

**Senior Housing on Chicago's Southwest Side:
With a Focus on Latino Seniors
A Market Feasibility Study
for The Resurrection Project**

**University of Illinois at Chicago
Nathalie P. Voorhees Center for Neighborhood and Community Improvement
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The Nathalie P. Voorhees Center for Neighborhood and Community Improvement

The Nathalie P. Voorhees Center is an applied research and professional assistance unit of the College of Urban Planning and Public Affairs at the University of Illinois at Chicago. Its mission is to improve the quality of life for all residents of the metropolitan area through assisting organizations and local governments in efforts to revitalize the many and varied neighborhoods and communities in the City of Chicago and its suburbs.

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Executive Summary

The Resurrection Project (TRP) requested the University of Illinois at Chicago Nathalie P. Voorhees Center for Neighborhood and Community Improvement (VNC) to assess the feasibility of developing housing and specifically an affordable supportive living facility (SLF) for seniors on Chicago's southwest side. The state of Illinois is encouraging the development of assisted housing or as the state program calls them, supportive living facilities. The state is providing funding specifically to fund these facilities for low-income older people. TRP is considering applying to this state program to do a development. TRP is also specifically interested in developing a senior housing development for Latino seniors in their target area on the southwest side. For this reason, TRP requested that this report focus on the market and amenities of senior housing that would be appealing to Latino¹ seniors.

A Supportive Living Facility (SLF) is senior housing that offers support services for the elderly who are 65 or older. The supportive services usually include personal care, homemaking services like cleaning and cooking meals, medication supervision and a 24/7 staff. This combination of housing and supportive services is designed to meet the needs of those who require help with daily activities while still maintaining a level of independence. This type of housing is also often referred to as assisted housing.

To assess the feasibility of developing senior housing and specifically an affordable supportive living facility (SLF) on the southwest side of Chicago, we used a combination of quantitative and qualitative data from both primary and secondary sources. The quantitative data used in this report is from the 2000 US Census Public Use Microdata Samples (PUMS). To supplement the census information, the Voorhees Center conducted a mail and follow-up telephone survey of older adults over 55 years of age in the primary market area. It was a random stratified sample of owners and renters. Qualitative data was collected at a focus group held in the Pilsen area and these findings were combined with an earlier 2002 TRP study, which interviewed 50 Latino seniors about their interest in senior housing. We also conducted key informant interviews with social workers that specialized in senior services at the nearby hospitals. The Voorhees Center staff also compiled and mapped the major amenities and senior services of the primary and secondary market areas. Lastly, we included descriptions of the comparable existing senior housing developments in the primary and secondary market area. We then combined all of this information to analyze the need and potential market for a subsidized affordable supportive living facility (SLF) in the primary and secondary market areas.

The analysis demonstrates that there is an interest and market for the SLF concept on Chicago's southwest side. The majority of seniors in the primary and secondary market areas have incomes less than \$25,000. Thus, they would require the SLF units to be subsidized in order to afford this housing option. The analysis of the existing assisted living and independent senior developments in and near the primary and secondary market area, and the waiting lists for these subsidized units, reinforces the need and market for a subsidized low-income senior housing development on the southwest side of Chicago.

We identified eight target market groups for TRP to consider for its potential senior

¹ Throughout the report we use the terms Latino and Hispanic interchangeably. We prefer the term Latino but use Hispanic because it is used by the census in its data tables.

housing development. For each of these target market groups, we did a capture rate analysis. The eight target market groups are:

1. All older adults, Hispanic and non-Hispanic, in the primary and secondary market areas who have incomes less than \$25,000 a year.
2. The older adults, Hispanic only, in the primary and secondary market areas with incomes less than \$25,000.
3. The older adults, Hispanic only, in the primary and secondary market areas with incomes less than \$25,000 who are also U.S. citizens.
4. The older adults, Hispanic only, in the City of Chicago who are U.S. citizens and have incomes less than \$25,000.
5. All the older adults in the primary and secondary market area who make more than \$37,500 a year. This group is potentially the private pay residents.
6. The older adults in the primary and secondary market area who are SSI recipients.
7. The older disabled adults, Hispanic and Non-Hispanic, in the primary and secondary market areas.
8. The older adults, over 65 years of age, living alone in the primary and secondary market areas.

Recommendations

1. Based on our analysis of the census information, the survey results and the competition within and near the market area, we have determined that there is a market for The Resurrection Project (TRP) to build a senior development of SLF units. We recommend that the number of subsidized SLF units in the proposed development be 65 units and an additional 35 units for private pay residents. This would be a total of 100 units. The average number of units in the 35 SLF presently operating in the state of Illinois is 88 units.

The recommendation of 65 subsidized units is based on the 1% or 2% capture rate of several of the market target groups: all adults on SSI, Hispanics with disabilities and seniors over 65 years old living alone. It is a conservative estimated if TRP decides to do marketing and outreach to low-income Hispanic seniors citywide (See Table 53). We assume that Latino seniors from around the city will be a potential market for the proposed TRP senior development because there are so few senior housing developments in other Latino areas in the city.

Based on capturing 1% of the older adults in the primary and secondary market areas with

incomes more than \$37,500 a year (See Table 54), the proposed development could include an additional 35 SLF units to house this population. It is assumed that seniors with these higher incomes would be private pay residents. These seniors would not qualify for the state subsidy program for SLF units.

2. We recommend that TRP develop a marketing and outreach plan for seniors and their families in both the primary and secondary market areas to further discuss the pros and cons of the assisted living facility and other independent senior housing concepts. There was a great deal of interest expressed by survey respondents, focus group participants and senior interviewees when informed about the model. The marketing and outreach plan could also begin to identify residents for the proposed development.

We think doing this marketing and outreach plan is important based on the difficulty we encountered in identifying, contacting, and surveying senior residents of the primary market area. We recommend that TRP identify and solicit funding to support the marketing and outreach programs to potential residents, independent of the anticipated costs of development. Given TRP's history of creating workable solutions to the evolving needs of the Latino population, their history in the market area, and the anticipated growth of the Latino elderly population, funding the marketing and outreach plan should be of interest to private foundations.

3. Based on our interviews with hospital social workers, we recommend that TRP also offer an educational workshop to social workers and other social service agency staff members who work with seniors in the market areas. This workshop would inform these groups about the supportive living facility and other independent senior housing concepts. In addition, the workshop would include a needs assessment component that would educate professionals on the supportive living facility concept and how to assess a senior's eligibility for residency in a supportive living facility.

Introduction

The Resurrection Project (TRP) requested the University of Illinois at Chicago Nathalie P. Voorhees Center for Neighborhood and Community Improvement (VNC) to assess the feasibility of developing housing and specifically an affordable supportive living facility (SLF) for seniors on Chicago's southwest side. In addition, TRP requested that the report focus on the market and amenities of senior housing that would be appealing to Latino² seniors.

The Resurrection Project (TRP) is an institution-based neighborhood organization founded in 1990. TRP's mission is to build relationships and challenge people to act on their faith and values to create healthy communities through organizing, education, and community development. TRP primarily serves low to moderate-income families in the southwest side communities of Pilsen, Little Village, and Back of the Yards.

The Nathalie P. Voorhees Center for Neighborhood and Community Improvement is a technical assistance and applied research center at the University of Illinois at Chicago. Its mission is to improve the quality of life for all residents of the metropolitan area through assisting community organizations and local government in efforts to revitalize the many and varied communities in the city of Chicago and surrounding area. The center has been in operation for 25 years and for the last 15 years has specialized in affordable housing research.

Senior Housing

The aging of the baby boomers, advancement in medicine, and improvement in health care systems have all contributed to the expanding U.S. senior population. In 2000, 34 million seniors resided in the U.S and this number is expected to more than double to 71.5 million by 2030.³ Of these 71.5 million, 7.7 million are expected to be of Latino descent. This increase in seniors has called upon a variety of services to meet the needs of this population; one of these services includes housing.

Senior housing is in high demand as the elder population continues to grow. Since a majority of seniors live on low fixed incomes, they will need to be accommodated in housing they can afford. Oftentimes, the current housing that a senior has had for a while may become too expensive. This happens because of rising property taxes, expensive repairs for homeowners and rising rents for renters. Other issues, such as isolation, age frailty and loss of family and friends may call upon a change in their living arrangements. These problematic issues particularly affect Latino seniors because of their disproportionate low-income status. Nationally, the poverty rate in 2000 for Latino elderly was 20% and citywide it is 19%. These percentages are high, especially when compared to Anglo senior poverty rates of 8% nationally and 10% in Chicago.

² Throughout the report we use the terms Latino and Hispanic interchangeably. We prefer the term Latino but use Hispanic because it is used by the census in its data tables.

³ Administration on Aging Site. "A Statistical Profile of Hispanic Older Americans Aged 65+". Available at <http://www.aoa.gov/prof/Statistics/statistics.asp>

The City of Chicago has recognized the need for senior housing and is committed to accommodating the needs of their aging population. One way the City has proposed to meet senior needs is by constructing at least one senior building in every ward.⁴ Construction of senior units may begin to satisfy the high demand for this type of housing, but this may not necessarily hold true for Latinos. Currently, only 2 of the 10 city sponsored Senior Suites developments are located in predominantly Latino neighborhoods: Belmont Cragin and Gage Park. Yet, these senior residences may not automatically appeal to low-income Latino seniors because of affordability and the lack of culturally appropriate programs and services directed toward Latino needs. One of the purposes of this study is to determine what services and features would make a senior development more desirable to Latino seniors.

Supportive Living Facility Defined

For this report, we looked at the market feasibility for a specific kind of senior housing, a Supportive Living Facility (SLF). This kind of senior housing offers support services for the elderly who are 65 or older. The supportive services usually include personal care, homemaking services like cleaning and cooking meals, medication supervision and a 24/7 staff. This combination of housing and supportive services is designed to meet the needs of those who require help with daily activities while still maintaining a level of independence. This type of housing is also referred to as senior assisted housing.

All residents of SLFs pay the cost of the housing and board, and the cost of the supportive services. The residents either pay out of their own funds or from governmental benefits such as Social Security or Supplemental Security Income (SSI). Supportive services are covered through the resident's own funds or Medicaid, or a combination depending on the income of the resident.

Medicaid is a federally funded program administered by the states, which sets specific requirements for Supportive Living Facility (SLF) eligibility and income and asset limits. In Illinois, persons 65 and older are eligible if they are U.S. citizens or legal resident aliens who entered the country prior to August 1996 or have been legally resident for five years since that date.⁵ Immigrants who entered the U.S. as refugees, asylum seekers, or conditional entrants are also eligible.

Medicaid eligibility for a Supportive Living facility (SLF) requires an individual to be at least 65 years old, and to undergo a pre-admission screening to determine that the level of care provided is necessary. Certification of medical need by a physician is also required. No individual with a diagnosis of developmental disability, chronic mental illness, or active tuberculosis is eligible for residence in a SLF.⁶

⁴ Adler, Jane. "City Shifting its Emphasis on New Senior Housing." Chicago Tribune, 1-8-04.

⁵ "Understanding Medicaid: A Brief Overview." <http://www.workwelfareandfamilies.org/PDF/Medicaid4-25.PDF>. Accessed June 3, 2004.

⁶ "Supportive Living Program Resident Fact Sheet." <http://www.slfillinois.com/factsheetresident.html>. Accessed June 7, 2004.

Individuals must have income of at least \$564 per month; couples require \$846 of monthly income. This income level is pegged to the current SSI payment. Of this income, the individual keeps \$90 for personal expenses and the rest is paid to the SLF for room and board. Residents who are eligible for food stamps may be required to allocate those benefits to the SLF as payment towards the cost of meals.⁷

Medicaid pays the difference between the resident's income and the full cost of the SLF, including supportive services. In Chicago, the combined total of the resident's payment and Medicaid payment cannot exceed \$2,454 per month. Consequently, seniors who are eligible for a state subsidized SLF will have a minimum income of \$564 a month or \$6,768 annually and a maximum income of \$2,454 a month or \$29,448 annually.⁸

Later in this report, we will look more closely at the demographics of the seniors on the southwest side to determine their eligibility for these funding sources, which will be needed for low-income seniors to afford to live in a state subsidized SLF.

Methodology

To assess the market feasibility of developing senior housing and specifically an affordable supportive living facility (SLF) on the southwest side of Chicago, we used a combination of quantitative and qualitative data from both primary and secondary sources.

Quantitative data: The 2000 US Census recently released Public Use Microdata Samples (PUMS), was used to describe the older adults in the market area and estimate their demand for senior housing. PUMS are computer-accessible files containing records for a sample of households, with information on the characteristics of each housing unit and the people in it. Within the limits of sample size and geographical detail, these files allow users to prepare virtually any tabulation they require. PUMS files are the only source of data that allows us to cross-tabulate the specific variables critical for looking at the targeted demographic characteristics of the older adults in the primary and secondary market areas. Because PUMS is a sample of observations drawn from the 100% count of the US Census, the data can only be disaggregated to a certain level of geography, which is 60 subareas in the Chicago region. For this report, we used one of the PUMS subareas that combines Pilsen and Little Village for the primary market area. For the secondary market area we used the PUMS subarea south of Pilsen and Little Village that combines 6 community areas.

To supplement the census information, the Voorhees Center conducted a mail survey of older adults over 55 years of age in the primary market area for the study. The survey was designed to measure interest and eligibility for an affordable supportive living facility (SLF) housing development in the Pilsen and Little Village area. The survey also asked basic information about health status, household composition, tenure, income level and sources, and use of senior services. Similar surveys, particularly the National Survey of

⁷ "Supportive Living Program Resident Fact Sheet." <http://www.slfillinois.com/factsheetresident.html>. Accessed June 7, 2004.

⁸ Ibid.

Hispanic Elderly People⁹ were referenced for question content and phrasing (both English and Spanish). It was a random stratified sample for owners and renters.

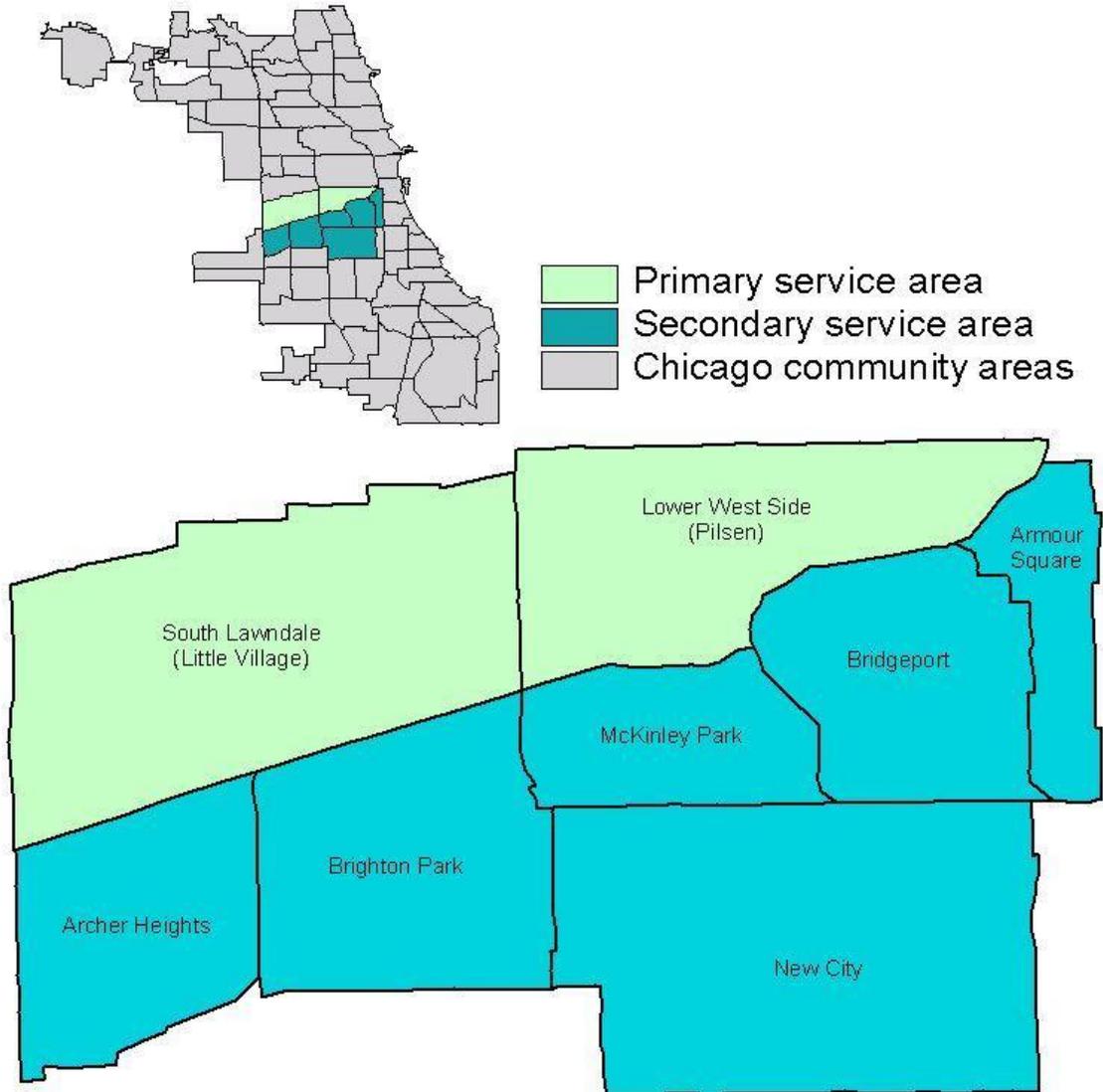
Qualitative data: One focus group was held in the Pilsen area and its findings were combined with an earlier 2002 study completed by TRP, which interviewed 50 Latino seniors about their interest in senior housing. We also conducted key informant interviews with the social workers who specialized in senior services at the nearby hospitals. The Voorhees Center staff also compiled and mapped the major amenities and senior services of the primary and secondary market areas. Lastly, we included descriptions of the comparable existing senior housing developments in the primary and secondary areas.

Market Area Defined

The market area for this report includes 8 community areas on the southwest side of the city of Chicago. The market area is divided into a primary and secondary market area. The total population for the primary market area is 138,057 persons and for the secondary market area, 174,378 persons for a total of 312,435 persons. Map 1 shows the primary and secondary service area, and their context within the city.

⁹ Davis, Karen and the Commonwealth Commission on Elderly People Living Alone, “National Survey of Hispanic Elderly People”, 1988. Accessed at <http://www.icpsr.org>

Map 1: Primary and Secondary market area within city of Chicago



Primary Market Area

The primary market area for this study is composed of two Chicago community areas (30-South Lawndale and 31-Lower West Side) that are commonly referred to as Pilsen and Little Village. Since the 1960s these two community areas have been predominantly Latino; most of the families are of Mexican origin.

According to the 2000 census, the Pilsen neighborhood has a population of 44,031 residents, 89% are of Latino origin. Little Village is directly west of Pilsen. It is also predominantly Latino. It has a larger population of 91,071, and 88% of the population is Latino.

In the 2000 census, the Pilsen median household income was reported at \$27,763, compared to the Chicago household median income of \$38,915 and the national median household income of \$41,433. For Little Village, the median household income was \$32,238.

Secondary Market Area

The secondary market area is comprised of six Chicago community areas (34, 60, 61,59,58,57) that are directly south of the primary target area. In this area, the population is 50.6% Latino. The median household income for the secondary market area is \$38,500. The demographics for the senior residents for both the primary and secondary market areas are described in more detail later in the Senior Demographic Analysis section.

Area Services

Commercial

The primary and secondary market areas are well serviced by the vibrant commercial districts found along 26th Street, 18th Street, Cermak Road, Archer Ave and 47th Street. Along these districts many retail establishments, restaurants, and health services are available within walking distance and are easily accessible by public transportation for neighborhood residents.

Transportation

The major CTA line and buses serving the area are:

Primary:

- The Cermak Branch of the Chicago Transit Authority (CTA) Blue Line elevated system has 9 stops in the primary market area. The first stop is at 18th and Paulina and the final stop is on Cicero Avenue.
- There are 9 bus lines in the primary target area. They travel on most of the main north south streets such as Halsted, Ashland, Damen, Western, California, Kedzie, Pulaski, Cicero and Central Park. There are three main east west buses on 18th Street, 22nd Street and the #60 Bus, which has a route that winds itself through the market area via Blue Island and 26th Street.

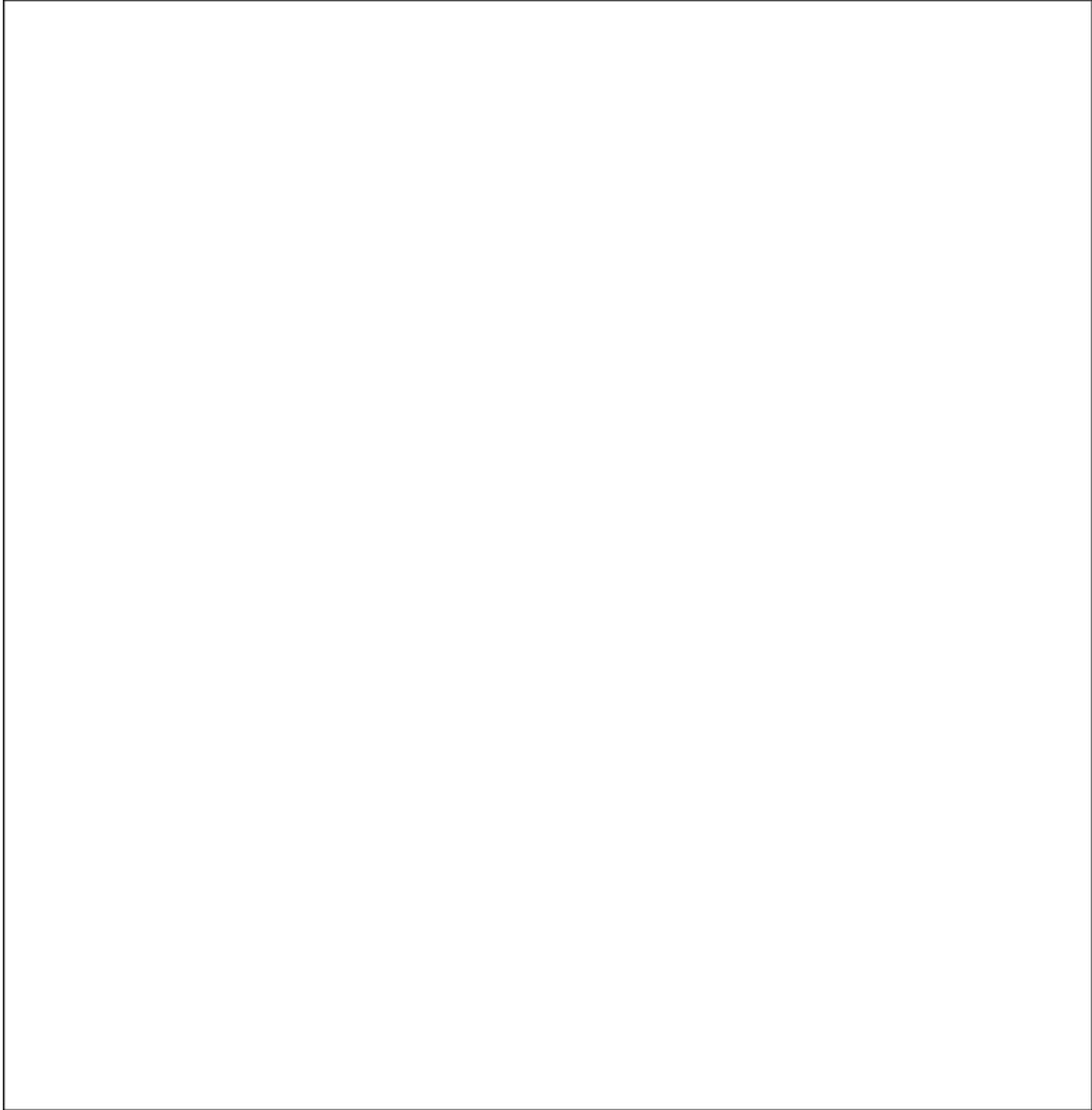
Secondary:

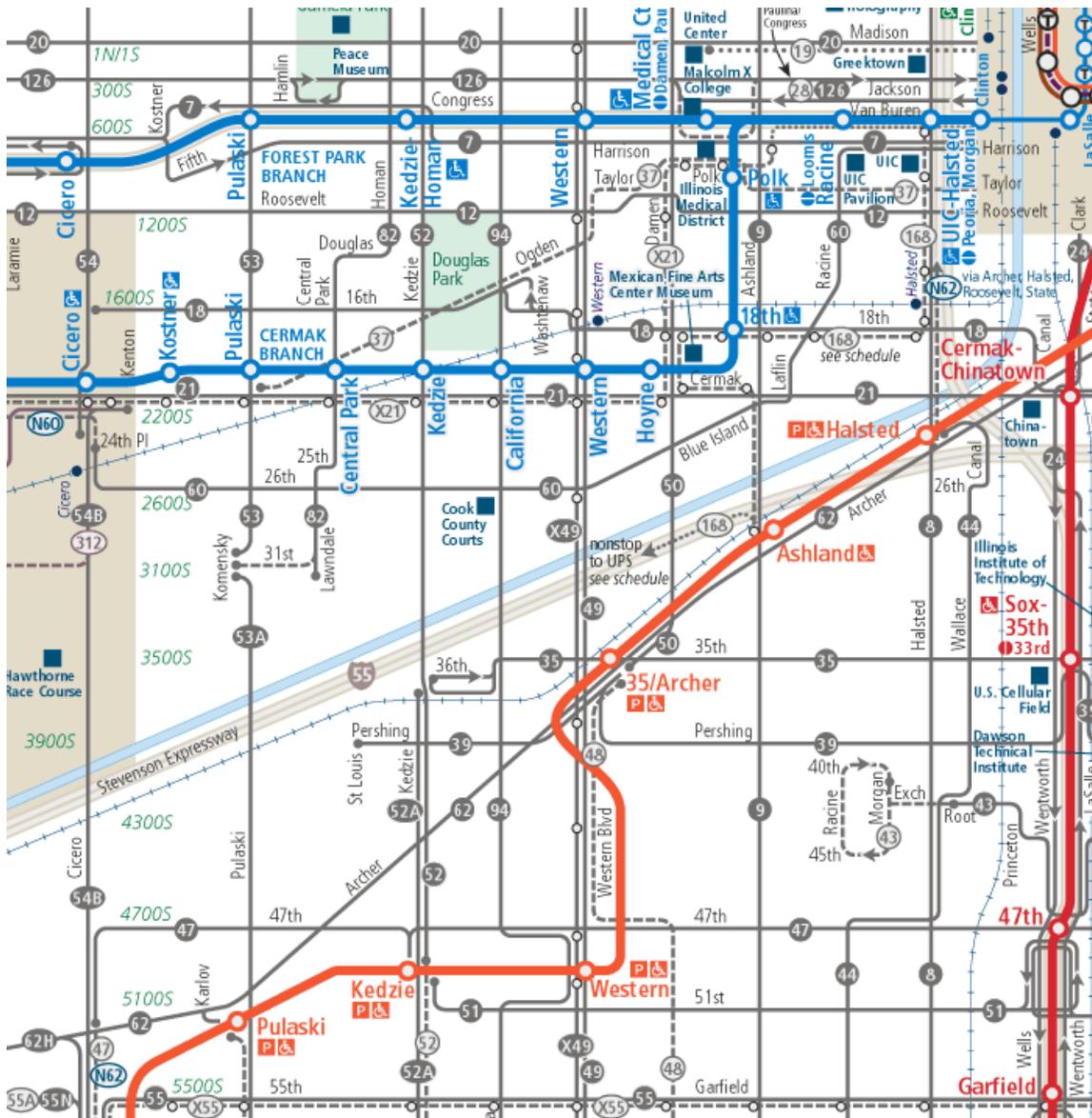
- The CTA's Orange Line covers a large portion of the secondary market area with 6 stops. The first stop is on Halsted and the last stop is at Pulaski and 51st. The CTA's Red Line covers the eastern portion of the secondary market area with 4 stops. The first stop is at Cermak and the last one is at Garfield.
- In the secondary market area there are 16 bus lines servicing its residents. Many of the lines in the primary market area flow into the secondary. Bus lines run north and south on the following streets: Pulaski, Kedzie, California, Western, Damen, Ashland, Halsted, Wallace, and Wentworth. The lines run east west on 35th, 39th, 47th, 51st, and Garfield. The #43 bus rides through Princeton, Root, and then through an exchange on Racine. A bus line also runs diagonally along Archer, a major arterial street with many commercial establishments.

Hours of Service:

Most of the bus lines run frequently throughout the day. The 18th Street bus is the only one that does not provide midday service. The Cermak Branch Blue Line elevated system runs throughout the day and most of the night, although weekend service is not available. The Orange Line operates throughout the day and most of the night. The Red Line runs 24 hours a day. Map 2 shows the rapid transit and bus services in the primary and secondary areas.

Map 2: Surface and rapid transit in the primary and secondary service areas





Source: <http://www.transitchicago.com/maps/maps/F2003C.html> Accessed April 2, 2004.

Metra train service is also available within the primary market area which include stops on Cicero and 26th, Western and 18th, and Halsted and 16th. The main expressways found serving the primary and secondary market areas are the Stevenson and the Dan Ryan.

Senior Activities

The Chicago Park District has a number of parks and playlots located within the primary and secondary market area. Approximately 47 parks facilities are available for recreational use; however many of these are small playlots occupying only a few lots on a residential street. Larger parks offer programs, including senior citizen clubs, which are offered at a number of different park facilities in the area. Map 3 shows the location of parks and playlots in and adjacent to the primary and secondary market areas; Table 1 displays the parks that sponsor a senior club. The Pilsen YMCA at 1608 W. 21st Place also holds a senior citizen club.

Map 3: Parks and playlots in primary and secondary service areas



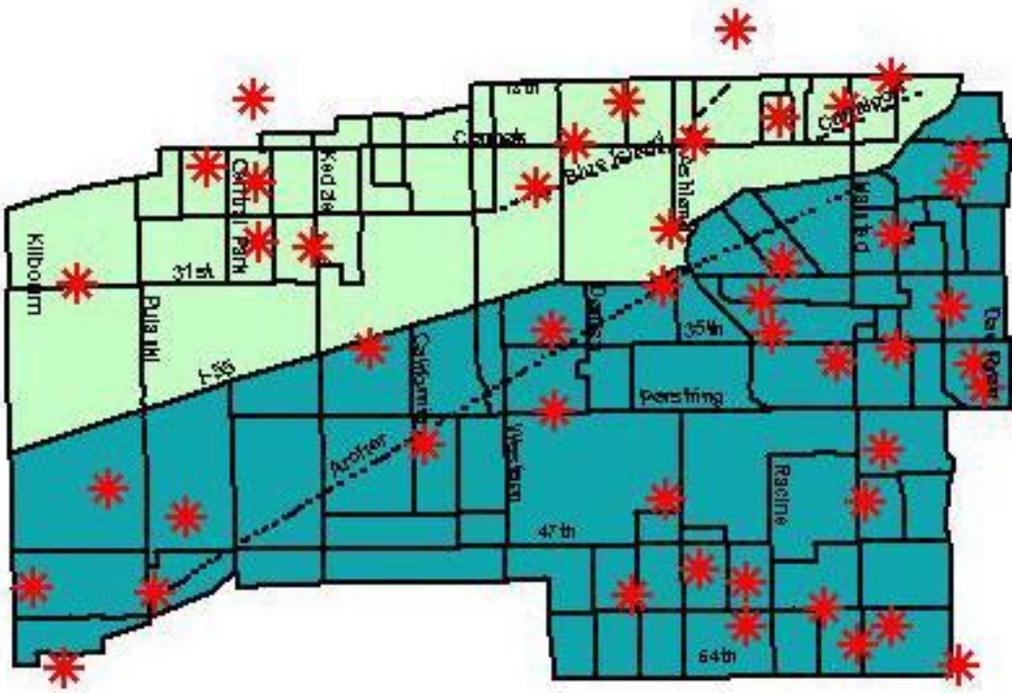


Table 1: Parks with Senior Citizen Clubs

Park Name	Address
Armour Square *	3309 S. Shields
Dvorak	1119 W. Cullerton
Harrison	1824 S. Wood
John P. Park Wilson	1122 W. 34 th Place
Kelly	2725 W. 41 st Street
Piotrowski	4247 W. 31 st Street
Sherman	1301 W. 52 nd Street
Taylor-Lauridsen Playground	647 W. Root

**Note: this park offers a walking program for seniors, not a full senior club*

A Hispanic Outreach program is offered through Lutheran Child and Family Services located on 3859 W. 26th Street. This program offers a variety of services to Latinos in the area and advocates on their behalf on an array of issues. Specific to seniors, services offered to them range from help with ensuring that they are aware of all the benefits of their medical insurance policies to weekly visitations to seniors who live alone to snow shoveling in the winter. Seniors are encouraged to call 773-277-7330 if they need any assistance.

The Chicago Department of Aging has a wide variety of services for senior citizens. The following are programs and services offered by the Chicago Department of Aging:

- Carrier Alert Program
- Benefits Eligibility Checkup list and Application
- CHA Resident Service Coordination
- Chore/Housekeeping Service
- Caregiving Resources
- Grandparents Raising Grandchildren Programs
- Employment Services
- Foster Grandparent Program
- Gatekeeper Chicago/Well-Being Checks
- Golden Diner Nutrition Program (Hot lunches)
- Home Delivered Meals (Meals on Wheels)
- Life Enrichment Programs
- Mayor Daley's Senior Shuttle
- Medical Transportation Assistance
- Ombudsman Program
- Pension Information Effort (PIE)

- Respite Care
- Senior Companion Program
- Chicago Fitness Plus
- Legal Assistance
- Senior Housing Information

Three locations found within the primary and secondary area that participate in the Golden Diners Program are: Five Holy Martyrs Church at 4327 S. Richmond, Our Lady of Good Counsel at 3528 S. Hermitage, and the Southwest Regional Center (which will later be explained in further detail) at 6117 S. Kedzie. This program provides hot meals for a nominal charge. Seniors and caregivers can access all other programs by calling the Chicago Department of Aging at 312-744-4016.

Additionally, the Southwest Regional Center, located at 6117 S. Kedzie, provides senior services to residents in the southwest side of Chicago. Most of their services are free or are available at a nominal charge. Some of their programs and services include:

- Information & Assistance
- Caregiver Resource Corners
- Life Enrichment Activities
- Senior Net Computer Learning Centers
- Fitness Centers
- Wellness Program
- Volunteer opportunities
- Golden Diners (Hot lunches)
- Latino Heritage Club

Another similar senior service organization that caters to seniors in the primary and secondary market area is the Southwest Side Senior Service Organization, located at 6012 S. Archer. Approximately 150 senior citizen groups and clubs participate in programs at the Southwest Senior Center. Social activities include classes, trips, parties, and recreational activities. The center also participates in the Golden Diners Program. A wellness program is also offered. Services also include a community-based Information & Assistance Unit that can link senior citizens to benefits and services.

Health

Hospitals servicing residents in the primary and secondary market areas also provide a variety of senior services ranging from wellness and education programs to social activities to specialized clinics such as gerontology or podiatry. Table 2 illustrates the hospital, the address, and their contact information.

Table 2: Hospitals in primary and secondary service areas

Hospital	Address	Contact Information
Mercy	2525 S. Michigan	312-567-2000
Mount Sinai	California Ave at 15th Street	773-542-2000
Rush-Presbyterian-St Luke	1653 W. Congress Parkway	312-942-5000
Schwab Rehab	1401 S. California Blvd.	773-522-2010
St. Anthony	2875 W. 19th Street	773-484-1000
John H. Stroger, Jr. (Cook County)	1901 W. Harrison	312-864-6000
University of Illinois	1740 W. Taylor Street	312-996-7000

The primary and secondary market areas are well equipped with clinics; there are

approximately 130. Of these 130, 26 are hospital affiliates, 4 are public, and the rest are private. Table 3 illustrates the public clinics. Please see appendix for the entire list of clinics. Map 4 shows the location of public and hospital affiliated clinics, as well as larger private clinics targeting the Hispanic community.

Table 3: Public clinics in primary and secondary area

Name	Address
Pilsen Clinic	1817 S. Loomis
Lower West Health Care	1713 S. Ashland
Centro Médico	1901 S. Blue Island
St. Basil's Dental Care	1850 W. Garfield Blvd

Map 4: Hospitals and major clinics in primary and secondary areas

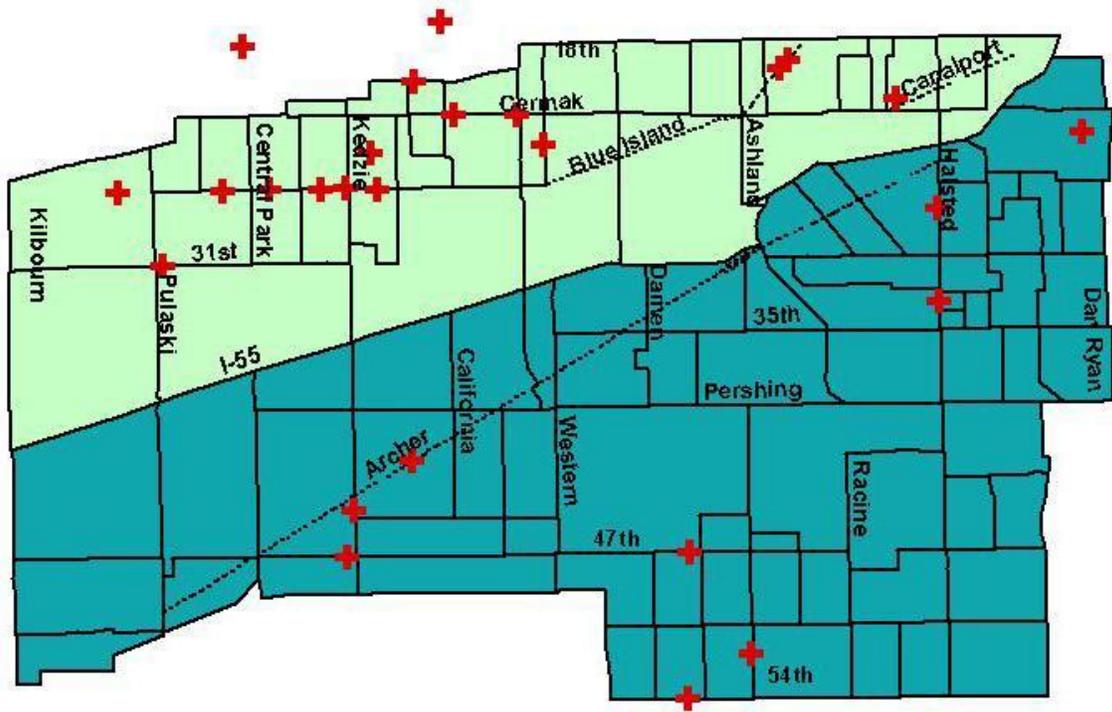
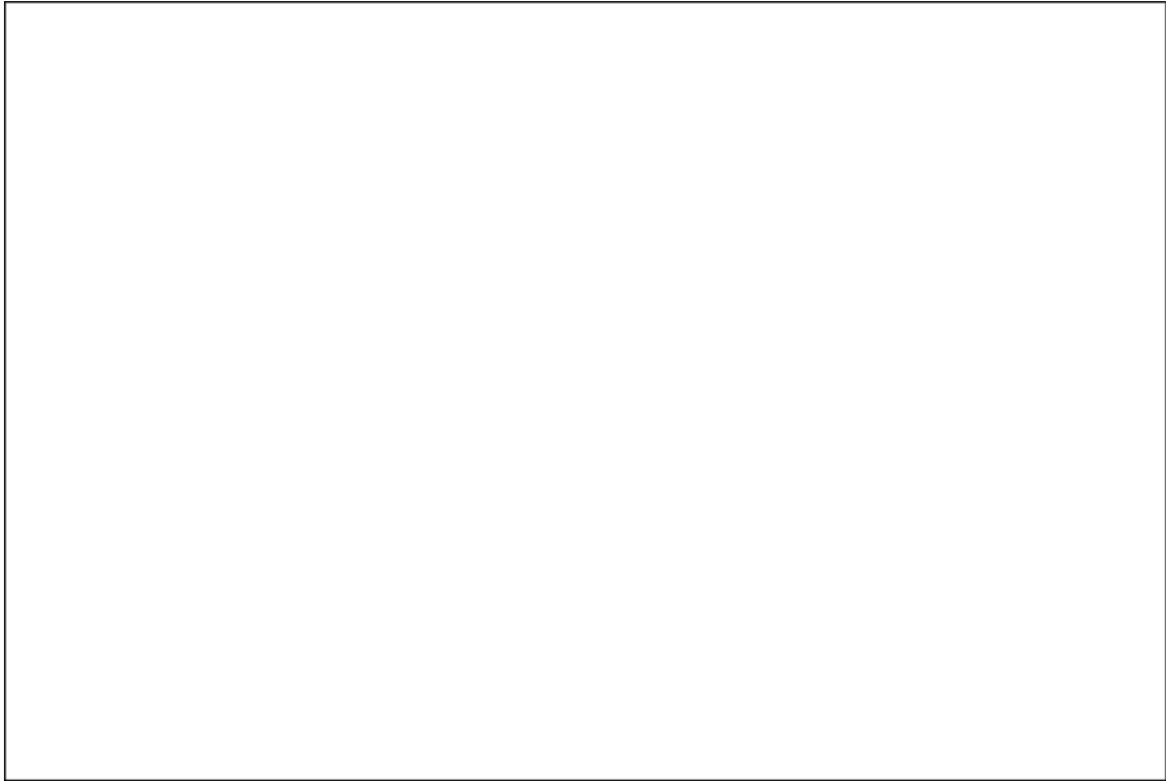


Table 4 gives the name and location of major clinics in the area.

Table 4: Major clinics in primary and secondary areas

Clinic	Address	Clinic	Address
Alivio Medical Center	2355 S Western	Pilsen Medical Center	1817 S Loomis
Alivio Medical Center	966 W 21st St	Plaza Medical Center	2507 W Cermak
Ashland Family Health Center	5256 S Ashland	Plaza Medical Center	3213 W 47th St
Centro Familia -Pilsen	1859 S. Blue Island	Professional Medical Center	1824 W 47th St
Centro Medico	3700 W 26th St	Programa Cielo	2408 S. Albany
Centro Medico San Rafael	3204 W 26th St	Servicios Medicos La Villita	3306 W 26th St
Clínica Guadalupe	3511 W 26th St	Sinai Medical Group	1824 W 47th St
Diabetes Center	2875 W. 19th St	South Lawndale (County clinic)	3059 W 26th St
Free Peoples Clinic	1850 W Garfield	St. Anthony Health Affiliates	4177 S. Archer
Hispano American Clinic	4122 W. 26th St.	St. Anthony Health Affiliates	4455 S. Kedzie
Medical Center	2738 W. Cermak	St. Jude Medical Center	3943 W 31st St
Mercy Medical in Bridgeport	2837 S. Halsted	St. Patrick Family Center	3344 S. Halsted
Physician Center	2875 W. 19th St	Westside Family Health Center	3606 W 16th St

Demographic Analysis of Older Adults

Age Distribution

The population over 55 years old in the primary market area is 8.6% and 15.1% in the secondary market area. We have included the 55-64 age category to our analysis because the census was taken five years ago and thus, many in this age group are now eligible for senior housing programs. Overall, the population over 55 years old is 12.2% of the total population of both the primary and secondary market areas. In the city of Chicago, 17.8% of the population is over 55 years.

Primary Market Area

In the primary market area of Pilsen and Little Village, there are 11,906 persons over 55 years of age. Hispanic persons over 55 years old are 71% of this age group.

Secondary Market Area

In the secondary market area, there are 26,354 persons over 55 years old and 22.7% are Hispanic.

**Table 5:
Number of
Older Adults
by Age
Categories**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	4,642	39.0%	3,347	12.7%	7,989	20.9%
65-74	2,481	20.8%	1,927	7.3%	4,408	11.5%
75-84	994	8.3%	590	2.2%	1,584	4.1%
85 and over	347	2.9%	134	0.5%	481	1.3%
Total	8,464	71.1%	5,998	22.8%	14,462	37.8%
Non-Hispanic						
55-64	1,210	10.2%	7,574	28.7%	8,784	23.0%
65-74	1,045	8.8%	6,348	24.1%	7,393	19.3%
75-84	796	6.7%	5,176	19.6%	5,972	15.6%
85 and over	391	3.3%	1,258	4.8%	1,649	4.3%
Total	3,442	28.9%	20,356	77.2%	23,798	62.2%
Grand Total	11,906	100.0%	26,354	100.0%	38,260	100.0%

Income

The large majority of the older adults in the primary and secondary market area, 79.8% (30,555), have incomes less than \$25,000 a year. Hispanics are 39% (11,922) of the older adults in both the primary and secondary market areas who have incomes less than \$25,000 a year.

For all older adults in both the primary and secondary market areas:

14.6% report no income (5,593)

47.9% report incomes between \$1 and \$15,000 (18,322)

17.4% report incomes between \$15,000 and \$24,999 (6,640)

15.2% report incomes between \$25,000 and \$ 49,999 (5,812)

4.9% report incomes over \$50,000. (1,893)

Hispanics

For all older Hispanic adults in both the primary and secondary market areas:

21.2% report no income (3,071)

45% report incomes between \$1 and \$15,000 (6,504)

16.2% report incomes between \$15,000 and \$24,999 (2,347)

14.5% report incomes between \$25,000 and \$49,999 (2,095)

3.1% report incomes over \$50,000 (445)

Primary Market Area

For all the older adults in the primary market area:

- 20.7% report no income (2,465)
- 47.1% report incomes between \$1 and \$15,000 (5,613)
- 15.7% report incomes between \$15,000 and \$24,999 (1,870)
- 12.7% report incomes between \$25,000 and \$49,999 (1,515)
- 3.7% report incomes over \$50,000. (443)

Secondary Market Area

For all the older adults in the secondary market area:

- 11.9% report no income (3,128)
- 48.2% report incomes between \$1 and \$15,000 (12,709)
- 18.1% report incomes between \$15,000 and \$24,999 (4,770)
- 16.3% report incomes between \$25,000 and \$49,999 (4,297)
- 5.5% report incomes over \$50,000. (1,450)

No Income

**Table 6:
Number of
Older Adults
with No
Income**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	1,352	54.8%	694	22.2%	2,046	36.6%
65-74	340	13.8%	225	7.2%	565	10.1%
75-84	162	6.6%	163	5.2%	325	5.8%
85 and over	82	3.3%	53	1.7%	135	2.4%
Total	1,936	78.5%	1,135	36.3%	3,071	54.9%
Non-Hispanic						
55-64	191	7.7%	939	30.0%	1,130	20.2%
65-74	91	3.7%	750	24.0%	841	15.0%
75-84	168	6.8%	267	8.5%	435	7.8%
85 and over	79	3.2%	37	1.2%	116	2.1%
Total	529	21.5%	1,993	63.7%	2,522	45.1%
Grand Total	2,465	100.0%	3,128	100.0%	5,593	100.0%

*Worth noting about the older adults in the primary and secondary market area that reported they had no income is that the majority, 54.9% (3,071), are Hispanic. Also, 56.7% are in the 55-64 age group. These older adults reporting no income are 73.5% (4,114) women. In addition, 45.5% (2,545) are not citizens.

Income between \$1 and \$15,000

**Table 7:
Number of
Older Adults
with \$1 to
\$15,000 Annual
Income**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	1,661	29.6%	976	7.7%	2,637	14.4%
65-74	1,554	27.7%	1,101	8.7%	2,655	14.5%
75-84	580	10.3%	360	2.8%	940	5.1%
85 and over	207	3.7%	65	0.5%	272	1.5%
Total	4,002	71.3%	2,502	19.7%	6,504	35.5%
Non-Hispanic						
55-64	472	8.4%	2,771	21.8%	3,243	17.7%
65-74	633	11.3%	3,309	26.0%	3,942	21.5%
75-84	305	5.4%	3,228	25.4%	3,533	19.3%
85 and over	201	3.6%	899	7.1%	1,100	6.0%
Total	1,611	28.7%	10,207	80.3%	11,818	64.5%
Grand Total	5,613	100.0%	12,709	100.0%	18,322	100.0%

Income between \$15,000 and \$24,999

**Table 8:
Number of
Older Adults
with \$15,000 to
\$24,999**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	768	41.1%	776	16.3%	1,544	23.3%
65-74	250	13.4%	317	6.6%	567	8.5%
75-84	163	8.7%	33	0.7%	196	3.0%
85 and over	40	2.1%	0	0.0%	40	0.6%
Total	1,221	65.3%	1,126	23.6%	2,347	35.3%
Non-Hispanic						
55-64	245	13.1%	1,477	31.0%	1,722	25.9%
65-74	211	11.3%	1,134	23.8%	1,345	20.3%
75-84	172	9.2%	836	17.5%	1,008	15.2%
85 and over	21	1.1%	197	4.1%	218	3.3%

Total	649	34.7%	3,644	76.4%	4,293	64.7%
Grand Total	1,870	100.0%	4,770	100.0%	6,640	100.0%

Income between \$25,000 and \$49,999

**Table 9:
Number of
Older Adults
with \$25,000
to \$49,999**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	719	47.5%	716	16.7%	1,435	24.7%
65-74	267	17.6%	275	6.4%	542	9.3%
75-84	68	4.5%	34	0.8%	102	1.8%
85 and over	0	0.0%	16	0.4%	16	0.3%
Total	1,054	69.6%	1,041	24.2%	2,095	36.0%
Non-Hispanic						
55-64	165	10.9%	1,730	40.3%	1,895	32.6%
65-74	83	5.5%	839	19.5%	922	15.9%
75-84	123	8.1%	606	14.1%	729	12.5%
85 and over	90	5.9%	81	1.9%	171	2.9%
Total	461	30.4%	3,256	75.8%	3,717	64.0%
Grand Total	1,515	100.0%	4,297	100.0%	5,812	100.0%

Income over \$50,000

**Table 10:
Number of
Older Adults
with
Incomes
over \$50,000**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	142	32.1%	185	12.8%	327	17.3%
65-74	70	15.8%	9	0.6%	79	4.2%
75-84	21	4.7%	0	0.0%	21	1.1%
85 and over	18	4.1%	0	0.0%	18	1.0%
Total	251	56.7%	194	13.4%	445	23.5%
Non-Hispanic						
55-64	137	30.9%	657	45.3%	794	41.9%
65-74	27	6.1%	316	21.8%	343	18.1%
75-84	28	6.3%	239	16.5%	267	14.1%
85 and over	0	0.0%	44	3.0%	44	2.3%

Total	192	43.3%	1,256	86.6%	1,448	76.5%
Grand Total	443	100.0%	1,450	100.0%	1,893	100.0%

Estimated Adult Dependency Factor

The Adult Dependency Factor is a nationally used formula for determining how many older adults who live within a market area have parents who live outside the market area. A percentage of them will potentially want to house their parents to an assisted living facility or senior housing development near where they live.

The formula used to calculate the adult dependency factor is a rate of .0911 applied to the older adults between 55 and 64 years of age with annual incomes over \$50,000.¹⁰

There are 1,121 older adults in the 55-64 year age category who live in the market area who have incomes over \$50,000. It is estimated that 102 of these adults will want to house their parents in an assisted living or senior development in the market area.

1,121 adults X .0911=102

Sources of Income

In this section, we examine three sources of income for the older adults living in the primary and secondary market area: Social Security (SS), Supplemental Security Income (SSI), and Public Assistance. For many older lower-income adults, eligibility for these government programs is crucial to provide the minimum monthly income necessary to pay the room and board costs at a Supportive Living Facility (SLF).

Social Security is a federal program administered by the Social Security Administration (SSA). It is an insurance program and, if eligible, a person will receive a monthly retirement benefit. Social Security retirement benefits are available for persons starting at age 62. Persons who work more than 40 quarters and pay payroll taxes at their place of employment are generally eligible. For this table we only included the older adults over 65 years old due to the age eligibility requirement for Social Security.

Table 11:
Source of
Income: Social
Security for
older adults 65+
 Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
65-74	1,616	33.2%	1,090	8.8%	2,706	15.7%
75-84	639	13.1%	282	2.3%	921	5.3%
85 and over	118	2.4%	49	0.4%	167	1.0%
Total	2,984	61.4%	1,808	14.6%	4,792	27.8%
Non-Hispanic						
65-74	832	17.1%	4,181	33.8%	5,013	29.1%
75-84	455	9.4%	4,139	33.4%	4,594	26.6%
85 and over	296	6.1%	1,017	8.2%	1,313	7.6%
Total	1,879	38.6%	10,572	85.4%	12,451	72.2%
Grand Total	4,863	100.0%	12,380	100.0%	17,243	100.0%

¹⁰ Blair Minton and Associates, Inc. "Greater Southwest Development Corporation, Chicago, Illinois," May 6, 2000, page 9.

There are 17,243 adults in the primary and secondary market area who receive Social Security. This is 45% of all the older adults in the entire market area. Hispanics are 78.5% of all older adults 65+ that receive Social Security. Of all the older adult Hispanics 65+ years (6,473) in the primary and secondary market area, 74% (4,792) receive Social Security.

Supplemental Security Income (SSI) is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals. Often, people qualify for SSI because they have worked in jobs that did not pay (or pay enough) into Social Security. The Illinois Supportive Living Program uses the maximum allowable amount for SSI as the criteria for the minimum income requirement necessary to be a resident in a state subsidized facility.

Table 12:
Source of
Income:
Supplementa
l Security
Income—SSI
 Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	286	5.9%	154	1.2%	440	13.4%
65-74	313	6.4%	214	1.7%	527	16.0%
75-84	123	2.5%	115	0.9%	238	7.2%
85 and over	83	1.7%	0	0.0%	83	2.5%
Total	805	16.6%	483	3.9%	1,288	39.1%
Non-Hispanic						
55-64	159	3.3%	367	3.0%	526	16.0%
65-74	67	1.4%	510	4.1%	577	17.5%
75-84	111	2.3%	647	5.2%	758	23.0%
85 and over	16	0.3%	126	1.0%	142	4.3%
Total	353	7.3%	1,650	13.3%	2,003	60.9%
Grand Total	1,158	23.8%	2,133	17.2%	3,291	100.0%

There are 3,291 older adults who receive SSI benefits in both the primary and secondary market areas. This is 8.6% of the older adult population in the entire market area. Hispanics are 39% (1,288) of those older adults receiving SSI. This is 8.9% of all the older Hispanic adults.

Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI),

which is reported separately above.

**Table 13:
Source of
Income:
Public
Assistance—
TANF**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	203	35.4%	62	6.0%	265	16.4%
65-74	96	16.8%	144	13.8%	240	14.9%
75-84	144	25.1%	130	12.5%	274	17.0%
85 and over	25	4.4%	0	0.0%	25	1.5%
Total	468	81.7%	336	32.3%	804	49.8%
Non-Hispanic						
55-64	56	9.8%	197	18.9%	253	15.7%
65-74	49	8.6%	314	30.2%	363	22.5%
75-84	0	0.0%	166	16.0%	166	10.3%
85 and over	0	0.0%	27	2.6%	27	1.7%
Total	105	18.3%	704	67.7%	809	50.2%
Grand Total	573	100.0%	1,040	100.0%	1,613	100.0%

There are 1,613 older persons receiving Public Aid in the market area. This is 4.2% of all the older adults. Hispanics are 49.8% (804) of those receiving Public Aid. This is 5.5% of all Hispanics in the market area.

U.S. Citizenship

We looked at U.S. citizenship status to estimate the numbers of older adults in the market area who are or would be eligible for Medicaid.

Medicaid is often a source of financing for persons wanting to live in a SLF. Medicaid is only made available to U.S. citizens (both born and naturalized) and certain eligible immigrants. Eligible immigrants have usually served in the U.S. military or are political refugees who have lived in the U.S. for more than 5 years.

**Table 14:
Citizen
Status All
Relationships**

Age	Primary		Secondary		Grand Total
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	

Citizenship	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
55-64	2,303	2,339	1,179	31	1,882	1,465	6,410	1,164	11,774	4,999
65-74	1,511	970	948	97	1,339	588	5,512	836	9,310	2,491
75-84	653	341	796	0	317	273	4,853	323	6,619	937
85 and over	171	176	391	0	68	66	1,175	83	1,805	250
Total	4,638	3,826	3,314	128	3,606	2,392	17,950	2,406	29,508	8,752

The majority (77.2%) of the residents over 55 years old in the primary and secondary market areas are U.S. citizens. There are 22.8% (8,752) of the adults over 55 years old who are not U.S. citizens. The majority (6,218), 71%, of the non-citizens are the Hispanic residents. When you look at the Hispanic population separately, 57% are citizens.

Disabled Older Adult Population

The Census provides both a count of individuals who are disabled and the incidence of different types of disability. A single person may have more than one disability. Disability is defined as having a physical, mental, or emotional condition lasting 6 months or more that made it difficult for a person to perform certain activities. Table 15 shows the actual number of persons 55 and over with one or more disabilities in the primary and secondary area by Hispanic and non-Hispanic status. This is an unduplicated count. Each individual is counted as either disabled or non-disabled.

Table 15: Persons with a disability, Hispanic and non-Hispanic, primary and secondary area

	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
Age: over 55 years						
Hispanic	3,804	67.18%	2,752	23.78%	6,556	38.03%
Non-Hispanic	1,858	32.82%	8,823	76.22%	10,681	61.97%
Total	5,662	100.00%	11,575	100.00%	17,237	100.00%

In the primary market area of Pilsen and Little Village, there are 5,662 older adults 55+ years who are disabled (one or more disabilities). Hispanics are 67.18% of persons 55 and older who are disabled. In the secondary market area, there are 17,237 persons 55 years and older who have one or more disabilities. Hispanics are 23.78% of this population.

We also looked at the incidence of the following two census categories of disability for the older adults who are older than 55 years old. These two categories fit closest to the level of care usually needed by a person in a SLF.

1. Self-care disability-- difficulty dressing, bathing, or getting around inside the home.
2. Physical disability-- condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.

Table 16 shows the incidence of these two disabilities by Hispanic and non-Hispanic status and type in the primary market area of Pilsen and Little Village. These numbers are not an unduplicated count of persons, as a single person may have one or both of these disabilities.

Table 16: Incidence of disability, by type, primary area			
Age	Self-care	Physical	Total
Hispanic			
55-64	218	764	982
65-74	110	550	660
75-84	331	453	784
85 and over	186	235	421
Total	845	2,002	2,847
Non-Hispanic			
55-64	135	378	513
65-74	124	206	330
75-84	179	447	626
85 and over	135	299	434
Total	573	1,330	1,903
Grand Total	1,418	3,332	4,750

Table 17 shows the incidence of the two disabilities by Hispanic and non-Hispanic status and type in the secondary area. Once again, these numbers are not an unduplicated count of persons, as a single person may have one or both of these disabilities.

Table 17: Incidence of disability, by type, secondary area			
Age	Self-care	Physical	Total
Hispanic			
55-64	101	601	702
65-74	120	670	790
75-84	139	243	382
85 and over	28	65	93
Total	388	1,579	1,967
Non-Hispanic			
55-64	323	1,217	1,540
65-74	565	1,662	2,227
75-84	565	2,016	2,581
85 and over	274	687	961
Total	1,727	5,582	7,309
Grand Total	2,115	7,161	9,276

Housing Market Characteristics: Owners versus Renters

**Table 18:
Tenure of
older adults,
not owner or
renter**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	79	11.8%	82	12.0%	161	11.9%
65-74	25	3.7%	46	6.7%	71	5.2%
75-84	34	5.1%	0	0.0%	34	2.5%
85 and over	0	0.0%	0	0.0%	0	0.0%
Total	138	20.6%	128	18.7%	266	19.6%
Non-Hispanic						
55-64	225	33.6%	125	18.2%	350	25.8%
65-74	120	17.9%	169	24.7%	289	21.3%
75-84	113	16.9%	155	22.6%	268	19.8%
85 and over	74	11.0%	108	15.8%	182	13.4%
Total	532	79.4%	557	81.3%	1,089	80.4%
Grand Total	670	100.0%	685	100.0%	1,355	100.0%

There are 1,355 older persons who reported that they are neither owner nor cash renters. This is 3.5% of all the older adults in the entire market area. Hispanics are 19.6% (266) of this older adult population. This is 1.8% of all the Hispanics in the market area.

**Table 19:
Renters by
area and age**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	1,905	43.4%	848	9.9%	2,753	21.3%
65-74	892	20.3%	642	7.5%	1,534	11.9%
75-84	340	7.7%	141	1.7%	481	3.7%
85 and over	201	4.6%	37	0.4%	238	1.8%
Total	3,338	76.0%	1,668	19.5%	5,006	38.7%
Non-Hispanic						
55-64	544	12.4%	2,637	30.9%	3,181	24.6%
65-74	314	7.2%	2,297	26.9%	2,611	20.2%
75-84	155	3.5%	1,501	17.6%	1,656	12.8%
85 and over	40	0.9%	433	5.1%	473	3.7%

Total	1053	24.0%	6,868	80.5%	7,921	61.3%
Grand Total	4,391	100.0%	8,536	100.0%	12,927	100.0%

Renters are 33.7% of the total older adult population in the entire market area. Hispanics are 38% of the renters (5,006). Looking at all the Hispanics in the market area, 34.6% are renters.

**Table 20:
Homeowners
by area and
age**

Hispanic

Age	Primary		Secondary		Total	
	Number	Percent	Number	Percent	Number	Percent
55-64	2,658	38.8%	2,417	14.1%	5,075	21.2%
65-74	1,564	22.8%	1,239	7.2%	2,803	11.7%
75-84	620	9.1%	449	2.6%	1,069	4.5%
85 and over	146	2.1%	97	0.6%	243	1.0%
Total	4,988	72.9%	4,202	24.5%	9,190	38.3%
Non-Hispanic						
55-64	441	6.4%	4,812	28.1%	5,253	21.9%
65-74	611	8.9%	3,882	22.7%	4,493	18.7%
75-84	528	7.7%	3,520	20.5%	4,048	16.9%
85 and over	277	4.0%	717	4.2%	994	4.1%
Total	1,857	27.1%	12,931	75.5%	14,788	61.7%
Grand Total	6,845	100.0%	17,133	100.0%	23,978	100.0%

Owners are 62.6% of the total older adult population in the entire market area. Hispanics are 38.3% of all the owners. Looking at all the Hispanics in the market area, 63.5% (9,190) are owners.

**Table 21:
Monthly
housing costs
by tenure and
area**

Primary area

Age	Owners		Renters		Total	
	Number	Percent	Number	Percent	Number	Percent
30% or less	4,716	70.4%	2,947	68.7%	7,663	69.8%
31-49%	1,159	17.3%	718	16.7%	1,877	17.1%
50% or more	823	12.3%	622	14.5%	1,445	13.2%
Total	6,698	100.0%	4,287	100.0%	10,985	100.0%
Secondary area						
30% or less	12,345	73.1%	4,922	58.7%	17,267	68.3%
31-49%	2,151	12.7%	1,287	15.3%	3,438	13.6%
50% or more	2,398	14.2%	2,181	26.0%	4,579	18.1%
Total	16,894	100.0%	8,390	100.0%	25,284	100.0%

Grand Total	23,592	12,677	36,269
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The majority, 68.7%, of the older adults, is paying less than 30% of their income for housing costs. There is 31% (11,339) of the older adult population paying more than 31% of their income for housing costs and 57.5% are owners. There is 16.6% (6,024) paying more than 50% and 45% are renters.

**Table 22:
Monthly
housing costs
of Hispanics,
by tenure and
area**

Primary area

	Owners		Renters		Total	
Age	Number	Percent	Number	Percent	Number	Percent
30% or less	3,433	69.9%	2,233	68.3%	5,666	69.3%
31-49%	863	17.6%	510	15.6%	1,373	16.8%
50% or more	612	12.5%	525	16.1%	1,137	13.9%
Total	4,908	100.0%	3,268	100.0%	8,176	100.0%

Secondary area

30% or less	2,878	69.0%	999	59.9%	3,877	66.4%
31-49%	664	15.9%	274	16.4%	938	16.1%
50% or more	626	15.0%	395	23.7%	1,021	17.5%
Total	4,168	100.0%	1,668	100.0%	5,836	100.0%

Grand Total **9,076** **4,936** **14,012**

The majority of Hispanics, 68.1%, is paying less than 30% of their income for housing costs. 39.4% (4469/11339) of all the renters paying more than 30% of their income for housing costs are Hispanics. Just looking at Hispanics, more owners (2765/4469) are paying more than 30% of their income for housing than renters.

Age of Housing Stock

Since parts of the market area have some of the oldest housing stock in the city, we looked at the age of the housing stock where the older adults were living. The majority, 57.4% (21,997), of the older adults in the entire market area lives in buildings built before 1939. Hispanics are 38.6% (8,495) of these adults.

Older housing stock built before 1949 is at the greatest risk of requiring rehabilitation and having severe or moderate physical problems.¹¹ The housing and neighborhood conditions in the primary market area of Pilsen and Little Village certainly warrant some analysis as future housing for many of the older adults currently living in these areas. Many of the buildings are in poor repair with limited accessibility. For example, many of the buildings are two and three story buildings with steep front entry stairs and interior

¹¹ Golant, Stephen M., "The Housing Problems of the Future Elderly Population, Appendix G-I," A Quiet Crisis in America, A Report to Congress. Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, Washington D.C. U. S. Government Printing Office, 2002. 189-370.

stairways.

As stated earlier, the older adults in the market area are predominantly homeowners (62.6%). While this is usually a good thing, it can also be a problem for low-income seniors who are burdened with excessive housing costs like rising property taxes, maintenance and repairs.¹² Often, seniors will struggle to maintain their independence in their owner occupied housing when it no longer meets their needs.

Survey Results

As part of this study, the Voorhees Center completed a mail survey of seniors over 55 years of age in the primary market area, Pilsen and Little Village. The survey was designed to measure interest and eligibility for an affordable supportive living facility development in the Pilsen and Little Village area. The survey also asked basic information about health status, household composition, tenure, income level and sources, and use of senior services. Similar surveys, particularly the National Survey of Hispanic Elderly People¹³ were referenced for question content and phrasing (both English and Spanish).

Survey Sample

A random stratified sample was generated for owners and potential renters. Owners were identified by a list from the Cook County Tax Assessor's office of taxpayers receiving the senior citizen tax freeze. Potential renters were found by randomly sampling the residential buildings where owners were not receiving the senior tax freeze. The list of buildings came from the Experion database.

In survey research, the older adult population in the primary market area is known to be a difficult population to survey because of their following characteristics:

- Recent migrants
- Minority ethnic groups
- Private renters
- Residence in extended family setting
- Sensitivity of survey topics (such as health status or income)
- Age

The survey package included a cover letter on TRP's letterhead, a copy of the survey in both English and Spanish (large-print), and a stamped, addressed return mail envelope to the TRP office. Approximately two weeks after the initial mailing, a follow-up reminder postcard was mailed.

¹² Golant, Stephen M., "Government Assisted Rental Accommodations: Should They Accommodate Homeowners with Unmet Needs?", Maine Policy Review, Fall 2003.

¹³ Davis, Karen and the Commonwealth Commission on Elderly People Living Alone, "National Survey of Hispanic Elderly People", 1988. Accessed at <http://www.icpsr.org>

Non-response survey

In addition to the mail survey, we conducted what is called a non-response follow-up telephone survey of the occupants of buildings identified as renter buildings. Using the www.reversephonedirectory.com site, phone numbers were found for addresses from the random sample that had received the mail survey but had not responded. Key variables were analyzed to test for bias between mail respondents and the telephone non-response follow-up using an independent sample T-test in SPSS. There was no significant statistical difference (at the .05 level of significance) between mail and telephone respondents on any variable other than age and coverage under Medicare Part A. The mean age of telephone respondents was 10 years younger than respondents (62 vs. 72 years of age). This disparity in age would explain the difference in coverage under Medicare Part A. Thus all responses were considered valid and included in the analysis. Table 4 in the Appendix summarizes the results of the comparison.

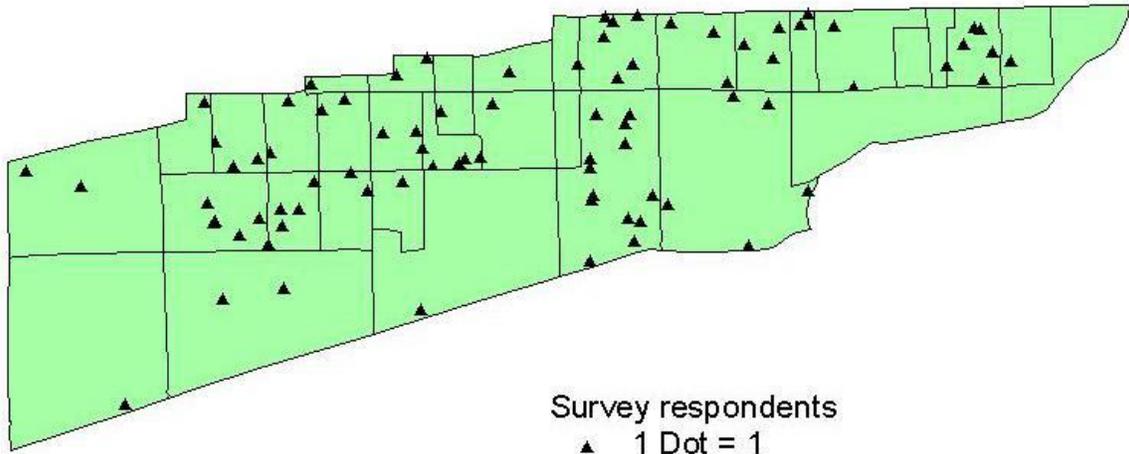
Response rate

Response rates were calculated separately for those surveys returned from the owner mailing list, the renter mailing list, and the telephone follow-up. The Appendix contains an explanation of formulas used and calculations. The response rate for surveys returned from the owner mailing list was 11.4%. The response rate for surveys returned from the renter mailing list was 6.28%. The older adult renters were the most difficult group to locate and consequently, had the lowest response rate. The response rate for the telephone follow-up survey was 15.1%.

Map 5 shows survey respondents and the population over 65 years of age, by census tract. As demonstrated by the map, the survey respondents are well distributed geographically throughout the primary market area.

Map 5: Survey respondents and the population 65 years and older, Primary and secondary areas





Demographics of respondents

The age of the respondents ranged from 55 to 90 years old, with a mean age of 70.63 years and a median age of 71.0 years (N=79, 96.3% response rate). Table 23 shows respondents by age cohorts. Of the respondents, 42 (50.6%) were from Pilsen, 40 (48.2%) were from Little Village, with one (1.2%) unknown.

**Table 23:
Survey
respondents by
age**

Age	Hispanic	Non-Hispanic
55-64	14	3
65-74	29	10
75-84	11	7
85 and over	0	5
Total	54	25

There were 56 Hispanic respondents, 23 white respondents, 3 African-American respondents, and one “other,” as shown in Table 24.

**Table 24: Race and
Ethnicity**

	Number	Percent of total N		Number	Percent of total N
Mexican-American	22	26.5%	White ethnic	23	27.7%
Mexican	32	38.6%	African-American	3	3.6%
Puerto Rican	2	2.4%	Other	1	1.2%
Total Hispanic	56	67.5%	Total Non-Hispanic	27	32.5%
Total all races and ethnicities	83	100.0%			

Household Size and Composition

Of those responding, sixteen (19.8%) were living alone and 65 (80.2%) were living with someone else. Table 25 shows the distribution of those living alone by length of time (N=81, 97.6%).

**Table 25: Length of
time living alone**

1-2 years	1
2-5 years	4
More than 10 years	10
Don't know	1
Total	16

Table 26 shows a comparison of survey respondents to the census for those aged 65 and over who are living alone. Non-Hispanics are overall more likely to be living alone than Hispanics. Fewer Hispanics in our survey, 5.5%, live alone compared to senior Hispanics citywide who live alone, 19%. However, our survey results are more representative of the Hispanics living alone in the primary market area. In the survey, 5.5% of the Hispanics live alone compared to 8.7% in the primary market area general population.

**Table 26:
Comparison
of persons
living alone,
survey and
census, aged
65 and over**

	Survey		Primary area (census)		Seconda ry area (census)		City of Chicago (census)	
	Number	% of total N	Number	% of total N	Number	% of total N	Number	% of total N
Non-Hispanic	11	44.0%	973	14.9%	4670	71.4%	100681	37.0%
Hispanic	3	5.5%	572	8.7%	323	4.9%	5109	19.0%

Of those living alone, 15 preferred to live alone (N=16, 93.8%). One person expressed a preference for living with relatives or friends, in no preferential order.

Of those living with someone else, 43 households included a spouse, 33 households included child(ren), two included a sister and/or brother, five included other relatives, and two included a friend/unrelated adult. Of households including spouses, 23 included only the respondent and spouse. Nineteen households included the respondent's spouse and child(ren), and 14 households included the respondent's child(ren) but no spouse. Table 27 shows household composition.

**Table 27: Household
composition**

		Percent of all respondents
Living alone	16	19.75%
Not living alone		
With spouse only	23	28.40%
With spouse and children	19	23.46%
With children only	14	17.28%
With sister/brother	2	2.47%
With other relatives	5	6.17%
With friend/unrelated adult	2	2.47%
Total not living alone	65	
Total all respondents	81	100.00%

Household size ranged from one to seven, with an average household size of 2.57 persons and a median household size of 2.0 (N=82, 98.8%). Sixty-seven respondents had living natural, adopted, or stepchildren children and 14 (17.3%) had no living children (N=81, 83.7%). Of those respondents with living children, the range in number of children was

between one and 10, with a mean number of 4.01 children. The mean number of children was 3.32 for all respondents.

The survey instrument was designed not just to gauge knowledge of and interest in an affordable supportive living facility, but also to gain some understanding of the current living situation of older adults in Pilsen and Little Village and levels of satisfaction with those situations.

Housing status

The majority of respondents, 64, were owners (N=77, 83.2%). Nine respondents (11.6%) were renters, and four (5.2%) specified “other.” Of those responding, the largest number of respondents 26 (39.39%), are spending between 31% and 49% of income to housing costs (rent plus utilities, or mortgage payment plus insurance, property taxes), with equal numbers, 20 (30.3%) spending either under 30% or over 50% of income on housing (N=66, 79.5%). A higher percentage of homeowners (40, or 70.2%) have housing cost burdens (paying over 30% of income for housing) than renters (6, or 66.6%). However, renters exhibit a higher rate of extreme housing cost burden of paying over 50% of income for housing (44.4% of renters vs. 28.1% of homeowners). Table 28 shows a comparison of housing cost burden by tenure between survey respondents and the census.

Regarding physical barriers in the home, 43 respondents (53.1%) reported no physical barriers that would create difficulties if they were to suffer from reduced mobility (N=81, 97.6%). Thirty-two (39.5%) reported their homes did have such barriers, and six respondents (7.4%) were unsure.

**Table 28:
Housing
cost
burden
by owner
renter
status**

	Under 30%		31% to 49%		Over 50%		
	Number	Percent	Number	Percent	Number	Percent	Total
Survey Respondents							
Owners	17	29.82%	24	42.11%	16	28.07%	57
Renters	3	33.33%	2	22.22%	4	44.44%	9
Total	20	30.30%	26	39.39%	20	30.30%	66
Census							
Owners	4,716	42.9%	1,159	10.6%	823	7.5%	6,698
Renters	2,947	26.8%	718	6.5%	622	5.7%	4,287
Total	7,663	69.8%	1,877	17.1%	1,445	13.2%	10,985

More than twice as many of our survey respondents had a housing cost burden over 30% of their income compared to the general older adult population who responded to the 2000 census.

Health, Disability, and Insurance Status

Table 29 shows health and disability status of respondents (N= 81, 97.6%). The majority, 68 (83.95%) reported having either good or fair health. There were 11 respondents (13.58%) who reported poor health. Twenty-four respondents (29.6%) reported a long-term disability and 54 (66.6%) reported no disability, with three respondents unsure.

Table 29: Disability status

	Number	Percent of total N
With a disability	24	29.6%
Without a disability	54	66.7%
Not sure/Don't know	3	3.7%
Total	81	100.0%

Table 30 shows a comparison of disability status between survey respondents and the census. It also shows the incidence of self-care and physical disability for seniors over 65 years of age in the primary and secondary area and the city as a whole. Hispanic and Non-Hispanic seniors with disabilities in our survey are underrepresented compared to the general population of seniors with disabilities reported in the census. The Non-Hispanic and Hispanic survey respondents with disabilities were 24% and 29.1% compared to 52.9% and 51.5% respectively in the general population.

Table 30: Comparison of disability status, survey and census, aged 65 and over

	Survey	Primary area (census)	Secondary area (census)	City of Chicago (census)				
	Number	% of total N	Number	% of total N	Number	% of total N	Number	% of total N
Non-Hispanic	6	24.0%	1181	52.9%	6330	49.5%	130916	48.4%
Hispanic	16	29.1%	1969	51.5%	1346	50.8%	13171	49.6%
With a self-care disability								
	Number	% of total N	Number	% of total N	Number	% of total N	Number	% of total N
Non-Hispanic	n/a	n/a	438	19.6%	1404	11.0%	35888	13.3%
Hispanic	n/a	n/a	627	16.4%	287	10.8%	3280	12.3%
With a physical disability								
	Number	% of total N	Number	% of total N	Number	% of total N	Number	% of total N
Non-Hispanic	n/a	n/a	952	42.7%	4365	34.1%	90792	33.6%
Hispanic	n/a	n/a	1238	32.4%	978	36.9%	8261	31.1%

Regarding assistance in an emergency 64 respondents (81.1%) they reported that could get help from a friend or family member in less than an hour, with an average of 20 minutes time and a median of 26 minutes. Fifteen respondents (18.9%) reported that they could get help in more than one but less than 24 hours, with an average of approximately 5-1/2 hours and a median of two hours. No respondents reported having to wait more than 24 hours for assistance in an emergency (N=79, 97.5%).

The range in number of doctor or clinic visits in the previous 12 months for all respondents

was from none to 104, with a mean number of visits of 6.65 and a median of 4 visits (N=79, 97.5%). For patients with good and fair health status (66, or 83.6% of respondents) the mean number of visits was 4.85; for those with poor health status (11, or 13.9% of respondents) the mean number of visits was 18.09 and the median was 10. (Note: the mean is affected by one respondent with poor health status who reported visiting the doctor twice weekly, or 104 times; the second highest reported number of doctor visits among all respondents was 24.)

When asked about hospitalization, 20 respondents (25%) reported an inpatient stay in the hospital in the previous 12 months (N=80, 96.4%). Table 31 shows the distribution of care after a hospital stay for those respondents who had experienced an inpatient stay. Most of the respondents, 65%, had a family member care for them after a hospital stay.

Table 31: Care after hospital inpatient stay

Type of care	Respondents
Cared for myself	5
Spouse	3
Family	10
Home health agency	1
Friend or neighbor	1
Homemaker service	1
Total	21.

Note: One respondent reported being cared for by both Spouse and a home health agency

Medicare is a health insurance program administered by the federal government and available to persons over 65 years of age, as well as certain persons with disabilities. Medicare Part A is free hospital insurance, and helps to cover hospital stays, stays in skilled nursing facilities, some home health care costs, and hospice care. Medicare Part B has a premium, and helps to cover doctor visits, outpatient hospital services, and other services excluded under part A (including some home health care). Medicaid is a federally-funded program that is administered by the state; eligibility of both participants and covered services is determined by the states. Low-income individuals covered under Medicare Part A may also be eligible for Medicaid for services such as doctors visits and outpatient hospital care that are generally covered under Medicare Part B for persons at higher income levels.

Respondents were asked if they had, did not have, or were unsure of coverage under Medicare Part A, Medicare Part B, Medicaid, and any other kind of health insurance. Brief descriptions of Medicare Part A and B were provided. Table 32 summarizes the insurance coverage of respondents. Percentages were not calculated as some respondents had multiple insurance coverage.

Table 32: Insurance coverage, by type

Medicare Part A	60
Medicare Part B	56
Medicaid	16
Other insurance	46
No insurance	15

Fifteen respondents reported having no type of insurance. Sixty respondents reported having Medicare Part A, with 53 reporting coverage under both Medicare Parts A and B. Sixteen respondents reported coverage under Medicare Part A and Medicaid. This is 19.5% of all those responding to this question.

Table 33 compares the survey respondents who received Medicaid (note that all respondents who received Medicaid were over 65 and received Medicare Part A) with the population over 65 in the census who had income from \$1--\$15,000. While these two categories are not directly comparable, it is likely that many in this income group would be also be eligible for Medicaid to assist them in paying for services in a state subsidized SLF. The greatest similarity is the percentage of Hispanics in the survey who receive Medicaid, 87.5%, and the percentage of Hispanic seniors, 67.3%, in the primary market area who are in this income category.

**Table 33:
Comparison of
Medicaid
survey
respondent
s
To
population
in census
with
income
from \$1--
\$15,000,
ages 65 and
over**

	Medicaid survey respondent s	Census 65and over earning \$1-- \$15,000 per year	Primary	Seconda ry	Total				
Age 65+	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number

Hispanic	14	87.5%	2,341	67.3%	1,526	17.0%	3,867	31.1%
Non-Hispanic	2	12.5%	1,139	32.7%	7,436	83.0%	8,575	68.9%
Total	16	100.0%	3,480	100.0%	8,962	100.0%	12,442	100.0%

No respondents reported having only Medicaid coverage. Of those respondents who had private insurance, 30 had this type of insurance in addition to Medicare. A small number of respondents were unsure about coverage under Medicare Part B, Medicaid, or private insurance.

Eleven respondents reported having only private insurance; of these respondents, nine were under 65 years of age, one was over 65 years of age, and one respondent did not report age. Seven respondents reporting only private insurance coverage also reported full-time employment as a source of household income; two reported part-time employment and two reported a union pension.

Household Income

All respondents were asked to specify all income sources in the household. Seventy-nine households reported income from 120 income sources (N=79, 95.2%). Table 34 shows the count of each income source reported.

**Table 34:
Incidence of
household income
sources**

Income Source	Number
Social Security	59
Supplemental Security Income (SSI)	7
Family Assistance (TANF)	2
Private employer pension	13
Union pension	12
Federal, state, or local gov't pension	6
Part-time employment	9
Full-time employment	12
Total	120

**Table 35:
Comparison of
source of income,**

**survey respondents
and Census**

	Survey		Census	
	Number	Percent of total N	Number	Percent of total population
Social Security				
Hispanics 65+	33	41.77%	2,984	49.29%
Non-Hispanic 65+	19	24.05%	1,879	31.04%
Total	52	65.82%	4,863	80.33%
Supplemental Security Income (SSI)				
Hispanic	6	7.60%	805	6.80%
Non-Hispanic	1	1.30%	353	3.00%
Total	7	8.90%	1158	9.70%

Respondents were asked if moving from the household would create a financial hardship for other members of the household (N= 70, 84.3%). Twenty-four respondents (34.3%) reported that moving out would create a financial hardship for other members of the household. Thirty respondents (42.9%) reported that it would not, and 16 respondents (22.9%) did not know or were unsure.

Table 36 shows household income for all respondents and by Hispanic and non-Hispanic status, with cumulative percentages calculated (N=78, 94%). There does not appear to be a significant disparity in household income by Hispanic and non-Hispanic status. Median household income for both groups is \$15,000--\$24,999 annually.

Table 36: Annual household income

Annual income	Total N	Hispanic	Non-Hispanic	Total N		Hispanic	
	Number	Percent of total N	Cumulative percent	Number	Cumulative percent	Number	Cumulative percent
Less than \$4,999	2	2.56%	2.56%	2	3.64%		
\$5,000--\$9,999	16	20.51%	23.08%	12	25.45%	4	17.39%
\$10,000--\$14,999	18	23.08%	46.15%	12	47.27%	7	47.83%
\$15,000--\$24,999	25	32.05%	78.21%	19	81.82%	6	73.91%
\$25,000--\$34,999	8	10.26%	88.46%	6	92.73%	2	82.61%
\$35,000--\$49,999	5	6.41%	94.87%	2	96.36%	3	95.65%
\$50,000--\$74,999	1	1.28%	96.15%	1	98.18%		95.65%
\$75,000--\$99,999	2	2.56%	98.72%		98.18%	1	100.00%
Over \$100,000	1	1.28%	100.00%	1	100.00%		
Total	78	100.00%		55		23	

Comparisons were made between survey responses and Census data to gauge how well responses matched income levels in the general population. Table 37 shows a comparison for all races and ethnicities at different income levels. Survey responses were

underrepresented at the \$0--\$14,999 level and over represented at higher income levels. The largest over-representation was at the \$15,000--\$24,999 income level.

**Table 37:
Income
Comparison of
Survey
Respondents to
Population in
Census, all races
and ethnicities**

	Survey		Census	
	Number	Percent	Number	Percent
Less than \$15,000	36	46.2%	8078	67.8%
\$15,001--\$24,999	25	32.1%	1,870	15.7%
\$25,000--\$49,999	13	16.7%	1,515	12.7%
\$50,000 and over	4	5.1%	443	3.7%
Total	78	100.0%	11,906	100.0%

Table 38 and Table 39 show comparisons of survey responses to Census data for Hispanics and non-Hispanics. The same pattern of over-and under-representation are present, however the disparity is greater at the lowest levels for Hispanics than for non-Hispanics. That is, survey responses more strongly under-represent Hispanics making \$0--\$15,000 and more strongly over-represent Hispanics making \$15,000--\$24,999 than non-Hispanics in the same income categories.

**Table 38: Income
Comparison of
Survey Respondents
to Population in
Census,
Hispanic**

	Survey		Census	
	Number	Percent	Number	Percent
Less than \$15,000	26	47.3%	5938	70.2%
\$15,001--\$24,999	19	34.5%	1,221	14.4%
\$25,000--\$49,999	8	14.5%	1,054	12.5%
\$50,000 and over	2	3.6%	251	3.0%
Total	55	100.0%	8,464	100.0%

**Table 39: Income
Comparison of
Survey Respondents
to Population in
Census,
Non-
Hispanic**

Survey Census

	Number	Percent	Number	Percent
Less than \$15,000	36	46.2%	2140	62.2%
\$15,001--\$24,999	25	32.1%	649	18.9%
\$25,000--\$49,999	13	16.7%	461	13.4%
\$50,000 and over	4	5.1%	192	5.6%
Total	78	100.0%	3,442	100.0%

There is some disparity in income between owners and renters. Table 40 shows income by owner/renter status. Sixty percent of rental households have an annual income of less than \$15,000, compared to 41.67% of owner-occupied households. Ninety percent of rental households have an income of less than \$25,000, compared to 73.33% of households occupied by homeowners.

Table 40: Annual income by owner/renter status

Annual Income	Owners & Renters		Owners		Renters		
	Number	Percent of total N	Cumulative Percent	Number	Cumulative Percent	Number	Cumulative Percent
Less than \$4,999	2	2.86%	2.86%	1	1.67%	1	10.00%
\$5,000--\$9,999	14	20.00%	22.86%	12	21.67%	2	30.00%
\$10,000--\$14,999	15	21.43%	44.29%	12	41.67%	3	60.00%
\$15,000--\$24,999	22	31.43%	75.71%	19	73.33%	3	90.00%
\$25,000--\$34,999	8	11.43%	87.14%	7	85.00%	1	100.00%
\$35,000--\$49,999	5	7.14%	94.29%	5	93.33%	0	
\$50,000--\$74,999	1	1.43%	95.71%	1	95.00%	0	
\$75,000--\$99,999	2	2.86%	98.57%	2	98.33%	0	
Over \$100,000	1	1.43%	100.00%	1	100.00%	0	
Total	70	100.00%		60		10	

Use of Senior Services

Respondents were asked about their use of senior services. While a large number of senior services exist in the primary and secondary area, respondents generally had little contact with senior service providers. One explanation is that service areas of the various service providers are quite large, and major senior services are inconveniently located outside of the primary service area. While public transportation is available, it often requires one or more changes between bus and/or rapid transit lines to access services, particularly for residents of Pilsen. Table 41 summarizes the types of services and level of service use of respondents. The most commonly used services were visiting a senior center, use of a senior congregate dining program such as Golden Diners, or using services for the elderly provided through respondent's church.

Table 41: Use of senior services

	Often	Sometimes	Never
Use transportation for the elderly	3	7	64
Visit a senior center	6	11	58
Have meals delivered to your home by an agency like Meals on Wheels	0	1	73
Eat meals at a senior center or in some place with a special meals program for the elderly, like Golden Diners	1	12	60
Use a homemaker service for the elderly that provides services like Cleaning and cooking in the home	0	1	73
Use a service which makes routine telephone calls to check on health of elderly people	0	3	71
Use a visiting nurse service	1	3	70
Use a health aide who comes to the home	2	1	70
Receive food stamps or coupons	3	1	69
Use services or programs for the elderly Provided by your church	1	5	65

Interest and Preferences in Assisted Living Housing Development

The assisted living model is not well known to respondents (N=78, 94%). Thirty-seven respondents (47.4%) expressed familiarity with the model and 41 (52.6%) were unfamiliar with assisted living. A brief description of the assisted living model was provided in the survey. When asked if they would consider residence in a supportive living facility development, 42 (52.5%) responded that they would and 38 (47.5%) said they had no interest (N=80, 96.4%). Table 42 summarizes the levels of interest in living in an assisted living housing development.

Table 42: Interest in Assisted Living

	Number	Percent
Very interested	4	5.0%
Interested	7	8.8%
Somewhat interested	31	38.8%
Not interested	38	47.5%
Total	80	100.0%

Respondents who expressed no interest in living in a supported living facility were probed as to their lack of interest. Of those respondents who expressed no interest, responses given were a need to see the development before deciding (15), lack of personal need (12), perceived inability to pay for such a living situation (8), lack of interest in living in a senior housing development (3), or “other,” which centered on a desire to stay in their home and maintain family ties. Yet when these same respondents were further probed as to

willingness to consider residence in an assisted living development in the future, twenty-three (71.9%) said that they would and 9 (28.1%) said that they would not (N=32, 84.2%). Reasons for considering assisted living as a future residential choice were uncertainty about the future, inability to care for oneself or changing health conditions, loss of support from spouse or other family member, and possible financial inability to maintain a home in the future.

Those respondents who expressed interest in living in an assisted living development were probed as to apartment type preferred. Table 43 shows the preferred room/apartment size indicated by respondents (N=42, 97.6%).

Table 43: Unit size preference in Assisted Living

	Number	Percent
Single room w/bath & community kitchen or meal program	8	19.51%
Studio with kitchen & bathroom	8	19.51%
One-bedroom apartment	15	36.59%
Two-bedroom apartment	10	24.39%
Total	41	100.00%

Amenities

When asked about particular amenities that were important as part of an assisted living housing development, the highest levels of interest among respondents were in food service, transportation for errands and appointments, 24 hour security, chapel services, laundry facilities, and 24 hour medical services. Those amenities considered least important were ethnic food service, a library, beauty salon and barber on site. Table 44 summarizes the level of importance of particular amenities.

Table 44: Desired amenities within Assisted Living housing development

	Very important	Important	Not important
Food service	29	13	2
Food service with your ethnic food featured	16	11	14
Transportation for errands and appointments	29	13	2
Library	12	18	13
24 hour security	30	12	2
Exercise room	13	23	8
Beauty salon and barber on site	14	19	11
Chapel services	21	14	7
Laundry facilities	26	18	0
Planned social activities and outings	16	20	7
Social or community room	15	24	4
24 hour medical service	30	10	1
Assistance with taking medications	18	18	6
Personal care services	16	20	7
Housekeeping services	14	19	9
Other*	7	2	0

*Guest rm, nurse, pool table, youth interaction prog, dancing,
non smoking facility, therapist, and yard/gardening prog

Community amenities considered most important for an assisted living development were proximity to shopping, proximity to family and friends, and access to public transportation. Proximity to respondent’s church and a park were moderately important. Least important was proximity to a public library. Table 45 summarizes the levels of importance of various community amenities.

Table 45: Community amenities for Assisted Living housing development

	Very important	Important	Not important
Near a shopping area	28	11	6
Near a public library	6	20	18
Near a park	14	16	13
Near family and friends	27	13	5
Near my church	20	14	8
Near public transportation	27	13	5
Other*	1	1	1

*Near walking area, not seeing or hearing heavy traffic or expressways, safe location.

When asked about actual location of an assisted living housing development, the highest levels of interest were expressed for Pilsen, Little Village, and a Latino area on the south side, respectively. The largest number of respondents rated Pilsen “very important”. Least interest was for a suburban location. Table 46 summarizes respondents' preferences as to location.

Table 46: Location desired for Assisted Living housing development

	Very important	Important	Not important
Within the Pilsen community	17	11	8
Within the Little Village community	9	15	12
Within a Latino area on the south side	10	10	14
Anywhere in the city	6	12	14
Anywhere in the suburbs	2	8	22
Does not matter to me	3	11	12
Other*	2	1	1

*Near water/green space, Lake Michigan, recreation

Hispanic Respondents

There were some clear differences between Hispanic and non-Hispanic survey respondents. Among Hispanic respondents, 25.45% earned less than \$10,000, as compared to 17.39% of non-Hispanic respondents; 70.2% of Hispanics earned less

than \$15,000 compared to 62.2% of non-Hispanic respondents.

Hispanics are less likely to be owners (39/51, or 76.5%) than non-Hispanics (24/26, or 92.3%). 19.6% of Hispanics are renters (10/51), compared to 3.8% of non-Hispanics (1/26). Of those respondents (19/66, or 28.8%) experiencing an extreme cost burden (defined as over 50% of household income paid to housing costs), Hispanics are more affected by this highest level of cost burden (17/44, or 38.6%) than non-Hispanics (6/31, or 19.4%).

Hispanic respondents were younger (mean age 68.6, median age 70.5) than non-Hispanics (mean age 74.4, median age 73.5). This is consistent with ethnic change that has occurred in the area in the past few decades, and would indicate a growing housing market for Latino older adults in the area.

Fewer Hispanics seniors over 65 years of age in our survey, 5.5%, live alone compared to senior Hispanics citywide who live alone, 19%. However, our survey results are more representative of the Hispanic seniors living alone in the primary market area. In the primary market area, 8.7% of Hispanic seniors live alone.

The Hispanic survey respondents with disabilities were 24% compared to 51.5% of the Hispanics in the primary market area.

Summary of survey results

As discussed in the previous section, a mail and follow-up telephone survey of seniors over 55 years of age was conducted in the primary market area of Pilsen and Little Village. The survey was designed to measure interest and eligibility for an affordable supportive living facility development in the Pilsen and Little Village area.

The survey respondents had a mean age of 70.63 years and a median age of 71.0 years. The respondents were closely distributed between residents of Pilsen (50.6%), and Little Village (48.2%). Latinos were 67.5% of the respondents.

Hispanic survey respondents were younger (median age 68.6), more likely to have incomes less than \$15,000, less likely to be homeowners, and had a higher housing cost burden.

Of all those responding about source of income, 65.82% had Social Security income as compared to 80.33% of the seniors over 65 years of age that live in the primary market area. Of the respondents, 8.9%, reported Supplemental Security Income, compared with 9.7% in the general population.

The overwhelming majority, 77.7%, of the respondents lived with family members. Non-Hispanic seniors over 65 years old are more likely to be living alone than Hispanics seniors in the primary market area. However, 42.9% of the respondents reported that moving from their present household would not create a financial hardship for other members of the household.

There does not appear to be a significant disparity in household income by Hispanic and non-Hispanic status. Median household income for both groups responding to the survey is \$15,000--\$24,999 annually. Survey responses were underrepresented in the \$14,999 and less income group. More respondents to the survey were in the \$15,000--\$24,999 income level compared to the 2000 census for the primary market area.

More than twice as many of our survey respondents had a housing cost burden of over 30% of their income compared to the older adult population who responded to the 2000 census.

While a large number of senior services exist in the primary market and secondary market area, survey respondents reported never using many of the senior services. However, the most commonly used services were visiting a senior center, use of a senior congregate dining program such as Golden Diners, or using senior services provided by the respondent's church.

When asked if they would consider residence in a supportive living facility development, 52.5% responded that they would. Reasons for considering a supportive living facility as a future residential choice were uncertainty about the future, inability to care for oneself or changing health conditions, loss of support from spouse or other family member, and possible financial inability to maintain a home in the future.

The respondents who had no interest in a SLF said that they would want to see the development before deciding or thought they would be unable to pay for such a living situation. Yet, when these same respondents were further probed as to their willingness to consider residence in an assisted living development in the future, 71.9% said that they would consider this option in the future.

The single room or studio apartment type with a bath and kitchen or community kitchen was preferred by 39%; 36.5% preferred a one-bedroom and 24.3% preferred a two bedroom.

When asked about actual location of a supportive living housing development, the highest level of interest was expressed for a Pilsen location, followed by a Little Village location, and a Latino area on the south side, respectively. Least interest was for a suburban location.

Community amenities considered most important for a supportive living development were proximity to shopping, proximity to family and friends, and access to public transportation. When asked about particular amenities that were important as part of a supportive living facility housing development, the highest levels of interest among respondents were in food service, transportation for errands and appointments, 24 hour security, chapel services, laundry facilities, and 24 hour medical services.

Focus Group and Senior Interviews

A focus group was conducted in April 2004 with a senior group at a park within the primary target area. The focus group was conducted in Spanish with approximately 8 female participants. The women ranged in age from 55-78 years old with all of them originating from Mexico. Most of the women were renters, with only 3 owning their property.

Questions asked during the focus group related to senior resident opinion on senior housing in general and then it focused on a supportive living facility. All participants expressed interest in a supportive living facility. The women commented that safety and location was key to a successful development. The seniors wanted to ensure maximum safety both internally and externally. They also stated that Pilsen would be the ideal location because it was close to their family, friends, and stores.

All of the participants indicated the importance of affordable rents. The women mentioned that market-rate units were in fact available, but too expensive for their income. One woman had already looked into senior housing, but there was a long list for the reasonably priced units. Throughout the conversation it was repeatedly stated that the women did not want to leave Pilsen because they were comfortable and loved their community.

Once the discussion was completed, profile sheets were handed out to learn more about the participants and some of the amenities they would prefer in a supportive living facility development. Some of the comments included: near family and friends, transportation, and retail. The participants also wanted the development to be fully accessible, clean, and to serve Mexican food.

Comments made in the 2004 focus group are similar to an earlier TRP 2001 study. The study, "Senior Housing Needs: Analysis of the Current Situation", discusses findings from 50 one on one interviews with Latino seniors in Pilsen and Little Village. The study identified critical factors that would influence seniors' future housing decisions: price, transportation, safety, location, accessibility, amenities, and cleanliness. Most of the seniors seemed interested in a senior residence; 57% of the interviewees said that they would likely move to a senior facility if they are able to afford it and 32% of the seniors said it was "very likely".¹⁴ The most favored types of senior facilities are retirement buildings and independent retirement communities.

This study further found that the interviewees wished to age in their neighborhood, but this would be an obstacle mainly due to a variety of economic reasons. Rising rents and property taxes, a dire need for home repairs, and not being able to pay for utilities were all cited examples.

¹⁴ Saravia, Claudia. "Senior Housing Needs Assessment for The Resurrection Project: Analysis of the Current Situation". 2002.

Summary

In these face-to-face interactions with TRP and Voorhees Center staff, the seniors more openly expressed their interest in a senior housing development compared to the more reserved and cautious interest expressed in the mail and telephone survey. The focus group participants and interviewees were clear that their interest was based on their need to find a more affordable housing situation to alleviate their current problems with increasing property taxes, rents, utility costs and maintenance costs of their current housing situations.

In terms of amenities, the issue of building security was often repeated in the focus group and interviews. Similar to the mail and telephone survey, the preference for a Pilsen location was reinforced in the focus group and senior interviews.

Interview with Key Informants

Social workers at seven local hospitals were interviewed via telephone to gather information regarding their senior patients. The hospitals include: Mercy, Mount Sinai, Rush Presbyterian-St Luke, Schwab Rehabilitation, St. Anthony, Stroger (Cook County), and University of Illinois. These hospitals were chosen because they are located in the market area or are just outside the market area.

Social workers at each of these hospitals were contacted to obtain general information about their senior patients, such as the estimated number of seniors served, number of nursing home referrals and number of unnecessary nursing home referrals. These questions were asked to find out whether a supportive living housing development might have been an option for some of these patients (Please see Appendix for a copy of the questionnaire).

The key informants were first asked to estimate the number of seniors they served per month. Table 47 illustrates their responses.

Table 47: Hospitals in primary and secondary area

Hospital	Number of seniors served per month	Number of beds
Mercy	219	349
Mount Sinai	25	432
Rush-Presbyterian-St Luke	33	824
Schwab Rehab	100	95
St. Anthony	48	164
John H. Stroger, Jr.	50	464
University of Illinois	35	507
Total	510	2,835

The key informants were then asked to estimate the number of seniors that were referred to nursing homes per year. Mercy estimated about 27, Mount Sinai 30, Rush-Presbyterian 30, Schwab Rehab 144, St. Anthony 45, Stroger 25, and University of Illinois estimated about 36 referrals per year. Of these referrals, most of the seniors agreed to and were placed in nursing homes. The key informant from Mercy Hospital brought up an interesting case in which a woman from Pilsen agreed to be placed in a nursing home, but the home that was available was too far south for her. All of the hospitals with the exception of St. Anthony claimed to have about a 90% or more placement rate. In other words, of those referred to a nursing home, 90% agreed and were placed in a facility. St. Anthony was the only hospital in which the rate was lower (50%) because the seniors preferred not to enter a nursing home. This may be attributed to the high number of Latinos served in this hospital. According to the social worker at St. Anthony, senior Latinos are less likely to agree to be placed in nursing homes compared to their White and Black seniors. Table 48 describes the 6 nursing homes in the primary and secondary areas.

The key informants were asked about unnecessary nursing home referrals. All the hospitals, with the exception of Mercy and Schwab Rehab, claimed that only about 1% of the referrals might have benefited from other senior living options. Mercy's percentage was somewhat higher with 4% and Schwab Rehab was the highest at 15%. Schwab Rehab explained that sometimes these seniors lived alone and did not have anyone to care for them and therefore had to move into a nursing facility.

In order to prevent nursing home placement, the key informants' most favored option was to have someone in the home to care for the senior. It is confirmed in our survey results that most seniors in Pilsen and Little Village, in fact, have had family members take care of them after a hospital stay. Other key informant responses to prevent nursing home care were: preventative care, better accessibility to medical care, twenty-four hour medical supervision and the financial means to hire a private nurse.

All of the social workers were somewhat familiar with supportive or assisted living. The social workers were asked if they believed that a supportive living facility would have been an option for some of their referrals. They all agreed that this type of facility would allow the seniors to have more independence than the more dependent lifestyle in nursing homes. All but two hospitals (Schwab Rehab and Rush Presbyterian) enthusiastically replied that an assisted or supportive living facility would give their patients more self-worth because of the less institutionalized feel in comparison with nursing homes. The social worker at Schwab Rehab stated that this development would not benefit her seniors since she dealt with more dependent elders. The social worker at Rush Presbyterian said that she worked with both independent and dependent elderly and therefore an assisted or supportive living development for her patients as an option would depend on their overall health; the dependent would go to a nursing home and the more independent would be referred to an assisted or supportive living facility. She also commented that this development would only be available to those who possessed the financial means. She thought that low-income people or those without insurance would have a harder time paying for this type of housing.

Summary

The overall consensus among the social service key informants at the hospitals we interviewed was that an assisted or supportive living development would be beneficial to those patients who are able to care for themselves, can afford it or were eligible via Medicaid and other public programs.

There were several social workers that were not completely sure how seniors qualified for an assisted or supportive living program. This suggests that an educational brochure or workshop about this housing option is needed for social workers in the nearby hospitals. This could be useful because these social workers could play a role in making referrals to the proposed TRP senior housing development.

Comparable Properties

To assess the competition to the potential TRP senior development, we research the existing residential options for seniors in the following categories, in both the primary and secondary area:

- Independent living
- Supportive or Assisted living facilities
- Nursing homes

Independent living provides no personal services to residents. There are four independent living sites in the area under study. The Chicago Housing Authority (CHA) operates three sites in the area, and Progressive Baptist Church operates a Section 8 facility for the elderly and persons with disabilities. Table 48 provides a summary of those developments.

Table 48: Independent living facilities in area under study, by location, owner, size and occupancy

Name	Address	Owner	Capacity	Occupied units*	Number of residents*
Albany Terrace Apartments	3030 W. 21st St.	CHA	350	160	170
Racine Senior Apartments	1611 S. Racine	CHA	212	151	163
William Jones Apartments	1447 S. Ashland	CHA	116	86	93
TE Brown Apartments	3601 S. Wells	Progressive Baptist Church	117	117	Unknown
Total		795	514 Appx.	543	

*As of September 20, 2002

Source:

http://www.thecha.org/housing/dev/senior_housing_sites.html,
and phone interview March 1, 2004

Albany Terrace Apartments and William Jones Apartments have Resident Service Coordinators on site. Resident Service Coordinators provide referrals to services provided to seniors through other City departments. TE Brown Apartments has a similar service to provide referrals to residents.

Table 49: Nursing homes in area under study, by location and number and type of beds

Name	Address	Skilled beds	Intermediate beds	Medicare beds	Medicare/Medicaid beds	Medicaid beds	Total
Sacred Heart Home	1550 S. Albany		172			172	172
California Gardens & Rehab Clinic	2829 S. California	293			293		293
Schwab Rehabilitation Center							
Skilled Nursing Unit	1401 S. California	30		30			30
International Village	4815 S. Western	218			218		218
Park House	2320 S. Lawndale	14	92		14	92	106
Total beds by type		555	264	30	525	264	
Total all beds		819					

Source:

<http://www.idph.state.il.us/webapp/LTCApp/ltc.jsp>

There are no supportive or assisted living facilities located in the primary market area. There is one facility located in the secondary market area at 4835-59 S. Western Ave., Senior Suites/New City that describes itself as assisted living. It is not, however, a licensed SLF. This facility has 110 one-bedroom apartments; rent levels are \$190, \$385, \$640, and \$670, dependent on income. The facility offers a weekly housekeeping service, weekly transportation to a local shopping center for grocery and other shopping. Home Health of Illinois, a private agency, provides health screenings (i.e. blood pressure checks), exercise classes, and other social activities. There is an optional meals program on-site, with meals priced at \$4 each of \$80 per month. There are free laundry facilities on each floor. It is currently fully occupied, with a waiting list of 40 persons. Because the facility only opened in January 2004, the property manager could not gauge the length of time prospective residents must wait; the facility has been completely leased up since it opened, with no vacancies occurring.

There is a licensed supportive living facility immediately adjacent to the area. Rush Presbyterian St Luke’s Medical Center in partnership with Barton Senior Care LLC operates the Rush-Barton Supportive Living facility at 1245 S. Wood St.¹⁵ The facility is located in the Illinois Medical District, and has 139 new units of affordable supportive living, with 28 units fully accessible. Units are affordable to households with incomes at or below 60% of the area median income. Minimum tenant rent payment is \$545, and minimum tenant service payment is \$1883 (which may be paid by Medicaid). There are currently two vacancies; according to the property management staff, this is typical.

Services at Rush Barton include 24-hour supportive service staff (including nurses and Certified Nurse Attendants), housekeeping, laundry, meal planning and preparation, medication monitoring, transportation and assistance with activities of daily living (i.e.

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Accessed at http://smt.nefinc.org/uploadProject%5Crush_barton.pdf

bathing, toilet, and dressing). The facility has a complete kitchen and dining room, solarium, four TV lounges, a library, chapel, activity room, wellness center, and hair salon. There are 133 studios and 6 two-bedroom units. All units have an emergency alert

system, kitchenettes, and bathrooms designed for accessibility. There is parking for 38 cars on site.¹⁶ Photo 1 shows a view of Rush Barton Supportive Living Facility.¹⁷

Photo 1: Rush Barton Supportive Living Facility



Greater Southwest Development Corporation developed an affordable assisted living facility for seniors in the Chicago Lawn community. It is not a licensed SLF. Located just outside the secondary market area at 63rd and Kedzie, Lawn Terrace Apartments, it has 102 units (studios, one and two bedroom apartments) for seniors at different income levels. The facility has 23 apartments reserved for older adults making less than 30% of Area Median Income (property management states that they target these units to seniors making less than \$10,000 annually).

There are 18 units reserved for low-income seniors making between \$10,500 and \$15,000 annually. Sixty-one units are reserved for seniors making up to \$31,600 annually. There are currently six vacancies, all for units reserved for moderate-income seniors. According to property management, this is an unusually high vacancy rates; typically there are one or two vacancies. There is a waiting list for units reserved for low-

¹⁶ Accessed at http://www.dcd.com/case_studies/0111/011150.html

¹⁷ Accessed at <http://www.babcoinc.com/projects.asp?projectCatID=4&projectID=26>

and very low-income seniors; typically between one and ten persons are on the waiting list. Property management could not characterize a typical length of time a prospective resident waited for a unit, stating that unit availability fluctuated widely due to death or relocation to a nursing home.

Amenities on site include an activity room, community room, laundry facilities, lounge and outside garden. The site also contains a 6,000 sq. ft. medical clinic operated by Holy Cross Hospital, which focuses on senior health services. It also has approximately 13,000 sq. ft. of commercial space. The clinic provides a variety of medical programs and services in their community center. Recreational and cultural activities are planned by management staff of the residential facility.¹⁸ Photo 2 shows a view of Lawn Terrace Apartments.¹⁹

Photo 2: Lawn Terrace Apartments



Competitive Unit Analysis

There is only one assisted living facility, not licensed as a SLF by the state, located in the secondary market area. This development is fully occupied with a waiting list. There are two other assisted living facilities immediately outside the market area, only one is

¹⁸ Accessed at <http://www.ihda.org/pressr/12011997.htm>

¹⁹ Accessed at <http://www.harleyellis.com/groups/life/swd.html>

licensed as a SLF, but both of these developments have typical (2-6 units) vacancies because of unit turnover due to deaths or transfers to nursing homes. One of these developments has a waiting list for units reserved for low-income seniors.

We identified four senior independent living facilities in the market area. The Chicago Housing Authority owns three out of four of these developments. In 2004, there were 3,879 persons on the CHA senior housing waiting list. Of these seniors, 889 are Hispanic seniors.²⁰ The non-CHA development is owned and managed by an African-American church near the White Sox stadium. This development is fully occupied.

Given the low or no vacancy rates at the assisted living and independent senior developments in and near the market area, and the waiting lists, we do not think these existing units will affect the market for the TRP proposed senior housing development. Waiting lists for subsidized units in the area exceed those for non-subsidized units, which is consistent with local trends of subsidized units having the longest waiting lists, with one area senior agency citing an average wait of two years.²¹ In fact, the numbers on the waiting lists reinforces the need and market for a subsidized low-income senior housing development on the southwest side of Chicago.

Senior Housing Market Demand Analysis

The preceding analysis of the existing senior housing developments in the primary and secondary market areas demonstrates that there is an unmet demand for senior housing affordable to older adults with incomes less than \$25,000 a year. This is reinforced with the census information, qualitative data we collected in the focus group, senior interviews and the interviews with hospital social workers. Before outlining the demand analysis of target market groups in the primary and secondary market areas, we would like to discuss the costs and rates that define the SLF affordability parameters for seniors in the market areas.

SLF Costs and Rates

We will use the costs and rates that are required by The Supportive Living Program that are administered by the Illinois Department of Public Aid. The Supportive Living Program sets a **minimum** income requirement equal to or greater than the current maximum SSI amount. The 2004 maximum SSI payment for a single person is \$564. The SSI payment will pay for the room and board at the SLF minus \$90 that the person keeps for personal expenses. It is assumed that an SSI eligible person is also eligible for Medicare to pay for the SLF supportive services. It is also assumed that the person will be eligible for food stamps.

This means that the SLF cost and rate per Medicaid-eligible person are the following:

²⁰ Chicago Housing Authority, Moving To Work Draft Annual Plan for Transformation, FY 2004, page 62. Accessed at <http://www.thecha.org>

²¹ Adler, Jane. "Shopping for a Building? Be Prepared to Wait." Chicago Tribune. May

²¹ 19, 2002.

Room and Board: \$474.00
Food stamps: \$97.00
Medicaid for supportive services: \$1,883.00
Total: **\$2,454.00**

The Supportive Living Program also sets a maximum income requirement for seniors to potentially be Medicaid-eligible, which is \$2,454 a month or \$29,448 a year.

If the SLF provider charges the same rate for Medicaid-eligible residents as for private pay residents, there is no minimum set aside of units for Medicaid eligible residents. If different rates are charged, 25% of the units in the SLF must be made available for Medicaid eligible persons. Since TRP is most interested in providing housing for low income seniors, we are assuming that all or most of the units in the SLF will be for Medicaid-eligible elderly persons. We also make this assumption since the large majority of seniors in the primary and secondary market areas, 79.8%, have incomes less than \$25,000. We are assuming that these seniors with incomes less than \$25,000 will qualify for Medicaid eligibility since their incomes are less than the maximum requirement for Medicaid eligibility of \$29,448 a year. This group either already receives SSI and Medicaid or many of this group may later apply for Medicaid to pay for the supportive services when their savings runs out.

There is a general rule that seniors can afford to spend approximately 80% of their income to live in a SLF.²² This is because the SLF includes everything (room and board, medical and other supportive services) except personal expenses like clothing, entertainment, etc. Using \$2,500 as the average monthly SLF cost, it would require a minimum income of \$37,500 annually to be a private pay resident.

Using these cost and rate and affordability parameters for a SLF, we will now outline a number of target market groups in the primary and secondary market areas. Included in the first three target market groups is the potential number of senior parents of market area residents who are 55-64 years old and make more than \$50,000. This is what we earlier referred to on page 28, as the adult dependency factor group. They are seniors who live outside the primary and secondary market areas but might be potential residents in a senior housing development.

Target Market Group One

This is the largest target market group for the SLF. It includes all older adults, Hispanic and non-Hispanic, in the primary and secondary market area who have incomes less than \$25,000 a year. It is using the income criteria only to assume that seniors making less than \$25,000 a year would be income eligible for Medicaid payments for the most expensive aspect of a SLF, which is the medical and supportive services. The market penetration pool of this group is 30,555 plus 102 adult dependency persons for a total number of

²² Blair Minton and Associates, "The Arthur Home, Arthur, Illinois, Assisted Living Market Analysis, July 22, 2002, page 5.

30,657 persons. The capture or penetration rate for this group is 306 units for 1%, 2% would be 613 units and the 5% penetration rate would be 1,533 units.

Table 50: All older adults over 55 years with incomes less than \$25,000

Market penetration pool	Primary	Secondary	Total
Total Population 55+years	11,906	26,354	38,260
Less than \$25,000	9,948	20,607	30,555
Adult Dependency Factor	25	77	102
Market Penetration Pool	9,973	20,684	30,657
Capture rate: 1%	99	207	306
Capture rate: 2%	199	414	613
Capture rate: 5%	499	1,034	1,533

Target Group Two

In this second group, we include only the Hispanic seniors with incomes less than \$25,000 as a market for the proposed TRP subsidized SLF development. We look at this group separately because TRP has a special interest to serve the Hispanic population. The seniors we included in the adult dependency factor are only the potential senior parents of Latino households (55-64 years) making over \$50,000 in the total market area. The market penetration pool of this group is 11,922 plus 30 adult dependency persons for a total number of 11,952 persons.

The capture or penetration rate of 1% would be 119 units, 2% would be 240 units and the 5% penetration rate would be 596 units.

Table 51: All Hispanic older adults over 55 years with incomes less than \$25,000

Market penetration pool	Primary	Secondary	Total
Total Hispanic Population 55+years	8,464	5,998	14,462
Incomes Less than \$25,000	7,159	4,763	11,922
Hispanic Adult Dependency Factor	13	17	30
Market Penetration Pool	7,172	4,780	11,952
Capture Rate: 1%	71	48	119
Capture rate: 2%	143	97	240
Capture rate: 5%	357	239	596

Target Group Three

In this third group, we include the Hispanic seniors with incomes less than \$25,000 who are also U.S. citizens. This is the target Hispanic group who has an additional guarantee that they are eligible for Medicaid (to pay for supportive services) because of their citizenship status and lower income. As noted earlier, there are some exceptions for non-citizens to be eligible for Medicaid. But, by including only the Hispanic U.S. citizens, we

are taking a more conservative approach to the market capture rate of this target group. We also include the senior parents of Hispanic residents making more than \$50,000 (55-64 age group), the adult dependency factor group.

The total market penetration pool for this target group is 6,484 persons and 30 adult dependency persons for a total of 6,514. The capture or penetration rate of 1% would be 65 units, 2% would be 130 units and the 5% would be 326 units.

Table 52: All Hispanic U.S. citizens over 55 years with incomes less than \$25,000

	Primary	Secondary	Total primary and secondary
Market penetration pool			
Hispanic citizens 55+ with less than \$25,000 income	3,770	2714	6,484
Hispanic Adult Dependency Factor	13	17	30
Market Penetration Pool	3783	2731	6,514
Capture rate: 1%	38	27	65
Capture rate: 2%	76	54	130
Capture rate: 5%	189	137	326

Target Group Four

Our research found that there are very few SLFs in the city catering to Latinos. Consequently, we think it is reasonable to assume that TRP could also attract Latino seniors from around the city for the development they propose to build in either the primary or secondary market area.

For the city of Chicago, there are 33,606 persons who are Hispanic, U.S. citizens and have incomes less than \$25,000. We also include the citywide adult dependency factor for senior parents of Hispanic residents making more than \$50,000 (55-64 age group). Citywide, there are 1,525 Hispanics who are between 55-64 years and make over \$50,000 a year. It is estimated that 139 units would be for the parents of this group. The total market penetration pool for this target group is 33,606 persons and 139 adult dependency persons for a total of 33,745. The citywide capture or penetration rate of 1% would be 337 units, 2% would be 675 units and the 5% would be 1,687 units.

Table 53: City of Chicago, All Hispanic U.S. citizens over 55 years with incomes less than \$25,000

	Total Chicago
Market penetration pool	
Hispanic citizens 55+ with less than \$25,000 income	33,606
Adult Dependency Factor	139
Market Penetration Pool	33,745
Capture rate: 1%	337
Capture rate: 2%	675

Target Group Five

TRP is also interested in housing seniors who would not qualify for SLF subsidies via Medicaid because of having higher incomes. Given that the average monthly cost of a SLF is \$2,500, it would require a minimum income of \$37,500 to be a private pay resident. This is using the general rule that seniors would pay 80% of their income to live in a SLF.

This target market group is the seniors in the primary and secondary market area who make more than \$37,500 a year. This is the pool of private pay residents. The capture or penetration rate for all older adults who have incomes over \$37,500 in the primary and secondary market areas for 1% would be 35 units, 2% would be 70 units and the 5% would be 174 units. For Hispanics with incomes over \$37,500, the 1% capture rate is 12 units; 2% is 24 units; and 5% is 56 units.

Table 54: Hispanic and Non-Hispanic Older Adults over 55 years old with Incomes over \$37,500

	Primary	Secondary	Total primary and secondary
Market penetration pool			
Hispanic	658	463	1121
Capture rate: 1%	7	5	12
Capture rate: 2%	14	10	24
Capture rate: 5%	33	23	56
Non-Hispanic	261	2108	2369
Capture rate: 1%	3	21	24
Capture rate: 2%	6	42	48
Capture rate: 5%	13	105	118
Total	919	2571	3,490
Capture rate: 1%	9	26	35
Capture rate: 2%	18	52	70
Capture rate: 5%	46	128	174

Other Indicators To Determine Target Market Groups in Need of SLF

Thus far, we have used only the income criteria to determine market groups. Other indicators to determine the market for a SLF are: SSI as a source of income, the number of disabled seniors, and the number of seniors living alone.

There are 3,291 persons who receive SSI benefits in the primary and secondary market areas. We assume they will more than likely also qualify for Medicaid. The capture or penetration rate for all older adults who receive SSI in the primary and secondary market areas for 1% would be 33 units, 2% would be 66 units and the 5% would be 165 units. For Hispanics, the capture rate is 13 units for 1%; 26 units for 2%; and, 64 units for 5%.

Target Group Six

Table 55: Older Adults over 55 years of age: Receipts of Supplemental Security Income (SSI) in the Primary and Secondary Market Areas

	Total
All Older Adults who receive SSI	3,291
Market Penetration Pool	3,291
Capture rate: 1%	33
Capture rate: 2%	65
Capture rate: 5%	165
Hispanics only who receive SSI	1,288
Market Penetration Pool	1,288
Capture rate: 1%	13
Capture rate: 2%	26
Capture rate: 5%	64

Older adults with disabilities are potentially frailer and therefore more likely to need the supportive services of a SLF. This table is an unduplicated count of persons over 55 years of age in the primary and secondary market areas with a disability. The capture rate for all adults with disabilities would be 172 for 1%, 344 for 2% and 861 for 5%. For Hispanics, it would be 65 units for 1%, 131 units for 2% and 327 for 5%.

Target Group Seven

Table 56: Older Adults over 55 years of age with a disability: Hispanic and Non-Hispanic in the Primary and Secondary Market Areas

	Total
All Older Adults with a disability	17,237
Market Penetration Pool	17,237
Capture rate: 1%	172
Capture rate: 2%	344
Capture rate: 5%	861
Hispanics older adults with a disability	6,556
Market Penetration Pool	6,556
Capture rate: 1%	65
Capture rate: 2%	131
Capture rate: 5%	327

Another likely indicator of a senior being a more likely candidate for a SLF is if they live alone. This often indicates a lessening of their support network and a need for the supportive services that a SLF provides. For this group, we only included the seniors 65 years or older. As discussed in earlier sections, there are very few Hispanic

seniors who live alone. The capture rate for all seniors living alone would be 65 units for 1%, 130 units for 2% and 326 units for 5%.

Target Group Eight

Table 57 : Hispanic and Non-Hispanic Older Adults over 65 years of age: Living Alone – Primary and Secondary Market Areas

	Total
All Older Adults Living Alone	
Market Penetration Pool	6,538
Capture rate: 1%	65
Capture rate: 2%	130
Capture rate: 5%	326
Hispanics older adults: Living Alone	
Market Penetration Pool	895
Capture rate: 1%	9
Capture rate: 2%	18
Capture rate: 5%	45

Conclusion

The combined analysis of the above census numbers, survey results, focus group and one-on-one interviews demonstrate that there is an interest and potential market for the SLF concept on Chicago’s southwest side. The majority of seniors in the primary and secondary market area have incomes less than \$25,000. Thus, they would require the SLF units to be subsidized in order to afford this housing option. The analysis of the existing assisted living and independent senior developments in and near the primary and secondary market area, and the waiting lists for their subsidized units, reinforces the need and market for a subsidized low-income senior housing development on the southwest side of Chicago.

The seniors surveyed by mail or telephone expressed interest in the SLF concept, but many were reluctant to commit until they could see the development or understood how they would be able to afford such housing. In the focus groups and one-on-one interviews, the seniors expressed a stronger interest in the SLF concept but still raised questions about location, affordability and amenities like security.

Their need for more information is reasonable. Most of the seniors who participated in the survey, focus group or one-on-one interviews were unfamiliar with the SLF concept and how it differed from other senior housing options. In addition, the location, affordability and other features and amenities of the proposed development were questions that need to be addressed before the seniors could made a commitment to such a living arrangement. The hospital social workers we interviewed also needed a better understanding of the SLF concept before they could be counted on to make the appropriate referrals to any proposed SLF development.

The analysis of the census clearly demonstrates that there are SLF income eligible older

adults in the primary and secondary market areas. The majority of seniors with lower incomes, older adults already receiving SSI, along with the number of older adults with disabilities in the primary and secondary market areas make this a stronger case. However, based on our experience of doing the mail and follow-up telephone survey, locating these older adults for the proposed TRP development will require a serious outreach and educational program about the benefits and eligibility requirements for the SLF concept.

The first preference of the survey and focus group respondents was that the senior housing be located in Pilsen. Food service, transportation for errands and appointments, 24-hour security and medical services had the greatest interest. Community amenities considered most important were proximity to shopping, family, friends and transportation. The issue of affordability was considered very important in the focus group and senior interviews.

Recommendations

1. Based on our analysis of the census information, the survey results and the competition within and near the market area, we recommend that The Resurrection Project (TRP) build a senior development of primarily if not all SLF units. The number of subsidized SLF units in the proposed development could be up to 65 units and could include an additional 35 SLF units to house private pay residents. The total number of units would be 100 units. The average number of units is 88 units in the 35 SLF presently operating in the state of Illinois.²³

The recommendation of 65 units is based on the 1% or 2% capture rate of several of the market target groups: all adults on SSI, Hispanics with disabilities and seniors over 65 years old living alone. It is a conservative estimated if TRP decides to do marketing and outreach to low-income Hispanic seniors citywide (See Table 53). We assume that Latino seniors from around the city will be a potential market for the proposed TRP SLF development because there are so few senior housing developments in other Latino areas in the city.

Based on capturing 1% of the older adults in the primary and secondary market areas with incomes more than \$37,500 a year (See Table 54), the proposed development could include the additional 35 units to house this population. These seniors would not qualify for the state subsidy program for SLF units. It is assumed that seniors with these higher incomes would be private pay residents.

2. We recommend that TRP develop a marketing and outreach plan for seniors and their families in both the primary and secondary market areas to discuss the pros and cons of the assisted living facility and other independent senior housing concepts. The lack of knowledge of supportive living, coupled with the interest expressed by survey respondents, focus group participants and senior interviewees when informed about the model, suggests the need for such a plan. The marketing and outreach plan could also begin to identify residents for the proposed development.

²³ www.slfillinois.com/approved.html. Supportive Living Program Approved Applications, July 16, 2004. There are 35 approved sites with 3094 units.

We think doing this marketing and outreach plan is important based on the difficulty we encountered in identifying, contacting, and surveying senior residents of the area. We recommend that TRP identify and solicit funding to support the marketing and outreach programs to potential residents, independent of the anticipated costs of development. Given TRP's history of creating workable solutions to the evolving needs of the Latino population, their history in the market area, and the anticipated growth of the Latino elderly population, funding the marketing and outreach plan should be of interest to private foundations.

3. Based on our interviews with hospital social workers, we recommend that TRP also offer an educational workshop to social workers and other social service agency staff members who work with seniors in the market areas. This workshop would inform these groups about the supportive living facility and independent senior housing concepts. In addition, the workshop would include a needs assessment component that would educate professionals on the supportive living concept and how to assess a senior's eligibility for residency in a supportive living facility.

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Appendix A

Sample frame

There were two data sources used to develop mailing lists for the survey. First, a list from the Cook County Assessor's office, dated February, 2003, of homeowners who had applied for and were receiving the property tax freeze available to senior citizens over 65 years of age within both the Lower West Side (Pilsen, Community Area 31) and South Lawndale (Little Village, Community Area 30). The second data source was the Chicago Tribune's Experion database of properties.

The first list, seniors 65+ years of age receiving the property tax freeze ("owners"), was geocoded and sorted by census tract. A second list was generated by extracting the "owners" list and all non-residential property from the Experion database. This list ("renters") was also geocoded and sorted by census tract, and was used to target possible renters 55+ years. It was anticipated that the "renters" list would also generate responses from owners between 55 and 65, and from elderly persons who were not homeowners of record but living within owner-occupied homes (i.e. in family settings).

Both lists were compared to US Census 2000 data to develop a random stratified sample by census tract. To develop the sample, the following calculations were made:

- Owners 65+ years old as a percentage of all owners 65+ years old in CA 30 and CA31 (by census tract)
- Rental households with a household member 55+ as a percentage of all residential properties (exclusive of owner-occupied properties receiving the "senior freeze"). This percentage was used as a gross proxy for total rental households, given the general character of residential properties in the two communities, i.e. one to three-unit properties, and financial constraints.

Response rates

Key to response rate calculations:

RR	=	Response rate
I	=	Complete interview
P	=	Partial interview
R	=	Refusal and break-off
NC	=	Non-contact
O	=	Other
UH	=	Unknown if household/occupied household unit
UO	=	Unknown, other
e	=	Estimated proportion of cases of unknown eligibility that are eligible

The American Association for Public Opinion Research's recommendations for response rate were used, based on Response Rate 3 (RR3) which estimates "what proportion of cases of unknown eligibility is actually eligible²⁴." Response rates were calculated separately for surveys mailed to owners and potential renters. For owners, the eligibility rate was considered to be 100%, as the mailing list consisted only of persons known to be resident homeowners 65+ years old. All surveys were considered complete interviews. For owners, Table 1 indicates the disposition of surveys.

Total surveys mailed	500
Completed surveys	57
Refusals	4
Postal service returned "attempted, not known/no such number"	11
Postal service returned "vacant/no such number"	20
Unknown (total surveys mailed minus completed surveys, refusals, and postal service returns)	408

The formula for calculating RR3 is:

$$RR3 = \frac{I}{(I + P) + (R + NC + O) + e(UH + UO)}$$

$$RR3 = \frac{57}{(57) + (4 + 11 + 20) + 1(408)} = \frac{57}{500} = 11.4\%$$

For renters, an eligibility rate of .239 was determined by dividing the number of rental households with a member 55+ years by the total number of residential buildings minus the buildings known to be owner-occupied by a person 65+ years. Buildings were used as a gross proxy, given the residential character of the area as primarily single family, two flat, and three flat buildings and the lack of a named list of renters 55+. Table 2 shows the disposition of renter surveys. (Note: Some surveys mailed to potential renters were returned by owners, which was anticipated.)

²⁴ The American Association for Public Opinion Research. 2004. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 3rd edition. Lenexa, Kansas: AAPOR.

Table 2: Disposition of renter surveys

Total surveys mailed	588
Completed surveys	12
Postal service returned "refused"	6
Postal service returned "attempted, not known," "no such number," "vacant," "no such address"	48
Unknown (total surveys mailed minus completed surveys, refusals, and postal service returns)	522

$$RR3 = \frac{I}{(I + P) + (R + NC + O) + e(UH + UO)}$$

$$RR3 = \frac{12}{(12) + (6 + 48) + .239(522)} = \frac{12}{191} = 6.28\%$$

A separate response rate was calculated for the non-response telephone follow-up. Table 3 shows the disposition of calls.

Table 3: Nonresponse survey follow-up results

Households disconnected	39
Households with no one over 55	113
Households declined	19
Households no answer	124
Households non-residential	2
Household not in survey area	1
Total surveys completed	14

Upon advice from the University of Illinois at Chicago Survey Research Laboratory, the following formula was used to determine a response rate for the telephone follow-up survey:

$$RR = \frac{I}{\text{Eligible} + (UH) \text{ Eligible} / \text{Total Known Eligibility}}$$

Eligible respondents were those who completed the survey or refused/declined to complete the survey. Unknown households were those households contacted where there was no answer or where the phone had been disconnected. Total known eligibility was determined by subtracting completed responses, refusals/declined participation, households that were contacted but there was no resident over 55 years of age, non-residential addresses, and addresses out of the area. This figure was then multiplied by .239, the eligibility rate for rental households noted above.

$$RR = \frac{14}{(14 + 19) + (124 + 39) (33/89)} = \frac{14}{33 + 163*.37} = 15.1\%$$

Non-Response bias

Key variables from the non-response follow-up were analyzed to test for bias using an independent sample T-test in SPSS. There was no significant statistical difference (at the .05 level of significance) between mail and telephone respondents on any variable other than age and coverage under Medicare Part A. The mean age of telephone respondents was 10 years younger than respondents (62 vs. 72 years of age). This disparity in age would explain the difference in coverage under Medicare Part A. Thus all responses were considered valid and included to the analysis. Table 4 summarizes the results of the comparison.

Table 4: Comparison for bias between Respondents and Non-response follow-up

	Respondents		Non-response	
Mean age	72.26		62.38	
Median age	72		57	
Presence of physical barriers	Number	Percent	Number	Percent
Yes	28	41.8%	4	28.6%
No	35	52.2%	8	57.1%
Don't know/unsure	4	6.0%	2	14.3%
Total	67	100.0%	14	100.0%
Interest in Assisted Living				
Very interested	4	6.0%	0	0.0%
Interested	6	9.0%	1	7.7%
Somewhat interested	27	40.3%	4	30.8%
Not interested	30	44.8%	8	61.5%
Total	67	100.0%	13	100.0%
Insurance Status				
Medicare Part A	53		7	
Private insurance only	39		7	
Possible future interest				
Yes	26	55.3%	5	71.4%
No	21	44.7%	2	28.6%

Total 47 100.0% 7 100.0%

Appendix B

Clinics

Name	Address
Obregon Medical Clinic	1012 W 18th St
Holistic Health	1211 S Western Ave
Allport Neighborhood Clinics	1239 W 18th St
Monterrey Medical Center	1418 W 18th St
Sinai Health System	1500 S California Ave
Mt Sinai Medical Center	15th & California St # L614
Pilsen Foot Clinic	1630 W 18th St
Lara Medical Center	1708 W 47th St
Dr Liu's Clinic Svc Corp	1710 S Ashland Ave
Clinica De Los Pies	1712 W 47th St
Chicago Lower West Side Clinic	1713 S Ashland Ave
General Dentist Ltd	1718 S Ashland Ave
Neighborhood Family Practice	1718 S Loomis St
Pilsen Dental Center	1726 W 18th Pl
Pilsen-Little Village Mental	1759 W 21st Pl
Centros Medicos Hispano	1800 W 18th St
All Care Inc	1805 S Ashland Ave
Pilsen Medical Clinic	1817 S Loomis St
Professional Medical Center- Mt Sinai	1824 W 47th St
Holy Cross Family Dental	1841 W 47th St # 2
Family Medical Health Care Center	1845 W 47th St
Free Peoples Clinic	1850 W Garfield Blvd
Sheth Dental Assoc	1858 W 35th St
St Cabrini Medical Center	1858 W 35th St
Pilsen Little Village Community	1858 W Cermak Rd
Centro Familia	1859 S Blue Island Ave
Michael Reese Hospital	1859 S Blue Island Ave
Dr Antonio Ramos & Assoc Ltd	1870 S Blue Island Ave
Galluzzo Foot & Ankle	1870 S Blue Island Ave
Wolcott Medical Center	1900 W 47th St
Sanchez Brothers	1942 W 47th St
Chicago Pso	1950 W Cermak Rd
Pilsen Pediatrics	1952 W Cermak Rd
Pilsen Little Village Community Mental	2007 S Blue Island Ave
Vinac Medical Center	2032 W Cermak Rd
P & C Medical Center	2201 S Pulaski Rd
Parkers Dental Office	2215 W Cermak Rd
Chicago Fresh Breath Center	2345 W Cermak Rd
Alivio Medical Center	2355 S Western Ave
Programa Cielo	2408 S. Albany
Medical 1 One	2422 S Western Ave
Jorge Prieto Famly Health Center	2424 S Pulaski Rd

Name	Address
Plaza Medical Center Sinai Med	2507 W Cermak Rd
Foot & Ankle Clinics-America	2511 S Kedzie Ave # 2n
Bryn Mawr Foot & Ankle Clinic	2552 S Pulaski Rd
Chicago Headache Clinic	2553 S Ridgeway Ave
Little Village Physical Thrpy	2611 S Lawndale Ave
Ramirez Foot & Ankle Clinic	2611 S Lawndale Ave
Villamizar, J Juan MD - Doctors Office	2619 S Lawndale Ave
Pilsen-Little Village	2635 W 23rd St
Chicago Healthworks	2724 W 47th St
Medical Center	2737 W Cermak Rd
California Medical Center	2751 W 51st St
Sinai Health System	2755 W 15th Pl
Cermak Health Services	2800 S California Ave
South Lawndale Chiropractic	2801 S Lawndale Ave
Chicago Foot Clinic	2801 W Cermak Rd
Kirbee Chiropractic & Rehab	2807 S Archer Ave
Mercy Medical In Bridgeport	2837 S Halsted St
Catholic Health Partners	2875 W 19th St
Cermak Medical Center	2915 W Cermak Rd
Comprehensive Care Center	3030 W 21st Pl # 206
South Lawndale- St. Anthony	3059 W 26th St
Lawn Dental Center	3113 S Pulaski Rd
General Dentistry	3120 S Halsted St
Ashland Dental Group	3144 S Ashland Ave
Concentra Occupational Health	3145 S Ashland Ave # 110
Holy Family Medical Center	3147 W Cermak Rd
Centro Medico San Rafael	3204 W 26th St
Foot & Ankle Center	3303 S Halsted St
Knapp Medical	3303 S Halsted St
Cardiology Medical Group Inc	3303 S Halsted St # 205
Servicios Medicos La Villita	3306 W 26th St
St Patrick Family Health Center	3344 S Halsted St
Comprehensive Dental Care	3354 W 26th St
Centros Medicos Hispano	3501 W 26th St
Neck & Back Clinic Ltd	3501 W 26th St
Centro Medico Familiar Ltd	3517 W 26th St
Neighborhood Clinics	3520 S Ashland Ave
Francisco Cavero DDS & Assoc	3534 W 26th St
Westside Family Health Center	3606 W 16th St
Centro Medico Digestivo	3607 W 26th St
Dentistas Hispanos	3622 W 26th St
Central Dental Family	3635 W 31st St
Bridgeport Health Center	3700 S Wallace St
Centro Medico	3700 W 26th St
Martinez Chiropractic Center Inc	3714 W 26th St # 2e

Name	Address
Ridgeway Medical Center	3720 W 16th St
Chicago Medical & Surgical Center	3736 W 26th St
26th Street Medical Svc Corp	3814 W 26th St
Clinica Medica	3840 W 26th St # 1
Central Medical Latino	3845 W 26th St

Total Rehab	3935 W 26th St
Active Foot & Ankle Assoc	3935 W 26th St
Family Medical Center	3939 S Kedzie Ave
St Jude Medical Center	3943 W 31st St
Zacatecas Medical Center	4006 W 26th St
Amerident Dental Center	4008 W 26th St
Brighton Medical Group	4074 S Archer Ave
Azteca Chiropractic Clinic	4074 W 26th St
Family Foot Center	4103 W 26th St
Del Granado Medical Center	4111 W 26th St
Hispano American Clinic	4122 W. 26th St.
Aliaga Medical Center	4130 W 26th St
Holistic Medical Group	4149 W 26th St
Western Medical Corp	415 W Pershing Rd
St. Anthony Health Affiliates-Archer	4177 S. Archer
Concentra Medical Center	4201 W 36th St
Quality Care Homehealth Inc	4214 W 21st St
Medical Health Partners	4230 W 26th St
Clinica Sol	4235 S Albany Ave
Partners In Health Family	4317 S Ashland Ave
Brighton Park Dental Center	4441 S Kedzie Ave
St. Anthony Health Affiliates-Kedzie	4455 S. Kedzie
Julian Ramirez & Assoc	4553 S Ashland Ave # 200
Archer Brighton Foot Clinic	4554 S Archer Ave
Archer Heights Family Dntstry	4600 S Pulaski Rd
New Ashland Medical & Dental	4829 S Ashland Ave
Family Health Care Center	4900 S Archer Ave
Damen Medical Center	5053 S Damen Ave
Damen Dental	5053 S Damen Ave
Peak Medical Assoc	5053 S Damen Ave
Medicine & Surgery Clinic	5159 S Damen Ave
Ashland Family Health Center	5256 S Ashland Ave
Bridgeport Neck & Back Wllnss	804 W 31st St
Injury Treatment Center	804 W 31st St
Alivio Medical Center	966 W 21st St



Appendix C

1818 South Pa

Chicago, Illin

Tel. 312.666.1

fax. 312.942.1

Dear Resident:

The Resurrection Project (TRP), a church based community group, in partnership with the UIC Nathalie P. Voorhees Center for Neighborhood and Community Improvement (VNC) is **conducting a survey of residents who are 55 years or older in the Pilsen and Little Village community.** We are interested in finding out their opinion regarding services for seniors and also whether they have a need or interest for an assisted living housing development in this part of the city.

If you are a resident of the Pilsen or Little Village community who is 55 years or older, you would greatly appreciate your cooperation in this study.

Your address was randomly selected to be part of this study. Enclosed is the survey along with self-addressed envelope. Please take the time to fill out the questionnaire and please return by November 7, 2003. Refusal to answer a question or participate in this study in no way affects your relationship with The Resurrection Project or the UIC Nathalie P. Voorhees Neighborhood Center. Please feel free to call Pat Wright at 312-996-5083 or Eleazar Vazquez at 312-666-1323, if you have any questions or comments on the survey or the overall purpose of the research.

All your answers and opinions will be **COMPLETELY CONFIDENTIAL.** The information from the surveys will be processed together by computer to insure confidentiality.

If there is no one in this household who is 55 years or older, you are not eligible and should not fill out this survey. If there is no one in your household 55 years or older, but by chance, there is someone 55 years or older living in another apartment in this building please pass this letter and survey on to them.

Thank you for your time and consideration of this matter.

Sincerely,

Patricia A. Wright
Director
Nathalie P. Voorhees Neighborhood Center
University of Illinois at Chicago

Eleazar Vazquez
Rental Housing Development Manager
The Resurrection Project

Senior Assisted Living Needs Assessment Survey

We are conducting a survey of residents who are 55 or older in the Pilsen and Little Village community. We are interested in finding out the opinion of people regarding services for seniors and also whether there is a need or interest for an assisted living housing development in this part of the city.

Please fill out the following survey if you are a resident of the Pilsen or Little Village community who is 55 years or older.

We would greatly appreciate your cooperation in answering the following questions to assist us in this study. All your answers and opinions will be **COMPLETELY CONFIDENTIAL**. The information from the surveys will be processed together by computer to insure confidentiality. The information from the surveys will be processed together with other responses, so no one will be able to identify you.

The Resurrection Project, a church based Pilsen community group, is sponsoring this study. The Resurrection Project is working with the UIC Nathalie P. Voorhees Neighborhood Center to conduct the survey. Refusal to answer a question or participate in this study in no way affects your relationship with The Resurrection Project or the UIC Nathalie P. Voorhees Neighborhood Center. Please feel free to call Pat Wright at 312-996-5083 or Eleazar Vazquez at 312-666-1323, if you have any questions or comments on the survey or the overall purpose of the research.

Yes, I will fill out the survey and I am a resident of Pilsen or Little Village who is 55 years or older.

Senior Services

1. Please check all items in the following list according to whether you used these services often, sometimes or never in the past 12 months.

In the past 12 months did you...	Often	Sometimes	Never
Use transportation for the elderly			
Visit a senior center			
Have meals delivered to your home by an agency like Meals on Wheels			
Eat meals at a senior center or in some place with a special meals program for the elderly like Golden Diners			
Use a homemaker service for the elderly that provides services like cleaning and cooking in the home			
Use a service which makes routine telephone calls to check on health of elderly people			
Use a visiting nurse service			
Use a health aide who comes to the home			
Receive food stamps or coupons			
Use services or programs for the elderly provided by your church			

Current Living Situation

2. Do you own or rent your home?
 Own ___
 Rent ___
 Other (specify) _____
3. What is your best estimate of your housing costs? (rent plus utilities, or mortgage payment plus insurance, property taxes)
 ___ Less than 30% of your income
 ___ Between 31-49% of your income
 ___ More than 50% of your income
4. Does your home have physical barriers that would make it difficult to live there if you had problems with walking or moving around? (for example, stairs or steps, small bathroom, no bathroom or bedroom on first floor)
 Yes ___ No ___ Not sure _____
5. Do you live alone or are you living with someone else?
 Alone ___ (**go to #7**)
 Someone else ___ (**go to #6**)

6. Who do you live with now? Check all that apply.

- Spouse ____
- Child(ren) ____
- Sister or brother ____
- Parent (s) ____
- Other relatives ____
- Friends, unrelated adult (s) ____
- Full-time nurse or attendant ____
- Housekeeper ____
- Other ____

Skip to Question # 10

7. How long have you been living by yourself?

- Less than one year ____
- 1 year but less than 2 years ____
- 2 years but less 5years ____
- 5years but less than 10 years ____
- More than 10 years ____
- Don't know ____

8. Do you prefer to live alone or would you prefer to live with someone else?

- Prefer to live alone ____ **(skip to #10)**
- With someone else ____ **(go to #9)**
- Don't know ____ **(go to #9)**

9. What other living arrangement would you prefer?

Mark your top three preferences. (1,2,3)

- With children ____
- With parents ____
- With other relatives ____
- With friend or unrelated adult ____
- With other people your age in a building only for older people ____
- Housekeeper ____
- Other (specify) ____
- Don't know ____

10. Including step and adopted children, how many living children do you have?

- None ____
- # of children _____

11. In an emergency, how quickly can a family member, friend or your children get to your home?

- Number of minutes ____
- Number of hours ____
- Number of days ____

Health and Insurance

12. In general, would you say your health is:
Excellent ____
Good ____
Fair ____
Poor ____
Not sure/do not know ____
13. Do you have a long-term disability?
Yes ____
No ____
Not sure/Don't know ____
14. How many visits did you have with a medical doctor or a health care facility during the past twelve months?
Number of visits ____
15. Have you been a patient overnight in a hospital during the past twelve months?
Yes ____
No ____ (**Skip to #17**)
Not sure ____
16. Who cared for you after you left the hospital?
Cared for myself ____
Spouse ____
Family ____
Home health agency ____
Private nurse ____
Friend or neighbor ____
Nursing home ____
Other (specify) _____
No care needed ____
Not sure ____
17. The next questions ask about health insurance. **MEDICARE** is a Social Security health insurance program for persons 65 years or older. **MEDICAID** pays for health care for persons in need no matter what their age. Some people get both.
- 17a. Are you now covered by health insurance through MEDICARE Part A that pays for hospital bills?
Yes ____ No ____ Don't know ____
- 17b. Do you now get insurance through MEDICARE Part B that covers doctors bills?
Yes ____ No ____ Don't know ____

17c. Are you covered by MEDICAID?
 Yes ___ No ___ Don't know ___

17d. Are you covered by any other kind of health insurance?
 Yes ___ No ___ Don't know ___

Assisted Living Housing Development

Assisted Living housing offers private apartments, meals, assistance with personal care like bathing or meal preparation, and medical assistance to persons older than 65 years of age. Oftentimes, nursing services or supervision are also provided on site.

18. Have you ever heard of this type of housing?
 Yes ___ No ___

19. Would you ever consider moving into an assisted living housing development?
 Very interested ___ (go to #20)
 Interested ___ (go to #20)
 Somewhat interested ___ (go to #20)
 Not interested ___ (go to #24)

20. What kind of features would you like this assisted living housing to have? **Please check whether you think the following features are:**

1=very important, 2=important, 3=not important

Features Within the Assisted Living Housing Development	1 = Very Important	2 = Important	3 = Not Important
Food service			
Food service with your ethnic food featured			
Transportation for errands and appointments			
Library			
24 hour security			
Exercise room			
Beauty salon and barber on site			
Chapel services			
Laundry facilities			
Planned social activities and outings			
Social or community room			
24 hour medical service			
Assistance with taking medications			
Personal care services			
Housekeeping services			
Other: specify			

21. Please rate the following amenities based on their importance to you. **Please check whether you think the following features are:**

1=very important

2=important

3=not important

The Assisted Living Housing Development should be:	1 =Very Important	2 = Important	3 = Not Important
Near a shopping area			
Near a public library			
Near a park			
Near family and friends			
Near my church			
Near public transportation			
Other (Specify)			

22. What would be the best location of an assisted living housing development for you? **Please rate the following options:**

1=very important

2=important

3=not important

The Assisted Living Housing Development should be:	1=Very Important	2 = Important	3 = Not Important
Within the Pilsen community			
Within the Little Village community			
Within a Latino area on the south side			
Anywhere in the city			
Anywhere in the suburbs			
Does not matter to me			
Other (Specify)			

23. What type of apartment would you prefer? Choose one.

Single room with bath and community kitchen or meal program

Studio with kitchen and bathroom

1 bedroom

2 bedroom

Skip to #26

24. If not interested, it is because:

- Don't think you need it
- Don't like the idea of living with other older people
- Don't think you can afford it
- Would have to see it first before you decide
- Other reason: _____

25. Are there circumstances where you could see yourself considering this housing option in the future?

- No
 - Yes
- If yes: please explain: _____

Personal and Family Information

26. How old are you now? _____ years

27. What group best describes your national origin or descent?

- Mexican-American _____
- Mexican _____
- Puerto-Rican _____
- Lithuanian-American _____
- Italian-American _____
- Polish-American _____
- Other white ethnic _____
- African-American _____
- Other: please specify _____

Income

28. How many people live in your household, including yourself?

Number of people _____

29. What are the sources of income for your household?

Check all that apply:

- Social Security _____
- Social Security Insurance (SSI) _____
- Family assistance (TANF) _____
- Private employer pension _____
- Union pension _____
- Federal, state or local government pension _____
- Part-time employment _____
- Full-time employment _____

30. If you moved out of this home would it create a financial hardship for the other members of the household?

Yes ___

No ___

Don't know/Not sure ___

31. Please circle your best estimate of the combined total monthly income (include all the income categories you check above) of the people living in your home before taxes?

Monthly Income	Circle One	Yearly Equivalent
under \$417 per month	A	under \$4,999
\$418 to \$833 per month	B	\$5,000 to \$9,999
\$834 to \$1,250 per month	C	\$10,000 to \$14,999
\$1,251 to \$2,083 per month	D	\$15,000 to \$24,999
\$2,084 to \$2,916 per month	E	\$25,000 to \$34,999
\$2,917 to \$4,166 per month	F	\$35,000 to \$49,999
\$4,167 to \$6,250 per month	G	\$50,000 to \$74,999
\$6,251 to \$8,333 per month	H	\$75,000 to \$99,999
over \$8,334 per month	I	over \$100,000

Thank you for your time and cooperation. Please enclose this survey in the self-addressed stamped envelope provided and send back to The Nathalie P. Voorhees Neighborhood Center, 322 S. Green, Suite 108, Chicago, IL 60607. Attention: Pat Wright. If you have any questions or need additional information about this survey, please call Pat Wright at 312-996-5083 or Eleazar Vazquez at 312-666-1323.



1818 South
Chicago,
Tel. 312.6
Fax. 312.9

Estimado Residente:

El Proyecto Resurrección, un grupo comunitario, está colaborando con UIC Nathalie P. Voorhees Neighborhood Center para llevar a cabo un estudio sobre los residentes mayores de 55 años de edad en las comunidades de Pilsen y La Villita. Queremos saber las opiniones de la gente sobre la necesidad o interés por un asilo para ancianos en esta parte de la ciudad.

Si es un residente de Pilsen o La Villita y es mayor de 55 años de edad, se lo agradeceríamos si participaría en nuestro estudio.

Su domicilio fue escogido al azar para participar en este estudio. Incluirá un sobre con una estampilla. Por favor tome algunos minutos para llenar la encuesta y después envíela antes del 7 de noviembre. El decidir no responder una pregunta o no participar en este estudio no le afectará su relación con el Proyecto Resurrección o con UIC Nathalie P. Voorhees Neighborhood Center. Por favor llame a Eleazar Vázquez al 312-666-1323 o a Pat Wright al 996-5083, si tiene preguntas o comentarios sobre el estudio o el propósito de esta investigación.

Todas sus respuestas y opiniones se mantendrán **COMPLETAMENTE CONFIDENCIAL**. La información de las encuestas serán procesadas juntas por computadora para que nadie pueda identificarlo.

Si no hay nadie en este hogar que sea mayor de 55 años, usted no es elegible y no debería llenar la encuesta. Si por casualidad hay alguien mayor de 55 años en otro departamento en este edificio, por favor pásele esta carta y la encuesta para que la puedan llenar.

Gracias por su ayuda.

Atentamente,

Patricia A. Wright
Directora
Nathalie P. Voorhees Neighborhood Center
Universidad de Illinois en Chicago

Eleazar Vázquez
Gerente del Desarrollo de Viviendas para
El Proyecto Resurrección

Encuesta sobre la necesidad de una vivienda con asistencia para ancianos

Estamos llevando a cabo un estudio sobre los residentes de 55 años de edad o más en las comunidades de Pilsen y La Villita. Queremos saber las opiniones de la gente sobre la necesidad o interés para un vivienda con asistencia para ancianos en esta parte de la ciudad.

Por favor llene esta encuesta si es un residente de Pilsen o La Villita y tiene más de 55 años de edad.

Le agradeceríamos mucho su cooperación en responder las siguientes preguntas para ayudarnos con nuestro estudio. Todas sus respuestas y opiniones se mantendrán **COMPLETAMENTE CONFIDENCIALES**. La información de las encuestas serán procesadas juntas por computadora para que nadie pueda identificarlo.

El Proyecto Resurrección, un grupo comunitario, esta patrocinado este estudio. El Proyecto Resurrección esta colaborando con UIC Nathalie P. Voorhees Neighborhood Center para llevar a cabo este estudio. El decidir no responder una pregunta o no participar en este estudio no le afectará su relación con el Proyecto Resurrección o con UIC Nathalie P. Voorhees Neighborhood Center. Por favor llame a Eleazar Vazquez al 312-666-1323 o a Pat Wright al 312-996-5083, si tiene preguntas o comentarios sobre el estudio o el propósito de esta investigación.

___ Sí, completaré esta encuesta y soy un residente de Pilsen o La Villita quien tiene más de 55 años de edad.

Servicios para ancianos

1. En la siguiente lista, por favor marque si es que ha usado los servicios a menudo, a veces, o nunca.

En los últimos 12 meses, ha ...	a menudo	a veces	nunca
Usado tránsito para los ancianos			
Visitado un centro para ancianos			
Tenido comidas entregadas a su casa por una agencia como Meals on Wheels			
Comido en un centro para ancianos o en un lugar con un programa especial de comida para los ancianos			
Usado un servicio de ama de casa para ancianos que provee servicios como de limpieza y de cocinar en la casa			
Usado un servicio que llama a los ancianos por teléfono para asegurar que están bien de salud			
Usado un servicio en donde la enfermera le visita en su casa			
Usado un asistente de salud quien le visita en su casa			
Recibe estampillas o cupones del gobierno			
Usado servicios o programas para los ancianos en su iglesia			

Su Situación de Vivienda Actual

2. ¿Es usted propietario(a) o alquila su residencia?
 Propietario ___
 Alquila ___
 Otro (especifique) _____
3. ¿Cuál es su mejor estimado de los gastos de su vivienda? (renta mas pago de hipoteca, seguro, impuestos de propiedad)
 ___ Menos de 30% de sus ingresos
 ___ Entre 31-49% de sus ingresos
 ___ Más de 50% de sus ingresos
4. En su hogar, hay barreras físicas que se le hace difícil vivir allí si tuviera problemas al caminar o al andar en su casa? (por ejemplo escaleras, un baño pequeño, el no haber un baño en el primer piso)
 Sí ___ No ___ No Sabe _____

5. ¿Usted vive sólo o vive con alguien más?
 Sólo ___ (**siga al número 7**)
 Alguien más ___ (**siga al número 6**)
6. ¿Con quien vive ahora?
 Esposo(a) ___
 Hijo(s) ___
 Hermano o hermana ___
 Padres ___
 Otros parientes ___
 Amigos(as), adultos que no son parientes ___
 Enfermera o asistente de tiempo completo ___
 Ama de casa ___
 Otro ___
(Siga a número 10)
7. ¿Cuánto tiempo ha vivido solo(a)?
 Menos de un año ___
 1 año pero menos de 5 años ___
 2 años pero menos de 5 años ___
 5 años pero menos de 10 años ___
 Más de 10 años ___
 No sabe ___
8. ¿Prefiere vivir solo(a) o preferiría vivir con alguien más?
 Prefiero vivir sólo ___ (**siga a número 10**)
 Con alguien más ___ (**siga a número 9**)
 No sabe ___ (**siga a número 9**)
9. ¿Qué otra clase de arreglo de vivienda preferiría usted?
Marque sus tres preferencias. (1,2,3)
 Con hijos ___
 Con padres ___
 Con otros parientes ___
 Con amigo(a) o adulto que no sea pariente ___
 En un conjunto de vivienda para personas mayores de 65 años ___
 Ama de casa ___
 Otro (especifique) ___
 No sabe ___
10. ¿Cuántos hijos vivos tiene, incluyendo hijastros(as) e hijos adoptados
 No tengo hijos ___
 Número de hijos _____

11. En caso de alguna emergencia ¿con que rapidez pueden (alguno de sus hijos o amigo) llegar a su casa?
Número de minutos ____
Número de horas ____
Número de días ____

La Salud y Seguro Médico

12. ¿Diría usted que en general su salud es excelente, buena, regular, o mala?
Excelente ____
Buena ____
Regular ____
Mala ____
No esta seguro(a)/No sabe ____
13. ¿Tiene una incapacidad de largo plazo?
Sí ____
No ____
No esta seguro(a)/ No sabe ____
14. ¿Cuántas veces visitó al medico o asistente de médico durante los últimos doce meses?
Número de visitas ____
15. ¿Ha estado internado como paciente en un hospital por una noche o más durante los últimos doce meses?
Sí ____
No ____ (**Siga al número 17**)
No sabe ____
16. ¿Quién lo cuidó después de salir del hospital?
Se cuidó por sí mismo ____
Esposo(a) ____
Familia ____
Agencia de salud del hogar ____
Enfermera privada ____
Amigo(a) o vecino(a) ____
Asilo ____
Otro (especifique) ____
No necesitó cuidado ____
No sabe ____

17. Las siguientes preguntas se refieren a seguros de salud. **MEDICARE** es un programa de seguro de salud para personas incapacitadas y para personas mayores de 65 años. **MEDICAID** es un programa de salud que se encarga de las cuentas de personas necesitadas no importa la edad. Algunas personas reciben los dos seguros.
- 17a. Actualmente, ¿tiene usted seguro de salud mediante el programa MEDICARE que paga las cuentas del hospital?
Sí ___ No ___ No sabe ___
- 17b. Actualmente, ¿tiene usted seguro de salud mediante el programa MEDICARE que paga las cuentas del médico?
Sí ___ No ___ No sabe ___
- 17c. Actualmente ¿tiene el seguro de MEDICAID?
Sí ___ No ___ No sabe ___
- 17d. Actualmente ¿tiene algún otro seguro?
Sí ___ No ___ No sabe ___

Una Vivienda Con Asistencia

Una vivienda con asistencia ofrece departamentos privados, comidas, asistencia con el cuidado personal como ayuda con el preparamiento de comidas y ayuda con el baño y asistencia médica a los mayores de 65 años. La mayoría de las veces estos servicios o supervisión son ofrecidos en el local.

18. ¿Usted ha escuchado de tal vivienda?
Sí _____ No _____
19. ¿Usted estaría interesado(a) mudarse a una vivienda con asistencia?
Muy interesado(a) ___ (siga al número 20)
Interesado(a) ___ (siga al número 20)
Un poco interesado(a) ___ (siga al número 20)
No estoy interesado(a) ___ (siga al número 24)

20. ¿Qué tipos de rasgos le gustaría que tuviera esta vivienda con asistencia? **Por favor marque el nivel de importancia sobre los siguientes rasgos:**

- 1=muy importante**
- 2=importante**
- 3=no es importante**

Rasgos dentro de la vivienda con asistencia	1 = Muy Importante	2 = Importante	3 = No es Importante
Servicio de comida, incluyendo su comida étnica			
Tránsito para las citas y mandados			
Biblioteca			
Seguridad de 24 horas			
Un cuarto de ejercicio			
Salón de belleza y peluquero			
Servicios religiosos			
Lavandería			
Actividades sociales			
Un centro social			
Servicio médico de 24 horas			
Asistencia con tomarse la medicina			
Servicios del cuidado personal			
Servicios de ama de casa			
Otro: especifique			
Otro: especifique			

21. Por favor marque el nivel de importancia sobre los siguientes rasgos:

- 1=muy importante**
- 2=importante**
- 3=no es importante**

La vivienda con asistencia debería de estar	1 = Muy Importante	2 = Importante	3 = No es Importante
Cerca de un área con tiendas			
Cerca de la biblioteca			
Cerca de un parque			
Cerca de mi familia y amigos			
Cerca de mi iglesia			
Cerca del tránsito público			

22. ¿Cuál sería el local mejor para una vivienda con asistencia para usted? **Por favor marque el nivel de importancia sobre los siguiente:**

1=muy importante

2=importante

3=no es importante

La vivienda con asistencia debería de estar	1 = Muy Importante	2 = Importante	3 = No es Importante
Dentro de la comunidad de Pilsen			
Dentro de la comunidad La Villita			
Dentro de una área Latina en el sur de la ciudad			
Dondequiera en la ciudad			
Dondequiera en los suburbios			
No importa el local			
Otro: por favor especifique			

23. ¿Qué tipo de departamento preferiría?

Un cuarto solo con baño y cocina comunal con un programa de comida Un estudio con baño y cocina

Una recámara

Dos recámaras

24. Si no esta interesado(a) es porque:

No piensa que lo necesita

No le gusta la idea de vivir con otros ancianos

No piensa que puede pagar por ello

Tendría que ver el local antes de decidir

Otra razón: _____

25. ¿Hay circunstancias en donde usted consideraría vivir en esta vivienda en el futuro?

No

Sí, por favor explique: _____

Información personal y de familia

26. ¿Cuántos años tiene? _____ años

27. ¿Qué grupo describe su origen nacional o descendencia?

México-Americano

Mexicano

Puerto Riqueño

Otro: por favor especifique _____

Ingresos

28. ¿Cuántas personas viven en su hogar, incluyéndose a usted?

Número de personas _____

29. ¿Cuáles son las fuentes de ingresos para su hogar?

Marque las necesarias

Seguro Social _____

Asistencia de familia _____

Pensión privada de su trabajo _____

Pensión de la unión _____

Pensión federal u otro del gobierno _____

Trabajo que no es de tiempo completo _____

Trabajo de tiempo completo _____

30. ¿Usted cree que el mudarse de este hogar crearía un problema financiero para sus familiares (en su hogar)?

Sí _____ No _____ No sabe/No esta seguro(a) _____

31. Por favor marque su mejor estimado de su ingreso total por mes antes de restar los impuestos (incluya todas las categorías de ingresos que marque arriba) de todas las personas viviendo en su hogar.

Ingresos Mensuales	Escoja uno	Ingresos Anuales
debajo \$417 por mes	A	debajo \$4,999
\$418 a \$833 por mes	B	\$5,000 a \$9,999
\$834 a \$1,250 por mes	C	\$10,000 a \$14,999
\$1,251 a \$2,083 por mes	D	\$15,000 a \$24,999
\$2,084 a \$2,916 por mes	E	\$25,000 a \$34,999
\$2,917 a \$4,166 por mes	F	\$35,000 a \$49,999
\$4,167 a \$6,250 por mes	G	\$50,000 a \$74,999
\$6,251 a \$8,333 por mes	H	\$75,000 a \$99,999
más de \$8,334 por mes	I	más de \$100,000

Gracias por su tiempo y cooperación. Por favor encierre esta encuesta en el sobre incluido y envíelo a Nathalie P. Voorhees Neighborhood Center, 322 S. Green, Suite 108, Chicago, IL 60607. Atención: Pat Wright. Si tiene alguna pregunta o quiere más información sobre este estudio, por favor llame a Eleazar Vázquez a 312-666-1323 o a Pat Wright a 312-996-5083.

Appendix E

Key Informant Questions

1. How many seniors utilize your health services in a year?
2. How many of these seniors are Latinos?
3. How many of these seniors are referred to nursing homes? (All seniors and Latinos)
4. What is the referral system for a client needing a nursing home or assisted living facility?
5. Are you familiar with the concept of assisted living development? (If no, describe.)
6. What are the reasons for nursing home referral?
7. Who conducts the assessment?
8. How many seniors are actually placed in a nursing homes? (All seniors and Latinos)
9. How many seniors do not actually need this placement? (All seniors and Latinos)
10. Is there anything that could have been done to prevent nursing home placement?
11. Based on your experience, do you think an assisted living development would have been a good option for some of your referrals? Why or why not?
12. How does an assisted living facility get on a referral list?

Appendix F

Public Use Microdata Sample

Public Use Microdata Sample (PUMS) files are a product of the US Census. Each PUMS area is a compilation of census tracts; in Chicago, each PUMS area contains at least two Community Areas. The primary market area consists of Community Areas 30 (South Lawndale/Little Village) and 31 (Lower West Side/Pilsen). The secondary market area consists of Community Areas 34, 57, 58, 59, 60, and 61 (Armour Square, Archer Heights Brighton Park, McKinley Park, Bridgeport, and New City).

Data available through PUMS is based upon a sample of housing units and contains information on the characteristics of each resident within each housing unit. It allows researchers to access census data to prepare tabulations not included within US Census summary files, while maintaining the confidentiality of respondents. For this report, cross-tabulations using PUMS data were prepared.²⁵

²⁵ <http://www.census.gov/main/www/pums.html>. Accessed May 20, 2004.

Appendix G

Adult Dependency Factor

The assisted living industry has a nationally recognized calculation, the adult dependency factor, for assessing the market potential for assisted living. It is based upon the need of persons 55-64, with incomes over \$50,000 per year, to bring their parents to an assisted living facility near the children's homes. The industry-accepted formula is:

Households 55-64 with incomes over \$50,000 * .0911²⁶

²⁶ Blair Minton