



Aging, Disability & Veterans Services (ADVSD) Community Services Programming Equity and Funding Allocation

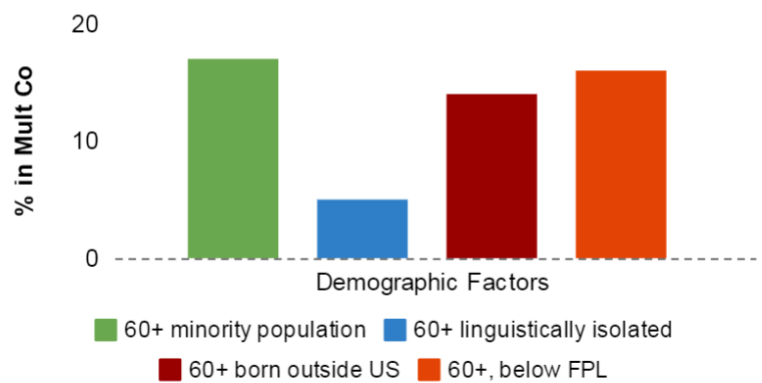
As people age and/or are experiencing chronic health conditions, there is a compounding effect on minority communities that contributes to disparities in health, income, safety, and access and utilization of resources.

ADVSD is focusing on the needs of communities of color and other minority groups by leveraging resources with the goal of creating equitable, culturally specific services.

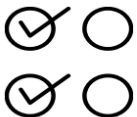
Since 2010 the population in Mult Co age 60-74 grew 29.41% and our 85+ population grew 5.9%.

ADVSD sought community and client participation to examine the existing allocation as we plan for the May 2017 release of our ADVSD Community Services Request for Proposal (RFP). Our programs are comprised of Federal, State and local programming, including Older Americans Act (OAA), OPI, Evidence Based Health, Family Caregiver support and an array of community based programs.

Factors that drove us to examine current funding allocation



We hear what you have to say!



PSU Client
Satisfaction
Survey

Language is a barrier for non-English speakers navigating health, transportation, and other systems; many rely on community-based organizations or other informal networks of support to fill their needs.



Community
Listening
Sessions

Racial, ethnic and cultural minority elders are less likely to have awareness or access services.



Contractor
Feedback
Groups

Contractors want program design to be based on aging. The culturally specific service providers want to provide a broader range of services to their communities.



Equity and
Allocations
Workgroup

Funding recommendation: 38.5% culturally specific & 61.5% culturally responsive. Recommend to provide technical assistance and training prior to RFP release.

Recommended Funding Allocation

ADVSD recommends 38% of funding be directed to culturally specific providers and 62% to culturally responsive providers. (Our current allocation is 10% and 90%, respectively.) The intent behind the shift is to have better outcomes for older adults from racial, ethnic, and cultural minority groups - consistent with our values of equity, empowerment, and inclusion and responsive to community identified needs.

