and \$1M for Alzheimer's Disease and Related Dementia's Planning and Service funding to Area Agencies on Aging (AAA). AAAs also receive over \$1M in funding to coordinate COVID-19 Vaccine Outreach, Education, Transportation and Vaccine Registration efforts through June 2021.

Advocating Together While Apart

Advocacy Collaborative

Welcome Remarks

Marla Fronczak, AgeGuide

Keynote Speakers

March 5



Michael Issacson,
Assistant Director for
Community Health

March 8



Dr. Amaal Tokars,
Assistant Director

March 12



RaeAnn VanGundy,
Executive Director

News From AARP

Courtney Hedderman, AARP

Stories From the Frontlines

Mikki Miller,
Executive Director

Marla Harris,
Department Director

Lauren Doherty,
Chief Executive Officer

Advocating Together

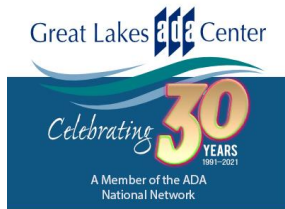
Legislator Remarks

ACCESSIBILITY AND UNIVERSAL DESIGN – THE ADA

Robin Jones, Director
Great Lakes ADA Center
University of Illinois at Chicago



Age-friendly Communities Collaborative
March 4, 2020



Older Adults and Disability

Whether older adults have disabilities or not, they benefit from accessible features and customer service practices. Whether that be in City Hall, Parks and Recreation Facilities, Libraries, Schools or other Places of Public Gathering, Medical Facilities, Social Service Agencies, Transportation Facilities or City Streets and Sidewalks.



Language Matters

- Older population does not necessarily identify as having a “disability” due to stigma, cultural bias, etc.
 - Focus on “staying young” and “remaining active” even if the parameters are redefined in terms of what someone can currently do compared to what they “used” to do.
- Aging population tends to shun programs and services that are labeled “disability” or “special” due to stigma, cultural bias, etc.
- Term “Older adult” more acceptable than “aging” “seniors” “elderly” “geriatric” which are often perceived to have negative connotations. “Elderly” can be a sign of respect in some cultures but negative in others. Know your audience.
- Discourage use of descriptors such as “impaired”, “limited”, “frail”.

Consider the Numbers

Mayors Caucus Counties:

- Cook County:
 - Disability: 10.2% (all ages)
 - 65 + years: 14.6% of population
- Will County:
 - Disability: 8.9% (all ages)
 - 65 + years: 13.1% population
- DuPage County:
 - Disability: 8.2% (all ages)
 - 65 + years: 15.5% of population
- Lake County:
 - Disability: 9.1% (all ages)
 - 65 + years: 14.2% of population
- McHenry County
 - Disability: 9.6% (all ages)
 - 65 + years: 14.6% of population

Mayors Caucus Counties:

- Kane County:
 - Disability: 8.6% (all ages)
 - 65 + years: 13.7% of population
- DeKalb County:
 - Disability: 10.5% (all ages)
 - 65 + years: 12.6% of population
- Kendall County:
 - Disability: 7.6% (all ages)
 - 65 + years: 10.3% of population

Illinois

Disability: 11% (all ages)

Disability: 65-74 yrs 23% ; 74 and older 43.5%

Universal Design vs Accessible Design

- **Accessible Design** aims at minimum requirements to achieve usability.
 - Accessible Design is focused on the specific needs of people with disabilities.
 - Accessible Design is required by federal and local/state law.
- **Universal Design** is inclusive of Accessibility, and not solely focused on Accessibility but rather universal useability.
 - Universal Design expands Accessibility's definition by striving to improve the use by everyone, children, people with disabilities, the aging population, and everyone in between.
 - Universal Design is a concept that is not constrained by legal requirements.
- **Inclusive Design** is an emerging method or philosophy of designing that means welcoming diverse people to engage authentically with an organization's products and services.
 - It considers cultural, social, and other needs, which extend past those of the perceived 'average' or 'typical' user and focuses on a more holistic group of solutions and processes, taking into account identities, culture, and diverse perspectives.

What's the difference?

- Accessible Design –Universal Design
 - Minimums and maximums required by regulations
 - Most architects and designers design to the minimum
 - Example: An ADA ramp must be minimum 1:12 (12 inches of length for each 1 inch of rise) and is useable by some.
 - It is very difficult for someone with balance, lower extremity weakness and/or in a manual wheelchair to push up a 1:12 ramp.
 - A 1:15 (15 inches of length for each 1 inch of rise) is useable by most.
 - 1:20 (20 inches of length for each 1 inch of rise) is a minimal rise and would meet the definition of universal design in terms of usability.
 - Automatic/Power Assist Doors are not required by regulations
 - Most architects and designers do not include them as standard features due to cost, “aesthetics”, etc.
 - Automatic/Power Assist Doors can be an answer to “Program Access” for Title II entities which is a higher standards than “Accessibility”.
 - Automatic/Power Assist Doors can be used by everyone and benefit a wide variety of users beyond just people with physical disabilities thus applying Universal Design.

Accessibility versus Accessible

- Accessibility refers to the design of products, devices, services, or environments to meet the standards for usability by people with disabilities.
 - Example: The building was designed in accordance with the 2010 ADA Accessibility Standards
- Accessible means that the element or feature is available, open, convenient, easy, utilizable, approachable, attainable, friendly, public, handy and nearby. It is not necessarily specific to disability.
 - Example: The location of the COVID-19 Vaccine Site was selected to ensure that it was accessible to individuals living within a 10-mile radius of the downtown center.

Planning for ADA Compliance

- ADA Self-Evaluation Plan –
 - An assessment of everything, including programs, services, and activities; facilities; and current policies, practice and procedures to ensure that they are consistent with the Title II requirements under the ADA.
 - Required to be completed by January 26, 1993.
 - A Self-Evaluation Plan is a good “tool” for assessing/gauging a community's compliance with the ADA and identifying where changes may be needed to ensure ADA compliance.
- ADA Transition Plan –
 - A detailed assessment of physical barriers that may require structural changes to achieve program access in existing facilities. The plan must identify the barrier, contain a plan for removing the barrier, a time frame for completion and responsible persons/departments. Transition plans should be kept updated.
 - Plan required to be completed by July 26, 1992 and barrier removal was to be completed by July 26, 1995.
 - A Transition Plan demonstrates a “good faith effort” and remains relevant as long as barriers still exist, regardless of timelines past.

Building Partnerships

- Seeking support and collaboration with a variety of stakeholders who will be beneficiaries of the “Universal” design beyond a “protected class”
 - Parents with young children in strollers or with toddlers
 - Runners, bikers, walkers (shared path users)
 - People with physical, cognitive, psychological and sensory disabilities and their family members/caregivers
 - Older persons
 - Delivery persons who use dollies and other wheeled equipment
- Universal Design benefits everyone even if they don’t see it or think about it as an “accessibility” issue.

Community Participation and Best Practices Resources

- ADA Participatory Action Research Consortium (ADA PARC)
 - To look at participation disparities experienced by people with disabilities post ADA & Olmstead
 - To identify & examine key environmental factors contributing to these disparities
 - To benchmark participation disparities and highlight promising practices at state & city levels
 - To action-plan strategies for dissemination and utilization of findings to be used by ADA Centers and others in community capacity building & systems change initiatives

Website: http://centerondisability.org/ada_parc/index.php

- Great Lakes ADA Center Research Project - ADA transition plans and their role in the development of accessible cities
 - Best practices in the development and implementation of ADA transition plans as they relate to the public right of way (PROW)

Website: <http://adagreatlakes.com/Research/transitionPlan.asp>

Accessibility Resources

- Great Lakes ADA Center
 - www.adagreatlakes.org or 800-949-4232 (V/TTY)
 - Technical Assistance, Consultation and Training on all Titles of the ADA
- U.S. Access Board
 - www.access-board.gov or 800-872-2253
 - Technical Assistance on the 2010 ADA Standards for Accessibility
- U.S. Department of Justice, Disability Rights Section
 - www.ada.gov or 800-514-0301
 - Technical Assistance on Title II of the ADA
- Institute for Human Centered Design
 - www.humancentereddesign.org or 617-695-1225

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