

The Associated Press-NORC Center for Public Affairs Research

EQUITY AND AGING IN THE COMMUNITY

Older adults by and large feel prepared to age in their current communities and are confident in the availability of and access to services in their community that will support their ability to age at home. But while still holding a generally positive outlook, some segments of this population especially those with lower incomes, those living in rural areas, and Black or Hispanic older adults—have more reservations about the services in their area that support aging.



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A new study of adults age 50 and

older from The AP-NORC Center for Public Affairs Research and The SCAN Foundation finds that a majority of these adults feel prepared to stay in their homes and communities as long as possible, and they feel ready to reach out for help from a loved one or health care provider as they need it. Twothirds think their area meets their needs for services like health care, grocery stores, and social opportunities. Few report having a hard time accessing needed services because of communication obstacles like a language barrier (11%), cultural barrier (8%) or age gap (8%); issues with affordability (15%); or issues of respect for their religious (4%) or cultural (3%) background. Health care services of all types are widely perceived as easy to access in their local area, and most feel health care providers in their area understand their needs (79%) and take their concerns seriously (79%).

Three Things You Should Know

About The Long-Term Care Poll on Community Supports Among Adults Age 50 and Older:

- 1) Fewer Black (58%) and Hispanic (58%) adults think their local area does a good job providing access to resources like high-quality health care, grocery stores, entertainment, and places to socialize, compared to white adults (69%).
- 2) Black (56%) and Hispanic (54%) adults are less likely to find it easy to access community services that are respectful of their cultural background, compared to white adults (65%).
- 3) Just 65% of Hispanic adults report that health care providers can address their needs most of the time, compared to 82% of white adults.

But, a closer examination of the small proportion of older Americans who feel less prepared and less supported in their community raises concerns about equity in access to the resources necessary to age in place.

When it comes to preparedness, older Hispanic adults are less likely than their white counterparts to feel prepared to remain in their own home (59% vs. 73%), stay in their current communities (60% vs. 73%), and obtain assistance from health care providers (53% vs. 67%). Both Black and Hispanic older adults are less likely than white older adults to rate their community as doing a good job providing access to resources like high-quality health care, grocery stores, and places to socialize (58% each vs. 69%). Fewer Black and Hispanic older adults also think it is easy to find services in their area that are respectful of their language (71% and 69%, respectively, vs. 82%) or cultural background (56% and 54% vs. 65%). Black adults in particular cite a lack of healthy foods and the kinds of food they want, while Hispanics cite a lack of affordable housing.

Looking specifically at the health care system, though majorities of each find these services easy to access, Black and Hispanic older adults are less likely than white adults to think it would be easy to access pharmacies (89% and 88%, respectively, vs. 95%), physical therapy (75% and 69% vs. 85%), and dental care (76% and 75% vs. 86%). And while most older adults think local health care providers understand their needs and take them seriously, older Hispanics are less likely than their white counterparts to think so. Many of these issues are more severe among lower-income Hispanic older adults.

In addition to race and ethnicity, those in urban areas—and suburban areas especially—describe their communities as having more supports for aging in place than those in rural areas. Older adults in suburban areas see their communities as doing the best job with meeting needs for healthy food, internet access, and the kinds of foods they want to eat. Suburban areas are also seen as better than rural areas in particular at meeting needs for health care and social activities. Older rural Americans are less likely than those living elsewhere to use a range of services simply because they aren't available in their area. They are less likely to feel that community services are easy to get and designed for people their age than those in urban or suburban communities as well. And they are less likely to think a variety of health care services would be easy for them to access.

Income disparities are also associated with access to critical aging services. Those with incomes of \$50,000 and below are less likely than those earning more to have access to services that are in their language (73% vs. 82%), close by or easy to get to (58% vs. 65%), respectful of their religious beliefs (57% vs. 65%), or designed for people their age (53% vs. 63%). When it comes to medical services, they are also less likely to have easy access to dental care, physical therapy, pharmacies, nursing homes, and urgent care than those earning more.

Additionally, those age 65 and older generally feel more prepared and report better access to important community services than those ages 50-64.

The AP-NORC Center conducted this study with funding from The SCAN Foundation (TSF). The survey includes 1,762 interviews with a nationally representative sample of adults age 50 and older living in America using the Foresight 50+ Panel, the probability-based panel of adults age 50 and older of NORC at the University of Chicago. Interviews were conducted between February 24 and March 1, 2022, online and by phone in English and Spanish. The margin of sampling error is +/- 3.4 percentage points.

FINANCIAL CONCERNS ARE THE MOST COMMON REASON OLDER AMERICANS DON'T FEEL PREPARED TO AGE AT HOME.

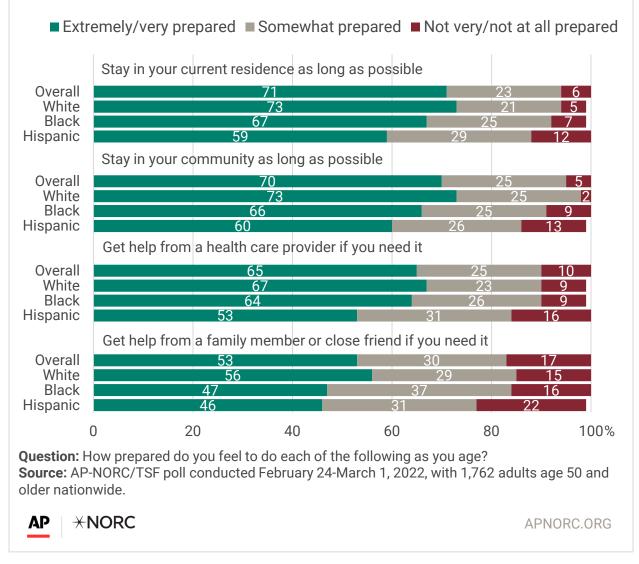
The vast majority of adults age 50 and older (88%) want to age in their own home or the home of a family member or friend. ¹ Most feel prepared to do so—about 7 in 10 feel very or extremely prepared to remain in their current residence or community, and over half feel the same regarding receiving help from loved ones or health care providers.

This preparedness differs between older white and Hispanic adults. Hispanic adults are less likely than white adults to feel prepared to remain in their own homes, stay in their current communities, and obtain assistance from health care providers. In addition, Hispanic adults are less likely than Black adults to feel prepared to obtain assistance from health care providers.

¹ The AP-NORC Center for Public Affairs Research. (May, 2021). "Long-Term Care in America: Americans Want to Age at Home." <u>https://www.longtermcarepoll.org/project/long-term-care-in-america-americans-want-to-age-at-home/</u>.

Most older adults feel prepared to stay in their homes and receive help as they age, but Hispanic older adults are less likely to feel prepared than white adults.

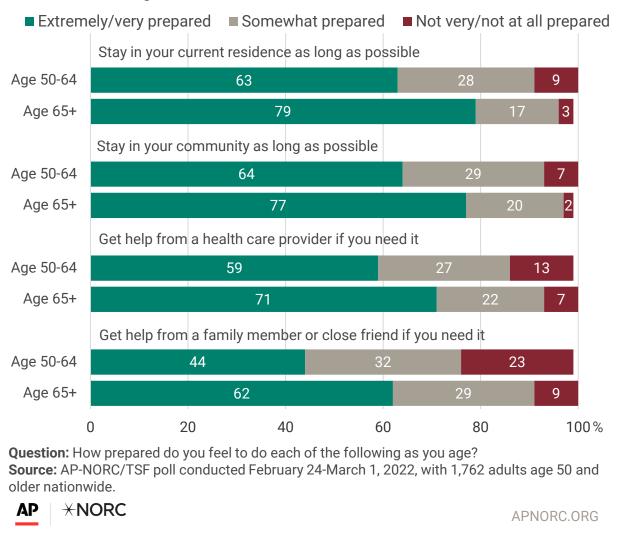
Percent of adults age 50+



While most older adults feel prepared to age and receive care at home, confidence increases with age. Those age 50-64 are less likely than those age 65 and older to feel prepared to remain in their current residences, stay in their communities, get help from family members or friends, or get help from health care providers if they need it.

Adults age 50-64 feel less prepared to remain where they are and receive help than those age 65 and older.

Percent of adults age 50+

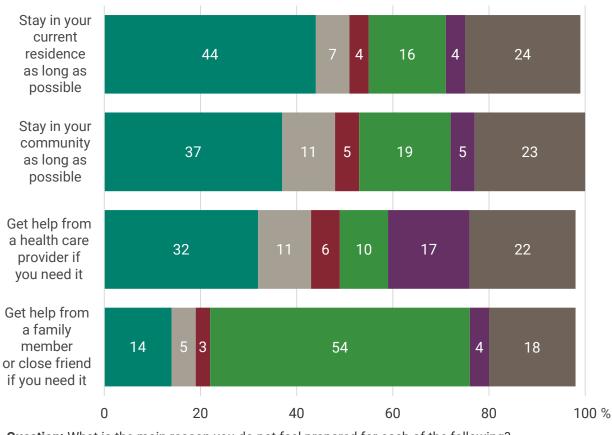


When it comes to the reasons why older adults don't feel prepared to age at home, many cite their financial situation. Forty-four percent of those who are somewhat prepared or less to age at home cite finances as the main reason they do not feel prepared, and about a third say the same about staying in their community or receiving help from a health care provider. Of those who aren't prepared to receive help from loved ones, lack of nearby family members is the primary reason; over half do not have enough family close by.

The majority of those feeling unprepared to age at home cite their financial situation.

Percent of adults age 50+ who are somewhat prepared or less for each

- Your financial situation
- The area where you currently live does not have enough services for older residents
- You do not feel safe
- You do not have enough family close by
- It is difficult to find information about how to do it
- Other



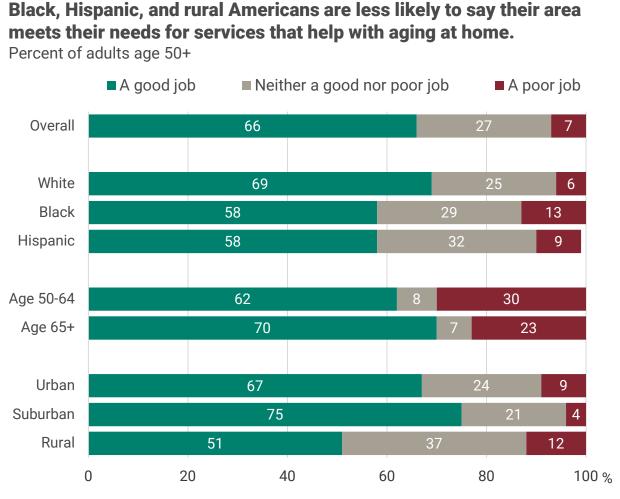
Question: What is the main reason you do not feel prepared for each of the following? **Source:** AP-NORC/TSF poll conducted February 24-March 1, 2022, with 1,762 adults age 50 and older nationwide.



BLACK AND HISPANIC AMERICANS AGE 50 AND OLDER ARE LESS LIKELY TO THINK THEIR COMMUNITIES DO A GOOD JOB MEETING THEIR NEEDS FOR SERVICES THAT HELP WITH AGING AT HOME.

Two-thirds of older adults think their area does a good job providing access to resources like highquality health care, grocery stores, entertainment, and places to socialize, while 7% think it does a poor job.

White adults and those in urban and suburban areas are most likely to feel their area does a good job providing these services.



Question: Do you think the area where you currently live does a good job, a poor job, or neither a good nor poor job of providing access to resources like high-quality health care, grocery stores, entertainment, and places to socialize?

Source: AP-NORC/TSF poll conducted February 24-March 1, 2022, with 1,762 adults age 50 and older nationwide.



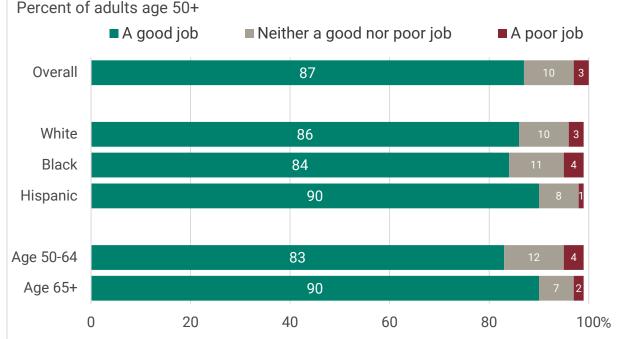
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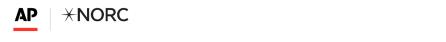
Overall, those age 50-64 are less likely to think their area does a good job providing resources than those age 65 and older. However, there are no significant differences according to age within white, Black, or Hispanic older adults.

Of those who think their area does a good job of providing resources, the vast majority also think it does a good job providing equal access to these resources for residents of all ages and backgrounds. Only 3% think their area does a bad job at providing equal access. White, Black, and Hispanic older adults rate their communities similarly on this measure. Adults age 65 and older, however, are more likely than those age 50-64 to rate their area highly in this regard.

Most think their local area does a good job providing equal access to important resources for residents of all ages and backgrounds.



Question: Do you think the area where you currently live does a good job, a poor job, or neither a good nor poor job of providing <u>equal access</u> for residents of all ages and backgrounds to resources like high-quality health care, grocery stores, entertainment, and places to socialize? **Source:** AP-NORC/TSF poll conducted February 24-March 1, 2022, with 1,762 adults age 50 and older nationwide.



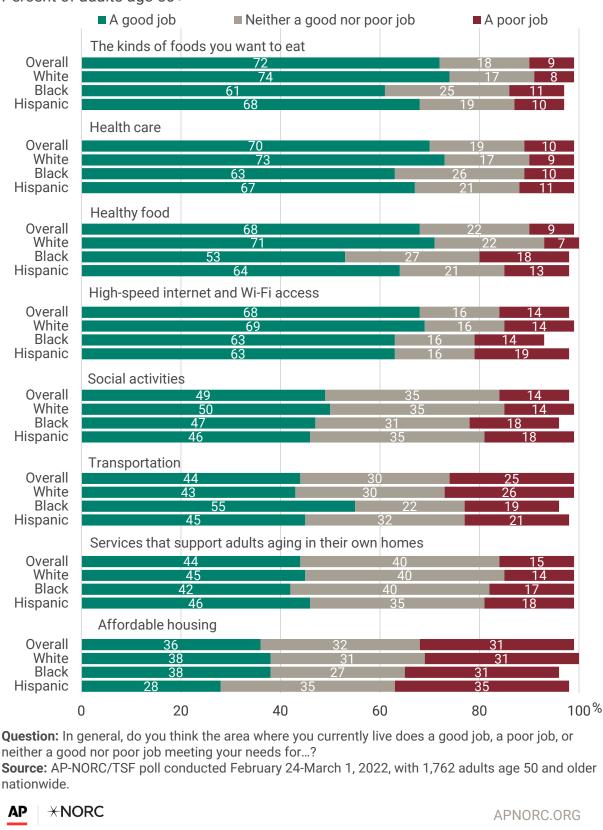
When it comes to meeting specific needs, most older adults think their area does a good job with meeting their needs for health care, internet access, and healthy and appealing food. However, less than half say the same about social activities, services that support aging in their own homes, transportation, and affordable housing.

Satisfaction with these services differs some based on race and ethnicity. Black older adults are less likely than white older adults to think their area does a good job meeting their needs for the kinds of foods they want to eat (61% vs. 74%) and healthy food (53% vs. 71%). Meanwhile, Hispanic older adults are less likely than older white adults to think their area does a good job meeting their needs for affordable housing (28% vs. 38%). Other differences are not significant after controlling for other factors like age, gender, income, and education.

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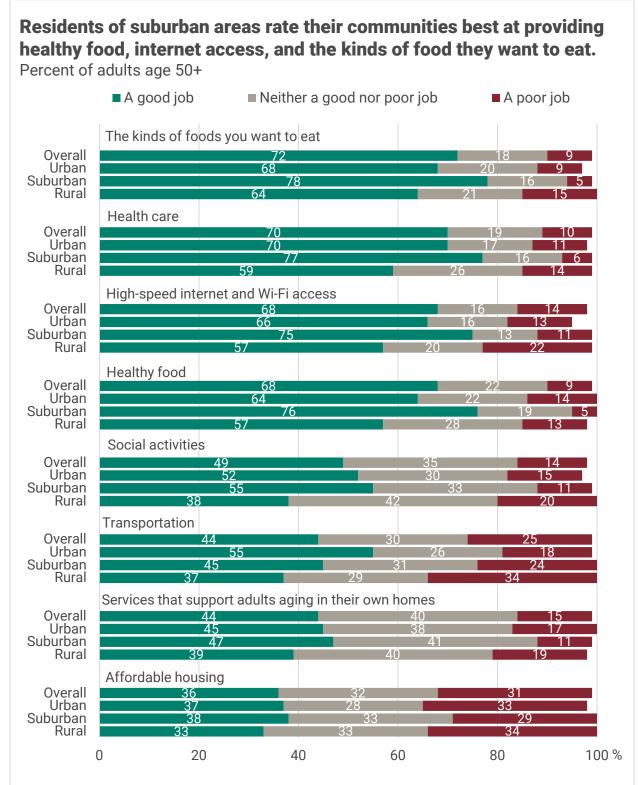
Many older adults say their area does not do a good job meeting their needs for transportation and affordable housing.

Percent of adults age 50+



Satisfaction with the services provided in the community varies by where people live as well. Residents of urban areas are more likely than those living in suburban or rural areas to think their area does a good job meeting their needs for transportation (55% vs. 45% vs. 37%).

Meanwhile, suburban residents are more likely than those living in urban or rural areas to think their area does a good job meeting their needs for healthy food, internet access, and the kinds of foods they want to eat. They are also more likely than rural residents to think their area does a good job meeting their needs for health care and social activities.



Question: In general, do you think the area where you currently live does a good job, a poor job, or neither a good nor poor job meeting your needs for...?

Source: AP-NORC/TSF poll conducted February 24-March 1, 2022, with 1,762 adults age 50 and older nationwide.

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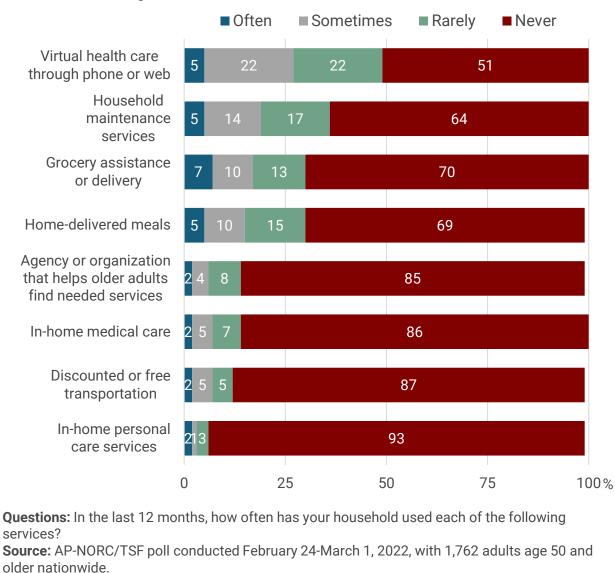
PERSONAL USE OF SERVICES LIKE HOME-DELIVERED MEALS AND IN-HOME CARE IS HIGHER AMONG BLACK AND HISPANIC ADULTS, BUT REASONS FOR NOT USING SOME SERVICES VARIES BY RACE, AGE, INCOME, AND WHERE PEOPLE LIVE.

Services like telehealth, grocery assistance, home-delivered meals, and in-home medical care are essential for communities that allow older adults to age at home. While use of these services isn't especially frequent among those age 50 and older, 27% have used virtual health or mental health care at least sometimes in the last year. ² Nineteen percent have used household maintenance services, 18% have used grocery assistance or delivery, and 15% have ordered home-delivered meals. Fewer have used other services.

² In December 2021, 62% of adults age 50 and older reported using some form of telehealth since March 2020. The present survey only asked respondents about using telehealth through phone and web in the last year. The December 2021 survey can be found here: https://www.longtermcarepoll.org/project/telehealth-and-equity/

Telehealth, household maintenance services, and food deliveries are the most commonly used services among older adults.

Percent of adults age 50 and older



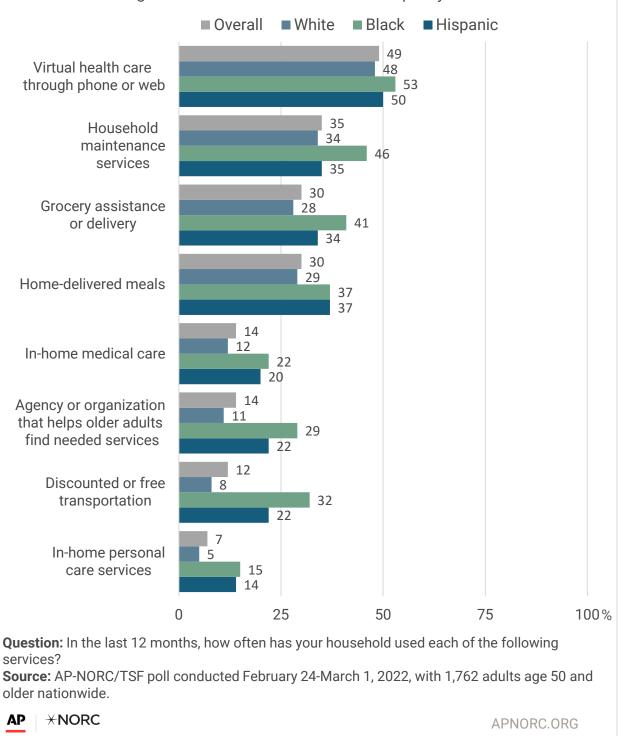


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Black and Hispanic adults age 50 and older are significantly more likely than white older adults to use each of the services asked about, other than virtual health or mental health services.

Black and Hispanic older adults have used most of these services more often than white older adults in the past year.

Percent of adults age 50 and older that used each in the past year



Adults age 50 and older who are making less than \$50,000 a year are more likely than higher income adults to use the following services: discounted or free transportation (19% vs. 8%), a government agency or organization that helps older adults find the services they need (21% vs. 9%), and in-home personal care services (9% vs. 5%).

Among Hispanic adults age 50 and older, those making under than \$50,000 a year are more likely than higher-income Hispanic Americans to have used discounted or free public transportation (28% vs. 16%), as well as a government agency or organization that helps older adults find the services they need (30% vs. 14%).

Among those who do not use these services, a large majority do not need them. Fewer than 1 in 10 cite any other specific reason, regardless of the service.

What is the main reason for not using each service?

Percent of adults age 50 and older who never use each service

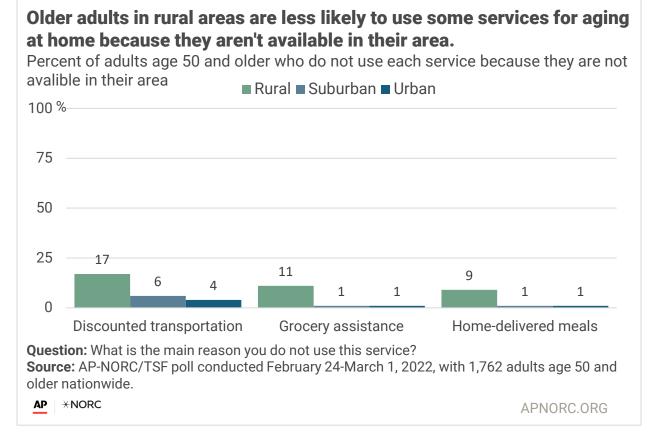
	Top reasons for not needing services		
	Top reason	Second reason	Third reason
Home-delivered meals	I don't need this (86%)	I can't afford this (4%)	I am not eligible for this (4%)
Grocery assistance or delivery	I don't need this (88%)	This isn't available in the area where I currently live (4%)	I can't afford this (4%)
Discounted or free transportation	I don't need this (82%)	This isn't available in the area where I currently live (9%)	I am not eligible for this (3%)
Virtual care through phone or the web for health care or mental health care	I don't need this (86%)	I don't know how to get this or do this (6%)	This isn't available in the area where I currently live (2%)
A government agency or community organization that helps older adults find the services they need	I don't need this (86%)	I don't know how to get this or do this (7%)	I am not eligible for this (3%)
Household maintenance services	I don't need this (85%)	I can't afford this (7%)	I don't know how to get this or do this (4%)
In-home personal care services with things like bathing and dressing	I don't need this (92%)	I can't afford this (2%)	I am not eligible for this (2%)
In-home medical care	I don't need this (93%)	I am not eligible for this (2%)	I can't afford this (2%)

Question: What is the main reason you do not use this service?

Source: AP-NORC/TSF poll conducted February 24 - March 1, 2022, with 1,762 adults age 50 and older nationwide.

Hispanic adults age 50 and older are more likely than white older adults to say that they do not use the following services because they are not eligible for them: organizations that help older adults find services (7% vs. 2%), in-home personal care (7% vs. 1%), and in-home medical care (6% vs. 1%).

Adults age 50 and older living in rural areas are more likely than urban and suburban adults to not use grocery assistance, home-delivered meals, and discounted transportation because they aren't available in their area.

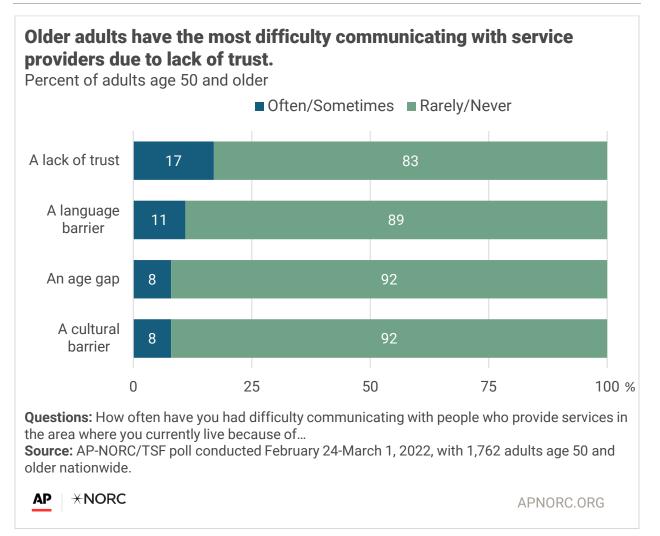


Among Hispanics, different reasons for not using these services emerge based on age and income. Eleven percent of Hispanic adults age 50-64 who do not use home-delivered meals cannot afford them, while no Hispanic adults age 65 or older report the same. And 13% of Hispanic adults age 50-64 who do not use grocery assistance or delivery cannot afford it, compared to 2% of those age 65 or older.

Hispanic adults age 50 and older who make more than \$50,000 a year are more likely than their lower-income counterparts to say they don't use the following services because they do not need them: home-delivered meals (85% vs. 71%), grocery assistance or delivery (87% vs. 73%), discounted or free transportation (89% vs. 72%), virtual health care (90% vs. 73%), and in-home personal care (90% vs. 79%).

FEW OLDER ADULTS FACE CULTURAL BARRIERS TO ACCESSING COMMUNITY SERVICES IN THEIR LOCAL AREA, BUT ISSUES OF EQUITY EMERGE.

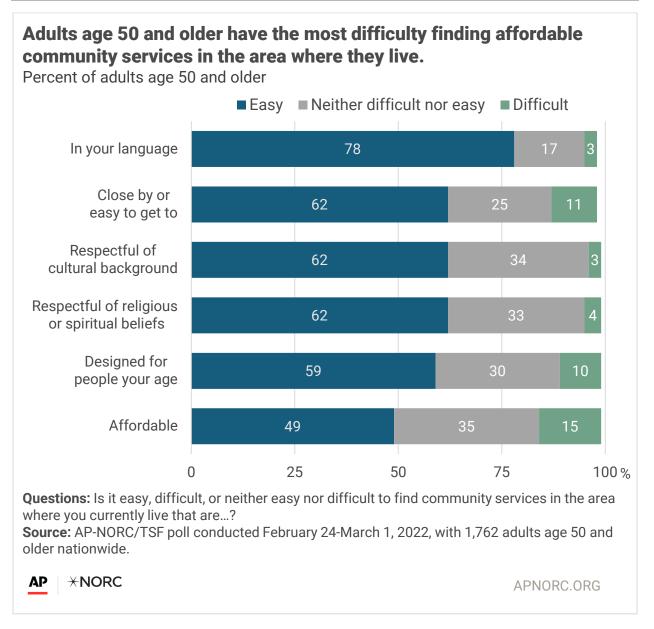
While about 1 in 5 adults age 50 and older sometimes have difficulty communicating with people in their area who provide services because of a lack of trust, few have trouble communicating because of a language barrier, a cultural barrier, or an age gap.



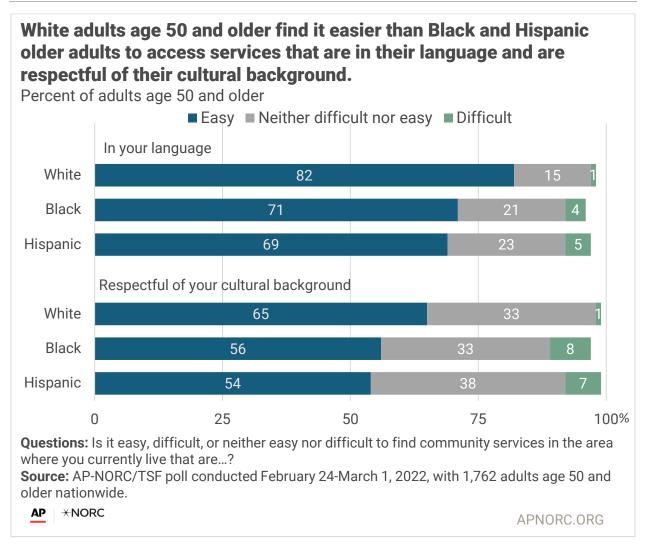
Those age 50-64 are more likely to have difficulty communicating due to lack of trust than those 65 and older (21% vs. 12%).

And while a majority of older Americans, regardless of race or ethnicity, do not have problems communicating with service providers, Black adults are more likely to cite cultural barriers than white adults. Sixteen percent of Black adults age 50 and older have difficulty communicating due to cultural barriers at least sometimes, compared to just 5% of white older adults.

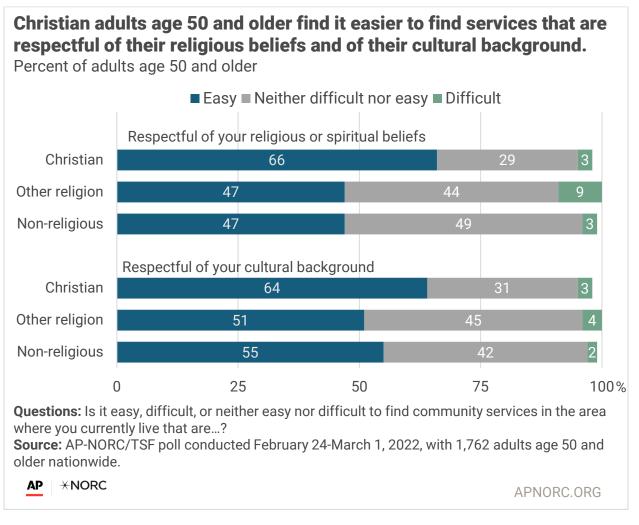
Looking at other barriers to accessing services, again, few have trouble finding services that are respectful of their cultural background or that are respectful of their religious or spiritual beliefs. But slightly more have difficulty finding services that are affordable, are close by or easy to get to, or are designed for people their age.



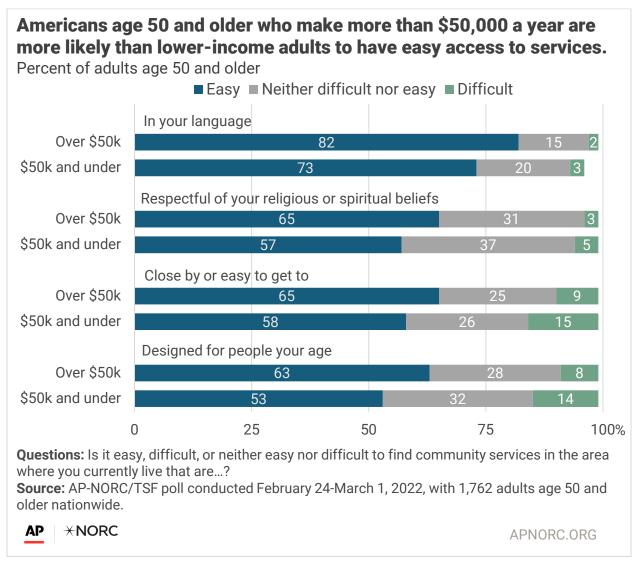
Some of these services are easier to find than others based on race and ethnic background, religious background, income, and where people live. White adults age 50 and older find it easier than Black and Hispanic older adults to access services that are in their language and are respectful of their cultural background.



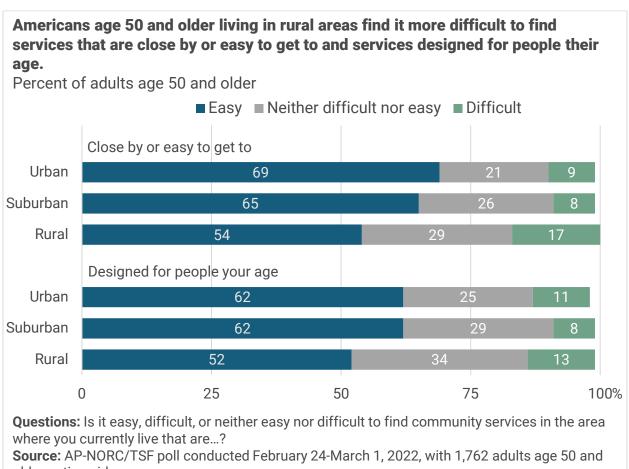
Christian adults age 50 and older find it easier to find services that are respectful of their religious beliefs and of their cultural background than older adults who are religious non-Christians or non-religious.



Older adults who make more than \$50,000 a year are more likely than lower-income adults to have easy access to services that are respectful of their religious beliefs, in their language, designed for people their age, and close by or easy to get to.



Older adults living in rural areas find it more difficult than those in urban and suburban areas to find services that are close by or easy to get to and services designed for people their age.



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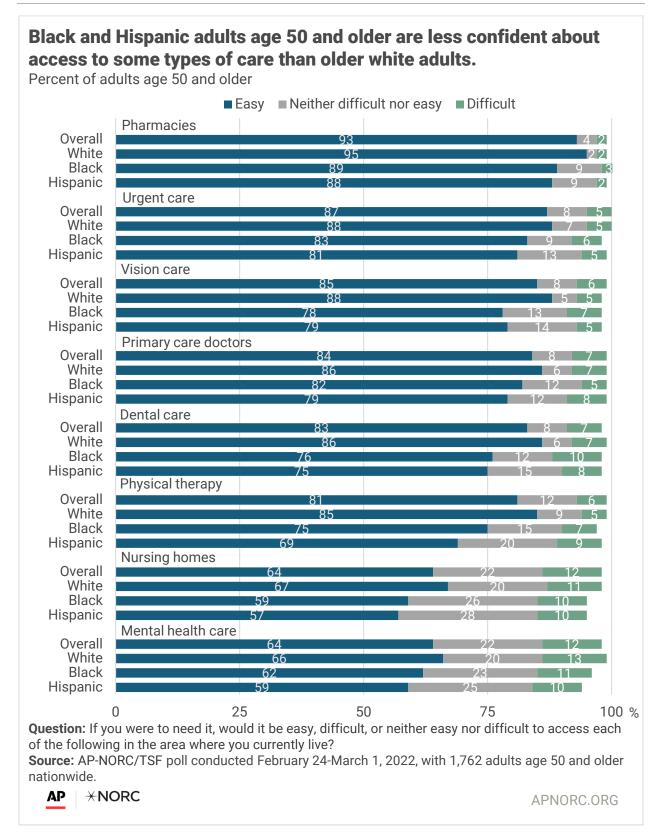
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We also see differences by age within racial and ethnic groups. Adults age 65 and older find it easier than those age 50-64 to find community services that are respectful of their religious and spiritual beliefs (68% vs. 54% among Black adults and 69% vs. 52% among Hispanic adults, respectively).

ACCESS TO AND EXPERIENCE WITH MEDICAL SERVICES RAISE ISSUES OF EQUITY BASED ON RACE, AGE, INCOME, AND WHERE PEOPLE LIVE.

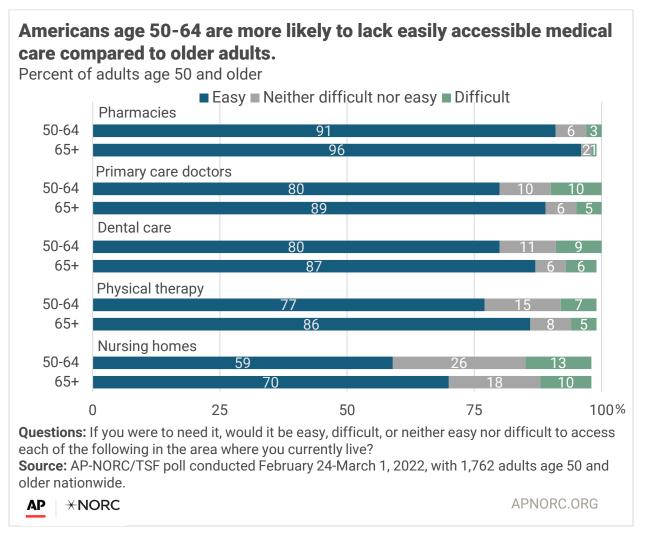
Most Americans age 50 and older would find it easy to access various types of medical care in the area they currently live if they were to need it. More than 8 in 10 think so about most types of care they were asked about. However, less than two-thirds think it would be easy to find nursing homes or mental health care should they need it.

While a majority of older Americans across race and ethnicity think it would be easy to find each type of health care asked about, Black and Hispanic adults age 50 and older are less confident about access to some types of care than white older adults. Black and Hispanic older adults are less likely than white older adults to think it would be easy to access pharmacies, physical therapy, and dental care. And Hispanic adults age 50 and older are less likely than white older adults age 50 and older are less likely than white older adults to think it would be easy to access urgent care and vision care, should they need it.



Access to medical care also varies by age, income, and where people live.

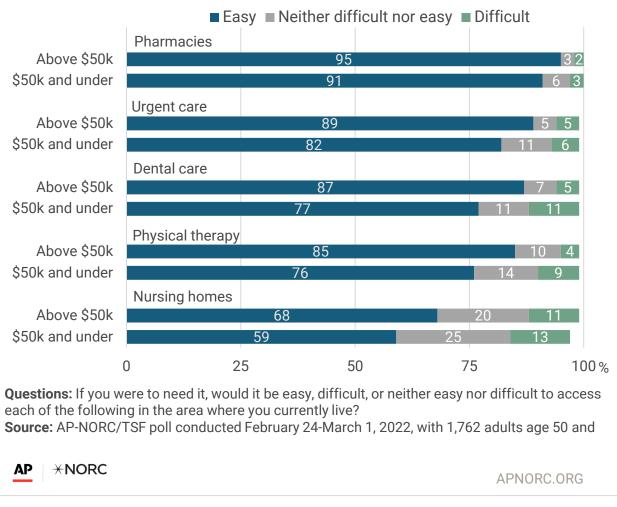
Those age 50-64 are more likely to lack easily accessible medical care, compared to those age 65 or older. They are also less likely to think it would be easy to access nursing homes, pharmacies, primary care doctors, physical therapy, and dental care, should they need it.



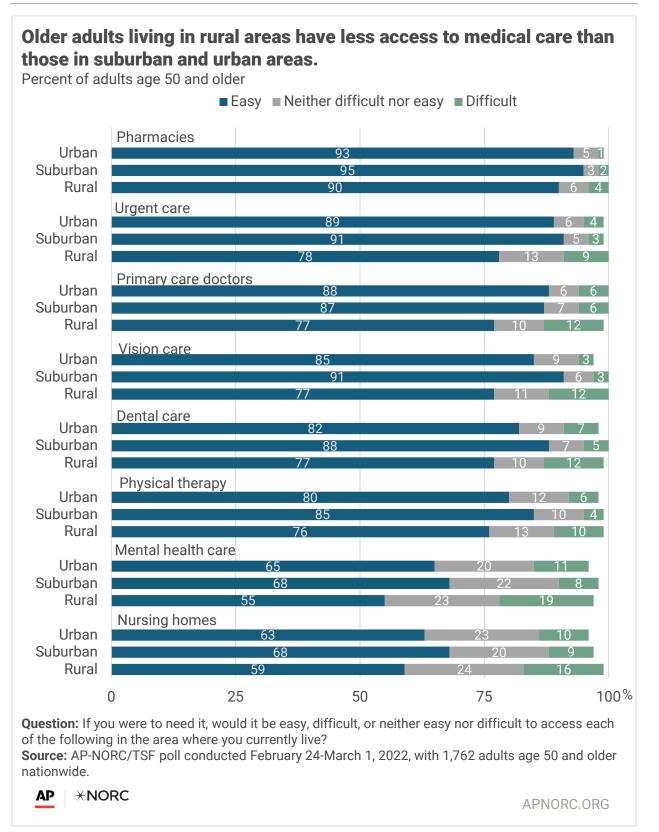
Older Americans making less than \$50,000 a year are less likely than higher-income adults to have easy access nursing homes, urgent care, pharmacies, physical therapy, and dental care.

Americans making \$50,000 and under are more likely to lack easily accessible medical care compared to higher-income adults.

Percent of adults age 50 and older



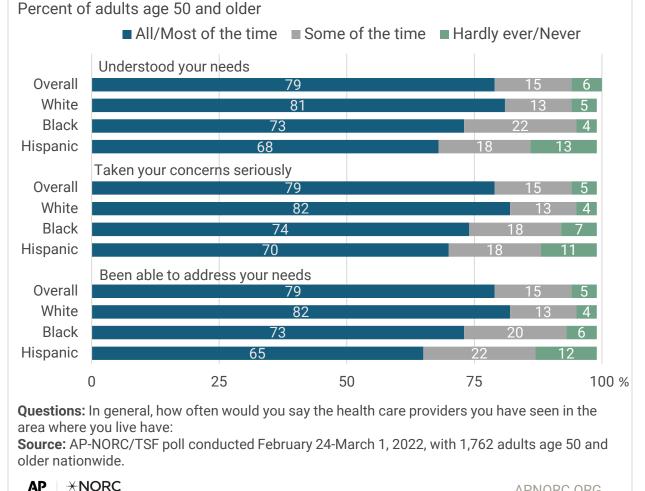
Those age 50 and older living in rural areas have less easy access to medical care than Americans living in urban and suburban areas.



Among Hispanic adults age 50 and older, those making more than \$50,000 are more likely to report easy access to vision care (86% vs. 73%), dental care (87% vs. 65%), physical therapy (78% vs. 62%), and nursing homes (67% vs. 49%), compared to those with lower incomes.

A majority of adults age 50 and older report that their health care providers have understood their needs, taken their concerns seriously, and have been able to address their needs. Black older adults do not significantly differ in these attitudes, compared to either their white or Hispanic counterparts. Hispanic older adults, however, are less likely than white older adults to report that their health care provider has been able to address their needs.

Hispanic adults age 50 and older are less likely than Black older adults to report their health care provider has been able to address their needs.



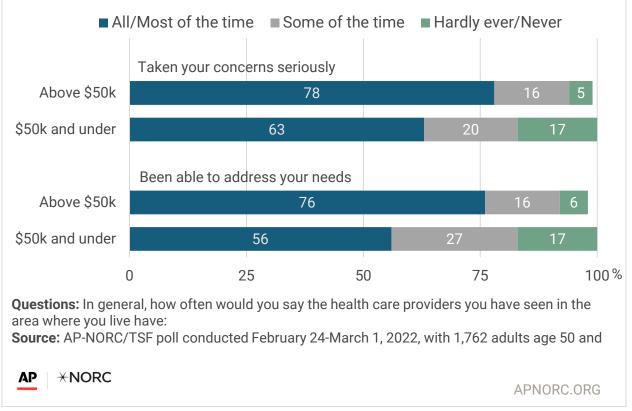
Among Hispanic older adults, those making more than \$50,000 a year are more likely than lowerincome adults to feel their health care provider has taken their concerns seriously and has been able to address their needs.

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Older Hispanic adults making more than \$50,000 a year are more likely than those with lower incomes to have their concerns taken seriously and addressed.

Percent of Hispanic adults age 50 and older



STUDY METHODOLOGY

This study, funded by <u>The SCAN Foundation</u>, was conducted by The Associated Press-NORC Center for Public Affairs Research. Staff from NORC at the University of Chicago, The Associated Press, and The SCAN Foundation collaborated on all aspects of the study.

Data were collected using the Foresight 50+ Consumer Omnibus, a monthly multi-client survey using NORC's probability-based panel designed to be representative of the U.S. household population of adults age 50 and older. The survey was part of a larger study that included questions about other topics not included in this report. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame or a secondary national address frame, both with over 97% coverage of all U.S. addresses, and then contacted by U.S. mail, email, telephone, or field interviewers (face to face). Households were screened for having at least one adult age 50 and older. The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings population. Of note for this study, the panel would also exclude adults age 50 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Interviews for this survey were conducted between February 24 and March 1, 2022, with adults age 50 and older representing the 50 states and the District of Columbia. Panel members were randomly drawn from the Foresight 50+ Panel, and 1,762 completed the survey—1,642 via the web and 120 via telephone. Panel members were invited by email or by phone from an NORC telephone interviewer. Interviews were conducted in English and Spanish. Respondents were offered a small monetary incentive (\$3) for completing the survey.

The final stage completion rate is 26.0%, the weighted household panel recruitment rate is 17.1%, and the weighted household panel retention rate is 75.6%, for a cumulative response rate of 3.4%. The overall margin of sampling error is +/- 3.4 percentage points at the 95% confidence level including the design effect. The margin of sampling error may be higher for subgroups.

In addition, African American and Hispanic respondents were sampled at a higher rate than their proportion of the population for reasons of analysis. The overall margin of sampling error for the 432 completed interviews with African American respondents is +/- 6.6 percentage points at the 95 percent confidence level including the design effect. The overall margin of sampling error for the 401 completed interviews with Hispanic respondents is +/- 7.0 percentage points at the 95 percent confidence level including the design effect.

Sampling error is only one of many potential sources of error and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 7 interviews were removed for nonresponse to at least 50% of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a poststratification process is used to adjust for any survey nonresponse as well as any noncoverage or under and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, education, and AARP Membership. Weighting variables were obtained from the 2022 Current Population Survey and AARP. The weighted data reflect the U.S. population of adults age 50 and over.

Complete questions and results are available at <u>https://www.longtermcarepoll.org/project/equity-and-aging-in-the-community/</u>.

Additional information on the Foresight 50+ Panel methodology is available at: <u>https://www.norc.org/Research/Capabilities/Pages/Foresight50.aspx</u>.

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ABOUT THE SCAN FOUNDATION

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit <u>www.TheSCANFoundation.org</u>.

ABOUT THE ASSOCIATED PRESS-NORC CENTER FOR PUBLIC AFFAIRS RESEARCH

Celebrating its 10th anniversary this year, The AP-NORC Center for Public Affairs Research taps into the power of social science research and the highest-quality journalism to bring key information to people across the nation and throughout the world.

- The Associated Press (AP) is an independent global news organization dedicated to factual reporting. Founded in 1846, AP today remains the most trusted source of fast, accurate, unbiased news in all formats and the essential provider of the technology and services vital to the news business. More than half the world's population sees AP journalism every day. <u>www.ap.org</u>
- NORC at the University of Chicago is one of the oldest objective and non-partisan research institutions in the world. <u>www.norc.org</u>

The two organizations have established The AP-NORC Center for Public Affairs Research to conduct, analyze, and distribute social science research in the public interest on newsworthy topics, and to use the power of journalism to tell the stories that research reveals. In its 10 years, The AP-NORC Center has conducted more than 250 studies exploring the critical issues facing the public, covering topics like health care, the economy, COVID-19, trust in media, and more.

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