Summit County Older Adults Needs Assessment and Long-Term Care Cost Analysis

April, 2018

Prepared for DIRECTION HOME AKRON CANTON AREA AGENCY ON AGING AND DISABILITIES by THE CENTER FOR COMMUNITY SOLUTIONS with support from the AKRON COMMUNITY FOUNDATION
INTRODUCTION

Direction Home Akron-Canton Area Agency on Aging and Disabilities (Direction Home) provides services and supports to older adults, adults with disabilities and their caregivers in Portage, Stark, Summit and Wayne Counties. Direction Home provides long-term care programs to assist older adults and individuals with disabilities to remain in home, or community-based, settings as opposed to institutionalized care settings. Direction Home also provides family caregiver support programs, consumer protection and education, information on long-term care and more.

Direction Home seeks to learn more about the needs of the older adults in Summit County, and how it can best support the aging process of its residents. With a focus on providing and supporting community and home-based care to maintain an individual’s independence, Direction Home is particularly interested in the financial impact this type of care has on the individual, family and larger community. Direction Home contracted with The Center for Community Solutions to assess community need, to evaluate the financial impact of providing home and community-based care. Results of that work are contained in this report. Specifically, this report includes demographic analysis of older adults in Summit County, results of a community needs assessment for aging services provided in Summit County, findings from focus groups held with caregivers and a cost analysis of long-term care in Summit County.

Summit County consists of both urban and suburban municipalities, with some variations in income, race and education among Akron proper, and suburban, communities. One thing that remains constant among all older adult populations surveyed for this assessment is the desire to remain in their homes for as long as possible. Clients and caregivers associated with Direction Home, randomly selected residents of Summit County age 60 and older and general public callers to Direction Home and Metro Transit, were all asked to identify the level of importance they place on remaining in their home as they age. Among all groups, 94 to 100 percent said it is very important, or somewhat important, to remain in their homes.
While there is no question that Summit County’s older adults wish to age independently in their homes, or their family’s homes, there is not yet a clear answer on the collective community’s ability to finance the supports and services to allow that independence. There are real and calculable costs to home health aids, homemaker services, adult day care, medication management and transportation, among other aging services. Depending on the income and resources of an individual, these services may be covered by Medicaid, paid privately or subsidized by aging providers. The population in the middle, those who are unable to access Medicaid and unable to independently afford the full range of home care needed, are at risk of draining the financial assets of themselves and their families and still receiving less than the optimal level of care. With an increasing number of older adults entering the sphere of needing home and community based services, and with federal and state funding failing to keep pace, Summit County and aging service providers, including Direction Home, will need to consider how they can raise additional funds to support community-based care of current, and future, older adults and their caregivers.

KEY FINDINGS

Individual and Community Needs

- Just under half of Summit residents over 60 and Direction Home client survey respondents plan to research options for aging services ‘when approaching the need.’ Approximately a quarter of those surveyed have no plans to research aging services.
- Respondents to both surveys had the same top three concerns about accessing services to support aging: quality of care, cost and not wanting to be in a long-term care facility
- A quarter of all survey respondents are caring for a friend or relative aged 60 or older.
• The affordability of services as respondents get older has 34.1% of Summit respondents ‘very concerned’ or ‘extremely concerned,’ compared with 53.5% of client survey respondents.
• Direct Home client survey respondents say they cannot afford medical bills without sacrificing other necessities at a higher rate than randomly selected Summit survey residents aged 60 and older. The same is true with ability to afford prescriptions and utility bills without sacrificing other necessities.
• Majorities of respondents in both surveys are not confident about their ability to pay for long-term, in-home medical expenses.
• The ability to pay for long-term nursing care is a concern shared by both clients and caregivers of Direction Home, and by randomly selected residents of Summit County. Fifty-eight percent of client survey respondents do not think they can afford this service, compared with 39 percent of Summit residents aged 60 and older.
• Of the roughly one third of Summit survey respondents who indicated they can pay for long-term care services, half believe they can pay for this for as long as the service is needed, a third do not know how long they can afford to pay for long-term care services. For the 17 percent of client survey respondents who think they can pay for long-term care services, a third believe they can pay for as long as the service is needed, while just more than half do not know how long they can afford this service.

Estimated Costs of Long-Term Care in Akron, Ohio

<table>
<thead>
<tr>
<th>Care Option</th>
<th>Service Combination</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day &amp; Homemaker Combination</td>
<td>2 days homemaker, 4 days homemaker health aide, 3 days adult day health care</td>
<td>$3,720</td>
</tr>
<tr>
<td>Adult Day Care on Weekdays &amp; Homemaker Health Aide on Weekends</td>
<td>5 days adult day health care, 2 days homemaker health aide</td>
<td>$2,080</td>
</tr>
<tr>
<td>Homemaker Services as Primary Caregiver</td>
<td>7 days homemaker health aide, 3 days homemaker</td>
<td>$5,164</td>
</tr>
<tr>
<td>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</td>
<td>5 days homemaker health aide</td>
<td>$2,600</td>
</tr>
</tbody>
</table>

Caregiving

• Family members desire training as they transition to the role of caregiver. Training for caregivers should be designed to meet the needs of the caregivers and recognize the barriers they face. This includes in-home “on the job” training as well as training locations that offer adult day care.
• Trainings should address the holistic nature of caregiving. Physical skills should be included such as transferring, toileting, nutrition, medication administration, etc. Emotional skills also need to be included such as dealing with role change, creating safe spaces to vent, self-care, processing grief and anger, what to expect from the recipient, and, how to effectively communicate with the recipient of care. Education can be provided on how to manage the financial impact of caregiving.
• Caregiving takes a financial toll on both the recipients of care and their family members.
• Various income and resource levels of the recipients of care and their families each carry a unique set of challenges and anxieties. These include those on Medicaid, those who combine personal and family resources to pay for care and those who are independently able to pay for care through personal resources.
• Caregivers in the focus group universally agreed more funding was needed for aging and caregiving support services.
• Focus group participants would also like to see professional groups or community groups advocate on their behalf to lawmakers for additional caregiver support resources.
• Caregivers would like to see the general public’s awareness level of the emotional, physical and financial impact of caregiving raised.

**Financial Impact of Long-Term Care**

• Single older adults with an income range between $27,310 and $48,564 and couples with incomes between $37,030 and $65,844 will likely struggle to afford a safe level of care for an individual who needs a skilled level of care and wishes to remain in a home and community-based setting.
• Family members, and other loved ones, often cover the gap between what the individual needs and what the individual can afford. This comes in both the forms of the physical act of caregiving and contributing financially to the cost of care.
• Programs that could expand Direction Home’s ability to subsidize the costs for individuals receiving care in their homes would have a positive impact on the individual, the family and the community at large.
• Three out of four survey takers believe aging services need more funding.

**SURVEY RESULTS**

Data from each of the surveys was analyzed to gain a better understanding of the current state and needs of older adults in Summit County. For certain questions, survey groups were combined to create a larger sample size, allowing for greater generalization of the findings. When relevant, comparison between Summit residents aged 60 and older from the general population and those associated with Direction Home are made, as well as analysis comparing respondents in different income ranges. The following group distinctions are used in charts and tables throughout the survey results section.

*Direction Home Client/Caregivers* refers to respondents of the phone survey conducted by CRI. The respondents in this group were identified by Direction Home as recent or current clients and/or caregivers associated with Direction Home.

*Summit Residents 60+* refers to the combined respondents of randomly selected residents of Summit County aged sixty and older. This group includes both of the populations listed below.

*Summit Residents 60+ Mailed Survey* refers to respondents of the survey mailed to a random selection of Summit County residents aged sixty and older.
Summit Residents 60+ Phone Survey refers to respondents of the phone survey conducted by CRI. Phone survey respondents were randomly selected from a purchased list of phone numbers associated with Summit residents aged 60 and older.

Direction Home Short Phone Survey refers to respondents who completed a four question, multiple choice survey following an information seeking call to Direction Home.

Metro Transit Short Phone Survey refers to respondents who completed a four question, multiple choice survey following an information seeking call to Metro Transit.

Demographics

In the three survey groups that collected demographic information, more females responded to survey questions than males. This is especially true of the Direction Home Client/Caregiver group in which 79 percent of survey takers self-identified as female.

What is your gender?

![Bar chart showing gender distribution]

- Summit Residents 60+ Mailed Survey
- Summit Residents 60+ Phone Survey
- Direction Home Client/Caregiver
The Direction Home Client/Caregiver respondents are more racially and ethnically diverse than the overall older adult population in Summit County and the randomly selected respondents of the mail and phone survey. The randomly selected mail and phone survey group mirror the racial and ethnic breakdown of older adults in Summit County with 84 and 87 percent of survey takers identifying as White/Caucasian and 10 and 9 percent identifying as Black/African-American. In contrast, 53 percent of the Direction Home client/caregiver identified as White/Caucasian, 25 percent as Black/African American and 11 percent Asian/Pacific Islander.

What is your race or ethnicity?
A higher percentage of survey takers associated with Direction Home have lower levels of education than the randomly selected groups. Twenty-four percent of those associated with Direction Home have completed some high school and not received a diploma compared to 6 and 4 percent of the mail and phone survey samples. Fifteen percent of the Direction Home sample has a Bachelor’s degree or higher, whereas 41 percent of the mail survey sample and 45 percent of the phone survey sample have attained this level of education.

Respondents who completed the survey over the phone were less likely to share their household income than those who completed the survey on paper. This is likely due to the nature of a paper survey feeling more anonymous and private.
Clients and caregivers associated with Direction Home were less likely to live in single family homes than Summit residents who either completed the phone or mailed survey, and they were more likely to live in apartments and senior apartments. Other housing options, which had less than 2% of the response for any group, included assisted living home, townhouse, continuing care retirement community and nursing home. Direction Home Client/Caregivers are more likely to rent (62 percent) than own (39 percent) compared to the random sample from the mail and phone. This may be cause for concern as 59 percent of older adult renters in Summit County are burdened by housing costs.
Clients and caregivers associated with Direction Home indicated they are less likely to live with a spouse or partner than the general older adult population. The Direction Home sample participants were also more likely to live with their children (22 percent) than with a spouse or partner (18 percent).

Who is in your household? (select all that apply)

The similarity of the demographics of the two random samples allows for a combination of the two groups to make comparisons between those not currently associated with Direction Home and those who are recent or current clients and/or caregivers. The clients/caregivers sample possesses distinct differences from the general population random sample.

**Familiarity with Aging Services**

Survey takers were asked to indicate how familiar they were with a number of services offered by Direction Home. The listed services replicated the language used to describe services on Direction Home’s website and in its publications. Answer choices included “Not at all familiar,” “I have heard of this but I do not know what it is,” “I am aware of this service but I have not used it personally” and “I have personally used this service.” Both those associated and non-associated with Direction Home lacked familiarity with Respite Services and Congregate Meals. We would expect those associated with Direction Home would be more familiar than the general population sample with Aging Services, and found this to be true in most cases, particularly with the Adult Day Service, PASSPORT/MyCare Ohio and home delivered meals. In two instances, Case Management and Personal Care Aid, the general population indicated more familiarity with the service. Both groups indicated high familiarity with HOME Choice, Chronic Disease Self-Management and Home Modifications.
Mail survey takers were asked what needs they have related to growing older that are not currently being met. One hundred and twenty two survey takers responded to this question with a variety of answers. Themes emerged among these answers, including transportation, long-term care planning, social isolation/loneliness, financial help, home maintenance, in-home help, caretaker support and specific disease related concerns.

When asked about their experiences in asking for help meeting their needs as they grow older, 46 percent of the mail survey respondents report they know who or where to call and 41 percent can get someone to answer their questions. Only 31 percent reported they can get help quickly and just 30 percent can afford the help they need.

There is a perception that many older adults and their caregivers do not prepare for needs related to aging until they have reached a state of crisis. Answers for both random samples and the Direction Home sample were combined to gauge when older adults research their options for aging services.
Nearly half of survey respondents said they plan to research options for aging services when they are approaching the need. About one-in-five said they have never researched aging service options and don’t plan to. Around 10 percent said that they would wait until they were in crisis or long after they first needed the service. According to data from the Scripps Gerontology Center, 10 percent of the older adult population in Summit County is projected to have either a moderate or severe, physical or cognitive disability in 2020. The 10 percent projected to have disability are likely to need help and as they may struggle with functional limitations.

When do you plan to research your options for aging services?
(by income)
n=379

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Preparing an advance directive is one way older adults can prepare for medical treatment. This question was asked only in the mail survey. More than half of the mailed survey respondents indicated they did not currently have an advance directive. Of those who listed a reason why they did not have a directive, the most common answer (49 percent) was that they did not know what an advance directive was. Eighteen percent did not know how to get an advance directive, just under 10 percent are concerned with the cost and 6 percent were not sure what they wanted to have happen to them. These findings indicate a need in the community for more information about advance directives, and access to assistance in preparing these documents.

Many older adults may resist researching service options for aging services, or accessing service, out of fear of cost, safety and lack of privacy. Both mail and phone survey takers were asked to indicate their concerns about accessing services to support their aging process.

What concerns do you have about accessing services to support you as you age? (check all that apply)

- I am concerned about the quality of care: 71%
- I am concerned about the cost: 68%
- I do not want to be placed in long term care facility: 62%
- I am concerned about my privacy: 57%
- I do not want people to think I cannot take care of myself: 47%
- I am concerned someone will steal from me: 36%
- I do not know how to find help: 25%
- I am concerned someone will physically hurt me: 22%
- I do not want to be placed in long term care facility: 19%

Direction Home Client/Caregivers
Summit County Residents 60+
Both groups of respondents, Direction Home Client/Caregivers and Summit County Residents 60+, had similar levels of concerns about accessing services, with differences of 2 percentage points or less. Summit County residents are the combined responses from the phone and mail survey. Respondents from both groups had the same top three concerns: quality of care (71% of Summit residents and client/caregivers); cost (68% of Summit residents and 66% of client/caregivers); and not wanting to be in a long-term care facility (63% of Summit residents and 62% of client/caregivers). The lowest responses were also the same for both sets of respondents. The concern that ‘someone will physically hurt me’ was expressed by 18 percent of Summit residents and 22 percent of client/caregivers. Nineteen percent of Summit residents, and 22 percent of client/caregiver respondents, were concerned about not knowing how to find help. The largest difference between the groups was that more client/caregivers were concerned about privacy and theft.

If you had to leave your home due to health or mobility issues, do you feel confident that you could find alternative housing to meet your needs?

Yes 40%
I’m not sure 47%
No 13%

On the mailed survey, respondents were asked about their ability to find alternative housing due to a health or mobility change. Of the 120 who answered this question, 47 percent were not sure if they would be able to find housing and 13 percent indicated they would not be able to find alternative housing. This demonstrates a lack of familiarity among more than half the general population of Summit county residents aged 60 or older with supportive housing options other than their current residence.
**Financial Security**

More than 65 percent of Summit County residents aged 60 and older, and Direction Home client caregivers, report being concerned about the cost of affording services and support related to aging. A series of questions was posed to survey takers to gauge the financial ability of the community. Callers who participated in the short phone surveys, offered by Direction Home and Metro Transit, were asked if they were able to afford the services they need related to growing older. Eighty-one percent of the Direction Home callers said they could not, and another 8 percent were not sure, leaving just 11 percent who said they were able to afford services. In contrast, 54 percent of callers who responded to the Metro Transit survey reported they could afford services. It is reasonable to believe the callers who have reached out to Direction Home are actively looking for services, and have become acutely aware of the cost, realizing affording services are beyond their financial capability.

![Direction Home Short Survey](chart1)

*Direction Home Short Survey*
Are you able to afford the services you need related to growing older?

- Yes: 11%
- No: 81%
- Not Sure: 8%

![Metro Transit Short Phone Survey](chart2)

*Metro Transit Short Phone Survey*
Are you able to afford the services you need related to growing older?

- Yes: 54%
- No: 27%
- Not Sure: 17%
- No Answer: 2%

Only about one-in-four older adults in Summit County are not at all concerned about being able to afford the services they may need as they age. About one-third (35 percent) are slightly concerned, and 41 percent are very, or extremely, concerned about being able to afford aging services. Not surprisingly, income level is a factor in the level of people’s concern when it comes to affording aging services. The higher the income of the respondent, the more likely they are to be not at all concerned, or only slightly
concerned. The lower the income of the respondent, the more likely they are to be very or extremely concerned.

**How concerned are you about being able to afford the services you may need as you age?**

n=671

- Not at All: 24%
- Slightly concerned: 35%
- Very Concerned: 27%
- Extremely Concerned: 14%

**How concerned are you about being able to afford the services you may need as you age? (by income)**

n=387

- $0-25K: 14%, 17%, 31%
- $25-60K: 25%, 40%, 51%
- $60K+: 40%, 30%, 10%
- Extremely Concerned: 22%, 14%, 7%
Unsurprisingly, the most common items that people include in their spending are basic needs, such as groceries, utilities and health-related expenses. Most respondents also include spending at restaurants, charitable giving, transportation, entertainment and gifts. Thirty to 50 percent of respondents spend on home maintenance services, life insurance, monthly subscriptions (such as magazines) and put money in savings. A much smaller percentage of respondents spend on investments, gym memberships and home health care. There were some “other” responses, which included helping with family expenses or spending money on grandchildren, and caring for pets.

The following chart illustrates where respondents report they would decrease spending if they had an increase in medical or home health costs, relative to where they typically spend money in a given month. Notably, 29 percent of people said they would decrease spending on groceries, meaning they would cut back on food to pay for increased health costs. More commonly, respondents reported they would cut back on less essential items, such as restaurants, charitable giving, entertainment and gifts. Eighteen percent of respondents reported that they would not need to make any changes to their spending. Only small percentages of respondents (fewer than 10 percent) said they would decrease
spending on things like health expenses, utilities and transportation. Twenty-one percent said they would cut back on savings contributions.

**Typical Monthly Spending vs. Where People Decrease Spending**

n=120

<table>
<thead>
<tr>
<th>Category</th>
<th>Typical Spending</th>
<th>Would decrease spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groceries</td>
<td>98%</td>
<td>29%</td>
</tr>
<tr>
<td>Utilities</td>
<td>92%</td>
<td>9%</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>78%</td>
<td>10%</td>
</tr>
<tr>
<td>Medical Bills</td>
<td>73%</td>
<td>7%</td>
</tr>
<tr>
<td>Health insurance</td>
<td>70%</td>
<td>8%</td>
</tr>
<tr>
<td>Over the counter medical expenses</td>
<td>69%</td>
<td>20%</td>
</tr>
<tr>
<td>Restaurant</td>
<td>65%</td>
<td>43%</td>
</tr>
<tr>
<td>Charitable Giving</td>
<td>58%</td>
<td>37%</td>
</tr>
<tr>
<td>Transportation expenses</td>
<td>53%</td>
<td>10%</td>
</tr>
<tr>
<td>Entertainment</td>
<td>53%</td>
<td>36%</td>
</tr>
<tr>
<td>Gifts</td>
<td>50%</td>
<td>33%</td>
</tr>
<tr>
<td>Home maintenance services (grass/snow/housecleaning)</td>
<td>48%</td>
<td>16%</td>
</tr>
<tr>
<td>Life insurance policy</td>
<td>44%</td>
<td>16%</td>
</tr>
<tr>
<td>Monthly subscriptions</td>
<td>32%</td>
<td>16%</td>
</tr>
<tr>
<td>Savings contributions</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Investments</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Gym Membership</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>I would not need to make any changes</td>
<td>18%</td>
<td>6%</td>
</tr>
</tbody>
</table>
The majority of older adults in Summit County report that they can afford basics like utilities, prescriptions and medical bills without sacrificing other necessities. Medical bills present the biggest challenge for people, with 28 percent of older adults reporting that they can’t afford them some or all of the time without sacrificing necessities.

More than one-third of mail survey respondents reported that they carry a credit card balance, which could indicate that they are financially stretched thin. About one-in-four mail survey respondents reported that others depend on them for financial support, meaning that their limited resources are also being spent on the needs of friends or family. And nearly one-in-five respondents said they have been a victim of a telephone or internet scam.
The majority of mail survey respondents don’t have anyone who can lend them money all or some of the time, in the event of a financial crisis. Forty-four percent of respondents do have someone who can lend them money if they experience a financial crisis.

If you were to experience a financial crisis, do you have someone who can lend you money?

n=117
Almost all of the mail survey respondents (95 percent) indicated that they will have access to Medicare to help pay for services as they age. A majority of respondents (59 to 71 percent) said they will have access to personal income, savings, investments and credit. Most respondents say they will not have access to Medicaid, financial assistance from family, or long-term care insurance. Some respondents did indicate other sources of financial security, such as Veteran’s benefits, or profit from the sale of their home.
Overall, Summit County older adults are unsure how they will pay for long-term in-home medical expenses, should they need them in the future. The highest proportion of people (40 percent) report that they would not be able to pay for long-term, in-home medical expenses, and another 29 percent aren’t sure if they could afford it. Just under one-third of people reported that they would be able to afford it.

Not surprisingly, higher income residents (those with more than $60,000 in annual income) are most likely to say they could afford long-term, in-home medical expenses. Just more than half of the lowest income group said that they would not be able to afford long-term, in-home medical expenses. In all income groups, between one-quarter and one-third of individuals were uncertain about their ability to afford these services.

Do you feel confident that you would be able to pay for long-term in-home medical expenses, should you need it in the near future? (by income)

$n=387$
People are even less able to afford long-term nursing home care compared with long-term in-home care. Nearly half of people report that they would not be able to afford long-term nursing care, and another 29 percent are not sure if they could afford it. That means that fewer than one-in-four individuals think they could afford long-term nursing home care if they needed it.

The lowest income group (those with income below $25,000 annually) are the least likely to be able to afford nursing home care, with 58 percent reporting that they would not be able to afford it and another 28 percent unsure about whether they could afford it. But, even within the highest income group (those with more than $60,000 in annual income), about one-third of individuals say they could not afford nursing home care.

Do you feel confident that you would be able to pay for long-term nursing home care, should you need it in the future? (by income)

n=387

- $0-25K: 14% Yes, 23% No, 37% I'm not sure
- $25-60K: 58% Yes, 46% No, 34% I'm not sure
- $60K+: 28% Yes, 31% No, 29% I'm not sure
Among those who said they could afford long-term care expenses (which only represents a small portion of those surveyed) more than three quarters of those respondents said they could afford the service for as long as they need it, while the other one quarter of individuals would be able to afford service for one year or less.

How long could you afford to pay for long-term care expenses?
(n=78)
Information and Education

Older adults obtain information about the services they need, and education about aging, in a variety of ways, with various levels of success. When access to information and education is high, older adults gain the ability to find and connect with the services they need in a way that is sustainable over time. Older adults were asked various questions related to finding and accessing services in all versions of the surveys.

Callers to Direction Home and Metro Transit were asked if they were able to find the services they need related to growing older. Sixty eight percent of callers to Direction Home said they were not able to, or were not sure if they were able to find services. There is a high probability these callers have reached out to Direction home for help in finding those services. Most of the Metro Transit callers indicated they were able to find services they need. Compared to the Direction Home callers, this group may not have many aging needs and therefore may have less difficulty finding services to meet those needs.

Direction Home Short Survey
Are you able to find the services you need related growing older?

Metro Transit Short Phone Survey
Are you able to find the services you need related to growing older?
All survey takers were asked if, in general, were they able to find information on the services that they need. There are slight variations between the general population of Summit county residents aged 60 and older and the Direction Home client/caregiver groups.

Those who took the mailed survey had a high percentage of respondents that said they had access to fitness activities (79 percent), health care professionals who speak their language (73 percent), burial sites (57 percent) and information about health, medical equipment (51 percent). The same group reported not having access, or not being sure if they had access, to help paying bills (80 percent), service providers who come to the home (71 percent), information on supportive services (60 percent), housing and other services (58 percent).
The most common information access point for Direction Home Clients/Caregivers is telephone (79 percent) followed by ‘word-of-mouth’ (66 percent). Summit Residents 60+ had the same top two access points with ‘word-of-mouth’ being slightly more common. The internet is used more often by Summit respondents (67 percent) than by client survey respondents (44 percent). The mailed survey respondents were asked if they had access to the internet, and nearly 80 percent reported they did have access. Of those with access, 94 percent use the internet at home, 38 percent on their smartphone or tablet, 10 percent at the library and just 3 percent are using the internet at a community or senior center. Twenty-five percent of respondents from the mailed survey reported they were familiar with the 211 referral hotline, and just 12 percent of the survey respondents had used 211 to identify a service or get information.
Both Direction Home client/caregivers and Summit County residents aged 60 and older indicated they were able to access information delivered in their language. Sixty-three percent of those associated with Direction Home are able to access information delivered in person, compared to 40 percent of older Summit County residents having access to in person information delivery. Summit County residents are more likely to access information through the internet and computers, with 75 percent accessing community information this way. Fewer than half of Direction Home client/caregivers report using the internet to access information.

Do you have access to community information through the following?

- **Information delivered your language**: 81% (Direction Home), 83% (Summit Residents)
- **Printed information you can clearly read**: 71% (Direction Home), 82% (Summit Residents)
- **By the phone through one central source**: 66% (Direction Home), 55% (Summit Residents)
- **Information delivered in person**: 63% (Direction Home), 42% (Summit Residents)
- **Internet and computers**: 49% (Direction Home), 75% (Summit Residents)
In addition to access to information about community services, survey takers were asked if they had access to the features of a community that increase the likelihood of successful independent living. Ninety five percent of summit residents 60+ said they live near the amenities like shopping, restaurants, parks and medical facilities they need and want compared to 80 percent of Direction Home clients. Clients and caregivers are more likely to report access to aging related services than those not connected to Direction Home. The general population 60+ residents of Summit are more likely to indicate they are not sure if they have access to these services near where they live.

<table>
<thead>
<tr>
<th>Are the following available in your neighborhood?</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Summit Residents 60+</td>
<td>Direction Home Clients &amp; Caregivers</td>
<td>Summit Residents 60+</td>
</tr>
<tr>
<td>Conveniently located urgent care or emergency rooms</td>
<td>93%</td>
<td>75%</td>
<td>4%</td>
</tr>
<tr>
<td>Home care services including personal care and housekeeping</td>
<td>54%</td>
<td>69%</td>
<td>15%</td>
</tr>
<tr>
<td>Respectful and helpful hospital, clinic or doctor's office staff</td>
<td>91%</td>
<td>83%</td>
<td>4%</td>
</tr>
<tr>
<td>Meals and/or food delivered to your home</td>
<td>55%</td>
<td>77%</td>
<td>18%</td>
</tr>
<tr>
<td>Health and wellness programs and classes in areas such as nutrition, smoking cessation and weight control</td>
<td>74%</td>
<td>53%</td>
<td>10%</td>
</tr>
<tr>
<td>Places where you can socialize or attend programs (i.e. library, community center)</td>
<td>80%</td>
<td>63%</td>
<td>9%</td>
</tr>
</tbody>
</table>
**Safety**

Questions regarding safety were not included in the phone survey. The Baldwin Wallace University Community Research Institute (CRI) advised that inquiring about personal safety would result in a high rate of discontinued surveys. Completing these questions on a paper survey returned by mail is generally perceived as less intrusive, and so were included on the mail survey.

Falls can be a factor in the decline of health of older adults, and the presence of falls may indicate an unsafe living situation. Past falls in the home are the greatest predictor of future falls. Just under 30 percent of respondents report they have fallen in the past 12 months, with 3 percent having fallen more than six times in that time period. More than one quarter of survey takers indicated a concern about accidents or falls in their home.

In the past 12 months, how many times have you fallen in your home?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>69%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 times</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 6 times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Not Sure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe in my home</td>
<td>94.31%</td>
<td>4.07%</td>
<td>1.63%</td>
</tr>
<tr>
<td>I am concerned about accidents or falls in my home</td>
<td>28.33%</td>
<td>63.33%</td>
<td>8.33%</td>
</tr>
<tr>
<td>My neighbors or neighborhood make me feel safe and protected</td>
<td>80.83%</td>
<td>9.17%</td>
<td>10.00%</td>
</tr>
<tr>
<td>I have concerns that my home is not secured (windows, doors, locks, etc.)</td>
<td>12.40%</td>
<td>80.99%</td>
<td>6.61%</td>
</tr>
<tr>
<td>I am fearful that I will be the victim of crime in my neighborhood</td>
<td>10.66%</td>
<td>72.95%</td>
<td>16.39%</td>
</tr>
<tr>
<td>Sidewalks are uneven or unsafe</td>
<td>22.22%</td>
<td>69.44%</td>
<td>8.33%</td>
</tr>
<tr>
<td>Pedestrian crossings are difficult to navigate</td>
<td>11.32%</td>
<td>80.19%</td>
<td>8.49%</td>
</tr>
<tr>
<td>There are no sidewalks where I want to walk</td>
<td>39.13%</td>
<td>56.52%</td>
<td>4.35%</td>
</tr>
</tbody>
</table>
The large majority (94 percent) of survey takers feel safe in their homes, with 80 percent reporting their neighbors or neighborhood make them feel safe and protected. Just 10 percent fear being a victim of crime within their neighborhoods.

While there are high levels of feeling safe within the home, 39 percent report not having sidewalks and 22 percent report sidewalks are uneven or unsafe. Thirty percent of respondents do not have access to well-lit public streets and walkways, and more than half do not have, or are not sure if they live within walking distance of, safe and well-maintained parks. Access to safe areas to walk can increase mobility and reduce social isolation.

Elder abuse was not widely reported by the survey respondents. When asked if they had experienced abuse or neglect by a family member, caregiver or a trusted person, two people responded affirmatively. A follow-up question about the type of abuse experienced garnered seven responses. Five respondents indicated someone took their money or property, two reported they had had person try to control, threaten, humiliate or isolate them and one person experienced neglect.
*Transportation*

Safe, reliable and affordable transportation plays a key role in an older adult’s ability to maintain independence in a community setting. Transportation connects the individual to vital community features including medical facilities, social activities and nutrition services.

**What is your usual way of running errands, getting to medical appointments or attending events?**

n=522

Transportation usage varies greatly between the Summit County resident survey respondents, 82 percent of whom drive, and the client/caregiver survey respondents, of whom only 19 percent drive. For the client survey respondents, 52 percent rely on friends or family for transportation, and 21 percent use public transportation through either the regular Metro bus or the senior specific public transportation option. This usage contrasts with Summit County respondents, of whom 17 percent are driven by friends or family, and only 3% use public transportation.
Limited mobility among Direction Home Client/Caregiver respondents is much higher than for the Summit residents age 60 and older. Twenty-seven percent of client/caregiver survey respondents do not drive, compared with 9 percent of Summit respondents. There is a stark contrast in the differences regarding the statement, ‘I have no problems getting around.’ Seventy-nine percent of Summit respondents chose this option, compared with 39 percent of client/caregiver respondents. Paralleling this difference are the nearly 10 point difference regarding waiting for transportation (3% of Summit respondents; 12% of client respondents), and not having people who can provide a ride (4% of Summit respondents; 13% of client respondents).

Additional answer options were available for this question regarding transportation challenges to those who completed the mail survey. Within this group, it is notable that 30 percent reported having difficulties with walking, and no one indicated they were unable to afford public transportation.
Mail survey takers were also asked if they had access to various features related to transportation within their community. The majority of respondents agreed their community has easy to read traffic signs (92 percent), well-maintained streets (81 percent) and affordable parking (76 percent). Just more than half of respondents reported having sidewalks (58 percent) and bike lanes (51 percent). The majority of respondents (59 percent) were not sure if driver education/refresher courses were available in their community.

**Employment**

What is your employment status?

- Retired and not looking for work: 63% (Summit Resident 60+), 61% (Direction Home Client/Caregiver)
- Employed full-time: 11% (Summit Resident 60+), 3% (Direction Home Client/Caregiver)
- Disabled and unable to work: 8% (Summit Resident 60+), 28% (Direction Home Client/Caregiver)
- Employed part-time: 7% (Summit Resident 60+), 1% (Direction Home Client/Caregiver)
- Retired and seeking work: 5% (Summit Resident 60+), 1% (Direction Home Client/Caregiver)
- Self-employed: 3% (Summit Resident 60+), 1% (Direction Home Client/Caregiver)
- Unemployed, but seeking work: 1% (Summit Resident 60+), 4% (Direction Home Client/Caregiver)
Similar rates of retirement are found between the two survey populations, with 63 percent of Summit respondents and 61 percent of client/caregiver respondents indicating they are ‘retired and not looking for work.’ Given the focus of Direction Home services, it is not surprising that 28 percent of clients surveyed said they are ‘disabled and unable to work,’ compared with eight percent of Summit survey respondents. Higher percentages of Summit respondents are employed part time (7 percent) than client survey respondents (1 percent). More client survey respondents are unemployed and seeking work (4 percent) than Summit respondents (1 percent).

Please indicate the extent that you agree with the following statement: Jobs are available for older adults to the same extent that they are for younger people.

Both Summit and client survey respondents disagree with the statement that jobs are available for older adults to the same extent as for younger people. Fifty-eight percent of Summit respondents and 58 percent of client respondents ‘disagree’ or ‘strongly disagree’ with this statement. Ten percent of Summit respondents and 24 percent of client respondents ‘strongly agree’ or ‘agree’ with the statement. The difference in level of agreement is not surprising, as more Summit respondents report being in the workforce and are more likely to have experienced age discrimination while seeking employment. The mail survey asked an additional question about barriers faced regarding employment. The top barriers reported were not being hired because of age, struggling with technology and health issues.

Mail survey respondents reported a lack of awareness of job training opportunities in their communities. The area respondents were most aware of regarding employment were places to find out about available jobs with 33 percent reporting they had access to this type of information.
Future Funding

Do you think more funding is needed for aging services?

n=681
The vast majority of survey respondents, three-in-four, said that they think more funding is needed for aging services. About one-in-five survey respondents said they were unsure whether more funding was needed, and only 8 percent said that they do not think more funding is needed. Among survey respondents who are currently connected with Direction Home, an even higher percentage (79 percent) support more funding for aging services in the community. Callers to Direction Home and Metro Transit also largely agreed that more funding was need for aging services.
FOCUS GROUPS

Four focus groups were held in January 2017 with home and community based caregivers of older adults. Caregivers were recruited by Direction Home from current clients in caregiver programs as well as caregivers associated with various support groups in the community. A total of 13 individuals participated in the focus groups. One facilitator and one note taker from Community Solutions were present at each focus group. The facilitator followed a common set of questions for each group and also allowed the conversation among attendees to follow a natural course. Caregivers cared for a variety of family members including spouses, parents, aunts, siblings and adult children. For the purpose of describing their responses, the person receiving caregiving will be referred to as the “recipient”.

Caregivers were asked what they were most surprised about as they took on the role of caregiver. Participants described not being aware of the enormity of the task prior to being a caregiver. The complexity of providing or arranging constant care, the lack of freedom and need to be flexible were also mentioned by multiple recipients as being an unknown until they were involved in the situation. Focus groups also talked about the changing nature of the relationship between themselves and the recipient that they had not anticipated. Many experienced a role reversal with the recipient and engaged in power struggles and resistance with the recipient. Familial relationships were also strained as decisions needed to be made about the living arrangements and care of the recipient. One caregiver described the unexpected reality of having enter the recipient’s world and coming to an understanding that the recipient would not be coming back to his reality.

A number of caregivers who participated in the groups had some prior professional or personal experience in working with older adults before they became a primary caregiver. These people reported that while their past experiences had given them some preparation, no one can be fully prepared because every caregiving experience is unique. Others described being suddenly thrown into caregiving and finding it very overwhelming. Caregivers reported feeling angry, being in shock and not feeling at all prepared.

Many caregivers described having to learn many things very quickly, and struggling with having the resources available to do so. Many suggestions were given on how to better prepare caregivers that addressed the lack of resources currently available. Training for caregivers was often mentioned as something that is needed and not currently an accessible part of the caregiving support system. Training needs to be designed to adapt to the specific needs of caregivers. Many expressed a need for in home, on the job training for caregivers. This would involve having a trained professional coming into the recipient’s home and teach the caregiver basic skills to provide care tailored to the recipient’s needs. Tasks may include hard skills, like toileting, bathing, transferring, nutrition and medication administration, as well as soft skills such as managing emotions, learning how to communicate effectively with recipient and how to manage in-home health aides. Ongoing home visits from a trainer would allow for caregivers to learn new skills as necessary.

Others expressed an interest in attending training outside of the home and indicated in order to do so, they would need a way to provide care for their recipient. Many would prefer a training model that would allow them to bring their person with them to the training and have an adult day care setting available for the training experience.
One frustration expressed in a multiple focus groups was the lack of information and assistance provided by the medical community and long-term care/skill nursing facilities. More than one caregiver described being told by a social worker or other professional that the recipient was ready to return home without adequately preparing the caregiver for what it would mean to care for that person in the home. The caregivers felt the social work and medical professionals have the knowledge and experience to know the types of skills needed by the caregiver, but are not providing that information or access to training resources to the caregivers. One caregiver described being encouraged by a social worker to remove her mother from a nursing home to provide care in her home. Once her mother was home, the caregiver found herself physically unable to lift and transfer her mother. This resulted in a fall, and a return to the nursing home. She believes if she had received some training on equipment and tools to provide in home care, she could have avoided the readmission.

In addition to the physical and emotional demands that caregivers encounter, many also reported financial impacts of becoming a primary or secondary caregiver. For many, caretaking becomes a full time endeavor. A portion of the group had retired, and so did not experience a loss of employment as a result of caretaking. This group did, however, report being less active in the community. One caregiver described having to step away from being on nonprofit boards and withdrawing from volunteer commitments. Others indicated that working was no longer feasible while caregiving. In these instances, another income earner was able to support them. One caregiver was able to access a program through the state that enabled her to become an STNA and be a paid caregiver for the recipient.

A number of people in the groups had maintained employment while being a caregiver. Many of the employed caregivers had jobs that did not require them to be in one physical place. Their work responsibilities were met by being available through phone and email, while either physically located in the recipient’s home or en route to daily checks on that person. Another caregiver described an employer who was very understanding of her situation. While she did not have an employment status that made her eligible for time off through the Family Medical Leave Act (FMLA), the employer allowed her to reduce her hours, and create a flexible schedule. Even if her coworkers grumbled about a two hour lunch break, she had an understanding with the employer that her work schedule could accommodate her caregiving responsibilities without fear of discipline or termination.

The most stressful work situation, and likely a very common one, was shared by siblings caring for a parent. Three siblings coordinated their work and vacation schedules to provide around-the-clock care for their parent. If a sibling was unable to take work off on a day they were scheduled to care for the parent, they were responsible for arranging and paying for that day’s care. In this arrangement, all vacation days of the siblings had been used to provide care, resulting in caregivers who were exhausted emotionally and physically, and not to mention, financially strained. The family member did not qualify for financial need-based services, but also did not have enough income to meet her needs.

Caregivers had varying degrees of financial contributions and challenges. One caregiver expressed gratitude that he and his partner had had good jobs and healthy retirement accounts that covered the $8,500 monthly cost of the recipient’s care. The caregiver did share that he often thought about how long that money was going to last. Another described paying $40,000 annually for the recipient’s care, and feeling guilty at the relief when his partner passed and he no longer had to fear funds would run out while care was still needed. Many agreed that there are many financial decisions to make, and they are confusing. A number had sought out elder care lawyers to help them sort through decisions on how to
manage the finances and assets of the recipient. The use of an eldercare attorney often was used to help them through the process of becoming eligible to have long-term care paid for by Medicaid, either in a facility or through a waiver program.

Many caregivers, particularly those caring for a parent or older family member, reported making financial sacrifices that impacted their future, or their children’s future. Some had emptied savings accounts, and others were unsure of how they would pay for their children’s education or their own future needs. Out of pocket expenses for the caregivers included hiring in home health aides, stays at skilled nursing facilities, food, medical equipment, medical supplies, high utility bills and home modifications. Dollars spent on these expenses would have otherwise been used on personal investments, entertainment, vacations, personal goods and services, and education.

When asked if more funded was needing for aging services, participants in the group universally agreed that more funding is needed. Many suggestions were provided on how to distribute additional funding. One suggestion was to provide caregivers with a subsidy to cover the costs of some out of pocket expenses. An often repeated suggestion was to provide more funding to allow for additional caregiver support through existing programs, for instance, additional hours of home health care or homemaker services. Other suggestions focused on how to improve the consistency and quality of care provided by home health aides. Many caregivers would like to see home health aides receiving more training, potentially subsidized training. There was recognition that home health care is not a well-respected or sought after profession, and it was suggested increased pay would raise the profession’s profile and attract more stable employees.

There was a concern among some participants that additional funding would not be appropriately allocated. There was a feeling that governmental agencies would not distribute funds to the appropriate programs and services to actually assist caregivers and care recipients. Financial auditing was mentioned as an important aspect to make sure governmental funding reaches its intended recipients. Many caregivers recognize the importance of advocacy in directing more funds to both programs and services and research for conditions that result in reliance on caregivers. While the importance is recognized, caregivers also indicated they are stretched thin and need others to advocate for them. Caregivers would like to see organized groups advocating on their behalf to elected officials for additional funding and resources.

Increased advocacy could also raise the general public’s awareness of caregiving. Many of the participants felt that caregiving is largely outside of the public eye, with a lack of general awareness that results in low levels of interest and compassion for caregivers and their recipients. In turn, this population falls through the cracks, particularly those who don’t qualify for Medicaid but are unable to fully afford the proper care. Caregivers in the focus groups believed that if more people understood the physical, financial and emotional work involved in caretaking, they would be more likely to support additional funding, be more compassionate to caretakers and their recipients and be more prepared when they take on the role of caretaker.
COST ANALYSIS OF LONG-TERM CARE IN SUMMIT COUNTY

When an individual’s health meets the level of care to be eligible to receive care through a long-term care or a skilled nursing facility, many have the option of entering a facility or receiving care through home and community based services. Often family members are involved in the decision on how and where the individual receives care. While many older adults believe they will access Medicare for long-term care supports, Medicare does not fully cover long-term care supports and services. There are essentially three options to cover the cost of long-term care, accessing Medicaid, private paying or using long-term care insurance.

Medicaid

Over the past 15 years, Medicaid has shifted from primarily funding long-term care in long-term care facilities to funding waivers that provide long-term care in home and community based settings. The Ohio Department of Medicaid has aligned with the federal priority of balancing the number of older adults and adults with disabilities receiving care in the community and in long-term care facilities. This was achieved through the Federal Balancing Incentive Program\(^2\) which was implemented to increase the percentage of community based services, and decrease the percentage of facility based services, Medicaid long-term care services and supports. In 2013, 42.7 percent of Medicaid long-term care funds were spent on community and home based supports, and by June of 2015, 56.8 percent of funds were spent on community supports.\(^3\) As a result, the number of older results receiving home and community based services has increased in recent years, as they have been able to access Medicaid through the waiver program known as PASSPORT. PASSPORT waives the requirements to receive skilled nursing level of care in a facility.

To qualify for Medicaid long-term care, whether through a home and community based waiver, or through a long-term care facility, the individual must meet income and asset eligibility requirements. The income level for long-term care eligibility is referred to as the Special Income Level (SIL) and is set at 225% of the Federal Poverty Level (FPL). For 2018 this amount is $2276 monthly or $27,315 annually. A Qualified Income Trust (QIT), also known as Miller Trust, allows individuals over the Medicaid Special Income Level to become financially eligible for long-term care services through Medicaid. The individual whose income is more than 225% of the FPL is placed in the trust, with the State of Ohio named as the sole beneficiary of the trust.

For an individual who receives care in a long-term care facility and is enrolled in Medicaid, the first $2276 of the individual’s monthly income goes to the long-term care facility. The remainder of the monthly income is placed in the Miller Trust. Individuals are able to access $30 from the trust for a personal allowance. Money from the trust is then used to reimburse the long-term care facility for the expense of caring for the individual. If money remains in the trust following the individual’s passing, the remaining funds become assets of the state.

For an individual who receives long-term care through a home and community based Medicaid waiver, such as PASSPORT, the individual keeps the first $2276 of monthly income. This allows the individual to continue to cover the costs of housing and basic needs. Any income in excess of $2276 is placed into a Miller Trust and used to reimburse the agency administering the PASSPORT waiver for the individual’s


\(^3\) Balancing Incentive Program Ohio Dashboard, August 19, 2015
care. If money remains in the trust following the individual’s passing, the remaining funds become assets of the state.

In both instances of using Medicaid for long-term care, if the individual’s cost of care was more than the amount in the Miller Trust, the state can recover costs through estate recovery. Many individuals are wary of estate recovery and opt to privately pay as long as possible to avoid risking the loss of transfer of wealth that occurs within families upon the passing of a homeowner. Asset limits of $2,000 per individual also prevent some who would otherwise be income eligible for waiver programs from accessing this benefit.

**Private Pay**

Individuals needing long-term care may use private funds to pay for care, either in a facility or in a home and community based setting. Upon needing care, individual’s options for funds include using personal income, savings, investments and contributions from outside sources such as family members or charitable organizations. The need, level of care and access to an unpaid caregiver will often determine the length of time an individual is able to private pay for their care.

**Long-Term Care Insurance**

A third way to pay for long-term care is through long-term care insurance. Policies for this type of insurance are sold in the private market, and can vary greatly in cost and coverage. Policies may cover some or all of nursing home care, home health care, respite care, hospice care, personal care in the home, assisted living facility services and adult day care center services. Premiums are based on age, the older an individual is when the policy is purchased the higher the premiums. Policies typically have an elimination or deductible period in which the individual pays out of pocket for a set number of days. The benefit period can vary as well, the longer the period (up to lifetime) the greater the monthly cost. While this may be an option for those who can afford the premiums, a small percent of Ohioans currently have long-term care insurance policies and within a year of first accessing the policy benefits, most have reached the coverage limits of their policy.

**Cost of Care**

The cost of long-term care is very individualized, particularly in home and community based settings. Depending on the individual need and access to unpaid caregivers, an individual will purchase various services. The Genworth 2017 Cost of Care estimates the cost for homemaker health care, adult day care, assisted living facility and nursing home care for U.S. Metropolitan Statistical Areas including Akron. Estimates were calculated for each region based on surveys and interviews of administrators of the various agencies providing care. The table below details the 2017 daily cost estimates for care in Akron.

The daily rate for homemaker services is based on 6.25 hours of care per day. Adult day care typically covers six to eight hours of the day and the assisted living facility rate is based on a private, one bedroom unit.

The level of service provided will vary greatly on the individual’s need. The following model was developed to gauge the costs for at various need levels and methods of paying for care. This model

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4 Genworth Cost of Care Survey 2017, Methodology
relies on three indices, The Elder Index, the Genworth Cost of Care Study and Federal Poverty Level, to generate the amount of funds an individual will have remaining once basic needs and long-term supports are paid.

The Elder Index\(^5\) was developed in partnership with the Women’s Policy Research, National Council on Aging and UMASS Boston. The index provides a basic needs budget localized to Summit County. The index provides separate budgets for single and couples households, as well as three housing possibilities; with mortgage, without mortgage and renting. The budget includes housing (utilities included), food, transportation, healthcare and miscellaneous expenses.

<table>
<thead>
<tr>
<th>Single Elder 65+ Monthly Budget</th>
<th>Total Expense</th>
<th>Housing</th>
<th>Food</th>
<th>Transportation</th>
<th>Health Care</th>
<th>Misc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Mortgage</td>
<td>$1,615</td>
<td>$453</td>
<td>$256</td>
<td>$256</td>
<td>$381</td>
<td>$269</td>
</tr>
<tr>
<td>Renter</td>
<td>$1,759</td>
<td>$597</td>
<td>$256</td>
<td>$256</td>
<td>$381</td>
<td>$269</td>
</tr>
<tr>
<td>With Mortgage</td>
<td>$2,267</td>
<td>$1,105</td>
<td>$256</td>
<td>$256</td>
<td>$381</td>
<td>$269</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elder Couple 65+ Monthly Budget</th>
<th>Total Expense</th>
<th>Housing</th>
<th>Food</th>
<th>Transportation</th>
<th>Health Care</th>
<th>Misc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Mortgage</td>
<td>$2,498</td>
<td>$453</td>
<td>$470</td>
<td>$397</td>
<td>$762</td>
<td>$416</td>
</tr>
<tr>
<td>Renter</td>
<td>$2,642</td>
<td>$597</td>
<td>$470</td>
<td>$397</td>
<td>$762</td>
<td>$416</td>
</tr>
<tr>
<td>With Mortgage</td>
<td>$3,150</td>
<td>$1,105</td>
<td>$470</td>
<td>$397</td>
<td>$762</td>
<td>$416</td>
</tr>
</tbody>
</table>

The Genworth Cost of Care Study provides estimates of various services for long-term care needs, localized to Akron. For the purpose of the study, the definitions of the service are as follows. Homemaker services include assistance with shopping, finances, cooking errands, transportation and companionship. Homemaker Health Aide services may help with bathing, dressing, transferring and toileting, but does not include services that require a skilled nurse. Adult Day Health Care are structured programs, in a protective setting, that meet the needs of adults who are functionally or cognitively impaired. Assisted Living Facilities range from providing basic care, to more substantial care, in a one bedroom unit. Nursing Homes are Medicare-certified nursing facilities with both private and semi-private rooms.\(^6\)

<table>
<thead>
<tr>
<th>Akron Daily Cost of Long-term Care Services</th>
<th>Daily Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker Services</td>
<td>$127</td>
</tr>
<tr>
<td>Homemaker Health Aide</td>
<td>$130</td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>$52</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>$144</td>
</tr>
<tr>
<td>Nursing Home - Semi Private room</td>
<td>$263</td>
</tr>
<tr>
<td>Nursing Home - Private Room</td>
<td>$291</td>
</tr>
</tbody>
</table>

\(^5\) [www.basiceconomicsecurity.org](http://www.basiceconomicsecurity.org)

\(^6\) Genworth Cost of Care Survey 2017, Methodology
Home and Community Based Care

From the Genworth study daily rates, various home based care scenarios and associated costs were developed. These represent possible combinations of paid care an individual and family may arrange to receive while living in a community based setting.

<table>
<thead>
<tr>
<th>Care Option</th>
<th>Service Combination</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day &amp; Homemaker Combination</td>
<td>2 days homemaker, 4 days homemaker health aide, 3 days adult day health care</td>
<td>$3,720</td>
</tr>
<tr>
<td>Adult Day Care on Weekdays &amp; Homemaker Health Aide on Weekends</td>
<td>5 days adult day health care, 2 days homemaker health aide</td>
<td>$2,080</td>
</tr>
<tr>
<td>Homemaker Services as Primary Caregiver</td>
<td>7 days homemaker health aide, 3 days homemaker health aide</td>
<td>$5,164</td>
</tr>
<tr>
<td>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</td>
<td>5 days homemaker health aide</td>
<td>$2,600</td>
</tr>
</tbody>
</table>

The 2018 incomes for 200, 400 and 600 percent of poverty level were chosen to represent those who qualify for Medicaid waivers (200 percent), those who can potentially afford to private pay (600 percent) and those who neither qualify for Medicaid waivers nor afford to private pay (400 percent).

This model is based on income alone and does not consider assets or long-term care insurance in covering the cost of care.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Benefit Program</th>
<th>Adult Day &amp; Homemaker Combination</th>
<th>Adult Day Care on Weekdays &amp; Homemaker Health Aide on Weekends</th>
<th>Homemaker Services as Primary Caregiver</th>
<th>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent FPL</td>
<td>Monthly Income</td>
<td>PASSPORTWaiver</td>
<td>Direction Home Care Coordination</td>
<td>Income remaining to spend in community after basic expenses and care needs are met</td>
<td></td>
</tr>
<tr>
<td>200%</td>
<td>$2,023.00</td>
<td>Up to $14,700</td>
<td>$0.00</td>
<td>$408.00</td>
<td>$408.00</td>
</tr>
<tr>
<td>400%</td>
<td>$4,047.00</td>
<td>$0.00</td>
<td>$130.00</td>
<td>-$1,158.00</td>
<td>$482.00</td>
</tr>
<tr>
<td>600%</td>
<td>$6,072.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$737.00</td>
<td>$2,377.00</td>
</tr>
</tbody>
</table>
### Elder Couple without a Mortgage: Monthly Expenses $2,498

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Benefit Program</th>
<th>Adult Day &amp; Homemaker Combination</th>
<th>Adult Day Care on Weekdays Homemaker &amp; Health Aide on Weekends</th>
<th>Homemaker Services as Primary Caregiver</th>
<th>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$3720</td>
<td>$2080</td>
<td>$5164</td>
<td>$2600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent FPL</th>
<th>Monthly Income</th>
<th>PASSPORT Waiver</th>
<th>Direction Home Care Coordination</th>
<th>Income remaining to spend in community after basic expenses and care needs are met</th>
</tr>
</thead>
<tbody>
<tr>
<td>200%</td>
<td>$2,743.00</td>
<td>Up to $14,700</td>
<td>$0.00</td>
<td>$245.00 $245.00 $245.00 $245.00</td>
</tr>
<tr>
<td>400%</td>
<td>$5,487.00</td>
<td>$0.00</td>
<td>$130.00</td>
<td>$-601.00 $1,039.00 $-2,045.00 $519.00</td>
</tr>
<tr>
<td>600%</td>
<td>$8,232.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$2,014.00 $3,654.00 $570.00 $3,134.00</td>
</tr>
</tbody>
</table>

### Single Elder (65+) Renter: Monthly Expenses $1,759

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Benefit Program</th>
<th>Adult Day &amp; Homemaker Combination</th>
<th>Adult Day Care on Weekdays Homemaker &amp; Health Aide on Weekends</th>
<th>Homemaker Services as Primary Caregiver</th>
<th>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$3720</td>
<td>$2080</td>
<td>$5164</td>
<td>$2600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent FPL</th>
<th>Monthly Income</th>
<th>PASSPORT Waiver</th>
<th>Direction Home Care Coordination</th>
<th>Income remaining to spend in community after basic expenses and care needs are met</th>
</tr>
</thead>
<tbody>
<tr>
<td>200%</td>
<td>$2,743</td>
<td>Up to $14,700</td>
<td>$0</td>
<td>$264.00 $264.00 $264.00 $264.00</td>
</tr>
<tr>
<td>400%</td>
<td>$5,487</td>
<td>$0</td>
<td>$130.00</td>
<td>$-1,302.00 $338.00 $-2,746.00 $-182.00</td>
</tr>
<tr>
<td>600%</td>
<td>$8,232</td>
<td>$0</td>
<td>$0</td>
<td>$593.00 $2,233.00 $-851.00 $1,713.00</td>
</tr>
</tbody>
</table>
## Elder Couple (65+) Renter: Monthly Expenses $2,642

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Benefit Program</th>
<th>Adult Day &amp; Homemaker Combination</th>
<th>Adult Day Care on Weekdays</th>
<th>Homemaker Services as Primary Caregiver</th>
<th>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent FPL</td>
<td>Monthly Income</td>
<td>PASSPORT Waiver</td>
<td>Direction Home Care Coordination</td>
<td>Income remaining to spend in community after basic expenses and care needs are met</td>
<td></td>
</tr>
<tr>
<td>200%</td>
<td>$2,743</td>
<td>Up to $14,700</td>
<td>$0</td>
<td>$101.00</td>
<td>$101.00</td>
</tr>
<tr>
<td>400%</td>
<td>$5,487</td>
<td>$0</td>
<td>$130</td>
<td>-$745.00</td>
<td>$895.00</td>
</tr>
<tr>
<td>600%</td>
<td>$8,232</td>
<td>$0</td>
<td>$0</td>
<td>$1,870.00</td>
<td>$3,510.00</td>
</tr>
</tbody>
</table>

## Single Elder (65+) with a Mortgage: Monthly Expenses $2,267

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Benefit Program</th>
<th>Adult Day &amp; Homemaker Combination</th>
<th>Adult Day Care on Weekdays</th>
<th>Homemaker Services as Primary Caregiver</th>
<th>Homemaker Health Aide on Weekdays &amp; Weekend Family Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent FPL</td>
<td>Monthly Income</td>
<td>PASSPORT Waiver</td>
<td>Direction Home Care Coordination</td>
<td>Income remaining to spend in community after basic expenses and care needs are met</td>
<td></td>
</tr>
<tr>
<td>200%</td>
<td>$2,023</td>
<td>Up to $14,700</td>
<td>$0</td>
<td>-$244.00</td>
<td>-$244.00</td>
</tr>
<tr>
<td>400%</td>
<td>$4,047</td>
<td>$0</td>
<td>$130</td>
<td>-$1,810.00</td>
<td>-$170.00</td>
</tr>
<tr>
<td>600%</td>
<td>$6,072</td>
<td>$0</td>
<td>$0</td>
<td>$85.00</td>
<td>$1,725.00</td>
</tr>
</tbody>
</table>
As the model demonstrates, there are situations when the level of care and type of service cannot be covered by the individual’s income alone. The group that experiences the most financial struggle is the group who doesn’t financially qualify for Medicaid but is below an income that could support privately paying for services. Single older adults within the income range between $27,310 and $48,564 and couples with incomes between $37,030 and $65,844 will likely struggle to afford a safe level of care for an individual who needs a skilled level of care, and wishes to remain in a home and community based setting. The monthly break even income, the amount need to fully cover basic needs and care needs, is listed below for housing and care scenario.
What happens when the expenses are more than the available income? In Summit County there are approximately 23,000 senior households with incomes between the ‘at-risk’ zone of $25,000 and $60,000, representing more than 40 percent of the older adult population. As seen in the findings from focus groups with caregivers, the financial and emotional weight of needing skilled care go beyond the individual, and impact familial and nonprofessional caregivers. Family members and other loved ones often cover the gap between what the individual needs and what the individual can afford. This comes both in the form of the physical act of caregiving, and contributing financially to the cost of care.

Family caregiving bears a financial cost to the one providing care as well as to the community as a whole. According to a caregiving study conducted by the Transamerica Institute, 76 percent of non-professional caregivers have made adjustments to their work schedules, including taking on fewer hours, quitting their jobs or retiring. These adjustments remove people from the workforce, and result in less earning potential for a segment of the population. The study also found just 56 percent of caregivers rate their financial well-being as excellent or good. Unsurprisingly, lower income households report less financial security. Caregivers in the study with a household income of less than $25k describe their financial well-being as poor, and 32 percent indicated their financial situation had worsened since becoming a caregiver.7 With income decreasing, and available income going toward the cost of caregiving services, both the individual and the nonprofessional caregivers have less income to spend in the community. This includes both basic need items like groceries, medication and transportation, as well as social and entertainment expenses like dining out, attending cultural events and joining fitness facilities.

Assisted living

An individual may find they are no longer able to live independently but also do not wish to enter a long-term care facility. Assisted living may meet their living and care needs. This option, however, is often out of reach for all but the highest income earners in the community. In Summit County, the average monthly rate for a private one bedroom assisted living unit is estimated to be $4,369. This cost includes some care, but may not completely meet care needs. Ohio does offer an Assisted Living waiver through Medicaid, but to a limited extent, with just 3,339 individuals enrolled in the waiver program in the entire state as of November 2017.8

Long-term care facility

Long-term care facilities, at times referred to as nursing homes, may become the best option of care for an individual with high level of medical care services needed. Long-term care facilities may also be the only option for older adults who do not have relationships that could result in familial caregiving. For individuals earning less than 800 percent of the federal poverty level, or $97,056 annually for a single older adult, private paying for a semi-private or private room is out of reach. Eighty-seven percent of older adults living in the suburban communities of Summit County, and 89.5 percent of older adults who live in Akron have incomes below $100,000 and cannot afford to pay for a long-term care stay without government assistance. The vast majority of older adults requiring care offered through a long-term care facility in Summit County enroll in Medicaid and set up Miller Trusts for any income that exceeds eligibility limits. Individuals entering long-term care are also required to spend down their assets to

7 The Many Faces of Caregivers: A Close-up Look at Caregiving and Its Impacts, Transamerica Institute, 2017
8 Ohio Medicaid Waiver Comparison Chart – Enrollment Figures for November 2017 (SFY2018)
meet Medicaid asset eligibility. This can be a complicated process, and those with large assets often consult elder care attorneys for guidance. As noted in the previous section, an individual’s income goes in part to the facility, and in part into the Miller Trust. Each person is able to keep a monthly personal allowance of 30 dollars.

**Cost Analysis Considerations**

For many reasons, many families consider long-term care facilities as a last resort when care can no longer possibly be provided in the home. In addition to emotional and practical considerations, the economic impact of entering a long-term care facility on the extended family can be far reaching. The financial consequences of an individual’s full income being spent on care are particularly difficult when the older adult has been providing support to family members. The loss of assets also has a significant negative financial impact on families who are looking to pass down equity and wealth between generations. When a family’s largest investment, a house, becomes subject to estate recovery, the hand up an inheritance may have provided to the next generation is lost.

Programs that could expand a community's ability to better meet the needs of individuals receiving care in their homes would have a positive impact on the individual, the family and the community at large. Currently, through their Care Coordination program, Direction Home is able to offer approximately six hours of care to individuals who are unable to qualify for PASSPORT, and are struggling to financially meet the needs of care. Based on feedback from the caregiver focus groups, it appears many individuals could use more care hours and more individuals could use the service in general.

The average monthly deficit of the three homeowner variations for single elders with income at the 400% FPL level is $303, with an annual deficit of $3,640. If Direction Home were to expand Care Coordination to allow for 1,000 individuals in this group to obtain a total of five days of homemaker care services either through additional Care Coordination program hours or through a caregiver subsidy, Direction Home would need about 3.6 million dollars to meet the need. With the state and federal trend of flat funding aging services, many Ohio counties have raised additional funds for aging services through countywide property tax levies. Total levy dollar amounts, and amount available per older adult, vary widely among counties. One of the most important factors in considering seeking this type of funding is the political will of the community. It may be time for stakeholders in the aging network of Summit County to consider the positive impact a levy would have on aging services and the community at large. With three out of four survey takers agreeing that aging services need more funding, the support appears to be present at least among residents older than age 60.

Both the cost of care and number of older adults in Summit County are projected to rise over the coming years. Based on analysis completed by the Ohio Development Services Agency, the older adult population will likely peak in 2030 with more than 150,000 older adults expected to live in Summit County. As the older adult population increases, the total population is expected to decrease, which will result in a higher proportion of older adults in Summit County than ever before. Scripps Gerontology Center predicts 30 percent of the Summit County population will be older adults in 2030, 31.5 percent by 2040 and 32.2 percent by 2050.

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9 [https://development.ohio.gov/files/research/P6001.pdf](https://development.ohio.gov/files/research/P6001.pdf)
The Genworth 2017 Cost of Care study projected costs assuming a three percent growth rate.

<table>
<thead>
<tr>
<th>Annual Cost of Care Projections for Akron Long-term Care</th>
<th>2017</th>
<th>2027</th>
<th>2037</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker Services</td>
<td>$46,332</td>
<td>$62,266</td>
<td>$83,681</td>
</tr>
<tr>
<td>Homemaker Health Aide</td>
<td>$47,613</td>
<td>$63,988</td>
<td>$85,994</td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>$13,520</td>
<td>$18,170</td>
<td>$24,419</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>$52,425</td>
<td>$70,455</td>
<td>$94,685</td>
</tr>
<tr>
<td>Nursing Home Semi Private Room</td>
<td>$95,995</td>
<td>$129,009</td>
<td>$173,378</td>
</tr>
<tr>
<td>Nursing Home Private Room</td>
<td>$106,106</td>
<td>$142,598</td>
<td>$191,639</td>
</tr>
</tbody>
</table>

Along with the increase in population, costs for long-term care, both in home and out of home, are projected to rise at a rate faster than the Social Security cost of living adjustment (COLA). To demonstrate the increased challenges for individuals who may be independently paying for their own care, the following chart shows a projected individual deficit assuming the mean Social Security income is the resource available to pay for long-term care. The mean Social Security income for Summit County was projected using 2.1 percent, the average COLA increase since 2000. The difference between the projected Social Security income and the projected cost of care was calculated to demonstrate an individual’s deficit between income and care. Sixty-four percent of those who completed the mail survey

11 https://www.ssa.gov/oact/cola/colaseries.html
indicated Social Security retirement as their main source of income, and 43 percent of Direction Home survey respondents near or below the current mean Social Security income 2016 amount of $17,631. Recognizing that not all Summit older adult residents depend on Social Security income alone, and the mean senior household income in Summit County is actually $38,191, this chart should be viewed not as a prediction of individual deficit, but as a demonstration of the increasing gulf between rising cost of care and the unlikelihood of increases in fixed income to keep pace.

It is reasonable to assume that maintaining the current levels of funding for older adult services from the federal, state and local levels would have a negative impact on the financial stability of the individual, the individual and their caregivers and the entire community, compounding over time. Agencies that currently provide subsidized services for older adults will find it increasingly difficult to provide recommended levels of care for the number of older adults seeking that care. These agencies should consider engaging in advocacy at all levels of government to request increased funding for current and future older adults.
DEMOGRAPHIC PROFILE OF OLDER ADULTS

Population and Age

From 2012 through 2016, there were more than 123,000 older adults aged 60 and older in Summit County; 39,000 lived in the city of Akron, and 84,000 lived in the balance of the county. About 14,000 of these seniors were aged 85 or older. Currently, seniors make up 22.8 percent of the county’s population; this is projected to increase to 30.7 percent by 2030.\(^\text{12}\)

Race and Ethnicity

Eighty-six percent of Summit County older adults are non-Hispanic whites, 11 percent are African-American, 1.4 percent are Asian and less than 1 percent are Hispanic or Latino. There is a considerable difference between Akron and the suburbs. Non-Hispanic whites make up 69 percent of Akron’s older residents, but 95 percent of suburbanites, while African-Americans comprise 26 percent of Akronites but only 3 percent of suburban seniors.

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\(^{12}\) Scripps Gerontology Center (2013). Projections and Characteristics of the 60+ population. Scripps Gerontology Center, Miami University, Oxford, OH. Available at www.ohio-population.org
Race/Ethnicity of Akron Older Adults (Ages 60+)

- Non-Hispanic White, 68.9%
- African American, 26.5%
- Hispanic/Latino, 0.9%
- Asian, 2.2%
- Other, 1.5%

Race/Ethnicity of Suburban Summit Older Adults (Ages 60+)

- Non-Hispanic White, 94.7%
- African American, 3.3%
- Hispanic/Latino, 0.5%
- Asian, 1.0%
- Other, 0.5%
**Household Type**

Forty-three percent of senior-headed households in Summit County were married-couple families and 8 percent were female-headed families. Forty-four percent (34,600) of senior households were persons living alone. Married-couple families were more prevalent in the suburbs (49 percent) than in Akron (31 percent), while the reverse was true for female-headed families (11 percent in Akron and 6 percent in the suburbs). More than half (51 percent) of senior households in Akron were persons living alone, compared to 41 percent in the suburbs.
**Marital Status**

More than half of Summit County seniors (55 percent) were currently married; this proportion was higher in the suburbs (61 percent) than in Akron (43 percent). About one-fifth of both Akron and suburban seniors were widowed, and fewer than 2 percent were legally separated. Akron seniors were much more likely to be divorced (21 percent) or never married (12 percent) than suburbanites (13 percent divorced and 5 percent never married).
Presence of Grandchildren in the Household

About 4,500 older adults (3 percent) in Summit County lived with their grandchildren. About 1,600 of these seniors were responsible for their grandchildren.
Educational Attainment

One-eighth of Summit County seniors (12.6 percent) lacked a high school diploma. This proportion was higher in Akron (18 percent) than in the suburbs (10 percent). Thirty-eight percent in the county had a high school diploma or equivalent, and 25 percent had some college or an associate’s degree; there was little difference between Akron and the suburbs for these categories. However, 28 percent of suburban seniors had a bachelor’s degree or higher, compared to 18 percent of Akron seniors; county-wide, 25 percent of seniors were college graduates.
**Labor Force Participation**

Overall, about 35,000 older adults in Summit County are in the labor force, i.e., either employed or looking for work; this comprises 29 percent of all persons aged 60 and older. As shown in Figures 7A and 7B below, labor force participation is higher among males than females, among younger seniors, and among suburban seniors than Akron residents.

![Labor Force Participation Rate: Summit County, 2012-2016](image1)

![Labor Force Participation Rate: Akron and Summit Suburbs, 2012-2016](image2)
Household Income and Poverty Status

Summit County households headed by persons aged 65 and older had a median annual income of $38,191, lower than the median for households headed by those 25 to 64. Senior households in Akron had a median of $30,637.

The distribution of seniors’ household income differed between Akron and its suburbs. A greater percentage of Akron seniors had household incomes below $30,000, while a greater percentage of suburban seniors had incomes above $50,000.
An estimated 9,500 seniors aged 60 and older in Summit County (5.9 percent) had incomes below the federal poverty level; in Akron, 7.6 percent of seniors were poor, compared to 4.6 percent of suburban seniors. Seniors aged 85 and older had a higher proportion below poverty than did younger seniors.

### Health Insurance

Only one-half of one percent of Summit County seniors aged 65 and older were uninsured. Half (49 percent) had Medicare in combination with other private or public coverage, and an additional 29 percent only had Medicare coverage.

<table>
<thead>
<tr>
<th>Health Insurance Coverage, 2012-2016</th>
<th>Summit County, Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
</tr>
<tr>
<td>All persons 65 and over</td>
<td>84,685</td>
</tr>
<tr>
<td>With one type of health insurance coverage:</td>
<td></td>
</tr>
<tr>
<td>With employer-based health insurance only</td>
<td>1,945</td>
</tr>
<tr>
<td>With direct-purchase health insurance only</td>
<td>321</td>
</tr>
<tr>
<td>With Medicare coverage only</td>
<td>24,467</td>
</tr>
<tr>
<td>With TRICARE/military health coverage only</td>
<td>0</td>
</tr>
<tr>
<td>With VA Health Care only</td>
<td>70</td>
</tr>
<tr>
<td>With two or more types of health insurance coverage:</td>
<td></td>
</tr>
<tr>
<td>With employer-based and direct-purchase coverage</td>
<td>86</td>
</tr>
<tr>
<td>With employer-based and Medicare coverage</td>
<td>21,730</td>
</tr>
<tr>
<td>With direct-purchase and Medicare coverage</td>
<td>14,032</td>
</tr>
<tr>
<td>With Medicare and Medicaid/means-tested public coverage</td>
<td>5,497</td>
</tr>
<tr>
<td>Other private only combinations</td>
<td>0</td>
</tr>
<tr>
<td>Other public only combinations</td>
<td>2,177</td>
</tr>
<tr>
<td>Other coverage combinations</td>
<td>14,062</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>298</td>
</tr>
</tbody>
</table>
**Disabilities**

One-third of older adults in Summit County had one or more disabilities – 23% of those age 65 to 74, and almost half (45 percent) of those 75 and older. The most prevalent difficulties were ambulatory (14 percent of those age 65 to 74, and 30 percent of those 75 and over) and independent living (7 percent of those 65 to 74, and 23 percent of those 75 and older).

<table>
<thead>
<tr>
<th>Prevalence of Disabilities, Summit County, 2012-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>All seniors 65+</td>
</tr>
<tr>
<td>Any disability</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Cognitive</td>
</tr>
<tr>
<td>Ambulatory (walking/ climbing stairs)</td>
</tr>
<tr>
<td>Self-care (bathing/ dressing)</td>
</tr>
<tr>
<td>Independent living (doing errands alone)</td>
</tr>
</tbody>
</table>

**Housing Affordability**

Almost 80 percent of Summit County seniors aged 65 and older own their own homes; senior homeownership is more prevalent in the suburbs (81 percent) than in Akron (72 percent). A household is considered cost-burdened if they spend 30 percent or more of their income on housing, including utilities. In both Akron and the suburbs, about a quarter of seniors who own their houses are cost-burdened. However, more than half of senior renters in Akron, and almost two-thirds of senior renters in the suburbs are cost-burdened.
**Leading Causes of Death**

The age-adjusted death rate for Summit County seniors was 4,789.2 deaths per 100,000 seniors aged 65 and older, slightly higher than the statewide rate. With some exceptions, the rates for leading causes of death were similar in the county and the state. Of particular note is the suicide rate among seniors, which is 30 percent higher in the county than in the state as a whole. The death rate in the county was also more than 10 percent higher than the state for Alzheimer’s, hypertension and pneumonitis; while the county’s rate was more than 10 percent lower for accidents, nephritis and chronic liver disease.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Age-Adjusted Death Rate per 100,000 Population 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Summit County</td>
</tr>
<tr>
<td>All Causes</td>
<td>4,789.2</td>
</tr>
<tr>
<td>Diseases of Heart</td>
<td>1,185.1</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>976.2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>302.1</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>292.5</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>273.9</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>144.4</td>
</tr>
<tr>
<td>Influenza / Pneumonia</td>
<td>105.8</td>
</tr>
<tr>
<td>Accidents (Unintentional Injuries)</td>
<td>95.4</td>
</tr>
<tr>
<td>Nephritis / Nephrosis</td>
<td>78.3</td>
</tr>
<tr>
<td>Hypertension (Essential or Renal)</td>
<td>77.9</td>
</tr>
<tr>
<td>Septicemia</td>
<td>75.7</td>
</tr>
<tr>
<td>Pneumonitis due to solids/liquids</td>
<td>60.9</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>56.0</td>
</tr>
<tr>
<td>In Situ or Benign Neoplasms</td>
<td>33.4</td>
</tr>
<tr>
<td>Chronic Liver Disease / Cirrhosis</td>
<td>22.6</td>
</tr>
<tr>
<td>Suicide (Intentional Self-Harm)</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health
METHODOLOGY

Primary information was collected directly from older persons living in Summit County. The following section of the assessment focuses on analysis of that data. It is important to note that feedback from residents represents their impression of services available in Summit County. In some cases, services or assets may exist, but older adults may not be aware of them or do not use them. When using this report for planning purposes, improving the environment for Summit County’s older adults may require creating new programs, while improving communication or raising awareness may be more appropriate in other instances.

Surveys

Three opportunities to provide feedback were administered for this assessment, a comprehensive survey completed by a random sample of older Summit County residents through the mail, a shortened phone questionnaire derived from the comprehensive survey administered by CRI, and a very brief survey conducted through an automated phone system at Metro Transit and Direction Home.

Mail Survey

A comprehensive representative survey was mailed to a random sample of Summit County older adult residents. The sample for this survey was drawn from the Summit County voter registration list obtained from the Summit County Board of Elections. The U.S. Census Bureau found that 76.0 percent of all Ohio citizens age 65 or older were registered to vote in 2014 and 56.7 percent cast a ballot. The voter registration list is believed to be the most complete, and least biased, sampling frame for our target population (Summit County residents aged 60 and older) because of the large number of contacts, and the fact that these individuals had been engaged in the community through voting at some point in the past several years. The demographics of the final sample generally align with those of the city as a whole, indicating that our sample was representative of the population being examined.

The data for each registered voter included the resident’s year of birth and ZIP code. This permitted us to stratify the sample by ZIP code and by age group (60 to 74; 75 and over) within ZIPs. The list was further refined by including only those people who had voted in any election since 2014. There were a total of 107,130 voters who met these criteria.

The share of the county’s age 60 and older population for each ZIP and age group was derived from the U.S. Census Bureau’s 2011-2015 American Community Survey five-year sample. A sample size of 800 was allocated proportionately in this manner. In addition, an oversample of 200 persons was designed to represent moderately low-income seniors with incomes from 200% to 299% of the Federal Poverty Level; this oversample was also apportioned by ZIP and age group. Thus the total initial sample size was 1,000.

The sample was drawn from the voter list for each stratum by random selection with SPSS Statistics, V23. A small number, 24, of mailed surveys were returned as undeliverable; additional names were drawn from the remaining voter list (without stratifying) to replace these.

Since the response from the initial mailing was small, a second stratified sample of 500 was drawn in the same manner as the original sample, without replacement. From the total sample of 1,500, we received
123 responses, for a response rate of 8.2 percent. This allows for a margin of error of plus-or-minus 7.4 percentage points with 90 percent confidence in the reported percentages.

The questionnaires mailed to the sample population was developed by The Center for Community Solutions based on our experience with surveying older adult populations in Cleveland and Columbus. Questions were modified with input from Direction Home staff, and additional questions were added to gather information pertinent to the needs and desires of older adults living in Summit County. The questionnaire asked respondents about their familiarity with senior care services, planning for service needs and availability of services, housing options and amenities. Respondents were also asked about their use of transportation, employment/retirement status and expected needs for home modifications as they get older. Length of the survey was the largest constraint, as we balanced collecting data on as many aspects as possible with the need to keep the survey short enough so we could expect a good response rate. The final survey was capped at nine letter-sized (8.5” x 11”) pages with a one page letter from the President and CEO of Direction Home.

Approximately four weeks after the initial mailing, a reminder postcard was sent to the individuals selected for the sample. Although this spurred additional responses, the return rate was lower than expected. One reason for this may be the timing of the survey, which was mailed the week before the Thanksgiving holiday, and during a time when older adults receive high quantity of mail promoting Medicare products available during open enrollment. It is possible excess mail may have resulted in the survey packet being overlooked. Another factor that may have led to a lower response rate is low recognition of Direction Home. Older adults may have been reluctant to complete a survey for an agency with which they had not had previous interactions.

**Phone Survey**

The Baldwin Wallace University Community Research Institute (CRI) conducted two phone surveys to gather information about older adults in Summit County and current clients and caregivers of Direction Home. The first survey was of households in Summit County, Ohio with at least one resident age 60 or older. The goal was to collect 400 completed surveys from 20% of cellphone respondents and 80% landline respondents. The survey call list was stratified to collect an oversampling of respondents with annual household incomes in the range of 200%-225% of the federal poverty limit.

A randomized set of landline and cellphone numbers was purchased from GoLeads, Inc., a database vendor used by the CRI for phone surveys. To achieve the targeted cell and landline mix of surveys and the income distribution, GoLeads provided the following sets of phone numbers, all representing households with at least one resident aged 60 or older:

<table>
<thead>
<tr>
<th>Type of number</th>
<th>AHI &lt; $27,000</th>
<th>AHI $27,000 - $64,000</th>
<th>AHI $64,000+</th>
<th>12/5/17 supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell</td>
<td>300</td>
<td>900</td>
<td>1,800</td>
<td>700</td>
</tr>
<tr>
<td>Landline</td>
<td>700</td>
<td>2,100</td>
<td>4,200</td>
<td>5,000</td>
</tr>
</tbody>
</table>

Phone numbers were ordered and purchased the week of October 30, 2017. Supplemental numbers were purchased on December 5, 2017 to continue calling until the 400 completed survey target was achieved.
For the second survey, Direction Home provided a list of 1,000 client names and phone numbers. The list included names and phone numbers of caregivers. If a client could not be reached, or was unable to answer the survey, the CRI was advised to conduct the survey with the caregiver.

Students from Baldwin Wallace University were recruited and trained by the CRI Director and the CRI call center supervisor, to conduct the phone survey in the CRI Survey Center. Calling took place beginning on November 6, 2017. Calls were made during the hours of 6:00 pm and 9:00 pm, Mondays through Thursdays. Calling did not take place on November 22 and 23 due to the Thanksgiving holiday. Calling resumed November 27, and continued until December 12, after which the CRI calling center closed for the Baldwin Wallace winter break. Calling resumed on January 8, 2018, with hours extended to 5:00 pm to 9:00 pm. Both surveys were completed by February 1, 2018. Data collection and analysis were conducted using the Baldwin Wallace University (BW) Qualtrics survey research system.

The Summit County resident survey yielded 405 completed responses, of which 74 were cell phone respondents, and 331 were landline respondents. The margin of error for the randomized sample is +5 percent. The Direction Home client survey yielded 163 completed surveys. The target of 250 surveys was unable to be reached due in large part to the discovery that approximately 25 percent of the listed clients had poor, or non-existent, English language skills, making it impossible to complete the survey. Approximately 10 percent of the list had issues with double-listing of the same phone number or disconnected numbers.

**Short Phone Survey**

A third survey was developed to capture input from community members who called either Direction Home or Metro Transit looking for information related to the specific agencies services. Callers between January 8 and January 24, 2018 were given the option of taking the survey at the end of the phone call. The survey posed four question through an automated system. The four questions were derived from the longer mail and phone surveys. Results were tallied by each of the administering agencies and shared with Community Solutions.
Appendix: Phone Survey

CCS-Direction Home survey instrument

Start of Block: Default Question Block

Q1 Hello! My name is ............and I am a student at Baldwin Wallace University. I am part of a team of students conducting a survey of Summit County residents for a non-profit organization that provides support services for older adults. I am not selling anything. All responses to the survey will be kept anonymous and confidential. Participants in the survey will be entered into a drawing for one of ten $25.00 VISA gift cards. This should take about ten minutes. Would you mind taking the survey?

Q2 How familiar are you with each of the following services?
<table>
<thead>
<tr>
<th>Service</th>
<th>Not at all familiar</th>
<th>I have heard of this, but I do not know what it is</th>
<th>I am aware of this service but I have not used it personally</th>
<th>I have personally used this service</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASSPORT/MyCare Ohio</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Personal Care Aid</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Adult Day Service</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Congregate Meal</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Chore Services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Case management</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emergency Response Units</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Support for family caregivers</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Respite Services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medical Insurance Counseling</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Chronic Disease Self-Management</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HOME Choice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Q3 When do you plan to research your options for aging services?

- Long before I need it (1)
- When I am approaching the need (2)
- When I am in crisis and need it immediately (3)
- Long after I first need service (4)
- I have never researched aging service options and do not plan on doing any research (5)

Q4 What needs do you have related to growing older that are not currently being met?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q5 Do you think more funding is needed for aging services?

- Yes (1)
- No (2)
- Not sure (3)
Q6
What concerns do you have about accessing services to support you as you age? (check all that apply)

☐ I am concerned about my privacy (1)
☐ I am concerned someone will steal from me (2)
☐ I do not want people to think I cannot take care of myself (3)
☐ I do not want to be placed in long term care facility (4)
☐ I am concerned about the cost (5)
☐ I am concerned about the quality of care (6)
☐ I do not know how to find help (7)
☐ I am concerned someone will physically hurt me (8)

Q7 Are you currently a caregiver for a friend or family member who is over age 60?

☐ Yes (1)
☐ No (2)

Q8 How important is it to you to be able to remain in your home as you age?

☐ very important (1)
☐ somewhat important (2)
☐ not that important (3)
☐ not at all important (4)
Q9 Do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Not sure (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to afford my current housing. (1)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I live near the amenities (shopping, medical facilities, restaurants, parks, etc.) that I need and want. (2)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to maintain my home. (3)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have made, or plan to make, modifications to my home as I age. (4)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q10 Are the following available in your neighborhood?

<table>
<thead>
<tr>
<th>Available Services</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Not sure (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable home repair contractors who are trustworthy, and do quality work (1)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable housing options (such as active adult communities, assisted living and communities with shared facilities and outdoor spaces) (2)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes that are equipped with features such as no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms (3)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A low-cost or free home repair service (4)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q11 Are the following available in your neighborhood?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Not sure (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveniently located urgent care or emergency rooms (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-medical home care services including personal care and housekeeping (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable, well-trained, certified home health care providers (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respectful and helpful hospital, clinic, or doctor’s office staff (4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and/or food delivered to your home (5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places to get healthy and affordable food (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and wellness programs and classes in areas such as fitness, nutrition, smoking cessation, and weight control (7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places where you can socialize or attend programs (8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q12 In general, are you able to find information on the services that you need?

- ○ all of the time (1)
- ○ most of the time (2)
- ○ sometimes (3)
- ○ rarely or never (4)
Q13 What sources do you use to identify and access community services? *(Select all that apply)*

- ☐ telephone (1)
- ☐ Internet (websites) (2)
- ☐ social media (Facebook, Twitter, etc.) (3)
- ☐ libraries (4)
- ☐ TV Ads (5)
- ☐ radio Ads (6)
- ☐ church (7)
- ☐ senior center (8)
- ☐ community newspapers (9)
- ☐ word-of-mouth (friends, families, etc.) (10)
- ☐ flyers/bulletin boards (11)
- ☐ other community agencies (ask and fill in) (12)

_____________________________________________________

-----------------------------------------------------------------------------------------------------------------
Q15 Do you have access to community information through the following?

<table>
<thead>
<tr>
<th>By the phone through one central source (1)</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Not sure (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed information you can clearly read (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet and computers (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information delivered in person (4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information delivered your language (5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q16 What is your **usual** way of running errands, getting to medical appointments, or attending events?

- I drive myself. (1)
- I am driven by friends or family. (2)
- I take a Metro bus. (3)
- I use Metro paratransit or another senior transportation service. (4)
- I walk. (5)
- I use Uber or Lyft (6)
- I use a taxi or a car service company. (7)
- I ride my bike. (8)
- I don’t go out for these types of activities. (9)
Q17 Do you face any of the challenges listed below when travelling to an appointment, event, or community location? *(Select all that apply)*

- [ ] I do not drive. (1)
- [ ] I have to wait a long time for transportation to arrive. (2)
- [ ] I don’t have others who are able or willing to take me. (3)
- [ ] I have problems with using Metro or senior transportation. (4)
- [ ] I have no problems getting around. (5)

Q18 What is your employment status?

- [ ] employed full-time (1)
- [ ] employed part-time (2)
- [ ] retired and not looking for work (3)
- [ ] retired and seeking work (4)
- [ ] self-employed (5)
- [ ] disabled and unable to work (6)
- [ ] unemployed, but seeking work (7)
- [ ] enrolled in a work training program (8)
Q19 Please indicate the extent that you agree with the following statement: Jobs are available for older adults to the same extent that they are for younger people.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Not sure (4)
- Disagree (5)
- Strongly disagree (6)

Q20 How concerned are you about being able to afford the services you may need as you age?

- Not at All (1)
- Slightly concerned (2)
- Very Concerned (3)
- Extremely Concerned (4)

Q21 Please answer the following:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Sometimes (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you afford your medical bills without sacrificing other necessities? (1)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can you afford your prescriptions without sacrificing other necessities? (2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can you afford your utility bills without sacrificing other necessities? (3)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Q22 Do you feel confident that you would be able to pay for long-term in home medical expenses, should you need it in the near future?

- Yes (1)
- No (2)
- Not sure (3)

Q23 Do you feel confident that you would be able to pay for long-term nursing home care, should you need it in the future?

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Do you feel confident that you would be able to pay for long-term nursing home care, should you n... = No
Skip To: End of Block If Do you feel confident that you would be able to pay for long-term nursing home care, should you n... = Not sure

Q24 If yes, how long could you afford to pay for long term care expenses?

- One month (1)
- Six months (2)
- One year (3)
- For as long as I need the service (4)
- I will not be able to afford long term care (5)
- I do not know (6)

End of Block: Default Question Block
Start of Block: Demographics

Q26 What is your residential zip code?

________________________________________________________________

Q27 What is your gender?

☐ Male (1)

☐ Female (2)

☐ other (3)

Q28 What is your date of birth?

________________________________________________________________

Q29 What is your race or ethnicity? (mark all that are chosen)

☐ White/Caucasian (1)

☐ Hispanic or Latino (2)

☐ Black or African American (3)

☐ Native American or American Indian (4)

☐ Asian / Pacific Islander (5)

☐ other (please name) (6) _____________________________________________

________________________________________________________________
Q30 What is the highest level of education you completed?

- Some high school, no diploma (1)
- High school diploma or GED (2)
- Some college, no degree (3)
- Associate’s degree (4)
- Bachelor’s degree (5)
- Graduate or professional degree (6)

Q31 What is your annual household income?

- $0-$10,000 (1)
- $10,001 - $24,999 (2)
- $25,000 - $39,999 (3)
- $40,000 - $59,999 (4)
- $60,000 - $74,999 (5)
- $75,000 - $99,999 (6)
- $100,000 or more (7)
- I’d rather not say (8)
Q32 Who lives in your household? *(select all that apply)*

- [ ] my spouse or partner (1)
- [ ] my children (2)
- [ ] my grandchildren (3)
- [ ] other relatives (4)
- [ ] nonrelatives (5)
- [ ] I live alone (6)

Q33 What type of home do you live in?

- [ ] single family home (1)
- [ ] multi-family home (duplex, condo, etc.) (2)
- [ ] apartment (3)
- [ ] assisted Living Home (4)
- [ ] senior apartment building (5)
- [ ] townhouse (6)
- [ ] continuing care retirement community (7)
- [ ] nursing home (8)
- [ ] Other (fill in if type of place is mentioned) (9)

________________________________________________
Q34 Do you own or rent your home?

- Own (1)
- Rent (2)

Q35 What language is primarily spoken in your home?

________________________________________________________________

Q36 If you are interested in being included in the drawing for the $25.00 VISA gift card, please provide your name, daytime phone number, and/or an email address:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Q37 Thank you for taking this survey. Information collected will be kept confidential, and will only be reported in aggregate. If you have any questions, please contact Tom Sutton, Ph.D., Director, the Baldwin Wallace University Community Research Institute (tsutton@bw.edu; 440-826-2460). IF RESPONDENT ASKS FOR REFERRAL FOR HELP OR RESOURCES: Please refer them to Direction Home. Mission: Direction Home Akron Canton Area Agency on Aging & Disabilities provides older adults, people with disabilities and their caregivers long term care choices and consumer protection so they can achieve the highest quality of life. Website: www.dhad.org Phone: 800.421.7277

End of Block: Demographics
Dear Summit County Resident,

Direction Home Akron Canton Area Agency on Aging & Disabilities (Direction Home Akron Canton) is a private, non-profit organization that provides choices for people to live independently in the place they want to call home. We provide long-term care programs such as personal care aides and home delivered meals to assist individuals with disabilities to remain in home or community-based settings as opposed to institutionalized care settings like nursing homes. We also provide family caregiver support programs, consumer protection and education, information on long-term care and more.

We are currently in the process of determining how we can best meet the needs of the community, particularly those who will access services to support the aging process. We need your input to guide this process. Please take a few moments to complete the enclosed survey and return it in the self-addressed stamped envelope by January 26th.

To show our appreciation, we will be raffling off six $25 gift cards. To enter the raffle, please complete the enclosed raffle entry form and include it in the same envelope as the survey. Your raffle entry will be separated from your survey. All survey responses will be anonymous and kept confidential.

Direction Home believes all residents have the right to age with dignity. By completing this survey, you will be helping us gather the information we need to provide essential services and programs to you, your neighbors and loved ones.

Thank you,

Gary L. Cook  
President and CEO

For more information on Direction Home please visit: www.dhad.org
<table>
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<tr>
<th>How familiar are you with each of the following services?</th>
<th>Not at all familiar</th>
<th>I have heard of this, but I do not know what it is</th>
<th>I am aware of this service but I have not used it personally</th>
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</tr>
<tr>
<td>Respite Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Insurance Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Disease Self-Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HOME Choice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When do plan to research your options for aging services?

- [ ] Long before I need it
- [ ] When I am approaching the need
- [ ] When I am in crisis and need it immediately
- [ ] Long after I first need service
- [ ] I have never researched aging service options and do not plan on doing any research

What needs do you have related to growing older that are not currently being met?

_____________________________________________________________________________________

Do you think more funding is needed for aging services?  
[ ] Yes  [ ] No  [ ] Not Sure
What is your experience when seeking help in meeting your needs as you get older? (Select all that apply)

- I know where to go or who to call.
- I can afford the help I need.
- I can get help quickly.
- I am always able to find transportation when I need it.
- I can get someone to answer my questions.
- I generally qualify for services I need.
- I am able to find someone that can help me who speaks my language.
- I understand how to complete service applications.
- I need to make many phone calls before I find what I need.
- Other (please describe)

Do you have an advance directive? Yes

No If no, why not?

- I do not know what an advance directive is
- I don’t need one
- I don’t want one
- I don’t want to deal with the hassle of having an advance directive prepared
- I am concerned about the cost of having an advance directive prepared
- I do not know how to get an advance directive for myself
- My family will not honor an advance directive so there is no point in preparing one
- I am concerned I will not get good medical care if I have an advance directive
- I don’t know what I want to happen to me
- I already have an advance directive
- Other, please describe______________________________________________

What concerns do you have about accessing services to support you as you age? (check all that apply)
☐ I am concerned about my privacy
☐ I am concerned someone will steal from me
☐ I do not want people to think I cannot take care of myself
☐ I do not want to be placed in long term care facility
☐ I am concerned about the cost
☐ I am concerned about the quality of care
☐ I do not know how to find help
☐ I am concerned someone will physically hurt me

Are you currently a caregiver for a friend or family member who is over age 60?  Yes  No

How important is it to you to be able to remain in your home as you age?
☐ very important  ☐ somewhat important
☐ not that important  ☐ not at all important

How important is it to you to be able to remain in your neighborhood as you age?
☐ very important  ☐ somewhat important
☐ not that important  ☐ not at all important

Are you currently homeless or have you experienced homelessness in the past 3 years?  Yes  No

If you had to leave your home due to health or mobility issues, do you feel confident that you could find alternative housing to meet your needs?  Yes  No  I’m not sure
### Do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to afford my current housing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I live near the amenities (shopping, medical facilities, restaurants, parks, etc.) that I need and want.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to maintain the inside of my home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to maintain the outside of my home (lawn/snow removal, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The homes in my neighborhood are well-maintained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have made, or plan to make, modifications to my home as I age.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to afford my utilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Are the following available in your neighborhood?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable home repair contractors who are trustworthy, and do quality work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal services such as lawn work or snow removal which are affordable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable housing options (such as active adult communities, assisted living and communities with shared facilities and outdoor spaces)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes that are equipped with features such as no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A low-cost or free home repair service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Are the following available in your neighborhood?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness activities specifically geared to older adults such as Silver Sneakers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conveniently located urgent care or emergency rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy to find information on supportive services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care services including personal care and housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable, well-trained, certified home health care providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care professionals who speak your language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respectful and helpful hospital, clinic, or doctor’s office staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient, accessible and affordable cemeteries/ burial sites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places to call to get information about health, housing, and other services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and/or food delivered to your home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places to get healthy and affordable food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment (walker, wheel chair, hospital bed) that is affordable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help paying bills when you need it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service provider who will come to your home</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control

Places where you can socialize or attend programs (i.e. library, community center)

Circle the type(s) of insurance you currently have:

<table>
<thead>
<tr>
<th>Health</th>
<th>Prescription</th>
<th>Vision</th>
<th>Dental</th>
<th>Long term Care</th>
</tr>
</thead>
</table>

How would you rate your physical health? Poor Fair Good Excellent How would you rate your mental health? Poor Fair Good Excellent

Have you been diagnosed with a chronic disease? (arthritis, diabetes, COPD, kidney disease, cancer, dementia, etc)

- [ ] I have one chronic disease
- [ ] I have two chronic diseases
- [ ] I have three or more chronic diseases
- [ ] I do not currently have a chronic disease diagnosis

In general, are you able to find information on the services that you need?

- [ ] all of the time
- [ ] most of the time
- [ ] sometimes
- [ ] rarely or never

What sources do you use to identify and access community services? (Select all that apply)

- [ ] telephone
- [ ] internet (websites)
- [ ] social media (Facebook, Twitter, etc.)
- [ ] libraries
- [ ] TV Ads
- [ ] radio Ads
- [ ] church
- [ ] senior center
- [ ] community newspapers
- [ ] word-of-mouth (friends, families, etc.)
- [ ] flyers/bulletin boards
- [ ] other community agencies

Are you familiar with the local information and referral hotline Info Line 2-1-1? Yes No If yes, have you used 2-1-1 to identify a service or get information? Yes No

Do you have access to the internet? Yes No

Where do you use the Internet? (Select all that apply)

- [ ] at home
- [ ] at a community/senior center
- [ ] at the library
- [ ] on my Smartphone or tablet
**Do you have access to community information through the following?**

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the phone through one central source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printed information you can clearly read</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet and computers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information delivered in person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information delivered your language</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past 12 months, how many times have you fallen in your home? (please circle one)

- Never
- 1-5 times
- 6-10 times
- More than 10 times

**Do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am concerned about accidents or falls in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My neighbors or neighborhood make me feel safe and protected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have concerns that my home is not secured (windows, doors, locks, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am fearful that I will be the victim of crime in my neighborhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sidewalks are uneven or unsafe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pedestrian crossings are difficult to navigate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are no sidewalks where I want to walk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Where you live, do you have access to the following?**

<table>
<thead>
<tr>
<th>Access Type</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-maintained and safe parks that are within walking distance of your home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighborhood watch programs, block clubs, or ward or police district meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-lit public streets and walkways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation or wellness activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Since you turned 60, have you been abused or neglected by a family member, caregiver, or someone else you trust? *If you have experienced elder abuse or neglect, call Adult Protective Services at (330) 643-7217*

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>I’m not sure</th>
</tr>
</thead>
</table>

If so, how? *(Select all that apply)*

- Someone took my money or property without my permission, or tricked me into spending money I didn’t want to spend.
- Someone who was supposed to be helping me with my needs did not help.
- Someone has tried to control, threaten, humiliate, or isolate me from others.
- I was physically hurt by someone.
I was sexually abused by someone.

What is your **usual** way of running errands, getting to medical appointments, or attending events?

- [ ] I drive myself.
- [ ] I am driven by friends or family.
- [ ] I take a Metro bus.
- [ ] I use Metro paratransit or another senior transportation service.
- [ ] I walk.

- [ ] I use Uber or Lyft
- [ ] I use a taxi or a car service company.
- [ ] I ride my bike.
- [ ] I don’t go out for these types of activities.

Do you face any of the challenges listed below when travelling to an appointment, event, or community location? *(Select all that apply)*

- [ ] I have difficulties with walking.
- [ ] I can’t afford a car or car maintenance.
- [ ] I do not drive.
- [ ] I can’t afford public transportation.
- [ ] There is no public transportation to take me where I need to go.
- [ ] Metro buses are difficult to use and/or unreliable.
- [ ] I have to wait a long time for transportation to arrive.
- [ ] I don’t have others who are able or willing to take me.
- [ ] The bag limits on transportation are too low.
- [ ] I have difficulties with parking due to mobility challenges.
- [ ] I have problems with using Metro or senior transportation.
- [ ] I don’t feel safe walking.
- [ ] I have no problems getting around.

<table>
<thead>
<tr>
<th>Where you live, do you have access to the following?</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable, reliable, and convenient public transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special transportation for seniors or individuals with disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-maintained streets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy-to-read traffic signs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Affordable and easy to use public parking lots, spaces, and areas to park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bike lanes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sidewalks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver education/refresher courses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your employment status?

- [ ] employed full-time
- [ ] retired and not looking for work
- [ ] employed part-time
- [ ] retired and seeking work
- [ ] self-employed
- [ ] unemployed, but seeking work
If you are employed, what are your plans for retirement? (Select all that apply)

- For financial reasons, I need to work as long as I can.
- I want to retire now but need to keep working to get health benefits.
- I want to retire now but can’t afford to.
- For professional reasons/personal reward, I will work as long as I can.
- I expect to retire in the next five years.
- I expect to retire in the next ten years.
- I plan to retire but plan to or would like to start a new career.

Please indicate the extent that you agree with the following statement:

Jobs are available for older adults to the same extent that they are for younger people.

Strongly agree  Agree  Not Sure  Disagree  Strongly Disagree

If you have sought employment as an older adult, have you experienced any of the following? (Select all that apply)

- The jobs that are available don’t match my skills/experience.
- I am overqualified for available jobs.
- Employers won’t hire me because of my age.
- I struggle with technology used in the workplace today.
- I have difficulty with application processes or online applications.
- Transportation is a barrier.
- There are not enough job training options for older adults.
- Health issues make finding or keeping work a challenge.
- I need to be retrained or to build my skills to qualify for jobs.
- I don’t know how to find available job.
- I cannot find part time options.
- Not applicable.

<table>
<thead>
<tr>
<th>Where you live, do you have access to the following?</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job training or skill-building opportunities for older adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobs that are a good fit for my skills and abilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places to find out about available jobs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional networking opportunities for older adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help with resume writing, online applications, interview practice, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which of the following items are included in your typical spending during a month?
Where would you decrease your monthly spending if you have an increase in medical or home health costs?

<table>
<thead>
<tr>
<th>Groceries</th>
<th>Gym Membership</th>
<th>Over the counter medical expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>Home Health Care</td>
<td>Savings contributions</td>
</tr>
<tr>
<td>Medical Bills</td>
<td>Home maintenance services (grass/snow/housecleaning)</td>
<td>Life insurance policy</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Transportation expenses</td>
<td>Health insurance</td>
</tr>
<tr>
<td>Entertainment</td>
<td>Charitable Giving</td>
<td>Monthly subscriptions</td>
</tr>
<tr>
<td>Restaurant</td>
<td>Over the counter medical expenses</td>
<td>Investments</td>
</tr>
<tr>
<td>Gifts</td>
<td>Savings contributions</td>
<td>Other_________________</td>
</tr>
<tr>
<td>Gym Membership</td>
<td></td>
<td>I would not need to make any changes</td>
</tr>
</tbody>
</table>

How concerned are you about being able to afford the services you may need as you age? ☐ Not at All

| Slightly concerned | Very Concerned | Extremely Concerned |

**Please answer the following:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you afford your medical bills without sacrificing other necessities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you afford your prescriptions without sacrificing other necessities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you afford your utility bills without sacrificing other necessities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been a victim of a telephone or internet scam?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you carry a credit card balance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you were to experience a financial crisis, do you have someone who can lend you money?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do others depend on you for financial support?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Which of the following will you have access to help pay for services as you age?**

<table>
<thead>
<tr>
<th>Access to Help Pay for Services</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Personal Savings
Personal Investments
Personal Income
Financial assistance from family
Medicaid
Medicare
Long Term Care Insurance
Personal credit
Other, please list:

Do you feel confident that you would be able to pay for long-term in home medical expenses, should you need it in the near future?  
Yes  
No  
I’m not sure

Do you feel confident that you would be able to pay for long-term nursing home care, should you need it in the future?  
Yes  
No  
I’m not sure

If yes, how long could you afford to pay for long term care expenses?

☐ One month  
☐ Six months  
☐ One year  
☐ For as long as I need the service  
☐ I will not be able to afford long term care

What is your zip code? _____________________ What is your gender?

☐ male ☐ female ☐ other

What is your date of birth?  
_______/_____/_______  What is your race or ethnicity?

☐ White/Caucasian  
☐ Hispanic or Latino  
☐ Black or African American  
☐ Native American or American Indian  
☐ Asian / Pacific Islander  
☐ other (please name)

__________________________________________

What is your main source of income? (Select all that apply)

☐ Social Security Retirement Program ☐ wages from work  
☐ Supplemental Security Income (SSI)  
☐ Social Security Disability Insurance Program (SSDI)  
☐ retirement income – traditional pension ☐ retirement income - 401(k)/ 403 (b)/ etc.  
☐ retirement income - state plan (OPERS, STERS, etc.)  
☐ other
What is the highest level of education you completed?

- Some high school, no diploma
- High school diploma or GED
- Some college, no degree
- Associate’s degree
- Bachelor’s degree
- Graduate or professional degree

What is your annual household income?

- $0-$10,000
- $10K-$24,999
- $25K-$39,999
- $40K-$59,999
- $60K-$74,999
- $75K-$99,999
- $100,000+
- I’d rather not say

What language is primarily spoken in your home?

______________________________

Did you complete this survey for yourself, or did you fill it out for someone else?

- Completing the survey for myself
- Filling the survey out for someone else

Who is in your household? (select all that apply)

- my spouse or partner
- my children
- my grandchildren
- other relatives
- nonrelatives
- I live alone

What type of home do you live in?

- single family home
- multi-family home (duplex, condo, etc.)
- apartment
- assisted Living Home
- senior apartment building
- townhouse
- continuing care retirement community
- nursing home
- Other

Do you own or rent your home?

- Own
- Rent
Appendix: Short Phone Survey

**Direction Home**

**Short Phone Survey**

To be administered through an automatic phone system following a call received by Metro RTA or Direction Home any two weeks during the month of January 2018.

Q1. Are you able to find the services you need related to growing older?

A1. Yes
A2. No
A3. I am not sure

Q2. Are you able to afford the services you need related to growing older?

A1. Yes
A2. No
A3. I am not sure

Q3. How important is it to you to stay in your home for as long as possible?

A1. Very Important
A2. Somewhat Important
A3. Not that Important
A4. Not important at all

Q4. Do you think more funding is need to provide services for older adults?

A1. Yes
A2. No
A3. I am not sure
Appendix: Focus Group Protocol

Direction Home
Focus Group Guide for Caregivers

Focus group introduction
• Greet participants, thank them for making time to be there
• Explain the general purpose of the focus group: to help Direction Home better serve the community
• Introduce the facilitator and note taker
• Explain how the focus group will work
  • The purpose of the focus group is to help us learn more about Caregiver’s experience in general – the challenges and successes of caregiving including the access and use of services of Direction Home or other agencies.
  • Facilitator will ask questions to get conversation started
  • What we want is to hear people’s opinions and insights, no right or wrong answers
  • Feel free to ask questions of one another and respond to what others say
  • We will be holding 4 focus groups, all the information will be combined and analyzed, there will be no way for Direction Home to know any individuals specific contributions
• Listen respectfully to one another and avoid interruptions.
• Respect the privacy of the participants and do not share information heard in the group with others

1. What was the biggest surprise for you in your caregiving experience?
2. Think of a time when caregiving went well for you and your loved one. What made that experience a good one?
3. Did you feel prepared for your role as caregiver?
4. What have you had to change in our own life in order to provide care?
5. If you were working, did you use FMLA? What was that experience like?
6. Has being a caregiver changed your ability to financially support your family?
7. What caregiver resources would you like to see in the community?
8. Have you thought about what will happen if you can no longer provide care, for instance if you became sick or injured? Have you made a plan?
9. Do you feel you are well informed on how to find resources and support for your care partner? For yourself?
10. What are your options when you need a break from caregiving?
11. What has been helpful for you as a caregiver? (think of “helpful” very broadly, could be a formal support, informal support, a change in thinking, a training on specific health issue)
12. What advice would you give to someone new to the caregiver role?
13. What do you wish you had known before becoming a caregiver?
14. If you could make one change in the caregiving environment, what would that be?
15. Do aging support services need more funding?
Appendix: Summit County Older Adult Infographic

Summit County Older Adults & Long Term Care

2 in 5 Summit County Older adults are at risk of not being able to afford long term care services and supports.

Income of Summit County Older Adults (65+)

- Likely Eligible for Medicaid Long Term Care: 17,063
- At Risk: 22,934
- Likely Able to Private Pay for Long Term Care: 16,284

Do we need more funding?

- Yes: 74%
- No: 8%
- Not Sure: 19%

Of 12 Area Agencies on Aging, only Direction Home has no county-wide senior levies in their service region.

2 out of 5 older adults in Summit County have incomes too low to afford long term care and too high to qualify for help. A majority of this group are likely unaware of and unprepared for how they will pay for aging related needs.