

From: Shah Washington <SWashington@matthewsemploys.com>

Sent: Friday, July 19, 2019 4:58 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Good afternoon Mayor Lightfoot,

My name is Shah Washington and I am a Manager of Matthews Professional Employment, Inc. Each year, my staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Shah Washington, CSC, CSP | Manager

Matthews Professional Employment, Inc.

P:847-816-6500**F:** 847-816-1272

E:SWashington@MatthewsEmploys.com



From: Patel, Katen G. <Katen.Patel@ExpressPros.com>
Sent: Monday, July 22, 2019 10:59 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Anti-Staffing Ordinance- PLEASE VOTE NO!

My name is Katen Patel and I am the owner of Express Employment Professionals in Oak Lawn. Each year, my staffing firm employs many temporary employees in the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- *The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.*
- *The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.*
- *To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.*
- *The following example illustrates the ordinance’s harm:*
 - *A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.*

I urge you not to adopt this requirement. Thank you for your consideration.

Regards,

Katen Patel | Owner

4710 W. 95th St. Suite A7, Oak Lawn, IL 60453

Office: 708.843.8383 | Fax: 708.843.8180

Email: Katen.Patel@ExpressPros.com



From: McCormack, Beth A. <Beth.McCormack@ExpressPros.com>

Sent: Tuesday, July 23, 2019 8:13 AM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Chicago City Council to Vote on Anti-Staffing Ordinance

Mayor Lightfoot,

My name Beth McCormack and I the franchise owner of a staffing company in Brookfield, IL. Each year, my staffing firm employs approximately 800 temporary employees in light industrial, office admin and skilled trades jobs. A smaller number of those workers work within the city limits of Chicago so I am writing to you regarding the Chicago Fair Workweek Ordinance.

- *The ordinance would prohibit certain client companies from using staffing firm temporary workers unless these clients first offer additional work to their existing employees.*
- *The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.*
- *To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.*
- *The following example illustrates the ordinance’s harm:*
 - *A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, meanwhile - the sick worker’s duties to go unfulfilled, and potentially jeopardize patient care.*

I urge you not to adopt this requirement. Thank you for your consideration.

Beth McCormack | Owner

Express Employment Professionals | 9100 Ogden, Brookfield, IL 60513

708-485-4855 | 708-485-4698 fax



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From: Mike OBrien <mobrien@independence4seniors.com>
Sent: Monday, July 22, 2019 10:25 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance - Draft Substitute Ordinance

Dear Mayor Lightfoot-

I am writing on behalf of the Home Care Association of America-IL Chapter, Illinois Association of Community Care Program Homecare Providers, and Illinois HomeCare & Hospice Council, a coalition of home care stakeholders to share our feedback on the draft substitute ordinance dated July 17, 2019. This coalition represents home health, hospice and home care services providers across the City of Chicago, the state of Illinois and the country. Our members provide skilled nursing, physical therapy, occupational therapy, hospice services, social work and assistance with activities of daily living to seniors, individuals with disabilities and other vulnerable populations in their homes throughout the City on a daily basis.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs.
- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24-hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual suffers a fall and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her visits for the day/week and even pick up new visits.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home

care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

Mike O'Brien, CSA, CDP

Owner

Independence-4-Seniors Home Care

5 West 2nd Street

Hinsdale, IL 60521

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(630) 323-4669 Fax

Cell

email: mobrien@independence4seniors.com

Illinois License # 3000284



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From: Robert Stelletello <bob@rahoakparkchicago.net>
Sent: Monday, July 22, 2019 11:45 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance - Draft Substitute

July 18, 2019

The Honorable Lori Lightfoot
121 North LaSalle Street
Chicago City Hall 4th Floor
Chicago, IL 60602

RE: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

Dear Mayor Lightfoot:

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs.
- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual falls and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her

visits for the day/week and even pick up new visits.

- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

Robert Stelletello
Owner
Right at Home Hinsdale/Oak Park/Chicago
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From: Susan Scatchell <sscatchell@gentlehomecare.com>
Sent: Friday, July 19, 2019 10:38 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, compliance with certain requirements of the Ordinance would be a violation of federal law for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Susan Scatchell
Business Development Director



570 Lake Cook Road
Suite 116
Deerfield, IL 60015
Ph: 847-444-1222
Cell: [REDACTED]



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From: Richard Harrison <rharrison@homeinstead.com>
Sent: Friday, July 19, 2019 8:29 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance
July 19, 2019

The Honorable Lori Lightfoot
121 North LaSalle Street
Chicago City Hall 4th Floor
Chicago, IL 60602

RE: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

Dear Mayor Lightfoot:

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs.
- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual falls and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her visits for the day/week and even pick up new visits.
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- Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

Richard J. Harrison
Executive Director

Home Instead Senior Care
6901 W. North Ave., Suite 1F
Oak Park, IL 60302
708-524-9814

From: Roger Carr <roger.carr@homeinstead.com>
Sent: Friday, July 19, 2019 8:52 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

The Honorable Lori Lightfoot
121 North LaSalle Street
Chicago City Hall 4th Floor
Chicago, IL 60602

RE: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

Dear Mayor Lightfoot: (Alderman ?)

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

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For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

4736 N. Marine Drive
Chicago, IL 60640
T: 773-784-4024
F: 773-334-9867

From: Courtney Pucel <courtney.pucel@homeinstead.com>
Sent: Thursday, July 18, 2019 6:30 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Work Week Ordinance-Draft Substitute Ordinance

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

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- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
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For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,
Courtney Pucel
franchise owner



JRG 4, Inc.
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F: (815) 725.2110

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<https://www.homeinstead.com/542/>

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From: Kerr, Kevin <kevin.kerr@modis.com>
Sent: Monday, July 22, 2019 1:28 PM CDT
To: info@daniellaspata.com <info@daniellaspata.com>
CC: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance **Please do not adopt this requirement**

Daniel,

My name is Kevin Kerr, I am a resident in the 1st ward and I am the Managing Director at Modis – an Adecco Group Company here in Chicago. Each year, the Adecco group employs thousands of temporary employees in the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:
 - A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Kevin Kerr
Managing Director
2019 Culture Lead - Communication & Transparency
Let's Connect! [LinkedIn Profile](#)

T 312.596.6121
M [REDACTED]
E Kevin.Kerr@Modis.com

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From: Wishnick, Jonathan <jwishnick@seniorhelpers.com>
Sent: Saturday, July 13, 2019 7:12 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928)

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a non-medical home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. Our company takes care of people in their own homes, help keep them safe, help them go to the bathroom, provides dementia care, stroke care, and generally provides needed service so people who need those services can live safely at home.

The Ordinance is certainly well-intentioned, but I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Already the cost of Home Care Services in Chicago has priced out the ability of many seniors (and their families) who desperately need our help. Companies such as my company are definitely not prospering (many are close to needing to close their doors) and adding to the burden makes it more likely that companies will fail or need to charge even more for their services.

Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Jonathan Wishnick
Owner/Director of Operations
Senior Helpers of Chicago

From: Brad Dahleen <brad.dahleen@homeinstead.com>
Sent: Wednesday, July 17, 2019 11:06 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance concern

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Bradley J. Dahleen
Owner

Home Instead Senior Care
12416 S. Harlem Ave Suite #100
Palos Heights, IL 60463
brad.dahleen@homeinstead.com
P: 708-671-2648
F: 708-671-9109

www.homeinstead.com/340
www.HISC340.digibro.com
www.caregiverstress.com

National Readmission Prevention Collaborative Partner



www.nationalreadmissionprevention.com

www.hcaoa.org Member in good standing of the  **Home Care**
Association of America

Each Home Instead Senior Care franchise office is independently owned and operated



From: Anita Skotnicki <askotnicki@helppathome.com>
Sent: Wednesday, July 17, 2019 1:31 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance Concerns

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Anita Skotnicki
Chief People Officer



Help at Home, LLC
1 North State
Chicago, IL 60602
Office: 312-766-7957
Cell: [REDACTED]

From: Coughlin, Dave <Dave.Coughlin@Modis.com>
Sent: Monday, July 22, 2019 10:51 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

My name is Dave Coughlin and I am a VP of Staffing at Modis/Adecco in Chicago. I have been a resident of Chicago for 20 years. Each year, Modis/Adecco employs thousands of temporary employees in the city of Chicago, and I am writing to you/calling you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:
 - A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Dave Coughlin

Vice President – Enterprise

O: 312.873.8706

C: [REDACTED]

E: Dave.Coughlin@Modis.com

Modis

200 W Madison St, Suite 1000
Chicago, IL 60606
www.modis.com/us

From: Greeno, Terri W. <Terri.Greeno@ExpressPros.com>
Sent: Monday, July 22, 2019 11:21 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

To the Honorable Mayor Lori E. Lightfoot:

As a WOBE, each year, my staffing firm employed 1842 temporary employees in 2018 affecting the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense and is detrimental to the Chicago economy and tax base.
- The following example illustrates the ordinance’s harm:
 - A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Respectfully,
Terri Greeno

Terri Greeno, SPHR, SHRM-SPC |Owner, Woman Owned Business



From: Samantha Martinez <SMartinez@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 5:01 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

My name is Samantha Martinez and I am the Executive Recruiter of Matthews Professional Employment, Inc. Each year, my staffing firm employs hundreds temporary employees in the city of Chicagoland area, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance’s harm:

A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Best Regards,

Samantha Martinez | Executive Recruiter
Matthews Professional Employment, Inc.
P: 847-249-1100 F: 847-249-1133
E: SMartinez@MatthewsEmploys.com



From: Donna Ramirez <DRamirez@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 4:59 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

My name is Tom Matthews and I am the Vice President of Matthews Professional Employment, Inc. Each year, my staffing firm employs hundreds of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Kind Regards,

Donna Ramirez, CPC | Certified Personnel Consultant

Matthews Professional Employment, Inc.

P:847-249-1100 **F:** 847-249-1133

E: dramirez@matthewsemploys.com



From: davideggering@comfortkeepers.com <davideggering@comfortkeepers.com>

Sent: Monday, July 22, 2019 10:24 AM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- 1) No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs
- 2) Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- 3) Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- 4) Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual falls and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her visits for the day/week and even pick up new visits.
- 5) Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Dave Eggering, President



Comfort Keepers of Grayslake, IL



**Comfort
Keepers®**

davideggering@comfortkeepers.com

847-231-4100

From: Angelina Smith <ASmith@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 4:59 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

My name is Angelina Smith and I am a Personnel Consultant at Matthews Professional Employment, Inc. Each year, my staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Best Regards,

Angelina Smith, CPC, CTS I Certified Personnel Consultant
Matthews Professional Employment, Inc.
P:847-249-1100**F:** 847-249-1133
E:ASmith@MatthewsEmploys.com



From: Michelle Arroyo <MArroyo@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 5:36 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

*My name is Michelle Arroyo and I am the Accounting Administrator of Matthews Professional Employment, Inc. Each year, our staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.*

The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.

The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.

To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.

The following example illustrates the ordinance’s harm:

A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Very Respectfully,

Michelle Arroyo | Accounting Administrator
Matthews Professional Employment, Inc.
P: 847-249-1100 **F:** 847-249-1133
E: MArroyo@MatthewsEmploys.com

From: Musgrove, Tina <tina.musgrove@soliant.com>
Sent: Monday, July 22, 2019 11:05 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

My name is Tina Musgrove and I am the Human Resources Business Partner for RPh on the Go/Soliant Health, in Ward 41.

For context, RPh on the Go and Soliant Health are part of the Adecco Group. Each year, RPh on the Go, Soliant Health and the Adecco group employ thousands of temporary employees in the city of Chicago. I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- Along with possibly over-working full-time employees, the ordinance would deny jobs to thousands of temporary workers—most of whom work full-time workweeks and are eligible for our healthcare benefits. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, seems counter-productive.
- The following example illustrates the ordinance's harm:
 - A hospital employee calls in sick. The ordinance would require the hospital to ask potentially hundreds of employees whether they want to work extra hours, a logistically difficult to document and time-consuming task. In the meantime, the sick worker's duties to go unfulfilled, and potentially jeopardize patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

My best,
Tina Musgrove

P.S. I was lucky enough to meet you and your wife at a gathering in your neighborhood – our good friends live on Bernard, too. So thrilled you are in office!

Tina Musgrove, SPHR Human Resources Business Partner

Soliant Health | Healthcare Division of Adecco N.A.

Adecco Medical & Science | Bilingual Therapies | ProCare Therapy | RPh on the Go | Soliant | Sunbelt Staffing
| VocoVision

8430 West Bryn Mawr Ave. Ste 1150, Chicago, IL 60631

o 847-588-7493 c [REDACTED] f 904-359-8132



From: Williams Jr, Louis H. <Louis.Williams@ExpressPros.com>

Sent: Monday, July 22, 2019 4:00 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Chicago Fair Workweek Ordinance

My name is Louis Williams, and I am an Owner of Express Employment , Homewood, IL. Each year, my staffing firm will employ 40 temporary employees in the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- ***The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.***
- ***The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.***
- ***To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.***
- ***The following example illustrates the ordinance's harm:***
 - ***A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.***

Kind Regards,

Louis H. Williams Jr./ Owner

1820 Ridge Road Suite 217| Homewood, IL 60430

Office: 708-825-1688 ext.104 | Fax: 708-825-1688

Cell: [REDACTED]

Email: Louis.Williams@ExpressPros.com



Respecting People. Impacting Business.™



From: Robert Cronin <rcronin@assistinghands.com>
Sent: Monday, July 15, 2019 12:51 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

--

Robert E. Cronin
Owner
Assisting Hands Home Care
828 Davis St. Suite 307
Evanston, IL 60201

(847) 868-9213

(847) 868-3416

rcronin@assistinghands.com

Serving the communities of: Evanston, Wilmette, Winnetka, Northfield, Kenilworth, Glencoe, Northbrook, Glenview, Golf, Morton Grove, Skokie, Lincolnwood, Rogers Park and West Ridge

From: Laura Long <llong@bannerpersonnel.com>
Sent: Friday, July 19, 2019 5:10 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: CHICAGO FAIR WORKWEEK ORDINANCE
Attachment(s): "Chicago Fair Workweek Ordinance.docx"

From: Illinois Search & Staffing Association [mailto:info@issaworks.com]
Sent: Friday, July 19, 2019 4:16 PM
To: Laura Long
Subject: Legislative Alert - Breaking News from ISSA

Legislative Announcement from the Illinois Search and Staffing Association

ASA Issue Alert: Chicago City Council to Vote on Anti-Staffing Ordinance

Good day to you from the Illinois Search and Staffing Association. We just received this e-mail alert from Toby Malara at the American Staffing Association. It's very unfortunate that our efforts have not slowed down and allowed our industry to get the Mayor and her people to understand how bad this law will affect the people we employee and the clients we service. Toby and the lobbying team have been successful in getting a few changes and alterations to the bill but it is still flawed. Please review the call to action that Toby has outlined and if you live and/or work in Chicago, contact your Alderman today. This vote comes on Monday, July 22nd. Thanks for your efforts and anything you can do to help.

John Seelander

ISSA President

From: Toby Malara

Sent: Friday, July 19, 2019 2:29 PM

To: ASA Issue Alert Recipient

Subject: ASA Issue Alert: Chicago City Council to Vote on Anti-Staffing Ordinance

ASA Issue Alert

July 19, 2019

Contact: Toby Malara

Government Affairs Counsel

703-253-2027

tmalara@americanstaffing.net

Chicago City Council to Vote on Antistaffing Ordinance

Contact Your City Councilmember and the Mayor TODAY and Tell Them Not to Require Clients to Offer Additional Work to Existing Employees Before Using Staffing Firms

After two years of debate, negotiation, and intense lobbying by the American Staffing Association, its affiliated chapter, the Illinois Search & Staffing Association, and lobbyist Paul Rosenfeld of Government Navigation Group, the Chicago City Council is scheduled to vote on the latest iteration of the proposed Chicago Fair Workweek Ordinance this Monday, July 22.

While we have been successful in mitigating the effects of certain aspects of the ordinance on staffing companies, the current version of the ordinance still would require employers in covered industries to offer additional hours of work to existing employees before using staffing firm temporary employees. These industries include health care, hospitality, manufacturing, restaurants, retail, and warehousing.

The proposed ordinance also includes so-called predictive scheduling provisions requiring advanced notice of work schedules and changes thereto to be provided to workers. As originally drafted, these requirements would have applied to all temporary employees covered under the Illinois Day and Temporary Labor Services Act (temporary workers other than professional and clerical workers) and assigned to clients in the foregoing industries. After lengthy negotiations with key groups and policy makers and, after it became apparent the predictive scheduling requirements could not be defeated, the parties reached a compromise to greatly mitigate the impact on staffing companies—the requirements would apply only to temporary employees covered under the Day and Temporary Labor Services Act who work at least 420 hours annually and are assigned to clients in covered industries.

Given that policy makers intend to move forward with the offer of additional work requirement, please contact your councilmember and the mayor today and urge them not to require clients in covered industries to offer additional hours to existing employees before using staffing firms. Contact information and talking points are below.

Mayor Lori E. Lightfoot; letterforthemayor@cityofchicago.org; telephone number – (312) 744-5000

Click [here](#) to find your Councilmember or use the following list:

City Council Member / Ward / Phone Number

La Spata, Daniel 1 (312) 744-3063
Hopkins, Brian 2 (312) 744-6836
Dowell, Pat 3 (312) 744-8734 / 6712
King, Sophia D. 4 (312) 744-2690
Hairston, Leslie A. 5 (312) 744-6832 / 3195
Sawyer, Roderick T. 6 (312) 744-6868
Mitchell, Gregory I. 7 (312) 744-6833
Harris, Michelle A. 8 (312) 744-3075 / 6825
Beale, Anthony 9 (312) 744-6838 / 3061
Sadlowski Garza, Susan 10 (312) 744-3078
Thompson, Patrick D. 11 (312) 744-6663
Cardenas, George A. 12 (312) 744-3068 / 4025
Quinn, Marty 13 (312) 744-3058 / 3076
Burke, Edward M. 14 (312) 744-3380 / 3381
Lopez, Raymond A. 15 (312) 744-4321
Coleman, Stephanie D. 16 (312) 744-6850
Moore, David H. 17 (312) 744-3435
Curtis, Derrick G. 18 (312) 744-6856
O'Shea, Matthew J. 19 (312) 744-3072 / 5682
Taylor, Jeanette B. 20 (312) 744-6840
Brookins, Jr., Howard 21 (312) 744-4810 / 4811
Rodriguez, Michael D. 22 (773) 762-1771
Tabares, Silvana 23 (312) 744-6828 / 5683
Scott, Jr. Michael 24 (312) 744-6839 / 6849
Sigcho-Lopez, Byron 25 (773) 523-4100
Maldonado, Roberto 26 (312) 744-6853 / 4198
Burnett, Jr., Walter 27 (312) 744-6124 / 6125

Ervin, Jason C. 28 (312) 744-3066
Taliaferro, Chris 29 (312) 744-8805
Reboyas, Ariel 30 (312) 744-3304 / 3305
Cardona, Jr., Felix 31 (312) 744-6102
Waguespack, Scott 32 (312) 744-6567 / 6574
Rodriguez Sanchez, Rossana 33 (312) 744-3373
Austin, Carrie M. 34 (312) 744-6820 / 6829
Ramirez-Rosa, Carlos 35 (312) 744-6835
Villegas, Gilbert 36 (312) 744-4324
Mitts, Emma 37 (312) 744-3180 / 1589
Sposato, Nicholas 38 (312) 744-6857
Nugent, Samantha 39 (312) 744-7242
Vasquez, Jr., Andres 40 (312) 744-6858
Napolitano, Anthony V. 41 (312) 744-3942
Reilly, Brendan 42 (312) 744-3062 / 3065
Smith, Michele 43 (312) 744-5685 / 3071
Tunney, Thomas 44 (312) 744-3073 / 3133
Gardiner, James M. 45 (312) 744-6841
Cappleman, James 46 (312) 744-6831 / 5694
Martin, Matthew J. 47 (773) 868-4747
Osterman, Harry 48 (312) 744-6834 / 6860
Hadden, Maria E. 49 (312) 744-3067
Silverstein, Debra L. 50 (312) 744-6855 / 5680
Lightfoot, Lori E. Mayor (312) 744-5000

SAMPLE TALKING POINTS

My name is _____, and I am _____ [insert title] of _____ [insert company name]. Each year, my staffing firm employs _____ temporary employees [insert estimated number and types of temporary workers] in the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- *The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.*
- *The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.*
- *To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.*
- *The following example illustrates the ordinance’s harm:*

A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

277 S. Washington St., Suite 200

Alexandria, VA 22314-3675

703-253-2020

703-253-2053 fax

americanstaffing.net

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Corporate Office
1717 N. Naper Blvd., Suite 106
Naperville, IL 60563-8802

Phone 630-505-8881
Fax 630-505-4566
www.bannerpersonnel.com

July 19, 2019

Dear Mayor Lightfoot,

Chicago

53 W. Jackson Blvd.
Suite 1219
Chicago, IL 60604
312-922-5400
312-347-1206 Fax

Libertyville

1580 S. Milwaukee Ave.
Suite 409
Libertyville, IL 60048
847-247-2200
847-247-2202 Fax

Naperville

1717 N. Naper Blvd.
Suite 106
Naperville, IL 60563
630-505-8881
630-505-4566 Fax

My name is Laura Long and I am Vice-President of Banner Personnel Service, a WBE certified staffing company with a large location in Chicago. We have been in business since 1970 and every year we employ hundreds of talent people that work for various companies throughout Chicago. I am writing to you today regarding the Chicago Fair Workweek Ordinance. I was involved at a meeting at City Hall on June 5th that was run by Samantha Fields and Dan Lurie to discuss this ordinance.

While I appreciate the concessions that were made, I still have grave concerns about the ordinance:

- *The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.*
- *The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.*
- *To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense*
- *Please consider this real example: A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.*

I urge you not to adopt this requirement. Thank you for your consideration.

Sincerely,

Laura Long, CSP

BANNER PERSONNEL SERVICE, INC.

WBE certified by the City of Chicago

From: Anthony Lopez <ALopez@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 5:01 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

My name is Anthony Lopez and I am a Certified Personnel Consultant at Matthews Professional Employment, Inc. Each year, my staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Respectfully,

Anthony Lopez, C.P.C., C.T.S.

Certified Personnel Consultant

Matthews Professional Employment, Inc.

Phone (847) 249-1100 Fax (847) 249-1133



From: Kay Dulaney <KDulaney@MatthewsEmploys.com>
Sent: Friday, July 19, 2019 5:00 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

Congratulations on your election victory! My name is Kay Dulaney and I am a Personnel Consultant of Matthews Professional Employment, Inc. Each year, my staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Best Regards,

Kay Dulaney, CPC, CTS I Certified Personnel Consultant
Matthews Professional Employment, Inc.
P:847-816-6500 F: 847-816-1272
E:KDulaney@MatthewsEmploys.com



From: Connie Gonzalez <cgonzalez@matthewsemploys.com>
Sent: Friday, July 19, 2019 4:57 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Good afternoon Mayor Lightfoot,

My name is Connie Gonzalez and I am a Certified Personnel Consultant of Matthews Professional Employment, Inc. Each year, my staffing firm employs **hundreds** of temporary employees in the Chicagoland area and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance's harm:

A hospital client's employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker's duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Very Respectfully,

Connie Gonzalez, CPC, CTS | Certified Personnel Consultant

Matthews Professional Employment, Inc.

P:847-249-1100**F:** 847-249-1133

E:cgonzalez@matthewsemploys.com



From: Margalit Tocher <margalit@homecareassistance.com>
Sent: Tuesday, July 16, 2019 10:37 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients we serve as well as our employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like Home Care Assistance of Greater Chicago that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the client and his/her family with necessary supplies and resources;
- Clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to client death;
- Currently, when the client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the clients, however, remain, and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, client name and location (client's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While HCA Chicago takes responsibility for scheduling our more than 150 employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, our Company would be constrained by regulations that do not consider the individualized needs of clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like us. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Margalit Tocher
President
Home Care Assistance of Greater Chicago LLC



Phone: 312-380-6716

Offices in Kenilworth, Oak Brook, and Chicago

[Home Care Assistance Chicago](#)

[WeSeeYouChicago](#)

Changing the Way the World Ages

From: Cindy Madson <c.madson@homeinstead.com>
Sent: Thursday, July 18, 2019 12:46 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek

The Honorable Lori Lightfoot
121 North LaSalle Street
Chicago City Hall 4th Floor
Chicago, IL 60602

RE: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

Dear Mayor Lightfoot:

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs.
- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual falls and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her visits for the day/week and even pick up new visits.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

Cindy Madson
Owner

Home Instead Senior Care®
1100 E. Washington St. Ste. 202
Grayslake, IL 60030

P:847-543-8881
F:847-548-8229



"Caring Stars" award recipient from Caring.com



From: Murphy, Heather M. <Heather.Murphy@ExpressPros.com>

Sent: Monday, July 22, 2019 12:13 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Chicago Fair Workweek

To the Honorable Mayor Lori E. Lightfoot:

As a WOB, each year my staffing firm employs nearly 2000 temporary employees affecting the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense and is detrimental to the Chicago economy and tax base.
- The following example illustrates the ordinance’s harm:
 - A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

Respectfully,
Heather Murphy

Heather Murphy | Branch Manager



From: Kathryn Jurica <58412@homehelpershomecare.com>
Sent: Tuesday, July 16, 2019 1:51 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek
Attachment(s): "image007.png"

Kathryn Jurica
Owner
Home Helpers
151 W. Harrison Street
Bourbonnais, IL 60914

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,



Kay Jurica

Owner

p.815.401.5527

w.www.HomeHelpersHomeCare.com/Kankakee

a.750 Almar Parkway, Suite 200|Bourbonnais, IL 60914

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Own your results

Love what you do

Driven by excellence

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From: liz@iaccphp.org <liz@iaccphp.org>
Sent: Monday, October 28, 2019 9:19 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
CC: Sol.Flores@Illinois.gov <Sol.Flores@Illinois.gov>; Lizzy.Whitehorn@Illinois.gov <Lizzy.Whitehorn@Illinois.gov>; jmunoz@casacentral.org <jmunoz@casacentral.org>; mcerda@asiservices.org <mcerda@asiservices.org>; Dennis Mondero <dennism@chinesemutualaid.org>
Subject: Chicago Minimum Wage
Attachment(s): "Mayor Lightfoot Letter 10.28.19.pdf"

October 28, 2019

The Honorable Lori Lightfoot
Mayor
City of Chicago
121 North LaSalle Street
Chicago, IL 60602

RE: Minimum Wage

Dear Mayor Lightfoot:

Thank you for the opportunity to participate in recent stakeholder discussions regarding increasing the minimum wage to \$15 per hour in the City, and the timing of such proposed increases.

Last week, during your Budget Address, you stated,

Our 2020 Budget will also institute a path to a \$15 minimum wage in Chicago that we will arrive at by 2021 because our working families can't wait until 2025 to earn enough to live on. And just as we did when we developed our Fair Work Week legislation, we will roll out our \$15 minimum wage the right way – through on-going work with the City Council, business, labor, and community groups who have been at the table to create prosperity that is not only strong and alleviates poverty – but will stay strong for years to come.

It is vital that you continue to meet with stakeholders, including members of IACCPHP like Casa Central, ASI and Chinese Mutual Aid Association, before moving forward with a final proposal in order to understand the full impact of accelerating implementation of the minimum wage on community service organizations, and particularly the impact of the timing of the proposed increases.

As you know, our Association represents in-home care providers contracted with the State of Illinois in the Department on Aging's Community Care Program (CCP), a Medicaid waiver program. As we have previously articulated, we are supportive of higher wages for the hard-working home care aides serving vulnerable seniors, however, we are wholly dependent on reimbursement from the State of Illinois to fund any increases in labor costs. The proposed increases being discussed amount to a 15% increase in labor costs that simply cannot be absorbed by CCP providers, particularly the smaller, not-for-profit and ethnic-based providers. Should these cost mandates go unfunded, we are certain it will result in limited provider choice and a decline in the availability of culturally competent long-term care to Chicagoans.

As you heard directly from State Senator Heather Steans, the State's ability to fund additional rate increases in the next budget year is significantly impaired by ongoing Illinois budget issues and the significant investment made in the FY 2020 budget to increase rates to provider agencies, in part to fund previous Chicago minimum wage increases. Therefore, it is critical that timing of any future increases to Chicago's minimum wage be pushed out as long as is possible, to allow us time to work with the State to obtain additional funding.

For these reasons, we ask to be a part of continued discussions on timing before introduction or deliberation on a revised ordinance in the City Council.

Sincerely,



Theresa Collins
President

CC: The Honorable J.B. Pritzker, Governor
Sol Flores, Deputy Governor
The Honorable Michael Madigan, Speaker of the House
The Honorable Jim Durkin, Minority Leader of the House
The Honorable John Cullerton, President of the Senate
The Honorable Bill Brady, Minority Leader of the Senate
Jose Munoz, Casa Central

Dennis Mondero, Chinese Mutual Aid Association
Marta Cerda, ASI

October 28, 2019

The Honorable Lori Lightfoot
Mayor
City of Chicago
121 North LaSalle Street
Chicago, IL 60602



RE: Minimum Wage

Dear Mayor Lightfoot:

Thank you for the opportunity to participate in recent stakeholder discussions regarding increasing the minimum wage to \$15 per hour in the City, and the timing of such proposed increases.

Last week, during your Budget Address, you stated,

Our 2020 Budget will also institute a path to a \$15 minimum wage in Chicago that we will arrive at by 2021 because our working families can't wait until 2025 to earn enough to live on. And just as we did when we developed our Fair Work Week legislation, we will roll out our \$15 minimum wage the right way – through on-going work with the City Council, business, labor, and community groups who have been at the table to create prosperity that is not only strong and alleviates poverty – but will stay strong for years to come.

It is vital that you continue to meet with stakeholders, including members of IACCPHP like Casa Central, ASI and Chinese Mutual Aid Association, before moving forward with a final proposal in order to understand the full impact of accelerating implementation of the minimum wage on community service organizations, and particularly the impact of the timing of the proposed increases.

As you know, our Association represents in-home care providers contracted with the State of Illinois in the Department on Aging's Community Care Program (CCP), a Medicaid waiver program. As we have previously articulated, we are supportive of higher wages for the hard-working home care aides serving vulnerable seniors, however, we are wholly dependent on reimbursement from the State of Illinois to fund any increases in labor costs. The proposed increases being discussed amount to a 15% increase in labor costs that simply cannot be absorbed by CCP providers, particularly the smaller, not-for-profit and ethnic-based providers. Should these cost mandates go unfunded, we are certain it will result in limited provider choice and a decline in the availability of culturally competent long-term care to Chicagoans.

As you heard directly from State Senator Heather Steans, the State's ability to fund additional rate increases in the next budget year is significantly impaired by ongoing Illinois budget issues and the significant investment made in the FY 2020 budget to increase rates to provider agencies, in part to fund previous Chicago minimum wage increases. Therefore, it is critical that timing of any future increases to

Chicago's minimum wage be pushed out as long as is possible, to allow us time to work with the State to obtain additional funding.

For these reasons, we ask to be a part of continued discussions on timing before introduction or deliberation on a revised ordinance in the City Council.

Sincerely,

A handwritten signature in cursive script that reads "Theresa L. Collins".

Theresa Collins
President

CC: The Honorable J.B. Pritzker, Governor
Sol Flores, Deputy Governor
The Honorable Michael Madigan, Speaker of the House
The Honorable Jim Durkin, Minority Leader of the House
The Honorable John Cullerton, President of the Senate
The Honorable Bill Brady, Minority Leader of the Senate
Jose Munoz, Casa Central
Dennis Mondero, Chinese Mutual Aid Association
Marta Cerda, ASI

From: Sanchez (CEO), Jose R. <JRSanchez@nahospital.org>
Sent: Wednesday, August 28, 2019 12:37 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Community Champion Award

Honorable Mayor Lightfoot,

I am pleased to inform you that the Board of Directors of Norwegian American Hospital has selected you to receive the Community Champion Award at our Annual Board Retreat Luncheon on Saturday, October 26.

Your commitment to social justice, the City of Chicago and its citizens is to be commended. You have been a champion and advocate for safety net hospitals and the safety net constituency group during a time of significant socio-economic challenges, which has been very impactful. It goes without saying that your recent involvement to delay implementation of the Fair Work Week Ordinance for safety nets was unprecedented.

It would be an honor and great privilege to recognize your leadership on behalf of all safety net hospitals, particularly Norwegian American Hospital, at this Retreat. The Luncheon will take place at noon at the University Club of Chicago. We sincerely hope that you will accept our invitation and look forward to a positive response.

If you have any questions or require further information at this time, please do not hesitate to contact me. I look forward to hearing from you soon.

Respectfully,

José R. Sánchez

Administration | President and CEO

Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622

Phone 773-292-8204|Fax 773-278-3531

jrsanchez@nahospital.org | <http://www.nahospital.org>

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From: travis@arisathome.com <travis@arisathome.com>
Sent: Friday, July 12, 2019 9:08 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Concerns with the Chicago Fair Workweek Ordinance

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers.

If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Travis Slaby
President



Phone: (708) 934-4676
Cell: [REDACTED]

Fax: (888) 502-6691

Email: travis@arisathome.com

www.arisathome.com

Accountability, Respect, Integrity and Service are what ARIS represents

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From: Paul Mastrapa <pmastrapa@helppathome.com>
Sent: Monday, July 15, 2019 2:50 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Concerns with the Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Paul Mastrapa
Chief Executive Officer
Help At Home, LLC
1 N. State Street, Suite 800
Chicago, Illinois 60602
Direct: (312) 704-0111
pmastrapa@helppathome.com

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From: Sergey Bogomolov <sb@solveitstrategies.com>
Sent: Friday, July 19, 2019 2:34 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
CC: Ward03 <Ward03@cityofchicago.org>
Subject: Do not adopt this requirement under Chicago Fair Workweek Ordinance

My name is Sergey Bogomolov, and I am the President of Solve IT Strategies, a staffing firm. Each year, my staffing firm employs 50+ temporary employees in the city of Chicago, and I am writing to you regarding the Chicago Fair Workweek Ordinance.

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense.
- The following example illustrates the ordinance’s harm:
 - A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

I urge you not to adopt this requirement. Thank you for your consideration.

--
Sergey Bogomolov
Solve IT Strategies, Inc.
Recruiter, Managing Partner
312-870-0365 Office
sb@solveitstrategies.com
www.solveitstrategies.com



From: Catherine Millar <c.millar@giordanos.com>
Sent: Tuesday, April 14, 2020 8:37 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Work Week - Please Extend the Dates

Hello Mayor,

First off, thank you for the great job you are doing! I am proud of my city and I'm so proud to have you as my Mayor.

Second, **Fair Work Week** is an initiative with a due date of July 1, 2020. Many companies are waiting for an update of this initiative being pushed back to a new date.

With the crisis at the forefront, the Fair Work Week strategy and actions are pushed aside and the dates will be impossible to meet.

Would you please extend this date to **January of 2021**. The Fair Work Week will cost money to initiate with the tracking requirements and oversight. The concern is the cost with the lack of business profits and assets including people to meet your dates.

Thanks so much for taking the time to review this and if I can assist you in any way, please let me know!!

We would love to send you Giordano's pizza's to you and your team anytime you want them!

Best regards,

Cathy Millar

Human Resources



60 East Superior Street | Suite 300 | Chicago, IL 60611
main 312-641-6500 | direct 312-589-3215
c.millar@giordanos.com | www.giordanos.com

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From: Catherine Millar <c.millar@giordanos.com>
Sent: Tuesday, May 12, 2020 3:27 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Work Week Ordinance!

Mayor,

The Fair Work Week Ordinance that is to begin on 7/1/2020 will be all but impossible to meet the guidelines on. With team members laid off and furloughed we have no way to implement this very important but intricate requirements. We are hoping that this will be delayed to at least 1/1/2021 to be able to have the team needed to create the processes that are required.

Would you please address this ASAP as many companies are waiting to find out if this will be pushed back.

Thanks so much for your time and I think you are doing a fantastic job!

Cathy Millar

Human Resources



60 East Superior Street | Suite 300 | Chicago, IL 60611
main 312-641-6500 | direct 312-589-3215
c.millar@giordanos.com | www.giordanos.com

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From: lizvogt@ilhomecare.org <lizvogt@ilhomecare.org>
Sent: Friday, June 14, 2019 11:56 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Work Week Ordinance
Attachment(s): "CFWW Letter Lightfoot 6.13.19 Final.pdf", "FWW Final for 5.29.19 - with comments.pdf"
Mayor Lightfoot:

In follow-up to Monday's meeting of the Committee on Workforce Development, I am writing on behalf of the Home Care Association of America, Illinois Association of Community Care Program Homecare Providers, and Illinois HomeCare & Hospice Council, a coalition of home care stakeholders to share our concerns with the Chicago Fair Workweek Ordinance as proposed. This coalition represents home health, hospice and home services providers across the City of Chicago, the state of Illinois and the country. Our members provide skilled nursing, physical therapy, occupational therapy, hospice services, social work and assistance with activities of daily living to seniors, individuals with disabilities and other vulnerable populations in their homes throughout the City on a daily basis.

The attached letter outlines our concerns. **We ask that you consider amending the Ordinance to apply only to a set of very targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Agency Licensing Act) from the requirements of the Ordinance.**

Thank you for your consideration. Please contact me with any questions.

Liz Vogt
Director of Regulatory and Government Affairs
Illinois HomeCare and Hospice Council
lizvogt@ilhomecare.org
217.753.4422
www.ilhomecare.org



June 14, 2019

The Honorable Lori Lightfoot
121 North LaSalle Street
Chicago City Hall 4th Floor
Chicago, IL 60602

RE: Chicago Fair Work Week Ordinance

Dear Mayor Lightfoot:

We are writing on behalf of the Home Care Association of America-IL Chapter, Illinois Association of Community Care Program Homecare Providers, and Illinois HomeCare & Hospice Council, a coalition of home care stakeholders to share our concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. This coalition represents home health, hospice and home care services providers across the City of Chicago, the state of Illinois and the country. Our members provide skilled nursing, physical therapy, occupational therapy, hospice services, social work and assistance with activities of daily living to seniors, individuals with disabilities and other vulnerable populations in their homes throughout the City on a daily basis.

Thank you for attending the subject matter hearing of the Committee on Workforce Development on Monday, June 10. Many of our members presented testimony in opposition to the Ordinance as proposed. In follow up to the Committee hearing, we write to offer a summary of our concerns related to including home care as a covered industry.

One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, we have serious concerns about its impact on the patients and clients served by our member providers as well as their employees. Patients and clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;

- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.

While home care provider administrators are responsible for scheduling their employees, changes in the schedule are fueled by the ever-changing needs of the patient/client. Accordingly, providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **We ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for our provider members. Our schedules include the name and address of the patient/client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. We have identified sections of the ordinance in the attached version that outline requirements in violation of HIPAA.

Thank you for your time and consideration of our concerns. We look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Katie Fielmann
Chair
Home Care Association of America
Illinois Chapter

Theresa Collins
Illinois Association of Community Care
Program Homecare Providers

Liz Vogt
Director of Government &
Regulatory Affairs
Illinois HomeCare & Hospice Council

SUBSTITUTE ORDINANCE

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO

SECTION 1. Title 1 of the Municipal Code of Chicago is hereby amended by adding a new Chapter 1-25 as follows:

CHAPTER 1-25 CHICAGO FAIR WORKWEEK ORDINANCE

1-25-010 Purpose and Intent

This Chapter shall be known and may be cited as the “Chicago Fair Workweek Ordinance.” It is the purpose of this Chapter and the policy of the City: (i) to enact and enforce fair and equitable employment scheduling practices in the City of Chicago; and (ii) to provide the working people of Chicago with protections that ensure employer scheduling practices to not unreasonably prevent workers from attending to their families, health, education and other personal and familial obligations.

1-25-020 Definitions

As used in this Chapter, the following terms shall have the following meanings:

“Airport(s)” means any Licensed Service Providers at Chicago O'Hare and Chicago Midway International Airports as defined in Section 2-20-020 of the Chicago Municipal Code.

“Building services” means as any employer that employs any individual performing janitorial services, building maintenance services, security services or other services in or around a covered location to maintain the security, repair, cleanliness, and overall quality of any residential or commercial property.

A “child care employer” is one that provides child care in a facility other than a family home and:

- 1. _____ is licensed under the Illinois Child Care Act of 1969 (“Child Care Act”) as a day care center; or**
- 2. _____ has requested and received exemption from licensure as a day care center under the Child Care Act; or**
- 3. _____ is otherwise exempt from licensure as a day care center but is required by the Child Care Act to comply with staff qualification and training standards for out-of-school time programs.**

“Commissioner” means the Commissioner of Business Affairs and Consumer Protection or his or her authorized representatives, or that of any succeeding office, agency or department.

“Construction industry” means any constructing, altering, reconstructing, repairing, rehabilitating, refinishing, refurbishing, remodeling, remediating, renovating, custom fabricating, maintenance, landscaping, improving, wrecking, painting, decorating, demolishing, and adding to or subtracting from any building, structure, highway, roadway, street, bridge, alley, sewer, ditch, sewage disposal plant, waterworks, parking facility, railroad, excavation or other structure, project, development, real property or improvement, or to do any part thereof, whether or not the performance of the work herein described involves the addition to, or fabrication into, any structure, project, development, real property or improvement herein described of any material or article of merchandise. Construction shall also include moving construction related materials on the job site to or from the job site, snow plowing, snow removal, and refuse collection.

“Covered Employee” means any Employee who **works in any of the industries regulated by this ordinance as defined herein and**, in any particular two-week period, performs at least two hours of work for an Employer while physically present within the geographic boundaries of the City. For purposes of this definition, time spent traveling in the City that is compensated time, including, but not limited to, deliveries, sales calls, and travel related to other business activity taking place within the City, shall constitute work while physically present within the geographic boundaries of the City; however, time spent traveling in the City that is uncompensated commuting time shall not constitute work while physically present within the geographic boundaries of the City. An Employee who is paid on a salary basis and whose rate of pay per week is greater than the current 40th percentile of weekly earnings of full-time non-hourly workers in the Midwest Census Region, exclusive of board, lodging, or other facilities, as determined by the U.S. Department of Labor, but never less than \$50,000 per year, or \$962 per week, shall not be considered a Covered Employee for the purposes of this Chapter. An Employee shall be considered to be paid on a “salary basis” if the Employee regularly receives each pay period on a weekly, or less frequent basis, a predetermined amount constituting all or part of the employee’s compensation, which amount is not subject to reduction because of variations in the quality or quantity of the work performed, and without regard to the number of days or hours worked. An Employee shall be a

Covered Employee if the advance notice of his or her Work Schedule as required under Section 50(b) provides the Employee with the hours of work needed to be a Covered Employee, If there is any subsequent change in scheduled hours, a decrease in hours shall not cause an Employee to lose his or her status as a Covered Employee, and an increase in hours shall allow an Employee to be a Covered Employee, including those offered under Section 50. No other terms or conditions of employment, including the location of work performed, shall be required to determine who is a Covered Employee.

“Covered Employee” does not include any Employee: (i) who works in a sports stadium within the City that regularly hosts athletic contests by teams that are members of Major League Baseball, the National Basketball Association, the National Hockey League, the National Football League, Major League Soccer, or the Women’s National Basketball Association; or (ii) subject to the Hours of Service requirements of 49 U.S.C. Chapter 211 and 49 CFR Part 228.

“Department” means the Department of Business Affairs and Consumer Protection or any succeeding office, agency or department.

“Domestic Violence” means abuse, as defined in Section 103 of the Illinois Domestic Violence Act of 1986, 750 ILCS 60.

“Employee” shall mean any individual suffered or permitted to work by an Employer. “Employee” does not include a person who the Employer establishes: (i) has been and will continue to be free from control and direction over the performance of his or her work, both under a contract of service and in fact; (ii) is engaged in an independently established trade, occupation, profession or business; or (iii) is deemed a legitimate sole proprietor or partnership. A sole proprietor or partnership shall be deemed to be legitimate if the Employer establishes that:

- (a) the sole proprietor or partnership is performing the service free from the direction or control over the means and manner of providing the service, subject only to the right of the Employer for whom the service is provided to specify the desired result;
- (b) the sole proprietor or partnership is not subject to cancellation or destruction upon severance of the relationship with the Employer;
- (c) the sole proprietor or partnership has a substantial investment of capital in the sole proprietorship or partnership beyond the ordinary tools and equipment and a personal vehicle;
- (d) the sole proprietor or partnership owns the capital goods and gains the profits and bears the losses of the sole proprietorship or partnership;

- (e) the sole proprietor or partnership makes its services available to the general public on a continuing basis;
- (f) the sole proprietor or partnership includes services rendered on a Federal Income Tax Schedule as an independent business or profession;
- (g) the sole proprietor or partnership performs services for the contractor under the sole proprietorship's or partnership's name;
- (h) when the services being provided require a license or permit, the sole proprietor or partnership obtains and pays for the license or permit in the sole proprietorship's or partnership's name;
- (i) the sole proprietor or partnership furnishes the tools and equipment necessary to provide the service;
- (j) if necessary, the sole proprietor or partnership hires its own Employees without approval of the Employer, pays the Employees without reimbursement from the Employer and reports the Employees' income to the Internal Revenue Service;
- (k) the Employer does not represent the sole proprietorship or partnership as an Employee of the Employer to the public; and
- (l) the sole proprietor or partnership has the right to perform similar services for others on whatever basis and whenever it chooses.

"Employer" means any individual, natural person, corporation, nonprofit corporation, general partnership, limited partnership, limited liability partnership, limited liability company, business trust, estate, trust, association, joint venture, agency, instrumentality, any other legal or commercial entity, whether domestic or foreign, or any person or group or persons who directly or indirectly (including through the services of a temporary services or staffing agency or similar entity) employs or exercises control over the wages, hours or working conditions of one or more Employees **within the below listed and defined industries:**

- (i) Day and temporary labor service agencies as defined by 820 ILCS 175/5;**
- (ii) Hotels as defined by 4-6-180 of the Chicago Municipal Code;**
- (iii) Restaurants as defined herein;**
- (iv) Building services as defined herein;**
- (v) Healthcare Facility or Program as defined herein;**
- (vi) Manufacturing as defined herein;**

- (vii) Airports as defined herein;
- (viii) Warehouses as defined herein;
- (xi) Retail as defined herein;
- (x) Childcare as defined herein.

“Employer” means any individual, natural person, corporation, nonprofit corporation, general partnership, limited partnership, limited liability partnership, limited liability company, business trust, estate, trust, association, joint venture, agency, instrumentality, any other legal or commercial entity, whether domestic or foreign, or any person or group or persons who directly or indirectly (including through the services of a temporary services or staffing agency or similar entity) employs or exercises control over the wages, hours or working conditions of one or more Employees. To qualify as an Employer, such individual, group, or entity must: (1) maintain a business facility within the geographic boundaries of the City; or have thirty locations globally and have Employees working for the Employer within the geographic boundaries of the City; or be subject to one or more of the license requirements in Title 4 of this Code; and (2) employ one hundred or more individuals in the aggregate, within any dwelling unit, residence, or any other location or locations.

In the case of restaurants, for the purposes of this Chapter being defined as any and all businesses licensed to serve food in the City of Chicago, to qualify as an Employer, such individual, group or entity must: (i) maintain a business facility within the geographic boundaries of the City, (ii) have thirty locations globally, (iii) be subject to one or more of the license requirements in Title 4 of this Code, and (iv) employ two hundred and fifty or more individuals in the aggregate, within any dwelling unit, residence, or any other location or locations.

For purposes of this subsection, in determining the number of Employees where the number of Employees fluctuates, the number may be determined for the current calendar year based upon the average number of Employees who worked for compensation each week during the preceding calendar year.

In determining the number of locations an Employer owns or operates, franchisees that operate three or fewer locations shall be considered separate from franchisors and other franchisees operating the same brand.

In the case of non-profits, for the purposes of this Chapter, to qualify as an Employer the non-profit must: (i) maintain a business facility within the geographic boundaries of the City, and (ii) employ two hundred and fifty or more individuals in the aggregate, within any dwelling unit, residence, or any other location or locations.

“Employer” does not include: (i) any person subject to, or with Employees subject to the Railway Labor Act (45 U.S.C. 181 *et seq.*).

“Family or household member” means a spouse, party to a civil union, parent, child, any other individual related by blood or current or former marriage or civil union, other person who shares a relationship through a child, persons whose close relationship with the Employee is the equivalent of a family relationship, or persons jointly residing in the same household.

“Group Communication” means communication to four or more Employees.

“Healthcare Facility or Program” means a health care or long-term services system employer that:

- 1. participates as a provider in the Medicare program under Title XVIII of the federal Social Security Act or in Medicaid under Title XIX of the Social Security Act; or**
- 2. receives payment for services from a health plan operating under the Illinois Insurance Code or Health Maintenance Organization Act; or**
- 3. provides services under the Illinois Act on the Aging or Rehabilitation of Persons with Disabilities Act; or**
- 4. is licensed under one of the following Illinois licensing acts: Hospital Licensing Act, Nursing Home Care Act, Specialized Mental Health Rehabilitation Facilities Act, Assisted Living and Shared Housing Act, Life Care Facilities Act, Ambulatory Surgical Treatment Center Act, or the Home Health, Home Services, and Home Nursing Agency Licensing Act.**

“Manufacturing” means all operations in Chicago’s M1, M2 and M3 manufacturing districts, as defined in § 17-5-0102, § 17-5-0103 and § 17-5-0104 of the Chicago Zoning Ordinance.

“Predictability Pay” means wages paid to a Covered Employee, calculated on an hourly basis at the Employee’s regular rate of pay as that term is used in 29 U.S.C. § 207(e), as compensation for schedule changes made by an Employer to an Employee’s schedule pursuant to this Chapter, in addition to any wages earned for work performed by that Employee.

“Public utility” shall have the meaning ascribed to that term in 220 ILCS 5/3-105.

“Retail” means any entity that is engaged primarily in the sale of consumer goods. For the purposes of this definition, “consumer goods” means products that are primarily for personal, household, or family purposes, including but not limited to appliances, clothing, electronics, groceries, and household items. Retail shall include “filling stations” as defined by 4-108-010 of the Chicago Municipal Code.

“Sexual Violence” means any conduct proscribed by the Criminal Code of 2012, 720 ILCS 5/, in Article 11 and Sections 12-7.3, 12-7.4, and 12-7.5.

“Shift” means the consecutive hours an Employer schedules an Employee to work including Employer-approved meal periods and rest periods.

“Telecommunications carrier” shall have the meaning ascribed to that term in 220 ILCS 5/13-202.

“Warehouse” means any employer that engages in the distribution, and delivery of commercial goods including selecting, loading, packing, sorting, stacking, wrapping, storage, and delivery to customer or to point of sale.”

“Work Schedule” means all of an Employee’s shifts, including specific start and end times for each shift, during a calendar week.

“Writing” or “written” means a printed or printable communication in physical or electronic format including a communication that is transmitted through electronic mail, text message or a computer system or is otherwise sent and stored electronically.

1-25-030 Application to Collective Bargaining Agreements

Nothing in this Section shall be deemed to interfere with, impede, or in any way diminish the right of Employees to bargain collectively with their Employers through representatives of their own choosing in order to establish wages or other conditions of work in excess of the applicable minimum standards of the provisions of this Chapter. Nothing in this Section shall be deemed to affect the validity or change the terms of bona fide collective bargaining agreements in force on the effective date of this Chapter. After the effective date of this Chapter, the requirements of this Section may be waived in a bona fide collective bargaining agreement, but only if the waiver is set forth explicitly in such agreement in clear and unambiguous terms. In no event shall this Section apply to any Employee covered by a bona fide collective bargaining agreement who (i) works in the construction industry or (ii) works for a public utility or telecommunications carrier, or affiliate of any such entity and requires specialized and ongoing technical training or (iii) works for an employer that directly competes with the United States Postal Service in providing warehouse services as defined in this ordinance to effectuate the delivery, pickup and transportation of parcels, documents and freight.

1-25-040 Advance Notice of Work Schedules

(a) Initial Estimate of Work Schedule

(1) Prior to or on commencement of employment, an Employer shall provide every Covered Employee with a good faith estimate in writing of the Covered Employee's work schedule, including:

- (A) The median number of weekly work hours the Covered Employee can expect to work each week;
- (B) Whether the Covered Employee can expect to work any on-call shifts;
- (C) A subset of days and a subset of times or shifts that the Covered Employee can expect to work, or days of the week and times or shifts on which the Covered Employee will not be scheduled to work. The good faith estimate is not a contractual offer binding the Employer, but an estimate made without a good faith basis is a violation of this section. The Employer is encouraged to engage in an interactive process to discuss such Covered Employee requests, but may grant or deny the request for any reason that is not unlawful.

(2) Prior to or on commencement of employment, the Covered Employee may request that the Employer modify the estimated work schedule provided under subsection (a)(1) of this section. The Employer shall consider any such request, and in its sole discretion may accept or reject the request, provided that the Employer shall notify the Covered Employee of Employer's determination in writing prior to commencement of employment.

(b) Two Weeks' Advance Notice of Work Schedule.

(1) An Employer shall provide its Covered Employees with written notice of work hours no later than 10 days before the first day of any new schedule from April 1, 2020, to March 31, 2022, and shall be posted no later than 14 days before the first day of any new schedule beginning April 1, 2022, by posting the Work Schedule in a conspicuous place at the workplace that is readily accessible and visible to all Covered Employees. ~~The written work schedule shall include the shifts of all current Covered Employees at that worksite, whether or not they are scheduled to work or be on call that week. Additionally, upon written or oral request of a Covered Employee, Employer shall transmit the Work Schedule by electronic means.~~ Employers shall provide each new Covered Employee prior to or on the new Employee's first day of employment with an initial Work Schedule that runs through the date that the next work schedule for existing Covered Employees is scheduled to be posted.

(2) Thereafter, the Employer shall include the new Covered Employee in an existing Work Schedule with other Covered Employees. If the Employer changes a Covered Employee's Work Schedule after it is posted and/or transmitted, such changes shall be subject to the notice and compensation requirements set forth in this Chapter. This notice requirement shall not apply to any Work Schedule changes the Covered Employee initiates, such as Covered Employee-requested sick leave, time off, shift trades, or additional shifts.

~~(3) A Covered Employee who is a victim of domestic or sexual violence or who has a family or household member who is a victim may request that his or her schedule not be posted or transmitted to other Covered Employees and that the schedule be submitted only to him or her in the method of delivery determined by the Covered Employee make the request to ensure his or her privacy and safety. An oral request shall be sufficient and implemented immediately. An Employer may request a written statement from the Covered Employee that states that he or she is a victim or has a family or household member who is a victim. The statement shall satisfy any documentation or evidence needed for the Employer to implement the request. The Employer may not require a written statement more than once in a calendar year from any Covered Employee for this purpose. The Covered Employee shall have up to four weeks to submit the written statement. Compliance with this Subsection (b)(3) shall not in any manner abrogate the Employer's duty to comply with any part of this Chapter.~~

1-25-050 Notice, Right to Decline, and Compensation for Schedule Changes

(a) Subject to the exceptions in Subsection (d) of this section, a Covered Employee has the right to decline any previously unscheduled hours that the Employer adds to the Covered Employee's schedule, and for which the Covered Employee has been provided advance notice of less than 10 days before the first day of any new schedule from April 1, 2020, to March 31, 2022, and less than 14 days before the first day of any new schedule beginning April 1, 2022.

(b) Subject to the exceptions in Subsection (d) of this section, an Employer shall provide a Covered Employee with compensation as defined below, and in addition to compensation for hours worked by the Covered Employee, per Shift for each previously scheduled Shift after which the Employer makes one or more of these changes:

(1) One hour of Predictability Pay when the Employer:

- (A) adds hours of work.
- (B) changes the date or time of a work shift with no loss of hours.
- (C) with more than 24 hours' notice, cancels or subtracts hours from a

regular or on-call shift.

(2) No less than one-half times the Covered Employee's regular rate of pay per hour for any scheduled hours the Covered Employee does not work because the Employer, with less than 24 hours' notice:

- (A) subtracts hours from a regular or on-call shift.
- (B) cancels a regular or on-call shift.

(c) The employer shall amend the posted work schedule and transmit to the covered employee in writing.

(d) Exceptions. The requirements of this section shall not apply under any of the following circumstances:

(1) Operations cannot begin or continue due to threats to Employers, Covered Employees, or property, or when civil authorities recommend that work not begin or continue;

(2) Operations cannot begin or continue because public utilities fail to supply electricity, water, or gas, or there is a failure in the public utilities or sewer system;

(3) Operations cannot begin or continue due to: acts of nature (including but not limited to flood, fire, explosion, earthquake, tidal wave, drought), war, civil unrest, strikes, **pandemics**, or other cause not within the Employer's control;

(4) A schedule change is the result of a mutually agreed upon shift trade or coverage arrangement between Covered Employees, subject to any existing Employer policy regarding required conditions for Covered Employees to exchange shifts;

(5) Changing a previously scheduled shift provided the shift is mutually agreed upon in writing by the Covered Employee and Employer. ~~The Employer shall transmit electronically the changed work schedule in writing in the manner preferred by the Covered Employee including, but not limited to, email, text, or Facebook messaging as used by the Employer. The Employer shall ask the Covered Employee of his or her preferred manner of electronic transmission of the work prior to the day the work schedule is changed. If the Employer does not have access to the preferred mode of electronic transmission, the Covered Employee's second choice of preferred transmission shall be used.~~

(6) A Covered Employee requests a shift change in writing, including but not limited to use of sick leave, vacation leave, or other policies offered by the Employer.

(7) An Employer subtracts hours from a Covered Employee's work schedule for disciplinary reasons for just cause, provided the Employer documents the incident leading to the Covered Employee's discipline in writing.

~~(8) Additional hours that the Covered Employee volunteers to work in response to a written group communication, in writing from the Employer, about the availability of additional hours, provided that the group communication:~~

~~(A) is only used for additional hours that are the result of another Covered Employee being unable to work scheduled hours, and~~

~~(B) states that accepting such hours is voluntary and the Covered Employee has the right to decline such hours.~~

~~(9) Additional hours that an Employer requests Covered Employees who are currently working, through a written or in person group communication, to work in order to address present and unanticipated customer needs, provided that~~

~~(A) the hours are consecutive to the hours the Covered Employee is currently working, and~~

~~(B) accepting such hours is voluntary and the Covered Employee has the right to decline such hours.~~

(10) A hotel banquet event is scheduled due to circumstances that are outside the Employer's control, the attendee counts increase by more than 20%, or a "pop-up event" is scheduled after the Employer provides the Posted Work Schedule. For the purposes of this subsection, a "pop-up event" means a new hotel banquet event scheduled within 48 hours of the event occurring.

(e) Nothing in this section shall be construed to prohibit an Employer from providing greater advance notice of a Covered Employee's Work Schedules and/or changes in schedules than that required by this section.

1-25-060 Offer of Additional Work Hours to Existing Employees

(a) Subject to the limitations herein, before hiring new Covered Employees or contract Employees, including hiring through the use of temporary services or staffing agencies, an Employer shall first offer additional hours of work to existing Covered Employee(s) if the Covered Employee(s) are qualified to do the additional work, as reasonably and in good faith determined by the Employer.

(b) An Employer shall distribute shifts, in accordance with the criteria contained in the notice required by this section, provided that:

(1) the Employer's system for distribution of hours must not discriminate on the basis of race, color, creed, religion, ancestry, national origin, sex, sexual orientation, gender identity or expression, disability, age, marital or familial status, nor on the basis of family caregiving responsibilities or status as a student;

(2) the Employer may not distribute hours in a manner intended to avoid application of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18001;

(3) an Employer shall distribute shifts to Covered Employees whose regular workplace is the location where the shifts described in the notice will be worked; and to

Covered Employees whose regular workplace is a covered location other than the location where such shifts will be worked. **If no such Covered Employee accepts the shifts within the time defined in this Section, and it is regular practice of the Employer to schedule Covered Employees across multiple locations, to Covered Employees whose regular workplace is a covered location other than the location where such shifts will be worked. If not a regular practice, offering additional shifts to Covered Employees at a different location shall be at the option of the Employer.** If no such Covered Employee accepts the shifts described in the notice within the time defined in this section, hours may be offered to temporary or seasonal workers who have been continuously assigned for at least two weeks to the location where the shift described in the notice will be worked.

(c) A Covered Employee may, but is not required to, accept the Employer's offer of additional work under this section. A Covered Employee who wishes to accept the additional hours must do so in writing.

~~(d) When this section requires an Employer to offer additional hours to existing Covered Employees, the Employer shall post written notice of available work shifts for no less than 24 hours before the work to be timely performed. The Employer shall make the offer by posting the offer in a conspicuous location in the workplace where notices to Employees are customarily posted, and must also make the offer through group communication. Employers may also post the notice electronically on an internal website in a conspicuous location and which website is readily accessible to all Covered Employees. The notice shall include the total hours of work being offered, the schedule of available shifts, whether those shifts will occur at the same time each week, and the length of time the Employer anticipates requiring coverage of the additional hours, the process by which Covered Employees may notify the Employer of their desire to work the offered hours, an advisement that a Covered Employee may accept a subset of the shifts offered, and the criteria the Employer will use for the distribution of the shifts. The Employer may post the notice concurrently at the location where the shifts described in the notice will be worked, locations other than the location where the work is to be performed, and to external candidates.~~

(e) The Employer shall retain each written offer no less than three years as required under this Chapter.

(f) The Employer may hire individuals from an external applicant pool or subcontractors to perform the work described in, and in accordance with the criteria set forth in, the notice posted pursuant to this section if the Employer provides notice of available work shifts to all Covered Employees and:

- (1) no Covered Employee responds to the written notice of available work shifts by the end of the 24-hour three day posting period;
- (2) the Employer receives written confirmation from eligible Covered Employees that they are not interested in accepting the available work shifts; or
- (3) existing Covered Employees have accepted a subset of the offered work shifts, in which case the existing Covered Employees must be awarded that subset of work shifts.

(g) This Section shall not be construed to require any Employer to offer Covered Employees work hours paid at a premium rate as required by law nor to prohibit any Employer from offering such work hours.

(h) An Employer shall distribute shifts to Covered Employees whose regular workplace is the location where the shifts described in the notice will be worked; or, if no such Covered Employee accepts the shifts within the time defined in this Section, and it is regular practice of the Employer to schedule Covered Employees across multiple locations, to Covered Employees whose regular workplace is a covered location other than the location where such shifts will be worked. If not a regular practice, offering additional shifts to Covered Employees at a different location shall be at the option of the Employer.

1-25-070 Right to Rest

(a) A Covered Employee has the right to decline work hours that occur during the 10 hours that are scheduled or otherwise occur: (1) less than 10 hours after the end of the previous day's shift, or (2) during the 10 hours following the end of a shift that spanned two days. A Covered Employee who agrees to work hours described in this section, but has not consented in writing, shall be compensated one-and-a-half times the Covered Employee's regular rate of pay for any hours worked less than 10 hours following the end of a previous shift.

~~(b) A Covered Employee may consent to work such shifts; however, consent must be provided by written communication, either for each shift or for multiple shifts, and may be revoked by written communication at any time during employment. (c) No part of this section shall exempt the Employer's obligation to pay the Covered Employee an additional hour's wages if the agreement or change occurs within 24 hours of the shift in question.~~

1-25-080 Right to Request a Flexible Working Arrangement

A Covered Employee has the right to request a modified work schedule, including but not limited to additional shifts or hours; changes in days of work or start and/or end times for the shift; permission to exchange Shifts with other Covered Employees; limitations on availability; part-time employment; job sharing arrangements; reduction or change in work duties; or part-year employment. An Employer shall not retaliate against a Covered Employee for exercising his or her rights under this Section. All responses to requests shall be made in writing by the Employer.

1-25-090 Notice and Posting

(a) The Department shall publish and make available to Employers, in English and other languages as provided in any implementing regulations, a notice suitable for posting by Employers in the workplace informing Covered Employees of their rights under this Chapter.

(b) Each Employer shall give written notification to each current Covered Employee and to each new Covered Employee at time of hire, of his or her rights under this Chapter. The notification shall be in English and other languages as provided in any implementing regulations, and shall also be posted prominently in areas at the work site where it will be seen by all Covered Employees. Every Employer shall also provide each Covered Employee at the time of hire with the Employer's name, address, and telephone number in writing. Failure to post such notice shall render the Employer subject to administrative citation, pursuant to the provisions of this Chapter. The Department is authorized to prepare sample notices and Employer use of such notices shall constitute compliance with this subsection.

(c) All notices and postings that name individual Covered Employees shall comply with Section 1-25-050(b)(3).

1-25-100 Implementation, Authority and Investigation

(a) **Rules.** The City shall coordinate implementation and enforcement of this Chapter and shall promulgate appropriate rules for such purposes. The rules may establish procedures for ensuring fair, efficient and cost-effective implementation of this Chapter, including supplementary procedures for helping to inform Employees of their rights under this Chapter, for monitoring Employer compliance with this Chapter, and for providing administrative hearings to determine whether an Employer has violated the requirements of this Chapter.

(b) **Reporting Violations.** An aggrieved Employee may report to the Department, in writing any suspected violation of this Chapter. The Department shall keep confidential, to the maximum extent permitted by applicable laws, the name and other identifying information of the Employee reporting the violation. Provided, however, that with the authorization of such Employee, the Department may disclose his or her name and identifying information as necessary to enforce this Chapter or other Employee protection laws. An Employee may report to the City that his or her Employer has committed any violation of this Chapter and may file a complaint with the City within three years of the violation. Where such violation is continuing, the complaint must be filed within three years of the last occurrence of the alleged violation.

(c) **Investigation.** The City may investigate any possible violations of this Chapter by an Employer. The Department shall have the authority to inspect workplaces, interview persons, and subpoena records or other items relevant to the enforcement of this Chapter. All complaints filed with the City shall be investigated, unless the complaint is not timely, the City lacks jurisdiction over the complaint, or if the complaint does not state facts that, if true, would constitute a violation of this Chapter.

(d) **Informal Resolution.** If the Department investigates a complaint, the

Department shall make every effort to resolve complaints informally and in a timely manner. The Department's investigation and pursuit of informal resolution does not limit or act as a prerequisite for an Employee's right to bring a private action against an Employer as provided in this Chapter.

(e) **Enforcement.** Where compliance with the provisions of this Chapter is not forthcoming, the Department may, by and through the Commissioner take any appropriate enforcement action to ensure compliance, including but not limited to the following:

(1) *Ineligibility for City Transactions.* The City may pursue any remedy available to it under Section 2-92-320.

(2) *Administrative Fine.* The City may issue an administrative citation to the Employer for violations of this Chapter.

(A) An Employer who retaliates against an Employee for exercising rights protected under this Chapter shall be fined \$1,000 for each Covered Employee retaliated against.

(B) A fine of \$300.00 for each Covered Employee affected in each pay period may be assessed for any of the following violations of this Chapter:

(1) Failure to provide notice of Employee rights under this Chapter.

(2) Failure to timely provide an initial work schedule or to timely update work schedules following changes.

(3) Failure to provide required and appropriate Predictability Pay for schedule changes.

(4) Failure to offer additional work hours to existing Employees before hiring new Employees or temporary staff or to award work to a qualified Covered Employee.

(5) Failure to comply with those provisions regarding Right to Rest.

(6) Failure to comply with those provisions regarding Employer's duty to respond to Covered Employees under the section regarding Right to Request.

(7) Failure to comply with those provisions regarding Notice and Posting.

(8) Failure to maintain payroll records for the minimum period of time as provided in this Chapter.

(9) Failure to allow the City access to payroll records. (10) Failure to provide a good faith estimate of work schedule at the time of hire. A Employee whose rights under this Chapter have been violated by an Employer may recover in a civil action any and all penalties and remedies provided for in this Chapter. Such action shall be brought within three years from the date of the violation. Where such violation is continuing, the action must be brought within three years of the last occurrence of the alleged violation.

Any agreement between the Employee and Employer that would violate this Chapter is no defense to any administrative or civil action.

(f) The civil fines specified in this section may be recovered through a civil action brought by an Employee on behalf of himself or herself and other current or former Employees pursuant to the following procedures:

(1) The Employee shall give written notice to the Department of the specific provisions of this Chapter alleged to have been violated, including the facts and theories to support the alleged violation.

(2) The Department shall notify the Employee by certified mail that it does not intend to investigate the alleged violation within 60 calendar days of the postmark date of the notice received pursuant to subsection (f)(i). Upon receipt of that notice or if no notice is provided within 65 calendar days of the postmark date of the notice, the aggrieved Employee may commence a civil action under this subsection.

(3) If the Department intends to investigate the alleged violation, it shall notify the Employee or representative by certified mail of its decision within 65 calendar days of the postmark date of the notice pursuant to Subsection (f)(1). Within 120 calendar days of that decision, the Department may investigate the alleged violation and issue any appropriate citation. If the Department, during the course of its investigation, determines that additional time is necessary to complete the investigation, it may extend the time by not more than 60 additional calendar days and shall issue a notice of the extension. If the Department determines that no citation will be issued, it shall notify the Employee of that decision within five business days thereof by certified mail. Upon receipt of that notice or if no citation is issued by the Department within the time limits prescribed by this subsection, or if the Department fails to provide timely or any notification, the Employee may commence a civil action.

(4) No action may be brought under this subsection by an aggrieved Employee if the Department, on the same facts and theories, cites a person within the timeframes set forth in subsection (f)(3) for a violation of the same section or sections of this Chapter under which the Employee is attempting to recover a civil penalty on behalf of himself or herself or others.

(5) Any Employee who prevails in any action under this Subsection (f) shall be entitled to an award of reasonable attorney's fees and costs.

(6) Civil penalties recovered by pursuant to this Subsection (f) shall be distributed as follows: 70 percent to the Department for enforcement of this Chapter, and

for education of Employers and Employees about their rights and responsibilities under this Chapter, to be continuously appropriated to supplement and not supplant the funding to the Department for those purposes, and to support community-based enforcement partnerships; and 30 percent to the aggrieved Employees.

1-25-110 Remedies.

(a) The remedies for violation of this Chapter include but are not limited to:

(1) The payment of Predictability Pay unlawfully withheld, and the payment of an additional sum as a civil penalty in the amount of \$300.00 to each Covered Employee whose rights under this Chapter were violated for each day or portion thereof that the violation occurred or continued, and fines imposed pursuant to other provisions of this Chapter or state law.

(2) Reimbursement of the City's administrative costs of enforcement and reasonable attorney's fees.

(3) If a repeated violation of this Chapter has been finally determined in the following year, the City may require the Employer to pay an additional sum as a civil penalty in the amount of \$300.00 to the City for each Covered Employee or person whose rights under this Chapter were violated for each day or portion thereof that the violation occurred or continued, and fines imposed pursuant to other provisions of this Chapter or state law.

(b) The remedies, fines, and procedures provided under this Chapter are cumulative and are not intended to be exclusive of any other available remedies, penalties and procedures established by law which may be pursued to address violations of this Chapter. Actions taken pursuant to this Chapter shall not prejudice or adversely affect any other action, administrative or judicial, that may be brought to abate a violation or to seek compensation for damages suffered. The Employee may also recover any damages incurred, punitive damages, injunctive relief as may be appropriate, and costs and reasonable attorney's fees as may be allowed by the City or the court and as necessary to make the Employee whole. Any sums recovered by the City on behalf of an Employee under this Chapter shall be paid to the Employee or Employees affected.

(c) No criminal penalties shall attach for any violation of this Chapter, nor shall this Chapter give rise to any cause of action for damages against the City.

(d) Retaliation Barred. An Employer shall not discharge, reduce the compensation of, discriminate against, or take any adverse employment action against an Employee, including discipline, suspension, transfer or assignment to a lesser position in terms of job classification, job security, or other condition of employment, reduction or hours or denial of additional hours, informing another Employer that the person has engaged in activities protected by this Chapter or rules promulgated thereunder, or reporting or threatening to report the actual or suspected

citizenship or immigration status of an Employee, former Employee or family member of an Employee to a federal, state or local agency, for making a complaint to the City, participating in any of the City's proceedings, using any civil remedies to enforce his or her rights, or otherwise asserting his or her rights under this Chapter. It shall be unlawful for the Employer to discharge any Employee who has initiated a complaint unless the Employer has clear and convincing evidence of just cause for such discharge. An Employer shall not use its absence-control policy, scheduling policy, or any other policy of the Employer to count any request for or refusal of a change in schedule as an absence or other reason that triggers discipline, discharge, demotion, suspension, punitive schedule changes, decreases in the desirability of work assignments, and other acts of harassment or any other adverse activity.

It shall be unlawful for an Employer to interfere with, restrain, deny, change work days or hours scheduled, or hire, rehire, terminate, or suspend, even temporarily, an Employee to avoid coverage under this Chapter.

(e) Retention of Records. Each Employer shall maintain for at least three years, or for the duration of any claim, civil action, or investigation pending pursuant to this Chapter, whichever is longer, for each Employee a record of his or her name, hours worked, pay rate, and records necessary to demonstrate compliance with this Chapter, including but not limited to good faith estimates of work schedules, initial posted schedule and all subsequent changes to that schedule, consent to work hours where such consent is required by this Chapter, and documentation of offers of hours of work to existing staff and responses to such offers. Each Employer shall provide each Employee a copy of the records relating to such Employee upon the Employee's reasonable request.

(f) City Access. Each Employer shall permit access to work sites and relevant records for authorized City representatives for the purpose of monitoring compliance with this Chapter and investigating Employee complaints of noncompliance, including production for inspection and copying of its Employment records, but without allowing Social Security numbers to become a matter of public record.

1-25-120 - No Preemption of Higher Standards

The purpose of this Chapter is to ensure minimum labor standards. This Chapter does not preempt or prevent the establishment of superior employment standards (including higher wages) or the expansion of coverage by law, ordinance, resolution, contract, or any other action of the City or the State of Illinois. No part of this Chapter shall be construed to limit a discharged Employee's right to bring a common law cause of action for wrongful termination or to seek any other available remedy at law or otherwise. Nothing in this Chapter shall be construed to interfere with any private right of action. Any claim or action filed under this Chapter must be made within three (3) years of the alleged conduct resulting in the complaint.

SECTION 2. Severability

If any provision or application of this Chapter is declared illegal, invalid or inoperative, in whole or in part, by any court of competent jurisdiction, the remaining provisions and portions thereof and applications not declared illegal, invalid or inoperative shall remain in full force or effect. Nothing herein may be construed to impair any contractual obligations of the City.

SECTION 3. Following due passage and publication, this ordinance shall be in full force and effect after April 1, 2020.

From: Shelagh Jones <sjones@mercy-chicago.org>
Sent: Friday, June 07, 2019 3:13 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Work Week Ordinance
Attachment(s): "Mayor Lori Lightfoot Fair Work Week Ordinance Letter.docx"

Honorable Mayor Lightfoot:

On behalf of Carol Schneider, President and CEO of Mercy Hospital, please find attached letter regarding the Fair Workweek Ordinance and the restrictive scheduling ordinance for Safety Net Hospitals. **We ask that you please exclude Safety-Net Hospitals from the proposed ordinance.**

Thank you for your support.

Shelagh Jones

Executive Assistant to Carol Schneider
Mercy Hospital & Medical Center

sjones@mercy-chicago.org
W 312-567-2100
F 312-567-6575



A Member of Trinity Health

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MERCY HOSPITAL & MEDICAL CENTER
2525 SOUTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60616-2477
312.567.2000 *phone*

The Honorable Lori Lightfoot
121 N. LaSalle Street
Chicago City Hall 4th floor
Chicago, IL 60602

June 7, 2019

Dear Mayor Lightfoot:

Monday, June 10th, 2019 the Chicago City Council Workforce and Audit Committee will consider passage of the current proposed Fair Workweek Ordinance. **We ask you to please exclude Safety-Net Hospitals from the proposed ordinance.**

Safety-Net Hospitals employ over 23,000 people in the City of Chicago in communities with the highest rates of unemployment in the city. This ordinance would force Safety-Net Hospitals to lay-off staff and reduce services as they could never pay for this mandate.

Safety-Net Hospitals are the economic engines of low-income, minority communities. If Safety-Net Hospitals are forced to close or reduce services what other employer will replace that economic activity? Where will low-income residents in Chicago go for healthcare?

This ordinance would disproportionately harm Safety-Net Hospitals who serve the highest number of uninsured and Medicaid patients and are dependent on the Medicaid program for funding. Illinois has the lowest Medicaid reimbursement rate. How are Safety-Net Hospitals expected to pay for this?

Staffing in hospitals is planned based on patient population and flexibility to respond in emergencies; hospitals have unpredictable shifts in patient volumes and therefore flexible staffing is needed.

Imposing this ordinance on safety-net hospitals is fundamentally flawed. If some hospitals such as Cook County and University of Illinois are exempted, there is an even more compelling argument for excluding Safety-Net Hospitals.

Passing this ordinance would make Chicago the only City in the Country that did not exempt hospitals from similar ordinances. New York City, Philadelphia, San Francisco, Seattle and Washington DC and the state of Oregon have recognized these issues and do exempt hospitals.

Supporting the ordinance without carving-out Safety-Nets would cause lasting damage to your Ward and your constituents.

Your kind consideration is appreciated.



Carol Schneider
President

Attachment: Summary of Key Fair Workweek Ordinance Requirements

Background - Requirements in the Chicago Fair Workweek Ordinance Proposal

The ordinance applies to Chicago employers with hourly employees or salaried employees earning less than \$50,000 a year.

Chicago employers must post work schedules for their employees at least 10 days in advance from April 1, 2020 to March 31, 2022; and at least 14 days in advance beginning April 1, 2022.

Employers must pay their employees for at least one additional hour of “predictability pay” if the work schedule changes or if work hours are added or subtracted.

If work hours are canceled or reduced with less than 24 hours’ notice, the employer must pay the employee no less than one-half times the employee’s regular hourly pay rate for any scheduled hours that the employee does not work.

Employees have the right to decline unscheduled hours that an employer adds if the employee has received less than 10 days’ notice of the additional hours from April 1, 2020 to March 31, 2022; and less than 14 days’ notice beginning April 1, 2022.

An employee has the right to decline shifts that occur during the 10 hours following the end of a shift.

Before hiring new employees or contract employees, including the use of a temporary or staffing agency, an employer must first offer additional hours to existing employees.

Employers must provide newly hired employees, in writing prior to or on the commencement of employment, an estimate of the median number of hours they are expected to work and their work schedule.

Employers face fines of \$300 for each affected employee in each pay period for failing to comply with the ordinance.

From: Denise Trinka <d.trinka@homeinstead.com>
Sent: Thursday, July 18, 2019 12:09 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair work week ordinance
RE: Chicago Fair Work Week Ordinance – Draft Substitute Ordinance

Dear Mayor Lightfoot:

I am an owner of a Home Care Agency in the Chicago area. I provide home services and assistance with activities of daily living to seniors in some cases critically needed care for their existence, in their homes throughout the Chicago area on a daily basis. I am writing in support of the recent language that was drafted.

Thank you for convening meetings with stakeholders over the last few weeks to listen to the impact of the ordinance as proposed. The draft substitute ordinance dated July 17, 2019 does not list home care as a covered industry and we fully support the exclusion of home care from the ordinance for the following reasons:

- No other location in the country has included home care in a scheduling ordinance—this is because we are responsible for the life, health and safety of clients/patients who typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs.
- Home care is patient/client-centered and patient/client-driven. Currently, staff have the flexibility to accommodate patient/client preferences and schedules when scheduling their home visits to account for things like doctor's appointments, planned activities, and family members who want to be present with their loved one during the home visit.
- Because home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance would be a direct violation of HIPAA.
- Patients/clients are often admitted for home care services with less than 24 hours notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources.
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death. If, for example, an individual falls and has to be admitted to the hospital for a broken hip, there is no need for the home care staff to make the scheduled visit. Currently, the staff member has the flexibility to rearrange his/her visits for the day/week and even pick up new visits.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care agencies strive for consistency and continuity in the schedules of their home care staff. It is most beneficial for patients/clients when the same home care staff member enters the home and provides care, care that is very personal in nature. This consistency in care fosters companionship and a sense of trust between the patient/client and the home care staff. Any changes in schedules are primarily fueled by the ever-changing needs of the patient/client. Accordingly, home care providers cannot be constrained by regulations that do not consider the individualized needs of patients/clients and home care staff.

For these reasons, we fully support the exclusion of home care from the ordinance and ask that home care remain excluded in any future draft substitute ordinances. Thank you for your thoughtful consideration and willingness to engage with stakeholders on this issue.

Sincerely,

Denise Trinka
Owner

Home Instead Senior Care®
1100 E. Washington St. Ste. 202
Grayslake, IL 60030

P:847-543-8881
F:847-548-8229

www.homeinstead.com/108
<https://hisc108cg.digibro.com/>
Hisc108.digibro.com



"Caring Stars" award recipient from Caring.com



From: Chris Rybicki <[REDACTED]@hotmail.com>
Sent: Friday, June 07, 2019 4:49 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek - Health Care Exclusion Needed

Dear Mayor Lightfoot,

I am reaching out to you to ask and urge you to exclude health care from the "Fair Workweek" ordinance proposal. I work for Advocate Aurora Health - which has two hospitals and dozens of clinics in the city - and I am deeply concerned about the access to care issues this proposal could create for patients.

Advocate Illinois Masonic Medical Center, Advocate Trinity Hospital, Advocate Medical Group offices and Chicago's other hospitals and outpatient sites are critical resources for the millions of people residing in Chicago - and they are vital to the city's economy, generating more than 130,000 direct and indirect jobs and an annual economic impact of \$29 billion. The ordinance's very restrictive requirements are unworkable and impractical for hospitals and other health care settings, given unpredictable shifts in patient volumes and needs, and the related staffing needs.

The ordinance would undermine the timely and efficient delivery of health care to patients, which it recognizes and acknowledges by exempting Cook County Health and the University of Illinois Hospital and Health Sciences System. For example, if there were a major disaster or incident in Chicago - e.g., a chemical spill, fire, car wreck, active shooter, violence - many hospitals would receive an influx of patients needing critical life-saving care. To ensure that the hospitals and other health care settings are fully staffed to meet this unplanned demand, additional nurses, technicians and support staff would be called in on very short notice. But under the proposed ordinance, hospitals would be forced to pay a penalty for every employee who is called in - or they would be forced to go short-staffed and risk the health and safety of their patients, or go on emergency bypass and force sick or injured patients to be transported to another hospital, wasting precious time they may not have.

Imposing this ordinance on hospitals, outpatient centers, and their employees while exempting hundreds of employers and tens of thousands of employees from its problematic requirements is fundamentally flawed. If employers and employees such as those who work in a sports stadium, state and local government employers, or employees covered by a collective bargaining agreement working in construction, public utilities, telecommunications, or a company like UPS are exempt, there is an even more compelling argument for excluding hospitals.

New York City, Philadelphia, San Francisco, Seattle and Washington DC and the state of Oregon have all implemented "Fair Workweek" policies - NO jurisdiction has ever included health care in the policy for the reasons stated above.

Our health system is strongly committed to supporting our health care workers in providing them a good, stable, professional work environment-with flexibility in their schedules and good benefits. We also help train and advance our employees to higher-level, higher-paying jobs throughout their careers in health care. Hospitals and outpatient centers across Chicago have unique needs and demands and must have the flexibility to respond to community need and provide quality health care to patients. Including health care in this proposal would unnecessarily jeopardize our ability to meet those needs, and it would have the negative impact on our employees of imposing rigid work schedules.

For all of these reasons, I urge you to exclude health care from the "Fair Workweek" ordinance proposal. I would be happy to discuss this with you further. Thank you for your consideration.

Sincerely,

Chris Rybicki
[REDACTED]
Chicago, IL 60654
[REDACTED]@hotmail.com

From: Crystal Olsen <[REDACTED]@gmail.com>
Sent: Friday, June 07, 2019 4:51 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek - Health Care Exclusion Needed

Dear Mayor Lightfoot,

I am reaching out to you to ask and urge you to exclude health care from the "Fair Workweek" ordinance proposal. I work for Advocate Aurora Health - which has two hospitals and dozens of clinics in the city - and I am deeply concerned about the access to care issues this proposal could create for patients.

Advocate Illinois Masonic Medical Center, Advocate Trinity Hospital, Advocate Medical Group offices and Chicago's other hospitals and outpatient sites are critical resources for the millions of people residing in Chicago - and they are vital to the city's economy, generating more than 130,000 direct and indirect jobs and an annual economic impact of \$29 billion. The ordinance's very restrictive requirements are unworkable and impractical for hospitals and other health care settings, given unpredictable shifts in patient volumes and needs, and the related staffing needs.

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Our health system is strongly committed to supporting our health care workers in providing them a good, stable, professional work environment-with flexibility in their schedules and good benefits. We also help train and advance our employees to higher-level, higher-paying jobs throughout their careers in health care. Hospitals and outpatient centers across Chicago have unique needs and demands and must have the flexibility to respond to community need and provide quality health care to patients. Including health care in this proposal would unnecessarily jeopardize our ability to meet those needs, and it would have the negative impact on our employees of imposing rigid work schedules.

For all of these reasons, I urge you to exclude health care from the "Fair Workweek" ordinance proposal. I would be happy to discuss this with you further. Thank you for your consideration.

Sincerely,

Crystal Olsen
[REDACTED]
Chicago, IL 60622
[REDACTED]@gmail.com

From: Erin Hardy <e.hardy@giordanos.com>
Sent: Tuesday, March 24, 2020 5:13 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek Ordinance, In Light of Coronavirus

Good afternoon Mayor,

I realize you are incredibly busy with the everchanging news with COVID-19. Do you have any update on the timing of the Fair Workweek Ordinance given this pandemic is going on and specifically hitting the restaurant industry so hard? We will be having to implement many systems to track the steps to the ordinance which will require a great deal of planning, so I'm curious if the date of July 2020 will stand?

Thank you in advance for your time. We appreciate your dedication to our city.

Erin Hardy
Director of Training



60 E. Superior | Suite 300 | Chicago, IL 60611
direct 312-589-3260 | cell [REDACTED]
e.hardy@giordanos.com | www.giordanos.com

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From: Sean D. Oja <sdoja@homeandhearthcare.com>
Sent: Thursday, July 11, 2019 2:59 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek Ordinance

Sean Oja
Vice President
Home & Hearth Caregivers
6432 Joliet Rd.
Countryside, IL 60525

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Sean Oja

Sincerely,

Sean D. Oja

6432 Joliet Rd. Suite C Countryside, IL 60525

Phone/708-352-4663 Fax/708-352-8355

www.parkercromwell.com www.homeandhearthcare.com



Home & Hearth Caregivers

Division of Parker Cromwell HealthCare

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From: ken@homecareangelsinc.com <ken@homecareangelsinc.com>
Sent: Tuesday, July 16, 2019 2:28 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek Ordinance

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

Patients/client often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;

Patients/client sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;

Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.

Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.

Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those**

entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,



Ken Klein

Home Care Angels
2720 South River Road, Suite 116
Des Plaines, Illinois 60016
[REDACTED] Cell
[Home Care Angels](#)

From: Marissa Miller <GNGAdmin@govnavigationgroup.com>
Sent: Thursday, May 30, 2019 2:37 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Fair Workweek Ordinance - Urgent request for meeting with temporary staffing agencies
Attachment(s): "Mayor Lightfoot - Fair Workweek Ordinance.pdf"

Good Afternoon, Mayor Lightfoot –

Please see the attached correspondence from Paul Rosenfeld, who is representing the American Staffing Association. We are requesting a meeting at your earliest convenience. Please note that Paul is out of the state on June 4th and 5th, but will make any other date and time work.

Thank you,
Marissa

Marissa Miller
Government Navigation Group
213 W. Institute Place, Suite 404
Chicago, IL 60610
312-654-3000 gngadmin@govnavigationgroup.com



May 30, 2019

Mayor Lori Lightfoot, City of Chicago
121 N LaSalle Street, #507
Chicago, Illinois 60602

Dear Mayor Lightfoot:

Yesterday, the Chicago City Council introduced a proposed ordinance on predictive scheduling that includes temporary staffing agencies. We are the registered lobbyists in the City of Chicago representing the American Staffing Association. Our members include several firms that are headquartered in Chicago. Collectively, these firms employ tens of thousands of people in the City of Chicago annually.

We are writing to urgently coordinate a meeting with executives from our affected members, to discuss our concerns regarding Chicago's proposed Fair Workweek Ordinance.

To date, not one other city or state in the U.S. has tried to include temporary staffing firms in their legislation, for good reason. In our industry, the employee, not the employer, is in charge of their schedule. Most of the provisions in your proposal are either impossible for us to comply with or are completely non-applicable to our industry.

We would greatly appreciate a meeting as soon as possible. This ordinance may drive our members to take drastic steps as it pertains to doing business in Chicago.

Thank you for your time and consideration.

Sincerely,

Paul Rosenfeld

Paul Rosenfeld
President, Government Navigation Group

CHICAGO

213 West Institute Place, Suite 404, Chicago, IL 60610
p. 312.654.3000

SPRINGFIELD

401 West Edwards Ave., Suite 1, Springfield, IL 62704
p. 217-523-5176

From: Ella Grays <egrays@gareda.com>
Sent: Monday, June 10, 2019 8:32 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: FW: Fair Work Week Ordinance
Attachment(s): "FinalAgeFriendlyReport021815.pdf", "Interim Services 1.pdf", "Person centered planning.pdf"

Good evening,

It was brought to my attention when viewing the attached documents (interim services and person-centered planning) on a cell phone, some of the text appears marked out; however on my document, it is highlighted. I am resending as many view emails on a cell phone and it wasn't my intention to blacken any of the text. What may have appeared to be marked out on cell phone is the most important information regarding the rules that we are to abide by when staffing our clients.

I again ask that you consider all facets of this ordinance and where the impact really lies for the Citizens of Chicago.

Just in case you haven't had the opportunity to review my email or the attached documents, I urge you to do so.

Regards,

Ella Grays

Chief Executive Officer
Gareda Home Care
1431 Huntington Drive
Calumet City, IL 60409
P: 708-868-1300 ext. 1259
F: 708-868-4883
C: [REDACTED]
www.gareda.com

Serving is one of the most beautiful compensations in life...we can never help another without helping ourselves. Ralph Waldo Emerson

From: Ella Grays
Sent: Friday, June 7, 2019 2:22 PM
To: letterforthemayor@cityofchicago.org
Subject: Fair Work Week Ordinance

Good afternoon Mayor Lightfoot and Congratulations on your Historic victory as Mayor of the great City of Chicago,

I'm positive that you and your team will bring some positive changes to the City and looking forward to seeing those changes gradually grow from an idea to an actual solution to some of the many problems that the City faces.

Not only did I want to congratulate you on your victory, but briefly bring to your attention some of my concerns with the Fair Work week Ordinance that is now being brought back to the forefront and could be voted on as early as next week.

I'm blessed to lead one of many provider agencies that provide nonskilled home and community-based services to 45,000+ seniors and disabled individuals in the great City of Chicago. Gareda along provides in-home services to more than 2500 clients. One benefit of home care is that it is patient/client centered and patient/client driven (see attached). Nine out of ten seniors prefer to remain in their homes and receive the service that we provide through the Illinois Department on Aging's Community Care Program (CCP) & Managed Care Organization (MCOs) in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher cost institutional settings.

While the Ordinance is certainly well-intentioned, there are serious concerns about its impact on the clients served. These individuals often suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers 's subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities :

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and

his/her family with necessary supplies and resources;

- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.

The proposed Ordinance has a requirement of two weeks (14 days) advance scheduling notice, which will be difficult or almost impossible to achieve in our line of work, which has unpredictable volumes of people in need and therefore, unplanned staffing needs. Client safety should always come first; however this Ordinance will have severe consequences for our ability to ramp our staffing levels up to meet any emergencies as they arise.

Legislative requirements of CCP is to provide home care to clients that have been assessed and qualify for services on or before the 15th day and for those at imminent risk of institutionalization (Interim Services – see attached) within 48 hours after receiving an intake from the Care Coordination Unit (CCU) or MCO, which both falls outside of the requirements of the Ordinance. We need to be ready to face emergency situations to provide continued quality care to our clients, regardless of the situation - should this Ordinance take effect and an emergency occurs, we would face significant penalties to meet the needs of the community we serve

While home care provider administrators are responsible for scheduling their employees, changes in the schedule are fueled by the ever-changing needs of the patient/client. Accordingly, providers cannot be constrained by regulations that do not consider the individualized needs of patients and caregivers. ***If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments as well as risk for cost increases that could make providing home care less affordable for seniors and other populations, and their families.***

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of Food Service, Retail and Hospitality, where patient/client health and well-being is not at risk. **We seriously ask that you consider amending the Ordinance to apply only to these specific industries or at the very least, provide an exemption or carve out for home care from the requirements of the Ordinance.**

With Chicago joining the World Health Organizations (WHO) Global Network of Age-Friendly Cities, we find this Ordinance to contradict the findings of the “Age Friendly Report – see attached” produced by Buehler Center on Aging, Health & and Society (part of Northwestern Feinberg School of Medicine), which speaks of the vital needs for the services that’s provided through programs such as Home Care.

I will also be sending emails and calling all City Council member as all should be aware of how this Ordinance, if passed will impact the seniors and disabled populations of their wards. It would have a negative impact, not just for Gareda, but all in-home care providers contracted with the Illinois Department on Aging, Department of Human Services, Veterans Administration and Managed Care Organizations.

Thank you for your time and consideration of our concerns.

https://www.chicago.gov/city/en/depts/fss/supp_info/age-friendly-chicago.html

Regards,

Ella Grays

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Serving is one of the most beautiful compensations in life...we can never help another without helping ourselves. Ralph Waldo Emerson

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Age-Friendly Chicago

Findings from a Community-Wide Baseline Assessment

Funding support made possible by

The Chicago Community Trust



Submitted to: City of Chicago, Department of Family and Support Services

Submitted by: Rebecca Johnson, PhD, MSc, Amy Eisenstein, PhD, MA, and Lara Boyken

Buehler Center on Aging, Health & Society

Northwestern University Feinberg School of Medicine



TABLE OF CONTENTS

Acknowledgements.....	1
List of Figures and Tables.....	2
List of Common Abbreviations.....	3
Executive Summary.....	4
Introduction.....	7
Methods: Creating a Baseline Assessment for the City of Chicago.....	7
Results and Discussion.....	11
Overall Summary of Findings.....	15
Age Friendly Domain 1: Outdoor Spaces and Buildings.....	17
Age Friendly Domain 2: Transportation.....	20
Age Friendly Domain 3: Housing.....	23
Age Friendly Domain 4: Respect and Social Inclusion.....	27
Age Friendly Domain 5: Social Participation.....	29
Age Friendly Domain 6: Communication and Information.....	31
Age Friendly Domain 7: Civic Participation and Employment.....	33
Age Friendly Domain 8: Community Support and Health Services.....	35
Discussion.....	40
Conclusion and Recommendations.....	40
Next Steps.....	41
Appendices	
I. Stakeholder Organizations.....	42
II. Focus Group Guide.....	43
III. Stakeholder Interview Guide.....	48
IV. Prioritization Chart of Age Friendly Indicators.....	54
V. Walking Audit Tool.....	57
VI. Age-Friendly Chicago: A Community Survey.....	58
VII. Survey Data Tables.....	72
VIII. Map of Survey Regions.....	80
IX. A View from Chinatown: A Case Study.....	81
X. 14 Age-Friendly Initiatives.....	88
XI. References.....	90

ACKNOWLEDGEMENTS

The remarks of older Chicagoans given at focus groups and written as survey responses are presented in italics throughout this report. These remarks are in direct quotation from their anonymous sources. We thank all participants in this project for their sincerity and candor.

We would like to thank the many people who have contributed to the Age-Friendly project. The community-based stakeholders supporting older adults and city department and agency heads whom we interviewed; members of the newsletter list who have been so helpful in disseminating news of the project and how to get involved; members of the city's Advisory Council on Aging; and, above all, the older Chicagoans who have taken part in focus groups and completed the survey. It has been our privilege to listen to your lively and informative opinions about what it is like to age in Chicago, and your voices have been our guide in creating this baseline assessment for the city's age-friendliness.

We would also like to thank the Department of Family and Support Services and The Chicago Community Trust for providing funding for focus groups in the city's senior centers and for a community-wide online survey across all 77 community areas of the city. Thanks specifically to Joyce Gallagher, John Pfeiffer, Yolanda Curry, and Dawn Hughes and the team at the City, and to Michael Davidson and the team at the Trust, who have been supportive partners throughout. We also thank all the Chicago-area senior centers who made us feel so welcome throughout our partnership, and specifically for hosting focus groups and welcoming our distribution of the survey in their facilities. Thanks too to the members of the city's Advisory Council on Aging who met with us at those centers to facilitate the distribution of the survey. Thanks to the Coalition for Limited English Speaking Elderly, who translated the survey into the Spanish and Polish languages, and to the Chinese American Service League (CASL), for their translation of the survey into the Chinese language, and for hosting a town hall version of the survey, as well as supporting a photovoice project in its neighborhood. Thanks also to the high school volunteers at CASL for their service in assisting community elders in completing the Chinese language version of the survey. In addition, the survey could not have been disseminated so widely without the support and enthusiasm of many older adults in the community, their aldermen, and key community organizations. We would also like to thank four Masters of Public Health students from the University of Illinois at Chicago, Jonathon Hofacker, Holly Michaels, Molly Paul, and Allison Rosenthal, who took this opportunity to contribute their time and energy and learn from this project at many different stages of its progress. Lastly, thanks are due to the staff at the Buehler Center on Aging, Health & Society, notably Brian Joyce and Caroline Taromino, who helped us to co-ordinate and administer this project, conduct focus groups, disseminate the survey, and code and analyze our findings.

LIST OF FIGURES/TABLES

Executive Summary

Figure I: Age-Friendly City Domains

Figure II: Age Friendly Satisfaction and Prioritization by Domain

Report

Figure 1: Q-Sort Methodology

Figure 2: Process of Baseline Assessment Methods

Figure 3: Top 50% of items from each domain prioritized by stakeholders.

Figure 4: Where respondents heard about the survey.

Figure 5: Total Age-Friendly Score by Region

Figure 6: Age Friendly Satisfaction and Prioritization by Domain

Figure 7: Outdoor Spaces and Buildings

Figure 8: Transportation

Figure 9: Housing

Figure 10: Your Home

Figure 11: Respect and Social Inclusion

Figure 12: Social Participation

Figure 13: Communication and Information

Figure 14: Civic Participation and Employment

Figure 15: Community Support and Health Services

Figure 16: Services in Neighborhood

Table 1: Comparison of Existing Age-Friendly Indicators

Table 2: Demographics

Table 3: Age-Friendly Total and Domain Specific Scores by Region.

Table 4: Outdoor Spaces and Buildings Items

Table 5: Transportation Items

Table 6: Housing Items

Table 7: Your Home Items

Table 8: Respect and Social Inclusion Items

Table 9: Social Participation Items

Table 10: Communication and Information Items

Table 11: Civic Participation and Employment Items

Table 12: Community Support and Health Services Items

Table 13: Services within 1 mile of a person's home

Table 14: Services less than a mile away by Region

LIST OF COMMON ABBREVIATIONS

CASL	Chinese American Service League
CCHR	Chicago Commission on Human Relations
CHA	Chicago Housing Authority
CLESE	Coalition for Limited English Speaking Elderly
CMAF	Chicago Metropolitan Agency for Planning
CTA	Chicago Transit Authority
DFSS	Department of Family and Support Services
IRB	Institutional Review Board
LGBTQ	Lesbian Gay Bisexual Transgender Queer
OEMC	Office of Emergency Management and Communication
SOAR	Streeterville Organization of Active Residents
WHO	World Health Organization

Executive Summary

Background

In July of 2012, the city of Chicago was designated as an Age-Friendly City by the World Health Organization. As part of this designation, the city recently completed a baseline assessment to help understand the current strengths, needs, and priorities for maintaining and improving its current Age-Friendliness in eight domains (see Figure 1).

The assessment included 1) a methodological assessment of other age-friendly programs and indicators world-wide, 2) identification and prioritization of age-friendly indicators most important to older Chicagoans, and 3) collection of qualitative and quantitative data from Chicago residents to assess the current age-friendliness of the city. Findings from this 3-phase assessment include information and opinions from over 2,600 participants in the form of both qualitative and quantitative data. Participants included community members, gerontologists, researchers, doctors, social workers, government agencies, business partners, community outreach and advocacy groups, and organizations serving minority and hard-to-reach populations.

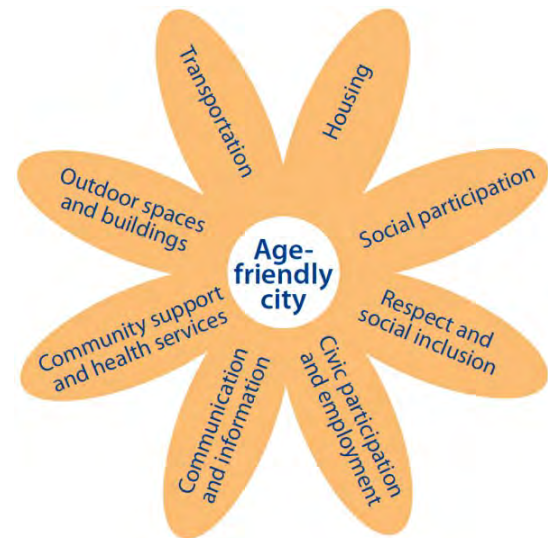


Figure I: Age-Friendly City Domains (WHO)

Methods

Forty-one professional and community stakeholders who possess direct experience with older adults in Chicago were asked to review a comprehensive list of indicators used to assess age-friendly cities and environments world-wide. From that exhaustive list, they were asked to rank them in the order of importance to older adults living in Chicago using a standard research methodology. Stakeholders included researchers, community workers, and government affiliates; they represented a diverse sample through their work or personal experience with disability, the LGBTQ community, and different racial, ethnic and/or religious groups.

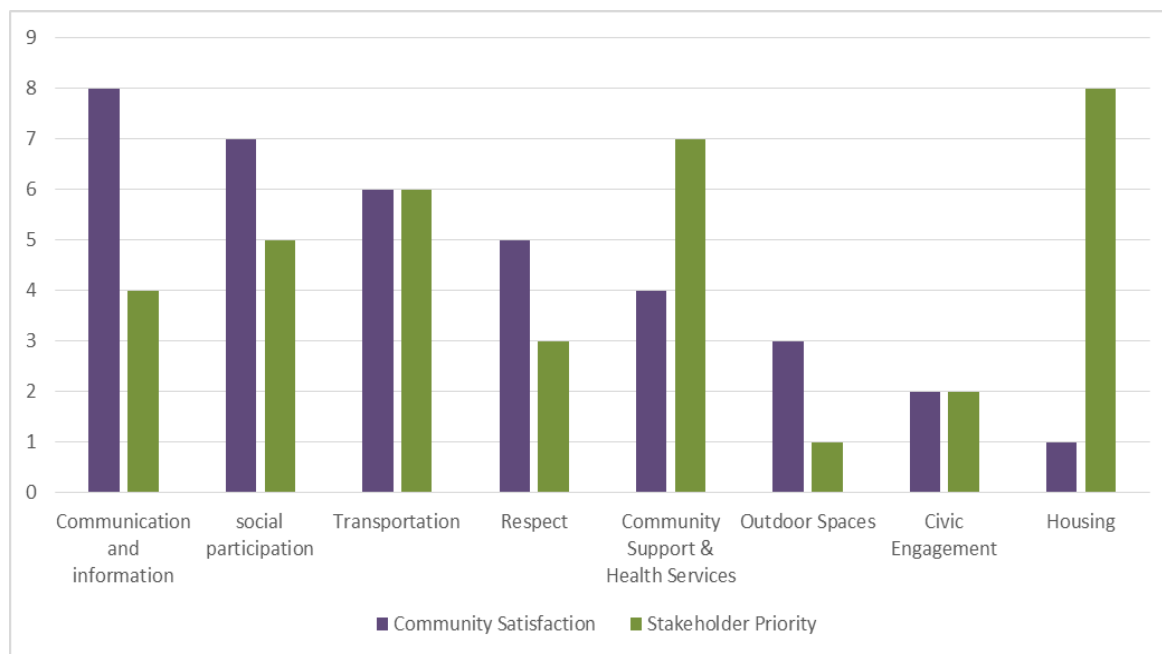
After compilation of the indicators ranked as most important to older adults living in Chicago, a community survey was developed and widely disseminated in both an online and paper formats. The survey was open for 3 months, from June through August of 2014. Paper copies of the survey were distributed to all Chicago regional senior centers, key satellite centers, religious organizations, nursing homes and assisted living facilities, other facilities frequented by older adults, and at key community events. Links to the online survey were disseminated through aldermanic email groups, on-line community and educational newsletters, libraries, and community partner websites. Links to the survey were also shared through word-of-mouth by Chicagoans themselves. Surveys were available in English, Spanish, Polish, and Chinese languages. Questions in the survey reflected the prioritized indicators of age-friendliness within each age-friendly domain, as well as basic demographic and health questions and opportunities for open-ended comments.

Results

Over 2,600 older adults, with representation from all geographic regions of Chicago, have taken the survey. The data from community respondents shows us how satisfied Chicago residents are with each Age-Friendly domain. The figure below compares the satisfaction ratings by Chicago residents to the priority rankings completed by stakeholders. Overall, Chicagoans rate the age-friendliness of Chicago highly. As a group, they are mostly satisfied or very satisfied with each of the indicators determined to contribute to the age-friendliness of Chicago. As illustrated in figure 2, the domain with the highest level of satisfaction scores by

survey respondents were *Communication and Information*, followed by *Social Participation*. While, the highest prioritized domains by stakeholders were *Housing* and *Community Support and Health services*. Both domains ranked as highest priorities by stakeholders correspond with low satisfaction ratings from older adults, suggesting that planning for these initiatives should take precedence. Transportation was the third highest priority area as ranked by stakeholders, and similarly the third highest domain in satisfaction scores by Chicago residents.

Figure II: Age-Friendly Satisfaction and Prioritization by Domain



In addition to the survey data, findings from 8 earlier focus groups with over 100 participants total, stakeholder surveys taken by over 100 gerontology professionals (including government agency heads), neighborhood research audits, and qualitative analyses have helped to add depth and richness to the understanding of the current age-friendliness of Chicago. In combination, this information has pinpointed both Chicago's strengths on which to build on as well as opportunities for growth and enhancement in order to support and sustain an aging population well into the future.

Findings indicate that all eight domains are interrelated. Affordable housing, health care resources and community assets all work together to create an age-friendly city. Many survey respondents were living in communities where they felt they would be able to stay in their current homes as they age. However several noted environmental and financial factors which could threaten this ability such as crime (particularly in the vicinity of homes and transit stations), pedestrian safety, few transit options, changes to commercial services (such as the closure of local grocery stores), uncertainty about healthcare and support service options for older adults (particularly amongst limited English speakers), and changes in property taxes.

Conclusions

From the baseline assessment of Chicago's age-friendliness, we have learned that based on international indicators, older Chicagoan's feel their city is Age-Friendly. Two of the three domains that are most important to older Chicagoans are those to which the city is most responsive, transportation and social participation. We have learned that older adults take pride in their city and are supportive of efforts to continue living independently in their communities. Our recommendations for policy development are based on stakeholder prioritization of domains combined with satisfaction ratings of Chicago residents.

Recommendations

Based on these findings we recommend that the city continue to champion existing assets such as senior centers, parks and outdoor spaces, transit choices, while considering initiatives to build capacity in the following areas:

- Caregiver recognition and support
- Falls reduction (Safe accessible streets and conditions for walking)
- Pedestrian street safety (including cycling proficiency)
- Safety of neighborhoods and clean environments
- Accessibility to public buildings
- Age-Friendly businesses
- Transport choices, transit accessibility and safety
- Affordable housing and conditions to age in place at home
- Access to information about health resources and community assets to support aging in place
- Availability of opportunities for leadership and advocacy particularly among limited English speakers
- Flexibility of volunteer opportunities and age friendly employment.

It is also recommended that the city look to novel approaches to Age-Friendly living, such as the Village model, which inclusively targets several of the above listed areas. An additional list of 14 suggested initiatives based on the findings is included in the appendix to the report.

Introduction

“Because we are seniors. We are living longer. Yes we are living longer and they have to come up with a plan for us. That is the price of living longer, yes.”

Chicagoland is the third largest metro area in the United States, with a population of over 9.7 million residents, 2.8 million of whom reside within city limits. Of these, 396,170 are over 60, and 10.3% of the population is aged 65 or over (Koff, 2008). Overall, the number of people aged 65 and older in Illinois is projected to increase by 18% by the year 2030 (US Census, 2010). Data suggests that the number of older Chicagoans is already beginning to increase, with the percentage of people aged 45-64 increasing from 19% to 22% between 2000 and 2010 (Yonek & Hasnain-Wynia, 2011). This report discusses efforts taken in Chicago to develop a baseline assessment of the city’s age-friendliness in order to create a targeted and meaningful action plan with clear indicators to show progress.

As the worldwide population ages, international efforts to accommodate the changing demographics are beginning to take place. The WHO has begun to conceptualize the notion of an ‘Age-Friendly City’ as a model to build capacity to support the health and well-being of older adults and sustain an integrated community. The concept of age-friendliness has been globally coined by the WHO to give value to the physical, social, and environmental factors that can promote or hinder older residents’ ability to age-in-place in cities. Age-friendly cities can benefit not only older adults, but also their families and their communities.

The global age-friendly city network is designed to help cities prepare for the impact of demographic change. Cities around the world have analyzed their communities and neighborhoods through the lens of the WHO’s active aging framework and exchanged findings, interventions, and plans. However, few cities have developed baseline measures specific to their cities for future evaluation purposes. Similar to other metropolitan cities, there is a need to raise awareness amongst communities and the city of Chicago as a whole to ensure the implications of demographic change remain at the forefront of future planning efforts. In order to attend to this need, the Mayor of Chicago recently applied for and received the designation of an Age-Friendly City for Chicago.

This report describes the process underpinning the baseline assessment of the city of Chicago, details the findings, and presents initiatives for consideration in a city-wide action plan. This action plan will be used by the City to maintain the designation of an Age-Friendly City and to improve the ability for Chicagoans of all ages to live healthy, independent lives in their communities.

Methods: Creating a Baseline Assessment for the City of Chicago

“I think Chicago is unique ... it is one of the few cities that offers so many ... amenities for seniors and free of charge. We have concerts. We have ... entertainment.”

In order to determine the age-friendly indicators most relevant to older adults living in Chicago, we analyzed a combination of qualitative and quantitative data. Data triangulation was used to pull together findings from an environmental scan of current age-friendly indicators, focus groups with 106 older adults across the city, surveys with 99 government and professional stakeholders, and interviews using a Q-sort methodology with 41 stakeholders, including representatives who work in each age-friendly domain, as well as those who work with hard-to-reach populations.

The environmental scan included a systematic literature review, online searches, and contact and discussion with key stakeholders and representatives from other age-friendly initiatives. The purpose of the scan was to learn about what other Age-Friendly Cities have done for the assessment and evaluation of their initiatives, with a goal of creating an exhaustive list of age-friendly indicators that have been used around the world.

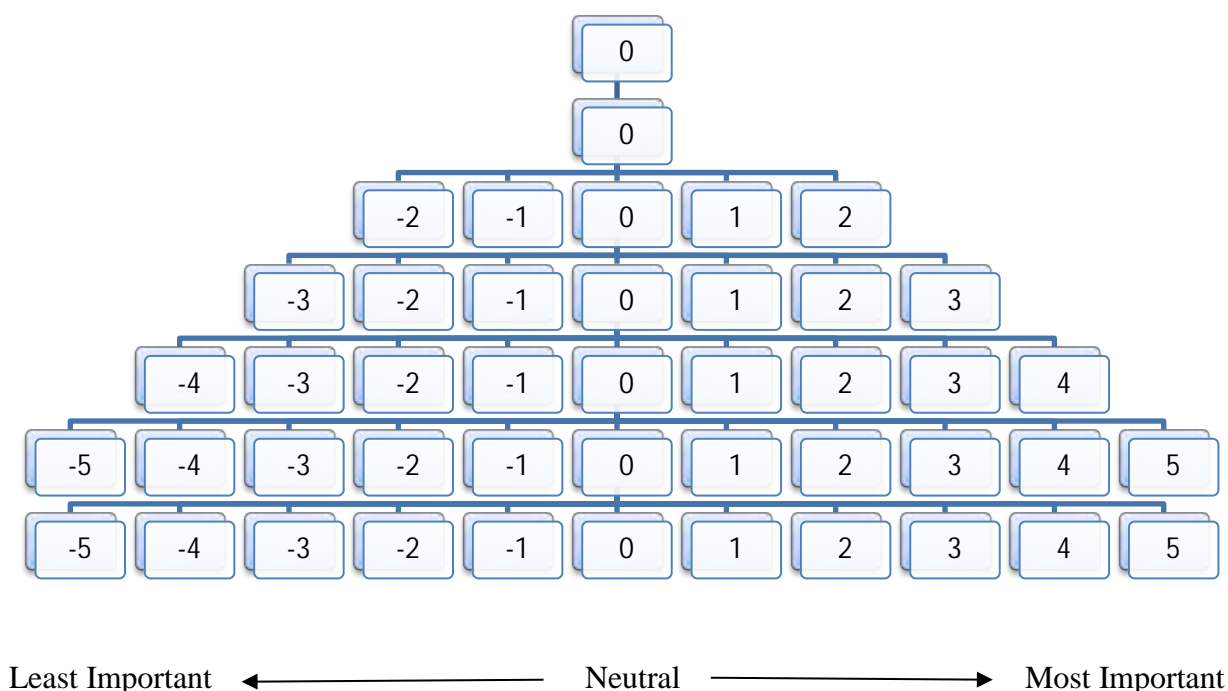
Focus groups were conducted using the WHO-validated Vancouver Protocol (World Health Organization, 2007). They were conducted at the six regional senior centers in Chicago. We asked older Chicago residents to tell us about the eight domains that are specified as being the most important to age-friendliness by the WHO. Those eight domains are: *outdoor spaces and buildings, transportation, housing,*

respect and social inclusion, social participation, communication and information, civic participation and employment, and community support and health services. Focus groups were moderated by a researcher from Northwestern University. We obtained signed informed consent from all participants (IRB #STU00075634). Focus groups each lasted approximately 90 minutes. Refreshments were provided and participants received gift cards in recognition of their time and participation. Eight posters (one for each domain) with two or three prompt questions were displayed in large print around the room where the focus groups took place. Focus groups were audio-recorded and transcribed to allow for an in-depth analysis of each narrative. In order to ensure comprehensive sampling of Chicago's diverse population, we conducted one focus group in Spanish and another in Polish. Once focus groups were transcribed, 3 research team members conducted qualitative coding and content analysis using the qualitative software package NVivo. Each participant was also asked to complete a demographics form, which was used to derive basic descriptive information.

Two online stakeholder surveys were sent out to community and professional stakeholders in the city of Chicago. The first survey was sent to self-identified stakeholders who came to a Chicago Age-Friendly Forum to learn about the Age-Friendly initiative, as well as a list of professional contacts in aging-related fields. This survey asked respondents for their professional specialty, work setting, and organization name; it then asked what age-friendly domain their work is most closely related to, and if they felt their work could help Chicago's efforts to be more age-friendly. If yes, participants were asked to describe the work, research, or program. The second stakeholder survey was sent to all Chicago City agency and sister agency heads. It was sent out following a presentation at Chicago City Hall introducing the initiative. This survey asked similar questions as the above stakeholder survey, but also asked questions about the City department or sister agency's interactions with older adults.

Next, we conducted semi-structured interviews with key stakeholders throughout the city. We identified these stakeholders from the existing Age-Friendly listserv, professional contacts and recommendations, respondents to the Chicago City agency survey referenced above, and research of key community service providers, advocates, and members. The final stakeholder group represented a diverse sample of populations within Chicago, including people with disability, the homeless, LGBTQ community members, informal caregivers, and different racial, ethnic, and religious groups. To determine which indicators generated in the environmental scan were most important to older adults living in Chicago, we used Q-sort methodology (Block, 2008). This is a prioritization technique in which each data point (in this case, each indicator) is written on a card. Respondents are asked to sort the cards into columns along a continuum of most to least important (in this case) to older adults living in Chicago. Pre-determined spaces for the columns create a "forced normal" distribution, requiring participants to place a specified number of cards into each column. Each card is only allowed to be used once (Figure 1). Those indicators most frequently placed in the "most important" columns were used to create the community-wide survey. After completion of the Q-sort, we elicited additional indicators from stakeholders not represented in the existing cards that they thought might be more specific to the older Chicagoans they served. While the Q-sort was a structured activity, research team members also engaged in a dialogue before and after the prioritization; conversation topics included ways that stakeholder's work might contribute to the city's age-friendliness, and what steps they felt would help the city become more age-friendly. Qualitative and quantitative material, including information on work setting and demographics, was noted in the interviews and used to add additional context to the analysis.

Figure 1: Q-Sort Methodology



Using prioritized items from the stakeholder interviews and the accumulation of information collected through the focus groups and environmental scan, we created a survey specific to older adults living in Chicago (appendix VI). The survey included demographic items, a global health scale including scores for mental and physical health, and tailored items for each age-friendly domain.

Finally, we disseminated the community wide-survey in both online and paper formats. We obtained an exempt study status from our institution's IRB (IRB #STU00098390). The survey was available in both formats in English, Spanish, Polish, and Chinese languages. With the help of our partners, we strove to attain a sample population representative of adults aged 60 and over in the city of Chicago. The survey was open for 3 months, from June through August of 2014. It was disseminated with the help of city and stakeholder partners. Paper copies of the survey were distributed to all Chicago regional senior centers, key satellite senior centers, religious organizations, nursing homes and assisted living facilities, other facilities frequented by older adults, and at key community events. Links to the online survey were disseminated through aldermanic email groups, online community and educational newsletters, at libraries, and on community partner websites. Links to the survey were also shared through word-of-mouth by Chicagoans themselves.

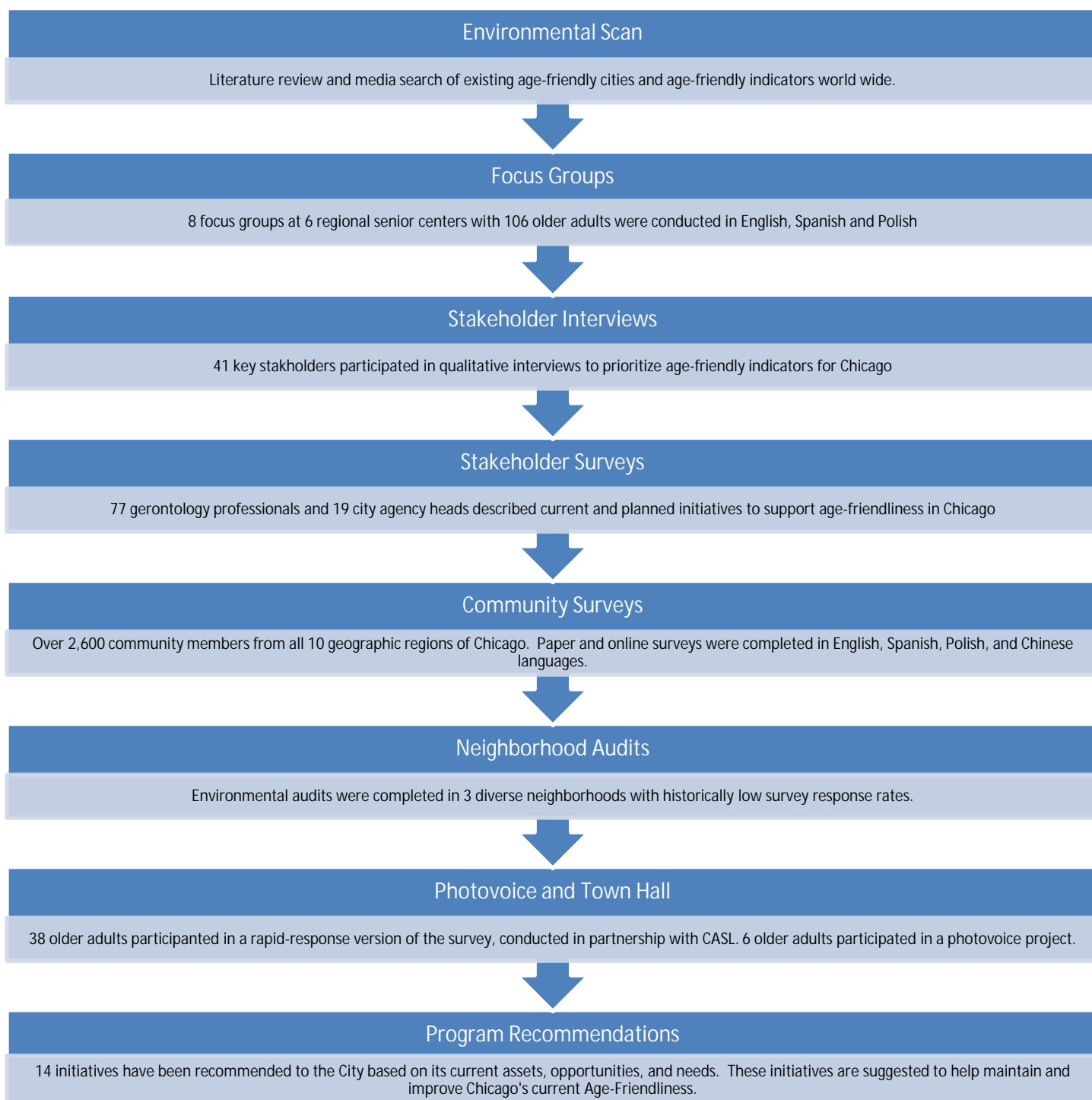
We made sampling African-American, Latino, LGBTQ community members, older adults with disability, and limited English-speaking elders a high priority to ensure these perspectives are included; we engaged key volunteer community members and leaders of minority populations to recommend this survey to their networks and communities, and secured commitment from our stakeholders representing minority or hard-to-reach populations to endorse the survey in their communities and service populations.

The survey deployment was adaptive and responsive to community feedback and need. We responded to requests to increase the number of paper copies of the survey available, particularly for the Spanish and Polish language versions. Many community centers and organizations also made additional paper copies of the survey available using their own resources. In tandem with this project, we developed an Age-Friendly listserv and an Age-Friendly newsletter. An invitation to join the listserv was added to both the online and paper copies of the survey, along with general contact information for the research team. In the Age-Friendly newsletter, distributed to this listserv, we welcomed invitations from readers to distribute the survey to community groups and service organizations we may not have already engaged. As a result, we received emails from community leaders and members asking for copies of the survey distributed to their housing complex, local neighborhood

organization, church group, et cetera. In all cases, we were able to accept invitations and connect with these groups either in person or via email.

In addition, we piloted an in-person rapid-response version of the survey with partners at CASL to assess the feasibility of conducting “town hall” type survey methodology to engage limited English-speaking older adults or older adults with lower literacy levels. With CASL, we surveyed two groups of older adults (Mandarin-speaking and Cantonese-speaking) living in the Chinatown neighborhood of Chicago. Thirty-eight older adults participated in this town-hall pilot, and six in a photovoice project. Those results may be found in Appendix IX.

Figure 2: *Process of Baseline Assessment Methods*



Results

“I was simply delighted to see this study!!! It is overdue and much needed!”

Summary Focus Group Findings

One hundred and six older adults participated in a total of 8 focus groups (Johnson, Eisenstein, Taromino, McKohy, & Tulas, 2013). The majority of focus group participants were between the ages of 70-79 (53%) and 77% percent of participants were female. Older adults in the study were more likely to be widowed compared to national averages, with 32% reporting widow status compared to the national average of 28%. The proportion of adults living alone in this study was 52%, which is significantly higher than the national average. US census data shows older adults in Chicago reporting more incidents of caregiving compared to national averages: our sample showed 43% of older adults provided some type of caregiving.

Content analysis found *social participation* to be the most frequently coded domain. *Transportation* was also a salient topic, followed by *housing*. The positives of living in the city highlighted by the focus group discussions include the people of Chicago themselves and the opportunities for social participation, as well as a “neighborhood feel” supported by the public parks, block clubs, and neighborhood associations. Focus group participants also told us they valued the walkability of Chicago (closeness of stores, libraries and health centers, accessible parks and open spaces), available and accessible public transportation, and the large variety of choices for housing options. Participants also frequently discussed opportunities for volunteering and advocacy, benefits of participation at the senior centers, and differences between maintained and unmaintained neighborhoods. Participants openly discussed ways in which Chicago did not support independent living for older adults in the city. They spoke of the threat of isolation and loneliness in big cities, their feelings of insecurity, their fears of the cost of future healthcare, the stress of city living, and their perception of inequitable resource distribution throughout the city (Gibson, 2010). Participants also discussed the lack of respect for older adults on public transportation and lack of public transit options in some neighborhoods. While each focus group followed the same guide for discussion, there were unique differences in the coding by site, indicating regional inequalities in the perception of age-friendliness throughout the city.

Summary of Findings from the Environmental Scan

We conducted a comprehensive environmental scan to elicit an exhaustive list of indicators used to assess and evaluate age-friendly cities worldwide. Table 1 shows our main sources and their descriptions. After compiling all the indicators, we removed redundant items and added items on topics that were discussed in the focus groups but were not represented in the existing indicators, and grouped related items. The final list included 60 indicators falling within the WHO Age-Friendly framework. There were 6 indicators in each of the domains of *outdoor spaces and buildings*, *transportation*, and *communication and information*; 7 in *housing*, *community support and social services*, and *social participation*, 9 indicators reflecting the domain of *respect and social inclusion*, and 12 in *civic participation and employment*. These indicators were then carried forward to be ranked for importance by key stakeholders using the Q-sort.

Table 1: *Comparison of Existing Age-Friendly Indicators*

Source	Description
AdvantAge Initiative Indicator Chartbook: National Survey of Adults Aged 65 and Older (Center for Home Care Policy and Research, 2004)	Survey results from 10 US AdvantAge communities
Long-Term Care: An AARP Survey of New York Residents Age 50+ (Burton & Bridge, 2007; Pollard, 2000)	Survey results from New York state residents aged 50 and over
Finding the Right Fit: Age-Friendly Community Planning (Lewis, Denton, Groulx, & Ducak, 2013)	Report developed by the Ontario Seniors' Secretariat (OSS), the Accessibility Directorate of Ontario (ADO), the

	University of Waterloo and McMaster University
Aging Texas Well: Community Assessment Toolkit (Aging Texas Well, 2009)	Information, resources, and tools developed by the Texas Department of Aging and Disability Services
Developing Indicators for Age-Friendly Cities (Prasad, Steels, Dagg, & Kano, 2007)	A report and guide prepared by the World Health Organization's Centre for Health Development
Age-Friendly New York City (Age-Friendly NYC, 2014)	Review and recommendations prepared by the New York Academy of Medicine
What makes a city age-friendly? London's contribution to the World Health Organization's Age-Friendly Cities Project (Biggs & Tinker, 2007)	Report including focus groups in the city of London, United Kingdom, prepared by King's College in London and Help the Aged
Focus on... Age-friendly cities (CARDI, 2012)	Review and recommendations on Age-friendliness of Dublin, Ireland, prepared by Centre for Ageing Research and Development in Ireland (CARDI)
Age-Friendly Cities Project: Halifax Site (Keefe & Hattie, 2007)	Report including focus groups for city of Halifax, Nova Scotia, prepared by the Nova Scotia Centre on Aging
Action Plan for an Age-Friendly Portland (The Age-Friendly Portland Advisory Council, 2013)	Review and recommendations for the city of Portland, Oregon, prepared by The Age-Friendly Portland Advisory Council
Haliburton County Age-Friendly Survey (Haliburton County, 2013)	Survey prepared by the University of Waterloo
JAGES-HEART (World Health Organization, 2014)	Japan Gerontological Evaluation Society

Summary of Findings from Semi-Structured Interviews and Surveys with Key Stakeholders

Forty-one stakeholders were included in structured interviews and prioritization of the indicators. Key stakeholders included 13 city agency department heads, 21 community professionals, and 4 researchers. Stakeholders reported their work settings as: governmental (12), social service agency (9), not-for-profit (8), community-based care (2), university or academic program (2), hospital system (2), healthcare (1), and residential or home-based care (1). Each category of stakeholders identified similar priorities for the city of Chicago, with the highest prioritized indicators falling within the domains of *community support and health services, housing, and communication and information*. Stakeholders identified several gaps in the content of existing age-friendly indicators, including pet and service animal friendliness, nutrition and food options, education for bicycle safety, and accessible private transportation. Figure 3 shows the number of indicators from each domain that were prioritized among the top 50% of items. The full list of 60 items, along with their prioritization rankings by stakeholder group is included in Appendix IV.

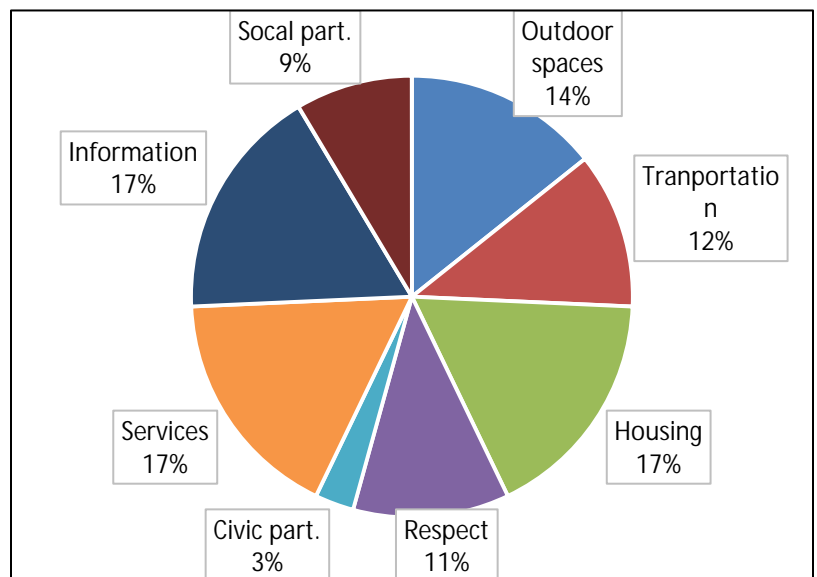


Figure 3: Top 50% of items from each domain prioritized by stakeholders.

Summary of Findings from the Community-Wide Survey

A total of 2,601 participants completed the survey. A majority of respondents completed it in English (n = 2,464), and 87 responded in Spanish, 26 in Polish, and 23 in Chinese. Forty-three percent of respondents were between the ages 65 and 74, 71% were female, and 57% were Caucasian (Table 2).

Table 2: Demographics

	Total (n)	%
Respondents	2,601	100%
Age Category		
<55	106	4.08%
55-64	671	25.80%
65-74	1,122	43.14%
75-84	547	21.03%
≥85	133	5.11%
Missing	22	0.85%
Gender Identity		
Male	710	27.30%
Female	1,857	71.40%
Transgender	10	0.38%
Missing	24	0.92%
Race		
White	1,484	57.05%
Black	621	23.88%
Hispanic	209	8.04%
Asian	173	6.65%
Other	63	2.42%
Missing	51	1.96%
Region*		
North	483	18.57%
North-West	385	14.80%
North-Central	369	14.19%
Central	395	15.19%
Central-West	214	8.23%
South-East	242	9.30%
South	290	11.15%
Missing	223	8.57%
Marital Status		
Single	752	28.91%
Married	893	34.33%
Other	935	35.95%
Missing	21	0.81%
	Total	%

	(n)	
Respondents	2,601	100%
Housing		
Rent	850	32.68%
Own	1,619	62.25%
Missing	46	1.77%
Live Alone (yes)	1308	50.29%
Missing	108	4.15%
Caregiver (yes)	397	15.26%
Missing	70	2.29%
Education		
<12 th grade	226	8.69%
HS Degree/GED	327	12.57%
Some College	324	12.46%
College degree	733	28.18%
Grad degree	744	28.60%
Missing	64	2.26%
Employment		
Employed	695	26.72%
Retired	1,635	62.86%
Other	232	8.92%
Missing	39	1.50%
English 1st Language (yes)	2,257	86.77%
Missing	38	1.46%
Live Below Poverty Level	438	16.84%
Missing	73	2.81%
Felt Isolated or Lonely (yes)	703	27.03%
Missing	49	2.27%
Health**		
Physical Health	2,280	Mean= 48.11
Mental Health	2,323	Mean= 50.91

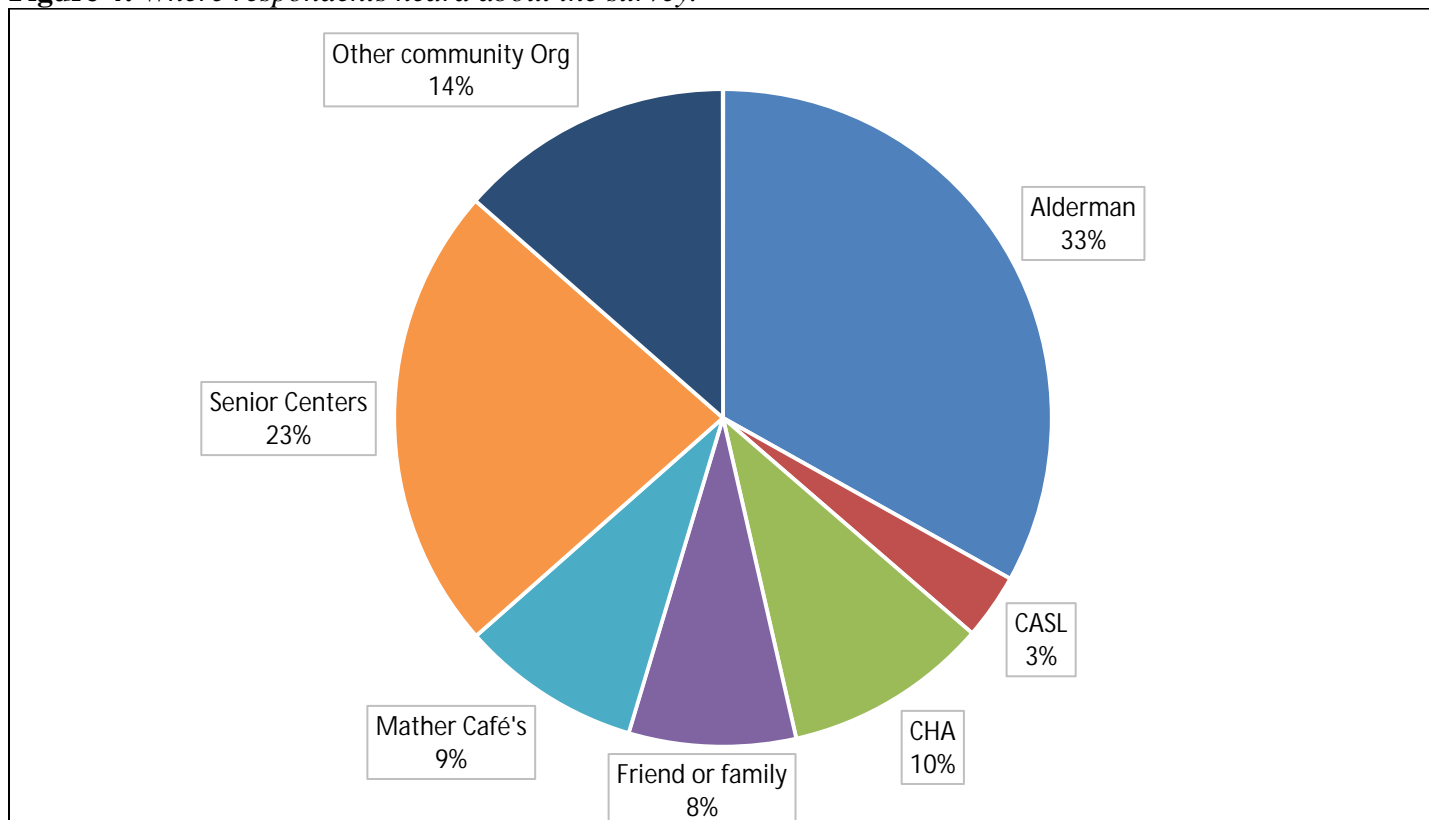
*See map (Appendix VIII) North zip codes: 60626, 60640, 60645, 60659, 60660; North-West zip codes: 60625, 60630, 60631, 60646, 60656, 60634, 60639, 60641; North Central zip codes: 60613, 60614, 60618, 60647, 60657; Central zip codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60622, 60642, 60654, 60661; Central-West zip codes: 60608, 60612, 60624, 60644, 60651, 60609, 60623, 60629, 60632, 60638; South-East zip codes: 60615, 60616, 60637, 60649, 60653; South zip codes: 60617, 60619, 60628, 60633, 60620, 60621, 60636, 60643, 60652, 60655.

**General population mean score = 50, Standard deviation = 10.

The distribution of respondents suggests a good geographic spread across Chicago, with the highest rate of response in the northern most region (18%), and fewer in the South (11%). Thirty-five percent of the population is married, 62% own their own home, and 15% consider themselves a primary caregiver for another person. Seventeen percent of respondents indicated they live below the poverty level, and 27% reported feeling isolated or lonely. The mean physical health score of the population was slightly below that of the national average, and the mental health score was equal to the national average.

Survey respondents heard about the survey from a variety of dissemination partners and stakeholders (Figure 4). We asked respondents to let us know how they heard about the survey. Of the 2,600 respondents, 1,706 of them (65.6%) responded to that item. Five hundred and sixty-five (33%) of those respondents listed their alderman as the source of hearing about the survey; this included information in aldermanic newsletters, ward events, and block clubs, and other forms of information from the alderman. Senior centers were represented in 23% of responses; this included respondents completing the survey on paper during a visit to the center, or hearing about the survey at the center and completing it online from another location. A significant proportion of respondents (14%) indicated they heard about the survey from a community organization. Some of these organizations included Center on Halsted, Rush Generations, Forward Chicago, and Chicago-area Villages.

Figure 4: Where respondents heard about the survey.



Overall Summary of Age-Friendly Findings

The following section pulls in cumulative findings from the Age-Friendly assessment to date to summarize age friendly features and key areas for improvement recommended for each age-friendly domain. Findings come from focus groups, interviews, the environmental scan, audits, surveys, and adjunct projects. Following the summary of overall findings, detailed findings for each age-friendly domain are presented. Each section includes information on the items in the survey, a table showing each item, the number of respondents (n) to each item, as well as the mean response value for each item (lower numbers representing greater overall satisfaction). After the table is a figure which displays the spread of responses for each item on a scale 5 point scale representing levels of satisfaction with each item. Please note that the figures represent findings reflecting n=100%, where n is the total number of respondents to each individual item.

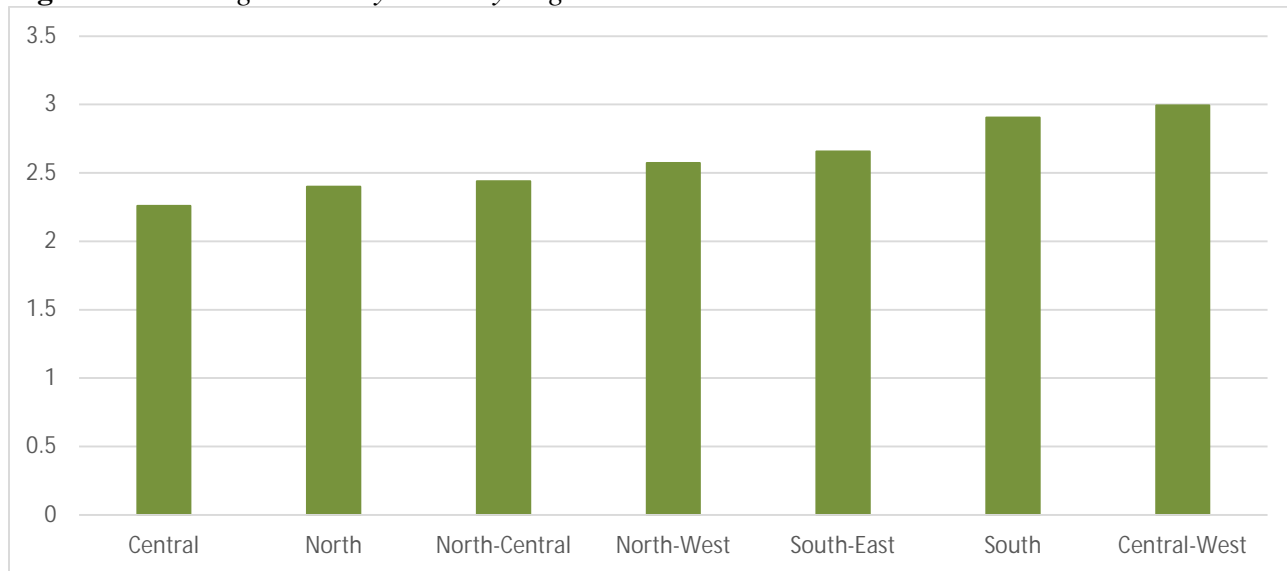
Overall, Chicagoans rate the age-friendliness of Chicago highly. As a group, they are mostly satisfied or very satisfied with each of the indicators determined to contribute to the age-friendliness of Chicago. In Table 3 and Figure 5 below, mean scores are represented for each region and each age-friendly domain. Scores are based on a 5 point Likert scale with lower scores representing greater satisfaction. Each domain index had high internal consistency ($\alpha > .90$). Older Chicagoans are most satisfied with indicators of *communication and information* (m=2.04), and least satisfied with *housing* (m=3.21). Yet, there are significant differences in ratings of each domain by region, with the central region showing the greatest satisfaction with the age-friendliness of the city. In addition to significant differences by region there were significant differences in ratings between age, gender, health, and income.

Table 3: Age-Friendly Total and Domain Specific Mean Scores by Region.

	North	North-West	North-Central	Central	Central-West	South-East	South	TOTAL
Age-Friendly Score	2.40	2.57	2.44	2.26	2.99	2.66	2.90	2.60
Outdoor Spaces and Buildings	2.70	2.76	2.67	2.62	3.17	2.77	3.17	2.84
Transportation	2.15	2.41	2.14	2.02	2.58	2.44	2.71	2.35
Housing	2.91	3.35	2.98	2.58	3.73	3.25	3.68	3.21
Community Services	2.54	2.83	2.62	2.10	3.35	2.85	3.31	2.80
Communication and information	1.92	1.97	1.86	1.85	2.43	2.16	2.11	2.04
Respect and Social Inclusion	2.29	2.34	2.40	2.38	2.78	2.51	2.66	2.50
Social Participation	2.04	2.29	2.13	1.95	2.70	2.35	2.45	2.27
Civic Participation	2.67	2.86	2.75	2.55	3.45	2.99	3.32	2.94
Safety	2.97	2.81	2.73	2.59	3.76	3.25	3.94	3.15

**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

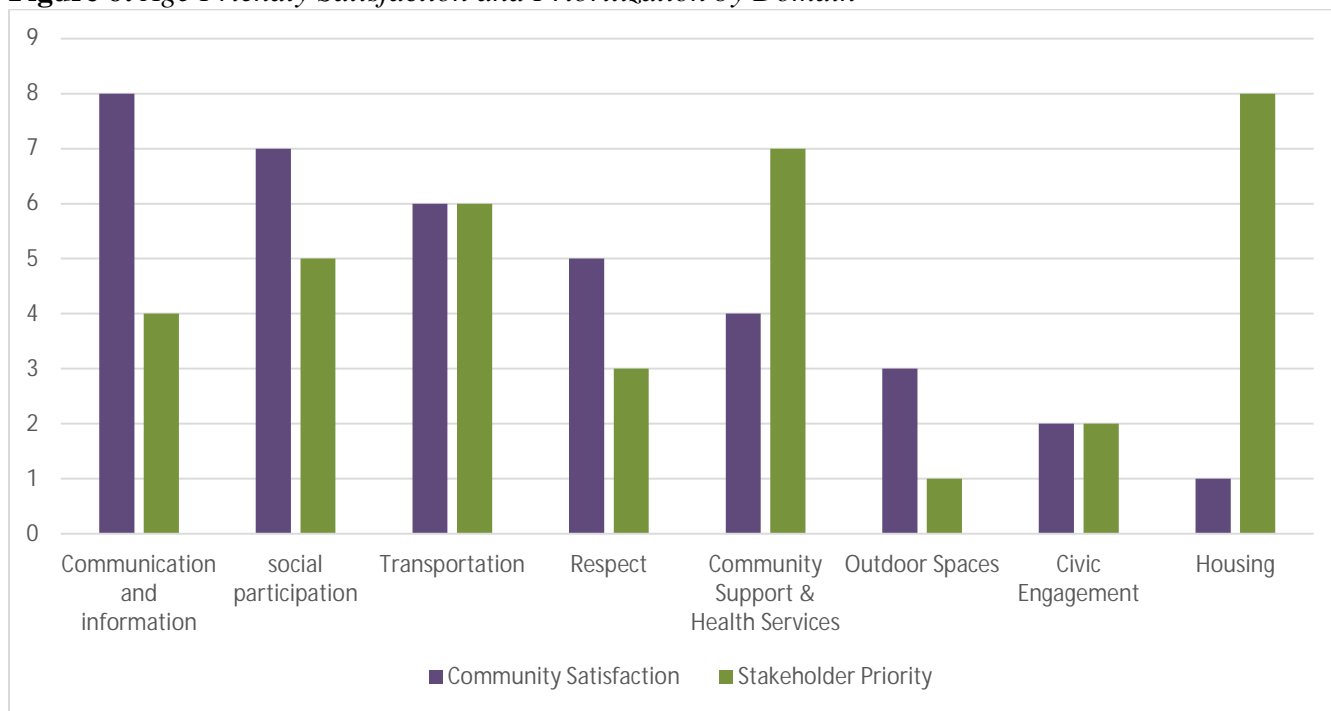
Figure 5: Total Age-Friendly Score by Region



**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

The data from community respondents shows us how satisfied Chicago residents are with each Age-Friendly domain. Figure 6 compares the satisfaction ratings by Chicago residents to the priority rankings completed by stakeholders. Stakeholders were asked to rank the domains by importance to older Chicagoans. As illustrated in the figure, the highest prioritized domains by stakeholders were *housing* and *community support and health services*. Both domains correspond with low satisfaction ratings from older adults, suggesting that planning for these initiatives should take precedence. *Transportation* was the third highest priority area as ranked by stakeholders, and similarly the third highest domain in satisfaction scores by Chicago residents.

Figure 6: Age Friendly Satisfaction and Prioritization by Domain



Age Friendly Domain 1: Outdoor Spaces and Buildings

Satisfaction Rating by Chicagoans: 6 Priority Ranking by stakeholders: 8 (out of 8 domains)

*“Being mobile in Chicago is my main problem.
That of an older pedestrian is a constant concern.”*

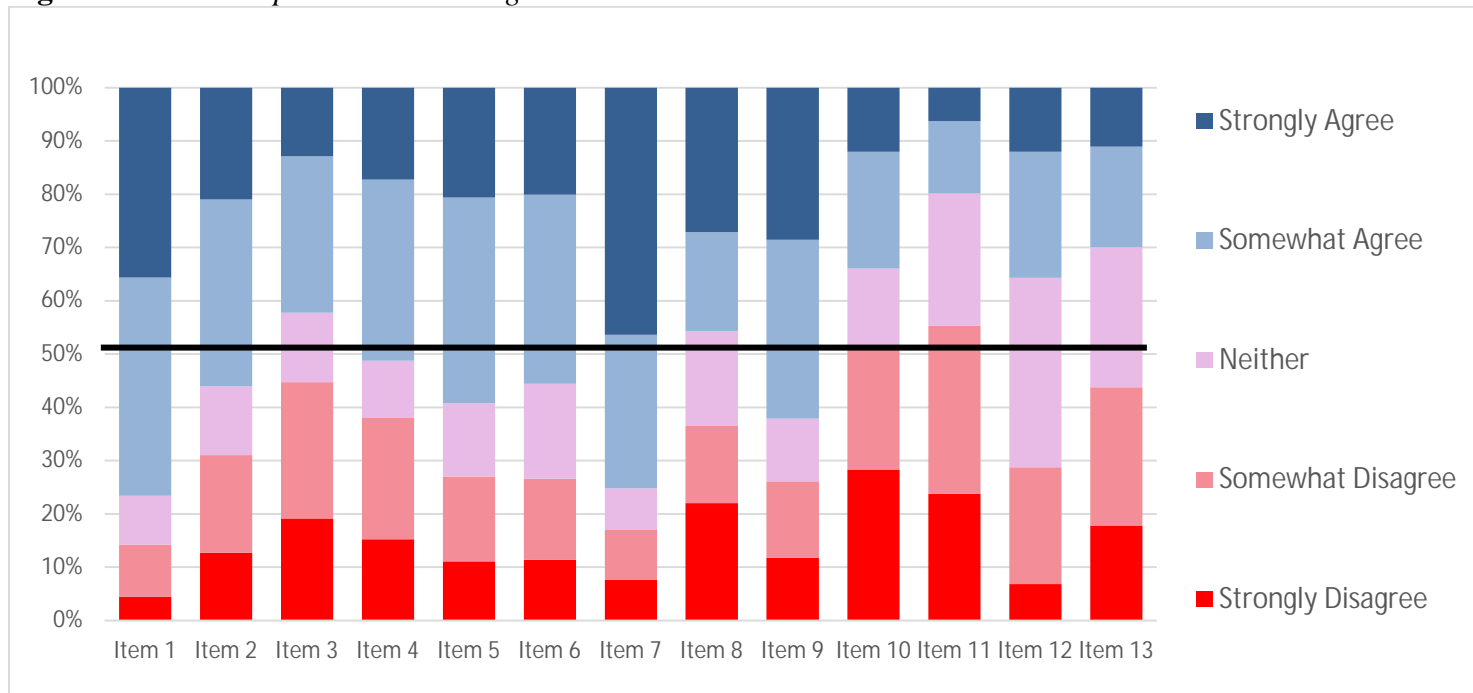
Outdoor spaces and buildings have a major impact on mobility, independence, and the quality of life of older people, often affecting their choices of where to live. Age-friendly features of outdoor spaces and buildings include: conditions for walking; accessibility to public buildings; a clean environment; access to green spaces and parks; and safe accessible streets. The domain of *outdoor spaces and buildings* included 13 items in the survey related to the perceived availability, safety and accessibility of public buildings, parks and green spaces, and businesses (Table 4). It also included items on road conditions and safety of the physical environment, including walkability, sidewalks, bike lanes, and dog parks. Within this domain, the item with greatest satisfaction is ‘parks and green spaces are within easy walking distance from my home.’ Indicators showing the greatest need for improvement include, ‘bicycling conditions are safe for pedestrians,’ and ‘conditions for walking.’ In terms of overall satisfaction, compared to the other age-friendly domains, it is the 6th highest average score. There is significant variation in the satisfaction of outdoor spaces and buildings by region (Table 3).

Table 4: *Outdoor Spaces and Buildings Items*

Indicator	Total n	Mean Score*
1. Community buildings, including senior centers, libraries, post offices, and park districts, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	2,314	2.06
2. It is easy to use wheelchairs, walkers, and scooters on the sidewalks	1,846	2.67
3. Road conditions are safe for pedestrians	2,435	3.09
4. There is adequate time to cross the street	2,438	2.85
5. Businesses and organizations in my neighborhood, including grocery stores, religious centers, and shops, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	2,312	2.58
6. Restrooms are readily available and accessible in public and community buildings	2,280	2.62
7. Parks and green spaces are within easy walking distance from my home	2,457	2.03
8. Dog parks are within walking distance from my home	1,727	2.86
9. There are benches and resting areas in public spaces	2,364	2.47
10. Bicycling conditions are safe for pedestrians	2,273	3.34
11. Conditions for walking (presence of sidewalks, cracks, bumps, debris on the sidewalks, snow removal)	2,526	3.53
12. The ease of access to public and community buildings	2,392	2.88
13. The safety of your physical neighborhood environment (where feeling safe means being able to walk or exercise outside without worrying about crime)	2,511	3.21

**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

Figure 7: Outdoor Spaces and Buildings



*Response options for items 11-13: Excellent, Very Good, Good, Fair, Poor

Current age-friendly features of Outdoor Spaces and Buildings:

Available green space and parks

- The City of Chicago devotes 8.5% of its total land acreage to parkland, which ranked it 13th among high-density population cities in the United States in 2012. Since the 1830s, the official motto of Chicago has been *Urbs in horto*, Latin for "City in a garden." (City of Chicago, 2014)
- There are 600 community gardens in Chicago (Chicago Department of Transportation, 2014).

Available facilities

- The Chicago Park District manages 220 facilities in 570 parks covering more than 7,600 acres (3,100 ha) of land throughout the city. This includes 9 lakefront harbors, over 24 miles (39 km) of lakefront, 31 beaches, 17 historic lagoons, 86 pools, 90 playgrounds, 90 gardens, 66 fitness centers, 9 ice skating rinks, 10 museums, and 2 conservatories (City of Chicago, 2014)
- Over 22,000 adults aged 60 and over have accessed over 1,000 activities and programs designed specifically for this population. Activities include senior club events, dances, concerts, lunches, holiday events, and trips. Programs include but are not limited to fitness, aquatic activities, line dancing, arts and programming, and the Senior Olympics. Additionally, many facilities serve as free lunch sites and as distribution sites for the Greater Chicago Food Depository food boxes (City of Chicago, 2014)

Accessible outdoor spaces

- Seventy-five percent of survey participants strongly agreed or somewhat agreed that parks and green spaces were within easy walking distance to them. Focus group participants also enjoyed Chicago's walkability: *"I have a good time walking to places and stores within four or five blocks from my house... I just walk."*
- There are 22 Neighborhood Farmers Markets in Chicago (City of Chicago, 2014). One survey participant observed: *"Our local (North-West) neighborhood association is active with a new farmers' market. These new options enjoy a LOT of participation by seniors..."*

Accessible public buildings

- According to information obtained from key stakeholders, the City's Public Building Commission uses Universal Design when constructing all new facilities and environments. These guidelines seek to go beyond the requirements of the Americans with Disabilities Act to address all levels of disability; a Chicago-area example of this is the new library in Chinatown.

Conditions for walking

- Chicago is the 4th most walkable city in the US (Walk Score, 2014).
- A windshield audit of Rogers Park indicated that this community area highly supported walkability amongst older adults. (Appendix V)

Conditions for cycling

- Chicago currently has more than 200 miles of on-street protected, buffered, or shared bike lanes, many miles of off-street paths (including the 18.5-mile Lakefront Trail), more than 13,000 bike racks, and sheltered, high-capacity, bike parking areas at many CTA rail stations. The Chicago Streets for Cycling Plan 2020 calls for a 645-mile network of biking facilities to be in place by the year 2020 to provide a bicycle accommodation within a half-mile of every Chicagoan. Some older adults participating in the survey were *"active cyclists who participate in the Active Transportation Alliance."*
- Sustainable Chicago 2015 includes goals for the city to become the most bike and pedestrian friendly city in the country (Sustainability Council, 2013)

Key areas for improvement in Outdoor Spaces and Buildings

Safe accessible streets and conditions for walking

- The majority of research participants (80%) were physically active. Although the city has taken steps for safer streets, 55.3% of survey participants rated conditions for walking fair or poor (Chicago Department of Transportation, 2014).
- Survey participants explained that snow accumulations near bus stops and in disabled parking spots prevents older adults from accessing these services. *"Walking in community can be hazardous in winter time when ice on sidewalks"* and can *"prevent us from going out for a walk or even to vendors in our neighborhood."*
- Research participants with disabilities commented on specific street features that hindered their mobility. These included high curbs, which meant they had to ride in wheelchairs in the road, and *"orange breakable, freezable, fragile bumps"* at intersections which they described as *"trip traps."* In addition, they commented on *"the molded fancy brick walks"* and stated, *"It is hard to use a thin-wheeled chair or other handicapped mobile device on."*

Falls reduction: According to the Center for Disease Control and Prevention, one out of three older adults who are 65 or older will fall (Centers for Disease Control and Prevention, 2014).

- According to information provided by research participants, particular features that lead to falls include *"unevenness," "unexpected square cuts in cross walks,"* faded cross walks, and *"medallions"* in sidewalks. See, for example, images taken by residents for the Chinatown photovoice project (Appendix IX).

Pedestrian street safety

- Research participants commented on the limited window of time to cross the road at red lights. Intersections without lights or pedestrian crossing lights obscured by trees can also be difficult to negotiate.

Safety of the neighborhood environment

- Evidence from research participants suggests that fear of crime keeps older adults inside their homes and away from activities that benefit their health and well-being. *"Before you would see people sitting outside in front of their house on a hot summer day, kids playing. Nowadays at 6 o'clock in the evening people don't want to walk because there are no people. All you see is cars and they are shooting."*

- 44% of survey respondents rated the safety of the physical neighborhood environment (where feeling safe means being able to walk or exercise outside without worrying about crime) fair or poor. Fear of crime, coded across all focus groups, was highest in North-West, Central-West and South-West regions.
 - Crimes that made research participants feel particularly unsafe included gun crime and muggings at bus stops. Many felt deterred from going out into their neighborhoods after 6pm and on their own. According to The Chicago Plan for Public Health System Improvement 2012-2016, the highest rates of homicide mortality are seen in Fuller Park, Riverdale, North Lawndale, Greater Grand Crossing, and Englewood (Chicago Department of Public Health, 2012). North Lawndale and Englewood are two community areas with a high proportion of the population aged 55 and above, whose health and safety may be particularly impacted by crime.

Clean environments

- According to The Chicago Plan for Public Health System Improvement 2012-2016, Riverdale has the largest percent of residential vacancies, at 32% of all residential structures, followed by Fuller Park at 18%, and South Chicago and Englewood at 15%. South Chicago and Englewood are two communities with high populations aged 55 and over whose health and safety may be particularly impacted by vacant lots.
- To “*benefit our neighborhood as a whole*” and deter crime, research participants suggested prompt attention to dilapidated buildings, garbage in the streets, graffiti and overgrown lots.

Accessibility to public buildings

- According to research participants, building features that reduce accessibility include revolving doors, “*a death trap for older people*,” older building stock without elevators; and doors not wide enough to accommodate wheelchairs. Features that improve accessibility included “*electrical door access and doors wide enough for both scooters and wheelchairs*.”

Age-friendly businesses

- Survey participants commented that access to gas station, restaurant, and store washrooms is not always available. Research participants praised businesses who they felt looked after their needs. For example, “*kudos to McD's on Cicero for one of the few cleared sidewalks during harsh winter and nice landscaping during summer and accessible Wi-Fi*.”

Bicycling proficiency

- According to research participants, increased bicycle traffic, particularly on sidewalks, diminishes pedestrian safety. Fifty-one percent of survey respondents disagreed or strongly disagreed that cycling conditions are safe for pedestrians. Typical comments made by survey respondents include: “*I am very concerned about the bicyclists; they do not obey the traffic signs/signals in any of the neighborhoods I frequent*.”
- More enforcement of traffic laws and bicycling proficiency education is needed.

Age Friendly Domain 2: Transportation

Satisfaction Rating by Chicagoans: 3, Priority Ranking by stakeholders: 3 (out of 8 domains)

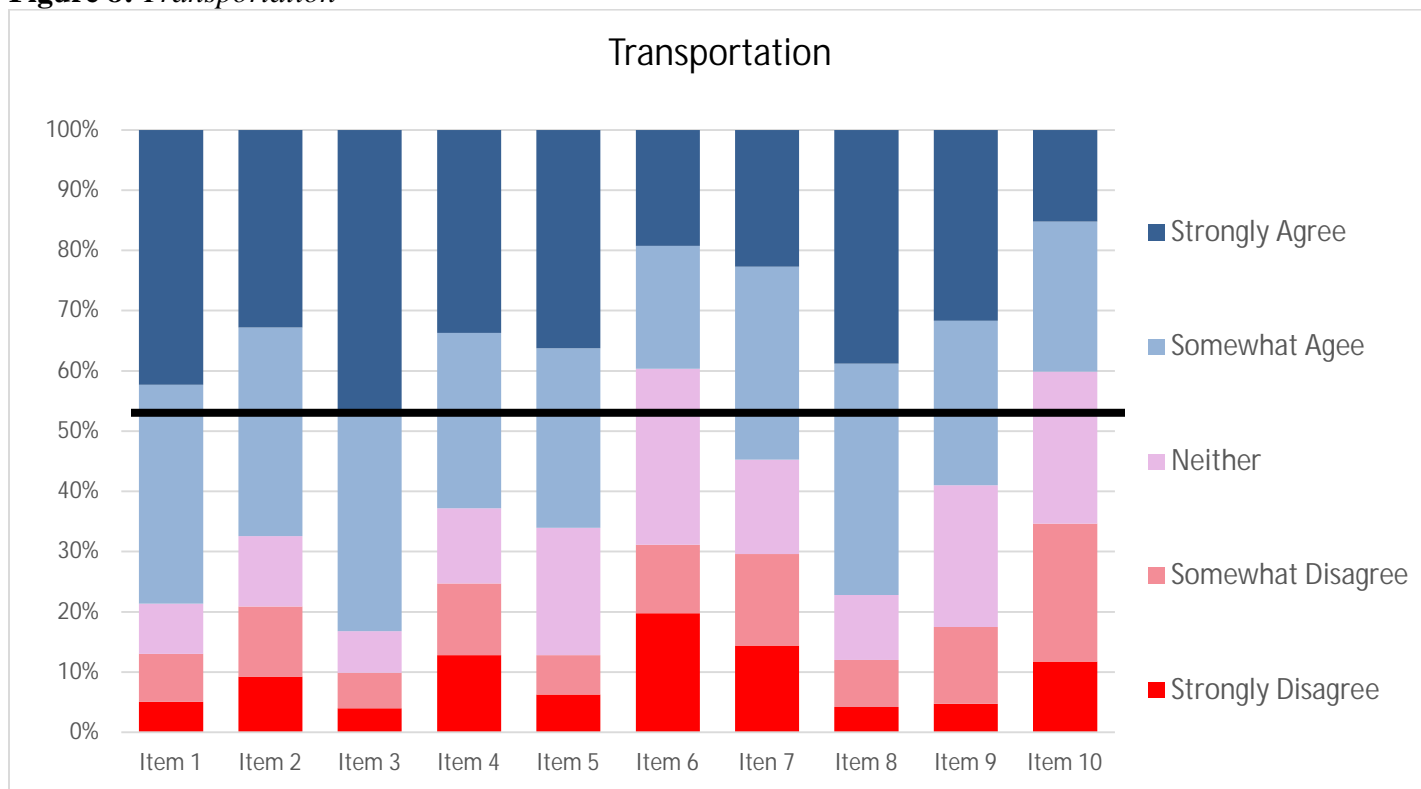
“Public transportation is readily available and opens up so many opportunities downtown and elsewhere.”

Affordable and accessible public transportation is an essential part of an age-friendly city infrastructure. This domain elicited information from respondents regarding their satisfaction with public transportation options. This includes location of transportation stations, accessibility of various forms of transportation, availability of options for public transit, parking, signage, and safety of transit options. Transportation was the third highest ranked domain, suggesting that older Chicagoans are satisfied with public transit compared to the other domains. Items with the greatest levels of satisfaction included conveniently located CTA train and bus stations. Lower ranked items included availability of ride share programs and safety of transportation.

Table 5: Transportation Items

Indicators	Total n	Mean score*
1. CTA stations are conveniently located	2,404	1.97
2. CTA stations and bus stops are accessible for wheel chairs	1,961	2.30
3. Bus stops are conveniently located	2,409	1.84
4. Taxi cabs are available and accessible to me	2,184	2.41
5. Door-to-door transportation services (like PACE or private services) are available and accessible to me	1,388	2.17
6. There are ride-share programs available in my neighborhood	1,012	2.92
7. Parking, including spaces for people with a disability, is available	2,045	2.67
8. Signs for transportation (like bus stops, CTA stations) are clearly posted and easy to understand	2,406	2.00
9. The availability of transportation (CTA, bus, Metra, PACE, taxi cabs) in the neighborhood	2,432	2.32
10. The safety of transportation in your neighborhood (where feeling safe means safe from crime when waiting at a designated public transportation station or while using public transportation)	2,415	2.91

*Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction

Figure 8: Transportation

*Response options for items 9-10: Excellent, Very Good, Good, Fair, Poor

Current age-friendly features for Transportation

Availability of transportation

- Research participants consistently rated transportation choices available to them highly, with 59% of survey participants rating them as excellent or very good. Focus group respondents who lived close to bus and train transit were particularly satisfied: *“Where I live, I live close to the train, I’m close to the bus stop. So I have the blue line and the green line. .. And I have the Madison bus and the Jackson bus. So the transportation is the best.”*
- According to research participants, CTA buses and Pace were core community level resources. Pace is an advance reservation ride-sharing service providing para-transit services to individuals with disabilities and senior citizens.

Accessibility of CTA bus and train stations

- Survey respondents strongly agreed or agreed that CTA train (79%) and bus (84%) stations were conveniently located.
- Sustainable Chicago 2015 aims to create healthy communities and connected neighborhoods (Sustainability Council, 2013). Goals include increasing daily transit ridership on CTA trains and buses and prioritizing development around transit stations to improve safety and facilitate more use of public transportation

Accessibility of transportation

- The City of Chicago’s CTA and Pace bus fleets are 100% accessible. Special equipment like lifts, ramps, wheelchair securement areas, priority seating, and visual display announcements have been installed on all CTA and Pace buses to make fixed route bus service accessible to people with disabilities. (RTA Chicago website)
- Priority seating is available on CTA buses and trains.
- The CTA has 1,865 buses that operate over 127 routes and 1,354 route miles. Buses make about 19,000 trips a day and serve 11,104 bus stops. Twenty percent of the city’s bus stops have bus shelters with transit trackers.
- According to the Milken Best Cities for Successful Aging data report the Metro area of Chicago-Napier-Joliet is 1st in the nation for average fare (Chatterjee, DeVol, & Irving, 2012).
- The City of Chicago taxi ordinance aims to create a taxi system that is cleaner, safer, and more accessible. (City of Chicago, 2014). Currently there are 172 wheelchair-accessible cabs managed by Open Taxis, a centralized dispatch center.

Key areas for improvement for Transportation

Transport choices

- According to the Transit Connectivity Index (TCI), areas to the north and northwest areas of Chicago have a higher transit connectivity index than communities that are more often served by bus routes and have much lower access to transit: the far south, southwest, and northwest.(Chicago Department of Public Health, 2012).
- Focus group participants in the South-West group felt they did not have a choice of transportation and that it was essential to own a car *“to get around.”* A focus group participant made the following comment, which exemplifies this concern: *“If it was easy to get around people would do it. They would use it, but when it is so difficult then people drive and there are accidents.”*
- Changes to parking regulations impact seniors who drive in a variety of ways. Research participants reported being unable to shop for groceries, attend activities at senior centers, or invite family or healthcare professionals to park outside their homes. One survey participant unable to walk 20 feet reported difficulty in paying at meters spaced 50ft apart on streets.
- Thirteen percent of survey participants disagreed or strongly disagreed that door-to-door transportation options such as Pace and private services were available to them. Comments showed that lack of choice and unreliable service impacts attendance at health appointments and reduces social connectedness.

Transit accessibility

- Major reasons cited by research participants for not using the CTA trains included lack of escalators and/or elevators in CTA stations. For example, participants commented that the elevated train stations at Morse, Argyle and in the Loop are not accessible.
- The CTA online tracker system appears underutilized by older adults, with several survey respondents requesting “*a central communication site to find out what streets, expressways, CTA lines are being worked on with alternative route options to get around in the city*” so that older adults can plan their routes in advance.

Accessible signage

- Stakeholders and older adults told us that they would like to see bilingual priority seating signs on CTA and bilingual signs at bus stops: “*Sometimes I can't read the words on bus stop because of language barriers.*” Older adults commented that they found the directions on CTA travel map “*too small to decipher; you'll need a magnifying glass*” and some of the loudspeaker announcements at elevated train stations uncomfortably loud.
- While 78.6% of older adults surveyed strongly agreed or agreed that CTA stations were conveniently located and that 83.9% that bus stops were, several requested public seating at bus and train stops, along with “*sun shelters*” and heaters for the winter cold.
- Survey respondents told us that buses start and stop too quickly for most seniors to easily manage without danger of losing balance. As one older adult told us, “*Many seniors will not get up until buses are stopped [for their own safety].*” They also asked that priority seating for seniors be enforced. One focus group participant suggested a ‘Get Up!’ campaign.

Safety of transportation

- Older adults’ perception of the safety of transportation affects their use of it. Thirty-five percent of survey respondents rated safety fair or poor and several commented that they would not use the system after 6pm. Focus groups respondents commented: “*I don't even carry a real purse when I ride transportation... And that's what you have to do to be safe.*”

Age Friendly Domain 3: Housing

Satisfaction Rating by Chicagoans: 8, Priority Ranking by stakeholders: 1 (out of 8 domains)

“Most seniors are on a fixed income and they are having a hard time making ends meet.”

“I would just like to say. I love living in my house. And most seniors would love to live in their own home.”

Chicagoans working to deliver services and support to older adults living in the community told us that affordable housing in a safe neighborhood is essential to the safety and well-being of older adults and an important part of the built environment, affecting quality of life. Key age-friendly features are affordability, universal design, housing options and choices including aging in place, supportive, and assistive living. The Chicago Plan for Public Health System Improvement 2012-2016 defines affordable housing in Chicago as housing that costs up to 35% of household income (Chicago Department of Public Health, 2012). As people get older and their needs change, they consider moving to new homes that can better support their needs. It is important to note that the majority of survey respondents were home owners (66%) or renting (34%). The satisfaction ratings of homeless older adults are therefore not covered by this report (George, 2008). It is also relevant to note that this domain was ranked as the most important domain to attend to by stakeholders and ranked with the lowest satisfaction rankings by Chicagoans.

Housing items were split into two categories 1) Housing, 2) Your home. The items on housing related to the availability of various housing options in a person’s neighborhood. As a domain, respondents were least satisfied with housing options in their neighborhood. These rankings indicated poor perceived availability of supportive housing options, affordable housing options, and housing options with important amenities in respondents’ neighborhoods. It is worthwhile noting that as a domain, these items had fewer respondents than

other domains; on average, 46% of the respondents left these items blank, indicating that many respondents might not have known answers to these items.

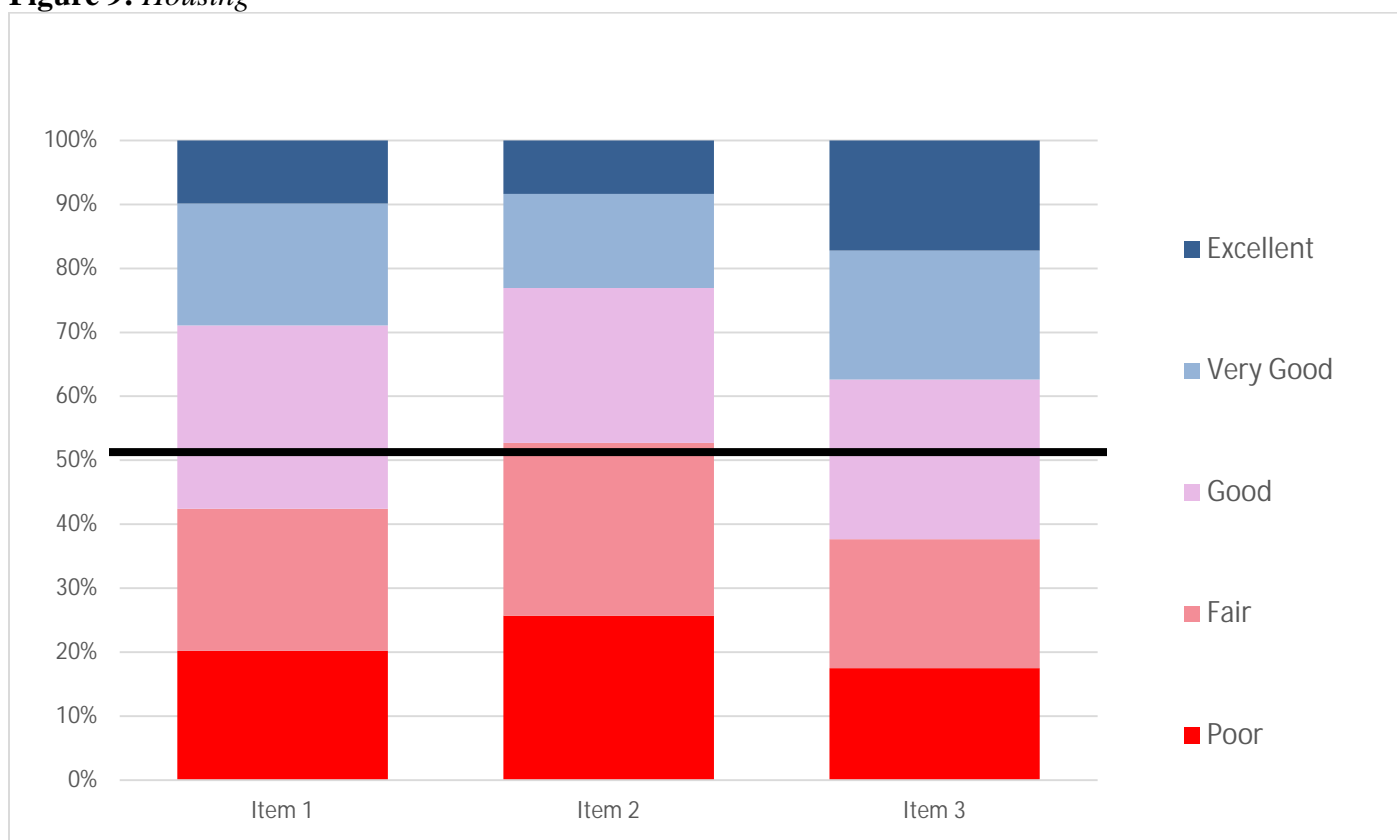
*For ranking purposes the items on “your home” were not included in the domain index.

Table 6: Housing Items

Indicators	Total n	Mean Score*
1. The availability of supportive housing options in your neighborhood (for example, assisted living communities, village networks, co-operatives)	1,604	3.24
2. The availability of affordable housing options in your neighborhood (including subsidized housing options)	1,544	3.47
3. The availability of housing options with amenities that are important to you (for example, pet-friendly options, parking spaces, door staff, exercise rooms, in-building laundry facilities)	1,742	3.01

*Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction

Figure 9: Housing



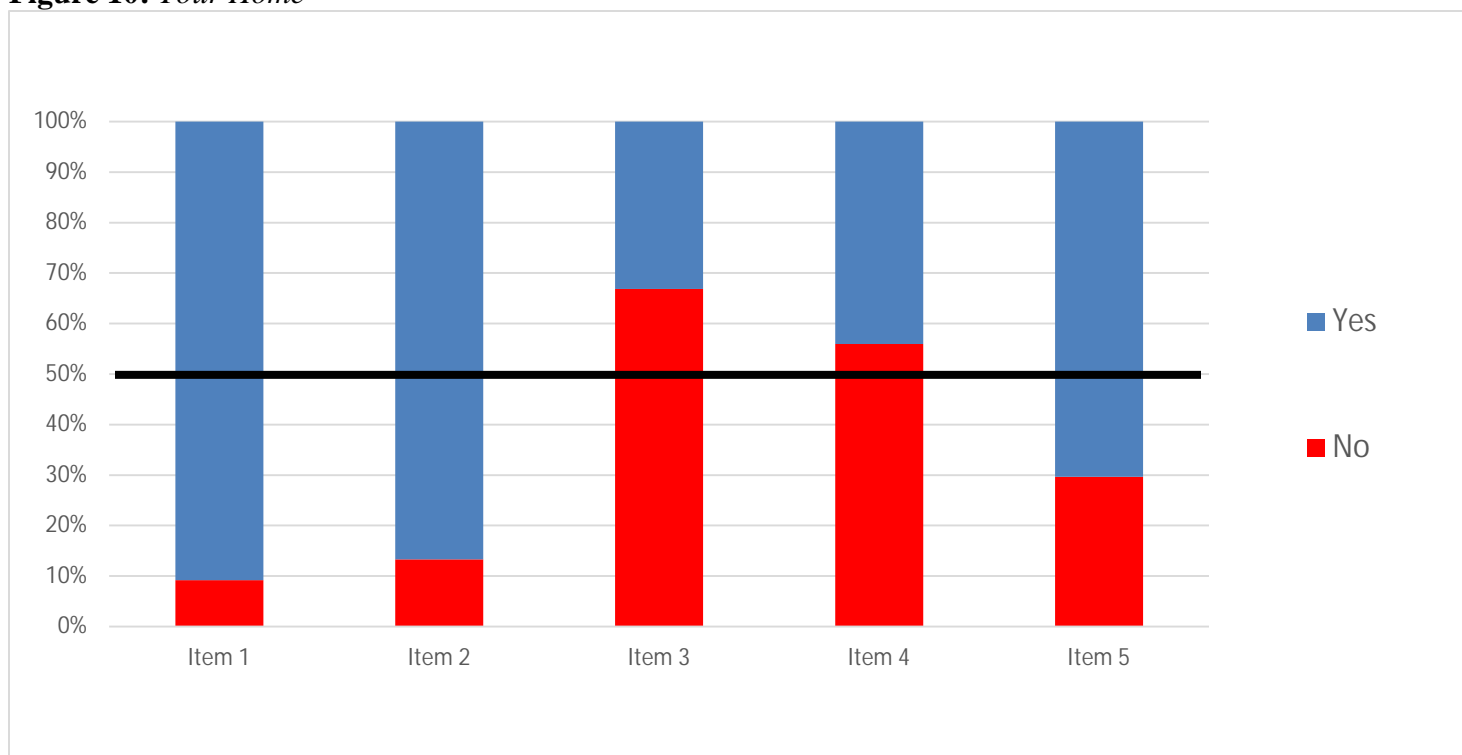
Your home

Next, there were 5 items related to the accessibility and comfort of respondents' homes. This section included items on heat, air conditioning, stairs, and accessibility. Ninety percent of respondents indicated that their home is warm enough in the winter, and 87% responded that it is cool enough in the summer. Thirty-three percent of the sample indicated having stairs leading to the main entrance of their homes, and 44% indicated needing to use stairs in their homes on a daily basis.

Table 7: Your Home Items

Indicators	N	Mean Score*
1. My home is warm enough in the winter	2,456	1.09
2. My home is cool enough in the summer	2,414	1.13
3. There are stairs leading to the main entrance of my home	2,431	1.67
4. I have to go up and down stairs in my home on a daily basis	2,422	1.56
5. The doorways both inside and outside my home are wide enough for a wheelchair to fit through	1,727	1.30

*Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction

Figure 10: Your Home

Current age-friendly features of Housing

Choice of housing

- Focus group participants (of whom the majority were home owners) told us about a range of housing choices in the city, including more unconventional types of living such as housing co-ops and reverse mortgaged homes. Survey participants who rated the affordability of the housing choices available to them were mixed in their opinions, with 22% indicating they are excellent or very good, 24% good, 27% fair, and 24% poor.
- In further analysis of the survey data, race and income were both found to significant predictors of housing and home responses.

Subsidized and public housing resources

- The CHA has nearly 9,400 senior units in dozens of buildings located throughout Chicago.
- Chicago is responsive to its diversity. For example, the Center on Halsted, CASL, CJE SeniorLife and the South East Asian Center offer culturally appropriate and LGBTQ services and resources for seniors.

- The Senior Letter for MeterSave: Letters are sent to non-metered Chicago water customers receiving the senior sewer exemption informing them of the MeterSave Program and the ability to save water and money by getting a free water meter.
- The Amplified Telephone Distribution from the Chicago Hearing Society offers free landline phones for hard-of-hearing individuals who cannot otherwise use the phone.

Supportive and assisted living

- Chicago is responsive to its diversity. As examples, Casa Central, Chicago Commons, and The Resurrection Project offer supportive and assisted living and resources for mainly Hispanic and African American older adults. Housing Opportunities & Maintenance for the Elderly (H.O.M.E) offers intergenerational living options.

Heat and cold

- The majority of survey respondents reported that their homes were warm enough in the winter (91%) and cool enough in the summer (87%).
- During the winter and summer months, the city operates 113 warming and cooling stations (Stuehrk, 2014).
- The Chicago Department of Buildings enforces building code violations where living conditions are impacting an older adult's quality of life. These include lack of heat, hot and cold water, and electricity.

Key areas for improvement in Housing

Affordable housing

- Housing for the new demographic is an issue across the nation as was recently acknowledged in the report "Housing America's Older Adults" (Joint Center for Housing Studies, 2014). Our key stakeholders from government agencies and nonprofits prioritized housing as the number one age-friendly domain the city needs to address for the needs of older adults.
- Survey respondents (17% of whom were living below the poverty line) were mixed in their rating of the availability of supportive housing options; 29% rated the choices excellent or very good, 29% good, 22% fair, and 20% poor.
- Poverty data for 2009 showed that 38% of women and 30.6% of men aged 65 and over live below the poverty line in the city (City Data, 2014). In 2009, the overall poverty rate for Chicago residents of 27.5%. Given these facts, it is likely that the demand for affordable housing will increase.

Aging in place at home

- According to data from Public Policy and Aging, current nursing home provision across the US will be insufficient to accommodate the baby boomer generation (Society, September 2014). Home modifications can reverse the nursing home trend and help people age in place. As one survey participant commented: *"I don't think we have any accessible condo buildings in our community--most of the housing is older, and condos tend to be 3 or 6-flats with stairs. We really want to stay in this community but are wondering if it will be possible."*
- Thirty-three percent of survey respondents replied that they had to use stairs to enter their homes and 44% responded that they used stairs within their homes on a daily basis. If all of these respondents were to choose to age in place it is likely that they would need to adapt their homes in order to do so. The installation of ramps alone may not be sufficient to allow access to homes, as 30% of survey respondents reported that the doors to their homes were not wide enough to take a wheelchair.
- A majority of adults over the age of 65 live on fixed income (United States Department of Labor, 2008). Survey respondents told us that when property taxes or electricity and gas prices increase they struggle to make ends meet. Small changes can affect *"the ability of older people to stay in their homes."*
- Accessible transportation was a key factor affecting the ratings of housing. For example, one survey respondent commented: *"I'm in a senior building and the bus stops right in front of the building. An uh, everywhere you go, it almost takes you there."*

Hoarding

- According to key stakeholders, hoarding due to an inability to care for one self is a growing problem among older adults in Chicago. Enforcement of this building code violation can lead to eviction from the home and homelessness.

Heating and cooling

- According to data from the Social Impact Research Center, 47% of the poorest seniors (where poverty is below \$12,000) do not have a cooling center within quarter of a mile of their home. On a hot day, walking or waiting for public transit can be unsafe (Stuehrk, 2014).

Age Friendly Domain 4: Respect and Social Inclusion

Satisfaction Rating by Chicagoans: 4, Priority Ranking by stakeholders: 6 (out of 8 domains)

‘They [alderman’s office] sometimes drive by to see if the papers have been on the porch too long. The mailman does that too if the paper stay on the porch. They notify the post office. And the post office sometimes will notify the alderman’

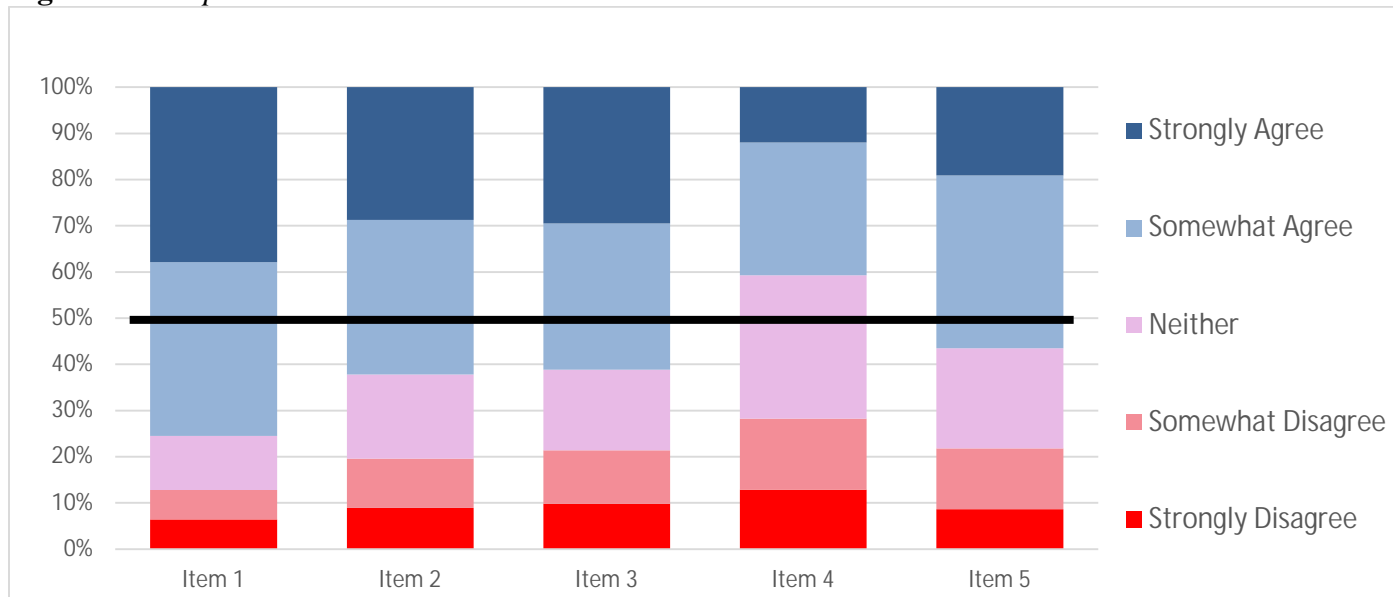
The WHO designates the availability of social networks and places to meet with people of all cultures, ethnicities, ages; the affordability of social, cultural, and religious activities; and opportunities for intergenerational interaction, as key features of respect and social inclusion. Of the 5 items on respect and social inclusion in the survey respondents were most satisfied with social networks in their neighborhoods, including block clubs, community centers, and social clubs. The North and North West regions had the greatest satisfaction with respect and social inclusion, and Central-West had the least.

Table 8: Respect and Social Inclusion Items

Indicators	n	Mean Score*
1. There are social networks in my neighborhood (including kinship, block clubs, social clubs, churches, community centers)	2,125	2.06
2. There are opportunities for intergenerational interaction (at schools, youth clubs, senior centers, family activities in the community)	1,866	2.38
3. The social activities in my neighborhood are for people of all age groups and cultures	1,951	2.41
4. Older adults living in my neighborhood feel isolated and lonely	1,565	2.88
5. Older adults in my neighborhood are respected	2,096	2.55

**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

Figure 11: Respect and Social Inclusion



Current age-friendly features of Respect and Social Inclusion

Social connectedness

- Compared to a study conducted by researchers from the University of California, San Francisco, which indicates 43% of seniors report feeling lonely on a regular basis (Perissonotto, 2012), only 27% of Chicagoans participating in the survey report having felt lonely or isolated in their home at some time, although they do report stronger agreement with the statement ‘older adults living in my neighborhood feel isolated and lonely.’
- Seventy-six percent of survey participants across the city strongly agreed or agreed that there are social networks in their neighborhood, including kinship, block clubs, social clubs, churches, and community centers. Information provided by focus groups showed that churches have a significant social networking role in the North-East, North-West, South-West and Central-West, while block clubs featured strongly in the South-East and senior centers in North-East and Central-West.

Social inclusion and diversity

- The city of Chicago’s older population speaks a range of languages from a broad cultural spectrum. Data from the 2012 ACS suggests that of the city’s 551,535 older Chicagoans aged 55 and over, 5% are of Asian ethnicity (29,506); 36% are African American (199,338) and 16% are Hispanic (87,874) (CLESE, 2012). Evidence from research participants suggests that older adults are aware of opportunities to engage with different age groups and cultures and that communities respect their senior citizens. For example, 62% strongly agreed or agreed that there are opportunities for intergenerational interaction at schools, youth clubs, senior centers, family activities in the community). Sixty-one percent strongly agreed or agreed that the social activities in their neighborhood are for people of all age groups and cultures.
- Information from a windshield audit of the Rogers Park neighborhood noted an abundance of signs acknowledging senior citizens and celebrating diversity, as well as advertising a range of available community services. (Appendix V)
- Fifty percent of survey respondents strongly agreed or agreed that older adults in their neighborhood are respected.
- Survey participants commented on a variety of community activities they had taken part in and enjoyed. For example, *"My neighborhood is a very good place to live. There is involvement in community events and a respect for the elderly. Thank you 45th ward for the security I enjoy."*

Key Areas for Improvement in Respect and Social Inclusion

- Forty-one percent of survey participants agreed or strongly agreed with the statement that older adults living in their neighborhood feel lonely or isolated. While research shows that social connectedness is a way to reduce isolation, it is crucial to ensure a match between person, environment, and activity.
- Survey participant disagreement/strong disagreement (22%) with the statement ‘the social activities in my neighborhood are for people of all age groups and cultures’ suggests there could be improvement in the match of activities and older population and perhaps more variation in where those activities take place. For example, one stakeholder suggested caregiver groups meet in libraries rather than hospitals.
- While the majority of older adults do feel respected, information from research participants highlights particular areas of public life where older adults feel disrespected. For example, focus group participants observed the lack of respect drivers showed to older adults.
- Survey respondents and focus group participants commented on the lack of respect shown to older adults on buses and the disregard for priority seating.
- Complaints about disrespect for property and persons were voiced more frequently by focus group participants in the South-West (17%) and Renaissance Court (26%) focus groups. For example: “*You figure if you’re a senior. But there is no respect for seniors. There isn’t. People walk their dogs during the day ... At 2 o’clock the dog shits on the lawn. They don’t go out and pick it up*”

Age Friendly Domain 5: Social Participation

Satisfaction Rating by Chicagoans: 2, Priority Ranking by stakeholders: 4 (out of 8 domains)

“I like, you know, being a senior. When I retired and didn’t know what to do, and I spent a whole year at home, and I didn’t know what to do. And I all of sudden, I was at church and they said they need someone to come down to the center, and I said I have nothing to do so I came down here and I realized so much was going on.”

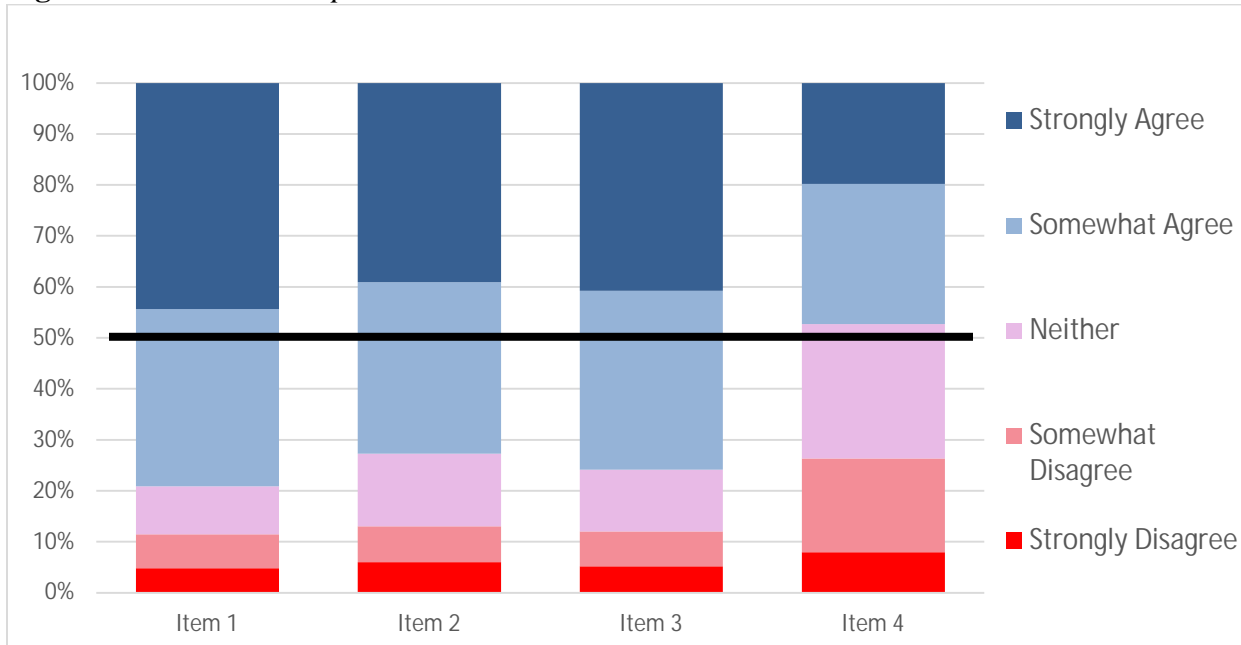
Key age-friendly features of social participation are the availability and affordability of social, cultural, and religious activities, as well as community events and facilities, where older adults can take up activities that promote mental and physical well-being. Social participation was awarded the second highest satisfaction rankings of all the domains by Chicagoans, and the 4th highest by stakeholders in terms of priorities. There were four indicators of Social Participation in the survey. These indicators included items on opportunities for activities related to physical, mental, spiritual, and religious health, as well as an overall item for general social opportunities. Overall, this was the second highest rated domain in the survey, with the greatest satisfaction in the central and northern regions of the city.

Table 9: Social Participation Items

Indicators	n	Mean Score*
1. There are opportunities for me to take part in activities that help my physical well being	2,220	1.93
2. There are opportunities for me to take part in activities that help my mental well being	2,075	2.07
3. Social, religious, and cultural activities are available and affordable	2,192	2.01
4. What is your overall rating for opportunities to participate socially in your community?	2,242	2.67

**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

Figure 12: Social Participation



*Response options for item 4: Excellent, Very Good, Good, Fair, Poor

Current age-friendly features of Social Participation

Availability and affordability

- Seventy-five percent of survey participants strongly agreed or agreed that social, cultural, and religious activities were available and affordable to them. For many focus group participants, where the activities took place was as important as the activity itself: *“I have been coming here [a senior center] for 10 years. I am very happy. In my case I was very bored, I stressed out a lot, and I come here all the days and I’m very happy. I have very good friends and all activities I love.”* Polling at a town hall event in Chinatown showed strong awareness of available social networks among limited English speakers, with 92% agreeing or strongly agreeing that there were opportunities for social participation.
- A large range of activities relating to health, social services, physical and mental well-being take place in the 21 senior centers run by the DFSS. Focus group participants told us how they benefitted from events and activities in DFSS senior centers. For example, *“I have 17 years in this center, before I came to the center I was nervous really stressed. I often cried without knowing why... My life has changed because here I found a family. Here I’m happy.”*
- Focus group participants told us about a range of neighborhood events and programs they attended to maintain physical and mental well-being. These included health fairs, YMCA programs, the Salvation Army Kroc Center, Niles Fitness Center, and Ping Tom Park; the warm therapy pool at the Rehabilitation Institute of Chicago and Chicago Park District swimming facilities; social events at church; and block clubs.

Key areas for improvement for Social Participation

While information obtained from research participants shows the majority are aware that there are community-level activities to be engaged in, a sizable number of survey respondents rated opportunities to participate socially in their community as fair or poor (26%). Evidence from research participants suggests a number of reasons. For example:

- Older adults may not know what is available. One survey participant commented, *“I am curious about activities/social gatherings for the older/aging gay community in my neighborhood.”*

- Survey participants with disabilities noted particular difficulty travelling by public transportation in winter. Others commented about the distances required to travel to access particular activities and preferred teachers. Crowded senior centers and restrictive parking options were also listed.
- Focus group participants observed the need to expand senior center outreach: *“This is a magnificent center. But we older people need a system where ... people can become aware of these centers... this is such a great big center paid for by the government and the city, [but] they are not aware.”*
- Survey participants suggested broadening the appeal of senior centers to all older adults 55 and older.
- Opportunities to take part in activities that help physical and mental well-being may be less accessible to limited English speakers. For example, 17% of those completing the Spanish survey indicated that they strongly disagreed or did not know about activities that support physical well-being compared with 13% of respondents overall.

Age Friendly Domain 6: Communication and Information

Satisfaction Rating by Chicagoans: 1, Priority Ranking by stakeholders: 5 (out of 8 domains)

“I think everyone should have one of those [City Information Guide] hanging someplace where they can see it, if an emergency comes up than you will know where to call. Just look at that sheet. It is right on there.”

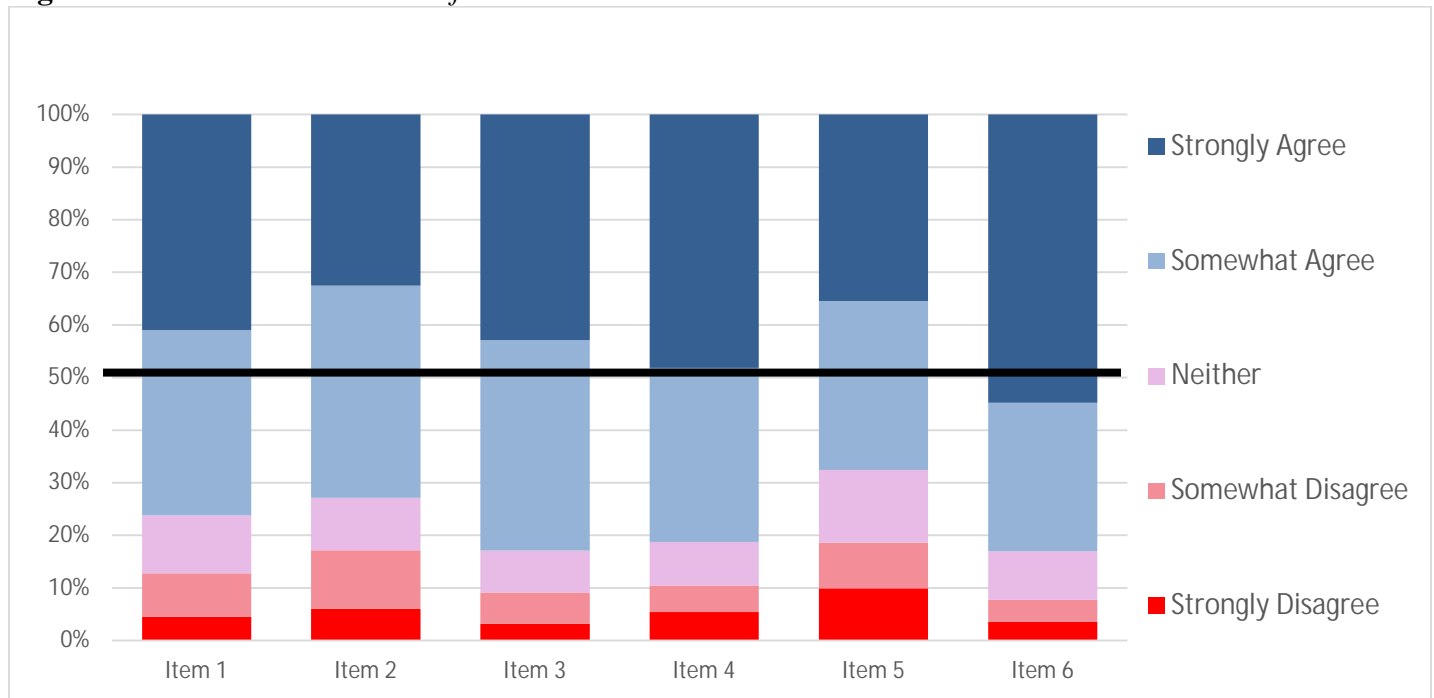
The domain of communication and information showed greater satisfaction than any other domain included in the survey. There were six indicators related to communication and information in the survey. These indicators included content on ability to access information on healthcare services and health-related information, what to do in case of emergency, availability of access to computers, education on technology, and information in various languages. Overall, there was greatest satisfaction with the item, ‘I can access information I need in a language and format I easily understand,’ and least satisfaction with, ‘I know where I can go to learn about new technologies.’ Findings reveal that older adults are aware of services and opportunities, but may be lacking the education and knowledge to make use of them.

Table 10: Communication and Information Items

Indicators	n	Mean Score*
1. If I need information on healthcare services and health-related support, I know where to find it (including disease-specific information, home care options, and caregiving)	2,235	2.00
2. I know what to do in case of an environmental emergency (including a flood, an electrical outage, extreme heat or cold, a fire)	2,313	2.18
3. I know what to do in case of a health-related emergency (including myself or someone nearby experiencing a heart attack, stroke, or fall)	2,349	1.87
4. There are places for me to go to access free computers, internet, and wireless services.	2,009	1.86
5. I know where I can go to learn about new technologies	1,973	2.25
6. I can access information I need in a language and format I easily understand	2,103	1.73

**Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction*

Figure 13: Communication and Information



Current age friendly features for Communication and Information

Availability of information

- According to information collected from research participants, ‘go-to’ places for support at the local community level included Forward Chicago, CJE SeniorLife, Lincoln Park Village, SOAR, North Center Senior Campus, Mather More than a Cafes, senior centers, fitness centers, churches, community health centers, universities, aldermen, district meetings, community police, the Catholic Charities, and for CHA residents, their CHA resident supervisor.
- Seventy-six percent of survey participants strongly agreed or agreed that ‘If I need information on healthcare services and health-related support, I know where to find it (including disease-specific information, home care options, and caregiving). Eighty-three percent strongly agreed or agreed that they could access the information they needed in a language and format they understood. Of note, only 60% of Spanish survey participants agreed or strongly agreed with the latter item.
- Key stakeholders reported on the City’s initiatives to expand public computer access at the city's senior centers and deploy assistive technologies. Eighty-one percent of research participants strongly agreed or agreed that ‘there are places for me to go to access free computers, internet, and Wi-Fi.’

Emergency preparedness

- Eighty-three percent of survey respondents strongly agreed or agreed that they knew what to do in case of a health-related emergency, including if they or someone nearby was experiencing a heart attack, stroke, or fall.
- Seventy-three percent of survey respondents strongly agreed or agreed that they know what to do in case of an environmental emergency, including a flood, an electrical outage, extreme heat or cold, or a fire. This may be lower among non-English speakers. For example, 56% of those polled in Chinatown strongly agreed or agreed that they know what to do in case of an environmental or health emergency, and 66% of Spanish language survey respondents agreed or strongly agreed.
- During severe weather conditions, city police districts have contact lists and phone trees to ensure that seniors are safe and do not need additional assistance.

- The Chicago OEMC's emergency planning projects aim to be responsive to the functional needs of older adults, including but not limited to issues relating to mobility, audio-visual accessibility, and cognitive impairment.

Key Areas for Improvement of Communication and Information

Access to information

- Although information about community-level resources is increasingly available online, access and use is dependent on availability of the internet, on computer literacy, and proficiency in English. Not all older adults know where to learn how to use the internet. Seventeen percent of survey respondents disagreed or strongly disagreed that they knew where to go to learn about technologies. Forty-two percent of Spanish language survey respondents selected strongly disagree or 'don't know' to this statement.
- Research participants identified things that improved their access to information, such as paper copies of online information. Our experience of delivering an online survey suggests that while many older adults know where to locate the internet and free wireless, they do not feel comfortable navigating a website. Approximately half of all surveys completed were paper copies.
- Visual literacy can be a powerful alternative to textual literacy when communicating with older adults with limited English-speaking skills. For example, in order to elicit levels of satisfaction with age-friendly indicators from older adults who speak Chinese, we conducted a pilot photovoice project, which produced valuable data from a population who otherwise wouldn't be able to participate in this survey (Appendix IX).
- Research participants commented that bilingual translation would be particularly valuable on transit and in community health centers and hospitals.
- Although the City website is densely packed with information about services, we observed in all focus groups that older adults were getting their information through newsletters, Spanish language TV channels, leaflets, by word-of-mouth, sites where they socialized, and through the radio. The most-cited sources of reliable information were senior centers and communications from aldermen.
- Focus group participants had mixed experiences with reporting broken sidewalks and street lights to the 311 service: *"You have to take care on what needs to be done. You can't forget to call 311. And document ... don't give up"*

Age Friendly Domain 7: Civic Participation and Employment

Satisfaction Rating by Chicagoans: 7, Priority Ranking by stakeholders: 2 (out of 8 domains)

"Are you interested in volunteering? Participation is something we as senior citizens, we can all do something.

We can't do as much as we used to. But, we can do something. I mean in the neighborhood"

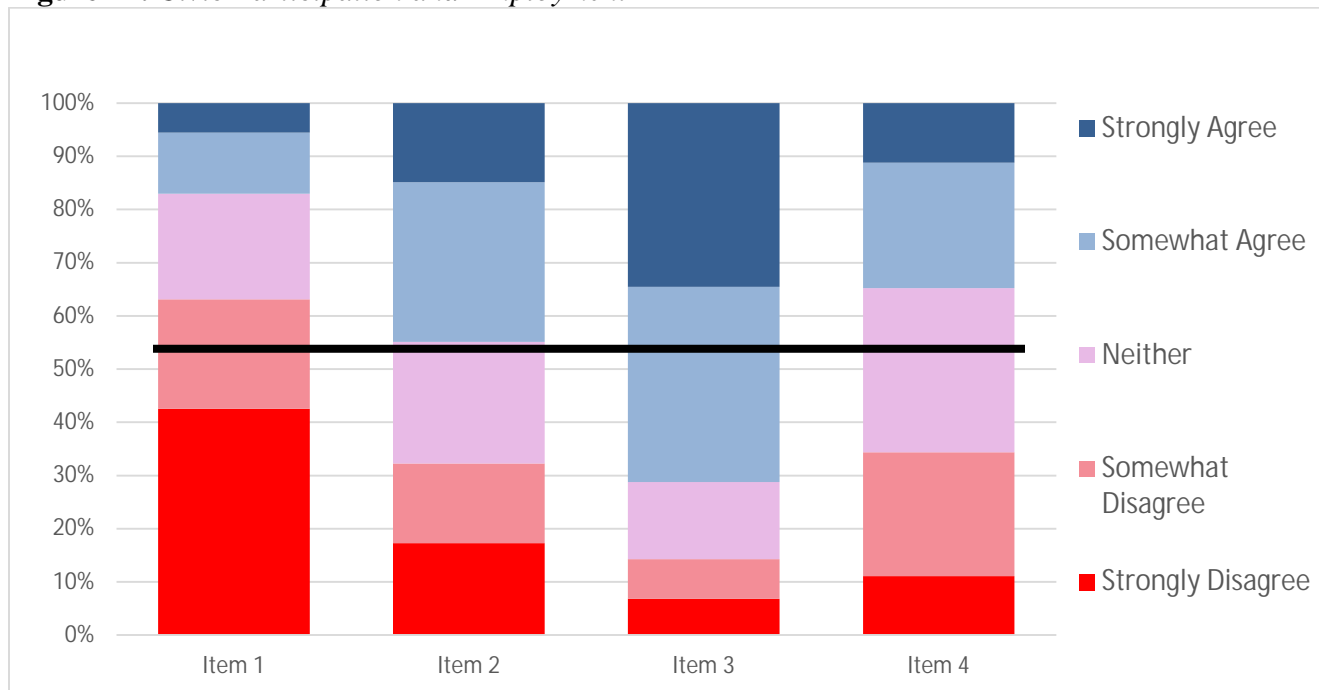
"I ... ask everyone I come across if they know of any employment opportunities, so I'm asking you - got work? I have a great deal of... experience."

Volunteering, advocacy, taking part in government-sponsored programs like foster grandparents, Experience Corps, RespectAbility, and CivicVentures, are all examples of age-friendly civic engagement (Proscio, 2012). At the heart of the civic participation agenda is how best to reach out to the untapped potential of the "Third Age" and encourage newly retired older people to volunteer their skills and experience to meet social needs. At the same time, many older adults will continue to need to work. There were four indicators for civic participation and employment in the survey. These included items on flexible job opportunities, as well as volunteering and advocacy opportunities. Overall, this domain was rated seventh out of eight by survey respondents, with the lowest ratings of satisfaction in the Central-West (3.45) region and highest rating in Central region (2.55).

Table 11: Civic Participation and Employment Items

Indicators	n	mean score*
1. There are flexible job opportunities for people aged 60 and over	1,443	3.83
2. There are opportunities for leadership and advocacy	1,657	2.90
3. There are opportunities for involvement in volunteer activities	2,014	2.15
4. What is your overall rating for civic participation in your community?	2,029	3.00

*Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction

Figure 14: Civic Participation and Employment

*Response options for item 4: Excellent, Very Good, Good, Fair, Poor

Current age friendly features of Civic Participation and Employment Engagement

- Seventy-one percent of survey respondents strongly agreed or agreed that there were opportunities to volunteer in their neighborhood. Research participants told us that they volunteered at a range of settings, including senior centers, food distribution services, hospitals, aldermanic offices, and religious charity groups.
- Survey respondents reported a variety of civic engagement activities. For example, they reported membership in civic organizations such as housing watch dogs, Action Now, Can TV, Cease Fire, Forward Chicago, and SOAR.
- Many older adults are in contact with their aldermen. Over 500 survey respondents indicated that they had learned about the survey through communications from their aldermanic office.

Availability of volunteer options

- Research participants who do volunteer find it rewarding. For example, one focus group participant in the North-East commented: “We got all the names of the seniors and we checked them out, you know and got their vital signs and see what they need. We make sure their house is [alright]... it gave more pep to my life.”

Key areas for improvement in Civic Participation and Employment

Availability of opportunities for leadership and advocacy

- According to the AdvantAge survey, 90% of older adults in North-West Chicago voted in local elections, suggesting a high level of engagement with community-based civic activity and opportunities for leadership and advocacy. However, only 45% of survey respondents agreed or strongly agreed that there were opportunities for leadership and advocacy in their communities.
- Thirty-four percent of survey respondents rated the opportunities for civic engagement poor or fair in their community. Ratings for opportunities for civic participation were lower among limited English speakers, with 41% of Spanish and Polish language survey respondents choosing fair or poor, and 11% selecting ‘don’t know.’ Stakeholders commented that a lack of documentation deters civic engagement.

Flexibility of volunteer opportunities

- The majority of survey research participants (64%) recorded that they were retired. The lowest rate of retirement was in Central-West (9%) and the highest in the North (19%), suggesting it may be harder to recruit older volunteers in some regions.
- Several focus group and survey participants commented on the number of volunteer activities they were engaged in. Most were senior-related. Twenty percent of survey respondents disagreed or strongly disagreed that there were opportunities for intergenerational activity available to them.
- Satisfaction with the availability of volunteering opportunities was lowest amongst limited English speakers, with 40% of Spanish language survey respondents strongly agreeing or agreeing on the availability of volunteer opportunities, and 14% replying that they did not know about opportunities. Stakeholders commented that informal, culturally sensitive support networks are an alternative to formal volunteering networks, but are rarely measured for effectiveness. For example, one focus group participant living in a Section 8 building commented, “*We help each other, we say hello when we see [each other], and it’s good there.*”

Availability of flexible age-friendly employment

- Fifteen percent of survey participants were employed, and this figure is likely to increase. According to the Bureau of Labor Statistics, workers aged 55-64 are expected to climb by 36.5%, with a dramatic 80% growth of workers between the ages of 65 and 74, and those aged 75 and up (United States Department of Labor, 2008). By 2016, workers aged 65 and over are expected to account for 6.1% of the total labor force, up sharply from their 2006 share of 3.6%. However, 63% of survey participants disagreed or strongly disagreed that there are flexible job opportunities for people aged 60 and above in their neighborhood.

Celebrating caregivers

- According to US National Alliance for Caregiving, 17% of American households include a caregiver for an older adult aged 50 or over. Forty-three percent of focus group study participants and 16% of survey participants reported some caregiving (MetLife Foundation, 2009). Reports of caregiving ranged from 8% in the South-East region to 21% in the North region.
- A 2009 report by the AARP Public Policy Institute Family (Feinberg, 2011) calculated that caregivers provided the equivalent of 450 billion dollars’ worth of care to their adult parents and other loved ones, ‘an amount that makes caregivers one of the largest and most overlooked pillars of the U.S. healthcare system.’

Age Friendly Domain 8: Community Support and Health Services

Satisfaction Rating by Chicagoans: 5, Priority Ranking by stakeholders: 7 (out of 8 domains)

“I have read about healthcare communities, in which home health visits, etc. are available to folks living at home within a certain radius. I think this is a good idea & am going to explore this.”

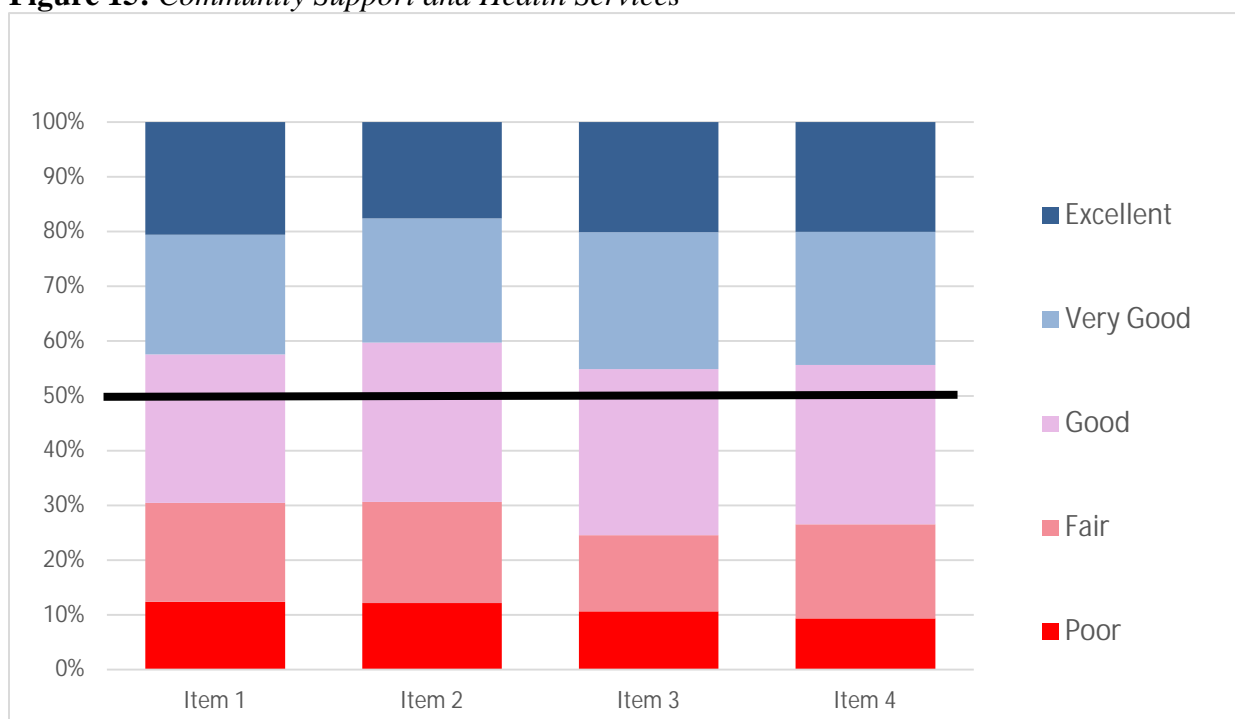
Community-based support for older adults and access to health services are vital to maintaining health and independence through the life course. Policy leaders of both service providers and health providers are increasingly aware that existing healthcare and aging service structures are at capacity. Age-friendly community support and services are deemed by the WHO to be those that offer service accessibility, support older adults in identifying the resources they need as and when they require them, provide emergency and planning care, and are affordable. The majority of research participants (80%) were reported being physically active and rarely or never bothered by emotional problems (62%). The needs of older adults living with dementia in long-term care facilities or nursing homes in the community are therefore not covered in this section. This domain covered items related to the availability, affordability, and trustworthiness of community support and services, including home maintenance services, home health aides, financial services, and healthcare options.

Table 12: *Community Support and Health Services items*

Indicators	n	mean score*
1. Availability of affordable trustworthy home maintenance services (plumber, electrician, handyman, cleaning services)	1,883	2.80
2. Availability of affordable trustworthy home health aides (including visiting nurses)	1,068	2.85
3. Availability of affordable trustworthy financial services and information	1,661	2.70
4. Availability of affordable trustworthy healthcare options in your neighborhood	1,747	2.71

*Mean scores based on a 5 point Likert Scale with lowest score equal to greatest satisfaction

Figure 15: *Community Support and Health Services*



Services less than a mile away

We asked respondents to tell us how many miles away from their home they travelled for a list of common services. Of those who indicated using a pharmacy, health clinic, or healthy food options, close to or

more than half had those services within a mile of their homes. Almost all respondents stated that they go to a doctor, primary care physician, or nurse practitioner, but only 18% went to one within a mile of their homes. This finding underscores the importance of public transportation options in maintaining health. Less than 20% of respondents who go to an ophthalmologist, dentist, physical therapist, or mental health practitioner go to one that is less than a mile from their homes. Interestingly, only 25% of the sample stated that they go to a psychologist, psychiatrist, therapist, or other mental healthcare provider.

Table 13: *Services within 1 mile of a person’s home*

Services	Total who use this service	Service is Less than a mile away	Percent
Doctor, primary care physician, or nurse practitioner	2,415	443	18.34%
Eye Doctor (ophthalmologist)	2,292	393	17.15%
Dentist	2,220	483	21.76%
Pharmacy	2,289	1399	61.12%
Physical Therapist	1,161	326	28.08%
Psychologist, psychiatrist, therapist, or other mental health services, including support groups	668	129	19.31%
Health clinic for preventive support (flu shots, vaccinations, blood pressure or blood sugar checks)	1,882	875	46.49%
Healthy food options (fresh fruit and vegetables, healthy menu options)	2,328	1361	58.46%

Figure 16: *Services in Neighborhood*

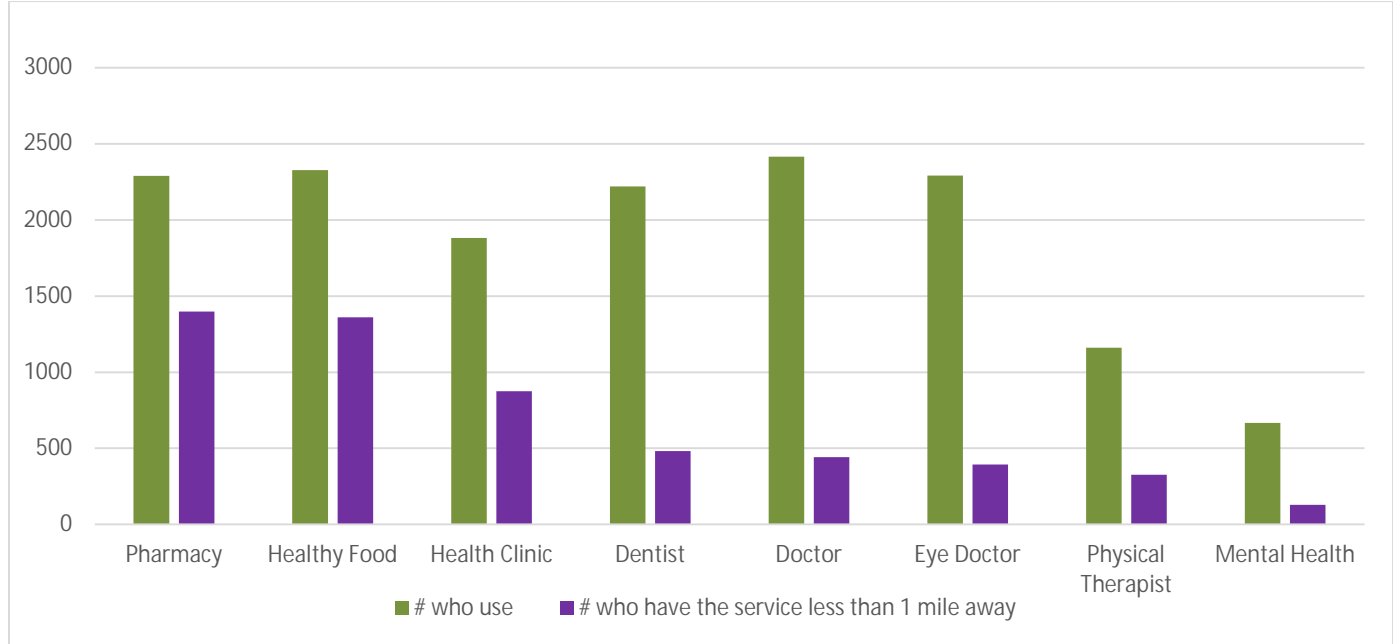


Table 14: Services less than a mile away by Region

Number of Services	North	North-West	North-Central	Central	Central-West	South-East	South	TOTAL
0 Services less than a mile away	109, 16.59%	123, 18.72%	51, 7.76%	39, 5.94%	110, 16.74%	78, 11.87%	147, 22.37%	657, 27.63%
1-3 services less than a mile away	316, 26.79%	209, 17.17%	228, 18.74%	160, 13.15%	80, 6.57%	105, 8.63%	119, 9.78%	1,217, 51.18%
4-8 services less than a mile away	58, 11.51%	53, 10.52%	90, 17.86%	196, 38.89%	24, 4.76%	59, 11.71%	24, 4.76%	504, 21.19%

Current age-friendly features for Community Support and Health Services**Aging in place support**

- Aging in place is the preference of most older adults who can afford to do so. Those that do can expect to live into their 80s and 90s. Research participants and key informants identified supportive features of their environments that were enabling them to age comfortably and safely within their community of choice. For example,
 - According to information collected as part of a walking audit in one community area, Rogers Park, community-level resources that support aging in place incorporate community health, mental health and well-being, and the physical environment.
 - Older adults in Chinatown photographed the senior housing where they lived, Ping Tom Park where they exercised, and the CASL Center where they socialized (Appendix IX).
 - Survey participants mentioned ‘village’ models. One asked, *“Is the city aware of this and do they help citizens start such programs in their neighborhood?”*

Access to healthcare and healthy foods

- Among survey respondents, 61% said that they travel less than a mile to visit their pharmacy and 41% that they travelled less than a mile to their health clinic.
- Fifty-eight percent of survey respondents said that they had access to healthy foods within less than a mile.
- The Greater Chicago Food Depository delivers food boxes to senior centers and CHA buildings and also offers cooking guidance.
- The Chicago Health Atlas provides citywide information about health trends and affordable local resources (Chicago Health Atlas, 2014). Southsidehealth.org provides information about resources like healthcare, housing (including senior housing), food options, and gyms in some neighborhoods on the South Side of Chicago (MAPS Corps, 2014), .
- A profile of Health and Health Resources within Chicago’s 77 communities includes maps of available community assets and healthcare resources for four community areas in Chicago: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham (Yonek & Hasnain-Wynia, 2011).

Safety and protection

- The city provides several protective services for older adults in addition to 311 and 911. According to information provided by research participants, these include: CCHR, focusing on age discrimination in the workplace, housing issues, and public accommodations, and community tensions; the Daly Center for Abuse; the Wellbeing Task Force; the Community Police Senior Ambassador program; and street safety seminars. Police also respond to medical bracelets data to track lost and confused older adults, and the fire department conducts home safety checks.

Key areas for improvement**Aging in place support**

- The majority of the older adults who participated in the survey were aging in place with the ability to undertake everyday physical activities such as carrying groceries and walking up stairs; 80% reported

being completely or mostly able, and 6% a little or not at all. Given that those being polled may be unaware of home services or unsure of their personal relevance, there seems to be uncertainty of the trustworthiness of the services currently on offer. For example,

- Thirty percent strongly disagreed or disagreed that affordable trustworthy home maintenance services (like a plumber, electrician, handyman, or cleaning services) and trustworthy home health aides (including visiting nurses) were available. This rate may be higher among non-English speakers and low income older adults unable to afford these services. For example, 48% of those polled in the Chinatown town hall rated choices of affordable healthcare options, home maintenance, and financial services fair or poor, and 25% reported being ‘undecided.’
- Twenty-three percent disagreed or strongly disagreed that affordable trustworthy financial services and information were available.

Access to affordable care

- According to The Chicago Plan for Public Health System Improvement 2012-2016, a lack of available locally-based healthcare options is a barrier to staying healthy (Chicago Department of Public Health, 2012).
- Twenty-seven percent of survey participants strongly disagreed or disagreed with the statement that affordable trustworthy healthcare options were available in their neighborhood. Analysis of research participant responses suggests a low local availability of some specific healthcare options for older adults. Thirty-two percent of respondents recorded that their doctor and dentist was over 5 miles away from their homes. Forty-eight percent told us that they had never used a physical therapist and of those that did, 23% travelled between 1 and 5 miles to access the service. Seventy-one percent said they had never used mental health services, including support groups. Of those that did, 23% had to travel over a mile to access these services.
- Survey respondents from South, South East, Central-West, North, and North-West regions recorded the lowest proximity to services less than a mile away (4.76% -11.71%) while those from the North-West (17.86%) and Central (39%) regions reported higher levels of proximity to services within a mile or less.
- Information from a windshield audit from the Rogers Park neighborhood and comments made during the survey suggest that older adults consider locally available healthcare services important community assets: *"Lakeview is a pretty nice community. I do get a lot of senior services and recently had physical therapy in the home. Still have a nurse come and check me."*

Neighborhood safety

- Neighborhood security is a key issue for all research participants, with 43.8% rating it fair or poor. This varies by neighborhood and whether respondents indicated that English was their first language. For example, 51% of participants at the Chinatown town hall participants rated neighborhood safety fair, poor, or undecided. This rating was in line with the top concerns identified by the Community Vision Plan for Chinatown study (Chicago Metropolitan Agency for Planning, 2014). Photovoice evidence suggests why this might be the case in Chinatown. (Appendix IX)
- According to the Chicago Public Health System report, homicide mortality rates vary by community areas. The highest rates are seen in Fuller Park, Riverdale, North Lawndale, Greater Grand Crossing, and Englewood. North Lawndale and Englewood are also areas with high numbers of older adults. Survey comments from these neighborhoods included, *"Walking in my neighborhood can be quite dangerous. Could be more police presence."*

Additional resources

- The three most likely chronic illnesses to affect an older adult aging in place are arthritis, diabetes, and heart conditions. Survey participants commented on resources that would enhance their health and well-being. These included freely available aquatic facilities with warm water therapy sessions, more senior centers, a strong partnership with the aging and disability resource centers to ensure the city becomes a

leading place for older adults and individuals with disabilities to live, and more free disabled parking spaces on the streets.

Discussion

The response to the community-wide survey exceeded conservative estimates. Many older adults used the comments section of the survey to articulate how important they thought the survey was. A typical comment read: *“Thanks for doing this survey; I hope we’ll hear the results!”* One challenge resulting from the large response rate was a corresponding increase in complexity of the analysis. To address this problem, we sourced additional funds for a statistician to consult for data quality control, data preparations, and further analyses. Enthusiasm from the research community also resulted in three students in the Masters of Public Health program at UIC joining the project for intern experience. Without these students, it would have been difficult to meet the demand for on-site visits (where project team members visited a site and set up a computer to allow online completion of the survey) and for paper copy distribution of the survey at large community events such as the Alderman’s Maifest Lunch organized by Forward Chicago and the Mather Edgewater Luncheon.

While being a community engaged project, the Age-Friendly initiative is nevertheless primarily a policy-building exercise, collecting data to enable government agencies to improve and develop services and an environment that sustains older adults as they age in place. The core elements of what constitutes an age-friendly community and its indicators are defined and described by the WHO for use by government agencies and community groups. Older adults of all ages, ethnicities, and education levels are surveyed. One lesson we learned is that the generic model of age-friendliness as defined by the WHO is not a one size fits all one. The one senior center that declined to partner with us in disseminating the survey did so because they had wanted to be included in the development of the survey from the outset, and because they felt the questions didn’t match the experience or needs of their mainly Hispanic members. At our town hall event with CASL, questions which attracted the most ‘don’t know’ responses were those focused on housing. We observed, for example, that respondents to questions about supportive housing polled 26% ‘don’t know’ answers, suggesting that they either hadn’t thought about these options, were uncertain what they might be, or did not understand the question. We plan to address the shortcomings of the generic approach by working further with communities interested in building on the survey data findings.

We received some feedback that the language used in the Spanish language survey was overly “formal” and not accessible to older adults taking the survey. In addition, we received anecdotal feedback that Polish language speakers are not familiar with Likert-scale survey design distinctions – response items in a range from strongly agree to strongly disagree, for instance. Some survey respondents felt the survey was long and time-intensive. Overall, however, response to the survey was very positive. Research team members were warmly received at in-person meetings and events, and many survey respondents expressed thanks to researchers at Northwestern, to the City of Chicago, and to the sponsors of this project in the comments section of the survey.

Conclusion and Recommendations

The purpose of this report is twofold. First, it provides the City of Chicago with age-friendly indicators suited to the city.

Second, this report provides the city with evidence to generate policy initiatives for all older Chicagoans aged 55 and over. To deliver this, we have presented generic regional age-friendly and (un) friendly features that older adults have prioritized for us based on their satisfaction ratings of the indicators included in the survey. Further investigation is necessary to determine differences between neighborhoods.

Findings indicate that all eight domains are interrelated. Affordable housing, health care resources and community assets all work together to create an age-friendly city. Many survey respondents were living in communities where they felt they would be able to stay in their current homes as they age. However several noted environmental and financial factors which could threaten this ability such as crime (particularly in the vicinity of homes and transit stations), pedestrian safety, few transit options, changes to commercial services

(such as the closure of local grocery stores), uncertainty about healthcare and support service options for older adults (particularly amongst limited English speakers), and changes in property taxes.

Based on these findings we recommend that the city continue to champion existing assets such as senior centers, parks and outdoor spaces, transit choices, while considering initiatives to build capacity in the following areas:

- Caregiver recognition and support
- Falls reduction (Safe accessible streets and conditions for walking)
- Pedestrian street safety (including cycling proficiency)
- Safety of neighborhoods and clean environments
- Accessibility to public buildings
- Age-Friendly businesses
- Transport choices, transit accessibility and safety
- Affordable housing and conditions to age in place at home
- Access to information about health resources and community assets to support aging in place
- Availability of opportunities for leadership and advocacy particularly among limited English speakers
- Flexibility of volunteer opportunities and age friendly employment.

It is also recommended that the city look to novel approaches to Age-Friendly living, such as the Village model, which inclusively targets several of the above listed areas. An additional list of 14 suggested initiatives based on the findings is included in appendix X.

Next Steps

- Presentation of this report to the DFSS, Mayor's Office and The Chicago Community Trust.
- Further analysis of community-level data for community-based organizations and City departments; requests have been received from Forward Chicago, SOAR, the CHA, and CASL. Presentation of these findings by report, memorandum, or event.
- Dissemination of evidence underpinning Age-Friendly baseline assessment to City of Chicago departments and sister agencies, The Chicago Council on Aging, aldermen, and CMAP's Chinatown Community Vision Plan Steering Committee, to support older adult policy building.
- Presentation of findings at research-based events via poster and presentation. Abstracts have already been accepted at the Gerontological Society of Aging, the American Public Health Association, and the American Society on Aging.
- Source additional funding for the development of initiatives that build the city's capacity for age-friendliness, including community-based engagement programs.

Appendix I: Stakeholder Organizations

CCT Age-Friendly Stakeholder Interviews January - March 2014

Organization Name	Title
Access Living	Executive Director
Casa Central South	Site Director
Catholic Charities	Senior Vice President
Center on Halsted	Senior Services Director
Chicago Advisory Council on Aging	Chair
Chicago Commons	Executive Director
Chicago Fire Department	Fire Commissioner
Chicago Housing Authority	Senior Affairs
Chicago Metropolitan Agency for Planning	Executive Director of Local Planning
Chicago Park District	Superintendent
Chicago Police Department	Commander, 20 th District
Chicago Read Mental Health Center	Recovery Support Specialist
Chicago Transit Authority	President
City of Chicago OEMC	Policy Analyst
City of Chicago, 47 th Ward Office	Senior Council
CJE SeniorLife	President
CMS Chicago	Vice President, Community Services
Coalition of Limited English Speaking Elderly	Executive Director
Cook County Circuit Court	Presiding Judge
Department of Family and Support Services	First Deputy Commissioner
Department of Business Affairs and Consumer Protection	Commissioner
Department of Housing and Economic Development	Commissioner
Department of Public Health	Chief Innovation and Strategy Officer
Friendly Towers	Program Director
Greater Chicago Food Depository	Executive Director
H.O.M.E.	Executive Director
Healthcare Research Associates	Director
Heartland Housing, Inc.	Associate Director of Real Estate Development
Illinois Department on Aging	Division Director for Planning and Research, Chief Policy Advisor
Life Matters Media	Founder
Lincoln Park Village	Founding Executive Director
Little Brothers – Friends of the Elderly	Executive Director
Mather Lifeways	Manager, Mather More than a Café Southside
Mayor's Office of People with Disabilities	Commissioner
Metropolitan Planning Council	Senior Advisor
Office of the Governor	Senior Policy Advisor
Resurrection Project	Senior Community Organizer
Retirement Research Foundation	Executive Director
Rush Alzheimer's Disease Center, Memory Clinic	Advanced Practice Nurse
Rush University Medical Center	Director of Older Adult Programs
Rush University Medical Center, Gerontology	Professor
Senior Services Area Agency on Aging, DFSS	Executive Director
Southeast Asia Center	Executive Director
University of Illinois at Chicago Department of Medicine	Professor
Urban Planning	Senior Project Manager, MWH Americas; President, Friends of Downtown

Appendix II: Focus Group Guide

Focus Group Questions	Prompts	Example Questions
Topics and Open Questions		
<p>Ice Breaker</p> <p>What is it like to live in Chicago as an older person?</p>	<p>Ask...</p> <ul style="list-style-type: none"> • Good features? • Problems? 	<p>Tell me the good features that you see that make Chicago an age-friendly city.</p>
<p>Topic #1</p> <p><u>Outdoor Spaces and Buildings</u></p> <ul style="list-style-type: none"> • What is it like to step outside of your home to go for a walk to get fresh air, run errands or visit? • What is it like to go into buildings, such as public offices or stores? 	<p>Ask about...</p> <ul style="list-style-type: none"> • design and maintenance of Side-walks and curbs? • street intersections and crosswalks? • traffic volume, noise? • particular times of day, such as Night-time? • weather conditions? • green spaces? walking areas? • street lighting? • protection from sun, rain or wind? • benches, rest areas? • sense of physical safety? • sense of security from criminal victimization? • In buildings: stairs, doors, lift devices, corridors, floors, lighting, signage, toilets, rest areas 	<p>Do you think it is easy to get to grocery stores and other places to run errands?</p> <p>Is it easy to get your wheelchair and walker through the entrances of some stores or other places?</p>
<p>Topic #2</p> <p><u>Transportation</u></p>	<p>Ask about...</p> <ul style="list-style-type: none"> • Affordable? 	

<ul style="list-style-type: none"> Describe your experience using public transportation – bus or train, in your community. What is it like to drive in your community? 	<ul style="list-style-type: none"> Easy to get to? Easy to board? Frequent enough when you want to travel On time? Extensive routes to go wherever one wants? Waiting areas and stops with benches, lighting, protection from the elements? Secure from crime? Adapted transportation for disabled persons? <p>For drivers:</p> <ul style="list-style-type: none"> Legible street signs Legible street numbers Lighting at intersections Easy to understand traffic signals Sufficient and close parking Handicapped reserved parking Drop off and pick up allowance Driver refresher courses 	<p>Do you feel like it is easy for you to travel using the CTA?</p> <p>What other methods do you use in getting to places?</p> <ul style="list-style-type: none"> Walk or drive?
<p>Topic #3</p> <p><u>Housing</u></p> <ul style="list-style-type: none"> Tell me about the house or the apartment in which you live. If your needs change, what are your choices for housing 	<ul style="list-style-type: none"> Cost? Comfort? Physically safe? Security from crime? Proximity to services? <p>Mobility and independence in the</p>	<p>Do you feel that the sidewalk leading into your building is leveled and safe?</p> <p>Do you feel that the streets signs by your home are large enough to read?</p> <p>Are there any street lights by</p>

in the community?	home: <ul style="list-style-type: none"> • move about easily? • Reach and store things easily? • do housework and chores? 	your home brightly lit?
<p>Topic #4</p> <p><u>Respect and Social Inclusion</u></p> <p>The next area deals with how the community shows respect for, and includes older people.</p> <ul style="list-style-type: none"> • In what ways does your community show, or not show, respect for you as an older person? • In what ways does your community include, or not include you as an older person in activities and events? 	<ul style="list-style-type: none"> • Politeness? • Listening? • Helpfulness? • Choices offered? • Public recognition of the contributions of older people? • Intergenerational activities? 	How do you think you can be more included in events that occur in the community?
<p>Topic #5</p> <p><u>Social Participation</u></p> <ul style="list-style-type: none"> • Let's now talk about social 	Are social and leisure activities <ul style="list-style-type: none"> • Affordable? 	<ul style="list-style-type: none"> • What would you like to learn? • what's available to you in your area? Do you participate in any? If not, why? • Do you feel like you

<p>and leisure activities....</p> <ul style="list-style-type: none"> • How easily can you socialize in your community? • Tell me about your participation in other activities, like education, culture, recreation, or spiritual activities? 	<ul style="list-style-type: none"> • Accessible? • Frequent? • Convenient location? • Convenient times? • Offer choices? • Interesting? 	<p>are missing out?</p> <ul style="list-style-type: none"> • Do you feel like you are a part of the community?
<p>Topic #6</p> <p><u>Communication and Information</u></p> <ul style="list-style-type: none"> • What is your experience getting the information you need in your community, for example, about services or events? • This can be information you get by telephone, radio, TV, in print, internet, or in person. 	<p>Is information...</p> <ul style="list-style-type: none"> • Accessible? • Useful? • Timely? • Easy to understand? • Difficulties with automated systems, print format and size? 	<ul style="list-style-type: none"> • Is technology part of your life? • What role does it play? • And if it doesn't, Why not?
<p>Topic #7</p> <p><u>Civic Participation and Employment</u></p> <ul style="list-style-type: none"> • Tell me about your participation in volunteer work or any work at all? • Tell me about your participation in paid work, if you are employed now or if you are looking for paid work?. • Tell me about your participation in public 	<p>Ask about...</p> <ul style="list-style-type: none"> • Availability of information about opportunities • Accessible opportunities • Variety of opportunities • Attractiveness • Recognition provided • Remuneration (paid work) • Adjustment to older persons' abilities • Adjustment to older persons' 	<p>Would you like to do any volunteer or paid work?</p> <p>Yes- what would it be</p> <p>No- why not?</p>

community affairs, like community associations or municipal councils?	<p>preferences</p> <ul style="list-style-type: none"> • Ways used to motivate older persons' participation 	
<p>Topic #8</p> <p><u>Community Support and Health Services</u></p> <p>I want to know more about the health and social services in your community that help Older people living at home.</p>	<p>Ask about...</p> <ul style="list-style-type: none"> • Types of services available • Accessibility • Affordability • Responsiveness of services to individual needs 	<p>Do you have clinics that serve the elderly in your community?</p> <p>Are these clinics close by?</p> <p>How long do you have to wait to be seen?</p> <p>Is there enough seating for seniors?</p> <p>Is there parking?</p> <p>Is the signage in these clinics easily seen?</p>

Appendix III: Stakeholder Interview Guide

Hello, thank you for agreeing to take part in this interview and contribute your expertise to the Age-friendly Chicago initiative. In July 2012, Mayor Emanuel secured Chicago's membership in the World Health Organization's Global Network of Age-Friendly Cities and directed the Department of Family and Support Services (DFSS) to take the lead in crafting an Age-Friendly Chicago Plan. Researchers at Northwestern University are conducting a baseline assessment of the Age-Friendliness of the City. As part of the assessment we aim to compile a list of age friendly city indicators that are relevant to Chicago and the older population living within the city limits. You have been identified as key stakeholder within the City of Chicago due to your expertise in the area of XXXX. The aim of this interview is to prioritize age-friendly indicators specific to older Chicagoans. We want to capture your opinions on what you believe are top priority indicators to making Chicago Age Friendly. Once we develop a comprehensive list of indicators specific to Chicago, we will ask older Chicagoan's to rate each indicator in order to assess the age-friendliness of the City.

Firstly, we would like to gather some information about you

1. Which professional speciality best describes you? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Geriatric Medicine, dentistry, pharmacy |
| <input type="checkbox"/> Clergy, ministry | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Community development, education, support, services | <input type="checkbox"/> Occupational, recreational, physical therapy |
| <input type="checkbox"/> Disability education, support, services | <input type="checkbox"/> Policy analyst |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Grant maker | <input type="checkbox"/> Social work, administration, counseling |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Urban planning, architecture, industrial design |

☐ Other (please specify)

2. Which of the following best describes your work setting? (Please select one)

- | | |
|--|---|
| <input type="checkbox"/> Area Agency on Aging | <input type="checkbox"/> Religious organization |
| <input type="checkbox"/> Community based support and health services | <input type="checkbox"/> Residential/home based care |
| <input type="checkbox"/> Community based care | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Government | <input type="checkbox"/> Social service agency |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> University or academic program |
| <input type="checkbox"/> Not for profit | <input type="checkbox"/> Hospital system |

☐ Other (please specify)

3. Which organization do you work for?

PART 2: INDICATORS

Please read the indicator list below. These items have been compiled from an exhaustive list of age-friendly indicators that are being used on a global level. Some of the items listed will be used to build the Chicago Age-Friendly Community Survey. The items on the community survey will be rated by older Chicagoans on a Likert-type scale (Excellent-Poor) to provide a baseline assessment of the city's age-friendliness. This same survey will be used 4 years from now as an evaluation to monitor improvement. As a stakeholder, we want you to tell us which of these indicators are important for us to include in our survey to community members. Please think about your own clientele when prioritizing these items.

Collecting the data using Q-Methodology

We will be collecting your responses using a research technique called the Q-Sort Methodology. Q-Sort Methodology is a way to capture the subjectivity, beliefs, and opinions of individuals in a systematic manner. By taking into account the individual's subjectivity, we will be able to accurately reflect the viewpoints of key stakeholders like yourself, when it comes to determining which age-friendly indicators are most relevant for older adults living in Chicago.

How Q-Methodology Works

You will be presented with a series of cards, each with one of the below indicators printed on the front. **First**, I will ask you to sort the cards into three piles: Most Important, Neutral, and Least important. **Second**, I will ask that you place each card on the provided Q-table ranking each statement on the continuum of Least Important to Most Important.

Please feel free to take some time to familiarize yourself with the indicators which you will need to sort.

Outdoor Spaces & Buildings

1. Walkability within neighborhoods (sidewalks are not cracked, sidewalks have ample space for wheelchairs, ramps are available, curbs are a feasible distance from the road, etc.)
2. Pathways dedicated to cyclists.
3. Availability of outdoor public spaces in the neighborhood (Parks, green spaces, dog parks)
4. Availability of outdoor public facilities in the neighborhood (Public toilets, outdoor resting areas, benches, lighting)
5. Safety of physical neighborhood environment (Feeling safe from crime to step outside to go for a walk, go to the store, or exercise regardless of weather)
6. The accessibility of public buildings in the neighborhood (Wheelchair access, steps, resting areas inside buildings, elevators, ramps in all weathers)

Transportation

1. Availability of public transportation in your neighborhood (CTA and Metra in all weathers)
2. Accessibility of public transportation (Bus stops and subway stations are conveniently located with clear signage)
3. Safety of public transportation (Feeling safe from crime to ride on the CTA and Metra)
4. Safety of the road conditions in my neighborhood for driving (street signs are clearly labeled, there is no debris in the streets, there is adequate parking, adequate snow clearance and gritting).
5. Safety of the road conditions in my neighborhood for bike riding.
6. Affordability of public transportation

Housing

1. Availability of different housing options (rent, own, co-op, high rise, apartment, stand alone house)
2. Affordable quality housing (heating and cooling are working properly)

3. Homes are livable and safe (feeling safe within the home and stepping outside into private areas such as the yard or garden, housing is modified to accommodate mobility, elevators are working)
4. Affordable accessible housing (housing that includes no step entrance, wider doorways, grab bars in bathrooms, first floor bedrooms and bathrooms)
5. Availability of services in the neighborhood (handy man, home repair services options, pharmacies, access grocery stores)
6. Diversity of housing communities (intergenerational, different cultures, male and female, varying income levels, different religious affiliations)
7. Basic resources are in proximity to housing (grocery stores, pharmacy, medical center)

Respect and Social Inclusion

1. Older adults feel respected (in their neighborhoods, on public transportation, fast responses to 311, fire, police and city agencies calls)
2. Older adults do not feel isolated or lonely in their homes
3. Older adults do not feel alienated from their neighbors/neighborhoods
4. Inclusivity of media representation of older adults (are older adults represented equally in things such as newspapers, magazine stands, advertisements)
5. Inclusivity of public information about services and activities for all age groups and cultures (are older adults included in brochures for family events, college courses, 311 services, police and fire flyers)
6. Opportunities for intergenerational interaction (at schools, youth clubs senior centers, family activities in the community)
7. Accessibility of venues for entertainment and community activity
8. Availability of social networks beyond family (kinship, block club, social clubs)
9. Availability of social and cultural activities for diverse populations

Civic Participation and Employment

1. Availability of volunteer activities
2. Availability of volunteer training opportunities that enable older adults to volunteer
3. Availability of flexible job opportunities for people aged 60 and over
4. Accessibility of workplaces to meet the needs of older adults in employment
5. Inclusivity of older adults in job advertisements
6. Availability of re-training programs for older adults wanting to continue in employment beyond retirement
7. Availability of knowledge about age discrimination in the workplace
8. Availability of leadership roles for older adults within the community
9. Availability of advocacy opportunities in your neighborhood
10. Conveniently located and accessible venues for voting
11. Opportunities to inform planning and implementation of policy and services for older adults (accessing aldermen, using 311, becoming advocates)
12. Availability of meaningful unpaid service in a wide range of civic and educational settings

Community Support Services & Health

1. Availability of private home based care services (respite services, caregivers, home health aides, nurses senior centers, physical fitness)

2. Affordability of private home based care services (respite services, caregivers, home health aides, nurses senior centers, physical fitness)
3. Availability of primary care physicians/community health centers
4. Availability of public community support/ home based care (respite services, caregivers, home health aides, nurses senior centers, physical fitness)
5. Affordable of public community support/ home based care (respite services, caregivers, home health aides, nurses senior centers, physical fitness)
6. Affordable health care services
7. Conveniently located emergency centers

Communication and Information

1. Availability of information about leisure activities
2. Availability of information about community support and health services in your neighborhood (easy to find and in diverse formats – hard copy, telephone, TV etc)
3. Accessibility of information about community support and health services in your neighborhood in various languages, on free TV, using local media as well as national, using social media, large print, hearing loop, literacy aware)
4. Visibility/Audibility of health promotion activities (automated phones are clear, large print is used, options in different languages)
5. Accessibility of 311 and 911 (always get through, automated systems are clear)
6. Availability of free computers and internet in public facilities (library, senior center, church, hospitals)

Social Participation

1. Affordability of sport, cultural, religious and leisure events
2. Diversity of sport, cultural, religious and leisure events
3. Conveniently located activities that promote social cohesion (block parties, neighborhood festivals)
4. Initiatives that promote recognition of older adults contribution to your neighborhood (hall of fame)
5. Activities that support independent living (block clubs, social club, church, senior center)
6. Availability of activities that promote physical wellbeing (senior center programs)
7. Availability of activities that promote mental wellbeing (senior center, church)

PART 3: INDICATOR SUGGESTIONS

At this point we want to give you a chance to provide feedback and suggest any indicators that you believe we have not already captured in the list above. If there was anything you believe we missed, would you mind sharing that with me now? This piece is very important in trying to make sure there aren't any indicators specific to the populations of older adults that are represented in Chicago that were missed in the above indicator list (ie, any indicators that are relevant to the population that you work with that you would like to see represented here?)

Any final thoughts that you would like to leave us with today?

Thank you for participating in the interview today. We greatly appreciate your time and input! We hope to continue working with you as we move forward with this project. In a few months, once we have the survey finalized, we will be asking you to help us distribute the survey broadly to older adults living in Chicago.

Appendix IV: Prioritization Chart of Age-Friendly Indicators

Legend			
1st Quartile	2nd Quartile	3rd Quartile	4th Quartile

Item	Domain	Text	Avg Rank	Gov Rank	Comm Rank	Research Rank
5	out	Safety of physical neighborhood environment	11.4211	11.0769	11.5238	12.0000
16	hous	Affordable accessible housing	10.7895	10.3846	11.0476	10.7500
19	hous	Basic resources are in proximity to housing	10.3421	10.4615	10.0952	11.2500
45	com	Affordability of public community support/ home based care	9.6842	9.6154	9.7143	9.7500
7	tran	Availability of public transportation in your neighborhood	9.6579	9.2308	10.0952	8.7500
1	out	Walkability within neighborhoods	9.5526	10.4615	8.6667	11.2500
43	com	Availability of primary care physicians/community health centers	9.4474	9.6923	9.1429	10.2500
14	hous	Affordable quality housing	9.3684	8.6154	9.8571	9.2500
46	com	Affordable health care services	9.3158	9.3077	9.2857	9.5000
9	tran	Safety of public transportation	9.2632	8.8462	9.2857	10.5000
44	com	Availability of public community support/ home based care	9.2368	9.2308	9.2857	9.0000
8	tran	Accessibility of public transportation	9.1316	9.3077	8.9048	9.7500
15	hous	Homes are livable and safe	8.8947	8.2308	9.0000	10.5000
21	res	Older adults do not feel isolated or lonely in their homes	8.8947	8.6154	9.1429	8.5000
60	soc	Availability of activities that promote mental wellbeing	8.5526	8.0000	8.9524	8.2500
12	tran	Affordability of public transportation	8.5263	8.1538	8.5714	9.5000
6	out	The accessibility of public buildings in the neighborhood	8.4474	8.7692	8.1429	9.0000
58	soc	Activities that support independent living	8.1053	8.3077	8.0476	7.7500
59	soc	Availability of activities that promote physical wellbeing	8.0789	8.6923	7.7619	7.7500
17	hous	Availability of services in the neighborhood	8.0000	7.7692	7.9524	9.0000
27	res	Availability of social networks beyond family	7.9211	7.2308	8.3333	8.0000

3	out	Availability of outdoor public spaces in the neighborhood	7.5789	8.0769	7.1905	8.0000
42	com	Affordability of private home based care services	7.5263	7.6923	7.1905	8.7500
4	out	Availability of outdoor public facilities in the neighborhood	7.2895	7.6923	6.8571	8.2500
22	res	Older adults do not feel alienated from their neighbors/neighborhoods	7.2895	6.6923	7.3333	9.0000
20	res	Older adults feel respected	7.2895	7.3846	7.5714	5.5000
13	hous	Availability of different housing options	7.2632	6.6923	7.5238	7.7500
31	civ	Availability of flexible job opportunities for people aged 60 and over	7.1842	6.6154	7.5238	7.2500
49	info	Availability of information about community support and health services in your neighborhood	7.1316	7.6923	6.9048	6.5000
41	com	Availability of private home based care services	7.0789	6.3846	7.3810	7.7500
50	info	Accessibility of information about community support and health services in your neighborhood	7.0526	7.2308	6.8095	7.7500
25	res	Opportunities for intergenerational interaction	6.8158	6.6923	6.8095	7.2500
34	civ	Availability of re-training programs for older adults wanting to continue in employment beyond retirement	6.6842	6.9231	6.6667	6.0000
52	info	Accessibility of 311 and 911	6.6316	6.8462	6.7143	5.5000
39	civ	Opportunities to inform planning and implementation of policy and services for older adults	6.3158	5.8462	6.8571	5.0000
53	info	Availability of free computers and internet in public facilities	6.2368	6.6154	6.6667	2.7500
36	civ	Availability of leadership roles for older adults within the community	6.2105	5.3846	7.0000	4.7500
47	com	Conveniently located emergency centers	6.2105	5.3846	6.8571	5.5000
56	soc	Conveniently located activities that promote social cohesion	6.1842	6.5385	5.7619	7.2500
18	hous	Diversity of housing communities	6.1316	5.7692	6.0952	7.5000
30	civ	Availability of volunteer training opportunities that enable older adults to volunteer	6.0789	6.4615	5.8571	6.0000
51	info	Visibility/Audibility of health promotion activities	6.0789	6.6923	5.9048	5.0000

24	res	Inclusivity of public information about services and activities for all age groups and cultures	6.0263	7.1538	5.6190	4.5000
32	civ	Accessibility of workplaces to meet the needs of older adults in employment	6.0000	5.8462	6.1905	5.5000
40	civ	Availability of meaningful unpaid service in a wide range of civic and educational settings	5.9211	6.4615	5.7143	5.2500
26	res	Accessibility of venues for entertainment and community activity	5.7632	6.4615	5.0476	7.2500
10	tran	Safety of the road conditions in my neighborhood for driving	5.7105	5.9231	5.4762	6.2500
29	civ	Availability of volunteer activities	5.6053	5.9231	5.2381	6.5000
28	res	Availability of social and cultural activities for diverse populations	5.3421	5.5385	4.9524	6.7500
37	civ	Availability of advocacy opportunities in your neighborhood	5.3158	4.7692	5.6190	5.5000
38	civ	Conveniently located and accessible venues for voting	5.0000	5.9231	4.7619	3.2500
54	soc	Affordability of sport, cultural, religious and leisure events	4.6316	4.9231	4.5714	4.0000
35	civ	Availability of knowledge about age discrimination in the workplace	4.1053	4.1538	4.3810	2.5000
48	info	Availability of information about leisure activities	4.0789	4.9231	3.5714	4.0000
33	civ	Inclusivity of older adults in job advertisements	4.0526	3.8462	4.2857	3.5000
23	res	Inclusivity of media representation of older adults	4.0263	4.0000	4.4762	1.7500
57	soc	Initiatives that promote recognition of older adults contribution to your neighborhood	3.9474	4.1538	4.1429	2.2500
11	tran	Safety of the road conditions in my neighborhood for bike riding	3.5263	3.6154	3.4762	3.5000
55	soc	Diversity of sport, cultural, religious and leisure events	3.2105	2.6923	3.2381	4.7500
2	out	Pathways dedicated to cyclists	2.8421	2.3846	2.9524	3.7500

Appendix V: Walking Audit Tool

1. Physical Environment: Outdoor spaces & buildings, Transportation, Housing					2. Mental Health & Well-being: Social Participation, Respect & Social Inclusion, Civic Participation & Employment				
Item	Specify	Y/N	Count	Subjective assessment / Description	Item	Specify	Y/N	Count	Subjective assessment / Description
Green space or				Small Medium Large	Community	senior center			
Office/Institutions						farmer's			
Restaurant/Cafe				Fast Food Chain	Faith-based				what faiths?
Recreation (ex. fitness centers)					Social interactions (older adults with others)				Intergen. same gener.
Retail/Business				Types?	Older adults on street				
Hotel/Lodging				Chain Local	job/volunteer	OA's as			
Empty									
Amenities	Garbage cans				3. Community Health & Resources: Communication & Information, Community Support & Health				
	water fountains								
	benches								
	street/sidewalk lights								
Aesthetics	Trees/flowers			None A few A Lot	Street signs	street names			Clear/Large Small
	Community art			None A few A Lot		Disability			
	Litter/dumping			None A few A Lot	Directional sign				
	graffiti			None A few A Lot	Numbers on				
Noise pollution				None A few A Lot	Information				
CTA stops	condition			Poor Fair Good*	Aids for low				
Bus stops				bench w/cover none	Information in	languages			what language
Metra station	condition			Poor Fair Good	Hospital/Health				
alternative				What types?	Dentist				
Bike lane - coverage in community				Little Some A Lot	Pharmacy				
Parking	Street parking				Mental Health				
	Lot				Food Options	Grocery store			Healthy food ads?
	Garage					Corner store			Healthy food ads?
	Handicap sign				Advertisements				Type
Sidewalk	condition			Poor Fair Good*	4. Additional Observations				
	Size			Narrow Standard	Ex. Safety, quality of parks, presence				
	Curb cuts				Attach photos				
	Debris			None A Few A Lot					
Traffic	volume			Little Some A Lot*					
	lanes per side			1-L 2-L Over 2-L					
	crossing aids/walks			Mid block					
Residential	single-family home								
	apartments/condos								
	senior housing				* denotes descriptions in procedures				



Age-Friendly Chicago: A Community Survey

About the Survey

Dear Survey Participant,

In July 2012, Mayor Emanuel secured Chicago's membership in the World Health Organization's Global Network of Age-Friendly Cities. Researchers at Northwestern University are working with the city to find out how "Age-Friendly" older Chicagoans think their city is.

We value your opinion as an older adult living in the City of Chicago.

This survey should take between 10 and 15 minutes to complete. **You may skip any questions you don't want to answer, and your responses will be kept anonymous.**

Thank you in advance for your participation.

Best wishes from,

The Buehler Center on Aging, Health & Society at Northwestern University

The Survey

About you

1. What is your age category (please choose only one answer)
 - a. ☐ Under 55
 - b. ☐ 55-64
 - c. ☐ 65-74
 - d. ☐ 75-84
 - e. ☐ Over 85
2. What is your current gender identity? (please choose only one answer)
 - a. ☐ Male
 - b. ☐ Female
 - c. ☐ Transgender
 - d. ☐ Male to Female
 - e. ☐ Female to Male
 - f. ☐ Other, if other, please specify:

3. What is your current relationship status (please choose only one answer)
 - a. ☐ Single
 - b. ☐ Married
 - c. ☐ Partnered and living together
 - d. ☐ Partnered and living separately
 - e. ☐ Separated
 - f. ☐ Divorced

- g. ☐ Widowed
4. Do you own or rent your primary residence? (Please choose only one answer)
- a. ☐ Rent
 - b. ☐ Own
 - c. ☐ Not applicable
5. Besides you, do you have any of the following people living in your household (Please choose all that apply)
- a. ☐ A child or children under 18
 - b. ☐ A child or Children 18 or over
 - c. ☐ Adult relative or friend 18 or over (besides a spouse)
 - d. ☐ Spouse or partner
 - e. ☐ None
 - f. ☐ Other, if other, please specify: _____
6. Do you have any kind of healthcare coverage, including employer-provided health insurance, private health insurance, or government plans such as Medicare or Medicaid? (Please choose only one answer)
- a. ☐ Yes
 - b. ☐ No
 - c. ☐ Not sure
7. What is your race or ethnicity? (please choose all that apply)
- a. ☐ White or Caucasian
 - b. ☐ Black or African American
 - c. ☐ Asian
 - d. ☐ American Indian or Alaskan Native
 - e. ☐ Native Hawaiian or other Pacific Islander
 - f. ☐ Hispanic, Spanish or Latino
 - g. ☐ Other, if other, please specify: _____
8. What is the highest level of education you have completed? (only one answer)
- a. ☐ K-12th grade (no degree)
 - b. ☐ High school degree or GED
 - c. ☐ Post-high school education or training (no degree)
 - d. ☐ 2-year college degree
 - e. ☐ 4-year college degree
 - f. ☐ Post-graduate study
 - g. ☐ Graduate or professional degree

9. Which of the following best describes your current employment status? (please choose only one answer)

- a. ☐ Self-employed, part time
- b. ☐ Self-employed, full time
- c. ☐ Employed, part time
- d. ☐ Employed, full time
- e. ☐ Retired, not working at all
- f. ☐ Not in labor workforce for other reasons
- g. ☐ Unemployed but looking for work

10. Are you the primary caregiver for any of the following? (check all that apply)

- a. ☐ Your spouse
- b. ☐ Your parent or other adult relative
- c. ☐ Your adult child
- d. ☐ Your grandchildren under the age of 18
- e. ☐ Your friend
- f. ☐ None

11. Is English your first language?

- a. ☐ Yes
- b. ☐ No

12. In 2008, the government-defined poverty threshold for a person living alone was \$10,400. Is your annual income above or below this amount?

- a. ☐ Above
- b. ☐ Below
- c. ☐ Not sure

13. What is your 5 digit zipcode?

14. Have you ever felt isolated or lonely in your home?

- a. ☐ Yes
- b. ☐ No

Outdoor Spaces and Buildings

15. Please rate the amount you agree or disagree with the following statements about the community buildings and outdoor spaces in your neighborhood, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree), or 0 (Don't know, Not applicable):

	Strongly Agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't know / N/A
Community buildings, including senior centers, libraries, post offices, and park districts, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	1	2	3	4	5	0
It is easy to use wheelchairs, walkers, and scooters on the sidewalks	1	2	3	4	5	0
Road conditions are safe for pedestrians	1	2	3	4	5	0
There is adequate time to cross the street	1	2	3	4	5	0
Businesses and organizations in my neighborhood, including grocery stores, religious centers, and shops, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	1	2	3	4	5	0
Restrooms are readily available and accessible in public and community buildings	1	2	3	4	5	0
Parks and green spaces are within easy walking distance from my home	1	2	3	4	5	0
Dog parks are within walking distance from my home	1	2	3	4	5	0
There are benches and resting areas in public spaces	1	2	3	4	5	0
Bicycling conditions are safe for	1	2	3	4	5	0

pedestrians						
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16. Please rate the following items in your neighborhood for older adults, please circle the number that corresponds with your response from 1 (Excellent) to 5 (Poor):

	Excellent	Very good	Good	Fair	Poor	Don't know/ N/A
Conditions for walking (presence of sidewalks, cracks, bumps, debris on the sidewalks, snow removal)	1	2	3	4	5	0
The ease of access to public and community buildings	1	2	3	4	5	0
The safety of your physical neighborhood environment (where feeling safe means being able to walk or exercise outside without worrying about crime)	1	2	3	4	5	0

Transportation

17. Please rate the amount you agree or disagree with the following statements about transportation in your neighborhood, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree):

	Strongly agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't Know/ N/A
CTA stations are conveniently located	1	2	3	4	5	0
CTA stations and bus stops are accessible for wheel chairs	1	2	3	4	5	0
Bus stops are conveniently located	1	2	3	4	5	0
Taxi cabs are available and accessible to me	1	2	3	4	5	0
Door-to-door transportation services (like PACE or private services) are available and	1	2	3	4	5	0

accessible to me						
There are ride-share programs available in my neighborhood	1	2	3	4	5	0
Parking, including spaces for people with a disability, is available	1	2	3	4	5	0
Signs for transportation (like bus stops, CTA stations) are clearly posted and easy to understand	1	2	3	4	5	0

18. Please rate the following items in your neighborhood for older adults, please circle the number that corresponds with your response from 1 (Excellent) to 5 (Poor):

	Excellent	Very Good	Good	Fair	Poor	Don't Know/ N/A
The availability of transportation (CTA, bus, Metra, PACE, taxi cabs) in the neighborhood	1	2	3	4	5	0
The safety of transportation in your neighborhood (where feeling safe means safe from crime when waiting at a designated public transportation station or while using public transportation)	1	2	3	4	5	0

Housing

19. Please rate the following items in your neighborhood for older adults, please circle the number that corresponds with your response from 1 (Excellent) to 5 (Poor):

	Excellent	Very Good	Good	Fair	Poor	Don't know/ N/A
The availability of supportive housing options in your neighborhood (for example, assisted living communities, village networks, co-operatives)	1	2	3	4	5	0
The availability of affordable housing options in your neighborhood (including subsidized housing options)	1	2	3	4	5	0
The availability of housing options with amenities that are important to you (for example,	1	2	3	4	5	0

pet-friendly options, parking spaces, door staff, exercise rooms, in-building laundry facilities)						
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Your Home

20. Please answer the following questions about your own home:

	Yes	No	Not Sure
My home is warm enough in the winter	1	2	0
My home is cool enough in the summer	1	2	0
There are stairs leading to the main entrance of my home	1	2	0
I have to go up and down stairs in my home on a daily basis	1	2	0
The doorways both inside and outside my home are wide enough for a wheelchair to fit through	1	2	0

Community Support and Health Services

21. Please indicate the approximate distance you travel for the following services:

	Less than 1 mile	Approximately 1-5 miles	Over 5 miles away	I have never used this service
My doctor, primary care physician, or nurse practitioner	1	2	3	4
My eye doctor (ophthalmologist)	1	2	3	4
My dentist	1	2	3	4
My pharmacy	1	2	3	4
My physical therapist	1	2	3	4
My psychologist, psychiatrist, therapist, or other mental health services, including support groups	1	2	3	4
A health clinic for preventative support (like flu shots, other vaccinations, blood pressure or blood sugar checks)	1	2	3	4
Healthy food options (fresh fruits and vegetables, healthy	1	2	3	4

menu options)				
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22. Please rate the following items in your neighborhood for older adults, please circle the number that corresponds with your response from 1 (Excellent) to 5 (Poor):

	Excellent	Very Good	Good	Fair	Poor	Don't Know / Not Applicable
Availability of affordable trustworthy home maintenance services (plumber, electrician, handyman, cleaning services)	1	2	3	4	5	0
Availability of affordable trustworthy home health aides (including visiting nurses)	1	2	3	4	5	0
Availability of affordable trustworthy financial services and information	1	2	3	4	5	0
Availability of affordable trustworthy healthcare options in your neighborhood	1	2	3	4	5	0

Communication and Information

23. Please rate the amount you agree or disagree with the following statements about communication and information for older adults, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree):

	Strongly Agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't know/ N/A
If I need information on healthcare services and health-related support, I know where to find it (including disease-specific information, home care options, and caregiving)	1	2	3	4	5	0
I know what to do in case of	1	2	3	4	5	0

an environmental emergency (including a flood, an electrical outage, extreme heat or cold, a fire)						
I know what to do in case of a health-related emergency (including myself or someone nearby experiencing a heart attack, stroke, or fall)	1	2	3	4	5	0
There are places for me to go to access free computers, internet, and wifi	1	2	3	4	5	0
I know where I can go to learn about new technologies	1	2	3	4	5	0
I can access information I need in a language and format I easily understand	1	2	3	4	5	0

Respect and Social Inclusion

24. Please rate the amount you agree or disagree with the following statements about respect and social inclusion in your neighborhood, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree):

	Strongly Agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't know/ N/A
There are social networks in my neighborhood (including kinship, block clubs, social clubs,	1	2	3	4	5	0

churches, community centers)						
There are opportunities for intergenerational interaction (at schools, youth clubs, senior centers, family activities in the community)	1	2	3	4	5	0
The social activities in my neighborhood are for people of all age groups and cultures	1	2	3	4	5	0
Older adults living in my neighborhood feel isolated and lonely	1	2	3	4	5	0
Older adults in my neighborhood are respected	1	2	3	4	5	0

Social Participation

25. Please rate the amount you agree or disagree with the following statements about social participation in your neighborhood, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree):

	Strongly Agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't know/ N/A
There are opportunities for me to take part in activities that help my physical well being	1	2	3	4	5	0
There are opportunities for me to take part in activities that	1	2	3	4	5	0

help my mental well being						
Social, religious, and cultural activities are available and affordable	1	2	3	4	5	0

26. What is your overall rating for opportunities to participate socially in your community?

- a. ___ Excellent d. ___ Fair
b. ___ Very Good e. ___ Poor
c. ___ Good f. ___ Don't Know/Not Applicable

Civic Participation and Employment

27. Please rate the amount you agree or disagree with the following statements about civic participation and employment for older adults in your neighborhood, please circle the number that corresponds with your response from 1 (strongly agree) to 5 (strongly disagree):

	Strongly Agree	Some-what Agree	Neither Agree nor Disagree	Some-what Disagree	Strongly Disagree	Don't know/ N/A
There are flexible job opportunities for people aged 60 and over	1	2	3	4	5	0
There are opportunities for leadership and advocacy	1	2	3	4	5	0
There are opportunities for involvement in volunteer activities	1	2	3	4	5	0

28. What is your overall rating for civic participation in your community?

- a. ___ Excellent d. ___ Fair
b. ___ Very Good e. ___ Poor
c. ___ Good f. ___ Don't Know/Not Applicable

Your Health

29. Please rate the following items about yourself, please circle the number that corresponds with your response from 1 (Excellent) to 5 (Poor):

	Excellent	Very Good	Good	Fair	Poor	Don't Know/ N/A
In general, would you say your health is:	1	2	3	4	5	0
In general, would you say your quality of life is:	1	2	3	4	5	0
In general, how would you rate your physical health?	1	2	3	4	5	0
In general, how would you rate your mental health, including your mood and your ability to think?	1	2	3	4	5	0
In general, how would you rate your satisfaction with your social activities and relationships?	1	2	3	4	5	0
In general, please rate how well you carry out your usual social activities and roles (This includes activities at home, at work, in your community, and responsibilities as a parent, child, spouse, employee, friend, etc)	1	2	3	4	5	0

30. To what extent have you been able to carry out your everyday physical activities, such as walking, climbing stairs, carrying groceries, or moving a chair?

- a. ___ Completely
- b. ___ Mostly
- c. ___ Moderately
- d. ___ A Little
- e. ___ Not at All

31. How often have you been bothered by emotional problems, such as feeling anxious, depressed, or irritable, in the last seven days?

- a. ___ Never
- b. ___ Rarely
- c. ___ Sometimes
- d. ___ Often
- e. ___ Always

32. How would you rate your fatigue on average?

- a. ___ None

- b. ____Mild
- c. ____ Moderate
- d. ____Severe
- e. ____Very Severe

33. How would you rate your pain on average? Please circle the number that corresponds with your response from 0 (no pain) to 10 (worst pain):

0 (no pain)	1	2	3	4	5	6	7	8	9	10 (worst pain)
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Your Thoughts

34. How did you hear about us? _____

35. Do you have any other comments or questions that you would like to share?

End of survey

Dear Participant,

Many thanks for completing this survey. Your thoughts and selections are very important to us. For more information about the Buehler Center's Age Friendly research and preliminary findings, please visit our website at **www.aging.northwestern.edu/science.php**

If you would like to be added to our age friendly listserv, please email **buehler-center@northwestern.edu** with "age friendly" in the subject line or message. Listserv participants receive a quarterly update on research in progress and notification of Age Friendly Chicago related events.

If you know of other members of your community or friends who would like to take this survey, please feel free to forward the link to them. If you would like posters and bookmarks to advertise the survey in your community, or paper copies to distribute to citizens with limited access to computers, please email a request to **buehler-center@northwestern.edu** and we would be happy to contact you.

Many best wishes from,

The Buehler Center on Aging, Health & Society
Dr. Rebecca Johnson & Dr. Amy Eisenstein
750 North Lake Shore Drive, Suite 601
Chicago, Illinois 60611
Email: buehler-center@northwestern.edu



Appendix VII: Survey Data Tables

Demographics by Region

	North	North-West	North-Central	Central	Central-West	South-East	South	Total
Respondents n, %	480, 20.33%	382, 16.18%	367, 15.54%	395, 16.73%	214, 9.06%	240, 10.17%	283, 11.99%	2361, 90.77%
Age Category								
<55	23, 24.47%	13, 13.83%	10, 10.64%	11, 11.70%	14, 14.89%	8, 8.51%	15, 15.96%	94, 3.98%
55-64	138, 22.66%	122, 20.03%	75, 12.32%	105, 17.24%	57, 9.36%	34, 5.58%	78, 12.81%	609, 25.79%
65-74	190, 18.57%	164, 16.13%	184, 17.99%	175, 17.11%	95, 9.29%	100, 9.78%	115, 11.24%	1023, 43.33%
75-84	106, 20.83%	65, 12.77%	84, 16.50%	81, 15.91%	38, 7.47%	73, 14.34%	62, 12.18%	509, 21.56%
≥85	23, 18.25%	18, 14.29%	14, 11.11%	23, 18.25%	10, 7.94%	25, 19.84%	13, 10.32%	126, 5.34%
Gender Identity								
Male	131, 20.29%	109, 16.87%	109, 16.87%	105, 16.25%	70, 10.84%	64, 9.91%	58, 8.98%	646, 27.40%
Female	348, 20.41%	270, 15.84%	256, 15.01%	285, 16.72%	143, 8.39%	176, 10.32%	227, 13.31%	1705, 72.31%
Transgender	1, 14.29%	3, 42.86%	1, 14.29%	2, 28.57%	0, 0.00%	0, 0.00%	0, 0.00%	7, 3.27%
Race								
White	363, 26.40%	274, 19.93%	296, 21.53%	332, 24.15%	34, 2.47%	60, 4.36%	16, 1.16%	1375, 58.79%
Black	40, 7.11%	13, 2.31%	18, 3.20%	22, 3.91%	127, 22.56%	116, 20.60%	227, 40.32%	563, 24.07%
Hispanic	15, 8.11%	64, 34.60%	24, 12.97%	19, 10.27%	3, 1.62%	32, 17.30%	28, 15.14%	185, 7.91%
Asian	41, 25.95%	17, 10.76%	19, 12.03%	14, 8.86%	14, 8.86%	52, 32.92%	1, 0.63%	158, 6.76%
Other	16, 27.59%	8, 13.79%	6, 10.35%	7, 12.07%	1, 1.72%	8, 13.79%	12, 1.72%	58, 2.48%
Marital Status								
Single	155, 20.61%	79, 11.52%	111, 16.18%	99, 14.43%	86, 12.54%	79, 11.52%	77, 11.22%	686, 29.06%
	North	North-West	North-Central	Central	Central-West	South-East	South	Total

Married	160, 19.61%	162, 19.85%	124, 15.20%	177, 21.69%	47, 5.76%	61, 7.48%	85, 10.42%	816, 34.56%
Other	164, 19.09%	140, 16.30%	127, 14.44%	119, 13.85%	79, 9.20%	102, 11.87%	125, 14.55%	859, 36.38%
Housing								
Rent	163, 20.79%	93, 11.86%	95, 12.12%	99, 12.63%	109, 13.90%	138, 17.60%	87, 11.10%	784, 33.50%
Own	300, 20.18%	274, 18.43%	258, 17.35%	287, 19.30%	89, 5.99%	96, 6.46%	183, 12.31%	1487, 65.55%
Live Alone								
	238, 19.59%	172, 14.16%	207, 17.04%	208, 17.12%	96, 7.90%	157, 12.92%	137, 11.28%	1215, 52.92%
Caregiver								
	74, 20.61%	62, 17.27%	47, 13.09%	56, 15.60%	39, 10.86%	29, 8.08%	52, 14.49%	359, 15.45%
Education								
<12 th grade	13, 6.40%	40, 19.70%	7, 3.45%	15, 7.39%	53, 26.11%	43, 21.18%	32, 15.76%	203, 8.70%
HS Degree/GED	37, 12.21%	62, 22.44%	41, 13.53%	21, 6.93%	51, 16.83%	40, 13.20%	51, 16.83%	303, 12.99%
Some College	73, 24.42%	51, 17.06%	36, 12.04%	35, 11.71%	31, 10.37%	21, 7.02%	52, 17.39%	299, 12.82%
College Degree	152, 22.69%	103, 15.37%	100, 14.93%	108, 16.12%	70, 10.45%	50, 7.46%	87, 12.99%	670, 28.47%
Grad Degree	161, 23.27%	88, 12.72%	151, 21.82%	174, 25.15%	16, 2.31%	55, 7.95%	47, 6.79%	692, 29.66%
Employment								
Employed	78, 22.47%	53, 15.27%	61, 17.59%	74, 21.33%	24, 6.92%	25, 7.20%	32, 9.22%	347, 14.75%
Retired	285, 18.99%	238, 15.82%	240, 15.96%	234, 15.56%	141, 9.38%	167, 11.10%	199, 13.23%	1504, 63.92%
Other	46, 20.81%	43, 19.46%	23, 10.41%	23, 10.41%	28, 12.67%	30, 13.57%	28, 12.67%	221, 9.39%
English 1st Language								
	440, 91.48%	311, 82.06%	329, 90.14%	356, 91.28%	178, 84.76%	184, 76.67%	279, 96.54%	2077, 88.23%

	North	North-West	North-Central	Central	Central-West	South-East	South	Total
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Live Below Poverty Level								
	55, 11.53%	47, 12.57%	42, 11.48%	36, 9.21%	79, 38.73%	92, 38.98%	54, 19.22%	405, 17.39%
Felt Isolated or Lonely								
	136, 28.45%	120, 31.83%	106, 29.20%	68, 17.39%	79, 37.80%	69, 28.63%	64, 22.54%	642, 27.40%

Outdoor Spaces and Buildings

	Total (Mean Score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. Community buildings, including senior centers, libraries, post offices, and park districts, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	2314 (2.06)	35.65% (825)	40.92% (947)	9.20% (213)	9.81% (227)	4.41% (102)
2. It is easy to use wheelchairs, walkers, and scooters on the sidewalks	1846 (2.67)	20.96% (387)	35.10% (648)	12.89% (238)	18.31% (338)	12.73% (235)
3. Road conditions are safe for pedestrians	2435 (3.09)	12.85% (313)	29.36% (715)	13.06% (318)	25.59% (623)	19.14% (466)
4. There is adequate time to cross the street	2438 (2.85)	17.23% (420)	34.04% (830)	10.71% (261)	22.76% (555)	15.26% (372)
5. Businesses and organizations in my neighborhood, including grocery stores, religious centers, and shops, are accessible (have elevators or ramps, grab bars, are clear from ice and snow)	2312 (2.58)	20.59% (476)	38.62% (893)	13.96% (318)	15.96% (369)	11.07% (256)
6. Restrooms are readily available and accessible in public and community buildings	2280 (2.62)	20.04% (457)	35.53% (810)	17.85% (407)	15.22% (347)	11.36% (259)
7. Parks and green spaces are within easy walking distance from my home	2457 (2.03)	46.40% (1140)	28.82% (708)	7.81% (192)	9.36% (230)	7.61% (187)
8. Dog parks are within walking distance from my home	1727 (2.86)	27.10% (468)	18.59% (321)	17.83% (308)	14.48% (250)	22.00% (380)

9. There are benches and resting areas in public spaces	2364 (2.47)	28.55% (675)	33.59% (794)	11.76% (278)	14.34% (339)	11.76% (278)
10. Bicycling conditions are safe for pedestrians	2273 (3.34)	12.01% (273)	21.95% (499)	14.69% (334)	23.01% (523)	28.33% (644)
		Excellent	Very Good	Good	Fair	Poor
11. Conditions for walking (presence of sidewalks, cracks, bumps, debris on the sidewalks, snow removal)	2526 (3.53)	6.25% (158)	13.58% (343)	24.86% (628)	31.51% (796)	23.79% (601)
12. The ease of access to public and community buildings	2392 (2.88)	12.04% (288)	23.62% (565)	35.58% (851)	21.95% (525)	6.81% (163)
13. The safety of your physical neighborhood environment (where feeling safe means being able to walk or exercise outside without worrying about crime)	2511 (3.21)	11.07% (278)	18.84% (473)	26.32% (661)	25.97% (652)	17.80% (447)

Transportation

	Total (Mean Score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. CTA stations are conveniently located	2404 (1.97)	42.30% (1017)	36.31% (873)	8.36% (201)	7.95% (191)	5.07% (122)
2. CTA stations and bus stops are accessible for wheel chairs	1961 (2.30)	32.79% (643)	34.63% (679)	11.68% (229)	11.63% (228)	9.28% (182)
3. Bus stops are conveniently located	2409 (1.84)	47.03% (1133)	36.16% (871)	6.89% (166)	5.89% (142)	4.03% (97)
4. Taxi cabs are available and accessible to me	2184 (2.41)	33.70% (736)	29.12% (636)	12.45% (272)	11.90% (260)	12.82% (280)
5. Door-to-door transportation services (like PACE or private services) are available and accessible to me	1388 (2.17)	36.24% (503)	29.83% (414)	21.11% (293)	6.56% (91)	6.27% (87)
6. There are ride-share programs available in my neighborhood	1012 (2.92)	19.27% (195)	20.36% (206)	29.25% (296)	11.36% (115)	19.76% (200)
7. Parking, including spaces for people with a disability, is available	2045 (2.67)	22.69% (464)	32.03% (655)	15.70% (321)	15.16% (310)	14.43% (295)
8. Signs for transportation (like bus stops, CTA stations) are clearly posted and easy to understand	2406 (2.00)	38.78% (933)	38.45% (925)	10.76% (259)	7.81% (188)	4.20% (101)

		Excellent	Very Good	Good	Fair	Poor
9. The availability of transportation (CTA, bus, Metra, PACE, taxi cabs) in the neighborhood	2432 (2.32)	31.66% (770)	27.30% (664)	23.30% (572)	12.75% (310)	4.77% (116)
10. The safety of transportation in your neighborhood (where feeling safe means safe from crime when waiting at a designated public transportation station or while using public transportation)	2415 (2.91)	15.20% (367)	24.93% (602)	25.22% (609)	22.90% (553)	11.76% (284)

Housing

	Total (Mean Score)	Excellent	Very Good	Good	Fair	Poor
1. The availability of supportive housing options in your neighborhood (for example, assisted living communities, village networks, co-operatives)	1604 (3.24)	9.85% (158)	19.08% (306)	28.68% (460)	22.19% (356)	20.20% (324)
2. The availability of affordable housing options in your neighborhood (including subsidized housing options)	1544 (3.47)	8.35% (129)	14.70% (227)	24.22% (374)	27.01% (417)	25.71% (397)
3. The availability of housing options with amenities that are important to you (for example, pet-friendly options, parking spaces, door staff, exercise rooms, in-building laundry facilities)	1742 (3.01)	17.22% (300)	20.15% (351)	24.97% (435)	20.15% (351)	17.51% (305)

Your Home

	Total (Mean Score)	Yes	No
1. My home is warm enough in the winter	2456 (1.09)	90.84% (2231)	9.16% (225)
2. My home is cool enough in the summer	2414 (1.13)	86.70% (2093)	13.30% (321)
3. There are stairs leading to the main entrance of my home	2431 (1.67)	33.16% (806)	66.84% (1625)
4. I have to go up and down stairs in my home on a	2422	44.01%	55.99%

daily basis	(1.56)	(1066)	(1356)
5. The doorways both inside and outside my home are wide enough for a wheelchair to fit through	1727 (1.30)	70.35% (1215)	29.65% (512)

Respect and Social Inclusion

	Total (Mean Score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. There are social networks in my neighborhood (including kinship, block clubs, social clubs, churches, community centers)	2125 (2.06)	37.88% (805)	37.60% (799)	11.72% (249)	6.35% (135)	6.45% (137)
2. There are opportunities for intergenerational interaction (at schools, youth clubs, senior centers, family activities in the community)	1866 (2.38)	28.72% (536)	33.49% (625)	18.17% (339)	10.72% (200)	8.90% (166)
3. The social activities in my neighborhood are for people of all age groups and cultures	1951 (2.41)	29.47% (575)	31.68% (618)	17.48% (341)	11.58% (226)	9.79% (191)
4. Older adults living in my neighborhood feel isolated and lonely	1565 (2.88)	11.95% (187)	28.75% (450)	31.05% (486)	15.40% (241)	12.84% (201)
5. Older adults in my neighborhood are respected	2096 (2.55)	19.08% (400)	37.45% (785)	21.66% (454)	13.17% (276)	8.64% (181)

Social Participation

	Total (Mean Score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. There are opportunities for me to take part in activities that help my physical well being	2220 (1.93)	44.37% (985)	34.77% (772)	9.37% (208)	6.67% (148)	4.82% (107)
2. There are opportunities for me to take part in activities that help my mental well being	2075 (2.07)	39.08% (811)	33.64% (698)	14.27% (296)	6.99% (145)	6.02% (125)
3. Social, religious, and cultural activities are available and	2192 (2.01)	40.74% (893)	35.13% (770)	12.09% (265)	6.89% (151)	5.16% (113)

affordable						
		Excellent	Very Good	Good	Fair	Poor
4. What is your overall rating for opportunities to participate socially in your community?	2242 (2.67)	19.80% (444)	27.52% (617)	26.32% (590)	18.42% (413)	7.94% (178)

Communication and Information

	Total (Mean Score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. If I need information on healthcare services and health-related support, I know where to find it(including disease-specific information, home care options, and caregiving)	2235 (2.00)	40.98% (916)	35.21% (787)	11.05% (247)	8.23% (184)	4.52% (101)
2. I know what to do in case of an environmental emergency (including a flood, an electrical outage, extreme heat or cold, a fire)	2313 (2.18)	32.56% (753)	40.29% (932)	9.99% (231)	11.11% (257)	6.05% (140)
3. I know what to do in case of a health-related emergency (including myself or someone nearby experiencing a heart attack, stroke, or fall)	2349 (1.87)	42.87% (1007)	40.02% (940)	7.96% (187)	6.00% (141)	3.15% (74)
4. There are places for me to go to access free computers, internet, and wifi	2009 (1.86)	48.18% (968)	33.05% (664)	8.31% (167)	5.03% (101)	5.43% (109)
5. I know where I can go to learn about new technologies	1973 (2.25)	35.48% (700)	32.08% (633)	13.84% (273)	8.67% (171)	9.93% (196)
6. I can access information I need in a language and format I easily understand	2103 (1.73)	54.78% (1152)	28.25% (594)	9.27% (195)	4.18% (88)	3.52% (74)

Civic Participation and Employment

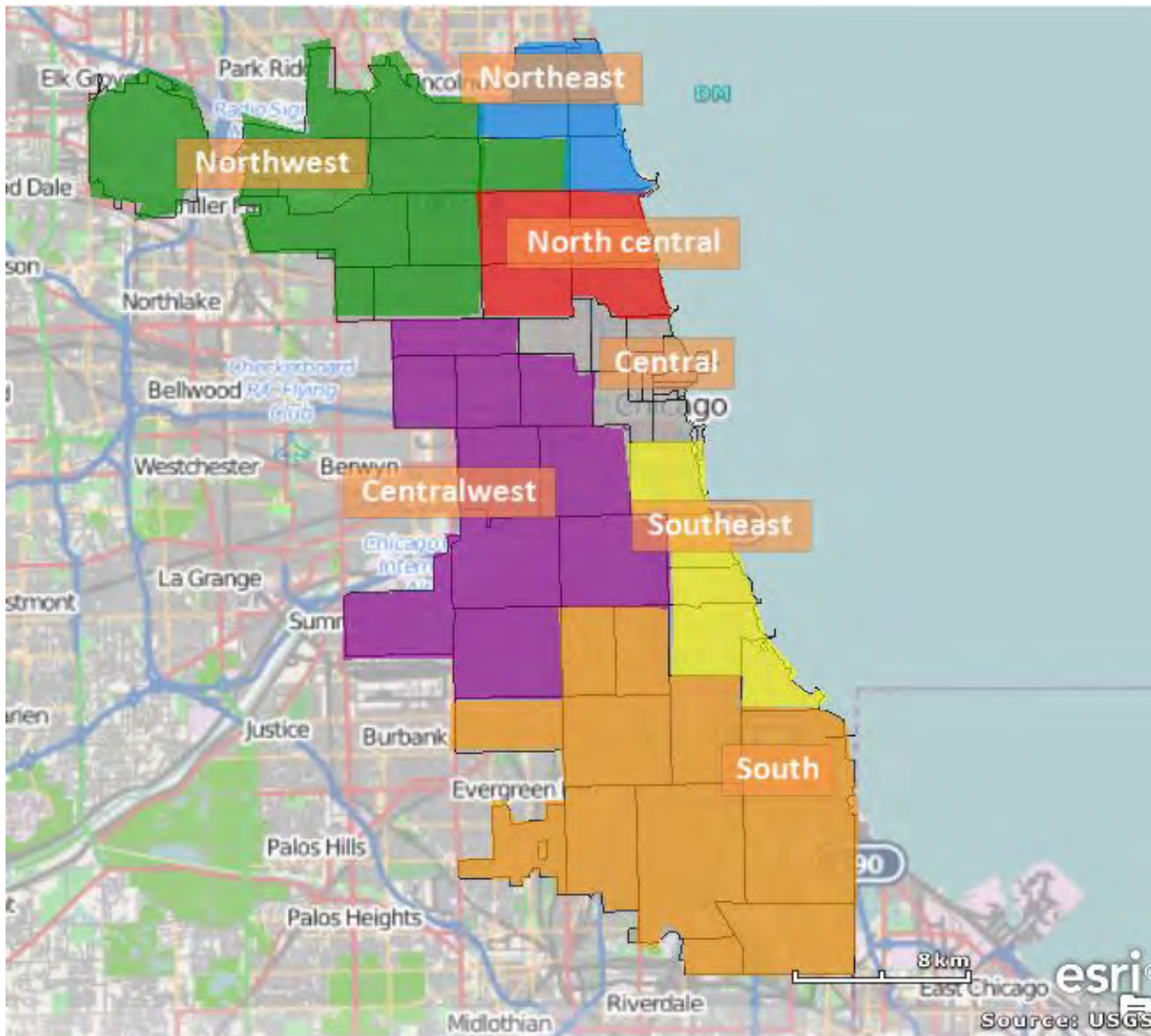
	Total (mean score)	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
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1. There are flexible job opportunities for people aged 60 and over	1443 (3.83)	5.54% (80)	11.50% (166)	19.82% (286)	20.58% (297)	42.55% (614)
2. There are opportunities for leadership and advocacy	1657 (2.90)	14.85% (246)	30.05% (498)	22.81% (378)	15.03% (249)	17.26% (286)
3. There are opportunities for involvement in volunteer activities	2014 (2.15)	34.56% (696)	36.69% (739)	14.50% (292)	7.45% (150)	6.80% (137)
		Excellent	Very Good	Good	Fair	Poor
4. What is your overall rating for civic participation in your community?	2029 (3.00)	11.19% (227)	23.56% (478)	30.90% (627)	23.26% (472)	11.09% (225)

Community Support and Health Services

	Total (mean score)	Excellent	Very Good	Good	Fair	Poor
1. Availability of affordable trustworthy home maintenance services (plumber, electrician, handyman, cleaning services)	1883 (2.80)	20.55% (387)	21.88% (412)	27.14% (511)	18.06% (340)	12.37% (233)
2. Availability of affordable trustworthy home health aides (including visiting nurses)	1068 (2.85)	17.60% (188)	22.66% (242)	29.12% (311)	18.45% (197)	12.17% (130)
3. Availability of affordable trustworthy financial services and information	1661 (2.70)	20.11% (334)	24.98% (415)	30.34% (504)	13.91% (231)	10.66% (177)
4. Availability of affordable trustworthy healthcare options in your neighborhood	1747 (2.71)	20.03% (350)	24.33% (425)	29.08% (508)	17.23% (301)	9.33% (163)

Appendix VIII: Map of Survey Regions



Zip Codes

North-East: 60626, 60640, 60645, 60659, 60660

North-West: 60625, 60630, 60631, 60646, 60656, 60634, 60639, 60641

North-Central: 60613, 60614, 60618, 60647, 60657

Central: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60622, 60642, 60654, 60661

Central-West: 60608, 60612, 60624, 60644, 60651, 60609, 60623, 60629, 60632, 60638

South-East: 60615, 60616, 60637, 60649, 60653

South: 60617, 60619, 60628, 60633, 60620, 60621, 60636, 60643, 60652, 60655.

Introduction and Overview

The City of Chicago's older population speaks a range of languages and has a broad spectrum of educational qualifications and cognitive abilities. Data from the 2012 ACS suggests that of the city's 551,535 older Chicagoans of 55 and above, 5% are of Asian ethnicity (29,506); 36% are African American (199,338) and 16% are Hispanic (87,874). We knew from our environmental scan that most age-friendly community surveys have been conducted in English and that none have captured participation rates equivalent to Chicago's minority population numbers. The AdvantAge Initiative 2003 National Survey, a random digit dial (RDD) telephone survey of a nationally representative sample of 1,512 non-institutionalized adults age 65 and over had achieved the following levels of participation by race and ethnicity: White non-Hispanic (82%), Black non-Hispanic (8%), Other (3%) and Race unknown (1%) (Center for Home Care Policy and Research, 2004). Research literature also suggests that minority and hard-to-reach older adults are less likely to complete online surveys than their Non-Hispanic White contemporaries. Another age-friendly project in Denver has found it necessary to focus separately on the Hispanic experience of growing older (Latino Community Foundation of Colorado, 2014). Several stakeholders advised us that some of the generic, policy-sourced age-friendly questions might prove culturally ambiguous. Civic participation in policy creation, for example, was one category considered largely irrelevant for non-white Hispanic groups, particularly for those who were undocumented. Volunteering was another contested term for non-whites and people of Asian descent. Much of what the literature considers 'voluntary' is hidden within these groups and is rather associated with helping out family and community in a personal capacity, not as an organized activity. Given these limitations, we knew that the policy orientation of the survey questions, coupled with the project's choice of survey delivery, might make the task of achieving a representative sample of Chicagoans challenging.

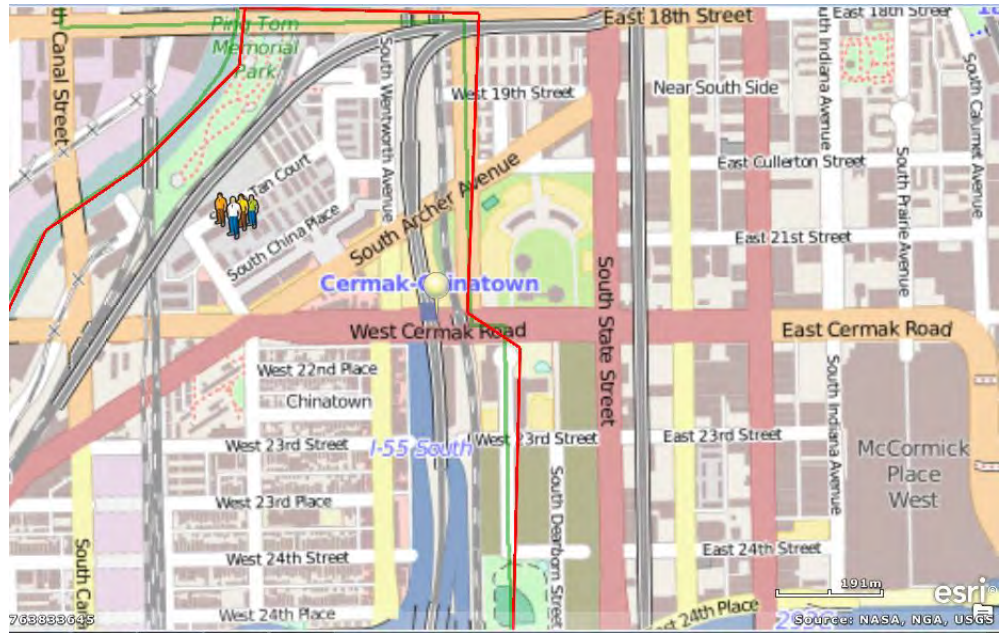
"Bottom up" community engagement is key component of the WHO's Age-Friendly project. To address survey limitations, we worked with CLESE to provide a Spanish and Polish language translation of the survey and with CASL to provide a Chinese language version. We also created flyers, posters, and paper copy versions in English, Spanish, Polish and Chinese languages, which our partners could disseminate to older adults without either access to computers or necessary computer skills. Project team members, with the help of stakeholders including the City of Chicago's Council on Aging, senior center directors, the CHA, young volunteers, and many other nonprofits, disseminated and collected these surveys at a range of venues across the 77 community areas that comprise the city of Chicago. Following additional feedback from CASL translators that many older Chinese adults prefer visual rather than textual literacy, we also arranged a "deep-dive" community engagement event to present an abridged version of the survey in a visual format using an audio response polling system, as well as to pilot a small photovoice project to document what age (un)friendly city looks like to neighborhood residents.

Table 1: Chinese speaking participation in the age friendly baseline assessment methods

Public input opportunity	Number of participants
Online Community Survey : Chinese responses	23
Town Hall survey event: Mandarin	19
Town Hall survey event : Cantonese	19
Photovoice : CASL	6
Total	67

Deep dive community engagement in Chinatown

CASL is located in the heart of Chinatown, approximately 1.3 miles to the south of the Chicago Loop, within the Armour Square community area. Adjacent neighborhoods include the Near South Side to the north and east, Bridgeport to the south, and Pilsen to the west. According to *The Chinatown Community Vision Plan*, CASL has developed into Chinatown's primary community organization since its inception in 1978 (Chicago Metropolitan Agency for Planning, 2014). The largest employer in Chinatown, CASL provides services to approximately 17,000 clients and their families each year. Its reach



extends out of Chinatown's core neighborhood and through Chicago, the region, and the Midwest, making it the largest and "most comprehensive social services agency dedicated to serving the needs of Chinese Americans." CASL was chosen as a partner for a deep dive community age-friendly engagement project for several reasons, including:

- Opportunity for the DFSS to contribute to the CMAP Chinatown Community Vision Plan (2013).
- A long history of delivering culturally appropriate services, including housing, to older adults.
- The location of CASL within an area with a statistically higher population of adults over the age of 65 than the rest of the city. According to US census data, 18% of the population is over the age of 65, compared to 10.7% and 10.3% in the Greater Chinatown and Chicago areas, respectively.
- While many community areas are made up of a diversity of minority groups, residents of Chinatown are predominantly of Asian descent, providing cultural insight into the opinions and experiences of one particular cultural group in a particular geographic location.

The following information provides a detailed look at the deep dive engagement tools used to gather additional input from older adult consumers of a social service agency dedicated to the needs of Chinese Americans.

Online and paper copy Community Survey: Chinese language version

In order to encourage all older members of CASL to complete the online or paper copy survey, the project team reached out to CASL's Department of Older Adults. Their staff translated the survey into the Chinese language and posted information about it and links to it on CASL's online newsletter. School-aged student volunteers were briefed to aid residents in CASL's senior housing in completing the survey online; they assisted with both computer skills and survey comprehension. The student team collected 23 surveys. An additional 31 survey respondents independently cited CASL as their source of information for the English version of the survey. The young volunteers received an Age-Friendly "certificate of appreciation" for their help.

Town Hall

This event, which had 38 attendees in total (63% aged 65-74) was intended to introduce the Age-Friendly project to CASL members and enable limited or non-English speaking Chinese older adults to take an abridged version of the survey in a visual format. A PowerPoint presentation in both English and Chinese languages was simultaneously translated into Mandarin, and then Cantonese, by two members of CASL staff. Using an audio response system (Turning Point), participants were invited to poll their levels of agreement to a number of statements and questions.

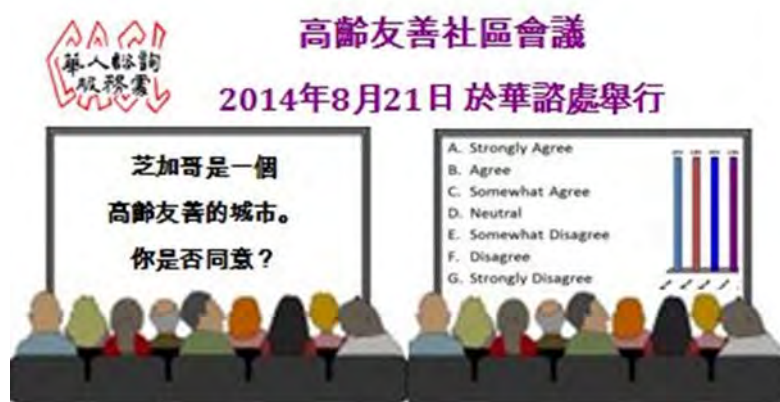


Table 2: Abridged survey questions for Chinese Town Hall by domains.

Age-Friendly Domain	Town Hall Question
Age-Friendliness	Is Chicago an age-friendly city?
Outdoor Spaces and Building	How do you rate the conditions for walking in your neighborhood? How do you rate the access to community buildings in your neighborhood? How do you rate the safety of your neighborhood?
Transportation	How do you rate the choices of transportation in your neighborhood? How do you rate the safety of transportation in your neighborhood?
Housing	How do you rate the choices of affordable housing in your neighborhood? How do you rate the choices of supportive housing in your neighborhood?
Community Support and Health Services	How do rate the choice of affordable health care options in your neighborhood?' 'How do you rate the choice of affordable trustworthy home maintenance services in your neighborhood?' 'How do you rate affordable trustworthy financial services and information in your neighborhood?'
Communication and Information	'How strongly do you agree or disagree with the statement 'I know where to find information about health care services and support?' 'Can you get information about services which support your health in a language and format you can easily understand? 'I know what to do in case of an environmental emergency'; 'I know what to do in case of health-related emergency?'
Social participation and	'There are social groups I can join in my neighborhood' 'I can take part in activities which help my physical and mental wellbeing'

engagement	'older adults in my neighborhood feel respected'
Civic participation and employment	'There are flexible job opportunities for older people in my neighborhood'; 'there are volunteer opportunities for older people in my neighborhood'.

The abridged town hall version of the survey included 21 questions, compared to a total of 62 in the community -wide survey. Question responses by both groups were merged to create overall aggregates. Because the questions mirrored the format of the online survey, it was possible to compare item level results and observe for difference.

PhotoVoice

Six older Chinese Americans volunteered to take part in a photovoice project to help us visualize age-friendliness. Participants attended two 60-minute information sessions hosted by CASL. In the first session, they were introduced to the Age-Friendly project and the results of the town hall. Having discussed how to take photos safely and ethically, participants were then invited to record their neighborhoods age-friendliness in pictures. The overall aim of the project was to offer a photographic answer to the question, 'what does age-friendliness look like?'



The project team processed the photographs and then the volunteers met again to select three photos and annotate the reasons for their selections. The sessions were conducted with simultaneous translation into Mandarin and Cantonese. Moviemaker was used to create a silent moving sequence with abridged information cards in English.

Key findings and results

The findings gathered from all of the outreach strategies described above provide insight into what Chinese American Chicagoans believe makes the city age (un)friendly. The following focuses on participant responses to the questions asked in the Chinese version of the survey, the town hall event, and topics highlighted by the photovoice project. Of particular note is the finding that limited English speakers appear to be less likely to know what to do in case of an environmental or health emergency compared with those who completed the English language version of the survey, and that many limited English speakers appeared unsure about the choices of affordable housing available to them. Satisfaction with the safety of their neighborhood was also low, a finding which is similar to that of the Chinatown Vision Plan.

Is Chicago Age Friendly?

Overall, participants at the town hall events responded that Chicago was age-friendly. They adjusted this rating upwards after taking part in the survey, suggesting that on reflection, there are many things about the city that older adults do find age-friendly.

Current age-friendly features

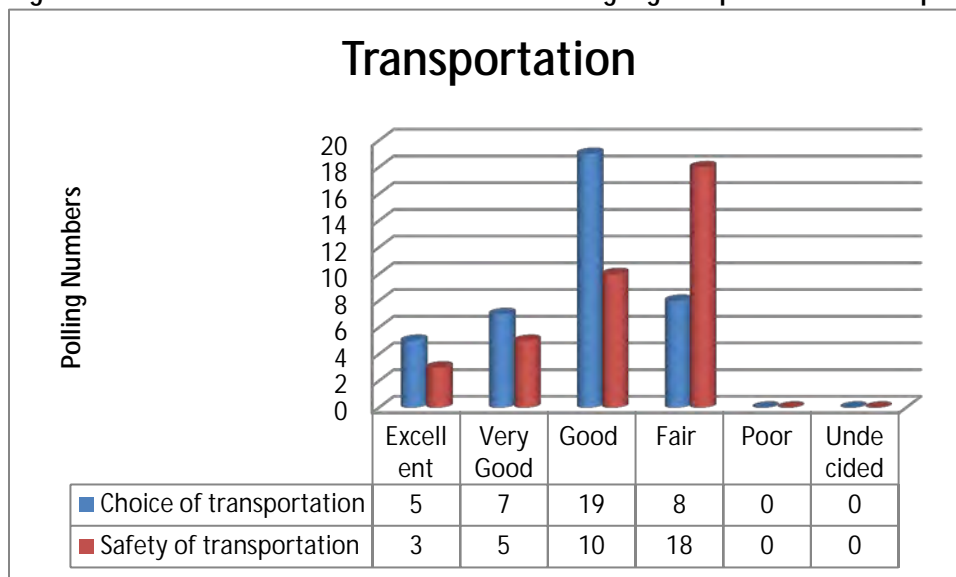
- Ninety-two percent agreed or strongly agreed that there were opportunities for social participation
- Sixty-seven percent of Mandarin speakers and 76% of Cantonese speakers agreed with the statement that they could get information about health services in a language and format they could easily understand.
- Sixty-four percent rated choices of transportation and safety of transportation excellent, very good, or good.

- Fifty-six percent agreed or strongly agreed that they knew what to do in case of environmental or health emergency. However, 20% were undecided and 9 % disagreed or strongly disagreed; the remainder either did not respond or responded that they did not understand the question. Polling suggests older adults were more knowledgeable about what to do in a health emergency than what to do in the case of environmental one.
- Fifty-nine percent rated access to outdoor spaces and buildings excellent, very good, or good.

Areas for improvement

- Fifty-eight percent were undecided, disagreed, or strongly disagreed that there were opportunities for civic engagement and employment for older adults.
- Forty-eight percent rated choices of affordable healthcare options, home maintenance, and financial services fair or poor. A particular note here is that 25% responded as undecided. This suggests that those being polled may have been unaware of these services or unsure of their relevance, or uncertain of the question.
- Ratings for safety of transportation were mixed (see figure 1). Forty-seven percent rated the safety of transportation as fair. Photovoice evidence suggests why this might be the case in Chinatown.
- Safety of the neighborhood was rated least favorably, with 51% of respondents rating this fair, poor, or undecided. This rating was in line with the top concerns identified by the CMAP study. Photovoice evidence suggests why this might be the case in Chinatown.
- Forty-nine percent rated choices of affordable housing fair or poor. Fifty percent were undecided about the choices of supportive housing. This suggests that those being polled may have been unaware of these services, unsure of their relevance, or uncertain of the question.

Figure 1: Combined Mandarin and Cantonese language responses for Transportation



What does Age-Friendliness look like?

Working with older adults as photographers, the photovoice project helped the project team visualize features that are precious to older adults living in their neighborhood, such as the Ping Tom Memorial Garden and Center, CASL, as well as better understand the reasons for some of the lower ratings given by town hall participants, such as those relating to transportation safety. Seven older adults took photos, and six attended the follow up session to select and discuss those photos. We present a selection of photos which also illustrate points made by other older adults across Chicago in the community-based survey. A full-size movie version of the complete project will be made available.

Summary of photos

Many older adults who participated in the Age-Friendly survey talked about the places where they went to meet friends and engage in physical and social activities. The photos to the left, for example, are of one photographer's visit to a Korean grocery for fresh food and vegetables.



Ping Tom Park was also popular for physical activity and the Ping Tom Center for swimming by all ages. Particular features photovoice participants liked included the free swimming lessons for older adults.

The concerns photographers registered included pedestrian safety, such as uneven sidewalks, no sidewalks, and difficulty crossing the road or driving to get to CASL. For example, the panel below illustrates one photographer's record of her concerns about going out. The photograph to the far right is of the pavement in Chinatown Square.

It is not flat and in winter becomes "like a skating rink." The photos to the near right are of Ping Tom Park. She and her friends used to go there to exercise until one day they had their videos and recorded music stolen.



Pedestrian safety was a recurring theme among all survey participants. Photovoice participants were also concerned about this. The photos on the left document pedestrian crossing lights obscured by trees and the multiple lanes the photographer has to cross to reach her pharmacy and grocery stores.

The photos on the right record another participant's daily journey to the Ping Tom Center to swim. The photographer was concerned that the cracked sidewalk outside her housing (detailed in the topmost photo) might lead to a fall since this has happened to friends. She explained that the roads approaching the center do not have sidewalks and many are busy with traffic. As the photograph on the right illustrates, the last road she has to cross to reach CASL has no pedestrian crossing.

Housing was a recurrent theme among photographers and survey respondents. The photographers were all living in CASL senior housing (see the photograph at the bottom left of the page). They were very aware that this was not an option available to all. Common to all their photovoice records was the central role that the resources near to their homes played in their lives and the importance of their access to them. These resources were enabling them to age in place. The photographers were concerned to illustrate things they saw as deterrents to their use of those resources, such as crime on



Appendix X: 14 Chicago Age Friendly Initiatives

These 14 initiatives build on the existing strengths and opportunities within the City of Chicago. Implementing any of these initiatives will help to support an Age-Friendly Chicago.

- 1) Corporate challenge: How many businesses in each neighborhood could become age friendly?
 - a. Apply online for age friendly decal
 - b. Display decal in the window
 - i. Allow older adults to use restrooms
 - ii. Keep outdoor walkway clear from ice and snow
 - iii. Maintain good lighting
 - iv. Always maintain courtesy and respect with your older clientele
 - v. Assure accessibility to all patrons (non-slip rugs, door and aisles wide enough for wheelchairs and motorized scooters, ramps where needed, if revolving door – signage to use door slowly: website for further info on making space accessible)
 - vi. Find resources for older adults at: (website)
- 2) Vertical villages
 - a. Enhance emergency preparedness
 - b. Socialization between neighbors
 - c. Opportunity for social participation & additional health & education programming.
- 3) Senior Ambassadors in the Police Departments (cross department initiative with Community Police)
 - a. Train older adult volunteers to be ambassadors to go into senior centers or other locations (libraries, villages, etc) and talk about safety of neighborhoods, what to do in extreme weather, cycling rules of the road, safety checklists for homes, etc.
- 4) Education and training for agency departments (fire fighters, transportation, police)
 - a. Train agency service providers on common issues they may work with older adults: dementia (what to do with someone who is wandering), neglect or abuse (financial, emotional), other common conditions in aging (difficulties with vision, hearing impairment, manifestation of medication mismanagement).
- 5) Design challenge:
 - a. Benches: Accept bench designs for accessibility & comfort for residents of all ages. Winners benches are created.
 - b. Intergenerational Murals – contest for painting murals around the city with intergenerational themes.
- 6) Respect campaign
 - a. Stand up for Seniors on buses
 - b. Check in on your older neighbors
- 7) Replicate forward Chicago and other village models in diverse communities across Chicago.
- 8) Create a caregiver-friendly city
 - a. Caregiver timebanks programs
 - b. Savvy caregiver program and powerful tools for caregivers available across Chicagoland at senior centers, Alzheimer's associations and other community organizations (train the trainer programs)
- 9) Invite high schoolers to senior centers and other locations for skills exchange & volunteer hours for students.
 - a. Kids teach seniors technology (how to skype to talk to grandchildren, send email, find recipes, etc)
 - b. Seniors help kids with homework, 1-on-1 history lessons, or friendly visiting. Kids could help seniors create life history portfolios.
 - c. Kids practice for solo & ensemble contests, musicals, etc., at senior homes and centers.
- 10) Improvements in Accessibility (cross-department initiative)
 - a. CTA maps to indicate elevator/lift access
 - b. Aim to make taxi cabs 100% wheelchair accessible – accessible dispatch

11) Cross department initiatives with CDPH

- a. Extend play streets to encourage participation of older adults (e.g. benches and chess boards)
- b. Encourage senior center involvement in the Million Hearts Challenge
- c. Extend CPR training to senior centers and encourage it as a caregiver program
- d. Partner services for newly diagnosed HIV program to extend to take full advantage of the increasing numbers of older adults living with HIV to partner them with newly diagnosed individuals.
- e. Expand the oral health plan to senior centers
- f. Home based interventions for healthy homes with CFD have already targeted older adults for fire safety education and installing fire detectors.

12) Silver Alert – Partnership with CFD – public notification system for missing persons with dementia (adapted from NY)

13) Innovative Senior Centers - Pilot innovative models in 3-5 senior centers across the city to re-invent the senior center (adapted from NY).

14) Create an up-to-date Age-Friendly website and quarterly newsletter compiling information on events, education, classes, cultural discounts, villages, etc., for all of Chicago.

Appendix XI: References

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Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 89: SOCIAL SERVICES

CHAPTER II: DEPARTMENT ON AGING

PART 240 COMMUNITY CARE PROGRAM

SECTION 240.1020 INTERIM SERVICES

Section 240.1020 Interim Services

Interim services are CCP services provided to participants age 60 and over on an interim basis, dependent upon the participant's presumptive eligibility and following prescreening of the participant.

- a) Presumptive eligibility shall be based upon the following criteria:
 - 1) A referral has been received from a participant age 60 or over, or from the participant's authorized representative, following prescreening.
 - 2) Notification has been received by the CCU from a hospital or from a participant/authorized representative or agency in the community that the participant is at imminent risk of nursing facility placement within 3 calendar days.
 - 3) The DON to determine need for long-term services and supports has been administered.
 - 4) The participant/authorized representative has provided declared information on all other CCP eligibility requirements.
 - 5) The participant/authorized representative has signed a Participant Agreement and Consent Form.
 - 6) After presumptive eligibility has been determined, the CCU shall notify the vendor within the next business day and services will start within 2 business days.
- b) When presumptive eligibility has been determined and interim services are approved in accordance with the person-centered plan of care, services shall be initiated by the vendor to the participant within 2 work days after the date of notification to the vendor of the participant's presumptive eligibility.
- c) A comprehensive assessment shall be administered in the residence of the participant by the CCU.

- 1) When the assessment is not conducted in the community, the CCU will make the follow-up home visit within 15 calendar days after the date of the participant's discharge.
 - 2) When the assessment is conducted in the community, the CCU will make the follow-up home visit within 30 calendar days after the date of the interim assessment.
 - 3) The formal determination of eligibility for CCP services shall be completed within 90 calendar days after the date of receipt of the referral.
- d) Interim services may continue up to a maximum of 90 calendar days after the date of referral, pending finalization of the formal determination of eligibility by the CCU. Services shall be denied at any time during the 90 calendar day interim service period:
- 1) if evidence of ineligibility, based upon any eligibility requirement, is determined;
 - 2) if the participant/authorized representative fails to cooperate in the determination of eligibility process;
 - 3) as specified in Section 240.660, in the event that a participant's eligibility cannot be determined due to the participant's/authorized representative's failure to provide accurate and verifiable documentation regarding eligibility within 90 calendar days after the date of receipt of the referral; or
 - 4) if a person-centered plan of care cannot be developed that adequately meets the participant's determined needs (see Section 240.920(n)).
- e) Notification of eligibility or ineligibility shall be provided in writing. If eligibility is denied, provision of interim services shall cease on the date of receipt by the vendor of the Participant Agreement – Person-Centered Plan of Care.

(Source: Amended at 42 Ill. Reg. 20653, effective January 1, 2019)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 89: SOCIAL SERVICES

CHAPTER II: DEPARTMENT ON AGING

PART 240 COMMUNITY CARE PROGRAM

SECTION 240.550 PERSON-CENTERED PLANNING PROCESS

Section 240.550 Person-Centered Planning Process

A person-centered plan of care will be developed in collaboration with the participant who is eligible for services using a person-centered planning process with the CCU.

- a) The person-centered planning process will ensure:
 - 1) the opportunity for the participant/authorized representative to lead and direct the planning process, whenever possible, and to select other persons to participate in decision-making;
 - 2) the scheduling of timely meetings that occur at times and locations convenient to the participant/authorized representative, preferably in the participant's place of residence to assess the participant's environment to ensure the development of a person-centered plan of care that considers the participant's safety;
 - 3) the provision of necessary information and support to enable the participant/authorized representative to make informed choices and decisions;
 - 4) the inclusion of strategies for solving disagreements within the planning process, including clear guidelines for conflicts of interest on the part of all who participate in decision-making;
 - 5) the protection of the rights of the participant/authorized representative to choose available services, supports and providers/vendors; and
 - 6) the sharing of contact information for the CCU/Care Coordinator so the participant/authorized representative can request a redetermination of eligibility, additional or new services, or other updates and changes to the person-centered plan of care.
- b) The CCU will provide all information and support in a culturally-sensitive manner to ensure that the participant/authorized representative is able to make informed

choices and decisions, including appropriate available options for limited English-proficient persons and/or those with a disability.

- c) The CCU will provide a copy of the final person-centered plan of care and any subsequent revisions to the participant/authorized representative and any other person identified as being responsible for monitoring or implementing the plan, including the providers/vendors.
- d) The CCU will monitor the participant to prevent unnecessary or inappropriate care.
- e) Review of the Person-Centered Plan of Care
 - 1) The CCU will review and revise a person-centered plan of care:
 - A) at least every 12 months following an assessment/reassessment of functional needs;
 - B) when a participant's personal circumstances or functional needs change significantly; and
 - C) at the request of a participant/authorized representative.
 - 2) The CCU will document its periodic review of the participant and any information that is collected under the measures being used to evaluate the effectiveness of the services and supports based on the described needs and related conditions of the participant.
 - 3) Revisions will be supported by a specific assessed functional need of the participant and a written justification included in the revised person-centered plan of care, indicating that the use of the previously identified adherence interventions and risk strategies were unsuccessful before changing services, supports and/or providers/vendors. Changes will be scaled as appropriate first using the least intrusive options.
 - 4) The CCU shall document that positive interventions and supports were used prior to any modification and that less intrusive methods were tried but were unsuccessful.

(Source: Added at 42 Ill. Reg. 20653, effective January 1, 2019)

From: miker@alltrustrhomecare.com <miker@alltrustrhomecare.com>

Sent: Friday, July 12, 2019 2:28 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: I Protest The Chicago Fair Workweek Ordinance

Michael Rohan

President

All Trust Home Care

930 York Road Ste. 150

Hinsdale, IL 60521

Mayor Lori E. Lightfoot

City Hall

121 N. LaSalle Street

Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/client often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/client sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulation to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Michael Rohan



*Mike Rohan
President/Owner
Office: 630-920-9999*

Two Office Locations to Serve You!

*Main Office: 930 N. York Road, Suite 150, Hinsdale, IL 60521
Office: 630-920-9999 Fax: 630-920-8453 After Business Hours/On Call: 630-920-8421*

*Branch Office: 1020 N. Milwaukee Avenue, Suite 135, Deerfield, IL 60015
Office: 847-947-8511 Fax: 847-947-8221 After Business Hours/On Call: 847-947-8776*

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From: Decent Work Seoul <[REDACTED]@gmail.com>

Sent: Friday, July 26, 2019 12:06 AM CDT

To: InvitationForTheMayor <InvitationForTheMayor@cityofchicago.org>; Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Invitation from Mayor of Seoul for the International Forum on Transforming Cities for Decent Work 2019

Attachment(s): "DWCFForum2019-Invitation.pdf", "DWCFForum2019&DWCN_Overview.pdf"

Dear Mayor Lori Lightfoot,

It is our great pleasure to invite you to participate in the *International Forum on Transforming Cities for Decent Work 2019* to be held in **Seoul, Korea** on **3-4 December 2019**.

With Director-General of International Labour Organization (ILO)'s visit to Seoul in 2017 to attend the first International Forum on Transforming Cities for Decent Work, the Seoul Metropolitan Government held the second forum with its primary focus on finding ways to resolve the inequality of work last year. Together with 15 cities including New York, Milan and Vienna, 17 labor-specialized institutions and academia around the world, we shared best practices of labor standards and policies and discussed the formation of the Decent Work Cities Network (DWCN), a collaborative body of city governments for the encouragement of concrete action plans for the creation of more and better jobs.

This year, we will be holding the third International Forum on Transforming Cities for Decent Work with official support from the ILO. The 2019 forum will focus on the topics of the ILO's Centennial report, *Work for a Brighter Future*. The official inaugural meeting of the DWCN will be held on the second day of the event.

We recently learned that the Chicago City Council unanimously approved the *Fair Workweek Ordinance* requiring large Chicago employers to give workers at least two weeks' advance notice of their schedules and compensate them for last-minute changes.

The ordinance, which covers eight industries ranging from restaurants to manufacturing, is the first in the United States to include health care employers in predictable scheduling legislation.

It would be an honor to have Mayor Lightfoot and learn about the City of Chicago's labor policies including the Fair Workweek Ordinance with other city governments.

The Seoul Metropolitan Government will cover the cost of a round trip ticket by the most direct route. We will also provide hotel accommodation, ground transportation and meals during the event as well.

Please find herewith the official invitation letter from Mayor Park Wonsoo and an overview of the event and the DWCN. Further information on the program and logistics will follow in due course.

Meanwhile, should you have any specific questions please do not hesitate to contact us at decentworkcityseoul@gmail.com.

We look forward to hearing from you and welcoming you to the event.

With best regards,

Cassie (Yeo-oul) Kim

Forum Coordinator

International Forum on Transforming Cities for Decent Work 2019 Secretariat

Seoul Metropolitan Government

Email [\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)

Address 110, Sejong-daero, Jung-gu, Seoul, 04524, REP. OF KOREA

International Forum on Transforming Cities for Decent Work 2019 and Inaugural Meeting of the DWCN

I

Forum Overview

- Theme : **Work for a Brighter Future (tentative)**
- Date : 3-4 December, 2019
- Venue : Multi-purpose Hall (8F), Seoul City Hall
- Organized by : Seoul Metropolitan Government (SMG)
- Supported by : International Labour Organization (ILO)
- Participation : 40-45 cities from the Americas, Asia-Pacific, Europe and Africa

II

Provisional Program

○ Structure

Session 1

Jobs of Tomorrow and Social Protection Increasing investment in people's (workers') capabilities

- Building of an effective lifelong learning ecosystem that enables workers to acquire skills and to *reskill* and *upskill*
- More decent work projects: devising policies for young people to enter the labor market and supporting the continuing economic activities of the older workers
- Providing universal social protection coverage in all forms of work, including self-employment

Session 2

**Investment in the Institutions of Work (1)
Pursuing decent wage and equal pay for equal work**

- Non-discrimination through equal pay for equal work
(Regular and non-regular workers, gender-based pay differences)
- Provision of an adequate living wage, ways to root out forced labor
that stem from working poverty and low wages
- Shortening working hours and expanding time sovereignty to achieve a
balance between work and personal life

Session 3

**Investment in the Institutions of Work (2)
Fundamental workers' rights, working hours, and protection
of safety and health at work**

- Enabling humane working conditions through the law enforcement on
harassment at work
- Protecting the worker against sickness, disease, and injury arising out of
his employment and fostering an industrial safety- and labor safety-city
- Fostering safe and healthy workplaces by improving customer perception
and through the protection policy for emotional laborers

Session 4

**Investment in the Institutions of Work (3)
Platform work and jobs of tomorrow**

- Solutions to the diversification in forms of employment: workers in the
gig economy and sharing economy, artificial intelligence, and automation
- Fair treatment of workers and the protection of workers' rights: labor laws
for platform workers and freelancers
- Improvement of working conditions by utilizing digital technology

City Governments Roundtable

- Discussion on the establishment of the Decent Work Cities Network
(DWCN) and its operational plan
- Discussion on cooperative measures in building a 'Decent Work City Model'
- Composition of executive council of the DWCN

○ Inaugural meeting of the DWCN on 4 December 2019

III

Establishment of the Decent Work Cities Network(DWCN)☐ **Role of the DWCN**

- Develop a 'Decent Work City Model' that meets the ILO's decent work standards
- Address improvement plans in a rapidly changing workplace through ongoing policy sharing among city governments
- Regularize the 'International Forum on Transforming Cities for Decent Work' and hold intensive seminars

☐ **Establishment and Operation of the DWCN Seoul Secretariat**

- **【Networking】** Support to discover new members and manage the partnership between the cities
- **【Joint Research】** Conduct a case analysis and research on labor market by city and a study on the development of labor model
- **【Academic Events】** Provide administrative and technical support for the operation and management of the forum and symposiums

IV

International Forum on Transforming Cities for Decent Work 2018

- **Date** : 11-12 December 2018
- **Venue** : Multi-purpose Hall (8F), Seoul City Hall
- **Theme** : Inequality of Work and Union City
 - Session 1) City Experiments for Decent Work
 - Session 2) Social Protection and Strengthening Labor Rights in Urban Contexts
 - Session 3) Seizing the Opportunity in Rapidly Changing Labor Market
 - Session 4) Future of Work and Decent Work City
 - Roundtable) The Role of Cities in Decent Work (Proposal for the DWCN)
- **Keynote Address** : David Weil (An economist and the dean and professor at the Heller School of Social Policy and Management at Brandeis University)
 - The Former U.S. Wage and Hour Administrator at the Department of Labor during the Obama administration
 - The author of *The Fissured Workplace*

○ Cities: **Total 15** (13 Int'l, 2 Domestic)

The Americas (3)	New York, LA, Honolulu
Europe (2)	Vienna, Milan
Africa (2)	Johannesburg, Chefchaouen
Asia and the Pacific (6)	Christchurch, Tauranga, Colombo, Jakarta, Taipei, Bangkok
Rep. of Korea (2)	Seoul, Gwangju

○ Institutions: **Total 18** (Public institutions, unions & academia)

Institutions/ Organizations (13)	International Labour Organization(ILO), Canadian Media Guild (CMG), German Trade Union Confederation(DGB), Perseu Abramo Foundation of the Workers Party(PT), Living Wage Foundation(LWF), South Africa National Minimum Wage Commission, Ministry of Employment and Labor(MOEL), Economic, Social & Labor Council(ESLC), Korea Labor Institute(KLI), Korea Labour & Society Institute(KLSI), Korea Labor Foundation(KLF), Korean Confederation of Trade Unions(KCTU) and Federation of Korean Trade Unions(FKTU)
Academia (5)	University of Witwatersrand(Wits Univ.), Seoul National University, Chung-Ang University, Cornell University, University of Manchester





July, 2019

Dear Mayor,

I am pleased to invite you to participate in the *International Forum on Transforming Cities for Decent Work 2019* that will be held on 3 to 4 December 2019, in Seoul, Republic of Korea.

The International Forum on Transforming Cities for Decent Work is a meaningful venue where city governments with leading labor policies around the world, international organizations and labor experts from various fields come together to share the values and philosophies of 'respect for labor' for citizens' happiness.

The Seoul Metropolitan Government hosted the first International Forum on Transforming Cities for Decent Work in 2017 with official support from the International Labour Organization (ILO). Together with the Director-General Guy Ryder and city governments delegations, we discussed the importance of the role of decent work in achieving sustainable development and the promotion of decent work and adopted the 'Seoul Declaration on Decent Work City' as per the outcomes of the event.

Last December, 15 cities including New York, Milan and Vienna and 17 labor-specialized institutions and academia participated in the second forum with the theme of *Inequality of Work and Union City*. We shared best practices of labor standards and policies and discussed the direction of the city government for all workers around the world. The highlight of the forum was the participating cities' willingness to be part of the Decent Work Cities Network (DWCN), a collaborative body of city governments for the encouragement of concrete action plans for the creation of more and better jobs.

This year, we will be holding the third forum on 3 to 4 December in Seoul. The 2019 forum will focus on the topics of the ILO's Centennial report, *Work for a Brighter Future*. The official inaugural meeting of the DWCN will be held on the second day of the event.

This will be a great opportunity for us to strengthen partnerships among city governments and elevate labor policy effectiveness and strategies through joint cooperation and solidarity.

We look forward to welcoming you to the event.

Sincerely,

Park Wonsoo
Mayor of Seoul

From: Michael Gonzalez <michael@homehelpershomecare.com>

Sent: Saturday, July 20, 2019 5:26 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Letter of Huge Concern

Michael Gonzalez

President

D.M. Enterprises Group, Inc. dba Home Helpers

1147 Beach Avenue

La Grange Park, IL 60526

Mayor Lori E. Lightfoot

City Hall 121 N. LaSalle Street Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, compliance with certain requirements of the Ordinance would be a violation of federal law for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Michael Gonzalez, Owner

Office: 630.515.1185 | Cell: [REDACTED]



Home Helpers of DuPage Suburbs
(630) 515-1185



From: Leslie Perkins <[REDACTED]@gmail.com>
Sent: Thursday, August 22, 2019 3:42 PM CDT
To: [REDACTED]@gmail.com <[REDACTED]@gmail.com>; Joanna Klonsky <joanna@joannaklonsky.com>; Letterforthemayor <Letterforthemayor@cityofchicago.org>
CC: John Arena <john@arenafor45.com>
Subject: Letter of Recommendation for John Arena

Mr. Classen:I'm writing today to strongly recommend John Arena be appointed to the position of Director of the Office of Labor Standards.

I first met John six and a half years ago when I interviewed to serve as an intern in his aldermanic office. I was able to parlay that role into a full-time position in his office as his Director of Communications and Outreach.

During my time in his office, I watched John work tirelessly in advocating on behalf of Chicago laborers and workers. He was instrumental in the drafting of many ordinances that improve employees' rights in the workplace, including the Anti-Wage Theft ordinance, the Paid Sick Leave Ordinance, and the establishment of the Office of Labor Standards. He also worked closely with his colleagues in the Chicago Progressive Reform Caucus in creating a first draft of the Fair Workweek Ordinance.

I wholeheartedly and enthusiastically encourage Mayor Lori Lightfoot and Commissioner Rosa Escareno to appoint John Arena as the Director of the Office of Labor Standards. This office will serve as a critical component in ensuring equity for Chicago's working families and education of compliancy for our local business owners.

Having worked closely with Ald. Arena in his office and at the beginnings of these movements, I have full confidence that his understanding of business processes, the dynamics of City Hall and his steadfast commitment to upholding the highest ethical and equitable standards will ensure the creation of the Office of Labor Standards will be successful. The office has been on the books since January 1, 2019. It is imperative that the work of the OLS begin immediately. And that work will be done most effectively with John Arena as Director. We respectfully urge Mayor Lightfoot to make this hire swiftly. Thank you for your kind consideration. Respectfully,

Leslie

Perkins

Chief of Staff

Alderwoman Hadden, 49th Ward

From: Lindsey LaPointe <[REDACTED]@yahoo.com>

Sent: Saturday, August 17, 2019 1:36 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>; joanna@joannaklonsky.com <joanna@joannaklonsky.com>; [REDACTED]@gmail.com <[REDACTED]@gmail.com>

CC: Arena For 45 <john@arenafor45.com>

Subject: Letter of support - Office of Labor Standards - Arena

Attachment(s): "LaPointe Arena support_OLS 2019.docx"

Mr. Maurice Classen
City Hall, City of Chicago
August 17, 2019

Dear Mr. Classen:

I am writing to strongly encourage Mayor Lightfoot and Commissioner Rosa Escareno to appoint John Arena as Director of the Office of Labor Standards. This important office is in dire need of a Director so it can get off the ground and begin the meaningful and critical work it was created to do.

Since 2012, I have worked closely with John Arena in the communities on the far northwest side of Chicago on numerous issues, including housing, ensuring access to human services, and civic engagement. He is an innovative and driven leader who is motivated not by politics, but by service to foundational values such as justice, fairness, and integrity. John is exactly the type of leader the City needs to build up and steer direction of the Office of Labor Standards.

As you know, the work that the Office of Labor Standards and its director perform will be critical to the successful rollout and continuing enforcement of the Fair Workweek Ordinance. This ordinance, which Mayor Lightfoot finalized and steered through passage by a unanimous City Council, is a product of years of negotiation with labor and business interests. John was a key part of those negotiations, and was able to advocate for and consider the needs of both workers and business owners. My constituents in the Illinois House's 19th District include low-wage workers who will benefit from scheduling predictability, and businesses and industries that must be able to rely on even-handed enforcement of the ordinance. John is the best person to serve all of my constituents and guarantee that the Office of Labor Standards becomes the robust and fair city department that Mayor Lightfoot intends it to be.

Please feel free to contact me if you have any questions or concerns. I appreciate your attention to this matter, and Mayor Lightfoot's determination to ensure that this crucial position is filled by someone with the experience and values necessary for success.

Best regards,

Lindsey LaPointe
State Representative, 19th House District
[REDACTED]@yahoo.com

Mr. Maurice Classen
City Hall, City of Chicago
August 17, 2019

Dear Mr. Classen:

I am writing to strongly encourage Mayor Lightfoot and Commissioner Rosa Escareno to appoint John Arena as Director of the Office of Labor Standards. This important office is in dire need of a Director so it can get off the ground and begin the meaningful and critical work it was created to do.

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Please feel free to contact me if you have any questions or concerns. I appreciate your attention to this matter, and Mayor Lightfoot's determination to ensure that this crucial position is filled by someone with the experience and values necessary for success.

Best regards,

Lindsey LaPointe,
State Representative, 19th House District
[REDACTED]@yahoo.com

From: Giebel, Matt G. <Matt.Giebel@ExpressPros.com>
Sent: Monday, July 22, 2019 11:37 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: No to Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

My staffing firm has around 400 temporary employees that affect the city of Chicago. I am writing to you regarding the Chicago Fair Workweek Ordinance. Below are some points on how this ordinance would negatively affect my business and the workers that rely on us:

- The ordinance would prohibit certain staffing firm clients from using temporary workers unless these clients first offer additional work to their existing employees.
- The ordinance thus would deny jobs to thousands of temporary and contract workers—most of whom work full-time workweeks. These workers would be denied both the opportunity to work and a “bridge” that often leads to permanent employment.
- To sacrifice the work opportunities for one group of workers, who generally work full-time workweeks, for the benefit of another group, some of whom may work part time, makes no sense and is detrimental to the Chicago economy and tax base.
- The following example illustrates the ordinance’s harm:
 - A hospital client’s employee calls in sick. The ordinance would require the client to ask potentially hundreds of employees whether they would want to work extra hours, thereby wasting valuable time, causing the sick worker’s duties to go unfulfilled, and potentially jeopardizing patient care.

Please do not to adopt this requirement. Thank you for your consideration.

Sincerely,
Matt Giebel

Matt Giebel | Owner
matt.giebel@expresspros.com



From: Eva Niewiadomski <Eva@catalystranch.com>
Sent: Friday, May 11, 2018 1:53 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Please don't support the Fair Workweek Ordinance

Hello,

As a business owner in the City of Chicago, I would like to ask you to please take action against the Fair Workweek Ordinance. I own and operate a business in the West Loop and employ 23 people, about a half and half mix of full-time and part-time employees. My business is a boutique conference center where companies hold offsite meetings. Many of our meetings get booked less than a week before. If I had to give all of our part-time staff schedules 14 days out, it would make my operating situation untenable. I literally would not be able to staff and support our meetings. I am already struggling with trying to be competitive on our pricing which requires us to be agile with our staffing given the huge amount of competitive options in the meeting business. This would be the final death knell and could bring me to close my business after 16 years. I think it's short-sided to impose rules that are focused on solving a specific issue onto everyone, without consideration that it could be detrimental to many small businesses which are the core of the local economy and which are not doing anything that is unfair to their employees. Don't we have enough problems retaining jobs in Chicago? Must we put the nail in the coffin for those of us who are struggling to stay profitable? Please do what is in your power to make sure this doesn't move forward. What else can I do as a business owner to ensure my voice is heard?

<https://www.ward1.org/wp-content/uploads/2017/06/FinalFairWorkweekOrdinance2017.pdf>

<http://www.chicagobusiness.com/article/20180511/OPINION/180519970?X-IgnoreUserAgent=1>

Sincerely yours,

Eva Niewiadomski

Ranch Czarina

Catalyst Ranch

656 W. Randolph St.

Chicago, IL 60661

(312) 207-1710

fax: (312) 207-1712

www.catalystranch.com

Direct line: (312) 579-4610

For every meeting you “book”, we donate a book to [Open Books](#).

From: mare@homecareangelsinc.com <mare@homecareangelsinc.com>

Sent: Tuesday, July 16, 2019 3:26 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: Proposed Chicago Fair Workweek Ordinance

Mary Ellen Klein

Bookkeeper

Home Care Angels LLC

2710 S. River Road,

Des Plaines, IL 60018

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed.

One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

Patients/client often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;

Patients/client sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;

Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.

Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.

Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulation to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing**

Licensing Act) from therequirements of the Ordinance.

Finally, shouldthe Ordinance move forward without an exemption for home care services, we mustpoint out that due to the unique nature of employee schedules in home careservices, **compliance with certain requirements of the Ordinance would be aviolation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is consideredProtected Health Information (PHI) under the Health Insurance Portability andAccountability Act of 1996 (HIPAA), therefore communication of this informationis restricted. Thank you for your time and consideration of our concerns.I look forward to partnering with you to ensure that Chicago’s seniors and mostvulnerable citizens continue to receive high-quality home care services.

Sincerely,

Mary Ellen Klein
Home Care Angels
2710 River Road
Suite 116
Des Plaines, IL 60016

From: Gaul, Benjamin <Benjamin.Gaul@btlaw.com>
Sent: Thursday, October 03, 2019 10:47 AM CDT
To: Mayor's Press Office <Mayor's.PressOffice@cityofchicago.org>
CC: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: RE: Chicago Fair Workweek Ordinance - signed

Hello,

Just following up on this request. Thank you.

Ben Gaul | Legal Researcher
Barnes & Thornburg LLP
41 S. High Street, Suite 3300, Columbus, OH 43215-6104
Direct: (614) 628-1411 | Fax: (614) 628-1433

From: Gaul, Benjamin
Sent: Monday, September 30, 2019 11:13 AM
To: 'press@cityofchicago.org' <press@cityofchicago.org>
Cc: 'letterforthemayor@cityofchicago.org' <letterforthemayor@cityofchicago.org>
Subject: Chicago Fair Workweek Ordinance - signed

Good morning,

I'm trying to determine if Mayor Lightfoot has signed *The Chicago Fair Workweek Ordinance*, which was [approved in July](#). If it hasn't been signed yet, is there a plan/date to sign?

Thank you.

Ben Gaul | Legal Researcher
Barnes & Thornburg LLP
41 S. High Street, Suite 3300, Columbus, OH 43215-6104
Direct: (614) 628-1411 | Fax: (614) 628-1433

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From: Andrew Fox <Andrew.Fox@cityofchicago.org>
Sent: Wednesday, April 01, 2020 7:26 PM CDT
To: Siegel, Kathryn E. <KSiegel@littler.com>; Letterforthemayor <Letterforthemayor@cityofchicago.org>
CC: Rosa Escareno <Rosa.Escareno@cityofchicago.org>; Ward10 <Ward10@cityofchicago.org>; Kim, Daniel <DKim@littler.com>
Subject: Re: Delayed Implementation of Fair Workweek Ordinance

Ms. Siegel,

Thank you. We acknowledge receipt.

While your law firms makes strenuous arguments weighted to favor the views of your clients, the employer class, you must imagine that we hear equally compelling stories describing the the plight of the low wage workers, the weak and vulnerable classes of employees who would benefit from the landmark worker protections covered in the Fair Workweek Ordinance.

Andy Fox

From: Siegel, Kathryn E. <KSiegel@littler.com>
Sent: Wednesday, April 1, 2020 5:12 PM
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Cc: Rosa Escareno <Rosa.Escareno@cityofchicago.org>; Andrew Fox <Andrew.Fox@cityofchicago.org>; Ward10 <Ward10@cityofchicago.org>; Johlie, Christopher <CJohlie@littler.com>; Kim, Daniel <DKim@littler.com>
Subject: RE: Delayed Implementation of Fair Workweek Ordinance

Dear Mayor Lightfoot,

Please see the attached correspondence, renewing our request for delay in the implementation of the Fair Workweek Ordinance given current circumstances.

Kathryn Siegel

Attorney at Law
312.795.3237 direct, [REDACTED] mobile
KSiegel@littler.com

Preferred Pronouns: She/Her



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Labor & Employment Law Solutions | Local Everywhere
321 North Clark Street, Suite 1000, Chicago, IL 60654

From: Siegel, Kathryn E.
Sent: Monday, March 16, 2020 1:56 PM
To: 'Letterforthemayor@cityofchicago.org' <Letterforthemayor@cityofchicago.org>
Cc: 'Rosa.escareno@cityofchicago.org' <Rosa.escareno@cityofchicago.org>; 'Andrew Fox' <Andrew.Fox@cityofchicago.org>; 'Ward10@cityofchicago.org' <Ward10@cityofchicago.org>; Johlie, Christopher <CJohlie@littler.com>; Kim, Daniel <DKim@littler.com>
Subject: Delayed Implementation of Fair Workweek Ordinance

Dear Mayor Lightfoot,

My name is Kathryn Siegel, and I am a shareholder with Littler Mendelson P.C.'s Chicago office. I represent a number of employers in the hospitality and health care industries who are concerned about the implementation of the Chicago Fair Workweek Ordinance in light of the COVID-19 emergency. Attached is a letter outlining our concerns and a proposal to delay implementation of the Ordinance until after the emergency passes and our clients are able to resume normal business operations.

My clients and I appreciate all the City is doing to combat the outbreak, and we look forward to hearing from you soon.

Sincerely,

Kathryn Siegel

Attorney at Law
312.795.3237 direct, [REDACTED] mobile
KSiegel@littler.com

Preferred Pronouns: She/Her



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From: Ludlow, Priscilla <pludlow@nahospital.org>
Sent: Wednesday, October 02, 2019 9:44 AM CDT
To: Danielle Marburgh <Danielle.Marburgh@cityofchicago.org>
CC: letterforthemayor@cityofchicago.org <letterforthemayor@cityofchicago.org>
Subject: Re: Invitation to Accept the Community Champion Award at Norwegian's Board Retreat Luncheon Scheduled on Saturday, October 26, 2019

Good morning Danielle,

On behalf of the Board of Directors of Norwegian American Hospital, I wanted to follow-up on our correspondence to Mayor Lightfoot. As detailed below, Mayor Lightfoot has been selected to receive the Community Champion Award at our Annual Board Retreat Luncheon on Saturday, October 26 and we would like to confirm her attendance.

Can you kindly point me in the right direction to determine whether Mayor Lightfoot has accepted our invitation? Any guidance you can provide, would be greatly appreciated.

Many thanks in advance and we look forward to hearing from you soon.

Best regards,

Priscilla L. Ludlow
Manager, Executive Office Support
Norwegian American Hospital
1044 N Francisco Avenue, Chicago, IL 60622
Office: 773-292-8831 | Fax: 773-278-3531
pludlow@nahospital.org | <http://www.nahospital.org>

From: Sanchez (CEO), Jose R.
Sent: Wednesday, August 28, 2019 12:37 PM
To: 'letterforthemayor@cityofchicago.org'
Subject: Community Champion Award

Honorable Mayor Lightfoot,

I am pleased to inform you that the Board of Directors of Norwegian American Hospital has selected you to receive the Community Champion Award at our Annual Board Retreat Luncheon on Saturday, October 26.

Your commitment to social justice, the City of Chicago and its citizens is to be commended. You have been a champion and advocate for safety net hospitals and the safety net constituency group during a time of significant socio-economic challenges, which has been very impactful. It goes without saying that your recent involvement to delay implementation of the Fair Work Week Ordinance for safety nets was unprecedented.

It would be an honor and great privilege to recognize your leadership on behalf of all safety net hospitals, particularly Norwegian American Hospital, at this Retreat. The Luncheon will take place at noon at the University Club of Chicago. We sincerely hope that you will accept our invitation and look forward to a positive response.

If you have any questions or require further information at this time, please do not hesitate to contact me. I look forward to hearing from you soon.

Respectfully,

José R. Sánchez
Administration | President and CEO
Norwegian American Hospital
1044 N. Francisco Avenue, Chicago, IL 60622
Phone 773-292-8204 | Fax 773-278-3531
jrsanchez@nahospital.org | <http://www.nahospital.org>
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From: Monica Katsigazi <[REDACTED]@gmail.com>
Sent: Friday, July 12, 2019 10:29 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Re: WORKFORCE DEVELOPMENT

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
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- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Monica T. Katsigazi
Administrator
Citizens Bright Ideas Home Care
1333 Burr Ridge Pkwy, Ste 200

Burr Ridge, IL 60527

www.cbihomecare.com

A member of [Home Care Association of America](#)

Phone: 630 802 0667

Fax: 630 756 3292

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From: Larry Jensen <ljensen@helppathome.com>
Sent: Monday, July 15, 2019 2:12 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Record #02019-3928

Larry Jensen
Regional Vice President
Help At Home, LLC
1 N State Street
Suite 800
Chicago, IL 60602

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

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Sincerely,

Larry Jensen

Larry J. Jensen
Regional, Vice President
Help at Home, Inc. and
Oxford Healthcare
1 N. State St. Ste #800
Chicago, IL. 60602
Phone: (312) 795-4683 Direct Line
Fax: (312)704-1126 Direct Fax

<http://www.helpathome.com>

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From: Mary Gale <MGale@elicheesecake.com>
Sent: Monday, June 10, 2019 12:47 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Restrictive Scheduling Ordinance
Attachment(s): "Mayor Lightfoot Jun 2019.docx"

On behalf of Marc Schulman, President of Eli's Cheesecake, please see the attached letter to Mayor Lightfoot regarding the Restrictive Scheduling Ordinance. If you have any difficulty opening the attachment, please do not hesitate to let me know.



June 9, 2019

Honorable Lori Lightfoot
Mayor
City of Chicago
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot:

Eli's Cheesecake is a very proud Chicago made Company with roots dating back to 1940 when my Dad and our Founder, Eli M. Schulman, opened his first restaurant on Chicago's West Side. We have always been committed to Chicago. In the late 70s, my father decided cheesecake would be the signature dessert at his legendary steakhouse, Eli's The Place for Steak. In 1980, at the first Taste of Chicago, the now famous dessert made its public debut outside the restaurant.

We are very concerned about the impact that the Restrictive Scheduling Ordinance has on our ability to operate our business. Contractually, we have to be able to turn around orders within five days which means our schedules are not set until a few days before. Also, we have many national accounts whereby we compete with companies in other states and around the world where service levels and timing to respond to orders are critical. Without scheduling flexibility, we are at risk of losing that business to other companies. Our success in business has been the ability to respond within days with our permanent workforce that can flex as required. In a world where we are asked to respond in five days or less, a two week requirement could literally put us, not only in a non-competitive position, but out of business.

We believe that our people are critical to the success of our business and that is why we don't hire temporary workers and why our average tenure of employment is over 12 years. To maintain our business and to continue to grow in Chicago, we have to remain flexible to adjust schedules, while at the same time maintaining a dedicated staff with outstanding benefits and opportunities for growth.

Today, 39 years later, Eli's Cheesecake has become one of the country's largest specialty cheesecake and dessert bakeries, all made on Chicago's northwest side in the Dunning Neighborhood. We are very proud of our people...we hire refugees and people with disabilities and we do not hire temporary workers. Since we opened our first bakery in Chicago in 1984, our employment has grown from a dozen to over 220 associates. We have a long partnership with our neighbor, Wright College, and currently offer an onsite ESL Program for 23 Associates through Wright.

Eli's is also a long time partner with the Chicago High School for Agricultural Sciences, and I have co-chaired the school's Business Advisory Board for 15 years, giving scholarships to the College of Agriculture, Consumer & Environmental Sciences and other Universities in the name of my Dad, Robert Hatoff of Allen Brothers Meats and Aaron Easter, the late son of retired University of Illinois President, Robert Easter. For Eli's work with the Agricultural High School and Wright College, we were named the 2018 National Champion for Career & Technical Education by the Association for CTE.

Named a Chicago food icon, we are thrilled to have been a part of so many of the City's big moments, creating giant cakes for many important events. We were especially honored to be included in your Inaugural Celebration this year. Other Big Cakes include Chicago's 150th Birthday Cake, Inaugural Cheesecakes for both of President Obama and Clinton's Inaugurals in Washington DC, the 50th Birthday cakes for President Obama and Hillary Clinton, the State of Illinois' Bicentennial Birthday Cake, and the 100th Birthday Cake for the National Restaurant Show. We are very proud to be a symbol of Chicago, and appreciate all the support that the City has provided us over the years.

We have grown in Chicago from a dessert at my Dad's restaurant to one of the best known specialty cheesecake and dessert bakeries in the country. We are proud to be Chicago made and want to continue to expand on Chicago's Northwest side. As you work with the City Council on this Ordinance, we hope that you find a way to allow us to continue to grow in Chicago—a company that is committed to the community, to our people and the City.

We would request that the Ordinance be modified to either exempt manufacturers or allow overtime to companies that offer full time employment on an annualized basis.

I would be happy to meet with you or members of your staff to review ways to make the Ordinance work better for companies like ours so we can continue to grow in the City we love.

Sincerely,

Marc S. Schulman
President

The Eli's Cheesecake Company
6701 W. Forest Preserve Drive
Chicago, IL 60634
Office—773-308-7037
Mobile—[REDACTED]

From: Brian Davis <brian@Homehelpershomecare.com>
Sent: Tuesday, July 16, 2019 1:38 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Serious concerns with the Chicago Fair Workweek Ordinance

The Honorable Mayor Lori E. Lightfoot
City of Chicago
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

Congratulations on your election! We wish you much success.

As a private duty home care provider serving clients in Chicago **I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed.**

One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, **care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.**

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Sincerely,



Brian P. Davis
Owner, Home Helpers Home Care

123 E. Ogden Avenue, Suite 102A
Hinsdale, IL 60521



Making *Life Easier*®



Brian P. Davis
Owner

p. 630.323.7231 | f. 630.323.7241

w. www.HomeHelpersHomeCare.com/Hinsdale

a. 123 E. Ogden Ave, Ste 102A | Hinsdale, IL, 60521



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From: Slava O <[REDACTED]@ymail.com>
Sent: Thursday, October 17, 2019 9:36 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: Teacher's Strike

Dear Ms. Lightfoot:

I am writing to you as a supporter. Not only did I vote for you twice this year, but I also donated a small amount of money to your campaign and I volunteered 10 hours doing literature drops in Rogers Park. I'm very proud of a number of things you have accomplished so far, including your support of immigrants, lowering fines and fair scheduling. I also know Chicago is facing a huge deficit that the last mayor ran away from, and you're stuck with it. I have no idea how you will fix it, but I know you've already shaved \$200 million off and that is wonderful.

I am also writing to urge you to make more concessions to the Teachers' Union. I ask you to please find the money somewhere else. There must be a way to make it work.

Until third grade I went to Clinton in West Rogers Park. Then my family moved to the suburbs. I was immediately behind because I did not know how to multiply with two digits. I was able to catch up though with the help of my parents, and believe it or not, I ended up graduating 10th in my high school (Maine East). If I had waited any longer, maybe even one year, there is absolutely no way I would have been as successful. Every single year counts and the difference between Chicago schools and the suburban schools is massive. Please give these students a chance. If more money is needed and more counselors and nurses, please give it to them. It will be money well spent for the future of Chicago.

Best,
Slava Osowska
[REDACTED] Chicago, IL 60626

From: Sue Oja <soja@parkercromwell.com>
Sent: Thursday, July 11, 2019 4:11 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: The Chicago Fair Workweek Ordinance

Parker Cromwell HealthCare Associates
Susan M Oja, President
6432 Joliet Road
Countryside, IL 60525

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

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Sincerely,

Susan M. Oja

Phone/708-352-4663 Fax/708-352-8355

www.parkercromwell.com www.homeandhearthcare.com

**** WE HAVE MOVED. OUR NEW ADDRESS IS 6432 JOLIET ROAD, SUITE C, COUNTRYSIDE, IL 60525. ****



Parker Cromwell & Associates

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From: juliecarnegiereams@comfortkeepers.com <juliecarnegiereams@comfortkeepers.com>

Sent: Friday, July 12, 2019 3:17 PM CDT

To: Letterforthemayor <Letterforthemayor@cityofchicago.org>

Subject: The Chicago Fair Workweek Ordinance

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

As a home care provider in Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is focused on making it easier for senior citizens, the disabled, and those recovering from illness or injury to be cared for at home. Nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients my colleagues and I serve as well as our employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers who would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

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Sincerely,

Julie Carnegie Reams
President

Comfort Keepers of Central Illinois

3829 N. Sheridan Rd. Peoria, IL 61614
(309) 685-7777

#3 Lawrence Square
Springfield, IL 62704
(217)744-2226



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From: Michael Berliant <michaelb@gentlehomecare.com>
Sent: Monday, July 15, 2019 11:36 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: The Chicago Fair Workweek Ordinance

Mayor Lori E. Lightfoot
City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mayor Lightfoot,

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While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Michael Berliant

Michael Berliant

From: Steve <steve@homecareangelsinc.com>
Sent: Tuesday, July 16, 2019 1:55 PM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
Subject: URGENT Concerns - Chicago Fair Workweek Ordinance

Dear Mayor Lightfoot,

As a home care agency that provides care for clients in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed.

One major benefit of in-home care is that it is client-centered and client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, in-home care saves billions of health care dollars across the country by lowering hospital re-admissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intended, I have serious concerns about its impact on the clients I serve as well as my employees. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the client and his/her family with necessary supplies and resources;
- Clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to client death;
- Currently, when the client must cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, client name and location (client's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

While I take responsibility for scheduling my employees, changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, I would be constrained by regulations that do not consider the individualized needs of our clients and caregivers.

If in-home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for in-home care services, we must point out that due to the unique nature of employee schedules in in-home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Steve Minogue
Operation Manager
2720 River Road
Des Plaines, IL 60018
Office: 847-824-5221
<http://homecareangelsinc.com/>



IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

From: Stephanie Drolett <stephanie@rightathomechicago.com>
Sent: Wednesday, July 17, 2019 10:10 AM CDT
To: Letterforthemayor <Letterforthemayor@cityofchicago.org>
CC: Ward10 <Ward10@cityofchicago.org>
Subject: Workweek Ordinance negatively impacts our seniors

Dear Mayor Lightfoot,

As a home care provider in Chicago, Illinois, I am writing to share my concerns with the Chicago Fair Workweek Ordinance ("Ordinance") (Record # O2019-3928) as proposed. One major benefit of home care is that it is patient/client-centered and patient/client-driven. Because of this, nine out of ten seniors prefer to remain in their homes and receive these services in order to maintain their health, dignity and independence. In addition, care at home saves billions of health care dollars across the country by lowering hospital readmissions, preventing falls in the home and decreasing reliance on higher-cost institutional settings.

While the Ordinance is certainly well-intentioned, I have serious concerns about its impact on the clients I serve. Our clients typically suffer from multiple chronic health conditions that require flexibility in care provision to meet their unique needs. Home care providers like myself that would be subject to this Ordinance routinely face schedule changes, based on the changing condition and needs of seniors and individuals with disabilities:

- Patients/clients often are admitted for home care services with less than 24 hours' notice, with home care staff quickly deployed to conduct an initial visit, provide care and equip the patient/client and his/her family with necessary supplies and resources;
- Patients/clients sometimes cancel scheduled home care services with little to no advance notice for reasons such as an unexpected appointment with a physician, admittance to a hospital or nursing home and sometimes even due to patient/client death;
- Currently, when the patient/client has to cancel due to injury or an unexpected appointment, home care staff has the flexibility to rearrange his/her visits for the day/week and even pick up new visits. This will not be the case if the ordinance is enacted.
- Home care staff, due to unforeseen events in their private lives (e.g. illness, sick child, etc.) sometimes cancel a shift with little advance notice. The needs of the patients/clients, however, remain and other provider staff must be offered assignments at a moment's notice.
- Home care staff's schedules include date, time, patient name and location (patient's home address), complying with the posting and electronic dissemination provisions of the ordinance could be a direct violation of HIPAA.

Changes in the schedule are fueled by the ever-changing needs of our clients. Accordingly, these proposed regulations place constraints that do not consider the individualized needs of our clients and caregivers. **If home care providers are subject to this Ordinance, there is a serious risk of delays in care or altogether missed care appointments. The costs associated with compliance of this proposed Ordinance could make providing home care much less affordable for seniors and other populations and their families, many of whom live on a fixed income.**

Further, other localities that have passed similar legislation (e.g. San Francisco, Seattle, New York City) have appropriately narrowed the applicability of the regulations to the specific industries of food service, retail and hospitality, where patient/client health and well-being is not at risk. **I ask that you consider amending the Ordinance to apply only to these targeted industries or at the very least, provide an exemption for home care (those entities licensed under the Home Health, Home Services and Home Nursing Licensing Act) from the requirements of the Ordinance.**

Finally, should the Ordinance move forward without an exemption for home care services, we must point out that due to the unique nature of employee schedules in home care services, **compliance with certain requirements of the Ordinance would be a violation of federal law** for providers like me. Our schedules include the name and address of the client receiving in-home services which is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), therefore communication of this information is restricted. Thank you for your time and consideration of our concerns. I look forward to partnering with you to ensure that Chicago's seniors and most vulnerable citizens continue to receive high-quality home care services.

Sincerely,

Stephanie Drolett, RN
Director of Nursing
Right at Home of North Shore/Chicago Metro

□

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