Executive Summary

Background

In July of 2012, the city of Chicago was designated as an Age-Friendly City by the World Health Organization. As part of this designation, the city recently completed a baseline assessment to help understand the current strengths, needs, and priorities for maintaining and improving its current Age-Friendliness in eight domains (see Figure 1).

The assessment included 1) a methodological assessment of other age-friendly programs and indicators world-wide, 2) identification and prioritization of age-friendly indicators most important to older Chicagoans, and 3) collection of qualitative and quantitative data from Chicago residents to assess the current age-friendliness of the city. Findings from this 3-phase assessment include information and opinions from over 2,600 participants in the form of both qualitative and quantitative data. Participants included community members, gerontologists, researchers, doctors, social workers, government agencies, business partners, community outreach and advocacy groups, and organizations serving minority and hard-to-reach populations.

Methods

Forty-one professional and community stakeholders who possess direct experience with older adults in Chicago were asked to review a comprehensive list of indicators used to assess age-friendly cities and environments world-wide. From that exhaustive list, they were asked to rank them in the order of importance to older adults living in Chicago using a standard research methodology. Stakeholders included researchers, community workers, and government affiliates; they represented a diverse sample through their work or personal experience with disability, the LGBTQ community, and different racial, ethnic and/or religious groups.

After compilation of the indicators ranked as most important to older adults living in Chicago, a community survey was developed and widely disseminated in both an online and paper formats. The survey was open for 3 months, from June through August of 2014. Paper copies of the survey were distributed to all Chicago regional senior centers, key satellite centers, religious organizations, nursing homes and assisted living facilities, other facilities frequented by older adults, and at key community events. Links to the online survey were disseminated through aldermanic email groups, on-line community and educational newsletters, libraries, and community partner websites. Links to the survey were also shared through word-of-mouth by Chicagoans themselves. Surveys were available in English, Spanish, Polish, and Chinese languages. Questions in the survey reflected the prioritized indicators of age-friendliness within each age-friendly domain, as well as basic demographic and health questions and opportunities for open-ended comments.
Results

Over 2,600 older adults, with representation from all geographic regions of Chicago, have taken the survey. The data from community respondents shows us how satisfied Chicago residents are with each Age-Friendly domain. The figure below compares the satisfaction ratings by Chicago residents to the priority rankings completed by stakeholders. Overall, Chicagoans rate the age-friendliness of Chicago highly. As a group, they are mostly satisfied or very satisfied with each of the indicators determined to contribute to the age-friendliness of Chicago. As illustrated in figure 2, the domain with the highest level of satisfaction scores by survey respondents were Communication and Information, followed by Social Participation. While, the highest prioritized domains by stakeholders were Housing and Community Support and Health services. Both domains ranked as highest priorities by stakeholders correspond with low satisfaction ratings from older adults, suggesting that planning for these initiatives should take precedence. Transportation was the third highest priority area as ranked by stakeholders, and similarly the third highest domain in satisfaction scores by Chicago residents.

Figure II: Age-Friendly Satisfaction and Prioritization by Domain

In addition to the survey data, findings from 8 earlier focus groups with over 100 participant’s total, stakeholder surveys taken by over 100 gerontology professionals (including government agency heads), neighborhood research audits, and qualitative analyses have helped to add depth and richness to the understanding of the current age-friendliness of Chicago. In combination, this information has pinpointed both Chicago’s strengths on which to build on as well as opportunities for growth and enhancement in order to support and sustain an aging population well into the future.

Findings indicate that all eight domains are interrelated. Affordable housing, health care resources and community assets all work together to create an age-friendly city. Many survey respondents were living in communities where they felt they would be able to stay in their current homes as they age. However several noted environmental and financial factors which
could threaten this ability such as crime (particularly in the vicinity of homes and transit stations), pedestrian safety, few transit options, changes to commercial services (such as the closure of local grocery stores), uncertainty about healthcare and support service options for older adults (particularly amongst limited English speakers), and changes in property taxes.

Conclusions

From the baseline assessment of Chicago’s age-friendliness, we have learned that based on international indicators, older Chicagoan’s feel their city is Age-Friendly. Two of the three domains that are most important to older Chicagoans are those to which the city is most responsive, transportation and social participation. We have learned that older adults take pride in their city and are supportive of efforts to continue living independently in their communities. Our recommendations for policy development are based on stakeholder prioritization of domains combined with satisfaction ratings of Chicago residents.

Recommendations

Based on these findings we recommend that the city continue to champion existing assets such as senior centers, parks and outdoor spaces, transit choices, while considering initiatives to build capacity in the following areas:

- Caregiver recognition and support
- Age-Friendly businesses
- Availability of opportunities for leadership and advocacy particularly among limited English speakers (e.g. senior ambassador programs)
- Falls reduction (Safe accessible streets and conditions for walking)
- Pedestrian street safety (including cycling proficiency)
- Safety of neighborhoods and clean environments
- Accessibility to public buildings
- Transport choices, transit accessibility and safety
- Affordable housing and conditions to age in place at home
- Access to information about health resources and community assets to support aging in place
- Flexibility of volunteer opportunities and age friendly employment.

It is also recommended that the city look to novel approaches to Age-Friendly living, such as the Village model, which inclusively targets several of the above listed areas. An additional list of 14 suggested initiatives based on the findings is included in the appendix to the report.