

Consumer Group Snapshot

Persons With Physically Disabling Conditions

Consumer Category:
With/At Risk of Health Conditions



February 2007

CONSUMER GROUP: Persons with physically disabling conditions

DEFINITIONS

- *Low birth weight infant:* an infant born weighing less than 5.5 pounds (2500 grams) regardless of gestational age
- *Premature birth:* birth occurring earlier than 37 completed weeks of gestation. Most pregnancies last about 40 weeks.
- *Limitation of activities:* In the National Health Interview Survey (NHIS), each person is classified into one of four categories: (a) unable to perform the major activity, (b) able to perform the major activity but limited in the kind or amount of this activity, (c) not limited in the major activity but limited in the kind or amount of other activities, and (d) not limited in any way. The NHIS classifies people as limited (groups a-c) or not limited (group d). Persons are not classified as limited in activity unless one or more chronic health conditions are reported as the cause of the limitation (see also chronic health condition and major activity).
- *Disability:* Census 2000 used a functional limitation definition of disability.¹ Six questions on the 2000 Census long form collected information on disability, including employment, and can be used to identify the total population with disabilities. The Census 2000 disability-related questions are as follows:
 - Does this person have any of the following long-lasting conditions:
 - a. Blindness, deafness, or a severe vision or hearing impairment?
 - b. A condition that substantially limits one of more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
 - Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
 - a. Learning, remembering, or concentrating?
 - b. Dressing, bathing, or getting around the home?
 - c. (Answer if this person is *16 years old or over.*) Going outside the home alone to shop or visit a doctor's office?
 - d. (Answer if this person is *16 years old or over.*) Working at a job or business?

People answering "yes" to at least one of these questions are considered to have a disability. These questions are also used to define six specific sub-populations of disability: (16a) Physical Disability, (16b) Sensory Disability, (17a) Mental Disability, (17b) Self-Care Disability, (17c) Go-Outside-Home Disability, and (17d) Employment Disability.

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THE CONSUMERS	See Attachment 1: Family of Services & Attachment 2: Consumer Matrix
<i>Stage One: At Risk</i> (Estimated Number/ Percent County Population)	<p>Total Cuyahoga County population per the American Community Survey (2002): 1,348,871</p> <ul style="list-style-type: none"> In Cuyahoga County in 2002, 1,722 children were born at low birth weight, or 0.1 percent of total county population.² In Cuyahoga County in 2002, 2,076 children were born prematurely, or 0.15 percent of total county population.³
<i>Stage Two: In Crisis</i> (Estimated Number/ Percent County Population)	<p>Total Cuyahoga County population per U.S. Census (2000): 1,393,978</p> <ul style="list-style-type: none"> In Cuyahoga County in 2000, out of a total population of 90,996 individuals aged 0-4 years, 2,457 (2.7 percent of the 0-4 population or 0.17 percent of the total county population) are estimated to have a "limitation of activity."⁴ In Cuyahoga County in 2000, out of a total population of 219,525 individuals aged 5-15 years, 11,336 (5.2 percent of the 5-15 population or 0.8 percent of total county population) had one disability; 2,909 (1.3 percent of the 5-15 population or 0.2 percent of the total county population) had two or more disabilities.⁵ In Cuyahoga County in 2000, out of a total population of 85,377 individuals aged 16-20 years, 7,546 (8.8 percent of the 16-20 population or 0.5 percent of the total county population) had one disability; 3,743 (4.4 percent of the 16-20 population or 0.3 percent of the total county population) had two or more disabilities.⁶ In Cuyahoga County in 2000, out of a total population of 780,987 individuals aged 21-64 years, 75,046 (9.6 percent of the 21-64 population or 5.4 percent of the total county population) had one disability; 68,048 (8.7 percent of the 21-64 population 4.9 percent of the total county population) had two or more disabilities. In Cuyahoga County in 2000, out of a total population of 217,177 individuals aged 65 and older, 41,730 (19.2 percent of the 65 and older population or 3 percent of total county population) had one disability; 44,472 (20.5 percent of the 65 and older population or 3.2 percent of the total county population) had two or more disabilities.
<i>Stage Three: Stabilized</i> (Estimated Number/ Percent County Population)	Persons with disabilities and their families are managing their circumstances.
Age by Generation	Crosses generations
Risk Factors	As can be determined from the National Health Interview Survey, for all consumer groups social disadvantages

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	<p>such as living in poverty, minority race/ethnicity and more specifically being Native American or African American, and low educational achievement are risks for disability.⁷ Accidents are also a cause of disability.</p> <p>Low birth weight and pre-maturity are key risk factors for disability.⁸ Additional causes and risk factors for childhood disability include:⁹</p> <ul style="list-style-type: none"> • Genetic disorders; • Maternal substance abuse; • Poor maternal nutrition; • Birth injuries; • Birth defects; • Malformations; • Parent with a disability; and • Having adolescent parents. <p>Causes and risk factors for disability for adults:¹⁰</p> <ul style="list-style-type: none"> • Obesity; • Lack of physical exercise; • Alcohol consumption; • Smoking; • Acquiring chronic disease; and • Aging.
<p>Historic Trend Line</p>	<ul style="list-style-type: none"> • Number of low birth weight children in Cuyahoga County has been relatively constant: 1,726 low birth weight babies were born in 1998 and 1,722 low birth weight babies were born in 2002. However, percentage of low birth weight births increased from 9.09 percent of all births in 1998 to 9.92 percent of all births in 2002.¹¹ • Number of premature births in Cuyahoga County has been relatively constant: 2,055 premature births in 1998 and 2,073 premature births in 2002. However, the percentage of babies born prematurely increased from 10.82 percent in 1998 to 11.95 percent in 2002.¹² • Nationally, the risk of children ages 3 to 21 for being disabled rose from 6 percent in 1983 to 7 percent in 1996, but was stable between 1997 and 2000. Also, enrollment of U.S. children in disability programs has increased over the last few decades from 107,000 in 1975 to 900,000 in 2002.^{13, 14} • Number of older adults 60 and older with disabilities decreased from 2000 to 2005 from 71,786 to 69,617.¹⁵
<p>Influencing Factors Underlying</p>	<p>There are many explanations suggested for the increased percentages of children born at low births rates.</p>

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<p>Historic Trend Line (+/-)</p>	<p>Trends in smoking, access to prenatal care, obesity, maternal poverty, low levels of educational attainment, having children later in life, and having multiple children due to assisted reproductive technologies have been suggested as influencing factors underlying this trend.¹⁶</p> <p>In Cuyahoga County the decreasing population and the decreasing birthrate have contributed to the historic trend of decreasing numbers of children with disabilities. At a national level, however, it is important to note that the population of medically fragile children in need of special care has tripled in the past 30 years due to progress in technology and health care that allow young lives to be saved.¹⁷ Additionally, increased identification of disabilities contributed to an increased prevalence rate.¹⁸ At the same time, enhanced outreach efforts are believed to have contributed to the increase in the number of children enrolled in disability programs such as Supplemental Security Income Program.¹⁹</p> <p>The decreasing population in Cuyahoga County, including older adults, has contributed to the historic trend of decreasing number of adults with disability.²⁰ There has also been a decline in late-life disability as has been demonstrated by eight national surveys. Declines have been attributed to increased educational level of elderly and to early diagnosis and treatment of some chronic conditions.²¹</p>
<p>Life Trajectory</p>	<p>Early prevention and intervention to identify disabilities and provide timely treatment ⇒ Support to succeed academically ⇒ Support to achieve highest level of employment ⇒ Community-living (where possible) or care provided in preferred, least restrictive setting ⇒ Achieving highest level of independence</p>
<p>Consumer Impact Strategy</p>	<p>Early intervention with specialized supports that are consumer driven with the goal of enabling highest levels of independence in the most preferred setting.</p>
<p>Future Projection</p>	<p>Number of individuals estimated to be disabled is expected to increase due mainly to the aging of the baby boomer cohort (which is most prone to disabling injury and disease) and continued life saving and prolonging medical advances for all ages. From 2005 to 2020, the older population is projected to increase by 50,288 individuals in Cuyahoga County, and the corresponding number of older adults with disabilities is expected to increase by 9,114. For older adults, the number of individuals with disabilities will increase, but the prevalence rate of disabilities in the population is expected to remain constant.²²</p>

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THE SAFETY NET: Which of the 80 safety net core services are needed to empower consumers to positively alter their life trajectory?

Stage One: At Risk

Primary Services

- Daily Living Aids
- Disease Disability Information
- Early Intervention for Children with Disabilities/Delays

Access Services

- Medical Expense Assistance
- Medical Transportation

Supportive Services

- Disabled Student Services
- Home Improvement/Accessibility

Stage Two: In Crisis

Primary Services

- Condition Specific Rehabilitation
- Daily Living Aids
- Disease Disability Information
- Early Intervention for Children with Disabilities/Delays
- Home Health Care
- Independent Living Skills Instruction
- Residential Living Options for People with Disabilities
- Speech and Hearing

Access Services

- Medical Expense Assistance
- Medical Transportation

Supportive Services

- Adult Day Programs
- Adult Protective Services
- Case/Care Management

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- Child Care
- Disabled Student Services
- Home Delivered Meals
- Home Improvement/Accessibility
- In-home Assistance
- Senior Housing Information & Referral
- Senior Ride Program
- Sheltered Employment
- Therapeutic Camps
- Vocational Rehabilitation

Stage Three: Stabilized

Primary Services

- Daily Living Aids
- Disease Disability Information
- Home Health Care
- Independent Living Skills Instruction
- Residential Living Options for People with Disabilities
- Speech and Hearing

Access Services

- Medical Expense Assistance
- Medical Transportation

Supportive Services

- Case/Care Management
- Child Care
- Day Camp
- Disabled Student Services
- Employment Preparation
- Home Delivered Meals
- Hospice
- In-home Assistance
- Residential Camps
- Senior Housing Information & Referral
- Senior Ride Program

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- Therapeutic Camps
- Vocational Rehabilitation
- Youth Development

Intended or Unintended Philosophy Underlying Service Delivery (i.e., assumptions about what will work)

Historical Philosophy. Segregation of disabled individuals to specialized institutions, commonly referred to as “institutionalization,” focused on the medicalization of a disability, emphasizing treatment and cure (as opposed to rehabilitation or education to learn to accommodate disability). Disability framed as a series of physiological, psychological, and functional pathologies originating within the bodies of individuals (Baynton, Douglas, 2004).²³

Current Philosophy. Within the past several decades, disability has begun to be defined more in social terms and understood as a socially constructed concept that varies from time to time and culture to culture, and less as fixed and rooted in biology (Baynton, Douglas, 2004).²⁴ The Disability Rights and Independent Living Movement of the 1960s and 1970s created a major change in the way disabled individuals were viewed and related to as a group. Five key social movements in the 1960s and 1970s contributed to the evolving movement for independent living for people with disabilities: civil rights movement, consumerism, self-help, de-medicalization, and de-institutionalization (Shreve, Maggie, n.d.).²⁵

Nagi’s Functional Limitation Model made explicit the social context of disability, which depicts disability as a four stage process: “*pathology*, leading to *impairment*, leading to *functional limitation*, leading to *disability*, which is the inability to carry out socially defined roles or activities” (Freedman, Vicki, Linda Martin, and Robert Schoeni, 2004).²⁶

Disability rights advocates often refer to two paradigms that influence service delivery for people with disabilities: the rehabilitation paradigm and the independent living paradigm. The rehabilitation paradigm defines the disability problem as the actual physical or mental impairment, whereas independent living defines the problem as the dependence upon professionals and others. In the rehabilitation model, the desired outcome of service delivery is maximum physical or mental functioning (or, as in vocational rehabilitation, gainful employment). Desired outcomes in independent living are tied to complete consumer control over one's daily life, although control does not necessarily mean having the physical or mental capacity to do everyday tasks for one's self. The independent living movement acknowledges that complete control may not be possible for some disability groups, but consumer preference is central to service delivery (Shreve, Maggie, n.d.).²⁷

Service delivery in the least restrictive environment has also become a key component of the current philosophy

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of service delivery to disabled individuals. The American with Disabilities Act of 1990 contained an integration mandate requiring public agencies to provide services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” The 1999 Supreme Court Olmstead Decision declared that unnecessary institutionalization is discrimination under the Americans with Disabilities Act and directed states to provide services in the least restrictive environment (Center for an Accessible Society, n.d.).²⁸ The “aging in place” movement, which aims to enable older adults to remain in their homes by providing home-based services, is also based on the guiding concept of consumer-directed services provided in the least restrictive setting. At the state level, changes have been suggested around funding policies for service delivery to allow individuals to stay independent and within the community as long as possible. “Ohio Access for People with Disabilities,” a plan prepared by seven state departments and presented to Governor Robert Taft in 2001, suggests a policy shift in addressing the long-term care needs of Ohio’s frail elderly and disabled. The emphasis is on a community-based approach and represents a shift in philosophy from services available for older adults and persons with disabilities to services available based on need, with the following goals:

- Elders and persons with disabilities live with dignity in settings they prefer.
- Elders and persons with disabilities receive safe, high-quality long-term care, services, and supports wherever they live.
- Relatives, neighbors, and friends who care for and support elders and persons with disabilities receive the information and services they need to plan for their future and support their caregiver role.

What Works

General best practices of service delivery to individuals with disabilities include the following:

- Provide comprehensive and coordinated service delivery of a broad range of services with a single-entry point for access.
- Are consumer driven, consumer friendly, based on self-determination, and utilize person-centered planning.²⁹
- Are culturally competent.
- Support caregivers by providing such services as respite and information and referral to enable them to not be “burned out.”
- Utilize multi-disciplinary approaches.

In addition, there are some best practices for the distinct needs of specific populations.

For *infants and toddlers with disabilities*, leading programs are characterized by the following: the earlier the intervention the better, high levels of parental involvement, and well-defined curriculums (as opposed to less structured programs).³⁰

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	<p>For <i>aging individuals with MR/DD whose caregivers are also aging</i>, a situation termed double-jeopardy, pre-planning for the time caregivers will no longer be able to be responsible is essential.</p> <p>For <i>individuals who are acquiring living skills</i>, programs should focus on helping the individual adapt to his/her environment, engage in meaningful work, and develop satisfying, lasting relationships. All program activities need to emphasize personal empowerment and offer constant opportunities to learn, develop, and exercise increasing levels of self-determination, recovery, and control. Program activities need to flow with the natural rhythms of daily life (i.e. work/study in the daytime, recreation and play after work and on weekends).³¹ Additionally, programs should not look exclusively at “medical impairment” to determine work eligibility but focus on functional limitations and consider utilizing situational assessments.³²</p> <p>For <i>older adults with disabilities</i>, leading programs focus on providing services in the home that allow them to age in place, recognize the importance of social and emotional health, and keep them connected to the greater community.</p>
<p>What Doesn't Work</p>	<ul style="list-style-type: none"> • Uncoordinated, non-client centered services; • Programs composed of static, repetitive activities that do not teach, develop, empower or guide the individual toward a more effective and independent lifestyle; and • Providing intervention only at point of crisis.
<p>Community-wide Strategies to Impact Life Trajectories</p>	<p>Investing in prevention and early identification of disabilities for young children, and creating a community that genuinely welcomes disabled individuals by providing systems of support that promote stability and healthy development in all areas of life within the context of a natural community environment.</p>
<p>First Call for Help</p>	<p>Between 2000 and 2004, there were 3,125 requests for services for individuals with disabilities. Of these, 42 (1 percent) were unmet, meaning that there was no agency to which to refer callers. See Attachment 3: First Call for Help for more detail.</p>

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RESOURCES

Identified Resources 2003-04

Identified Individuals with Disabilities Revenues		
As of 5/11/06		
	Community	UW*
Condition Specific Rehabilitation	730,488	296,773
Daily Living Aids	951,918	0
Disease Disability Information	\$4,409,395	\$2,311,497
Early Intervention for Children with Disabilities/Dela	9,522,725	290,451
Home Health Care	2,439,761	417,512
Independent Living Skills Instruction	132,155	36,655
Residential Living Options for People with Disabiliti	135,685,223	201,720
Speech and Hearing	340,224	229,407
Total	154,211,889	3,784,015

* UW revenues are included in community totals.

NOTE: This does not include all monies for this consumer group. Private insurance is a large funder of some of these services and is not accounted for here. See Attachment 4 for details and Attachment 5 for a Revenue Checklist.

Government Resource Trend Line

Mixed, but mostly increasing.

Future Direction of Government Funding

Medicaid is a major source of funding for a broad range of services for individuals with disabilities. Spending for Medicaid and Medicare has been growing dramatically, and the aging of the population will intensify this burden as a greater percentage of the population becomes eligible to retire, reducing Medicare income tax revenue; and a greater proportion of the population enters the Medicare program, increasing Medicare expenditures. Considerable concern is being expressed regarding the solvency of the Medicare program.³³ Federal Budget Reconciliation Legislation in the U.S. Congress session in 2005-06 gives state broad powers to charge premiums and force cost sharing for the elderly and persons with disabilities. Some experts believe that the Budget Reconciliation Legislation represents the most far-reaching changes in the Medicaid program since its inception 40 years ago. States would be able to establish a new Medicaid eligibility group for children with disabilities under age 19 who meet the severity of disability required under the Supplemental Security Income (SSI) program and whose families earn incomes that exceed SSI financial standards but below the 300 percent federal poverty level.³⁴

Medicaid and Medicare continue to shift their funding from nursing homes to more home- and community-based

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services (HCBS) where care for the individual is determined to be less expensive or “budget neutral,” e.g. providing services in the home will not be more expensive than in a nursing home. Spending on HCBS has grown rapidly. Since 1992, the number of waiver participants grew 192 percent and waiver expenditures increased 387 percent. From 1991 to 2001 Medicaid spending on HCBS increased by about 16.6 percent per annum. The growth in HCBS Medicaid spending was driven predominantly by the rapid increase in the HCBS waiver program, which grew at an annual rate of over 24.9 percent over the period. By contrast, Medicaid spending on institutional care grew at a significantly slower rate of about 5.5 percent per annum over the same period. Between fiscal years 1990 and 2000, Medicaid long-term care expenditures for home care increased from 14 to 28 percent while the proportion for institutional care fell from 86 to 72 percent.³⁵ Medicaid’s and Medicare’s policy focus of providing home- and community-based services instead of facility-based services is expected to become stronger.

In Ohio, the Medicaid waiver PASSPORT program provides personal care, adult day services, home-delivered meals, medical equipment and supplies, independent living assistance, nutrition consultation, and transportation services based on the individual needs of qualifying older Ohioans who require assistance to remain in their homes. Total funding for the PASSPORT program is \$348.6 million in FY 2006 and \$376.9 million in FY 2007, which represents growth of 11.8 percent and 8.1 percent respectively. PASSPORT general revenue funding (GRF) was \$112.0 million in FY 2006 (8.1 percent above FY 2005) and \$121.0 million in FY 2007 (8.0 percent above FY 2006). Funding levels will enable approximately 25,000 older Ohioans to receive home care assistance in the next biennium and support an average of 625 new enrollees per month.³⁶

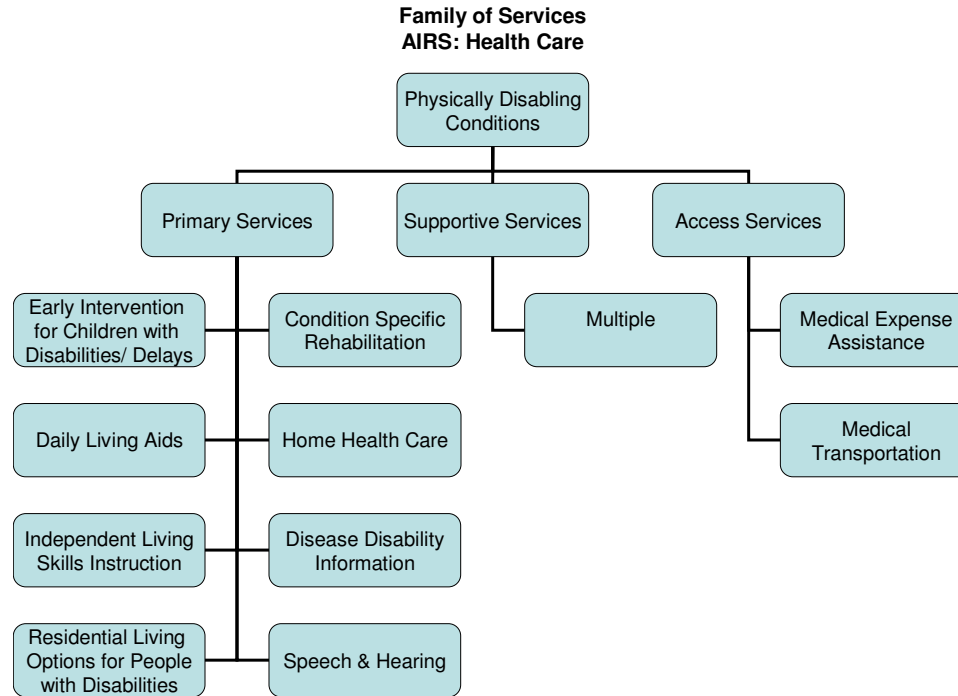
Funding at the state level for other programs addressing the needs of disabled individuals is mixed. The Department of Mental Retardation/Development Disabilities allocation from all state funds for FY 2006 is to be at a 1.4 percent decrease from FY 2005 for a total of \$1.122 billion (a cut of approximately \$16 million). For FY 2006 the Rehabilitation Services Commission received a 9.7 percent increase from FY 2005, for a total allocation of \$269 million (an increase of almost \$25 million). The Bureau for Children with Medical Handicaps (BCMh) within the Department of Health provides services such as treatment, diagnosis, and service coordination primarily for children with severe medical handicaps such as hemophilia, spina bifida, cerebral palsy, and cystic fibrosis. GRF for this program totals \$9.6 million in FY 2006 and \$8.8 million in FY 2007. GRF funding was increased to enable the department to restore the financial eligibility levels that were in place prior to October 2003. The Ohio budget’s Special Education Enhancements line items totaled \$134.2 million in FY 2006 and \$135.4 million in FY 2007, primarily to fund special education and related services at county boards of mental retardation and developmental disabilities, educational service centers, and school districts with preschool special education

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	<p>units. Other notable programs include funding of \$2.9 million in each fiscal year for home instruction for children with disabilities and \$1.5 million for parent mentoring programs.³⁷</p>
<p>Return on Investment</p>	<p>Extensive research has shown that high-quality early intervention for at-risk infants, toddlers, young children, and their families is a sound economic investment. Studies have found a number of long-term cost savings in the forms of decreased grade repetition, reduced special education spending, enhanced productivity, lower welfare costs, increased tax revenues, and lower juvenile justice costs. Early identification also helps reduce stress in the family unit, which contributes to family stability and leads to multiple benefits for individuals and society.³⁸</p> <p>Work is an important goal for many individuals with disabilities, and gainful employment opportunities afford the chance to promote economic independence as well as enhance other factors related to overall well-being. There are clear benefits to working, such as alleviating poverty, higher levels of functioning, improvements in quality of life and self-esteem, and less reliance on public entitlements and the overall cost of care.³⁹</p> <p>Enabling individuals to access needed services that contribute to their physical and mental well-being, and supporting caregivers in their efforts to enable a disabled older adult to remain independent, can have considerable cost savings for tax-payer-financed health services. As the American Health Care Association asserts, comparisons of the cost of home- and community-based services against institutional care are inherently difficult. But while no definitive conclusions have been made, some studies have shown that they can be more cost-effective than institutional care under certain circumstances, especially in cases where the individual is not profoundly disabled or requiring highly intensive medical care.⁴⁰ PASSPORT, Ohio’s Medicaid waiver to provide home-based community services for low-income individuals 60 and older, has been shown to have significant cost savings. The average per-person cost of PASSPORT, which has the same eligibility criteria as nursing home placement, is \$1,100 a month, or one-fourth that of a nursing home.⁴¹ A national study conducted by AARP shows that the large majority of older Americans want to stay living in their homes for as long as possible.⁴² Investing in services that allow older adults to remain living independently also contributes to enabling individuals retain dignity and choice as they age.</p>

ATTACHMENTS

Attachment 1: Family of Services



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Attachment 2: Consumer Matrix

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Condition Specific Rehabilitation	Persons age 4 to 20 years old who have congenital or acquired disabilities.	National Survey of Children with Special Health Needs (2001) estimates that 23.5 percent of children needed Occupational Therapy (OT), Physical Therapy (PT), or Speech Therapy (ST) in the past 12 months.	76,156	5.5% Population	The National Survey of Children with Special Health Care Needs (U.S. Department of Health and Human Services, 2001) found that 2.6 percent of children that needed specialized health services did not get them. Applying this percentage figure to the estimated number of persons in need (76,156 x 2.6%) results in 1,980 children and youth who would use the service if they knew about it, it was available, and was affordable. Including both realized and unrealized access (489 + 1,980), the estimated universe of possible consumers for condition-specific rehabilitation is 2,469.	2,469	0.2% Population

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Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Daily Living Aids	Physically disabled people five years and older who need equipment that has been especially designed or adapted to assist them to bathe, shave, dress, brush their teeth, comb their hair, prepare their meals, eat, drink, clean their homes, and perform other daily tasks.	Persons who are physically disabled 5 years+ U.S. Census 2000, SF3 (PCT26); SF4 (PCT69)	36,785	2.6% Population	Assuming that 85 percent of persons in need will use assistive devices either alone or in conjunction with personal care (Federal Interagency Forum on Aging Related Statistics, 2004), this leaves 5,518 individuals (36,785 x 15%) who would never be users. Including both realized (7,144) and unrealized (24,123) access, the estimated universe of possible consumers for daily living aids is 31,267 persons.	31,267	2.2% Population
Disease/Disability Information	Consumers of health information.	Estimated population 18+ who are consumers of health information, 38 percent. (Source: Issue Brief, Center for Studying Health System Change, March 2003: Details a 2001 survey of US households that found only 38 percent of adults sought health information from a source other than their doctor.); Assume 100 percent children/youth 5-17.	654,175	46.9% Population	This includes 100 percent of children and youth five through 17 years and 38 percent of adults 18 years and older, the percentage of adults who sought health information from a source other than their doctor, according to a 2001 survey of U.S. households.	654,175	46.9% Population

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Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Early Intervention for Children with Disabilities/Delays	Children birth to three years of age with or at risk of disabilities or developmental delays. These infants and toddlers could have a wide range of disabilities, birth defects, and conditions that may be partially or wholly correctible and/or lifelong and may require assistance or intervention at a variety of developmental points.	All children 3 to 5 years need evaluation or assessment to determine whether there is need for early intervention services. U.S. Census 2000 SF3 (P8)	71,746	5.1% Population	All children 3 to 5 years need evaluation or assessment to determine whether there is need for early intervention services. U.S. Census 2000 SF3 (P8)	71,746	5.1% Population
		Dunst, Carl J., Hamby, Deborah W., and Fromewick, Jill. (2004) Status and Trends in the Number of Infants and Toddlers Served in the IDEA Part C Early Intervention Program (1994-2002). Snapshots: Profiles and Analyses of State Child Find, Referral, Early Identification, and Eligibility Practices. Vol. 1, No. 1, July 2004. Estimate 3-4% of births for children 0-36 months have disabilities or developmental delays that would make them eligible	2,870	0.2% Population	Dunst, Carl J., Hamby, Deborah W., and Fromewick, Jill. (2004) Status and Trends in the Number of Infants and Toddlers Served in the IDEA Part C Early Intervention Program (1994-2002). Snapshots: Profiles and Analyses of State Child Find, Referral, Early Identification, and Eligibility Practices. Vol. 1, No. 1, July 2004. Estimate 3-4% of births for children 0-36 months have disabilities or developmental delays that would make them eligible for IDEA.	2,870	0.2% Population

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Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Home Health Care	People of all ages who need medically necessary skilled nursing care to help with rehabilitation from a hospital stay; recovery from illness, injury or surgery; or for a terminal medical condition.	National Home and Hospice Care Survey, 2000. "Current Home Health Care Patients," February 2004; (1,017,900 skilled medical care patients divided by U.S. population in 2000 (281,421,906) equals 0.36 percent of total population.	5,042	0.4% Population	An estimated 5,042 persons need home health care. In FY 2004, 6,896 persons received home health care in Cuyahoga County. It must be noted that this is an understatement of those funded for home health care in the county because it does not include data from many other providers. Researcher's Note: The researchers talked directly to the staff of the National Home and Hospice Care Survey to verify the national figure of home health care patients prior to applying it to Cuyahoga County data. Intuitively on both a national and local level the figure appears low. In addition, an extensive search to identify another way of estimating need for home health care services was completed. The National Home and Hospice Care Survey was the only relevant study identified. Discharge data was considered as an alternative, but not used because of duplication.	6,896	0.5% Population

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Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Independent Living Skills Instruction	Adults 16 to 64 years with cognitive, physical, or multiple disabilities and who are seeking to live as independently as possible.	Persons 16-64 years with 2 or more disabilities. U.S. Census 2000 SF3 (PCT26); SF4 (PCT 69)	71,791	5.2% Population	The intention of the independent living movement is that all persons with disabilities are entitled to services to be as independent as they can be. Thus, all persons estimated in need are assumed to be the universe of possible consumers.	71,791	5.2% Population

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Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Residential Living Options for People with Disabilities	Adults 18 to 64 years with severe disabilities who need a structured environment, personal assistance, and various therapies to manage and learn to manage the activities of daily living	"People have a physically severe functional limitation if they are unable to perform a physical function or if they need the help of another person to perform the function. An estimated 7.8 percent of those age 15 and older (15.2 million people) are severely limited in the functions of seeing, hearing, having speech understood, lifting or carrying, walking, or using stairs." (Chartbook on Disability in the U.S., 1996) This percentage was applied to the population 18 to 64 years.	64,649	4.6% Population	Typically most research indicates that only 20 percent of persons needing long term care are cared for in the formal care giving system (Young, 2003). However, because of persistent downturns in Northeast Ohio's economy, informal care may be lower in the future. Therefore, it is concluded that between 70 and 80 percent will receive informal care from family, friends and the community, or 20 to 30 percent will need formal care (Mehdizadeh, Roman, Wellin, Ritchey, & Kunkel, n.d.). Thus, applying 25 percent, the mid-point between 20 and 30 percent, to the estimated persons in need results in an estimated universe of possible consumers of 16,162.	16,162	1.2% Population

Consumer Group Snapshot

Attachment 2: Consumer Matrix (continued)

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Speech and Hearing	Children and adults with or at risk of hearing and speech impairments. This can include persons of all ages (especially newborns, infants, and young children) subjected to specific illnesses or diseases, trauma, and high noise levels; and older adults.	National Institute for Deafness and Other Communication Disorders 15 percent of population has a communication disorder. (2005-06)	209,097	15% Population	The estimated universe of possible consumers was derived by multiplying the estimated persons in need (209,097) by 20 percent. In the absence of other research, this assumption is based on the finding that only one of five persons who need a hearing aid wears one (NIDCD, 2006).	41,819	3% Population

Consumer Group Snapshot

Attachment 3: First Call for Help

Persons with physically disabling conditions												
CORE SERVICES	TOTAL REQUESTS					%Change*	MET					
	2000	2001	2002	2003	2004		00&04	2000	2001	2002	2003	2004
Condition Specific Rehabilitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Daily Living Aids	49	51	37	31	43	(12%)	48	50	37	30	43	
Disease/Disability Information	114	165	172	175	187	64%	113	163	168	174	186	
Early Intervention for Children with Disabilities/Delays	15	24	19	15	27	80%	15	24	19	15	26	
Home Health Care	254	246	251	247	287	13%	250	242	248	244	283	
Independent Living Skills Instruction	17	18	28	25	25	47%	17	18	28	25	25	
Residential Living Options for People with Disabilities	80	95	84	144	99	24%	74	93	84	143	97	
Speech and Hearing	21	21	14	17	28	33%	21	21	14	17	28	
Total	550	620	605	654	696	26%	538	611	598	648	688	

Persons with physically disabling conditions									
CORE SERVICES	UNMET					TOTALS 00-04			%
	2000	2001	2002	2003	2004	Req.	Met	Unm.	Unmet
Condition Specific Rehabilitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Daily Living Aids	1	1	0	1	0	211	208	3	1%
Disease/Disability Information	1	2	4	1	1	813	804	9	1%
Early Intervention for Children with Disabilities/Delays	0	0	0	0	1	100	99	1	1%
Home Health Care	4	4	3	3	4	1,285	1,267	18	1%
Independent Living Skills Instruction	0	0	0	0	0	113	113	0	0%
Residential Living Options for People with Disabilities	6	2	0	1	2	502	491	11	2%
Speech and Hearing	0	0	0	0	0	101	101	0	0%
Total	12	9	7	6	8	3,125	3,083	42	1%

Consumer Group Snapshot

Attachment 4: Revenue Tables

Table 1: Partial Revenues for Condition Specific Rehabilitation Cuyahoga County, 2002-2004					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW- Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	83,235	1.81%
Cleveland Foundation, The	2004	76,665		22,964	
Eaton Charitable Fund	2003	2,000			
Hershey Foundation, The	2004	14,500			
Key Foundation	2003	7,850			
Kulas Foundation	2004	15,000			
Mt. Sinai Health Care Foundation, The	2003	220,000			
Murphy Foundation, The John P	2004	5,000			
O'Neill Foundation, The William J. and Dorothy K.	2003	11,000			
Other Corporate Foundations - Not Elsewhere Classified	2003	5,200			
Other Private Foundations - Not Elsewhere Classified				158,306	
Prentiss Foundation, Elisabeth Severance	2003	55,000		20,819	
Sherwin-Williams Foundation, The	2004	11,500			
White Foundation, The Thomas H.	2004	10,000			
Total - Foundations & Trusts		433,715	59.37%	202,089	4.39%
Total - Special Events - Growth			0.00%	205,339	4.46%
Board of Mental Retardation and Developmental Disabilities (169 Board)				62,993	
Subtotal Cuyahoga County Funding Sources		0	0.00%	62,993	1.37%
Medicaid *				2,429,687	
Medicare				2,218	
Other Private Insurer				779,245	
Subtotal Third Party Payee/Direct Bill		0	0.00%	3,211,150	69.79%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Table 1: Partial Revenues for Condition Specific Rehabilitation Cuyahoga County, 2002-2004					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW- Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contracts/grants from government organizations		0	0.00%	3,274,143	71.16%
Private Pay/Fee for Service				212,969	
Total - Program Service Fees		0	0.00%	212,969	4.63%
Total - Investment Income			0.00%	86,400	1.88%
Total - Prior Period balances/interfund transfers			0.00%	240,177	5.22%
Subtotal Non - UWGrCle Support		433,715	59.37%	4,304,352	93.55%
Total - UWGrCle designations applied to program		21,829	2.99%	21,829	0.47%
Total - UWGrCle investment committee allocation		274,944	37.64%	274,944	5.98%
Subtotal UWGrCle Support - 4001, 4701 & 4703		296,773	40.63%	296,773	6.45%
Total Support/Revenue		730,488	100%	4,601,125	100%

* Medicaid dollars have not been entered under countywide total for this core service because not all Medicaid services are a one-to-one match with United Way core services. Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: Condition Specific Rehabilitation Services, Early Intervention for Infants and Toddlers with Disabilities/Delays, and Residential Living Options for People with Disabilities. Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into AIRS 1 Basic Needs and Health Care and includes the following core services: Condition Specific Rehabilitation Services and Medical Expense Assistance. Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: Condition Specific Rehabilitation, Early Intervention for Children with Disabilities/Delays, and Speech & Hearing.

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Daily Living Aids					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Deaconess Community Foundation	2004	10,000			
Prentiss Foundation, Elisabeth Severance	2003	75,000			
Total - Foundations & Trusts		85,000	8.93%	0	N/A
United Black Fund of Greater Cleveland	FY2005	14,000			
Total - Federated Fundraising Organizations		14,000	1.47%	0	N/A
PASSPORT	2004	852,918			
Subtotal State of Ohio		852,918	89.60%	0	N/A
Total - Contracts/grants from government organizations		852,918	89.60%	0	N/A
Subtotal Non - UWGrCle Support		951,918	100%	0	N/A
Total Support/Revenue		951,918	100%	0	N/A

* Medicaid dollars have not been entered under countywide total for this core service because not all Medicaid services are a one-to-one match with United Way core services. Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and has been entered as an aggregate total for that AIRS Level. Home Care includes the following core services: Daily Living Aids and Home Health Care.

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Disease/Disability Information					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	726,213	10.52%
Britton Fund	2004	10,000			
Bruening Foundation, Eva L. and Joseph M.	2003	25,000			
Cleveland Foundation, The	2004	281,391		66,625	
Mandel Foundation	2003	1,000			
McGregor Foundation, The	2004	57,923			
Mt. Sinai Health Care Foundation, The	2003	285,000			
Murphy Foundation, The John P	2004	1,000			
Nord Family Foundation, The	2003	17,500			
Reuter Foundation, The	2004	20,000			
Saint Luke's Foundation	2004	30,265			
Sisters of Charity Foundation of Cleveland	2004	40,000			
Other Private Foundations - Not Elsewhere Classified				724,746	
The Sherwick Fund (of The Cleveland Foundation)	2004	38,000			
Cleveland Electric Illuminating Co. Foundation	2004	22,150			
Eaton Charitable Fund	2003	18,500			
Key Foundation	2003	48,305		6,000	
Sherwin-Williams Foundation, The	2004	3,500			
Other Corporate Foundations - Not Elsewhere Classified				20,000	
Forest City Enterprises	2003	72,333			
Total - Foundations & Trusts		971,867	22.04%	817,371	11.84%
Total - Special Events - Growth			0.00%	1,717,422	24.89%
Combined Federal Campaign				10,887	
Jewish Community Federation				20,500	
Total - Federated Fundraising Organizations		0	0.00%	31,387	0.45%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Disease/Disability Information					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
United Way of Summit County				24,749	
Other United Ways - Not Elsewhere Classified				12,000	
Total - Other United Ways		0	0.00%	36,749	0.53%
Department of Job and Family Services				194,697	
Subtotal State of Ohio		0	0.00%	194,697	2.82%
WRAAA - OAA - III-D	CY2004	2,039			
Subtotal Regional Funding Sources		2,039	0.05%	0	0.00%
Cuyahoga County Board of Health	2004	1,123,992			
Subtotal Cuyahoga County Funding Sources		1,123,992	25.49%	0	0.00%
Community Development Block Grant				23,605	
Subtotal City of Cleveland Funding Sources		0	0.00%	23,605	0.34%
All Other Funding - Not Elsewhere Classified				75,436	
Subtotal Other Govt Funding Sources		0	0.00%	75,436	1.09%
Total - Contracts/grants from government organizations		1,126,031	25.54%	293,738	4.26%
Total - Membership dues under \$150			0.00%	99,695	1.44%
Total - Investment Income			0.00%	432,549	6.27%
Total - All Other Revenue			0.00%	434,550	6.30%
Subtotal Non - UWGrCle Support		2,097,898	47.58%	4,589,674	66.51%
Total - UWGrCle designations applied to program		276,308	6.27%	276,308	4.00%
Total - UWGrCle investment committee allocation		2,033,689	46.12%	2,033,689	29.47%
John K. Mott Youth Fund Distribution Grant		1,500		1,500	
Total - Special UWGrCle grants applied to programs		1,500	0.03%	1,500	0.02%
Subtotal UWGrCle Support - 4001, 4701 & 4703		2,311,497	52.42%	2,311,497	33.49%
Total Support/Revenue		4,409,395	100%	6,901,171	100%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Early Intervention for Children with Disabilities/Delays					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	102,649	5.01%
Mt. Sinai Health Care Foundation, The				20,000	
Prentiss Foundation, Elisabeth Severance				73,781	
Other Private Foundations - Not Elsewhere Classified				97,595	
Other Corporate Foundations - Not Elsewhere Classified				5,000	
Total - Foundations & Trusts		0	0.00%	196,376	9.59%
Total - Special Events - Growth			0.00%	98,558	4.81%
United Black Fund of Greater Cleveland	FY2005	5,500			
Total - Federated Fundraising Organizations		5,500	0.06%	0	0.00%
Other State Funders - Not Elsewhere Classified				3,695	
Subtotal State of Ohio		0	0.00%	3,695	0.18%
Board of Mental Retardation and Developmental Disabilities (169 Board)	2004	9,032,774		392	
Children Who Witness Violence				20,428	
County Commissioners				18,900	
Cuyahoga County Board of Health	2004	194,000			
Employment & Family Services				62,838	
Family and Children First Council				162,194	
Other Cuyahoga County Funders - Not Elsewhere Classified				35,639	
Subtotal Cuyahoga County Funding Sources		9,226,774	96.89%	300,391	14.66%
Community Development Block Grant				18,388	
Subtotal City of Cleveland Funding Sources		0	0.00%	18,388	0.90%
Medicaid *				176,979	
Other Private Insurer				142,371	
Subtotal Third Party Payee/Direct Bill		0	0.00%	319,350	15.59%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Early Intervention for Children with Disabilities/Delays					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Other Board of Education				253,293	
All Other Funding - Not Elsewhere Classified				261,396	
Subtotal Other Govt Funding Sources		0	0.00%	514,689	25.12%
Total - Contracts/grants from government organizations		9,226,774	96.89%	1,156,513	56.45%
Private Pay/Fee for Service				126,817	
Total - Program Service Fees				126,817	6.19%
Total - All Other Revenue				28,545	1.39%
Total - Prior Period balances/interfund transfers				48,720	2.38%
Subtotal Non - UWGrCle Support		9,232,274	96.95%	1,758,178	85.82%
Total - UWGrCle designations applied to program		31,320	0.33%	31,320	1.53%
Total - UWGrCle investment committee allocation		259,131	2.72%	259,131	12.65%
Subtotal UWGrCle Support - 4001, 4701 & 4703		290,451	3.05%	290,451	14.18%
Total Support/Revenue		9,522,725	100%	2,048,629	100%
<p>* Medicaid dollars have not been entered under countywide total for this core service because not all Medicaid services are a one-to-one match with United Way core services. Medicaid service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: Condition Specific Rehabilitation Services, Early Intervention for Children with Disabilities/Delays, and Residential Living Options for People with Disabilities. Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: Condition Specific Rehabilitation, Early Intervention for Children with Disabilities/Delays, and Speech & Hearing.</p>					

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Home Health Care					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	135,877	0.58%
Abington Foundation, The	2003	75,000			
Mt. Sinai Health Care Foundation, The	2003	63,651			
Other Private Foundations - Not Elsewhere Classified				99,820	
Eaton Charitable Fund	2003	10,000			
Total - Foundations & Trusts		148,651	6.09%	99,820	0.43%
Jewish Community Federation	2004	643,000			
Total - Federated Fundraising Organizations		643,000	26.36%	0	0.00%
Department of Veterans' Affairs				23,000	
Other Federal Funders - Not Elsewhere Classified				53,000	
Subtotal Federal Government		0	0.00%	76,000	0.33%
Department of Job and Family Services				178,308	
Subtotal State of Ohio		0	0.00%	178,308	0.76%
Department of Senior and Adult Services	2004	1,094,281			
HIV Services Planning Council Ryan White Title I	2004	136,317			
Subtotal Cuyahoga County Funding Sources		1,230,598	50.44%	0	0.00%
Medicaid *				1,231,433	
Medicare				19,288,909	
Other Private Insurer				1,200,065	
Subtotal Third Party Payee/Direct Bill		0	0.00%	21,720,407	93.06%
Total - Contracts/grants from government organizations		1,230,598	50.44%	21,974,715	94.15%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Home Health Care					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Private Pay/Fee for Service				12,122	
Total - Program Service Fees		0	0.00%	12,122	0.05%
Total - Investment Income			0.00%	86,073	0.37%
Total - All Other Revenue			0.00%	614,747	2.63%
Subtotal Non - UWGrCie Support		2,022,249	82.89%	22,923,354	98.21%
Total - UWGrCie investment committee allocation		417,512	17.11%	417,512	1.79%
Subtotal UWGrCie Support - 4001, 4701 & 4703		417,512	17.11%	417,512	1.79%
Total Support/Revenue		2,439,761	100%	23,340,866	100%

* Medicaid dollars have not been entered under countywide total for this core service because not all Medicaid services are a one-to-one match with United Way core services. Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and has been entered as an aggregate total for that AIRS Level. Home Care includes the following core services: Daily Living Aids and Home Health Care. Medicaid dollars NOT ENTERED under countywide total because not all Medicaid services are a one-to-one match with United Way core services and AIRS Level 1. Medicaid Service - Waiver (\$76,245,306 in 2004) - Falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: Adult Day Programs, Case/Care Management, Home Delivered Meals, Home Health Care, In-Home Assistance and Residential Living Options for People with Disabilities.

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Independent Living Skills					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars County-wide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	5,400	1.32%
Britton Fund	2004	10,000			
Deaconess Community Foundation	2004	23,000			
Other Private Foundations - Not Elsewhere Classified	2004	7,500			
Kulas Foundation	2004	55,000			
Total - Foundations & Trusts		95,500	72%	0	0.00%
Ohio Rehabilitation Services Commission				26,600	
State Department of Education				287,300	
Subtotal State of Ohio		0	0.00%	313,900	76.76%
Community Development Block Grant				20,000	
Subtotal City of Cleveland Funding Sources		0	0.00%	20,000	4.89%
Cleveland Board of Education				25,000	
All Other Funding - Not Elsewhere Classified				4,500	
Subtotal Other Govt Funding Sources		0	0.00%	29,500	7.21%
Total - Contracts/grants from government organizations		0	0.00%	363,400	88.86%
Total - Investment Income			0.00%	1,500	0.37%
Total - All Other Revenue			0.00%	2,000	0.49%
Subtotal Non - UWGrCle Support		95,500	72.26%	372,300	91.04%
Total - UWGrCle designations applied to program		7,300	5.52%	7,300	1.79%
Total - UWGrCle investment committee allocation		29,355	22.21%	29,355	7.18%
Subtotal UWGrCle Support - 4001, 4701 & 4703		36,655	27.74%	36,655	8.96%
Total Support/Revenue		132,155	100%	408,955	100%

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Residential Living Options					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Amount	% of Total (A)	Amount	% of Total (B)
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
Total - Contributions and dues (less UW designations)			0.00%	3,200	0.04%
Total - Special Events - Growth			0.00%	82,400	0.91%
Catholic Charities Service Corporation	2004	46,900		39,500	
Jewish Community Federation	2004	643,000			
Total - Federated Fundraising Organizations		689,900	0.51%	39,500	0.44%
Other Federal Funders - Not Elsewhere Classified				45,600	
Subtotal Federal Government		0	0.00%	45,600	0.51%
Department of Job and Family Services				3,982,900	
Subtotal State of Ohio		0	0.00%	3,982,900	44.22%
Board of Mental Retardation and Developmental Disabilities (169 Board)	2004	46,624,345		3,473,600	
Subtotal Cuyahoga County Funding Sources		46,624,345	34.36%	3,473,600	38.56%
Medicaid *	2004	88,169,258			
Subtotal Third Party Payee/Direct Bill		88,169,258	64.98%	0	0.00%
Other Board of Education				837,200	
Subtotal Other Govt Funding Sources		0	0.00%	837,200	9.29%
Total - Contracts/grants from government organizations		134,793,603	99.34%	8,339,300	92.58%
Total - Investment Income			0.00%	327,900	3.64%
Total - All Other Revenue			0.00%	13,400	0.15%
Subtotal Non - UWGrCle Support		135,483,503	99.85%	8,805,700	97.76%
Total - UWGrCle investment committee allocation		201,720	0.15%	201,720	2.24%
Subtotal UWGrCle Support - 4001, 4701 & 4703		201,720	0.15%	201,720	2.24%
Total Support/Revenue		135,685,223	100%	9,007,420	100%

* Not all Medicaid dollars were entered under countywide total because not all Medicaid services are a one-to-one match with United Way core services. Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: Condition Specific Rehabilitation, Early Intervention for Children with Disabilities/Delays, and Residential Living Options for People with Disabilities. Medicaid Service - Waiver (\$76,245,306 in 2004) - Falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: Adult Day Programs, Case/Care Management, Home Delivered Meals, Home Health Care, In-Home Assistance and Residential Living Options for People with Disabilities. PASSPORT dollars were removed from Medicaid Waiver totals.

Consumer Group Snapshot

Attachment 4: Revenue Tables (continued)

Speech and Hearing					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	220,000	11.43%
Britton Fund	2004	10,000			
Cleveland Foundation, The	2004	690			
Mt. Sinai Health Care Foundation, The	2003	24,044			
Prentiss Foundation, Elisabeth Severance				75,000	
Reuter Foundation, The	2004	10,000			
Saint Luke's Foundation	2004	58,200			
Other Private Foundations - Not Elsewhere Classified				121,000	
Cleveland Electric Illuminating Co. Foundation	2004	1,000			
Other Corporate Foundations - Not Elsewhere Classified	2003	1,000			
Total - Foundations & Trusts		104,934	30.84%	196,000	10.18%
Total - Special Events - Growth			0.00%	93,000	4.83%
Department of Senior and Adult Services	2004	5,883			
Subtotal Cuyahoga County Funding Sources		5,883	1.73%	0	0.00%
Medicaid				85,770	
Medicare				19,060	
Other Private Insurer				324,020	
Subtotal Third Party Payee/Direct Bill		0	0.00%	428,850	22.28%
Total - Contracts/grants from government organizations		5,883	1.73%	428,850	22.28%
Private Pay/Fee for Service				524,150	
Total - Program Service Fees				524,150	27.23%
Total - Investment Income				95,000	4.94%
Total - All Other Revenue				98,300	5.11%
Total - Prior Period balances/interfund transfers				40,000	2.08%

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Attachment 4: Revenue Tables (continued)

Speech and Hearing					
Revenues as of May 11, 2006					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Subtotal Non - UWGrCle Support		110,817	32.57%	1,695,300	88.08%
Total - UWGrCle designations applied to program		23,500	6.91%	23,500	1.22%
Total - UWGrCle investment committee allocation		205,907	60.52%	205,907	10.70%
Subtotal UWGrCle Support - 4001, 4701 & 4703		229,407	67.43%	229,407	11.92%
Total Support/Revenue		340,224	100%	1,924,707	100%

* Medicaid dollars for Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and has been entered as an aggregate total for that AIRS Level. Therapy includes the following core services: Condition Specific Rehabilitation, Early Intervention for Children with Disabilities/Delays, and Speech & Hearing.

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Attachment 5: Revenue Checklist

Persons with physically disabling conditions											
Category	Administrator of Funding	Condition Specific Rehabilitation	Daily Living Aids	Disease Disability Information	Early Intervention for Children with Disabilities/Delays	Home Health Care	Independent Living Skills Instruction	Residential Living Options for People with Disabilities	Speech and Hearing		
Private Foundation	Abington Foundation, The					✓					
Private Foundation	Britton Fund			✓			✓		✓		
Private Foundation	Bruening Foundaiton, Eva L. and Joseph M.			✓							
Private Foundation	Cleveland Foundation, The	✓		✓					✓		
Private Foundation	Deaconess Community Foundation		✓				✓				
Private Foundation	Hershey Foundation, The	✓									
Private Foundation	Kulas Foundation	✓					✓				
Private Foundation	Mandel Foundation			✓							
Private Foundation	McGregor Foundation, The			✓							
Private Foundation	Mt. Sinai Health Care Foundation, The	✓		✓		✓			✓		
Private Foundation	Murphy Foundation, The John P	✓		✓							
Private Foundation	Nord Family Foundation, The			✓							
Private Foundation	O'Neill Foundation, The William J. and Dorothy K.	✓									
Private Foundation	Prentiss Foundation, Elisabeth Severance	✓	✓								
Private Foundation	Reuter Foundation, The			✓					✓		
Private Foundation	Saint Luke's Foundation			✓					✓		
Private Foundation	Sherwick Fund, The (of The Cleveland Foundation)			✓							
Private Foundation	Sisters of Charity Foundation of Cleveland			✓							
Private Foundation	White Foundation, The Thomas H.	✓									
Private Foundation	Other Private Foundations - Not Elsewhere Classified						✓				
Corporate Foundation	Cleveland Electric Illuminating Co. Foundation			✓					✓		
Corporate Foundation	Eaton Charitable Fund	✓		✓		✓					
Corporate Foundation	Forest City Enterprises			✓							
Corporate Foundation	Key Foundation	✓		✓							
Corporate Foundation	Sherwin-Williams Foundation, The	✓		✓							
Corporate Foundation	Other Corporate Foundations - Not Elsewhere Classified	✓							✓		

NOTES

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