

The Future for All Aging Adults in Illinois



JOHN K. HOLTON, PHD
JANE ADDAMS CENTER FOR SOCIAL
POLICY & RESEARCH/UIC

Illinois Department on Aging

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IDOA tasked the JANE ADDAMS Center for Social Policy & Research to address two (2) concerns:

- 1) to enhance the *State Plan on Aging, FY2022-24*, specifically, Goal 2: “Expand and ensure equitable access to programs that address social determinants of health with a focus on identifying and understanding the needs of underserved and diverse populations.”
- 2) To [help] develop a program to identify the special needs and problems of minority senior citizens and evaluate the adequacy and accessibility of existing programs and information for minority senior citizens.



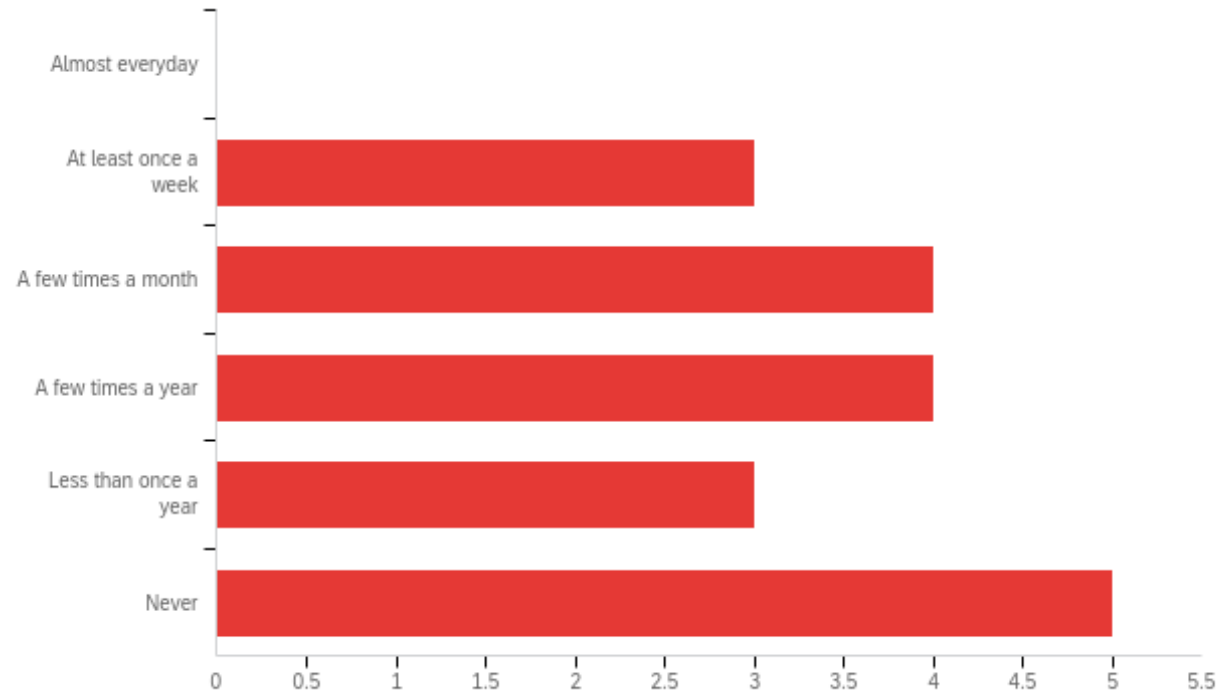
*The Future for All Aging
Adults in Illinois—
Towards an IDOA
Minority Outreach &
Demonstration Program
of Inclusion, Diversity,
and Equity*

PRESENTATION AGENDA--

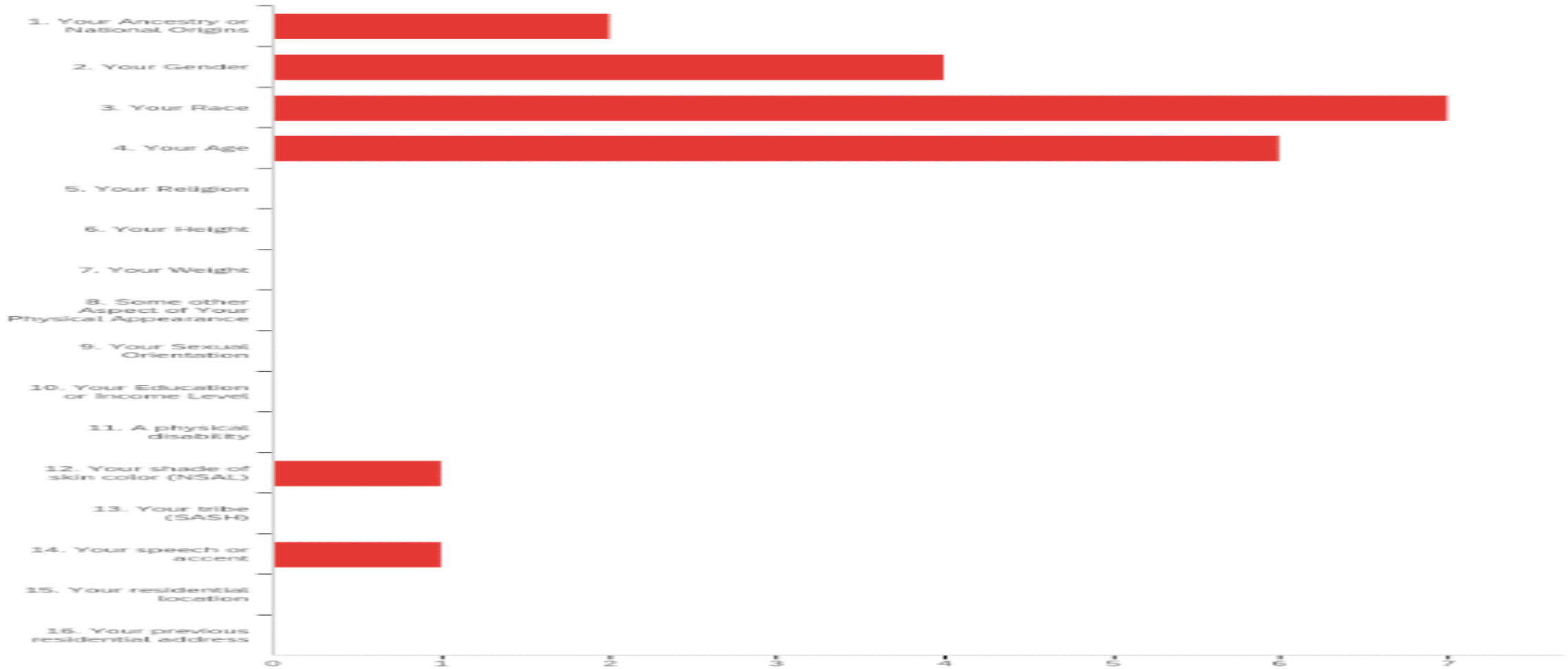
- ONLINE SURVEY RESULTS
- FOCUS GROUP GEMS
- RECOMMENDATIONS

Survey Question: “You are treated with less respect than other people are”

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What do you think is the main reason for these experiences? (CHECK ALL THAT APPLY).



TOP 3 MOST “FAMILIAR” IDOA Programs

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IDOA Program/Svc	Familiar	No Opinion	Unfamiliar
In-home Services	55%	10%	35%
(tie) Alzheimer's & Dementia Long-term Care Information & Assistance Nutrition	50%	10 – 15%	35 – 45%
Adult Day Services	43%	19%	38%

TOP 5 MOST “UNFAMILIAR” IDOA Programs

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IDOA Program/Svc	Unfamiliar	No Opinion	Familiar
Homecare Ombudsman	63%	11%	26%
Senior Community Service Employment Program (Title V Program)	61%	11%	28%
Benefit Access Legal Assistance (tie)	58%	5 - 11%	32 - 37%
Automated Medication Dispenser	53%	5%	42%
Senior Companion Community Care Program (CCP) Veterans Services (tie)	50%	10 - 20%	30 - 40%

TOP 4 “FAMILIAR” v. “UNFAMILIAR” IDOA Programs

IDOA Program/Svc	Familiar	No Opinion	Unfamiliar
Senior Helpline	47%	5%	47%
Senior Health Insurance Program (SHIP)	47%	5%	47%
Care Coordination Program	45%	10%	45%
Transportation	44%	11%	44%

I feel comfortable contacting a provider of aging services

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Extremely comfortable	26%
Somewhat comfortable	5%
Neither comfortable nor uncomfortable	68%

“Comfort” in discussing Aging Topics

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Yes, very comfortable	65%
No, not comfortable at all	0%
It depends on the aging topic	9%
Depends on the person I'm talking to	26%

GEMS from Focus Groups

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It is “weird” being home because [I] have never done adult things. I grew older in prison but was not “watered” [with experiences] that come from normal life outside of prison]. I had become part of the senior population in prison but not the part of the senior population outside of prison.”

Due to my chronic health conditions, I cannot go outside as much as I want. I have a heart condition that impairs me from doing many activities. I would only walk a little bit inside the building and talk to people I saw in the hallways. My biggest challenge as an elderly has been finding medical insurance coverage that will allow me to have the treatments I need.

For example: due to my condition, I was referred for physical therapy, it has been six months, and I cannot find a place to go for treatment that will take my medical insurance. Moreover, businesses that will take my insurance are very far from me, and I do not have transportation or someone to take me.

GEMS from Focus Groups

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We asked about “aging in place” and housing concerns as older adults. “Aging in place” was unfamiliar, and the term was deemed a new expression by all participants. Once defined, participants understood its significance with housing, a topic of great concern. The rising cost of rents, along with the increasing and ongoing gentrification developments, are “driving [urban] elders out of the city.” The result is a discontinuity of wisdom sharing to children, youth, and other adults who lose exposure to older adults. A secondary concern was the need for senior housing that is culturally appropriate for Native people.

“Caregiving is humbling. You learn humility caring for somebody. I was caring for my mother and when she went to the bathroom, she called to me. She couldn’t get up, couldn’t clean herself. She called me for help. It was humbling helping my mother, but she needed my help, so I did. I’m a better person for it.”

- Unlike other focus groups, LGBTQ participants encourage engagement and confrontations with social service systems and the accompanying bureaucratic structures that are perceived to limit access and utilization.
- Diversity exists in the opinions of health care providers who are at times viewed with suspicion and at times with appreciation.
- Mental health services to address previous trauma is noted.
- Housing affordability remains an important concern.

Selected Findings

- AGEISM EXISTS WITHIN MINORITY FAMILIES, INSTITUTIONS, AND COMMUNITIES. THEREFORE, ADDRESSING THE EXISTENCE OF AGEISM AS ANOTHER VECTOR OF IDENTITY INTERSECTIONALITY (“FOGO” OR “FEAR OF GETTING OLD”) IS A CRITICALLY NEEDED ADDITION TO ALL IDOA PUBLICITY.
- NEED FOR MORE STAFF WHO ARE FAMILIAR WITH AND UNDERSTAND THE LIVED EXPERIENCES THAT FURTHER MARGINALIZE MINORITY OLDER ADULTS

Selected Findings

- ACKNOWLEDGING DIFFERENCES AND DEFICIENCIES WITHIN THE AGING POPULATION DOES NOT SURPASS THE NEED TO HIGHLIGHT COMMONALITIES AND INTERESTS.
- GREATER COMMUNICATION AND INFORMATION ABOUT IDOA'S ROLE AS A STATE AGENCY IS NEEDED.
- MINORITY PARTICIPANTS IDENTIFY WITH LOCAL AGENCY PROVIDERS FOR SERVICES BUT DO NOT IDENTIFY IDOA AS THE FUNDING SOURCE.

Selected Findings

MORE SERVICES OUTSIDE THE LARGER METROPOLITAN AREAS (CHICAGO/COOK AND DUPAGE COUNTIES) TO TARGETED MICROPOLITAN AREAS (E.G., JACKSONVILLE COUNTY)

NON-ENGLISH SPEAKERS ARE ISOLATED FROM IDOA MEDIA

Selected Findings

- MULTIPLE REQUESTS FROM MINORITY OLDER ADULTS FOR MORE INPUT ABOUT THE QUALITY OF SERVICES PROVIDED AND INFORMATION ON THE DEPARTMENT'S STRATEGIC PLANNING AND LEGISLATIVE INITIATIVES.
- MORE TRAINING OR OTHER SUPPORTIVE SERVICES FOR CAREGIVING AND CAREGIVERS

Recommended Action Steps

SECURE COOPERATION WITH THE ADMINISTRATION ON COMMUNITY LIVING/ACL TO PROVIDE FEDERAL ASSISTANCE TO TRAIN IDOA STAFF (AND AREA AGENCIES ON AGING STAFF) USING THE *TOOLKIT FOR SERVING DIVERSE COMMUNITIES*.

STAFF TRAINING CURRICULUM THAT INCLUDES AN EMPLOYEE SELF-ASSESSMENT, SUPPORTS THE ABILITY TO IDENTIFY RESOURCES WITHIN MINORITY COMMUNITIES, IDENTIFIES LIKELY UTILIZED SERVICES, AND PROVIDES EVALUATION AND ACCOUNTABILITY TOOLS TO MEASURE IMPACT.

Recommended Action Steps

CONDUCT A PILOT DEMONSTRATION PROGRAM FOR MINORITY OLDER ADULTS WITH ASSISTANCE FROM THE OLDER ADULTS' EQUITY COLLABORATIVE (OAEC) AND THE AAAS.

CONDUCT THE PILOT IN ONE OF NINE AAA REGIONS WITH MINORITY POPULATIONS TO CREATE AND ENSURE ACCESS AND EQUITY ACROSS AGING PROGRAMS BY PROVIDING TECHNICAL ASSISTANCE TO THE AGING SERVICES NETWORK.

Recommended Action Steps

- Acknowledge the centrality of roles played by other family members/relatives who provide care for older adults. IDOA emphasizes its services as beneficial for the entire family and accepts an intergenerational approach inclusive of the current age-eligible population and the younger generations of future users
- Offer “innovation” grants in smaller populated counties to spur new ways to connect older adults to services, combat isolation and food deserts, or enhance safety, security, and socialization.

Recommended Action Steps

- Address the need for a “**personal touch**” with aging issues, an individual who looks like, speaks like, and understands the intersectional identities of minority older adults. Recruit and train volunteer retirees who have received services (e.g., Colbert Consent Decree class members) to serve as information “ambassadors” to minority organizations.
- Actively engage and saturate minority communities by contacting traditional organizations (e.g., chamber of commerce, food vendors, faith institutions, and housing corporations), new agencies (TRS/Transforming Re-Entry Services), and intergenerational serving organizations (American Indian Association of Illinois/NAES College, early childcare providers, art/music/dance centers) frequented by older adults.

Recommended Action Steps

Healthcare & Family Services (HFS)	Establish a partnership with HFS <u>Healthcare Transformation Collaboratives</u> to target minority chronic health concerns (e.g., diabetes, heart disease)
Public Health (IDPH)	Establish a partnership w/IDPH to utilize its <u>Behavioral Risk Factor Surveillance System (BRFSS)</u> , older minority adults
Illinois Lottery	Replicate the “Veterans Cash Ticket” promoted by the Department of Veterans Affairs with a “Swinging Seniors” cash ticket to designate 100 percent of net proceeds to older adult serving institutions that “provide vital services, including job training, housing assistance, and post-traumatic stress treatment.”

1st/Final Action Step:

“When it comes to aging, I believe”

“respondents **overwhelmingly disagreed** (83%) that “as you get older, you are less useful” almost **two out of three** (61%) remarked, “as I get older, things are better than I thought they would be.”