

# **Senior & Disabled Services,**

a division of Lane Council of Governments  
Eugene, Oregon

1998  
Needs Assessment of  
Seniors and Persons with Disabilities

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# Introduction

## OVERVIEW OF SENIOR & DISABLED SERVICES, A DIVISION OF LANE COUNCIL OF GOVERNMENTS – THE AGING AND DISABILITY SERVICES AGENCY FOR LANE COUNTY

Lane Council of Governments (LCOG) is a voluntary association of governmental entities in Lane County. The Council was formed in the mid-1940s to coordinate and provide intergovernmental and region-wide services. It is governed by a Board of Directors comprised of elected officials from twenty-three (23) public entities in the area. Among its varied responsibilities, LCOG is the designated **Area Agency on Aging and Disability Services** (refer to Glossary for words printed in bold) for Lane County. Within LCOG, operational responsibility for services for **senior citizens** and **persons with disabilities** rests with the Senior & Disabled Services Division (S&DS) and two citizens advisory councils. The mission of S&DS is:

To advocate for seniors and persons with disabilities and provide to them quality services and information that promotes dignity, independence, and choice.

S&DS currently provides a wide range of services to seniors and persons with disabilities. S&DS staff provides many of these services; others are provided by organizations working under contract to S&DS.

The services listed below are provided countywide:

- Information, Referral and Assistance
- Case Management for long term care clients
- In-Home Services (personal care and housekeeping)
- Pre-Nursing Home Placement Assessment
- Nursing Home Placement and Care

- Adult Foster Home Care
- Residential Care and Assisted Living
- Financial Services and Food Stamps
- Enrollment in the Oregon Health Plan
- Abuse Investigation/Protective Services
- Legal Assistance
- Mental Health Counseling (Seniors)
- Support to Long Term Care Ombudsman Program
- Administrative Services, including: planning, service coordination and development, resource management and advocacy

Other services are available in some, but not all communities in Lane County. These services include:

<b>Services</b>	<b>Communities</b>
➤ Outreach	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, Florence
➤ Escort	"Outreach" communities outside Eugene/Springfield metro area
➤ Special Transportation	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Florence
➤ Meals on Wheels	Same as for "Outreach"
➤ Group (noon) Meals	Same as for "Outreach," plus Coburg, Crow and Lorane

## Persons Served by S&DS

Within the senior and disabled populations, S&DS serves various groups differently. With respect to the Division's "core functions" (planning, service coordination and development, advocacy and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated and

economically disadvantaged persons. Special consideration is given to serving low income minority older persons.

There are approximately 322,869 persons in Lane County (1998). Seniors over the age of 60 number 51,659 and account for sixteen percent (16 %) of the total Lane County population. Of those persons, 43,552 are 65+ years of age. S&DS estimates that it will serve 16,551 seniors and persons with disabilities each year. Individuals receive a variety of services, ranging in complexity from relatively straightforward Information and Referral (I&R) to highly specialized nursing home services.

Based on available program statistics, the majority of senior clients (age 60+) served by S&DS are white, female and living at or near the federal poverty level. Many of these clients live in the community and receive **in-home services**.

There are approximately 73,866 non-institutional, age 16+ persons with some form of a disability in Lane County (1998). Of this number, approximately 37,202 persons are classified as having a severe disability and thus are potentially eligible for S&DS services. These figures include seniors over the age of 60 and reflect some duplication of persons. Each year, S&DS estimates that it serves 11,000 persons with disabilities. Of these persons, 8,500 are age 18 to 64 and receive financial or medical assistance; the balance receives long-term care services in addition to financial and medical assistance. Program statistics suggest that S&DS serves nearly equal numbers of male and female persons with disabilities.

# Methodology

## OVERVIEW

In accordance with Federal and State policy, S&DS is required to develop a comprehensive and coordinated service delivery system to meet the needs of older and disabled persons in Lane County. A major step in the development of a comprehensive and coordinated system is the development of an Area Plan on Aging and Disability Services. S&DS is responsible for preparing a multi-year Area Plan, with annual updates, which identifies and prioritizes the needs of seniors and people with disabilities, and specifies what services will be provided to meet those needs. Area Plans are based upon S&DS needs assessments.

S&DS is in the fourth and final year of its current Area Plan. The needs assessment which is summarized here represents the first step in the development of a new multi-year Plan.

The populations for this assessment are disabled adults ages 18-64 years and senior citizens ages 65+ residing in Lane County. The data gathered for this needs assessment were used to ascertain demographic characteristics, identify current service utilization patterns, identify perceived needs, and determine gaps in the service delivery system.

The study was designed and implemented by S&DS Associate Planner, Patti Little, and University of Oregon Public Policy and Management Graduate Student, Leslie C. Wilson, with the assistance of a Department of Human Resource volunteer, Linda Mathis, and many other S&DS staff.

Data for this needs assessment were drawn from various sources to ensure a broad range of input and increase the reliability/validity of the findings. It has allowed S&DS to create **foundation benchmarks**. These benchmarks will be used for future agency strategic planning.

## Process

First, S&DS developed a community demographics model to project future Lane County growth to the year 2005. Second, several surveys of S&DS clients were completed in an effort to identify who is currently receiving agency services. These surveys reviewed a one-year period, from February 28, 1997 to February 18, 1998. Third, five (5) community forums were conducted to gain a better understanding of the public's perception of the needs and desires of seniors and persons with disabilities. These forums helped validate assumptions and offered community agencies the ability to assist in assessing program(s) needs and gaps. Fourth, agency staff were surveyed to identify program needs and gaps in service. Finally, to balance the view of the community, the assistance of United Way of Lane County and other agencies were sought. United Way made available its 1994 and 1996 Community Survey data sets that allowed S&DS to independently analyze and review the needs of Lane County residents. The process of reviewing the past two surveys (1994 and 1996) enabled S&DS to identify trends.

S&DS used a **demographic forecasting model**, based on **linear regression**, in an effort to better understand current and future trends. This method of forecasting projects a conservative view for analysis and does not take into account external shifts in economic changes that cause intrastate or interstate migration, into or out of Oregon and Lane County. This approach also ensures that forecasting will be reasonably below universal populations, but within statistical tolerances to accurately forecast trends (i.e., S&DS is underestimating populations, because long range forecasting carries a high degree of probability for statistical error).

## Data Sources:

### 1. Governmental Research

Research data was collected from US Census Bureau and Portland State University Internet web pages. The **Oregon State Board of Health** made accessible vital statistics for persons with disabilities. The **Oregon Commission for the Blind** provided counts on sight impaired persons. The **Oregon State Disabilities Commission** provided general information and the **Lane Transit District** provided rider-ship counts and mobility information.

## 2. Academic Research

Academic research was sought to support existing governmental data and to identify future areas of Lane County growth. The University of Oregon Research Library provided printed census data (non on-line information) for 1990 and earlier years. **Oregon State University's Information Sharing Project** rendered 1990-95 specific census data, such as household and race demographic information (Oregon Statewide and Lane County specific). **Portland State University's Center for Population Research and Census** data was used to validate S&DS estimations.

## 3. Local Agencies with Supportive Research

Local agencies provided S&DS with demographic information on Lane County residents who have a disability (age 18 –64) and/or are seniors (age 65+).

- **South Lane Wheels:** unmet transportation needs (age 55+) in South Lane County
- **Ride Source:** Eugene/Springfield: mobility and transportation information
- **Centro LatinoAmerican:** program counts of Hispanics
- **PeaceHealth: Senior Focus Group Study:** information on services seniors and their family desired in a health center.

## 4. S&DS Community Public Forums and Written Comments

S&DS held five (5) Public Forums between August 3, and August 13, 1998. Forums were held at various Lane County locations in an attempt to elicit information from citizens, clients, service providers, and elected officials about service needs for senior citizens and persons with a disability. S&DS opened a comment period beginning with the first forum. It remained open through August 31, 1998, two weeks after the last forum.

## 5. S&DS Surveys

First, S&DS completed two simple random sample in-house case file surveys. The results of these two surveys were combined for the purpose of this report. The first reviewed Senior Long Term Care **intake clients**. The second statistical survey studied the Disabled Long Term Care Intake Clients. Both surveys reviewed client (intake) records for the period February 28, 1997 to February 18, 1998. The data collection period began June 1, and ended August 15, 1998. These surveys were conducted to create 1998 foundation benchmarks.

The Senior Intake Client Survey **universe** equaled 1,187 people. The random sampling selection process surveyed five hundred and ninety-eight (598) client files, which amount to 50.38 % of the total survey universe. The **sampling confidence level** was 95 % with a **confidence interval** of plus or minus 2.82 percent.

The second S&DS survey focused on the disability service unit and had a universe population of 309. One hundred and sixty-five client (165) files were examined giving the disability survey a confidence interval of plus or minus 5.16 percent and a confidence level of 95 %.

Next, S&DS surveyed the four, in house, protective service logs (Community, Nursing Home, Assistive Living & Residential Care Facilities and Care Provider). In all but one instance, the client/victim records studied were for the period February 28, 1997 to February 18, 1998. S&DS began investigating care provider complaints in December of 1997; for this reason, earlier data was not available in this category.

Finally, S&DS conducted two internal staff surveys. First, all staff were asked to identify program gaps and needs. The second survey of the Information and Referral unit (I&R) sought to validate the information gained from the all staff survey. Both surveys were directed toward the identification of unmet needs and the restructuring of services to meet identified needs.

The I&R survey also reviewed the unit's log for a one-month period, beginning August 1, 1998. S&DS recognized that this survey was outside the original period of the other surveys but felt the additional survey would assist in identifying community needs not specifically addressed in previous surveys.

To round out the picture, S&DS reviewed its **NAPIS** data. NAPIS is a computer software program used to collect **Older American Act** program information required by the Federal Government.

## **6. United Way Survey Cross-Tabulations**

In 1996, under the direction of Advanced Marketing Research (Barbara Tull), United Way conducted a countywide, statistically valid, random household survey of 400 Lane County residents.

Telephone numbers were randomly drawn by Mar Stat (LaDeane Pryor). Nearly 1200 calls were made between February 23, and March 3, 1996 to collect this data. Gender and age quotas were used to ensure randomness. All geographic areas of Lane County were represented. In 1994, the United Way survey sampled 400 rural and 400 urban households and found statistical similarities. For this reason, the 1996 survey was a simple random sampling of 400 households. The creation, design, information gathering, and analyzes of the survey involved many community partners including: Senior & Disabled Services, a division of Lane Council of Governments; Lane County Commission on Children and Families; Lane County Intergovernmental Human Services Commission; Lane County Department of Health and Human Services and City of Eugene Library and Recreation and Cultural Service Department.

This was the third biennial survey in which respondents were asked virtually the same questions about problems experienced in their households over the preceding twelve months. (Previous surveys were conducted in 1992 and 1994).

S&DS staff analyzed the United Way data in an effort to extract specific information on the needs of seniors and persons with disabilities. Computer cross-tabulations were run on the statistically valid telephone survey data. In these cross-tabulations, “moderate” and “major” responses were combined to facilitate the identification of the most pressing needs of seniors (65+) and people with disabilities, aged 18-64. Those identified problems receiving the highest percentage of “moderate/major” responses were identified as the most pressing needs in the United Way section of this report.

## **7. State Senior and Disabled Services' Strategic Plan**

S&DS reviewed State Senior and Disabled Service's strategic plan during this needs assessment to determine how Lane County might be addressing, meeting, or exceeding benchmark goals established in 1995. State benchmarks for the years 1995 to 2005 include:

- Seniors and persons with disabilities controlling their lives and environment.
- Seniors and persons with disabilities having opportunities to participate fully in their own communities.
- Persons with disabilities and seniors who want to work or volunteer will have the opportunity.
- Seniors and persons with disabilities feeling secure.
- Oregonians having information and knowledge to plan for major changes in their physical and mental functioning.

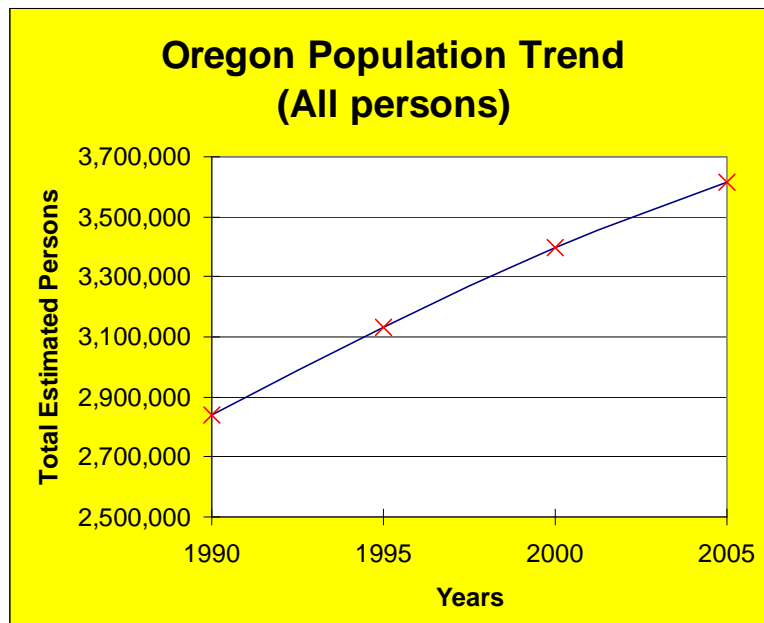
# Findings

## Demographics

This section attempts to provide the reader with a perspective on Lane County's demographics. National and state statistics are presented in an effort to demonstrate similarities.

### Oregon Demographics

In 1995, 1.2 percent of the nation's population resided in Oregon (US Census Bureau). The Census Bureau estimated Oregon's population to be 3,132,000, in 1995 and projects it will be 3,397,000 in the year 2000. Of the 50 states, including the District of Columbia, the US Census Bureau ranked Oregon as the 29<sup>th</sup> most populous state (year 1995). The US Census Bureau also projects Oregon's population will increase to the ranking of 27<sup>th</sup> by the year 2000 (US Census Population Paper Listing #47, 1998) (Refer to Graph 1, below).



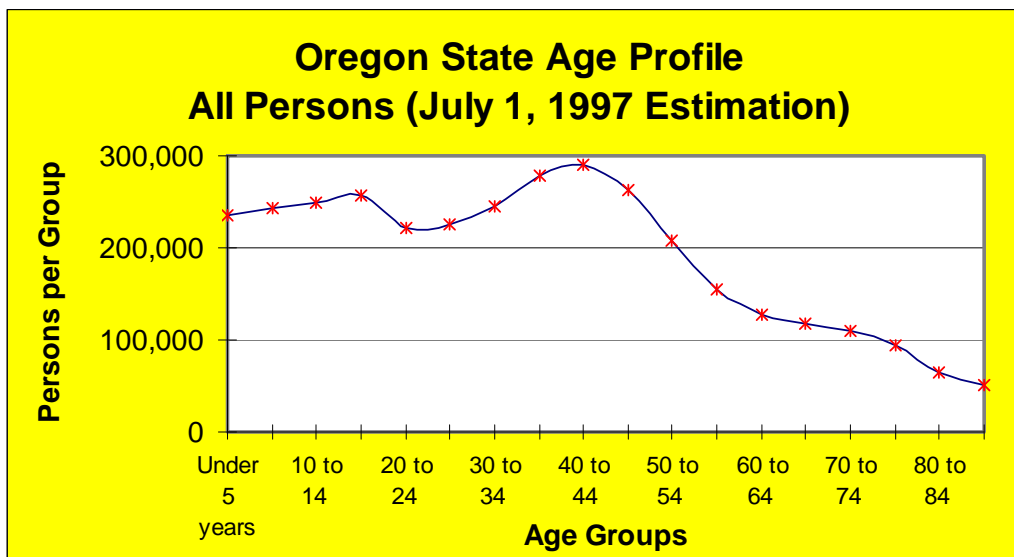
**Graph 1, Oregon Population Projection – All Ages**

Source: United States Census Bureau

## Oregon Growth Impact

Oregon's age 18 + population is expected to increase from 2.3 million (1995) to 2.6 million, by the year 2000 (US Census/Portland State). During this time, Oregon will begin to see a median age increase caused by the **Baby Boomer Generation** (individuals born between 1946 and 1964) (Refer to Graph 2, below).

Persons age 65+ increased by 10.2 %, between 1990 to 1997 in Oregon. The age 65+ population as of 1997, was 0.6 % above the national **mean average** (Refer to Map 1, United States Estimated Age 65+ National Distribution, on page 12).



**Graph 2, Oregon State All Age Profile**

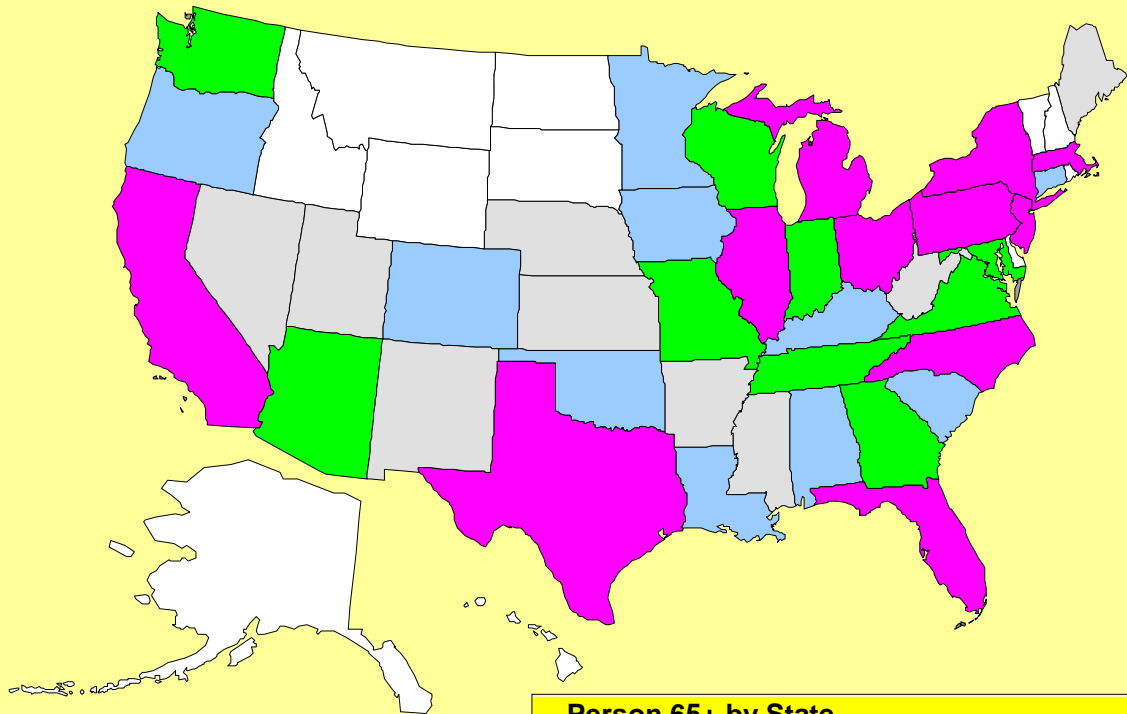
Source: US Census and P.S.U. Center for Population Research data  
(July 1, 1997 Population Estimates)

## National Growth

Nationally, older Americans (age 65 +) are expected to increase by 5,570 persons per day (1996 base year) which represents a 2 million, senior-person, change yearly. However, of those 2 million seniors, the attrition rate assumes 1.7 million persons yearly, resulting in a net increase of 300,000+ persons/yearly/nationally (US Dept. of Health and Human Services: Administration on Aging).



# Persons 65+ by State



**Person 65+ by State**  
Based on the July 1, 1997 Estimate of the US Census

- 860,000 to 3,580,000
- 580,000 to 860,000
- 360,000 to 580,000
- 170,000 to 360,000
- 30,000 to 170,000

**Map 1, United States Estimated Age 65+ National Distribution**  
Source: US Census Bureau September 1998

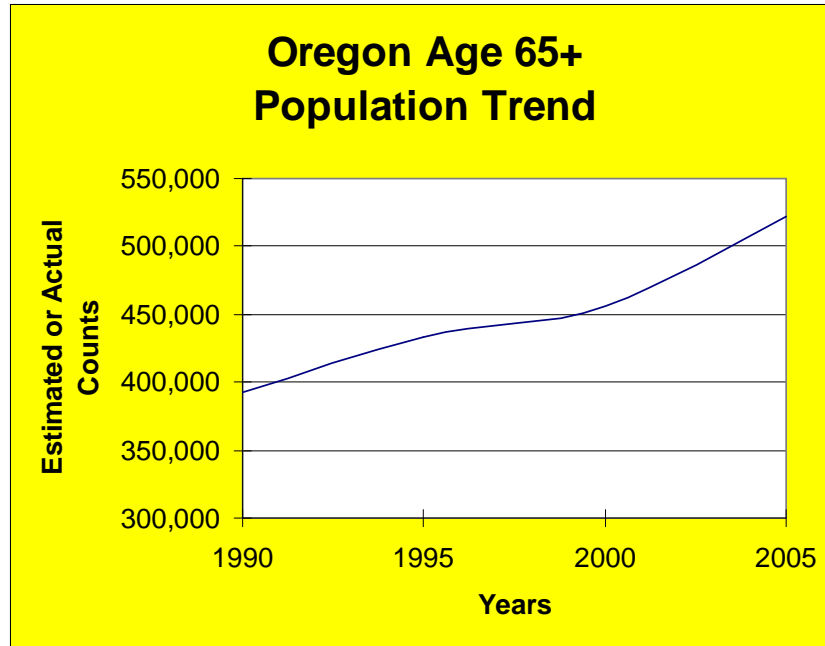
## Ratio of Male to Female in the United States

	Persons age 75+	Persons age 85+	Persons age 100+
<b><u>All Races</u></b>			
Males	35.9 %	28.2 %	21.4 %
Females	64.1 %	71.8 %	78.6 %
<hr/>			
<b><u>White</u></b>			
Males	35.9 %	27.9 %	19.6 %
Females	64.1 %	72.1 %	80.4 %
<hr/>			
<b><u>Black</u></b>			
Males	34.4 %	29.2 %	29.5 %
Females	65.6 %	70.8 %	70.5 %
<hr/>			
<b><u>American Indian, Eskimo, and Aleut</u></b>			
Males	38.1 %	32.3 %	31.2 %
Females	61.9 %	67.7 %	68.8 %
<hr/>			
<b><u>Asian and Pacific Islander</u></b>			
Males	43.6 %	41.6 %	29.4 %
Females	56.4 %	58.4 %	70.6 %
<hr/>			
<b><u>Hispanic Origin</u></b>			
Males	41.8 %	34.5 %	30.0 %
Females	58.2 %	65.5 %	70.0 %
<hr/>			

**Table 1, Ratio of Male to Female in the United States**

Data Source: US Census Population 65 Years and Over by Age, Race, and Hispanic Origin: July 1, 1994 (PPL-8)

Nationally, the United States male to female ratio of persons over the age of 65 is: 68.5 males to every 100 females. Census research indicates that age groups 75+ and 85+ show a significant decrease in the number of males per 100 female (Refer to Table 1, above).



### Graph 3, Oregon Persons Age 65+

Source: US Census - US Department of Commerce 65+ in the United States (April 1996)

## Long Range National and State Projections

Estimations indicate that beginning in the year 2010, a long-term age population shift will occur. This shift, which is expected to last twenty years, will result in an increased number of persons over the age of sixty-five. Nationally, the age 65+ population is expected to double over the next 25 years. It is projected that Lane County will experience this doubling effect simultaneously with the nation while the State of Oregon will experience it one to two years earlier. Between 1997 and 2010, Oregon should see the over sixty-five population increase by 188,517 persons (Refer to Graph 3, above).

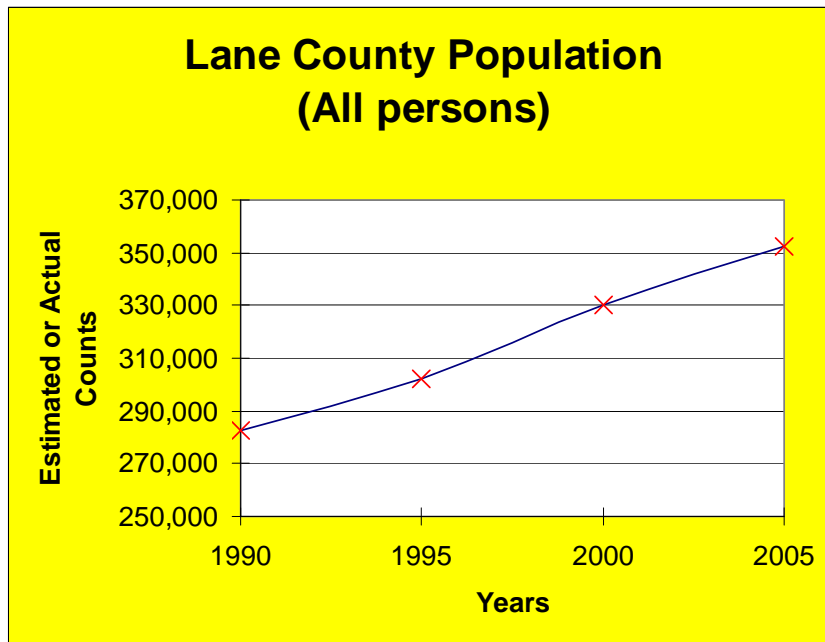
Long-range estimates indicate that by the year 2025, Oregon will rank 4th nationally in terms of the number of elderly over the age of 65 (US Census Report PPL-47 7/30/98) and 10<sup>th</sup>, in terms of persons being dependent on others (US Census PPL-47, 1996.). Projections estimate that the greatest increase in Oregon's senior population will occur in the year 2020 (103 % growth from 1997 estimates).

Nationally, the Medicare population is expected to grow at an average annual rate of one-point-two percent (1.2 %) over the next ten years, and rise to nearly forty-four (44) million beneficiaries by fiscal year 2007. Medicare enrollment is expected to grow more rapidly as the baby boom generation begins to reach retirement age in 2010, reaching fifty-five-million-two-hundred thousand (55,200,000) in 2017 (PeaceHealth 1998).

## **Lane County**

S&DS anticipates that Lane County's population (all ages) will grow by 9.12 % during the next seven years (1998 to 2005). Graph 4, on page 16, presents a graphical view of projected growth. The greatest area of population increase should appear in the following two age groups: 42 to 52 and 17 to 32. S&DS research indicates that the **median age** of Lane County residents will increase to a point between ages 45 to 49 years of age by the year 2005. This compares to a 1990 median age of 35 to 39 years. The median age for the Eugene/Springfield Metro area in 1990 was 32 years (US Census).

Lane County mirrors national Medicare eligible population trends. The growth rate in the 65+ population is projected to be relatively small from 1997 to 2001 (3.4 %) but will begin to increase rapidly in the year 2010 as the baby boom population reaches age 65 (PeaceHealth). Graph 6, on page 17, presents a graphical look at this population to the year 2005.

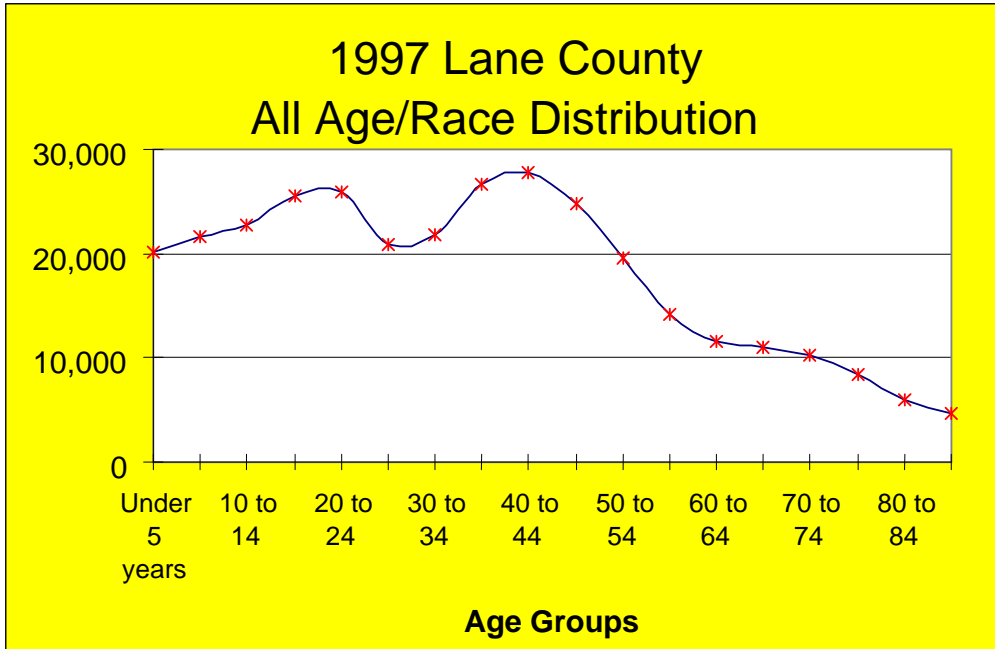


**Graph 4, Lane County Populations – All Ages**

Source: US Census, Portland State University, University of Oregon, Oregon State University and Oregon State Department of Economic Development.

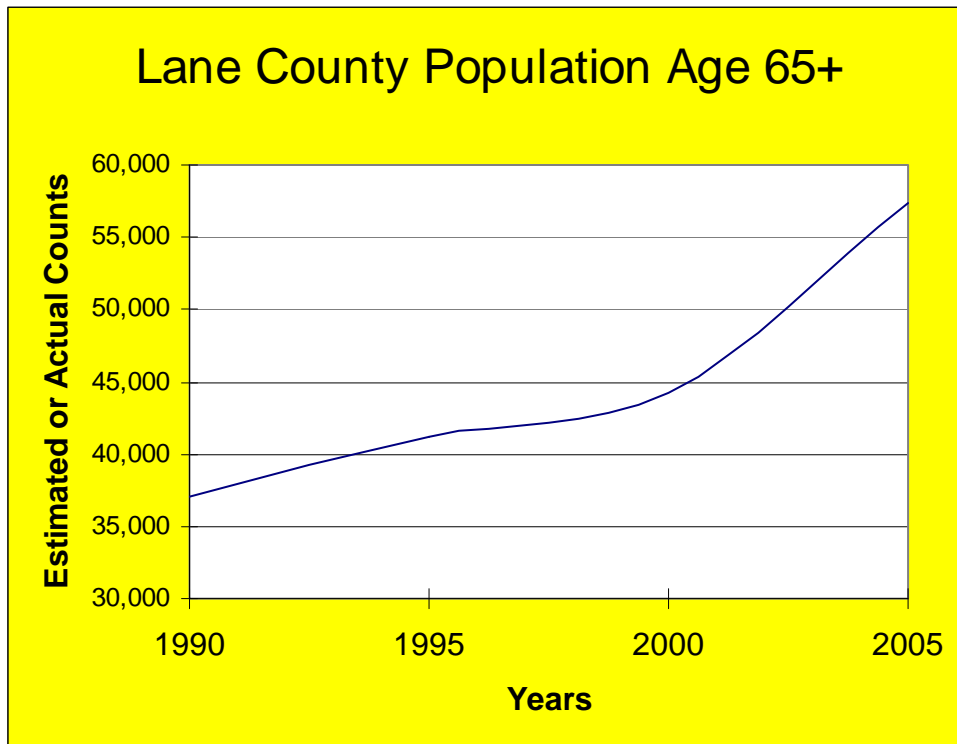
## **Future of Aging in Lane County**

The Lane County baby boom generation profile is expected to follow Oregon State's distribution profile (Refer to Graph 5, on page 17). The similarity appears to be the result of the large influx of people ages 35 to 45 (in-migrations) and their children, into Lane County. In-migration appears to be the cause for the overall growth, in Lane County, in the last eight years (between 1990 and 1998). It is estimated that this increase may be as many as 40,000+ persons.



**Graph 5, Lane County Baby Boomer Profile**

Source: US Census July 1, 1997 Estimations



**Graph 6, County Trends for Age 65+ Population**

Source: US Census Bureau and S&DS Projections

**Projected Gender Change for Lane County (Persons Age 65+)  
Years 1998 to 2008**

<b>Male</b>	<b>Percent of increase</b>	<b>Female</b>	<b>Percent of increase</b>
	<b>Base year 1998</b>		<b>Base year 1998</b>
<b>Age 65+</b>		<b>Age 65+</b>	
Year 2003	12.84 %	Year 2003	6.96 %
Year 2008	27.84 %	Year 2008	16.44 %

**Table 2, Lane County Projected Gender Increases**

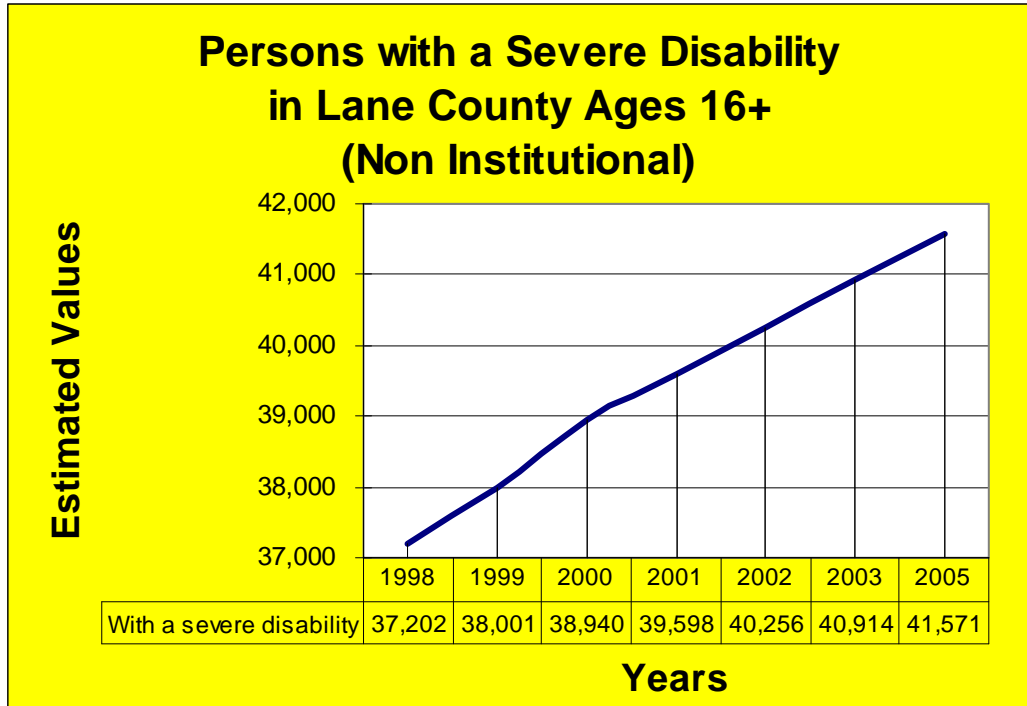
Source: 1990 Census (US Census Bureau) and 1998 S&DS research

S&DS research found that the life expectancy of Lane County males has increased by a few months. Lane County females are also living longer, which combined, equates to an increase in the total median age (Refer to Table 2, above).

**Persons with Disabilities**

The U.S. Census classified “persons with disabilities” as persons 16+ years of age with: “physical or developmental constraints, mental or emotional disturbance, AIDS, head injury, substance abuse problems, pregnant teens, and frail elderly.”

\* **Note:** S&DS staff found it difficult to locate statistics on persons with disabilities aged 18-64, which is the age category of the population served by its disability services unit. The material in this section of the report will include some duplication of persons listed as seniors, and will include populations not served by S&DS.



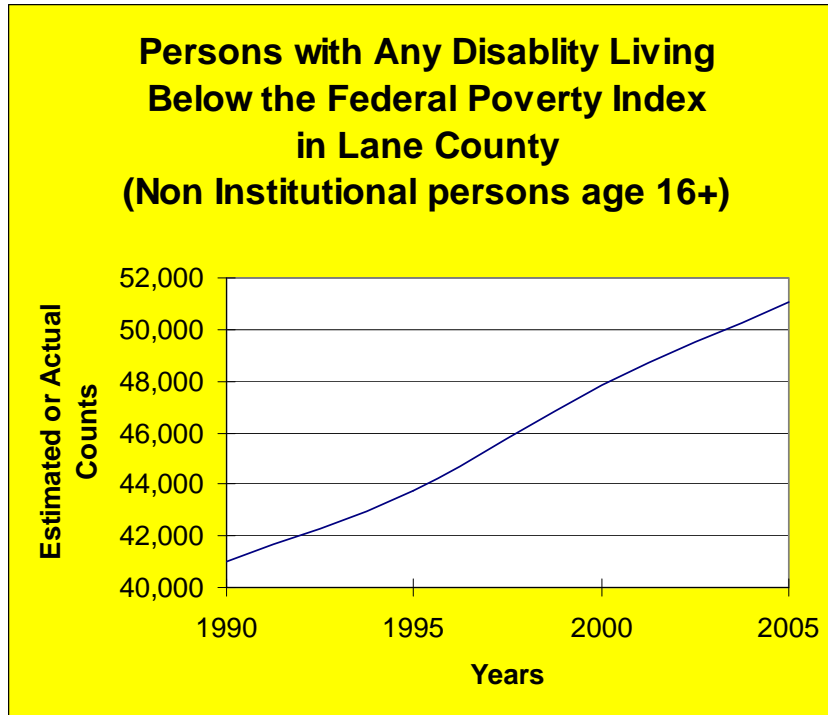
**Graph 7, Persons with a Severe Disability over Age 16, in Lane County**

Source: US Census Projections and S&DS Estimations

In 1998, the number of non-institutional, age 16+ residents, with a disability in Lane County was estimated to be 73,866. By the year 2005, Lane County is expected to have 82,436 non-institutional residents, aged 16+, who have some form of a disability. In 1998, approximately 37,202 of Lane County persons with a disability (non-institutional, age 16+) had a severe disability. S&DS estimates that this population will increase to 41,571 by the year 2005 (Refer to Graph 7, above).

### **Poverty Levels Statistics for Persons with a Disability**

In 1993, the US Census estimated that fifteen (15 %) of all persons/all ages in Lane County were below the federal poverty index level. The federal poverty index for one person in 1998 was \$671 per month. It is estimated that sixty-two percent (62 %) or 45,714 of the Lane County residents with some form of a disability (non-institutional, age 16+) had incomes at or below the federal poverty level in 1998. This number is expected to grow to 51,084 by the year 2005. (Refer to Graph 8, on page 20).



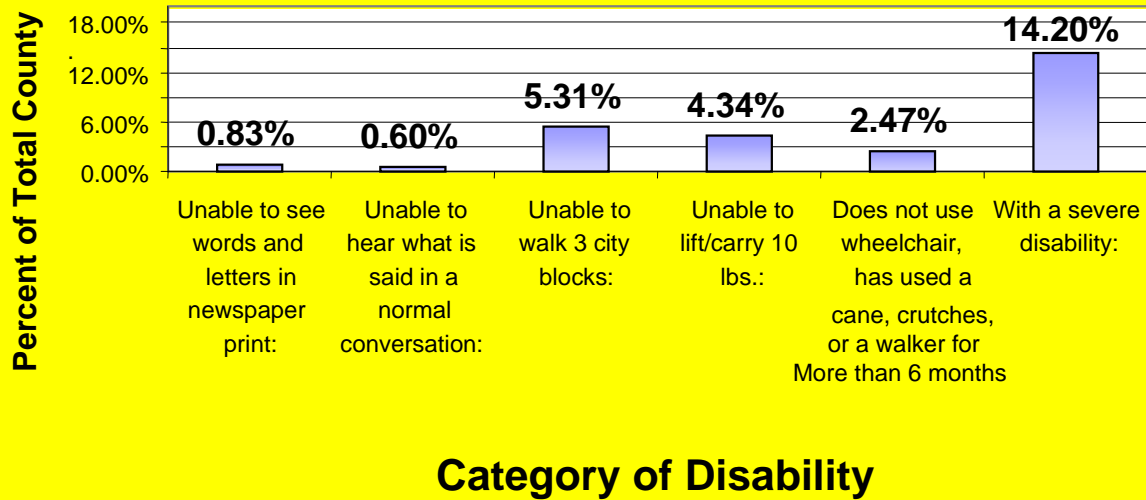
**Graph 8, Persons with some form of a Disability Living in Lane County below Federal Poverty Index**

Source: US Census and S&DS Projections

### **Lane County Disabilities**

Graph 9, on page 27, lists various types of functional limitations and the 1997 estimated percent of persons in Lane County with these limitations. Table 3, on page 28, lists the approximate percentage of persons, countywide, who have a particular limitation.

## Estimated or Actual Percent of 1997 Lane County Population (Age 16+)



**Graph 9, Categories Identified as Problem Areas for Persons with a Disability and Seniors**

Source: US Census Projections and S&DS Research

Specific information on disability limitations is difficult to locate. S&DS was able to forecast the estimations listed in Table 3 below with the assistance of 1990 Census information. The remainder of the information in this section of the report represents the most current information S&DS was able to obtain.

### Persons, aged 16 +, with a Disability in Lane County

<b>DISABILITY</b>	1997 ESTIMATES	1998 ESTIMATES
Unable to see words	2,129	2,175
Unable to hear	1,543	1,577
Unable to walk	13,605	13,842
Unable to carry	12,463	12,737
Does not use wheel chair, but has used a mobility aid for more than 6 months	6,324	6,463
Severe disability	36,403	37,202

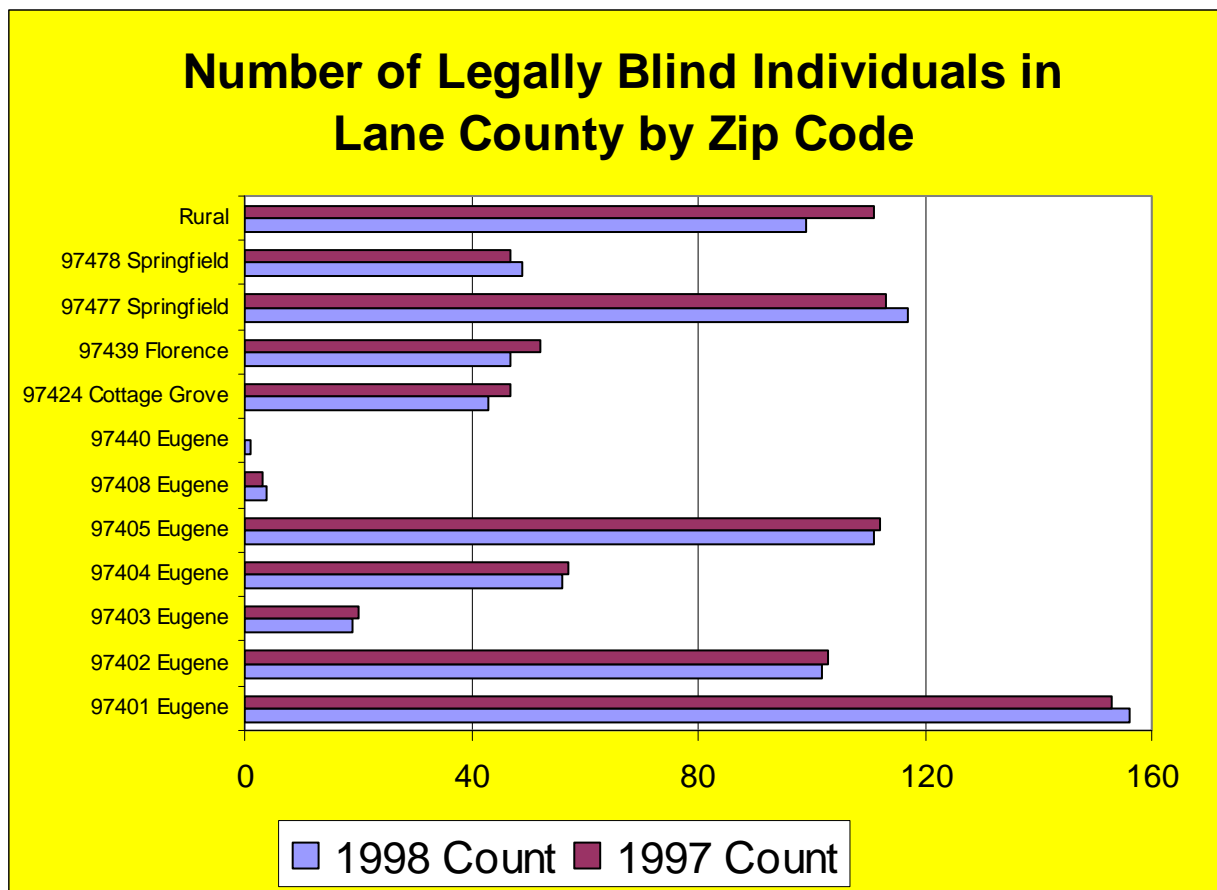
**Table 3, 1997 Lane County Persons with Disabilities Estimates**

Source: US Census (1990) and S&DS projections

Of the 2,129 persons unable to see words in Lane County, the Commission for the Blind estimates it will serve approximately 818 persons, in the 1998 fiscal year. Graph 10, on the next page, displays the number of legally blind individuals served by the Commission for the Blind (1998 Fiscal Year) as well, as the areas of the county in which these persons resides.

Persons identified as living in rural areas were defined as those persons living outside the Eugene/Springfield Metro area. For the purpose of graph 10, smaller rural communities were combined and listed as rural. Communities included in this category were: Westlake, Westfir, Walterville, Vida, Veneta, Thurston, Oakridge, Pleasant Hill, Marcola, Lowell, Junction City, Fall Creek, Elmira, Dorena, Dexter, Culp Creek, Creswell, Cheshire, Blue River, Blachly, and Alvadore. Because larger numbers of blind individuals were found to reside in Florence and Cottage Grove, these two rural communities were not incorporated into the rural category in Graph 10.

Rural communities house approximately twenty five percent (25 %) of the total vision impaired (1998) population served, in Lane County. This compares to twenty six percent in 1997. The Commission for the Blind served two hundred and ten (210) rural individuals in 1997 and by October of 1998 had decreased to two hundred and six individuals (206). This is a decrease of less than two percent (2%) in rural communities vision impaired population.

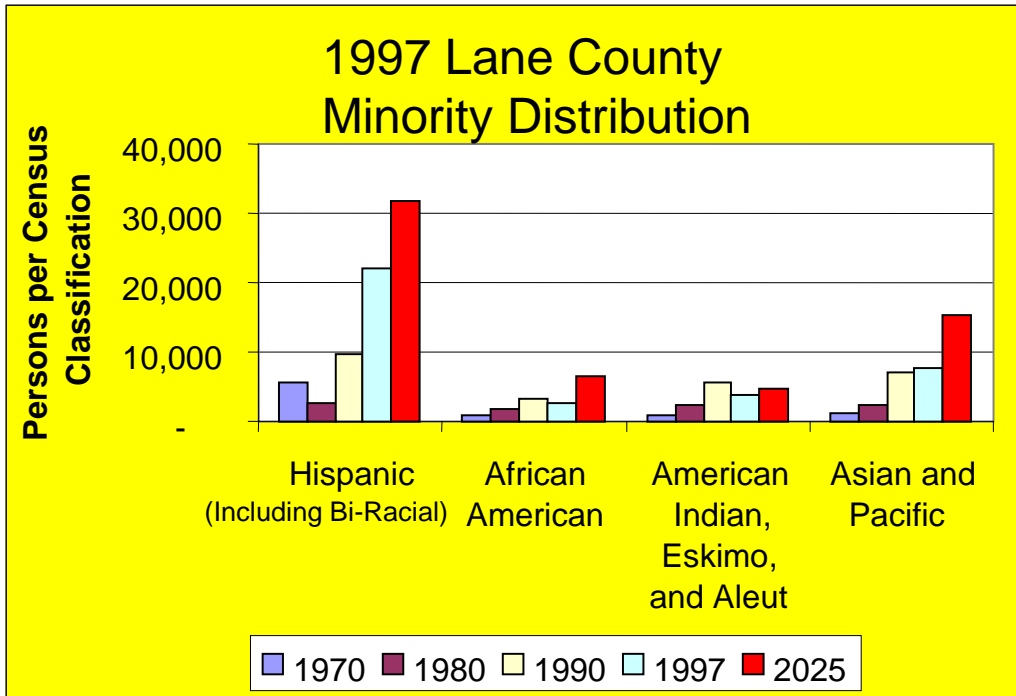


**Graph 10, Blind Individuals in Lane County**

Source: Oregon State Commission for the Blind (1998)

### Lane County Minority Populations

Census data indicates that person, in Lane County of Asian and Pacific Islander ethnicity increased in population size by five hundred and fifty-seven percent (557 %) over the last 27 years (ending 1997). During a similar period, the Lane County Hispanic community increased by one hundred and eight percent (108 %) to 11,613 persons, and the African American and American Indian (including Eskimo and Aleut) communities increased by two hundred and fifty-nine percent (259 %) and three hundred and eighty-nine percent (389 %) respectively. Persons classified as white in Lane County have increased by forty-one percent (41 %) since 1970.



**Graph 11, Lane County Minority Populations**

Source: US Census and S&DS Research

While the Asian and Pacific Islanders have demonstrated the largest percentage of increase in past years, the Hispanic population continues to be the largest minority group, in terms of numbers of people in Lane County (See Graph 11, above).

The agency that serves the greatest number of Lane County Hispanics is Centro LatinoAmericano. This agency offers a variety of services, tailored to meet the needs of the Latino community. Issues addressed by the Center include: translation, immigration, housing including rental and eviction assistance, employment assistance, medical screening, medical outpatient services and medical insurance guidance (Source: Centro LatinoAmericano).

Centro LatinoAmericano estimates that it served approximately 1,300 unduplicated households in fiscal 1998 year. Of those served, thirty-five (35) were seniors and seven (7) were persons with a disability. Centro LatinoAmericano’s Crisis Access and Referral Services (CARS) program served 647 persons. Of this number, 582 persons stated they had income at or below the federal poverty index (Refer to the table 4, page 31, for the age distribution of Lane County Hispanics receiving CARS assistance).

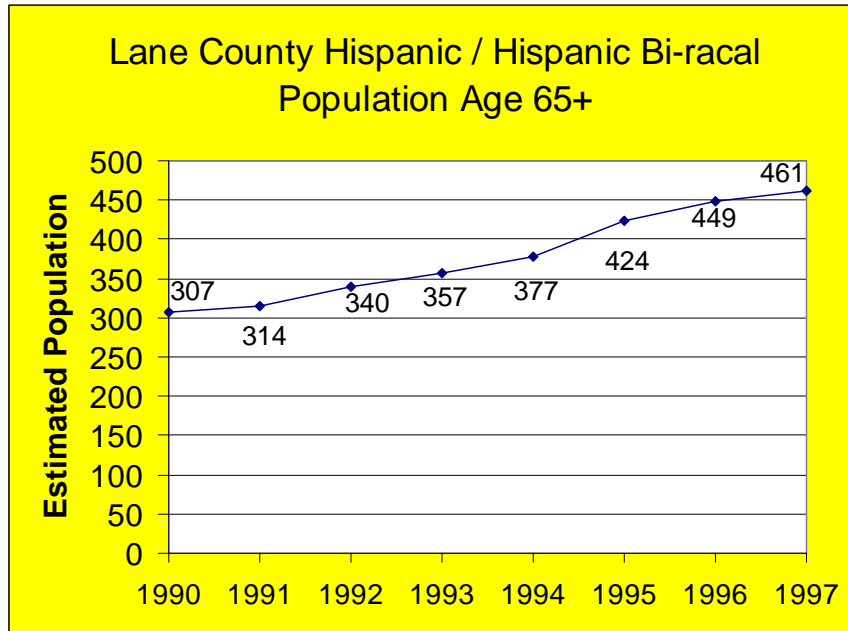
**Lane County Hispanics Receiving CARS Assistance by Age**

<b>AGE</b>	<b>PERCENT RECEIVING SERVICE</b>
6 - 17 years	2 %
18 - 23 years	23 %
24 – 44 years	65 %
45 – 54 years	2 %
55 – 69 years	2 %
70+ years	>1 %

**Table 4, Clients Receiving Crisis Access and Referral Services (CARS)**

Source: Centro LatinoAmericano (October 1998)

Centro LatinoAmericano’s Programa de Asistencia Medica (PAM) provides medical services to Lane County Hispanics. It also offers assistance in locating and enrolling clients in medical insurance plans (both employer sponsored and Oregon Health Plan). The center estimates that 90% of the patients seen by PAM suffer from some form of depression, anxiety or mental illness. Many of the individuals served by the Centro were not eligible for State and/or Federal programs.



**Graph 12, Lane County Estimated Older Hispanic Population**

Source: US Census

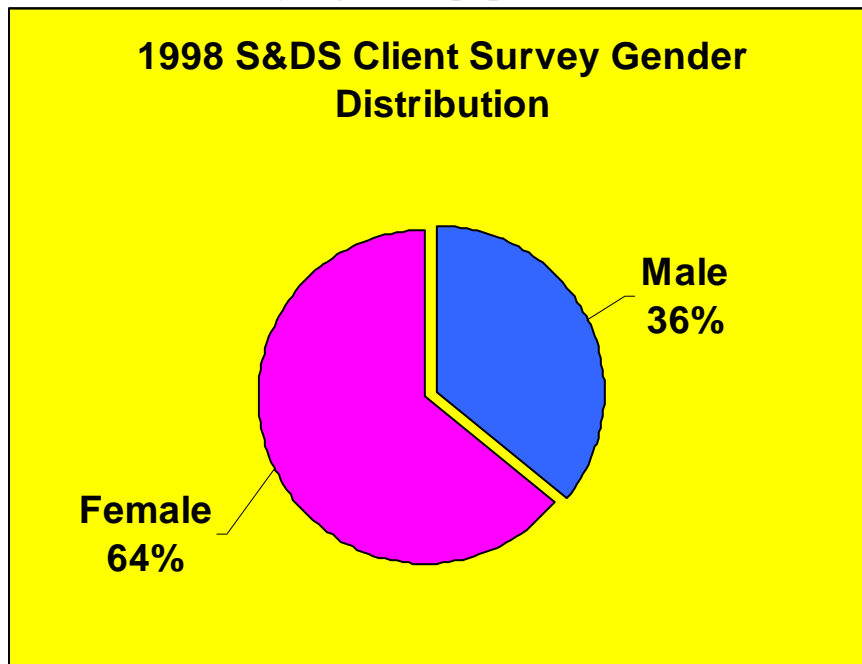
The Lane County senior Hispanic/Hispanic bi-racial population is expected to increase in similar proportions to that of older adults (age 65+) in Lane County.

Over the past seven years (1990-1997) there has been a fifty percent (50 %) increase in the number of Hispanic seniors over the age of 65 (Census Release 7/1/98). Refer to Graph 6, on page 17, to compare this growth with the projected population growth of Lane County of all races.

## S&DS Needs Assessment Surveys

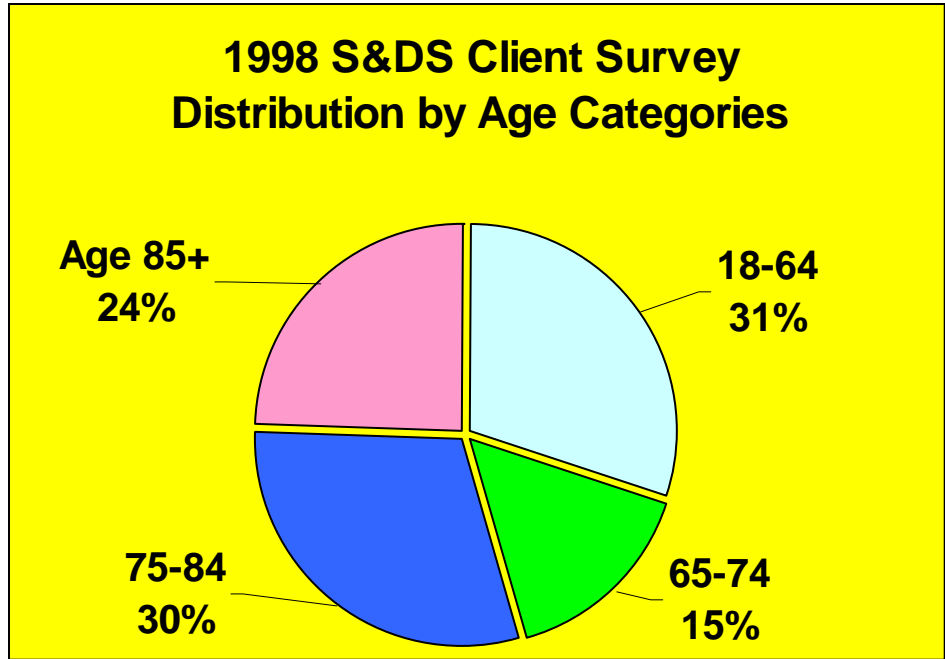
### Intake Client Survey

The most prevalent senior S&DS client continues to be a white, female, between the age of 75 and 84. The male to female ratio of S&DS Intake clients is sixty-four percent (64%) female to thirty-six (36 %) male. This does not mirror that of the general Lane County population. As of July 1997, the aged 75-84 year olds of the general population had a forty-two percent (42 %) male to fifty-eight percent (58 %) female population ratio. This age group represents nearly four and one half percent (4.5 %) of Lane County's general population (US Census).



**Graph 13, S&DS Intake Client Gender Distribution**

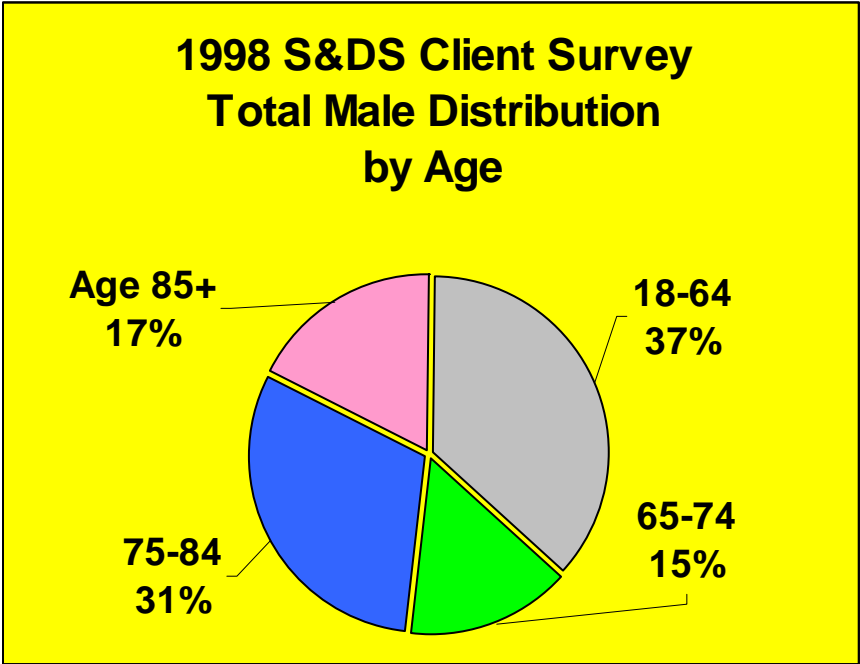
Source: S&DS Research



**Graph 14, S&DS Intake Client Age Distribution**

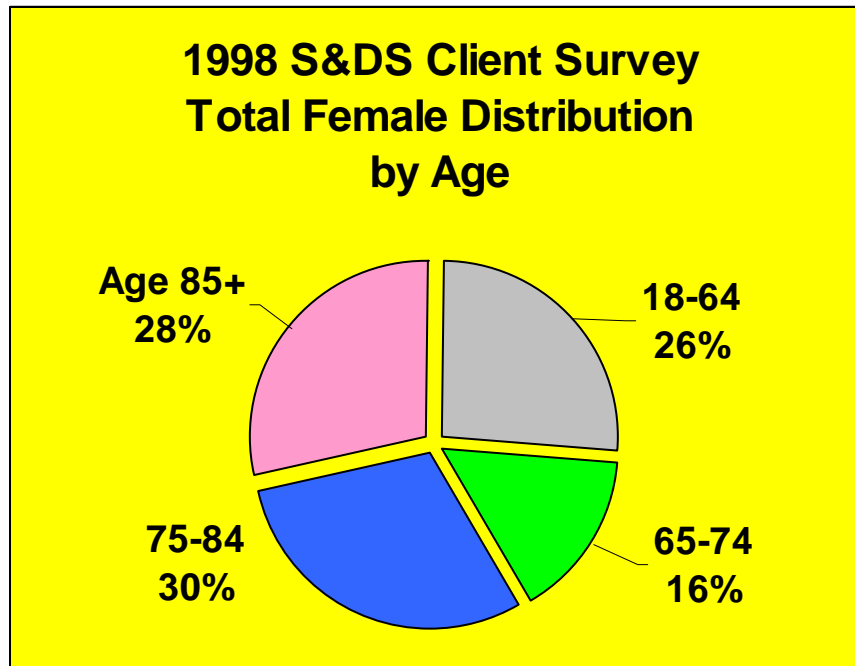
Source: S&DS Research

S&DS clients, age 18-64, receiving disability services, represents thirty-one percent (31 %) of the of the total clients surveyed. Sixty-six percent (66 %) of these clients were female and thirty-four percent (34 %) were males.



**Graph 15, S&DS Male Intake Client**

Source: S&DS Research



**Graph 16, S&DS Female Intake Client**

Source: S&DS Research

The female to male ratio of S&DS senior services clients is as follows:

- Age 65-74 was 64 % female to 36 % male
- Age 75-84 was 63 % female to 37 % male
- Age 85+ 74 % female to 26 % male.

**Fiscal Year 1998 S&DS Clients 18-64 years, by Race**

<b>Age 18 - 64 By Race</b>		
Race	Percent of Lane County	Percent of S&DS Clients
White Non-Hispanic	89.2 %	93.82 %
Black	0.7 %	1.54 %
American Indian, Eskimo, and Aleut	1.2 %	1.32 %
Asian and Pacific Islander	2.6 %	1.41 %
Hispanic (of any race)	6.3 %	1.91 %

**Table 5, Actual Fiscal Year 1998 S&DS Client Race Demographics, Age 18-64**

Source: US Census and S&DS Access Data

Table 5 and Table 6 list the percent of Lane County minority populations and compare them to the percent of minority populations receiving S&DS services.

**Fiscal Year 1998 S&DS Clients 65+, by Race**

<b>Age 65+ By Race</b>		
<b>Race</b>	<b>Percent of Lane County</b>	<b>Percent of S&amp;DS Clients</b>
White Non-Hispanic	96.6 %	97.16 %
Black	0.2 %	0.69 %
American Indian, Eskimo, and Aleut	0.5 %	1.32 %
Asian and Pacific Islander	0.4 %	0.25 %
Hispanic (of any race)	2.3 %	0.57 %

**Table 6, Actual Fiscal Year 1998 S&DS Client Race Demographics, Age 65+**

Source: US Census and S&DS Access Data

Over fifteen percent (15 %) of the clients requesting services from S&DS between February 28, 1997 and February 18, 1998 were deceased by the time the survey was completed (June 1 to August 15, 1998). In other words, these clients had died between the time of intake request and the time the survey was completed. This is an indication of the high level of frailty of persons applying for S&DS long term care service programs.

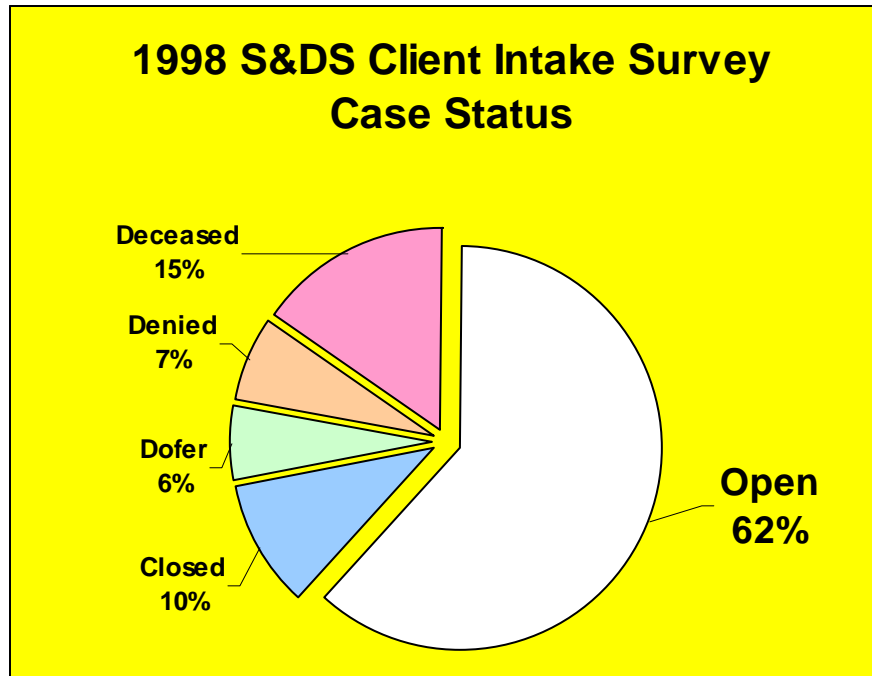
Table 7, below, lists the male to female ratio and the percent by age of the Intake clients who were deceased at the time of the survey.

**Intake Client Age and Gender Demographics for Deceased Client**

<b>Clients surveyed: Death ratio age by gender</b>			<b>Percent</b>
<b>Age category</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Ages 18-64	41.94 %	9.30 %	22.97 %
Ages 65-74	9.68 %	13.95 %	12.16 %
Ages 75-84	48.39 %	44.19 %	45.95 %
Ages 85+	0.00 %	32.56 %	18.92 %
<b>Totals</b>	<b>41.89 %</b>	<b>58.11 %</b>	<b>100.00 %</b>

**Table 7, Deceased Client Statistical Analysis for Deceased Category**

Source: S&DS Research



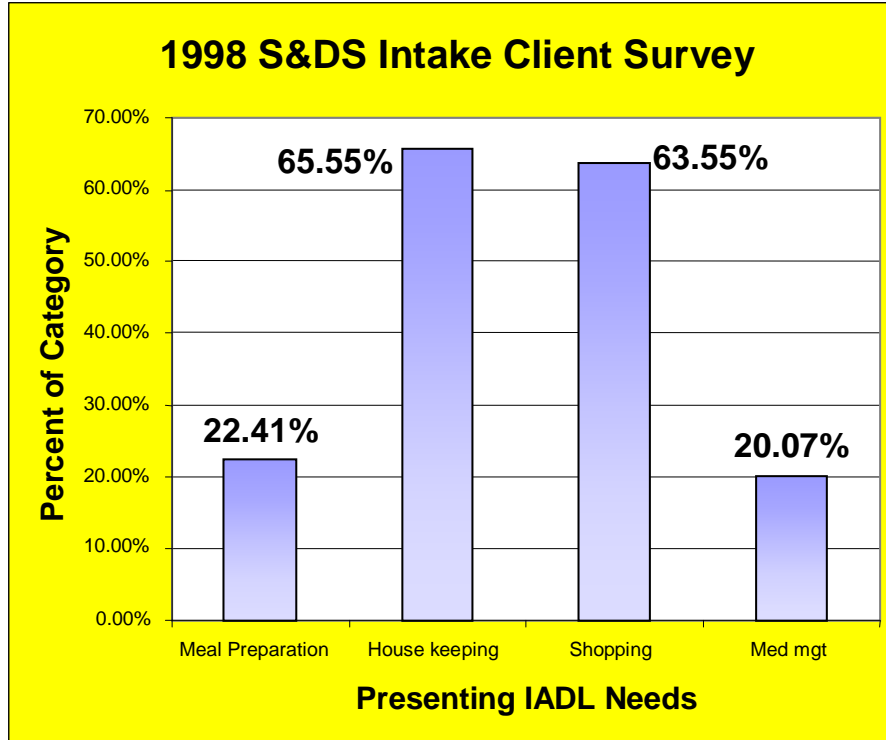
**Graph 17, S&DS Existing Case Status Intake Survey**

Source: S&DS Research

\* **Note:** Persons identified as deceased in this survey died before sampling (within a year and a half after request for service) and were not discarded from the survey.

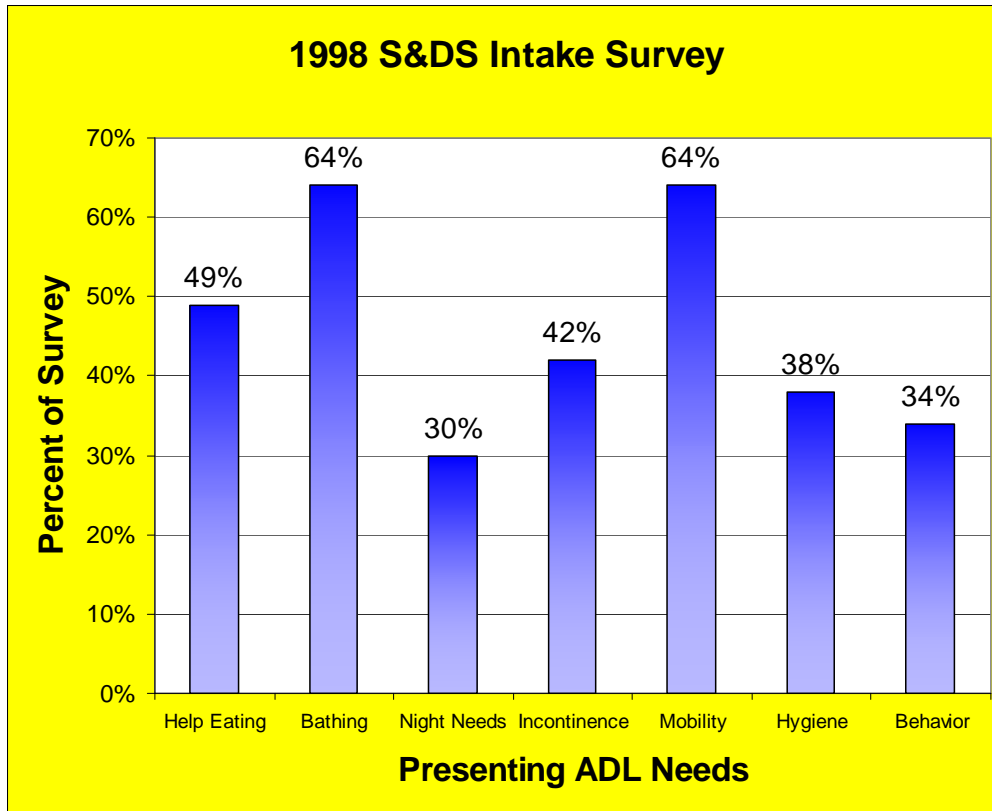
Graph 17 lists the survey status of the S&DS intake cases following a computer filtering which was completed to eliminate cases listed as: unable to locate, never opened and or were only eligible for financial services. It is believed that this representation is a more accurate picture of the intake process.

The S&DS assessments of client's long term care needs are based on the individuals ability to independently handle various **Activities of Daily Living (ADL)** and or **Instrumental Activities of Daily Living (IADL)**. That is to say, the assessment is based on how well an individual is able to perform activities that occur during the normal course of a day such as eating, dressing, housekeeping, medication management, etc.



**Graph 18, Presenting Instrumental Activities of Daily Living (IADL)**  
Source: S&DS Research

Graph 18 identifies the top four presenting **Instrumental Activities of Daily Living (IADL)** (needs) of S&DS intake clients.



**Graph 19, Presenting Activities of Daily Living (ADL)**

Source: S&DS Research

Bathing and assistance with mobility were identified by the Intake survey as the most frequently presenting **Activity of Daily Living (ADL)** for S&DS intake clients. Graph 19 lists the five other frequently presenting ADL issues identified by the Intake Survey.

S&DS's analysis of the Full Intake Survey, both senior and persons with disabilities, found the following top three medical diagnosis/diseases:

1) Cardiovascular; 2) Dementia Disorder; and 3) Mental Illness for S&DS clients.

Table 8, on page 33, displays a list of all the diagnosis common to S&DS clients and delineates the percent of clients with a particular diagnosis/disease by age group and program.

## 1998 S&DS Intake Clients by Diagnosis

<u>Age 18-64 Analysis</u>		<u>Age 65+ Analysis</u>	
Alcohol/Drug Addiction	6.0 %	Alcohol/Drug Addiction	<1 %
Amputations	2.0 %	Amputations	<1 %
Arthritis	6.0 %	Arthritis	14.2 %
Cancer	11.9 %	Cancer	9.6 %
Cardiovascular <sup>1</sup>	31.8 %	Cardiovascular	46.2 %
Central Nervous System <sup>2</sup>	5.3 %	Central Nervous System	15.6 %
Dementia Disorder <sup>3</sup>	33.1 %	Dementia Disorder	41.6 %
Diabetes	12.6 %	Diabetes	14.7 %
Hearing	3.3 %	Hearing	4.2 %
Infectious Disorders <sup>4</sup>	5.3 %	Infectious Disorders	4.5 %
Injury <sup>5</sup>	22.5 %	Injury	17.6 %
Liver Diseases	3.3 %	Liver Diseases	<1 %
Mental Illness	31.8 %	Mental Illness	22.7 %
Muscle Disorders <sup>6</sup>	7.3 %	Muscle Disorders	3.7 %
Neurological Disorders <sup>7</sup>	22.5 %	Neurological Disorders	9.1 %
Osteoporosis	4.6 %	Osteoporosis	11.3 %
Ostomy/Urinary Problems	9.9 %	Ostomy/Urinary Problems	6.8 %
Pneumonia	3.3 %	Pneumonia	5.9 %
Spinal/Brain Injury <sup>8</sup>	6.6 %	Spinal/Brain Injury	1.4 %
Unspecified Diseases <sup>9</sup>	28.5 %	Unspecified Diseases	26.6 %
Urinary Tract <sup>10</sup>	5.3 %	Urinary Tract	2.0 %
Vision/Blindness	9.9 %	Vision/Blindness	8.5 %

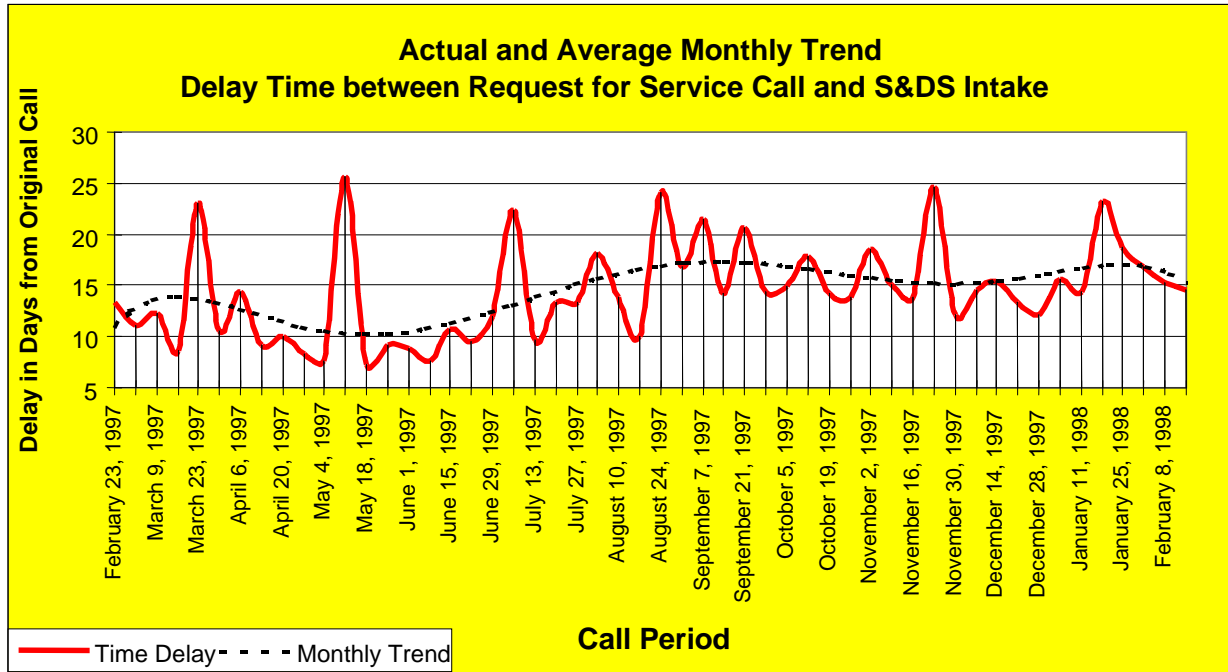
**Table 8, S&DS Client Diagnosis**

Source: S&DS Research

- 
- 1 Heart, Lung, Myocardial Infraction, Hypertension, Emphysema, COPD
  - 2 Brain Hemorrhage, stroke
  - 3 Alzheimer and Dementia
  - 4 Complications from Blood Disorders, Infections
  - 5 Trauma, Severe Fracture, Head Injury
  - 6 Fibromyalgia, Muscle Disorders
  - 7 Multiple Sclerosis, Parkinson, Cerebral Palsy
  - 8 Paraplegia, Quadriplegia
  - 9 Coded as such during intake
  - 10 Renal Failure

**Note:** A surveyed client may have had more than one diagnosis listed on the intake. Unspecified Diseases represents those cases in which the diagnosis was coded as unspecified.

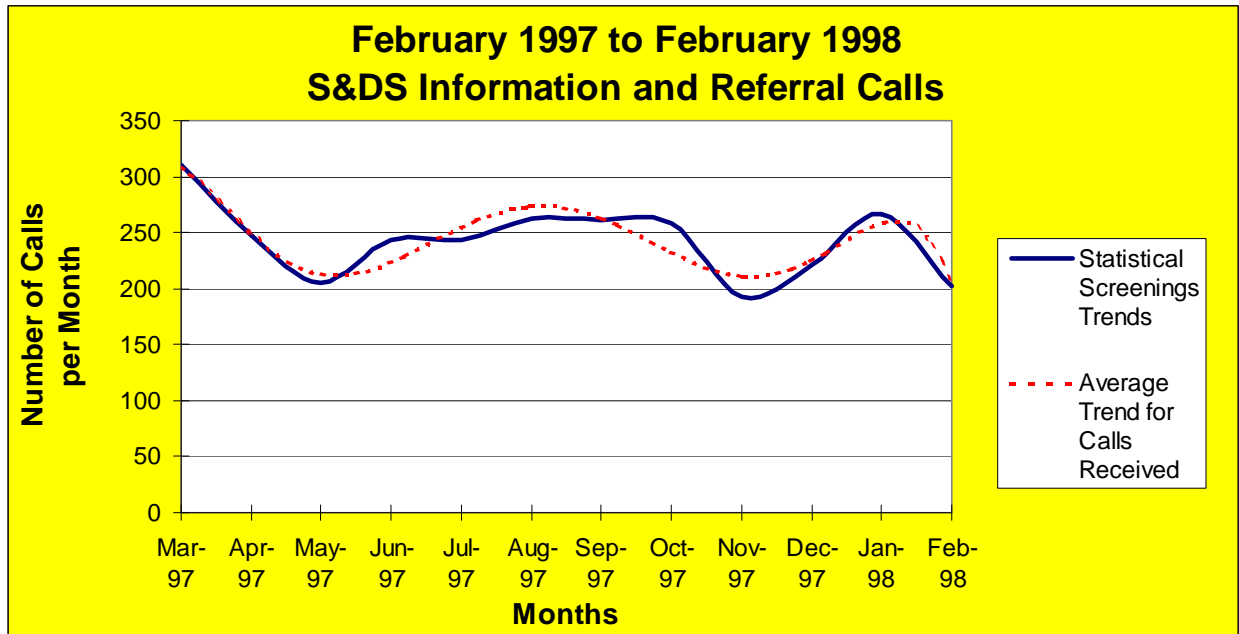
The length of time between request for S&DS service and the actual intake varies depending on the month of the request. The solid line in Graph 20 represents the actual timeframe between service request and intake, while the broken line indicates the seasonal trend. Variations in response to service requests can be attributed to a variety of factors including an increase in the number of service requests, holidays, staff vacations and client scheduling needs.



**Graph 20, Time between S&DS Intake Request and Intake Appointment**  
 Source: S&DS Research

\* **Note:** Persons applying for S&DS services, who have emergent needs, are scheduled for an emergency intake rather than through the regular intake process.

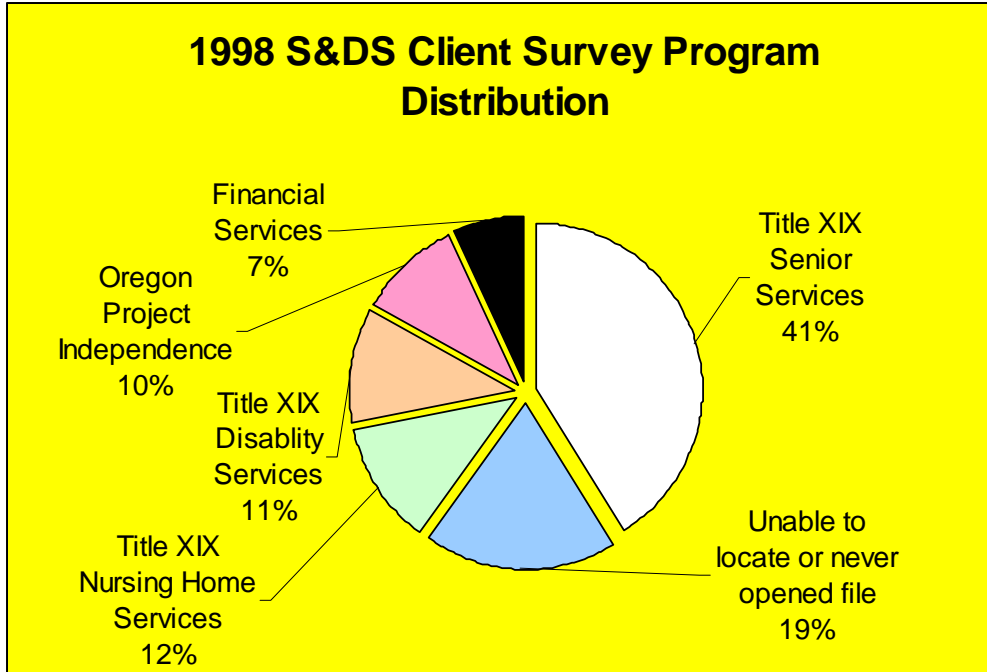
Likewise, the volume of calls received by the S&DS Information and Referral (I&R) varies from month to month. The solid line in Graph 21 represents the number of actual calls received by the Information and Referral unit; the broken line indicates and average number of calls received per month.



**Graph 21, S&DS Information and Referral Calls (Feb. 1997 to Feb. 1998)**  
 Source: S&DS Research

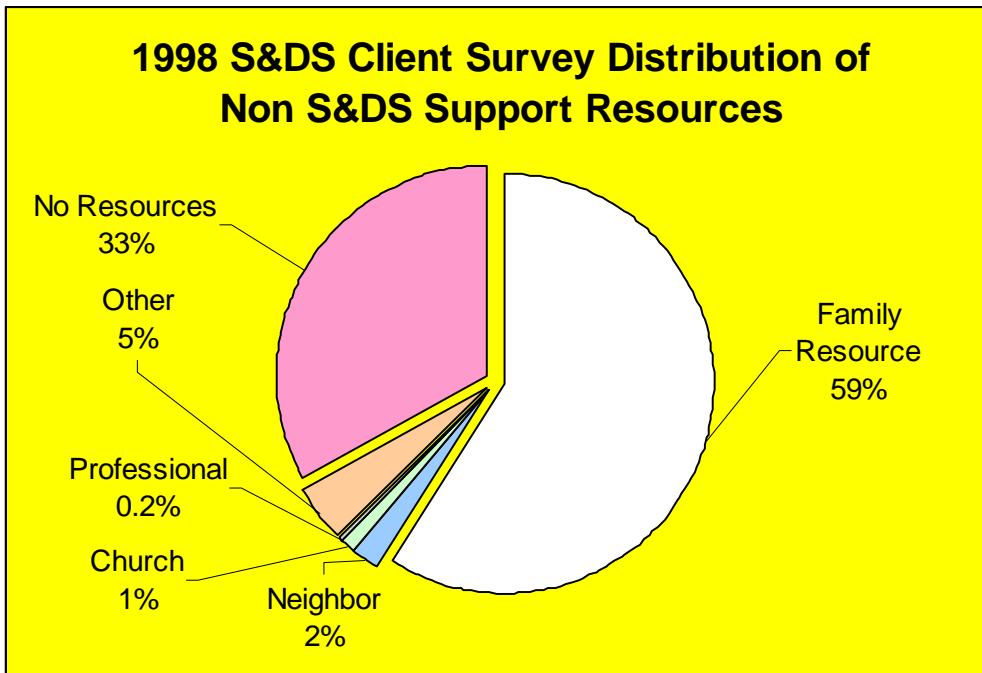
In addition to requests for services (intakes), the I & R unit receives calls requesting information on the following topics: financial matters, client employed providers, transportation, chore service, Meals on Wheels, and advocacy issues. A portion of these calls result in intakes.

As Graph 23, on page 36, indicates nearly sixty percent (60 %) of the intake clients surveyed, listed family as a resource. Others stated community resources, such as, neighbors, churches and/or professionals were available to assist them in some fashion. Thirty-three percent (33 %) of those surveyed stated they did not have access to a resource.



**Graph 22, S&DS Intake Survey Program Distribution**  
 Source: S&DS Research

The Intake Survey found individuals were applying for the S&DS programs as defined in Graph 22. S&DS receives more requests for senior, community based services than any other service.



**Graph 23, S&DS Intake Client Survey, Non S&DS Support Resources**  
 Source: S&DS Research

# Staff Survey

Beginning August 9, 1997, S&DS conducted an opinion survey of all staff seeking to identify client needs (specifically those needs not being met). This survey closed on August 31, 1998. The response rate for the staff survey was fifty-nine percent (59 %). The following eleven staff units were represented in this survey: Community Care; Intake/Licensing & Monitoring/Access; Nursing Facility/Pre-admission Screening/Relocation/Abuse; Quality; Senior Meals Program; Assurance/Training; Outreach; Support; Financial Services; Disability Services; Disability Analyst and Supervisory/ Management. The confidence level for this survey was ninety-five percent (95 %) and the confidence interval was plus or minus seven point zero-one percent (7.01 %).

Questions for this survey consisted of:

- 1) Which currently funded service(s) is regularly used by your clients?
  - a. Are these services readily available to your clients?
  - b. Should more or less of these services be available?
- 2) What gaps in (client based) service(s) have you recognized in the past 18 months (services not currently provided by S&DS or another community organization) such as yard work?
- 3) What service(s) not currently available do you feel S&DS should provide in the future?
- 4) Please list the S&DS position you currently hold: Meals Program, Outreach, Supervisor, Case manager, Financial Service Worker, Support, Pre-admission Screening (PAS) or other.

Table 9, below identifies staff’s response to question number one. When viewing this table, it is important to noted that when transportation services (special transportation, assisted transportation and bus services) are combined, transportation clearly is identified as a high need/used service.

### **Services Regularly Used by S&DS Clients**

<b>Existing Services Currently Used</b>	<b>Percent of Staff Identifying Use/Need</b>
Meals on Wheels Program	32 %
Special Mobility Transportation (curb to curb)	30 %
Client Employed Provider Program	19 %
Oregon Project Independence (in-home services)	15 %
Home Health Services	15 %
Assisted Transportation ( rural & metro Escort & volunteer)	14 %
Volunteer Programs (Senior Companions & Elderhelp)	16 %
Bus Program (pass & token)	11 %
Information and Referral	6 %
Bill Payers Program	6 %
Group Meals Program	6 %
Mental Health Services	6 %
Legal Aid	5 %
Outreach Services	5 %
Low-income Energy Assistance Program	4 %
Dental Services	4 %
Contract Registered Nurses	2 %
Older Americans Act Case Management	2 %
Senior Law	1 %
Enhanced Care	1 %
Life Line	1 %

**Table 9, Staff’s Perception of Client Service Utilization**

Source: S&DS Research

## Top Services/Programs Staff Suggested S&DS Clients Could Use More Of

Service/Program	Percent of Staff Suggesting Need For Increase
Transportation	37 %
In-home Services	32 %
Volunteer Programs: ElderHelp/Senior Companions	17 %
Mental Health	6 %

**Table 10, S&DS Staff Survey: Suggested Additional Program Resources/Needs**

Source: S&DS Research

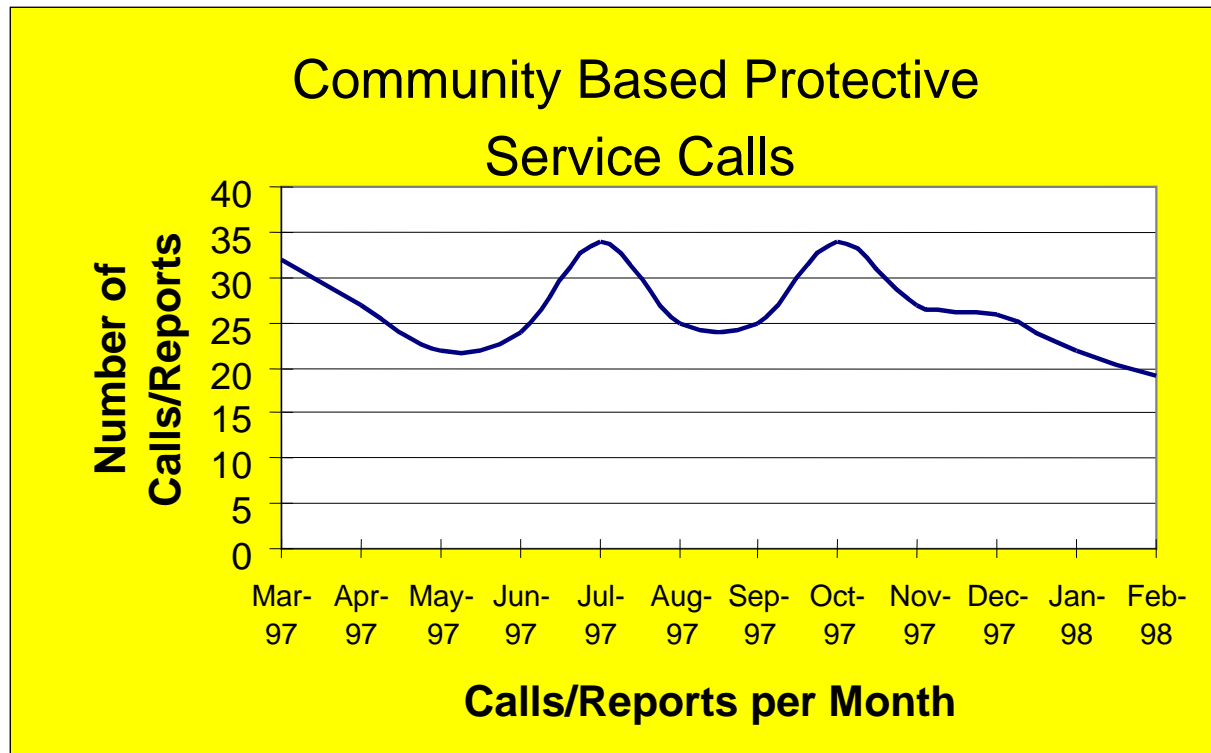
For the purpose of Table 10, all forms of transportation identified by S&DS staff as a needed service have been combined, as have all forms of in-home services. S&DS staff clearly identified transportation and in-home service as needed programs for seniors and persons with disabilities.

In addition to the services and programs listed in Table 10 staff identified other services they felt would be beneficial to increase. These included: Outreach, Group Meals, Information and Assistance, Bill Payer, and Energy Assistance (LIEAP).

## Protective Services Survey

The S&DS **Adult Protective Service** team is comprised of four line staff and one supervisor. Staff investigate alleged abuse complaints in both community and facility settings. S&DS is required by state law to investigate all allegations of abuse against any Lane County senior or person, age 18-64, with a disability. The information provided in this report is based on actual case statistics occurring between March 1997 and February 1998.

## Community Based Investigations



**Graph 24, S&DS Community Based Protective Services Calls/Reports Tend**  
Source: S&DS Research

### Community Based Abuse Victim Profile

The average age of abuse victims investigated by S&DS in the community is seventy-two (72) years. This average age applies to both the substantiated and non-substantiated community abuse investigations. The **median age** of victims is seventy-five (75) years. Fifty-six percent (56 %) of the victims are female with a median age of seventy-seven (77) and an average age of seventy-five (75) years. Forty-four percent (44 %) are male with similar median and average ages as that of the females.

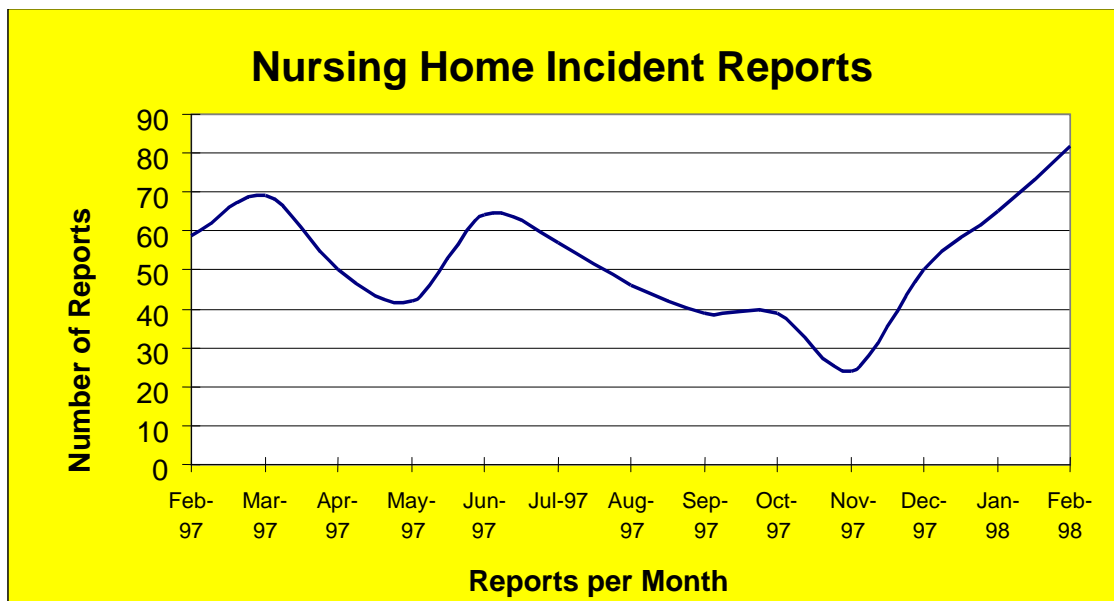
Three hundred and eight (308) community based abuse calls were surveyed during the study period. Nearly all of these calls required the Protective Service staff to make an on site visit. Of the three hundred and eight (308) investigated cases, sixty-four (64) cases, or twenty-one percent (21 %), were substantiated. Of the community based substantiated abuse calls, fifty-six percent (56 %) involved female and forty-four percent (44 %) involved male victims. 1998 statistics

indicate that eighty-three percent (83 %) of the reported S&DS community based abuse or neglect cases involve seniors.

### Long Range

Projecting the number of abuse investigations out five (5) years, S&DS can expect the number to increase by 1,423. S&DS projects that community based abuse and neglect cases will increase by thirty-five percent (35 %) between 1997 and the year 2010, unless social conditions shift causation factors that contribute to abuse and neglect. Projections indicate that S&DS will experience a seven percent (7 %) increase in the number of abuse/neglect cases for persons with a disability over the next twelve (12) years (1998 to 2010).

### Facility Based Investigations

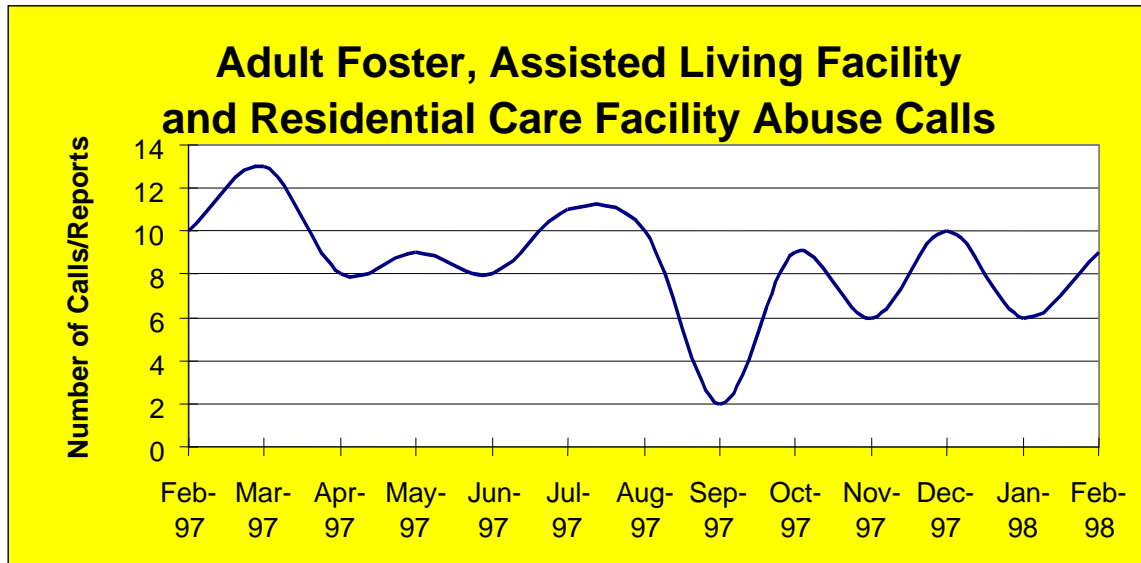


**Graph 25, S&DS Nursing Home Abuse Incident Reports**

Source: S&DS Research

Graph 25 and Graph 26 indicate the number of nursing homes, **adult foster homes, assisted living facilities and residential care facilities** abuse calls/reports received by the S&DS protective service team. On average, protective service workers are able to respond to abuse complaints/calls within one business day.

Six hundred and twenty-seven (627) nursing home abuse calls were surveyed during the study period. Of these abuse calls, forty-four percent (44 %), or two hundred and seventy-six (276), required the Protective Service staff to make an on site visit. Fifteen percent (15 %) or ninety-seven (97) complaints were substantiated.



**Graph 26, S&DS Adult Foster Home, Assisted Living Facility and Residential Care Facility Abuse Calls/Reports**

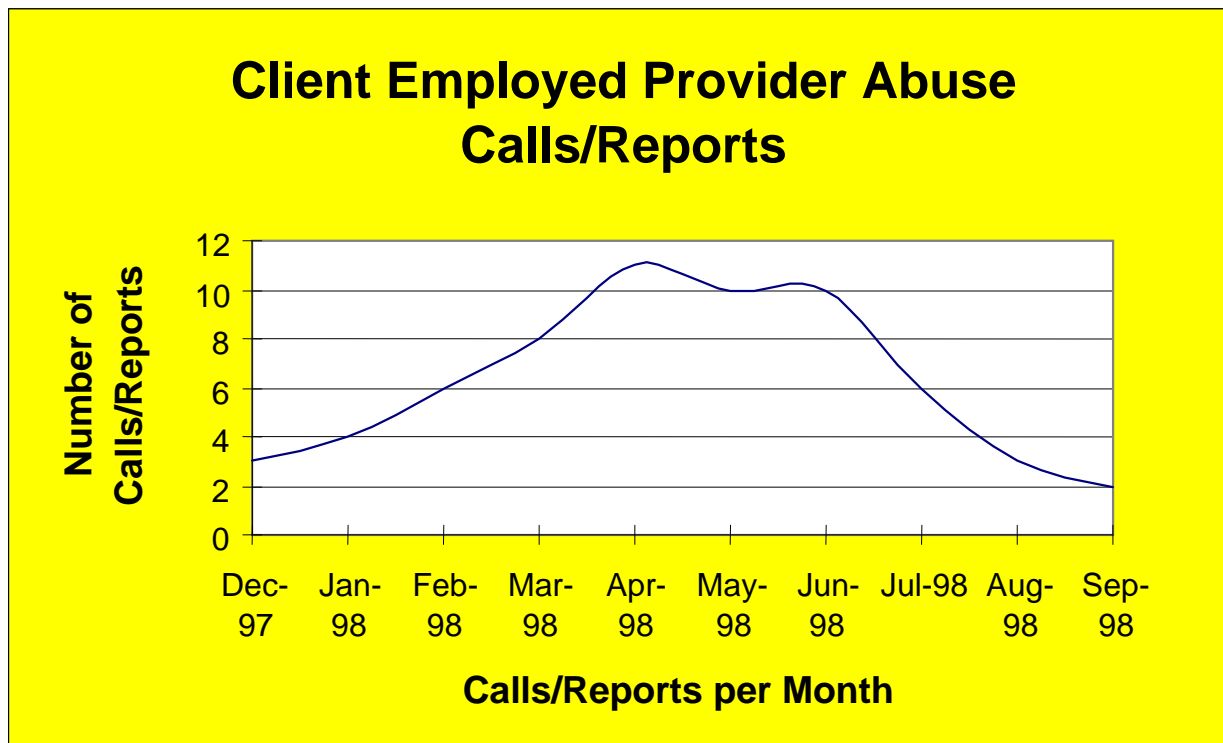
Source: S&DS Research

Twenty-eight percent (28 %) of all facility based (Adult Foster Homes (AFH), Assisted Living Facilities (ALF), and Residential Care Facilities (RCF)) abuse complaint received by S&DS were substantiated by investigating staff. Within this category of substantiated calls, sixty percent (60 %) were identified as being related to medical/personal care issues. Within this group, sixty-seven percent (67 %) centered on medication mismanagement and thirty-three percent (33 %) centered on nail care issues. The balance of the calls, forty percent (40 %), involved some type of rule violation associated with either staffing requirements and or clients' rights to privacy. Fewer than two percent (2 %) of the facility based (ALF, AFH, and RCF) abuse complaints were associated with financial exploitation.

## Care Provider Based Investigations

S&DS estimates that its clients employ 900+ **Client Employed Providers (CEP)**, each month. S&DS has seen a four percent (4 %) monthly increase in the number of CEPs working for its clients over the past year. CEPs provided in-home services to approximately 1,400 unduplicated seniors and persons with disabilities in fiscal year 1998.

In December of 1997, S&DS hired a protective service staff person to investigate allegations of abuse by CEPs. Statistics were included in this report despite the fact that the material was gathered outside the timeframe of the other S&DS surveys (12/5/97 to 9/15/98).



**Graph 27, S&DS Client Employed Provider Abuse Calls/Reports**

Source: S&DS Research

As Graph 27 indicates, there was an initial flurry of activity shortly after the new protective service staff was hired. The provider protective service worker incorporates abuse prevention training into the client employed provider orientations in an effort to reduce the number of adult abuse occurrences. The number of provider abuse complaints for the ten-month period represented in Graph 27 is miniscule compared to the number of clients served by care providers.

The client victim profile, of provider abuse complaints, is listed in Table 11. Of those reports listing individuals with a cognitive or mental/emotional impairment (both substantiated and non-substantiated), significantly more female than males were involved.

### Client Employed Provider Client (Victim) Profile

<b>Age</b>	<b>Male Client</b>	<b>Female Client</b>
Average	56.3 years	67.4 years
Median	54 years	69 years
<b>Substantiated</b>	61 %	51 %
<b>Abuse by a Non Relative Caregiver</b>	71 %	80 %
<b>Category Substantiated</b>		
Financial Exploitation	>1 %	25 %
Neglect or Abandonment	43 %	19 %
Verbal Abuse	36 %	25 %
Physical Abuse	7 %	6 %
<b>All calls (both substantiated and non substantiated) with a client having a cognitive or mental/emotional impairment</b>	33 %	37 %
<b>Percent of cognitive or mental/emotional impaired client (above) calls that were substantiated</b>	56 %	65 %

**Table 11, S&DS Client Employed Provider Victim (Client) Profile**

Source: S&DS Research

# Older Americans Act Program/NAPIS Statistics

## Actual Fiscal Year 1998 Older Americans Act Program/NAPIS Statistics

Federal **Older Americans Act (OAA)** money is used to fund many S&DS programs. In an effort to gain insight into the client profile of persons using these services, S&DS reviewed its 1998 fiscal year (July 1, 1997 to June 30, 1998) **NAPIS** database. This section of the report reflects the actual statistics of S&DS clients receiving a variety of services. While Older American Act money also funds the Senior Law Program, statistics on this law program are not part of the NAPIS database and so were not included in this section of the report.

### **OAA OUTREACH PROGRAM**

The S&DS Older Americans Act Outreach program is composed of two components: Information & Assistance (I&A) and OAA Case Management. Information & Assistance clients receive short-term assistance. Case managed clients are generally homebound and in need of assistance with some aspect of their daily living. Case managed services include Escort, Meals on Wheels, Senior Companions and ElderHelp.

The typical, fiscal year 1998, Outreach client profile is that of a white, female over the age of seventy-five. Eighty percent (80 %) of these women are single and live on an income at or below one hundred and twenty-five percent (125 %) of the **federal poverty index**. By the year 2010, S&DS anticipates that, the average age of the Outreach client will be reduced by ten (10) years, to age sixty-five (65), due to the increase in the number of younger senior citizens.

By the year 2000, persons in Lane County between the ages of 60 and 64 are expected to increase by six percent (6 %). The number of S&DS Outreach clients (all ages) is projected to increase by nearly three percent (3 %) during the same period. S&DS anticipates that during the next twelve years, the number of persons eligible for S&DS Outreach programs will increase by ninety-three percent (93 %) (1998 to 2010).

## **OAA Information and Assistance Client Statistics**

S&DS Outreach staff served 1,647 Information and Assistance (I&A) clients during the 1998 fiscal year. Eighty-six percent (86 %) of these clients had income levels at or below one hundred and twenty-five percent (125 %) of the federal poverty index. Nearly one hundred percent (100 %) were white. Female clients outnumbered males nearly three to one. Seventy-three percent (73 %) of the clients were unmarried and sixty two percent (62 %) lived alone.

Twenty-three percent (23 %) of the Information and Assistance clients eat alone most of the time. Nineteen percent (19 %) of these persons take three or more different prescribed or over-the-counter-drugs a day. Eighteen percent (18 %) are not always physically able to shop, cook, and/or feed themselves. Nine percent (9 %) have experienced an illness or condition that caused them to change the kind or amount of food eaten.

Forty-three percent (43 %) of the I&A Outreach clients need no assistance with Instrumental Activities of Daily Living (IADL): and fifty-four percent (54 %) need no assistance with Activities of Daily Living (ADL). The remainders of the clients need the following assistance:

### **Instrumental Activities of Daily Living:**

Housework	
heavy housework	19 %
light housework	11 %
Shopping/Errands	16 %
Meal Preparation	16 %
Transportation	6 %
No IADL	43 %

### **Activities of Daily Living**

Mobility	8 %
Bathing	7 %
No ADL	54 %

## **OAA Case Managed Client Statistics**

S&DS OAA Outreach staff served 981 Case Managed clients during the 1998 fiscal year. Fifty percent (50 %) of these clients had income levels at or below one hundred and twenty-five percent (125 %) of the federal poverty index. Ninety-nine percent (99 %) were white. Females outnumbered males nearly two and half times to one. Sixty-six percent (66 %) of the clients were unmarried and fifty-seven percent (57 %) lived alone.

Fifty-five percent (55 %), of the Case Managed clients, are not always physically able to shop, cook, and/or feed themselves. Forty-eight percent (48 %) eat alone most of the time. Forty-six percent (46 %) of these persons take three or more different prescribed or over-the-counter-drugs a day and twenty-four percent (24 %) have experienced an illness or condition that caused them to change the kind or amount of food eaten.

Contrasting sharply with that of the I&A Outreach client, only twelve percent (12 %) of the OAA Outreach case managed clients need no assistance with Instrumental Activities of Daily Living (IADL). Fifty-one percent (51 %) need no assistance with Activities of Daily Living (ADL). The remainders of the clients need the following assistance:

**Instrumental Activities of Daily Living:**

Housework	
heavy housework	46 %
light housework	28 %
Shopping/Errands	52 %
Meal Preparation	51 %
Transportation	26 %
No IADL	12 %

**Activities of Daily Living**

Mobility	15 %
Bathing	25 %
No ADL needs	51 %

**OAA Senior Meals Program Client Statistics**

**OAA Meals on Wheels Client Statistics**

The Meals on Wheels Program (both S&DS and contracted providers) served 1,356 clients during the 1998 fiscal year. Forty-eight percent (48 %) of these clients had income levels at or below 125 % of the federal poverty index. Ninety-nine percent (99 %) were white. Females outnumbered males two to one. Sixty-four percent (64 %) of the clients were unmarried and fifty-seven percent (57 %) lived alone.

Fifty-five percent (55 %), of the Meals on Wheels clients are not always physically able to shop, cook, and/or feed themselves. Forty-two percent (42 %) eat alone most of the time. Thirty-seven percent (37 %) of these persons take three or more different prescribed or over-the-counter-drugs a day. Seventeen percent (17 %)

have lost or gained ten pounds in the last six-month without wanting to and have experienced an illness or condition that caused them to change the kind or amount of food eaten.

Contrasting sharply with that of the I&A Outreach client, only a little more than three-and-a-half percent (3.6 %) of the Meals On Wheels clients need no assistance with Instrumental Activities of Daily Living (IADL). Twenty-six percent (26 %) need no assistance with Activities of Daily Living (ADL). The remainders of the clients need the following assistance:

<u><b>Instrumental Activities of Daily Living:</b></u>		<u><b>Activities of Daily Living</b></u>	
Housework		Mobility	28 %
Light housework	2 %	Bathing	14 %
Heavy housework	46 %	No ADL Needs	26 %
Shopping/Errands	44 %		
Meal Preparation	58 %		
Transportation	13 %		
No IADL	4 %		

### **OAA Group Meals Program Client Statistics**

The OAA Group Meals Program served 1,217 clients during the 1998 fiscal year. Fifty-two (52 %) of these clients had income levels at or below 125 % of the federal poverty index. Ninety-nine percent (99 %) were white. Female clients outnumbered male nearly two to one. Sixty-one percent (61 %) of the clients were single and forty-nine percent (49 %) lived alone.

Fifteen percent (15 %), of the Group Meals Program clients, are not always physically able to shop, cook, and/or feed themselves. Thirty-three percent (33 %) eat alone most of the time. Thirty-three percent (33 %) of these persons take three or more different prescribed or over-the-counter-drugs a day. Eight percent (8 %) have lost or gained ten pounds in the last six-month without wanting to and eleven percent (11 %) have experienced an illness or condition that caused them to change the kind or amount of food eaten.

## **OAA Senior Mental Health Counseling Program Client Statistics**

The OAA Senior Mental Health Counseling Program (SMHCP) served one hundred and fifty-four (154) unduplicated clients during the 1998 fiscal year. Thirty-four percent (34 %) of these clients had income levels at or below one hundred and twenty-five percent (125 %) of the federal poverty index. Ninety-six percent (96 %) were white and four percent (4 %) were African American. Females outnumbered males six to one. Sixty-eight percent (68 %) of the clients were single and sixty percent (60 %) lived alone.

**\* Note:** The nutritional risk, as well as, the IADL and ADL data presented for other OAA programs is not available for the SMHCP because it is not required by the Federal Government and so is not collected.

## **Forums**

Recognizing each community has a unique profile, the needs assessment sought community input by hosting forums in selected communities across Lane County. Lane County, much like other semi-rural communities, has areas containing high numbers of impoverished seniors. The forums attempted to gain information by soliciting input from the public in the following communities:

- 1) Marcola at the Mohawk Fire Hall; Census Tract 0200;
- 2) Coburg at the IOOF Hall; Census Tract 0300;
- 3) Bethel / Danebo at the Peterson Barn Community Center; Census Tracts 2501, 2502, 2600, and 4300;
- 4) Glenwood at the Lane Transit District Board Room; Census Tract 3600; and
- 5) Whiteaker at the Public Safety Building; Census Tracts 3900 and 4000.

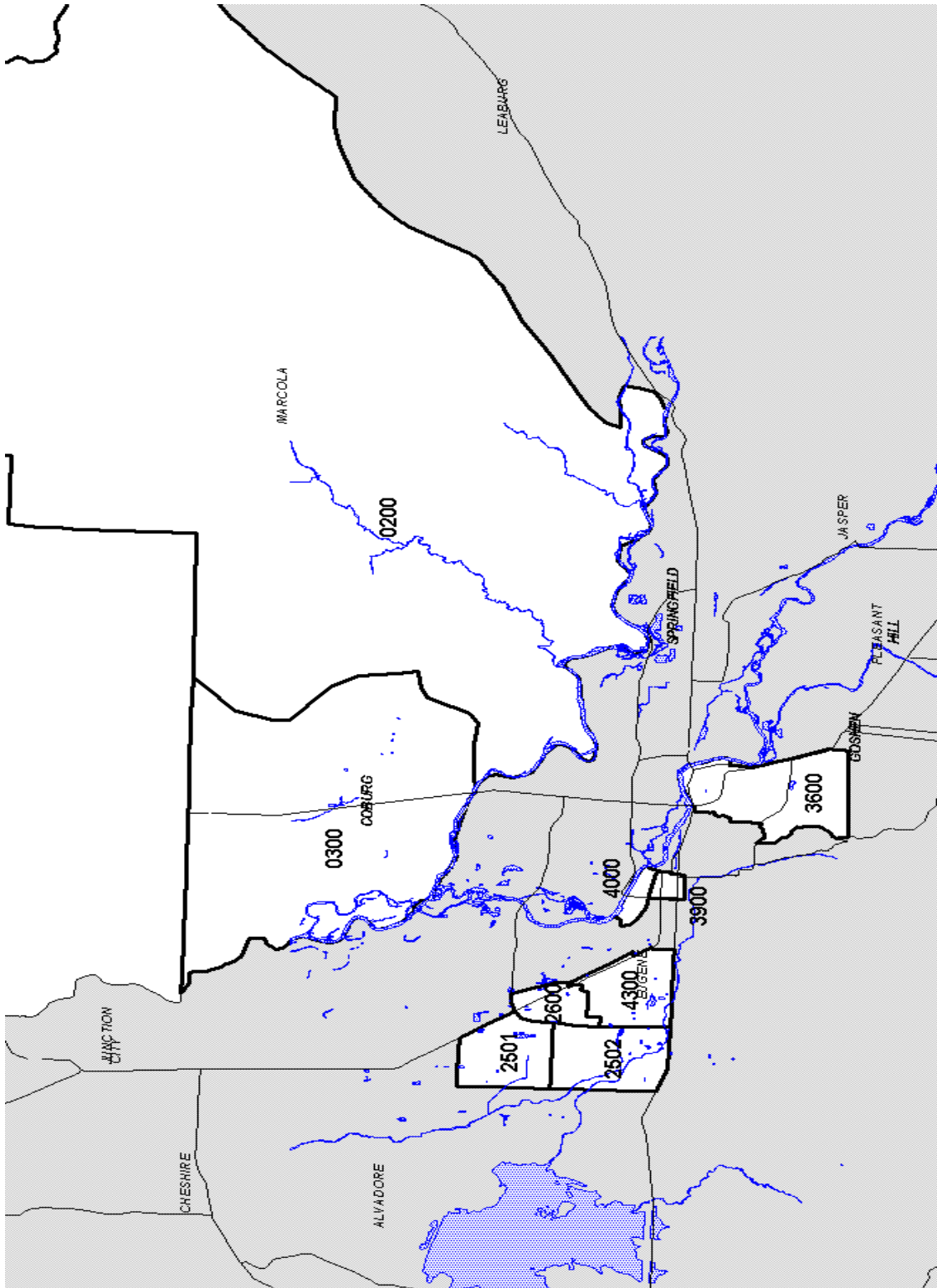
**\*Note:** S&DS Forums were held in Census Tracts with a high percent of impoverished seniors per census tract (Refer to Map 2, on page 51).

Invitations and flyers to the public forums were mailed to knowledgeable and interested citizens and organizations throughout the county. Written comments were also requested of those unable to attend.

Thirty (30) persons attended the forums. At each forum, participants were asked to respond to the following questions:

- 1) What services will be needed in the future for seniors and persons with disabilities?
- 2) What services are the most important for S&DS to provide?

As background, participants were presented a list of services currently provided by S&DS. Of the services presented, nine (9) are mandated by law and utilize funding sources over which S&DS has no discretion. During the process, participants were asked to prioritize each service separately (non mandated versus mandated services).



**Map 2, Census Tracts for 1998 S&DS Community Forums**

Source: Lane Council of Governments, Geographic Information Systems (GIS) Unit

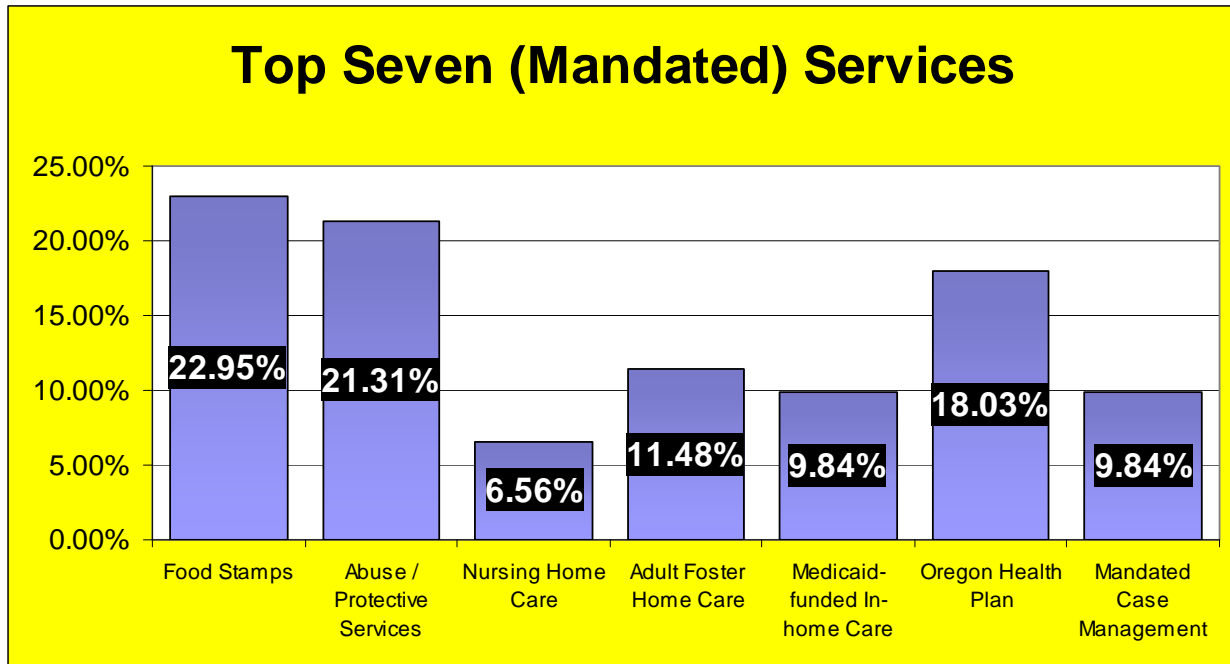
At each of the forums, attendees brainstormed lists of current and future needs/services. During the brainstorming exercise, participants were invited to (1) identify additional service needs, and (2) recommend alterations to existing services to better meet needs. Following the brainstorming session, the lists were consolidated, as appropriate, to eliminate duplications. The final step in the process required attendees to vote for the services that they felt were most needed by seniors and people with disabilities. Those services receiving the highest number of votes were deemed to be the most needed for that community. A countywide summary and additional materials regarding the forums can be found in Appendix A, on page 76.

Forum participants identified all services provided by S&DS as important and found the process of prioritizing the services difficult. No single individual attending indicated that any service should be eliminated or reduced. In fact, the participants wanted to refine and/or to add services.

### **Top Mandated Service Needs**

The top three mandated services stood out clearly in the voting process. Forum attendees placed Food Stamps highest on the priority schedule. Adult Protective Services and the **Oregon Health Plan** ranked second and third respectively (Refer to Graph 28).

Other mandated services receiving a high percentage of votes included: Adult Foster Care, Medicaid services (in-home and nursing home), and Case Management for Medicaid and **Oregon Project Independence** clients. Forum participants clearly preferred to have S&DS continue to provide those State and Federally funded services which address the most basic needs of seniors and/or persons with a disability, i.e., food, safety, housing and assistance with activities of daily living for those unable to perform such activities.



**Graph 28, 1998 S&DS Community Forum Rankings for Mandated Services**

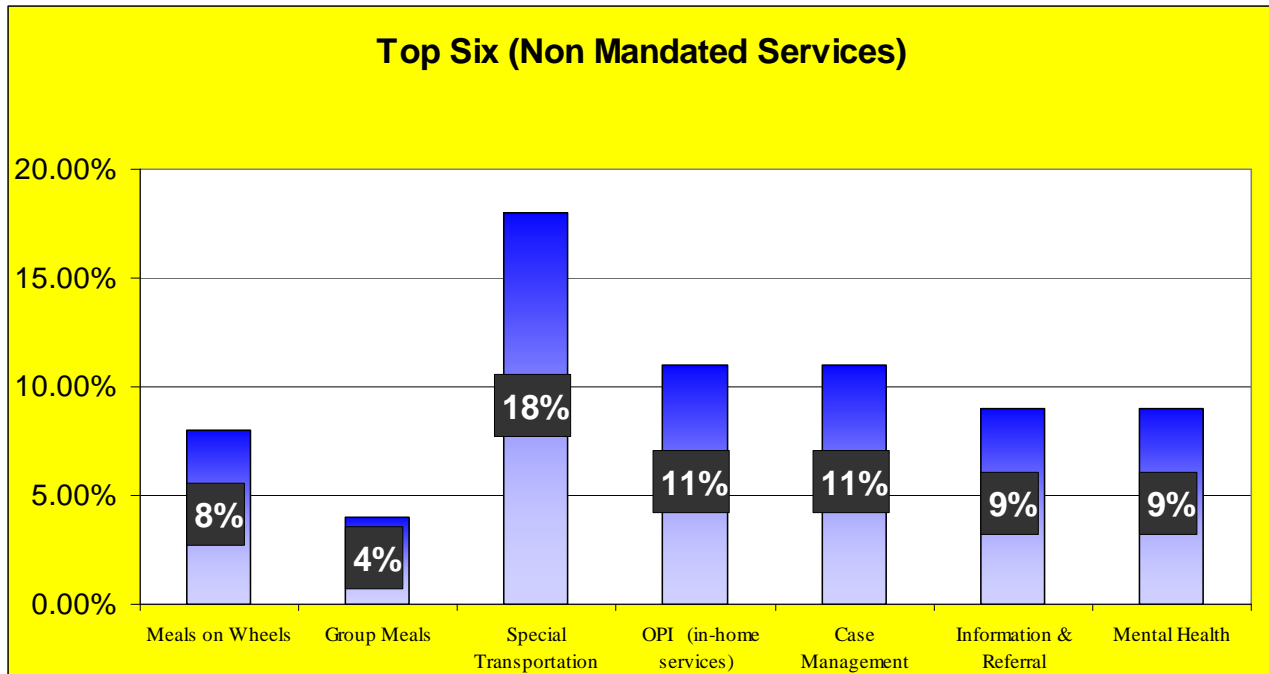
Source: S&DS Research

### Top Non Mandated Service Needs

With respect to the discretionary (non mandated) needs/services, persons attending the forums ranked Special Transportation, Case Management for non mandated services and Oregon Project Independence in-home service program (OPI) as the top three services to maintain (Refer to Graph 29).

Additional services, receiving a high percentage of votes from forum participants included: Mental Health Counseling, Information and Referral, and Meals on Wheels.

Forum attendees expressed a desire that S&DS continue to provide the State and Federally funded programs that provide seniors and persons with disabilities with basic needs, i.e., transportation, in-home care services, mental health services and meals. Participants continued to express the need for Information and Referral to services for both populations.



**Graph 29, 1998 S&DS Community Forum Ranking (Non Mandated Services)**

Source: S&DS Research

It is of interest to note that none of the new services suggested by forum attendees received a significant number of votes. (Refer to Appendix A for the entire list of non mandated services identified by forum participants).

## Written Comments

The written comments received from persons unable to attend the forum identified similar issues as those noted during the forums. The issues included: 1) special transportation; 2) information and referral to services for seniors and persons with a disability and; 3) communication, including the provision of alternative formats and instructions on how to improve communications between clients and members of the medical profession (Refer to Appendix B, on page 80).

# Additional Transportation Information

## **State SDDS**

State SDDS also reports that transportation is the most frequent public service used by their clients. They believe that lack of transportation negatively impacts the abilities of seniors and persons with disabilities to access health care, housing, food, employment, friends and family (Oregon SDDS “What’s Up 10/98).

## **Lane Transit District/South Lane Wheels**

In the Eugene/Springfield Metro Area Lane Transit District estimated that 6,203 of its riders were on a “Reduced Fare Program” between February 1997 and February 1998. Over half of these individuals had incomes at the federal poverty level (SSI). In addition to Lane Transit statistics, South Lane Wheels, a transportation agency-serving people with disabilities in south Lane County, experienced a nineteen percent (19 %) increase in rider-ship in fiscal year 1998. During the same period, South Lane Wheels was unable to provide service to 73 persons, due to lack of service capacity.

## **Oregon Department of Transportation**

An independent analysis of the 1998 Oregon Department of Transportation Mobility Survey found that Lane County persons with a disability (all ages) were most likely to leave their home for the following reasons listed in descending order:

- 1) Shop for groceries
- 2) Visit a doctor or other medical appointment
- 3) Seek entertainment
- 4) Attend religious services
- 5) Volunteer for work
- 6) Other shopping needs
- 7) Personal business
- 8) Visit a senior center or day care facility

# PeaceHealth Senior Focus Group Study

PeaceHealth made available to S&DS sections of its July 1998 Senior Focus Group Report. This Focus Group was conducted, in part, to identify the specific services and features seniors wish to see in a health center. Below are the portions of the report, which were relevant to the S&DS Needs Assessment.

1. Help with “transportation” was viewed as an important benefit for a health center to provide. Seniors and family members commented on the importance of help with transportation. Family members saw transportation assistance as relieving part of their burden as caregivers (1998 PeaceHealth).
2. Help with other non-medical needs was also much appreciated. Participants felt services such as “personal care needs, help with meals or household chores” would be very valuable, particularly when they became more frail or elderly. Many participants were familiar with “Meals On Wheels” programs and appreciated them (1998 PeaceHealth).
3. For family members, another key issue is “confusing” billing. Poor “communication” between doctors and insurance and lack of “transportation also tend to be issues (1998 PeaceHealth).

## United Way Survey Findings

### **United Way Needs Assessment Cross-Tabulation of Survey**

#### **Senior Issues**

Many of the top issues identified as a major and/or moderate issue for seniors were also identified as issues by persons with disabilities. The top five identified issues had a high percentage of the seniors who classify themselves as persons with disabilities.

As Table 12, on page 58, indicates the issue receiving the highest percentage of “problem” responses among older respondents was: “Having a lot of anxiety, stress, or depression.” Sixteen percent (16 %) of the respondents stated that this was a moderate and/or major problem for them or someone in their household. Fifty-five percent (55 %) of these seniors identified themselves as having a disability. Projecting this concern onto the 65+ senior population, approximately 7,000 seniors in Lane County share this concern. For the purposes of comparison, this was identified as the third most pressing issue for seniors in the 1994 S&DS Needs Assessment.

The second area of concern for nearly fourteen percent (14 %) of respondents was: “Finding it difficult to budget.” Projecting this percentage on to the senior county population results in approximately 6,000 persons experienced budgeting as a major and/or moderate problem. Forty-two percent (42 %) of those expressing this as a problem also identified themselves as having a disability. This was also identified as the number two area of concern in the 1994 S&DS Needs Assessment.

The next two topics of concern for nine percent (9 %) of senior respondents were: “Not having enough money to pay for the doctor, dentist or to buy prescription medicines.” and “Not being able to pay for, or get, medical insurance.” Fifty-five percent (55 %) of those expressing these as problems also identified themselves as having a disability. Projections indicate that of the senior county population, approximately, 4,000 seniors are experiencing each of the two identified problems. These issues were identified as the number one and four problems respectively for seniors in the 1994 Needs Assessment.

Seven percent (7 %), of the senior respondents stated that “Not being able to get special transportation for a disabled or elderly person was a major and/moderate problem. Estimating this percent on to the senior county population would result in approximately 3,000 seniors experiencing a major or moderate problem in securing special transportation. In this instance, seventy-one percent (71 %) of those expressing this as a problem also identified themselves as having a disability. This was identified as the seventh most pressing issue for seniors in the 1994 S&DS Needs Assessment.

## Top Problems/Concerns of Seniors Age 65+, in Lane County

Ranking	Concern	Percent Reporting a moderate or major concern	1998 Estimated senior population sharing concern (Estimated senior (n)=43,552)
1	Having a lot of anxiety, stress or depression	16 %	6,969
2	Finding it difficult to budget	14 %	6,097
3 TIE	Not having enough money to pay the doctor or dentist, or to buy prescription medicines	9 %	3,920
3 TIE	Not being able to pay for, or get, medical insurance	9 %	3,920
4	Not being able to get special transportation for a person who is disable or a senior	7 %	3,049

**Table 12, Issues for Lane County Seniors**

Data source: United Way 1996 County Survey and US Census data

**\*Note:** More than one concern may have been identified by each person, therefore totals will not necessarily add to 100 %.

### Persons with Disabilities

The 1996 United Way survey asked the question “Do you, or does any person in your household, have a disability?” This question allowed S&DS to gain valuable insight into the types of problems experienced by persons with disabilities in Lane County. Unfortunately, this question was not asked in previous United Way surveys, making comparisons to earlier needs assessments impossible.

As Table 12 indicates, the number one area of concern identified for persons with disabilities in the United Way survey was: “Finding it difficult to budget.”

Twenty-three percent (23 %) of persons with disabilities in the county felt this was a major or moderate concern. This was identified as the second area of concern for Lane County seniors.

The problem receiving the second highest number of responses from twenty-two percent (22 %) of persons with disabilities was: “Having a lot of anxiety, stress, or depression.” This was identified as the number one area of concern for both Lane County seniors and for all United Way survey respondents (all ages).

The third area of concern, for fifteen percent (15 %) of persons with disabilities, was: “Not being able to afford recreational activities. This was also the third most pressing issue for all United Way survey respondents (all ages). It was not a significant issue for seniors.

Nearly thirteen percent (13 %) of respondents with a disability identified “Not having enough money to pay the doctor or dentist, or to buy prescription medicines” as the fourth major or moderate problem. This was the third most pressing problem for Lane County seniors.

The fifth area of concern, for eleven percent (11 %) of respondents with a disability, was: “Not being able to pay the utility bills.”

It is interesting to note that many of the issues identified as problems for the younger disabled population (ages 18-64) were also identified by seniors in Lane County. Table 12 illustrates the top identified needs of Lane County persons with disabilities based on responses to the household component of the United Way Telephone survey.

**\*Note:** Homeless, mentally ill individuals were not surveyed by any entity listed in this report. For this reason, housing issues, which may have been identified as a moderate or major concern to this population, are not represented.

Top Problems/Concerns of Persons with Disabilities  
Ages 18-64 Years, in Lane County

Ranking	Concern	Percent reporting a moderate or major concern
1	Finding it difficult to budget	23 %
2	Having a lot of anxiety, stress, or depression.	22 %
3	Not being able to afford recreational activities	15 %
4	Not having enough money to pay the doctor or dentist, or to buy prescription medicines	13 %
5	Not being able to pay utility bills	11 %
6 TIE	Not being able to pay for, or get, medical insurance	9 %
6 TIE	Not being able to afford legal help	9 %
7 TIE	Not having enough money for housing	6 %
7 TIE	Not having enough money to pay for food	6 %
7 TIE	Not having enough money to buy clothing & shoes	6 %
7 TIE	Living in housing that needs major repairs	6 %

**Table 13, Issues for Lane County Persons with Disabilities**

Data source: United Way 1996 County Survey and US Census data

**\*Note:** More than one concern may have been identified by each person, therefore totals will not necessarily add to one hundred percent (100 %).

# CONCLUSIONS

## Demographic

### **Seniors and Persons with Disabilities**

Modern technology's ability to increase the life span of a person with a disability or a senior has contributed to the increased frailty of the Lane County population. Disabilities, which were once fatal, do not necessarily cause death today. Therefore, S&DS is witnessing an increase in the median life span of Lane County's population and expects to see this trend continue.

The US Census estimates that by the year 2005, there will be approximately 522,000 seniors over the age of sixty-five (65) residing in Oregon. In this same year, Lane County is expected to have nearly 57,366 residents in this age category. In 1997, there were 3,487 seniors in Lane County with incomes at or below the federal poverty index. By the year 2005, this number is expected to increase to 4,646. S&DS surveys indicate that the majority of the seniors served by S&DS are female, living alone, with incomes near the federal poverty level.

Projections based on US Census data suggest that twenty-four percent of the state's population will have some form of a disability by the year 2005. This translates into 876,120 individuals. By this same year (2005), Lane County is expected to have 82,436 (non-institutional) residents, aged 16+, who have some form of a disability. In 1998, 73,866 Lane County, non-institutional residents, age 16+ had some form of a disability. Of this population, fifty percent, or 37,202 had a severe disability (1998). By the year 2005, it is projected that the number of persons with a severe disability in Lane County will increase in size to 41,571.

In 1998, sixty-two percent (62 %) or 45,714 of Lane County's non-institutional residents, aged 16+, with any disability, had incomes at or below the federal poverty level. This number is expected to grow to 51,084 by the year 2005. Census income data for persons with severe disabilities is not available.

Demographic information suggests that the populations (seniors and persons with disabilities) which S&DS serve will grow moderately over the next ten to twelve years. This will be followed by a period of explosive growth, beginning in the year 2010, as the baby boom population begins to reach age sixty-five (65). S&DS

estimates that during the next twelve years (1998-2010) the number of S&DS Outreach clients (age 60+) served will increase by ninety-three (93 %).

## **Minority Populations**

Hispanics comprise the largest Lane County minority group. In 1998, there were an estimated 461 Hispanics over the age of 65. Information on the number of Hispanics with a disability is difficult to obtain. Centro LatinoAmericano, the Lane County agency providing services to a large number of Hispanics, served seven persons with disabilities in the 1998 fiscal year. Given the small number of Hispanic seniors, the lack of available data on disabled Hispanics, and the percent of Hispanics served by S&DS in fiscal year 1998, S&DS estimates that it is slightly under serving this population. S&DS assumes that many of the clients served by Centro LatinoAmericano in fiscal year 1998 were not legal residents. While eligibility criteria for many of the State and Federal programs offered by S&DS exclude persons who are not legal residents, Older Americans Act programs (for persons age 60+) are open to all older persons, regardless of citizenship status.

With regard to other minority populations (Black, Indian, Eskimo, and Asian), it appears that S&DS is serving these groups in proportion to their percentage of the county's population.

## **Summary**

Data presented in this report is consistent with data presented in the 1994 S&DS Needs Assessment. In fact, it appears that the problems of seniors and persons with disabilities have not significantly changed in the past four years. The order of perceived problems (major and moderate) has changed slightly, but for the most part, the same problems top the list of needs. Data presented in this report concerning income levels indicate that a fair number of seniors and persons with disabilities are living near the poverty level. The United Way data suggest that many of the top problems of seniors and persons with disabilities are related to inadequate incomes.

The S&DS Forums and Staff Intake Surveys identified the following service needs of seniors and persons with disabilities: in-home services (including personal care assistance), transportation, mental health counseling, meal preparation (including Meals on Wheels), home health and information and referral. The need for some of these services is supported by the PeaceHealth Focus Group material.

Drawing on the material presented in this report, S&DS concludes that seniors and persons with disabilities are experiencing similar problems. While their needs are not identical, their top areas of concern tend to be:

1. Financial problems, including: not being able to afford to pay for doctors, dentists, prescriptions, medical insurance, legal assistance, housing, utilities, food, clothes, or recreational activities.
2. Problems with budgeting.
3. Cognitive and emotional problems, including dementia.
4. Transportation.
5. In-home service to allow persons to continue living independently in the community.

Based on the data analyzed for this needs assessment, it appears that the services currently funded and or operated by S&DS are appropriately focused on the most pressing needs of seniors. This is not to say that the scope and volume of these services are adequate, only that they are correctly targeted. If additional funds become available, the following senior programs should be expanded: transportation (rural and metro, assisted and non-assisted), Meals on Wheels, Senior Outreach, and Mental Health Counseling.

Regarding services for persons with disabilities, S&DS concludes that additional services are needed in the following areas: mental health services (for those who do not currently qualify for services provided by LaneCare), information and referral, legal services, food services, affordable and accessible housing and low cost recreational opportunities. The 1994, S&DS Needs Assessment recommended a feasibility study be conducted regarding the expansion of the Senior Meals Program to include younger adults (age 18-59) with disabilities. This study is currently in progress.

# RECOMMENDATIONS

The findings of the 1998 Needs Assessment suggest that S&DS should continue to fund and operate the programs currently being offered to seniors and persons with disabilities in Lane County. These include both federally mandated and locally controlled (i.e., “discretionary”) services.

Further recommendations are presented below and are not listed in order of priority.

1. Continue efforts to disseminate Information and Assistance Services to seniors, persons with disabilities and older or disabled Hispanics residents of Lane County. The focus of this effort is to be centered on existing services provided by S&DS and other agencies.

Many existing community programs will address the needs identified by this study for seniors, persons with disabilities, and Hispanics (age 60+ or persons with disabilities). Examples of such programs include, but are not limited to: a) financial, medical and long term care assistance, including Oregon Trail Card (Food Stamps), the Oregon Health Plan, Medicaid long term care services, OPI funded in-home services, Senior Outreach Program and the Programa de Asistencia Medica; b) counseling programs, including those offered through the Oregon Health Plan/LaneCare (Mental Health Managed Care Organization), Senior Mental Health Counseling Program, Looking Glass, the Veterans’ Administration and White Bird; c) low income housing for younger persons with disabilities; d) legal aid, including the Senior Law Program and its bill Payer/Representative Payee program; e) employment training and referral programs, including Vocational Rehabilitation, Lane Workforce Partnership (a.k.a. Southern Willamette Industry Council (SWIC)); f) food programs, including Senior Meals Program, Meals on Wheels, soup kitchens and “care boxes”; g) emergency housing, including the Mission, Catholic Family Services and St. Vincent DePaul; and emergency foster home placement; h) Special Transportation, including Escort, RideSource, South Lane Wheels, and bus/taxi vouchers for eligible clients;

2. Continue to advocate for the expansion of Special Transportation services for seniors and persons with disabilities, especially for the following

persons: a) impaired persons who do not meet the ADA requirements for special transportation, b) seniors and persons with disabilities who live in rural communities, and c) persons too impaired to use van based special transportation services.

3. Explore strategies for expanding the Senior Bill Payer/Representative Payee Program to include younger (age 18-59) persons with disabilities.
4. Continue to advocate for additional low income housing for persons, aged 18-64 with disabilities, particularly for those who are homeless and mentally ill.
5. Study the feasibility of expanding the Senior Mental Health Counseling Program to allow for the provision of services to seniors in out of office settings, i.e., their own homes, foster homes and nursing homes; and to adults (age 18-59) with disabilities.
6. Expand outreach efforts to Hispanic seniors.
7. Research the availability of low cost recreational activities for adults (age 18-59) with disabilities. Make program information available to persons with disabilities.
8. Monitor and, as appropriate, participate in state and federal efforts to prepare for the explosive growth in the demand for senior services following the year 2010. As that date draws nearer, S&DS may need to create a local planning committee to study how the S&DS system will be impacted by the aging of the “baby boom” generation.
9. Support funding equity for Type B Area Agencies on Aging to ensure statewide access and quality of care management and financial services. This will lessen the time between an intake request and the actual appointment.
10. Continue to advocate for in-home service program funding such as Oregon Project Independence.

# Glossary:

## **Activities of Daily Living (ADL)**

Activities of Daily Living, are activities performed during the course of a normal day in an individual's life. They include: eating, dressing, bathing, personal hygiene, mobility, bowel and bladder control.

## **Adult Foster Home (AFH)**

Adult Foster Homes are private residences licensed to provide care to five or fewer residents. They offer room, board, and personal care in a home-like setting 24 hours a day. Planned activities, transportation and medication management are available. A wide variety of residents are served in adult foster homes, including those needing only room, board and minimal personal assistance to those residents needing full personal care and skilled nursing tasks.

## **Adult Protective Services**

Adult Protective Service provides abuse investigation, intervention and protective services to persons who are elderly or have a disability and are in danger due to their inability to care for themselves. The abuse may involve neglect, physical violence, verbal assault, financial exploitation, sexual exploitation, harassment, violation of a person's rights, or abandonment.

## **Area Agency on Aging (AAA)**

Nationwide some 660 Area Agencies on Aging (AAA) receive funds from their respective State Agencies on Aging to plan, develop, coordinate and arrange for services in each Planning and Service Areas (PSA). Oregon has eighteen AAA's that allocate program funds, plan, develop, and coordinate systems of supportive in-home and community-based services. Most States divide their PSA's so that programs can be effectively developed and targeted to meet the unique needs of the elderly residing in their area. In rural areas such as Lane County, S&DS (an AAA) serves the needs of elderly people living throughout the county. They also serve persons with disabilities.

### **Assisted Living Facility (ALF)**

Assisted Living Facilities provide a person with room and board in private apartment settings along with 24 hour supervision. They also offer organized activities, intermittent nursing services, medication management, assistance with dressing and personal hygiene, and behavior management (confusion, wandering). A licensed nurse is available for facility clients. In 1998, there were seven (7) ALF's in Lane County.

### **Baby Boomer Generation**

Persons born Post World War II, between the years of 1946 and 1964.

### **Centro LatinoAmericano**

Centro LatinoAmericano is a social service agency that provides services to monolingual (Spanish speaking only) clients in Lane County.

### **Client Employed Provider (CEP)**

A Client-Employed Provider is a person, hired by a S&DS client, to provide in-home services (bathing, personal hygiene tasks, meal preparation, housekeeping, assistance with medications, and or transportation). The client may choose a non-relative unknown person, neighbor, friend or relative to provide care.

### **Closed**

Closed S&DS cases result when a Medicaid and or Oregon Project Independence (OPI) recipient's eligibility for services has ended, either by the individual's request, or because the individual no longer meets the financial or service requirements for the program.

## **Confidence Interval**

A confidence interval represents an estimated range of values, which is likely to include an unknown (not surveyed) population. That estimated range is calculated from a given set of survey data. The width of the confidence interval delineates the unknown (not surveyed) parameters of the population. A very wide confidence interval may indicate the data is less reliable than that of data with a small confidence interval. Confidence levels of plus or minus five percent (5 %) are standard and can be expected for traditional surveys. Levels that are less than five percent (5 %) indicate a high level of survey reliability.

## **Confidence Level**

Confidence level is the probable value (1-alpha) associated with a confidence interval. It is often expressed as a percentage. For example, if  $\alpha=0.05=5\%$ , then the confidence level is equal to  $(1-0.05) = 0.95$ , i.e. a 95 % confidence level. Suppose an opinion poll predicted that, if the election were held today and one party won 60 % of the vote. A pollster might attach a 95 % confidence level to the interval 60 % plus or minus 3 %. The pollster would explain the results in the following statement, "it very likely that the party will receive between 57 % and 63 % of the total vote."

## **Demographic Forecasting Model**

Demographic Forecasting Model is a statistical sampling tool that allows for the estimation of a population's: age, sex, physical characteristics, income, and preference choices. It permits the estimations of future population characteristics.

## **Denied**

A denied status occurs when an S&DS applicant for Medicaid or Oregon Project Independence services has signed the application, and is then determined to be ineligible for the program. A person is deemed ineligibility for a program when he/she does not meet the service criteria; fails to provide verification in a timely manner (45 days from date of intake appointment); and or exceeds the allowable resource limits. Applicants are notified in writing of denials.

## **Dofer**

A case is dofered by S&DS when a Medicaid or Oregon Project Independence applicant withdraws his or her application for services. This may occur after the person makes an interview appointment, or has been seen by an intake caseworker but before the applicant has sign an application for service.

## **Federal Poverty Index**

The Federal Poverty index is an income level established by the federal government. Factors considered in setting the income level includes: family size, sex of the family head, and number of children under 18 in the household. In 1998, the poverty index for an individual (one) was \$8,050 a year and for a family of two was \$10,850 year.

## **Foundation Benchmark**

A Foundation Benchmark is a specific point in time where data collection is referenced for future analysis.

## **In-Home Services**

In-home services are services provided in the home of an S&DS client by a caregiver. These services may include housekeeping, personal care (bathing and grooming), medication management, meal preparation or home-delivered meals, and behavioral management. A federal waiver allows Oregon Medicaid eligible residents to receive services in their home, or other home-like settings, rather than in a nursing home.

## **Instrumental Activities of Daily Living (IADL)**

Instrumental Activities of Daily Living (IADL) are those activities, which occur during the normal course of an individuals life. They may include: housekeeping, personal care (bathing and grooming), medication management, meal preparation or home-delivered meals, and behavioral management

## **Intake (Senior and Persons with a Disability)**

An Intake is the eligibility determination made by S&DS staff for a Medicaid or Oregon Project Independence service request. It includes, but is not be limited to, a preliminary screening, income and resource verification, and an assessment of the persons service needs.

## **Lane Transit District**

The Lane Transit District (LTD) is the Lane County community based mass transit service system. It provides service to the following communities: Coburg, Eugene, Springfield, Mackenzie Bridge, Lowell, Veneta and Junction City. LTD also provides specialized transportation to those persons meeting ADA requirements.

## **Linear Regression**

Linear regression is a relationship ratio, between studied variables, where change is straight. This change assists in predicting categorical outcomes based on predicted (estimated) variables. Regression modeling uses calculations (ratios), as a function for predicting variable changes. In other words, as one variable increases or decreases, a researcher could expect to see a direct relationship resulting from the increase or decrease, and that relationship can be estimated mathematically.

## **Mean Average or Mean Age**

Mean average is a value that can be computed by dividing the sum of a set of terms by the number of terms. For example: if person 'A' earns 8 dollars, person 'B' earns 11 dollars, and person 'C' earns 16 dollars, the sum of all three incomes is 35. Dividing the sum by the number of persons (three), results in an average earning of \$11.67. As a mathematical example if  $(8 + 11 + 16) = 35$ , then  $(35 / 3) = 11.67$ .

## **Median Average or Median Age**

Median average is a value in an ordered set of values below and above which there are an equal number of values. It is a statistical value relating to, or constituting of, the middle value of an ordered set of values (or the average of the middle two in an even-numbered set). For example, the median value of 2, 5, 9, 15 and 100 is 9.”

## **NAPIS**

NAPIS is the federally mandated data collection system established to collect information on participants of Older Americans Act funded programs.

## **Older Americans Act Funding**

Older Americans Act funding is federal funding authorized by the Older American’s Act and approved by congress which provides assistance with the development of new or improved programs benefiting older persons (age 60+). The allocations are provided through grants to each state for community planning and services.

## **Oregon Health Plan (OHP)**

The Oregon Health Plan program provides community-based and nursing facility care for persons in Oregon who meet eligibility standard. In 1998, the financial resources requirement was \$5,000 or less and a monthly income of less than \$623 per individual, or \$836 per couple. Seniors with Medicare benefits are not eligible for the OHP, unless they are receiving Medicaid services through Senior & Disabled Services.

## **Oregon Commission for the Blind (OCB)**

The Oregon Commission for the Blind is an agency providing resources for visually impaired Oregonians, as well as their families, friends, and employers. The agency helps people make informed choices that will allow society to achieve full inclusion of visually impaired people. They serve legally blind Oregonians who require rehabilitation services for employment or to live independently in their community.

## **Oregon Project Independence (OPI)**

Oregon Project Independence is a program that provides limited in-home services to people age 60 and over needing help in order to remain living in their own home. Some OPI services are also available to adults (over 18 years in age) with dementia. OPI is a program created and funded by the Oregon State Legislature. The goal of OPI is to promote quality of life and independence for persons by preventing inappropriate or premature institutionalization.

### **Oregon State Disabilities Commission**

The Oregon State Disabilities Commission is an agency that assists persons with disabilities who are involved in rehabilitation programs. The agency provides advocacy, information and referral and promotes public awareness of disability issues.

### **Oregon State Board of Health**

The Oregon State Board of Health is the agency that collects and provides vital statistics on all persons living in Oregon State.

### **Oregon State University Information Sharing Project**

The Oregon State University Information Sharing Project is a university based, computer generated, data delivery system that outputs specific 1990-95 census data, such as household and race demographic information.

### **Persons with Disabilities**

For the purposes of this Needs Assessment, Persons with Disabilities are defined as persons between the ages of 18 and 64. Persons with a Disability qualify for services, due to a disability attributable to mental, physical impairment or a combination of mental and physical impairments that results in substantial life functional limitations.

## **Portland State University's Center for Population Research and Census**

The Portland State University's Center for Population Research and Census is a center that provides projections and cross-correlated estimations on Oregon populations via an on-line (Internet) data base system which is accessible by the public.

## **Residential Care Facility (RCF)**

Residential Care Facility refers to licensed residential sites which provide: room and board, 24 hour supervision, medication management, organized activities and assistance with personal care. As of 1998, there were twelve (12) residential care facilities in Lane County.

## **Ride Source**

Ride Source is a transportation agency that provides curb-to-curb service for ambulatory and wheelchair clients unable to ride Lane Transit District's fixed route service. Door-to-door service is available by special request. If a rider needs assistance beyond door-through-door service, an attendant is normally required. The ride may be from any origin, to any destination, for any purpose in the Eugene-Springfield area. Certification for this program is required.

## **Ride Source Escort Services**

Ride Source Escort Services include door-through-door assistance. Volunteer drivers use their own automobiles to escort persons to medical appointments. Persons using Escort Source must be over age 60, ambulatory, living in their own homes and without other transportation options. In the Eugene-Springfield areas, Escort is form medical appointments only. In rural areas, Escort can be used for nutritional and essential services as well as medical appointments. Certification for this program is required.

## **Sampling**

Sampling refers to a set of individual units, drawn from a definable population, generally a small proportion of the overall population. This set of units is then analyzed for some type of inference representative of the sample. The number of surveyed units for which observations is considered can be less than the total number in the universe population.

## **Senior Citizens/Seniors/Older Person**

“Senior” or “Senior Citizens” for the purpose of this Needs Assessment refers to persons who are served by an Area Agency on Aging agency and or by the Senior & Disabled Services Division, who are 60 years of age or older. Depending on the specific program qualifications for this definition might be limited to persons over the age of 65.

## **South Lane Wheels**

South Lane Wheels is a transportation agency that provides supplemental special transportation to South Lane County residents age 55 or older.

## **Type B2 transfer agency**

“Type B Area Agency on Aging” refers to a public agency within a planning and service area designated under Section 305 of the Older Americans Act which has responsibility for local administration of Division programs. Type B Area Agencies on Aging serve both seniors and persons with disabilities.

## **United States Census Bureau**

The United States Census Bureau is the governmental office mandated by the United States Congress to survey and report changes in the national population. The Census Bureau’s primary mission is “to be the preeminent collector and provider of timely, relevant, and quality data about the people and economy of the United States” (US Census Bureau).

**Universe**

Universe is the set parameter(s) or distance(s) that encompasses a population or group. Populations for S&DS surveys were finite, therefore, giving S&DS research a universe with a limited population. For example, rather than exploring the entire client base, S&DS looked at specific population groups (each are referred as individual universes).

**University of Oregon Research Library**

The University of Oregon is a repository of government documents which has printed census and other data not found on-line (Internet), for 1990 and earlier years.

# Appendix: A

## 1998 S&DS Needs Assessment Forum Summary

Senior & Disabled Services, a division of Lane Council of Governments sponsored a series of five (5) forums to solicit in-put from the public and service providers on the needs of seniors and persons with disabilities in Lane County. Participants were asked to respond to the following questions:

1. What services will be needed in the future?
2. What services are the most important for S&DS to provide?

At each Forum, the group was presented a list of services currently provided by S&DS to meet the needs of seniors and persons with disabilities in Lane County. Of the services listed, nine (9) are mandated by law and utilize funding sources over which S&DS has no discretion. The mandated and non mandated services were grouped and prioritized separately. Priority of the services in each of the two separate groups was established by separate participant vote.

At each forum, attendees were asked to identify: (1) additional service needs and/or (2) alter existing service to better meet needs.

On completion of the need identification process, each group prioritized existing mandated and non mandated services, as well as the perceived unmet or under-met needs. This allowed for the top needs in each community to be identified. A summary of each of the community forums was completed and mailed to those requesting it. Attached is a table identifying, by forum, the number of attendees and number of identified needs (Refer to Appendix Table 1, on page 77).

The top identified non mandated and mandated needs from the five forums were prioritized by staff to identify the most pressing service needs for seniors and persons with disabilities in Lane County. Attached is a table summarizing these needs/services, in descending order of priority (Refer to Appendix Table 2, on page 78).

Appendix Table 1

S&DS  
1998 NEEDS ASSESSMENT FORUMS

<u>Area</u>	<u>Date</u>	<u>Address</u>	<u># of Attendees</u>	<u>New Needs Ident.</u>
Marcola	Aug. 3	Mohawk Valley, Marcola Fire Station 92068 Marcola Rd., Marcola	3	4
Coburg*	Aug. 6	IOOF Hall 91119 Willamette St., Coburg	1	Refer to written comment
Bethel/Danebo	Aug. 10	Petersen Barn Community Ctr. 870 Berntzen Road, Eugene	12	5
Glenwood	Aug. 11	LTD Office Board Room 3500 East 17th, Eugene	10	6
Whiteaker	Aug. 13	Whiteaker Public Safety Station 520 Blair, Eugene	4	4
TOTALS - 5 Forums			30	19

\* Due to low citizen turnout, identified needs/issues were incorporated into the written comment summary.

Written and telephone comments were submitted to: Patti Little, S&DS, 1025 Willamette Street, #200, Eugene, OR 97401, 682-4137 from August 3, 1998 through August 31, 1998. A total of 4 written comments, 2 telephone comments and 1 in-person comments were received.

## Appendix Table 2

### Summary of Most Important Needs - 1998

Summary of the most important S&DS mandatory needs/services provided for seniors and persons with disabilities in Lane County were identified at the S&DS Forums as:

<u>Need/Service</u>	<u>Percent of Total Votes</u>
Food Stamps	23 %
Abuse / Protective Services	21 %
Oregon Health Plan	18 %
Adult Foster Home Care	11 %
Medicaid-funded In-home Care	10 %
Case Management for Mandated Services	10 %
Nursing Home Care	7 %
Financial Services	<1 %
Residential Care	<1 %
<b>TOTAL</b>	<b>100 %</b>

**\*Note:** Listed in descending order of need.

## Appendix Table 3

Summary of the most important S&DS discretionary (Non Mandated) needs/services provided for seniors and persons with disabilities in Lane County were identified at the S&DS Forums as:

Listed in descending order of need.

<u>Need/Service</u>	<u>Percent of Total Votes</u>
Special Transportation	18 %
Case Management for Non Mandated services	11 %
Oregon Project Independence (OPI)	11 %
Information and Referral	9 %
Mental Health Counseling (Seniors)	9 %
Meals on Wheels	8 %
Access to services and public areas	7 %
Affordable Housing	5 %
Group Meals	4 %
Outreach	3 %
Escort	3 %
Activities	2 %
Care providers	2 %
Legal Assistance	2 %
Special Volunteers	2 %
Improved communication with the medical community	2 %
Jobs for persons with severe disabilities	2 %
Ombudsman Program Support (OPS)	1 %
Health care	1 %
Senior service costs	1 %
Abuse Education	<1 %
Resources	<1 %
Recycle items	<1 %
Senior agency coordination	<1 %
TOTAL	100 %

# Appendix: B

## Summary of Written and Verbal Forum Comments

DEADLINE: August 31, 1998

NUMBER RECEIVED: 7

CONTACT: Patti Little

Associate Planner

S&SD

### BACKGROUND:

As part of the 1998 Lane County Needs Assessment, S&DS held a series of five area-specific forums from August 3, 1998 through August 13, 1998. Those individuals and agencies unable to attend the forums were encouraged to mail in any comments, questions, and perceived needs regarding the below listed focus questions addressed by the forums:

1. What services will be needed in the future?
  2. What services are the most important for S&DS to provide?
- 

## SUMMARY

Written below are the main ideas and concerns expressed by the seven (7) individual comments received by S&DS.

1. DATE: July 15, 1998  
FROM: Diane Avilla  
Emerald Peoples Utility  
  
NEED: S&DS to provide more information on who to contact regarding assistance for power bills

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2. DATE: July 24, 1998  
FROM: Marion Esty  
SSAC Advisory Council Member

NEED: Transportation assistance for seniors and persons with disabilities in the Veneta area

Additional comments provided by Marion Esty were from notes of community transportation meetings held in the Veneta/Elmira area.

Senior Special Transportation

- (1) Medical appointments
- (2) Shopping
- (3) Hair dresser or personal needs
- (4) Recreation or friendship visits
- (5) Medicaid mileage payment for senior companions (seniors to doctors' appointments).
- (6) Procure a special purpose van to be used as a volunteer's vehicle.
- (7) Secure City of Veneta or non-profit foundation grant(s) to reimburse volunteer mileage.
- (8) Expand *RideSource Shopper* to provide special interest service.
- (9) Expand individual community center transportation resources and programs.
- (10) Set up a bus-buddy program (Seniors teaching seniors about auto ride sharing and friendship LTD trip sharing).

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**3. DATE:** July 28, 1998  
**FROM:** Ashleigh  
Blue River Ranger Station

**NEED:** More transportation and activity programs for seniors in the McKenzie/Blue River community area. Since the area is not incorporated, county/city funded senior centers are not possible.

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**4. DATE:** July 28, 1998  
**FROM:** Merdith Myers  
Parkview Terrace

**NEED:** (1) Communication instructions for seniors and persons with disabilities (i.e., instructions on how to effectively communicate with doctors, apartment managers and the Housing Authority)

(2) Medical insurance for persons without insurance who are over the Oregon Health Plan resource limits

(3) Housekeeping classes

(4) Raise the income standard for low-income housing

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**5. DATE:** August 6, 1998  
**FROM:** Marquette Foglesong  
Coburg citizen

**NEED:** (1) Develop extended care centers in Coburg (long and short term)

(2) Information and Referral on services offered by S&DS

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**6. DATE:** August 10, 1998  
**FROM:** Mary Lee Turner

Director of The Commission for the Blind

NEED: Large print business cards for S&DS employees to give to seniors and persons with disabilities.

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7. DATE: August 10, 1998

FROM: Jennifer Self

Law Enforcement Coalition member

NEED: Outreach to retirement centers and assisted living centers. S&DS could create workshops and present them at the centers.

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<http://www.econ.state.or.us/BLLLCEI.HTM>

<http://www.econ.state.or.us/opb/97tables61.html>

<http://www.econ.state.or.us/PEUGENE.HTM>

## **LCOG**

Lane County and Eugene/Springfield Metro Area/Population Study

## **Oregon Board of Health**

## **Oregon Population Surveys**

<http://govinfo.library.orst.edu/ops/summary.html>

## **Oregon Progress Board**

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## **Oregon State Department of Transportation**

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All Urban Consumers

<http://www.econ.state.or.us/CPI.HTM>

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## **Portland State University**

Center for Population Research and Census

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Estimated number and percent people of all ages in Poverty by County: Oregon  
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