

**MCS**  
**CONSULTING SERVICE**



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

FINAL Report to  
the Lake County Board of Commissioners &  
Senior Citizens Advisory Panel

October 16, 2015

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## Executive Summary

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The Lake County Senior Citizens Advisory Panel (Panel) requested the services of a consultant to conduct a senior citizens needs assessment/gap analysis and to facilitate development of a factual based strategic blueprint for sustainable programming and investment on behalf of Lake County's senior citizens. The blueprint will guide decision-making for the Lake County Senior Citizen Levy distribution. The Senior Levy provides approximately \$2.5 million annually for distribution to 12 Lake County agencies that serve older persons.

The major findings from the research gathered for Lake County are:

1. By 2030, one of three residents of Lake County will be 60 years and older, with most of the growth after 2020 in the cohort 75 years and older.
2. Lake County is an elder friendly community - with most needs met in the Basic Needs domain and least met in the Social and Civic Engagement domain.
3. Lake County has a strong community-based senior service delivery system that can be positioned to accommodate larger numbers of older seniors by 2030.
4. Lake County's senior levy funding is a tremendous asset that can be used to strengthen Lake County as an elder friendly community and position the community-based senior service delivery system for the future.

The desired outcome for Lake County is increased capacity to serve more older persons at each stage of the aging process - the healthy active phase, the slowing down phase, and the service need phase - as inexpensively as possible. Lake County should consider developing a community plan to prepare for 2030 and to address some of the issues that emerged from this research.

***By 2030, one of three residents of Lake County will be 60 years and older, with most of the growth after 2020 in the cohort 75 years and older.***

What has been labeled the "silver tsunami" has already arrived in Lake County with 51,488 persons 60 years and older (22.4 percent of its population), plus 5,300 of them 85 years and older (2.3 percent of the population) (U.S. Census 2010). Within 15 years, it is estimated that the 60+ population will number 70,781 with 8,204, 85+. Also by 2030, the 60+ group's population share is projected to grow to 33.9 percent, outnumbering youth under 20 years old. (Center for Community Solutions, 2015) The growth of the younger age cohort, 60-74 years is projected to stabilize by 2020, with continuous growth of the two oldest age cohorts, 75-84 years, and 85 years and older, through 2030 and beyond.

Lake County's frail senior population is also expected to increase. In 2010 in Lake County, it was estimated that 3,428 persons 60+ had a severe physical and/or cognitive disability and 1,339 persons 85 and older. This means they met the nursing home level of care which made them functionally eligible for a Medicaid funded nursing facility or home and community-based services (PASSPORT/My Care Ohio). The numbers are expected to increase to 5,649 for 60+ and to 2,236 for 85+ by 2030. Twenty-five percent of these persons are expected to have incomes below 200 percent of the poverty threshold. (Scripps, 2015)

While the whole county owns the issue of the aging of the population and its implications, there are several communities within the county that have a greater stake as the population of older people is not evenly distributed across all communities. Seventy-six percent of the population 60 years and older reside in 8 of the 23 Lake County cities, villages or townships. Six percent of those 65 years in the county are below poverty with three-fourths residing in 7 Lake County jurisdictions. And close to 2 percent of those 65 and older are African Americans with 85 percent of them in 5 Lake County jurisdictions.

These demographic trends and patterns have implications for individual seniors, their caregivers, and for the local communities within which they reside. An aging population in Lake County not only translates into needs for more services for older persons, but also can impact the financial structure of the county and its communities, specifically from potential decreases in sales and local income tax revenue (Center for Community Solutions, 2015).

***Lake County is an elder friendly community - with most needs met in the Basic Needs domain and least met in the Social and Civic Engagement domain.***

The elder-friendliness of the community is influenced by how seniors perceive and fare on four main domains of *Basic Needs, Physical and Mental Health and Well-Being, Social and Civic Engagement, and Independence for Frail and Disabled*. While Lake County seniors rate all the four domains highly on elder-friendliness, two domains stand out: *Basic Needs* is where Lake County seniors' needs are most met, while *Social and Civic Engagement* has the least needs met.

The county is very elder friendly for large proportions of seniors on all indicators in the *Basic Needs* domain with the exception of one, 'My home does NOT need major repairs,' suggesting that seniors would need additional support in housing for an increasing number to remain in the community. This finding is reinforced by the community stakeholders who noted housing as a gap at the community level - the need for more senior housing in general, affordable housing in particular, more rehabilitation for deteriorating housing stock, and more customized services for homeless seniors. They also noted a need for improved adult protective services.

For the *Physical and Mental Health and Well-Being* domain, Lake County is highly elder-friendly on indicators covering access to medical services, but not so on the indicator capturing healthy behaviors. Survey respondents reported receiving adequate medical services by having enough money to fill a prescription for medicine and for tests/treatments recommended by their doctor, but not in engaging enough in activities that promote their overall well-being, i.e., exercise and wellness programs. Community stakeholders perceived a gap for services that were not specifically included in the survey, i.e., more in home primary and behavioral health care for seniors, adult dental clinics, geriatric specialists, health education, and support for growing numbers with dementia.

For the *Social and Civic Engagement* domain, collectively, the 6 indicators have the lowest mean scores of all the indicators used in the elder friendly framework. The highest rated indicator in this domain, i.e., most needs met, is ‘I have opportunities for employment,’ which captured being engaged in meaningful employment. The indicator with the lowest mean score, i.e., least needs met, is ‘I participate in socialization/recreational activities.’ Although most stated they did not need the services, a higher proportion of survey respondents who did need the services indicated that their needs were not met than that their needs were met. For example, approximately 22 percent of respondents indicated that their needs for socialization/recreation activities were not met. For two other indicators, ‘I socialize with friends, etc.’ and ‘I engage in social/religious/cultural events,’ the proportion of respondents that responded in the negative was almost 20 percent. The findings suggest that a noteworthy proportion of seniors in Lake County has limited opportunities for formal/organized recreational activities or are not using available resources, and are to some extent isolated.

Community stakeholders noted a gap on the community level in ‘meaningful connections with family, neighbors and friends,’ specifically, questioning the location of senior centers and attendance at them. They also noted the need for more volunteers and volunteer opportunities for a variety of community services.

For the *Independence for Frail and Disabled* domain, indicators capturing access to adequate transportation have the lowest mean score, meaning higher unmet need, specifically, ‘transportation for shopping’ and ‘transportation for medical appointments.’ On the other hand, ‘adult day care,’ ‘home health care/personal care’ and ‘I have children or other family/friends nearby who will care for me if needed’ have reasonably high mean scores, meaning needs met. However, while respondents report most needs being met, those indicators with the highest percentages of unmet needs were home maintenance, transportation for shopping and medical appointments, assistance with home chores, and legal assistance.

Community stakeholders suggested the need for more coordination and formalized linkages by agencies in the delivery of services. At the service level, they perceived a gap for ‘resources to

facilitate living at home, specifically the need for more focus on homebound seniors by senior centers and the supply of long term services and supports. Consistent with survey findings, stakeholders also perceived a gap at the community level for ‘access to adequate transportation,’ specifically calling for more services from Laketran or to supplement it - more hours, days, destinations.

This suggests that there is work to be done to make the county more elder friendly to support independence for the frail and disabled as there is a sizable proportion of respondents whose needs are unmet in this domain. This crosses both how the system is organized and the range of affordable services, including improved access to transportation.

***Lake County has a strong community-based senior service delivery system that can be positioned to accommodate larger numbers of older seniors by 2030.***

Most elders will not move to a retirement village; rather they will stay in their own communities (Knickman et al, 2002). In Lake County, only 3.2 percent of the population age 65 and over, or 1,172 people, live in nursing facilities. (Center for Community Solutions, 2015) Thus community capacity to provide affordable housing, transportation, volunteers providing service to reduce social isolation, financial assistance, in home services, and support for caregivers will be necessary at every phase of the aging process. Knickman et al. (2002) labeled these phases as: (1) *the healthy active phase*; (2) *the slowing down phase* where the risk of becoming frail or socially isolated increases; and (3) *the service need phase* when an elder can no longer continue to live in the community without some services in and around the home.

Aging in place presents challenges to local communities to serve those across the three phases of the aging process. Currently, Lake County’s community-based senior service delivery system consists of a network of service providers and funders that meet the needs of all three groups.

- The front door to the senior service delivery system is the Council on Aging’s Aging and Disability Resource Center (ADRC), which provides information and assistance, options counseling and benefits assistance to older adults and their caregivers.
- Services are available for those in *the healthy active phase* and/or *the slowing down phase* from RSVP, the key entity for volunteer recruitment and placement, and from senior centers, the spokes of the system reaching out geographically across the county.



Laketran is the major transportation provider for these groups through its fixed route and Dial-a-Ride programs. Mature Services also provides employment services for seniors. And many other organizations serve this population.

- Services for the frail seniors in the community, i.e., those in or nearing the *service need phase*, are primarily provided by the Council on Aging (COA) and other agencies that provide subsidized services through PASSPORT or the Veteran's Administration, or are privately paid. COA has been labeled "the hub of services" for this population as it has a formal relationship with several of the senior centers for serving congregate meals and distributing Meals on Wheels, as well as scheduling social workers at the centers on a regular or as needed basis. All senior centers reported referring to COA for information and assistance services. Plus COA's case management staff is a major link between seniors and other major providers, including Beacon Health for behavioral health, Lake County Department of Job and Family Services for adult protective services and other benefits, and Western Reserve Community Development Corporation for housing repair services. The Veteran's Administration is also a major provider as are the Western Reserve Area Agency on Aging and Alzheimer's Association's services for family caregivers.

A major issue that Lake County will need to grapple with is the role of senior centers in the community-based service delivery system for the short term and the long term. Locally, stakeholders are asking about their importance as the needs of seniors are changing, whether there are enough or too many of them, their locations, their focus on well elders, how they fit into the service delivery system, and whether the senior levy funds should be used to support them at all or at their current levels.

Senior centers are part of a complex, community-based service network that has developed during the past several decades (Wagner, 1995). In Lake County, they have played a strong role in providing opportunities for health and wellness through fitness classes and other activities, plus for socialization. These services support the optimal outcome of services for older adults, i.e., to delay the onset of chronic illnesses and other events that prevent them from prematurely not being able to provide for their own daily living needs.

However, two things are occurring that may require Lake County's senior centers to do business differently than they have in the past. First, their own participants are aging in place. While more frail and older seniors may not be new participants of senior centers given the menu of available services, the current participants are likely to engage as long as possible and as long as there is something at the centers to attract them. Mentor Senior Center has already anticipated this with its 85+ group. Second, more resources will be needed to meet the needs of the increasing numbers of more frail seniors. The reality is that as people age, their ability to perform routine daily activities, such as eating, bathing, dressing, paying bills and preparing

meals declines. A major gap identified in this research is the need for unskilled home health services for those not frail enough to meet nursing home level of care and with too many resources to be eligible for PASSPORT/MyCare Ohio.

Taietz (1976 in Wagner, 1995) defined two models of senior centers:

- *The voluntary model* – “social club” which provides access to others and to social and recreational opportunities; (the model of most Lake County senior centers); and
- *The social service agency model* with a focus on provision of social services to participants, especially the poor and frail (which could be the new model for some, if not all, senior centers in Lake County).

Knickman et al (2002) noted that meeting the financial and social service burdens of growing numbers of elders will not be a daunting task if necessary changes are made now rather than when baby boomers actually demand more long term care. The senior centers are already the spokes of the community-based senior service delivery system in Lake County, and thus positioned to take on new roles, specifically with the more frail elders.

Another major issue that needs to be addressed as Lake County plans for its aging future is funding. Annually it is estimated that there are \$5,653,354 senior-dedicated funds for community-based services in Lake County with slightly less than half (48.5 percent) from the senior levy followed by PASSPORT at 20.2 percent, and local communities at 15.3 percent. Older Americans Act funds in Lake County represented 5.9 percent of these funds and Lake County United Way, 3.2 percent. The federal and state funding trend lines range from flat to decreasing; any increases have been marginal with the exception of an increase in the line item in the Ohio budget that supports adult protective services. No one is anticipating a huge influx of funds to address the challenges over the next fifteen years and beyond. While PASSPORT/MyCare Ohio funds are likely to increase in the short term as Ohio rebalances its Medicaid long term care funds between nursing facilities and home and community-based care, eventually the pressure of these funding line items on the state budget is likely to halt any further increases. This means that plans for 2030 in Lake County must be about doing more with the same or less from federal or state governments.

***Lake County’s senior levy funding is a tremendous asset that can be used to strengthen Lake County as an elder friendly community and position the community-based senior service delivery system for the future.***

Lake County’s Senior Levy passed in 1992 at 0.4 mills, and in 1996 Kirtland passed a municipal senior levy. Initially, decisions about allocation of funding from the county levy were made by a coalition of leaders representing each of the senior levy recipient agencies who negotiated the amount of funding each year. Formally organized as the Lake County Senior Services Coalition,

the 12 participating agencies agreed to a distribution formula for the funds, as well as specific uses of the funds by each of those entities.

While the Coalition still exists, its role for allocation of levy funds was replaced in 2013 when the Lake County Commissioners established the Lake County Senior Citizens Advisory Panel. This was the same year a levy increase from 0.4 mills to 0.5 mills took effect. A major function of the Panel is to evaluate all funding requests and recommend specific allocations to the commissioners each year.

In 2013, upon the recommendation of the Lake County Senior Citizens Advisory Panel, the Board of Commissioners established a Contingency Fund for emergency or unexpected fiscal situations. Uses include: emergency capital repair/replacements, one-time gap or bridge financing in response to a significant reduction in funding from external sources (federal or state funds), project start-up funds for applicable senior programs; and other projects necessary to support seniors. However, levy recipient agencies, mostly senior centers, continue to use their annual levy allocation for capital and major equipment purposes rather than the Contingency Fund.

Historically, allocations of levy funds have only been made to the 12 original agencies based on the distribution formula negotiated by the recipient agencies when the levy was initiated - COA - 52 percent; RSVP - 5 percent; 10 senior centers - 43 percent. \$2.7 million was allocated in 2014.

A cross-agency analysis of the operations of the 12 funded agencies found the following.

- Excluding RSVP, the average 2014 senior levy funds allocation per participant was \$151, ranging from a high of \$356 per participant to a low of \$59. RSVP's was \$246 per volunteer and \$143 per placement.
- Fifty-eight percent of 2013 levy funds were spent on personnel, including contract instructors, 22 percent on program, 10 percent on capital and major equipment (all by senior centers), 8 percent on facility (most by senior centers), and 2 percent on other operating expenses.
- Services provided by the 12 recipient agencies in 2014 included:
  - Council on Aging (largest services) - meals on wheels/safety checks (149,692 meals/checks), congregate meals (38,992 meals), information and assistance (3,985 contacts), case management (measured in different ways), and other services
  - Senior Centers (10) - All provide socialization (78,245 hours of planned activities) and health and wellness (81,807 hours of planned activities); most provide information and referral (2,128 hours) and volunteer opportunities

(50,778 hours of volunteer activities); 4 centers provide some form of transportation; 5 offer center-prepared meals; and other services

- RSVP - volunteer recruitment and placement - 557 volunteers; 960 placements.

Currently, there is no consistent service or participant data required from levy recipient agencies. The number of units for senior centers - with a few exceptions - was estimated in partnership with the centers for this study. The Council on Aging and RSVP maintain extensive records for their other funders. Those that are United Way funded also provide their required data.

- According to data provided by levy recipients for this report, collectively, in March, 2015, there were 66 Full Time Equivalent (FTE) staff, supplemented by volunteers to carry out levy supported services. Fifty-seven percent of the FTEs were at the Council on Aging, 40 percent at the senior centers (with Mentor Senior Center the largest (11 FTEs), followed by Willoughby Senior Center (4.69 FTEs), and RSVP at 3 percent. Five of the 10 senior centers only have 1 FTE director/coordinator.
- Of the 17,270 duplicated addresses of service participants provided by COA and the senior centers:
  - The largest proportion, 34 percent, was served by COA, followed by 22 percent at the Mentor Senior Center, and the smallest proportion at Madison Senior Center. 1.5 percent
  - Ninety-six percent were Lake County residents and 4 percent resided outside the county.
  - Eighty percent lived in 9 Lake County communities with the largest proportion (24.5 percent) residing in Mentor.
  - Ninety-five percent attended only 1 center in a 12 month period and 5 percent attended multiple centers - 2 Centers (3.9 percent); 3 Centers (0.7 percent); and 4 Centers (0.04 percent).
- Kirtland, Madison, Mentor, and Perry have the most distinct markets; Fairport and Painesville have overlapping markets; and Eastlake, Willoughby, Willowick, Wickliffe have hybrids, i.e., both distinct and overlapping markets.

Many of the stakeholders who participated in focus groups and interviewees were positive about the levy funds and how they were spent. This was especially noted by those who were recipients. However, the stakeholders raised several issues about the senior levy.

- *The levy funding disbursement process is based on history rather than changing needs.*

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, a “monopoly of senior service providers” is funded without competition and thus no motivation to change. The same providers continue to receive the funding even though needs may have changed and other service providers may have the specializations needed to respond to different needs.

- *There are minimal directives on how the levy funds can be spent.*

The levy 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. 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 citizens levy.”

- *There is lack of accountability for usage and outcomes.*

Since 2014, the county has been requiring accounting of how the levy funds were spent in the two year prior period. For example, expenses for 2013 were required when 2015 allocations were being determined. However, there is no request for participant or service data. Many felt that more accountability was needed. Note, however, that some of the current recipients believed there was accountability and that additional paperwork was not needed. COA and RSVP already report much information to other funders of their services. All agencies that receive United Way funds provide their required data.

Some felt that municipalities should contribute more funding.

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 lack an appropriate process for determining needs and spending resources.”

Through the focus groups and interviews, some stakeholders suggested a process to make the decisions needed to prepare for the aging of Lake County by 2030 and beyond:

- Engage in a county-wide planning process.
- Conduct a county-based innovations conference to broaden perspectives on new approaches for providing services to seniors and to inform planning.
- Increase millage of the senior levy to more adequately meet changing needs.

The following suggestions emerged from the analysis of the various research sources for this report. Approaches to various issues in other communities identified through interviews or the

literature review for this study are also included. All can be considered issues for further exploration.

### **Aging in Place**

- Recognize the importance of affordable and accessible housing to help people age in place and delay premature institutionalization. Work with senior housing providers to develop models for integrating housing, long term services and supports, and health care services.
- Support the establishments of Naturally Occurring Retirement Communities (NORCs) to supplement the formal senior service delivery system.

### **Adult Protective Services (APS)**

- Institute the recommendations of the Ohio APS Funding Work Group for specialized APS services apart from children's services and operationalization of their recommended multi-disciplinary model to ensure a full system of services needed by abused elderly and their caregivers, including core standards for screening, investigations and services.
- Consider use of senior levy funds for APS as is done in Butler, Hamilton, Warren Counties (through senior levy administrator Southwestern Council on Aging) and Licking County. This is also being considered by Franklin County.
- Consider different approaches for administration of APS services such as a coordinated county government department, such as by the Franklin County Office on Aging or by a non-profit organization as has been done in other counties in Ohio.

### **Senior Centers**

- Revisit Lake County's commitment to senior centers. Consider the approach taken in New York City to provide innovation grants to senior centers to vision the future after reaching consensus on their role and functions in the service delivery system.
- Consider other models of senior centers to meet the needs of more frail seniors such as Oakland, California's Senior Centers without Walls.

### **Services for Frail Seniors**

- Consider using senior levy funds for Options for Elders programs for unskilled in home services for those not frail enough or with incomes not low enough for PASSPORT/MyCare Ohio as is done in Franklin County, Council on Aging of Southwestern Ohio (Butler, Clinton, Hamilton, Warren counties), Greene County, and others.

### **Service Integration and Coordination**

- Take steps to integrate mental health and substance abuse services with primary care

services that are also linked with aging and social services, which research indicates yield the best health outcomes.

- Reach consensus on the elements of the ideal person-centered long term care system as the state of California did, and plan accordingly.
- Consider formalizing senior center administration across cities, villages, or townships like the Community Partnership in Cuyahoga County, a collaborative of 5 suburbs, which is a single, non-profit organization, with the mayors of each community as the board, a single director who works with the 5 communities, and with a population-based formula for financial contributions from each community.

### **Technology**

- Explore options for use of technology as LeadingAge has identified to appeal to baby boomers - for safety, health and well being, social networking, and other purposes.

### **Senior Levy**

- Consider options for greater accountability like other counties with senior levies:
  - Customer satisfaction surveys as conducted by Council on Aging of Southwestern Ohio, Franklin County and Geauga County;
  - On site monitoring process as in Licking County;
  - Establishing guidelines for funding and computerized application documents as in Licking County;
  - Using information systems to track number of clients served, units of service provided, service expenditures, and program wait lists as in other Ohio counties noted in research by Payne et al. (2012).
- Consider a formula for allocating levy funds to senior centers as in Greene County- proportion of 60+ population plus other factors involved with operations.
- Weigh the pros and cons of models for administering senior levy funds:
  - County administration administered (current Lake County system);
  - Non-profit organization as Southwestern Office on Aging (Butler, Clinton, Hamilton and Warren counties), Greene County or others as noted in research by Payne et al. (2012); or
  - County department on aging that integrates administration of the levy and APS as Franklin County.
- Revisit whether age 55+ should be the eligibility criteria for use of levy funds as many other counties use 60+ which is consistent with the Older Americans Act.
- Consider requiring all capital and major equipment expenses to come from the Contingency Fund rather than from the allocation which would be used only for operations.



- Consider the priorities for levy funding from respondents to the senior survey conducted for this research.
  - Priority 1: To ensure basic needs are met;
  - Priority 2: To support independent living for frail seniors;
  - Priority 3: To promote physical and mental health; and
  - Priority 4: To promote social and civic engagement.



## **Part I. Introduction & Methodology**

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The Lake County Senior Citizens Advisory Panel (Panel) requested the services of a consultant to conduct a senior citizens needs assessment/gap analysis and to facilitate development of a factual based strategic blueprint for sustainable programming and investment on behalf of Lake County's senior citizens. The blueprint will guide decision-making for the Lake County Senior Citizen Levy distribution. The Senior Levy provides approximately \$2.5 million annually for distribution to 12 Lake County agencies that serve older persons.

The purpose of this research is to guide decision-making for the Lake County Senior Citizen Levy distribution. To this end, there are several questions that were addressed:

### **1. Lake County Seniors**

- Who are Lake County's seniors?
- Where do they reside?
- What changes in the senior population are projected for Lake County and its 23 municipalities, villages and townships by 2030?

### **2. Lake County's Community-Based Senior Service Delivery System**

- How does the system function currently?
- What are the trends/allocation histories relative to major federal/state funding sources?
- What resources are the cities, villages, townships within Lake County providing for services for older adults?
- What are the met and unmet needs for services?
- What changes will need to be made to prepare for the increase of seniors by 2030 and beyond?

### **3. Lake County as an Elder Friendly Community**

- How effective is Lake County as an elder friendly community?
- What changes are needed to become more elder friendly?

### **4. Senior Levy Resources**

- How is the Lake County Senior Levy funding currently being used and administered?

- What changes may be needed as the senior population grows?

#### **5. Promising Practices/Innovative Models for Allocating Senior Levy Resources and Organizing Integrated Service Delivery in Local Communities**

- What are some trends or best management practices that could be incorporated in Lake County?
- How are other counties within Ohio that have senior levies allocating resources and organizing service delivery?
- What are models for integrating service delivery on a local level?

A mixed methods research design, incorporating quantitative and qualitative data, was implemented to answer the research questions. Both qualitative and quantitative data analyzed in this study were compiled from multiple secondary and primary sources. The main secondary sources were U.S. Bureau of Census data for different time periods, population projections for seniors in Lake County jurisdictions through 2030, and records of participants and services provided by the senior levy recipients; mapping. Primary data sources included: (1) survey responses from a sample of the Lake County population, age 60 and over; (2) interviews with major funders, providers, officials of the Lake County jurisdictions, senior levy recipient agency directors, and representatives of other Ohio counties with senior levies; (3) focus groups with key stakeholders in Lake County. In addition a literature review on relevant trends was conducted. Site visits were made to the 10 levy funded senior centers. Together, the types of data and the entities from which the data were obtained ensure that findings from this study represent a comprehensive picture of the senior service issues in Lake County. A brief description of the individuals/entities that provided data for the research, data collection procedures, and data analysis are provided in Appendices A-1, A-2, and A-3. These include technical notes for population projections, administration of the survey and other research, and the framework for analyzing the elder friendliness of Lake County. See Appendix B for references from the literature search.

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## Part II. Lake County's Senior Population

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### *A. Current Population*

According to the 2010 Census, there were 51,488 persons 60+ in Lake County, 22.4 percent of the county's total population<sup>1</sup> See Table 1. This was a 22.9 percent increase over the 2000 population of 41,892, which was 18.4 percent of the total. Compared to 2000, older persons in 2010 had:

- Higher incomes;
- Smaller percentages of persons below poverty;
- More education;
- More racial and ethnic diversity;
- Smaller percentage of married persons; and
- Smaller percentage of grandchildren living at home.

The 2010 senior 60+ population of Lake County had a median income of \$22,158 with 6.5 percent below poverty. Close to 83 percent had a high school diploma or higher education. 95.7 percent were white, non-Hispanic. Slightly more than half (57.2 percent) were married and 38.4 percent were widowed, divorced or separated; and 27.4 percent lived alone.

<b>Table 1</b>			
<b>Profile of 60+ Population, 2000; 2010, LAKE COUNTY</b>			
	<b>2000</b>	<b>2010</b>	<b>Change 2000 to 2010</b>
<b>POPULATION</b>			
Total Population	227,511	230,041	1.1%
<b>Total Population, 60+</b>	<b>41,892</b>	<b>51,488</b>	<b>22.9%</b>
Percent of County Population, Age 60+	18.4%	22.4%	4.0%
<b>INCOME/EDUCATION</b>			
Median Income, 60+	\$17,500	\$22,158	26.6%
At or Below Poverty	7.8%	6.5%	-1.3%
High School Diploma or Higher Education	71.8%	82.7%	10.9%
<b>GENDER</b>			
Female		56.2%	
Male		43.8%	
<b>RACE/ETHNICITY</b>			
White Non-Hispanic	97.5%	95.7%	-1.8%
Black Non-Hispanic	1.2%	2.1%	0.9%
Hispanic	0.4%	0.6%	0.2%
Other Races, Non-Hispanic	0.9%	1.6%	0.7%
<b>MARITAL STATUS</b>			
Married	61.4%	57.2%	-4.2%
Widowed/Divorced/Separated	35.5%	38.4%	2.9%
Never Married	3.1%	4.4%	1.3%
<b>LIVING STATUS</b>			
60+ Living Alone	27.2%	27.4%	0.2%
Having Grandchildren Living at Home	4.0%	3.5%	-0.6%
Data Source: Scripps Gerontology Center.(2013) <i>Projections and Characteristics of the 60+ Population - Lake County</i> . Scripps Gerontology Center; Miami University, Oxford, OH. Available at <a href="http://www.ohio-population.org">www.ohio-population.org</a>			

<sup>1</sup> Note: The Lake County Senior Levy funds programs for older persons 55 and older. This report primarily uses 60+ as it is the eligibility age of the Older Americans Act and allows for more readily available data.

Based on 2010 U.S. Census, more than three-fourths (76 percent) of those 60 and older resided in 8 of Lake County's 23 jurisdictions: Mentor, Willoughby, Concord Township, Eastlake, Painesville Township, Wickliffe, Willowick and Madison Township. See Table 2. These communities also had the largest numbers of persons within each age cohort within the 60+ population: 60-74; 75-84; and 85+. The remaining 24 percent reside in 15 other communities. In each community, the largest numbers are for the "young old," 60-74 years. This cohort represents 65.9 percent of the total 60+ population in the county, while those 75-84 years represent 23.8 percent and those 85+, 10.3 percent.

**Table 2****U.S. Census 2010, Older Adult Age Cohorts, Lake County Jurisdictions**

<b>Jurisdiction</b>	<b>60-74</b>	<b>75 -84</b>	<b>85+</b>	<b>60+</b>	<b>% of County 60+</b>	
Mentor City	7,486	2,461	1,124	11,071	21.5%	<b>76%</b>
Willoughby City	3,185	1,468	923	5,576	10.8%	
Concord Township	3,242	833	392	4,467	8.7%	
Eastlake City	2,981	876	287	4,144	8.0%	
Painesville Township	2,493	800	310	3,603	7.0%	
Wickliffe City	1,815	1,113	493	3,421	6.6%	
Willowick City	1,842	1,150	391	3,383	6.6%	
Madison Township	2,274	727	310	3,311	6.4%	
Painesville City	1,712	538	243	2,493	4.8%	<b>24%</b>
Willoughby Hills	1,558	599	223	2,380	4.6%	
Kirtland City	1,236	382	192	1,810	3.5%	
Mentor-on-the-Lake	1,058	349	103	1,510	2.9%	
Perry Township	862	293	75	1,230	2.4%	
Fairport Harbor Village	435	151	71	657	1.3%	
Madison Village	452	155	49	656	1.3%	
Leroy Township	509	114	30	653	1.3%	
Perry Village	197	46	19	262	0.5%	
Timberlake Village	147	43	13	203	0.4%	
North Perry Village	139	36	13	188	0.4%	
Waite Hill Village	124	42	15	181	0.4%	
Kirtland Hills Village	116	31	15	162	0.3%	
Grand River Village	56	22	4	82	0.2%	
Lakeline Village	23	17	5	45	0.1%	
<b>TOTAL LAKE COUNTY</b>	<b>33,942</b>	<b>12,246</b>	<b>5,300</b>	<b>51,488</b>	<b>100.0%</b>	
<b>PERCENT BY AGE COHORT</b>	<b>65.9%</b>	<b>23.8%</b>	<b>10.3%</b>	<b>100.0%</b>		

Data Source: U.S. Census 2010

More than one-fifth (22.4 percent) of Lake County's population is 60 years and older. See Table 3. Ten of the county's 23 jurisdictions have percentages of the population higher than the county's average, ranging from 38.4 percent (Waite Hill Village) to 23.5 percent (Mentor). Some with large percentages of 60+ are the smaller communities - Waite Hill Village, Timberlake Village and Kirtland Hills Village. Smallest were Painesville City at 12.7 percent 60+, followed by Perry Village at 15.8percent.

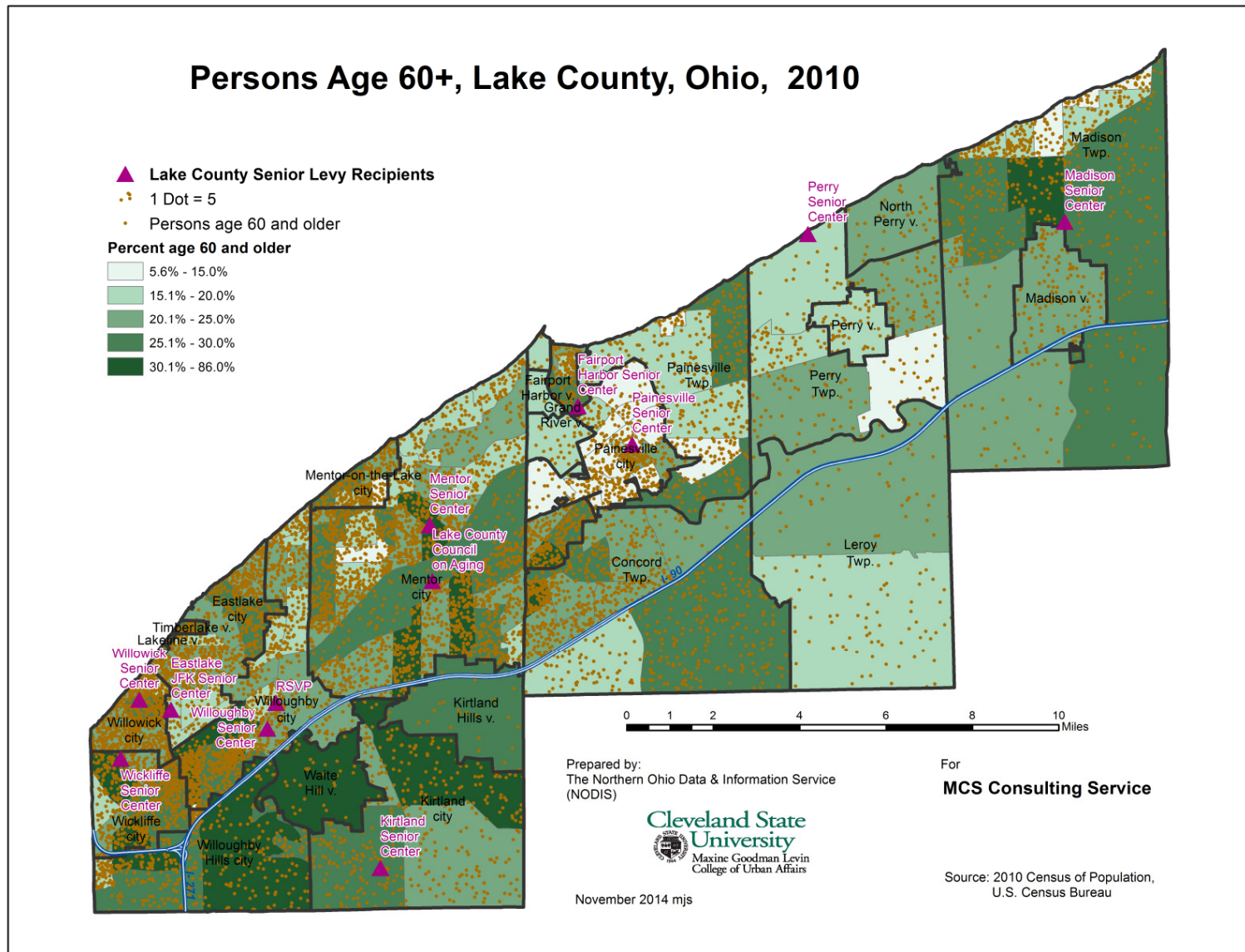
**Table 3****U.S.Census 2010, 60+ as Percent of Population of Lake County Jurisdictions**

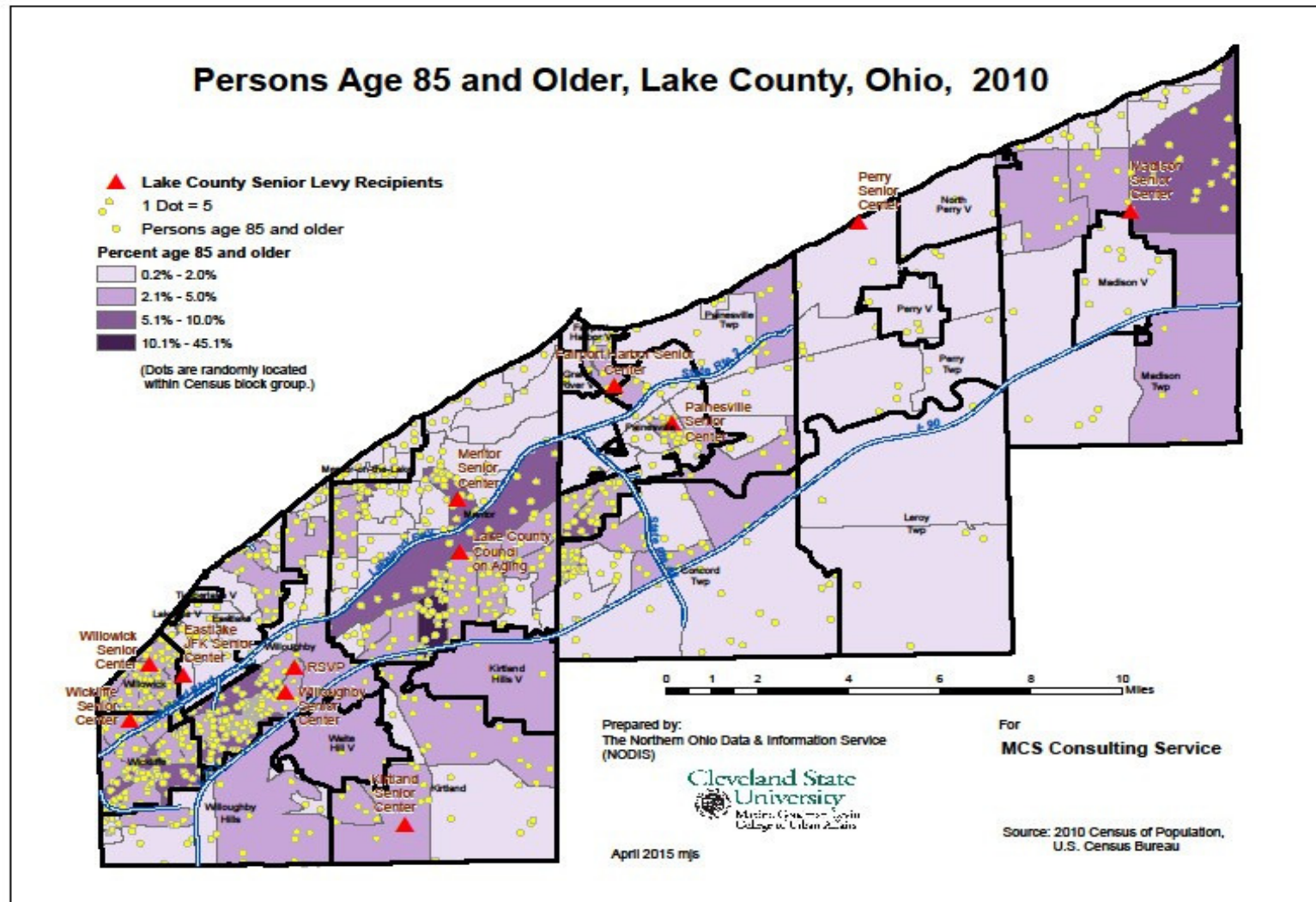
<b>Jurisdiction</b>	<b>Total Pop</b>	<b>60+</b>	<b>% Pop</b>	
Waite Hill Village	471	181	38.4%	<b>Above County Avg</b>
Timberlake Village	675	203	30.1%	
Wickliffe City	12,750	3,421	26.8%	
Kirtland City	6,866	1,810	26.4%	
Willoughby Hills	9,485	2,380	25.1%	
Kirtland Hills Village	646	162	25.1%	
Willoughby City	22,268	5,576	25.0%	
Concord Township	18,201	4,467	24.5%	
Willowick City	14,171	3,383	23.9%	
Mentor City	47,159	11,071	23.5%	
Eastlake City	18,577	4,144	22.3%	<b>Below County Avg</b>
Painesville Township	16,891	3,603	21.3%	
Fairport Harbor Village	3,109	657	21.1%	
Madison Township	15,699	3,311	21.1%	
North Perry Village	893	188	21.1%	
Madison Village	3,184	656	20.6%	
Grand River Village	399	82	20.6%	
Mentor-on-the-Lake	7,443	1,510	20.3%	
Leroy Township	3,253	653	20.1%	
Lakeline Village	226	45	19.9%	
Perry Township	6,449	1,230	19.1%	
Perry Village	1,663	262	15.8%	
Painesville City	19,563	2,493	12.7%	
<b>TOTAL LAKE COUNTY</b>	<b>230,041</b>	<b>51,488</b>	<b>22.4%</b>	
Data Source: U.S. Census 2010				



Slightly more than 2 percent (2.3 percent) of Lake County's population is 85 years and older. See Table 4. Nine of the county's 23 jurisdictions have percentages of the 85+ population higher than the county's average, ranging from 4.1 percent (Willoughby City) to 2.3 percent (Fairport Harbor Village). The smallest is Leroy Township at 0.9 percent.

<b>Table 4</b>				
<b>U.S.Census 2010, 85+ as Percent of Population of Lake County Jurisdictions</b>				
<b>Jurisdiction</b>	<b>Total Pop</b>	<b>85+</b>	<b>% Pop</b>	
Willoughby City	22,268	923	4.1%	<b>Above County Avg</b>
Wickliffe City	12,750	493	3.9%	
Waite Hill Village	471	15	3.2%	
Kirtland City	6,866	192	2.8%	
Willowick City	14,171	391	2.8%	
Mentor City	47,159	1,124	2.4%	
Willoughby Hills	9,485	223	2.4%	
Kirtland Hills Village	646	15	2.3%	
Fairport Harbor Village	3,109	71	2.3%	
Lakeline Village	226	5	2.2%	<b>Below County Avg</b>
Concord Township	18,201	392	2.2%	
Madison Township	15,699	310	2.0%	
Timberlake Village	675	13	1.9%	
Painesville Township	16,891	310	1.8%	
Eastlake City	18,577	287	1.5%	
Madison Village	3,184	49	1.5%	
North Perry Village	893	13	1.5%	
Mentor-on-the-Lake	7,443	103	1.4%	
Painesville City	19,563	243	1.2%	
Perry Township	6,449	75	1.2%	
Perry Village	1,663	19	1.1%	
Grand River Village	399	4	1.0%	
Leroy Township	3,253	30	0.9%	
<b>TOTAL LAKE COUNTY</b>	<b>230,041</b>	<b>5,300</b>	<b>2.3%</b>	
Data Source: U.S. Census 2010				

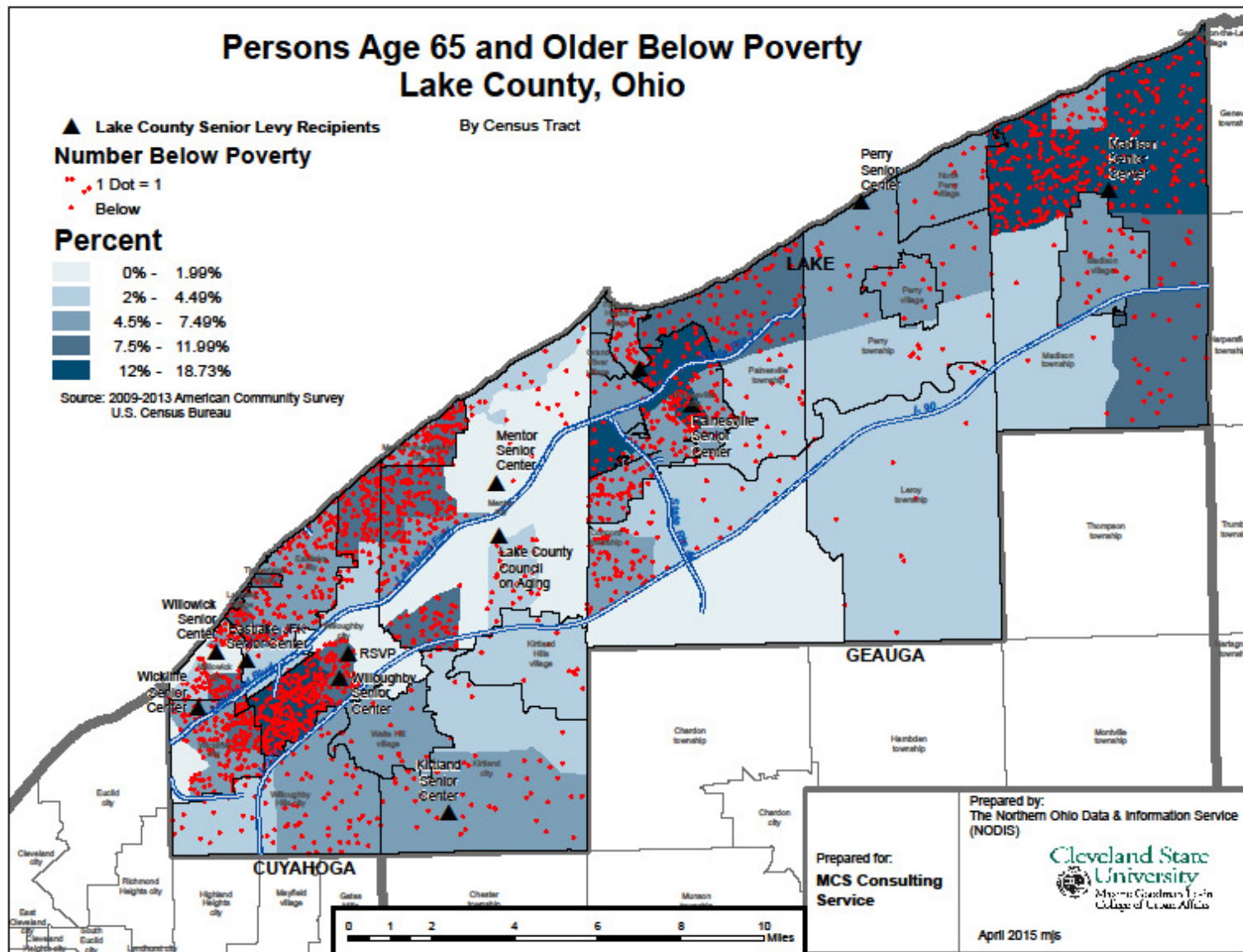




Based on the American Community Survey, average for 2009 to 2013, 6.2 percent of Lake County's 65+ population are below poverty. Three-fourths of them reside in 7 Lake County jurisdictions: Willoughby, Madison Township, Mentor, Wickliffe, Eastlake, Painesville City, and Painesville Township. See Table 5.

<b>Table 5</b>					
<b>Number and Percent of Lake County Population 65+ Below Poverty in Lake County</b>					
<b>Jurisdiction</b>	<b>65+ Population for Whom Poverty Status is Determined</b>				
	<b>Total 65+</b>	<b># At or Above Poverty</b>	<b># Below Poverty</b>	<b>% Below Poverty</b>	
Willoughby City	4,038	3,618	420	18.5%	<b>75%</b>
Madison Township	2,689	2,334	355	15.6%	
Mentor City	7,705	7,443	262	11.5%	
Wickliffe City	2,486	2,307	179	7.9%	
Eastlake City	3,055	2,885	170	7.5%	
Painesville City	1,714	1,554	160	7.0%	
Painesville Township	2,250	2,100	150	6.6%	
Willowick City	2,745	2,635	110	4.8%	<b>25%</b>
Mentor-on-the-Lake City	1,135	1,041	94	4.1%	
Willoughby Hills City	1,706	1,623	83	3.7%	
Concord Township	3,002	2,925	77	3.4%	
Kirtland City	1,162	1,090	72	3.2%	
Perry Township	884	848	36	1.6%	
Fairport Harbor Village	470	437	33	1.5%	
Madison Village	455	431	24	1.1%	
Timberlake Village	165	152	13	0.6%	
Leroy Township	400	390	10	0.4%	
Perry Village	169	160	9	0.4%	
North Perry Village	130	122	8	0.4%	
Grand River Village	37	33	4	0.2%	
Waite Hill Village	115	114	1	0.0%	
Kirtland Hills Village	134	134	0	0.0%	
Lakeline Village	27	27	0	0.0%	
<b>TOTAL</b>	<b>36,673</b>	<b>34,403</b>	<b>2,270</b>	<b>100.0%</b>	
<b>PERCENT</b>	<b>100.0%</b>	<b>93.8%</b>	<b>6.2%</b>		
Data Source: Table B17001 - Poverty Status in the Past 12 Months by Sex by Age. 2009-2013 American Community Survey 5 -Year Estimates. Universe: Population for whom poverty status is determined. These are estimates from a sample with margins of error.					



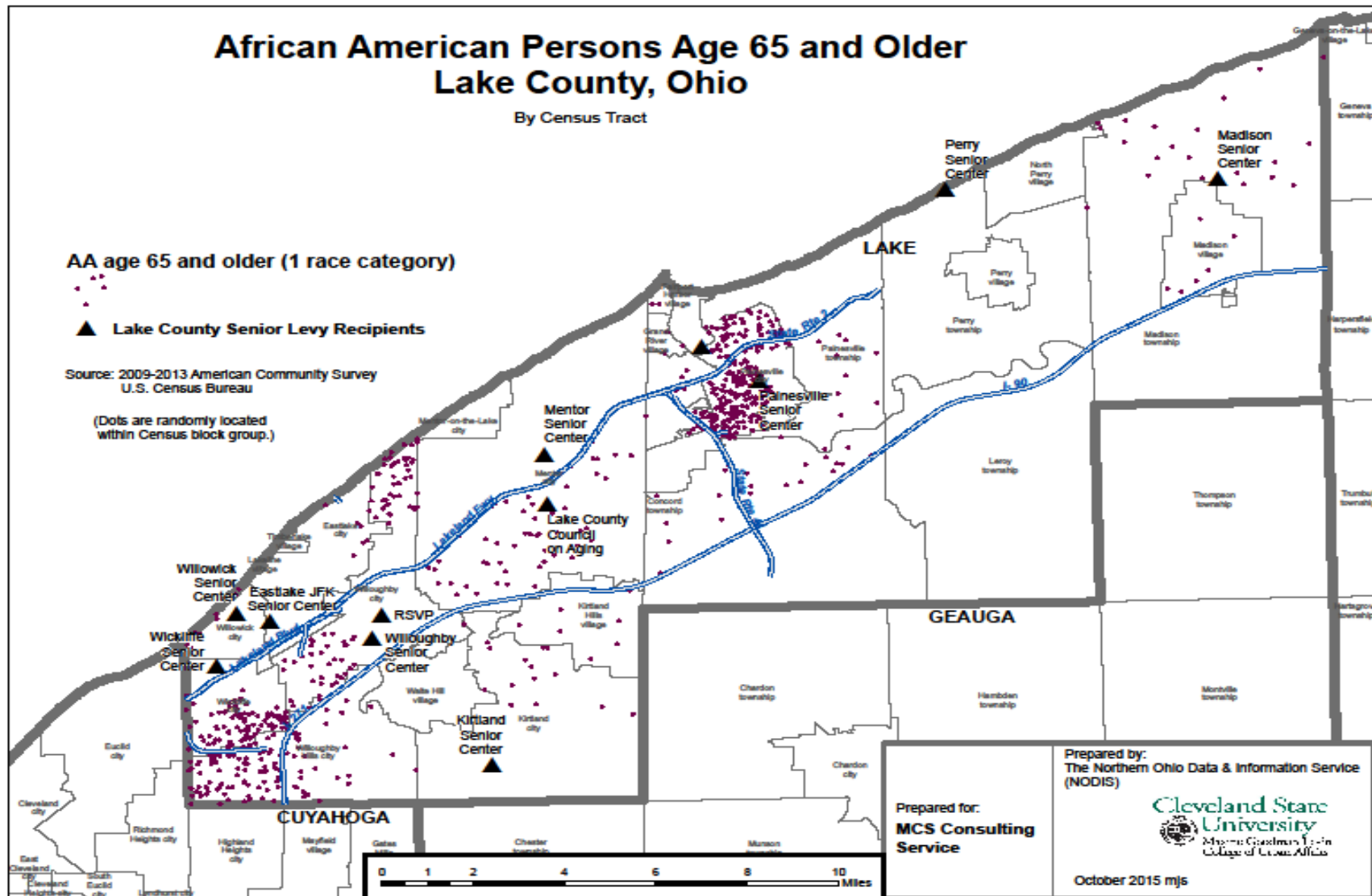


## Part II. Lake County's Senior Population

Based on the American Community Survey, average for 2009 to 2013, 1.9 percent of Lake County's 65+ population are Black or African American. Eighty-five percent of them reside in 5 Lake County jurisdictions: Painesville City, Willoughby Hills, Wickliffe, Willoughby, and Mentor. See Table 6.

<b>Table 6</b>				
<b>Number and Percent of Lake County Population 65+ Black or African American in Lake County Jurisdictions , 2009-2013 AVERAGE</b>				
	<b>Total 65+</b>	<b>Black or African American</b>	<b>% Black or African American</b>	
Painesville City	1,818	253	35.6%	<b>85%</b>
Willoughby Hills City	1,706	116	16.3%	
Wickliffe City	2,588	97	13.7%	
Willoughby City	4,252	81	11.4%	
Mentor City	8,004	56	7.9%	
Madison Township	3,402	28	3.9%	<b>15%</b>
Concord Township	3,123	23	3.2%	
Kirtland City	1,335	22	3.1%	
Painesville Township	2,848	20	2.8%	
Willowick City	2,745	8	1.1%	
Eastlake City	3,055	6	0.8%	
Fairport Harbor Village			0.0%	
Grand River Village			0.0%	
Kirtland Hills Village	134	0	0.0%	
Lakeline Village	27	0	0.0%	
Leroy Township	400	0	0.0%	
Madison Village			0.0%	
Mentor-on-the-Lake City	1,135		0.0%	
North Perry Village			0.0%	
Perry Township	1,183	0	0.0%	
Perry Village			0.0%	
Timberlake Village	165	0	0.0%	
Waite Hill Village	115	0	0.0%	
<b>TOTAL</b>	<b>38,035</b>	<b>710</b>	<b>100.0%</b>	
<b>PERCENT</b>		<b>1.9%</b>		
Data Source: American Community Survey Estimate 2009-2013				





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The county's senior population is not equally distributed across all 23 jurisdictions. While the whole county owns the issue of the aging of the population and its implications, there are several communities within the county that have a greater stake because they house the largest numbers and/or percentages of the county's seniors with special characteristics:

- the largest numbers of 60+;
- the largest numbers of 85+;
- numbers and percentages of 60+ greater than the county average;
- numbers and percentages of 85+ greater than the county average;
- highest numbers and percentages of those 65+ and below poverty; and
- highest numbers and percentages of those 65+ and African Americans.

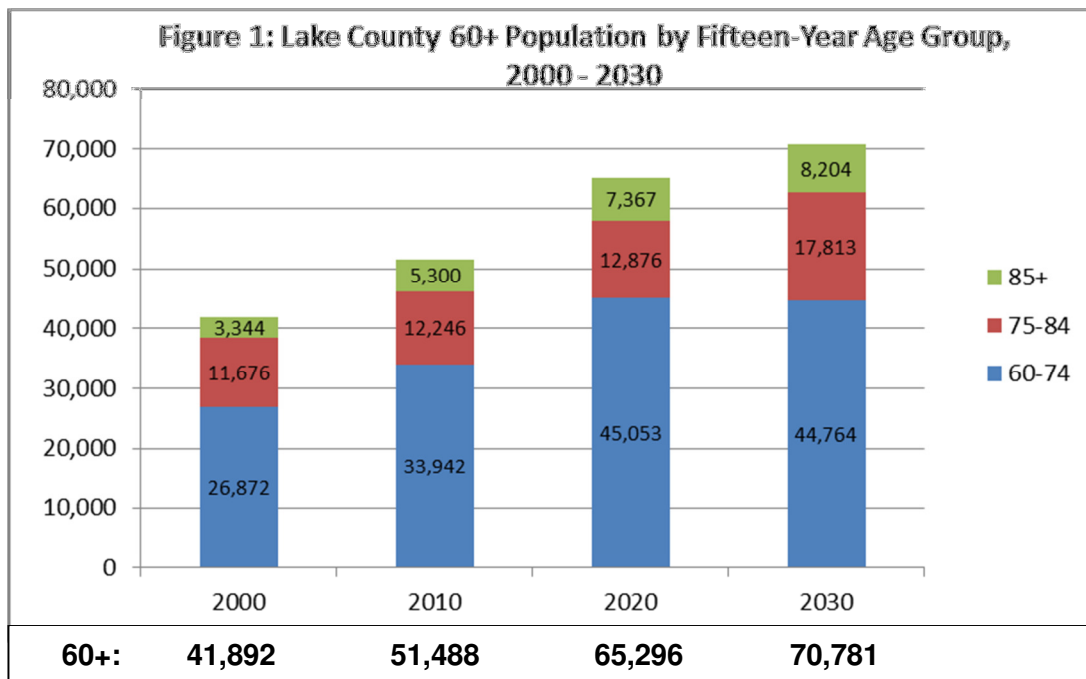
These communities are Mentor, Willoughby, Wickliffe and Willowick. See Table 7.

<b>Table 7</b>							
<b>Lake County Communities with Largest Numbers &amp;/or Percentages of Seniors with Specific Characteristics</b>							
<b>Community</b>	<b>Largest #s 60+</b>	<b>Largest #s 85+</b>	<b>Higher % 60+ than avg</b>	<b>Higher % 85+ than avg</b>	<b>Highest #/% of 65+ Below Poverty</b>	<b>Highest #/% of 65+ African American</b>	<b>TOTAL # "X'S"</b>
Mentor City	X	X	X	X	X	X	6
Willoughby City	X	X	X	X	X	X	6
Wickliffe City	X	X	X	X	X	X	6
Willowick City	X	X	X	X			4
Concord Township	X	X	X				3
Madison Township	X	X			X		3
Painesville Township	X	X			X		3
Eastlake City	X	X			X		3
Willoughby Hills			X	X		X	3
Painesville City					X	X	2
Kirtland City			X	X			2
Kirtland Hills Village			X	X			2
Waite Hill Village			X	X			2
Fairport Harbor Village				X			1
Timberlake Village			X				1
Grand River Village							
Lakeline Village							
Leroy Township							
Madison Village							
Mentor-on-the-Lake							
North Perry Village							
Perry Township							
Perry Village							

An aging population in Lake County not only translates into needs for more services for older persons, but also can impact the financial structure of the county and its communities. The Center for Community Solutions' report, *Aging Ohio: The Impact of Demographic Change on State Fiscal Policy* (2015) found that impacts of an aging population include reductions in sales and income tax revenue, which are expected to result in a net \$1.9 billion state budget shortfall by 2035. This will place tremendous burden on the state's capacity to provide Medicaid-funded home and community-based services (PASSPORT/My Care Ohio and Assisted Living). But this can also impact Lake County and its local communities from potential decreases in sales and local income tax revenue.

## ***B. Changing Demographics***

Lake County's population 60+ has been increasing since 2000 and will continue to increase by 2030. While the growth of the younger age cohort, 60-74, which includes most of the post World War II "baby boom" population will grow the most by 10,822 persons or 31.9 percent, this cohort will stabilize by 2020. However, the fastest rates of growth are the 75-84 and 85+ through 2030 and beyond, at 45.5 and 54.8 percentages, respectively. These groups are most likely to need long term services and supports. See Figure 1.



Between 2010 and 2030, Lake County's 60+ population is estimated to increase by 19,293 persons, a 37.5 percent increase over 2010. See Table 8. The 6 communities with the largest estimated increases are Mentor, Concord Township, Painesville Township, Willoughby, Madison Township, and Painesville.

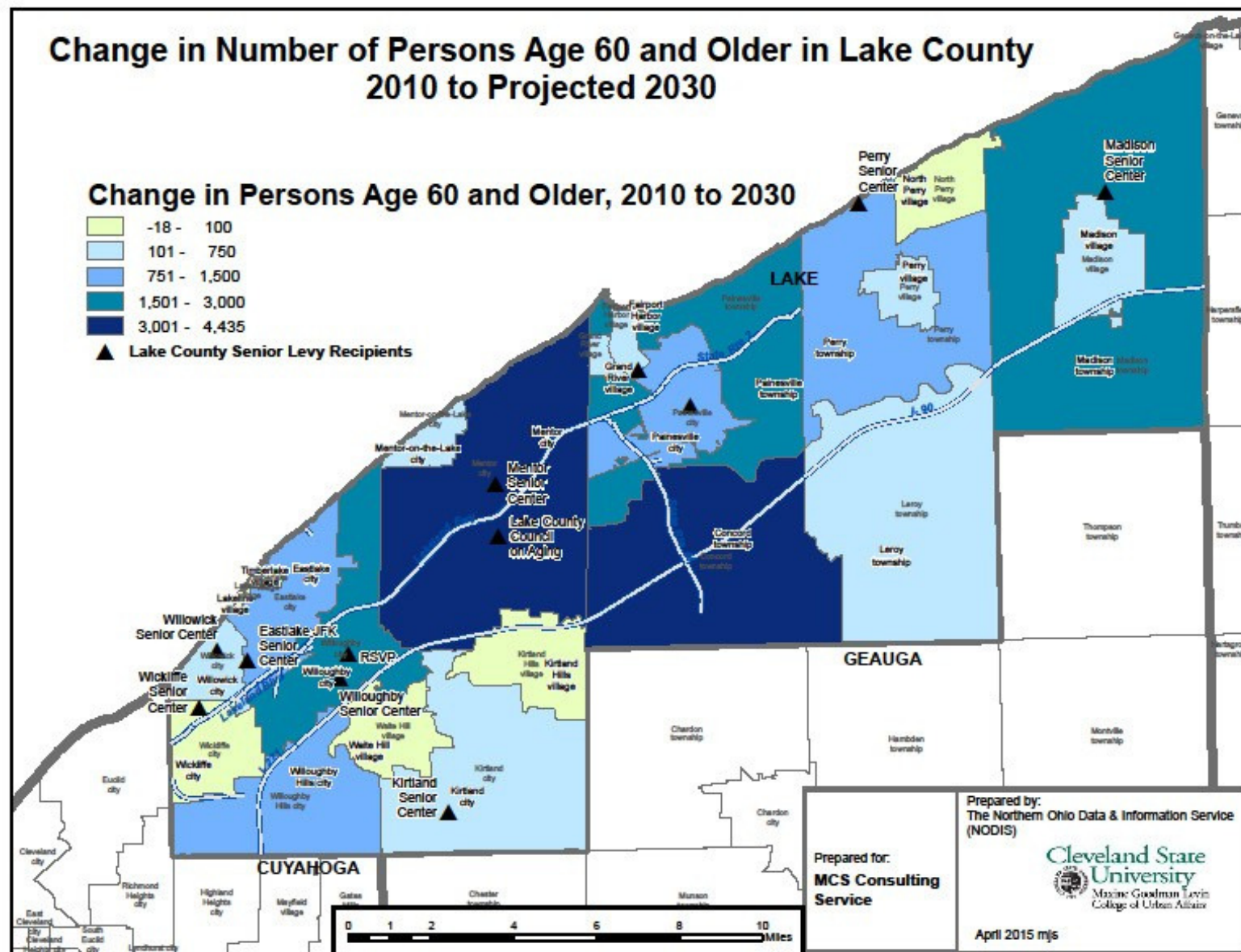
<b>Table 8</b>							
<b>Projected Change in 60+ Population by Lake County Jurisdictions, 2010 to 2030</b>							
	<b>CENSUS</b>	<b>PROJECTED</b>		<b>CHANGE #</b>		<b>CHANGE %</b>	
<b>Jurisdiction</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2010 to 2020</b>	<b>2010 to 2030</b>	<b>2010 to 2020</b>	<b>2010 to 2030</b>
	<b>60+</b>	<b>60+</b>	<b>60+</b>	<b>60+</b>	<b>60+</b>	<b>60+</b>	<b>60+</b>
Mentor	11,071	14,325	14,780	3,254	3,709	29.4%	33.5%
Concord Twp.	4,467	6,493	7,828	2,026	3,361	45.3%	75.2%
Painesville Twp.	3,603	5,028	5,886	1,425	2,283	39.6%	63.4%
Willoughby	5,576	6,783	7,398	1,207	1,822	21.7%	32.7%
Madison Twp.	3,311	4,314	4,893	1,003	1,582	30.3%	47.8%
Painesville	2,493	3,242	3,712	749	1,219	30.0%	48.9%
Perry Twp.	1,230	1,781	2,023	551	793	44.8%	64.5%
Eastlake	4,144	4,861	4,848	717	704	17.3%	17.0%
Willoughby Hills	2,380	2,986	3,065	606	685	25.5%	28.8%
Kirtland	1,810	2,242	2,381	432	571	23.9%	31.5%
Perry Village	262	522	785	260	523	99.4%	199.7%
Madison Village	656	901	1,098	245	442	37.3%	67.5%
Mentor-on-the-Lake	1,510	1,878	1,940	368	430	24.4%	28.5%
Leroy Twp.	653	916	1,065	263	412	40.3%	63.1%
Willowick	3,383	3,654	3,696	271	313	8.0%	9.3%
Fairport Harbor Village	657	869	965	212	308	32.3%	46.9%
Grand River Village	82	143	179	61	97	74.8%	118.0%
Lakeline Village	45	82	123	37	78	81.4%	173.8%
North Perry Village	188	233	265	45	77	23.7%	40.8%
Kirtland Hills Village	162	214	235	52	73	31.9%	45.3%
Waite Hill Village	181	179	173	-2	-8	-1.0%	-4.2%
Timberlake Village	203	208	182	5	-21	2.4%	-10.3%
Wickliffe	3,421	3,444	3,260	23	-161	0.7%	-4.7%
<b>Lake County</b>	<b>51,488</b>	<b>65,296</b>	<b>70,781</b>	<b>13,808</b>	<b>19,293</b>	<b>26.8%</b>	<b>37.5%</b>

**Data Source:** U.S. Census 2010; projections by Northern Ohio Data Information Services, Cleveland State University

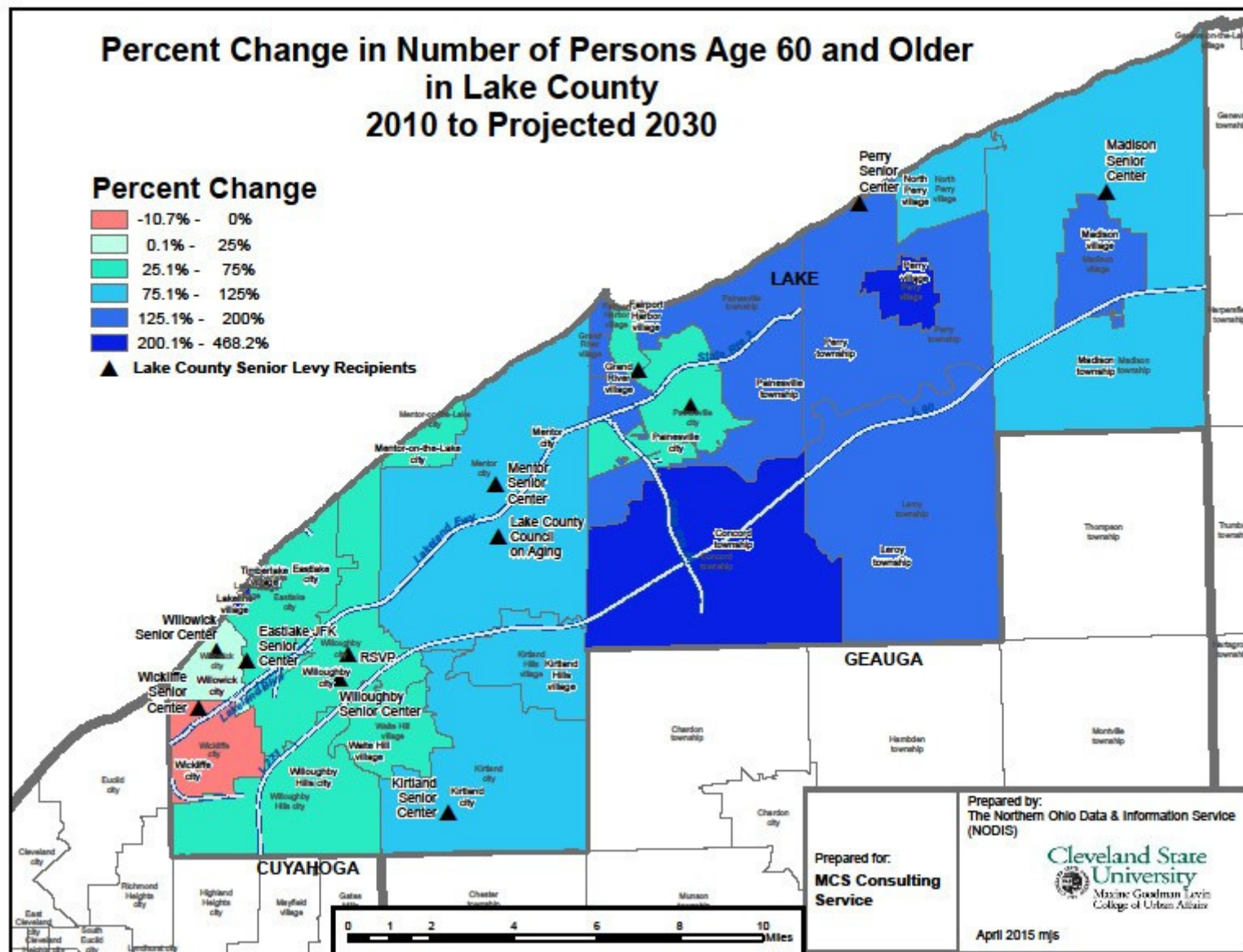
Between 2010 and 2030, Lake County's 85+ population is estimated to increase by 2,904 persons, a 54.8 percent increase over 2010. See Table 9. The 5 communities with the largest estimated numeric increases are Mentor, Concord Township, Madison Township, Painesville Township, and Eastlake.

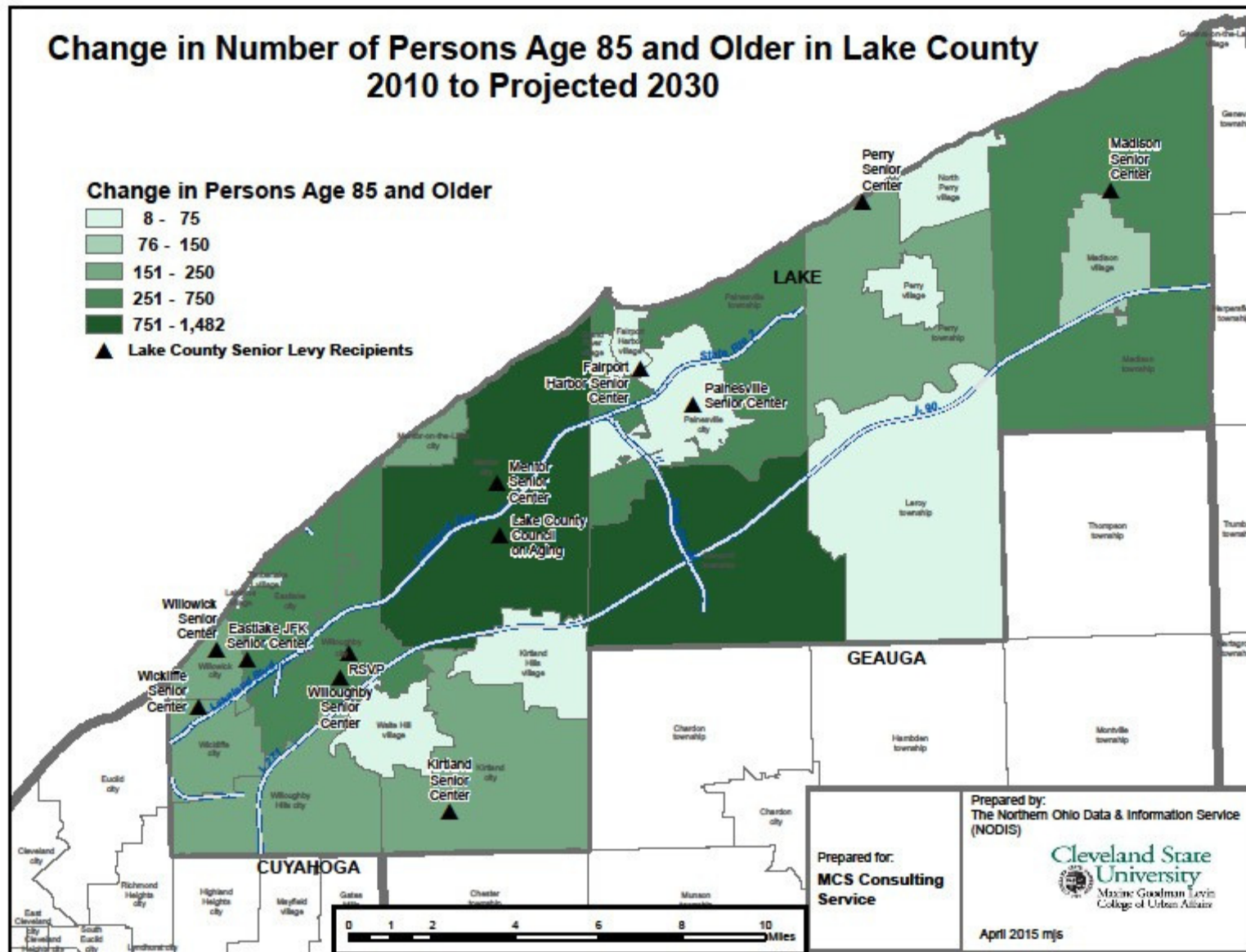
<b>Table 9</b>							
<b>Projected Change in 85+ Population by Lake County Jurisdictions, 2010 to 2030</b>							
<b>Jurisdiction</b>	<b>CENSUS</b>			<b>PROJECTED</b>		<b>CHANGE #</b>	
	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2010 to 2020</b>	<b>2010 to 2030</b>	<b>2010 to 2020</b>	<b>2010 to 2030</b>
	<b>85+</b>	<b>85+</b>	<b>85+</b>	<b>85+</b>	<b>85+</b>	<b>85+</b>	<b>85+</b>
Mentor	1,124	1,582	1,903	458	779	40.8%	69.3%
Concord Twp.	392	575	970	183	578	46.6%	147.4%
Madison Twp.	310	455	570	145	260	46.8%	84.0%
Painesville Twp.	310	482	570	172	260	55.5%	83.8%
Eastlake	287	472	524	185	237	64.3%	82.7%
Kirtland	192	228	332	36	140	18.7%	72.9%
Willoughby Hills	223	348	341	125	118	56.3%	53.1%
Perry Twp.	75	154	192	79	117	105.8%	156.1%
Mentor-on-the-Lake	103	192	210	89	107	86.2%	103.7%
Willoughby	923	966	992	43	69	4.7%	7.5%
Madison Village	49	87	102	38	53	77.8%	107.2%
Leroy Twp.	30	54	82	24	52	81.1%	171.9%
Perry Village	19	31	56	12	37	60.8%	196.4%
Willowick	391	649	420	258	29	65.9%	7.5%
Painesville	243	257	271	14	28	5.6%	11.5%
Kirtland Hills Village	15	22	36	7	21	44.9%	138.4%
Fairport Harbor Village	71	88	85	17	14	24.6%	20.2%
Timberlake Village	13	23	27	10	14	73.2%	107.2%
North Perry Village	13	22	27	9	14	66.1%	106.4%
Lakeline Village	5	9	16	4	11	72.4%	223.5%
Waite Hill Village	15	18	23	3	8	18.1%	55.2%
Grand River Village	4	14	11	10	7	241.7%	175.3%
Wickliffe	493	642	443	149	-50	30.1%	-10.0%
<b>Lake County</b>	<b>5,300</b>	<b>7,367</b>	<b>8,204</b>	<b>2,067</b>	<b>2,904</b>	<b>39.0%</b>	<b>54.8%</b>

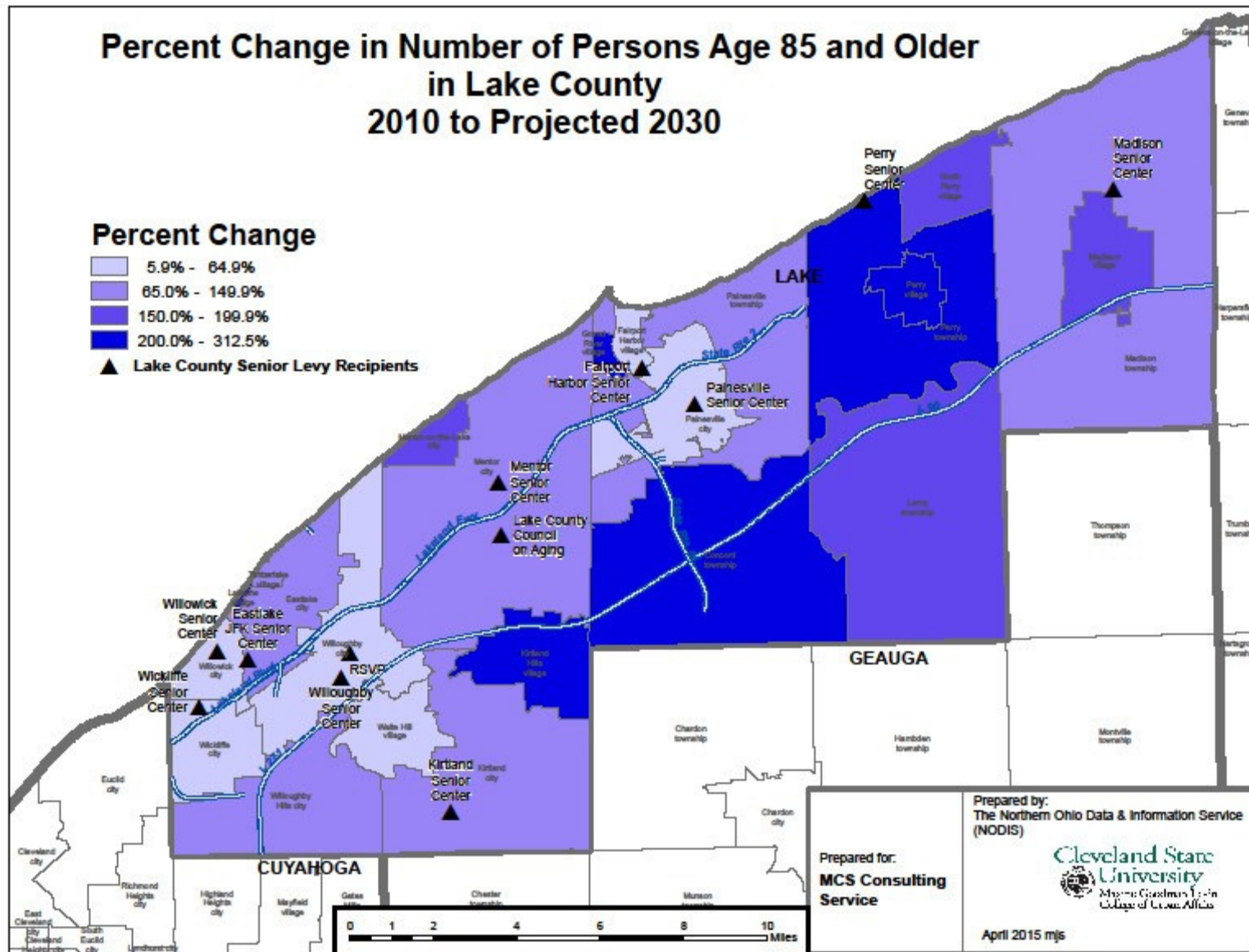
**Data Source:** U.S. Census 2010; projections by Northern Ohio Data Information Services, Cleveland State University











### *C. Frail Seniors*

Lake County's population of frail seniors is expected to increase by 2030.<sup>2</sup> Based on estimates for Lake County by Scripps Gerontology Center (2015), 3,428 persons 60 and older (6.7 percent of the 60+<sup>3</sup> population) were estimated to be severely physically and/or cognitively disabled and meet the functional level of care for a nursing facility or Medicaid funded home and community-based services in 2010. The number is expected to increase by 2,221 persons to 7.4 percent of the 60+ population by 2030. In 2010, 860 of these persons with severe disabilities had income up to 200 percent of poverty (1.7 percent of the 60+ population) and this number is estimated to increase by 558 by 2030 to 1.9 percent of the 60+ population. A smaller number is estimated to be moderately physically or cognitively disabled, 1,757 in 2010 (3.4 percent of 60+ population) and increasing by 962 persons by 2030 to 3.6 percent of the 60+ population. See Table 10a.

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<sup>2</sup> Physical and/or cognitive disability is defined as requiring the assistance of another person to perform Activities of Daily Living (ADL) (Scripps Gerontology Center, 2014). The inability to perform an ADL could be the result of physical and/or cognitive impairment. *Severe disability* is defined as: 1. needing the assistance of another person in at least two of the following activities of daily living: bathing, using the toilet, dressing, grooming, eating, or moving from one position to another (transferring in and out of bed or chair); OR 2. needing assistance with one of the activities of daily living and with taking medications; OR 3. being cognitively impaired and requiring 24-hour supervision. The definition for severe disability is matched with Ohio's Medicaid Intermediate Level of Care, commonly known as nursing home level of care for those with physical/cognitive disability. *Moderate physical and/or cognitive disability* is defined as: 1. requiring the assistance of another person to perform one of the ADL as listed above; OR 2. having cognitive impairment requiring partial supervision (i.e. less than 24-hours).

<sup>3</sup> Note that Scripps' projections are slightly different than those done by NODIS.



<b>Table 10a</b>					
<b>Estimated 60+ Population, by Disability, Lake County, 2010 - 2030</b>					
	<b>CENSUS</b>	<b>PROJECTED</b>		<b>CHANGE</b>	
	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2010 to 2020</b>	<b>2010 to 2030</b>
<b>Total Population, 60+</b>	<b>51,488</b>	<b>66,942</b>	<b>76,357</b>	<b>15,454</b>	<b>24,869</b>
<b>MODERATE PHYSICAL &amp;/or COGNITIVE DISABILITY</b>					
Number	1,757	2,232	2,719	475	962
Percent of 60+	3.4%	3.3%	3.6%	-0.1%	0.1%
<b>SEVERE PHYSICAL &amp;/or COGNITIVE DISABILITY</b>					
Number	3,428	4,356	5,649	928	2,221
Percent of 60+	6.7%	6.5%	7.4%	-0.2%	0.7%
<b>SEVERE PHYSICAL &amp;/or COGNITIVE DISABILITY &amp; Income up to 200% of Poverty Threshold Level</b>					
Number	860	1,093	1,418	233	558
Percent of 60+	1.7%	1.6%	1.9%	0.0%	0.2%
<b>Data Source:</b> Scripps Gerontology Center. (2015) <i>Lake County's Projected Population with Physical and/or Cognitive Disability</i> . Retrieved on June 21, 2015 from <a href="https://docs.google.com/spreadsheets/d/1wyQ7PGepVfakfuJdgSYpWp3asOKaoTusOhNY52-sFmw/edit?pli=1#gid=146247937">https://docs.google.com/spreadsheets/d/1wyQ7PGepVfakfuJdgSYpWp3asOKaoTusOhNY52-sFmw/edit?pli=1#gid=146247937</a>					

Based on estimates for Lake County by Scripps Gerontology Center (2015), 1,339 persons 85 and older (25.3 percent of the 85+ population) were estimated to be severely physically and/or cognitively disabled and meet the level of care for a nursing facility or Medicaid funded home and community-based services in 2010. The number is expected to increase by 897 persons to 26.2 percent of the 85+ population by 2030. In 2010, 336 of these persons with severe disabilities had incomes up to 200 percent of poverty (6.3 percent of the 85+ population) and this number is estimated to increase by 225 by 2030 to 6.6 percent of the 85+ population. A smaller number is estimated to be moderately physically or cognitively disabled, 350 in 2010 (6.6 percent of 85+ population) and increasing by 201 persons by 2030 to 6.5 percent of the 85+ population. See Table 10b.

**Table 10b****Estimated 85+ Population, by Disability, Lake County, 2010 - 2030**

	CENSUS	PROJECTED		CHANGE	
	2010	2020	2030	2010 to 2020	2010 to 2030
<b>Total Population, 85+</b>	<b>5,300</b>	<b>6,440</b>	<b>8,522</b>	<b>1,140</b>	<b>3,222</b>
<b>MODERATE PHYSICAL &amp;/or COGNITIVE DISABILITY</b>					
Number	350	418	551	68	201
Percent of 85+	6.6%	6.5%	6.5%	-0.1%	-0.1%
<b>SEVERE PHYSICAL &amp;/or COGNITIVE DISABILITY</b>					
Number	1,339	1,713	2,236	374	897
Percent of 85+	25.3%	26.6%	26.2%	1.3%	1.0%
<b>SEVERE PHYSICAL &amp;/or COGNITIVE DISABILITY &amp; Income up to 200% of Poverty Threshold Level</b>					
Number	336	430	561	94	225
Percent of 85+	6.3%	6.7%	6.6%	0.3%	0.2%

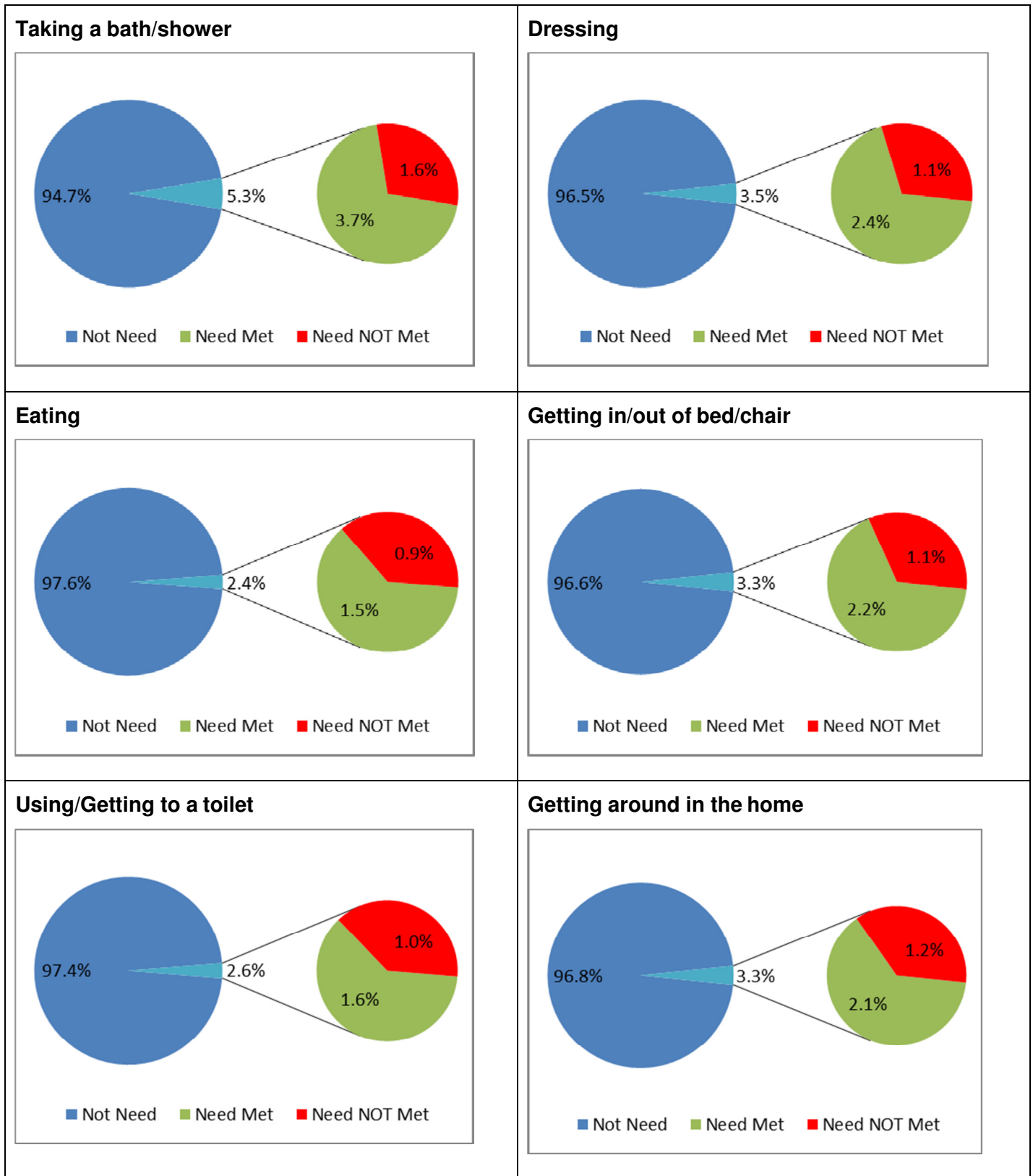
**Data Source:** Scripps Gerontology Center.(2015) *Lake County's Projected Population with Physical and/or Cognitive Disability*. Retrieved on June 21, 2015 from <https://docs.google.com/spreadsheets/d/1wyQ7PGepVfakfuJdgSYpWp3asOKaoTusOhNY52-sFmw/edit?pli=1#gid=146247937>

When asked in the survey conducted for this research about their needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), the largest percentage of ADL needs not being met among the entire county's 60+ population of 51,488 persons was for assistance taking a bath at 1.6 percent; the lowest was eating at 0.9 percent. The two major IADL needs not met were doing light housework, at 3 percent, followed by driving a car/using public transit at 2.1 percent. See Tables 11a and 11b and Figures 2a and 2b.

<b>Table 11a</b>			
<b>SURVEY – Selected Activities of Daily Living (ADLs), Percent by Level of Need/Need Met</b>			
<b>Activities</b>	<b>Do NOT Need Assistance</b>	<b>Need Assistance</b>	
		<b>Needs Met</b>	<b>Needs NOT Met</b>
Taking a bath/shower	94.7%	3.7%	1.6%
Getting around inside the home	96.8%	2.1%	1.2%
Dressing	96.5%	2.4%	1.1%
Getting in/out of bed/chair	96.6%	2.2%	1.1%
Using/getting to a toilet	97.4%	1.6%	1.0%
Eating	97.6%	1.5%	0.9%

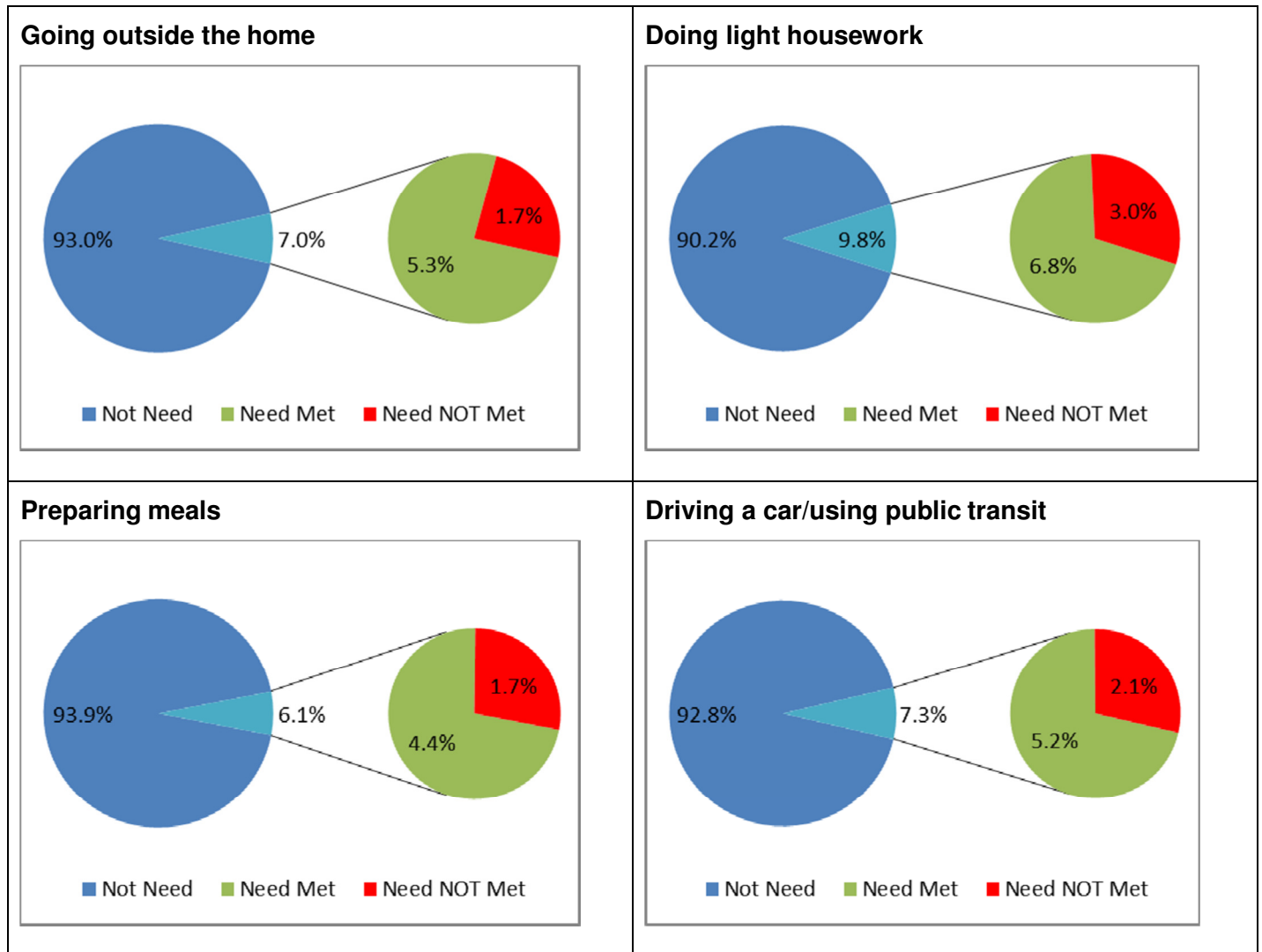
<b>Table 11b</b>			
<b>SURVEY – Selected Instrumental Activities of Daily Living (IADLs), Percent by Level of Need/Need</b>			
<b>Activities</b>	<b>Do NOT Need Assistance</b>	<b>Need Assistance</b>	
		<b>Needs Met</b>	<b>Needs NOT Met</b>
Doing light housework	90.2%	6.8%	3.0%
Driving a car/using public transit	92.8%	5.2%	2.1%
Going outside the home	93.0%	5.3%	1.7%
Preparing meals	93.9%	4.4%	1.7%
Taking the right amount of prescribed medication	95.1%	3.6%	1.3%

**Figure 2a: Assistance with Selected Activities of Daily Living**

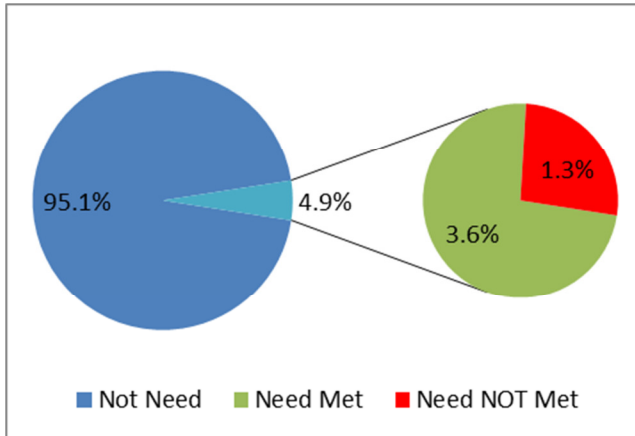




**Figure 2b: Assistance with Selected Instrumental Activities of Daily Living**



**Taking right amount of prescribed medication**



## ***D. Major Findings about Lake County's Senior Population***

These are the major findings about Lake County's seniors:

- Population of seniors:
  - There are 51,488 seniors 60+ in Lake County, 22.4 percent of the population<sup>4</sup>; by 2030 this is projected to increase to 70,781, 33 percent of the population of the county.
  - There are 5,300 persons 85+, 2.3 percent of the population and projected to increase to 8,204 persons by 2030.
  - There are 6.2 percent of the 65+ population with incomes below poverty.
  - There are 1.9 percent of the 65+ population who are African Americans. Other minority proportions are very low among seniors.
- The county's senior population is not equally distributed across the 23 jurisdictions. Analyzing the communities on the basis of 6 indicators: the largest numbers of 60+ and 85+, percentages of both age cohorts higher than the county averages, and the highest numbers and percentages of seniors below poverty and African American, Mentor, Willoughby, Wickliffe, and Willowick are most impacted.
- The growth of the youngest age cohort, 60-74 years, will stabilize by 2020, but the oldest age cohorts, 75+ will continue to increase by 2030 and beyond.
- The county's population of frail seniors is also expected to increase by 2030:
  - There are 3,428 severely disabled seniors who are 60 years and older, 6.7 percent of the 60+ population, currently; the number is expected to increase to 5,649, 7.4 percent of the 60+ population, by 2030. Severe disability meets the level of care for nursing facilities or Medicaid waiver services like PASSPORT/MyCareOhio.
  - There are 1,339 severely disabled seniors who are 85 years and older, 25.3 percent of the 85+ population, currently; the number is expected to increase to 2,236, 26.2 percent of the 85+ population, by 2030.
  - There are 1,757 moderately disabled seniors who are 60 years and older, 3.4 percent of the 60+ population, currently; the number is expected to increase to 2,719, 3.6 percent of the 60+ population, by 2030.
  - There are 350 moderately disabled seniors who are 85 years and older, 6.6 percent of the 85+ population, currently; the number is expected to increase to 551, 6.5 percent of the 85+ population, by 2030.
- Of the county's entire 60+ population of 51,488 persons, the largest estimated unmet need for Activities of Daily Living (ADLs) was assistance taking a bath at 1.6 percent and the lowest was assistance with eating (0.9 percent). The two major Instrumental Activities of Daily Living (IADL) estimated needs not met were doing light housework (3 percent) followed by driving car/using public transit (2.1 percent).

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<sup>4</sup> Note that Scripps reports 22.7 percent based on different census time period.

- Growth in all age cohorts, but especially the oldest and those with disabilities, will affect the quantity of service provided by Lake County providers as well as how the service delivery system is organized.

## **Part III. Lake County's Community-Based Senior Service Delivery System**

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### ***A. Current System***

#### **Front Door to Services for Seniors & Caregivers**

Through its Aging and Disability Resource Center, which is the Front Door to the County's service system for seniors and adults with disabilities, the Council on Aging (COA) provides Information and Referral Assistance, long term options counseling and benefits assistance. These services help seniors and caregivers find appropriate service providers, including in home services, assisted living and nursing care, make decisions about long term service and support needs and access a variety of government benefits.

#### **Services for Well Seniors**

##### *Recreation/Socialization/Wellness*

There are 10 senior centers within Lake County that are funded by the Lake County Senior levy funds. They are primarily centers for recreation, health, and wellness at this time with potential to become more formalized points of entry for senior services as their participants and the county's older population age in place. Currently, they may serve a few participants who are frail, but this is not typical. There are also a few senior centers or programs in communities that are not funded by senior levy funds. COA staff can be on site for consultation on a scheduled or as needed basis.

##### *Congregate Meals*

The Council on Aging (COA) utilizes five facilities within the county for its congregate meal programs. COA staff is on site to heat and serve the meals and to provide the administrative support for Title 3 of the Older Americans Act. Senior levy funds are used for match for Title 3 and for the cost of meals as Title 3 funds have been decreasing. These sites are:

- Eastlake Senior Center - COA pays a small rental fee
- Kirtland Senior Center - space is free to COA
- Madison Senior Center - space is free to COA
- Fairport/Painesville Meal Site - across from the Fairport Senior Center - COA pays commercial rent
- Wickliffe Senior Center - space is free to COA

### *Center-Prepared Meals*

In addition to Older American's Act funded congregate meals five senior centers prepare meals on site for seniors. These include: Fairport, Mentor, Painesville, Perry, and Willoughby Senior Centers.

### *Chronic Disease Self-Management*

The Lake County General Health District conducts Stanford University's evidence-based chronic disease self-management classes in partnership with Fairhill Partners which receives Older Americans Act funds for this service. In addition to this structured program, the Health District, the Council on Aging and senior centers provide educational programs on various chronic health issues.

### *Transportation*

Most transportation for seniors is provided through Laketrans which is Lake County's regional public transportation system. It provides local fixed route service and demand response Dial-a-Ride which is a door through door, shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the local bus routes because of their disability. All Laketrans services are 100 percent Americans with Disabilities Act (ADA) accessible. All Dial-a-Ride door-to-door services are open to the public. Reduced rates are available to senior citizens or persons with disabilities who present a Golden Buckeye Card, Medicare card or a Laketrans issued ADA ID at the time of boarding. Current discounted fixed routes are \$0.75; Dial-a-Ride in County is \$2.50; and Dial-a-Ride to Cleveland medical facilities is \$5.00. Some communities further subsidize these reduced rates: Mentor, Perry Township (including for senior residents of North Perry Village and Perry Village), Wickliffe, and Willoughby.

### *Employment Services*

Mature Services is the primary employment service agency for Lake County residents ages 55 and older. The Senior Community Service Employment Program (SCSEP) provides part-time, paid, work-based training for older workers who meet income guidelines through community placements. Program participants work an average of 20 hours a week, and are paid the prevailing minimum wage. The SCSEP for Lake County is served through the Akron Mature Services office.

### *Volunteer Services*

RSVP of Lake County is the primary organization in the county that recruits and places volunteers for various community priorities. The Council on Aging and senior centers also each have their pool of volunteers to supplement staff to carry out operational tasks.

## **Community-Based Services for Frail, Homebound Seniors**

### *Meals on Wheels*

The Council on Aging (COA) utilizes the five facilities noted above plus rented space in the basement of Mentor Plains United Methodist Church to prepare and distribute Meals on Wheels. All deliveries are done by volunteers. Referrals are made directly to the COA. As with congregate meals, senior levy funds are used for match for Title 3 of the Older Americans Act and for the cost of meals as Title 3 funds have been decreasing.

### *Other Home and Community-based Services*

The Council on Aging (COA) provides other services for frail seniors including: case management, friendly visiting, and grocery shopping services, free and without income guidelines. In addition, homemaker and home maintenance modification and repair programs are provided on a sliding fee scale.

COA case managers conduct an assessment for these programs and follow up with clients. If other home and community-based services are needed, case managers refer to Western Reserve Area Agency on Aging's PASSPORT or MyCare Ohio Medicaid waiver programs and the Veteran's Administration for those who are eligible. Noted was a significant gap for people who need in home services, but are over income/assets for PASSPORT/MyCare Ohio and cannot afford private-duty service.

There are many skilled and non-skilled home care agencies that serve Lake County and some of these are non-skilled care PASSPORT/My Care Ohio providers. With the exception of the Veteran's Administration (VA) benefits, there are no other subsidized programs for seniors in Lake County.

All of COA's volunteer-based programs (friendly visitor, grocery shopping, and meals on wheels) sometimes have waiting lists depending on availability of volunteers. COA is always actively recruiting volunteers.

### *Caregiver Support*

Referrals for caregiver support are made to Western Reserve Area Agency on Aging's Family Caregiver Support Program which offers a variety of services for caregivers. The Alzheimer's Association also provides various services for those with Alzheimer's or other forms of memory loss, including support groups for caregivers and those with early stage dementia.

### *Behavioral Health Services for Seniors*

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board funds slightly under 20 agencies. Beacon Health is one ADAMHS funded agency likely to provide services for

seniors with mental health or addiction services. Often COA staff accompanies Beacon Health's crisis team to the home of a senior for an assessment with the agencies working in partnership for on-going services. The Lake ADAMHS Board funds an array of mental health and addiction services for adults (residents at least 18 years of age) that include seniors/older adults at multiple agencies.

#### *Adult Protective Services*

The Lake County Department of Job and Family Services conducts investigations of cases of adult abuse or neglect. Other community agencies provide the ongoing services in the event that referrals are made.

#### *Housing*

The COA coordinates with the Lake County Housing Authority for services for seniors who live in public housing buildings or use Housing Choice Vouchers. In addition, COA staff is often contacted when a senior's living quarters are unclean and there is evidence of hoarding. Long term housing for mentally ill seniors is hard to come by. There are several subsidized senior apartment buildings in Lake County, but they often have waiting lists. There are a number of assisted living facilities, but generally, they are private-pay and out of reach for many seniors.

#### *Medical Care*

Referrals are made to the specific medical care providers of seniors.



## ***B. Funding***

There are 11 major funding sources that support community-based senior services in Lake County, estimated annually at \$5,653,354. See Table 12. Close to half (48.5 percent) is from the senior levy, followed by PASSPORT at 20.2 percent, and Lake County communities at 15.3 percent. For the most part, those funding sources have been decreasing or remained flat. The Ohio APS Line Item has increased in the past fiscal year and United Way funds have increased slightly. The Lake County Senior Levy has increased since its inception, but has remained relatively flat in recent years. No one is anticipating a large influx of funds to address the challenges over the next fifteen years and beyond. This means that Lake County will need to do more with less as it plans for the future. But already there is a call for increased funding to more adequately support the needs of the current 51,488 persons 60 and older in Lake County.

<b>Table 12</b>					
<b>Trends in Major Funding Sources for Community-Based Senior Services in Lake County</b>					
<b>Source</b>	<b>Recipient(s)</b>	<b>Funding Period</b>	<b>Amount</b>	<b>Percent</b>	<b>Recent Trend</b>
Lake County Senior Levy	Council on Aging; RSVP; 10 Sr Centers	2014	\$2,742,767	48.5%	Flat
Lake County Communities*	10 Sr Centers	2014	\$867,532	15.3%	Flat
United Way of Lake County	Council on Aging; 9 Sr Centers; Other	FY 2015	\$179,118	3.2%	Up
Older Americans Act (OAA)	Council on Aging	FY 2015	\$330,838	5.9%	Down & Flat
Ohio Senior Community Services**	Council on Aging through OAA	SFY 2015	NA	NA	Down & Flat
National Senior Service Corps	RSVP	FY 2015	\$3,772	0.1%	Down & Flat
Ohio Senior Service Corps	RSVP	FY 2015	\$45,339	0.8%	Up & Flat
Ohio Social Service Block Grant***	Lake County Job & Family Services	SFY 2015	\$28,000	0.5%	Down
Ohio APS Line Item	Lake County Job & Family Services	SFY 2015	\$7,700	0.1%	Up
Medicaid Assisted Living	Lake County Agencies	CY 2014	\$309,039	5.5%	Varies
PASSPORT****	Council on Aging; Other	CY 2014	\$1,139,249	20.2%	Down & Up
<b>TOTAL</b>			<b>\$5,653,354</b>	<b>100.0%</b>	
* As reported by the 10 senior centers for this report					
** Used by area agencies on aging as match for Older Americans Act funds					
*** Decreasing because of return of federal TANF funds that had been transferred to SSBG					
**** Decreasing because of transfer of clients to MyCare Ohio; expected to increase as a result of Balancing Incentive Program					

These numbers exclude portions of the budgets of ADAMHS, Laketran, Job and Family Services (SNAP applications and determination of Medicaid eligibility), Western Reserve Community Development Corporation, health care facilities, and others which spend portions of their budgets on services for seniors.

A recent study by Scripps Center for Applied Gerontology (2015) noted the importance of senior levy funds in the funding of community-based services for seniors.

A unique component of Ohio's long-term services and supports system is the county level senior tax levy. Senior levies in Ohio, which operate in 71 of the state's 88 counties, generate more revenue than the combined total of the other 12 states that use such local levies. These county resources are a tremendous asset to the state in helping older Ohioans to remain in their local communities. Individuals that need more assistance than the levies can provide often end up on the Medicaid home and community-based waiver programs and in fact many counties mandate that programs transfer those meeting waiver eligibility criteria to those programs. The state has been successful in shifting older people from institutional to community-based settings. However, a shift of individuals from higher cost Medicaid home and community-based services to lower cost county programs should also be an important system goal.

See Appendix C for greater detail on each of these funding sources and their trends.

### ***C. Emerging Issues***

The aging of Lake County's population has implications for individual seniors, their caregivers, and for the local communities within which they reside. But it also has implications for how the county's community-based senior service delivery system functions and is structured.

Most elders will not move to a retirement village; rather they will stay in their own communities (Knickman et al, 2002).<sup>5</sup> In Lake County, only 3.2 percent of the population age 65 and over, or 1,172 people, live in nursing facilities. (Center for Community Solutions, 2015) Thus, the county's capacity to provide affordable housing, transportation, volunteers providing service to reduce social isolation, financial assistance, in home services, and supports for caregivers will be necessary at every phase of the aging process. Knickman et al. (2002) labeled the phases as: (1) *the healthy active phase*; (2) *the slowing down phase* where the risk of becoming frail or socially isolated increases; and (3) *the service need phase* when an elder can no longer continue to live in the community without some services in and around the home.

Thirteen years ago, the authors proposed that keeping the number of frail elderly constant at 2000 levels must be the goal of every community to keep costs affordable. This same goal can apply to Lake County in 2015, i.e., to keep the number of frail elderly constant at current levels. But to accomplish this, formal care capacity must be better structured at the community level to address all phases of the aging process.

In Lake County, the growth of those in *the service need phase* will have the greatest impact on the county's community-based senior service delivery system. Knickman et al. (2002) identified structural issues with the current long term services and supports system that can be addressed at the community level:

- Over-reliance on nursing facilities as the safety net (although Ohio and other states are now focused on rebalancing institutional and home and community-based care);
- Home care that relies on a one-on-one model that is expensive and creates challenges for providers to assure quality;
- Challenges to find and retain qualified caregivers in the formal care structure, but also in the informal structure as more women work out of the home and families live distances from each other; and
- Older people giving up their homes because they cannot manage ongoing maintenance tasks.

Because almost 60 percent of elder caregivers are employed, many forms of caregiving must now be "outsourced" to non-family members (Bookman and Kimbrel, 2011). Although the

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<sup>5</sup> Note: throughout the report there are excerpts from other research with citations. Refer to Appendix for complete list of references.

poorest elders have access to some subsidized services, and the wealthiest can pay for services, many middle class families cannot afford services that allow elders to age in their homes and avoid even more costly institutional care. Other counties such as Franklin, Cuyahoga, Southwestern (Butler, Clinton, Hamilton, and Warren counties) have addressed this through their Options for Elders Program which provides financial support for in home long term services and supports on a sliding scale basis for those with incomes/assets too high or not frail enough for the Medicaid waiver programs - PASSPORT/My Care Ohio. This has been raised as a service gap in Lake County through the research for this report.

For some, ability to pay for needed services is and will continue to be an issue. Knickman et al (2002) noted that every elder has to prepare for 4 key "aging shocks:" (1) the uncovered costs of prescription drugs; (2) the cost of medical care not paid by Medicare or private insurance; (3) the actual costs of private insurance that partially fills gaps left by Medicare; and (4) the uncovered costs of long term care. They divided the older population into 3 groups based on their ability to pay for formal long term services and supports - institutional or home and community-based.

- *The Medicaid Bound* who have less than \$50,000 in liquid assets and less than \$70,000 annual income; (most likely to be the users of Medicaid-funded nursing facilities and the Medicaid waivers, especially PASSPORT and MyCare Ohio);
- *The Financially Independent* who have more than \$150,000 in liquid assets and more than \$210,000 annual income (most likely to pay for their service needs); and
- *The Tweeners* who have between \$50,000 and \$150,000 in liquid assets and \$70,000 to \$210,000 annual income (the gap).

According to the U.S. Census Bureau, measured by the Supplemental Poverty Measure (SPM), a more customized approach for older adults taking into consideration medical expenses, tax liabilities, and other expenses incurred about one in seven persons ages 65 and older (15 percent) are below poverty compared to 10 percent under the official poverty measure. And close to half (45 percent) had incomes below twice the poverty thresholds under the SPM in 2013, compared to 33 percent of older adults under the official measure.

Plus poverty among seniors increases as they age, with 36 percent of seniors, ages 65 to 69, at two times the SPM poverty level; but at age 80 or older the share rises to 57 percent. By contrast, the traditional, narrower government measure of poverty finds that a third is at two times the poverty level. Poverty rates for black and Hispanic seniors are substantially higher than for older white Americans, and the share of older women in poverty is higher than older men. (Altman, 2015) In Lake County, 6.2 percent of the 65+ population, had incomes below poverty according to the 2009-2013 American Community Survey, using the traditional poverty measure.

A major issue that Lake County will need to grapple with is the role of senior centers in the community-based senior service delivery system in the short term and the long term. Locally, stakeholders are asking about the importance of senior centers as the needs of seniors are changing, whether there are enough or too many of them, their locations, their focus on well elders, how they fit into the service delivery system, and whether the senior levy funds should be used to support them at all or at their current levels.

Senior centers are part of a complex, community-based service network that has developed during the past several decades (Wagner, 1995). A study, *Senior Centers: Ohio's Blueprint for the Future* (nd), published by the Ohio Department of Aging conceptualized senior centers as gateways to the aging network that are able to bridge gaps during transitions older adults undergo:

Work → Retirement  
Full Independence → Limited Support  
Good Health → Chronic Conditions

Senior centers have evolved. However, while many aspects of senior centers have changed, the underlying philosophy has not. According to Louis Lowy (1980, in Wagner, 1995): *The uniqueness of the senior center stems from its total concern for older people and its concern for the total older person. It works with older persons, not for them, enabling and facilitating their decisions and their actions, and in so doing it creates and supports a sense of community that further enables older persons to continue their involvement with and contribution to the larger community.* Taietz (1976 in Wagner, 1995) defined two models of senior centers:

- The voluntary model – “social club” which provides access to others and to social and recreational opportunities; (the model of most Lake County senior centers); and
- The social service agency model with a focus on provision of social services to participants, especially the poor and frail (which could be the new model for some, if not all, senior centers in Lake County).

Senior centers in Lake County play a strong role in providing opportunities for health and wellness through fitness classes and other activities, plus for socialization. The optimal outcome in service delivery to older persons is to help delay the onset of chronic illnesses and other events that prevent them from prematurely not being able to meet their own activities of daily living needs. They themselves are calling for a shift in the way they think and talk about aging. Rather than focusing on the limitations of aging, older adults want to focus instead on the opportunities of aging. Older Americans are seeking ways to maximize their physical, mental and social well-being to remain independent and active as they age. (White House Conference on Aging - Healthy Aging Policy Brief, 2015)

However, two things are occurring that may require senior centers in Lake County to do business differently than they have in the past. First, their own participants are aging in place. While more frail and older seniors may not be new participants of senior centers given the menu of available services, the current participants are likely to engage as long as possible and as long as there is something at the center to attract them. Mentor Senior Center has already anticipated this with its 85+ group. Second, more resources will be needed to meet the needs of the increasing numbers of more frail seniors. The reality is that as people age, their ability to perform routine daily activities, such as eating, bathing, dressing, paying bills and preparing meals declines.

According to Kemper, Komisar and Alexih (2005/2006, in U.S. Government Accountability Office, 2015), about 70 percent of those age 65 and older are likely to need long-term services and supports at some point in their lives, for an average of 3 years. Twenty percent will need that care for at least 5 years. For Lake County, this translates into 25,876 persons 65 and older needing care for about 3 years and 7,393 persons for 5 years, based on U.S. Census 2010 65+ population of 36,965. Much of this support will be done informally by family or friends. However, when assistance is not available informally or is beyond the capacity of family and friends to provide, older adults rely on long term services and supports (LTSS) from paid providers in both institutional and home and community-based settings. For eligible low income older adults, the Ohio Medicaid program covers the cost of institutional long term care and certain home and community-based services.

Knickman et al (2002) noted that meeting the financial and social service burdens of growing numbers of elders will not be a daunting task if necessary changes are made now rather than when baby boomers actually demand more long term care. The senior centers are already the spokes of the community-based senior service delivery system in Lake County, and thus positioned to take on new roles, specifically with the more frail elders.

Senior centers whose primary programs involve social and recreational activities will need to adapt and accommodate services to an older and increasingly frail population (Wagner, 1995). Questions to be asked are:

- How can programs for frail elders and well elders be mixed successfully, to the benefit of both?
- How can a service-based philosophy be consistent with a philosophy of increasing access to social and recreational opportunities and linkages with the larger community?
- How can other organizations in the service network become willing to accept increased involvement of senior centers in the area of case management or direct service?
- How can the traditional senior center model meet the needs of tomorrow's elderly?

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

- Strategic marketing of the Lake County Aging and Disability Resource Center (ADRC) and 2-1-1 to facilitate access to needed services;
- Development of formal agency linkages to assist seniors to move seamlessly through the system;
- A spectrum of housing and service options to help seniors remain in their homes; and
- Affordable, accessible transportation to supplement Laketrans.



### ***D. Major Findings about Lake County's Community-based Senior Service Delivery System***

These are the major findings about Lake County's community-based senior service delivery system.

The current system is a network of service providers that offer: information and assistance services as the Front Door, through the Aging and Disability Resource Center, operated by the Council on Aging; multiple services for well elderly, including recreation/socialization/wellness activities, congregate meals, chronic disease self-management programs, transportation, employment services, and volunteer services; and multiple community-based services for frail seniors, including meals on wheels/safety checks and case management that links to other major service providers such as caregiver support, behavioral health, housing, and medical care.

On a county-wide level, 11 major funding sources that support community-based senior services in Lake County were identified, with an annual total of approximately \$5.65 million. Of these 48.5 percent were senior levy funds, 20.2 percent, PASSPORT, 15.3 percent, Lake County jurisdictions, 5.9 percent, Older Americans Act, and 3.2 percent, United Way of Lake County. For the most part, these funding sources have been decreasing or remaining flat. Any increases have been marginal. The line item for Adult Protective Services in the Ohio budget is the exception as it has increased recently. No one is expecting a huge influx of funds to address the challenges of the increased older population over the next 15 years and beyond, which means it will be necessary in Lake County to plan do more with less.

The aging of the population has implications for how the county's community-based senior services delivery system will function and how it is structured. Most elders will not move to retirement villages and only 3.2 percent of Lake County's 65+ population (1,172 people) live in nursing homes Center for Community Solutions, 2015). Services will need to be provided to those in all phases of the aging process - the healthy active phase, the slowing down phase, and the service need phase.

Ability to pay for services will be an issue for those who cannot qualify for Medicaid waiver services - PASSPORT/MyCare Ohio or pay with their own resources. Another major issue to be addressed is the role of senior centers in the community-based senior service delivery system, for both the short and long terms.

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

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



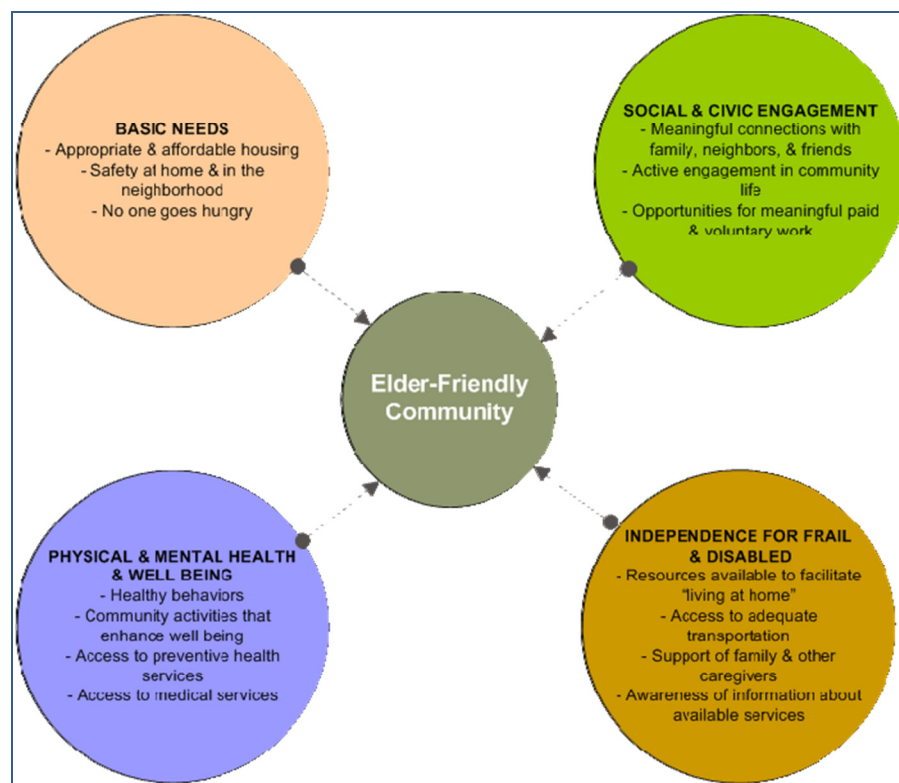
- Development of formal agency linkages to assist seniors to move seamlessly through the system;
- A spectrum of housing and service options to help seniors remain in their homes; and
- Affordable, accessible transportation to supplement Laketrans.

## Part IV. Lake County as an Elder Friendly Community

### A. Background on Assessing Elder-Friendliness

Figure 3 illustrates the framework that guided our study of Lake County's elder-friendliness. The Elder-Friendly Community is at the center and is influenced by how seniors perceive and fare on four main domains of *Basic Needs*, *Physical and Mental Health and Well-Being*, *Social and Civic Engagement*, and *Independence for Frail and Disabled*. Each domain has 3 to 4 sub-domains and a number of indicators for each. This model is an adaptation of the AdvantAge elder friendly community model developed by the Visiting Nurse Service of New York. A brief description of each of the four domains is presented in the paragraphs below.

**Figure 3: Elder Friendly Framework**



Adapted from the AdvantAge Elder Friendly Community  
Model of 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 enhance 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 living 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.

This framework was also used in formulating questions for focus group participants and key informants. The themes from these stakeholders reflect a community level perspective and are included for each domain.

## ***B. Aggregate Elder-Friendliness of Lake County***

Overall, the age 60 and over population of Lake County rated the county very high as an elder-friendly community. As indicated in Table 13, the aggregate elder-friendly mean score (i.e., the mean across all four domains) is 1.70, which is fairly close to 2.00 (the maximum value possible). Similarly, Lake County seniors also rated all four domains highly on their elder-friendliness. The domain-level mean score ranges from a low of 1.58 to a high of 1.87.

<b>Table 13</b>		
<b>SURVEY: Lake County Aggregate Elder-Friendly Mean Scores and Domain-Specific Mean Scores</b>		
	<b>Total (n)<sup>1</sup></b>	<b>Mean<sup>2</sup></b>
<b>ELDER-FRIENDLY (Mean across all four Domains)</b>	<b>51,488</b>	<b>1.7</b>
Basic Needs	51,068	1.87
Physical and Mental Health and Well-being	51,279	1.68
Social and Civic Engagement	51,343	1.58
Independence for Frail and Disabled	51,471	1.69
<b>Note:</b> <sup>1</sup> – The ‘n’ reported here is weighted to reflect the county's 60+ population. See Appendix A-2 for the weighting formula.		
<b>Note:</b> <sup>2</sup> – Mean score has a possible range of 0 to 2. The higher the value, the more Elder-friendly Lake County is on the aggregate and on each domain.		

While Lake County seniors rated all the four domains highly on elder-friendliness, two domains stand out. First the *Basic Needs* domain mean score of 1.87 is much higher than those of the other domains. On the other extreme, is the *Social and Civic Engagement* domain with a mean score of 1.58, almost 30 decimal points lower than the mean score of the *Basic Needs* domain. Based on these findings, we conclude that the *Basic Needs* domain is where Lake County seniors needs are most met, while the *Social and Civic Engagement* domain has the least needs met.

### ***C. Elder-Friendliness – Basic Needs Domain***

The *Basic Needs* domain focuses on respondents' needs for food, shelter, and to be safe in their homes. This domain assesses the extent to which respondents 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 the house as they age), have enough to eat and be safe in their homes. The domain contains 7 indicators grouped around three sub-domains. The first sub-domain, 'Appropriate and affordable housing' has 3 indicators which collectively speak to the housing needs of the respondents. The second sub-domain, 'Safety at home and in the neighborhood,' also with 3 indicators, speaks to the sense of safety respondents feel in their home and neighborhood. The final sub-domain, 'No one goes hungry,' has only 1 indicator dealing with eating enough food.

As shown in Table 14, all the indicators of *Basic Needs*, except one, have very high mean scores, ranging from 1.84 to 1.96. This finding suggests that for most Lake County seniors, the county is very elder-friendly on these indicators and that their needs are almost universally met, especially for the '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.' The only Basic Needs domain indicator that does not have a very high mean score, albeit still high, is 'My home DOES NOT need major repairs for me to live here the next 5 years' with a mean of 1.67.

The distribution of respondents' ratings along the 'No' (numeric value 0) to 'Yes' (numeric value 2) continuum for the indicators of *Basic Needs* domain are depicted in Figure 4. As can be observed, an overwhelming proportion of respondents responded in the affirmative to each of the indicators of the *Basic Needs* domain. Specifically, the proportion of respondents responding 'Yes' to the indicators range from 78 percent ('My home DOES NOT need major repairs for me to live here the next 5 years') to as high as 98 percent ('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'). The indicator with the highest proportion of 'No' responses is for the 'My home DOES NOT need major repairs for me to live here the next 5 years' indicator with approximately 11 percent stating that their home will have to undergo major repairs for them to continue for the next 5 years.

Based on this finding, Lake County's seniors would need additional support in housing, especially for making major repairs, for an increasing number of them to remain in the community.

This finding is reinforced by the input from community stakeholders who were focus group participants and interviewees for this research. They noted housing as a gap at the community level and as a top priority service need - more senior housing in general, affordable housing in

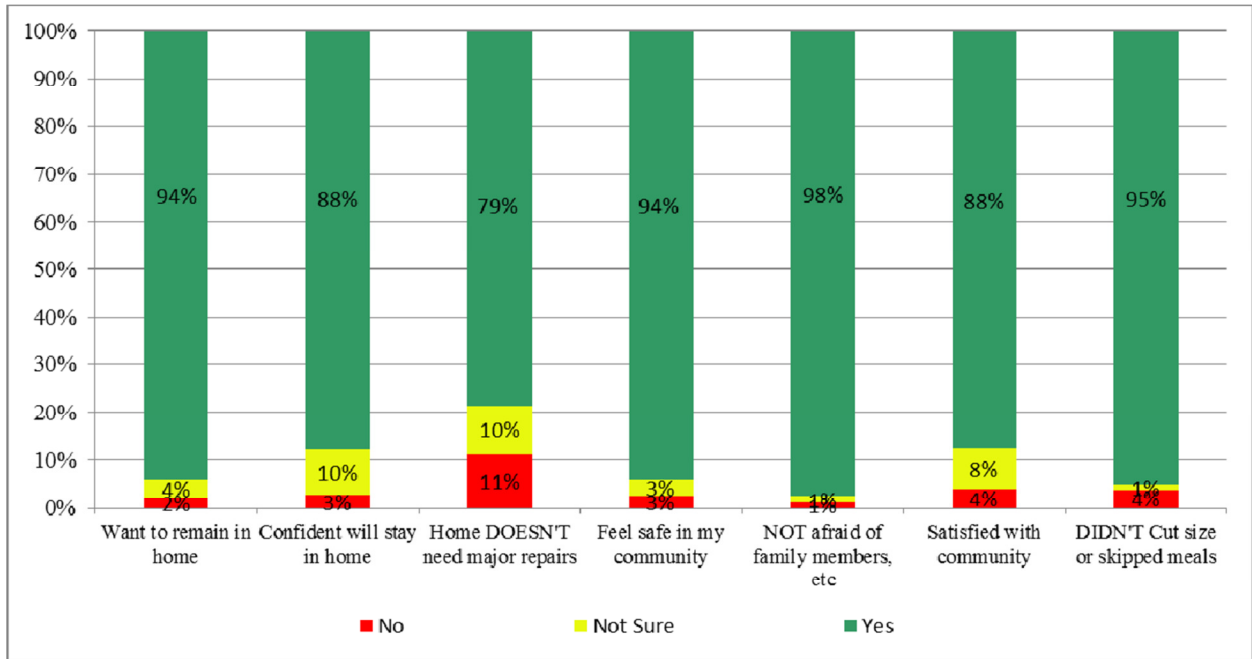
particular, more rehabilitation for deteriorating housing stock, and more customized services for homeless seniors.

While only 2 percent of seniors 60+ responded ‘no’ or ‘not sure’ when asked about their fear of family members, this is a finding that is noteworthy and related to the elder friendly indicator of safety at home and in the neighborhood. More funding for adult protective services (APS) and for more volunteer guardianships plus improved communications between APS staff and the community were perceived as gaps and high priority needs, and as a priority for senior levy funding.

Among community stakeholders, there was difference of opinion about food insecurity of Lake County’s seniors. However, several operational issues related to nutrition were noted: the need for more transportation for shopping and volunteers to deliver meals on wheels; funding for meal programs at senior centers that do not have a COA program; the need for more nutrition education; and improved quality of Older American’s Act funded meals.

Table 14			
SURVEY: Basic Needs Domain Indicators - Mean Scores			
Sub-domain	Indicator	Total (n) <sup>1</sup>	Mean <sup>2</sup>
Appropriate and affordable housing	I want to stay in my current home as long as possible.	50,491	1.92
	I am confident I can stay in my current home as long as possible.	50,418	1.85
	My home DOES NOT need major repairs for me to live here the next 5 years	48,505	1.67
Safety at home and in the neighborhood	I feel reasonably safe in my community	50,487	1.91
	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	50,254	1.96
	I am satisfied with my community as a place to live as I get older	50,633	1.84
No one goes hungry	In the past month, I DID NOT cut the size of or skip meals because there wasn't enough money for food	50,106	1.91
<b>Note:</b> <sup>1</sup> – The 'n' reported here is weighted to reflect the county's 60+ population. See Appendix A-2 for the weighting formula.			
<b>Note:</b> <sup>2</sup> – Mean score is based on a three-point scale of 0 to 2. The higher the value, the more Elder-friendly Lake County is on the aggregate and on each domain.			

**Figure 4: SURVEY: Distribution of Senior Survey Respondents by Indicators of Basic Needs Domain**





### ***D. Elder-Friendliness – Physical and Mental Health and Well-Being Domain***

The *Physical and Mental Health and Well-Being* domain addresses the extent to which seniors in the community are involved in healthy behaviors and participate in activities that enhance their well-being. Also covered in the domain is the elder's ability to pay for required medical services. The domain is grouped into 4 sub-domains, namely, 'Healthy behaviors,' 'Community activities that enhance well-being,' 'Access to preventive health services,' and 'Access to medical services.' The first 3 sub-domains have one indicator each, while the fourth sub-domain has 3 indicators. The mean scores on the 6 indicators are reported in Table 15. As shown, there is much variability in the mean scores. The indicator with the highest mean score is 'In the past year, I had enough money to fill a prescription for medicine' (mean score of 1.88), followed by 'In the past year, I had enough money for tests/treatments recommended by my doctor' with a mean of 1.86. The 'Exercise and wellness program' indicator had the lowest mean score of 1.17.

Figure 5 depicts the distribution of respondents' ratings along the 0 to 2 continuum for the indicators of *Physical and Mental Health and Well-Being*. Over ninety percent of the respondents indicated that they had enough money for prescriptions and had enough money for tests required by their doctor. For these two indicators, the percentage of respondents whose medical needs were not met, i.e., did not have enough money to pay for medical services/prescription) were in the single digits (6 percent). Conversely, almost a third of the respondents indicated that their needs were not met on the 'Exercise and wellness program' indicator. The proportion of respondents whose needs were not met on the 'Exercise and wellness program' indicator (31 percent) is 10 percentage-points higher than the proportion that indicated that their needs were met (21 percent). Collectively, the results of the mean score and frequency distribution analyses suggest that Lake County seniors are receiving adequate medical services, but not engaging enough in activities that promote their overall well-being.

In sum, Lake County is highly elder-friendly on indicators covering access to medical services, but not so on the indicator capturing healthy behaviors.

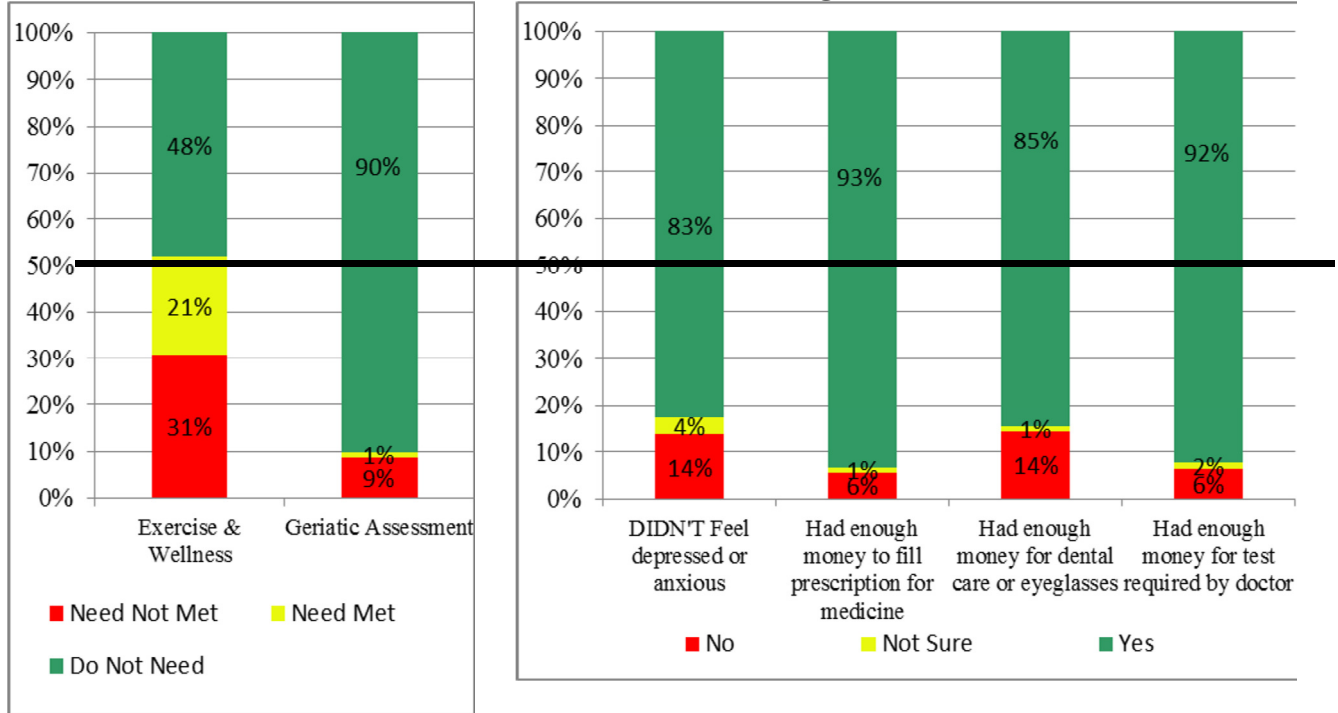
Community stakeholders did not note any gaps on a community level for healthy behaviors, community activities that enhance well being or access to preventive health services. They did, however, perceive a gap in need for services that were not specifically included in the survey, i.e., more in home primary and behavioral health care for seniors, adult dental clinics, geriatric specialists, health education, and support for growing numbers with dementia.

Table 15			
SURVEY: Physical and Mental Health and Well-Being Domain Indicators - Mean Scores			
Sub-domain	Indicator	Total (n) <sup>1</sup>	Mean <sup>2</sup>
Healthy behaviors	Exercise & Wellness Program	47,618	1.17
Community activities that enhance well being	In the past 3 months, I DID NOT feel depressed or anxious	49,959	1.69
Access to preventive health services	Geriatric assessment	45,888	1.82
Access to medical-services	In the past year, I had enough money to fill a prescription for medicine	50,102	1.88
	In the past year, I had enough money to pay for dental care or eyeglasses	49,858	1.7
	In the past year, I had enough money for tests/treatments recommended by my doctor	50,047	1.86

**Note:**<sup>1</sup> – The ‘n’ reported here is weighted to reflect the county's 60+ population. See Appendix A-2 for the weighting formula.

**Note:**<sup>2</sup> – Mean score is based on a three-point scale of 0 to 2. The higher the value, the more Elder-friendly Lake County is on the aggregate and on each domain.

**Figure 5: SURVEY: Distribution of Senior Survey Respondents by Indicators of Physical and Mental Health and Well-Being Domain**



### ***E. Elder-Friendliness – Social and Civic Engagement Domain***

The *Social and Civic Engagement* domain pertains to an 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, as well as, the extent to which elders are engaged in meaningful employment and voluntary work. There are 3 sub-domains of the *Social and Civic Engagement* domain, each with 2 indicators. See Table 16. Collectively, these 6 indicators have the lowest mean scores of all the indicators used in our framework. The highest rated indicator in this domain is 'I have opportunities for employment,' which captured being 'engaged in meaningful employment,' with a mean score of 1.74. The indicator with the lowest mean score is 'I participate in socialization/recreational activities' with a mean score of 1.36.

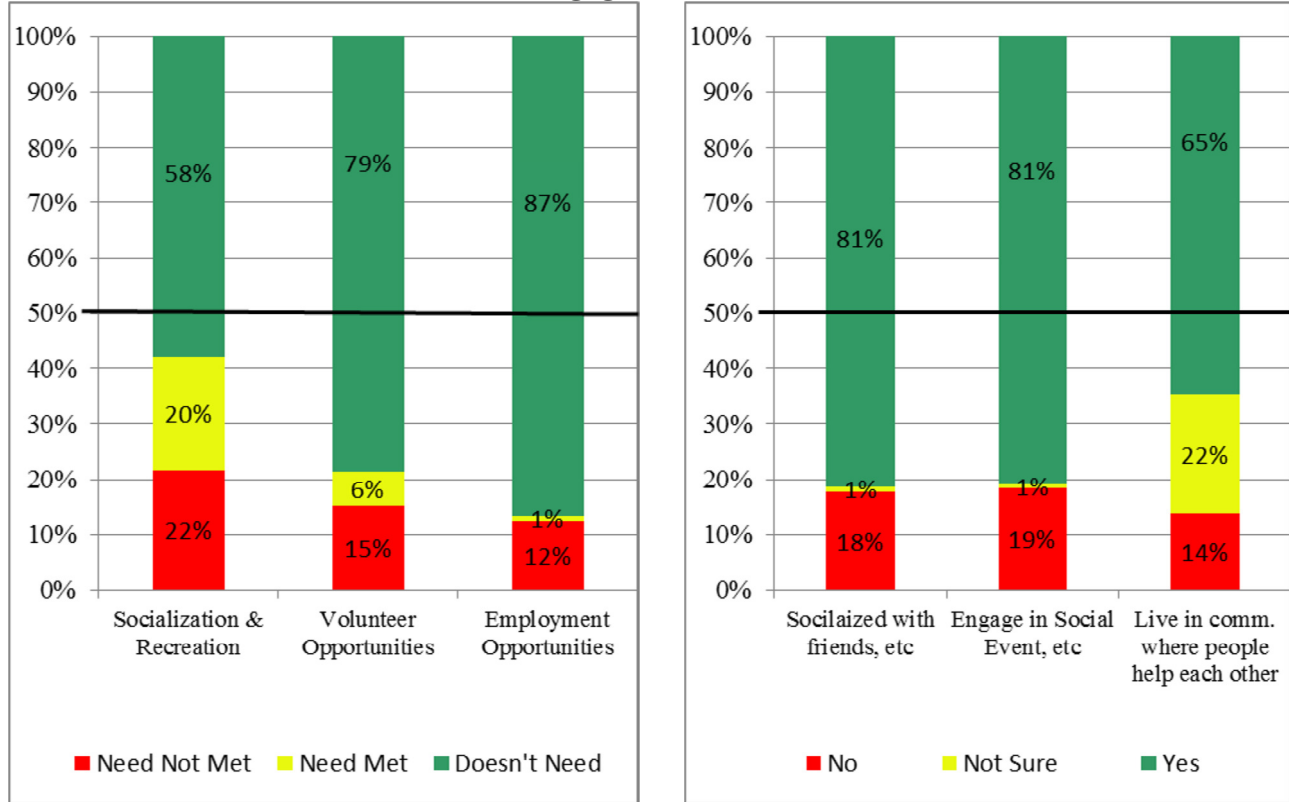
As would be expected based on the relatively low mean scores of the indicators making up the *Social and Civic Engagement* domain, a higher proportion of survey respondents indicated that their needs were not met or responded in the negative on the indicators in this domain. For example, approximately 22 percent of respondents indicated that their needs for socialization/recreation activities were not met. See Figure 6. For two other indicators, 'I socialize with friends, etc.' and 'I engage in social/religious/cultural events,' the proportion of respondents that responded in the negative was almost 20 percent each.

The findings suggest that a noteworthy proportion of seniors in Lake County has limited opportunities for formal/organized recreational activities or are not using available resources and are to some extent isolated.

Community stakeholders noted a gap on the community level in the sub-domain 'meaningful connections with family, neighbors and friends,' namely, questioning the location of senior centers and attendance at them. They did not note any gaps for 'active engagement in community life,' but did note the need for more volunteers and volunteer opportunities for a variety of community services, relative to the sub-domain, 'Opportunities for meaningful paid and voluntary work.'

Table 16			
SURVEY: Social and Civic Engagement Domain Indicators - Mean Scores			
Sub-domain	Indicator	Total (n) <sup>1</sup>	Mean <sup>2</sup>
Meaningful connections with family, neighbors, and friends	I participate in socialization/recreational activities	47,122	1.36
	In the past month, I often socialized with friends or neighbors	50,481	1.64
Active engagement in community life	In the past month, I engaged in at least one social/religious/cultural event	50,092	1.62
	I live in a community where people help each other	49,657	1.51
Opportunities for meaningful paid and voluntary work	I have opportunities to volunteer	45,871	1.63
	I have opportunities for employment	45,166	1.74
<b>Note:</b> <sup>1</sup> – The ‘n’ reported here is weighted to reflect the county's 60+ population. See Appendix A-2 for the weighting formula.			
<b>Note:</b> <sup>2</sup> – Mean score is based on a three-point scale of 0, 1, and 2. The higher the value, the more Elder-friendly Lake County is on the aggregate and on each domain.			

**Figure 6: SURVEY: Distribution of Senior Survey Respondents by Indicators of Social and Civic Engagement Domain**



### ***F. Elder-Friendliness – Independence for Frail and Disabled Domain***

For most communities, maintaining frail and disabled seniors in their home and independent is both a major goal and a major challenge. The *Independence for Frail and Disabled* domain assesses the extent to which communities support and have in place resources seniors can use to live independently in the community. This domain has the highest number of indicators (14) which are grouped into four sub-domains, ‘Resources available to facilitate living at home,’ ‘Access to adequate transportation,’ ‘Support of family and other caregivers,’ and ‘Awareness of information about available services.’ See Table 17. Indicators capturing access to adequate transportation had the lowest mean scores of the domain. The mean scores for ‘Transportation for shopping’ and ‘Transportation for medical appointments’ are 1.51 and 1.61, respectively. On the other hand, ‘Adult day care,’ ‘Home health care/personal care’ and ‘I have children or other family/friends nearby who will care for me if needed’ have reasonably high mean scores of 1.81, 1.82, and 1.81, respectively.

The distribution of respondents’ ratings along the 0 to 2 continuum for the indicators of the *Independence for Frail and Disabled* domain are depicted in Figures 7a and 7b. As can be observed, most of the respondents did not need the services/resources that define this domain (about 80 percent indicated they do not need each of the services). However, among the respondents *with* service needs, the proportion of those whose needs were not met is far higher than that of the respondents whose needs were met. For example, 24 percent of the respondents indicated that their needs for ‘Home maintenance’ were not met, while only 2 percent indicated that their needs were met. The disparity in the percentages of respondents indicating ‘need met’ and ‘need not met’ for the ‘Home maintenance’ indicator is typical of all the indicators in this domain, albeit to a smaller degree for some.

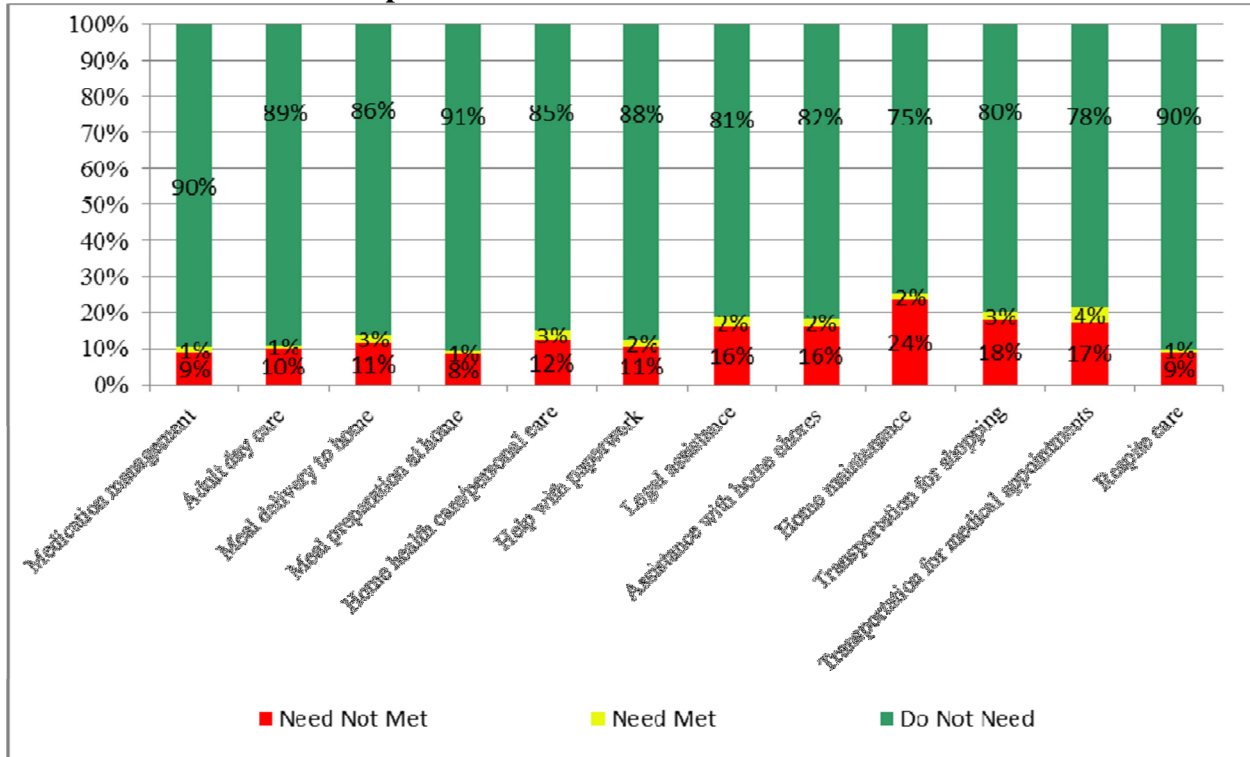
Community stakeholders suggested the need for more coordination and formalized linkages by agencies in the delivery of services across the 3 sub-domains, specifically, a common application form, a more coordinated information and referral system for linking to services across agencies, and a less siloed network of service providers with improved communications and strategic marketing. At the service level, they perceived a gap for ‘resources to facilitate living at home,’ specifically the need for more focus on homebound seniors by senior centers, more capacity for home maintenance, chore, adult day care, and outreach; more financial support for in-home services for those who fall through the cracks, as well as financial assistance for medications, property taxes, legal advice. Consistent with survey findings, stakeholders also perceived a gap at the community level for ‘access to adequate transportation,’ specifically calling for more services from Laketrans or to supplement it - more hours, days, destinations.

This suggests that there is work to be done to make the county more elder friendly to support independence for the frail and disabled as there is a sizable proportion of respondents whose needs are unmet in this domain in both how the system is organized and the range of affordable services, including improved access to transportation.

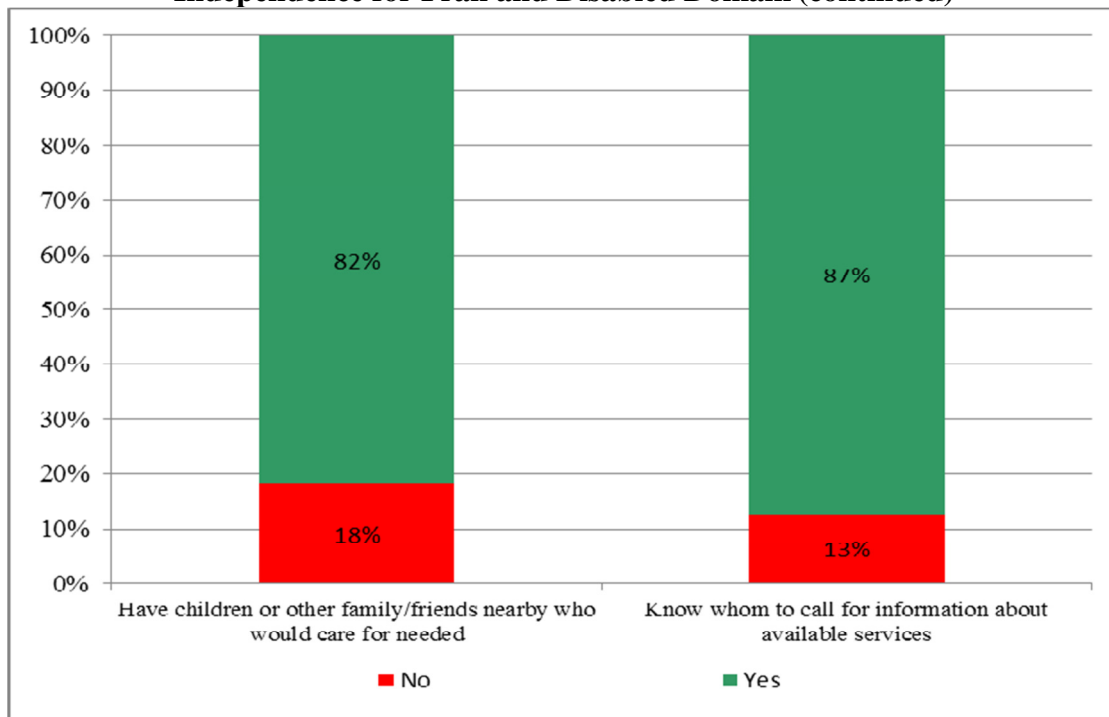
<b>Table 17</b>			
<b>SURVEY: Independence for Frail and Disabled Domain Indicators - Mean Scores</b>			
<b>Sub-domain</b>	<b>Items from Lorain County Senior Survey</b>	<b>Total (n)<sup>1</sup></b>	<b>Mean</b>
<b>Resources available to facilitate 'living at home'</b>	Medication management	45,895	1.69
	Adult day care	46,195	1.81
	Meal delivery to home	46,672	1.79
	Meal preparation at home	46,207	1.75
	Home health care/personal care	46,308	1.82
	Help with paperwork	46,298	1.72
	Legal assistance	46,571	1.77
	Assistance with home chores	46,498	1.65
	Home maintenance	46,687	1.65
<b>Have access to adequate transportation</b>	Transportation for shopping	46,502	1.51
	Transportation for medical appointments	46,671	1.62
<b>Supported by family and other caregivers</b>	Respite care	45,815	1.61
	I have children or other family/friends nearby who would care for me if needed	50,185	1.81
<b>Aware/informed about available services in the community</b>	I know whom to call for information about available services	43,913	1.64
<b>Note:</b> <sup>1</sup> – The 'n' reported here is weighted to reflect the county's 60+ population. See Appendix A-2 for the weighting formula.			
<b>Note:</b> <sup>2</sup> – Mean score is based on a three-point scale of 0, 1, and 2. The higher the value, the more Elder-friendly Lake County is on the aggregate and on each domain.			



**Figure 7a: SURVEY: Distribution of Senior Survey Respondents by Indicators of Independence for Frail and Disabled Domain**



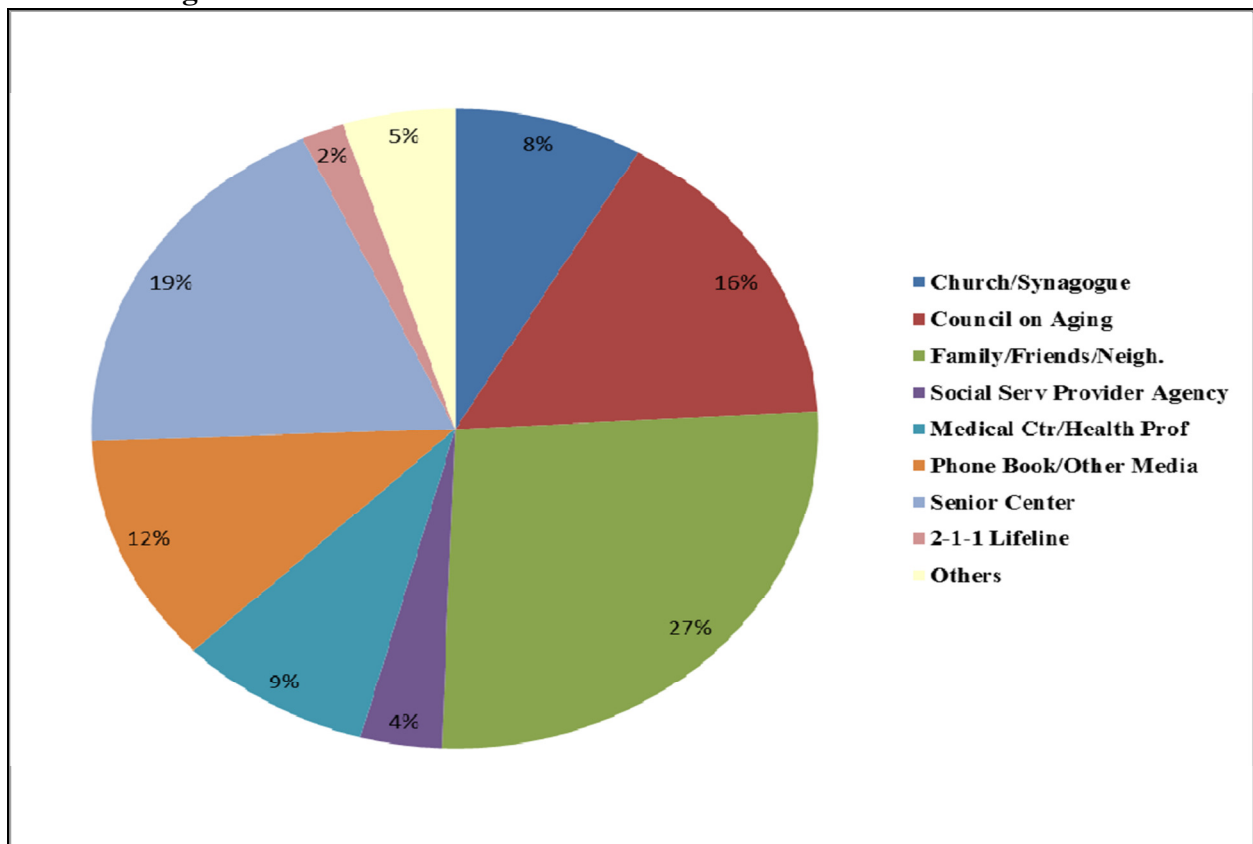
**Figure 7b: SURVEY: Distribution of Senior Survey Respondents by Indicators of Independence for Frail and Disabled Domain (continued)**



Eighty-seven percent of survey respondents reported that they knew whom to call about available services for seniors. See Table 18. The largest portion, 27 percent, gets their information from family, friends, or neighbors, followed by 19 percent from senior centers, and 16 percent from the Council on Aging. See Figure 8.

<b>Table 18</b>		
<b>SURVEY: Know whom to call about available services for seniors</b>	<b>Number</b>	<b>Valid Percent</b>
Yes	38,391	87.4%
No	5,522	12.6%
Total Valid	43,913	
Missing (Non Response)	7,575	
Age 60+ Population	51,488	

**Figure 8: Sources of Information about Available Services for Seniors**



## ***G. Major Findings about Lake County as an Elder Friendly Community***

The elder-friendliness of the community is influenced by how seniors perceive and fare on four main domains of Basic Needs, Physical and Mental Health and Well-Being, Social and Civic Engagement, and Independence for Frail and Disabled. While Lake County seniors rate all the four domains highly on elder-friendliness, two domains stand out. The conclusion is that the *Basic Needs* domain is where Lake County seniors needs are most met, while the *Social and Civic Engagement* domain has the least needs met.

***Basic Needs Domain*** – Focuses on human basic needs of food, shelter, and safety. This domain assesses the extent to which seniors 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 be safe in their homes.

***Survey Finding(s)***: The county is very elder friendly for large proportions of seniors on all indicators in this domain with the exception of one, ‘My home does NOT need major repairs,’ suggesting that seniors would need additional support in housing for an increasing number to remain in the community.

***Community Stakeholder Theme(s)***: This finding is reinforced by the community stakeholders who noted housing as a gap at the community level - more senior housing in general, affordable housing in particular, more rehabilitation for deteriorating housing stock, and more customized services for homeless seniors. They also noted a need for improved adult protective services.

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

***Survey Finding(s)***: Lake County is highly elder-friendly on indicators covering access to medical services, but not so on the indicator capturing healthy behaviors. Survey respondents reported receiving adequate medical services by having enough money to fill a prescription for medicine and for tests/treatments recommended by their doctor, but not engaging enough in activities that promote their overall well-being, i.e., exercise and wellness programs.

***Community Stakeholder Theme(s)***: Community stakeholders perceived a gap for services that were not specifically included in the survey, i.e., more in home primary and behavioral health care for seniors, adult dental clinics, geriatric specialists, health

education, and support for growing numbers with dementia.

***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.

***Survey Finding(s):*** Collectively, the 6 indicators in this domain have the lowest mean scores of all the indicators used in the elder friendly framework. The highest rated indicator in this domain, i.e., most needs met, is ‘I have opportunities for employment’ (which captured being engaged in meaningful employment); the indicator with the lowest mean score, i.e., least needs met, is ‘I participate in socialization/recreational activities.’

Although most stated they did not need the services, a higher proportion of survey respondents indicated that their needs were not met or responded in the negative on the indicators in this domain than that their needs were met. For example, approximately 22 percent of respondents indicated that their needs for socialization/recreation activities were not met. For two other indicators, ‘I socialize with friends, etc.’ and ‘I engage in social/religious/cultural events,’ the proportion of respondents that responded in the negative was almost 20 percent.

The findings suggest that a noteworthy proportion of seniors in Lake County has limited opportunities for formal/organized recreational activities or are not using available resources, and are to some extent isolated.

***Community Stakeholder Theme(s):*** Community stakeholders noted a gap on the community level in the sub-domain ‘meaningful connections with family, neighbors and friends,’ namely, questioning the location of senior centers and attendance at them. They did not note any gaps for ‘active engagement in community life,’ but did note the need for more volunteers and volunteer opportunities for a variety of community services, relative to the sub-domain, ‘Opportunities for meaningful paid and voluntary work.’

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

***Survey Finding(s):*** Indicators capturing access to adequate transportation have the lowest mean score of the domain, meaning higher unmet need, specifically,

‘transportation for shopping’ and transportation for medical appointments.’ On the other hand, indicators ‘adult day care,’ ‘home health care/personal care’ and ‘I have children or other family/friends nearby who will care for me if needed’ have reasonably high mean scores, meaning needs met. However, while respondents report most needs being met, those with highest percentages of unmet needs are home maintenance, transportation for shopping and medical appointments, assistance with home chores and legal assistance.

***Community Stakeholder Theme(s):*** Community stakeholders suggested the need for more coordination and formalized linkages by agencies in the delivery of services across the 3 sub-domains. At the service level, they perceived a gap for sub-domain ‘resources to facilitate living at home,’ specifically the need for more focus on homebound seniors by senior centers and the supply of long term services and supports for them. Consistent with survey findings, stakeholders also perceived a gap at the community level for the sub-domain ‘access to adequate transportation,’ specifically calling for more services from Laketrans or to supplement it - more hours, days, destinations.

This suggests that there is work to be done to make the county more elder friendly to support independence for the frail and disabled as there is a sizable proportion of respondents whose needs are unmet in this domain in both how the system is organized and the range of affordable services, including improved access to transportation.

Eighty-seven percent of survey respondents reported that they know whom to call about available services for seniors. The largest portion, 27 percent, gets their information from family, friends, or neighbors, followed by 19 percent from senior centers, and 16 percent from the Council on Aging

See Appendix D for Survey Table - Elderly Friendly Community and Appendix E for themes from focus groups related to Lake County as an elder friendly community, most pressing service needs, and ideal service delivery system.

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## Part V. The Lake County Senior Levy

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### *A. History*

Lake County's Senior Levy passed on November 3, 1992 at 0.2 of one mill for a period of five years, first due in calendar year 1993. In 1996, Kirtland passed a municipal senior levy. Initially, decisions about allocation of funding from the county levy were made by a coalition of leaders, representing each of the senior levy recipient agencies who negotiated the amount of funding each year. Formally organized as the Lake County Senior Services Coalition (Coalition), the 12 participating agencies that received levy funds agreed to a distribution formula as well as specific uses of the funds by each of those entities. Understanding that the Lake County Board of Commissioners (BOC) reserved the right to adjust the levy distribution amounts and recipients based on the demonstrated needs of the seniors in Lake County, levy funds have historically been allocated by the following percentages of the total levy revenue:

- Lake County Council on Aging - 53 percent

Funding is to be used for services for the elderly, frail, and homebound: including home- delivered and congregate meals, case management, options counseling, home safety modifications, senior health insurance and public benefits assistance, light housekeeping, information and assistance and volunteer opportunities.

- Lake County Senior Centers [Eastlake, Fairport, Kirtland, Madison, Mentor, Painesville, Perry, Wickliffe, Willoughby, and Willowick] - 42 percent

Funding is to be used for building and program operations which may include, but is not limited to, renovation, construction, repairs, programs, materials and supplies, property, equipment, salaries, and utilities. The Coalition also established minimal guidelines for senior centers that could receive levy funds such as being open 35 hours per week and having a paid director.

- The Retired and Senior Volunteer Program of Lake County (RSVP) - 5 percent

Funding is to be used for operations to place volunteers aged 55 and older in volunteer positions that fulfill a community need. This includes, but is not limited to, personnel expenses, personnel benefits, local and long distance travel, supplies, contractual and consultant services, and volunteer support costs.

While the Coalition still exists, its role for allocation of levy funds was replaced on June 28, 2012 when the Lake County Commissioners established the Lake County Senior Citizens Advisory Panel. This was the same year a levy increase from 0.4 mills to 0.5 mills took effect. The purpose of the Panel is to serve as an advisory and recommending body to the Commissioners and to facilitate equitable and beneficial allocation and distribution of the funds derived annually from the Lake County Senior Citizens Services Levy to assist the senior citizens of the county. The Panel reviews and evaluates all funding requests and advises and recommends specific allocations to the commissioners each year. Historically, levy funds have only been provided to active members of the Lake County Senior Services Coalition.

The Panel established a reporting mechanism for those agencies that receive funds. The 2015 funding cycle was the first year that the heads of each recipient agency testified in front of the Panel about their organization, services, and needs. Along with that, the Panel asked recipients to report their revenues and expenses, but did not ask for membership figures from each levy recipient agency.

In 2013, upon the recommendation of the Lake County Senior Citizens Advisory Committee, the Board of Commissioners established a Contingency Fund for emergency or unexpected fiscal situations. The fund balance for this purpose is not to exceed \$500,000 or be lower than \$150,000. This funding is open to recipients of senior levy funds or other agencies approved by the commissioners, based on submission of an application form and a 50/50 cash match requirement. Uses include: emergency capital repair/replacements, one-time gap or bridge financing in response to a significant reduction in funding from external sources (federal or state funds), project start-up funds for applicable senior programs; and other projects necessary to support seniors. Levy recipient agencies, mostly senior centers, continue to use their annual levy allocation for capital and major equipment purposes.

## ***B. Research Findings***

### **Familiarity with Senior Levy & Services of Levy Funded Agencies**

Seniors 60+ in Lake County are equally divided about their awareness of a senior levy. Slightly under half of the 60+ population (46.9 percent) were aware that the county has a senior levy and a similar percentage was not aware (45.5 percent). See Table 19.

<b>Table 19</b>		
<b>SURVEY: Aware that Lake County has a Senior Levy</b>	<b>Number</b>	<b>Percent</b>
Yes	24,124	46.9%
No	23,416	45.5%
Missing (Non Response)	3,948	7.7%
Age 60+ Population	51,488	100.1%

Fifty-nine percent of the 60+ population used at least one agency funded by the levy while 36.2 percent had not used a funded agency. Thirty percent had used the Council on Aging, followed by Mentor Senior Center at 27 percent, Willoughby Senior Center at 11 percent, and Fairport Senior Center at 10 percent. The fewest used were Kirtland Senior Center at 4 percent, and Madison Senior Center and RSVP, each at 5 percent. See Tables 20 and 21.

<b>Table 20</b>		
<b>SURVEY: Used the service of at least ONE Agency funded by the Senior Levy</b>	<b>Number</b>	<b>Percent</b>
Yes	30,537	59.3%
No	18,628	36.2%
Missing (Non Response)	2,323	4.5%
Age 60+ Population	51,488	100.0%



<b>Table 21</b>			
<b>SURVEY: Number &amp; Percent Using Services of Agencies Funded by the Senior Levy</b>			
<b>Agency Name</b>	<b>Number Responding</b>	<b>Number Using Agency Service</b>	<b>Percent Using Agency Service</b>
Council on Aging	45,489	13,460	30.0%
Eastlake JFK Senior Center	43,150	3,235	7.0%
Fairport Senior Center	43,166	4,460	10.0%
Kirtland Senior Center	42,589	1,493	4.0%
Madison Senior Center	42,806	2,255	5.0%
Mentor Senior Center	44,793	11,984	27.0%
Painesville Senior	43,114	3,415	8.0%
Perry Senior Center	42,345	2,485	6.0%
RSVP	41,981	1,950	5.0%
Wickliffe Senior Center	42,593	2,957	7.0%
Willoughby Senior Center	42,955	4,910	11.0%
Willowick Senior Center	42,045	3,442	8.0%

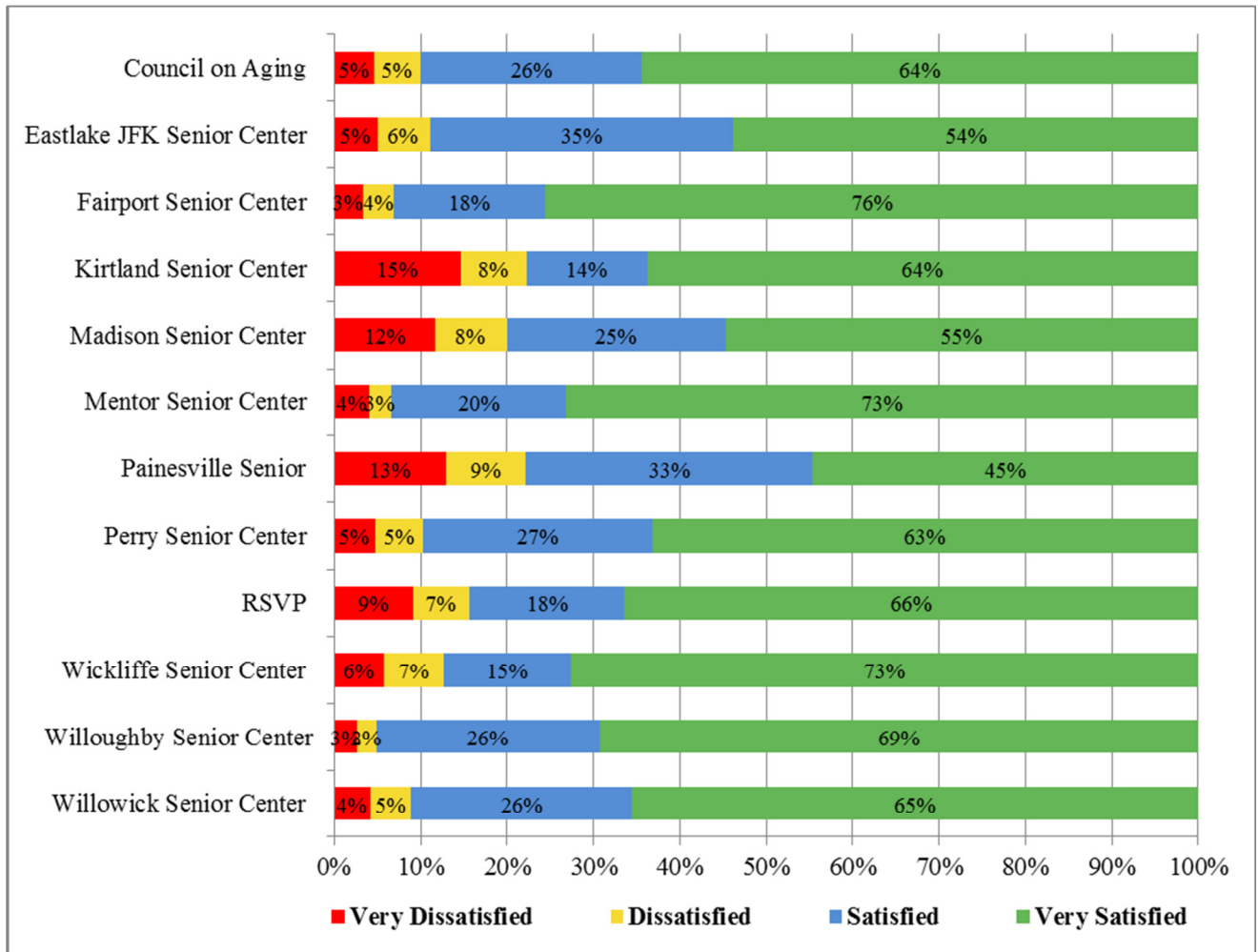
### **Satisfaction with Senior Levy Funded Agencies**

On a scale of 1 (Very Dissatisfied) to 4 (Very Satisfied), all 12 levy funded agencies were rated above 3 by the 60+ population of the county. The highest ranked were Fairport Senior Center at 3.65, Mentor Senior Center at 3.63, and Willoughby Senior Center at 3.62. See Table 22.

<b>Table 22</b>		
<b>SURVEY: Satisfaction Rating of Agencies Funded by the Senior Levy</b>		
<b>Agency Name</b>	<b>Number Using Agency Service</b>	<b>Mean Satisfaction Rating</b>
Council on Aging	13,460	3.5
Eastlake JFK Senior Center	3,235	3.38
Fairport Senior Center	4,460	3.65
Kirtland Senior Center	1,493	3.27
Madison Senior Center	2,255	3.23
Mentor Senior Center	11,984	3.63
Painesville Senior	3,415	3.09
Perry Senior Center	2,485	3.48
RSVP	1,950	3.42
Wickliffe Senior Center	2,957	3.54
Willoughby Senior Center	4,910	3.62
Willowick Senior Center	3,442	3.52
<b>Note:</b> Satisfaction rating ranges from 1 (Very Dissatisfied) to 4 (Very Satisfied)		

Figure 9 indicates the percentage distribution of the ratings for each level of satisfaction for each senior levy funded agency: Very Dissatisfied; Dissatisfied; Satisfied; and Very Satisfied. For each funded agency, the majority are very satisfied or satisfied. Dissatisfaction ratings vary.

**Figure 9: SURVEY: Distribution of Service Participants' Satisfaction Ratings by Senior Levy Funded Agency**



### **Prioritization of Use of Senior Levy Funds**

The Lake County 60+ population respondents to the survey prioritized the use of senior levy funds in this order, based on the mean ranks (See Table 23):

- Priority 1: To ensure basic needs are met
- Priority 2: To support independent living for frail seniors
- Priority 3: To promote physical and mental health
- Priority 4: to promote social and civic engagement

<b>Table 23</b>		
<b>SURVEY: Prioritization of Use of Senior Levy Funds - Mean Ranking</b>		
<b>Priority Use of Senior Levy Funds</b>	<b>Number</b>	<b>Mean Ranking</b>
To ensure basic needs are met - e.g., food, shelter, safety	48,390	1.27
To promote social & civic engagement - e.g., senior centers, volunteering	47,867	3.11
To promote physical & mental health - e.g., wellness classes, counseling	48,051	2.48
To support independent living for frail seniors - e.g., home health care	48,275	2.05
<b>Note:</b> Mean score based on rankings of 1 to 4. The lower the mean ranking the higher the priority		

When examining the largest percentage within each rank number, the priority order is the same as above (See Table 24):

- Rank # 1: To ensure basic needs are met - 83.1 percent
- Rank # 2: To support independent living for frail seniors - 38.7 percent
- Rank # 3: To promote physical and mental health - 37.6 percent
- Rank # 4: to promote social and civic engagement - 51.0 percent

<b>Table 24</b>				
<b>SURVEY: Percent Distribution of Use of Senior Levy by Priority Ranking</b>				
<b>Priority Use of Senior Levy</b>	<b>Ranking #1</b>	<b>Ranking #2</b>	<b>Ranking #3</b>	<b>Ranking #4</b>
To ensure basic needs are met - e.g., food, shelter, safety	83.1%	10.3%	3.1%	3.5%
To promote social & civic engagement - e.g., senior centers, volunteering	12.5%	15.0%	21.6%	51.0%
To promote physical & mental health - e.g., wellness classes, counseling	17.3%	31.1%	37.6%	14.0%
To support independent living for frail seniors - e.g., home health care	33.1%	38.7%	17.8%	10.3%
<b>Note:</b> Percentages in the rankings do not add up to 100 because two or more uses of funds could be assigned the same priority ranking.				

## Allocations

Twelve agencies in Lake County have received annual awards of senior levy funding since its inception. The annual amounts have been increasing from a low of \$815,914 in 1995 to a high of \$2.7 million in 2014. But over recent years, the allocations have been relatively flat.

Based on 2014 awards, the Council on Aging is the largest recipient of senior funds followed by Mentor Senior Center, Willoughby Senior Center, RSVP and Fairport Senior Center. See Table 25.

<b>Table 25</b>				
<b>Lake County Senior Levy Awards/Requests, 2014 to 2015</b>				
<b>Agency Recipient</b>	<b>2014</b>		<b>2015</b>	
	<b>2014 Award</b>	<b>Percent</b>	<b>2015 Request</b>	<b>Percent</b>
Council on Aging	\$1,453,906	53.0%	\$1,404,000	54.0%
Mentor Senior Center	\$228,020	8.3%	\$231,000	8.9%
Willoughby Senior Center	\$168,000	6.1%	\$134,600	5.2%
RSVP	\$137,161	5.0%	\$121,342	4.7%
Fairport Senior Center	\$115,700	4.2%	\$105,000	4.0%
Eastlake Senior Center	\$99,700	3.6%	\$90,000	3.5%
Wickliffe Senior Center	\$95,900	3.5%	\$95,900	3.7%
Kirtland Senior Center	\$89,700	3.3%	\$80,000	3.1%
Painesville Senior Center	\$89,700	3.3%	\$80,000	3.1%
Perry Senior Center	\$89,700	3.3%	\$80,000	3.1%
Madison Senior Center	\$89,700	3.3%	\$84,000	3.2%
Willowick Senior Center	\$86,500	3.2%	\$82,500	3.2%
Counter			\$11,658	0.4%
<b>TOTAL</b>	<b>\$2,743,687</b>	<b>100.0%</b>	<b>\$2,600,000</b>	<b>100.0%</b>
Data Source: Lake County Records				

In 2014, senior levy funds represented more than half (53 percent) of the collective funding sources (\$5.1 million) of the 12 agency recipients. See Table 26. Contributions from cities, villages, townships that have levy funded senior centers represented the next highest percentage at 16.9 percent followed by fees/donations at 14.8 percent. The local communities also provide significant amounts of in kind services for their respective senior centers, primarily for maintenance of the facilities. Noteworthy is that there is no foundation funding reported although the Lake-Geauga Fund of The Cleveland Foundation would be open to proposals that are consistent with their priorities Source: <http://www.clevelandfoundation.org/grants/lake-geauga-fund/>:

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

<b>Table 26</b>		
<b>Collective 2014 Funding Sources of the Senior Levy Recipient Agencies</b>		
<b>Name of Senior Levy Recipient Agency:</b>	<b>TOTAL</b>	<b>PERCENT</b>
<b>FUNDING SOURCES - 2014</b>	<b>TOTAL</b>	<b>PERCENT</b>
Sr. Levy	\$2,725,298	53.0%
Older Americans Act	\$347,581	6.8%
PASSPORT/MyCare Ohio	\$0	0.0%
National Senior Service Corps Funds	\$47,839	0.9%
United Way	\$144,108	2.8%
Fees/Donations	\$760,967	14.8%
City/Village/Township Monies	\$867,532	16.9%
Foundations	\$0	0.0%
Fundraising	\$44,592	0.9%
<b>OTHER:</b>		
HEAP	\$5,867	
MIPPA	\$3,156	
Lake Hospital for Geriatric Assessment Program Pilot	\$37,500	
Advertising Sales for Bridge Newspaper	\$45,888	
Grants	\$54,625	
Events fees [Annual Meeting/Holiday Concert]	\$4,784	
CDBG	\$6,140	
Tenant income	\$7,200	
Thrift Store	\$16,000	
Beauty Salon	\$13,000	
WRAAA - Ohio Senior Service Corps Funds	\$3,773	
Fundraising [Monthly 50/50/50 Raffle]	\$4,676	
<b>TOTAL OTHER</b>	<b>\$202,609</b>	<b>3.9%</b>
<b>TOTAL</b>	<b>\$5,140,527</b>	<b>100.0%</b>
<b>OPERATING EXPENSES - 2014</b>	<b>\$5,074,029</b>	
<b>DIFFERENCE (+/-)</b>	<b>\$66,498</b>	
Data Source: Senior Levy Recipient Agencies, March 2015 [unaudited]		

Excluding RSVP, the average levy funds per participant are \$151. Five of the agency recipients are above the average with Madison Senior Center highest at \$356 and the lowest, Mentor Senior Center at \$59 per participant. See Table 27.

<b>Table 27</b>				
<b>Amount of 2014 Levy Funds per Participant [Excluding RSVP]</b>				
<b>Agency Recipient</b>	<b>2014 Award</b>	<b>Geo-coded Addresses</b>		
		<b>Number of Participants Served with Senior Levy Funds</b>	<b>Levy Funds per Consumer</b>	
Madison Senior Center	\$89,700	252	\$356	<b>ABOVE Average</b>
Council on Aging	\$1,453,906	5,850	\$249	
Kirtland Senior Center	\$89,700	371	\$242	
Perry Senior Center	\$89,700	471	\$190	
Painesville Senior Center	\$89,700	534	\$168	
Eastlake Senior Center	\$99,700	774	\$129	
Willoughby Senior Center	\$168,000	1,351	\$124	
Fairport Senior Center	\$115,700	1,275	\$91	
Wickliffe Senior Center	\$95,900	1,291	\$74	
Willowick Senior Center	\$86,500	1,232	\$70	
Mentor Senior Center	\$228,020	3,869	\$59	
<b>TOTAL [Exlcude RSVP]</b>	<b>\$2,606,526</b>	<b>17,270</b>	<b>\$151</b>	
Address Not Geo-coded		1,402		
Total Addresses Provided		18,672		

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

In 2013, \$2,504,392 was distributed to the 12 senior levy recipient agencies. See Table 28. Of the expenses, more than half (58 percent) were for personnel, including contracted instructors. The remaining funds were spent for programming (22 percent), facility (8 percent), and other operating expenses (2 percent). Ten percent were spent on capital and major equipment. Note that requiring all capital and major equipment expenses to be requested from the Contingency Fund would free about \$255,000 annually for programs. What is notable is that most of the facility expenses were incurred by the senior centers with a small amount by RSVP. All capital and major equipment expenses were by the senior centers.



<b>Table 28</b>					
<b>Collective 2013 Expenses of Senior Levy Recipient Agencies</b>					
	<b>Council on Aging</b>	<b>RSVP</b>	<b>Senior Centers</b>	<b>TOTAL</b>	<b>PERCENT</b>
<b>2013 Levy Fund Distribution</b>	<b>\$1,329,470</b>	<b>\$125,422</b>	<b>\$1,049,500</b>	<b>\$2,504,392</b>	
<b>PERSONNEL EXPENSES</b>					
Employee Benefits	\$100,281	\$31,658	\$70,277	\$202,217	
Employee Salaries	\$869,283	\$42,294	\$333,223	\$1,244,800	
Contract Employees (ie PT Instructors)	\$13,347	\$7,942	\$57,476	\$78,766	
<b>Sub-Total Personnel</b>	<b>\$982,911</b>	<b>\$81,894</b>	<b>\$460,977</b>	<b>\$1,525,782</b>	<b>58%</b>
<b>FACILITY EXPENSES</b>					
Mortgage/Lease Payment		\$7,129	\$61,030	\$68,159	
Misc. Repairs			\$19,750	\$19,750	
Utilities			\$117,504	\$117,504	
<b>Sub-Total Facility</b>	<b>\$0</b>	<b>\$7,129</b>	<b>\$198,285</b>	<b>\$205,414</b>	<b>8%</b>
<b>PROGRAM EXPENSES</b>					
Materials/Supplies		\$3,200	\$99,825	\$103,025	
Programs(Including Marketing/Advert)	\$346,559	\$9,488	\$36,484	\$392,531	
Other: Bus Passes			\$2,500	\$2,500	
Other: Wellness Center			\$50,000	\$50,000	
Travel		\$830	\$1,876	\$2,706	
Transportation		\$3,818	\$9,370	\$13,188	
<b>Sub-Total Program Expenses</b>	<b>\$346,559</b>	<b>\$17,336</b>	<b>\$200,055</b>	<b>\$563,950</b>	<b>22%</b>
<b>OTHER OPERATING EXPENSES</b>					
Insurance		\$3,813	\$20,018	\$23,831	
Other:		\$5,847	\$35,594	\$41,441	
<b>Sub-Total Other Operating Expenses</b>	<b>\$0</b>	<b>\$9,660</b>	<b>\$55,612</b>	<b>\$65,272</b>	<b>2%</b>
<b>CAPITAL &amp; MAJOR EQUIPMENT</b>					
Equipment Purchases			\$46,297	\$46,297	
Equipment Maintenance/Repairs			\$69,692	\$69,692	
Capital Building Reno/Construction			\$139,173	\$139,173	
<b>Sub-Total Capital &amp; Major Equipment</b>	<b>\$0</b>	<b>\$0</b>	<b>\$255,163</b>	<b>\$255,163</b>	<b>10%</b>
<b>GRAND TOTAL EXPENSES</b>	<b>\$1,329,470</b>	<b>\$116,019</b>	<b>\$1,170,092</b>	<b>\$2,615,581</b>	<b>100%</b>
<b>DIFFERENCE: LEVY DOLLARS &amp; EXPENSES (+/-)</b>	<b>\$0</b>	<b>\$9,403</b>	<b>-\$120,591</b>	<b>-\$111,189</b>	
<i>Data Source</i> : Lake County Records (unaudited)					

## **Services Provided with Levy Funds**

Services provided with senior levy funds by the Lake County Council on Aging in 2014 were as follows.

- 38,992 *Congregate Meals*, served at the Eastlake, Kirtland, Madison and Wickliffe Senior Centers and across the road from the Fairport Senior Center
- 149,692 *Meals on Wheels* distributed from the same sites that serve congregate meals
- 3,985 contacts for *Information and Assistance*

- 3,902 hours of *Homemaker Services*
- 570 *Home Maintenance* jobs
- 149,692 *Safety Checks* completed with assessments for Meals on Wheels
- 26,453 hours of *Volunteer Services*, specifically for agency operations
- *Case Management* - 3,179 contacts; 1,145 visits; and 871 assessments
- *Aging and Disability Resource Center (ADRC) services* - 694 hours of Benefits Assistance, 2,534 contacts for Medicare Assistance, 553 hours of Options Counseling, and 39,695 contacts for Outreach/Public Education.

The operating hours of the Council on Aging are Monday to Friday, 8:30 am to 4:30 pm.

The core services provided by all senior centers in 2014 were Socialization (78,245 hours) and Health and Wellness (81,807 hours), defined as one hour of planned activities.<sup>6</sup> There were 2,128 hours of Information and Referral reported by all centers except Mentor and Wickliffe.

All centers except Mentor and Wickliffe reported providing 50,778 hours of Volunteer Services, specifically for center operations. Fairport, Mentor, Painesville, Perry, and Willoughby provided 22,867 center-provided meals; Transportation (5,594 round trips) was provided by 4 senior centers:

- Madison has an arrangement with Laketran to subsidize transportation to and from the center, free to participants.
- Wickliffe provides transportation to and from the senior center and for shopping, doctor and hair appointments.
- Willowick provides transportation to and from the senior center and for trips.
- Willoughby provides transportation on Thursdays to and from the senior center and for shopping.

There are also other services provided by specific senior centers.

All senior centers are open Monday through Friday with hours varying by center. Eastlake, Fairport, Mentor, and Perry are open one or several evenings per week and Mentor is also open Saturday mornings.

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<sup>6</sup> Note that most senior centers had not been defining units for the services provided as they were not required and most of the numbers were estimated for this report.

The Retired Senior and Volunteer Program (RSVP) also is funded through senior levy funds. Between April 1, 2014 and March 30, 2015, 557 individual volunteers engaged in 960 placements. Most placements (50.3 percent) were for Focus Area: Other Community Priorities - examples, museums, parks/recreation, and service organizations. The second largest number of placements (15.5 percent) were for Focus Area: Healthy Futures: Aging in Place - examples congregate meals, meals on wheels, and hospice; and the third largest, 11.3 percent, for Focus Area: Healthy Futures: Obesity and Food - examples, food bank and food pantries. RSVP's operating days/hours are Monday to Friday, 7:00 am to 3:00 pm. Based on its 2014 senior levy award (\$137,161), RSVP's levy funds per volunteer were \$246 and per placement, \$143.

## **Staff**

Recipient agencies reported 66.29 Full Time Equivalent (FTE's) staff to provide services. Note that staff was supplemented by volunteers. Slightly more than half of the FTEs were at the Council on Aging (57 percent), followed by senior centers (40 percent) and RSVP (3 percent). Half of the senior centers only have a director/coordinator. Mentor has the largest staff at 11 FTEs followed by Willoughby with 4.69 FTE's. Madison, Painesville and Willowick also have a few additional FTEs.

## **Participants**

Excluding RSVP, the agency recipients served 17,270 duplicated persons in 2014<sup>7</sup>. Of these, 33.9 percent were served by the Council on Aging and 22.4 percent by the Mentor Senior Center. The smallest proportion was served by the Madison Senior Center at 1.5 percent. See Table 29.

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<sup>7</sup> Note: for consistency, only addresses that were able to be geo-coded were included in the participant count. 1,402 addresses provided by senior levy recipient agencies were not geo-coded. The 17,270 duplicated persons include those served by more than one agency, thus not unduplicated across agencies.

<b>Table 29</b>		
<b>Number of Participants in Senior Levy Funded Agencies [excluding RSVP], March, 2015</b>		
<b>Agency Recipient</b>	<b>Number</b>	<b>Percent</b>
Council on Aging	5,850	33.9%
Mentor Senior Center	3,869	22.4%
Willoughby Senior Center	1,351	7.8%
Wickliffe Senior Center	1,291	7.5%
Fairport Senior Center	1,275	7.4%
Willowick Senior Center	1,232	7.1%
Eastlake Senior Center	774	4.5%
Painesville Senior Center	534	3.1%
Perry Senior Center	471	2.7%
Kirtland Senior Center	371	2.1%
Madison Senior Center	252	1.5%
<b>TOTAL DUPLICATED NUMBER</b>	<b>17,270</b>	<b>100.0%</b>
Address Not Geo-coded	1,402	
Total Addresses Provided	18,672	

**Data Sources:** Addresses provided by Senior Levy Recipient Agencies , March 2015; addresses

With the exception of the Council on Aging and RSVP, which are required to submit demographic data on participants for other funders, there was not consistent participant data available from senior centers. United Way of Lake County requires its funded agencies to report consumer outcome data with all but two of the senior levy recipient agencies receiving United Way funds.

Of the 17,270 geo-coded addresses of participants served with senior levy funds, with the exception of RSVP, 96 percent reside in Lake County and 4 percent reside outside Lake County.

More specifically and using geo-coded addresses, excluding RSVP, 80 percent of senior levy participants reside in 9 Lake County communities with most living in Mentor at 24.5 percent. See Table 30. These include users of Council on Aging services and senior centers. Sixteen percent reside in the remaining 14 Lake County communities and 4 percent live outside the county.

<b>Table 30</b>			
<b>Community of Residence of Senior Levy Participants, March 2015</b>			
<b>[Excludes RSVP]</b>			
<b>Community</b>	<b>Senior Levy Participants March 2015</b>		
	<b>#</b>	<b>%</b>	
Mentor City	4,234	24.5%	<b>80%</b>
Willoughby City	1,795	10.4%	
Wickliffe City	1,600	9.3%	
Willowick City	1,400	8.1%	
Eastlake City	1,246	7.2%	
Painesville Township	1,143	6.6%	
Painesville City	915	5.3%	
Concord Township	732	4.2%	
Madison Township	704	4.1%	
Mentor-on-the-Lake City	560	3.2%	<b>16%</b>
Kirtland City	503	2.9%	
Fairport Harbor Village	453	2.6%	
Perry Township	380	2.2%	
Willoughby Hills City	316	1.8%	
Madison Village	189	1.1%	
Leroy Township	97	0.6%	
Perry Village	88	0.5%	
North Perry Village	45	0.3%	
Timberlake Village	37	0.2%	
Kirtland Hills Village	19	0.1%	
Grand River Village	18	0.1%	
Waite Hill Village	17	0.1%	
Lakeline Village	15	0.1%	
<b>Total within Lake County</b>	<b>16,506</b>	<b>96%</b>	
<b>Total Outside Lake County</b>	<b>764</b>	<b>4%</b>	<b>4%</b>
<b>GRAND TOTAL</b>	<b>17,270</b>	<b>100.0%</b>	
Address Not Geo-coded	1,402		
Total Addresses Provided	18,672		

**Data Sources:** Addresses of senior levy recipients data supplied by Lake County Senior Levy Recipient agencies and geo-coded by The Northern Ohio Data & Information Service (NODIS), Cleveland State University

When comparing the percent of senior levy participants to the percent of 2010 Census for 60+ by community, 4 communities have service participation proportions more than 1 percent greater than their share of the Census for 60+: Mentor, Wickliffe, Willowick, and Fairport Harbor. See Table 31. Three communities have service participation proportions more than 1 percent lower than their share of the Census for 60+: Madison Township, Willoughby Hills, and Concord Township. However, these differences are so small, that the pattern could change frequently. This suggests that the distribution of senior levy participants reflects the actual residential distribution of seniors in the county.

**Table 31****Comparison Community of Residence of Council on Aging and Senior Center Senior Levy Participants, March 2015, to 2010 Census 60+**

Community	Senior Levy Participants March 2015		2010 Census 60+		% of Senior Levy Participant Minus % 60+
	#	%	#	%	
Mentor City	4,234	25.7%	11,071	21.5%	4.1%
Wickliffe City	1,600	9.7%	3,421	6.6%	3.0%
Willowick City	1,400	8.5%	3,383	6.6%	1.9%
Fairport Harbor Village	453	2.7%	657	1.3%	1.5%
Painesville City	915	5.5%	2,493	4.8%	0.7%
Mentor-on-the-Lake City	560	3.4%	1,510	2.9%	0.5%
Willoughby City	1,795	10.9%	5,576	10.8%	0.0%
Perry Village	88	0.5%	262	0.5%	0.0%
Lakeline Village	15	0.1%	45	0.1%	0.0%
Grand River Village	18	0.1%	82	0.2%	-0.1%
Painesville Township	1,143	6.9%	3,603	7.0%	-0.1%
Perry Township	380	2.3%	1,230	2.4%	-0.1%
North Perry Village	45	0.3%	188	0.4%	-0.1%
Madison Village	189	1.1%	656	1.3%	-0.1%
Timberlake Village	37	0.2%	203	0.4%	-0.2%
Kirtland Hills Village	19	0.1%	162	0.3%	-0.2%
Waite Hill Village	17	0.1%	181	0.4%	-0.2%
Kirtland City	503	3.0%	1,810	3.5%	-0.5%
Eastlake City	1,246	7.5%	4,144	8.0%	-0.5%
Leroy Township	97	0.6%	653	1.3%	-0.7%
Madison Township	704	4.3%	3,311	6.4%	-2.2%
Willoughby Hills City	316	1.9%	2,380	4.6%	-2.7%
Concord Township	732	4.4%	4,467	8.7%	-4.2%
<b>Total Lake County</b>	<b>16,506</b>	<b>100.00%</b>	<b>51,488</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Total Outside Lake County</b>	<b>764</b>				
<b>GRAND TOTAL</b>	<b>17,270</b>				
Address Not Geo-coded	1,402				
Total Addresses Provided	18,672				

**Data Sources :** Addresses of senior levy recipients data supplied by Lake County Senior Levy Recipient agencies and geo-coded by The Northern Ohio Data & Information Service (NODIS), Cleveland State University; U.S. Census 2010

Of the 18,672 addresses provided by senior levy agency recipients, with the exception of RSVP, 12,367 were senior center participants.<sup>8</sup> Of these, 95.3 percent used only one center and 4.7 percent used multiple centers: 3.9 percent used two centers, 0.7 percent used three centers, and 1.4 percent used four centers.

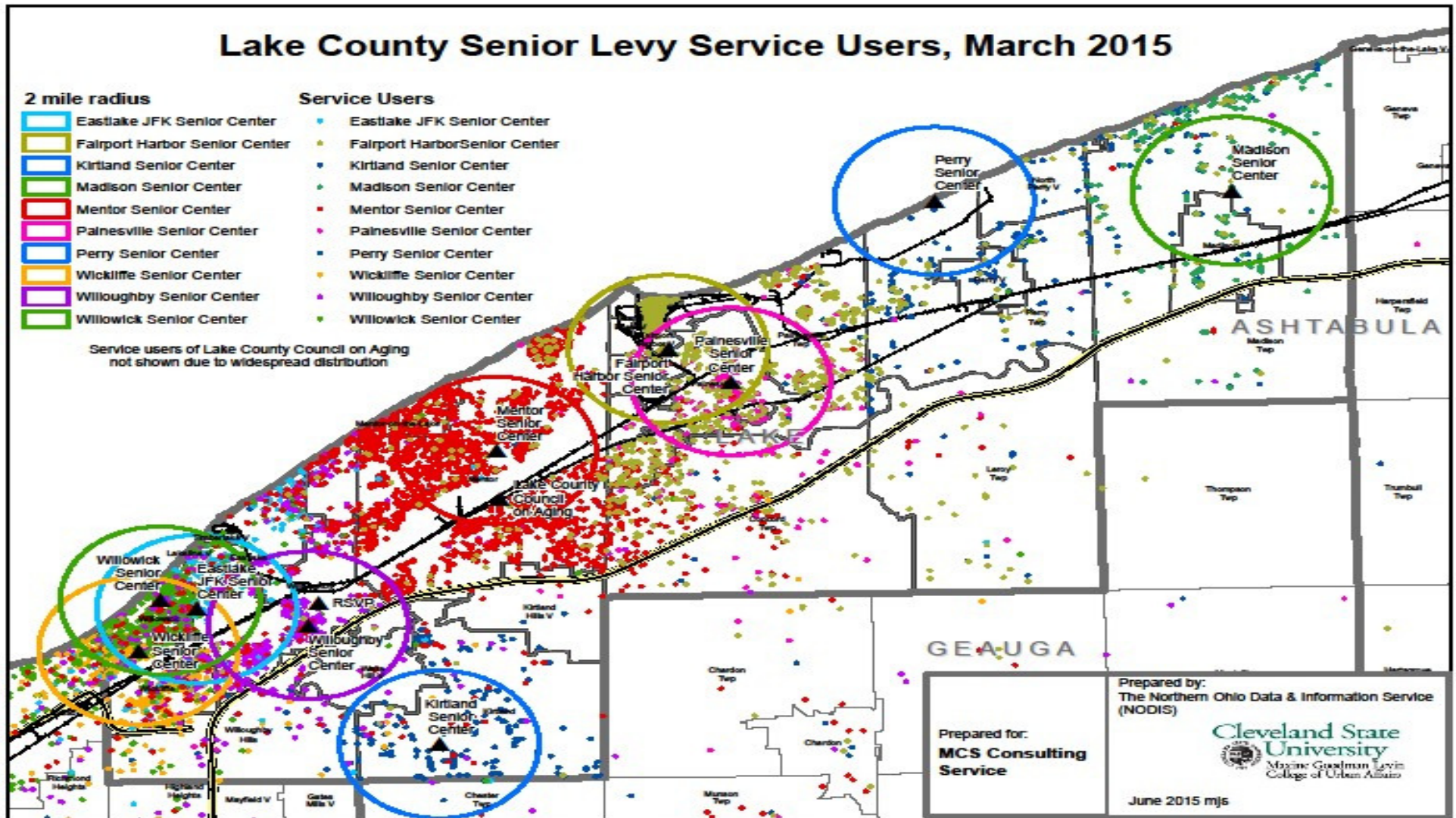
The map below indicates the location of senior centers funded by the senior levy, the location of levy participants, and a circle that represents a 2 mile radius from each center. Madison, Perry, Kirtland and Mentor Senior Centers have geographically distinct markets. Fairport Harbor and Painesville Senior Centers are in very close proximity to each other and have overlapping geographical markets. Eastlake, Wickliffe, Willowick and Willoughby Senior Centers are hybrids with both distinct and overlapping markets.

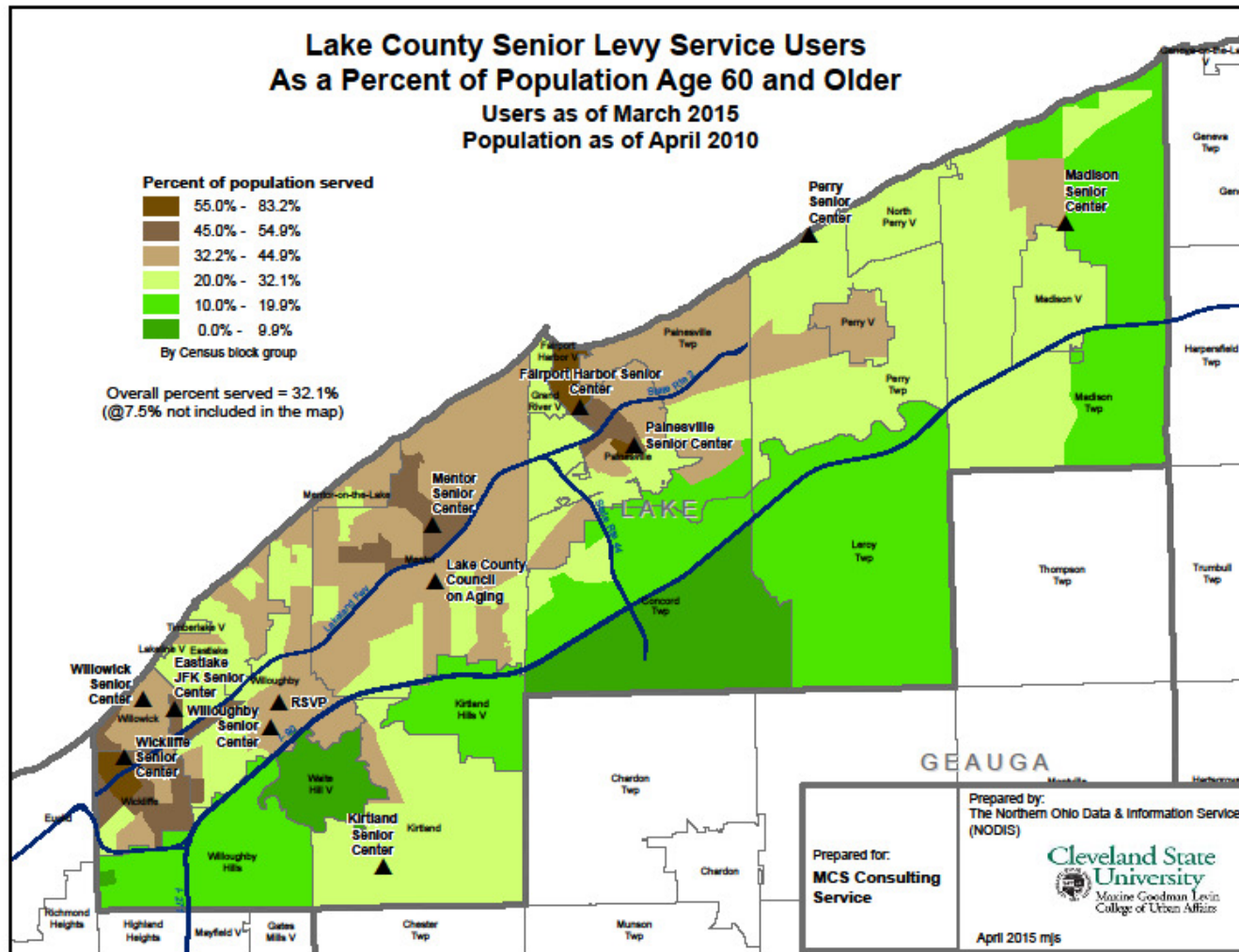
The other maps below locate senior levy participants against the U.S. Census 2010 numbers and percentages of seniors 60+ and of those 85+.

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<sup>8</sup> Note that these are from original addresses provided by levy recipient agencies, not geo-coded addresses.







### *C. Emerging Issues*

Many of the stakeholders who participated in focus groups and interviewees were positive about the levy funds and how they were spent. This was especially noted by those who were recipients. However, several issues were raised about the senior levy.

- *The levy funding disbursement process is based on history rather than changing needs.*

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 same providers continue to receive the funding even though needs may have changed and other service providers may have the specializations needed to respond to different needs.

- *There is lack of directives on 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. It appears that some recipients spend funding on staff, while others spend it on capital improvements. Some perceive the levy to be a “senior center levy,” not a “senior citizens levy.”

- *There is lack of accountability for usage and outcomes.*

Since 2014, the county has been requiring accounting of how the levy funds were spent in the two year prior period. For example, expenses for 2013 were required when 2015 allocations were being determined. However, there is no request for participant or service data. Many felt that more accountability was needed. Note, however, that some of the current recipients believed there was accountability and that additional paperwork was not needed. COA and RSVP already report much information to other funders of their services. All agencies that receive United Way funds report on their required data.

Some felt that municipalities needed to contribute more funding.

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 lack an appropriate process for determining needs and spending resources.”



### ***D. Major Findings about the Lake County Senior Levy***

These are the major findings about Lake County's senior levy operations.

Lake County has had a senior levy since 1992 that is now a 0.5 mill levy. The allocation formula was agreed to at that time by the 12 funded agencies organized as the Lake County Senior Services Coalition. The distribution formula was and remains: Council on Aging - 53 percent; 10 senior centers - 42 percent; and RSVP - 5 percent.

In 2013, the board of commissioners established the Lake County Senior Citizens Advisory Panel to advise and recommend levy allocations. A Contingency Fund for emergency or unexpected fiscal situations was also created. However, levy recipients, mostly senior centers, continue to use their annual levy allocation for capital and major equipment purchases.

In the survey conducted for this research, slightly less than half of the 60+ population in the county was aware that Lake County has a senior levy and about the same proportion was not aware of a levy. Fifty-nine percent used at least one levy-funded service and were very satisfied with the services provided. Seniors 60+ in Lake County prioritized the use of levy funds as:

- Priority 1: To ensure basic needs are met;
- Priority 2: To support independent living for frail seniors;
- Priority 3: To promote physical and mental health; and
- Priority 4: To promote social and civic engagement.

The 12 recipient agencies received \$2.7 million levy funds in 2014 and collectively reported \$5.1 million total income sources that supported their operations. More than half (53 percent) were levy dollars, 16.9 percent from the local jurisdictions, 14.8 percent from fees/donations, and 6.8 percent from the Older American's Act. Average levy funding per participant at the Council on Aging and the 10 senior centers was \$151. For RSVP, it was \$246 per volunteer and \$143 per placement.

In 2013, of the \$2.5 million levy dollars allocated during that year, 58 percent were spent on personnel, including contracted instructors, 22 percent on program, 10 percent on capital and major equipment, 8 percent on facilities, and 2 percent on other operating expenses. Requiring capital and major equipment expenses to be from the Contingency Fund would free about \$255,000 annually for services, based on 2013 amounts.

Multiple services were provided with levy funds for seniors at all stages of the aging process. These included congregate meals and meals on wheels/safety checks plus other services by the

Council on Aging, socialization and health and wellness programs by all senior centers, with most having volunteer pools to supplement their staff, and 4 providing transportation support.

RSVP reported 557 individual volunteers and 960 placements during its most recent fiscal year. Half met community priorities such as museums, parks/recreation and service organizations followed by aging in place such as congregate meals, meals on wheels and hospice.

Collectively, the 12 levy funded agencies reported 66 full time equivalent (FTE) staff and served approximately 17,270 duplicated persons in 2014. Of these, 96 percent resided in Lake County and 4 percent outside the county. Eighty percent resided in 9 communities within the county. Ninety-five percent used only 1 center and 5 percent used 2 to 4 centers in a given 12 month period.

There is no consistent service or participant data being collected by levy funded agencies.

See Appendix F for additional senior levy tables and Appendix G for individual maps for each senior center and COA.

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## Part VI. Promising Practice Models

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Described below are several models of how other communities in Ohio or across the country resolved some of the issues that Lake County is facing to prepare for its aging population and to become more elder friendly. In addition, there is information about how other counties in Ohio are administering and spending their senior levy funding. These are ideas that can be explored by Lake County.

### ***A. Naturally Occurring Retirement Communities (NORC)***

Since the mid-1980s, the NORC (Naturally Occurring Retirement Communities) Supportive Service Program has emerged as an innovative model within aging services to help people remain in their homes and communities throughout later life. NORC programs seek to transform communities where large concentrations of older adults reside (such as apartment buildings, or neighborhoods) by creating a network of supports among service providers, older adults, housing providers, and other stakeholders to promote older adults' health, well-being, social relationships, and ability to age in place. NORC's have at least one paid staff person, are funded from a mix of sources, with one-third charging membership fees. One-third are in apartment buildings and one-third in a neighborhood or section of a town or city. Most have advisory groups. (Greenfield, et al., 2012)

### ***B. Adult Protective Services***

The Ohio General Assembly established the Adult Protective Services (APS) Funding Workgroup to investigate programmatic or financial gaps in the adult protective services system among other things. (Adult Protective Services Funding Workgroup, 2014)

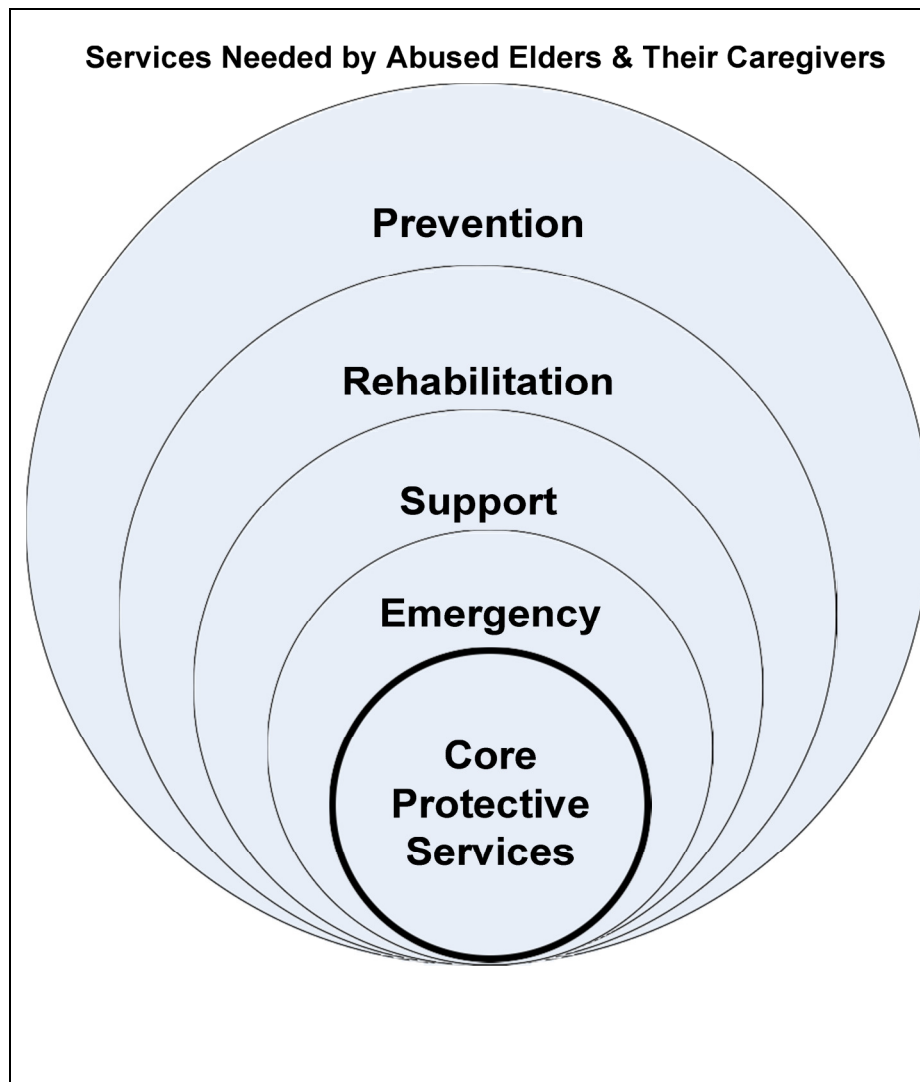
The Workgroup recommended guidelines for delivery of the core adult protective services as well as a full system of services needed by abused elders and their caregivers. Consistently observed, was that Ohio currently does not have a statewide APS system, but rather a collection of county-based programs that vary widely in resources and capability. To remedy this, the Workgroup identified minimum core requirements around 3 major functions for establishing a more accountable statewide system:

- *APS System Screening*: the capacity to accept and screen reports of the suspected abuse or neglect of an adult;
- *APS System Investigation*: the capacity to investigate and assess accepted reports of the suspected abuse or neglect of an adult; and

- *APS System Service*: the capacity to provide services to ameliorate the conditions of adult abuse or neglect, fully utilize available community resources, and prosecute the offender when appropriate.

In addition to the Core Protective Services, the Workgroup determined that other services needed by abused elders and their caregivers were for Emergency, Support, Rehabilitation, and Prevention. See Figure 10 and Table 32.

**Figure 10**





**Table 32****Multi-disciplinary Service Model for Abused Elders and Their Caregivers**

<b>Service Area</b>	<b>Services Needed by Abused Elders</b>	<b>Services Needed by Their Caregivers</b>
<b>Emergency</b>	<ul style="list-style-type: none"> <li>• Crisis Hotline</li> <li>• Behavioral Health Crisis Services</li> <li>• Emergency Shelters</li> <li>• Discretionary Funds</li> <li>• Victims Assistance</li> <li>• Health Services</li> <li>• Police Services</li> </ul>	<ul style="list-style-type: none"> <li>• Abusers Anonymous</li> <li>• Voluntary Emergency Caregivers</li> <li>• 24-hour Homemaker/Health Aide</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Legal Assistance</li> <li>• Home Delivered Meals</li> <li>• Friendly Visiting</li> <li>• Information &amp; Referral</li> <li>• Visiting Nurses</li> <li>• Public Guardians</li> <li>• Home Visitation</li> <li>• Senior Centers</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Incentives &amp; Assistance</li> <li>• Homemaker/Home Health Aide</li> <li>• Support Groups</li> <li>• Chore Services</li> <li>• Respite Care</li> <li>• Adult Day Care</li> <li>• Elder-Sitting</li> </ul>
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>• Mental Health Counseling</li> <li>• Conscious-raising Groups</li> <li>• Training in Self Defense</li> <li>• Health Services &amp; Supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Alcoholism &amp; Drug Abuse Treatment</li> <li>• Mental Health Counseling</li> <li>• Training in Eldercare</li> <li>• Dietary Counseling</li> <li>• Health Services &amp; Supplies</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Educational Programs</li> <li>• Training in Parenting</li> </ul>	<ul style="list-style-type: none"> <li>• Community for Social Integration of Families</li> </ul>

(Adult Protective Services Funding Workgroup, 2014)

### *C. Senior Centers*

In 2009, innovation grants were given to senior center providers in New York City to assist with visioning for the future (The New York Academy of Medicine, 2010). The underlying premises were that:

- Senior centers are a lynchpin of aging services.
- There is strong support for senior centers and they should continue.
- Like many urban residents, older persons are often very neighbor-focused and prefer to spend much of their time in the immediate vicinity of their homes.
- Neighborhoods and people who live within them are highly differentiated with a range of populations, needs, and resources.
- Neighborhood centers can and should be the foundation of aging services.
- Resources are inadequate.
- In this constrained environment, it is most important to build networks - linking to other centers and other resources.
- There is evidence of senior centers' effectiveness in meeting these needs.

They defined the core functions of senior centers as:

- Providing opportunities for social engagement;
- Linking to public services and benefits;
- Linking to community resources;
- Providing nutritional support; and
- Promoting health, mental health, and healthy behaviors.

Another senior center model, Senior Centers without Walls, is operating in Oakland, California, and other communities. The program provides activities for homebound seniors and/or their caregivers over the phone to address the problem of social isolation. Opportunities for mental stimulation/socialization were offered during 12 week sessions. Participants became friends and called outside scheduled times. Volunteers provided home visits, shopping, meal preparation, respite, information and referral, and arranged for transportation. They also provided reassurance over the phone. ([http://www.seniorcenterwithoutwalls.org/what\\_we\\_do](http://www.seniorcenterwithoutwalls.org/what_we_do))

### *D. Housing*

The Money the Follows the Person demonstration that seeks to transition nursing home residents to the community has identified the lack of service-enriched affordable housing as one of the demonstration's major barriers. The U.S. Department of Housing and Urban Development (HUD) also recognizes the important role of services in helping its elderly housing residents to remain safely in their apartments. HUD's recent policies emphasize aligning new Section 202

developments with health care reform efforts at the state and federal levels to better support the elderly as they age in place in the community.

Residents of Section 202 housing for seniors were found to have the highest average age at the end of participation compared to other housing programs. Housing occupied primarily by the elderly has greater success retaining residents until more advanced ages. A study of service coordination found very high levels of satisfaction and it found that the presence of a service coordinator who links residents to supportive services in the community increased residents' length of stay by 10 percent in comparison to those without access to this service. The new federal strategic focus on the integration of housing, supportive and health care services is supported by HUD and the Department of Health and Human Services (HHS). (The Lewin Group, 2011)

### ***E. Service Integration***

Health care is transforming to better support models of care that coordinate or integrate services across care delivery settings, such as primary care, behavioral health, and aging services. Integrating mental health and substance abuse services with primary care services – and linking them with aging health and social services – may yield the best health outcomes and be the most acceptable and effective approach to serving older adults. An example is screening and delivering brief interventions for depression or at risk alcohol or medication that can be embedded in the aging services provided at senior centers and social service agencies with training and support from behavioral and physical health care providers. (Administration on Aging and Substance Abuse and Mental Health Services Administration, 2012)

The state of California recognized that older adults, their families, caregivers, and state and local government suffer from a costly and fragmented “non” system of long term care services and supports (Berg, 2014). In response, California set out to create an IDEAL long term care system, one that enables older adults and persons with disabilities to live with dignity, choice and independence, while shielding society from the costly effects of inaction. A person-centered, culturally responsive long term care system would enable individuals to receive services in the most affordable, home-like settings available. The elements of California’s ideal person-centered long term care system are:

- Individuals would have access to a readily available network of affordable options that provides high quality care and supports, allowing individuals to live well in their homes and communities.
- The needs, values, and preferences of individuals and their caregivers would be regularly honored by the system and its providers.
- Knowledgeable health care providers would connect individuals with available options.

- An array of home and community-based providers would assist in navigating services and linking timely information to health care providers.
- Providers would recognize the value of health promotion activities (consisting of exercise, nutritional guidance, and regular preventive services, and including access to mental health services) as vital components of the system of care.
- All providers would maintain integrated connections among the main service platforms – primary, acute, behavioral and rehabilitative care with long term care – and place the individual in the center of the care experience.
- Collaboration and coordination at the regional and local level would facilitate access to services and supports in the community.

### ***F. Technology***

An informal scenario planning process was completed in spring 2011, designed to develop a vision for the future of long term services and supports and to encourage LeadingAge members to begin preparing for the changes and challenges that lie ahead. Interviews were conducted with 19 aging services organizations, chosen because they were pioneers in the field of aging services technologies. (LeadingAge CAST, 2011)

They found that most organizations had a dual reason for creating new business models that included technology. They sought to increase revenues in light of reimbursement challenges at the same time that they wanted to design programs that would appeal to aging baby boomers who would begin purchasing long term services and supports in the coming decades. Technology was never implemented for its own sake, but it was designed to help the organizations carry out strategic initiatives tied to a specific and well-developed operation, service, or support.

Technologies they used included:

- Infrastructure technologies – wireless, iPads, area-wide networks to connect staff of multi-site organizations, technologies to assist in process management;
- Safety technologies – personal emergency response systems, electronic call systems, fall detectors;
- Health and wellness technologies – tele health devices, medication dispensers, remote monitoring sensor technology, tele-coaching, and telemedicine for rural health care;
- Documentation technologies – electronic health records, quality of life measurement tools, point of care systems, clinical care tracking software;
- Social networking technologies – computer and Internet training programs for older adults; security social networking technologies that connect residents with family, peers and their retirement community; a Virtual Senior Center, through which homebound older adults attended events at the local senior center from the comfort of their own homes; social gaming technologies; cognitive brain fitness software;

- Health reform – establishing partnerships with hospitals to help reduce re-hospitalization rates and to establish programs and services to address the needs of older adults with chronic conditions; and
- Customer-centered approaches that help consumers remain healthy and in their own homes and communities.

### ***G. Senior Levy Funding in Other Ohio Counties***

Since the 1980s, use of property tax levies in Ohio counties has brought in more than \$100 million yearly to support a range of services for older people. Findings from the 2005 Ohio Senior Services Levy Survey, completed by 56 of 59 Ohio counties that operated senior levies in 2004, are described below. A few counties operate multiple levies. (Payne et al., 2012)

Levy amounts doubled the state's \$54 million in annual Older Americans Act funding. Ohio's levies passed mostly by two-thirds margin of voter support. In 2009, Ohio raised more than \$166 million in property tax funds with the goal of helping older Ohioans live in their own homes and communities. There were 69 county levies (raising \$140 million), 14 township, city or village levies (raising \$1.6 million); and human service umbrella levies in Cuyahoga and Montgomery counties (allocating \$26 million for aging).

The average millage in Ohio is 0.6 mills, much smaller than the average school levy of 4 to 8 mills. One mill is 1/1000 of every dollar of assessed property value, which county auditors then taxed at 31.5 percent. A one mill levy would cost the owner of a \$100,000 house \$31.50 each year in property tax. The amount of money brought in is a function of millage, population size, and the overall wealth of the population.

Some programs chose to target services to individuals with high levels of disability, and thus served fewer people with a higher average cost per care plan. Other programs decided to serve a wider range of older community members, often with one service such as meals or transportation. The average countywide organization served 5,475 unduplicated participants in 2009 and the average township/city/village served 794. Eligibility is mostly age 60+ and 46 percent of survey respondents also used functional criteria for eligibility – usually limitations in one or two activities of daily living (ADLs). Funded services were:

- Nutrition – 21 percent
- Transportation – 19 percent
- In home services – 19 percent
- Senior center administration – 11 percent
- Information & Referral – 5 percent
- Case management – 3 percent

- Other services – 22 percent

Services most likely to have a wait list were personal care/homemaker and home delivered meals.

Some counties pointed to the difficulty of keeping an accurate count of participants. Ninety percent used customer satisfaction surveys to measure quality and 61 percent audited service providers. Some counties used information systems to track numbers of clients served, units of service provided, service expenditures, and program wait lists. Others used supervisory home visits, random phone calls or visits, and use of quality control teams.

Ohio's countywide senior property tax levies were most often administered by private, non-profit organizations, with a few of these by area agencies on aging. The remaining 25 percent were administered directly by county government. Some organizations were designated in legislation; others were appointed by county commissioners. A small proportion of counties used a competitive bidding process.

As part of this study for Lake County, interviews were conducted by MCS Consulting Service (May, 2015) with representatives of 5 other counties in Ohio that have senior levies. The five were selected because of the uniqueness of their respective models.

### **Model 1 - Senior Levy Administration: Non-profit Area Agency on Aging Administration, Multiple Counties, Multiple Contracted Service Providers**

The Council on Aging of Southwestern Ohio (COA), a non-profit agency, which is also the area agency on aging for the region, administers the senior levy funds under contracts with county commissioners in these counties (five years each):

- Butler County: \$9,408,323 (1.3-mill levy);
- Clinton County: \$943,229 (1.5-mill levy);
- Hamilton County: \$17,904,478 (1.29-mill levy); and
- Warren County: \$6,762,325 (1.21-mill levy).

COA processes all billing and provides program planning, reporting, auditing, contracting and provider services, as well as technical assistance and community engagement activities. Through COA's Elderly Services Program, the levy funds are used for an options program for those seniors with slightly more financial resources and slightly greater functioning in activities of daily living and instrumental activities of daily living than allowed by Medicaid long term care resources. Specifically, they are used for assessment, case management, and delivery of a variety of in-home care services through contracts with agency providers.

In Butler, Hamilton, and Warren counties, county commissioners also distribute a small portion

of senior services levy funds to Adult Protective Services (APS). The Butler County Prosecutor's Office also receives levy funds for a scams and fraud protection program; and Hamilton County supports the county's Veteran's Service Administration with levy funds.

The Service Adequacy and Satisfaction Instrument (SASI) is a customer satisfaction survey developed by Scripps Gerontology Center at Miami University, with significant input from clients. The instrument has been proven reliable and valid.

### **Model 2 - Senior Levy Administration: County Office on Aging Administration, Single County, Single Service Provider**

The Franklin County Office on Aging, under the auspices of the Franklin County Board of Commissioners, administers the senior levy program for Franklin County and provides other services including Adult Protective Services (APS) under a contract with the county's Job and Family Services Department. The Office on Aging provides all the APS services required under the Ohio Revised Code. The 1.3 mill, 5-year senior levy supports services for residents 60 years and older and generated \$33.5 million in 2014. The current levy cycle is 2013 to 2017.

Currently, all senior levy monies are used for the Senior Options program, "one-stop shopping" for callers needing information, advocacy, or direct access to a wide range of community-based services to enable the county's older citizens to live independently in their own homes. There has been discussion to use levy funds to supplement APS, which is currently Title 20 funded. Staff has found that synergy between APS and the other programs of the Office on Aging are strong. Self-neglect is a major reason for APS referrals and these individuals can often be helped with Options services, if they are willing. Other cases cannot be solved by a service package and thus are more complex to resolve.

Services through Franklin County Senior Options (FCSO), the single program currently funded by the levy, are provided on a sliding fee scale basis according to income and liquid assets. Co-pays range from 0 percent to 100 percent of the care plan cost. An annual customer satisfaction survey is sent out as a pre-paid postage item. The county also has a quality improvement department to resolve issues that may emerge between providers and consumers, and that produces reports and projects performance indicators annually.

### **Model 3 - Senior Levy Administration: County Department on Aging Administration, Single County, Multiple Contracted Service Providers**

The Geauga County Department on Aging, under the auspices of the Geauga County Board of Commissioners, administers the senior levy program for Geauga County. All senior levy funds are used for internal service delivery by the Department on Aging and other providers with whom they contract, including 4 senior centers, for persons 60+. In 2014, the 1 mill levy



generated \$2.9 million, which represents 86 percent of the department's budget. It passed by 73 percent. The department director submits a budget to the county commissioners for approval annually.

Services funded with levy dollars, in addition to other funding sources, include: adult day services, congregate meals, recreation and education at the senior centers, information and referral, support services, chore and home maintenance programs, home delivered meals, the Assistance for Daily Living Program (ADL), the Legal Services Program, care coordination, The Senior Adult Assessment Program, out-of-county medical transportation, transportation to senior centers, and volunteer opportunities. The Department recently disseminated its first customer satisfaction survey which was a hybrid senior center facility and satisfaction survey.

#### **Model 4 - Senior Levy Administration: Non-Profit Agency Administration, Single County, Multiple Contracted Service Providers**

The Greene County Council on Aging (GCCOA), a non-profit agency with a 9-member board of directors, administers the senior levy program for Greene County. The Council on Aging is on the ballot as the recipient of senior levy funds. The Council's formal relationship with Greene County is through the auditor's office. GCCOA makes reports to the county commissioners as needed and formally every 5 years to request the levy to go on the ballot for renewal. Most recently, on May 6, 2014, Greene County voters approved the senior services levy issue, continuing senior services in Greene County until at least 2019. The levy increased from 1.0 mill to 1.4 mills which generate an estimated \$5.2 million per year. Eligibility for all senior levy funded services is for those 60 and older and residing in Greene County.

GCCOA uses senior levy funds for several services:

- The Partners in Care (PIC) program which is operated in house and through contracts with other service agencies for services needed by those living in their own or a family member's home. PIC is a consumer/family-focused program where the senior, his/her family, and a PIC care manager work together to implement a plan of care promoting independence and the highest possible quality of life. Those seniors with resources are billed a co-pay for services. It was a purposeful decision to keep eligibility simple with the least amount of bureaucracy, while ensuring accountability. Thus, there are no financial limits or functional level of care assessments.
- Weekly respite care and short-term residential care respite for specific situations. Council staff also assists seniors and their families in planning for assisted living and/or nursing home care.
- Installation of grab bars in bathrooms for no charge. Many become clients.
- Transportation and supportive services provided by senior centers, as well as small grants of \$4,000 for special needs such as equipment or repair.



Funds allocated to 10 senior centers are formula driven: based on city, village, township population of those 60+ and other factors involved with operations of the center. For example full service centers with paid staff get more funds. Centers apply every two years and are basically allocated the same annual amount of funds unless there is an increase in tax dollars.

No customer satisfaction surveys are administered; rather they use the “gut check” based on stories staff hear through their contacts in the community. Their philosophy is to only have a minimal level of systems and bureaucracies for accountability.

### **Model 5 - Senior Levy Administration: County Administration, Single County, Multiple Contracted Service Providers**

Licking County, under the auspice of the board of commissioners, administers the five-year, 1.2 mill senior levy program for those who are 60+. In 2015, there were \$4.6 million distributed to 24 organizations. Checks are cut quarterly by county staff and sent to contract agencies. Once approved for senior levy funding, grantees enter into a Senior Citizens Levy Agreement with the board of commissioners.

The Licking County Senior Citizens Levy Advisory Board annually accepts and reviews applications/requests for funding from senior citizen groups across the county. They conduct hearings in January of each year and then make funding recommendations to the board of commissioners who make the final decisions. Annual funding ranges from a low of \$1,400 for some of the smaller groups to \$3.5 million for the larger countywide service provider - Licking County Aging Program, which provides meals on wheels, transportation, home health care, and social services programming. Administrative support is provided by the Deputy Clerk.

High priority services for use of funds are adult protective services, congregate and home delivered meals, home visits, chore services, transportation for medical, medicines, food and clothing, health related services, outreach, and office visits for advice and assistance. The senior levy supported Adult Protective Services at a level of \$70,750 in 2015.

The senior levy is audited as part of the county audit. In the past few years, the county initiated a monitoring process for agency recipients by contracting with Job and Family Services staff to do site visits. They started with those who received the largest amounts of senior levy funds. They have also evolved guidelines for funding and computerized the application documents for the Advisory Board.

### ***H. Multiple Municipality Senior Center Collaboration***

The Community Partnership on Aging (previously Tri-City Consortium) is a formal municipal collaboration among 5 Cuyahoga County communities: Highland Heights, Lyndhurst, Mayfield Heights, Mayfield Village, and South Euclid. The Director reports to a Council of Government, which serves as the Board of Directors, and is made up of the mayor of each of the five cities, and meets quarterly. The Community Partnership on Aging (CPA) is deemed to be a governmental instrumentality and is therefore recognized as a nonprofit organization. In addition, CPA has filed for 501c3 nonprofit tax exempt status to enable it to obtain foundation grants. The Community Partnership on Aging Commission is an advisory board that supports and guides CPA.

CPA's annual budget is \$900,000 plus in kind. Each community provides a per capita amount based on total population [not just the senior population] to support the Partnership. The formula: add the total population of each city to get the total population of all member cities. Determine each city's percentage of the whole. Multiply the budget by the respective cities/percentage to calculate each city's annual commitment. Current rates: South Euclid \$238,676, Lyndhurst \$149,885, Mayfield Heights \$205,060, Highland Heights \$89,335, Mayfield Village \$37,044. In addition, the Partnership receives space from 3 of the participating cities and thus has no rental or utility expenses. A single director with additional staff and volunteers manages the Partnership on behalf of the five counties.

Services are provided to 1,500 unduplicated persons annually. They include: transportation, congregate meals, meals on wheels, outreach, homemaking for those unable to pay, trips, education/art/wellness programs, dissemination of a chore service provider list, durable medical equipment loan program, and opportunities for volunteering. The Partnership distributes a customer satisfaction survey.

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## ***Part VII. Issues for Consideration***

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The major findings from the research gathered for Lake County are:

1. By 2030, one of three residents of Lake County will be 60 years and older, with most of the growth after 2020 in the cohort 75 years and older.
2. Lake County is an elder friendly community - with most needs met in the Basic Needs domain and least met in the Social and Civic Engagement domain.
3. Lake County has a strong community-based senior service delivery system that can be positioned to accommodate larger numbers of older seniors by 2030.
4. Lake County's senior levy funding is a tremendous asset that can be used to strengthen Lake County as an elder friendly community and position the community-based senior service delivery system for the future.

The desired outcome for Lake County is increased capacity to serve more older persons at each stage of the aging process - the healthy active phase, the slowing down phase, and the service need phase - as inexpensively as possible. Lake County should consider developing a community plan to prepare for 2030 and beyond and to address some of the issues that emerged from this research.

- Engage in a county-wide planning process.
- Conduct a county-based innovations conference to broaden perspectives on new approaches for providing services to seniors and to engage in dialogue to inform the planning process.
- Increase millage of the senior levy to more adequately meet change needs.

The following suggestions emerged from the analysis of the various research sources for this report. Approaches to various issues in other communities identified through interviews or the literature review for this study are also included. All can be considered issues for further exploration.

### **Aging in Place**

- Recognize the importance of affordable and accessible housing to help people age in place and delay premature institutionalization. Work with senior housing providers to develop models for integrating housing, long term services and supports, and health care services.
- Support the establishments of Naturally Occurring Retirement Communities (NORCs) to supplement the formal senior service delivery system.

### **Adult Protective Services (APS)**

- Institute the recommendations of the Ohio APS Funding Work Group for specialized APS services apart from children's services and operationalization of their recommended multi-disciplinary model to ensure a full system of services needed by abused elderly and their caregivers, including core standards for screening, investigations and services.
- Consider use of senior levy funds for APS as is done in Butler, Hamilton, Warren Counties (through senior levy administrator Southwestern Council on Aging) and Licking County. This is also being considered by Franklin County.
- Consider different approaches for administration of APS services such as a coordinated county government department, such as by the Franklin County Office on Aging or by a non-profit organization as has been done in other counties in Ohio.

### **Senior Centers**

- Revisit Lake County's commitment to senior centers. Consider the approach taken in New York City to provide innovation grants to senior centers to vision the future after reaching consensus on their role and functions in the service delivery system.
- Consider other models of senior centers to meet the needs of more frail seniors such as Oakland, California's Senior Centers without Walls.

### **Services for Frail Seniors**

- Consider using senior levy funds for Options for Elders programs for unskilled in home services for those not frail enough or with incomes/assets not low enough for PASSPORT/MyCare Ohio as is done in Franklin County, Council on Aging of Southwestern Ohio (Butler, Clinton, Hamilton, Warren counties), Greene County, and others.

### **Service Integration and Coordination**

- Take steps to integrate mental health and substance abuse services with primary care services that are also linked with aging and social services, which research indicates yield the best health outcomes.
- Reach consensus on the elements of the ideal person-centered long term care system as the state of California did, and plan accordingly.
- Consider formalizing senior center administration across cities, villages, or townships like the Community Partnership in Cuyahoga County, a collaborative of 5 suburbs, which is a single, non-profit organization, with the mayors of each community as the board, a single director who works with the 5 communities, and with a population-based formula for financial contributions from each community.

### **Technology**

- Explore options for use of technology as LeadingAge has identified to appeal to baby boomers - for safety, health and well being, social networking, and other purposes.

### **Senior Levy**

- Consider options for greater accountability like other counties with senior levies:
  - Customer satisfaction surveys as conducted by Council on Aging of Southwestern Ohio, Franklin County and Geauga County;
  - On site monitoring process as in Licking County;
  - Establishing guidelines for funding and computerized application documents as in Licking County
  - Using information systems to track number of clients served, units of service provided, service expenditures, and program wait lists as in other Ohio counties noted in research by Payne et al. (2012).
- Consider a formula for allocating levy funds to senior centers as in Greene County- proportion of 60+ population plus other factors involved with operations.
- Weigh the pros and cons of models for administering senior levy funds:
  - County administration administered (current Lake County system);
  - Non-profit organization as Southwestern Office on Aging (Butler, Clinton, Hamilton and Warren counties), Greene County or others as noted in research by Payne et al. (2012); or
  - County department on aging that integrates administration of the levy and APS as Franklin County.
- Revisit whether age 55+ should be the eligibility criteria for use of levy funds as many other counties use 60+ which is consistent with the Older Americans Act.
- Consider requiring all capital and major equipment expenses to come from the Contingency Fund rather than from the allocation which would be used only for operations.
- Consider the priorities for levy funding from respondents to the senior survey conducted for this research.
  - Priority 1: To ensure basic needs are met;
  - Priority 2: To support independent living for frail seniors;
  - Priority 3: To promote physical and mental health; and
  - Priority 4: To promote social and civic engagement.

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## *Appendices*

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- A1 - Technical Notes - Population Projections
- A2 - Technical Notes - Survey
- A3 - Technical Notes - Elder Friendly Community Framework
- B - References
- C- Community-Based Senior Service Funding Trends
- D - Survey Tables - Elder Friendly Community
- E - Focus Group/ Key Informant Interview Perceptions
- F - Senior Levy Tables
- G - Maps of Senior Center and Council on Aging Participants

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