Age-Friendly Chicago

Phase 1 Findings from focus groups with older adults in Chicago's senior centers

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EXECUTIVE SUMMARY

BACKGROUND: The population of older adults in the United States – i.e. those over 65 - is growing rapidly. US Census estimates suggest that by 2030 Illinois will have 30% more people over 65 – demographics more resonant of Florida today. Additional data released in 2011 shows that the older adult population in Illinois is growing faster than the overall regional population: amongst the 50 largest metropolitan regions in the United States, Chicago was ranked ninth for number of new older adults (87, 000). According to GO TO 2040 the number of metroland residents between 65 and 84 years of age is projected to double by 2040. Furthermore, the number of residents in the region who are over 85 years old is projected to triple.

To date, policy attention and discussion has tended to focus on the suburbs where much of this growth is projected to occur. Overall trend analysis of the older adult population within the Chicago region from 1990 to 2006 suggests an increase in the geographic distribution in the collar counties and continued growth in Cook County, with a decline in the city (although overall numbers in the city remain equivalent to the collar counties). This disparity in growth rates means that the benefits and challenges of a growing older adult population will impact each metro region differently. While local planners agree that sustaining residents' ability to 'age in place' is a key challenge confronting the region, different levels of accessibility to housing, services, outdoor spaces, buildings, and transportation will demand different approaches. For example, retaining and sustaining an older adult population in Chicago necessitates a thorough understanding of what older adults find enabling or disabling in an urban environment.

With this background in mind, our report is designed to prompt discussion about the future challenges associated with increasing numbers of older adults aging in place in the city. The Age-Friendly city-wide initiative was spearheaded by the City of Chicago in partnership with the Buehler Center on Aging, Health, and Society. We aim to present older Chicagoans' views and opinions of their city as an enabling and/or disabling environment. This report is the first consultation with older Chicagoans in a five year planning process to sustain Chicago's status as an Age-Friendly city. Findings and opinions were gathered through a series of eight focus groups with 106 older adults conducted at various regional senior centers throughout the city.

DEMOGRAPHIC PROFILE: The majority of focus group participants were between the ages of 70-79 (50%) and 77% percent of participants were female. Older adults in the study were more likely to be widowed compared to national averages, with 30% reporting widow status compared to the national average of 28%. The proportion of adults living alone in this study was 52%, which is significantly higher than the national average. US census data shows older adults in Chicago reporting more incidents of caregiving compared to national averages: our sample showed 43% of older adults provided some type of caregiving. Older veterans are also a significant presence in Chicago with 23% of people over 55 reporting veteran status.

KEY FINDINGS

OUTDOOR SPACES AND BUILDINGS

- Chicago is the 4th most walkable city in the US. All regional senior centers scored above Chicago's overall rating of 74 out of a possible 100, except the Southwest, which rated 72.
- Older adults are highly appreciative of the city's range of parks, their accessibility and health benefits.
- Concern for personal safety is a significant barrier to older adults' use of outdoor space. In some cases, fear of crime outweighed poor health as a reason for not venturing out.
- Cracked sidewalks, bad lighting, and lack of accessibility to buildings can severely curtail a senior's quality of life.
- Safety while crossing the street is a particular concern.



Participant Suggestions

Create more outdoor places for young people to congregate (Southeast). Have benches and automated grocery carts in stores (Advisory Group). Reroute heavy truck traffic away from community areas (Southwest). Post more stop signs for cars at pedestrian cross walks (Advisory Group).

TRANSPORTATION

- Overall, older adults were very satisfied with the array of transportation options available to them in the city of Chicago. Respect for older adults on buses was an issue.
- There was a great appreciation expressed for the CTA and the reduced fare programs available to older adults.
- Concerns were expressed regarding the range and scope of transportation choices available in some neighborhoods, particularly the Southwest.
- Older adults who still drive in Chicago sometimes feel unsafe on the road due to disrespectful drivers and inconspicuous signage. Drivers also expressed concerns about parking availability in some of the city's busier areas and outside their homes.



Participant Suggestions

Introduce a Get Up campaign on the buses (Advisory Group). Educate everyone on cycling laws of the road and sidewalk (Renaissance Court). Maintain current senior fare on the L trains (North East).

HOUSING

• The majority of older adults in this study owned their homes, with 57% reporting being homeowners and 38% reporting being renters.

- Peer perception of housing choices was of great interest to older adults in Chicago. Participants expressed curiosity in learning about alternative housing options, in particular, co-op communities and reverse mortgages.
- Older adults were very aware of the benefits of living in neighborhoods where stores, transportation, social support, and parks were in close proximity.
- Older adults expressed concern for the continued rising cost of housing within the city limits of Chicago. Renters, in particular, were very concerned with rising costs.



Participant Suggestions

Add a zoning classification for housing co-ops (Renaissance Court).

Relieve some of the red tape older adults have to go through to obtain housing and social services (Central West).

Create more places where people of all races/ethnicities and ages can go to walk and congregate (Southeast).

Reintroduce clubs for young men like the Field Houses (Southeast).

RESPECT AND SOCIAL INCLUSION

- The majority of older adults linked respect and social inclusion to the activities and the social support they received from their senior centers. Focus group participants described the people they socialized with at the senior centers as "family."
- Participants linked respect to perceived quality of their neighborhood.
- Older adults' requested more intergenerational activities to enhance social inclusion.
- Older adults cited aldermanic efforts to check on their wellbeing and address cracked sidewalls as a sign of respect.



Participant Suggestions

Re-establish intergenerational programs in schools and churches to bring older adults and children together. (Advisory Group, Southeast).

Recommend older adults to the Senior Hall of Fame (Central West).

Maintain senior center programs (North East).

Provide intergeneration anger management programs for veterans and young people (Advisory Group)

SOCIAL PARTICIPATION

- Older adults living in Chicago remain socially active in their communities by participating in block clubs, churches, senior centers, and other neighborhood locations.
- Block clubs have an important function in looking out for and supporting older adults in each neighborhood.
- Churches offer volunteer programs, weekly community dinners, and mobile support for shopping and health visits.

 Older adults describe senior centers as places where they go to connect with other people and have opportunities to engage in a wide range of physically and mentally stimulating events.



Participant Suggestions

Support block clubs (Advisory Group, Central West, and Southeast). Encourage Senior Center membership by advertising through neighborhood locations such as churches (North West, North East).

COMMUNICATION AND INFORMATION

- Older adults reported using the 311 hotline to report incidents and communicate complaints about their neighborhoods.
- Participants observed the prevalence of "red tape" for some services, and frustration was expressed regarding the amount of paperwork needed for some social services.
- Non English speaking older adults requested wider availability of multi-lingual help and support.
- Older adults living in Chicago demonstrated the variety of ways in which they
 received information, including senior centers, city websites, newspapers, and
 technologically driven devices such as computers and iPhones.



Participant Suggestions

Create your own program for CAN TV http://www.cantv.org/ (Renaissance Court).

Improve the system of informing older adults about senior centers (North West). Utilize neighborhood publications to publicize services and activities. (North West).

Offer education to older adults in using iPhones (Southeast).

CIVIC PARTICIPATION AND EMPLOYMENT

- Participants in all focus groups reported being involved in volunteering for various organizations throughout Chicago.
- Our study contained a large number of people who allocated part or all of their day to some type of caregiving. In our sample, 43% of older adults identified as caretakers.
- Political activism and participation was prevalent in all focus groups, and all focus groups mentioned the important role aldermen played in their neighborhoods.

Participant Suggestions

Restrict the amount of time people can hold public office (Advisory Group). Communicate with your alderman (Advisory Group and Southeast).

Join an advocacy group on issues you are passionate about (Central West).

COMMUNITY SUPPORT AND HEALTH SERVICES

- Older adults access a variety of health care and community support services, including home physicians, PACE transportation, Concordia.
- Participants shared concerns about future health care costs and changes in the geography of healthcare provision.
- For older adults, the greatest barrier to living independently was a fear of crime in their surrounding area.
- Participants regularly reported local incidents to the police, utilizing them as a community service and valuing their visibility.



Participant Suggestions

Buddy up with other older adults to avoid crime, and stay alert at all times (Advisory Group).

Create more police visibility (Advisory Group).

Be vigilant and dress appropriately when you travel by train and bus (Central West).

CONCLUSION & IMPLICATIONS

Some of the challenges facing older adults aging in place in city metro lands are global and recurring. For example, the inequities we observed with regard to transportation choices were also reported in Portland, Oregon. Concerns regarding pedestrian safety were replicated in New York City. The information presented here is a first step towards a more comprehensive understanding of what enables or disables older adults aging in place in the city of Chicago, but findings will also inform understanding of aging issues across a growing global network. As the network grows findings and suggested solutions can be shared.

Most importantly, this report highlights the resources in the city that older adults prioritize in order to sustain their quality of life. Senior centers and other age specific benefits such as bus permits are well utilized by adults over 60 to maintain mental and physical health and mobility. However, there are important differences between zip codes, and these differences may have planning implications. For example, focus group participants living in Central West share some of the residential, transportation, and service access issues that CMAP have identified in their current analysis of growing older in the collar counties or more suburban areas.

A preliminary tools and resources section can be found at the end of the report to direct users to the growing Age-Friendly suite of resources available to planners and researchers. The list is not exhaustive and we hope that this list will be updated and added to in future phases of this project to further quality of life planning for older adults in the city.

INTRODUCTION

"Because we are older adults. We are living longer. Yes we are living longer and they have to come up with a plan for us. That is the price of living longer, yes." (Focus Group Participant - Southeast)

The third largest metro area in the United States, Chicagoland has over 9.7 million residents, 2.8 million of whom reside in the city itself. Of these, 396,170 are over 60, and 10.3% of the population is aged 65 or over (Koff, 2008). Overall, the number of people 65 and older in Illinois is projected to increase by 18% by 2030, at which point it will equal Florida's current 65+ population (US census 2010). Indicators suggest that the number of older Chicagoans is already beginning to increase, with the percentage of people aged 45-64 increasing from 19% to 22% between 2000 and 2010 (Yonek, 2011).

In 2013, the Department of Family and Support Services (DFSS) announced Mayor Rahm Emanuel's desire to join the World Health Organization's Global Network of Age-Friendly Cities working to support their residents as they age and to deploy the tremendous resources, wisdom, and life experience older people can offer. Having secured membership in the WHO network, DFSS is now developing an assessment of the age-friendliness of Chicago that will inform an Age-Friendly Chicago action plan in collaboration with other city departments.

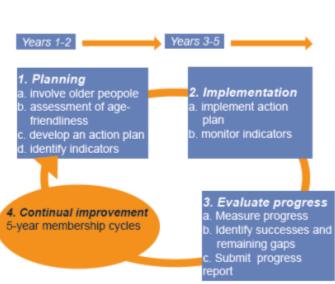
This study is the first in a series designed to assess Chicago's age-friendliness. The assessment was commissioned by the city to start the process of engaging directly with older adults and their caregivers in the community, and these ongoing results and findings will be used as the baseline for an evaluation of Age-Friendly Chicago five years from now. Other processes for furthering this baseline assessment will include interviews with stakeholders, methods for engaging hard-to-reach populations, community-based participatory research, a broad-reaching survey, and additional focus groups.

WHAT IS AN AGE-FRIENDLY CITY?

In 2011, the City of Chicago joined the World Health Organization's growing Global Network of Age-Friendly Cities. With this designation, Chicago joins a growing number of cities and communities worldwide who are striving to better meet the needs of their older residents by creating inclusive and accessible urban environments.

Cycle of WHO Global Network of Age-friendly Cities©

FIGURE 1: WHO Global Network membership cycle



The concept of an age-friendly city was developed by the WHO to respond to two significant demographic global trends: urbanization and population aging. By 2030, roughly three out of five people in the world will live in a city. At the same time, the proportion of people over 60 is likely to double across the globe (Finkelstein, R. et al, 2008). The global age-friendly city network is designed to help cities prepare for the impact of these demographic trends. To date, 35 cities around the world have analyzed their communities and neighborhoods through the lens

An age-friendly city aspires to be an 'inclusive and accessible urban environment that promotes active aging' (WHO, 2007). The WHO model is built on the premise that an age-friendly city sustains 'opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2007). Cities who join the network commit to a five-year cycle of planning, implementation, and evaluation.

of the WHO's active aging framework and exchanged findings, interventions, and plans.

METHODS

Working with the Department of Family and Support Services (DFSS), the Buehler Center conducted a total of eight focus groups with older adults at each of the city's six regional senior centers, as well as one focus group with the DFSS Advisory Group. Older adults signed up for these focus groups as a senior center activity. Each focus group was moderated by a researcher from the Buehler Center and was 60 to90 minutes in length. A researcher from North Western University obtained informed consent from each senior who participated. Using the WHO-validated Vancouver Protocol (WHO, 2007), we asked older Chicagoans to tell us about the eight domains that are specified as being the most important to age-friendliness by the WHO. Those eight domains are:

- Outdoor Spaces
- Transportation
- Housing
- Respect and Social Inclusion
- Social Participation
- Communication and Information
- Civic Participation and Employment
- Community Support and Health Services

Eight posters (one for each domain) with two or three prompt questions were displayed in large print around the room where the focus group took place. Refreshments were provided and participants received gift cards in recognition of their time and participation. Focus groups were audio-recorded and transcribed to allow for an in-depth analysis of each narrative. In order to ensure comprehensive sampling of Chicago's diverse population, we conducted a focus group in Spanish and another in Polish. Once focus groups were transcribed, qualitative coding analysis was conducted, using the qualitative software package NVivo.

Each participating senior was also asked to complete a demographics form which was used to derive basic descriptive information. Data derived from this form was later grouped by decade of age (60-69, 70-79, and 80-89), race and ethnicity, education, and marital status. Participants were very likely to reside in the neighborhood where each focus group was taking place, allowing us to make comparisons and draw differences by regional area.

Contents were coded to determine what older adults reported as positive or problematic features of the WHO's eight domains, as well as facilitators, barriers, and suggestions for change. When appropriate, we present a graphical representation for these positive and problematic features.

DEFINING YOUR LIVING AREA

Based on analysis of the language used by participants, we noticed various ways in which older adults were referred to their area of dwelling. These key terms used to describe one's "home" area are described below.

KEY TERMS

Community Area: One of 77 predefined Chicago areas with boundaries that have remained mostly stable since the 1920s. Community areas were created so that the Census Bureau and social scientists could track statistics consistently in defined areas over time.

Neighborhood: In contrast to community areas, a neighborhood can change and its boundaries may shift over time. Neighborhoods subdivide, emerge, revitalize, decline, and experience population shifts.

Ward: Political units in Chicago, each electing its own alderman. Note that for planning purposes, the city uses census data collated under community areas (see appended maps). In order to facilitate the city's planning process, demographic data included in this report is that defined by community area rather than ward.

Block: a city block is the smallest area that is surrounded by streets.

Chicago can be represented as a city of neighborhoods, wards, blocks or community areas. Participants use all four terms liberally and sometimes with significantly different meaning. 'Neighborhood' was the most used term amongst participants, 'community' the second most used, and 'ward' the least used. We observed that the term neighborhood was particularly prevalent in our coding of the Southwest (20% coverage) and Southeast (37% coverage) focus groups. Many participants had lived in their neighborhoods for many years and raised their families there. For these participants, their neighborhood was an antidote to the isolation or loneliness that can accompany living in a city.

In contrast, participants in the Southwest talked more about their ward than their block (26% coverage compared with 2%). Participants also talked about neighborhoods being 'good' or 'bad' and several talked about the importance of block clubs in keeping neighborhoods 'nice'.

"The downside of living in the big city. You live, people are all around you but they're all strangers. And, in my neighborhood, I'm lucky, knock on wood. Everybody know everybody. [talking in the background-that's the good thing, not all of the time, most of the time]." (Central West)

"I was in the block club and I was the secretary of the block club for years and we kind of kept the neighborhood nice and it's still nice right today. And I was living in that neighborhood almost 30 years". (Central West)

DEMOGRAPHICS

Locations and demographics by senior center and focus group are tabulated below (Table 1). Similar to America's overall older population, the majority of study participants were female (77%). The average age of participants in seven out of the eight focus groups was 73 years (precise age data was not collected in the eighth group). Participants aged 70-79 comprised 50% of the study; among individual study sites, the North East Center participants were more likely to be younger than the sample as a whole. There were more male participants at the Central West site than average for our sample, and more female participants at the North East site. In terms of race and ethnicity, participants at the Center West and Southeast sites were more likely to be African-Americans, participants at the North West site were more likely to be Hispanic or Caucasian, and participants at the Renaissance Court site were more likely to be Caucasian.

In our total sample, 35% did not receive any education beyond high school, 48% attended at least some college/university, and 9% reported receiving vocational education. Participants at the Central West, Renaissance Court, and Southeast sites were more likely to have completed more education; participants at the North West and Southwest sites were more likely to have completed less education. Participants in the Advisory Group and at the North East and North West Centers were less likely to be retired compared to other participants.

National estimates show that 58% of America's older population is married, 28% is widowed and 10% is divorced. In this study, 27% were married, 30% were widowed, and 18% were divorced or separated, with another 20% declaring themselves single. At individual study sites, participants at the Central West and Southeast Centers reported being married more frequently than other participants. Among all study participants, 57% owned their own home or apartment and 38% rented; 52% of participants lived alone, 25% lived with a spouse, and 13% lived with other family members. The proportion of participants in our study who lived alone is notably higher than the

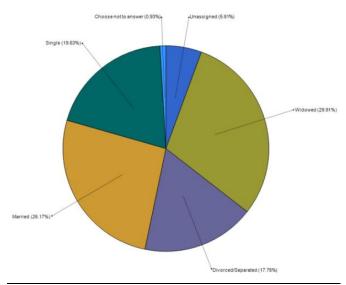


FIGURE 2: MARITAL STATUS

national average of 24%. Participants at the North West and Renaissance Court sites were more likely to live alone, while participants at the Central West site were more likely to live with a spouse or other family member.

Illinois is fifth nationally for the number of children being raised by grandparents (US Census, 2011). Causal factors identified by research include substance abuse; neglect, abuse and abandonment; death of a parent; HIV/AIDS; divorce; unemployment and poverty; parental incarceration; teen pregnancy; and welfare reform. At least some caregiving was reported by

43% of study participants, with 19% caring for grandchildren (some caring for both grandchildren and spouses), 10% caring for a spouse, and 14% caring for other relatives.

Phase 1: Findings from focus groups with older adults in Chicago's senior centers

3 1	Total	and focus group. Advisory Central North North West- North Renaissance							Southwest
	N(%)	Group	West	East	Spanish	West- Polish	Court		
Participants	106 (100%)	24 100%)	12 100%)	13 100%)	13 (100%)	10 (100%)	10 (100%)	12 100%)	12 100%)
Age									
60-69	28 (26%)	2 (8%)	2 (17%)	6 (46%)	5 (38%)	1 (10%)	5 (50%)	1 (8%)	6 (50%)
70-79	53 (50%)	14 (58%)	8 (67%)	5 (38%)	6 (46%)	7 (70%)	3 (30%)	8 (67%)	2 (17%)
80-89	19 (18%)	4 (17%)	2 (17%)	2 (15%)	2 (15%)	2 (20%)	1 (10%)	2 (17%)	4 (33%)
Missing	6 (6%)	4 (17%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	1 (8%)	0 (0%)
Gender									
Female	81 (77%)	18 (75%)	8 (67%)	12 (92%)	10 (77%)	7 (70%)	7 (70%)	9 (75%)	10 (83%)
Male	20 (19%)	2 (8%)	4 (33%)	1 (8%)	3 (23%)	2 (20%)	3 (30%)	3 (25%)	2 (17%)
Missing	6 (6%)	4 (17%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)
Race & Ethnicity									
White	45 (42.5%)	7 (29%)	0 (0%)	5 (38%)	12 (92%)	10 (100%)	7 (70%)	0 (0%)	4 (33%)
Black	44 (41.5%)	9 (38%)	11 (92%)	4 (31%)	0 (0%)	0 (0%)	3 (30%)	12 (100%)	5 (42%)
Asian	5 (4.7%)	1 (4%)	0 (0%)	4 (31%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	1 (1%)	1 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Missing/Refused	11 (10%)	6 (25%)	1 (8%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	3 (25%)
Ethnicity*									
Hispanic/Latino	20 (19%)	1 (4%)	0 (%)	2 (15%)	13 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (33%)
Non-Hispanic	62 (58%)	13 (54%)	6 (50%)	11 (85%)	0 (0%)	10 (100%)	9 (90%)	7 (58%)	6 (50%)
Missing/Refused	24 (23%)	10 (42%)	6 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	5 (42%)	2 (17%)
Education									
Some High School/Less	19 (18%)	1 (4%)	1 (8%)	4 (31%)	4 (31%)	5 (50%)	0 (0%)	0 (0%)	4 (33%)
High School Diploma	18 (17%)	4 (17%)	5 (42%)	2 (15%)	2 (15%)	1 (10%)	1 (10%)	1 (8%)	2 (17%)
Associate's/Vocational	10 (9%)	3 (13%)	2 (17%)	2 (15%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	2 (17%)
Some College	22 (21%)	7 (29%)	3 (25%)	0 (0%)	1 (8%)	1 (10%)	3 (30%)	5 (42%)	2 (17%)
4-Year College Degree	14 (13%)	3 (13%)	1 (8%)	5 (38%)	2 (15%)	1 (10%)	2 (20%)	0 (0%)	0 (0%)
Graduate Degree	15 (14%)	2 (8%)	0 (0%)	0 (0%)	0 (0%)	2 (20%)	4 (40%)	5 (42%)	2 (17%)
Missing	8 (8%)	4 (17%)	0 (0%)	0 (0%)	4 (31%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Marital Status									
Single	21 (20%)	3 (13%)	3 (25%)	1 (8%)	7 (54%)	0 (0%)	3 (30%)	3 (25%)	1 (8%)
Married	28 (27%)	6 (25%)	5 (42%)	4 (31%)	3 (23%)	0 (0%)	1 (10%)	5 (42%)	4 (33%)
Divorced/Separated	19 (18%)	3 (13%)	1 (8%)	3 (23%)	1 (8%)	2 (20%)	4 (40%)	2 (17%)	3 (25%)
Widowed	32 (30%)	7 (29%)	3 (25%)	5 (38%)	2 (15%)	7 (70%)	2 (20%)	2 (17%)	4 (33%)
Missing/Refused	5 (5%)	5 (21%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Employment*	2 (20/)								
Employed Full-Time	2 (2%)	0 (00()	2 (170()	0 (00()	0 (00()	0 (00()	0 (00()	0 (00()	0 (00()
Employed Part-Time	6 (6%)	0 (0%)	2 (17%)	0 (0%)	0 (0%)	0 (0%) 0 (0%)	0 (0%)	0 (0%) 0 (0%)	0 (0%) 0 (0%)
Retired/Unemployed,	5 (5%)	3 (13%)	0 (0%)	2 (15%)	0 (0%)	- 1- 1	1 (10%)	_ 1_ 1	1 - 1- 1
Seeking Retired/Unemployed, Not	85 (80%)	1 (4%)	0 (0%)	2 (15%)	1 (8%)	0 (0%)	1 (10%)	0 (0%)	0 (0%)
Seeking	8 (7%)	16 (67%)	10 (83%)	8 (62%)	9 (69%)	10 (100%)	8 (80%)	12 (100%)	12 (100%)
Missing/Refused	0 (7/0)	4 (17%)	0 (0%)	1 (8%)	3 (23%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Residential Status*		(21,12)	0 (0,0)	(0,0)	(==,+,	(0.0)	. (0,0)	0 (0,0)	. (0,10)
Own Residence	61 (57%)	15 (63%)	9 (75%)	6 (46%)	3 (23%)	4 (40%)	6 (60%)	10 (83%)	8 (67%)
Rent Residence	40 (38%)	5 (21%)	3 (25%)	7 (54%)	9 (69%)	6 (60%)	4 (40%)	2 (17%)	4 (33%)
Missing	5 (5%)	4 (17%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Living Situation	55 (50°/\)	12 (5 10/)	4 (2224)	7 (5/0/)	6 (460/)	0.700677	7 (700()	5 (400)	5 (400)
Living Alone	55 (52%)	13 (54%)	4 (33%)	7 (54%)	6 (46%)	8 (80%)	7 (70%)	5 (42%)	5 (42%)
Living with Spouse	26 (25%)	5 (21%)	5 (42%)	4 (31%)	2 (15%)	0 (0%)	0 (0%)	4 (33%)	6 (50%)
Living with Other Family	14 (13%)	0 (0%)	3 (25%)	2 (15%)	4 (31%)	1 (10%)	2 (20%)	2 (17%)	0 (0%)
Other Missing/Refused	2 (2%) 9 (8%)	0 (0%) 5 (21%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	0 (0%)	1 (8%)
			cross study site		1 (8%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)

Based on the above demographic findings, we conclude that older adults in this study were more likely to live alone and be divorced compared to national estimates of all US older adults. They were also more likely to have caregiving roles, particularly those between the ages of 70 and 79, 53% of whom reported assisting with some aspect of caregiving. If current trends continue, the levels of caregiving reported together with marital status and living arrangements may be influential factors when determining the types of services older adults need and developing new services for the current older population aged 60-69.

RESOURCES AND TOOLS FOR QUANTITATIVE RESEARCH

The Aging Integrated Database of the federal Administration for Aging. Available at http://www.agidnet.org/.

Older Americans 2010: Key Indicators for Well-Being. Available at http://www.agingstats.gov/Main Site/Data/2010 Documents/docs/Introduction.pdf.

OUTDOOR SPACES AND BUILDINGS

"Stepping out of our homes is very satisfactory to Chicago residents." (Advisory Group)

Discussion of this domain focused on asking older adults living in Chicago how they experienced outdoor spaces and buildings, what it is like for them to step outside the home, go for a walk, and go into public buildings. Specifically, we were interested in learning what older adults considered facilitators and barriers to accessing outdoor spaces and buildings.

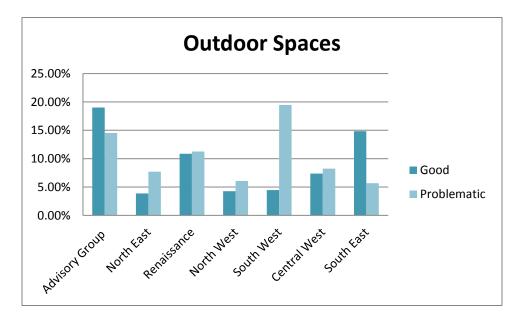


FIGURE 3: Good versus Problematic features of Outdoor Spaces by Center

Older Chicagoans spoke with enthusiasm about the variety of parks and outdoor spaces and expressed appreciation for the buildings and streets in the city. Many also spoke about the 'accessibility of everything in our neighborhood,' the 'beauty' of their neighborhood parks and gardens, and the role these spaces played as venues for community and cultural events. Participants frequently exhibited deep affection and pride for their area and for Chicago. Additionally, participants were very observant of improvements the city has made to outdoor accessibility: "I'm gonna say something about what is it like to live in Chicago as an older person. I think they have some great opportunities for older people in Chicago. Because ... they have the street nailed down low and then they got wheelchairs." - (Central West)

Discussion at focus groups suggested that the experience of outdoor spaces and their accessibility varied by zip codes. Participants in the Southwest and North East talked about significantly more barriers to accessing the outdoors compared to other focus groups. For these participants, the problems were twofold; first, difficulties overcoming a fear of being outside by themselves, and second, lacking access to public transportation. Participants in the Southeast were particularly appreciative of the Chicago Park District's efforts to include older adults and make facilities attractive to them. However even here, where positive comments strongly outweighed negative ones, fear was a factor.

"I think that Chicago is unique in that it is one of the few cities that offers so many uh amenities for older adults and free of charge. I do have the opportunity to talk to a lot of other older adults and many of them feel that we are quite lucky in that so many agencies like the Park District, of which I am a real fierce promoter, all of those programs for older adults are free of charge. They are all year round. We have concerts. We have, you know, entertainment. We have so many venues that particularly can appeal to older adults and have a sense of safety and transportation to and from, so I feel that Chicago is unique in that sense' (Southeast).

"Older adults in my building, when I say I'm going to go walk over there, they look at me you know, with alarm, like you going to Washington Park to walk? So here is what I think. This is really a state of mind here because fear will keep you from doing things". (Southeast)

"The south side is a very beautiful and unique area with deep lots." (Southeast)

"These big buildings in Chicago, I like to go into them. ...the buildings were so beautiful... go and look out and sit and eat at the Walnut room. It was so nice. The buildings are still nice". (Central West)

"Buildings that are putting things that are little... umm... little elevators. It's a metal elevator that would get you up those few steps. Because a step can be a step too many. They have to uh... but uh.... Even buildings downtown that have maybe 4 or 5 steps are a certain area. They put elevators and elevated ramps." (Advisory Group)

WALKING

Overall, Chicago is the fourth most walkable city in the United States. Figure 4 shows the overall walkability of neighborhoods in the city, with red indicating a low walkability score and green a high one. Chicago's walkability score as a city is a 74 out of a possible 100. The Walk score takes factors including accessibility of grocery stores, public parks, and cultural venues into consideration to generate this numeric score..

In comparing walkability and transit scores by address of regional senior center, variance was clear, with some areas scoring at or above the Chicago average and some below. The scores coincide with feedback from participants in the different focus groups about the accessibility of parks, transportation, and grocery shopping. Participants from Renaissance Court, the highest



FIGURE 4: CHICAGO'S WALKABILITY SCORE

scoring Senior Center, provided the most salient comments regarding accessibility and the benefits derived from this feature.

Table 2: Walk and Transit Score of Senior Center as compared to City of Chicago

Center	Address	Zip Code	Walk Score	Transit Score
Central West	2102 W. Ogden Avenue	60612	80	74 , 10 bus, 2 rail
North East	2019 W. Lawrence Avenue	60625	91	69 , 8 bus, 2 rail
North West	3160 N. Milwaukee Avenue	60618	83	70 , 6 bus, 2 rail
Renaissance Court	78 E. Washington Street	60602	98	100 , 37 bus, 11 rail
Southeast	1767 E. 79th Street	60649	77	64 , 7 bus, 1 rail
Southwest	6117 S. Kedzie Avenue	60629	72	56 , 5 bus, 0 rail
Chicago			74	65

Walk Score. (2013). Retrieved from www.walkscore.com

The Southeast Center, which also scored above the Chicago average in walkability, included a focus group participant who found groceries, activities, and events all easily accessible by walking. In contrast, a participant at the Southwest Center, which had the lowest walk and transit scores, provided clear comments on the barriers facing an older adult living in an area with few resources within walking distance.

"We have these two huge parks, Jackson Park and Washington Park. ... I enjoy walking to them and walking around the lagoons."-(Renaissance Center)

"I have a good time walking and places and stores within four or five blocks from my house I just walk." - (Southeast Center)

"Sometimes you have to go pretty far to get to a bus stop." - (Southwest Center)

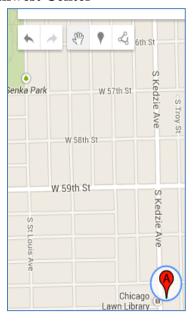
PARKS

One important component of the WHO's Outdoor Spaces and Buildings category is having sufficient, well-maintained, and safe green spaces (WHO, 2007). Although all senior centers are located within a one-mile radius of a Chicago Park District park (CPD, 2013), the proximity of senior centers to parks differed from center to center. As shown below, Renaissance Court is within one block of Millennium Park, whereas residents living near the Southwest Center have a longer walk to access green space.

Renaissance Court



Southwest Center



Concern for safety was seen as a barrier to accessibility for some participants. For example, one Southwest Center participant explained that she no longer felt safe walking at night at the park. A participant at the North East Center noted that the park at Montrose Beach "is not good like it used to be…too much violence". – (*North East Center*)

FEAR OF CRIME

Fear of crime is a significant barrier to older adults 'use of outdoor space. In our study, we observed this to be a more significant barrier even than that of poor health. Older adults with poor health talked about being determined to walk despite being unable to hold conversations due to breathlessness. Crime, on the other hand, was a severe deterrent to exercising. One Southwest participant voiced concerns echoed by participants in all other focus groups regarding this limitation of activity due to a fear of being outside after a certain time of the day.

"But over there by the Lake Shore Drive, by Michigan Avenue it was beautiful, but the neighborhoods, some of the neighborhoods are scary to walk through and it is not safe. Before you would see people sitting outside in front of their house on a hot summer day, kids playing. Everything was more safe. Nowadays at 6 o'clock in the evening people don't want to walk because there are no people. All you see is cars and they are shooting. People get shot even in their house. You know, the bullets go right through the building and everything. It is terrible." (Southwest)

SIDEWALKS, LIGHTING AND OLDER BUILDINGS

Cracked sidewalks, bad street lighting, and a lack of accessibility to buildings can severely curtail older people's quality of life. Many older adults fear falling and described the barriers they faced when dealing with public spaces.

"Some of the older buildings need some assistance in getting handicap accessibility. They were not required to do it if they were built at a certain age. Umm... Like my buildings has two steps and then three steps. I can do it now but over time that thing gets heavier and heavier." (Advisory Group)

"And this new lighting that they have, this new lighting whatever it is, is dim. When they put these new lights in, it is like I'm blind. I hate those lights you know." (North East)

"The other thing is whoever designed the sidewalks on State Street, you know, some of the squares are kind of a pebble texture and some of them are very smooth. The smooth ones are like an ice skating rink. They are really slick, so I think somebody needs to rethink pedestrian safety in terms of sidewalk design." (Renaissance Court)

PEDESTRIAN SAFETY AND TRAFFIC NUISANCE

Safety while crossing the street and driving was a particular concern raised by participants in the Southwest. As one participant told us: "Yeah and they see you crossing the street they'll turn and run over you. Yeah they do. It is like you got to try to beat the car to go across the street. I mean I have been driving for 40 years already in the traffic and it is bad, you know with the lights and all. I live on 43^{rd} and Keeler and I have to cross the street to go to Target." - (Southwest)

TRANSPORTATION

We asked older adults of their perception of transportation in the city. Specifically, we wanted to find out about their experiences using public transportation (bus and train) in their communities. We asked whether people had ample opportunities to access transportation or not, and for their opinions about affordability, frequency, accessibility and safety. We also asked about driving experiences.

As figure 5 illustrates, older Chicagoans' experience of public transportation was overwhelmingly positive in all but two focus groups. For participants of the Renaissance Court group, low coverage of positive comments was perhaps due to the fact that most had walked to the center the day the focus group was conducted. Participants in the Southwest had less access to public transport than any other group and were more likely to drive. Older Chicagoans made remarks about the inconsistencies in the frequency of run time for public transportation by neighborhood, and voiced their frustration with this limitation. However, the majority of participants demonstrated a great sense of pride and appreciation for the good features of the city's transportation system.

Transportation

40.00%

30.00%

20.00%

10.00%

Reduisor Group Roch East Regards and Regar

FIGURE 5: FOCUS GROUP RATINGS OF TRANSPORTATION

Older adults living in areas well-served by public transportation reported making full use of the system to access 'downtown' and told us that the system is affordable and well-used, although they were concerned that the upcoming CTA Ventra fare system might lead to increases in senior fares. In contrast, there was a notable decrease in reference to cultural participation in areas

which were less well-served by public transportation. One group served by a single train line reported long waiting times - a disincentive to participate in events on the weekend. Accessibility of public transportation can be limited for people with impaired mobility. The inaccessibility of some subway stations has been well documented and was cited as a reason for not using the L.

There was enthusiastic appreciation at every focus group for the CTA and other bus provisions. North West participants talked about feeling 'at ease' and 'safer riding the bus than a car.' However, participants did also mention the lack of benches in bus shelters, and reported stories of theft and criminal activity they knew had taken place at bus stops and on buses. Regardless of this, many older adults voiced their determination not to be deterred from travelling.

"Sometimes you have to go pretty far to get to a bus stop. The buses don't run often, especially on the south side. On the north side they run much more often. Depending on the neighborhood, there is so much disparity between the rich neighborhoods and the poor neighborhoods and that's where the money is put in. You just see it. On the south side there is very little public transportation. It could be so much better. It really could be a lot better. I would love to see that because there are too many cars. I mean if it was easy to get around, people would do it. They would use it, but when it is so difficult then people drive and there are accidents and there is you know so much traffic jams. It is just frustrating. It is something that needs to be fixed". (Southwest)

"The transportation in the city of Chicago, it's the best. It's the best transportation. Like I said, I lived in Philadelphia for a while. The transportation was nothing compared to Chicago transportation. Cause like where I live, I live close to the train, I'm close to the bus stop. So I have the blue line and the green line. So I'm between there. And I have the Madison bus and the Jackson bus. So the transportation is the best." (Central West)

"We have to dress appropriately. And you have to know how to live to keep the gangbangers off of you. I don't even carry a real purse when I ride transportation. I put whatever I need in my pocket. And that's what you have to do to be safe" (Central West).

Discussion in all focus groups was weighted towards a perceived lack of respect for older adults displayed on public transportation, mostly by fellow passengers. One major issue that was repeated throughout all focus groups was access to seating. We also heard that older people would appreciate more assistance from CTA bus drivers in enforcing seating regulations.

"There was one time I was on the bus and then paid my fare and everything. Is there a seat? Nobody got up (group laughed)" (Advisory Group)

"And about the buses, old people are standing and the young people are sitting". (North East)

"They do not give seats up in buses. If an elderly lady comes up, no one gives up a seat" (North West)

"So then I was lucky enough to get a seat. Of course I've been on the bus before and you can forget that. Senior or whatever, you can stand up or whatever." (Renaissance Court)

"The bus driver should be instructed. And some do, that they should not be the exception to the rule, it should be the rule that when that bus driver sees a senior getting on the bus and you got these (uh) young skate boarding, pants drop kids sitting in that seat (group chuckles) the bus driver should tell them in no uncertain terms, "You got to get up." ... You know. The Get Up Campaign". (Groups agrees and talks amongst themselves) (Advisory Group)

DRIVING

Drivers and driving can be particularly hazardous for older adults. Chicago is first in the nation for regional traffic congestion, and Chicago has double the national average for hit-and-run pedestrian fatalities (40%). A 2003 Advantage Age comparison of neighborhood problem traffic showed that in North West Chicago, 54% of older adults surveyed perceived traffic to be a neighborhood problem, a rate 20% higher than the national average. In addition, a recent survey showed that older adults in Chicago are at an increased risk of being injured or killed in a motor vehicle crash; deaths per capita among males and females begin to increase markedly starting at ages 70–74. In 2007, the death rate due to motor vehicle accidents among adults 70 years and older was 20.5 per 100,000 population (Yonek, 2011).

Focus group participants in the Southwest appeared to drive more often than other older Chicagoans, citing lack of access to public transportation as a main reason for doing so. Those who drove commented on their difficulties navigating when driving alone, as well as a lack of consideration or respect from other drivers.

The size of signage was mentioned as a particular issue by two participants – one of whom had become lost and disoriented when driving downtown. While they remarked that they would appreciate additional local signage, older adults were more reluctant to suggest citywide changes. We observed that participants like the familiarity of street names and signage that they have grown up with and that changes to them can cause difficulties. Participants at the North East Buehler Center for Aging, Health & Society, Northwestern University, 750 North Lake Shore Drive, Suite 601, 26 Chicago, IL 60611, www.aging.Northwestern.edu

Center recounted in one instance that responding fire engines had become confused because of changes to street names, leading to an elderly woman's death. A participant in the Southeast focus group reported that older adults may prefer to keep their own terms of reference for the L. Around 1993, the city changed the names of transit lines to color codes; some older adults choose to remember the terminology before this date.

"And the traffic is terrible here in Chicago. They see older people driving. "Get out of the way." "Take a cab." "Move over." It is terrible. They don't have no respect for older people, especially women. Yes very bad traffic." (Southwest).

"The idea was to make it easier and better for, not only Chicagoans, but also for tourists who come in. The design was then to color code everything, so now we have the Blue Line and the Red Line and the Pink Line. That is now in place and operating, but as I hear older adults, because I hear them at the pool talking all the time, they are always saying; well remember when it was just the 50 50 you know. (Laughter) They want to, I don't want to say go back, but they know what was familiar, so this Red Line and Blue Line and Green Line doesn't tell them anything. It doesn't tell them where this route is going unless you know that. So I think that gets to the whole issue of change for older adults. That is something for them to adjust to." (Southeast)

PARKING

A related problem to driving is parking. We observed that a lack of available parking can impact older adults in a variety of ways. Participants reported being unable to shop for groceries, attend activities at senior centers, or invite their family to park outside their homes. The growing costs of owning a car and parking it were also clear financial burdens for older adults who felt they had no choice but to drive. Some also anticipated with trepidation the time when they would no longer be able to drive. Changes in building use in neighborhoods also impacted older adults:

"Right where I live on Kostner, some of the houses the people have made apartments in the attic and then ... they all have cars. They come and they park near to where I live and if my son or my daughter comes there is no parking. So I tell them don't even come. There's no parking." (Southwest).

HOUSING

In this domain we invited participants to tell us about the houses and apartments in which they lived. We were interested in their mobility and independence in the home as well their choices for housing within the community.

National surveys show that at least 80% of older people want to age in place in their homes and communities, with some studies reporting percentages as high as 93% (Feldman, P. et al 2004). Our focus group participants reported similar wishes. In the words of one participant: "I would just like to say. I love living in my house. And most older adults would love to live in their own home." (Central West)

More focus group participants owned their own homes (55%) than rented (37%). Home owners were most prevalent in the Southeast (83%), Renaissance Court (70%) and Central West (75%). The highest number of renters was in the North West (69.5%). Participants were very interested in one another's housing choices, particularly more unconventional types of living such as housing co-ops, among Renaissance Court participants, and unconventional financial options such as reverse mortgages, among Central West participants. Percentage coding of both problematic and positive housing features suggests variation between neighborhoods (Figure 6), with Renaissance Court (26%) and the Southwest (17%) coded most frequently for problematic housing comments and Renaissance Court (23.7%) and Advisory Group (19.5%) coded for the most frequent positive housing comments.

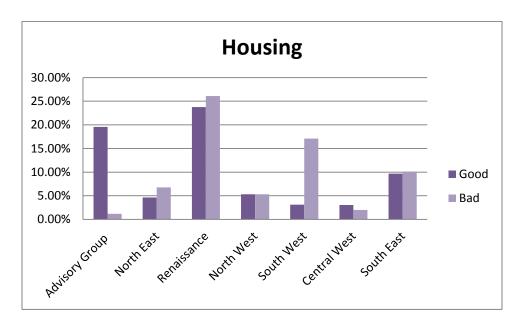


FIGURE 6: FOCUS GROUP RATINGS OF HOUSING

LOCATION

The added value of living in proximity to transportation, shops, and local parks and gardens was a predominant positive comment. Older adults recognized social isolation as a risk. They reported taking active steps to prevent themselves from becoming disconnected from services and events, both of which are common risk factors for poor health. Furthermore, the majority of older adults attending the Renaissance Court and Southeast focus groups told us that they lived 'about a mile' from the center and within walking distance of parks, gardens, cultural activities and facilities. Many told us that they regularly took up the walking opportunities these destinations offered.

"I live up town in the new building over behind Target and uh it is the older adults building and it is very convenient because I have Jewels, I have Aldi's and I have Target to shop out of. So then I could, right there at the bus stop and not too far from the L" (North East)

"I'm in a senior building now and the bus stops right in front of the building. And uh. Everywhere you go, it almost takes you right there. Down in the loop. You know. It take you right where you want to go." (Central West)

"I'll see what is going on and sometimes I'll go on one of those tours myself just myself. Oh I didn't know it was here. It is better than waiting till relatives come to town and you find out something new that is going on. So I think that is how you kind of keep connected. My concern, I guess, as I get older and live in an urban city like this, is that I want to remain connected because I know that there are people that become eccentric and very reclusive and I don't want to be one of those types of people at all." (Renaissance Court)

NEIGHBORHOOD NETWORKS

Neighborhood networks can be especially supportive. Participants told us how their neighbors look out for each other, and about the networks they had created and fostered with others living in close proximity to them, such as within apartment buildings.

"People on my block, we're so concerned about each other and ... as a matter of fact every Thursday morning of the week a group of us meet and we talk health issues. We are on everybody's track about your doctor's appointments and your tests and what were your results and well my issue now is weight." (Southeast)

"I live in a Section 8 building and it's very good there. All of us save money. I have lived there for 12 years and I do not complain about anything because the neighbors get along well. We help each other, we say hello when we see, and it's good there." (North West).

CHOICES AND CHANGE

Several participants suggested that older adults had to make adjustments and choices to avoid becoming housebound and socially isolated. In order to avoid isolation, one participant opted for a co-operative community, allowing him to stay connected to the community. While some older adults spoke about housing situations with ease, others who had the option to choose housing and had made a change (for example, from house to condo or apartment) had not always found it easy to adjust.

"For us older adults it is just that we have to make the adjustment and know how to pick the choices, but we don't have the type of village that we had then." (Southeast)

"I said, I don't want to do that, live by myself in a studio apartment. It would be so easy to disconnect and stay in the apartment for a few days and not even go out. I didn't want to do that again. And I liked the whole idea of having an investment in a stake in the community because everybody has an equal voice." (Renaissance Court)

"It was an adjustment you know, living in a condominium building. The pluses I guess is having people around all the time in terms of doing that. ... Sometimes you still kind of struggle with the decision that you made. Was this something that I enjoyed or should have done?" (Renaissance Court)

PUBLIC OLDER ADULT HOUSING

For many participants good housing was about the luck of the draw, and some expressed that they had been fortunate to be placed in housing which they found to be convenient and familiar. Other participants shared frustrations with public housing allocations, which were tied to feelings of a lack of respect and a lack of neighborhood connections.

Well, I say, I'm lucky. I'm living, I've been living in the same neighborhood since 1945. And, I'm just right down the street a couple of blocks in the senior building. You know, but they helped me get in there. See, they was tearing down all the houses down in that area. And the medical district got me in in no time. So I was lucky in a way." (Central West).

"Sometimes they give you an opportunity but some people don't wanna go to the south side, some don't wanna move west, some don't wanna move north. So they put 'em way back down, you know. If they give you, offer you, an apartment, if you don't take it, you might as well forget it." (Central West)

COST

Housing affordability also affects older adults in multiple ways. Advantage Age has conducted surveys which show that nationally, only 34% of older adults have confidence in housing affordability. Although the participants we spoke to did not voice concerns about their own personal residential situations, several did raise concerns about the impact of rising rents and changes in housing stock on their neighborhoods and families.

HOUSING MATCH WITH DIVERSE POPULATIONS

One issue we observed among North East and North West participants was concern that housing services did not always match the needs of mobile older adults with disabilities (i.e., older adults who could walk with canes, rather than those who were wheelchair bound). The Spanish and Polish speakers interviewed at the North West Center also reported difficulty finding out about housing and caregiving services, and further reported a need for housing services to be more proactive in providing services for non-English speakers. A particular issue raised by another participant in another senior center concerned a perceived lack of cultural sensitivity amongst those allocating older adults to subsidized housing.

"There is a lot of room for improvement in housing. A lot, especially for elderly people and disabled people... Even if you are healthy, once you get 65 or 70, they need a lot of improvement in that area. There is a lot of improvement needed in that area that they could help us in, a lot." (North East)

"I think that our subsidized housing, you know HUD, CHA, whatever is subsidized for older adults, I feel that they should, instead of just dumping all of us together, they should have some responsibility to improve our understanding of [one another's] cultures, so that's big. I'm more concerned about that than what CTA does." (Renaissance Court)

RESPECT AND SOCIAL INCLUSION

We wanted participants to tell us how their communities showed respect for and were inclusive of older people. Prompts include asking about public recognition for the contributions of older people as well as suggestions for other ways to show respect and inclusion. To illustrate community respect for older adults, many participants elected to talk about the city's senior services, which they clearly felt were excellent. Many started by proclaiming, "I love [this] center." Chicago's senior centers provide a safe venue to meet and share experiences as well as exercise, socialize, and receive food distributions. The focus group itself was regarded as a typical center activity. All participants appreciated the centers, referencing the physical activities and facilities to socialize, the access to information about aging matters, food, and cultural and storytelling events, as well as opportunities for dancing and socializing.

"What is nice about the focus group session here is that it is free psychological analyzing because we are all talking and finding out that we all, we're not crazy." [talking and laughter] (Southeast)

"Chicago do take care of their older adults more so than some of the other places I have lived. Because I lived in Philadelphia for a few years, and they just seemed like they're not that concerned about, uh, uh, the older adults like they are here. (Central West).

"I like, you know, being a senior. When I retired and I didn't know what to do, and I spent a whole year at home, and I didn't know what to do. And I all of sudden, I was at church and they said they need someone to come down to the center, and I said I have nothing to do so I came down here and I realized so much was going on." [agreement] "In this place itself, has broadened my horizon as a senior. So I felt real comfortable being here." (Central West).

Discussions about lack of respect or social exclusion tended to focus on a lack of respect for property and person (crime), inconsiderate behavior on buses (younger people being oblivious to signs asking them to volunteer their seats to elders), a perceived breakdown of 'the old rules of living' traditionally enforced by family and schools, and perceived opportunism by politicians. One focus group, for example, found the fashion for young men to wear their pants loose and hanging low a sign of social breakdown. Complaints about disrespect for property and person were frequently found among the Southwest (17%) and Renaissance Court (26%) participants. We also found that older adults more frequently reported experiences of disrespectful, anti-social behavior in areas where 'neighborhood' was frequently used as a key term by participants (we refer to this as coding density).

"That tears down the morals of the children coming up, whatever helps because that is all they see. Even the young guys and the young girls, they see that. When I was coming up, no you would have got your head knocked off doing that kind of stuff. Now the old rules of living and all this kind of thing still will work today, but we don't have anybody to enforce it. It starts from their parents and their grandparents and the uncles and the aunts. And I'm through." (Southwest).

"You figure if you are a senior, but there is no respect for older adults. There isn't. There is nobody. People walk their dogs during the day. At 2 o'clock the dog shits on the lawn. They don't go out and pick it up." (Southwest)

"They throw candy wrappers. They drink pop and throw it right there. Last Saturday I picked up all that. I've been bending and all that. I was dead tired. I went from 9:30 to 2:30 cleaning the front and I thought no. I even told my son. Put this house up for sale. I would rather rent than to live here anymore. They don't have respect." (Southwest)

POLITICAL RESPECT AND DISRESPECT

We observed that older adults characterize political actions as respectful or disrespectful. Respectful actions included aldermen checking on an individual's well-being. Disrespectful actions focused on the lack of a prompt response to reports of cracked sidewalks or broken lighting and 'digging on the adults' (i.e. the introduction of new parking charges for residents). This feeling was strongest in the Southwest, where participants did not have as comprehensive access to public transportation as focus groups in other parts of the city.

"I just want to say as far as respect and such. My alderman does have her help give me a call. They call too if I need anything. If they haven't seen me, they'll call to check on me to see how I'm doing. You know what you are doing. They sometimes drive by to see if the papers have been out on the porch too long. The mailman does that too if the paper stay on the porch. They notify the post office. And the post office sometimes will notify the alderman." (Advisory Group)

NEIGHBORHOODS AND RESPECT

Participants in all focus groups linked respect to neighborhood. They also described to us how neighborhoods can restore respect and intergenerational understanding. Other older adults talked about neighborhood projects that had contributed to their sense of respect and inclusion. These included neighborhood lawn competitions, invitations to local schools to take part in intergenerational projects and buddy programs run by churches. Participants in the Southeast, for example, praised one program led by the senior center where older adults and school children worked together to create the Atlas program. We observed that the most pressing need identified by focus group participants were efforts to bring generations together. Older adults are very conscious that they can easily be seen as 'victims' to be preyed upon, rather than fellow citizens. Working to cross the generational divide is important to their safety and well-being. Focus groups took place against a backdrop of controversial school closures across the city and it may have been the case that this grounded the role and importance of intergenerational projects in participant's minds.

"I just wanted to say something about the respect you have in your community. And, uh, if you have like a strong block club, we have meetings. Cause when I first moved there my next door neighbor broke into my house. Her son. And I think people need to be responsible for their kids if they still live with them. And I couldn't prove that he did it but he kinda like wiped me out. So now we have block club and we watch each other homes and um [that's a good thing]. We have meetings. I said well we have gang bangers and little drug dealers on the corner. I said you know, you could call the police and turn 'em in, you know I'm not afraid to call the police [me neither] I said but most people don't want to call the police because it's their own children. [lots of agreement] I says how we gonna clean up our block if we're not responsible for our own. You know people have to be responsible for their own. If they see something, see red flags or whatever, turn 'em in. I'm not afraid to do that." (Central West)

"The culmination of it was when they came together and they exposed all of us around this area to what they had done together, what they taught each other, how they learned to respect each other. ... having older adults who are viable and willing to do that, to help bring together the different age groups... older adults have the knowledge and the love, the understanding, patience for the kind of people we are talking about." (Southeast)

"These school closings are in the news now. As a result of that and this is the only city to have as many schools closing as it is at once, but the other side of that is that we're gonna have all these abandoned buildings. ... Many of us were a part of an inter-generational study here at Atlas and we found that teenagers and older adults have similar interests in that they congregate together. They do things together. If there was a way to bring these two groups together [it would be good] because we have retired professionals that know a lot about a lot of things. And if we could use those buildings to bring those groups together, instead of just boarding them up and making eye sores in the community. I don't know how it could be done, but a grant or something can be written, I think, to address that need." (Southeast)

VETERANS

According to the 2011 American Community Survey Year 1 Estimates Age by Veteran Status 56,829 people aged 55 and over have veteran status (23% of the population of the City of Chicago aged 55 and over). One participant at the Advisory Group advised us that older veterans can feel angry, isolated, and excluded from society. The same participant pointed out that some neighborhoods can feel like warzones. To address these issues, the participant suggested more collaboration between groups (e.g., CeaseFire, recently renamed CureViolence, and North Western University) to create anger management programs. These programs could also be extended across generations.

"I'm also finding there are many of our senior veterans have a suppressed, smoldering anger that causes a lot of destabilization and problems." (Advisory Group)

"To some of these young folks that live in these war zones that we're talking about. Many of them are abandoned. Many of them are angry. And many of them don't even know why they're doing what they're doing. Because nobody has helped them get in contact with themselves." (Advisory Group)

SOCIAL PARTICIPATION

Within the domain of social participation, we explored the extent to which older adults have opportunities for developing and maintaining meaningful social networks in their neighborhoods. Questions promoted participants to discuss the opportunities they had to participate fully in their preferred events and activities and the accessibility and affordability of those activities.

A significant body of research indicates that socializing with friends, attending religious services and clubs, and participating in recreational activities such as singing, gardening, and exercise groups, all protect adults against illness, reduce stress, and lengthen life.

Chicago offers many opportunities for older adults, but participating in them can depend on access to public transportation. Among other events, the city showcases Chicago's older adult performers at *the Best of Serendipity*, an annual production held in Millennium Park to celebrate Chicago's older adults, as well as offering a City of Chicago Life Enrichment Program.

Chicagoans told us about the events and facilities they accessed downtown, such as Millennium Park, the opera, music concerts, and art galleries and museums. As one Central West participant put it: "I just enjoy being in Chicago. I've been here all my life just about. Like I said, I was born in Georgia. And, uh, [Chicago] got theaters, ball games, and hockey. They got everything to do really. And um, I just enjoy being in Chicago." (Central West)

Participants also told us about neighborhood events and programs they attended (health fairs, YMCA programs, the Salvation Army Kroc Center) or in which they actively took part (e.g., neighborhood lawn competitions), and the walking they felt safe doing around universities, parks, and in local malls. We observed that social participation appeared closely linked to respect and social inclusion. Participants talked about feeling safe and 'connected' when they knew their neighbors were looking out for them.

Analysis of coding for social participation showed three organizations central to fostering social engagement among participants: block groups, churches, and senior centers. As figure 7 illustrates, coding for discussion about participants' core social networks differed between focus groups.

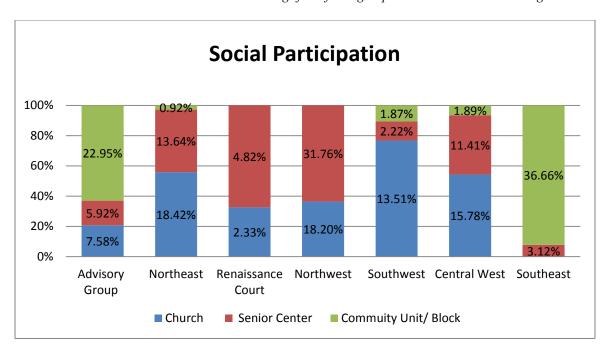


FIGURE 7: VARIATION IN SOCIAL NETWORKING ACROSS FOCUS GROUPS

BLOCK CLUBS

Block clubs were featured strongly in participant discussions in the Advisory Group (23%) and the Southeast focus groups (37% coding density). Block clubs played an important part in fostering respect and inclusion. Participants told us they joined block clubs to help them monitor their health, get sidewalks and lighting fixed, keep the neighborhood clean, and look out for neighbors and watch out' for homes.

It took five years to get the sidewalks fixed. And I've been complaining about the same lights as [another participant] was talking about. There is one lady that goes to all the block club meetings and so do I. But I'm a little more limited now. Use the telephone. I call up 311. We had a street light fall in the street and we couldn't even get new light." (Advisory Group)

"and I was in the block club and I was the secretary of the block club for years and we kind of kept the neighborhood nice and it's still nice right today. And I was living in that neighborhood almost 30 years". (Central West)

"My neighbors are wonderful in that we look out for each other. There is one component, people on my block, we're so concerned about each other and ourselves until we formed this morning, as a matter of fact every Thursday morning of the week a group of us meet and we talk health issues" (Southeast).

SENIOR CENTERS

Older adults centers were significant sites of supportive social networking to those in the North East (13%) and Central West (11%). We observed that in addition to offering opportunities for Buehler Center for Aging, Health & Society, Northwestern University, 750 North Lake Shore Drive, Suite 601, Chicago, IL 60611, www.aging.Northwestern.edu 3

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physical exercise and multiple social activities (tai chi, games, ballroom dancing, knitting, dominoes, generational storytelling, and brown bag poetry) senior centers had helped a number of participants counter depression and loneliness. The highest coding density for senior centers was for participants in the North West (32%). Participants communicated a sense of ease and comfort when at the senior center.

"This is a magnificent center here, with numerous good things for the elderly. Breakfast and lunch for \$1.50, which you can't find anywhere else, walks, and there are many, many benefits at the center. This is a magnificent center." (North West)

"I have been coming for 10 years, I am very happy very happy. In my case I was very bored, I stressed out a lot, and I come here all the days and I'm very happy, I have very good friends and all activities here I love" (North West)

"I have 17 years in this center, before I came to the center I was nervous really stressed, I often cried without knowing why... My life changed because here I found a family. Here I'm happy." (North West)

"I also love the Levy Center. For the last four, for the last four years this has been my outlet of friendship and everything else. I've met a lot of nice people, most of them are here in this room." (North East)

"[The Center Staff] was instrumental in getting that [computer class] from the City of Chicago and they taught the classes here." (Southeast)

CHURCHES

Chicago is a diverse city in terms of religious affiliations and participations. Analysis suggests that churches have a significant social networking role in the lives of participants from the North East, North West, Southwest and Central West Centers. Comments from participants suggest that this is ecumenical. Participants talked about churches as places to pray, socialize, and volunteer. Many attended weekly and had discovered senior centers by attending their churches.

"One thing I like about Chicago is that there is all kinds of religion here. And, you can hear them all the time on TV or radio wherever you go. You got some good teachings. Sometimes you don't agree with all of it but the way of life and we all have to accept it. So that's one thing that we need to do is learn to respect and accept each other regardless of what your creed or how you feel about it. You are still a human being." (Central West).

"Most socials events are in church, no matter what religion is, but if you are an active person at church you know about activities... Even if people are not yet part of that religion. Most of the events go on at the churches." (North West)

"At church we have many events, we hold breakfasts, we sell used clothing for people, give things away for the home." (North West)

COMMUNICATION AND INFORMATION

Questions about communication and information were designed to capture our participants' experience in getting the information they needed about services and events in their communities. We asked older adults to tell us about the range of programs and services available within their communities. Specifically, we wanted to know if information was readily available, appropriately designed, and effectively delivered to meet the needs of older people.

National statistics indicate that 20% of adults aged 65 or over do not know who to call to obtain information about existing services (Feldman, P. et al 2004). This was reflected in participant comments about caregiving (they did not know who to contact) and by different groups' use of different services to solve similar issues and difficulties. We observed that older adults were turning to the police to help them with traffic issues in addition to looking to them to resolve neighborhood legal transgressions (such as loud music, texting while driving, and low slung pants). Contact with aldermen varied, too, with some participants using aldermanic offices to receive information and support, while others reported issues with sidewalks and lighting. The city's 311 hotline drew mixed responses from those who had used it, resulting in both enthusiastic and resistant responses from participants.

"I think everyone should have one of those [City Information Guide] hanging some place where they can see it, if an emergency comes then you will know where to call. Just look at that sheet. It is right on there. That's the information guides." (Southeast)

"But you have to take care on what needs to be done. You can't forget to call 311. And document. You can also get your file number and ask 'May I ask who I'm speaking to?'...' May I ask who I'm speaking to?' If that doesn't get their attention within 6 months, then you definitely have a problem. But don't give up as a block club. Make those calls. Sure it's going to cost you know... a 25 cents to make your phone call. Is it worth it to get the attention to let them know that we mean business? We are people and need to be taken care of." (Advisory Group)

RED TAPE

One particular problem facing older adults who have located services is 'red tape.' Red tape was mentioned as a barrier to services by participants in half of all focus groups and appeared to be a particular issue for Central West participants. Another problem can be difficulty in obtaining or completing the correct paperwork. One participant told us that she had never been issued a birth certificate, despite being born in Texas, making her ineligible for older adult assistance. A third can be the lack of availability of non-English literature and translation services. Polish speakers at our Polish focus group observed that while banks employed Polish speakers, there was a need for more Polish speaking staff in hospitals and other service providers.

"But a lot of them [social services] I think need to be more accessible for handicapped and aged people because they have a lot of them that's for aged and handicapped but they not easily accessible. They tell you they're here and they're there, but there's so much red tape. A lot of times when you get ready to you try to get in one, and then they have you on a waiting list. And some of the people die waiting for them." (Central West)

LIMITED ENGLISH SPEAKERS

According to a Coalition of Limited English Speaking Elderly survey of limited English speakers in Chicago (CLESE 2012), 172,000, or 13%, of all metro Chicago persons aged 60+ are limited English speakers (i.e., persons who do not speak English very well).

The CLESE survey revealed a highly diverse population

representing numerous languages and places of origin. Older adults who do not speak English well

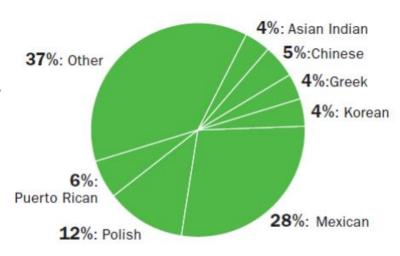


FIGURE 8: MAJOR GROUPS OF LIMITED ENGLISH ELDER SPEAKERS IN CHICAGO

face the same barriers as fluent English speaking elderly, with an added challenge of adequately communicating with society. While we conducted focus groups in Spanish and Polish, it should be noted that none of our Spanish participants were Puerto Rican. Although 4.7% of all participants were Asian, none were South Asian.

POPULAR INFORMATION SOURCES

Although the city's website is densely packed with information about services and the locations of senior centers, we observed that most participants were getting their information through posted newsletters; local broadcast channels 11, 66 and 44 (Spanish language); leaflets/circulars from their hospitals and clinics; newsletters from the Mayor's Office; word of mouth; church; people they live with; libraries; daily and local newspapers (including non-English); and the radio. The most cited sources of reliable information, however, were the senior centers themselves. Overall, we observed that although older adults can get their information in multiple ways, that very variety may be impeding access to opportunities and services. One participant suggested making the alderman's office a central location for information. Other participants suggested more regular education in new technology, particularly iPhones, although they recognized that not everyone enjoyed using new technology or had access to computers or phones.

Education was highly valued among the participants we met. Older adults in Central West and Southeast had either migrated to Chicago to 'finish their education,' had accessed it throughout their working lives, or were enjoying the 'free education at some of the city colleges' offered to them as older adults. Participant familiarity with education across the life course may influence their ease of access to information and their comments about communication.

"My complaint is older adults are the last to know. I don't know how that happens, but we try to be out there and open and it just doesn't work. But I love Chicago. I love Chicago. The services for us older adults could stand some improvement though. I don't understand how they are trying to cut so many programs now. I think we deserve everything we can get." (Southeast)

"This is a magnificent center. But we older people need a systems where information, where people can become aware of these centers. Because there is so much and so older people who do not know anything, nothing but the small groups through church but this is such a big great center paid by the government and by the city, they are not aware. So a system of information would be great for older people." (North West)

"Would be a good way to teach community to get that type of information out because there is no one way to get information to everybody. You have to be vigilant to deal with your politicians. Unfortunately that is the way it is. The day we came into the world the politician signed our birth certificate and all the way through it is going to happen. So I think it is important that we make an effort to be in touch with our politician's office. You don't have to reach them directly. They have an office and call them if something is about your community, something you need to know. That is a good way. You know, older adults if they don't talk to people can then just call the alderman's office and they can provide you with what you need." (Southeast)

"When I was 17, gotta put my age out [made redundant from Ford]. And then I went to school at night at Phillips and it was so beautiful. Everything then, it was '45 and people were migrating cause they thought Chicago was the city cause they always told me "if you can't make it in Chicago, you can't make it nowhere" [everyone chimed in] [laughing] and I believed that. And, when I got here and saw everything and it was really awesome and fascinating and I wanted to learn, learn more and do more. So then, I stuck myself into education." (Central West)

CIVIC PARTICIPATION AND EMPLOYMENT

An important component of the WHO definition of civic participation and employment is the extent to which older people have opportunities to participate in community decision making. Our questions in this domain focused on whether older people have ample opportunity to contribute their experience and skills to the community in paid or unpaid work.

EMPLOYMENT STATUS

According to the WHO checklist and guidelines for an age-friendly city, civic participation refers

to activities of personal and public concern that are both individually enriching and socially beneficial to communities. As Figure 7 illustrates, the majority of participants we talked to self-reported that they were retired (79.8%). A small number reported being employed full time(2%), and a larger number reported working part time (5%). Another 5% said that they were seeking employment. Some participants were

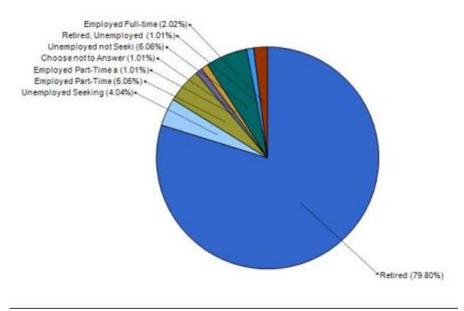


FIGURE 9: EMPLOYMENT STATUS OF FOCUS GROUP PARTICIPANTS

keen to see the reintegration of retired older adults back in to the workplace.

"What I was gonna say, what I forgot was, in the scheme of things we have a lot of people around this table and other places who are older adults who have a lot of knowledge, skill and understanding. They get left out because they are retired. You know, they are doing other things. They should be solicited, employed if necessary, to get them to help with some of these issues. So if you are not represented in the workplace it is tough to get your point over. What I am saying is, and I am not saying what older adults, but I am saying there should be more of an effort to incorporate some of this experience and skill in the work place for those who can do it." (Southeast)

We observed that retirement does not mean unemployment. Several participants taught or led courses of activities at the senior centers, including storytelling and IT support. Others volunteered regularly at the centers' information desks.

VOLUNTEERING

Although we did not collect data on volunteering status, we observed that some participants in all focus groups reported volunteering. Nationally, a substantial proportion of older Americans provide numerous hours of unpaid services in their communities, with one in three (36%) volunteering (Feldman, P. et al 2004). Several saw volunteering as a way of participating in society, earning respect and inclusion. Participants told us that they donated their time to religious charity groups, food distribution services, senior centers, hospitals, the Advisory Group on Aging for the City of Chicago Department of Family and Support Services, aldermanic offices, and advocacy groups. Several were engaged in caregiving for other older adults in a voluntary capacity. Others told us that one of the things they really liked about being retired was that they could choose whether or not to have a job or to spend time volunteering.

"Are you interested in volunteering? Participation is something we as senior citizens, we can all do something. We can't do as much as we used to. But, we can do something, I mean, in the neighborhood." (Central West)

"I am part of a civic organization that is sort of like a watch dog about housing and really advocating with developers that they have 20% set aside in the development for low cost affordable housing and that is a battle to get them to do that. It is working. It is a slow process, so I really understand. In fact we recently did a market survey as far as housing and we found really gaps of availability of units that are affordable and people who need it. There is a real gap and so we discovered that." (Renaissance Court).

"We got all the names of the older adults and we checked them out, you know got their vital signs and see what they need. All of those who had kids, we asked them who could do marketing or whatever they need. Whatever they want we made sure we could give it, although it is not like a brand new, maybe some are used, but as long as it is clean. We make sure their house is... it gave more pep to my life." (North East)

"I'm not looking for another job. I've been that aspect, part time job and I did not like it, so I'm retired." (Renaissance Court).

CAREGIVING

Nationally, one in five older adults (19%) (Feldman, et al, 2004) provides help to a relative or friend. Analysis of our focus group participants showed a significantly higher number of participants were caregivers to spouses, grandchildren, and nonrelatives (43%) than the national

average. Caregiving was one area where participants were struggling to get information and support, even when connected to senior center networks. One caregiver we heard from explained that not only was it difficult to find out about the services but that the system did not seem to take into account the health status of the caregiver.

"I raised my family, and I given the best I had to do for them and help. I'm a caregiver too, I'm still a caregiver. At my age. And I'm on my fourth generation."-(Central West).

"I been trying to get some help as a caregiver. Cause now I need some help. Cause most the people know what I'm dealing with here at the center. But it seems like I can't get any. They tell you to do this and they tell you to do that. And you do that and you still don't get it. You know, then they say you go here and you go there. Well, I can't be doing too much cause I do have a problem breathing. I can't just jump up and run everywhere. I go when I can and I do what I can when I can. But, like I said, it's a lot of red tape." (Central West)

ALDERMEN

In line with national statistics, which show 85% of older adults voting in local elections (Feldman, P. et al 2004), we observed that older adults were politically aware and active. Aldermen were the most-referenced political figures in our analysis, with a word count of 46 mentions (the same as for the word 'block'). Participants expressed substantial appreciation for aldermen who got things done. Older adults were very clear that it was aldermen who could make changes to improve the quality of their lives.

"The alderman's office is key...You got to have some communication with the alderman." (Advisory Group)

"As I was saying, some of the people we talked about today, some of the individuals who know people, people need to be more in touch with their aldermen because a study like this, a sit in like the one we were involved in could be long term and we may not see anything back from it. But I think immediately we need to be in constant contact with our elected officials and put the pressure there for your immediate community because so much is going on all the time. There are so many terrible things going on in the state and the city and the county. If we've got an issue and you have neighbors, put them in touch with their alderman because that is what we pay them for." (Southeast)

ADVOCACY

Several participants had become advocates or set up their own action networks (e.g., Action Now). They were proud of the changes that their advocacy had brought about.

"That store closed down near school that was selling stuff to kids before school and they weren't going to school. And they were selling drugs and everything else and ... we closed it down. Cause we protested. I'm a court advocate now." (Central West)

COMMUNITY SUPPORT AND HEALTH SERVICES

During this section of the focus group, we engaged participants in discussion about the extent to which older people have access to the social and health services they need to stay healthy and independent. Prompt questions included asking about the types of services available, their accessibility, and their affordability.

HEALTH AND HEALTH-RELATED SERVICES AND SUPPORT

Participants told us about a number of health-related services and types of community support they used. Most accessed services through their senior center, but several mentioned a number of both not-for-profit and for-profit organizations. These included Home Physician (a service that enables caregivers to keep their loved ones at home), PACE transportation and Concordia in the City (providing transportation to grocery stores), Meals on Wheels, assisted living, and Senior Jewish Care buses, all of which had older adults 'approval.. Participants also mentioned churches as providing help and support to access doctor's appointments and groceries.

"Keep your sick family member or whoever at home. And they [Home Physician] come out to see about them and it is covered by your insurance. And I thought that was fantastic with the city of this size." (Advisory Group)

"Within the churches, I can't speak for all dominations. They are encouraging younger members to take an interest in the older adults. And be almost like an adopted child to them. And ask them to call them weekly and see if they need to go anywhere." (Advisory Group).

BARRIERS TO HEALTH SERVICES

Participants also reported a number of barriers to health services. These included the lack of a clinic, or inconveniently located clinics, in the neighborhood, lack of a birth certificate, cost factors, and the unexpected closure of health clinics providing health care to those without medical insurance. The ability to plan access to health care is an important part of senior quality of life. Clinic closure, therefore, has a big impact on senior well-being, and was particularly unwelcome when perceived to be done without any transparency or publicity. The anticipated cost of health care, as well as the rising cost of living and changes to pension structures, were participants' biggest fears. Participants also observed that the future for their health care looked bleak.

"The city went around and closed a lot of the border health clinics that were helping people that didn't have insurance. They shut a lot of those clinics. And a lot of people are probably still not aware of that." (North East)

"And the only thing that worries me, I am seven years older than my husband, is the pension age. That is what worries me. I'm already on pension. My husband has worked 42 years and by the time he retires the age will be up to 67. That's what worries me, the insurance and all. That's what my concern is. How are we going to survive? I do have children and they say not to worry about it. That's what they say, but I worry about it." (Southwest)

"The only problem is, like she said, the pension is coming and it is only me and I did not get a lot, a big pension. Social Security, they are cutting and cutting it. They don't consider that we already paid taxes." (Southwest)

"I mean if you get sick enough and you are you know, they take everything. You spend all of your time and your life giving to the community and then when you are at a point that's your loss." (Southeast)

CRIME AND LAW ENFORCEMENT

We found that the most-reported barrier to older adults living independently and accessing health services was the fear of crime. Figure 10 shows the distribution of talk about fear coded across all focus groups. As discussed previously, participants' biggest fears are of stepping outside into crime and violence, and their vulnerability as older adults when walking alone.

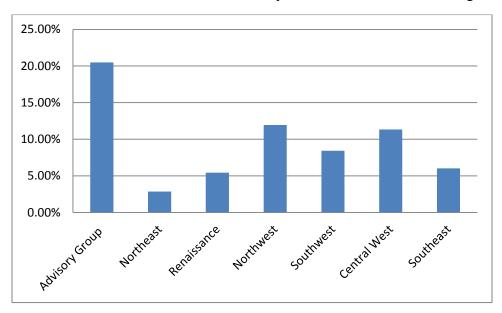


FIGURE 10: DISTRIBUTION OF FEAR OF CRIME CODED BY FOCUS GROUP

Participants in all focus groups gave examples of how they had countered their own and others' fears of crime and had managed to step out.

"All I'm saying is you have to be so careful. I don't care where you're at. So you've [got] to watch, unless you have the buddy system. And now I take some of the older ladies we go together. And I get angry and I say, 'Take your purse and put it in the car and close the door before you take...' We have to make sure and protect each other." (Advisory Group)

"I don't even carry a real purse when I ride transportation. I put whatever I need in my pocket. And that's what you have to do to be safe. And then [lots of talking over each other] [be aware of your surroundings. keep your eyes open. You can't be afraid to live. You gotta live] Cause whatever's meant to happen to you gonna happen regardless. I'm not afraid to live. [lots of talking at once]." (Central West)

ROLE OF THE POLICE DEPARTMENT

We observed that the police played a role in the lives of several participants. Participants reported going to the police to report abandoned cars outside their homes and traffic violations. Others mentioned police policies and how they might affect the quality of their lives.

"Our Police Superintendent wants to put policemen on the street. I don't have any policemen. But he wants to put them on the street to walk the beats. I think that can help with the older adults. We need to see the police cars patrolling in and out of the communities." (Advisory Group)

SUMMARY OF DOMAIN FINDINGS AND CROSS-CUTTING THEMES

The majority of the findings reported here are organized into the eight domains of city life identified by the WHO Global Network of Age-friendly Cities project and are presented in order of focus group topic sequence. Topics and themes were frequently combined or referenced back to by participants in each focus group. The graph below shows the percentage coding for the four most densely coded domains. Coding density suggests that participants mostly shared experiences in the domain of social participation. Transportation was also a salient topic, one which prompted much discussion, followed by the domain of housing.

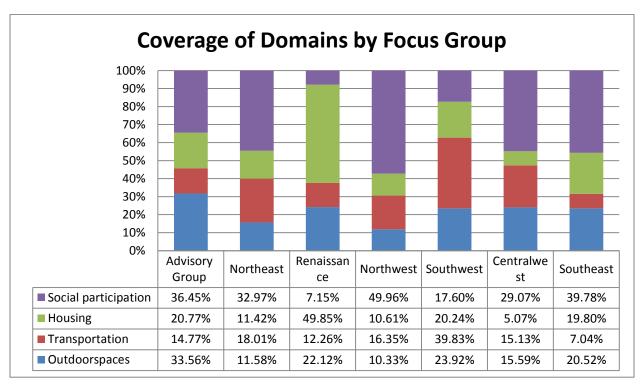


Figure 11: Most Densely Coded Domains by Focus Group

Within this overall picture, there are some clear variations in coding density between focus groups, with transportation outweighing social participation, housing, and outdoor spaces in the South West, and housing dominating coding of discussion for the Renaissance Center. An indepth analysis of focus group participant ratings of these domains clarifies the ways in which participant quality of life and wellbeing can be affected by these domains. Of particular note for future planning may be:

• The role that fear can play in inhibiting or prohibiting older adults from utilizing services.

- Older adults' high valuation of their favorite services, and understanding the role these play in maintaining a good quality of life.
- The importance of accessible transportation, timely repairs, and personal safety in enabling access to outdoor spaces and activities that promote wellbeing.
- The value older adults place on services and public representatives behaving respectfully and equitably to individuals, neighborhoods, and communities.
- Disparities in experiences between focus groups.
- Participants' expressions of independence and resilience.

CROSS CUTTING THEMES

Throughout our analysis, we also identified cross-cutting themes that impacted all eight of the WHO domains. These included affection for Chicago, health awareness, resilience and independence, and migration narratives.

Affection for Chicago as a place to live and grow older was widespread across all age categories and focus groups. Text search queries for 'like Chicago' returned an average of 10% coverage per focus group. Some participants we heard from spoke with nostalgia of returning to their place of birth (particularly those who had migrated from the South with their parents) but statements that 'I love...like...enjoy... appreciate... Chicago' were the norm.

"So since I'm here, I like it. Cause it have all different types of programs especially for older adults. Chicago do take care of their older adults more so than some of the other places I have lived. Because I lived in Philadelphia for a few years, and they just seemed like they're not that concerned about, uh, uh, the older adults like they are here. So, I so far enjoy it here, since I am here."

- (Central West)

Particular favorite aspects of the city included transportation, people, services for older adults, parks and green spaces, the lake and downtown, free education at city colleges, and free bus passes. However, ratings did differ markedly by service area. Residents in the Southeast, for example, rated public transportation appreciatively, while those in Southwest identified much room for improvement.

Health awareness was frequently evident during focus groups, with participants talking about the accessibility of buildings and transportation, as well as their own or others disabilities. Analysis of US Census data for 2010 shows that 137,361 non-institutionalized older Chicagoans self-reported disability status, and many participants self-defined as living with a disability.

We met participants who had difficulty accessing disability services because of red tape and who had waited a long time for services. A particular feature of the two North West focus groups conducted in Spanish and Polish were comments on the difficulty of finding information about services in those languages. Other older adults who provided care for spouses, grandchildren under 18, and non-family members also reported difficulty in finding out what services were available to assist them.

In addition, participants talked about using senior centers to counter loneliness and depression. However, in the words of one participant, "It is stressful being a senior – having to always be alert. I love the programs that they [senior services] have. But as for living here, as being relaxed? It's stressful. High blood pressure. Hypertension. Diabetes. Everything come from stress."(Central West)

Older Chicagoans are resilient, independent, and have been that way throughout the life course. We heard many moving accounts of pragmatism in the face of significant personal hardship. These included accounts of women who had moved out of relationships to escape domestic abuse and protect their children, families who had been affected by the deaths of family members due to crime, and sons and daughters who had moved away to find jobs and affordable housing and therefore could not visit often.

"I did buy my car so I can get around. So I went around all the hardships, and even if I had hardships I do 'em. That's my exercise. I call that my exercise; coming here, going there, doing favors. It's my exercise. It is my thing that I am you know, I am taking care of myself. I know my children, they are busy with themselves." (Southwest)

Participant accounts of their living environments were also notable both for the objective detail of recall and the expressed pride in their independence. Participants in the Southeast focus group, for example, were adamant that they did not want to be seen as big recipients of government aid. One participant offered his opinion that communities could benefit from discussing how private capital could be invested in the community:

"That Kroc center that she is speaking of, it was the result of some wealthy donors. I think the gentleman who created McDonald's ... and there is an example of what, you know, somebody with private capital invested in the community. I think more needs to be said about that because every time the government does something people say, well big government, so then it becomes a problem. But there is an example of what can happen when businesses get together and what they can do to improve services for older adults. If they do it that is different, but if we do it we are asking government and therein lies a great issue, I mean a really big issue." (Southeast)

Migration narratives were another common feature of participant reports in the Central West and Southwest focus groups. These participants' insights into the age-friendliness of Chicago were heavily informed by their migratory history. Analysis suggests that migration narratives are extremely important to these older Chiocagoans, particularly African Americans. Older adults who had left the South with their parents or left themselves to find a home in Chicago in the 40s and 50s had a reluctant affection for Chicago as a secondary home. Answers to the question 'what is it like to live in Chicago as an older person?' were characterised by reluctance borne of a yearning to return 'home' to the South. Participants wanted to have this aspect of their identity

on record as a key part of who they were and how they experienced life as a senior in Chicago. As one participant explained to us: "I feel relaxed when I can sit on my front porch and my back porch and just look at the sun go down, the sun come up, and nobody bothering me. No sirens. Nobody running. No hype. No this, no that. That's where I would like to be. And my home town's [in Georgia] like that" (Central West)

At the same time, participants in all focus groups spoke warmly of Chicago as a culturally diverse, religiously tolerant city and were highly appreciative and proud of the city's history of welcoming immigrants from all over the world. A word query shows that the highest word counted is 'people,' and after 'transportation,' 'I like the people' was the most frequent response when participants were asked what they liked about the city.

PARTICIPANT SUGGESTIONS

Focus group participants made several suggestions for improving and maintaining an agefriendly Chicago. Some suggestions were directed to the City of Chicago, while others were suggestions to other older Chicagoans. A selection is listed below:

OUTDOOR SPACES AND BUILDINGS

- Create more outdoor places for young people to congregate (Southeast).
- Provide benches and automated grocery carts in stores (Advisory Group).
- Reroute heavy truck traffic away from community areas (Southwest).

TRANSPORTATION

- Introduce a Get Up Campaign on the buses (Advisory Group).
- Post more stop signs for cars at pedestrian cross walks (Advisory Group participant).
- Educate everyone on cycling laws of the road and sidewalk (Renaissance Court).
- Maintain current senior fare on the L trains (North East).

HOUSING

- Add a zoning classification for housing co-ops (Renaissance Court).
- Relieve some of the red tape older adults have to go through to obtain housing (Central West).
- Create more places where people of all races/ethnicities and ages can go to walk and congregate (Southeast).
- Reintroduce clubs for young men like the Field Houses (Southeast).

RESPECT AND SOCIAL INCLUSION

- Establish intergenerational programs in schools and churches to bring older adults and children together. (Advisory Group, Southeast).
- Recommend more older adults to the Senior Hall of Fame (Central West).
- Maintain senior center programs (North East).

SOCIAL PARTICIPATION

- Support block clubs (Advisory Group, Central West, Southeast).
- Encourage Senior Center membership and tell other older adults about the centers (North West, North East).

COMMUNICATION AND INFORMATION

- Create your own program for CAN TV http://www.cantv.org/ (Renaissance Court).
- Improve the system of informing older adults about senior centers (North West).
- Utilize neighborhood publications to publicize services and activities.(North West)
- Offer education to older adults in using iPhones (Southeast).

CIVIC PARTICIPATION AND EMPLOYMENT

- Restrict the amount of time people can hold public office (Advisory Group).
- Communicate with your alderman (Advisory Group and Southeast).
- Join an advocacy group (Central West).

COMMUNITY SUPPORT AND HEALTH SERVICES

- Buddy up to avoid crime, and stay alert (Advisory Group).
- Create more police visibility (Advisory Group).
- Be vigilant and dress appropriately when you travel (Central West).

NEXT STEPS

- Briefing on report for key Mayor's Office staff and City department heads at City Hall
- Introduce an Age-Friendly self-assessment to City of Chicago departments and sister agencies
- Each participating senior center to receive hard copy of report; comments will be invited from participants
- Eckenhoff Lecture and Seminar, Buehler Center, North Western University, October 21, 2013 – presentation of report to research, professional and community stakeholders and round table discussion of next steps
- Network with other US city members of the WHO Global Network of Age-Friendly Cities
- Sourcing funding for development of age-friendly indicators for a baseline assessment of Age-Friendly Chicago and further research with hard-to-reach groups
- Sourcing funding for the development of community-based engagement programs (e.g. intergenerational programs and caregiver needs assessments)

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APPENDICES

- Map 1: Total 60 years and above City of Chicago by zip code 2010
- Map 2: Distribution of DFSS Senior Centers and Satellite Locations by Community Area, 2013
- Map 3: Distribution of Senior Dining Sites by Community Area, 2012.
- Map 4: Distribution of Residents Age 65 and above by Community Area, 2010
- Map 5: Distribution of Black African American Residents by Community Area, 2010
- Map 6: Distribution of Households of Hispanic Ethnicity by Community Area, 2010
- Map 7: Distribution of Households where English is Spoken Poorly by Community Area 2010

