

Consumer Group Snapshot

Seniors and Other Adults Remaining Independent

Consumer Category:
Age



February 2007

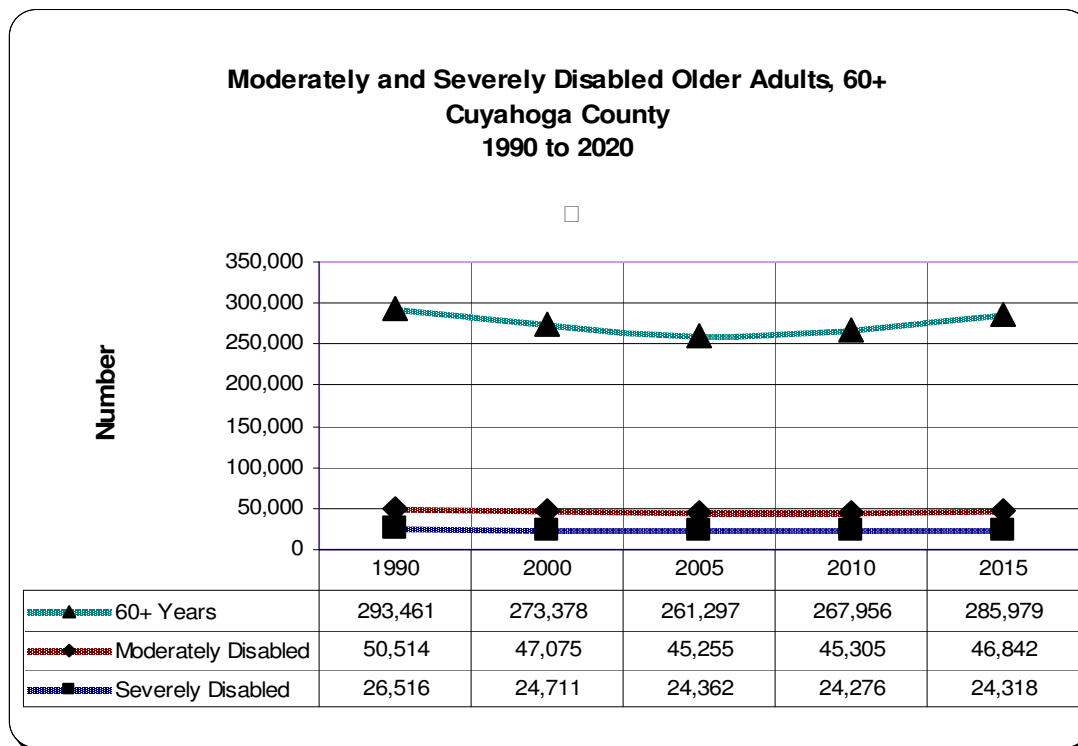
CONSUMER GROUP: Seniors and other adults remaining independent

<p>Definitions</p>	<p>Per Scripps Center for Applied Gerontology:¹ “Definitions of functional disability vary widely across long-term care programs, but all rely on ‘activities of daily living’ (ADL) and ‘instrumental activities of daily living’ (IADL) measures. Some programs consider an impairment in one IADL or ADL as an indicator of long-term disability. Others define long-term disability as impairment in three or more ADL's. Still other programs define disability quite specifically to include only those individuals who meet criteria for nursing home level of care (Rowland et. al., 1988; Kane and Kane, 1987).² In response to this disagreement, a number of studies have used an approach in which disability is divided into multiple levels (Rivlin et. al., 1988; Kane and Kane, 1987),³ specifically, the following three levels of disability:</p> <ul style="list-style-type: none"> • <i>“Severe disability</i>--includes those individuals with at least two ADL impairments. Individuals at this level of disability generally meet the current state requirements for intermediate level nursing home care. • <i>“Moderate disability</i>--includes those individuals experiencing at least one ADL impairment, <i>or</i> two IADL limitations. These individuals, in general, would not be disabled enough to meet the current nursing home level of care criteria. • <i>“Little or no disability</i>-- includes individuals with no functional impairment and those with one limitation in an IADL. It is assumed that individuals in this category currently experience no long-term disability.”
<p>THE CONSUMERS</p>	<p>See Attachment 1: Family of Services & Attachment 2: Consumer Matrix</p>
<p><i>Stage One: At Risk</i> (Estimated Number/ Percent County Population)</p>	<p>Total Cuyahoga County population per American Community Survey (2005): 1,305,166 In 2005, Cuyahoga County had an estimated population of 45,255 individuals 60 and older with a moderate disability.⁴ This is 3.5 percent of the total county population.</p>
<p><i>Stage Two: In Crisis</i> (Estimated Number/ Percent County Population)</p>	<p>In 2005, Cuyahoga County had an estimated population of 24,362 individuals 60 and older with a severe disability.⁵ This is 1.9 percent of the total county population.</p>
<p>Age by Generation</p>	<p>Individuals 60 and older (the age at which most Older Americans Act [OAA] services become available).</p>
<p>Risk Factors</p>	<p>Factors that compromise an individual’s ability to remain independent:</p> <ul style="list-style-type: none"> • Having a physical disability; • Having a cognitive impairment; • Having a chronic disease; • Living alone; • Being female; • Being a racial or ethnic minority;

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- Lower household income and worth;⁶
- Unable to drive;
- Unable to access preventative health care or medical treatments;⁷ and
- Caregiver “burnout.”⁸

Historic Trend Line



According to the National Nursing Home Survey, from 1993 to 1999 there was a 20 percent decrease in the nursing home residency rate.⁹

Influencing Factors Underlying Historic Trend Line (+/-)

Improved medical technology has resulted in decreased disability rates among older adults.

Medicare, Medicaid, and the private sector have shifted expenditures from nursing home care to home- and community-based care based on consumer-driven preferences and the increased options for sub-acute care.

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Life Trajectory	Experience age-related health issues ⇒ Strengthen and create linkages to the community and a support network ⇒ Receive needed supportive services, often in the home ⇒ Remain socially, mentally, and physically active ⇒ Remain in community dwelling for as long as possible avoiding institutionalization.
Consumer Impact Strategy	Support older adults to “age in place” by enabling them to remain connected with their communities.
Future Projection	As the number of individuals with risk factors for being institutionalized will increase (such as being older and having a disability), the number of individuals who will be at risk for not being able to remain independent will increase.
THE SAFETY NET: Which of the 80 safety net core services are needed to empower consumers to positively alter their life trajectory?	
<i>Stage One: At Risk</i>	<p>Primary Services</p> <ul style="list-style-type: none"> • Congregate Meals/Nutrition Sites • Home Delivered Meals • Home Improvement/Accessibility • In Home Assistance • Senior Centers <p>Access Services</p> <ul style="list-style-type: none"> • Senior Housing Information & Referral • Senior Ride Program <p>Supportive Services</p> <ul style="list-style-type: none"> • Case/Care Management • Daily Living Aids • Disease/Disability Information • Housing Counseling • Medical Transportation
<i>Stage Two: In Crisis</i>	<p>Primary Services</p> <ul style="list-style-type: none"> • Adult Day Programs • Adult Protective Service (Note: this only includes guardianships for adults who are indigent.) • Congregate Meals/Nutrition Sites

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- Home Delivered Meals
- Home Improvement/Accessibility
- In Home Assistance
- Senior Centers
- Access Services**
- Senior Housing Information & Referral
- Senior Ride Program
- Supportive Services**
- Case/Care Management
- Daily Living Aids
- Emergency Food
- General Counseling (Outpatient Mental Health Facilities)
- Home Health Care
- Housing Counseling
- Landlord/Tenant Assistance
- Meals
- Medical Expense Assistance
- Medical Transportation
- Money Management

Stage Three: Stabilized

Many listed above will continue after stabilization.

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

- *Historic philosophy:* Removal of older adults from their home and placement in an institutional setting.¹⁰
- *Current philosophy:* 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

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- the information and services they need to plan for their future and support their caregiver role.¹¹
- The focus on consumer choice and home- and community-based services is also recognized at the federal level with the Choices for Independence Pilot Project (Choices) proposed by the U.S. Administration on Aging for the Reauthorization of the Older American Act.¹² Choices aims to strengthen the nation’s capacity to promote the dignity and independence of older people, meet the challenges associated with the aging of the baby boom generation, and strengthen the act’s role in promoting consumer choice, control, and independence in long-term care. Choices has the following core components:
 - ◆ “Empower individuals – both those in immediate need and those who have the ability to plan ahead for their long-term care – to make informed decisions about their support options.
 - ◆ “Provide states and communities greater flexibility under the Older Americans Act to help moderate and low-income individuals to remain in their homes and delay their premature entry into nursing homes by providing funding that will be targeted at individuals, not at service categories as with the current titles under the Act.
 - ◆ “Strengthen the role of the Older Americans Act in translating research into practice by promoting the use of evidence-based health promotion and disease prevention programs at the community-level through local aging services provider organizations such as senior centers, nutrition programs, senior housing projects, and faith-based groups. There is a growing body of scientific evidence on the efficacy of low-cost programs that can empower older individuals, including functionally impaired individuals, to better maintain their health. These programs focus on interventions such as chronic disease self-management, falls prevention, exercise, and nutrition.”
 - “Providing supports to the informal caregivers of older adults who want to remain independent has become an important model of service delivery in recent years. The Older Americans Act Amendments of 2000 authorized the creation of the National Family Caregiver Support Program. Although caregivers always had been implicitly included in the national aging services network under the Older Americans Act, the National Family Caregiver Support Program makes this responsibility explicit and defines it to encompass those family and other caregivers supporting older individuals, as well as grandparents and older relatives caring for children. As the Administration on Aging explains, ‘As our nation strives to provide more meaningful home and community-based options, we must strengthen and maintain our support of the main resource upon which these options rely – family caregivers.’ Home and community-based services that are essential to strengthening informal caregiving include, but are not limited to, personal assistance; respite; home and vehicle modifications; assistive devices; caregiver training, education and support; and day care. Supportive caregiver services can diminish caregiver burden, permit caregivers to remain in the workforce, and prevent or delay more costly unwanted out-of-home placement for care recipients” (Administration on Aging, 2004).¹³

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What Works

- Assisting individuals with the planning of their long-term care before they actually need it (American Association of Homes and Services for the Aging, 2005).¹⁴
- Providing comprehensive and coordinated service delivery of a broad range of home- and community-based services with a single-entry point for access (Mallica and Gillespie, 2003).¹⁵
- Focusing on consumer choice (Department of Health and Human Services, 2006).¹⁶
- Providing not only basic needs types of services (such as food, shelter, and medical care) but other services that recognize the importance of social and emotional health for the well-being of older adults (American Society on Aging, 2006).¹⁷
- Providing opportunities for older adults’ participation in employment, volunteering, education, cultural, religious, and other community-based activities (National Council on Aging, 2006).¹⁸
- Supporting caregivers by providing such services as respite and information and referral to prevent “burn out” from the resources required for caring for an older person at risk of institutionalization (Dunlup et al., 2001).¹⁹ “Equally as important, providing effective outreach and social marketing efforts so caregivers are aware of service availability. In addition, there are specific best practices for supporting caregivers and older adults wanting to remain independent:
 - “Recognition that caregiver needs are complex, unique, and can change rapidly in short periods of time;
 - “Recognition that physical separation (for example, in adult day programs) may increase anxiety for older adult and/or their caregiver;
 - “Flexible hours;
 - “Cultural sensitivity around acceptability of formal assistance; and
 - Consider using a model in which the caregiver and the care recipient are a single ‘client’ unit since frail elderly are often caregivers for other frail elderly.”
- The fact that disproportionate numbers of older people live in some areas has long been recognized by planners and demographers (The Supportive Housing Connection, 1995).²⁰ “The phrase ‘naturally occurring retirement community’ coined in the 1980s by Michael Hunt and colleagues at the University of Wisconsin-Madison, originally referred primarily to areas that attracted, but were not planned for, older immigrants. More recently, the term has evolved to mean any building or neighborhood where more than 50 percent of the residents are over 60, or indeed where a disproportionate number are over 60. As one observer noted, ‘The point is that there is an area where a lot of older people are living.’ A common example is an apartment building in which the owner, manager, or cooperative association contracts with a social services agency to provide some services (usually social work, case management, or information and referral). Over time, NORCs programs are perceived to help to stabilize neighborhoods, improve property values, reduce older residents’ isolation, and postpone institutionalization.
- “NORCs offer many services to help older adults age in place and optimize quality of life by providing a

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single-point of entry to access services. Some of the services include: nursing, gero-psychiatry and preventive health care; social work assessments, counseling and referral; home care, chore and shopping services; volunteer friendly visitors; and group seminars led by experts in the field of aging. Other activities range from Tai Chi to political discussions, scheduled within area apartment buildings and neighborhood locations. Transportation is also provided if needed for social events and other activities. Five demonstration sites, including the Cleveland Community Options Program administered by the Jewish Community Federation, were funded by the U. S. Department of Health and Human Services, Administration on Aging.”

What Doesn't Work

America's cities, towns, and neighborhoods are not ready to serve the needs of the nation's surging older population, warns an AARP report (2004).²¹ A livable community is one with affordable and appropriate housing, supportive community features and services, and adequate mobility options that together facilitate personal independence and the engagement of residents in civic and social life. In recent years, the concept of successful aging has been heavily influenced by the MacArthur Foundation Study of Successful Aging (and articulated in the related publication, *Successful Aging*), which defines the term as “the ability to maintain three key behaviors or characteristics: low risk of disease and disease-related disability; high mental and physical function; and active engagement with life” (Rowe, J.W., and Kahn, R.L, 1998).

The AARP report recommends a Six-Point Call to Action:

1. “Communities should encourage community engagement by facilitating various forms of social involvement, such as organizational membership and volunteering, and should actively solicit the contributions of persons of all ages and abilities in community decision making.
2. “Communities should promote the design and modification of homes that meet the physical needs of older individuals.
3. “Communities should encourage stability by ensuring an adequate supply of diverse and affordable housing environments.
4. “Communities should promote community features expressly intended to enhance safety and inclusiveness for persons of all ages and abilities.
5. “Communities should facilitate driving by older individuals by improving the travel environment, supporting driver education, and promoting safe driving throughout the life span.
6. “Communities should take positive steps to enhance mobility options, including public transportation, walking and bicycling, and specialized transportation for individuals with varied functional capabilities and preferences.”

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	<p>Locally, one element of The Cleveland Foundation’s Successful Aging Initiative, the Elder Friendly Communities, supported nineteen Cuyahoga County municipalities to assess their communities for elder friendliness and to develop plans for creating elder friendly communities. The assessment addressed three dimensions: home life; community life; and mobility.</p> <p>Other approaches that do not work are:</p> <ul style="list-style-type: none"> • Uncoordinated, non-client centered services; and • Providing intervention only at point of crisis.
<p>Community-wide Strategies to Impact Life Trajectories</p>	<p>The following is the articulation of the Administration on Aging’s (AoA) direction to help the aging services network build the capacity to help clients remain independent.²² “Discretionary funds have been redirected to target investments that will implement the vision of creating communities that help older adults to remain independent. Goals are to:</p> <ul style="list-style-type: none"> • “Buttress the core programs; • “Guide the transformation of the long-term-care system; • “Integrate services at the community level; • “Support family caregivers; and • “Promote healthy and active aging by providing people with the tools they need to prevent or delay the onset of chronic disease and disability so they can remain healthy and active as they age. <p>“The centerpiece of AoA’s efforts is its partnership with the Centers for Medicare and Medicaid Services (CMS) on the new Aging and Disability Resource Center initiative (ADRC). These centers will serve older adults and persons with disabilities and help empower them to make informed choices about their long-term care options—both public and private. Centers will offer families a broad array of services including information, counseling, and streamlined access to long-term supports including Medicaid, Older Americans Act, and state programs; long-term care insurance; and low-cost supportive services that can be purchased in the private sector. Centers will also assist consumers to “plan ahead” for their long-term care needs and to learn about prevention programs that can help them to maintain their health as they age. The Western Reserve Area Agency on Aging has received a grant from AoA to develop a local ADRC. Complementing the resource centers, AoA has also established a number of other partnerships—both federal and non-federal—to help advance its rebalancing initiative and assist family caregivers. For example, AoA is working with the following:</p> <ul style="list-style-type: none"> • “National Governors Association to help states analyze and develop strategic action plans to rebalance their long-term care systems; • “National Conference of State Legislatures to educate State lawmakers about ways to promote more

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balanced systems of long-term care;

- “Robert Wood Johnson Foundation to replicate the Cash and Counseling model of consumer direction, which provides participants with monthly budgets and allows them to purchase the services they need; and
- “Federal Transit Administration to expand options and enhance coordination of transportation services for older Americans.”

First Call for Help Between 2000 and 2004, there were 17,794 requests for services for independent seniors and other adults. Of these 1,062 (6 percent) were unmet, meaning that there was no agency to which to refer callers. See Attachment 3: First Call for Help for more detail.

RESOURCES

Identified Resources 2003-04	Identified Independent Adult Revenues		
	As of 5/11/06		
		Community	UW*
	Adult Day Programs	\$2,806,175	\$0
	Adult Protective Services	\$439,350	\$0
	Congregate Meals	\$2,030,740	\$125,329
	Home Delivered Meals	\$4,480,260	\$125,000
	Home Improvement/Accessibility	\$2,557,218	\$19,243
	In Home Assistance	\$49,898,736	\$18,819
	Senior Centers	\$5,908,948	\$1,119,776
	Senior Housing Information & Referral	\$52,332	\$52,332
	Senior Ride	\$3,747,805	\$37,716
	Total	\$71,921,564	\$1,498,215

* UW revenues are included in community totals.

NOTE: This does not include all monies for this consumer group. See Attachment 4 for details and Attachment 5 for Revenue Checklist.

Government Resource Trend Line (2002-2004) Increasing Medicaid and Medicare reimbursements due to higher numbers of older individuals, increased medical technology, and other factors ⇒ Level to increasing funding for other support services in face of increasing demand ⇒ Flexibility of funding decreasing

Future Direction of Government Funding According to the Centers for Medicare and Medicaid Office of the Actuary (n.d.), “spending for Medicaid and Medicare has been growing dramatically, and the aging of the population will intensify this burden as a greater

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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.²³ Considerable concern is being expressed regarding the solvency of the Medicare program. Medicaid and Medicare continue to shift their funding from nursing homes to more home- and community-based 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 home- and community-based services (HCBS) has grown rapidly. Since 1992, the number of Medicaid 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” (American Home Care Association, 2003).²⁴

According to AARP’s Public Policy Institute (2004), a major source for funding for many other supportive services (for example, senior ride programs, congregate and home delivered meals, personal care, homemaker services, just to name a few) aimed at enabling older adults to remain independent is the Older Americans Act.²⁵ Appropriations have been incrementally increasing, from about \$1.1 billion in FY 2001 to \$1.393 billion in FY 2005. However, funding has not kept pace with inflation or the growth of the older population. President Bush’s proposed budget for the Administration on Aging includes significant cuts. Per the Center for Social Gerontology, the budget proposed for FY 2007 is \$1.335 billion, versus an FY 2006 budget of \$1.363 billion and an FY 2005 budget of \$1.393 billion. The Community Services Block grant program, a source of flexible funds, is proposed to be eliminated entirely, which is a cut of \$630 million. The Social Services Block Grant program is proposed to be cut by \$500 million. The Preventive Health Block Grant program is proposed for elimination, which is a cut of \$99 million (Center for Social Gerontology, 2006).²⁶

Return on Investment

Enabling individuals to access needed services that contribute to their physical and mental well-being and supporting caregivers in their efforts to enable an 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 (American Home Care Association, 2003).²⁷ PASSPORT, Ohio’s

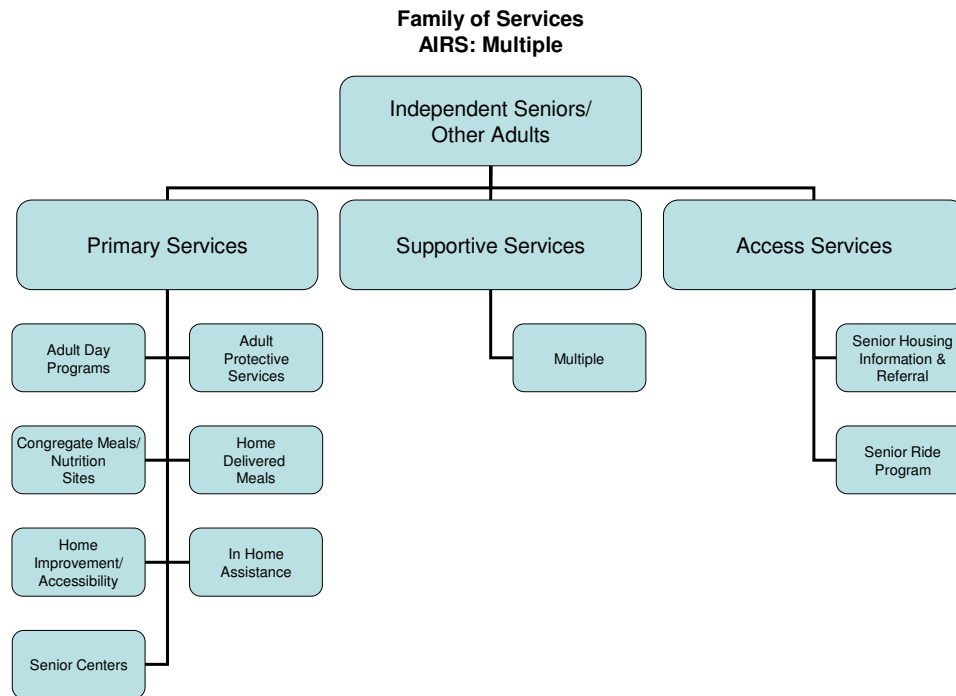
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Medicaid waiver to provide home-based community services for low income individuals 60 and older, has been shown to have significant cost savings. The average per-person cost of PASSPORT, which has the same eligibility criteria as nursing home placement, is \$1,100 a month—one-fourth that of a nursing home. Scripps Gerontology Center of Miami University is conducting an independent evaluation of PASSPORT by looking at cost-benefit of home-based services. The report is expected to be available before June 1, 2007 (Ohio Department of Aging, 2006).²⁸

A national study conducted by AARP (2003) shows that the large majority of older Americans want to remain living in their homes for as long as possible.²⁹ Investing in services that allow older adults to live independently also contributes to enabling these individuals to retain dignity and choice as they age.

ATTACHMENTS

Attachment 1: Family of Services



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
Adult Day Programs	Functionally and/or cognitively impaired adults such as the frail elderly and other adults with multiple and special needs such as those with dementia, Alzheimer's disease, developmental disabilities, serious brain injury, or other conditions. Quantitatively the consumers group consists of persons 65 years and older who need and would use an adult day program.	The Robert Wood Johnson Foundation (2005). Report: Shortage of adult day services in most U.S. counties. Found that 1.25 percent of population 65 years and older need and would use adult day programs if they were available.	2,715	0.2% Population	The Robert Wood Johnson Foundation (2005). Report: Shortage of adult day services in most U.S. counties. Found that 1.25 percent of population 65 years and older need and would use adult day programs if they were available.	2,715	0.2% Population

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
Adult Protective Services	Indigent adults 18 years and older, declared mentally incompetent by Probate Court. For quantification purposes, this was operationalized as Medicaid-eligible persons 18 and older declared mentally incompetent by Probate Court and who are not mentally retarded since there is a specific service available for this population.	Stoiber, Marlene C. and Anetzberger, Georgia. (2004, June). Report to adult guardianship services and partner agencies: Cleveland Department of Aging, Cuyahoga County Community Mental Health Board, Cuyahoga County Department of Senior and Adult Services, Cuyahoga County Probate Court, Lutheran Metropolitan Ministry.	445	0.03% Population	A time-series estimate of the need for indigent guardianships in Cuyahoga County conducted by Stoiber (2004) predicted 445 persons for calendar year 2005. Since it is a policy of the Cuyahoga County Probate Court that all persons in need must be served by adult guardianship programs, the universe of possible consumers is the same as the number of persons in need.	445	0.03% Population

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
Congregate Meals/Nutrition Sites	Persons 60+ who are living at less than 200 percent of the poverty level (\$20,420 for a family of one and \$27,380 for a family of two in 2007). While eligibility for congregate meals supported by the Older Americans Act starts at 60 years, other younger persons such as developmentally-disabled persons and disabled residents of public housing are also eligible for this service.	Older adults under 200% poverty. (U.S. Census 2000, SF1 (P12); SF3 (PCT50))	70,943	5.1% Population	Estimating that 80 percent of these (56,754) are covered by the informal care-giving system of families, friends, and neighbors (Mehdizadeh et al., n.d.) (70,943 x 80% = 56,754), the remaining 20 percent are cared for in the formal care-giving system, 14,189, the estimated universe of possible consumers. (70,943 x 20% = 14,189)	14,189	1.0% Population

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 Delivered Meals	Persons 60 years and older who have moderate or severe disabilities; however, younger adults with disabilities can also be consumers of home delivered meals.	Mehdzadeh, S.A., Kunkel, S. R., Ritchey, P.N. (2001). Projections of Ohio's older disabled population: 2015-2050. Oxford, OH: Scripps Gerontology Center, Miami University. A moderate disability is defined as needing help in at least one of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, bathing, remaining continent, or in at least two of the following instrumental activities of daily living: walking, shopping, meal preparation, housekeeping, or using transportation (47,075 persons). A severe disability is defined as needing help in at least two of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, remaining continent, or having cognitive impairment (24,711 persons).	71,786	5.1% Population	A 1996 evaluation of the Older American's Act Elderly Nutrition Program (through which home-delivered meal programs are funded) found that 41 percent of providers have a waiting list, suggesting a significant unmet need for these services (Mathematica Policy Institute, 1996). It is estimated that 80 percent of those in need (57,429) are covered by the informal caregiving system of families, friends, and neighbors and the remaining 20 percent by the formal caregiving system (14,357), the estimated universe of possible consumers (Mehdzadeh et al., n.d.). $(71,786 \times 80\% = 57,429)$ and $(71,786 \times 20\% = 14,357)$	14,357	1.0% Population

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 Improvement/ Accessibility	Older homeowners (55+) who are paying more than 30 percent of income for housing and need assistance in the form of consultation, information, labor and/or supplies, repair, maintenance, or upgrades to their homes to make them attractive, safe, accessible, and energy-efficient.	U.S. Census 2000, SF3 (H96); SF4 (HCT81)	32,395	2.3% Population	When asked "How likely do you think it is that you will need to make changes to your home to be able to live there comfortably as you age?" in a recent survey (Greenwald and Associates, 2003), only 24 percent responded "very likely"; another 27 percent said "somewhat likely." This is a total of 51 percent of survey respondents. Applying this percentage to the estimated persons in need (32,395) results in an estimated universe of possible consumers of 16,521 cost burdened householders 55 years or older.	16,521	1.2% Population

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
In Home Assistance	Persons 60 years and older with moderate or severe disabilities.	Mehdizadeh, S.A., Kunkel, S. R., Ritchey, P.N. (2001). Projections of Ohio's older disabled population: 2015-2050. Oxford, OH: Scripps Gerontology Center, Miami University. A moderate disability is defined as needing help in at least one of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, bathing, remaining continent; or in at least two of the following instrumental activities of daily living: walking, shopping, meal preparation, housekeeping, or using transportation (47,075 persons). A severe disability is defined as needing help in at least two of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, remaining continent, or having cognitive impairment (24,711 persons).	71,786	5.1% Population	Typically most research indicates that only 20 percent of persons needing long-term care are cared for in the formal caregiving system (Young, 2003). However, as was noted previously, because of persistent downturns in Northeast Ohio's economics, 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 et al., n.d.). • By multiplying the estimated persons in need by 25 percent (the mid-point between 20 and 30 percent) the estimated universe of possible consumers is 17,947. (71,786 x 25%)	17,947	1.3% Population

Attachment 2: Consumer Matrix (continued)

		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Senior Centers	Independently functioning older adults aged 60 years and older who are under 200 percent of poverty and living in the community.	Older adults under 200% poverty. (U.S. Census 2000, SF1 (P12); SF3 (PCT50))	70,943	5.1% Population	Research by Krout and Cohen-Mansfield (2005) found nationally that 20 percent of the population 65 years and older are consumers of senior centers. Applying this percentage to the estimated persons in need (70,943) results in an estimated universe of possible consumers of 14,189. (70,943 x 20% = 14,189)	14,189	1.0% Population
Senior Housing Information & Referral	Older adults and their caregivers who need to find residential living options that address older adults' needs for assistance with medical care, daily activities, comfort, supervision, or advice.	Mehdzadeh, S.A., Roman, S.P., Wellin, V.W., Ritchey, P.N. & Kunkel, S. R. (n.d.). Profile and projection of the 60+ population: Cuyahoga County, Ohio. Oxford, OH: Scripps Gerontology Center, Miami University. Severe disability is defined as receiving help in at least two of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, remaining continent, or having cognitive impairments.	24,711	1.8% Population	Based upon the estimate that about 25 percent of disabled elderly live in an institutional setting (Wiener and Stevenson, 1997), the estimated universe of possible consumers is 6,178. (24,711 x 25% = 6,178)	6,178	0.4% Population

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
Senior Ride Program	Frail elderly, i.e., those 60+ with severe or moderate disabilities.	In 2000, an estimated 31 percent of 22,254 individuals 60 and older with moderate or severe disabilities in Cuyahoga County were in need of senior ride programs. This estimate was determined by taking 31 percent of the number of individuals 60+ with moderate or severe disabilities based on estimates provided by Scripps Gerontology Center. (71,786 x 31%). This is the percentage of persons with disabilities who reported having a transportation problem according to the National Organization on Disability's Harris Poll (2004).	22,254	1.6% Population	The estimated universe of possible consumers is the same as those in need for this service. This assumes that all persons with a need would use the service if it were available, they knew about it, and could afford it. The two-thirds of persons with disabilities who did not report a transportation problem in the Harris Poll had other resources such as family, friends, or neighbors.	22,254	1.6% Population

Attachment 3: First Call for Help

Seniors & other adults remaining independent											
CORE SERVICES	TOTAL REQUESTS					%Change*	MET				
	2000	2001	2002	2003	2004		2000	2001	2002	2003	2004
Adult Day Programs	130	98	141	99	113	(13%)	126	96	138	93	111
Adult Protective Services	177	172	279	316	322	82%	177	170	276	316	319
Congregate Meals/Nutrition Sites	39	40	60	42	21	(46%)	38	32	60	34	21
Home Delivered Meals	1,504	1,411	1,519	1,491	1,395	(7%)	1,404	1,347	1,465	1,412	1,286
Home Improvement/ Accessibility	292	563	612	744	702	140%	266	524	583	685	653
In Home Assistance	536	498	566	499	492	(8%)	491	471	527	467	464
Senior Centers	225	209	277	260	271	20%	218	207	271	255	263
Senior Housing Information & Referral	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Senior Ride Program (Paratransit)	303	318	348	341	369	22%	258	283	303	298	324
Total	3,206	3,309	3,802	3,792	3,685	15%	2,978	3,130	3,623	3,560	3,441

Seniors & other adults remaining independent									
CORE SERVICES	UNMET					TOTALS 00-04			%
	2000	2001	2002	2003	2004	Req.	Met	Unm.	
Adult Day Programs	4	2	3	6	2	581	564	17	3%
Adult Protective Services	0	2	3	0	3	1,266	1,258	8	1%
Congregate Meals/Nutrition Sites	1	8	0	8	0	202	185	17	8%
Home Delivered Meals	100	64	54	79	109	7,320	6,914	406	6%
Home Improvement/ Accessibility	26	39	29	59	49	2,913	2,711	202	7%
In Home Assistance	45	27	39	32	28	2,591	2,420	171	7%
Senior Centers	7	2	6	5	8	1,242	1,214	28	2%
Senior Housing Information & Referral	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Senior Ride Program (Paratransit)	45	35	45	43	45	1,679	1,466	213	13%
Total	228	179	179	232	244	17,794	16,732	1,062	6%

Attachment 4: Revenue Tables

Adult Day Programs					
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	25,000			
Mt. Sinai Health Care Foundation, The	2003	62,500			
Total - Foundations & Trusts		87,500	3.12%	0	N/A
United Black Fund of Greater Cleveland	FY2005	13,000			
Total - Federated Fundraising Organizations		13,000	0.46%	0	N/A
WRAAA-PASSPORT	2004	1,995,273			
Subtotal State of Ohio		1,995,273	71.10%	0	N/A
WRAAA-OAA-Alzheimer's	CY20004	129,526			
WRAAA-OAA+Block	CY20004	363,292			
Subtotal Regional Funding Sources		492,818	17.56%	0	N/A
Department of Senior and Adult Services	2004	167,719			
OPTIONS for Elders	2004	13,815			
Subtotal Cuyahoga County Funding Sources		181,534	6.47%	0	N/A
Community Development Block Grant	2004	36,050			
Subtotal City of Cleveland Funding Sources		36,050	1.28%	0	N/A
Total - Contracts/grants from government organizations		2,705,675	96.42%	0	N/A
Subtotal Non - UWGrCle Support		2,806,175	100%	0	N/A
Total Support/Revenue		2,806,175	100%	0	N/A

* 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 (\$128,921,354 in 2004 - PASSPORT dollars were removed from totals.) - 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.

Attachment 4: Revenue Tables (continued)

Adult Protective Services					
Revenues as of May 11, 2006					
		A		B	
Funder	Period	Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
United Black Fund of Greater Cleveland	FY2005	18,000		N/A	N/A
Total - Federated Fundraising Organizations		18,000	4.10%	N/A	N/A
WRAAA-OAA-Title III B	CY2004	81,350		N/A	N/A
Subtotal Regional Funding Sources		81,350	18.52%	N/A	N/A
Department of Senior and Adult Services	2004	40,000		N/A	N/A
Probate Court, Indigent Fund	2004	300,000		N/A	N/A
Subtotal Cuyahoga County Funding Sources		340,000	77.39%	N/A	N/A
Total - Contracts/grants from government organizations		421,350	95.90%	N/A	N/A
Subtotal Non - UWGrCle Support		439,350	100%	N/A	N/A
Total Support/Revenue		439,350	100%	N/A	N/A

Attachment 4: Revenue Tables (continued)

Congregate Meals					
Revenues Identified 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%	7,248	0.62%
Bruening Foundation, Eva L. and Joseph M.	2003	8,100			
Deaconess Community Foundation				9,500	
Total - Foundations & Trusts		8,100	0.40%	9,500	0.81%
Total - Special Events - Growth			0.00%	80,000	6.79%
United Black Fund of Greater Cleveland	FY2005	9,900			
Total - Federated Fundraising Organizations		9,900	0.49%	0	0.00%
Other Federal Funders - Not Elsewhere Classified				350,276	
Subtotal Federal Government		0	0.00%	350,276	29.72%
Western Reserve Area Agency on Aging (WRAAA)				47,113	
WRAAA-OAA-Title III C-1	CY2004	552,902			
WRAAA-Cost of Meals	CY2004	1,277,953			
Subtotal Regional Funding Sources		1,830,855	90.16%	47,113	4.00%
Community Services Block Grant Program				112,274	
Cuyahoga Metropolitan Housing Authority (CMHA)				206,686	
Department of Senior and Adult Services	2004	56,556			
Other Cuyahoga County Funders - Not Elsewhere Classified				81,370	
Subtotal Cuyahoga County Funding Sources		56,556	2.79%	400,330	33.97%
Community Development Block Grant				44,400	
Subtotal City of Cleveland Funding Sources		0	0.00%	44,400	3.77%
All Other Funding - Not Elsewhere Classified				83,526	
Subtotal Other Govt Funding Sources		0	0.00%	83,526	7.09%
Total - Contracts/grants from government organizations		1,887,411	92.94%	925,645	78.55%
Total - Membership dues under \$150				513	0.04%
Total - Investment Income				30,200	2.56%
Subtotal Non - UWGrCle Support		1,905,411	93.83%	1,053,106	89.36%
Total - UWGrCle designations applied to program		2,000	0.10%	2,000	0.17%
Total - UWGrCle investment committee allocation		123,329	6.07%	123,329	10.47%
Subtotal UWGrCle Support - 4001, 4701 & 4703		125,329	6.17%	125,329	10.64%
Total Support/Revenue		2,030,740	100%	1,178,435	100%

Attachment 4: Revenue Tables (continued)

Home Delivered Meals					
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 Private Foundations - Not Elsewhere Classified				2,264	
Total - Foundations & Trusts		0	0.00%	2,264	0.23%
Jewish Community Federation	2004	64,000			
Total - Federated Fundraising Organizations		64,000	1.43%	0	0.00%
Other Federal Funders - Not Elsewhere Classified				396,522	
Subtotal Federal Government		0	0.00%	396,522	40.01%
WRAAA-PASSPORT	2004	1,854,179			
Subtotal State of Ohio		1,854,179	41.39%	0	0.00%
Western Reserve Area Agency on Aging (WRAAA)				445,000	
WRAAA-OAA-Title III C-2	CY2004	707,113			
WRAAA-Cost of Meals	CY2004	1,500,206			
Subtotal Regional Funding Sources		2,207,319	49.27%	445,000	44.90%
Cuyahoga Metropolitan Housing Authority (CMHA)				3,897	
HIV Services Planning Council Ryan White Title I	2004	174,202			
Other Cuyahoga County Funders - Not Elsewhere Classified				12,000	
OPTIONS for Elders	2004	55,560			
Subtotal Cuyahoga County Funding Sources		229,762	5.13%	15,897	1.60%
All Other Funding - Not Elsewhere Classified				6,475	
Subtotal Other Govt Funding Sources		0	0.00%	6,475	0.65%
Total - Contracts/grants from government organizations		4,291,260	95.78%	863,894	87.16%
Subtotal Non - UWGrCle Support		4,355,260	97%	866,158	87.39%
Total - UWGrCle investment committee allocation		125,000	2.79%	125,000	12.61%
Subtotal UWGrCle Support - 4001, 4701 & 4703		125,000	2.79%	125,000	12.61%
Total Support/Revenue		4,480,260	100%	991,158	100%
* 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 (\$128,921,354 in 2004 - PASSPORT dollars were removed from totals.) - 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.					

Attachment 4: Revenue Tables (continued)

Home Improvement - Accessibility					
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 Private Foundations - Not Elsewhere Classified	2004	2,500			
Key Foundation	2003	1,000			
Total - Foundations & Trusts		3,500	0.14%	0	0.00%
WRAAA-PASSPORT	2004	106,366			
Subtotal State of Ohio		106,366	4.16%	0	0.00%
WRAAA-OAA Title III B & III E and Block	CY2004	140,009			
Subtotal Regional Funding Sources		140,009	5.48%	0	0.00%
Other Cuyahoga County Funders - Not Elsewhere Classified				3,860	
Community Development Block Grant Program	2004	1,006,720			
Subtotal Cuyahoga County Funding Sources		1,006,720	39.37%	3,860	3.32%
Community Development Block Grant	2004	924,000			
Other City of Cleveland Funders - Not Elsewhere Classified				38,250	
Subtotal City of Cleveland Funding Sources		924,000	36.13%	38,250	32.87%
City of Parma	2004	146,346			
City of Shaker Heights	2004	197,899			
City of University Heights	2004	13,135			
Subtotal Other Municipal Funding Sources		357,380	13.98%	0	0.00%
Total - Contracts/grants from government organizations		2,534,475	99.11%	42,110	36.19%
Total - All Other Revenue			0.00%	55,000	47.27%
Subtotal Non - UWGrCle Support		2,537,975	99.25%	97,110	83.46%
Total - UWGrCle investment committee allocation		19,243	0.75%	19,243	16.54%
Subtotal UWGrCle Support - 4001, 4701 & 4703		19,243	0.75%	19,243	16.54%
Total Support/Revenue		2,557,218	100%	116,353	100%

Attachment 4: Revenue Tables (continued)

In-Home Assistance					
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%	634	0.63%
O'Neill Foundation, The William J. and Dorothy K.	2003	3,000			
Total - Foundations & Trusts		3,000	0.01%	0	0.00%
United Black Fund of Greater Cleveland	FY2005	9,000			
Total - Federated Fundraising Organizations		9,000	0.02%	0	0.00%
WRAAA-PASSPORT	2004	45,904,544			
Subtotal State of Ohio		45,904,544	92.00%	0	0.00%
Western Reserve Area Agency on Aging (WRAAA)				21,056	
WRAAA-OAA- Alzheimer	CY2004	43,430			
WRAAA-OAA Title III B and Block	CY2004	376,141			
Subtotal Regional Funding Sources		419,571	0.84%	21,056	21.00%
Department of Senior and Adult Services	2004	31,286			
DSAS Home Support Services	2004	2,232,521			
OPTIONS for Elders	2004	886,368			
Subtotal Cuyahoga County Funding Sources		3,150,175	6.31%	0	0.00%
Community Development Block Grant	2004	105,112		18,573	
Community Development Block Grant (Department of Aging)	2004	160,000			
Subtotal City of Cleveland Funding Sources		265,112	0.53%	18,573	18.52%
City of Highland Hts	2004	20,782			
City of Lyndhurst	2004	39,390			
City of South Euclid	2004	60,656			
Cleveland Heights - CDBG	2004	7,687			
Subtotal Other Municipal Funding Sources		128,515	0.26%	0	0.00%
Total - Contracts/grants from government organizations		49,867,917	99.94%	39,629	39.52%
Total - All Other Revenue			0.00%	41,192	41.08%
Subtotal Non - UWGrCle Support		49,879,917	99.96%	81,455	81.23%
Total - UWGrCle investment committee allocation		18,819	0.04%	18,819	18.77%
Subtotal UWGrCle Support - 4001, 4701 & 4703		18,819	0.04%	18,819	18.77%
Total Support/Revenue		49,898,736	100%	100,274	100%
* 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 (\$128,921,354 in 2004 - PASSPORT dollars were removed from totals.) - 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.					

Attachment 4: Revenue Tables (continued)

Senior Centers					
Revenue 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%	200,361	3.49%
Cleveland Foundation, The				99,150	
Deaconess Community Foundation	2004	40,000			
McGregor Foundation, The	2004	98,000			
Mt. Sinai Health Care Foundation, The	2003	36,500			
Sisters of Charity Foundation of Cleveland				9,910	
Other Private Foundations - Not Elsewhere Classified				22,000	
Cleveland Electric Illuminating Co. Foundation	2004	4,000			
Eaton Charitable Fund	2003	500			
Other Corporate Foundations - Not Elsewhere Classified				13,500	
Total - Foundations & Trusts		179,000	3.03%	144,560	2.51%
Total - Special Events - Growth			0.00%	44,523	0.77%
Catholic Charities Service Corporation	2004	14,300			
Jewish Community Federation	2004	2,032,000		311,150	
United Black Fund of Greater Cleveland	FY2005	43,000			
Other Federated Organizations - Not Elsewhere Classified				19,980	
Total - Federated Fundraising Organizations		2,089,300	35.36%	331,130	5.76%
Department of Agriculture (USDA)				180,000	
Department of Housing and Urban Development				48,549	
Other Federal Funders - Not Elsewhere Classified				258,218	
Subtotal Federal Government		0	0.00%	486,767	8.47%
Department of Job and Family Services				55,392	
State Department of Education				11,400	
Other State Funders - Not Elsewhere Classified				15,000	
Subtotal State of Ohio		0	0.00%	81,792	1.42%

Attachment 4: Revenue Tables (continued)

Senior Centers					
Revenue 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)
Western Reserve Area Agency on Aging (WRAAA)				1,660,735	
WRAAA-OAA-Title III B (Supportive Services)	CY2004	487,651			
Subtotal Regional Funding Sources		487,651	8.25%	1,660,735	28.89%
Department of Senior and Adult Services	2004	293,564		306,590	
Other Cuyahoga County Funders - Not Elsewhere Classified				37,953	
Community Development Block Grant Program	2004	8,200			
Subtotal Cuyahoga County Funding Sources		301,764	5.11%	344,543	5.99%
Community Development Block Grant	2004	680,030		159,141	
Other City of Cleveland Funders - Not Elsewhere Classified	2004	67,000		67,600	
Subtotal City of Cleveland Funding Sources		747,030	12.64%	226,741	3.94%
City of Bedford General Fund	2004	20,000			
City of Brooklyn	2004	19,271			
City of Cleveland Heights General Fund	2004	101,500			
City of Fairview Park General Fund	2004	290,888			
City of Highland Hts	2004	30,708			
City of Lyndhurst	2004	58,202			
City of South Euclid	2004	89,625			
Cleveland Heights CDBG	2004	124,297			
Orange Community Education & Recreation Dept.	2004	249,936			
Subtotal Other Municipal Funding Sources		984,427	16.66%	0	0.00%
Medicaid				96,270	
Medicare				1,064	
Other Private Insurer				532	
Subtotal Third Party Payee/Direct Bill		0	0.00%	97,866	1.70%
All Other Funding - Not Elsewhere Classified				631,525	
Subtotal Other Govt Funding Sources		0	0.00%	631,525	10.99%

Attachment 4: Revenue Tables (continued)

Senior Centers					
Revenue 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 - Contracts/grants from government organizations		2,520,872	42.66%	3,529,969	61.40%
Private Pay/Fee for Service				56,855	
Client Donation (Title III - OAA)				22,190	
Total - Program Service Fees				79,045	1.37%
Total - Investment Income				4,188	0.07%
Total - All Other Revenue				286,777	4.99%
Total - Prior Period balances/interfund transfers				8,606	0.15%
Subtotal Non - UWGrCle Support		4,789,172	81.05%	4,629,159	80.52%
Total - UWGrCle investment committee allocation		1,119,776	18.95%	1,119,776	19.48%
Subtotal UWGrCle Support - 4001, 4701 & 4703		1,119,776	18.95%	1,119,776	19.48%
Total Support/Revenue		5,908,948	100%	5,748,935	100%

Attachment 4: Revenue Tables (continued)

Senior Housing Information and Referral 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 Federated Organizations - Not Elsewhere Classified		0		2,500	
Total - Federated Fundraising Organizations		0	0.00%	2,500	4.32%
Western Reserve Area Agency on Aging (WRAAA)		0		3,000	
Subtotal Regional Funding Sources		0	0.00%	3,000	5.19%
Total - Contracts/grants from government organizations		0	0.00%	3,000	5.19%
Subtotal Non - UWGrCle Support		0	0.00%	5,500	9.51%
Total - UWGrCle investment committee allocation		52,332	100.00%	52,332	90.49%
Subtotal UWGrCle Support - 4001, 4701 & 4703		52,332	100.00%	52,332	90.49%
Total Support/Revenue		52,332	100%	57,832	100%

Attachment 4: Revenue Tables (continued)

Senior Ride					
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%	2,775	2.09%
Bruening Foundation, Eva L. and Joseph M.	2003	50,000			
Cleveland Foundation, The	2004	100,000			
Deaconess Community Foundation				10,000	
McGregor Foundation, The	2004	28,000			
Mt. Sinai Health Care Foundation, The	2003	183,334			
Total - Foundations & Trusts		361,334	10.40%	10,000	7.52%
Total - Special Events - Growth			0.00%	5,000	3.76%
Jewish Community Federation	2004	120,000			
Total - Federated Fundraising Organizations		120,000	3.45%	0	0.00%
WRAAA-PASSPORT	2004	986,504			
Subtotal State of Ohio		986,504	28.39%	0	0.00%
Western Reserve Area Agency on Aging (WRAAA)				60,500	
WRAAA-OAA-Title III B and Block	CY2004	712,874			
Regional Transit Authority - Paratransit	2004	394,000			
Subtotal Regional Funding Sources		1,106,874	31.85%	60,500	45.49%
Department of Senior and Adult Services	2004	231,283			
Subtotal Cuyahoga County Funding Sources		231,283	6.66%	0	0.00%
Community Development Block Grant	2004	21,420		13,940	
Subtotal City of Cleveland Funding Sources		21,420	0.62%	13,940	10.48%
City of Bedford	2004	50,000			
City of Cleveland Heights	2004	44,600			
City of Fairview Park	2004	65,905			
City of Highland Hts	2004	21,146			
City of Lyndhurst	2004	40,078			
City of Mayfield Heights General Fund	2004	62,000			
City of Shaker Heights	2004	179,355			

Attachment 4: Revenue Tables (continued)

Senior Ride					
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)
City of South Euclid	2004	61,716			
City of University Heights	2004	57,276			
Orange Community Education & Recreation Dept.	2004	21,298			
Cleveland Heights - CDBG	2004	6,300			
Subtotal Other Municipal Funding Sources		609,674	17.55%	0	0.00%
All Other Funding - Not Elsewhere Classified				2,400	
Subtotal Other Govt Funding Sources		0	0.00%	2,400	1.80%
Total - Contracts/grants from government organizations		2,955,755	85.06%	76,840	57.77%
Total - Membership dues under \$150			0.00%	525	0.39%
Total - Investment Income			0.00%	150	0.11%
Subtotal Non - UWGrCle Support		3,437,089	98.91%	95,290	71.64%
Total - UWGrCle designations applied to program		1,200	0.03%	1,200	0.90%
Total - UWGrCle investment committee allocation		36,516	1.05%	36,516	27.45%
Subtotal UWGrCle Support - 4001, 4701 & 4703		37,716	1.09%	37,716	28.36%
Total Support/Revenue		3,474,805	100%	133,006	100%

Attachment 5: Revenue Checklist

Seniors and other adults remaining independent													
Category	Administrator of Funding	Adult Day Programs	Adult Protective Services	Congregate Meals/Nutrition Sites	Home Delivered Meals	Home Improvement/Accessibility	Senior Assistance Centers	Senior Housing Information & Referral	Senior Ride Program				
Private Foundation	Bruening Foundation, Eva L. and Joseph M.		✓										✓
Private Foundation	Cleveland Foundation, The												✓
Private Foundation	Deaconess Community Foundation	✓					✓						
Private Foundation	McGregor Foundation, The						✓						✓
Private Foundation	Mt. Sinai Health Care Foundation, The	✓					✓						✓
Private Foundation	O'Neill Foundation, The William J. and Dorothy K.							✓					
Private Foundation	Other Private Foundations - Not Elsewhere Classified						✓						
Corporate Foundation	Cleveland Electric Illuminating Co. Foundation							✓					
Corporate Foundation	Eaton Charitable Fund							✓					
Corporate Foundation	Key Foundation						✓						
Federated Organization	Catholic Charities Service Corporation							✓					
Federated Organization	Jewish Community Federation				✓			✓					✓
Federated Organization	United Black Fund of Greater Cleveland	✓	✓	✓			✓	✓					
Federal Government	Department of Agriculture (USDA)	x											
Federal Government	Department of Education						x						
Federal Government	Department of Housing and Urban Development						x						
Federal Government	Department of Veterans' Affairs	x					x						
State of Ohio	Department of Aging						x						
State of Ohio	Trust Fund						x						
Regional	Northeast Ohio Areawide Coordinating Agency												x
Regional	RTA Paratransit												✓
Regional	Western Reserve Area Agency on Aging (WRAAA)	✓	✓	✓	✓	✓	✓	✓	x				✓
Cuyahoga County	Board of Mental Retardation and Developmental Disabilities		x										
Cuyahoga County	Department of Development						✓						
Cuyahoga County	Department of Senior and Adult Services	✓	✓	✓	✓	✓	✓	✓					✓
Cuyahoga County	HIV Services Planning Council Ryan White Title I				✓								
Cuyahoga County	Probate Court		✓										

Attachment 5: Revenue Checklist (continued)

Seniors and other adults remaining independent		Adult Day Programs	Adult Protective Services	Congregate Meals/Nutrition Sites	Home Delivered Meals	Home Improvement/ Accessibility	Senior Centers	Senior Housing Information & Referral	Senior Ride Program
Category	Administrator of Funding								
City of Cleveland	Department of Community Development	✓	x		✓	✓		✓	
City of Cleveland	Other City of Cleveland Funders - Not Elsewhere Classified					✓			
Other Municipal	City of Bedford					✓		✓	
Other Municipal	City of Brooklyn					✓			
Other Municipal	City of Cleveland Heights				✓	✓		✓	
Other Municipal	City of Fairview Park					✓		✓	
Other Municipal	City of Highland Heights				✓	✓		✓	
Other Municipal	City of Lyndhurst				✓	✓		✓	
Other Municipal	City of Mayfield Heights							✓	
Other Municipal	Orange Community Education and Recreation Dept.					✓		✓	
Other Municipal	City of Parma				✓				
Other Municipal	City of Shaker Heights				✓			✓	
Other Municipal	City of South Euclid					✓	✓	✓	
Other Municipal	City of University Heights				✓			✓	
3rd Party Payee/Direct Bill	Medicaid	x		x	x	x			x
3rd Party Payee/Direct Bill	Medicare	x			x	x			
United Way Greater Cleve	United Way of Greater Cleveland designations applied to program		✓					✓	
United Way Greater Cleve	United Way of Greater Cleveland investment committee allocation		✓	✓	✓	✓	✓	✓	✓
<p>✓ = Revenue was identified specifically for this core service and the amount allocated in Cuyahoga County appears in the revenue table of the core service report.</p> <p>x = Revenue was identified from these sources, but no dollar amount is available because either it was not possible to obtain data for Cuyahoga County alone, or it was not possible to obtain data specifically for this core service because funding covers multiple core services.</p>									

NOTES

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