

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

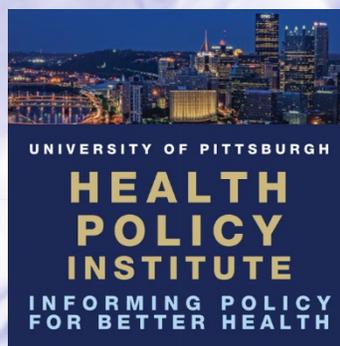
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INTRODUCTION

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 healthcare 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 Hillman Foundation. The study was conducted by the University Center for Social & Urban Research (UCSUR) and Health Policy Institute (HPI) at the University of Pittsburgh in partnership with various local organizations. Collaborating partners include the Allegheny County Department of Human Services, Area Agency on Aging (AAA); 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.

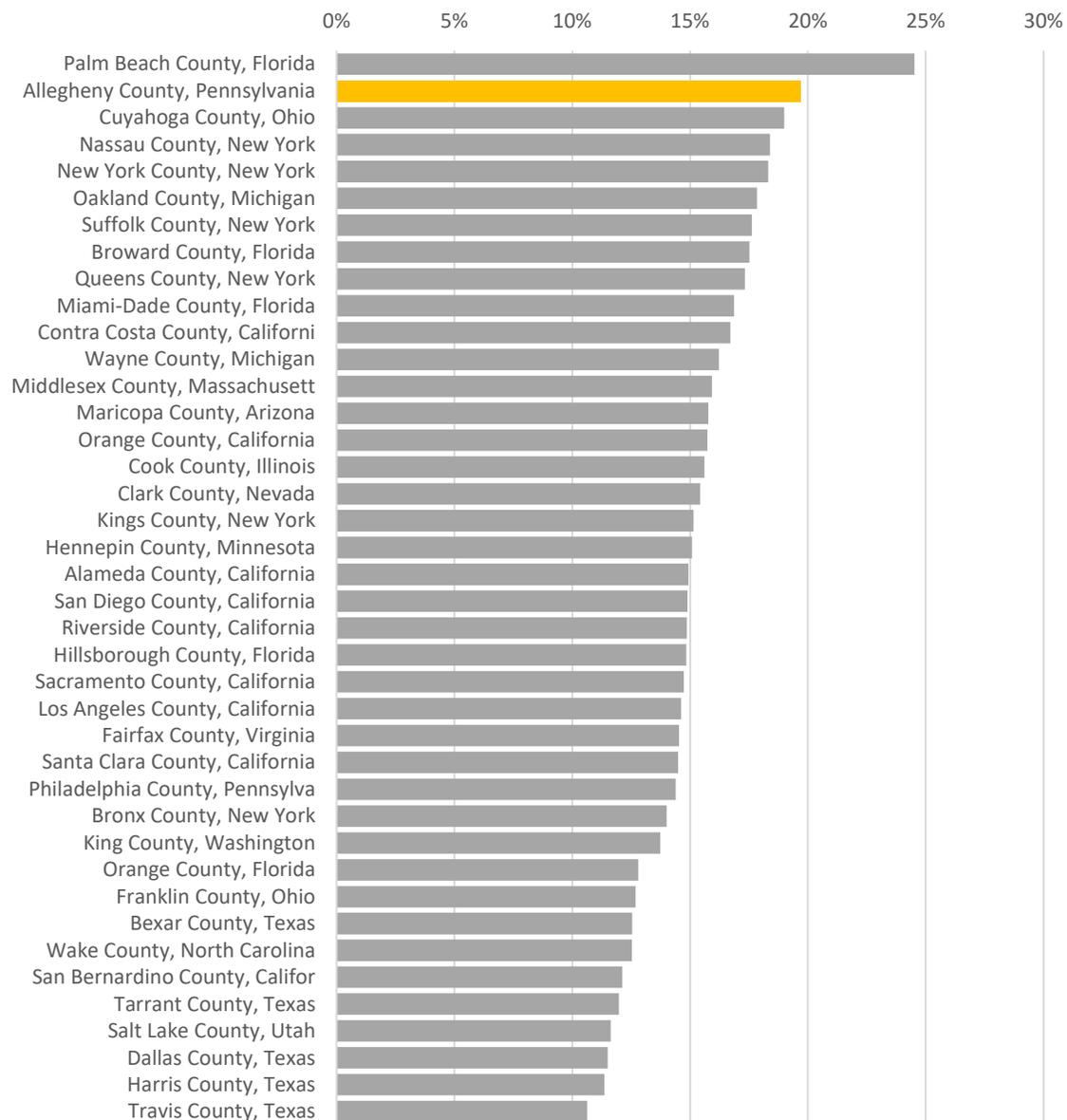
For more than three decades, UCSUR has documented the status of older adults in Allegheny County. Every decade or so we issue a comprehensive report on aging in Allegheny County, and this report represents our most recent effort (the last report was released in 2014). This report documents important 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. The 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.

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 (GIS) 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 valuable data resources to inform future planning for the well-being of our county.

OLDER ADULT POPULATION SOCIO-DEMOGRAPHICS AND PROJECTIONS

As of 2021, an estimated 19.7% of the population of Allegheny County is age 65 or over. Past economic and demographic trends have contributed to giving Allegheny County one of the highest concentrations of older residents among large counties in the United States. Today, among the 40 largest counties in the U.S., only Palm Beach, Florida has a higher concentration of older residents than does Allegheny County.

Figure 1 Proportion of the population age 65 and over - 40 largest counties in the United States, 2021



SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 ONE-YEAR ESTIMATES

While demographic trends in Palm Beach have been defined by high levels of retiree migration, which has increased the concentration of older adults there, Allegheny County has been shaped more by low levels of in-migration in recent decades. In many ways, the concentration of the older residents in

Allegheny County has presaged trends that will become much more common across the U.S. as more of the large Baby Boom generation reaches age 65.

In recent years, certain areas within Allegheny County, in particular certain neighborhoods of the city of Pittsburgh, have seen an increase in younger population cohorts. As a result, Allegheny County today can be considered younger than many of the suburban counties within the Pittsburgh region, though still older than the nation as a whole.

Still, within Allegheny County, many municipalities and neighborhoods have even higher than average concentrations of older residents, the result of significant concentrations of residents who have aged in place in their current communities, in many cases in their same homes, for decades, coupled with low levels of in-migration of new younger residents. Five Allegheny County municipalities have more than half of their residents age 55 and over, a concentration that would qualify them as Naturally Occurring Retirement Communities or NORCs.

The characteristics of Allegheny County's older population will continue to change. Allegheny County's future population continues to be impacted by past regional trends but will also be impacted by national trends, including the aging of the Baby Boom generation, lower fertility levels, and potentially lower levels of international immigration in coming years.

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



Figure 2 Pittsburgh Metropolitan Statistical Area (MSA)

Here a snapshot of Allegheny County's older population is presented across a range of demographic and economic metrics. This snapshot is presented in comparison to the population of the remaining six counties of the Pittsburgh Metropolitan Statistical Area (MSA) – currently defined as seven counties of southwestern Pennsylvania – and the U.S.

An overview of the data sources used to compile this report is included as an appendix. In addition, UCSUR has developed a baseline forecast of Allegheny County's projected population. That forecast highlights key changes that are expected in the county through the year 2050. Detailed population forecasts by age, race, and gender are included as an appendix, and a detailed technical document on the development of the forecast is available as a separate document.

Figure 3 Percentage of population age 55 and over Allegheny County municipalities (2016-2020)

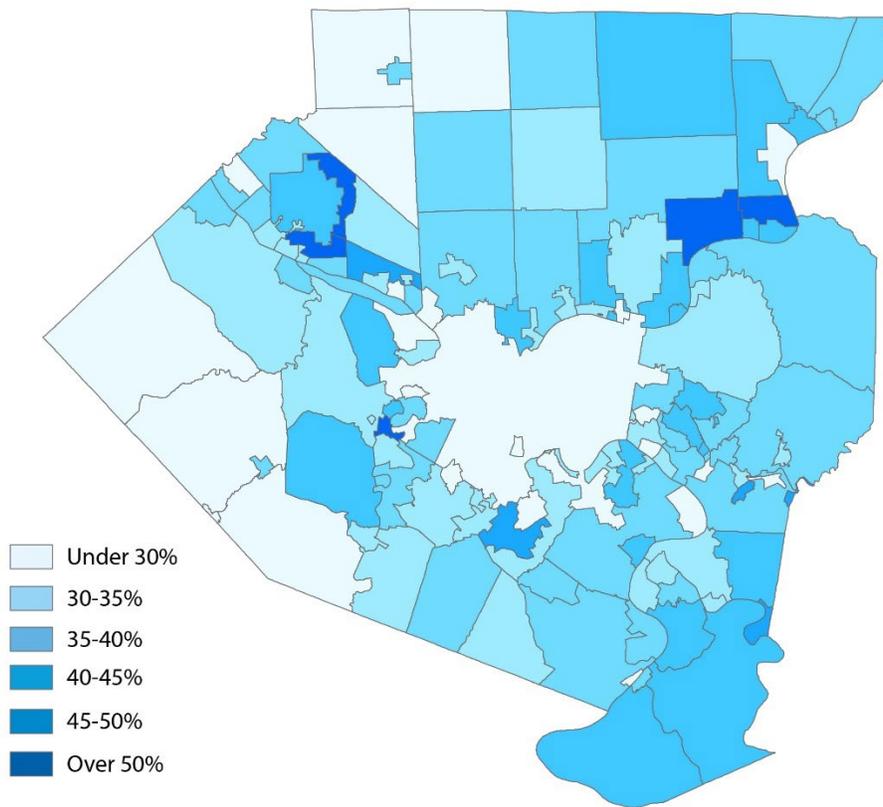


Table 1 Municipalities with highest and lowest percentage of population age 55 and over Allegheny County (2016-2020)

Municipality	Total	Age 55 and over	Percentage	Municipality	Total	Age 55 and over	Percentage
Aleppo	1,974	1,406	71.2%	West Elizabeth	507	80	15.8%
Rosslyn Farms	430	228	53.0%	Rankin	1,948	355	18.2%
Harmar	3,024	1,595	52.7%	Pine	13,384	2,941	22.0%
Sewickley Hills	743	384	51.7%	Mount Oliver	3,304	754	22.8%
Springdale Twp	1,577	792	50.2%	Leet	1,648	396	24.0%
Trafford	100	49	49.0%	Stowe	6,152	1,491	24.2%
East McKeesport	1,885	912	48.4%	Aspinwall	2,687	660	24.6%
South Versailles	353	170	48.2%	East Pittsburgh	1,659	420	25.3%
Whitehall	7,472	3,535	47.3%	Edgewood	3,020	771	25.5%
Kilbuck	704	330	46.9%	Marshall	9,319	2,389	25.6%
Forward	3,290	1,468	44.6%	Duquesne	5,534	1,447	26.1%
Blawnox	1,580	702	44.4%	Dormont	8,335	2,191	26.3%
Frazer	1,149	506	44.0%	North Fayette	14,770	3,887	26.3%
Kennedy	8,106	3,548	43.8%	Pittsburgh	301,286	80,181	26.6%
West Deer	11,942	5,218	43.7%	Franklin Park	14,701	4,061	27.6%
Thornburg	411	179	43.6%	Wall	506	141	27.9%
Munhall	11,049	4,730	42.8%	Findlay	5,883	1,667	28.3%
Sewickley Heights	652	279	42.8%	Ben Avon	1,931	548	28.4%
Elizabeth township	13,013	5,557	42.7%	Bellevue	8,088	2,299	28.4%
Chalfant	606	258	42.6%	East Deer	1,450	416	28.7%

SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

Past Population Trends Shaping Allegheny County Today

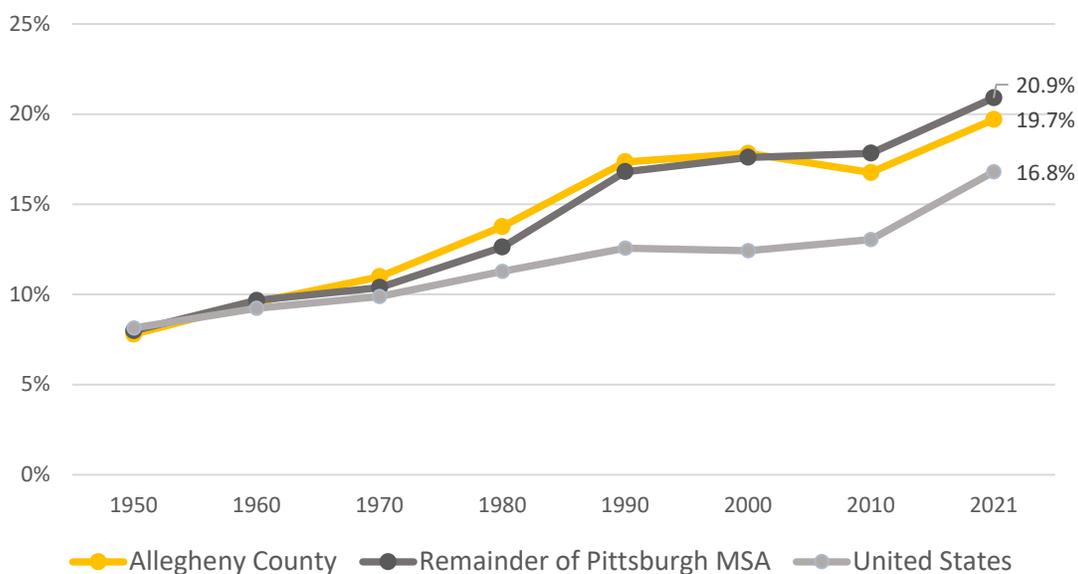
Since 1970, the proportion of the population age 65 and over grew faster in both Allegheny County and the remainder of the Pittsburgh metropolitan area than the nation. The suburbanization of the population within the Pittsburgh metropolitan area – which was predominantly shaped by the residential location of younger families – and relatively slow regional job growth in the Pittsburgh region compounded to increase the concentration of older adults in Allegheny County.

As regional economic conditions deteriorated in the 1980s, southwestern Pennsylvania experienced rapid job losses and unprecedented levels of population out-migration. This out-migration was very age-selective, with younger workers most likely to leave the region, while older workers or those already retired more likely to remain. The younger workers who departed took with them their families, and to a large degree, their future families, which extended the demographic impact of jobs losses into future decades.

Not only did regional economic restructuring induce a large number of younger workers to leave southwestern Pennsylvania, but it also depressed the flow of younger workers into the region. As a result, the proportion of the population age 65 and over across the Pittsburgh region sharply diverged from national trends and continued to rise even as regional employment trends stabilized later in the 1980s.

With economic restructuring and stabilization, out-migration rates from the Pittsburgh region declined. Beginning in the mid-1990s, and continuing over the subsequent two decades, both the size of the older population and the proportion of population age 65 and over in Allegheny County declined modestly. Over the most recent decade, the size and concentration of older adults in the Pittsburgh region has resumed increasing, mostly the result of the large Baby Boom generation beginning to reach age 65.

Figure 4 Percentage of the population age 65 and over, 1950-2021
Allegheny County, the remainder of the Pittsburgh MSA, and the United States

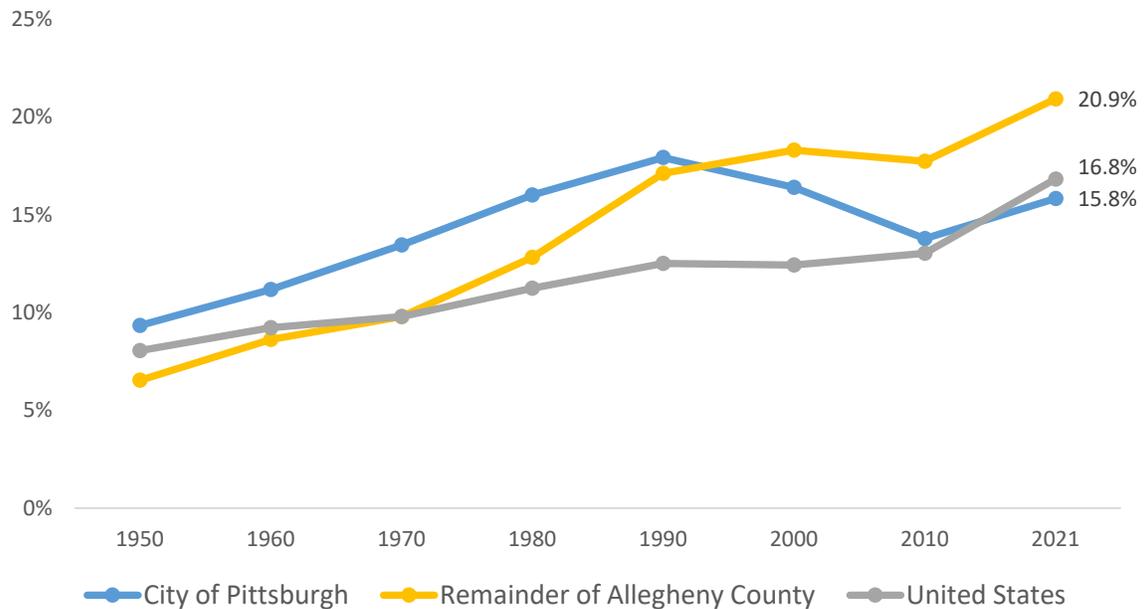


SOURCE: 1970-2010: U.S. CENSUS BUREAU, DECENNIAL CENSUS, VARIOUS YEARS. 2021: CENSUS POPULATION ESTIMATES

Aging trends have not been uniform within the county and, in particular, trends for the City of Pittsburgh have diverged from what is typical elsewhere. Among residents of the City of Pittsburgh, the proportion of population age 65 and over began to decline before 2000 and continued over the subsequent two decades. The concentration and increase in the number of college students within the City, younger workforce trends, and a decline in the older population compounded to decrease the concentration of older residents in the City. Though the concentration of older adults in the city has resumed increasing over the last decade, the concentration of population age 65 and over in the city is now estimated to be below that of older adults nationally.

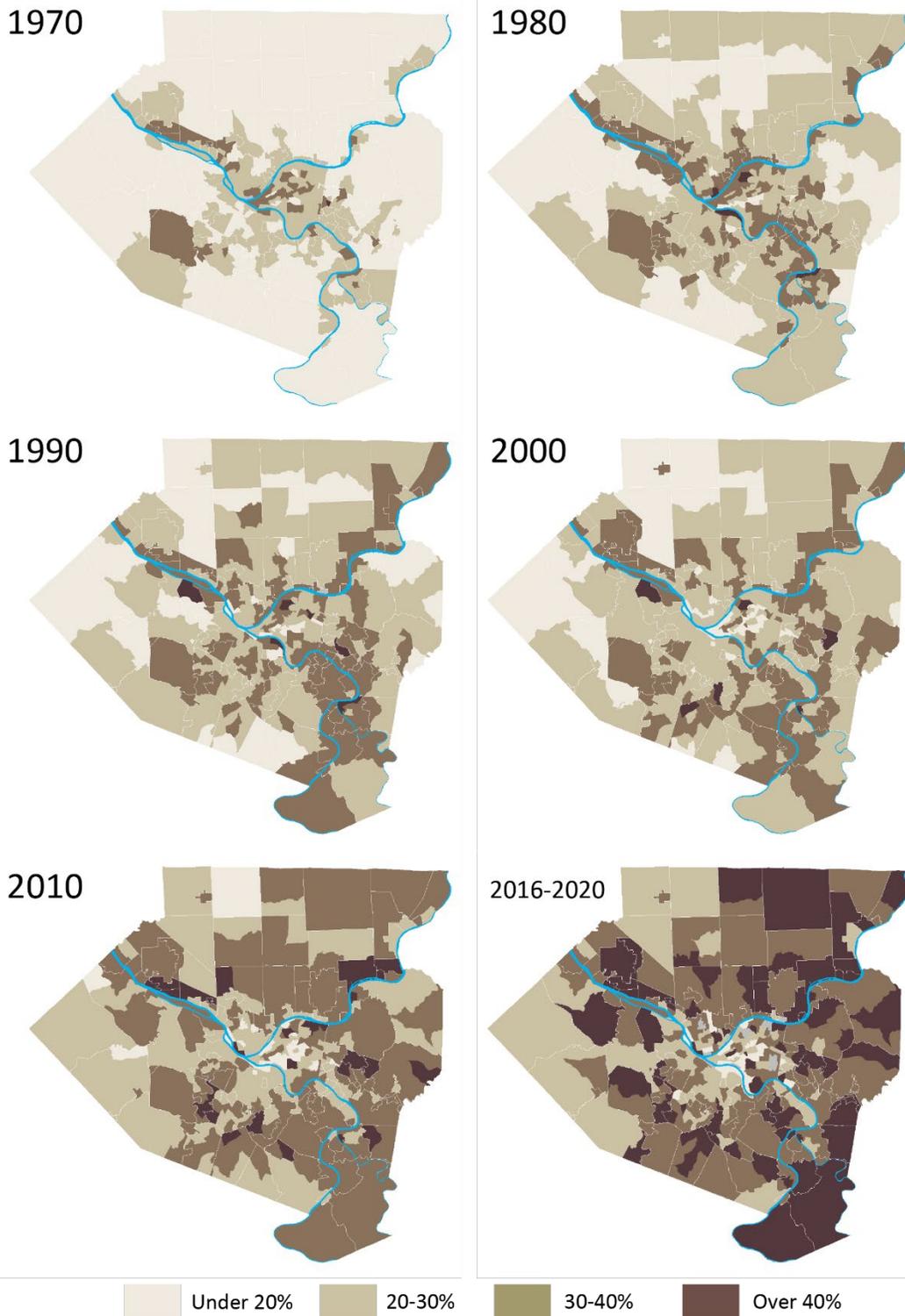
Since 1970 most communities outside of the City of Pittsburgh have seen sharp increases in the concentration of the older population. Some sharp increases in the concentration of older residents, such as in Aleppo, – which today has a population that is more than 70% age 55 and over – are the result of institutional residences or the expansion of residential communities that market to older clients. It is more common for local communities to age in place as residents remain in their current homes while not experiencing significant levels of in-migration of new younger residents.

Figure 5 Percentage of population age 65 and over, 1970 to 2021
City of Pittsburgh, remainder of Allegheny County, and the United States



SOURCE: 1970-2010: U.S. CENSUS BUREAU, DECENNIAL CENSUS, VARIOUS YEARS. 2021: AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES

Figure 6 Percentage of population age 55 and over, 1970 to 2020



DATA FOR ALL YEARS BY 2010 CENSUS TRACT

SOURCE: 1970-2010: U.S. CENSUS BUREAU, DECENNIAL CENSUS, VARIOUS YEARS. 2016-2020: AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES

Older Adults in Allegheny County and the Pittsburgh Region Today

As of 2021, Census Bureau population estimates show that 243,974 people were age 65 and over in Allegheny County, accounting for 19.7% of the population. The county has a lower proportion of population age 65 and over than the remainder of the Pittsburgh MSA (22.1%) but continues to have a significantly higher proportion of adults age 65 and over than the U.S. as a whole (16.8%). An estimated 30,692 people (2.5% of the population) were among the older-old population – those age 85 or older – in Allegheny County, a slightly lower concentration than in the remainder of the Pittsburgh MSA (2.6%) but again higher than 1.8% for the U.S.

Within Allegheny County, 170,391 adults are between age 55-64 and make up 13.8% of the population, a smaller percentage than in the remainder of the Pittsburgh MSA (15.7%) but slightly more than the U.S. (12.9%).

Table 2 Age distribution of the older population, 2021
Allegheny County, the Pittsburgh MSA, and the United States

	Allegheny County		Remainder of the Pittsburgh MSA		United States	
	Number	Percent	Number	Percent	Number	Percent
Under 55	823,725	66.5%	693,966	62.2%	233,186,697	70.3%
Age 55-64	170,391	13.8%	175,160	15.7%	42,815,034	12.9%
Age 65 and over	243,974	19.7%	246,322	22.1%	55,892,014	16.8%
Age 65-74	146,267	11.8%	148,520	13.3%	33,778,204	10.2%
Age 75-84	67,015	5.4%	69,046	6.2%	16,151,137	4.9%
Age 85+	30,692	2.5%	28,756	2.6%	5,962,673	1.8%
Total	1,238,090		1,115,448		331,893,745	

SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

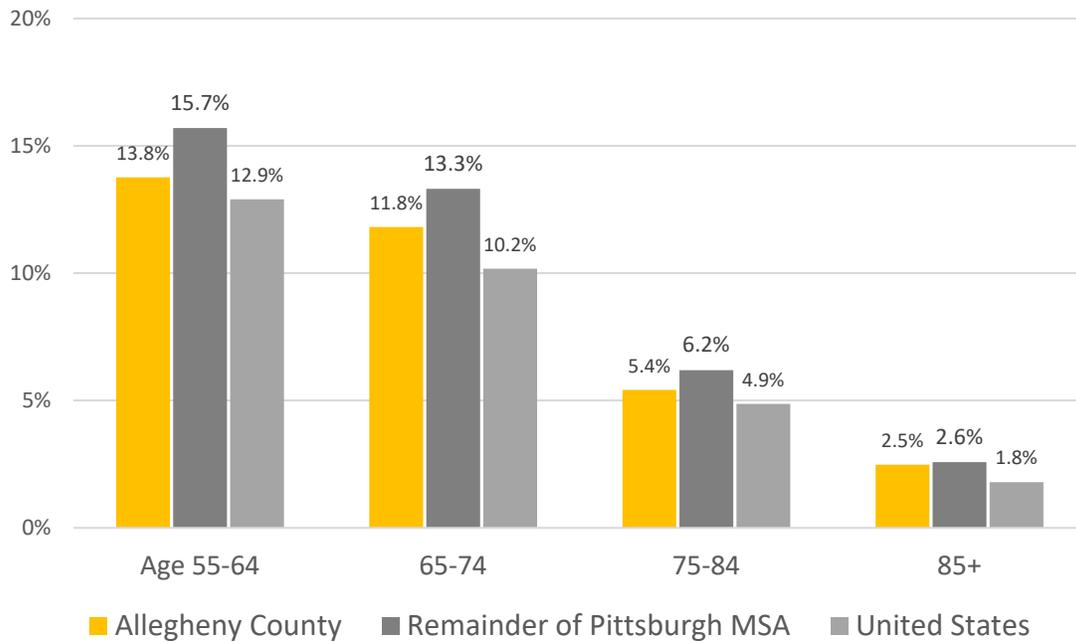
Because of the higher life expectancy of women, the older population in Allegheny County – as is typical across the nation – is disproportionately made up of women. While the population under the age of 55 has a slightly higher proportion of men, 50.5% vs. 49.5% women, the population age 65 and over is made up of over 56% women, and the population age 85 and over is made up of over 69% women.

Table 3 Age and gender of the older population
Allegheny County, 2021

	Men		Women	
	Count	Percentage	Count	Percentage
Under 55	416,252	50.5%	407,473	49.5%
Age 55 to 64	81,869	48.0%	88,522	52.0%
Age 65 and over	105,798	43.4%	138,176	56.6%
Age 65 to 74	68,087	46.5%	78,180	53.5%
Age 75 to 84	28,298	42.2%	38,717	57.8%
Age 85+	9,413	30.7%	21,279	69.3%

SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

Figure 7 Age distribution of the older population
Allegheny County, the remainder of the Pittsburgh MSA, and the United States – 2021



SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

Household Structure and Living Arrangements

In 2021, over 62% of the Allegheny County population age 65 and over lives in a family household, where they are either the householder – defined as the resident primarily responsible for maintaining the housing unit – or living with other family members. In just over half of these family households, the householder themselves is age 65 or over. In other types of family households, older residents are living with other family members or nonrelatives. The proportion of Allegheny County residents age 65 and over living in family households is slightly less than for the remainder of the Pittsburgh MSA (65.5%) and the U.S. (68.0%).

More than a third of Allegheny County residents age 65 and over are living in non-family households, primarily individuals living alone. An estimated 76,751 of Allegheny County residents age 65 and over are living alone. The proportion of older residents living alone in Allegheny County (31.5%) is higher than for the remainder of the Pittsburgh MSA (29.3%) and the U.S. (25.7%).

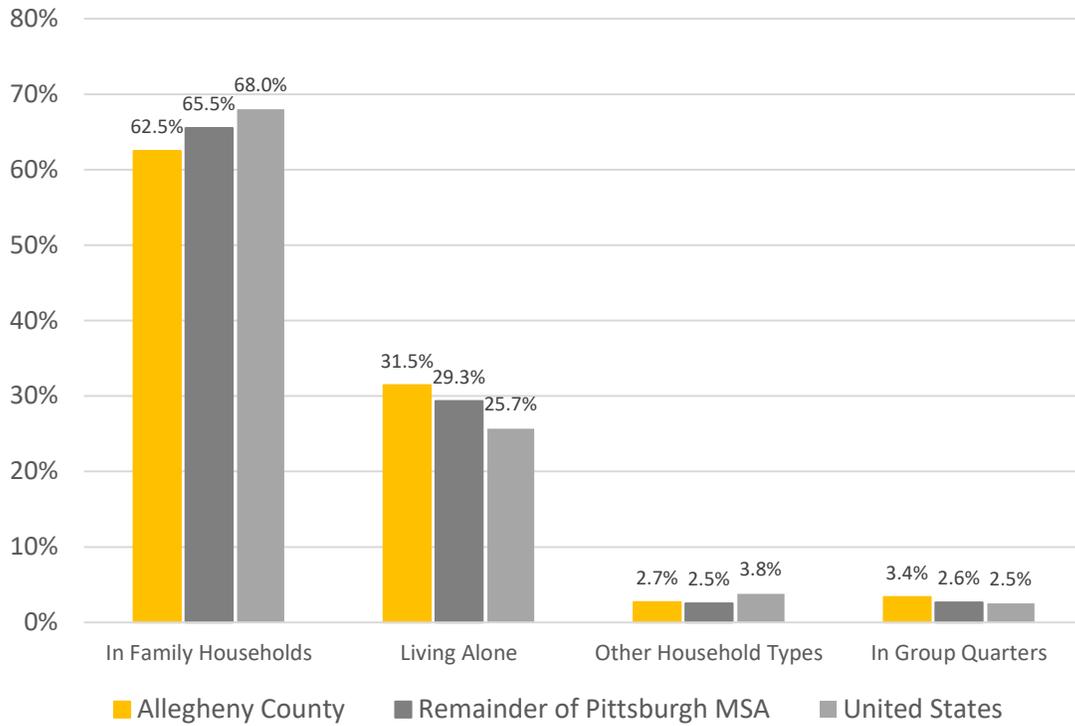
Within Allegheny County, an estimated 8,255 residents (3.4%) of the population age 65 and over are living in group quarters – a higher percentage than in the remainder of Allegheny County (2.6%) and the U.S. (2.5%).

Table 4 Relationship by household type, population age 65 and over
Allegheny County - 2021

	Allegheny County		Remainder of the Pittsburgh MSA		United States	
Total	243,974		246,322		55,892,014	
In Households:	235,719	96.6%	239,823	97.4%	54,480,623	97.5%
In Family Households:	152,422	62.5%	161,385	65.5%	38,001,760	68.0%
Householder	80,053	32.8%	83,365	33.8%	18,813,026	33.7%
Other Relatives	71,782	29.4%	77,393	31.4%	18,839,269	33.7%
Nonrelatives	587	0.2%	627	0.3%	349,465	0.6%
In Nonfamily Households:	83,297	34.1%	78,438	31.8%	16,478,863	29.5%
Householder:	80,147	32.9%	75,024	30.5%	15,469,365	27.7%
Living Alone	76,751	31.5%	72,237	29.3%	14,353,577	25.7%
Not Living Alone	3,396	1.4%	2,787	1.1%	1,115,788	2.0%
Nonrelatives	3,150	1.3%	3,414	1.4%	1,009,498	1.8%
In Group Quarters	8,255	3.4%	6,499	2.6%	1,411,391	2.5%

SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

Figure 8 Living arrangements by selected household type, population age 65 and over Allegheny County, the remainder of the Pittsburgh MSA, and the United States - 2021

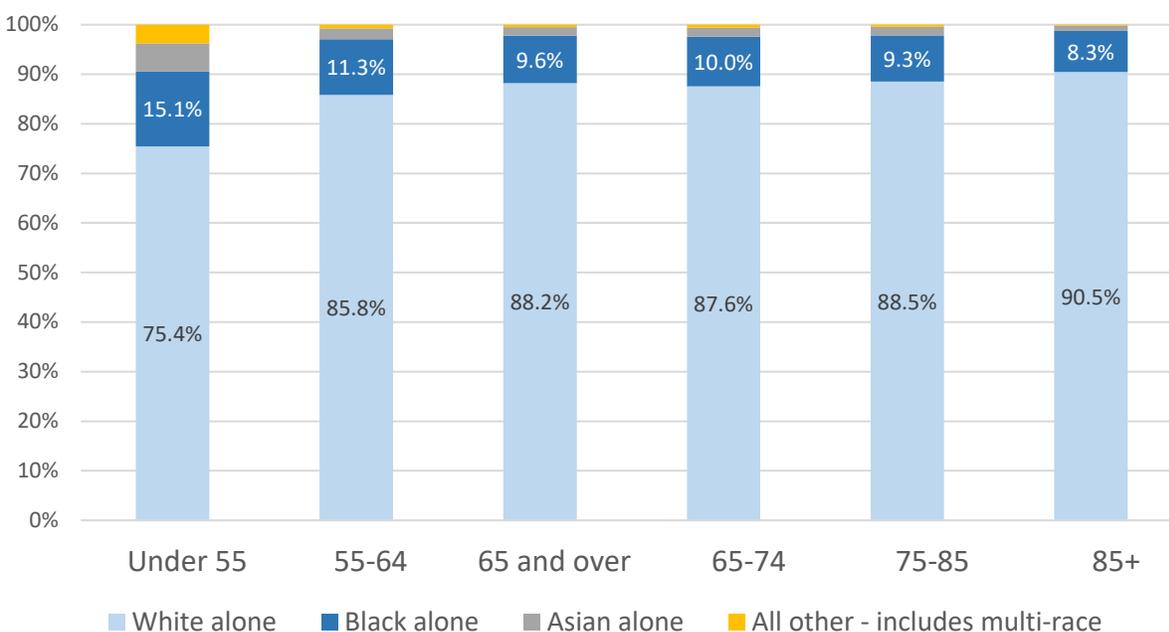


SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

Race and Ethnicity

The racial and ethnic diversity of Allegheny County's older population differs significantly by age. While just over 15% of the population in the county under age 55 is Black alone, the proportion of the population that is Black decreases with age; 11.3% of the county's population age 55-64 is Black alone, and 9.6% of the population aged 65 and over is Black alone. For the oldest residents – those age 85 and over – just 8.3% are Black alone.

Figure 9 Population by age and race
Allegheny County, 2021



CENSUS BUREAU 2021 POPULATION ESTIMATES

Other racial and ethnic groups experience similar declines by age in their proportion of population within Allegheny County. While 5.6% of the county population under age 55 is Asian, just over 1% of the county's population age 85 and over is Asian.

Allegheny County has a relatively small but growing Hispanic or Latino population. Because newer county residents are more likely to be made up of younger individuals and families, the Hispanic population in Allegheny County is relatively young compared to the non-Hispanic population. Over 86% of the county's Hispanic population is under the age of 54, while just 7% are age 55-64, less than half the proportion of the white alone population in the county. Another 7% of the county's Hispanic population is age 65 and over, and most of that population is made up of younger-old age cohorts. Less than half of 1% of the county's Hispanic population is age 85 or over.

Table 5 Population by race and age group
Allegheny County, 2021

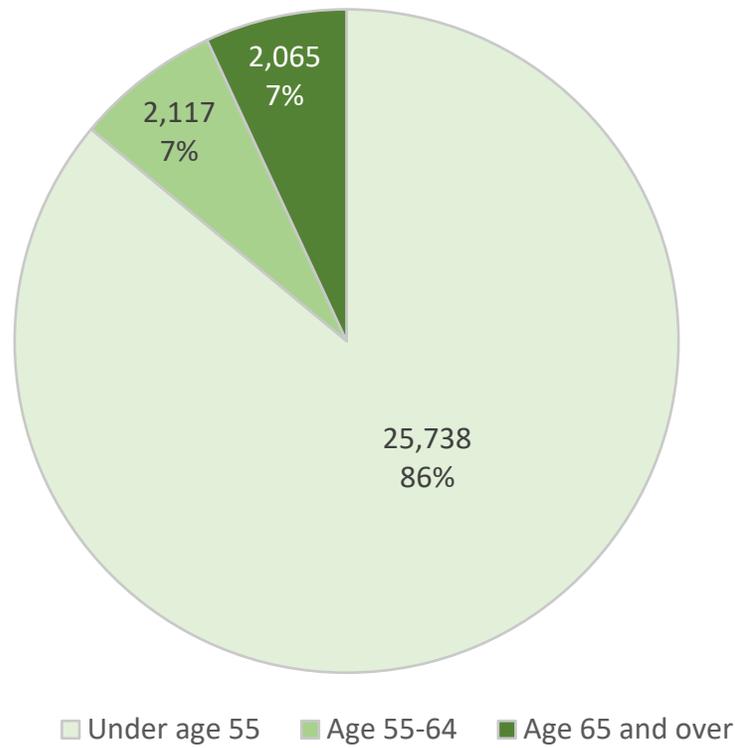
	White alone	Black alone	Asian alone	All other*
Total	982,789	167,278	54,297	33,726
Under 55	621,412	124,673	46,536	31,135
55-64	146,205	19,187	3,664	1,311
65 and over	215,172	23,418	4,097	1,280
65-74	127,789	14,609	2,569	950
75-85	59,727	6,276	1,191	287
85+	27,656	2,533	337	43

	White alone	Black alone	Asian alone	All other*
Total	79.4%	13.5%	4.4%	2.7%
Under 55	75.4%	15.1%	5.6%	3.8%
55-64	85.8%	11.3%	2.2%	0.8%
65 and over	88.2%	9.6%	1.7%	0.5%
65-74	87.6%	10.0%	1.8%	0.7%
75-85	88.5%	9.3%	1.8%	0.4%
85+	90.5%	8.3%	1.1%	0.1%

* ALL OTHER INCLUDES MULTI-RACE

SOURCE: CENSUS BUREAU 2021 POPULATION ESTIMATES

Figure 10 Allegheny County Hispanic population by age group, 2021



SOURCE: CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2021 1-YEAR ESTIMATES

Disability Prevalence

As is typical across the nation, disability rates are significantly higher for older adults in Allegheny County compared to younger age groups. The Census Bureau's American Community Survey (ACS) asks respondents to report whether they experience any of six different types of disability. Over 74,000, or 33.1%, of Allegheny County's population age 65 and over report at least one form of disability.

For the older-old population, disability prevalence continues to increase with just over 47% of the population age 75 and over in Allegheny County reporting some form of disability. Based on these current disability rates, and a baseline population forecast, a projection of future disability rates for the older population of Allegheny County through the year 2050 is presented with the population forecast later in this report.

Disability prevalence continues to increase as age increases. Here the disability prevalence has been estimated for both Allegheny County and the U.S across all ages. Disability rates of Allegheny County residents track closely with patterns for the U.S, with slightly lower rates among younger old age cohorts between age 70-85. For the population age 85 and over, over 60% in both Allegheny County and the U.S. self-reports at least one form of disability.

Across the six types of disabilities, for both Allegheny County and the U.S., older residents are most likely to report having some form of ambulatory difficulty – defined as a serious difficulty with walking or climbing stairs. An estimated 14.7% of Allegheny County residents aged 65-74 self-report having ambulatory difficulties, rising to over 31% of residents age 75 and over.

Census Bureau Disability Definitions

Hearing difficulty: deaf or has serious difficulty hearing

Vision difficulty: blind or has serious difficulty seeing even with glasses

Cognitive difficulty: has serious difficulty concentrating, remembering, or making decisions

Ambulatory difficulty: has serious difficulty walking or climbing stairs

Self-care difficulty: has difficulty dressing or bathing

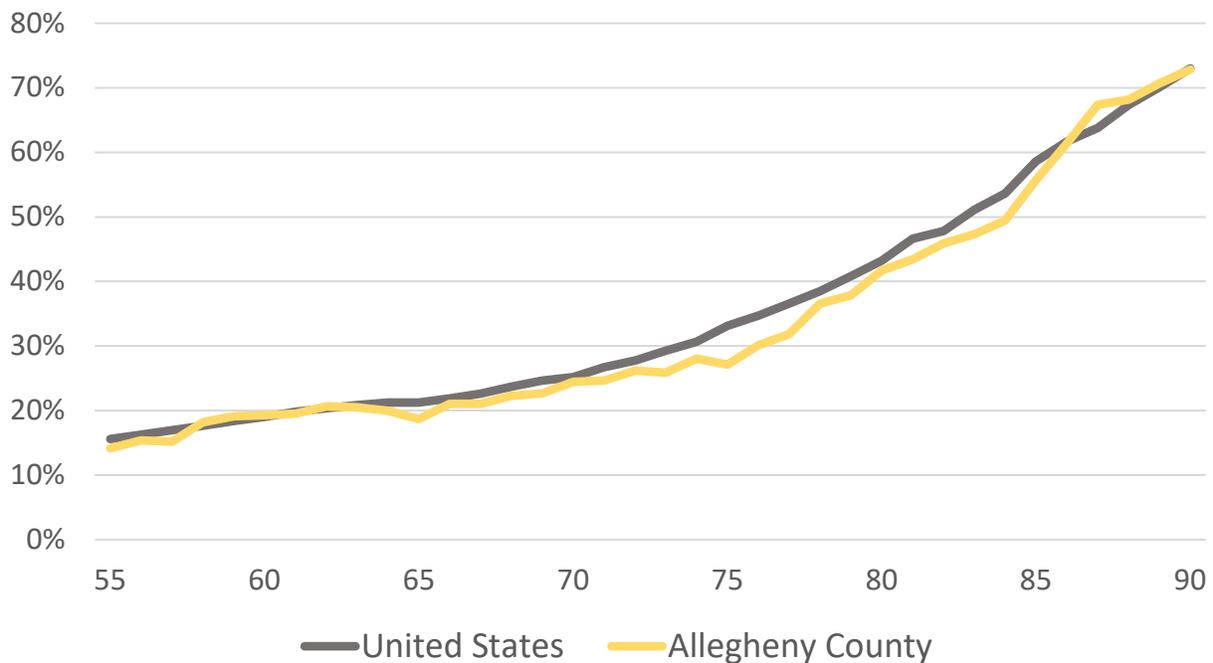
Independent Living difficulty: has difficulty doing errands alone such as visiting a doctor's office or shopping

Table 6 Disability prevalence by age group and gender
Allegheny County (2016-2020)

	United States			Allegheny County		
	Total	With any disability		Total	With any disability	
Male						
Under age 65	134,345,763	12,009,844	8.9%	486,622	45,706	9.4%
Age 65 and over	22,794,526	7,709,828	33.8%	94,861	30,388	32.0%
Age 65-74	14,075,957	3,646,541	25.9%	57,672	13,268	23.0%
Age 75 and over	8,718,569	4,063,287	46.6%	37,189	17,120	46.0%
Female						
Under age 65	136,107,054	11,387,929	8.4%	494,662	43,946	8.9%
Age 65 and over	28,277,698	9,678,860	34.2%	128,827	43,631	33.9%
Age 65-74	16,130,568	3,713,332	23.0%	68,769	14,882	21.6%
Age 75 and over	12,147,130	5,965,528	49.1%	60,058	28,749	47.9%
Total						
Under age 65	270,452,817	23,397,773	8.7%	981,284	89,652	9.1%
Age 65 and over	51,072,224	17,388,688	34.0%	223,688	74,019	33.1%
Age 65-74	30,206,525	7,359,873	24.4%	126,441	28,150	22.3%
Age 75 and over	20,865,699	10,028,815	48.1%	97,247	45,869	47.2%

SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

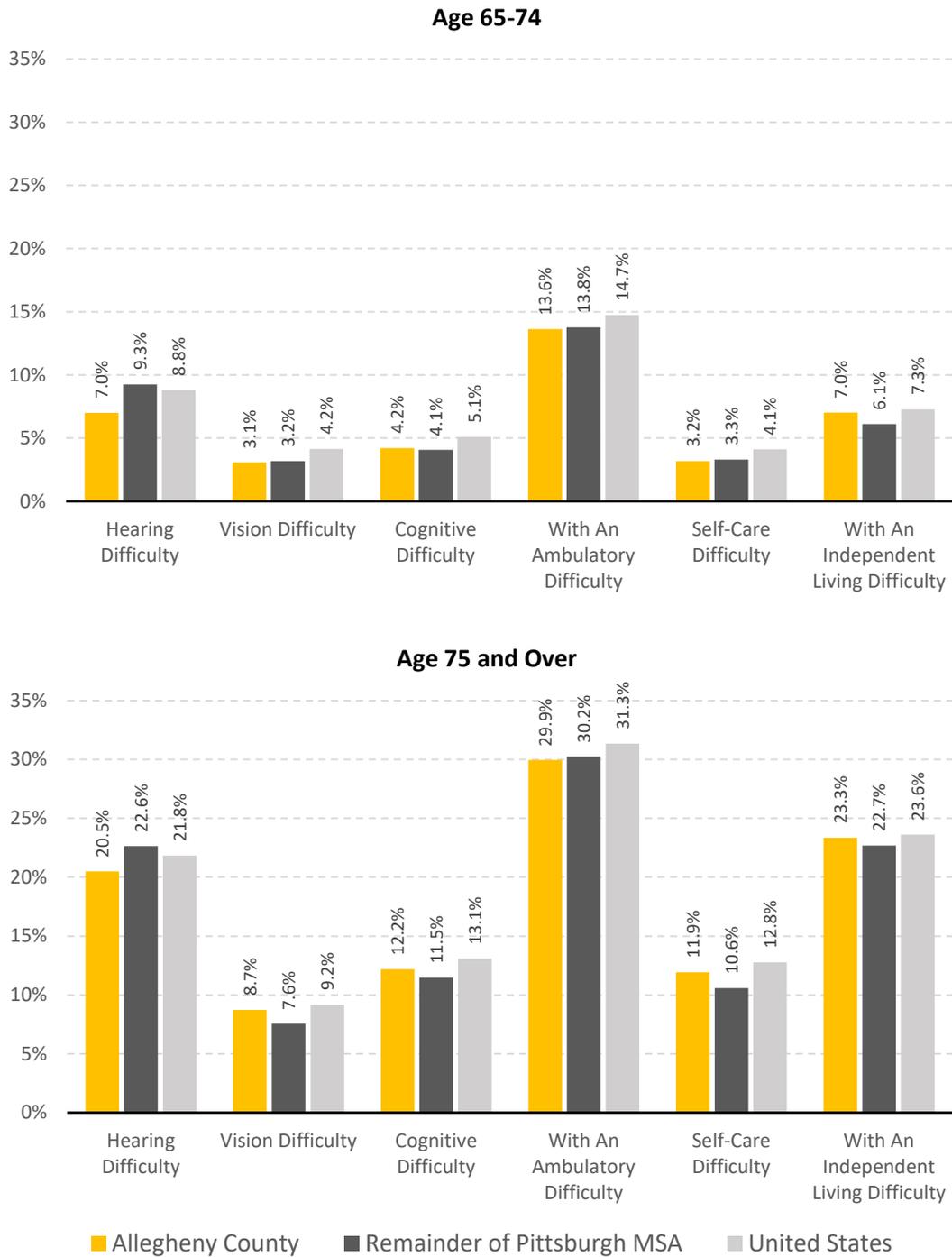
Figure 11 Disability prevalence by age for the older population
Allegheny County, and the United States (2016-2020)



PREVALENCE OF INDIVIDUALS REPORTING ANY CENSUS DISABILITY CATEGORY

SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Figure 12 Disability prevalence by type of disability Allegheny County (2016-2020)



SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

Migration and Residential Mobility

As is typical across the nation, older residents in Allegheny County experience low rates of migration and typically are living in the same communities they have lived in for extended periods of time. Just under 95% of Allegheny County residents age 65 and over live in the same home they were in the previous year. Just over 5% of Allegheny County residents age 65 and over lived in a different house the year prior, but most of those who moved into a new place of residence previously lived elsewhere within the county.

Allegheny County also experiences extremely low levels of in-migration of older adults. Just 0.6% of the county's residents age 65 and over lived elsewhere in Pennsylvania the year prior, and just 0.8% lived outside of Pennsylvania the year prior, including residents who moved into the county from overseas.

Table 7 Place of residence one-year prior for current residents
Allegheny County, remainder of the Pittsburgh MSA, and the United States (2016-2020)

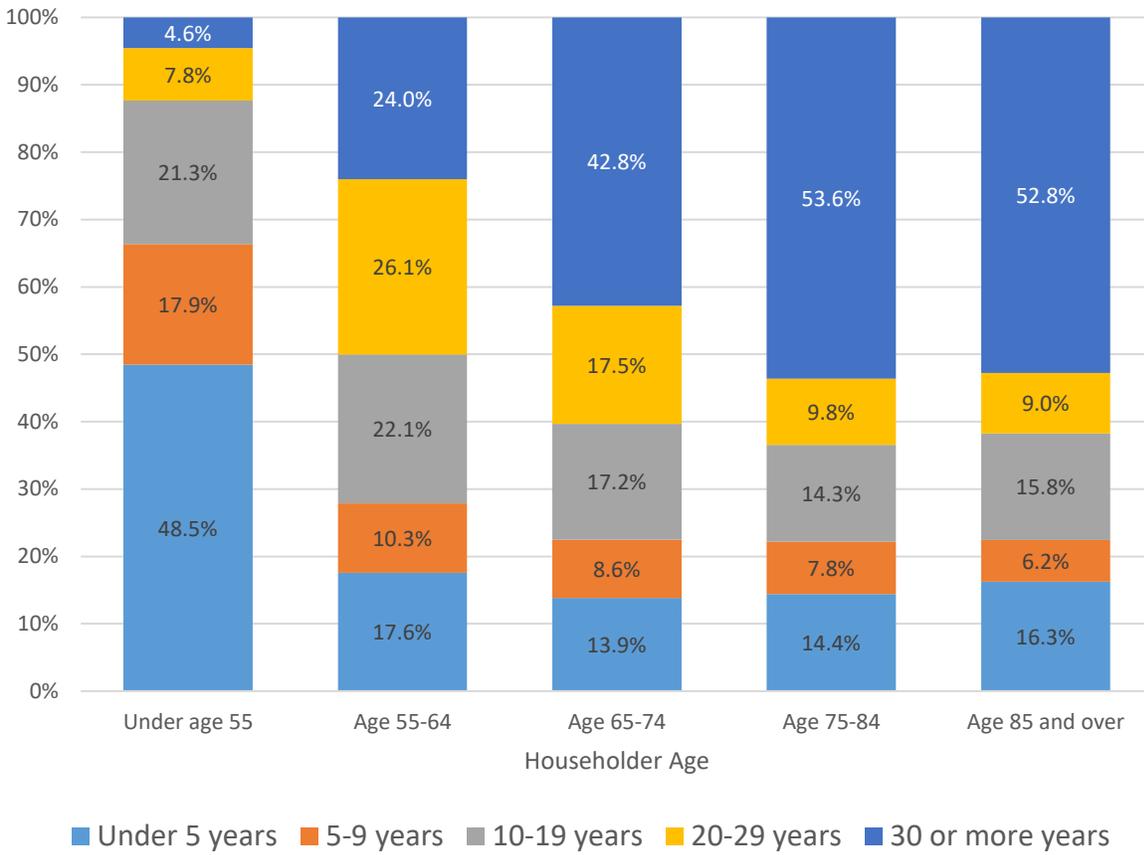
	Allegheny County	Remainder of Pittsburgh MSA	United States
<i>Same house one year prior</i>			
Under Age 55	82.1%	86.9%	83.3%
Age 55-64	93.9%	95.1%	92.4%
Age 65 and over	94.5%	95.1%	93.7%
Age 65-75	95.5%	96.1%	94.0%
Age 75 and over	93.2%	94.0%	93.3%
<i>Moved from elsewhere within same county</i>			
Under Age 55	11.5%	7.4%	9.3%
Age 55-64	4.3%	2.8%	4.2%
Age 65 and over	4.2%	3.2%	3.4%
Age 65-75	3.2%	2.4%	3.1%
Age 75 and over	5.3%	4.2%	3.9%
<i>Moved from another county within same state</i>			
Under Age 55	2.5%	3.9%	3.9%
Age 55-64	0.7%	1.3%	1.7%
Age 65 and over	0.6%	1.1%	1.4%
Age 65-75	0.4%	1.0%	1.3%
Age 75 and over	0.9%	1.2%	1.4%
<i>Moved from outside current state (includes overseas)</i>			
Under Age 55	4.0%	1.8%	3.4%
Age 55-64	1.1%	0.8%	1.7%
Age 65 and over	0.8%	0.6%	1.5%
Age 65-75	0.9%	0.5%	1.6%
Age 75 and over	0.6%	0.6%	1.4%

SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

Older homeowners, particularly 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, just over 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. Over 63% of homeowners age 75-84 have been living in their current place of residence for 20 or more years.

Figure 13 Length of time householder has lived in their current place of residence
Owner-occupied housing units, Allegheny County (2016-2020)



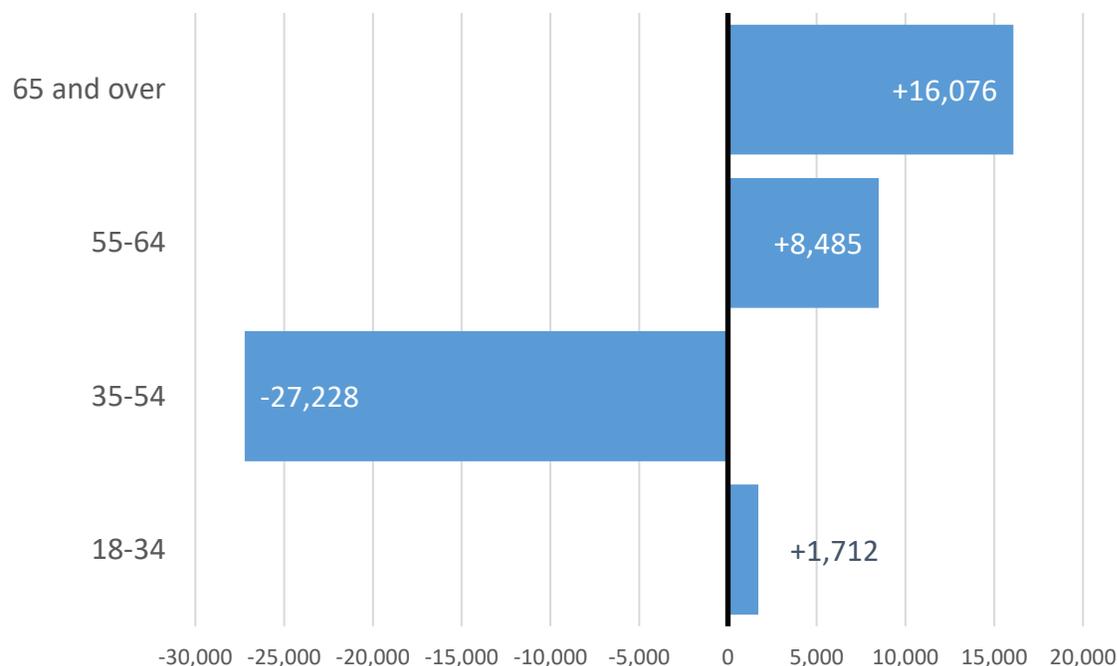
SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Workforce and Economy

Older workers are playing an increasing role in the labor force of southwestern Pennsylvania just as they are across the nation. Nationally, older adults make up the fastest growing segments of the labor force due to the aging of the large Baby Boom era population cohort, along with increasing labor force participation rates for older workers.

Between 2011 and 2021 – a period when the total number of workers employed in Allegheny County remained essentially flat – the number of workers age 65 and over increased by over 16,000, an increase of over 54%. Over this same period, the number of workers age 55-64 increased over 8,000, or 7.7%. The increase in older workers stands in contrast to a decline of over 27,000 workers age 35-54, and only a modest increase (+1,712) of workers age 18-24 over the same period.

Figure 14 Change in number of wage and salary workers by age group Allegheny County, 2011-2021



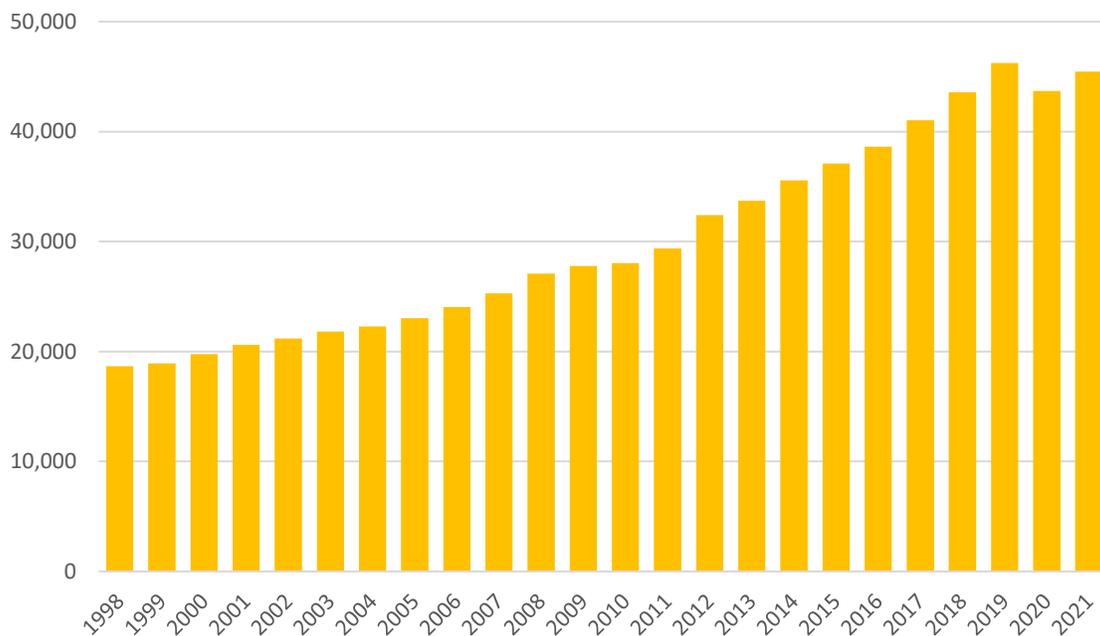
WORKERS BY PLACE OF WORK.

SOURCE: CENSUS BUREAU LEHD, QUARTERLY WORKFORCE INDICATORS (QWI)

The onset of the COVID-19 pandemic in 2020 ended what had been a multi-decade period of annual increases in the number of employed workers age 65 and over. Between 1999 and 2019, the number of older wage and salary workers in Allegheny County increased annually. Health impacts caused by the ongoing COVID-19 pandemic, along with increased levels of retirement from the workforce, are among the reasons that the increase in older workers was arrested in 2020 and only increased modestly in 2021. Ongoing impacts of the COVID-19 pandemic on the workforce are continuing to evolve, and there is already some evidence that older workers have begun to return to the workforce.¹

¹ See UCSUR Pittsburgh Perspectives (online), [How has COVID-19 impacted Pittsburgh's Labor Force?](#) August 29, 2022.

Figure 15 Wage and salary workers age 65 and over Allegheny County, 1998-2021



SOURCE: CENSUS BUREAU LEHD, QUARTERLY WORKFORCE INDICATORS (QWI)

Within Allegheny County, the increasing number of older workers in recent years is mostly the result of increasing labor force participation (LFP) of older workers. LFP has been increasing across all age levels for older workers, but the younger-old population – those age 65-75 – has seen the largest increase over the last decade. As of 2021, the estimated LFP for workers age 65-69 was over 36%, an increase from 26% two decades earlier. LFP declines by age, and only an estimated 9% of workers age 75 and over remain in the workforce as of 2021.²

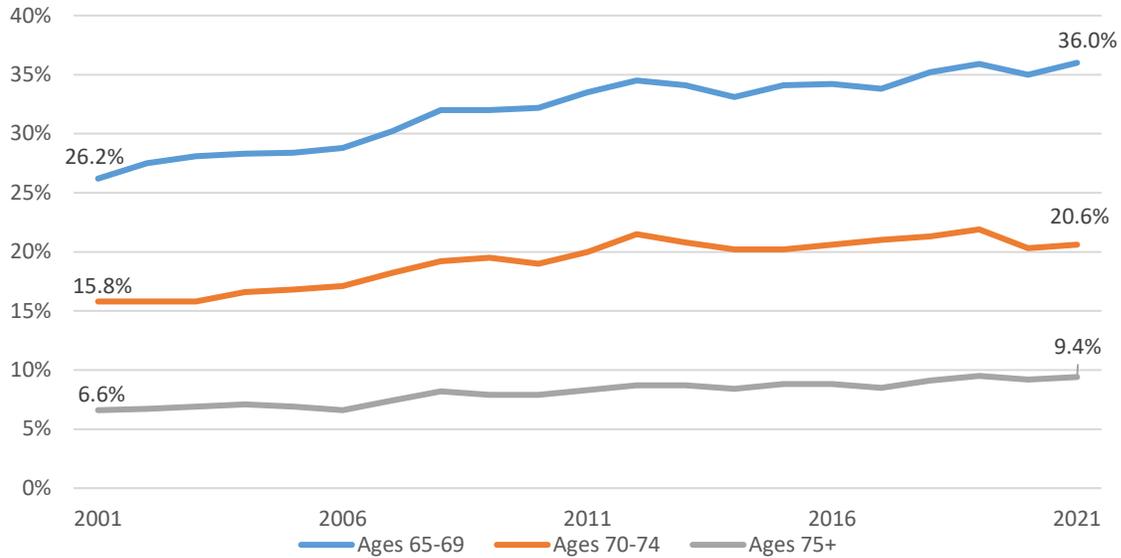
The occupations employing the largest numbers of older workers in Allegheny County generally mirrors the occupational pattern of workers of younger age groups in the Pittsburgh region. The largest proportion of older workers in the county are employed in *Management, Business and Financial* occupations (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 number of workers age 65 and over in the county include *Secretaries and Administrative Assistants*, with just under 3,000 workers, followed by *Registered Nurses* (2,683 workers) and *Retail Salespersons* (2,227 workers).

A projection of the older workforce in Allegheny County through the year 2050 is included in the baseline population projection presented later in this report.

² See Appendix 2 for more on the REMI Model used to estimate current and historical labor force participation levels for Allegheny County.

Figure 16 Labor Force participation by age group - Older Population Allegheny County, 2001-2021



SOURCE: UCSUR, PITTSBURGH REMI MODEL

Table 8 Salary workers age 65 and over by major occupation group Allegheny County (2016-2020)

	Under age 65	Age 65 and over
Arts, Design, Entertainment, Sports, and Media Occupations	2.4%	2.1%
Computer, Engineering, and Science Occupations	8.4%	4.6%
Construction and Extraction Occupations	4.0%	3.1%
Education, Legal, Community Service, Arts, and Media Occupations	10.1%	11.4%
Farming, Fishing, and Forestry Occupations	0.1%	0.0%
Healthcare Practitioners and Technical Occupations	7.3%	8.5%
Healthcare Support Occupations	3.4%	2.7%
Installation, Maintenance, and Repair Occupations	2.2%	2.5%
Management, Business, and Financial Occupations	16.9%	16.2%
Military Specific Occupations	0.1%	NA
Office and Administrative Support Occupations	11.0%	15.3%
Production Occupations	3.4%	3.3%
Sales and Office Occupations	10.0%	11.1%
Other Service Occupations	15.0%	11.9%
Transportation and Material Moving Occupations	5.7%	7.2%

SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Table 9 Detailed occupations with largest number of workers age 65 and over
Allegheny County (2016-2020)

	Number
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	2,985
Registered Nurses	2,683
Retail Salespersons	2,227
Postsecondary Teachers	1,852
Driver/Sales Workers and Truck Drivers	1,754
Other Managers	1,643
Office Clerks, General	1,573
Janitors and Building Cleaners	1,572
Cashiers	1,541
Lawyers, and Judges, Magistrates, and Other Judicial Workers	1,515

SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Income

Allegheny County's older adults receive income from a diverse range of sources. While the vast majority of residents age 65 and over receive income from Social Security payments (88%), over 46% report receiving some other form of retirement income. The proportion of the population receiving wage or salary income tracks with labor force participation for the older population. Over 30% of the population age 65-74 report receiving wage or salary income, but that proportion drops to under 3% for the population age 85 and over. Just over 30% of the population age 65 and over report receiving some income in the form of interest, dividends, or rent, a share that remains relatively constant across older age groups.

Over 6% of Allegheny County residents age 55-64 report receiving some form of self-employment income, a higher percentage than for workers under the age of 55, and workers age 65 and over. Self-employment income for younger-old workers (age 65-74) remains above 5% but drops to under 1% for workers age 85 and over.

Only a small proportion (3.4%) of the population age 65 and over in Allegheny County report receiving income from the Supplemental Security Income (SSI) program. SSI is a needs-based program that provides monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. The proportion of the population receiving SSI is lower than for the population age 65 and over than it is for the population age 55-64, reflecting the minimum eligibility age for regular Social Security payments beginning at age 62.

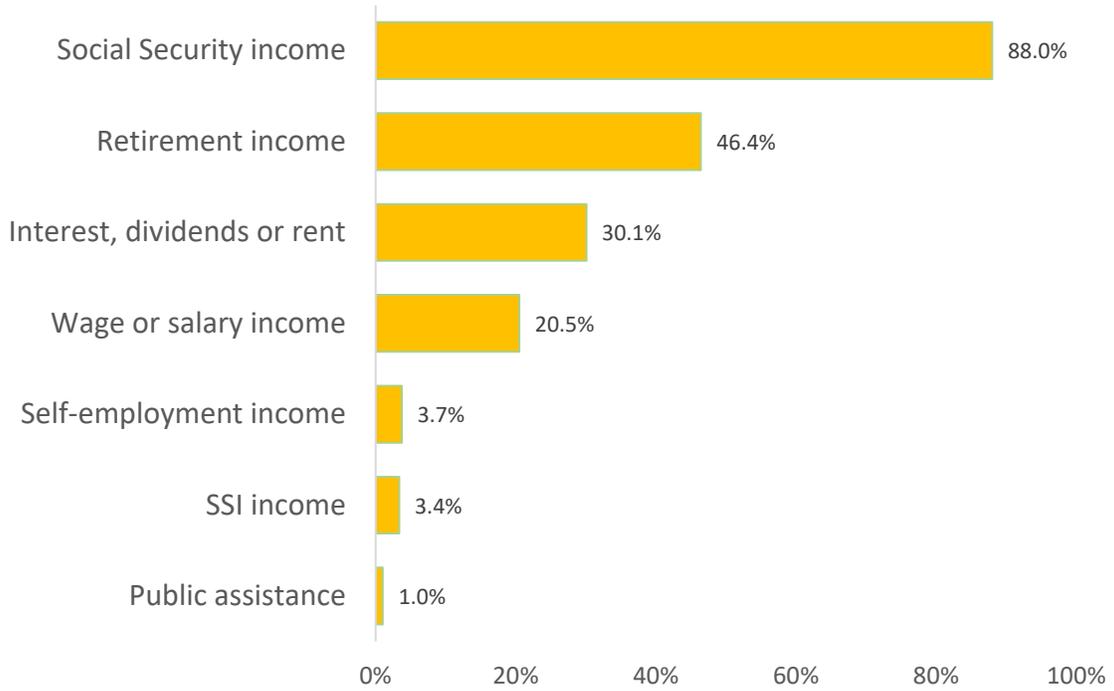
Relatively low proportions of the population report receiving other forms of public assistance. Just under 2% of the Allegheny County population age 55-64, and 1% of the population age 65 and over, report receiving other forms of public assistance income.

Table 10 Percentage of population with specified income sources
Allegheny County (2016-2020)

	Wage or salary income	Social Security income	SSI income	Interest, dividends or rent	Retirement income	Public assistance	Self-employment Income
Under age 55	61.9%	1.7%	1.9%	6.5%	1.3%	1.6%	3.8%
Age 55-64	66.8%	16.6%	5.3%	18.4%	14.5%	1.9%	6.6%
Age 65 and over	20.5%	88.0%	3.4%	30.1%	46.4%	1.0%	3.7%
Age 65-74	30.6%	83.8%	3.4%	28.0%	43.0%	1.1%	5.4%
Age 75-84	10.7%	93.3%	3.4%	32.1%	49.4%	1.0%	2.1%
Age 85 and over	2.7%	93.1%	3.3%	33.7%	53.1%	0.9%	0.7%

SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Figure 17 Percentage of population age 65 and over receiving selected types of income Allegheny County (2016-2020)



SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

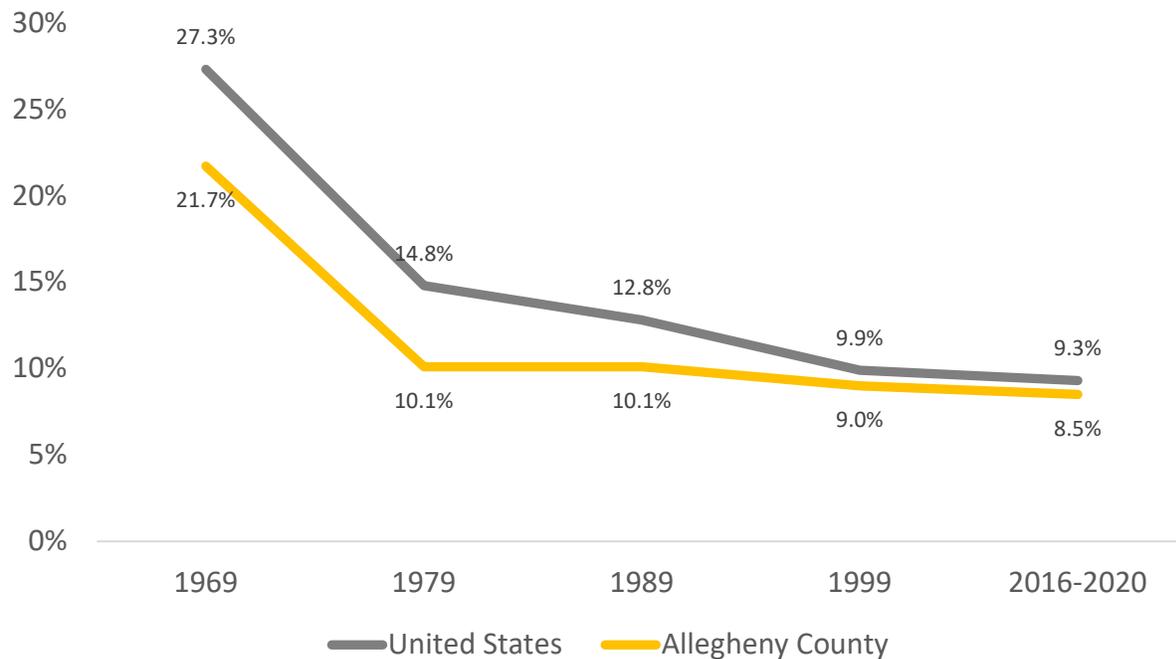
Poverty

Poverty rates are an important measure of economic well-being, and being poor has implications for all other aspects of life. Poverty rates are based on a set of income thresholds that vary for individuals and for families of different sizes based on the number of adults and child dependents and are adjusted annually for inflation using data from the Consumer Price Index (CPI-U).

Over the 2016-2020 period, 8.5% of the Allegheny County population age 65 and over are living in poverty, slightly less than the poverty rate for older adults nationally. Poverty rates for older residents in Allegheny County have generally tracked below comparable rates for the U.S. over the last half-century, but the difference between local and national poverty rates has converged in recent decades.

Within Allegheny County, the poverty rate for the Black alone population age 65 and over is 18.6%, or more than double the comparable rate for the white alone population (7.5%). The poverty rate for Black residents of Allegheny County age 65 and over is higher than comparable rates for the remainder of the Pittsburgh MSA (13.6%), and for the U.S. (16.9%).

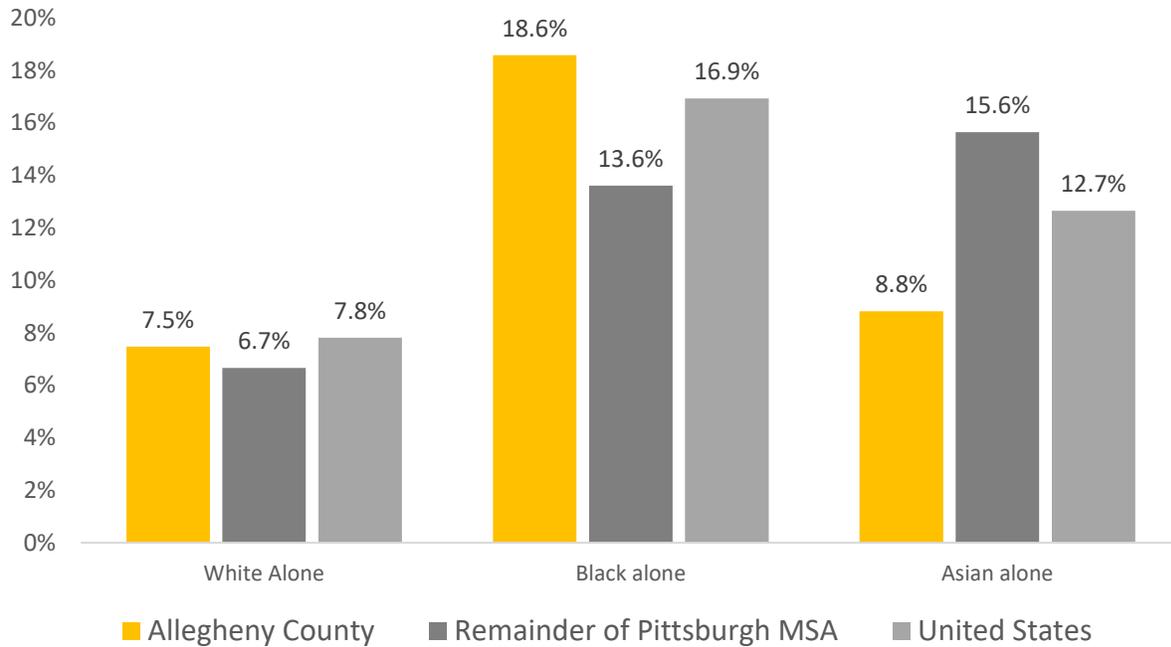
Figure 18 Poverty status of the population age 65 and over since 1969 Allegheny County and the United States



SOURCE: 1969, 1979, 1989 1999 DATA FROM DECENNIAL CENSUS 1970, 1980, 1990, AND 2000, RESPECTIVELY. 2016-2020 DATA FROM U. S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES.

NOTE: POVERTY STATUS IS CALCULATED FOR THE POPULATION FOR WHOM POVERTY STATUS IS DETERMINED. POVERTY THRESHOLDS ARE THE DOLLAR AMOUNTS OF PRE-TAX INCOME USED TO DETERMINE THE POVERTY STATUS OF INDIVIDUALS AND FAMILIES. POVERTY THRESHOLDS ARE SET ANNUALLY AND VARY FOR INDIVIDUALS LIVING ALONE AND FOR FAMILIES OF DIFFERENT SIZES BASED ON NUMBER OF ADULT AND CHILD DEPENDENTS. ALSO, FAMILIES WITH AT LEAST ONE PERSON AGE 65 OR OVER HAVE A MODIFIED POVERTY THRESHOLD. FOR 2021, A SINGLE PERSONAL AGE 65 OR OVER LIVING ALONE IS CONSIDERED LIVING IN POVERTY IF THEIR PRE-TAX INCOME FALLS BELOW \$12,996. FOR A SINGLE PERSON UNDER AGE 65, THE COMPARABLE POVERTY THRESHOLD IS \$14,097.

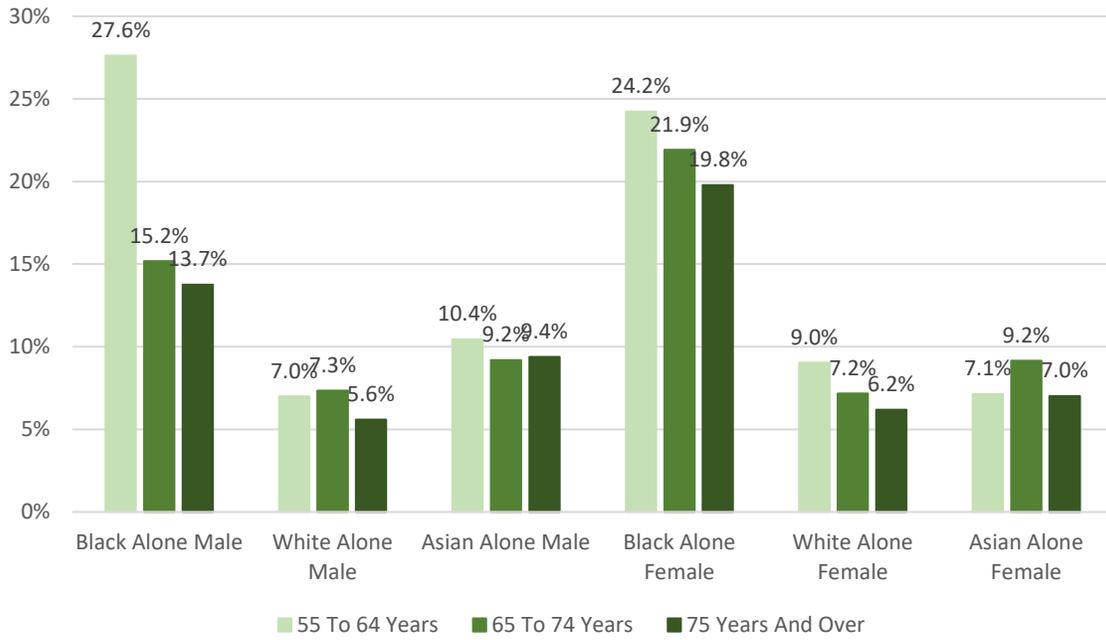
Figure 19 Poverty rates for the population age 65 and over Allegheny County, remainder of the Pittsburgh MSA, and the United States (2016-2020)



SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

Poverty rates by age can vary as individuals reach age 62 due to the beginning of eligibility for Social Security benefits, but these shifts vary significantly by race and gender. The poverty rate for white men living in Allegheny County age 65-74 (7.3%) is only slightly higher than for white population age 55-64 (7.0%). There is a significant decline for the poverty rate for Black men age 55-64 (27.6%) compared to Black men age 65-74 (15.3%). The decline in the poverty rate for Black women is not as steep, declining from 24.2% for those age 55-64 to 21.9% for those age 65-74.

Figure 20 Poverty rates for the older population by age, gender, and race Allegheny County (2016-2020)



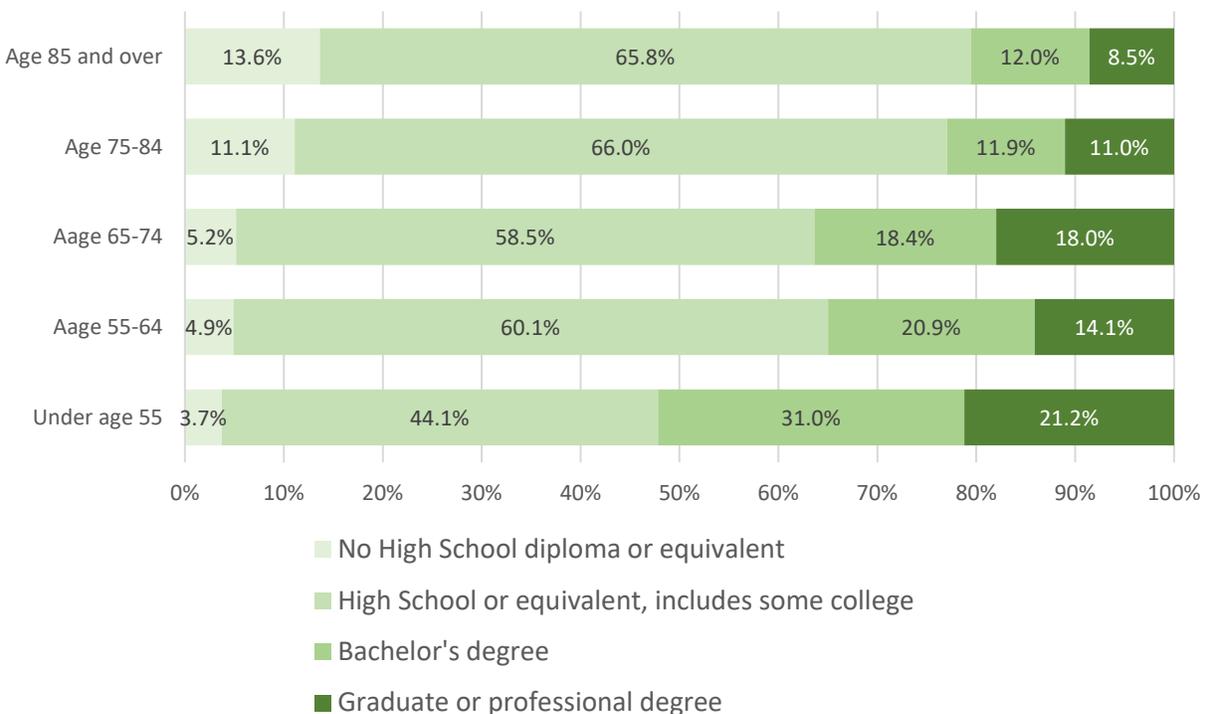
SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) ESTIMATES

Educational Attainment

Educational attainment of the population increased significantly across the 20th Century. As a result, the proportion of adults today who have received high school, bachelor's, or graduate degrees differs markedly between older and younger generations. In Allegheny County today, 8.5% of the population age 85 and over has a graduate or professional degree, compared to over 21% of the adult population under the age of 55. Similarly, 12% of the population age 85 and over have a bachelor's degree, compared to 31% of the population under the age of 55.

Also similar to national patterns, Allegheny County's older population has a higher proportion of individuals who have not received a high school diploma equivalent. For those age 85 and over, 13.6% of the population does not have a high school degree or equivalent, compared to 3.7% of the population age 25-54.

Figure 21 Educational attainment of the older population - Population Age 25 and Over Allegheny County (2016-2020)

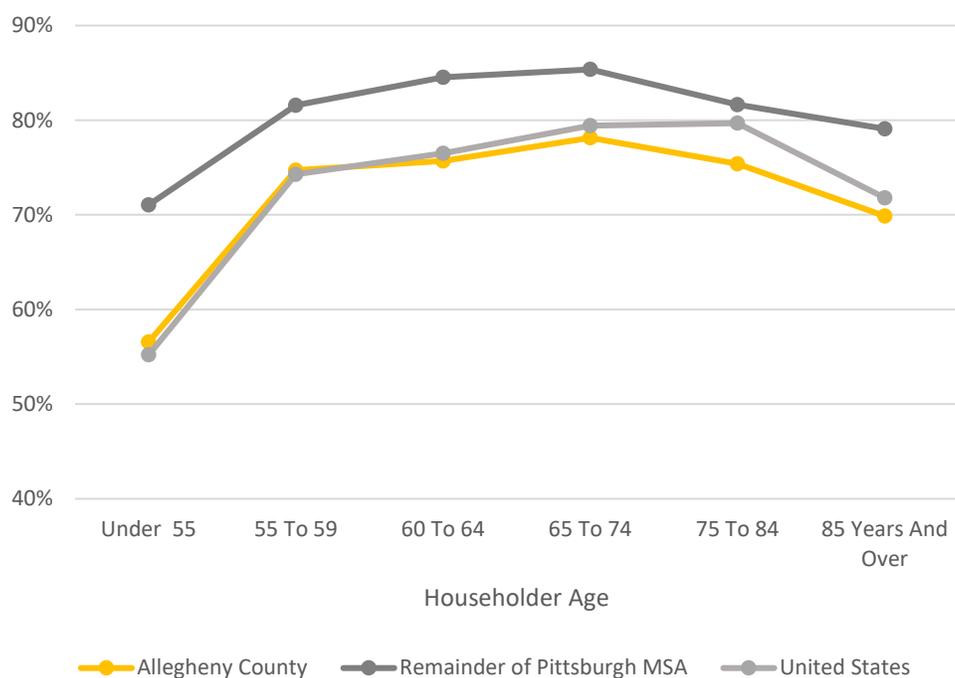


SOURCE: UCSUR/COMPILED FROM AMERICAN COMMUNITY SURVEY 5-YEAR (2016-2020) PUBLIC USE MICRODATA SAMPLE (PUMS)

Housing

Homeownership typically increases with age and likewise older householders in Allegheny County are far more likely to own their current homes compared to younger residents. The younger-old population are most likely to be living in owner-occupied housing, with over 78% of Allegheny County householders age 65-74 currently living in homes they own.

Figure 22 Percent of occupied housing units that are owner-occupied by householder age Allegheny County, remainder of the Pittsburgh MSA, and the United States, 2021



SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR (2021) ESTIMATES

Table 11 Percent of occupied housing units that are owner-occupied by age group Allegheny County, remainder of the Pittsburgh MSA, and the United States, 2021

	Allegheny County	Remainder of Pittsburgh MSA	United States
Householder under age 55	56.6%	71.1%	55.2%
Householder age 55-59	74.7%	81.6%	74.3%
Householder age 60-64	75.7%	84.5%	76.5%
Householder age 65-74	78.1%	85.4%	79.4%
Householder age 75-84	75.4%	81.6%	79.7%
Householder age 85 and over	69.9%	79.1%	71.8%

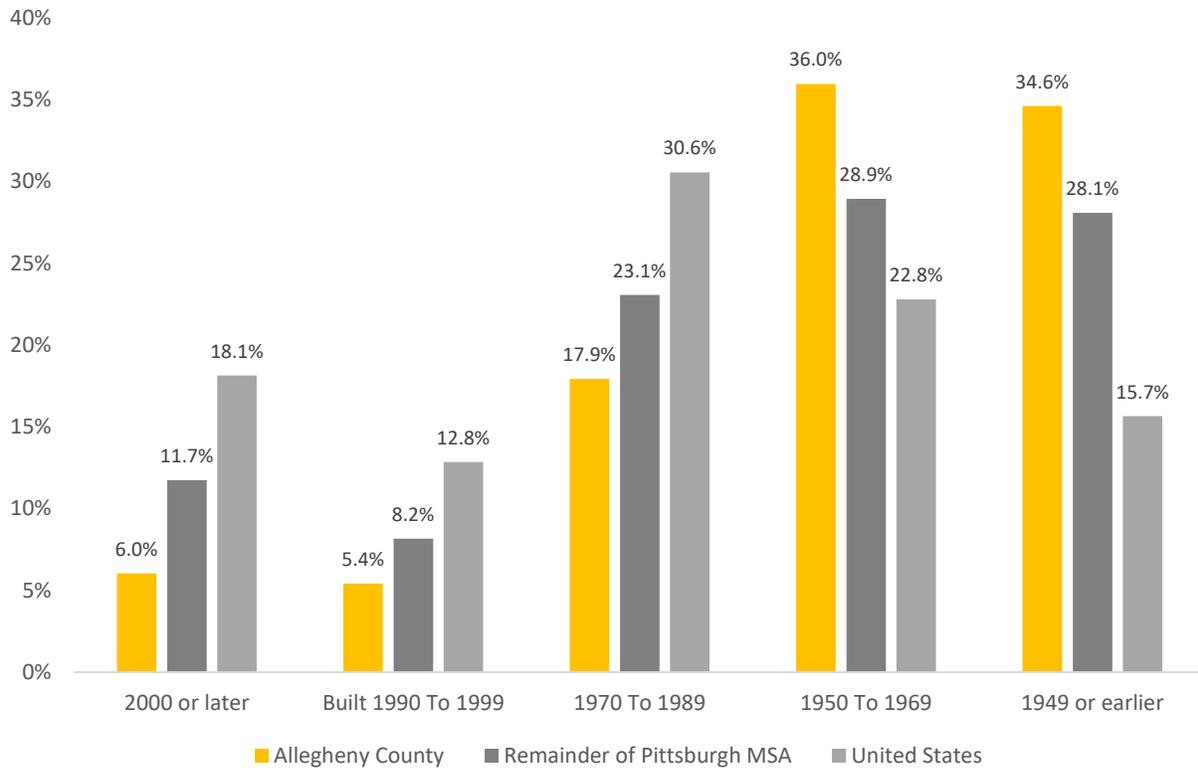
SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR (2021) ESTIMATES

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 U.S. Among Allegheny County householders age 65 and over who own their homes, over 34% live in homes that were built prior to 1950, or over seven decades ago – compared to under 16% of older householders nationally. Over 70% of older Allegheny County householders live in homes that were built prior to 1970, or over 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 MSA (11.7%), and less than one third of what is typical elsewhere in the nation (18.1%).

Figure 23 Year structure built of owner-occupied housing, householders age 65 and over Allegheny County, remainder of the Pittsburgh MSA, and the United States, 2021

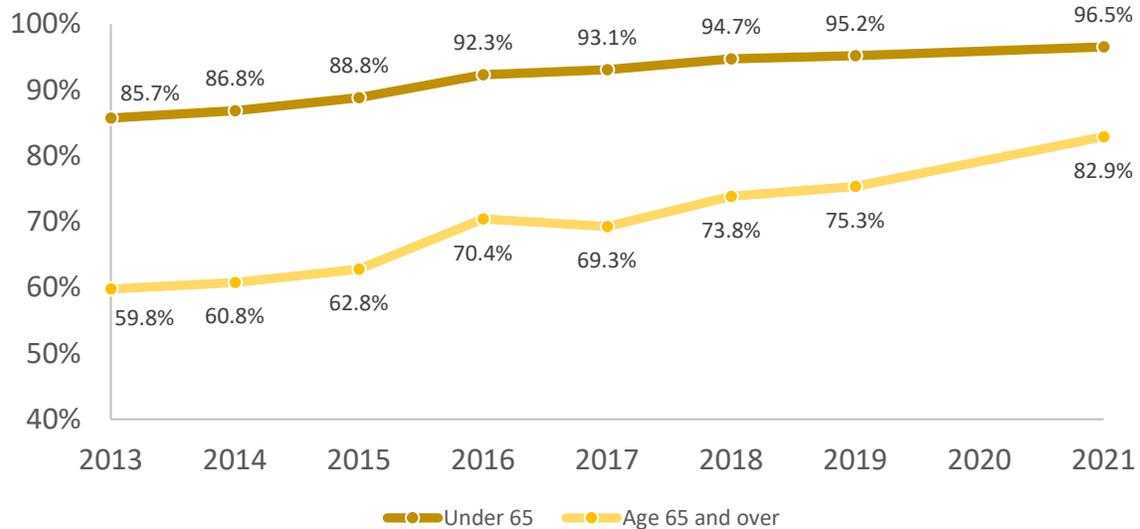


SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR (2021) ESTIMATES

Computer and Internet Access

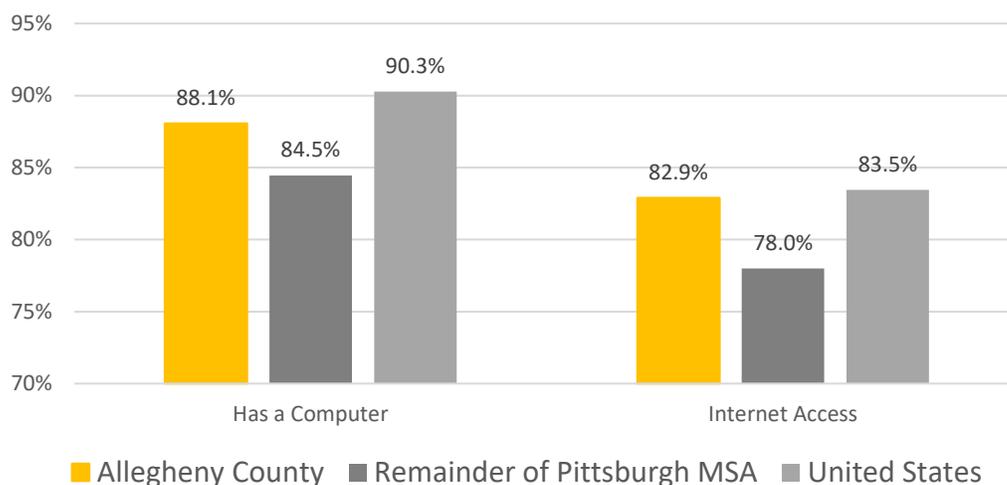
Allegheny County’s older residents report relatively high and increasing rates of Internet access in their homes. As of 2021, just under 83% of County residents age 65 and over live in households with some form of Internet access, an increase from 59% in 2013. Though the rates of household internet access for the population age 65 and over remain lower than for the younger population within the County, the gap in internet access between younger and older residents has been declining.

Figure 24 Internet access within households by age group
Allegheny County residents, 2013-2021



SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES. NOTE THE CENSUS BUREAU DID NOT PRODUCE 2020 1-YEAR ACS ESTIMATES.

Figure 25 Computer and internet access within households for the population age 65 and over
Allegheny County, remainder of the Pittsburgh MSA, and the United States, 2021



SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES. NOTE THE CENSUS BUREAU DID NOT PRODUCE 2020 1-YEAR ACS ESTIMATES.

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 over 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 under 63% of grandparents living with grandchildren in Allegheny County are over the age of 60.

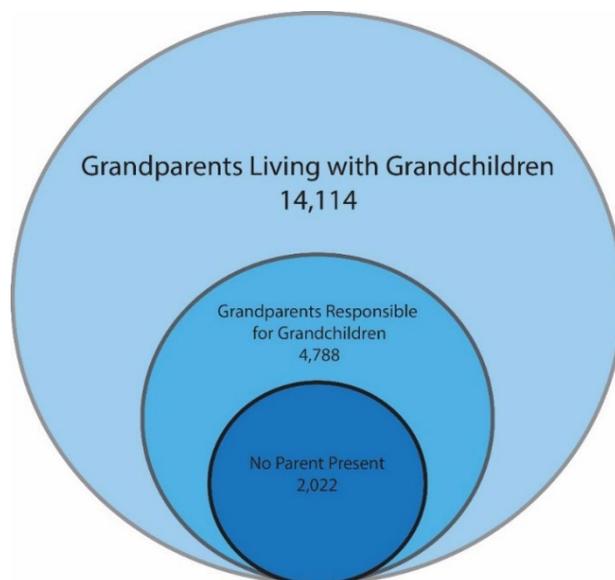
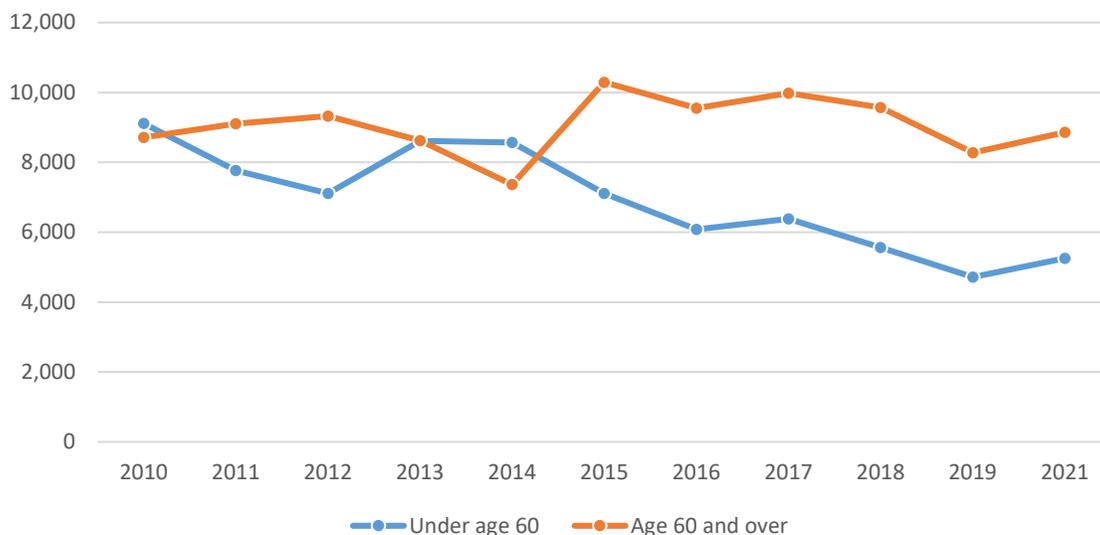


Figure 26 Grandparents living with grandchildren Allegheny County -2021

Figure 27 Grandparents living with grandchildren by age group Allegheny County, 2010-2021



SOURCE: AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES. NOTE THE CENSUS BUREAU DID NOT PRODUCE 2020 1-YEAR ACS ESTIMATES.

DETAILED SURVEY FINDINGS

This section presents detailed survey findings by key topic area, including comparisons to Pennsylvania and the United States as a whole where available and appropriate, comparisons to 2014 data where survey questions were repeated, and a summary overall outlook and policy implications section. Before detailed findings are presented, we provide a brief description of survey methods. More detail on survey methods can be found in the Appendix.

Brief Survey Methods

UCSUR conducted the 2021 / 2022 Survey of Older Adults in Allegheny County between November 2021 and May 2022. The target population for the survey was non-institutionalized English-speaking adults age 55 and older living in Allegheny County. A total of 1,299 adults age 55 and older in Allegheny 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. Thus, we have representation from four age cohorts. We surveyed 71 adults age 55-57, who represent “generation X”; 884 adults age 58-75, the “baby boomers”; 332 adults age 76-93, the “silent generation”; and 9 age 94-97, surviving members of the “greatest generation”. Table 1 shows survey sample socio-demographic characteristics, including unweighted sample sizes and percentages, and weighted percentages. The survey sample over-represented females, those over 65, the Black population, those with higher education levels, and those not currently employed.

Table 12 Survey sample demographics, unweighted and weighted

Demographic	Unweighted Sample Size	Unweighted %	Weighted %
Sex			
Male	464	35.7	44.5
Female	835	64.3	55.5
Age			
55-64	324	25.0	43.2
65-74	571	44.1	31.6
75 or older	401	30.9	25.2
Race			
Black	247	19.0	13.3
Non-Black	1052	81.0	86.7
Education			
High school graduate or less	254	19.6	42.6
Some college	449	34.6	25.2
Bachelor's degree or more	595	45.8	32.2
Annual Income			

\$24,999 or less	218	18.9	22.0
\$25,000 - \$49,999	303	26.2	24.2
\$50,000 - \$74,999	243	21.0	21.1
\$75,000 - \$99,999	162	14.0	12.6
\$100,000 or more	229	19.8	20.2
Employment Status			
Currently employed	363	28.0	33.7
Not currently employed	935	72.0	66.3

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 socio-demographic 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). In addition, survey variables are examined by whether the older adult lives alone, disability status, and family caregiving status. We also focus on sub-groups most at risk (i.e., scoring significantly higher / lower) on key survey indicators as a way to potentially target policy and interventions. Many of the key variables are individual survey items. Others are multi-item scales or indicators derived by combining individual items. These scales are described in the relevant sections of the report. Where available and informative, we also compare older adults in Allegheny County with those from Pennsylvania and / or the U.S. Where questions were repeated from 2014, we examine changes over time in the overall sample and, separately, for the Black and non-Black populations.

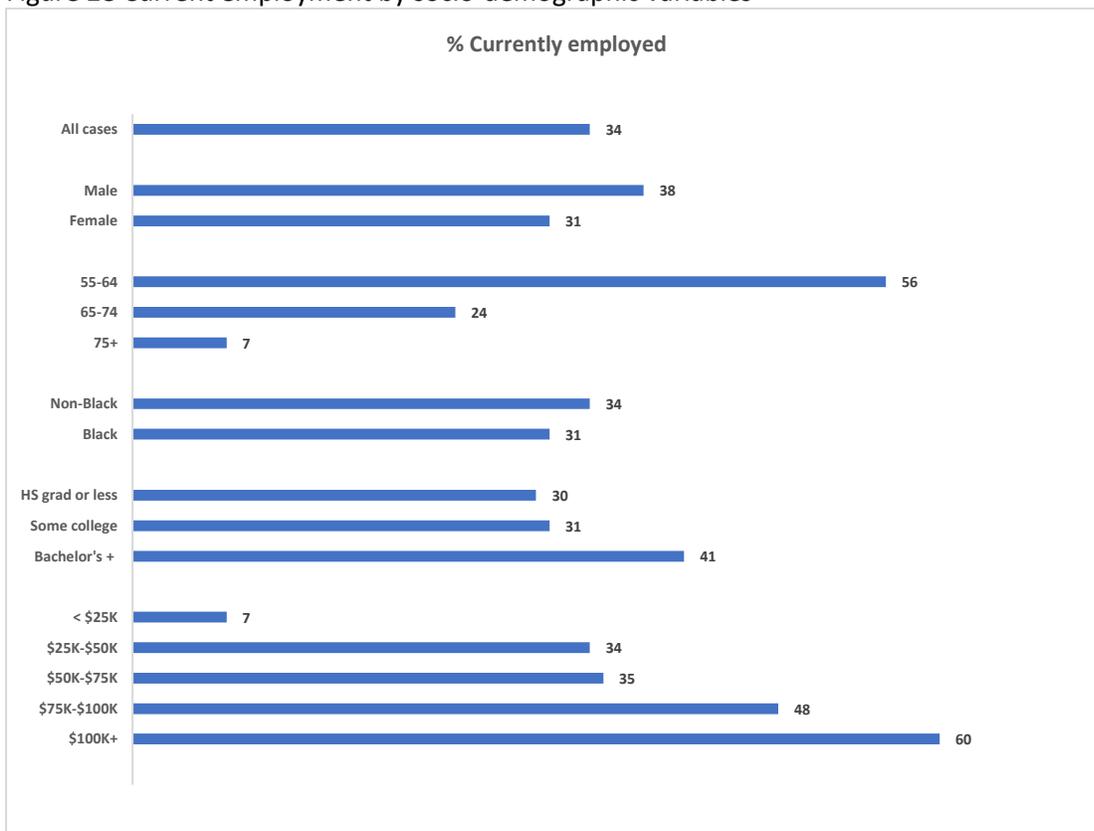
Given their importance as sub-groups in this project, there are expanded analyses of the older adults with disability and family caregiver populations. In addition to providing more in-depth analyses, these sections provide overviews of where the disabled and family caregivers differ significantly (i.e., stand out) from the non-disabled and non-caregivers. In addition, disabled and family caregiver sub-groups most at risk for negative outcomes are identified. 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 [BRFSS] 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 non-relatives.

Work / Labor Force

This section examines labor force participation, employment status, dates of actual and planned retirement, and satisfaction with retirement. Comparison data for the U.S. as a whole are presented from the 2022 *Retirement Confidence Survey* conducted by the Employee Benefit Research Institute (EBRI). See earlier section of this report for additional detail on the labor force participation, income, and poverty among older adults in Allegheny County. Key findings are presented next.

- 34% of respondents are currently employed; 53% are retired; 10% are disabled and unable to work
- Those with the highest income and age 55-64 are most likely to be employed

Figure 28 Current employment by socio-demographic variables*



* All figures present data for the population age 55 and older in Allegheny County unless otherwise noted. See Appendix for detailed age breakdowns (including age 65 and older) on all key survey indicators.

- Those with the lowest income and the Black population are most likely to be disabled and unable to work
- The median age of retirement among those already retired is 62 (the same as in the U.S. as a whole)
- The median age of expected retirement among current workers is 66 (vs. 65 in the U.S.)
- Nearly half of those who are retired did so earlier than planned (48% vs. 47% in U.S.), while 48% retired about when planned (vs. 46% in U.S.); Only 4% retired later than planned (vs. 7% in U.S.)

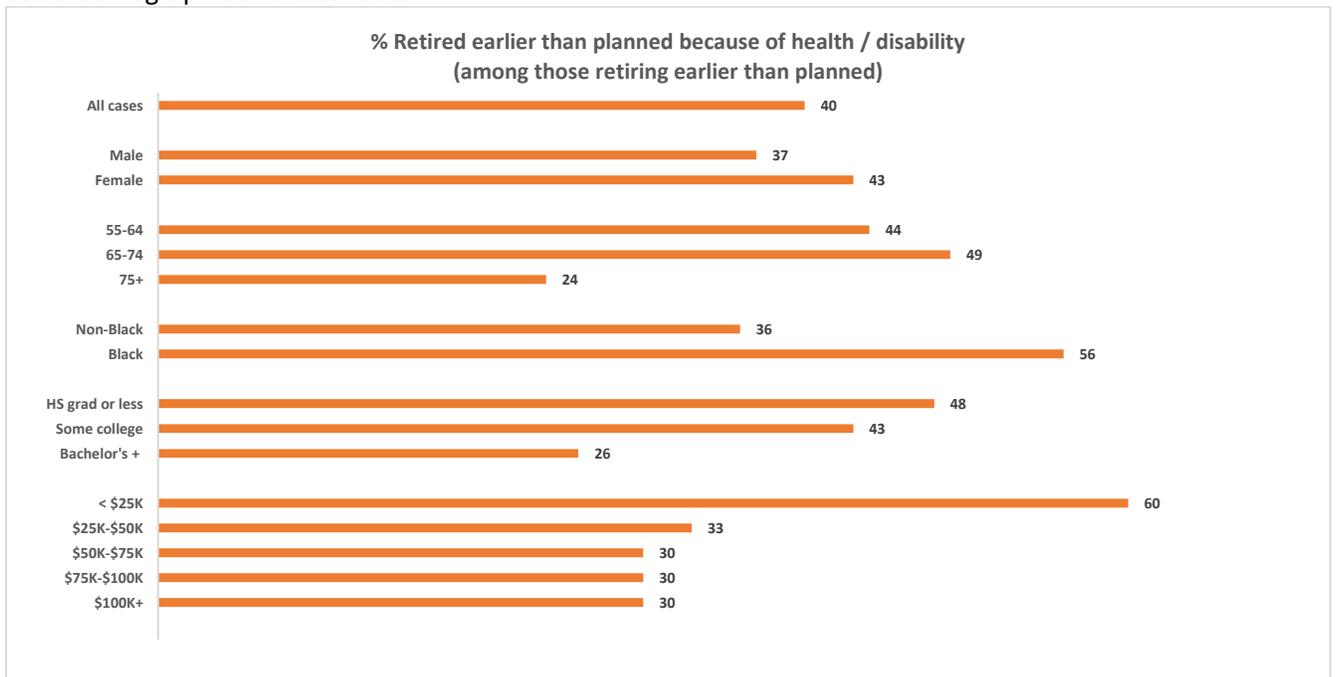
Table 13 Comparison of retirement-related statistics between Allegheny County and the U.S.

	Allegheny County	U.S.
Expected retirement age (median; among current workers)	66	65
Age retired (median; among retirees)	62	62
Retired earlier than planned (percent; among retirees)	48	47

Source for U.S.: 2022 Retirement Confidence Survey (Employee Benefit Research Institute)

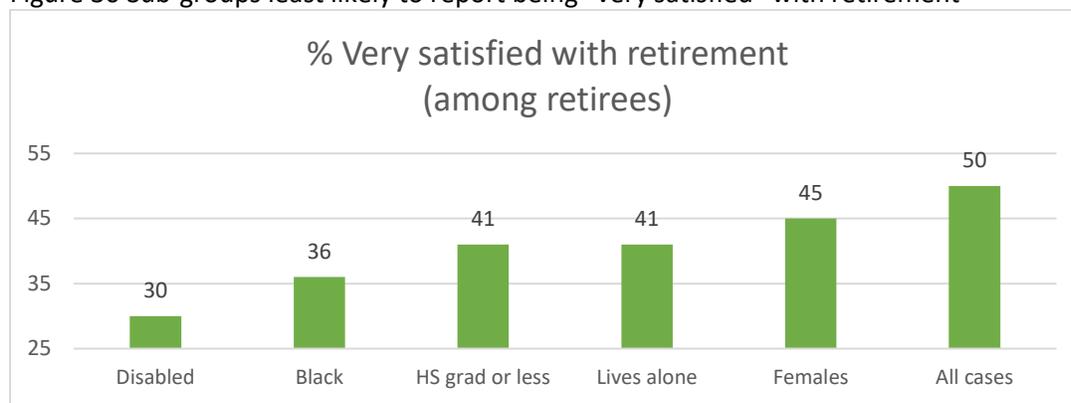
- The Black population, those with the lowest incomes, and the disabled were more likely to have retired earlier than planned
- The same sub-groups (Black, those with the lowest incomes, and the disabled) were more likely to have retired early due to poor health and disability

Figure 29 Percentage of retirees reporting retirement earlier than planned due to health / disability by socio-demographic characteristics



- Among family caregivers, 23% retired earlier than planned to take care of a family member
- Among those retired, about half say that all in all retirement has turned out to be “very satisfying,” with another 43% saying “moderately satisfying”
- Only 30% of disabled and 36% of the Black population reported that retirement is “very satisfying”; those with lower education and those who live alone were also less likely to report retirement as “very satisfying”

Figure 30 Sub-groups least likely to report being “very satisfied” with retirement



Outlook and Policy Implications

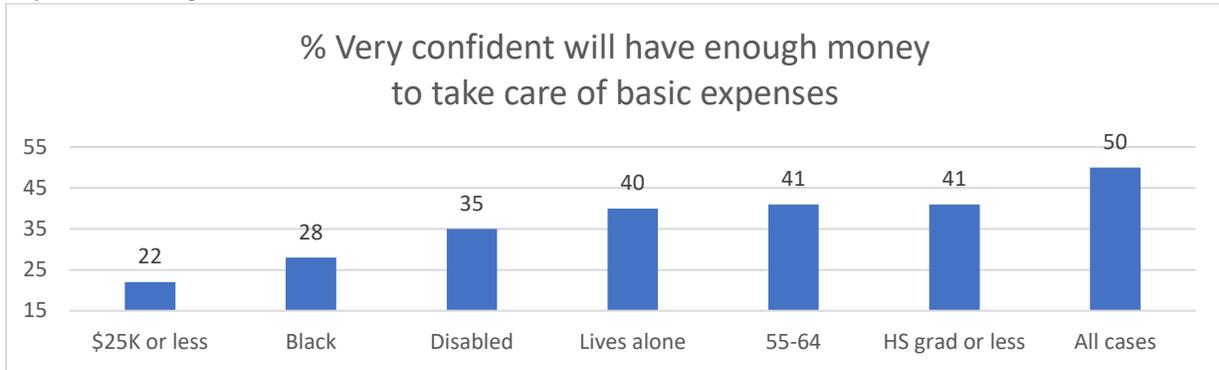
Retiring earlier than planned was relatively common among both older adults in Allegheny County and in the United States. For some vulnerable populations, including low-income adults and the Black population, a majority of this early retirement was driven by poor health and disability status. Low-income individuals and the Black population were also the most likely to have a disability and be unable to work. Workplace health and employment support interventions should consider targeting these populations for support. Additionally, nearly 1 in 4 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 / Financial Difficulties

This section examines older adults' confidence that they have done a good job preparing financially for retirement, and whether they will have enough money to live comfortably and to cover basic and other medical expenses during retirement. It also focuses on current difficulties paying for basic expenses, and whether the older adult has difficulty handling bills and banking without assistance from others. Difficulty paying for basic expenses is an indicator variable set to “yes” if the respondent reports “sometimes,” “often” or “always” having difficulty paying for rent / mortgage, food, or utilities. As above, national comparison data from the EBRI survey is used.

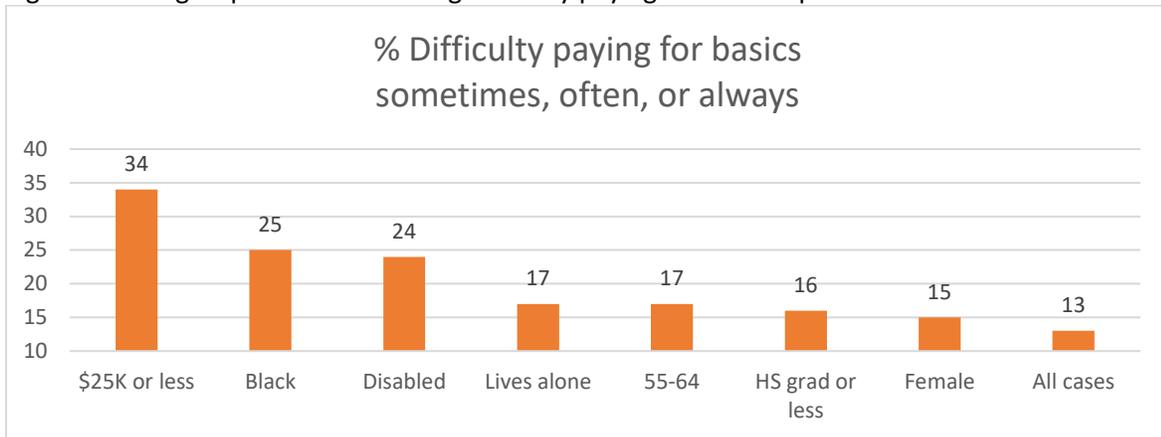
- In terms of confidence in having enough money to meet expenses during retirement, older adults in Allegheny County were most confident about covering basic expenses (50% very confident; 57% among those already retired)
- Fewer were very confident about having enough money for medical expenses (37% very confident; 45% among the retired); home health care (28%; 31%); and long-term care (20%; 24%)
- Those with the lowest income, the Black population, and the disabled were less confident about having enough money for basic expenses during retirement

Figure 31 Sub-groups least likely to report being “very confident” about having enough money for basic expenses during retirement



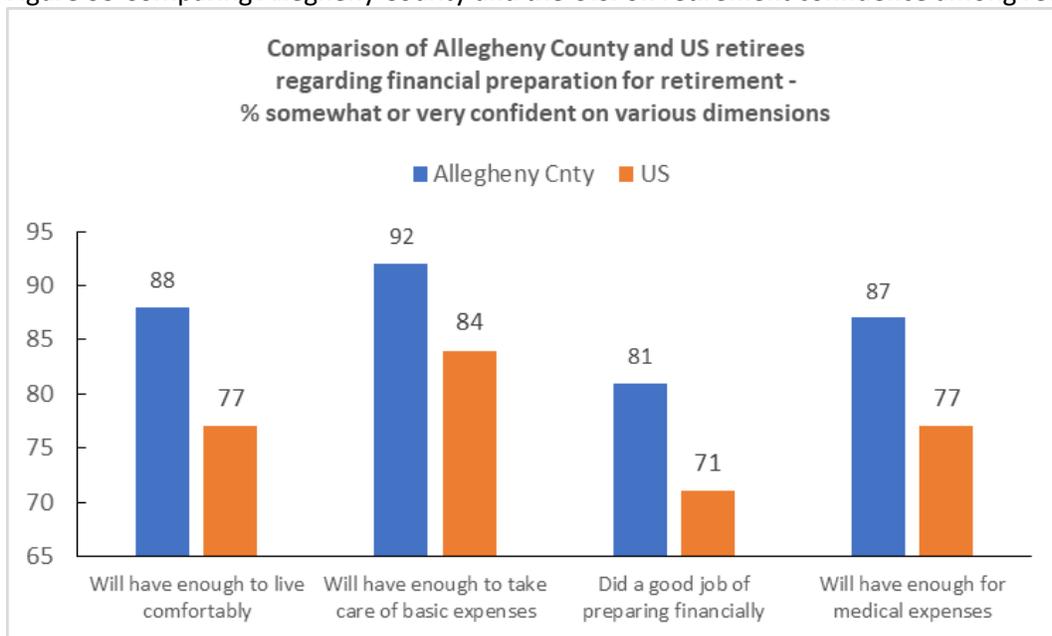
- Older adults age 55-64 were least confident about having enough money for medical expenses during retirement
- Those with incomes between \$25K and \$50K were least confident about having enough money for home health care during retirement
- Those with the lowest income, the Black population, and the disabled reported greater difficulties currently paying for basic expenses (rent, food, utilities)

Figure 32 Sub-groups at risk for having difficulty paying for basic expenses



- Compared to retirees in the U.S. as a whole, Allegheny County retirees are more confident about living comfortably, having done a good job preparing for retirement, and taking care of basic and medical expenses

Figure 33 Comparing Allegheny County and the U.S. on retirement confidence among retirees



Outlook and Policy Implications

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 reflects 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 level to meet these needs are essential.

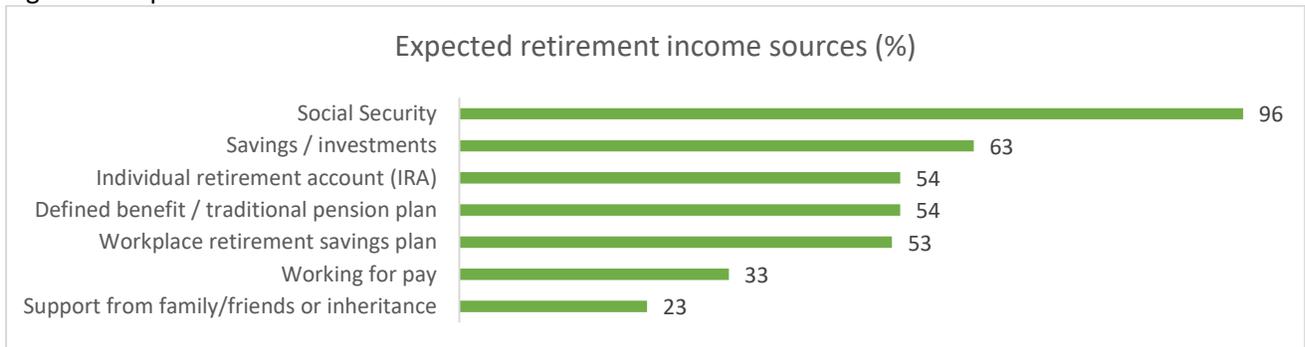
The subgroups reporting the greatest difficulty covering basic expenses, including low-income adults, the Black population, and individuals with disabilities, are also the most concerned about paying for expenses post-retirement. Interventions and supports that set up successful retirement may need to target vulnerable populations pre-retirement.

Income Sources

This section examines expected income sources for retirement.

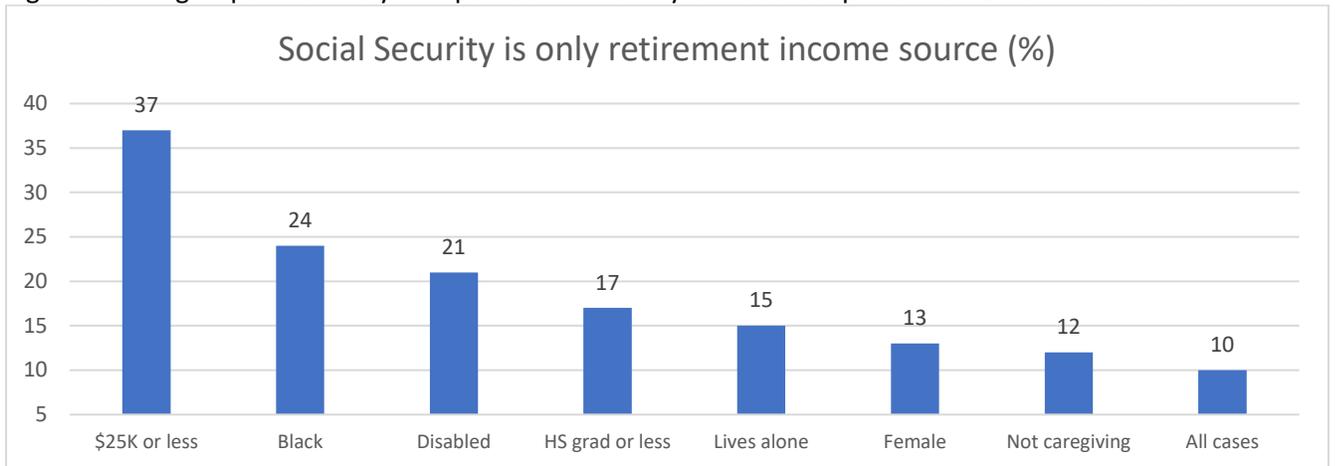
- Nearly all of the respondents (96%) expected Social Security to be a source of retirement income, and 63% are currently receiving Social Security income
- In terms of other sources of retirement income, 53% expected income from a workplace retirement savings plan; 54% from a defined benefit / traditional pension plan; 54% from an individual retirement account or IRA; and 63% from personal retirement savings or investments
- One third expected to work during retirement to earn income; and 23% expected financial support from family / friends

Figure 34 Expected retirement income sources



- Only 1 in 10 older adults report that Social Security will be their sole source of income during retirement
- However, those with the lowest income (37%), the Black population (24%), and the disabled (21%) were more likely to report only Social Security income during retirement

Figure 35 Sub-groups most likely to report Social Security is the sole expected retirement income source



Outlook and Policy Implications

The resources available to older adults during retirement come from savings and benefits accrued over an individual’s lifetime. In addition to personal savings, employer benefits and Social Security are also important resources for meeting expenses. The subgroup 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.

While many older adults in Allegheny County still report defined pension plans, the availability of defined benefit plans (which guarantee regular monthly payments) has declined over the past several decades in favor of defined contribution plans (such as 401(k) accounts, which depend predominantly on employee financing). While this shift will likely have a less significant impact on the current cohort of older adults, it is important to note from a longer-term planning perspective, as it may also impact the amount of resources individuals have during retirement in the future.

Change Over Time: Comparing 2022 vs. 2014

See the Appendix for tables presenting distributions for 2022 and 2014 on all survey variables that were repeated in 2022.

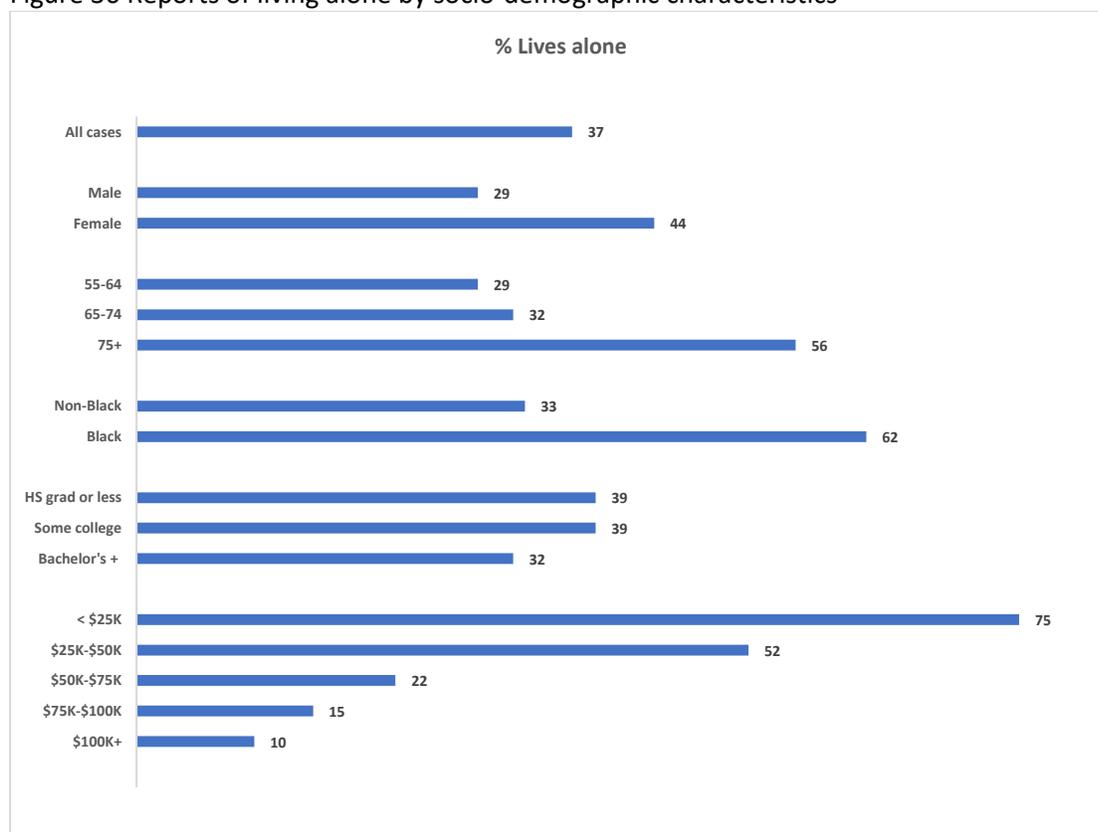
- Overall % working was unchanged (34% 2022 and 2014)
- % working increased for the Black population (31% vs. 23%); but dropped slightly for the non-Black population (34% vs. 37%)
- While the overall retirement rate was similar (80% vs. 83%), the rate dropped for the Black population (63% vs. 71%)
- While the % saying they retired earlier than planned increased only slightly overall (48% vs. 44%); the rate grew much more for the Black population (68% vs. 53%)
- In general, Allegheny County older adults' confidence that they will have enough money for retirement in a variety of domains has increased in the past 8 years
- This increased confidence over time was more pronounced for the Black population than the non-Black population
- In terms of sources of income during retirement, Social Security was endorsed by the vast majority of older adults at both time points (96% vs. 97%)
- The following sources of retirement income were endorsed at lower rates in the current sample: employer retirement savings plans (53% vs. 60%); employer pension plans (54% vs. 60%); and working for pay (33% vs. 41%)
- Black older adults were much less likely to endorse employer pension plans in the current sample (44% vs. 57%)
- While fewer non-Black older adults said they would rely on working over time (33% vs. 42%), the rate remained unchanged for the Black population (34% both surveys)

Housing / Living Arrangements

This section examines living arrangements of older adults, including household composition, tenure at current residence, ownership status, type of housing, and perceived physical condition of current housing. We also report on home modifications to make it easier for older adults or those with disabilities, both currently in place and those planned for the future. The section also examines planned future moves / changes in housing, the reasons for those moves, and the importance of housing modified to older and disabled adults in the choice of a new residence. See section X of the report for additional detail on housing and household structure of older adults in Allegheny County. Additional data on housing is presented at the neighborhood level in the *age-friendly communities* supplemental report.

- 37% of older adults reported living alone
- Rates of living alone were much higher for those with incomes under \$25K (75%); the Black population (62%); those age 75 or older (56%); the disabled (45%); and females (44%)

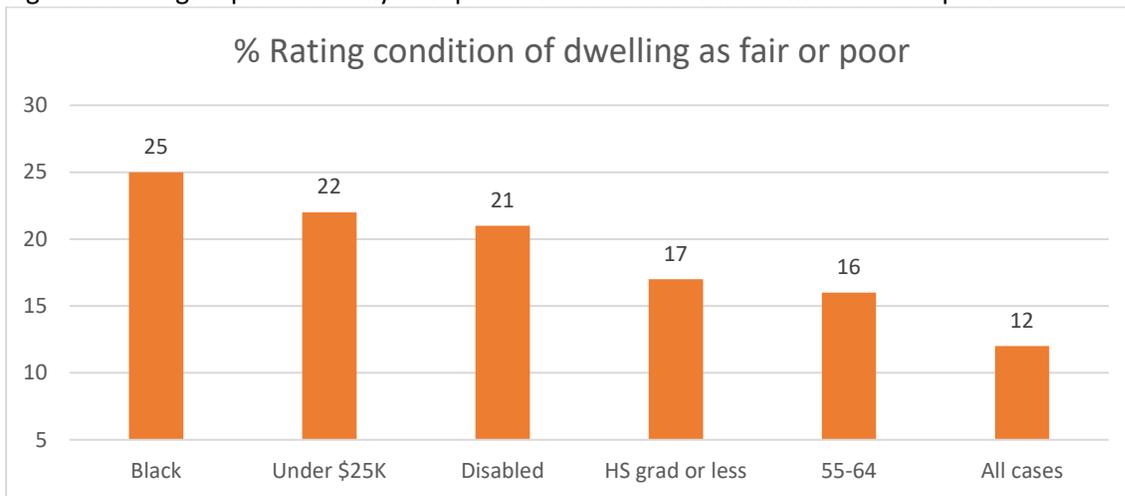
Figure 36 Reports of living alone by socio-demographic characteristics



- Note that the survey estimate for living alone (37%; 43% among those age 65 and older; see Appendix) is somewhat higher than the 31.5% for those age 65 and older reported in the section on population demographics (based on the 2021 Census Bureau American Community Survey), suggesting a potential bias in the survey sample towards those living alone
- However, it is still valuable to describe associations of self-reports of living alone with other key survey indicators
- The majority of older adults living with others lived with a single other older adult (74%), mostly a spouse

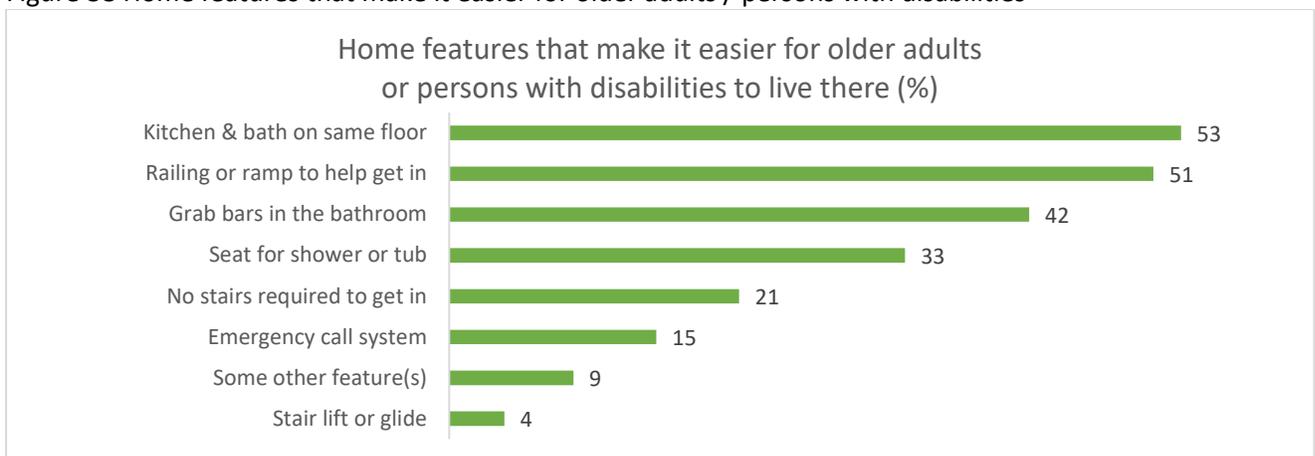
- 29% reported living with children; 8% had children under the age of 18 living in their household; and 4% were living with a grandchild
- More than half (56%) have lived at their current residence for more than 20 years, while another 21% have lived at their current residence for 10-20 years
- 80% report owning their home; 19% rent; and the other 1% live with a relative who own
- 79% live in single family homes; 17% in apartments or condominiums; and 4% in a duplex
- The vast majority of older adults rate the physical condition of their current residence as “excellent” (23%); “very good” (40%); or “good” (25%)
- 12% rate their current residence physical condition as “fair” (10%) or “poor” (2%)
- The Black population (25%); those with incomes under \$25K (22%); and the disabled (21%) are more likely to rate the physical condition of their current residence as “fair” or “poor”

Figure 37 Sub-groups most likely to report condition of current home as fair or poor



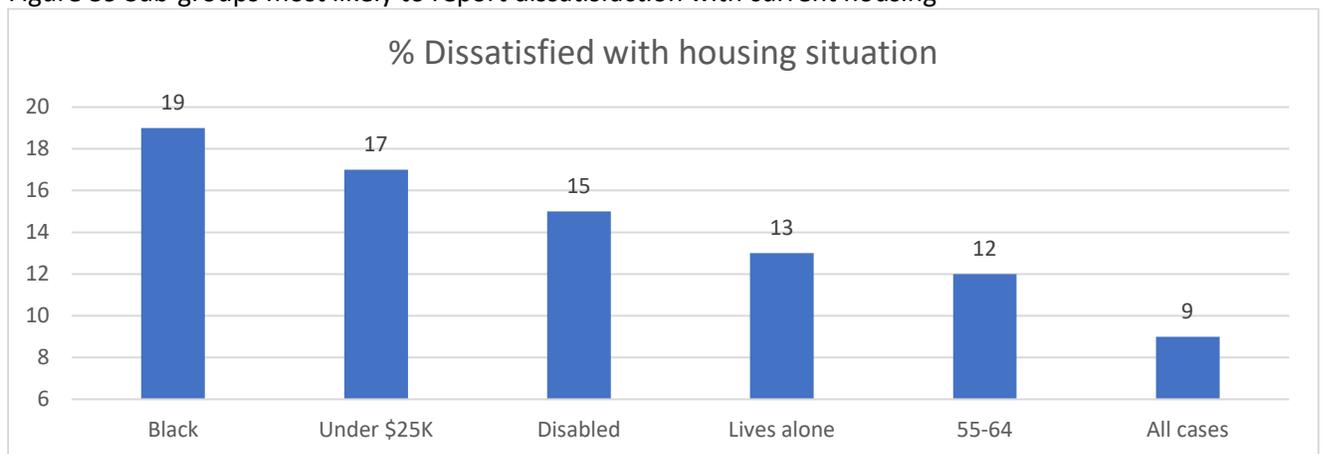
- In terms of the physical aspects of older adult housing that make it difficult for older adults, 79% of homes have steps or stairs required to enter; 61% are three or more stories
- However, 51% have ramps or railings to help get in; and 53% contain a kitchen and bath on the same floor

Figure 38 Home features that make it easier for older adults / persons with disabilities



- Among the disabled, 30% live in homes without outside stairs and no railings; and 41% of the disabled live a home with multiple floors without a kitchen and bathroom on the same floor
- 42% report grab bars in the bathroom; and 33% have a seat for the shower or tub
- 31% of the disabled have bathrooms with no grab bars or seats for the shower or tub
- In addition, 15% of older adults report an emergency call system, and 4% have stair lifts / glides
- About one fourth (24%) plan to make future home modifications to make it easier for older adults or those with disabilities
- 35% of current family caregivers plan to make future home modifications
- When asked how satisfied they are with their current housing situation, 61% said “very satisfied,” 30% said “somewhat satisfied”; and only 9% reported being “somewhat dissatisfied” (7%) or “very dissatisfied” (2%)
- The Black population (19%); those with incomes under \$25K (17%); and the disabled (15%) are more likely to report dissatisfaction with their current housing

Figure 39 Sub-groups most likely to report dissatisfaction with current housing



- 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 8 in 10 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

Change Over Time: Comparing 2022 vs. 2014

- The overall percent reporting living alone increased from 30% to 37% (but see note above about potential bias)
- The increase was more dramatic for the Black population (62% vs. 47%) than for the non-Black population (33% vs. 28%)
- Home ownership rates remained steady (81% vs. 83%), and this was also the case for both non-Black (86% both years) and Black (47% vs. 49%) populations
- Plans to make future home modifications increased from 16% to 24%, with similar increases for both non-Black (24% vs. 15%) and Black (25% vs. 18%) populations
- The significant race differences in satisfaction with housing – non-Black more satisfied than Black – remained unchanged between 2014 and 2022

Outlook and Policy Implications

The physical aspects of a house are highly important in determining whether older adults can successfully age in place. While slightly over half of older adults reported the presence of key features to support aging in place, including colocation of a kitchen and full bath on a single level and ramps or railings to help with entry, less than a majority reported modifications to support bathroom safety, including grab bars and shower / tub seats. 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. Slightly over three-quarters of older adults have lived in their current residence for 10 or more years, own their own home, and rate the quality of their dwelling as good or better. A majority of older adults are very satisfied with their housing situation, and only a small portion are planning to leave the region in the future. Nearly one-quarter of older adults reported plans to make home modifications in the future, representing an increase over time. These factors – increasing interest in home modifications over time, the potential unmet need for modifications in many houses as individuals age, and the relatively long duration spent residing in a single location and satisfaction with current residence – all indicate that investment in home modifications could be a highly important means to support aging in place in Allegheny County.

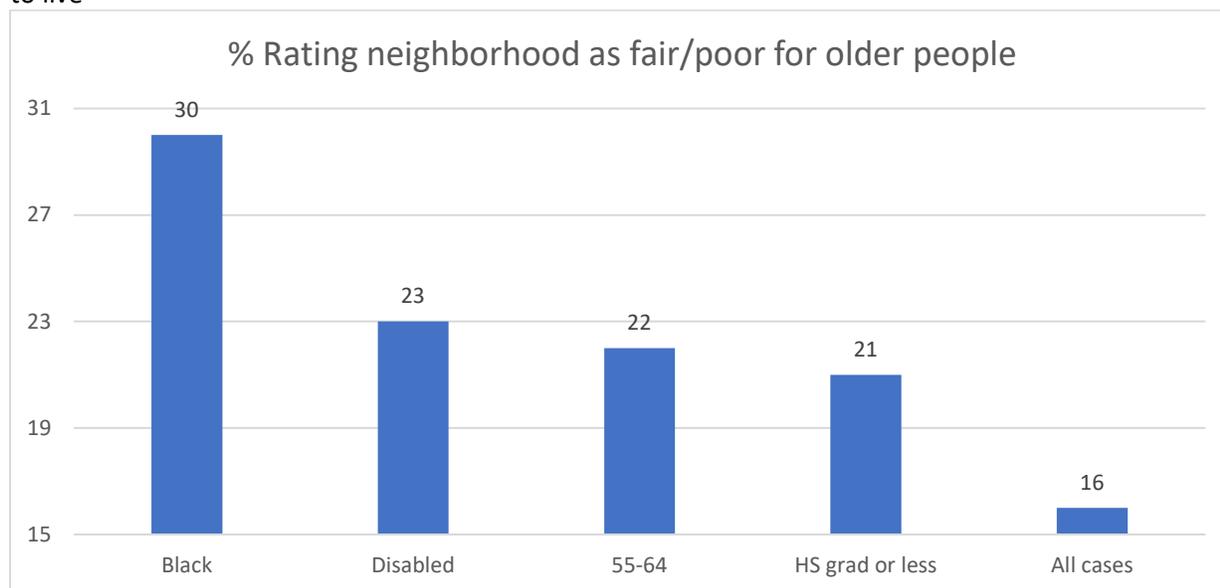
While home modifications are an important tool, more robust supports may be needed to facilitate aging in place among subgroups reporting fair or poor housing conditions, including Black older adults, low-income adults, and individuals with disabilities. Investments in home modifications may need to be paired with resources for home improvement to shore up housing quality.

Neighborhood

This section examines older adults' perceptions of their neighborhood's physical condition, access to various amenities, safety, social cohesion, and an overall assessment of how good the neighborhood is as a place for older people to live. A social cohesion scale was calculated from five items (see below) by summing the scores of the individual items. See the supplemental report on *age-friendly communities* for additional insights using a non-survey approach.

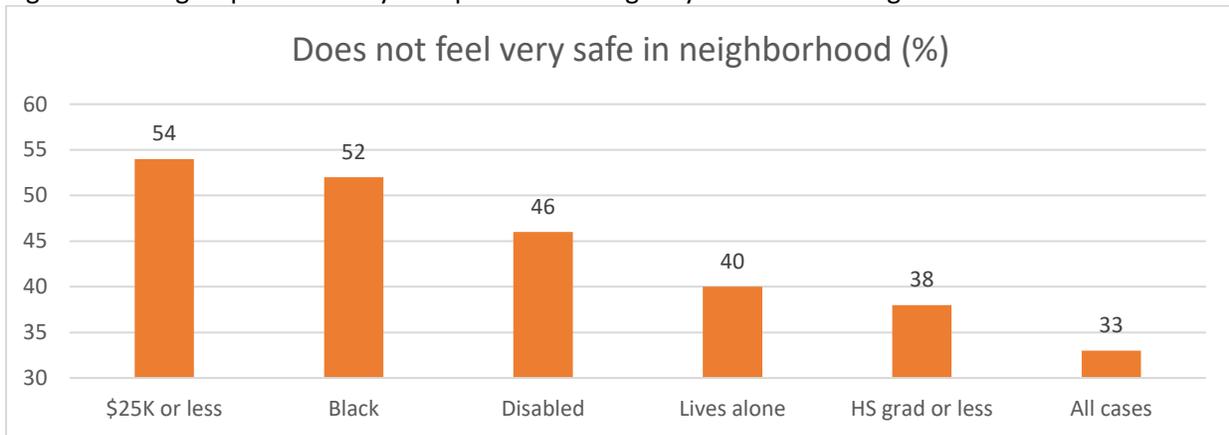
- About 9 in 10 older adults said that the condition of homes and buildings in their neighborhood are “excellent” (22%), “very good” (44%), or “good” (24%)
- 30% report that there are unoccupied buildings in their neighborhood
- About 8% live in neighborhoods with fair / poor condition and unoccupied buildings, but this number is higher for the Black population (20%), those with the lowest incomes (13%), and the disabled (13%)
- More than 8 in 10 older adults said that their neighborhood was an “excellent” (20%), “very good” (37%), or a “good” (27%) place for older adults to live; 16% rated their neighborhood as only “fair” (12%) or “poor” (4%) for older adults
- The Black population (30%), the disabled (23%), those age 55-64 (22%), and those with the least education (21%) were more likely to rate their neighborhood as only a “fair” or “poor” place for older adults to live

Figure 40 Sub-groups most likely to rate their neighborhood as only a fair or poor place for older people to live



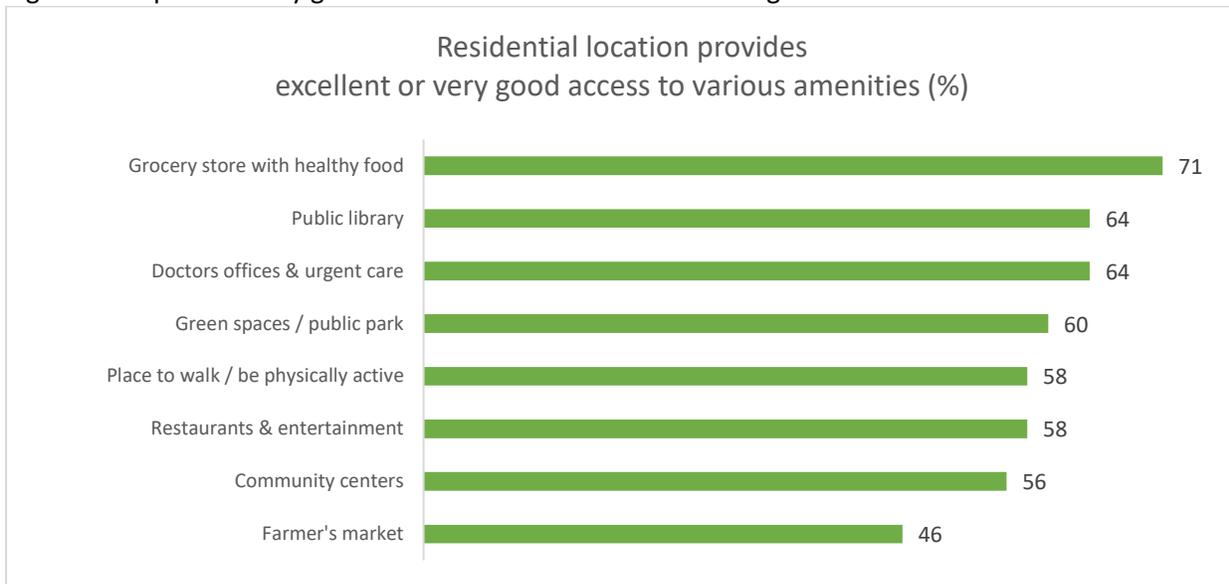
- In terms of feeling safe in their neighborhood, 67% report feeling “very safe,” and another 28% report feeling “somewhat safe”
- Those with the lowest incomes (54%), the Black population (52%), and the disabled (46%) were least likely to report feeling “very safe”

Figure 41 Sub-groups most likely to report not feeling very safe in their neighborhood



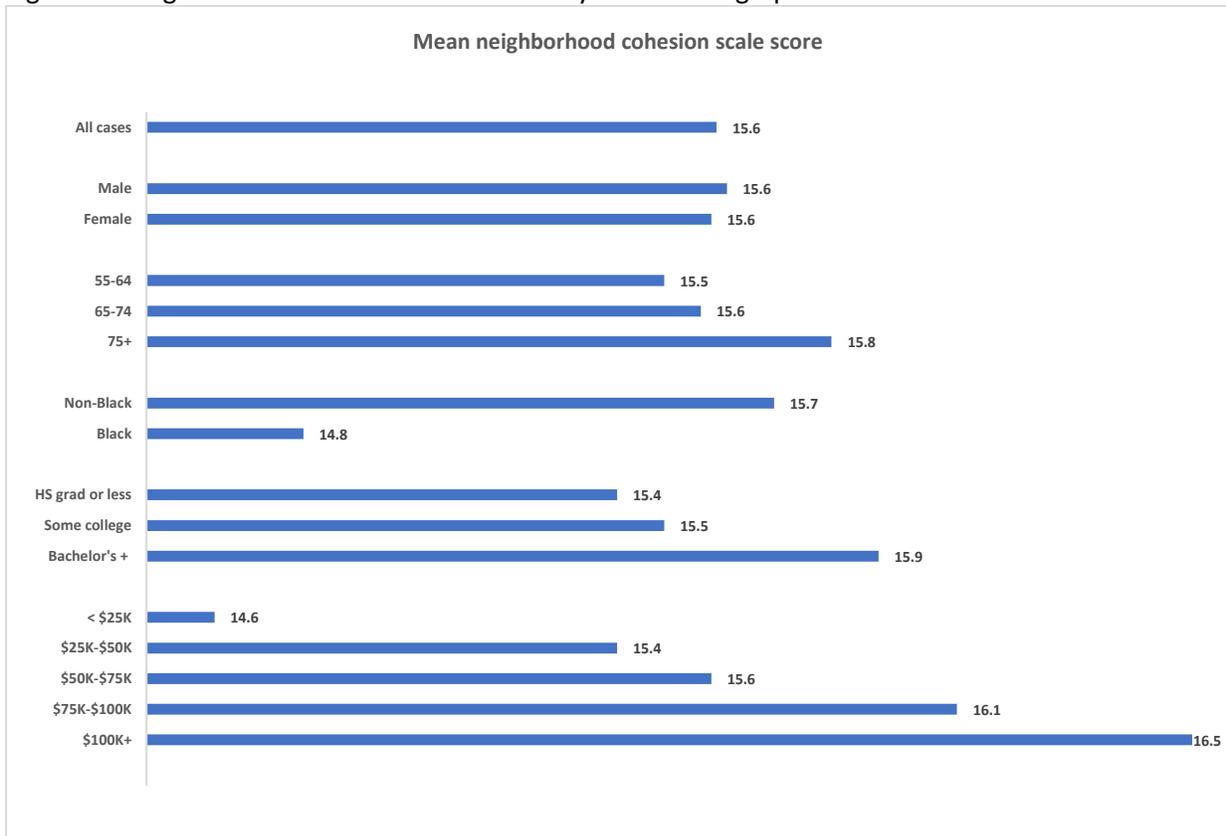
- In terms of places they might go fairly often, 80% rated access to community centers as good or better; 81% for restaurants and entertainment; 87% to doctors’ offices; and 88% to a public library
- In terms of access to places to exercise and get healthy food, 88% report at least good access to a grocery store that sells health food; 71% to a farmer’s market; and 84% to green spaces

Figure 42 Reports of very good or excellent access to various neighborhood amenities



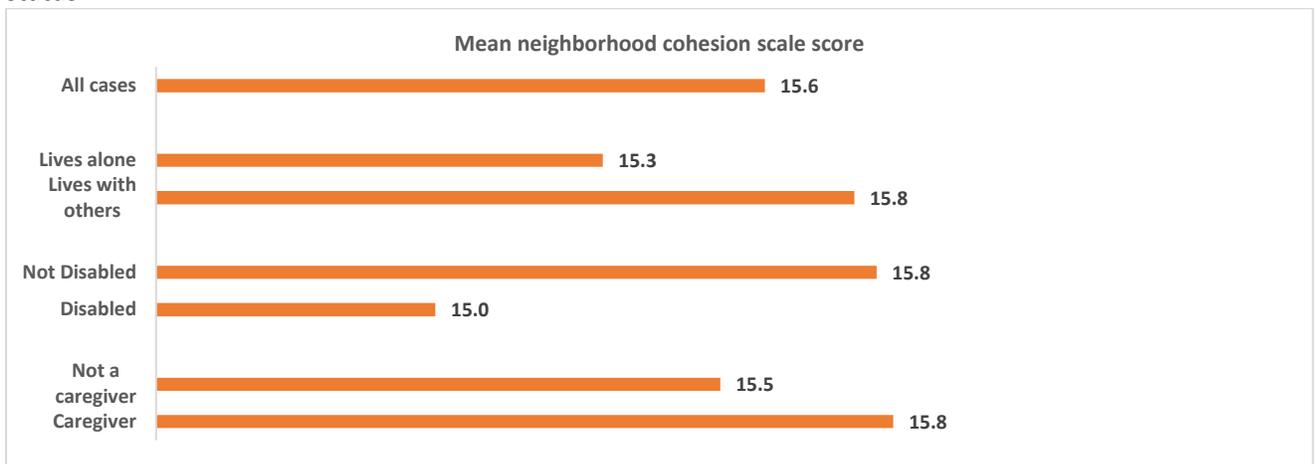
- The Black population, those with the lowest incomes, and the disabled were less likely to report good access to these amenities
- Several questions focused on neighborhood cohesion: 36% report knowing most of their neighbors, 23% know many of them, and 36% know a few; 28% talk to or visit neighbors just about every day, and 45% said several times a month; over 9 in 10 (91%) say that people in their neighborhood are willing to help their neighbors; 94% say their neighbors can be trusted; and 90% disagree that their neighbors generally don’t get along with each other
- On a social cohesion scale calculated from these questions (overall M = 15.6; potential range 5 – 20), those with the lowest income, the Black population, and the disabled scored the lowest

Figure 43 Neighborhood cohesion scale scores by socio-demographics characteristics



- Note the very clear household income gradient on the neighborhood social cohesion scale – progressively higher income households perceived increasing social neighborhood cohesion

Figure 44 Neighborhood cohesion scale scores by living alone, disability status, and family caregiving status



Change Over Time: Comparing 2022 vs. 2014

- The significant race differences in perceived condition of houses / buildings in neighborhood – non-Black better condition than Black – remained unchanged between 2014 and 2022, although more of the Black population rate them as “good” in 2022 (36%) than in 2014 (26%)

- While the racial gap remains, the Black population is more likely to rate their neighborhood as an “excellent” (17% vs. 10%) or “very good” (24% vs. 16%) place for older people to live
- Perceived safety of the neighborhood remained significantly higher for the non-Black population, but slightly more of the Black population report feeling “very safe” (48% vs. 42%)
- Ratings of the neighborhood as a place to be physically active remained significantly higher for the non-Black population, but more of the Black population rate it as “excellent” (23% vs. 11%)
- Overall, neighborhood social cohesion remained stable (M = 15.6 vs. M = 15.5)
- While the Black population still perceive less cohesive neighborhoods (M = 15.7 for non-Black vs. M = 14.8 for Black), the racial disparity has narrowed somewhat since 2014 (M = 15.6 vs. M = 13.9)

Outlook and Policy Implications

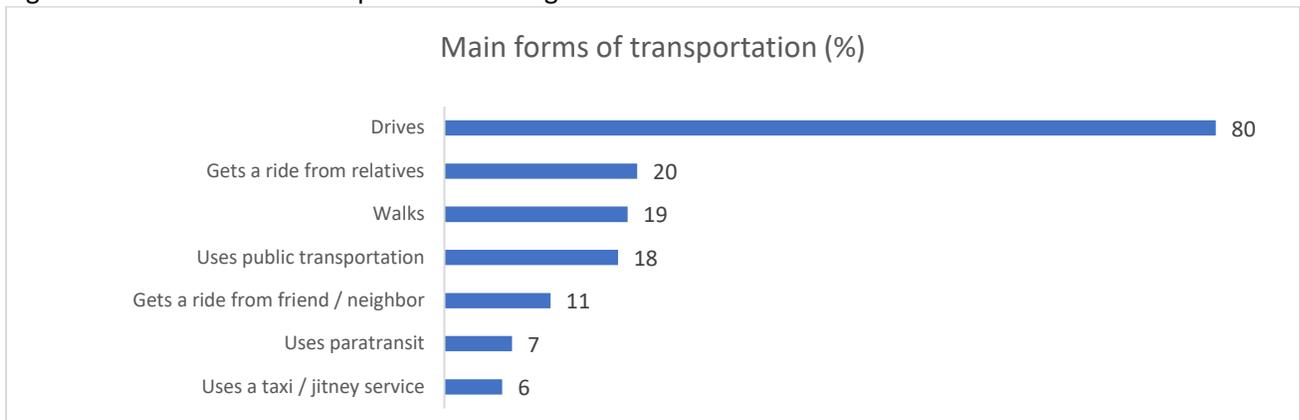
Though some indicators of racial disparities in neighborhoods, such as perception of nearby housing quality, safety, and facilitation of physical activity, have improved over time, disparities persist. Black older adults and older adults with disabilities were the least likely to report feeling very safe in their neighborhood, were more likely to rate their neighborhood as a “fair” or “poor” place for older adults to live and were less likely to have strong access to important amenities that facilitate health and social engagement, including grocery stores, green spaces, doctors’ offices, libraries, and community centers. 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.

Transportation

This section examines main forms of transportation for older adults in Allegheny County, including driving oneself, public transportation, getting rides from others, use of paratransit, taxis, and walking. We also discuss frequency of use of public transportation, satisfaction with and perceived convenience of public transportation. See section X for additional information on commuting and transportation among older adults in Allegheny County. See the supplemental report on *age-friendly communities* for additional insights on transportation at the neighborhood level using a non-survey approach.

- 90% of older adults have a valid driver’s license; 65% drive 5 days a week or more; and an additional 24% drive at least once a week
- When 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

Figure 45 Main forms of transportation among older adults



- Among those who are employed, 82% report driving themselves as the main transportation to work; only 7% report using public transportation to get to work
- Use of public transportation is highest among the Black population (45%; 37% weekly or more often), those with the lowest incomes (36%; 25%), and those who live alone (29%; 18%)

Figure 46 Use of public transportation weekly or more by socio-demographic characteristics

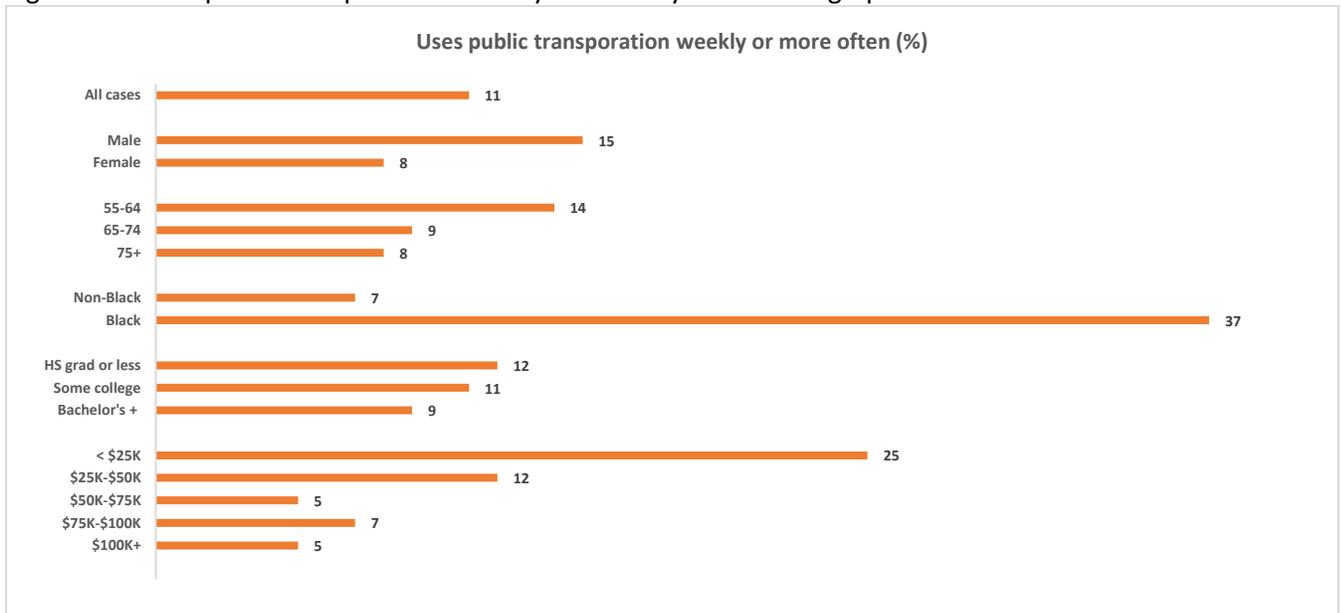
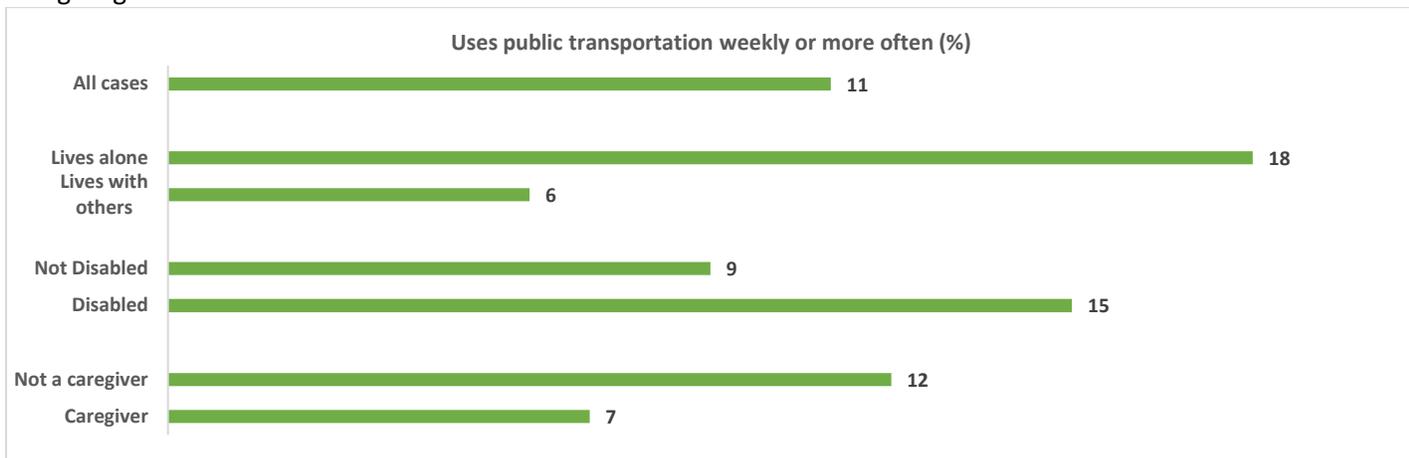


Figure 47 Use of public transportation weekly or more by living alone, disability status, and family caregiving status



- Getting a ride from relatives or friends was highest among the disabled (37%) and those with the lowest incomes (36%)
- Among public transportation users, 54% rate it as “very convenient” and 27% as “somewhat convenient”; 17% rate it as “somewhat inconvenient” (11%) or “very inconvenient”
- Males (46%) and family caregivers (47%) were less likely to rate public transportation as “very convenient”

Change Over Time: Comparing 2022 vs. 2014

- While the overall percent with a valid driver’s license remained very high (90% vs. 88%), it increased for the Black population from 58% in 2014 to 69% in 2022
- While the overall percent using public transportation was down slightly (18% vs. 20%), it decreased to a greater extent for the Black population (45% vs. 53%) than for the non-Black population (14% vs. 16%)

- Frequency of use of public transportation remained essentially unchanged for both racial groups, with the Black population continuing more frequent use
- Getting rides from relatives, neighbors, and friends all increased slightly for both racial groups
- Walking as a form of transportation increased from 6% to 19%, with similar increases for both racial groups

Outlook and Policy Implications

Increased walking and decreased utilization of public transit may be attributable to social distancing initiated during the COVID-19 pandemic. Walking 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.

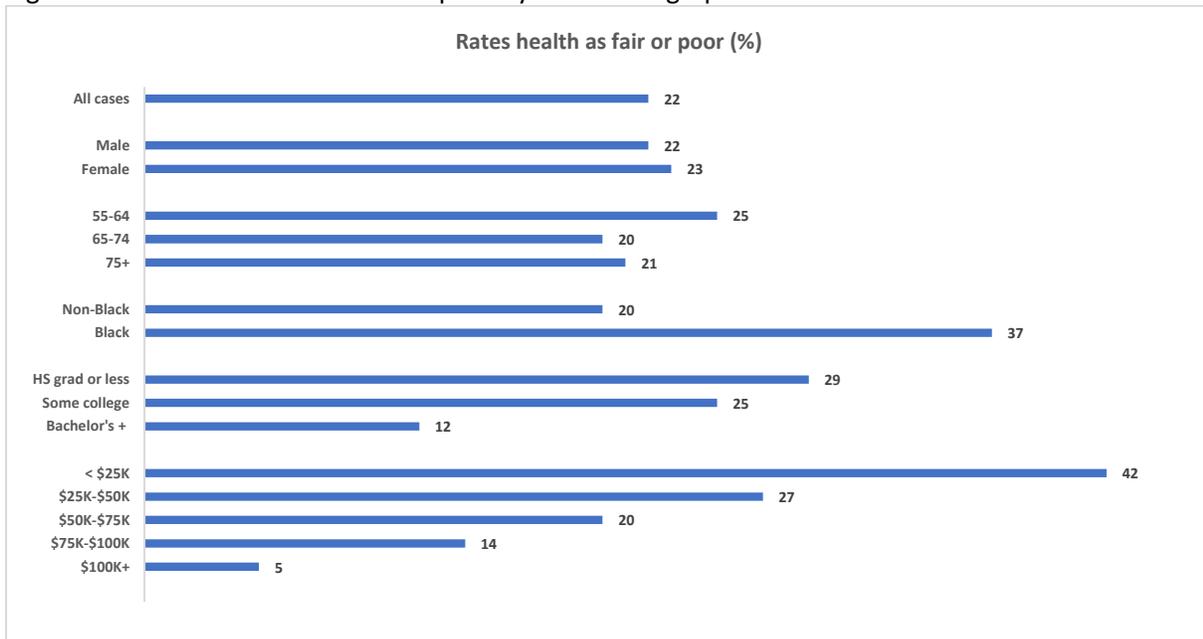
Family caregivers were less likely to report high satisfaction with the convenience of public transit. Assisting care recipients with transportation, including rides to medical appointments, is a primary duty of many caregivers in the United States. Exploring the issues that family caregivers have with 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.

Physical Health

This section explores physical health, mental health, and cognitive function of older adults in Allegheny County. First, we look at self-rated health and reports of chronic health conditions. Then, using the Patient-Reported Outcomes Measurement and Information System (PROMIS)-29 multi-dimensional health scales, we compare local older adults to national norms in seven areas: physical function, anxiety, depression (discussed in the mental health section below), fatigue, sleep disturbance, ability to participate in social roles / activities, and pain interference. Standard PROMIS scoring algorithms are used, which convert each scale total into a T-score with a mean of 50 (the national norm) and a standard deviation of 10. Note that the national norms are for adults age 18 and over, and not limited to older adults. Thus, caution should be used in interpretation of T-scores. Then, comparisons on selected health indicators are made comparing local adults age 55 and older with those statewide in PA, and the U.S. as a whole using BRFSS 2021 data.

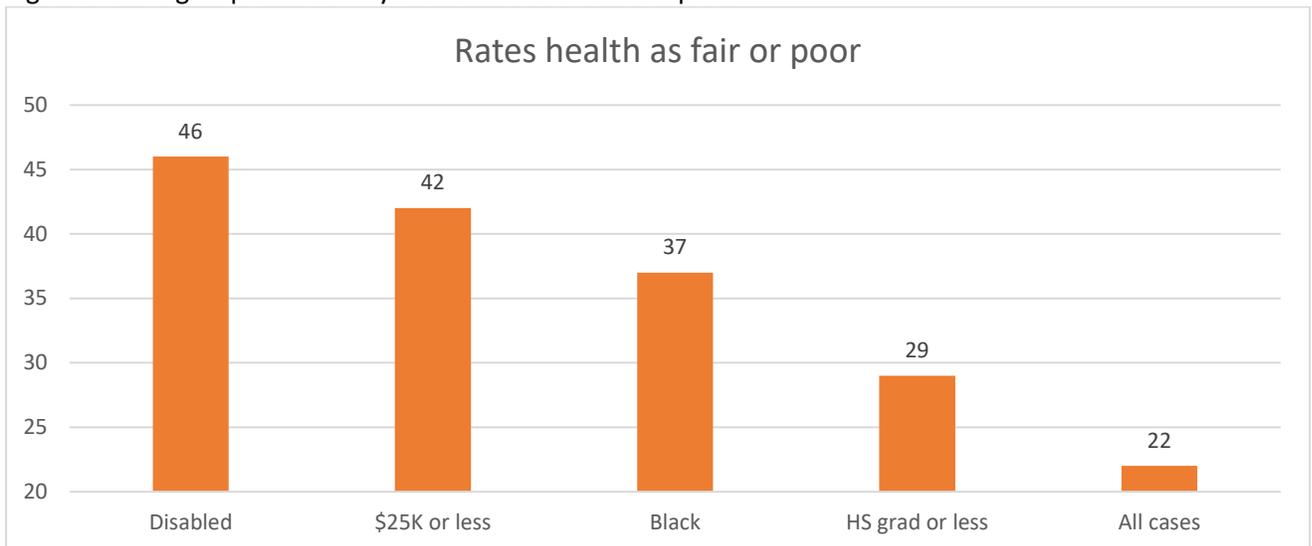
- Over three fourths of older adults report that their general health is “excellent” (12%), “very good” (34%), or “good” (32%)
- 17% rate their general health as “fair” and 5% as “poor”

Figure 48 Self-rated health as fair or poor by sociodemographic characteristics



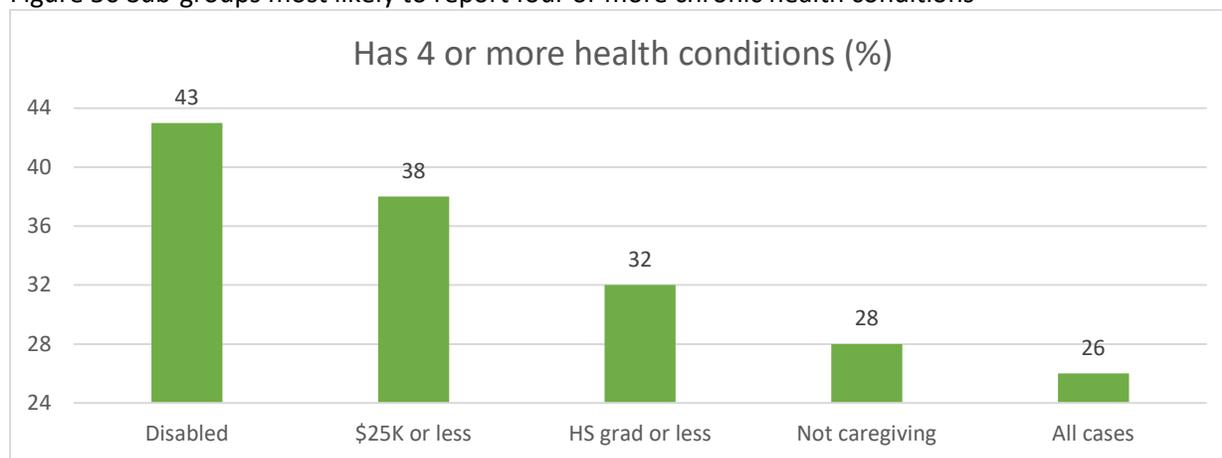
- The disabled (46%), those with the lowest incomes (42%), and the Black population (37%) were more likely to rate their health as fair or poor

Figure 49 Sub-groups most likely to rate health as fair or poor



- Chronic health conditions were reported as follows: arthritis, rheumatoid arthritis, gout, etc. (62%); high blood pressure (60%); diabetes (24%); cancer (24%); asthma, emphysema, chronic bronchitis, etc. (23%); coronary heart disease (17%); and heart attack (8%)
- 26% report 4 or more chronic conditions
- The disabled (43%) and those with the lowest incomes (38%) were more likely to report 4 or more chronic conditions

Figure 50 Sub-groups most likely to report four or more chronic health conditions



- The mean “physical function” score for the sample was 47.6, slightly lower than the mean = 50 for the general U.S. population, which is consistent with our sample of older adults
- The disabled (M = 39.6), those with incomes of \$25K or less (M = 42.5), and those age 75 and older (M = 45.1) scored lower on “physical function”
- The mean “ability to participate in social roles / activities” was 54.1, higher than the general U.S. population (M = 50)
- The disabled (M = 47.3) and those with incomes of \$25K or less (M = 51.3) scored lower on “ability to participate in social roles / activities” (but note that the low income group was still above the national norm)
- The mean “pain interference” score was 52.2, slightly higher than the national norm
- The disabled (M = 58.4) and Black population (M = 54.0) scored higher on “pain interference”
- The mean “sleep disturbance” score was 48.3, lower than the national norm
- The disabled (M = 53.2), those with incomes of \$25K or less (M = 50.9), and the Black population (M = 50.7) scored higher on “sleep disturbance,” and were all above the national norm
- The mean “fatigue” score was 48.4, lower than the national norm
- The disabled (M = 54.4), and those with incomes of \$25K or less (M = 51.6) scored higher on “fatigue,” and were above the national norm

Mental Health

- The mean “depression” score was 46.8, lower than the national norm
- The disabled (M = 51.7), those with incomes of \$25K or less (M = 49.7), and those who live alone (M = 48.1) scored higher on “depression” (only the disabled were above the national norm)
- The mean “anxiety” score was 47.5, lower than the national norm
- The disabled (M = 51.4), those with incomes of \$25K or less (M = 51.0), and the Black population (M = 49.4) scored higher on “anxiety” (but note that the Black population were still below the national norm)

Cognitive Function

This section examines scores on the PROMIS short-form scale for cognitive function by using T-scores to compare to national norms.

- The mean “cognitive function” score was 51.7, above the national norm of 50
- The disabled (M = 47.0) and those with incomes of \$25K or less (M = 49.7) scored lower on “cognitive function,” lower than the national norm

Figure 51 Mean scores on the PROMIS-29 sub-scales

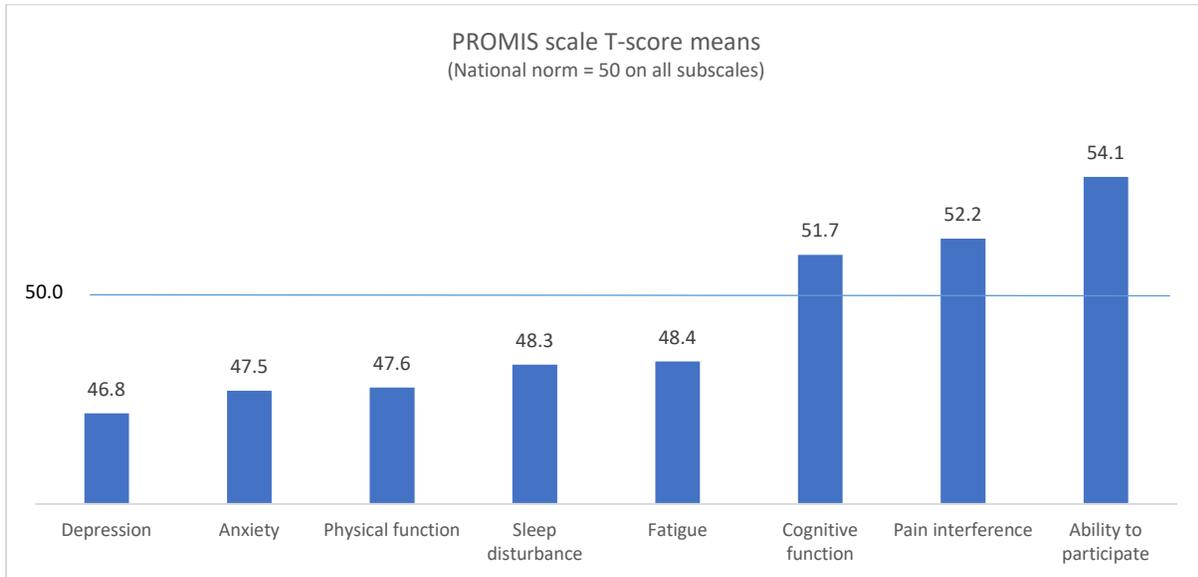


Figure 52 Sub-groups reporting the lowest mean PROMIS-29 physical function scores

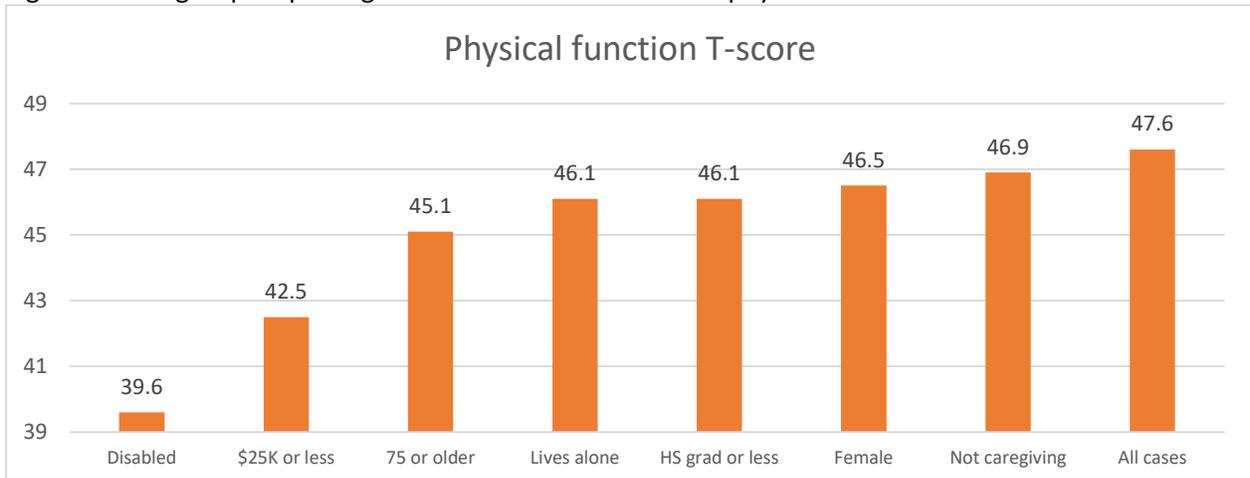


Figure 53 Sub-groups reporting the highest mean PROMIS-29 anxiety scores

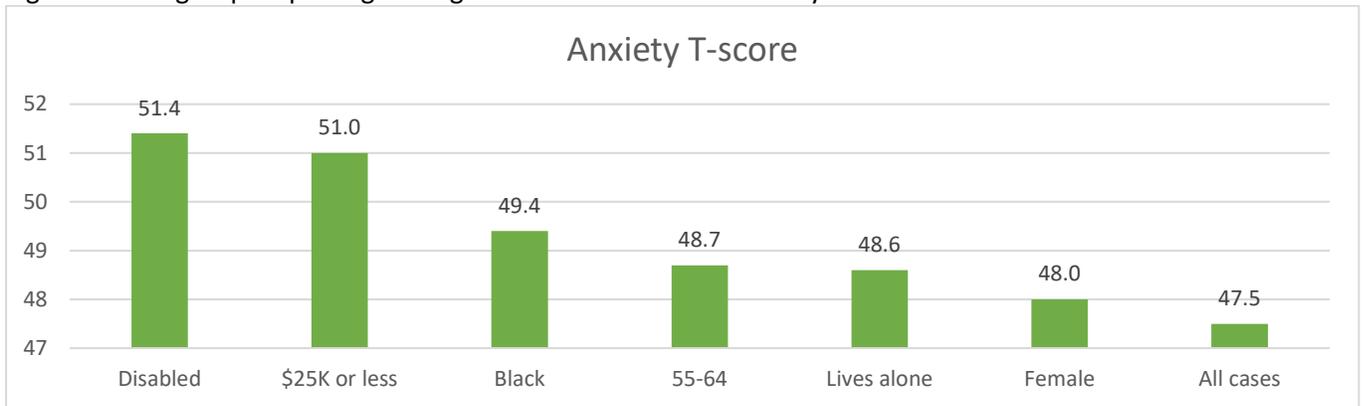


Figure 54 Sub-groups reporting the highest mean PROMIS-29 depression scores

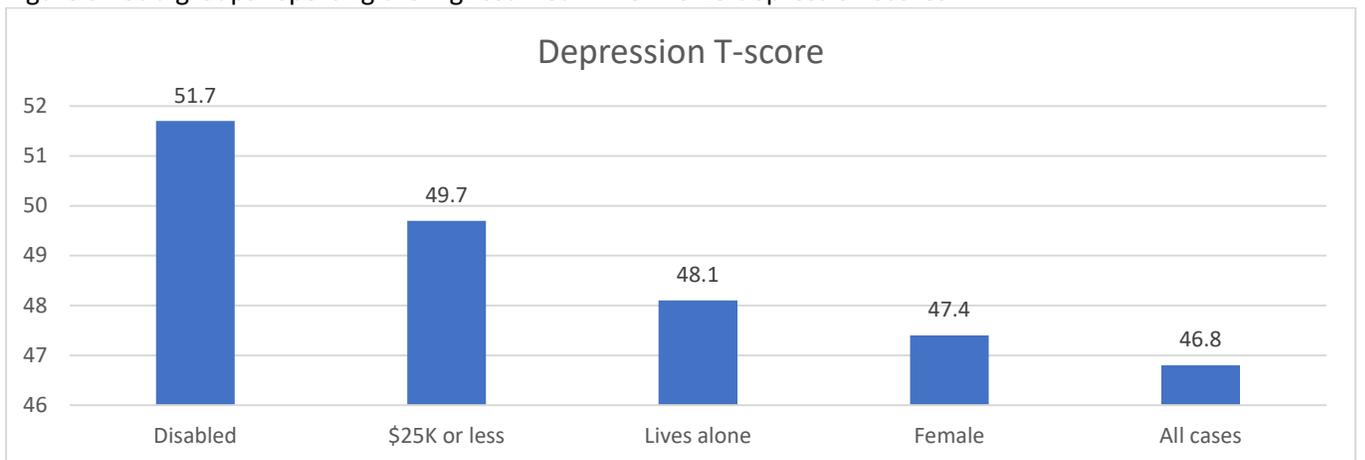


Figure 55 Sub-groups reporting the highest mean PROMIS-29 fatigue scores

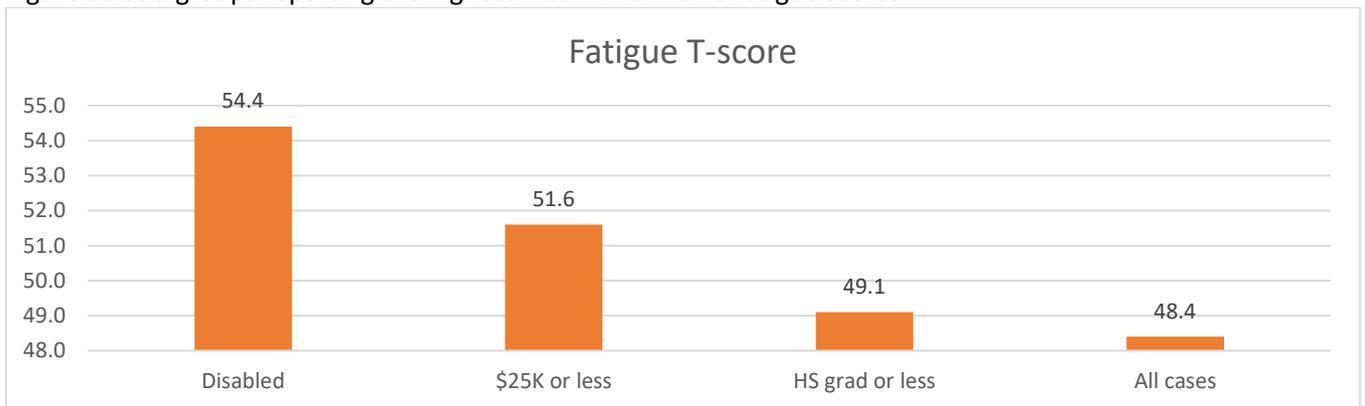


Figure 56 Sub-groups reporting the highest mean PROMIS-29 sleep disturbance scores

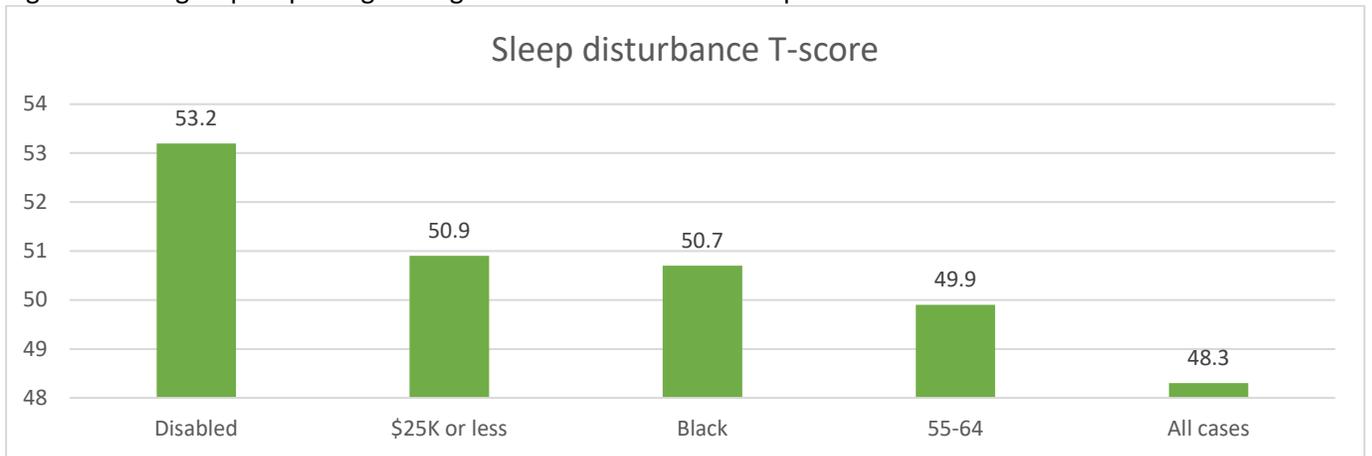


Figure 57 Sub-groups reporting the lowest mean PROMIS-29 ability to participate in social activities scores

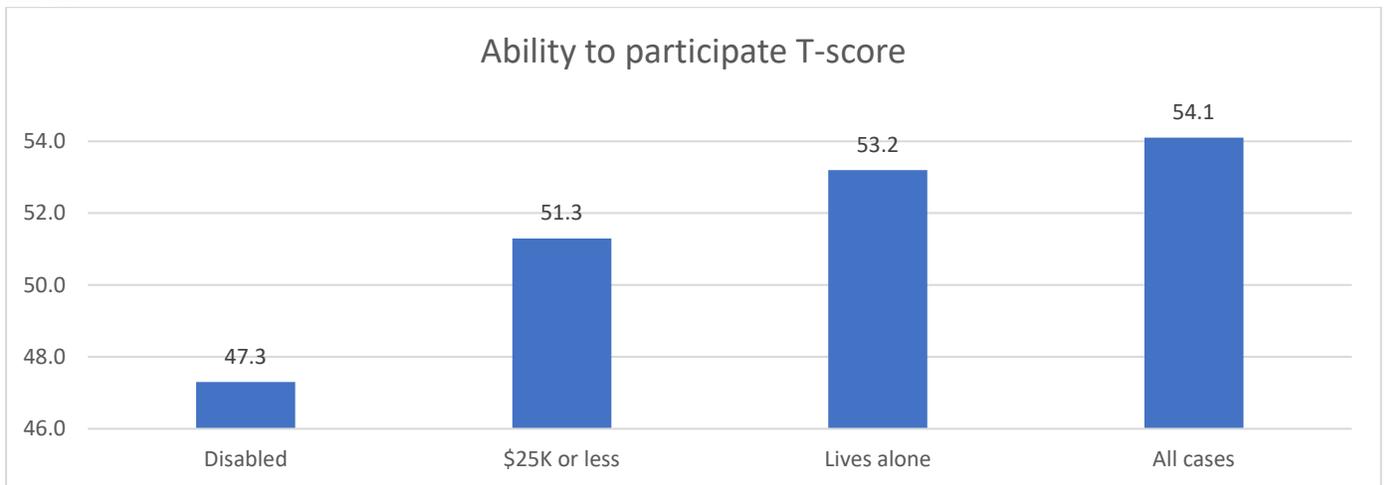
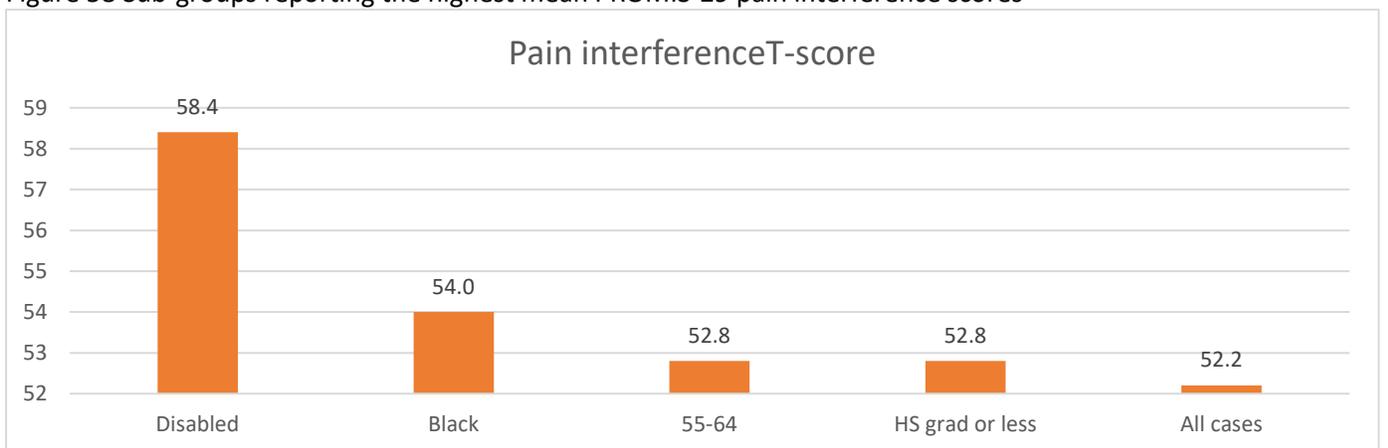


Figure 58 Sub-groups reporting the highest mean PROMIS-29 pain interference scores



Change Over Time: Comparing 2022 vs. 2014

- The prevalence of various chronic health conditions has remained basically stable over time
- The Black population still report higher prevalence of high blood pressure, diabetes, and asthma / COPD, etc.

Comparing Allegheny County With PA and the U.S. On Selected Physical Health Indicators

- Older adults in Allegheny County reported similar levels of self-rated health to those in PA and the U.S.
- Local older adults report slightly higher levels of diabetes than their PA and U.S. counterparts
- Smoking rates are similar to those for older adults in PA and the U.S.
- Physical activity / exercise levels were slightly lower for local older adults
- Mean Body Mass Index levels were slightly higher for Allegheny County older adults
- Local older adults were more likely to report receiving flu and pneumonia vaccines
- See section on “health behaviors” for more information on physical activity, BMI, and vaccines

Table 14 Comparison of health-related statistics between Allegheny County, PA, and the entire U.S. (table entries are percentages unless otherwise indicated)

Item	2021 Allegheny County SoA	2021 BRFSS US (Age 55+)	2021 BRFSS PA (Age 55+)
Health rating			
Excellent	12	14	13
Very good	34	30	31
Good	32	33	34
Fair	17	17	16
Poor	5	6	7
Told had diabetes	24	21	19
Couldn't afford to see doctor	4	6	4
How often smoke			
Every day	9	9	10
Some days	2	3	3
Not at all	89	88	87
Engages in physical activities	67	71	70
BMI [mean (std dev)]	29.4 (6.5)	28.5 (6.2)	28.8 (6.2)
Got flu vaccine	75	61	65
Got pneumonia vaccine	66	52	53

Outlook and Policy Implications

The overall health of older adults in Allegheny County is relatively consistent with the rest of the state and nation, but the data indicates several vulnerable populations that may need to be targeted for additional support, including individuals with disabilities, those with the lowest income, and the Black population. Older adults with disabilities were the worst off on many health indicators, including ratings of physical function, anxiety, depression, fatigue, sleep disturbance, pain interference with daily activities, and the ability to participate in social roles and activities.

Functional Status and Disability

This section explores functional status and disability in the older adult population of Allegheny County. As noted in the introduction, 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) reporting “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; or communicating, understanding or being understood. Older adults meeting any of the three criteria were defined as “disabled” in this report. First, the prevalence and correlates of disability are described. Then, we examine a measure of “pre-clinical” disability involving changes in the way personal activities are completed, and reduced frequency of these activities. The section also describes use of assistive devices, falls occurring in the past year, fear of falling, and concerns about becoming a burden to family or friends in the future because of illness or disability. Then, we discuss how older adults with disabilities compare to those without disability on key indicators for the entire survey, and where persons with disability stand out. We conclude with a description of older disabled socio-demographic sub-groups at elevated risk for negative outcomes. See section X of the report for additional data on disability using a different measure – the American Community Survey (ACS) six question disability sequence. Note that overall disability rates are somewhat higher using the ACS criteria, which involve a series of yes / no questions (with any “yes” indicative of disability); whereas the Washington Group measure used in the survey requires a report of “a lot of difficulty” or “cannot do at all” on at least one of six items to be included. Despite these different estimates using different measures, it is valuable to examine the association of disability as measured by the survey with other key survey indicators.

- 3.8% report needing help with personal care activities; 14% report needing help with routine home activities; 17% met WHO Washington Group disability criteria
- Overall, 25.2% of older adults in Allegheny County were classified as “disabled” using these criteria (i.e., meet at least one of the three noted above)

Figure 59 Percent reporting disability (using our criteria) by socio-demographic characteristics

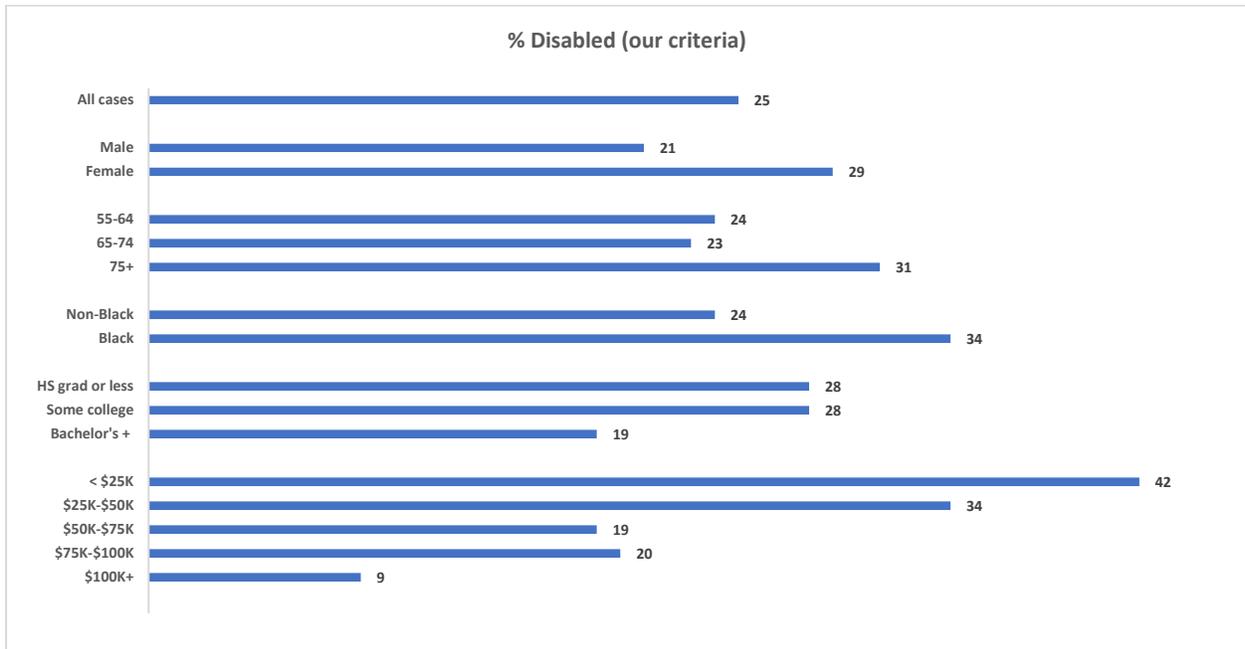
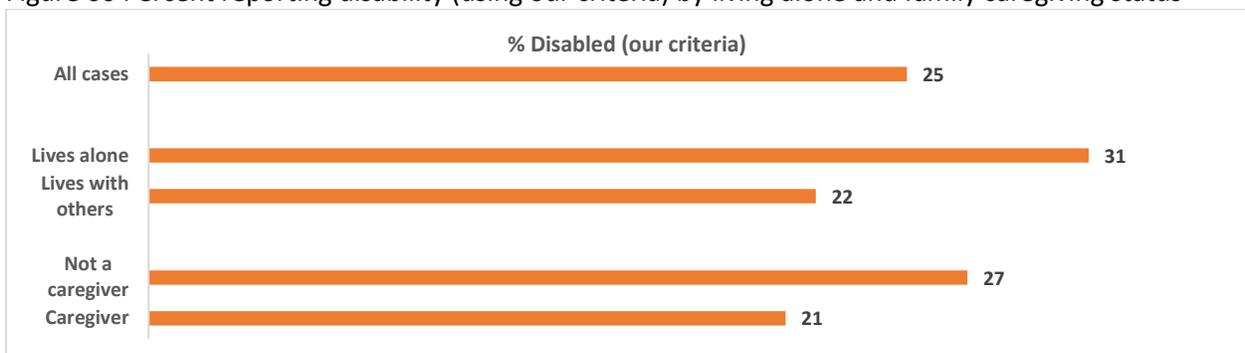
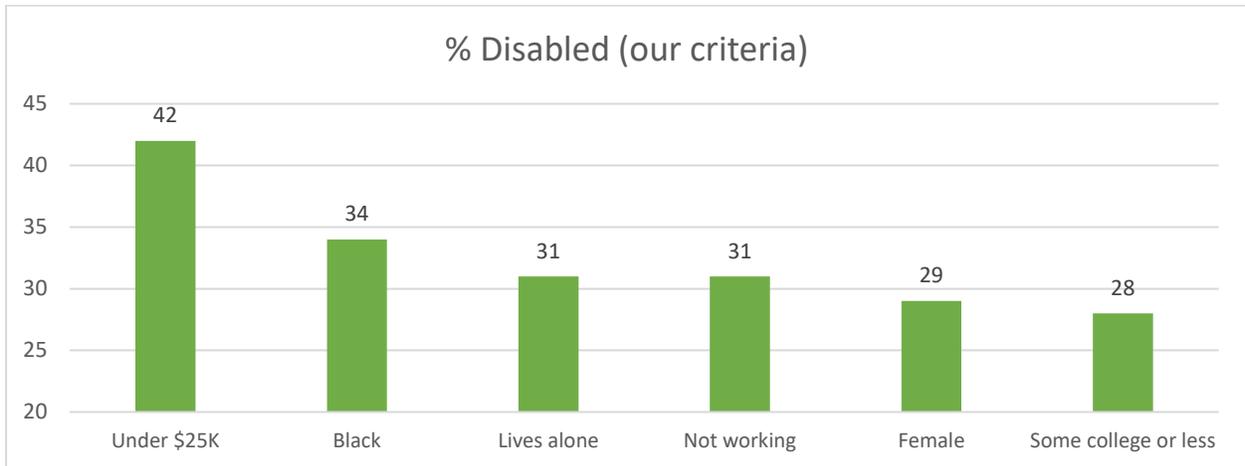


Figure 60 Percent reporting disability (using our criteria) by living alone and family caregiving status



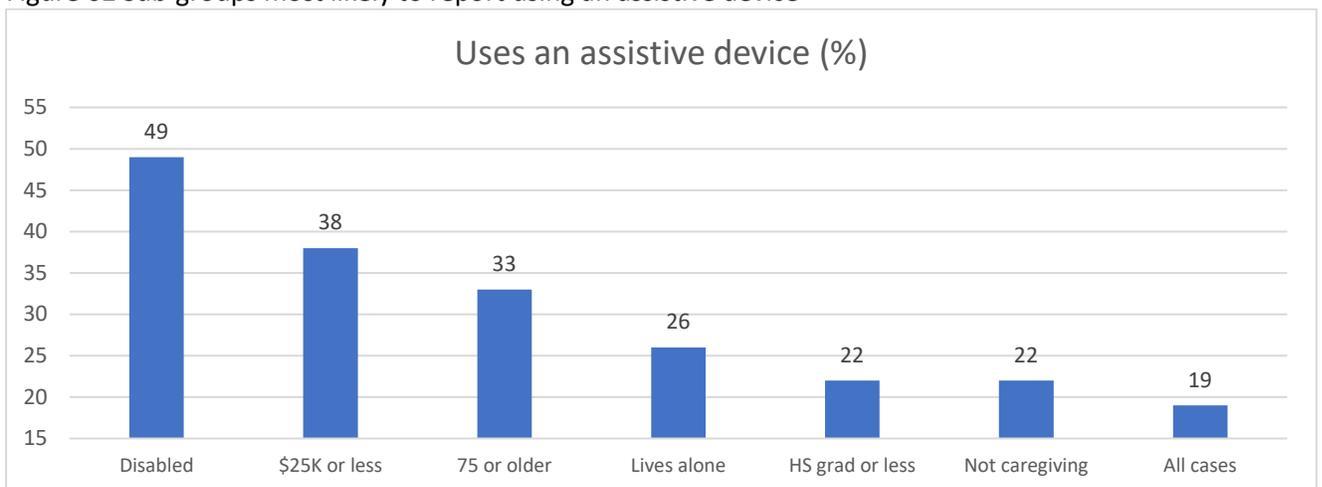
- Those with incomes of \$25K or less (42%), the Black population (34%), those who live alone (31%), those not working (31%), females (29%), and those with some college or less (28%) were more likely to meet overall disability criteria

Figure 61 Sub-groups most likely to report disability (using our criteria)



- Among those meeting disability criteria, 15% need help with self-care; 57% need help with routine activities; and 67% meet WHO Washington Group criteria
- The survey included two items measuring “pre-clinical disability”: in the past 12 months, (1) “Have you changed the way you complete personal activities like getting a shower or bath, dressing, using the bathroom, or moving from one place to another?” (12.8% said yes); (2) have you done any of these personal care activities less frequently?” (16.2% said yes)
- 21% of older adults said yes to at least one or the other item, thus meeting the definition of “pre-clinical” disability
- In addition to those meeting our disability criteria (47%), those with incomes of \$25K or less were more likely to meet “pre-clinical” disability criteria (32%)
- 16% of older adults use a cane; 6.6% a walker; 2.3% a wheelchair; and 1.8% a motorized scooter
- 19% use at least one assistive device
- 49% of the disabled use an assistive device
- Those with incomes of \$25K or less (38%), those age 75 and older (33%), and those who live alone (26%) are more likely to use an assistive device

Figure 62 Sub-groups most likely to report using an assistive device



- 35% of older adults experienced a fall or unintentionally slipped, tripped, stumbled, or lost their balance in the past 12 months

- 43% of those who fell experienced an injury as a result of the fall, representing 15% of the overall population
- 57% 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%)

Figure 63 Reports of falling in past year by socio-demographic characteristics

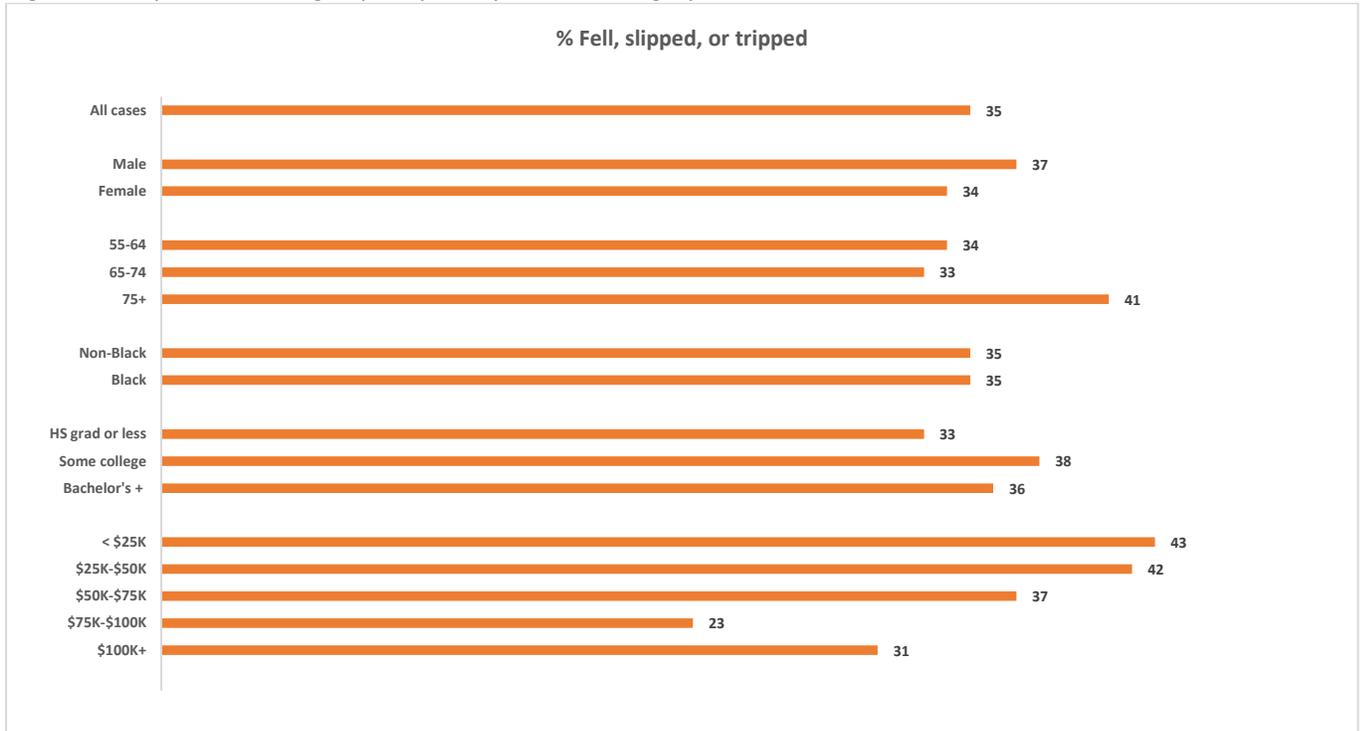
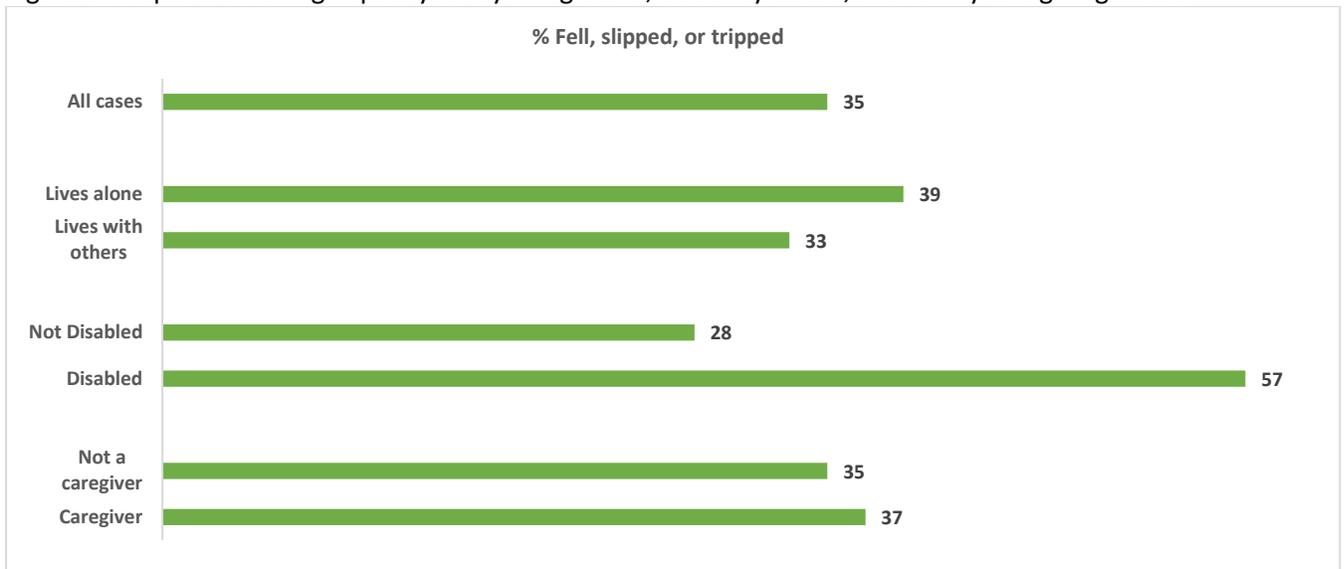


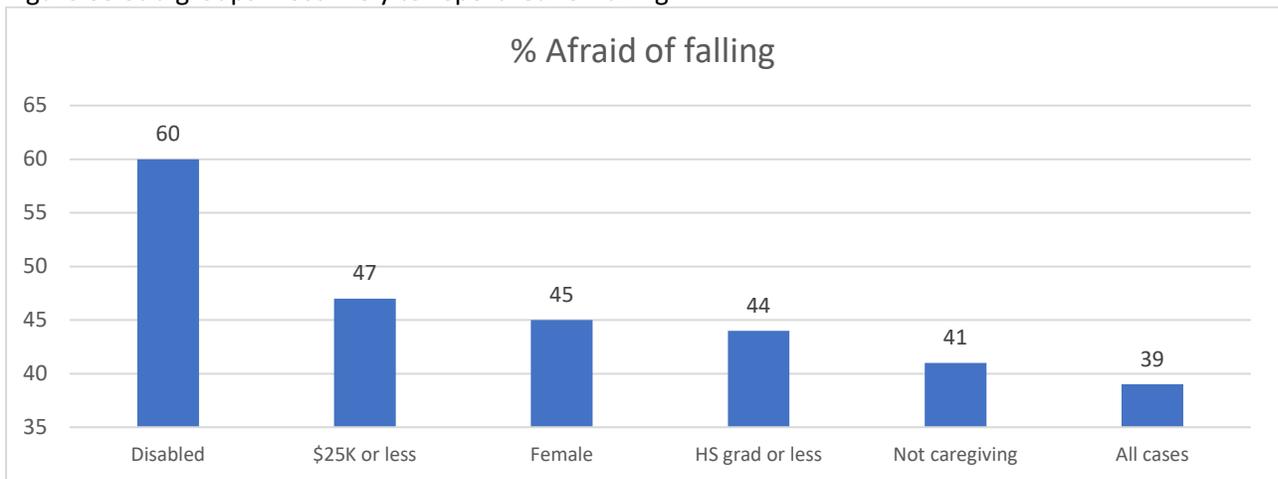
Figure 64 Reports of falling in past year by living alone, disability status, and family caregiving status



- 39% of older adults report fear of falling
- 60% of the disabled report fear of falling

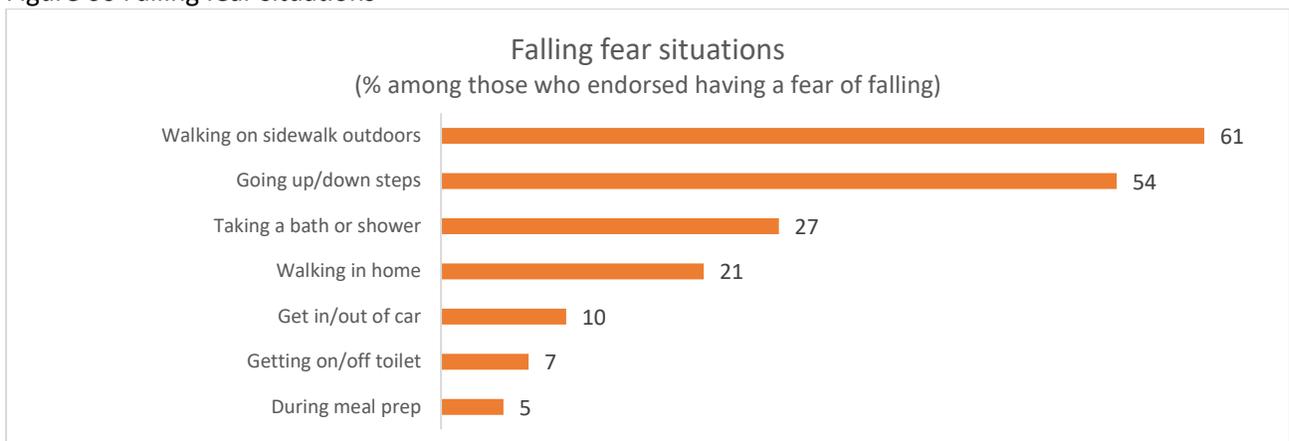
- Those with incomes of \$25K or less (47%), females (45%), and those with a high school diploma or less (44%) are more likely to report fear of falling

Figure 65 Sub-groups most likely to report fear of falling



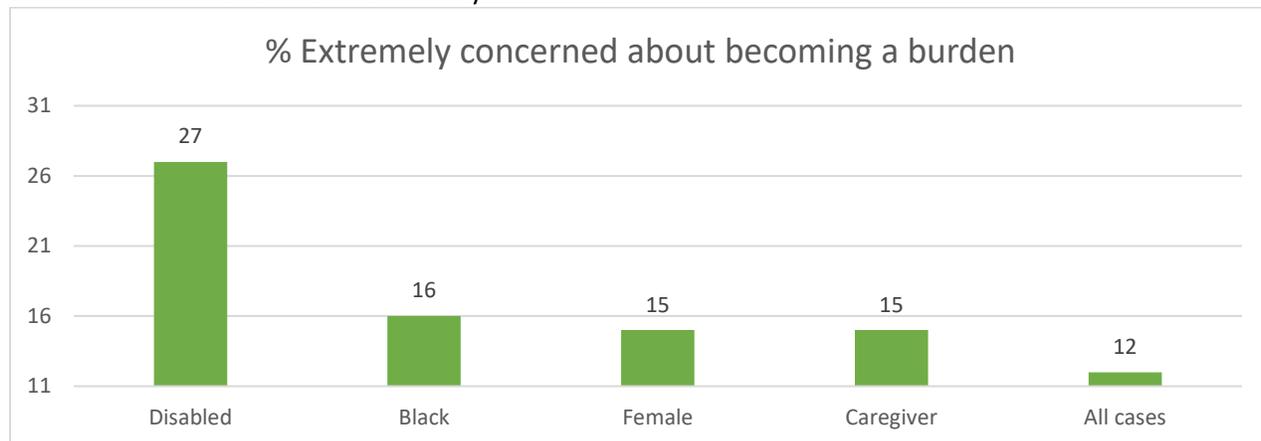
- The most common situations in which older adults report fear of falling are walking on a sidewalk outdoors (61%), going up and down steps (54%), taking a bath or shower (27%), and walking in the house (21%)

Figure 66 Falling fear situations



- 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,” 37% are somewhat concerned,” 24% are “not very concerned,” and 27% are “not at all concerned”
- 27% of the disabled are “extremely concerned” about becoming a burden
- The Black population (16%), females (15%), and family caregivers (15%) were more likely to be “extremely concerned” about becoming a burden

Figure 67 Sub-groups most likely to report extreme concern about becoming a burden to family and friends because of ill-health or disability



Comparing the Disabled with the Non-Disabled: Where Do the Disabled Stand Out?

In comparison with the non-disabled, **disabled older adults** were:

(NOTE: Findings shown in **bold text** are those for which the disabled were the group at **highest risk** of any sub-groups examined. See other sections of the report for related statistics and graphics.)

Work / labor force / retirement confidence / financial difficulties / income sources

- Less likely to be employed; **more likely to be disabled and unable to work**; more likely to have retired earlier than planned due to a disability; and **less satisfied with retirement**
- Less confident will have \$ to live comfortably
- Less confident will have \$ for basic expenses
- **More likely to report difficulty handling bills and banking**
- More likely to report difficulty paying for basic necessities
- More likely to say Social Security is sole source of retirement income

Housing / living arrangements

- More likely to live alone
- More likely to rate physical condition of housing as fair / poor
- More likely to be dissatisfied with housing situation
- More likely to have grab bars / seat in shower / tub

Neighborhood

- More likely to live in neighborhood with abandoned, poor condition buildings
- More likely to rate neighborhood as fair / poor for older people
- Less likely to feel safe in neighborhood
- More likely to lack access to healthy foods, etc.
- More likely to have lower neighborhood cohesion scores

Transportation

- **More likely to report rides from relatives / friends as a main source of transportation**
- Less likely to drive themselves to work
- More likely to report using public transportation weekly or more often

Physical and mental health

- **More likely to rate health as fair / poor**
- **More likely to report four or more chronic health conditions**
More likely to have...
 - **Lower physical function scores (PROMIS)**
 - **Higher anxiety scores (PROMIS)**
 - **Higher depression scores (PROMIS)**
 - **Higher fatigue scores (PROMIS)**
 - **Higher sleep disturbance scores (PROMIS)**
 - **Lower able to participate in activities scores (PROMIS)**
 - **Higher pain interference scores (PROMIS)**
 - **Lower cognitive function scores (PROMIS)**

Functional status and disability

- **More likely to use assistive device**
- **More likely to have fallen in the past year**
- **More afraid of falling**
- **More concerned about becoming a burden to family**

Health care access

- **More likely to report not being able to see a doctor because of the cost**
- **Less likely to have seen a dentist in the past year**
- **More likely to have seen a mental health professional in past year**
- **More likely to have been hospitalized in past year**
- **More likely to have been hospitalized more than once in past year**
- **More likely to have received formal care at home**

Health behaviors

- **Less likely to drink weekly or more often**
- **Less likely to report physical activity / exercise**
- **More likely to have received pneumonia vaccine**

Social health / support

- **Less satisfied with social support**
More likely to have...
 - **Lower social support scale scores (Lubben)**
 - **Higher negative / critical interactions scale scores**
 - **Higher loneliness scale scores**

Elder mistreatment (EM)

- **More likely to report any EM**
- **More likely to report any emotional EM**
- **More likely to report any physical EM**
- **More likely to report any financial EM**

Service use

- **More likely to have heard of information / referral services for older adults**
- **More likely to have used information / referral services for older adults**
- **More likely to have received any formal support services**

- **Less likely to be very satisfied with formal services received**
- **More likely to report needing services not currently receiving**

Internet / technology

- Less likely to use internet
- More likely to have had a virtual visit with a doctor

Disabled Sub-Groups at High Risk for Negative Outcomes

- Disabled **females** (versus disabled males) are less likely to be confident they have enough money to live comfortably in retirement; score lower on the PROMIS physical function scale; and report getting less physical activity
- Disabled **Black** population are more likely to live alone; more likely to rely on public transportation weekly or more; and less likely to have received pneumonia and shingles vaccines
- The disabled **age 55-64** are less confident they will have enough money to live comfortably in retirement; less confident they will have money to meet basic expenses and medical expenses in retirement; feel less safe in their neighborhoods; score higher on the PROMIS sleep disturbance scale; more likely to use an assistive device; more likely to smoke and be obese; less likely to report receiving flu, pneumonia, and shingles vaccines; more likely to report negative / critical social interactions; report more loneliness; and more likely to report physical elder mistreatment
- The disabled with **less education** are less satisfied with retirement; less confident they have enough money to meet basic expenses in retirement; more likely to report Social Security as their sole income source during retirement; less satisfied with the physical condition of their home; more likely to live in neighborhoods with abandoned or fair / poor condition buildings; more likely to rate their neighborhood as only fair or poor for older adults; less likely to have seen a dentist in the past year; and less likely to use the internet
- **Low income** disabled are less likely to be working; more likely to be unable to work because of their disability; more likely to have retired early due to disability; have more difficulty paying for basic necessities; more likely to report Social Security as their sole income source during retirement; more likely to live alone; less satisfied with the physical condition of their home; feel less safe in their neighborhood; have less neighborhood access to healthy foods, green spaces, etc.; report lower neighborhood social cohesion; more likely to rely on public transportation weekly or more; and more likely to use an assistive device

Change Over Time: Comparing 2022 vs. 2014

- While the overall prevalence of needing help with personal care and routine activities has remained essentially stable over time, the non-Black population have reported slight increases in needing personal care (4% vs. 2%) and routine activities assistance (14% vs. 10%); while the Black population have reported slight decreases: (5% vs. 7% personal care), (20% vs. 23% routine activities)

Outlook and Policy Implications

Approximately one-third of individuals reporting "pre-clinical" disability were in the lowest-income bracket. Older adults with fewer resources may face barriers to acquiring assistive devices or home modifications. Targeting this pre-clinical 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. Outreach and education could seek to promote enhanced health literacy to help older adults leverage existing resources to access assistive devices, such as Medicare, for individuals who may be eligible.

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. The data presented in this report provides some insight into potential risk factors, finding that individuals with low incomes and older adults with disabilities are the most likely to live in housing that is rated as fair or poor, and over 40% of older adults with disabilities live in housing that has multiple floors and does not have a kitchen and bathroom on the same floor.

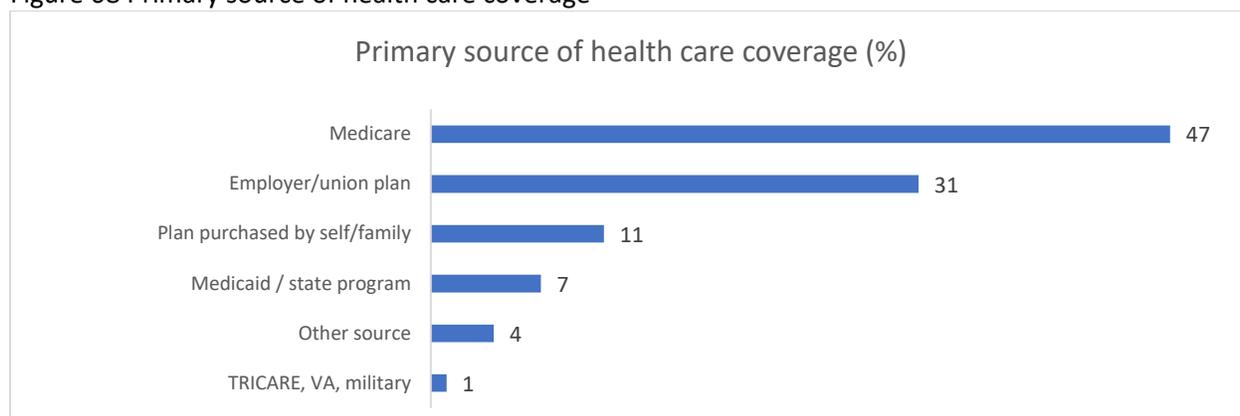
A majority of older adults are afraid of falling when walking on a sidewalk outdoors. Interventions to support safety and independence are often focused on the home environment itself and the ability to move in and out of the home through devices such as ramps and railings. However, the ability to safely 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.

Health Care Access

This section focuses on access to health care, including primary sources of health coverage, frequency of both in-person and remote (telemedicine) health care visits, and affordability of health care. We also examine visits to specialists, hospitalizations, emergency room visits, and home nursing care received. Overall perception of health care quality, cost, and convenience is explored. Last, we examine the impact of the COVID-19 pandemic on health care access.

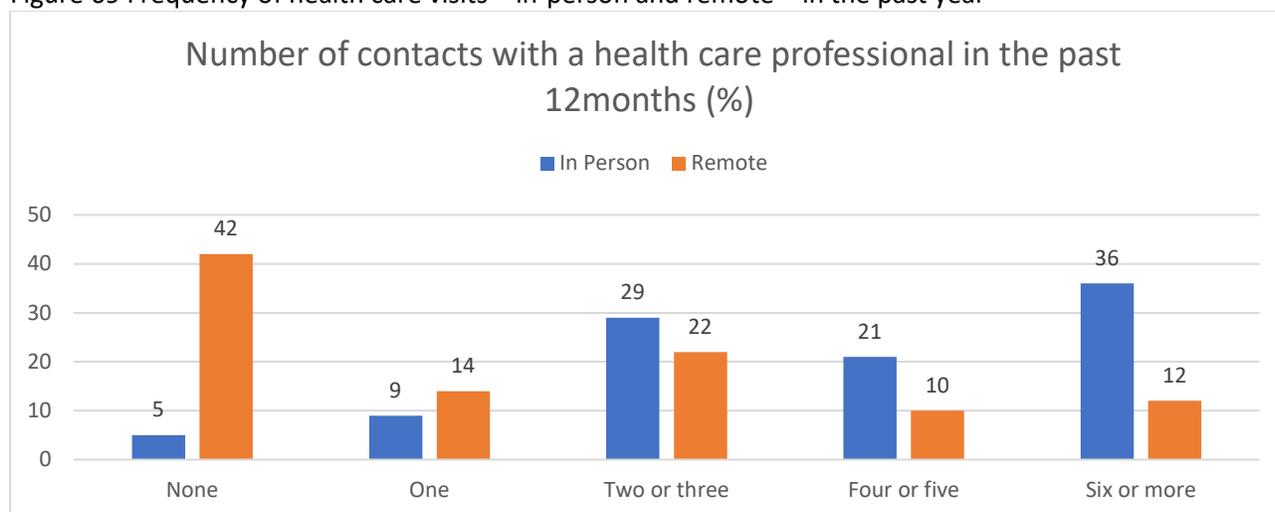
- 97% of older adults have health care coverage; with 47% primarily covered by Medicare; 31% by a plan purchased through an employer; 11% by a self-bought plan; and 7% by Medicaid or other state program

Figure 68 Primary source of health care coverage



- 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
- When asked about remote / telehealth visits, 42% report no such visits in the past 12 months; 14% one visit; 22% two or three visits; and 22% four or more

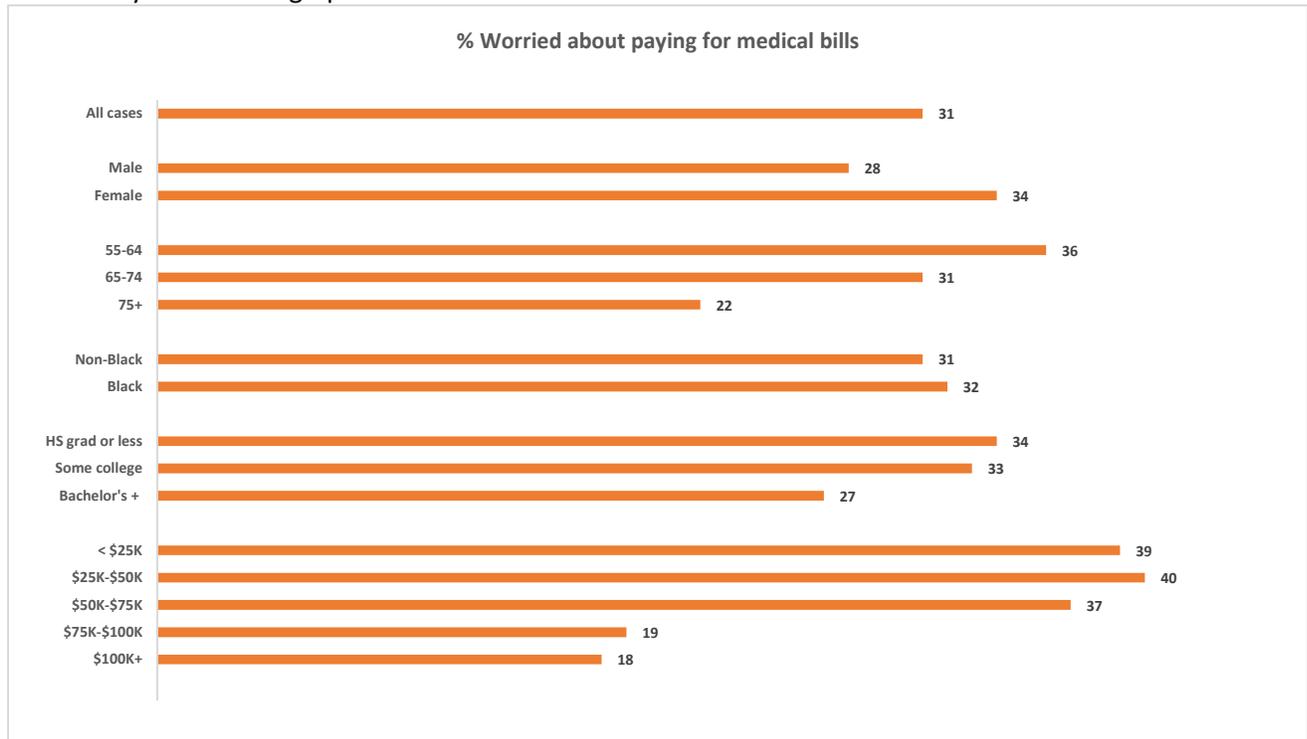
Figure 69 Frequency of health care visits – in-person and remote – in the past year



- Only 4% report being unable to see a doctor in the past months because of the cost

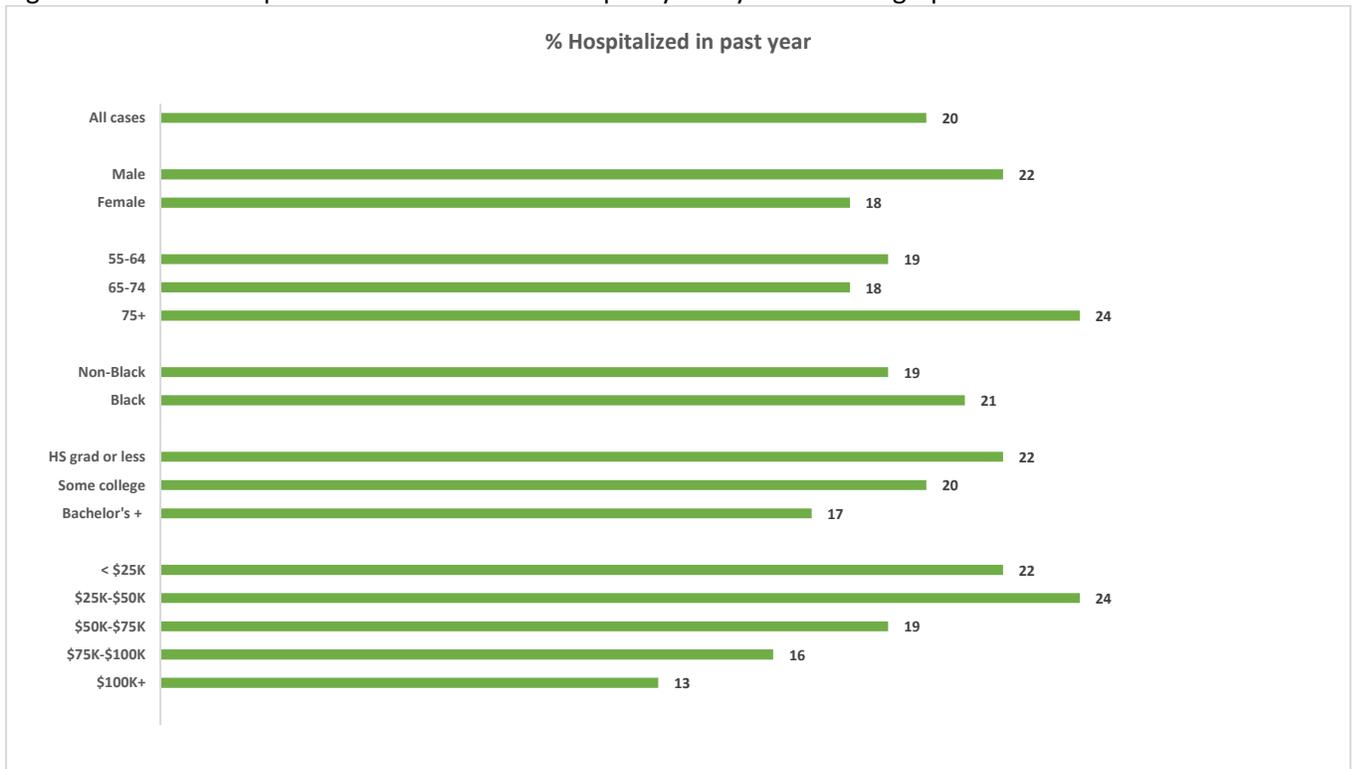
- Being unable to see a doctor because of the cost was higher for the disabled (8%) and those age 55-64 (6%)
- 6% are “very worried,” and 25% “somewhat worried” about being able to pay their medical bills in case of an illness or accident
- Those with incomes of \$25K-\$50k (40%), \$25K or less (39%), and those age 55-64 (36%) were more likely to be at least somewhat worried about paying medical bills

Figure 70 Reports of being very or somewhat worried about paying medical bills in case of illness or accident by socio-demographic characteristics



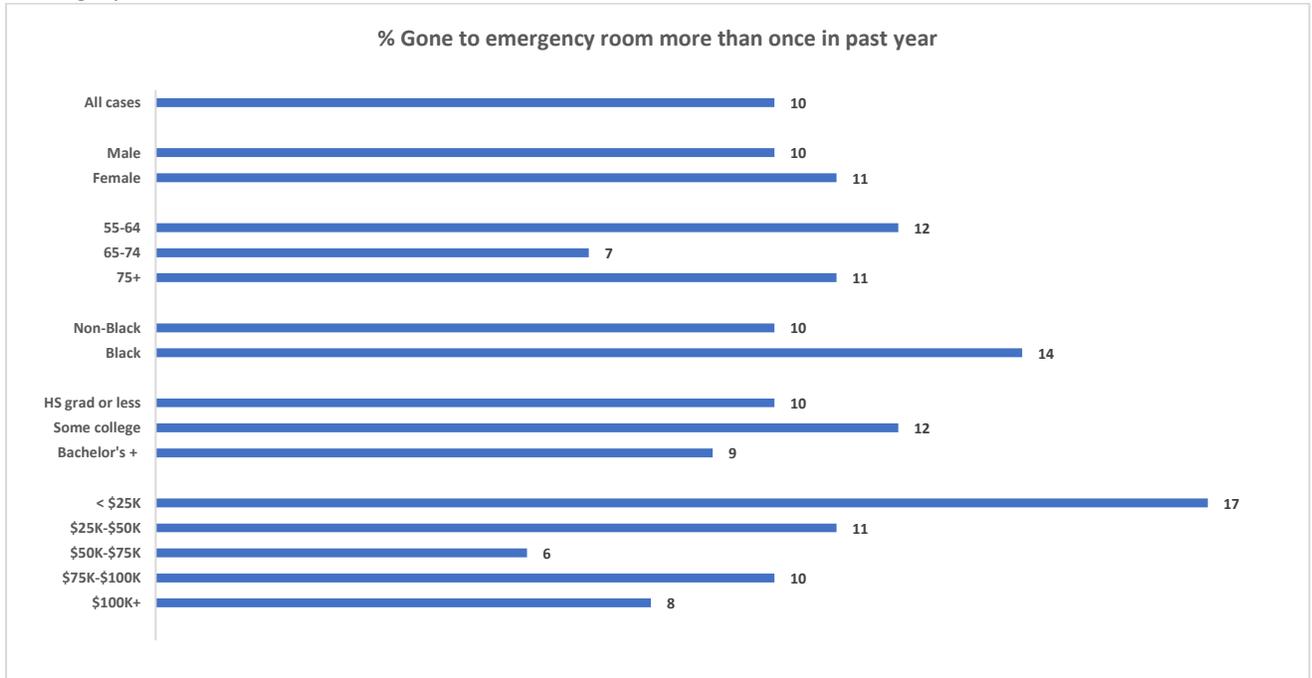
- 71% have seen a dentist within the past year
- Those with incomes of \$25K or less (48%), the disabled (58%), the Black population (60%), and those with a high school diploma or less (62%) are less likely to have seen a dentist in the past year
- 14% have seen a mental health professional (psychiatrist, psychologist, psychiatric nurse, clinical social worker) within the past year
- The disabled (28%) are more likely to have seen a mental health professional in the past year
- 72% have seen an optometrist, ophthalmologist, or eye doctor within the past year
- The Black population (63%), those age 55-64 (64%), and those with a high school diploma or less (67%) were less likely to have seen an eye doctor in the past year
- 20% of older adults report being hospitalized in the past year

Figure 71 Percent hospitalized at least once in the past year by socio-demographics



- 33% of the disabled were hospitalized in the past year
- 14% of older adults in Allegheny County were hospitalized once in the past year; 3% twice; and 3% three times or more
- 30% have gone to a hospital emergency room in the past year
- 20% have gone to an emergency one time; 7% two or three times; and 3% four or more times in the past year
- 26% of the disabled and 17% of those with incomes of \$25K or less went to the emergency room more than once in the past year

Figure 72 Percent reporting going to an emergency room more than once in the past year by socio-demographics



- 13% report receiving care at home from a nurse / health care professional
- The disabled (27%), those age 75 and older (19%), and those with incomes of \$25K or less (16%) were more likely to receive home care
- 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%)
- 27% report putting off health care when needed at least once since the start of the Coronavirus pandemic
- Family caregivers (34%), those age 55-64 (33%), and females (32%) were more likely to put off getting care due to the Coronavirus pandemic
- The main reasons noted for delaying care were they decided it could wait (31%), were afraid to go (31%), and that the provider cancelled, closed, or re-scheduled (30%)

Figure 73 Percent reporting putting off getting care since the Coronavirus pandemic by socio-demographic characteristics

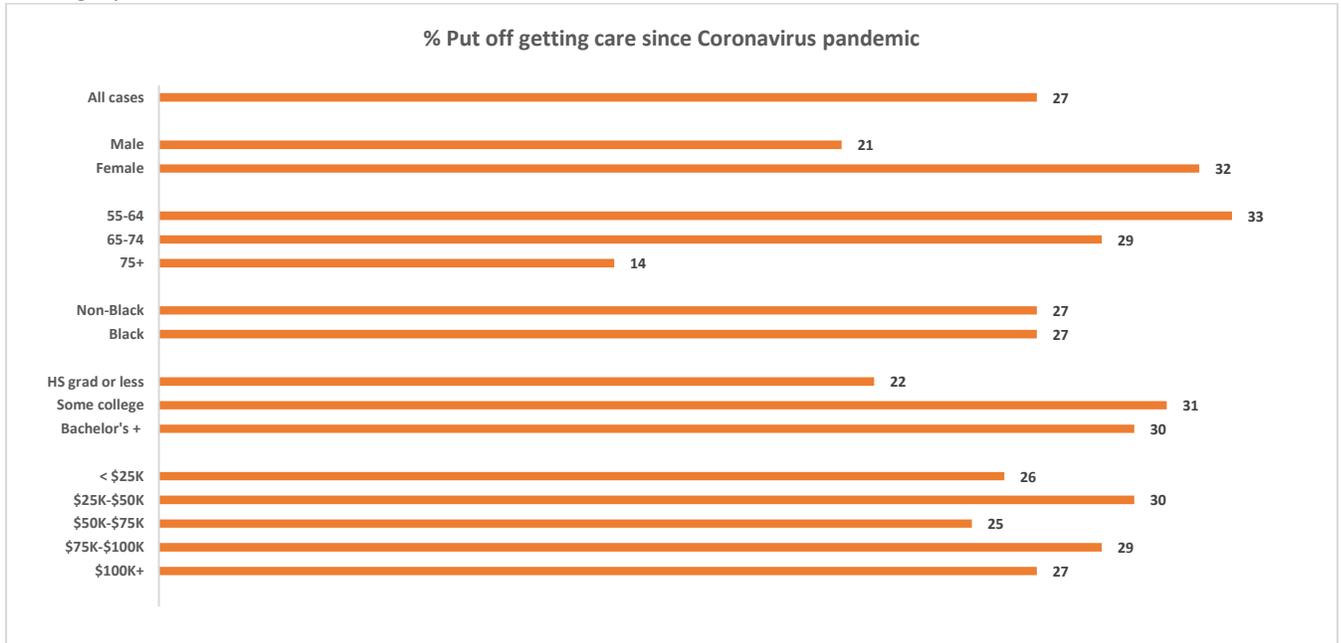


Figure 74 Sub-groups most likely to report putting off getting care since the Coronavirus pandemic

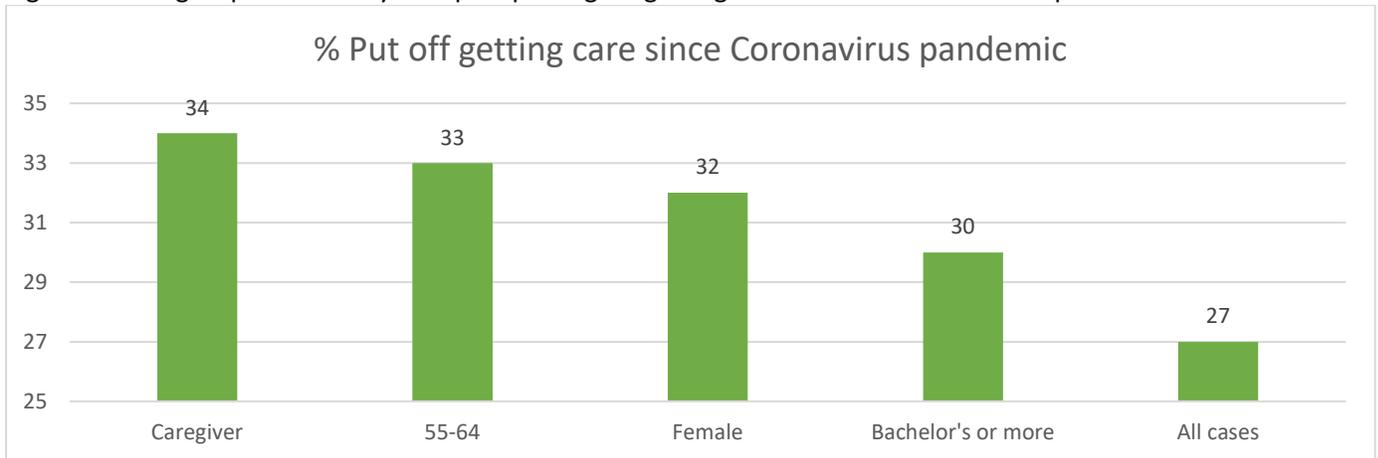
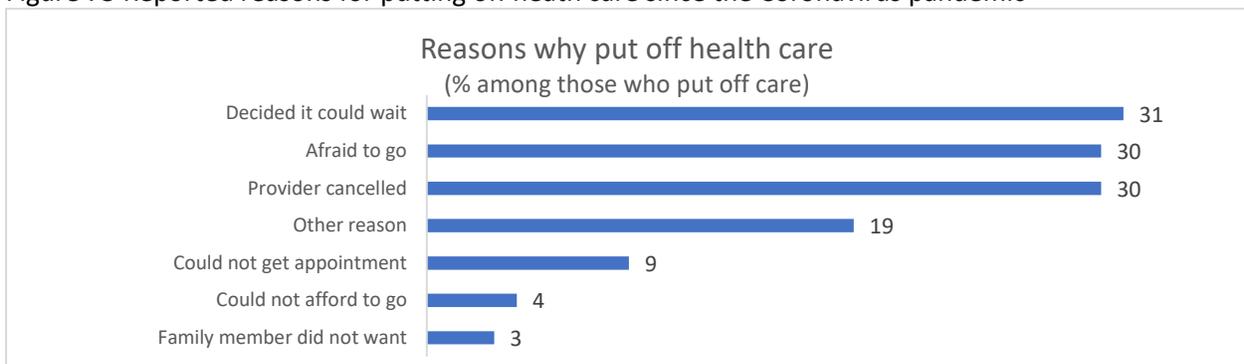


Figure 75 Reported reasons for putting off health care since the Coronavirus pandemic



Change Over Time: Comparing 2022 vs. 2014

- Health care coverage has remained very high (97% vs. 94%)
- Hospitalization in the past year has also been stable overall (20% vs. 22%); however, it reduced for the Black population (21% vs. 32%)
- Satisfaction with the quality, cost, and convenience of health care has increased slightly over time, with 60% rating “very satisfied” in 2022 vs. 53% in 2014
- The increase in satisfaction with health care is greater for the Black population (56% vs. 44% “very satisfied”) than for the non-Black population (61% vs. 54%)

Outlook and Policy Implications

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. While many older adults who put off care since the COVID-19 pandemic reported deciding that care could wait or expressing fear about going to the office, many reported provider cancellations, or inability to get an appointment. While the COVID-19 pandemic has driven many provider shortages in the near term, these access issues highlight the importance of engaging in long-term planning to ensure an adequate health care workforce to meet the needs of Allegheny County’s aging population.

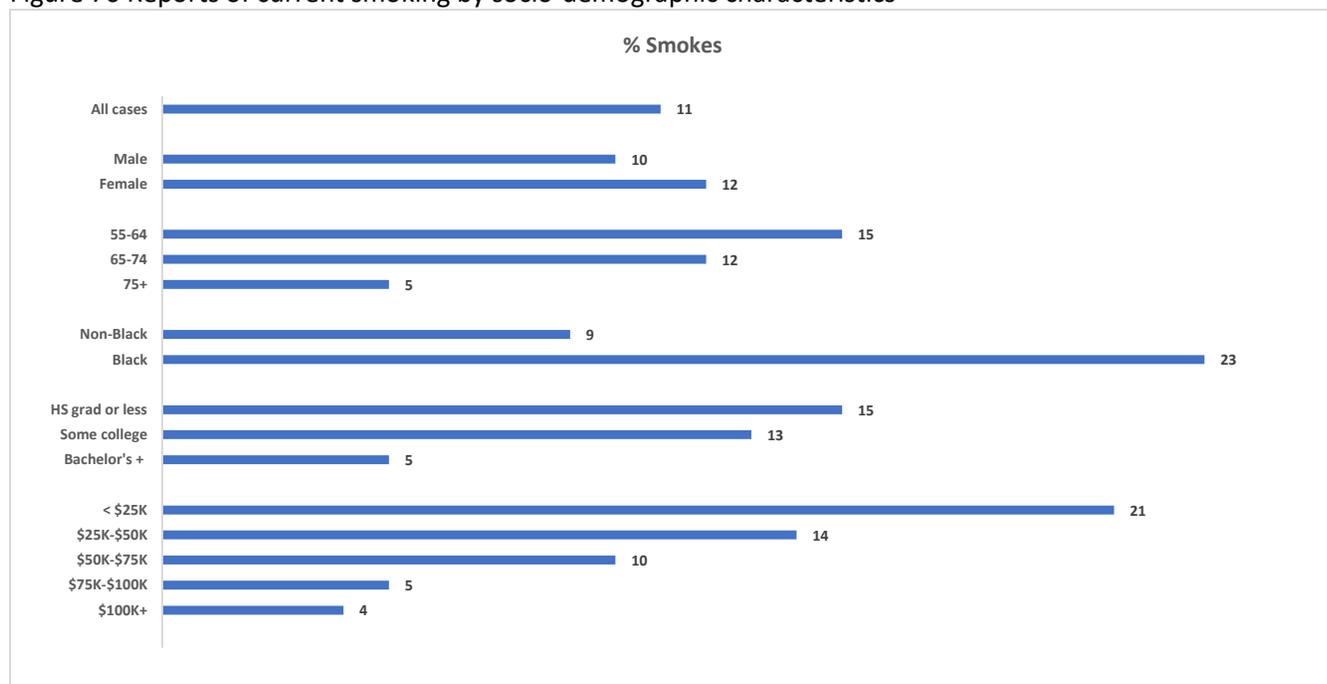
The data also highlights the access challenges faced by individuals with disabilities, including heightened concerns about cost and increased likelihood of visiting the emergency room (ER). While further exploration is needed to understand factors driving ER utilization among individuals with disabilities, this is a potential indicator of challenges in accessing primary or specialty care that should be explored.

Health Behaviors

This section examines health-related behaviors, including smoking, alcohol use, and physical activity / exercise. It also presents data on Body Mass Index (BMI)-defined obesity. Last, we describe older adults' receipt of various vaccines and regular medical checkups. See the section “physical and mental health” for selected comparisons to PA and the U.S. on health behaviors using 2021 BRFSS data.

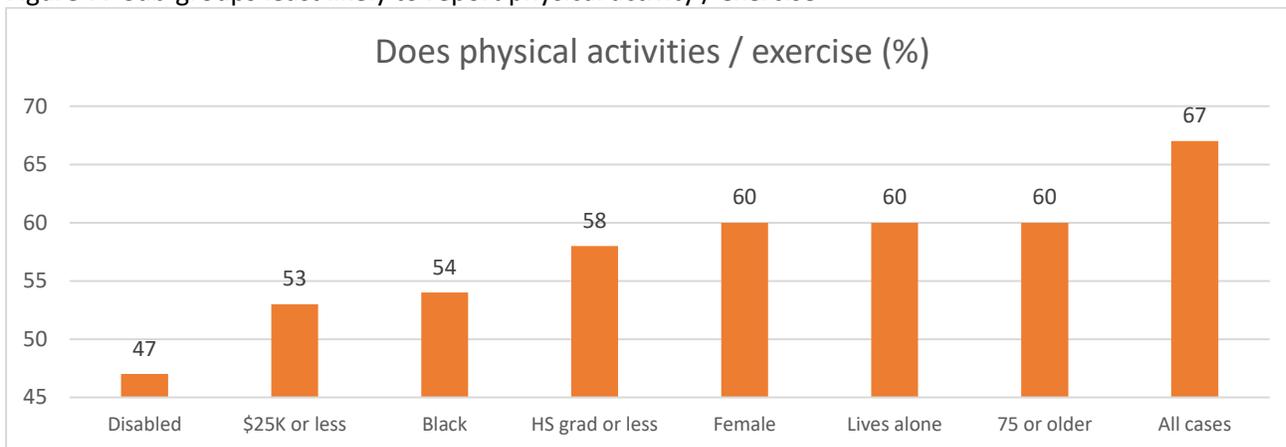
- 9% report smoking every day; 2% smoke on some days
- The Black population (23%), those with incomes of \$25K or less (21%), those age 55-64 (15%), and those with a high school diploma or less (15%) are more likely to smoke at least some days

Figure 76 Reports of current smoking by socio-demographic characteristics



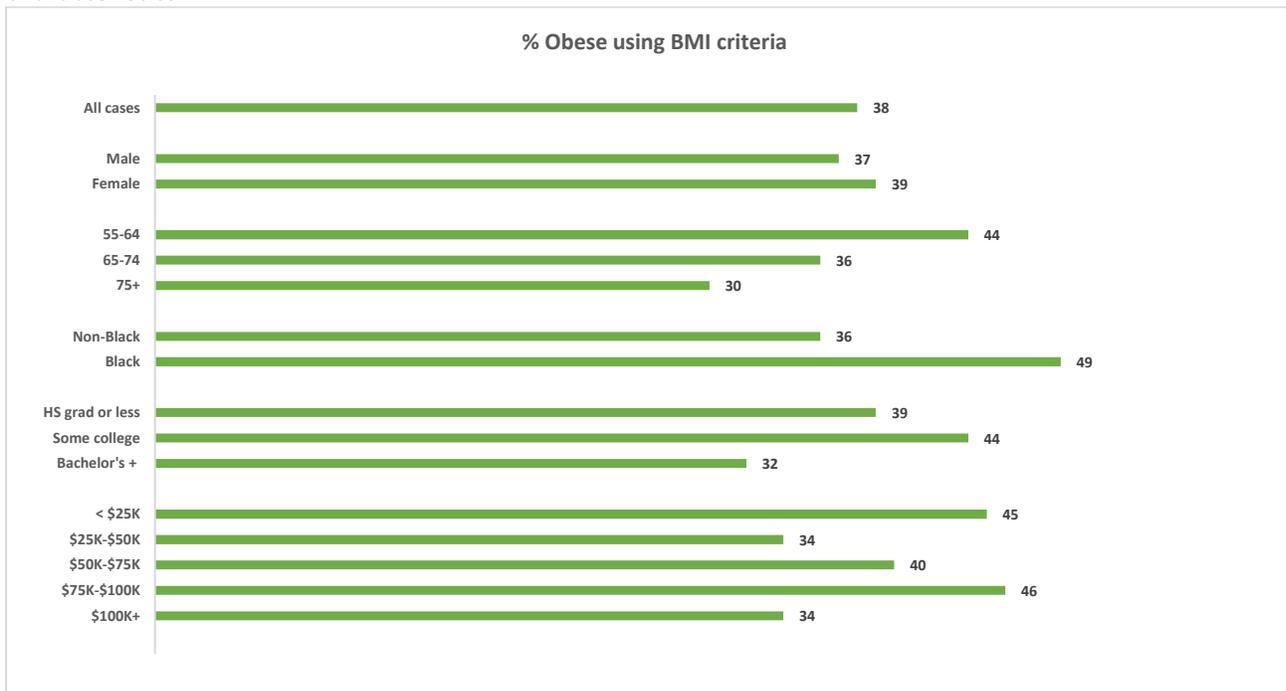
- 58% report being non-drinkers of alcohol; 31% report having 1-6 drinks in an average week; and 11% report 7 or more drinks per week
- Those with the highest incomes (\geq \$100K; 61%), males (52%), and those with a bachelor's degree or higher (52%) were more likely to report drinking weekly or more often
- 67% report participating in physical activities or exercises other than their regular job (running, calisthenics, golf, gardening, walking for exercise)
- The disabled (47%), those with incomes of \$25K or less (53%), the Black population (54%), and those with a high school diploma or less (58%) are less likely to report physical activities or exercise

Figure 77 Sub-groups least likely to report physical activity / exercise



- 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
- Those with household incomes of \$25K or less (45%) and \$75K - \$100K (46%) were also more likely to meet obesity criteria

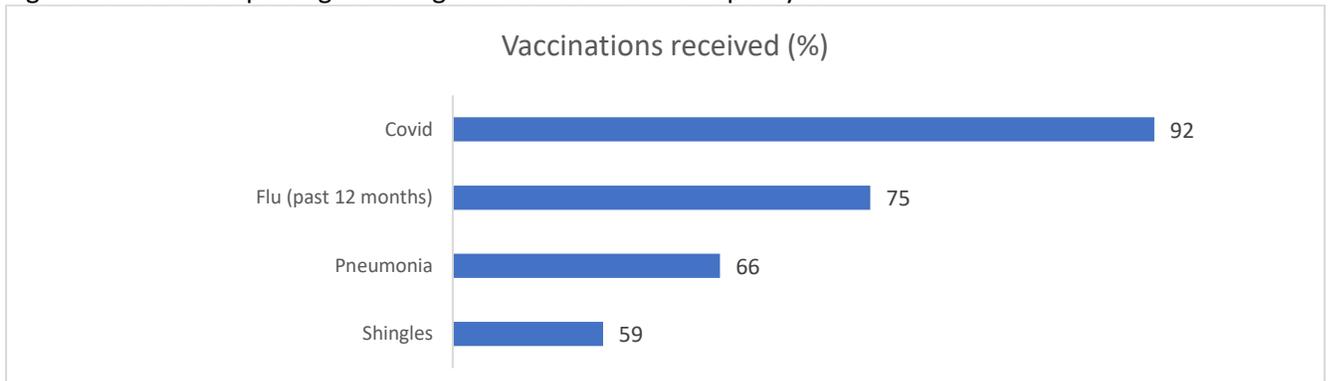
Figure 78 Percent meeting obesity criteria using Body mass Index (BMI) criteria by socio-demographic characteristics



- 75% have received a seasonal flu shot in the past year
- The Black population (59%), those age 55-64 (65%), and those with incomes of \$25K or less (67%) are less likely to have received a flu shot in the past year
- 66% have received a pneumonia vaccine
- Those age 55-64 (43%), the Black population (54%), and those with the highest income (\$100K or more; 54%) are less likely to have ever received a pneumonia shot

- 59% have received a shingles vaccine
- The Black population (45%) and those age 55-64 (47%) are less likely to have ever received a shingles vaccine
- 92% report having received a COVID vaccine
- Those with incomes of \$25K or less (87%) and those age 55-64 (89%) are less likely to have received a COVID vaccine

Figure 79 Percent reporting receiving various vaccines in the past year



- 89% report having had a regular medical check-up with their doctor in the past year

Change Over Time: Comparing 2022 vs. 2014

- Reports of physical activity / exercise are up slightly (67% vs. 61%), but only for the non-Black population (69% vs. 62%); 54% of the Black population report physical activity / exercise both years
- Vaccination rates are up slightly overall for flu shots (75% vs. 68%) and pneumonia vaccines (66% vs. 63%)
- However, rates of flu shots (71% vs. 59%) and pneumonia vaccines (66% vs. 54%) are down for the Black population, and significant racial differences remain
- Rates of receiving the shingles vaccine are up substantially since 2014 (59% vs. 29%), both for the Black (45% vs. 18%) and non-Black (61% vs. 30%) populations, and significant racial differences remain

Outlook and Policy Implications

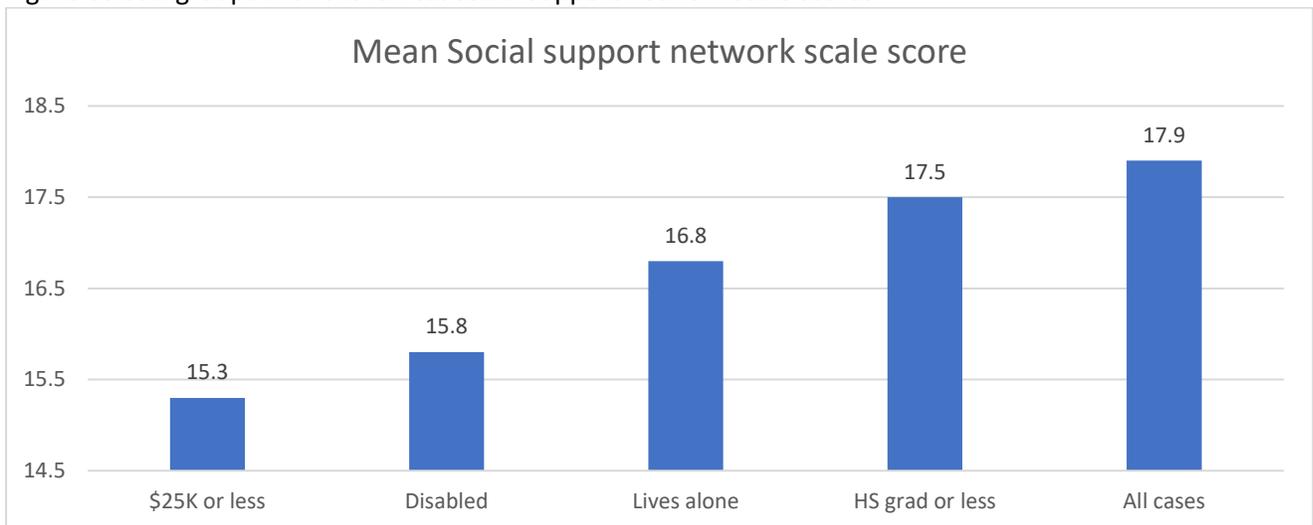
Approximately two-thirds of older adults reported engagement in physical activities or exercises other than their regular job. Individuals with disabilities, lower-income individuals, the Black population, and older adults with lower educational attainment reported lower rates of exercise and physical activity than the general population. 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. Culturally appropriate educational and information campaigns around health behaviors should also be designed to target the Black population, who report higher rates of smoking, less exercise, more obesity, and reduced receipt of recommended vaccinations.

Social Support / Health

This section examines social support networks, satisfaction with social support, negative / critical social interactions, and loneliness. Other than satisfaction with social support, multi-item scales are used to measure these constructs (see Appendix tables for results on individual items). The Lubben Social Network Scale consists of the sum of six items asking the number of relatives and friends the older adult talks to monthly (separate items), the number of relatives and friends they can talk to about private matters, and the number of relatives and friends they can call on for help. Negative / critical social interactions are measured by summing three items asking the frequency during the past month that others: (1) made too many demands on you; (2) have been critical of you; and (3) have taken advantage of you. We used the three-item UCLA Loneliness Scale: this is the sum of frequency of the following items: (1) I lack companionship; (2) I feel left out; and (3) I feel isolated from others. For additional social indicators at the neighborhood level, see the supplemental report on *age-friendly communities*.

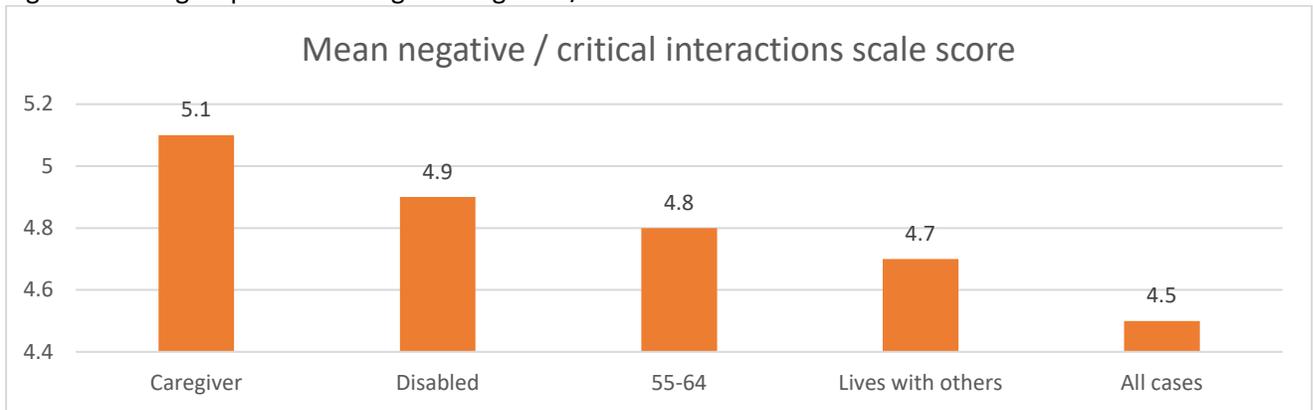
- The mean Lubben Social Network Scale score for Allegheny County older adults was 17.9 (potential range 0 – 30), a moderate score.
- Those with incomes of \$25K or less, the disabled, and those living alone scored significantly below average on the Lubben Social Network Scale

Figure 80 Sub-groups with the lowest social support network scale scores



- 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 mean negative / critical interaction scale score was 4.5 (potential range 4 – 12), which is very low
- Family caregivers, the disabled, and those age 55-64 scored highest on the negative / critical interactions scale

Figure 81 Sub-groups with the highest negative / critical social interaction scale scores



- The mean UCLA Loneliness Scale score was 4.0 (potential range 3 – 9), a very low score
- The disabled, those with incomes of \$25K or less, and those living alone scored highest on the UCLA Loneliness Scale

Figure 82 Mean loneliness scale score by socio-demographic characteristics

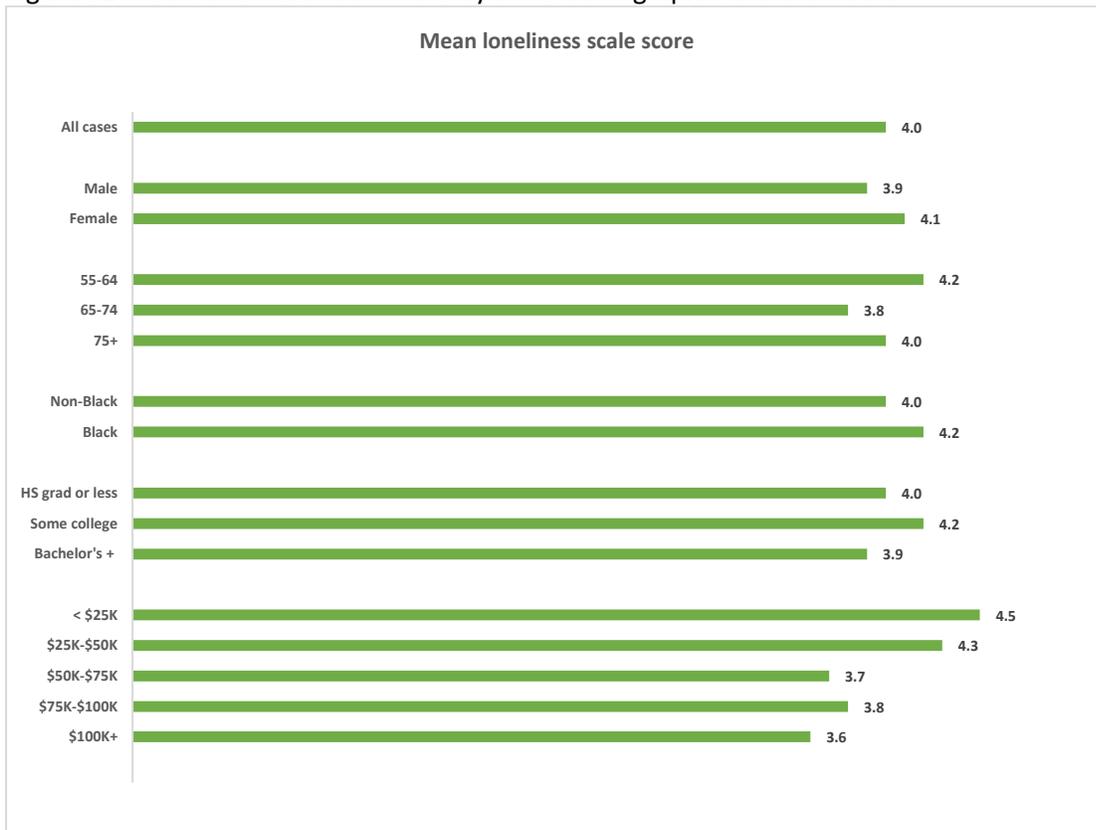
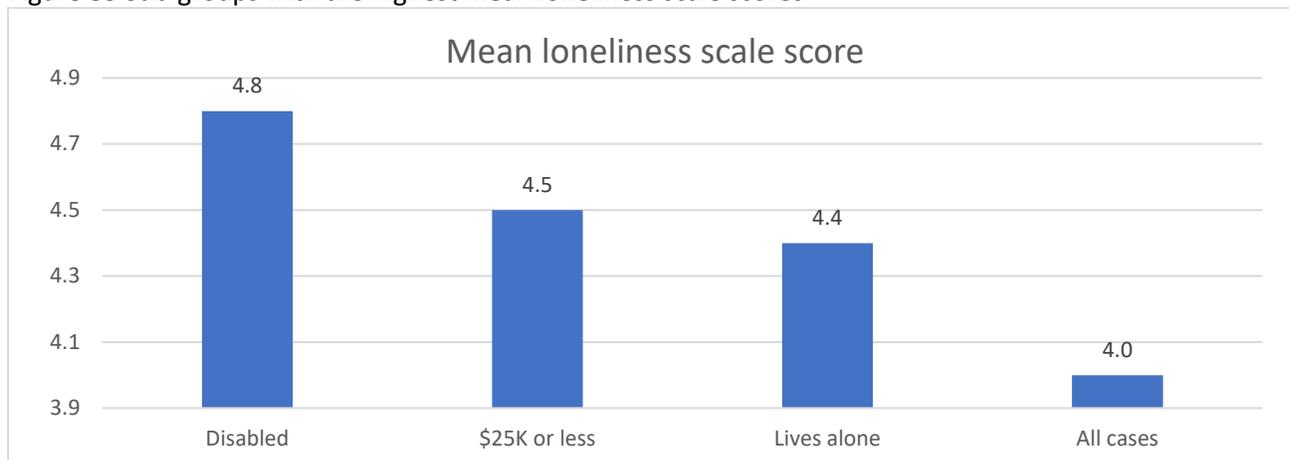


Figure 83 Sub-groups with the highest mean loneliness scale scores



Change Over Time: Comparing 2022 vs. 2014

- Overall, satisfaction with social support from family and friends has remained relatively stable
- Among the Black population, satisfaction with social support has increased somewhat (64% “very satisfied” vs. 57%) and there are now no significant racial differences as there were in 2014
- Mean overall scores on the negative / critical social interactions scale decreased slightly (M = 4.5 vs. M = 4.7), but among the Black population, the decrease was more pronounced (M = 4.4 vs. M = 5.1)

Outlook and Policy Implications

Advances in technology which make more services available online, as well as a focus on reducing institutionalization which has increased the delivery of aging support services in the home environment, can reduce opportunities for social engagement and connection outside of the home. Prioritization of strategies to create more opportunities for engagement between older adults and peers, as well as other members of the community, could help to combat isolation. The higher rates of loneliness reported by individuals who live alone, persons with disabilities, and low-income individuals may indicate that 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 does 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 are able to access resources and programming that support successful care provision and mental health supports could help address these challenges.

Elder Mistreatment

This section explores elder mistreatment using a 10-item screener developed for the “National Social Life Health and Aging Project” (NSHAP). The individual items are shown in Table 20, along with comparative data from the 2015 national NSHAP survey. Note that a four-item emotional / psychological mistreatment sub-scale; a two-item physical mistreatment sub-scale; and a two-item financial mistreatment sub-scale can also be calculated. It should be emphasized that these items are meant as screeners, indicative of *potential* mistreatment for additional follow-up, and not to be used as definitive signs of elder mistreatment.

- 37% of older adults (age 55+) and over in Allegheny County indicate potential EM in the past 12 months on at least one item, compared with 43% of the national sample from 2015 (age 60-95)
- The most commonly endorsed item was “have you felt uncomfortable with anyone in your family?” (23%), which 21% of the national sample endorsed
- Local older adults were slightly more likely to endorse items related to emotional / psychological mistreatment (except for name calling); slightly less likely to endorse physical mistreatment items; and less likely to endorse financial mistreatment items

Table 15 Percent endorsing each item on the NSHAP screener Allegheny County versus the U.S. (NSHAP, 2015)

ITEM	Allegheny County, 2021 / 22 (Age 55+)	US (NSHAP) 2015 (Age 60 - 95)
Have you felt uncomfortable with anyone in your family? (E)	23.0	20.7
Have you felt that nobody wanted you around? (E)	8.2	8.0
Has anyone told you that you gave them too much trouble? (E)	6.0	5.0
Have you been afraid of anyone in your family? (P)	1.7	2.4
Has anyone close to you tried to hurt or harm you? (P)	2.1	2.2
Has someone in your family made you stay in bed or told you that you are sick	0.7	1.6
Has anyone close to you called you names or put you down or made you feel	10.1	11.8
Has anyone forced you to do things you didn’t want to do?	3.1	3.2
Has anyone taken things that belong to you without your OK? (F)	7.1	9.9
Has anyone borrowed your money without paying you back? (F)	12.1	20.2

Note: E = emotional EM sub-scale item; P = physical EM sub-scale item; F = financial EM sub-scale item

- Family caregivers (49%), the disabled (48%), those with a bachelor’s degree or higher (43%), and those with incomes of \$25K or less (43%) were more likely to endorse at least one EM item
- 30% of older adults indicate emotional / psychological EM on the four-item NSHAP screener sub-scale
- Family caregivers (40%), the disabled (40%), those with a bachelor’s degree or higher (39%), and those age 55-64 (35%) were more likely to endorse at least one emotional / psychological EM item
- 3% of older adults indicate physical EM on the two-item NSHAP screener sub-scale

- Family caregivers (8%), the disabled (7%), and those age 55-64 (5%) were more likely to endorse at least one physical EM item
- 15% of older adults indicate financial EM on the two-item NSHAP screener sub-scale
- Those with incomes of \$25K or less (26%), the disabled (25%), and those with some college (21%) were more likely to endorse at least one financial EM item

Figure 84 Sub-groups most likely to report any elder mistreatment on NSHAP screener

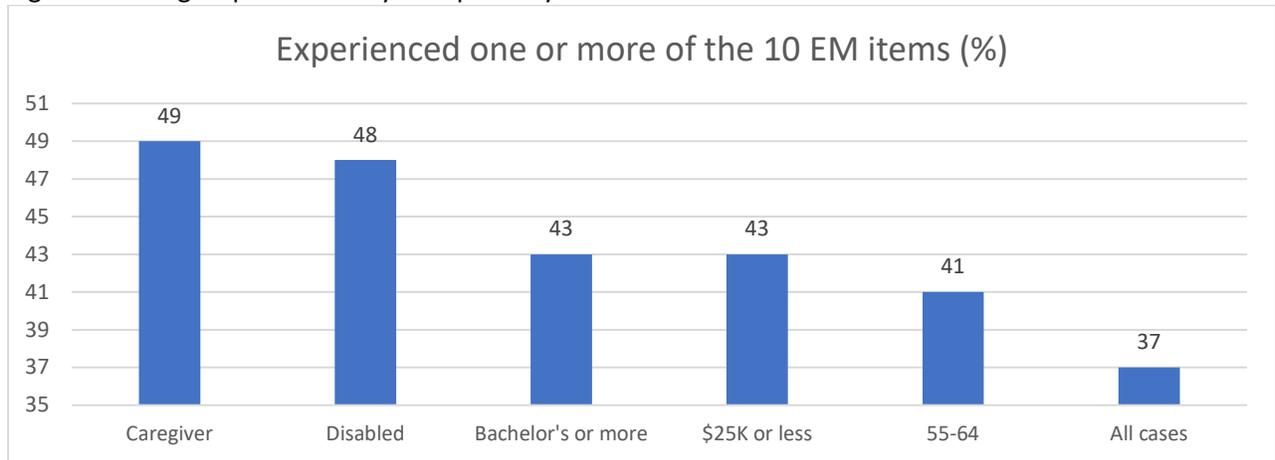


Figure 85 Sub-groups most likely to report emotional elder mistreatment on NSHAP screener

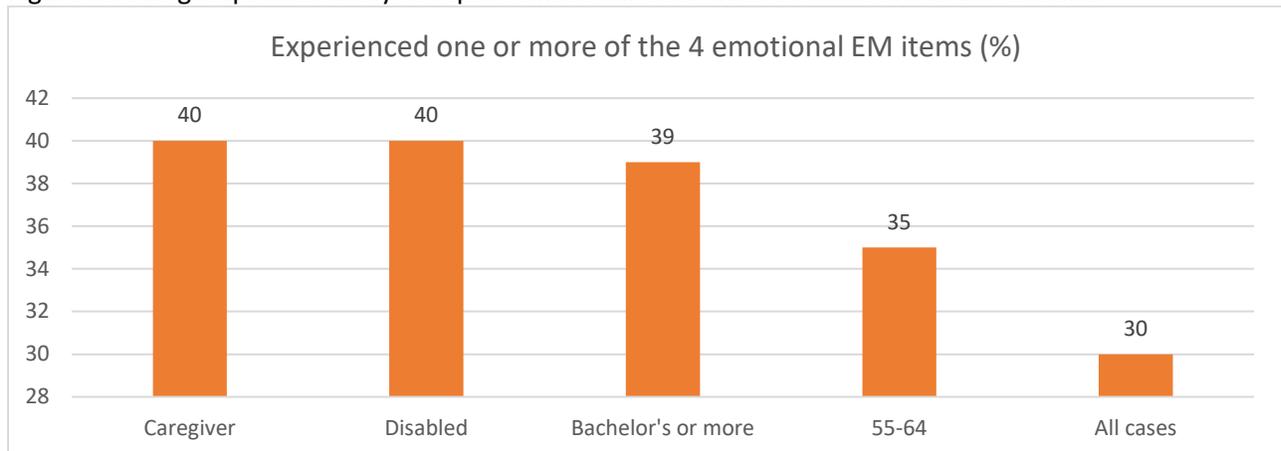


Figure 86 Sub-groups most likely to report physical elder mistreatment on NSHAP screener

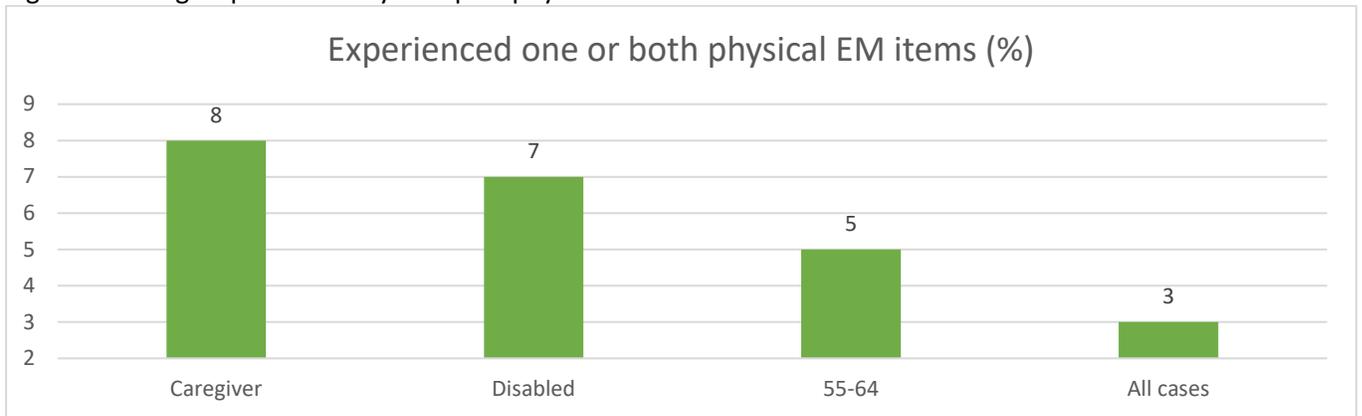
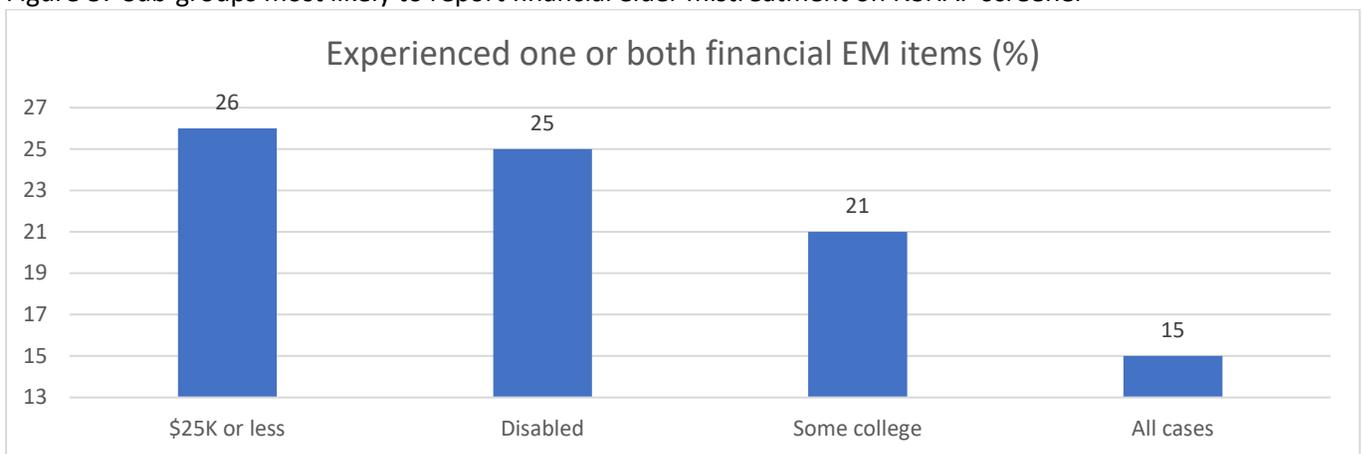


Figure 87 Sub-groups most likely to report financial elder mistreatment on NSHAP screener



Outlook and Policy Implications

Using a screener developed for a recent national survey, local older adults report slightly lower levels of potential elder mistreatment than a national sample from 2015. The most common form of potential mistreatment was emotional / psychological, followed by financial, with physical the least common. Local adults reported slightly more potential emotional / psychological mistreatment, slightly less physical, and less financial EM. Interestingly, family caregivers and the disabled were most likely to report potential elder mistreatment, including emotional / psychological and physical elder mistreatment. This 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 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 policymakers. 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 (APS) agencies.

Family Caregiving

This section describes the state of family caregivers age 55 and older in Allegheny County. Family caregivers were defined as those answering yes to the following question (caregiver screener from the Behavioral Risk Factor Surveillance System [BRFSS] *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 non-relatives. In order to provide for statewide comparisons, we administered the BRFSS 2020 caregiver module questions in the survey, in addition to several questions on caregiver stressors, financial impacts, use of caregiver support services, and needs for information and help in their role as a caregiver. First, we compare our sample of caregivers with those from Pennsylvania as a whole, using data from the BRFSS 2020 caregiver module (the latest available). We compare on both socio-demographic characteristics of caregivers, and several caregiving context variables. Then, we describe local caregivers in terms of caregiver stressors, financial impacts, use of caregiver support services, and needs for information and help. Next, we discuss how caregivers compare to non-caregivers on key indicators for the entire survey, and where caregivers stand out. We conclude with a description of the caregiver sub-groups at elevated risk for negative caregiver outcomes, and those most likely to use caregiver support services.

Sample Descriptive Statistics and Comparisons to PA BRFSS 2020 Caregiver Module

- A total of 364 family caregivers age 55 and older were surveyed in Allegheny County
- For comparison and context, data for the BRFSS caregiver module from PA in 2020 are used
- Table 21 shows demographic characteristics for the Allegheny County and BRFSS samples

Table 16 Comparison of older adult (age 55+) Allegheny County family caregiver socio-demographic characteristics to those from Pennsylvania (2020 BRFSS, age 55+)

Demographic	Unweighted Allegheny County Sample Size	Unweighted Allegheny County %	Weighted Allegheny County %	Weighted Pennsylvania (BRFSS) %
Sex				
Male	124	34.1	44.2	42.9
Female	240	65.9	55.8	57.1
Age				
55 - 64	110	30.3	47.6	55.6
65 - 74	172	47.4	33.3	26.7
75 or older	81	22.3	19.1	17.7
Race				
Black	64	17.6	13.1	6.8
Non-Black	300	82.4	86.9	93.2
Education				
High school graduate or less	55	15.1	34.0	48.5
Some college	125	34.3	26.8	23.5
Bachelor's degree or more	184	50.5	39.1	28.0
Annual Income				
\$24,999 or less	44	13.3	14.4	22.1

\$25,000 - \$49,999	82	24.8	22.4	24.9
\$50,000 - \$74,999	73	22.1	23.8	18.1
\$75,000 or more	131	39.7	39.3	34.8
Employment Status				
Currently employed	124	34.1	39.4	41.4
Not currently employed	240	65.9	60.6	58.6

- Allegheny County caregivers tended to be older, more Black, more educated, and have higher incomes than caregivers statewide

Caregiving Context Variables and Comparisons to PA BRFSS 2020 Caregiver Module

Table 17 Comparison of older adult (age 55+) Allegheny County family caregiving context variables to those from Pennsylvania (2020 BRFSS caregiver module; age 55+)

CG Context Item	Weighted Allegheny County %	Weighted Pennsylvania (BRFSS) %
Relationship of CR to CG		
Parent / parent-in-law	30.8	34.4
Child	12.4	9.6
Spouse / partner	21.6	26.3
Other relative	19.1	17.6
Non-relative	16.1	12.1
How long CG has provided care		
Under 6 months	21.2	20.7
6 months - 5 years	41.6	40.1
More than 5 years	37.2	39.2
CG's weekly hours of caregiving		
8 or less	63.1	50.7
9 - 39	23.8	27.9
40 or more	13.1	21.3
Type of care provided by CG		
Household only	37.7	36.6
Personal only	4.5	5.5
Both	36.3	42.9
Neither	21.5	15.0
CR's cognitive impairment status		
Impaired	28.1	10.5
Not impaired	71.9	89.5

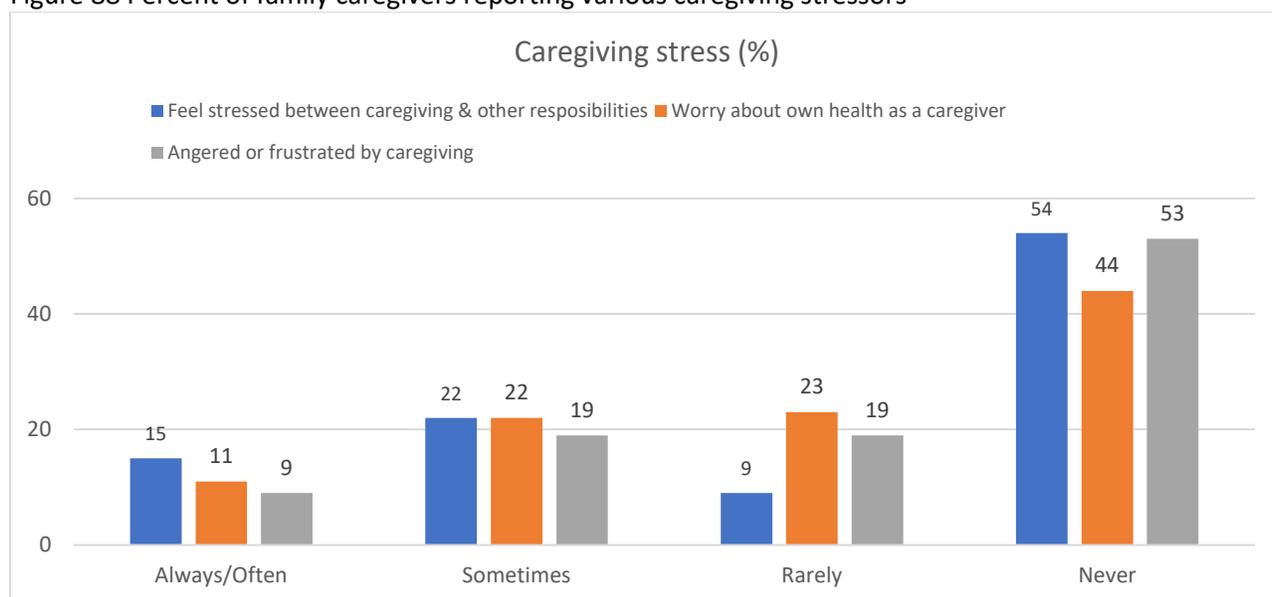
- Older Allegheny County caregivers were slightly less likely to be caring for a parent (31% vs. 34% PA BRFSS); or spouse (22% vs. 26%)
- Allegheny County caregivers were more likely to report caring for a child (12% vs. 10%) or non-relative (16% vs. 12%)

- Allegheny County and PA caregivers report similar duration of caregiving
- Allegheny County caregivers reported fewer weekly hours of caregiving than the statewide BRFSS sample (63% vs. 51% 8 hours or less; 13% vs. 21% 40 hours or more)
- Slightly less Allegheny County caregivers report helping the recipient with both personal care and household tasks (36% vs. 43%); and more Allegheny County caregivers report helping with neither (e.g., help with other things like emotional support, medical / nursing tasks)
- 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%)

Caregiver Stressors, Financial Impacts, Use of Caregiver Support Services, and Needs for Information and Help

- 46% of Allegheny County caregivers report not having had a choice in taking on the caregiving role
- While 54% report never feeling stressed by caregiving and trying to meet other responsibilities like work and family, 22% say they are “sometimes”; 8% say they are “often”; and 7% say they are “always” stressed
- When asked if caregiving kept them from doing other important things in the past month, 70% say “not at all”; 15% say “a little bit”; 6% say “somewhat”; 5% say “quite a bit”; and 4% say “very much”
- 44% of Allegheny County older caregivers “never” worry about being able to take care of their own physical or mental health; 23% “rarely” worry; 22% “sometimes” worry; 7% “often” worry; and 4% “always” worry
- When asked if they have been angry or frustrated by caregiving in the past month, 53% said “never”; 19% said “rarely”; 19% said “sometimes”; 7% said “often”; and 2% said “always”

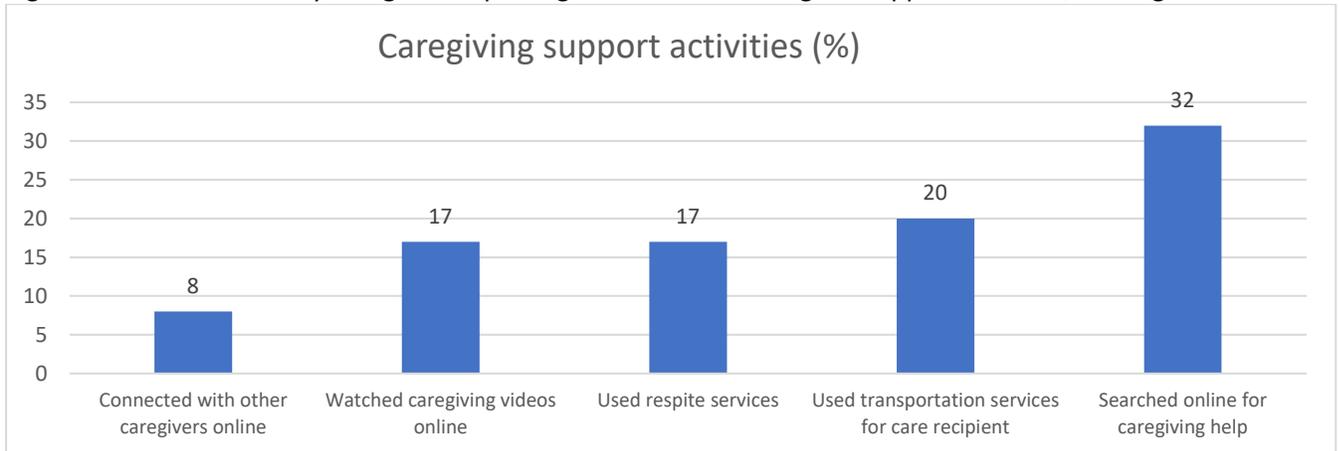
Figure 88 Percent of family caregivers reporting various caregiving stressors



- In terms of financial impacts of caregiving, 10% report that it has prevented 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 led to later retirement than planned

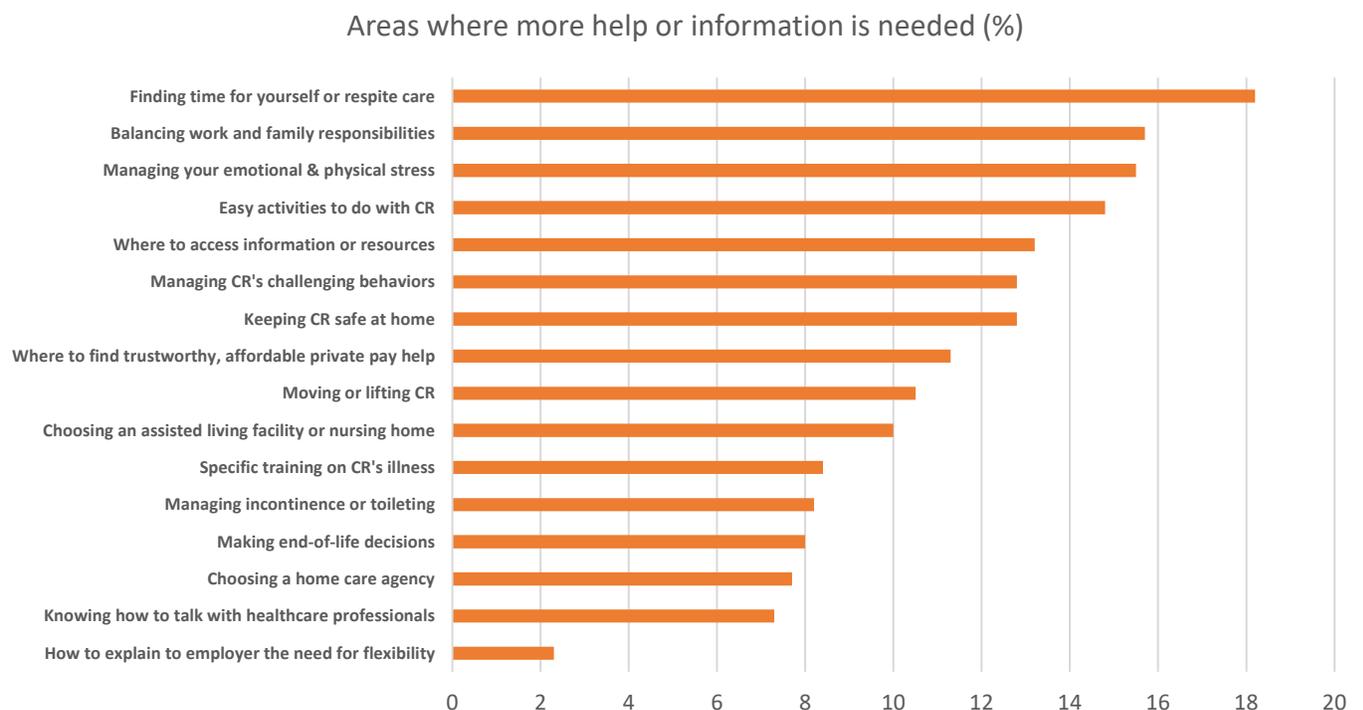
- 32% of older adult caregivers report that they searched online for caregiver support services; 20% have used transportation services for the care recipient; 17% have watched caregiver videos online; 17% have used respite services; and 8% have connected with other caregivers online

Figure 89 Percent of family caregivers reporting use of various caregiver support services / strategies



- 30% of older caregivers report having modified the care recipient's home to make it easier for them
- In general, between 5% and 18% of older caregivers report needing help or more information with a variety of caregiving issues

Figure 90 Percent of family caregivers reporting need for more help or information with various issues



- The most common issues that caregivers report needing more help or information are “finding time for yourself or respite care” (18%); “balancing work and family responsibilities” (16%); “managing your emotional and physical stress” (16%); and “easy activities to do with the care recipient” (15%)

Caregivers Versus Non-caregivers: Where Do Caregivers Stand Out?

In comparison with non-caregivers, older adult family caregivers were:

(NOTE: Findings shown in **bold text** are those for which family caregivers were the group **scoring highest** of any sub-groups examined)

Work / labor force

- **More likely to report retiring earlier than planned to care for a family member (23% vs. 11% of non-caregivers)**

Housing / living arrangements

- More likely to report plans to make future modifications to make the home easier for older adults or those with disabilities (35% vs. 20%)

Transportation

- Less likely to rate public transportation in the region as very convenient to use (47% vs. 57%)

Functional status and disability

- More likely to say they were “extremely concerned” about the possibility of becoming a burden to their family / friends in the future because of illness or disability (15% vs. 10%)

Health care access

- **More likely to report putting off health care for themselves due to the Coronavirus pandemic (34% vs. 24%)**

Social health / support

- **More likely to report negative interpersonal interactions on the “critical others” scale (M=5.1 vs. M=4.3)**

Elder mistreatment

- **More likely to report any potential elder mistreatment on the 10-item NSHAP screener (49% vs. 33%)**
- **More likely to report potential emotional / psychological mistreatment (40% vs. 27%)**
- **More likely to report potential physical mistreatment (8% vs. 1%)**

Service use

- More likely to report using information and referral services for older adults (22% vs. 15%)
- **More likely to report that the Coronavirus pandemic has prevented them from visiting a senior center (30% vs. 22%)**

Internet / Technology

- More likely to have used the internet to order food and household supplies (53% vs. 44%)

Caregivers at Elevated Risk for Negative Caregiving-Specific Outcomes and More Likely to Use Caregiver Services

- Caregivers **age 55-64** are more likely to feel stressed between caregiving and meeting other needs; to report negative financial impacts of caregiving; and to have searched online for caregiver support services
- **Employed** caregivers were more likely to report negative financial impacts of caregiving and to have used respite services for caregivers
- **Disabled** caregivers are more likely to worry about being able to take care of their own emotional or physical health; and are more likely to report anger and frustration as a result of caregiving
- Caregivers of a **parent (adult child CGs)** are more likely to feel stressed between caregiving and meeting other needs; are more likely to say caregiving has kept them from doing other important activities; report more negative financial impacts of caregiving; are more likely to have searched online for caregiver support services; are more likely to have used respite services; and are more likely to have made modifications to the care recipient's home to make it safer for older adults
- Caregivers of a **child (parent CGs)** are more likely to worry about being able to take care of their own emotional or physical health; report more negative financial impacts of caregiving; and are more likely to have used respite services
- High intensity caregivers (those reporting **providing care 40 or more hours per week**) are more likely to feel stressed between caregiving and meeting other needs; are more likely to say caregiving has kept them from doing other important activities; are more likely to worry about being able to take care of their own emotional or physical health; are more likely to report anger and frustration as a result of caregiving; and report more negative financial impacts of caregiving
- Caregivers of **care recipients with cognitive impairment** are more likely to feel stressed between caregiving and meeting other needs; are more likely to say caregiving has kept them from doing other important activities; are more likely to report anger and frustration as a result of caregiving; and are more likely to have searched online for caregiver support services
- Caregivers **helping the care recipient with both personal and household tasks** are more likely to feel stressed between caregiving and meeting other needs; are more likely to say caregiving has kept them from doing other important activities; are more likely to worry about being able to take care of their own emotional or physical health; are more likely to report anger and frustration as a result of caregiving; report more negative financial impacts of caregiving; and are more likely to have made modifications to the care recipient's home to make it safer for older adults
- Caregivers who feel they **did not have a choice in becoming a caregiver** are more likely to feel stressed between caregiving and meeting other needs; are more likely to say caregiving has kept them from doing other important activities; and report more negative financial impacts of caregiving

Outlook and Policy Implications

While fewer than 1 in 5 caregivers utilized 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 utilization. While lack of information is an obvious barrier, available services may also need to be enhanced or adapted to meet

the specific level of need of different caregiver and care recipient populations. For example, respite must be able to address the needs of individuals who require high intensity care and those with cognitive impairments. In Allegheny County, the number of caregivers supporting individuals with cognitive impairments is more than double the statewide rate. Given the high rate of caregivers – nearly half – who report strain associated with a lack of choice in becoming a caregiver, access to respite may be an important factor in managing caregiver stress. Among caregivers with disabilities, respite could help to reduce barriers to maintaining the caregiver’s own physical and mental health.

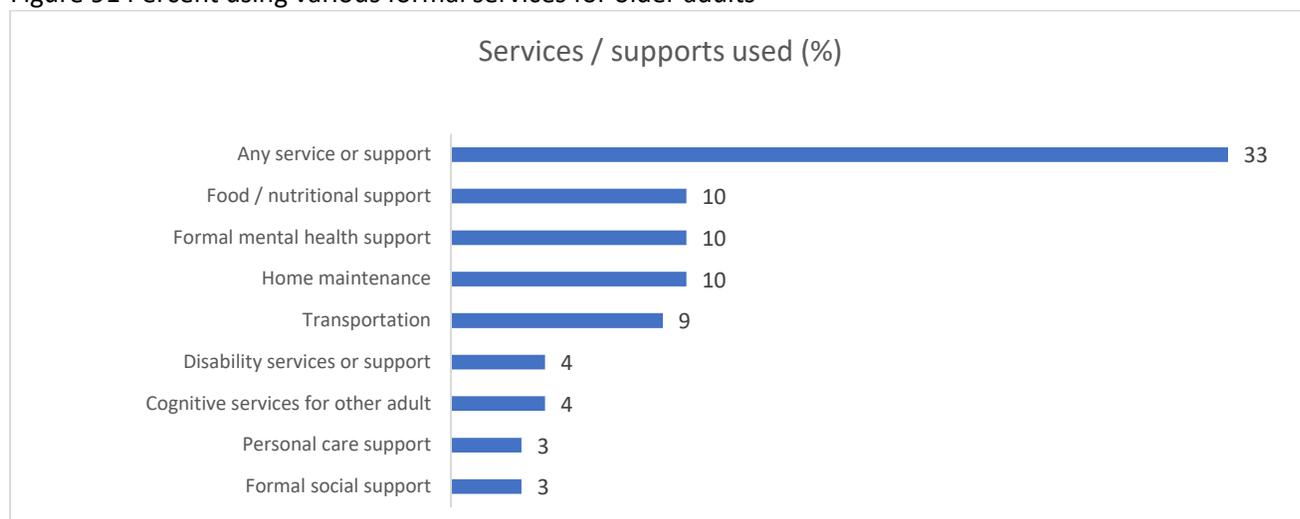
The data indicates that caregivers in Allegheny County could benefit from enhanced access to a number of services, including behavioral / mental health supports. As this population is more likely to avoid in-person care due to concerns about COVID-19, this population may benefit from targeted outreach for access to telehealth services. Additionally, given caregivers’ responses around elder mistreatment, targeted outreach to ensure caregivers are aware of Older Adult Protective Services may be beneficial.

Service Use

This section examines formal service use among older adults, including information and referral services, and use of various services coordinated by the local Area Agency on Aging: transportation; volunteer senior companions; food or nutritional; housekeeping; personal care support; mental health support; disability services; dementia or cognitive support; and veterans services. We also describe use of senior community centers and the potential impact of COVID-19 on prevention of visits. We also explore satisfaction with services received, and whether or not the older adult needs services that they are not getting. Last, we examine awareness of and knowledge of how to contact Older Adult Protective Services, which is responsible for investigating and providing support services for elder mistreatment.

- 61% have heard of information and referral services for older adults
- Those with a bachelor's degree or higher (68%) were more likely to have heard of information and referral services for older adults
- The most common ways that older adults found out about these services was word of mouth (34%), a print publication (e.g., Pittsburgh Senior News; 22%); a television advertisement (21%); the internet (20%); and formal referrals (20%)
- Among those who have heard about information and referral services, 17% actually used them (10% of all older adults)
- The disabled (30%), those with incomes of \$25K or less (26%), those who live alone (23%), and family caregivers (22%) are more likely to use information and referral services for older adults
- The most often used information and referral service was the Area Agency on Aging Senior Line (31%)
- In terms of formal personal services received in the past year, 10% received food or nutritional support; 10% formal mental health support; 10% housekeeping / home maintenance; 9% transportation for older adults; 4% disability support; 4% dementia / cognitive support services for someone else; 3% formal social support services (e.g., volunteer senior companion); and 3% personal care support

Figure 91 Percent using various formal services for older adults



- Overall, 33% of older adults report receiving at least one of these formal services in the past year
- The disabled (56%), those with incomes of \$25K or less (51%), Black (45%), and those living alone (42%) are more likely to have used at least one formal service in the past year

Figure 92 Percent using any formal services for older adults by socio-demographic characteristics

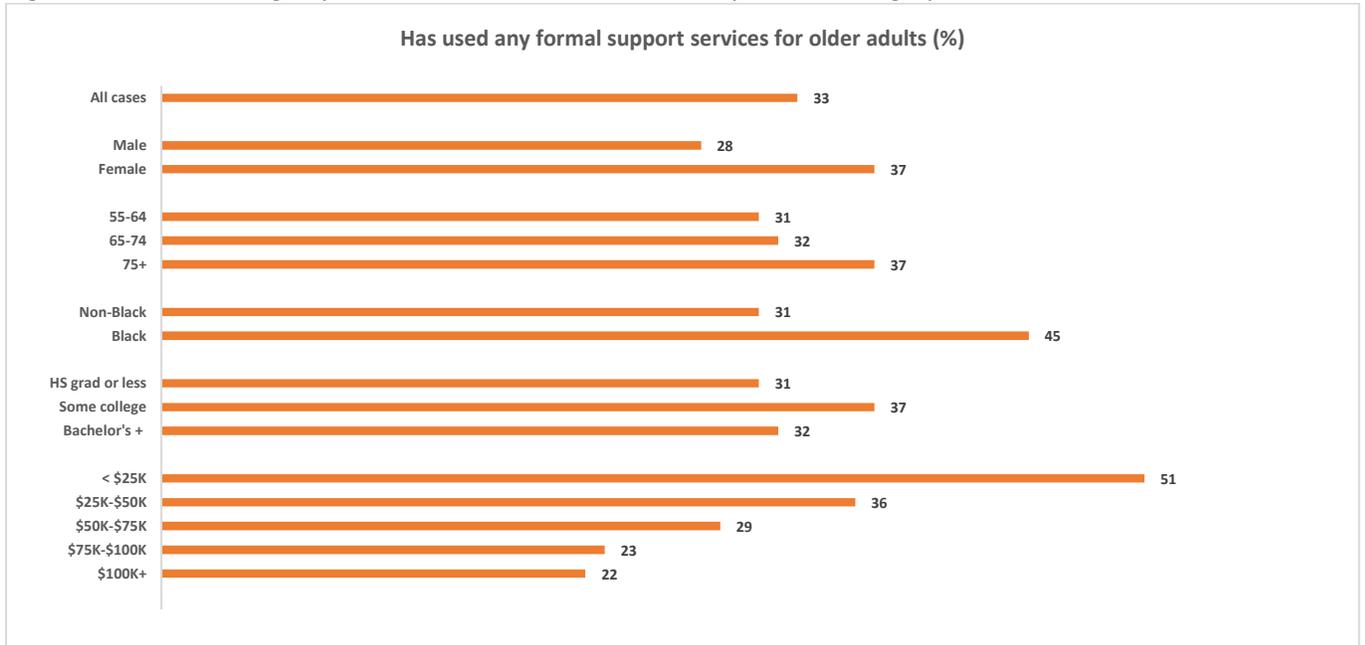
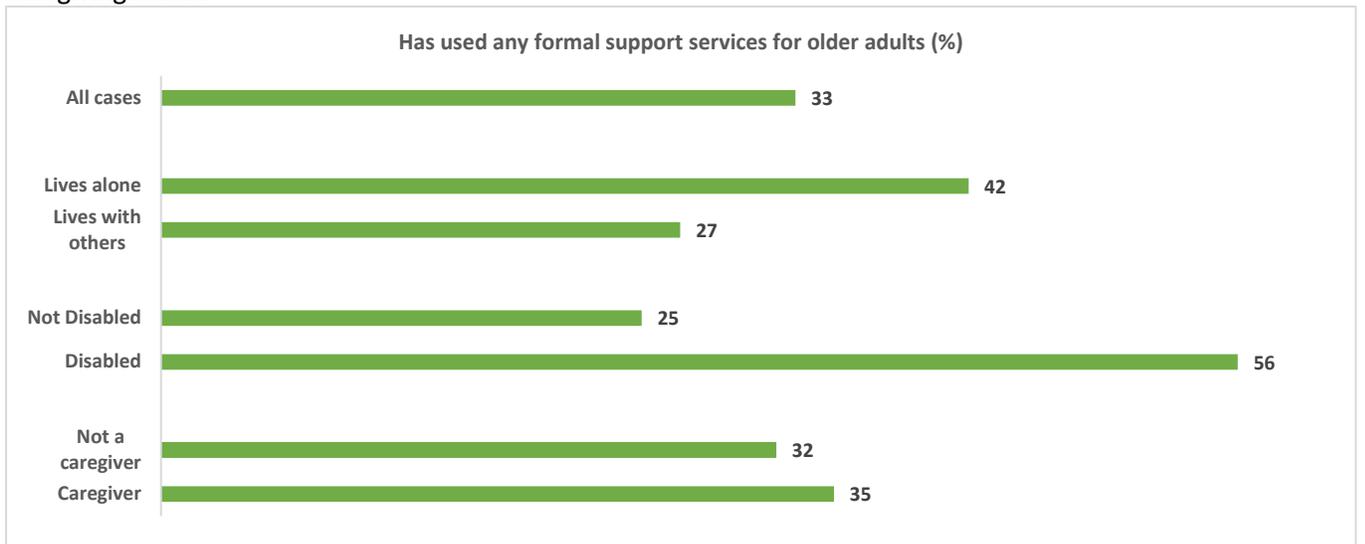


Figure 93 Percent using any formal services for older adults by living alone, disability status, and family caregiving status



- 45% have ever visited a senior community center
- Those age 75 and older (54%) are more likely to have visited a senior community center
- 24% say the Coronavirus pandemic has prevented them from visiting a senior community center
- Family caregivers (30%) are more likely to say the Coronavirus pandemic has prevented visits to senior community centers
- 38% report plans to visit a senior community center in the future
- Those age 65-74 are more likely to have plans to visit a senior community center in the future
- 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%)

- 11% of the sample are military veterans; among these veterans, 18% (2% of the total population) have received services for veterans in the past year
- 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

Figure 94 Percent very satisfied with formal services for older adults by sociodemographic characteristics

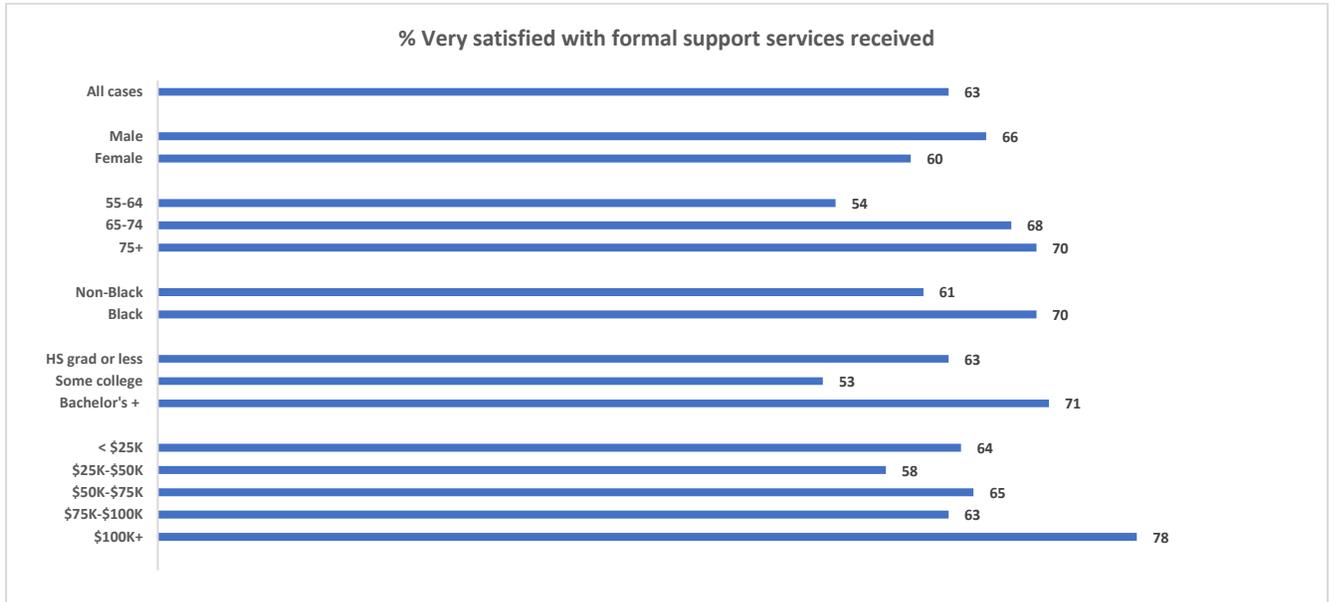


Figure 95 Percent very satisfied with formal services for older adults by living alone, disability status, and family caregiving status



- 45% of older adults have heard of Older Adult Protective Services (APS)
- Females (50%) were slightly more likely than males to have heard of APS
- Among those who have heard of APS, 59% (26% of the total population) report knowing how to contact the agency
- The Black population (71%) and those age 55-64 (66%) are more likely to know how to contact APS
- 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

- Among those not getting needed services / supports, 56% say they know where to get them

Change Over Time: Comparing 2022 vs. 2014

- Satisfaction with formal services received has remained high and stable over time
- Reports of needing formal services but not getting them are stable overall, but have reduced for the Black population (11% vs. 17%)

Outlook and Policy Implications

Overall, only 1 in 3 older adults use available senior services. Vulnerable groups, including older adults with disabilities, the Black population, individuals with incomes below \$25,000, and individuals who live alone are more likely to utilize services. However, individuals with disabilities and individuals who live alone are the most likely to report unmet needs for services and supports. Among individuals with these unmet needs, slightly more than half are aware of where to get services. Nearly 40% of all older adults are not aware of information and referral, which are an important gateway to accessing services. While the decision to utilize services is ultimately up to the individual, seniors cannot make an informed choice without adequate information. A lack of awareness regarding service availability and confusion about how to access services are significant barriers to service use. Seniors in Allegheny County utilize multiple channels to learn about information and referral services, including word of mouth, print sources, online sources, and television, indicating that strategies to enhance outreach and awareness may benefit from leveraging multiple channels of dissemination.

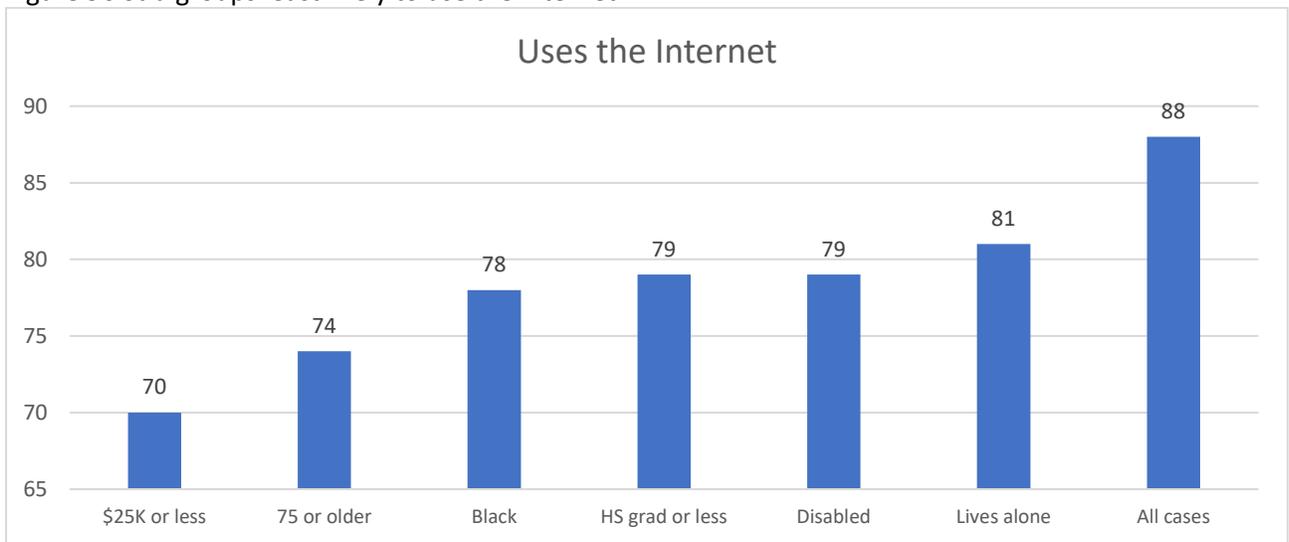
Older adults with disabilities are substantially more likely to utilize support services but are far less likely to report high levels of satisfaction with those services. While higher rates of service use among vulnerable populations can be a positive indicator, this discrepancy between use and satisfaction 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 determine the drivers of service dissatisfaction and strategies for improvement.

Technology and Internet

This section focuses on older adults' access to and use of the internet for various activities, including social networking, online healthcare visits, managing prescription refills, ordering online groceries and household supplies, and using ride services like Uber and Lyft. Pew Research Center data from 2021 is used for comparison to the U.S.

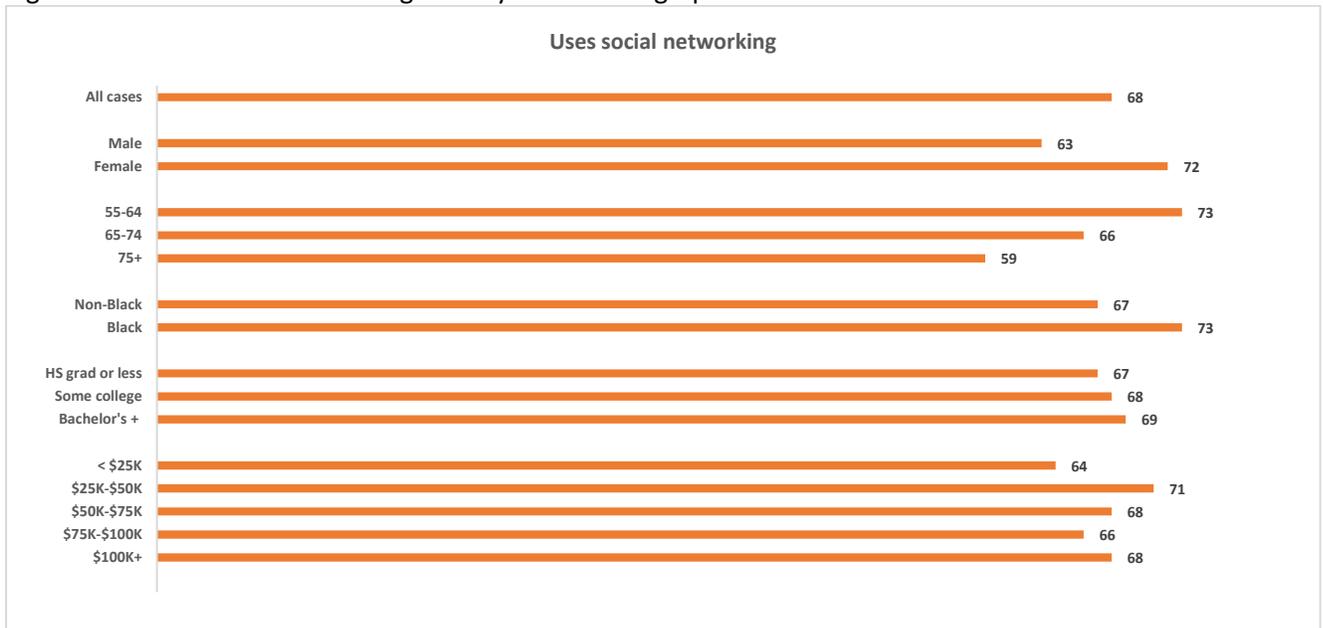
- 88% of older adults in Allegheny County report using the internet, at least occasionally
- 84% of Allegheny County adults age 65 and older use the internet, at least occasionally, which is higher than the U.S. population as a whole age 65 and older (75%), as reported by the Pew Research Center in 2021
- Those with incomes of \$25K or less (70%), age 75 and older (74%), Black (78%), those with a high school diploma or less (79%), the disabled (79%), and those who live alone (81%) are less likely to use the internet

Figure 96 Sub-groups least likely to use the internet



- Among internet users, 98% access it at home, 67% through public Wi-Fi, and 86% access the internet on a handheld device (cell phone, tablet)
- Among internet users, 68% use social networking sites like Facebook, LinkedIn, or Google Plus
- Those age 75 and older (59%) and males (63%) are less likely to use social networking sites

Figure 97 Use of social networking sites by socio-demographic characteristics



- 61% of internet users have ever had a virtual or online visit with a healthcare provider
- Those age 75 and older (51%) are less likely to have had a virtual healthcare provider visit
- 37% of internet users have managed prescription refills or delivery online or using an app
- Those with incomes of \$25K or less (24%), those with a high school diploma or less (28%), those who live alone (30%), those age 75 and older (30%), and females (32%) are less likely to have managed prescription refills online or using an app
- Among internet users, 46% have placed an online order for groceries or household supplies
- Those with a high school diploma or less (34%), age 75 and older (38%), and those with incomes of \$25K or less (38%) are less likely to have placed online orders for groceries or household supplies
- 42% of older internet users have a ride service app like Uber or Lyft
- Those age 75 and older (25%), those with a high school diploma or less (29%), and those with incomes of \$25K or less (35%) are less likely to have used a ride service app like Uber or Lyft

Change Over Time: Comparing 2022 vs. 2014

- Use of the internet (88% vs. 66%) has increased significantly, especially among the Black population (78% vs. 46%) since 2014
- Access to the internet using mobile devices has also increased significantly (89% vs. 45%), equally for Black and non-Black populations
- Use of social networking sites has also increased significantly (68% vs. 49%), equally for Black and non-Black populations

Outlook and Policy Implications

Compared to more remote or rural areas, urban and suburban areas are more likely to have the infrastructure needed to support internet utilization. Though older adults are often expected to be less engaged with technology and internet use compared to other age groups, the data indicates high utilization 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.

Many older adults also have demonstrated willingness to engage with online services for the provision of health care, medication refills, and common household supplies. However, the data also indicates that various forms of technology use are less prevalent among adults age 75 and over, and internet use is lower among individuals who live alone and persons with disabilities. Initiatives to support acquisition of accessible technology to facilitate internet access, enhancing opportunities to use public Wi-Fi, and education or training support as needed could help to improve equity in access to technology.

LOOKING FORWARD – ALLEGHENY COUNTY’S FUTURE OLDER POPULATION

A baseline forecast of future demographic trends in Allegheny County has been developed by UCSUR using the REMI 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 changes anticipated in the region’s demographic composition.

Included here is a projection of older worker residents in Allegheny County, a projection of future disability levels in the County, and a projection of the future Caregiver Support Ratio (CSR) - a metric that measures the ratio of older-old residents (age 80 and over) to the adult population age 45-64. A separate technical report is available detailing how the forecast for Allegheny County was developed, alternative forecast scenarios considered, and other adjustments.

UCSUR staff calibrated the model provided by REMI to include the latest demographic data available for Allegheny County and developed a set of alternative forecast assumptions to project the County’s population through the year 2050. Presented here is the forecast scenario – labeled the baseline forecast – which UCSUR considers the most likely to describe growth and change over the coming decades. Appendix 2 provides more detailed information on the baseline projection of Allegheny County’s population by age, race, and gender through the year 2050.

The baseline forecast of population change in Allegheny County projects that the County’s total population is expected to remain relatively flat through 2040 and will then experience slight declines through the last decade of this forecast (2040-2050). Through the earlier decades, ongoing natural population decline – caused by a greater number of deaths than births in the resident population – and the loss of population due to retiree migration are expected to be offset by population gains generated from international immigration. In later years, population decline will increase due to the aging of the population, which will increase levels of natural population decline and generate greater levels of retiree migration. Overall, Allegheny County’s population is projected to decline by 0.4% between 2020 and 2040, and then contract by just 1.5% over the following decade.

Table 18 Baseline population forecast for Allegheny County through 2050

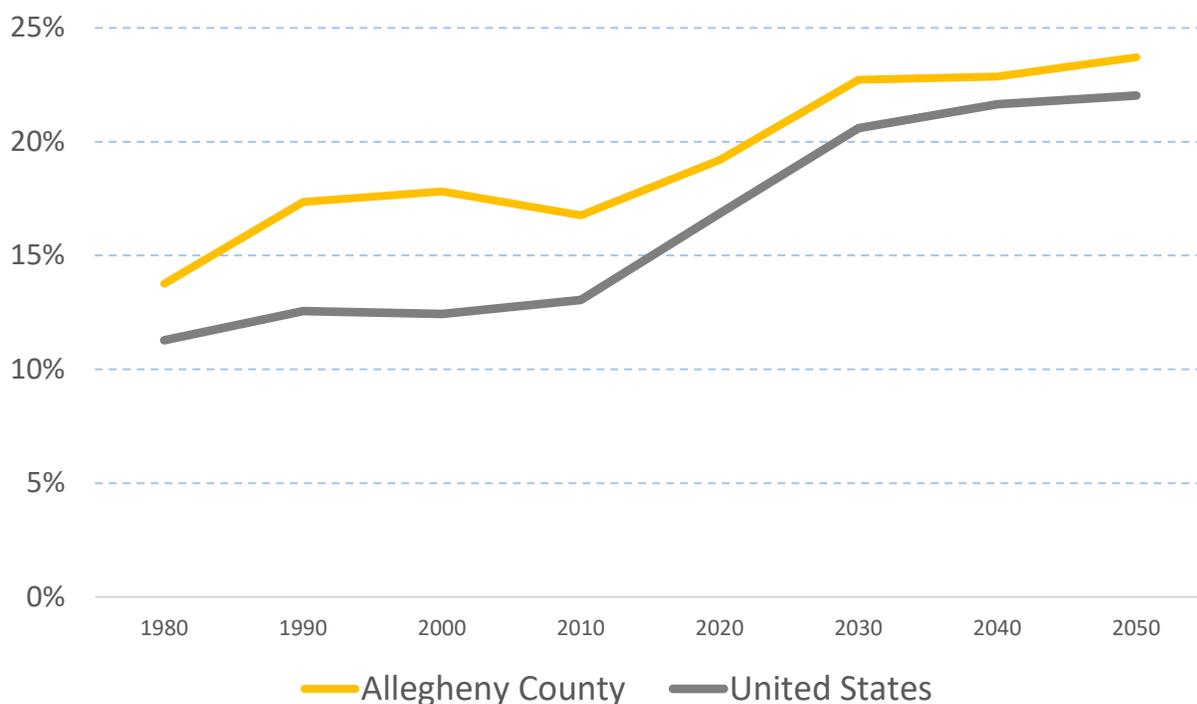
	Population (1,000s)				Change over decade		
	2020	2030	2040	2050	2020-30	2030-40	2040-50
Total Population	1,251	1,255	1,246	1,226	0.3%	-0.8%	-1.5%
Under Age 55	836	832	808	744	-0.4%	-3.0%	-7.9%
Age 55-64	175	138	153	191	-21.5%	11.3%	25.1%
Age 65 and over	240	285	285	291	18.7%	-0.2%	2.1%
Age 65-84	206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

Despite relatively stable population trends for the overall population in Allegheny County, there have been and are expected to be wider shifts in the population within specific age groups. The population age 65 and over began to decline in the 1990s and continued to decline through 2010. The REMI model estimates that the population age 65 and over began increasing in 2012 and is projected to continue increasing through the year 2036, after which it will stabilize. In 2036, the population age 65 and over is projected to be 50,000 above current levels, or an increase of 20%. After 2036, the population age 65 and over is projected to stabilize, varying slightly through 2050.

The older-old population (age 85 and over) within Allegheny County is estimated to have been declining since 2016 and is projected to continue declining until 2026. After 2026, growth is projected to resume and continue through the year 2048. By 2050, the population age 85 and over is projected to increase by over 27,000, or an increase of over 85% compared to current levels.

Allegheny County is also currently experiencing a decline in the population aged 55-64. The REMI model estimates that the population in this age range began declining in 2017 and projects that decline will continue through 2033. The overall decline from its peak in 2016 to 2033 is projected to be a decline of 35,000 or 25%. From 2036 through 2050, the population age 55-64 is again projected to increase and is expected to grow by 57,000, or 43% over that period.

Figure 98 Proportion of the population age 65 and over Allegheny County and the United States, 1980-2050



Sources: Pittsburgh REMI Model Baseline Forecast; Decennial Census: 1980-2020, 2017 Census Population Projections (Main Series)

Figure 99 Historic and projected population age 65 and over Allegheny County 2000-2050

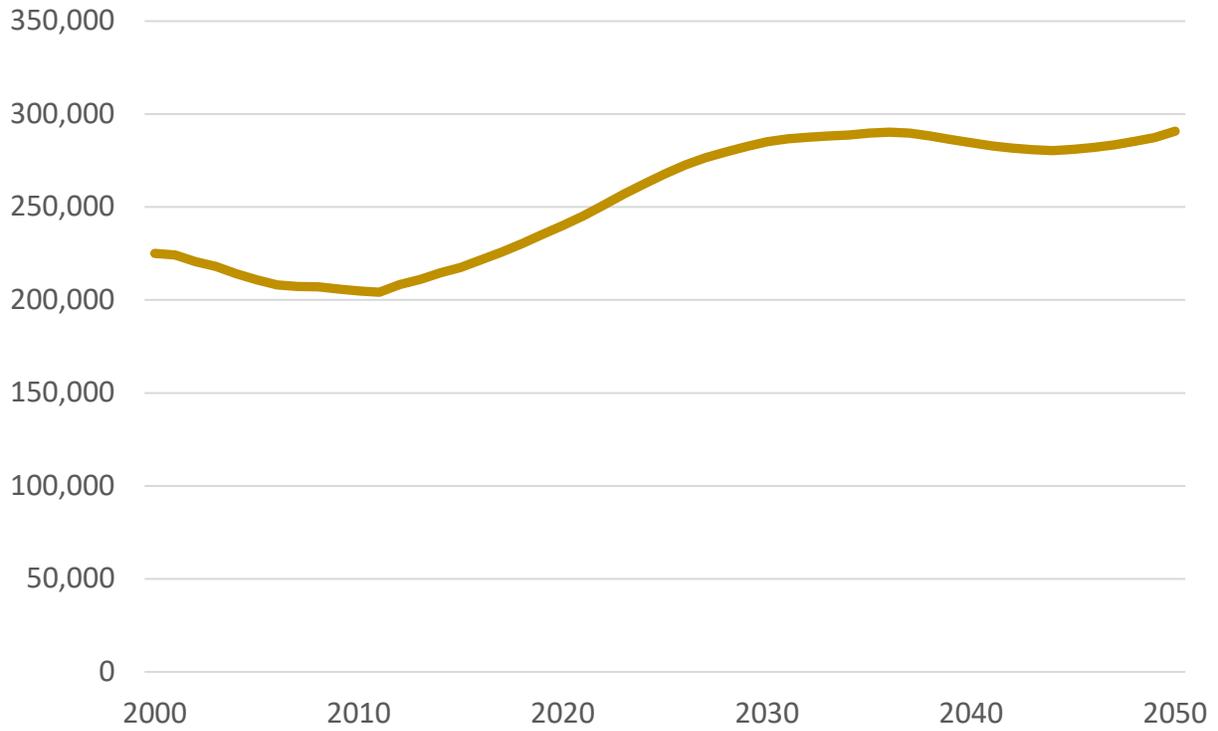


Figure 100 Historic and projected population age 85 and over Allegheny County 2000-2050

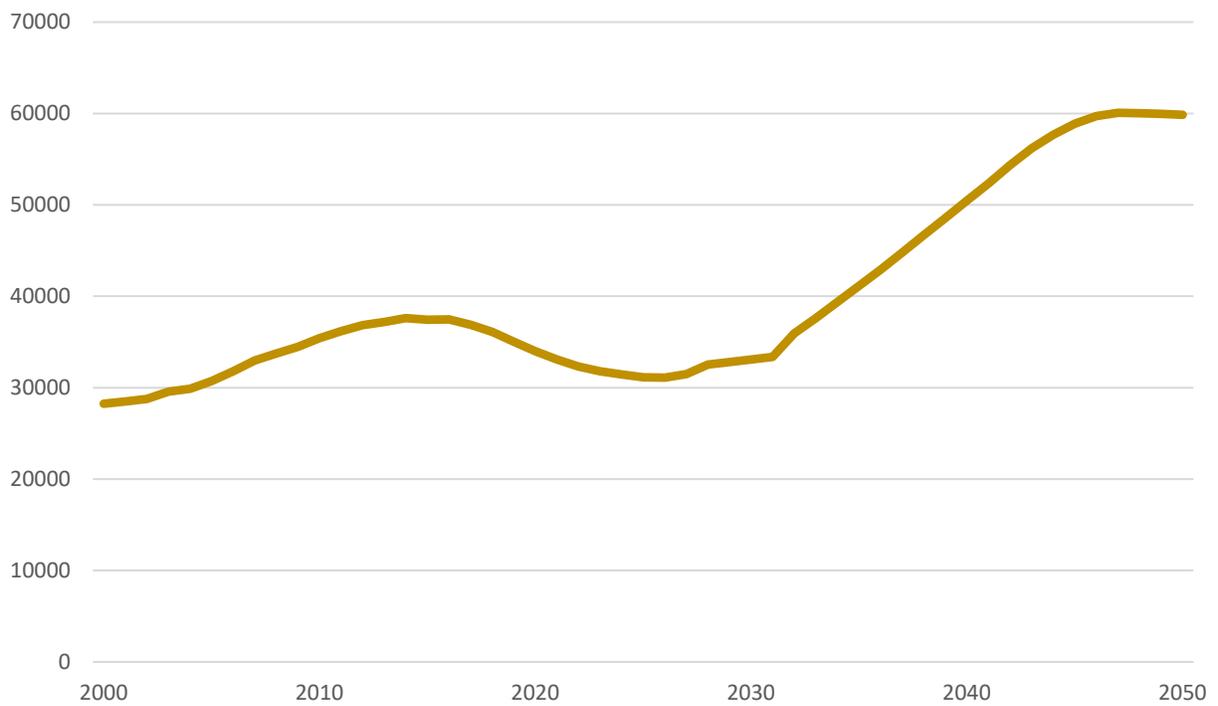


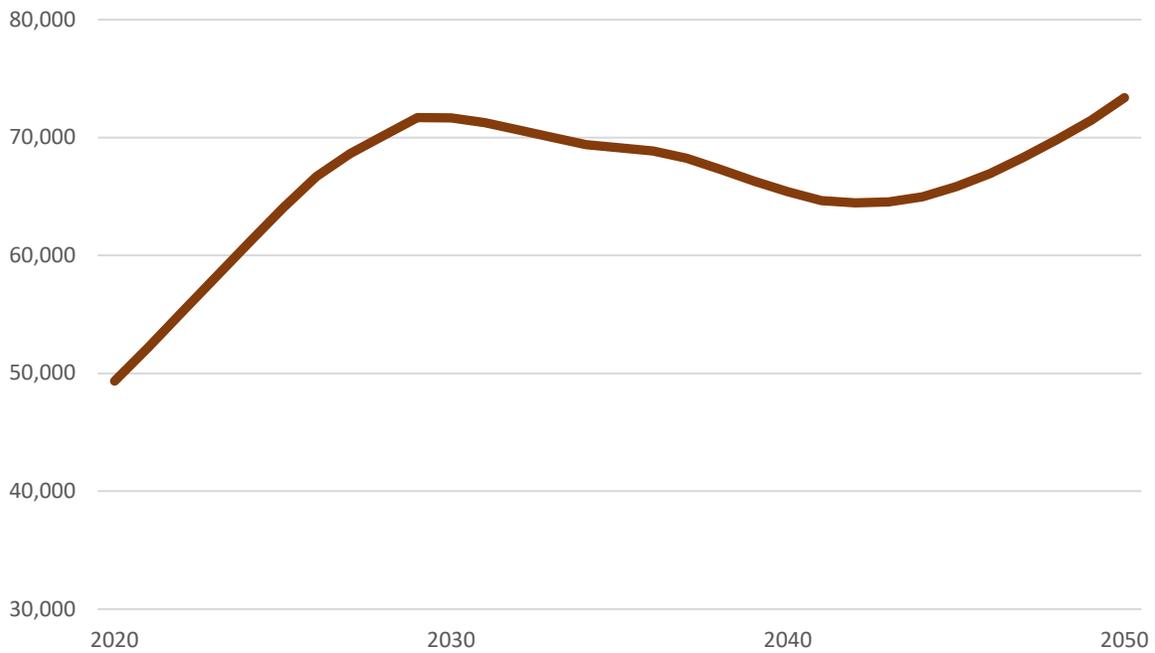
Figure 101 Projected population change by age group and race
 Baseline forecast for Allegheny County, 2020-2050

	Population				Growth 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%
White Non-Hispanic	939	903	851	793	-3.8%	-5.8%	-6.8%
Black Non-Hispanic	162	168	175	180	4.1%	4.0%	2.9%
Other Non-Hispanic	116	146	178	209	25.9%	21.9%	17.2%
Hispanic	34	37	42	45	8.8%	11.2%	7.4%
Population Under Age 55	836	832	808	744	-0.4%	-3.0%	-7.9%
White Non-Hispanic	585	559	512	441	-4.5%	-8.4%	-13.8%
Black Non-Hispanic	120	122	125	119	2.2%	2.4%	-5.1%
Other Non-Hispanic	101	121	139	153	19.5%	15.4%	10.0%
Hispanic	29	30	31	30	2.9%	2.1%	-2.5%
Population Age 55-64	175	138	153	191	-21.5%	11.3%	25.1%
White Non-Hispanic	585	559	512	441	-4.5%	-8.4%	-13.8%
Black Non-Hispanic	120	122	125	119	2.2%	2.4%	-5.1%
Other Non-Hispanic	101	121	139	153	19.5%	15.4%	10.0%
Hispanic	29	30	31	30	2.9%	2.1%	-2.5%
Population Age 65-84	206	252	234	231	22.3%	-7.1%	-1.4%
White Non-Hispanic	143	105	112	133	-26.8%	7.0%	18.7%
Black Non-Hispanic	19	16	18	27	-14.8%	8.0%	53.0%
Other Non-Hispanic	10	13	18	25	30.5%	39.8%	37.7%
Hispanic	3	3	5	6	15.0%	50.0%	23.7%
Population Age 85 and over	34	33	50	60	-2.7%	52.5%	18.7%
White Non-Hispanic	31	29	43	48	-5.7%	50.4%	11.1%
Black Non-Hispanic	3	3	5	7	18.9%	61.6%	29.3%
Other Non-Hispanic	0	1	1	4	61.2%	94.1%	215.4%
Hispanic	0	0	1	1	28.2%	65.2%	110.1%

Workforce Projections

The REMI model also includes a projection of the future composition of the labor force. The baseline forecast for Allegheny County projects that the number of older workers in Allegheny County will continue to increase over the coming decade before stabilizing. Overall, the number of older worker residents in Allegheny County is projected to increase from just over 49,000 in 2020 to over 71,000 in 2030, an increase of over 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.

Figure 102 Projected labor force age 65 and over Allegheny County 2020-2050



Demographics of Caregiving in the Future

The baseline population projection is used here to construct or projection of the future Caregiver Support Ratio (CSR) for the resident population within Allegheny County. The CSR is defined as the ratio of the population age 45-64 to the population age 80 and over. This metric is intended to capture the number of potential caregivers age 45-64, considered the most common caregiving age range, for each person aged 80 and over, the subgroup of older adults most at risk of needing long-term services and support.

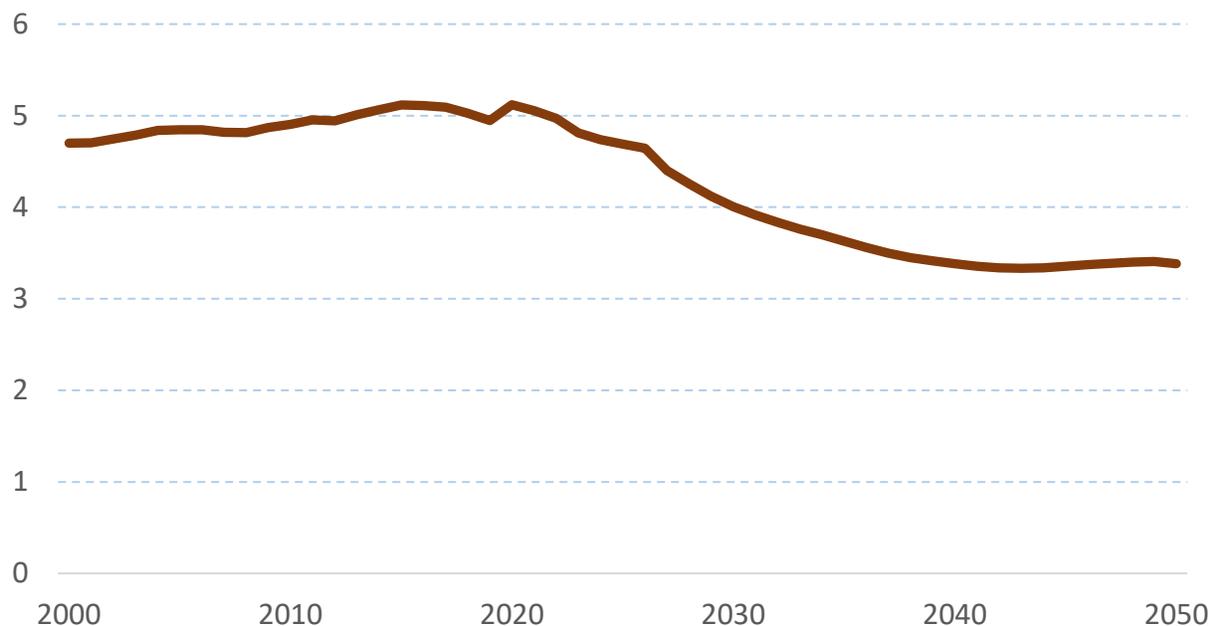
Table 19 Caregiver Support Ratio (CSR) - 2021

	Population		Caregiver Support Ratio
	Age 45-64	Age 80 and over	
Allegheny County	310,248	57,107	5.4
Remainder of the Pittsburgh MSA	316,964	59,059	5.4
United States	83,488,751	12,241,042	6.8

SOURCE: COMPILED FROM AMERICAN COMMUNITY SURVEY 1-YEAR (2021) ESTIMATES

As of 2021, Census estimates show that 310,000 adults in Allegheny County are age 45-64, and 57,000 older adults are age 80 and over. The current CSR of 5.4 is comparable to that in the remainder of the Pittsburgh region (5.4); it is significantly lower than the CSR for the nation (6.8). Though this ratio has been stable or slightly increasing within Allegheny County over the most recent two decades, the CSR is projected to have recently begun decreasing and is expected to continue decreasing through 2040. Between 2020 and 2040, the CSR for the resident population within Allegheny County is projected to decline to 3.4, or a decrease of more than one third from current levels.

Figure 103 Caregiver Support Ratio, Allegheny County 2000-2050



UCSUR Baseline Forecast/Pittsburgh REMI Model

Disability Projections

The baseline REMI forecast for Allegheny County is used here to construct a projection of the older disabled population through the year 2050. This forecast reflects the detailed population projection by race and age group (see Appendix 2) through the year 2020, and the current prevalence of disability self-reported in the Census Bureau’s American Community Survey (see page 21). Additional information on how this disability projection was constructed is included in the technical document available detailing the construction of the baseline forecast for Allegheny County.

Overall, the older population (age 65 and over) in Allegheny County reporting any one of six disabilities categorized by the Census Bureau is projected to increase over the next two decades before stabilizing. The total number of older adults reporting any form of disability is projected to increase from 81,000 in 2020 to over 110,000 in 2043, an increase of over 35%.

Figure 104 Baseline forecast of the population age 65 and over with any type of disability Allegheny County, 2020-2050

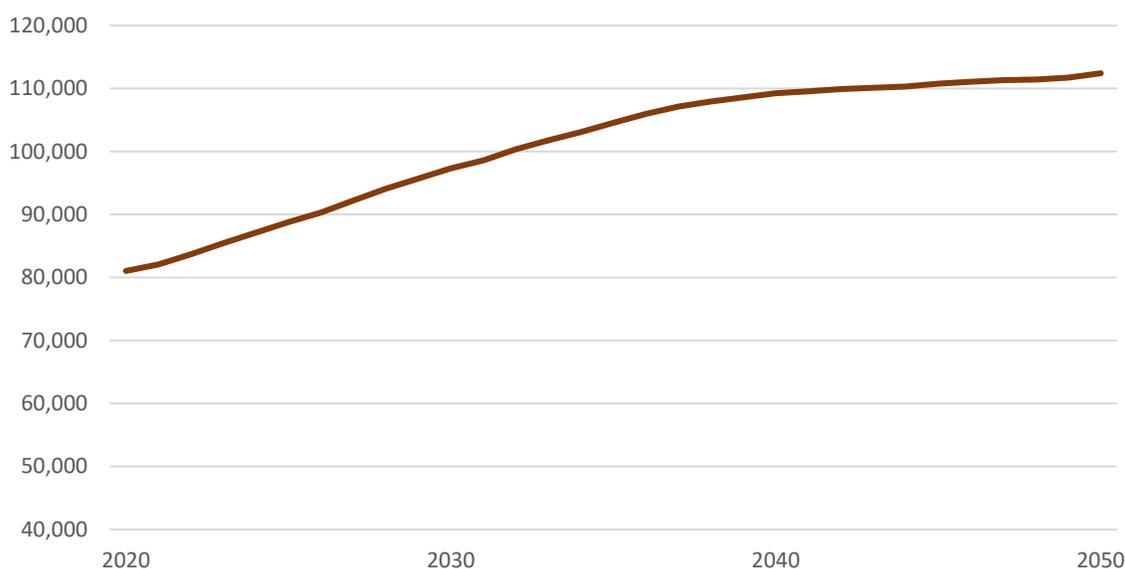


Table 20 Caregiver Support Ratio (CSR)

	Population				Change Over Decade		
	2020	2030	2040	2050	2020-30	2030-40	2020-50
Under 55	61,563	62,768	63,799	57,667	2.0%	1.6%	-9.6%
Age 55-64	32,261	25,498	28,077	36,331	-21.0%	10.1%	29.4%
Age 65 and over	81,051	97,330	109,256	112,428	20.1%	12.3%	2.9%
Age 65-74	31,714	36,703	30,621	34,887	15.7%	-16.6%	13.9%
Age 75-84	25,664	37,610	43,572	36,319	46.5%	15.9%	-16.6%
Age 85 and over	23,673	23,016	35,064	41,222	-2.8%	52.3%	17.6%

Reflecting change over the coming two decades, the greatest increase in disability is expected among those reporting a self-care disability – difficulty in dressing or bathing. Between 2020 and 2040 the population aged 65 and over with a self-care disability is projected to increase by over 45%. Other types of disability are projected to increase over this period by between 34-41%.

Figure 105 Projected change in population age 65 and over reporting a disability by type Allegheny County, 2020 to 2040

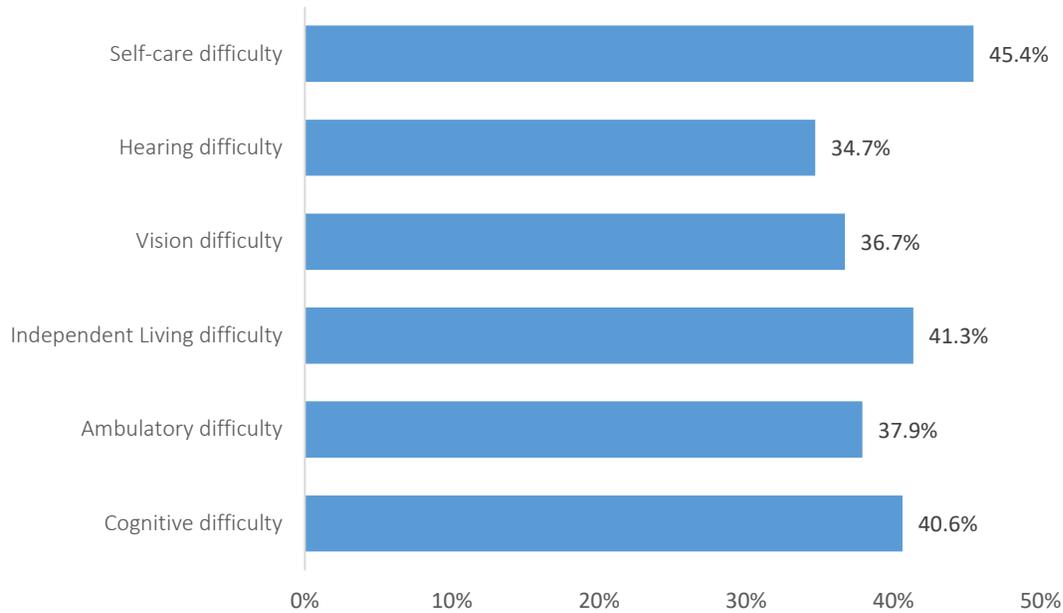


Table 21 Baseline forecast of the population age 65 and over reporting disability by type Allegheny County, 2020-2040

Disability Type	Population				Change over decade		
	2030	2040	2030	2040	2030	2040	2030
Self-care difficulty	20,604	24,887	29,964	32,003	20.8%	20.4%	6.8%
Hearing difficulty	29,665	34,690	39,955	40,348	16.9%	15.2%	1.0%
Vision difficulty	13,859	16,367	18,945	19,406	18.1%	15.7%	2.4%
Independent living difficulty	37,971	45,005	53,667	56,096	18.5%	19.2%	4.5%
Ambulatory difficulty	53,159	64,398	73,300	76,291	21.1%	13.8%	4.1%
Cognitive difficulty	21,485	25,500	30,208	31,587	18.7%	18.5%	4.6%

OVERALL SUMMARY POLICY RECOMMENDATIONS

- Various strategies are needed to address needs of and to support the vulnerable populations and sub-groups 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 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 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.
- Utilize 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 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 pre-retirement, focusing on populations reporting the greatest difficulty covering basic expenses and savings, 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 utilization 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 age 85 and over residents between 2025 and 2050.

APPENDIX 1: OVERVIEW OF DATA SOURCES

A variety of data sources have been used to compile the profile of the older population in Allegheny County. Some of the key data sources and how they have been used are listed below.

Decennial Census

The Decennial Census of population and housing is a complete enumeration of the resident population within the U.S. mandated by Article II of the U.S. Constitution. Data collected on individuals includes basic demographic data including age, race, gender, and ethnicity. In historical decennial censuses, a sample of households received a longer questionnaire that asked a more extensive range of questions. For the 2010 and 2020 decennial censuses, this additional questionnaire sent to a sample of households was not used and has primarily been replaced by the American Community Survey (ACS), which is a sampled-based data collection that continues between decennial years.

Census Bureau Population Estimates

Distinct from the decennial census, the Census Bureau's Population Estimates Program (PEP) produces annual estimates of the population for the U.S., its states, counties, cities, and towns. PEP annually utilizes current data on births, deaths, and migration to calculate population change since the most recent decennial census and produce a time series of estimates of population, demographic components of change, and housing units. The latest population estimates available for this report included 2021 county-level population estimates. Note that these estimates do not fully incorporate data from the 2020 Decennial Census which is not expected to be released until May 2023.

On Data from the 2020 Decennial Census

Note that as of November 2022, full results of the 2020 Decennial Census have not been released. Certain population data to include detailed data on population by race has been released as part of the PL 94-171 data which is used for political reapportionment and redistricting. Other data, including detailed data by age of the population at all levels of geography, are not expected to be released until mid-2023. As a result, the latest data on the demographics of Allegheny County, and, in particular, data on individual communities had to come from alternate sources, including the American Community Survey and the Census Population Estimates Program. These alternative data sources do not fully incorporate the results of the 2020 Decennial Census and may be adjusted when additional data is released.

American Community Survey Estimates

The American Community Survey (ACS) is a sample-based program that provides vital information on a yearly basis about our nation and its people. The Census Bureau publishes ACS-based annual estimates of a wide range of socioeconomic data for 1-year periods for states and other counties. Many ACS topics cover topics that were previously included in the long-form survey of past decennial censuses. Annual data is provided for all counties, places, and census tracts for a rolling 5-year period. Note the Census Bureau did not produce 1-year ACS estimates for 2020. ACS estimates for 2020 will not be published due to problems with low response rates that year, likely due to ongoing pandemic impacts across the country. Some sections use the 5-year ACS estimates to take advantage of the larger sample, and lower error ranges for this data.

Pittsburgh REMI Model

The REMI model is developed by Regional Economic Models Inc. (REMI) of Amherst, MA, and a version calibrated for an 11-county region of southwestern Pennsylvania is maintained by UCSUR for research and analysis of socioeconomic trends in the Pittsburgh region. The demographic module of the REMI model generates demographic projections by integrating both a cohort-survival analysis of the population, which projects future births and deaths, and an econometric model to forecast future

trends in population migration flows impacting the region. A detailed explanation of how the REMI model was used to construct the baseline forecast presented in this report is available in a separate technical document.

American Community Survey Public Use Microdata Sample (PUMS)

The Census Bureau makes available a sample of deidentified individual and household data from the American Community Survey (ACS). This data is used to produce specific tabulations that are not available in the aggregated tables published as part of the ACS program. Here ACS PUMS data is used. The latest ACS PUMS data available includes 1-year data for 2020 and 5-year data for the 2016-2020 period.

Quarterly Workforce Indicators (QWI)

Data on current workers in the Pittsburgh region is available from the Local Employment - Household Dynamics (LEHD) data system produced by the Census Bureau. LEHD employment data is derived from payroll employment data collected from state Unemployment Insurance (UI) programs. LEHD matches payroll employment data to demographic data maintained by the Census. QWI is one data product produced from the LEHD system and provides detailed data on employment characteristics. The QWI are a set of economic indicators including employment, job creation, earnings, and other measures of employment flows. More information on QWI data is available at: <https://lehd.ces.census.gov/data/>

APPENDIX 2: ALLEGHENY COUNTY DETAILED DEMOGRAPHIC FORECAST

Baseline population forecast by age, race, and ethnicity for Allegheny County, 2020-2050

Race	Gender	Age	2020	2030	2040	2050	Change	Race
Total Population	Both	Total	1,251,04	1,255,16	1,245,55	1,226,44	-24,605	-2.0%
	Male	Total	542,380	541,983	534,299	522,855	-19,525	-3.6%
		Age 0-4	40,051	35,456	31,994	31,768	-8,283	-20.7%
		Age 5-9	38,808	39,144	33,932	32,290	-6,517	-16.8%
		Age 10-14	38,895	40,830	36,641	33,259	-5,636	-14.5%
		Age 15-19	41,173	40,081	40,856	35,782	-5,392	-13.1%
		Age 20-24	46,146	40,361	42,786	38,828	-7,319	-15.9%
		Age 25-29	52,184	42,179	41,642	42,644	-9,540	-18.3%
		Age 30-34	54,705	47,252	42,084	44,688	-10,017	-18.3%
		Age 35-39	47,690	53,272	43,911	43,558	-4,133	-8.7%
		Age 40-44	40,808	55,205	48,351	43,434	2,626	6.4%
		Age 45-49	38,801	47,641	53,639	44,617	5,816	15.0%
		Age 50-54	41,973	39,934	54,543	48,057	6,085	14.5%
		Age 55-59	45,543	36,997	46,214	52,320	6,777	14.9%
		Age 60-64	46,715	38,731	37,750	52,024	5,309	11.4%
		Age 65-69	38,846	39,575	33,044	42,009	3,163	8.1%
		Age 70-74	28,418	37,420	31,797	31,764	3,346	11.8%
		Age 75-79	18,094	28,102	29,301	25,143	7,049	39.0%
		Age 80-84	13,047	18,824	25,787	23,842	10,795	82.7%
		Age 85+	10,363	10,418	17,010	19,946	9,583	92.5%
	Female	Total	557,885	554,343	545,301	532,007	-25,878	-4.6%
		Age 0-4	143,578	171,331	200,368	231,244	87,666	61.1%
		Age 5-9	171,184	189,177	203,619	218,877	47,693	27.9%
		Age 10-14	36,299	37,955	36,225	33,533	-2,766	-7.6%
		Age 15-19	38,667	37,494	39,081	35,764	-2,902	-7.5%
		Age 20-24	43,009	38,561	40,625	38,993	-4,016	-9.3%
		Age 25-29	48,983	41,122	40,421	42,143	-6,840	-14.0%
		Age 30-34	53,472	45,647	41,711	43,931	-9,542	-17.8%
		Age 35-39	49,592	51,260	43,936	43,425	-6,168	-12.4%
		Age 40-44	43,758	55,185	47,928	44,189	431	1.0%
Age 45-49		40,061	50,694	52,840	45,742	5,681	14.2%	
Age 50-54		42,550	43,987	55,723	48,740	6,190	14.5%	
Age 55-59		46,965	39,640	50,575	52,876	5,910	12.6%	
Age 60-64		50,367	41,283	43,326	54,943	4,576	9.1%	
Age 65-69		44,796	43,765	37,759	48,511	3,715	8.3%	
Age 70-74		37,188	44,197	37,124	39,799	2,611	7.0%	
Age 75-79		26,181	36,799	36,682	32,558	6,376	24.4%	
Age 80-84	19,540	27,671	33,498	29,069	9,528	48.8%		
Age 85+	23,569	23,574	33,927	39,253	15,685	66.5%		

Race	Gender	Age	2020	2030	2040	2050	Change	Race	
White Non-Hispanic	Both	Total	938,726	903,186	850,632	792,560	-	-15.6%	
	Male	Total	456,112	441,319	416,662	389,659	-66,453	-14.6%	
		Age 0-4	22,133	19,189	15,463	15,109	-7,024	-31.7%	
		Age 5-9	20,909	21,688	17,016	15,237	-5,672	-27.1%	
		Age 10-14	21,111	22,379	19,530	15,831	-5,280	-25.0%	
		Age 15-19	23,250	21,544	22,404	17,760	-5,489	-23.6%	
		Age 20-24	25,480	21,522	22,878	20,081	-5,398	-21.2%	
		Age 25-29	32,446	22,871	21,307	22,220	-10,226	-31.5%	
		Age 30-34	37,539	25,385	21,612	23,022	-14,517	-38.7%	
		Age 35-39	32,595	32,683	23,367	21,880	-10,715	-32.9%	
		Age 40-44	26,947	37,638	25,810	22,141	-4,806	-17.8%	
		Age 45-49	25,747	32,562	32,838	23,744	-2,003	-7.8%	
		Age 50-54	28,645	26,503	37,140	25,710	-2,936	-10.2%	
		Age 55-59	32,654	24,691	31,531	31,994	-660	-2.0%	
		Age 60-64	35,916	26,660	25,059	35,380	-536	-1.5%	
		Age 65-69	31,822	28,678	22,105	28,661	-3,161	-9.9%	
		Age 70-74	23,822	28,961	21,970	21,112	-2,710	-11.4%	
		Age 75-79	15,015	23,263	21,401	16,881	1,866	12.4%	
		Age 80-84	9,971	14,967	18,721	14,674	4,703	47.2%	
		Age 85+	10,111	10,133	16,511	18,223	8,112	80.2%	
	Female			482,614	461,868	433,970	402,900	-79,714	-16.5%
		Age 0-4	21,109	18,483	14,893	14,549	-6,560	-31.1%	
		Age 5-9	20,248	20,869	16,364	14,649	-5,599	-27.7%	
		Age 10-14	19,945	21,313	18,777	15,210	-4,735	-23.7%	
		Age 15-19	22,300	20,859	21,563	17,081	-5,219	-23.4%	
		Age 20-24	25,975	20,727	22,185	19,692	-6,283	-24.2%	
		Age 25-29	31,582	22,614	21,298	22,054	-9,528	-30.2%	
		Age 30-34	35,205	26,162	21,058	22,563	-12,642	-35.9%	
		Age 35-39	30,952	31,787	22,987	21,725	-9,227	-29.8%	
		Age 40-44	26,057	35,348	26,506	21,486	-4,571	-17.5%	
		Age 45-49	25,270	30,995	31,963	23,309	-1,961	-7.8%	
		Age 50-54	29,933	25,778	35,069	26,443	-3,489	-11.7%	
		Age 55-59	35,188	24,644	30,427	31,493	-3,696	-10.5%	
Age 60-64		39,323	28,730	25,013	34,164	-5,159	-13.1%		
Age 65-69	35,442	32,401	22,997	28,683	-6,759	-19.1%			
Age 70-74	28,426	33,858	25,086	22,204	-6,222	-21.9%			
Age 75-79	20,169	28,325	26,250	18,940	-1,229	-6.1%			
Age 80-84	15,026	20,275	24,668	18,685	3,660	24.4%			
Age 85+	20,466	18,699	26,865	29,970	9,505	46.4%			

Race	Gender	Age	2020	2030	2040	2050	Change	Race
Black Non-Hispanic	Both	Total	161,685	168,232	174,938	180,044	18,359	11.4%
	Male	Total	74,906	78,557	82,363	85,527	10,621	14.2%
		Age 0-4	5,557	4,784	4,569	4,307	-1,250	-22.5%
		Age 5-9	6,036	4,863	4,706	4,528	-1,507	-25.0%
		Age 10-14	5,833	5,602	4,915	4,724	-1,108	-19.0%
		Age 15-19	5,723	6,107	5,024	4,890	-833	-14.6%
		Age 20-24	5,940	5,735	5,611	4,974	-966	-16.3%
		Age 25-29	6,956	5,570	6,077	5,075	-1,881	-27.0%
		Age 30-34	5,865	5,988	5,920	5,867	2	0.0%
		Age 35-39	4,382	7,077	5,844	6,403	2,021	46.1%
		Age 40-44	3,787	5,980	6,218	6,200	2,414	63.7%
		Age 45-49	3,822	4,441	7,178	6,023	2,201	57.6%
		Age 50-54	3,760	3,731	5,957	6,241	2,481	66.0%
		Age 55-59	4,177	3,621	4,331	7,014	2,837	67.9%
		Age 60-64	4,180	3,431	3,544	5,713	1,533	36.7%
		Age 65-69	3,300	3,579	3,257	3,992	692	21.0%
		Age 70-74	2,456	3,278	2,837	3,030	573	23.3%
		Age 75-79	1,427	2,340	2,649	2,506	1,079	75.6%
		Age 80-84	905	1,472	2,077	1,889	983	108.6%
		Age 85+	800	958	1,649	2,151	1,351	168.8%
	Female	Total	86,779	89,675	92,575	94,517	7,738	8.9%
		Age 0-4	5,345	4,613	4,407	4,156	-1,189	-22.2%
		Age 5-9	5,626	4,690	4,540	4,371	-1,255	-22.3%
		Age 10-14	5,705	5,384	4,740	4,558	-1,147	-20.1%
		Age 15-19	5,853	5,778	4,934	4,810	-1,044	-17.8%
		Age 20-24	6,089	5,907	5,700	5,111	-978	-16.1%
		Age 25-29	7,198	5,974	6,035	5,277	-1,920	-26.7%
		Age 30-34	6,812	6,201	6,153	6,025	-788	-11.6%
		Age 35-39	5,188	7,285	6,188	6,306	1,118	21.5%
		Age 40-44	4,656	6,872	6,375	6,373	1,718	36.9%
		Age 45-49	4,777	5,222	7,395	6,357	1,579	33.1%
		Age 50-54	4,814	4,595	6,873	6,431	1,617	33.6%
Age 55-59		5,310	4,620	5,169	7,344	2,033	38.3%	
Age 60-64		5,382	4,567	4,489	6,758	1,376	25.6%	
Age 65-69		4,534	4,834	4,347	4,939	405	8.9%	
Age 70-74		3,462	4,602	4,046	4,059	597	17.3%	
Age 75-79		2,345	3,641	3,994	3,685	1,340	57.1%	
Age 80-84		1,680	2,514	3,451	3,143	1,463	87.1%	
Age 85+		2,003	2,376	3,739	4,814	2,811	140.3%	

Race	Gender	Age	2020	2030	2040	2050	Change	Race
All Other Races Non-Hispanic	Both	Total	116,299	146,369	178,444	209,204	92,904	79.9%
	Male	Total	58,024	72,376	87,657	102,191	44,166	76.1%
		Age 0-4	4,958	5,564	6,128	6,692	1,734	35.0%
		Age 5-9	4,944	5,315	6,079	6,632	1,688	34.2%
		Age 10-14	4,764	5,287	5,961	6,529	1,765	37.0%
		Age 15-19	4,589	5,428	5,876	6,644	2,054	44.8%
		Age 20-24	5,134	5,695	6,294	6,978	1,844	35.9%
		Age 25-29	5,480	5,713	6,626	7,095	1,615	29.5%
		Age 30-34	5,668	6,115	6,760	7,373	1,704	30.1%
		Age 35-39	4,960	6,163	6,479	7,400	2,441	49.2%
		Age 40-44	3,999	6,029	6,557	7,209	3,210	80.3%
		Age 45-49	3,497	5,134	6,398	6,726	3,228	92.3%
		Age 50-54	2,995	4,020	6,067	6,601	3,606	120.4%
		Age 55-59	2,574	3,435	5,098	6,339	3,765	146.2%
		Age 60-64	2,322	2,922	3,981	5,962	3,640	156.8%
		Age 65-69	783	2,390	3,259	4,826	4,042	516.0%
		Age 70-74	623	1,977	2,558	3,504	2,881	462.2%
		Age 75-79	389	605	1,888	2,606	2,217	570.2%
		Age 80-84	211	391	1,335	1,771	1,560	740.6%
		Age 85+	134	194	312	1,305	1,171	874.6%
	Female		58,275	73,992	90,787	107,013	48,738	83.6%
		Age 0-4	4,930	5,374	5,919	6,464	1,534	31.1%
		Age 5-9	4,815	5,142	5,884	6,422	1,606	33.4%
		Age 10-14	4,548	5,243	5,763	6,318	1,770	38.9%
		Age 15-19	4,512	5,281	5,693	6,446	1,934	42.9%
		Age 20-24	5,143	5,563	6,355	6,903	1,760	34.2%
		Age 25-29	5,441	5,953	6,836	7,301	1,860	34.2%
		Age 30-34	5,496	6,449	6,979	7,814	2,318	42.2%
		Age 35-39	4,575	6,273	6,877	7,786	3,211	70.2%
		Age 40-44	4,046	6,011	7,046	7,596	3,550	87.7%
		Age 45-49	3,612	4,919	6,685	7,301	3,688	102.1%
		Age 50-54	3,077	4,206	6,219	7,254	4,177	135.8%
		Age 55-59	2,691	3,689	5,044	6,794	4,103	152.5%
Age 60-64		2,512	3,129	4,291	6,268	3,755	149.5%	
Age 65-69	1,106	2,595	3,590	4,892	3,786	342.2%		
Age 70-74	791	2,239	2,838	3,893	3,102	392.2%		
Age 75-79	484	935	2,211	3,071	2,587	534.9%		
Age 80-84	269	604	1,741	2,238	1,969	731.9%		
Age 85+	227	388	817	2,254	2,027	894.1%		

Race	Gender	Age	2020	2030	2040	2050	Change	Race
Hispanic	Both	Total	34,337	37,375	41,548	44,635	10,299	30.0%
	Male	Total	17,341	18,891	21,004	22,542	5,201	30.0%
		Age 0-4	1,299	1,149	1,157	1,068	-231	-17.8%
		Age 5-9	1,417	1,154	1,183	1,139	-278	-19.6%
		Age 10-14	1,444	1,279	1,192	1,199	-245	-17.0%
		Age 15-19	1,305	1,466	1,264	1,293	-13	-1.0%
		Age 20-24	1,379	1,602	1,502	1,416	37	2.7%
		Age 25-29	1,580	1,407	1,636	1,437	-143	-9.1%
		Age 30-34	1,928	1,391	1,681	1,585	-343	-17.8%
		Age 35-39	1,694	1,575	1,472	1,704	10	0.6%
		Age 40-44	1,263	1,874	1,412	1,704	441	34.9%
		Age 45-49	983	1,619	1,572	1,475	492	50.1%
		Age 50-54	845	1,170	1,835	1,390	545	64.5%
		Age 55-59	753	873	1,553	1,515	763	101.3%
		Age 60-64	643	735	1,107	1,751	1,108	172.3%
		Age 65-69	323	626	798	1,434	1,112	344.2%
		Age 70-74	200	501	626	957	757	377.8%
		Age 75-79	105	248	484	624	519	494.6%
		Age 80-84	62	132	342	433	370	596.6%
		Age 85+	117	92	187	418	301	256.2%
	Female	Total	16,995	18,483	20,545	22,093	5,098	30.0%
		Age 0-4	1,240	1,105	1,112	1,027	-213	-17.2%
		Age 5-9	1,319	1,114	1,142	1,100	-219	-16.6%
		Age 10-14	1,503	1,222	1,150	1,158	-346	-23.0%
		Age 15-19	1,286	1,350	1,207	1,235	-51	-4.0%
		Age 20-24	1,421	1,600	1,383	1,312	-110	-7.7%
		Age 25-29	1,517	1,347	1,477	1,335	-183	-12.0%
		Age 30-34	1,548	1,434	1,680	1,464	-84	-5.4%
		Age 35-39	1,388	1,513	1,410	1,542	154	11.1%
		Age 40-44	1,174	1,511	1,464	1,710	536	45.6%
		Age 45-49	1,032	1,332	1,525	1,426	395	38.3%
		Age 50-54	887	1,102	1,503	1,460	574	64.7%
		Age 55-59	811	950	1,312	1,507	696	85.8%
Age 60-64		723	810	1,082	1,479	756	104.6%	
Age 65-69	363	713	904	1,253	890	245.3%		
Age 70-74	268	611	730	983	715	266.5%		
Age 75-79	211	316	616	783	571	270.2%		
Age 80-84	161	213	485	582	421	261.9%		
Age 85+	142	241	363	738	596	418.5%		