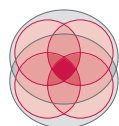


*Meeting the challenges of an
aging population with **SUCCESS***



KIRWAN INSTITUTE
for the Study of Race and Ethnicity



THE OHIO STATE UNIVERSITY
COLLEGE OF SOCIAL WORK

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Never before have we, as a society, seen such long lifespans for such a large number of people. Never before have we, as a community, had to grapple with the opportunities and challenges presented by living in a community with so many aging family members. Living longer can be a blessing and a gift. It can be a challenge, particularly when one faces poverty, housing insecurity, disability, or isolation. Vulnerable seniors typically do not face a single difficulty, but compounded challenges. No longer able to drive, yet unfamiliar with public transportation, an older adult might put off a doctor's appointment, or avoid grocery shopping. The high cost of medication for serious health issues might result in the non-payment of heat or phone bills. Seniors facing grave health concerns (and their families and caregivers) can struggle with nearly unmanageable costs, in terms of dollars, effort, and spirit. At the individual and family level, the challenges associated with aging—limited mobility within and outside the home, perhaps an unwanted loss of work, and fewer civic and social responsibilities—are the reality for many.

Despite these challenges, and the growing number of older adults who face them, senior vulnerability and insecurity are largely ignored in many research, funding, and policy circles. One of the most unjust challenges is that not every senior will live a significantly longer life. Nationally, there are marked differences in life expectancy by race, ethnicity, gender, geography, and income. This report reveals that, here in Franklin County, there is a nearly *twenty-year difference in life expectancy* for seniors living in different neighborhoods. There is no more fundamental improvement that one could make in the lives of older adults than to close this gap.

And indeed, this is possible. There are extraordinary resources here in Franklin County—Universities and Colleges, research institutes, health-care systems, settlement houses, and seniors and their advocates. There are people, programs and services available for seniors in need, at the state, national, and local level. There are passionate, hard-working, creative, and inspired senior caregivers, service providers, and researchers. The people who care for, research, and serve seniors have begun to pioneer innovations, not only in terms of services and programming, but in terms of changing the narrative around vulnerable older adults.

This new narrative is that vulnerable older adults may face a myriad of challenges, but they should not be undervalued—or underestimated. It is that no one should be ashamed to ask for help; we all, at some point in our lives, need help. It is that earlier interventions and forward planning can help families cope emotionally and financially when hard changes begin to happen, prior to reaching a crisis point. It is that if we work together, we can chart a new course, one where older adults are included in decision-making around their own lives, where service and health care professionals have the tools they need to attend to older adults' particular needs, and where we no longer segregate our older adults from the vibrant community life that helps sustain mind, body and spirit.

It is this new narrative that can help shape our collective path forward, because there are no weathered signposts. The recognition that we are in largely uncharted waters, and the extent of senior vulnerability described in this report, can feel overwhelming. We are attempting to care for a demographic cohort that has simply never existed before. Our academic collaborators from the College of Social Work preferred “innovative practices” to “best practices,” because there are so few longitudinal, rigorously evaluated studies to rely on. We do not have decades of experience caring for adults over age 65, or 75, or 85, because we have only begun to explore and understand the contributions and needs of our oldest community members.

But with every complex and unsolved challenge, there exists an enormous opportunity to lead, to learn, and to contribute to meaningful improvements and innovative solutions. Community leaders and senior service stakeholders can make a difference in any number of ways—from supportive to transformative. Promote rigorous evaluations of pilot programs. Provide more accessible, affordable housing. Make a neighborhood-focused investment in one of our highest-need areas. Support caregivers. Expand settlement house programming. Help seniors enter and navigate existing services. Issue a bold challenge to face the injustice of segregated longevity. Seed fund a competitive prize for transportation innovation. Lead the conversation around older adults, with older adults, with urgency and commitment. We provide recommendations such as these, but we also provide the descriptive information, guiding principles, key findings, and most promising innovative practices for our seniors, so that community leadership can collaboratively design their own transformative interventions.

One powerful analytic and communications tool developed specifically for this report is the “Senior Vulnerability and Density” index and corresponding map. Our partners at the College of Social Work compiled a set of research-based indicators of senior vulnerability, such as housing cost burden, disability, and limited education. Twelve indicators of vulnerability were then confirmed by our conversations with local practitioners, and combined into an overall index of vulnerability, ranging from low to high. This conceptually addresses the existence of cumulative disadvantage: extreme vulnerability rarely manifests as a single or siloed issue. Next, we mapped senior density across the county to find neighborhoods with high concentrations of seniors. Finally, we combined these two measures—senior density and senior vulnerability—into one map, to highlight neighborhoods that had *both* a high population of seniors *and* considerable markers of high vulnerability. If community leaders decide to supplement the national, state, and county-wide services that exist for seniors with focused interventions at the neighborhood level, this map shows where we can reach the highest number of vulnerable seniors. This is the first time that the most vulnerable seniors in Franklin County have been identified on the neighborhood level through sound empirical methods. We have also provided a life expectancy map by neighborhood, to illustrate the staggering gulf in longevity among people living only a few miles apart.

In addition to identifying system-wide needs, such as getting more seniors successfully enrolled in existing county-wide programming, we point out national and state-level issues, such as the fact that benefits eligibility standards are often too late for older minorities. Lastly, we provide a short summary of the key issues facing seniors in housing, health care, caregiving, civic engagement, transportation & mobility, and employment. This provides a quick briefing on key issues in each domain, and is followed by an example of a leading, innovative practice.

We hope that we have provided the best possible tools for community leaders to design, lead, research, and promote nationally innovative, meaningful interventions in the lives of our most vulnerable seniors in Franklin County. They deserve no less.

Sincerely,

Christy Rogers, PhD
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The Kirwan Institute works
to create a just and inclusive society
where all people and communities have
opportunity to succeed.




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Franklin County Senior Opportunity

A Framework for Investment

Columbus is a great place to raise a family, pursue higher education, and do business. It boasts strong philanthropic and social support structures. Its size has made it resilient over the years: a recent article in *The Atlantic* called Columbus “a city that works,” noting that “Columbus is big enough to have scale and small enough to do something with it.”¹ In other words, Columbus is a place that can meet significant challenges with success. As demographic, economic, and technological shifts continue to unfold, it is a place that can and should stand out as a national leader in a number of areas, including how to adapt to the needs of an aging and increasingly diverse population. This community has the assets it needs, whether it be seniors themselves, dollars, caring people, thought leadership, or educational and medical resources, to be a leader in the way it takes on society’s biggest challenges.

The biggest challenges this community faces with regard to caring for the aging are (1) the lack of awareness and connection to existing systems and supports; (2) the lack of coordination among many existing programs and resources; and (3) the fact that we tend to age differently based on our demographics, environment, formative experiences, and lifestyle. Our structural orientation towards aging can assign resources in ways that do not always address the highest need. Aging is a process, not a number. Age is as much social as it is biological, and how we age affects our relationships and the ways we think about ourselves and our place in society. As we age, the realities of our changing ability to engage the social and physical world impact us all.

African Americans in their 40s are the first cohort of black people born and raised in an American society free of legal segregation.

Community leaders and stakeholders have the opportunity to confront at least one of these three fundamental challenges (connection, coordination, and difference), which will inevitably impact the others. Whether through investing in resource coordination, seed funding innovative mobility models, or modifying clinical protocols, efforts to take on these obstacles locally can make a big difference in people's lives. Just as the Infant Mortality Task Force (www.gcinfantmortality.org) has begun to direct local attention to the beginning of life, a life expectancy initiative has great potential to impact the end of the lifespan. Columbus has what it takes to become a national model for what it looks like to be a community of opportunity for all—from the beginning to the end of life.

Challenges of Caring for the Elderly

- Many seniors in Franklin County, Ohio lack awareness of existing systems and supports, and how to connect to them.
- There is a lack of coordination between the many existing programs and resources available in the county.
- People tend to age differently based on demographics, environment, formative experiences, and lifestyle. **Current benefit eligibility standards may be too late to help older minorities in Franklin County.**

Key Demographic Findings

- Despite the fact that only 10% of Franklin County's population is over the age of 65, a comparatively lower share than most counties in Ohio, **with 117,099 seniors Franklin County is second only to Cuyahoga County in total seniors**, meaning the scale of challenges associated with aging populations is comparatively larger in Franklin County than in almost every other county.
- Franklin County has a robust network of senior supports, with a continuum of services and programs. However, it can be challenging to get plugged into existing resources, and to navigate the system once connected. In addition, **existing resources appear unable to keep up with growth in the senior population**. Whereas growth in levy revenue between 2013 (\$33,746,677) and the projected revenue for 2017 (\$34,093,294) is essentially flat, enrollment in Senior Options increased by almost 10% between 2013 and 2014.
- Franklin County seniors represent a diverse community of various generations, levels of socioeconomic status, religions, races, ethnicities, and national origins. Since 1990, **the percentage of Franklin County residents who are non-White has grown from 18.5% to 32.7%**, due in large part to growth in the foreign-born population. These trends show that the 65-and-over population will become increasingly diverse in coming decades.
- The majority (58%) of Franklin County's seniors live within the City of Columbus, but several suburban communities have senior populations that represent more than 10% of their total residents.
- Senior vulnerability and need do not neatly follow particular development patterns; there are urban *and* suburban places of low vulnerability, and there are urban and suburban places of high vulnerability. Life expectancy also varies across the county by ZIP Code.
- A recent survey indicates that **89% of all Americans over age 50 wish to remain in their homes for as long as possible**.
- Projections indicate that Franklin County's senior population will grow from 115,706 in 2010 to 224,340 by the year 2040, representing a **94% increase**. The ratio of **working-age adults to retirement-age adults in Franklin County will shift from 6.3 to 3.5** between 2010 and 2040.
- More seniors are working longer, and changes in the economy and technology make networking and skill transition difficult for older adults.

Funding Implications

- Those investing in senior initiatives should expect the need for resources to grow in coming years, as the senior **population is expected to nearly double by 2040.**
- Because of the diversity of lived experiences among local seniors, **age cohort alone is an inadequate indicator of quality of life or need.**
- Because life expectancy and vulnerability vary across the county, current benefit eligibility standards for older adults, as defined by the ages of 60, 62, and 65, **can prove to be too late for some seniors.**
- Need and senior population density vary across the county, meaning that any strategic place-based investments should be targeted to areas of greatest need and density. The **SENIOR VULNERABILITY AND DENSITY MAP** on page 14 could be a powerful tool for targeting resources towards the greatest number of vulnerable seniors.
- As the county's senior population becomes more ethnically and linguistically diverse, support for enforcement of language interpretation will increase. In the more immediate term, support for older immigrants who may never become citizens should be a practical consideration.
- As the number of multigenerational-households increases, support for new housing products, caregiver respite, and intergenerational programming should increase.
- Training for medical and helping professions and support for caregivers should reflect the needs and experiences of a growing and increasingly diverse community of seniors.
- Seniors in Franklin County are more likely to live in suburban areas than the rest of the county's population. While only 33.8% of the county's population lives in a suburban jurisdiction, 41.9% of seniors in Franklin County live in a suburban jurisdiction, meaning that **investments in transportation for seniors must address the limited transportation options (including public transportation) that many seniors currently face.**
- Existing resources and support structures can be leveraged by philanthropic investment.
- Job training and networking support for older adults is a growing area of need.

Principles to Guide Investment

PROMOTE INDEPENDENCE, NOT ISOLATION

Programs and initiatives that support independent living must do so without contributing to isolation. Helping seniors to remain at their current address is only a positive investment until it begins to limit their access to food, medical care, and active living. Making investments that help seniors age where they want to age, and to do so in the context of a supportive community, are as equally important as investing in “aging in place.”

VALUE SENIORS AS ASSETS

Valuing seniors as community assets rather than just service-users opens up an array of possibilities for leveraging investments by funding senior programs that provide opportunities for seniors to invest in the lives of others. As seniors are increasingly valued as a community resource, investments in seniors will begin to make an impact in the lives of other seniors and younger generations in whom seniors invest their time.

PUSH FOR EARLY INTERVENTION

Preventing injuries, illnesses, and crises in the life of older adults is important to maintaining quality of life as well as improving cost savings for seniors and local support systems. Investments that help prevent falls, malnourishment, and other costly and potentially deadly outcomes are simultaneously economical and empathetic. More broadly, since life expectancy and vulnerability vary across the county (and by race and gender in particular), current benefit eligibility standards for older adults as defined by the ages of 60, 62, and 65 may prove to be too late for some seniors.

Key Senior Needs

SENIOR CONNECTIONS AND ACCESS

There is a need for investments to address seniors' access to places, assistance, and resources. This includes improving how older adults learn about and approach the existing network of support in Franklin County, and how they are thereby able to physically access services and amenities throughout the community. Connecting more seniors to the resources that are already available will make an immediate quality of life impact within the community, and will help reduce long-term crisis intervention and chronic illness costs.

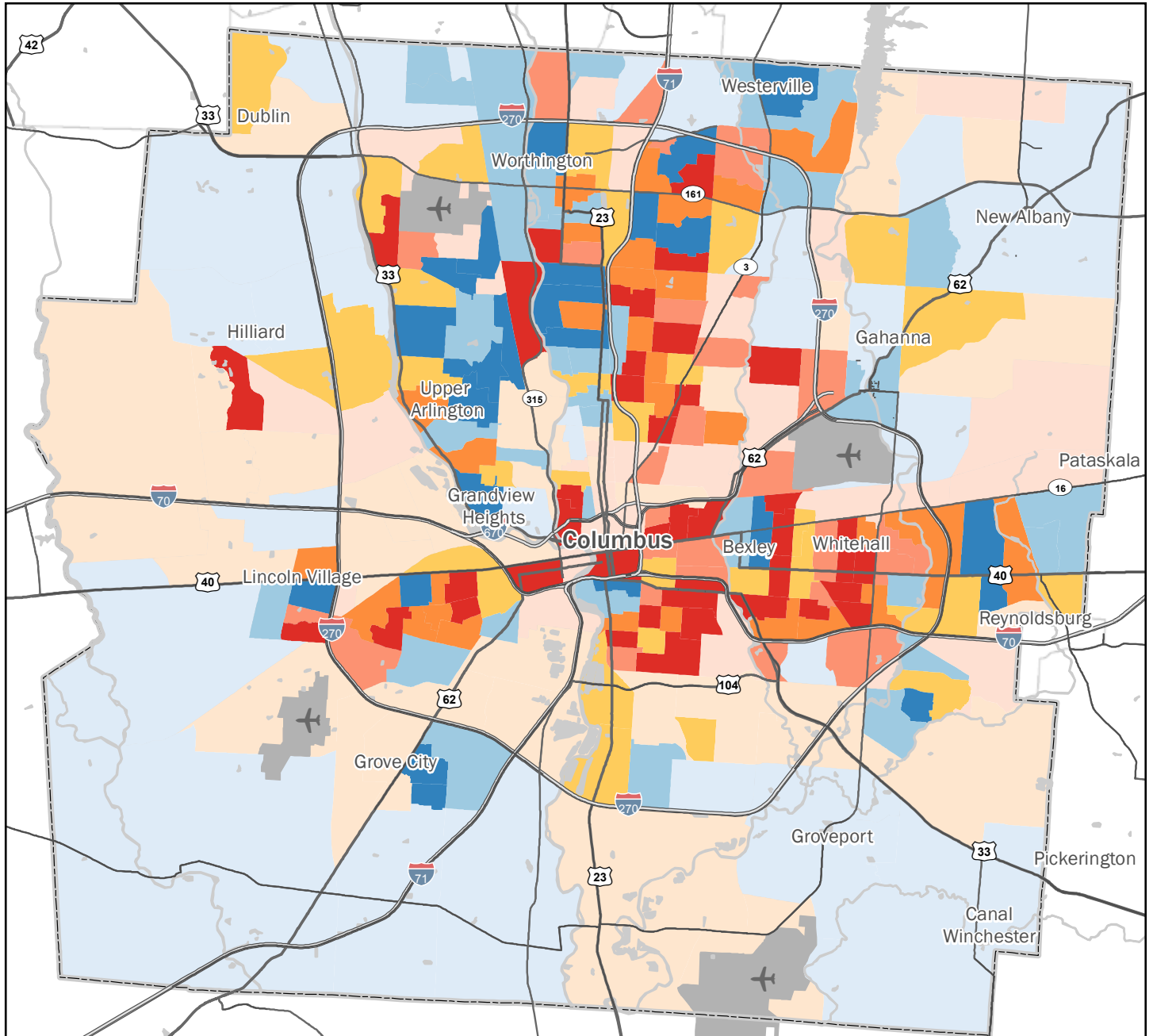
SYSTEM NAVIGATION

Providing new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact for seniors almost immediately.

PROVIDER COORDINATION

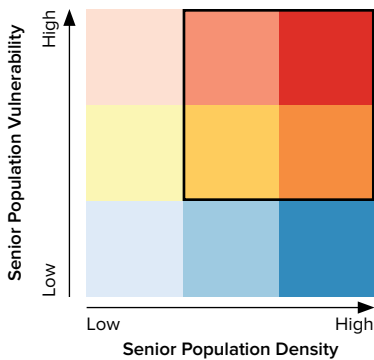
Community investments can improve how senior advocates and stakeholders coordinate and collaborate across domains and providers. Streamlining the provision of services and the interaction among service providers could make a tremendous long-term holistic impact, leading to a reduction in costs associated with crisis intervention. For example, case manager and care coordination initiatives like those in Restoration Plaza and Upper Arlington provide models in which care providers can collaborate to address underlying challenges faced by local seniors no matter their income level.

Map 1: Senior Vulnerability and Density Index



Black Outline Represents Investment Priority Areas

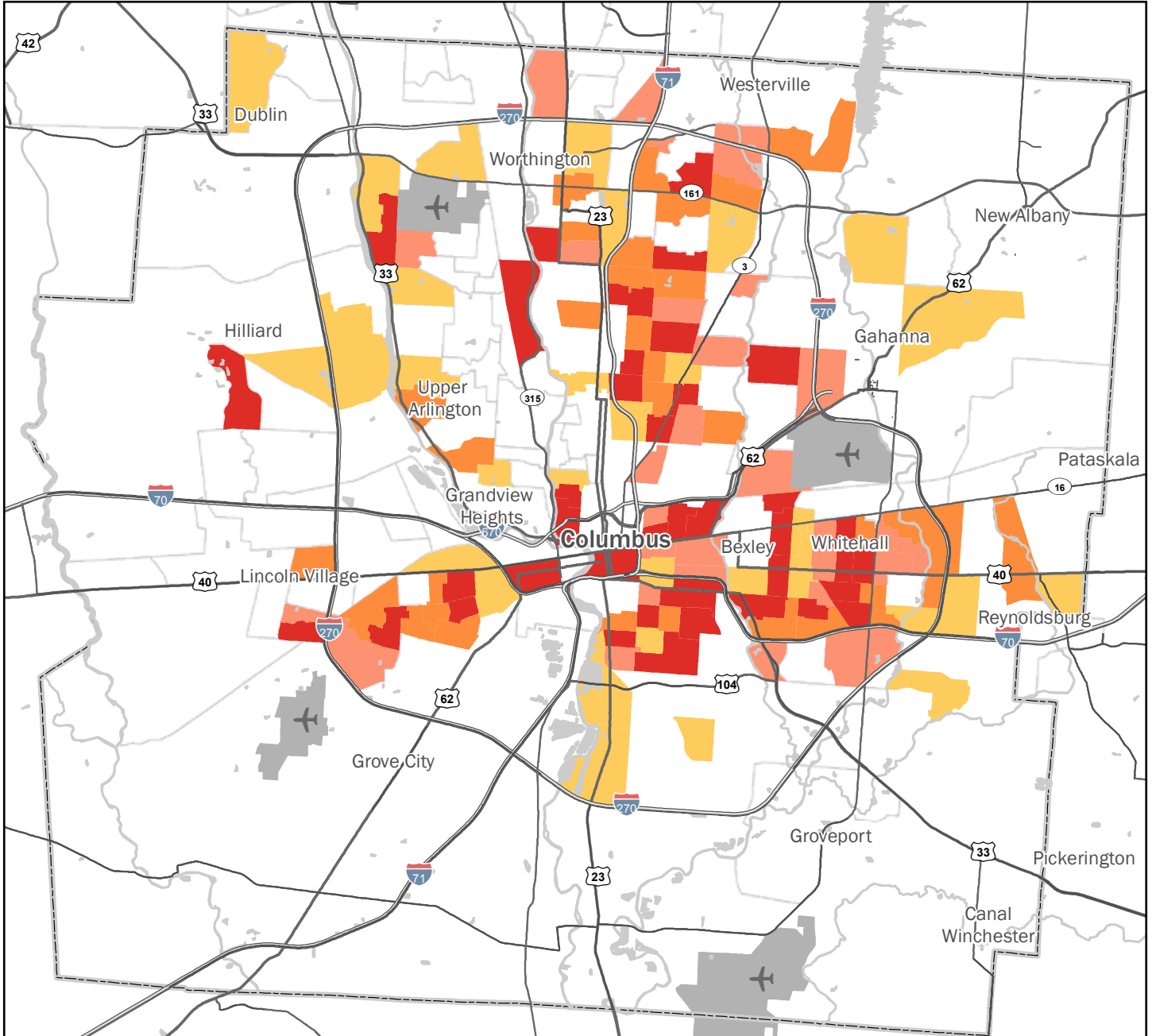
Source: American Community Survey (2008–2012)



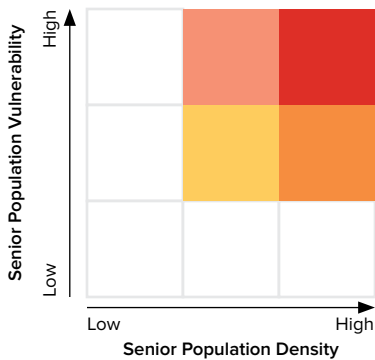
This map combines the Senior Vulnerability Map and the Senior Density Map in order to highlight the areas where investments have the potential to impact the greatest number of our most vulnerable seniors. By intersecting the three levels of vulnerability with the three levels of population density, this map can be used to target funding and programming initiatives to the places of greatest need, namely the neighborhoods in red and orange.

Map 2: Investment Priority Areas

As Defined by Areas of High and Moderate Senior Density and Vulnerability



Source: American Community Survey (2008–2012)



This map removes all but the areas of high and moderate senior population density and senior vulnerability in order to draw attention to priority areas for funding. These tracts represent the areas in Franklin County where the greatest number of our most vulnerable seniors live. This map suggests that rather than blanketing all investments across the entire county, some investments should strategically target the areas of need highlighted in this map.

Recommendations for Community Focus and Investment

1.) Use and Share the Senior Vulnerability & Density Map

The **SENIOR VULNERABILITY AND DENSITY MAPS** on page 14 and 15 are designed to inform investment priorities by highlighting the places of greatest and most intense need.

- Target neighborhoods with the greatest concentration of our most vulnerable seniors (‘Investment Priority Areas’). This focus could make an enormous impact on quality of life for these seniors.
- Engage other senior service providers (and indeed, broad service providers such as those in transportation, food security, and housing) around these maps to invite further collaboration and coordination of investments and priorities. For example, Mid-Ohio Foodbank has initiated a community-wide conversation around food insecurity. This map could help pinpoint neighborhoods of high need for our seniors.

2.) Set a Holistic Metric: Improve Life Expectancy

There is a **20-year difference in life expectancy** across ZIP Code boundaries in Franklin County. In addition, there are life expectancy differences by race, ethnicity, and poverty status. These unjust differences indicate that we can, and should, do better.

- Launch a Life Expectancy Task Force or Initiative: focus on achieving equity in life expectancy, with the goal of raising everyone’s health and longevity, but especially those facing the shortest life expectancies.
- Enroll healthcare systems to provide seniors with wellness information starting at earlier ages than the typical standards of 60–65. For example, when an individual turns 50 or 55, they might receive a comprehensive information flyer listing available programming, eligibility requirements, contact information, and resources.

3.) Leverage Existing Resources

Franklin County has many experienced service providers who are facing rising unmet needs. For example, Settlement Houses are situated well in communities to provide customized services and programming, have established relationships of trust with community members, and are experienced service providers.

- Contribute to Settlement House programs and services
- Invest in capacity-building for Immigration Services organizations (which serve a growing segment of Franklin County’s population with limited resources)
- Especially in Suburban areas and “Common Areas” with rising poverty (areas typically without Settlement Houses or low-income service providers), increase investments in senior programming at community centers, churches, and food pantries.
- Support and replicate neighbor-to-neighbor initiatives started by small community-based offices in low-income neighborhoods, such as the senior service volunteers organized by

the OSU Extension-Weinland Park office. This is similar to the “Village” concept in high-income communities.

4.) Develop and Promote a Senior Services System Wayfinding or Navigation Tool

Similar in concept to the successful Ohio Benefit Bank, develop an easy-to-use guide for seniors (and caregivers) to identify the various resources, services, and programming for which seniors are eligible.

5.) Launch Major Awareness Campaign(s)

Many Franklin County residents lack awareness of all of the services and programs available to our seniors. Residents also underestimate the increasing needs and challenges that seniors and their caregivers face.

- Support a major awareness campaign of the programs available through the Franklin County Department of Aging, the Central Ohio Area Agency on Aging, the Ohio Department of Aging, and issue-specific programming (i.e., SCSEP, MOF, affordable housing) through traditional and social media that reaches senior centers and community centers, health and wellness offices, grocery stores, etc.
- Partner with private and public employers to increase awareness of the toll caregiving takes on employees’ wellbeing and productivity. A 2006 study estimated that the total cost to employers for full-time employees with intense caregiving responsibilities is \$17.1 billion nationally.² Work together to pilot programs that support caregiving and work balance.

6.) Support “Aging in Place” Through Holistic Interventions

Seniors should be able to find affordable housing in safe, accessible communities with robust transportation options.

- Invest in a robust continuum of senior housing options that reflect the array of conditions and levels of independence among local seniors. Include support for service coordinators.
- Increase awareness of programming and services for home-based living and care specifically.
- Invest in caregiver respite and support.
- Help expand mobile services such as healthy food availability and healthcare services.
- Provide for senior financial management, financial education, and fraud protection.

Overview and Methods

With the support of The Columbus Foundation and the Osteopathic Heritage Foundations, The Kirwan Institute for the Study of Race and Ethnicity and the College of Social Work at The Ohio State University partnered to conduct a study of senior populations in Franklin County, Ohio, to identify opportunities to positively impact seniors' quality of life. This collaborative research is designed to inform community strategies by providing key demographic findings, funding implications, principles to guide investment, and maps of areas of highest senior need.

The research team employed a mixed-methods approach to the study, consulting an advisory committee comprised of local leaders and experts on aging and senior service provision, as well as conducting a series of supplemental interviews with local experts to ensure a broad range of input, gathering local media coverage of senior issues over the past four years, analyzing demographic data and trends, reviewing national literature on aging, and conducting a focus group with senior residents of Restoration Plaza. Pulling from such a variety of sources was an intentional effort to promote depth of insight about the challenges of caring for the aging.

The study focuses on seven separate but interrelated themes, including **Housing, Health and Health Care, Resources, Caregiving, Civic Engagement, Transportation and Mobility, and Employment**. These domains emerged from a preliminary literature review conducted by College of Social Work faculty members, and was affirmed by the study's advisory committee members. Each of the research methods employed was conducted with these domains in mind, thus shaping the interview questions, the way in which news articles were collected and analyzed, the interaction with focus group members, and the framing of the quantitative analysis and mapping.

Introduction

National trends on aging have been well-documented in recent years, as the Baby-Boomer generation has begun entering their retirement years. Those in the United States who are age 65 and older now comprise over 40 million people, representing 13.2% of the total population, figures that are expected to continue growing for the next several decades. In Ohio there are approximately **1.6 million people over the age of 65**, 14.2% of the total population. With 117,099 people over the age of 65, **Franklin County has the second-most seniors among all Ohio counties**, following only Cuyahoga County, which has 199,079. Franklin County seniors represent 7.2% of all seniors living in Ohio's 88 counties.

County patterns across Ohio may seem to suggest that aging trends are most pronounced in the Appalachian parts of the state, as Franklin County has the third lowest *percentage* of seniors among all 88 counties. Owing to a number of factors, including the student presence at The Ohio State University, along with a relatively large and diverse economy made up of state government, major healthcare networks, and several corporate headquarters, the median age in Franklin County is 33.5, compared to that of 38.8 for Ohio and 37.2 nationally.

Yet because of the sheer number of people and seniors living in Franklin County, many of the challenges associated with an aging population exist locally, and on a much larger scale than in the more rural parts of Ohio. Affordability of safe quality housing, transportation, and various levels of care are key challenges faced by seniors across the county, especially when **20.8% of Franklin County households receive on average nearly \$16,000 annually in Social Security benefits**.³ Healthy food security, adequate employment, and socialization are concerns of many local seniors, their caregivers, and the communities in which they live. Cutting across many of these domains is

Table A: Indicators of Senior Vulnerability

County Statistics for Seniors* (All Ages in Parenthesis)					
Indicators	Group Total		Total Population		Rate
Non-White [†]	51,674	(381,677)	239,775	(1,167,474)	22% (33%)
In Poverty ^{***}	10,255	(202,812)	113,162	(1,143,075)	9% (18%)
Low Income (133% poverty threshold) ^{***}	15,731	(299,589)	113,162	(1,143,075)	14% (26%)
Cost-Burdened Households ^{****}	27,647	(164,995)	74,823	(464,018)	37% (36%)
Rental Household Rate [†]	40,706	(204,929)	108,686	(464,018)	37% (44%)
1 Person Household	36,728	(151,670)	85,086	(464,018)	43% (33%)
No High School Diploma*	21,366	(48,040)	117,099	(888,084)	18% (5%)
Two or More Types of Disability ^{***}	24,044	(62,279)	113,162	(1,159,774)	21% (5%)
Older Age ^{**}	16,385	(N/A)	239,775	(N/A)	7% (N/A)
Households With No Vehicle	11,501	(39,037)	74,823	(464,018)	15% (8%)
Born Outside of US [†]	16,777	(107,159)	239,775	(1,167,484)	7% (9%)
Speak English "Not at all" or "Not well" [*]	2,576	(22,575)	117,099	(1,084,096)	2% (2%)

*Seniors are age 65 and older

**Older age is defined as 85+

***Senior (65+) non-institutionalized civilian population

**** Housing Cost is More than 30% of Household Income in the Past 12 Months

† Denotes statistics for ages 55 and older

the challenge of navigating the various benefits systems in place, be they the result of shifts taking place in healthcare management or the myriad housing, transportation, and employment options available to eligible seniors. This issue of navigation is acute even in Franklin County—which has a specific levy to fund programs and initiatives for seniors.

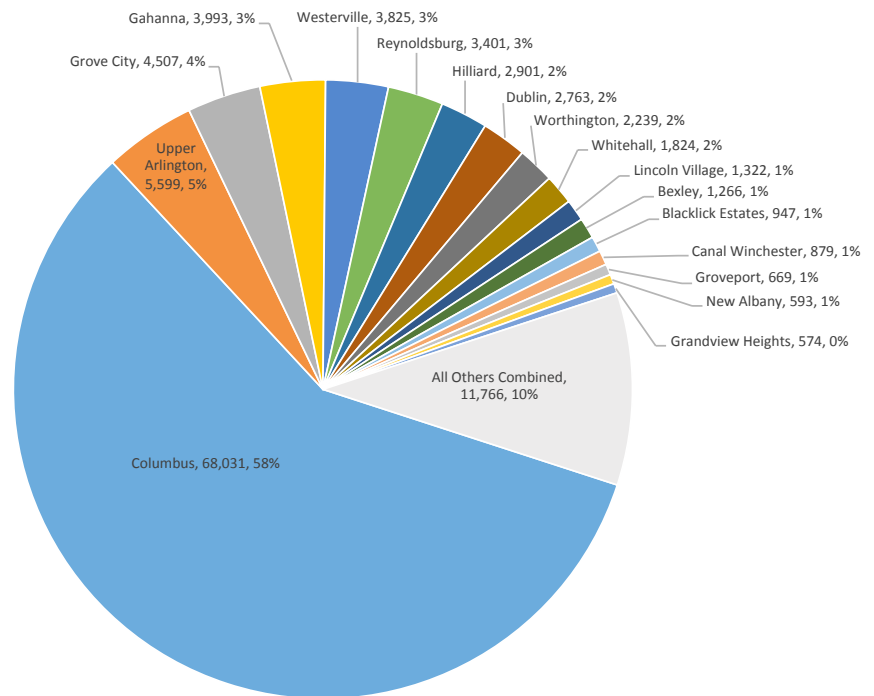
Adding to these complexities is the fact that Franklin County's older adults are not a monolithic community. They represent a plethora of generational values, and possess a variety of cumulative life experiences that now contribute to, or inhibit, healthy lives as aging men and women. Many older seniors have lived through the Great Depression and multiple wars, while **seniors of color in particular have faced decades of cumulative disadvantage through their formative experiences in the pre-Civil Rights era of housing, education, health care, and employment systems.** A growing number of local seniors have even come from poverty-stricken parts of Latin America, or war-torn regions of Africa, where most or all societal structures were broken down. Because of such factors, age cohort alone is an inadequate indicator of quality of life in the later years. As the older adult population continues to diversify in subsequent decades, the ways in which we care for our senior population must become more sophisticated in order to meet the challenges ahead and ensure quality of life and civic inclusion for all aging people in Franklin County.

Profile of Local Seniors

As is the case with the total population, the majority of seniors in Franklin County live within the boundaries of the City of Columbus. Two-thirds of Franklin County's roughly 1.2 million residents live in Columbus, and **58% of the County's 117,099 seniors live within Columbus**, meaning a greater share of seniors live in suburbs than the rest of the County's population. However, although Columbus is home to the largest population of seniors in the county, there are several other jurisdictions whose population is proportionately older than Columbus. For example, 17% of Worth-

Franklin County Senior Population by Jurisdiction

This chart shows a breakdown of the jurisdictions in which Franklin County seniors live. With more than 68,000 persons over age 65, Columbus is home to the clear majority of Franklin County seniors, accounting for 58% of the total. Upper Arlington has the second-most seniors among Franklin County jurisdictions, with 5,599, accounting for 4.8% of the county's seniors.



ington's population is over the age of 65, compared to only 8.8% for Columbus. The 65-and-over populations of Canal Winchester, Gahanna, Grove City, Reynoldsburg, Westerville, Whitehall, and Upper Arlington are all 10% or more of their total population.

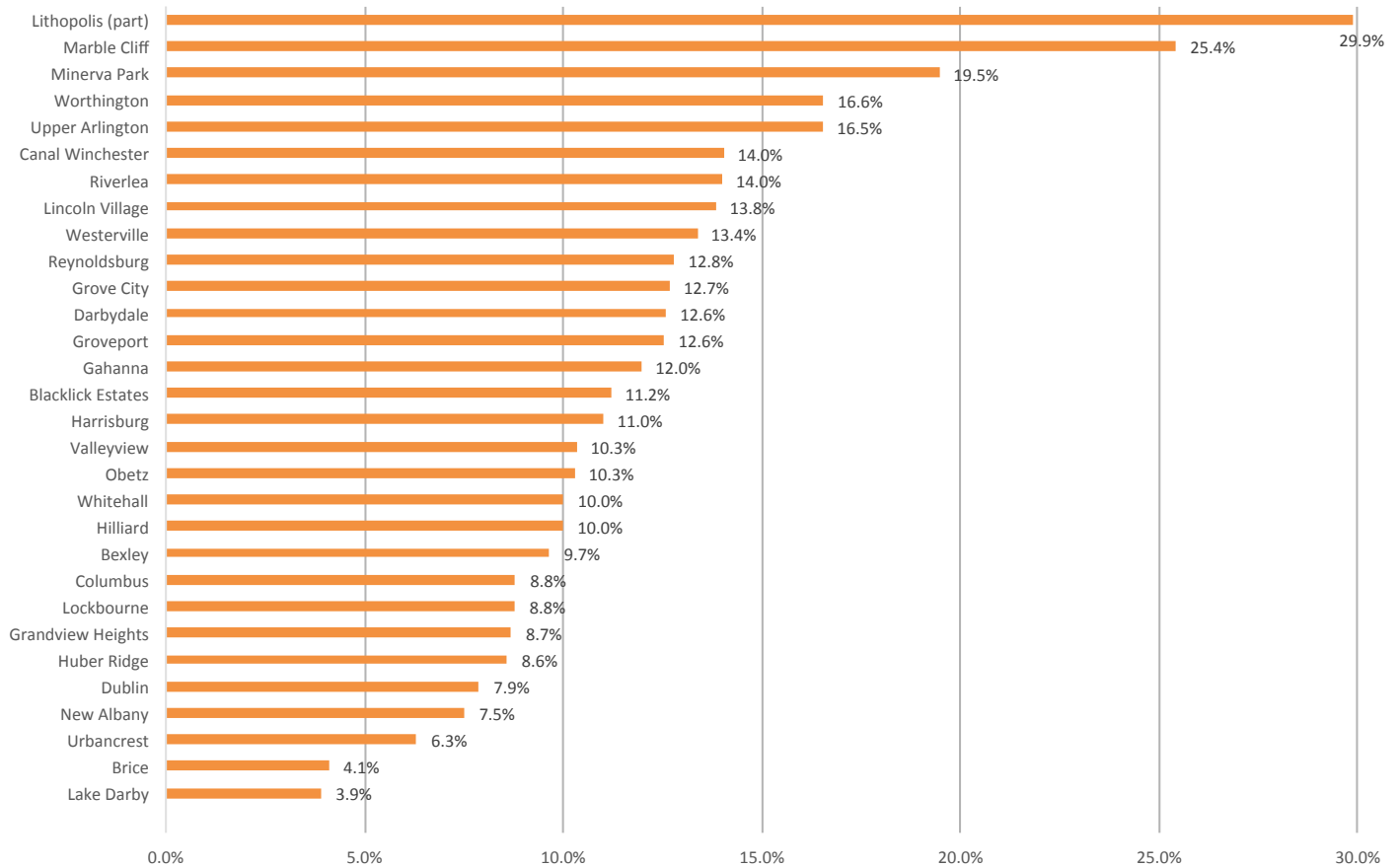
What these figures mean for investing in the quality of life for older adults in Franklin County is that while Columbus, with over 68,000 seniors, represents by far the largest and most diverse population, each community in the county represents a different context and faces its own unique challenges with regard to meeting the needs of its aging population. Given such realities, it is important to take a more in-depth look at the different characteristics of seniors across Franklin County in order to gain a better understanding of their needs and the potential gaps that may exist within local senior care structures.

One of the questions asked in a series of interviews with local experts and leaders on aging was, "Who are the most vulnerable older adults in Franklin County?" Answers varied slightly, but a few characteristics consistently defined the most vulnerable seniors. **Older, low-income people of color living alone, with one or more disabilities, were often described as the most vulnerable.** Combining insights from interviewees with the national literature on senior vulnerability, The Kirwan Institute created the first "Senior Vulnerability Index" to be utilized in Franklin County.

After compiling a comprehensive list of vulnerability factors, the Institute created a map of senior vulnerability by census tract for all of Franklin County. **TABLE A** provides a list of these indicators, along with county totals and rates for each characteristic. **MAP 3** is the map of senior vulnerability for Franklin County, illustrating tracts with the largest share of seniors exhibiting the most cumulative disadvantage. Next, the Institute mapped senior population density, in order to see the areas of most concentrated senior residency (**MAP 4**).

Percent of Jurisdiction Population Over Age 65

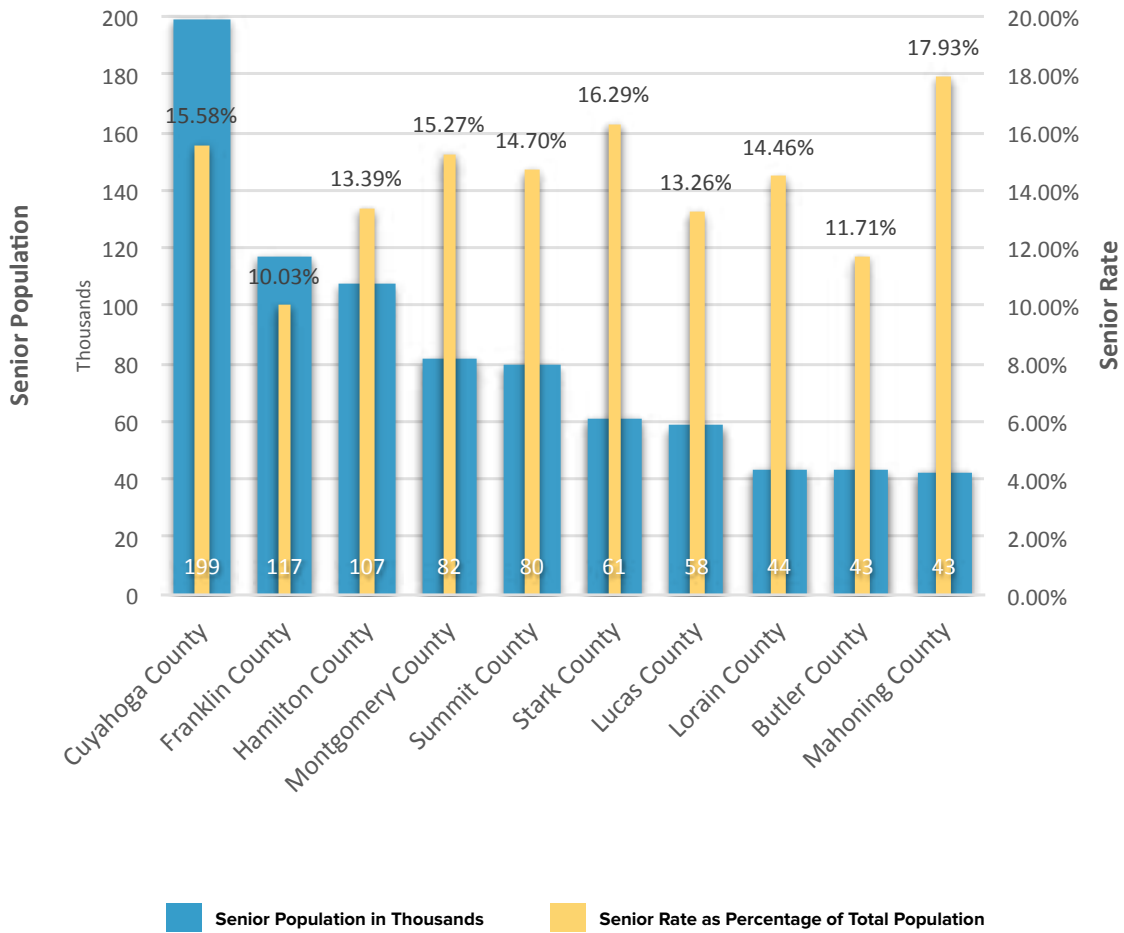
This chart illustrates the percentage of each community's population who are seniors. While Columbus contains the majority (58%) of the county's seniors, there are several other municipalities and villages whose total population is made up of more seniors than Columbus, where only 8.8% of the total population is over age 65



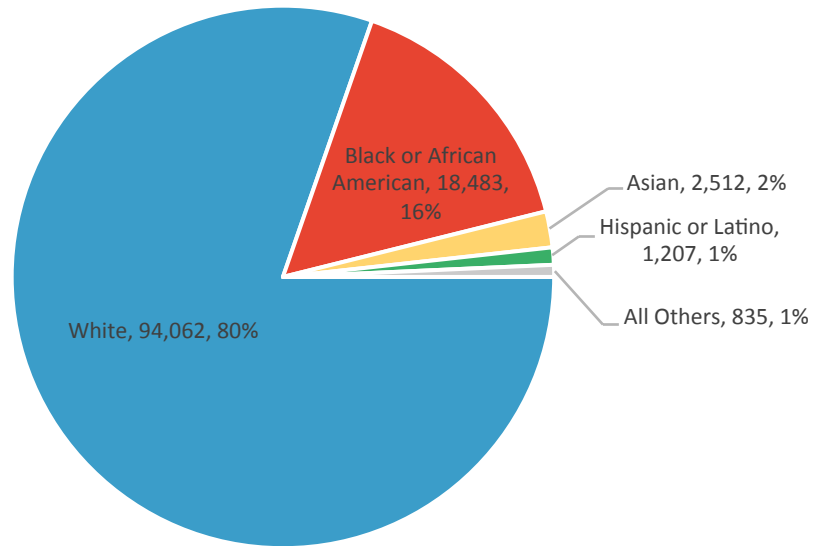
Finally, Kirwan overlaid the vulnerability and density maps to create a composite map of high senior needs. The resulting map (**MAP 1**) illustrates how senior vulnerability varies across the county. This composite map can help prioritize areas of investment in order to have the greatest impact—that is, it identifies the areas with the greatest concentration of seniors living with cumulative disadvantage. Among the many informative aspects of this map is the critical observation that vulnerability does not follow a particular development pattern: there are both urban and suburban areas of high as well as low vulnerability. Such differences point to a potential “typology” of community suitability for seniors, and suggests that a sharing of best practices for seniors would take these typologies into account, in particular when thinking about transportation and mobility.

10 Largest Senior Populations by Ohio County

This chart shows the senior populations for the 10 Ohio counties that have the most seniors (blue bars, left axis). Over half (51%) of Ohio's 1.6 million seniors live in one of these ten counties. With nearly 200,000 seniors, Cuyahoga County has far more seniors than any other county, followed by Franklin County, which has 117,099 seniors. The chart also shows the percentage of each county's total population that is over age 65 (yellow bars, right axis). With nearly 18% of its total population over age 65, Mahoning County has the largest proportion of seniors among these 10 counties, while at 10% Franklin County has the lowest proportion of seniors among these counties.

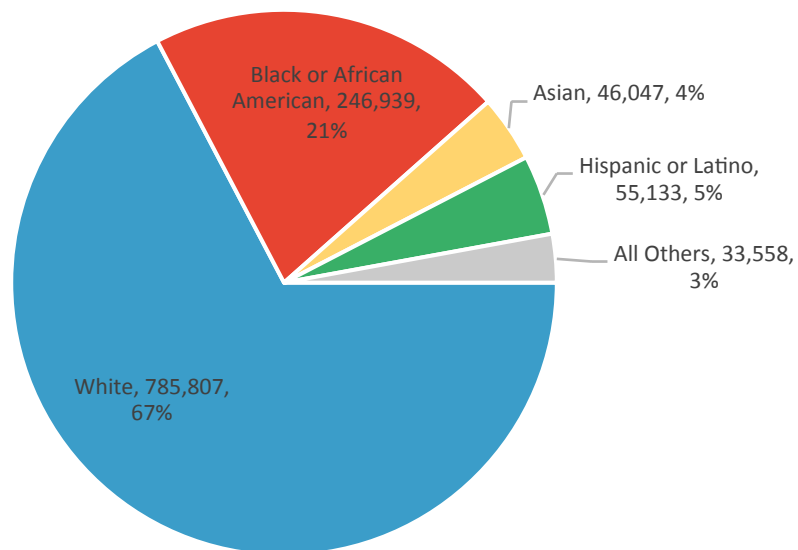


Franklin County Seniors 65+ by Race

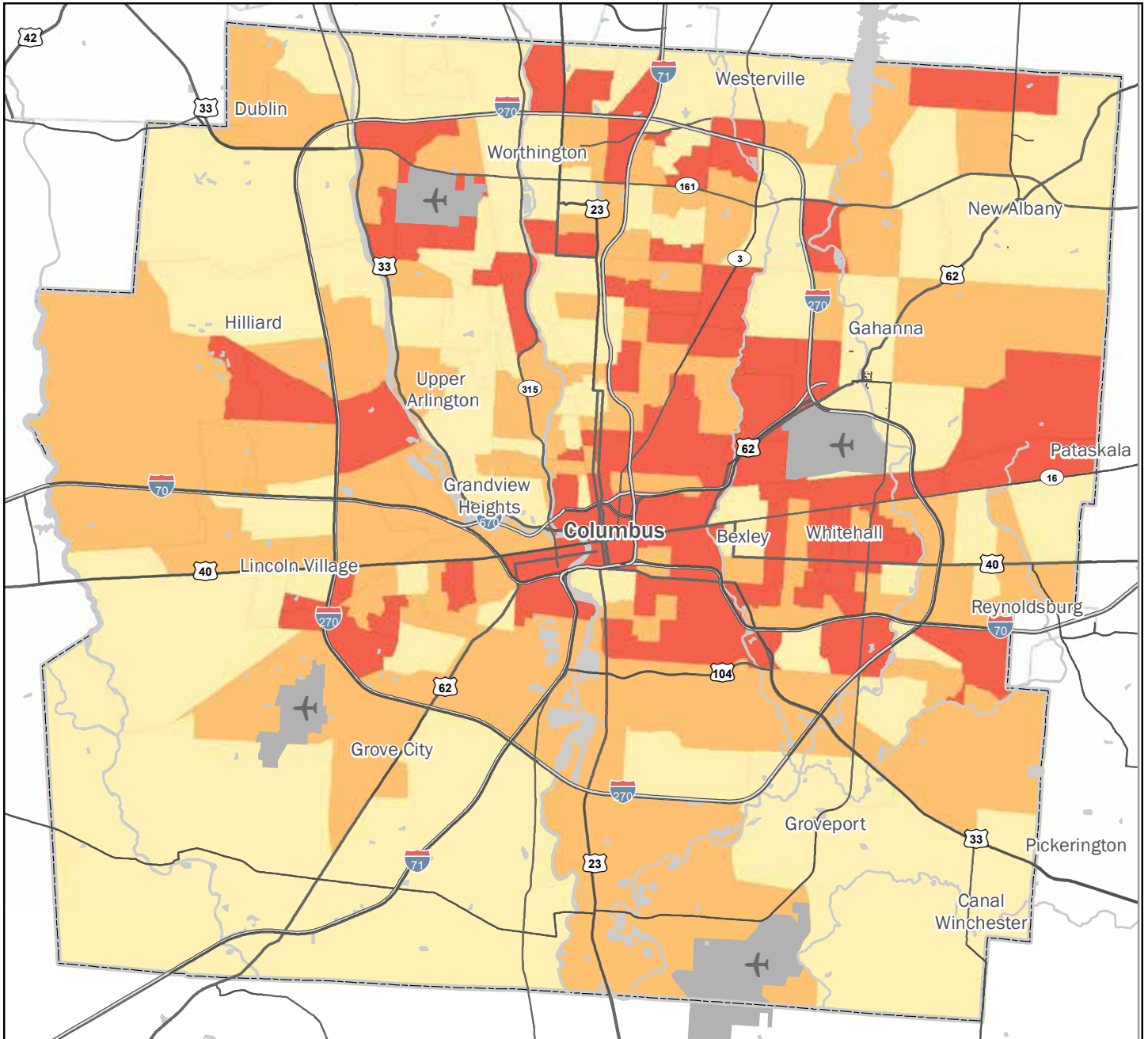


Together these two pie charts demonstrate how Franklin County's population demographics differ by age group. The chart above shows the county's senior population by race, while the chart below shows the county's total population by race. The difference in these two charts suggests two trends that are documented throughout this study, namely that Franklin County is becoming more racially and ethnically diverse, especially among younger age cohorts, and also that life expectancy varies by race, as White seniors tend to live longer, resulting in older age cohorts being proportionately more White than younger cohorts.

Franklin County Population by Race



Map 3: Senior Vulnerability Index

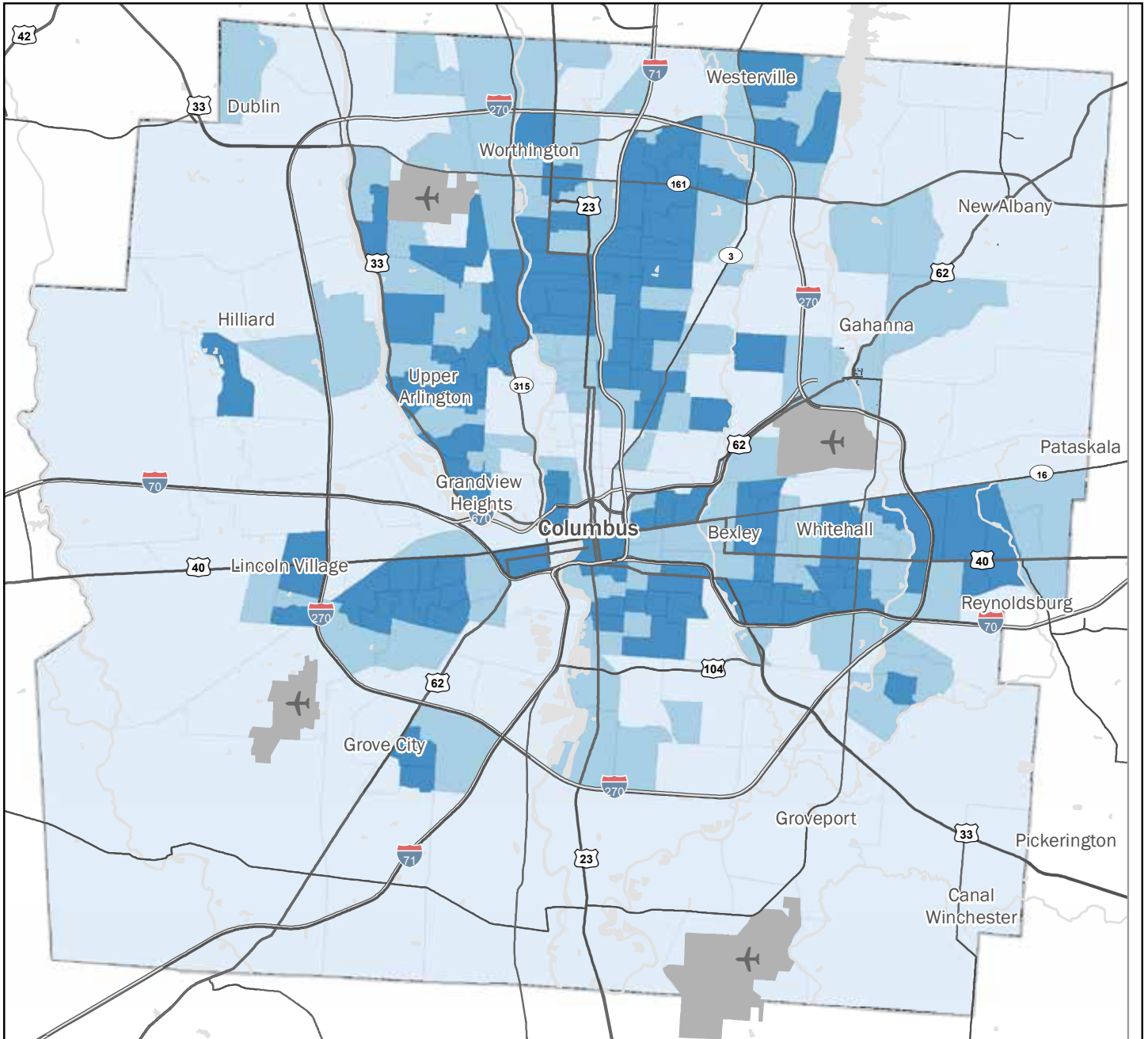


Source: American Community Survey (2008–2012)

- High Vulnerability Seniors
- Moderate Vulnerability Seniors
- Low Vulnerability Seniors

This map is based on 12 indicators of senior vulnerability that came out of the interviews conducted for the study, and were supported by findings from the literature reviews. The comprehensive vulnerability index was developed to highlight the census tracts in which seniors experience the highest rates of multiple barriers and cumulative disadvantage. The index is distributed into three categories, including High Vulnerability, Moderate Vulnerability, and Low Vulnerability. Areas in red on the map represent the tracts with the highest average rates across each of the 12 indicators.

Map 4: Population Density of Seniors



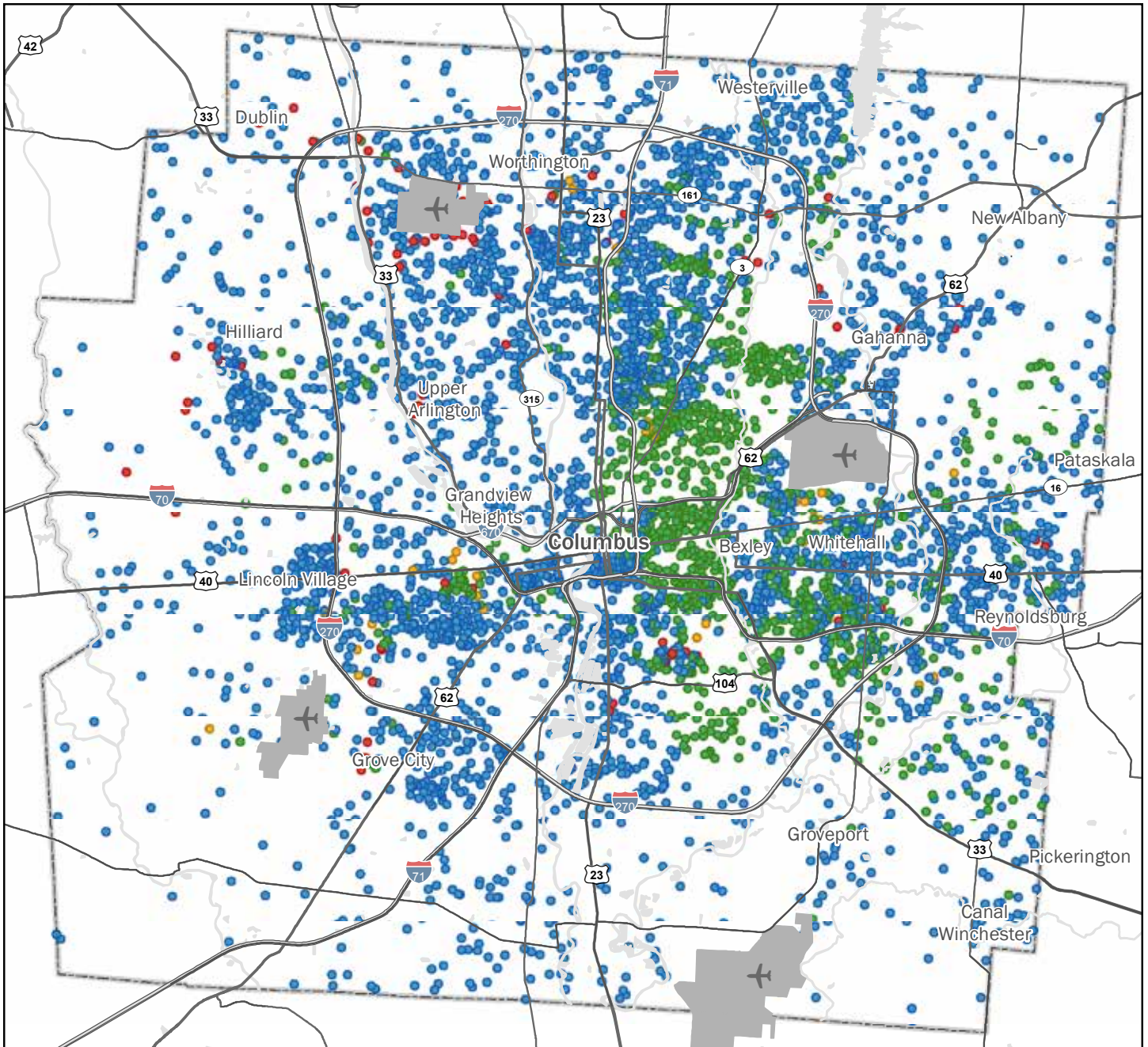
Source: American Community Survey (8-12)

Senior Population Density (seniors per square mile)

- High Density of Seniors (534–1283)
- Moderate Density of Seniors (234–533)
- Low Density of Seniors (0–233)

This map is designed to highlight the tracts with the highest concentration of seniors. The three categories illustrate the total number of seniors (ages 65+) per square mile for each tract. The darkest shade of blue represents the tracts with the highest levels of senior population density, followed by the lighter two categories.

Map 5: Density of Low-Income Senior Householders by Race

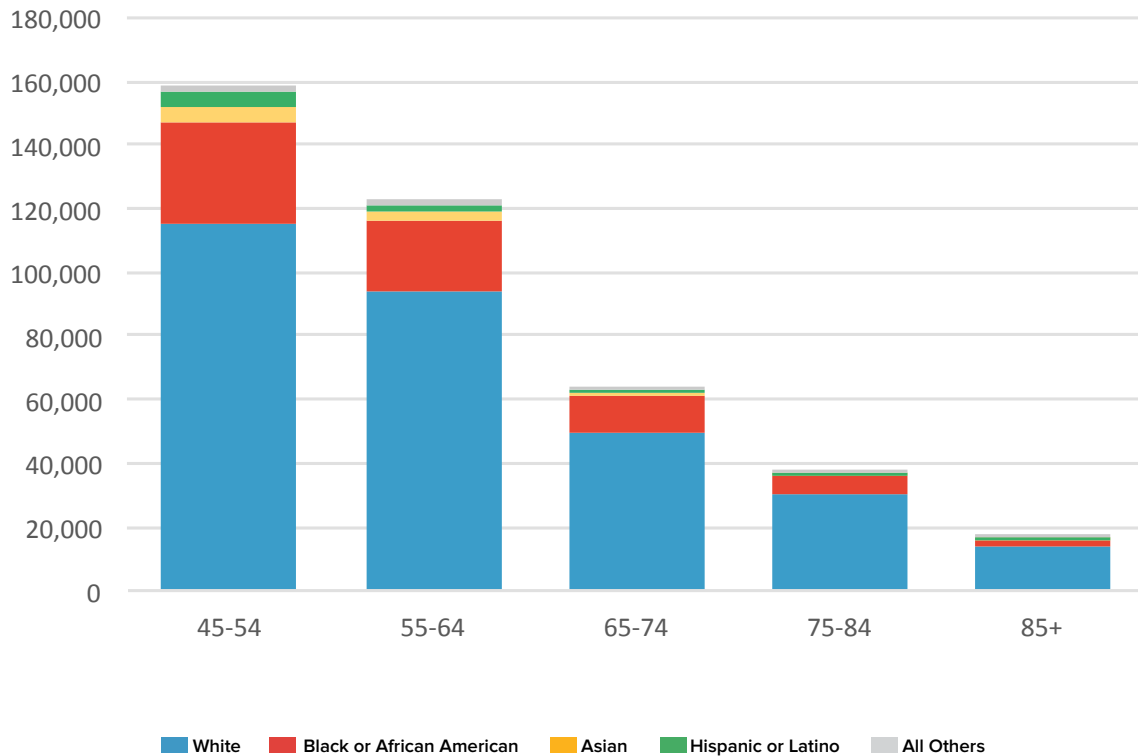


This map shows where older low-income householders live. Each dot represents 5 senior householders with annual income below \$25,000. Blue dots represent White householders, green dots represent Black or African-American householders, red dots represent Asian householders, and orange dots represent Hispanic or Latino householders.

Low-Income Household, 65+

- White
- Black or African American
- Asian
- Hispanic or Latino

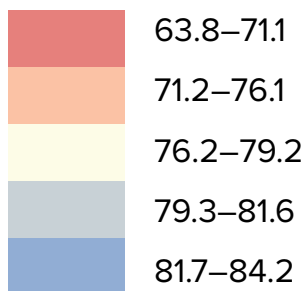
Franklin County Older Adult Cohorts by Race



African Americans represent 20.4% of Franklin County residents between the ages of 45–54, but only 14.1% of residents over the age of 85. This points to a disparity in life expectancy by Race, and demonstrates why using ages of 60, 62, and 65 to determine eligibility for services disproportionately has a negative impact on people of color. Not all seniors show signs of aging at the same rate, which is based in lifestyle, but also in layers of cumulative advantage or disadvantage. For example, African Americans in their 40s are the first cohort of black people born and raised in an American society free of legal segregation, meaning that all of today's seniors of color experienced segregated education, housing, health care, and employment during their most formative years in life.

An informative supplement to the senior vulnerability map is Franklin County’s geography of life expectancy (Map 6), calculated by ZIP Code. In many ways reflecting the outcomes one might expect based on the vulnerability map, the life expectancy map illustrates the differing, cumulative impacts of neighborhood environment, genetic factors, societal experiences, and lifestyle. The life expectancy map also suggests that current benefit eligibility standards for older adults at 60, 62, and most notably 65, may represent insufficient intervention points. These ages may simply be too late for seniors who have experienced a lifetime of cumulative disadvantage. Investments in local senior initiatives should acknowledge the different rates at which people experience the signs of aging, and incentivize earlier interventions on the part of service providers, seniors, and their family members.

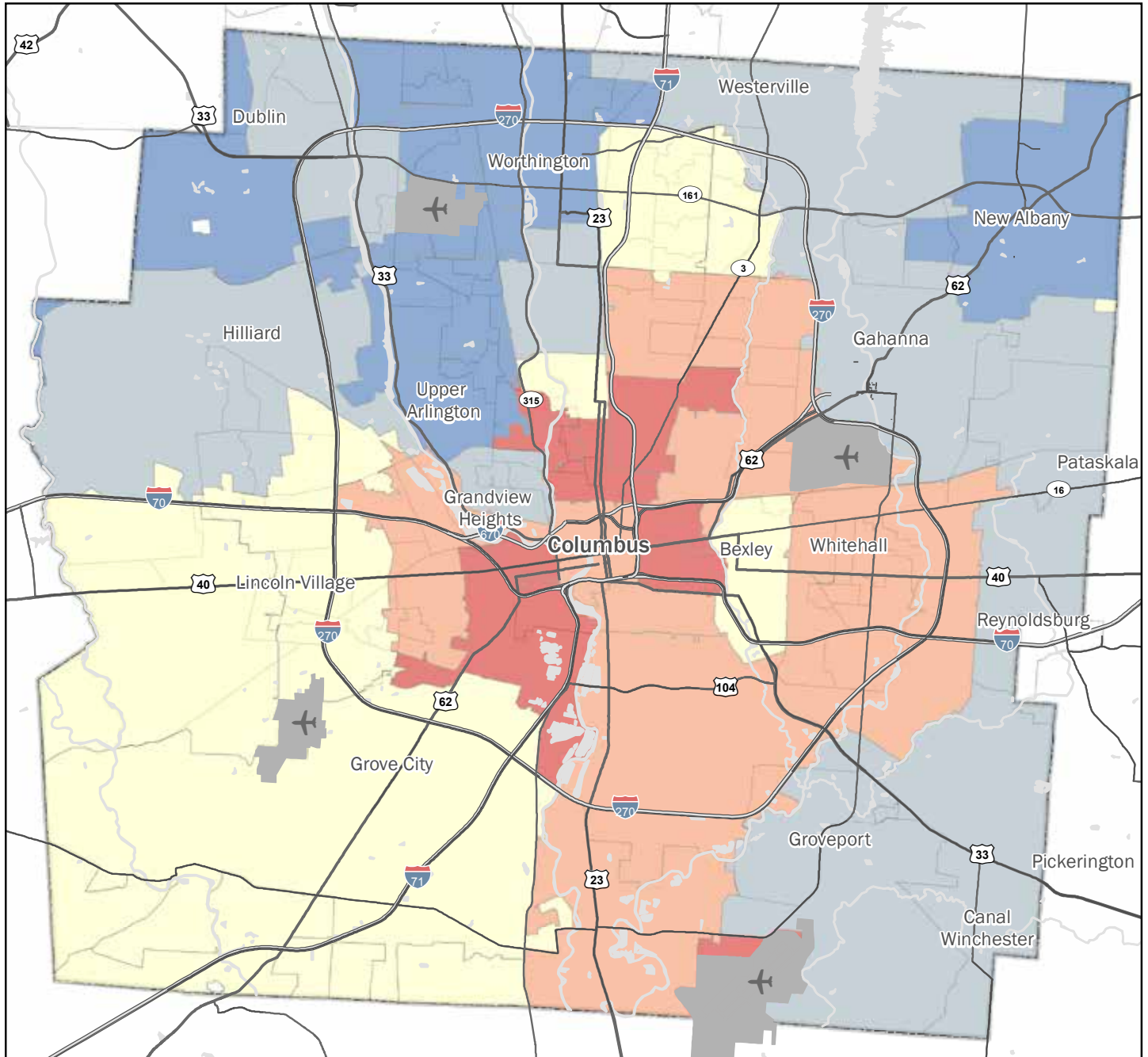
**Average Life Expectancy
(years from birth)**



Note that there is a gap of twenty years in Franklin County.

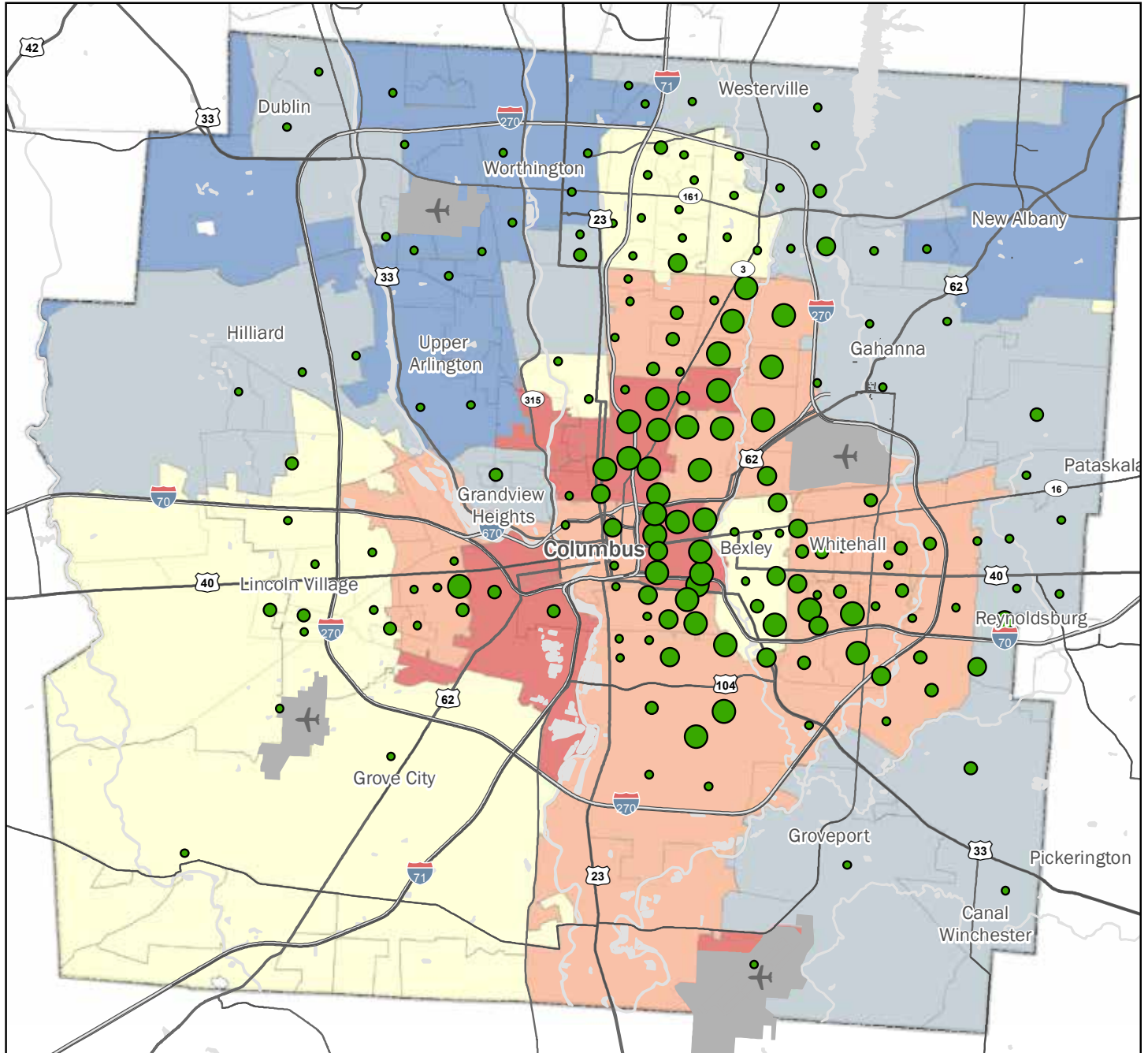
Map 6: Franklin County Average Life Expectancy by ZIP Code

This map shows average life expectancy by ZIP Code, as calculated by the Kirwan Institute for the Study of Race and Ethnicity. For more information about how life expectancy was calculated, contact Senior Researcher, David Norris, of the Kirwan Institute.



Sources: Deaths, 2007–2011, Ohio Department of Health, Vital Statistics. Population, Census 2010 (full counts by single-year age) Small area life expectancy calculations were performed using a macro-enabled spreadsheet constructed by Public Health England, South East Public Health Observatory (SEPHO) using 5-year age groupings, after methodology described in Eayres DP, Williams ES, Evaluation of methodologies for small area life expectancy estimation, *J Epidemiol Community Health* 2004;58:243-249. Spreadsheet retrieved from <http://www.sepho.org.uk/viewResource.aspx?id=8943>.

Map 7: Franklin County Average Life Expectancy by ZIP Code and African American Householders Age 65+



Sources: Deaths, 2007-2011, Ohio Department of Health, Vital Statistics. Population, Census 2010 (full counts by single-year age) Small-area life expectancy calculations were performed using a macro-enabled spreadsheet constructed by Public Health England, South East Public Health Observatory (SEPHO) using 5-year age groupings, after methodology described in Eayres DP, Williams ES, Evaluation of methodologies for small area life expectancy estimation, J Epidemiol Community Health 2004;58:243-249. Spreadsheet retrieved from <http://www.sepho.org.uk/viewResource.aspx?id=8943>.

This map shows average life expectancy by zip code, as calculated by the Kirwan Institute for the Study of Race and Ethnicity. For more information about how life expectancy was calculated, contact Senior Researcher, David Norris, of the Kirwan Institute.

Householders, Age 65+ % African-American

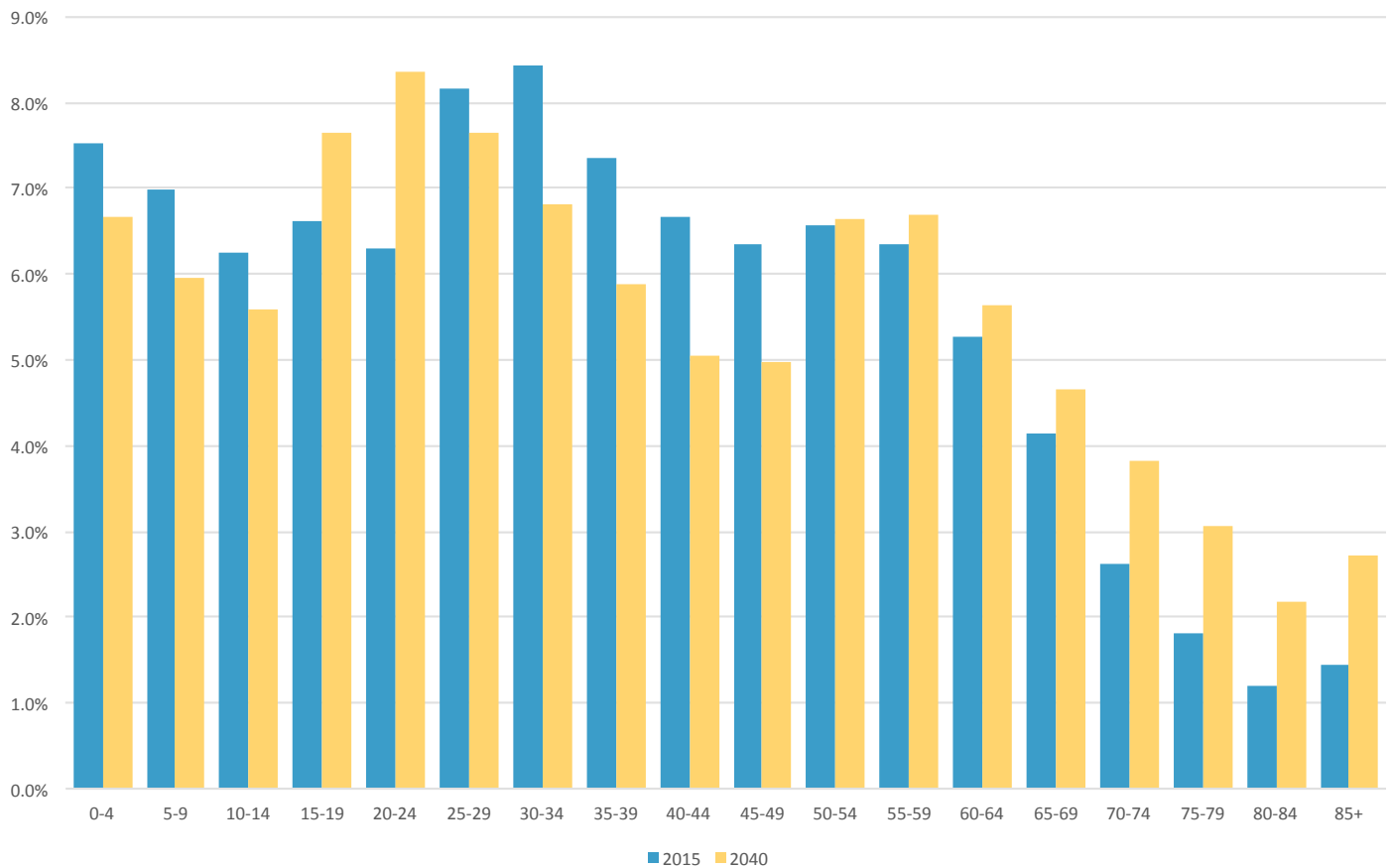
- 61 – 100%
- 41 – 60%
- 21 – 40%
- 0 – 20%

Average Life Expectancy (years from birth)

- 63.8–71.1
- 71.2–76.1
- 76.2–79.2
- 79.3–81.6
- 81.7–84.2

Franklin County Population by Age Cohort: Present vs Predicted

This chart illustrates the projected demographic shifts with regard to age cohorts, and shows that the cohorts above age 55 will continue to grow through year 2040, while the population of children and working-age adults is expected to decrease in coming decades. Among many things, this points toward a future in Franklin County in which there are fewer working-age people per senior, which suggests that programs for local seniors could become severely underfunded.



Current Systems Landscape

Several interviewees describe Franklin County as being one of the best places in which to grow old, citing the relatively robust continuum of services, programming and resources available to many local seniors. Others describe the local landscape of aging support as “program rich but systems poor.” Still others suggest that the system in place is well-networked and supportive, for those who are able to find a way in, and who meet the eligibility standards for the various forms of assistance.

Another important note about the existing support structure for older adults is that the programs in place are a complex web of federal, state, county, and municipal resources. This means that improving or reforming system components should be done in a coordinated fashion, in order to maintain or build linkages between the various providers.

The strongest structured support for seniors in Franklin County appears to be the Senior Options program; funded by the senior levy. Franklin County is one of 69 counties in Ohio with such a levy, and Ohio is one of only 15 states which has senior levies. According to a recent report from Scripps Gerontology Center, Franklin County has the largest senior levy in the state of Ohio at \$12.6 million, but only the seventh highest per capita amount at \$127.⁴

The most commonly-cited systemic challenge for seniors is transportation. As older adults’ ability to safely drive wanes, or as the costs associated with driving become too burdensome for those living on a fixed-income, many seniors are forced to consider other transportation options for the first time. Planning trips, especially with multiple destinations, becomes a complicated endeavor once an older adult is no longer able to drive. Using alternative forms of transportation such as fixed-route transit or walking is often an overwhelming adjustment for seniors who have been automobile-focused for years.

What emerges regarding the transportation challenges for seniors is the significance of the low-density nature of development in Franklin County. Whereas Columbus is the 15th largest city in the US, among places with 100,000 people or more it ranks 123rd in population density. At less than 2,200 people per square mile, Franklin County’s pedestrian connectivity and public transit system seem like options of last resort to so many residents. Interestingly, seniors’ strong attachment to automobile transportation tends to be more about the values associated with automobile ownership than the nuts and bolts of transportation. Having the car keys tends to be about maintaining independence, self-reliance, agency, and socialization, values that are tightly held especially by the **Baby Boomers, who were the first generation to grow up associating home ownership and the automobile with the American Dream.** Thus, investments in improving local transportation systems for older adults in Franklin County need to acknowledge the challenges resulting from low-density development, but also the ways in which transportation serves the greater significance of personal independence.

So the biggest challenges with regard to transportation for seniors come down to a matter of generational preference for the private automobile, and the development patterns that have led to increased dependence on automobiles. Therefore, the solutions to these complex challenges will require both short-term and long-term approaches. First, we must make strategic short-term investments with current seniors in mind by meeting them where they are and making every attempt to connect individuals to services, community, and other critical needs through means with which they are more comfortable. This could mean innovative ride-sharing programs and para-transit initiatives that leverage emerging technology, or investments to improve virtual, web-based service provision and consultation. Second, we must make strategic long-term investments that help ret-

rofit suburban landscapes to make them more walkable, livable, and integrated so that future cohorts of seniors (and all populations) have transportation options and better access to services and amenities that don't depend so heavily on the physical and financial ability to operate a vehicle.

Another strong and closely related theme is the concept of "aging in place," which also carries with it notions of independence and personal agency. A recent survey identified that 89% of all Americans over age 50 wish to remain in their homes for as long as possible.⁵ Studies have shown that the ability to age in place can lead to tremendous personal and societal costs savings. However,

"...we've grown better as a county just communicating and getting to know each other and knowing what services are out there, because the biggest thing for seniors is getting that access to resources, and that is their biggest hurdle."

Julie Wise, Senior Services Director, St. Stephen's Community House

there are a number of issues that challenge seniors' ability to remain in the homes in which they have lived for years. Even if an older homeowner has long since paid off their mortgage, living on a fixed income and the physical signs of aging can make it difficult to keep up with increasing property taxes and the demands of home maintenance. The physical design of some homes, particularly multi-story housing, can also represent a challenge to aging in place, and the costs associated with retro-fitting homes can often be too much for seniors. As one interviewee put it, there are many seniors who are house rich but money poor. Additionally, **TABLE A** supports the fact that seniors are more likely than younger cohorts to be home owners living alone while experiencing housing cost burden. Many suburban homes are situated such that non-drivers become functionally cut off from access to food, medical care, socialization and other important amenities. Lastly, although the financial crisis took a bite out of the retirement savings of many older adults, since a majority of subprime loans issued leading up to the crisis were home equity loans, often marketed towards low-income seniors of color, aging in place became an impossibility for many of the more vulnerable seniors once higher interest rates kicked in, leading to foreclosure.

Thus, aging in place is about maintaining a sense of independence, but is equally about issues of maintaining affordability, mobility, and access to amenities. With both housing and transportation there seems to be a dualism between the desire for independence and the threat of isolation. Bill Owens of the Clintonville Resource Center spoke to this concern by stating, "I'd like to see an accepted expectation for folks to be dependent on others to meet their needs; that we take away the issues of shame and people's reluctance to get services. We all want to be independent, sure, but let's make folks independent in those choices they can make about the way they live and not about whether they live or not." The disposition to age in place and continuing to drive can be positive and economical, but investments which reinforce the ability of seniors to do so must be made in a way that also support ongoing affordability, safety, and quality of life in other ways as well.

The following section explores in more detail the scope of services and programs available to seniors in Franklin County.

Scope of Local Senior Services

The Franklin County Office on Aging is a County Board of Commissioners Agency (current commissioners are Marilyn Brown, Paula Brooks and John O’Grady). The County Office on Aging runs Franklin County Senior Options (“FCSO” or “Senior Options”), Adult Protective Services (“APS”), The CommunityCare Registry (“CCR”), and The Caregiver Support Program.

Senior Options is available to Franklin County residents over age 60. FCSO provides varied assistance, ranging from home-delivered meals and adult day care to minor home repair (smoke alarms; grab bars). Senior Options serves about 6,000 older adults monthly.* Senior Options is funded by the Senior Services Levy, which has been passed by Franklin County voters every 5 years since 1992. Adult Protective Services is administered by the Franklin County Office on Aging, with funding from the Franklin County Department of Job and Family Services. Adult Protective Services are provided to older people who are mistreated or neglected. The CommunityCare Registry identifies pre-screened, self-employed home care workers who can assist with personal care, housekeeping, shopping, meal preparation and caregiver relief. The Caregiver Support Program aids caregivers of adults age 60 and older on a short-term basis. Assistance is limited to a three-month time period per calendar year, with a cost ceiling for services. The program can provide in-home respite, adult day care, caregiver counseling, institutional respite in a licensed facility, and durable medical equipment.

The Central Ohio Area Agency on Aging (COAAA) provides in-home services, resources and education for seniors in Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway and Union counties. The Older American’s Act (OAA) of 1965 provides funding for services under Title III for adults age 60 and older. There are no financial criteria to meet to receive OAA Title III services (a voluntary donation is suggested). COAAA services include everything from housing information to Medicare outreach to “PASSPORT” (Medicaid-waiver program that funds home and community-based services) to a senior farmer’s market.

Statewide agencies and coalitions focused on seniors include The Ohio Department of Aging, The Ohio Association of Area Agencies on Aging (service providers and advocates), The Ohio Coalition for Adult Protective Services, The Ohio Assisted Living Association (OALA), which represents over 575 licensed assisted living communities, and The Ohio Health Care Association (OHCA), which represents more than 800 nursing care facilities, assisted living communities and intermediate care facilities for individuals with intellectual disabilities (ICF-IID). The state also has several guides and initiatives: *The Long-term Care Consumer Guide* is an online tool that allows users to compare nursing and residential care facilities, including assisted living, and Ohio’s *Assisted Living Waiver Program*, which pays the costs of care in an assisted living facility for certain people with Medicaid. The Ohio Department of Medicaid is Ohio’s Executive-level Medicaid agency. There are more than 83,000 active Medicaid providers, reaching over 2.7 million residents of Ohio. A related office is the Governor’s Office of Health Transformation, which is overseeing Medicaid expansion and the integration of Medicare and Medicaid benefits, along with other Medicaid-related initiatives.

Medicare—a national program—is relevant to Franklin County seniors (and Ohio seniors) not only because of its widespread utilization, but because of the pilot program managing clients who qualify for both Medicaid and Medicare in 29 Ohio counties, including the Central Ohio counties of Delaware, Franklin, Madison, Pickaway, and Union. This program is called “My Care Ohio.” Beginning May 1, 2014, Ohio contracted with four current plans (Buckeye, CareSource, Molina, and United) and one new plan (Aetna) to coordinate services. As of October 2014, MyCare Ohio plans have enrolled almost 100,000 Ohioans.

*There are 171,282 people over the age of 60 in Franklin County.

The Columbus Settlement Houses serve new Americans, older adults (age 60 and over), minorities, people who are underemployed, families living in poverty, and residents at high risk of falling through the social safety nets. The Settlement Houses together provide services to areas comprising over a third (38%) of the total number of people living in Columbus over the age of 65.

Settlement houses typically provide transportation for seniors, help connect families to social supports and services, and arts-based learning for youth aged 5-19. Small group transportation is also provided by Canal Winchester Human Services and Community Development For All People, which are not settlement houses. The Columbus Federation of Settlements, which represents member settlement houses, also provides policy and procedure development, marketing, IT improvement, and staff training.

In addition to these common services (only Godman Guild does not provide senior transportation or support services), settlement houses provide many other neighborhood-based services, such as after-school programs, senior services, and summer activities for school-age children. For example, Central Community House connects residents to early education child care, the Ohio Benefit Bank, a computer lab, financial education, food and nutrition programs, and income tax assistance. CCH supports community organizing, and is developing the Walter and Marian English Center for Art and Community.

Settlement houses are largely supported by government funding and generous donations from corporations, foundations, The United Way, and individuals. The funding mix varies by settlement house. For example, Central Community House received 41% of its funding from United Way, 37% from government, and 16% from individuals, with the remaining 6% coming from fees, events, grants, and investments in 2012. Godman Guild's 2012 Annual Report lists literally hundreds of donors. St. Stephen's 2014 Annual Report cites the largest share of funding from Franklin County Children's Services (29%), Community Agencies (16%), Contributions (16%), Franklin County Job and Family Services (14%), United Way (9%), and the City of Columbus (7%), with the remaining 9% coming from various county, state, and fee supports.

COLUMBUS SETTLEMENT HOUSES:

Central Community House (serving 43205, 43206, 43207)
1150 East Main Street, Columbus, OH 43205
614-252-3157
www.cchouse.org

Clintonville-Beechwold Community Resources Center (serving 43214)
14 W. Lakeview Avenue, Columbus, OH 43202
614-268-3539
www.clintonvillecrc.org

Gladden Community House
183 Hawkes Avenue, Columbus, OH 43223
614-227-1600
www.gladden-us.org

Godman Guild Association (and Camp Mary Orton)
303 East Sixth Avenue, Columbus, OH 43201
614-294-5476
www.godmanguild.org

St. Stephen's Community House (serving 43004, 43211, 43219, 43230, 43231, and 43229)
 1500 East 17th Avenue, Columbus, OH 43219
 614-294-6347
www.saintstephensch.org

Neighborhood House Inc. (serving 43203 and 43213)
 1000 Atcheson Street, Columbus, OH 43203
 614-252-4941
www.neighborhoodhouseinc.org

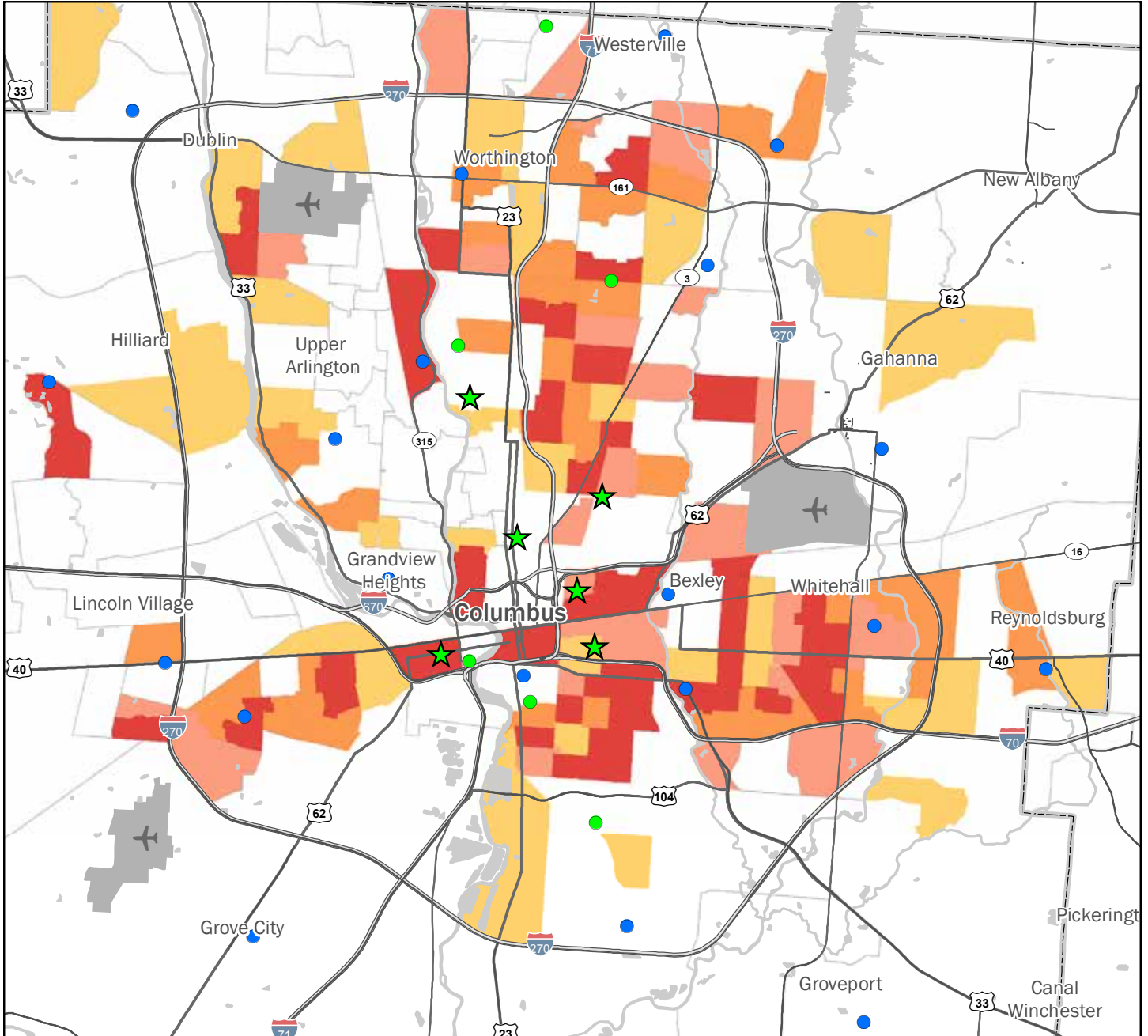
In addition to settlement houses, which serve a wide variety of individuals, quite a few senior centers are operating across Franklin County. Each center is unique, but they are typically run through a municipal Parks and Recreation Department. Historically, senior centers in Franklin County have been places for activities and socialization, but they have not been service providers, nor do they employ professional social service or health care staff. If health or social services are offered, they are usually delivered via outside providers. Below are a few examples of local senior center services:

Worthington's *Griswold Center* serves people 55 years of age or older and their spouses, regardless of age. All programs are also available to all adults over 18 years of age after member registration. The Griswold Center offers programs in arts, drama, sports, fitness and education, and organized trips. The center includes socializing and gathering places, such as a large multi-purpose room, art room, and meeting spaces. The *Gahanna Senior Center* is open to all senior adults ages 55 and over. The Center offers recreation, education, community programs, and many volunteer opportunities. The annual membership fee is \$20 for residents and \$30 for non-residents. *Westerville Senior Center* memberships are available to adults age 55 or older and their spouses. Fees are \$12/year for residents and \$18/year for non-residents. A newsletter provides information on all programs and regular activities. Transportation is provided to members in the City limits of Westerville for programs at the Senior Center and Community Center (as available), and for shopping trips to grocery stores and malls, medical appointments within the school district, and staff-directed trips.

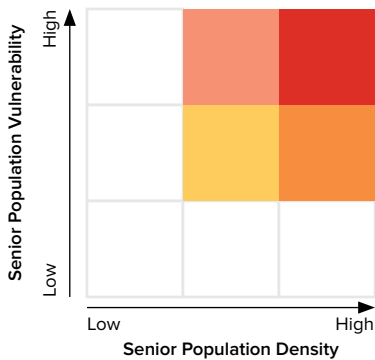
The National Council on Aging reports that there are nearly 11,000 senior centers in operation serving one million older adults each day. Senior centers are diverse in terms of size, location, funding, and services offered. Most provide nutritional, social, educational, and recreational programs, while some provide health and wellness programs and one-stop shopping for benefits and public assistance. Older adults who access these services can find a multitude of physical and psychosocial benefits. Senior centers, per se, are not interventions; rather they are places where interventions can take place. For example, one recent study⁶ examined a behavioral weight-loss intervention in senior centers and found that center participants lost significantly more weight than those in a control group. Other researchers evaluated a culturally sensitive diabetes prevention intervention and found that the intervention was effective in the senior center setting. These studies indicate that the senior center may be a good vehicle for reaching older adults and a suitable platform for conducting interventions.

There are, however, certain factors that can increase the reach and impact of senior centers. Accessibility is a primary concern, both in terms of physical and cognitive disability and transportation. Senior centers that provide a wide range of services and activities designed for those with high functional capacity, as well as comprised functional capacity, are able to serve a greater number of older adults. Senior centers that are centrally located and provide reliable transportation also have a greater reach. Assessing and meeting the needs of the particular communities that senior centers serve is also an important consideration. This is especially valid for senior centers that

Map 8: Settlement Houses and Senior Centers



Sources: American Community Survey, 2008–2012; Columbus Federation of Settlements, 2014; Central Ohio Area Agency on Aging, 2014



- City of Columbus Senior Centers
- Other Senior Centers
- ★ Settlement Houses

This map shows the locations of Settlement Houses and Senior Centers relative to the tracts that have the greatest concentration of vulnerable seniors. These establishments provide important services and programming to the seniors of their communities. Although some of them cite specific zip codes as their target areas for eligibility, interviewees stated that some services are offered to those outside of the formal service boundaries

serve ethnically-diverse and age-stratified older adult populations. Senior centers that know the preferences of their community can effectively plan programming that is appealing and valued. Anticipating future needs is also important, as the needs and desires of older adults are rapidly changing with the aging of the Baby Boomer generation.

Lastly, unique, place-based programs for seniors may be focused on a particular neighborhood, innovative service, or pilot program. They are typically supported through membership fees, fundraising, volunteer work, and partnerships with place-based anchor institutes like The Ohio State University. Franklin County examples include “STAY UA,” German Village Connections, and the proposed Poindexter Intergenerational Day Care Center.

The City of Upper Arlington’s Fire Division partnered with National Church Residences in a service coordinator program that facilitates keeping older adults and residents with disabilities safely in their homes. “STAY UA” is believed to be the first program of its kind in the country. The program assists seniors with everything from preventing falls to home maintenance. Seniors are oftentimes linked through (non-emergency) calls received by the Upper Arlington Fire Division to a service coordinator.

Senior centers are not interventions; rather they are places where interventions can take place

Upper Arlington also has its own Commission on Aging. The UACOA was established as a private non-profit organization in 1981. It is comprised of a volunteer board of professionals in the field of aging, as well as city leaders. The mission of the Commission is to provide information, advocacy and support for older adults in the Upper Arlington area and their caregivers. The UACOA works in partnership with many local agencies, including the City of Upper Arlington Police and Fire Divisions to provide many services in the community, ranging from “Project Lifesaver” to Medicare Counseling.

German Village Connections serves the neighborhoods of German Village, Schumacher Place, Merion Village, The Brewery District and Downtown Columbus. All members receiving services are at least 50 years of age and pay annual dues of \$500 per person or \$750 annually for a 2-person household. As funds allow, annual dues are reduced to \$100 for members with documented financial need. Because membership income will not cover all services, the village model includes fundraising. Neighborhood volunteers assist members with transportation and minor household chores. The Village Connections screens vendors who provide discounted home maintenance, home care, and other services. It also develops strategic civic, corporate, educational, and health alliances. Developed by long term German Village residents, GVC is the first initiative of its type in central Ohio.

Community Partners invested in the Poindexter Intergenerational Day Care Center (proposed to open in 2015) include National Church Residences Center for Senior Health (NCR), the provider of Adult Day Services and associated supportive services/care at the Intergenerational Center; Columbus Early Learning Centers (CELC), the provider of Early Childhood Development Services in the Intergenerational Center; Columbus Metropolitan Housing Authority (CMHA), the owner of the facilities and lease holder for all partners; PACT (Partners Achieving Community Transformation), a partnership between the City of Columbus, The Ohio State University, the Columbus Metropolitan Housing Authority and Near East Side Stakeholders; and The Ohio State University Colleges of Medicine (including the Office of Geriatrics and Gerontology), Social Work and Nursing. Partners are hoping to serve approximately 56 children and 50 older adults each weekday.

Of Special Note: Services for Immigrants

Franklin County's foreign-born population is a fairly diverse group, hailing primarily from Mexico, Central and South America, Asia, and sub-Saharan Africa. Of particular note, Central Ohio (including Franklin County) is home to a well-established Somali community, estimated at 45,000 people. According to the US Census Bureau, the immigrant population nationally tends to skew younger, with an estimated 80% of all immigrants falling between 18 and 64 years of age. However, there are a growing number of foreign-born older adults nationally and in Franklin County in need of tailored, specialized services.

In Franklin County, there are a number of providers who address the needs of older immigrants. Many turn to traditional sources of support, such as Franklin County Job and Family Services or Franklin County Office on Aging. More specialized programs and services also exist, such as those offered through Community Refugee & Immigration Services (CRIS). Among other services, CRIS provides citizenship classes, health services, and housing support for free or at a sliding-scale for immigrants age 60 and older. Other agencies, such as Jewish Family Services and the Somali Community Association of Ohio, provide tailored programs that address specific community needs. These programs include language training, acculturation support, housing support, employment assistance, and congregate meals.

Franklin County provides culturally-specific food programs through LifeCare Alliance. LifeCare Alliance provides monthly vouchers to eligible clients for use at designated Somali restaurants (Hashi, Diyax, West International Café, African Paradise, and Café Nazionale), where they can receive free or reduced-cost meals. Coupons are distributed at the East African Community Center and the Somali Bantu Youth Association. For the Asian program, a LifeCare Alliance staff person who ensures eligibility is present at a particular restaurant; then that restaurant bills LifeCare Alliance. Participating restaurants include Panda Inn, Helen's Asian Cuisine, Sunflower, and Ming Flower. Kosher Cuisine is available through the Leo Yassenoff Jewish Community Center.

Understanding the diversity of older immigrants plays a critical role when looking at the effectiveness of support programs for older immigrants. Factors such as country of origin, pathway to immigration, race, culture, education, and English-proficiency are all important considerations. Culturally-competent services that are tailored to the specific needs of a population and of each older adult or family influences program effectiveness. For example, researchers have found that much of the disparities in screening and outcomes for diseases such as breast and cervical cancer in immigrants can be attributed to culturally-based beliefs, fears, and mistrust. Interventions that are tailored to the specific culture can help to increase screenings and prevention, as was found in a recent intervention targeting Korean-American couples. Other researchers have suggested such approaches with Somali women and men for cervical and prostate cancer screenings. Incorporating culture into interventions and avoiding generic approaches that lack specificity and sensitivity are key.

Trends, Gaps, and Shifts

One thing seems certain: the Franklin County senior population will continue to grow in coming years, expanding the scale of challenges faced by aging cohorts today. Population data from the Census, along with projected figures from the Ohio Department of Development, indicate that **Franklin County's 65-and-over population will grow from 115,706 in 2010 to 224,340 by the year 2040, representing a 94% increase.** Compounding this growth is the expectation that the ratio of employment-age to retirement-age individuals will decrease from 6.3 in 2010 to 3.5 by 2040. While this trend may have some positive implications for individuals in the future labor market, it also means that there will be nearly half as many workers contributing to the pools of funding that support older adults in their retirement years, and fewer caregivers per senior.

Table B: Franklin County Forecasted Aging Patterns

	2010	2015	2020	2025	2030	2035	2040
Population, Age 65+	115,706	134,350	158,380	185,430	205,910	216,770	224,340
% of Population Age 65+	9.9%	11.2%	12.8%	14.6%	15.8%	16.3%	16.4%
Work Age/Retirement Age Ratio	6.3	5.5	4.6	3.9	3.6	3.5	3.5
Age 65+ Population Growth	-	16.1%	17.9%	17.1%	11%	5.3%	3.5%
Total Population Growth	-	3%	3.3%	2.8%	2.3%	2.3%	2.5%

Another significant demographic trend that is already impacting how we care for older adults in Franklin County is the growing portion of the population that is made up of people of color and immigrants. Since 1990, the percentage of the population that is non-White alone has grown from 18.5% to 32.7%, and the share of the county's population that is foreign-born has gone from 3.4% to 9.2%. Karin Blythe of Community Refugee and Immigration Services (CRIS) pointed out that the need for more interpreters and better enforcement of interpreter laws is necessary to adequately care for the aging immigrants in Franklin County. Not only is there a need for more language interpreters, there is also a growing need for physicians, caregivers, and service providers to care for increasingly diverse and vulnerable senior cohorts. As these demographic patterns continue, training pipelines for medical and helping professions must change to reflect the needs of a more diverse population.

Table C: Franklin County Aging and Demographic Trends

	Census 1990		ACS 2012	
	Count	%	Count	%
Non-White	177,437	18.5%	381,677	32.7%
Non-White Senior	12,118	13%	23,037	19.7%
Senior	92,662	9.6%	117,099	10%
Total	961,437	-	1,167,484	-

Gaps: Connections and Coordination

In terms of understanding the most significant gaps in local senior support systems, two broad themes of **Connections** (including **Eligibility**) and **Coordination** consistently emerged from the interviews and focus group discussion. Together these areas represent what appear to be the most significant local obstacles to improved quality of life for older adults.

The theme of *Connections* represents the challenges many local seniors experience with making the administrative and logistical connections to the array of benefits, programs, and services, as well as the challenges associated with the physical transportation connections to locations where services, activities, and socialization take place. For this reason, a major part of the recommendations prioritizes investments that could help local seniors get connected to existing resources and support, and better connect seniors to destinations throughout the county.

Eligibility qualifications represent a specific gap that appears to hinder many seniors' ability to connect with existing forms of support. This gap takes a few different shapes, but primarily involves difficulties understanding **eligibility age, geography, income, and citizenship status**. The benefit application process and eligibility maintenance can be a difficult course to chart, especially for seniors who lack agency and technical skills.

A second aspect of eligibility is based on **income requirements** for certain programs such as Medicaid, whereby individuals who do not qualify for aid can go through a "spend down" process by gradually relinquishing their income and assets until they do qualify for assistance. This process (which also manifests in Social Security benefit eligibility) in many ways discourages older adults from saving for retirement or increasing their income so as not to jeopardize their eligibility. Some of the residents of Restoration Plaza (a low-income senior community located in a tract in *Northland* identified as a place of high senior density and vulnerability) who participated in a focus group talked about how finding part-time employment has threatened their Social Security, food, and housing assistance in such a way that made earning additional money a net loss in income.

A third major gap with regard to benefit eligibility is related to **citizenship status**. As the share of the population that is foreign-born continues to increase, more local seniors speak English as a second language, if at all, and have yet to become US citizens. While this may be a politically volatile topic, the reality for many older immigrants, especially those who are refugees from extremely impoverished parts of the world, is that they may never become fluent enough in English or American history and government in order to become citizens, and thus never eligible for the many benefits that they may need in order to avoid homelessness and further health risks.

Coordination is a closely related gap identified in the responses of those who participated in the interviews and focus group. The coordinating role of advocates has shown to have a tremendously positive impact on seniors' health and quality of life. Family caregivers are the most common examples of these advocates, but can often become overwhelmed themselves as they attempt to juggle the responsibilities and constraints of their own lives while caring for their older loved ones. It is also common for family members to be attempting to coordinate care from a remote location in another part of the state or nation, limiting their ability to adequately address the needs of their aging family members. The need for respite for family caregivers was consistently identified by interviewees, and research shows that caregivers often need assistance from other professionals, specialists, and administrators in order to coordinate care and activities for their older family members.

Fortunately, there are some local examples of how to fill some of the common coordination gaps. Focus group participants all agreed that the service coordinator at Restoration Plaza, whose role seems akin to that of an orchestra conductor, is an important advocate who helps facilitate many of the connections that make life manageable for residents. Similarly, the service coordinator for STAY UA, Christine Leyshon, works with vulnerable older adults in the community to understand their underlying needs. Christine enables fire and EMS workers to focus on the services they are most equipped to provide, while more appropriately addressing the needs of older members of the community. In the absence of these coordination efforts, many seniors fall through the cracks in local systems, becoming overwhelmed by the challenges of keeping up with life's demands amid scarce resources.

Shifts: Demographic and Programmatic

Investments to improve quality of life are always taking place amid shifting landscapes of policy reform, market behavior, and technological advancement. These shifts can be seen in both state and federal reform of Medicare and Medicaid administration, as well as through local programming, which are changing to adjust for what some are referring to as a “Silver Tsunami.”

Significant policy and programmatic shifts are taking place in health insurance, healthcare delivery, and care management, all of which are aimed at reducing the cost of health care while also maintaining or even improving the quality and effectiveness of care. However, as multiple transitions begin to occur over the next 6–12 months, there are many unknowns that could be potentially life-threatening while officials, administrators, care providers, and seniors adjust.

One of these transitions began with the Centers for Medicare and Medicaid's approval of Ohio's plan for an Integrated Care Delivery System (ICDS) in December 2012, and impacts care management for older adults, particularly those individuals who are considered “dual eligible,” meaning they qualify for Medicaid and Medicare. In Franklin County, 16,225 dual-eligibles must select between managed care companies Molina or Aetna to provide services under a blended capitated payment system by January 2015, or individuals will be assigned to a provider. The ICDS creates new opportunities and challenges for providing quality behavioral and physical health care, including long-term care, for low-income seniors in Franklin County.

There are also some meaningful shifts taking place with regard to housing for seniors. Though the market has been slow to pick up on the changing housing needs of older adults, the fact that over 50 million Americans now live in multigenerational households is beginning to have an impact on how senior housing is developed. There are over 14,000 multigenerational households in Franklin County. Multi- and inter-generational household needs, as well as universal design concepts, are changing the way developers design new residential products and retrofit older units. New projects like Griot Village in Cleveland are beginning to support older adults who are caretakers for children or grandchildren. Kendal at Oberlin is a retirement community that integrates intergenerational programming and daycare, where older adults, children, and college students regularly interact in mutually beneficial and supportive ways. The “Village Concept,” a more naturally occurring intergenerational model based on an initiative in the Beacon Hill neighborhood of Boston, is being adapted for local neighborhoods like German Village and Clintonville.

Yet another trend in housing is the integration of housing and health care, as “enriched living and care” models begin to break new ground in senior housing. Andrew Bailey of the Ohio Housing Finance Agency (OHFA), which is responsible for administering Ohio's housing tax credit program, stated that affordable senior housing developers like National Church Residences are now looking

for holistic residential concepts that carefully support seniors' needs and desire for independence while also attempting to save on Medicare expenditures through improved coordination of housing and health care. Beginning in 2016 as part of a broader reform of the tax credit program, OHFA will be targeting an entire pool of funding to senior housing that encourages these more integrated development models which better support the goal of helping seniors "age where they want to age."

These same trends in household dynamics which are impacting residential development and care provision are also changing the role of local senior centers. The increase in multigenerational households and care arrangements is leading to new models for community centers that integrate the senior center into a multigenerational community center setting. This is part of the vision behind the new Poindexter center, which integrates early childhood development, university research and learning, and adult day-care under one roof.

Additionally, whereas in previous eras senior centers have served as exclusive spaces primarily for interaction among retired individuals, Jeff Althouse of the Westerville Senior Center pointed out that there is an increasing number of older adults, particularly those from the Baby Boomer generation, who are seeking programming that is more active and integrated. For some seniors who are healthier longer this means things like adventure recreation programming, but also for those who are working longer whether by choice or necessity it means programming that meets the needs of working seniors. Part of this appears to be coming from a difference in generational values, in which the Boomers who are aging well desire to remain more integrated with other generations rather than to become segregated by their age. The result of these trends—occurring among seniors of different age cohorts, socioeconomic backgrounds, and health status—is a shift in which senior centers are gradually becoming more integrated into other community programming and inter-generational initiatives.

A more ongoing but still rapidly developing shift is the technological growth taking place amidst the information age. Social media is already helping to facilitate networking which can improve connections between older adults and their friends, family members, caregivers, and physicians. Car and ride-sharing "apps" could develop into models that support healthy independent living for older adults who face transportation challenges. Physical health, risk of falls, and various diseases can also be more accurately assessed thanks to advanced monitoring technology. As technology continues to develop, there will be new ways to apply it to the challenges facing older adults in ways that improve program administration and enhance social connectivity. Moreover, the aging baby boomers are a cohort who seem very in tune with tech solutions like smart phones and social media—much more than even older adults. In the next decade there will be ample opportunity to use technological solutions to facilitate engagement and decrease isolation among older adults.

Local Concerns, Key Issues, and National Innovative Practices by Domain

The study focused on the issues of **housing, health care, caregiving, civic engagement, transportation and mobility, and employment**. Local concerns and key issues within these domains consistently fell into the following four themes, many of which cut across multiple domains.

Local concerns that cross multiple domains

- Franklin County has a relatively unique and rich array of resources for older adults who can access them, but it isn't enough to meet the growing needs of the community.
- For the growing number of older immigrants in Franklin County, citizenship, language and cultural barriers impact access to all forms of care and assistance.
- Benefits eligibility standards represent a significant systemic challenge. They can be a disincentive to increase personal income and savings, limit the aid available to some of the most vulnerable seniors (such as those with moderate incomes but other acute needs), and can exclude foreign-born seniors with language and/or educational barriers.
- Getting connected to existing services and assistance is a tremendous challenge for many older adults and their caregivers, and navigating the complex systems for older adults is often a discouraging disincentive.

The existing evidence about how to tackle these complex concerns is limited, but promising. Translating emerging practices into the unique communities and neighborhoods in Franklin County will require innovative thinking and careful evaluation. Much of the current knowledge on supporting seniors and family caregivers focuses on specific, distinct interventions on the individual level. There is emerging evidence for program level and community-wide efforts, but considerable research is needed to understand what works for whom under what circumstances. Franklin County is well-positioned to contribute to a greater understanding of how to address emerging areas of need for seniors. The development of state-of-the-art practices with rigorous examination of results to support the connection, navigation and coordination of services for seniors and caregivers, in particular those living in poverty, is needed to make transformative changes in Franklin County. It can't be stressed enough that improvements in one domain invariably cuts across domains, and the benefits ripple through the lives of older adults, their families, and the community. For example, improvements in transportation options can improve access to health care, civic engagement opportunities, and family support networks.

The following domain profiles are based on more comprehensive literature reviews which can be found in the appendix of this report.

Housing

LOCAL CONCERN

- Quality, safe, and affordable housing for seniors is lacking.

KEY ISSUES – NATIONWIDE

- The majority (72%) of older persons live alone or with a spouse in their own home or apartment.
- Only a small percentage (3.1%) of older people reside in skilled nursing facilities.
- Functional decline, lack of transportation, accessibility, and home maintenance can limit older adults' ability to age in their own homes.
- There is an insufficient amount of subsidized housing available for older adults.

INNOVATIVE PRACTICES

- **Home Maintenance and Modification** - Imagine if all elders in Franklin County who needed lawn maintenance, grab bars installed, or a wheelchair ramp built, could access these services and pay a price that they could afford.
 - » **Program Examples:**
 Rebuilding Together (<http://rebuildingtogether.org>). This volunteer-based initiative supports home repair needs of low-income older adults.

 City of Cleveland Lawn Care Services. The City of Cleveland provides lawn services for low-income seniors through partnership with local Boy Scout troops.

 Economic and Community Development Institute. Columbus senior home repair and retro-fit grant program.
- **Home Sharing** - Imagine a matching service that connects seniors with roommates who can share housing needs and resources.
 - » **Program Example:**
 Home Sharing (<http://nationalsharedhousing.org>)

Health Care

LOCAL CONCERN

- Shifts in healthcare management are intended to yield long-term improvements, but the transition will be challenging, and currently there are concerns from both patients and providers.

KEY ISSUES – NATIONWIDE

- Older adults are now living longer with more chronic conditions such as dementia, heart disease and stroke, cancer, diabetes, arthritis, obesity, and respiratory disease.
- Older adults who are poor and who are in minority groups have higher rates of illness and shorter lifespans. These disparities have been attributed to cultural norms, lower ed-

educational attainment, less access to and use of preventative healthcare services, and less trust in the healthcare system.

- By 2020, the costs of Medicare and Medicaid, the primary public funders of health insurance are projected to rise to \$867 billion (57% increase) and \$476 billion (90% increase), respectively.
- Healthcare delivery systems are exploring new ways to provide high quality and cost effective care in the least restrictive care environment possible.

INNOVATIVE PRACTICES

- **Healthcare Navigators** – Imagine if older persons knew how to access and had the ability to pay for a professional to assist them with negotiating the healthcare system to meet their individual needs.
 - » **Program Example:**
Geriatric Care Managers (<http://www.caremanager.org>)
- **Physician House Calls** – Imagine all older adults with disabilities having the option to receive primary care in a location that is most convenient for them, in their homes.
 - » **Program Example:**
OSU Healthy at Home (<http://oncampus.osu.edu/wp-content/uploads/2012/03/p14-1-24.pdf>)
- **Technology** – Imagine living in a county where cutting edge technology is routinely used to increase access to healthcare specialists, assess and improve brain health, optimize medication administration, monitor patients, assist and treat individuals with chronic illness.
 - » **Program Example:**
Technology to Assist Aging Well (<http://www.techandaging.org/briefingpaper.pdf>)

Caregiving

LOCAL CONCERN

- Caregiving is a critical element in the lives of many seniors, but it takes a toll on private caregivers, while community resources are insufficient.

KEY ISSUES – NATIONWIDE

- The majority of care provided for elders is by family caregivers. A third of the population at any given time is engaged in caregiving.
- Family caregivers, in particular those caring for individuals with dementia, experience high levels of stress resulting in negative physical and emotional health and financial outcomes.
- Spousal caregivers seem to experience more negative outcomes compared to adult children who are family caregivers.
- Asian-American and Hispanic caregivers report higher levels of burden and depression than White non-Hispanic caregivers.

- Working family caregivers cost employers trillions of dollars in lost wages, healthcare costs and other lost opportunities.
- Some family caregivers report personal growth, increased coping capacities and resilience, spiritual growth and fulfillment, and improved relationships with the care recipient. We don't know what programs work for whom.

INNOVATIVE PRACTICES

- **Corporate Leadership in Caregiver Support** – Imagine if the largest employers in Franklin County provided work environments that supported family caregiving.
 - » **Program Example:**
Respect a Caregiver's Time: Corporate Leadership for Family Caregivers (<http://www.aarp.org/react/>)
- **Need for Participatory Research** - Imagine if family caregivers in Franklin County engaged in efforts to develop, implement, and evaluate family caregiver services that meet their unique needs.
 - » **Program Example:**
The Harry and Jeanette Weinberg Foundation Caregiver Initiative (http://hjweinsteinfoundation.org/wp-content/uploads/downloads/2011/09/HJWF-Caregiver-Initiative-Showcase_V7.pdf.) This is an effort to test the effectiveness of caregiver support programs that engage diverse caregivers in the planning, implementation, and evaluation efforts.

Civic Engagement

LOCAL CONCERN

- Transportation barriers often limit social life and **civic engagement** for older adults.

KEY ISSUES – NATIONWIDE

- Older adults who volunteer experience higher levels of quality life and fewer mental and physical health challenges.
- Older adults who participate in civic activities are healthier, have more friends in their neighborhoods, and a higher sense of control over the quality of their neighborhoods.
- Older adults, even with physical or cognitive limitations, have the desire and ability to contribute to their communities.

INNOVATIVE PRACTICES

- **It takes a Village**—Imagine neighborhoods across Franklin County where neighbors help neighbors remain in their own homes and apartments safely, as they age.
 - » **Program Examples:**
Beacon Hill Village, MA (<http://www.beaconhillvillage.org>)

The Village Connection, German Village, OH (<http://www.villageconnectionsco-lumbus.org>)

- **Older Adults with Disabilities Helping Others** – Imagine residents in nursing homes and adult day care centers across Franklin County addressing real community needs by volunteering their time to assist children, families, and organizations.
 - » **Program Example:**
Nursing Homes and Civic Engagement (<http://www.ncbi.nlm.nih.gov/pubmed/20336573>)
 - Intergenerational Day Care Center (<http://ogg.osu.edu/intergenerational-day-care-center>)
 - Kendal at Oberlin (<http://kao.kendal.org/life-style/intergenerational/>)

Transportation & Mobility

LOCAL CONCERN

- Limited transportation options for those who cannot drive make it complicated to coordinate all of life's travel needs, and the low density of development in Franklin County limits alternative modes.

KEY ISSUES – NATIONWIDE

- Thirty-three million licensed drivers are over the age of 65. The risk of fatal crashes increases after the age of 75 and many older adults chose to limit their driving.
- When older adults can't drive or walk independently, they face significant mental and physical healthcare risks resulting in social isolation and premature nursing home placement.
- Older adults who did not use public transportation earlier in their lives do not use public transportation later in life. Public transportation accounts for only 2 percent of trips by older adults.
- Many older adults report living in communities where sidewalks, bike lanes, and bus stops are inadequate to their needs.

INNOVATIVE PRACTICES

- **Door to Door Demand-Response Transportation** -- Imagine a service in Franklin County where an older adult can make a phone call and received transportation on a sliding fee scale, where the driver will provide a steady arm to assist them into and out of the vehicle.
 - » **Program Example:**
Independent Transportation Network (<http://www.itnamerica.org>).
- **Livable Communities** – Imagine a neighborhood in Franklin County that has safe pedestrian access to employment opportunities, grocery stores, health care, shops, and recreational opportunities.

- » **Program Example:**
Westchester County, New York (<http://www.livablecommunitieswestchester.org>)

Employment

LOCAL CONCERNS

- Many older adults have to work longer in order to pay for the expenses of life. Retirement savings tend to be insufficient, especially since the recession, and low-income seniors risk losing benefits if they attempt to increase their income through employment. Getting back into the workforce can be difficult due to physical limitations and shifts in the market of labor skills, and few job supports for older workers exist.

KEY ISSUES

- Older adults make up a growing percentage of the workforce. Even now, 1 in 5 workers are aged 55 and older.
- African-American and Hispanic elders, in particular those with limited education, experience higher rates of unemployment.
- Older adults face barriers to employment including ageism, racism, disability challenges, and limited training.

INNOVATIVE PRACTICES

- **Employment Programs for Older Adults** - Imagine if all older adults in Franklin County who want part-time and flexible work opportunities have jobs.
 - » **Program Example:**
Senior Community Service and Employment Program (<http://aging.ohio.gov/services/seniorcommunityserviceemploymentprogram/>). This is a successful program that is underfunded and not widely known by many who could benefit.
- **Financial Planning and Bill Paying Services** – Imagine if all seniors in Franklin County had access to free financial planning, budgeting, and bill paying services. What if every 60 year old who visits a primary care physician receives a referral to a free financial planning and bill payment program, specifically for seniors?
 - » **Program Example:**
The American Association of Daily Money Managers (<http://www.aadmm.com>) in partnership with The American Association of Family Physicians (<http://www.aafp.org/home.html>)

ENDNOTES

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