**THE WORLD HEALTH ORGANIZATION
AGE-FRIENDLY CITIES PROJECT IN**

PORTLAND, OREGON, USA

**FINAL REPORT
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Submitted by:

Margaret B. Neal, Ph.D.
Director, Institute on Aging
Portland State University

Alan DeLaTorre
Doctoral Student in Urban Studies
Institute on Aging
Portland State University

Local project advisory team members:

Grady Tarbutton
Program Manager, Community Services Program
Multnomah County Aging and Disability Services

Vicki Hersen
Executive Director
Elders in Action

Ken Calvin
Senior Representative and Advocate

Nancy Chapman, Ph.D.
Professor Emerita – Nohad A. Toulan School of
Urban Studies and Planning, Portland State University

Carlos Crespo, DrPH
Director, School of Community Health
Portland State University

Sharon Baggett, Ph.D.
Senior Research Associate, Institute on Aging
Portland State University

Lydia Lundberg
Owner, Elite Care, Oatfield Estates

Neal Naigus
Assistant to the President for Community Relations
Portland Community College

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Margaret B. Neal, Ph.D., and Alan DeLaTorre,
Institute on Aging, Portland State University

EXECUTIVE SUMMARY

Background

In the late fall of 2006, researchers at the Institute on Aging in the School of Community Health at Portland State University were invited to collaborate with the World Health Organization (WHO) on its "Age-Friendly Cities Project." This project was designed to identify indicators of an age-friendly city based on the views of older adults, informal caregivers, and service providers. One outcome will be a practical guide, developed by the WHO, for the purpose of stimulating and guiding advocacy, community development, and policy change to make urban communities more age-friendly. The guide will be distributed worldwide.

Teams from 33 cities from 22 countries from North and South America, Europe, Asia, and Australia participated in the research, following the same protocol established by the WHO. Portland was the only city to be included from the United States. Although no funding for the project locally was provided by the WHO, and the timeline was abbreviated compared to most cities involved in the project, the opportunity to have Portland be represented in such an important and global effort was too great to let pass.

Following the collection of data via focus groups, as outlined in the following section, the researchers from all project sites convened in London in March, 2007, to share their results and discuss dissemination plans. Beginning in the late spring, the findings from Portland will be shared with those who participated as well as interested others, including older adults, their caregivers, local and regional leaders, voluntary organizations, academicians, and businesspeople. On October 1, 2007, the International Day of Older Persons, the guide synthesizing the findings globally will be released by the WHO. Local action and policy change that create cities that are more age-friendly are the desired results of the project.

Overview of Study Methods

The protocol established by the WHO called for eight focus groups to be conducted locally. The subjects for this study included: older adults of different ages, income levels, and functional abilities (four focus groups); informal caregivers of older adults (one focus group);

and representatives of local voluntary organizations, businesses, and public municipal or regional services (three focus groups).

The purpose of the groups with older adults and their caregivers was to ascertain, based on participants' lived experience, what is, and what is not, age-friendly about their community, and what could be done to improve their community's age-friendliness. The knowledge and experience of public, voluntary and commercial service providers in the local community then was solicited and combined with the information from older persons and caregivers of elders to provide a more complete picture of the community's strong points and barriers in regard to age-friendliness. Topics covered in the focus groups included outdoor spaces and building, transportation, housing, respect and social inclusion, social participation, civic participation and employment, communication and information, and community support and health services.

To aid in defining the study area, recruiting potential participants, and disseminating study results, a local advisory group consisting of professionals, academicians, and citizens familiar with aging-related organizations and services in the Portland region was assembled. After considerable debate regarding the study area, the city of Portland, using its politically defined boundaries, was selected. Other options considered included focusing only on the downtown area or other specific neighborhood, one of the five Portland sub-regions, or specific Urban Renewal Areas. Using the city as a whole was preferred for several reasons: because Portland is a relatively compact city and citizens do not limit themselves to using services or participating in activities only in their neighborhood; because Portland's transit system is regional in nature; because citizens generally have a strong sense of identity with the city as a whole; and because the findings would be most salient and useful to local policy makers.

Focus group participants were identified using convenience sampling techniques, based primarily on the recommendations of the local project advisory team. Service providers in the public, private, and voluntary sectors were identified and asked to participate and/or or help in publicizing the project so that older adults and informal caregivers could be recruited for the focus groups. Flyers soliciting participation of older adults and caregivers were developed and distributed. The eight focus groups were held in January and February, 2007.

The central findings from the three sets of focus groups are summarized in the next section, by topic area and group type.

Key Findings

Outdoor Spaces and Buildings

Older Adults – Older adults identified natural features and green spaces as key aspects of outdoor spaces. Having walking areas and natural features, such as parks and trails, was identified as an important age-friendly characteristic of the city. However, the hills that exist in parts of the city are problematic to some, as well as sidewalks in those areas, as they were identified as non-existent, discontinuous, poorly maintained, or poorly lit. Throughout the city as a whole, both positive and negative comments were made about pedestrian infrastructure. The

city attempts to maintain sidewalks and establish pedestrian crossings, curb cuts, and traffic calming devices that slow down cars and make pedestrian environments friendlier; however, there are long waits for improvements and certain areas of the city are less developed (such as areas on the fringe of the city) than others.

A lack of sense of physical safety and security was identified by older adults as a barrier to age-friendliness, especially at nighttime. Additionally, hectic urban areas, such as downtown and places where construction is occurring were also mentioned by some as non-age-friendly. Alternatively, many respondents reported that they feel safe and secure in the city. Suggestions were made to add more street lighting, place signage on buildings to aid in navigation, add parking near green space to increase physical activity, and increase access to planting/garden areas and animals.

Caregivers –Caregivers reported that buildings in the city do not have enough parking for disabled persons, and some felt that other parking amenities such as awnings and parking services (e.g., valets) are needed in places such as hospitals. There also was consensus that downtown Portland and other hectic areas (e.g., high traffic, noise) of the city are not friendly to those receiving care. Other barriers to age-friendliness for the persons receiving care include insufficient pedestrian infrastructure, lack of accessibility in buildings, lack of amenities in buildings (e.g., toilets, carts, rest areas), and a sense of lack of safety and security in parts of the city. Among the age-friendly features identified by the caregivers were Portland's many natural features and green spaces that enable taking loved ones to enjoy nature and interaction with other people. Respondents noted that opportunities to watch people and pets in the community, even when done from a front porch or window, contributed to age-friendliness. Certain areas of the city and some buildings were considered to be particularly accessible, such as malls and larger retail stores, as they were equipped with good parking, toilets, rest areas, carts, and generally accessible design features. Suggestions centered on design issues for disabled individuals, including the cognitively impaired.

Service Providers – Service providers' comments focused especially on buildings and indicated that many buildings were designed to be accessible to older adults and persons with disabilities, particularly new or remodeled buildings, as this is a federal requirement. Other age-friendly features mentioned frequently were parks and green space and pedestrian infrastructure in certain parts of the city (mainly in the center and close-in areas). The two most commonly reported barriers to age friendliness were older buildings that were not accessible and poor pedestrian infrastructure in hilly areas and on the outer edges of the city's boundaries. Suggestions included: increasing age-friendly evaluation and improvement of businesses (a service currently offered by a voluntary organization in Portland); designing and implementing pedestrian environments that meet the needs of older adults and persons with disabilities; providing rest areas (including benches); improving street lighting; installing audio cues at crosswalks; providing recreational games (e.g., chess, checker boards) in public spaces; and creating bicycling areas.

Transportation

Older Adults – An overwhelming majority of the older adult participants felt that Portland possesses a public transportation system that offers good general service provision to older adults, including buses, light rail trains, and special services for the disabled and low income individuals with medical needs; most also felt that the affordability of these services is an age-friendly feature. Additionally, many older adults felt that the public transportation system is easy to get to and accessible for older persons and the disabled. Driving was a desired mode of transportation for many respondents, as they liked the convenience, enjoyment, and familiarity of the experience. The only negative comment reported by a majority of older adults concerned their comfort on public transportation. This pertained primarily to the behavior of others riding transit who are disrespectful due to offensive language or the failure to vacate priority seating designated for older adults and people with disabilities.

Other transportation features that were considered barriers to age friendliness included transit stops that are difficult to get to in some areas, accessibility issues for some vehicles, long wait time times for transit, and a feeling of not being safe from crime. Regarding driving, heavy traffic and other drivers were often considered barriers. Major suggestions included advice that cities should: offer free transportation in their centers, expand/implement light rail and bus systems; place accessible options (e.g., rail cars) in a consistent location, such as the beginning or end of the train; and implement traffic calming devices to increase pedestrian safety. Suggestions for implementation by older adults themselves included: ride a transit line (bus or train) from start to finish, as this helps an individual to become familiar with the route and services available; when moving to a new location, select a location that has transportation options and easy access to services.

Caregivers – All caregivers reported that there is insufficient parking for older adults and those with disabilities in many areas of the city, especially the core; they felt that areas with sufficient parking include the suburbs, malls, and larger retail stores. The majority also reported that it is difficult for their loved ones to give up driving when they are no longer safe to be on the road. Most caregivers reported that driving is their preferred mode of transportation, as it is easier to get around and transport the person being cared for. The majority of caregivers felt that Portland offers a good public transportation system for its residents, although the need to sign up in advance for special services and the lack of timeliness of those services are barriers to age-friendliness. Suggestions for improvement included the following: create a new type of transportation service (e.g., a cooperative or affordable private agency) for older adults and people with disabilities that would provide respect, accessibility, and convenience; create valet parking services at hospitals and other service locations; install protection from the elements (e.g. awnings) at drop off/pick up locations; and provide sensitivity training for drivers of public transportation.

Service Providers –The majority of service providers considered the availability of Portland's public transportation system to be a feature that was age-friendly; many of them also mentioned accessibility as an age-friendly feature, especially the special services offered to those with special needs. Aspects seen as needing improvement included the timeliness of special services. Traffic and other drivers were considered the biggest barriers to age-friendliness of

transportation in Portland. Suggestions included those to: educate older adults on how to use public transportation; improve services on transportation (e.g., make them more accessible, increasing night and weekend service); create "honored citizen" parking (rather than disabled); develop better signage; create more bicycle and pedestrian areas; and improve the accuracy of information provided by drivers (e.g., taxi drivers' knowledge and directions given).

Housing

Older Adults – The majority of older adults felt that Portland provides housing that is close by and accessible to needed services, which is a positive aspect that reflects age-friendliness. Of the housing that exists in Portland, many also felt that it provides the opportunity to age in place. Many respondents felt that the levels in their homes were age-friendly, whether the home was a single-level home (the most common response), a multi-level home (e.g., this was good for keeping fit), or a multi-level home that had sufficient accessibility on the main floor. The cost of housing was seen as the biggest barrier to age-friendliness in the city, while homeownership was considered to be an important aspect in finding Portland age-friendly (i.e., housing prices have gone up dramatically in recent years). Suggestions included the need for: development of affordable and intergenerational housing; implementation of design improvements and remodeling that enhance accessibility and allow one to age in place; provision of green spaces and gardening spaces in housing; and education of older adults concerning housing choices and where they should be moving (e.g., close to services and public transportation).

Caregivers –The housing-related topics receiving the greatest attention by caregivers concerned safety, accessibility, cost, and quality. Caregivers reported that many aspects of poor housing that had existed in their or the older adult's home had been mitigated through remodeling, although support from the government was not always adequate; this lack of support was seen as a barrier to age friendliness. Housing costs also were considered a barrier to age-friendliness; although quality housing options that provide care are available (e.g., foster homes, assisted living facilities), their cost was seen as too high for many, and poor quality of other facilities was considered a barrier. Suggestions centered on ways to remodel homes to enhance the safety and comfort of homes, especially for persons with cognitive impairment (e.g., build accessory dwelling units, install high toilets, improve the heating system, such as through installing room-specific thermostats).

Service Providers – The barrier to age-friendliness reported most often by service providers concerning housing was the lack of affordability. High rental prices, increasing property values and thus taxes, and apartment-to-condominium conversions have left many older adults without adequate access to quality housing. Gentrification of neighborhoods has occurred, and the amount of publicly subsidized housing has dwindled. Several age-friendly aspects of housing also were reported by service providers, including the availability of housing that is within close proximity to important services, is multigenerational, and that maintains a sense of community within the housing unit or neighborhood. Suggestions included: older adults should purchase housing near services; developers and governments should explore and foster the development of new housing opportunities (e.g., co-housing, multigenerational); housing should

be remodeled to improve access and/or increase income; congregate housing options that allow pets should be developed; and older adults should consider what their housing related needs will be and make the necessary changes in order to be able to age in place.

Respect and Social Inclusion

Older Adults – Nearly half of the older adult participants considered the lack of politeness and respect as major barriers to age-friendliness in the city of Portland; however, many also felt that respect and politeness were positive aspects of age-friendliness exhibited in the city. Youth often were considered the culprits of impoliteness and rudeness, with incidents on public transportation and while driving cited frequently. Suggestions centered on fostering education about the life course and the aging process to enhance understanding and thus respect.

Caregivers – Caregivers reported that people in Portland generally are helpful and offer respect due to one's age. Politeness was also reported as evident in the community and as an age-friendly feature. At the same time, caregivers cited instances of lack of politeness, and most felt that people often do not listen well. Caregivers also felt there is a lack of choices for the person/s they were caring for, such as poor seating options at events. One age-friendly aspect that seemed particularly important concerned intergenerational activity that was present among children in the neighborhood and at places like church. Suggestions were to provide better seating and access for older adults at events, and to foster intergenerational interactions and activities.

Service Providers – Service providers reported politeness toward older adults as both an age-friendly feature of Portland, as well as a barrier, with both positive and negative interactions being reported. Service providers felt that Portland's responsiveness to the needs of older adults was reflected in the range of services and programs offered and that this constituted an age-friendly feature of the city. Instances of impoliteness (e.g., on public transit) also were cited, however. Suggestions focused on engagement and education on the life course and the aging process, showing respect through more appropriate language (e.g., long-term "living" instead of long-term "care"), and increased advocacy and assistance for older adults with respect to service and program delivery.

Social Participation

Older Adults – Among older adults, mostly positive age-friendly features were identified in the city of Portland. Most respondents cited free or affordable educational opportunities that existed in universities, community colleges, and through local and regional services providers (e.g., the library). Nearly half of respondents felt that there is a good variety of choices for involvement that are interesting, and many noted the availability of activities that encourage and/or incorporate physical activity. Other features considered to be age-friendly features included the presence of support for social activities among neighbors and the community in general (e.g., older adults were encouraged to get out and about), the availability of cultural opportunities and activities, the availability of affordable activities, and the availability of

convenient activities (e.g., location and frequency). Suggestions included listing events in a centralized location (e.g., grocery store), encouraging other older adults to participate, and having more multicultural activities within neighborhoods, especially those that are diverse.

Caregivers – Caregivers reported many age-friendly features related to opportunities for social participation by older adults in the city of Portland. All respondents felt that there is support from the community for engagement in social activities on the part of those receiving care and their caregivers. Most respondents mentioned activities that are affordable and convenient (i.e., location and frequency), although some activities were felt not to be convenient. Opportunities for interaction with pets and animals also were seen as an age-friendly feature. Respondents also felt that Portland offers quality educational opportunities (for caregivers), spiritual/religious activities, and a variety of different types of social activities. Options for dining out also were mentioned as an age-friendly aspect of the city even though dining out also was reported to be difficult for those with cognitive disabilities. Suggestions to enhance social participation included involving pets and animals in caregiving; providing respite care for caregivers; attending church events that are familiar, especially for those with cognitive impairments; and leaving events early to beat the rush of crowds.

Service Providers – Service providers generally felt that Portland offered a variety of opportunities for social participation on the part of older adults and provided considerable support for social activities, quality spiritual/religious activities, and educational opportunities. They saw room for improvement in the areas of multicultural exchange and opportunities for low-income seniors. Improvements in urban design and infrastructure (e.g., creation of recreational space; development of high-density centers that include services, housing, and places for social interaction), as well as the use of programs aimed at increasing physical activity also were suggested as ways to improve social participation of older adults.

Communication and Information

Older Adults – Older adults generally felt that seniors in Portland had many ways in which they could get information. Key among these were the Internet, the city's Helpline for seniors (a telephone hotline that is staffed 24 hours a day, 7 days a week, and thus provides callers access to a "real live person" for information about services for seniors) and to a lesser but still important extent, the printed catalog of senior program offerings through the City's Bureau of Parks and Recreation. Central barriers identified pertained to getting information through the Internet, as not all seniors are comfortable using computers. A wide variety of suggestions for distributing information were offered, and having a central clearinghouse for information was advocated, although there was not consensus concerning the form such a clearinghouse would take (e.g., web-based, telephone, print).

Caregivers – Caregivers focused a great deal of attention on this topic, in particular, and felt that they needed more information and opportunities for information sharing. They were frustrated by not knowing about services and opportunities that could be useful, and by having to go to multiple places to get needed information.

Service Providers – Service providers' comments focused on the availability and accessibility of information. The County's telephone helpline was viewed as a key positive feature, as it is staffed by a live person 24 hours a day, with access to interpreter services to accommodate many languages. A website that contains information about services also was viewed positively. Barriers to age-friendliness included lack of accessibility and usability of information, especially for elders without computer skills. The key suggestion concerned the importance of having one central source of information about services and activities for older adults.

Civic Participation and Employment

Older Adults – Older adults commented extensively on the various opportunities that exist in Portland for older adults who wish to volunteer and or be civically engaged in the community. They themselves were very involved in volunteer and civic/advocacy activities, and some also were engaged in church activities. A very few were employed part time. They saw all of these functions as important for providing a sense of meaning in older adults' lives and suggested that older adults be encouraged to participate in such activities. They did note the lack of employment opportunities, in general, for older adults and felt that age discrimination was partly to blame for this. Instances of age discrimination also were cited in volunteer and civic activities. In addition to encouraging older adults to become involved as volunteers or as advocates, a key suggestion was that volunteer activities be structured so as to be flexible, with opportunities for short-term, episodic involvement, rather than routine weekly schedules.

Caregivers – There were very few comments on this topic on the part of caregivers. They saw volunteer opportunities as important for seniors in their care, as this gave a sense of meaning and usefulness to the seniors. Volunteering and civic participation was seen as out of the question for the caregivers, however, due to their heavy involvement in caregiving.

Service Providers – Service providers felt that there were a plethora of opportunities for elders to volunteer and to participate in civic affairs in the Portland area. Several noted the changing nature of volunteer opportunities sought, especially the need for flexibility in schedule and for the activity to be meaningful or to have some other benefit for the elder. Barriers cited involved the lack of motivation or access to information about opportunities, especially on the part of seniors with lower incomes. The same elders tend to be involved in many activities and seem to be higher educated.

Fewer comments related to employment among older adults. Concerns were voiced, however, about elders' opportunities for employment; several felt that there is age discrimination when it comes to hiring practices. Another barrier to the employment of older adults can be their lack of computer skills. Alternatively, several providers praised older adults' work ethic and skills.

Community Support and Health Services

Older Adults – Older adults' comments focused most on health services, as opposed to community-based social services. Participants listed numerous barriers to age-friendliness of health services, mostly pertaining to the intertwining and interrelated topics of health care quality, affordability, and access. Positive comments were provided also, especially about quality of health and social services and about the range of community-based services available.

Caregivers – This category received a large number of comments, both positive and negative. Most comments about community support services made by caregivers concerned information sharing about the types of services available in the community (one participant didn't know about adult day care, for instance), and the help received from neighbors and friends. Few suggestions were provided directly; these were implied from barriers.

With respect to health services, comments were much more negative in nature, with complaints about lack of physicians and dentists with adequate training in geriatrics, lack of oversight of nursing and assisted living facilities, lack of insurance coverage for health-care related needs and thus lack of affordability of care, and poor quality of care. There were positive comments too, although fewer in number, about particular health services that were provided/paid for by insurance and the quality of health services.

Service Providers – Most providers made positive comments about specific community services and/or the wide range of types of community-based services in the Portland area that help people to remain living in the community. Many also noted limitations in services, however, such as those due to cutbacks in funding, the lack of adequate staffing, the lack of trained providers, regulations that require excessive paperwork to be completed by staff, and lack of knowledge of available services on the part of older adults. Funding cutbacks and income and age eligibility requirements, along with cost of some services, limit access. Suggestions included co-location of various services, forming partnerships to facilitate getting funding for services and to deliver more effective, responsive services, increasing availability of particular services (e.g., adult day care and preventive services), and increasing responsiveness of services (e.g., culturally appropriate meals).

Comments about health services focused on the range of services available, with approximately equal proportions of providers noting positive features, limitations, and making suggestions. There were several suggestions concerning increasing the quality of health care and changes needed in the health care system.

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Margaret B. Neal, Ph.D., and Alan DeLaTorre,
Institute on Aging, Portland State University

BACKGROUND INFORMATION ABOUT THE CITY OF PORTLAND

Location, Size, and Topography

Portland is located in the state of Oregon in the Northwestern corner of the United States. It is north of the state of California, south of the state of Washington, east of the state of Idaho, and borders the Pacific Ocean on its western boundary (approximately 90 miles from the city). Portland also lies at the northern end of the Willamette valley, the state's most populated and important agricultural region. Portland is Oregon's largest city with 513,627[1] residents and is part of the Portland-Vancouver-Beaverton Metropolitan Statistical Area (MSA), which ranks 24th in size in the United States with over 2 million residents. The city has a total area of 145.4 square miles, of which 11.1 square miles are comprised of water[2].

This bi-state region consists of six counties and is intersected by the Columbia and Willamette Rivers. The city of Portland is 99% inside of the limits of Multnomah County[2]. Portland is cut into sections, as it is, for the most part, bisected by the Willamette River that runs north and south and by Burnside Street, which runs east and west through the heart of downtown. There are actually five sections, as the Willamette River takes a northwestern jog, leaving the city divided into north, northeast, southeast, southwest, and northwest areas.
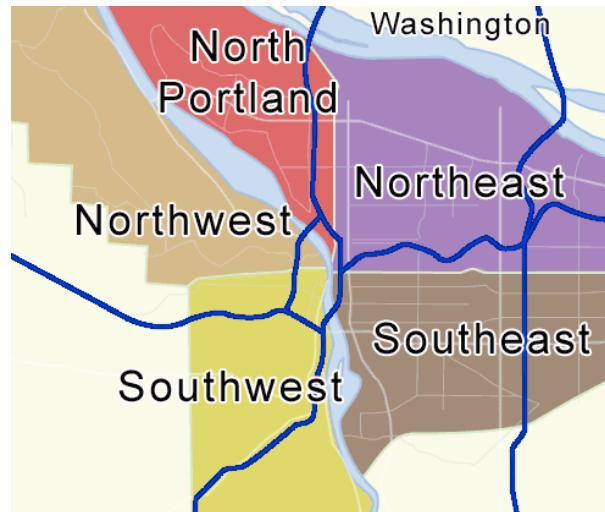
There are several important topographical aspects of Portland that should be noted as they have relevance to the project. Portland has many hills throughout the city, especially in the

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[1] US Census Bureau - *2005 American Community Survey: http://www.census.gov/*
[2] http://www.portlandonline.com/shared/cfm/image.cfm?id=41325

southwest and northwest areas. Downtown is encircled by a large, continuous range of hills to the south, west, and northwest of the core. Forest Park, which sits directly west of downtown, is the largest natural urban forest reserve (and the third largest urban park of any kind) in the U.S. It encompasses 5,000 acres with more than 70 miles of recreational trails[3]. On the west side of those hills, the city maintains its hilly character. The north, northeast, and southeast areas are generally flatter than the southwest and northwest areas. There are some exceptions as several buttes, larger hills and bluffs can be found in those regions.

Portland does not have extreme seasons and is considered to have a temperate climate. There is an ample amount of rain, averaging 37 inches per year and 155 days per year with measurable precipitation. November through April is the time in which the city receives 80% of its precipitation. The winters are mild and wet, while the summers are warm and dry[4].

Political and Administrative Characteristics

The city of Portland is governed by a city council that consists of a mayor, four city commissioners, and an auditor. There are 95 neighborhoods that are grouped into 7 coalitions which are coordinated by the city's Office of Neighborhood Involvement[5]. The city is located within Multnomah County. Additionally, a regionally elected government, Metro, is directly elected to serve 1.2 million residents in the city and three counties in the region (all on the Oregon side of the Columbia River). The Metro Council coordinates the use of open space and land use planning, garbage disposal, recycling and regional services such as transportation. Important programs that are overseen by Metro include the regional transportation plan, the Livable Streets program, the Greenspaces master plan, the 2040 growth concept, and the urban growth boundary[6]. Portland is affected, then, by programs and regulations of these three jurisdictions: the City, the County, and Metro.

In addition, in the state of Oregon, all urbanized areas in the state have been required since 1973 to establish and maintain urban growth boundaries (UGBs) to provide land for urban development needs and to identify and separate urban and urbanizable land from rural land[7]. This policy and many other local, regional and statewide land use planning policies and goals have helped to create what is seen by many in the U.S. and abroad as an innovative state that strives for enhanced livability and quality of life. This land-use system continually faces new challenges and pressures, however, and is far from perfect.

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[3] http://en.wikipedia.org/wiki/Forest_Park_(Portland)
[4] http://en.wikipedia.org/wiki/Portland,_Oregon
[5] http://www.portlandonline.com/oni/
[6] http://www.metro-region.org/pssp.cfm?ProgServID=62
[7] Goal 14, Department of Land Conservation and Development, Oregon: http://www.lcd.state.or.us/LCD/goals.shtml

Number and Proportion of Residents by Age

The general demographic characteristics of the City of Portland can be seen in Table 1. Overall, Portland is a relatively young city, as only 10.4% of the population is age 65 or over, while this percentage for Oregon as a whole is 12.9%,, and that for the U.S. is 12.4%[8].

Table 1 – City of Portland Demographics		
General Characteristics	**Estimate**	**Percent**
Total – Population	513,627	
Male	253,078	49.3
Female	260,549	50.7
Median Age (years)	36.4	
Under 5 Years	33,946	6.6
18 Years and Over	400,897	78.1
60-74 Years	45,498	8.9
65 Years and Over	53,532	10.4
75 Years and Over	27,748	5.4
Data Source: US Census Bureau - *2005 American Community Survey: http://www.census.gov/*		

Ethnic, Social, and Economic Characteristics

Table 2 illustrates Portland's ethnic characteristics. A large portion of Portland's demographic is white, although several other races and ethnicities are present in the area. Not shown in these numbers are the relatively large proportions of Hispanics or Latinos living in the MSA in the suburban towns of Gresham (11.9%), Beaverton (11.1%), and Hillsboro (18.9%)[9].

Table 2 - Ethnic Demographics		
General Characteristics	**Estimate**	**Percent**
One Race	493,045	96.0
White	408,462	79.5
Black or African-American	32,009	6.2
American Indian and Alaskan Native	4,342	0.8
Asian	36,536	7.1
Native Hawaiian and Other Pacific Islander	1,890	0.4
Some other Race	9,806	1.9
Two or More Races	20,582	4.0
Hispanic or Latino (of any race)	43,324	8.4
Data Source: US Census Bureau from *2005 American Community Survey:http://www.census.gov/*		

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[8] US Census Bureau from *2005 American Community Survey: http://www.census.gov/*
[9] http://quickfacts.census.gov/qfd/states/41000.html

Table 3 represents the composition of the city with respect to the proportion of individuals with a disability and those who are foreign born.

Table 3 - Social Demographics		
Social Characteristics	**Estimate**	**Percent**
Disability Status (population 5 years and over)	66,327	13.8
Foreign Born	68,880	13.4
Data Source: US Census Bureau from *2005 American Community Survey:http://www.census.gov/*		

Table 4 depicts some basic information regarding the economic characteristics of the city of Portland. Portland has a higher proportion than the U.S. as a whole of families below the poverty line (11.8% vs. 10.2%) and individuals below the poverty line (17.8% vs. 13.3%).

Table 4 - Economic Demographics		
Economic Characteristics	**Estimate**	**Percent**
In labor force (population 16 and over)	286,349	69.4
Mean travel time to work in minutes (workers 16 years and over)	23.2	-
Median household income (in 2005 inflation-adjusted dollars)	42,287	-
Median family income (in 2005 inflation-adjusted dollars)	55,321	-
Per capita income (in 2005 inflation-adjusted dollars)	26,677	-
Families below poverty level	-	11.8
Individuals below poverty level	-	17.8
Data Source: US Census Bureau from *2005 American Community Survey:http://www.census.gov/*		

Housing Type and Tenure

The housing characteristics of the city of Portland are represented in Table 5. An interesting and important fact about Portland housing concerns how the city and region distribute affordable housing. Local leaders have attempted to find a balance between the free market system and heavy regulation in an attempt to enhance the livability of the region. The affordable housing shortage is met by each neighborhood doing what might be called its "fair share"[10].

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[10] Buki, Charles (2001). *Affordable Housing and Growth Management and Sprawl*. http://govinfo.library.unt.edu/mhc/papers/bukipre.pdf

According to Metro[11], "fair share" means an equitable distribution of a diverse range of affordable housing throughout the Metro region. Determination of fair share is based on an analysis of factual information concerning: the existing housing stock; regional and subregional demand, supply, and cost of housing and buildable lands; and the income levels and housing needs of current and future residents, including older adults, people with disabilities, families with children, single heads of households, and racial and ethnic minorities.

Five principles define "equitable distribution":
- A diverse range of housing types is available within the region and within cities and counties inside the urban growth boundary.
- Sufficient and affordable housing opportunities are available to households of all income levels that live or have a member working in each jurisdiction and subregion.
- An appropriate balance of jobs and housing exists within subregions.
- The current and future need for and supply of affordable housing in the region is addressed in the distribution.
- Concentrations of poverty are minimized.

Table 5 - Housing Demographics		
Housing Characteristics	**Estimate**	**Percent**
Total housing units	245,274	
Population per square mile*	3,939.2	-
Housing density per square mile*	1,766.7	-
Occupied housing units	228,167	93.0
Owner-occupied housing units	129,055	56.6
Renter-occupied housing units	99,112	43.4
Vacant housing units	17,107	7.0
Owner-occupied homes	129,055	-
-Median value (dollars)	$225,900	-
Median of selected monthly owner costs		-
-With a mortgage (dollars)	$1,447	-
-Not mortgaged (dollars)	$439	-
Average household size	2.25	-
Average family size	3.00	-
Data Source: US Census Bureau from *2005 American Community Survey:http://www.census.gov/* * Data Source: 2000 Census Summary File		

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[11] Metro Council. http://www.metro-region.org/library_docs/land_use/appendix_bfairshare.pdf

Distribution of Public, Commercial, and Voluntary Services

Multnomah County* Annual Average Non-farm Employment	2006
Total non-farm employment	*446,900*
-Total private	377,000
Natural resources and mining	100
Construction	20,600
Manufacturing	37,600
Durable goods	24,900
Computer and electronic product manufacturing	2,500
Transportation equipment manufacturing	6,500
Nondurable goods	12,700
Trade, transportation, and utilities	86,400
Wholesale Trade	23,400
Retail trade	40,600
Food and beverage stores	7,200
General merchandise stores	5,900
Transportation, warehousing, and utilities	22,500
Information	11,300
Financial activities	35,600
Finance and insurance	22,700
Real estate and rental and leasing	12,900
Professional and business services	65,500
Professional and technical services	26,200
Management of companies and enterprises	13,200
Administrative and waste services	26,100
Educational and health services	58,500
Educational services	11,300
Colleges and universities	6,800
Health care and social assistance	47,200
Hospitals	13,600
Leisure and hospitality	44,300
Arts, entertainment, and recreation	6,400
Accommodation and food services	37,800
Accommodation	5,100
Food services and drinking places	32,700
Other services	17,200
Government	69,900
Federal government	12,500
State government	12,000
Local government	45,400
Local education	20,500
Local government excluding educational services	24,900

Voluntary (non-profit) Sector	
Data were not available separately for the voluntary sector; employment numbers are included in the private sector, above.	
*No data were available at the Portland city level; thus, county data were used, as Portland residents comprise 80% of Multnomah County residents (U.S. Census Bureau, 2000 Census)	
Data Source: Oregon Employment Department (March, 2007) www.qualityinfo.org	

STUDY METHODS

Formation of an Advisory Team

To aid project staff in accomplishing the goals of the project, a local team of advisors was formed. Members included: Grady Tarbutton, Program Manager, Community Services Program, Multnomah County Aging and Disability Services; Vicki Hersen, Executive Director, Elders in Action; Ken Calvin, Senior Representative and Advocate; Nancy Chapman, Ph.D., Professor Emerita – Nohad A. Toulan School of Urban Studies and Planning, Portland State University; Carlos Crespo, DrPH, Director, School of Community Health, Portland State University; Sharon Baggett, Ph.D., Senior Research Associate, Institute on Aging, Portland State University; Lydia Lundberg, Owner, Elite Care, Oatfield Estates; and Neal Naigus, Assistant to the President for Community Relations, Portland Community College.

Participant Sampling, Recruitment, and Selection

The protocol called for eight focus groups to be conducted locally. Participants in the groups were to consist of older adults, caregivers of older adults, and local service providers in the public, commercial and voluntary sectors. The focus group methodology used a locally-driven and "bottom-up" approach that started with the lived experience of older persons regarding what is, and what is not, age-friendly about their community, and what could be done to improve their community's age-friendliness. The knowledge and experience of public, voluntary and commercial service providers in the local community was then combined with the information from older persons and caregivers of elders to provide a more complete picture of the community's strong points and barriers in regard to age-friendliness.

Before being able to begin recruitment of participants in the focus groups, the area of study had to be decided upon. A meeting was held with members of the project's advisory team to discuss the options. Several specific neighborhoods were considered, but ultimately, we elected to include the entire city of Portland as our study area. Several factors contributed to this decision. First, Portland is a relatively compact city, and citizens do not limit themselves to using services or participating in activities only in their neighborhood. Second, Portland's transit system is regional in nature. Third, choosing only one neighborhood would limit the usefulness of the findings and make them less salient to policy makers in the city. Fourth, although Portland has many vibrant neighborhoods and a City office of neighborhoods to coordinate among the neighborhoods, citizens generally have a strong sense of identity with the city as a whole.

Once the decision was made to not limit participants to only one neighborhood, recruitment of the focus group participants began. This was accomplished through the use of convenience sampling techniques, including key informants. Participants were accepted on a first-come, first-served basis and were screened for eligibility by Alan DeLaTorre, project manager.

The subjects for the study included: older adults of different ages, income levels, and functional abilities (four focus groups); informal caregivers of older adults (one focus group); and representatives of local voluntary organizations, businesses, and public municipal or regional services (three focus groups). Participants were identified using convenience sampling techniques, based primarily on the recommendations of the local project advisory team.

Older adult participants were recruited through the assistance of local voluntary organizations (e.g., Elders in Action), Portland State University (Senior Adult Learning Center) and other professional service sites that regularly serve or work with older adults. Specific older adults were approached and recruited based on the suggestions of the project team members. In addition, broad-based outreach to older adults and caregivers was conducted via recruitment flyers distributed physically and electronically to caseworkers, senior centers, listservs (i.e., Elders in Action), and housing complexes. Flyers were distributed individually, as well, to older adults by staff members in these organizations. Recipients or viewers of the flyer were instructed to call a dedicated phone number (a cell phone) that was established for this purpose and answered by the Project Manager if they were interested in participating. (See Appendix A for a copy of the recruitment flyer.)

Callers were screened to determine their age, where they lived, and what if any functional impairment they had. This was done because the protocol for the project called for four focus groups composed of older adults based on their age (60-74, 75+), the median income of the neighborhood in which they live (low- and middle-income), and functional ability (physically able and disabled). Thus, the four groups were composed as follows: (1) "young" older adults living in low-income neighborhoods; (2) "young" older adults living in middle-income neighborhoods; (3) "older" older adults living in low-income neighborhoods; and (4) "older" older adults living in middle-income neighborhoods. Income was defined by the percentage of individuals in their neighborhood who fell below the poverty line (a 14% threshold was used).

Informal caregivers were recruited with the assistance of local voluntary organizations, including caregiver support groups, through flyers that were distributed to individual caregivers by staff members of the local project team and other local organizations. Recipients of the flyer were instructed to call a specific phone number, answered by the Project Manager, if they were interested in participating. (See Appendix A for a copy of the recruitment flyer.)

The three focus groups composed of "local providers of service" included participants from (1) voluntary organizations, (2) businesspeople and merchants, and (3) professional staff in public municipal or regional services. Participants for the service provider groups were recruited using a key informant snowball sampling technique, with project advisory team members serving as the first tier of key informants, followed by participants themselves. Each service provider identified as a potential participant received a phone call from the Project Manager and an e-mail confirmation of the time and location site (see Appendix A).

A total of 96 individuals were contacted individually for recruitment purposes: 43 older adults, 7 caregivers, and 46 service providers (or their assistants). In addition, the invitation to participate was distributed to a large but unknown number of other older adults and caregivers,

as well as to service providers who could serve as recruiters. With respect to the service provider groups, representatives were sought from at least 10 different voluntary organizations, and invitations were extended to civic and regional leaders representing at least 13 different agencies. In addition, businesses and merchants were identified through calls to at least 18 different organizations. Ultimately, a total of 27 older adults, 4 caregivers, and 31 service providers participated in the focus groups.

Timing and Duration of the Focus Groups

We felt that three hours of participants' time was the most we could ask. Therefore, we recruited on this basis and did our best to limit the focus groups to three hours each, including the time required to obtain participants' demographic information and their informed consent to participate. With the exception of the group of representatives of voluntary organizations, which ran three and one-half hours, we were successful, with each group ending at the appointed time.

Older Adults and Caregiver Groups:

Group 1 - Age 60-74, Lower SES: Monday, January 29, 2007, 9:30 a.m. -12:30 p.m.
Group 2 - Age 60-74, Middle SES: Tuesday, January 30, 2007, 12:30 - 3:30 p.m.
Group 3 - Age 75+, Lower SES: Thursday, January 25, 2007, 12:30 - 3:30 p.m.
Group 4 - Age 75+, Middle SES: Friday, January 26, 2007, 12:30 - 3:30 p.m.
Group 5 - Caregivers: Monday, January 22, 2007, 6:00 - 9:00 pm

Service Provider Groups:

Group 6- Public Sector Service Providers (Civic and Regional Leaders):
        Tuesday, February 6, 2007, 9:00 a.m. - 12:00 p.m.
Group 7 - Private Sector Service Providers (Businesses and Merchants):
        Wednesday, February 7, 2007, 6:30 p.m. - 9:30 p.m.
Group 8 - Voluntary Sector Service Providers: Monday, February 5, 2007, 1:30 - 4:30 p.m.

Location of the Focus Groups

The focus groups took place at the Elders in Action office in downtown Portland (1411 SW Morrison St., Suite 290, Portland, OR 97205), the administrative headquarters of Volunteers of America, Oregon (3910 SE Stark St., Portland, OR 97205), and a studio classroom at Portland State University (Urban Center (room 220) at 506 SW Mill Street, Portland, OR, 97201). Individuals who participated in the focus group of caregivers received a free respite care coupon.

The four focus groups of older adults all were held in a private conference room in the offices of a very active local advocacy organization composed of older adults, Elders in Action. Elders in Action is located on the third floor (accessed by elevator) of an office building on the edge of downtown Portland where metered parking is reasonably available. The room had coffeemakers (for regular and decaffeinated coffee), a microwave (for heating water for tea or

cocoa), and a sink, counter, and storage cabinets. This greatly facilitated the serving of refreshments.

The focus group composed of caregivers was held in the conference room of the administrative offices of the Volunteers of America, an organization which operates, among many other services, adult day care facilities. The VOA administrative offices are located in inner southeast Portland and are easily accessible with free and plentiful parking. In addition the conference room had an adjoining kitchen, which facilitated the serving of refreshments.

The service provider group of voluntary organizations also was held at the Elders in Action's conference room. The two remaining service provider groups were held on the Portland State University campus in the building in which the College of Urban and Public Affairs and its Institute on Aging are located. The group of civic and regional leaders was held on the second floor in an urban planning studio room with a large conference table and room at the back for serving refreshments. The group of businesses and merchants was held in a medium-sized seminar room on the fourth floor, near the Institute on Aging offices. Refreshments were set up in a corner of the room.

Refreshments were provided in all focus groups, including coffee, tea, water, and juices. For the two evening groups (caregivers and private-sector service providers), pizza, salad, fruit, and cookies (including sugar-free) were provided. For the mid-day groups, sandwiches, vegetables, fruit, and cookies (including sugar-free) were offered. The fare for the morning groups included fruit, yogurt, bagels, and muffins or doughnuts.

Demographic Profiles of Participants by Group Type

The following table present the characteristics of the older adults in the four focus groups combined.

Demographic Profile of All Older Persons Participating in the Four Portland Focus Groups (N = 27)	
Characteristic	Number (% rounded)
Age	
60 – 74	17 (63%)
75 and over	10 (37%)
Gender:	
Male	10 (37%)
Female	21 (63%)
Housing	
Own	19 (70%)
Rent	8 (30%)
Highest Level of Schooling Completed	
Primary School	0 (0%)
Some Secondary School	0 (0%)
Graduated Secondary School	2 (7%)
Some College or University	4 (15%)
College or University	21 (78%)
Participant Judgment of Current Health	
Excellent	11 (41%)
Good	13 48%)
Fair	3 (11%)
Poor	0 (0%)
Reported Some Health Problem that Limits Ability to do Normal Daily Activities	8 (30%)
Age 60-74	4 (24%)
Age 75+	4 (40%)

Group 5: Caregivers

The four caregivers were of various ages and (former) occupations. Each of them had been or currently was caring for an elder with dementia. For three of the four caregivers, the elder(s) had physical disabilities as well that resulted in difficulty walking.

Group 6: Public-Sector Service Providers

Organization
Multnomah County Aging and Disability Services
TriMet Senior & Disabled Citizen Information Office
Vision PDX, Office of the Mayor
Portland Parks and Recreation
Multnomah County Library
Multnomah County District Attorney
Portland Bureau of Planning
Housing Authority of Portland

Group 7: Private-Sector Service Providers

Organization
Care Management Organization
Assisted Living Facility
Locally Owned Grocery
Home Improvement and Design Company
Private Insurance Company
Private Insurance Company
Realtor

Group 8: Voluntary-Sector Service Providers

Organization
Family and Child Services Agency
Disease-Specific Association
Private Foundation
Elder Advocacy Organization
Senior Center
Elder Advocacy Organization
Meals Program
Transportation Services Organization
Elderly and Caregiver Services Provider

Portland, Oregon, USA

Limitations of the Local Study

Group Composition and Size

Two limitations of the study as implemented in Portland pertain to the recruitment of participants for our focus groups of older adults and caregivers. First, the majority of older adults were recruited through a local advocacy organization. This was due to the major time constraints of the study and the need to convene groups very quickly, as the Portland site was invited to participate several months after all of the other cities had begun the project. One of the project team members was the Executive Director of Elders in Action, a very active, local non-profit advocacy organization. She was excited about the project and made every possible effort to assist quickly with participant recruitment and, further, to provide accessible space in which the focus groups could be held. Similar, an appeal was made to seniors who audit courses on a tuition-free basis, through the Senior Adult Learning Center at Portland State University. Although a few older adult participants came to us through other sources, most were associated in some way with Elders in Action and the Senior Adult Learning Center. As a result, the older adults who participated in the focus groups are likely to portray a more engaged and active senior population than is representative of the population of older adults as a whole in Portland. Similarly, they comprise a well-educated group.

A second limitation is that some of the focus groups were rather small. This applies in particular to the caregiver group (N=4), but some of the older adult groups were small as well. (At the same time, we view the smaller groups as a strength of the study, because those groups could spend more time on each of the issue topics and still there would be adequate time for each enthusiastic participant to share his/her views within the three-hour timeframe of the focus groups.) Recruitment for the caregiver group proved especially difficult, despite our offering of a free adult day care pass, holding the group in the evening after work, distributing the information to several caregiver support organizations and providing dinner for participants. Perhaps the start/end times of 6:00 and 9:00 pm were too late for some, especially non-working caregivers (although three of the four participants were retired), or possibly they had no one who could stay with the elder for whom they were caring while they participated in the group). By definition, caregivers are quite busy dealing with the demands of the older person for whom they are caring, and many who were told of the study simply felt they did not have the time or energy to participate. In fact, in the case of two of the four participants, the older adult for whom they had been caring had very recently passed away, and it was this fact which made it possible for them to participate. Study time constraints played a role in this size limitation as well: the caregiver group was the first focus group that was convened, and there was less lead time available to line up participants.

Selection of Low and Medium Income Older Adults by Neighborhood

Given Portland's "fair share" policy of attempting to incorporate affordable housing throughout all neighborhoods, the protocol calling for differentiating focus group participants based on their neighborhood's (or census tracts, in our study's case, as explained below) income

level did not function as planned. Specifically, although some participants were living in census tracts with lower median incomes, they themselves did not necessarily meet this criterion. Thus, although we attempted to meet the income criterion, we were not entirely successful. Moreover, it seemed more difficult to recruit low-income participants. This too may have been an artifact of our primary recruitment strategy of successfully reaching out to active, engaged seniors, such as those associated with Elders in Action and the Senior Adult Learning Center, although some of these seniors, nonetheless, did have low incomes.

Determining which neighborhoods in Portland were considered low income and which were medium income and higher was a difficult task for the research team. Because income information was not readily available by neighborhood in the city of Portland through the U.S. Census Bureau or local agencies, a different approach was needed.

Multnomah County Aging and Disability Services was able to provide the research team with poverty data for county census tracts, which account for 99% of Portland city limits. From the data base that was provided, the researchers were able to match addresses that were given over the telephone screening process with the poverty information from the census bureau. This required entering the information into a citywide database, www.portlandmaps.com which would generate a corresponding census tract. Poverty levels in the city ranged from 0.00% to 64.51%, with the total proportion of individuals below the poverty line at 17.43%.

In order to determine how individuals would be classified as living in low or medium income neighborhood, a cutoff of 14% was determined. While arbitrary, thought was given to the number of available participants, the time allotted for the completion of the project, and the neighborhoods where the potential participants lived. For example, in the group of respondents in the 75+ category, one couple lived in the Southwest Hills where their neighborhood had a 13.83% poverty rate. This neighborhood overlooks downtown, the river, and Mt. Hood, while having a reputation for being an expensive place to live. Another couple lived in Northeast Portland in a neighborhood where 14.35% of their neighborhood was below the poverty line. This area has a mix of apartments and nicer houses and is located in an urban setting near a freeway and a mall. While not a "run-down" low income neighborhood, it had elements of affordable housing and a mix of land-uses that differentiated it from the neighborhood in the Southwest Hills.

In fact, as discussed briefly above, Portland as a whole has a very diverse housing stock. Policy set forward by the city and regional government attempts to integrate affordable housing throughout the community. While this does not create equal neighborhoods throughout the city, the attempt to have a "fair share" of affordable housing throughout the city made the process of allocating older adults to specific neighborhoods very difficult. Throughout the groups we found a mix of incomes among our participants even when aligned by poverty levels.

Ethnic Variation

Although some participants were non-White or Hispanic, the vast majority were not. Even though Portland has a mostly White population, there was less ethnic variation among our participants than is representative of the city's population as a whole. The diversity came in the form of members from the African American community and the Jewish community.

Disability and the Oldest Old

Older adults who had disabilities, including several individuals who were wheelchair bound and one who was legally deaf (but who could decipher speech by reading lips) did participate in the focus groups. Only a few reported these disabilities as limiting their ability to conduct normal activities of daily living, however.

None of the participants were 85 years of age or older. Such individuals were very difficult to recruit for a study of this nature, especially since participation involved traveling to a central location. Due to time constraints, we were not able to screen enough potential participants to be able to meet this criterion. The decision was made to hold the focus groups on the already-set dates rather than rescheduling or not completing the research.

Thoughts about the Data Collection and Analysis Processes

Only audio taping, not video taping, was done. Thus, it is important to note that facial expressions, body positions, and head nodding or shaking were not recorded. Moreover, it was not possible to systematically record behavioral observations due to the limitations of staff. In addition, when several participants spoke at once, it was not possible to know who said what, and how many people agreed or disagreed. Importantly, then, the frequencies recorded in the Data Analysis Grids are under-counts; there is measurement error.

We believe that the focus group methodology lends itself best to the full range of possibilities with respect to a group's thoughts about given topics, rather than attempting to quantify these thoughts. Moreover, failure to mention a topic or verbalization by only one or two people does not mean that topic was not important to the members of that particular group. It may be that for whatever reason, the topic just did not come up. Also, as noted above, head-nodding in agreement was not recorded, and sometimes utterances could not be attributed to any particular person or persons. Toward this end, in the key findings from the study, reported in the next section, suggestions that were cogent were included even if mentioned by only one or a few participants.

FINDINGS

The remainder of the report presents, in tabular form, the key findings from the study. Combined results from the four focus groups held with older adults are provided in the first section, organized by each of the eight topics. The second section presents the results from the focus group with caregivers, and the third section reports the combined results from the three focus groups held with representatives of public-sector, private-sector, and voluntary-sector organizations that serve older adults.

The topic addressed is listed on the far left of each table. The next columns report, respectively, on features seen as age-friendly, features seen as non-age-friendly (i.e., barriers to age friendliness), and suggestions for improving cities to make them more age-friendly.

Summary Sheet 1 - Older Persons

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Outdoor spaces and buildings	• Natural features and greens spaces for walking and scenic views. • Good pedestrian infrastructure in certain areas of the city, including: quality of sidewalks, curb cuts, street lighting, and pedestrian islands. • Positive sense of safety and security, including certain areas of the city at night. • Compact feel of the city allows for travel across the area to good access to certain services. • Many buildings, especially newer ones and some businesses, were designed with standards and amenities that are accessible for older adults and the disabled. • Mild climate and weather conditions.	• Poor pedestrian infrastructure and maintenance (e.g., no sidewalks, poorly maintained sidewalks, insufficient time at pedestrian crossings, lack of benches). • Low sense of security from crime, especially at night. • Too much traffic, construction, and noise, as well as poorly maintained streets for walking. • Problems with natural features in city, such as too many hills or not enough accessible green spaces. • Weather conditions, especially rain, were considered a barrier. • Some buildings not designed to meet the needs of persons with functional limitations.	• Space lighting on the street closer together and throughout all neighborhoods. • Affix address numbers on housing and businesses. • Create parking near green spaces for increased physical activity. • More spaces where people can plant things and grow things are needed. • Use the city's maintenance office for reporting needed pedestrian improvements. • Outdoor spaces that foster bird and animal watching.

Summary: Older adults identified natural features and green spaces as key aspects of outdoor spaces. Having walking areas and natural features, such as parks and trails, was identified as an important age-friendly characteristic of the city. However, the hills that exist in parts of the city are problematic to some, as well as sidewalks in those areas, as they were identified as non-existent, discontinuous, poorly maintained, or poorly lit. Throughout the city as a whole, both positive and negative comments were made about pedestrian infrastructure. The city attempts to maintain sidewalks and establish pedestrian crossings, curb cuts, and traffic calming devices that slow down cars and make pedestrian environments friendlier; however, there are long waits for improvements and certain areas of the city are less developed (such as areas on the fringe of the

city) than others.

A lack of sense of physical safety and security was identified by older adults as a barrier to age-friendliness, especially at nighttime. Additionally, hectic urban areas, such as downtown and places where construction is occurring were also mentioned by some as non-age-friendly. Alternatively, many respondents reported that they feel safe and secure in the city. Suggestions were made to add more street lighting, place signage on buildings to aid in navigation, add parking near green space to increase physical activity, and increase access to planting/garden areas and animals.

Quotes: OUTDOOR SPACES

HIKING -"I used to be a hiker; I did long distance hiking. They'd always say "You're the oldest, you set the pace," and I'd set it and they'd be exhausted (laughter). I'd go home and have plenty of energy left...I think we live in God's country here."

WE HAVE SIDEWALKS, RAMPS, AND CURB CUTS -"We have sidewalks, they just within the past few years have lowered the curbs so they're easy for wheelchair ramps, both at my corner and I live right across the bridge from Providence Hospital. And the sidewalks down to Providence have a ramp; in fact on occasion instead of calling a care car to bring my husband home from the hospital, I borrowed a hospital wheel chair and walked him home then [took] the wheelchair back, so I appreciate the curb cuts."

PEDESTRIAN ISLANDS -"Those [pedestrian] islands, I've begun to realize, they are really good for seniors because you don't have this big, wide street to cross; you've got an island out here that narrows the space that you have to be out in traffic, and I've appreciated that."

OUTDOOR SPACES AND FAMILIARITY OF CITY -"[The] outdoor spaces for me now are wonderful. I do have access to Forest Park; sometimes I'll go up to the zoo and walk home, or I walk down to the river, and I've worked enough at getting acquainted with downtown and different activities and things that I know where there are bathrooms everywhere, and how to get to them, and I just feel comfortable in and out of public and business buildings in the city and on campus."

LACK OF SIDEWALKS -"There's a lot of problem out in [southwest Portland]…in the suburbs…the only sidewalk was up and down A Avenue, and Main Street, and there were no curbs. It's very difficult when you listen to the people that go out and meet with Tri-Met from those areas; they have a terrible time putting a lift down if you're wheelchair bound; you almost couldn't do it because there's no curbs…[there are also] winding roads that are heavily forested."

Quotes: BUILDINGS

PUBLIC ART -"I love the policy that Portland has about 1% art. When they do build something that makes it pretty, so when you're walking down you have all this art work in these buildings."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Transportation	• General provision of public transportation. • Affordability of public transportation. • Easy access to public transportation, including "park & ride" structures. • Accessibility on public transportation for older adults and the disabled was seen as good, including the provision of specialized services and the ability to board regular services. • Ability to drive a private vehicle as desired mode of transportation (e.g., convenience, enjoyment, and familiarity). • Sufficient and close parking available. • Bicycling as a preferred mode of transportation. • Drivers of public transportation were considered friendly helpful • Opportunities for sharing private vehicles (carpooling, flexible rental car services).	• Uncomfortable on transit because of crowds and lack of respect. • Traffic and other drivers are problematic while driving a private vehicle. • Poor maintenance of streets (potholes) and unpaved roads. • General provision of public transportation was seen as lacking in service to certain areas. • Poor access to public transportation for older adults and the disabled, especially signing up for specialized services. • Difficulty of getting to public transportation stops. • Time spent waiting when using public transportation. • Lack of security from crime on public transportation and at stops. • Lack of sufficient waiting areas (e.g., covered shelters). • Lack of sufficient automobile infrastructure such as signs and lighting. • Cost of taxis.	• Seniors should take responsibility to move near to public transportation. • Offer free public transit zones in city centers. • Expansion of light rail and streetcar (trolley) systems. • Place an accessible car in the same place on each light rail train (e.g., front or rear car). • Educate public transit drivers to be sensitive to the needs of older adults and the disabled. • Implement additional traffic calming devices, such as roundabouts and curb extensions. • Place security officers on trains and at stations to increase safety on public transportation. • Take refresher courses on safe driving. • More night and weekend service on public transportation. • Better signage on streets and buildings. • Give new residents a free ticket so they can explore the length of a public transit line.

			• Use golf carts or small vehicles to transport people around hospitals, campuses, and other large facilities.

Summary: An overwhelming majority of the older adult participants felt that Portland possesses a public transportation system that offers good general service provision to older adults, including buses, light rail trains, and special services for the disabled and low income individuals with medical needs; most also felt that the affordability of these services is an age-friendly feature. Additionally, many older adults felt that the public transportation system is easy to get to and accessible for older persons and the disabled. Driving was a desired mode of transportation for many respondents, as they liked the convenience, enjoyment, and familiarity of the experience. The only negative comment reported by a majority of older adults concerned their comfort on public transportation. This pertained primarily to the behavior of others riding transit who are disrespectful due to offensive language or the failure to vacate priority seating designated for older adults and people with disabilities.

Other transportation features that were considered barriers to age friendliness included transit stops that are difficult to get to in some areas, accessibility issues for some vehicles, long wait time times for transit, and a feeling of not being safe from crime. Regarding driving, heavy traffic and other drivers were often considered barriers. Major suggestions included advice that cities should: offer free transportation in their centers, expand/implement light rail and bus systems; place accessible options (e.g., rail cars) in a consistent location, such as the beginning or end of the train; and implement traffic calming devices to increase pedestrian safety. Suggestions for implementation by older adults themselves included: ride a transit line (bus or train) from start to finish, as this helps an individual to become familiar with the route and services available; when moving to a new location, select a location that has transportation options and easy access to services.

Quotes: PUBLIC TRANSPORTATION

WHEELCHAIR ACCESSIBILITY -"I've been in other places and the accessibility for a wheelchair person and the service you get from [the Portland public transportation system is] outstanding in my opinion."

FARELESS ZONE -"I think Portland is excellent in having a whole free zone. That's an amazing thing, and more cities ought to have it…Most of the bus drivers are very nice and helpful, a lot better than in a lot of other cities I've been in…but in general our transportation system is outstanding in my opinion."

SIGNING UP FOR SPECIAL SERVICES -"[The special service program, Tri-Met Lift] comes to your doorstep…you sign up for it. The problem is you can't meet face to face with [them] and [one disabled man] had trouble proving to them that he was disabled because he had to do it online.

LENGTH OF THE SPECIAL SERVICE ROUTES -"The [Tri-Met Lift] service is bad…in some instances, depending on the time of day…you can spend an hour and a half riding all over the city because they have to maximize the economy of [the rides].

LIGHT RAIL TO AIRPORT -"We're not big users of public transportation, [but] we use [the light rail] to the airport…it goes right into the airport…I think the expansion of light rail and streetcar (trolley) service is a good thing for this city."

TRIP PLANNING SERVICE -"The bus company has a telephone number…that you can call and they'll map your route… [they do] trip planning."

EXPLORING THE FULL BUS LINE - "One of the things I do is I give every new person [in my building] a ticket, tell them to get on the bus and ride the entire route, to see what they could do, where they could get off…it is a very convenient bus."

A GOOD DEAL, AS LONG AS THE STOP IS NOT TOO FAR AT NIGHT -"I think if you live next to the [public transportation] system…and you're going someplace that's next to it, you can't beat it, there's no better, and for $23 you can do that all month long, it's the best program you can have. If you have to walk a little bit to get on at 10 at night, you could be a little bit concerned."

EVENING BUS RIDES -"For daily public transportation commuters…there's good and bad…you have to wait a very long time for a bus after 6:30 or 7:00 [pm]; no one is out…Bus drivers are in a hurry to get back to their station when they're off duty…but dang it, I'm a little old lady waiting on a dark corner in the cold wind and rain, and desperately wanting to get home at 7:00 or 8:00 at night…I had suggested they cut [the] bus routes in half…I have some ideas, but they won't listen."

ACCESSIBLE BUSSES AND PUTTING ACCESSIBLE CARRIAGES IN ONE PLACE -" I have a hip replacement, and getting on and off the buses, unless they're a (kneeling) bus, it's difficult…one of the things I brought up was when I'm at my transit station…I have to have a low car, and you never know where they're going to stop. So I asked why they couldn't have a low car in the first position or the end position, and they said they couldn't always have an easy-to-board car in the same place, so you'd know where to stand on the platform, and they didn't think that was a very good idea…I thought it was excellent."

SENIOR AND DISABLED SEATING -"There's design confusion between where seniors sit and where the bikes hang [on the light rail]…on the streetcar it's not clear to me where the designated [seats are] and I didn't think about it, but on a bus it's clear where the senior seats are."

DIVERSITY ON TRANSIT -"Public transportation is probably Portland's most diverse place…on Sunday morning, on the bus is one of the least segregated places; people of all income levels, all ethnic groups, all backgrounds get on the bus."

HUB AND SPOKE SYSTEM DOES NOT SERVE THE SUBURBS -"The thing [about] public transit, there are big holes. [Southwest Portland] is pretty hub and spoke system; if you want to go downtown you're in great shape; if you want to go across town you're going to have to struggle."

CRIME AND TRANSIT - "I don't like coming in on MAX [light rail] at night because I have to come up the elevator. I've had a drug deal happen right there across my head - watched them, with masks on, jump out of that elevator, jump over the fence and run across the railroad tracks."

DISRESPECTFUL YOUTH AND BUS DRIVERS WHO DO NOT HELP- "Selected areas are overloaded with lots of young people who have absolutely no scruples about senior and

disabled [seating], and there are ample senior and disabled areas on each bus, each train, each everything, but you do have those people, especially the young ones, not necessarily exclusively, who are rather cavalier about it, and the bus drivers generally don't say anything."

BUS DRIVER TRAINING -"I think bus drivers need some sort of training; there are people who sit on the bus who take up 3 seats, who put their feet on the seat."

Quotes: *PRIVATE TRANSPORTATION*

AFTER DRIVING ENDS -"My husband still drives, but we realize the time is coming when that's not going to be an option, and where we are, public transportation is available but it's not convenient."

STAYING OFF THE ROADS DURING RUSH HOUR -"Seniors have a tendency not to get out at commute time while driving."

HANDICAP PARKING -"if you had a [handicap] pass you [don't] have to pay at the meters; you can park [for free] anywhere that's a legal spot."

MOTORIZED WHEELCHAIRS -"I can take this [motorized wheelchair] just about any place I want. I can go faster, for the first time in my life, I'm faster than [my wife]."

CARPOOLING AND SHOPPING -"A bunch of us get together with tenants that still have cars, and we drive out to [stores] and do bulk shopping, and I have a standing use of my brother's car on Thursdays."

SELF-RESTRICTED DRIVING -"I don't drive long distances, and I don't drive at night any more. I drive mainly around my neighborhood…I don't drive downtown, and I suppose I have the usual complaints everybody else has, cell phones are my own personal pet peeve, but I drive, I probably drive 5 days out of 7 on some sort of errand, but mainly probably within a 50-block radius."

LIVING LIFE WITHOUT A CAR - "That's why I live there; I don't need a car, and so all this transition. I have friends in other cities who are now going through this problem of [being] without a car; they're stuck, and it's like where once I had the least mobility, now I have more. Comparing quality of life, their beautiful homes in the suburbs are not working for them, where I'm active, have access to the airport and to anywhere."

CARS AND TRANSIT-ORIENTED DEVELOPMENT -"I sold my vehicle when I moved into the complex I live in, and the drawback, after I moved there, was that when they build [Transit-Oriented Developments] they build them with less parking because they expect you to use the public transportation…there isn't even enough parking for 50% of the people that live there if they have vehicles…I still have my license and I give rides."

STAYING AWAY FROM DOWNTOWN -"I don't drive downtown, the parking is expensive, and I don't want to keep hunting for little meters to plug or anything like that…I use public transportation as much as I possibly can, but I do like to drive around [scenic areas]…I like to go down to the coast, I like to go up on the mountain…my car [is] for the outside travel, or places that are difficult to travel by public [transit]."

BIKES AND SENIORS -"Bike paths are not made for seniors…[but] there is something about riding a bicycle, you never forget how to ride a bicycle, no matter how old you are."

EXPENSIVE TAXIS -"It's an experience to call a cab to go somewhere. Senior citizens have a hard time; we didn't turn the corner from a $3 cab fare to $30 to $40 [to go across town]."

MAINTAINING THE ROADS -"They need to always have stripes freshly painted, and they need to be bright, not only for me…"

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Housing	• Proximity to services, including shopping, transportation, leisure locations, etc. • Ownership affords financial security, especially in a market that has seen dramatic increases in recent years. • Current housing is accessible for many of respondents and it also affords the opportunity to age-in-place. • The number of levels in homes met the needs of respondents; in most cases, this was a single-level home. • New senior housing developments are being created with accessible standards. • Green spaces and planting areas inside and around the home provide quality recreational and/or leisure opportunities. • Animals in and around the home provide enjoyment and fulfillment, even when not owned.	• Housing not considered affordable, especially for renters, but also for owners due to high city and county taxes; some renters are forced to move or purchase apartment-to-condominium conversions. • Housework is a barrier or is a potential barrier in the future; washing machines on a lower level are problematic. • Proximity to services is a problem outside of the city's core and primary zones. • Rental units remodeled to increase accessibility must be restored to original state; there is a cost associated with this that is prohibitive.	• Additional housing options should be created that cut costs, offer shared facilities (e.g., community and dinning rooms), and foster community. • Intergenerational communities should be created. • Remodeling or creating an additional room can add income or a space for a caregiver to foster aging-in-place. • Remodeling to increase accessibility in rental units should not have to be removed which is currently the case for changes to the original state of rental units. • Older adults should consider moving near to services; education about where to move would be beneficial. • Balconies, even the smallest in size, should be provided in housing. • Hallways in shared housing should have interior windows to foster community and safety. • Space to garden should be provided in senior housing. • Taxes should be

			subsidized or frozen for older adults.
			• Seating and waiting areas should be provided in housing units to allow for transportation pickup and for general resting.

Summary: The majority of older adults felt that Portland provides housing that is close by and accessible to needed services, which is a positive aspect that reflects age-friendliness. Of the housing that exists in Portland, many also felt that it provides the opportunity to age in place. Many respondents felt that the levels in their homes were age-friendly, whether the home was a single-level home (the most common response), a multi-level home (e.g., this was good for keeping fit), or a multi-level home that had sufficient accessibility on the main floor. The cost of housing was seen as the biggest barrier to age-friendliness in the city, while homeownership was considered to be an important aspect in finding Portland age-friendly (i.e., housing prices have gone up dramatically in recent years). Suggestions included the need for: development of affordable and intergenerational housing; implementation of design improvements and remodeling that enhance accessibility and allow one to age in place; provision of green spaces and gardening spaces in housing; and education of older adults concerning housing choices and where they should be moving (e.g., close to services and public transportation).

Quotes:

NEW CONSTRUCTION IS ACCESSIBLE - "Most new apartment complexes have wide doors…you don't build a building today that doesn't meet those kind of standards, that's in the past, so if you get involved in a new complex, that's up to you as a senior to look for a place that's new. I live in a brand new HUD financed apartment complex, by myself, brand new, it had grab bars there, it's part of the program. I'm not disabled…when they build the building, every apartment has the same…you can take a wheelchair in there and do 360s all around the room…walk in showers so you don't have to climb over a tub…having been involved in the system for 30 years (as an administrator)…I knew exactly how to use it."

THE BENEFITS OF LIVING DOWNTOWN - "I live downtown, so all of these problems simply disappear by the choice of where I live. I would live in the smallest room…I would live anywhere with running water as long as I could live downtown. It meets all these issues, I love being there…I can walk anywhere…there's no way to be bored. I'm [5-6 blocks] from the library…I can walk to the river."

WHEELCHAIR-ACCESSIBLE HOUSE- "The house is perfect, the tri level wouldn't work now that I'm in a chair, and the house we're in had a permanent ramp and has guide rails in the main hall, a walk-in, or drive-in shower, and so it's pretty much fully accessible."

FROM THE COUNTRY TO THE CITY…I LIKE IT - "We moved [from] 8 acres of farm land 23 years ago to central city in Portland…it's quite a transition, and [I] like it very much...the little place I live now has 250 apartments in the building, and there's several like that, but there also are low income apartments…and of course the mansions and things from King's Hill, so it's quite a variety…Besides the good neighbors, these building have…[the] location is so perfect…I

can walk up to the Japanese garden, it's a mile to the river, less than a mile to Portland State [University]…good hospitals, lots of things."

WALKING INDOORS - "In inclement weather, because the building is so large, there are 5 stories, we walk the floors, and you can get a good workout in half an hour…We check on our neighbors too. We have a couple of shut ins, people if we don't see anyone for the 3rd day running, then we knock on their door to see if they're okay, and that's just part of our walking thing."

PROBLEMS FOR RENTERS - "I think it's a bad city for renters. There is no rent protection for a renter in this city. The landlords are just totally in control…I feel renters are very bad off in this city, and now a lot of the rental people have been forced out of their homes. They've lived there long times, they're forced to use up their savings, and all kinds of things, and that's the biggest weakness in this city."

MY APARTMENT WENT CONDO - "[At my apartments] all of a sudden they went condo, and they were not nice about it. If your lease was up, out you went…Luckily I had a long lease, and I did buy, and I did get the insiders [price], but most of the people were so mad at them they didn't buy, which was foolish. But anyway, it was hard because at my age I didn't have that much, but I did it."

CONDO CONVERSION RUMORS- "If it goes condo, which there's a rumor that it may, I don't know what I'll do."

GETTING HELP WITH THE LAWN - "I used to cut the grass myself until a couple of years ago, but then I noticed after I finished my face would be beat red. I thought am I going to have a stroke or something (laughs)…so I decided it was time I stopped…so we have to find somebody who is inexpensive enough to take care of [the yard], and that is becoming a real issue…I keep wracking my brain about how am I going to handle this."

WE WOULD BE PRICED OUT OF THE HOUSING MARKET - "My husband and I [both have union pensions] if we didn't have our home paid [off] for many years, we would be completely priced out of the housing market. I don't know what we would do, and as I say, we decided we could not live anywhere as cheaply and as comfortably as we can live in our home now. If we sold it, where would we go? At our age, we are completely priced out of the housing market."

BALCONIES - "The smallest balcony is a Godsend…our balcony is our 41 inches (laughter). I had a full garden out there, I brought in dirt and built it up, it was a concrete floor. And I had, anyway, I had a wonderful garden; I was told I had to get rid of it."

MULTIGENERATIONAL HOUSING - "I think the housing should be multigenerational, I do not believe in isolating seniors in housing at all."

ADDING ANOTHER ROOM OR APARTMENT - "I don't feel as though I need to make any changes in my living arrangements. When I have nothing to do I entertain the thought of what if I can't do the steps any more, or something like that. I have it all planned. I don't know if this will work, but I will convert the first floor into an apartment for myself, and the second floor, whatever happens to it happens to it, I can build it into another apartment or just leave it alone, so that way I will fill out and make a full bathroom on the first floor, do some rearranging, and I could live there."

A NEW TYPE OF HOUSING - "I don't know of anything aside from official assisted living where more than one group of elderly get together and share the common facilities, which cuts cost and a bunch of other things; there's privacy issues and stuff, but the norm of single family residents versus little bitty apartment, versus some facilities, there should be some middle ground as people get older, and I don't see it."

INCLUSIVE NEIGHBORHOODS - "I like the idea of inclusive neighborhood, neighborhoods that are really kind of a good neighborhood in a community that you do have grocery stores within walking distance, and you have an array of children and adults, and I think the developers are kind of working towards that in some cases, but not all. But I like that idea of that inclusiveness in a small community."

DIRT AND SPACES TO GROW THINGS - "Any space where you can put your hands in the dirt…I have earth boxes out there with stuff growing in them, and I'm ready to start planting again, but I have something growing all year round, and it's just that green, live, something alive, something that you do yourself."

MOVING INTO THE "RIGHT" PLACE - "Let's face it, people get to a point they can't [live there any more] and then they have to move somewhere, so the ideal thing to do is as you get older to move into a place you won't have to move out again. So you need to choose something that has public transportation, and some of these amenities you know you're going to need."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Respect and social inclusion	• Politeness from those encountered in the community. • Respect offered to older adults. • Helpfulness shown by those in the community. • Intergenerational interactions and activities such as conversations, general assistance, and organized events.	• Lack of politeness, especially on public transportation and while driving. • General lack of respect such as not yielding seats on public transportation. • Intergenerational interactions in which younger people do not offer courtesy or respect. • Lack of responsiveness in service settings such as the provision of affordable housing/rental units.	• Awareness for society and persons of all ages should be linked to awareness for older adults; for example, a life course perspective can be taken, instead of an aging perspective. • Rather than using terms like older adults, elderly or senior citizens, a term like honored citizens is preferred. • Intergenerational activities and communities should be fostered. • More cultural diversity experiences should be available and developed. • Educate younger persons about aging and the life course. • Have bus drivers and train conductors announce the need to yield seating to honored citizens in person (not electronic voice), as well as more frequently when needed.

Summary: Nearly half of the older adult participants considered the lack of politeness and respect as major barriers to age-friendliness in the city of Portland; however, many also felt that respect and politeness were positive aspects of age-friendliness exhibited in the city. Youth often were considered the culprits of impoliteness and rudeness, with incidents on public transportation and while driving cited frequently. Suggestions centered on fostering education about the life course and the aging process to enhance understanding and thus respect.

Quotes:

THE OVERWHELMING MAJORITY ARE NICE- "I find that the overwhelming majority of people are very nice. They hold doors for me, they do everything nice. Occasionally there are some that are selfish, they're not aware, but you can't, my estimation is people are nice to older people."

HONORED CITIZENS- "Honored citizens, it's a much nicer term than senior."

RUDE YOUNG PEOPLE - "My experience with the younger people: they're rude, I was [at this high school] one day and the classes changed, I came with a big projector, big box, and they just looked right over my head and knocked into me, and that's not uncommon."

LACK OF INTERGENERATIONAL INTERACTION - "There is a big disadvantage today…kids don't have that privilege, getting to be with old people…it pays an awful price."

TURN A SAILOR'S EAR - "I was on [the light rail] and a couple of sweet faced little junior high school girls with the yearbooks sat down, blonde, cute hair, they were singing lustily the lyrics to the song they were listening to, which would turn a sailor's ears (laughter), and so it was interesting."

WE ARE ALL STRUGGLING TO FIND OUR IDENTITY - "I think there's a struggle over identity. One of the problems with aging is we lose our identity. We're not who are we any more, we don't have a job, we don't fit. At the same time younger people are trying to find their identity, who are we, who am I, there's a tension between, and it creates a lot of ageism in some ways…because people treat us condescendingly, we resent it, we behave badly, we haven't worked out a legitimate role for being old guys. I haven't figured it out quite how to behave as an old guy."

CAVALIER ABOUT DISABLED SEATING - "Selected areas are overloaded with lots of young people who have absolutely no scruples about senior areas that are specifically set aside for senior and disabled, and there are ample senior and disabled areas on each bus, each train, each everything, but you do have those people, especially the young ones, not necessarily exclusively, who are rather cavalier about it."

UNIVERSAL LANGUAGE - "There shouldn't be such a barrier…definition, separation…instead of the sign "Slow down for kids," it should be "Slow down for people"…I think [this is the cause of] a lot of the reticence to not wanting to be identified as elderly."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Social participation	• Educational opportunities at universities, community colleges, and other venues offered for free or at a reduced rate. • A variety of interesting and diverse options. • Physical activity as a means of social participation (e.g., walking and hiking with others in the community). • Social activities and interaction among members of the community. • Cultural opportunities and activities (e.g., performing arts, ethnic and multi-cultural events, museums and galleries). • Free/affordable opportunities (e.g., education, parks and recreation activities, community centers, arts and cultural events, free events such as concerts, museum days, and zoo days). • Convenient location of social activities, especially for those with easy access to the city center.	• Inadequate opportunities to socialize for those living further away from the city center or those accessing opportunities via public transportation, especially later in the evening.	• Foster more multi-cultural activities in neighborhoods. • List events and activities in a central neighborhood location (e.g., grocery store). • Encourage older adults to get out, be active, and participate socially, as it is healthy and has positive effects on individuals.

Summary: Among older adults, mostly positive age-friendly features were identified in the city of Portland with respect to social participation. Most respondents cited free or affordable educational opportunities that existed in universities, community colleges, and through local and regional services providers (e.g., the library). Nearly half of respondents felt that there is a good variety of choices for involvement that are interesting, and many noted the availability of activities that encourage and/or incorporate physical activity. Other features considered to be age-friendly features included the presence of support for social activities among neighbors and the community

in general (e.g., older adults were encouraged to get out and about), the availability of cultural opportunities and activities, the availability of affordable activities, and the availability of convenient activities (e.g., location and frequency).   Suggestions included listing events in a centralized location (e.g., grocery store), encouraging other older adults to participate, and having more multicultural activities within neighborhoods, especially those that are diverse.

Quotes:

FREE CLASSES ARE THE BEST SOCIAL PARTICIPATION - "My best social participation has been Portland State [University]. They are just the most wonderful institution…they give you this opportunity for knowledge, music, art, it's just unprecedented I think in the whole country as far as the courses we can take. I know of no place you can audit right with the actual course,. Usually they have separate things set up by seniors for seniors, but this is integrated. It's worked very nice for our senior living, it's one of the most positive experiences…I it's been a nice feeling of social involvement."

VARIETY OF OPTIONS - "I think that the community offers a lot, to us it seems like a lot of community centers Portland has. We have 2 within a very short distance of us which offer a lot of services, and a lot of opportunities for social, medical, exercise, enjoying, volunteering, and also entertainment, group entertainment, so I think that's a real plus."

OPPORTUNITIES INDICATE RESPECT - "I have to say I think the community centers in our area, our city, are such a plus, because there's all sorts of opportunities for seniors to be included. And I think just the fact that they exist, that they have those programs and classes that are specially geared towards elders, field trips, all that kind of stuff you can access through Parks and Recreation for a very minimal cost is an indication of the community's respect for elder people."

FOSTERING DIVERSE ACTIVITIES - "I wish there were a way to foster more multi-cultural community activities in neighborhoods where there's a [diverse] population…I didn't really realize how mixed our neighborhood was until Lincoln Park was developed 10 years ago, and you'd go to the park and everybody was in the park; you'd hear all these different languages, and you'd see the Koreans and the Ukrainians, Romanians. And then when our grandson started school, it was really fascinating how many different cultures he rubbed elbows with in the elementary school. I just think it would be really rich if we could have more multi-cultural, inter-cultural experience."

WHY NOT PROD THEM? - "if you know a senior that isn't getting out and active, you need to talk to them, help them, prod a little bit to get active and help themselves, because it does add years to your life."

FEELING ISOLATED - "There isn't a lot to do [in this neighborhood]. There are no parks, there are no community areas, there's nothing. I live in a group of people who have just retired to their little rabbit warrens, and I can't bring them out. When I first moved in everybody was different, but by attrition, mostly death…I wish that I had a building like yours; it sounds so nice. But I get out, I go out because I have outside interests and use public transportation."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Communication and information	• The availability of information on the internet (noted by almost half of the participants) • The public library system (and free use of computers there for 1 hour, nationwide) • Radio stations that provide information • Telephone helpline for seniors • www.oregonnetworkofcare.org website • City of Portland Senior Parks and Recreation (Park Bureau) catalog listing senior activities • Classes for seniors on how to use the internet/computers • Intercom for communication with public transport drivers • Trip-planning telephone hotline (Tri-Met public transit) • Senior News (newspaper devoted to senior issues) • Television show for seniors (Senior Showcase)	• Problems with information accessibility (e.g., no central information point/lack of coordination) (identified by almost half of the participants) • Information access via the internet is problematic for some • Library conversion to computers is problematic for some • Lack of skills on the part of older individuals themselves in seeking and using information • Information difficult to understand or use or that caters to younger people • Telephone services where people talk too quickly or have difficult-to-understand accents • Sensationalism: Negative stories aired on television create fear among seniors • Information that is not up-to-date, comprehensive	• Distribute a local calendar of senior events in grocery bags • Make information available through city and neighborhood newspapers • Advise people to use the public library • Distribute flyers on bulletin boards, resource tables • Have a central senior-specific clearinghouse in the newspaper, via a telephone hotline or a physical location/agency to go to for information • Have a website for senior information (but others pointed out that not every senior uses the internet) • Have seniors teach seniors how to use computers/the internet • Distribute senior-specific infor-mation through doctors' offices • Record a message to air on public transit that advises riders that they can communicate with the driver in case of emergency through an intercom

Summary: Older adults generally felt that seniors in Portland had many ways in which they could get information. Key among these were the Internet, the city's Helpline for seniors (a telephone hotline that is staffed 24 hours a day, 7 days a week, and thus provides callers access to a "real live person" for information about services for seniors) and to a lesser but still important extent, the printed catalog of senior program offerings through the City's Bureau of Parks and Recreation. Central barriers identified pertained to getting information through the Internet, as not all seniors are comfortable using computers. A wide variety of suggestions for distributing information were offered, and having a central clearinghouse for information was advocated, although there was not consensus concerning the form such a clearinghouse would take (e.g., web-based, telephone, print).

Quotes:

THE INTERNET AND INFORMATION AVAILIBILITY - "The information is available if you look for it; it's on the web, it's in all kinds of papers, but you've got to look for it…what I find is, for research, ever since the web it's made research for me easy. I don't need to go to the library and thumb through a whole bunch of volumes to get what I want. If there's a little something I want to study to look into further, I can download it. So the Internet has been a real Godsend for people like me that can't get around too easily."

COMPUTERS AND SENIORS – "A lot of us are intimated by computers...computers are not necessarily for us old people."

COMPUTER CLASSES FOR SENIORS - "It's hard if you haven't been connected with computers to make that jump...we've got Elders in Action - we have our own computer classes…"

LIBRARIES – "The libraries have free use of computers…for an hour a day; in fact any place you go I the U.S. or anyplace, walk to a library, they'll let you use their computers."

TELEPHONE HELPLINE – "This is the Help Line [participant hands out small card with information]…you call that number and they will respond to you…it will give you the answer to a lot of seniors' needs."

FACE-TO-FACE – I don't like to sit on the phone; I like to see a person face-to-face."

PHYSICAL PLACE TO GO FOR INFORMATION – "The Visitor's Center…there should be something [like that] that's geared exclusively to people with aging/disabled services, to know what's free…and all the other sorts of things, what is available, costs, prices, how does one connect…"

GROCERY AD – "Years ago…Safeway, in their weekly ad, had a calendar of things that were going on in the community, and we used that all the time and got involved in some very interesting things."

NEIGHBORHOOD NEWSPAPERS – "There are a lot of neighborhood newspapers in these parts of the city…and I don't notice a lot of listings for activities for seniors…

SENIOR PARKS AND RECREATION – 'They have a senior recreation catalog; call them, get on the mailing list."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Civic participation and employment	• Vast number and variety of organizations in which seniors can volunteer or be engaged in civic affairs and advocacy • A website that lists volunteer opportunities • Volunteering and civic engagement and part-time employment give meaning, are enjoyable • Older adults seen as valuable employees • Employment opportunities and agencies to help seniors find employment	• Lack of action/ responsiveness to concerns • Age discrimination (as a volunteer, employee or even jury member) • Lack of involvement on the part of some (especially those with low incomes) • Lack of employment opportunities • Lack of skills and knowledge of how to apply for work • Regulations about amount that can be earned without penalty to Social Security benefits	• Elders should make their thoughts, wishes known to government representatives, get involved, be advocates • Have flexible, short-term volunteer opportunities

Summary: Older adults commented extensively on the various opportunities that exist in Portland for older adults who wish to volunteer and or be civically engaged in the community. They themselves were very involved in volunteer and civic/advocacy activities, and some also were engaged in church activities. A very few were employed part time. They saw all of these functions as important for providing a sense of meaning in older adults' lives and suggested that older adults be encouraged to participate in such activities. They did note the lack of employment opportunities, in general, for older adults and felt that age discrimination was partly to blame for this. Instances of age discrimination also were cited in volunteer and civic activities. In addition to encouraging older adults to become involved as volunteers or as advocates, a key suggestion was that volunteer activities be structured so as to be flexible, with opportunities for short-term, episodic involvement, rather than routine weekly schedules.

Quotes: VOLUNTEER/CIVIC ACTIVITY

LEGISLATIVE ADVOCACY – "I'm very active in the legislature; I go every session, sometimes daily, sometimes twice a week…I decided that I'm the only one that can change what I perceive to be a problem, so I've decided in my old age that I can speak up."

REBORN AS A POLITICAL ACTIVIST- "In some ways I've been reborn in that I have a new career; I'm now a political activist, and I'm very much involved in federal, state, city, and county levels...it keeps me off the street, so to speak…now that I'm working pretty much full time without pay, I'm getting more things done."

SOCIAL CAPITAL AND ACCESS – "There are other forms of capital besides money capital - the social capital, which Robert Putnam has talked about, and there's natural capital. Our resources and our people and our natural resources are something that I think Portland values more than many civic places. And the accessibility that a man in a wheel chair can talk to the two senators of the state is significant, and that ordinary people, a large number of us, are volunteering in effective organizations. Because you get up in the morning and say, 'Am I worth something?'; there are structures that help to say "Yes!'"

FEELING PRODUCTIVE – "Old people like to feel productive too; you lose your sense of worthiness if you're not doing something productive; most people anyway."

HAVING FUN – "The great advantage of being retired is you don't have to be paid for your work so you can do what's fun – I actually feel guilty…because I get to have so much fun."

CUT BACK WHEN YOU'RE OLD – "There are lots of ways you can get involved in this city, but I think when you get to a certain point as you get old, which I'm approaching, I'm in it now, I'm just glad to maintain the integrity and abilities, keep myself independent, not do too much other than that."

LOW INCOME NOT INVOLVED – "I currently live in Section 8 low-income housing, 37 units, and…those people are just sitting there dying; they do pretty much the same thing day after day…it's depressing. You guys have imagination…you can go to things, you have a car; you're, the kinds of things you're doing are wonderful, but almost no one in my building is doing anything."

YOU CAN'T FIGHT CITY HALL – "You can't fight City Hall, and you can't fight the contractors…I've spent a lifetime doing it, and my experience is they listen, they pat you on the back, and they go about doing what [they want]…There are a lot of things that are happening that are beyond what you can do. I'm a great believer in democracy and organization and all of that; I maintain websites, I do all kinds of things, but that don't mean I get anywhere because that's not the situation in our country today. And it's a lot bigger than just these little things we can do; they make us feel happy that we can recommend things, but…"

GIVING TOO MUCH? – "Maybe I've been giving too much of myself away; maybe it's time to think about what it [I] really want to do…"

ELDERS' ROLE – "I guess the need we [as elders] have is to help and facilitate our community to be a civic place."

WANT FLEXIBILTY – "I don't want something I have to be there every week at 9:00; I got enough of that working."

AGE DISCRIMINATION – "I think there's hesitancy in the medical field [to have volunteer medical doctors] because things are moving so fast; they may think you're outdated."

*Quotes***: *EMPLOYMENT*

MEANING IN EMPLOYMENT – "[An] Age perspective kind of helps…I do it [work] in a leisurely way…but there's that transition of what's meaningful. What I'm doing, hoping to do, in the job is changing the meaning of the job from getting the task done to fulfilling more useful goals.

I WAS GETTING BORED – "I was getting bored in retirement and I happened to walk into [grocery store]…In March I'll be there three years, and all I'm doing is packing groceries and chit-chatting with people. And I love Wednesdays; it's senior day there, and I am just having a ball…This one manager really loves to bring seniors aboard, and he's had a very good track record with them."

BENEFITS – "We don't have Medicare because of the great healthcare benefits he receives from working 2 days [20 hours] a week."

LACK OF EMPLOYMENT OPPORTUNITIES – "Seniors, because of medical expense, try [to get work]…One of them last year filed bankruptcy; it broke his heart. He was 83, and he was looking for a job. You can go and be a greeter at Wal-Mart, but there aren't many opportunities for paid work."

NOT INTERESTED IN WORKING – "There's a certain portion of seniors that never want to stop working; they would rather die in harness. I'm the opposite; I couldn't get out of the work force fast enough, because I had things I wanted to do."

FREE AT LAST – "My live is so much richer post work. Once I got rid of the 8 to 5 business, I was free at last, free at last."

IT DOESN'T PAY TO WORK – "I'd been looking for work for awhile, for pay, and then realized that…if I worked…I'd have to pay Uncle Sam back. And I said "Give it up and I'll just volunteer…It's not worth it."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Community support and health services	• Array of service options for seniors (e.g., community centers, pro bono attorneys; tuition-free classes; Park Bureau offerings geared toward seniors; interpreters at public libraries; social and medical service agencies; meal programs; emergency response; 24/7 custodial care at home; public transportation) • Subsidized services (e.g., public transportation, home-delivered meal program, in-home care, home renovations) • Good health services (if can afford health insurance)	• Lack of knowledge, use of services available • Cost of services/ health care • Lack of eligibility for services if income a bit too high • Lack of insurance/public coverage of needed services (e.g., health care, assistive devices) • Lack of social and medical services in rural areas • Deteriorating infrastructure (e.g., roads, sidewalks; no snow plowing or road graveling; no tree trimming) • Program/service cuts due to lack of funding • Lack of services nearby in the neighborhood • Restricted access to health care due to doctor shortage, need to get a referral through primary care physician • Overprescribing of medications • Lack of personnel trained in geriatrics	• Provide subsidies for home renovation, mobility aids (e.g., grab bars) • Schools should be aware of grandparents raising grandchildren, be accessible. • Major health care and dental system reform is needed. • Change the medical model to allow coverage of costs of care by other disciplines (e.g, acupuncture, chiropractors, naturopaths) • Restrict pharmaceutical companies' lobbying and funding of research to their own end

Summary: Older adults' comments focused most on health services, as opposed to community-based social services. Participants listed numerous barriers to age-friendliness of health services, mostly pertaining to the intertwining and interrelated topics of health care quality, affordability, and access. Positive comments were provided also, especially about quality of health and social services and about the range of community-based services available.

Quotes:

RANGE OF SERVICES - "When you look at the statistics in other states, we have the best system - we have choices for our seniors. When I worked…in nursing home care, we had one choice: if the government was going to pay for it you had to go to a nursing home, and this community here decided we're going to [get] a waiver from the federal government [to use public assistance funds to pay for community-based services]."

INCOME ELIGIBILITY REQUIREMENTS – "But there are restrictions too. If you have any kind of saving, and you were thrifty in your life, you get punished for it, so that made us ineligible."

LACK OF FUNDING - I think there's not enough social workers, case managers out there because funding has been cut so seriously. Portland is still great, better than a lot of places, but there are so many people falling through the cracks.

HEALTH CARE IS NOT AFFORDABLE – "I've run into so many seniors that put off going to the doctor, and their health just deteriorates and deteriorates, because they don't have the money…I saw a lady pull her own teeth out in our building rather than go to the dentist and have to pay the dentist; and they could have been saved."

NO NATIONAL HEALTH INSURANCE – "I think every health professional in the United States would say our system is broke; it's badly broken, it has to be fixed. We got 40 million people in the United States that have no health insurance; now, what do *they* do?"

THE PHARMACEUTICAL LOBBY – "Something really needs to be done as far as lobbying [by pharmaceutical companies] is concerned, or somehow restricting this kind of behavior…it's so unethical and unprincipled to charge what they charge, especially to low-income families that I've dealt with."

LACK OF ACCESS – "One of the things I think needs to change, and this is a big subject, but the whole idea of access to healthcare, when people have to wait until they're really, really sick and then go to an emergency room rather than being able to go to their doctor for preventive kinds of tests or whatever that might keep them from getting sick in the first place."

HEALTH CARE ONLY FOR SOME – "We do not have the finest healthcare system in the world, don't anybody kid yourself. They try to tell us we do; yes we do for those that can afford it, but…"

REGULATIONS AND QUALITY OF CARE –"I thought they would take him directly back to emergency because he was bleeding all over, and they made him sit there and fill out the [insurance] forms…I left the house at 1:30 pm and I finally got [him] a bed at 3:30 am the following morning. It's just, it's not just us; and it's disintegrated so over the past 10 years. It's always been bad, but it's just gross. I don't know the answer to it, and nobody else seems to."

OVERPRESCRIBING – "I'm sure we've all heard this about the number of medications our seniors are getting, have in their medicine cabinets…[doctors] just keep prescribing and prescribing."

Summary Sheet 2 - Caregivers

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Outdoor spaces and buildings	• Natural features and greens spaces for walking, resting, and scenic views. • Good pedestrian infrastructure in certain areas of the city, including: quality sidewalks, curb cuts, street lighting, and pedestrian islands. • Places that foster watching and enjoying people and animals. • Malls and large retail stores are good locations to take older adults out for social activities, as they tend to have good amenities such as shopping carts, toilets, and parking. • Some buildings are accessible to those with functional limitations. • Stores with one entrance and exit provide an advantage as those receiving care are not able to wander out.	• The urban areas of the city, especially the downtown core are undesirable for those receiving care. • Parking and protection from the elements such as offered by awnings and parking coverings are insufficient. • Pedestrian infrastructure such as sidewalks and curbs are not sufficient in certain areas of the city. • Low sense of security from crime, especially at night. • Buildings are not accessible to those receiving care, particularly with respect to lighting and flooring for those with dementia. • Buildings lack sufficient facilities such as toilets and resting areas. • Hectic environments (e.g., areas with construction, traffic, too many people, such as downtown).	• Businesses should begin to build accessible and age-friendly buildings. • Uniform colored surfaces with little glare should be considered for those with cognitive impairment. • Replace grass with pebbles to keep someone with cognitive impairment from crossing certain boundaries outside.

Summary: Caregivers reported that buildings in the city do not have enough parking for disabled persons, and some felt that other parking amenities such as awnings and parking services (e.g., valets) are needed in places such as hospitals. There also was consensus that downtown Portland and other hectic areas (e.g., high traffic, noise) of the city are not friendly to those receiving care. Other barriers to age-friendliness for the persons receiving care include insufficient pedestrian infrastructure, lack of accessibility in buildings, lack of amenities in buildings (e.g., toilets, carts, rest areas), and a sense of lack of safety and security in parts of the city. Among the age-friendly

features identified by the caregivers were Portland's many natural features and green spaces that enable taking loved ones to enjoy nature and interaction with other people. Respondents noted that opportunities to watch people and pets in the community, even when done from a front porch or window, contributed to age-friendliness. Certain areas of the city and some buildings were considered to be particularly accessible, such as malls and larger retail stores, as they were equipped with good parking, toilets, rest areas, carts, and generally accessible design features. Suggestions centered on design issues for disabled individuals, including the cognitively impaired.

Quotes: OUTDOOR SPACES

ENJOYING WATCHING PEOPLE -"My mom came from a gated community, all old people, so she really appreciated coming up here in my old neighborhood; [she'd] sit on the front porch and watch life go by, where she didn't see this, there were never kids out there [at her old neighborhood]. [There were] a lot of people walking their dogs, so it was entertainment for her, so she really enjoyed that."

LACK OF SIDEWALKS -"We had no sidewalks…when she went out I was always a little nervous."

GOING OUT AT NIGHT -"We would never go out at night, unless we had a destination."

Quotes: BUILDINGS

PARKING -"I would try and frequent places I could drive under, or a parking garage; a lot of places didn't have parking garages."

DOORS -"Some businesses have very difficult to open, heavy doors, and that's something I think we have to be sensitive to."

DOWNTOWN VS. MALLS -"There's no reason to take my mother [downtown] again, because it would be harder to get her around, she'd have to walk, there would be no immediate parking to the stores; so when I do take her out, we go to the mall."

SHOPPING AMMENITIES -"I appreciated things like the carts at Costco that have the bin on the front for throwing things in. I could go, I didn't have to lift her wheelchair out of my car, I could use their wheelchair, just put her in their wheelchair and use the cart. That was very, very beneficial to me."

LARGER DEPARTMENT STORES -"The larger department stores, or Wal-Marts…their aisles were pretty big and that was never an issue…malls have parking garages…I never had a problem finding parking for handicapped...[larger stores were] more accessible with large entry doors…they are a lot more friendly in all the areas, really, for handicapped parking."

WALKING THRESHOLDS - "Mom went through a period of time…as the [dementia] was progressing, where if there was a change in color [she would not cross the boundary] like from the bedroom to the hallway, the rug to the carpet, so consequently the same thing would apply if you were in a store, etc."

LIGHTING -"I could not have taken my mom [to certain stores]. She had glaucoma; she wouldn't have been able to see across the store - it's just way too bright."

SEATING -"People that are handicapped get the crappiest seats ever…the worst seats…right up front at the movie theater."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Transportation	• Being able to drive a private vehicle as a mode of transportation, due to convenience, ease of transporting the person receiving care, and enjoyment. • Sufficient and close parking available for those who have disabled parking permits. • Availability of public transportation, including special services for the disabled. • Accessibility on public transportation, including for boarding.	• Reasonable parking spaces are hard to find and not always accessible, especially downtown and in more congested areas. • Public transportation not sufficient for those with cognitive impairments. • Special service program (Tri-Met Lift) not adequate for those with certain disabilities. • Specialized public transportation services are often late or take long circuitous routes. • Drivers of transit not knowledgeable about those with special needs and disabilities.	• Create a program somewhere between a specialized public transportation system and a taxi service, with drivers who have knowledge of aging and disabilities, but do not specialize in "disabled passengers." • Create a cooperative that would allow an individual to pre-pay for services. • Valet parking at hospitals and events for caregivers. • Make sure that hospitals and health service locations have awnings and protection from inclement weather. • Train public and private drivers about the needs of older adults who have cognitive impairments or other disabilities.

Summary: All caregivers reported that there is insufficient parking for older adults and those with disabilities in many areas of the city, especially the core; they felt that areas with sufficient parking include the suburbs, malls, and larger retail stores. The majority also reported that it is difficult for their loved ones to give up driving when they are no longer safe to be on the road. Most caregivers reported that driving is their preferred mode of transportation, as it is easier to get around and transport the person being cared for. The majority of caregivers felt that Portland offers a good public transportation system for its residents, although the need to sign up in advance for special services and the lack of timeliness of those services are barriers to age-friendliness. Suggestions for improvement included the following: create a new type of transportation service (e.g., a cooperative or affordable private agency) for older adults and the disabled that would provide respect, accessibility, and convenience; create valet parking services at hospitals and other service locations; install protection from the elements (e.g. awnings) at drop off/pick up locations; and provide sensitivity training for drivers of public transportation.

Quotes: PUBLIC TRANSPORTATION

PUBLIC MEDICAL TRANSPORTATION (LIFT) DIDN'T DELIVER - "Medical transportation…was rocky; it was real rocky…Mother had dementia and the drivers, they'd send different drivers every day, and they'd send cab drivers when they didn't have medically trained drivers… Mom did a good job of talking; her fulltime job was hiding that she had a problem…they [had] instructions …not to leave her; she was to be delivered to the door…They didn't deliver her to the door; they left her off out in front, with her walker…She fell…that happened once too often."

LIFT LATE -"The [public special transportation program, Lift] program…has a reputation of being late, and long waits."

LIFT GREAT - "[Lift, the special service program] was great…you had to make arrangements a day or [so] before, and they would come in their little van and wheel [my mom or my dad] out…and hook them up and off we go. They were always very pleasant, even in the rain and stuff, they had umbrellas, and made sure you were as comfortable as they were on the ride, even if there were other people in there that they'd stopped and got before. And they were pretty prompt about coming at the set time. If you had a cell phone they'd call you and tell you they were going to be late."

FILLING THE GAP BETWEEN TRANSPORTATION PROGRAMS - "[There needs to be] a discounted senior program; there's a gap…these are the people I take to the grocery store; they hire a college student; one of the ladies in garden club hires a college student to do it…there's an intermediary program needed."

UNWILLING TO USE SPECIAL SERVICES -"I have friends right now that don't want to use the [special service] program because they aren't really accepting that they're disabled…"

Quotes: PRIVATE TRANSPORTATION

HARD TO GIVE UP YOUR LICENSE - "It was the hardest thing for her to give up her driver's license; boy, that was a hard one for her."

VALET PARKING - "At concerts they don't have valet parking or whatever, you're…you have to leave her…so you can go park the car, and if they have dementia, what if they wander, and my mother does, so she wanders off."

TAXI ACCOUNTS - "I created an account with the taxi company, I sent them $100, and just had an account so she could use it any time."

GETTING THE RIGHT VEHICLE - "I finally got a car that had a rack on it so I could put a wheelchair on it, which made my life a lot easier, on getting her. She went to doctors' appointments at least 3 days a week."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Housing	• Accessible housing including wheelchair access in the home (e.g., wide doors, hallways and showers), grab bars, and high seats on toilets. • Remodeling that creates a more comfortable environment, such as temperature controls in each room, a familiar room for someone with dementia, and a bathroom that enables easier washing and cleaning. • Housing options that provide care are available.	• Physical safety compromised by a lack of monitoring by care staff in special housing • Physical barriers such as uneven thresholds and changes in colors which are difficult to manage for individuals with dementia. • Housing costs are prohibitive, especially when caregiving services must be included also. • Housing that is not accessible for the disabled, including the homes of other people. • A lack of housing options which provide quality care for those with dementia and other serious disabilities.	• Place locks on doors and cabinets when someone with dementia reaches a certain stage; security systems can also help with monitoring. • Accessory dwelling units for those with dementia that have secure exits to allow for caregiver respite at times. • Remodel housing to create environments that resemble past housing for individuals with dementia. • High toilets help caregivers provide toileting assistance. • Radiant heating in the floor can create personalized heating environments for increased comfort of caregivers and those receiving care. • Replace grass with pebbles to create a barrier to help keep individuals with dementia from wandering off.

Summary: The housing-related topics receiving the greatest attention by caregivers concerned safety, accessibility, cost, and quality. Caregivers reported that many aspects of poor housing that had existed in their or the older adult's home had been mitigated through remodeling, although support from the government was not always adequate; this lack of support was seen as a barrier to age friendliness. Housing costs also were considered a barrier to age-friendliness; although quality housing options that provide care are available (e.g., foster homes, assisted living facilities), their cost was seen as too high for many, and poor quality of other facilities was considered a barrier. Suggestions centered on ways to remodel homes to enhance the safety and comfort of homes, especially for persons with cognitive impairment (e.g., build accessory dwelling units, install high toilets, improve the heating system, such as through installing room-specific thermostats).

Quotes:

DEMENTIA AND PROBLEMS WITH CHANGES IN FLOOR COLORS - "Mom went through a period of time…as the disease was progressing, where if there was a change in color, like from the bedroom to the hallway, the rug to the carpet…where she wouldn't step over it, there would be times where she couldn't make that step. It was like a hole to her, from what I've read what it's taught me is it was probably like a hole to her, and I definitely experienced it."

THRESHOLDS - "At the end, even the small threshold was a lot to pick her feet up to go over."

HARD TO GET FUNDS FOR INCREASING ACCESSIBILITY - "When I brought my [parents] up here…I paid to have my house remodeled to be handicapped accessible. I called [Medicare] and …they were willing to give me a wheelchair…but they were not willing to let me have a $15 bathroom rail to hold onto, and to boot you could have no shower rails; you had to pay for those…[Mom] had a hard time standing up to get herself to the commode…they would not allow me to have a bedside commode because if she could get up to stand up, she could go to the little girl's room… they would rather pay for a nursing home and fracture your hip, have more strokes…"

HOUSING OPTIONS AND AFFORDABILITY - "The area has a lot of different [housing] options when your needs change, when you can't stay at home any more…The level of options available depend[s] on your money. There's foster homes…residential care homes, retirement homes, assisted living, nursing homes."

FOSTER HOMES - "Mom was in a foster home for a month when I broke my leg. I did a lot of research before I placed her for that month. The criteria I had was that they had to get their residents out into the general area; 3 out of 12 that I looked at didn't [make] sure the residents got out. [That] means the other 9 let the people sit in their room all day long. Somebody with dementia, they don't have the initiative to get out on their own. I'm sorry, there is something very wrong with that."

REMODELING FOR DEMENTIA - "I did make adjustments to my house when I knew [my mother] was coming…I added on 900 square feet, moved my office downstairs…With my office downstairs, Mom wouldn't get into my work area, and we have a one-car garage downstairs, so I built a terrace over the garage for her, and with no stairway out of it. It's on the second floor, so she can go out but she can't get down, but the front of the house is on ground level…I put locks on things, the house has a pantry and locks on the pantry…I really started locking it because after she drank the bottle of vinegar…she thought it was wine."

DUPLICATING LIVING SPACES FOR INDIVIDUALS WITH DEMENTIA - "I built a room for her [that] was mostly a room for her that duplicated the space she had [previously lived in]. I arranged it so her furniture would fit in there exactly the way it did in Florida…so she was right at home. And I also got a stacked washer and dryer up there with me in the kitchen, so I could put her clothes in, her pajamas in the dryer [at] night before I changed her for bed, [so] she had nice, warm pajamas."

MAKING TOILETNG EASIER - "I thought Mother would be in a wheelchair, which she never was,[but] I made sure the shower was very large, and I built a ¾ glass wall, put the bars all around…2 years ago it became difficult for her to use the toilet…I was able to get the new toilet washlet…a toilet [that was] a little higher [with] a combination bidet…the seat is always heated,

so it made it convenient for her…it has a remote control so I could wash her bottom…I think it was about $1600.”

HEATING SUGGESTIONS - “I put in radiant floor heat in the new addition…Mom used…to play with the controls [on the gas furnace] because she was cold…I just made a point of having the back of the house, where the radiant floor was, at a different, warmer temperature, so she would gravitate to her room back there…It was a big room, it was 20x17 feet with a 14-foot ceiling, and it was a nice room for her…it [made it] possible to have 2 different temperatures in the house.”

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Respect and social inclusion	• Members of the community are polite and helpful in responding to needs. • Respect is offered to the caregiver and person receiving care. • Intergenerational interactions and activities are positive features.	• Politeness not shown in certain establishments and in public, especially to individuals with cognitive impairment. • People who do not listen or respond to individuals with cognitive impairment. • Poor choices in seating at events such as concerts and the cinema for those with disabilities.	• Provide accessible and preferred seating in concerts, the cinema, and other events. • Foster intergenerational interaction and activities.

Summary: Caregivers reported that people in Portland generally are helpful and offer respect due to one's age. Politeness was also reported as evident in the community and as an age-friendly feature. At the same time, caregivers cited instances of lack of politeness, and most felt that people often do not listen well. Caregivers also felt there is a lack of choices for the person/s they were caring for, such as poor seating options at events. One age-friendly aspect that seemed particularly important concerned intergenerational activity that was present among children in the neighborhood and at places like church. Suggestions were to provide better seating and access for older adults at events, and to foster intergenerational interactions and activities.

Quotes:

LENDING A HAND - "I'm enjoying that now, I'm just 65 this year, but now with the snow storm, I had a neighbor come over and shovel the entire driveway for me, and I've gone down to get my mail and somebody else, one of the other fellows in the neighborhood saw me and ran down to escort me back to the house. I thought that's pretty nice."

INTERGENERATIONAL CONTACT - "I have some kids that come by, for some reason kids hang out at my house, I have a niece who is about 35, and she has kids she keeps, she's a babysitter, she's my babysitter as well, and the kids she keeps during the day, they come over and they just flock to my aunt, they just go lay up on her, and she just loves that."

SEPERATION BY ABILITY - "I have found, at least in the Portland area, that the outdoor events and musical events and things draw a huge crowd of all different ages a, but they still separate us, they still put us in that box."

LIKE SHE'S NOT THERE AT ALL - "Did you ever experience where your mom would ask a question and they would look straight at you and give you the answer like she was not even a part of the world? Like she's not there at all."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Social participation	• There are social activities for older adults and their caregivers. • Many events/ activities are affordable or free. • Activities are conveniently located in Portland's center and nearby venues and are held with relative frequency for caregivers. • Activities with animals and pets, which foster social participation, are available at respite centers and in the general community. • There are abundant educational opportunities for caregivers, as well as respite care if needed. • Spiritual and religious opportunities are available. • There are many opportunities for dining out.	• Opportunities are not always conveniently located or offered with enough frequency.	• Involve animals and pets in caregiving activities, including the zoo, fairs with farm animals, and therapy pets. • Church activities are good for those with cognitive impairments, especially if they have been attending their whole life. • Respite care opportunities that allow for multiple individuals receiving care would make attendance easier on some. • Leaving early from events allows beating the rush of a crowd.

Summary: Caregivers reported many age-friendly features related to opportunities for social participation by older adults in the city of Portland. All respondents felt that there is support from the community for engagement in social activities on the part of those receiving care and their caregivers. Most respondents mentioned activities that are affordable and convenient (i.e., location and frequency), although some activities were felt not to be convenient. Opportunities for interaction with pets and animals also were seen as an age-friendly feature. Respondents also felt that Portland offers quality educational opportunities (for caregivers), spiritual/religious activities, and a variety of different types of social activities. Options for dining out also were mentioned as an age-friendly aspect of the city even though dining out also was reported to be difficult for those with cognitive disabilities. Suggestions to enhance social participation included involving pets and animals in caregiving; providing respite care for caregivers; attending church events that are familiar, especially for those with cognitive impairments; and leaving events early to beat the rush of crowds.

Quotes:

GOING TO THE ZOO - "Going to outdoor concerts, my mom loved the outdoors, and the one I found that was easiest to take her to was the zoo because of the paved trails and stuff."

THERE IS SOMETHING TO DO AT CHURCH EVERY DAY OF THE WEEK - "Most of my activities revolve around the church. We go to bible study, we go to choir rehearsal, and whatever else activities they have there. That's the most of my activities…There's something going on at the church every day of the week, and because [my aunt] loves it, and because she was so active in working with the church and church activities, I know that's where she likes to go because she lightens up; she turns into a different person."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Communication and information	• Information sheet for respite care • Bulletin at senior center that tells what activities are going to be held at the center • The public library can be of some help	• Lack of a central place for accessing information • Service providers who talk to the caregiver, not the older adult him/herself • Lack of central clearinghouse for information • Lack of useful information (e.g., support group and employer (government) website and advice line of minimal help) • People don't know about resources, won't use services	• Create a caregivers' bulletin, caregivers' section in the newspaper, and/or caregivers' website • Establish a central clearinghouse for information across the metro (3-county) area

Summary: Caregivers focused a great deal of attention on this topic, in particular, and felt that they needed more information and opportunities for information sharing. They were frustrated by not knowing about services and opportunities that could be useful, and by having to go to multiple places to get needed information.

Quotes:

LACK OF INFORMATION IN CAREGIVER SUPPORT GROUP - "I didn't get as much in material and resources out of it as I would have like to. I guess it was just trying to relieve my stress. I would have like going to these activities and having been given some of this other information about things, and that was lacking.

FAILURE TO ADDRESS OLDER PERSON – Participant 1: "Did you ever experience where your mom would ask a question and they would look straight at you and give you the answer like she was note even a part of the world? Participant 2: "Like she's not there at all." Participant 1: "Yeah."

NO CENTRAL POINT OF INFORMATION – "The counties all have their own kind of information…I fond myself going through Multnomah County, then going through Clackamas County, then Washington County, and that was a lot of extra effort. I with someplace there was everything together."

POSSIBLE SOLUTIONS – "You know, what I wish they had is a caregiver's bulletin, for caregivers…or a caregiver's section in the newspaper or something, because look at the ideas and stuff we've shared, and then you learn from that every time, but there doesn't seem to be a caregiver's website." [AUTHORS' NOTE: But actually there are several websites, and one specific to Oregon.]

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Civic participation and employment	• Opportunities for elders receiving care to volunteer, to keep busy, feel are contributing	• As caregivers, not enough time, energy	• Give volunteers a bus pass

Summary: There were very few comments on this topic on the part of caregivers. They saw volunteer opportunities as important for seniors in their care, as this gave a sense of meaning and usefulness to the seniors. Volunteering and civic participation was seen as out of the question for the caregivers, however, due to their heavy involvement in caregiving.

Quotes:

IMPORTANCE OF VOLUNTEER ACTIVITIES – "It's extremely important to keep themselves busy; it's very important [for seniors]."

VOLUNTEERING WITH ASSISTANCE FROM THE CAREGIVER – "The Latter Day Saints have a work day every year…and I'd go help them and I'd take Mom along…but I would be there facilitating."

NOT POSSIBLE FOR CAREGIVER - "In my case, that's [volunteer work and employment] totally out of the question."

RECOGNITION FOR VOLUNTEERS - "It would be nice if the bus company gave the volunteers a bus pass."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Community support and health services	• Excellent range of community-based social and health services available (e.g., respite care, adult day care for seniors, tuition-free college classes for seniors, referral service for trusted home repair contractors, aqua-therapy classes) • The availability of informal support from neighbors, friends, church • The availability of free services for elders and their caregivers (e.g., free days at zoo, museums, fairs) • Responsiveness/tailoring of services to individuals' needs	• Lack of knowledge about services available (see also Communication and Information) • Lack of geriatricians in the Portland area • Poor quality of health and dental care for older adults • Lack of oversight or monitoring of care • Staff in facilities who do not speak English	• There needs to be more supervision of care in facilities

Summary: This category received a large number of comments, both positive and negative. Most comments about community support services made by caregivers concerned information sharing about the types of services available in the community (one participant didn't know about adult day care, for instance), and the help received from neighbors and friends. Few suggestions were provided directly; these were implied from barriers.

With respect to health services, comments were much more negative in nature, with complaints about lack of physicians and dentists with adequate training in geriatrics, lack of oversight of nursing and assisted living facilities, lack of insurance coverage for health-care related needs and thus lack of affordability of care, and poor quality of care. There were positive comments too, although fewer in number, about particular health services that were provided/paid for by insurance and the quality of health services.

Quotes: RANGE OF SERVICES

RESPITE CARE - "I took her to, it was a care facility. She stayed there for about 10 days until she was able to be mobile, and I brought her home. And I still have the caregivers come in to give me a break during the day so I can do the things I need to do. She can't stay by herself because she gets into stuff. She's just like a kid…So I have to be very vigilant when it comes to her."

ADULT DAY CARE - "The [organization name] day cares they have in town are incredible, and I don't understand how more people don't use them…it's daycare, wonderful, absolutely wonderful.

They [seniors] get out for the day, they socialize…If they go to senior centers they can't – somebody with dementia can't – hang out, they can't hold on; the other seniors are mean to them because they can't keep up, but at these daycares, they can interact, they can do social programs…"

SENIOR CENTER - "The Multnomah Center [senior center]…was a destination, and it was a nice place [for caregiver and her mom] to get out of the house…it wasn't threatening at all. There were a lot of older people there; it was very nice and never cost anything. They also sponsored a foot clinic there…you make an appointment and get a pedicure for seniors, so that filled another need."

SCREENING OF CONTRACTORS - "The other thing I've used is down at the senior center…they have a "Senior 1 Services" number you can call…to get contractors to come do repairs…We were women alone, and you feel kind of nervous about having contractors coming in, so that was one of the other services I found very, very valuable…to be able to get contractors that you could trust; they were pre-screened."

CASEWORKERS - "I worked a lot with Mom's aging services representative, the County woman; they're wonderful, and they can do a lot for you. They are constantly cutting back on those people, and they have huge caseload, and working part time, I don't know how they do it. They really are, they know a lot about the services. If you get a good one, you're very, very lucky."

Quotes: *ACCESS/AFFORDABILITY OF SERVICES*

END OF LIFE SERVICES AVAILABLE - "When I put my mom on hospice, life took a huge, blossoming turn [due to complete range of services available and paid for]."

TRADE HOUSE FOR HELP? NO, THANKS - "When I brought my aunt [home] from the hospital, the state had the state nurse association come out to make assessment, and the first thing the lady wanted to know if she [aunt] owned the house. I said yes, then she said for the state to help, she'd have to sign it over, and I said we can end this conversation right now. And we did."

PRIVATE PAY ONLY - "The down side of it was she couldn't stay there [specialized care facility] forever because she ran out of money; they do not accept anything [e.g., Medicare, Medicaid]."

NURSING HOME NOT AVAILABLE - "They kept her overnight at the hospital, then trying to get her released into a facility for nursing care, there was nothing available…we ended up having the visiting nurse come to the house, sponsored by Medicare. That was really not appropriate; she really needed to be somewhere, and that didn't happen."

"There's really a very severe lack of qualified geriatric doctors in this area…"

Quotes: *QUALITY OF CARE*

NO REGULATORY OVERSIGHT - "If it was not for the circle of us that come and see her all the time [in an assisted living facility], they would get away with murder. There's just no regulation, there's no monitoring…In a [nursing] facility…they're not perfect either, but there is more human contact, more watchful eyes, I think, that goes on…I think what they [assisted living] can offer is tremendous for the caregivers and the person, but I think that they do need to have far more supervision."

STAFF TURNOVER - "The turnover we saw [at the nursing facility]…it got to the point they hired people that didn't speak a word of English, and I had a real hard time with that…how were they going to know what somebody needed if they couldn't understand them, or they couldn't speak to them…"

POOR TRAINING - "I had a bad experience with a dentist…I ended up getting talked into having [mother's] teeth extracted, and he should not have extracted all of them…because he couldn't really fit her with the dentures…I said, "You don't realize what you've done to me; now I'm having a terrible time getting her to eat." I said, "This was totally unnecessary, and you really need to rethink what you're doing here…"

Summary Sheet 3 – Service Providers

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Outdoor spaces and buildings	• Public and private buildings are often required to meet disability standards, especially new developments and redevelopments (e.g., libraries, grocery stores). • An elderly-friendly business guide and audit system has been created by a voluntary group. • Safe routes to and from community centers have been created by a public sector group. • Some newer developments have pedestrian infrastructure friendly to older adults. • Certain programs have targeted improvements in this area, such as pedestrian access between transportation and services. • Sidewalks, curb cuts, non-slip strips, and crosswalks provide safe environments. • Parks and green spaces exist; the City Parks and Recreation department is a particular strength of the City.	• Pedestrian infrastructure including sidewalks, curbs, intersections and parking lots, is inadequate, even "hostile" in certain areas (e.g., the hilly areas of the city and away from the city's core. • Buildings, especially older ones, are not accessible (e.g., have insufficient room for wheelchair access), are poorly maintained. • Crowded, busy areas and areas of construction (e.g. downtown). • Insufficient access to toilets, especially in parks or for pedestrians. • Lack of rest areas and benches in some businesses.	• Have businesses use the age-friendly audit system to improve their establishments would help in enhancing age-friendliness, as well as perhaps increasing customer traffic. • Train volunteers how to audit businesses for age-friendliness so that can improve establishments within cities. • Create safe and accessible pedestrian routes to and from transportation and major destination for older adults (e.g., community centers, libraries) • Provide places for individuals to rest both inside and outside of establishments to improve shopping and leisure experiences. • Theaters and cinemas should provide headphones for enhanced audio enjoyment. • Place chess boards, checker boards, and other outdoor recreational infrastructure in

			parks and open spaces.
			• Create bicycle boulevards guarded against traffic to encourage use and enhance safety.
			• At crosswalks, use signals with a visual and audio cue as to how much time remains to cross; extend the amount of time for crossing streets.
			• Place street lighting at closer intervals throughout the city.

Summary: Service providers' comments focused especially on buildings and indicated that many buildings were designed to be accessible to older adults and persons with disabilities, particularly new or remodeled buildings, as this is a federal requirement. Other age-friendly features mentioned frequently were parks and green space and pedestrian infrastructure in certain parts of the city (mainly in the center and close-in areas). The two most commonly reported barriers to age friendliness were older buildings that were not accessible and poor pedestrian infrastructure in hilly areas and on the outer edges of the city's boundaries. Suggestions included: increasing age-friendly evaluation and improvement of businesses (a service currently offered by a voluntary organization in Portland); designing and implementing pedestrian environments that meet the needs of older adults and persons with disabilities; providing rest areas (including benches); improving street lighting; installing audio cues at crosswalks; providing recreational games (e.g., chess, checker boards) in public spaces; and creating bicycling areas.

Quotes: OUTDOOR SPACES

PUT GAMES OUTDOORS - "I was thinking about the New York City model…the parks there had sort of permanent chess boards, or checker boards, and all the old guys that have known each other from the neighborhood in Brooklyn forever would go and play whatever, cards, or checkers, and it was an absolutely wonderful model of social connection for them."

STREETCAR-ERA URBAN FORM - "A streetcar area environment [is] oriented and provides surveillance and some of those things I think were talked about earlier - about that very supportive community looking at the street with really good neighbor sorts of things…Once you get outside that [urban core] it becomes a very 1950's development partner [that] never saw street cars…It's very, very challenging and it's much more spread out, and instead we have to locate new transit facilities, figure out where to concentrate, high density nodes or development clusters, where they could work together and people could walk to."

SAFE ROUTES FOR SENIORS - "A few years ago we did a research…in 10 neighborhoods in Portland, and gave our recommendations to City Council, which adopted them, which is great. And the Portland Department of Transportation has been embracing some of them, and has created

safe routes for seniors…somebody actually put senior and pedestrian thinking, also bikeways too, doing more, so I think that's half the battle…getting people to plan for walking spaces and pedestrian places."

PORTLAND'S HISTORY OF GREEN SPACES - "Historically I think Portland did a very good job of creating green spaces throughout the city, and especially again if one lives in one of the older, core, urban neighborhoods, they're very accessible I think, and a real amenity."

AUDIBLE ALERTS - "I think there isn't a standard…about the audible alerts, and if you have to push a button to walk across the street, or where the button is located, if there was a more uniform, like a standard for how those pedestrian signals are accessed and put in [that] would be great."

Quotes: BUILDINGS

COGNITIVE ACCESSIBILITY - "The other thing I really begin to think about is cognitive accessibility of an establishment, so not just is it physically accessible, can you get in, but once you get in does it make sense? And so New Seasons [grocery], I think, is higher on the cognitive accessibility scale, where there [are] other grocery stores where I get disoriented. So I can only imagine what it would be like for somebody who is a lot older."

NEW CONSTRUCTION MUST BE ACCESSIBLE - "I do know that the City requires you to construct any new construction so it's accessible for disabled people or elderly people to move in and out. Our office building was just remodeled about 5 years ago, and believe it or not, the City required us to have, from our parking, 3 levels, a ramp that's off the parking lot, to go all the way to the ground floor level, which nobody ever uses, but it's a requirement, especially when you get permits to do any kind of construction work for public people, or public places. And I think it's a good thought, I think it's a good thought."

AMERICANS WITH DISABILITIES ACT - "It's a requirement, an [American with Disabilities Act] requirement for public buildings [that] 25% of any money spent remodeling a building used for business, public access has to be put toward making it accessible…No one is addressing the structure that's sitting there and not changing, so that's "grandfathered in." And there are no ADA police to make anything accessible, which is unfortunate because I think there are many public buildings, municipalities, government or whatever...[in] privately owned businesses you wouldn't have a business if people couldn't get into your store, and you look at this building, you walked in and there were stairs, so that's not real accessible for some."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Transportation	• Public transportation in Portland generally is age-friendly, and includes special services for the disabled and those with income restrictions and medical needs. • Public transportation is accessible for older adults and disabled individuals and includes the coordination and administration of programs, as well as training in how to use the system. • Private transportation providers such as hospital and care centers provide independent services that are also coordinated by public entities at times. • Convenient access to transportation stops, include organized pick up points for special events. • Carpooling and volunteer driving services are available and used.	• Traffic and other drivers on the roads. • Public transit is insufficient, especially in areas away from the City's center and during non-peak hours (e.g., nights and weekends). • Special services for the disabled that pick up late have long routes, take a long time to get to an individual's destination, and arrive at the drop-off location later than expected. • Not enough parking that is conveniently located for disabled individuals and older adults, especially in the downtown core. • Inadequate safety and security on public transportation, especially at certain stops and stations and at night.	• Educate older adults about how to use public transportation and the transportation services available. Explain the benefits of one mode over another, and make training available in multiple languages. • Create accessible stations and stops having protection from inclement weather. • Create safe bicycling routes that are protected from automobile traffic to promote bicycling. • When giving driving directions, include major visual landmarks and parking options. • Create car-free zones that are pedestrian friendly. • Taxi companies should know when events are ending and have taxis available, especially in the evening. • Have more public transportation available at night and on weekends. • Promote vehicle donation programs to encourage giving up driving and getting services in exchange. • Develop easy-to-read signage for

			downtown areas and important destinations.
			• Create "honored citizen" parking that is age-specific rather than ability-specific.

Summary: The majority of service providers considered the availability of Portland's public transportation system to be a feature that was age-friendly; many of them also mentioned accessibility as an age-friendly feature, especially the special services offered to those with special needs. Aspects seen as needing improvement included the timeliness of special services. Traffic and other drivers were considered the biggest barriers to age-friendliness of transportation in Portland. Suggestions included those to: educate older adults on how to use public transportation; improve services on transportation (e.g., make them more accessible, increasing night and weekend service); create "honored citizen" parking (rather than disabled); develop better signage; create more bicycle and pedestrian areas; and improve the accuracy of information provided by drivers (e.g., taxi drivers' knowledge and directions given).

Quotes: PUBLIC TRANSPORTATION

FILLING THE GAPS IN THE PUBLIC TRANSPORTATION SYSTEM - "A very large percentage of the population in Portland doesn't take the bus, or is not familiar with the bus, or hasn't taken the bus in the past. In fact a large percentage of older people and aging adults believe you simply go from your car to our [special disabled] program…which is door to door…But the eligibility process that we use is not set up to really effectively identify people that probably could be channeled into training programs….therefore we wrote a program…called Ride Wise…to assist people with accessing all public and the other sources of transportation…how to use the trains, how to use the streetcar, now of course the tram is a big attraction, and how to plan, how to plan those activities trip by trip…"

A FABULOUS SYSTEM, BUT… - "Tri-Met (Portland's transportation system) is a fabulous system, however, a lot of elders that I've talked to say that in theory it works very well but in practice not always…They wait and wait 2 or 3 hours for someone to show up, a lot of problems for seniors who have doctor's appointment, and they wind up being very, very late and have to reschedule…That can become really problematic, particularly if they have a serious medical issue that needs to be looked after or monitored."

LEARNING ABOUT BUSES AND TRAINS - "It's learning and realizing that all the buses are accessible…people might not have ridden a bus for 20 years, and they think it's really hard to get on the steps, don't know how to navigate. But they've made so many changes to make it more elder friendly, so it's kind of getting the word out about Tri-Met, and there are options...learning about all those options that are available."

Quotes: PRIVATE TRANSPORTATION

WHERE ARE THE TAXIS? - "I don't see a huge number of taxis in the city, and there are many older adults who don't need [to use Lift], or don't need anything, but don't want to drive in the evening. And I guess you could call ahead and have them come, but if you're going to the

symphony, there aren't taxis outside; there aren't taxis like in many other cities. My experience with taxis [is that they are] significantly more expensive here in Portland."

A GREAT DONATION PROGRAM - [I know of this] vehicle donation program…[older adults] would donate their vehicle to a charitable non-profit, then get a credit for Tickets to Ride, the program was called Ticket To Ride, and then the charitable non-profit had a transportation program. So if your car sold and was donated for $3000, then you had a $3000 credit to use for their transportation program. And it was a small enough clientele pool that the transportation was reliable, and very accessible, and no problems making appointments for store, or church."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Housing	• Housing located close to services, especially in the downtown area and designated growth areas in Portland (intentional growth with housing, transportation, and services combined). • A sense of community exists in many housing environments, especially those that are shared housing complexes and larger units where interaction frequently occurs. • Multigenerational housing situations and neighborhoods provide a sense of connection to people of all ages and a chance to combine skills and resources and improve everyone's experience. • There are many housing options that provide care as well as shelter.	• Housing costs are high in Portland; there has been a steady increase over the past decade and a sharp increase in the last 2-3 years. • Conversion of apartments to condominiums causes displacement and gentrification and disrupts social support systems. • Housing outside of the city center is less likely to be located near to necessary services, leaving older adults (and others) dependent on an automobile, isolated, or forced into moving. • Current housing stock does not offer enough accessibility to older adults and the disabled, thereby deterring individuals from aging in place when they experience disability and functional limitations.	• Older adults should purchase housing that is located near transportation and services, such as medical centers and shopping areas. Even though central city housing may not be affordable, other potential areas exist. • Co-housing opportunities that have shared common space and responsibilities must be explored. These types of arrangements are cost effective and provide social support, as well as quality housing units. • Remodeling for accessibility may be expensive, but it can save money in care costs if done correctly. • Individuals should be encouraged to think about how they might age in place early in the life course. This includes considering current housing and remodeling options. • Multigenerational housing designed for people of all ages and abilities (e.g., universally designed) should be encouraged.

			• Housing that allows older adults to have pets should be encouraged, as pets enhance quality of life for some individuals.

Summary: The barrier to age-friendliness reported most often by service providers concerning housing was the lack of affordability. High rental prices, increasing property values and thus taxes, and apartment-to-condominium conversions have left many older adults without adequate access to quality housing. Gentrification of neighborhoods has occurred, and the amount of publicly subsidized housing has dwindled. Several age-friendly aspects of housing also were reported by service providers, including the availability of housing that is within close proximity to important services, is multigenerational, and that maintains a sense of community within the housing unit or neighborhood. Suggestions included: older adults should purchase housing near services; developers and governments should explore and foster the development of new housing opportunities (e.g., co-housing, multigenerational); housing should be remodeled to improve access and/or increase income; congregate housing options that allow pets should be developed; and older adults should consider what their housing related needs will be and make the necessary changes in order to be able to age in place.

Quotes:

THE ARTICLE ON ACCESSIBLE UNITS IS GOING TO BE SHORT - "I have a specialty in kitchen and bath design but I also have a designation of Certified Aging in Place Specialist, which is designing homes and remodels to make them work for people as they age, or as their needs change…there are lots of old houses in Portland that are not accessible, especially the inner city; the close-in housing is either very old or very new…they rebuilt some of the condos in the downtown area, but for the most part you've got a lot of old houses that aren't accessible…A couple of my projects were mentioned in the Oregonian in December, which started with a reporter calling me and telling me he was writing an article about new homes in the Portland area, brand new construction built to be accessible, and I laughed and said it would be a very short article. And he said, 'How did you know?'; I said, 'Because there aren't any.' There's actually one, a condo project in Vancouver that is being built with elevators; it's a multistory. But he ended up writing the article about the remodeling that I was doing on older homes, and some on that project. So from my perspective we have a long ways to go."

THE PORTLAND WAY OF PLANNING FOR HOUSING AND SERVICES - "Given what I've seen in other cities, especially American cities, Portland seems to offer maybe a little bit more…the land-use planning idea of concentrating civic facilities, grocery stores, commercial areas along corridors, then supporting those corridors with transit and alternative modes of transportation, and thinking about pedestrian friendliness and the ability of people to walk around and not have to drive everywhere, again, has worked to a certain extent in the inner part of the city…We're experiencing some challenges as we move father and farther away from the city's core; it becomes more and more difficult. Again, affordability issue is always an issue, but I think we're seeing a lot, we're learning a lot and we're trying to figure out how to best evolve the system in a way - thinking about the population, as a big chunk of it will become elderly - to meet that criteria for an older person and being able to age in place, I guess is the word."

AFFORDABILITY IS A BIG ISSUE - "Affordability is a huge issue…especially downtown, when we worked to pass the housing preservation ordinance with the City, because they were losing so many houses that had been funded through [low income federal housing loans and housing vouchers] for like 20, 30 years...also the accessibility to things that are downtown, accessible to services…people want to live downtown…"

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Respect and social inclusion	• There is respect for older adults; this is especially evident among the organizations that advocate for older persons and disabled individuals; honoring older adults was a common theme among organizations, as was promoting positive images of aging and older adults. • Programs and services are responsive to the needs of older adults; they attempt to understand older adults' needs and work to improve their lives and the environments around them through thoughtful interactions and engaging the populations they are trying to serve.	• Respect for older adults is not always demonstrated; some residents appear to be ignorant of the aging process. • Portland is seen by some to be youth-centric and ageist.	• Some older adults would prefer to be recognized, rather than to be given help. • It is important to educate individuals about aging and to foster contact between generations to break down stereotypes and barriers between generations. • Embracing aging and inevitable death can help begin the process of developing respect for older adults. • Be patient with older adults as it will help all parties involved. • Advocates to accompany older and disabled persons to doctors' appointments and health care settings will be needed to help with receipt and delivery of important information. • All people should be respected. • Organizations and agencies in the community should consult and listen to older adults, as they can be important eyes and ears of a community. • Communities need to reach out to

| | | | younger individuals and engage them in community affairs. |
| | | | • Long-term "care" should be called long-term "living" to avoid the negative connotation of "care." |

Summary: Service providers reported politeness toward older adults as both an age-friendly feature of Portland, as well as a barrier, with both positive and negative interactions being reported. Service providers felt that Portland's responsiveness to the needs of older adults was reflected in the range of services and programs offered and that this constituted an age-friendly feature of the city. Instances of impoliteness (e.g., on public transit) also were cited, however. Suggestions focused on engagement and education on the life course and the aging process, showing respect through more appropriate language (e.g., long-term "living" instead of long-term "care"), and increased advocacy and assistance for older adults with respect to service and program delivery.

Quotes:

HOW TO SHOW SOMEONE RESPECT - "[To respect] someone, you take the time to listen to them…I think that doesn't happen a lot. I think some people are just kind of fluffed by as far as not giving someone the time to talk about something, or listen to them. And in the buildings I work [in], you listen to the same story quite often, but I think you still try to give that person time, and give them respect to tell their story."

PORTLAND IS TOO HIP - "There's a lot of stuff going on that's appealing to older people, but my general sense of Portland in the last few years in particular is it's very youth oriented - a community kind of full of itself, I guess is my judgment - but as the most hip, forward thinking, weird, all those great things. And that's Portland's entire identity, and that's a pretty limited view, and not very friendly, I think, to a lot of older people…it's incomprehensible, lots of aspects of that culture, to older people. It's incomprehensive to me, and so there isn't a lot of bridging, I guess I would say, from that viewpoint."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Social participation	• There is a great variety of interesting options that can be engaged in by older adults, disabled individuals, caregivers. • Support for social activities comes from many sources, such as neighbors, family members, and advocacy groups and support organizations for older adults and disabled individuals. • Although Portland is not considered to have one strong religious identity, there are many opportunities to be engaged socially through church and other spiritual activities. • There is strong support for educational opportunities in Portland. This includes formal classes at the university, informal community classes, and skill development classes such as in the use of computers.	• Opportunities for diverse ethnic and culture experiences are not supported by the community as much as is desired. This may be due in part to language barriers, as well as Portland being comprised primarily of Caucasians.	• Promote physical activity as a means of social participation and healthy aging; improve programming and provide access to exercise equipment. • Install chess boards, checker boards, and other outdoor recreational infrastructure (e.g., a place for bocce ball or boules) in parks and open spaces. • Churches are a good avenue for engaging older adults. • Some people prefer to disengage from social activities as they age, and this should be respected. • Encourage seniors to establish a routine in retirement that includes social participation and engagement. • Create high density residential and service nodes to increase opportunities for interaction and social participation. • Establish reading and discussion groups to engage older adults socially. • City Park Bureau programming can provide opportunities for social participation

			and healthy aging.
			• Affordable activities should be created by subsidizing certain programs that are considered valuable in the community.

Summary: Service providers generally felt that Portland offered a variety of opportunities for social participation on the part of older adults and provided considerable support for social activities, quality spiritual/religious activities, and educational opportunities. They saw room for improvement in the areas of multicultural exchange and opportunities for low-income seniors. Improvements in urban design and infrastructure (e.g., creation of recreational space; development of high-density centers that include services, housing, and places for social interaction), as well as the use of programs aimed at increasing physical activity also were suggested as ways to improve social participation of older adults.

Quotes:

WHAT ABOUT LOWER-INCOME SENIORS? - "It sounds like there actually are quite a lot of programs and things out there, so I'm curious…about how the seniors, especially ones who are perhaps at the lower end of the income scale and want some of these subsidized type activities for whatever, [I'm curious] about the information process…[if] the information is out there, or that it's not out there, that people have access to the information on these programs, or that they just don't?"

WE CAN DO A BETTER JOB - "I will say this, being an operator of the senior center, while Portland Parks and Recreation does a pretty good job of programming, I think the City of Portland does a terrible job of supporting senior centers. When I look at senior center facilities in other cities surrounding Portland, cities throughout Oregon and throughout the U.S., the facilities we have in terms of senior centers in Portland are rather pathetic, and the public support of those organizations is terrible, and I think that in the future if we consider who senior centers serve, it tends to be, again, lower socio-economic folk that don't have access to [private gyms]…we can do a better job."

UNIVERSITY CLASSES - "Many of the universities and colleges allow seniors to take the classes for almost nothing…they can take those classes for no charge at all, so they're giving them the opportunity."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Communication and information	• Information about services is available • The County has a 24-hour, 7-day a week staffed (no voice mail) telephone helpline for information regarding all services for seniors • The internet is useful, including the website: www.oregonnetworkofcare.org	• Information is not accessible to all (especially information on the web for older adults without computer skills) • Information is sometimes difficult to understand or use • Information on the web can be outdated • Communication media (e.g., television, radio, newspapers) is not accessible to older adults who do not speak English	• Have a single ("one-stop") central access point for information on services (e.g., telephone helpline) and make it widely known • A telephone tree (informal communication by phone) may be the most effective means of communication about events and services for those who do not speak English • Share information on daytime television and cable channels to reach those who don't read

Summary: Service providers' comments focused on the availability and accessibility of information. The County's telephone helpline was viewed as a key positive feature, as it is staffed by a live person 24 hours a day, with access to interpreter services to accommodate many languages. A website that contains information about services also was viewed positively. Barriers to age-friendliness included lack of accessibility and usability of information, especially for elders without computer skills. The key suggestion concerned the importance of having one central source of information about services and activities for older adults.

Quotes:

A REAL PERSON IS ON THE PHONE – "Our Helpline is still answered 24/7 by a real, live person, and that makes a huge difference."

GETTING OUT THE WORD - "They give out little cards [with the Helpline telephone number on them]; they're now available in almost any language you can think of, and we now have our Network of Care web address on there, too."

DO A BETTER JOB OF PUBLICIZING THE HELPLINE – "There is one phone number called the Senior Helpline that people can access all services through that phone number; and maybe that's something we can do is do a better job of getting that phone number out. It's in every one of our program guides, but it seems like it should be on billboards or something…in the front of the phone book, the

yellow pages."

IS INFORMATION ON THE WEB CURRENT?- "[Information on the web] is only as good as the information that's there, that's updated, and that takes some work."

REACHING NON-NATIVE SPEAKERS – "In the Russian community…they're certainly not going to watch TV, they're certainly not going to listen to radio because they can't understand what's being said…There is a Russian paper, but they have to go out and get it; it's not delivered…Really, the best way for these people to stay connected would be a phone tree; that way when one person finds out they tell other people. And if we had this more institutionalized where people did it on a regular basis, perhaps at least in the Russian community people would be informed and updated as to what's going on."

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Civic participation and employment	• There are myriad opportunities for elders to volunteer and to participate in civic affairs in the Portland area • Motivations are to help other seniors, to give back to others, to have a meaningful experience • Older adults are good employees and volunteers	• The nature of the volunteer experiences sought is changing (to be more flexible, meaningful), yet there is still a need for people to help with routine tasks • Some elders lack motivation or access to information about opportunities, especially seniors with lower incomes • A staff person is needed to coordinate volunteer activities • Opportunities for paid employment are not as plentiful as desired	• More meaningful experiences are needed for volunteers • Provide some remuneration (e.g., pay, bus pass, health benefits)

Summary: Service providers felt that there were a plethora of opportunities for elders to volunteer and to participate in civic affairs in the Portland area. Several noted the changing nature of volunteer opportunities sought, especially the need for flexibility in schedule and for the activity to be meaningful or to have some other benefit for the elder. Barriers cited involved the lack of motivation or access to information about opportunities, especially on the part of seniors with lower incomes. The same elders tend to be involved in many activities and seem to be higher educated.

Fewer comments related to employment among older adults. Concerns were voiced, however, about elders' opportunities for employment; several felt that there is age discrimination when it comes to hiring practices. Another barrier to the employment of older adults can be their lack of computer skills. Alternatively, several providers praised older adults' work ethic and skills.

Quotes:

OPPORTUNITIES ARE THERE, BUT… - "There's so much…in terms of engagement that's available, if you can access it, but much more so than any other communities I've ever studied or lived in."

SOME PREFER NOT TO BE ENGAGED – "There are people who choose to withdraw a little bit, not that there's anything going on psychiatrically, that's what they want to do, disengage at different levels, and that has to be respected."

ACCESS TO INFORMATION COULD BE BETTER – **"**As a community we could do a lot more…in terms of helping people understand what the opportunities are and how to access them."

SEARCHING FOR MEANING – "We have to remind ourselves this is a huge resource of retired people that still have a need for meaning; they still have a need for belonging and a need for purpose, and to totally be engaged in our society."

MEETING VOLUNTEERS' SCHEDULING NEEDS – "One of the things we're noticing with our volunteers…they're actually older than the newly, retired, active seniors; they're 70 plus…they need more flexible schedules, they want more episodic type of volunteering situation where they're not committing to driving the same day every week. So we're having to use different recruitment techniques and think outside the box on what their volunteer opportunity or experience looks like. So maybe it is that they only volunteer once a month, and maybe it's on an advocacy, with an advocacy group, or on a committee. We're just looking at how to engage volunteers differently that will work in their schedules so we can get at the newly retired volunteers."

OLDER ADULTS AS EMPLOYEES – "Older adults [have a] good work ethic, and they usually don't need health benefits; they're just looking for some supplemental income, and they have a lot of valuable insight they can bring as an employee to a program."

AGE DISCRIMINATION IN EMPLOYMENT – "If you had a choice between a 40 year-old and a 67 year-old, a lot of people would say it's no contest, even though they say they don't age discriminate. My husband tried to find - he's been retired for about 8 years - about 5 years ago he thought, "I'll just see if I can find a job doing something with kids, a social work kind of thing…He's highly qualified; he's got a lot of stuff he could do, and he finally figured out, he's 70…he said "I'm too old." Very sad, 'cause that's a whole pool of resources…"

Topic	Age-friendly features	Barriers to age-friendly	Suggestions for improvement
Community support and health services	• This is a very supportive community in terms of formal and informal help provided • Access to service and responsiveness of services are generally good	• Access to both community-based and health services is limited for some because of some elders' isolation, cutbacks in funding, eligibility requirements (e.g., income and age), lack of trained, adequately paid staff, insurance regulations • Quality of care is negatively impacted by poor pay for staff, inadequate training, inadequate staffing	• There is a need to reach people who are isolated • Funding is needed, especially for preventive services (e.g., health promotion, recreation), adult day care, senior centers • Co-locate services and/or form partnerships for efficiency, ease of access • Reinstitute the house call for medical care

Summary: Most providers made positive comments about specific community services and/or the wide range of types of community-based services in the Portland area that help people to remain living in the community. Many also noted limitations in services, however, such as those due to cutbacks in funding, the lack of adequate staffing, the lack of trained providers, regulations that require excessive paperwork to be completed by staff, and lack of knowledge of available services on the part of older adults. Funding cutbacks and income and age eligibility requirements, along with cost of some services, limit access. Suggestions included co-location of various services, forming partnerships to facilitate getting funding for services and to deliver more effective, responsive services, increasing availability of particular services (e.g., adult day care and preventive services), and increasing responsiveness of services (e.g., culturally appropriate meals).

Comments about health services focused on the range of services available, with approximately equal proportions of providers noting positive features, limitations, and making suggestions. There were several suggestions concerning increasing the quality of health care and changes needed in the health care system.

Quotes:

SERVICES TO SUPPORT AGING IN PLACE – "One thing I see in Portland, and that I hope it really continues, is the focus on community-based care and supporting families and supporting aging in place…Medicare is looking at community-based care and making that little bit of preventative investment to save money in the long run."

ACCESS TO HEALTH INFORMATION – "I think we are on the verge of a real sea change, where we can access information about our own health and our own healthcare [on the internet]."

SERVICE SYSTEM DEVOLUTION – "The state of Oregon…as we all know, was groundbreaking, very avant-garde 25 years ago in terms of the community-based services that we created and implemented in the state and in the city of Portland. We were far ahead of the nation; in fact, many states are just now catching up. But what I've seen over the last decade is a devolution of that ground-breaking, cutting-edge progress we were once so fervent about, and that's a disturbing trend…"

THE HEALTH CARE SYSTEM IS BROKEN - "There is a terrible disconnect…between our mechanisms of funding for acute care and chronic and long-term care…"

STAFF TURNOVER - "One of the issues…is the amount of turnover in the direct care worker category…that's one of the issues that makes a huge impact in quality of care."

USE LAUNDRY ROOMS FOR OUTREACH -"They found that some of their best outreach activities came in the laundry rooms of facilities, because everyone had to go do their laundry. So you could station yourself down there and really see a lot of people, see a lot of what they were going through, gauge whether or not they were able to negotiate doing their laundry. "

REINSTITUTE THE HOUSE CALL - "I think you also need to reinstitute, nationwide, the house call; they work, and its where medicine can really happen…I'd love to see that, and I know there is a physician group now, House Call Doctors Nationally…I think that would go along way to improving care for the elderly, whether they're in a foster home or in their own home, wherever."

NOT ENOUGH ADULT DAY CARE CENTERS - "[Adult day care] is so crucial, especially for people with any sort of a dementing illness. It keeps, it slows the progression of the disease; it saves their caregivers from dying before the person with the disease; and there's not enough funding, there's not enough of them."

LONG-TERM LIVING, NOT CARE - "Long-term care is such a negative concept; it should be long-term living – you want to live your life as long as possible, and with dignity and choice, and that's what the system we created 25 years ago [was designed to do]…We have birthing classes, but we don't have dying classes…it's almost like creating the whole continuum of living from birth to when you have your choice of dying, however it happens. So I think it's just putting that shift in thinking [into place]…There is a need for educating people on long-term living…before they need the service, to plan ahead; and educate the children on different choices that are going to be there."

FOCUS ON PREVENTIVE CARE - "How do we preserve, and you know, enhance an individual's assets as they age, and I'm not talking about financial assets…we've talked about prevention forever, but I'd like to think we're beginning to really take it seriously, and understand there's all of the economic benefits in terms of long-term care… the system of providers and individually for the people that are aging, I think both sides benefit if we can really focus on prevention."

Comparisons Among Groups

OUTDOOR SPACES AND BUILDINGS

Age (Older Adults)

The majority of both younger and older groups identified natural features and green spaces in Portland as age-friendly features; however, a larger percentage of the younger group (76%) identified that feature in comparison with the older group (50%). Sense of physical safety and security was also identified similarly by both groups, as 35% of the younger groups felt that it is an age-friendly feature in certain areas of the city, as did 30% of the older group. However, most of the older group (70%) also felt that a lack of physical safety and security in parts of Portland is a barrier to age friendliness, in comparison to 41% of the younger group.

The majority of younger respondents identified pedestrian infrastructure in Portland as both a barrier (65%), and an age-friendly feature (53%), in comparison to older respondents, only 40% of whom felt that it is a barrier and 30% felt that it is a feature of age friendliness. The discrepancy between the identification as both a barrier to and a feature of age friendliness brings to light the variation in pedestrian environments in different parts of the city; however, that variation in infrastructure is not age-related.

Several other responses by the older participants stood out in comparison to those of younger participants. For example, 40% of older respondents mentioned issues pertaining to weather and climate as a barrier to age friendliness, while none on the younger ones did. Additionally, half of all older respondents felt that natural features and green spaces (e.g., hills) present barriers to age friendliness, in comparison to only 24% of the younger respondents. Similarly, half of all older respondents felt that streets and traffic present a barrier to age friendliness, in comparison to only 24% of the younger respondents. Three additional areas mentioned as age friendly more often by older respondents compared to younger respondents were: building amenities such as carts, toilets and rest areas (30% to 6%); building doors and entrances (30% vs. 6%); and enjoying people, the community, and the built environment (20% vs. 0%).

SES (Older Adults)

The majority of the respondents in both the lower and higher SES groups felt that natural features and green spaces in parts of the city of Portland are age friendly (73% of the respondents in lower SES groups, in comparison to 58% of the respondents in the higher SES groups). However, 50% of the higher SES group felt that certain natural features and green spaces in parts of Portland (e.g., hills) are barriers to age friendliness, compared to only 20% of the lower SES group.

Pedestrian infrastructure in parts of the city was considered an age-friendly feature by just under half of all respondents in both the higher (42%) and lower (47%) SES groups; however, while the same proportion of respondents in the lower SES group (47%) felt that pedestrian infrastructure was a barrier to age friendliness in certain areas of the city, two-thirds (67%) of the higher SES respondents felt that it was a barrier.

A sense of physical safety and security was seen as an age-friendly feature by 53% of respondents in the lower SES groups, while only 8% of respondents in the higher SES groups identified that as a positive feature. Alternatively, a lack of sense of physical safety and security was identified as a barrier to age friendliness by 67% of the higher SES respondents compared to 40% of the lower SES respondents. Respondents from the higher SES groups also felt that streets and traffic present a barrier to age friendliness, in comparison to only 27% of respondents in the lower SES groups. Three additional areas that respondents in the lower SES groups reported more proportionately as being an age-friendly feature in comparison those in the higher SES groups were: accessible and usable buildings for the disabled (27% vs. 8%); building doors and entrances (27% vs. 0%); and building aesthetics (20% vs. 0%).

Caregivers vs. Older Adults
Older adults were somewhat more likely than caregivers to mention a sense of physical safety and security as a feature of age friendliness (33% to 25%). With respect to barriers to age friendliness, proportionately more older adults, compared to caregivers, reported that certain natural features and green spaces presented barriers to age friendliness, such as hills (33% vs. 0%).

Alternatively, a greater proportion of caregivers, in comparison to older adults, reported the following features to be age-friendly aspects of outdoor spaces and buildings in Portland: buildings and their outdoor amenities, such as parking and protection from the weather (75% vs. 4%); enjoying people, the community, and the built environment (75% vs. 7%); malls and big retail stores (75% vs. 7%); pedestrian infrastructure (75% vs. 44%); building amenities such as carts, toilets, and rest areas (50% vs. 15%); and accessible and usable buildings for older adults and the disabled (50% vs. 19%).

Similarly, the following barriers to age friendliness related to outdoor space and buildings were reported by proportionately more caregivers than older adults: barriers pertaining to buildings and their outdoor amenities, such as parking and protection from the weather (100% vs. 4%); the urban or suburban character of the city, such as high density areas (100% vs. 7%); buildings and indoor amenities, such as carts, toilets and rest areas (75% vs. 0%); buildings that are accessible for older adults and the disabled (75% vs. 11%); pedestrian infrastructure (75% vs. 56%); sense of physical safety and security (75% vs. 52%); and streets and traffic, such as volume, noise, streets conditions, and construction (50% vs. 33%).

Older Adults and Caregivers vs. Service Providers
A greater proportion of older adults and caregivers, in comparison to service providers, reported the following features to be age-friendly aspects of outdoor spaces and buildings in Portland: natural features and green spaces (68% vs. 29%); pedestrian infrastructure (48% vs. 33%); sense of physical safety and security (32% vs. 17%). The following barriers to age friendliness were reported proportionately more by older adults and caregivers, in comparison to service providers: pedestrian infrastructure (58% vs. 38%); sense of physical safety and security (55% vs. 13%); streets and traffic, such as volume, noise, streets conditions, and construction (35% vs. 17%).

Proportionately more service providers than older adults and caregivers mentioned the accessibility and usability of buildings in Portland: 46% reported that buildings have features of age friendliness and 33% reported that buildings have features that present barriers to age

friendliness, compared to 23% and 19% of older adults and caregivers, respectively.

TRANSPORTATION

Age (Older Adults)

The majority of both younger (76%) and older (80%) respondents identified general aspects of public transit service provision as an age-friendly feature of Portland; however, 50% of older respondents felt that general aspects of public transportation service provision are a barrier to age friendliness, compared to 24% of the younger respondents. Additionally, the majority of both age groups felt that the affordability of the public transportation system is an age-friendly feature; this was mentioned by 59% of the younger respondents and 50% of the older respondents. The only other response reported equally by younger and older groups concerned general comfort on transit: 53% of the younger respondents identified a lack of general comfort on transit as an age-friendly barrier (e.g., rude comments, crowded) as did 50% of older respondents.

Several aspects of transportation were mentioned more frequently by younger than older respondents as either age-friendly or a barrier to age friendliness. For example, proportionately more of the younger older adults identified accessibility for older adults (53%) and ease of getting to a transit stop (53%), compared to 20% and 30% of older respondents, as age-friendly features. In addition, more of the younger respondents mentioned a lack of security from crime as a barrier to age friendliness (35% compared to 10%). In regard to private transportation, driving was mentioned as an age-friendly feature by 53% of younger respondents, compared to 20% of the older respondents. Traffic and other drivers were mentioned more often as a barrier to age friendliness by younger than older respondents (47% vs. 30%). Two areas were mentioned by younger respondents only: taking a defensive driver or driving training course was listed as an age-friendly feature (24%), and infrastructure problems related to driving (e.g., lack of signs, lighting) was mentioned as a barrier to age friendliness (24%).

Older respondents identified several aspects of transportation more frequently than did younger respondents. Two barriers were lack accessibility for older adults and the disabled to public transit (40%), and lack of transit stops that were easy to get to (40%), including "park and rides," compared to 24% and 29% of younger adults, respectively. About 30% of older respondents noted a sense of security from crime on public transit as an age-friendly feature, compared with 6% of younger respondents. The majority of older respondents (50%) noted the condition of Portland's streets and highways as a barrier to age friendliness, although 40% felt that it was an age-friendly feature, as 29% of younger respondents felt it was a barrier, and 6% felt that this was an age-friendly feature. Additionally, 40% of older respondents mentioned sufficient and close parking for older adults and the disabled in Portland as an age-friendly feature, compared to 24% of younger respondents.

Besides cars and public transportation, two other areas were reported commonly by the older groups of older adults: 50% of older respondents felt that bicycling as a form of transportation in Portland is an age-friendly feature; alternatively, 30% reported it as a barrier to age friendliness. No younger respondents mentioned bicycling. Additionally, private transportation providers

(including taxis) were mentioned as barrier to age friendliness by 30% of older respondents, compared to only 6% of younger respondents.

SES (Older Adults)

The majority of both lower SES (80%) and higher SES (75%) respondents identified general aspects of public transit service provision as an age-friendly feature of Portland; however, 40% of lower SES respondents mentioned general aspects of public transportation service provision as a barrier to age friendliness, compared to 25% of the younger respondents.

Affordability of public transit was reported as an age-friendly feature by 73% of lower SES respondents, compared to 33% higher SES respondents. Additionally, a greater proportion of lower SES respondents, as compared to higher SES respondents, mentioned accessibility on public transportation for older adults and the disabled as an age-friendly feature (53% vs. 25%). Three barriers to age friendliness on public transportation were reported more by the respondents in lower SES groups than higher SES groups: discomfort on transit, e.g., rude comments and crowded rides (60% vs. 42%); lack accessibility for older adults and the disabled (40% vs. 17%); and lack of security from crime (33% vs. 17%).

Several barriers to age friendliness regarding aspects of private transportation were reported by respondents from the lower SES groups, as compared to those in the higher SES groups: traffic and other drivers (47% vs. 33%); the conditions of streets and highways (40% vs. 33%); and construction, hectic driving conditions, and other planned traffic areas that are crowed (27% vs. 0%). Additionally, 27% of lower SES respondents felt that bicycling as a mode of transportation is an age-friendly feature, compared to only 8% of those respondents in higher SES groups.

Proportionately more higher than lower SES respondents reported that transit stops were not easy to get to; this included a lack of availability of "park and ride" facilities (50% vs. 20%). Also, those in the higher SES groups were the only respondents to report a lack of sufficient and close parking for older adults and the disabled as a barrier to age friendliness (25% vs. 0%). With respect to age-friendly features, proportionately more of the higher SES than the lower SES respondents mentioned driving as a desired mode of transportation (50% vs. 33%).

Caregivers vs. Older Adults
A greater proportion of older adults, compared to caregivers, mentioned the following aspects of Portland's transportation as barriers to age friendliness: lack of general comfort on transit (e.g., rude comments, crowded) (52% vs. 0%); traffic and other drivers while driving (41% vs. 0%); problems with streets and highways for drivers (37% vs. 0%); transit stops that are not easy to get to, including the availability of "park and rides" (33% vs. 0%); and lack of a sense of security from crime on public transportation (26% vs. 0%).

A greater proportion of older adults compared to caregivers reported the following as features of age friendliness in regard to Portland's transportation system: general aspects of public transit service provision in Portland (78% vs. 50%); affordability of the public transit system (56% vs. 0%); and transit stops that are easy to get to, including the availability of "park and rides" (44% vs. 0%).

Several barriers to age friendliness of Portland's transportation system were reported by proportionately more caregivers than older adults: a lack of sufficient and close parking for older adults and the disabled (100% vs. 11%); difficulty in giving up driving (50% vs. 7%); general aspects of public transportation service provision (50% vs. 33%); and lack of accessibility for older adults and the disabled on public transit (50% vs. 30%). Age-friendly features mentioned by proportionately more caregivers than older adults included sufficient and close parking for older adults and the disabled (75% vs. 30%); driving as a desired mode of transportation (75% vs. 41%); and accessibility of public transportation for older adults and the disabled (50% vs. 41%).

Older Adults and Caregivers vs. Service Providers
Older adults and caregivers, as well as service providers, gave positive reports concerning public transit service provision in Portland in general, although these were somewhat more common among elders and caregivers (74% vs. 67%). Older adults and caregivers were more likely than service providers to mention as age-friendly the following: affordability of the public transit system (48% vs. 4%); driving as a desired mode of transportation (45% vs. 8%); transit stops that are easy to get to, including the availability of "park and rides" (39% vs. 21%); and sufficient and close parking for older adults and the disabled (35% vs. 17%).

The following barriers to age friendliness were reported by proportionately more older adults and caregivers than service providers: discomfort on transit (e.g., rude comments, crowded) (45% vs. 0%); general aspects of public transportation service provision (35% vs. 29%); problems with streets and highways for drivers (32% vs. 0%); lack of accessibility on public transportation for older and the disabled (32% vs. 21%); and transit stops that are not easy to get to, including the unavailability of "park and rides" (29% vs. 13%).

Service providers were more likely than older adults and caregivers to mention the accessibility of public transportation for older adults and those with disabilities as an age-friendly feature (46% vs. 42%) and other drivers and traffic as a barrier (46% vs. 35%).

HOUSING

Age (Older Adults)
No subtopics were mentioned by a majority of respondents in both the younger and older groups. A greater proportion of younger respondents reported age-friendly features of housing in comparison to older respondents, including: proximity to services (76% vs. 30%); ability to age in place (47% vs. 20%); an appropriate number of levels in their home (41% vs. 30%); and the presence of animals in their home (24% vs. 0%).

In contrast, older respondents were more likely than younger respondents to note as age-friendly the following: homes that are accessible for those with disabilities (50% vs. 35%); ownership of their home (50% vs. 35%); homes in which one can move about easily (30% vs. 6%); the ability to do housework and chores (30% vs. 12%); multigenerational housing situations (30% vs. 12%); and the availability of green spaces or planting areas (30% vs. 24%).

At the same time, older respondents were more likely than younger participants to report certain

housing barriers to age friendliness: cost, including taxes (80% vs. 24%); difficulty with housework and chores (50% vs. 18%); homes which are not accessible for those with disabilities (40% vs. 12%); levels in their home, e.g., too many (40% vs. 18%); the lack of availability of housing options that provide care (30% vs. 6%); and the lack of housing options having a sense of community (30% vs. 12%).

SES (Older Adults)

Although the majority of respondents from both lower and higher SES groups mentioned proximity to services as an age-friendly feature of housing in Portland, a greater proportion of the higher SES respondents did so (67% vs. 53%). The only barrier to age friendliness in housing reported by a majority of the lower SES respondents, as compared to those in higher SES groups, was he cost of housing, including taxes for their home (53% vs. 33%).

Proportionately more lower than higher SES respondents reported several age-friendly features of housing: housing that is accessible for the disabled (60% vs. 17%); ownership of their home (53% vs. 25%); the ability to age in place (47% vs. 25%); affordability, including taxes (40% vs. 8%); and remodeling that has been done to their home (20% vs. 0%).

A greater proportion of higher SES respondents, in comparison to lower SES respondents, however, reported the following as age-friendly housing features: the availability of green spaces and planting areas (50% vs. 7%); the right number of levels in their house (50% vs. 27%); the availability of housing options that provide care (33% vs. 7%); and access to housing options where they feel a sense of community (33% vs. 20%). Barriers to age friendliness in housing reported by a greater proportion of higher SES respondents included: housework and chores (42% vs. 20%) and the number of levels in their home (33% vs. 20%).

Caregivers vs. Older Adults
A greater proportion of older adults, in comparison to caregivers, reported the following as age-friendly features of housing in Portland: proximity to services (59% vs. 0%); ownership (41% vs. 0%); housing with an appropriate number of levels (37% vs. 25%); the ability to age in place (37% vs. 25%); affordability, including taxes (26% vs. 0%); the availability of green spaces or planting areas (26% vs. 0%); and multigenerational housing options (19% vs. 0%). Older adults also were more likely than caregivers to mention certain housing-related barriers to age friendliness, including problems doing housework and chores (30% vs. 0%) and a lack of proximity to services (22% vs. 0%).

Caregivers were more likely than older adults, however, to report these features of age friendliness: remodeling their home (50% vs. 11%); the availability of housing options that provide care (50% vs. 19%); accessibility for the disabled (50% vs. 41%); and physical safety of older adults in their home (24% vs. 4%). Barriers reported more often by caregivers than older adults included: a lack of sense of physical safety in the home (100% vs. 0%); the lack of availability of housing options that provide care (50% vs. 15%); lack of accessibility for the disabled (50% vs. 22%); and cost, including taxes (50% vs. 44%).

Older Adults and Caregivers vs. Service Providers
A greater proportion of older adults and caregivers, in comparison to service providers, mentioned the following as age-friendly aspects of housing: accessibility for the disabled (42% vs. 8%); ownership (35% vs. 4%); the ability to age in place (35% vs. 13%); the appropriate number of levels in the house (35% vs. 17%); accessible showers and toilets (23% vs. 0%); and having green spaces and planting areas (23% vs. 0%). The only barrier to age friendliness reported more often by older adults and caregivers than by service providers was difficulty in doing housework and chores (26% vs. 4%).

Service providers, compared to older adults and caregivers, more frequently mentioned the following as age-friendly features of housing: proximity to services (63% vs. 52%); sense of community (38% vs. 26%); and multigenerational housing (33% vs. 16%). They also noted with greater frequency two barriers: the cost of housing and taxes (67% vs. 45%), and lack of proximity to services (25% vs. 19%).

RESPECT AND SOCIAL INCLUSION

Age (Older Adults)
No subtopics were mentioned by a majority of respondents in both the younger and older groups. A greater proportion of younger respondents (29%) than older respondents (10%) reported responsiveness to their needs in social services and programs as a feature of age friendliness in Portland.

A greater proportion of older respondents, compared to younger respondents, however, mentioned several age-friendly features of Portland having to do with respect and social inclusion: politeness (80% vs. 18%); helpfulness (60% vs. 6%); respect that was offered due to age (60% vs. 18%); intergenerational activities and interactions (50% vs. 12%); listening (40% vs. 0%); public recognition of contributions of older people (20% vs. 0%). Older respondents also were more likely than younger respondents to mention several barriers to age friendliness with regard to respect and social inclusion in Portland. These included a lack of politeness (60% vs. 41%), a lack of respect offered due to age (60% vs. 41%), a lack of intergenerational activities and interactions (50% vs. 29%), and a lack of responsiveness to needs in social services and programs (30% vs. 6%).

SES (Older Adults)
No topics were mentioned by a majority of respondents in both the lower and higher SES groups. A greater proportion of lower, compared to higher, SES respondents reported several barriers to age friendliness in regard to respect and social inclusion in Portland: lack of politeness (53% vs. 42%); lack of respect offered due to age (53% vs. 42%); and a lack of intergenerational activities and interactions (40% vs. 33%). Lower SES respondents mentioned just one feature of age friendliness proportionately more compared to higher SES respondents: consultation of older adults (20% vs. 0%).

A greater proportion of higher than lower SES respondents mentioned politeness (50% vs. 33%); respect offered due to age (42% vs. 27%); and listening (25% vs. 7%) as age-friendly features of Portland.

Caregivers vs. Older Adults
A greater proportion of older adults, compared to caregivers, mentioned certain barriers to age friendliness in Portland related to respect and social inclusion: lack of respect offered due to aging (48% vs. 25%); and a lack of intergenerational activities and interactions (37% vs. 0%).

The following barriers to age friendliness regarding respect and social inclusion in Portland were reported proportionately more by caregivers, as compared to older adults: lack of politeness (75% vs. 48%); lack of listening (50% vs. 4%); ands a lack of choices offered to older adults (50% vs. 11%). Caregivers reported the following features proportionately more as age-friendly features in regard to respect and social inclusion in Portland, as compared to older adults: helpfulness (100% vs. 26%); respect offered due to age (100% vs. 33%); intergenerational activities and interactions (75% vs. 26%); and politeness (50% vs. 41%).

Older Adults and Caregivers vs. Service Providers
A greater proportion of older adults and caregivers, in comparison to service providers, reported the following features to be age-friendly aspects of respect and social inclusion in Portland: politeness (42% vs. 0%); respect offered due to age (42% vs. 38%); helpfulness (35% vs. 13%); and intergenerational activities and interaction (32% vs. 8%). The barriers to age friendliness in regard to respect and social inclusion in Portland that were reported by older adults and caregivers that were proportionately greater in comparison to service providers were: lack of politeness (52% vs. 0%); lack of respect offered due to age (45% vs. 42%); and a lack of intergenerational interactions and activities (32% vs. 21%).

33% of service providers reported that responsiveness to needs in services and programs was an age-friendly feature of respect and social inclusion in Portland, compared with 23% of older adults and caregivers; however, 25% of service provider also reported lack of responsiveness as being a barrier to age friendliness in Portland, while 13% of older adults and caregivers reported the same. Listening to older adults was also recommended as an important suggestion only by service providers (21%).

SOCIAL PARTICIPATION

Age (Older Adults)
No subtopics were given by a majority of respondents in both the younger and older groups. A somewhat greater proportion of younger respondents, in comparison to older respondents, reported the following as age-friendly features of social participation in Portland: having a variety of choices for participation with interesting options (53% vs. 40%); affordable activities (41% vs. 30%); and convenient activities, including location and frequency (41% vs. 30%). With regard to barriers to age friendliness, younger respondents reported a lack of availability of opportunities to socialize in Portland (35%), while none of the older respondents mentioned this.

A greater proportion of older respondents, in comparison to younger respondents, reported the following as age-friendly features of social participation in Portland: educational opportunities and activities (80% vs. 35%); support for social activities that comes from the neighborhood or the community (60% vs. 29%); cultural opportunities and activities (40% vs. 35%); and dining

out as a form of social participation (30% vs. 12%). Only older respondents reported lack of affordability (20%) as a barrier to age-friendliness.

SES (Older Adults)
The majority of both lower SES (53%) and higher SES (50%) respondents identified the availability of educational opportunities and activities as an age-friendly feature of Portland.

The only differences by SES were mentions of topics by a greater proportion of higher SES respondents in comparison to lower SES respondents. In particular, higher SES respondents were more likely to mention the following as age-friendly features: affordability of activities (75% vs. 7%); convenience of activities, including location and frequency (58% vs. 20%); support for social activities on the part of the neighborhood or the community (58% vs. 27%); opportunities for physical activity as a form of social participation (58% vs. 40%); cultural opportunities and activities (42% vs. 33%); opportunities for civic engagement (33% vs. 7%); social activities with animals and pets (25% vs. 0%); and spiritual opportunities and activities (25% vs. 7%).

Caregivers vs. Older Adults
A greater proportion of older adults, in comparison to caregivers, reported the following as features of age friendliness in regard to social participation in Portland: opportunities for physical activity (48% vs. 25%); and cultural opportunities and activities (37% vs. 25%).

Alternatively, proportionately more caregivers than older adults mentioned the following age-friendly features: support for social activities on the part of the neighborhood or the community (100% vs. 41%); social activities with animals and pets (75% vs. 11%); affordability of activities (75% vs. 37%); convenience of activities, including location and frequency (75% vs. 37%); the availability of spiritual opportunities and activities (50% vs. 15%); and dining out options as a form of social participation (50% vs. 19%). Proportionately more caregivers than older adults also mentioned two barriers to age friendliness in regard to social participation: a lack of convenient activities, including location and frequency (50% vs. 11%) and circumstances related to dining out, e.g., cognitive impairment (25% vs. 0%).

Older Adults and Caregivers vs. Service Providers
A greater proportion of older adults and caregivers, in comparison to service providers, reported the following features as age-friendly with respect to social participation in Portland: educational opportunities and activities (52% vs. 33%); opportunities for physical activity (45% vs. 21%); affordability of activities (42% vs. 21%); convenience of activities, including location and frequency (42% vs. 21%); and having cultural opportunities and activities (35% vs. 13%).

Service providers were more likely than older adults and caregivers to mention some features as age-friendly: spiritual opportunities and activities (38% vs. 19%); and general availability of opportunities to socialize in Portland (33% vs. 6%).

COMMUNICATION AND INFORMATION

Age (Older Adults)
Proportionately more members of the younger groups viewed computers/the internet as positive features, although some members of older groups noted this as well. Members of older groups were more likely than younger groups to point out barriers related to computer/internet use and to find information inaccessible.

SES (Older Adults)
About half of the participants of either SES level commented on the lack of accessibility of information, although higher SES participants were more likely to make suggestions with respect to this. About equal proportions of participants in each SES level viewed computers/the internet as a positive feature, with slightly more participants with lower SES groups commenting on this in a positive way, and slightly more participants with higher SES seeing computers/the internet as problematic. Proportionately more participants in lower SES groups noted a lack of ability to understand or use information.

Caregivers vs. Older Adults
Caregivers were much more likely than older adults to note that there was a lack of information for them. Also, proportionately more caregivers noted poor communication with service providers. All caregivers had suggestions for making information more accessible, compared to about one-third of older adults.

Older Adults and Caregivers vs. Service Providers
The key difference between the older adults and caregivers versus service providers was that over one-quarter of the older adults and caregivers commented positively on the public library as a source of information, whereas none of the service providers mentioned the library.

Substantial proportions of both the older adult and caregiver groups and the service provider groups pointed out advantages related to the internet as a source of information and communication, although more of the older adults/caregivers did so (42% vs. 29%). Similarly, negative aspects of using the internet/web were commented on more frequently by older adults and caregivers than by service providers (26% vs. 8%). This was the case for information accessibility, as well, with more older adults/caregivers making negative comments pertaining to this than service providers (45% vs. 29%) and suggestions (42% vs. 25%). Information availability was commented on positively by about one-quarter of both older adults/caregivers and service provider groups, although more older adults/caregivers than service providers cited barriers with respect to information availability (23% vs. 13%).

CIVIC PARTICIPATION

Age (Older Adults)
There were very few age-related differences. More participants in the older groups than the younger groups commented positively on the opportunities that exist for volunteer work in the Portland area. Over half of the members of both age groups made positive comments about opportunities for civic and advocacy work.

With respect to employment, however, members of the younger age groups were more likely to comment positively about opportunities for employment, and members of the older age groups were more likely to comment negatively about such opportunities. Younger participants also were much more likely to note the benefits of employment than older participants.

SES (Older Adults)
Although at least two-thirds of participants, regardless of SES, commented positively on opportunities for volunteer work in the Portland area, participants with higher SES were even more likely to make such comments. Over half of participants, regardless of SES, also commented positively on opportunities for advocacy and civic engagement.

With respect to employment, participants with higher SES commented more positively on opportunities for paid work and the benefits of employment than did participants with lower SES. More participants with lower SES made negative comments pertaining to motivation for participation in employment.

Caregivers vs. Older Adults
Older adults were much more likely than caregivers to comment positively on opportunities for volunteer work and for advocacy and civic engagement. Caregivers were more likely than older adults to comment negatively on opportunities for volunteer work.

With respect to employment, caregivers made few comments. The exception was that half of the caregivers commented negatively about motivation to participate in paid work; this was a higher proportion than older adults who made comments of this nature. In contrast, about a third of older adults made comments (both positive and negative) about the opportunities for paid work in Portland, and about the benefits of paid work (positively only), compared to none of the caregivers.

Older Adults and Caregivers vs. Service Providers
Substantial proportions of both types of groups (older adults/caregivers versus service providers) commented on opportunities for volunteer work, although this was the case for considerably more older adults and caregivers (combined) than for service providers (71% versus 33%). The same was true with respect to positive comments about the number of opportunities for civic work and advocacy work, although the difference between the two types of groups was somewhat less (52% versus 25%). Over two-thirds of the service providers commented positively specifically about the variety of opportunities for volunteer and civic work, compared to none of the older adults/caregivers. Similarly, about one-fifth of service providers, compared to none of the older adults/caregivers, made positive comments related to older adults' motivation for volunteering and civic work. A final area of difference was that service providers were more likely to comment on older adults' need for recognition and meaning as a reason for or value associated with volunteer and civic work (33% vs. 13%) and to make suggestions in this regard (21% vs. 3%).

With respect to employment, fewer comments were made by members of either of the two general types of groups. Opportunities for paid work were mentioned somewhat more frequently by older adults/caregivers, however, than by service providers both in a positive way (29% vs.

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17%) and as a barrier to age friendliness (26% vs. 17%). Similarly, some older adults/caregivers noted the lack of motivation for engaging in paid work on the part of elders (19%) compared to none of the service providers. Alternatively, the benefits associated with paid work (especially health insurance benefits) were noted by nearly one-quarter of the older adults/caregivers compared to none of the service providers.

COMMUNITY SUPPORT AND HEALTH SERVICES

Age (Older Adults)
Proportionately more members of the older age groups commented, both positively and negatively, on the range of types of community services availability, regulations and eligibility requirements, and access to and the affordability of these community services. Younger participants, however, were more likely to have suggestions regarding types of community services and regulations.

With respect to health services, proportionately more members of the older age groups commented negatively about regulations and eligibility requirements related to health services, access to health services, and affordability of health services. With respect to quality of care, a greater proportion of the older age groups commented positively about quality of health services; about equal proportions of the older and the younger participants made comments concerning poor health care quality.

SES (Older Adults)
Participants with higher SES were more likely to comment both positively and negatively on the range of types of community services availability, although more suggestions for improvement in this area, and also in the area of service regulation and eligibility, came from participants with lower SES. Proportionately more participants with lower SES made positive and negative comments about the affordability of services, and positive comments about the responsiveness of community services to individuals.

With respect to health services, proportionately more participants with higher SES commented negatively about health care regulation and eligibility requirements, access to health services, and quality of health care than did participants with lower SES. A somewhat higher proportion of participants with higher SES also commented positively on the quality of health care services than did participants with lower SES.

Caregivers vs. Older Adults
Proportionately more caregivers than older adults made comments, both positive and negative, on nearly all aspects of community support and health services (range of community and health services, regulations/eligibility requirements, access to services, affordability of services, responsiveness of services to individuals, quality of health care, and the availability of informal support from neighbors and friends). Exceptions were that older adults were more likely than caregivers to note limitations with respect to the range of types of local and regional community services, and eligibility requirements and other regulations pertaining to community services than did caregivers. Older adults also were more likely to make suggestions in these two areas than were caregivers.

Older Adults and Caregivers vs. Service Providers
The array of local and regional services was commented positively by over half of the members of both types of groups, although by even more older adults/caregivers than by service providers. Substantial proportions of members of both types of groups identified gaps in services, although service providers were somewhat more likely than older adults/caregivers to make comments in this regard and to make suggestions for improvement. Proportionately more older adults/caregivers than service providers to cited barriers to services resulting from regulations and made suggestions for improvement. Interestingly, older adults/caregivers were more likely than service providers to make positive comments about access to services, while service providers were more likely than older adults/caregivers to cite lack of access to services as a barrier to age friendliness. The other area related to community services in which substantial proportions of participants made comments concerned the responsiveness of services to individuals. Over one-quarter of older adults/caregivers made positive comments, while only a couple of service providers did, although one-quarter of service providers made suggestions for improvement, compared to just one older adult/caregiver.

In regard to health services, as expected, there were abundant numbers of comments by older adults/caregivers and service providers alike. The area of largest difference between the members of the two types of groups concerned the affordability of health services, where a considerably larger proportion of older adults/caregivers than service providers commented on the lack of affordability (61% vs. 8%) or their perception that the services are affordable (29% vs. 4%). Quality of care was another area in which older adults and caregivers were much more likely than service providers to make both positive (45% vs. 13%) and negative (52% vs. 8%) comments, although service providers were more likely to make suggestions for improvement related to quality of care (25% compared to 6%). Regulations as a barrier to age-friendliness also were cited by proportionately more older adults/caregivers than service providers (48% vs. 13%), and proportionately more made negative comments about the health care system in general than did service providers (29% vs. 13%), although about one-fifth of the members of each type of group made suggestions for system reform. One-quarter to one-third of the members of both types of groups made positive comments and negative comments alike about the range of health services, although one-third of service providers made suggestions for improvement compared to just a couple of older adults/caregivers.

APPENDICES

Recruitment Flyer for Caregivers

Recruitment Flyer for Older Adults

E-mail Confirmations of Participation as Sent to Service Providers

(Recruitment flyer posted at sites and sent out via e-mail)

CAREGIVERS OF OLDER ADULTS 60+ NEEDED!

World Health Organization (WHO)
"Age-Friendly Cities Project"

When:
Monday, January 22, 2007 from 6:00 pm - 9:00 pm

You can receive:
If you meet the eligibility requirements for the focus group you will receive a free respite care coupon* from Volunteers of America Oregon. *Award packet enrollment may be needed.

What:
The Institute on Aging and School of Community Health at Portland State University (PSU) invite you to participate in the World Health Organization's (WHO) "Age-Friendly Cities Project."

This exciting project is designed to identify what characteristics make a city age-friendly. Portland is the only U.S. city to be included and will join 26 other cities from North and South America, Europe, Asia, and Australia.

Where:
The focus groups will meet in the Volunteers of America Oregon Administrative Offices at 3910 SE Stark St., Portland, OR 97205. Light refreshments will be provided. The questions to be asked in the group are on the back of this page.

To participate:
Please contact Alan DeLaTorre at the PSU Institute on Aging at 971.207.2374 or aland@pdx.edu. You will be asked your age, the age of the person who you provide caregiving services to, where that person lives, and whether they consider themselves to come from a diverse background to determine your eligibility for the focus group. Please call if you have questions.

(Recruitment flyer posted at sites and sent out via e-mail)

PEOPLE AGED 60 AND OLDER NEEDED!

World Health Organization (WHO)
"Age-Friendly Cities Project"

What:
The Institute on Aging and School of Community Health at Portland State University (PSU) invite you to participate in the World Health Organization's (WHO) "Age-Friendly Cities Project."

This exciting project is designed to identify what characteristics make a city age-friendly. Portland is the only U.S. city to be included and will join 26 other cities from North and South America, Europe, Asia, and Australia.

Where:
All focus groups will meet in the Elders in Action Conference Room at 1411 SW Morrison St., Suite 290, Portland, OR 97205. Light refreshments will be provided. The questions to be asked in the group are on the back of this page.

To participate:
Please contact Alan DeLaTorre at the PSU Institute on Aging at 971.207.2374 or aland@pdx.edu. You will be asked your age and where you live to determine which focus group is appropriate.

Date	Age	Neighborhood Median Income
Thursday, Jan 25, 2007- 12:30 pm - 3:30 pm	75 and over	Low
Friday, Jan 26, 2007- 12:30 pm - 3:30 pm	75 and over	Middle
Monday, Jan 29, 2007- 9:30 am - 12:30 pm	60-74	Low
Tuesday, Jan 30, 2007- 12:30 pm - 3:30 pm	60-74	Middle

Voluntary Sector Service Providers (confirmation sent via email)

Thank you for accepting to come to a meeting that will be held on Monday, February 5th from 1:30 to 4:30 PM at the Elders in Action Conference Room at 1411 SW Morrison St., Suite 290, to talk about your community (Portland).

Here are the questions that will be asked during the meeting. Please read them before coming and think what you may want to say about each one during the meeting. We want to hear your observations and professional experiences as a provider of service to older persons

Think about the positive as well as negative experiences in each area, and think about improvements that could be made.

Public Sector Service Providers (confirmation sent via email)

Thank you for accepting to come to a meeting that will be held on Tuesday, February 6th from 9:00 AM to 12:00 PM at Portland State University, in the Urban Center (room 220) at 506 SW Mill Street, to talk about your community (Portland).

Here are the questions that will be asked during the meeting. Please read them before coming and think about what you may want to say about each one during the meeting. We want to hear your observations and professional experiences as a provider of service to older persons

Think about the positive as well as negative experiences in each area, and think about improvements that could be made.

Private Sector Service Providers (confirmation sent via email)

Thank you for accepting to come to a meeting that will be held on Wednesday, February 7th from 6:30 PM to 9:30 PM at Portland State University, in the Urban Center (room 220) at 506 SW Mill Street, to talk about your community (Portland).

Here are the questions that will be asked during the meeting. Please read them before coming and think about what you may want to say about each one during the meeting. We want to hear your observations and professional experiences as a provider of service to older persons

Think about the positive as well as negative experiences in each area, and think about improvements that could be made.