The Community Needs Assessment study conducted for the Department of Senior & Adult Services (DSAS) was undertaken to provide the agency with a rich set of information about the population it targets for service. The study was designed to enable DSAS to compare its services to the needs of the community, which were identified through secondary data from the census, related data, population surveys, and input from others in the community with expertise on the issues of the population served. The data and descriptive analyses can be used by DSAS to better understand the needs of the community and to evaluate how the agency is serving these needs. It should also assist DSAS in communicating and collaborating with organizations that play a role in serving vulnerable older adults in the county.

This study is in two parts:

1. An analysis of the characteristics of the population receiving DSAS services vis-à-vis the characteristics of the county’s target population for these services

2. Results of population surveys, as well as surveys of service providers and key informants in the community

In addition to the Executive Summary, the following six reports were produced:

- Analysis of the Demographic and Geographic Distribution of Services Offered by DSAS
- The Health and Social Services Needs of Older Cuyahoga County Residents
- Analysis of the Importance of Six Major Services, and the Distribution of Those Services, by DSAS
- Analysis of a Survey of Service Providers
- Summary of Key Informant Interviews
- Analysis of Medicaid Clients Served by DSAS

Most of these reports include data tables, graphs, and descriptive text. Some include maps. Together, they offer a rich description of the county’s population targeted for and receiving DSAS services. The following are some highlights from the reports.

Demographics and Socioeconomic Conditions

The number of older persons in Cuyahoga County age 65 - 74 and 75+ has declined in the last several years. However, this population is expected to grow when the baby boomers, born between 1945 and 1963, begin reaching 65.
The population of adults 75+ will begin to grow significantly by 2020 and thereafter. The greatest increases will be seen among females, since they have a longer life expectancy.

The greatest density of older persons can be found in Cleveland neighborhoods and inner-ring suburbs. Housing affordability is a factor, since the cost of housing is lower in both locations. Some communities in the outer-ring suburbs have a high percentage of older residents due to the location of nursing homes and senior residential facilities in the area. Many women who have survived longer than their husbands live alone.

Many older adults, while living longer and enjoying better health than their forebears, are still employed and working long hours. Yet they also have lower incomes, relying on Social Security, retirement income, interest and rental income. Some of these income sources are particularly vulnerable to fluctuations in the economy.

Geographically, households with the greatest incomes live in the far eastern suburbs. Those with the lowest incomes live in Cleveland and the eastside inner-ring suburbs. High poverty and near poverty rates are found in Cleveland and many inner-ring suburbs. It is also noteworthy that a higher percentage of DSAS Medicaid recipients 65+ (22.1%) live in the suburbs while 18.4% of DSAS Medicaid recipients 65+ live in Cleveland. More DSAS Medicaid recipients live in the suburbs because they have the greater share of assisted living and nursing home facilities.

The disparity in income between inner city and outer-ring suburban neighborhoods is related to disparities in health conditions as well. Older persons in Cleveland report having poorer health than those living in the suburbs. Disabilities increase with age, and Cleveland’s older population reports a higher incidence of all types of disabilities than those living in the suburbs. In addition to having poorer health, Cleveland’s older population is also less likely to have a caregiver present.

Family and living arrangements are critical to quality of life. The percentage of households represented by females living alone increases with age - to almost half of the households for those 75 and older. While relatively few older persons live with the children of their children, almost a third of older persons who live with their grandchildren are responsible for their care.

Older persons are disproportionately renters. Many have moved to apartment style housing in order to reduce housing costs and to escape the burdens of home maintenance. Home maintenance is an issue that will be addressed later - in a section of the survey devoted to perceived needs. Cuyahoga County has a rich history of attracting immigrants from Europe which is reflected in the fact that older county residents are more likely to speak another language in the home. A higher percentage of those who speak another language in the home report that they do not speak English well.
The survey of older persons reveals a variety of concerns and issues. More than 3-in-10 adults 55 and older reported limitations in the activities of daily living (ADLs). Slightly fewer reported physical health limitations. One-in-10 reported emotional health limitations. Prevalence rates in Cleveland were consistently higher than in the suburbs.

Almost 9-in-10 county residents said that they would ask for help if they needed it, primarily from family - either from children, a spouse, or another family member. Differences between Cleveland and suburban residents were reflected in their response to the query. In the outer-ring suburbs, 3-in-10 respondents said that they would ask their spouse. In the city, fewer than half that number said that they would ask a spouse for help. Conversely, in the city almost 2-in-5 said that they would ask their children for help; in the outer-ring suburbs, the fraction was less than 3-in-10. These differences reflect, in part, a higher rate of divorce and separation in the city.

Principal concerns of the older population include having enough money - more so among Clevelanders - having adequate transportation, enough help to stay independent, enough food to eat, being able to afford needed medications, living in a place that suits their needs, and not having enough to do.

The most important services to older persons in the county include home maintenance, transportation and help with housekeeping. Clevelanders cited transportation far more frequently, and help with housekeeping somewhat more frequently than suburban residents.

Older adults mostly get information about services from newspapers, magazines, and other written materials (one quarter). Senior and community centers (one fifth) are rated as more important than TV and radio for obtaining information. TV and radio were mentioned more frequently as sources of information by Clevelanders, while senior centers and print media were mentioned more frequently in the suburbs.

Senior centers are also seen as important organizations that respondents might contact for help, as are places of worship and hospitals. Though likely influenced by the knowledge that DSAS commissioned this survey, many respondents mentioned DSAS as a resource for help, especially those in Cleveland. Suburban residents mentioned senior centers more frequently.

Asked about their concerns, about 9-in-10 residents said they felt safe in their neighborhood in the daytime (70% at night), that they were able to keep their homes comfortable, that their neighborhood is a good place to live, and that they have adequate interests to keep themselves busy. However, responses were noticeably less positive in Cleveland than in the suburbs.

About three-quarters of county residents agreed that they expected help from family or friends, thought that a wide range of services were available, and were not worried about aging. The percentage that felt positive about being able to receive help as well as services was noticeably lower in Cleveland.
Seventy percent agreed that they felt at ease with finding information. Less than 60 percent thought that they had adequate money for retirement, and less than half thought that they would attend a senior center. Percentages were much lower in the city. Finally, countywide, more than 1-in-5 agreed that their home needs lots of repair work. In Cleveland, almost 1-in-3 stated that their home needs considerable repair work.

**DSAS CLIENTS COMPARED TO THE GENERAL POPULATION**

We compare the demographic characteristics of the county’s older population with the characteristics of the clients DSAS serves. Generally, DSAS services focus on the population in greatest need. Compared to the general population of the county, DSAS clients are more likely to be older, poorer, African American and Hispanic, female, and live in Cleveland.

The demographic characteristics of DSAS clients vary by the type of service provided. The services that proportionally serve more of the county’s older population are financial counseling, adult protective services, homemaking, and transportation. Service delivery increases with the age of the population for all but financial counseling services, which are offered to those who are likely to still be employed and/or planning for retirement.

Cleveland residents receive a greater share of DSAS services than suburban county residents, especially in the area of transportation. African American older persons receive a greater share of DSAS services than other racial/ethnic groups. Hispanics also receive a disproportionate share of DSAS services. African Americans receive a significantly greater share among almost all service categories, while Hispanics receive a greater share of financial counseling, adult development, adult protective services and congregate meals.

Females are the primary recipients of DSAS services regardless of type, but especially for financial counseling and transportation. Interestingly, the greatest balance in the distribution of services among men and women is with adult protective services. Grandparent/Kinship Care Program services are provided mostly to females, Clevelanders, African Americans and Hispanic persons. Services provided by the DSAS Grandparent/Kinship Care Program are also available to younger adults. More than a quarter of these services are received by persons between 18 and 44. When we take into account the number of persons by age group in the county we find that the primary beneficiaries of these services are in the 50-to-59 age range.

Not surprisingly, the vast majority of DSAS services are provided to low and moderate income persons, regardless of service type.

DSAS Medicaid benefits are largely targeted to the very old. A disproportionate share of Medicaid benefits are provided to low income adults who have been determined financially eligible. An estimated 83% of low income and disabled persons in Cuyahoga County institutions are DSAS clients. DSAS Medicaid clients are disproportionately African American and female. More than half of DSAS Medicaid clients live in institutions, a disproportionate share of which - primarily nursing homes - are located in the suburbs. Therefore, DSAS Medicaid clients, primarily, live in Cleveland suburbs.

As we note, the bulk of DSAS services are delivered to the older age groups, to more women than men, to Clevelanders more than suburbanites, and to those with lower incomes. These are clearly the groups with the greatest need and the population to which the agency is dedicated to serve. Yet, by comparing data from the survey of older persons with DSAS administrative data, we can also see some areas in which the agency might question whether some redistribution of its services should be made, both in terms of types of service as well as which target population is served.

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1 *We are only able to compare DSAS services to their expressed importance to the older population for the six services evaluated in the survey.*
For example, home maintenance, though a relatively small service category in the agency's portfolio, is viewed by the public as a more important service than the DSAS distribution of this service would indicate. This is true regardless of age group, gender, race, ethnicity, location, or income/poverty level. The gap between the need for home maintenance and the level of service currently provided is greatest for the youngest age group, age 60-to-64. This is also an age group still living in owner-occupied homes that require more maintenance. This finding is not unexpected since census data tell us that the older population lives in older homes that require greater maintenance costs. Perhaps because of the relative importance of home maintenance when compared to housekeeping services, housekeeping services are seen as less important by survey respondents than the relative distribution of housekeeping services currently provided.

Transportation is generally seen as a service of greater relative importance than other services DSAS currently provides, by the younger population, those living in the suburbs, Caucasians, and persons with higher incomes.

We also find that service to the suburban population may need some re-evaluation. Greater gaps between perceived needs and DSAS distribution of services exist in the suburbs than in Cleveland. The gaps in service identified are in the areas of home maintenance and transportation. A greater proportion of older persons who own and continue to live in their own homes live in the suburbs, and public transportation in the suburbs is less likely to meet their needs.

Aside from these few issues it is apparent that the DSAS services are in line with the perceived importance of services by the older population of the county.

**providers survey**

A sample of 81 organizations that provide services to the older population were surveyed. They were asked about their perceptions concerning the changing needs of the older population, as well as what challenges and opportunities exist for their own agency and DSAS in adjusting to those trends. The principle opportunity that these organizations see for themselves over the next 5 years is the chance to address the change in the kind and extent of the needs that will emerge. But, this opportunity also brings significant challenges.

This and other factors makes funding and economic issues in the region the most challenging issue they expect to face. Despite the changes and challenges they foresee, only 30% think that the range of services they offer will change dramatically over the next five years. Another fifth are unsure. Half think the range of services that they offer will not change.

Those less knowledgeable about DSAS (almost a third) are unsure about, or don't foresee, any principle opportunities for DSAS in the coming five years. But just as the respondents believe that the changing number and needs of the older populations will provide the most significant opportunities and also challenges (in addition to economic and funding conditions) for them over the next five years, most believe that this same set of conditions are the most important factors of opportunity and challenge for DSAS. Many also note that DSAS has an opportunity to build collaborative relationships in the community, an observation also noted below. More than half of those that expressed an opinion see DSAS significantly changing its range of services.

Major challenges to DSAS include those posed by the regional economy and resulting funding issues. But, also recognized are the anticipated growth in the number of older persons and the improving health and changing lifestyle of that population, which may result in changing service needs. Respondents are less sure about whether DSAS will experience significant changes in the range of services it offers in the next five years. More than half either didn’t answer or said they did not know. Only a quarter of the respondents were willing to say that there would be such changes. This exceeds the nearly fifty percent who said that their own organization would see change.
The survey also asked how DSAS might better serve their organization. Among those with an expressed opinion, the most frequent suggestion was by publicizing DSAS services to the community. Many wanted more information about and from DSAS concerning available services. Approximately 1-in-6 respondents indicated a desire for assistance with funding or in acquiring related resources, and 1-in-8 in getting help with staffing needs. Specific services that DSAS should provide include transportation and grandparent/kinship care services, housing/home repair, and senior services. Several indicated that DSAS should revise or improve administrative procedures in its relationship with providers.

These responses may indicate that DSAS is less well known or understood in the provider community, but that there is interest in learning and collaborating more.

**KEY INFORMANTS**

The study included interviews with persons at seven agencies, representing a diverse community concerned with aging issues. These agencies have a substantial interest in DSAS and its mission. Interviews involved seven agencies including the Western Reserve Area Agency on Aging, The Cleveland Foundation, Fairhill Center, Cleveland Metropolitan Housing Authority’s Senior Services, Adult Guardianship Services, Maple Heights Senior Center and the City of Lakewood Division of Aging.

When discussing current and future challenges, a recurrent theme was the dramatic cut in funding on municipal, state, and federal levels. This reduction has caused many agencies to reduce staff from full to part time or to completely eliminate positions. Due to the increased number of clients and the demand for different types of services (specifically mental health services), agencies have had to be creative and work collaboratively with other agencies to provide services and resources, and to seek gap funding from foundations and outside agencies. As a result, the need for further fundraising has increased, thereby pulling an already limited staff in different directions. Additionally, an increased number of needy seniors in the inner-ring suburbs and central city will force agencies to redistribute limited resources. It was noted that agencies are “stuck in the traditional ways of serving seniors” at a time of reduced funding, more diversified clients and changing demographics. Agencies will have to be creative in order to supply meaningful services.

This said, many agencies noted that a continued challenge is to offer services that are aligned with the agency’s original mission and not just “chase the money.” Furthermore, not enough attention is being paid to aging issues in the region by organizations not usually associated with such issues, thus putting an additional strain on an already taxed system.

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2 These community agencies interact with DSAS in several ways. Specifically, over half of them have staff that serve on several of the agency’s committees and Advisory Council, as well as refer clients directly to Adult Protective Services (APS). Six of the agencies interact with DSAS as a direct contractor, direct recipient of grants, or through a collaborative partnership with its Grandparent/Kinship Care Program. Additionally, DSAS interacts with community agencies, not only as a service provider, but also receives grants from other agencies, refers clients to APS and has collaborative relationships by sharing information and resources.
The challenges facing DSAS, according to these key informants, are similar to those of other community agencies: reduced funding, increased aging demographics, and the shift of resources. Additionally, DSAS will be faced with finding qualified and sufficient staff to address the growing senior needs. Many of the agencies expect DSAS to become the lead agency to explore creative strategies to address the growing needs in the current economic environment. This includes addressing the county’s cumbersome contract process, as well as determining what future services will be needed and distributing necessary resources to the appropriate geographic regions.

Considering the changing face of the senior population, all of the agencies concurred that DSAS has a unique opportunity to learn about and respond to the increasing needs of seniors through collaborations. Specifically, DSAS can become a leader and spearhead best practices for Adult Protective Services in Ohio. The agency can also redefine and revise the role of senior centers and serve as a catalyst to regionalize services by uniting the centers in a collaborative and coordinated system. DSAS should creatively respond to the many challenges that community agencies face by coordinating, collaborating, and consolidating resources.

CONCLUSIONS

With so much data analyzed and presented in this study, it’s clear that a complex set of needs, programs, organizations, and trends coalesce creating many challenges and opportunities for DSAS. Our conclusions include the following:

1. DSAS clearly targets and serves the neediest older persons in the county. The agency appears to be successful in meeting needs in many areas, though there are some needs expressed by the population, and evident in the data, that DSAS does not or cannot address, though other organizations may.

2. The needs of the older population are changing. Seniors are living longer, healthier lives, shifting geographically, and having different life-style expectations. This creates challenges both for DSAS and the provider community.

3. While needs are increasing and becoming more complex, resources are diminishing and the political and institutional landscape in many ways limits efficiency and effectiveness. This will require new and innovative ways to function and allocate resources, as well as collaboration for meeting needs.

4. DSAS has been called on to work with other organizations in order to coordinate programs and services. It’s not possible to fully evaluate the full distribution of services, assess unmet needs, and develop plans to meet needs without putting together all the information about services offered by all (or at least the major) organizations in the county. More comprehensive information and analysis and ongoing monitoring of the community is necessary.

5. Though DSAS distributes a variety of informational literature, has a large advisory committee, and works with many providers — often behind the scenes — the agency is less well known than it should be. It is certainly misunderstood by some organizations and members of the general public.

6. The call for more information, collaboration, and leadership expressed by both service providers and key informants is an opportunity for and a challenge to DSAS.

7. There is an opportunity and a need for DSAS to play a more central leadership role in:
   a. Providing information about the senior population and community services
   b. Bringing together communities of interest and establishing collaborations among organizations
   c. Submitting innovative ideas and stimulating others to share their ideas for all to consider