



State of Aging, Disability, and Family Caregiving in Allegheny County

DECEMBER 2022

EXECUTIVE SUMMARY

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Executive Summary

Understanding the characteristics of Allegheny County's aging and disabled residents is critical to planning for a healthy and prosperous future for our region. While the broad demographics of our population being older with more prevalent disability than other U.S. counties is well known, current detail on the perspectives of these individuals, their unmet needs, and racial and gender disparities is lacking. Information on vulnerable sub-groups and key issues like housing, workforce participation, transportation, retirement savings, and access to health care and social supports is essential to informed program planning, policymaking, and resource allocation.

This report details findings from the 2022 State of Aging, Disability, and Family Caregiving in Allegheny County project, funded by the Henry L. Hillman Foundation.¹ The study was conducted by the University Center for Social and Urban Research (UCSUR), the National Rehabilitation Research & Training Center on Family Support, and Health Policy Institute at the University of Pittsburgh in partnership with the Allegheny County Department of Human Services, Area Agency on Aging, Allegheny County Health Department, United Way of Southwestern Pennsylvania, UPMC Senior Services, the FISA Foundation, the City Task Force on Disabilities, The Arc of Greater Pittsburgh/Achieva, Age-Friendly Greater Pittsburgh, and the Jewish Healthcare Foundation.

For more than three decades, UCSUR has documented the status of older adults in Allegheny County. Every decade or so, we issue a comprehensive report on aging in Allegheny County, and this report represents our most recent effort (the last report was released in 2014). This report documents important shifts in the demographic profile of the population in the last three decades, characterizes the current status of older adults in multiple life domains, and looks ahead to the future of aging in the county. This report is unique in that we examine not only those age 65 and older but also the next generation of older persons, those age 55-64.



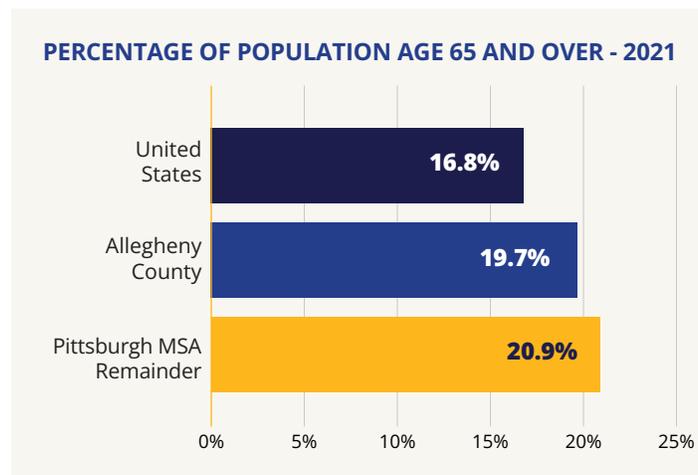
¹ Funding for this report was provided by the Henry L. Hillman Foundation. The report and recommendations are the result of an independent analysis of data pertaining to Allegheny County and do not necessarily reflect the views or priorities of the Henry L. Hillman Foundation.

The purpose of this report is to provide a comprehensive analysis of aging, disability, and family caregiving in Allegheny County. To this end, we use survey data collected from a sample of older county residents and secondary data available from federal, state, and county agencies to characterize older individuals on multiple dimensions, many of which are related to social determinants of health. These include demographic change and population projections, income and poverty, work and retirement, neighborhoods and housing, transportation, physical health, health care access, health behaviors, mental health, social support/health, elder mistreatment, senior service use, and internet and technology use, among others. The survey also includes some dimensions of the impact of the recent COVID-19 pandemic on the lives of older adults. In a companion supplemental report, we characterize the “age-friendliness” of Allegheny County neighborhoods using World Health Organization-developed criteria in the domains of outdoor spaces and buildings, transportation, housing, social participation and inclusion, and neighborhood community and social services. We use geographic information system mapping and analysis to integrate age-friendliness with selected survey findings. We hope that county residents, program developers, researchers, and policymakers will find the 2022 State of Aging, Disability, and Family Caregiving in Allegheny County and companion Age Friendly Community Index for Allegheny County reports to be valuable data resources to inform future planning for the well-being of our county.

Allegheny County's Older Population Today

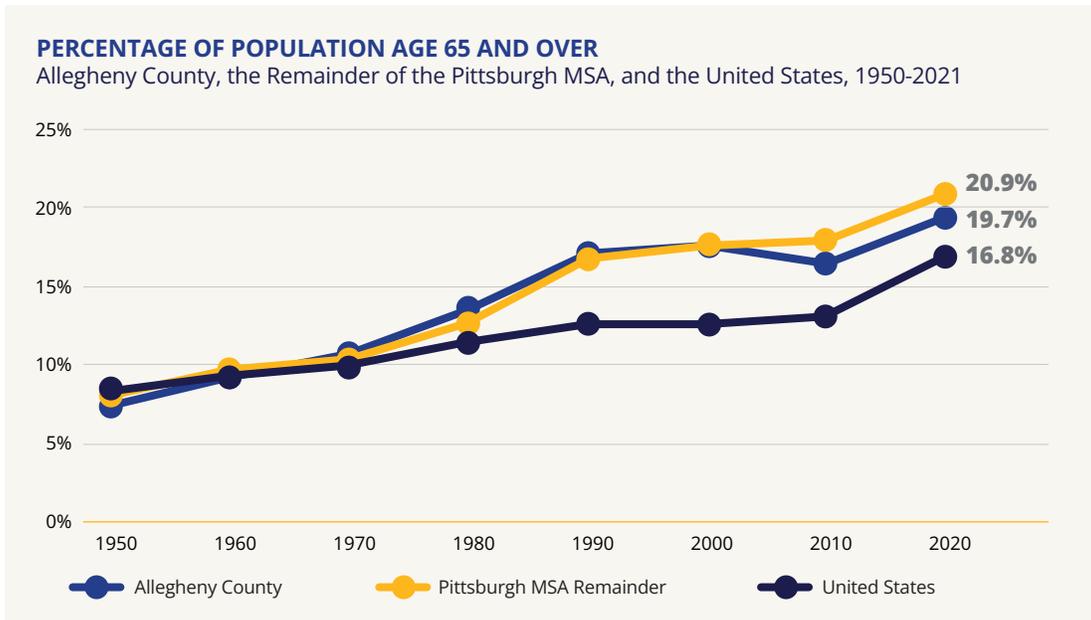
The older population in Allegheny County today has been shaped by decades of unique economic and demographic trends across Southwestern Pennsylvania. The dramatic contraction in regional jobs in the 1980s prompted an unprecedented outmigration of population—in particular, the outmigration of younger workers and their families—causing Greater Pittsburgh to become one of the oldest metropolitan regions in the United States. As of 2021, an estimated 19.7% of the population of Allegheny County is age 65 and over.

Though the concentration of older adults is lower in Allegheny County than in the remainder of the Pittsburgh region, the county nonetheless has one of the highest concentrations of older adults in the United States. Among the 40 largest U.S. counties, only Palm Beach, FL, has a higher concentration (25.4%) of older residents. Unlike Palm Beach or other areas that are the destinations of new retirees, the communities within Allegheny County have aged in place, presaging demographic trends that will become much more common across the nation in coming decades.



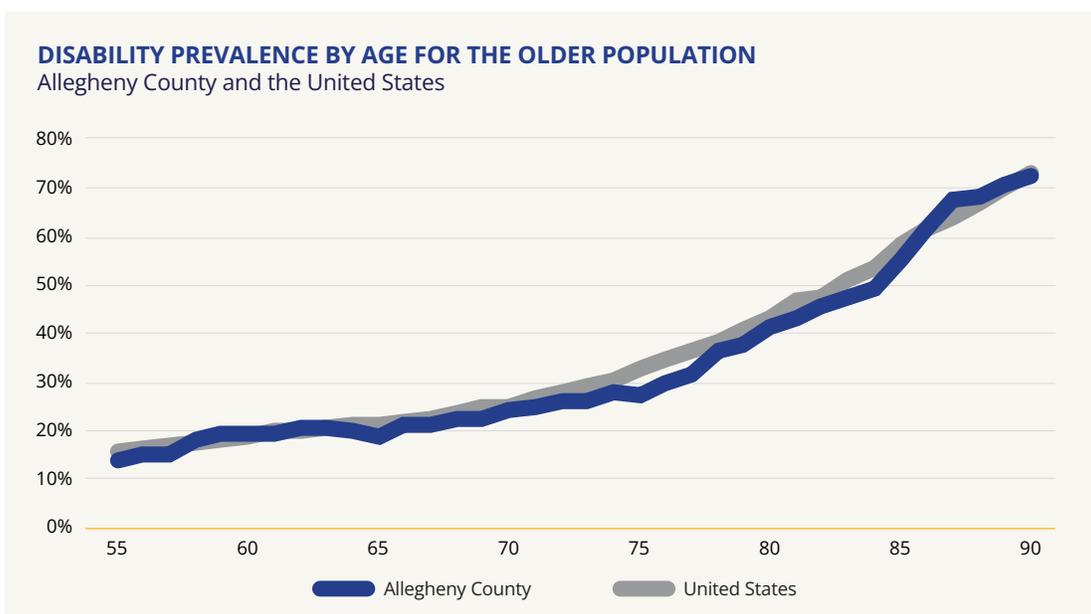
As is the case nationally, there are substantially more women than men in the older population. Women’s longer life expectancy increases the ratio of women to men with age. Though the population under age 55 in Allegheny County has slightly more men than women, the population age 65 and over is more than 56% women, and more than 69% of the population age 85 and over is female.

Health disparities and the lower life expectancy of the Black population results in an older population that is significantly less diverse than younger age cohorts. While just a little more than 15% of the county’s population age 55 and under is Black alone, 9.6% of the population age 65 and over and just 8.3% of the population age 85 and over is Black alone.



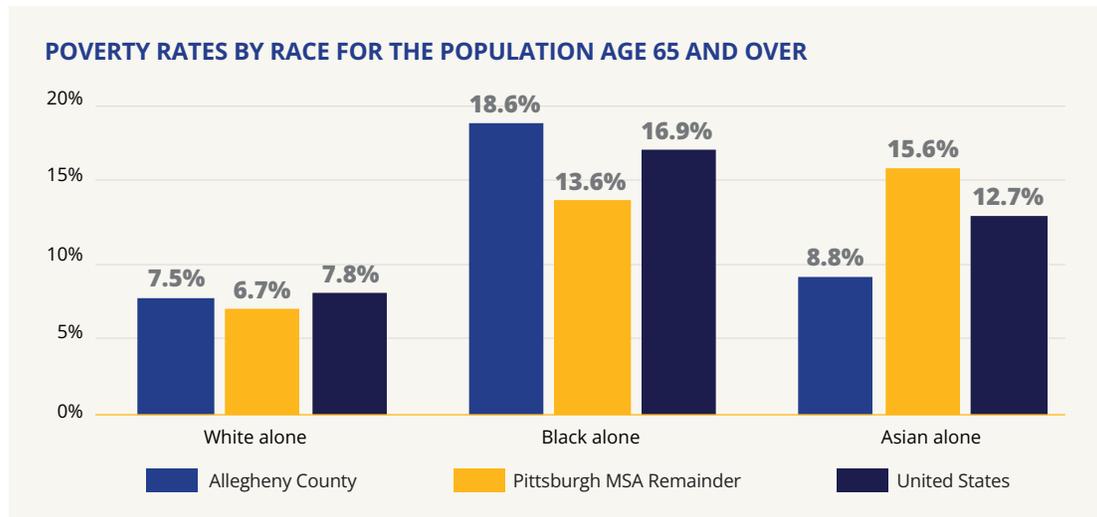
Disability and Aging

The older population has distinct characteristics that pose a range of challenges. Disability rates in particular increase dramatically with age. Overall, 32% of the Allegheny County population age 65 and over and more than 60% of the population age 85 and over reports having at least one type of disability. The older population is most likely to report having some form of ambulatory disability, defined as having serious difficulty walking or climbing stairs.



Poverty

Economic disparities can be acute within the older population, and we found that to be the case in our county as well. The poverty rate for the Black alone population in Allegheny County age 65 and over is 18.6%, more than double the comparable poverty rate for the White alone population (7.5%) and significantly higher than the poverty rate for the older Black population nationally (13.6%). Poverty rates and the disparities in poverty rates by race are more acute for the pre-elderly (age 55-64) Black population. In Allegheny County, 27% of Black men and 21% of Black women age 55-64 live in poverty, compared to just 7% of White men and 9% of White women.



Older Workers and the Labor Force

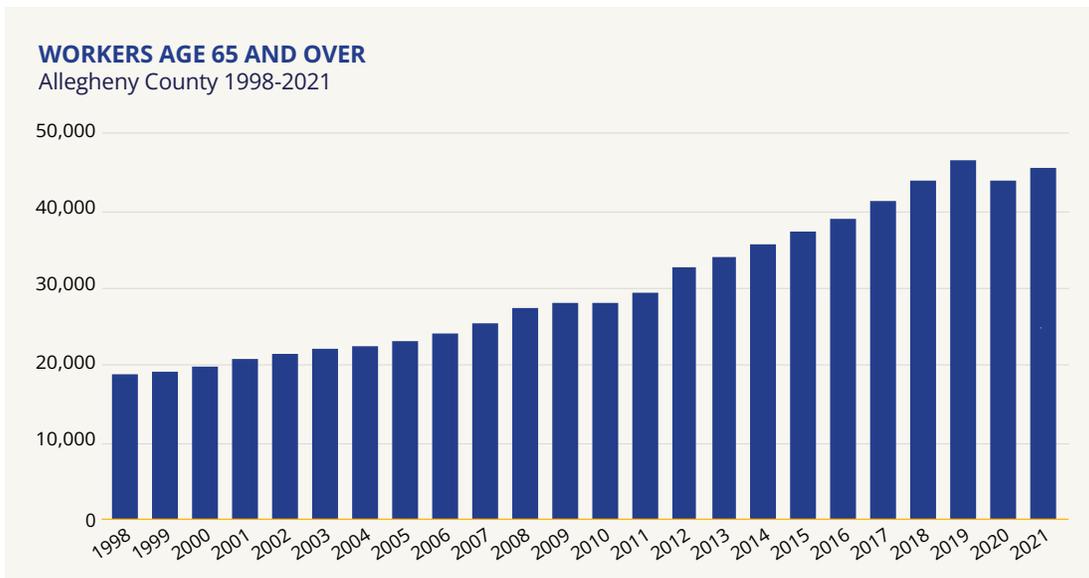
Older workers have become the fastest-growing segment of the workforce in Allegheny County. The number of workers age 65 and over increased by more than 54% between 2011 and 2021—a period when overall labor force levels in the county remained relatively flat. Though the number of older workers declined in 2021 for the first time in decades, likely due to the impact of the COVID-19 pandemic, there is evidence that older workers are returning to the labor force and are projected to make up an ever-increasing part of the regional labor force in the future.

Within Allegheny County, the increasing number of older workers in recent years has been the result of the increasing size of the older population and increasing labor force participation (LFP) rates. LFP has been increasing across all age levels for older workers, but the younger-old population (ages 65-75) has seen the largest increase over the last decade. As of 2021, the estimated LFP for workers age 65-69 was more than 36%, an increase from 26% two decades earlier.



The occupations employing the largest numbers of older workers in Allegheny County generally mirror the occupational pattern of workers of younger age groups in the Pittsburgh region. The largest proportion of older workers in the county are employed in management, business, and financial occupations (16.2%), which is also the largest occupation group for workers under the age of 65.

Likewise, the concentration of older workers in specific occupations mirrors the pattern for younger workers in Allegheny County. The detailed occupations with the largest in the county include secretaries and administrative assistants, with just shy of 3,000 workers, followed by registered nurses (2,683 workers) and retail salespersons (2,227 workers).



Housing and Migration

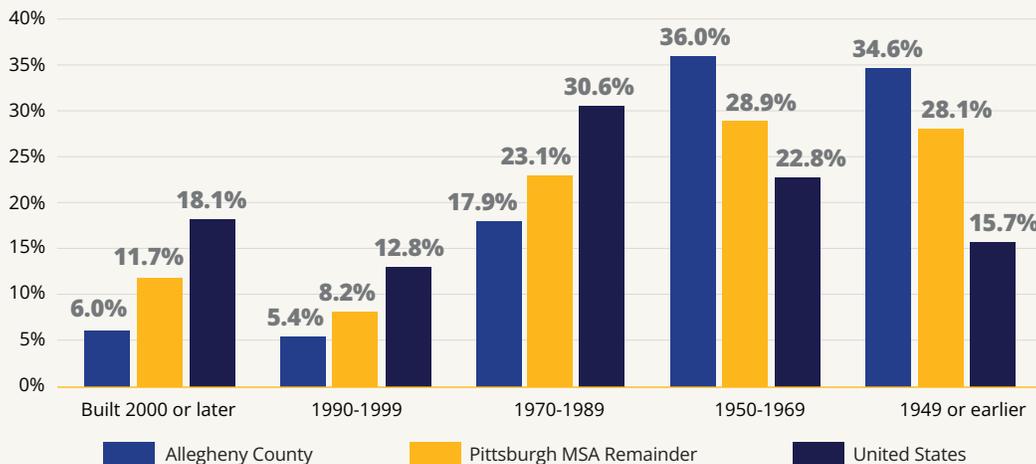
Allegheny County has historically experienced little in-migration of new older residents. More than 94% of current residents age 65 and over live in the same home as they did the year prior, and less than 1% of residents lived outside Pennsylvania or overseas in the previous year.

Older homeowners, particularly older homeowners in Allegheny County, have typically lived in their current place of residence for many decades. Of householders age 55-64 living in owner-occupied housing units, slightly more than half have lived in their current place of residence for 20 or more years, and 24% have lived in their current home for 30 or more years. Older-old homeowners are even more likely to have been living in their current home for extended periods of time: More than 63% of homeowners age 75-84 have been living in their current place of residence for 20 or more years.

The older housing stock of the Pittsburgh region, along with the long tenure of many residents in their current homes, means that most of Allegheny County's older residents are living in homes that are significantly older than is typical elsewhere in the United States. Among Allegheny County householders age 65 and over who own their homes, more than 34% live in homes that were built prior to 1950, or more than seven decades ago, compared to less than 16% of older householders nationally. More than 70% of older Allegheny County householders live in homes that were built prior to 1970, or more than five decades ago. Just 6% of older homeowners in Allegheny County live in homes built since 2000, just more than half of what is typical elsewhere in the Pittsburgh Metropolitan Statistical Area (MSA; 11.7%) and less than one-third of what is typical elsewhere in the nation (18.1%).

YEAR STRUCTURE BUILT OF OWNER-OCCUPIED HOUSING: HOUSEHOLDERS AGE 65 AND OVER

Allegheny County, Remainder of the Pittsburgh MSA and the United States

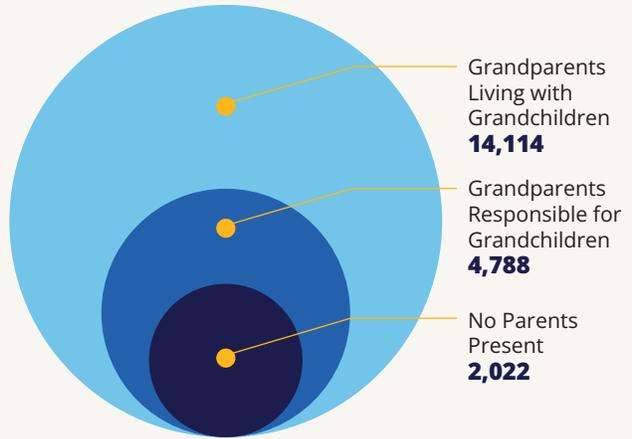


Grandparents Caring for Grandchildren

In Allegheny County, an estimated 14,000 grandparents are currently living in households with grandchildren under the age of 30. More than one third of these grandparents report that they are responsible for the care of grandchildren within their household. For more than 2,000 grandparents responsible for the care of grandchildren, no parent of the grandchildren is present within the household.

A decade ago, the number of grandparents living with grandchildren was evenly split between grandparents age 60 and over and those younger. Within Allegheny County, over the most recent decade, there has been a decline in the number of grandparents under the age of 60 who live with grandchildren, but the number of grandparents over the age of 60 living with grandchildren has remained relatively flat. As of 2021, just less than 63% of grandparents living with grandchildren in Allegheny County are over the age of 60.

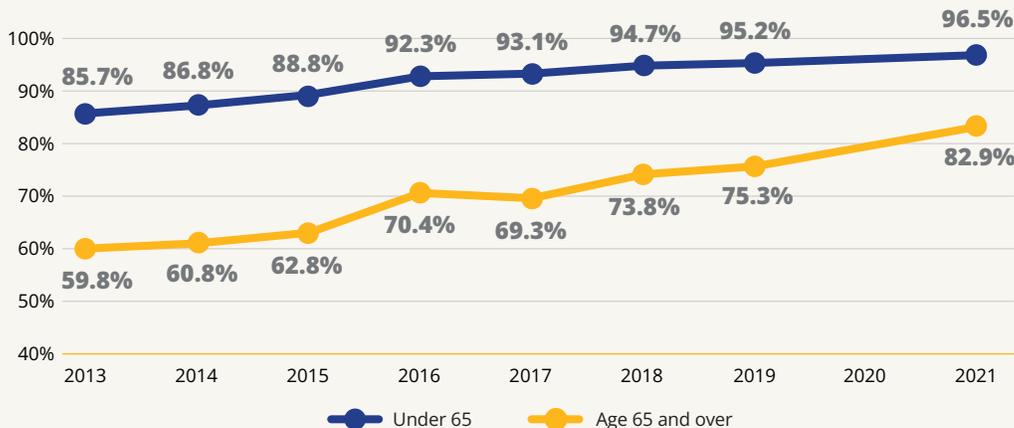
GRANDPARENTS CARING FOR GRANDCHILDREN
Allegheny County 2021



Internet Access

Internet access within the household for the population age 65 and over has been increasing. As of 2021, more than 82% of Allegheny County's population age 65 and over live in households with some form of internet access, an increase from less than 60% in 2013.

INTERNET ACCESS WITHIN HOUSEHOLDS BY AGE GROUP
Allegheny County 2013-2021



Summary of Key Survey Findings

This section presents key survey findings by topic area, including comparisons to Pennsylvania and the United States where available and appropriate, and comparisons to 2014 data where survey questions were repeated.

UCSUR conducted the 2021-22 Survey of Older Adults in Allegheny County between November 2021 and May 2022. The target population for the survey was noninstitutionalized English-speaking adults age 55 and older living in Allegheny County. A total of 1,299 adults age 55 and older in the county completed telephone surveys lasting approximately 60 minutes. The sample for the survey came primarily from the UCSUR research registry, which consists of approximately 8,000 local residents who have agreed to be contacted for surveys and research studies. Registry members were recruited from local population-based telephone surveys conducted by UCSUR over the past 11 years. To supplement the registry sample, we also surveyed older adults using randomly selected telephone numbers from the county likely to reach older adults. Of the 1,299 completed surveys, 1,131 (87%) were from the registry and 168 (13%) were from the random community calls. The sample included 320 disabled older adults (defined below), 364 family caregivers age 55 and older (also defined below), and 247 Black older adults. The survey estimates presented in this report are weighted using age, sex, race, and education level to match Allegheny County population figures for the 55 and older population. Survey respondents ranged in age from 55 to 97.

Survey analyses in this report focus on descriptive statistics to provide overall estimates for the population of adults age 55 and over in Allegheny County. In addition, results are broken down by sociodemographic characteristics, including sex, age (55-64, 65-74, 75 and older), race (Black, non-Black [primarily White]), education (high school or less, some college, bachelor's degree or higher), and household income (<\$25K, \$25K-50K, \$50K-75K, \$75K-100K, \$100K or more). Survey variables are also examined by whether the older adult lives alone, disability status, and family caregiving status. We focus on subgroups most at risk (i.e., scoring significantly higher/lower) and key survey indicators to potentially target policy and interventions.

Given their importance as subgroups in this project, there are expanded analyses of the older adults with disability and family caregiver populations. Three factors were used to define **“disability”** in this report: (1) report needing the help of other persons with personal care activities (eating, bathing, dressing, toileting, mobility); (2) report needing the help of other persons with routine home activities (shopping, laundry, housework, money management, taking medications, transportation outside the home); and (3) report “a lot of difficulty” or “cannot do at all” on any of the following (World Health Organization Washington Group measure): seeing, even if wearing glasses; hearing, even if using a hearing aid; walking or climbing steps; remembering or concentrating; self-care such as washing all over or dressing; and communicating, understanding, or being understood.



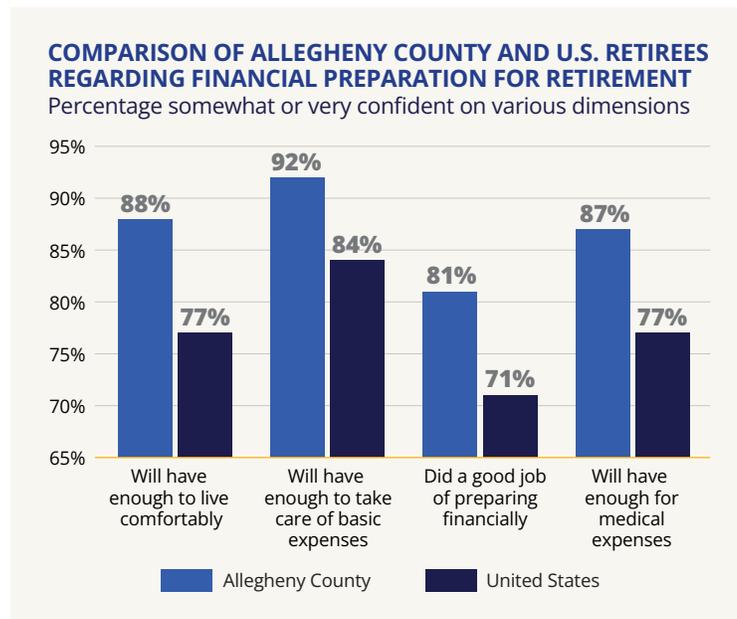
The “disabled” were respondents **meeting any of the three criteria**. “**Family caregivers**” were defined as those answering yes to the following question (caregiver screener from the Behavioral Risk factor Surveillance System caregiver module): “During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?” Note that “family caregiving” is broadly defined to include care to individuals with health problems or disability of all ages, including nonrelatives. While we assume that most caregivers are unpaid, some may be receiving compensation for their efforts, but this was not a focus of this study.

Work/Labor Force

About one in three older adults reported currently working, slightly more than half are retired, and 10% are disabled and unable to work. Those with the lowest income and the Black population are most likely to be disabled and unable to work. Current median retirement age was 62, and 48% retired earlier than planned, both similar to comparison U.S. data. Those with low income, the Black population, and persons with disabilities were all more likely to have retired earlier than planned due to poor health and disability. Workplace health and employment support programs should consider targeting these populations for support. Additionally, nearly one in four family caregivers reported retiring early to care for a family member, indicating that Allegheny County caregivers are likely to benefit from policies supporting greater employment flexibility for working caregivers.

Retirement Confidence

Local older adult retirees reported higher retirement confidence than a comparison national sample. Confidence among older adults in Allegheny County is greatest for covering basic expenses, declines for medical expenses, and is lowest for long-term care expenses, reflecting the relative financial risks posed by these expenses. The data also reflect an awareness among older adults in Allegheny County of the high costs associated with long-term care, such as home health or nursing facility care. In the absence of a comprehensive national approach to financing and delivering long-term care services in the United States, services and supports provided at the state and local levels to meet these needs will be essential. The subgroups reporting the greatest difficulty covering basic expenses, including low-income adults, the Black population, and individuals with disabilities, are also the most concerned about paying for expenses postretirement. Interventions and supports that set up successful retirement may need to target vulnerable populations preretirement.



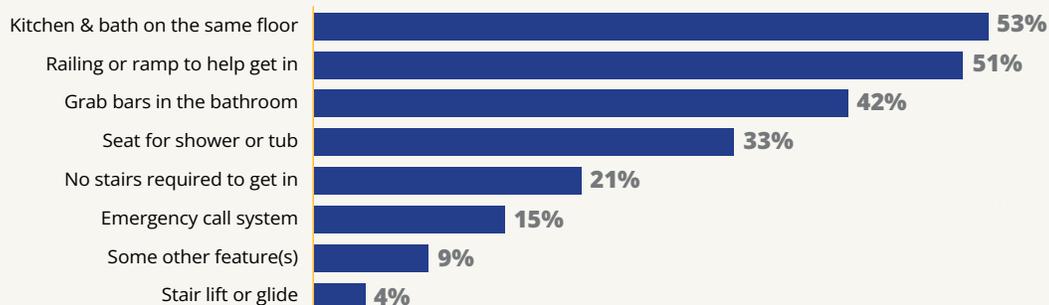
Retirement Income Sources

Nearly all of the respondents (96%) expected Social Security to be a key source of retirement income, and 63% are currently receiving Social Security income. Other sources of retirement income include personal savings and investments (63%), individual retirement accounts (54%), defined benefit pension plans (54%), and workplace retirement savings plans (54%). One third expected to work during retirement. About 10% of respondents reported that Social Security will be their sole retirement income source, but this figure is much higher for low-income older adults, the Black population, and persons with disabilities. The subgroups of older adults who are relying exclusively on Social Security payments for retirement income is relatively small but represents a financially vulnerable group. With limited savings and no other sources of income, these individuals are the least able to absorb potential shocks such as significant medical or long-term care expenses.

Housing/Living Arrangements

While 37% of the survey respondents reported living alone, this figure was somewhat higher than that found by the recent census. Among those living with others, the majority (74%) lived with a single person, usually a spouse. In addition, 29% reported living with children, 8% had children under the age of 18 living in their household, and 4% were living with a grandchild. Eight in ten reported owning their home, and more than half have lived at their current residence for 20 years or longer. In terms of the physical aspects of older adult housing that make it difficult for older adults, 79% of homes have steps or stairs required to enter and 61% have three or more stories. However, 51% already have some type of ramps or railings to help them get into the house, and 53% contain a kitchen and bath on the same floor. About one fourth (24%) plan to make future home modifications to make it easier for older adults or those with disabilities, and 35% of current family caregivers plan to make future home modifications. About six in ten (61%) older adults say they are “very satisfied” with their current housing situation. Only about 12% say they are planning to move from the region in the future; the most common reason (51%) for the planned move is better weather/climate. More than eight in ten of those planning to move think it is “very important” (50%) or “somewhat important” (34%) to have a house that is designed or modified to accommodate older adults or those with disabilities. The physical aspects of a house are highly important in determining whether older adults can successfully age in place. The number of homes that have barriers to aging in place, including entryway stairs and multiple stories, indicates a gap relative to the reported number of accessibility modifications currently in place. While home modifications are an important tool, more robust supports may be needed to facilitate aging in place among subgroups reporting fair or poor housing conditions, including Black older adults, low-income adults, and individuals with disabilities. Investments in home modifications may need to be paired with resources for home improvement to shore up housing quality.

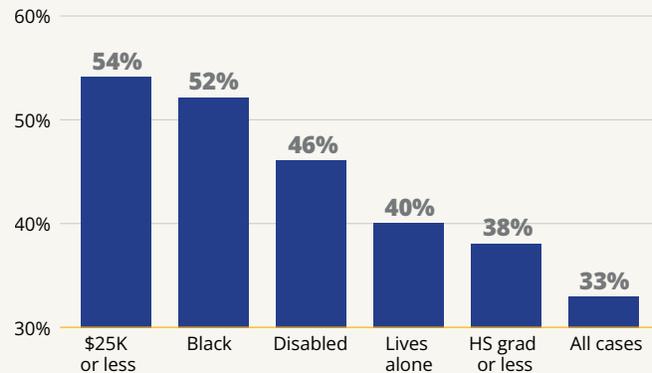
HOME FEATURES THAT MAKE IT EASIER FOR OLDER ADULTS OR PERSONS WITH DISABILITIES TO LIVE THERE



Neighborhood

About nine in ten older adults said that the condition of homes and buildings in their neighborhood are “excellent” (22%), “very good” (44%), or “good” (24%). However, about 8% live in neighborhoods with most homes in only fair/poor condition with unoccupied buildings, and this number is higher for the Black population (20%), those with the lowest incomes (13%), and the disabled (13%). In terms of feeling safe in their neighborhood, 67% report feeling “very safe,” and another 28% report feeling “somewhat safe.” Those with the lowest incomes (54%), the Black population (52%), and the disabled (46%) were least likely to report feeling “very safe.” Access to amenities like grocery stores, green spaces, and public libraries was fairly high. However, the Black population, those with the lowest incomes, and the disabled were less likely to report good access to these amenities. Although neighborhood social cohesion was perceived to be high, there was a clear income gradient where progressively higher income households perceived increasing social neighborhood cohesion. Though some indicators of racial disparities in neighborhoods, such as perception of nearby housing quality, safety, and facilitation of physical activity, have improved over time, disparities persist. A majority of the housing stock in Pittsburgh was built prior to the 1950s, which can create more age-related quality issues and reduce the likelihood of accessible features, limiting housing options for individuals with disabilities. Addressing these issues is complex and likely requires multiple interventions, including continued investments in fair housing practices and education and the allocation of resources to improve the accessibility of existing housing stock.

DOES NOT FEEL VERY SAFE IN NEIGHBORHOOD

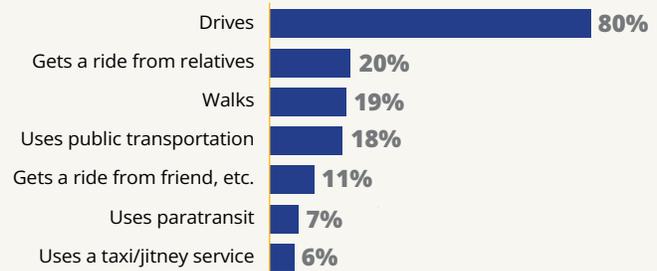


Transportation

When respondents were asked to list the main forms of transportation they use, 80% said they drive themselves, 20% get rides from relatives, 19% walk, and 18% use public transportation.

Among those who are employed, 82% report driving themselves as the main transportation to work; only 7% report using public transportation. Use of public transportation is highest among the Black population (45%; 37% use it weekly or more often), those with the lowest incomes (36%; 25%), and those who live alone (29%; 18%). Males (46%) and family caregivers (47%) were less likely to rate public transportation as “very convenient.” It is interesting that walking as a form of transportation among older adults increased from 6% to 19% between 2014 and 2022, while use of public transportation was down slightly. Increased walking and decreased utilization of public transit may be attributable to social distancing initiated during the COVID-19 pandemic. Walking also is a simple and low-cost way for older adults to engage in regular physical activity. Policymakers may want to explore enhancements and continued investment in ensuring the availability of accessible and safe walking trails and other pathways to enable older adults and individuals with disabilities to remain active. Family caregivers were less likely to report high satisfaction with the convenience of public transit. Assisting care recipients with transportation, including rides to medical appointments, is a primary duty of many caregivers in the United States. Exploring the issues that family caregivers have with respect to public transportation may be beneficial, as this could create a pathway to understanding how the existing public transit infrastructure could be better leveraged to help alleviate some of the time and planning burden of transportation assistance on family caregivers.

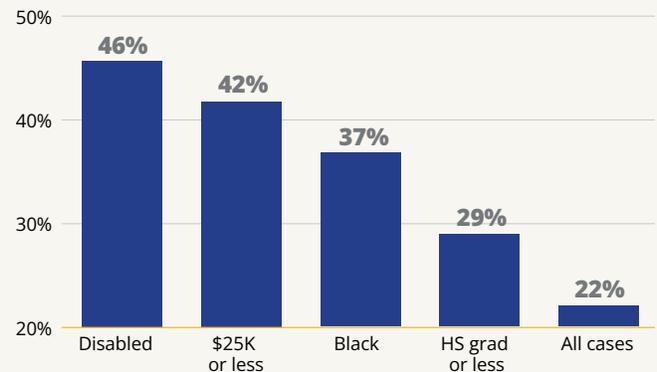
MAIN FORMS OF TRANSPORTATION



Physical Health

More than three-fourths of older adults report that their general health is “excellent” (12%), “very good” (34%), or “good” (32%), while 17% rate their general health as “fair” and 5% as “poor.” The disabled, those with the lowest incomes, and the Black population were more likely to rate their health as fair or poor. The most commonly reported chronic health conditions were arthritis (62%), high blood pressure (60%), diabetes (24%), cancer (24%), and asthma (23%). A little more than one in four older adults report four or more chronic conditions, with the highest rate for the disabled and those with the lowest income. Using nationally normed measures (for those 18 and older) from the Patient-Reported Outcomes Measurement and Information System, older adults in Allegheny County scored lower on physical function and higher on pain interference. Interestingly, local older adults scored lower than the national norm

RATES HEALTH AS FAIR OR POOR

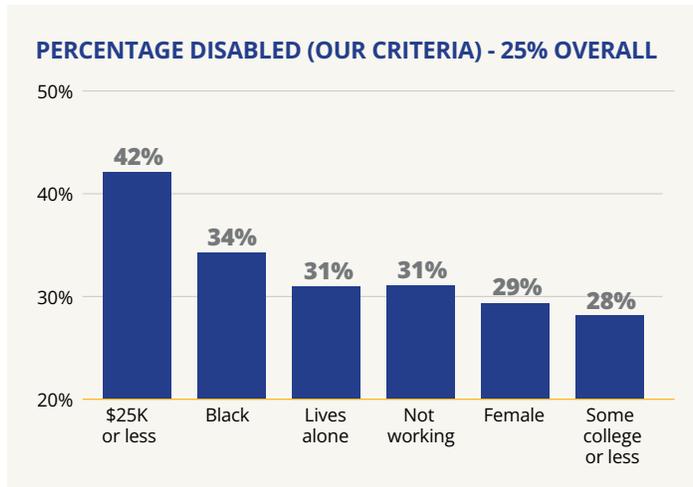


on depression, anxiety, sleep disturbance, and fatigue and scored higher on cognitive function and ability to participate in social roles. Persons with disabilities scored lowest on all of these measures, consistently worse than national norms. In addition, older adults with the lowest incomes consistently scored worse across physical health indicators. The overall health of older adults in Allegheny County is relatively consistent with the rest of the state and nation, but the data indicate several vulnerable subpopulations that may need to be targeted for additional support, including individuals with disabilities, those with the lowest income, and the Black population.

Functional Status and Disability

About one in four (25%) older adults in Allegheny County reports a disability. Those with incomes of \$25K or less, the Black population, those who live alone, those not working, females, and those with some college education or less were more likely to meet overall disability criteria. In addition, 21% met criteria for “preclinical disability” (change in the way personal care activities are completed or doing personal care activities less frequently). Targeting this preclinical population with education and resources may help to encourage access to low-cost devices or home modifications that could help to enhance safety and maintain independence as older adults’ functional abilities change over time. A little less than one in five (19%) report using assistive devices (49% of the disabled use an assistive device). Slightly more than one-third (35%) of older adults experienced a fall or unintentionally slipped, tripped, stumbled, or lost their balance in the past 12 months, and 43% of those who fell experienced an injury as a result of the fall, representing 15% of the overall population. Fifty-seven percent of the disabled experienced a fall in the past 12 months, and 49% were injured as a result. Those with incomes of \$25K or less were both more likely to fall (43%) and to be injured as a result (54%). Thirty-nine percent expressed a fear of falling, including 60% of the disabled.

The most common situations in which older adults report fear of falling are walking on a sidewalk outdoors, going up and down steps, taking a bath or shower, and walking in the house. Older adults with disabilities and those with the lowest income were both the most likely to experience a fall and the most likely to be injured as a result. Falls are a significant driver of injuries and deaths among older adults. While the precise underlying causes of this disparity would require further study, it is clear that these populations would benefit from additional resources to improve safety in the home environment. A majority of older adults are afraid of falling when walking on a sidewalk outdoors. Interventions to support safety and



independence are often focused on the home environment itself and the ability to move in and out of the home using devices such as ramps and railings. However, the ability to safely traverse a sidewalk can be a potentially significant factor in encouraging walking and exercise among seniors as well as preventing isolation and fear of leaving the home. In addition to improving access to assistive devices that would aid in safe walking, policymakers may want to consider overall investments in age-friendly environments that would improve sidewalks and other public thoroughfares. When asked how concerned they are about the possibility of becoming a burden to family/friends because of poor health/disability, 12% are “extremely concerned” (27% among the disabled), 37% are “somewhat concerned,” 24% are “not very concerned,” and 27% are “not at all concerned.” Compared to those not reporting a disability, persons with disabilities report negative impacts across health and quality of life domains. These include work and labor force, retirement confidence, retirement income sources, housing, neighborhood, transportation, physical and mental health, health care access, health behaviors, social health and support, elder mistreatment, service use, and technology use. Subgroups of persons with disabilities at highest risk for negative outcomes include those age 55-64, those with less education, and those with the lowest incomes. These findings clearly reveal multiple potential targets for programs, services, and policy supports for older persons with disability in Allegheny County.

Health Care Access

Nearly all (97%) older adults in Allegheny County report having health care coverage, with 47% covered primarily by Medicare and 31% by a plan purchased through an employer. When asked about doctor visits in the past 12 months, 5% have not seen a doctor in person during the past 12 months, 9% have seen a doctor once, 29% two or three times, 21% four or five times, and 36% six or more times.



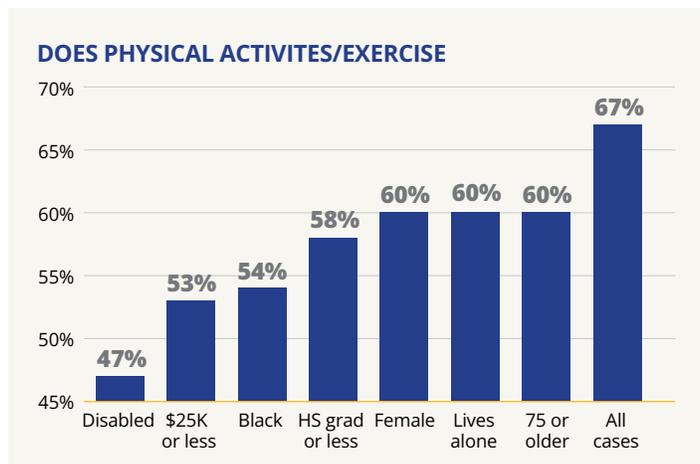
Frequency of remote telehealth visits in the past year is somewhat lower. On the positive side, only 4% report being unable to see a doctor because of the cost. However, more than 30% are either “somewhat” (25%) or “very” (6%) worried about being able to pay their medical bills in case of an illness or accident. This figure is higher for those with the lowest incomes and those age 55-64, who have yet to reach Medicare coverage age. More than seven in ten older adults report seeing a dentist (71%) or eye doctor (72%) in the past year, but these figures are lower for the those with the lowest incomes, the Black population, and those with less education. One in five older adults was hospitalized in the past year (including 33% of those with disabilities) and 30% have gone to a hospital emergency room in the past year, with 20% going one time, 7% two or three times, and 3% four or more times in the past year. The disabled (26%) and those with incomes of \$25K or less (17%) were more likely to report multiple emergency room visits. When asked to think about the quality, cost, and convenience of their health care, 60% were “very satisfied,” 32% were “somewhat satisfied,” and 8% were “somewhat” (6%) or “very dissatisfied” (2%). Slightly more than one in four (27%) report putting off health care when needed at least once since the start of the COVID-19

pandemic. Family caregivers (34%), those age 55-64 (33%), and females (32%) were more likely to put off getting care due to the COVID-19 pandemic. The main reasons noted for delaying care were that they decided it could wait (31%); that they were afraid to go (31%); and that the provider canceled, closed, or rescheduled (30%). The data presented in this report indicate a reasonably strong health care access infrastructure in Allegheny County, with most older adults reporting health care coverage and very few reporting problems with access due to cost or failure to see a health professional within the past year. The data also highlight the access challenges faced by individuals with disabilities, including heightened concerns about cost and increased likelihood of visiting the emergency room. While further exploration is needed to understand factors driving ER use among individuals with disabilities, this is a potential indicator of challenges in accessing primary or specialty care that should be explored.

Health Behaviors

Slightly more than one in ten older adults reports smoking every day (9%) or some days (2%), and the rates are higher for the Black population (23%), those with incomes of \$25K or less (21%), those age 55-64 (15%), and those with a high school diploma or less (15%). Two out of three report engaging in physical activities or exercises outside a regular job, but this is lower for the disabled, those with incomes of \$25K or less, the Black population, and those with a high school diploma or less. While many factors impact older adults' ability and decision to engage in physical activity, strategies to lower barriers to

simple and cost-effective exercises, such as walking, as well as strategies to improve access to existing resources, such as senior centers, could help to improve health behaviors among seniors. Using height and weight to calculate body mass index (BMI), 38% of older adults are classified as "obese." The Black population (49%), those age 55-64 (44%), and those with some college (44%) are more likely to meet obesity criteria. In terms of vaccinations, 75% have received a flu shot in the past year, 66% a pneumonia vaccine, 59% a shingles vaccine, and 92% a COVID vaccine. Rates of flu shots (71% vs. 59%) and pneumonia vaccines (66% vs. 54%) are down for the Black population since 2014, and significant racial differences remain. Culturally appropriate educational and information campaigns around health behaviors should also be designed and implemented to support the Black population, who report higher rates of smoking, less exercise, more obesity, and reduced receipt of recommended vaccinations.

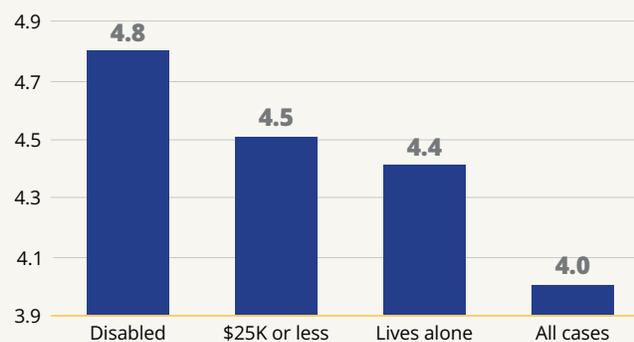


Social Support/Health

Using multi-item scales to assess various aspects of social support and relationships, older adults in Allegheny County score fairly high, indicating high general levels of social support. The mean Lubbe social support network scale was approximately 18 (out of 30), showing moderate levels of social network support, including items on how many family members and friends the older adults talk to monthly in general and about private matters and can call on for help. However, those with the lowest incomes, the disabled, and those who live alone report lower social support network scores. Another scale measuring negative/critical interactions (e.g., how often others made too

many demands on you, have been critical of you, and have taken advantage of you) showed local older adults scoring very low (only 4.5 on a scale with potential range of 4-12). Thus, our sample reports essentially positive social interactions. Interestingly, family caregivers (M=5.1) and the disabled (M=4.9) report the most negative/critical interactions. Scores on the UCLA loneliness scale were also quite low (M=4.0; range 3-9), but once again the disabled, low income, and those who live alone report more loneliness. When asked how satisfied they are with the help received from family and friends, 72% said “very satisfied,” and another 23% said “somewhat satisfied.” The disabled (61%) and the Black population (64%) were less likely to be “very satisfied.” The higher rates of loneliness reported by individuals who live alone, persons with disabilities, and low-income individuals may indicate that community programs, enhanced resources for transportation, and investments in accessibility in the built environment could help to reduce isolation among these vulnerable groups. Family caregivers are the most likely subgroup to report negative social interactions. While the data do not indicate that these experiences flow from the care recipient relationship, it does indicate a need for continued support of caregivers in Allegheny County. Ensuring that caregivers can access resources and programming that support successful care provision and mental health supports could help to address these challenges.

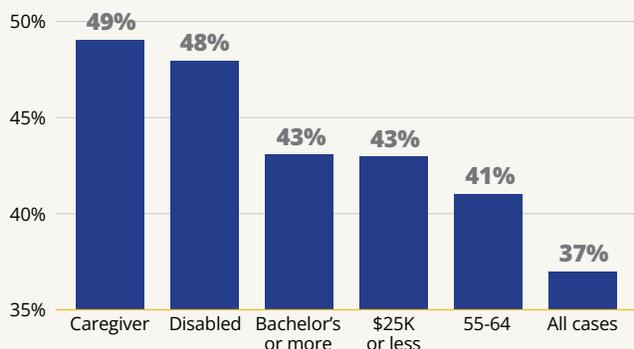
MEAN LONELINESS SCALE SCORE



Elder Mistreatment

Using a screener developed for the National Social Life Health and Aging Project to measure potential elder mistreatment (EM), 37% of older adults (age 55+) in Allegheny County indicate potential elder mistreatment in the past 12 months on at least one item, compared with 43% of the national sample from 2015 (age 60-95). Family caregivers, the disabled, those with a bachelor's degree or higher, and those with incomes of \$25K or less were more likely to endorse at least one EM item. Local older adults were slightly more likely to endorse items related to emotional or psychological mistreatment, slightly less likely to endorse physical mistreatment items, and less likely to endorse financial mistreatment items. Family caregivers and the disabled were more likely to report emotional or psychological mistreatment and physical mistreatment. Those with the lowest incomes and the disabled were more likely to report financial mistreatment. That the findings show that family caregivers and the disabled were more likely to report potential elder mistreatment might suggest conflicted relationships between caregivers and disabled care recipients and/or their families that should be the focus of additional research and intervention. Low-income older adults

EXPERIENCED ONE OR MORE OF THE 10 EM ITEMS

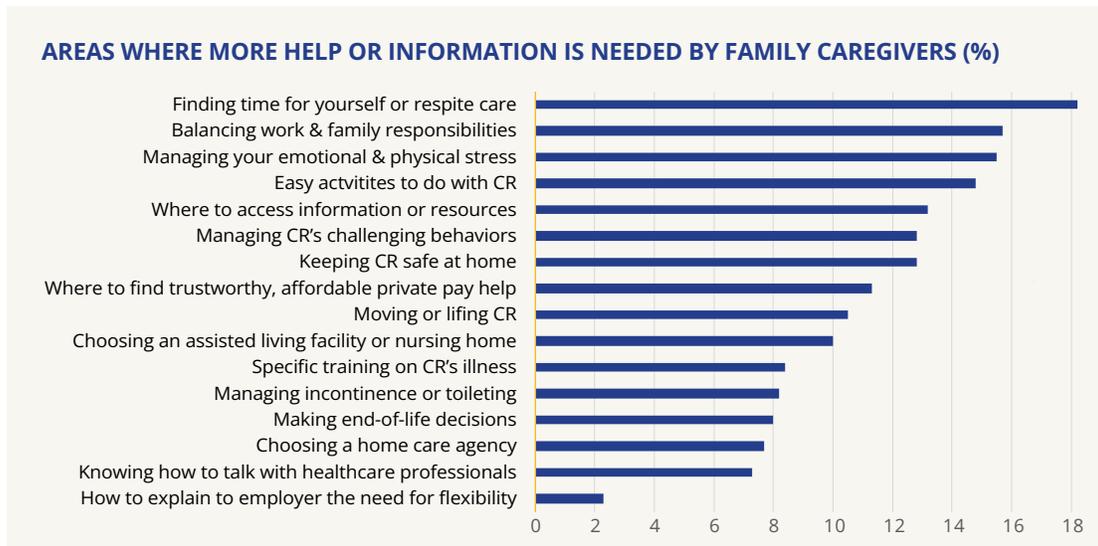
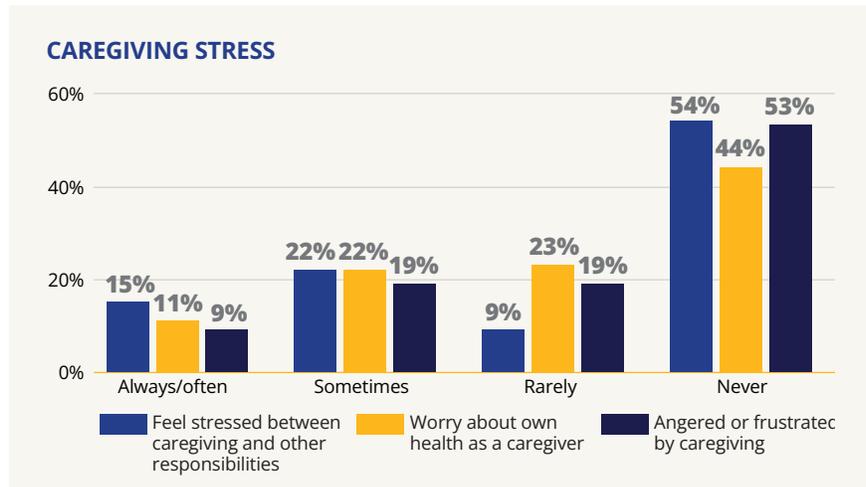


were most likely to report potential financial elder mistreatment, putting them at even greater risk for financial hardship. This should also be the focus of research, intervention, and policy. In sum, elder mistreatment has potentially negative impacts on older adult health and quality of life. Older adults experiencing or at risk for elder mistreatment must be made aware of and have access to high quality services and supports through local adult protective services agencies.

Family Caregiving

Using the caregiver screener from the Behavioral Risk Factor Surveillance System caregiver module, a total of 364 older adult family caregivers were surveyed. Allegheny County caregivers tended to be older, more often Black, more educated, and have higher incomes than caregivers statewide. The proportion of Allegheny County caregivers caring for persons with

Alzheimer’s disease or cognitive impairment is much higher than that reported statewide (28% vs. 11%). While many caregivers report rarely or never experiencing various types of caregiver stress, subgroups do report this stress at least sometimes. In terms of financial impacts of caregiving, 10% report that it has prevented them from saving money, 8% say it has increased their debt, 6% say it has led to earlier retirement than planned, 6% say that caregiving has limited their ability to save for retirement, and 4% say it has led to later retirement than planned. Less than half of caregivers report using various caregiver support services/strategies, with 32% searching online for support, 20% using transportation services for the care recipient, and 17% using caregiver respite services. Between 5% and 18% of older caregivers report needing help or more information with a variety of caregiving issues.



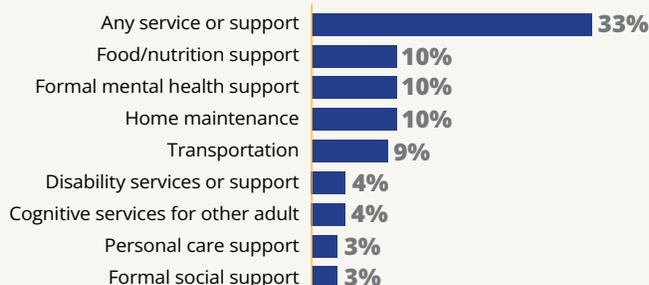
In comparison to non-caregivers, caregivers are more likely to report retiring earlier than planned to care for a family member, putting off health care for themselves due to the COVID-19 pandemic, negative interpersonal interactions on the “critical others” scale, potential psychological/emotional and physical elder mistreatment, and that the COVID-19 pandemic has prevented them from visiting a senior center. Family caregivers most at risk for negative outcomes and most likely to use support services include those age 55-64, those who are themselves disabled, those caring for an aging parent, caregivers of children, high-intensity caregivers providing more hours of care per week, caregivers of those with cognitive impairment, and those who feel they did not have a choice in taking on the caregiving role. The data indicate that caregivers in Allegheny County could benefit from enhanced access to a number of services, including behavioral and mental health supports. As this population is currently more likely to avoid in-person care due to concerns about COVID-19, this population may benefit from targeted outreach for access to telehealth services. Additionally, given caregivers’ responses around elder mistreatment, targeted outreach to ensure caregivers are aware of older adult protective services or similar programs may be beneficial. While fewer than one in five caregivers used respite services, respite was a top area of interest among Allegheny County caregivers. Additional resources to improve the availability of respite care, as well as further exploration of barriers to accessing respite, could help to expand its use.

Service Use

More than six in ten (61%) older adults in Allegheny County have heard of information and referral services for older adults. Among those who have heard about information and referral services, 17% actually used them (10% of all older adults). Overall, 33% of older adults report receiving at least one formal service in the past year. The disabled (56%), those with incomes of \$25K or less (51%), the Black population (45%), and those living alone (42%) are more likely to have used at least one formal service in the past year. Almost half (45%)

have ever visited a senior community center, but about one-fourth (24%) say the COVID-19 pandemic has prevented them from visiting a senior community center. Family caregivers (30%) are more likely to say the COVID-19 pandemic has prevented visits to senior community centers. The primary reason older adults give for visiting a senior community center is for social activities/socialization (45%), followed by fitness activities (15%) and volunteer opportunities (12%). Among those receiving services in the past year, 63% are “very satisfied,” 33% are “somewhat satisfied,” and 5% are “somewhat” (4%) or “very dissatisfied” (1%) with services received, but only 53% of the disabled are “very satisfied.” While only 7% report that there are services and supports they need but are not getting, the disabled (15%) and those who live alone (11%) are more likely to not be getting needed services/supports. Overall, only one in three older adults uses available senior services. Vulnerable groups, including older adults with disabilities, the Black population, individuals with incomes below \$25K, and individuals who live alone, are more likely to use these services, although the disabled are less likely to report high satisfaction with services received. Also, individuals with disabilities and individuals who live alone are the most likely to report unmet needs for services and supports. While higher rates of service use among vulnerable populations can be a positive indicator, this discrepancy between use and satisfaction

SERVICES / SUPPORTS FOR OLDER ADULTS USED IN THE PAST YEAR

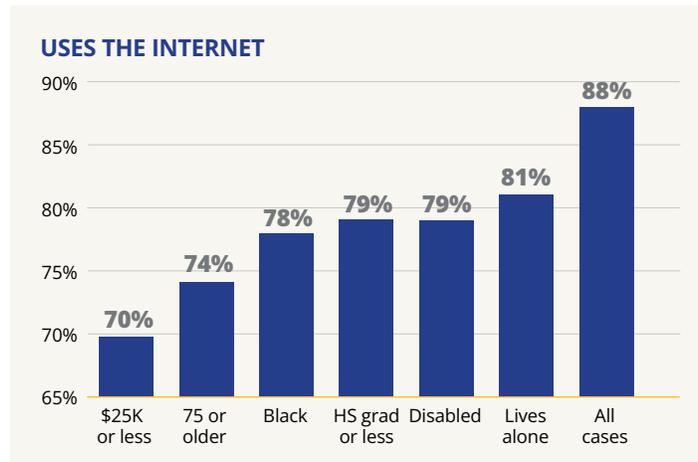


indicates possible unmet needs or other challenges associated with service delivery to persons with disabilities. Outreach to and direct engagement of older adults with disabilities could help to determine the drivers of service dissatisfaction and strategies for improvement.

Technology and Internet

Nearly nine in ten (88%) older adults (age 55+) in Allegheny County report using the internet at least occasionally. Also, 84% of Allegheny County adults age 65 and older use the internet, which is higher than the U.S. population as a whole age 65 and older (75%), as reported by the Pew Research Center in 2021. Those with incomes of \$25K or less, age 75 and older, the Black population, those with a high school diploma or less, the disabled, and those who live alone are less likely to use the internet. Among internet users, 68% use social networking sites like Facebook, LinkedIn, or Google Plus. In addition, 61% of internet users have ever had a virtual

or online visit with a health care provider, and 37% have managed prescription refills or delivery online or using an app. Slightly more than four in ten (42%) of older adult internet users have used a ride service app like Uber or Lyft. Use of the internet (88% vs. 66%) has increased significantly, especially among the Black population (78% vs. 46%) since 2014. Compared to more remote or rural areas, urban and suburban areas are more likely to have the infrastructure needed to support



internet use. Though older adults are often expected to be less engaged with technology and internet use compared to other age groups, the data indicates high levels of use among older adults in Allegheny County. In keeping with the trend of growth in the influence and reach of social media, use of social networking sites among older adults in Allegheny County is also increasing. These trends highlight the importance of social media and online resources as a key avenue to reach older adults with information about health, public programs and resources, and other priorities. Ensuring awareness of important supportive services is essential to accessing those services.



Looking Forward: Allegheny County's Future Older Population

Many demographic trends in Allegheny County are expected to converge with national trends over the coming decades, but those national projections foresee an older population that is increasing in both size and concentration across almost all areas of the United States.

A baseline forecast of future demographic trends in Allegheny County has been developed by UCSUR using the model distributed by Regional Economic Models Inc. (REMI) of Amherst, MA. The REMI model is used for economic and population projections for a ten-county region of Southwestern Pennsylvania. The REMI model includes a detailed demographic model that allows for the projection of the Pittsburgh region's future population as well as anticipated changes in the region's demographic composition.

Over the most recent decades, the size and concentration of the older population has remained relatively stable, but those trends are currently shifting. The population age 65 and over in Allegheny County is projected to increase by more than 50,000, or a gain of 20%, between 2020 and 2050.

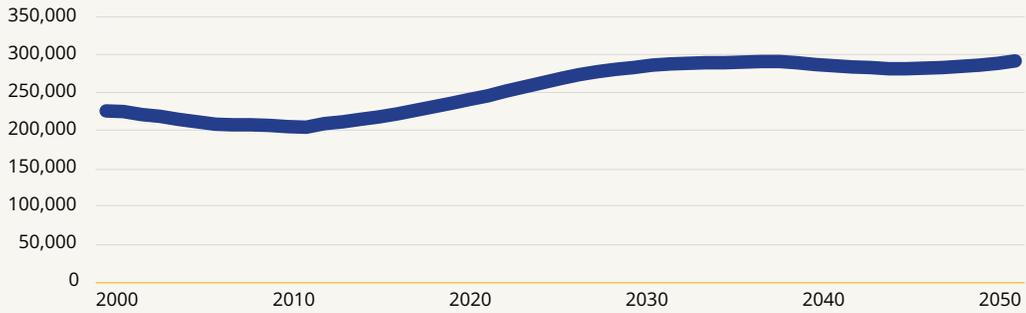
The older-old population (age 85 and over) in Allegheny County is currently at the end of a period of decline that extends back a decade. But that period of decline is projected to end within the next few years, and the population age 85 and over is projected to increase by more than 26,000, or a gain of nearly 80%, between 2025 and 2050.

BASELINE POPULATION FORECAST BY AGE GROUP, ALLEGHENY COUNTY 2020-2050							
	Population (1,000s)				Change Over Decade		
	2020	2030	2040	2050	2020-30	2030-40	2040-50
Total Population	1,251	1,255	1,246	1,226	0.3%	-0.8%	-1.5%
Under Age 55	836	832	808	744	-0.4%	-3.0%	-7.9%
Age 55-64	175	138	153	191	-21.5%	11.3%	25.1%
Age 65 and over	240	285	285	291	18.7%	-0.2%	2.1%
Age 65-84	206	252	234	231	22.3%	-7.1%	-1.4%
Age 85+	34	33	50	60	-2.7%	52.5%	18.7%

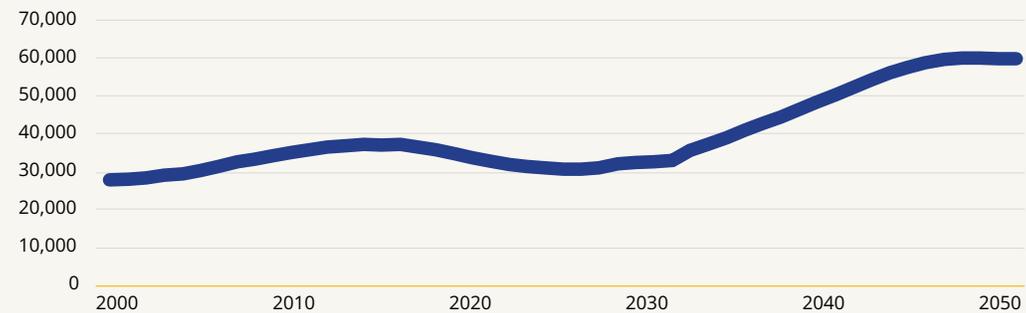
These future population trends will have wide-ranging impacts on future workforce and caregiving trends within the county. Based on this baseline forecast, the number of older worker residents in Allegheny County is projected to increase from just a little more than 49,000 in 2020 to more than 71,000 in 2030, an increase of more than 45%. Past 2030, the number of older workers in the county will fluctuate but will remain significantly higher than current levels through the end of the forecast period.

The Caregiver Support Ratio (CSR), the number of potential caregivers age 45-64 for each person age 80 and over in Allegheny County, has also been relatively stable for the last two decades but is projected to decline in 2022. Over the next two decades, the CSR ratio in Allegheny County is projected to drop by nearly one-third from current levels.

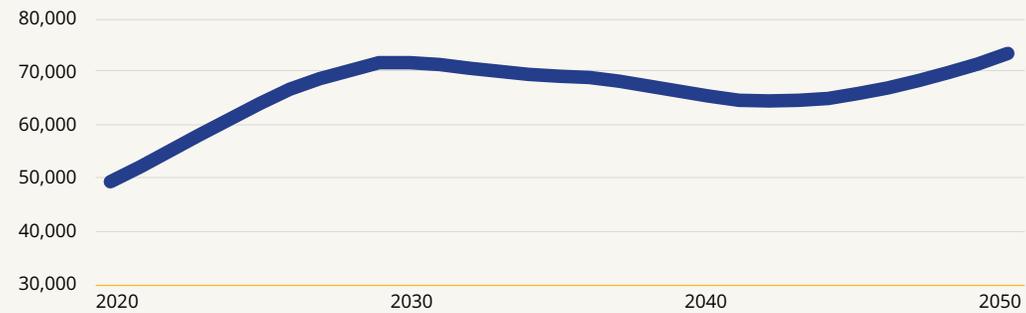
HISTORIC AND PROJECTED POPULATION AGE 65 AND OVER, Allegheny County 2000-2050



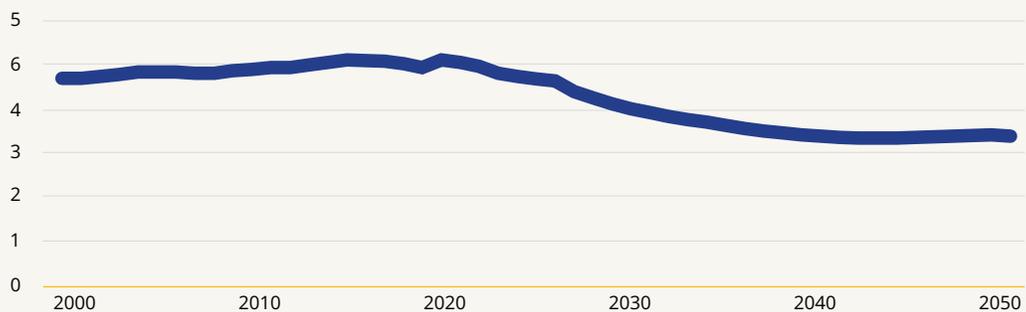
HISTORIC AND PROJECTED POPULATION AGE 85 AND OVER, Allegheny County 2000-2050



PROJECTED LABOR FORCE AGE 65 AND OVER, Allegheny County 2020-2050



HISTORIC AND PROJECTED CAREGIVER SUPPORT RATIO, Allegheny County 2000-2050



Study Summary and Policy and Program Implications

- Various strategies are needed to address needs of and to support the vulnerable populations and subgroups identified in this report, including older adults with disabilities, the Black population, individuals with incomes below \$25K, and individuals who live alone.
- Combat isolation among older adults by prioritizing strategies to create more opportunities for engagement between older adults and peers as well as with other members of the community.
- Recognize increases in workforce participation among older adults and persons with disabilities and provide educational resources and job placement programs, such as the Senior Community Service Employment Program.
- Continue and expand supportive services for caregivers in Allegheny County, including ensuring that caregivers are able to access resources and programming that support successful care provision and mental health supports.
- Use current trends in online engagement, such as the increasing use of social networking sites among older adults in Allegheny County, as an avenue to reach older adults with information about health, public programs and resources, and other priorities.
- Help individuals to retire at the time of their choosing by providing greater employment flexibility and options for working caregivers.
- Target programs and policies to financially vulnerable older adults preretirement, focusing on populations reporting the greatest difficulty covering basic expenses and saving for retirement, including low-income adults, the Black population, and individuals with disabilities.
- Explore enhancements and continued investment in ensuring the availability of accessible and safe sidewalks, walking trails, and other publicly accessible pathways to enable older adults and individuals with disabilities to remain active.
- Leverage multiple channels of dissemination to enhance outreach and awareness of aging services in Allegheny County, reflecting the numerous channels through which older adults report receiving information about services, including word of mouth, print sources, online sources, and television.
- Enhance availability of home modifications to support aging in place, reflecting the increasing interest in future modifications among older adults in Allegheny County, the tendency of older adults to live in a single dwelling for a decade or more, and gaps in accessibility reported in the current housing stock.
- Consider strategies to ensure an adequate health care workforce to meet the needs of Allegheny County's aging population following the workforce strains exacerbated by the COVID-19 pandemic and explore factors driving emergency care use among individuals with disabilities.
- Focus future policymaking and program development activity on known demographic shifts, such as the 80% population increase in the county of residents age 85 and over between 2025 and 2050.



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