



Age-Friendly Cleveland Assessment



A REPORT by THE CENTER FOR COMMUNITY SOLUTIONS

January 2016

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PREFACE

This report was prepared by the applied research team of The Center for Community Solutions, in collaboration with staff from the City of Cleveland Department of Aging. The project would not have been possible without the support of the Cleveland Foundation, McGregor Foundation, and Saint Luke's Foundation. Photos throughout the report were provided by the City of Cleveland Photo Lab.

We would like to express our gratitude to the many residents and community partners who collaborated with us to make this report possible. This includes members of the Age-Friendly Cleveland Advisory Council and Domain Groups, and especially the chair of the Age-Friendly Cleveland Executive Council, Dr. M.C. "Terry" Hokenstad. Our thanks go out to survey respondents, providers who encouraged participation by their clients, focus group participants, community leaders, data partners, and the Cleveland Department of Aging staff.

While municipal government can provide leadership and create policy to encourage age-friendly action, it cannot do so in a vacuum. The support of the entire community will be needed to move beyond assessment and planning and into implementation.



The Center for Community Solutions is a nonprofit, non-partisan think tank with offices in Cleveland and Columbus, that identifies, analyzes, and explains key health, social, and economic data and issues, and proposes non-partisan solutions to improve the lives of Ohioans.



The Department of Aging is committed to ensuring Cleveland is an age-friendly community by enhancing the quality of life for Cleveland seniors and adults with disabilities through advocacy, planning, service coordination and the delivery of needed services.

Introduction

Cleveland is home to over 69,000 residents age 60 and older, who have a wide range of characteristics, abilities, strengths, and needs. This number is likely to grow over time, as people are living longer and healthier lives.

The World Health Organization (WHO) established the Global Network of Age-Friendly Cities as “an international effort to help cities prepare for two global demographic trends: the rapid aging of populations and increasing urbanization.”¹ The network identifies eight domains of city life that might influence the health and quality of life of older adults:

1. Outdoor spaces and buildings;
2. Transportation;
3. Housing;
4. Social participation;
5. Respect and social inclusion;
6. Civic participation and employment;
7. Communication and information; and
8. Community support and health services.

In 2014, the City of Cleveland became a member of the WHO Global Network of Age-Friendly Cities and later joined the AARP Network of Age-Friendly Communities. Participation in these networks should enhance the city’s standing as a community for people of all ages and abilities.

Cleveland’s application to the WHO builds on the Elder Friendly Communities Pilot Project, which sought to assess the needs of older adults and make recommendations to create a community so elder friendly that current older residents desire to remain, former residents wish to return, and new residents are recruited based on elder friendly aspects of the city and it’s neighborhoods. Working in partnership with community organizations, the City has undertaken a number of initiatives. Some of the most impactful were a city- wide transportation program and a multi-department Senior Initiative to address the most challenging housing and social service needs of Cleveland older adults.

Age-Friendly Domains



Outdoor Spaces and Buildings



Transportation



Housing



Social Participation



Respect and Social Inclusion



Civic Participation and Employment



Communication and Information



Community Support and Health Services

According to the Department of Aging, the Age-Friendly Cities initiative is an opportunity to reassess the needs of the community and respond with an action plan to build upon current programming and develop innovative solutions. The Cleveland Department of Aging is charged with ensuring Cleveland is an elder-friendly community by enhancing the quality of life for older adults and adults with disabilities through advocacy, planning, service coordination, and the delivery of needed services. The Department of Aging's efforts to increase age-friendly aspects of the city of Cleveland are supported by Saint Luke's Foundation, the McGregor Foundation, and the Cleveland Foundation. The Council on Older Persons, a group of experts and practitioners in the field of aging in Cuyahoga County, also endorsed the project.

According to the WHO, an age-friendly city is an inclusive and accessible urban environment that promotes active aging.

The WHO Global Network links participating cities to WHO and each other; facilitates the exchange of information and best practices; fosters interventions that are appropriate, sustainable and cost-effective for improving the lives of older people; and provides technical support and training. Members in the AARP Network have made the commitment to "actively work toward making their community a great place for people of all ages."² In order to join the WHO Global Network, cities must complete an application, submit a letter from the mayor indicating their commitment to the Network cycle of continuous improvement, and commence a cycle of four stages: Planning, Implementation, Progress Evaluation, and Continuous Improvement. This report was prepared as part of the planning phase of the Age-Friendly Cleveland initiative, which includes a baseline assessment of the age-friendliness of the city, development of a three-year city-wide plan of action based on assessment findings, and identification of indicators to monitor progress.



From April, 2015, through January, 2016, The Center for Community Solutions conducted research and analysis to complete an assessment of the age-friendliness of Cleveland, Ohio, to meet the diagnostic requirements of the WHO process. Needs assessments provide information on the scope of an issue, what services are needed to address it, and what populations need those services.

Our research focused on adults ages 60 and older and included consulting with the Advisory Council and staff of the City of Cleveland Department of Aging, reviewing existing reports on issues impacting older adults, analyzing demographic and other secondary information, surveying older adult residents of Cleveland, and holding focus groups.

The WHO developed a checklist of essential features of age-friendly cities. We used this checklist as a guide for assessing the current status of age-friendliness in Cleveland. The WHO emphasizes the inclusion of older adults as full partners in the assessment process. Therefore, we relied heavily on the input of older adult residents of Cleveland to determine their impression of the components of age-friendliness overall and in each of the eight domains. Our method of collecting primary data from older residents had three components: facilitated focus group discussions, a comprehensive survey of a randomly selected representative sample of older adult residents, and a shorter outreach questionnaire distributed by service providers and the Department of Aging. In total, we collected feedback from well over 1,000 residents of Cleveland aged 60 and over.

The project engaged dozens of community leaders, service providers, and stakeholders. A diverse Advisory Council is guiding the Age-Friendly Cleveland assessment and planning processes. The council consists of community members and key personnel from a number of city departments with expertise in one or more of the domain areas. The council met bi-monthly and reviewed interim data from this assessment several times throughout the process. They also provided feedback on the design of the comprehensive random sample survey and implementation of the shorter outreach survey.

An Executive Committee, drawn from the larger Advisory Council, met on an as-needed basis with project staff to problem solve and ensure desired outcomes were being met. The Executive Committee and Advisory Council includes decision makers at organizations with the expertise to move improvement strategies forward.

Domain groups, each including at least one Advisory Council member and other community representatives with expertise in the specific domain areas, provided recommendations, assisted in the identification of age-friendly issues, strategies, and survey questions.



Project oversight was provided by the city's Director of Aging, Jane Fumich. Department staff member Emily Muttillio served as project manager. The Center for Community Solutions was engaged for the assessment and planning components of this initiative. A member of Mature Services' Encore Career Network and graduate student interns provided additional project support and assisted with the focus groups.

Quebec City produced a “Guide to implementing the age-friendly municipality initiative,”³ which provides a framework for conducting what they refer to as the diagnosis phase of an age-friendly initiative. The Guide states, “Remember: the success of the next stages depends on the quality of the diagnosis,” and recommends that assessments include four components: statistical profile of the community, community survey and resources, identification of older people’s needs, and summary of the diagnosis.

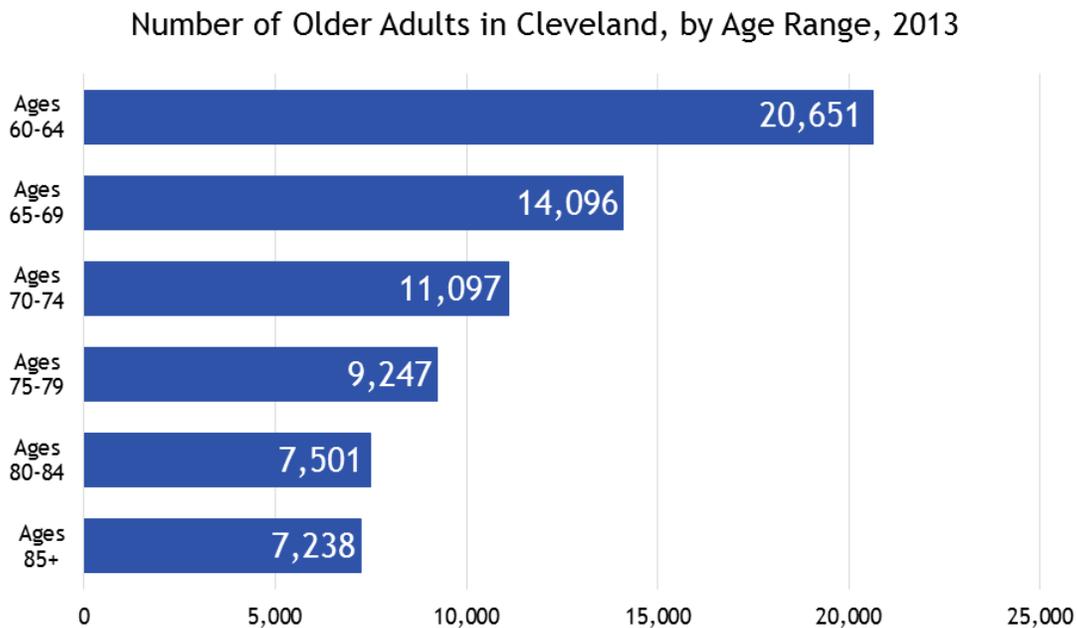


This report goes beyond a summary of findings, and seeks to provide key information to inform the Age-Friendly Cleveland planning process going forward. Each includes in-depth analysis, followed by highlights. For each domain, survey research, focus group findings, and demographic data are presented to describe and assess its current status in the city, including both strengths and opportunities for growth. A data profile of Cleveland residents age 60 and older also accompanies the report,

to outline the characteristics of older adults in our unique community. The appendices contain supplemental information, which may be of use as the planning, evaluation, and continuous improvement phases commence. This report, especially survey results, can serve as a baseline when progress is evaluated in the future. Overall, the information collected and presented here will serve as the building blocks as the community plans for the future. Through these efforts, the City of Cleveland and its partners seek to create an environment where older adults can remain engaged members of the community, safe from crime and violence, physically active, financially stable, healthy, and embraced by neighborhoods, friends, and family.

Older Adults in Cleveland: A Profile

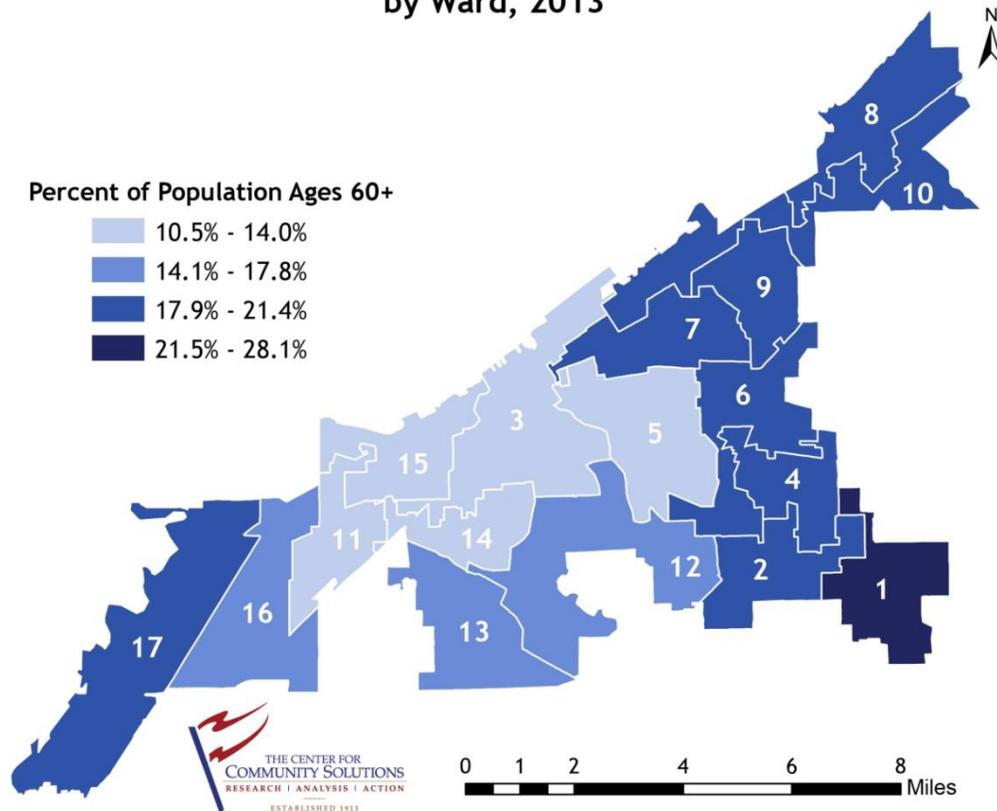
According to five-year estimates from the U.S. Census Bureau's American Community Survey (ACS), there are an estimated 69,715 individuals age 60 and over living in Cleveland, Ohio.⁴ This represents 17.7 percent of the total population of the city. About 25 percent of older adults (age 60 and older) in Cuyahoga County live in Cleveland.



Source: U.S. Census Bureau, American Community Survey

About 6.1 percent of Cleveland residents are 75 years old and older, or about 24,000 people. The median age of the population 60 and over is 70.1 years old (see Appendix I). The percentage of older adults varies significantly among Cleveland wards,⁵ ranging from about 10 percent in central parts of the city to over 20 percent in outer wards. Ward 1, in the southeastern corner of Cleveland has the greatest concentration with 28.1 percent of residents age 60 and older.

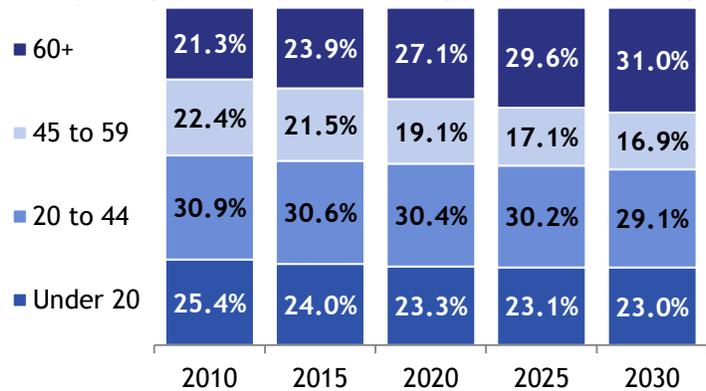
Percent of Cleveland Population Ages 60 and Over, by Ward, 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates ⁶

Overall, data speak to a growing senior population across Cuyahoga County. Adults ages 60 and over were only 21.3 percent of Cuyahoga County’s population in 2010. By 2030, this group’s population share is projected to grow to 31 percent, outnumbering youth under 20 years old. This projected proportion is higher than the projections for the state as a whole (28.7 percent). However, while the share of older adults is projected to increase, in recent years, because of population loss, Cleveland has experienced a decline in the number of residents age 60 and older. Approximately 4,960 fewer older adults reside in Cleveland than did in 2009, representing a decline of nearly 7 percent.

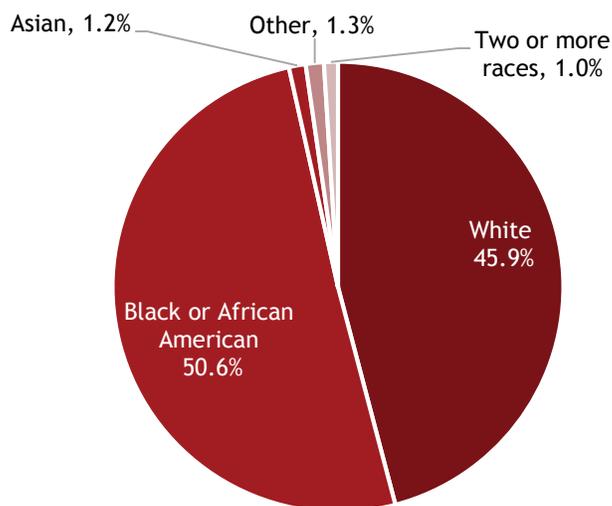
Cuyahoga County Senior Population Growing



Race and Ethnicity

Cleveland older adults are racially diverse. Slightly more than half of those age 65 and older are Black or African American, while 45.8 percent are White. An estimated 1.3 percent are Asian. Four percent of older adults in Cleveland of any race report being of Hispanic or Latino origin. Thirty-nine percent of those individuals 65 and older in Cleveland are male, while 61 percent are female. In contrast, 47.5 percent of the overall population in the City is male, and 52.5 percent are female.

Race/Ethnicity of Cleveland Older Adults (Ages 65+)



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-year Estimates

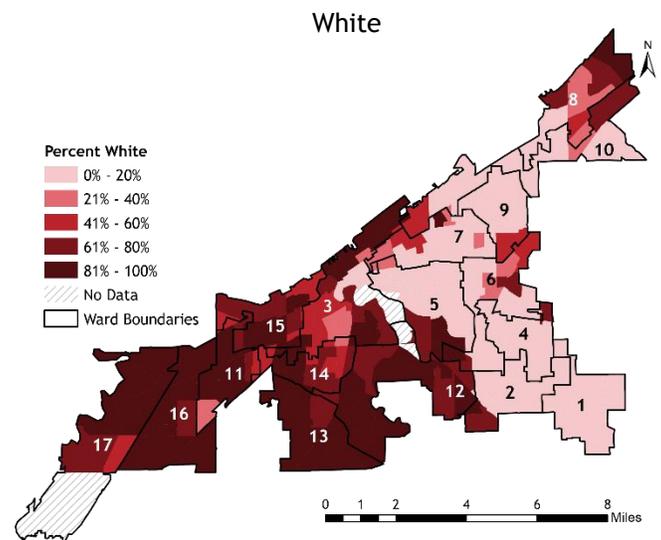
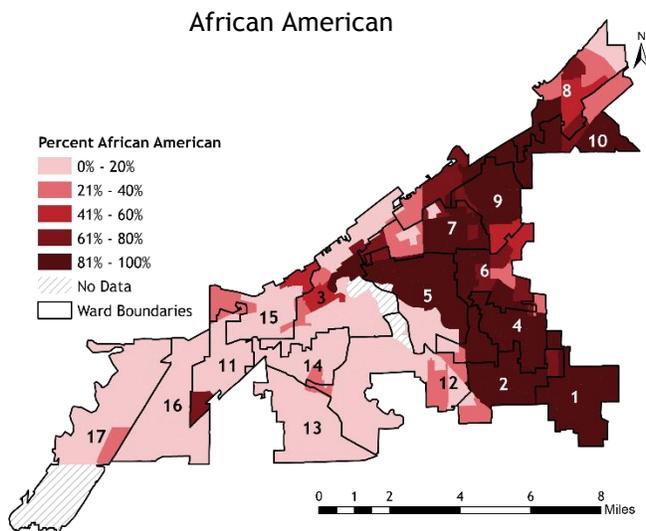
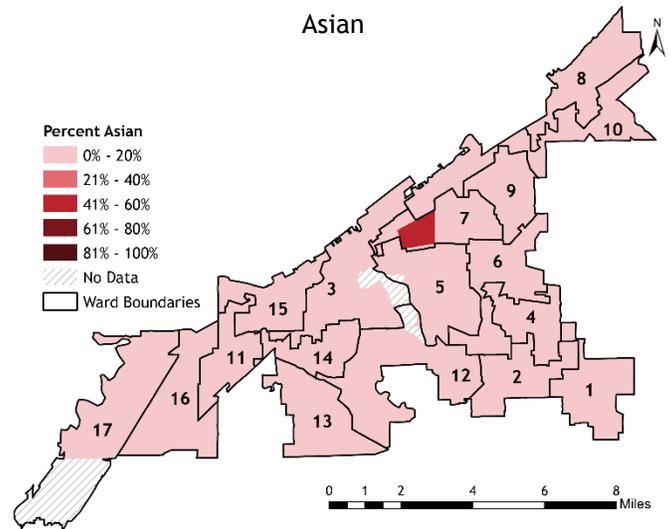
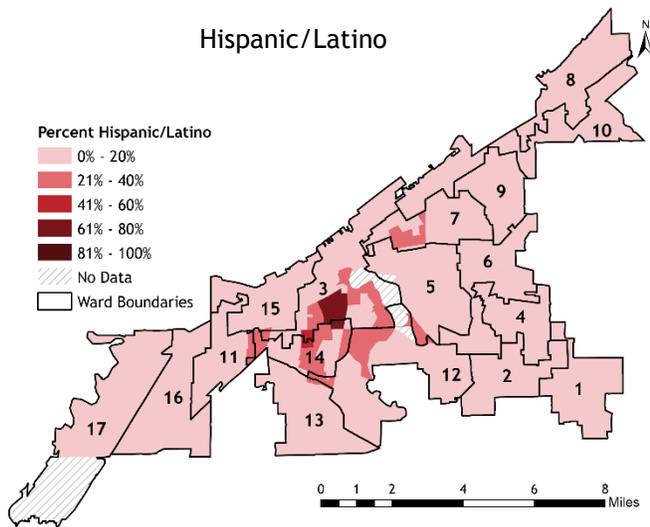
Race by Ward

The following maps demonstrate the variation in the racial makeup of older adults in Cleveland's wards. Overall, older adults on the eastern side of the city are more likely to be predominately African American, while the western wards have higher percentages of older adults who are White. The wards with the highest percentage of Hispanic older adults are Wards 3 and 14; Ward 7 has the highest percentage of older adult residents who are Asian (see Appendix II).

Language Spoken at Home

Over 90 percent of Cleveland residents age 60 and older speak English only, while 9.6 percent speak a language other than English. Among those, 5.7 percent speak English "less than very well." The most common primary languages for these individuals are Spanish, Chinese, and Arabic.

Geographic Distribution of Older Adult Population (Ages 65+) in Cleveland by Race/Ethnicity, by Census Tract, 2013

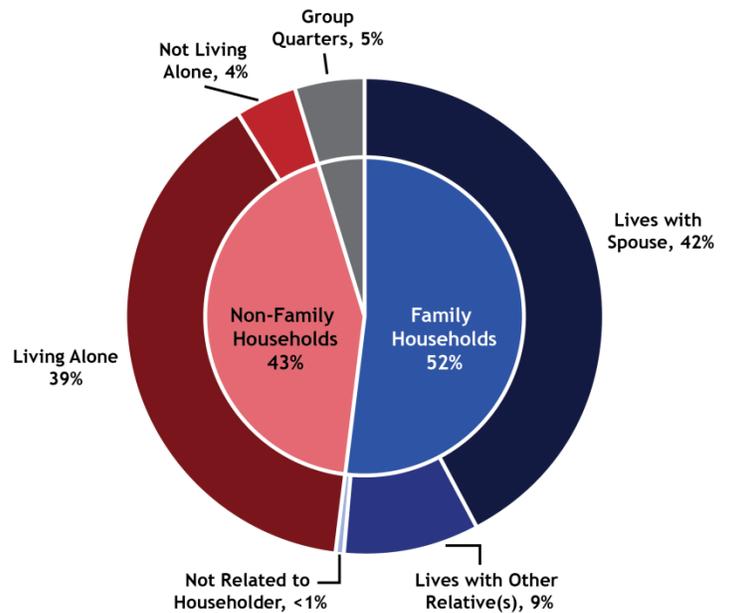


Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-year Estimates

Households

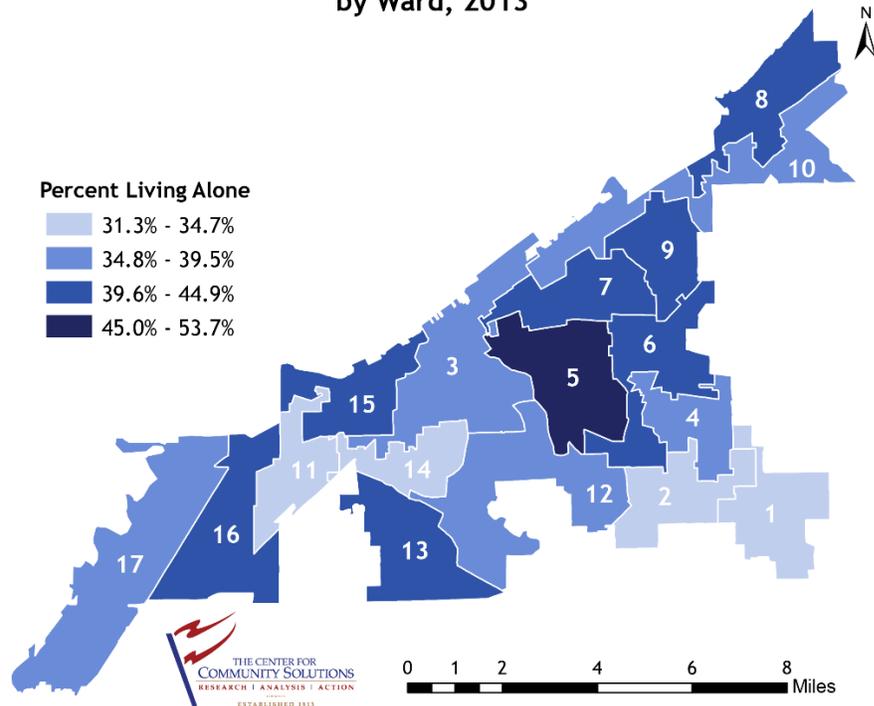
According to the U.S. Census Bureau, “a family household is a household maintained by a householder who is in a family...and includes any unrelated people (unrelated subfamily members and/or secondary individuals) who may be residing there. The number of family households is equal to the number of families.” In Cleveland, over half of older adults ages 65 and over live with family, such as a spouse, children, or other relatives. About 40 percent of Cleveland older adults live alone. As the map below reveals, older adults living alone are most concentrated in Ward 5, where 53.7 percent of older adults live alone (see Appendix III). Five percent of Cleveland’s older residents live in group quarters such as nursing facilities. Older adults in assisted-living units are counted as being in households.

Household Type of Older Adults (Ages 65+), 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

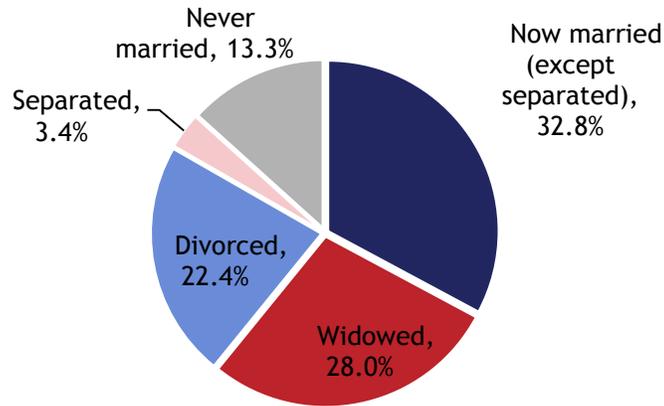
Percent of Adults Ages 65+ Who Live Alone, by Ward, 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

One-third of older adults are married, compared to 25.6 percent of the overall population in Cleveland. Twenty-eight percent of older adults are widowed.

Marital Status of Older Adults in Cleveland (60+)



Source: American Community Survey 5-year estimates (2009-2013)

Grandparent Caregivers

Overall, there are approximately 5,000 grandparents living with and responsible for grandchildren in the city, however approximately two-thirds of these grandparents are under the age of 60. Approximately 5 percent of Cleveland older adults live with their grandchildren, and 2.4 percent are living with and responsible for the care of their own grandchildren. This represents approximately 1,675 adults over age 60. Of these grandparents, 28 percent are White; 68 percent are Black or African American. Nearly 40 percent of these grandparent caregivers live at incomes below poverty.

Educational Attainment

Sixty-eight percent of the older adult population in Cleveland have a high school degree or higher. However, 32 percent, or over 22,000 Cleveland older adults did not finish high school. This is a substantially higher percentage than for total population age 25 and older; 22.6 percent overall did not complete high school.

EDUCATIONAL ATTAINMENT OF THE POPULATION 25 AND OVER, CLEVELAND, OHIO

	Ages 60+	Ages 25+
Less than high school graduate	32.0%	22.6%
High school graduate, GED, or alternative	35.4%	33.2%
Some college or associate's degree	22.0%	29.3%
Bachelor's degree or higher	10.6%	14.9%

Source: American Community Survey 5-year estimates (2009-2013)

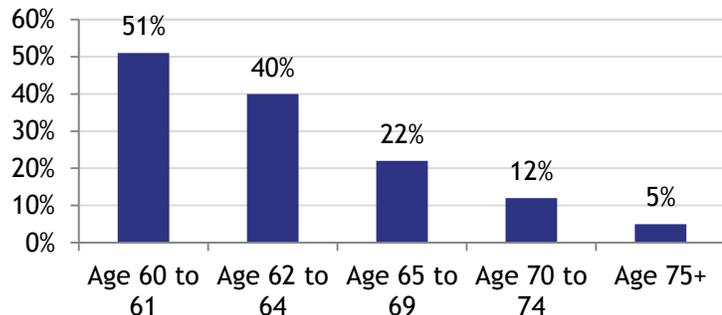
Income and Employment

Employment

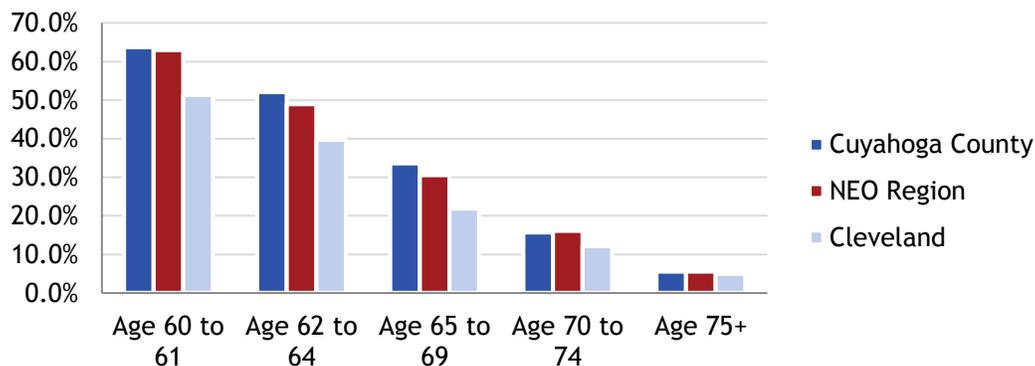
Labor force participation is the percent of the population that is either employed or looking for work. Although some workers retire early, in recent decades the overall trend for older adults ages 65 to 69 has been increased labor force participation.

Overall, labor force participation in Cleveland is approximately 21.2 percent for the population age 60 and over. There is, however, a marked decline as older adults age. While over 50 percent of the residents age 60-61 are either employed or seeking work, only 5 percent of adults age 75 and older are in the labor force. Among older adults in the labor force, 19.1 percent are employed, while 2.1 percent are unemployed (seeking work).

Labor Force Participation Rate Declines with Age



Labor Force Participation Among Adults 60+



For males over age 60 living in Cleveland, overall labor force participation is 23.4 percent; however this declines significantly as residents age. For Cleveland males age 60 to 61, labor force participation is 53 percent, yet drops to 13 percent by age 70, and 7 percent by age 75. The labor force participation for Cleveland females age 60 and over is slightly lower overall, at 20 percent. Similar declines are evident for females as they age.

Labor Force Participation by Age and Gender, Cleveland, Ohio

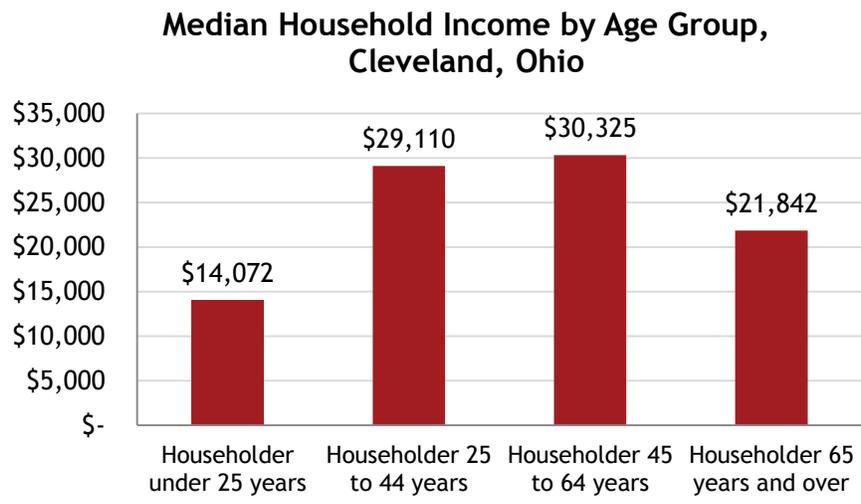
Age	Male	Female
60-61	53%	50%
62-64	35%	44%
65-69	23%	21%
70-74	13%	12%
75+	7%	4%

Source: 2009-2013 American Community Survey.

While the pattern of declining labor force participation as age increases holds across geographies, Cleveland older adults are less likely to be in the labor force than their counterparts in Cuyahoga County as a whole, and across the Northeast Ohio region. For labor force data by ward, see Appendix IV.

Income

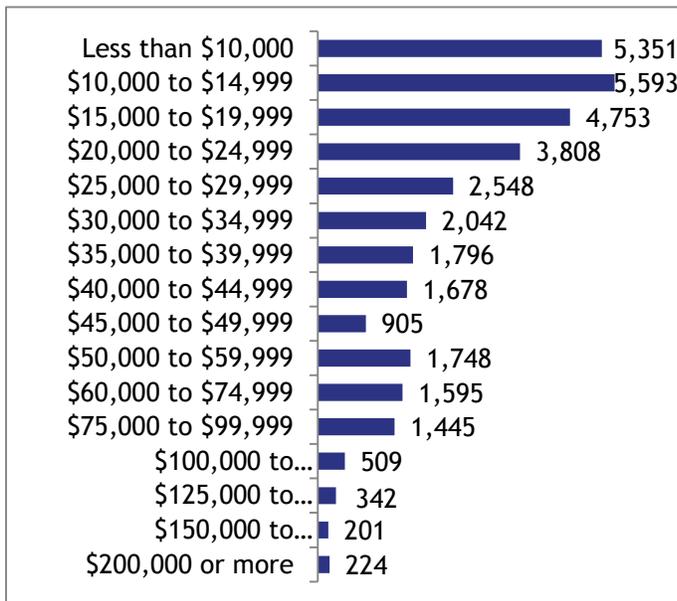
Median household income for Cleveland residents age 65 and over was \$21,842, according to 2013 five-year estimates from the American Community Survey. This represents a decrease of about \$9,000 dollars compared to householders age 45 to 64.



Over 15 percent of older adults in Cleveland, or approximately 5,351 individuals age 65 and over, have incomes of less than \$10,000 per year. Over half of all older adult householders in the city have incomes less than \$25,000 per year.

Among Cleveland households with people 60 years old and over, 36.7 percent have earned income, at an average of \$38,124 per household. Over 37 percent of Cleveland households over age 60 have retirement income, but 73.2 percent receive Social Security payments averaging \$14,280 annually. Twelve percent receive Supplemental Security Income (SSI) payments, while 25.1 percent of Cleveland older adults receive SNAP benefits, compared to 32.8 percent of the overall population in the city. Nationally, 36 percent of elderly beneficiaries rely on Social Security for 90 percent or more of their income.⁷

Householder Income, Age 65+, Cleveland, Ohio



Householder Income, 65+	%
Less than \$10,000	15.5%
\$10,000 to \$14,999	16.2%
\$15,000 to \$19,999	13.8%
\$20,000 to \$24,999	11.0%
\$25,000 to \$29,999	7.4%
\$30,000 to \$34,999	5.9%
\$35,000 to \$39,999	5.2%
\$40,000 to \$44,999	4.9%
\$45,000 to \$49,999	2.6%
\$50,000 to \$59,999	5.1%
\$60,000 to \$74,999	4.6%
\$75,000 to \$99,999	4.2%
\$100,000 to \$124,999	1.5%
\$125,000 to \$149,999	1.0%
\$150,000 to \$199,999	0.6%
\$200,000 or more	0.6%

Source: 2009-2013 American Community Survey

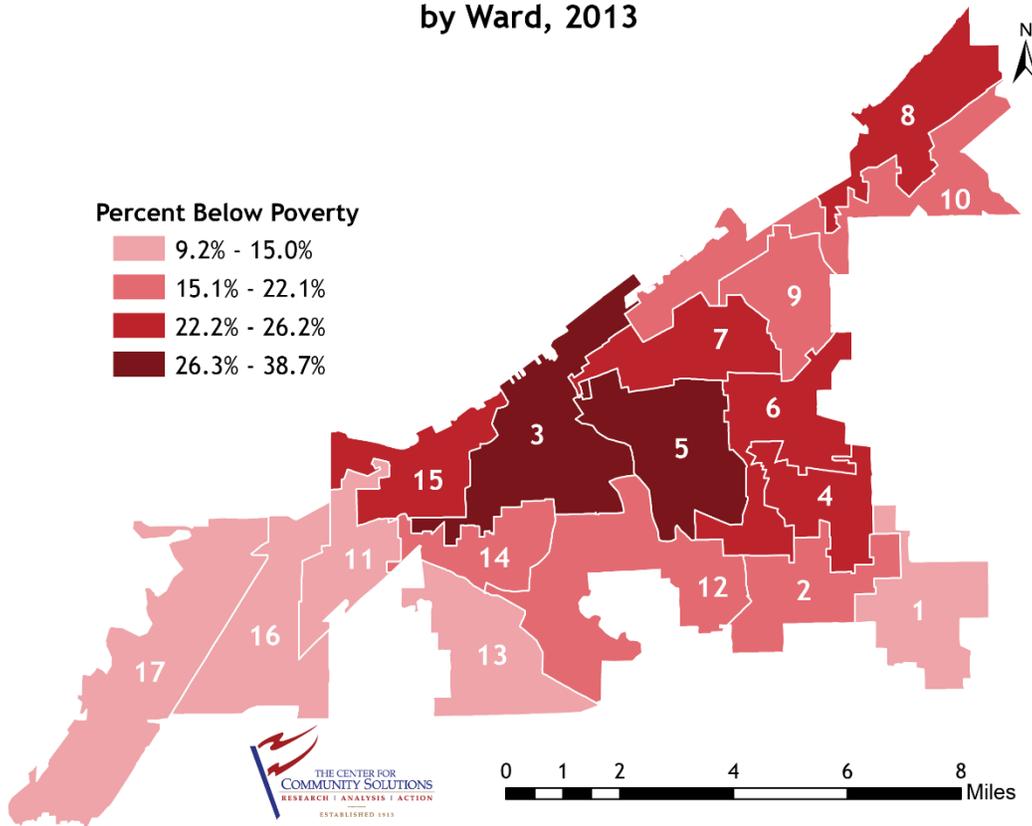
According to the Elder Economic Security Standard, an index developed by the advocacy group Wider Opportunities for Women (WOW), a single older adult renter in Cuyahoga County would require an annual income of \$20,988 to meet his or her basic needs without any form of assistance. This figure does not include extra expenses such as entertainment. For an older adult couple, this increases to \$30,912 per year, and if that couple had a mortgage, this increases to \$37,740. Meanwhile, the average monthly benefit for retired workers collecting Social Security was \$1,340.48 as of November 2015 or about \$16,000 annually.⁸

Poverty

Although income from Social Security helps keep many older persons out of poverty, in the city of Cleveland, 21.7 percent of residents over age 60 live in poverty. This is compared to 35.4 percent for all ages. An additional 17.3 percent are living near poverty, between 100 and 150 percent of the poverty threshold.

Among Cleveland wards, poverty rates range from as low as 9.2 percent, to a high of 38.7 percent in central areas of the city (see Appendix V). The location of public housing units influences the distribution of people who live in poverty within the City of Cleveland.

Percent of Adults Ages 65+ with Income Below Poverty, by Ward, 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Health

Good health, including physical, mental, and emotional aspects, is important to achieving and maintaining a high quality of life. In 2015, according to the Ohio Medicaid Assessment Survey, about 24 percent of adults ages 65 years and older in Ohio had poor/fair overall health.⁹ Having health insurance to assist with covering the cost of medical expenses is often an important consideration in seeking care. Fortunately, similar to the poverty-reducing impact of Social Security, health insurance coverage among older adults tends to be nearly universal due to Medicare, a federal government health insurance program for people age 65 and over. In Cleveland, 99.1 percent of people age 65 and above have health insurance coverage of some kind; 68 percent carry two or more types of health insurance coverage. Of those with two types, 22 percent, or 7,219 older adults, are covered by both Medicare and Medicaid. Over 96 percent carry some type of public insurance, which includes Medicare, Medicaid, and/or military and veterans benefits.

Health coverage by type for Cleveland population ages 65 and older

65 years and over:	47,121
With one type of health insurance coverage:	14,567
With employer-based health insurance only	990
With direct-purchase health insurance only	111
With Medicare coverage only	13,383
With TRICARE/military health coverage only	0
With VA Health Care only	83
With two or more types of health insurance coverage	32,169
With employer-based and direct-purchase coverage	79
With employer-based and Medicare coverage	9,379
With direct-purchase and Medicare coverage	5,417
With Medicare and Medicaid/means-tested public coverage	7,219
Other private-only combinations	0
Other public-only combinations	1,411
Other coverage combinations	8,664
No health insurance coverage	385

Source: 2009-2013 American Community Survey

Behavioral health issues, including mental illness and addiction, continues to be an important component of overall health as people age. According to data from the Substance Abuse and Mental Health Services Administration, compared to the general adult population, non-institutionalized older adults have lower rates of behavioral health problems. However, issues such as depression and social isolation can become more pronounced as physical capacity decreases and social-emotional supports decline. In addition, many with dementia live in institutional settings and are not included in the table below.

Estimated Prevalence of Behavioral Health Issues in Cuyahoga County, 60+ years old	
Any mental illness (including serious)	36,420
Serious mental illness	4,693
Substance abuse or dependence	8,571

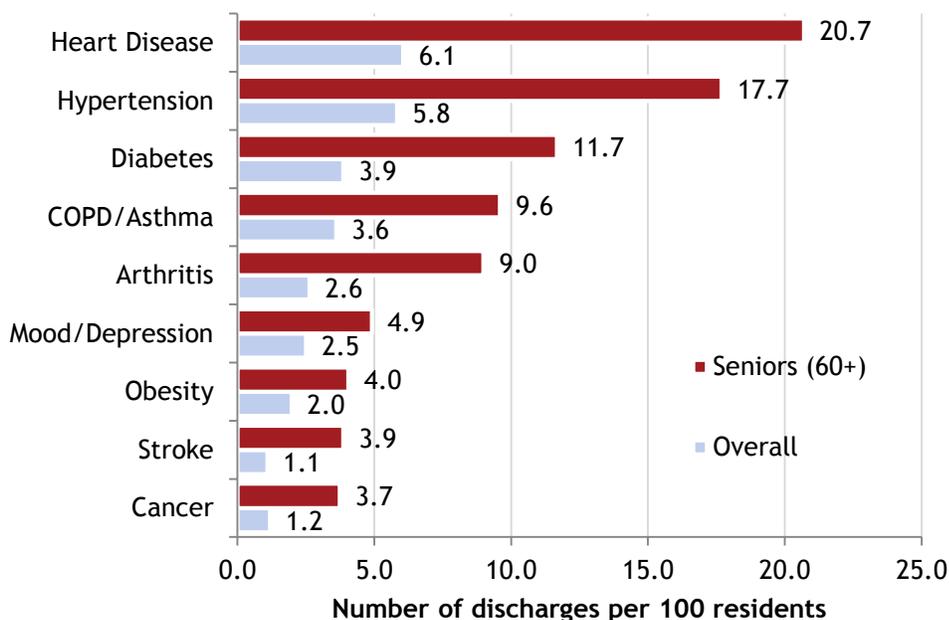
Source: The Center for Community Solutions; based on SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

According to the Centers for Disease Control and Prevention, about 80 percent of people age 65 and over in the U.S. struggle with at least one chronic disease. By preventing or controlling chronic conditions, older adults are more likely to remain healthy with a high quality of life.

Chronic diseases can be difficult to quantify at the local level, but some insight can be gained from hospital discharge data. In 2012 discharge records, the most common chronic disease

diagnoses for older adults in Cuyahoga County were heart disease and hypertension.¹⁰ In general, discharge data indicate that hospitalization for chronic diseases is much higher among persons aged 60 and older than the overall population. These increased rates do not necessarily indicate higher disease prevalence, but do illustrate potential issues with accessing care and the greater health toll that chronic diseases can have on older persons.

Cuyahoga County Hospital Discharges with Chronic Disease Diagnosis, 2012



Source: The Center for Community Solutions; Ohio Hospital Association, 2012.

Disabilities, especially those that limit people’s ability to care for themselves and carry out important functions of daily life without assistance, affect older adults’ quality of life and influence the range of needed community and medical supports. More than 22,000 older adults, or 47.1 percent of people 65 and over in Cleveland, have some disability, with ambulatory difficulties being the most common.

Disability Prevalence—City of Cleveland

	65 to 74 years old	75 years and older	Total senior population (65+)
Ambulatory—serious difficulty walking or climbing stairs	28.7%	40.6%	34.4%
Independent living—difficulty doing errands alone	14.7%	31.8%	22.8%
Self-care—difficulty bathing or dressing	8.9%	16.4%	12.5%
Hearing	9%	19.4%	13.9%
Vision	7.5%	13.9%	10.5%
Cognitive	9.1%	17.4%	13.1%
Any disability	37.9%	57.2%	47.1%

Source: 2009-2013 American Community Survey; data reported for age 65+ due to availability constraints.

According to the Cuyahoga County Medical Examiner, 4,521 Cleveland residents died who were aged 60 or over at the time of their death in the 10 years from 2005-2014.¹¹ The Medical Examiner must be given notice when “any person dies as a result of criminal or other violent means, by casualty, by suicide or in any suspicious or unusual manner.”¹² Therefore, the Medical Examiner is involved in only a portion of the deaths. For the past 10 years, approximately 68 percent of all deaths in Cuyahoga County were reported to the Medical Examiner’s Office.

For Cleveland residents who were aged 60 or over at the time of their death, natural causes was the most prevalent manner of death, accounting for more than 70 percent of the total, or 3,172 deaths. This was followed by Accidents in the Home (660 deaths, 14.6 percent), and Accidents in Other Places (486 deaths, 10.7 percent).

Most Common Mode of Death Among Clevelanders Ages 60+, 2005-2014

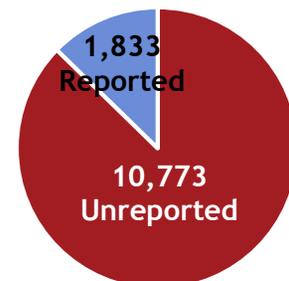
Rank	Mode of Death	Number of Deaths
1	Disease of the Circulatory System (e.g. heart failure, stroke, hypertension, etc.)	2,589
2	Fall on the Same Level (a slip, trip, or fall where the individual impacts the surface or an object at the same level or above the surface on which they are standing)	656
3	Neoplasms (Cancer, tumors)	146
4	Disease of the Respiratory System (pneumonia, influenza, chronic obstructive pulmonary disease, etc.)	124
5	Therapeutic Complications (predictable complications of appropriate medical therapy)	91

Source: Cuyahoga County Medical Examiner

Elder Abuse and Neglect

Elder abuse can take many forms, including physical, emotional, or financial abuse, exploitation, or neglect. Many of these cases are not reported, making it difficult to quantify the magnitude of the problem. The Ohio Family Violence Prevention Project estimates that 12,606 cases of elder abuse or neglect occurred in Cuyahoga County in 2014. Of those, only 1,833 were reported to Adult Protective Services (APS).¹³

Estimated Cases of Abuse/Neglect in Cuyahoga County



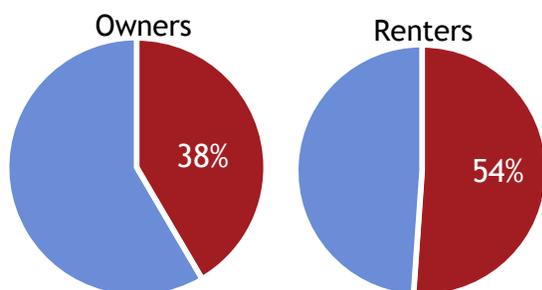
According to the Cuyahoga County Department of Senior and Adult Services (DSAS), Adult Protective Services served 2,014 clients in 2014; 49 percent of APS clients lived in the city of Cleveland.¹⁴

Housing and Community

As older adults age, some reside in institutional facilities, such as nursing homes. Others rely on home and community-based services (HCBS) for care and assistance. According to the most recent data available (2010 U.S. Census), in Cleveland, of the population age 65 and over, approximately 2,006 people live in nursing facilities, which represents a significant decline over recent years as personal preference and state policy change has led to an emphasis on home and community-based services in lieu of institutional care.

More recently, according to 2013 ACS data, of the 48,335 non-institutional senior households in Cleveland, 63.8 percent live in housing units that they own themselves. The remaining 36.2 percent rent.

Older Adults (65+) Paying More than 30% of Income for Housing in Cleveland, Ohio



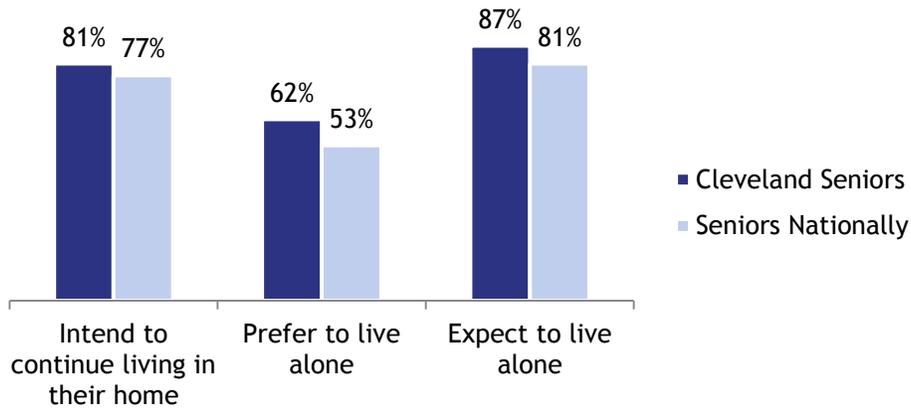
Source: 2009-2013 American Community Survey

The generally accepted threshold for housing affordability is spending less than 30 percent of household income on housing and related expenses. Older adult renters in Cleveland struggle more than senior homeowners with unaffordable housing. Over half of renters and almost 40 percent of owners live in unaffordable housing. The median rent for a senior in Cleveland is \$533 per month. To afford this rent, a household needs to have an annual income of about \$21,400, or \$3,808 more than the average annual Social Security benefit. According to the

aforementioned Elder Index developed by WOW, a single older adult renter would require \$630 per month to meet their basic needs for housing, insurance, utilities and taxes, and this increases to \$1,199 for a single elder who owned their home with a mortgage.¹⁵

In general, older adults in Cleveland are comfortable in their community. *The United States of Aging Survey*,¹⁶ a national phone survey conducted during the spring of 2014, oversampled adults ages 60 and over living in Cleveland. Compared to seniors nationally, Cleveland older adults are more likely to intend to age in place (81 percent), and more expect to live alone (87 percent). However, they are more concerned about being able to stay in their current home for as long as they'd like. About half of older adults answered yes to the question, "Do you feel your community – meaning the city/town you live in – is doing enough to prepare for the needs of a growing senior population?"

United States of Aging Survey Results, 2014



Service Needs

In 2014, 351,252 people used the local 2-1-1 help center in Cuyahoga County when seeking services. Nearly 60,000 (17 percent) of those people were ages 60 and older. Tax preparation assistance, food pantries, and gas service payment assistance were among the most requested services for people ages 60 to 74 and for those 75 and older. Younger older adults, those under age 75, also most frequently sought electric service payment assistance and soup kitchens. For those over age 75, home delivered meals, and home rehabilitation services round out the five most requested services.¹⁷

Assessment Methodology

In addition to data from secondary sources, primary information was collected directly from older persons living in Cleveland. The remainder of the assessment focuses on that research. It is important to note that feedback from residents represents their impression of the age-friendly features of Cleveland. In some cases, services or assets may exist, but older adults may not be aware of them or do not use them. When using this report for planning purposes, improving age-friendliness of Cleveland may require creating or implementing age-friendly features, while improving communication or raising awareness may be more appropriate in other instances.

Focus Groups

Twenty-two focus groups were held between July and November, 2015. Overall, 355 older adults participated from across the city at a range of locations. Efforts were made to reach a diverse group of older adults, including low-income older adults, grandparents raising grandchildren, adults with different physical abilities, recent immigrants and refugees, and individuals from varied racial and ethnic backgrounds. Participants were recruited through social media, phone calls, flyers, and through networking with key members of the aging community. Focus groups were held throughout the city and were designed to collect qualitative information and engage the target population. Focus groups occurred in senior centers, senior apartment buildings, public libraries, health centers, and other locations where older adults felt comfortable meeting.

At each focus group, participants were asked standard questions about each of the eight domains, as well as qualifying questions or requests for additional information. Focus groups were facilitated by representatives from the Cleveland Department of Aging, with support from The Center for Community Solutions, the Mature Services Encore worker, and graduate student interns. When necessary, interpreters were available for non-English speaking residents. Responses were recorded in writing by hand by staff from The Center for Community Solutions and the City of Cleveland and later typed. Each focus group lasted for approximately two hours, and for most of the groups, participants were offered a \$25 gift card as well as refreshments. The gift card participation incentive was not generally advertised prior to the event, so we do not believe that it contributed to a selection bias or influenced the feedback we received. Most of the focus groups were held at 10:00 a.m., a potential limitation in that working older adults may not have been available to attend.

For the purposes of this assessment, responses were reviewed and analyzed for trends and notable observations. The pool of focus group participants may be more active than the older population as a whole because these individuals were interested and mobile enough to attend a session at a location in the community.

See Appendix XIII and IX for the complete list of focus group locations and the focus group protocol.

Surveys

Three opportunities to provide written feedback were administered for this assessment, a comprehensive survey completed by a random sample of older Cleveland residents representative of the population, a shorter “outreach” questionnaire administered by the Cleveland Department of Aging and service providers, and a very brief survey at Cleveland Senior Day.

Comprehensive Representative Survey

The comprehensive representative survey was mailed to a random sample of Cleveland older adult residents. The sample for this survey was drawn from the City of Cleveland voter registration list obtained from the Ohio Secretary of State. The data for each registered voter included the individual’s year of birth and city ward and precinct. This permitted us to stratify the sample by ward and by age group (60 to 74; 75 and over) within the wards. The list was further refined by including only those people who had voted in any election in the past two years, between 2012 and 2014. There were a total of 50,801 voters who met these criteria.

The share of the city’s 60 and older population for each ward and age group was derived from the U.S. Census Bureau’s 2008-2012 American Community Survey five-year sample, as tabulated by the Maxine Goodman Levin College of Urban Affairs at Cleveland State University. A sample size of 850 was allocated proportionately in this manner. In addition, two oversamples of 75 persons each were designed to represent the oldest adults (age 75 and over) and low-income older adults (25 each from wards 3, 5, and 15, where the poverty rate for persons aged 65 and older exceeded 30 percent). The 75 and older oversample was apportioned by ward, and the low-income oversample was apportioned by age group. Thus the total sample size was 1,000; a table of the sample size by ward and age group is shown in Appendix XII.

The older adult population in Cleveland has generally been more stable than that of other age groups, and previous studies have found that voter turnout increases with age. In fact, the U.S. Census Bureau found that 76.0 percent of all Ohio citizens over age 65 were registered to vote in 2014, and 56.7 percent cast a ballot.¹⁸ The voter registration list was believed to be the most complete and least biased sampling frame for our target population (Cleveland residents ages 60 and older) because of the large number of contacts and the fact that these individuals had been engaged in our community through voting at some point in the past several years. The demographics of the final sample generally align with those of the city as a whole, indicating that our sample was representative of the population being examined.

The sample was drawn from the voter list for each stratum by random selection with SPSS Statistics, V23. A small number (36) of mailed surveys were returned as undeliverable; additional names were drawn from the remaining voter list (without stratifying) to replace these. Survey packets were mailed via the United States Postal Service and included a postage-paid business return envelope. To incentivize completion of the survey, participants could provide their contact information to be entered into a drawing for a gift card from Dave’s grocery store and to receive an Emergency Preparedness Kit provided by the City of Cleveland,

valued at \$10.00. The survey form was immediately separated from the return envelope and drawing entry forms once received by The Center for Community Solutions, in order to maintain anonymity.

The questionnaire was developed by The Center for Community Solutions based on our experience with surveying other populations in Northeast Ohio. An initial catalogue of possible questions was drawn from Age-Friendly surveys in other cities and the AARP Livable Communities questionnaire¹⁹ and developed based on the “Checklist of Essential Features of Age-friendly Cities” produced by the WHO. During development of the survey, overall strategy and specific questions were discussed several times with the Cleveland Department of Aging and the Domain Groups. This helped narrow the number and subject of questions as the project team prioritized certain data points. Length of the survey was the largest constraint, as we balanced collecting data on as many aspects as possible with the need to keep the survey short enough so we could expect a good response rate. The final survey was capped at eight letter-sized (8.5” x 11”) pages.

A draft of the survey was reviewed by the Age-Friendly Cleveland Advisory Committee, and the survey mechanism was finalized based on that feedback. Approximately three weeks after the initial mailing, a reminder postcard was sent to the individuals selected for the sample. This spurred additional responses. Surveys were collected between September 15 and November 9, 2015.

A total of 283 valid surveys were returned and included in the analysis, for a response rate of 28.3 percent. This allows for a margin of error of plus-or-minus 4.9 percentage points with 90 percent confidence in the reported percentages. The response rates by ZIP code are shown in Appendix XIII. The Survey Monkey online tool was used to compile data, which was exported and analyzed using SPSS and Excel. Surveys were anonymous and confidential as no personal identifying information was requested. The random selection process within ward and age strata, along with a high degree of conformity between survey responses and Census demographic measures, lead us to conclude that the sample responses are representative of Cleveland’s older adult population as a whole.

See Appendix X for the complete survey mechanism.

Shorter Outreach Questionnaire

An objective of the Age-Friendly Cleveland initiative is to meaningfully engage older adults in assessment and planning. It was determined that feedback should be collected systematically from a larger pool of older adults than was possible in the comprehensive random representative sample. Therefore, a shorter “outreach” questionnaire was prepared and distributed by Cleveland Department of Aging and community organizations. The target population for the questionnaires were residents of the city of Cleveland ages 60 and over. This questionnaire was shared at each Age-Friendly focus group, via social media, by social workers and other direct service agencies, and at several large holiday-themed events. Special effort was

made by the Department of Aging to engage low-income and marginalized older adults by distributing outreach questionnaires through social service providers and organizations that serve individuals for whom English is not their first language. The questionnaire was translated into Spanish by the Spanish American Committee, and 32 people completed them in Spanish. Additionally, many respondents answered the questionnaire with the assistance of a translator. A total of 1,085 outreach questionnaires were collected from older adults, although some of the respondents were younger than 60 and lived outside the City of Cleveland. Once these were eliminated from the sample, 867 valid responses were analyzed for the assessment.

Senior Day Survey

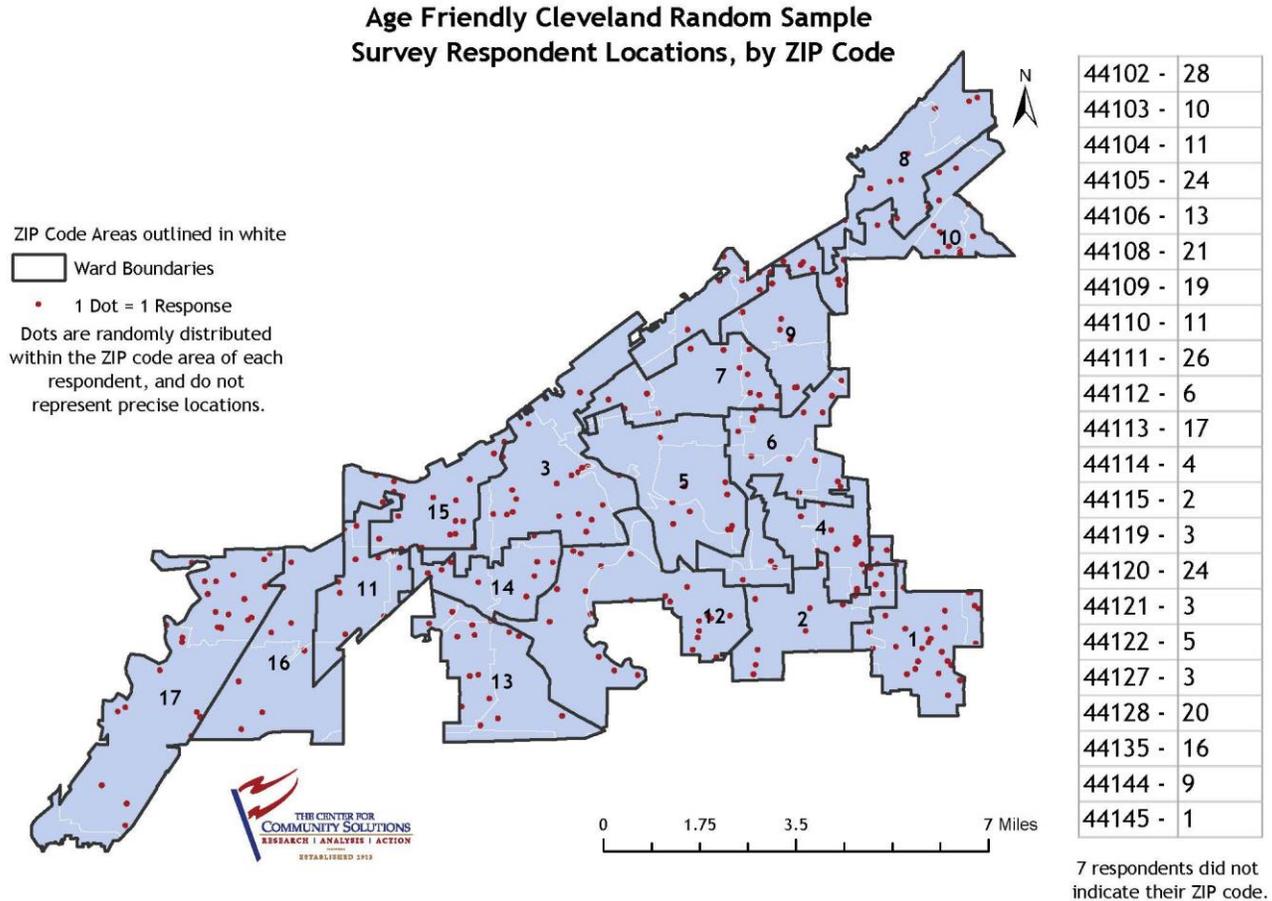
Before the final survey mechanisms were developed, researchers took advantage of the opportunity presented by the City of Cleveland Senior Day to reach a large number of older adult residents. On May 20, 2015, The Center for Community Solutions surveyed older adults about their perceptions of the age-friendliness of Cleveland using a very simple set of nine questions.

Three hundred and thirty-three respondents participated in the survey. As an incentive, a drawing was held for three \$15 Dave's Market gift cards to thank participants for their time. The average age of survey participants was almost 69 years old. The youngest person who took the survey was 41 years old, and the oldest reported being 100. These individuals most often identified the domains of Social Participation, Transportation, and Community and Health Services as being age-friendly. Civic Participation and Employment, and Communication and Information were indicated as being less age-friendly. Full analysis of these responses is included in the Appendix. The findings of this early interaction with older residents informed our focus on certain aspects of the domains throughout our research.

Comprehensive Representative Survey Demographics

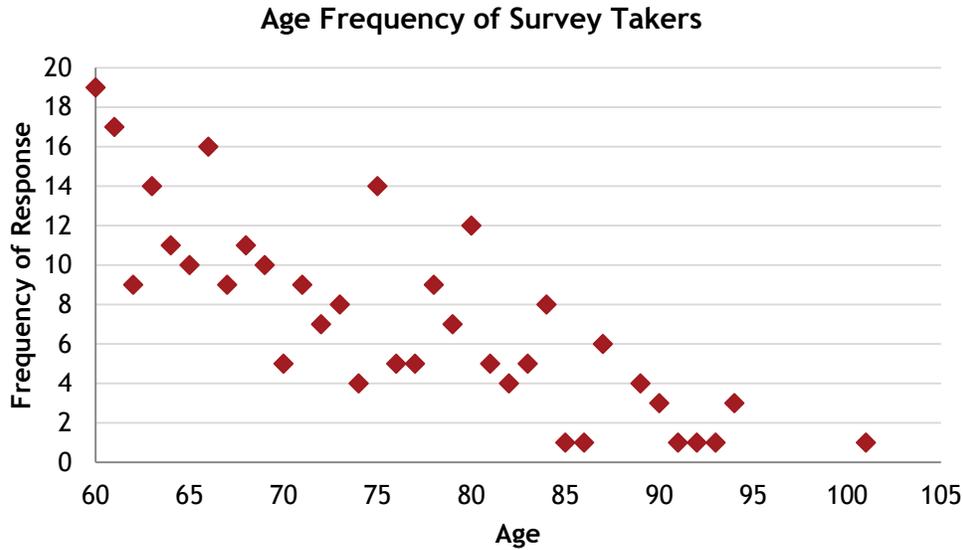
Overall Survey Response

In total, 283 individuals completed and returned the comprehensive representative survey. Residents from across the city participated, with over 20 ZIP codes represented.



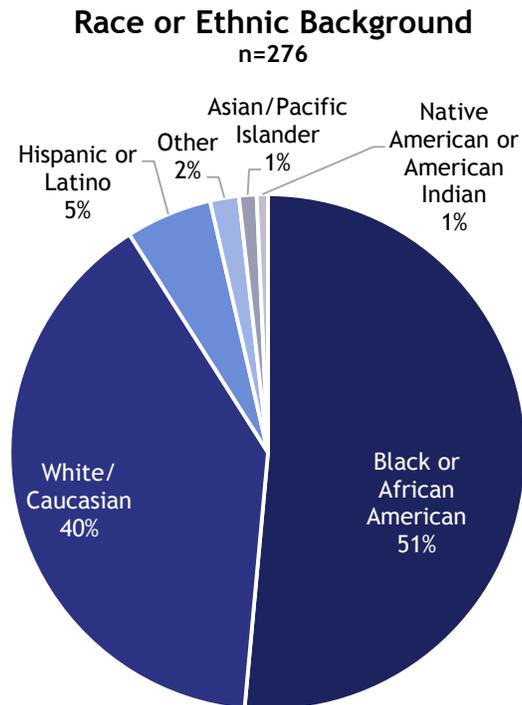
Age and Race

The median age of surveyed older adult residents was 70 years old. The oldest resident was 101 years old. Sixty-two percent were individuals aged 60 to 74 while 38 percent were individuals aged 75 years and older.²⁰ Age responses were invalid for 28 surveys, mostly because respondents did not provide their birthdate. These responses are included in overall survey results, but are excluded in analysis of the two age groups.



Thirty-six percent were male, and 64 percent female. This reflects a sample that is slightly more female than the overall older adult population in the city, because 42 percent of individuals 60 and over in Cleveland are male, while 58 percent are female.

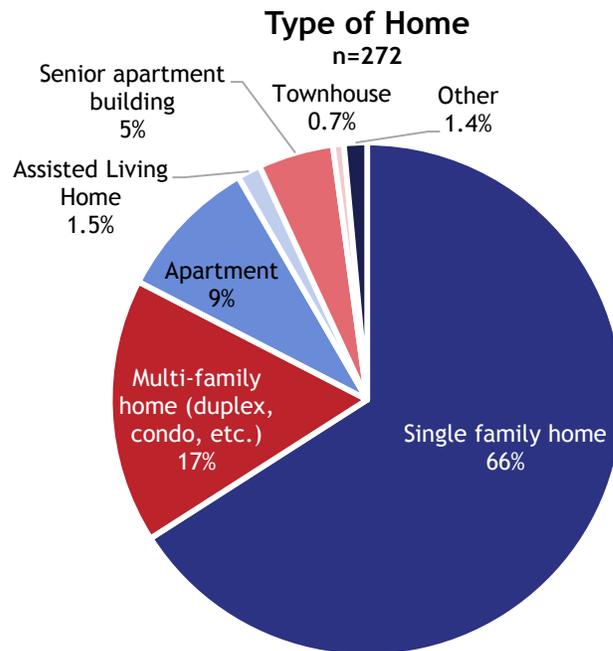
Over half of the older adult residents surveyed were Black or African American. Forty percent were White, and five percent were Hispanic or Latino. The “other” races/ethnicities identified included “biracial,” an individual who checked both White/Caucasian and Black or African American, “East Indian,” “multiracial,” and “Native American, Dutch, German, Hungarian, Irish.”



The income distribution, age, and race or ethnic background of the sample are generally aligned with the demographics of the population of Cleveland as a whole.

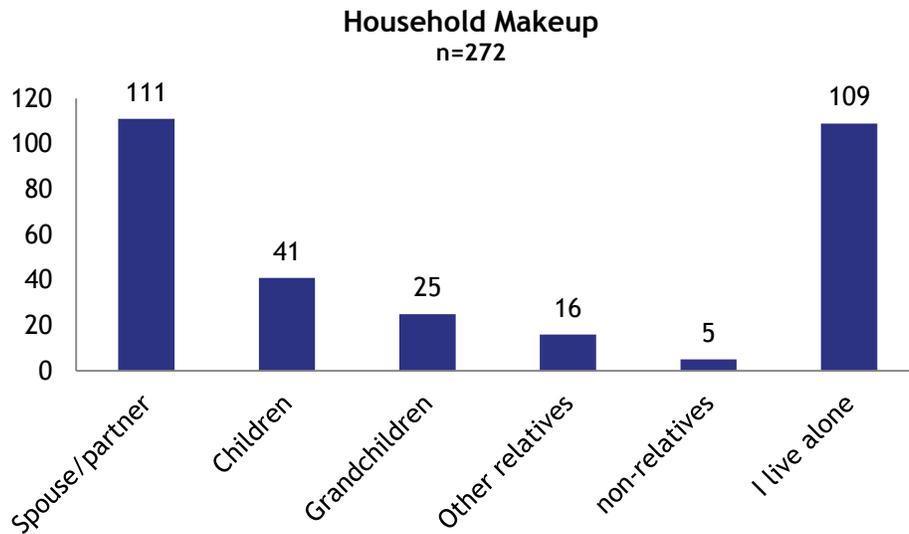
Home Type and Household Makeup

Seventy-one percent of older residents owned their own home, while 29 percent were renters. In contrast, overall across the city of Cleveland, 63.8 percent of older adults live in housing units that they own themselves; 36.2 percent rent.



Most of those surveyed live in single-family homes, while the remainder live in apartments, condos, or senior living facilities.

The greatest number of older adults live with their spouse or partner (111), though many live alone (109). About one-quarter live with their children or grandchildren.



Disability Status

When asked, “Do you, or your spouse or partner, have a disability or chronic disease which results in difficulties with self-care or independent living (taking care of yourself or your home)?” 26 percent responded “yes”. More older adults, however, reported issues with mobility (including difficulties walking or inability to walk at all). One-third (32.5 percent) reported that they or their partner have mobility issues.

Language Spoken at Home

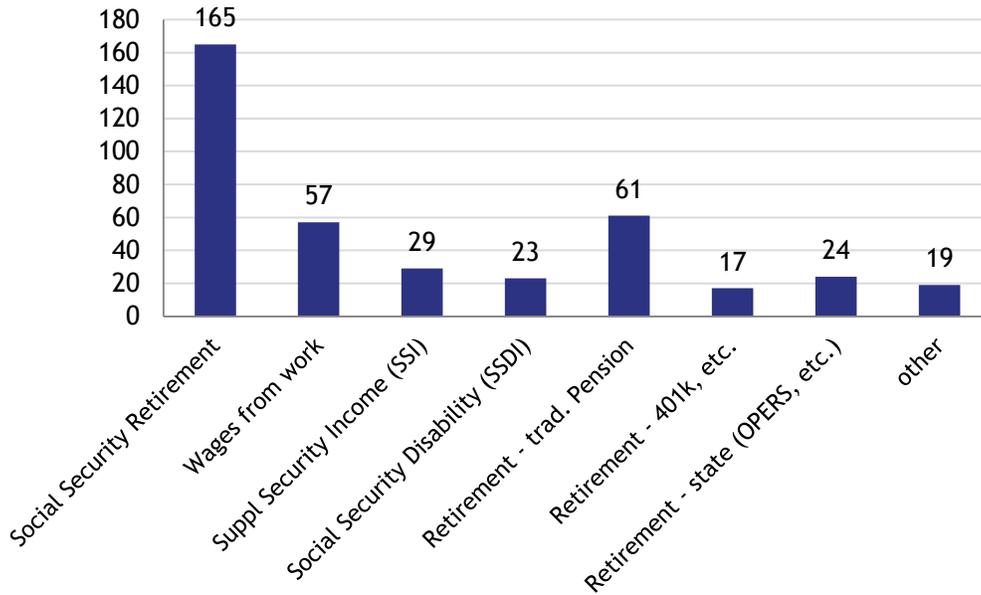
Eighty-five percent listed English as the primary language spoken in their home; other languages named include Cambodian (1 response), Russian (1), Slovenian (1), Hungarian (1), Spanish (3), and Spanish and English (2). While the survey which was mailed was only provided in English, a notice included in the survey packet directed individuals to call a specific phone number to request a survey in another language. This notice was printed in Spanish, Mandarin Chinese, and Arabic. No surveys in other languages were requested.

Income

Sixty percent of older adults named Social Security Retirement as their main source of income. Traditional pension plans were identified by 22 percent, followed by wages from work, which were identified by 21 percent as their main income source. Less than 9 percent of those over age 75 identified wages from work as a main income source, compared to 30 percent of those between 60 and 74.

Main Income Source

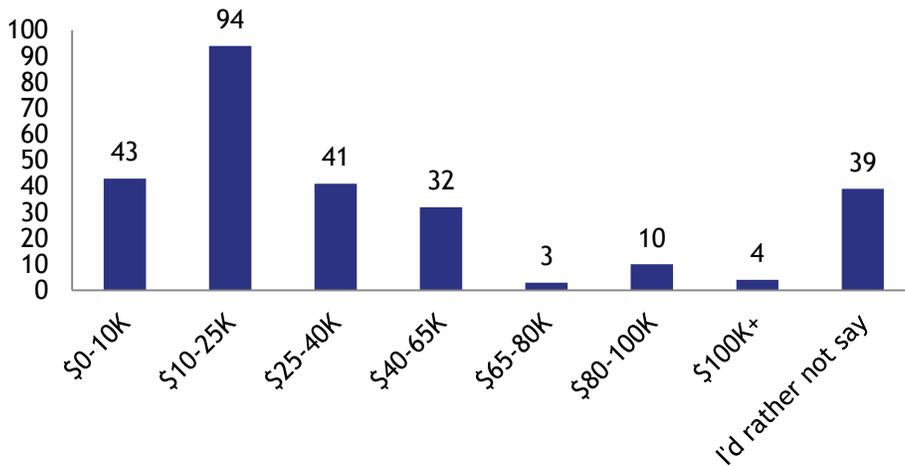
n=273



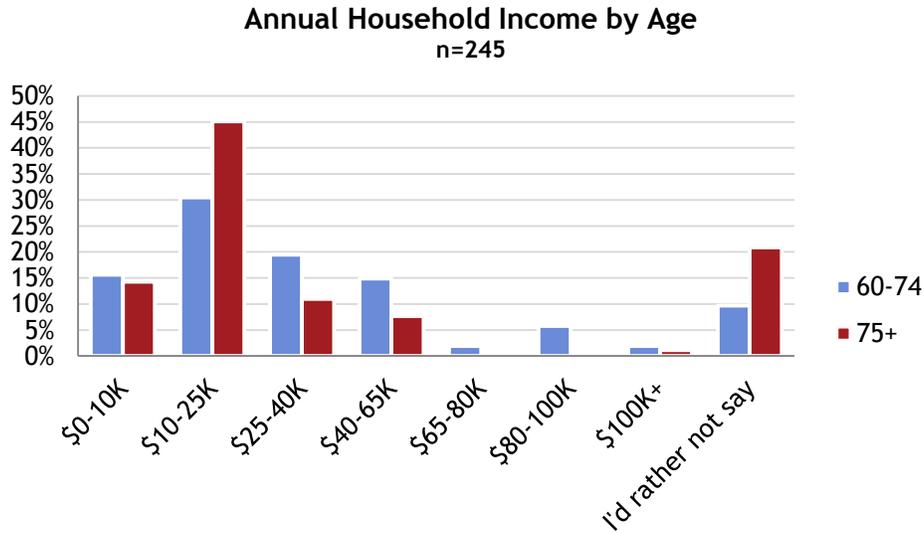
Over half (52 percent) of all older adults surveyed have incomes below \$25,000 per year. This supports other data available for the city of Cleveland, where over half of all older adult householders (65 and older) in the city have incomes of less than \$25,000 per year. Fifteen percent elected not to share their income. Fifteen percent had incomes between \$25,000 and \$40,000; 12 percent have incomes of \$40,000 to \$65,000 and about 6 percent had incomes over \$65,000 annually.

Annual Household Income

n=266



There were differences among older adults age 60 to 74, and those over 75, with regard to household income. Fifty-nine percent of adults over 75 reported incomes below \$25,000 per year, compared to 46 percent of those younger than 75. Older adults over age 75 were also twice as likely to choose not to identify their annual household income.



The comprehensive representative survey responses inform all aspects of this assessment.

Assessment Key Findings

- Well over 1,000 older adults were engaged during the assessment process. We received 867 valid responses to the outreach questionnaire, 333 valid Senior Day surveys, and 283 responses to the comprehensive representative survey. A total of 355 older adults participated in 22 focus groups across the city of Cleveland.
- It is important to note that feedback from residents represents their impression of the age-friendly features of Cleveland. In some cases, services or assets may exist, but older adults are not aware of them or do not use them. When using this report for planning purposes, improving the age-friendliness of Cleveland may require creating or implementing age-friendly features, while improving communication or raising awareness may be more appropriate in other instances.
- Almost half of Cleveland older adults rated the city as an excellent or good place for people to live as they age.
- Most Cleveland older adults are generally satisfied with their health services. Overall, they reported good health status. However, low-income adults were more likely to report poor or fair health than upper-income individuals.
- About 22 percent of residents over age 60 in Cleveland live in poverty, and an additional 17 percent are living near poverty (between 100 and 150 percent of the poverty threshold).

- Forty percent of residents over age 65 live alone. Cleveland older residents are more likely to expect to stay in their homes as they age than seniors nationally. However, there is an overall lack of awareness about home providers and services that may be required as older adults “age in place.” Additionally, many homes need modifications in order for them to be comfortable and safe residences in which older adults can age in place, particularly as 47 percent of older residents have some type of disability. Over half of older adult renters and almost 40 percent of owners live in housing which is considered unaffordable.
- Overall, 56 percent of Cleveland older adults reported that in the event that they need to move out of their home due to health or mobility issues, they were unsure that they could find a care facility or nursing home to meet their needs.
- Most older adults in Cleveland report having no or few difficulties getting around, and most find transportation accessible and affordable. Impressions of the availability of public transportation was overwhelmingly positive by those who report regularly using Greater Cleveland Regional Transit Authority (RTA).
- Poor sidewalk conditions were widely cited as a challenge that poses a safety risk to local older adults. As in any cold-weather city, snow and ice add to this danger, and many older adults observed that some residents and businesses do not adequately clear sidewalks during inclement weather.
- Concerns about safety are prevalent among older Cleveland residents. Neighborhood and community safety is an important concern to many older adults; vacant and abandoned homes, as well as violent crime in the community, create barriers for older adults to walk in their neighborhoods and feel connected to their community.
- Older adults in Cleveland have a variety of preferences about how they receive and consume information about community programs and services, as well as how they communicate with friends, family, and service providers. The majority of Cleveland older adults reported being able to find the information on services they need; however, most Cleveland adults are unaware of centralized sources of information on services, such as the local 2-1-1 help center, that may make finding relevant and timely information easier.
- Though most Cleveland older adults have access to the Internet and use it regularly, more vulnerable groups, such as older adults over age 75 and those with low incomes, are less likely to access the Internet.
- Focus group participants widely shared that they were not familiar with, or do not have access to, available mental health services.

- Cleveland older adults are less likely to be in the labor force than their counterparts in Cuyahoga County as a whole, and across the Northeast Ohio region. Many Cleveland older residents believe that jobs are not available to older adults to the same extent as younger people. Health issues and age discrimination in hiring are the primary challenges older adults identified when seeking employment.
- Over 80 percent of older residents identified financial reasons as the motivator to stay in the work force. However, some older adults fear seeking employment as increased income may reduce their public benefit amounts (such as housing subsidies or food stamps).
- Nearly half of Cleveland older adults reported feeling connected to their communities; 23 percent of older adults in Cleveland reported that they volunteer. Among those who do report volunteering, 41 percent volunteer occasionally or not that often.
- Many Cleveland older adults in the focus groups reported feeling they are not respected in the community, particularly by young people. Churches and places of worship were a notable exception.
- Even with over 150 parks, according to the survey, 48 percent of Cleveland residents said that they are not within walking distance to well-maintained and safe parks; 44 percent do have this access. The park system in the city is identified by many older adults as an asset.
- Nearly three-fourths of older adults reported having access to places to get healthy and affordable food.



Outdoor Spaces and Buildings

Overview of Domain

The overall environment, including the quality of indoor and outdoor settings, plays a role in determining quality of life for all residents, and this is certainly true for older adults. According to the World Health Organization, key elements present in age-friendly outdoor spaces and public buildings are found in those cities in which:

- *Public areas are clean and pleasant.*
- *Green spaces and outdoor seating are sufficient in number, well-maintained and safe.*
- *Pavements are well-maintained, free of obstructions, and reserved for pedestrians.*
- *Pavements are non-slip, are wide enough for wheelchairs, and have dropped curbs to road level.*
- *Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues, and adequate crossing times.*
- *Drivers give way to pedestrians at intersections and pedestrian crossings.*
- *Cycle paths are separate from pavements and other pedestrian walkways.*
- *Outdoor safety is promoted by good street lighting, police patrols, and community education.*
- *Services are situated together and are accessible.*
- *Special customer service arrangements are provided, such as separate queues or service counters for older adults.*
- *Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings, and stairs, and non-slip floors.*
- *Public toilets outdoors and indoors are sufficient in number, clean, well-maintained, and accessible.*²¹

Clean and accessible outdoor areas are readily available in age-friendly cities. Access to parks provides older adults with important opportunities for exercise and socializing. Cleveland has more than 150 parks.²² A 2007 survey published by the Robert Wood Johnson Foundation found that having a park within walking distance increased the likelihood that an older adult would use it.²³ Studies have found that exercise is an important factor for older adults and can improve mood and cognitive function, and delay or prevent disease and disability.²⁴ In a recent study examining the opinion of older adults on a variety of topics, 50 percent of those surveyed name regular exercise as one the best ways to stay mentally sharp, and inactivity was named as a major challenge to staying mentally sharp.²⁵ Accessible and safe outdoor spaces are important to physical activity.

Age-friendly cities are pedestrian-friendly cities. According to Walk Score, an organization that rates the “walkability” of cities, Cleveland is “somewhat walkable,” with a walk score of 54 out of 100.²⁶ As many Cleveland older adults walk regularly out of necessity and for leisure, pedestrian safety is a critical factor. The Centers for Disease Control and Prevention, reports

that older adults are the most at-risk age group for pedestrian deaths. People over 65 made up 20 percent of all pedestrian deaths in 2012. Over 52,000 older residents in the United States had a non-fatal injury related to walking in the community that required emergency care; 9,000 older adult pedestrians experience non-fatal injuries every year that involve a curb.²⁷ In the aforementioned study on the opinions of older adults, slipping or falling is among the top worries of older adults.²⁸

Accessible spaces are vital to thriving age-friendly communities. According to the Age-Friendly Cleveland survey, 33 percent of older adults reported that they or their spouse or partner have issues with mobility (including difficulty with walking or not walking at all), and data from the U.S. Census Bureau indicate that 47 percent of older adults in Cleveland have some type of disability. The Americans with Disabilities Act (ADA) provides requirements for buildings and facilities to ensure that individuals with disabilities can utilize services and enjoy space in the community to the same extent that others can. These standards address requirements around accessible restrooms, drinking fountains, swimming pools, curb ramps, entryways, and much more.²⁹ However, some businesses and facilities are not compliant with ADA requirements, and some argue the existing requirements do not fully address the wide range of challenges older adults may face in public spaces, including sensitivity to noise and lighting.



The concept of *universal design* offers an alternative to the metrics developed through the ADA, and posits that “whatever is best for the least mobile of us is also best for all of us.”³⁰ This model stresses the idea that creating spaces that are accessible benefits everyone, not just people with disabilities, and the community should consider the varied physical needs of all citizens when planning. For example, curb ramps may be utilized by families with strollers in addition to those in wheelchairs, and ramp access to swimming pools can accommodate individuals with physical disabilities as well as small children. As the population ages, public spaces will increasingly need to respond to the needs of older adults, and the community at-large may benefit from these improvements.

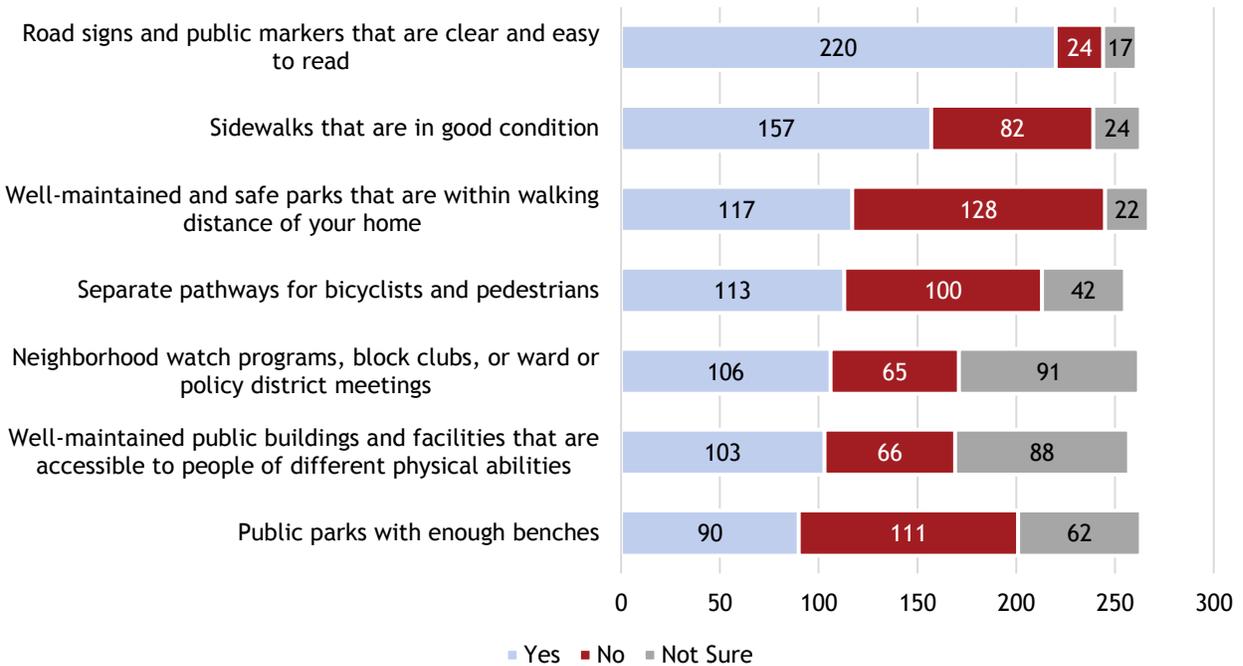
Current Status in Cleveland

Data collected through the Cleveland survey suggest varied experiences with outdoor buildings and spaces among older adults in Cleveland. Most older Cleveland residents have access to signs and public markers that are easy to read. Sixty percent report sidewalks that are in good condition where they live.

Fewer than half reported access to parks with enough benches, well-maintained and accessible public buildings, and separate pathways for bikes and walkers. Forty-one percent have access to neighborhood watch programs, block clubs, or ward or police district meetings, however many (35 percent) were unsure about their access to these programs.

Do you have access to the following?

n=275



Access to parks is a challenge for some older adults; 48 percent identified that they are not within walking distance to well-maintained and safe parks; 44 percent do have this access. According to the outreach questionnaire, 28 percent of outreach survey respondents indicated there are not enough parks and that parks are not conveniently located.

Although the survey results were mixed, throughout community conversations, parks were identified as a definite strength in Cleveland for older adult residents. Many focus group participants shared that they live near, and enjoy, local parks. Walking and sitting to enjoy the scenery were cited as activities older adults participate in at parks. Those living within a close distance to parks reported more regular access, while older adults who lived a further distance reported less frequent use. While safety issues in and around parks were identified as concerns by several older adults, particularly at night, overall, the park system is appreciated and well-used by those seeking exercise and fresh air. Additionally, focus group participants noted that they enjoy attending programmed events in the parks, because community and police presence make them feel safe. Community gardens were also mentioned as an asset. Older adult residents identified public buildings as mostly accessible during focus group discussions, and reported few difficulties entering and exiting these spaces.

In contrast to the number of individuals who reported having access to sidewalks in good condition in a previous question, the most frequently cited challenge among older adults in this domain was uneven and unsafe sidewalks. Focus group participants echoed these challenges. This included many comments about sidewalks in disrepair (cracked and uneven), which have posed tripping hazards to older pedestrians. Several individuals using wheelchairs stated that the sidewalks made travel difficult and unsafe, noting bumpy terrain and a lack of curb ramps. Improvement of sidewalks within Cleveland is underway, thanks to programs developed and implemented by the City, which continues to work to address the problem of sidewalks in disrepair.

As is the case in any cold-weather city, sidewalk conditions were particularly problematic for older residents during the winter months, when many shared that owners of businesses and households do not always clear paths. Many found icy and snow-covered sidewalks to be a significant barrier to spending time outdoors in the winter, and several reported having to walk in the streets to avoid falling, leading to additional safety risks.

A lack of places to sit and rest was also named as a top challenge, followed by difficulties with public toilets. A lack of sufficient public toilets was most likely to be cited as a challenge by those age 60 to 74, with half in this age group identifying this as a concern, compared to 40 percent of those 75 and older. Long lines at businesses are also a concern for older adults; 28 percent of outreach questionnaire respondents identified long lines as a challenge they face in public buildings.

Challenges Cleveland older adults face when spending times outdoors or in public places (stores, parks, public buildings, etc.)		
	Response Percent	Response Count
Sidewalks are uneven/unsafe	60.8%	124
There is often nowhere to sit and rest	51.0%	104
Difficulties with public toilets (too few, not accessible, or unclean)	46.1%	94
There is often no one to ask for help	37.3%	72
Distances are too far	35.3%	72
Too much noise or poor lighting	29.9%	61
Stairs and escalators are challenging to navigate	18.6%	38
Pedestrian crossings are difficult to navigate	12.7%	26
Aisles or counters are narrow or hard to navigate	11.3%	23
Signs or printed materials (menus, etc.) are difficult to read	9.8%	20
Other (please specify)	5.9%	12
Answered question		204
Skipped question		79

Respondents who selected “other” mentioned mobility challenges, challenges with wheelchair access, and poor lighting. The complete list of “other” responses is in Appendix XIV.

During the focus groups, residents shared that most businesses would not allow people to use restrooms without a purchase; McDonalds was identified as an exception. Gas stations or convenience stores were sometimes noted as an option, but many reported sanitary concerns. Many stated that downtown there were several locations to use a restroom, such as Tower City Center and the Horseshoe Casino, but most of the neighborhoods lack comparable options. Some older adults stated that they would not use public restrooms even if there were more available due to hygiene worries. Lack of public restrooms is a barrier to older adults going out at all; some focus group participants noted that if they think there will not be a restroom, they often won't go to an event. Many reported making certain to use the bathroom before leaving the house to avoid difficulties when outside the home.

Among the most frequently named problems within this domain during focus groups is the high number of vacant and foreclosed properties in the city. Older adults found that the properties posed significant safety risks, and that they were an eyesore that could impact their property values. Some noted that they had contacted the city about abandoned properties and observed little action. The City inspects all properties after receiving a complaint. If the structure is deteriorated to the point that it is not safe, the structure is condemned. Some condemned structures remain standing for significant periods of time until funds are available to demolish them.

According to NEO CANDO (Northeast Ohio Community and Neighborhood Data for Organizing), there are currently 8,587 properties flagged by the postal service as being vacant in the city of Cleveland. The Thriving Communities Institute identified 12,000 empty structures in the city, including around 6,000 homes accounting for nearly 9 percent of all residential properties.³¹ While still high, the number of vacant, distressed residential properties has fallen by more than 2,500 in the past several years, thanks in large part to the City's demolition program.³²

Overall, many older adults identified safety concerns while in public. Many reported being very vigilant about what times they leave their homes, and what neighborhoods and streets they visit. A great number reported not leaving their homes after dark due to feeling unsafe. Some fear being robbed or attacked if out on the street, and others expressed feeling fearful even while inside of their homes. During certain focus groups, residents discussed concerns about groups of young people who congregate in front of local stores and businesses. These individuals can be perceived as menacing to older adults, and some older adults report that they elect not to visit those businesses as a result.

Relatedly, lighting in public spaces was identified as an issue, with some suggesting increased lighting could lead to increased feelings of safety. Too few street lights were noted as a concern, and it was mentioned that broken lights are often not replaced as quickly as they would like. Others mentioned that in some instances, there may be adequate street lights, but that they are obstructed by untrimmed trees. Improved lighting at transit stops was also identified as a need.

Improvements to traffic lights and crosswalks were acknowledged as needed by some residents. Several noted that many are not accessible for those with hearing or vision problems, and that traffic signals change too quickly making it hard to cross the street safely within the allotted time. Residents shared that countdowns at crosswalks are helpful. It was also stated that there are intersections with heavy traffic that need crosswalks so that older adults can safely cross the street.

Highlights

- *Parks are identified by many older adults as an asset in Cleveland.*
- *Poor sidewalk conditions were widely cited as a challenge that poses a safety risk to local older adults. Snow and ice add to this danger, and many older adults observed that some residents and businesses do not adequately clear sidewalks during inclement weather.*
- *Public restroom options are limited.*
- *Abandoned and vacant properties are a concern for Cleveland older adults, and many report worry over the impact on their property values, as well as safety concerns related to the vacant properties.*
- *Safety is a concern for many older residents in the city.*



Transportation

Overview of Domain

The ability to get around can have a considerable impact on physical and social-emotional wellbeing. According to the World Health Organization, there are several key factors to age-friendly transportation. Age-friendly cities are those in which:

- *Public transportation costs are consistent, clearly displayed, and affordable.*
- *Public transportation is reliable and frequent, including at night and on weekends and holidays.*
- *All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.*
- *Vehicles are clean, well-maintained, accessible, not overcrowded, and have priority seating that is respected.*
- *Specialized transportation is available for disabled people.*
- *Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.*
- *Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.*
- *Complete and accessible information is provided to users about routes, schedules, and special facilities.*
- *A voluntary transport service is available where public transport is too limited.*
- *Taxis are accessible and affordable, and drivers are courteous and helpful.*
- *Roads are well-maintained, with covered drains and good lighting.*
- *Traffic flow is well-regulated.*
- *Roadways are free of obstructions that block drivers' vision.*
- *Traffic signs and intersections are visible and well-placed.*
- *Driver education and refresher courses are promoted for all drivers.*
- *Parking and drop-off areas are safe, sufficient in number, and conveniently located.*
- *Priority parking and drop-off spots for people with special needs are available and respected.³³*

Access to transportation is a necessity to aging in place. Depending on age, health, and mobility status, travel needs will vary considerably among the older adult population, with some older adults interested and able to drive for many years beyond age 60, and others who need to rely on public transportation or other community transport for much of their older years.

Contrary to popular belief, older persons are often safer drivers than the general population, since they are likely to obey speed limits and take additional caution when driving. Research conducted by the RAND Corporation found that while older drivers (age 65 and older) are 16 percent more likely to cause an accident than 25-64 year olds, they are much less accident prone than young drivers or those under age 25. Drivers under the age of 25 are 188 percent more likely to cause an accident than the adult driver group.³⁴ According to the CDC, older adults are more likely to wear their seat belts, less likely to drive in adverse weather conditions, and less likely to drive while impaired by drugs or alcohol than younger drivers.³⁵ However, older

drivers are more likely to die as a result of accidents or injuries due to medical complications and other factors.³⁶

Some states require that older adults renew their driver's license more frequently as they age, in order to regularly establish the competency of the driver, while others require vision tests or in-person renewals for older adults.³⁷ Furthermore, in some states, if an older adult refuses to stop driving in spite of dangerous driving behavior, the motor vehicle regulatory authority may be contacted to evaluate the situation. In Ohio, most individuals of any legal driving age are required to renew in-person, and vision tests are required of all drivers regardless of age at the time of renewal. With regard to drivers who may no longer be competent, according to Ohio's Bureau of Motor Vehicles:

"The Ohio Motor Vehicle laws allow the Registrar of Motor Vehicles to require an Ohio licensed driver to submit a medical statement and/or take a driver license examination upon receiving information giving 'good cause to believe' that the driver is incompetent or otherwise incapable of safely operating a motor vehicle. The Ohio Administrative Code states that 'good cause' is considered to be a request for recertification received from a law enforcement agency, court, physician, hospital, or rehabilitation facility. To take action on a request received from a law enforcement agency or court we require that the agency or court has had personal observation of the subject's driving or personal contact with the driver. We cannot take action on the recertification request if it is based solely on the person's age or hearsay.

The Bureau will also take action on a written and signed request submitted by a relative, friend, neighbor, etc. However, we are required to first conduct an investigation to determine if there is sufficient cause to require a medical statement and/or driver license examination. Again, age cannot be the only basis for the request. The letter writer must provide us with enough information so that we can locate record of a valid Ohio driver license or temporary permit issued to the person. If we cannot find record of an Ohio license or temporary permit, no action can be taken.

Legally, we must inform the driver who is the subject of our investigation or recertification procedures of our source of information. Therefore, before an investigation or any other action is taken on request received from a family member, neighbor, friend, nurse or social service agency, we must receive permission to use the letter writer's name as our source of information. Information received from a physician is considered confidential. There is currently no law that requires a medical professional to report to the Bureau a patient who should not drive, nor is there any liability protection for the person that chooses to make a report. Any changes in our policies and procedures for reporting and recertifying unsafe drivers would necessitate the enactment of new laws by the Ohio Legislature.

*Ohio's motor vehicle laws currently do not provide for mandatory retesting of elderly drivers, as it is considered discriminatory."*³⁸

Resources to educate older adults on these limitations and efforts to coordinate these discussions with health care providers may minimize the stress of these encounters.³⁹

Physicians may be able to refer older patients for driving tests that can determine their ability to

continue driving.⁴⁰ If an older adult is no longer able to drive due to impairment, other arrangements must be made so that the individual can continue to be active and meet his or her needs.⁴¹ Isolation and depression could result from driving restrictions, and this should be monitored closely.

In addition to driving, there are a range of transportation options available to older adults in Cleveland.

Public Bus or Train

The Greater Cleveland Regional Transit Authority (RTA) is responsible for providing public transportation services in the city. Funding for the operation comes in large part from a 1 percent sales tax. Seniors and individuals with disabilities qualify for free or reduced-priced rides. According to RTA, one-way fares for bus or rapid transit (rail) are \$2.25 for a one-way trip for the general public; the reduced fare for seniors and individuals with disabilities is \$1 per one-way trip. These fares apply to individuals age 65 and older, and in order to qualify, riders must be able to verify their age. All-day passes can be purchased by seniors for \$2.50, and there are monthly passes available for \$38.00. Rides are free for ADA-certified riders, both for fixed-route bus and rail. According to the RTA website, all buses, including the downtown trolley and Cleveland's HealthLine, are equipped with wheelchair lifts or ramps, and most key rail stations are ADA-compliant. For those that are not currently compliant, there is a construction schedule for upgrades.⁴²

As a result of decreased revenue and increased expenses, RTA is proposing rate hikes and small service reductions for 2016, including adjusting fares for Paratransit and ADA customers who ride fixed-route bus and rail. Regular fares may increase to \$2.50. This would represent the first rate increase in seven years, and could impact many older adult riders in the City.⁴³

While public transportation is an affordable option, many older adults do not live in close proximity to bus stops or other public transportation. According to a national survey, 38 percent of older adults who have access to public transportation rated it with a D or F. However, older adults are interested in the prospect of using public transportation if the service is convenient and easily accessible.⁴⁴ Cleveland's local public transit ratings have been more favorable, including being named as the best large transit system in North America in 2007, as well as recent recognition for the Healthline Bus Rapid Transit System.⁴⁵

Paratransit

Paratransit is also available to those who cannot use traditional public transportation due to disability. Paratransit services are required to be provided by law. In addition to accessibility features on general public transportation, special Paratransit vehicles are available for those who meet certain criteria. In Cleveland, Paratransit is the responsibility of RTA, and a large portion of Paratransit riders are older adults.

RTA's Paratransit services extend to eligible individuals up to five miles from a fixed route. Rides are provided by three subcontractors as well as RTA-owned and operated vehicles. In total, RTA organizes approximately 800,000 Paratransit rides per year, which increases each year as the aging population grows and other programs face cuts.⁴⁶

Paratransit riders must apply to become certified to utilize the service. Scheduling for rides can take place over the phone or through an online system, and can be arranged up to a week in advance. For "door-to-door" service, Paratransit fares are currently \$2.25 per ride for a one-way trip, and "personal care attendants" ride for no additional charge. The ADA requires that Paratransit fares "may not exceed twice the fare that would be charged to an individual paying full fare for a trip of similar length, at a similar time of day on the fixed route."⁴⁷ According to representatives from RTA, each ride's actual cost far exceeds the fees. The program cost \$21 million dollars in 2014, however only generated \$300,000 to \$400,000 in fares.⁴⁸ Increases in fares have been discussed due to the financial challenges of the program.⁴⁹

"Dial-a-ride" Services

In addition to public transport and Paratransit, other subsidized ride services are available for older adults. These companies often contract with city or county entities to provide rides at reduced rates. Specific rates vary, both by provider and by individual rider, and in some cases there is no charge. Senior Transportation Connection (STC) is the largest of these providers serving Cleveland.

According to a representative from STC, most rides provided are for medical appointments. While Medicare covers the costs of emergency trips for many older residents, non-emergency medical transportation is a significant need for older adults. In some instances, in the absence of the ability to access non-emergency transport, some older adults use emergency transportation to get to a facility to care for non-emergency related medical issues, which is a major contributor to the rising cost of transportation services within the Medicare program.⁵⁰

Many of these subsidized transportation programs are reimbursed by Medicaid or Medicare for transportation services, in addition to relying on other sources of funding. As a result, the rules and restrictions for providers are exhaustive, which can be an impediment for other providers seeking to provide the service. Specifically, the cost to screen, train, and monitor drivers was noted by stakeholders as very costly and time consuming.

Taxi/Uber

Data on taxi travel and services like Uber, Lyft, and other private ride share companies are often not available,⁵¹ so it is difficult to know how frequently older adults utilize these services, though they are available in the Cleveland area. On-demand and flexible ride services may be attractive to older adults who typically rely on public transportation or other subsidized senior transportation that requires the rider to follow a strict schedule and share rides with others. Uber is working to respond to the transportation needs of the growing senior population and has launched several pilot programs across the country aimed at increasing ridership among

older adults. Columbus, Ohio, is one of the pilot program sites. The pilot includes application demonstrations for senior groups, free first ride programs, and the possibility of altering the app to make it more user-friendly. Some of the pilots include Uber rides that are subsidized in order to offer decreased rates.

Rates vary for taxi and other ride share services. However, according to an online analysis of rates, based on real fares, a typical short taxi ride in the city of Cleveland averages about \$16.00.⁵² Ride share services like Uber and Lyft cost about \$13.00-\$13.50 per ride, on average.⁵³ According to an Uber representative, in Cleveland, the base rate for an Uber ride is 40 percent cheaper than cab fare. A recently released study (funded by Uber) suggests that in low-income neighborhoods, Uber is both cheaper and more responsive than traditional cab services.⁵⁴ According to the representative from Uber, Uber offers many benefits to older adults, and could act as a good supplement to other forms of transportation, such as providing a way to connect to regional transit. However, Uber's availability is still more limited in Cleveland than it is in larger cities. Uber is still building in the area suburbs and is looking to expand its coverage with more drivers.

Potential difficulties for older adults in using ride-share services such as Uber are challenges with navigating the technology (many may not use Smart phones or devices), or finding accessible vehicles. Additionally, there could be limitations to the company's ability to contract for subsidized transportation, as Uber's background check requirements for drivers may not meet the criteria for funded programs.

Friends or Family Members

Friends and family members are frequently a source of transportation for older adults. According to the National Alliance for Caregiving, 83 percent of caregivers provide transportation to those they help.⁵⁵ However, these rides are not always offered free-of-charge, and some older adults report compensating friends and family members for rides at rates that would exceed the use of a taxi.



Walking

Many older adults walk frequently, both as a means of transportation, and as way to get exercise. Medical research suggests that walking plays an important role in living a long life free from disability.⁵⁶ While the health benefits of walking are well-established, older adults who walk by choice or necessity to appointments, stores, or social events can face challenges. Sidewalks may pose a risk if uneven or not wheelchair accessible. Additionally, intersections can pose a danger if signs are not well-marked or crosswalks are not well lit. Extended walk times at crosswalks, countdowns, and audible signals can be helpful to older adults. Safety is also an important consideration for older adults who walk frequently in their communities.

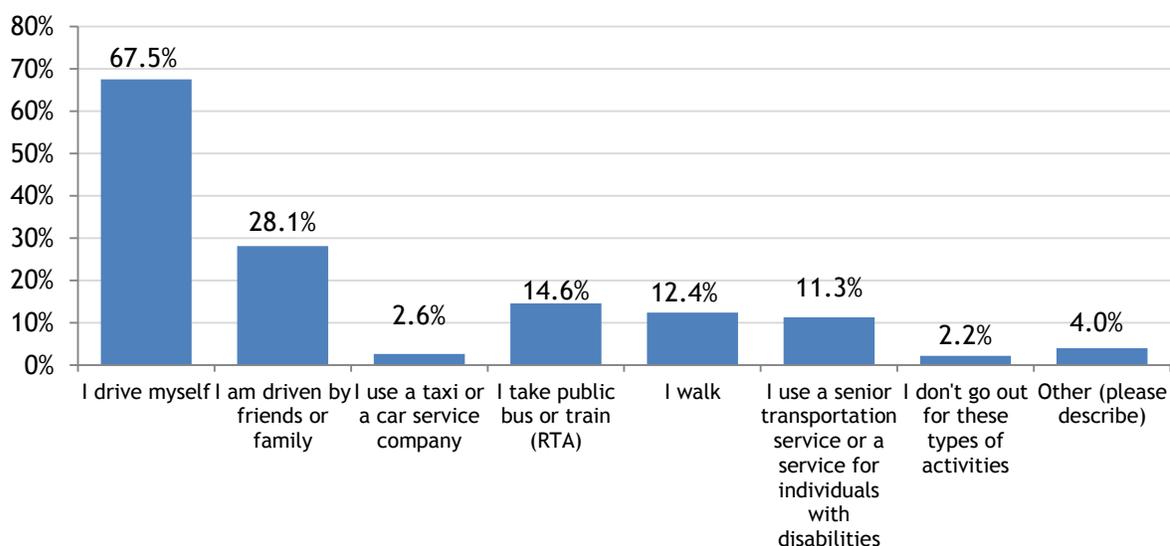
It is clear that there are many transportation options available for older adults, and each has unique challenges and benefits.

Current Status in Cleveland

Many Cleveland older adults drive. Sixty-eight percent drive themselves to appointments, errands, events, or community locations. Many other older persons (28 percent) are driven by friends or family members, while fewer than 15 percent (14.6 percent) report that public transportation is their usual means of travel. Eleven percent use a senior transportation service or a service for individuals with disabilities. Through focus group discussions, it was evident that most Cleveland older adults are not familiar with ride share services such as Uber or Lyft. Respondents could indicate more than one transportation method, so numbers do not add to 100 percent.

What is your usual way of traveling to appointments, errands, events, or community locations?

n=274

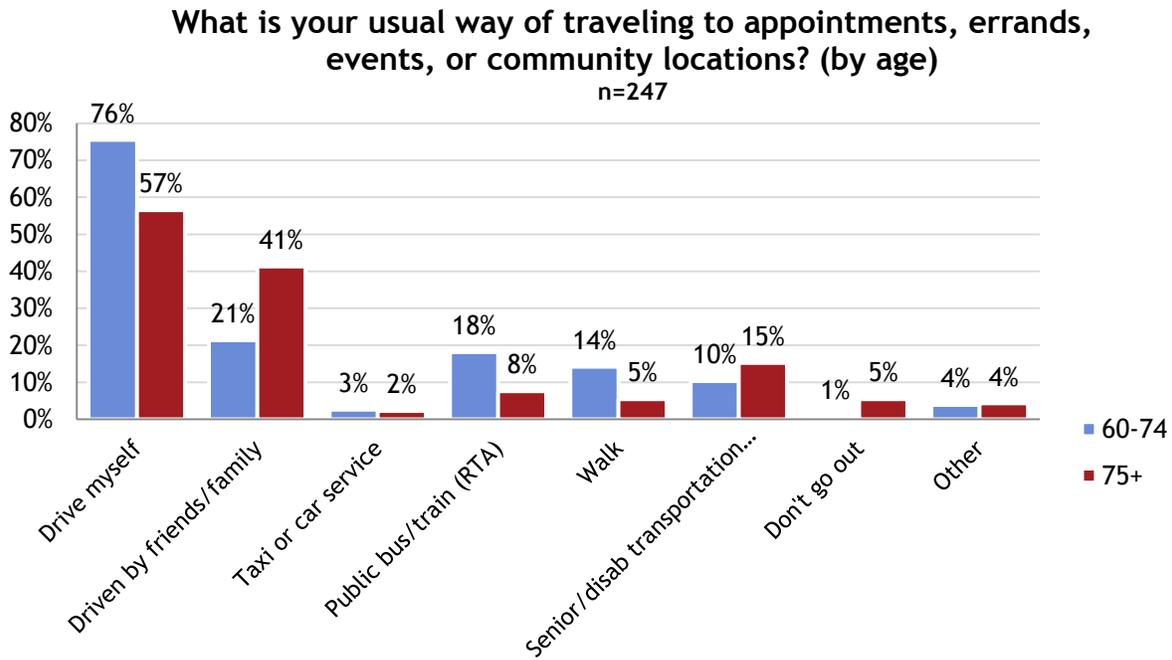


Riding a bike was among the “other” not listed options. The complete list of “other” responses is in Appendix XIV.

The respondents to the outreach questionnaire were more likely than those who completed the comprehensive survey to indicate that they take a public bus or train (22 percent) or use a senior transportation service (20 percent). Only 51 percent of respondents indicated that they drive themselves.

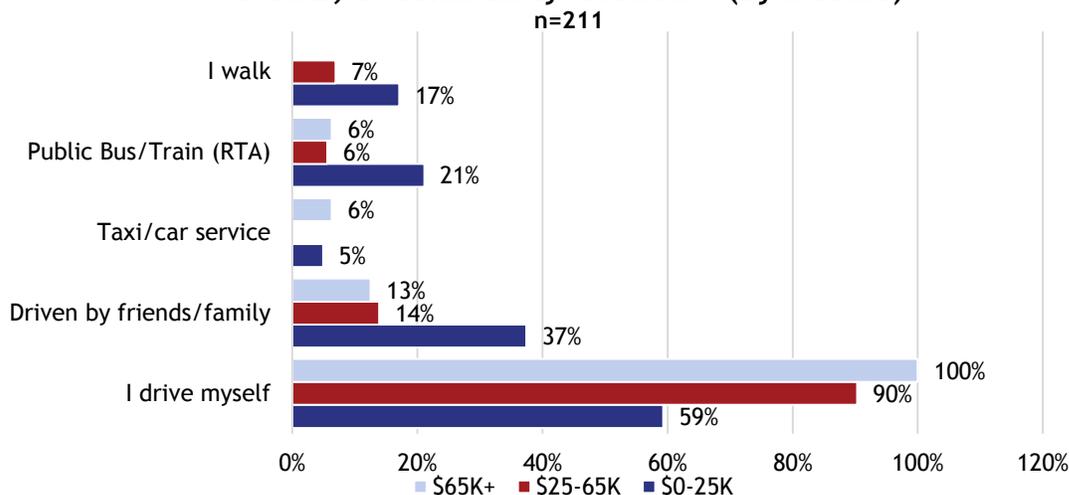
According to the comprehensive representative survey, Cleveland adults age 75 and older are less likely to walk to get around the community and more do not go out for appointments,

errands, or events. Residents 75 and older are also less likely to drive, and are more likely to be driven by friends or family members than their younger counterparts.



Differences were also evident across incomes. Among older adults with incomes below \$25,000 annually, most drive themselves or are driven by family; however, 21 percent utilize public transportation. Of those with incomes above \$65,000 per year, everyone reported driving as their usual means of transportation, fewer than 7 percent regularly use public transportation, and no one reported that they walk to get to appointments, errands, or events. This could indicate personal preference for driving or differences in available alternatives to driving where the person lives.

What is your usual way of traveling to appointments, errands, events, or community locations? (by income)

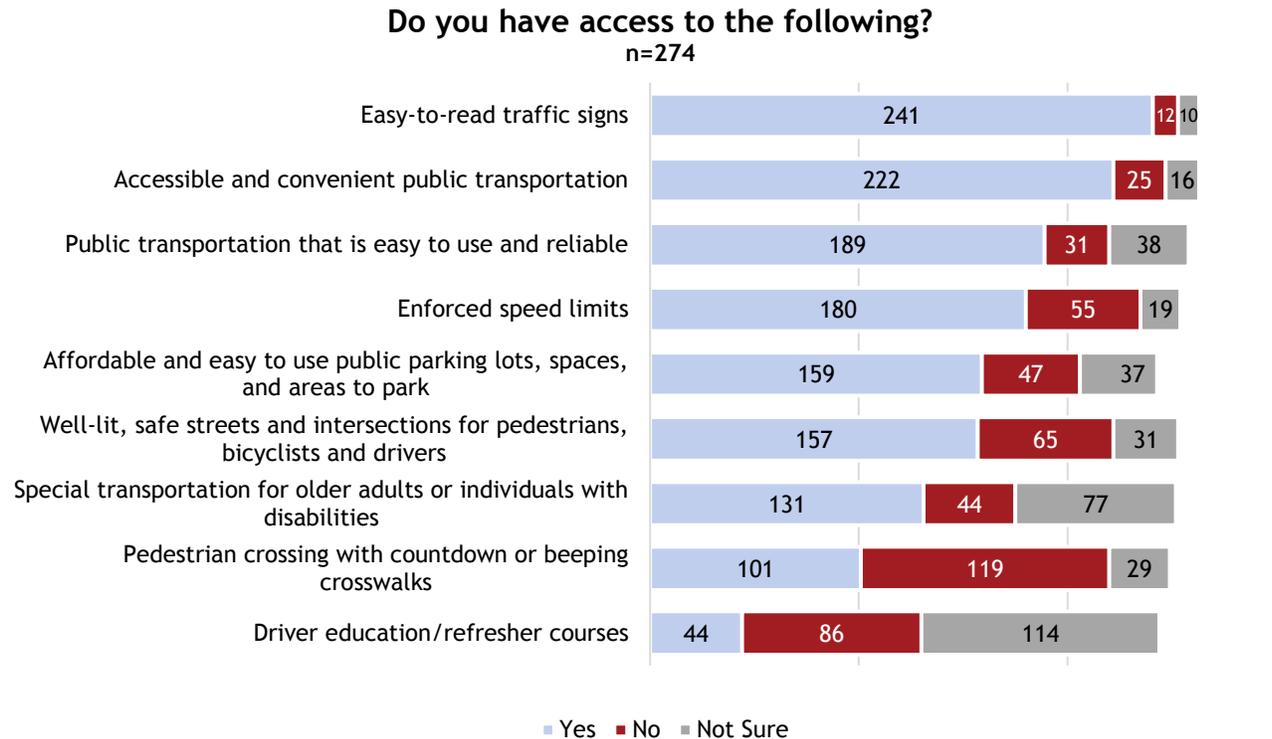


In the survey, most older adults find public transportation accessible and convenient, and almost three-fourths find this transportation easy-to-use and affordable. About half indicate access to special transportation for older adults or those with disabilities, while 18 percent report no access. In contrast, outreach questionnaire respondents were more aware of special transportation options; 79 percent of outreach survey respondents said, “yes,” they do have access to these options. Since most respondents completed the questionnaire while engaged with the aging network, it is possible that they utilize these services to a greater extent. Traffic signs are generally easy-to-read, according to the survey results, and 71 percent report that speed limits are enforced.

In the comprehensive survey, responses from those who said they regularly use RTA were overwhelmingly positive about public transportation. Ninety-five percent of this group reported having accessible and convenient transportation and 90 percent said public transportation is easy to use and reliable. However, few use RTA as their only source of transportation. Of the 40 individuals who regularly use RTA, 60 percent also walk, 35 percent are driven by others, and 32.5 percent drive themselves.

Parking can present a challenge for older adults who continue to drive, as a 2014 study illustrated. Complicated technology, such as self-pay machines, can be a burden. The study focused on older adults and hospital parking systems, and found that nearly half found parking machines complicated, and would prefer to pay a “cashier/human,” even if they had to wait, rather than deal with a machine.⁵⁷ However, about two-thirds of Cleveland older adults find public parking to be affordable and easy-to-access. Focus group data suggest that many older adults find parking in the downtown area particularly challenging, and that this contributes to an inability to enjoy the area’s amenities.

Sixty-two percent of Cleveland older adults say they have access to well-lit, safe streets and intersections. Lighting is an important variable for safe driving. According to the AAA Foundation, a 60-year-old driver needs 10 times as much light to drive as a 19-year-old, and colors become more difficult to decipher as people age.⁵⁸ Well-lit and easy-to-read signs can make driving more age-friendly, as can well-maintained roads and easy-to-navigate intersections.



Pedestrian crossings with countdown or beeping crosswalks were accessible to 40 percent of Cleveland older adults, while almost half (48 percent) reported no access to such crosswalks.

Driver refresher courses were also rated among the lowest transportation supports available; just 18 percent reported access to this service, and 35 percent reported no access. However, 47 percent stated that they don't know if they have access to these services, suggesting older adults may not be familiar with or actively seeking this service. Driver refresher courses may be useful in some instances when an older driver may benefit from an update on traffic patterns and road rules and regulations.

Residents over the age of 75 in Cleveland experience challenges with transportation differently than those between 60 and 74. These older residents were less likely to believe that traffic signs were easy to read and were less likely to find public transportation accessible and convenient. Similarly, 18 percent of Cleveland residents 75 and older reported that public transportation was not easy to use and reliable, compared to 9.5 percent of those aged 60 to 74.

Overall, 78 percent of Cleveland older adults reported having no problems traveling to appointments, events, or other community locations. And while challenges were identified throughout the focus groups, many older adults described an active lifestyle, and reported moving around the city using various forms of transportation on a regular basis.

With regard to public transportation, focus group research indicates that many have had positive interactions with both public transportation staff, including Paratransit, as well as private transportation providers, such as Senior Transportation Connection. Several participants identified the downtown trolley as a quality service and a good option for older adults. Many remarked about courteous drivers when using both public and private transportation. However, it was suggested that these programs could improve their outreach strategies so that a greater number of older adults were aware of available options. Additionally, throughout the focus groups, participants noted that Paratransit trips can take them away from their homes for an excessively long time. They often include waiting time to be picked up and dropped off, as well as stops for other riders along the way. This can be an inconvenience, and can lead to discomfort for older adults who may have health difficulties, need to use the restroom regularly, or are uncomfortable being away from their homes for long periods of time.

Ten percent reported difficulties with using public transportation. A common challenge cited during the focus groups was riding the bus with school-aged children. Many stated that the buses were too crowded on routes that pick up and drop off school children, which can make finding a seat difficult. Additionally, there were reports of rowdy behavior on these bus routes, resulting in discomfort for older adults. Since RTA buses are used for school transportation, these issues may be more prevalent in Cleveland than other cities. Currently, students in sixth grade and older are issued a public transit passes if they live more than a half-mile from the school they attend.

Participants in many of the focus groups noted that they regularly utilized, and now miss, the community circulator bus routes, which were eliminated by RTA in 2009 due to budget deficits. These local buses had smaller passenger capacity and covered fixed-loops at regular intervals, acting as a neighborhood bus service, as well as connecting to major bus and rail stops.

Access to a vehicle is of particular importance to older adults still in the workforce, and most Cleveland older adults do not seem hampered by lack of access. According to 2013 five-year estimates from the American Community Survey, most workers aged 60 and over—nearly 75 percent – drove alone to work; and only 5 percent of Cleveland older adults indicated through the comprehensive representative survey that transportation posed a barrier to employment. Among those who drive, focus group discussions suggest that most find the road signage in Cleveland to be clear, and that the city is relatively easy-to-navigate via car, when construction is not present.

According to the AARP, one-in-five seniors age 65 and older doesn't drive,⁵⁹ which aligns with the results from the comprehensive representative survey, where about 21 percent reported that they do not drive. Driving presents the most flexible option for individuals seeking to age in place. Lack of access to a vehicle was high among the challenges faced by survey takers when traveling in the community. Older adulthood presents a period of economic difficulty for many, particularly as individuals leave the workforce and begin living on retirement income. According to the AAA, in 2014, the total cost per year to own and drive a car can range from about \$6,000 per year to over \$12,000 per year.⁶⁰ This represents a significant portion of total income for many older adults, and is unattainable for many. However only 6.6 percent of Cleveland older adults indicated that cost was a factor, suggesting older adults face other barriers to driving that are not cost related, such as hearing or vision impairments. Additionally, while opinions were mixed, many focus group participants found that transportation options for older adults, such as Senior Transportation Connection and RTA, were affordable.

Safety was another major concern for older adults when traveling in the community. Nineteen percent reported that they don't feel safe walking to where they need to go, and this was a sentiment frequently echoed during focus groups. Safety fears are common among older adults using all forms of transportation. Many focus group participants spoke of neighborhood violence concerns while walking to and from bus or rail stops. Safety was also cited as a concern while riding on buses and trains, and during focus groups, several attendees pointed to the need for more security on public transit. Lighting at bus and train stops was also mentioned, as several members of the focus groups said that stops were poorly lit.

Do you face any of the challenges listed below when traveling to an appointment, event, or community location? (select all that apply)		
Answer Options	Response Percent	Response Count
I have no problems getting around.	77.5%	210
I do not drive.	21.0%	57
I can't afford a car or public transportation.	6.6%	18
I don't have others who are able or willing to take me.	7.7%	21
I have difficulties with parking.	3.3%	9
I have problems using senior transportation.	5.5%	15
I have problems using public transportation.	10.3%	28
I don't feel safe walking to where I need to go.	19.2%	52
Other (please describe)	6.6%	18
<i>answered question</i>		271
<i>skipped question</i>		12

“Other” challenges with transportation that were noted include limited mobility (trouble walking around) and challenges with inconvenient public transit scheduling. See Appendix XIV for a complete list of “other” responses.

Bike lanes were mentioned at focus groups as particularly problematic for older drivers, as some find them to be dangerous and difficult to understand. Others reported that bikers do not always use the lanes properly, which can be unsafe. Several requested more community information on how the bike lanes are intended to work.

Poor road conditions resulting from snowy or icy weather conditions can also be a barrier for older drivers, which is of particular importance in cities like Cleveland, where winters can be harsh. As drivers age, their response time is likely to increase, making it more difficult to manage quick stops or spinouts. Discussions took place at several focus groups highlighting issues with snow removal. Specifically, it was noted that the snow plows frequently push snow into driveways, blocking the drive. In periods of heavy accumulation, this is often unavoidable as plows have nowhere else to push excess snow. This was identified as a challenge in particular for those who had paid a private company for snow removal prior to their drive being blocked. Others noted that streets were not cleared adequately or in a reasonable amount of time.

Road maintenance and traffic are obstacles for older adults. Potholes were frequently cited as a concern among older adults in focus groups. Bumpy roads proved to be a concern not just for drivers; those using public transportation shared that the road conditions also impacted their ride and led to discomfort or safety concerns while seated on a bus.

Awareness about available transportation programs was cited as a challenge. As derived from focus groups, many seniors are unaware of the Senior Transportation Connection program, though it is advertised through the Cleveland Department of Aging. Some suggested that information about services and changes to RTA services (like routes or times) be better communicated. Public transport changes impact older adults significantly, as they may rely exclusively on public buses or trains to get around. For example, the termination of a bus line or a change in route times may alter an older adult's plans for travel.

For services such as Paratransit and other "dial-a-ride" services, scheduling can be a challenge. Many services require at least 24-hours advance scheduling, which means that older adults who utilize these services cannot receive services for spontaneous trips or to meet last-minute needs. Several focus group participants said that the need to schedule in advance was often problematic, and that the scheduling process overall was often onerous or confusing. Others did not share this concern.

Additionally, Paratransit requires a lengthy application process. According to the RTA website, applicants complete a 16-page application, which must be authorized by a licensed medical health professional. The completed application is mailed in and reviewed by RTA staff, at which point an eligibility and assessment interview is scheduled, and functional testing may be necessary. Eligibility status decisions may take up to 21 days.⁶¹

Choice is an important variable, and several older adults mentioned in focus groups that they felt restricted in where they could go due to limitations in transportation options. As one attendee at a community focus group lamented, “Our lives don’t end at 4:30 on Friday.” Rides to church on Sundays were cited as a need. While transport to medical appointments is regularly available through several local options, travel to “life-enriching” destinations is more problematic.⁶²

Certain vehicles may be more age-friendly than others, and this at times causes problems for older Cleveland residents. Features that may be helpful to older adults in cars include height adjustable seats, good visibility, easy-to-read gauges and buttons, and large mirrors. In the focus groups, several Cleveland older adults referenced challenges getting into transport due to high steps, including public buses, Paratransit, and STC. Several focus group participants noted that parking spaces designated for those with disabilities are often taken by those without disabilities. While some older adults may be able to access disability parking permits, those who cannot may face long walking distances to businesses, which can be a barrier to getting around. Those with parking permits often face an insufficient number of eligible spots. According to the BMV, in 2012, nearly 140,000 disability permits were used in Cuyahoga County.⁶³

Highlights

- *Most older adults in Cleveland report having no or few difficulties getting around, and most report accessible and affordable transportation.*
- *Scheduling difficulties and limited routes present challenges for older adults when using senior transportation services, including Paratransit.*
- *Many Cleveland older adults lack awareness of existing transportation assistance programs, indicating the need for more outreach and education on available services.*
- *Fears about safety are prevalent among older Cleveland residents when traveling throughout the city, and in particular while waiting for and riding public transportation.*
- *Poor road conditions, including snow and ice covered roads during the winter, are problematic.*



Housing

Overview of Domain

Housing is a basic need for all people, and this domain is concerned with ensuring that older adults have access to housing that provides an affordable and safe place to continue to grow old. The World Health Organization points to the following key elements:

- *Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.*
- *Sufficient and affordable home maintenance and support services are available.*
- *Housing is well-constructed and provides safe and comfortable shelter from the weather.*
- *Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.*
- *Home modification options and supplies are available and affordable, and providers understand the needs of older people.*
- *Public and commercial rental housing is clean, well-maintained, and safe.*
- *Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.⁶⁴*

Older people have diverse housing preferences and needs, and an age-friendly city should have a spectrum of housing options (including single family homes, senior apartments or housing complexes, condominiums, and others) available to meet the needs of older adults. Services and supports can help older adults age in place, if they wish to do so.

Affordability

Housing costs, including utilities, are generally considered affordable if they are less than 30 percent of household income. Owner costs include mortgage, home equity loans, real estate taxes, homeowners insurance, and utilities; rental costs include contract rent and utilities (if paid separately). According to the Elder Index developed by Wider Opportunities for Women, older adult renters in Cuyahoga County require \$630 per month to meet basic housing costs, while owners require \$1,199.⁶⁵ In general, renters are much more susceptible to housing cost burden than homeowners. Nationally, 52.9 percent of renters age 60 and over spent more than 30 percent of their income on housing costs, compared with 27.8 percent of older homeowners.⁶⁶

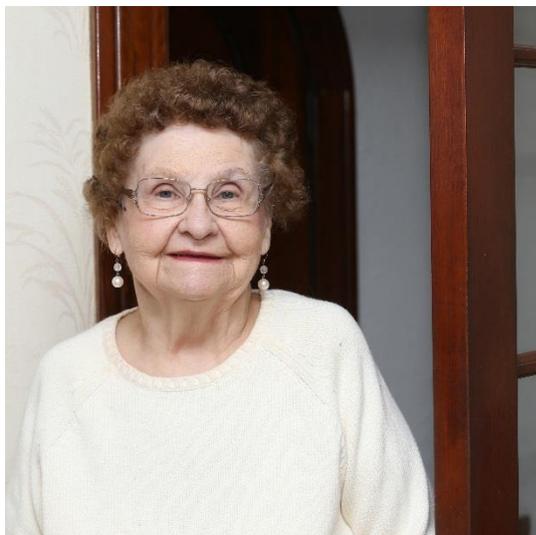
There are a variety of ways to make housing more affordable for older adults. In Ohio, low-income homeowners ages 65 and over who meet income criteria are eligible to receive the Homestead Exemption, which exempts them from paying property taxes on \$25,000 of the market value of their home.⁶⁷ Many other states have similar property tax relief programs for older adults. This helps ease the tax burden on their home, and makes housing more affordable. For low-income older adults, there are options for public assistance with housing. Based on income and eligibility requirements, older adults may qualify to live in public housing, such as senior high rise apartments, intergenerational housing, or other subsidized housing. In many cases, living in senior subsidized housing can cut down on expenses in other areas as well,

because often other services such as transportation or health services are offered at the residence. The Housing Choice Voucher Program (also known as Section 8) is another program that helps make housing more affordable. Older adults who qualify pay a percentage of their income and receive a voucher that can be used to rent an apartment or house in the private rental market.⁶⁸

While these programs help ease the housing burden for older adults, considerable challenges remain. Even for older adults who own homes and no longer pay a mortgage, higher taxes can threaten to price them out of their homes. Limited units and scarce resources can lead to long waiting lists for certain types of subsidized housing and rent vouchers. Older adults with fixed incomes may find it hard to keep up with rents that rise each year, and moving regularly to keep rents down may not be a practical option. Additionally, costs of utilities may create challenges for older adults; affordable utilities are essential to allowing older adults to safely and comfortably age in place.

Conditions & Design

In areas like Cleveland, where much of the housing stock is older, it is important to consider the housing conditions that face older adults. In the city of Cleveland, the median year to which residential structures date is 1920. According to Cleveland City Planning Commission, “the oldest housing in the city is found in the neighborhoods immediately adjacent to Downtown.”⁶⁹ Ideally, older adults would live in homes with age-friendly design in order for them to live safely and comfortably. Multi-level homes may create barriers for older adults with mobility issues, especially if the bedrooms or bathroom are located only on an upper level. Older homes are also prone to having design issues that are barriers for older persons, such as uneven floors and surfaces or narrow passages and doorways that are too small to accommodate a wheelchair. Home repair for older homes can be costly, and deferring maintenance means that problems may become more difficult to address. Since Cleveland often has extreme weather, homes must have adequate heating and cooling systems, as well as windows that are in good condition and proper insulation.



According to a study by the Centers for Disease Control and Prevention, the unintentional fall death rate has steadily risen in adults age 65 and older over the past decade.⁷⁰ In Cleveland, falls on the same level (those that do not involve stairs) was the second most common mode of death recorded by the Medical Examiner for people over age 60. To help prevent falls and other safety risks, homes should be equipped with safety features, such as smoke and carbon monoxide detectors, railings in stairways, and grab bars in showers and bathtubs. Older adults who use a wheelchair, walker, or scooter may need to make modifications to their

home to accommodate their mobility issues. These may include adding a ramp to the outdoor entryway, installing a chair lift (and adjusting the stairway to accommodate it if necessary), installing a shower (with chair) rather than a bathtub, or other modifications that accommodate older adults.⁷¹

Older homes may need considerable repairs or modifications, which may not be financially feasible for many older adults. Older housing may also have structural problems, electrical hazards, or code violations that can go unnoticed when someone resides in the same home for decades. For newer construction or renovation of condominiums, apartment buildings, and senior housing, architects and property owners should build units that are in line with Universal Design standards, so that they will be accessible to all people, including older adults.⁷²

Maintenance

Many older adults find maintaining their home a challenge, and it can prevent them from being able to age in place. Indoor maintenance, such as plumbing and electrical work, can be difficult for people to manage on their own, and it is often expensive to hire professionals. Regular cleaning tasks may be challenging, but a lack of regular housekeeping can create unsafe environments for older adults. Outdoor maintenance, such as lawn and garden care, raking leaves, and snow removal, can be a burden and pose safety risks to older adults. Larger home repair projects, such as roof and siding replacement or repair, can be cost prohibitive, and many older adults struggle to find trustworthy contractors to do the work.

For older adults who rent or live in subsidized housing, the burden of maintenance is lifted, but landlords still need to be responsive to maintenance requests so that repairs can be done well and in a timely fashion.

Living Environment

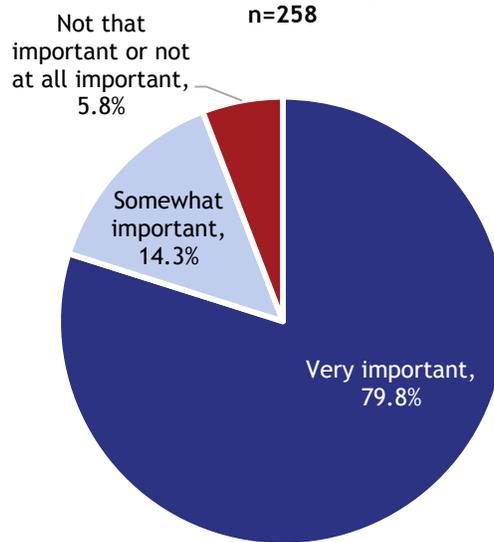
No matter what kind of housing older people live in, it is important that they have a living environment that is safe and where they can be connected with the community around them. For older people who are concerned about safety, such as risk of falls inside their homes, emergency monitoring devices are a good way to provide peace of mind for them and their families. Home security systems can also be helpful for older people who live alone and are concerned about break-ins or crime in their neighborhood. Older adults who get to know their neighbors will also feel less isolated at home, and can often have neighbors help with maintenance tasks, like snow removal.

Current Status in Cleveland

Cleveland older adults place high value on aging in their homes. Nearly 80 percent indicated that it was “very important” to be able to remain in their home as they age, and fewer than 6 percent indicated that it was “not that important” or “not at all important.” As older adults age, their feelings often become stronger; 88 percent of those age 75 and over said it was very important to them to be able to remain in their home. The importance of aging in place for

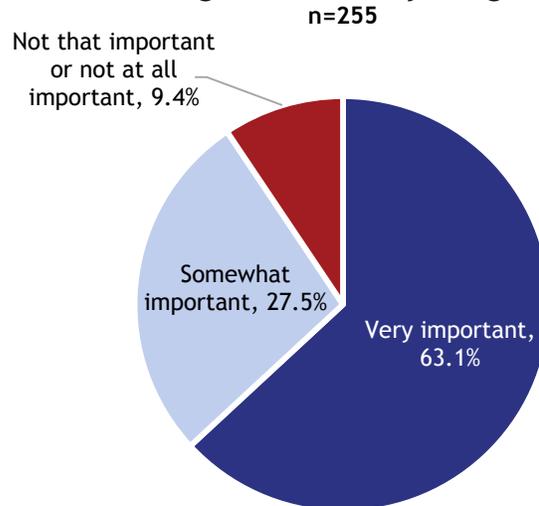
Cleveland older adults is slightly higher than for older adults around the country. A national survey found that 81 percent of Cleveland older adults intend to age in place, while nationally only 77 percent of seniors intend to age in place.⁷³

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



Older adults may prefer to stay in their neighborhood or community if they need more assistance and are unable to live independently in their homes. Sixty-three percent of Cleveland older adults indicated that it is very important that they be able to remain in their neighborhood as they age, and 27.5 percent indicated that it is somewhat important.

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

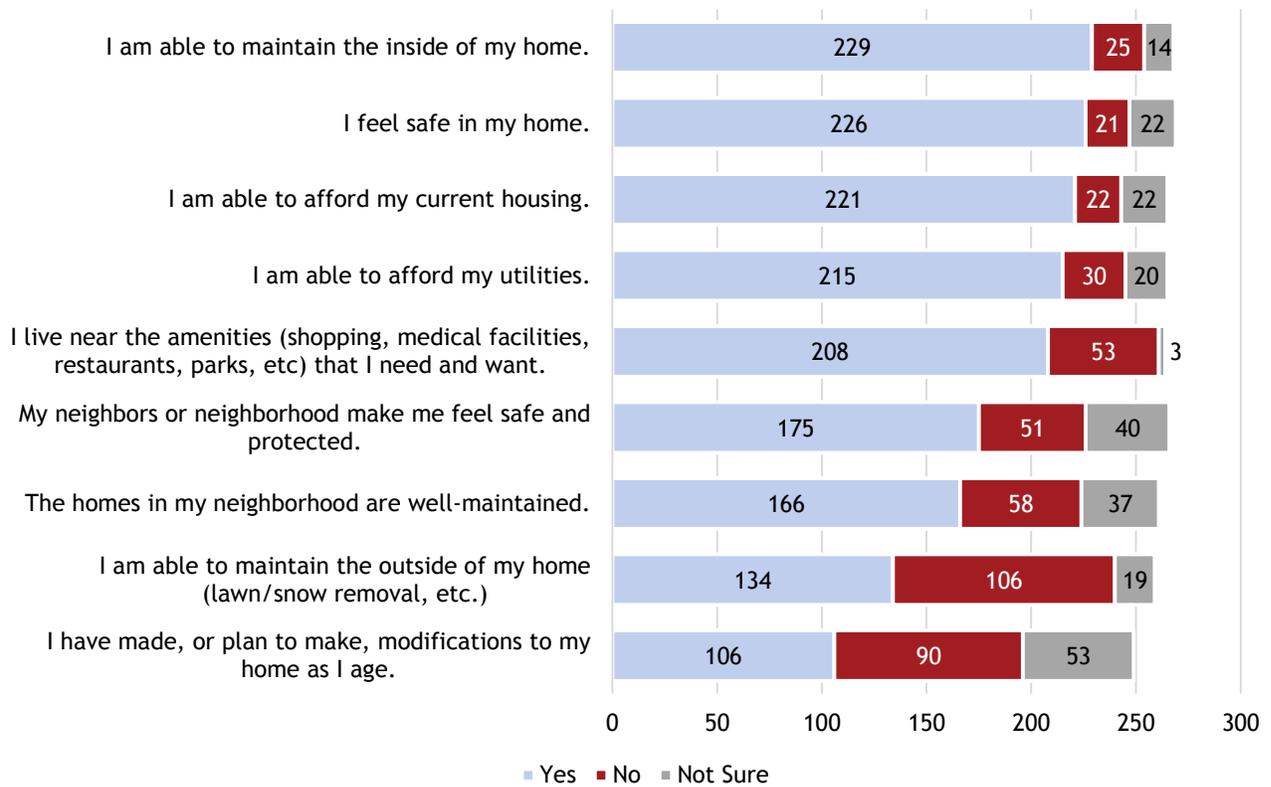


Four respondents indicated that they have experienced homelessness in the past three years, though vulnerable and transient populations like the homeless may have been less likely to be included in our sample. According to data collected by the Cleveland/Cuyahoga Office of Homeless Services, in the past year, 275 older adults (ages 62 and over) needed emergency shelter, and 83 older adults lived in transitional housing.⁷⁴ Older adults (ages 62 and over) represented 6 percent of the shelter population and the transitional housing population in the past year.

Older adults in Cleveland generally feel positive about their current housing, their ability to pay for and maintain that housing, the area where they live, and their safety in and around their home. Between 80 and 85 percent of respondents agreed with the statements, “I am able to maintain the inside of my home,” “I feel safe in my home,” “I am able to afford my current housing,” and “I am able to afford my utilities.” One of the most concerning housing issues for respondents was outdoor maintenance such as lawn care and snow removal. Fifty-two percent of older adults indicated that “yes,” they are able to maintain the outside of their home, while only 38 percent of outreach questionnaire respondents responded “yes.” Fewer have made, or plan to make modifications to their home as they age. Since home modifications can make aging in place both more safe and more comfortable, this may be an opportunity for additional programming.

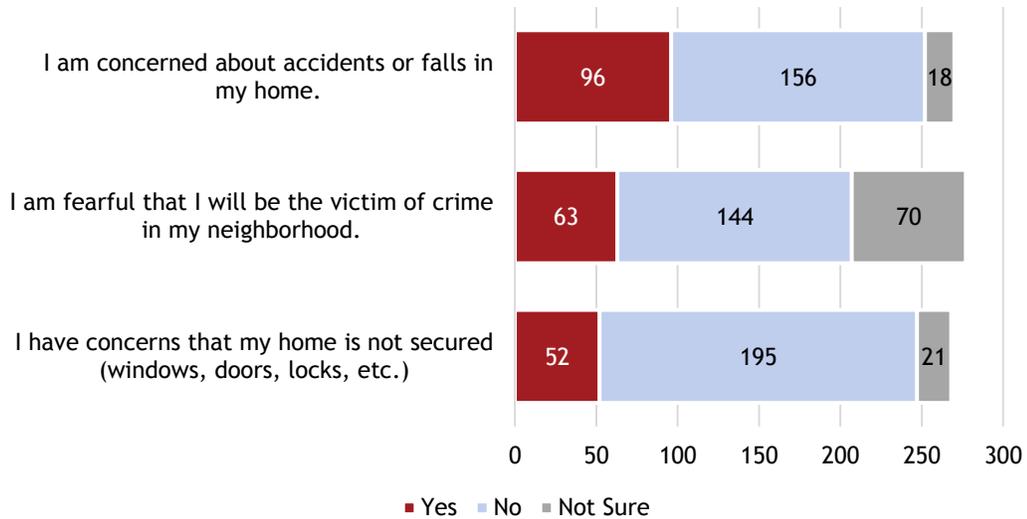
Do you agree with the following statements?

n=268



Most older adults in Cleveland feel safe in and around their homes. Approximately 36 percent are concerned about accidents or falls in their homes, 23 percent fear that they will be the victim of crime in their neighborhood, and 19 percent are concerned that their home is not secured. Outreach questionnaire respondents were less likely to say they live near the amenities that matter to them; only 62 percent of respondents indicated that “yes,” they live near the amenities they need and want (compared with 79 percent of comprehensive survey respondents).

Do you agree with the following statements?



In general, the affordability of housing keeps the cost of living lower in Cleveland, especially when compared with the rest of the country. While the vast majority of older adults said that they can afford their current housing, focus group participants had mixed feelings about this topic. Some participants agreed that housing is affordable. Others expressed that there are not enough housing options in the city, waiting lists for certain public housing locations can be long, and housing costs prevent them from moving to an apartment that might otherwise be better for them. Other participants shared that older persons downsize from houses to apartments or condos in order to reduce their housing cost. Some participants noted that there is low-priced housing available in Cleveland’s neighborhoods, but it does not seem safe or adequate.

Some possible innovative housing solutions include intergenerational housing options for older adults raising grandchildren and shared living options for older adults. Some focus group participants had experienced these housing models and had positive feedback, though those arrangements were not without challenges. Cleveland has no shortage of single and multi-family housing; the challenge can be finding a place that is a good match for older adults. Some shared in focus groups that they live alone in a large single or double, so much of the house goes unused. Some expressed safety concerns about finding tenants to live in the house. Participants pointed out that there is a lot of new housing development in the city, such as condominiums or apartments, but noted that the new housing is often expensive and may not be a good option for older adults. While there are nursing homes available in the city, finding

affordable assisted living can pose a challenge for older adults who want to retain some independence but need some assistance with activities of daily life.

Age-friendly housing design also received mixed feedback in the focus groups. Some participants were pleased with the accessibility features in their house or apartment building; some even noted that in their public housing, it is fairly simple to have design modifications made or switch units with a doctor's note. Others expressed frustration at elevators in their buildings that were unreliable, which creates challenges.



Indoor and outdoor maintenance were a concern raised in focus groups. Participants shared that they worried about safety when completing routine maintenance tasks, especially snow removal; they were concerned about falls, or did not feel they could do the work themselves. Some had family members or neighbors frequently help them with snow removal or other maintenance tasks. Participants noted that hiring people to help with maintenance can be expensive, and it can be difficult to know which

businesses to trust. Many participants were familiar with various programs to help with indoor and outdoor services, and agreed that these programs were useful to older residents. Others noted that services provided were not adequate; they had limits to how often they could help, how much they could do, they were unreliable, eligibility requirements were too stringent, or older adults did not know how to apply for assistance.

Focus group participants also shared challenges with cleanliness where they live. Some said that common areas such as stairways and halls in apartment buildings or subsidized housing were not frequently cleaned. Others have experienced challenges with bugs and pests in apartment buildings, which, in Cleveland, is the responsibility of the landlord to correct.

Many in the focus groups noted concerns about housing code violations and abandoned housing in their neighborhoods. Residents shared frustrations about reporting code violations. They also felt that vacant and abandoned homes in their neighborhoods were dangerous and encouraged criminal activity. Rats, skunks, and other pests around these homes were identified as a nuisance by some. Some noted safety issues in their neighborhoods, and were concerned about break-ins and violence. Others felt that police presence, security guards in their apartment buildings, and security cameras around their buildings helped them to feel secure at home.

Highlights

- *Cleveland older adults place a high importance on aging in place; 80 percent hope to remain in their home as they age.*
- *Older adults in Cleveland generally feel positive about their current housing, their ability to pay for and maintain that housing, and the area where they live.*
- *Neighborhood and community safety is an important concern to many older adults; vacant and abandoned homes, as well as violent crime in the community, create barriers for older adults to walk in their neighborhoods and feel connected to their community.*
- *Indoor and outdoor maintenance were a concern in focus groups. Participants shared that they had safety concerns when completing routine maintenance tasks, especially snow removal; they were worried about falls, or didn't feel they could do the work themselves.*
- *While some senior housing complexes and private residences have design features that make them accessible to older adults and people with disabilities, many homes need additional modifications in order for them to be comfortable and safe residences in which older adults can age in place.*



Social Participation

Overview of Domain

Participating in cultural, social, spiritual, and leisure activities in the community or spending time with friends and family often becomes more difficult as people age, yet is critical for an individual's health and well-being. Social participation is key to remaining connected to one's community and staying informed.

Social isolation, or the lack of social participation, has harmful impacts on a person's mental and physical health. A 2012 study found that both social isolation and loneliness are associated with a higher risk of mortality in older adults.⁷⁵ Isolation, in terms of contact with family and friends and participation in civic organizations, is significantly associated with mortality, even after adjusting for demographic factors and baseline health.

People who are socially isolated are more vulnerable to elder abuse⁷⁶ and more concerned about being able to stay in their homes.⁷⁷ Social isolation and loneliness has been found to be a risk factor for a variety of health conditions including cognitive decline, high blood pressure, long-term illness, and depression.⁷⁸ According to the National Council on Aging, physical and geographic isolation often leads to social isolation.

The World Health Organization identifies the following elements in the Social Participation domain:

- *Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.*
- *Events are held at times convenient for older people.*
- *Activities and events can be attended alone or with a companion.*
- *Activities and attractions are affordable, with no hidden or additional participation costs.*
- *Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.*
- *A wide variety of activities is offered to appeal to a diverse population of older people.*
- *Gatherings including older people are held in various local community spots, such as recreation centers, schools, libraries, community centers, and parks.*
- *There is consistent outreach to include people at risk of social isolation.*⁷⁹



Social participation involvement often depends on personal initiative.⁸⁰ However, continuing to participate in community activities can become more difficult as a person ages as a result of

changes in physical health and social roles, such as retirement and children moving away. A major study of Canadian older adults found that 80 percent of seniors were frequent participants in at least one social activity.⁸¹ The author stated, “As the number of different types of frequent social activities increase, so did the strength of associations between social participation and positive self-perceived health, loneliness, and life dissatisfaction.”⁸²

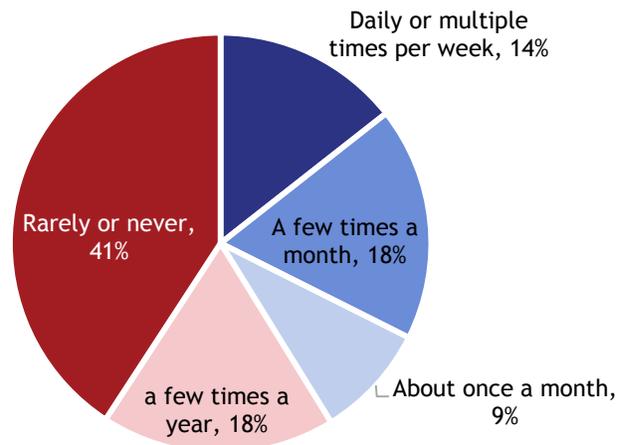
Age-friendly cities are places where a wide range of opportunities for participation in activities and events are available. This domain recognizes that availability is not enough, but that opportunities for social participation must be well-publicized so older persons are aware of them, accessible, and affordable, and participation by older adults should be actively encouraged.

Current Status in Cleveland

With multiple professional sports teams, world-class cultural institutions, and numerous regular community events, Cleveland has a wide range of available opportunities for social participation. However, many Cleveland older adults thought these opportunities were not conveniently located, and cost was often cited as a barrier to attending.

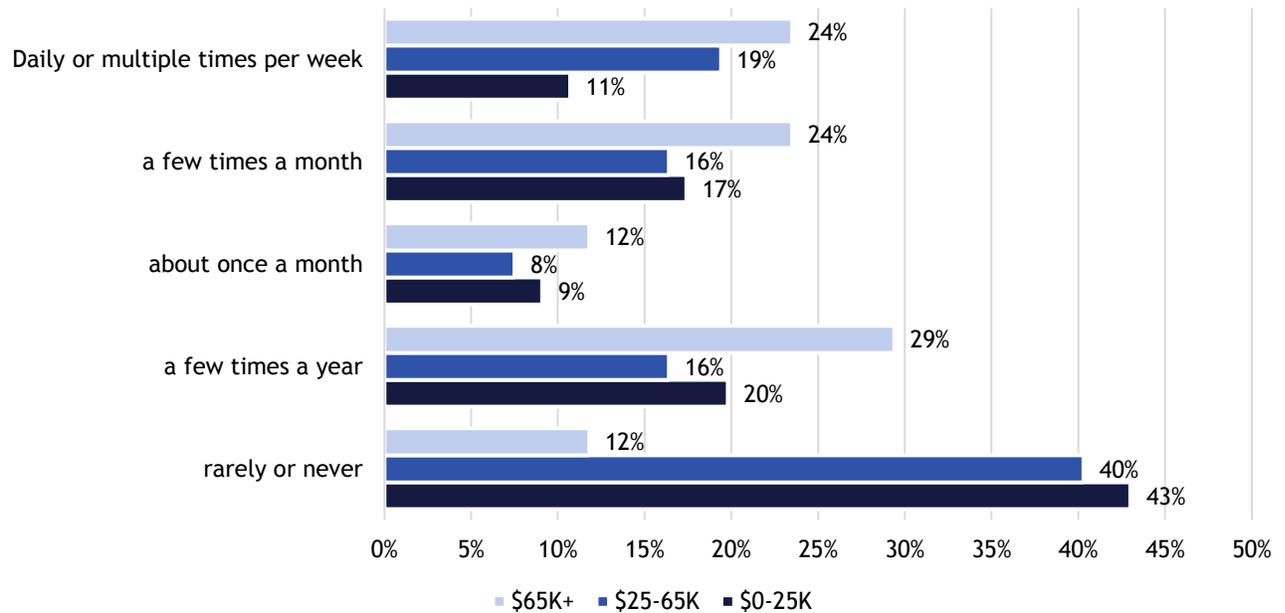
Approximately 40 percent of older adults in Cleveland reported that they “rarely or never” participate in social/community events. The rates of reported social participation were not significantly different between the two age groups examined.

How often do you participate in social/community events?
n=283



Although the differences are not statistically significant, survey respondents with higher incomes (above \$65,000) appeared more likely to participate regularly in social or community events than those with lower incomes.

How often do you participate in social/community events?



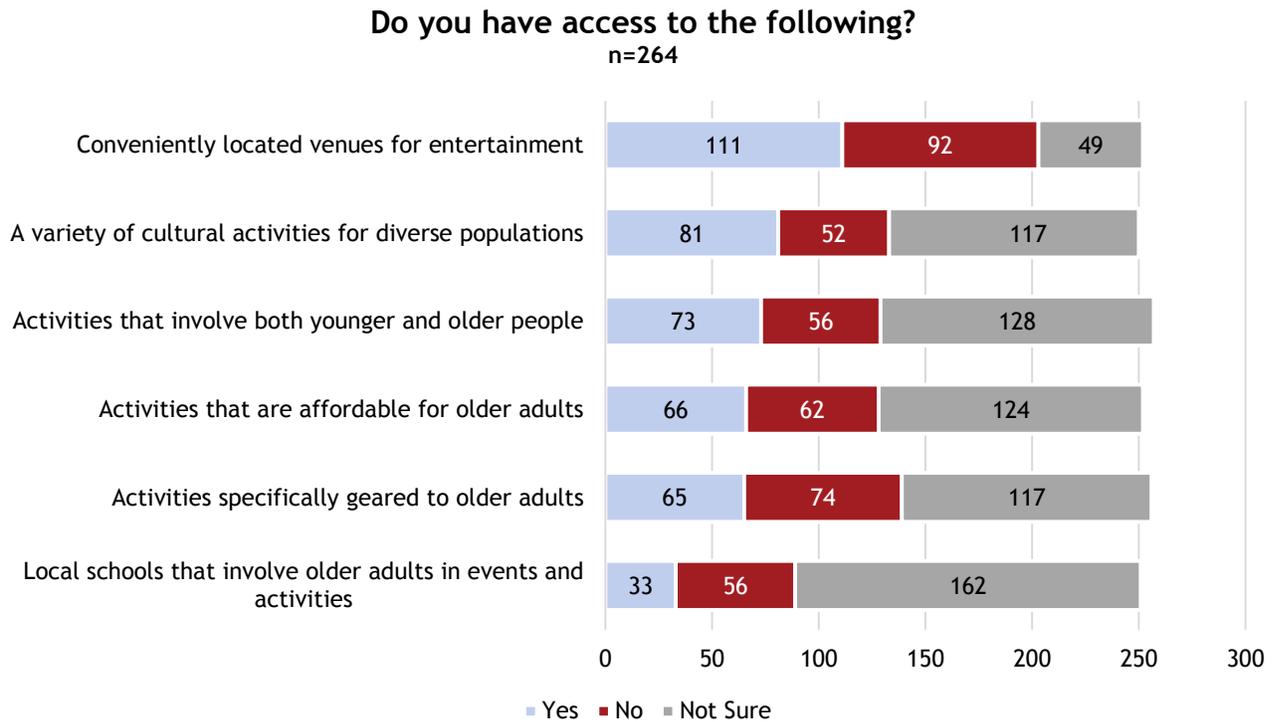
One of the overarching themes that emerged from the survey and focus groups was that older persons, like people of any age, have differing levels of interest in certain activities. Cleveland older adults participate in a variety of activities. More than half reported currently participating in family gatherings, restaurants, and church activities. Lifetime learning, sporting events, and concerts were the activities most frequently identified as those in which older adults would like to participate. Yet, more than a quarter indicated no interest in participating in live theater, lifetime learning, sporting events, physical recreation, and concerts. The overlap displays how much individual preferences impact this domain.

Do you participate in the following activities? (response counts)			
Answer Options	I currently participate	I would like to participate	I have no interest
Family gatherings	196	29	16
Restaurants	151	48	24
Church activities	140	40	50
Shopping for fun	135	44	45
Movies	102	47	57
Community events	93	66	51
Physical recreation activities	68	78	62
Concerts/ musical performances	64	86	56
Sporting events	61	57	86
Live theater	59	77	68
Lifetime learning opportunities	49	90	65
Other (please specify)	25	7	3

A variety of other activities were identified and a full listing can be found in the Appendix.

Many older adults were unsure about the availability of certain aspects that make a community age-friendly in terms of social participation. For example, 65 percent said that they were not sure if they have access to “local schools that involve older adults in events and other activities.” This could indicate a lack of information, or a lack of interest in certain activities by respondents. There were no significant differences between younger older adults and those over age 75.

The individuals who completed the outreach questionnaire were more likely than the respondents to the comprehensive survey to express certainty about the availability of activities for older adults in the community, meaning they were less likely to select “not sure.” However they were largely divided in their responses. On average, approximately one-fourth of those taking the questionnaire indicated that they have access to the range of activities listed, and 35 to 40 percent indicated a lack of access.



On the survey, 35 percent of older adults indicated that they did not have access to conveniently located venues for entertainment. This barrier was repeated by individuals who participated in the focus group and is likely tied to transportation challenges. In several focus groups, individuals noted that there are lots activities available, but often people do not know about them. Others indicated surprise to hear of events in which others had participated.

The most popular community or social activities were family gatherings (71.8 percent), restaurants (55.3 percent), and church activities (51.3 percent). Interestingly, these are activities which are organized by individuals, rather than agencies that serve older adults.

During the focus groups, senior centers and recreation centers were frequently cited as places where older persons feel welcome and can participate in a variety of community activities. Many mentioned the free days at the Cleveland Zoo, and appreciated when outings to cultural institutions, casinos, or other activities were arranged by organizations. Wade Oval Wednesday was cited by participants in several focus groups as an activity that they see as a community asset.

Libraries are also a valuable community resource for older adults. The Cleveland Public Library network, home to 30 local branches in the city of Cleveland, has earned nationwide recognition from the Library Journal.⁸³ Library branches around the city offer opportunities for older adults to continue their education, be involved in social activities, and take advantage of the many resources that the library offers. To help prevent homebound and disabled individuals from becoming isolated, the library offers a variety of supplementary services, such as homebound service (available with a note from a doctor), and a wheelchair accessible bookmobile that makes regular stops at many senior housing facilities around the city.

High costs and a lack of transportation were barriers to social participation that came up in nearly every focus group. When asked, several groups indicated that around \$15 would be a good price for older adults to pay to attend special events. Communication, or not knowing about available opportunities for social participation, was also frequently cited as a reason older adults do not participate in social or cultural events. Many individuals expressed a desire to attend professional sporting events, but again noted that ticket prices and transportation were a significant barrier.

Activities or events in which older adults indicated that they would like to participate could be areas of opportunity for increasing social participation. From the survey, sporting events, lifetime learning, physical recreation, and concerts fell into this category. However, large portions also indicated that these same activities are things in which they are not interested.

This can be explained, at least in part, as differences between younger older adults and those over age 75. For several types of activities, those in the higher age category were twice as likely as their younger peers to indicate that they had no interest in participating. This includes concerts/ musical performances, physical recreation activities, lifetime learning opportunities, and live theater. Given this data, engaging adults over age 75 in social or cultural activities may be more challenging.



Lesbian, gay, bisexual, and transgender (LGBT) older adults may face additional risk factors for social isolation. According to the advocacy organization Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), there are 1.5 million LGBT older adults in America. SAGE reports "... the research shows that LGBT elders face higher disability rates, struggle with economic insecurity and higher poverty rates, and many deal with mental health concerns that come from having survived a lifetime of discrimination."⁸⁴ LGBT older adults are more likely to live alone, be single, and have no children. Therefore, they may have less family support, or feel stigmatized or secluded from the broader community. All of this may contribute to increased feelings of social isolation and the need for greater community support. In fact, in a survey SAGE Cleveland conducted with LGBT older adults in Northeast Ohio, 39 percent reported feeling lonely, isolated, or frequently depressed, and one-fourth reported incidence of verbal harassment in the past five years. Programs and opportunities for social interaction specifically targeting this demographic can help; however, there is currently a lack of resources available in Northeast Ohio.⁸⁵

Highlights

- *Approximately 40 percent of older adults in Cleveland reported that they "rarely or never" participate in social/community events. Social participation was not significantly different between the two age groups examined.*
- *Older adults in Cleveland participate in a variety of activities. The most popular were family gatherings, restaurants, and church activities.*
- *The majority indicated that they did not have access to conveniently located venues for entertainment. This barrier was repeated by individuals who participated in the focus group and is likely tied to transportation challenges.*
- *Activities or events in which older adults indicated that they would like to participate could be areas of opportunity for increasing social participation. Sporting events, lifetime learning, physical recreation, and concerts fell into this category.*



Respect and Social Inclusion

Overview of Domain

Feeling respected and included in one's community is imperative to well-being as people age. According to the World Health Organization, key elements to a respectful and inclusive age-friendly city is one in which:

- *Older people are regularly consulted by public, voluntary, and commercial services on how to serve them better.*
- *Services and products to suit varying needs and preferences are provided by public and commercial services.*
- *Service staff are courteous and helpful.*
- *Older people are visible in the media, and are depicted positively and without stereotyping.*
- *Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.*
- *Older people are specifically included in community activities for "families."*
- *Schools provide opportunities to learn about aging and older people, and involve older people in school activities.*
- *Older people are recognized by the community for their past as well as their present contributions.*
- *Older people who are less well-off have good access to public, voluntary, and private services.⁸⁶*

Being a part of a respectful and inclusive community can play a significant role in an older adult's physical and emotional well-being. However, achieving this type of community is a multifaceted endeavor. Specifically, the attitude of the business community towards older adults in delivering respectful and inclusive services is important to this domain, including age-friendly websites and staff. For example, declines in vision and changes in cognitive functioning (including memory) may lead to difficulties when interacting with websites. Large fonts, clear instructions, and speech functions can remediate these difficulties.⁸⁷ Businesses may become more age-friendly by using larger fonts for signage, making products on shelves easily reachable, offering personal, individualized assistance to consumers, and making discounts available to older adults. Older adults remain optimistic about businesses adapting to their needs as the population ages; a 2015 survey shows 43 percent believe that "businesses will offer more products and services that meet the needs of older adults."⁸⁸

This domain also takes into account the perceived attitudes of younger generations toward older adults. According to a recent survey of older adults, more than half reported that they feel like young people today are less supportive of older adults than their generation was. Older adults also reported that most of the conceptions about aging are negative, including that younger people do not think that they will get older or die, that older adults can take care of

themselves or do not need help, and that a specific age makes you old.⁸⁹ This demonstrates that many people do not feel adequate respect and acknowledgement from young people as they age.

Additionally, this domain includes an emphasis on how older adults are portrayed in the media and in the community at-large. In a study examining older adults and media, “nearly two-thirds of baby boomers responding to this survey said that they are growing increasingly dissatisfied with media that ignores them and that they are tuning out.” The media, including advertisers, often rely on stereotypes when portraying older people.⁹⁰ Research suggests that stereotypes about older adults are widespread, and include the belief that all older people are weak, incompetent, hard of hearing, and forgetful.⁹¹ These are important considerations in age-friendly cities, as such stereotypes can lead to discrimination and a lack of opportunity.



Sufficient opportunities for positive family and intergenerational interactions are important to age-friendly communities. In a recent study of 1,000 older adults, family was named as the most important group of people in supporting their quality of life.⁹² However, changes in family structures can mean that older adults may be less likely to live near their families, so opportunities to interact with community members from multiple

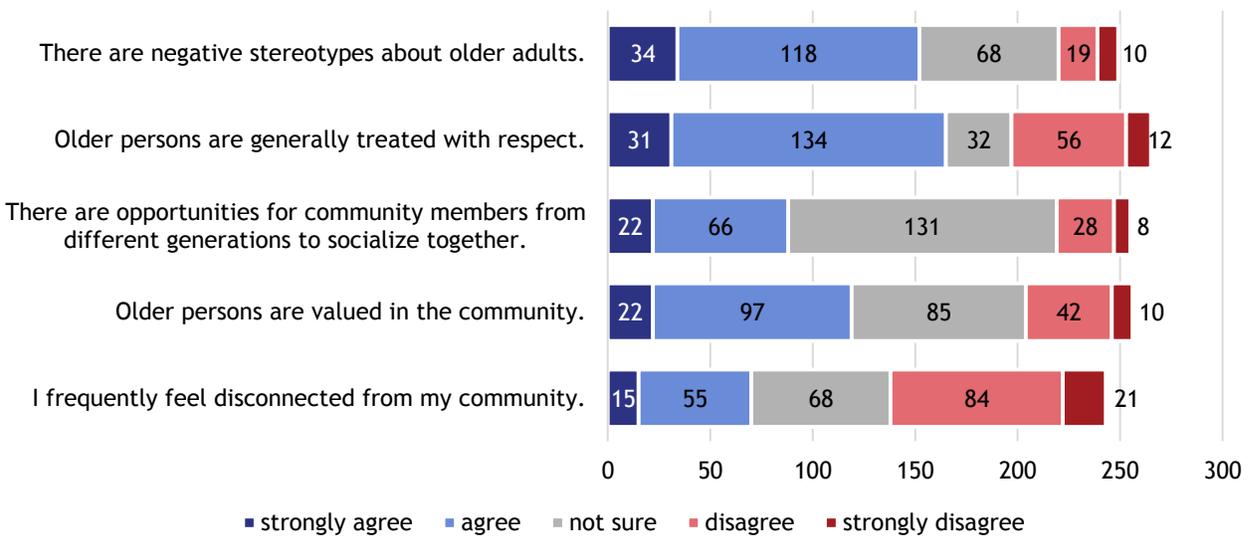
generations can be impactful for all involved. Intergenerational activities, such as opportunities for older adults to volunteer or mentor children in schools, are shown to have positive outcomes for both adults and children. Older adults report high levels of satisfaction from volunteering.⁹³ Children who participate have shown improved academic performance and a decrease in negative behaviors.⁹⁴ Actively involving older adults in community life can improve the quality of life for all residents.

Current Status in Cleveland

The majority (63 percent) of Cleveland older adults either “strongly agree,” or “agree,” that older persons are generally treated with respect. Forty-seven percent believe older persons are valued in the community, while a slightly higher number (49 percent) do not believe this to be true.

State your agreement with the following statements.

n=272

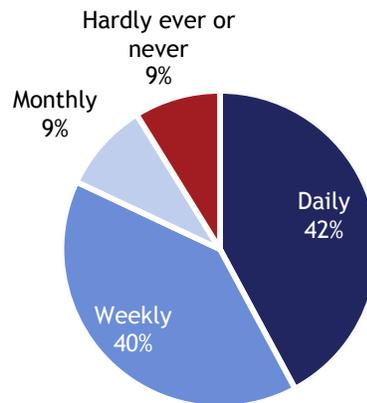


Many Cleveland older adults were unsure about whether there were opportunities for community members from different generations to socialize together. However, about 35 percent feel that these opportunities do exist, while 14 percent do not. Forty-three percent of Cleveland residents either “strongly disagree,” or “disagree” that they frequently feel disconnected to the community, indicating overall high levels of connection. Twenty-nine percent report feeling disconnected, while 28 percent were unsure.

At focus groups, Cleveland older adults identified many assets related to respect and social inclusion. According to these residents, certain younger people frequently come to older adults for advice, though many stated that younger people do not always accept, or act on, this advice. Many focus group participants shared that neighbors and other people in the community show respect for older adults by holding doors open for them, helping them carry shopping bags, or helping with snow or leaf removal. While responses were mixed, older adults often feel included in community events for families and identified opportunities to be included in social events, including events like Wade Oval Wednesdays.

Family interactions proved invaluable to many residents, and many described close relationships with children and grandchildren. Forty-two percent report socializing with friends or family on a daily basis, and 40 percent indicated weekly interactions.

Frequency of Socializing with Friends or Family n=261



Most older adults (61 percent) believe that negative stereotypes about older persons exist. Several focus group participants believe that images of older adults in the media are mainly positive. However, others mentioned that the products targeting older adults were limited and mostly included pharmaceuticals. Some stated that the media did not seem to address or target the aging population at all.

Focus group participants mostly agreed that there are some opportunities for older adults to be recognized in the community. The City of Cleveland's Senior Day and the annual Senior Walk were both widely cited. Older residents who volunteer named recognition ceremonies as well. Some felt that the community could do more to recognize older adults publicly.

Several participants identified opportunities for intergenerational interaction. The Intergenerational School was mentioned as an example, and it was noted that there are opportunities in the city for older adults to mentor younger people. Senior Centers and churches were also identified as providing events where people from different generations interact. Cleveland Metropolitan Housing Authority's Griot Village complex, as well as Kinship Village at Fairhill Partners, provide unique examples of intergenerational interaction, a key element to this domain. Grandparents raising grandchildren who live in these housing developments spoke highly of the intergenerational housing, and the opportunity they provide for young people to build respect for older adults in a supportive environment.

Opportunities for growth within this domain were identified through the focus groups. Many expressed the belief that older adults are not treated with respect in the community, particularly by young people. One remarked that seniors are "treated like second class citizens." To illustrate this point, many shared stories of instances when younger residents would not give up seats on buses, did not open doors, made rude remarks, or otherwise made an older adult feel unsafe or disrespected. One older adult questioned, "Don't they realize that they will get old?" Churches were one exception, and were identified as a safe and respectful place by

several focus group participants. Middle-aged people were generally identified by older adult residents as less disrespectful than younger people.

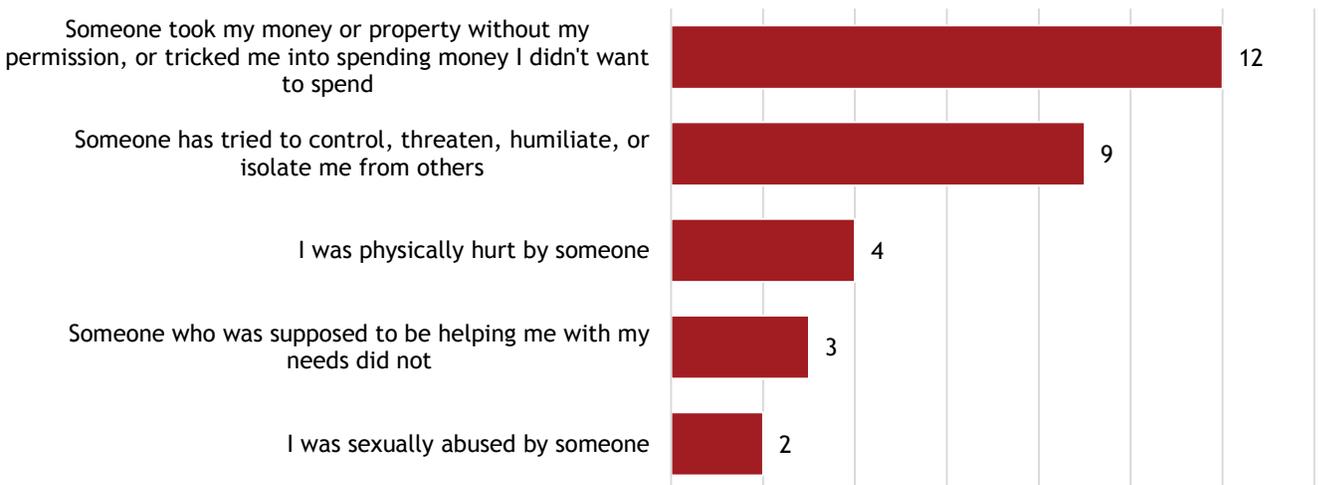
Largely, older adults shared that events labeled for “families” were welcoming to all ages, though many expressed no interest in participating. Many noted that they are unlikely to attend such events since they no longer care for young children. Others took “family friendly” as a signal that there would be many children in attendance, and stayed away to avoid what several older adults identified as an abundance of “unruly children.”

Economic inclusion was addressed in the focus groups as several identified cost as a barrier, even when a senior discount is available, to participating in community events and activities, including plays and sporting events. According to the survey, about 60 percent identified that Social Security was their primary source of income, and over half (51.5 percent) live on less than \$25,000 annually. This suggests that many older Clevelanders may not have “extra” money for activities that may increase their sense of inclusion in the community.

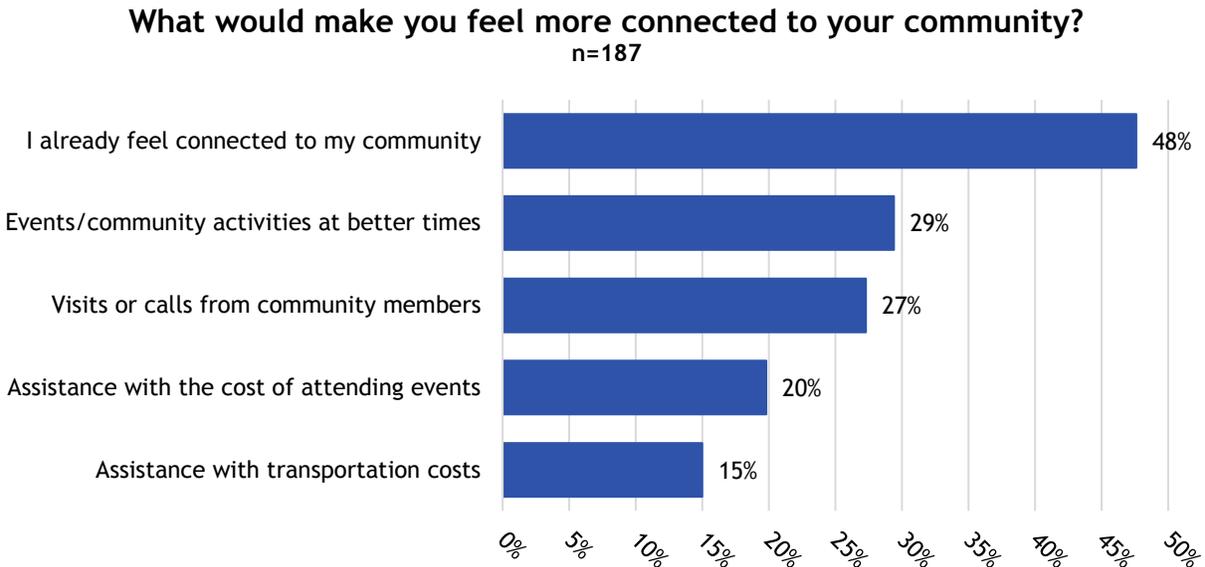
As noted in the demographic profile, abuse and neglect among the older adult population is a concern. In the comprehensive representative survey, 5.9 percent of individuals (n=18) reported being the victim of elder abuse and neglect, either by answering “yes” to the question, “Since you turned 60 have you been abused or neglected by a family member, caregiver, or someone else you trust?” or indicating a way that they had been abused, neglected, or exploited. However, as with all counts of elder abuse, this number may be an underestimate; older adults may be reluctant to report abuse or neglect or may be unaware that they have been victimized. In describing the type of abuse or neglect they experienced, the highest number of older adults categorized their abuse or neglect as financial in nature.

If you have experienced abuse or neglect, how? (select all that apply)

n=18



Opportunities exist to increase feelings of social inclusion among older adults. When asked about what would make them feel more connected to the community, about 30 percent reported that events at better times would improve their feeling of connectedness, while 27 percent identified that calls or visits from community members would be helpful. The highest number indicated that they currently feel connected to their community.



Respondents to the outreach questionnaire were more likely to indicate that assistance with costs associated with social events would help them feel more connected to their community. Thirty-seven percent indicated that assistance with the cost of attending events would be helpful, and 27 percent indicated that assistance with transportation costs would be helpful.

Highlights

- *Nearly half of Cleveland older adults report feeling connected to their communities, and adjustments to the times of activities offered would work to increase feelings of connectedness.*
- *Many Cleveland older adults reported experiencing a lack of respect when in the community, particularly from young people.*
- *Older adults seek and enjoy intergenerational activities, but wish there were more opportunities.*



Civic Participation and Employment

Overview of Domain

This domain includes volunteer opportunities and civic engagement, employment (such as pay, entrepreneurship, and accessible workplaces), and training programs for older adults. For many older adults, these activities can be an important variable in their overall quality-of-life as they age.

According to the World Health Organization, there are many components of a city that is age-friendly in the area of civic participation and employment, including:

- *A range of flexible options for older volunteers is available, with training, recognition, guidance, and compensation for personal costs.*
- *The qualities of older employees are well-promoted.*
- *A range of flexible and appropriately paid opportunities for older people to work is promoted.*
- *Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion, and training of employees.*
- *Workplaces are adapted to meet the needs of disabled people.*
- *Self-employment options for older people are promoted and supported.*
- *Training in post-retirement options is provided for older workers.*
- *Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.⁹⁵*

Many older adults continue to stay in the workforce beyond the traditional retirement age by choice or necessity. According to an issue brief released by the Centers for Disease Control and Prevention (CDC), the number of older Americans who stay in the labor force beyond age 65 has increased significantly from previous decades. The CDC attributes this growth to health and medical advances, as well as economic factors, such as changes to Social Security and an increase in retirement plans that place a greater burden on the employee. The brief also cites research that demonstrates improved cognitive functioning among older adults who choose to stay in the workforce. According to an AARP study, 84 percent of those surveyed (workers age 45 and over) stated that they would want to continue to work even if they were “financially set for life.”⁹⁶ The workforce can prove challenging for some older adults, however. Some may experience a decrease in employment opportunities as they age, discrimination in the workplace or in hiring, health challenges, and an inflexible work environment.⁹⁷

In spite of legal protections, discrimination due to age is a very real concern for many older adults in the workforce. As many as 63 percent of older adults nationally report experiencing some form of age discrimination,⁹⁸ and AARP found that workplace age-discrimination cases are on the rise. Their research on the issue showed that 64 percent of older adults surveyed expressed experiencing age-discrimination in the workplace.⁹⁹ Examples of discrimination in the workplace include forced retirement, citing a preferred age in a job ad, using age as a factor

when promoting, hiring, or firing, or setting age requirements for training programs. Each of these examples is a prohibited activity under the Age Discrimination in Employment Act.¹⁰⁰

Volunteering plays an important role in the lives of many older adults. According to a 2013 study, one-in-three volunteers is age 55 or older, and this number is on the rise.¹⁰¹ Their public service is valued at \$67 billion dollars annually. In addition to the societal benefits, volunteering can have a positive impact on the health and well-being of older adults who engage. Volunteering keeps older adults more physically active, and may lead to higher cognitive functioning. Older adults who volunteer have also been found to experience lower levels of depression and isolation.¹⁰² Most older adult volunteers reported doing so in order to have a positive impact on their communities.¹⁰³

Civic participation also remains of great importance to many adults as they age. The Association of Fundraising Professionals found that “older adults represent the second most civically engaged demographic group in America, with a higher percentage of people voting, donating, and participating in service or civic groups than any other demographic group.” According to their research, older adults are most likely to participate in church activities or service groups and help out neighbors.¹⁰⁴ According to the U.S. Census Bureau, 56.7 percent of Ohio citizens age 65 and older voted in Congressional elections in 2014, compared to just 22.1 percent of adults age 18 to 34. Moreover, 28.4 percent of the total voting population in 2014 was over age 65.¹⁰⁵ Despite such active participation, older adults face barriers to civic engagement.

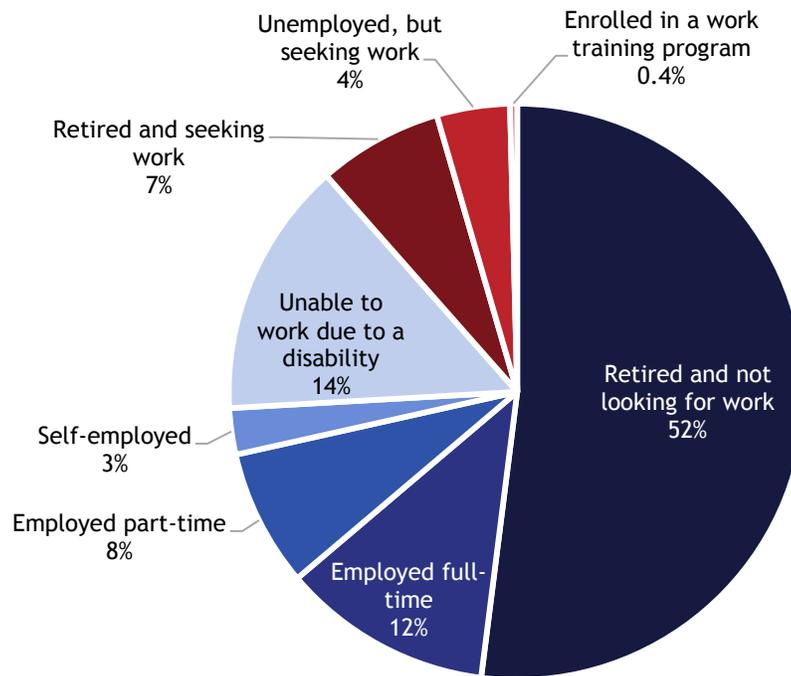
According to focus group research conducted on the subject, challenges include a lack of time to engage in civic activities (particularly as more older adults remain the workforce), the need for transportation, a lack of awareness about opportunities, the desire to have a break after retirement, and a lack of role models who are civically engaged.¹⁰⁶

Current Status in Cleveland

Employment

Over half of Cleveland older adults are retired and not looking for work, according to the comprehensive representative survey. About 12 percent report full-time work, while 7.7 percent work part-time. Eleven percent of older adult residents are seeking employment (including both the unemployed and retired). Overall, these data show that 30 percent of Cleveland older adults are in the labor force (either employed or unemployed and seeking work) while data available from the American Community Survey (ACS) suggest that labor force participation in Cleveland is 21.2 percent for the population age 60 and over (see data profile for additional employment statistics). Varying definitions of engagement in the work force could explain these differences, at least in part.

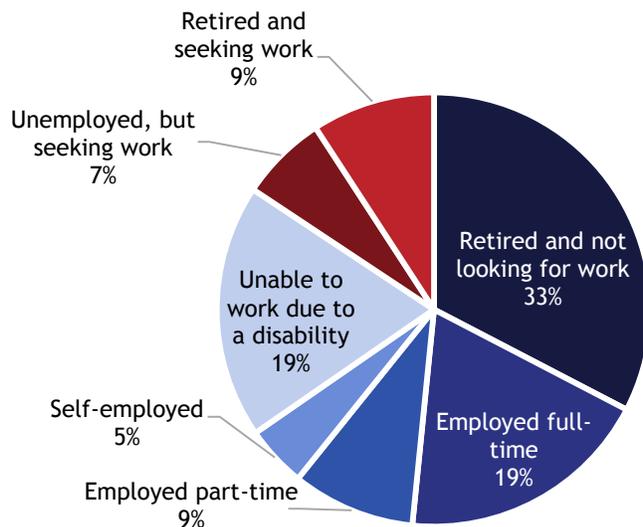
What is your employment status? n=271



There are variations among age groups, as adults over the age of 75 are less likely to be in the workforce and more likely to be retired and not looking for work. Eighty-three percent of residents age 75 and over report being retired and not looking for work, compared to just 33 percent of those younger than 75. Nineteen percent of residents age 60 to 74 indicated that they are unable to work due to a disability, compared with just 9 percent of those 75 and over. While disabilities are more prevalent in the older population, most of those over age 75 have already opted to fully retire, so their disability does not impede them from working.

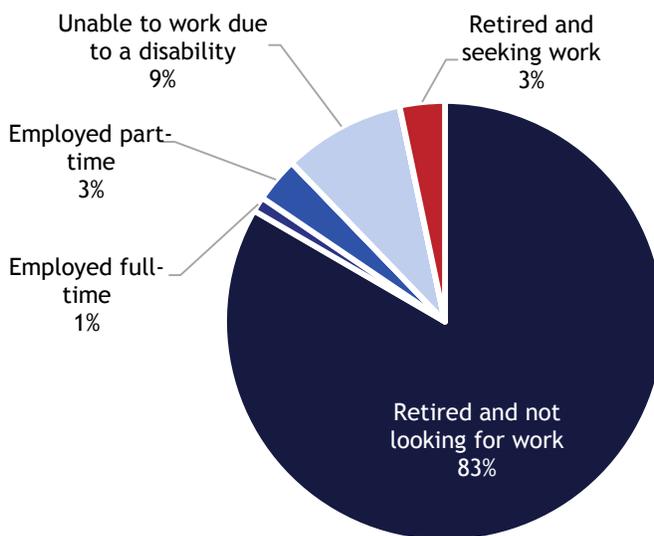
Employment Status of Respondents Age 60-74

n=153



Employment Status of Respondents Age 75+

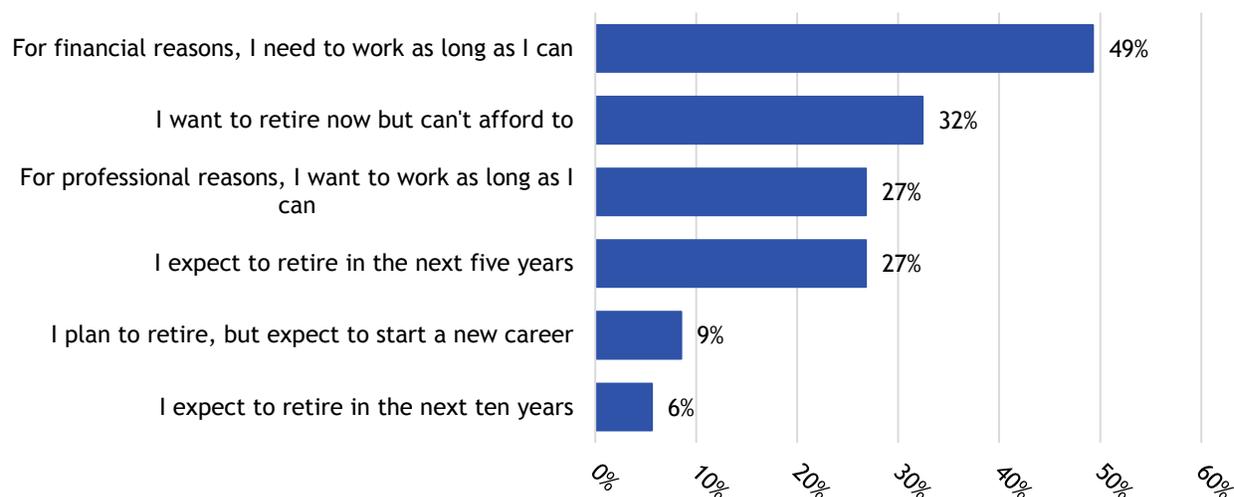
n=90



Among those who are employed, the most common motivators to remain employed were financial. Almost one-third report that they would like to retire but cannot afford to, and almost half report that they will need to work as long as possible for financial reasons. However, 27 percent said that they want to work as long as they can for professional reasons.

If you are employed, what are your plans for retirement?

n=71



Volunteer Opportunities and Civic Engagement

Volunteering is a way that many Cleveland older adults stay engaged and give back to their community. Twenty-three percent of Cleveland older adults currently volunteer, which is aligned with national data suggesting that 23.6 percent of people ages 65 and over volunteered in 2014.¹⁰⁷ Among those who report volunteering (n=71), 41 percent volunteer occasionally or not that often. Twenty-one percent volunteer monthly, nearly 30 percent volunteer weekly and about 9 percent volunteer daily. Senior Corps is a federal program that engages older adults age 55 and over in 3 programs: RSVP (Retired Senior Volunteer Program), a foster grandparent program, and a senior companion program. In their 2014-2015 program year, Senior Corps had over 900 volunteers in Greater Cleveland.¹⁰⁸ In 2014, Greater Cleveland Volunteers engaged 165 adults age 50 and over in the AARP Experience Corps program in which volunteers tutor students in the Cleveland Metropolitan School District.¹⁰⁹ Some in the focus groups reported involvement with these programs.

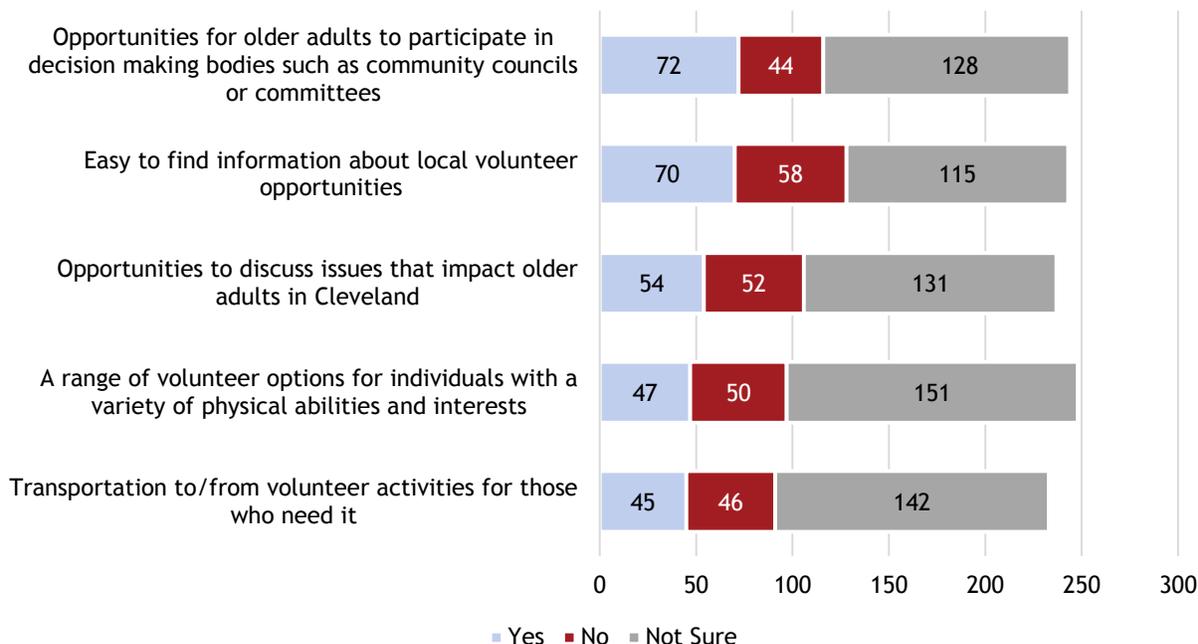


However, many older adults in Cleveland were unfamiliar with opportunities for civic engagement in the community. More than half reported that they were unsure about the availability of volunteer options for individuals with a variety of abilities, opportunities for older adults to participate in decision-making bodies, as well as opportunities to discuss issues that impact older adults in the city.

Forty-seven percent were unsure about access to easy-to-find information about local volunteer opportunities. Though not all Cleveland older adults currently volunteer, 38 percent feel confident that they could find a suitable place to do so. Many residents at the focus groups expressed an interest in volunteering and were curious about finding opportunities to become engaged.

Do you have access to the following?

n=258



During the focus groups, the assets that older employees bring to the workplace were discussed, including work experience, loyalty, and dependability; many believed that there were employers who valued these traits. Older adults who had participated in training programs or programs that match older adults to organizations along with a stipend reported positive experiences. One individual noted that when his program was over, his employer had expressed a desire to keep him on part-time as a regular employee.

When seeking employment, the most frequently cited challenges among Cleveland older adults were health issues and age-discrimination (employers not hiring due to age). Over one-quarter of survey takers feel that there are not enough available part-time jobs.

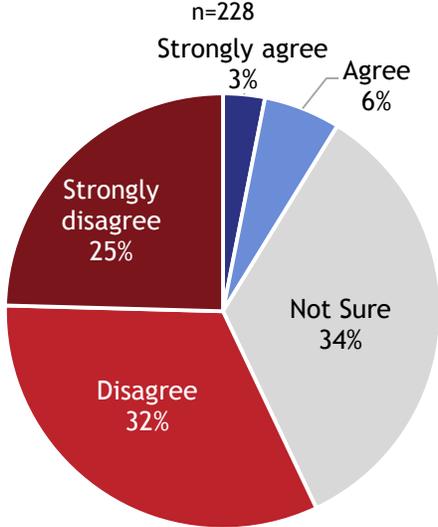
When seeking employment, have you experienced any of the following? (select all that apply)		
Answer Options	Response Percent	Response Count
Employers won't hire me because of my age	37%	38
Health issues make finding or keeping work a challenge	37%	38
There are not enough part-time jobs	26%	27
I am overqualified for available jobs	22%	23
The jobs that are available don't match my skills/experience	21%	22
I struggle with technology	18%	19
There are not enough job training opportunities	17%	18
Transportation is a barrier	12%	12
I don't know how to find available jobs	11%	11
Other (please describe)	11%	11

Many of the “other” responses mirrored the experiences listed in the table. A complete list of “other” responses can be found in Appendix XIV.

Outreach questionnaire respondents identified the same top challenges to seeking employment or volunteer opportunities, including age-related hiring discrimination and health issues that make it difficult to work. However, older adults who completed the outreach questionnaire were nearly twice as likely to respond that transportation was a barrier to employment or volunteering (23 percent compared to 12 percent in the comprehensive representative survey).

According to the comprehensive representative survey, 57 percent of older adults either disagree or strongly disagree that jobs are available for older adults to the same extent that they are for younger people. Only nine percent strongly agree or agree with this statement, while 34 percent are unsure. The perception that jobs are not available to the same extent for them may impact the likelihood that older adults will seek employment.

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



Some older adults fear seeking and obtaining employment as it may reduce their public benefit amounts. For example, many of the older adults in attendance at the focus groups receive subsidized housing assistance, and expressed concern that this may decrease if their income increases through work wages. Web-based job applications were also cited as a challenge to some older adults who do not have access to a computer or who struggle with technology.

With regard to public officials, older adults appreciated council members who were visible in their neighborhoods and easily accessible. Many residents shared that they would welcome other opportunities to interact with government officials. Additionally, many expressed an interest in attending ward meetings, but said that they could be better advertised, or held at times more convenient for older people. For those



who do attend, it was noted that the ward meetings present an opportunity to learn about what is happening in the neighborhood. At several focus groups, it was suggested that the city develop a call line for them to report issues they are facing or observing in their communities. The city currently has a call line and online submission form, the Mayor's Action Center, for citizens to report issues to the Mayor's office.

Highlights

- *Fewer than 25 percent of older adults in Cleveland report that they volunteer.*
- *Many Cleveland older residents believe that jobs are not available to older adults to the same extent as younger people.*
- *Health issues and age-discrimination in hiring are the primary challenges older adults reported facing when seeking employment.*
- *Over 80 percent identified financial reasons as the motivator to stay in the workforce.*
- *Some older adults fear seeking employment as increased income may reduce their benefit amounts.*
- *According to the outreach questionnaire, nearly one-fourth of respondents identified transportation as a challenge when volunteering or seeking employment.*



Communication and Information

Domain Overview

In order for older adults to age in place and stay connected to their community, they need access to timely information about services and community events. In a time when information dissemination is becoming increasingly electronic, it is important for age-friendly cities to ensure that older adults have access to this information, and that it is accessible in a variety of mediums that will reach older adults in their daily lives. Though many older adults can and do access information on the Internet, it is also essential to disseminate information that is important to older adults through newspapers, radio, television, senior centers, libraries, bulletin boards, mailed flyers, and other means of communication.

The World Health Organization emphasizes the importance of several factors that make dissemination of information more age-friendly. These include:

- *A basic, effective communication system that reaches community residents of all ages.*
- *Regular and widespread distribution of information is assured and coordinated, centralized access is provided.*
- *Regular information and broadcasts of interest to older people are offered.*
- *Oral communication accessible to older people is promoted.*
- *People at risk of social isolation get one-to-one information from trusted individuals.*
- *Public and commercial services provide friendly, person-to-person service on request.*
- *Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.*
- *Print and spoken communication uses simple, familiar words in short, straight-forward sentences.*
- *Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.*
- *Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.*
- *There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centers and libraries.¹¹⁰*

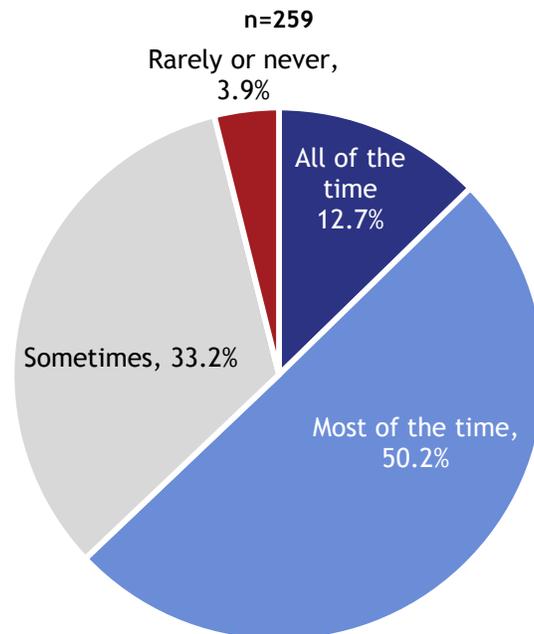
Despite the quickly-changing methods of disseminating information, research consistently shows that older adults are less likely than people in other age groups to access information electronically.¹¹¹ In recent years, the rates of older adults who have access to the Internet and who have a broadband connection at home have gone up slightly¹¹². Older adults are more likely to use a land line telephone than any other age group, and they are much less likely to use a mobile phone (for calls or texts), e-mail, or social media.¹¹³ This slow adoption of technology by older adults can isolate them from the community when so much information and communication is shared via methods to which older people do not have access, or in which they do not participate.

Current Status in Cleveland

One of the overarching themes that emerged from focus groups was that older persons, like people of any age, have a variety of preferences regarding how they receive and consume information. There was general agreement among focus group attendees that in order to reach more older adults with information about services or community events, groups would need to use a variety of information dissemination strategies (e.g., mailings, Internet, radio, television, flyers at community centers, word-of-mouth).

According to the survey, most older adults in Cleveland are able to find information on the services they need either most or all of the time. Fewer than 4 percent of older adults indicated that they were rarely or never able to find information on services they need.

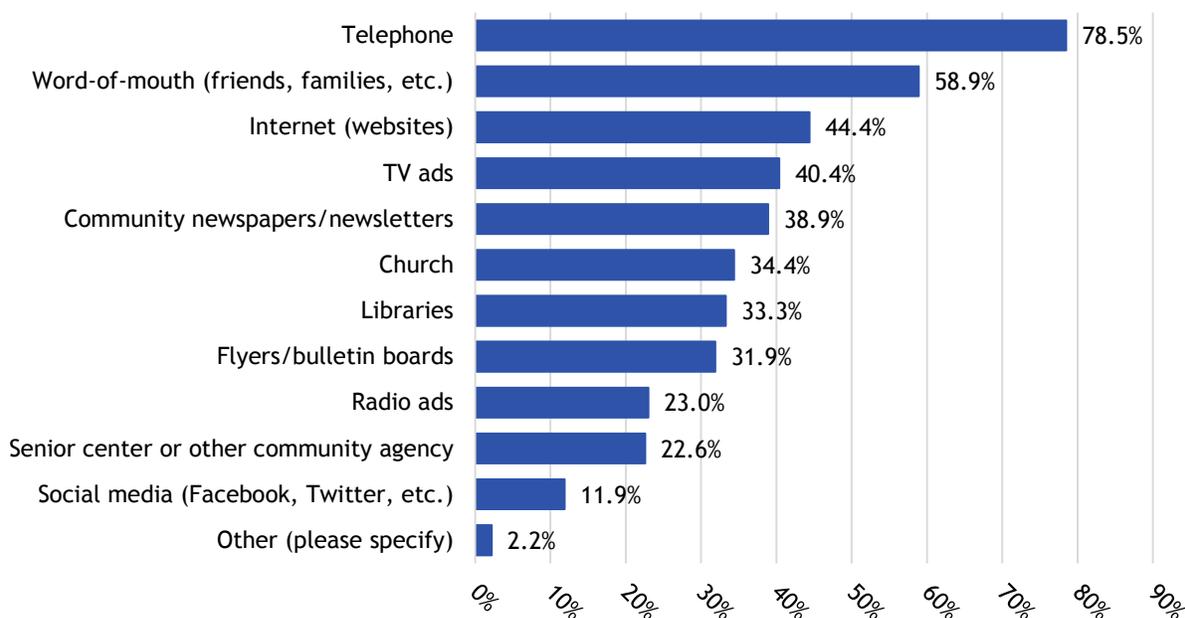
Are you able to find information on the services that you need?



When asked what sources they use to identify and access community services, the highest number indicated that they use the telephone (79 percent). Nearly three out of five indicated that they use word-of-mouth as a way to identify and access services. Other information sources identified by many respondents included the Internet, TV ads, and community newspapers/newsletters.

What sources do you use to identify and access community services?

n=270



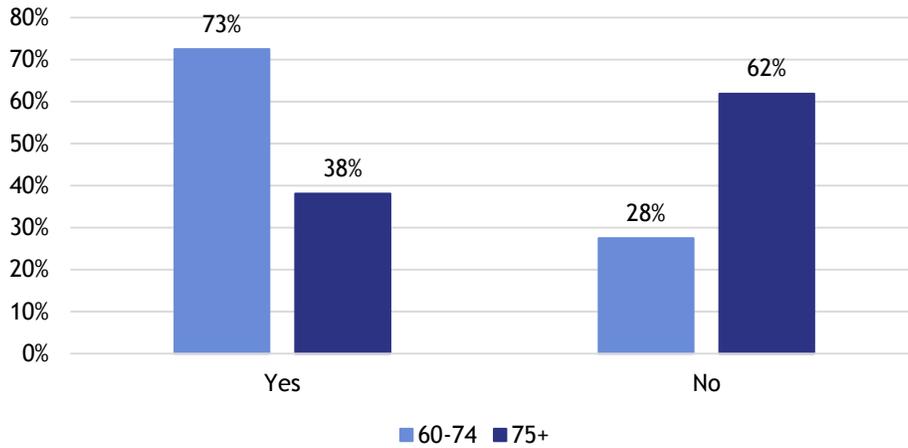
Very few respondents indicated that they use other information sources, but the list of “other” responses is in Appendix XIV.

Older adults who completed the outreach questionnaire were most likely to rely on the television and word-of-mouth as sources to identify and access community services. However, respondents to the questionnaire were more than twice as likely to identify a senior center or other community agency as a source of information, compared to the comprehensive survey. Many of the questionnaires were completed at senior centers, so it follows that these individuals would be more connected to community agencies. The older adults from the outreach questionnaire were less likely to rely on the Internet for information (31 percent compared to 44 percent). Social media remained the least likely source of information in the outreach questionnaire.

Most older adults (60 percent) were unfamiliar with the local 2-1-1 help line. Of those who had heard of 2-1-1, 37 percent said they had used it to identify a service or get information.

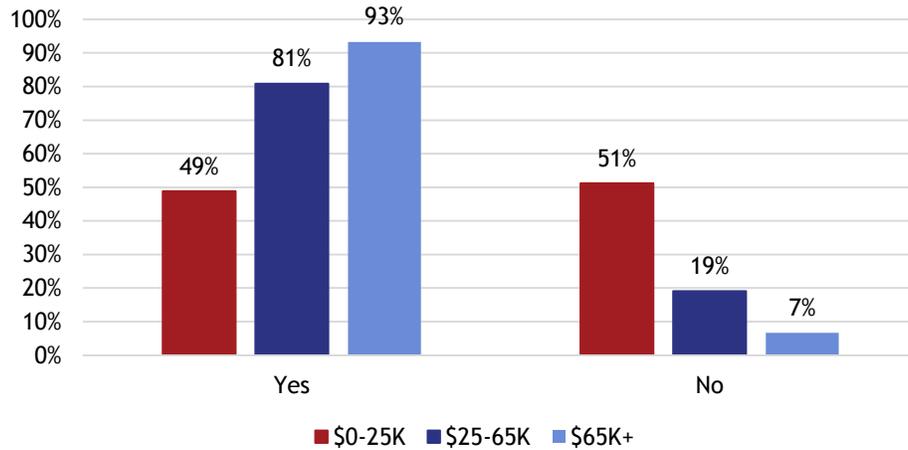
Most older adults in Cleveland have access to the Internet (58.6 percent), which is aligned with national research suggesting that 59 percent of adults ages 65 and over are Internet users.¹¹⁴ Those under age 75 were considerably more likely to have access to the Internet.

Do you have access to the Internet? (by age)
n=226



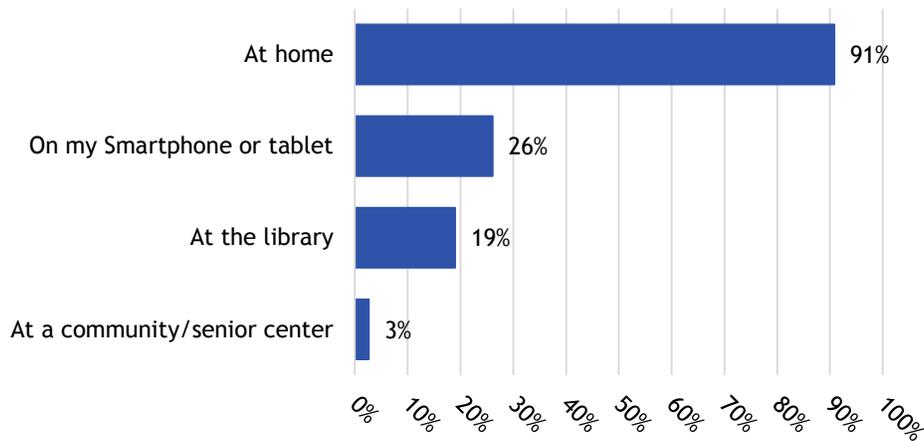
Lower income individuals were also significantly less likely to have access to the Internet than respondents with moderate or high incomes. Only half of low-income older adults said they have access to the Internet, compared to 93 percent in the highest income bracket.

Do you have access to the Internet? (by income)
n=206



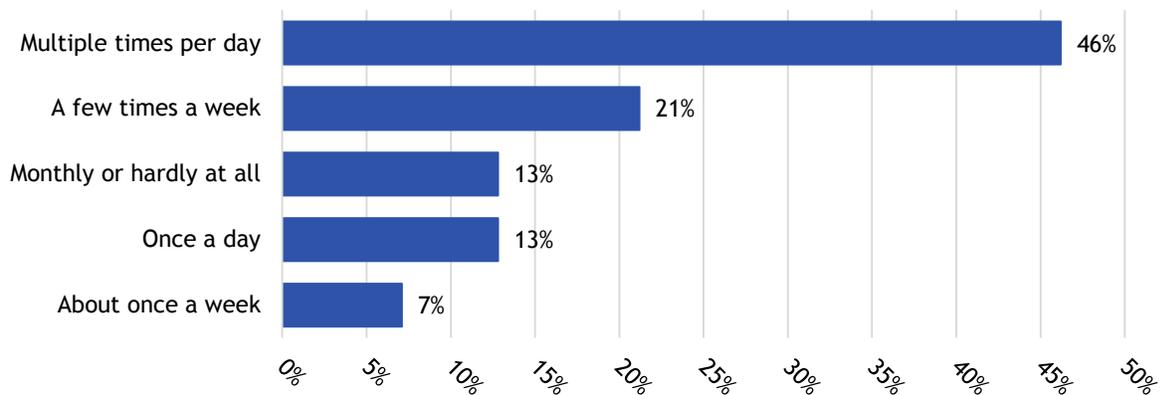
Of those older adults who have Internet access, 91 percent indicated that they have the Internet at home. Just under one-fifth reported using the Internet at the library, and fewer than 3 percent reported using the Internet at a community center or senior center. This suggests that while most older adults believe that the Internet is available to the public at libraries and senior centers, there are still barriers to use; many older adults will use the Internet if it is accessible at home, but are less likely to go out of their way to use it.

Where do you use the Internet? n=153



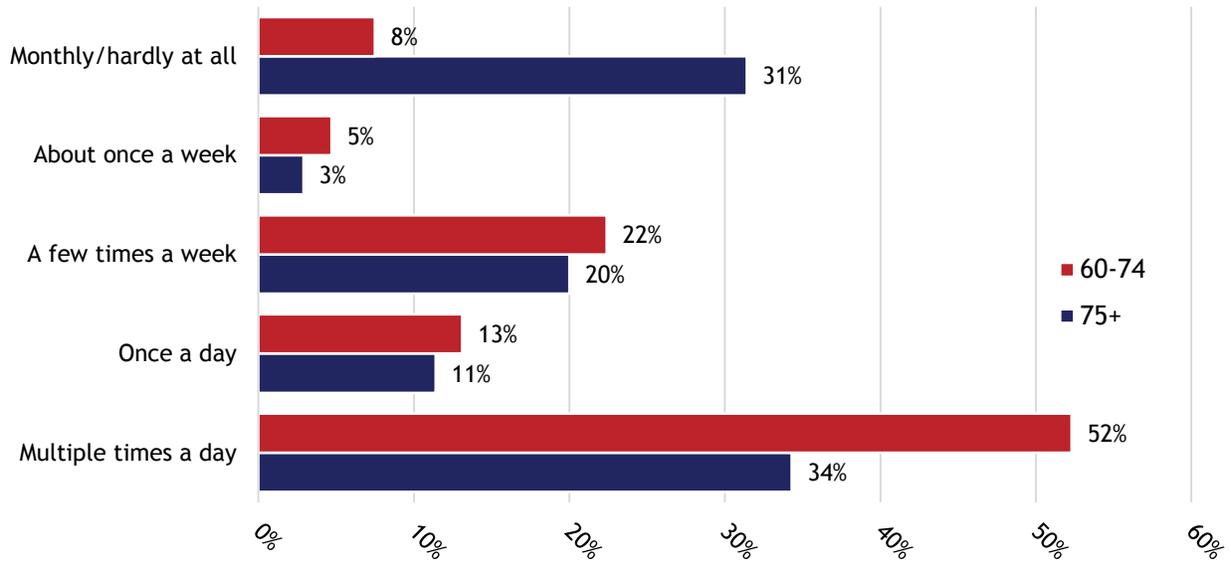
Most of Cleveland’s older adult Internet users are frequent users; 59 percent said they use the Internet once a day or multiple times per day. Only 13 percent of those who have access to the Internet said they use it monthly or hardly at all. For older adults ages 75 and older, however, Internet usage tends to be less frequent; they are significantly less likely than adults ages 60-74 to use the Internet multiple times per day and are significantly more likely to use the Internet monthly or hardly at all. This is in line with national research that suggests that after age 75, Internet usage tends to drop.¹¹⁵

How often do you use the Internet? n=156



How often do you use the Internet? (by age)

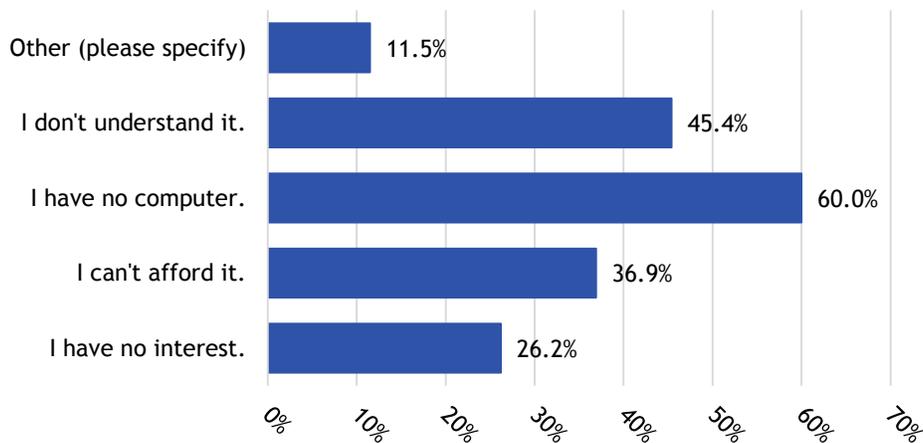
n=142



Older adults who do not have access to the Internet were asked why they do not use it, and the most common response was “I have no computer” (60 percent) followed by “I don’t understand it” (45 percent). About a quarter of those who are non-Internet users indicated that they have no interest in accessing the Internet.

If you don't use the internet, why not?

n=130

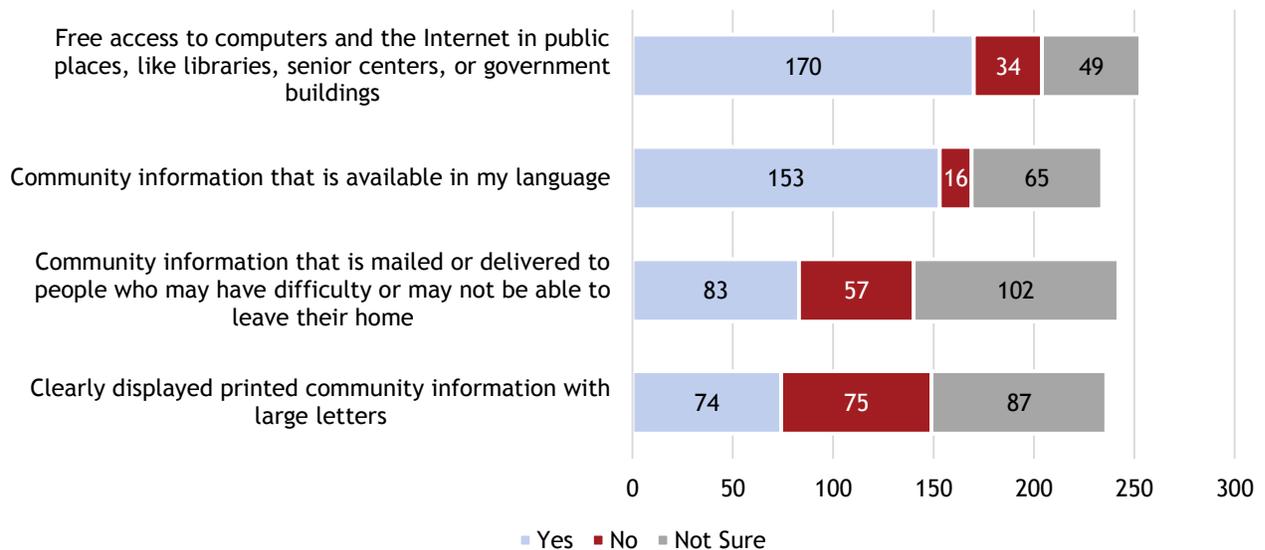


Twelve percent of non-Internet users selected “other” as a reason for not using the Internet, though many responses were similar to the options provided. Some noted that they don’t like the Internet, they feel they are too old to learn, or they prefer to use other communication methods. The list of “other” responses is in Appendix XIV.

The majority of older adults (67 percent) indicated that they have free access to computers and the Internet in public places, like libraries, senior centers, or government buildings. Most (65 percent) also indicated that community information is available in their language, though it should be noted that the vast majority (92 percent) indicated that English is the language primarily spoken in their home. When asked if they have access to community information that is mailed or delivered to people who may have difficulty or may not be able to leave their home, the majority (66 percent) said either “no” or “not sure.” A majority also indicated that they did not have access to or were not sure if they had access to clearly displayed printed community information with large letters.

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

n=267



Most older adults (58 percent) indicated that they know where to go or whom to call when seeking help, yet only 32 percent said they can get someone to answer their questions. Not many reported significant barriers in seeking help. Only 10 percent said that service applications are too complicated, and 2 percent said that language was a barrier for them. As expected, language was more frequently identified as a problem for those who listed a language other than English as being spoken in their home. This challenge was noted by one-fifth of those individuals.

In both the surveys and focus groups, a common theme was that older adults have diverse preferences about how they receive information. It seems that service providers, cultural institutions, and local media are catering to those diverse preferences by communicating in multiple ways. Older adults in focus groups said they find out about services or community events on television, on the radio, in the newspaper, on flyers mailed to their home, and on bulletin boards in their community. Several neighborhoods have their own community newspapers or newsletters, and many older adults mentioned these as good sources of information about what is happening in their communities. Some newspapers even have

information that is geared directly toward older adults. Libraries are also a valuable source of information for older adults, as most branches have resource walls and community bulletin boards that contain useful brochures and information for local residents. Cleveland's local cable station, TV 20, was mentioned by some in focus groups as a good source of local information for older adults.



Many older adults stated that they participate in ward meetings, community meetings, block clubs, or police district meetings as a way to stay current on what is going on in their community, and it seems that these meetings are offered all around the city with some regularity. Some mentioned meetings that may be offered at senior centers, or even as programs in senior housing complexes; visiting speakers present information on topics such as managing chronic diseases, personal finance, volunteer opportunities, or emergency preparedness, to name a few. Older adults found these sessions useful and informative.

Despite many older adults noting challenges with Internet access and computer literacy, many others shared that they find the Internet a valuable source of information and a good way to stay connected with friends and family. During focus groups, many older adults reported using Facebook to stay connected with their children and grandchildren, and some said that their grandchildren helped them learn how to use Facebook. Other social media platforms, such as Twitter or Instagram are less frequently used by older adults. Many talked about technology as something that has enhanced their life; for example, using a tablet or an e-reader device is something that some older adults think of as a way to keep their mind active and stay connected. Additionally, many older adults identified various options for learning how to use technology if people are interested. Local libraries and community colleges offer courses in computer literacy, which are free in many cases. Some nonprofits also offer programs that provide computers for very little cost to people who meet income requirements.

Many older adults stated that word-of-mouth is an important way that they learn about programs and services; 59 percent selected word-of-mouth as a source of information, making it the second most popular source. For older adults who are connected to a network of friends through a senior center, church, neighborhood group, or other social group, word-of-mouth is a good way to circulate information.

During focus groups, a challenge that many older adults identified was access to timely information. Though they access information in a variety of ways, many shared stories of finding out about a community event after it was over, or hearing about a service after the application deadline had passed. Some reported applying for programs that were already full.

Cleveland has myriad services available to older adults, but since space is limited and funding is scarce, older adults stressed the importance of finding out about the programs and services and applying to them in a timely fashion.

Discerning which information is trustworthy was a concern identified by many older adults. Cleveland older adults receive an influx of mail advertising services and products, but in focus groups, many shared that they feel wary of scams. Some said that phone calls from telemarketers and visits from door-to-door salespeople make them especially nervous. Many indicated that they rely on recommendations of friends or neighbors for reputable services, but it is still hard to know who to trust. Privacy and security are also concerns that many older adults have when it comes to Internet usage; many older adults are hesitant to put private information (such as bank or credit card information) online, due to fears of hacking or identity theft.

While many older adults shared that they watch local news and listen to the radio, many noted that the information that is disseminated there is not very relevant to older adults. The news does not regularly report on small local events or social and health services that may benefit older adults. Some people mentioned watching TV 20, though many expressed concern that this local channel was only available on cable, making it unaffordable or inaccessible to many older adults.

In the focus groups, many older adults said that when organizations primarily use the Internet to advertise, they are leaving out a lot of older adults who may otherwise be interested in their program. Suggested approaches to remedy this were either to disseminate the information in another way (e.g., print media), or to make sure that more older adults understand and have access to the Internet. Many individuals who do not use the Internet showed an interest in learning. In the survey, most non-Internet using older adults said their reason was that they do not have a computer, or that they do not understand the Internet. This suggests that increasing educational opportunities for older adults to learn how to use computers would be a valuable strategy for increasing connectivity among older adults. Several people in focus groups mentioned that when they have taken advantage of computer classes, they felt the instructors moved too fast or were not patient with older people in the classes. One suggestion was computer courses taught by older adults, since those instructors might be more sensitive to their needs. While these strategies may be helpful in reaching older adults under age 75, it is essential to maintain non-electronic methods of communication to reach those age 75 and older, who have much lower rates of Internet usage.

Another communication challenge faced by older adults is accessing information that is presented in an age-friendly format. Sixty-nine percent stated that they either did not have access to or were not sure if they had access to “clearly displayed printed community information with large letters.” It seems that most flyers, brochures, newspapers, print media, forms, and product labels are not created with older adults in mind, which is a barrier for many older adults who have trouble reading small fonts.

Highlights

- *Older adults in Cleveland have a variety of preferences about how they receive and consume information about community programs and services, as well as how they communicate with friends, family, and service providers.*
- *The majority of Cleveland older adults say they are able to find the information on services they need; however, most Cleveland adults are unaware of centralized sources of information on services, such as the local 2-1-1 help line, that may make finding relevant and helpful information even easier.*
- *Though most Cleveland older adults have access to the Internet and use it regularly, more vulnerable groups, such as older adults over age 75 and those with low incomes are less likely to access the Internet. While some older adults use Facebook to keep in touch with friends and family and access information, rarely do older adults use other social media platforms, such as Twitter or Instagram.*
- *Many Cleveland older adults feel that printed material is not age-friendly, and struggle to find timely information about the services they need or events in their community.*



Community Support and Health Services

Overview of Domain

Health is a key indicator that determines an individual's ability to stay independent and active in the community across the lifespan; inadequate health services and community supports can be particularly detrimental to older adult residents. Age-friendly community supports and health services are conveniently located, accessible to people with various physical abilities, and delivered respectfully to meet the unique needs of older adults.

The WHO identifies the following as elements which are present in age-friendly community supports and health services:

- *An adequate range of health and community support services is offered for promoting, maintaining, and restoring health.*
- *Home care services include health and personal care and housekeeping.*
- *Health and social services are conveniently located and accessible by all means of transport.*
- *Health and community service facilities are safely constructed and fully accessible.*
- *Clear and accessible information is provided about health and social services for older people.*
- *Delivery of services is coordinated and administratively simple.*
- *All staff are respectful, helpful, and trained to serve older people.*
- *Economic barriers impeding access to health and community support services are minimized.*
- *Voluntary services by people of all ages are encouraged and supported.*
- *There are sufficient and accessible burial sites.*
- *Community emergency planning takes into account the vulnerabilities and capacities of older people.*¹¹⁶



While many older adults remain active and healthy as they age, a 2015 national survey examining the attitudes and opinions of older adults found that maintaining physical health was a top concern.¹¹⁷ There are many barriers which may interfere with older adults receiving adequate health and community supports, such as transportation or financial challenges, confusing or overly-bureaucratic application or enrollment processes, or insensitive and disrespectful staff. The

above-mentioned survey identified concerns about cost and not understanding insurance benefits as top obstacles to accessing health care. Additionally, 66 percent of those surveyed expect health care costs to rise over the next decade, and one-fifth are not confident they will be able to afford the costs.

While 99 percent of Cleveland older adult residents have at least one form of health insurance coverage, and Cleveland is home to several prominent medical centers, older residents continue to struggle with ill health. According to the Centers for Disease Control and Prevention Community Health Status Indicators, in Cuyahoga County, residents contend with lower life expectancies, lower rates of physical activity, and higher rates of cancer and diabetes deaths than many “peer” counties across the country which are demographically similar.¹¹⁸ A 2012 community health assessment found that 76 percent of Cuyahoga County residents age 60 and over were obese or overweight, 16 percent of those over age 65 smoked, and 34 percent of adults drinkers over 65 reported binge drinking in the past month (consuming five or more drinks on the same occasion for males, or four or more drinks for females). Twenty-six percent perceived their health status to be poor or fair.¹¹⁹ This is comparable to the estimated 24 percent of adults in Ohio ages 65 and older with fair/poor health, according to the Ohio Medicaid Assessment Survey. While some degree of physical change can be expected as people age, with proper community supports and health services, many older adults are able to live full and active lives. Preventive services are vital; however, many older adults do not utilize available services.¹²⁰ Assisting and encouraging older residents to participate in these services, including available physical activity and nutrition programs, may lead to meaningful improvements in the health of the city’s people as they age.

Increasingly, older adults plan to stay in their homes as they age, and are relying less on residential facilities like nursing homes. This shift requires a change in the delivery of health services, and will lead to continued growth in the need for home-based health and social services. Throughout their older years, many residents may require access to assistance with meeting basic needs, such as food and shelter, or other services to allow them to remain independent. This is particularly true of low-income older adults, and in the city of Cleveland, 21.7 percent of residents over age 60 live in poverty. Assuring that these services are available, easy-to-find, and accessible is key to establishing an age-friendly city.

As the population ages, individuals employed in the social and health services will increasingly interact with an older client base. Proper training will be necessary to ensure providers are well-equipped to work with an aging community in a respectful and appropriate manner. Memory and information retrieval can become slower with age and hearing difficulties are more common,¹²¹ so providers may need to share information, including written information, differently than they would with other age groups. According to the Office of Disease Prevention and Health Promotion, more specialists are needed who focus specifically on the needs of aging



people, and communities, universities, and health systems may all play a role in developing this field. ¹²² Cleveland is no exception, as options for geriatric specialists are limited in the city.

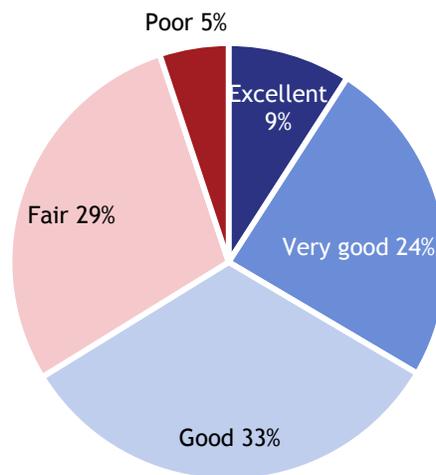
Mental health is also an important factor in determining the quality of life for older adults. According to the WHO, 20 percent of adults over age 60 have a mental or neurological disorder, most frequently depression and dementia.¹²³ Despite this high rate, older adults are less likely than younger people to receive treatment for mental health problems. The American Psychological Association cites the following as the primary reasons older adults may not utilize mental health care: *“inadequate insurance coverage; a shortage of trained geriatric mental health providers; lack of coordination among primary care, mental health and aging service providers; stigma surrounding mental health and its treatment; denial of problems; and access barriers such as transportation.”*¹²⁴ Additionally, physicians and other health care providers may overlook symptoms of mental health disorders if they co-occur with physical problems.

Overcoming these barriers is important, as rates of suicide are higher among older adults than the general population, and untreated mental health disorders, including depression, can have harmful consequences for physical health and overall functioning.¹²⁵ Increasing awareness of the symptoms of mental health disorders among older adults and providers, decreasing stigma, and improving access to care are critical to assuring the overall mental health of older adults.

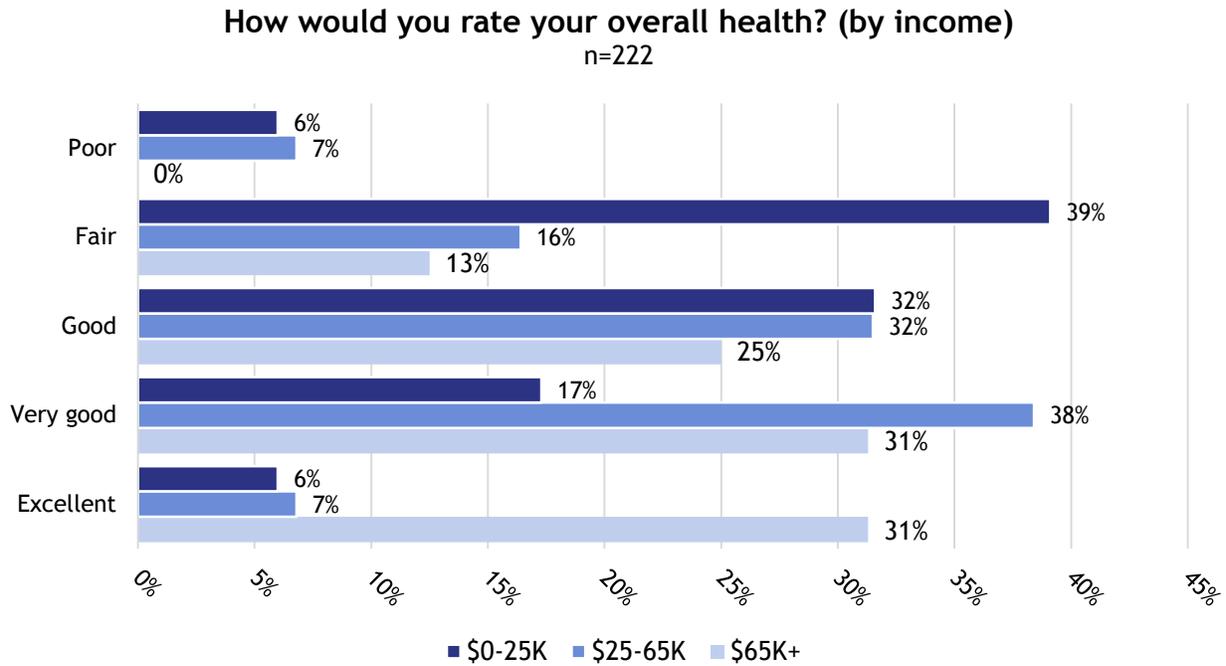
Current Status in Cleveland

According to our survey of Cleveland older adults, two-thirds rated their overall health as good, very good, or excellent, while just 5 percent indicated that they were in poor health. The older adults who completed the outreach questionnaire reported similar overall health status to the adults who completed the comprehensive survey. This indicates a majority of older adults in the city are enjoying good health as they age.

How would you rate your overall health?
n=275



However, among those with incomes below \$25,000 per year, 45 percent reported a poor or fair health status. In contrast, nearly 90 percent (87.6 percent) of those with incomes above \$65,000 annually reported an excellent, very good, or good health status. For respondents in that income range, no one listed their health as poor.



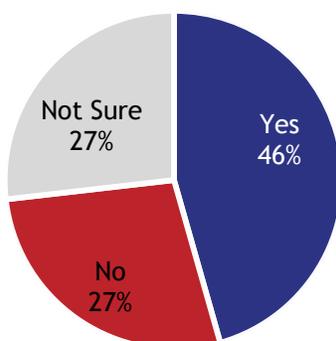
Most focus group participants reported general satisfaction with their health services. This includes their physician, and most said they have options when it came to selecting providers. Moreover, according to the survey, 88 percent report respectful and helpful hospital, clinic, or doctor's office staff. This indicates a local medical community that is responsive to the needs of older adults.

Across the focus groups, most participants shared that they do not face difficulties in getting to and from medical appointments; of those who do not drive, most use transportation provided through their provider or hospital system, or rely on Paratransit or senior transportation services. Eighty-eight percent of Cleveland older adults indicated that they are able to get an appointment with their doctor when they need to; 10 percent said they could get appointments “sometimes,” while only 2 percent reported that were unable to get appointments. This conflicts with the results from the outreach questionnaire, which found that 32 percent of those who responded said they could not get an appointment with their doctor when they needed to, while 64 percent indicated that they could only “sometimes” get a needed appointment.

Seventy-five percent report access to conveniently located urgent care or emergency rooms. Several focus group participants noted that they prefer smaller local clinics to the main campuses of the major hospital systems, which can be difficult to navigate.

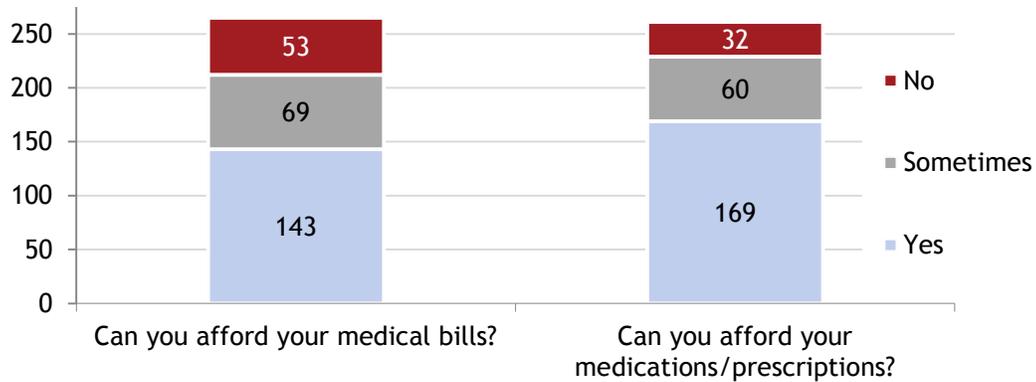
With regard to preventive services, focus group participants generally agreed that many services were available, though some felt that more should be done to promote these services and activities. Some reported utilizing free services at businesses like pharmacies to receive preventive care such as blood pressure checks and flu shots. Focus group participants named many locations where fitness classes were readily available for them, including city recreation centers and the YMCA. According to the survey, 46 percent of older adult residents in Cleveland report access to fitness activities geared specifically to their age group. Silver Sneakers was named a particularly popular program throughout focus groups.

Access to Fitness Activities Geared Toward Older Adults
n=261



Affordability of health care is a challenge for some older adults. According to the survey, 46 percent report that they struggle to afford medical bills at least some of the time, and 35 percent have had difficulties affording medications. Furthermore, one-fifth of those who completed the outreach questionnaire reported that they could not afford their prescriptions or medications, and most of those completing the outreach questionnaire (71 percent) indicated that they could only “sometimes” pay their medical bills, while only 25 percent reported that they were able to.

Affordability of Medical Services and Prescriptions



Even though nearly all older adults have some form of health insurance coverage, co-pays, deductibles, and uncovered services or medications can still present a financial burden.

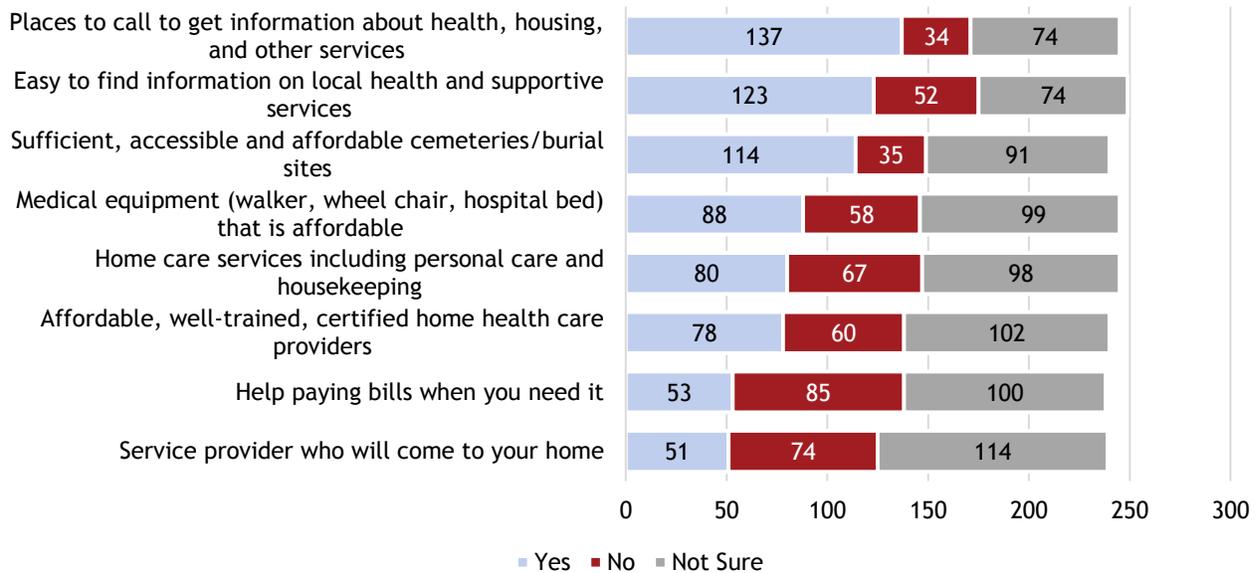
Cleveland older adult residents who participated in focus groups indicated that health care costs are least problematic for individuals who are “dual-eligible,” or enrolled in both Medicaid and Medicare. Out-of-pocket expenses, such as copays, prescriptions, and specialty care costs are higher for those receiving only Medicare. It was noted that dental services are out of reach for many older adults who are not dual-eligible. Many reported not receiving any dental care as a result.

The survey reflects that many older adults appear to be unsure about the availability of health and community supports, which may indicate the need for more education and outreach in the community. According to the survey:

- 30 percent are unsure about access to easy-to-find information on local health and supportive services, including uncertainty about places to call and get information.
- 38 percent are unsure about access to sufficient, accessible, and affordable cemeteries/burial sites.
- 40 percent are unsure about their access to medical equipment.
- 42 percent are unsure about access to help paying bills if needed.

Where you live do you have access to the following?

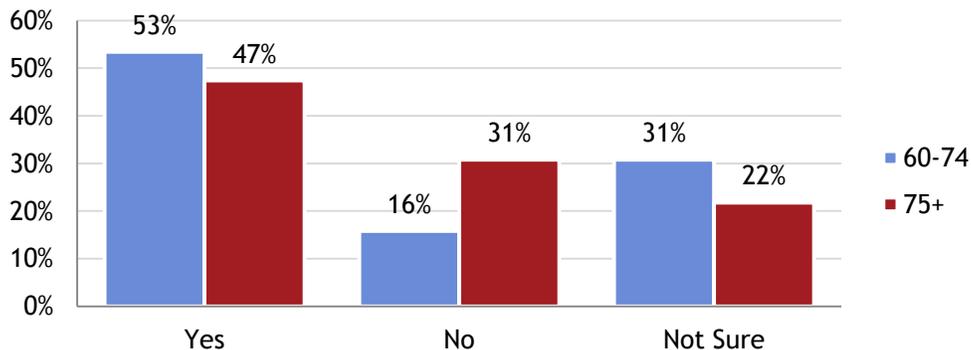
n=276



The survey also found that older residents age 75 and over were twice as likely as their counterparts ages 60-74 to report having no access to easy-to-find information on local health and supportive services, a significant difference.

Access to easy-to-find information on health and social services

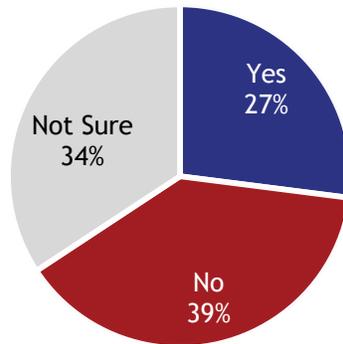
n=224



While 94 percent of older adults responded that it was important for them to stay in their homes as they age, there was an overall lack of awareness about home providers and services. Forty percent were unsure about the availability of home health care services, and 47 percent were unsure about service providers that would come to your home. Many reported no access to home delivered meals, and one-third were unsure about this resource. The majority of older residents who completed the outreach questionnaire expressed that they could “sometimes” get the services that they need to stay in their home (54 percent), and 18 percent reported that they do not get the necessary services.

Meals or food delivered to your home

n=248



However, residents age 75 and older were more likely to report access to home care services including personal care and housekeeping, affordable medical equipment, and well-trained, certified home health care providers. This suggests that these older adults may be utilizing these services to a greater degree than those under 75, and subsequently be more aware of their existence. Similarly, 38 percent of those age 75 and over reported access to home-delivered meals or food, a significant difference from those age 60 to 74. For a complete table of access to community supports and health services by age range, see Appendix XV.



Many older adults will require long-term care as they age. While nursing homes and other institutional settings had once been the standard model for this type care, the recent shift to an emphasis on home and community-based care has led to a decline in nursing home beds, and an increase in Medicaid Waivers, such as PASSPORT, which allow people to receive in-home care. According to the Scripps Gerontology Center at Miami University, the proportion of older adults receiving institutional long-term care in Ohio was 55 percent in 2011, a decrease from 90 percent in 1993.¹²⁶ The shift to an emphasis on

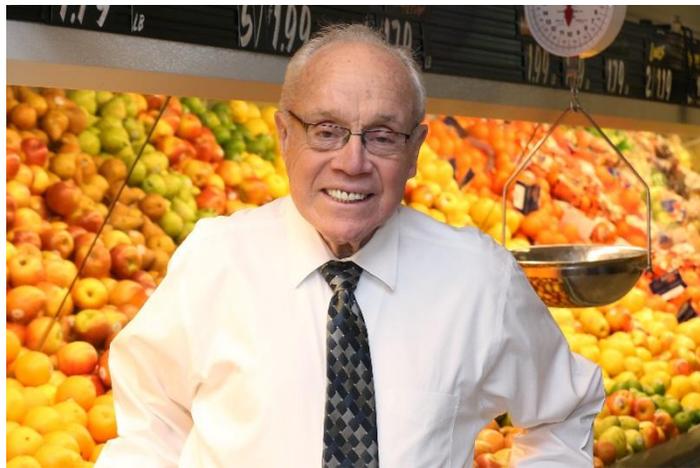
home and community-based care was intended both to create cost-savings (as in-home care is generally more affordable than nursing home care) and to respond to the growing number of older adults who choose to age in place. Regardless, most individuals age 50 and older will have a nursing home stay in their lifetime, even if it is only short-term. According to the Ohio Department of Aging website, there are nearly 1,000 nursing homes across the state. However, only 20 nursing facilities and fewer than 8 assisted living facilities are located in the city of Cleveland.¹²⁷

Overall, 56 percent of older adults reported that in the event that they need to move out of their home due to health or mobility issues, they were unsure that they could find a care facility or nursing home to meet their needs. Only 27.5 percent said they could. Without a clear idea of the community’s options for institutional care, older adults may remain living alone in their home for longer than recommended. Not knowing where to go could contribute added stress to any already difficult situation if someone needs to move out of their home due to health or mobility issues.

In focus group discussions throughout the city, residents expressed a lack of awareness about the availability of mental health services. Some said that these services were not available where they live, while others were unsure. A few older adults mentioned that speaking with a primary care doctor was a good approach to receiving mental health services. Certain Medicare plans may limit the types and dosage of mental health services that are available to older adults, presenting an additional barrier.

Cleveland older adults report mixed experiences when seeking social services or assistance with meeting their basic needs. Accessing food was not a widely mentioned problem for Cleveland older adults; most reported having access to food and food pantries when necessary. In fact, the Greater Cleveland Foodbank reports that 16 percent of its clients are elderly.¹²⁸ Food pantries and soup kitchens were among the most requested services for those over the age of 60 using the local 2-1-1 helpline. It appears that emergency food programs are meeting need, even though food insecurity remains a problem.

Over 12 percent of Cleveland older adults said they do not have access to places to get healthy and affordable food, and another 14.6 percent said that they were not sure if they did. According to the Ohio Association of Foodbanks, approximately 16 percent of older Ohioans were at risk of hunger in 2013.¹²⁹ This can have a significant negative impact on older adults, including an increased incidence of depression, heart attack, and congestive heart failure.¹³⁰



Access to Places to Get Healthy and Affordable Food		
	Frequency	Percent
Yes	186	73.2%
No	31	12.2%
Not Sure	37	14.6%
Total	254	100%

Some expressed frustration with the process involved in applying for services or benefits. Long applications were cited as a challenge, and it was noted that social service staff can be rude when one is seeking services. The requirement for in-person meetings when applying for certain benefits was noted as particularly onerous, especially if they required the older adult to travel to a central location. Trips to neighborhood centers or online applications were preferred. Complex eligibility processes proved problematic for some, including long wait times to get a response. Older residents also expressed frustration with eligibility criteria, sharing that their incomes were often slightly too high to qualify for needed services and benefits. Some felt that eligibility criteria should be more flexible for older adults. Those living in senior housing often reported having social workers on staff that are regularly available to provide assistance with accessing benefits and services, and these individuals were appreciated and their services were utilized. Nearly 30 percent of those who completed the outreach questionnaire indicated that when seeking help for health, financial, or housing issues, they don't qualify for the services they need.

Lastly, across the focus groups, most older residents shared that they had not considered personal emergency preparedness planning. Though some noted that they had been informed on how to safely exit their building in the event of an emergency, it was suggested that regular refreshers were necessary. Most of the older adult participants did not have a written personal emergency preparedness plan, or available supplies to use in the event of an emergency. Many expressed an interest in learning more about how to prepare for an emergency.

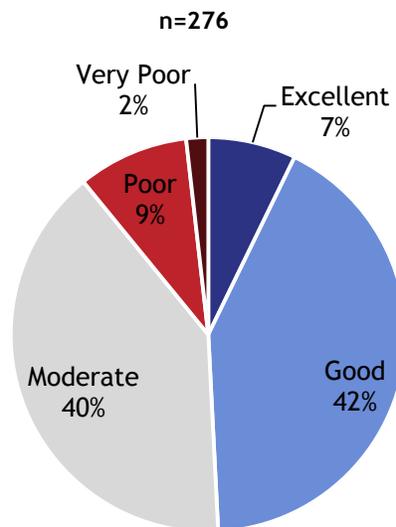
Highlights

- *While, overall, Cleveland older adults reported good health status, low-income adults were more likely to report poor or fair health than upper-income individuals.*
- *Most older adults are generally satisfied with their health services.*
- *Older residents shared that they had not considered emergency preparedness planning and expressed an interest in learning more.*
- *While 94 percent of older adults responded that it was important for them to stay in their homes as they age, there was an overall lack of awareness about home providers and services. Adults age 75 and over were more likely to report access to these services.*
- *Some expressed frustration with the process involved in applying for social services or public benefits, including not qualifying for needed services due to income guidelines.*
- *Focus group participants widely shared that they were not familiar with, or don't have access to, available mental health services.*
- *According to the outreach questionnaire results, 32 percent of those who responded said they could not get an appointment with their doctor when they needed to, while 64 percent indicated that they could only "sometimes" get an a needed appointment.*
- *Nearly 30 percent of those who completed the outreach questionnaire indicated that when seeking help for health, financial, or housing issues, they don't qualify for the services they need.*

Overall Age-Friendliness

Overall, almost half (49 percent) of Cleveland older adults rated the city as an excellent or good place for people to live as they age. Forty-percent rated Cleveland as moderate, while only 11 percent identified the city as poor or very poor for people to live as they age. There were not significant differences among those age 60-74 and residents age 75 and over.

How would you rate the City of Cleveland as a place for people to live as they age?



Older Cleveland residents who participated in the outreach survey were slightly more likely to give a negative rating, with 15 percent indicating that their communities were either slightly or not at all friendly for older adults.

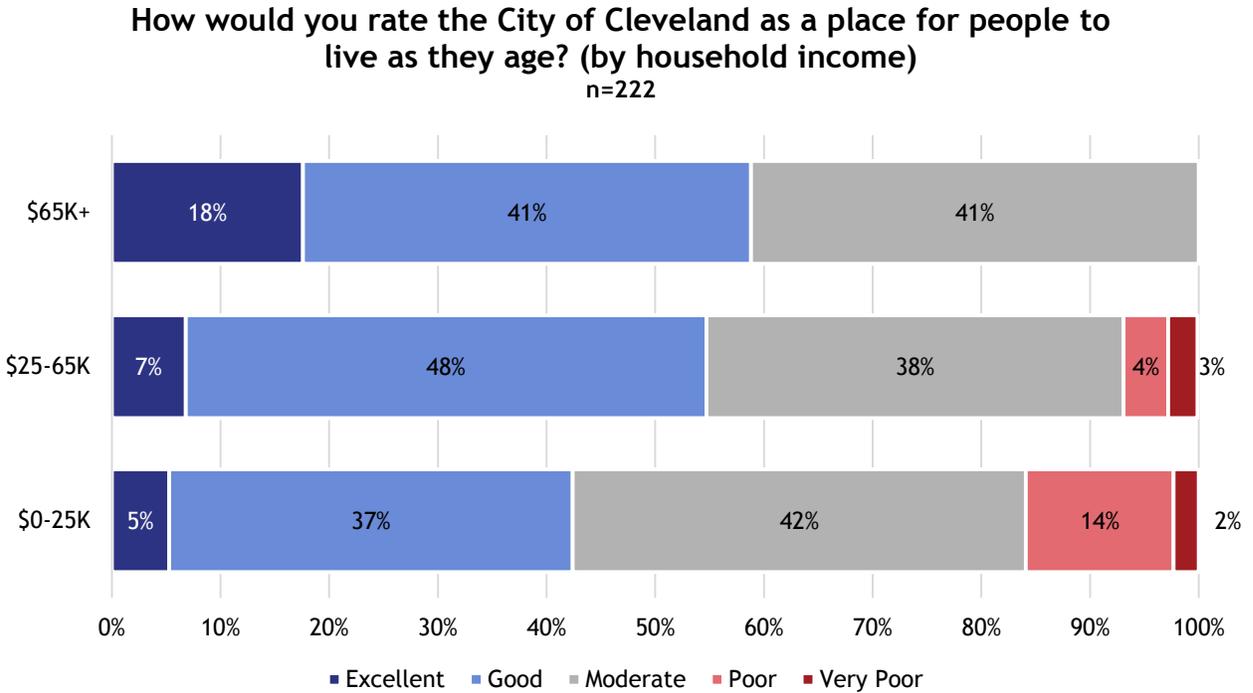
Survey takers were given the opportunity to provide feedback about how “age-friendly” the city is. Several shared positive comments about their experience living in the city, including “great place to live,” and “cultural activities are plentiful (and) beautiful infrastructure work being provided.” However, the fact that some areas of the city seem to be improving faster than others was noted by several older adults.

Residents also frequently cited challenges with getting around — due to uneven sidewalks, a lack of regular and flexible senior transportation, parking challenges, and snow removal. Similarly, other comments echoed challenges previously identified, including concerns about abandoned property, crime, and the need for home repair and utility assistance.

While most older adults reported that Cleveland is a “good” or “moderate” place for older adults to live as they age, there was some difference across incomes with regard to the overall age-friendliness of Cleveland. None of the Cleveland older adults with incomes of \$65,000 per year rated the city as a “poor” or “very poor” place for people to live as they age, and 18 percent

rated the city as “excellent,” compared to less than 7 percent of respondents with lower incomes.

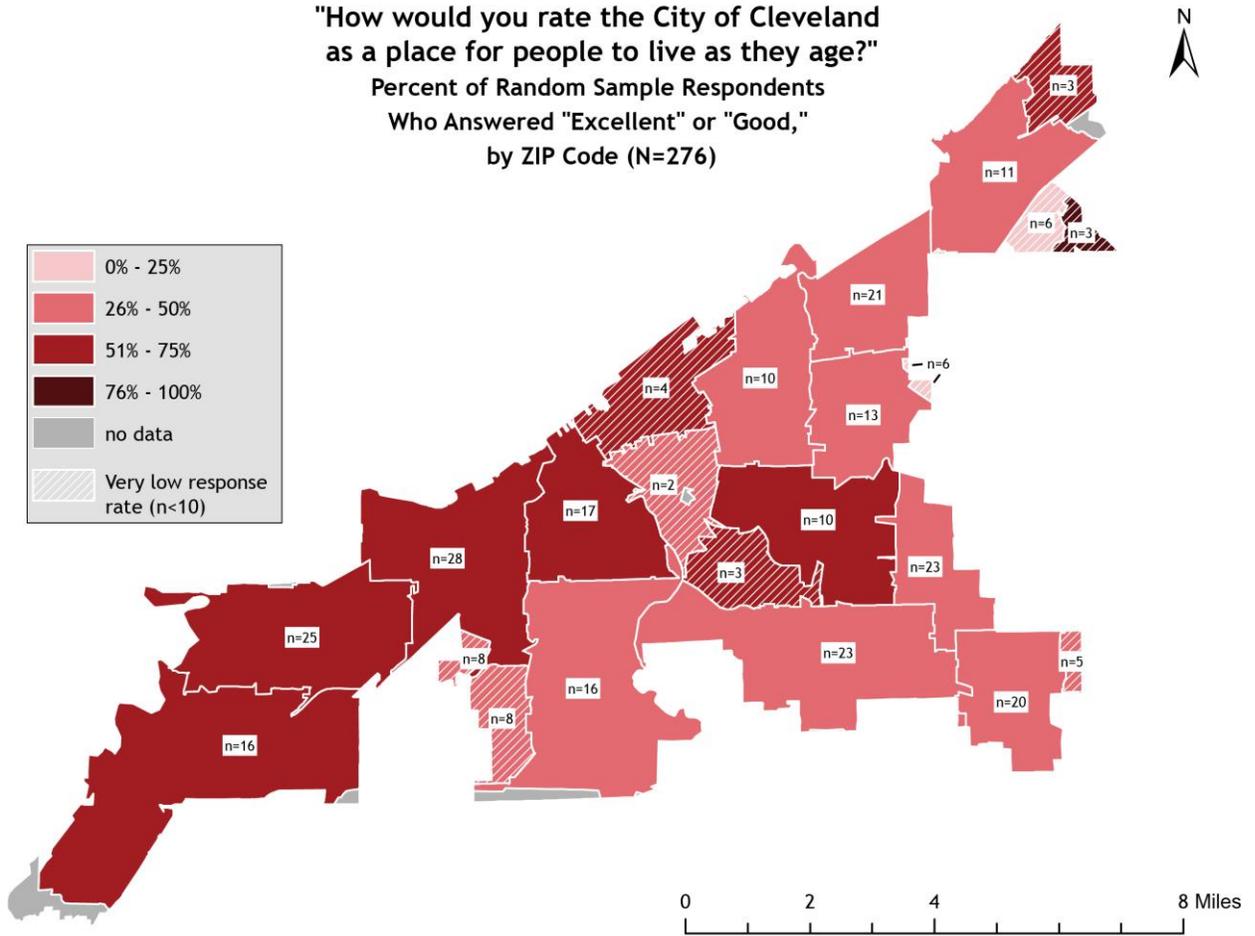
Similarly, 16 percent of low-income residents (with annual incomes of less than \$25,000) described the city as “poor” or “very poor” for people to live as they age, compared to just 7 percent of those with incomes between \$25,000 and \$65,000, and zero respondents within the highest income bracket.



Although the differences between income groups are not statistically significant, the counts could indicate that financial security is a contributor to positive perceptions of their community among older adults.

Across the city, older residents in certain areas of the city were more likely to identify the city as a “good” or “excellent” place for people to live as they age.

"How would you rate the City of Cleveland as a place for people to live as they age?"
Percent of Random Sample Respondents
Who Answered "Excellent" or "Good,"
by ZIP Code (N=276)

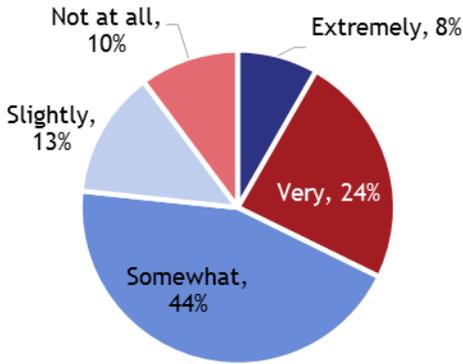


Overall Satisfaction with Age-Friendly Domains

Participants in the outreach questionnaire were asked about their satisfaction with each of the domains, as well as their overall impression of age-friendliness in their community. The results are shown below.

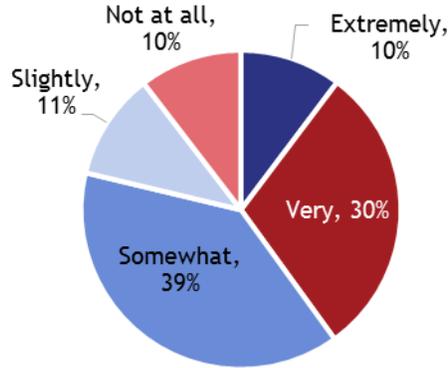
How satisfied are you with the public spaces (parks, stores, etc.) in your community?

n=725



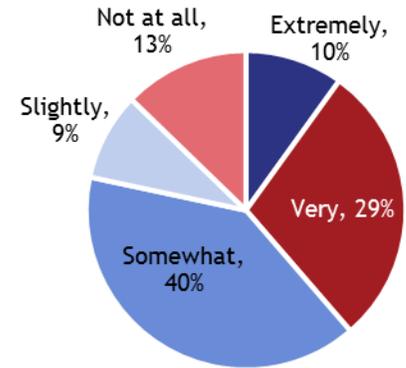
How satisfied are you with the transportation options in your community?

n=682



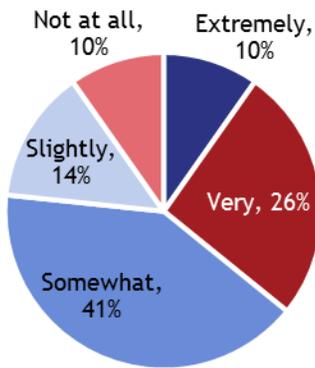
How satisfied are you with the housing options in your community?

n=494



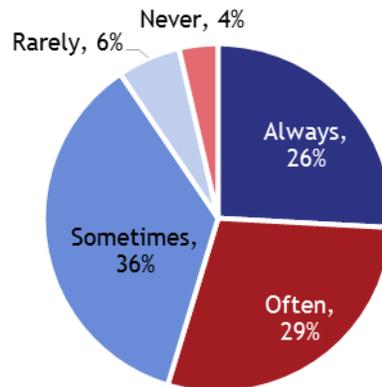
How satisfied are you with community events in your community?

n=544



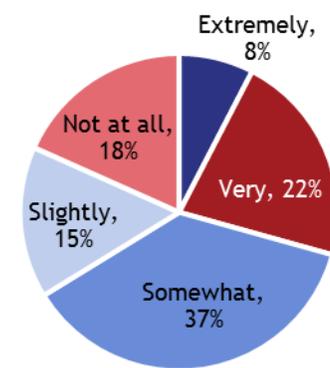
Do you feel respected and included in your community?

n=750



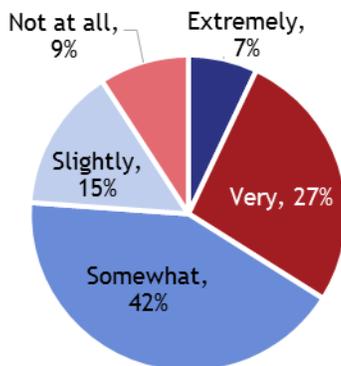
How satisfied are you with employment/volunteer opportunities in your community?

n=672



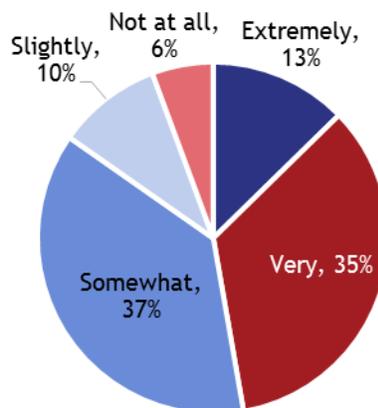
How satisfied are you with how you receive information in your community?

n=742



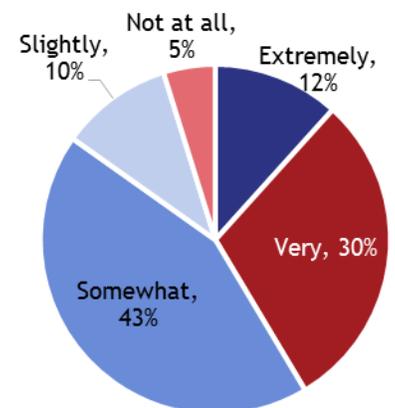
How satisfied are you with health and community services?

n=726



How friendly do you think your community is for seniors?

n=770



Conclusion: Cleveland's Age-Friendly Assets and Opportunities

The results of this assessment clearly demonstrate that older adults in Cleveland are diverse, active, and engaged; they take great pride in their city and offer valuable contributions to the community. The assessment process involved over 1,000 older Cleveland residents, and many discussed vibrant lifestyles that include regular interaction with friends and family, involvement with church and neighborhood groups, volunteering, and socializing. However, the findings indicate that there is still work to be done in order for Cleveland to become a more Age-Friendly city. While the experiences of older adults vary considerably, several dominant themes emerged from our research.

Community Assets

- Overall, almost half of Cleveland older adults rated the City as an excellent or good place for people to live as they age, compared to only 11 percent who said it was poor or very poor.
- Cleveland's older residents value their independence, and most hope to remain independent and in the community for as long as possible.
- Older adults, like residents from all age groups, are diverse, with a range of opinions, preferences, and attitudes. Likewise, their assessment of community conditions, needs, and assets is wide-ranging. Many have creative ideas about ways to improve the city, and are eager to share these suggestions, which will be a benefit in planning.
- Overall, Cleveland older adults have sufficient access to, and are satisfied with, transportation, health care, and housing in the city. The majority of older adult RTA customers are satisfied with their service; healthcare is accessible for most in the City, and Cleveland older adults generally feel positive about their current housing.
- Many residents who were engaged through the assessment process, both via the surveys and in focus groups, described a city where transportation, housing, health care, as well as social and recreational activities, are within financial reach for most older adults. This affordability allows many older Clevelanders to achieve financial stability and contributes to an active, high-quality life. However, as noted below, Cleveland remains a city facing high poverty rates and some expressed concern about tight personal budgets.
- Many older residents feel connected to their community, and are involved in a wide range of activities throughout the City. Parks, libraries, senior centers, and City recreation centers are widely utilized by older adults, and protecting these valuable amenities into the future will assure these community assets are enjoyed for years to come.
- Cleveland residents are fortunate to have access to a wide-range of cultural institutions and entertainment options, and older adults enjoy participating in the range of activities and events available. Cleveland's older adults expressed an interest in participating in sporting

events, lifetime learning, physical recreation and concerts. Moreover, one-fourth of Cleveland older adults are involved in some type of volunteer activities, demonstrating a strong a commitment to community service. Residents describe volunteer involvement with local churches, schools, hospitals, and nonprofits. Finding ways to involve even more older adults in these valuable activities will enhance the quality of life for all Cleveland residents.

- Older adults seek and enjoy intergenerational activities, and Cleveland has several well-established programs which provide opportunities for this type of interaction. Expanding these opportunities, and reaching out to more residents of all ages to participate, can create growth and learning opportunities for the City's oldest and youngest, and could begin to address feelings of disrespect felt by some older adults in the community.

Community Challenges and Opportunities

- The survey assessed older adults' knowledge about and impression of their community, not the actual state of the community, and the results suggest that many Cleveland seniors are unaware of existing resources. The need for more information on available services and supports was evident, including but not limited to, information on the local 2-1-1 help center, available transportation supports, community events, and mental health services. These efforts will need to be responsive to the finding that older adults in Cleveland prefer to receive information in many different ways.
- Most Cleveland older adults hope to stay in their homes as they age, and will need additional supports and services to achieve this goal. This includes assistance with snow removal and home maintenance, home delivered meals, and home health care services. Helping older adults to plan ahead for these supports will decrease stress as residents age.
- Safety is a key concern for older adults; many expressed worry about violence in their neighborhoods, the large number of hazardous vacant properties, and dangerous conditions while waiting for, or riding on public transportation. Efforts to increase feelings of safety and security among Cleveland older adults will be necessary.
- While many older adults are satisfied with their housing, difficulties do exist, including the inability of some to complete routine indoor and outdoor maintenance, subsidized housing waiting lists, and fears about safety, particularly for those living alone. The need for assistance with home repairs is widely requested by older residents. Many Cleveland older adults lack a personal emergency plan. Innovative housing solutions and neighborhood supports, including more intergenerational housing, or shared housing arrangements, could be explored. Expanded chore services programs, visits from community members, and neighborhood safety networks were suggested as ways to alleviate housing-related stress for some. Assisting more local older adult residents to develop emergency plans could also be helpful in assuring peace-of-mind.

- Some older adults desire increased social participation in their community but face obstacles to social participation. Efforts to reduce barriers to participation would be beneficial; for example, city residents shared that adjustments to the times of activities offered would work to increase feelings of connectedness. Cost also presented a challenge for some, and many were interested in the possibility of identifying mechanisms for increasing the affordability of local activities for older residents. Opportunities may also exist to build upon and improve existing beloved community resources such as parks, by adding additional benches, or developing new programming specifically for older adults at libraries and recreation centers.
- Cleveland older adults are active in their communities, and are regular patrons at local stores, as well as consumers of many public and private services. While many report positive experiences when patronizing businesses or seeking services, opportunities exist to improve this experience for older adults. This could include efforts such as streamlining application processes, or working with local businesses to become more age-friendly, such as by reducing wait times for older adults or improving parking.
- Many Cleveland older adults report that age-based discrimination in hiring is a challenge when seeking a job. Campaigns to reduce real or perceived hiring discrimination and highlight the benefits of hiring older adults, as well as expanding or increasing the visibility of programs that provide job training and placement to older adults may prove beneficial.
- Despite the city's relative affordability, many older adults continue to struggle to make ends meet. Nearly 22 percent of those age 60 and over live in poverty, and many more live at incomes well below the standard established by the Elder Index. Continuing efforts to address the economic insecurity of these older adults presents an opportunity for the City of Cleveland, as well as state and federal policy makers. Similarly, according to this research, health disparities may exist among low-income older adults, and efforts must take place to reduce these disparities. Increased access to preventive care and physical fitness opportunities for older adults at all income levels, and efforts to improve senior nutrition could help.
- Access to affordable and convenient transportation is an integral component of age-friendly cities, and fortunately, most Cleveland older adults report positive experiences getting around the City. However, increased flexibility in both routes and times, streamlined processes for accessing transportation supports, as well as improved outreach about existing services, could lead to an improved quality-of-life for local residents. As happens in any cold-weather city, many Cleveland older adults struggle to manage ice and snow covered roads and sidewalks during the City's often severe winters. Slippery roads and sidewalks were also a concern for older residents, who are fearful of falls. While some assistance is already available, through collaboration with neighborhood groups and volunteer organizations, there may be opportunities to organize efforts to reduce the challenges older people face when dealing with the impact of inclement weather.

We hope that the findings of this report will create a path forward as Cleveland seeks to become a premier age-friendly city, and will serve as a guide as priority issues and action plans are developed. Furthermore, the data collected may act as a baseline to measure the success of the important work to come. As key stakeholders are tasked with turning this valuable information into action steps, they can be confident that the community was fully engaged throughout. Throughout this process, it was evident that Cleveland older adults are engaged, dynamic and invigorated by the prospect of improving their city. Many have great love and pride for their city. Building on this positivity to improve existing systems, and engaging even more local residents in taking advantage of the city's many existing assets, will undoubtedly lead to Cleveland being recognized as a preeminent place for people to live as they age. Where existing challenges were identified, they serve to reinforce the importance of this work, and the vital age-friendly developments that will occur in the years to come.

Appendix I: Population of Older Adults in Cleveland (Ages 60+), by Age Range, by Ward, 2013

	Ages 60-61		Ages 62-64		Ages 65-66		Ages 67-69		Ages 70-74	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	751	+/-164	760	+/-156	548	+/-126	678	+/-144	1,056	+/-164
Ward 2	470	+/-111	679	+/-124	421	+/-99	536	+/-125	768	+/-114
Ward 3	374	+/-93	520	+/-104	304	+/-90	385	+/-98	304	+/-82
Ward 4	519	+/-131	623	+/-130	338	+/-99	600	+/-140	753	+/-139
Ward 5	315	+/-85	560	+/-109	295	+/-78	241	+/-71	383	+/-105
Ward 6	622	+/-121	857	+/-146	391	+/-90	486	+/-102	819	+/-136
Ward 7	575	+/-118	687	+/-134	353	+/-91	369	+/-114	566	+/-143
Ward 8	502	+/-147	722	+/-166	402	+/-144	628	+/-175	743	+/-179
Ward 9	357	+/-94	744	+/-155	415	+/-124	334	+/-96	585	+/-122
Ward 10	586	+/-132	539	+/-110	424	+/-104	514	+/-115	771	+/-134
Ward 11	420	+/-116	647	+/-140	341	+/-93	565	+/-156	580	+/-121
Ward 12	709	+/-164	816	+/-161	433	+/-94	583	+/-151	679	+/-140
Ward 13	605	+/-139	719	+/-127	257	+/-87	466	+/-102	657	+/-125
Ward 14	288	+/-76	563	+/-121	238	+/-77	284	+/-70	485	+/-99
Ward 15	582	+/-139	612	+/-167	309	+/-97	268	+/-82	452	+/-119
Ward 16	558	+/-108	699	+/-116	354	+/-86	385	+/-91	694	+/-136
Ward 17	708	+/-150	968	+/-167	414	+/-98	540	+/-124	802	+/-143
Total	8,939	+/-517	11,712	+/-574	6,234	+/-413	7,862	+/-490	11,097	+/-541
	Ages 75-79		Ages 80-84		Ages 85+		Total 60+		Percent of Population 60+	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	1,044	+/-170	867	+/-158	553	+/-122	6,255	+/-428	28.1%	+/-1.5%
Ward 2	559	+/-99	458	+/-108	299	+/-77	4,188	+/-306	19.7%	+/-1.1%
Ward 3	287	+/-75	206	+/-75	213	+/-88	2,592	+/-251	10.5%	+/-0.9%
Ward 4	573	+/-105	390	+/-113	464	+/-110	4,260	+/-345	20.4%	+/-1.3%
Ward 5	223	+/-69	110	+/-58	201	+/-72	2,329	+/-234	11.2%	+/-1.0%
Ward 6	700	+/-127	652	+/-133	735	+/-154	5,263	+/-361	21.5%	+/-1.2%
Ward 7	579	+/-134	513	+/-111	455	+/-112	4,096	+/-341	18.9%	+/-1.3%
Ward 8	596	+/-137	486	+/-145	492	+/-130	4,570	+/-435	19.5%	+/-1.6%
Ward 9	646	+/-137	570	+/-104	504	+/-113	4,154	+/-339	19.3%	+/-1.3%
Ward 10	593	+/-121	491	+/-111	389	+/-95	4,306	+/-328	19.1%	+/-1.1%
Ward 11	422	+/-107	256	+/-71	269	+/-90	3,498	+/-325	13.7%	+/-1.2%
Ward 12	409	+/-108	374	+/-96	277	+/-75	4,279	+/-361	17.8%	+/-1.2%
Ward 13	699	+/-143	501	+/-119	663	+/-144	4,567	+/-353	17.5%	+/-1.2%
Ward 14	340	+/-81	244	+/-79	291	+/-104	2,732	+/-254	12.3%	+/-1.0%
Ward 15	394	+/-112	307	+/-102	373	+/-112	3,296	+/-336	14.1%	+/-1.3%
Ward 16	479	+/-100	515	+/-112	426	+/-104	4,109	+/-304	16.9%	+/-1.1%
Ward 17	706	+/-130	562	+/-126	634	+/-147	5,334	+/-387	20.8%	+/-1.4%
Total	9,247	+/-486	7,501	+/-454	7,238	+/-459	69,828	+/-1397	17.7%	+/-0.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix II

Population and Percentage of Older Adults in Cleveland (Ages 65+), by Race/Ethnicity, by Ward, 2013

	White		African American		Asian		Hispanic/ Latino		Other	
	Population	%	Population	%	Population	%	Population	%	Population	%
Ward 1	69	1.5%	4,601	97.0%	-	0.0%	12	1.7%	75	1.6%
Ward 2	417	13.7%	2,592	85.3%	10	0.3%	4	2.3%	21	0.7%
Ward 3	1,228	72.3%	297	17.5%	20	1.2%	355	5.5%	152	8.9%
Ward 4	171	5.5%	2,856	91.6%	-	0.0%	54	2.9%	91	2.9%
Ward 5	405	27.8%	1,026	70.6%	9	0.6%	38	6.1%	14	0.9%
Ward 6	1,054	27.9%	2,679	70.8%	25	0.7%	26	2.4%	25	0.7%
Ward 7	403	14.2%	2,188	77.2%	176	6.2%	72	3.8%	67	2.3%
Ward 8	1,617	48.3%	1,681	50.2%	-	0.0%	14	2.3%	49	1.5%
Ward 9	211	6.9%	2,799	91.7%	-	0.0%	17	2.7%	43	1.4%
Ward 10	557	17.5%	2,566	80.6%	23	0.7%	20	2.6%	36	1.1%
Ward 11	1,869	76.9%	402	16.5%	36	1.5%	203	4.1%	125	5.2%
Ward 12	2,341	85.0%	330	12.0%	32	1.2%	159	4.0%	52	1.9%
Ward 13	3,021	93.1%	82	2.5%	55	1.7%	139	2.9%	85	2.6%
Ward 14	1,574	83.7%	145	7.7%	37	1.9%	417	4.8%	126	6.7%
Ward 15	1,685	80.1%	293	13.9%	30	1.4%	199	4.5%	94	4.5%
Ward 16	2,559	89.7%	153	5.4%	106	3.7%	82	2.6%	35	1.2%
Ward 17	3,375	92.3%	205	5.6%	34	0.9%	123	2.7%	45	1.2%
Total	22,557	45.9%	24,895	50.6%	593	1.2%	1,934	3.9%	1,133	2.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix III

Population and Percentage of Older Adults in Cleveland (Ages 65+), by Household Type, by Ward, 2013

	In Households	%	In Group Quarters	%	In Family Households		In Non-Family Households			
					Living with Family (spouse or other relative)	%	Living Alone	%	Not Living Alone (friends or other non-relative)	%
Ward 1	4,623	97.4%	122	2.6%	2,986	62.9%	1,490	31.4%	147	3.1%
Ward 2	3,027	99.6%	13	0.4%	1,985	65.3%	994	32.7%	48	1.6%
Ward 3	1,574	92.7%	123	7.3%	860	50.6%	619	36.4%	96	5.6%
Ward 4	3,106	99.6%	12	0.4%	1,720	55.2%	1,234	39.6%	152	4.9%
Ward 5	1,357	93.4%	96	6.6%	478	32.9%	780	53.7%	100	6.8%
Ward 6	3,367	89.0%	417	11.0%	1,457	38.5%	1,701	44.9%	210	5.5%
Ward 7	2,636	93.0%	199	7.0%	1,294	45.7%	1,222	43.1%	120	4.2%
Ward 8	3,169	94.7%	178	5.3%	1,588	47.4%	1,401	41.8%	181	5.4%
Ward 9	3,025	99.1%	29	0.9%	1,671	54.7%	1,271	41.6%	83	2.7%
Ward 10	3,031	95.3%	151	4.7%	1,581	49.7%	1,209	38.0%	240	7.5%
Ward 11	2,365	97.3%	66	2.7%	1,401	57.6%	846	34.8%	119	4.9%
Ward 12	2,730	99.1%	25	0.9%	1,577	57.2%	1,071	38.9%	82	3.0%
Ward 13	3,109	95.9%	134	4.1%	1,733	53.4%	1,333	41.1%	43	1.3%
Ward 14	1,814	96.4%	67	3.6%	1,085	57.7%	649	34.5%	81	4.3%
Ward 15	1,757	83.5%	346	16.5%	776	36.9%	909	43.2%	72	3.4%
Ward 16	2,777	97.4%	75	2.6%	1,492	52.3%	1,215	42.6%	70	2.5%
Ward 17	3,415	93.3%	244	6.7%	1,959	53.5%	1,363	37.3%	93	2.5%
Total	46,832	95.3%	2,299	4.7%	25,606	52.1%	19,284	39.3%	1,942	4.0%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

**Appendix IV
Labor Force Participation and Employment/Unemployment; Ages 60 and Over**

	Total 60+ Population		60+ in Labor Force		60+ Employed		60+ Unemployed		60+ Not in LF		Labor Force Participation %	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	6,255	+/-416	1,088	+/-198	997	+/-188	91	+/-117	5,167	+/-375	17.4%	+/-2.9%
Ward 2	4,188	+/-303	893	+/-152	756	+/-141	136	+/-101	3,296	+/-274	21.3%	+/-3.3%
Ward 3	2,592	+/-241	503	+/-129	474	+/-127	29	+/-105	2,089	+/-222	19.4%	+/-4.6%
Ward 4	4,260	+/-340	799	+/-159	705	+/-152	94	+/-105	3,461	+/-309	18.8%	+/-3.4%
Ward 5	2,329	+/-223	498	+/-133	440	+/-132	58	+/-113	1,831	+/-205	21.4%	+/-5.3%
Ward 6	5,263	+/-339	1,018	+/-171	877	+/-160	141	+/-125	4,245	+/-309	19.3%	+/-3.0%
Ward 7	4,096	+/-319	836	+/-186	751	+/-184	85	+/-127	3,260	+/-283	20.4%	+/-4.3%
Ward 8	4,570	+/-428	1,115	+/-215	1,039	+/-211	75	+/-108	3,456	+/-383	24.4%	+/-4.1%
Ward 9	4,154	+/-326	811	+/-167	713	+/-158	98	+/-115	3,343	+/-295	19.5%	+/-3.7%
Ward 10	4,306	+/-320	878	+/-165	801	+/-160	77	+/-112	3,428	+/-287	20.4%	+/-3.5%
Ward 11	3,498	+/-319	697	+/-145	634	+/-142	63	+/-102	2,801	+/-295	19.9%	+/-3.7%
Ward 12	4,279	+/-352	940	+/-187	829	+/-177	111	+/-118	3,340	+/-313	22.0%	+/-4.0%
Ward 13	4,567	+/-340	1,066	+/-176	1,008	+/-172	58	+/-102	3,501	+/-301	23.3%	+/-3.4%
Ward 14	2,732	+/-246	517	+/-127	448	+/-122	69	+/-99	2,215	+/-222	18.9%	+/-4.3%
Ward 15	3,296	+/-327	827	+/-197	756	+/-194	71	+/-108	2,469	+/-272	25.1%	+/-5.4%
Ward 16	4,109	+/-294	1,016	+/-151	931	+/-148	85	+/-89	3,093	+/-260	24.7%	+/-3.2%
Ward 17	5,334	+/-375	1,324	+/-207	1,171	+/-190	154	+/-122	4,010	+/-326	24.8%	+/-3.5%

Appendix V

Population and Percentage of Older Adults in Cleveland (Ages 65+) with Income Below Poverty, by Ward, 2013

	Population Below Poverty						Percent Below Poverty					
	Ages 65-74		Ages 75+		Ages 65+		Ages 65-74		Ages 75+		Ages 65+	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	329	+/-114	368	+/-102	697	+/-153	14.6%	+/- 4.8%	15.5%	+/- 4.0%	15.1%	+/- 3.1%
Ward 2	378	+/-127	243	+/-80	621	+/-150	22.0%	+/- 6.9%	18.5%	+/- 5.6%	20.5%	+/- 4.6%
Ward 3	395	+/-108	217	+/-81	612	+/-135	40.4%	+/- 9.0%	36.0%	+/- 11.6%	38.7%	+/- 7.1%
Ward 4	460	+/-126	318	+/-96	778	+/-159	27.2%	+/- 6.6%	22.3%	+/- 6.1%	24.9%	+/- 4.6%
Ward 5	305	+/-82	148	+/-64	454	+/-105	33.6%	+/- 7.4%	30.7%	+/- 11.5%	32.6%	+/- 6.3%
Ward 6	389	+/-94	469	+/-116	858	+/-149	24.2%	+/- 5.1%	26.5%	+/- 5.9%	25.4%	+/- 3.9%
Ward 7	254	+/-78	443	+/-107	697	+/-133	20.8%	+/- 5.6%	30.8%	+/- 6.4%	26.2%	+/- 4.3%
Ward 8	586	+/-172	240	+/-111	827	+/-205	34.2%	+/- 8.4%	16.5%	+/- 7.1%	26.0%	+/- 5.8%
Ward 9	345	+/-110	293	+/-83	638	+/-138	25.9%	+/- 7.4%	17.3%	+/- 4.5%	21.1%	+/- 4.1%
Ward 10	297	+/-82	329	+/-96	626	+/-126	17.8%	+/- 4.5%	23.8%	+/- 6.2%	20.5%	+/- 3.7%
Ward 11	247	+/-109	102	+/-65	349	+/-127	16.7%	+/- 7.0%	11.4%	+/- 7.0%	14.7%	+/- 5.1%
Ward 12	388	+/-102	222	+/-80	610	+/-130	22.9%	+/- 5.2%	21.0%	+/- 7.0%	22.2%	+/- 4.2%
Ward 13	122	+/-66	196	+/-89	318	+/-111	8.9%	+/- 4.7%	11.2%	+/- 4.9%	10.2%	+/- 3.4%
Ward 14	247	+/-77	152	+/-57	399	+/-96	24.8%	+/- 7.0%	18.4%	+/- 6.2%	21.9%	+/- 4.8%
Ward 15	269	+/-87	182	+/-84	451	+/-121	27.7%	+/- 7.7%	22.3%	+/- 9.4%	25.2%	+/- 6.0%
Ward 16	129	+/-58	127	+/-55	257	+/-80	9.1%	+/- 3.9%	9.3%	+/- 3.9%	9.2%	+/- 2.8%
Ward 17	191	+/-75	232	+/-90	423	+/-117	11.2%	+/- 4.2%	13.1%	+/- 4.9%	12.1%	+/- 3.2%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix VI

Population and Percentage of Older Adults in Cleveland (Ages 65+) with a Disability, by Ward, 2013

	Ages 65-74				Ages 75+				Ages 65+			
	Estimate	MOE	%	MOE	Estimate	MOE	%	MOE	Estimate	MOE	%	MOE
Ward 1	739	+/-149	32.8%	+/- 5.6%	1,245	+/-179	52.5%	+/- 5.4%	1,983	+/-233	42.9%	+/- 3.9%
Ward 2	659	+/-139	38.3%	+/- 7.0%	743	+/-122	56.5%	+/- 5.8%	1,402	+/-185	46.2%	+/- 4.8%
Ward 3	517	+/-117	52.9%	+/- 9.2%	369	+/-92	61.4%	+/- 10.7%	886	+/-149	56.1%	+/- 7.0%
Ward 4	663	+/-146	39.2%	+/- 7.1%	816	+/-152	57.2%	+/- 7.8%	1,479	+/-211	47.5%	+/- 5.3%
Ward 5	467	+/-107	51.4%	+/- 9.2%	309	+/-82	64.0%	+/- 11.6%	777	+/-135	55.8%	+/- 7.2%
Ward 6	676	+/-121	42.0%	+/- 6.0%	914	+/-135	51.6%	+/- 5.6%	1,590	+/-181	47.0%	+/- 4.1%
Ward 7	421	+/-115	34.5%	+/- 7.8%	873	+/-132	60.7%	+/- 6.0%	1,294	+/-175	48.7%	+/- 4.7%
Ward 8	557	+/-138	32.4%	+/- 6.4%	847	+/-197	58.0%	+/- 10.1%	1,404	+/-240	44.2%	+/- 5.9%
Ward 9	593	+/-137	44.5%	+/- 8.1%	983	+/-144	58.0%	+/- 5.7%	1,576	+/-199	52.0%	+/- 4.7%
Ward 10	624	+/-125	37.4%	+/- 6.1%	825	+/-136	59.6%	+/- 6.7%	1,449	+/-185	47.4%	+/- 4.6%
Ward 11	644	+/-159	43.5%	+/- 9.2%	483	+/-113	53.7%	+/- 9.2%	1,128	+/-195	47.4%	+/- 6.7%
Ward 12	604	+/-141	35.7%	+/- 6.9%	601	+/-116	56.7%	+/- 7.8%	1,205	+/-183	43.8%	+/- 5.2%
Ward 13	380	+/-110	27.8%	+/- 7.3%	1,045	+/-179	59.7%	+/- 7.4%	1,425	+/-211	45.7%	+/- 5.5%
Ward 14	455	+/-102	45.8%	+/- 8.2%	548	+/-112	66.1%	+/- 8.6%	1,002	+/-152	55.0%	+/- 6.1%
Ward 15	441	+/-124	45.3%	+/- 10.3%	516	+/-114	63.5%	+/- 8.1%	957	+/-168	53.5%	+/- 6.8%
Ward 16	510	+/-125	36.0%	+/- 7.7%	743	+/-132	54.5%	+/- 7.1%	1,253	+/-181	45.1%	+/- 5.3%
Ward 17	456	+/-118	26.6%	+/- 6.2%	971	+/-171	54.9%	+/- 7.5%	1,427	+/-208	41.0%	+/- 5.0%
Total	9,362	+/-533	37.9%	+/- 1.9%	12,817	+/-611	57.2%	+/- 2.1%	22,179	+/-811	47.1%	+/- 1.5%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix VII

Percentage of Older Adults in Cleveland (Ages 65+) with a Disability, by Disability Type, by Ward, 2013

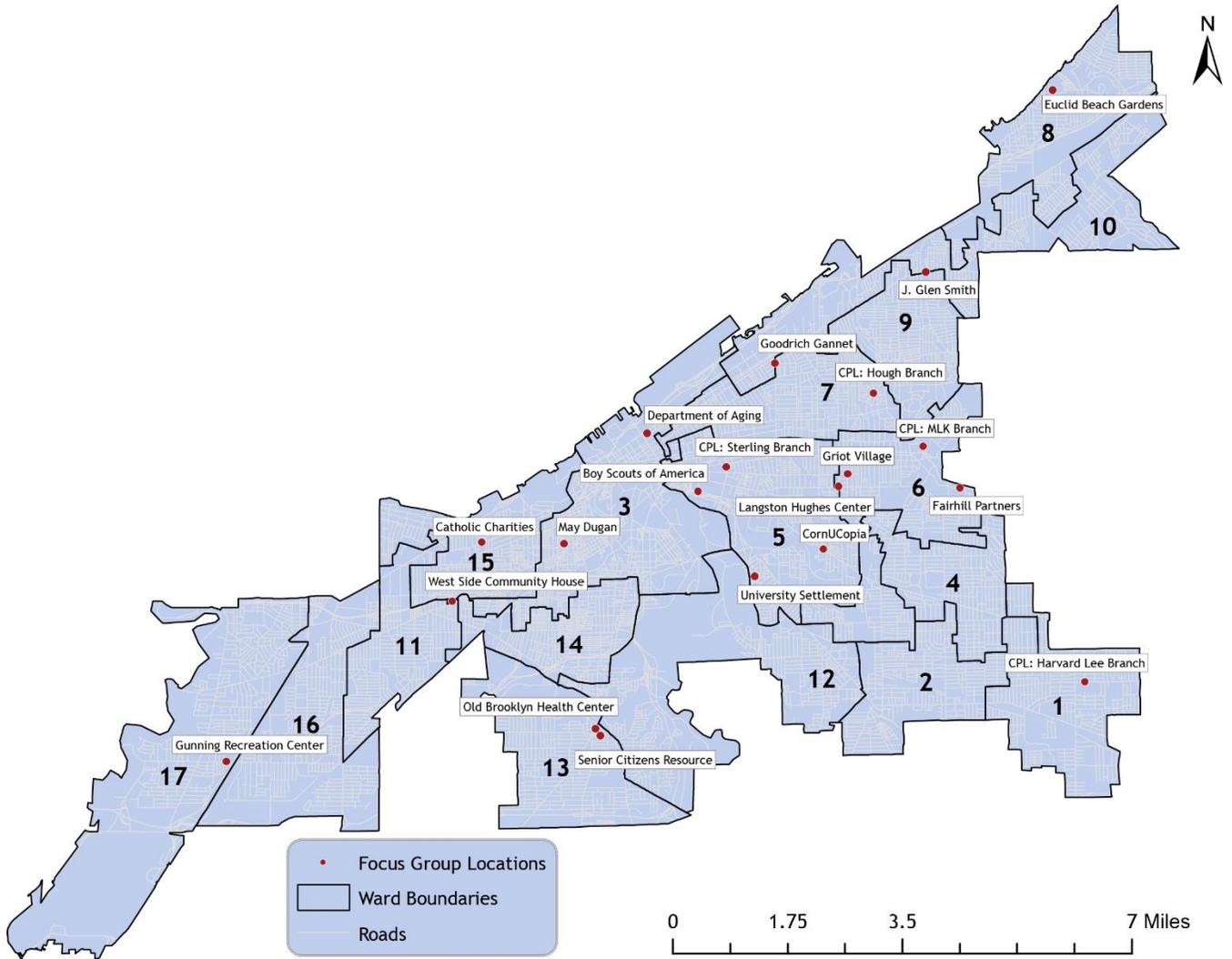
	Hearing Difficulty		Vision Difficulty		Cognitive Difficulty		Ambulatory Difficulty		Self-Care Difficulty		Independent Living Difficulty	
	Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE
Ward 1	10.7%	2.9%	9.0%	2.4%	13.0%	3.0%	29.4%	3.6%	8.8%	2.4%	18.0%	2.9%
Ward 2	12.4%	3.4%	9.8%	3.7%	14.1%	4.2%	33.7%	4.0%	11.4%	2.8%	20.8%	3.7%
Ward 3	14.0%	5.2%	13.3%	5.3%	20.5%	6.6%	51.0%	7.3%	19.2%	6.9%	24.4%	6.3%
Ward 4	10.3%	3.5%	7.0%	3.0%	14.3%	4.0%	39.3%	5.4%	15.8%	4.0%	26.9%	4.7%
Ward 5	12.8%	6.0%	15.1%	6.1%	11.7%	5.7%	46.0%	7.6%	15.6%	6.4%	27.1%	6.5%
Ward 6	12.2%	3.3%	13.9%	3.3%	14.7%	3.3%	37.1%	4.1%	16.8%	3.5%	26.7%	3.8%
Ward 7	10.9%	4.6%	9.9%	4.0%	12.8%	3.9%	34.9%	4.3%	11.5%	3.9%	26.9%	4.2%
Ward 8	16.0%	4.8%	15.1%	4.8%	14.1%	4.7%	29.3%	5.2%	11.0%	3.9%	20.6%	4.9%
Ward 9	12.4%	3.3%	6.8%	2.8%	11.3%	3.2%	40.3%	5.0%	16.3%	3.8%	29.1%	4.3%
Ward 10	12.3%	3.6%	13.1%	3.6%	13.2%	3.6%	36.4%	4.4%	13.0%	3.4%	23.0%	4.0%
Ward 11	17.6%	5.3%	14.7%	5.2%	12.6%	4.8%	32.4%	6.1%	10.2%	4.1%	19.3%	5.4%
Ward 12	12.4%	3.2%	7.8%	2.9%	10.3%	3.5%	32.2%	5.3%	13.6%	4.1%	19.2%	4.2%
Ward 13	17.1%	4.1%	11.0%	3.9%	12.3%	3.8%	30.9%	5.4%	11.8%	3.4%	23.3%	4.6%
Ward 14	20.6%	5.7%	12.8%	4.8%	17.4%	5.2%	39.9%	5.8%	13.6%	4.5%	30.1%	5.8%
Ward 15	20.2%	5.9%	8.5%	4.6%	14.3%	5.5%	35.4%	6.6%	11.6%	5.1%	23.1%	5.5%
Ward 16	17.8%	3.9%	9.0%	2.6%	8.4%	3.3%	31.4%	5.0%	10.2%	3.4%	15.8%	3.9%
Ward 17	14.2%	3.5%	7.2%	3.1%	11.6%	3.3%	25.8%	4.3%	8.4%	2.9%	21.3%	4.2%
Total	13.9%	1.0%	10.5%	0.8%	13.1%	0.9%	34.4%	1.4%	12.5%	0.8%	22.8%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix VIII
Focus Group Locations, Dates, and Number of Participants

AGE-FRIENDLY CLEVELAND ASSESSMENT FOCUS GROUPS			
Date	Location	Group	# in attendance
7/17/2015	Boy Scouts of America	Department of Aging Advisory Council	11
7/24/2015	Griot Village	Older adults raising children	15
8/4/2015	Department of Aging	Department of Aging Staff	7
8/7/2015	Langston Hughes Center	CMHA Brother to Brother	10
8/7/2015	Langston Hughes Center	CMHA Brother to Brother	8
9/17/2015	Euclid Beach Gardens	North Collinwood Residents	15
9/18/2015	Fairhill Partners	Fairhill Partners program Participants	4
9/25/2015	Catholic Charities	Migration and Refugee Services	9
10/8/2015	CornUCopia	Kinsman Neighborhood	5
10/15/2015	CPL: Hough Branch	Hough Neighborhood	10
10/16/2015	J. Glen Smith	Glenville Neighborhood	11
10/20/2015	May Dugan	Ohio City Neighborhood	15
10/22/2015	West Side Community House	Cudell Neighborhood	34
10/23/2015	University Settlement	Slavic Village	20
10/29/2015	CPL: Harvard Lee Branch	Lee-Miles Neighborhood	8
10/30/2015	CPL: Sterling Branch	Central Neighborhood	29
11/5/2016	CPL: Martin Luther King Branch	University Heights Neighborhood	13
11/6/2015	Gunning Recreation Center	Kamm's Corners/Puritas Neighborhoods	11
11/12/2015	Senior Citizens Resource	Old Brooklyn	48
11/13/2015	Goodrich Gannet Neighborhood Center	Goodrich-Kirtland/Downtown	43
11/13/2015	Fairhill Partners	Current and past guest house residents	24
11/23/2015	Old Brooklyn Health Center	Metro Health program	5

Age-Friendly Cleveland Focus Group Locations





TRANSPORTATION

We want to hear about positive experiences, negative experiences, and ideas for improvement. Describe your experience using public or community transportation services in the community. *This would include RTA fixed routes, STC, Paratransit, medical transportation through Medicaid, private pay, paying neighbors/family, senior center transportation etc.*

- Is it affordable?
- Easy to get to?
- Easy to board?
- Adapted for Disabled Persons?
- Frequent enough when you want to travel?
- On time?
- Extensive routes to go wherever one wants?
- Waiting areas and stops with benches, lighting, protection from the elements?
- Secure from crime?

What is it like to get around in the community?

- Are street signs legible?
- Are street numbers legible?
- Lighting at intersections?
- Easy to understand traffic signals?
- Sufficient and close parking?
- Handicapped reserved parking?
- Drop off and pick up areas?
- Driver refresher courses?

What is an affordable amount to pay for a round trip ride in Cleveland?

On public transit?

Private pay?

Subsidized by city or senior center?

Paying a family member?

What is your preferred method of transportation?

If you are still driving, have you thought about what you will do if you are unable to drive?

If you no longer drive but used to, what was the transition experience like for you?



CIVIC PARTICIPATION AND EMPLOYMENT

We want to hear about positive experiences, negative experiences, and ideas for improvement

Tell me about your participation in volunteer work.

- How did you get connected to where you volunteer?
- Why did you decide to volunteer?
- Do you have a variety of volunteer opportunities available to you?
- Do you receive recognition for your volunteer contributions?
- Is your volunteer work adjusted to your ability?
- Is your volunteer work adjusted to your preferences?
- What are the benefits of volunteering?

Tell me about your participation in paid work.

- Are you currently employed?
- Are you looking for paid work?
- If working or looking, do you prefer part- or full-time work?
- Are there opportunities in Cleveland for older adults to work?
- How would you look for a job if you were interested?
- What are barriers to finding paid employment?
- What motivates you to continue working?
- Is your work environment welcoming of older adults?

Tell me about your participation in public community affairs, like community associations or municipal courts.

- Are you a part of any community groups?
- Are there opportunities for older adults to be on nonprofit boards?
- Are you involved in local government?
- Do you attend ward meetings?
- Do you feel your voice is heard by local government?



OUTDOOR SPACES AND BUILDINGS

What is it like to step outside of your home to go for a walk to get fresh air, run errands, or visit friends and family?

- What are the sidewalks and curbs like in your neighborhood?
- Describe the intersections and crosswalks.
- What is traffic like in the city?
- Can you walk to a park or other green space?
- Do you visit parks regularly? Why not?
- If you wanted to walk, run, or ride a bike, do you have safe place to do so outside?
- What is the street lighting like in your neighborhood?
- Are benches well placed throughout the city?
- Do you have access to restrooms in public areas?
- Do you feel safe when at parks or walking around your neighborhood?

What is it like to go into buildings in the city? Think of stores, public offices, places of worship, recreation centers, meal programs, senior centers, service providers

- Are alternatives to stairs available?
- Are doors easy to open?
- What are the floors like?
- What is the lightening like?
- Is there adequate signage?
- Are restrooms available?
- Are resting areas with seating available?

Think of a building or outdoor space you feel very comfortable in. What makes it comfortable for you?

Think of a building or outdoor space you do not like to visit. Describe why you do not like to visit.



HOUSING

Tell me about the house or apartment you live in?

If your needs change, what are your choices for housing in the community?

- Is housing affordable in Cleveland?
- Do you find your living space comfortable?
- Do you feel safe in your home? Think in terms of trips, falls, ability to get around.
- Do you feel safe from crime?
- Is your home close to the services you need to access on a regular basis?

Is being independent in your home important to you?

- Can you move about easily?
- Can you reach and store things easily?
- Can you do housework and chores?
- Do you have someone who can help you if needed?

Are you able to maintain your home?

- What happens when you need a minor home repair?
- What happens when you need a major home repair?
- Are there programs in the community that can assist with home maintenance?
- Are you able to do seasonal outdoor maintenance? Mowing, shoveling, raking, trimming?

If your health or mobility changes, will you be able to live in your current home?

If not, have you thought about where you would live?

Have you done a reverse mortgage or considered one?

What financial tools are available to you if you need to finance a major home repair?

Do you owe more than your home is worth?

Are you able to keep up with your property taxes?

What is the best thing about where you live?

What is the most challenging thing about where you live?



RESPECT AND SOCIAL INCLUSION

In what ways does your community show, or not show, respect for you as an older person?

In what ways does your community include , or not include, you as an older person in activities and events?

- In general, do you find people in the city are polite to you?
- Do you find that people listen to you?
- Do people offer you help in the community?
- Do people come to you for advice?
- Are choices offered to you?
- Is there public recognition of the contributions of older people?
- Are the programs and services you need responsive to your requests?
- Are there intergenerational activities available for you to participate in?
- Do you experience discrimination?
- Do you feel valued by the community?
- How are older people portrayed in local advertisements and media?
- Are older adults included in the public education system?
- Do children learn about aging and older adults in their schooling?
- Do you have opportunities to share your life experience with youth?
- When an event is for “families,” are older adults without children welcome?
- Do you have access to free public events?
- If you attend a place of worship, how do the members show respect for older adults?



SOCIAL PARTICIPATION

How easily can you socialize in your community?

Tell me about your participation in other activities, like education, culture, recreation, spiritual activities.

- Are social activities affordable?
- Are they accessible?
- Do you have frequent opportunities to participate in social activities?
- Are social activities conveniently located?
- Are social activities offered at a convenient time?
- Are the activities available to you interesting?
- Do you have a choice in what type of activities you participate in?

Do you attend sporting events?

- High school? College? Professional?
- What do you like about sporting events?
- What is difficult about attending a sporting event?

Do you attend cultural events?

- Do you visit the theater district?
- Do you go to movies?
- Do you visit the museums?
- Do you attend concerts?
- Do you attend programming provided by cultural institutions? (like Tai Chi at Botanical Gardens)
- If yes, what do you like about cultural activities, what is challenging?
- If no, why not?

Do you participate in recreational activities?

- Do you attend a regular exercise class?
- Do you walk, jog, or bike regularly?
- What kind of recreational activities would you like to see offered in the city?
- Do you use the Metroparks? If so, which locations? What do you do there?



COMMUNICATION AND INFORMATION

What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, online, or in person.

- Is information accessible?
- Is the information useful?
- Can you access information in a timely way?
- Is the information you need easy to understand?
- What do you think about automated systems, like phone recordings?
- What is your experience with printed materials?

Technology

- Do you use a computer?
- What do you use it for?
- Do you have a computer in your home?
- Where else do you use a computer?
- Do you have an Ipad or other tablet?
- Do you have a smart phone?
- When you have a question about technology, who do you ask?
- If you wanted to learn more about how to use computers, smart phones or tablets, are there places you can go for classes?
- Do you use social media (Facebook, Twitter, Instagram). If yes, what do you use it for?

Libraries

- Do you have a library you can easily get to?
- Do you visit a library on a regular basis?
- What do you use the library for?
- Beyond lending, what services does your local library offer?

News

- Where do you get your news from?
- Do you trust your news source?



COMMUNITY SUPPORT AND HEALTH SERVICES

What is your experience with the health and social services in the community?

Medical Services

- Do you have a choice in the medical care you receive?
- Is care affordable?
- Is care accessible?
- Do you feel comfortable with your medical professionals?
- Are you treated as an individual?
- Do you have reliable transportation for medical visits?
- Are mental health services available in the community?

Health and Wellness

- Do you have access to preventative care?
- Do you have access to vaccines, like the flu shot?
- If you wanted to change a behavior to improve your health, where could you get support to do that? (for example stop smoking, eat healthier, exercise more)
- Are bereavement services available in the community?

Community Support

- If you wanted to apply for an assistance program, would you know how to? Who could help you?
- Are there food pantries and hot meal programs in your area?
- Do you have a personal plan for an emergency?
- Are you aware of any community plans for emergencies?
- Do people who provide services in the community treat you with respect?

Appendix X



Thank you for taking our “Age-Friendly Cleveland” survey! This survey is for older adults, age 60 and over, who live in the city of Cleveland. Please print your responses clearly, and use an ink pen if possible. If a question does not apply to you, or if you are unsure about a question, you may leave the answer blank. The survey will take 20 to 30 minutes to complete.

Your participation is optional. The survey is confidential. Please do not put your name on it.

When you are finished, please fold the survey in half once, and insert it into the enclosed postage-paid envelope. Please mail the survey by **FRIDAY, OCTOBER 16th**.

If you need assistance completing the survey, please call Emily Muttillio, Project Coordinator, Cleveland Department of Aging, at 216-420-7845.

HOUSING

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

- very important somewhat important not that important or not at all important

How important is it to you to be able to remain in *your neighborhood* as you age?

- very important somewhat important not that important or not at all important

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

<i>Do you agree with the following statements?</i>	Yes	No	Not sure
I am able to afford my current housing.			
The homes in my neighborhood are well-maintained.			
I live near the amenities (shopping, medical facilities, restaurants, parks, etc.) that I need and want.			
I am able to maintain the inside of my home.			
I am able to maintain the outside of my home (lawn/snow removal, etc.)			
I have made, or plan to make, modifications to my home as I age.			
I am able to afford my utilities.			

I feel safe in my home.			
I am concerned about accidents or falls in my home.			
My neighbors or neighborhood make me feel safe and protected.			
I have concerns that my home is not secured (windows, doors, locks, etc.)			
I am fearful that I will be the victim of crime in my neighborhood.			

<i>Where you live, do you have access to the following?</i>	Yes	No	Not Sure
Affordable home repair contractors who are trustworthy, and do quality work			
A low-cost or free home repair service			
Seasonal services (lawn work or snow removal) which are affordable			
Affordable housing options for older adults (such as active adult communities, assisted living and communities with meal plans or shared outdoor spaces)			
Homes that are equipped with features such as no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms			

TRANSPORTATION

What is your **usual** way of travelling to appointments, errands, events or community locations?

- | | |
|---|--|
| <input type="checkbox"/> I drive myself.
<input type="checkbox"/> I am driven by friends or family.
<input type="checkbox"/> I use a taxi or a car service company.
<input type="checkbox"/> I take a public bus or train (RTA).
<input type="checkbox"/> I walk. | <input type="checkbox"/> I use a senior transportation service or a service for individuals with disabilities.
<input type="checkbox"/> I don't go out for these types of activities.
<input type="checkbox"/> Other (please describe) |
|---|--|

<i>Where you live, do you have access to the following?</i>	Yes	No	Not Sure
Accessible and convenient public transportation			
Special transportation for older adults or individuals with disabilities			
Easy-to-read traffic signs			
Enforced speed limits			
Affordable and easy to use public parking lots, spaces and areas to park			
Well-lit, safe streets and intersections for pedestrians, bicyclists and drivers			
Pedestrian crossing with countdown or beeping crosswalks			
Driver education/refresher courses			
Public transportation that is easy to use and reliable			

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

- I have no problems getting around.
 - I do not drive.
 - I can't afford a car or public transportation.
 - I don't have others who are able or willing to take me.
 - I have difficulties with parking.
 - I have problems using senior transportation.
 - I have problems using public transportation.
 - I don't feel safe walking to where I need to go.
 - Other *(please describe)*
-

HEALTH AND COMMUNITY SERVICES

How would you rate your overall health?

excellent very good good fair poor

Can you get an appointment with your doctor when you need to? **Yes** **No** **Sometimes**

Can you afford your medical bills? **Yes** **No** **Sometimes**

Can you afford your medications/prescriptions? **Yes** **No** **Sometimes**

<i>Where you live, do you have access to the following?</i>	Yes	No	Not Sure
Fitness activities specifically geared to older adults			
Conveniently located urgent care or emergency rooms			
Easy to find information on local health and supportive services			
Home care services including personal care and housekeeping			
Affordable, well-trained, certified home health care providers			
Health care professionals who speak your language			
Places to call to get information about health, housing, and other services			
Meals or food delivered to your home			
Respectful and helpful hospital, clinic, or doctor's office staff			
Sufficient, accessible and affordable cemeteries/burial sites			
Places to get healthy and affordable food			
Medical equipment (walker, wheel chair, hospital bed) that is affordable			
Help paying bills when you need it			
Service provider who will come to your home			

If you had to move out of your home due to health or mobility issues, do you feel confident that you could find a care facility or nursing home to meet your needs? **Yes** **No** **I'm not sure**

OUTDOOR SPACES AND BUILDINGS

<i>Where you live, do you have access to the following?</i>	Yes	No	Not Sure
Well-maintained and safe parks that are within walking distance of your home			
Public parks with enough benches			
Sidewalks that are in good condition			
Well-maintained public buildings and facilities that are accessible to people of different physical abilities			
Separate pathways for bicyclists and pedestrians			
Road signs and public markers that are clear and easy to read			
Neighborhood watch programs, block clubs, or ward or police district meetings			

Do you experience any of the difficulties listed below when spending times outdoors or in public places (stores, parks, public buildings, etc.)? *(Select all that apply)*

- sidewalks are uneven/unsafe
- distances are too far
- pedestrian crossings are difficult to navigate
- difficulties with public toilets (too few, not accessible, or unclean)
- too much noise or poor lighting
- there is often no one to ask for help
- there is often nowhere to sit and rest
- signs or printed materials (menus, etc.) are difficult to read
- aisles or counters are narrow or hard to navigate
- stairs and escalators are challenging to navigate
- other _____

COMMUNICATION AND INFORMATION

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

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

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

- telephone
- Internet (websites)
- social media (Facebook, Twitter, etc.)
- libraries
- flyers/bulletin boards
- TV Ads
- radio ads
- church
- senior center or other community agency
- word-of-mouth (friends, families, etc.)
- community newspapers/ newsletters
- other _____

Are you familiar with the local 2-1-1 help center?

Yes **No**

If yes, have you used 2-1-1 to identify a service or to get information?

Yes **No**

Do you have access to the internet?

Yes *(complete a and b)*

No *(skip to c)*

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

- at home
- at the library
- at a community/senior center
- on my Smartphone or tablet

b. How often do you use the Internet?

- multiple times per day
- once a day
- a few times a week
- about once a week
- monthly or hardly at all

c. If you don't use the Internet, why not? *(Select all that apply)*

- I have no interest.
- I can't afford it.
- I have no computer.
- I don't understand it.
- Other *(please describe)* _____

Where you live, do you have access to the following?	Yes	No	Not Sure
---	------------	-----------	-----------------

Clearly displayed printed community information with large letters			
Free access to computers and the Internet in public places, like libraries, senior centers, or government buildings			
Community information that is mailed or delivered to people who may have difficulty or may not be able to leave their home			
Community information that is available in my language			

What is your experience when seeking help for health, financial, or housing issues? *(Select all that apply)*

- I know where to go or who to call.
- I can afford the help I need.
- I can get help quickly.
- Transportation is a barrier.
- I can get someone to answer my questions.
- I don't qualify for services I need.
- Language is a barrier.
- Service applications are too complicated.
- Other (please describe)

CIVIC PARTICIPATION AND EMPLOYMENT

What is your employment status?

- employed full-time
- employed part-time
- self-employed
- retired and not looking for work
- retired and seeking work
- unemployed, but seeking work
- enrolled in a work training program
- unable to work due to disability

If you are employed, what are your plans for retirement? *(Select all that apply)*

- I want to retire now but can't afford to.
- I expect to retire in the next five years.
- I expect to retire in the next ten years.
- I plan to retire, but expect to start a new career.
- For financial reasons, I need to work as long as I can.
- For professional reasons/personal reward, I want to work as long as I can.

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

Strongly agree Agree Not Sure Disagree Strongly Disagree

When seeking employment, have you experienced any of the following? *(Select all that apply)*

- The jobs that are available don't match my skills/experience.
- I am overqualified for available jobs.
- Employers won't hire me because of my age.
- I struggle with technology.
- I don't know how to find available jobs.
- Transportation is a barrier.
- There are not enough part-time jobs.
- There are not enough job training options.
- Health issues make finding or keeping work a challenge.
- Other *(please describe)*

Where you live, do you have access to the following?	Yes	No	Not Sure
A range of volunteer options for individuals with a variety of physical abilities			

and interests			
Opportunities for older adults to participate in decision making bodies such as community councils or committees			
Easy to find information about local volunteer opportunities			
Transportation to/from volunteer activities for those who need it			
Opportunities to discuss issues that impact older adults in Cleveland			

Do you volunteer? **No** **Yes** *If so, how often?*
 daily weekly monthly occasionally or not that often

If you were interested in volunteering, do you feel confident that you could find a suitable place to do so?
Yes **No** **I'm not sure**

RESPECT AND SOCIAL INCLUSION

What would make you feel more connected to your community? *(Select all that apply)*

- assistance with transportation costs
- assistance with the cost of attending events
- visits or calls from community members
- events/community activities at better times
- I already feel connected to my community

How often do you socialize with friends or family?

- daily
- weekly
- monthly
- hardly ever or never

<i>Please indicate your agreement with the following statements:</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Not Sure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Older persons are generally treated with respect.					
Older persons are valued in the community.					
There are negative stereotypes about older adults.					
There are opportunities for community members from different generations to socialize together.					
I frequently feel disconnected from my community.					

Since you turned 60, have you been abused or neglected by a family member, caregiver, or someone else you trust?

Yes **No** **I'm not sure**

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

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

SOCIAL PARTICIPATION

How often do you participate in social/community events?

- daily or multiple times per week
 a few times a month
 a few times a year
 about once a month
 rarely or never

Do you participate in the following activities?	I currently participate	I would like to participate	I have no interest
Movies			
Church activities			
Shopping for fun			
Family gatherings			
Community events (resource fairs, holiday parties, etc.)			
Live theatre			
Physical recreation activities, like walking groups or yoga			
Concerts/ musical performances			
Sporting events			
Lifetime Learning opportunities (lectures, classes, etc.)			
Restaurants			
Other (please list)			

Where you live, do you have access to the following?	Yes	No	Not Sure
Conveniently located venues for entertainment			
Activities specifically geared to older adults			
Activities that are affordable for older adults			
Activities that involve both younger and older people			
A variety of cultural activities for diverse populations			
Local schools that involve older adults in events and activities			

How would you rate the City of Cleveland as a place for people to live as they age?

SUMMARY

- excellent
 good
 moderate
 poor
 very poor

Please provide any final feedback on the survey or share your thoughts or ideas about how “age-friendly” Cleveland is below:

DEMOGRAPHICS

What is your zip code?

What is your gender?

- male female other

What is your date of birth?

____/____/____

What type of home do you live in?

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

Do you own or rent your home?

- Own Rent

Do you, or your spouse or partner, have a disability or chronic disease which results in difficulties with self-care or independent living (taking care of yourself or your home)?

Yes **No**

Do you, or your spouse or partner, have issues with mobility (have much difficulty walking or can't walk at all?)

Yes **No**

What language is primarily spoken in your home?

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

- my spouse or partner
 my children
 my grandchildren
 other relatives
 nonrelatives

- I live alone

What is your race or ethnicity?

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

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

- Social Security Retirement Program
 wages from work
 Supplemental Security Income (SSI)
 Social Security Disability Insurance Program (SSDI)
 retirement income – traditional pension
 retirement income - 401(k)/ 403 (b)/ etc.
 retirement income - state plan (OPERS, STERS, etc.)
 other

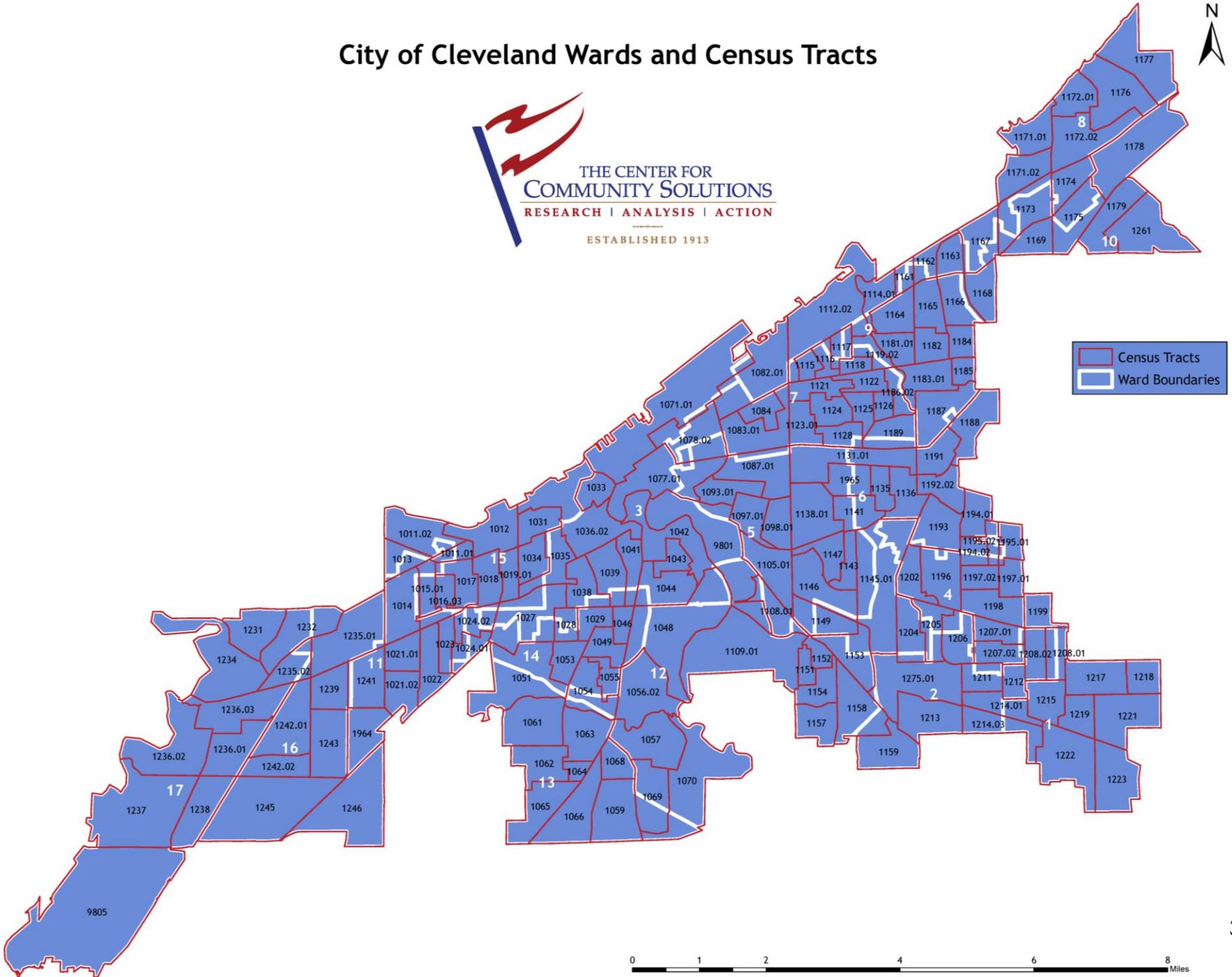
What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> \$0-\$10,000 | <input type="checkbox"/> \$65K-\$80,000 |
| <input type="checkbox"/> \$10K-\$25,000 | <input type="checkbox"/> \$80K-\$100,000 |
| <input type="checkbox"/> \$25K-\$40,000 | <input type="checkbox"/> \$100,000+ |
| <input type="checkbox"/> \$40K-\$65,000 | <input type="checkbox"/> I'd rather not say |

Appendix XI
Census Tracts Comprising Cleveland Wards (Table and Map)

Ward	Census Tracts: (p)= part
1	1199, 1208.01 (p), 1214.01 (p), 1214.03 (p), 1215, 1217, 1218, 1219, 1221, 1222, 1223
2	1158 (p), 1159, 1204 (p), 1205 (p), 1206 (p), 1207.01 (p), 1207.02 (p), 1208.01 (p), 1208.02, 1211 (p), 1212, 1213, 1214.01 (p), 1214.03 (p), 1275.01 (p)
3	1024.02 (p), 1027 (p), 1028 (p), 1033, 1035 (p), 1036.02 (p), 1038 (p), 1039 (p), 1041 (p), 1042, 1043, 1044 (p), 1048 (p), 1071.01 (p), 1077.01 (p), 1078.02 (p), 1082.01 (p), 9801 (p)
4	1145.01 (p), 1193 (p), 1194.02 (p), 1195.01 (p), 1195.02 (p), 1196 (p), 1197.01, 1197.02, 1198, 1202, 1205 (p), 1206 (p), 1207.01 (p), 1207.02 (p), 1211 (p)
5	1077.01 (p), 1078.02 (p), 1087.01 (p), 1093.01, 1097.01, 1098.01, 1105.01, 1108.01 (p), 1131.01 (p), 1138.01, 1141 (p), 1143, 1145.01 (p), 1146 (p), 1147, 1149 (p), 1165 (p), 9801 (p)
6	1128 (p), 1131.01, 1135, 1136, 1141 (p), 1145.01 (p), 1146 (p), 1149 (p), 1153 (p), 1187 (p) 1188, 1189 (p), 1191, 1192.02, 1193 (p), 1194.01, 1194.02 (p), 1195.01 (p), 1195.02 (p), 1196 (p), 1204 (p), 1205 (p), 1965 (p)
7	1071.01 (p), 1078.02 (p), 1082.01 (p), 1083.01, 1084, 1087.01 (p), 1112.02 (p), 1115, 1116 (p), 1117 (p), 1118, 1119.02 (p), 1121, 1122, 1123.01, 1124, 1125, 1126, 1128 (p), 1186.02 (p), 1189 (p)
8	1167 (p), 1171.01, 1171.02, 1172.01, 1172.02, 1173 (p), 1174 (p), 1175 (p), 1176, 1177
9	1114.01 (p), 1117 (p), 1119.02 (p), 1161 (p), 1162 (p), 1164, 1165, 1166 (p), 1181.01, 1182, 1183.01, 1184, 1185, 1186.02 (p), 1187 (p)
10	1071.01 (p), 1082.01 (p), 1112.02 (p), 1114.01 (p), 1116 (p), 1117 (p), 1161 (p), 1162 (p), 1163, 1166 (p), 1167 (p), 1168, 1169, 1173 (p), 1174 (p), 1175 (p), 1178, 1179, 1261
11	1011.01 (p), 1011.02 (p), 1013 (p), 1014 (p), 1015.01 (p), 1016.03 (p), 1017 (p), 1021.01, 1021.02, 1022, 1023, 1024.01 (p), 1024.02 (p), 1235.01 (p), 1241 (p), 1964
12	1048 (p), 1054 (p), 1055 (p), 1056.02, 1057, 1069 (p), 1070 (p), 1108.01 (p), 1109.01, 1151, 1152, 1153 (p), 1154, 1157, 1158 (p), 1275.01 (p), 9805 (p)
13	1051 (p), 1059, 1061, 1062, 1063, 1064, 1065, 1066, 1068, 1069 (p), 1070 (p)
14	1016.03 (p), 1024.01 (p), 1024.02 (p), 1027 (p), 1028 (p), 1029, 1038 (p), 1039 (p), 1041 (p), 1044 (p), 1046, 1048 (p), 1049, 1051 (p), 1053, 1054 (p), 1055 (p)
15	1011.01 (p), 1011.02 (p), 1012, 1013 (p), 1014 (p), 1015.01 (p), 1016.03 (p), 1017 (p), 1018, 1019.01, 1024.02 (p), 1017 (p), 1031, 1034, 1035 (p), 1036.02 (p)
16	1232 (p), 1235.01 (p), 1235.02 (p), 1239, 1241 (p), 1242.01, 1242.02, 1243, 1245, 1246
17	1231, 1232 (p), 1234, 1235.02 (p), 1236.01, 1236.02, 1236.03, 1237, 1238, 9805

City of Cleveland Wards and Census Tracts



**Appendix XII
Mail Survey Sample Size by Ward and Age (Including Oversample)**

Ward	Population 60-74 (%)	Sample	Income Oversample	Total (60-74)	Population 75+ (%)	Sample	Income Oversample	75+ Oversample	Total (75+)	Total Sample
1	8.3%	45		45	9.9%	30		7	37	82
2	6.4%	35		35	5.8%	17		4	21	56
3*	3.6%	20	18	38	2.8%	8	7	3	18	56
4	6.8%	38		38	6.2%	18		5	23	61
5*	3.7%	20	19	39	2.3%	7	6	2	15	54
6	6.3%	35		35	8.7%	26		7	33	68
7	5.8%	32		32	7.1%	21		5	26	58
8	6.5%	36		36	6.5%	19		5	24	60
9	5.5%	30		30	7.2%	22		5	27	57
10	6.1%	34		34	6.2%	19		5	24	58
11	5.5%	30		30	4.1%	12		3	15	45
12	6.2%	34		34	4.2%	13		3	16	50
13	5.9%	32		32	7.0%	21		5	26	58
14	5.0%	28		28	3.9%	12		3	15	43
15*	5.6%	31	17	48	4.7%	14	8	4	26	74
16	5.7%	32		32	6.0%	18		4	22	54
17	7.3%	40		40	7.2%	21		5	26	66
Cleveland	100.0%	552	54	606	100.0%	298	21	75	394	1000

* Low-income areas to be oversampled: senior poverty rate greater than 30%

Appendix XIII
Mail Survey Response Rates by Zip Code

ZIP Code	Responses		Sample		Response Rate
	Count	(%)	Count	(%)	(%)
44102	28	9.9%	109	10.9%	25.7%
44103	10	3.5%	54	5.4%	18.5%
44104	11	3.9%	56	5.6%	19.6%
44105	24	8.5%	76	7.6%	31.6%
44106	13	4.6%	50	5.0%	26.0%
44108	21	7.4%	70	7.0%	30.0%
44109	19	6.7%	73	7.3%	26.0%
44110	11	3.9%	52	5.2%	21.2%
44111	26	9.2%	92	9.2%	28.3%
44112	6	2.1%	11	1.1%	54.5%
44113	17	6.0%	51	5.1%	33.3%
44114	4	1.4%	7	0.7%	57.1%
44115	2	0.7%	17	1.7%	11.8%
44119	3	1.1%	19	1.9%	15.8%
44120	24	8.5%	73	7.3%	32.9%
44121	3	1.1%	7	0.7%	42.9%
44122	5	1.8%	11	1.1%	45.5%
44125	0	0.0%	1	0.1%	0.0%
44127	3	1.1%	16	1.6%	18.8%
44128	20	7.1%	57	5.7%	35.1%
44134	0	0.0%	1	0.1%	0.0%
44135	16	5.7%	63	6.3%	25.4%
44144	8	2.8%	34	3.4%	23.5%
Total	283	100	1000	100.0%	28.3%

Appendix XIV Comprehensive Survey “other” responses

Outdoor Spaces and Buildings: *Do you experience any of the difficulties below when spending times outdoors or in public places (stores, parks, public buildings, etc.)?*

- “bad legs”
- “confined to wheel chair”
- “Disabled”
- “do not got out much”
- “For RTA we have to walk 5 blocks!- add a bus stop at 101st (healthline)”
- “I grocery shop in Shaker, I do not spend time in the park.”
- “low branches”
- “More electric carts needed in stores.”
- “oppressive security intrusion”
- “Very poor lighting and dangerous crosswalks”
- “walking in general”
- “wheelchair access”

Transportation: *What is your usual way of traveling to appointments, errands, events, or community locations?*

- “89 year old mother-in-law is ineligible for senior transport”
- “Bicycle”
- “I can’t walk too far- 25 feet”
- “I have no car, and have problems with transportation.”
- “I ride a bicycle”
- “I will continue to drive myself as long as it is safe for me and others”
- “not safe”
- “relatives will drive if needed”
- “Ride a motorcycle”
- “ride my bike”
- “sometimes getting to my doctor’s office”

Transportation: *Do you face any of the challenges listed below when traveling to an appointment, event, or community location?*

- “arthritis and other health problems”
- “At times I am afraid to walk on Detroit Ave between W 75th and W 98th”
- “Have Ohio Handicapped hang tag for car”
- “health”
- “I am unable to walk”
- “I do have some problems getting around.”
- “I do not walk within the neighborhood anymore”
- “I have MS”

- *"I have problems getting from point A to point B"*
- *"I use an electric wheelchair and I'm having trouble getting a ramp at my house. This limits where I can go."*
- *"I work nights, get off at 12:40 a.m. on the RTA; arrive home at 1:50 a.m. This is a must to do."*
- *"Not on bus route or timely hours"*
- *"public transportation"*
- *"Right now no problems, however I am older may need help with transportation"*
- *"sometimes I don't have transportation"*
- *"total disability"*
- *"W. 106 is ghetto"*

Social Participation: Do you participate in the following activities?

- *Elk-Mason Lodge*
- *Senior center*
- *Wish I could do more to take advantage of all in the neighborhood*
- *Travel*
- *We used to have neighborhood meetings when Jay Westbrook was council person*
- *Volunteering*
- *Dancing to live music*
- *I would just like to know that things are financially feasible and accessible*
- *Monthly meetings of retired teachers, 279-R, travel activities, AFT, OFT*
- *Rec center offers things*
- *Travel- domestic and international*
- *Various crafts*
- *Massage, grooming*

Civic Participation and Employment: When seeking employment, have you experienced any of the following [challenges]?

- *Employers find reasons not to hire*
- *Have not searched yet*
- *Have not sought employment in 27 years*
- *I am 75 years old*
- *I am employed. Have been employed for 24 years.*
- *I have been working for the same company for 12 years -- None of the above apply.*
- *I need a job.*
- *I was able to return to my profession and work part-time after my retirement.*
- *Lack of telephone service*
- *Not seeking employment*
- *Would like to work from home*

Communication and Information: *What sources do you use to identify and access community services?*

- *I watch MSNBC politics*
- *family help needed- cannot always understand others*
- *family*
- *daughter does the network*
- *I don't look*
- *Recreation centers: YMCA*

Communication and Information: *If you don't use the Internet, why not?*

- *I hate the internet.*
- *Age*
- *Don't know how*
- *Need refresher course*
- *Difficult to use*
- *Old school*
- *No money to payee*
- *I need a new one but cannot afford one.*
- *Don't have access*
- *Use phone*
- *I currently get Wi-Fi in my home however it is very expensive.*
- *Confusing*
- *Too old*
- *I've never tried*
- *Predatory practices by servers*

Appendix XV Additional Response Counts and Rates

Transportation

<i>Do you have access to the following?</i>	“Yes”	%	“No”	%
Accessible and convenient public transportation	222	84.4%	25	9.51%
Special transportation for older adults or individuals with disabilities	131	52.0%	44	17.46%
Easy-to-read traffic signs	241	91.6%	12	4.56%
Enforced speed limits	180	70.9%	55	21.65%
Affordable and easy to use public parking lots, spaces, and areas to park	159	65.4%	47	19.34%
Well-lit, safe streets and intersections for pedestrians, bicyclists and drivers	157	62.1%	65	25.69%
Pedestrian crossing with countdown or beeping crosswalks	101	40.6%	119	47.79%
Driver education/refresher courses	44	18.0%	86	35.25%
Public transportation that is easy to use and reliable	189	73.3%	31	12.02%

Outdoor Spaces and Buildings

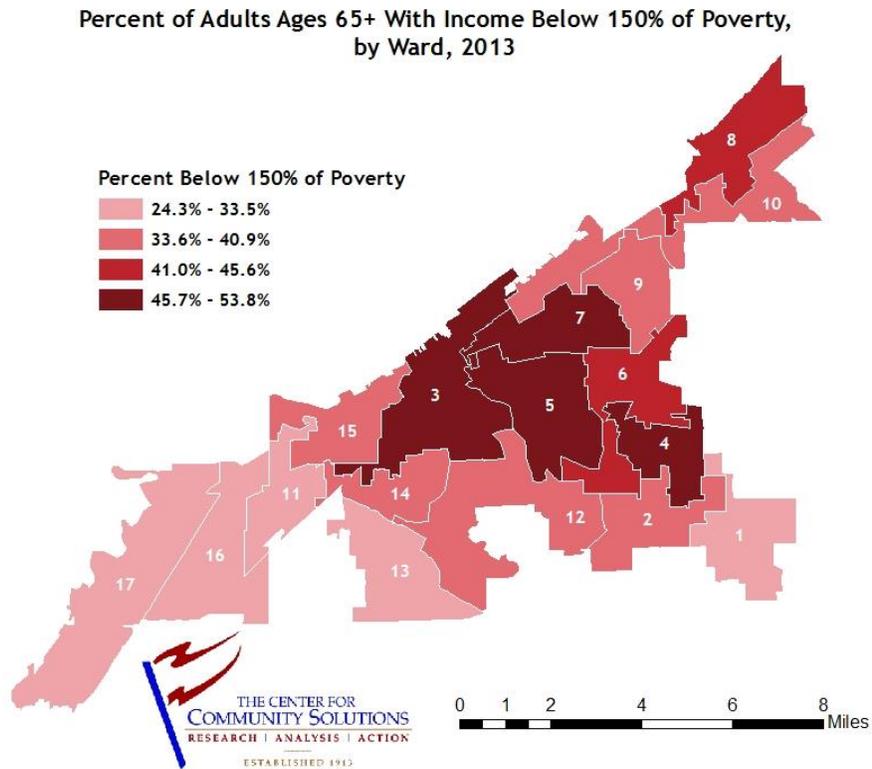
Where you live, do you have access to the following?	YES	NO	Not Sure
Well-maintained and safe parks that are within walking distance of your home	43.8%	47.9%	8%
Public parks with enough benches	34.2%	42.2%	24%
Sidewalks that are in good condition	59.7%	31.2%	9%
Well-maintained public buildings and facilities that are accessible to people of different physical abilities	40.1%	25.7%	34%
Separate pathways for bicyclists and pedestrians	44.3%	39.2%	16%
Road signs and public markers that are clear and easy to read	84.3%	9.2%	7%
Neighborhood watch programs, block clubs, or ward or police district meetings	40.5%	24.8%	35%

Community Support and Health Services

Access to home care services including personal care and housekeeping	60-74	75+
Yes	28.6%	44.3%
No	23.6%	30.4%
Not Sure	47.9%	25.3%
N=	140	79
Access to affordable, well-trained, certified home health care providers	60-74	75+
Yes	26.6%	43.4%
No	20.1%	32.9%
Not Sure	53.2%	23.7%
N=	139	76
Access to medical equipment (walker, wheel chair, hospital bed) that is affordable	60-74	75+
Yes	30.7%	50.0%
No	22.1%	22.5%
Not Sure	47.1%	27.5%
N=	140	80
Access to service provider who will come to your home	60-74	75+
Yes	15.0%	30.7%
No	30.0%	33.3%
Not Sure	55.0%	36.0%
N=	140	75
Access to meals or food delivered to your home	60-74	75+
Yes	22.0%	38.8%
No	35.5%	41.3%
Not Sure	42.6%	20.0%
N=	141	80

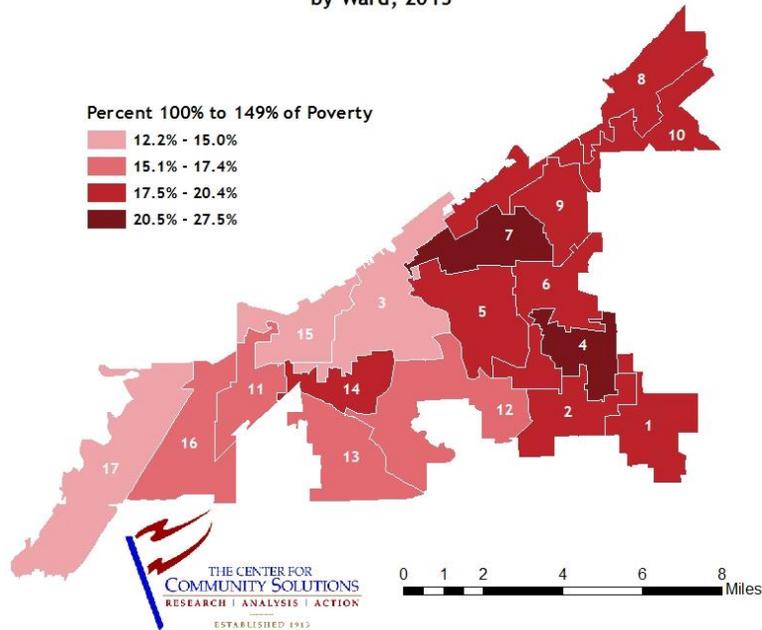
Appendix XVI
Additional Data by Ward

Older Adults (Ages 65+) with Income between 100% and 149% of Poverty, and Below 150% of Poverty, by Ward, 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Percent of Adults Ages 65+ With Income Between 100% and 149% of Poverty, by Ward, 2013



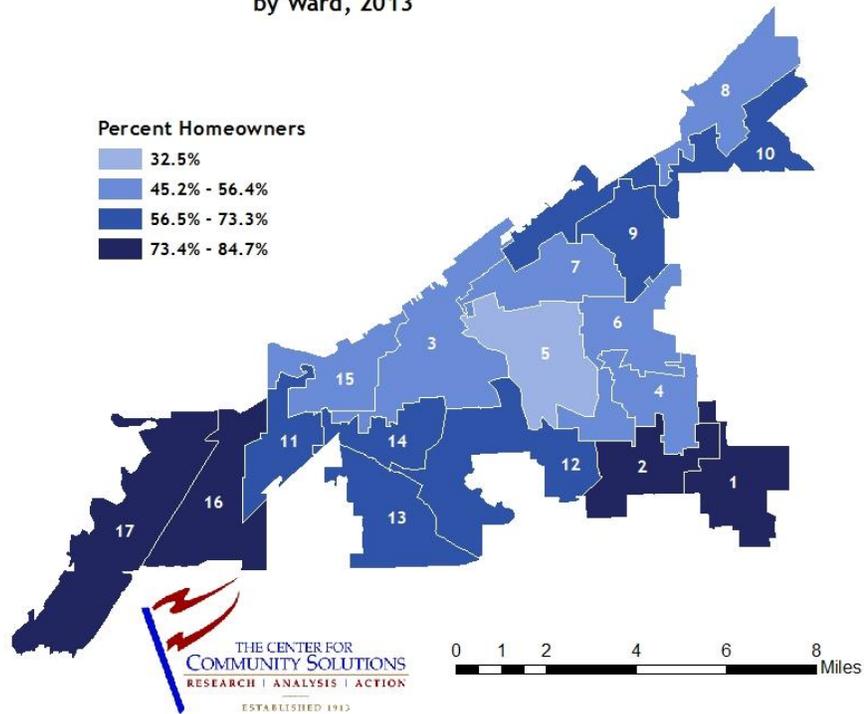
Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

	Ages 65+ Between 100% and 149% of Poverty				Ages 65+ Below 150% of Poverty			
	Number		Percent		Number		Percent	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	857	186	18.5%	4.0%	1,553	247	33.6%	5.3%
Ward 2	577	106	19.0%	3.5%	1,199	186	39.5%	6.1%
Ward 3	238	83	15.1%	5.3%	850	164	53.8%	10.4%
Ward 4	856	183	27.5%	5.9%	1,634	245	52.4%	7.9%
Ward 5	284	100	20.4%	7.2%	738	151	53.0%	10.9%
Ward 6	685	139	20.3%	4.1%	1,543	224	45.6%	6.6%
Ward 7	700	152	26.3%	5.7%	1,397	208	52.5%	7.8%
Ward 8	581	190	18.3%	6.0%	1,407	292	44.3%	9.2%
Ward 9	571	138	18.9%	4.6%	1,209	198	39.9%	6.5%
Ward 10	604	126	19.8%	4.1%	1,230	187	40.3%	6.1%
Ward 11	416	127	17.5%	5.3%	765	186	32.1%	7.8%
Ward 12	472	113	17.1%	4.1%	1,082	182	39.3%	6.6%
Ward 13	529	137	17.0%	4.4%	847	183	27.2%	5.9%
Ward 14	348	91	19.1%	5.0%	746	139	41.0%	7.6%
Ward 15	268	91	15.0%	5.1%	719	156	40.2%	8.7%
Ward 16	450	107	16.2%	3.8%	707	140	25.4%	5.0%
Ward 17	425	125	12.2%	3.6%	848	179	24.4%	5.1%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Older Householders (Ages 60+) by Housing Tenure (Own/Rent), by Ward, 2013

Percent of Householders Ages 60+ Who Own Their Home,
by Ward, 2013

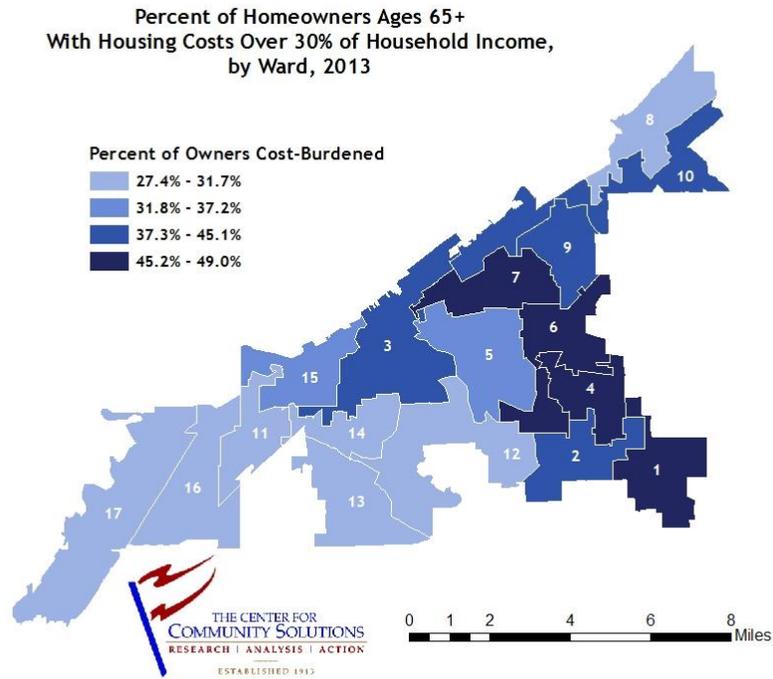


Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

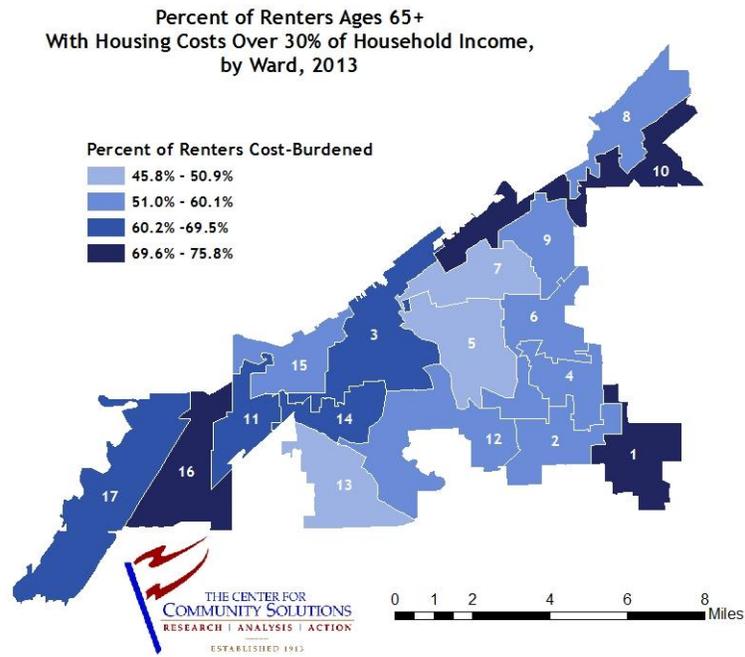
	Owner Householder Ages 60+				Renter Householder Ages 60+			
	Number		Percent		Number		Percent	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	3,647	314	84.7%	2.5%	659	152	15.3%	3.3%
Ward 2	2,347	207	78.7%	2.9%	635	120	21.3%	3.6%
Ward 3	854	131	48.3%	5.2%	916	143	51.7%	5.8%
Ward 4	1,793	203	56.4%	3.9%	1,384	202	43.6%	5.0%
Ward 5	563	105	32.5%	4.9%	1,169	155	67.5%	5.2%
Ward 6	1,725	183	47.8%	3.4%	1,887	215	52.2%	4.3%
Ward 7	1,337	180	46.7%	4.7%	1,527	188	53.3%	4.4%
Ward 8	1,579	219	49.8%	4.4%	1,592	255	50.2%	6.0%
Ward 9	1,954	214	64.1%	3.9%	1,094	179	35.9%	4.9%
Ward 10	1,887	188	63.5%	3.2%	1,082	173	36.5%	4.9%
Ward 11	1,653	190	72.2%	2.7%	637	160	27.8%	6.3%
Ward 12	1,901	202	64.6%	2.7%	1,040	205	35.4%	6.0%
Ward 13	2,364	239	73.3%	3.5%	861	160	26.7%	4.4%
Ward 14	1,267	151	71.3%	3.8%	510	113	28.7%	5.6%
Ward 15	993	158	45.2%	4.8%	1,205	204	54.8%	6.7%
Ward 16	2,309	207	81.8%	2.1%	512	126	18.2%	4.2%
Ward 17	2,652	243	75.1%	2.8%	879	167	24.9%	4.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Older Homeowners (Ages 65+) with Housing Costs Greater than 30% of Household Income, by Ward, 2013



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates



Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

	Cost-Burdened Owner Ages 65+				Cost-Burdened Renter Ages 65+			
	Number		Percent		Number		Percent	
	Estimate	MOE	Estimate	MOE	Estimate	MOE	Estimate	MOE
Ward 1	1,335	185	46.8%	5.3%	295	110	75.2%	13.9%
Ward 2	815	125	45.1%	5.8%	177	65	53.0%	13.0%
Ward 3	271	87	42.7%	11.6%	318	96	67.4%	13.6%
Ward 4	650	119	48.9%	7.2%	494	130	57.0%	10.0%
Ward 5	138	63	33.3%	13.4%	340	86	50.9%	9.8%
Ward 6	638	124	48.1%	7.5%	669	127	54.1%	8.1%
Ward 7	470	109	49.0%	8.9%	463	100	49.3%	7.9%
Ward 8	356	123	31.7%	9.9%	613	171	57.0%	11.6%
Ward 9	665	117	43.8%	6.1%	377	105	54.1%	10.4%
Ward 10	612	114	41.8%	6.4%	555	124	75.2%	7.8%
Ward 11	333	91	27.6%	6.7%	230	110	66.8%	20.3%
Ward 12	432	112	31.0%	7.3%	342	111	60.1%	12.3%
Ward 13	498	125	29.8%	6.9%	249	89	45.8%	12.0%
Ward 14	253	72	27.4%	7.1%	198	68	69.5%	10.4%
Ward 15	223	82	37.2%	12.0%	387	101	55.5%	9.8%
Ward 16	491	115	28.8%	6.2%	175	77	75.8%	50.3%
Ward 17	537	122	29.9%	6.4%	418	127	68.5%	13.7%

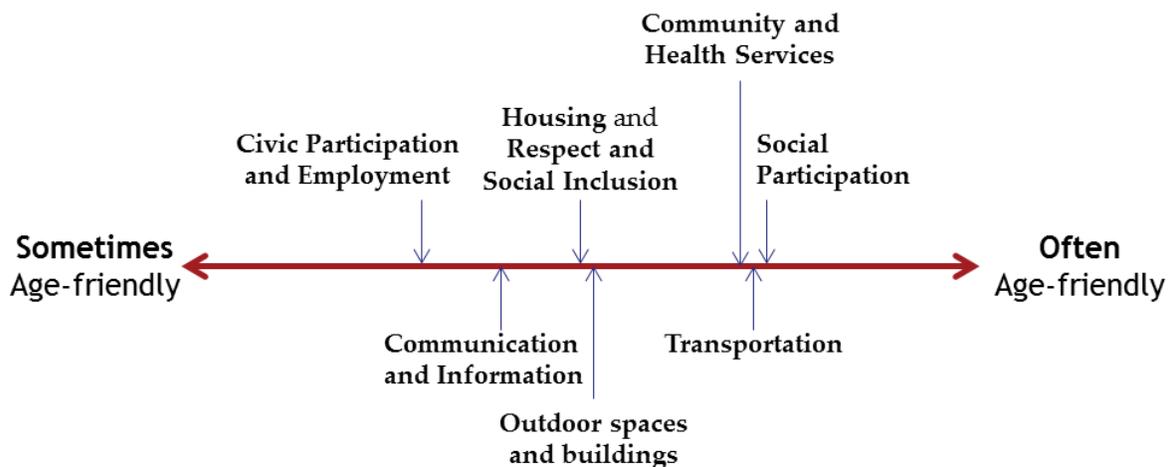
Source: U.S. Census Bureau, American Community Survey, 2009-2013 5-Year Estimates

Appendix XVII Cleveland Senior Day Age-Friendly City Survey Results

At the City of Cleveland Senior Day on May 20, 2015, The Center for Community Solutions surveyed older adults about their perceptions of the age-friendliness of Cleveland based on eight domains described by the World Health Organization's Age-Friendly Cities Initiative: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services.

Three hundred and thirty-three respondents participated in the survey. As an incentive, a drawing was held for three \$15 Dave's Market gift cards to thank participants for their time. The average age of survey participants was almost 69 years old. The youngest person who took the survey was 41 years old, and the oldest reported being 100.

All of the domains received an average ranking from participants as being somewhere between "sometimes" and "often" age-friendly. Social participation, including events and activities, emerged as the most age-friendly domain, while employment was seen as the least age-friendly.



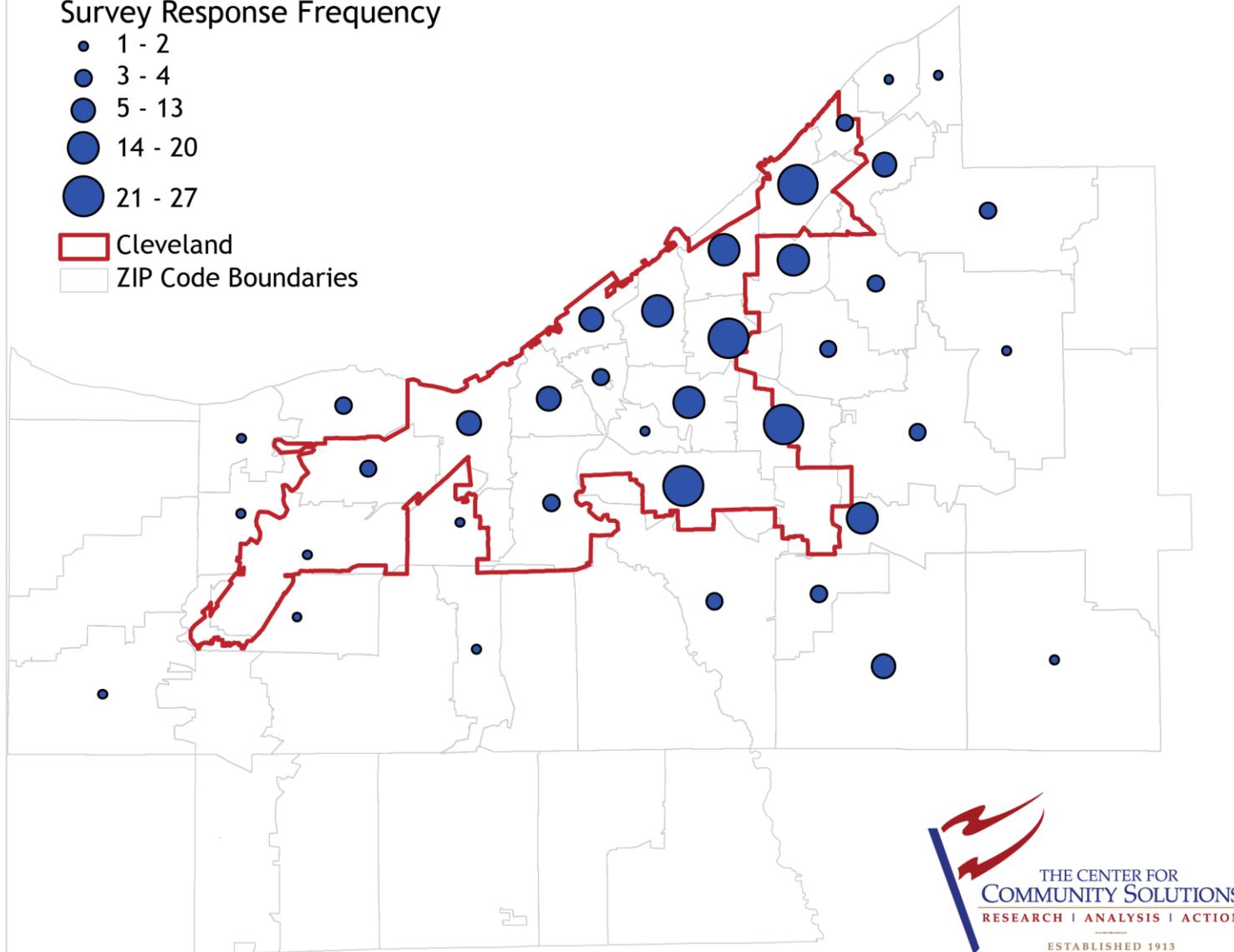
In this group of survey takers, responses did not vary notably by age. However, geographical patterns based on self-reported ZIP codes did begin to emerge.

Age-Friendly Cities: Survey Responses by ZIP Code

Survey Response Frequency

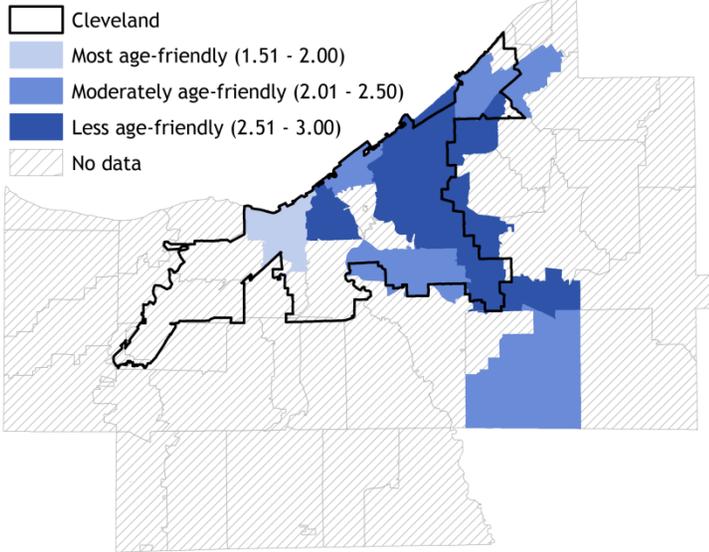
- 1 - 2
- 3 - 4
- 5 - 13
- 14 - 20
- 21 - 27

- ▭ Cleveland
- ▭ ZIP Code Boundaries

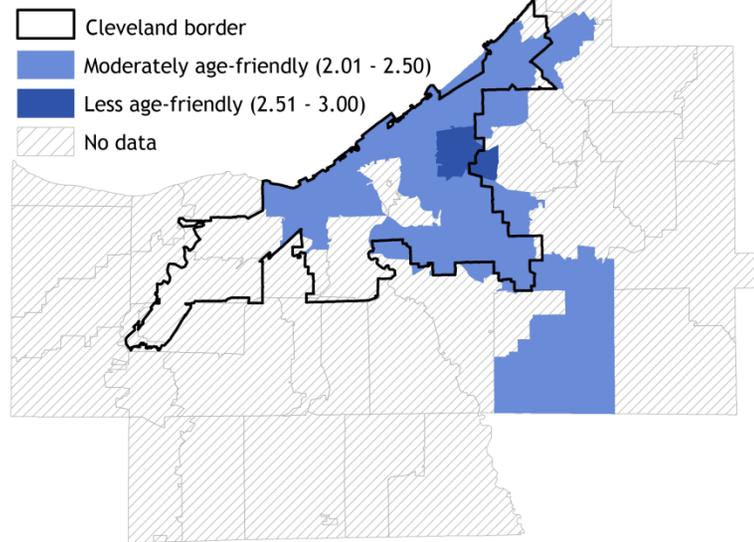


For each zip code with at least five survey responses, the mean score for each domain is mapped. In the survey, 1=Always age-friendly, 2=Often age-friendly, 3=Sometimes age-friendly, 4=Rarely age-friendly and 5=Never age-friendly.

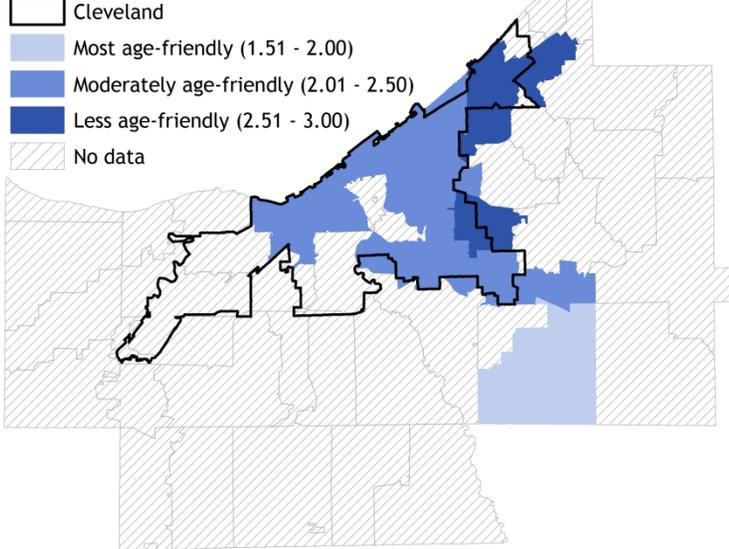
Outdoor Spaces and Buildings



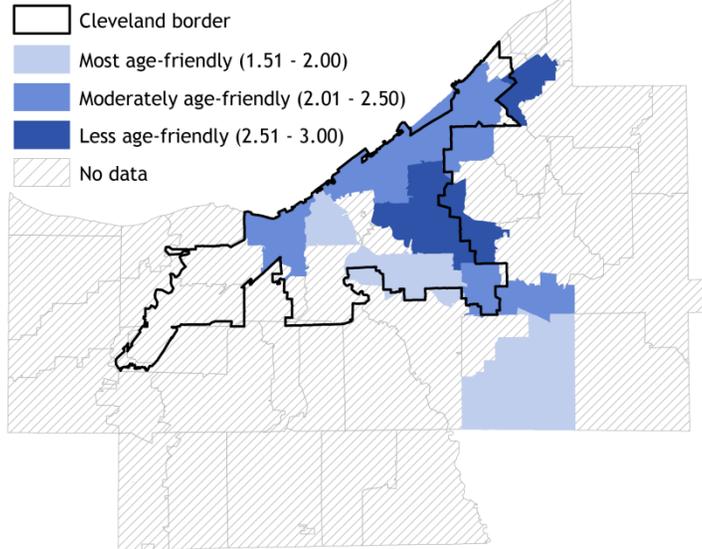
Transportation



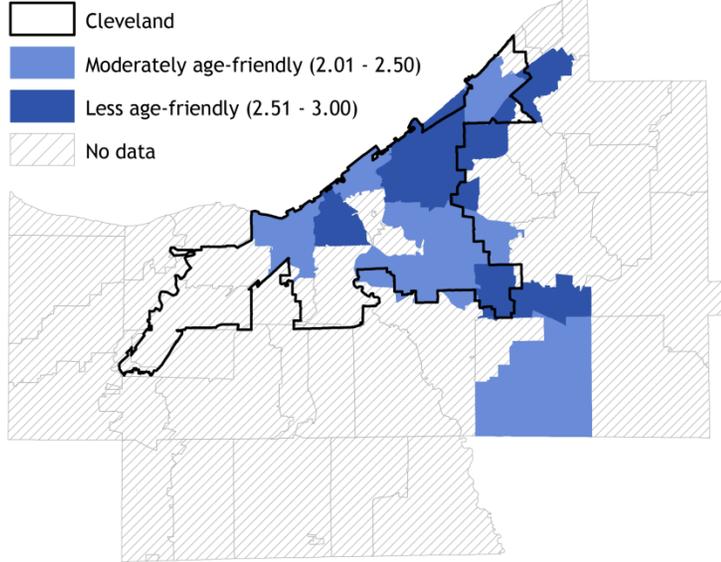
Housing



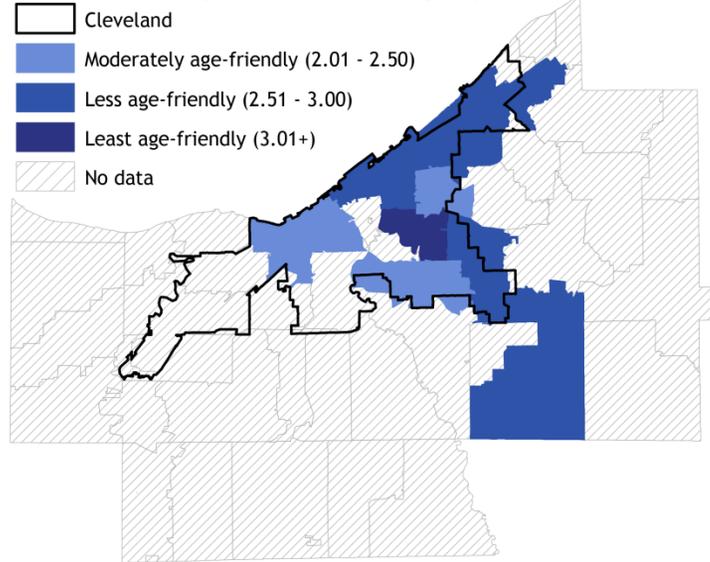
Social Participation



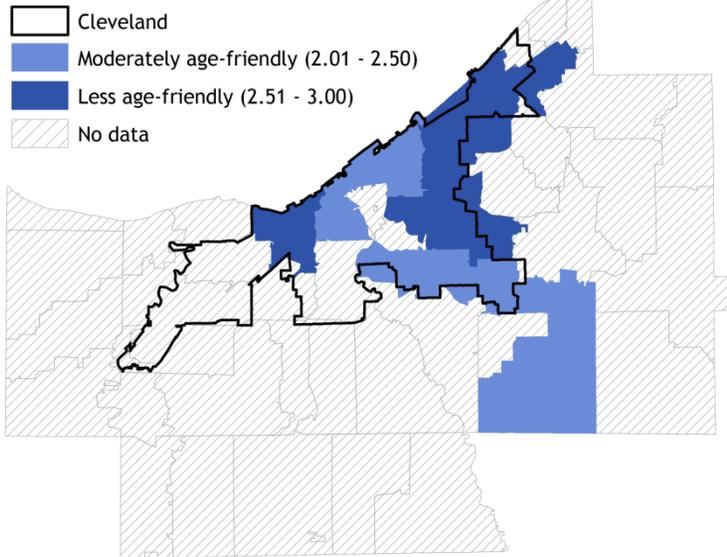
Respect and Social Inclusion



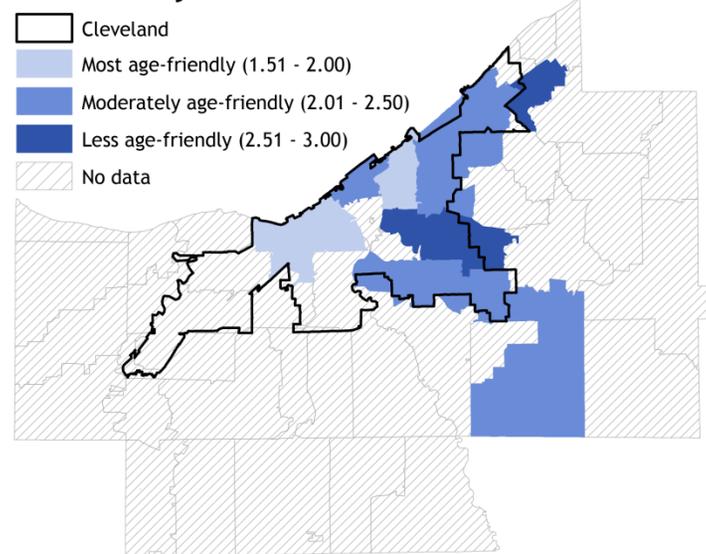
Civic Participation and Employment



Communication and Information



Community and Health Services



¹ “The Global Age-friendly Cities Guide”, *World Health Organization*.

http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.

² <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html>

³ “Guide to implementing the age-friendly municipality initiative” *Government du Quebec*, 2013. madaquebec.com/

⁴ Unless otherwise stated, all data is from the American Community Survey, 2009-2013 5-year estimates

⁵ Maps were created using data from the American Community Survey, 2009-2013 5-year estimates.

Census tracts were identified to approximate Cleveland Wards. See the appendix for a reference guide that describes the Census tracts included in each Ward boundary.

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