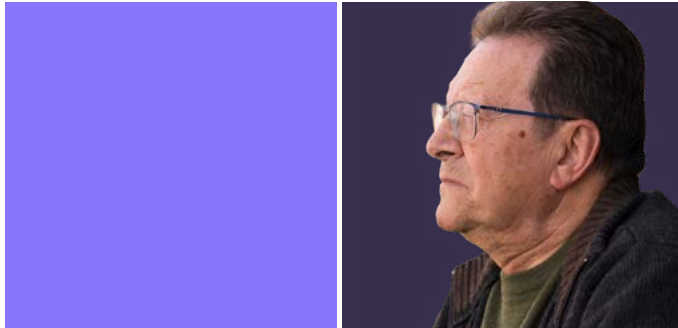




Jewish Federation
OF CLEVELAND
HERE FOR GOOD

REPORT ON THE
**2024 OLDER ADULT
TASK FORCE**



MESSAGE FROM THE CHAIR

The Torah commands us twice (both in Exodus and Deuteronomy) to “honor thy father and mother.” The Older Adult Task Force, convened by the Jewish Federation of Cleveland, sought to explore and discover the challenges faced by the older adults in our community and recommend actions to improve or ameliorate those challenges, thereby honoring a most sacred commandment.

The conclusions and recommendations in this report represent over a year of effort by many knowledgeable and committed people; professionals of the Jewish Federation of Cleveland and their affiliated agencies and volunteer leaders who are dedicated to the interests and welfare of the aging community. I am honored to have been given the responsibility of chairing this task force, and I thank all those involved in this interesting, challenging and exciting endeavor.

Aging in the year 2025 has changed dramatically since the Jewish community’s older adult services organizations were founded. The population of those over the age of 65 is increasing and people are living longer, healthier lives. Economic pressures and a mobile population have challenged the concept of family caregiving, and technology threatens the human interaction so necessary to a fulfilling life. “New” neurological diseases corresponding with longer life present challenges not formerly dealt with in such large numbers. These and so many other factors create a complex challenge to be explored.

The recommendations herein are concrete; some more actionable than others. It will be the responsibility of the Federation’s Community Planning Committee, the Board of Trustees, Federation leadership, and their agencies and partners to determine how and when to address these conclusions.

Those of us involved in this first step of making the lives of our honored and respected older adults better will be eagerly anticipating the next steps.

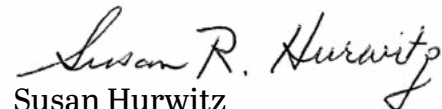

Susan Hurwitz
Chair, Older Adult Task Force



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OLDER ADULTS IN JEWISH CLEVELAND

The older adult population in the United States is poised for unprecedented growth in the coming decades. The U.S. Census Bureau projects that by the year 2030, over 71 million or one in five Americans will be 65 or older.



The Ohio Department on Aging projects that between 2020 and 2040, Ohio's population of those age 60 and older is expected to grow four times faster than the state's overall populationⁱ. This shift in which the older adult population is expected to continue to increase relative to the younger population is known as population aging and is due to mortality improvements and declining fertility in the United States over recent decades.

Locally, in Jewish Cleveland, the 2022 Cleveland Jewish Community Study shows that the proportion of Jewish older adults is even higher than the general population. An estimated 35% of all Jewish Clevelanders are age 65 or older, which includes 20% in the 65-74 age range and 15% in the 75+ group. An estimated 21% of Jewish adults provide regular care for someone age 65 or older.

As the older adult population continues to expand, their needs, characteristics, and preferences about how they want to age are also evolving. At the forefront of these changes are:

- An increasing number of older adults wish to remain in their homes as they age, which impacts the types of services needed to ensure their physical, social and emotional, and financial wellbeing.
- Longer lifespans compared to earlier generations. While a longer period of older adulthood can provide exciting opportunities not afforded to past generations, it can also lead to increased medical needs and financial needs as one's lifespan outpaces their savings.
- Increased medical needs associated with longer lifespans, particularly needs due to Alzheimer's and other dementias. Because increasing age is the predominant risk factor for Alzheimer's dementia, as the aging population grows, so too will the number of new and existing cases of Alzheimer'sⁱⁱ.

This population growth and evolution of preferences and needs are occurring within a shifting service landscape; some shifts are occurring in response to consumer preferences and population characteristics, while many others are unfolding in relation to systemic forces. Among these shifts are nationwide staffing shortages, the increasing complexity of medical care systems, high cost of living, shortages of affordable housing, and inadequate reimbursement rates. These and other systemic factors and service landscape changes are taking place both nationally and locally and are discussed further in this report.

Of note locally, however, is the sale of Menorah Park, the Jewish senior living facility and former Federation beneficiary agency, to the for-profit entity Outcome Healthcare in December 2023. In recent years, like many other Jewish and non-Jewish nonprofit senior living facilities across the country, Menorah Park faced significant financial and operating challenges because of low occupancy in revenue-generating services, low reimbursement rates, and high staffing costs. Similar situations have occurred in other communities across the United States in recent years.^{iii-vi}

As a for-profit business, the senior living facility, now known as King David Healthcare Center, is no longer eligible for a Federation allocation.

OLDER ADULT TASK FORCE MANDATE

Given these local and national changes to the service landscape and systemic issues, growth of the older adult population, and evolving needs and preferences of older adults, the Federation's Community Planning Committee commissioned the 2024 Older Adult Task Force. The objectives of the task force are as follows:

- Assess the changing needs and preferences of older adults in the Jewish community
- Understand the availability of services for older adults
- Identify gaps in services and barriers to access
- Prioritize these areas according to the greatest need and where Federation and its partners can make a difference
- Develop recommendations for a community response

The task force defines "older adults" as those who are age 65 years and older as this age aligns with the typical retirement age and age of eligibility for Medicare benefits in the United States. This definition also aligns with available data on the population from the U.S. Census, Cleveland Jewish Community Studies, and much research. However, there is variability of needs, characteristics, and behaviors within the 65+ group, as well as those on the cusp, currently in their late fifties to early sixties. It is important to take into account this variability as well as those aging into the older adult cohort when planning to address the needs, particularly as it relates to financial needs, medical needs and functioning level, and absence of natural supports, which are often greater indicators of the types and severity of needs rather than age alone.

TASK FORCE PROCESS

The Older Adult Task Force mandate is broad in terms of scope, population size and diversity, the range and relative intensity of the needs within the population, and a myriad of systemic issues and market forces at play. One of the primary goals was to not just identify the needs, but to pinpoint where the greatest needs lie and thus to prioritize where community resources and planning efforts should be directed. This prioritization process was iterative and took place over the course of the task force process. The key findings and recommendations are a product of that thoughtful and thorough prioritization process.



The task force began by defining the population of focus as individuals aged 65 and older who are members of the Cleveland Jewish community, as well as families and unpaid caregivers of older adults. The group also identified numerous individual and environmental factors that affect an individual's needs as well as their ability to meet those needs. This tension between the individual and the environment was a common thread examined often throughout the process.

After identifying the population of focus and individual and systemic factors, the information gathering phase began. This phase included a scan of the service landscape and a community input process. The service landscape scan began with a series of interviews of Jewish nonprofit service providers in the Cleveland area to understand their services, identify gaps, and learn about their observations about the population and challenges with service delivery. In addition to the interviews, the task force conducted a panel of four leaders of Jewish nonprofit service providers to gain a deeper understanding of these issues. As part of this process, the task force catalogued over 25 different programs across seven Jewish nonprofit organizations in the Cleveland area providing services to older adults. These programs span a wide range of service areas including counseling, caregiver support, education, socialization, food, home care, medical care, and more.

The landscape scan then expanded to include other local and national professionals working in a variety of sectors related to older adults, including social services, senior living, community centers, funders, government, research, law, advocacy, medicine, and clergy. These included professionals and organizations from both the Jewish and general communities. Over 30 interviews of professionals were conducted. Refer to the Appendix for a list of the organizations and professionals who were involved in this process.

The community input process consisted of gathering perspectives from 32 older adults and their caregivers via two focus groups and 14 interviews. The Interview Guide was developed using key themes from the service landscape scan and a recent community needs assessment by the Center for Community Solutions. The interviews and focus groups were conducted in July and August 2024.

Participants included Jewish older adults and family caregivers, representing diverse demographics, including income level, age, geographic location, living situation, family/marital status, and denomination. Participants were recruited through community members (e.g., non-profit professionals, case managers, rabbis) who distributed invitations within their networks, and by word-of-mouth. Interviews were conducted by phone or Zoom, lasting 45-60 minutes, while focus groups were held in person. Interviewers took thorough notes during and after the sessions, which were analyzed for common themes.



The recommendations in this report are comprehensive and multifaceted, providing strategic guidance for the Jewish Federation of Cleveland and its partner organizations. Given the urgency of the needs, some recommendations have already been initiated during the task force process, while implementation planning for others is underway. Certain recommendations may require more time to implement and could evolve as more information is gathered.

A summary of the themes and key findings from the information gathering process is provided in the following sections. For a detailed report from the community interviews and focus groups, please refer to the Appendix.

OVERVIEW OF KEY FINDINGS AND PRIORITIES

The information gathering process revealed many themes and important findings, including:

- Planning for, Navigating, and Managing Care
- Lack of awareness of existing services among community members and providers
- Impacts of increased cost of living on basic needs
- Affordable Housing
- Access to Transportation
- Feelings of Isolation & Loneliness
- Staffing Shortages
- Volunteerism Opportunities
- Systems Advocacy

The task force prioritized these areas according to the greatest need and the potential impact that Federation and its partners can have. The group arrived at four key priority areas:



Certain findings, such as the importance of systems advocacy and volunteerism opportunities, are woven into the set of recommendations. For other findings, like the impact of increased cost of living and staffing shortages, the task force deemed them largely systemic issues and shared this information with the Allocations Committee to include in opportunities for larger systemic advocacy. However, as plans for implementation and sustainability are developed, these systemic issues will require careful consideration.

Three primary indicators of gaps and barriers surfaced repeatedly throughout the service landscape scan and interview processes. These gaps and barriers manifest differently in a person's life depending on a wide range of factors, which may include the individual's demographics, characteristics, and coexisting needs. These gaps and barriers remain a throughline in the findings of the task force, however, and implementation plans should take into account their relevant implications and manifestations in order to effectively address the needs.

- 1. Barriers due to medical needs & level of functioning:** As an individual's health needs become more complex, their need for more hands-on, intensive services increases, and the access of appropriate services narrows or disappears. The extent to which a person's level of functioning is affected by a diagnosis or health need depends on an array of factors. However, certain conditions so profoundly change a person's life, such as dementia and Parkinson's disease, that special attention must be paid to these subgroups.

According to the 2022 Cleveland Jewish Community Study, half (52%) of individuals aged 65 or older indicated that an adult in their household has a chronic health issue, disability, or special need that

limits activities. Thirteen percent of Jewish households with a person aged 65 or older include someone who typically needs help with daily activities such as doing housework, preparing meals, dressing and undressing, taking a bath or shower, or walking up and down stairs.

- 2. Financial barriers:** Many older adults and their families are priced out of the goods and services they need. The costs of care, housing, and basic needs are high and out-of-reach for many. In particular, individuals who are financially “stuck in the middle” face the unique barrier of being above the threshold of typical financial eligibility for most assistance programs, but below the level of adequate financial resources to afford what they need.

Results from the 2022 Cleveland Jewish Community Study show that 14% of adults age 65-74 and 21% of adults age 75 and older *cannot make ends meet* or are *just managing to make ends meet*, according to respondents’ self-evaluation of their financial status.

- 3. Gaps caused by the absence of natural supports:** The presence or absence of natural supports in a person’s life also impacts how their needs are met, which surfaces in different ways. For example, the presence of family members and their willingness to help, where the individual lives, if they have neighbors or friends they can rely on, or if they are connected to a synagogue. Whereas one person may rely on their daughter or neighbor for a ride, another cannot. Again, the individual’s level of functioning can drastically alter the nature of these relationships.

SUMMARY OF KEY PRIORITY AREAS & RECOMMENDATIONS

Care Navigation and Planning for Aging

Planning for, navigating, and managing care for older adults often involves numerous services, including financial and legal planning, information and referral, care navigation, and comprehensive case management. There have been many changes to the service landscape over recent years that affect how older adults and their families navigate these challenges, including the increasing complexity of health systems, variety of services available, demands on providers’ time, and increased cost of care.

Older adults and their families often struggle to navigate these complex systems as their needs, preferences, and abilities change. Navigating these systems and resources takes tremendous time, effort, and emotional energy. Lack of awareness of existing resources and of knowing what questions to ask compounds these challenges.

Community members interviewed at various stages of their aging journeys reported feelings of frustration, confusion, and being overwhelmed, highlighting a universal need for support in managing their care. Depending on the individual’s needs, this support can range from lighter touch services, such as information and referral, to relatively time-limited care navigation



services operating within a particular sector or addressing a specific set of needs, to more intensive and long-term geriatric case management that addresses complex needs.

Healthcare providers, such as primary care doctors and geriatricians, also face obstacles in coordinating care due to the demands of documentation and billing. As a result, care coordination often falls short, leaving the individual or family caregivers to take on significant responsibilities. Since case management is typically a non-billable service, this disincentivizes doctors and hospitals to provide this service. While many social service agencies strive to bridge this gap, the lack of reimbursement for case management services forces them to rely on philanthropic support, government funding if available, or to implement private pay structures for those who can afford it (or a combination thereof). The costs of providing these services are high, as they are time-intensive and require knowledgeable staff to support clients and their families across different areas of need over the medium-to-the-long term. With more older adults choosing to age in place and increased life expectancies, the demand for care navigation and case management services will continue to grow.

These same trends and environmental factors that exacerbate the need for care navigation also underscore the importance of planning for aging. Many older adults and their families find themselves underprepared for the logistical, financial, emotional, and spiritual impacts of aging transitions. Human service providers share that many of their older clients tend to seek help only once they have reached a crisis point. While unforeseen circumstances do occur, effective preparation can help mitigate challenges that arise. Common barriers to effective planning include lack of knowledge, financial constraints, and stigma. Based on results from the 2022 Cleveland Jewish Community Study, 12% of adults in the 75+ age group, 19% in the 65-74 age group, and 28% in the 50-64 age group indicated that they are *not at all* or *not too confident* in their ability to live comfortably through their retirement years.

The rising cost of care significantly affects planning and navigating care in older adulthood. The majority of seniors are expected to require some form of long-term care supports^{vii}. And while more than 66 million people are enrolled in Medicare in the United States, it does not cover many common health needs^{viii}. Even the savviest planners can be caught off guard by a medical crisis or unexpectedly longer lifespan that drains their savings faster than they had planned for. Middle-income individuals are especially at risk for greater financial hardship or going without needed healthcare. The current long-term care system creates a divide between a separate private market for the affluent who can afford it, and for those who cannot, the option to spend down their savings and assets to qualify for Medicaid. This spend-down process is complex for the individual, requiring financial and legal guidance as well as yearslong foresight, and further taxes the already overburdened Medicaid system and the providers working within it.

We envision:

Older adults and their families navigate older adulthood with compassionate expert support tailored to their abilities, needs, preferences, and resources, without stigma. Individuals enter older adulthood with greater preparedness and knowledge to confidently navigate this stage of life and minimize the impact of crises whenever possible. Community members know where to turn when they have a question or when a need arises. Providers and community leaders across sectors work collaboratively to make effective referrals and increase access to services. Older adults and their families have an effective resource to address concerns about their care.

We recommend:

Goals: Individuals and their families feel that they have support and resources that they need to confidently navigate older adulthood. Providers and community leaders thoughtfully plan and collaborate to care for older adults and their families.

A. Create an integrated and coordinated network that connects older adults and their families with the right programs, services, and resources that meet their specific needs throughout their aging journey, through intentional collaboration and planning between Federation, its beneficiary agencies, and partners.

- Develop a navigable, visible entry point option for older adults and their families to increase awareness and access to services and resources. Invest in the development and execution of effective and coordinated marketing strategies. Circumvent the stigma associated with accessing social service providers.
- Develop a planning framework that will enhance Jewish community agencies' respective areas of expertise, increase awareness and understanding of each other's services, and strengthen collaboration between organizations.
- Equip community members with knowledge, tools, and resources: Using a population health approach^{ix}, develop a comprehensive educational strategy to address the multifaceted aspects of aging, including the physical, mental, emotional, and spiritual, as well as the logistical challenges, such as financial planning, housing scenario planning, and transportation access.
- Implement effective care navigation models: Research and adapt successful care navigation models (e.g., JFSA Dementia Care Navigator Program, a program developed from the Nakum Alzheimer's/Dementia Task Force) to enhance service delivery for older adults and ensure personalized approaches to diverse needs.
- Implement effective medical/institutional patient advocacy models: Research and adapt successful patient advocacy models to support, enhance communication, and increase access to care for older adults, including for individuals without natural supports in their lives and those with dementia and other neurological conditions.

B. Facilitate cross-sector connections within and beyond Jewish Cleveland.

- Convene professionals and community leaders, both formal and informal, who are invested in caring for older adults to share resources, increase awareness of services, and foster collaboration and referrals.
- Conduct targeted outreach to key high quality service providers at non-Jewish institutions (e.g., hospitals, human service agencies, community centers) to increase awareness of services at partner agencies, make appropriate referrals, and identify opportunities for collaboration.



Isolation and Loneliness

Many trends within the older adult population and environmental factors carry risks of isolation and loneliness. These include preference to age at home; greater longevity, increased health needs, and limited mobility; limited transportation access; ageism, and stigma surrounding aging. Isolation, loneliness, and stress also impact family caregivers due to time constraints and changing relationship dynamics.

According to 2020 U.S. Census data for Cuyahoga County, about 35% of people aged 65 and over live alone. A recent needs assessment revealed that 5-6% of this population report always feeling lonely or isolated while 19-30% feel this way sometimes. Lack of companionship is the most common indicator of loneliness, followed by feeling alone. One-third of residents regularly engage in social activities or community events while 29% rarely or never engage in such activities. When asked about broader social inclusion, one in four older adults in the county reported feeling disconnected from their community and another 15% are not sure if they feel disconnected. There is a significant difference in feelings of social inclusion based on income; those with income levels of less than \$30,000 per year feel more disconnected and socialize less frequently compared to higher income peers^x.

During their interviews, Jewish older adults commonly shared feelings of being left-out or forgotten by the broader community. Older adults in senior living facilities like the King David campus (formerly Menorah Park) strongly stated these feelings.

While numerous organizations offer a variety of events, programs, and activities for older adults in the Cleveland area, community members expressed a desire for more options that appeal to both older adults specifically, as well as intergenerational offerings. Common barriers to participation include a lack of awareness of upcoming events, cost, access to transportation, and accessibility of venues.

Family caregivers are also at risk of isolation and loneliness. Adult children often struggle to balance caregiving for aging parents, work, raising children, and other responsibilities. Interviews with these caregivers revealed that limited support group and respite services as well as scheduling conflicts make it difficult to participate. Older adults caring for a spouse face additional burdens in overcoming isolation and loneliness as they navigate caretaking duties alongside changing relationships and social dynamics. Caring for a loved one with certain diagnoses, such as dementia and Parkinson's, add even greater complexities in managing these challenges exacerbating feelings of isolation.



We envision:

Older adults feel more connected to and engaged with the community. Older adults feel welcome and included in the variety of activities available in the community, and their participation in events and programs will not be limited due to transportation access, cost, or physical accessibility. Caregivers feel supported, less stressed, and less isolated. Community members value older adults and their experiences and perspectives.

We recommend:

Goal: Older adults engage in a variety of activities that support their social wellbeing while also accessing essential services and resources.

- A. Connect older adults to the Cleveland Jewish community. Leverage collaboration between agencies to create new opportunities and enhance current offerings.
- Offer a range of activities in the areas of wellness, education, intergenerational, and volunteering opportunities that are intellectually stimulating, offer companionship, and cater to diverse interests, backgrounds, and ability levels, in collaboration with our partner organizations.
 - ◊ Integrate support for basic needs within programming by collaborating with partners to include access to food, health screenings, financial guidance, and other resources.
 - ◊ Evaluate ways to increase awareness of events and programs in the Jewish community.
 - Reduce barriers that older adults face to participating in events and programs in Jewish Cleveland, including transportation, accessibility, cost, and anxieties of attending an event alone.

Goal: Older adults can create and maintain connections to communities regardless of where they live.

- A. Empower older adults through self-directed initiatives by facilitating forums for older adults to co-create opportunities that interest them, fostering ownership and engagement. Implement community-driven models that promote peer support and shared resources. For example, Community Options^{xi}, the Village model^{xii}, the Verve model^{xiii}.
- B. Enhance connections between Jewish residents at senior living facilities and the broader Jewish community: Identify opportunities to bring Jewish programming and services to senior living facilities.

Goal: Increase socialization opportunities and reduce isolation of individuals and families living with dementia and other neuro-cognitive issues.

- A. Partner with organizations to expand socialization opportunities for older adults with dementia and other neuro-cognitive issues and respite services for their caregivers.



Housing and Supportive Services

Though the topic of housing is expansive and complex and will likely require systemic solutions, two critical needs emerged during the task force process: (a) the need for quality, affordable senior housing options that can accommodate older adults' health and mobility needs; and (b) the need for affordable and accessible supportive services that enable older adults to continue to reside in their homes for as long as it is safe to do so. Nearly all service providers emphasized the importance of affordable housing in meeting the needs of older adults, while also underscoring the complexity of the issues and, therefore, the need for collaboration across organizations and sectors.

According to a 2023 community needs assessment of older adults in Cuyahoga county, an overwhelming majority (97%) of older adults desire to age in their homes or communities^{xiv}. This commitment is so strong that many prioritize paying for their current housing over other basic needs, such as food and medicine^{xv}. Of older adults who own their homes in Cuyahoga County, about one-third of them are considered “housing cost burdened” in which 30% or more of their income goes towards housing costs—a figure that doubles for renters^{xvi}.

Among older adult homeowners, the need for affordable and quality home maintenance and repair services is high. This includes cleaning and landscaping services and minor safety upgrades, but especially high-cost repairs like roofing and major appliances. Existing home maintenance and repair programs have low cost caps and limited financial investment from government and philanthropic sources (e.g., a maximum of \$225 provided through a county program). Eligibility for these programs is typically limited to very low-income households and dependent on place of residence. Across Cuyahoga County, 13% of older adult residents have access to low-cost or free home repair services, and one-third of residents have homes equipped with accessible features^{xvii}.

Although most older adults wish to age in place, it is estimated that at least 70% will eventually require long-term care^{xviii}. Furthermore, certain medical needs require intensive care that cannot be effectively or affordably met in a community setting. Industry leaders and researchers have explained that over the past decade, most of the senior housing that has been developed has been designed for people in the higher income segment^{xix}, while low-income affordable housing has been chronically underfunded. These trends have created significant gaps in affordable options for older adults across both low- and middle-income brackets.

Many community members voiced concerns about senior living facilities, frequently citing inadequate staffing and industry-wide declining quality of care as top issues. These concerns were expressed by both those who had direct experience—current or former residents or family members of residents—as well as individuals without firsthand experience. While independent and assisted living settings were generally



seen as “acceptable” places to live, skilled nursing or nursing home settings were cited as a major area of concern. Family caregivers explained the substantial financial and personal sacrifices they have made to keep their loved ones at home, as well as the tremendous guilt carried by those who were unable to do so.

Availability, affordability, and stigma associated with senior living facilities present barriers to older adults seeking living environments that can support their long-term care needs.

We envision:

Older adults can age safely, affordably, and with a good quality of life while avoiding isolation. Older adults have housing options that are affordable, desirable, support their needs, and are connected to their communities. Older adults have access to qualified and trustworthy services to ensure the safety of their current homes. Older adults and their families can make informed choices about the housing scenario that best fits their needs and preferences.

We recommend:

Goal: Increase the number and variety of housing options for low- and middle-income older adults.

A. Engage in advocacy and planning with community partners and housing experts.

- Advocate for low-income and middle-market housing: Identify and collaborate with partners to advocate for legislation and funding that will increase high-quality, affordable housing options for seniors, including Medicaid-waiver assisted living and skilled nursing care.
- Convene experts in affordable and senior housing to collaboratively develop strategies that will address the unmet housing needs of older adults.

Goal: Individuals and families understand their housing options, have access to housing resources and services, and develop housing strategies to meet their current and future needs.

B. Provide services to guide and support older adults’ planning and decision-making processes regarding their housing needs, preferences, and available options.

- Provide education and resources for older adults and their families about available housing options, emphasizing scenario planning to prepare for future needs and possible neuro-cognitive changes.
- Facilitate access to existing resources that help older adults address housing challenges and maximize participation in cost-saving programs and benefits.
- Provide resources and guidance to older adults transitioning to different types of housing.
- Create partnerships to connect older adults with reliable and affordable home maintenance and repair service providers. Explore partnerships between nonprofits, philanthropy, local governments, and private vendors to provide services.

Transportation

Current transportation options for older adults are supplemental, with limits on the types of rides, hours of availability, and frequency of rides. Access varies greatly depending on geographic location, including proximity to public transportation and whether the individual’s municipality provides senior transportation services. Transportation services typically prioritize medical appointments over all other types of rides. Providers report that transportation services are increasingly expensive to provide due to rising insurance costs, maintenance costs, and limited staffing.



The majority (85%) of people aged 65 and over living in Cuyahoga County drive themselves to get around town. Of those who do not drive themselves, 28% are driven by friends or family^{xx}. Although most older adults drive themselves, driving skills gradually decline with age, leading to restrictions on where, how far, or when they will drive. Community members shared about activities they “used to” do, with the most common initial change being a restriction to daylight driving. One individual shared, “I go to temple less and less; I don’t like to drive at night.” Another individual who lives alone explained that she only attends Shabbat services during the summer. For many, synagogue services and evening social events are the “first thing to go.” Individuals reported difficulties in finding alternative transportation during evening and weekend hours due to limited availability, reliability, or high costs.

Physical limitations and level of functioning significantly impact access to transportation. Transportation services are severely limited for older adults with mobility needs, such as those who use wheelchairs, require hands-on assistance, or need intensive 1:1 support as with dementia. Most current services require riders to be self-sufficient in entering and exiting the vehicle.

Lack of awareness of and comfort with senior transportation services are common barriers cited by service providers and community members. As one community member in her 70s explained, “People aren’t aware of transportation services for seniors. It’s hard for them to call for transportation—they can’t move around easily... It’s not easy to sign up... A lot of people need more hands-on assistance.” Feelings of distrust or fear of abandonment are also common, with several individuals sharing stories of themselves or a loved one being “left behind” at a doctor’s office or other location.

We envision:

Older adults are not limited by lack of affordable transportation options to manage their life maintenance tasks and enhance connections to their communities, regardless of their financial or medical status. Caregivers have affordable and convenient high-quality options to assist with their loved one’s transportation.

We recommend:

Goal: Older adults have greater access and encounter fewer barriers to transportation services.

- A. Enhance access and reduce barriers to existing transportation services.
 - Connect older adults with existing transportation options via care navigation services, targeted outreach and communication strategies, and referrals from other service providers. Utilize volunteers and natural community networks to fill service gaps when possible.
 - Explore ways to address older adults’ financial, technological, and safety concerns with current transportation options. For example, by providing supplemental assistance for ridesharing services and enhancing user education.
- B. Expand low-cost and supportive transportation options to fill current gaps caused by financial and medical needs.
 - Increase accessibility for Jewish community events and programs: Identify and remove barriers to transportation for events and programs in Jewish Cleveland. Create incentives for community volunteers and partner organizations to support older adults’ transportation and mobility needs.
 - Develop or extend low-cost transportation solutions, ensuring that they accommodate mobility aids and offer flexible hours, including evenings and weekends.
 - Implement solutions for older adults who require greater assistance and support during the transportation process, including individuals with dementia.

NEXT STEPS

Federation staff members will work with partner organizations, Federation colleagues, and lay leaders to develop and execute implementation plans. Evaluation plans will also be developed to monitor the effectiveness and measure the impact of implementation.

APPENDIX

SUMMARY OF KEY THEMES FROM COMMUNITY INPUT PROCESS

CARE NAVIGATION & AWARENESS OF SERVICES

A key theme across all interviews was the challenge of identifying and navigating care and services. Older adults and caregivers shared their experiences with trying to find services such as medical care, support services, or transportation when their needs changed or increased. Proximity and familiarity were the main factors guiding their search for services. Community members sought help from those they already had connections with, such as friends, neighbors, established doctors, rabbis, or organizations with positive reputations within their social circles (e.g., JFSA, Bikur Cholim, Community Partnership on Aging, United Way 211). The most sought-after services included home healthcare aides, cleaning services, transportation, and assistance with navigating the medical system (e.g., referrals, appointments).

*“It’s nice there’s so many services out there. But if I don’t know anything about them, it doesn’t do me any good.”
– 86 year old Lyndhurst Resident*

Awareness of existing support services for seniors was found to be limited despite the outreach activities of the providers. Many individuals suggested that a “directory,” “handbook,” or “clearinghouse” of vetted providers would be highly useful. Concerns about trustworthiness and the potential for exploitation were common. When asked about their awareness of the Access Jewish Cleveland, the Jewish Federation of Cleveland’s information and referral service, all participants indicated they were unaware of it but expressed interest and encouraged greater promotion of it within the community.

Services are often siloed. Individuals closely connected to organizations like JFSA or Bikur Cholim frequently utilize multiple services within those organizations but were unaware of or did not use needed services outside their core provider. For example, an adult son of aging parents explained his family’s reliance on Bikur Cholim’s services, speaking highly of their experience with the organization. When asked about his parents’ unmet needs, the son cited kosher home meal delivery, in-home personal and nursing care, and challenges with his father’s early signs of dementia. He was unaware that these services are provided by JFSA. Likewise, non-orthodox community members expressed lack of awareness of Bikur Cholim’s services (e.g., medical referral services, transportation).

In addition to the general lack of awareness of services across the community, a barrier is observed when an individual’s Jewish identity does not match the perceived identity of the organization providing services. For example, a non-Orthodox individual who received kosher meal delivery during surgery described the service as wonderful but hesitated to seek additional help, saying, “I feel weird sometimes because I’m not frum.” Similarly, an Orthodox woman in her 70s noted, “People [she knows] turn to Bikur Cholim. Places like Federation, JFSA, and the Mandel JCC feel too big, too overwhelming. When you’re helping someone or need help, it already feels so overwhelming.” She emphasized the importance of a personal connection and suggested a “community ambassador” role—someone familiar to community members who could assist with referrals.

*“When you’re all alone, it’s really hard to navigate services or if you need referrals. This is something that is needed desperately.”
– Sherri Park Resident*

It should be noted that lack of awareness of services is not limited to services offered by Jewish organizations; similar observations were made about Senior Transportation Connection, McGregor PACE, hospital systems and other non-Jewish service providers.

PLANNING FOR AGING

The topic of planning for aging elicited a wide range of perspectives, often highlighting the need for knowledge or education on the subject, as well as the stigma associated with aging. Many participants discussed the challenges of navigating the planning process, particularly in financial and care planning. Common sentiments included, “It’s hard to plan,” and “It just kind of happens.” As one resident at Sherri Park put it, “What do you mean ‘plan for aging?’ You plan to have money, you plan to be healthy. How exactly do you plan to get older?”

Caregivers emphasized the stress and challenges they face in planning for an aging parent or spouse. One adult child expressed their uncertainty, asking, “What are the next steps? What should we be doing now? ...We’re in uncharted territory.” Nearly all participants felt unprepared in some way. A spouse of an individual with dementia explained, “I do a lot of paperwork, phone calls, all the bookkeeping. These are things I never had to do before.”

Both older adults and their children spoke about the stigma and emotional challenges surrounding the aging process. One older adult noted, “The things that are harder, most people will not do. They don’t want to think about a nursing home or make funeral arrangements.” An adult child described his parents’ denial of aging: “My mother is very proud. There is no plan. It’s like, everything’s ok, even if it’s not actually ok.” A resident at a senior living facility emphasized the importance of having a sense of purpose in older age, offering this advice: “Always know what you will do when you retire.”

However, older adults with careers in insurance, medicine, or financial planning deviated from these common sentiments, expressing greater comfort, knowledge, and a stronger emphasis on the importance of planning for aging. Familiarity with the issues around aging and access to tools for planning seem to make a difference in this area.

TRANSPORTATION

Driving oneself remains the primary mode of transportation for many older adults, but participants often spoke about the gradual decline in their driving abilities or comfort, whether currently experienced or anticipated. Many mentioned activities they “used to” do, with the most common initial change being a restriction to daylight driving. One Sherri Park resident shared, “I go to temple less and less; I don’t like to drive at night.” Another individual who lives alone explained that she only attends Shabbat services during the summer. For many, synagogue services and evening social events are the “first thing to go.” Participants reported difficulties in finding alternative transportation during evening and weekend hours due to limited availability, reliability, or high costs.

Physical limitations significantly impact access to transportation. One caregiver noted, “Transportation is at the top of my list [of needs]. Mom is in a wheelchair now. She wants to go to activities, but JFSA only has one van, and it fills up quickly.” Another individual, who still drives, highlighted challenges upon reaching her destination: “I am mobility-challenged. Parking [at the JCC] is a nightmare. I won’t come to the new temple either. I judge events and organizations by accessibility more than anything these days. People don’t think about it if it doesn’t affect them.”

Many participants were unaware of available transportation services. A South Euclid resident in her 70s remarked, “People aren’t aware of transportation services for seniors. It’s hard for them to call for transportation—they can’t move around easily... It’s not easy to sign up...

“You plan to have money, you plan to be healthy. How exactly do you plan to get older?”

– Sherri Park Resident

“We’re in uncharted territory.”

– Adult child of aging parents

“People don’t think about it if it doesn’t affect them.”

– 87 year old University Heights resident

A lot of people need more hands-on assistance.” Feelings of distrust or fear of abandonment were also common, with several individuals sharing stories of themselves or a loved one being “left behind” at a doctor’s office or other location.

HOUSING, LIVING SITUATION

Participants expressed varying levels of satisfaction with their current housing situations and diverse opinions on where or whether they would consider moving. Many appreciated aspects of their current living arrangements, such as proximity to friends and family and familiarity with nearby amenities. These positive sentiments were shared by those who have remained in their long-time homes, downsized to condos or apartments, or moved to senior living facilities.

Focus group participants at Sherri Park praised the Community Options program at their apartment building. A newer resident shared, “Before [moving here], I was alone. Now it’s just wonderful!” Residents emphasized how much they value the program and the Resource Director for providing socialization, educational opportunities, and connections to services. “We are very lucky to be here,” one resident concluded.

Three residents from the King David campus, with lengths of residency ranging from 18 months to 10 years at Myers and Deer Creek Lodge (formerly Wiggins), discussed changes they’ve observed in the past year, including an increase in vacancies, elimination of staff positions, and high staff turnover. Despite concerns about the new ownership, all expressed relative satisfaction with their living situation, particularly valuing the ease of socialization, access to Jewish life, and the variety of on- and off-campus activities. A Myers resident stated, “I really like it here, I don’t want to move. I couldn’t stay in my house any longer; this was perfect. I don’t even want to think about leaving. If I had to, I would. Some neighbors have moved out, but I do think it’s a wonderful place.” Another resident shared that while he has the financial means to “live anywhere,” there is “nowhere else to live Jewishly.” Concerns about mental health were also expressed, with discussion of feeling “forgotten” by the larger Jewish community. One individual, who now experiences frequent anxiety shared that he feels as if “the community has failed me—like whatever I gave to the community no longer matters.”

When considering the future, opinions on moving to a nursing home or assisted living facility varied among older adults in community settings. Several were “very open” to the idea or “would consider the possibility” in the future. Others were more hesitant or resistant to the idea, with one individual noting she would “only move to a nursing home if I got really decrepit.” Many Sherri Park residents view Myers as a viable alternative, commenting that their “friends are happy there” and that “people who leave here go to places with food and more activities, like Myers.”

However, financial concerns were significant for some. One South Euclid resident, unhappy with her condominium of 18 years, explained, “I’m on Medicaid. If I go into assisted living, they take my whole check except for \$50. A person cannot live on that.”

While some older adults appeared open to the idea of assisted living, all caregivers expressed strong opposition to it for their family members. An adult child of parents in their 90s shared, “My parents made me promise never to put them anywhere else [besides their home]. No nursing home. No assisted living.” She noted, however, that had her parents moved to independent living earlier, they would have had better access to activities. Another adult child quickly dismissed the idea, saying, “We were taught to honor our parents...I would not even consider or allow them to live at a facility.” Similarly, a widow expressed “tremendous guilt” about placing her late husband at Menorah Park, referring to it only as “that place” due to his experience there.

AFFORDABILITY, COST OF LIVING, & BASIC NEEDS

Most participants noted concerns about the affordability of services and the cost of living. Some older adults have chosen to forgo certain services or activities, such as private transportation or a Mandel JCC membership, due to the expense. Others struggle with more basic needs like food and housing. One adult child expressed

worry about his parents' diet, as his mother often relies on leftover food from the organization where she volunteers. Another individual, who has previously sought food assistance, raised concerns about the nutritional quality of the food provided by such programs.

Emergencies can severely impact an individual's ability to maintain their living situation or find affordable alternatives. After a flood forced one participant to relocate to a hotel for several months, her funds were quickly depleted, compounded by multiple hospital stays during the same period. She shared that she often "puts off" other home repairs due to the cost and concerns about finding reliable contractors.

"If you're lucky enough to be able to do this, you hire out. Services are reliable, but not so affordable."

– Beachwood Resident speaking about home maintenance services

Those with higher economic statuses acknowledged that their access to services and resources differs significantly from others. One individual, living independently, explained how her financial resources allow her to stay comfortable in her home. She noted, "If you're lucky enough to be able to do this, you hire out. Services are reliable, but not so affordable." Another adult child shared how her parents can afford 24/7 care in their home "only because my dad had a successful career and invested well." She estimated the cost of her parents' two caregivers at \$250,000 annually.

SOCIAL OPPORTUNITIES & ISOLATION

Overall, participants felt the community offered a good variety of social opportunities, though it was noted, "there's always room for more." They shared a range of social activities they enjoy, along with volunteer and educational opportunities. Several expressed a desire for more intergenerational programming, saying, "I miss young people!" They suggested activities that would appeal to all age groups, such as cooking classes, book discussions, or skill-learning workshops.

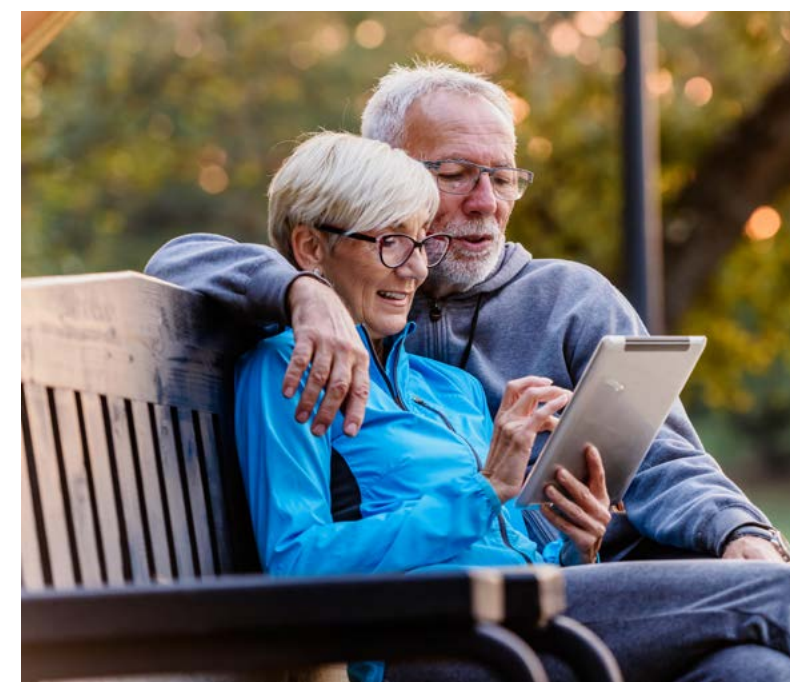
Despite the options available for socialization, concerns about isolation were common. One participant observed, "There's a lot of loneliness [among older people]; it's sort of a hidden population." Several community members expressed worry about older neighbors they rarely see. As noted earlier, access to transportation and the accessibility of venues can limit participation in activities.

Caregivers, in particular, reported that time constraints make it difficult to find opportunities to socialize. Those caring for an aging spouse face additional challenges in managing caregiving duties and the changing dynamics of their relationships and social circles. One caregiver, whose husband has dementia, shared that her long history of community involvement and volunteer work came to a halt as his health declined. Though she has support from a paid caregiver and her adult children, she described the difficulties of socializing and the loneliness of her situation. "I wish there were some groups he could join, but he won't go. Our social life is much smaller than it used to be. When we go out to dinner, we go alone. When we're with others, I notice the conversations are next to nothing. I wish there was a group of guys to take him out, but I don't know how to ask for that."

SERVICE LANDSCAPE SCAN INTERVIEW LIST

The task force is grateful to the professionals for providing their time and expertise during the interview process.

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|---|---|
| Association of Jewish Aging Services (AJAS) | Judson Senior Living Communities |
| Beachwood Community Center | Kendal at Oberlin |
| Benjamin Rose | King David Senior Living Center |
| Bikur Cholim | Kosher Food Pantry |
| Bradley Greene, Esq. | McGregor Foundation |
| Case Western Reserve University School of Medicine | McGregor PACE |
| Center for Community Solutions | MetroHealth |
| Cleveland Veteran Affairs Medical Center | Network of Jewish Human Services Agencies |
| Community Partnership on Aging | Rabbi Binyamin Blau |
| Council Gardens | Rabbi Hal Rudin-Luria |
| Cuyahoga County Division of Senior and Adult Services | Rabbi Melinda Mersack |
| Gesher | Schnurmann House |
| Jennings | Senior Transportation Connection |
| Jewish Family Services Association | The Jewish Association on Aging, Pittsburgh |
| Jewish Federation of Cleveland | The Mandel Jewish Community Center |
| Jewish Federation of Greater Pittsburgh | United Way of Greater Cleveland |
| Jewish Federation of Tucson | University Hospitals |
| Jewish Federations of North America | Western Reserve Area Agency on Aging |



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REPORT ON THE
**2024 OLDER ADULT
TASK FORCE**



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