THE OSGOOD GROUP

Lake County Senior Service Sector Benchmarking Report

APRIL 27, 2026

FINAL

Finalized August 13, 2026

Table of Contents

Section	Slide #
Methodology	**3**
Benchmarked Agencies and Interviewees	**5**
Summary Findings	**6**
Aspirations for Seniors	**8**
Opportunities and Threats	**10**
Setting and Communicating Priorities	**12**
System Service Delivery	**15**
System Intake and Navigation	**18**
Measurement and Data Systems	**23**
Senior Centers	**26**
Funding	**29**
Additional Areas Explored	**34**
Insights from Additional Communities	**38**
National Trends: Key Findings	**39**
Appendix	**43**

Methodology (1/2)

- The Lake County Board of Commissioners, with support from County senior services staff and the Senior Citizen Advisory Panel, is examining how well the County's services are meeting the needs of older adults. As part of that work, this study looked outward at the perspectives and practices of a selected group of benchmarked agencies.

- Lake County intentionally chose agencies that reflected a broad mix of models and viewpoints, including nationally recognized Age-Friendly communities, organizations with strong navigation and intake approaches, and systems with different relationships among senior centers, Councils on Aging, and Area Agencies on Aging.

- TOG conducted secondary research on these communities and agencies. Some of those results are provided within this report and additional details can be found in a separate spreadsheet (e.g., links to strategic planning documents, etc.)

- TOG developed a discussion guide for conversations with the executive leaders of each agency against which we benchmarked. The guide included standard questions asked across all interviews, along with some agency-specific questions tailored to the unique attributes and practices of each organization.

- In total, eight 45-minute Zoom interviews were conducted. In some cases, senior-level staff from the benchmarked agencies also joined the conversations. Several interviews extended beyond the scheduled time due to the depth and richness of the discussion. Interviews were recorded to support note-taking and analysis.

- Following the interviews, transcripts were reviewed and analyzed to identify key themes. In some cases, the the results are organized by interview question; in others, around broader themes that emerged across questions.

- The highlights are summarized in the following slides.

- In addition to this benchmarking analysis, secondary research was performed to review broader national trends. Those trends can be found toward the back of this report.

Methodology (2/2)

- A few key definitions/explanations:
  - **Age-Friendly Community:** A city, county, or town that has formally joined the AARP/WHO age-friendly network and committed to assessing local needs, creating an action plan, and improving housing, transportation, services, and public spaces so older adults can age safely and stay engaged.
  - **Council on Aging (CoA):** A local municipal or nonprofit aging organization focused on older adults in a specific town, city, or county. A CoA often oversees a senior center and helps connect residents to programming, meals, transportation, information, and other supports. The exact role can vary by community.
  - **Area Agency on Aging (AAA):** A state-designated public or nonprofit regional agency, established under the Older Americans Act, that plans, coordinates, and connects older adults and caregivers to services such as information and referral, meals, transportation, caregiver support, and in-home help. Local names may vary.

Benchmarked Agencies and Interviews

Thank you to the individuals interviewed who shared their time and insights!

Organization	State	Interviewees	Title
Allegheny Area Agency on Aging	PA	Dr. Shannah Gilliam	Director
Central Ohio Area Agency on Aging	OH	Grant Ames	Director, Government & Strategic Initiatives
Cuyahoga County Division of Senior & Adult Services	OH	Natasha Pietrociola	Administrator
Franklin County Office on Aging	OH	Chanda Wingo	Director
Geauga County Department on Aging	OH	Jessica Boalt	Director
Hennepin County Office of Aging and Disability Services*	MN	N/A	N/A
Lane County Office of Senior and Disability Services*	OR	N/A	N/A
Mecklenburg County Department of Aging & Adult Services	NC	Tomesia Hawkins	Division Director
Montgomery County Department of Health & Human Services	MD	Dr. Patrice McGhee	Chief, Aging and Disability Services
San Francisco Department of Disability and Aging Services	CA	Kelly Dearman	Executive Director

**unable to reach for an interview*

Summary Findings (1/2)

- **The biggest opportunity is to build a stronger aging-in-place system.** Across the benchmarked agencies, the main strategic focus is on housing, transportation, in-home supports, caregiver support, navigation, and other services that make it possible for older adults to remain safely at home. (This won't replace senior centers)

- **Senior centers are being repositioned as outreach and access hubs within the broader aging-in-place system.** They still matter for meals, programming, and social connection, but many communities are expecting them to function more as gateways to services, with some also testing mobile models to reach more older adults.

- **Affordable housing and transportation are the top needs for seniors.** This was followed by social isolation and in-home help.

- **Central coordination of services is essential.** These systems are built around one clear intake and coordination point, with intake, assessment, eligibility, care planning, and oversight kept in-house and field-based services like meals, transportation, homemaker help, respite, and home repair contracted to providers with the expertise and reach to deliver them.

- **The "No Wrong Door" philosophy is widely adopted but works best when people are moved quickly to that central hub.** Multiple access points can help, but agencies emphasized the need to reduce confusion and missed handoffs.

- **Marketing is focused on the front door.** Agencies are promoting one clear number or access point, targeting both older adults and caregivers, and using trusted community partners to spread the message.

- **Intake is under strain as needs become more complex.** Agencies are seeing more overlapping housing, behavioral health, disability, and caregiver-related issues.

- **Technology is helping manage intake pressure.** AI, better call routing, and stronger triage are being used to answer basic questions and get people to the right place faster.

Summary Findings (2/2)

- **Benchmarked agencies do not use one central data system and struggle with interpreting the data.** Most are still using multiple platforms. Agencies are hiring a dedicated staff person or outside service to pull data together.

- **Funding guidelines are being used to steer providers toward the counties' actual priorities and identified needs.** Agencies are shaping grants, RFPs, contracts, reporting requirements, and site visits so funding drives the work providers do, rather than leaving providers to define priorities on their own.

- **Funded providers are being required to supply better utilization data.** Agencies are pushing providers into shared systems or clearer reporting processes so they can better track service use and capacity. Information from unfunded providers remains much harder to obtain.

- **Cross-sector coordination is essential.** Older adults' needs cut across housing, health care, transportation, disability systems, and community-based supports. Agencies are building tighter coordination across those sectors rather than expecting senior services to solve these issues alone.

- **Accessing funding or policy change beyond the community requires advocacy through regional and national channels.** That typically means Area Agencies on Aging regionally and organizations such as the National Council on Aging, LeadingAge, and AARP nationally.

Detailed Findings:
Aspirations for Seniors

Aspirations for Seniors

Q: What are your aspirations for seniors in your county/region?

Agency leaders aspire for seniors to:

- **Age in place with the supports they need to age safely and well.** A core aspiration across the interviews was for older adults to remain in their homes and communities as long as possible, with the supports needed to do so safely and with dignity. That includes not just services, but the housing, transportation, and community conditions that make aging in place realistic.

- **Access services and information easily:** Leaders consistently wanted older adults to know what is available, know where to start, and get connected without having to sort out the system themselves. While the approach is different, the goal for Mecklenburg, Montgomery, and San Francisco is shared: to make the system easier to find and use.

- **Stay connected, engaged, and part of community life in a meaningful way:** Social connection is essential to health, safety, and quality of life.

- **Benefit from stronger coordination and partnership across the community:** Leaders repeatedly signaled this work cannot be done by organizations working independently. The aspiration is a more coordinated network of county agencies, providers, nonprofits, and community partners that works together instead of operating in silos.

- **Be served in ways that reflect the diversity of older adults' needs and circumstances:** Several interviews made clear that older adults are not one uniform group. The aspiration is a system that can respond to differences in language, income, identity, health, and life circumstance, and reach seniors who are often less visible or less connected.

- **Experience dignity, purpose, and belonging as they age:** For older adults to feel valued, connected, and not pushed to the margins as they age.

Detailed Findings:
Opportunities and Threats

Opportunities and Threats

Q: What are the biggest opportunities for senior services? What are the biggest threats against senior services?

Opportunities	Threats
Build a stronger aging-in-place system. Shift resources and attention toward navigation, in-home supports, transportation, caregiver help, and other services that allow older adults to remain at home.	**Demand is outpacing capacity.** Agencies described growing demand, increasing waitlists, and the inability to respond as quickly as needs are growing.
Expand senior services' role in housing affordability, home repair, home modification, and partnerships that help older adults remain housed.	**Funding is under pressure.** Agencies raised concern about declining or uncertain federal, state, and local funding and the difficulty of keeping pace with need.
Close service gaps by engaging in cross sector partnerships. Build stronger working relationships across housing, health care, hospitals, disability systems, landlords, and community partners.	**Workforce shortages are limiting what the system can deliver.** Shortages of direct service workers and strain on unpaid caregivers are weakening the system's ability to keep people safely at home.
Local businesses and community organizations can create programs and services for older adults. This requires helping local governments, businesses, and community partners plan more intentionally for the needs of older adults.	**Affordability pressures are making aging in place harder.** Rising rent, property taxes, utilities, and care costs are putting pressure on both low-income and middle-income older adults.
Reach seniors not currently being served through county-funded mechanisms by **leveraging faith-based organizations.**	**Transportation remains a structural barrier.** In car-dependent communities, losing the ability to drive can quickly cut off access to care, food, services, and daily life.

Detailed Findings:
Setting and Communicating Priorities

Current Priorities

Q: What are your current priorities for seniors living within your community?

Themes	# Mentions
Housing, affordability, and cost of living	**6**
Transportation	**6**
Social isolation, inclusion, and participation	**4**
In-home help and practical daily support	**4**

n = 8: Interviewees could provide more than one response.

NATIONAL TRENDS: *These benchmarking findings are consistent with broader national trends in aging services. AARP's Public Policy Institute notes that the* ***needs of older adults have been increasingly prioritized around affordable housing.*** *The National Council on Aging highlights* ***transportation, nutrition, social isolation, and the modernization of home-based supports as central to helping older adults remain healthy, connected, and able to age in place.***

Sources: AARP Public Policy Institute, Ensuring Equitable Access to High-Quality Long-Term Services and Supports; National Council on Aging, Older Americans Act Senate Testimony (2024)

- **Housing, affordability, and cost of living are among the most pressing priorities.** Older adults on fixed incomes are increasingly squeezed by rising housing costs, taxes, insurance, utilities, and other costs of daily life.
- **Transportation remains a top priority because it affects more than just mobility**. When transportation is limited, access to medical care, groceries, services, and community life becomes harder to maintain.
- **Social isolation, inclusion, and participation remain concerns** as communities work to help older adults stay connected and engaged. The issue is not just loneliness, but also making sure older adults have meaningful opportunities to participate in community life.
- **In-home help and practical daily support are essential to helping older adults remain safely in their homes.** Supports such as meal delivery, homemaker services, home repairs, and other day-to-day assistance are critical to sustaining independence.
- **Food insecurity, caregiver strain, and behavioral health, disability, and other complex needs are important concerns.** Many older adults are navigating multiple overlapping challenges at once, making it critical to strengthen both basic supports and the broader systems that help seniors and caregivers remain stable.

Setting and Communicating Current Priorities

Q: How are priorities for senior services set in your community? Q: How are priorities communicated out to providers/community stakeholders?

- **Priorities are often set through formal community-needs assessment processes.** Several described using structured surveys, focus groups, public hearings, advisory councils, and broader community engagement processes to identify needs and shape area plans or age-friendly action plans.
- **Priorities are translated into funding decisions, contracts, and RFP expectations.** For most, community-needs survey findings were not just used at the planning level; they were built into the grant process itself, with providers required to show how their work aligned with identified outcomes and priority domains.
- **Priorities are communicated through larger community plans, standard provider updates, and regular advisory structures.** Agencies described using County-wide plans, age-friendly action plans, public hearings, newsletters, websites, provider notices, and community forums to communicate what matters most and how the system is responding.
- **Agencies found it most effective when these priorities framed sector-wide agendas/meetings.** Priorities are reinforced when the agenda for meetings with advisory councils or with stakeholder networks specific to senior services are framed around these priorities – keeping everyone focused on the same key areas.

EXAMPLE:

Franklin County establishes priorities into provider expectations through its grant/RFP process.

- Community-needs survey findings are translated into grant priorities.
- Applicants are required to identify the outcomes their work is expected to improve as a part of the application.
- Providers must then align their reporting with how they advanced priorities that were in their grant application.

Detailed Findings:
System Service Delivery

How Services Are Delivered

Q: Which services are delivered directly by your office or system, and which are contracted out? How did you arrive at that model?

- **Most benchmarked agencies keep intake, assessment, eligibility, care planning, protective services, and provider oversight in-house.** Their staff determine whether someone qualifies for services, how urgent the situation is, what kind of help is needed, whether the person should be referred to an outside provider, and how that provider will be monitored.

- **Many in-the-field supports are delivered by outside providers.** Meals, transportation, homemaker support, respite, emergency response, and minor home repair are often contracted out because they require staff in the field, service-specific expertise, or coverage across a wide geography.
    - Franklin County shows this split clearly. The county keeps oversight and coordination in-house, while its Senior Options program relies on outside providers to deliver Meals on Wheels, transportation, respite, homemaker services, emergency response systems, and minor home repairs.

- **Agencies made it clear that it was important to have some level of control over services that are contracted out to third-party vendors.** It becomes incredibly more difficult to control what services are provided when demands change.

Barriers to Accessing Services

Q: What are the main barriers for seniors and caregivers in accessing services?

- **Too many access points into the system can be challenging.** Too many entry points can lead to confusion, bad information, and missed handoffs to providers.
- **Transportation is a barrier to almost everything else.** Once an older adult stops driving, access to medical care, groceries, services, and social connection becomes much harder.
- **Language, culture, and trust shape whether people seek help at all.** Some older adults and caregivers are less likely to respond to generic outreach or may not see county services as meant for them.
- **Many people wait too long to ask for help.** Pride, uncertainty, caregiver burden, and not knowing what exists often delay service use until needs are more critical and expensive to address.
- **Some older adults fall into the 'forgotten middle'.** These are seniors who do not qualify for the most significant public supports but still cannot afford the help they need.

Detailed Findings:
System Intake and Navigation

Entering the System

Q: How do older adults and caregivers enter your system?

Entry model	Agencies	What this looks like
Centralized intake / one front door	Mecklenburg, Montgomery, Lane, Allegheny, Cuyahoga, Franklin	Older adults and caregivers **enter through a named intake line, connection center or ADRC,** that serves as the main starting point for information, triage, and referral.
Centralized intake plus neighborhood-based access	San Francisco	A central phone number exists, but people **can also enter through physical community-based neighborhood centers.**
Smaller/local staff entry point	Geauga	Entry appears to begin more **directly through Department on Aging staff**, with more intensive needs moving into other regional systems as needed.

- **Most agencies believe in 'No Wrong Door', but they do not leave that handoff to chance.** They work closely with possible 'doors' and move people quickly to a central intake line or designated access point because too many informal entry points can lead to misinformation and dropped handoffs.
- **Most systems (the ones benchmarked and the ones they knew of) have a *clearly branded* front door.** In practice, entry is usually anchored by a named line, connection center, ADRC, or other centralized access point such as SeniorLine, Just1Call, ADRU, or a county intake hub.
- **That front door usually does more than answer questions.** It is used to screen need, sort people into the right pathway, and connect them to the appropriate level of support, from information and referral to case management, in-home services, waiver programs, APS, or other higher-acuity services.
- **A few systems add neighborhood or partner-based entry points on top of central intake.** San Francisco, for example, has a main phone number and also works with a number of community-based centers across districts for intake.

Addressing Intake Capacity and Referrals (1/2)

Q: What are you seeing in your agency regarding intake and providing referrals? What is working well and where are you finding individuals get stuck?
Q: How are you handling information exchanges with providers?

- **Intake capacity is being stretched by more complex needs.** Agencies described heavier intake volume and more people entering the system with overlapping behavioral health, housing, disability, and caregiver-related issues.

- **Some agencies are trying to handle more demand by changing how intake works, not just by hiring more people.** That includes improving call routing, clarifying staff roles, standardizing triage, and reducing unnecessary handoffs so people get to the right place faster.

- **Most people entering intake are getting stuck at one of three points:**
    1) At the informal front door, where they never get connected to central intake
    2) When the provider doesn't call back
    3) When the need is hard to explain, and the person can't articulate it clearly

- **How agencies are sharing information with providers depends on how their providers are connected to a central intake system.** For most, their providers are not connected to this system and information shared with a provider is limited and excludes HIPPA-sensitive information. Franklin County and the Central Ohio AAA leverages a central system (WellSky) that can provide full information to providers and more adequately track the current status of a case.

Addressing Intake Capacity and Referrals (2/2)

Q: How are you managing the capacity to meet the demands of your intake/referrals?

- **Training for intake staff is continuous and required.** Agencies said intake staff need regular refreshers because programs, providers, and community resources keep changing, and because the situations coming through intake are becoming more complex. Common approaches include quarterly team meetings, outside presenters from the field, and additional training when new issues emerge.
  - **Most advised against extensive training for any of the informal 'front doors'.** Instead, the emphasis should be placed on getting seniors/caregivers to the central intake.

- **Agencies are using AI to handle basic front-end questions.** Allegheny is using a closed AI assistant, ARIA, to answer common questions and direct people to SeniorLine, helping reduce pressure on staff without changing the formal intake process.

- **Montgomery County has launched a GIS system that is leveraged during referrals** (and now accessible more broadly) to help seniors locate transportation options to get them from their homes to various locations throughout the county.

- **Technology is being used to support intake staff, not replace them.** Agencies were clear that staff still need to understand the service system, stay current on resources, and make sound decisions about where people should go next.

Awareness and Marketing

Q: How do you get information out to seniors and caregivers?

- **All agencies benchmarked are marketing one entry point, not a long list of services.** The message is simple: call this number if you need help.
- **Specific services are still marketed, but it is secondary.** Most use newsletters, websites, presentations, and printed materials to explain specific services after people know where to start.
- **Caregivers are a core audience.** Those benchmarked are not marketing only to seniors. They are also trying to reach adult children, spouses, and other caregivers who are often the ones looking for help.
- **The stronger systems use layered outreach.** They are not relying on one brochure or one website. They are using events, presentations, newsletters, partner channels, and community-based outreach to keep the message in front of people.
- **Trusted community organizations play an essential role.** Counties are using community events, partner organizations (including presence at faith-based events), and other familiar settings because people are more likely to respond there than to a generic government message.



EXAMPLE: Montgomery County developed a short commercial (still being internally piloted) built around a simple caregiver-to-caregiver conversation that directs people to one central phone number rather than trying to explain multiple programs at once. They paired the commercial with a broader outreach push, including bus wraps, staff apparel with the number on it, and intentional follow-up tracking so they could measure how people heard about the service and assess return on investment.

Detailed Findings:
System Measurement and Data Systems

Measuring Utilization

Q: How are you measuring utilization and participation?

- **At the most basic level, agencies are tracking simple output measures.** All agencies measured service units, call volume, referrals, transportation trips, case-management activity, in-home service reach, and other program-level volume measures (units).

- **Agencies are relying on what they can learn from final reports associated with their funding allocations.** This gives a general snapshot of what services are being rendered and what capacity looks like. All agencies interviewed mentioned how difficult it is to get utilization information from those who don't receive funding from them.

- **Many are starting to push provider data into a shared system.** In Franklin County, funded vendors are required to report service units and client-level activity through the county's case management system in addition to submitting a narrative report at the end. This is allowing the County to see real-time use of services.

- **Community needs assessments provide an important snapshot, but they are only done every 3–4 years.** Several mentioned this as being helpful in setting broad priorities, but less useful for tracking fast-moving changes in demand, provider strain, service gaps, or emerging issues in real time.

Data Systems

Q: What systems are you using to track utilization and additional measurement?

- **Most agencies are using multiple systems (but have a desire for ONE system).** Communities are typically using a mix of case-management platforms (which handle the bulk of the tracking), intake tools, provider reporting systems, simple spreadsheets, and surveys rather than one unified system.

- **'Blackbox' case management systems are frustrating.** Many expressed the significant limitations these systems have in the comprehensive tracking and collaborating between agencies (internal and external). In addition, these systems are extremely expensive to customize and maintain.

- **There is no one favorite system of collecting additional information.** Customer feedback, caregiver input, and other outcome indicators are commonly collected through separate surveys or supplemental reporting tools (in some cases free web-based platforms are used because they are known and easily usable - e.g., Google Forms).

- **Managing the data systems requires dedicated capacity.** Agencies either have internal staff who can pull and interpret the data in a comprehensive way or rely on outside consultants to do so. In either case, this role is treated as a priority because it directly affects how the agency and its provider network operate.

Detailed Findings:
Senior Centers

The Role of Senior Centers

Q: Tell me about the role of your senior center(s).

- **Senior centers are mainly used for meals, programming, and social connection.**

- **There is no single management model for senior centers.** Some are county-run, some are AAA-funded, and many are managed locally by municipalities or community partners with the county playing more of a funding and oversight role.

- **Senior centers often serve as informal access points into the broader system.** Even when they are not the formal front door, they are still places where older adults learn about services, engage with providers, and get connected to other supports.

- **Agencies noted that senior centers are often more political than most other parts of the aging-services system.** They are visible, community-based, and closely tied to local identity and expectations, which can make changes to funding, structure, or role more sensitive than changes in less public-facing services.

Reworking The Senior Center Model

Q: Tell me about the role of your senior center(s)

- **Some counties are separating senior-center programming from core aging-in-place services by placing them in another county department.** Montgomery County is one example. Senior centers are under the Recreation Department, while Aging and Disability Services focuses on care management, in-home supports, and other functions tied more directly to helping older adults remain at home.

- **Some counties are rethinking the idea that a senior center has to be a building.** Mecklenburg is piloting a mobile senior-center model and delivering programming and meals in multiple community settings to reach older adults where they are.

- **Some counties are using funding to push senior centers into better alignment with county priorities.** Allegheny County requires senior centers to demonstrate their programming is aligned with the county's priorities.



Example: Mecklenburg's Mobile Market which inspired the mobile senior centers

Detailed Findings:
Funding

Agency and Senior Services Funding

Q: How is your agency funded?

	Franklin County, OH	Cuyahoga County, OH	Allegheny County, PA	Hennepin County, MN	Mecklenburg County, NC	Geauga County, OH	Union County, OH	San Francisco, CA	Lane County, OR	Montgomery County, MD
Levy / local dedicated funding	Levy Funded: 5-year 1.75 mill Senior Services property-tax levy.	Levy Funded: but not a stand-alone senior levy: supported through the broader HHS levy.	County budget allocation	County budget allocation	County budget allocation + grant sources	County budget allocation	Levy Funded: 0.25% Senior Services Sales and Use Tax Levy.	County budget allocation + Dignity Fund and Com munity Living Fund.	County budget allocation	County budget allocation

- **Senior-services funding is stitched together from multiple sources and doesn't exist in one pot.** Levy dollars or county budget allocations may be the primary revenue for a community, but agencies also rely on Older Americans Act and Area Agencies on Aging funds, Medicaid and waiver dollars, state aging funds, grants, voter-approved special funds, contracts, and contributions, each tied to different services and different rules.

- **Braided funding expands what the system can support, but centralizing those dollars under one lead agency is critical.** Pulling together multiple funding streams allows communities to support a broader mix of services, but each source comes with its own rules, reporting requirements, and restrictions. Agencies were clear that one entity needs to oversee those dollars so funding can be coordinated, compliance can be managed, and the system can be aligned more intentionally.

Funding Disbursement/Allocation Process

Q: How does your levy disbursement / funding allocation process work?

- **Funding decisions are usually tied to prioritized needs.** Agencies described using community needs assessments, provider data, county policy direction, and other stakeholder input to decide where dollars should go.

- **Most agencies use the same core funding vehicles.** Grants and RFPs are more often used to fund priority areas, community projects, or targeted initiatives. Service contracts are more often used to fund ongoing direct services such as meals, transportation, respite, homemaker help, and minor home repair.

- **Agencies use internal and community review committees to help make funding decisions.** That can include staff from county divisions, community councils, and senior advisory boards reviewing priorities, ranking applications, or helping assess provider requests.

- **The process for allocations varies because the money is structured differently in each community.** Some agencies control and allocate local dollars directly. Others are working through AAA funds, block grants, or county-managed contracts, each with its own rules and limits.

Reporting and Evaluation (1/2)

Q: What are your reporting requirements for your funding allocations?
Q: How do you evaluate the effectiveness of your providers who receive funds?

- **The need to complete a final report is increasingly being written into the contract vs. being informal.** Almost all agencies said provider reporting is built into its contracts and that there has been an intentional shift in reporting which has traditionally been fairly informal. New federal policies (especially those with the Older Americans Act) are more rigid in their reporting requirements to ensure all dollars are tracked and reported.

- **Small providers often need more support to meet reporting expectations.** Montgomery noted a wide gap between volunteer-led organizations and larger multi-county providers. The county described ongoing hand-holding around invoices, attendance documentation, and what counts as sufficient backup for reimbursement.

- **Agencies are requiring written reports and 'spot checking' through site visits.** San Francisco is the best example of this where department staff are expected to get out and see operations, not just review what comes in on paper. This not only puts eyes on the services provided but also helps foster a relationship with each agency receiving funding.

- **RFP processes are being used to force more structure up front.** Allegheny and Mecklenburg described an RFP model in which providers must lay out programming, cost, service approach, insurance, backup plans, and record-retention practices before funding is awarded. That pushes accountability expectations forward into the application stage.

Reporting and Evaluation (2/2)

Q: What are your reporting requirements for your funding allocations?
Q: How do you evaluate the effectiveness of your providers who receive funds?

- **Some counties are pushing beyond outputs and asking whether people were satisfied with the service.** Cuyahoga and Franklin counties have both started requiring customer satisfaction surveys from providers as a way to better understand whether services are meeting expected quality standards.

- **Some counties are also looking at whether people are getting served in a timely way.** Waitlists and, in some cases, the time between a requested service and the service actually being delivered are being used as measures of effectiveness.

In-Depth Insights:
Additional Areas Explored

The Role of Advocacy

Q: Who performs the role of advocacy for senior services at the state and national level?

- **At the state and regional level, AAAs appear to be the main advocacy vehicle.** Interviewees consistently described strong connection to their AAA structure, often including a seat on an AAA board or close involvement with AAA planning and governance. That relationship helps keep local agencies informed and gives the agencies a way to influence regional priorities, especially around Older Americans Act funding and related planning.

- **At the federal level, advocacy is done through national organizations.** Agencies do not typically act alone in Washington. More often, they work through state aging departments, AAA associations, and national organizations that elevate funding and policy issues across jurisdictions.

OPTIONS Programs

Q: How does the OPTIONS program fit into your system?

- **OPTIONS is a home- and community-based support program** for older adults who need help to remain at home but are not necessarily in a Medicaid waiver program.

- **OPTIONS is structured differently across the benchmarked agencies.**

  - In Allegheny, OPTIONS is a named AAA program.

  - In Cuyahoga, the county runs a similar program through Options for Independent Living. They also **rely heavily on contracted providers within its OPTIONS program.** The county contracts with providers to deliver parts of this $5.2 million program.

  - **Franklin uses Senior OPTIONS with different levels of case management based on need.** More self-sufficient seniors may receive telephone-based case management, while higher-need clients are referred for more intensive support, including home visits, through Franklin's contract with COAAA.

Detailed Findings:
Insights from Additional Communities

Additional Communities Reviewed

These four communities come up on secondary research and interviews as some of the best communities for seniors within the United States. Their unique features (recognized by their rankings) are noted below.

Community	Unique Feature(s)	Ranking
Arlington County, VA	**A model community for transportation and mobility:** Strong senior-focused transportation system helps older adults get around more easier. Arlington has ADA-accessible buses, specialized rides, and taxi support/subsidies.	AARP #1 for Large Community (2024 & 2025)
Great Neck Plaza, NY	**A model community for walkable, age-friendly design:** This compact, rail-connected community is designed for older pedestrians, with services, housing, parks, and daily destinations close together.	AARP #1 for Small Community (2025)
Cliffside Park, NJ	**A model community for easy access to daily essentials:** Older adults do not need a highly specialized system if the basics of daily life already work well — groceries, libraries, parks, and other essentials are nearby and reachable without depending heavily on a car.	AARP # 1 for Midsized Community (2024 & 2025)
Sarasota County, FL	**A model community for caregiving support and lifelong learning:** Older adults and their families are supported through a strong caregiving infrastructure (e.g., exceptional adult day cares, respite, counseling, and support groups). Sarasota's best-known lifelong learning options range from OLLI at Ringling for structured adult enrichment, to SCF LearnEd for public noncredit courses, to Sarasota County Libraries for free lectures, workshops, and community learning.	U.S. News 2025 Best Places to Retire: #4

National Trends
Key Findings

National Trends: How Communities are Preparing for More Seniors

Topic	What the research is saying	Examples of what communities are doing	Source
Demographic pressure	Since 2000, the 65+ population has grown from **35.0 million (12.4% of Americans)** to **61.2 million (18%)** in 2024—shifting the country from about **1 in 8** people being 65+ to nearly **1 in 5**. Older **adults now outnumber children in 11 states.**	Communities are incorporating the considerations of seniors into all sectors. They are building older-adult needs into county planning, budgets, land use, transportation, housing, public health, and service delivery rather than treating senior services as an isolated department.	U.S. Census Bureau, 2025 (Census.gov)
Aging in place	Aging in place is the dominant public expectation. **75% of adults 50+ want to remain in their current home** and 73% in their current community, but about half of adults are not confident their community will meet their needs as they age.	Communities are shifting investment toward the things that make aging in place possible: home-based supports, transportation, housing stability, caregiver help, accessible public spaces, and easier access to information and services.	AARP Home and Community Preferences Survey, 2024/2025 (AARP)
Housing and accessibility	**Housing pressure on older adults is rising.** Older-adult households now account for **28% of all U.S. households**, and the share of older homeowners facing housing cost burdens rose from **24% to nearly 28%** between 2019 and 2023, making housing a more direct threat to aging safely at home.	Communities are funding home repair and modification, exploring Accessory Dwelling Unit (e.g., backyard structure) and shared housing models, and paying more attention to affordability because housing costs are becoming a direct threat to aging safely at home.	Harvard Joint Center for Housing Studies, 2025; AARP, 2024/2025 (Joint Center for Housing Studies)
Built environment and transportation	Age-friendly work is moving into real local policy. In AARP's network, **76% of communities have integrated age-friendly goals into master plans**, 44% have updated zoning or land use, and 45% have advanced age-friendly transportation planning.	Communities are treating mobility and neighborhood design as aging issues. They are improving sidewalks, crossings, lighting, transit access, and proximity to services so older adults can stay connected and independent longer.	AARP Network of Age-Friendly States and Communities, 2025 (AARP)

National Trends: How Communities Are Preparing For More Seniors

Section	What the research is saying	What communities are doing	Source
Caregiving	The care system depends heavily on families. **Nearly 1 in 4 adults or 63 million Americans are caregivers.** Many report financial strain, work disruption, lack of training, and isolation.	Communities are putting more structure around family caregiving. They are expanding respite, caregiver training, support groups, workplace-friendly policies, and easier entry points into services because families are carrying too much of the system on their own.	AARP/National Alliance for Caregiving, 2025 (AARP)
Home- and community-based services	The home-care workforce is the bottleneck. **KFF (the former Kaiser Family Foundation) found that all responding states reported home-care worker shortages**, and 41 states reported permanent provider closures in 2025.	Communities are focusing less on creating a long list of available services and more on whether those services can actually be delivered. That means workforce recruitment and retention, provider stability, payment adequacy, and enough capacity to meet demand at home.	KFF, 2026 (KFF)
Navigation and cross-sector coordination	**Federal and national frameworks are pushing toward coordinated systems** rather than fragmented programs. Administration for Community Living's (ACL) national aging framework centers on cross-sector alignment, and ACL is also advancing community care hub models that coordinate networks of community providers.	Communities are building more coordinated 'front doors'. They are strengthening navigation, shared intake, referral pathways, and cross-sector partnerships so older adults and caregivers do not have to figure out a fragmented system on their own.	ACL Strategic Framework, 2024/2025; ACL Community Care Hubs, 2025 (ACL Administration for Community Living)
Public health and social connection	A**ging is increasingly being treated as a public health issue**, not only a social service issue. The CDC says that nearly a quarter of older adults experience social isolation, and the Age-Friendly Public Health Systems "6Cs" framework pushes communities to use policy, data, convening, coordination, communication, and health-promoting programs to improve health outcomes, reduce social isolation, and create the community conditions that help older adults age well and remain safely connected to community life.	Communities are pulling aging more directly into public health strategy. They are treating isolation, social connection, communication, and prevention as part of healthy aging infrastructure rather than optional programming.	CDC, 2025; TFAH/John A. Hartford Foundation, 2025 (CDC)

National Trends: Senior Centers

Section	What the research is saying	What communities are doing	Source
Senior centers still matter	Senior centers remain an important part of the aging system. National Council on Aging (**NCOA) says there are nearly 11,000 centers serving about 1 million older adults**, and participants use them frequently. Research also ties participation to gains in physical, social, emotional, and economic well-being.	Communities are continuing to invest in senior centers because they still matter as trusted, visible places where older adults build social connection, access programs and services, and stay engaged in community life. Rather than treating them as stand-alone buildings, systems are positioning them as one important part of a broader aging network.	NCOA, current field materials (National Council on Aging)
Their role is shifting	The strongest takeaway from the broader research is this: **Senior centers are being treated less as the backbone of the entire aging system and more as one part of a wider aging-in-place system**. Housing, transportation, caregiving, navigation, and in-home supports are taking up more of the strategic center of gravity.	Communities are repositioning senior centers into a narrower role within a broader aging-in-place system. The strategic emphasis is moving more toward transportation, in-home supports, caregiving, navigation, and care coordination, with centers playing a supporting role rather than the lead role.	Inference grounded in AARP, ACL, KFF, and NCOA sources (AARP)
Centers are being reframed as hubs and gateways	National Institute for Senior Centers' (NISC) standards describe **senior centers as community hubs that should participate in community planning, connect with other agencies, provide public information, and link older adults to outside resources.** NCOA similarly describes them as a gateway to the aging services network.	Communities are asking centers to do more than host activities. They are using them as connection points for information, referrals, benefits access, partner programming, and links into the larger aging-services network.	NISC/NCOA, 2024–2025 (National Council on Aging)
Programming is broadening	NCOA says **centers are reinventing themselves to meet the needs of three generations of older adults**. The 2023 national field scan also describes newer models: multigenerational centers, arts-focused centers, health-and-wellness models, and centers serving specific populations.	Communities are programming for all three generations so that they meet the needs of very different age demographics (e.g., fitness/strength training for younger seniors, social activities and trips for middle-aged seniors and healthcare specific for older seniors).	NCOA; NCOA senior center field scan (National Council on Aging)
Digital inclusion is now part of the job	**Senior centers are being used as digital-support sites**. In 2025, NCOA and AT&T selected 50 senior centers to deliver internet safety and technology training with workshops and one-on-one support.	Communities are increasingly expecting senior centers to help older adults navigate the digital world. That includes device help, internet safety, basic tech support, and one-on-one assistance tied to everyday needs like telehealth, benefits access, and communication.	NCOA, 2025 (National Council on Aging)

Appendix

Appendix A: Benchmarked Counties: Population and Senior Population

Benchmark Item	Lake County, OH	Franklin County OH	Cuyahoga County OH	Allegheny County, PA	Hennepin County MN	Mecklenburg County, NC	Geauga County, OH	Union County OH	San Francisco (city), CA	Lane County, OR	Montgomery County, MD
Total Population	**232,216**	1,333,048	1,245,873	1,238,177	1,269,496	1,154,681	95,481	67,324	830,235	384,207	1,065,949
Senior Population (65+)	**50,308**	173,679	242,818	249,886	198,051	137,905	21,289	8,889	146,510	80,093	181,139
Senior Population (%)	**21.7%**	13.0%	19.5%	20.2%	15.6%	11.9%	22.3%	13.2%	17.6%	20.8%	17.0%

Source: U.S. Census Bureau, 5-year estimates, Table S0101: Age and Sex; 65+ calculated by summing Census age bands

- Lake County has one of the highest concentrations of older adults among the benchmarked communities. Adults age 65+ make up **21.7%** of Lake County's population, higher than every benchmark except neighboring **Geauga County at 22.3%**. The next closest are **Lane County** and **Allegheny County at 20%**.
- **Lake County is in the top 20% in the state of OH relative to percent of population over 65.**