

Community Needs Assessment

March, 2020

*An assessment of service needs for older adults and
adults with disabilities in Lane County, Oregon*

*Senior and Disability Services
a division of Lane Council of Governments
1015 Willamette Street
Eugene, Oregon 97401*

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Overview and Introduction

Lane Council of Governments (LCOG) is a voluntary association of governmental entities in Lane County. Formed in 1945, LCOG was created to coordinate and provide intergovernmental and region-wide services. It is governed by a Board of Directors comprised of representatives from 35 public entities.

LCOG is the designated Area Agency on Aging and Disability Services for Lane County. Area Agencies on Aging (AAA) are designed to provide nutrition and community-based services, health promotion programs, elder justice and family caregiver supports using funding from the Older Americans Act (OAA) and other State funded special grants and allocations. Within LCOG, responsibility for these services rests with the Senior & Disability Services Division (S&DS). S&DS is LCOG's largest division, with an annual budget of approximately \$34.6 million and about 200 full and part-time staff. In addition to being the local AAA, S&DS is contracted by the State of Oregon, Department of Human Services (DHS) to administer Medicaid eligibility and services.

The S&DS Mission is to advocate for seniors and people with disabilities and provide them quality services and information that promotes dignity, independence, and choice.

To make the mission achievable, S&DS strives to develop and provide a wide variety of services to meet the needs of older adults and persons with disabilities in Lane County within its scope as an AAA. S&DS coordinates services with other agencies to help provide a wide range of quality options for consumers. For example, S&DS currently contracts with the Oregon Law Center to provide no-cost legal consultations to older adults. S&DS also partners with senior centers and other agencies around the county to provide hot, lunchtime meals to older adults through Café 60 dining sites.

Many of S&DS's services focus on persons in economic and social need, including those who are: frail; vulnerable; functionally impaired; culturally, socially or geographically isolated; underserved; experiencing a language barrier; experiencing physical or behavioral health disabilities; and economically disadvantaged, specifically those with income less than 185% of the Federal Poverty Level (FPL).

S&DS has two full-service offices located in Eugene and Florence. These offices house staff that provides nearly all the services available from the Agency. There are smaller outstations that exist in the following communities: Cottage Grove, Junction City, Oakridge, and Veneta. S&DS provides a wide variety of programming aimed at helping

to keep individuals living as independently and safely as possible. Some of the programs included are food assistance through the Supplemental Nutrition Assistance Program (SNAP), Medicaid Long-Term Care and Meals on Wheels (MOW). For a full listing of S&DS programs and services, please refer to Appendix G.

Community Needs Assessment Purpose

Every four years, S&DS conducts a Community Needs Assessment to help pinpoint the service needs of older adults and persons with disabilities and identify opportunities in the current service delivery system.

S&DS is committed to incorporating community input and feedback into the future of service delivery and program development. The input and feedback include gathering comments from all areas within Lane County, underserved populations, and service providers.

The Community Needs Assessment, which is summarized in this document, represents the critical first step in the development of a new four-year plan through the use of consumer surveys, focus groups, and research from a broad range of sources.

S&DS uses information found through the Community Needs Assessment to create a strategic multi-year plan called the, “Area Plan”. The “Area Plan” is a document outlining how S&DS will best target its discretionary funding, resources, and services to meet the needs of the targeted population and further the S&DS mission. This could result in new services, changes in service delivery, or partnership development with other agencies.

Senior & Disability Services Overview

S&DS has two full-service offices located in Eugene and Florence. These offices have staff members that provide nearly all the services available from the Agency. S&DS have limited service offices in Junction City, Oakridge, and Veneta. S&DS provides a wide variety available programs designed at helping to keep individuals living as independently and safely as possible. S&DS programs include:

- **Adult Foster Care:** S&DS licenses and monitors the care of clients who live in non-relative adult foster care homes located throughout the county. Adult foster homes are licensed to care for up to 5 people per home. The Agency also provides ongoing local training for foster home providers.
- **Adult Protective Services (APS):** S&DS staff responds to abuse allegations

regarding adults aged 65 years or older and adults with disabilities aged 18 years or older. These include allegations of physical, sexual, financial, emotional and verbal abuse. APS staff works closely with law enforcement and the justice system.

- **Health Promotion Programs:** S&DS offers a variety of evidence-based health promotion programming. These workshops, classes, and on-on-one activities are all free to the public and offered in a variety of community locations.
 - **Living Well with Chronic Conditions:** An evidence-based program developed by Stanford University's Patient Education Research Center. This 6-week workshop is designed to help participants learn how to manage their health conditions. Participants learn from certified and trained volunteer leaders about nutrition, goal setting, exercise, how to talk with their health care team and more.
 - **Powerful Tools for Caregivers:** Participants learn skills to better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions. This program focuses on unpaid family caregivers this community-based program is conducted in small groups.
 - **Walk with Ease:** This is a 9-week walking course that meets twice a week. This group completes stretches, strengthening exercises, and are led on increasingly longer walks with the goal of increasing physical activity and endurance.
- **Long Term Care Services Case Management:** S&DS staff members work closely with consumers and their families to establish a sustainable care plan that focuses on keeping individuals safe and independent in their own homes. Once in place, Case Managers are in contact with the consumer, caregivers, service providers and family members to verify that the plan continues to meet the consumer's needs.
- **Medicaid and the Supplemental Nutrition Assistance Program (SNAP):** S&DS staff members determine eligibility for these federal programs for older adults and persons with disabilities in Lane County. Eligibility is based on income, assets and other factors. Fiscal year 2018-2019, S&DS served more than 18,000 Lane County residents through Medicaid & SNAP (formerly Food Stamps).
- **Oregon Money Management Program (OMMP):** Volunteers are trained and certified to assist participants one-on-one with managing their finances. These trained and certified volunteers may serve as a representative payee for Federal benefits such as Social Security, Veterans Benefits, and Railroad Retirement. Program services are personalized, confidential, and safe.

- **Oregon Project Independence (OPI):** OPI provides limited in-home services to people 60 years and older who need a little help to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement into a nursing home. OPI services include personal care and housekeeping in-home care, help with durable medical equipment, emergency response devices, Meals on Wheels and Money Management services. Services are provided on a sliding fee. Fiscal year 2018-2019, S&DS's OPI program provided over 37,000 hours of in-home services to people who are 60 years or older. Through OPI's Pilot program, S&DS provided over 11,000 hours of in-home services to adults with disabilities aged 19-59 years old.

- **Residential Care, Assisted Living Facilities, Residential Care Facilities, and Nursing Facilities:** S&DS staff monitor the care of Medicaid consumers in Residential Care Facilities, Assisted Living Facilities and Nursing Homes. Residential Care Facilities and Assisted Living Facilities provide 24-hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.

- **Senior Legal Program:** This program provides people aged 60 years and older the opportunity to confer with an attorney about civil legal problems. Legal services are provided free of charge to persons in the greatest economic need.

- **Aging & Disability Resource Connection (ADRC):** The ADRC, through the integration of aging and disability services systems, provides personalized assistance to help people learn and navigate service options available in their community regardless of income. The ADRC is designed as a highly visible and trusted place the public may utilize for reliable information on the full range of community long term support options. Funding is provided by the Oregon Legislature for special ADRC projects. Locally, the ADRC includes:
 - **Information & Assistance:** The ADRC serves as the first step for consumers, family members and friends, as they seek to find resources for those who are aging or have disabilities. This is designed to streamline access to information about available long-term care services. Referrals can be generated to programs and organizations that may meet the individual's specific need. Assistance is provided in accessing or connecting to services when needed or requested.

 - **Online Resources:** An online database of resources is available through www.adrcforegon.org. The database is continually maintained to ensure current information and contacts.

 - **Options Counseling:** Trained professionals assess the consumer's situation and

find public and private information and services that may help in both long- and short-term planning. Home visit assessments are available and help is provided to navigate local programs and services.

- **Program to Encourage Active and Rewarding Lives (PEARLS):** PEARLS is a time-limited and participant driven program that teaches depression management techniques to older adults with minor depression through one-on-one sessions with trained professionals. It is offered to people in conjunction with home-based services.
- **Transition and Diversion (TAD):** Professional coaches work to ensure the coordination and continuity of health care as patients transfer between facilities and their home. Transitional care includes development of a comprehensive care plan based on the patient's goals, preferences, clinical status and environmental status. Transitional care is essential for persons who are at risk of being readmitted into a facility or hospital setting within a short period of time due to lack of personal health information, resources, and support.
- **Senior Connections:** Coordinators assist older adults 60 years and older and their caregivers with services to continue living independently in their own homes. This program is specifically for older adults that do not qualify for Medicaid services and is primarily funded through the Older Americans Act. Senior Connections programs include:
 - **Case Management:** Information, assistance and referrals for care coordination are provided one-on-one. This includes assisting older adults in activities such as assessing needs, developing care plans, and authorizing, arranging and coordinating services with providers. Follow up and reassessment is provided as needed.
 - **Advocacy:** Staff and volunteers advocate on behalf of the needs of the consumer. Advocacy helps to ensure they receive the best care possible.
 - **Rural Escort Program:** Staff coordinate assistance and transportation to an older individual who has difficulty (physical or cognitive) using regular vehicular transportation. This is a volunteer-based door to door service.
 - **Family Caregiver Program:** Staff provide information, assistance, respite care and training resources for anyone caring for a family member age 60 and above or anyone age 55 and above who is the unpaid primary caregiver for a child under the age of 18.

- **Senior Companion Program:** The Senior Companion Program of Lane County improves the quality of life for the citizens of Lane County by providing friendly visiting and assistance to vulnerable older adults. Trained adults 55 years and older that meet low income guidelines receive an hourly tax-exempt stipend, some reimbursement for meals, and mileage. This program is provided by the Lane Community College Successful Aging Institute.
- **Elder Help:** The Elder Help Volunteer program seeks to match consumers 60 years of age or older, with compatible volunteers, who can offer a variety of assistance. Volunteers assist with weekly activities of daily living, such as grocery shopping, yard work, and running errands, to allow the individual to remain in the community and live independently in their own homes.
- **Senior Meals Program:** The Senior Meals Program provides nutritious meals to older adults and serves as a social outlet, reducing isolation and providing a valuable safety check for participants. Almost 27 percent of the Senior Meals Program budget comes from extensive fundraising necessary to maintain service levels as government funding for these programs is declining. All meals served in the Café 60 dining rooms and all Meals on Wheels deliveries in Lane County are prepared in the LCOG Central Kitchen in Eugene. Senior Meals Programs include:
 - **Café 60:** These communal dining settings serve hot, nutritious lunchtime meals in friendly dining rooms in nine Lane County communities. Locations include Eugene, Springfield, Creswell, Coburg, Cottage Grove, Florence, Junction City, Oakridge and Veneta. Meals are offered on a donation basis to those 60 years old and older and their spouses.
 - **Meals on Wheels (MOW):** The Senior Meals Program delivers Meals on Wheels and a regular safety check to homebound people in eight Lane County Communities through a robust network of volunteers. Meals may be hot or frozen, depending on availability and consumer needs. Meals are available to older adults who are unable to prepare meals for themselves and lack a support system to assist with meals. Some consumers need meals for short term recovery and others need Meals on Wheels continuously to allow them to remain living independently in their own homes. S&DS partners with FOOD for Lane County for Eugene meal delivery, while S&DS provides meal delivery in Springfield and Rural Lane County.

Executive Summary

Background

This document presents the results of a Community Needs Assessment process conducted in Lane County, Oregon. This process consisted of surveys, focus groups, and research on key topics impacting the work of S&DS and its target population. The Community Needs Assessment activities were conducted in the summer, fall, and winter of 2019. These results will assist S&DS with future service planning and discretionary funds usage from the Older Americans Act (OAA) and other sources.

The Older Americans Act's primary focus is to provide a range of community services to adults age 60 and older. S&DS also provides many services for adults with disabilities age 18 and older. The Community Survey was completed to identify needs and opportunities for services for older adults and adults with disabilities living in their own homes and community-based settings.

Between June 25, 2019 and December 19, 2019 S&DS surveyed Lane County adults age 60 and older, adults with disabilities aged 18 and older. The surveys were available in English and Spanish. Surveys explored views about income, in-home support needs, transportation, health and nutrition and caregiving. See Appendix D, Community Survey Results Data for full survey data.

Surveys were distributed throughout Lane County to Senior Centers, meal sites, S&DS consumers, local non-profits and for-profit agencies serving older adults, residential settings and other community entities. The survey was made available on-line on the S&DS website, promoted through social media and a wide variety of email networks. For the purposes of this study, older adults aged 60 years and older and adults 18 years old and older with disabilities living in their own homes were the target population. For a list of survey distribution locations, see Appendix B.

Based on population estimates from the United States Census Bureau (Census), 2018 population of Lane County was estimated to be 379,611. According to the Census the American Community Survey 5-Year Estimates, 90,330 adults 60 years or older and 28,206 individuals with reported disabilities age 18 – 59 reside in Lane County. Based on this, a total of 1,037 surveys needed to be returned to make a statistically valid survey with a 99 percent confidence level and a margin of error confidence interval of plus or minus four. A total of 1,215 useable surveys were returned.

Focus Groups

Focus group interviews were conducted to gather more in-depth analysis of local needs

specific to rural and underserved communities. Participants were asked a series of pre-identified questions to elaborate on needs identified through the survey. For a full list of focus group questions, locations and target populations, see Appendix A.

Limitations and Parameters

Individuals were asked to self-identify their age and if they experience a disability. There was no verification process or linkage to determining validity.

Some respondents did not answer every question. Percentages listed in this document generally are of those that answered the question, with those that skipped a question not included in percentage calculation.

Caregivers who are giving unpaid care to someone 60 years or older were invited to take the survey. All the unpaid caregivers completing the survey were age 60 or older or experience a disability. In future surveys it will be pivotal to invite other caregivers to complete the survey if they are giving unpaid care to someone 60 years or older. This will enhance caregiver perspective regarding the questions being asked.

Survey questions focused on needs that respondents may or may not have. Results and research contained in this document explore these needs. The systemic impacts of the social determinants of health such as income level, education, race and ethnicity are not explored in extensive detail in this document. A vigorous pool of research exists that imply an association of these factors to greater needs, less access, and inequities. The research that does exist conclude that social and financial disparities increase needs and create access barriers. It does not offer definitive research or analysis to prove these causations. This document does not focus on systemic causes and is not intended to be a scientific study. This document is a tool for S&DS, and other interested parties, to review and use as a reference of needs in Lane County. As an overarching guiding principle, S&DS is committed to increasing access to services for populations that are underserved, in the greatest economic and social need. Goals and objectives related to this will be addressed in the S&DS Area Plan.

2013-2017 American Community Survey (ACS) 5-Year Estimate Fast Facts:

- 25% of the Lane County population is age 60 or older
- 7% of those 60+ live below poverty
- 19% of the Lane County adult population experiences a disability
- In Lane County, 25% of adults age 18 and older with a disability live below poverty level

Key Findings

The following key needs and findings are derived from the Community and Professional surveys, focus groups and additional research. The findings reflect the professional judgement and interpretation of S&DS staff and S&DS Advisory Council members.

Housing

- ***Regular Check-ins***

More than 38 percent of survey respondents do not have someone that checks-in with them regularly, at least once a week. A variety of services, from Meals on Wheels to friendly visiting programs could provide these individuals a critical safety check and social link to help maintain independence and peace of mind.

- ***Homelessness***

Approximately 3 percent of all survey respondents are homeless, most of which have been homeless for over a year. Homelessness is not unique to older adults and adults with disabilities, but these populations are at increased risk for health disparities, abuse and institutionalization. Low inventory of affordable and subsidized housing adds to this concern. Community engagement across all levels and service providers is needed to address this growing concern.

Long Term Services & Supports

- ***In-Home Care Needs***

The need for in-home assistance across categories are higher than the 2016 S&DS Community Needs Assessment. As the Lane County population ages, these needs will continue increasing over the coming decades. Increased access to in-home care and creative usage of technological solutions could assist with meeting these needs.

- ***Home Modification***

Individuals want to continue living independently in their own homes. Few homes are designed with specific modification to assist with consumers aging in their homes. Low cost and high-quality home modifications to widen hallways, install chair lifts, build ramps, make counter height adjustments and install grab bars are essential for older adults and adults with disabilities to continue living independently and comfortably.

Transportation

- ***Lack of Transportation***

The lack of transportation has severe repercussions. Consumers have expressed the inability to drive, afford private or public transportation or live in rural areas with limited or no public transportation options. This may mean missing vital medical appointments, difficulty shopping for necessities, and social interactions. While Lane County's public transportation system is a model for other regions, improvements are still needed to increase access, especially in rural areas. In addition, increasing programs that provide volunteer drivers to help connect those in need with services could help fill gaps public transportation cannot address.

- ***Accessible Transportation***

The affordable, accessible, special transportation options for those where traditional private or public transportation is not possible has become a significant barrier. For adults with disabilities the need for special transportation is prohibitive by limiting the amount of rides a consumer may afford a month due to cost. In addition, impromptu needs are limited because these rides usually must be planned with advance notice. These factors create disparity between those who drive their own vehicles or have access to traditional public transportation options and those who do not. Additional programming, support, and attention by stakeholders and transportation providers are needed to close minimize or eliminate this gap.

Healthcare

- ***Emergency Room Usage***

Nineteen percent of survey respondents had used the Emergency Room or Urgent Care in the last 90 days. A variety of factors impact this usage such as lack of primary care or health coverage, few doctors accepting Medicaid or Medicare, falls in the home and health care access. Improved communication and integration between community-based organizations, health care providers, Public Health and insurance providers need to continue. This could ensure lowering the Emergency Room usage in Lane County by increased access to primary care, access to health promotions, disease prevention community programming, and additional public education.

- ***Loneliness & Isolation***

Depression and other mental or behavioral health needs are growing, yet a lack of resources and systems exists. Increased capacity within community-based organizations that offer evidence-based mental health programming and friendly

visiting programs along with integration of social services and mental health systems could help with this nationwide issue.

- ***Falls & Injuries in the Home***

Older adults are at greater risk of severe injury from falls. Fall prevention education, primary care and health promotion activities for healthy eating and exercise play a vital role in minimizing risks. In addition, possessing cellphone or emergency response system (mobile help button) helps save lives by allowing a fast connection to 911 and emergency personnel. This is especially important for those that live alone or do not have someone regularly checking in with them. This could cause consumers to remain in an injured state or incapacitated with no way to contact help.

Healthy Living

- ***Chronic Disease***

Research shows that regular exercise and healthy eating habits can help prevent, delay or sometimes reverse chronic disease. Yet 45 percent of survey respondents report not exercising and 56 percent of survey respondents reported not eating enough fruits and vegetables. The health, social, and financial implications over time are staggering. Increased availability of community based chronic disease prevention, nutrition education, and self-management programs is a vital key to help our community stay healthy and continue to live independently.

Emergency Preparedness

- ***Evacuation Assistance***

In the event of a major disaster, 26 percent of survey respondents will need help evacuating. 16 percent of survey respondents use life sustaining medical equipment that require a charge or to be connected to a power outlet. Creating a collaborative plan among emergency responders, county and city emergency planners and social service agencies to coordinate on emergency response is vital to ensure those in the greatest need are assisted in a timely and efficient manner.

Adult Abuse

- ***Financial Abuse and Neglect of Care by a Caregiver***

Both financial abuse and neglect of care by caregivers are on the rise and represent the two most common abuse types reported. In addition, statewide, sexual abuse is the most common abuse type for adults with disabilities. Continued and increased public education and outreach on abuse prevention and

reporting is essential. Increased programming for money management and legal services are also effective means of preventing abuse or stabilization after abuse has occurred.

Caregiving

- ***Family/Relative Caregiver Support***

Family members providing care is the foundation of long-term home-based care. Family caregivers often go unrecognized and have access to limited supports. Increased programming for respite, day programs, information and assistance, and access to counseling related to caregiving stress are all needed to better support family caregivers who sustain older adults and adults with disabilities living as independently as possible in their own homes.

Service Knowledge

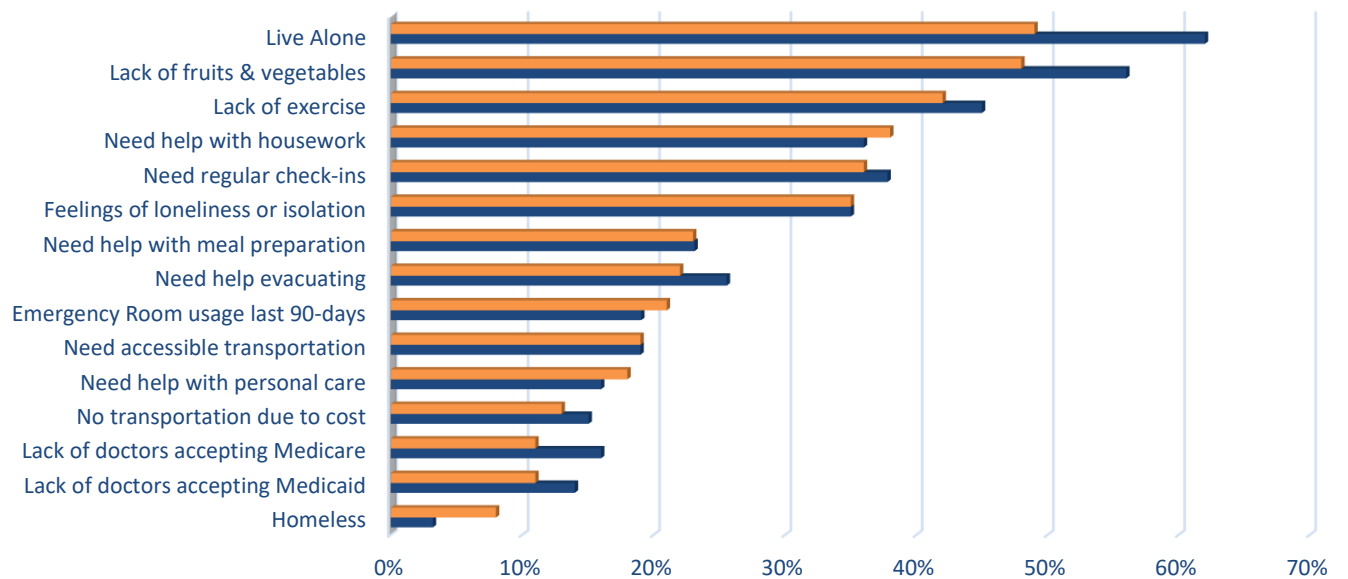
- ***ADRC***

While 90 percent of survey respondents know of S&DS or have used S&DS services, only 27 percent know of the ADRC. The ADRC not only connects consumers to S&DS services, but also to an array of resources and services available throughout the community. Resource information and referrals are tailored to meet consumer's needs from a person-centered approach. Continued education to the public on how to access the ADRC and the variety of services that may provide is needed. In addition, outreach efforts need to be targeted in a culturally appropriate manner to underserved populations, including Native American and Latino communities. With this effort, the ADRC can help connect consumers in an efficient and comprehensive manner to community services best matched to meet their needs.

Comparison to 2016 S&DS Community Needs Assessment

The chart below compares key needs and questions from the 2019 Community Needs Assessment to the 2016 Community Needs Assessment. As illustrated in the next chart, in general, needs have increased in some areas among target populations.

Comparisson: 2016 vs. 2019 Community Needs Assessment



	Homeless	Lack of doctors accepting Medicaid	Lack of doctors accepting Medicare	No transportation due to cost	Need help with personal care	Need accessible transportation	Emergency Room usage last 90-days	Need help evacuating	Need help with meal preparation	Feelings of loneliness or isolation	Need regular check-ins	Need help with housework	Lack of exercise	Lack of fruits & vegetables	Live Alone
2016	8%	11%	11%	13%	18%	19%	21%	22%	23%	35%	36%	38%	42%	48%	49%
2019	3%	14%	16%	15%	16%	19%	19%	26%	23%	35%	38%	36%	45%	56%	62%

Conclusion

While many older adults and adults with disabilities in Lane County enjoy high levels of well-being and overall life satisfaction, much remains to be done to meet increasing needs, especially for those impacted by socio-economic disparities and inequities. Service providers and local decision makers must be thoughtful and inclusive when evaluating the needs of these populations, especially in times of limited or eliminated funding. The unique needs of those with low financial security and from underserved populations must be addressed. Service planning must include culturally appropriate services and corresponding outreach. The results from the S&DS Community Needs Assessment will guide the S&DS Area Plan and the decision-making process for future service planning.

Engaging a collaborative community effort to enhance services is key to the successful development and implementation of effective strategies to address service opportunities. Other local studies have indicated that need of integration among local services because it creates a barrier to community health and wellness. According to the 2018 Lane

County Community Health Needs Assessment, many services in Lane County are perceived by the community as uncoordinated and divided. Strategic initiatives regarding services should embrace a holistic approach that recognizes the strengths and needs of current consumers and the vision to include future consumers.

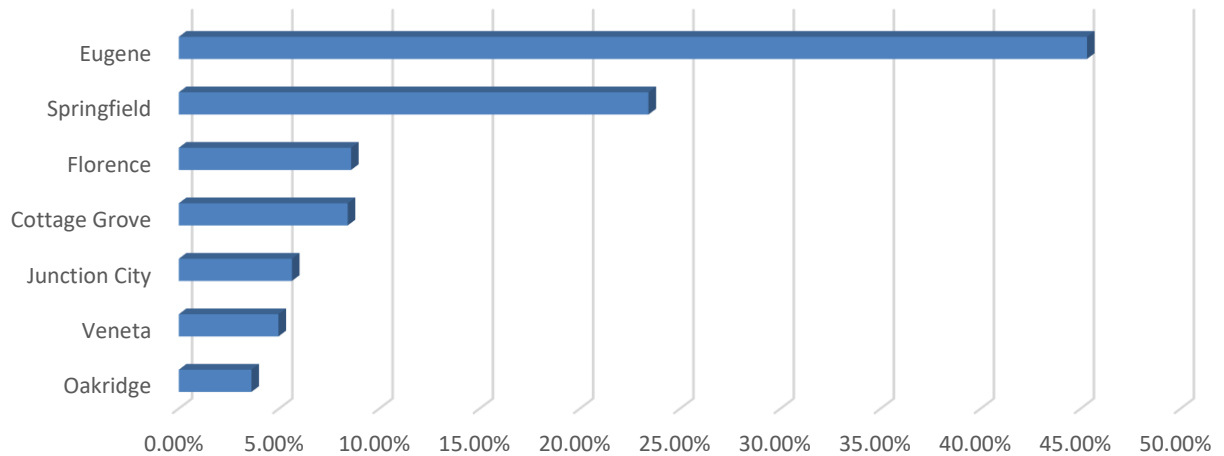
Demographics and Related Information

Where Respondents Live

To adequately capture needs in rural communities, surveys were distributed outside the Eugene/Springfield area. This resulted in a higher representation from rural communities compared to the long-range population forecasts prepared in 2019 by the Population Research Center at Portland State University (PSU). Looking closer at those reporting zip codes outside the Eugene/Springfield metro area:

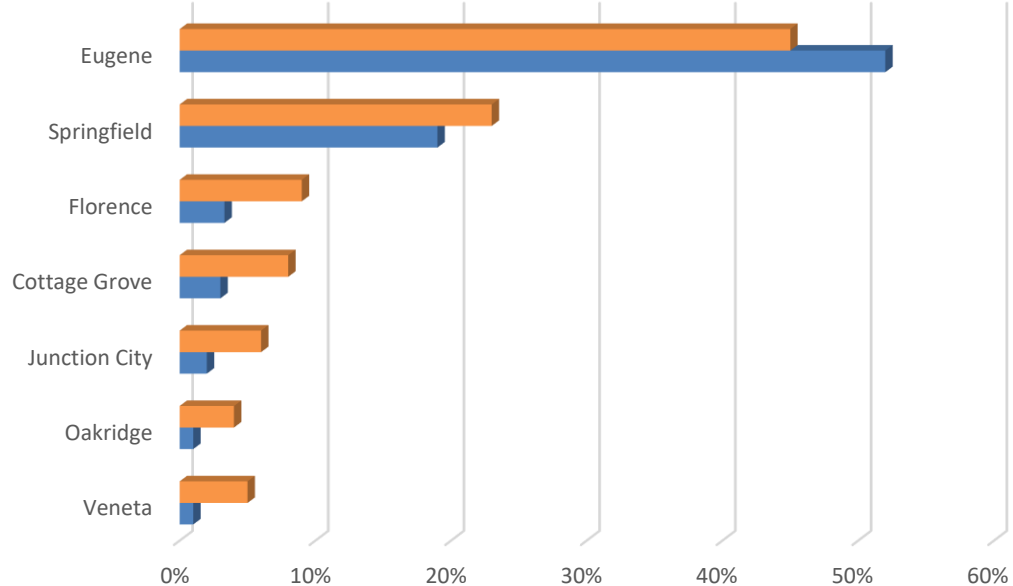
- Thirty-four percent of all survey respondents report not having enough income to over their next month of bills if their income suddenly stopped. Respondents in rural areas are slightly less likely to experience this, with about 34 percent reporting not having enough income to pay compared to 35 percent in the metro area.
- Rural respondents are more likely to own their own home, and less likely to rent compared to metro respondents.
- They are less likely to experience a disability, with 62 percent of rural respondents answering yes compared to 65 percent in the metro area.
- They have slightly lower in-home assistance needs except when it comes to maintaining the yard or to do heavy/intense housework.
- Rural respondents have more reliable transportation compared to metro respondents.
- They are less likely to have feelings of isolation and loneliness compared to metro respondents.

Survey Response: I Live in or Near



	Oakridge	Veneta	Junction City	Cottage Grove	Florence	Springfield	Eugene
■ Response Percent	3.62%	4.97%	5.64%	8.42%	8.59%	23.42%	45.32%

Comparisson: PSU 2020 Population Estimates vs. Survey Responses

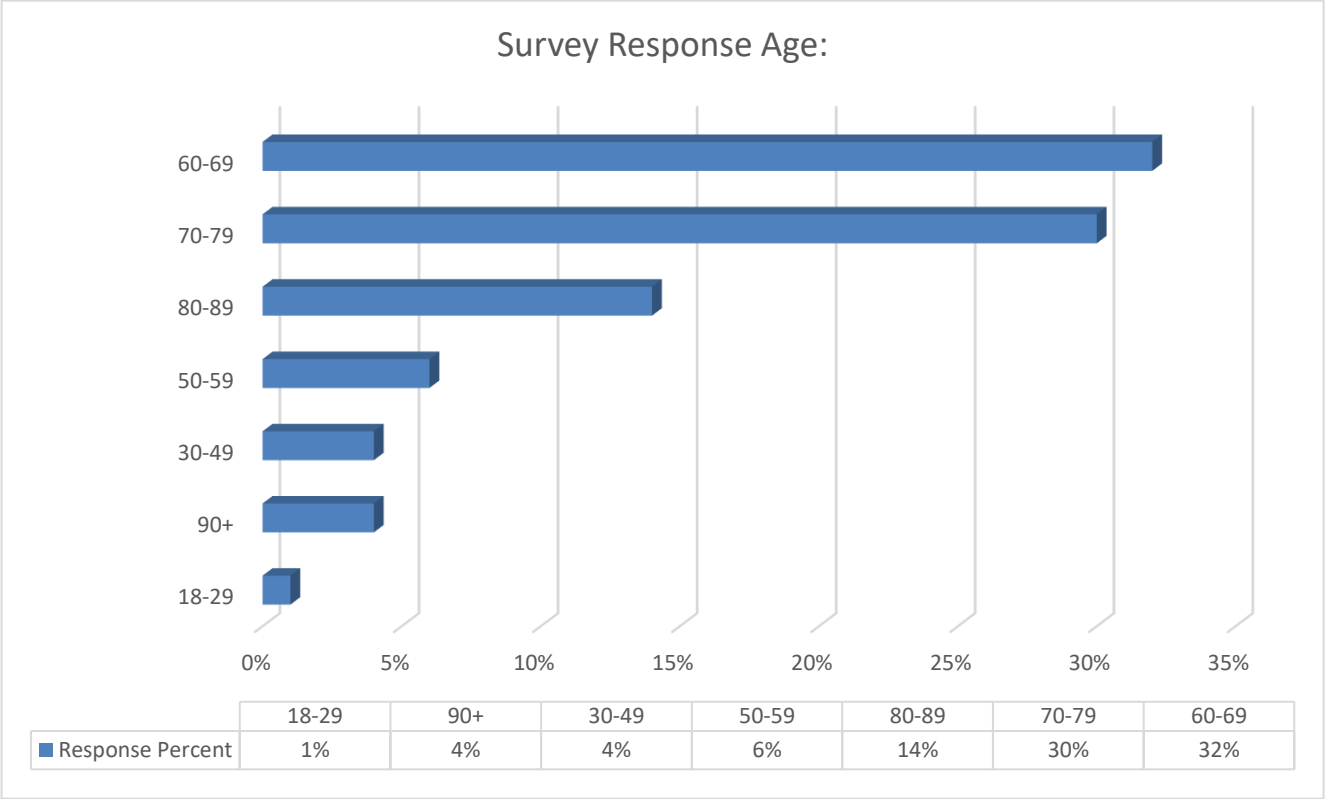


	Veneta	Oakridge	Junction City	Cottage Grove	Florence	Springfield	Eugene
■ Survey Reponse	5%	4%	6%	8%	9%	23%	45%
■ PSU 2020 Population Estimates	1%	1%	2%	3%	3%	19%	52%

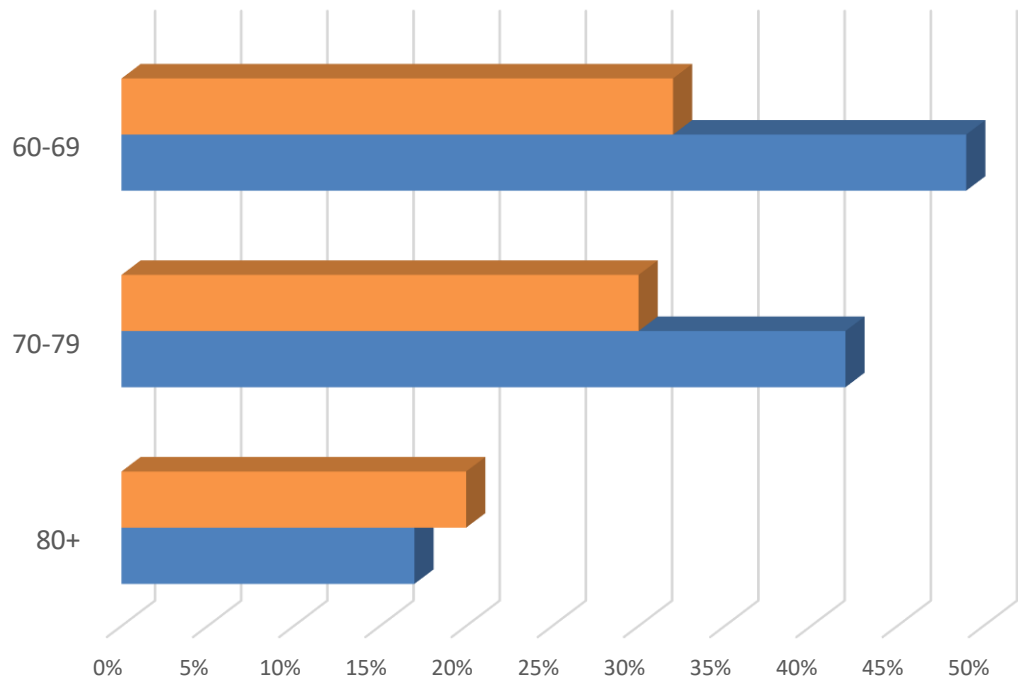
Age

Over the next 24 years, the Lane County older adult population is forecast to grow by just over 19 percent and is projected to increase to approximately one-third of the population.

According to the population forecasts by PSU, the 60 and older population in Lane County is forecast to grow from 103,569 in 2020 to about 117,230 in 2030. This is an increase of 13 percent over these 10 years. From 2030 to 2040, the 60 and older population is forecast to grow another 3 percent to an estimated population of 121,127. At the same time, the total population of Lane County that falls into the 60 and older category is forecasted to grow from about 28 percent in 2020 to just over 29 percent in 2025, and to 30 percent in 2030. According to the PSU population forecasts, growth of the older population will drop by 1 percent in 2030. From 2025 on, the 60 and older population is forecasted to be approximately 30 percent of Lane County’s total population. By 2040, the 60 and older population will have grown to about 121,127 or 17 percent over 2020 levels.



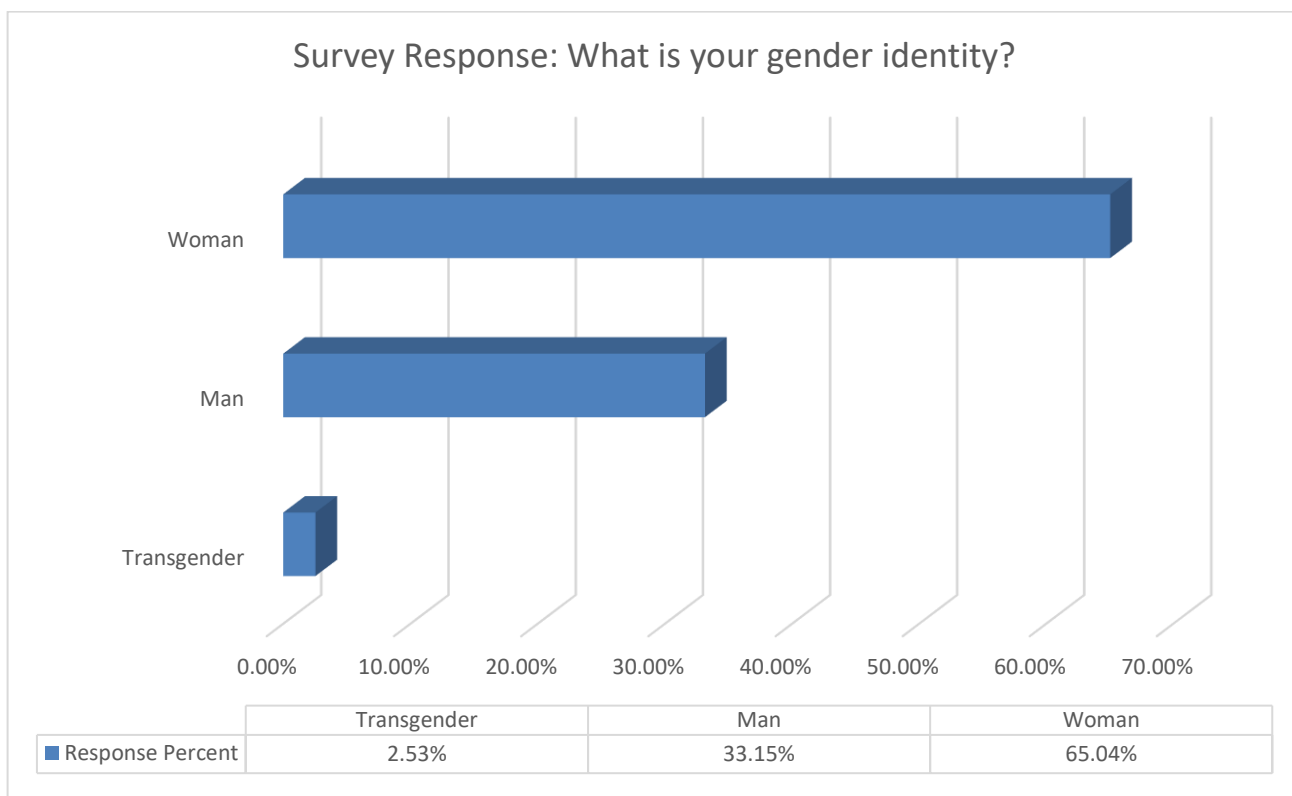
Comparison: Age 60 and older Survey Responses Compared to 2020 Portland State University Population Forecast



	80+	70-79	60-69
Survey	20%	30%	32%
PSU 2020 Population estimates	17%	42%	49%

Gender Identity

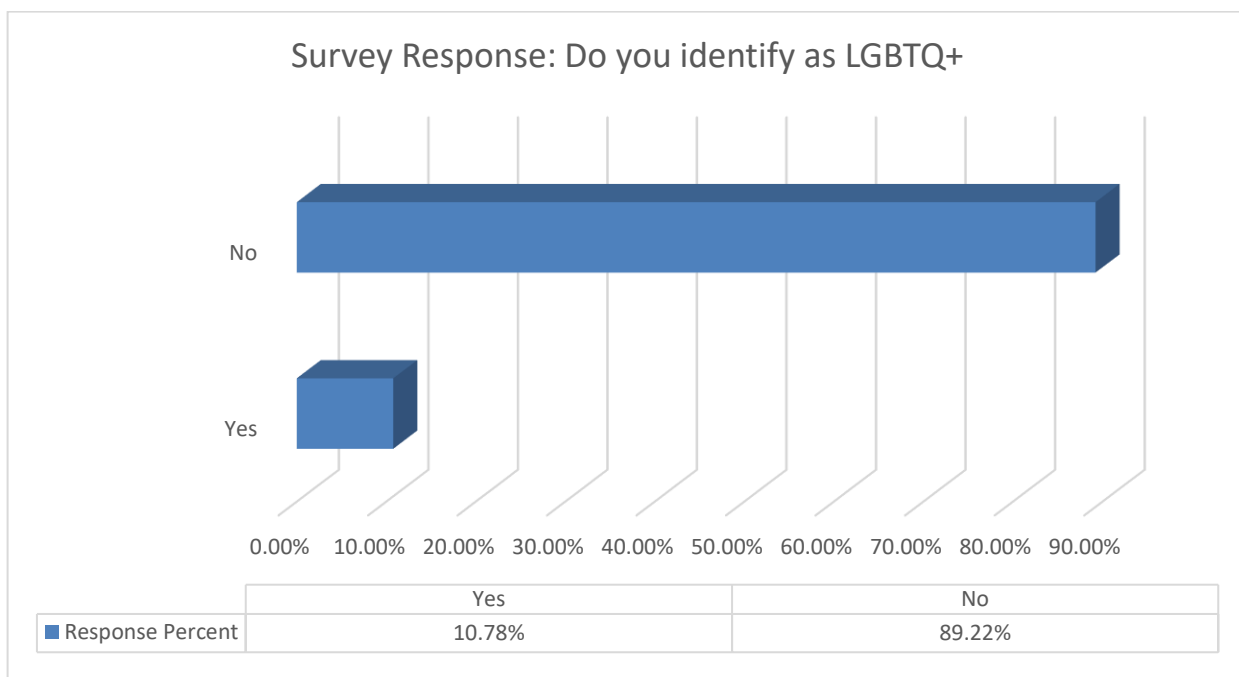
Sixty-five percent of survey respondents identified themselves as a woman. It is difficult to determine the cause of this significant difference between male and female survey completion. Surveys were not distributed to predominately female locations. This is the second year S&DS asked a gender inclusive question, with 2.5 percent reporting transgender gender identity. Education and cultural awareness for in-home care, facility-based industries, and social service providers is needed to adequately meet these consumer needs as they are at severe risk for health disparities and service inequity.



Note: Survey question allowed for multiple answer selection

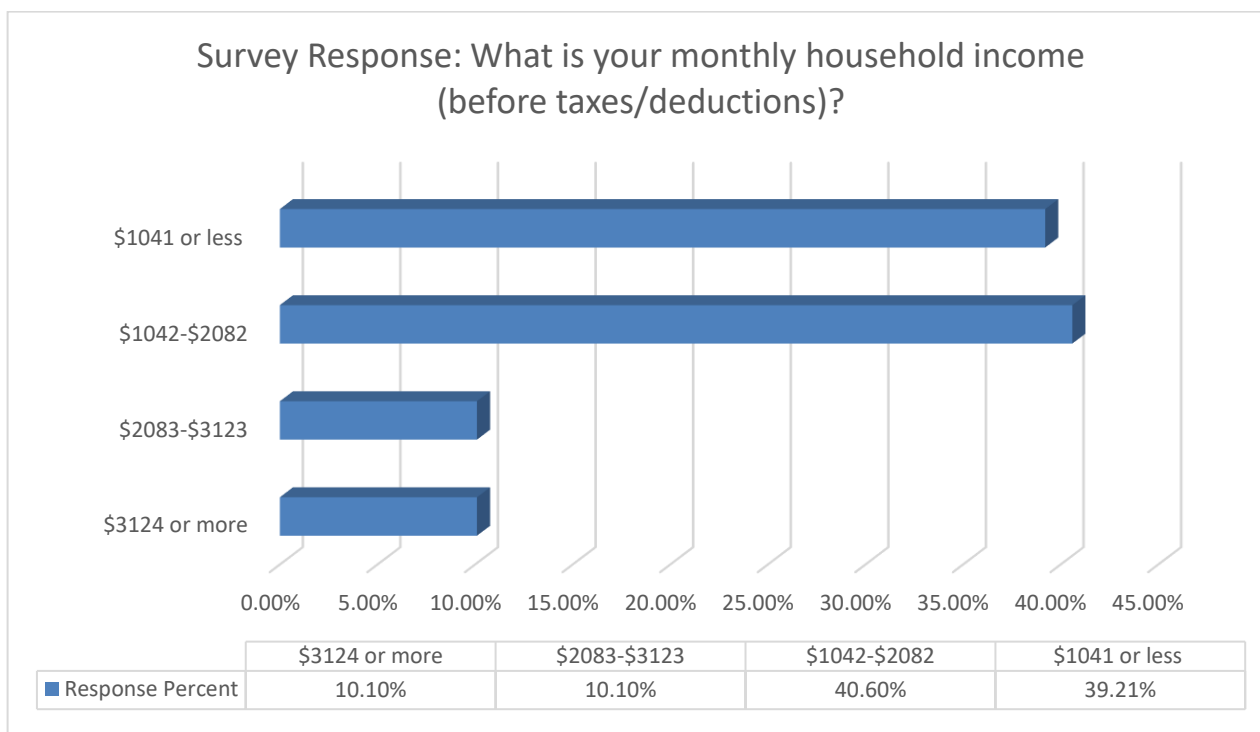
Sexual Orientation

A third of survey respondents skipped the “Do you identify as LGBTQ+” question (transgender was included in the prior gender identity question). Of those that did answer the question, approximately 11 percent self-identified as LGBTQ+. In addition, 28 individuals identified as transgender in the gender identity question. While society is growing more accepting, disparities and discrimination still exist. LGBTQ+ older adults lived through times of extreme discrimination causing this population to hide their identities. The consequences are not limited to suffering financially, social repercussions, rejection by family, violence, and abuse. LGBTQ+ consumers may be less likely to access services due to fear of discrimination, lack of acceptance based on previous experiences, or lack of information on LGBTQI friendly agencies and facilities.

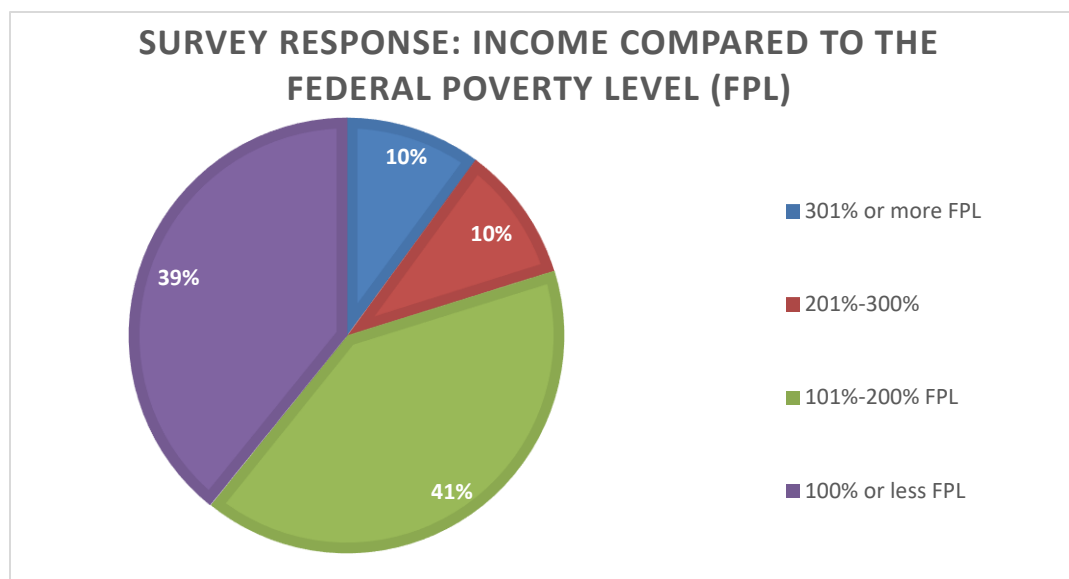


Income

Almost 40 percent of survey respondents report income less than the Federal Poverty Level (\$1041 for a household of one in 2019). An additional 40% have income less than 200 percent of the Federal Poverty Level (\$2,071 for a household of 1 in 2019). According to the 2013-2017 American Community Survey 5-Year Estimates, Census, 10 percent of adults 60 years and older and 21 percent of adults age 18-64 live in poverty in Lane County.

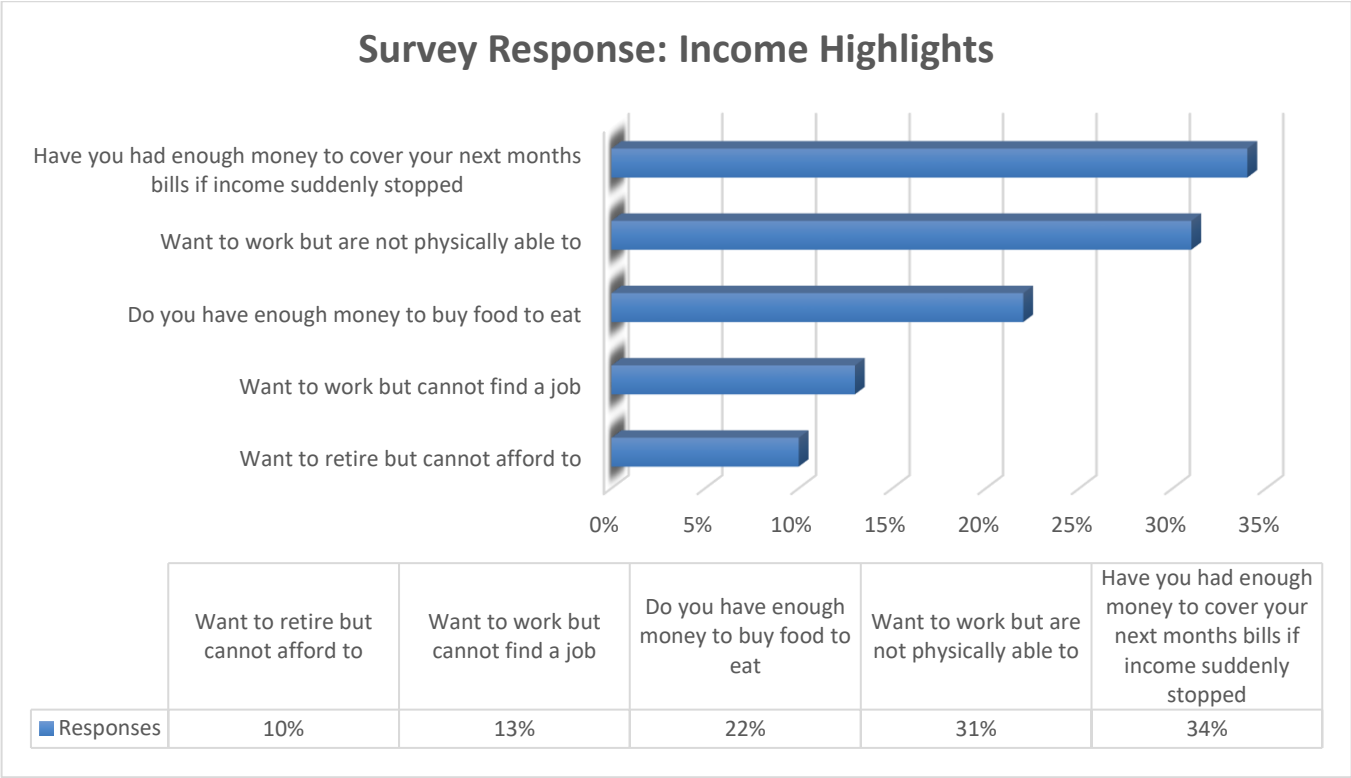


Lack of sufficient income to cover basic needs, let alone additional costs for in-home assistance or assisted living facilities, remains a serious concern for older adults and adults with disabilities in Lane County. It is assumed that those with less income and resources experience greater needs than those with higher income that may have more access to paid or higher-cost services. Financial security for older adults and adults with disabilities is an on-going limiting factor which impacts all aspects of independent living.



Note: Based on 2019 Poverty Guidelines for the 48 contiguous states and the District of Columbia.

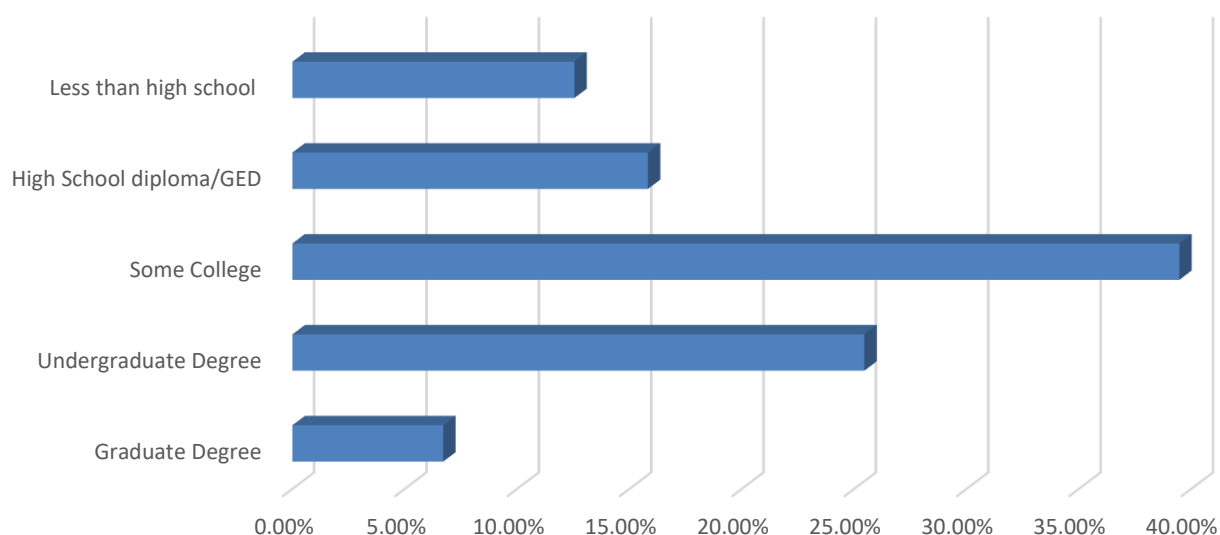
Twenty-two percent survey respondents additionally report insufficient income to buy food to eat. Thirty-one percent of respondents would like to work but cannot physically. About 13 percent want to work but are unable to find a job. Ten percent of respondents reported they want to retire but are not able to due to financial reasons.



Education Level

The education level of the older population is increasing. The 2013-2015 ACS 5-Year Estimates report that of individuals aged 65 and older 91 percent are a high school graduate or higher and 31 percent have a received an undergraduate degree or higher. Eugene, Oregon houses the University of Oregon and Lane Community College. Survey respondents tend to have a higher than expected percentage of individuals with college level education.

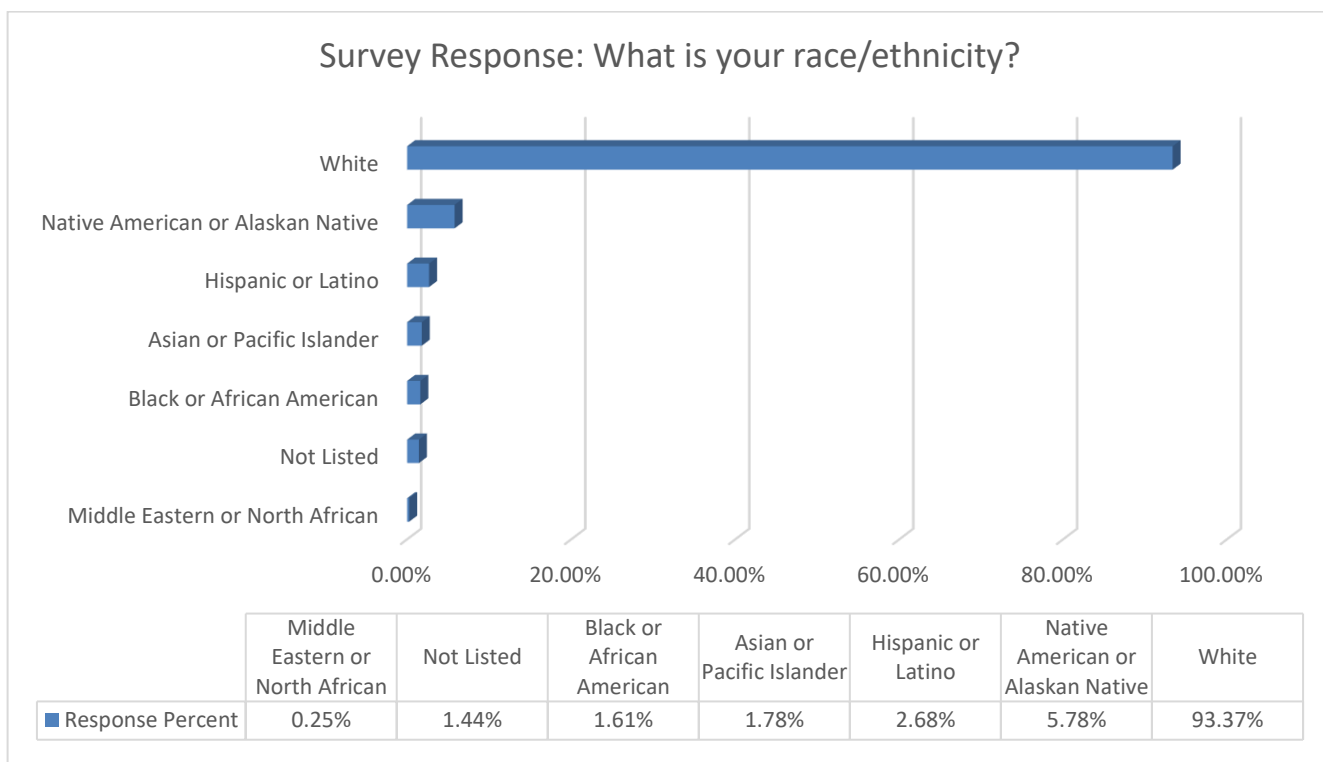
Survey Response: What is your highest education level?



	Graduate Degree	Undergraduate Degree	Some College	High School diploma/GED	Less than high school
■ Response Percent	6.71%	25.45%	39.47%	15.82%	12.55%

Race / Ethnicity

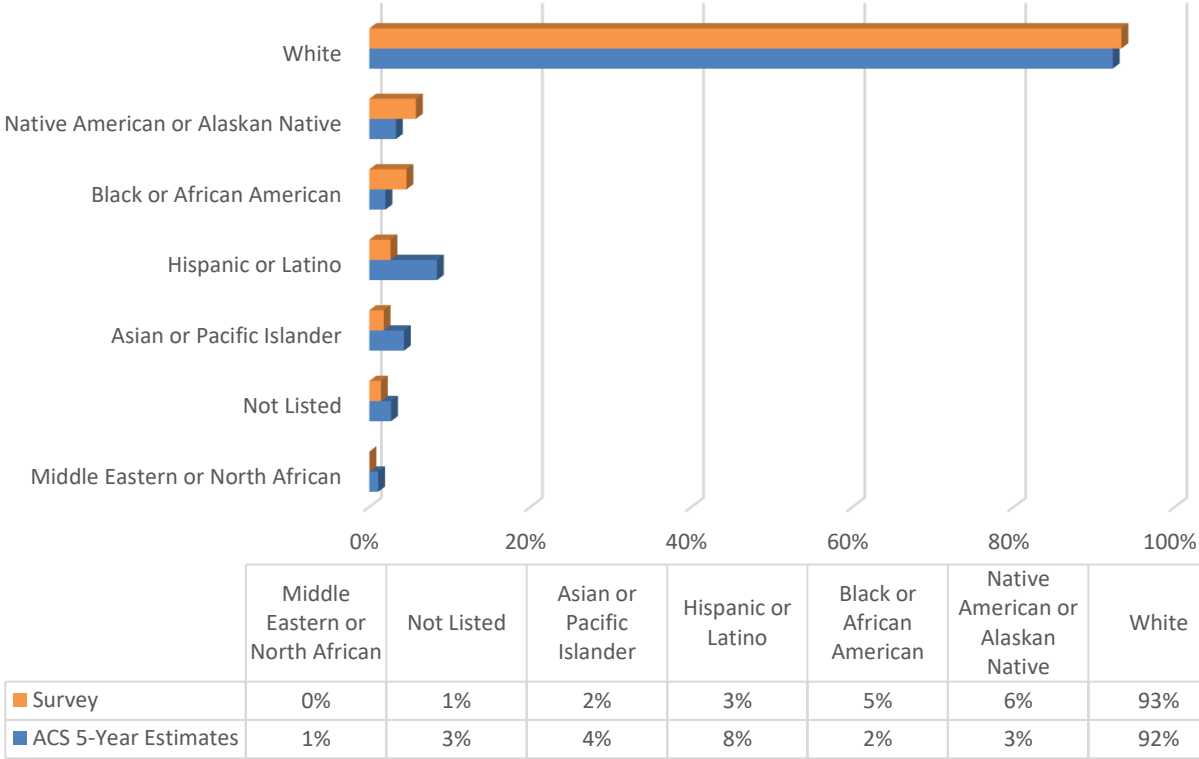
Similar to Census population percentages, Caucasian/White respondents account for the majority of respondent. Health disparities and inequities continue to exist for minorities, whether through barriers to accessible medical care or lack of culturally responsive services. It is imperative that agencies serving older adults and adults with disabilities invest in ensuring culturally appropriate services, address access barriers, and pursue equity among all participants.



Note: Survey question allowed for multiple answer selection

- Native American, Asian or Pacific Islander, and Black or African American respondents report higher percentages of experiencing a disability than respondents who are White, Hispanic or Latino, and Middle Eastern or North African.
- Hispanic or Latino, Native American and Asian or Pacific Islander respondents are more likely to report income below the Federal Poverty Level than White, Middle Eastern or Northern African, and Black or African American respondents. Middle Eastern or North African respondents more likely to experience homelessness.
- African American respondents are more likely to have difficulties accessing medical help due to a lack of doctors accepting Medicaid or Medicare
- Hispanic or Latino respondents were more likely to identify as LGBTQ+

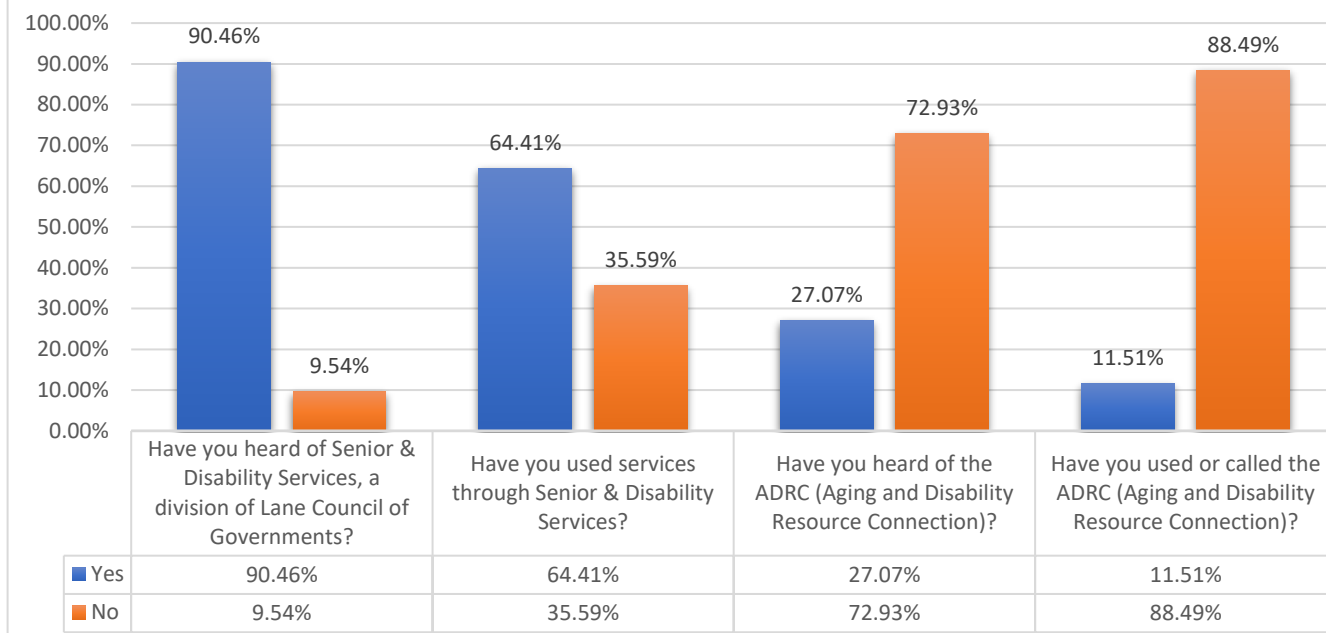
Comparisson: Race and Ethnicity



Knowledge of Senior & Disability Services

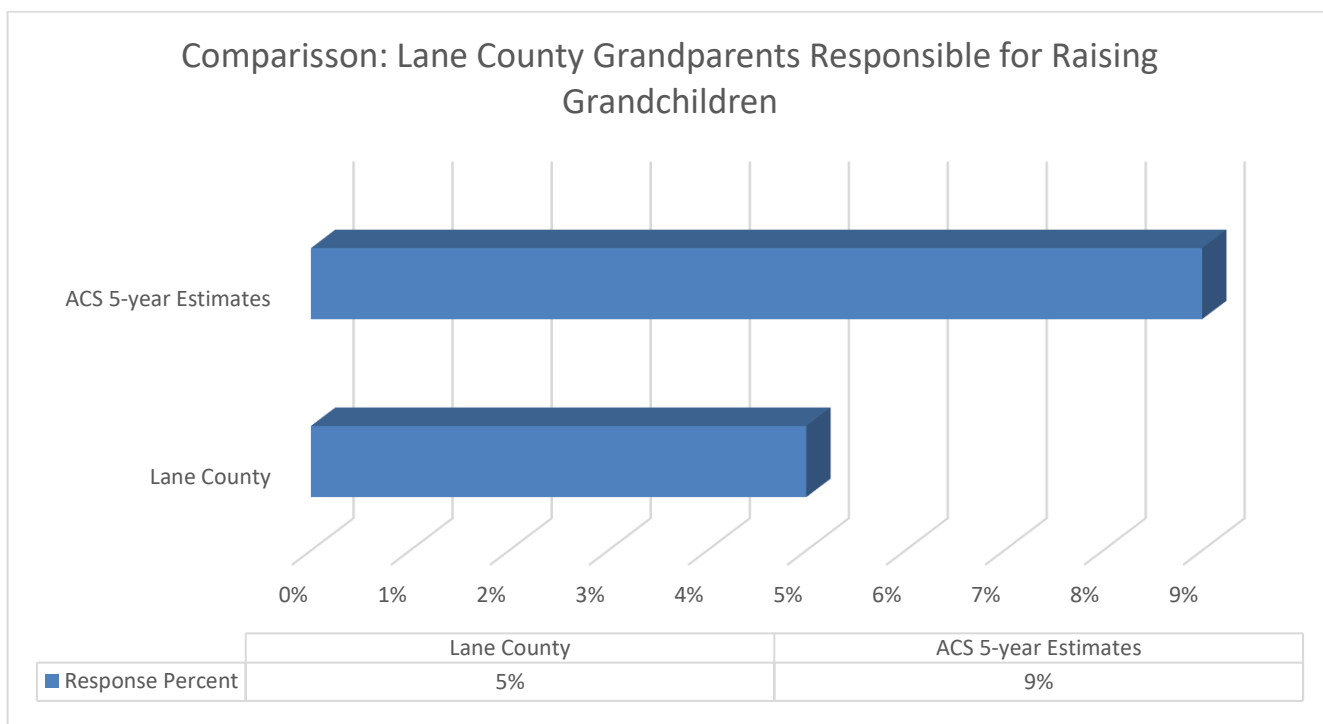
The majority who responded to the survey have heard of S&DS, with about 64% of respondents have used S&DS services. Only 27 percent of respondents have heard of the ADRC, with approximately 12 percent having used or called the ADRC. The ADRC provides a vital link to community resources and services. Based on these results, continued public education around the ADRC is needed.

Survey Response: Tell us what you know about Senior & Disability Services?



Grandparents Raising Grandchildren

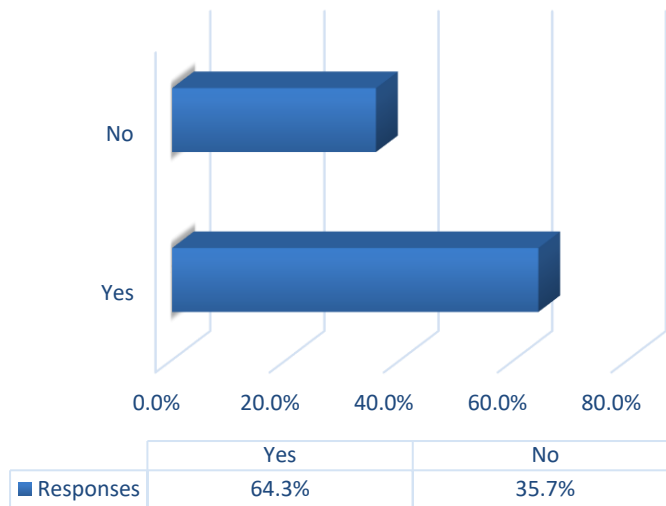
Five percent of survey respondents report raising grandchildren continues to be the same compared to the 2016 S&DS Community Needs Assessment survey population. According to the 2013-2017 ACS 5-year estimates that 8.7 percent of grandparents are responsible for raising their grandchildren. Grandparents responsible for raising their grandchildren have an increased need for community organizations to provide supports to them and their grandchildren such as respite, support groups and social opportunities to network with families in similar situations. Although grandparents report many rewarding benefits of raising their grandchildren, many also experience mental health impacts, legal challenges, financial concerns, social isolation and stigma. Children living with their grandparents experience stress around disruption in family life, and loss and grief about losing their parents. According to the American Association for Marriage and Family Therapy, these children are more likely to have behavioral and social problems.



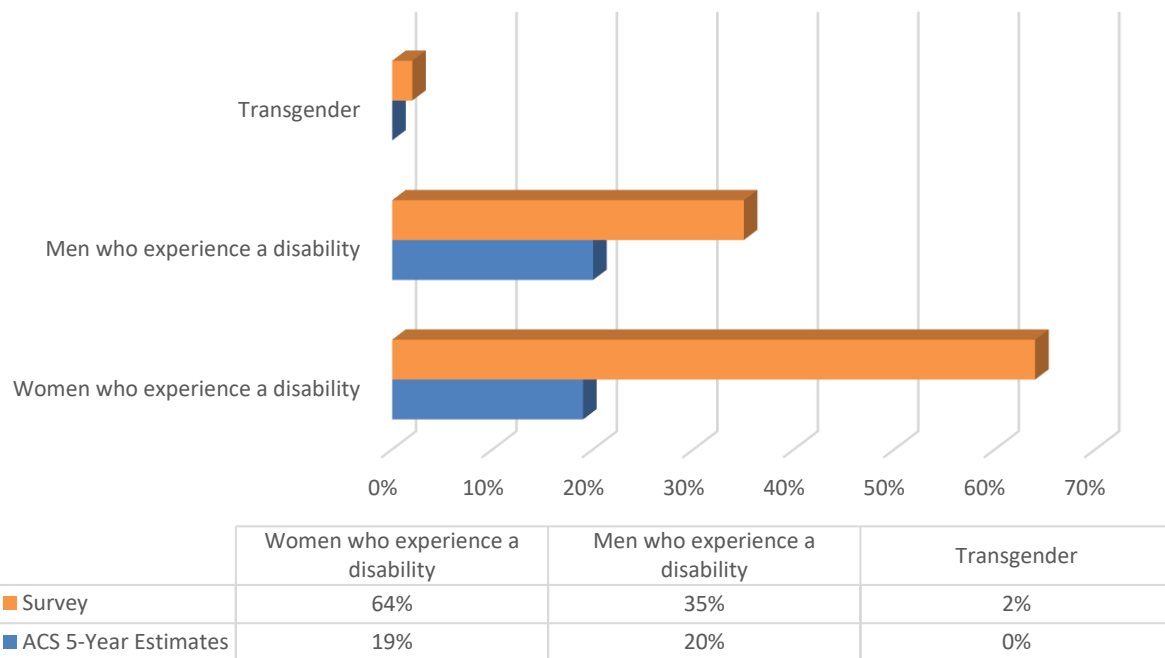
Disability Status

Sixty-four percent of survey respondents report a disability. While the needs reviewed in the survey are universal to both older adults and adults with disabilities, persons with disabilities are affected more acutely by unmet needs, including health and social impacts. Disabilities may not always be obvious and may impact multiple aspects of a consumer’s life. Survey respondents with disabilities across all categories reported greater needs and less access to needed supports. These respondents were more likely to have higher in-home and transportation needs, experience feelings of isolation or loneliness, used the emergency room in the last 90-days, and need assistance evacuating their home in an event of an emergency or disaster. Sixty-four percent of respondents who reported having a disability were less likely to have places in the community they like to visit. In addition, the poverty gap between those that experience a disability and those that do not is significant. The 2013-2017 ACS 5-year estimates report that almost 20% of adults in Lane County experience a disability. Of those experiencing a disability, almost 25 percent have income over the past 12-months below the poverty level.

Survey Response: Do you experience a disability?

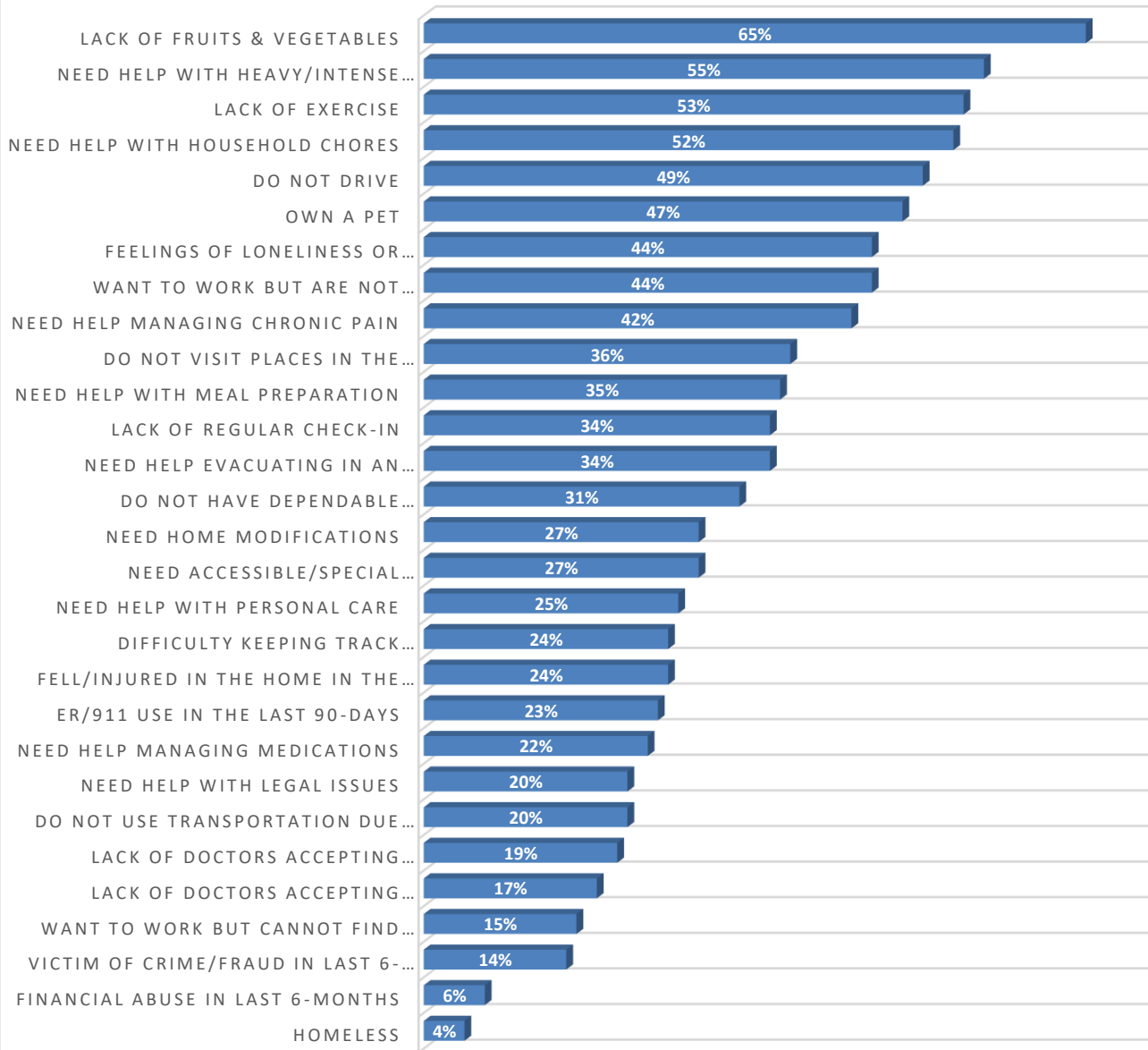


Comparisson: Gender and Disability

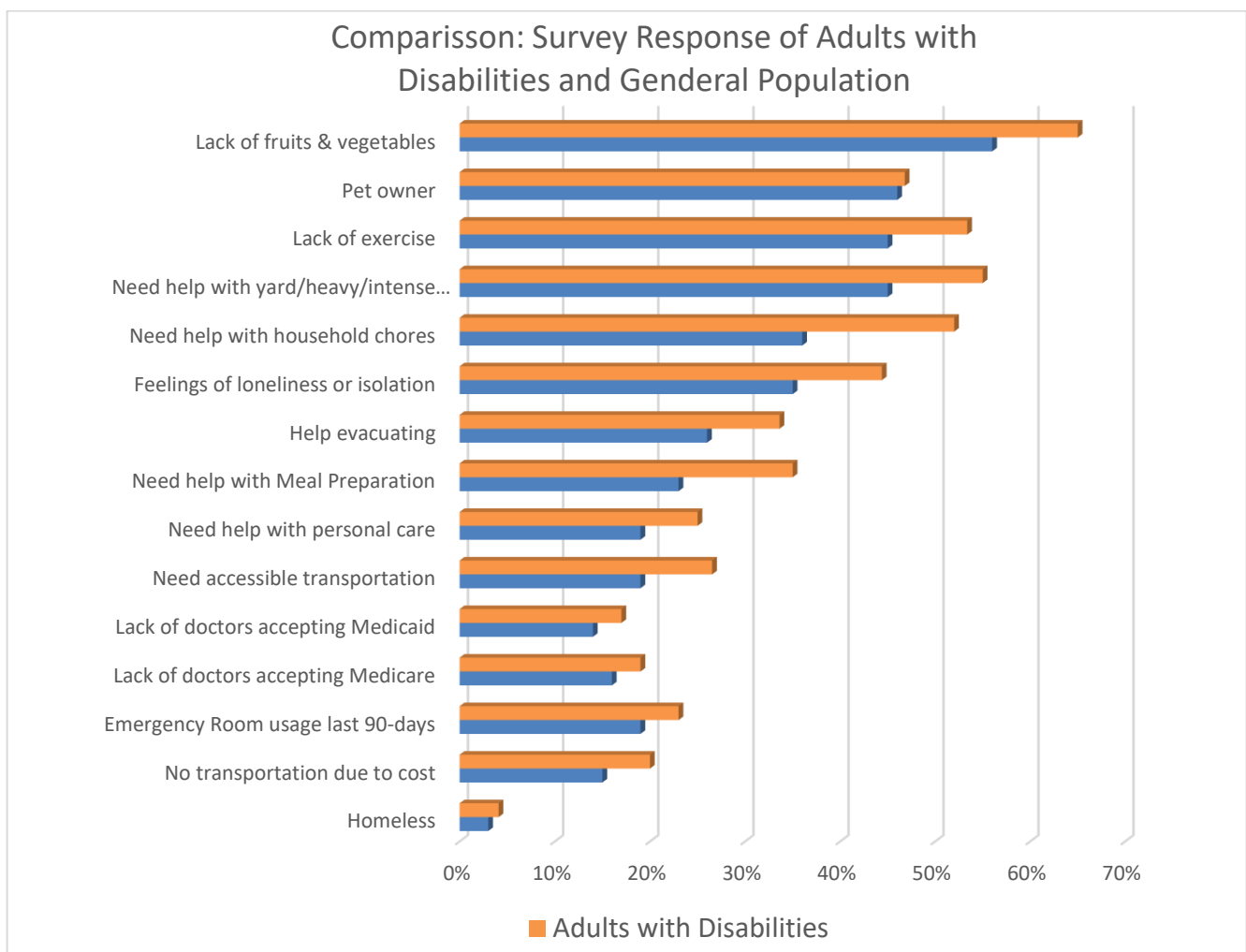


The chart below shows key needs and survey responses from respondents with a disability:

SURVEY RESPONSE: RESPONDENTS WITH A DISABILITY



This second chart compares the answers to key questions by the responses from the general, overall survey population:



Survey and Research Results

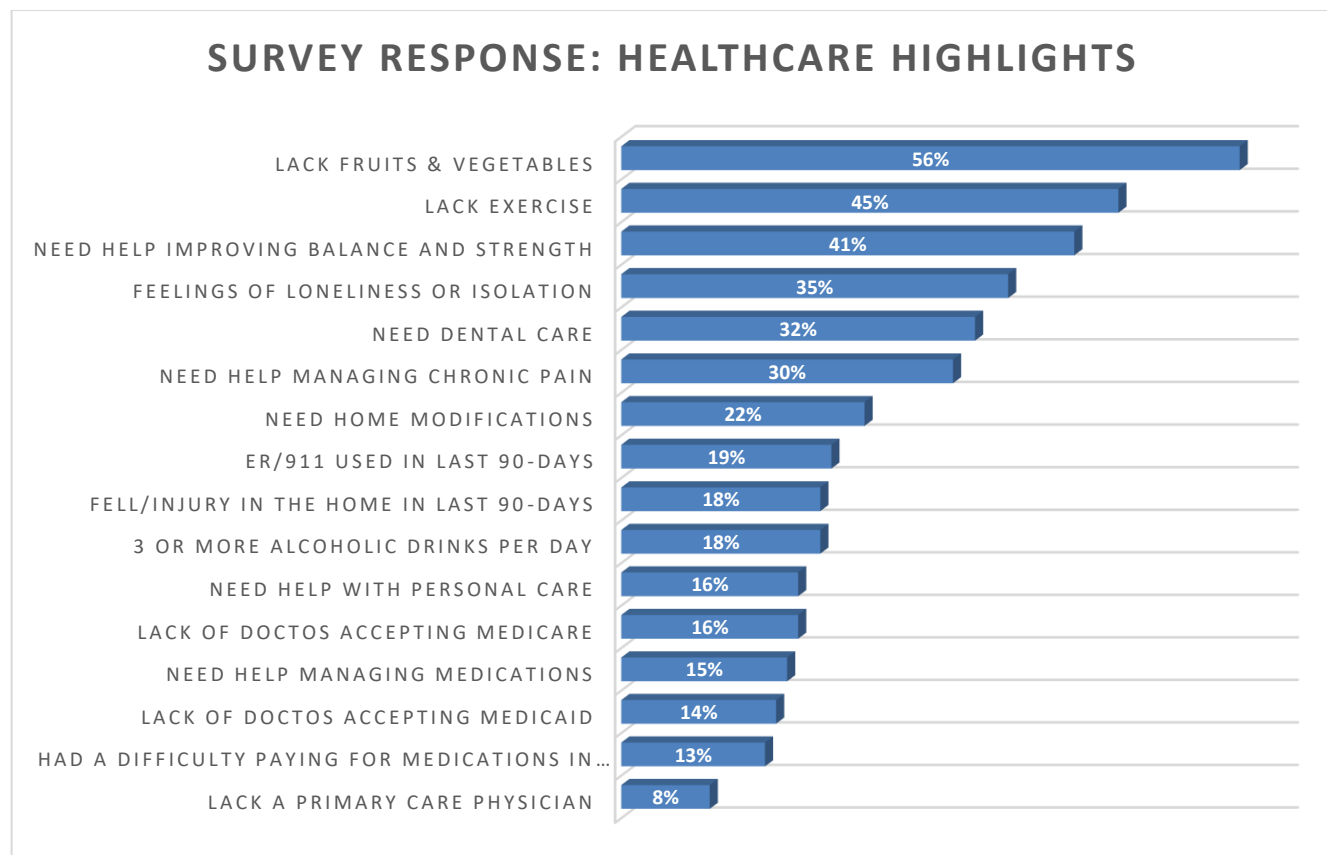
The following sections highlight various subject areas touched on by the Community Needs Assessment Survey and Focus Groups. Both sections identity some relevant survey results or related data with a look at key findings and additional research conducted. S&DS goals and services impacted by Community Needs Assessment results will be addressed in the S&DS strategic Area Plan.

HealthCare

Community Survey Highlights

A majority of survey respondents reported their overall quality of life was good, many indicate they do not get enough exercise, do not eat enough fruits and vegetables and experience high levels of loneliness or isolation. Many have trouble accessing health

care due to a lack of doctors accepting their type of insurance. Community Survey respondents report the following needs:



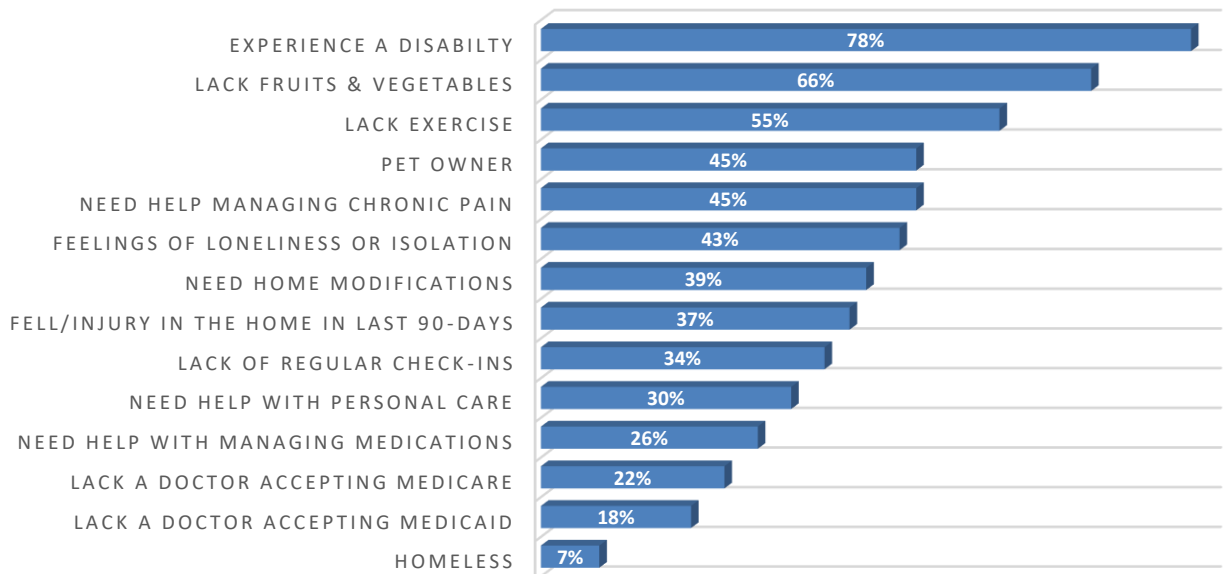
Closer Looks

The following Closer Looks highlights certain important findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Emergency Room / 911 Usage

Nineteen percent of respondents indicated they had visited the Emergency Room (ER) or 911 for an emergency within the last 90 days. These visits may be due to health emergencies, a lack of primary care providers or difficulty finding physicians that accept Medicaid or Medicare. Of those reporting ER or 911 usage in the last 90-days:

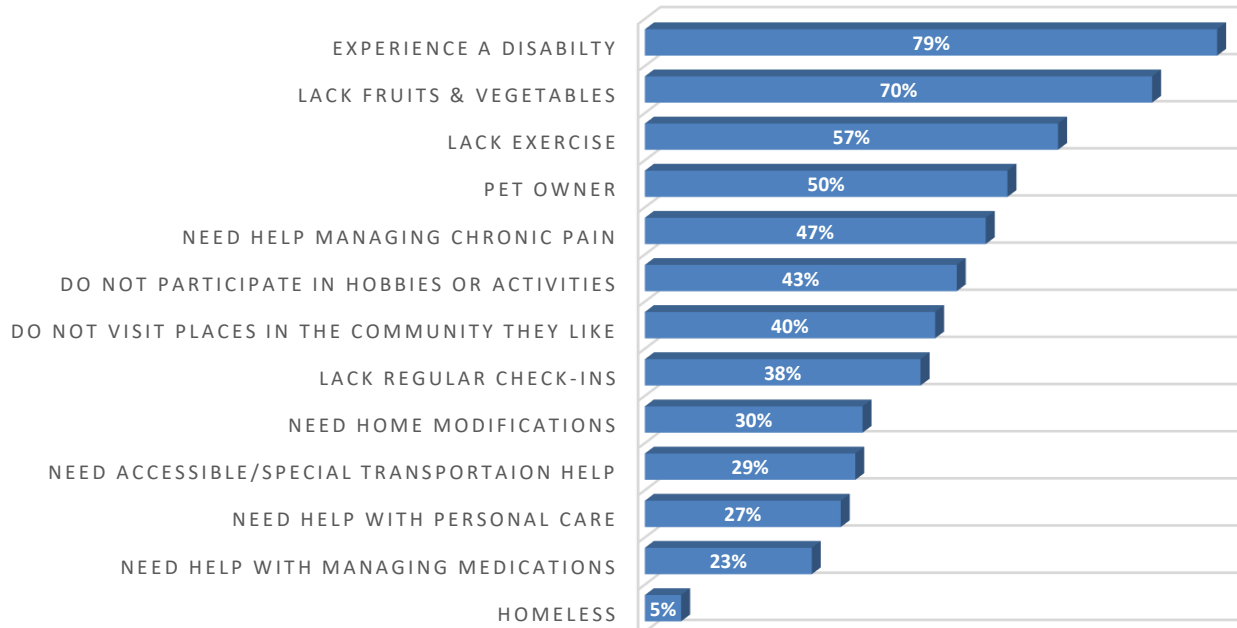
SURVERY RESPONSE: REPORTING ER/911 USE LAST 90-DAYS



Closer Look: Loneliness and Isolation

Thirty-five percent of respondents reported feelings of loneliness or isolation, which are key indicators of depression. Survey respondents reporting loneliness or isolation also reported:

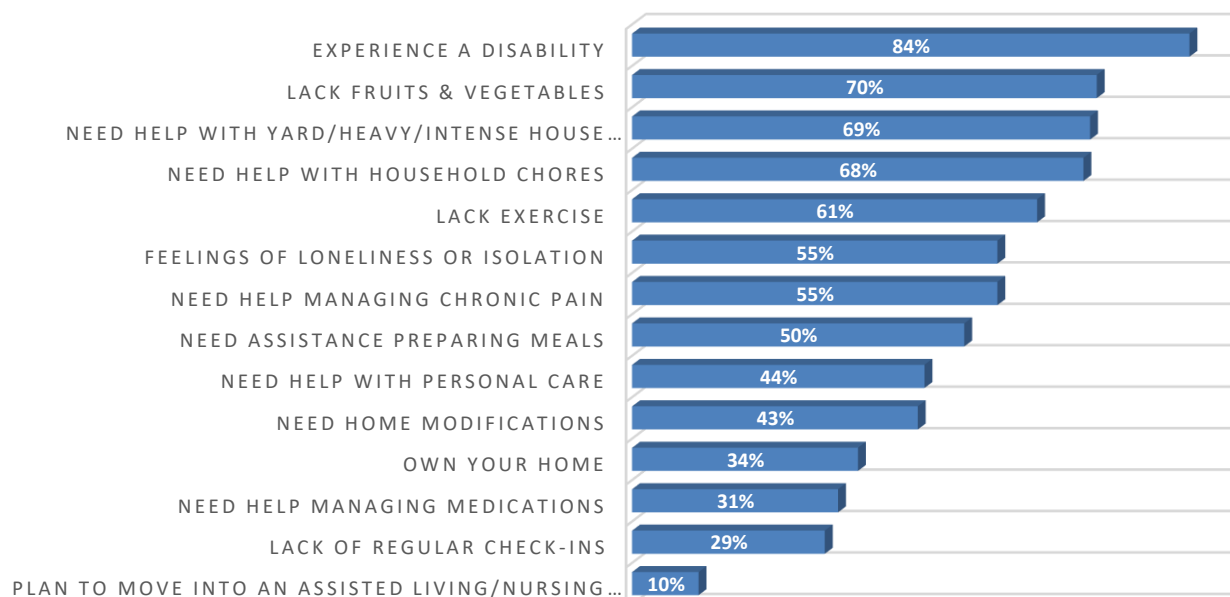
SURVERY RESPONSE: REPORTING LONELINESS OR ISOLATION



Closer Look: Falls or Injuries in the Home

Eighteen percent of survey respondents reported a fall or injury in the home in the last 90-days. These individuals reported a greater need for in-home assistance compared to the overall survey population. Of those surveyed reporting a fall or injury:

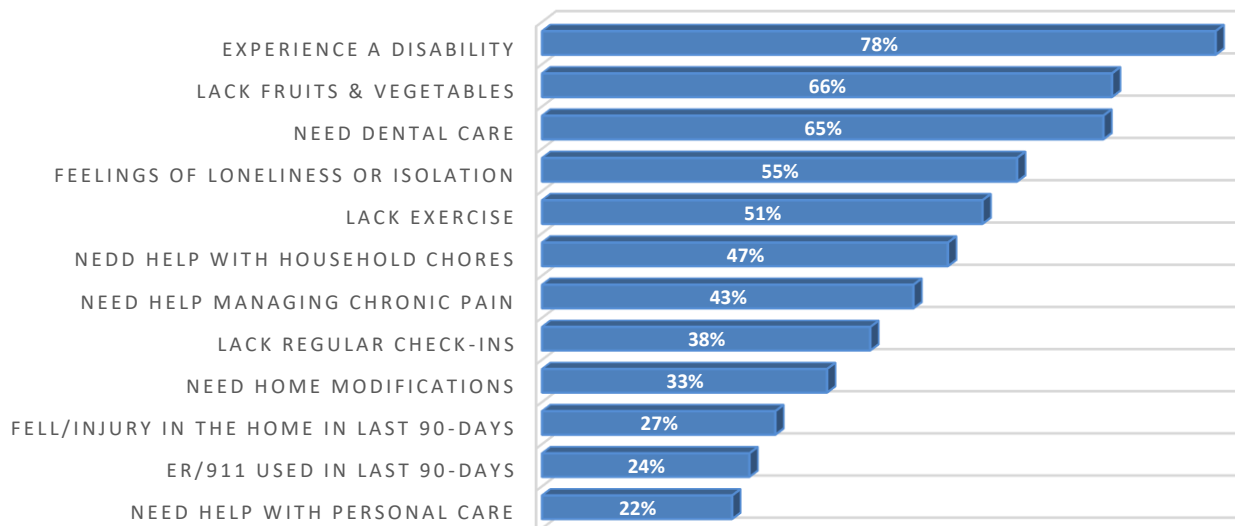
SURVEY RESPONSE: REPORTING FALLS/INJURIES IN LAST 90-DAYS



Closer Look: Lack of Doctors Accepting Medicaid or Medicare

Fourteen percent of survey respondents reported difficulties finding a doctor who accepts Medicaid and 16 percent of respondents reported difficulties finding a doctor who accepts Medicare. Of those who experience a disability, 78 percent have difficulties finding both Medicare and Medicaid doctors. This indicates increased barriers for consumers experiencing a disability having accessing health care in Lane County.

SURVEY RESPONSES: LACK OF DOCTORS ACCEPTING MEDICARE & MEDICAID



Focus Groups Results

Common themes across focus groups include the availability and costs of medications, access to medical doctors, access to mental health professionals, the need for a larger supply of prescription medications, and isolation. These results remain consistent with those of the Community Needs Assessment Survey and Professional Survey. All focus groups expressed the need for:

- Emergency healthcare planning regarding life- saving medical equipment, healthcare personnel, mental health personnel, prescriptions, and nutrition
- More accessible doctors, dentists, and mental health providers
- Affordable healthcare, prescriptions, and medical equipment

Additional Research: Availability of Health Care Sources

Health Care Concerns/Needs

Cost and quality of care are major concerns of any healthcare system. There are services in place to help aging adults and adults with disabilities navigate and access the public and private services available to them, but there are still difficulties and gaps in coverage. Due in large part to factors categorized as social determinants of health, Oregon's standing in the United Health Foundation's Annual Health Rankings has gone down from 8th in 2011, to 13th in 2012 and 20th in 2017 (Oregon Health Authority, 2018). Social determinants of health include social conditions such as education,

environment, housing, and transportation. Older adults and adults with disabilities are also more likely to be socially isolated and have unique medical and care needs.

Health Insurance

Health insurance options allow people to pool resources in order to reduce the costs of healthcare. The top three means of obtaining health insurance are employer-provided, privately purchased, and public health insurance plans such as Medicare and Medicaid. The healthcare system, private and public, is shaped by state and federal legislation. The 2010 Affordable Care Act (ACA) and the 2017 American Health Care Act (AHCA) are national efforts that enacted broad changes to the access, administration and availability of healthcare, especially public programs.

Medicare is a federally funded and administered public health insurance program for people age 65 years and older, younger qualifying adults with disabilities, and terminally ill patients with End Stage Renal Disease (ESRD). Medicare insures about 60 million older adults and people with disabilities (Freed, Neuman, Jacobson, 2019). Medicare Parts A and B do not include dental coverage. A Medicare beneficiary has the choice to pursue a Medicare Advantage plan to help alleviate dental costs.

Medicaid is a state-administered, state and federally funded public health insurance program for children, pregnant women, parents/caretaker relatives and low-income adults. States determine Medicaid eligibility using modified adjusted gross income (MAGI) and the federal poverty level (FPL). There are certain Medicaid benefits and services that are federally mandated, but states have flexibility beyond that in what they choose to offer. It is possible to be dually eligible for both Medicaid and Medicare.

Impact of the 2010 Affordable Care Act (ACA)

The ACA established an individual mandate, created the federal health insurance marketplace, removed the barrier against those with pre-existing conditions, and expanded the scope of Medicaid and Medicare.

The Oregon Health Plan (OHP) is the State of Oregon's Medicaid and Children's Health Insurance program. In October 2013, Oregon was one of several states to expand Medicaid coverage to low-income, childless adults, leading to a 56.57% increase in statewide enrollment between July and September 2013 (Medicaid and CHIP in Oregon, 2019). In 2019, Medicaid and Children's Health Insurance Program (CHIP) eligibility is set at 185% FPL for children ages 0-1 and pregnant women, 133% FPL for children ages 1-18 and childless adults, 300% FPL for children on separate CHIP, and 40% FPL for parents and caretaker relatives (Medicaid and CHIP in Oregon, 2019).

Impact of the 2017 American Health Care Act (AHCA)

The AHCA repealed the individual mandate, reduced funding and made changes to the Medicaid and Medicare programs that are will increase costs and reduce access to healthcare services. The AARP predicted that the bill would reduce funding for Medicare, penalize older Americans, remove protections for people with pre-existing conditions, cut Medicaid funding over \$800 billion, and increase the number of uninsured individuals (Accius, et al., 2017).

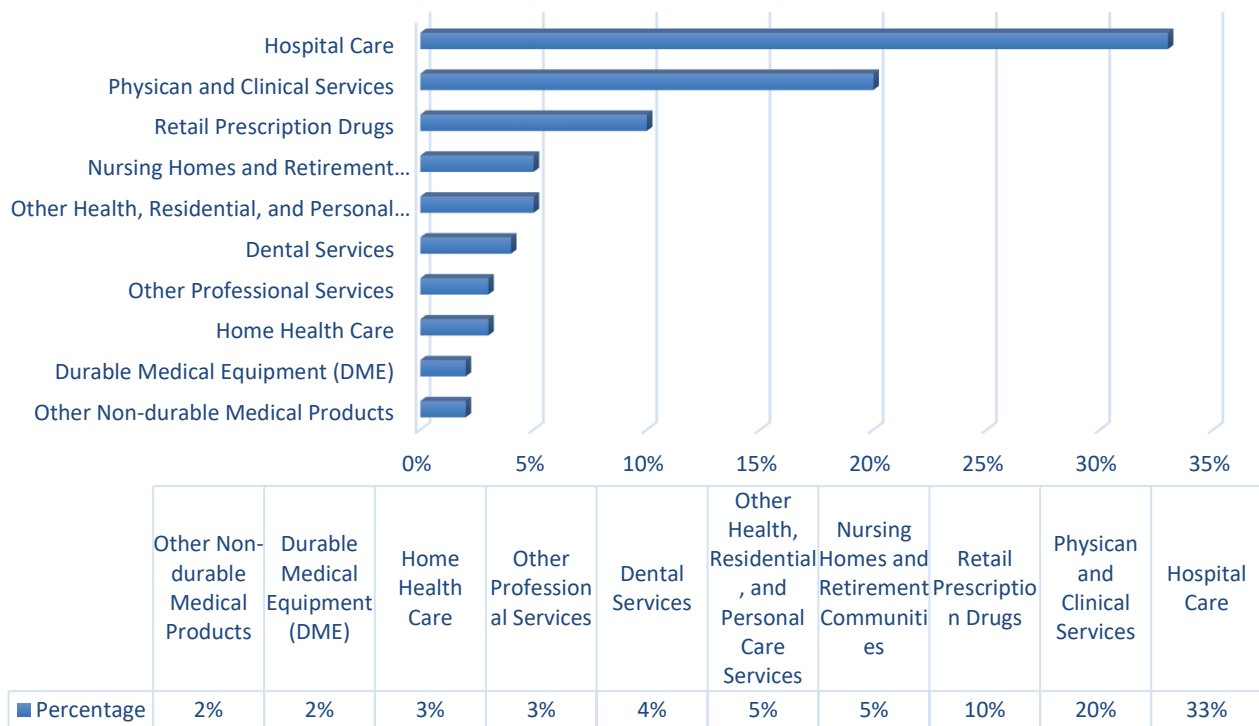
Gaps and Barriers in Healthcare Coverage

Despite the increased rate of insured people following the ACA, there are still disparities and difficulties in affording and accessing healthcare. Nineteen percent of adults with disabilities in Oregon report barriers to accessing health care, compared to 9 percent of those without disabilities (Oregon Health Authority, 2018). There is a statewide shortage of medical professionals, including primary care providers, dentists, behavioral health specialist, nurses, dieticians, and medical assistants (Oregon Health Authority, 2018). Transportation to the necessary providers poses further barriers to access, especially for those in rural areas requiring specialized care.

Health Care Cost

Healthcare spending in the United States greatly exceeds other countries spending on healthcare related costs. In 2017, the United States is spending approximately \$3.5 trillion in healthcare costs (CMS, 2018). The gross domestic product (GDP) related to healthcare spending was almost 18 percent in 2017 (CM, 2018). Common situations regarding older adults overspending for healthcare are what their providers thinks versus what the patient thinks. Fourteen percent of older adults agreed that the more medical treatments the better (Malani, et. Al, 2018). Twenty-five percent of older adults agreed that their healthcare provider recommends medications, tests, or procedures that the person does not think they need (Malani, et.al, 2018).

Health Spending by Type of Service and Product 2017



Prescription Medication Costs

The price of prescription medication has been and continues to be a major concern of older adults and adults with disabilities. A study found most adults believe that prescription drugs have made their lives better, but the costs of those prescription drugs are unreasonable (Oregon Drug Price Transparency Program, 2019). Prescription drug prices affect consumers, employers, insurers, and taxpayers, who fund programs like Medicaid and Medicare. In 2017, retail prices for 97 frequently used prescription medications increased by 7 percent compared to a 2.1 percent increase of inflation (Schondelmeyer, 2017). Net spending on specialty prescription drugs in Medicare Part D increased from \$8.7 billion in 2010 to \$32.2 billion in 2015. From 2010 to 2015, net spending on specialty prescription drugs in Medicaid rose from \$4.8 billion to \$9.9 billion (CBO, 2019).

During the 2018 State of Oregon Legislative Session, the Oregon Drug Price Transparency Act was passed. With the passing of this act, it formed the Drug Price Transparency program within the Department of Consumer and Business Services was formed. The goal of the program is to create accountability for prescription drug pricing. The program's objectives are to increase drug pricing transparency, collect information from health insurers regarding prescription drugs, and develop a prescription drug price

increase alert system for consumers to notify the department (Oregon Drug Price Transparency Program, 2019). This program is in the first year of operation and continues to strive to make improvements for the future and create an understanding regarding the effect of prescription drug pricing.

Dental Care Costs

Thirty-two percent of respondents from the Community Needs Assessment reported that they need help with dental care. Medicare does not cover routine dental care. A study found that 65 percent of Medicare beneficiaries do not have dental coverage (Freed, Neuman, Jacobson, 2019). In 2016, 19 percent of Medicare beneficiaries paid more than \$1,000 out-of-pocket for dental expenses. Medicare beneficiaries have the choice to purchase a Medicare Advantage Plan which could help with dental costs. Of those who are dual enrolled in Medicare and Medicaid, 11 percent were charged additional premiums for dental coverage (Freed, Neuman, Jacobson, 2019). In Oregon, Medicaid recipients are covered for dental care but may be subject to prior authorization requirements and frequency limitations (CareOregon, 2020).

Additional Research: Lane County Making the Grade

Lane County continues working to meet the health care needs of community members. The Lane County community strives to strategically place services and resources throughout the county by locating many of these places near each other and on bus lines. This results in more residents finding a greater ability to attend appointments. Thirteen percent of survey respondents reported missing appointments or not shopping due to lack of transportation. In the past few years, Lane County has seen the development or renovation of significant healthcare infrastructure. In June 2019, Kaiser Permanente announced that they will begin to fill a gap in Lane County's health needs by moving and expanding their presence in Eugene. Kaiser's new primary care and lab services is set to open May 2020 (Brown, 2019).

Nova Health, formally known as Eugene Urgent Care, continues to expand and open more urgent care facilities in Eugene, Springfield, Junction City, Veneta, Cottage Grove, Oakridge, and Florence (Adams-Ockrassa, 2019). In October 2019, the Oregon Health Authority (OHA) contracted with PacificSource Lane and Trillium to begin services to OHP members in Lane County (OHA, 2019). In addition, Lane County providers are increasing the number of evidenced based health and mental health programs. S&DS itself is providing Living Well with Chronic Conditions Programs and the PEARLS counseling program. While adding capacity and programming does not solve these issues, it may help to significantly alleviate healthcare accessibility and availability over time.

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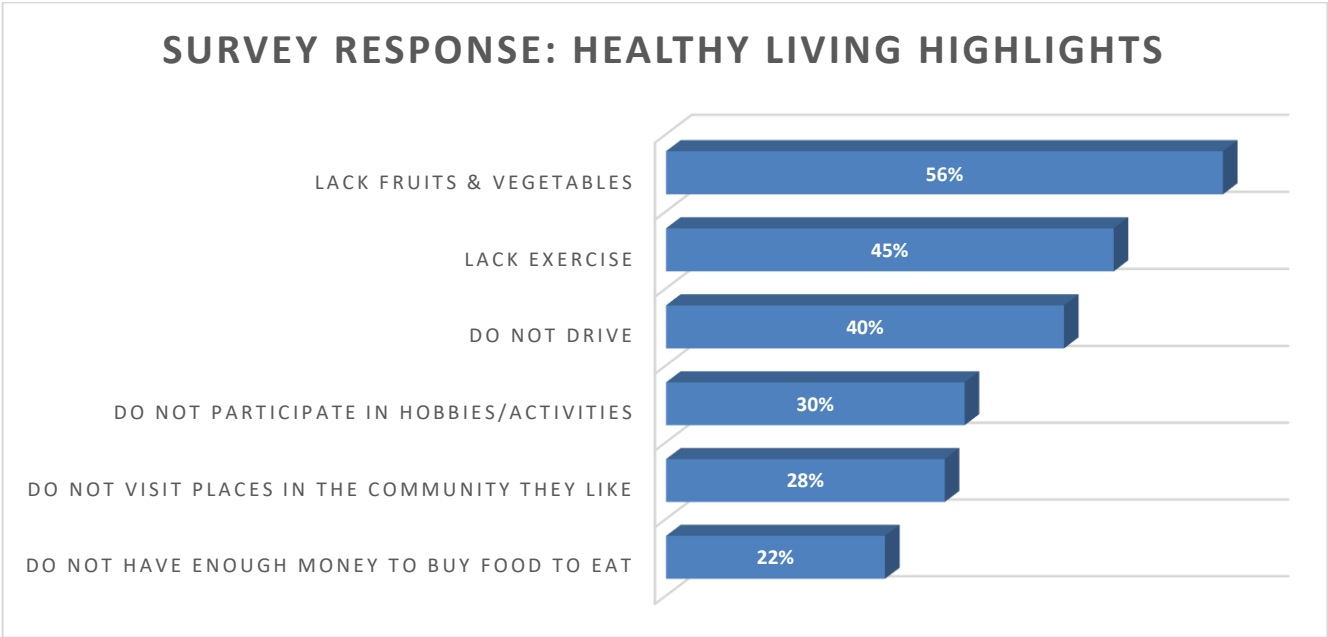
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Healthy Living

Survey Highlights

As consumers age, physical activity and healthy eating play a vital role in preventing chronic disease and improving health outcomes. In addition, participating in hobbies and enjoyable activities along with regular social interaction may help prevent depression and offset social isolation. Over half of all survey respondents do not eat enough fruits and vegetables. Forty-five percent of respondents reported not exercising

regularly. Forty percent of respondents reported not driving which could be a factor in not participating in hobbies, activities, or visiting places in the community they like.

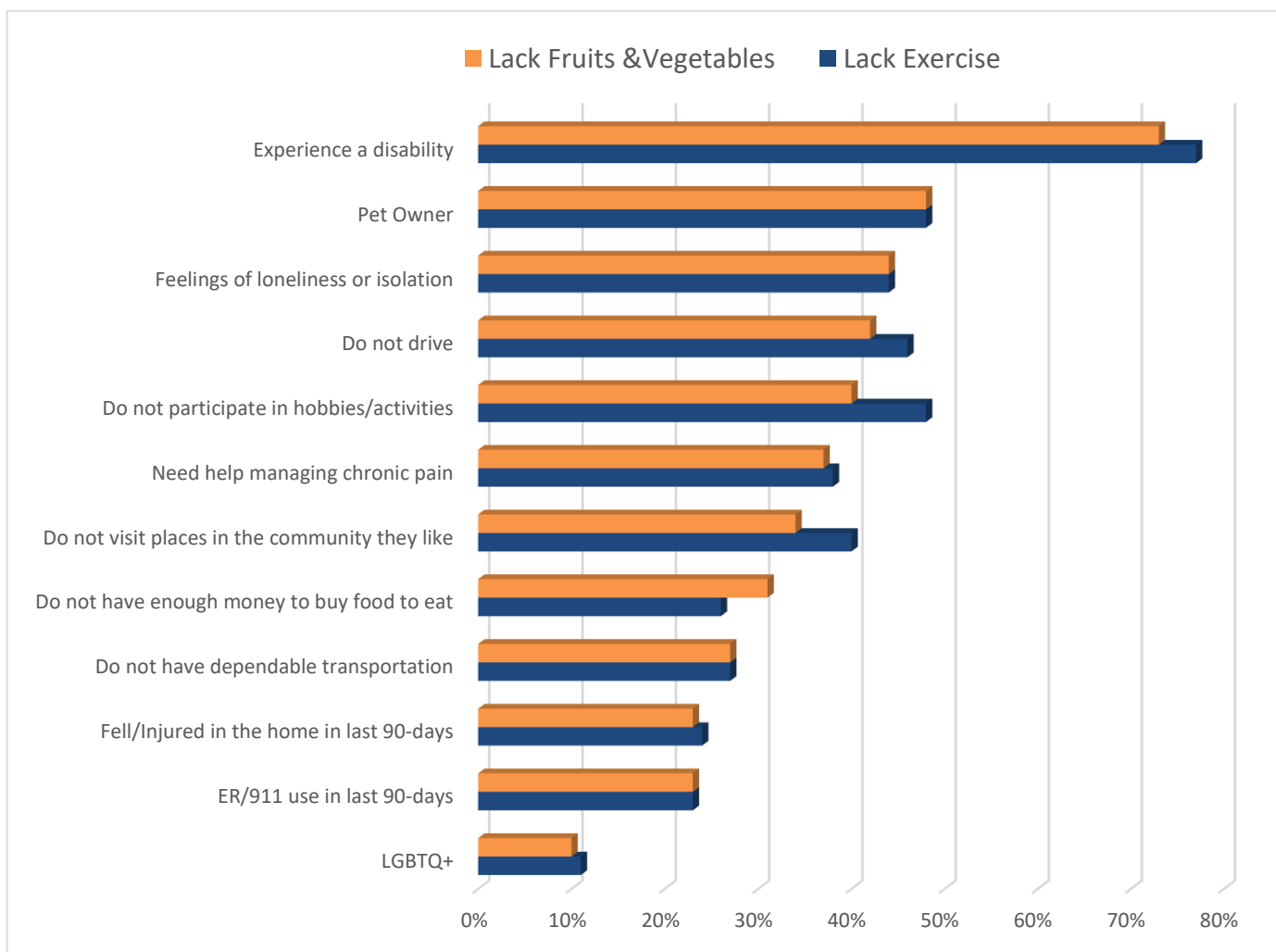


Closer Looks

The following Closer Look highlights certain key findings from the Community Needs Assessment Survey. These are areas that may require additional attention when evaluating future programming goals and services.

Closer Look: Lack of regular exercise, lack of fruit and vegetable consumption

Fifty-six percent of survey respondents reported not eating at least 3 servings of fruits and vegetables each day. The lack of exercise was close behind with only 45 percent of survey respondents reporting that they do not exercise 3 times a week for 30 minutes. With consumers not exercising or getting the needed nutrition, consumers are putting themselves at increased risk for health concerns. Respondents' income \$1041 or less reported 38 percent lacking exercise and 43 percent lacking fruits and vegetables.



Focus Group Results

The majority of the focus group participants indicated food affordability and access to food as major barriers and concerns. Many express that the amount of Supplemental Nutrition Assistance Program (SNAP/food stamps) aid they receive is not enough to cover all their food consumption needs. Consumers in rural areas indicate that local store options are more expensive than that of metro areas. Rural residents expressed the scarcity of food stores which lack affordable and nutritious food options. Extremely rural areas often have limited access to a variety grocery stores within reasonable driving distances, what food is available tends to be less nutritious, and more expensive. This means the money to purchase foods are being stretched even thinner. Food issues for the homeless include a lack of hot and nutritious meals due partially due to limited or no access to cooking and food storage options.

Additional Research: Healthy Oregon

According to the 2019 America's Health Rankings (AHR) Senior Report, Oregon's overall rank is 19th which Oregon was ranked 15th in 2018. Contributing to this ranking

is low prevalence of inactivity, high SNAP enrollment, and low percentage of intensive care unit (ICU) usage. The ranking report indicated that Oregon's challenges are low prevalence of arthritis management, high prevalence of excess drinking, and low community support expenditures. A significant highlight from the report was in over the past 3 years, mental health distress has increased 20 percent among adults ages 65 and older (AHR, 2019).

Additional Research: Loneliness and Isolation

Loneliness and isolation continue to be a growing concern among seniors and people with disabilities in the United States. Thirty-five percent of respondents from the Community Needs Assessment reported having feelings of loneliness and isolation. The National Poll on Healthy Aging found that about a third of seniors feel lonely, 34 percent lack companionship, and 27 percent felt isolated (Malani, Kullgren, and Solway, 2019). Bodies of research have connected loneliness and isolation to a range of health issues that could have a severe impact such as depression, anxiety and chronic health conditions.

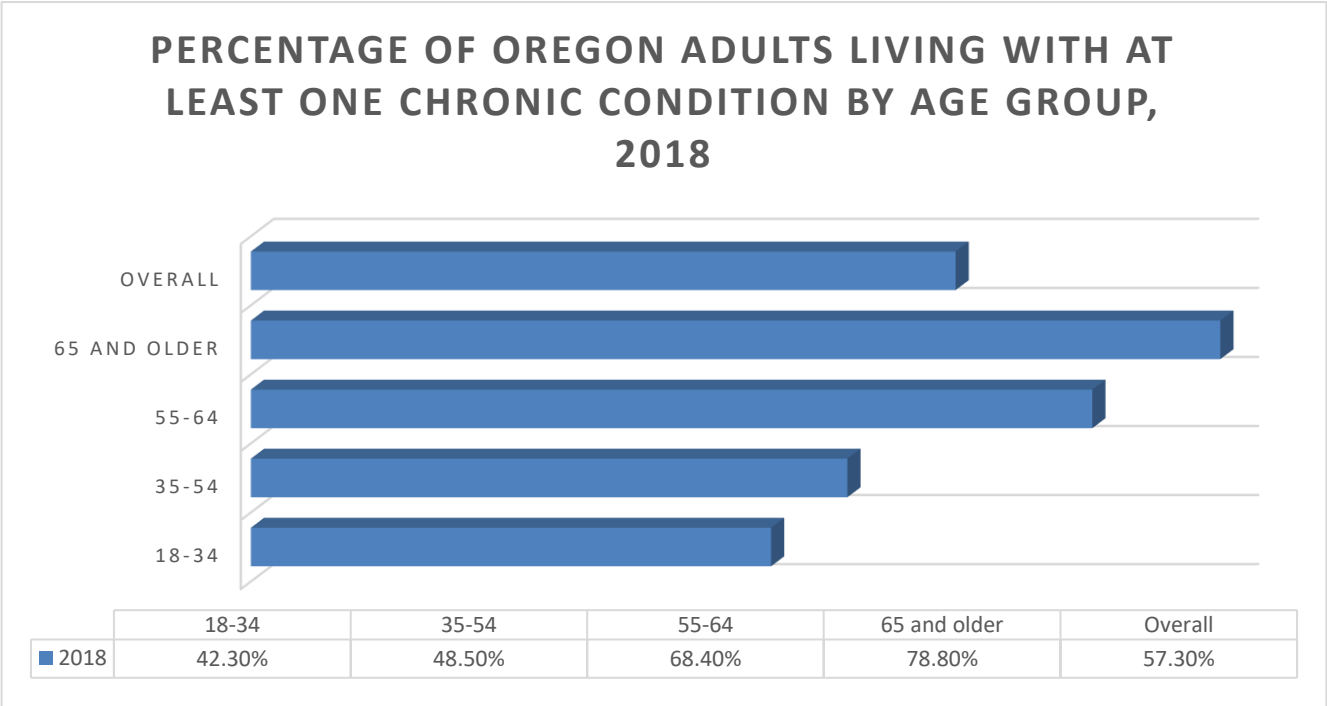
Additional Research: Chronic Disease

Chronic health conditions continue to be a major concern in Oregon and the nation. Ninety percent of the nation's \$3.5 trillion in annual health care spending are for people with chronic health and mental health conditions (CDC, 2017). Six in ten adults in the United States have a chronic disease and four in ten adults have two or more chronic health conditions (CDC, 2017). According to the Centers for Disease Control and Prevention Stats of the State of Oregon the top three leading causes of death:

1. Cancer- Cancer is the number one leading cause death among Oregonians. In 2017, 8,083 people died from cancer in Oregon. Each year more than 1.6 million people are diagnosed with cancer and almost 600,000 people die from it. The cost of cancer continues to rise and is estimated to cost \$174 billion by 2020 (WHO, 2018).
2. Heart Disease- Heart Disease is the second leading cause of deaths among Oregonians. In 2017, 6,942 deaths from heart disease or stroke were reported in Oregon. Each year more than 859,000 people die from heart disease and stroke. Heart disease and strokes cost the healthcare system \$199 billion per year (WHO, 2018).
3. Chronic Lower Respiratory Diseases- Chronic Lower Respiratory Diseases is the third leading cause of death among Oregonians claiming 2,088 reported death in 2017 (WHO, 2018).

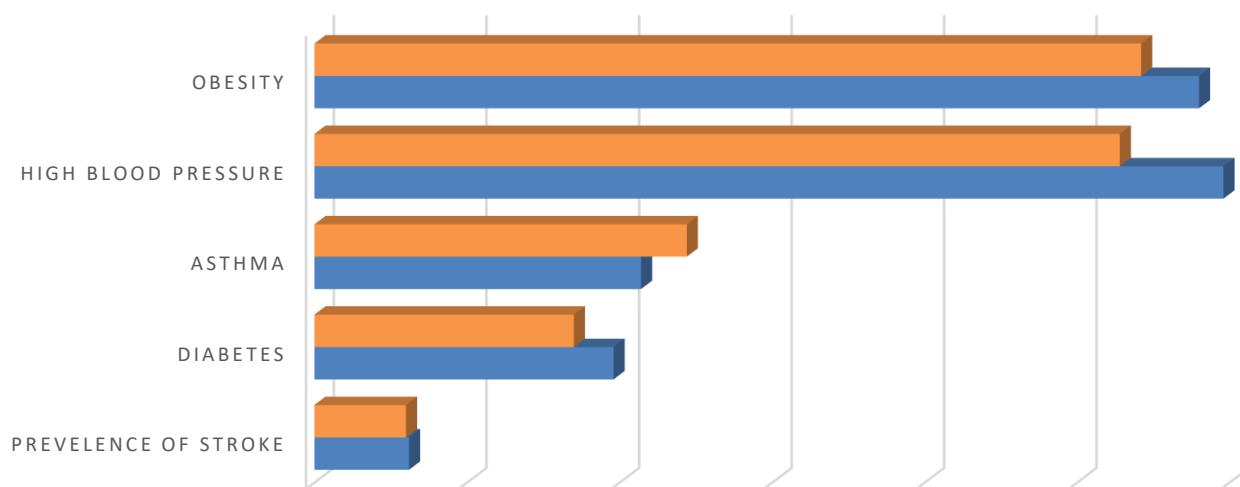
Risk factors for chronic health conditions include lack of regular exercise, high sodium and saturated fat intake, high blood pressure, smoking, lack of fruit and vegetable consumption, and excessive alcohol consumption.

According to 2018 Oregon Behavioral Risk Factors Surveillance System Adult Prevalence Data, Oregon adults experience having at least one chronic disease by age group:



Chronic conditions affect consumers 65 and older more than any other age group. This may be prevented or lessened by eating well, moving more, avoiding unhealthy behaviors, and regular health screenings. In addition, evidence-based health promotion and disease prevention programming, often offered by community organizations like S&DS, provide a way for the general public to obtain tools for healthy living and better health outcomes. The Lane County Health Department came out with their Community Health Status Assessment (CHSA) which compares Oregon and Lane County’s chronic disease percentages:

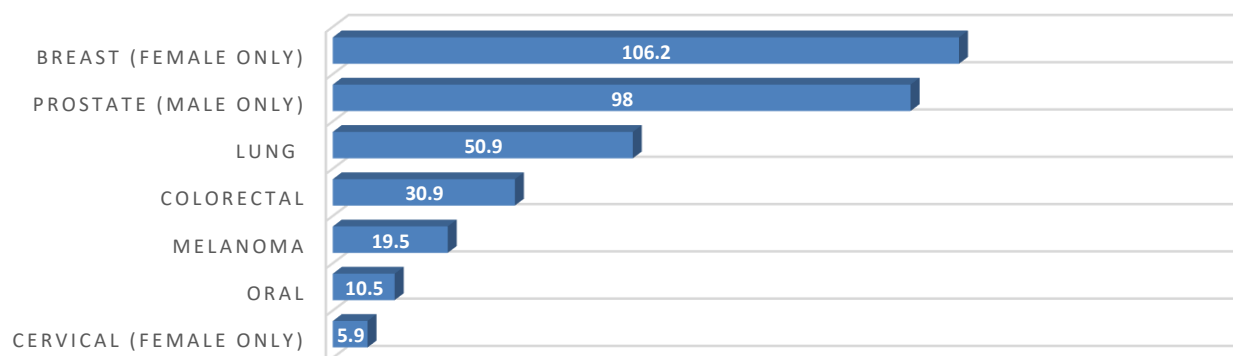
CHRONIC DISEASES: OREGON VS. LANE COUNTY PERCENTAGES



	Prevalence of Stroke	Diabetes	Asthma	High blood pressure	Obesity
Lane County	3%	9%	12%	26%	27%
Oregon	3%	10%	11%	30%	29%

The number one leading cause of United States and Oregon death is cancer. The CHSA reported on the types of cancers in Lane County per 100,000:

LANE COUNTY: CANER INDICENT BY TYPE 2011-2015



AGE ADJUSTED RATE PER 100,000

The United States continues to use resources on research and development regarding various types of cancers and continues to look for cures.

Additional Research: Chronic Pain

Approximately 30 percent of survey respondents reported they need help managing their chronic pain. Helping old adults properly manage their chronic pain is an important goal to help consumers maintain their independence by living in their community. Chronic pain management accounts for 80 percent of older adults nationwide. A third of Medicare Part D beneficiaries received an opioid prescription in 2016 (NCOA, 2020). Examples are chronic pain conditions are arthritis, diabetes, cancer, heart failure, fibromyalgia, surgeries, and joint repairs or placements (NCOA, 2020).

Through evidence-based physical activity and fall prevention programs can help consumers in the community by increasing physical activity and reducing their fears of falling. may help reduce the risk of developing chronic pain. S&DS offers a variety of evidence-based health promotion programing to minimize or eliminate these concerns. S&DS is currently offering Living Well with Chronic Pain, Living Well with Diabetes, and Living Well with Chronic Conditions. S&DS has a Walk with Ease program which promotes stretching, increased cardiovascular stamina, and physical activity.

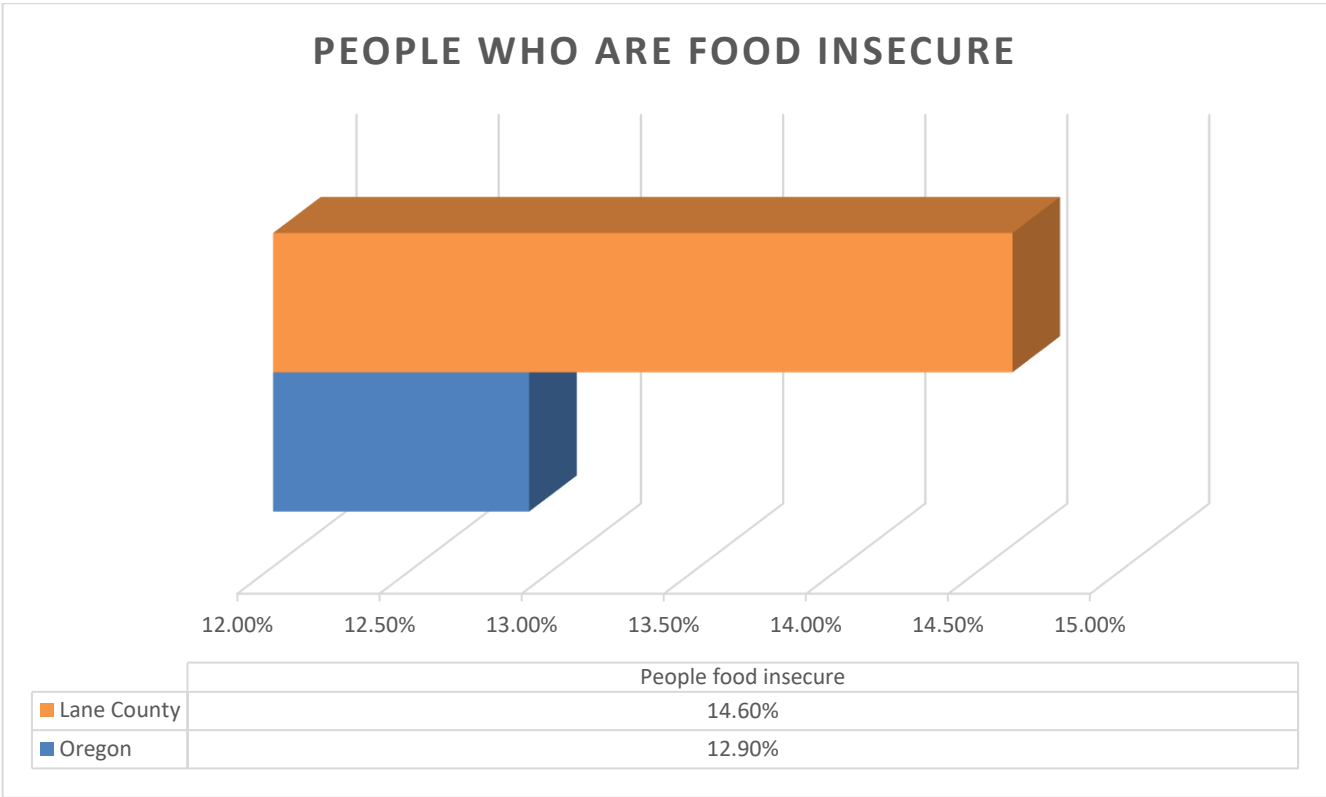
Additional Research: Falls Prevention

Older adults who are aged 65 and older suffer the greatest number of fatal falls (WHO, 2018). In the United States, 20 to 30 percent of people 65 years and older suffer moderate to severe injuries such as bruises, hip fractures, or hear trauma. More than 2.8 million older adults receive treatment in an emergency room annually which results in over 800,000 being hospitalized (NCOA, 2018). The average cost for a fall injury could cost over \$30,000 (NCOA, 2018). According to the World Health Organization, some risk factors of falls include age, occupation, substance or alcohol use, medication side effects, physical inactivity, loss of balance, unsafe environments, and cognitive and visual impairments. Almost 38 percent of survey respondents expressed that they do not have someone who check in with them regularly, 45 percent responded they do not get enough exercise, and 41 percent responded that they could use help improving their balance and strength. Improving regulatory check-in, exercise, and balance/strength could contribute to minimizing or eliminating falls each year.

Additional Research: Food Security

The state of Oregon ranks the 20th hungriest state in the United States (OHTF, 2019). The Oregon Hunger Task Force (OHTF) was created by the Oregon State Legislature to act as a recourse within government and as a statewide advocate for Oregonians who are hungry or at risk of hunger. OHTF focuses on food insecurity and hunger. Food security occurs when consistent access to adequate food is limited by a lack of money and other

resources at times. Hunger, very low food security, is food intake is reduced and normal eating patterns are disrupted. In Lane County, 24 percent of people reporting food insecurity do not qualify for federal nutrition assistance (OHTF, 2019). The chart below shows Lane County vs. Oregon regarding food insecurity:



The Older Americans Act (OAA) has been a significant piece of federal legislation that supports social and nutrition services to Americans who are 60 years and older (MOWA, 2017). According to a Meals on Wheels American (MOWA) publication in October 2019, Oregon Meals on Wheels (MOW) served over 2.4 million meals across Oregon to seniors (MOWA, 2019). MOW provides a hot meal and safety check by trained volunteers to homebound, socially isolated older adults. The senior population in Oregon makes up for 24 percent of the total population and of those seniors, 31 percent experience a disability (MOWA, 2019). In fiscal year 2018-2019, the MOWs program in Lane County delivered 188,871 meals to 1,460 older adults and adults with disabilities. Delivery of MOW in Eugene is through FOOD for Lane County; delivery of meals in Springfield and outlying communities is through S&DS. S&DS Café 60 congregate dining sites, located across Lane County, provide social outlets for many seniors along with nutritious noon-time meals. In fiscal year 2018-2019, these congregate dining sites provided 943 people with 66,259 meals (S&DS Senior Meals Program Data, 2019).

In Oregon, over 227,000 people have the income to be SNAP eligible but are not participating in SNAP (OHTF, 2019). In Lane County, the average monthly SNAP participants are over 72,000 people. In Lane County, 48 percent of people 65 and older are receiving SNAP, eligible for SNAP but are not participating, or receiving other federal food benefits (OHTF, 2019).

Meals on Wheels and SNAP programs along with other community food pantries, churches and community organizations help older adults and adults with disabilities in Lane County have increased food security, increasing access to daily nutritional needs, and boosting consumer chances for better health outcomes. Unfortunately, the current nutrition safety net does not fully meet the needs of older adults and adults with disabilities.

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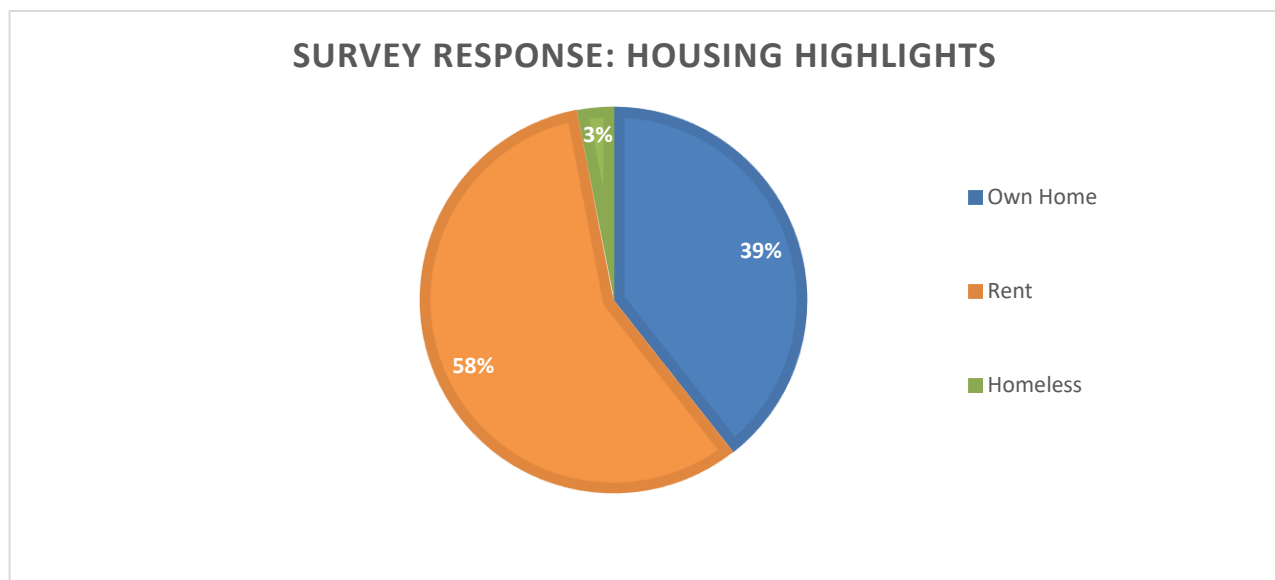
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Housing

Community Survey Highlights

The majority of survey respondents rent. Only 39 percent own their home and 3 percent are homeless. Five percent are raising grandchildren in their home. Among those identified as veterans, 20 percent own their home. Respondents who experience a disability, 51 percent own their home. Of those surveyed:



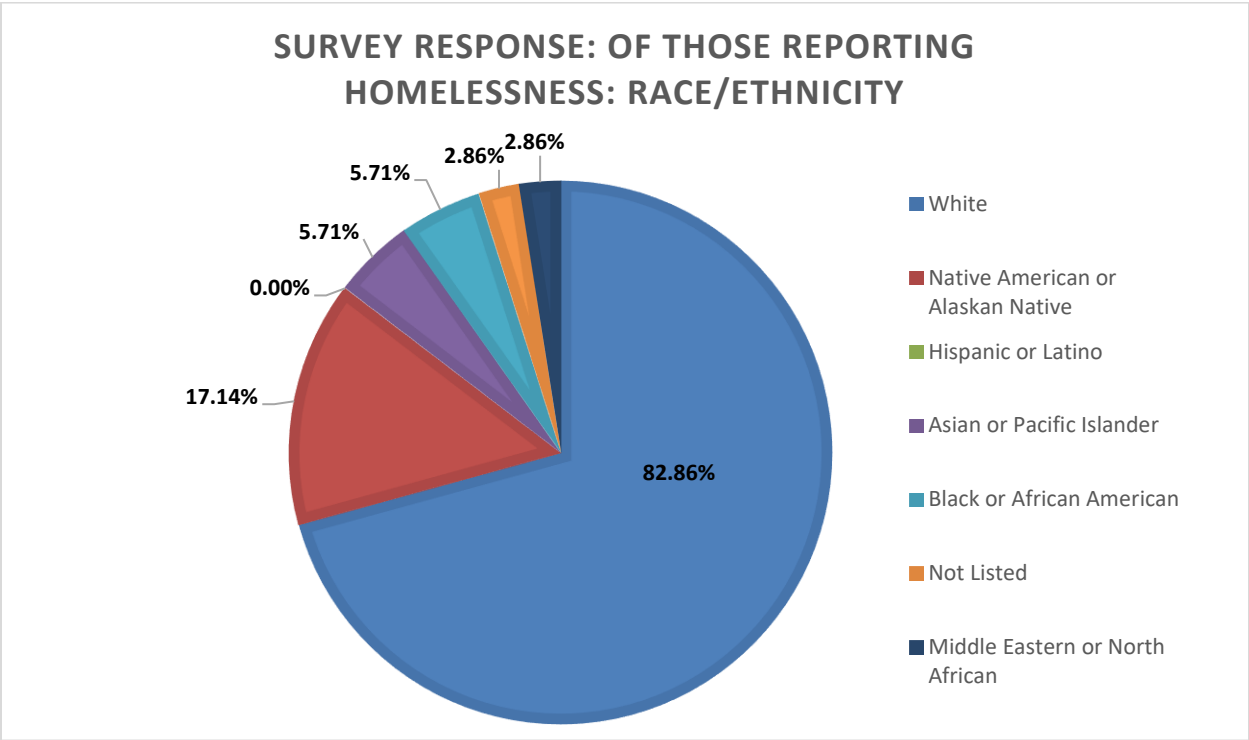
Closer Looks

The following Closer Looks highlight certain key findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Homelessness

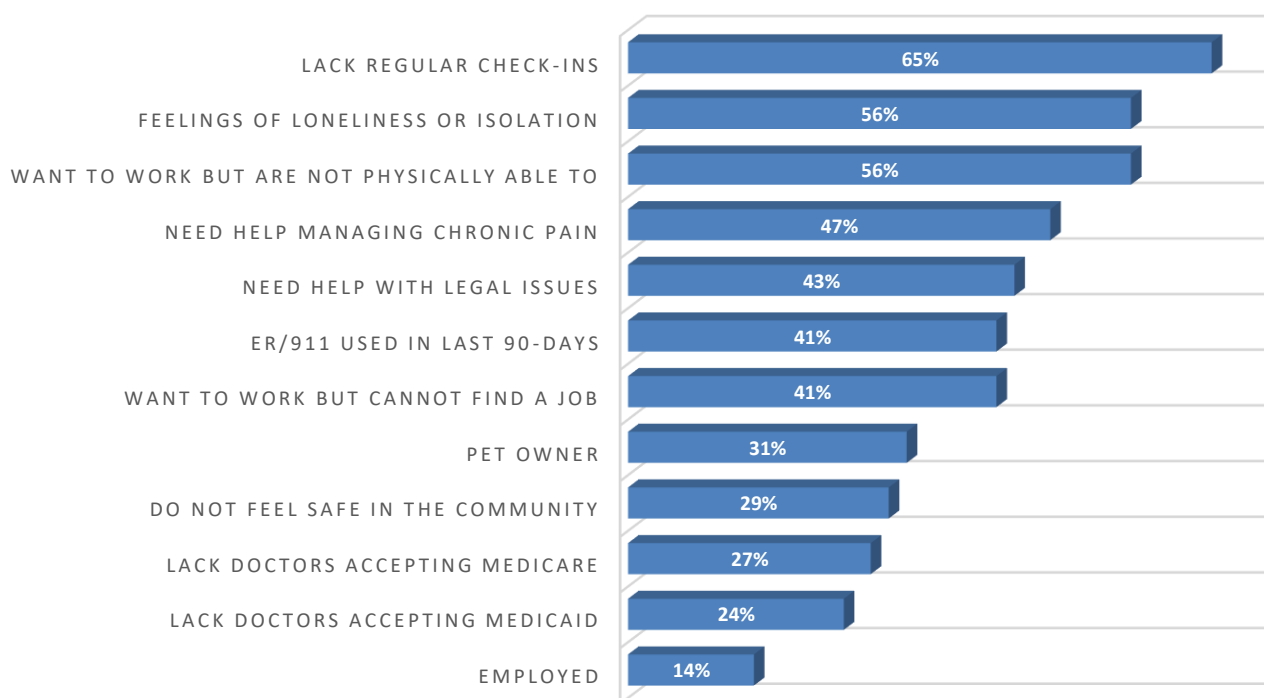
Homelessness has increasingly become a major public policy concern in the state of Oregon and specifically Lane County. The effects of long-term homelessness on older adults and adults with disabilities can be profound. About half of the homeless respondents answered an open-ended question about how long they had experienced homelessness:

- 73% have been homeless for one year or longer
- 13% had been homeless for over 10 years



Of those who reported they were homeless 82 percent experience a disability. The age range of those reporting homelessness was 19-82 years old with an average age of 49. The majority reporting being homeless are White and live in the Eugene-Springfield areas. Seventeen percent of Native American/Alaskan Native report being homeless.

SURVEY RESPONSE: REPORTING HOMELESSNESS



Homeless respondents are more likely to feel unsafe in their community than consumers who are housed. Forty-four percent have been victims of crime, fraud, or a scam in the last 6-months. Twenty-seven percent reporting that someone took financial advantage of them over the last 6-months. Homeless respondents report higher levels of exercise, but they lack fruits and vegetables. Seventy-seven percent of respondents reported not having enough money to buy food to eat. Homeless respondents are 21 percent more likely to have feelings of loneliness or isolation than consumers who are housed.

Focus Groups Results

Another major concern expressed by focus groups was a lack of affordable housing, accessibility to housing, and the costs associated with housing. Many individuals expressed concern about the rising costs of purchasing and renting housing. Extensive waitlists for subsidized housing and there not being enough subsidized housing were identified as local issues.

Additional Research

Housing Challenges

A report by the Jessie F. Richardson Foundation identified three key challenges faced by the growing number of older Oregonians, who wish to age in place: Cost, location and suitability (Kaiser & Wilson, 2018).

Cost of Housing

Using the standard utilized by the United States Census, the cost of housing is considered affordable when it equals no more than 30% of household income, including expenditures for utilities. Households devoting more than 30% of their income towards housing costs are considered to have a “housing cost burden.” Those with more than 50% of their income devoted towards housing are considered to have a “severe housing cost burden.” This does not take into account differences in circumstance, such as overall household income, number of household members, or unique financial burdens such as medical conditions or childcare. Adults who are housing cost-burdened are highly impacted by unforeseen financial needs and emergencies, and at an higher risk for becoming homeless.

According to the 2013-2017 American Community Survey five-year estimates, the median household income in Lane County is \$47, 710. In Lane County, 54 percent rent and almost 30 percent own their homes who are age 65 and older.

Adults with disabilities who rely on fixed incomes such as the Federal Supplemental Security Income (SSI) are among those with the lowest levels of household income. SSI is a fixed monthly payment available to persons with limited income or resources, who are blind, disabled, or over the age of 65. In 2019, the maximum monthly federal SSI payment for an eligible individual was \$771, and the Fair Market Rent (FMR) for a one-bedroom unit in Lane County was \$780. FMR determines the maximum rent limit for participants in the Housing Choice Voucher Program, or Section 8 program, which provides rental assistance to low-income families through the private rental market (Homes for Good, 2019).

Location of Housing

Due in large part to accessing transportation, proximity to places of employment, commerce, recreation and medical care is instrumental in allowing older adults to remain independent and involved participants in their community.

The rural population of Lane county is aging faster than the population in the metro areas. Across Oregon, it is predicted that within the next 10 years, 30 percent of the rural population and 20 percent of the suburban population will be ages 65 and older (Kaiser & Wilson, 2018). Neither rural or suburban areas have the amenities or infrastructure to support the independent lives of aging adults who do not drive.

Suitability of Housing

The physical characteristics of housing are important to the quality of life experienced by older adults and those with disabilities. Universal design is the principle that remains the sustainable and crucial piece to assist with consumers with living independent lives

(National Association of Area Agencies on Aging, 2018). The three basic universal design features are no-step entries, single floor homes, hallways and doors wide enough for the comfortable passage of wheelchairs. Less than 10 percent of householders age 65+ live in homes with those three features (National Association of Area Agencies on Aging, 2018). Many older adults find that they cannot afford the home modifications. Property management and private rents make it increasingly difficult to make modifications to their rental units. This makes finding and affording suitable housing particularly difficult for adults with low and fixed incomes.

Housing in Lane County

Home for Good, formerly Housing and Community Services Agency (HASCA), is Lane County's Public Housing Agency (PHA). Homes for Good serves as affordable housing advocates, housing specialists, property manager and developers. Homes for Good offers resources such as financial counseling, weatherization services, and maintenance support. Eligibility for public housing units is determined by income, disability, and age. Seniors and people with disabilities can find one and two-bedroom unit in Eugene, Springfield, Junction City, Veneta, Cottage Grove, Creswell, and Florence, while families of two or more people can find two, three and four bedroom units in Eugene, Springfield, Veneta and Florence (Homes for Good, 2019). The income limits determining eligibility are based on the area median income (AMI), the number of people in the household and the type of housing in question, and at many public housing properties, the rent is adjusted so the tenant is paying 30% of their allowable gross income toward rent and utilities.

Homes for Good is required to develop 5-Year and Annual PHA Plans that detail the agency's mission, goals, objectives and progress. The most recent plan is the combined Annual Plan for Fiscal Year 2020 and 5-Year Plan for Fiscal Years 2020-2025.

According to their reports in 2019, Homes for Good:

- Has 3,346 housing subsidies through their Rent Assistance Division
- Has 864 public and assisted housing units, of which 150 are affordable units designed for people with special needs and 124 are funded by Rural Development
- Has completed rehabilitation of 32 units in the previous year
- Will start construction on 218 units in four developments in 2019, with an expected completion date in 2020, and the goal of 300 new affordable housing units over five years
- Has 164 participants in the Family Self-Sufficiency Program, four of whom bought houses in the previous year

(Homes for Good Housing Agency, 2019)

Housing Legislation

Housing Bill 2001, passed during 2019 Oregon legislative session, allows for the constructions of duplexes in single family dwelling land zones in cities with population greater than 10,000, and middle housing (duplexes, triplexes, quadplexes, cottage clusters and townhouses) in cities with a population greater than 25,000 (Oregon State Legislature, 2019). According to Lane County population projections the cities with populations greater than 25,000 are Eugene and Springfield, and the cities with populations greater than 10,000 are Cottage Grove and Florence.

Homelessness

Lane County conducts the one-night Homeless Point in Time (PIT) Count every year within the last ten days of January. This survey “includes a count of the unsheltered and sheltered population of people experiencing homelessness, as well as a Housing Inventory Count (HIC) which is a point in time look at Continuum of Care beds and units dedicated to people experiencing homelessness” (Lane County, 2019). The 2019 PIT count found 2,165 people experiencing homelessness which is a 32 percent increase from the previous year.

Nationally, the homeless population is aging more rapidly than the general population, with 31 percent of the homeless population being people age 50 and older (National Association of Area Agencies on Aging, 2018). The reasons for the aging homeless population vary. There are those who are chronically homeless, and have aged while homeless, while others became homeless due to issues such as a lack of affordable housing, unemployment, substance abuse, and behavioral health problems (National Association of Area Agencies on Aging, 2018).

Older adults who are homeless are more likely to experience medical problems and chronic illnesses that may have gone untreated. The health of homeless older adults and adults with disabilities may be compromised by poor nutrition, exposure to the elements, violence and injury. Due to the poor health and chronic conditions, homeless adults are high utilizers of emergency medical services (National Association of Area Agencies on Aging, 2018).

A stable living environment is critical to addressing health issues. Emergency shelter systems are especially harsh for older adults and adults with disabilities. Most shelters do not take into consideration the physical limitations or multiple medical conditions these populations may face. Many shelters provide only a one- night stay, and do not allow for adequate hygiene and self-care.

In 2019, Lane County’s overall housing inventory for people who are homeless or formerly homeless was 1,579 beds, with 723 Permanent Supportive Housing beds (Lane

County, 2019). Egan Warming Center offers 300 beds and is open when temperatures are below 30 degrees Fahrenheit between November 15th and March 31st (Lane County, 2017). Over the 2018-2019 winter, which included the February 2019 winter storm, Egan was open 22 nights and served 1,537 people.

With worsening summertime conditions due to wildfires in and around the county, and an increase in the number of days with poor, potentially risky air quality, cities in Lane County have made an effort to promote “clean air spaces,” such as libraries churches and community centers (Bull, 2018). These places are open to the public during regular operating hours, but the homeless population is still at risk when these public spaces close.

The Technical Assistance Collaborative Inc. (TAC) conducted a public shelter feasibility study in Lane County in March 2018 in order to analyze Lane County’s crisis response system, identify the problem areas, and provide recommendations to the county. The TAC provided ten recommendations, including the development of a new year-round, low-barrier emergency shelter (Technical Assistance Collaborative, 2019). However, research show that while increasing emergency shelter works to address the immediate homeless crisis, long term solutions require systematic community training and cooperation to develop and implement best practices and strategies.

An additional barrier for those looking for permanent housing is obtaining a stable income source. Homeless adults may be eligible for benefits and federal income sources such as Medicaid, Medicare, Social Security, Supplemental Security Income or Veteran’s Benefits. Individuals often have trouble navigating the bureaucracies and complicated systems. Lacking permanent housing, a fixed mailing address, and inconsistent phone numbers can lead to difficulty obtaining the benefits they should be entitled to.

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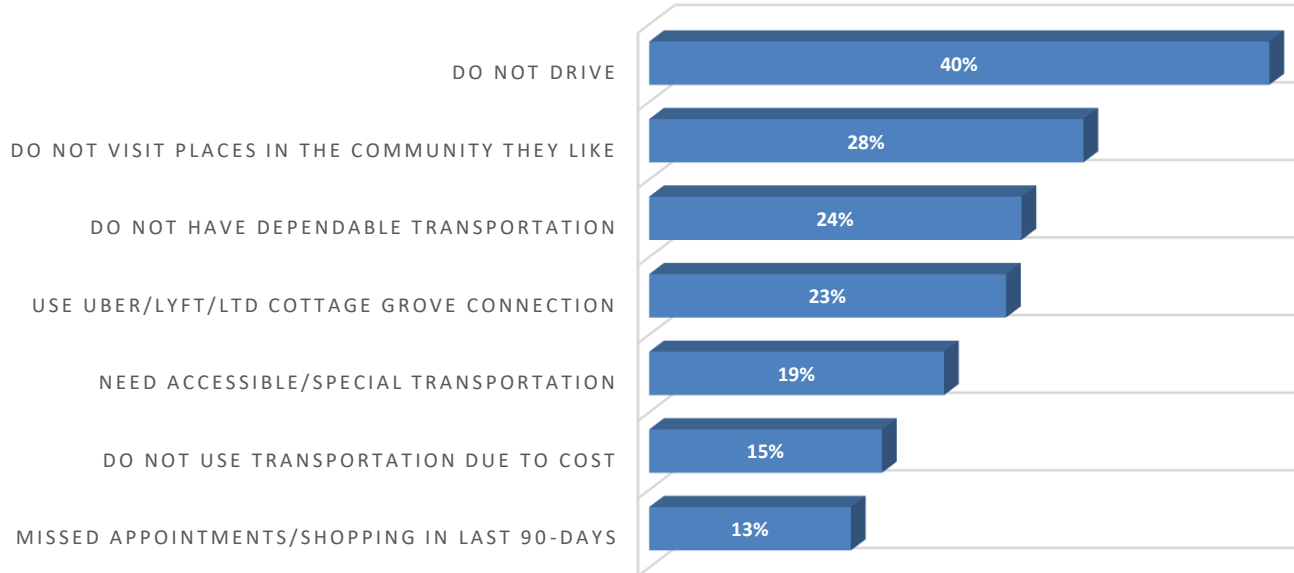
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Transportation

Community Survey Highlights

While Lane County is fortunate to have an industry leading, award winning public transportation system, there are still opportunities for service and accessibility disparities for some individuals, such as those living in remote rural communities and those in need of special transportation options who cannot use traditional public transport. The Community Needs Assessment Survey respondents report the following:

SURVEY RESPONSE: TRANSPORTATION HIGHLIGHTS



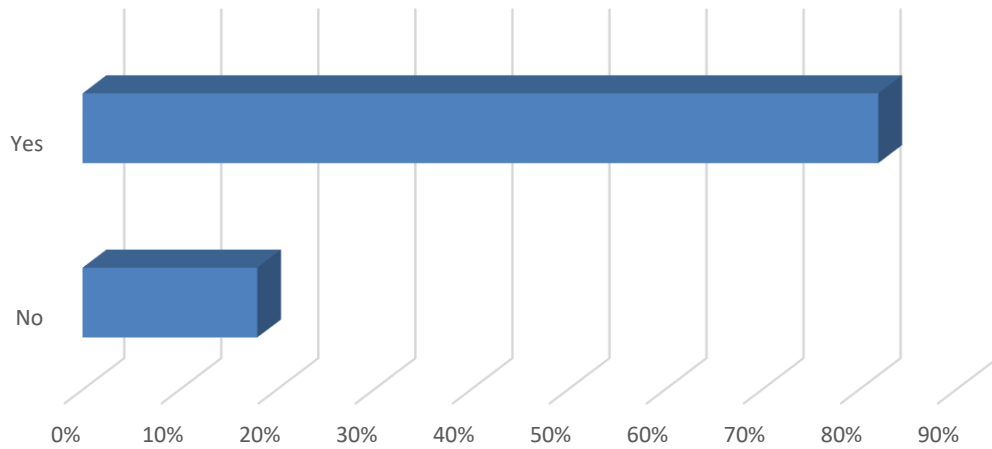
Closer Looks

The following Closer Looks highlight certain key findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Does not drive

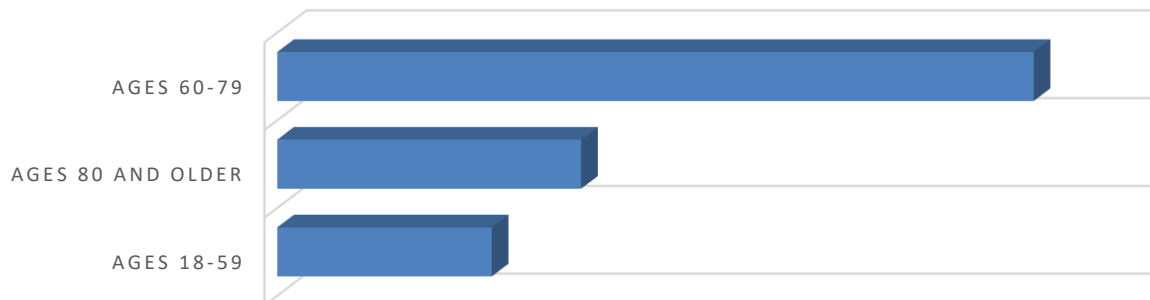
Forty percent of respondents do not drive which means consumers depend on other means of transportation for doctor visits, recreation and other activities that occur outside the home. Of those surveyed reporting they do not drive:

Survey Response: Experience a disability and do not drive



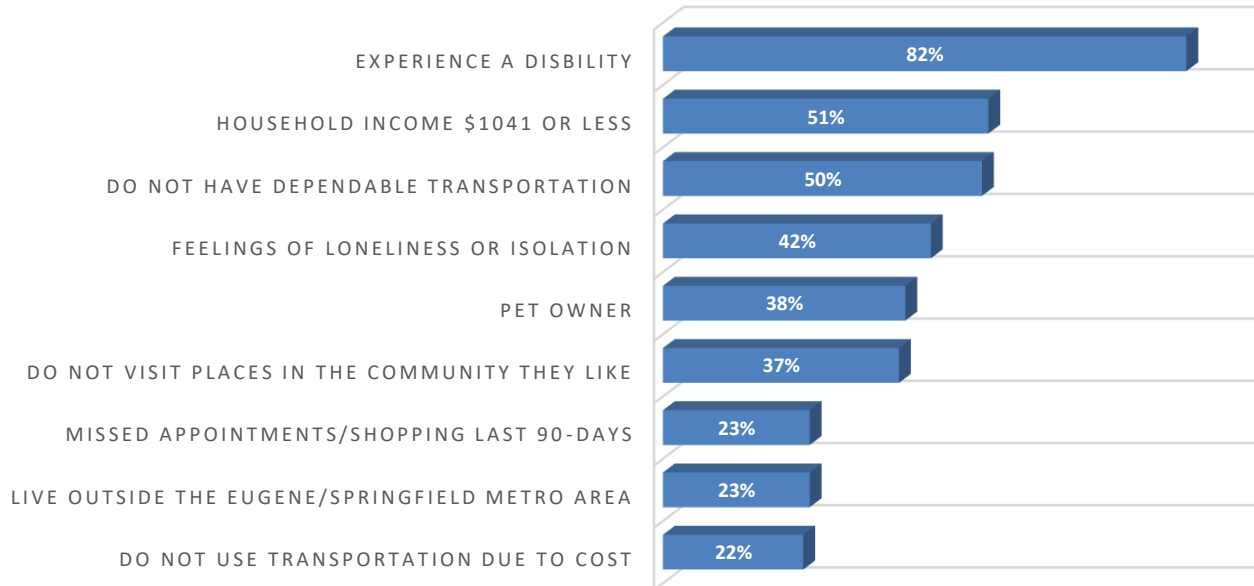
	No	Yes
■ Response Percent	18%	82%

AS % OF THEIR AGE GROUP: THOSE THAT DO NOT DRIVE



	Ages 18-59	Ages 80 and older	Ages 60-79
■ Response Percent	15%	21%	53%

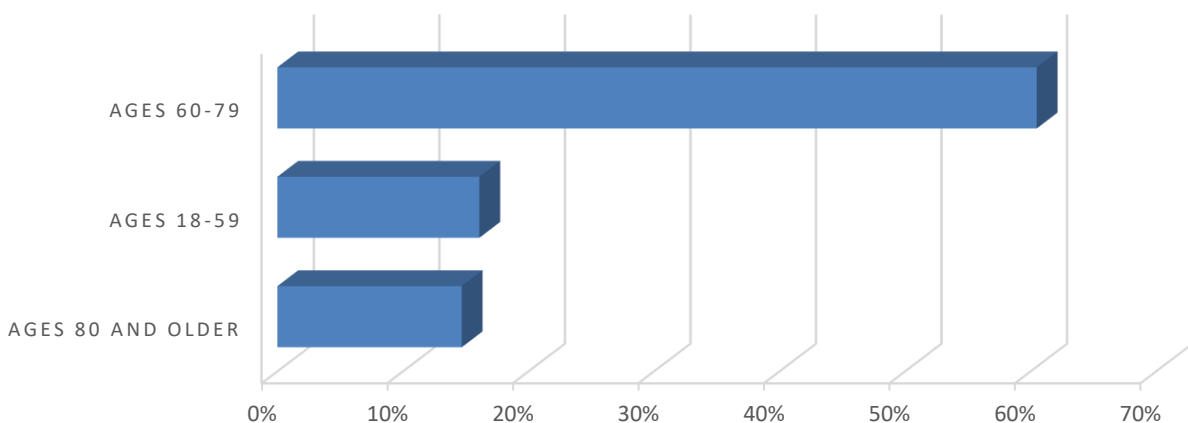
SURVEY RESPONSE: DO NOT DRIVE



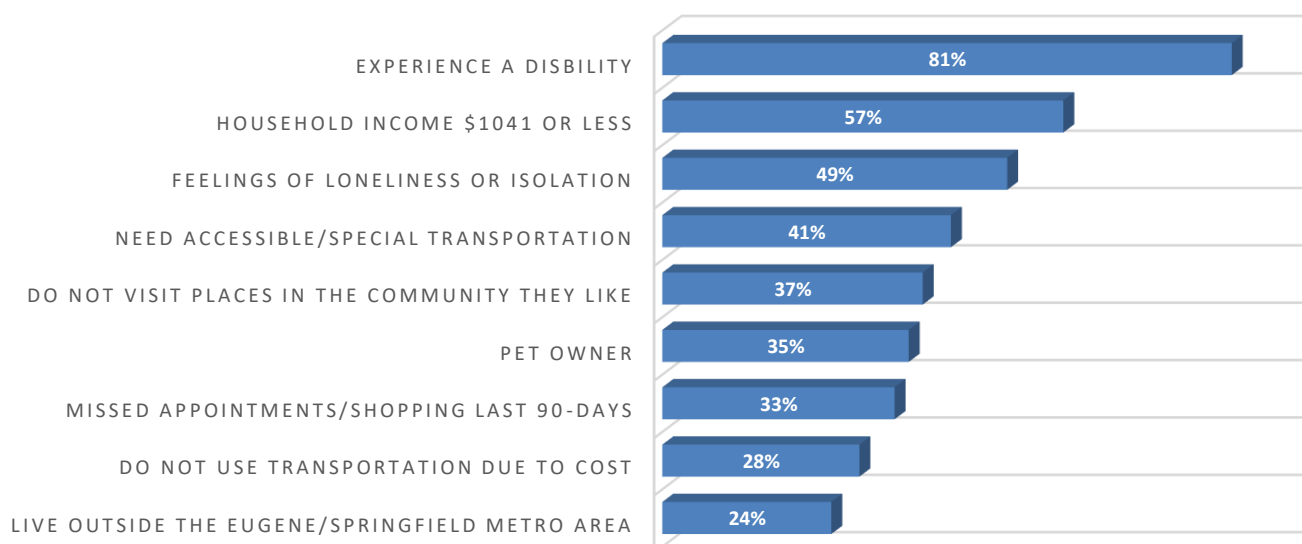
Closer Look: Lack of dependable transportation

One in four survey respondents lack dependable transportation, so even if they can drive or have other transportation options, those options are limited or unreliable. Of those surveyed reporting lack of dependable transportation:

AS % OF THEIR AGE GROUP: THOSE THAT LACK DEPENDABLE TRANSPORTATION



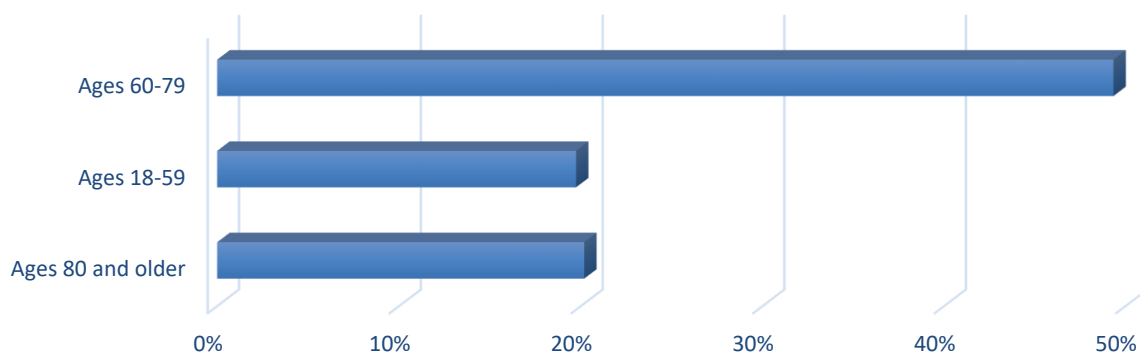
SURVEY RESPONSE: DO NOT HAVE DEPENDABLE TRANSPORTATION



Closer Look: Accessible/Special transportation needs

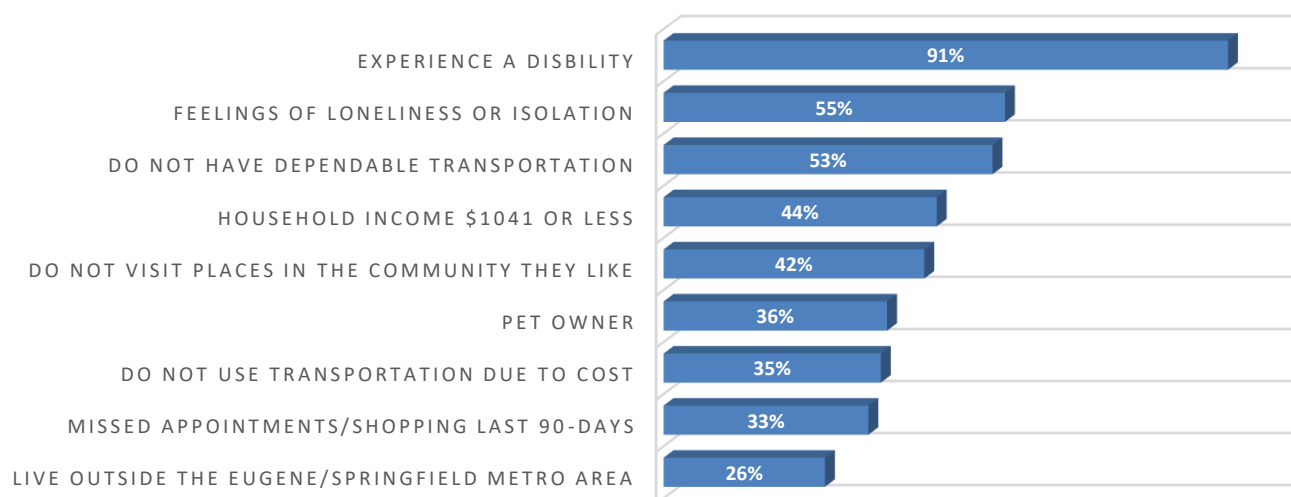
One in five survey respondents report needing accessible or special transportation. For these individuals, traditional buses and transportation options may not meet their needs. They may need specialized vehicles, curbside transit at their home, or door-through-door assistance. Of those surveyed reporting the need for accessible or special transportation:

As % of Their Age Group: Need Accessible Transportation



	Ages 80 and older	Ages 18-59	Ages 60-79
■ Response Percent	20%	20%	49%

SURVEY RESPONSE: NEED ACCESSIBLE/SPECIAL TRANSPORTATION



For consumers with barriers to transportation, the need for in-home care services is greater than that of the general survey population. They are more likely to have very low income, less than the Federal Poverty Level. The next chart illustrates the need for in-home assistance compared to the general survey population and those reporting transportation needs.

In-Home Assistance Needs based on Transportation	General Survey Population	Needs Accessible / Special Transportation	Does not Drive	Lack of Dependable Transportation
Needs assistance preparing meals	23%	55%	41%	32%
Needs assistance doing basic household chores	36%	71%	55%	46%
Needs assistance doing yard or heavy/intense housework	45%	67%	52%	41%
Needs assistance with personal care	16%	44%	31%	20%

Focus Group Results

A great need emphasized by focus group participants was the need for accessible and affordable transportation. A group expressed the need for more regular stops that are not far from their homes. Other frustrations expressed were that consumers cannot walk

from their homes to the bus stops. For example, a bus stop was on the opposite side of the road in which the consumer lived. This caused the consumer to have to walk down to the streetlight, cross the road, and walk to the bus stop. This could be viewed as a safety concern. For individuals needing side-by-side assistance, entering a vehicle, such as a bus, cannot be accomplished alone. This limits consumers ability to access public transit. The focus groups also wanted more access to Ride Source.

Consumers expressed their needs for more affordable transportation options. Most consumers are on a fixed income and cannot always afford a taxi or ride share option to take them to their appointments or shopping when public transit is unavailable.

A concern expressed in the rural areas is the need to get to urban areas to complete appointments and shopping. Bus stops and times are limited. Many bus routes are unavailable on weekends have limited operational times during weekdays. Some areas have only a few routes per day. The lack of a variety of public transit availability options poses a barrier and may decrease quality of life for those with medical appointments, jobs, activities at local community centers, and other time sensitive needs.

Additional Research

Transportation Concerns

Transportation systems shape cities, communities, and lives. The structure, availability and accessibility of transportation plays a vital role in allowing people to access places of employment, community resources, medical care, social engagements and recreational opportunities. Due to reduced driving capabilities, adults age 60 and over and adults with disabilities often have less access to transportation than other population groups. Transportation options are further limited among adults living in rural areas.

According to “Travel Patterns of American Adults with Disabilities,” a 2018 federal issue brief:

- 13.4 Americans ages 18-64 and 11.2 million age 65 and older “have self-reported travel-limiting disabilities” (Brumbaugh, 2018).
- 3.6 million Americans with travel-limiting disabilities do not leave their homes as they experience a disability or are housebound (Brumbaugh, 2018).

According to the 2013-2017 American Community Survey five-year estimates, in Lane County:

- 16.8% of the entire population, 26.8% of adults ages 65-74, and 53.8% of adults ages 75 and older experience a disability (American Community Survey, 2017).

- Of the adults older than 65, 17.9% have a hearing difficulty, 6.4% have a vision difficulty, 10.1% have a cognitive difficulty, 25.4% have an ambulatory difficulty, 9.0% have a self-care difficulty, and 14.4% have an independent living difficulty (American Community Survey, 2017), all of which may impact the ability to use and access various transportation options

The first/last mile gap describes the distance a person has to travel to and from their destination or origin in order to access public transportation. This gap is especially relevant and problematic for people with mobility related challenges or disabilities. Access to adequate transportation can be a determining factor in allowing older adults to continue living at home. The most effective form of transportation for adults experiencing mobility challenges is door-to-door, mobility on demand. Unfortunately, such services are either limited in availability or can be costly to use regularly.

Rural Transportation

Nationally and in Oregon, the rural and suburban populations are aging more rapidly than urban populations. In Oregon, two thirds of the older adults in metro areas live in the suburbs (Kaiser & Wilson, 2018). Of that population, the number of adults age 65-74 is expected to double in the next twenty years, with one in five adults age 85 and older living in the suburbs; similarly, the population of adults age 65 and older in rural Oregon is expected to increase to 30 percent (Kaiser & Wilson, 2018). However, the transportation infrastructure in these locations does not reflect the needs of the changing demographic.

Older adults in rural areas face a variety of challenges due to a variety of geographic, population-based and structural factors: They often have less than ideal road and telecommunications infrastructure; need to travel long distances to access local services; and have a lower demand for services due to the low population density, a smaller tax-base to fund services, limited service availability and coordination between systems, and a lack of public access to transit service information (Broderick, 2018). Lack of adequate transportation in rural areas can lead to mobility-challenged adults delaying and being unable to travel to medical appointments and becoming isolated due to the difficulty of creating and maintaining social and community connections.

Transportation Design

In 2017, a team from the University of Oregon funded by the National Institute for Transportation and Communities conducted a study of public transportation design in Eugene in order to “increase understanding of the obstacles faced by people with impairments in vision, hearing and/or mobility, which are common issues for older people, and generate physical product solutions” (Faste & Muenchinger, 2017). This

study found that the three categories of problems older riders faced are: Conceptual challenges, physical barriers, and social complications. Some of the solutions students came up with include “walkers that don’t block the aisle,... self-latching wheelchairs,... [and] digital seats that lock and unlock to reserve space for senior citizens at peak hours” (Faste & Muenchinger, 2017).

Pedestrian Mobility

Seniors and adults with disabilities traveling without a vehicle (walking or with a mobility assistance device), or to and from a vehicle, are greatly dependent on the condition of pedestrian facilities such as sidewalks, street crossings, curb ramps, outdoor stairs and ramps, building and transit entrances, bus stops and driveways (Li, Hsu, & Fernie, 2013). This problem is exacerbated by winter conditions that leave ice coating sidewalks and water pooling at street crossings and curb ramps.

In 2016, Disability Rights Oregon and the Association of Oregon Centers for Independent Living litigated and reached a settlement with the Oregon Department of Transportation (ODOT) regarding the inadequate number and condition of curb ramps compliant with Americans with Disabilities Act (ADA) standards (Botkin, 2019). Audits performed after the lawsuit have found that Oregon has 27, 334 sidewalk ramps that need repair, and 4,403 locations that need ramps built—work that is estimated to take 13 years (Botkin, 2019).

The integration of technology in methods, access and use of transportation is becoming increasingly widespread and creative. People use the internet and mobile phone applications to create accounts and use the services of transportation organizations, both public and private. E-commerce, online shopping and food delivery are useful tools for people that find the traditional shopping experience challenging. With the amount of research being conducted regarding the construction and implications of autonomous vehicles, it is impossible to deny their future existence, though the shape and effects of that existence are unknown.

Types of Transportation

While driving is an integral part of the transportation system there are a multitude of other options available. Some of these modes of transportation, such as public buses, have been around for decades, while others are evolving and being made available with the development of new technologies.

Public Transportation

All of the buses on Lane Transit District (LTD)’s 37 routes are accessible for people using mobility devices such as wheelchairs and walkers (Lane Transit District). LTD’s RideSource program is operated by Medical Transportation Management, Inc. Medicaid

consumers can have their RideSource rides paid for by their CCO. As the county's non-emergency medical transportation (NEMT) provider, RideSource offers origin-to-destination transportation for older adults, people with disabilities and people eligible for transportation benefits through the OHP. RideSource transportation is scheduled in advance by phone call (there is no same day assistance) and is available within the Eugene-Springfield metropolitan area, Monday through Friday 8am to 5pm and weekends 11am to 5 pm (Lane Transit District). LTD offers half-fare pricing for passengers with disabilities, free rides for those over the age of 65 and single RideSource trips for \$3.50, the same as the cost of a day pass for an adult (Lane Transit District).

LinkLane is an LCOG transit service which began operation on February 19, 2020. LinkLane operated seven days a week with two roundtrips per day. These round trips begin in Eugene and end in Florence. The cost for a one-way ticket between Eugene and Florence is \$5. Transportation fare between Florence and Mapleton is \$1. At this time LinkLane is only accepting cash for fare. LinkLane is a fully accessible vehicle, bicycles are welcome, and there is no restroom.

LTD is in the process of attempting and evaluating several new experimental "pilot" programs, including the Service Animal Paw Print Program, the Cottage Grove Mobility on Demand (MOD) Connector shuttle, the downtown Eugene MOD service, and the TouchPass fare system.

The Paw Print program offers passengers a sticker to place on their rider card to indicate that they have discussed the status of their service animal with an LTD employee, which helps create a consistent experience for service animal handlers and reduces boarding times (Lane Transit District, 2019). In 2018, 122 riders and 197 drivers reported overall satisfaction rates of 92 percent and 80 percent respectively (Lane Transit District, 2019).

The Cottage Grove Connector is a one-year pilot program launched in January 2019 and operated by South lane Wheels. The Connector offers origin to destination service, accessed through a mobile application, phone dispatch or online account, for \$1 (Lane Transit District: Board of Directors, 2019). Ruth Linoz , Executive Director of South Lane Wheels, Inc. reported at the April 2019 LTD Comprehensive and Accessible Transportation Committee Meeting that after three months of service, rides had gone up from 30 to 85 people per day, with an average wait time of 10 minutes (Lane Transit District: Board of Directors, 2019). Linoz identified several issues with the program: The people who are most in need of MOD services often have problems using or accessing mobile apps; cell service is not reliable in rural areas; and there might be problems integrating the Cottage Grove MOD fare collection with the new fare methods LTD is experimenting with.

The downtown Eugene MOD program, a one-year pilot launched in August 2019, will offer four small electric vehicles that will pick-up and drop-off people between fixed points. The service will be free and accessed through the ‘TransLoc’ mobile application (Lane Transit District: Board of Directors, 2019).

LTD launched the TouchPass electronic fare system in August 2019. Once riders have created an account on the free TouchPass mobile app, or purchased a plastic reusable fare card for \$3 (the card does not require registration, though it is recommended in order to allow for deactivation if the card is stolen or lost), riders can use either to load monthly bus passes or store monetary value that can be used to pay as they go (Lane Transit District, 2019). Riders can purchase bus passes and load bus fare onto their accounts via online payments if they are registered, through TouchPass, or in person at LTD Customer Service and LTD retail locations. LTD has mounted scanning devices on all buses except for EmX vehicles; riders will scan a QR code on their app or tap their physical card in order to provide proof of a monthly pass or purchase a day pass. The automation of transit fare allows for fare purchases to be tracked—this not only gives LTD an accurate picture of transit use, but it allows for fare capping.

Fare capping tracks the number of day passes a rider has purchased in a month, then stops charging that rider for any trips the rest of the month once the value of day passes purchased equals the value of a monthly bus pass. Fare capping is advantageous for people who cannot afford to pay the lump sum of a monthly pass, and then end up paying more over the course of the month in day passes. In addition to the advantages of fare capping, electronic fare systems make the purchase of bus fare more convenient and speed up boarding time. There are several concerns of equity and accessibility to be considered. The population of riders dependent on transit for transportation is less likely than the general population to have access to or use a smart phone, the internet, or online banking.

Private Transportation

In July 2019, ODOT launched Get There, a web-based carpooling tool that uses a provided origin and destination to allow people to plan and share rides, get information about vanpools, and get directions for transit, biking and walking (KTVZ.COM, 2019). Carpooling enables people share in the cost of travel and reduces their individual vehicle miles traveled and carbon footprints.

Micromobility, or the shared use of a fleet of vehicles such as bicycles, electric bicycles and electric scooters, is becoming increasingly popular across the nation. Electric-scooter policy is still in its infancy, and many regional governments and organizations, including the University of Oregon, have banned the establishment of e-scooter sharing

companies until policies are established. Electric bikes offer a boost to pedaling, and are an increasingly popular choice among the aging population, with Bosch eBike Systems America identifying “baby boomers as the top market for e-bikes in the U.S. and Canada,” (Walljasper, 2018).

The PeaceHealth Rides bike share system began operating in Eugene in April 2018 and had 301 bikes and 40 stations in April 2019. In one year, 13,000 members logged over 190,175 trips and 210,000 miles (Rush, 2019). The program requires a credit or debit card to register for an account, and offers a variety of pricing plans, with discounts for University of Oregon affiliates and SNAP or Temporary Assistance for Needy Families (TANF) holders. PeaceHealth directs people needing adaptive bike equipment to the Hilyard Community Center (PeaceHealth, n.d.).

Transportation network companies (TNCs) such as Uber and Lyft offer on-demand transportation in personal vehicles by connecting passengers and drivers through mobile phone applications. Uber and Lyft have been licensed to operate in Eugene and Springfield since September 2018 (Darling, 2018). Micromobility and TNCs are both effective solutions to the first/last mile problem. They both also raise the problem of equity, with the way they require access to technology for use.

Transportation modes and technologies are rapidly evolving as governments and organizations experiment with new ideas. Efforts are being made to expand the community access of the population of aging adults and adults with disabilities but continues to be an ongoing process.

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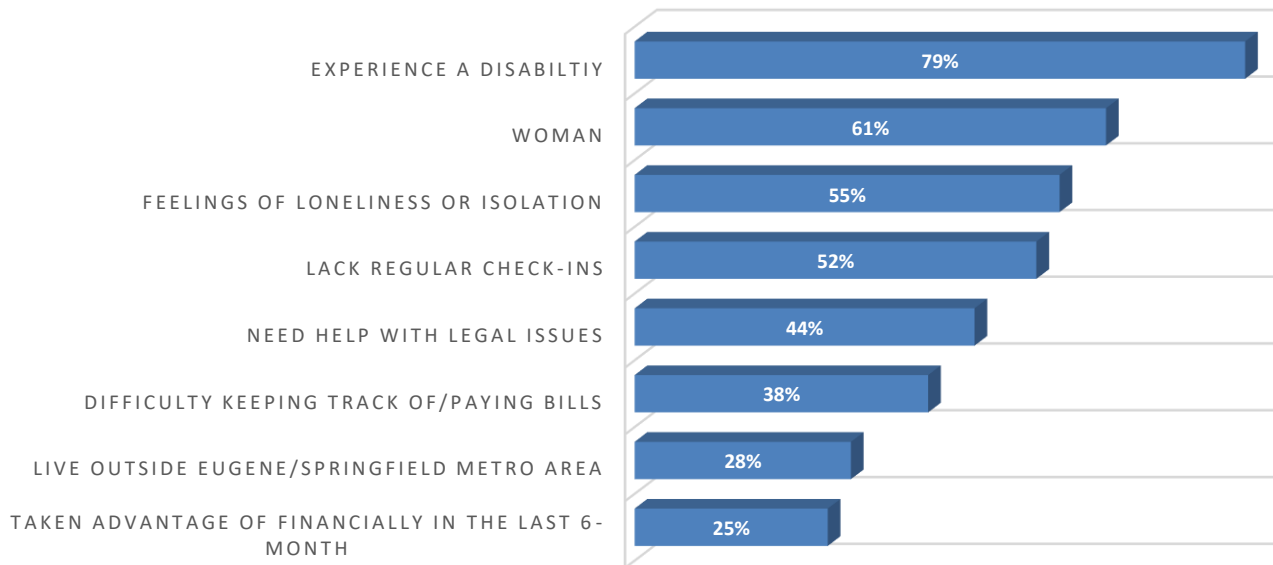
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Emergency Preparedness

Community Survey Highlights

In the event of emergencies or disasters, older adults and adults with disabilities are at great risk for injury, needing assistance to evacuate, or recover from these types of emergencies. The Community Needs Assessment Survey respondents report the following:

SURVEY RESPONSE: EMERGENCY PREPAREDNESS HIGHLIGHTS



Closer Looks

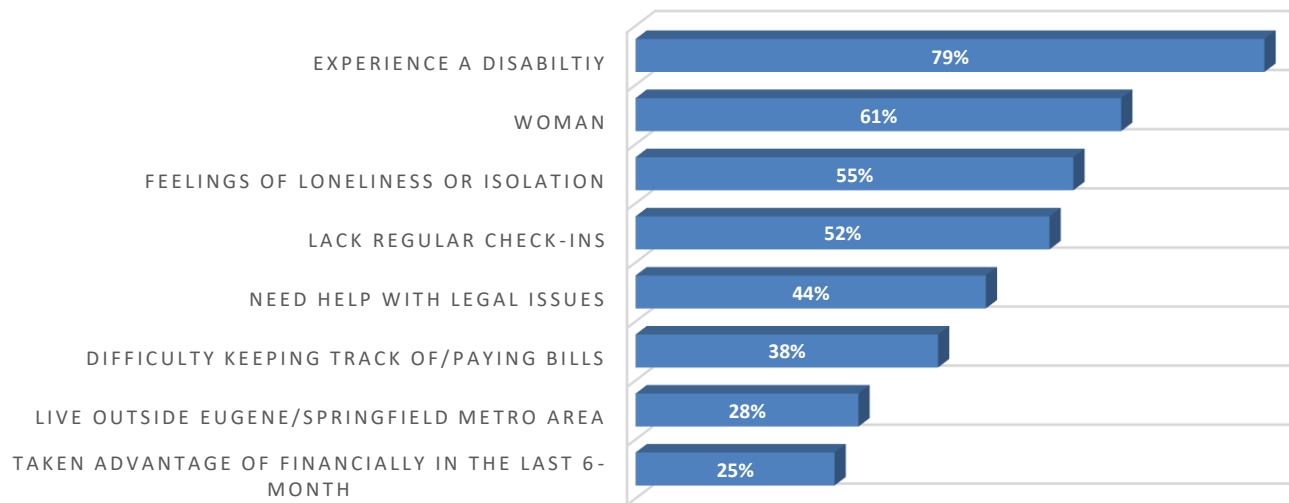
The following Closer Look highlights certain key findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Needs Assistance Evacuating

The need for assistance evacuating in the event of an emergency or disaster increases with age among survey respondents. Seventy-six percent of those needing assistance are 60 years of age and older. Thirteen percent of those ages 18 – 59 with disabilities reported needing assistance.

Of those reporting needing assistance to evacuate in the event of an emergency or disaster:

SURVEY RESPONSE: NEED ASSISTANCE EVACUATING



These survey respondents also had a much higher need for in-home assistance such as meal preparation, housekeeping and personal care than the general survey population, indicating those needing help in this area are also, in many instances, the most functionally impaired due to age or disability.

Focus Groups Results

Many participants in focus groups were concerned for their safety in the event of a major emergency or disaster. Participants living in rural communities expressed more concerns than those living in the Eugene/Springfield metro area. In rural areas, many consumers often have no one to check on them regularly which causes many of them great concern when an emergency or disaster happens. This creates consumers to feel more vulnerable than their urban counterparts because those living in the Eugene/Springfield metro area have quicker access to hospitals and emergency medical professionals. The focus groups prioritized the following needs in case of an emergency or disaster: emergency prescription medications, access to generators for those who have chargeable or plug-in medical equipment, access to emergency food, and creating a high risk consumer contact list.

Additional Research

Emergency Preparedness and Age

According to the Centers for Disease Control and Prevention (CDCP), older adults have experienced so much in their lives and can often be a valuable resource to younger people in a time of emergency or disaster. At the same time, they can be more vulnerable due to limitations such as chronic illness, functional limitations, and dementia (Aldrich). If they live alone, they will require assistance in the aftermath of

any type of an emergency or disaster. The CDCP suggests that families, caregivers and professionals who provide services and support for older adults help them put together an emergency preparedness plan. The CDCP, Federal Emergency Management Agency (FEMA), and the American Red Cross have many resources and tools available for how to complete a plan. Older adults and adults with disabilities recovering from disasters may need additional assistance, ranging from ensuring adequate food and nutrition, taking and obtaining medications, home repairs and accessibility to disaster recovery sites. Approximately 70 percent of survey respondents expressed that they do not have a plan or supplies for a major, catastrophic event.

Lane County Disaster Concerns

Lane County spans from the Pacific coast to the Cascade Mountain Range which includes two of the eight regions the 2015 Oregon Natural Hazards Mitigation Plan (NHMP) divides the state into: The Coast and the Mid/Southern Willamette Valley. Risk to a region is determined by factors that include that region's natural environment, demography, economy, infrastructure, and built environment (State Interagency Hazard Mitigation Team, 2015).

Precipitation is one of the most powerful determiners of a natural hazard in Oregon. Winter storms, rainfall and snowmelt can cause flooding and landslides. The coast can get as much as 200 inches of rain per year, with the Eugene/Springfield metro area averaging over 40 inches of rain and Eastern Lane County averaging 36 inches of snow each winter, not even counting the rainfall in that area (Taylor, Hale, & Joos, 2001). The rain brings with it downed trees and washed out roads, making it difficult for people to get in or out, especially in rural areas. In April 2019, two Lane County floodplains had to be evacuated due to water released from dams in order to manage record amounts of rainfall and snowmelt (Acker, 2019). The winter storm in February 2019 brought 18.8 inches of snow and \$17 million in public damages to Lane County (Hill, 2019). Tens of thousands of people lost electricity, which means they were unable to refrigerate perishable foods, operate electric cooking devices, heat their homes or power oxygen and other necessary medical equipment. Loss of electricity and road closures, downed trees and powerlines led to people being essentially trapped in their own homes. An Amtrak train carrying 183 passengers was stranded for 36 hours an hour south of Eugene due to fallen trees and over a foot of snow accumulation along the tracks (Haag, 2019).

Dry weather can cause droughts and wildfires. The smoke from wildfires across Oregon, Washington and California can and do reach as far as Lane County. Wildfire smoke contains particulates that exacerbate chronic heart and lung diseases, and is of more immediate danger to the oldest and youngest populations (Oregon Health Authority). According to data collected by the Lane Regional Air Protection Agency,

2017 was the worst year on record for smoke particulate pollution in Lane County, with three days each of unhealthy and very unhealthy air quality (Darling, 2019). In 2018 there were seven days with air quality unhealthy for sensitive and vulnerable populations such as seniors and people with disabilities.

Oregon's location along the Cascadia Subduction Zone places the state in danger of a large earthquake which has been called, "The Big One" (Shultz, 2015). This massive earthquake will most likely be followed by a tsunami and is expected to hit part of the Pacific Northwest anytime in the next 50 years. Twenty-six percent of survey respondents will need assistance evacuating their home in the event of an emergency or disaster which creates an increased urgency for "The Big One". Emergency planning should consider that roads will not be open, there will be limited fresh drinking water, limited food supply, bridges collapse, some people with need to find shelter, especially if the disaster results in mass evacuation.

ShakeAlert is an earthquake warning system being developed and expanded by the U.S. Geological Survey in coordination with several universities and non-profits for the west coast (ShakeAlert). As the nation learned from New Orleans and surrounding areas after Hurricane Katrina, the older populations needed the most assistance, suffered the most injuries, and the greatest mortality rates (Adams, Kaufman, Van Hattum, & Moody, 2011). Ensuring appropriate disaster preparedness plans across Lane County, which include specialized response for older adults and adults with disabilities, is especially important for major, catastrophic events.

Lane County Resources and Planning

Lane County is a part of the national Emergency Alert System (EAS), which is used by federal, state and local government organizations to send messages regarding imminent threats to life and property via radio, television, cable television, satellite radio and satellite television (Lane County). This service is coordinated by the Lane County Sheriff's Office. Lane County public safety officials also have access to the AlertSense public alerting system, which is used to send alerts, warnings and emergency instructions to the potentially impacted general public through phone calls and text-messaging (Lane County).

Lane County has a Hazard Mitigation Plan and an Emergency Operations Plan to minimize the damage caused by natural hazards. The Lane Preparedness Coalition and Community Organizations Active in Disaster (COAD) are made up of more than 30 local government and non-profit organizations, including Senior & Disability Services. COAD keeps track of member resources and availability, meets regularly, and makes response and activation plans that support their values of cooperation, communication, coordination, and collaboration (Lane County COAD).

COAD supports the work of government emergency management personnel but is not directly under their management. During the February 2019 winter storm, Lane County and Douglas County COADs organized and provided more than 1,700 hours of volunteering (Stoelb, 2019). Sixteen percent of survey respondents use life sustaining (necessary) medical equipment that needs to be charge or plugged in. The Lane COAD team, including two members of S&DS leadership, were stationed in the County Incident Center. This helped coordinate aid in the form of services such as organizing firewood deliveries, making calls to and connecting vulnerable and at-risk clients to the emergency services and helping drive medical providers having trouble travelling due to impacted roads to hospitals.

Lane County works with and has access to state, federal and local resources in order to help people with deal with all aspects of an emergency, from preparation to aftermath. The coordination of planning and preparation by organizations and individuals is vital in ensuring that vulnerable populations receive the aid they need in a timely and effective manner.

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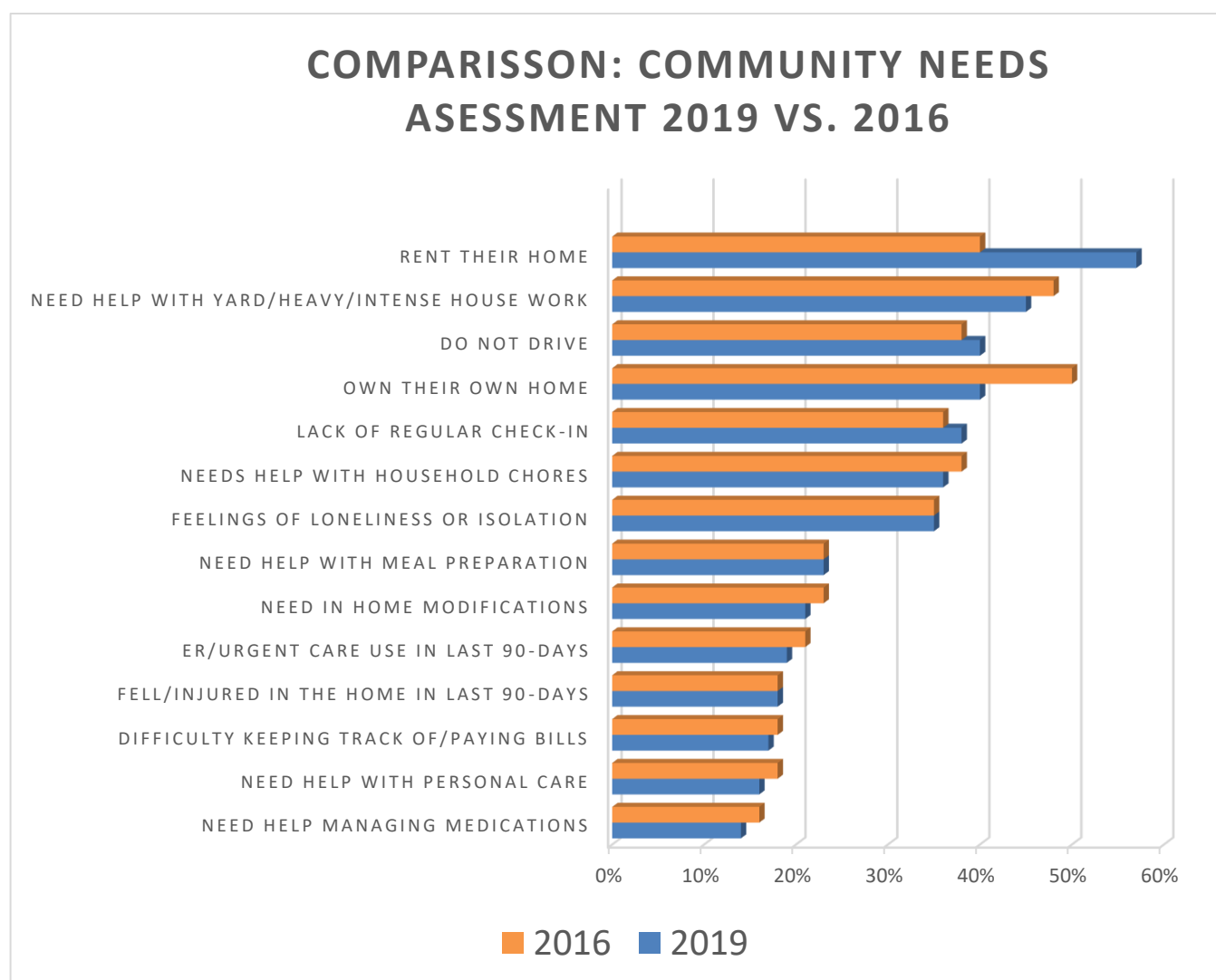
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Long-Term Care Supports

Community Survey Highlights

In-home assistance needs have decreased slightly or remained the same since the 2016 S&DS Community Needs Assessment¹. Today, more respondents are renting their homes than owning their homes. Forty-five percent of respondents need help with heavy or intense outdoor or indoor housework. Approximately 36 percent of respondents need help with everyday household chores. Needing help with meal preparation remains the same from year 2016 to present with 23 percent. Availability of quality and cost-effective in-home services help consumers continue to live safely and independently in their own homes. The Community Needs Assessment Survey respondents reported the following:

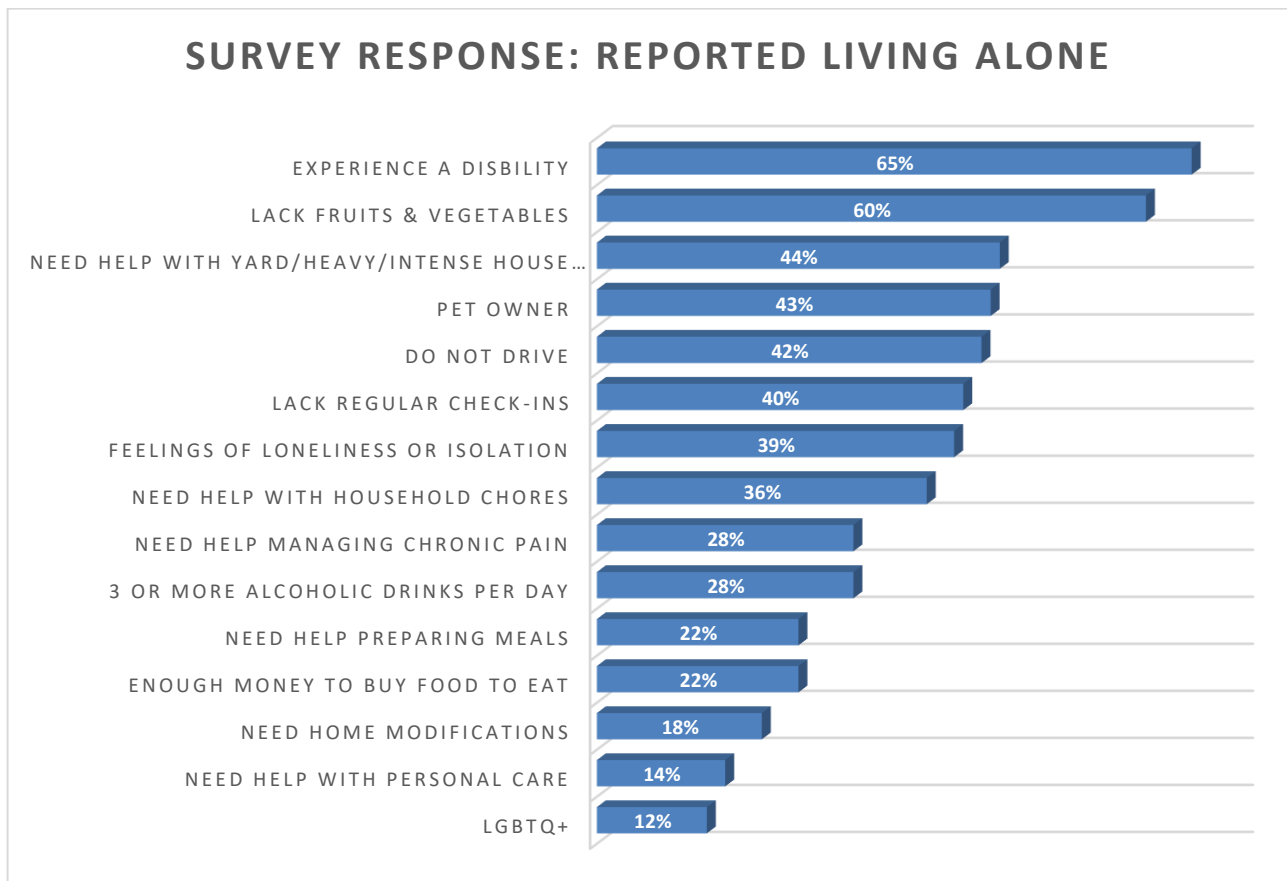


Closer Looks

The following Closer Looks highlight certain key findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Living Alone

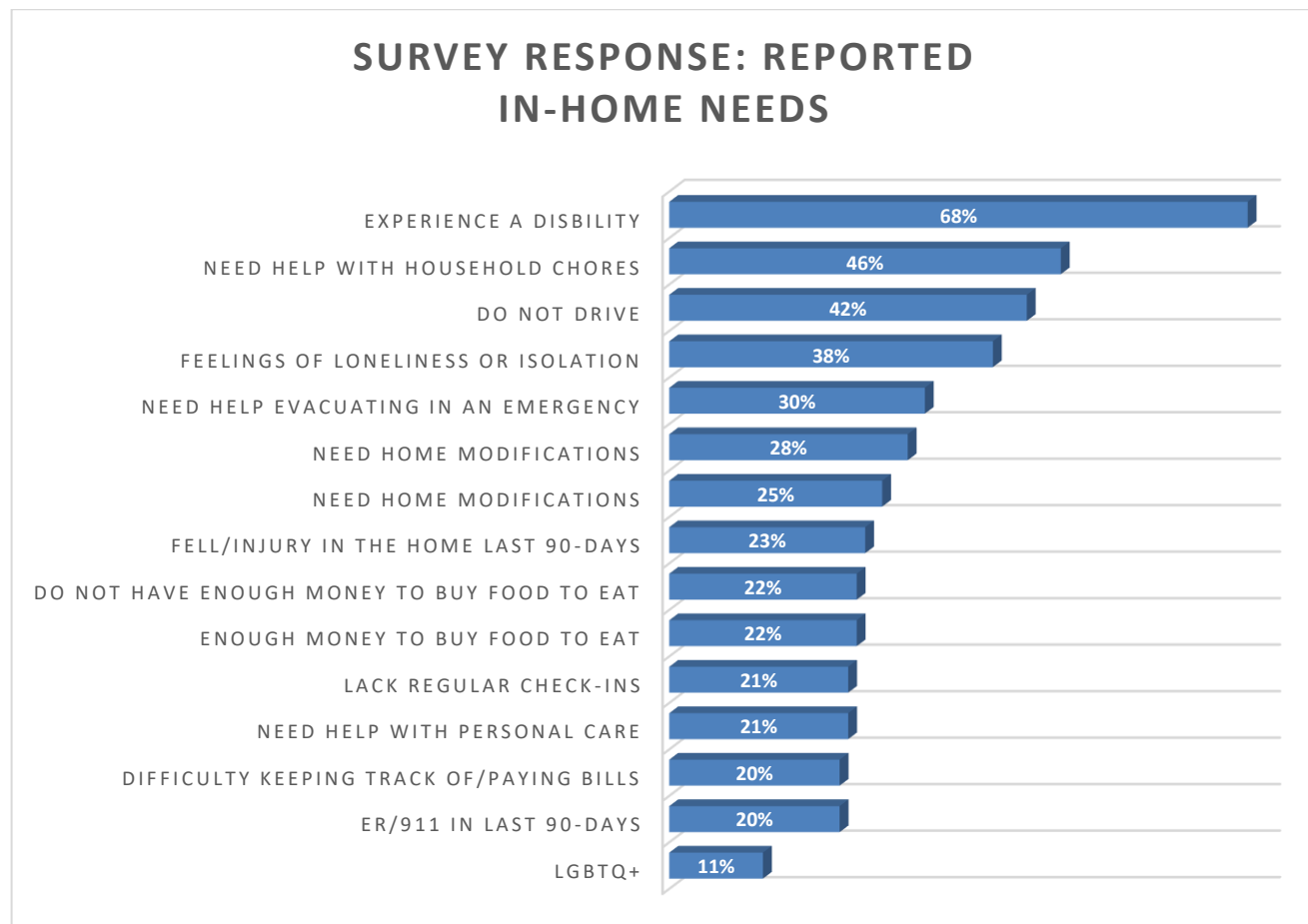
Fifty-three percent of survey respondents reported living alone. Of those who reported living alone, 65 percent experience a disability. Those living alone report an increased need for in-home care assistance compared to the general survey population. Thirty-nine percent of respondents reported having feelings of loneliness and isolation. Those respondents surveyed that live alone reported the following:



Closer Look: In-Home Assistance Needs

The majority of survey respondents report needing some sort of in-home assistance ranging from basic housework, to meal preparation, to personal care. The cost of hiring in-home assistance may be limited especially for those with low income that may not have the financial means to cover basic expenses. Finding quality and reliable care is an additional concern. Many houses were not built to be accessible or for individuals to age in their homes. To remain living independently, many consumers will have to

invest in costly home modifications such as bathroom remodels, stair lifts or hallway widening. Survey responses also show that as education level and income increase, the need for in-home care decreases. Those respondents surveyed reported the following in-home needs:



The following table shows breakdowns between in-home care service needs as a percentage of the age of survey participants:

In-home assistance needs as a percentage of age:	18-59	60-69	70-79	80-89	90+
Has no one checking in regularly, at least once a week?	35%	47%	36%	29%	9%
Do you need assistance to manage your medications?	33%	9%	11%	12%	40%
Do you need assistance to prepare meals?	45%	20%	19%	19%	46%
Do you need assistance to do household chores, such as cleaning, laundry, etc?	58%	30%	31%	37%	65%
Do you need assistance to maintain your yard or to do heavy/intense housework?	51%	37%	47%	49%	80%
Do you need assistance with personal care, such as bathing, eating, mobility, etc?	32%	13%	13%	15%	26%
Do you plan to move into an assisted living / nursing	5%	2%	2%	9%	9%

home within the next 6 months?					
Do you need information on how to plan for Long-Term Care needs?	21%	18%	20%	24%	23%
In the last 90-days, have you fallen or injured yourself in your home?	36%	16%	16%	16%	9%

Focus Groups Results

While not the greatest need indicated in focus groups, in-home care assistance was identified as a concern for over half of participants. All focus groups expressed the need for:

- More availability of in-home care services
- Community and Neighborhood supports
- Emergency preparedness plans
- Physical help such as personal care, chores, and yard/home maintenance

Additional Research: Long-Term Care (LTC)

Long-Term care is a continuum of services to meet the medical and non-medical needs of adults with chronic illness or disability. These services are provided in a person's home, community-based setting, assisted living facility or nursing home. Services include help with personal care, household tasks, home health, meal delivery, case management, assistive technology and medication management. The number of Americans who will be over the age of 65 by 2050 is 87.9 million. Nationwide 7 out of 10 adults 65 and older will need some type of long-term care support (Genworth Life Insurance, 2019).

Studies have shown that most people requiring Long-Term services prefer to stay in their own homes for as long as possible. If more intensive care is required, people tend to desire placements with the least restrictive environments. Eighty percent of older adults receiving LTC services nationally want to live independently in their own homes or community-based settings (Family Caregiver Alliance, 2015).

The number of people needing LTC services and support is expected to rise dramatically over the next 30 years. By 2050, the number of individuals using paid LTC services in any setting will likely double from 13 million in 2000, to 27 million (Family Caregiver Alliance, 2015). Those age 85 years or older are growing faster than most other age groupings and are projected to increase to 19.4 million people by 2050 (Family Caregiver Alliance, 2015). The implications of a rapidly growing population with long-term care needs could make a significant economic impact for providing care.

LTC can be continuous and evolving need. Types of LTC include nursing homes, in-home care, adult day health care, home health agencies, assisted living, and community

care. The costs of these options vary depending upon the needs and financial resources of the older adult.

Costs of Private Pay Long-Term Care in Oregon

Type of Care	Monthly	Annually
Nursing Home: Private Room	\$10,342	\$124,104
Nursing Home: Semi-Private Room	\$9,551	\$114,612
In-Home Care: Homemaker Services	\$5,148	\$61,776
In-Home Care: Home Health Aide	\$5,339	\$64,068
Assisted Living/Residential Care Facilities	\$4,499	\$53,988
Adult Day Health Care	\$2,167	\$26,004

Source: (Genworth Life Insurance, 2019)

Note: Rates are based on industry averages by state. Homemaker aides help with household chores such as cooking and cleaning. Home Health Aides assist with personal care such as bathing, eating and grooming.

In 2016, spending on LTC across all payer sources was estimated to be \$360 billion, 12.9% the 2.8 trillion spend on U.S. personal health care (CRS, 2018). This dollar amount is expected to increase to \$346 billion by 2040 (National Health Policy Forum, 2014). Long-term care services and supports are paid for by private and public entities. Examples of private entities are out-of-pocket expenses and private insurance. Public entities include Medicare and Medicaid (CRS, 2018). Funding for LTC services could also come from Oregon Project Independence (OPI).

LTC in Oregon

In 2018, Oregon was ranked number four nationally in LTC based LTC services and supports that measured 26 key indicators developed by AARP, the Commonwealth Fund and the Scan Foundation (AARP, 2018). The LTC scorecard ranked Oregon number one in supports for family caregivers (AARP, 2018). Oregon's focus on improving the LTC system began in 1980 when the Governor's Commission on Senior Services appointed a committee of older adults, providers and the State and Area Agencies on Aging to recommend a structure for the future of LTC services. Oregon has been dedicated to emphasizing home and community-based care as a central focus of its LTC philosophy, promoting choice, dignity and independence.

Examples of progressive solutions include Oregon's development of an Adult Foster Care (AFC) system that allows an adult to live in a community-based setting for a lifetime and can be a more affordable option. Additionally, Oregon offers a wide variety of community-based care settings including assisted living, residential care, memory care, and in-home health agencies available through both private pay, Medicaid funding

and Oregon specific programs such as OPI which provides limited services to help keep adults in their own home. These services can delay more costly facility placements. The In 2014, OPI program expanded into Oregon Project Independence-Expansion (OPI-E) in some parts of the state to adults age 19-59 with disabilities. Prior to 2014, OPI was only available to adults age 60 or older. Lane County, through S&DS, was selected as a Pilot location for this expansion. The Oregon State Legislature will review data and results from the Pilot program to determine continued funding of this expansion.

Oregon reported that OPI-E has grown from 398 in 2014 to 581 people served in 2015-2017. This is a 46 percent increase (White, Tunalilar, Hasworth & Winfree, 2018). For fiscal year 2019, 89 people received OPI-E services which is an increase of 13 percent from fiscal year 2018. As more adults opt to age in place, the demand for in-home services will continue to rise, along with the costs, benefits and impact to quality of life for Oregonians.

References

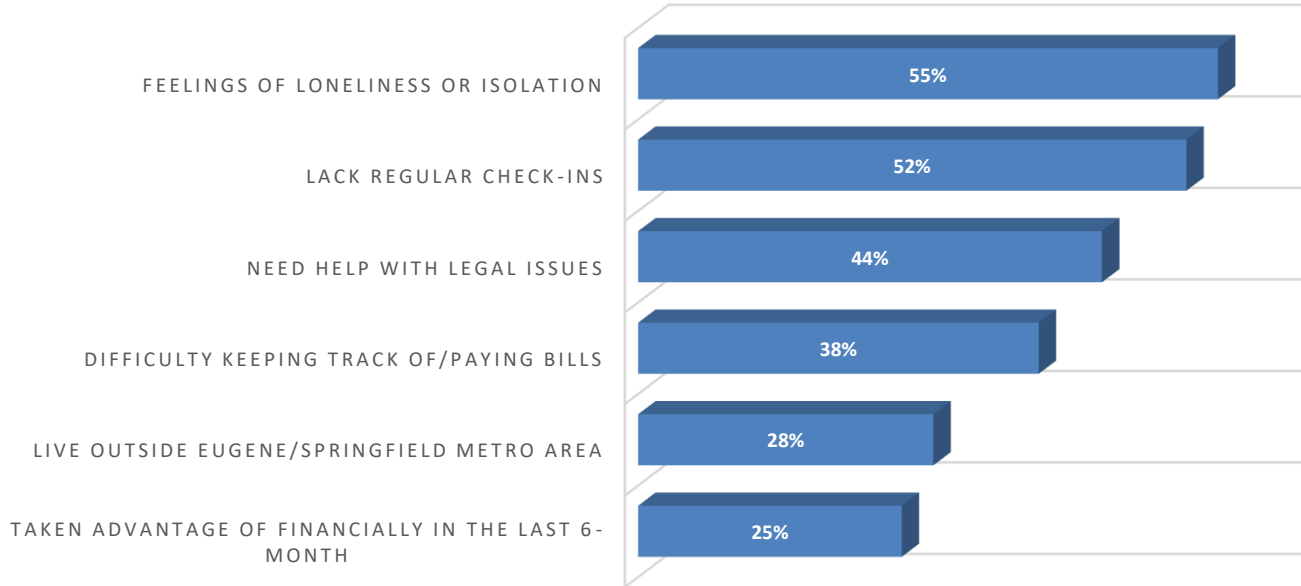
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Adult Abuse

Community Survey Highlights

Each year hundreds of thousands of older adults and adults with disabilities are abused, neglected and exploited on a national scale. They are fragile, vulnerable and often rely on others for their daily needs. They may need help with managing their funds or legal issues. Community Needs Assessment Survey respondents reported the following:

SURVEY RESPONSE: ADULT ABUSE HIGHLIGHTS



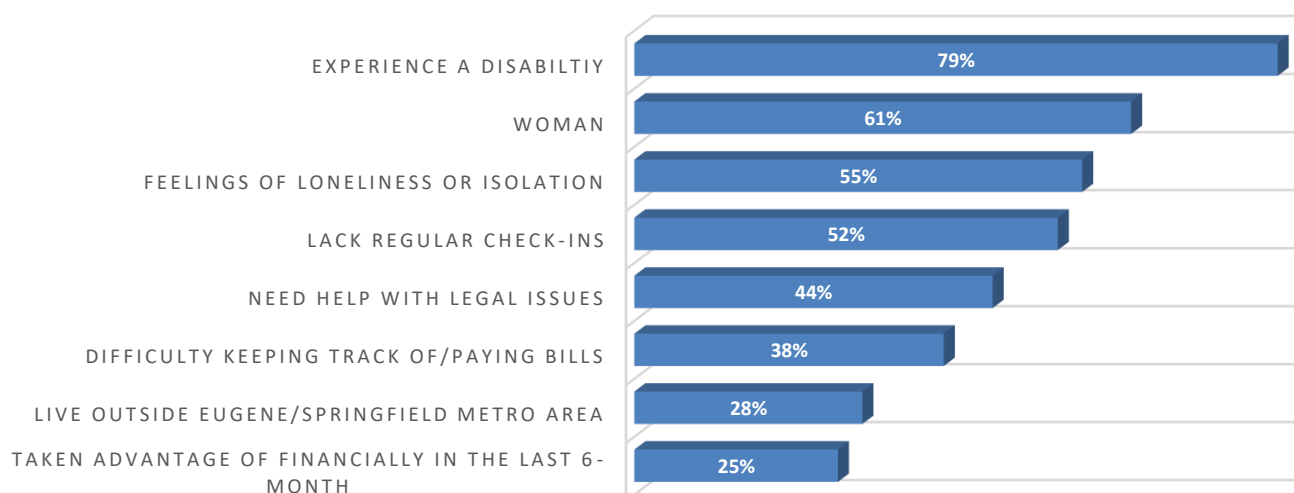
Closer Looks

The following Closer Looks highlight certain key findings from the Community Needs Assessment Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Crime, fraud or scams

Eleven percent of survey respondents reported they had been the victim of crime, fraud or scams in the last 6-months. Of these respondents:

SURVEY RESPONSE: VICTIM OF CRIME, FRAUD OR SCAM



Focus Groups Results

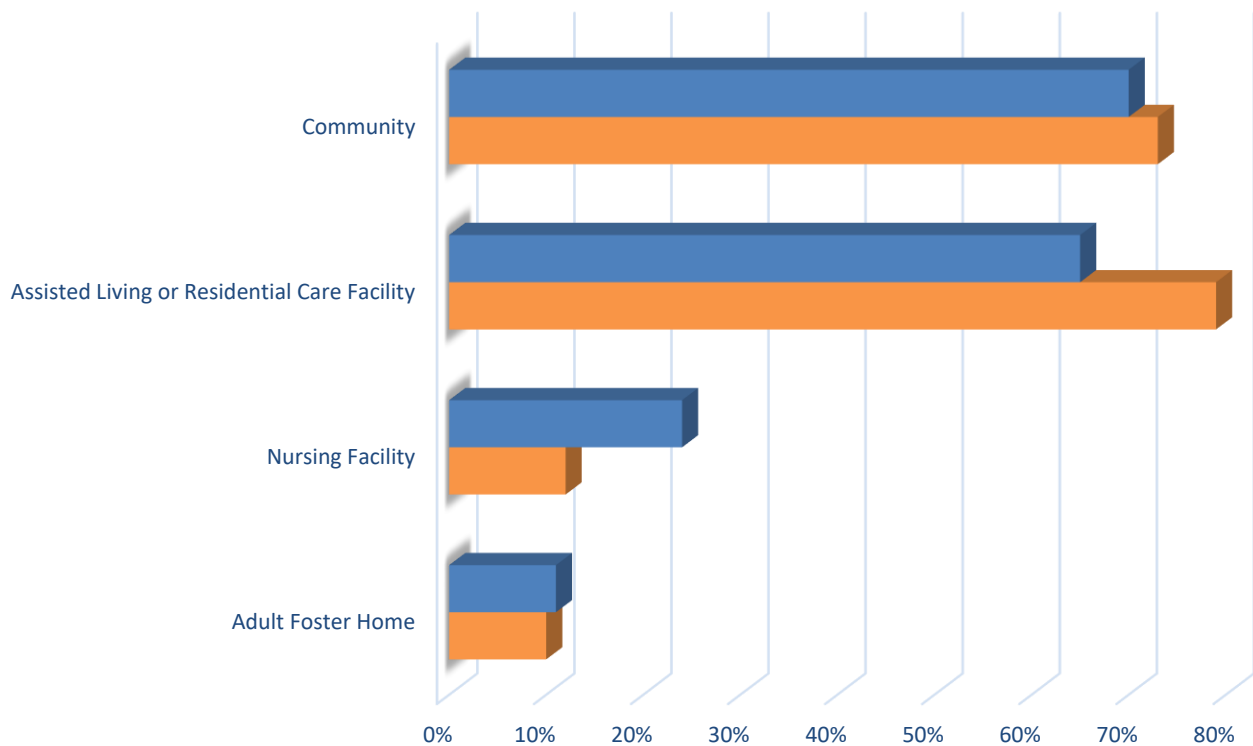
Abuse was not specifically discussed during focus groups which resulted in no focus group specific data being available.

Additional Research: Adult Abuse in Oregon

Abuse of older adults and adults with disabilities takes on many different forms, some involving intimidation, threats, neglect or financial exploitation. The most common types reported include financial exploitation, neglect by caregiver, self-neglect, verbal abuse, physical abuse, sexual abuse, and abandonment.

Older adults and adults with disabilities are most likely to be related or know their abuser. Almost 60 percent of elder abuse and neglect is from a family member (NCOA, 2019). According to the Oregon Department of Human Services (DHS) Adult Protective Services (APS) 2017 data book of all allegation 70 percent were community and 30 percent were facility (Oregon DHS, 2017). The location of the reported and investigated allegations between the State of Oregon and S&DS comparison:

Comparisson: Reported Abuse Allegations Setting



	Adult Foster Home	Nursing Facility	Assisted Living or Residential Care Facility	Community
■ Oregon	11%	24%	65%	70%
■ S&DS	10%	12%	79%	73%

The factors that can increase an older adult and adults with disabilities more vulnerable than the general population are:

- Dependency on others for activities of daily living
- Dementia, stroke and other cognitive or physically disabling events
- Isolation and loneliness
- Decline in physical strength and health (NCOA, 2017).

Abuse deprives individuals of health, safety and property in communities across Oregon. In 2017, APS conducted 16,793 investigations to determine a conclusion (Oregon DHS, 2017). Fiscal year 2018, S&DS APS investigated almost 3,000 allegations. Fiscal year 2019, S&DS conducted 2,435 investigation with 16.5 percent substantiation rate. This is a decrease of 18 percent in reported allegations. The three most investigated abuse allegations during fiscal year 2019 in S&DS were financial exploitation (25 percent), neglect by caregiver (29 percent), and self-neglect (21 percent).

Financial Abuse

According to the National Council on Aging, financial exploitation means that misuse or withholding of an older adults or adult with disability's resources by another (NCOA, 2019). Elder financial abuse and fraud costs older adults an estimated maximum of \$36.5 billion annually (NCOA, 2019). Financial exploitation is self-reported at higher rates than emotional, physical, and sexual abuse or neglect. Financial abuse can happen by strangers, professionals, and family or friends.

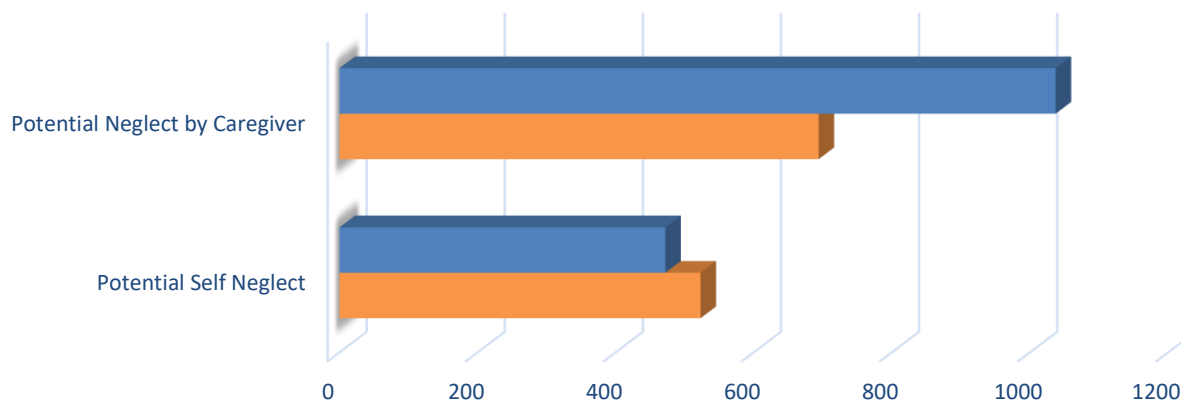
Some examples of financial abuse among strangers are scams, sweepstakes, and lottery. Professionals are able to financially exploit older adults and adults with disabilities by predatory lending, investment schemes, internet phishing, identify theft, annuity sales, and medical scams. Family and friends can be financially exploitive as well by using power of attorney, having joint accounts, stealing checks or ATM cards, changing in-home care services, refusing care or medical services and using credit cards (NAPSA, 2020). Many consumers need financial assistance, such as money management, but due to a lack of reliable, professional services many turn to family, friends or acquaintances to help, leaving their finances vulnerable to misuse.

A variety of public awareness information and consumer tips are available to help reduce risk and prevent scams, financial exploitation and other types of abuse. An informed general public, through education and training, is critical to slowdown the rise of adult abuse, especially given the anticipated growth in the aging population over the next 20 years. In addition, increased programming for money management services, legal assistance and adult abuse investigation and prevention will be needed.

Neglect by Caregiver or Self

Neglect is defined as older adults and adult with disabilities who fail themselves or a caregiver fails to their needs such as physical, psychosocial, and social needs that threatens their health, safety, and well-being (NAPSA, 2020). Examples of self-neglect are unattended medical needs, poor hygiene, poor living conditions, unpaid bills, lack of adequate food, and weight loss. According to the National Adult Mistreatment Report System (NAMRS), there were 25 states who reported 8,120 reports of neglect allegations which was the highest comprised percentage across all types of elder abuse (DOJ, 2018). In the APS 2017 Data Book, 342 reports of community allegations were neglect and 808 reports of facility allegations were neglect (Oregon DHS, 2017). From FY2018 to FY2019, S&DS APS had an increase of 11 percent potential self-neglect allegations reported and had a 33 percent decrease of neglect by caregiver reported (S&DS Annual Report, 2019).

Comparison: S&DS Adult Protective Services Number of Allegations Investigated



	Potential Self Neglect	Potential Neglect by Caregiver
■ FY2018	472	1037
■ FY2019	523	694

Adult Abuse Prevention Programs

Preventing adult abuse is one of OAA's objectives. The State of Oregon has multiple adult abuse prevention programs such as Consumer Protection/Financial Fraud, Adult Abuse Prevention and Investigations, Long-Term Care Ombudsman, Senior Health Insurance Benefit Assistance Program (SHIBA), and S&DS APS (Oregon DHS, 2020).

S&DS has a multi-disciplinary approach that bring in experts and professionals from a variety of fields and were adopted in Oregon in 2010 - both at the statewide level and locally. These Multi-Disciplinary Teams (MDT) collectively staff complex situations or brainstorm practice improvements and efficiencies. In Lane County, there are two MDTs: a law enforcement MDT and a Social Services MDT that craft the future of adult abuse investigation and prevention.

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Caregiving

Community Survey Highlights

Survey respondents that provide unpaid care for adults 60 years and older were asked open ended questions regarding the relationship of who they care for and how many hours per week they spend giving care to that person. 1,106 individuals skipped these questions. Only 109 individuals responded to the questions. The results are as follows:

Relationship to Person Needing Care	# Reporting	As a %
Spouse / Partner	30	27%
Parent	13	12%
Formal caregiver	5	5%
Friend	13	12%
No relation	1	1%
Child or other relative	21	19%
Answer not measurable	27	25%

Care Hours Per Week Provided	# Reporting	As a %
Less than 20	52	48%
20 - 39	10	9%
40 - 79	12	11%
80 - 99	1	1%
100 or more	14	13%
Answer not measurable or did not answer	20	18%

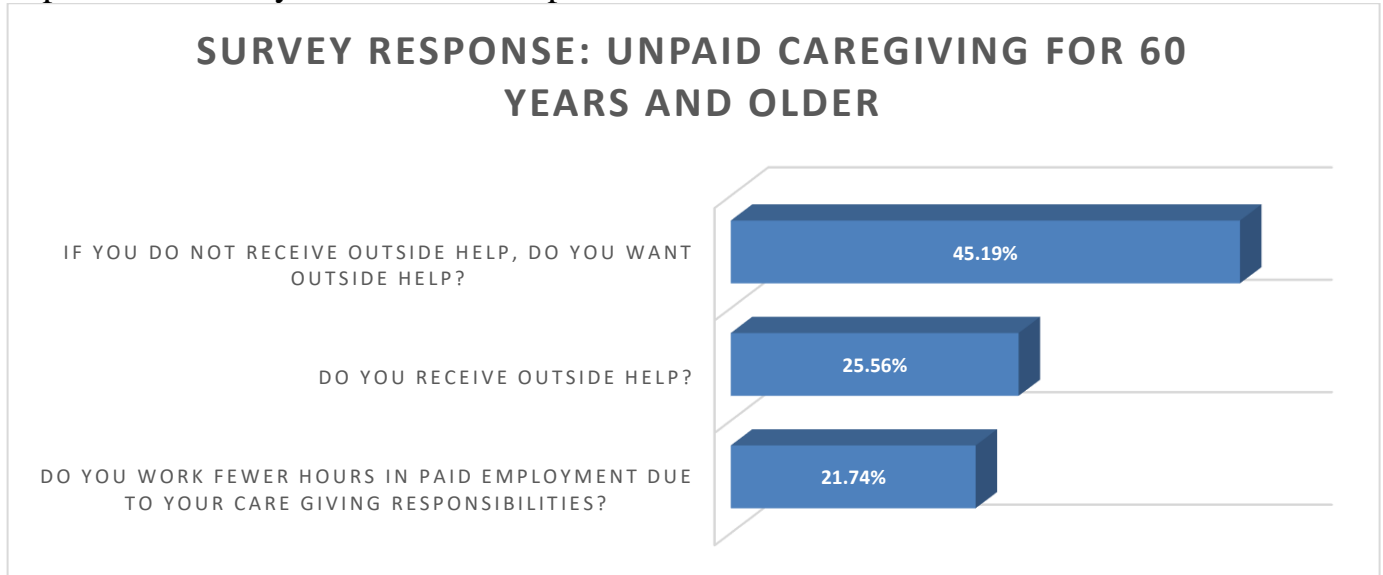
Note: 7% of caregivers surveyed reported providing 24-hour care, 7-days a week (168 hours weekly).

Closer Looks

The following Closer Look highlights certain key findings from the Community Survey. These areas may require additional attention when evaluating future programming goals and services.

Closer Look: Care for the Caregiver

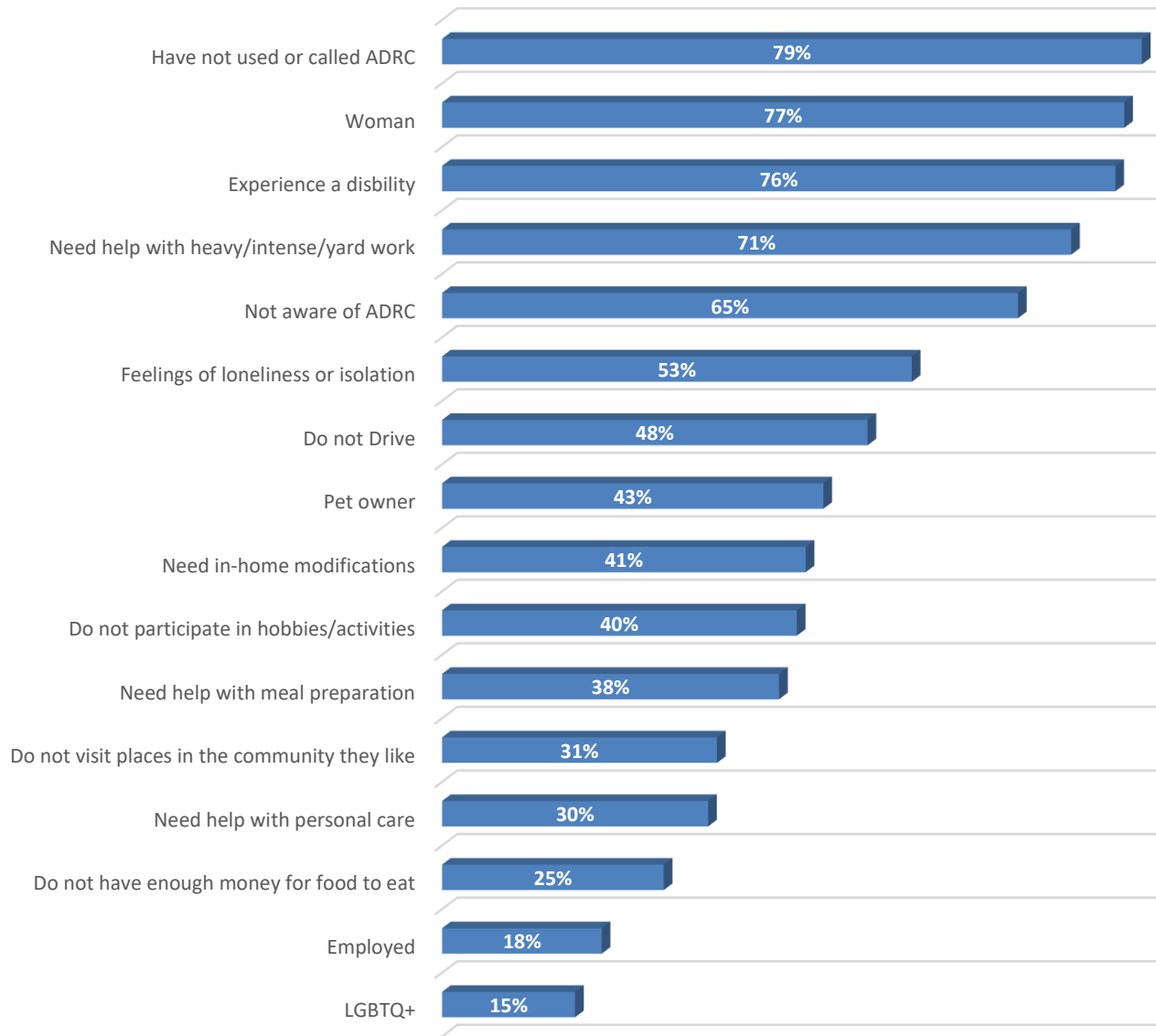
Twenty-two percent of survey respondents reported that they work fewer hours at their paid employment due to their caregiving responsibilities. 26 percent responded that they do not receive outside help for their unpaid caregiving. 45 percent of survey respondents expressed that they want outside help.



Closer Look: Providing Unpaid Care for Someone Over the age of 60

The majority of respondents who are providing unpaid care for someone over the age of 60, 35 percent are living in rural Lane County. The age range of respondents giving care are 35-99 years old with an average age of those who answered Yes to all of the above questions:

Survey Respons: Unpaid Care for Someone over the age of 60



Focus Groups Results

Questions regarding caregiving were not particularly addressed in the focus groups, however, focus groups expressed the present and future need for staffing and training care providers, in-home care in rural areas, finding personal-centered personal care workers, having more caregivers available and affordable, and more existing programs supports such as Oregon Project Independence (OPI) and Family Caregivers.

Additional Research: Informal and Family Caregivers

Informal and family caregivers include spouses, partners, children, other family members, and friends. Nationally, 51 percent of caregivers are more likely to be the

adult child of the person receiving care (Genworth, 2018). In Oregon, about 20 percent of adults aged 45 year and older reported being a caregiver to a friend or family member (CDC, 2017). Caregivers are the foundation of care across the nation for independent living. Caregiving may include assistance with everyday household chores, such as cleaning and meal preparation, and helping those who need assistance with personal care activities such as eating, bathing and mobility. Many caregivers feel strongly that their work keeps their family member home and out of a care facility (Kerr, 2019).

Informal, unpaid caregiving is universally recognized as the foundation of long-term care for older adults. The continued aging of the population and demographic shifts due to baby boomers is likely to increase the caregiving burden to a smaller number of caregivers over the next few decades. In a survey conducted by the CDC, 13.5 percent of Oregonians that are non-caregivers aged 45 years and older expect to provide their caregiving services within the next 2 years (CDC, 2017). State and federal policies to minimize admission to nursing facilities, or return individuals to the community, will greatly depend on the availability and willingness of informal family caregivers.

Research shows that unpaid family caregiving provides essential economic benefits by reducing the need for public funds and private spending on long-term services and supports (Mudrazija, 2019). Informal, unpaid caregivers provide critical support that helps delay or prevent the need for nursing facility or hospital care. In 2018, national statistics show that 58 percent of caregivers are between ages 25-54 with an average age of 47 (Genworth, 2018). Family caregivers are typically unpaid which often puts a tremendous burden on the caregiver. Family caregivers can spend up to 21 hours a week providing care which could turn into 3,000 hours a year (Genworth, 2018). This may impact attention away from children and spouses and employment through reduced hours or job loss.

Sixty-two percent of caregivers believe that they have lost income due to caregiving for a family member. One in five caregivers reported missing 10 or more hours a week of work which impacted promotions and pay raises (Genworth, 2018). The estimated value of unpaid family caregiving in 2011-2012 was approximately \$522 billion with the cost of replacing that same care could cost up to \$642 billion (Mudrazija, 2019). With unpaid caregivers focusing on their family members, their needs often go unmet, and few receive any paid compensation. Many caregivers are at risk of needing help themselves due to the physical and mental health effects of caregiving.

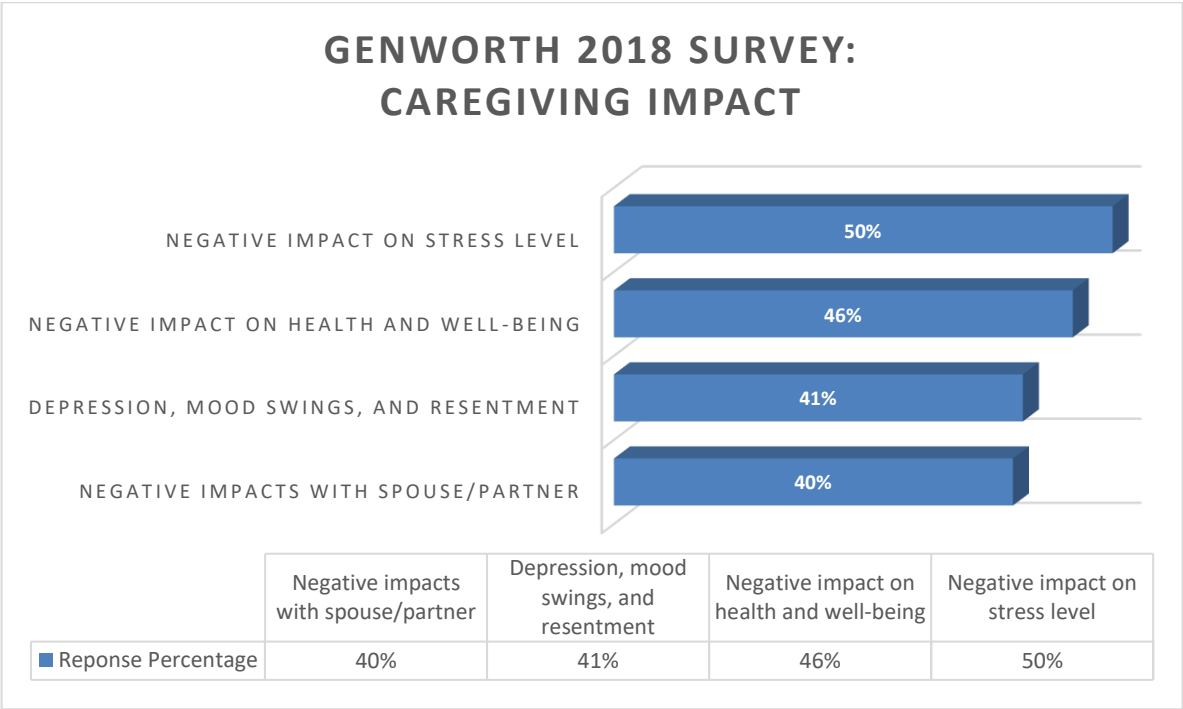
Additional Research: Caregiver Burnout

Caregiving for loved ones who are aging and or have disabilities makes for demands on time, energy, and emotions which can all become overwhelming. This could lead to caregiving burnout which is a condition of feeling exhausted, listless, and unable to

cope (AARP, 2019). Without respite, not only can caregivers suffer economically and emotionally, but may also face serious health and social risks due to caregiver burnout. AARP shared some signs of caregiver burnout (AARP, 2019):

- Anger or frustration
- Anxiety and/or depression
- Denial about your loved one’s condition
- Health problems
- Irritability and moodiness
- Sleeplessness
- Social Withdrawal

Researchers have found that among older adult caregivers who are aged 55 to 75 experience a 23 percent higher level of stress (AARP, 2019). A Genworth 2018 surveyed caregivers and the negative impact caregiving has on them:



Unpaid family caregivers do not have employee sponsored benefits such as retirement, sick, family, or vacation paid time off. They typically receive minimal or no recognition. Additional supports can be limited depending upon the family plan. There is no organizational hierarchy to escalate concerns when the care recipient is challenging or care needs increase. These significant care decisions are dependent upon that caregiver.

Many caregivers are responsible for completing complex medical tasks that nurses

would typically perform. Twenty million caregivers face the challenge of caregiving without any formal training (Kerr, 2019). These skilled activities include medication management, injections, wound care, tube feedings, and managing incontinence. Half of family caregivers reported performing a medical task they were not trained to do (Kerr, 2019). Comprehensive training and education for family caregivers would ensure that they feel competent in their roles of providing complex care which could alleviate some levels of stress.

Reducing Caregiver Burnout

Methods of minimizing or eliminating caregiver burnout include giving yourself a break, communicate, support groups, online resources, prioritizing one's health, and cultivating positive relationships. Encouraging caregivers to receive regular medical visits, engage in self-care, and use preventative services. Many of these methods are practical but can be costly and out of reach of many families. Financial assistance and information on low or no cost options are critical.

With S. 995, Life Respite Care Reauthorization Act of 2019, passing, this allocated \$10 million annually to Administration for Community Living (ACL) for grants to state agencies through 2024 for caregiver respite programs (CBO, 2019). Programs like the ADRC provide a vital link to connect caregivers to services. Without these crucial connections to resources many low or no cost options or opportunities may be overlooked.

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Appendixes

Appendix A, Focus Groups

Focus Groups and informational interviews were conducted during the months of October 2019, November 2019, and December 2019 with a variety of rural locations and underserved populations. These activities were limited by staff capacity, scheduling, and time of year. Due to this, it is acknowledged that not all rural communities or underserved populations had focus groups conducted.

1) Which of these natural disasters/weather events impacted you in the past 2 years?		
<input type="checkbox"/> Forest Fire	<input type="checkbox"/> Smoke from fires (Forest and/or wood stove smoke)	<input type="checkbox"/> Flooding /high water
<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Something else <i>List:</i>
2) From the list above, how did these events impact you? (For each impact write a number between 1-5, 1 being little to no impact and 5 very impacted)		
<input type="checkbox"/> Poor Health (asthma, COPD, eyesight)	<input type="checkbox"/> Ability to leave your home	<input type="checkbox"/> Property or home damage
<input type="checkbox"/> Ability to heat/cool your home	<input type="checkbox"/> Access to food/medication	<input type="checkbox"/> Something else <i>List:</i>
3) Did any of these events cause you: (check all that apply)		
<input type="checkbox"/> Missed medical appointments	<input type="checkbox"/> Loss of electricity	<input type="checkbox"/> Missed caregiver visits
4) Check each of the below that you have available in the case of a future emergency:		
<input type="checkbox"/> 3 days of nonperishable food	<input type="checkbox"/> Three gallons of water stored per person	<input type="checkbox"/> Evacuation Plan (how to get out/where to go if you have to leave your home)
<input type="checkbox"/> List of emergency contacts & important phone numbers	<input type="checkbox"/> First aid kit	<input type="checkbox"/> List of medications/care needs
<input type="checkbox"/> 'Go-Bag' with extra supplies, medicines, clothing, etc you can grab quickly	<input type="checkbox"/> Flashlight/candles	<input type="checkbox"/> Pet supplies
<input type="checkbox"/> Important documents in water-proof bag	<input type="checkbox"/> Have someone that will check on you in an emergency	<input type="checkbox"/> Hygiene products

5) How prepared do you feel for future natural disasters?

6) Thinking about the next 10 years, what services or supports would help you the most to live where you want to live. (for example; transportation, in-home services, access to food, access to medication)

7) Thinking about yourself or the people you know in your community, what would you consider to be the biggest challenge to aging in your community?

8) Is there anything else that's important to you that has not already discussed or that you want to share with Senior and Disability Services?

National Alliance on Mental Illness (NAMI) 10/16/2019

Primary Needs Expressed:

- Transportation: Transportation needs provided
- Affordable and varied food choices: Access to food and preparation
- Healthcare: Access and availability to medication, medication management, and mental healthcare
- Lack of services: Need more in-home care specifically in rural areas

Lane Independent Living Alliance (LILA), 10/28/2019

Primary Needs Expressed

- Transportation: Access to transportation
- Healthcare: Mental health for Seniors, medication affordability, minimize isolation
- Lack of services: Need more in-home care services
- Financial security: increased worry about medication affordability, paying for utilities, increased costs of housing and living
- Community: Good relationships with neighbors, engaged community, increase neighborhood associations, watch, emails, and those who need to be checked on
- Emergency preparedness: prepare for climate change, accessibility to Evacuation Centers, first responders trauma informed, evacuation list of people with disabilities given to first responders and to remain confidential

Florence, 11/04/2019

Primary Needs Expressed

- Transportation: Affordability and ability to access transportation
- Healthcare: access to medical treatment, more medical providers, affordable medical care, and prescriptions
- Lack of services: In-home nurses, need help with housekeeping, yard work, and help with falling family members
- Financial security: increased worry about medication affordability, paying for utilities, increased costs of housing and living
- Community: Education about community events, neighborhood organizations, neighbors checking in on each other and volunteering their skills
- Emergency preparedness: emergency kits, sleeping bags, generators for electricity, heat, and having someone to contact

Disability Services Advisory Council (DSAC), 11/15/2019

Primary Needs Expressed

- Transportation: getting help to homebound/transient or getting out to resources such as Meals on Wheels and Home Care workers
- Accessibility: New construction being built without accessibility in mind regarding public buildings, new businesses, and sidewalk repairs
- Healthcare: access to prescriptions
- Community: Community and neighborhood support through an association, community gatherings, and using technology to connect people
- Emergency preparedness: prescription drug supplies, high risk client contact lists, transportation, and inoperable elevators with the need for manual evacuation

Senior Services Advisory Council (SSAC), 11/15/2019

Primary Needs Expressed

- Transportation: Affordability and ability to access transportation
- Healthcare: access to emergency services
- Lack of services: Signs in windows for high risk consumers,
- Financial security: Generator Loan Programs and Welfare Insurance Damage Coverage
- Community: community engagement, community help, stronger neighborhood organizations, people willing to volunteer their services, and information sharing
- Emergency preparedness: signs in windows for high risk residents, transportation during disaster needs to continue offering service, water, access to emergency services, preparedness plans, and volunteer disaster response teams

Junction City, 11/22/2019 & 12/05/2019

Primary Needs Expressed

- Transportation: Access to Ride Source and Cahoots, rural to urban area transportation, inner-city transportation to errands, low cost, more available buses, and handicap ramps
- Healthcare: cost of medication, access to medication, more doctors, costs of care are too high, and provide generators to those who need medical equipment charged or plugged-in
- Lack of services: help with home repairs, yard work, more available in-home services, living alone with higher risks of falls, and finding person-centered personal care workers
- Community: people need other to talk to and share stories and people need to keep in touch with their elders

- Emergency preparedness: generators to those who need medical equipment charged or plugged-in and access to emergency food

Senior Companion, 11/26/2019

Primary Needs Expressed

- Transportation: more buses with regular stops, Ride Source, sidewalk repairs, better street lighting, and transportation available for pet care
- Healthcare: provide generators for those who have medical equipment to charge or plug-in, medical care, dental care, access to medications, access to doctors, affordable medication and medical treatment
- Financial security: Affordable food and water, financial supports that make it possible to age in-home, rent control, and more utility assistance
- Lack of services: more in-home modifications, help with home repairs, yard maintenance, and in-home services
- Community: Reach out to neighbors, information sessions for awareness, facilities that allow pets and support animals, and better communication methods
- Emergency preparedness: need more medications in emergencies, provide education regarding human wastes,

Appendix B, Survey Distribution List

Surveys were distributed directly to the community organizations and partners throughout Lane County. In addition, surveys were mass mailed businesses, faith-based organizations, in-home care providers, other government organizations, S&DS outstations, healthcare providers, non-profits, distributed electronically through professional email networks, included in December 2019 S&DS consumer mailings and also promoted through online social media.

1st Christian Church
Addus Healthcare Services
Alzheimers Association Support Groups
Assured Quality Home Care
At Ease Homecare
At Home Care Group
Briarwood
Café 60 Dining Sites
Campbell Senior Center
Cascade Health Solutions
City of Eugene - Housing Assistance Program

Comfort Keepers
Community Sharing
Confederated Tribes of Coos, Lower Umpqua & Siuslaw
Cottage Grove Senior Center
Daneland Mobile Home Park
Eugene Hotel
Eugene Mission
Fern Ridge Service Center
Florence Food Share
Florence Senior Center
Full Access Brokerage
Habitat for Humanity- Eugene/Springfield
Habitat for Humanity-Florence
Hilyard Community Center/Amazon Center
Jewish Family Services
Lakewood Park
Lane Independent Living Alliance
Laurel Hill Center
Lee's Mobile Home Park
Lowell Food Box
Mountain View Manor-Oakridge
New Horizons
Nova Health
Oakridge Food Share
Olive Plaza
Orchid Medical Clinic
Oregon Law Center
PeaceHealth-Florence
PeaceHealth Senior Health & Wellness
Peterson Barn
Pleasant Hill Community Center
Riverstone Mobile Home Park
Senior & Disability Services- Cottage Grove
Senior & Disability Services-Eugene
Senior & Disability Services-Florence
Senior & Disability Services-Junction City
Senior & Disability Services-Oakridge Outstation
Senior & Disability Services- Veneta Outstation
Siuslaw Outreach Services

Solvang
SongBrook
Sorgenfri Housing
Southlane Mental Health
St. Vincent de Paul-Florence
Tamarack Wellness Center
Willamalane Senior Center
Woodland Park
Ya-Po-Ah Terrace

Appendix C, Community Needs Assessment Survey

If you are age 60+ or experience a disability, please take a few minutes to fill out this anonymous survey. It helps Senior & Disability Services ensure it is providing services that help our community. Thank you!

I live in or near: ☐ Eugene ☐ Springfield ☐ Veneta ☐ Cottage Grove ☐ Oakridge ☐ Florence ☐ Junction City **Zip Code:** _____ **Age:** _____ **Do you experience a disability?** Yes ☐ No ☐ **Employed?** Yes ☐ No ☐

Gender (select all that apply) ☐ Man ☐ Woman ☐ Transgender ☐ Not listed

in Household: _____ **Veteran** Yes ☐ No ☐ Related ☐ **Do you identify as LGBTQ+?** Yes ☐ No ☐

Monthly Household Income (before taxes/deductions): ☐ ≤\$1041 ☐ \$1042-\$2082 ☐ \$2083-\$3123 ☐ ≥\$3124

Do you: ☐ Own your home ☐ Rent ☐ Homeless/Unhoused, if yes, for how long?

Education: ☐ Less than High School ☐ High School ☐ Some College ☐ Undergrad Degree ☐ Grad Degree

Race/Ethnicity (select all that apply) ☐ Hispanic or Latino ☐ Native American ☐ Asian or Pacific Islander ☐ Black or African American ☐ Middle Eastern or North African ☐ White ☐ Not listed _____

How do you rate your overall quality of life? ☐ Poor ☐ Good ☐ Very Good

Senior & Disability Services (call toll free 1-855-673-2372 for info on community services)
Yes No

- ☐ ☐ Have you heard of the Senior & Disability Services office?
- ☐ ☐ Have you used services through Senior & Disability Services?
- ☐ ☐ Have you heard of the ADRC (Aging and Disability Resource Connection)?
- ☐ ☐ Have you used or called the ADRC (Aging and Disability Resource Connection)?

General - Do you:

Yes No

- ☐ ☐ Raise grandchildren in your home?
- ☐ ☐ Need easier access into or within your home, such as a ramp, shower grab bars, etc?
- ☐ ☐ Go to places in the community you like to visit?
- ☐ ☐ Feel safe in your community?
- ☐ ☐ In the last 6 months, felt unsafe due to a family member or caregiver?
- ☐ ☐ Have trouble going to the doctor/dentist due to lack of places accepting

Medicaid/Oregon Health Plan?

- ☐ ☐ Have trouble going to the doctor/dentist due to lack of places accepting Medicare?
- ☐ ☐ In the last 90 days used the emergency room or 911 for an emergency?
- ☐ ☐ In the last 90 days used the emergency room or 911 for a non-emergency due to lack of resources

- ☐ ☐ Use the Internet, at least occasionally?
- ☐ ☐ Own and use a smart phone, tablet, or mobile device?
- ☐ ☐ Own a pet? If yes, do you have trouble buying food for your pet? Yes ☐ No ☐
- ☐ ☐ Have someone you can call in an emergency?
- ☐ ☐ Need assistance evacuating your home in the event of an emergency or disaster?
- ☐ ☐ Use life sustaining (necessary) medical equipment that needs to be charged/plugged in?
- ☐ ☐ Have a plan & supplies for a major, catastrophic event (like a disaster preparedness kit)?

Transportation –Do you:

Yes No

- ☐ ☐ Currently drive?
- ☐ ☐ Have a dependable vehicle or other means of transportation (such as a family member or friend)?
- ☐ ☐ Need accessible/special transportation help?
- ☐ ☐ In the last 90-days, due to no transportation, have you missed appointments or not been able to shop?
- ☐ ☐ Not use public or private transportation due to cost?
- ☐ ☐ Use or would like to use ride-hailing services (like Uber / Lyft / LTD Cottage Grove Connector)?

-OVER-

In-Home Assistance – Do you:

Yes No

- ☐ ☐ Have someone who checks in with you regularly, at least once a week?
- ☐ ☐ Need assistance to manage your medications?
- ☐ ☐ Need assistance to prepare meals?
- ☐ ☐ Need assistance to do household chores such as cleaning, laundry, etc.?
- ☐ ☐ Need assistance to maintain your yard or to do heavy/intense housework?
- ☐ ☐ Need assistance with personal care such as bathing, eating, mobility, etc.?
- ☐ ☐ Plan to move into an assisted living/nursing home within the next 6 months?
- ☐ ☐ Need information on how to plan for Long-Term Care needs?

- ☐ ☐ In the last 90-days, have you fallen or injured yourself in your home?

Health/Nutrition –Do you:

Yes No

- ☐ ☐ Have a primary care physician?
☐ ☐ Have enough money to buy food to eat?
☐ ☐ Eat at least 3 servings of fruits and vegetables each day?
☐ ☐ Exercise for 30 minutes at least 3 times a week?
☐ ☐ Participate in hobbies and other activities you like to do?
☐ ☐ Have feelings of loneliness or isolation?
☐ ☐ Have thoughts of ending your own life?
☐ ☐ Need help managing pre-diabetes or diabetes?
☐ ☐ Need help managing chronic pain?
☐ ☐ Need help with dental care?
☐ ☐ Need help improving your balance and strength?
☐ ☐ Interested in taking group health improvement classes?

Financial – In the past 90 days, have you:

Yes No

- ☐ ☐ Needed help dealing with legal issues?
☐ ☐ Had difficulty paying for medicines?
☐ ☐ Had difficulty paying for housing?
☐ ☐ Had difficulty keeping track of bills and paying them on time?
☐ ☐ Had enough to cover your next month of bills if income suddenly stopped?
☐ ☐ Wanted to retire, but cannot due to financial reasons?
☐ ☐ Wanted to work, but are not physically able to work?
☐ ☐ Wanted to work, but are not able to find a job?
☐ ☐ In the past 6 months, have you been a victim of crime, fraud or a scam?
☐ ☐ In the past 6 months, had someone, including family/caregivers, take advantage of you financially?
☐ ☐ In the past 6 months, had someone, including family/caregivers, take your property inappropriately?

Fill out this section ONLY if you provide UNPAID care for someone over the age of 60.

Hours per week you spend giving care? _____ Your relationship to the person you care for? _____

Do you: Yes No

☐ ☐ Work fewer hours in paid employment due to your caregiving responsibilities?

☐ ☐ Do you receive outside help? If no, do you want outside help? Yes ☐
No ☐

For info on services & community resources call toll free 1-855-673-2372

Please return survey by October 31st 2019 to:

Senior & Disability Services, 1015 Willamette, Eugene, OR 97401

Appendix D, Community Survey Data

Q1 Do you live in or near:	# Reporting	As a %
Eugene	538	45.32%
Springfield	278	23.42%
Veneta	59	4.97%
Cottage Grove	100	8.42%
Oakridge	43	3.62%
Florence	102	8.59%
Junction City	67	5.64%
Outside Lane County	0	0.00%
Answered	1187	98%
Skipped	28	2%

Q2 What is your zip code?	# Reporting	As a %
97401	151	13.16%
97402	193	16.83%
97403	15	1.31%
97404	68	5.93%
97405	73	6.36%
97408	25	2.18%
97409	0	0.00%
97412	0	0.00%
97413	5	0.44%
97419	5	0.44%
97424	81	7.06%
97426	20	1.74%
97430	0	0.00%
97431	2	0.17%
97434	1	0.09%
97437	12	1.05%
97438	0	0.00%
97439	86	7.50%
97440	1	0.09%
97448	61	5.32%
97451	1	0.09%
97452	0	0.00%
97453	2	0.17%
97454	6	0.52%

97455	3	0.26%
97461	2	0.17%
97463	33	2.88%
97475	2	0.17%
97477	156	13.60%
97478	97	8.46%
97480	0	0.00%
97487	30	2.62%
97488	1	0.09%
97489	4	0.35%
97490	2	0.17%
97492	2	0.17%
97493	2	0.17%
Not listed	5	0.44%
Answered	1147	94%
Skipped	68	6%

Q3 What is your age?	# Reporting	As a %
18-29	10	1%
90+	47	4%
30-49	49	4%
50-59	76	6%
80-89	175	14%
70-79	362	30%
60-69	388	32%
Answered	1108	91%
Skipped	107	9%

Q4 Do you experience a disability?	# Reporting	As a %
Yes	714	64.27%
No	397	35.73%
Answered	1111	91%
Skipped	104	9%

Q5 Are you currently employed?	# Reporting	As a %
Yes	120	11.87%
No	891	88.13%
Answered	1011	83%
Skipped	204	17%

Q6 What is your gender identity:	# Reporting	As a %
Woman	720	65.04%
Man	367	33.15%
Transgender	28	2.53%
Not listed (please specify)	4	0.33%
Answered	1107	91%
Skipped	108	9%

Q7 How many people live in your household:	# Reporting	As a %
0	3	0.25%
1	642	52.84%
2	306	25.19%
3	37	3.05%
4	23	1.89%
5	12	0.99%
6	4	0.33%
7	2	0.16%
8	1	0.08%
9	0	0.00%
10+	2	0.16%
Answered	1009	83.05%
Skipped	206	16.95%

Q8 Are you a veteran?	# Responding	As a %
Yes	168	16.85%
No	723	72.52%
Related to a veteran	106	10.63%
Answered	997	82.06%
Skipped	218	17.94%

Q9 Do you identify as LGBTQ+?	# Responding	As a %
Yes	98	10.78%
No	811	89.22%
Answered	909	74.81%
Skipped	306	25.19%

Q10 What is your monthly household income (before taxes/deductions)?	# Reporting	As a %
\$1041 or less	369	39.21%
\$1042 - \$2082	382	40.60%
\$2083 - \$3123	95	10.10%
\$3124 or more	95	10.10%
Answered	941	77.45%
Skipped	274	22.55%

Q11 Do you:	# Reporting	As a %
Own your home	445	39.28%
Rent	652	57.55%
Homeless/Unhoused	36	3.18%
Answered	1133	93.25%
Skipped	82	6.75%

Q12 If you are homeless, how long have you been without a home?	# Reporting	As a %
Less than 1 year	6	20.69%
1-4 years	7	24.14%
5-9 years	3	10.34%
10+ years	3	10.34%
n/a or not clear responses	10	34.48%
Answered	29	100%
Skipped	0	0%

Q13 What is your highest education level?	# Reporting	As a %
Less than High School	78	6.71%
High School diploma / GED	296	25.45%
Some College	459	39.47%
Undergraduate Degree	184	15.82%
Graduate Degree	146	12.55%
Answered	1163	95.72%
Skipped	52	4.28%

Q14 What is your race/ethnicity?	# Reporting	As a %
Hispanic or Latino	31	2.63%
Native American or Alaskan Native	68	5.78%
Asian or Pacific Islander	21	1.78%
Black or African American	19	1.61%
Middle Eastern or North African	3	0.25%
White	1099	93.37%
Not listed (please specify)	17	1.44%
Answered	1177	96.87%
Skipped	38	3.13%

Q15 How do you rate your overall quality of life?	# Reporting	As a %
Poor	200	17.92%
Good	699	62.63%
Very Good	217	19.44%
Answered	1116	91.85%
Skipped	99	8.15%

Q16 Tell us what you know about Senior & Disability Services (call toll free 1-855-673-2372 for information on community services)	Yes # Reporting	Yes As a %	No # Reporting	No As a %	Total
Have you heard of Senior & Disability Services, a division of Lane Council of Governments?	1081	90.46%	114	9.54%	1195
Have you used services through Senior & Disability Services?	762	64.41%	421	35.59%	1183
Have you heard of the ADRC (Aging and Disability Resource Connection)?	321	27.07%	865	72.93%	1186
Have you used or called the ADRC (Aging and Disability Resource Connection)?	135	11.51%	1038	88.49%	1173
Answered					1206
Skipped					9

Q17 Tell us about your living situation	Yes	As a %	No	As a %	Total
Do you raise grandchildren in your home?	57	4.77%	1139	95.23%	1196
Do you need easier access into or within your home, such as a ramp, shower grab bars, etc?	253	21.53%	922	78.47%	1175
Do you go to places in the community you like to visit?	845	72.16%	326	27.84%	1171
Do you feel safe in your community?	1002	84.56%	183	15.44%	1185
In the last 6 months, have you felt unsafe due to a family member or caregiver?	78	6.51%	1120	93.49%	1198
Do you have trouble going to the doctor/dentist due to lack of places accepting Medicaid/Oregon Health Plan?	160	13.69%	1009	86.31%	1169
Do you have trouble going to the doctor/dentist due to lack of places accepting Medicare?	193	16.37%	986	83.63%	1179
In the last 90 days, have you used the emergency room or 911 for an emergency?	226	18.86%	972	81.14%	1198
In the last 90 days, have you used the emergency room or 911 for a non-emergency due to lack of resources?	65	5.44%	1129	94.56%	1194
Do you use the Internet, at least occasionally?	807	67.08%	396	32.92%	1203
Do you own and use a smart phone, tablet or mobile device?	834	69.73%	362	30.27%	1196
Do you own a pet?	545	45.84%	644	54.16%	1189
If you own a pet, do you have trouble buying food for your pet?	131	23.95%	416	76.05%	547
Do you have someone you can call in an emergency?	1013	85.27%	175	14.73%	1188
Do you need assistance evacuating your home in the event of an emergency or disaster?	304	25.85%	872	74.15%	1176
Do you use life sustaining (necessary) medical equipment that needs to be charged/plugged in?	192	16.03%	1006	83.97%	1198
Do you have a plan & supplies for a major, catastrophic event (like a disaster preparedness kit)?	350	29.66%	830	70.34%	1180
Answered					1208
Skipped					7

Q18 Tell us about your transportation uses and needs	Yes	As a %	No	As a %	Total
Do you currently drive?	724	60.28%	477	39.72%	1201
Do you have a dependable vehicle or other means of transportation?	907	76.03%	286	23.97%	1193
Do you need accessible/special transportation help?	223	18.77%	965	81.23%	1188
In the last 90-days, due to no transportation, have you missed appointments or not been able to shop?	152	12.73%	1042	87.27%	1194
Do you not use public or private transportation due to the cost?	180	15.20%	1004	84.80%	1184
Do you use or would you like to use ride-hailing services (like Uber/Lyft/LTD Cottage Grove Connector)?	264	22.53%	908	77.47%	1172
Answered					1208
Skipped					7

Q19 Tell us about your in-home assistance needs					
	Yes	As a %	No	As a %	Total
Do you have someone that checks in with you regularly, at least once a week?	723	62.27%	438	37.73%	1161
Do you need assistance to manage your medications?	169	14.51%	996	85.49%	1165
Do you need assistance to prepare meals?	271	23.40%	887	76.60%	1158
Do you need assistance to do household chores, such as cleaning, laundry, etc?	421	36.29%	739	63.71%	1160
Do you need assistance to maintain your yard or to do heavy/intense housework?	514	44.85%	632	55.15%	1146
Do you need assistance with personal care, such as bathing, eating, mobility, etc?	189	16.36%	966	83.64%	1155
Do you plan to move into an assisted living / nursing home within the next 6 months?	40	3.49%	1107	96.51%	1147
Do you need information on how to plan for Long-Term Care needs?	232	20.39%	906	79.61%	1138
In the last 90-days, have you fallen or injured yourself in your home?	207	17.86%	952	82.14%	1159
Answered					1177
Skipped					38

Q20 Tell us about your overall health and nutrition:					
	Yes	As a %	No	As a %	Total
Do you have a primary care physician?	1078	91.59%	99	8.41%	1177
Do you have enough money to buy food to eat?	895	78.10%	251	21.90%	1146
Do you eat at least 3 servings of fruits and vegetables each day?	511	44.28%	643	55.72%	1154
Do you exercise for 30 minutes at least 3 times a week?	645	55.46%	518	44.54%	1163
Do you participate in hobbies and other activities you like to do?	813	69.91%	350	30.09%	1163
Do you have 3 or more drinks of alcohol per day?	5	17.86%	23	82.14%	28
Do you have feelings of loneliness or isolation?	407	35.30%	746	64.70%	1153
Do you have thoughts of ending your own life?	84	7.28%	1070	92.72%	1154
Do you need help managing pre-diabetes or	112	9.66%	1048	90.34%	1160

diabetes?					
Do you need help managing chronic pain?	345	29.74%	815	70.26%	1160
Do you need help with dental care?	376	32.36%	786	67.64%	1162
Do you need help improving your balance and strength?	477	41.09%	684	58.91%	1161
Are you interested in taking group health improvement classes?	332	29.23%	804	70.77%	1136
Answered					1182
Skipped					33

Q21 Tell us about your financial situation:					
	Yes	As a %	No	As a %	Total
In the last 90 days, have you needed help dealing with legal issues?	200	17.21%	962	82.79%	1162
In the last 90 days, have you had difficulty paying for medicines?	151	12.94%	1016	87.06%	1167
In the last 90 days, have you had difficulty paying for housing?	176	15.15%	986	84.85%	1162
In the last 90 days, have you had difficulty keeping track of bills and paying them on time?	204	17.51%	961	82.49%	1165
In the last 90 days, have you had enough to cover your next month of bills if income suddenly stopped?	394	34.08%	762	65.92%	1156
In the last 90 days, have you wanted to retire, but cannot due to financial reasons?	109	9.91%	991	90.09%	1100
In the last 90 days, have you wanted to work, but are not physically able to work?	350	30.97%	780	69.03%	1130
In the last 90 days, have you wanted to work, but are not able to find a job?	144	12.86%	976	87.14%	1120
In the last 6 months, have you been a victim of crime, fraud or a scam?	134	11.43%	1038	88.57%	1172
In the last 6 months, has someone, including family/caregivers, taken advantage of you financially?	59	5.04%	1111	94.96%	1170
In the last 6 months, has someone, including family/caregivers, taken your property inappropriately?	59	5.05%	1110	94.95%	1169
Answered					1180
Skipped					35

Q22A How many hours per week do you spend giving care?	# Reporting	As a %
Less than 20	52	48.00%
20-39	10	9.00%
40-79	12	11.00%
80-99	1	1.00%
100 or more	14	13.00%
Not measurable	20	18
Answered	102	8.39%
Skipped	1113	91.60%

Q22B What is your relationship to the person you are caring for?	# Reporting	As a %
Spouse/Partner	30	27.00%
Parent	13	12.00%
Formal caregiver	5	5.00%
Friend	13	12.00%
No relation	1	1.00%
Child or other relative	21	19%
Not measurable	27	25.00%
Answered	93	92.35%
Skipped	1122	7.65%

Q23 If you provide UNPAID care for someone over the age of 60	Yes	As a %	No	As a %	Total
Do you work fewer hours in paid employment due to your care giving responsibilities?	30	21.74%	108	78.26%	138
Do you receive outside help?	34	25.56%	99	74.44%	133
If you do not receive outside help, do you want outside help?	47	45.19%	57	54.81%	104
Answered					146
Skipped					1069

Appendix E, S&DS Programs and Services Listing

S&DS provides robust programs and services that help promote self-determination, dignity and choices for older adults and adults with disabilities. S&DS programs and services include:

- *Adult Foster Care Licensing:* S&DS licenses adult foster care homes located throughout Lane County and monitors the care they provide consumers. Adult foster homes are licensed to care for up to 5 people per home. S&DS also provides ongoing local foster home provider training.
- *Adult Abuse Prevention:* S&DS provides a variety of services designed to prevent abuse, neglect and exploitation of vulnerable adults. These services include public education, outreach, abuse investigation and participation in a wide variety of local and statewide efforts.
 - *Abuse Multi-Disciplinary Team (MDT):* This MDT coordinates efforts to resolve complex community protective services and abuse issues. The team consists of a variety of community organizations focused on vulnerable adult safety. Members range from the District Attorney’s Office and local Police Department, to Lane County Developmental Disabilities Services.
 - *Adult Protective Services (APS):* S&DS staff respond to abuse allegations regarding adults age 65 and older and adults age 18 and older with disabilities. APS staff works closely with law enforcement, licensed facilities and the justice system.
- *Advocacy:* Advocacy is conducted at both the individual consumer and agency level. For consumer advocacy, please see ‘Senior Connections’ in this section. At the agency level, the S&DS Advisory Councils, with LCOG Board approval and staff support, advocate for legislation, funding and system changes at the local, state, and federal level.
- *Aging & Disability Resource Connection (ADRC):* The ADRC, through the integration of aging and disability services systems, provides personalized assistance to help consumers learn about and navigate through available community service options. The ADRC is designed as a highly visible and trusted place the public, regardless of income, may utilize for unbiased, reliable information on the full range of community long-term support options. Locally, the ADRC includes:
 - *Information & Assistance:* The ADRC serves as the first stop for consumers, family members and friends, as they seek to find resources for

those who are aging or are experiencing a disability. It is designed to streamline access to information about available long-term care services. Referrals are made to programs and organizations that may meet the individual's specific need. Assistance is provided in accessing or connecting to services when needed or requested.

- *Online Resources:* An online database of resources is available through www.adrcforegon.org. The database is regularly maintained to ensure up-to-date information and contacts. Extra focus has been placed on access to dementia related services.
- *Options Counseling:* Trained Options Counselors provide one-on-one assistance to assess the consumer's situation and needs, to tailor options for services. Options Counselors also facilitate decision making on long-term care options, including supported living in the community. Home visit assessments are available to help navigate local, state and federal programs and services. Extra focus has been placed on training staff to provide dementia related services. Consumers may be care recipients, caregivers or family members.
- *Section Q Options Counseling:* Similar to traditional Options Counseling, this program ensures the coordination and continuity of health care as patients transfer between facilities and their home. Transitional care includes development of a comprehensive care plan based on the patient's goals, preferences, clinical status and environmental status. Transitional care is essential for persons who are at risk of being readmitted into a facility or hospital setting within a short period of time.
- *PEARLS:* PEARLS (Program to Encourage Active and Rewarding Lives) is a time-limited and participant driven program offered to consumers with home-based services. Through trained professionals, the program teaches depression management techniques to older adults with minor depression through one-on-one sessions in the participant's home.

- *Facilities Case Management:* S&DS staff monitors the care of Medicaid consumers in Residential Care Facilities, Assisted Living Facilities and Nursing Homes.

Residential Care Facilities and Assisted Living Facilities provide 24-hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.

- *Health Promotion Programs:* S&DS offers a variety of evidence-based health promotion programs, including Living Well with Chronic Conditions, Chronic Pain, and Diabetes. These three evidence-based programs were developed by Stanford University's Patient Education Research Center. The six-week workshops are designed to help participants learn how to manage their health conditions. Participants learn about nutrition, exercise, how to talk with their health care team and more from certified and trained volunteer leaders. In 2018, S&DS launched two new pilot programs, Walk with Ease and Powerful Tools for Caregivers. Walk with Ease is a 9-week group walking course that includes stretching and strengthening exercises. Powerful Tools for Caregivers is a 6-week program designed to help the family caregiver learn skills to better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions.
- *Long-Term Care Medicaid Case Management:* S&DS staff work closely with consumers and their families to establish a care plan with a focus on keeping individuals safe and independent in their own homes for as long as possible. Once in place, Case Managers keep in touch with the consumer, caregivers, service providers and family members to verify that the plan continues to meet the consumer's needs.
- *Medicaid and the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps):* S&DS staff determine eligibility for these federal programs for older adults and adults with disabilities in Lane County. Eligibility is based on income, assets and other factors. In 2018, S&DS served more than 18,000 Lane County residents through Medicaid & SNAP.
- *Oregon Money Management Program (OMMP):* Certified, trained volunteers or S&DS staff help participants with managing their finances and may serve as representative payees for federal benefits such as Social Security, Veterans Benefits and Railroad Retirement.
- *Oregon Project Independence (OPI):* OPI provides limited in-home services to people 60 and older who need a little help to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by

preventing inappropriate or premature placement into a nursing home. OPI services are offered on a sliding fee and are dependent on available funding and include personal care and housekeeping in-home care, help with durable medical equipment, emergency response devices and Meals on Wheels. In 2015, S&DS was selected by the Oregon Department of Human Services (DHS) as a pilot area to expand OPI services to adults with disabilities ages 19 – 59. As of publication of this document, the Pilot Program is authorized and funded by the Oregon State Legislature through June 30, 2019. Results of the Pilot Program will be analyzed by the Legislature to determine program availability in the future. A waitlist for the 60 and older program exists.

- *Senior Connections:* Coordinators assist older adults age 60 and older and their caregivers with services to continue living independently in their own homes. This program is specifically for older adults that do not qualify for or choose not to utilize Medicaid services. Senior Connections is primarily funded through the Older Americans Act (OAA). Programs and services include:
 - *Advocacy:* Staff and volunteers advocate on behalf of the needs of consumers to ensure they receive the best care possible. Staff assist consumers to work through barriers and connect to other resources in the community that best meet their needs.
 - *Case Management:* Information, assistance and referrals for care coordination are provided one-on-one. This includes assisting older adults in activities such as assessing needs, developing care plans, and authorizing, arranging and coordinating services with providers. Follow up and reassessment is provided as needed and services are renewed annually.
 - *Elder Help (Reassurance):* The Elder Help Volunteer Program seeks to match consumers age 60 and older with compatible volunteers who offer a variety of assistance and friendly visiting. Volunteers assist with activities such as grocery shopping, yard work, and running errands. These tasks allow individuals to remain living independently in their own homes. S&DS staff support consumers and supervise their volunteer companions. Waitlists for this program exist and are maintained by geographic service area.

- *Family Caregiver Program*: Staff provide information and assistance, respite care, supplemental services and training resources for anyone caring for a family member or friend age 60 and older. This also applies to anyone age 55 and older who is the unpaid primary caregiver for a child under the age of 18 or adult child with a disability. A waitlist for this program exists which is capped at a maximum of 25 potential consumers.
- *Low Income Home Energy Assistance Program (LIHEAP) (Financial Assistance)*: This federally funded seasonal program helps low-income consumers pay for primary or secondary heating costs once a year. LIHEAP is available during early winter. Additional financial assistance may be provided through two local emergency funds, one in partnership with a local non-profit and the other administered by S&DS through donation funds. Waitlists exist for this federally funded program.
- *Rural Medical Escort Program*: Staff coordinate assistance and transportation for older individuals who have difficulty (physical or cognitive) using regular vehicular transportation. This is a volunteer-based door-through-door service. Volunteers are supervised by staff.
- *Senior Companion Program (Reassurance)*: Trained older adults age 55 and older that meet low income guidelines receive an hourly tax-exempt stipend and some meal and mileage reimbursement to provide friendly visiting, transportation and assistance to vulnerable older adults. This program is provided by the Lane Community College (LCC) Successful Aging Institute for S&DS consumers. Volunteers are supervised by staff. Waitlists for this program exist and are maintained by geographic service area.
- *Transportation Assessments (RideSource)*: Under a contract with Lane Transit District (LTD), S&DS staff assess older adults and adults with disabilities for RideSource and American's with Disabilities Act ride eligibility. RideSource provides transportation services within the Eugene/Springfield area for individuals not able to ride the LTD fixed-route bus system due to their functional physical, mental, cognitive or emotional capacity.

- *Senior Legal Program*: Consumers age 60 and older with non-criminal legal issues

may receive no-cost legal consultation with pro-bono or staff attorneys. This program is offered by the Oregon Law Center (formerly Lane County Legal Aid and Advocacy) office under contract with S&DS. Community education on legal issues is also provided.

- *Senior Meals Program:* This program provides nutritious meals and also serves as a social outlet, reducing isolation and providing a valuable safety check for consumers. 20% of the Senior Meals Program budget comes from extensive fund raising. All meals served are prepared in the LCOG Central Kitchen in Eugene. Senior Meals Programs include:
 - *Café 60:* These communal dining settings serve hot, nutritious lunchtime meals in nine Lane County communities. Locations include Eugene, Springfield, Creswell, Coburg, Cottage Grove, Florence, Junction City, Oakridge and Veneta. Meals are offered on a donation basis to those 60 and older and their spouses.
 - *Meals on Wheels (MOW):* The Senior Meals Program delivers meals and regular safety checks to homebound people in eight Lane County Communities through a robust network of volunteers. Meals may be hot or frozen, depending on availability and consumer needs. MOW participants are unable to prepare meals for themselves and lack a support system to assist with meals. S&DS partners with FOOD for Lane County for Eugene meal delivery, while S&DS provides meal delivery in Springfield and rural Lane County. Waitlists for this program exist, are route specific and are maintained by geographic service area.

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SENIOR & DISABILITY SERVICES CONTACT INFORMATION

To access any programs or services offered by S&DS or for information on other community resources, contact the Aging & Disability Resource Connection (ADRC):

541-682-3353 or 1-855-673-2375 (toll free)
1015 Willamette Street, Eugene, Oregon 97401
Email: ADRCLane@lcog.org
Website: www.sdslane.org

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