

Core Service Report

Home Improvement / Accessibility

Consumer Category:
Age

Primary Consumer Group:
**Seniors and Other Adults
Remaining Independent**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

ACKNOWLEDGEMENTS

We are grateful to the multiple public and private funders, provider agencies, experts in the various fields of interest, external reviewers, United Way Community Investment Committee clusters, and staff of United Way for their assistance, support, information, and insight. We would like to acknowledge the substantial contributions of the Western Reserve Area Agency on Aging and the Cuyahoga County Department of Senior and Adult Services.

This report was written by a team under contract with MCS Consulting Service, LLC, including the following in alphabetical order:

- Renée Aten, Aten Enterprises
- Louis B. Burroughs
- Elsie Day
- Carey Wiant Nyberg
- Marlene C. Stoiber, MCS Consulting Service, LLC.

This report reflects the comments from reviewers and United Way Community Investment Committee cluster volunteers.

Suggested Citation: MCS Consulting Service. (2007). Core service report: Home improvement/accessibility. United Way of Greater Cleveland. Available at <http://uws.org>

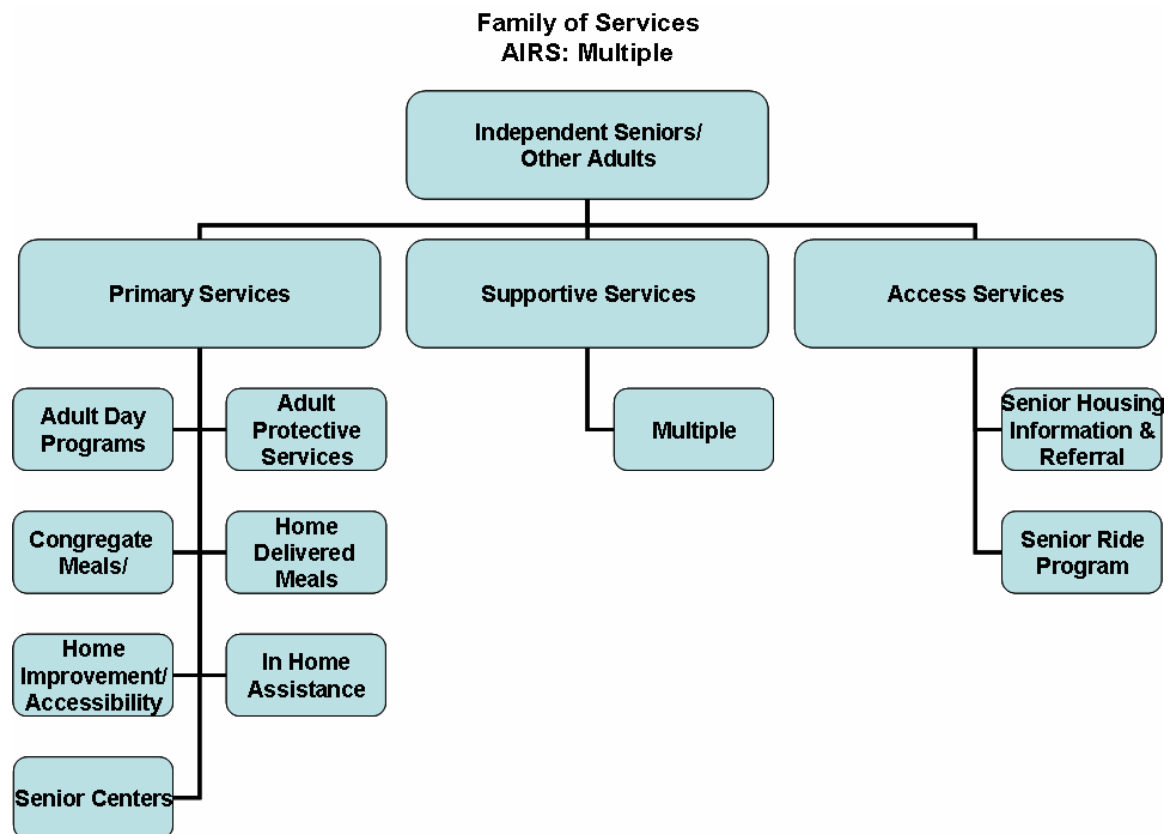
SNAPSHOT

AIRS Code Level I: Basic Subsistence (B)
AIRS Code Level II: Housing (BH)
Core Service: Home Improvement/Accessibility (BH-300)

Investment Committee: Senior Success
Cluster: Basic Subsistence/Supportive Service

AIRS Definition: Programs that pay for or provide assistance in the form of consultation, information, and labor and/or supplies for moderate and low-income persons 55+ who need to repair, maintain, or upgrade their homes to make them attractive, safe, accessible, and energy-efficient.

The Home Improvement/Accessibility program is part of a family of services for independent seniors/older adults. It is one of seven services targeting this consumer group. In addition, senior housing information and referral and senior ride program facilitate access to these services. (See figure below.)



Core Service Environment

A growing number of older Americans express a strong desire to remain in their homes for the rest of their lives (Greenwald, 2003; Bayer & Harper, 2000). The urge to stay in one's own home and be connected to community and friends is often referred to as "aging in place," which can be a positive experience if the home can be maintained and improved to meet changing needs. More and more older Americans are expected to seek appropriate accessorized housing and other services that support aging in place (Schafer, 1999). Many household owners will be able to make improvements from their personal income and savings, but for others, paying for major home improvements is expected to be a challenge (Burkhardt, 1999 in Lawler, 2001).

Decent housing has been inextricably linked to urban housing policy since passage of the National Housing Act of 1961, which authorized loans to the elderly and gave the FHA (Federal Housing Administration) more discretion in guaranteeing mortgages and home improvement loans (The Brookings Institution, n.d.).

Political conservatives criticize national housing policy for using government socialistic solutions that do not promote lifestyles that stress prudence, planning, and temperance for human problems. They argue that social and economic uplift in life comes through virtuous living and thrift, and government housing policy neither rewards virtues nor discourages vices (McCrory, 1999). Liberals argue that the free market does not work well enough to provide decent housing for certain segments of society—the young, minorities, low income, disabled and the elderly—and that the free market was largely responsible for de-facto segregation, unsafe and unsanitary housing, and a number of other social ills requiring government interventions (McGhee, 2006).

Many public policies are making it more difficult for older adults to age in place. For example, the relatively recent Quality Housing and Work Responsibility Act of 1998 (QHWRA) impacts low-income older adults. QHWRA promoted income mixing in public housing and de-concentration of poverty. The Act has been criticized for reducing the amount of public housing that, if this policy continues, could negatively affect the large number of low-income older adults projected to need decent housing by 2030.

Core Service Consumers

The target population addressed in this core service report is 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.

Income and race are both factors that determine whether households consume home improvements (Pynoos and Nishita, 2003). Nationally, the housing boom of the last decade pushed minority home ownership above the 50 percent level in 2004. In spite of income gains, the gap between blacks and well-off whites remains at about 25 percent, unchanged from a decade ago. Upward of 75 percent of whites are homeowners.

It is suggested that the low home ownership rate among all minorities somehow contributes to the lower number interested in making modifications (67 percent vs. 76 percent). Minority respondents are also less likely to strongly or somewhat agree that they want to "age in place" for as long as possible (78 percent vs. 84 percent) (Bayer & Harper, 2000).

In 2000, 32,395 households 55 years and older owned their own homes and were in need of home improvement/accessibility services. That number is expected to decrease slightly to 31,262 by 2015 because of population shifts in the county.

Core Service Delivery

The definition of the core service for this report is: programs that pay for or provide assistance in the form of consultation, financing, information, education, assessments, and labor and/or supplies for repair, maintenance, and improvement of homes.

Home improvement is the process of renovating or making additions to one's home. A homeowner can hire a general contractor to oversee a home improvement project that involves multiple trades. Home repair involves the diagnosis and resolution of problems in a home, and is related to home maintenance to avoid such problems. Repair is not necessarily the same as home improvement, although many improvements can result from repairs or maintenance. (Wikipedia.com, 2006b)

Based on United Way-First Call for Help's (FCFH) database (2004), there are 31 home improvement/accessibility providers operating from 35 different sites, 14 of which are government and 17 are nonprofit. In FY 2004 (July 2003 to June 2004), United Way funded 1 of these providers. FCFH call data shows an increase in the number of requests for information on home-improvement programs in the county: from 292 in 2000 to 702 in 2004 (140 percent). Over the same five-year period, FCFH had 2,913 requests for information on home-improvement programs. Of these requests, they were able to make referrals to 93 percent of callers.

The major government funders for home improvements are: HOME Investment Partnership Program; Community Development Block Grant Program (CDBG); Home Equity Conversion Mortgages (HECM); Technology-Related Assistance for Individuals with Disabilities Act of 1988; Older American's Act (OAA); Supplemental Security Income, Social Security Disability Income, Social Security; Medicare and Medicaid; Department of Veteran Affairs; Ohio Department of Aging; and Ohio Housing Trust Fund.

Between 2002 and 2004, local funding identified for the entire home improvement/accessibility program in Cuyahoga County fell from \$3,862,392 to \$2,177,095. County CDBG funding increased; Cleveland CDBG funding decreased by about two-thirds when compared to 2002; WRAAA funding decreased; and WRAAA-PASSPORT funding increased over a two-year period.

As of May 11, 2006, close to \$2.6 million in revenues for home improvement/accessibility services has been identified countywide. Over 99 percent of the revenues are from contracts or grants from government organizations. United Way of Great Cleveland provided 0.75 percent of the total identified revenues.

The following are examples of expected home maintenance costs for a home valued at \$100,000 at various years of home life:

- 30 years - approximately \$3,300 per year, or \$275 monthly over the life of the home.
- 40 years - approximately \$2,500 per year, or \$208 monthly over the life of the home.

- 50 years - approximately \$2,000 per year, or \$166 monthly over the life of the home.

What Works; What Doesn't

A framework for understanding the concerns of elderly homeowners faced with making such decisions is helpful in determining how decisions are made for home improvements. In a recently developed home modification decision-making model, individuals balanced four factors when deciding whether to obtain home modification: perceived susceptibility, efficacy, severity, and cost (Organization for the Advancement of Technology in Housing Agencies [OATHA], n.d.).

Communities have started to institute requirements or incentives to address accessibility and visit-ability issues.

Custom care matches services and housing to individuals' needs rather than matching an individual to an isolated uncoordinated service. Custom care offers a range of health and housing services calibrated to individual conditions (Lawler, 2001).

Implementation of standards that embrace universal design for new construction and remodeling will help to minimize the need for modifications in the future. Incentives are another option that should encourage modifications that will allow persons to remain in their homes. Expanded training and certification of contractors in appropriate construction methods is necessary. Additional financing options for maintenance and repair are also essential. Finally, much more education and information needs to be available to the consumer so the need for modifications is understood, qualified contractors can be identified, and funds are available to pay for the work.

A list of what doesn't work includes unregulated home improvement services; predatory lending; and the existing regulatory environment, structural, financing and implementation barriers that prevent providers from developing comprehensive approaches to the housing needs and health needs of elderly Americans (Lawler, 2001).

The Certified Aging-In-Place Specialist (CAPS) program teaches the technical, business management, and customer service skills essential for competing in the fastest growing segment of the residential remodeling industry: home modifications for the aging-in-place. The NAHB Remodelers™ Council, in collaboration with the AARP, NAHB (National Association of Home Builders) Research Center, and NAHB Seniors Housing Council, developed this program to provide comprehensive, practical, market-specific information about working with older and maturing adults to remodel their homes for aging-in-place. More than 500 contractors had completed the coursework as of 2005 (National Association of Home Builders, 2006).

Gap Analysis

The estimated universe of possible consumers is 16,521, including 711 with realized access and 15,810 with unrealized access.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

National

A growing number of older Americans express a strong desire to remain in their homes for the rest of their lives (Greenwald, 2003; Bayer & Harper, 2000). Even if they are frail, disabled, or need aid with daily living needs, their own homes offer familiar surroundings and connections to family, friends, and community as well as a sense of being independent. The urge to stay in one’s own home and be connected to community and friends is often referred to as “aging in place,” which can be a positive experience if the home can be maintained and improved to meet changing needs. More and more older Americans are expected to seek appropriate accessorized housing and other services that support aging in place (Schafer, 1999).

Studies have suggested that the needs of elderly persons desiring to age in place may present special challenges to the nation’s housing market. Many household owners will be able to make improvements from their personal income and savings, but for others, paying for major home improvements is expected to be a challenge. Local governments and nonprofits will be severely tested as they seek to assist a frail but functional and independent population to age in place. By the year 2030, the number of persons 65+ is expected to be 20 percent of the nation’s population, compared to only 10 percent in 1970 (Burkhardt, 1999 in Lawler, 2001). Even though nine out of ten older adults 70 and over live in conventional housing, the regular stock is not designed to meet their changing needs, tastes, and preferences (Schafer, 2000).

In addition, the growing population of elderly Americans is expected to present challenges for the nation’s government subsidized housing. From initiatives the federal government began in the 1990s, the quantity of housing of last resort, such as group living facilities and institutional care facilities, will be reduced for low-income Americans and the elderly (McCrorry). This will occur in spite of the long standing national ideals of decent and affordable housing for all and prevention of homelessness. Ideals and values long embedded in the nation’s public policy—and generally respected by both liberals and conservatives over the past fifty years—are eroding.

This report focuses on home improvements that allow the elderly to age in place independently in non-institutional conventional housing, although it has been suggested that such housing is an expensive alternative when compared to other housing types (Pollak, 1994).¹ This focus does not underestimate the advances in home assistive technology that enable the disabled to live independently and older adults to age in place (Wallace, 2003). Nor does it ignore recent advances in medicine and health technology. It could be argued that, without such innovations, aging in place and independent living would hardly be possible for many Americans.

¹ **Independent living.** Although the term “independent living” is most often used when some impairment is present regardless of age, the improvements required for independent living are similar, if not the same as those that may be required for aging in place.

Pollak (1994) suggested that the large, three or four bedroom, older, single family homes built for large families (in most cases without assistive accessories, weatherization, or other improvements) are economically prohibitive for some elderly Americans to maintain or repair. Smaller and more manageable alternatives, if permitted by zoning and building codes, may be better choices than being “over-housed” while aging in place. Alternative housing includes shared arrangements, accessory apartments, elder cottages as zoning permits, board and care homes, personal care homes, life care, assistive living, and continuing care retirement facilities (U.S. Department of Health and Human Services, Administration on Aging [AOA], n.d.).

Home maintenance and utility costs have increased exponentially over the past decade, often equaling or exceeding monthly mortgage payments. In large urban areas, water and sewer charges—once considered as an incidental expense to ownership—have also increased as aged water systems wear out and replacement costs are recouped through increased rates to homeowners (Bier, 2001). These expenses place additional stress on the income of older Americans, forcing those with low incomes to make the difficult choice between the necessities of living and home improvements. Deferred home improvements present a dilemma for health and housing service providers as well as for the elderly homeowner. For the frail elderly, deferred home improvements often lead to unsafe conditions, more home accidents and trips to the emergency room, plus premature death. In many cases, state and local agencies have instituted subsidized utility payment plans to prevent disconnections. However, home improvement providers may be hard pressed to make improvements without some form of major expenditure or deferred payment arrangement from the homeowner.

Assistive technology (AT) devices are installed in homes to improve the mobility and the lives of people with disabilities and have become cost-effective mechanisms for independent living across environments and age groups (Wallace, 2003). Assistive technology devices range from walkers to wheelchairs or canes; to prostheses, hearing aids and screen readers; to home improvement items such as railings, extra lighting, ramps, roll-in showers; and fully remodeled bathrooms and kitchens with special adaptation features such as lowered sinks and cabinets (Pynoos and Nishita, 2003).

The terms “home improvement” and “assistive technology” should be considered in conjunction with one another when pondering solutions for the frail elderly and persons with disabilities (Pynoos and Nishita, 2003). In a national study on the effectiveness of assistive technology, 80 percent of the elderly reported they were able to reduce dependence on others, 50 percent were able to reduce dependence on paid persons, and 50 percent were able to avoid entering nursing homes (Wallace, 2003).

To be clear, this report separates the terminology into three discrete categories: *home repair and maintenance*, *home improvement*, and *home assistive technology*. The terms are not used interchangeably, although they relate to one another. Home repair and maintenance are necessary home expense items, but they do not typically involve major capital expenditures. However, home improvement is typically a major capital expenditure.

PUBLIC POLICY ISSUES

National Urban Housing Policy

Decent housing has been inextricably linked to urban housing policy since passage of the National Housing Act of 1961, which authorized loans to the elderly and gave the FHA (Federal Housing Administration) more discretion in guaranteeing mortgages and home improvements

loans (The Brookings Institution, n.d.). In 1966, Congress approved the “Great Society Plan,” which coordinated federal and local efforts to contain blight through urban renewal, central planning, and the development of new towns. For most urban older adults, urban renewal meant removal from their neighborhoods, living in elderly group facilities such as Section 202 housing or public housing, and extended nursing home residency rather than aging in place. Currently, no national urban housing policy exists to enable older Americans to age in place in conventional homes. Instead, housing policy emanates from a myriad of social, health, housing, and economic programs administered by various federal and state agencies. Each of these attenuates to some facet of the problem of elderly housing, but does not address those needs holistically or in coordination with one another.

Urban ecologists have been criticized for not recognizing the permanent nature of poverty in minority neighborhoods and for over-relying on land use and market theory to explain persistent poverty (Sampson and Morenoff, 1997). The “culture of poverty” theory suggests that being poor is a self-perpetuating permanent subculture of society (Lewis, 1968; Moynihan, 1965 in Sampson and Morenoff, 1997). Such theories ignore the fact that older homeowners were once upwardly mobile and that through age or disability, lack of pensions, insurance, and economic disinvestments, have become part of the urban poor.

In *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*, William Julius Wilson (1987) asked why the urban underclass deteriorated so rapidly since the mid 1960s. Wilson answered that changes in the economy and social composition of inner-city neighborhoods are the results of persistent poverty, absence of middle-class blacks, and an increasing number of youth ages 14 to 24. Wilson’s argument generally ignores the role of homeownership in creating wealth in families and the availability of capital for home improvements. His argument does suggest that there will be fewer middle-class and middle-aged family members to aid older homeowners who wish to age in place. The consequence is erosion of informal family and community supports that make aging in place affordable, making older homeowners more reliant on government-sponsored home improvement programs and loans.

Political conservatives criticize national housing policy for using government socialistic solutions that do not promote lifestyles that stress prudence, planning, and temperance for human problems. They argue that social and economic uplift in life comes through virtuous living and thrift, and government housing policy neither rewards virtues nor discourages vices (McCrary, 1999). Liberals argue that the free market does not work well enough to provide decent housing for certain segments of society—the young, minorities, low income, disabled and the elderly—and that the free market was largely responsible for de-facto segregation, unsafe and unsanitary housing, and a number of other social ills requiring government interventions (McGhee, 2006).

Another debate in housing is the affordability issue. Conservatives argued that people should pay more for housing, and liberals say that the cost burden should be less. Seemingly, the issue was addressed with the passage of the Brookes Amendment of 1975, which limited rent in public housing to no more than 30 percent of a household’s income. The 30 percent rule also governed what mortgage payments would be under the FHA (Federal Housing Authority) home loan program. The affordability rule prevailed until the early 1990s, when rents and eligibility requirements became more and more linked to percentage of area median incomes (AMI) indexes, rather than a percentage of household income. For the HOME program, eligibility requirements range from 50 percent of the adjusted median income to 80 percent of the area median income for participants in the homeowners assistance program. For the working poor,

eligibility requirements can range up to 115 percent of AMI. In the past few decades, HUD has moved away from grants to consumers and toward counseling, loans, and the recapturing of those loans (National Housing Law Project, n.d.).

Quality Housing and Work Responsibility Act

Concurrent with “welfare reform” came “housing reform” in the form of devolution and de-concentration policies incorporated in the Quality Housing and Work Responsibility Act of 1998 (QHWRA). Devolving pushed the responsibility for the design and implementation of affordable housing programs down to the state levels, to local development corporations, and to local housing agencies. In prior decades, initiatives were designed and handed down by Washington policy makers and HUD. This change represented profound changes in the federal housing policy (The Brookings Institution, n.d.). Devolution to the local levels offers opportunities for service providers to influence funding decisions and to compete for home improvement dollars.

QHWRA sought to provide more flexibility for public housing authorities and create economic opportunities for subsidized tenants. It promoted income mixing in public housing and de-concentration of poverty. The Act established incentives for eligible high-income families to move into lower income housing developments and for the occupancy of predominantly upper-income units by lower income families. The Act has been criticized for reducing the amount of public housing that, if this policy continues, could negatively affect the large number of low-income older adults projected to need decent housing by 2030.

Olmstead Decision

The Olmstead Decision of 1999 prevents the disabled elderly from being institutionalized against their will. The integration mandate of the Americans with Disability Act requires public agencies to provide services in the most integrated setting appropriate to the needs of the qualified individual with disabilities. “The first purpose of Title II is to make applicable the prohibition against discrimination on the basis of disability ... to all programs, activities, and services made available by local governments” (Senate Report at 44; Education and Labor Committee Report at 84, reprinted in 1990 U.S. C. C.A.N. at 366). National studies cited in the case compared community base costs, including housing, of \$60,000 per year for a discharged psychiatric patient to \$130,000 for institutional care (Center for Accessible Society, 1999). The Olmstead Decision presents challenges to service providers of elder households with slight mental disabilities or dementia.

State and Local Economic Trends

Recent national economic policy has not favored Cuyahoga County or the City of Cleveland. Cuyahoga County had 30,433 fewer persons in the civilian labor force in 2006 than in 1999 reflective of a loss of jobs in the region. The county’s average unemployment rate was 5.3 percent in 2006, up from 4.4 percent in 1999 while Cleveland’s was 6.8 percent and 8.4 percent, respectively, showing a decrease in the rate. Much of the city’s and county’s efforts are focused on economic development in an effort to stem job loss and to promote business development or expansion. Over the last three decades, Cleveland’s population has slipped under 500,000, down from nearly one million in the 1950s. As a result of these trends, the City of Cleveland has an oversupply of older low-priced housing and apartments, many of which are vacant and veering toward abandonment. In one working class neighborhood, Slavic Village, up to 500 older homes are vacant, representing about 5 percent of the neighborhoods’ housing (Bajaj and Nixon, 2006). Increasingly, service providers are challenged by the array of services required to stabilize elderly households in older depopulating neighborhoods.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

For this report, the target population is 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. Consumers vary by type and number of disabilities, income and wealth, race and types of housing markets, type of housing desired, age and sex, to name a few. Consumers are older adults who have not planned for aging in place and independent living, or do not have sufficient informal help to maintain their home, or require help in making decisions whether to repair, maintain, do home improvements, or move to different housing.

DEMOGRAPHIC CHARACTERISTICS

The National Institute on Aging's Assets and Health Dynamics Among the Oldest-Old (AHEAD) survey (1993 in Lawler, 2001) indicated that only about 3 percent of the nation's elderly resided in assisted living communities in 1993. About 10 percent lived in shared housing where an elderly person has moved in with a younger person to receive help. Seven percent lived in 60 plus rental communities without assistance, and 5 percent in supported housing where the elderly receive support services from outside the household. In 1999, the homeownership rate for conventional housing for individuals between the ages of 62 and 74 was 81.2 percent; between the ages of 75 and 84 76.9 percent. However, it is suggested that more than one fifth of the elderly may be over-housed, i.e., living with someone else in a dwelling where bedrooms outnumber household members by more than one. One-fifth is probably an underestimate of older adults who are over-housed because the AHEAD study does not include those who are living alone in homes that are larger than they need (Lawler, 2001).

The AHEAD data showed that elder persons' choice of housing varied more by net worth than by monthly income. The higher the net worth, the more likely their choice of housing would be one of the more expensive housing options, such as assisted living. Conversely the lower the net worth, the more likely that the senior would settle for one of the lesser expensive living arrangements, such as staying in place, renting, or living in group housing.

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." The older the age group responding, the more likely they were to respond that changes would not be needed. This reaction may indicate that older adults are sometimes unrealistic about home modifications that allow for aging in place. Even when it is recognized that changes need to occur, conducting a thorough assessment for appropriate modifications can be challenging, and older adults may not welcome inspectors for fear of being cited for housing code violations. In 2000-2001, older adults spent \$2,465 less on major replacements such as a roof or heating system than younger homeowners, even though their units were older and in worse condition (Joint Center for Housing Studies of Harvard University, 2004).

Income and race are both factors that determine whether households consume home improvements (Pynoos and Nishita, 2003). Nationally, the housing boom of the last decade pushed minority home ownership above the 50 percent level in 2004. In spite of income gains, the gap between blacks and well-off whites remains at about 25 percent, unchanged from a decade ago. Upward of 75 percent of whites are homeowners.

It is suggested that the low home-ownership rate among all minorities somehow contributes to the lower number interested in making modifications (67 percent vs. 76 percent). Minority respondents are also less likely to strongly or somewhat agree that they want to “age in place” for as long as possible (78 percent vs. 84 percent) (Bayer & Harper, 2000).

Cuyahoga County

Home improvement/accessibility services are essentially services that homeowners must be concerned about. For renters, it is the rental housing owners who assume that responsibility.

In 2000, there were 319, 986 owner-occupied households in Cuyahoga County. Of these, 142,878 (45 percent) owners were over age 55. Of these, 22.7 percent (32,395) spent more than 30 percent of their household income on housing expenses and are thus considered cost-burdened. Those over 65 years spent slightly more than this at 23.4 percent of the 65-74 year cohort and 23.3 percent of the 75+ cohort. (See Table 1.)

Table 1: Cost-Burdened Owner-Occupied Households 55+, Cuyahoga County, 2000

Total: Owner Occupied Households	319,986		
Householder 55-64 years	50,370		
<30 percent		39,155	77.7%
30.0 percent +		10,780	21.4%
Householder 65-74 years	47,781		
25.0-29.9 percent		36,151	75.7%
30.0 percent +		11,183	23.4%
Householder 75+ years	44,727		
25.0-29.9 percent		33,609	75.1%
30.0 percent +		10,432	23.3%
Total: Owner Occupied Households 55+	142,878		
25.0-29.9 percent		108,915	76.2%
30.0 percent +		32,395	22.7%

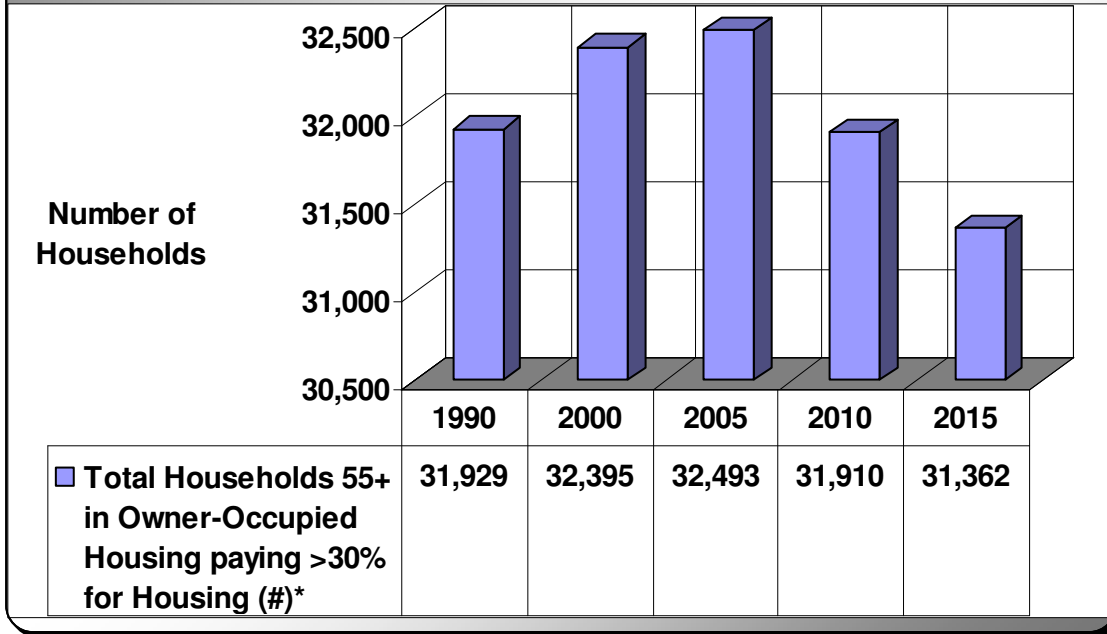
Source: 2000 Census SF3 (H96); Note difference between <30 percent of income and 30 percent+ and total is those not computed.

According to an analysis of court filings and other housing data, Cleveland has experienced a rise in foreclosures (Bajaj and Nixon, 2006). Foreclosures in minority areas can be traced to a lack of wealth and the tendency for lenders to charge minorities higher fees. It is likely that a significant number of elderly minority households face foreclosure because sub-prime loans or credit cards were used to finance home improvements.

Estimated Households in Need

In 2000, 32,395 households 55 years and older owned their own homes and were in need of home improvement/accessibility services. That number is expected to decrease slightly to 31,262 by 2015 because of population shifts in the county. (See Figure 1.)

**Figure 1: Home Improvement/Accessibility
Estimated Households in Need
Cuyahoga County, 1990-2015**



Source:

* U.S. Census: 2000, SF3 (H96); Other years estimated using 2000 rate of 5.7% of total households.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the numbers of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

In Cuyahoga County in 2000, 71 percent of the county’s households 55+ in owner-occupied housing who were paying more than 30 percent of household income for housing were white, 27 percent African American, and 0.6 percent Asian. One percent was Hispanic, according to the U.S. Census. (See Attachment 3.)

In FY 2004, United Way funded 117 Cuyahoga County residents for home improvement/accessibility services. Of these, 12 percent were male and 88 percent female; 15 percent were white and 85 percent African American; 0.9 percent was Hispanic; and 100 percent of household income was below \$19,999. In addition, the service was funded by the following:

- PASSPORT: 42 consumers. Of these, 19 percent were male and 81 percent female; 35 percent were White, 58 percent African American, and 2 percent Asian; 2.4 percent were Hispanic; and household income was unknown; however, Medicaid eligibility was required.
- WRAAA: 342 consumers. Of these, 39 percent were male and 61 percent female; 56 percent were white and 42 percent African American; 1 percent were Hispanic; and household income was unknown.
- CDBG – Cuyahoga County: Missing
- CDBG – Cleveland: Missing
- Parma Office of Community Development: 72 consumers. There was no demographic data available.
- City of Shaker Heights: 130 consumers. There was no demographic data available.
- City of University Heights: 8 consumers. Of these, 25 percent were male and 75 percent female; 50 percent were White and 50 percent African American. Remaining demographics were unknown.

Twenty-three percent of the county's households 55+ in owner-occupied housing that draw more than 23 percent of household income for housing were residents of Cleveland in 2000 and the remaining 77 percent resided in the suburbs. Seventy percent of consumers funded by United Way were Clevelanders and 30 percent suburban residents. Forty-eight percent of PASSPORT consumers were Cleveland residents and 52 percent lived in suburbs. (See Attachment 4.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

For this report, home improvement/accessibility is defined as programs that pay for or provide assistance in the form of consultation, financing, information, education, assessments, and labor and/or supplies for repair, maintenance, and improvement of homes. Since there is no national topography for the term “home improvements,” the term may refer to programs that provide a variety of home alterations and adaptations. Further, home improvement is most often used interchangeably with remodeling, revitalization, universal design, weatherization, visit-ability, rehabilitation, and modification—all of which require major expenditures.

BACKGROUND ON CORE SERVICE

Home improvement is the process of renovating or making additions to one's home. Often, a professional handyman is hired to perform the improvements but, typically, most improvements are done on an amateur do-it-yourself (DIY) basis by the homeowner. (Wikipedia.com, 2006a)

A homeowner can hire a general contractor to oversee a home improvement project that involves multiple trades. A general contractor acts as project manager, providing access to the site, removing debris, coordinating work schedules, and performing some aspects of the work. Sometimes homeowners bypass the general contractor, and hire tradesmen themselves, including plumbers, electricians and roofers. Several major retailers, such as Home Depot and Lowes, specialize in selling materials and tools for DIY home improvement. These stores even host classes to educate customers how to do the work themselves. Types of home improvement include:

- Wallpapering and painting walls or installing wood paneling;
- Adding new flooring such as carpets, tiling, linoleum, wood flooring, or solid hardwood flooring;
- Upgrading cabinets, fixtures, and sinks in the kitchen and bathroom;
- Repairing or increasing the capacity of plumbing and electrical systems;
- Upgrading heating, ventilation and air conditioning systems (HVAC);
- Roof tear-off and replacement;
- Concrete and masonry repairs to the foundation and chimney;
- Waterproofing basements;
- Soundproofing rooms, especially bedrooms and baths;
- Replacing siding and windows, both as a cosmetic improvement and as a way to save energy;
- Turning marginal areas into livable spaces such as turning basements into recreation rooms or attics into spare bedrooms;

- Reducing utility costs with:
 - Energy-efficient insulation, windows, and lighting.
 - Renewable energy self sufficiency with biomass pellet stoves, wood-burning stoves, solar panels, wind turbines, and geothermal exchange heat pumps (see autonomous building);
- Extending one's house with rooms added to the side of one's home or, sometimes, extra levels to the original roof;
- Improving the backyard with sliding doors, wooden patio decks, patio gardens, jacuzzis, swimming pools, and fencing; and
- Emergency preparedness safety measures such as:
 - Home fire and burglar alarm systems.
 - Security doors, windows, and shutters.
 - Storm cellars as protection from tornados and hurricanes. (Wikipedia.com, 2006a).

Home repair involves the diagnosis and resolution of problems in a home, and is related to home maintenance to avoid such problems. Many types of repairs are "Do it yourself" (DIY) projects, while others may be so complicated, time-consuming or risky as to suggest the assistance of a qualified handyman, property manager, contractor/builder, or other professionals. Repair is not necessarily the same as home improvement, although many improvements can result from repairs or maintenance. Often the costs of larger repairs will justify the alternative of investment in full-scale improvements. It may make just as much sense to upgrade a home system (with an improved one) as to repair it or incur ever-more-frequent and expensive maintenance for an inefficient, obsolete or dying system. (Wikipedia.com, 2006b)

Repairs often mean simple replacement of worn or used components intended to be periodically renewed by a homeowner, such as burnt out light bulbs, worn out batteries, or overfilled vacuum cleaner bags. Another class of home repairs relates to restoring something to a useful condition, such as sharpening tools or utensils, replacing leaky faucet washers, cleaning out plumbing traps, rain gutters. Because of the required precision, specialized tools, or hazards, some of these are best left to experts such as a plumber. One emergency repair that may be necessary in this area is overflowing toilets. Most of them have a shutoff valve on a pipe beneath or behind them so that the water supply can be removed while repairs are made, either by removing a clog or repairing a broken mechanism (Wikipedia.com, 2006b).

Perhaps the most perplexing repairs facing a homeowner are broken or damaged things. In today's era of built-in obsolescence for many products, it is often more convenient to replace something rather than attempt to repair it. A repairman is faced with the tasks of adequately identifying the problem, and then finding the materials, supplies, tools and skills necessary to sufficiently effect the repair. Some things, such as broken windows, appliances or furniture can be carried to a repair shop. However, there are many such repairs that can be learned easily enough such as dealing with holes in plaster and drywall, cleaning stains,

repairing cracked windows and their screens, or replacing a broken electrical switch or outlet. Other repairs may have some urgency, such as a broken water pipes, broken doors, latches or windows, or a leaky roof or water tank, and this factor can certainly justify calling for professional help. A home handyman may become adept at dealing with such immediate repairs, to avoid further damage or loss, until a professional can be summoned. (Wikipedia.com, 2006b)

Periodic maintenance also falls under the general class of home repairs. These are inspections, adjustments, cleanings, or replacements that should be done regularly to ensure proper functioning of all the systems in a house, and to avoid costly emergencies. Examples include annual testing and adjustment of alarm systems, central heating or cooling systems (electrodes, thermocouples, and fuel filters), replacement of water treatment components or air-handling filters, purging of heating radiators and water tanks, defrosting a freezer, vacuuming refrigerator coils, refilling dry floor-drain traps with water, cleaning out gutters, downspouts and drains, touching up worn house paint and weather seals, and cleaning accumulated creosote out of chimney flues, which may be best left to a chimney sweep. (Wikipedia.com, 2006b)

Examples of less frequent home maintenance that should be regularly forecast and budgeted include repainting or staining outdoor wood or metal, re-pointing masonry, waterproofing masonry, cleaning out septic systems, replacing sacrificial electrodes in water heaters, replacing old washing machine hoses (preferably with stainless steel hoses less likely to burst and cause a flood), and other home improvements such as replacement of obsolete or aging systems with limited useful lifetimes (water heaters, wood stoves, pumps, and asphaltic or wooden roof shingles and siding. (Wikipedia.com, 2006b)

Another related issue for avoiding costly repairs (or disasters) is the proper operation of a home, including systems and appliances, in a way that prevents damage or prolongs their usefulness. For example, at higher latitudes, even a clean rain gutter can suddenly build up an ice dam in winter, forcing melt water into unprotected roofing, resulting in leaks or even flooding inside walls or rooms. This can be prevented by installing moisture barriers beneath the roofing tiles. A wary homeowner should be alert to the conditions that can result in larger problems and take remedial action before damage or injury occurs. It may be easier to tack down a bit of worn carpet than repair a large patch damaged by prolonged misuse. Another example is to seek out the source of unusual noises or smells when mechanical, electrical or plumbing systems are operating -- sometimes they indicate incipient problems. One should avoid overloading or otherwise misusing systems, and a recurring overload may indicate time for an upgrade. (Wikipedia.com, 2006b)

Water infiltration is one of the most insidious sources of home damage. Small leaks can lead to water stains, and rotting wood. Soft, rotten wood is an inviting target for termites and other wood-damaging insects. Left

unattended, a small leak can lead to significant structural damage, necessitating the replacement of beams and framing. (Wikipedia.com, 2006b)

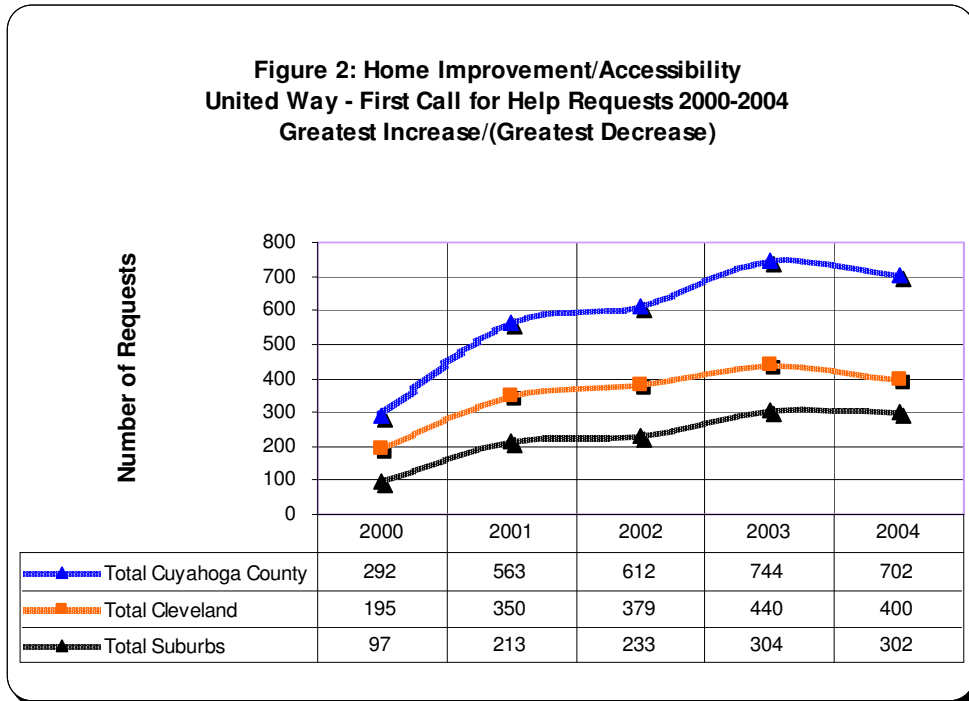
United Way First Call for Help Call Data

Based on United Way-First Call for Help’s (FCFH) database (2004), there are 31 home improvement/accessibility providers operating from 35 different sites, 14 of which are government and 17 are nonprofit. (See Attachments 5 and 6.)

United Way – First Call for Help call data shows an increase in the number of total requests for home improvement/accessibility in the county: from 292 in 2000 to 702 in 2004 (140 percent increase). Calls from the City of Cleveland increased 105 percent (from 195 to 400), and calls from the suburbs increased by 211 percent (from 97 to 302) for the same time period. (See Figure 2.) The following zip codes experienced the highest average number of calls from 2000-2004:

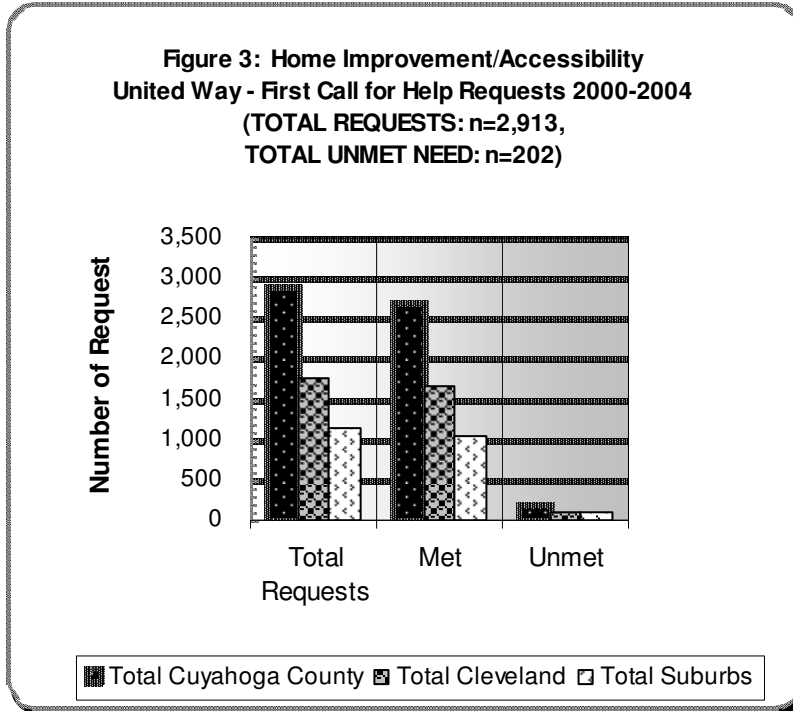
- 44120 (Shaker Hts/Cleveland) – 39 calls;
- 44112 (East Cleveland/Cleveland) – 36 calls;
- 44102 (Cleveland/Brooklyn) – 34 calls;
- 44103 (Cleveland)- 30 calls; and
- 44106 (Cleveland/Cleveland Hts) – 27 calls.

Note that these calls are not only for senior homeowners; they include all ages. (See Attachment 7.)



Over the same five-year period, United Way – First Call for Help had 2,913 requests for home improvement/accessibility services. Of these requests, referrals were made to 93 percent of callers; however, 7 percent of Cuyahoga County callers (202) had an unmet need, meaning

there was no agency to which to refer the caller. Ninety-five of the calls that could not be referred came from the City of Cleveland and 107 came from the suburbs. Zip code 44112 (East Cleveland/Cleveland) had the highest number of unmet needs at 23. (See Figure 3 and Attachment 8.)



FUNDING OF CORE SERVICES

Home equity and savings are the major sources of funding for home improvement loans (LaPlante, Hendershot, and Moss, 1997). For many homeowners, rapidly increasing housing prices create wealth that can be leveraged into low interest loans or lines of credit to finance the cost of improvements. This home equity helps defray the cost of improvements and builds wealth in families. In slow-growth housing markets, such as much of inner-city Cleveland and some Cuyahoga County inner ring suburbs, there can be little difference between what is owed and the market value of the home—often because the homeowner has acquired high-interest loans or inappropriate debt (Bajaj and Nixon, 2006). Such families have little or no equity and therefore little borrowing power. For those without home equity or adequate income, other sources of funding must be acquired for home improvements.

Sub-prime loans are for borrowers who do not qualify for conventional mortgages. Mortgage bankers consider a number of factors, such as credit scores and down payment, in addition to income to determine whether a borrower will be offered a conventional loan or sub-prime loan. Minorities traditionally have less wealth than whites, which is a factor for their being three times more likely to be offered worse loans than whites with the same income. Such loans have interest rates that are 3 or more points higher than prime rates and carry higher fees and prepayment penalties, making it harder for them to catch up or refinance if delinquent. In 2004, the foreclosure rate for sub-prime loans was 3.3 percent, down from 8 percent in 2002. In the African American neighborhoods of Cuyahoga County, the foreclosure-filing rate was 23 per 100, compared to 11 per 1000 in white neighborhoods (Bajaj and Nixon, 2006).

Essentially there are three major methods of financing home improvements:

- Financing Options and Incentives;
- Tax Incentives; and
- Government Funding.

Historically, the lender of last resort for housing and home finance is government at the national, state and local levels. Often, older adults need help in navigating home improvement financing options. What follows are descriptions of various options designed to provide financing or grants to homeowners for home improvements:

Financing Options

- Conventional loan programs provide a direct loan from a lending institution to the applicant, using the lender's own funds with guarantees internally based on some collateral or security.
- Home equity loans are second mortgages that provide a loan equal to a certain percentage of the home equity, i.e., the difference between the market value and the mortgage amount.
- Leveraging involves combining funds, often public and private, to maximize resource options for individuals. For example, state or federal grants, unless prohibited, might be used for guarantee purposes in partnership with lenders who use those funds for direct loans (Wallace, 2003).
- Buy-down programs are low interest rate buy-down loans through participating banks and credit unions. Interest buy-down programs allow an organization to use its funds to reduce the interest rate on loans. For example, a loan with an original interest rate of 7 percent might be bought down to 2 percent by a group or organization.
- Revolving loans are loans to individuals with loan repayment dedicated to the recapitalization of loan funds to be recycled into future loans for others.
- Deferred loan payment programs (accessibility).
- Private medical insurance and HMO's may pay for assistive technology and home modifications as long as the cost is less expensive than long-term care.

Tax Incentives

- Income tax deductions for accessibility improvements totaling more than 7 percent of a household's income.
- Tax credits totaling 10 percent of the cost of installing energy efficient windows and skylights, up to a maximum of \$2,000.

Major Government Funders

The major sources of government funding for home improvement/accessibility are:

- Community Development Block Grant Program (CDBG);
- Home Equity Conversion Mortgages (HECM);
- HOME Investment Partnership Program;
- Medicare and Medicaid;
- Older American's Act (OAA);

- Supplemental Security Income, Social Security Disability Income, Social Security;
- Technology-Related Assistance for Individuals with Disabilities Act of 1988;
- U.S. Department of Veteran Affairs;
- Ohio Department of Aging; and
- Ohio Housing Trust Fund.

Municipalities may also fund home improvements out of their general funds or from other sources. Other programs, although not specifically designed for older adults, nevertheless provide some senior housing supports and home improvement funds. However, given current political trends, it is questionable whether this source of funds will continue to be available to cover the home improvement costs of America's older adults seeking to age in place.

Below is further explanation of these sources of government funding.

FEDERAL

Community Development Block Grant Program (CDBG)

The Community Development Block Grant Program (CDBG) is the nation's principal community development and housing program. Funds are awarded annually on a formula basis through the U.S. Department of Housing and Urban Development (HUD.) HUD's main responsibility is to sustain communities, develop suitable housing, and create and expand economic opportunities for low- and moderate-income persons. Older adults receive direct benefits from loan and grant programs for low-income families for home repair and rehabilitation. They also benefit indirectly through CDBG projects that stabilize moderate- and low-income neighborhoods, allowing older residents to access goods and services without moving from their homes (B'nai B'rith International, 2005).

States and entitlement communities receiving CDBG allocations must submit a comprehensive planning document to HUD. The consolidated plan developed with community input must identify community and housing goals and contain action steps for how those goals will be achieved. The consolidated plan must also be consistent with the National Affordable Housing Act and allow for local providers and consumers of services to influence funding decisions.

Historically, the Community Development Block Grant program has been the target of budget cuts due to its size and outdated funding formulas ("Summary Box", 2006; Hammer, 2006). The Bush Administration has announced that communities are not held accountable enough, even though local area leaders have complained of too many restrictions from the federal government. In 2005, Congress rejected the administration's proposal to trim the current program as well as move its administration from HUD to the Department of Commerce (Koff and Eaton, 2006). Systemic problems threaten the future of this program, which many cities have come to heavily rely on to pay for such necessities as low-income housing and job creation activities (Hammer, 2006).

A FY 2007 budget proposal submitted by the Bush Administration included the elimination of 141 government programs, cuts in spending, and declines in growth for entitlement programs (e.g. Medicaid) (Hutcheson, 2006). A reduction of nearly \$3 billion for the Community Development Block Grant program has been proposed, which may lead to a 20 percent cut (equivalent to around \$32 million) in Ohio's share (Hutcheson, 2006).

In recent years, the Community Development Block Grant program has cost the federal government around \$4.2 billion a year. Table 2 shows the FY 2005 CDBG budget for Cuyahoga County as well as entitlement communities within the county that receive funding.

Table 2: FY 2005 Community Development Block Grant Allocations for Cuyahoga County and Its Other Entitlement Communities

Recipient	Amount Allocated
Cleveland	27,429,753
Cleveland Heights	1,968,638
East Cleveland	1,279,112
Euclid	1,162,974
Lakewood	1,059,106
Parma	1,050,765
Cuyahoga County	3,779,047
TOTAL	37,729,395

Source: U.S. Department of Housing and Urban Development, 2004

Home Equity Conversion Mortgages (HECM)

Home Equity Conversion Mortgages (HECM) are HUD-sponsored loans to homeowners who are 62 years and older. Equity conversion loans, known as “reverse mortgages,” allow homeowners to convert equity in their homes into cash or lines of credit. The home must be a principal place of residence and have substantial equity. Borrowers are required to undergo HUD-approved housing counseling. Loan funds can be used for emergency repairs, home maintenance, home improvements, or monthly income streams. Approved direct lenders process loan applications, submit loan packages to HUD for approval and insurance, and are in return insured by HUD against loss. The loans become a lien against the property and must be repaid upon sale or transfer of the property.

According to HUD, demand for reverse mortgages was up 56 percent in the first quarter of 2006. Reverse mortgages were once considered in the same category as expensive pawnshop loans or loans of last resort, but that perception has changed in the era of low interest rate mortgages. What makes these loans expensive is what borrowers must pay: mortgage insurance premiums of 2 percent of the loan amount, another 2 percent loan origination fee, monthly service fees, and closing costs. These loans are not limited to loans taken because retirees need cash for payment of medical or living expenses because they want to be relieved of monthly mortgage payment expense. They may also be used for home repair, maintenance, and improvements. AARP offers reverse mortgage counseling.

HOME Investment Partnership Program

The HOME Investment Partnership program was enacted in 1990 as part of the National Affordable Housing Act (NAHA). HOME is the largest federal block grant to state and local governments that is designed for affordable housing for low-income families. Funds are awarded annually to local governments on a “needs-based formula” which considers the number of low-income families, housing conditions, and local economic conditions. HOME dollars are designated for the construction, purchase, or rehabilitation of homes; or they provide direct rental assistance to low-income families. HOME flexibility allows communities to design and implement housing strategies tailored to their own needs and priorities. Although HOME is not dedicated solely to older adults, they can benefit through rental assistance, home repair, and “gap financing” that is typically needed to create affordable senior housing programs and services.

The HOME grant requires participating jurisdictions to match 25 cents for every dollar with non-federal dollars, or leverage other resources for affordable housing, and have an approved consolidated plan. The consolidated plan must include an action plan describing how the jurisdiction will use its HOME funds. The match requirement may be reduced if the participating jurisdiction has suffered a disaster or is financially distressed.

Medicare and Medicaid

Although these programs usually cover only items that are used for medical purposes and ordered by a doctor, some types of home modifications may qualify. Medicaid waivers, including Ohio Home Care, PASSPORT, and Individual Options, are designed to help people stay at home instead of living in a nursing home, hospital, or other institutional option. Home adaptations may be funded through these waivers.

Older American's Act (OAA)

The Older American's Act (OAA) (P.L. 89-73) was signed into law in 1965 amid growing concern over older individuals' access to health care and their general well-being. The OAA established the federal Administration on Aging (AoA) and charged the agency with advocating on behalf of Americans 60 or older and implementing a range of assistance programs aimed at older persons—especially those at risk of losing their independence. That at-risk group has been identified by AoA as including older individuals who are:

- Ages 85 or older;
- Living alone without access to a caregiver;
- Low income;
- Members of minority groups;
- Persons with disabilities; and
- Victims of abuse, neglect, or exploitation (AoA 2002a in Koffman, Raphael, & Weiner, 2004).

Federal funds are distributed to states on the basis of the state's share of the U.S. population age 60 and above (Koffman, et al., 2004).

Supplemental Security Income, Social Security Disability Income, Social Security

Some older adults may not be paying out-of-pocket for assistive devices because they are covered under SSI (Supplemental Security Income) or SSDI (Social Security Disability Income) (Pynoos & Nishita, 2003). In some cases, home improvement costs can be deducted from Social Security earnings.

Technology-Related Assistance for Individuals with Disabilities Act of 1988

The Act principally establishes a federal funding source for the creation and coordination of assistive technology projects (ATPs) within each state to increase the capacity of public and private entities to provide technology related assistance, particularly assistive technology devices and assistive technology services, and to pay for the provision of those services and devices (Wallace, 2003).

U.S. Department of Veteran Affairs

The U.S. Department of Veteran Affairs provides grants for disabled veterans for home improvements.

STATE

Ohio Department of Aging

In Ohio, the Ohio Department of Aging (ODA) offers a variety of long-term care supports for elderly Ohioans, including housing. Eligible older homeowners may receive tax reductions, energy assistance, minor home repairs, and weatherization. Local agencies typically provide small scale home improvement services to older adults, although funds are not usually used for large scale home improvement projects.

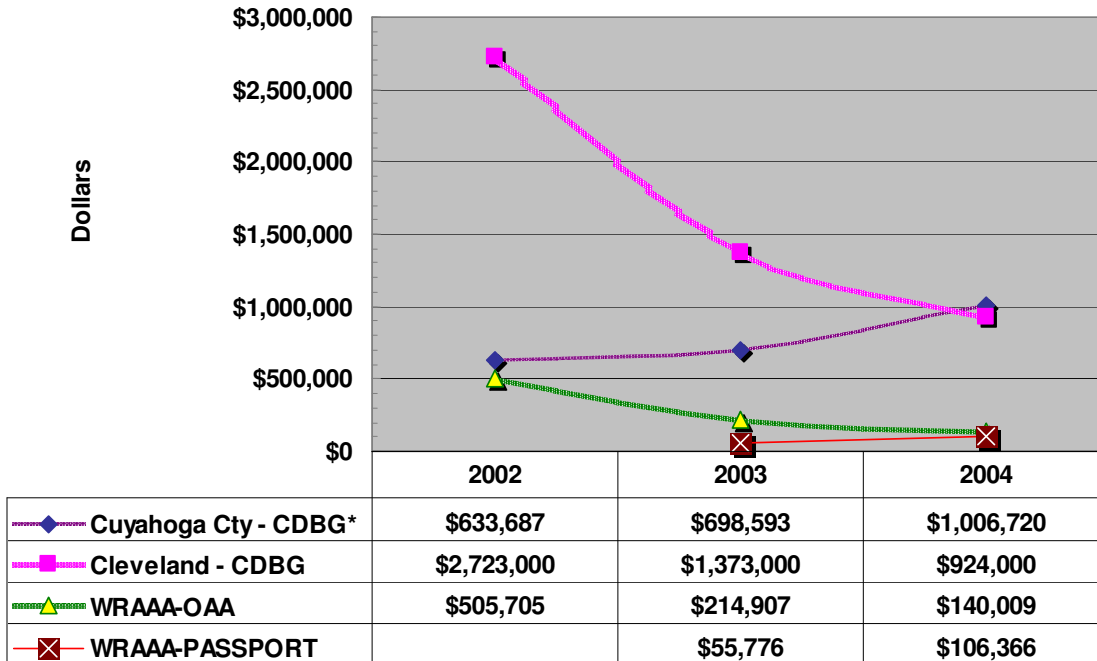
Ohio Housing Trust Fund

The Ohio Housing Trust Fund is a funding source for affordable housing opportunities, improved housing conditions, and expanded housing services. The fund provides for housing developments, emergency home repair, handicapped accessibility modifications, and services related to housing and homelessness. It targets those most in need—low-income working Ohioans (Ohio Housing Trust Fund, 2006). In 2005, a Cuyahoga County agency received a \$227,500 grant to provide emergency home repairs and handicapped accessibility modifications to homeowners with incomes at or below 35 percent of the area median income. In 2006, a Cuyahoga County agency received a \$260,000 grant to provide emergency home repairs/handicapped accessibility modifications to households with incomes at or below 35 percent of the area median income.

Trends of Identified Government Funders in Cuyahoga County

Between 2002 and 2004, local funding identified for the entire home improvement/accessibility program in Cuyahoga County fell from \$3,862,392 to \$2,177,095. County CDBG funding increased; Cleveland CDBG funding decreased by about two-thirds when compared to 2002; WRAAA funding decreased; and WRAAA-PASSPORT funding increased over a two-year period. (See Figure 4.)

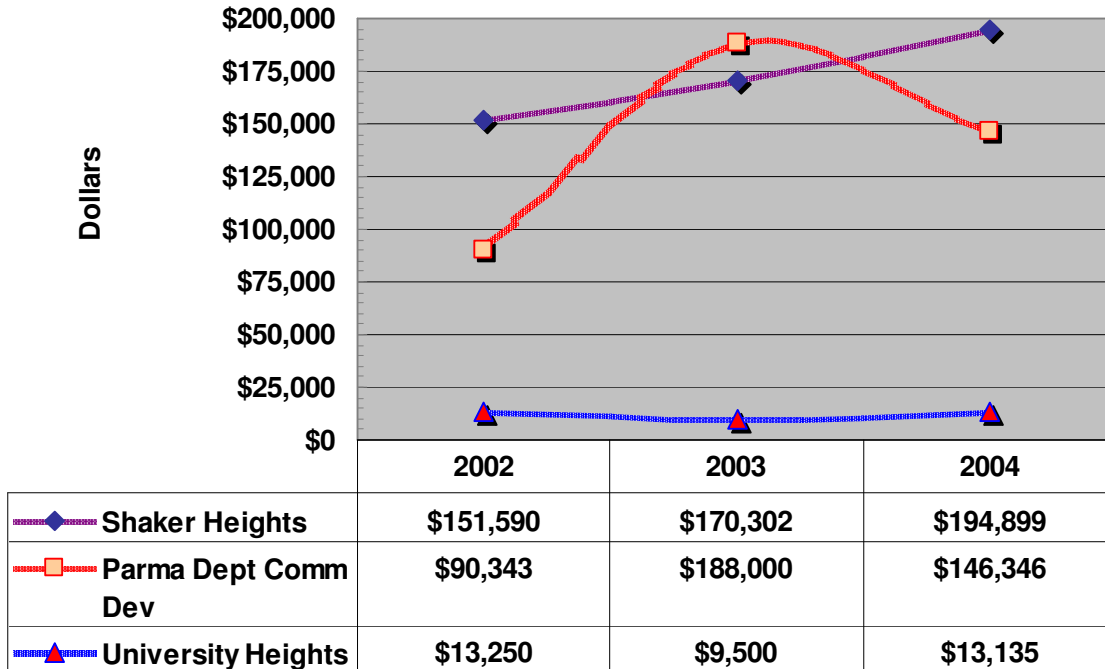
Figure 4: Identified Government Funding for Home Improvement/Accessibility Cuyahoga County, CY 2002-2004



*Includes services provided to residents of all ages.
Source: Respective Funding Sources

Between 2002 and 2004, municipal funding identified for the entire home improvement/accessibility program in Cuyahoga County rose from \$257,185 to \$356,384. Shaker Heights climbed modestly, while Parma doubled in 2003 and then dropped in 2004. University Heights has remained relatively stable. Municipalities provide home improvement/accessibility to all residents regardless of age, and may be contingent upon household income level to qualify for assistance. (See Figure 5.)

Figure 5: Municipal Funding* for Home Improvement/Accessibility Cuyahoga County, CY 2002-2004



* Services provided are for residents of all ages, not just older adults.

Between 2002 and 2004, the Jewish Community Federation increased its support for home improvement/accessibility services by \$5,000 a year: from \$70,000 in 2002 to \$80,000 in 2004. In 2004, the Cleveland Foundation contributed \$25,000 for this services, Mt. Sinai Health Care Foundation, \$30,000, and the United Black Fund, \$5,000.

IDENTIFIED REVENUES

As of May 11, 2006, close to \$2.6 million in revenues for home improvement/accessibility services has been identified countywide. This includes information from foundations; federated fundraising organizations; regional, county and municipal government; and United Way of Greater Cleveland. (See Table 3.)

Over 99 percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland provided 0.75 percent of the total identified revenues.

Table 3: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Home Improvement/Accessibility, 2003/2004.

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%

REIMBURSEMENT/COST

The cost of conventional housing can be more expensive than reported if the replacement costs of major household components and home improvements are not factored into the monthly housing expense (Schafer, 1999). Such expenses are often factored into the cost of rental housing subsidized by government funding. Persons in supportive housing and shared housing may also be paying a fair share of household maintenance expense. Whether addressed or not, home maintenance expenses occur on a fairly regular basis and the householder is expected to keep up with the maintenance, if able, or bring in outside help. If neither occurs, the housing is likely to fall into disrepair and precipitate a variety of effects on the elderly householder's health and sense of well-being (Lawler, 2001).

Monthly housing cost is equal to the sum of the monthly value of several housing cost components and is applicable to owners, not renters. The components are mortgage payments (including all mortgages), real estate taxes, insurance, utilities and applicable association or condominium fees (Schafer, 1999). The cost of home maintenance appears as a silent housing cost. However, repair and maintenance are valid home maintenance expenses and can be reasonably calculated using a formula. Similarly the costs of anticipated reasonable home improvements necessary for aging in place can be reasonably estimated.

Homes have an indeterminable usable life when repaired, maintained and improved on a regular periodic basis or as home components wear out or become obsolete. Otherwise, the useable economic life can be reduced to as little as 30 to 40 years. One method of determining housing maintenance cost is by dividing the price of the home by the estimated economic life of the home to get an annual estimate of maintenance cost. The following are examples of expected home maintenance costs for a home valued at \$100,000 at various years of home life:

- 30 years of home life - approximately \$3,300 per year, or \$275 monthly over the life of the home.
- 40 years of home life - approximately \$2,500 per year, or \$208 monthly over the life of the home.
- 50 years of home life - approximately \$2,000 per year, or \$166 monthly over the life of the home.

Once home maintenance is estimated and considered along with other housing expenses, elderly households may opt out of making home improvements, do minimal improvements, or seek alternative housing.

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Best Practice: An Affordability Decision Framework

A framework for understanding the concerns of elderly homeowners faced with making home improvements decisions is helpful in determining how these decisions are made. In a recently developed home modification decision-making model, individuals balanced four factors when deciding whether to obtain home modification: perceived susceptibility, efficacy, severity, and cost (Organization for the Advancement of Technology in Housing Agencies [OATHA], n.d.).

The person assesses whether he or she is susceptible to a given problem, such as frailty or a disability, and considers the likely severity of the problem and the consequences, which can range from inconvenient to incapacitating. When considering the home adaptation itself, the person questions the effectiveness and cost of the adaptation. The issue of cost has three social and psychological components: behavior cost (e.g., disruption to lifestyle and self esteem), social costs (e.g., home becomes unattractive), and the financial costs or affordability of the specific home adaptation—also an important factor, especially when individuals are considering more complex and expensive modification, such as elevators and stair lifts that can cost several thousand dollars (OATHA, n.d.).

Best Practice: Accessibility and Visit-ability

Communities have started to institute requirements or incentives to address accessibility and visit-ability issues. The four main areas utilized by state and local entities are:

- Builder requirements for housing built with a public subsidy;
- Builder requirements or incentives for unsubsidized housing;
- Tax or fee incentives for the consumer; and
- Consumer awareness campaign (Kochera, 2002).

Best Practice: Tools for Evaluating Home Improvement Needs

For evaluation of a household's current and future repair and maintenance, home improvements, and assistive modification needs prior to an emergency event, the National Resource Center on Supportive Housing and Home Modifications has several instruments available on its website www.homemods.org including:

- Checklist for Stairways, Especially for Homes;
- Housing Highlights: Home Modification & Repair;
- How Well Does Your Home Meet Your Needs? and
- Safety for Older Consumers: Home Safety Checklist.

Best Practice: Home Improvement Classes and Tool Loan Programs

Local private and government agencies, as well as stores, offer home improvement classes and tool loan programs for individuals able to do the work on their own. These organizations also maintain lists of contractors for any who need to hire outside help. Identifying a certified aging-in-place specialist to conduct the work is preferred.

Empowerment

“Empowerment” is a term that has been applied to various human service efforts aimed at both giving power to individuals or removing obstacles people face when attempting to make decisions for themselves (Body, Heumann, and McCall, 2001). Frail older persons face impediments in securing power over their housing, health, and social service needs in order to make decisions for themselves, especially if others deem these decisions as wrong, unreasonable, unsafe, or risky. Not understanding the mechanisms and constraint on older persons’ empowerment will unwittingly strip them of the power, dignity, and will to make decisions for themselves. The Ohio Longitudinal Study of Aging and Retirement matched a sample of 660 participants with mortality data from the National Death Index. Findings from the study suggest that individuals with positive self-perceptions of aging live longer than those with less positive self-perception of aging when controlled for age, functional health, gender, and socioeconomic status.

Custom Care

Custom care matches services and housing to individuals’ needs rather than matching individuals to isolated, uncoordinated services. Custom care offers a range of health and housing services calibrated to individual conditions (Lawler, 2001).

Standards and Education

Implementation of standards that embrace universal design for new construction and remodeling will help minimize the need for modifications in the future. Incentives are another option that should encourage modifications that allow persons to remain in their homes. Expanded training and certification of contractors in appropriate construction methods is necessary. Additional financing options for paying for maintenance and repair are also essential. Finally, much more education and information needs to be available to the consumer so the need for modifications is understood, qualified contractors can be identified, and funds are available to pay for the work.

National Council on Aging (NCOA) Recommendations

The National Council on Aging (NCOA) (2006) advocates a two-pronged approach to address the housing needs of older Americans and to keep older adults where they want to be:

- NCOA supports home and community based services to support aging in place for the vast majority of older Americans who want to stay in their own homes.
- NCOA supports housing plus services for a vulnerable older and/or frailer population that needs safe and affordable housing.
- NCOA believes that the funding for a wide array of supportive services to facilitate aging in place must be expanded through federal and state programs as well as through increased participation from the private sector.
- NCOA supports promoting access to the various choices in senior housing and services to meet the different needs and preferences of an increasingly culturally diverse population of senior citizens.

- NCOA strongly supports senior housing and related programs as a priority of the new administration and urges strong support for sharply increased financing for these programs.

Recommendations for System Change

Insight into the older adult market can be further advanced with better survey data that more clearly identifies elderly persons with disabilities and the types of physical accommodations they require; and how to provide home improvements to a population already experiencing high housing cost (Louie, 1999).

- *Federal.* Congress can alter the eligibility requirements. HUD and the Department of Health and Human Services could examine current regulations that prevent the coordination of health supports with appropriate housing. They could, furthermore, merge separate funding channels for elderly health care and housing needs into a single agency at the state or local level. These agencies could then contract with private or public providers of health and housing services and eliminate the need to navigate through a myriad of separate systems (Lawler, 2001).
- *State.* Decent, safe and appropriate housing could be a component of Medicaid's community-based care. State and local housing providers could be included in Medicaid's planning process if mandates of the U.S. Supreme Court in the 1999 Olmstead decision are to be upheld (Lawler, 2001).
- *Local.* Community-based nonprofits can employ qualified craftsman to make repairs on the homes of the elderly. Aging issues can be injected into the local community planning process and promote the economic and social benefits and contributions of older adults to the community (Lawler, 2001).

What Doesn't Work

Unregulated Home Improvement Services

The home improvement industry is unregulated.

Predatory Lending

Lenders prey on uninformed elderly homeowners. Minorities are more likely to have fewer assets and more debt before buying a home (Keest, Meredith, and Yen, 1998). In 2007, minorities will face additional challenges when about 70 percent of sub-prime, low interest, five-year adjustable rate mortgages balloon to a higher fixed rate for mortgages secured in 2001.

Non-Use of Universal Design

The construction industry does not consistently use universal design that would help minimize the need for home modifications in the future.

Barriers

The existing regulatory environment, structural, financing, and implementation barriers prevent providers from developing comprehensive approaches to the housing needs and health needs of elderly Americans (Lawler, 2001). The goal of nationally funded housing programs is to achieve affordable safe and appropriate housing for all Americans, including older adults. The goal of nationally funded health care programs is to provide adequate health care for the poorest of Americans. These two separate goals often lead to conflicts and inefficiencies, which impede coordination of appropriate services to older adults requiring home improvement supports.

- *Financing Barriers.* A major barrier is the lack of easily obtainable low cost, or subsidized home improvement loans from local lending institutions for older adults or people with disabilities. Some lenders can interpret the sometimes unique credit and employment circumstances of older persons or persons with disabilities as a poor credit risk (Wallace, 2003). National banking practices countervene the Americans with Disabilities Act, national fair housing and fair lending policies, and the ability of elderly minority households to access home improvement capital.
- *Zoning Barriers.* Efforts must be made to overcome zoning barriers to shared group quarters, accessory apartments, and elder cottages (Pollak, 1994). Community land use policy and decisions are made at the municipal level. Land use and housing policy imbedded in planning and implemented through zoning was devised when household composition was significantly different from what it is today. Although family composition continues to change (i.e., grow smaller and older), few zoning regulations have changed in the intervening 16 years. Local zoning policy and practices make it difficult to convert larger single family homes into smaller units.

In summary, the issues around home improvement are to recognize the need to make changes, conduct a comprehensive assessment of needed changes, afford the improvements, and find a reliable, competent contractor.

IMPACT ON COMMUNITY

Older adults overwhelmingly prefer to live in their own homes (Schafer, 2000). Home modification can be instrumental in helping older and younger persons with disabilities successfully age-in-place. Home modification can make the home easier, safer, and more comfortable to use for all family members and visitors, regardless of ability or age, as well as facilitate caregiving. Home modification can allow people to remain in their homes longer, without having to pay for costly services and delay moving into a facility. By being able to age in place, individuals maintain their social network. When an individual is allowed to age in his or her community with social support networks intact, costs are minimized and care is delivered in response not to a rigid service-delivery model, but to actual need. Communities save needed resources by reducing the amount of unnecessary service to individuals who could and would prefer to be more independent (Lawler, 2001).

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

Various codes exist for acceptable construction, which are enforced through municipalities.

The Certified Aging-in-Place Specialist (CAPS) designation program teaches the technical, business management, and customer service skills essential to competing in the fastest growing segment of the residential remodeling industry: home modifications for the aging-in-place. The NAHB (National Association of Home Builders) Remodelers™ Council, in collaboration with the AARP, NAHB Research Center, and NAHB Seniors Housing Council, developed this program to provide comprehensive, practical, market-specific information about working with older and maturing adults to remodel their homes for aging-in-place. More than 500 contractors had completed the coursework as of 2005 (National Association of Home Builders, 2006).

CAPS is a three-day program that teaches strategies and techniques for marketing, designing, and building aesthetically enriching, barrier-free living environments. This program goes beyond universal design; CAPS addresses the communication and technical needs of a specific market.

CAPS adds value to that knowledge by providing insights into how to market to and work with the demographic group. Candidates who already possess industry certification with a business component are exempt from taking the third day. The components are:

- *Working With and Marketing to Older Adults*: background on the older adult population; communication techniques; common remodeling expenditures and projects; accessing the aging-in-place remodeling market.
- *Home Modifications*: codes and standards; common barriers and solutions; product ideas and resources.
- *Introduction to Business Management*: strategies and techniques for building a competitive, sustainable remodeling business; case studies and interactive exercises.

Upon completion of the CAPS coursework, participants receive a graduation application. They must complete and submit the graduation application to the NAHB University of Housing before they can use the “CAPS” designation.

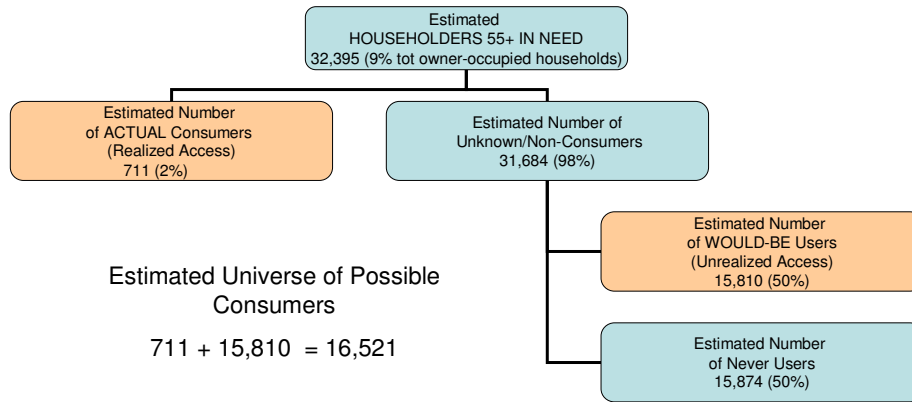
Classes are offered through local and state home building associations and at national trade shows including NAHB’s International Builders’ Show and the Remodeler’s Show.

VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Home Improvement/Accessibility:

- A conservative estimate of 32,395 households need home improvement/accessibility services, which is the number of cost-burdened householders 55 years and older in Cuyahoga County in 2000.
- Based on available information about actual consumers, approximately 711 consumers have realized access to this service. This is the sum of persons funded through United Way (117), PASSPORT (42), WRAAA (342), Parma Office of Community Development (72), City of Shaker Heights (130), and the City of University Heights (8). This assumes that there is no duplication across these sources.
- This leaves a net estimate of 31,684 who are either receiving services from unaccounted-for sources or are not receiving the service. ($32,395 - 711 = 31,684$). Note that the numbers of older adult households from the City of Cleveland or Cuyahoga County Community Development departments were not available for this service.
- As noted in Section III of this report, 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 households in need (32,395) results in an estimated universe of 16,521 possible consumers who are cost-burdened householders 55 years or older. ($32,395 \times 51\% = 16,521$)
- The estimated number of would-be consumers is 15,810, i.e., those who would use the service if it were available and affordable and if they knew about it. ($16,521 - 711 = 15,810$)
- In summary, the estimated universe of possible consumers is 16,521, including 711 with realized access and 15,810 with unrealized access. (See Figure 6.)

Figure 6: Consumer Estimates
Home Improvement/Accessibility



Service Site Index

Countywide, there are 35 service sites for home improvement/accessibility services. This is a ratio of 472 possible consumers (estimated 16,521 total) to one service site countywide. Service providers report to United Way - First Call for Help which zip codes are included in their respective service areas. The Service Site Index in Attachment 9 lists the number of sites per zip code and provides a ratio of consumers to service sites for each zip code. This is a measure of potential service accessibility by possible universe of service consumers per zip code area. Note that this measure does not include the capacity of providers to offer the service, for example, the number of home improvement jobs able to be completed on an annual basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving home improvement services.

The ratios on the Service Site Index range from a high of 40:1 in zip code 44136 (Strongsville) to a low of 1:1 in zip codes 44114 and 44115 (Cleveland). In addition to 44136, four other zip codes have ratios are or greater than 30 consumers to one service site

- 44070 (North Olmsted, 35:1)
- 44124 (Pepper Pike/MayfieldHts/Lyndhurst, 34:1)
- 44147 (Broadview Hts,33:1)
- 44145(Westlake, 30:1)

(See Map in Attachment 10.)

Service Capacity

In a recent survey of older adult residents of the City of Cleveland (n=827), 21 percent of respondents indicated that they *currently receive* housing service. However, 52 percent responded that they *currently need, but did NOT receive* housing service. This was the top unmet need among survey respondents (City of Cleveland Department of Aging, 2003).

Focus group participants and key informants for United Way's core service planning (2005) had the following comments about home improvement/accessibility services:

- Older adults need an affordable and trustworthy handyman, plus care for outside the home such as gutter cleaning, snow removal, and grass cutting. Services within homes included heavy wall cleaning.
- Providing services to persons who are a few hundred dollars over eligibility guidelines is also an issue.
- There are insufficient home repair services, especially for urban older adults, suburban older adults, and older adults living in rural areas.
- Client needs will be more complex due to co-morbidity, longer life spans due to availability of medications, and they will need a range of services such as help with *“maintaining their homes, putting food on the table, and having someone come in to clean their home.”* Affordability of these services will continue to be an issue.

VII. SUMMARY

The following are the major findings from the research on Home Improvement/Accessibility:

- A growing number of older Americans express a strong desire to remain in their homes for the rest of their lives. Many household owners will be able to make improvements from their personal income and savings, but for others, paying for major home improvements is expected to be a challenge.
- Decent housing has been inextricably linked to urban housing policy since passage of the National Housing Act of 1961, which authorized loans to the elderly and gave FHA (Federal Housing Administration) more discretion in guaranteeing mortgages and home improvements loans.
- Many public policies are making it more difficult for older adults to age in place.
- Between 2002 and 2004, local funding identified for the entire home improvement/accessibility program in Cuyahoga County fell from \$3,862,392 to \$2,177,095.
- Between 2002 and 2004, municipal funding identified for the entire home improvement/accessibility program in Cuyahoga County rose from \$257,185 to \$356,384. Municipalities provide home improvement/accessibility to all residents regardless of age, and may be contingent upon household income level to qualify for assistance.
- As of May 11, 2006, close to \$2.6 million in revenues for home improvement/accessibility services has been identified countywide.
- In determining how decisions are made for home improvements, a framework for understanding the concerns of elderly homeowners faced with making such decisions is helpful.
- Communities have started to institute requirements or incentives to address accessibility and visit-ability issues.
- Implementation of standards that embrace universal design for new construction and remodeling will help to minimize the need for modifications in the future. Incentives are another option that should encourage modifications that will allow persons to remain in their homes.
- A list of what doesn't work includes: unregulated home improvement services; predatory lending; and existing regulatory environment, structural, financing and implementation barriers that prevent providers from developing comprehensive approaches to the housing needs and health needs of elderly Americans.
- The estimated universe of possible consumers is 16,521, including both realized (711) and unrealized (15,810) access.
- Countywide, there are 35 service sites for home improvement/accessibility services. This is a ratio of 472 possible consumers (estimated 16,521 total) to one service site countywide.

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ATTACHMENTS

Attachment 1: Researcher List

MCS CONSULTING SERVICE

CORE SERVICE RESEARCH TEAM

Co-Lead Consultants

Marlene C. Stoiber, Ph.D. President, MCS Consulting Service, LLC
Bette S. Meyer, M.A.

Research Team

Renee Aten, CFRE, Aten Enterprises, Associate, MCS Consulting Service, LLC
Edwin A. Balcerzak, Ph.D., Associate, MCS Consulting Service, LLC
Louis B. Burroughs, M.S.U.S., Associate, MCS Consulting Service, LLC
Elsie Day, J.D., Associate, MCS Consulting Service, LLC
Jennifer M. Forshey, M.P.P., IntelliSolve, Inc.

Karen Gillooly, M.Ed., IntelliSolve, Inc.
Sue E. Grant, Ella & Associates, IntelliSolve, Inc.
Gary Harris, B.A., M.B.A., IntelliSolve, Inc.
Jeffry D. Harris, M.P.A., J.D., IntelliSolve, Inc.
Kristen Haskell, M.A., Associate, MCS Consulting Service, LLC

Dion Lau, B.A., Associate, MCS Consulting Service, LLC
Kitty Leung, M.S.S.A., Associate, MCS Consulting Service, LLC
Marcy Hunt- Morse Ph.D., Ella & Associates, IntelliSolve, Inc.
Carey Wiant Nyberg, M.U.P., Associate, MCS Consulting Service, LLC
RNR Consulting, Inc.

Jeremy Shapiro, Ph.D., IntelliSolve, Inc.
Jennifer Slusser, J.D., IntelliSolve, Inc.
Sarah Stilgenbauer, M.N.O., Associate, MCS Consulting Service, LLC
Kola Sunmonu, Ph.D., Associate, MCS Consulting Service, LLC
Jamie Watkins, B.A., IntelliSolve, Inc.

Jacqueline Kirby Wilkins, Ph.D., CFLE - President/Director, IntelliSolve, Inc.
Debra Zanglin, Ella & Associates, IntelliSolve, Inc.

Thanks to **The Center for Community Solutions** for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the core service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an

aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- 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.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees

and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was "unknown," defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, "missing" represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of "unknown/non-consumers":* This is the difference between the estimated number of actual consumers and the estimate of persons in need.

- *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

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Attachment 3: Actual Consumer Demographics

Core Service: Home Improvement/Accessibility BH-300												
PERIOD	Total Households (%) [*]	Total Owner-Occupied Households (%) ^{**}	Estimated Households in Need Total Households 55+ in Owner-Occupied Housing paying >30% for Housing (%) ^{***}	UW Program Report Data Cuy Cuy Only 100% (%) ^{****}	Actual Number/Percent of Consumers by Funding Source ^{*****}							
					PASSPORT (%)	WRAAA (%)	Cuyahoga County - CDBG (%)	Cleveland - CDBG (%)	Parma Office of Comm Dev (%) ^{*****}	City of Shaker Heights (%) ^{*****}	City of University Heights (%) ^{*****}	
	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004	2004	CY2004	2004	2004	2004	2004	2004	
TOTAL	571,606	360,988	32,395	117	42	342	Missing	Missing	72	130	8	
Percent		63.2%	9.0%									
GENDER												
Male	N/A	N/A	N/A	12.0%	19.0%	39.2%	0.0%	0.0%	0.0%	0.0%	25.0%	
Female	N/A	N/A	N/A	88.0%	81.0%	60.8%	0.0%	0.0%	0.0%	0.0%	75.0%	
Unknown Data ^{*****}				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Missing Data ^{*****}				0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
RACE^{*****}												
White alone	69.9%	80.0%	70.8%	14.5%	35.4%	56.1%	0.0%	0.0%	0.0%	0.0%	50.0%	
Black or African American alone/combination	25.9%	17.1%	27.1%	84.6%	57.5%	42.4%	0.0%	0.0%	0.0%	0.0%	50.0%	
Asian alone/combination	1.8%	1.4%	0.6%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
American Indian and Alaska Native alone/combination	0.7%	0.4%	0.6%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone/combination	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Some other race alone/combination	1.6%	1.0%	0.8%	0.9%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Unknown Data ^{*****}				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Missing Data ^{*****}				0.0%	2.4%	1.2%	100.0%	100.0%	100.0%	100.0%	0.0%	
HISPANIC^{*****}	2.5%	1.5%	1.2%	0.9%	2.4%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	
AGE												
0-4	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
5-9	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
10-14	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
15-19	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
20-34	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
35-54	N/A	54.5%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
55-64	N/A	15.8%	33.3%	12.0%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
65-74	N/A	15.2%	34.5%	40.2%	57.1%	55.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
75+	N/A	14.5%	32.2%	47.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Unknown Data ^{*****}				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Missing Data ^{*****}				0.0%	0.0%	44.7%	100.0%	100.0%	100.0%	100.0%	100.0%	
INCOME^{*****}	2.4											
\$0-\$9,999	11.3%	5.2%	N/A	12.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
\$10,000-\$14,999	6.9%	4.7%	N/A	70.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
\$15,000-\$19,999	6.7%	5.1%	N/A	17.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
\$20,000-\$34,999	13.6%	17.3%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
\$35,000 and above	61.5%	67.7%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Unknown Data ^{*****}				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Missing Data ^{*****}				0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Totals	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

* U.S. Census 2000, SF1(H4); SF4(HCT2); SF3(H14); SF3 (HCT11)
 ** U.S. Census 2000, SF3 (H14); SF3 (HCT11); SF4 (HCT2)
 *** U.S. Census 2000, SF3 (H96); SF4 (HCT81)
 **** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
 *****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
 *****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
 ***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." This method isolates and minimizes the non-minority population ("White alone").
 *****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
 *****Numbers reported include residents who are not older adults.

Attachment 4: Actual Consumer Zip Codes

Core Service: Home Improvement/Accessibility BH-300												
Period	City/Town (% Cleveland)	Total Households (55+ in Owner-Occupied Housing paying >30% for Housing)***			Actual Number/Percent of Consumers by Funding Source ****							
		Total Households (%)	Total Owner-Occupied Households (%)**	Total Households 55+ in Owner-Occupied Housing paying >30% for Housing (%)***	UW Program Report Data (%)	PASSPORT Cuy City Only (%)	WRAAA (%)	Cuyahoga County - CDBG (%)	Cleveland - CDBG (%)	Parma Office of Comm Dev (%)	City of Shaker Heights (%)	City of University Heights (%)
		1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004	2004	CY2004	2004	2004	2004	2004	2004
TOTAL		571,606	360,988	32,395	117	42	342	Missing	Missing	72	130	8
Percent			63.2%	9.0%								
44017 Berea		1.3%	1.4%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44022 Bentleyville		0.8%	1.1%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44040 Gates Mills/Mayfield Village		0.2%	0.3%	0.2%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44070 North Olmsted		2.4%	3.0%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44101 Cleveland (100%)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44102 Cleveland/Brooklyn (95%)		3.6%	2.2%	1.3%	1.7%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44103 Cleveland (100%)		1.7%	0.9%	1.2%	7.7%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44104 Cleveland (100%)		1.9%	0.9%	1.4%	11.1%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44105 Cleveland/Newburgh/Hts/Garfield/Hts (75%)		3.6%	3.2%	4.3%	17.9%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44106 Cleveland/Cleveland Hts (60%)		2.4%	1.0%	1.4%	2.5%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44107 Lakewood/Cleveland		4.7%	3.3%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44108 Cleveland/Graveland (90%)		2.4%	1.9%	3.6%	11.1%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44109 Cleveland/Brooklyn Hts (88%)		3.2%	2.9%	2.7%	5.1%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44110 Cleveland/East Cleveland (98%)		2.0%	1.3%	1.1%	6.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44111 Cleveland (100%)		3.1%	3.4%	2.9%	1.7%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44112 East Cleveland/Cleveland		2.3%	1.6%	3.0%	2.6%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44113 Cleveland (100%)		1.3%	0.6%	0.3%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44114 Cleveland (100%)		0.3%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44115 Cleveland (100%)		0.5%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44116 Rocky River		1.7%	1.9%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44117 Euclid/Cleveland		1.0%	0.8%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44118 Cleveland/Hts/University/Hts/Shaker/Hts		3.1%	3.2%	3.1%	0.9%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44119 Cleveland/Euclid (50%)		1.1%	1.2%	0.7%	0.9%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44120 Shaker Hts/Cleveland		3.5%	2.6%	2.7%	11.1%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44121 University Hts/South Euclid		2.5%	3.1%	3.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44122 Beachwood/Highland Hills/Shaker Hts		2.6%	2.8%	4.1%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44123 Euclid		1.5%	1.5%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44124 Pepper Pike/Mayfield/Hts/Lyndhurst		3.2%	3.6%	3.7%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44125 Valley View/Centfield Hts		2.1%	2.7%	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44126 Fairview Park/Cleveland		1.4%	1.6%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44127 Cleveland (100%)		0.5%	0.4%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44128 Warrenville Hts/Cleveland		2.3%	2.4%	4.3%	12.0%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44129 Brooklyn/Parma/Cleveland		2.1%	2.5%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44130 Parma/Cleveland		4.1%	4.3%	4.4%	0.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44131 Independence/Seven Hills/Brooklyn/Hts		1.4%	2.1%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44132 Euclid		1.2%	1.1%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44133 North Royalton		2.0%	2.3%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44134 Parma/Cleveland		2.9%	3.8%	3.3%	0.0%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44135 Cleveland/Lindale (90%)		2.1%	2.4%	1.9%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44136 Strongsville		2.8%	3.7%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44137 Maple Hts/Cleveland		1.8%	2.4%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44138 Olmsted Twp/Olmsted Falls		1.3%	1.6%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44139 Bentleyville/Glenwillow/Solon		1.4%	1.9%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44140 Bay Village		1.1%	1.6%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44141 Brecksville		0.9%	1.2%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44142 Brookpark/Cleveland		1.4%	1.9%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44143 Highland Hts/Richmond Heights		1.7%	2.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44144 Brooklyn/Cleveland		1.8%	1.9%	1.3%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44145 Westlake		2.3%	2.7%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44146 Walton Hills/Dakewood/Bedford		2.5%	2.4%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44147 Broadview Hts		1.1%	1.4%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unknown Cuyahoga County Zip Codes****					0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing****					0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Unknown****					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Cuyahoga County		100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Known Cleveland		29.7%	22.3%	23.4%	69.2%	47.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Known Suburbs		70.3%	77.7%	76.6%	29.9%	52.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unknown & Missing					0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* U.S. Census 2000, SF1 (H4)
 ** U.S. Census 2000, SF3 (H7)
 *** U.S. Census 2000, SF3 (H96)
 **** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
 *****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
 *****Missing Data - For United Way - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
 *****Numbers reported include residents who are not older adults.

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	31	1
Number of Providers by Type		
Nonprofit	17	1
For-profit	-	-
Government	14	-
Other	-	-
Total Number of Sites	35	3
Number of Service Sites per Provider		
1	26	-
2 – 5	4	1
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	-	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	2	1
44103 – Cleveland	1	-
44104 – Cleveland	1	-
44105 – Newburgh Hts/Garfield Hts	2	-
44106 – Cleveland Hts/Cleveland	1	-
44107 – Cleveland/Lakewood	1	-
44108 – Cleveland/East Cleveland	-	-
44109 – Cleveland/Brooklyn Hts	1	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	2	-
44112 – Cleveland/East Cleveland	1	1
44113 – Cleveland	1	-
44114 – Cleveland	5	-
44115 – Cleveland	2	-
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	2	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	3	1
44121 – University Hts/South Euclid	1	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	2	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	-	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	2	-

Attachment 5: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	1	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	1	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	2	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	1	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-
Total Cuyahoga County	35	3
Total Cleveland	19	1
Total Suburbs	16	2

Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: First Call for Help Refer Database February 2005	
Agency	Services
City of Bay Village Department of Community Services	Housing - Housing Payment/Home Improvement Assistance
Bellaire-Puritas Development Corporation	Home Repair Rebate Program
Better Business Bureau	Consumer Information/Complaints
Buckeye Area Development Corporation	Plants for Purchase
Clark Metro Development Corporation	Home Repairs
City of Cleveland Department of Aging	Home Maintenance - Critical Needs, Home Maintenance and Assistance for Seniors
City of Cleveland Department of Community Development	Home Repair Loan - Older Adults, Weatherization, Home Maintenance - Painting
City of Cleveland Heights Department of Public Safety	Housing - Home Improvement Assistance - Seniors/Disabled, Housing - Home Improvement Assistance - Exterior
Cleveland Housing Network	Energy Efficiency Upgrades - CPP, Sewer Repair - Water Pollution Control, Energy Conservation, Water Saving Devices, Energy Efficiency Upgrades - CEI
Cleveland Housing Network	Training Center Classes
Cudell Improvement	Housing Revitalization
Cuyahoga County Board of Mental Retardation and Developmental Disabilities	Financial and Technical Assistance
Cuyahoga County Department of Development	Weatherization
City of Euclid	Senior Center - Chore Services, Housing Payment/Home Improvement Assistance
Fairfax Renaissance Development Corporation	Lighting for Residential Yards
Famicos Foundation	Home Maintenance Assistance
Good Neighbor Program	Property Maintenance Assistance and Undesignated Aid
Greater Cleveland Habitat for Humanity	Building Items - Low Cost
Home Repair Resource Center	Home Repair Information and Assistance, Home Repair Classes/Women
Kamm's Corners Development Corporation	Rebate for Residential Repair
City of Lakewood Department of Planning and Development	Home Painting Assistance, Home Improvement Rebates, Home Improvement Grants
Lutheran Housing Corporation	Home Repairs--Families--East Cleveland--Emergencies, Home Repair Funds for Emergencies, Home Maintenance--Emergency, Home Purchase Loans, Emergency Furnace Repairs
City of Maple Heights	Housing/Building - Home Improvement Assistance
Village of Newburgh Heights	Housing - Housing Payments/Home Improvements
Village of North Randall	Housing - Housing Payment/Home Improvement Assistance
Old Brooklyn Neighborhood Services	Home Rehab/Repair Loan
Rebuilding Together	Home Rehabilitation/Repair Services

Attachment 6: Providers and Functions – 2005 (continued)

Service Providers & Functions	
Source: First Call for Help Refer Database February 2005	
Agency	Services
The Salvation Army	Social Services/Hot Meal/Home Delivered Meals – Seniors
City of Shaker Heights	Housing - Home Improvement Assistance - Seniors, Housing - Home Improvement Assistance - Paint/Home Repair, Housing - Home Improvement - Paint - Seniors
United Labor Agency	Home Rehabilitation for All Income Levels, Home Rehabilitation for Low To Moderate Income People
City of University Heights	Housing - Housing Payment/Home Improvement Assistance

Bold represents agencies funded by United Way for this service.

Attachment 7: United Way - First Call for Help Home Improvement/Accessibility Requests – 2000-2004: Greatest Increase/Greatest Decrease

Home Improvement/Accessibility First Call for Help Requests 2000-2004 Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44137	Maple Hts/Cleveland	1	9	12	12	12	1100%	9
44124	Pepper Hts./Lyndhurst Pike/Mayfield	1	3	6	9	8	700%	5
44129	Brooklyn/Parma/Cleveland	1	5	1	8	7	600%	4
44134	Parma/Cleveland	2	9	7	8	12	500%	8
44144	Brooklyn/Cleveland	2	2	4	3	11	450%	4
44070	North Olmsted	1	1	0	2	5	400%	2
44103	Cleveland	8	26	37	40	39	388%	30
44106	Cleveland/Cleveland Hts	8	27	25	38	35	338%	27
44121	University Hts/South Euclid	3	12	9	9	13	333%	9
44115	Cleveland	1	1	2	0	4	300%	2
44132	Euclid	1	2	1	7	4	300%	3
44130	Parma/Cleveland	3	5	3	13	12	300%	7
44146	Walton Hills/Oakwood/Bedford	2	6	14	11	7	250%	8
44112	East Cleveland/Cleveland	13	37	46	42	40	208%	36
44113	Cleveland	3	5	12	14	9	200%	9
44120	Shaker Hts/Cleveland	21	31	28	61	55	162%	39
44102	Cleveland/Brooklyn	12	36	45	46	29	142%	34

**Total Cuyahoga County	292	563	612	744	702	140%	583
**Total Cleveland	195	350	379	440	400	105%	353
**Total Suburbs	97	213	233	304	302	211%	230

* Extremely high percentages are due to low numbers.

** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need

Home Improvement/Accessibility					
First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44131	Independence/Seven Hills/Brooklyn Hts	2	1	1	50%
44149	Strongsville	2	1	1	50%
44140	Bay Village	4	3	1	25%
44134	Parma/Cleveland	38	29	9	24%
44070	North Olmsted	9	7	2	22%
44114	Cleveland	5	4	1	20%
44132	Euclid	15	12	3	20%
44121	University Hts/South Euclid	46	37	9	20%
44129	Brooklyn/Parma/Cleveland	22	18	4	18%
44139	Bentleyville/Glenwillow/Solon	6	5	1	17%
44017	Berea	12	10	2	17%
44142	Brookpark/Cleveland	15	13	2	13%
44137	Maple Hts/Cleveland	46	40	6	13%
44112	East Cleveland/Cleveland	178	155	23	13%
44115	Cleveland	8	7	1	13%
44123	Euclid	17	15	2	12%
44133	North Royalton	9	8	1	11%
44146	Walton Hills/Oakwood/Bedford	40	36	4	10%
44144	Brooklyn/Cleveland	22	20	2	9%
44127	Cleveland	48	44	4	8%
44125	Valley View/Garfield Hts	24	22	2	8%
44110	Cleveland/East Cleveland	135	124	11	8%
44135	Cleveland/Linndale	89	82	7	8%
44102	Cleveland/Brooklyn	168	155	13	8%
44122	Beachwood/Highland Hills/Shaker Hts.	53	49	4	8%
44119	Cleveland/Euclid	28	26	2	7%
44113	Cleveland	43	40	3	7%
44117	Euclid/Cleveland	15	14	1	7%
44120	Shaker Hts/Cleveland	196	183	13	7%

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need (continued)

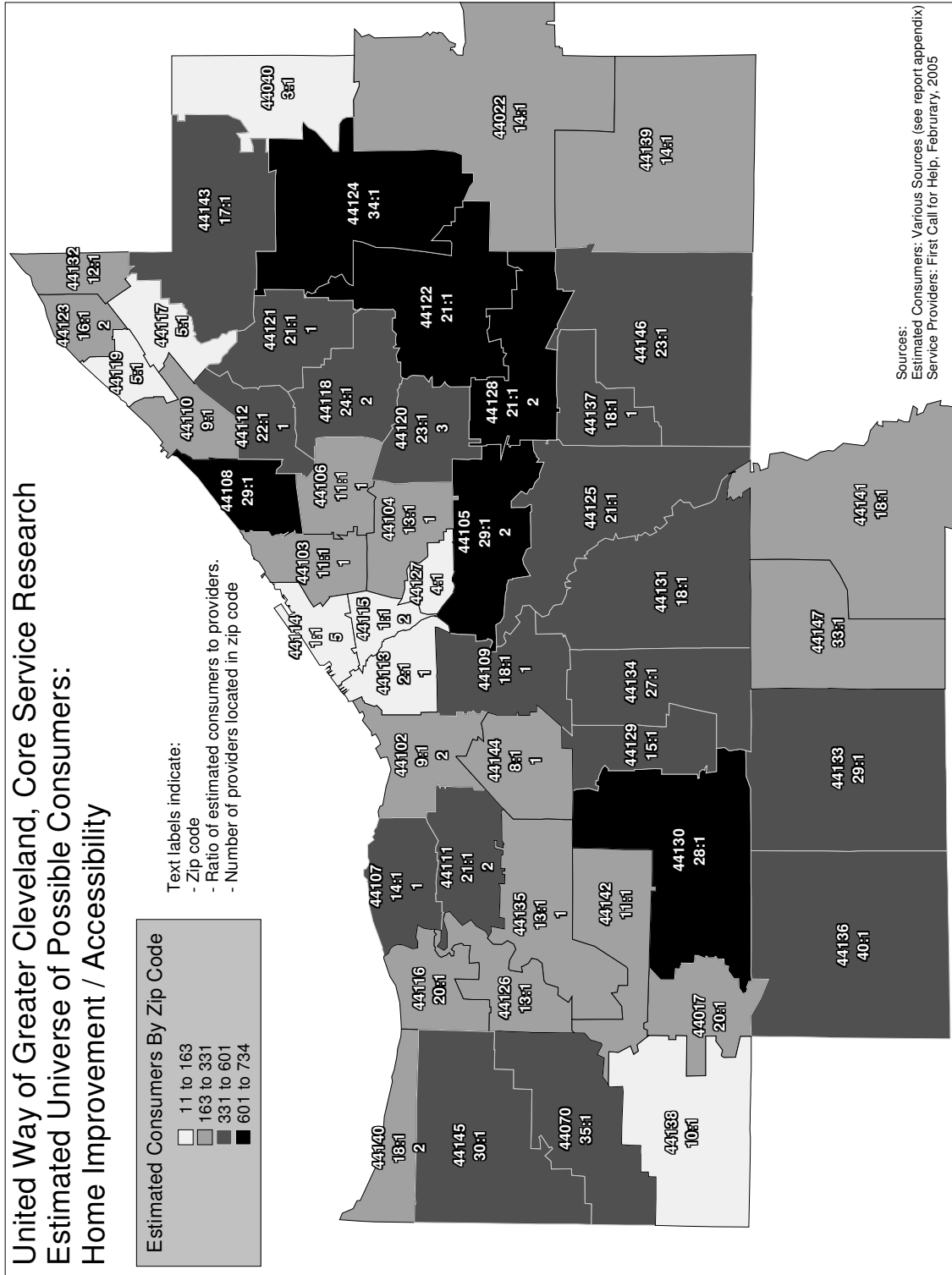
Home Improvement/Accessibility				
First Call for Help Requests 2000-2004				
Unmet Need				
Zip Code	TOTALS 00-04			%
	Requests	Met	Unmet	Unmet
*Total Cuyahoga County	2,913	2,711	202	7%
*Total Cleveland	1,764	1,669	95	5%
*Total Suburbs	1,149	1,042	107	9%
FCFH DATA NOTES				
<p>Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p>Unmet = service request for which there was no referral.</p> <p>Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p>				

Attachment 9: Service Site Index

Core Service: Home Improvement BH-300									
Service Site Index									
Zip	Number of Sites****	City/Town (% Cleveland)	Proportion of Minorities in Geographical Area	Total Households (#)*	Total Owner-Occupied Households (#)**	Estimated Persons in Need: Total Households 55+ in Owner-Occupied Housing paying >30% for Housing (#)***	Estimated Universe of Possible Consumers****	Number of Service SITES Serving Geographical Area (Per Agencies Reported Intended Service Area to First Call for Help)*****	Potential Service ACCESSIBILITY by Service Consumers per Geographical Area
Period				1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/2005	Ratio of CONSUMERS to Service SITES
TOTAL				571,606	360,988	32,395	16,521	35	472:1
Percent					63.2%	5.7%	51.0%		
44117	-	Euclid/Cleveland	African Am 53.1%	5,871	2,711	205	105	21	5:1
44105	2	Cleveland/NewburghHts/GarfieldHts (75%)	African Am 61.9%	20,743	11,484	1,400	714	25	29:1
44106	1	Cleveland/Cleveland Hts (60%)	African Am 62.2%	13,522	3,786	460	235	21	11:1
44110	-	Cleveland/East Cleveland (98%)	African Am 74.7%	11,214	4,680	369	188	20	9:1
44120	3	Shaker Hts/Cleveland	African Am 76.7%	20,048	9,239	883	450	20	23:1
44103	1	Cleveland (100%)	African Am 86.2%	9,724	3,214	395	201	18	11:1
44108	-	Cleveland/Bratenahl (90%)	African Am 94.9%	13,534	6,795	1,178	601	21	29:1
44112	1	East Cleveland/Cleveland	African Am 95.2%	13,224	5,785	966	493	22	22:1
44128	2	Warrensville Hts/Cleveland	African Am 95.8%	13,370	8,484	1,388	708	34	21:1
44104	1	Cleveland (100%)	African Am 97.5%	10,848	3,265	461	235	18	13:1
44115	2	Cleveland (100%)	African Am 98.4%	3,063	175	21	11	17	1:1
44114	5	Cleveland (100%)	Asian 26.3%	1,969	292	31	16	17	1:1
44109	1	Cleveland/Brooklyn Hts (98%)	Hispanic 26.3%	18,187	10,094	870	444	24	18:1
44102	2	Cleveland/Brooklyn (95%)	Hispanic 26.4%	20,515	8,097	424	216	25	9:1
44113	1	Cleveland (100%)	Hispanic 23.5%	7,404	2,131	87	44	21	2:1
44017	-	Berea		7,195	5,091	506	258	13	20:1
44022	-	Bentleyville		4,478	3,882	432	220	16	14:1
44040	-	Gates Mills/Mayfield Village		1,071	969	79	40	14	3:1
44070	-	North Olmsted		13,601	10,785	835	426	12	35:1
44101	-	Cleveland (100%)		0	0	0	0	12	N/A
44107	1	Lakewood/Cleveland		26,767	12,064	650	331	23	14:1
44111	2	Cleveland (100%)		17,986	12,117	927	473	22	21:1
44116	-	Rocky River		9,835	7,031	471	240	12	20:1
44118	2	ClevelandHts/UniversityHts/ShakerHts		17,684	11,656	997	508	21	24:1
44119	-	Cleveland/Euclid (50%)		6,264	4,173	212	108	21	5:1
44121	1	University Hts/South Euclid		14,527	11,339	971	495	24	21:1
44122	-	Beachwood/Highland Hills/ShakerHts		14,621	9,996	1,316	671	32	21:1
44123	2	Euclid		8,389	5,384	432	220	14	16:1
44124	-	Pepper Pike/MayfieldHts/Lyndhurst		18,539	12,857	1,207	616	18	34:1
44125	-	Valley View/Garfield Hts		12,112	9,921	973	496	24	21:1
44126	-	Fairview Park/Cleveland		7,727	5,652	566	289	23	13:1
44127	-	Cleveland (100%)		3,038	1,416	146	74	17	4:1
44129	-	Brooklyn/Parma/Cleveland		12,206	9,092	684	349	23	15:1
44130	-	Parma/Cleveland		23,346	15,594	1,440	734	26	28:1
44131	-	Independence/Seven Hills/BrooklynHts		8,129	7,746	892	455	25	18:1
44132	-	Euclid		6,860	4,062	320	163	14	12:1
44133	-	North Royalton		11,274	8,416	694	354	12	29:1
44134	-	Parma/Cleveland		16,596	13,785	1,060	541	20	27:1
44135	1	Cleveland/Lindale (90%)		11,904	8,605	601	307	23	13:1
44136	-	Strongsville		16,207	13,406	935	477	12	40:1
44137	1	Maple Hts/Cleveland		10,477	8,773	715	365	20	18:1
44138	-	Olmsted Twp/Olmsted Falls		7,322	5,859	287	146	14	10:1
44139	-	Bentleyville/Glenwillow/Solon		7,760	6,771	451	230	16	14:1
44140	2	Bay Village		6,183	5,741	516	263	15	18:1
44141	-	Brecksville		5,016	4,437	390	199	11	18:1
44142	-	Brookpark/Cleveland		8,156	6,834	478	244	13	11:1
44143	-	Highland Hts/Richmond Heights		9,694	7,333	757	386	23	17:1
44144	1	Brooklyn/Cleveland		10,015	6,691	419	214	26	8:1
44145	-	Westlake		12,916	9,741	708	361	12	30:1
44146	-	Walton Hills/Oakwood/Bedford		14,068	8,581	826	421	18	23:1
44147	-	Broadview Hts		6,407	4,956	364	186	11	33:1

* U.S. Census 2000, SF1 (H4)
 ** U.S. Census 2000, SF3 (H7)
 *** U.S. Census 2000, SF3 (H96)
 **** 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.
 ***** United Way First Call for Help, February 2005

Attachment 10: Map





**United Way of
Greater Cleveland**

1331 Euclid Avenue

Cleveland, Ohio 44115

uws.org/CoreServicesPlanning