MCS

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Lake County, Ohio Senior Citizens: Today, Tomorrow and in the Future

Appendices

October 16, 2015

Appendix A-1
Technical Notes - Population Projections

Population Projections for the Lake County Senior Services Needs Assessment/Gap Analysis

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Purpose

In order to make resource allocation decisions the Lake County Senior Citizens Advisory Panel requires data concerning the likely future changes in the number of persons in need of services for the elderly in Lake County, Ohio and each of its 23 cities, villages, and townships. Planning for these changes for the relative short and longer term is needed, requiring projections for the next 5, 10, and 15 years. For this purpose, the older population primarily consists of persons age 60 and older. Needs of the very old, those age 85 and older, may differ to some degree from those of the younger population. Therefore projections for the 60 and older population, as well as those 85 and older, are provided in five year increments out to the year 2030.

Methodology

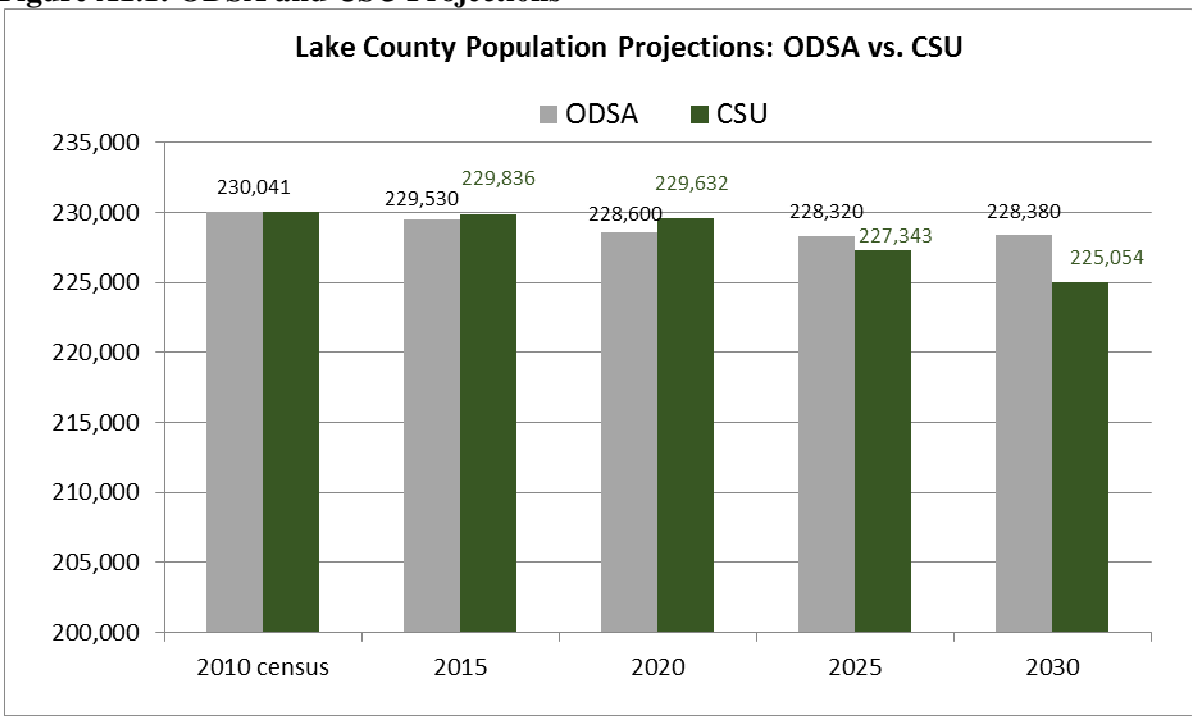
A modified and simplified cohort component model was used. A cohort component model takes into account births, deaths and net migration expected to occur over the projection period. The research office of the Ohio Development Services Agency (ODSA) provides projections for 5-year age cohorts by county in Ohio.[1] However, we developed our own projections in order to include projections for each city, village, and township (referred to here as minor civil division places, or MCDPlaces) in the county. Though births do not affect projected population changes among the older population for the next 15 years, we include them in the methodology in order to develop a total county population projection to compare with the ODSA county-level population projections.

[1] See http://development.ohio.gov/reports/reports_pop_proj_map.htm.

For each 5-year projection, a cohort component model ages population from each 5-year age cohort to the next 5-year age interval, subtracts expected deaths (based on historical data and assumptions about trends), and adds (or subtracts) expected net migration (again, based on historical data and assumptions about trends).[2] Our model used the net change in population in each MCDPlace by age cohort from the 2000 census to the 2010 census to reflect the combined effects of mortality and migration by age. We assumed that those rates would apply to each 5-year projection. To project population change from 2010 to 2020 and from 2020 to 2030 the 5-year population cohorts were combined to 10-year age cohort populations. Projections for 2015 and 2025 projections are interpolated between the 10-year projections for 2020 and 2030, respectively.

Projections by MCDPlace were summed to get a county-level set of 5-year age cohort projections. Figure A1.1 shows the ODSA and CSU projections.

Figure A1.1: ODSA and CSU Projections



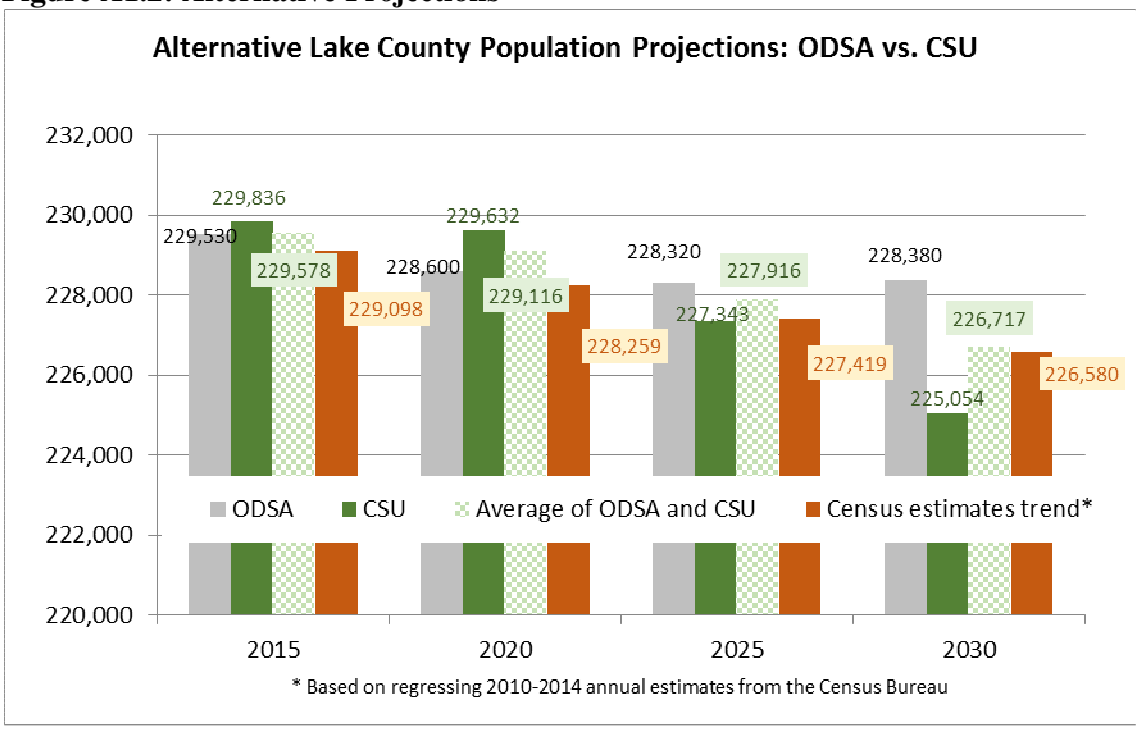
The CSU projection is slightly higher (by 0.5%) than the ODSA projection for 2020 (and thus also for 2015), while the CSU projection is lower (by 1.5%) than the ODSA projection for 2030 (and 2025).

[2] The under-5 age cohort is projected using birth rate assumptions and the number of females in child-bearing ages. However, in our study, we simply apply the proportional change in the under 5 population for the 2000 to 2010 period to each subsequent 5-year period.

Projections are based on assumptions. What will actually happen may be close or far from what is projected from past trends and assumptions about future trends. Alternatives are difficult to judge as to which is more valid when data and assumptions are apparently equal in validity. One approach to making decisions about such alternative projections is to average them. Figure A1.2 shows the ODSA, CSU, and averaged projections. It also shows a projection simply based on trending (with a linear regression model) the 2010 to 2014 population estimates for the county produced by the Census Bureau.

The average of the ODSA and CSU projects avoids the possibly high projections of ODSA and the lower projections of both the CSU model and the trend based on the 2010-2014 Census Bureau estimates. This averaging approach was adopted for the MCDPlace level projections of 5-year age cohorts.

Figure A1.2: Alternative Projections



Results

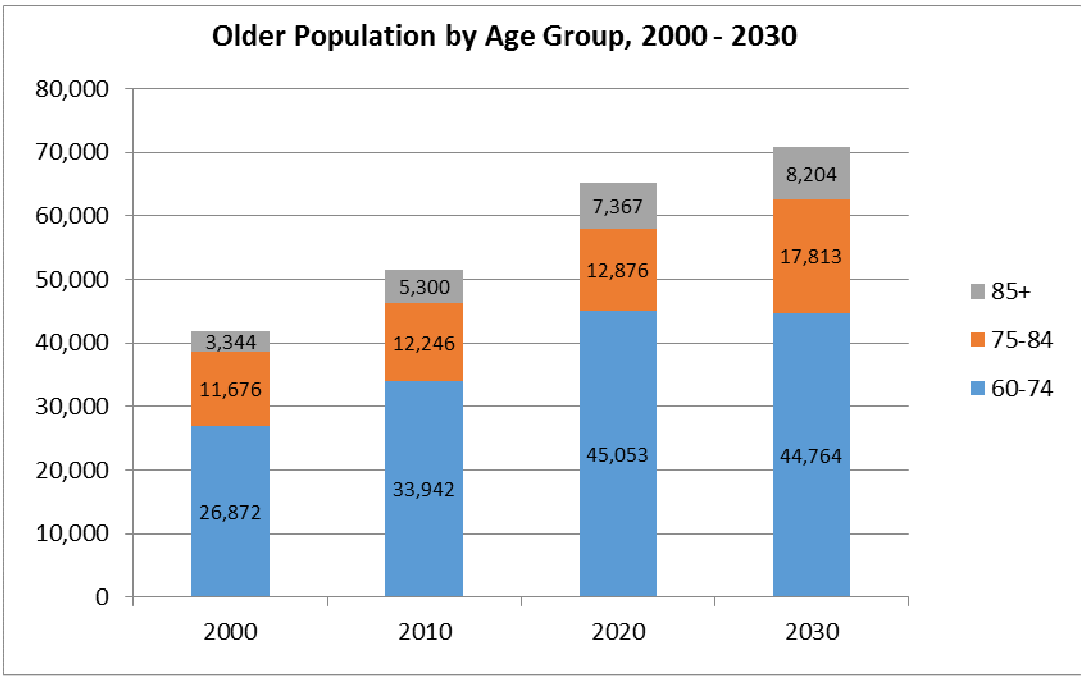
Based on the averaged ODSA and CSU population projections, results are presented for the county and the individual MCDPlaces.

<u>County</u>

Table A1.1 provides the alternative projections by age cohort for the county. Figure A1.3 shows the 2000 and 2010 census data and the projected population for the older age groups.

Over all, the over 60 population is expected to grow by almost 20,000 (19,293) persons (37.5%) between 2010 and 2030. The 60-74 age group, which includes most of the post WWII "baby boom" population will grow the most, by 10,822 persons, or 31.9 percent. But the fastest rates of growth are the 75-84 and 85 and older age cohorts, at 45.5 and 54.8 percentages, respectively.

Figure A1.3: Population for the Older Age Groups: Census 2000 and 2010, Projected 2020 and 2030



MCDPlace

To adjust the age cohort projection at the MCDPlace level, the ratio of the averaged ODSA/CSU to CSU projections for each cohort was applied to age cohorts for each MCDPlace. Table A1.2 shows these projections summed for age cohorts of the older population – 60 and over. Table A1.3 provides the adjustment factors. Table A1.4 provides the projections by age and MCDPlace. Maps 1-4 show population projections – change in number and percent change - for persons 60 and older and 85 and older.

Conclusion

The reader is again cautioned that projections, especially when breaking them down to the city, village, and township geography and by specifically detailed age cohorts, are subject to error when actual population changes take place over the projection period. Projections are based solely on recent trends and assumptions about how those trends may change into the future.

In this case we combine the CSU methodology results with those of the ODSA, which were found to be generally consistent at the county level and also consistent with a straight line trend of recent population estimates by the Census Bureau.

These methods do not account for significant changes in the county's or region's economic development, housing construction patterns, new housing for the older population, government

policy changes that might affect population or resource distributions, or any other unforeseen natural or man-made changes to the natural or human landscapes.

Table A1.1: ODSA, CSU, and Averaged Lake County Population Projections by Age Cohort

	Census	ODSA				CSU				Average			
AGE COHORTS	2010	2015	2020	2025	2030	2015	2020	2025	2030	2015	2020	2025	2030
0-4	12,611	11,490	11,640	12,820	14,130	12,260	11,908	11,809	11,711	11,875	11,774	12,315	12,920
5-9	14,021	12,270	10,620	11,130	11,740	12,947	11,872	11,721	11,570	12,608	11,246	11,426	11,655
10-14	14,984	14,530	11,410	11,390	10,060	14,314	13,643	13,309	12,975	14,422	12,527	12,349	11,517
15-19	14,654	16,850	15,640	14,050	12,700	14,085	13,516	12,584	11,651	15,468	14,578	13,317	12,176
20-24	11,949	14,870	20,120	15,990	18,160	11,666	11,382	11,085	10,788	13,268	15,751	13,538	14,474
25-29	12,876	10,960	15,910	18,720	17,350	13,002	13,127	12,726	12,326	11,981	14,519	15,723	14,838
30-34	12,940	12,640	9,590	15,590	16,990	13,272	13,605	13,323	13,040	12,956	11,597	14,456	15,015
35-39	13,836	12,780	11,990	9,420	14,770	13,676	13,516	13,638	13,759	13,228	12,753	11,529	14,264
40-44	15,993	13,670	12,430	11,810	9,040	14,489	12,984	13,357	13,730	14,079	12,707	12,584	11,385
45-49	18,212	15,730	13,390	12,160	11,510	15,979	13,747	13,612	13,477	15,855	13,568	12,886	12,493
50-54	19,517	17,830	15,140	13,120	11,590	17,627	15,737	14,282	12,827	17,728	15,438	13,701	12,209
55-59	16,960	19,100	17,330	14,900	12,750	17,181	17,401	15,309	13,218	18,140	17,366	15,105	12,984
60-64	14,523	16,270	18,470	16,670	14,520	16,214	17,905	16,203	14,501	16,242	18,188	16,437	14,511
65-69	11,180	13,280	15,170	16,860	15,590	13,082	14,985	15,191	15,397	13,181	15,077	16,025	15,493
70-74	8,239	9,410	11,330	12,740	14,380	10,242	12,245	13,693	15,141	9,826	11,788	13,217	14,760
75-79	6,708	6,490	7,160	8,860	9,700	7,720	8,731	10,237	11,742	7,105	7,946	9,548	10,721
80-84	5,538	5,130	4,350	5,520	5,920	5,524	5,511	6,887	8,263	5,327	4,930	6,204	7,092
85+	5,300	6,230	6,920	6,560	7,470	6,557	7,815	8,377	8,939	6,394	7,367	7,468	8,204
TOTAL	230,041	229,530	228,600	228,320	228,380	229,836	229,632	227,343	225,054	229,683	229,121	227,826	226,712

Table A1.2: ODSA, CSU, and Averaged Lake County Population Projections by Age Cohort, 60 and Older Cohorts

AGE COHORTS	Census	ODSA				CSU				Average			
60-64	14,523	16,270	18,470	16,670	14,520	16,214	17,905	16,203	14,501	16,242	18,188	16,437	14,511
65-69	11,180	13,280	15,170	16,860	15,590	13,082	14,985	15,191	15,397	13,181	15,077	16,025	15,493
70-74	8,239	9,410	11,330	12,740	14,380	10,242	12,245	13,693	15,141	9,826	11,788	13,217	14,760
75-79	6,708	6,490	7,160	8,860	9,700	7,720	8,731	10,237	11,742	7,105	7,946	9,548	10,721
80-84	5,538	5,130	4,350	5,520	5,920	5,524	5,511	6,887	8,263	5,327	4,930	6,204	7,092
85+	5,300	6,230	6,920	6,560	7,470	6,557	7,815	8,377	8,939	6,394	7,367	7,468	8,204
60+	51,488	56,810	63,400	67,210	67,580	59,340	67,192	70,587	73,983	58,075	65,296	68,899	70,781

Table A1.3: Age Cohort Adjustment Factors

AGE COHORTS	Age Cohort Adjustment Factor			
	2015	2020	2025	2030
0-4	0.9686	0.9887	1.0428	1.1033
5-9	0.9739	0.9473	0.9748	1.0074
10-14	1.0076	0.9182	0.9279	0.8877
15-19	1.0981	1.0786	1.0583	1.0450
20-24	1.1373	1.3838	1.2212	1.3417
25-29	0.9215	1.1060	1.2355	1.2038
30-34	0.9762	0.8524	1.0851	1.1514
35-39	0.9672	0.9435	0.8454	1.0367
40-44	0.9717	0.9787	0.9421	0.8292
45-49	0.9922	0.9870	0.9467	0.9270
50-54	1.0058	0.9810	0.9593	0.9518
55-59	1.0559	0.9980	0.9866	0.9823
60-64	1.0017	1.0158	1.0144	1.0007
65-69	1.0076	1.0062	1.0549	1.0063
70-74	0.9594	0.9626	0.9652	0.9749
75-79	0.9204	0.9100	0.9328	0.9130
80-84	0.9643	0.8947	0.9008	0.8582
85+	0.9750	0.9428	0.8916	0.9178
TOTAL	0.9993	0.9978	1.0021	1.0074

Table A1.4: 2000, 2010 Population and Population Projections for 2020 and 2030 by Age Cohort and MCDPlace

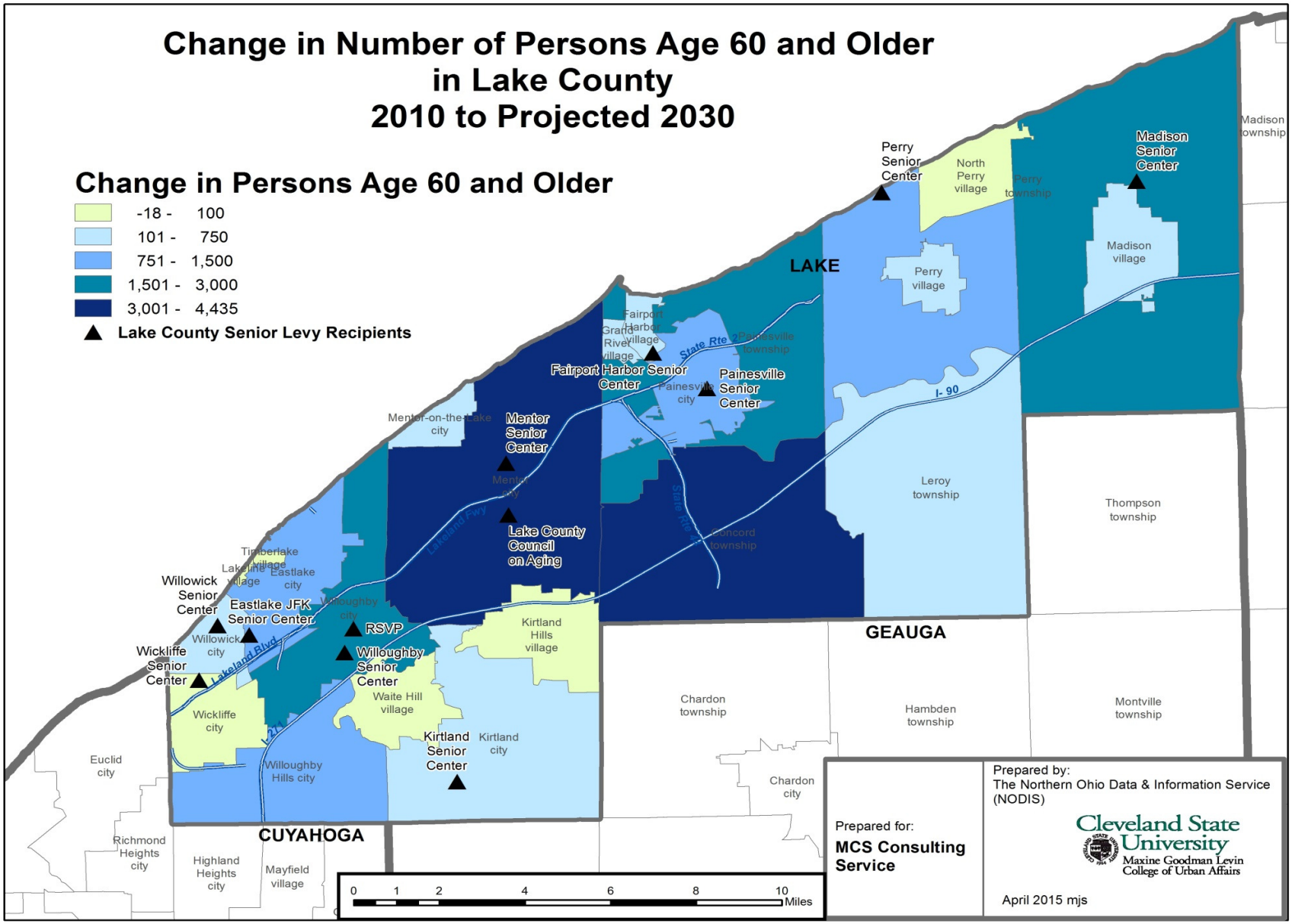
	Census 2000										
MCDPlace	**60-64**	**65-69**	**70-74**	**75-79**	**80-84**	**85-89**	**90+**	**60-74**	**75+**	**85+**	**60+**
Fairport Harbor Village	112	110	127	95	79	43	13	349	230	56	579
Grand River Village	22	16	18	8	2	1	0	56	11	1	67
Madison Village	113	109	103	83	50	13	14	325	160	27	485
North Perry Village	49	33	26	22	15	5	0	108	42	5	150
Perry Village	35	33	26	24	17	7	2	94	50	9	144
Concord Twp.	752	534	458	408	239	138	60	1,744	845	198	2,589
Eastlake	898	731	682	532	313	137	46	2,311	1,028	183	3,339
Kirtland	368	258	232	220	128	98	49	858	495	147	1,353
Kirtland Hills Village	51	25	20	21	9	2	1	96	33	3	129
Lakeline Village	10	8	4	14	3	1	1	22	19	2	41
Leroy Twp.	133	86	71	55	35	26	8	290	124	34	414
Madison Twp.	630	519	487	377	238	134	47	1,636	796	181	2,432
Mentor	2,090	1,756	1,585	1,379	857	394	198	5,431	2,828	592	8,259
Mentor-on-the-Lake	319	264	263	174	96	41	14	846	325	55	1,171
Painesville	512	443	397	390	283	186	95	1,352	954	281	2,306
Painesville Twp.	618	564	548	439	276	113	56	1,730	884	169	2,614
Perry Twp.	266	224	172	126	76	40	11	662	253	51	915
Timberlake Village	49	42	34	23	19	7	3	125	52	10	177
Waite Hill Village	36	29	30	24	9	12	5	95	50	17	145
Wickliffe	716	798	826	725	426	223	97	2,340	1,471	320	3,811
Willoughby	884	830	924	923	644	414	234	2,638	2,215	648	4,853
Willoughby Hills	506	449	429	343	230	98	35	1,384	706	133	2,090
Willowick	679	793	908	768	459	170	52	2,380	1,449	222	3,829
Lake County	**9,848**	**8,654**	**8,370**	**7,173**	**4,503**	**2,303**	**1,041**	**26,872**	**15,020**	**3,344**	**41,892**

	Projected 2020										
MCD+lace	**60-64**	**65-69**	**70-74**	**75-79**	**80-84**	**85-89**	**90+**	**60-74**	**75+**	**85+**	**60+**
Fairport Harbor Village	247	210	184	86	53	39	50	641	228	88	869
Grand River Village	74	21	17	10	7	4	9	112	31	14	143
Madison Village	246	217	172	115	63	33	54	635	265	87	901
North Perry Village	79	48	43	25	16	10	11	170	63	22	233
Perry Village	147	143	123	42	36	15	15	414	109	31	522
Concord Twp.	1,790	1,527	1,267	863	471	287	288	4,584	1,908	575	6,493
Eastlake	1,385	1,109	930	611	354	169	303	3,424	1,437	472	4,861
Kirtland	593	483	417	305	216	111	117	1,493	749	228	2,242
Kirtland Hills Village	64	59	20	33	16	11	11	143	71	22	214
Lakeline Village	26	18	6	8	14	2	7	51	31	9	82
Leroy Twp.	298	219	183	102	60	26	28	700	216	54	916
Madison Twp.	1,210	989	783	557	319	204	251	2,983	1,331	455	4,314
Mentor	3,846	3,472	2,604	1,758	1,063	722	860	9,921	4,403	1,582	14,325
Mentor-on-the-Lake	563	396	357	252	118	88	104	1,316	562	192	1,878
Painesville	996	867	581	338	203	114	143	2,444	798	257	3,242
Painesville Twp.	1,457	1,159	1,019	577	334	208	274	3,636	1,392	482	5,028
Perry Twp.	562	430	302	191	141	67	88	1,295	487	154	1,781
Timberlake Village	46	53	37	35	15	11	11	136	72	23	208
Waite Hill Village	40	28	39	37	17	8	10	107	72	18	179
Wickliffe	886	697	498	406	315	269	373	2,081	1,362	642	3,444
Willoughby	1,768	1,468	1,162	856	565	451	515	4,397	2,386	966	6,783
Willoughby Hills	915	671	492	347	212	155	194	2,078	907	348	2,986
Willowick	946	793	551	393	321	204	444	2,291	1,363	649	3,654
Lake County	**18,188**	**15,077**	**11,788**	**7,946**	**4,930**	**3,207**	**4,161**	**45,053**	**20,243**	**7,367**	**65,296**

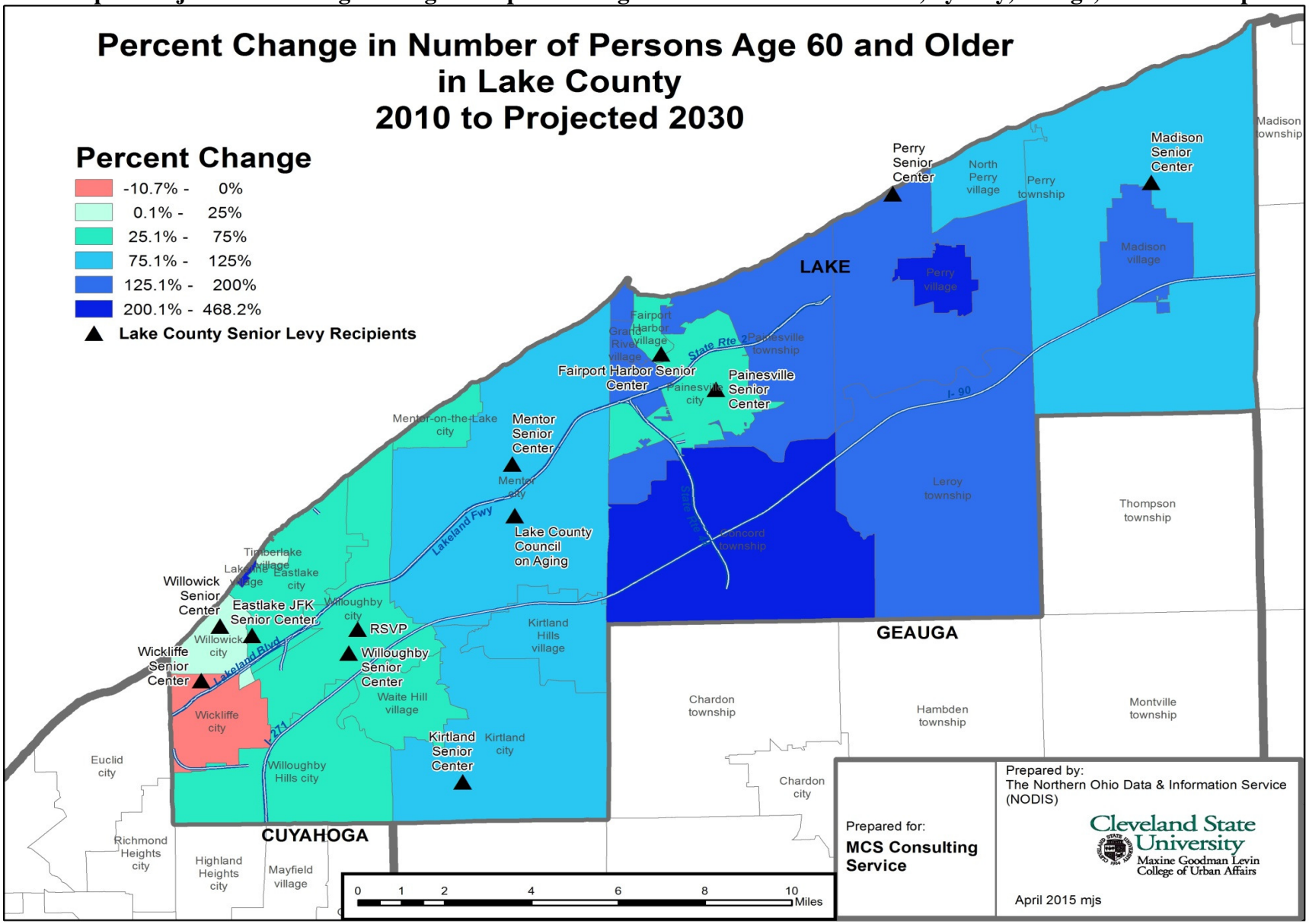
	Census 2010										
MCDPlace	**60-64**	**65-69**	**70-74**	**75-79**	**80-84**	**85-89**	**90+**	**60-74**	**75+**	**85+**	**60+**
Fairport Harbor Village	198	129	108	81	70	48	23	435	222	71	657
Grand River Village	27	15	14	12	10	3	1	56	26	4	82
Madison Village	187	157	108	88	67	33	16	452	204	49	656
North Perry Village	64	41	34	22	14	11	2	139	49	13	188
Perry Village	86	59	52	26	20	15	4	197	65	19	262
Concord Twp.	1,500	1,082	660	468	365	265	127	3,242	1,225	392	4,467
Eastlake	1,276	1,025	680	479	397	199	88	2,981	1,163	287	4,144
Kirtland	498	418	320	207	175	125	67	1,236	574	192	1,810
Kirtland Hills Village	38	50	28	18	13	13	2	116	46	15	162
Lakeline Village	7	7	9	10	7	3	2	23	22	5	45
Leroy Twp.	263	150	96	64	50	24	6	509	144	30	653
Madison Twp.	951	784	539	405	322	201	109	2,274	1,037	310	3,311
Mentor	3,283	2,481	1,722	1,367	1,094	773	351	7,486	3,585	1,124	11,071
Mentor-on-the-Lake	459	341	258	214	135	76	27	1,058	452	103	1,510
Painesville	786	533	393	309	229	152	91	1,712	781	243	2,493
Painesville Twp.	1,115	791	587	452	348	214	96	2,493	1,110	310	3,603
Perry Twp.	363	269	230	175	118	51	24	862	368	75	1,230
Timberlake Village	52	59	36	27	16	10	3	147	56	13	203
Waite Hill Village	43	47	34	25	17	8	7	124	57	15	181
Wickliffe	655	594	566	599	514	345	148	1,815	1,606	493	3,421
Willoughby	1,330	1,053	802	741	727	596	327	3,185	2,391	923	5,576
Willoughby Hills	662	505	391	339	260	166	57	1,558	822	223	2,380
Willowick	680	590	572	580	570	287	104	1,842	1,541	391	3,383
Lake County	**14,523**	**11,180**	**8,239**	**6,708**	**5,538**	**3,618**	**1,682**	**33,942**	**17,546**	**5,300**	**51,488**

	Projected 2030										
MCDPlace	**60-64**	**65-69**	**70-74**	**75-79**	**80-84**	**85-89**	**90+**	**60-74**	**75+**	**85+**	**60+**
Fairport Harbor Village	207	213	229	140	90	44	41	649	316	85	965
Grand River Village	51	49	45	15	8	4	7	145	34	11	179
Madison Village	272	240	226	159	100	46	55	738	361	102	1,098
North Perry Village	62	74	53	29	21	13	14	188	76	27	265
Perry Village	154	178	210	103	84	27	30	542	243	56	785
Concord Twp.	1,626	1,609	1,508	1,214	900	565	404	4,744	3,084	970	7,828
Eastlake	1,041	1,134	1,006	659	483	231	294	3,181	1,667	524	4,848
Kirtland	438	483	495	352	280	175	157	1,417	964	332	2,381
Kirtland Hills Village	57	59	34	38	12	20	15	150	86	36	235
Lakeline Village	20	34	23	21	9	2	14	77	47	16	123
Leroy Twp.	264	250	206	148	115	45	37	721	344	82	1,065
Madison Twp.	1,058	1,108	994	701	462	299	271	3,160	1,733	570	4,893
Mentor	2,701	3,080	3,041	2,452	1,602	994	909	8,822	5,958	1,903	14,780
Mentor-on-the-Lake	422	417	437	291	164	111	99	1,275	665	210	1,940
Painesville	894	966	734	549	299	133	138	2,594	1,118	271	3,712
Painesville Twp.	1,335	1,233	1,329	843	577	284	286	3,896	1,990	570	5,886
Perry Twp.	442	433	467	305	185	78	114	1,342	682	192	2,023
Timberlake Village	27	49	32	31	15	15	12	109	73	27	182
Waite Hill Village	51	21	37	22	20	12	11	109	65	23	173
Wickliffe	622	771	672	474	277	195	249	2,066	1,194	443	3,260
Willoughby	1,359	1,504	1,539	1,189	815	557	435	4,402	2,996	992	7,398
Willoughby Hills	664	655	679	460	266	169	172	1,998	1,067	341	3,065
Willowick	744	932	765	527	309	148	272	2,441	1,256	420	3,696
Lake County	**14,511**	**15,493**	**14,760**	**10,721**	**7,092**	**4,166**	**4,038**	**44,764**	**26,017**	**8,204**	**70,781**

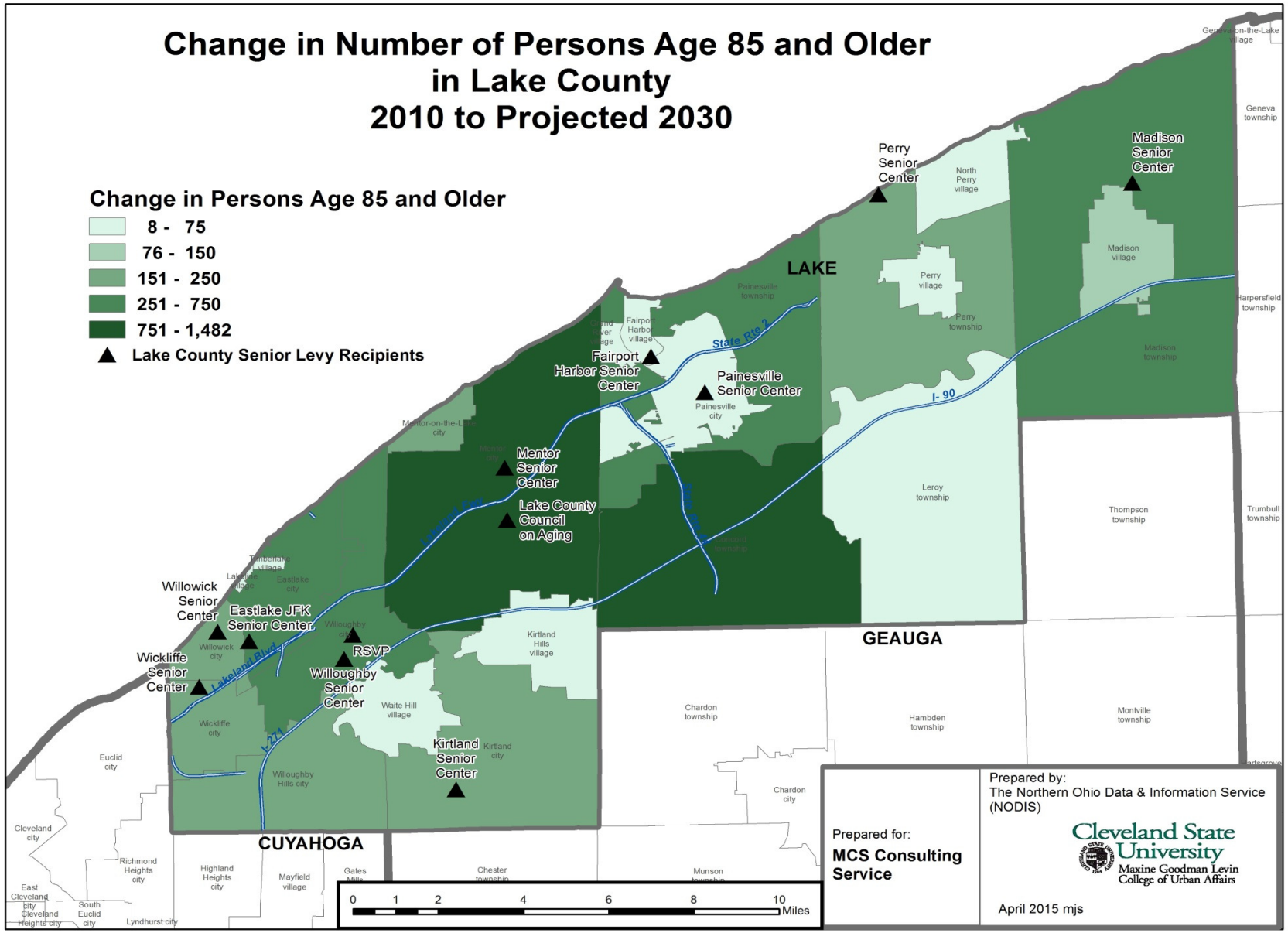
Map 1: Projected Change in Population Age 60 and Older, 2010 to 2030, by City, Village, and Township



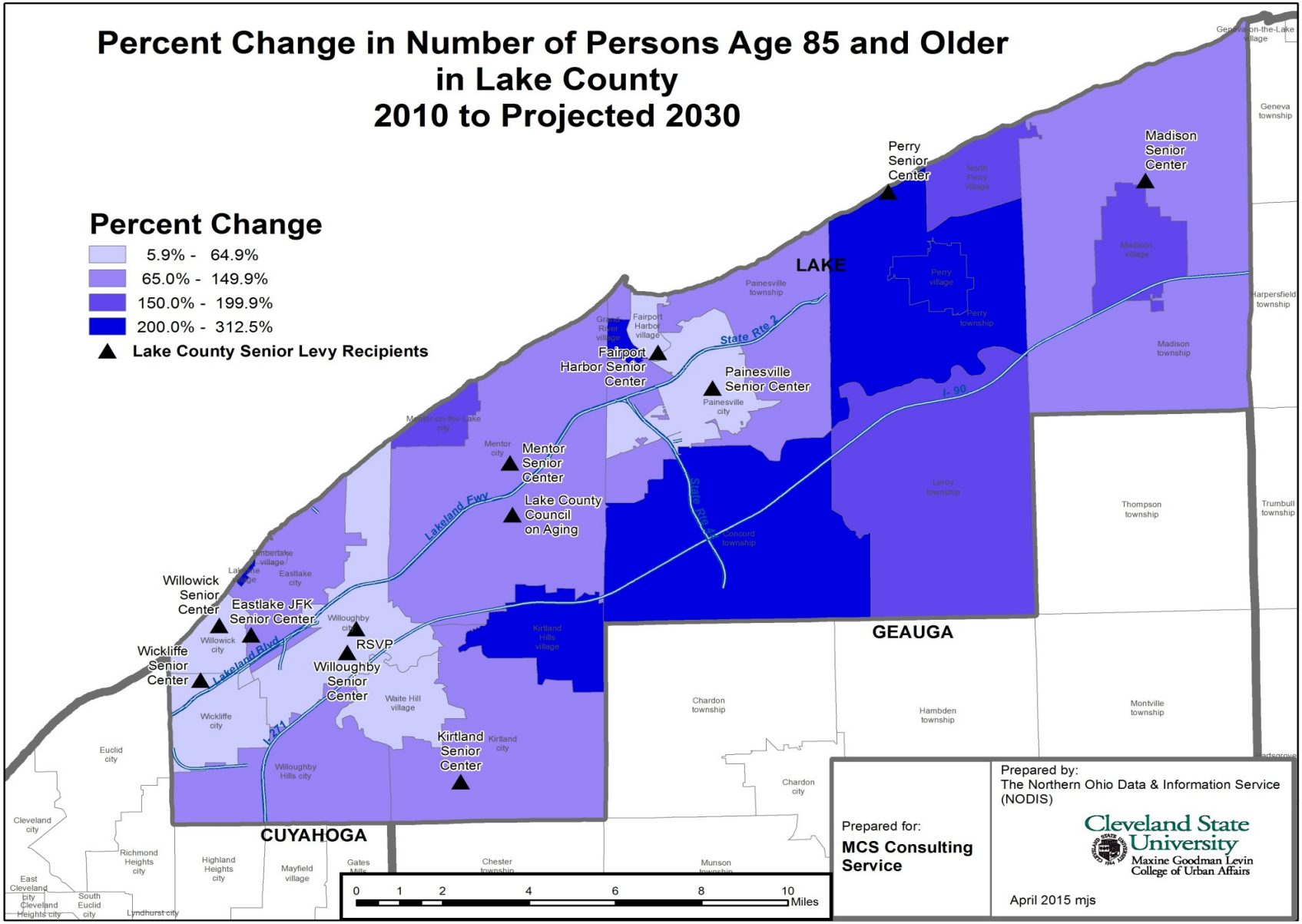
Map 2: Projected Percentage Change in Population Age 60 and Older 2010 to 2030, by City, Village, and Township



Map 3: Projected Change in Population Age 85 and Older 2010 to 2030, by City, Village, and Township



Map 4: Projected Percentage Change in Population Age 85 and Older 2010 to 2030, by City, Village, and Township



Appendix A-2
Technical Notes - Survey

As summarized in the main body of the report, the findings presented in this report are based on data compiled from multiple secondary and primary sources, one of which is survey responses from a sample of the Lake County population, age 60 and over. This appendix provides details on the selection of individuals that were invited to participate in the survey, the survey instrument used, and the survey deployment strategy. Also, details of the data analyses are provided in this Appendix.

Sampling Procedure

The sample of the Lake County population, age 60 and over was obtained through a two-stage sampling process using a sampling frame of all households with at least one individual age 60 and over. The sampling frame, with 42,389 households, was obtained from the Cleveland Letter Service, Inc., a mass mailing service provider based in Cleveland, Ohio. In the first stage, we adopted a disproportionate stratified random sampling to select 5,002 households. The strata were formed by the cross-tabulation of age group (60 to 64, 65 to 74, 75 to 84, and 85 and older) and Lake County ZIP code. Strata containing a small number of households (primarily strata of the age group 85 and older) were over-sampled; the older the age group the higher the sampling ratio. The result is that households with individuals age 85 and older had the highest sampling rate, while households with individuals age 60 to 64, had the lowest sampling rate.

In the second stage, an individual age 60 and older from each sampled household was randomly selected to participate in the study. Thus, the original sample was made of 5,002 individuals. During the survey administration process (see details below), it was discovered that some of the sampled individuals (35) had relocated without a forwarding address. These individuals were removed from the sample without being replaced. In summary, 4,967 Lake County residents age 60 and older were invited to participate in the survey. Valid data were received from 2,250 of these individuals, representing a response rate of approximately 45.3%.

The decision to adopt a disproportionate sampling procedure resulted in a sample that is not representative of Lake County population age 60 and over, the survey's universe. Exploratory analyses of the survey returns indicate that the older age groups, especially, the age group 85 and older are over represented in the sample. For this reason, using the data from the survey respondents to estimate the needs of Lake County's seniors 60 years and older and the extent to

which they perceive Lake County as an elder-friendly community would be inaccurate (i.e., biased). For estimates of service needs to be representative of the universe of Lake County's seniors, age 60 years and older, adjustments had to be made for known differences between the sample (i.e., those who responded to the survey) and the targeted population (the universe of Lake County's seniors age 60 years and older). This adjustment is made by "weighting" the sample. "Weighting" is a method of adjustment based on assigning a numerical weight to each individual in the sample in such a way that the weighted sample will be reflective of a particular group of interest. In the present study, the desire is for the weighted sample to mirror 2010 Census Lake County population, age 60 and over.

The weighting procedure adopted in this study used age grouping and gender as weighting parameters. Specifically, we computed the weights based on a two dimensional matrix made up of age grouping (60 to 64; 65 to 74; 75 to 84; and 85 and older) and gender (male and female). We were limited by the parameters that could be used in the weighting procedure; the only known differences between the sample and the universe are along the age grouping and gender dimensions. This limitation, notwithstanding, the use of age and gender as weighting parameter is appropriate in this study because research has shown that these two variables are the primary drivers of service needs among senior citizens. The use of the computed weights ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of Lake County's population, age 60 and over. Table A2.1 compares unweighted and weighted sample distributions by selected demographic characteristics.

Table A2.1 – Percent Distribution of Unweighted and Weighted Samples by Selected Demographic Characteristics

Demographic Characteristics		Unweighted (%)	Weighted (%)
Race	White	97.5	97.3
	Black	1.3	1.3
	Asian/Pacific Islander	0.4	0.4
	Other	0.9	1.0
Hispanic	Yes	0.5	0.5
	No	99.5	99.5
Gender	Male	42.4	43.8
	Female	57.6	56.2
Marital Status	Married	46.3	52.0
	Widow(er)	37.3	28.4

Demographic Characteristics		Unweighted (%)	Weighted (%)
	Not Married	16.3	19.6
Age	60-74 years	44.6	65.9
	75-84 years	31.9	23.8
	85+ years	23.5	10.3
Care-giving Status	Care for my spouse	10.7	9.4
	Care for other family member or friend	8.4	9.4
	Not a caregiver	80.8	81.1
Annual Income	Below $25,000	33.7	27.9
	$26,000 to $50,000	39.8	39.5
	$51,000 to $99,000	21.1	25.7
	$100,000 or above	5.4	7.0
Employment Status	Working Full or Part Time	18.9	25.0
	Not Working	81.1	75.0
Home Ownership Status	Owner	85.8	88.0
	Renter	10.7	9.3
	Other	3.5	2.7
Length of Residency In Lake County	Less than 5 years	3.6	3.5
	5-24 years	20.2	20.9
	25+ years	76.2	75.5
Live Alone	Yes	42.0	36.8
	No	57.7	62.8
	Not Sure	0.3	0.3

Survey Instrument

The *Lake County Senior Survey* utilized in this study was designed by MCS Consulting Service with input from staff in the Lake County Board of Commissioners' office. After multiple iterations, the final draft of the instrument was piloted with three individuals who had familiarity with the services for senior citizens. Minor changes were recommended by these individuals and the instrument was revised accordingly.

The *Lake County Senior Survey* was specifically designed to gather information from Lake County seniors about their perceptions and experiences regarding services by agencies funded by the Lake County Senior Levy and how well they are faring in the community. The survey covers four main areas: (a) familiarity with Lake County Senior Levy and satisfaction with the services provided by agencies funded by the Senior Levy, (b) use of and/or need for community services that support seniors to age in place and the source of information on where to get services, (c) current health status, housing and living arrangement, and need for assistance with activities of daily living (ADLs) and independent activities of daily living (IADLs), and (d) demographic characteristics.

All items were the 'check if applicable' type questions. Essentially, respondents checked an item if the item was applicable to them. In the first section of the survey (that focused on satisfaction with services provided by agencies funded by the Senior Levy), a four-point Likert scale (very satisfied, somewhat satisfied, somewhat dissatisfied, and very dissatisfied) was utilized. For the remaining content sections of the survey (i.e., sections that focused on services used/needed and current circumstances), the response options are in the affirmative (i.e., using service or have the condition specified), negative (i.e., not using service or doesn't have the condition specified), or otherwise (i.e., does not need services specified or unsure). The items in the demographic section of the survey are 'check if applicable' type.

Validity and Reliability

As with all surveys, the *Lake County Adult Survey* relies on self-reporting. Questions are generally raised about the validity and reliability of instruments gathering self-report data. Validity of this type of instrument deals with the extent to which the data collected is a good measure of the underlying construct the survey instrument is trying to capture. Reliability, on the other hand, addresses the extent to which the data gathered is consistent all the time. Inconsistency in survey data may be due to some respondents providing inaccurate answers either intentionally, by providing untrue answers; or unintentionally, by guessing an answer because of lack knowledge or understanding of the question. Both validity and reliability of a survey instrument are enhanced if the survey items are derived from research or from a survey

that has been validated. Further, having clearly written and unambiguous items enhance an instrument's validity and reliability.

In developing the *Lake County Senior Survey*, the survey design team consulted with content-area experts in senior citizens service needs. The survey items are specific, clearly worded and well-defined. After the survey items were reviewed and approved by the content-area experts, the survey was piloted by three individuals who had familiarity with the services for senior citizens. This development and approval process ensures a high face and content validity for the survey.

To empirically estimate how reliable responses to the survey are, we calculated the Reliability Coefficient, otherwise referred to as Cronbach's Alpha (Cronbach 1951) for each subsection of the survey. Cronbach's Alpha is a measure of the internal consistency within a group of items. The internal consistency is reflected in the average inter-item correlations (i.e., similarity or consistency in responses from item to item) of items in the group. The values of Cronbach's Alpha range from 0 to 1. The higher the consistency of ratings across the various items in the group, the higher average inter-item correlation. The higher the average inter-item correlation is, the higher Cronbach's Alpha. The reliability coefficient for the 'Elder Friendly Community' construct (with 33 indicators) is 0.880. This coefficient is based on a sample of 2,017. (The SPSS reliability analysis utilizes a list-wise procedure for cases included in the analysis; only cases without missing data are included in the analysis). The high reliability coefficient suggests that data generated from the survey is reliable enough for use in assessing the elder friendliness of Lake County.

Because the 'Elder Friendly Community' construct as conceptualized in this study is comprised of four domains, we further calculated the reliability coefficients for each of these domains. Reliability coefficients calculated for the four domains range from 0.417 (for 'Basic Needs' domain) to 0.906 (for 'Independence for Frail Elders and Disabled' domain). The reliability coefficients for the 'Physical and Mental Health and Well-being' and 'Social and Civic Engagement' domains are 0.512 and 0.506, respectively. (See Table A2.2) The low to average value of the reliability coefficients for three of the domains is due, in part, to the narrow range (0 to 2) of the indicators' value. Overall, the reliability coefficients of the domains and that for the 'Elder Friendly Community' construct, when taken together, suggest that the data obtained is reliable enough to be analyzed.

Table A2.2 – Reliability Analyses of Elder-Friendly Construct and its Domains based on data from the 2015 *Lake County Senior Survey*

Construct/Domains	N	Number of Indicators	Reliability Coefficient
Elder-Friendly Community	**1,247**	**33**	**0.888**
Basic Needs	2,017	7	0417
Physical and Mental Health and Well-being	1,831	6	0.512
Social and Civic Engagement	1,741	6	0.507
Independence for Frail and Disabled	1,527	14	0.906

Survey Administration

Individuals sampled were contacted three times via U.S. Postal Service. First, a postcard was mailed to all individuals in the sample informing them about the survey they would be completing and explaining the purpose of the survey. The postcard which was sent March 31, 2015 also advised sampled individuals to expect the survey via regular mail soon. A week after the postcard was sent, survey forms and cover letters explaining the purpose of the survey were sent to all sampled individuals. Along with the survey form and a cover letter, each respondent also received a postage-paid envelope in which they were instructed to place the completed survey and mail it back to the Lake County Board of Elections' office. Only the English language version of the survey was produced and distributed.

Two weeks after the original surveys were mailed, reminders were sent to the individuals in the sample. As with the first survey mailing, the reminders contained a cover letter, the survey, and a postage-paid envelope to return the completed survey. Once the reminders were sent, we continued to accept responses through May 27, 2015.

Survey responses were entered into a secured server using a template designed using the SurveySolutions® software. Thereafter, the data were exported to the Statistical Package for Social Science (SPSS) software for analysis. Before commencing with the analyses, responses were reviewed to identify duplicate (responses to all items are identical) or invalid (prank) surveys. All duplicated responses were excluded in the analyses presented in this report.

Analyses

As discussed above, the response options for items in the sections of the survey that focused on services used/needed and current circumstances are: affirmative (i.e., using service or have the condition specified), a negative (i.e., not using service or doesn't have the condition specified), or does not need services specified or unsure. These responses were re-coded and assigned values ranging from 0 to 2 as follows:

0 = Need and want, but NOT using the referent service or current circumstance NOT ideal (i.e., needs not met)
1 = Already using the referent service or Unsure of current circumstance (i.e., needs met)
2 = Does NOT need the referent service or current circumstance is ideal (currently self-sufficient)

For each respondent, the 'Elder-friendly Community' construct score was obtained by calculating the mean value across all 33 indicators. Each individual's mean score, with possible value ranging from 0 to 2, represents that individual's perception of the extent to which Lake County is 'elder-friendly'. The higher the individual's mean score, the more 'elder-friendly' the individual perceives Lake County to be. To obtain an assessment of Lake County's 'elder friendliness, we calculated the weighted mean for all respondents. The final score represents the extent to which Lake County's is perceived to be 'elder-friendly' by the 60 and over residents of the county.

The analytical procedure used for the 'Elder-friendly Community' construct was repeated for each of the four domains of the construct. By so doing, we were able to assess the extent to which Lake County's population, age 60 and over, perceive each of the domains to be 'elder-friendly' and then compare the level of 'elder friendliness of the domains.

In addition to the analyses described above, the responses to the survey items were reported as frequency distributions. The frequency distributions were also weighted so that the resultant distributions are representative of the entire Lake County population, age 60 and older.

Caveats

Findings from the survey presented in the main body of the report must be interpreted with caution, the high reliability coefficient of the 'elder-friendly community' construct notwithstanding. First, the sample of individuals is not random, i.e., all individuals, age 60 and older in Lake County do not have equal probability of being selected. While the households, the sampling unit in the first stage, had equal probability of being selected, individuals in the second stage sampling do not have equal probability of being selected because the second stage sampling did not account for household size. Second, the distribution of item non-response is

not known and its effect on the reliability coefficient could not be addressed. Lastly, the opinions reported in the survey represent anonymous and self-reported perceptions of one adult household member, age 60 and over, and may not precisely describe the actual situation in the county or the household. However, the opinions reported represent a reality to the respondents and should afford Lake County leaders an insight into what residents, age 60 and over, think about Lake County as a place to age.

Appendix A - 3
Technical Notes - Elder Friendly Community Framework

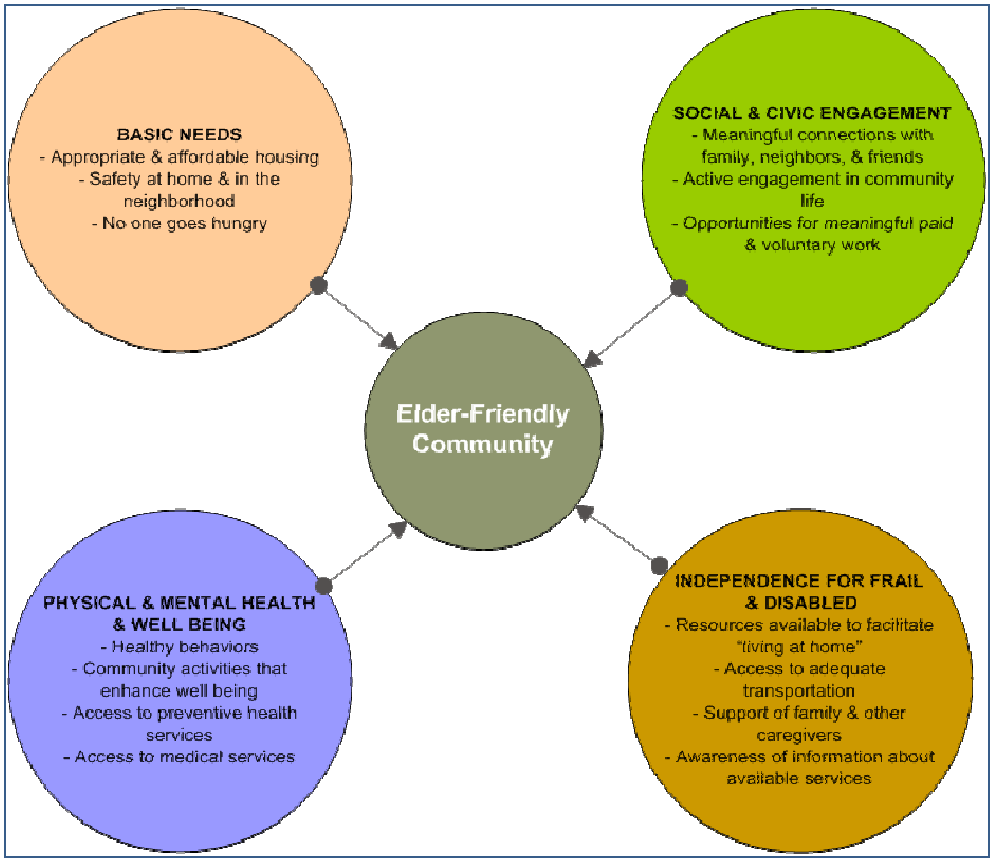
Heretofore we have adopted the classic approach to assessing the needs of Lake County's seniors, which is to solicit and synthesize the opinions of experts in the field and that of key stakeholders. This approach, while research grounded and valid by itself, is overly qualitative and does not always include the opinions of seniors whose needs are being assessed. Starting about two decades ago, surveys of seniors have been incorporated into studies assessing a community's seniors' needs. These surveys sought to gather information from seniors themselves about their perceptions and experiences and how well they are faring in the community. Data from these surveys were then used to assess the extent to which the community was capable of supporting the physical, social, and health needs and overall well-being of seniors. Over the past two decades or so, various terms/phrases have been used to describe communities that support/promote the social, physical, and health well-being of seniors. These terms include 'elder-friendly,' 'age-friendly,' and 'livable,' among others. In the present study, we use 'elder-friendly' because it focuses readers' attention to seniors.

A number of models or frameworks have been proposed to assess and evaluate the extent to which a community is elder-friendly. Examples of frameworks include: AdvantAge Initiative *Elder-Friendly* framework (with four domains), World Health Organization's (WHO) *Age-Friendly* (with eight domains), and Cuyahoga County's *Guide to Elder-Friendly Community Building'* framework (with three dimensions). What is common to these frameworks and others found in the literature is that they seek to identify physical, social, and environmental factors that can promote or hinder the ability of seniors to live independently in the community. For this study, we utilized a framework based on the AdvantAge Initiative's *Elder-Friendly* framework.

This framework is closed aligned with AdvantAge Imitative *Elder-Friendly* framework. Our framework adopted the four main domains of AdvantAge framework, but not all of its sub-domains, or indicators. For our framework, we adopted 19 of AdvantAge's 33 indicators, with some of them re-written and added 19, most of which relate to the use of services that enable seniors to live independently in the community. The changes we made to the AdvantAge framework were dictated in part by the information obtained from focus groups and interviews with local key stakeholder groups and from the scan of the literature that was conducted as part of this study.

The Figure below illustrates the framework that guides our study of Lake County's elder-friendliness. As with the AdvantAge Initiative framework, the elder-friendliness ('*Elder-Friendly Community*') is at the center and it is influenced by how seniors perceive and fare on four main domains of *Basic Need,' Physical and Mental Health and Well-Being, Social and Civic Engagement,* and *Independence for Frail and Disabled.* The *Basic Needs* domain contains 7 indicators that are grouped on 3 categories or sub-domains. There are six indicators in the *Physical and Mental Health and Well-Being* and *Social and Civic Engagement* domains, while the *Independence for Frail and Disabled* domain has 14 indicators. The indicators of *Physical and Mental Health and Well-Being*, *Social and Civic Engagement* and *Independence for Frail and Disabled* domains are grouped around 3 to 4 sub-domains. A brief description of each of the fours domains is presented in the paragraphs below. For the list of indicators in each domain, please see Appendix D.

Figure: Elder Friendly Framework



Adapted from the AdvantAge model, developed by the Visiting Nurse Service of New York

Basic Needs Domain – Focuses on human basic needs of food, shelter, and safety. This domain assesses the extent to which senior feel their housing is appropriate (in terms of not requiring major repairs for it to be habitable) and affordable (they can continue to stay in their house as they age), have enough to eat and are safe in their homes.

Physical and Mental Health and Well-being Domain – Addresses the extent seniors in the community are involved in healthy behaviors, participate in activities that enhances their well-being. Also covered in the domain is the elder's ability to pay for required medical services.

Social and Civic Engagement Domain – Pertains to elder's active involvement in social and civic activities. This domain assesses the extent to which elders have meaningful connections with family members, neighbors, and friends. The domain also assesses the extent to which elders are engaged in meaning employment and voluntary work.

Independence for Frail and Disabled Domain – Focuses on elders, especially frail and disabled, ability to live independently in the community. This domain assesses supports and resources seniors use to live independently in the community.

The conceptual framework we used in this study assumes that the extent to which the needs of seniors in a given community are met along these four domains is the extent to which the community is 'Elder-Friendly.' Thus, the higher the score on the aggregate of these domains and the individual domains, the more elder-friendly the community is.

Assessing Lake County's Elder-Friendliness

Data used in assessing Lake County's elder-friendliness were obtained from responses to the Lake County Senior Survey provided by 2,250 county residents age 60 years and over. The survey which was in paper format only was deployed from March through May of 2015. For details of the survey, selection of individuals that were invited to participate in the survey, and the survey deployment strategy, please see the Technical Notes in Appendix A-2. Also, a detail description of the 2,250 individuals who provided valid survey returns is provided in the same Appendix.

Responses to survey items (i.e., indicators of elder-friendly community in our framework) were assigned numerical values of 0 for "Need Not Met," 1 for "Need Met," and 2 for "Does Not Need" if the items addressed services that support seniors in the community. We assigned the same range of numeric values for items that focused on individual circumstances (such as '*I am confident I can stay in my home as long as I want*'). In these instances, the numeric values represent 'No' for 0, 'Not Sure' for 1, and 'Yes' for 2.

Two sets of analyses were conducted to assess Lake County's elder-friendliness. First, we calculated the mean score of each domain across all its indicators. The domain mean scores range from 0 to 2 with higher values representing more elder-friendliness. The domain-level mean scores allow us to assess the relative elder-friendliness of the domains. That is, we were able to affirm on which domain Lake County is more elder-friendly and on which it is less elder-friendly.

The second set of analyses focused at the indicator level. For each indicator, we calculated the mean score, which ranged from 0 to 2. As with the domain-level mean scores, the higher an indicator's mean score, the more elder-friendly is Lake County on that indicator. Similarly, the indicator-specific mean scores allows us to compare the relative elder-friendliness of the indictors in the same domain and identify which indicator(s) is (are) more important within the domain. In addition to the indicator-level mean analyses, we conducted indicator-level frequency analyses to assess the distribution of respondents across the 0 to 2 continuum. The frequency analysis provides another snapshot of the each indicator's elder-friendliness.

Community stakeholders who are participants in the focus groups and those interviewed for this study were asked:

The AdvantAge Initiative has defined four elements of an elder-friendly community:

- Addressing basic needs - food, shelter, transportation, safety
- Optimizing physical and mental health and well-being
- Promoting social and civic engagement
- Maximizing independence for frail and home bound persons.

For each of these in Lake County [or your community], what is working well? What is not working? What are you suggestions for making Lake County [or your community] more elder-friendly?

The themes from their responses are included in the part of the report that discussed each elder-friendly community domain.

Appendix B
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Appendix C
Community-Based Senior Service Funding Trends

The following are trends of major funding sources that are specifically targeted for community-based senior services.

Older Americans Act

The major funding source for older adults across the country has been the Older Americans Act (OAA) which has been the foundation of the nation's system of home and community-based services of older Americans since it was passed in 1965. Administered through a national system of state departments of aging and area agencies on aging (AAA) within each state, AAAs are charged with developing a system of home and community-based services that citizens of all communities need when facing challenges due to age or disability in their respective service areas. The service area of the Western Reserve Area Agency on Aging includes Cuyahoga, Geauga, Lake, Lorain and Medina counties in Northeastern Ohio.

The Older Americans Act authorizes funding to cover the cost of a range of services for older adults provided by local providers. Home and community-based services funded by OAA are available to anyone 60 or older, but are to be targeted to those with greatest economic or social need, particularly low income and low income minority older adults, and older adults living in rural areas, among others. The focus of the Act is older adults who are trying to age in place in their homes and communities, but need a little help (Kellogg, 2014). The ideal is for person-centered rather than agency-centered contracting although funding is allocated to each county based on a formula, and then with contracts with specialized service providers in each county. (Leadership Council on Aging Organizations, 2014)

States receive separate allotments of funds for the following six programs authorized under Title III: (1) supportive services and senior centers, (2) congregate nutrition services, (3) home-delivered nutrition services, (4) nutrition services incentive grants, (5) disease prevention and health promotion services, and (6) family caregiver support services. Allocations for supportive services and centers, congregate nutrition and home-delivered nutrition services, and disease prevention and health promotion. State allotments are based on a population formula factor that is defined as each state's relative share of the total U.S. population aged 60 years and older as compared to all states; (2) a minimum grant amount for all states, defined as one-half of 1 percent of the total appropriation; and (3) a hold harmless requirement that no state receives less than the amount it received in FY 2006. (Leadership Council on Aging Organizations, 2014)

The Older Americans Act has not been reauthorized since 2011. The House and Senate have been voting on a number of FY 2016 appropriations bills that will set funding levels for discretionary programs. The bill funding OAA programs likely won't be considered until later in the fiscal year (date to be determined).

The FY 2015 allocation for Title III of the Older Americans Act is $1.327 billion. This represents a decrease of 2.6 percent since FY 2010 when the total funding was $1.36 billion. See Table C1 and Figure C1.

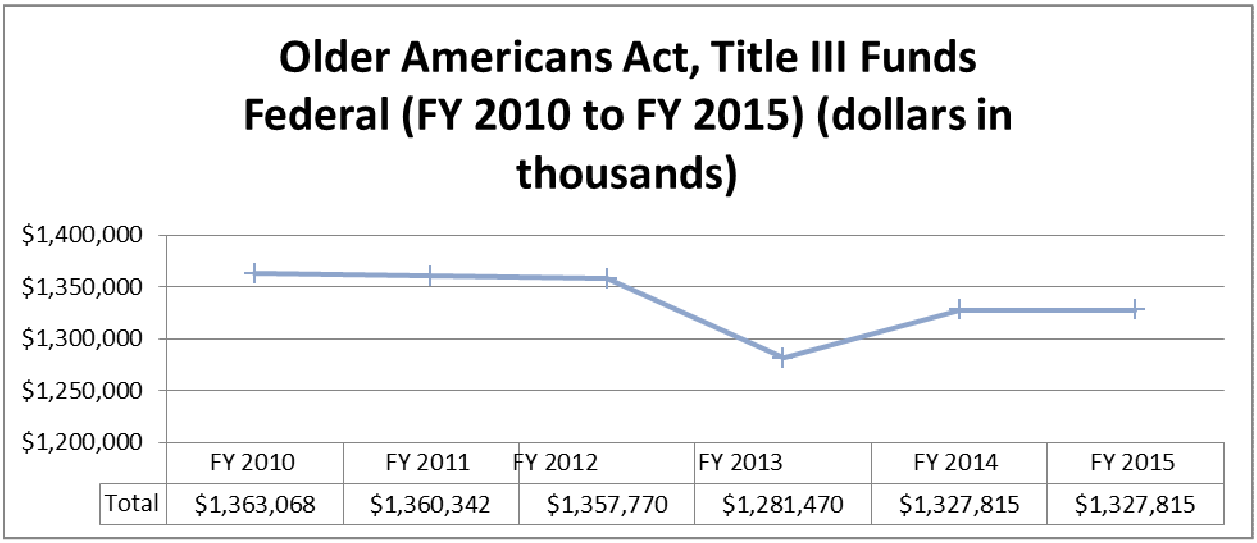
Table C1

Older American Act Funds - Federal FY 2010 to FY 2015 [dollars in thousands] [Bold indicates increase over prior fiscal year)

Title III	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	% Change FY 2010 to FY 2015
B - Supportive Services & Centers	$368,348	$367,611	$366,916	$347,724	$347,724	$347,724	-5.6%
C-1 Congregate Meals	$440,783	$439,901	$439,070	$416,104	**$438,191**	$438,191	-0.6%
C-2 Home Delivered Meals	$217,676	$217,241	$216,830	$205,489	**$216,397**	$216,397	-0.6%
Nutrition Services Incentive Program	$161,015	$160,693	$160,389	$146,718	**$160,069**	$160,069	-0.6%
D- Preventive Health	$21,026	$20,984	$20,944	$19,849	$19,848	$19,848	-5.6%
E- Family Caregiver Support	$154,220	$153,912	$153,621	$145,586	$145,586	$145,586	-5.6%
Total	**$1,363,068**	**$1,360,342**	**$1,357,770**	**$1,281,470**	**$1,327,815**	**$1,327,815**	**-2.6%**

Data Source: National Association of Area Agencies on Aging. February 2, 2015. FY 2016 President's Budget Proposal

Figure C1



Data Source: National Association of Area Agencies on Aging. February 2, 2015. FY 2016 President's Budget Proposal

In FY 2015, Ohio received $44.3 million Older American Act funds. This is a reduction of 2.4 percent from FY 2010 when funding was $45.4 million. The largest proportion was used for nutrition services, i.e., congregate meals provided at senior centers or other community venues

and home delivered meals. Supportive services which includes transportation to doctor's offices, grocery stores, senior centers, pharmacies, meal sites and social events was another major service as were in-home services, such as personal care and homemaker services. See Table C2 and Figure C2.

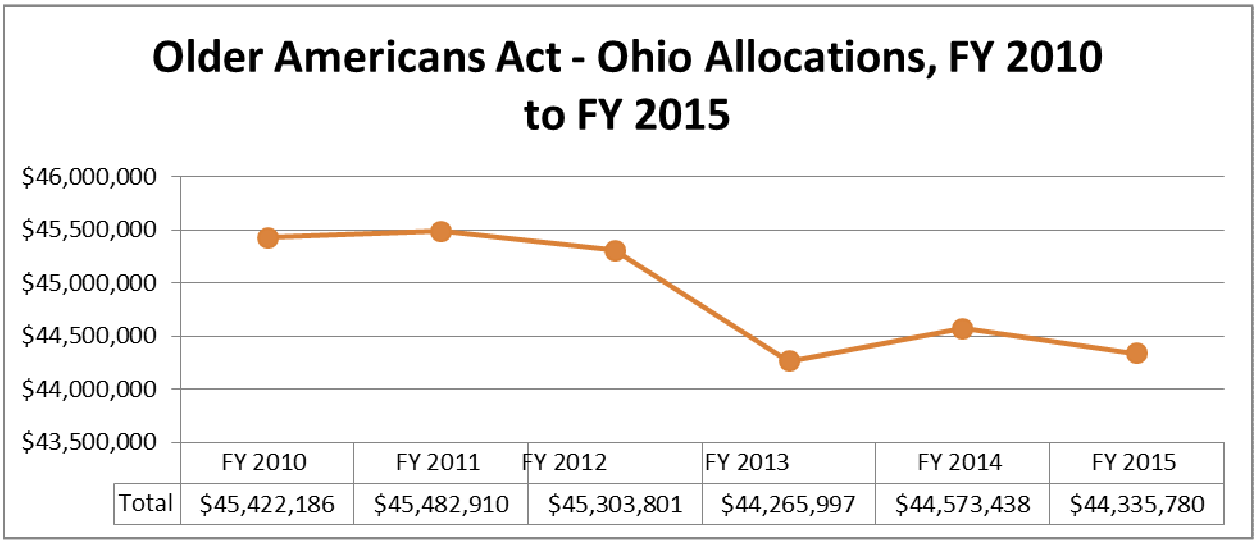
Table C2

Older American Act Funds - Ohio Allocations FY 2010 to FY 2015 [Bold indicates increase over prior fiscal year)

Title III	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	% Change FY 2010 to FY 2015
B - Supportive Services	$13,849,980	$13,816,810	$13,816,810	$13,674,310	**$13,675,438**	$13,618,168	-1.7%
C-1 Congregate Meals	$16,509,438	$16,533,997	$16,393,785	$16,393,785	$16,393,785	$16,393,785	-0.7%
C-2 Home Delivered Meals	$8,269,111	**$8,307,104**	$8,262,220	$7,783,568	**$8,145,117**	$8,056,613	-2.6%
D- Preventive Services	$835,879	$834,207	$832,633	$784,410	**$784,443**	$781,158	-6.5%
E- Family Caregiver Support	$5,957,778	**$5,990,792**	**$5,998,353**	$5,629,924	$5,574,655	$5,486,056	-7.9%
Total	**$45,422,186**	**$45,482,910**	**$45,303,801**	**$44,265,997**	**$44,573,438**	**$44,335,780**	**-2.4%**

Data Source: Administration for Community Living, Title III - Grants for State & Community Programs on Aging, FY 2010 to FY 2015. Retrieved on June 17, 2015 from http://www.aoa.acl.gov/AoA_Programs/OAA/Aging_Network/State_Allocations/docs/T3_2011.pdf

Figure C2



Data Source: Administration for Community Living, Title III - Grants for State & Community Programs on Aging, FY 2010 to FY 2015. Retrieved on June 17, 2015 from http://www.aoa.acl.gov/AoA_Programs/OAA/Aging_Network/State_Allocations/docs/T3_2011.pdf

In Federal Fiscal Year 2014, Western Reserve Area Agency on Aging received $8.1 million Title III dollars from the Ohio Department of Aging (ODA). Allocation of Title III funds to area agencies on aging is based on the economic and social needs of the population of persons age 60 or older in each planning and service area after a base level of funding of $375,000 is assured to

each agency.[3] Of this amount, $170,000 is allocated for administrative costs. After the base and administrative funds are removed, the balance of Title III funding to each agency is based on the population factor weights:

- Individuals at or above age 60: 43 percent
- Individuals at or above age 75: 28 percent
- Individuals at or above age 60 and below the federal poverty level: 11 percent
- Minorities at or above age 60: 8 percent
- Individuals at or above age 60 who live alone: 8 percent
- Individuals at or above age 60 who live in rural areas: 2 percent.

(Source: Ohio Department of Aging, 2015)

Western Reserve Area Agency on Aging also uses a weighted formula for allocation of Title III funds across the five counties in its service area that includes Lake County:

- Individuals at or above age 60: 0 percent
- Individuals at or above age 75: 40 percent
- Individuals at or above age 60 and below the federal poverty level: 20 percent
- Minorities at or above age 60: 18 percent
- Individuals at or above age 60 who live alone: 20 percent
- Individuals at or above age 60 who live in rural areas: 2 percent.

(Source: WRAAA, 2015)

In CY 2014, Lake County received $330,838 OAA funds for services provided by the Council on Aging and Legal Aid Society of Cleveland. See Table C3. In addition, the Long Term Care Ombudsman provides services in the county by advocating for long term care consumers who are receiving home and community-based services and residents of nursing homes, residential facilities, and adult care facilities. They investigate and attempt to resolve consumer complaints about long term care services.

[3] Note: there is a different formula for allocating Title III-D funds.

Table C3

Older American Act Funds - Planning Service Area 10A - CY 2014

Agency	# Units	Unit Cost	Total Cost	Service	OAA Title	Required Match %
Lake County Council on Aging	76,584	$0.93	$71,082	Home Delivered	C2	40%
	33,854	$0.97	$32,745	Congregate	C1	40%
	2	$25.00	$50	C-1 Nutrition Ed	C1	0%
	2	$25.00	$50	C-2 Nutrition Ed	C2	0%
	219,150	$1.00	$219,150	ADRC	B	15%
Legal Aid Society of Cleveland (Lake County)	117	$66.34	$7,762	Legal Assistance	B	15%
Total Lake County			**$330,838**			
Long Term Care Ombudsman (5 county, includes Lake County)	259,543	$1.00	$259,543	Title III B	B	0%

Data Source : Western Reserve Area Agency on Aging, June 2015

Initiated in 2003 in collaboration with the Centers for Medicare and Medicaid Services (CMS), Aging and Disability Resource Centers (ADRC) provide a broad range of information and referral services, person-centered counseling, and streamlined access to public programs to help older adults and individuals with disabilities learn about and access home and community-based services. The Lake County Council on Aging is the ADRC for Lake County. Funding is available through its Title III-B allocation.

Ohio Senior Community Service State-Funded Block Grant

Ohio's Senior Community Services state-funded block grant enables the state to draw down federal Older Americans Act (OAA) funds, and it augments those programs, especially senior nutrition programs. Area Agencies on Aging use these funds to support other OAA services, including congregate and home delivered meals, and AAAs may also use these funds to implement the federal Senior Farmer's Market Nutrition program. (Ohio Association of Area Agencies on Aging Call to Action, 2015)

Since 2001, the Senior Community Services grant has been cut by 50 percent - from $15 million at its peak to $7 million today. The Ohio Department of Aging (ODA) has introduced the FY 2016 and FY 2017 budget at the same level as estimated FY 2015. This is a cut of 1.6 percent when compared to FY 2014 funding. See Table C4. (Ohio Legislative Service Commission, LSC

Redbook, 2015) The aging network in Ohio is currently working to increase funding for this line item in the next biennium budget.

ODA estimates that in FY 2015, over 8,000 individuals will receive a variety of in-home services through this line item. According to ODA, 80 percent of the individuals who receive senior community services have incomes of less than 150 percent of the federal poverty level. The program targets individuals who are frail and impaired and not eligible for Medicaid Waiver programs. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Table C4

Senior Community Services - Ohio FY 2014 to FY 2017

	FY 2014	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced	Change FY 2014 to FY 2017
Senior Community Services	$7,178,019	$7,060,844	$7,060,844	$7,060,844	**-1.6%**

Data Source: Ohio Legislative Service Commission, LSC Redbook - Department of Aging. Retrieved on June 16, 2015 from http://www.lsc.ohio.gov/fiscal/redbooks131/age.pdf

Medicaid Funds for Long Term Services and Supports

PASSPORT

The PASSPORT Program is a home and community-based Medicaid waiver that enables older individuals to stay at home by providing them with in-home, long-term care services. To be eligible for the program, the person must be over age 60 and meet Medicaid eligibility for nursing facility care; furthermore, the package of services provided cannot exceed 60 percent of the cost of nursing facility care. The person must be frail enough to require a nursing facility level of care and have a physician's consent that s/he is able to safely remain at home. In FY 2014, PASSPORT served an average of 32,095 consumers per month on a state-wide basis. In FY 2015, this number is expected to decrease to an estimated 19,552 consumers per month. This is largely due to the transition of certain eligible consumers onto the MyCare Ohio Program. The average per member per month (PMPM) expense for PASSPORT consumers in FY 2014 was $1,002 for waiver services and $116 for case management services. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Assisted Living

The Assisted Living Program began operations on July 1, 2006. This waiver program provides a setting that gives the person a home-like environment in a community living setting. Assisted Living is geared to those individuals who need extra help or supervision in their day-to-day lives, but who do not require the 24-hour care provided in a nursing facility. To be eligible for the program, a person must be age 21 or older, meet the nursing facility level of care, be able to pay room and board, and meet the financial criteria for Medicaid eligibility. In FY 2014, Assisted Living served an average of 3,969 consumers per month on a state-wide basis. In FY 2015, this number is expected to decrease to an estimated 2,556 consumers per month. This is largely due to the transition of certain eligible consumers onto the MyCare Ohio Program. The average expense for Assisted Living consumers in FY 2014 was $1,587 for waiver services and $80.48 for case management services. (Ohio Legislative Service Commission, LSC Redbook, 2015)

MyCare Ohio

In December 2012, ODJFS announced that Ohio had reached an agreement with the Centers for Medicare and Medicaid (CMS) regarding the creation of an integrated care delivery system – otherwise known as "MyCare Ohio." MyCare Ohio allows care to be coordinated for individuals that are eligible for both Medicare and Medicaid. The goal of the program is to improve access to care and to improve quality of that care, as well as promoting participant independence within the community, eliminating cost shifting between the two programs, and achieving cost savings through care coordination. Services are provided in the setting of choice and individuals are able to transition to different settings as their needs change. MyCare Ohio is a three-year demonstration project that covers 29 counties, which are grouped into seven regions. Lake County is part of the pilot through the Western Reserve Area Agency on Aging (WRAAA).

Program enrollment began in the northeast Ohio region in May 2014 and continued with the remaining regions in June and July 2014. Three managed-care organizations are contracting with the state and CMS to administer the program in WRAAA's service area. These organizations must subcontract with the area agency on aging (AAAs) for waiver service coordination for individuals over 60 and may contract with AAAs and other entities for waiver services for those under 60.

Eligible individuals are those that are 18 and older, meet requirements to receive full Medicare Parts A, B, and D and full Medicaid benefits, and live in a participating county. However, there are some individuals excluded from the program such as children, those enrolled in PACE, and those with a developmental disability. Under the program, individuals receive Medicare and Medicaid services at a monthly capitated rate. Individuals enrolled in MyCare had until the end of calendar year 2014 to choose a MyCare Ohio plan for their Medicare benefits. However, while individuals have to receive their Medicaid benefits through MyCare Ohio, individuals have

the option of choosing to continue receiving Medicare benefits in the same manner that they currently do. As of December 31, 2014, over 100,000 individuals were enrolled onto MyCare. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Although spending for nursing facilities (NFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) has declined by 11 percent from FY 2003 ($3.529 million) to FY 2013 ($3.153 million), it continues to be one of the major Medicaid expenditure categories. Spending for NFs and ICFs/IID accounted for 18 percent of total Medicaid spending in FY 2013, compared to 32 percent in FY 2003. Home and Community-Based Services (HCBS) Waiver spending had the second highest growth rate at 159 percent during this period from $753 million, 7 percent of the Medicaid budget in FY 2003 to $1.952 million, 11 percent of the Medicaid budget in FY 2013. HCBS Waivers allow the provision of long-term care services in home and community-based settings for certain Medicaid recipients. They offer a variety of services that can be a combination of standard medical services and nonmedical services. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Lake County PASSPORT and Assisted Living

In CY 2013 and CY 2014, Western Reserve Area Agency served 30+ unduplicated clients in assisted living each year and 300+ in PASSPORT in Lake County. See Table C5. MyCare Ohio data were not yet available for the region. Dollars dispersed in CY 2013 were $2.9 million and in CY 2014, $1.4 million in Lake County. The decrease was due to clients who transferred from PASSPORT to MyCare Ohio because they were dual eligible, i.e., eligible for both Medicare and Medicaid. Personal Care represents the largest expenditure followed by Assisted Living.

Table C5

Western Reserve Area Agency on Aging, Assisted Living and PASSPORT - Lake County, Calendar Year 2013 and 2014

	CY 2013		CY 2014	
Service	**Number of Unduplicated Clients**			
ASSISTED LIVING	33		39	
PASSPORT	333		306	
	Dollars Dispersed			
	$	**%**	**$**	**%**
ASSISTED LIVING				
3rd Tier	$344,824	11.8%	$307,682	21.2%
Community Transition Service	$0	0.0%	$1,357	0.1%
PASSPORT				
Adult Day Service Transportation	$5,173	0.2%	$12,311	0.9%
Chore	$275	0.0%	$0	0.0%
Enhanced Adult Day Services	$52,999	1.8%	$18,029	1.2%
Emergency Response System	$59,047	2.0%	$26,276	1.8%
Home Medical Equipment & Supplies	$78,262	2.7%	$36,879	2.5%
Home Delivered Meals	$208,926	7.1%	$100,388	6.9%
Homemaker	$79,634	2.7%	$42,118	2.9%
Intensive Adult Day Services	$56,265	1.9%	$16,224	1.1%
Kosher Meals	$1,975	0.1%	$2,054	0.1%
Minor Home Modification	$4,850	0.2%	$0	0.0%
Personal Care	$1,931,845	66.0%	$849,931	58.7%
Social Work Counseling	$5,081	0.2%	$1,393	0.1%
Therapeutic Meals	$867	0.0%	$0	0.0%
Transportation	$96,733	3.3%	$33,646	2.3%
TOTAL	**$2,926,756**	**100.0%**	**$1,448,288**	**100.0%**

Data Source: Western Reserve Area Agency on Aging, May 29, 2015

Balancing Incentive Program (BIP)

In September 2014, the Ohio Department of Medicaid (ODM) announced that expenditures on home and community-based services (HCBS) for the elderly and disabled now represent 50 percent of the total Medicaid long-term care budget. This objective was reached one year before the federal deadline required for states participating in the Balancing Incentive Program (BIP). BIP provides grants, in the form of an enhanced federal medical assistance percentage rate, to states to help increase access to HCBS.

Participating states are required to meet programmatic and structural reform requirements, including the establishment of a no-wrong door/single entry point system, whereby an individual will have access to information about all services available, regardless of which agency the individual made initial contact with. BIP also requires conflict free case management services to ensure that an individual's plan of care will be created based on medical necessity and independent from funding availability. Lastly, BIP requires the establishment of core standardized assessment instruments so that eligibility determinations are made in a uniform manner across Ohio. Ohio required that by June 30, 2015: (1) at least 50 percent of Medicaid recipients 60 years of age or older who need long-term services and supports utilize non-institutionally based services and supports and (2) at least 60 percent of Medicaid recipients under age 60 who need long-term services and supports utilize non-institutional services and supports. (Ohio Legislative Service Commission, LSC Redbook, 2015)

National Senior Service Corps

Established in 1993, the Corporation for National and Community Service (CNCS) is a federal agency that engages more than 5 million Americans in service through its core programs -- Senior Corps, AmeriCorps, and the Social Innovation Fund -- and leads President Obama's national call to service initiative, United We Serve. The mission of CNCS is to improve lives, strengthen communities, and foster civic engagement through service and volunteering.

The National Senior Service Corps Program is made up of the following three sub-programs: the Retired Senior Volunteer Program (RSVP), the Foster Grandparent Program, and the Senior Companion Program. Federal funding for CNCS remained constant between FY 2011 and FY 2013. However, the amount was reduced by 2.8 percent in FY 2014 and FY 2015. See Table C6 and Figure C3.

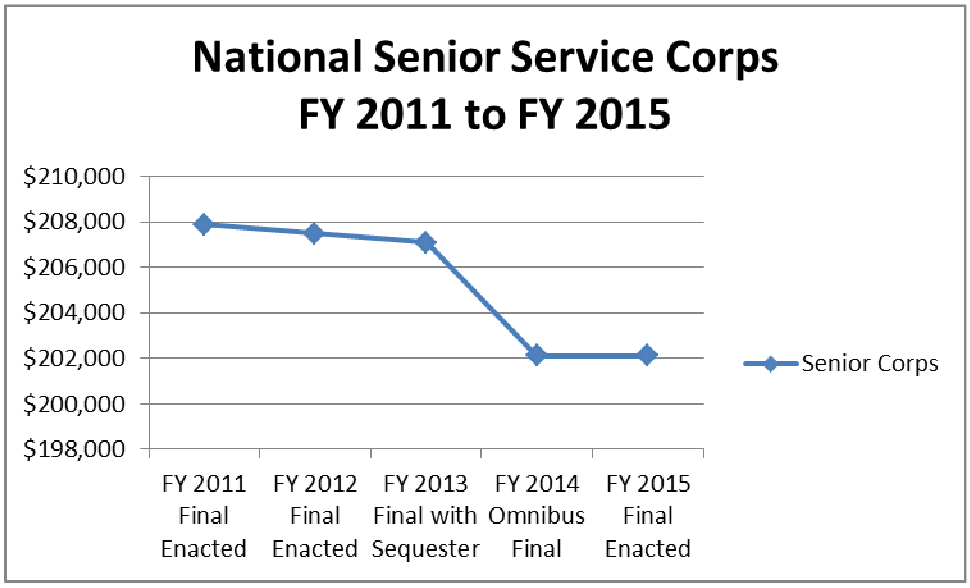
Table C6

CNCS: Senior Corps - Federal FY 2011 to FY 2015 [dollars in thousands]

CNCS	FY 2011 Final Enacted	FY 2012 Final Enacted	FY 2013 Final with Sequester	FY 2014 Omnibus Final	FY 2015 Final Enacted	Change FY 2011 to FY 2015
Senior Corps	$207,883	$207,491	$207,076	$202,117	$202,117	**-2.8%**

Data Source: National Association of Area Agencies on Aging. February 2, 2015. FY 2016 President's Budget Proposal

Figure C3



Data Sources: National Association of Area Agencies on Aging. February 2, 2015.
FY 2016 President's Budget Proposal

The State of Ohio also has a line item for the Senior Corps and it has increased by 3.4 percent since FY 2014. See Table C7 and Figure C4. This line item provides a state subsidy for senior volunteer programs. Nearly 9,400 older Ohioans provide services around the state through these programs. During the FY 2014 and FY 2015 biennium, the priorities for Senior Corps projects included child literacy and school readiness, falls prevention, transportation, meals on wheels, and youth drug prevention. The executive flat funds the program at FY 2015 levels with a recommendation of $241,413 in each fiscal year, which will maintain current service levels. These funds are given out in the form of grants and are also used to provide matching dollars for certain federal grants. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Typically, the breakdown of funding is as follows: 50 percent is dedicated to the RSVP, 25 percent to the Foster Grandparent Program, and another 25 percent to the Senior Companion Program. The funds are allocated to area agencies on aging who then distribute them to projects in their jurisdictions. (Ohio Legislative Service Commission, LSC Redbook, 2015)

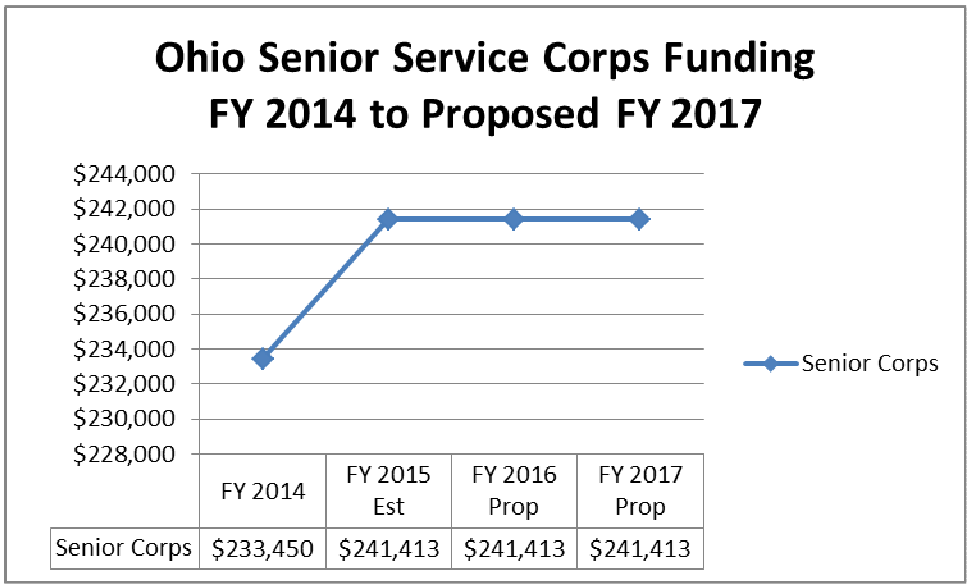
Table C7

Ohio Senior Service Corps - FY 2014 to FY 2017

	FY 2014	FY 2015 Est	FY 2016 Proposed	FY 2017 Proposed	Change FY 2014 to FY 2017
Senior Corps	$233,450	$241,413	$241,413	$241,413	**3.4%**

Data Source: Ohio Legislative Service Commission, LSC Redbook - Department of Aging. March, 2015. Retrieved on June 16, 2015 from http://www.lsc.ohio.gov/fiscal/redbooks131/age.pdf

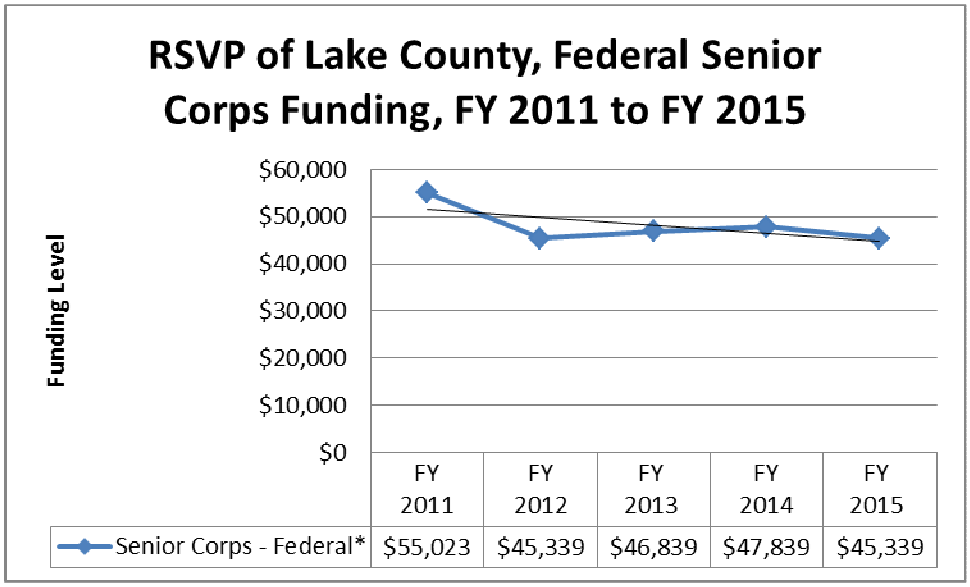
Figure C4



Data Source: Ohio Legislative Service Commission, LSC Redbook - Department of Aging. March 2015

RSVP Lake County is the local agency funded by CNCS to carry out this mission. In FY 2011, CNCS federal funding for RSVP was $55,023. In FY 2012, it was reduced to $45,339 which has been its base level since. In FY 2013 and FY 2014, all RSVP programs received an extra mid-year increase of $1500 or more due to other RSVPs closing. This increase is reflected in reported numbers for those years. See Figure C5.

Figure: C5



Data Source: RSVP of Lake County, June 2015

State Senior Corps funding for RSVP Lake County also decreased over the past 5 years from a high of $4,327 in FY 2011. Currently this funding, administered through the Western Reserve Area Agency on Aging, is $3,772 a year. See Table C8 and Figure C6.

Table C8

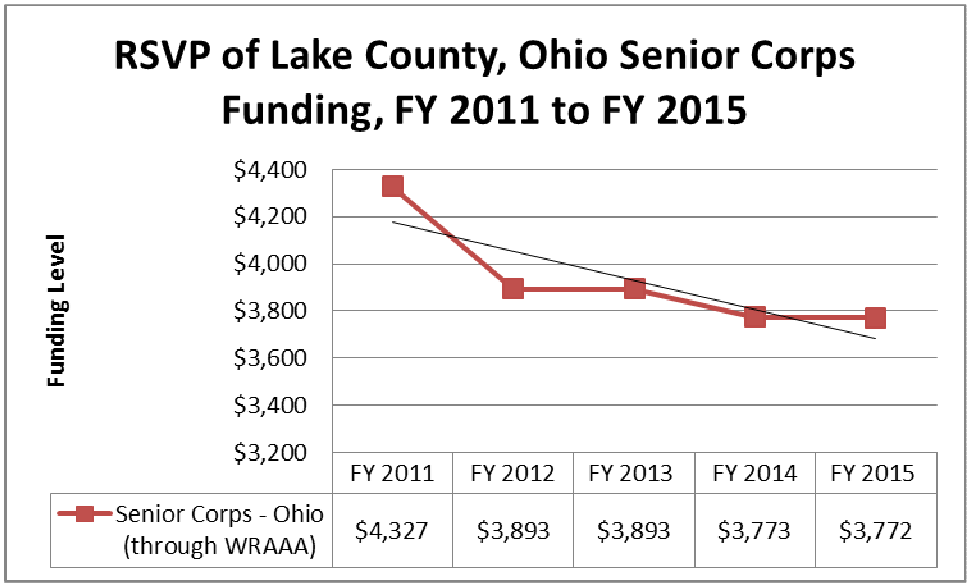
RSVP of Lake County Funding through Western Reserve Area Agency on Aging, FY 2011 to FY 2015

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	Change FY 2011 to FY 2015
Senior Corps - Federal*	$55,023	$45,339	$46,839	$47,839	$45,339	**-17.6%**
Senior Corps - Ohio (through WRAAA)	$4,327	$3,893	$3,893	$3,773	$3,772	**-12.8%**

Data Source: Western Reserve Area Agency on Aging, & RSVP of Lake County, June 2015; RSVP of Lake County

*Note: in FY 2013 and FY 2014, all RSVP programs received an extra mid-year increase of $1500 or more due to other RSVPs closing. This increase is reflected in reported numbers.

Figure: C6



Data Source: Western Reserve Area Agency on Aging, & RSVP of Lake County, June 2015

Senior Farmer's Market Nutrition Program

The Senior Farmers' Market Nutrition Program is funded with a grant from the U.S. Department of Agriculture though some local funding may also be available. There are no match requirements for the program. The program provides nutrition information and vouchers for locally grown produce to income-eligible adults age 60 and older. To be eligible, an individual must reside in a participating area and have a household income that is no more than 185 percent of the federal poverty level ($21,590 or less for a household of one person and $29,101 or less for a household of two persons). The program operates through the growing season each year and eligible individuals receive $50 worth of coupons that can be used at participating farmers' markets and roadside stands. During FY 2014, the Senior Farmers' Market Nutrition Program provided $1.5 million in produce to 31,000 older adults through 464 local farmers. Currently, the program is available in 45 counties. Locally, the program is administered by the WRAAA with distribution sites at its funded congregate meal providers. (Ohio Legislative Service Commission, LSC Redbook, 2015)

Funding of Adult Protective Services (APS)

The National Adult Protective Services Association (NAPSA), with funding from the Administration for Community Living for an APS Resource Center, issued the first ever National Minimal Standards for APS Programs. Some funds for research have been appropriated for a national APS data system and for research about interventions that work. Two-thirds of states, including Ohio, use Social Service Block Grant (SSBG, Title XX) funds for APS. However,

there have been calls for elimination of SSBG which would severely compromise or eliminate APS services. (Quinn, 2015)

In SFY 2012, the allocation for APS services was $316,549. This amount increased slightly in SFY 2013 and SFY 2014, but the highest level is estimated at $10.5 million for SFY 2015. The Adult Protective Services Funding Workgroup was established to make recommendations for the use of this funding. Based on the Ohio Budget Blueprint for Fiscal Years 2016 to 2017, the recommended amounts are $3.5 million each year. See Table C9.

Table C9

Adult Protective Services - Ohio, SFY 2012 to SFY 2017

	ACTUAL			ESTIMATED	RECOMMENDED		
Ohio APS Funding	**SFY 2012**	**SFY 2013**	**SFY 2014**	**SFY 2015**	**SFY 2016**	**SFY 2017**	**Change SFY 2012 to SFY 2017**
State	$316,549	$360,687	$493,744	$10,500,000	$3,526,153	$3,526,153	**1013.9%**

Data Source: Ohio Budget Blueprint. Retrieved on June 16, 2015 from http://blueprint.ohio.gov/doc/budget/State_of_Ohio_Budget_Recommendations_FY-16-17.pdf

Many counties in Ohio, including Lake County, use Social Services Block Grant funds (SSBG) to fund their APS programs. With the exception of FY 2013 with the sequester, this funding at the federal level has remained unchanged at $1.7 billion annually since FY 2002. See Table C10. SSBG funds are allocated to states according to the relative size of each state's population. Counties may determine how much SSBG funds they will allocate to specific and allowable programs in their county. (Lynch, 2012)

Table C10

Social Services Block Grant Funds (Title XX)- Federal FY 2010 to FY 2015 [dollars in thousands]

Title XX	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**FFY 2015**	**Change FFY 2010 to FFY 2015**
Social Services Block Grant	$1,700,000	$1,700,000	$1,700,000	$1,613,000	$1,700,000	$1,700,000	**0.0%**

Data Source: National Association of Area Agencies on Aging. February 2, 2015. FY 2016 President's Budget

Ohio's SSBG funding has decreased by 44.4 percent from SFY 2012 ($84.6 million) to recommended SFY 2017 ($47 million). In fact, SFY 2015 is only estimated at $39.6 million. See Table C11. The decrease in the SSBG line item is due to a transfer of Temporary Assistance

for Needy Families (TANF) funds that had previously been transferred to SSBG back to TANF. Up to 10 percent of federal TANF funds can be transferred to SSBG. Most of the 10 percent of the TANF budget that Ohio transferred to the SSBG (which comes out to about $72 million) goes to the counties and, previously, part of this $72 million was counted in the SSBG line item. This is no longer the case, and explains the drop in the SSBG line, but it is not an actual drop in funding. Three state departments share in the total grant received: ODJFS (72.50 percent), the Department of Mental Health (12.93 percent), and the Department of Developmental Disabilities (14.57 percent)."

Table C11

Social Services Block Grant Funds (Title XX)- Ohio SFY 2012 to SFY 2017

	ACTUAL			ESTIMATED	RECOMMENDED		
Title XX	**SFY 2012**	**SFY 2013**	**SFY 2014**	**SFY 2015**	**SFY 2016**	**SFY 2017**	**Change SFY 2012 to SFY 2017**
Family Stability				$2,000,000	$2,000,000	$2,000,000	
Family & Children				$35,349,160	$43,172,152	$43,169,782	
Program Mgt				$2,003,228	$1,827,848	$1,830,218	
Total Internal Service Acct	**$84,581,317**	**$41,258,878**	**$39,476,372**	**$39,352,388**	**$47,000,000**	**$47,000,000**	**-44.4%**

Data Source : Ohio Budget Blueprint. Retrieved on June 16, 2015 from http://blueprint.ohio.gov/doc/budget/State_of_Ohio_Budget_Recommendations_FY-16-17.pdf

The Lake County Department of Job and Family Services' (JFS) allocation from the Ohio APS line item has increased by 41.6 percent between SFY 2013 and SFY 2015; Social Service Block Grant/ Title XX funds used for APS services in Lake County also increased, by 48.3 percent, not because there was an increase of the Title XX allocation to the county, but because of an internal decision by JFS to increase funding. The tentative FFY SSBG allocation to Lake County was $123,392. There were 150 reported allegations that were investigated in SFY 2013 and already 133 through May of SFY 2015. See Table C12.

Table C12				
Lake County Adult Protective Services Funding, SFY 2013 to SFY 2015				
Source	**SFY 2013**	**SFY 2014**	**SFY 2015**	**Change SFY 2013 to SFY 2015**
Ohio APS Funding	$5,437	$7,336	$7,700	41.6%
SSBG for APS	$18,879	$12,297	$28,000	48.3%
Total Funds	**$24,316**	**$19,633**	**$35,700**	**46.8%**
Number Investigations	150	113	133 (through May)	
Data Source: Lake County Department of Job and Family Services, June 11, 2015				

Federal Housing Program for Older Adults

Affordable housing is the nucleus of a system of home and community-based services (HCBS) and supports for older adults because, without access to affordable housing, care in nursing homes and similar facilities is the only option for low income, frail older adults. The Department of Housing and Urban Development administers the Supportive Housing for the Elderly (Section 202) program, which plays a critical role in addressing the demand for affordable, supportive housing for older adults in this country. Currently, the program maintains the supply of multi-family housing stock for older adults through renewal of existing rental assistance contracts that cover the difference between a property owner's 'HUD-approved operating costs for a project and the tenants' payments. Section 202 also supports independent living by funding the salaries of service coordinators who help residents find the HCBS and supports they need to continue living in their own homes. No funds for new Section 202 rental assistance contracts were appropriated in FY 2015. Low income housing tax credits for older adults may be used, but households with extremely low incomes may not be able to afford the rents that would be charged. (U.S. Government Accountability Office, 2015)

Senior Community Services Employment Program (SCSEP)

The Senior Community Services Employment Program (SCSEP) is a community service and work-based job training program authorized by the Older Americans Act and administered by the U.S. Department of Labor (USDOL). Participants may train in nonprofits, hospitals, schools, day cares, senior centers, and/or other governmental agencies. To be eligible, an individual must be unemployed, age 55 or older, with an annual income that does not exceed 125 percent of the

federal poverty level. Participants are placed in an assignment for 20 hours per week and are paid local, state, or federal minimum wage, whichever is higher. According to USDOL, enrollment priority is given to veterans and qualified spouses, then to individuals aged over 65 years, have a disability, have low literacy skills, reside in a rural area, are homeless or at risk of homelessness, or have low employment prospects. The program is offered statewide. However, ODA's funding supports participants in only 31 Ohio counties. ODA contracts with one sub grantee to operate the program in those 31 counties. The remaining counties are served by grantees that receive funds directly from the USDOL. The USDOL provides 90 percent of the funding for the program, the remainder of program funds is provided by the sub grantee. Funding increased by 2.3 percent between FY 2013 and FY 2015. See Table C13. (National Council on Aging, 2015)

Table C13

Senior Community Service Employment Program (SCSEP), U.S. Department of Labor - Federal FY 2013 to FY 2015 [dollars in millions]

	FY 2013	FY 2014	FY 2015	Change FY 2013 to FY 2015
SCSEP	$424,800,000	$434,400,000	$434,400,000	**2.3%**

Data Source: National Council on Aging. Aging Program Funding. Retreived on June 2, 2015 from http://www.ncoa.org/public-policy-actiion/federal-budget.

The Ohio SCSEP is funded at approximately $18.2 million, providing 1,907 authorized SCSEP positions for the 2014 program year. Provider funding is allocated by a formula: 20 percent of funds are allocated to the state, and 80 percent to national organizations that compete to provide services at the county level. There are 6 national providers in Ohio including Mature Services which provides SCSEP services for Lake County. Its total budget is $4.9 million from USDOL and $3.7 million from the Ohio Department of Labor. (Mature Services website, June, 2015)

United Way of Lake County

United Way of Lake County conducted a community needs assessment in 2014. (United Way of Lake County, 2014) The needs of the senior population were perceived to be a key concern in the future, especially because of the aging of the population and the desire of seniors to maintain their independence. Historically-known needs were reinforced: health, transportation, loneliness, and isolation. Four emerging needs were identified.

- Health care access and services;
- Mental health and addiction;

- Alzheimer's/dementia care; and
- Affordable housing for seniors to age in place.

Adequately meeting the needs will require providers to gain insight and understanding of the boomer mentality. This will also impact the health care system and informal caregiving.

Stakeholders were asked their recommendations for change if the top 3 issues identified were not being adequately addressed and these were suggestions for aging services:

- More county planning to seriously address long term planning for the elderly population and services to address their needs;
- Sufficient funding to meet needs;
- Exploration of opportunities to put schools and senior centers in close proximity to exchange interaction and shared services, such as cafeteria, maintenance, staffing;
- More outreach and education regarding available resources; and
- More flexible funding streams.

In FY 2015, United Way of Lake County allocated $179,118 dollars for senior programs and in FY 2016, $181,379, an increase of $2,261. Allocations for senior programs have increased annually since FY 2010 when there was a total of $137,692. All senior levy recipients with the exception of the Willoughby Senior Center and RSVP receive United Way funds. In addition, Senior Independence and the Salvation Army Citadel received funds, but are not funded by the levy. See Table C14. Forty-seven percent of the funding is for the Council on Aging's congregate meal program and 17 percent is for Senior Exercise provided by several senior centers.

Table C14

United Way of Lake County Allocations for Senior Programs, FY 2015 & FY 2016

AGENCY	PROGRAM	FY 2015 FUNDING	FY 2016 FUNDING	DIFFERENCE
Council on Aging	Congregate Meals	$84,619	$84,619	$0
Sal. Army Citadel	Social Adult	$22,649	$25,000	$2,351
Senior Independence	Faith in Action	$15,000	$14,000	($1,000)
Mentor Senior Center	Special Elders Prog	$13,000	$13,000	$0
Fairport Senior Center	Extended Hours	$8,250	$8,200	($50)
Wickliffe Senior Center	Senior Exercise	$6,500	$6,500	$0
Eastlake Senior Center	Senior Exercise	$5,750	$5,750	$0
Painesville Senior Center	Senior Exercise	$5,654	$5,654	$0
Kirtland Senior Center	Senior Exercise	$5,000	$5,000	$0
Willowick Senior Center	Senior Exercise	$4,040	$5,000	$960
Madison Senior Center	Senior Transportation	$4,000	$4,000	$0
Perry Senior Center	Senior Exercise	$2,590	$2,590	$0
Perry Senior Center	Memory Class	$2,066	$2,066	$0
TOTAL		**$179,118**	**$181,379**	**$2,261**

Source: United Way of Lake County. Retrieved on June 19, 2015 from http://www.uwlc.org/health

Lake-Geauga Fund of The Cleveland Foundation

Each year, the Lake-Geauga Fund awards more than $1 million in grants to nonprofit organizations in Lake County and Geauga County, Ohio. Grantmaking is driven by an advisory committee in response to the stated needs of the community. The grantmaking focuses on:

- Promoting philanthropy that supports major initiatives;
- Supporting partnerships and collaborations; and
- Meeting the needs of the communities through strategic grantmaking.

(Source: http://www.clevelandfoundation.org/grants/lake-geauga-fund/)

Lake County Communities Resources

Senior levy recipient agencies reported that in 2014, $867,532 of their collective income came from Lake County municipalities.

Perceptions from Lake County Community Leaders

Mayors of the 23 Lake County communities were interviewed and asked about resources their municipality contributed for services for seniors: What resources does your municipality contribute for services for seniors - cash or in kind - in your community? What has worked well? What has not worked?

With the exception of the small jurisdictions, municipalities that do not have a senior center may contribute some funds to other nearby senior centers and a few of those might provide maintenance such as grass cutting and snow plowing to those senior centers. One small municipality supplemented the difference in the membership rate for seniors to attend a senior center in another community at the same rate as those living in the city. Larger communities provide senior discounts for swimming and golf, provide Community Development Block Grant (CDBG) funds to assist elderly homeowners, and work with businesses to give discounts to veterans.

When asked what was not working, they had different responses. Due to tax decreases, those supplementing membership rates may no longer be able to do so. Some already had to make cuts due to the economy. There is a perception that only a small percentage of Lake County elderly residents use the senior centers. One mayor felt that his city was not receiving its fair share of levy funds based on the contributions of the city's property owners to the senior levy. Another mayor felt the dollars should be spent for those who are in need and not to provide "country club" services to those who can pay for such services.

The majority of jurisdictions do not have any plans in place to address baby boomer needs. One interviewee said they were looking at providing more senior housing as the aging population increases. Another suggested that as baby boomers age, there is a need to look at the senior centers and how they are providing services. One community had tried to build a senior housing complex, but the project fell through with the market crash; the mayor thought it may be time to revisit the project. The current programming and facility in some communities is positioned to provide for any increased senior needs in the future.

Appendix D -
Survey Tables - Elder Friendly Community

Table D1 – Elder-Friendly and Domains of Elder-Friendly Mean Scores by Gender and Age

	Male (n=22,528)	Female (n=28,960)	Age 60-74 (n=33,942)	Age 75-84 (n=12,246)	Age 85+ (n=5,300)
ELDER-FRIENDLY (Mean across all four Domains)	**1.70**	**1.70**	**1.70**	**1.73**	**1.69**
Basic Needs	1.88	1.86	1.88	1.87	1.87
Physical and Mental Health and Well-being	1.72	1.66	1.67	1.71	1.71
Social and Civic Engagement	1.55	1.60	1.57	1.61	1.57
Independence for Frail and Disabled	1.67	1.70	1.68	1.73	1.64

Table D2 – Percent Distribution of Senior Survey Respondents' by Indicators of Basic Needs Domain

Indicators of Basic Needs Domains	No	Not Sure	Yes
5a. I want to stay in my current home as long as possible.	2.2%	3.7%	94.1%
5b. I am confident I can stay in my current home as long as possible.	2.7%	9.6%	87.7%
5c. My home DOES NOT need major repairs for me to live here the next 5 years	11.2%	10.2%	78.6%
5d. I feel reasonably safe in my community	2.6%	3.4%	94.0%
5h. In the past 3 months, there HASN'T been a time I was afraid of family members or others taking advantage of me or hurting me	1.1%	1.4%	97.5%
5f. I am satisfied with my community as a place to live as I get older	4.0%	8.4%	87.5%
5i. In the past month, I DID NOT cut the size of or skipped meals because there wasn't enough money for food	3.7%	1.1%	95.1%

Figure D1 - ELDER-FRIENDLY AGGREGATE AND DOMAIN-SPECIFICS MEAN SCORES BY GENDER

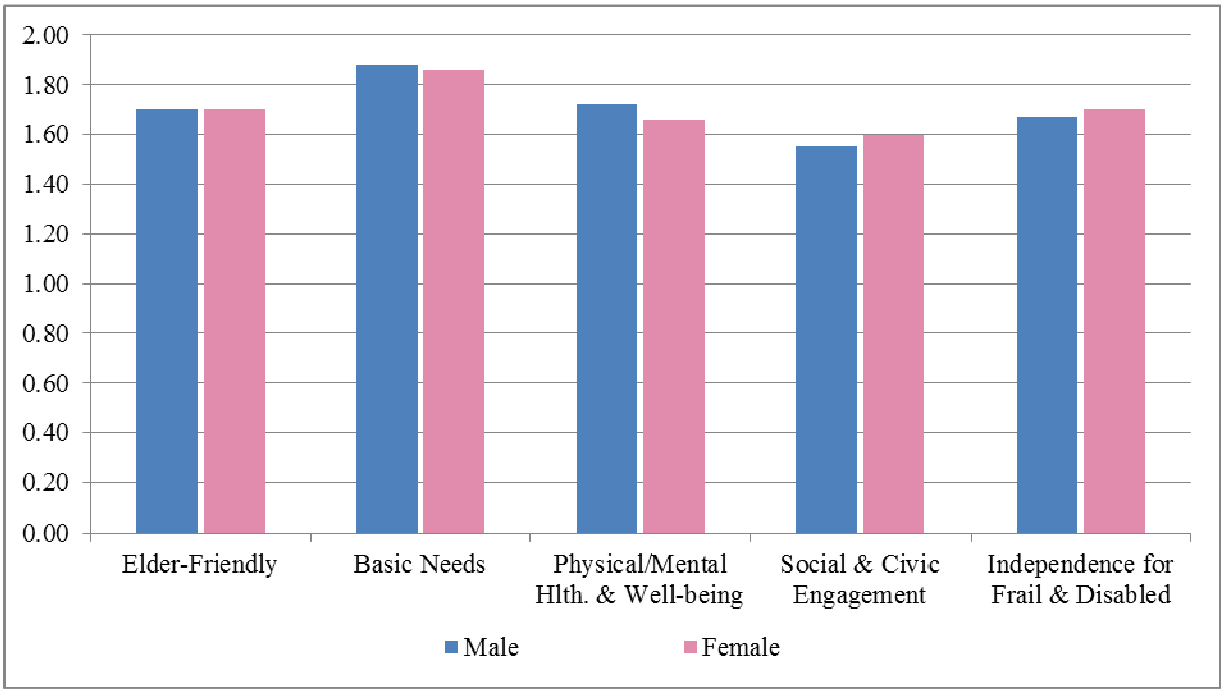


Figure D2 - ELDER-FRIENDLY AGGREGATE AND DOMAIN-SPECIFICS MEAN SCORES BY AGE

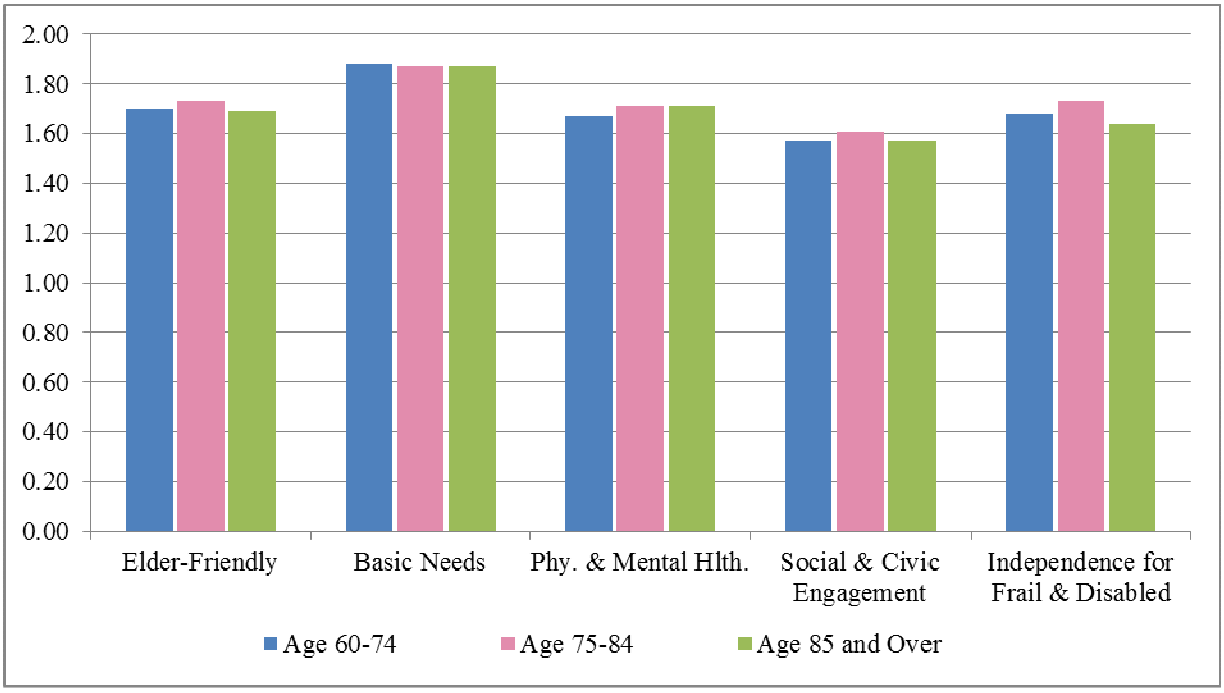


Table D3 - Basic Needs Domain, Distribution of Senior Survey Respondents on Indicators by Gender and Age Category

	I want to remain in my Home as long as possible					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	458	2.1%	1,047	4.7%	20,777	93.2%
Female	636	2.3%	844	3.0%	26,730	94.8%
Age 60-74	778	2.3%	1,486	4.4%	31,170	93.2%
Age 75-84	206	1.7%	255	2.1%	11,514	96.1%
Age85+	110	2.2%	149	2.9%	4,823	94.9%

	I am confident I can remain in my home as long as possible					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	517	2.3%	1,925	8.6%	19,840	89.0%
Female	847	3.0%	2,894	10.3%	24,396	86.7%
Age 60-74	846	2.5%	3,145	9.4%	29,443	88.1%
Age 75-84	289	2.4%	1,091	9.1%	10,560	88.4%
Age85+	229	4.5%	582	11.5%	4,233	83.9%

	My home DOES NOT need major repairs for me to live here the next 5 years					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	2,082	9.6%	1,797	8.3%	17,893	82.2%
Female	3,331	12.5%	3,157	11.8%	20,245	75.7%
Age 60-74	3,415	10.5%	2,875	8.8%	26,298	80.7%
Age 75-84	1,391	12.3%	1,460	12.9%	8,479	74.8%
Age85+	607	13.2%	619	13.5%	3,361	73.3%

	I feel reasonably safe in my community					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	635	2.9%	806	3.6%	20,807	93.5%
Female	658	2.3%	917	3.2%	26,664	94.4%
Age 60-74	878	2.6%	1,149	3.4%	31,441	93.9%
Age 75-84	323	2.7%	427	3.6%	11,207	93.7%
Age85+	91	1.8%	146	2.9%	4,823	95.3%

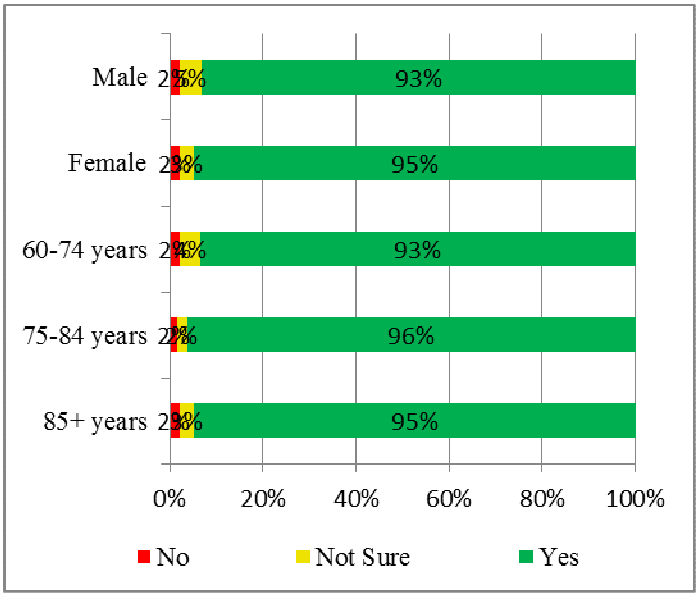
	In the past 3 months, there HASN'T been a time I was afraid of family members or others taking advantage of me or hurting me					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	205	0.9%	347	1.6%	21,613	97.5%
Female	359	1.3%	365	1.3%	27,365	97.4%
Age 60-74	305	0.9%	473	1.4%	32,657	97.7%
Age 75-84	188	1.6%	187	1.6%	11,549	96.9%
Age85+	72	1.5%	52	1.1%	4,771	97.5%

	I am satisfied with my community as a place to live as I get older					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	1,093	4.9%	1,396	6.3%	19,827	88.8%
Female	957	3.4%	2,858	10.1%	24,503	86.5%
Age 60-74	1,453	4.3%	3,384	10.1%	28,767	85.6%
Age 75-84	462	3.9%	647	5.4%	10,867	90.7%
Age85+	136	2.7%	223	4.4%	4,696	92.9%

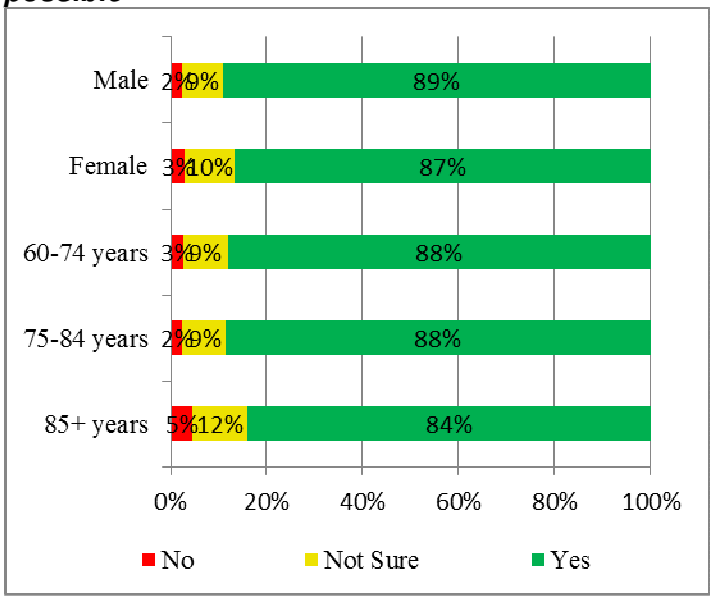
	In the past month, I <u>DID NOT</u> cut the size of or skipped meals because there wasn't enough money for food					
	No		**Not Sure**		**Yes**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Male	723	3.3%	356	1.6%	21,052	95.1%
Female	1,149	4.1%	207	0.7%	26,619	95.2%
Age 60-74	1,252	3.8%	304	0.9%	31,676	95.3%
Age 75-84	529	4.4%	171	1.4%	11,208	94.1%
Age85+	91	1.8%	88	1.8%	4,787	96.4%

Figure D3 - Basic Needs Domain, Distribution of Senior Survey Respondents on Indicators by Gender and Age Category

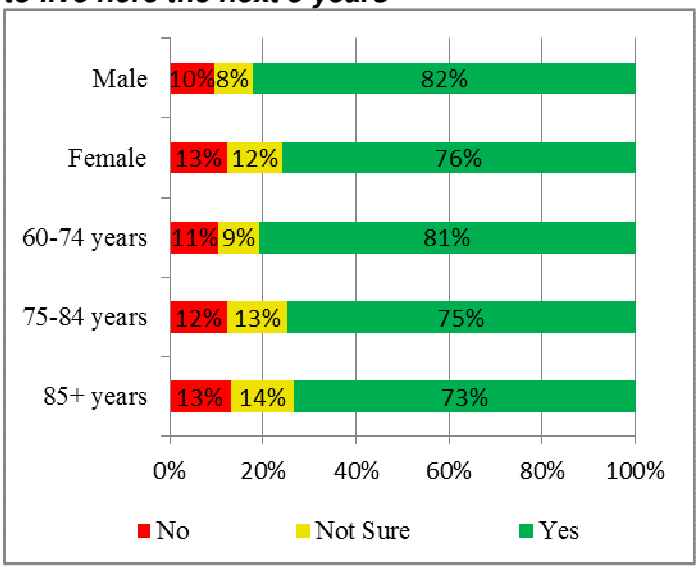
I want to remain in my home as long as possible



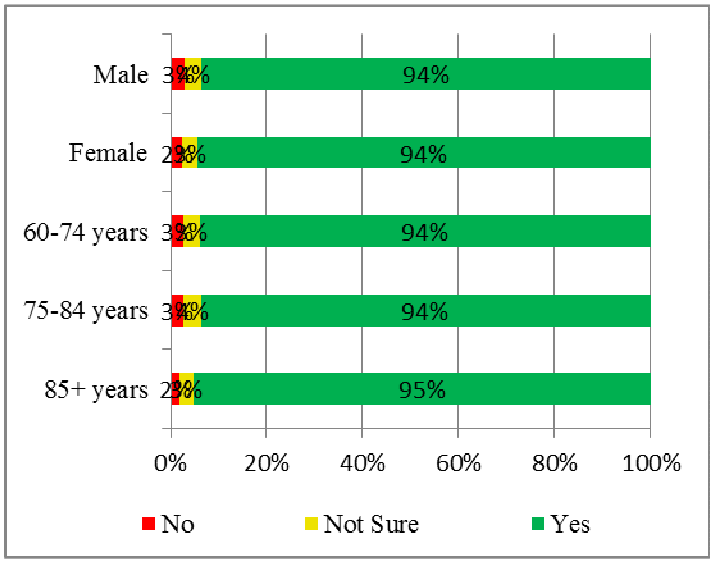
I am confident I can stay in my home as long as possible



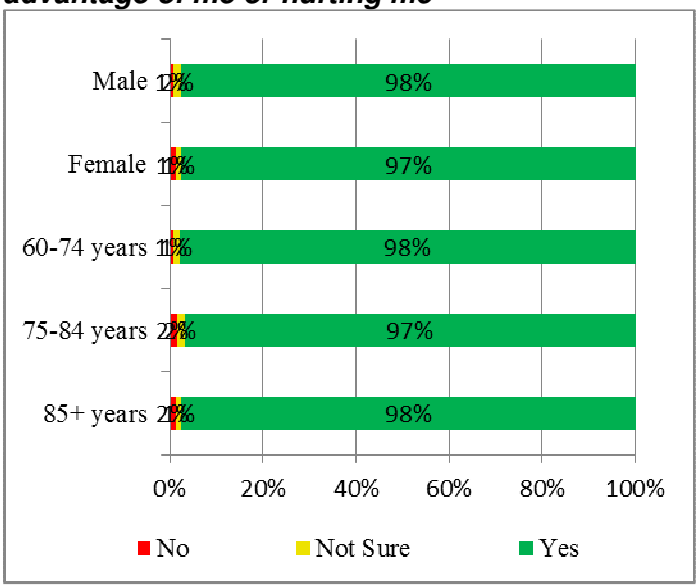
My home DOES NOT need major repairs for me to live here the next 5 years



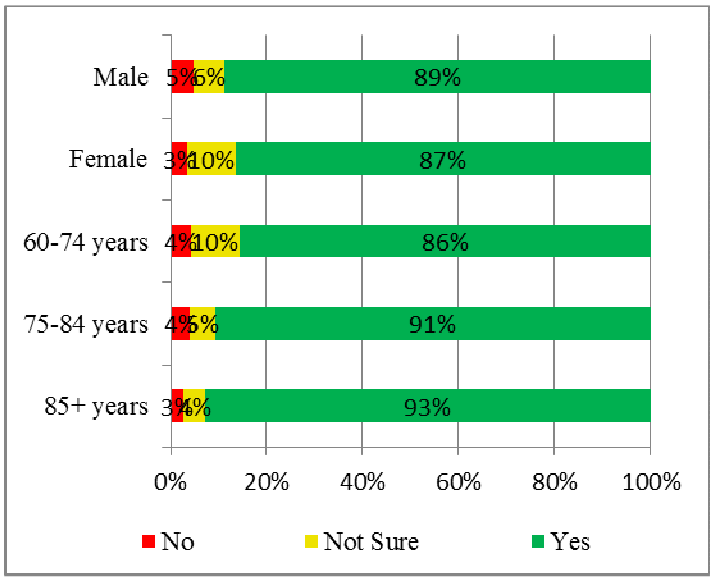
I feel reasonably safe in my community



In the past 3 months, there HASN'T been a time I was afraid of family members or others taking advantage of me or hurting me



I am satisfied with my community as a place to live as I get older



In the past month, I DID NOT cut the size of or skipped meals because there wasn't enough money for food

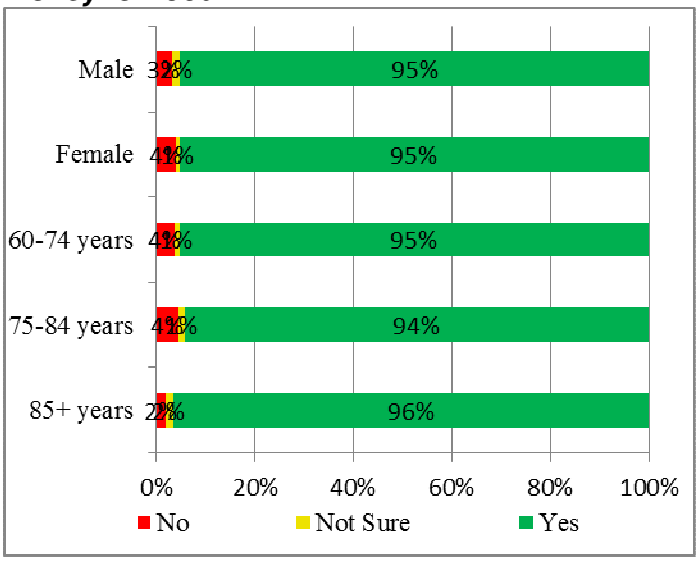


Table D4 – Percent Distribution of Senior Survey Respondents' by Indicators of Physical/Mental Health and Well-being Domain

Indicators of Physical/Mental Health and Well-being Domain	No	Not Sure	Yes
3b. I participate in Exercise & Wellness Program	31%	21%	48%
5k. In the past 3 months, I DID NOT feel depressed or anxious	14%	4%	83%
3i. I had geriatric assessment	9%	1%	90%
5m. In the past year, I had enough money to fill a prescription for medicine	6%	1%	93%
5n. In the past year, I had enough money to pay for dental care or eyeglasses	14%	1%	85%
5l. In the past year, I had enough money for tests/treatments recommended by my doctor	6%	2%	92%

Table D5 – Percent Distribution of Senior Survey Respondents' by Indicators of Social and Civic Engagement Domain

Indicators of Social and Civic Engagement Domain	No	Not Sure	Yes
3a. I participate in socialization/recreational activities	22%	20%	58%
5o. In the past month, I often socialized with friends or neighbors	18%	1%	81%
5p. In the past month, I engaged in at least one social/religious/cultural event	19%	1%	81%
5g. I live in a community where people help each other	14%	22%	65%
3p. I have opportunities to volunteer	15%	6%	79%
3q. I have opportunities for employment	12%	1%	87%

Table D6 – Percent Distribution of Senior Survey Respondents' by Indicators of Independence for Frail and Disabled Domain

Indicators of Independence for Frail & Disabled Domain	No	Not Sure	Yes
3e. Medication management	90%	1%	90%
3f. Adult day care	10%	1%	89%
3g. Meal delivery to home	11%	3%	86%
3h. Meal preparation at home	8%	1%	91%
3j. Home health care/personal care	12%	3%	85%
3l. Help with paperwork	11%	2%	88%
3m Legal assistance	16%	2%	81%
3n. Assistance with home chores	16%	2%	82%
3o. Home maintenance	24%	2%	75%
3c. Transportation for shopping	18%	3%	80%
3d. Transportation for medical appointments	17%	4%	78%
3k. Respite care	9%	1%	90%
8j. I have children or other family/friends nearby who would care for me if needed	18%	0%	82%
4.1 to 4.9 I know whom to call for information about available services	13%	0%	87%

Table D7 – Source of Information about services available to seniors

Source	Number Using Source	Percent
Church/Synagogue	6,988	8.4%
Council on Aging	13,055	15.7%
Family/Friends/Neighbors	21,991	26.5%
Social Service Provider Agency	2,991	3.6%
Medical Center/Health Professional	7,162	8.6%
Phone Book/Other Media	9,615	11.6%
Senior Center	15,490	18.7%
2-1-1 Lifeline	1,556	1.9%
Others	4,162	5.0%
Total Individual-Source Count	83,012	100.0%

Note: The average number of sources used by respondents is approximately 2.

Appendix E
Focus Groups & Key Informant Perceptions

FUNDERS/OTHER SERVICE PROVIDERS - INTERVIEWS:

- Job and Family Services - Adult Protective Services
- Probate Court - Guardianships; Indigent Guardianships, etc.
- LakeTran
- Lake Metropolitan Housing Authority
- Community Development Block Grant
- United Way
- Lake Geauga Fund of The Cleveland Foundation
- Western Reserve Area Agency on Aging
- ADAMHS Board
- Lake Health OR Breckenridge

BASIC NEEDS - FOCUS GROUPS:

- Housing
- Nutrition
- Transportation
- Information
- Public Safety/Emergency Services
- Income
- Benefits assistance

PHYSICAL & MENTAL HEALTH - FOCUS GROUPS:

- Health care providers
- Health educators
- Prevention
- Access to mental/behavioral health care
- Access to palliative care
- Fitness centers - Silver Sneakers
- Disease specific - Alzheimer's; Arthritis; Cancer; Heart; etc.
- Legal services

SOCIAL ENGAGEMENT - FOCUS GROUPS:

- Senior centers
- Libraries
- Religious institutions

- Neighborhood support groups
- Opportunities for employment/workforce development
- Volunteer opportunities
- Computer classes

SERVICES TO FRAIL & HOMEBOUND SENIORS - FOCUS GROUPS:

- Accessible transportation
- Home health care
- Supportive and accessible housing
- Assisted living
- Nursing facilities
- Family/caregiver support
- Options counseling
- Case Management
- Chore Service

Q.	FOCUS GROUP/INTERVIEW QUESTIONS				
	Providers [4 Focus Groups]: Basic Needs; Physical & Mental Health; Social Engagement; Services to Frail/Homebound Seniors	**Seniors From Senior Levy Funded Agencies; Others [2 Focus Groups]**	**Funders/Other Service Providers [10 Interviews]**	**Senior Levy Recipients [12 Interviews]**	**Lake County Jurisdictions [23 Interviews]**
1.	• What has been your experience *providing services* to older adults in Lake County? • What has worked well? • What has not worked? • What are the service/funding trends/changing program philosophies in your area of service and how will these impact seniors in Lake County?	• What has been your experience *receiving senior services* in Lake County? • What has worked well? • What has not worked?	• What has been your experience *funding or providing services to seniors* in Lake County? • What has worked well? • What has not worked? • What are the service/funding trends/changing program philosophies in your area of service and how will these impact seniors in Lake County?	• How have you been using the senior levy funds? • What has worked well? • What has not worked? • Are you aware of service/funding trends/changing program philosophies that will impact seniors in Lake County?	• What resources does your municipality contribute for services for seniors - cash or in kind - in your community? • What has worked well? • What has not worked? • What are your plans to serve seniors as the baby boomers come of age?
2.	From your experience, what are the most pressing needs of older persons in Lake County [or your community]? Probes: • How are these needs being met (or maybe not being met)? • Are there barriers to getting these needs met? • Are there specific areas in the county [or your community] where it is difficult to get these needs met? • Are there differences by age groups: 55-59; 60-74; 75-84; 85+				

Q.	FOCUS GROUP/INTERVIEW QUESTIONS
3.	The AdvantageAge Initiative has defined four elements of an elder-friendly community: • Addressing basic needs - food, shelter, transportation, safety, information • Optimizing physical and mental health and well-being • Promoting social and civic engagement • Maximizing independence for frail and home bound persons. For each of these in Lake County [or your community], what is working well? What is not working? What are you suggestions for making Lake County [or your community] more elder-friendly?
4.	From: *The Maturing of America - Getting Communities on Track for an Aging Population* (2011): "The needs of older adults are often inter-related, but the service delivery system is not. For example, providing housing will not be sufficient if residents lack transportation to get to basic services…. These interdependent needs of older adults may require a completely new, comprehensive, holistic approach to service delivery organization and management." What would the ideal system of service delivery for older persons in Lake County look like? Probes: • What are barriers to achieving the ideal? • What suggestions do you have for bringing about the ideal?
5.	Lake County distributes approximately $2.5 million dollars annually from the county's Senior Levy. Funding goes to 10 senior centers, the Lake County Council on Aging, and RSVP? • What works with how the senior levy funds are currently used? • What does not work? • What suggestions do you have for how senior levy dollars in Lake County can be used to bring about the ideal?

THEMES: Perceptions of Most Pressing Service Needs

Focus group participants, interviewees, and survey respondents were asked about the most pressing needs for older person in the county or their communities. These are the highlights of their responses in order of frequency.

Service	Detail	Focus Group(s) #	Funders/ Major Providers	Senior Levy Recipients	Juris-dictions	211 Top Calls	TOTAL
Affordable Senior Housing; Housing Maintenance	Congregate living settings**;** in-home care, handyman services, home maintenance; affordable services	3	1	1	1	1	**7**
Transportation	No Saturday or evening service; needed for access to food, prescriptions and groceries; harder for rural residents	3	1	1	1		**6**
Access to Services (Information/ Communication)	Programs available in the community; how to get the word out and communicate with seniors not connected to senior centers and/or who are blind, deaf, memory impaired and otherwise disabled	4	1				**5**
Financial Assistance	Medications, property taxes, legal advice	3		1	1		**5**
Coordination among Agencies	**"**Putting it all together for people isn't done;" "a common application form" used by all agencies would be helpful; a "one stop" information and application center	3	1	1			**5**

Service	Detail	Focus Group(s) #	Funders/ Major Providers	Senior Levy Recipients	Juris-dictions	211 Top Calls	TOTAL
Adult Protective Services (elder abuse)	"Most successful counties have a strong APS"; COA and APS –a natural working relationship; look to Cuyahoga County as a model; need support of the County Commissioners; need volunteer guardians	3		1			**4**
Health Care/Mental Health Integration	Affordability; integration of health care and mental health	1	1	1	1		**4**
Friendly Visiting/Senior Ombudsman	Support system for individuals living alone and having no family, neighbors etc. to help them; deal with loneliness	2			1		**3**
In Home Care	Getting seniors to get help early, overcoming barriers such as pride & wanting resources for their children	1	1		1		**3**
Safety Checks	Police and paramedics providing safety checks & dealing with seniors who shouldn't be driving; to train paramedics to do home checks to decrease calls to police	1			2		**3**
Chore Services	Lawn mowing; snow removal				1	1	**2**
Food Access & Affordability			1		1		**2**
Healthy Aging (Fitness)				1	1		**2**
Alzheimer's disease	Support for persons and their families				1		**1**

Service	Detail	Focus Group(s) #	Funders/ Major Providers	Senior Levy Recipients	Juris-dictions	211 Top Calls	TOTAL
Assisted Living					1		**1**
Dental Care						1	**1**
Education about scams		1					**1**
Sustainability of services	Being able to sustain the operational revenue for services at the current levels				1		**1**

THEMES: Perceptions of Ideal Service Delivery System

The following four elements of an ideal service delivery system for seniors in Lake County were suggested by focus group participants and interviewees.

1. *Strategic marketing of the Lake County Aging and Disability Resource Center (ADRC) and 2-1-1 to facilitate access to needed services*

2. *Development of formal agency linkages to assist seniors to move seamlessly through the system:*
   - A computer system that links information from various agencies so that seniors don't have to fill out duplicate forms that repeat questions already responded to; where agencies cooperate more in terms of sharing information and where all seniors and their families are educated about all of the available services for seniors in the community
   - Formalized partnerships and coordination among senior serving agencies with communications among agencies
   - A one-stop shop for seniors to bring together mental health, prescription help, and companion services etc.
   - Care transition services - case managers to set up care from hospital to home or rehab and back home
   - Case managers
   - Advocates and ombudsmen to assist seniors to move seamlessly through the system
   - Regular visits to homes of seniors by paramedics to check on their general welfare

3. *A spectrum of housing and service options to help seniors remain in their homes:*
   - Continuum of care communities like the Breckenridge model
   - "Village models" - neighbors helping neighbors
   - "Co-ops" - organized networks for bartering exchanges of services such as cooking, driving, shopping
   - Housing with transportation resources
   - A "walkable community"- housing within walking distance to stores, etc.
   - Services that come to seniors in their own homes
   - More delivery services for prescriptions and meals

4. *Affordable, accessible transportation to supplement Laketran*

The following were identified as barriers to achieving the ideal service delivery system:

- Fragmented funding - for example, Laketran cannot access waiver and Medicaid funds

- Lack of funding for coordination across providers
- Human barriers such as agencies being territorial, competitive, working in silos and protecting their turf
- Lack of coordination such as seniors having to make too many phone calls and some giving up
- Council on Aging is "the only game in town"; suggested should be a more open bidding process for levy dollars
- Politicians and community members opposed to senior and/or subsidized housing in their communities.

The following were suggested for creating the ideal service delivery system:

- Initiate a cohesive county-wide planning process with goals and timelines that involve multiple agencies; the Council on Aging was suggested as a possible convener.
- Conduct an annual forum for agencies to get together and brainstorm about problems and resources.
- Prioritize needs of seniors.
- Use some of the levy funds for "scalable solutions" to set up service networks so seniors don't fall through the cracks.
- Integrate public services with the private sector.
- Enhance access to Council on Aging and Laketran
- Obtain funding from hospitals.

THEMES: Perceptions of the Role of Senior Centers

The funders/major providers see the need for senior centers which are funded with senior levy funds having a role in the future. It is not clear whether they need additional funds, but they are likely to have a larger role in the future. They are located where seniors live and operated by staff and volunteers they trust, all contributing to building community.

Funding is used differently by each agency recipient; some use for capital improvements and others for salaries. The funds are important to the operations of the centers and agencies. Most serve persons 55+ with no other eligibility criteria unless from other funders. Agencies who receive the funds perceive there is accountability even if there are not formalized guidelines for use of funds and reporting requirements. Most believe the funds are being used effectively and advocate for larger allocations for their own center. They are not as certain that levy funding used by other recipients is well-spent. One suggestion was to use levy funds to provide better quality of care for seniors in the county. Most are feeling threatened by possibility of redirection of funds.

Focus group participants and interviewees identified several features of senior centers that demonstrate their importance in the service delivery model within Lake County.

- A place for well seniors to build community and reduce social isolation through opportunities for recreation, social interaction, education, wellness activities, trips, food, and volunteering
- First line of defense to identify issues facing senior participants and link to other needed services; someone referred to a senior center as a "lifeline" and someone else as a "hub to obtain information"
- Uniqueness of each center and benefits of having centers in or near the communities where seniors live
- Connection with Council on Aging which provides congregate meals at some of the centers
- Low membership fees (also a potential negative as fees are only $5-$10 a year at most centers)
- Opportunity to be members at multiple centers to access their different activities
- Some initial approaches for responding to the needs of more frail older persons - an example mentioned was the 85+ program at Mentor for those with extra needs.

When asked what does not work with senior centers, there were several issues raised.

Access Issues:

- Need for more marketing of senior centers and their offerings. There is no formal outreach and some believe the county should have a role in letting seniors know about them. Note that quite a few of those interviewed did not know what senior centers did.
- Transportation to the centers by those who do not drive is primarily provided by Laketran. However, there are no fixed routes that go to the centers and Dial-a-Ride often has a 3 to 4 hour wait.
- There is a perception that senior centers are for "old" people and that stigma prevents seniors from joining.
- There is difficulty for those in rural areas to get to the centers.

Funding Issues:

- Senior centers need more funding. Membership fees are low with outsiders paying more. Some feel this is unfair as all home owners are paying through the senior levy. Others felt that the fees are too low and should be increased because they have not kept pace with other things.

General Issues:

- There are too many senior centers; many seniors go to more than one center; it is not an effective and efficient use of senior levy funds.
- The focus of senior centers is primarily on the well seniors.
- Quality is uneven: some centers do a better job than others.
- Centers operate independently of each other with a competitive rather than collaborative approach.

Several suggestions for change were made. Essentially there is a need for further dialogue about senior levy funding for senior centers.

Role of Senior Centers

- Obtain more data: Does the county need 10 centers? Are all centers equally effective**?** How many attend each center? What percentage of the senior population uses the centers**?** What will seniors want in the future? Do centers conduct surveys to gather information? Look to other counties-Geauga and Ashtabula- for how they provide senior centers.
- Regionalize: Operating fewer centers serving larger areas could cut costs; overhead for 10 centers is a lot. Perhaps there should be 6 centers more centrally located by combining some centers. Several were aware that the number of senior centers was a sensitive issue and asked whether consolidating would drive people away. There was not consensus on this. For example, one person felt that the number of centers should be looked at while another person thought that the county needed all of the centers.
- Rethink the word "centers:" Divorce services from buildings. A senior center is not necessarily a specific place. For example, congregate meals can be provided in a variety of settings, such as schools, hospitals, assisted living facilities closer to where seniors live instead of at senior centers; provide vouchers to be used in a variety of places. Consider use of the YMCA as their goals are similar and there are 3 main locations - East, Central and West; think about using other existing venues in addition to the YMCAs such as libraries and the MetroParks which all have senior programming. This would eliminate the stigma of going to a senior center.

Operational Issues

- Require collaboration and coordination among centers. For example, group purchasing, partnering to see if services can be provided in a different way, and increasing communication among centers.
- Define responsibilities of local communities for funding centers.
- Provide more guidelines for the use of levy dollars.
- Increase senior center fees.

- Ensure that senior center directors and staff are equipped to deal with the more frail seniors.
- Ensure that COA staff is regularly available at the different centers.

THEMES: Perceptions of Funding Issues

Focus group participants as well as funders and major service providers were asked about trends in funding. These were the highlights of the discussions. The primary theme was that there is flat or decreasing funding as the demographics increase, but more specifically mentioned were:

- Transportation - There has been an 83 percent reduction in State funding; federal funding come from the gas tax which has not been sufficient to keep the transportation/highway trust fund funded. There is a "transportation infrastructure crisis." The Older American's Act funds transportation, but none to Laketran.
- Mature Employment Services
- Behavioral health, especially insufficient psychiatric beds
- Senior Housing (Accessible (retrofitting), Affordable, and Maintenance) - Funding for Section 8 housing and other public housing has been decreasing. There is no funding for new housing, only for replacing existing housing. This means a long wait list for seniors and issues with building maintenance. There have been reductions in supportive service staff that previously provided services in the buildings.
- Community Development Block Grant funds - Each year there is an increase in demand and a slight decrease in federal funds. There has been difficulty getting the word out about availability of funds for retrofitting houses.
- Flat funding for Medicaid waiver programs
- Insufficient funding for adult protective services and guardianships as more seniors will need these services in the future
- The threat of elimination of long term care insurance

Funders reported that they are looking for funding requests from "logical and productive partnerships" for purposes of ramping up senior services, changing services to meet emerging needs, and responding to isolation of seniors in the rural parts of the county. Requests need to demonstrate sustainability.

THEMES: Perceptions of Lake County's Senior Levy

Questions were raised about funding of senior centers with levy funds as discussed in the previous section. In general, the Council on Aging is seen as doing "a remarkable job" with its levy funds by serving more of the frail elderly in the county. It may need an expanded role in the future. It was noted that the organizational separation between COA and the senior centers is a positive.

RSVP was also perceived as doing well with the 60-70 year old population who is interested in volunteering.

The mayors of Lake County's cities, village, and townships believe that things are working well. The agencies which receive levy funding especially believe the funds are well-spent although each of them advocated for additional funding for their respective agencies.

Some interviewees did not know how the funds were distributed; one was unfamiliar with what both RSVP and the Council on Aging does.

There were several issues raised about the senior levy.

- *The levy funding dispersement process that is based on history rather than changing needs*
  The process for distributing the funds to the same agencies that received them historically with increases/decreases based on property tax collections for each year. Agencies receive a proportion of the funds based on their historic allocation.

  There is no structure, mechanism, request for proposal (RFP) process or formula in place for determining needs, establishing priorities and making decisions about the allocations. Rather it is a "monopoly of senior service providers without competition and thus no motivation to change." The historic and current providers receiving the funding even though needs may have changed and other service providers may have the specializations needed to respond to different needs.

- *Lack of directives for how the funds can be spent*
  The funds are to be spent on services for those 55 and over in the county. Beyond that there are no other eligibility requirements such as income, level of frailty or other criteria. In fact, it appears that some recipients spend funding on staffing while others spend it on capital improvements. Some perceive the levy to be a "senior center levy," not a "senior levy."

- *Lack of accountability for usage and outcomes*
  The county has not been requiring accounting of how funds are spent or service/user data. Many felt that more accountability was needed. Note, however, that the senior center directors believed there was accountability and that additional paperwork was not needed. COA and RSVP already report much information to other funders of their services.

Some felt that municipalities needed to contribute more funding.

Focus group participants and interviewees identified some priorities for uses of senior levy funding. These included:

- Adult protective services which is administered through the county's Job and Family Services Department children's services divisions, not a separate adult services division
- Guardianships
- Transportation
- In home services
- Case managers for those without a medical or mental health diagnosis
- More funding to those who serve more frail older persons
- More funding for basic needs of older persons
- Funding to improve the quality of care provided to seniors.

Some advocated for additional funds for the Council on Aging and some for more funding for senior centers and RSVP. Some felt that the county needed all the agencies and services it is funding. The possibility of funding cuts to those currently receiving funds felt very threatening.

A suggestion was made to increase the millage of the levy to be able to more adequately meet changing needs.

One interviewee summed it up: "The County needs a mechanism in place to fairly and accountably identify changing needs and appropriate responses to changing needs. The current system appears to have lacked an appropriate process for determining needs and spending resources."

THEMES: Perceptions of Lake County as an Elder Friendly Community

BASIC NEEDS - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
Appropriate and affordable housing	

• Housing rehabilitation funds from the County are available to eligible seniors through Western Reserve Community Development Corporation. HUD uses an 80 percent of median income requirement, but most using the rehab program are below this figure. They work with the Council on Aging. The Housing rehabilitation program has 3 parts-mobility, accessibility, and home modification (ramps, grab bars etc.); emergency repair program for furnaces. The estimate is that over 50 percent of funds go to seniors, although they don't track recipients by age; There is some flexibility in working with the senior support network, for example raising the cap on loans which had been a barrier for some seniors
• Lake County Housing Authority
• The MAP (Mobility Assistance Program) could be very successful with building ramps and bath remodels. There is an emergency homeowners program for mobile homes on foundations. Some mobile homes are not eligible. There is no waiting list for this program. The MAP program only had 3 people use it in 2013 and 10 in 2012 and only a couple in 2014.
• Minor housing improvements - Council on Aging has project where they do minor housing improvements including an inspection request and roofs. Mobile home owners are included.
	• More senior housing in general, and more affordable housing specifically
	  o Seniors who want to sell their homes have no where to go to live out later years in the community
	  o More housing options in western end of county
	• More customized services for homeless seniors -
	  o Project Hope is not geared to the needs of seniors. Seniors would rather stay in their homes with no water or electricity
	• More housing rehabilitation funds for deteriorating housing stock

BASIC NEEDS - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
Safety at home and in the neighborhood	

• Safety is handled by fire and police
• Smaller jurisdictions know their residents and check the property of seniors regularly
• Adult Protective Services (APS) program funded with Ohio APS funds and Title XX
• Guardianships - 900 active ones in the county
	• More funding for Adult Protective Services (APS)
	  o Elder abuse is a problem; APS has lost funding and thus staff; staff are not dedicated to adults as APS is part of the county's children services program.
	  o New rules from Supreme Court for training, but an unfunded mandate
	  o Scams - seniors are vulnerable
	  o An increase in APS cases (financial exploitation, seniors with dementia, unsafe living conditions, competency, etc.)
	• Improved communications between APS staff and the community
	• More guardianships
	• Reactivate volunteer guardianship program

No one goes hungry	

• Nutrition programs
  o COA operates 5 congregate meal programs and Meals on Wheels (MOW)
  o Senior centers that do not have a COA on-site congregate meal program provide one meal per week with help of volunteers
  o RSVP provides volunteers for MOW
• COA uses volunteers to shop for homebound seniors
• More than 50 food pantries
• A collaboration between the Health Department and OSU which teaches about nutrition. Attendees get a voucher for fresh vegetables.
• WRAAA's Farmer's Market Vouchers
	• More food available to those in need
	  o Some feel this need is being met. Others perceive that food availability is an issue. There are many food panties, but there isn't enough food across the county. Some pantries run out of food in the fourth week of the months. Food Stamps only last so long.
	• More transportation for shopping
	  o Many have no access to affordable grocery stores and shop at drug stores which are expensive and don't have healthy foods (due to lack of transportation).
	• More volunteers to deliver Meals on Wheels & other services
	• More funding for food and nutrition
	  o Not all senior centers have a meals program five days a week.
	• More accessible education about nutrition by taking programs to the senior buildings
	• Improved quality of Older American's Act meals

PHYSICAL AND MENTAL HEALTH AND WELL-BEING - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
Healthy behaviors	
• Senior center fitness and wellness programs that promote physical and mental health • Chronic disease self-management program - a Stanford University based curriculum. It is open to anyone with a chronic disease. There is a $15,000 grant. • Silver Sneakers, a 65 plus Medicare-based program, serving seniors at the YMCAs.	• None stated
Community activities that enhance well being	
• Senior center fitness and wellness programs that promote physical and mental health	• None stated
Ready access to preventive health services	
• None stated	• None stated
Access to medical services	

• Good health facilities in Lake County-Lake Health, ADAMHS Board, Veteran's Administration (VA), Beacon Health, Senior Independence
• Geriatric Assessment Program (GAP) - Lake Hospital Systems received a grant; has a physician, physical therapist and other medical personnel who assess patients returning to their home covered by Medicare. Started slow and went up to 50 assessments.
• Painesville has a free clinic
• Flu clinics
• 8 percent of total served with mental health services are seniors; there are some targeted programs for seniors
• Veteran's services have funding to do what they need to do
	• More primary health care and behavioral health services to seniors in their homes
	  o Depression issues of seniors are often hidden. Individuals resist getting help. Mental health services are available, but seniors won't walk into an agency
	  o Cuts in funding to 2 mental health agencies
	• More adult dental clinics
	• More experts in geriatrics
	• More education about availability of health resources
	• More coordination and case management so seniors don't fall through the cracks
	• More transportation to Painesville Free Clinic
	• More support for the needs of the growing numbers of seniors with dementia
	• Relocate VA offices in east and west ends of county to minimize transportation issues

SOCIAL AND CIVIC ENGAGEMENT - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
Meaningful connections with family, neighbors and friends	
• Social engagement needs met through senior centers • Mentor's 85+ program	• Assess location of senior centers as some are located at the far end of their cities and some are not on the bus line • Increase attendance at senior centers; o A decline in the number attending centers due to seniors working longer o Lack of younger members except those only coming for fitness o Challenge of pleasing seniors in a potential 40 year age span
Active engagement in community life	
• Senior centers provide opportunities for seniors to engage with political leaders • Lake Metro Parks - does programming that seniors use, but do not label them "senior programs;" looking to serve more seniors, especially those with disabilities; have bought golf carts to assist them	• None stated
Opportunities for meaningful paid and voluntary work	
• RSVP has 500 volunteers working with 80 different agencies; good opportunities for volunteering • COA and senior centers use volunteers to support their respective operations • Willoughby Hills has a self-sustaining program in cooperation with volunteers from local churches to respond to those in emergency situations on a one-on-one basis • Faith based communities are organized, but congregants help out each other	• More volunteers and volunteer opportunities o Volunteers could be advocates to accompany seniors for medical services, explain insurance issues and act as a support o There are 26 veteran's organizations in Lake County (VFWs, AM Vets, Ladies Auxiliaries. Etc.) and 19,000 persons retired or approaching retirement. The question is how to tap into these resources when the VA has no funds for marketing or organizing o Work with businesses to improve home delivery - e.g. grocery stores and pharmacies o COA has wait lists for Meals on Wheels because of lack of volunteers o Volunteer guardians o Volunteers to provide transportation

INDEPENDENCE FOR THE FRAIL AND DISABLED - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
Resources to facilitate "living at home"	

• Services for seniors in home
  o Meals on Wheels (COA)
  o PASSPORT
  o Veteran's Administration
• Home maintenance by Western Reserve Community Development Corporation
• Needs are met for those who can privately pay for services
• Library home delivery services
• Programs for low income seniors: HEAP, health prescription assistance, housing security deposits, 211 hotline
	• More focus on serving homebound seniors needed by senior centers
	• More service capacity
	  o Handyman services
	  o Lawn and snow plow services
	  o Adult day care
	  o Affordable home health care
	  o Outreach to locate isolated elderly persons
	• More infrastructure improvements: automatic door openers, level sidewalks, handicapped accessible buildings
	• More financial support for cost of services, especially a problem for low or moderate income seniors who do not qualify for PASSPORT or cannot hire case managers
	• Increased coordination of agency services for quicker service and streamlining the process
	• Expanded assistance through faith based communities

Access to adequate transportation	
• Laketran • Dial-a-Ride transportation - highly customized; operates across the county and to hospitals out of county; lift equipped; high quality customer services • A few seniors centers have vans to bring seniors to their sites and for local field trips • RSVP has a contract with Laketran to transport volunteers who do not drive • Wickliffe has a bus for seniors although there is a problem for wheel chair bound; not accessible	• More services from Laketran - more hours, days, destinations - to doctors, shopping, bank - to all parts of the county including rural areas which have no access to transportation • Shortened length of rides • Priority on funding for transportation; funding has been cut; number of rides is down • More transportation to pharmacies which no longer delivery to homes
Supports for family and other caregivers	
• Support system works well for seniors who have them • WRAAA Family Caregiver Support Program • Alzheimer's Association services to support	• More support for many seniors lacking support

SOCIAL AND CIVIC ENGAGEMENT - STAKEHOLDER PERCEPTIONS OF LAKE COUNTY AS ELDER-FRIENDLY	
CURRENT STATE	**GAPS TO BE FILLED**
caregivers of persons with Alzheimer's or other memory loss	
Aware/informed about available services in the community	
• 2-1-1 • Aging and Disability Resource Center (COA) • COA is the "hub of services for Lake County. It is a good place to start and they can refer to other services; 6 social workers who deal with the isolated; congregate and HDM; information and referral; home safety and home health care; works well with the VA; minor housing improvements. They can show outcomes and measurements for services they provide and keep communications open.	• Some feel this need is met; others raise the lack of knowledge about resources as a major issue by seniors and some service providers o More marketing about available resources • A more coordinated information and referral system for linking to services across agencies • A less siloed network of service providers • Challenges when seniors do not fit into eligibility categories and thus cannot receive needed services • Poor communication among agencies when making referrals, even with signed release of information forms

Appendix F - Senior Levy Tables

Table F1

RSVP Volunteer Placements by Focus Areas and Objectives - April 1, 2014 to March 30, 2015

Station Type (Hospital, School, Government. ...)		# Volunteer Placements
FOCUS AREA - RSVP: Other Community Priorities		
Sub-total		483
Percent of Total		50.3%
FOCUS AREA - RSVP: Healthy Futures: Aging in Place		
Sub-total		149
Percent of Total		15.5%
FOCUS AREA - RSVP: Healthy Futures: Obesity and Food		
Sub-total		108
Percent of Total		11.3%
FOCUS AREA - RSVP: Education: K-12 Success		
Sub-total		83
Percent of Total		8.6%
FOCUS AREA - RSVP: Capacity Building & Leverage		
Sub-total		69
Percent of Total		7.2%
FOCUS AREA - RSVP: Healthy Futures: Access to Care		
Sub-total		34
Percent of Total		3.5%
FOCUS AREA - RSVP: Disaster Assistance Provided		
Sub-total		32
Percent of Total		3.3%
FOCUS AREA - RSVP: Veterans and Military Families Served		
Sub-total		2
Percent of Total		0.2%
TOTAL		
TOTAL	Number	960
	Percent	100.0%

Data Source: RSVP, March, 2015. Note: There are 557 individual volunteers engaged in 960 placements, an average of 1.8 placements per individual volunteer.

Table F2

Staffing of Senior Levy Funded Agencies - March 2015

STAFF POSITIONS - CURRENT	Council on Aging	Total Senior Centers	RSVP	TOTAL
Full Time Staff	26			26
Part Time Staff	12			11.5
Director/Coordinator/Program Manager		9.9	1	10.9
Program Assistant/Coordinator		4.5	0.3	4.8
Office Assistant/Administrative Assistant		4.15	1	5.15
Custodians/Maintenance		3.69		3.69
Cook		1.6		1.6
Special Elders Staff		1.1		1.1
Instructors		1.55		1.55
Bus Driver				0
TOTAL FTE's	**37.5**	**26.49**	**2.3**	**66.29**
PERCENT	**57%**	**40%**	**3%**	**100%**

Data Source: Senior Levy Recipient Agencies, March 2015

Table F3

Senior Levy Participants by Community of Residence, March, 2015

Participants Community of Residence	Council on Aging on Aging	Senior Centers	TOTAL	
	#	#	#	%
Total Lake County	5,846	10,660	**16,506**	**96%**
Outside Lake County	4	760	**764**	**4%**
GRAND TOTAL	**5,850**	**11,420**	**17,270**	**100.0%**
Not Geocoded	451	951	1,402	
Addresses Provided	6,301	12,371	18,672	

Data Sources: Addresses provided by Senior Levy Recipient Agencies , March 2015; addresses geocoded by Northern Ohio Data Information Services (NODIS), Cleveland State University, June 2015

Table F4

Senior Center Levy Participants - Number of Centers Used, March, 2015

Number of Centers Used	# Participants	%
1 Center	**11,787**	**95.3%**
2 Centers	487	3.9%
3 Centers	88	0.7%
4 Centers	5	0.04%
Total Multiple Centers	**580**	**4.7%**
Total Senior Center Participants	**12,367**	**100.0%**

Data Source: Data provided by each senior levy agency recipient. Analysis by MCS Consulting Service

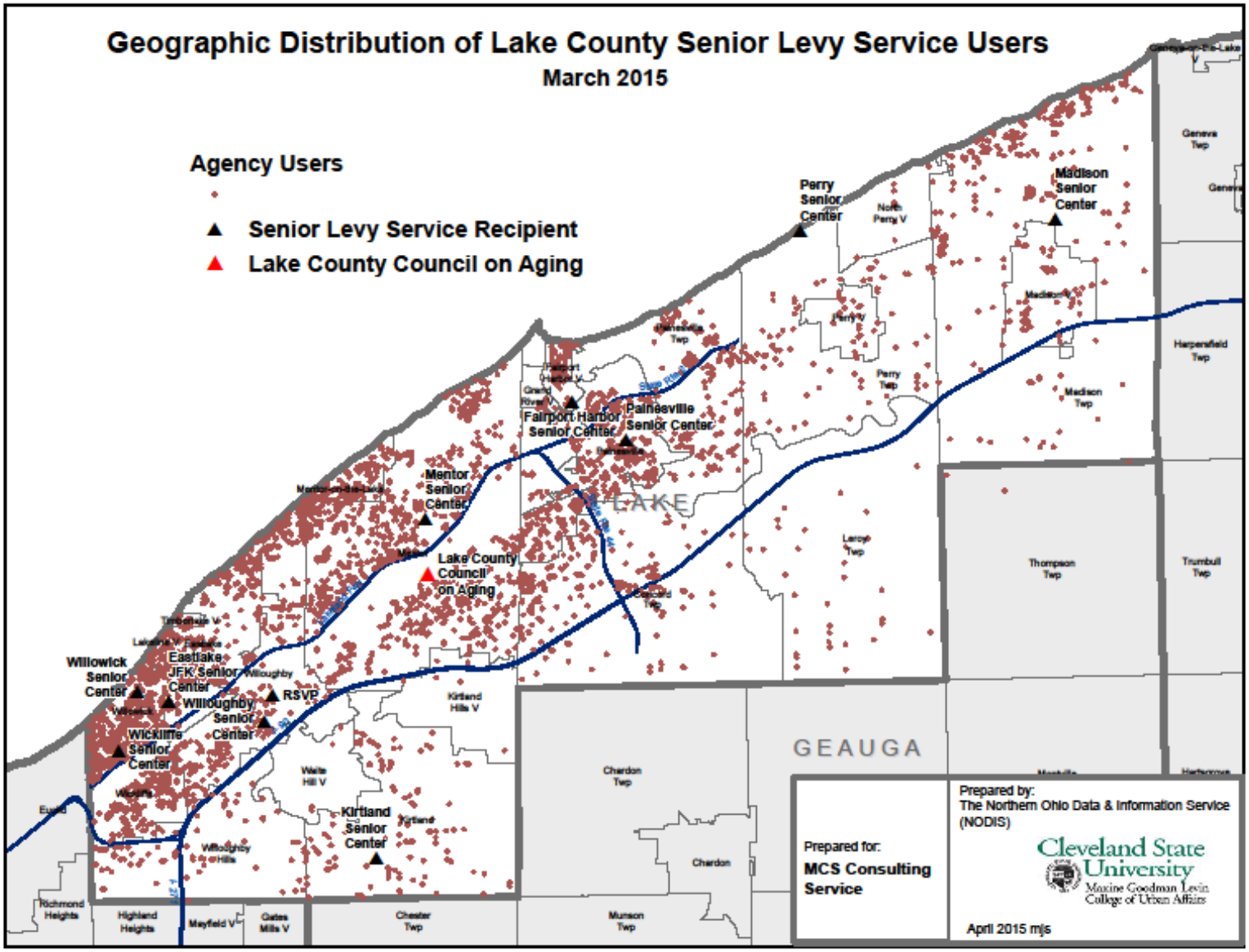
Table F5

Services/Units Provided by Senior Levy Agency Recipients - 2014 [Excluding RSVP]

SERVICES	UNIT DEFINITION	Council on Aging	Senior Centers	TOTAL UNITS
		Units	Units	
Socialization	1 hour planned activities		78,245	78,245
Congregate Meals	1 meal	38,992		38,992
Home Delivered Meals [Meals on Wheels]	1 meal	149,692		149,692
Center-Provided Meals	1 meal		22,867	22,867
Transportation	1 round trip		5,594	5,594
Escort	N/A			0
Health & Wellness	1 hour planned activities		81,807	81,807
Supportive Services	1 hour		78	78
Information & Assistance	1 contact	3,985		3,985
Information & Referral	1 hour		2,128	2,128
Chore Service	N/A			0
Homemaker	1 hour	3,902		3,902
Home Maintenance	1 job	570		570
Safety Check	1 visit	149,692		149,692
Safety Check	1 phone call		120	120
Volunteer Services	1 hour of volunteer activities	26,453	50,778	77,231
Case Management	1 contact	3,179		3,179
Case Management	1 visit	1,145		1,145
Case Management	1 assessment	871		871
Other - Vial of Life	1 completed form	256		256
Other - Benefits Assistance	1 hour	694		694
Other - Medicare Assistance	1 contact	2,534		2,534
Other - Options Counseling	1 hour	553		553
Other - Outreach/Public Education	1 contact	39,695		39,695
Other - Legal Consultation	1 contact		68	68
Other - Beauty Salon	1 hour		2,496	2,496

Data Source: Senior Levy Recipient Agencies, March 2015. For most senior centers, units were defined and quantified for this report.

Appendix G
Maps of Senior Center & Council on Aging Participants


Geographic Distribution of Lake County Senior Levy Service Users
March 2015
Agency Users
Senior Levy Service Recipient
Lake County Council on Aging
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Madison Senior Center
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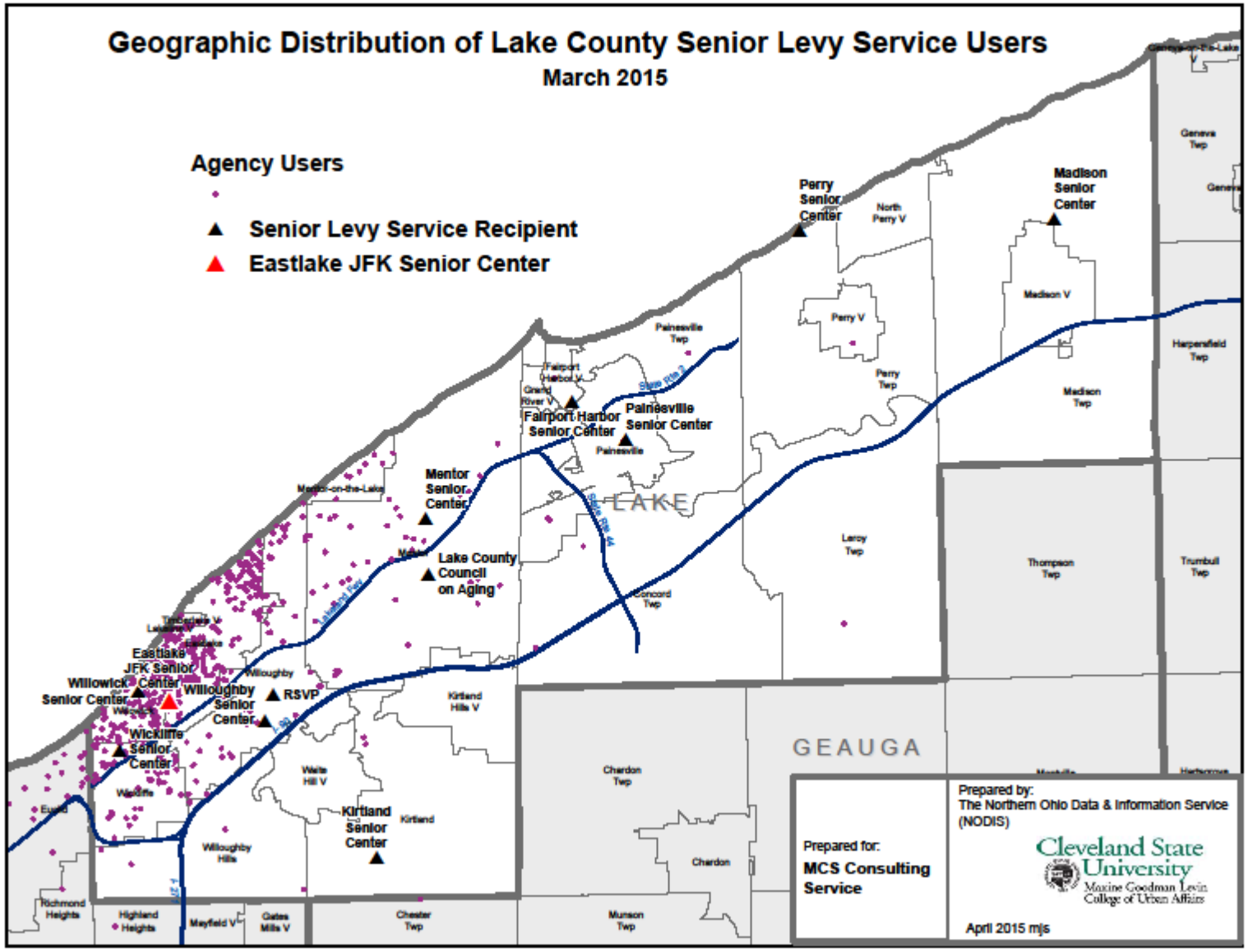
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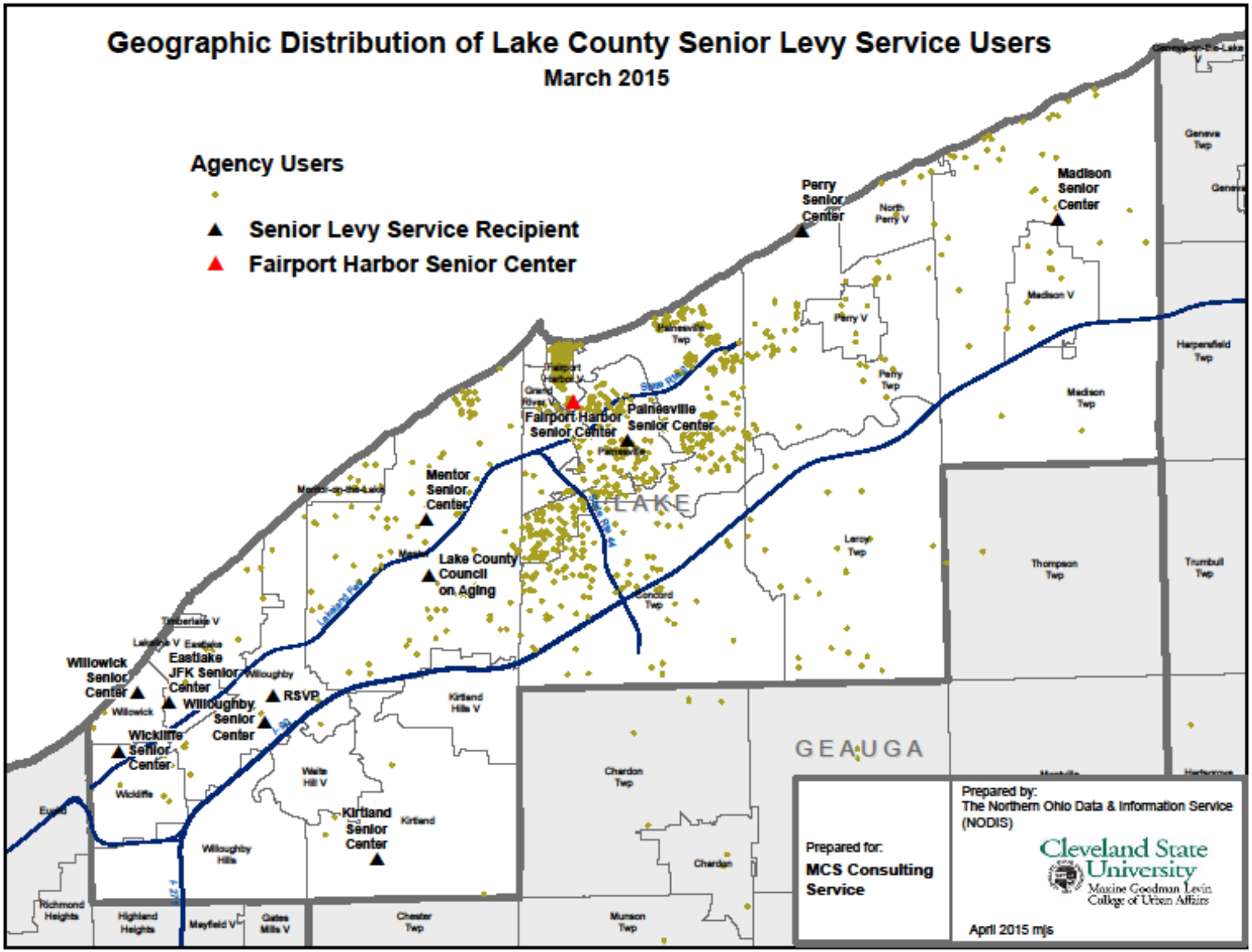
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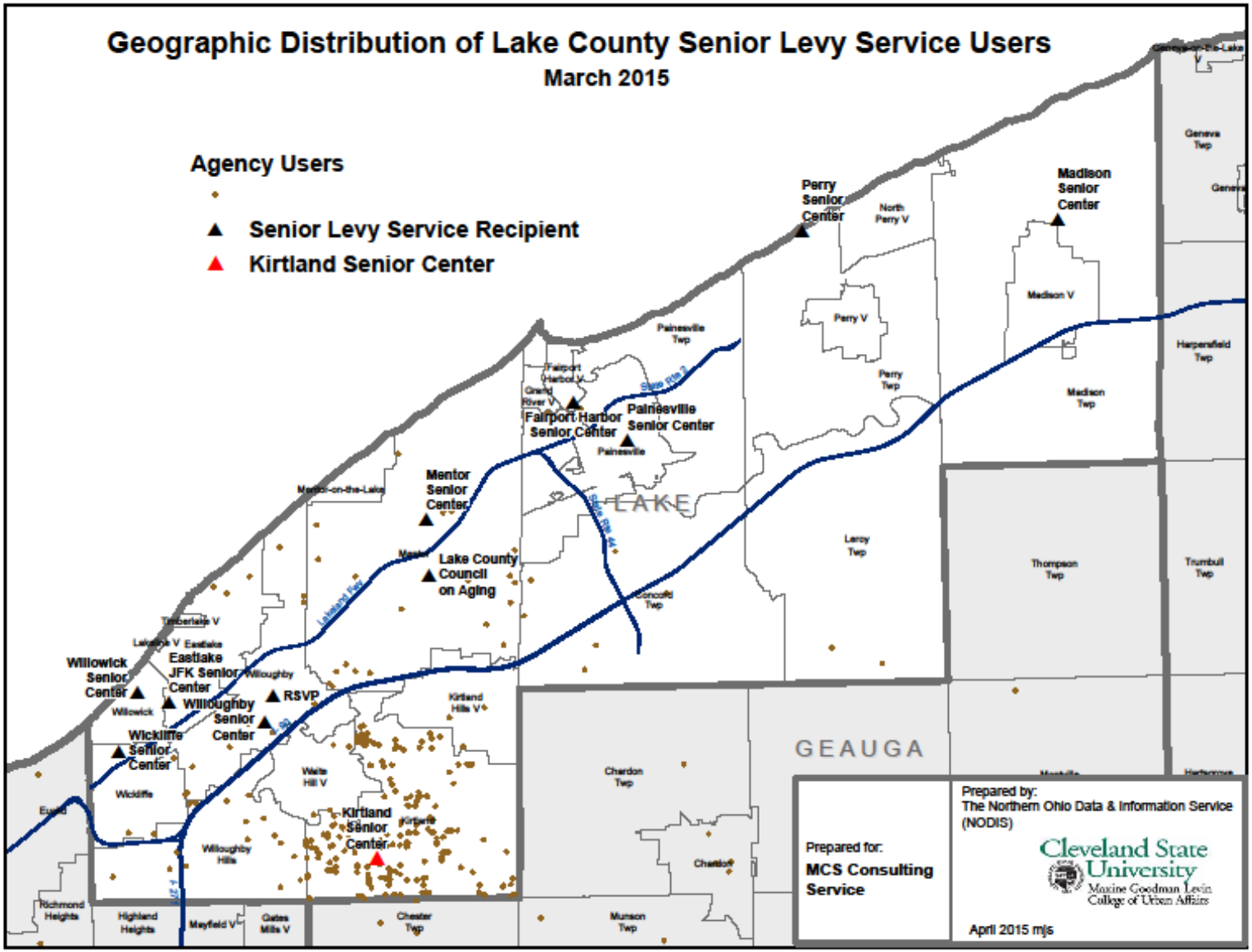
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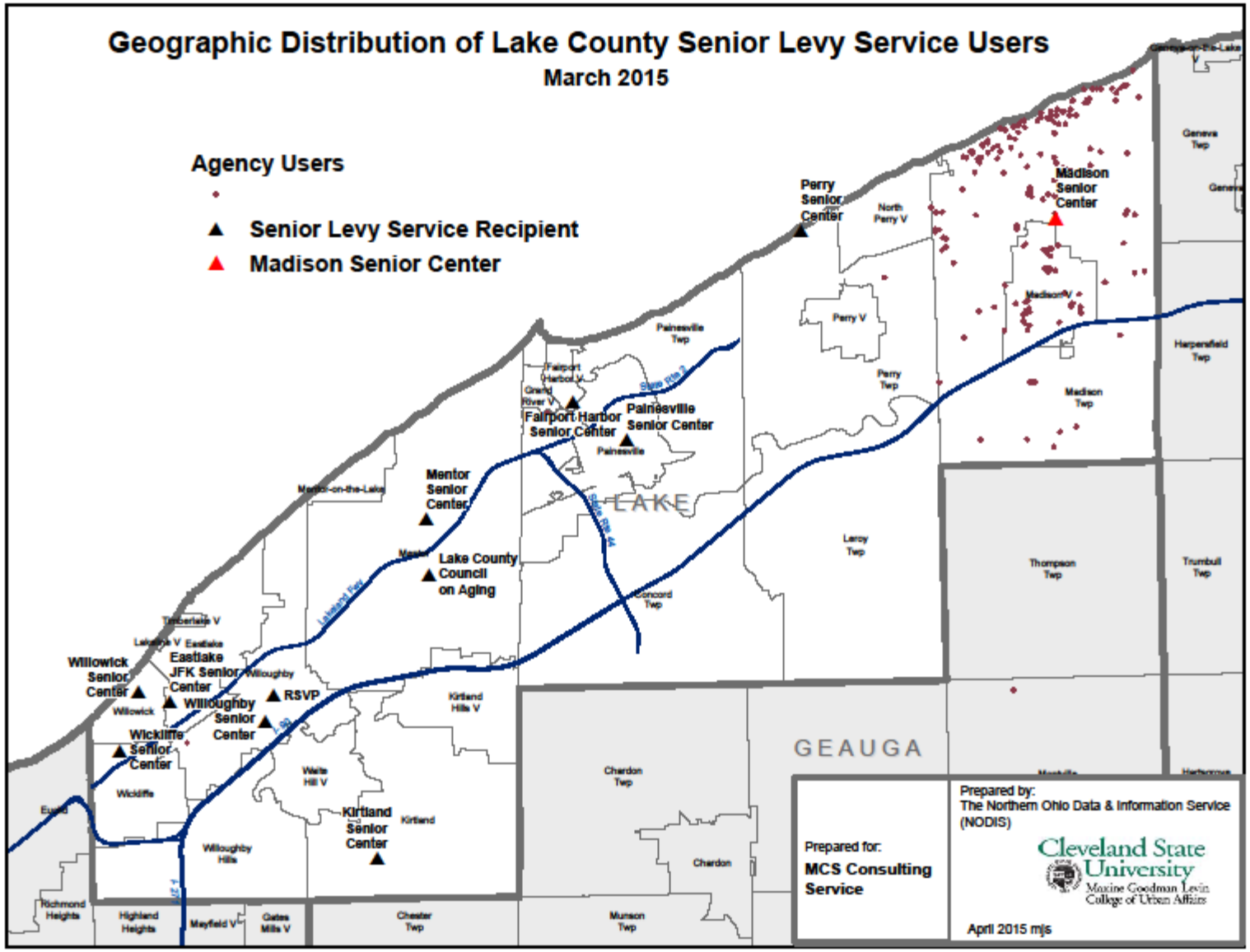
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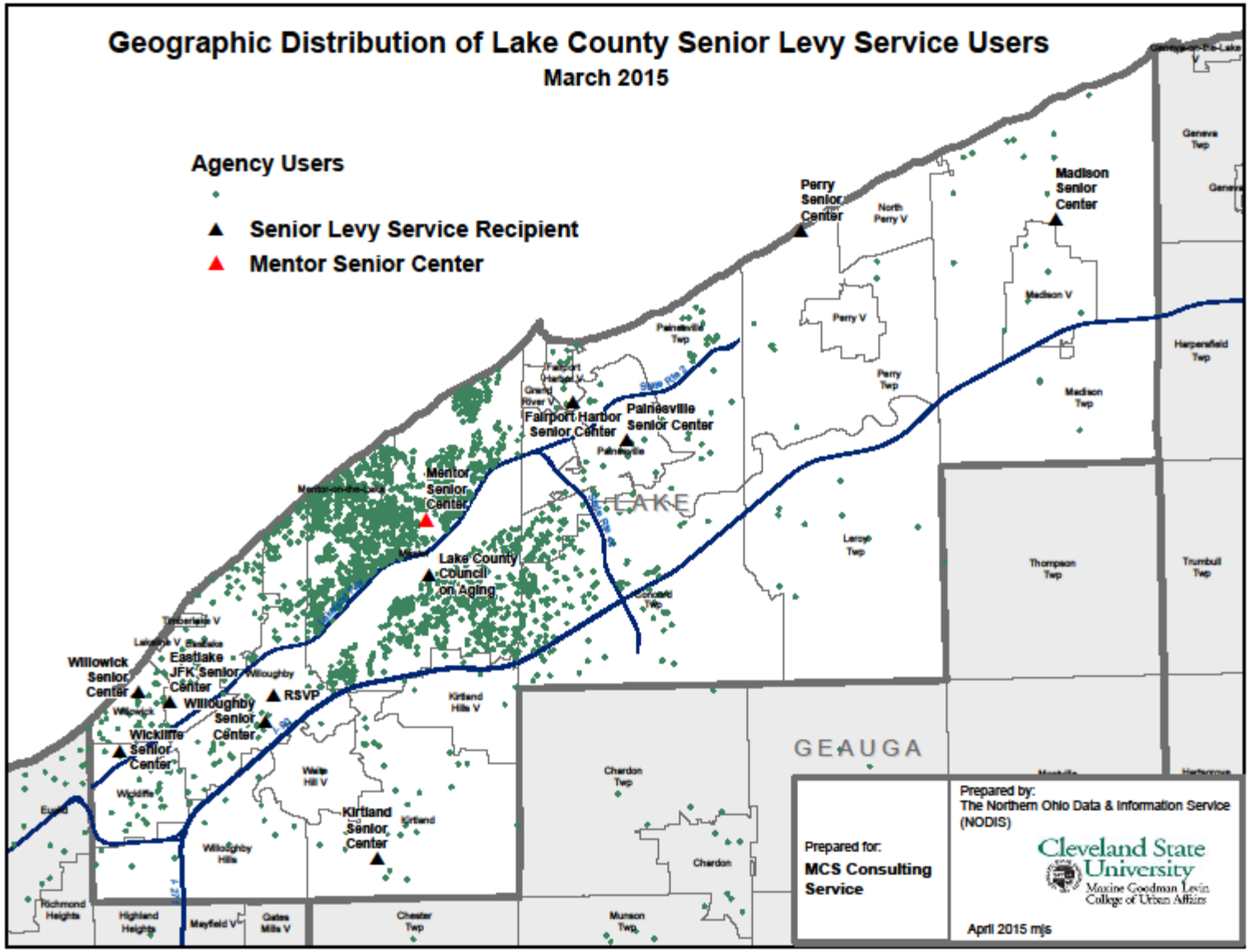
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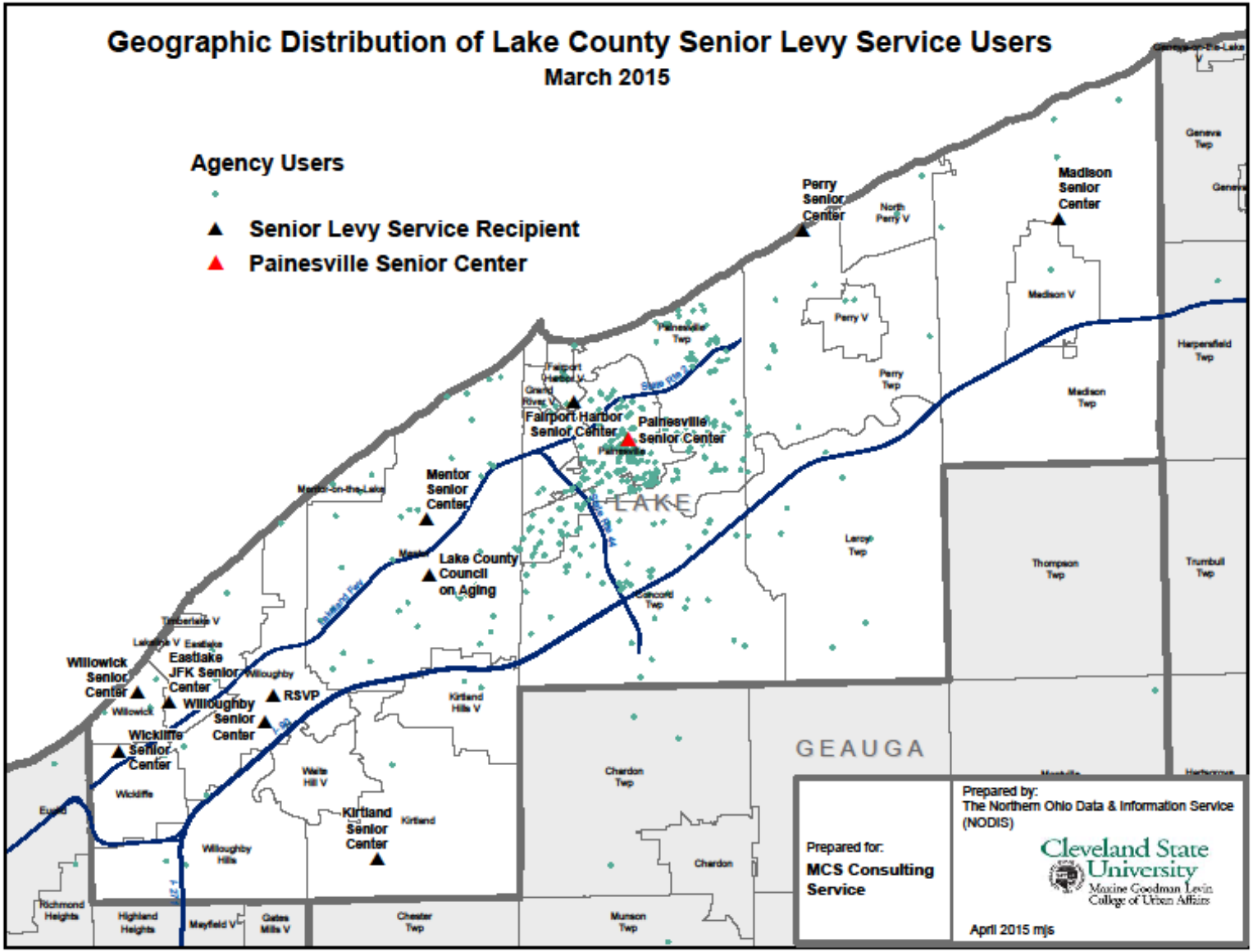
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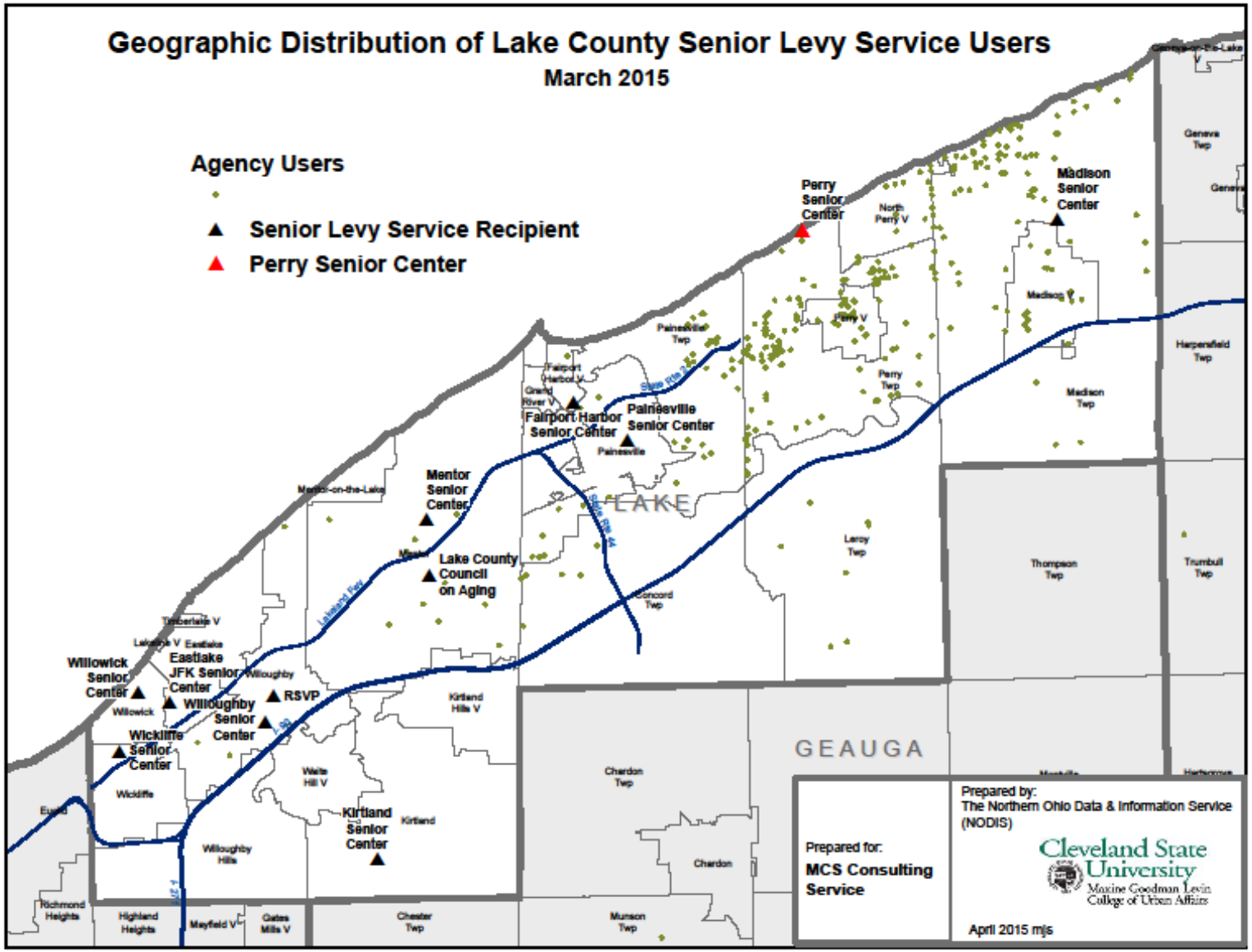
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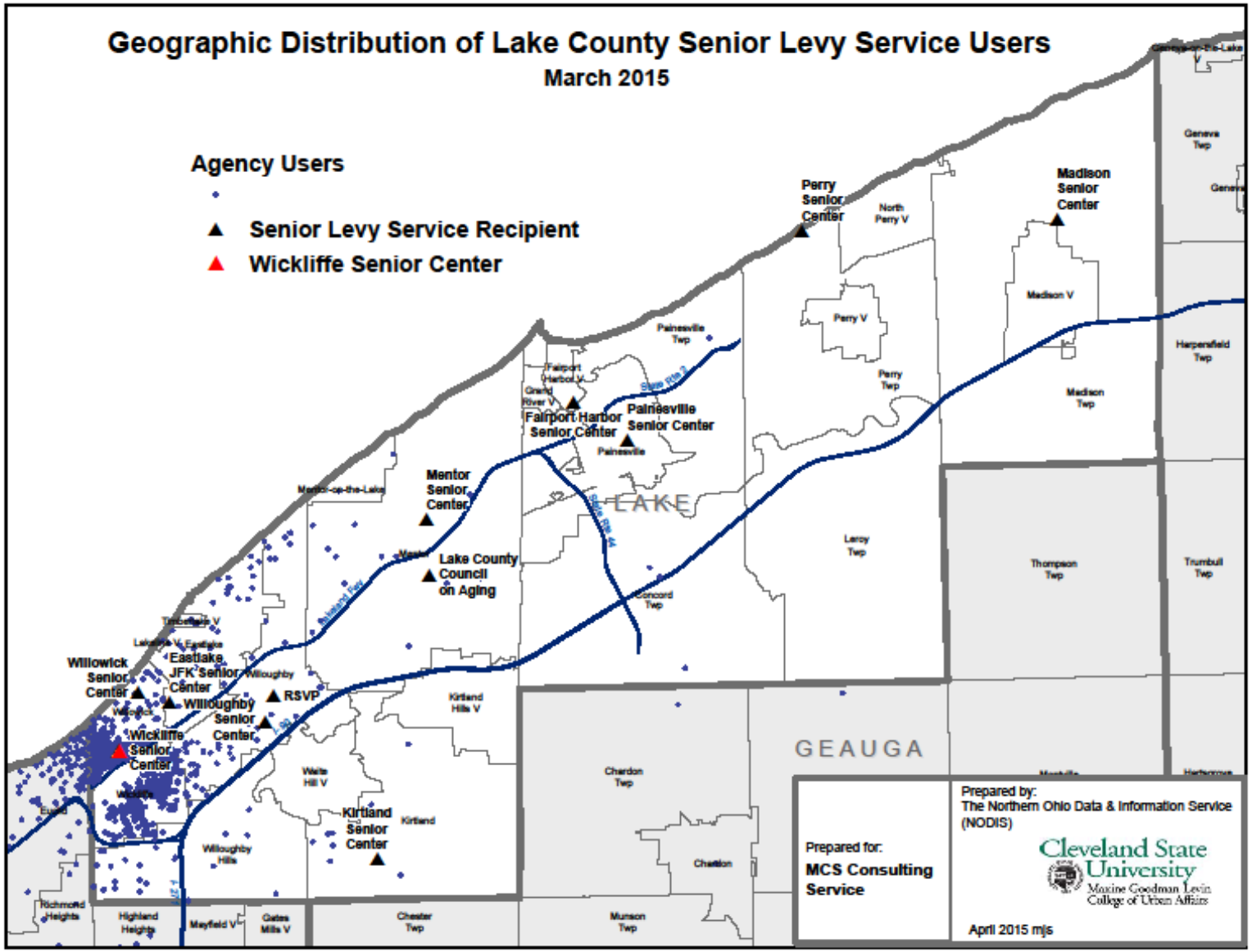
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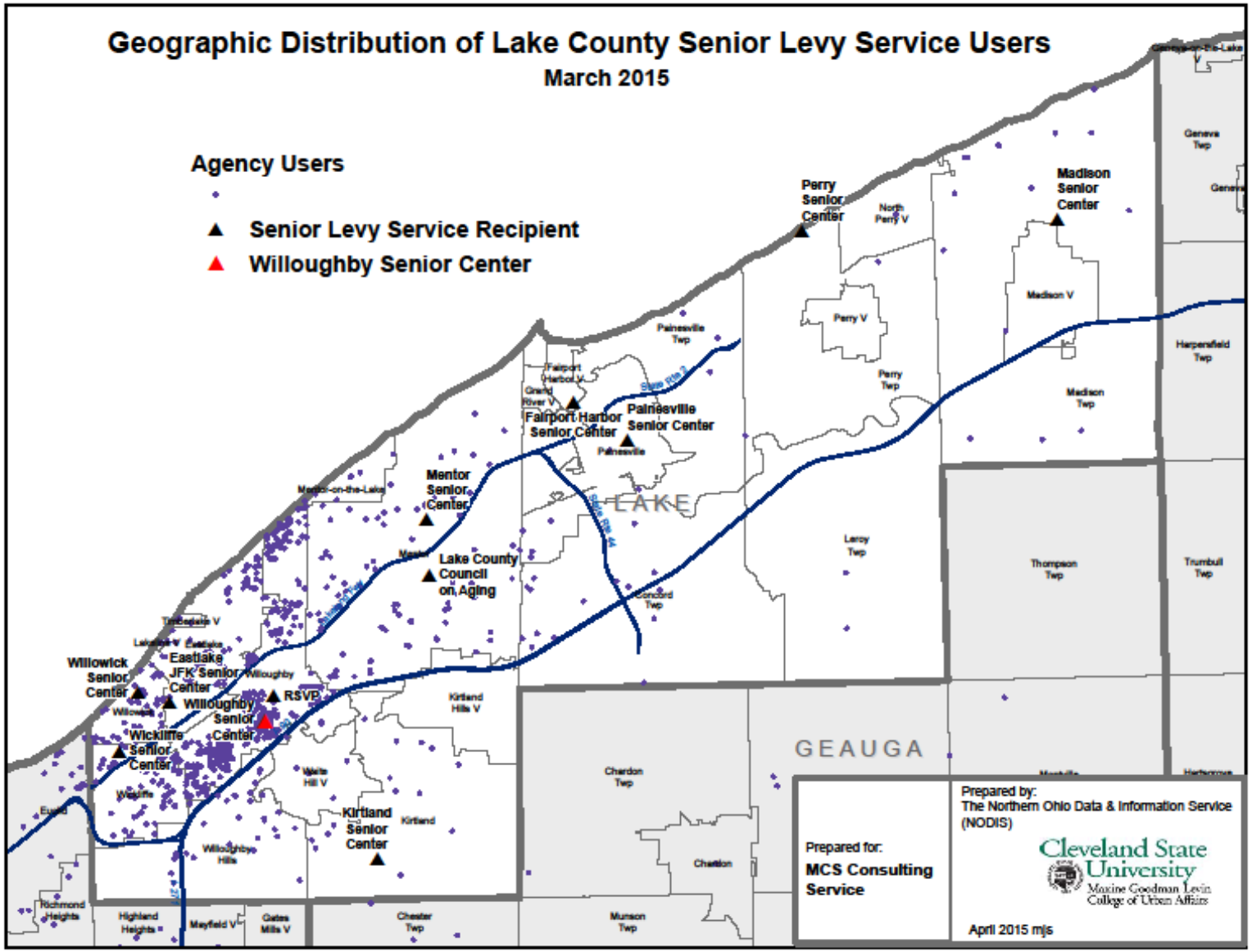
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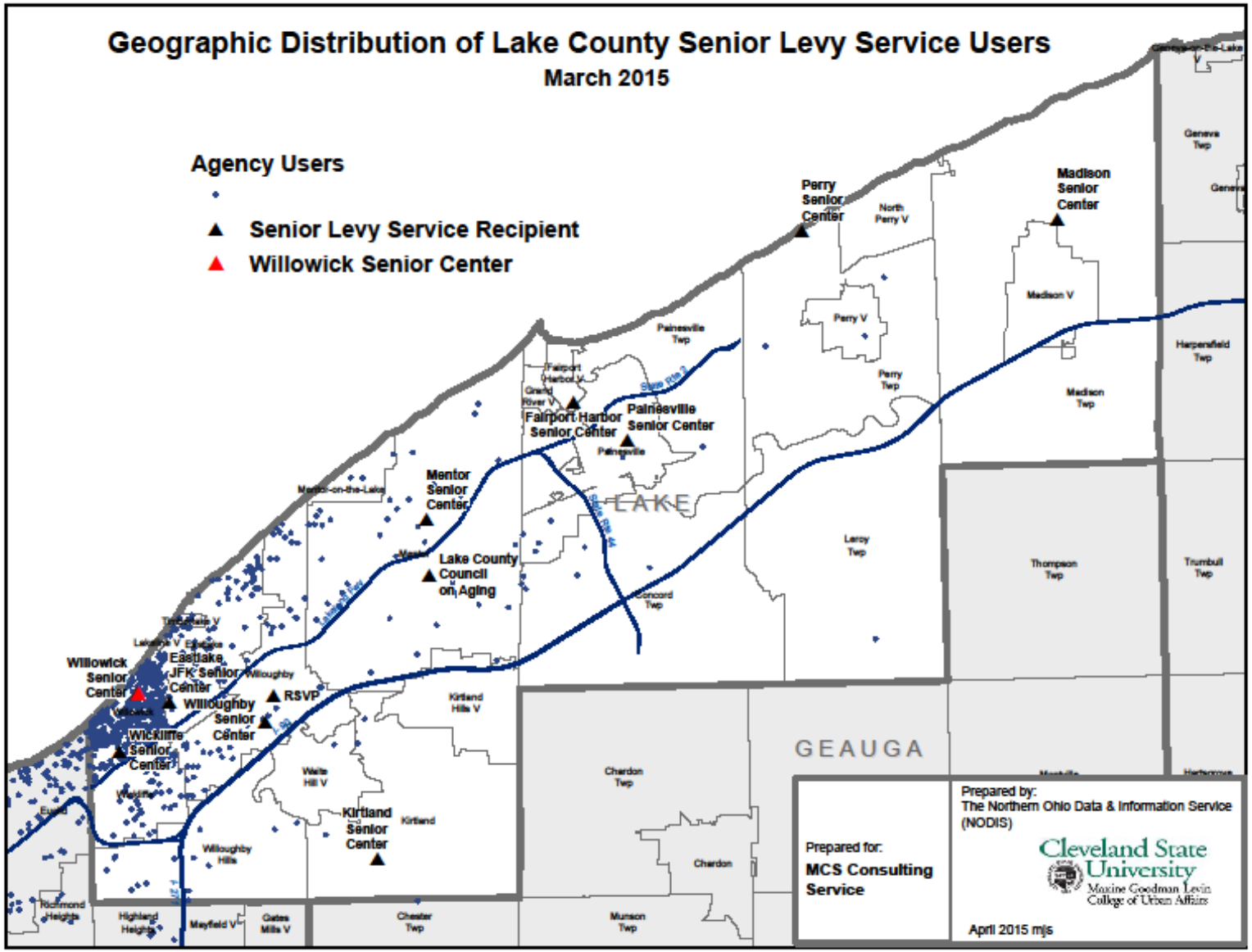
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Observations by MCS Consulting Service Team

Background

- 92.5 percent of addresses were located; 7.5 percent not located. Thus, numbers are lower than actual census.
- Duplicate addresses across senior levy recipient agencies are included.

Lake County Council on Aging

- Draws from across the county
- Large concentrations in western Lake County, north of Rte. 2 and Fairport Harbor, Painesville

Eastlake

- Concentrated around center - draws primarily from Eastlake, Wickliffe, Willowick, Willoughby
- Also draws a few from surrounding communities and Euclid

Fairport Harbor

- Concentrated around center - draws primarily from Fairport Harbor, Painesville, Concord
- Also draws a few from western, southern and eastern Lake County communities
- Has 2.5 times the number of users compared to Painesville

Kirtland

- Relatively concentrated around center
- Also draws from a few adjacent communities, but relatively few

Madison

- Totally concentrated in Madison Township and Village
- Slight concentration closer to the lake within Madison
- Very small center

Mentor

- Concentrated around center in Mentor; pulls from all west of Rte. 44
- Draws from across the county, mostly western Lake County and Euclid

Painesville

- Concentrated around center, but draws a few from other communities in county
- Does not pull from Fairport Harbor

- Fire in building; building purchased by County

Perry

- Very small concentrations around the center; does not draw from around the center.
- Not a large 60+ population there
- Draws from western Madison, Painesville, Perry Village, and other communities
- Center not centrally located

Wickliffe

- Concentrated around center - Wickliffe, Willowick with a few from adjacent communities, especially Mentor and Kirtland
- Concentration cuts into Euclid

Willoughby

- Slight concentration around center, but draws from many western county communities

Willowick

- Very concentrated around center, but draws from other western county communities and Euclid

Ideal Senior Center Locations Based on Geography (Per MCS Team)

- Fairport and Painesville
- Kirtland/Willoughby
- Madison/Perry
- Mentor
- Western: Eastlake, Willowick, Wickliffe

Across County

- Western Lake County
    - Large concentration of centers
    - Population overflow from Cuyahoga County
- Communities that are not users of services - wealthier; Concord; Leroy; southern Madison; Kirtland Hills; Waite Hills
- Areas of concentrations of seniors without or not near a senior center
    - Concord and Leroy - uses Fairport Harbor, Mentor, Painesville, Perry senior centers