Use the space below to write in ideas for new services and/or providers for Title III funding, keeping in mind that Title III services can be provided in the home or in the community.

Title III Ideas for New Services/Providers

- Wesley Community Services isn't listed as a Title III provider and is a Title III provider.
- Increased meals per senior.
- Increased transportation grocery shopping & recreation.
- Paid caregivers giving a stipend to family members for providing in-home care; increased funding to purchase medical equipment.
- Training offered in the community related to the importance of saving (for seniors and those nearing retirement age).
- Funding for home repair, upkeep, maintenance.
- Funding for day programs that provide stimulation to adults internet use, exercise, physical therapy, socialization.
- Senior volunteer programs to keep seniors active and vital in the community and keep the wisdom active in the community. This leverages the investment in the activity.
- Outreach to families and seniors through churches to increase education on the issues, concerns, and ways to address these concerns. This could be through other groups although the faith bases would be good. Present the United States of Aging Survey – leverage the investment.
- Develop a resource bank of education, senior services, and volunteer activities for seniors and present it to the community.
- I feel we have to look at the trends in the overall healthcare field, especially under the ACA. Population health and preventive health has become a top focus of medicine and also private health insurance. Programs like Healthy U and chronic conditions management needs more emphasis. Insurers are now coming to senior centers to ask how they can partner for wellness programming. Title III combined with other streams like this can expand programming.
- Transportation is also an issue for other populations such as non-seniors w/cancer or dialysis and individuals with intellectual disabilities and mental health issues. Transportation management community wide – how can we combine resources w/DD world for more transportation options? Can't work in isolation.
- Seniors must become more intergenerational and intercultural.
- Outreach at Panera.
- Expanded services @ McKee Rec (center Rec)
 - An exercise class based on clients ability
 - Increased van/bus service for "field trips"
 - Engagement of younger baby boomers who are more unlikely to use these services

- For caregivers
 - Meetings (day time) for mental/emotional health issues
 - Possibility of pay for family caregivers (who have given up employment to provide needed services)
- IRS raise money for caregivers to claim elderly adult on low-income but higher than \$4,000 "head of household".
- City of Cincinnati visibility.
- Health Education.
- Home maintenance.
- Purpose of senior centers, different organizations family caregivers.
- Senior Centers vs. someplace else for Education
 - Where do baby boomers congregate? In a large part, they don't. They are online, so maybe online health education would be more useful to them.
 - Faith communities or some kind of organization available to churches, etc.
- More friendly visitor programming (i.e. Friends of the Elderly) to provide in-home socialization for seniors. Santa Maria Community Services is very interested in providing this service for the Price Hill community.
- Expand home maintenance/PWC services.
- Affordable, quality senior housing.
- Targeted health education programming that addresses how to maintain quality of life as you get older.
- More opportunities for seniors to have their voices heard.
- As a health care provider, we see many clients who could use additional aide hours to help them remain in their home.
- It could be used to help educate elderly on other services available to maintain their health. Some of these ideas would be existing Medicare Benefits and/or insurance benefits that would provide them with skilled nurses in their home, therapists, in their home, and social workers.
- Caregiver training family members, but also "advanced" training of paid caregivers specifically in area of Alzheimer's and general dementia.
- Isolation was identified as a common experience among aged. Additional socialization activities in neighborhoods without a senior center. Can work closely with churches, non-profit organizations. This includes transportation.
- Transportation services public transit and private, but affordable; develop new partnerships.

- Shift of focus to increase transportation opportunities and care/socialization opportunities for older adults needing to get out of their home and into the community to avoid isolation concerns.
- Increase in-home health services, such as tele-medicine, to aid with transportation issues related to healthcare. Make tele-medicine tools available in congregate areas to combine socialization needs with access to healthcare.
- Provide financial planning in advance of being "too late" start early to ensure proper savings.
- Weekend/vacation respite programs time off for caregivers.
- Contact day programs use their space and vans at night/weekends.
- One need mentioned was volunteer opportunities connect with volunteer coordinators at larger agencies.
- Integrate local programs for seniors with disabilities with programs to benefit typical seniors.
- I feel that the resources should be used to do whatever it takes to keep as many older adults in their homes for as long as possible. It is difficult to list items to be considered to accomplish this, as individuals have different needs based upon the support structure they each have in place. My wife has an 88 year old grandmother who is fortunate to have a tremendous support structure in place. Others are not as fortunate and may need services that she does not.
- Respite for caregivers in home.
- Education for individuals and caregivers.
- More respite for caregivers to enable them to keep folks home. Cover placement/respite stays for vacation, breaks, in home or facility.
- Transportation is a huge problem for seniors aging.
- Crime concerns if there is walkability in neighborhoods.
- Eldercare workforce incentives; there is a shortage! Training! Paid and unpaid caregivers.
- Half of these folks will have dementia
 - Programming, care & education, and support for caregivers.
- N4A should have a stronger national alliance and Alzheimer Association.
- Push more dollars around multicultural outreach and health disparities.
- Early stage/onset assistance for under 60! If there is dementia. New bills?
- Address seniors changing disabilities.

- Home maintenance partnership PWC, community building institute at XU, etc.
- Biased because we have levy. Like being able to leverage, however believe we need to increase TIII for more proactive, preventive, and educational for older adults and caregivers. We have minimal caregiver support need more linkages, education, peer support. Helpful to start using more electronics chat groups, support groups- real time availability resources good 1st step, but need people more available.
- Financial education: planning, literacy.
- Home repairs.
- More transportation non-public, independent auto.
- Healthy lifestyle decrease (chronic) prevention.
- Home repair/modification needed in all counties.
- Relocating services downsizing.
- Weatherization in addition to self/PWC/Cities.
- Use existing programs (i.e. YMCA's) to help provide caregiver support.
- Organize and provide opportunities for more capable older adults to help with the "outreach" or eyes on those with more significant needs.
- Part D evidence based programs administered for fall prevention and home modifications and repairs – identified by older adults and the #1 gap in needed support.
- Dollar for dollar tax credit "like energy credits" for seniors 65+ who own their homes and want to make home modifications.
- Increase funding for seniors home repairs. Incorporate some type of financial support for caregivers it's hard to find family members to help out due to their limited amount of money and time they have to contribute. This might give them more incentive to get involved.
- Provide adult day care in a caregiver's home.
- Post transportation information at DMV.
- Continue to connect daycare centers with adult day services.
- Increase transportation to rural counties and outer city.
- Include 50-59 disabled any way to tap into DD \$ for this or for any senior services?

- It seems like Title III dollars are diminishing how do we stop that?
- Philanthropy.
- Coordinate church groups and boy scouts.
- Uber for seniors.
- Expansion of education to both consumers and their caregivers regarding what support services are available and how to access these. Increasing the amount of education to potential consumers so they may better prepare for not only their own aging experiences, but those of their parents and the resources available.
- Increased access to transportation in rural communities. Partnering with churches in rural areas as volunteers for transportation.
- More transportation coordination with municipalities. More funds dedicated to transportation.
- Addressing food deserts near senior housing communities.
- Programs that support the senior center concept a place dedicated to addressing senior lifestyles.
- Programs that support healthy lifestyles exercise, mental health, etc.
- Grocery store delivery.
- Maintenance support.
- More Kroger stores in highly populated areas.
- Better public transportation for the suburbs.
- Care for persons who don't qualify for COA/elderly services program who need assistance.
- Currently in my area, we have a very small transportation service that helps provide shuttle pick up 4 days a week and grocery shopping once a week. Unfortunately, we do not have the funds to deliver meals to those in need. We offer the meals at our location to those who register, but unfortunately not to those who are homebound. My idea is to rely on our community support and help fund our COA program through volunteerism support focusing on transportation to deliver meals. Possible partnership with your local grocery store to help deliver meals, medicines, groceries, etc. Working with local high schools to have young adults work with seniors intergenerational programs.
- Create a survey and options to your volunteer group to take action in how they can help and donate to their local community center. Basically, senior volunteers feel alive again by giving back to the community by helping their center in any way they can.

- Transportation
- Healthy meals Meals on Wheels.
- Support for caregivers someone checking on them.
- Automated systems for Forums medications services.
- Understanding (doctors) needs of person with I.D. aging.
- Partner with neighbors, friends, relatives, churches for home maintenance. Develop a database with resources on who/what company would provide free or reduced costs for seniors and people with I.D.
- Transportation Uber for seniors. Charge \$3 or \$5 per trip (supplemented by Title III) for church, grocery, hair apt.
- Maintenance Meals on Wheels question the folks that volunteer to go around and do repair "missions" for church youth groups. "Summer Repair Program"
- Home care and Meals on Wheels must be supported #1!
- Kroger food delivery (partnering).
- Caregiver education (i.e. Alzheimer's).
- Supportive services.
- Home care, meals, adult day care, meals.
- Healthy aging, chronic disease management.
- Advocacy, Ombudsman, legal.
- LTC education where can we incorporate these messages? Where are we already using T3 fund? Add messages there.
- Training w/T3 providers where do they see gaps in services use them to distribute LTC education (monthly themes).
- More 1-1 support for family caregivers caring for caregivers age 50-60.
- Caregiver support.
- Address people who are aged 50-60 who don't qualify for services.
- Invite corporations to volunteer their services/expertise.

- Offer services to assist with completing Living Will, HCPOA, etc. Having people express their
 wishes in a written form will prevent them receiving unwanted care which could lower medical
 costs for that patient.
- More disease specific education for caregivers from the beginning.
- Focus on planning
 - Advance Care Planning release burden.
- Congregate meals not attractive to younger old look at the vouchers for options that are more attractive – strict dietary requirements are also not attractive.
- Loneliness and isolation friendly visitors to visit your home. Training and oversite required.
- Supportive Service Life planning we get requests for this includes how to manage finances reverse mortgages, etc.
- More ILA type services with a broader scope.
- Community senior vans so each subdivision (township, village, city) would host a service.
 - Get elected officials to "ride the bus", hold meeting
 - Invite business leaders to "ride the bus"
 - Get not-for-profits to "ride the bus"
- More non-medical transportation could we implement an "Uber" type system?
- In home respite.
- Current aging boomers important to consider technology.
- Preparing for aging.
- Social worker give more choices what do you think is most important?
- In home nutrition counseling.
- In home financial services.
- Utilize and empower seniors in the community that are still agile, with transport, maybe retired or working PT to help their neighbors and community members that are older and more fragile. The "younger" senior can help provide the transport/give them a gas card, deliver meals, home making, and in return those "younger" and older seniors get socialization, meals with others, send of purpose (mental health).
- We have a good mix. Proximity in these services so less is not more.
- They could benefit from an agency that supervises multiple locations (CRC/Cass).
- Multi-purpose senior centers/community centers seem to use \$ most effectively.

- Encourage using trans/meals/supportive to free up personal resources for other needs like respite-personal housekeeping.
- At a higher level, can we adjust the types of vehicles available through ODOT/JARC grants? Smaller, more efficient vans would go a long way in getting providers M&L costs down.
- I would like to see all citizens educated on their future and encouraged to be thinking of their own future care.
- For current needs, I'd like for a social worker to continue to help families decide what services best meet their needs and help them link up with those services. Every situation is different and there should be a "menu" of choices for the elderly to choose from to promote the best situation for them.
- Parishes have senior lunch outreach to faith based, leverage outreach.
- Prevention education for heart disease.
- More Spanish speaking HHA/caregivers.
- Affordable computer access and training.
- Call center/online chat for caregivers.
- More money for HDMA.